ANALYTIC REPORT

Washington State Survey of Adolescent Health Behaviors

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Acknowledgments

This report is one in a series from RMC Research Corporation that summarizes a major survey effort in the state of Washington. All of these reports, and the planning and implementation of the *1995 Washington State Survey of Adolescent Health Behaviors* itself, have been the product of an immense collaborative effort between the authors, the State Survey Policy Committee, and local educators and health professionals throughout the state of Washington.

RMC would like to thank the students, school administrators, parents, and local prevention and health professionals who encouraged and supported the school participation in the survey. Without these individuals showing responsible concern and interest in addressing the key health behaviors and risk and protective factors at issue in this survey, this 18-month effort would be of little use or consequence.

The planning of the survey effort through the State Survey Policy Committee ultimately included over 20 professionals from various agencies and disciplines across the state. However, the following state staff were most consistently involved:

Office of Superintendent of Public Instruction	*Washington Department of Health*	*Department of Social and Health Services*
Carol R. Strong	Judy Schoder	Chris Hansen
Pamela Tollefsen	Lillian Bensley	Liz Kohlenberg
		Robert Flewelling

Also assisting this group were Michael Arthur and Jack Pollard from the University of Washington's Social Development Research Group, and Gregory Weeks from the Washington State Institute for Public Policy at The Evergreen State College. Although all of these experts were very active and extremely influential in the methods and procedures that were used in the survey effort, the authors bear full responsibility for the content of this and companion reports.

In addition, this report has profited from the editorial and interpretive input of Alison Baker and Katherine Laws. Finally, thanks are due to Tara Vogel and Laura Armstrong, who used their exceptional word processing, formatting, and graphics skills to produce this report, and endured the many drafts and re-analyses needed to make this report as comprehensive as possible.

Executive Summary

The *1995 Washington State Survey of Adolescent Health Behaviors* is the fourth statewide survey assessing health-related attitudes and behaviors of Washington's students in public schools. Nearly 9,000 students in 89 elementary, middle and high schools across the state participated in the sample which was designed to represent all sixth, eighth, tenth and twelfth graders across the state. Only about one-fourth of all schools and students asked to participate actually took part. Although this is a higher refusal rate than that experienced in 1992, the characteristics of the sample are sufficiently representative of Washington's students with respect to minority enrollment, free/reduced lunches, and rurality, so that it may be reasonable to generalize the results of the survey to the statewide population at the four grade levels. Notably, another 12,000 students in 124 schools participated voluntarily and at the expense of individual schools in order to obtain school-specific results to use in planning prevention programs. The results from these schools are not included in this report, however, as they were not selected for the scientific sample of students in public schools across the state.

This survey—a cooperative effort of Washington's Office of Superintendent of Public Instruction, the Department of Health, and the Department of Social and Health Services—assessed students' attitudes and behaviors in six major adolescent health areas:

- Physical Fitness: Nutrition and Exercise.
- Unintentional Injury: Safe Auto, Motorcycle, and Bicycle Riding.
- Intentional Injury: Fighting, Weapon Carrying, and Suicide.
- Alcohol, Tobacco, and Other Drug (ATOD) Use.
- HIV/AIDS and STD Education.

- ✦ Risk and Protective Factors Related to These Adolescent Health Behaviors.

While sexual activity is an important adolescent health issue, its inclusion in the *1995 Washington State Survey of Adolescent Health Behaviors* would have required an "active," rather than a "passive" parental consent process in accordance with Washington State regulations.

Throughout this report, major findings in all of these areas are compared to the results of previous Washington surveys, other national surveys, and the national health objectives in the National Public Health Service's *Healthy People 2000 (HP 2000)* report.

Physical Fitness

- ✦ About one out of six students at each of the four grades is overweight, based on objectively determined health standards. Washington's students are meeting the national health objective in this area.

- ✦ In high school, however, twice this proportion *perceive* themselves to be overweight. This perception is more characteristic of young women than young men. Forty to 50 percent of high school females consider themselves to be overweight.

- ✦ From grade 8 onward, fewer than 10 percent of students meet the recommendation of five servings of fruits and vegetables each day. Although closer to half the students meet the recommended amount of dairy products, the percentage of those who do also declines as students get older.

- ✦ Nearly half of sixth graders report engaging in moderate physical exercise (walking, bicycling, swimming, etc.) everyday—surpassing the *HP 2000* objective of 30 percent. This declines steadily as students get older, however, with only about one-fourth of high school seniors exercising each day.

Unintentional Injury

- One in five elementary and middle school students report having recently ridden in a car with someone who had been using alcohol or other drugs. At the high school level, this behavior is reported by one of every three students.

- One in every five high school seniors reports having driven a car themselves while using or shortly after using alcohol or other drugs.

- Three out of four students at all grades indicate they wear seat belts when riding in a car. This proportion, approximately the same as in 1992, is somewhat lower than the 85 percent stipulated by *HP 2000* objectives.

- Half of Washington's sixth graders report wearing helmets when they ride bicycles, but only one in five high school students reports doing the same. All grades show significant improvements over the 1992 reports but, with the exception of grade 6, each is still well below the national health objective (50 percent).

Intentional Injury

- The incidence of physical fighting is at its peak among eighth graders. Over 40 percent of eighth grade students report having been in a physical fight in the past year, while fewer than 20 percent of high school seniors have been in a fight in the past year. These trends across grades are consistent with those reported nationally.

- Fights in which an injury occurred are also at their peak among eighth graders, reported by over 15 percent of these students. These percentages decline steadily to under 9 percent of high school seniors. At all grades, the prevalence of injury-involved physical fights is lower in 1995 than it was in 1992.

- About half of all physical fights at all grades are between friends.

- Carrying weapons is most prevalent among eighth and tenth grade students. One in four students at these grades reports having carried a weapon in the past year. One in seven eighth and tenth graders has carried a weapon in the past month.

- As with fighting, self-reports of weapon carrying are significantly lower in 1995 than in 1992. These reductions exceed the 20 percent called for by the *HP 2000* objectives.

- Although knives are the most common weapons being carried across all grade levels, one of every three high school seniors who reports carrying a weapon, reports carrying a gun.

- Projecting survey results to the full student population in Washington, an estimated 10,000 students in grades 6 through 12 brought a weapon to school in the past year.

- Among students in grade 8 and above, about 20 percent report having experienced an incident of physical or sexual abuse at some time in their lives.

- Across all grades, one in five students has seriously considered suicide, and one in 10 has actually made an attempt. Among high school students, 30 percent of these attempts resulted in physical injury. Fewer students reported attempts that caused injury in 1995 than in 1992, however.

Alcohol, Tobacco, and Other Drug Use

- Alcohol, tobacco, and marijuana are the substances of choice at all grade levels. By the time Washington's students complete high school, 80 percent of them have tried at least one full drink of alcohol, two of three have smoked cigarettes, and half have experimented with marijuana.

- More than half of students in eighth grade and older who have ever tried alcohol report drinking in the past 30 days. Of these, over 60 percent have had at least one instance of binge drinking (five or more drinks at one time) in the past two weeks.

- Recent declines in the proportion of students reporting binge drinking reversed themselves in 1995. A greater proportion of students at both of these grades report recent instances of binge drinking than in 1992.

- As in 1992, about one in four high school seniors reports binge drinking in the past two weeks. This is slightly below both the rate reported by high school seniors across the nation and the national health objective which aspires to reduce this proportion to 28 percent.

- Among high school students, more than one in five currently smoke tobacco. The percentage of students who smoke more than five cigarettes per day has risen since 1992 at grades 8 and 10.

- The percent of students who currently use smokeless tobacco increases dramatically from grade 6 (4 percent) to grade 12 (18 percent). The rate of smokeless tobacco use is significantly higher than in 1992 at all grades. Use at grades 8, 10, and 12 far exceeds the national health objective which stipulates a 4 percent prevalence rate.

- Current use of marijuana has increased dramatically at grade 8 and beyond. The increase over 1992 rates is greatest among eighth graders, where the reported prevalence is more than double that of 1992. This trend is mirrored in the National Household survey of adolescents which reported that marijuana use had doubled since 1992.

- Attitudes toward binge drinking and marijuana use have become more permissive among Washington students. The increases in binge drinking and marijuana use since 1992 are paralleled by significantly fewer students reporting awareness of the risks in engaging in these behaviors.

HIV/AIDS/STD Education

- At all grades, 70 percent to 80 percent of Washington students see great risk of HIV/AIDS when sharing needles for intravenous drug use. These percentages are somewhat lower than those reported in 1992, however.

- Sixth graders report they would consult their family first if they wanted information about HIV/AIDS or sexually transmitted diseases (STDs). High school seniors list their first source of information as a doctor, nurse, or other health care provider.

Risk and Protective Factors

- Among risk and protective factors in community, school, family, and peer-individual domains, the strongest relationships with health risk behaviors (ATOD use, violence, delinquent behaviors), are in the peer-individual domain.

- At the peer or individual level, early initiation of drug use, favorable peer group attitudes toward antisocial behavior, and association with peers who use drugs are the strongest risk factors predicting alcohol and other drug use and violent or delinquent behavior. A strong fundamental belief about right and wrong and positive, pro-social peer relationships are the most powerful protective factors against these behaviors.

- There are significant relationships among risk and protective factors and health behaviors in the family domain as well. A history of antisocial behavior in the family and poor family discipline practices relate strongly to ATOD use and delinquent behavior.

- At the community level, promoting positive involvement of young people in meaningful activities is a strong deterrent to alcohol use.

Chapter 1: Introduction

The results presented here estimate the current status of health behaviors, relate them to characteristics of the students engaging in them, and examine trends in the behaviors over the past six years.

Across this nation, people are taking more active interest in their health and the healthy development of their children. There is no more convincing proof of this than the rising concern of the American public for the dangers of smoking and the excessive use of alcohol and other drugs. People have also become increasingly aware of the influence of physical fitness and nutrition on their own physical and emotional well-being.

In contrast to the increasing concern for health among the nation's general public, adolescence is often filled with experimentation, risk-taking, and the influences of forces not always in the interest of good health. As a result, young people all too often suffer the consequences of violence; alcohol, tobacco, and other drug use; the threat of increasingly dangerous sexually transmitted diseases; and suicide. For these reasons, a particular need exists for professionals, parents, and policymakers to actively promote responsible behavior and lifestyles among adolescents. Furthermore, it is important that such efforts recognize the interrelationships of the full range of health risk behaviors. Although focusing on any one behavior in isolation may lead to short-term success, such narrow efforts will almost inevitably fall short of promoting long-term improvement in healthy behaviors and lifestyles.

This *Washington State Survey of Adolescent Health Behaviors (WSSAHB)* is an effort to recognize the interdependencies of health risk behaviors. By estimating the incidence and prevalence of the major adolescent health risk behaviors, this study provides crucial information to school officials, health professionals, human service agencies, policymakers, and parents as they work together to ensure the health of the young people across the state. The results presented here estimate the current status of these health risk behaviors, relate them to characteristics of the students engaging in them, and examine trends in the behaviors over the past six years. They provide important needs assessment data for program planning and offer a global look at the effectiveness of statewide prevention and health promotion initiatives.

In all, the results of this *WSSAHB* are intended to meet a wide variety of information needs, including:

- Progress of drug education programs funded under the federal Drug Free Schools and Communities Act and the state Omnibus Controlled Substance and Alcohol Abuse Act.

- Needs for prevention and treatment planning through prevalence estimates on key target populations and geographic areas within the state.

- Progress in the state's attainment of the national public health objectives contained in *Healthy People 2000*.

- Progress on a variety of CDC-funded health initiatives and programs, such as the tobacco prevention program and the injury prevention program.

- Statewide baseline data in the implementation of programs pursuant to the state's recent Youth Violence Act, E2SHB 2319.

- Data for the state's comprehensive, cross-agency database on youth violence under development at the Division of Alcohol and Substance Abuse, Department of Social and Health Services.

The *1995 WSSAHB* has been a cooperative effort among the Washington Office of Superintendent of Public Instruction, the Washington Department of Health, and the Washington Department of Social and Health Services working with the contractor, RMC Research Corporation. Along with staff from the University of Washington's Social Development Research Group (who also provided valuable consultation on the risk and protective factor assessment portion of the survey), these agencies comprised the State Survey Policy Committee, which advised every step of the survey development and implementation process.

This is the fourth biennial survey of Washington's students in grades 6, 8, 10, and 12. The first two of these (Deck & Nickel, 1989; Gabriel, 1991) included only alcohol, tobacco, and other drug (ATOD) use and associated risk and protective factors. In 1992, coverage of a variety of other health risk behaviors was added (Einspruch & Pollard, 1993).

The results of this survey reported here included nearly 9,000 students in 89 elementary, middle, and high schools across the state.

The results of this survey reported here included nearly 9,000 students in 89 elementary, middle, and high schools across the state. A detailed account of the technical methodology used in this survey effort is available in a companion report written by RMC Research Corporation entitled *Technical Report: 1995 Washington State Survey of Adolescent Health Behaviors* (Deck, Gabriel, Nickel & Einspruch, 1995). Readers interested in the more technical development of the statewide sampling plan, the assessment procedures, the reliability and validity of composite scales, and the analysis methodology employed here are referred to the companion report. A brief summary will be presented, however, to provide readers with some methodological guidelines for interpreting the results in this report.

A random sample of schools, stratified by district size and geographic region, was selected at each grade level to constitute a representative sample of Washington's sixth, eighth, tenth, and twelfth grade students. Due to the length of the survey and the personal nature of some of its questions, many schools elected not to participate. When a given school refused to participate, another school from the same geographic region, of the same size, urbanicity and minority enrollment was added to take its place. In all, only 20 to 25 percent of the schools asked to participate did so—a similar percentage to that experienced in the first statewide survey in 1988 (Deck & Nickel, 1989), but smaller than both statewide surveys since then. However, analyses of demographic characteristics of schools that agreed to participate versus those that refused indicated that, at a statewide level, these schools were not different along such lines as minority enrollment, poverty, and rurality. This lends confidence to the representativeness of the statewide results presented in this report.

Representativeness is less certain for each of the four geographic regions (see Chapter 8 of this report), however. In general, there was greater participation among schools in the eastern region, and less among schools in the Puget Sound region. The data received from participating schools were adjusted using a statistical weighting procedure to realign the proportionality of responses according to actual statewide enrollment. The resultant weighted responses provide accurate statewide estimates of Washington's students, but specific regional estimates cannot be provided.

. . .the results among high school seniors in surveys such as this are underestimates of young people of that age group because many of the students most likely to engage in these kinds of behaviors may have dropped out of school.

A final issue relating to the representativeness of the sample pertains to the likely influence of school dropouts on the sample results at the high school level. It is generally accepted that the results among high school seniors in surveys such as this are underestimates of young people of that age group because many of the students most likely to engage in these kinds of behaviors may have dropped out of school (Johnston, O'Malley & Bachman, 1994a). Thus, the authors recommend interpreting results among high school seniors with some caution—particularly when their prevalence rates differ markedly from those of students at earlier grades.

The school dropout issue is not a new one, however. It has existed in previous Washington state surveys as it does in this one. Unless there are data to suggest that the current high school population includes a larger or behaviorally different collection of dropouts than in previous years, the bias in twelfth grade estimates is likely similar to what it has been in the past. This means that, while any given year's data on health risk behaviors of twelfth graders may be underestimates, the year-to-year comparisons are likely to be less affected by this bias (Johnston, et al., 1994a).

RMC's analysis of the survey information included a series of quality control steps to remove data that were incomplete, obviously inaccurate or internally inconsistent. After screening out these invalid responses, the resultant sample sizes at each of the four grade levels were as shown in Exhibit 1-1 on the following page. The precision of the estimates presented in this report is a direct result of the size and design of the sample. Like public opinion surveys, the results presented in this report are not perfect estimates. They exist with a certain margin of error for interpretation. When readers examine the results presented here and make comparisons between 1992 and 1995 results, for example, they must include this notion of margin of error. For example, is a 3 percent difference in alcohol use among sixth graders a statistically reliable one? Does it warrant interpretation and programmatic or policy attention, or is it within the realm of sampling error of the survey?

The sample sizes shown in the exhibit below indicate that, for statewide comparisons at each grade, the prevalence rates in this report can be interpreted within plus or minus 2 percent at grades 6, 8, and 10, and plus

or minus 4 percent among high school seniors. These margins of error allow 95 percent confidence in the interpretation of these results.

Exhibit 1-1. Number of Schools and Students in Statewide Sample by Grade

Grade Level	No. of Schools	No. of Students
6	41	2,857
8	21	2,510
10	27	2,106
12	27	1,307
Total	89[1]	8,780

[1] The 27 schools selected for tenth and twelfth grade samples are the same high schools.

Another 12,000 students from 124 elementary, middle, and high schools participated in the survey on a volunteer basis at the schools' expense.

Another 12,000 students from 124 elementary, middle, and high schools participated in the survey on a volunteer basis at the schools' expense. These schools received reports of their own results, but have not been included in this statewide report because they were not part of the representative sample.

Within the sample on which the results presented in this report are based, some key characteristics of the students include:

- Approximately 50 percent male and 50 percent female at each grade.
- A slightly higher representation of minority students at each grade than is the case statewide.
- A rural/urban mix of students that varies by grade level. In general, there is greater rural representation at lower grades and greater urban representation at higher grades.
- About two-thirds of the students come from homes with two adults living with them. This proportion declines with increasing

grade levels, as only about 40 percent of high school seniors report living in a home with two adults.

Greater detail on the characteristics of the sample is given in Chapter 8 of this report.

Beyond this introduction (Chapter 1), the analytic report contains eight additional chapters dealing with adolescent health behaviors of Washington's students. The contents of the chapters are summarized briefly in the following paragraphs.

In Chapter 2, the results of questions assessing the general level of physical fitness, including proper diet and physical exercise, are presented. These questions are taken primarily from the Centers for Disease Control and Prevention's biennial *Youth Risk Behavior Survey (YRBS).*

In Chapter 3, the prevalence of health safety behaviors, such as wearing seat belts and not riding in a motor vehicle with someone under the influence of alcohol or other drugs, is presented. These questions, many of which appeared on the *1992 WSSAHB*, are taken from the *YRBS.*

In Chapter 4, violence, weapon carrying, and other delinquent behaviors are discussed. These questions are derived largely from the *YRBS*, and many of them appeared on the *1992 WSSAHB*.

In Chapter 5, the incidence and prevalence of alcohol, tobacco, and other drug (ATOD) use are presented. These questions, used in all previous statewide surveys dating back to 1988, are taken primarily from the National Institute on Drug Abuse (NIDA)-sponsored *Monitoring the Future* survey.

In Chapter 6, results of questions related to students' awareness of HIV/AIDS and sexually transmitted diseases (STDs) are discussed. Many of these questions are taken from the YRBS and appeared on the 1992 WSSAHB.

In Chapter 7, the results of the assessment of risk and protective factors are presented. These questions were taken from the risk/protective factor

assessment instrument developed by the Social Development Research Group at the University of Washington.

In Chapter 8, background and school- and community-related characteristics of the sample of students are presented to better describe the nature of this sample as it mirrors statewide enrollment at the grade levels surveyed.

Chapter 9, In Their Own Words. . . captures the responses of students to a few open-ended questions requesting their opinion on the importance of the health behaviors represented on this survey.

In reporting the results of this survey, the authors provide three comparative frames of reference. First, trends over time—comparisons with results of previous surveys—are presented. These comparisons allow readers to view the trends over past years' reports of health risk behaviors among Washington's students at the same grade levels. Second, comparisons with other national surveys of these health behaviors—primarily the *Youth Risk Behavior Survey* and the *Monitoring the Future* survey—are presented. These provide an interpretive look at how Washington's students compare with their grade-level peers across the nation. Third, results of this year's assessment are compared with national education and health objectives. *Healthy People 2000* and the Goals 2000: Educate America Act are two nationwide campaigns that guide many of the prevention, intervention, and health promotion efforts this survey addresses.

The results presented in this report are the major findings from this survey effort. However, there are many more possibilities for comparative analysis of the data resulting from this large, statewide effort. The appendix to this report features response frequencies to each of the 241 items contained on the multiple forms of this survey. Readers are referred to these specific items for more detailed information if the discussion in the body of the report does not provide it. In addition, other reports of these results will be forthcoming from the state agencies and RMC Research Corporation.

Caution

The following issues regarding the data should be remembered in reading this report:

- *Representativeness.* Every attempt was made to ensure representativeness of the sample to the student in Washington State public schools. The response rate to the survey was low (20 to 25 percent of recruited schools participated) and so it is possible that the results are not representative of the student population of the state as a whole. However, replacement schools for those refusing were selected to be similar in minority enrollment, rurality, and school district enrollment to refusing schools. Participating and refusing schools might differ on a number of characteristics which might be related to responses to the survey. However, based on comparisons between the participating and refusing schools, these schools were not different in demographic characteristics such as minority enrollment, free/reduced lunches, and rurality. The Seattle and Tacoma school districts are not included in the sample. However, preliminary results from a Seattle survey suggest that rates of substance use and weapon availability were similar to the rates found in this survey. This suggests that it may be reasonable to generalize the results to all students at these grade levels in Washington public schools.

- *Trends.* In making comparisons between the 1995 and earlier surveys, it should be remembered that a number of factors might influence apparent trends. For example, comparisons between the 1992 and 1995 survey might be influenced by the inclusion of volunteer schools in the in the 1992 data, and information about the characteristics of the 1988 and 1990 samples is not readily available. However, comparisons between the sampled and volunteer schools in 1992 revealed similar levels of substance use. Also, the trends for substance use in this state from 1992 to 1995 appear to be similar to national trends.

- *School dropouts.* In interpreting differences between grades, it should be remembered that some reported behaviors and risk factors may appear more prevalent in the eighth and tenth grades compared

to twelfth grade because of increased school dropouts after age 16 (prior to twelfth grade).

- *Developmental changes.* In interpreting differences between grades, it should also be remembered that developmental changes may influence student's perceptions and accuracy of reporting.

- *Self-report data.* The survey measures self-reports, which may be influenced by a number of factors including problems in remembering, social desirability, and reading ability, as well as developmental changes (see above).

- *Correlational data.* Interrelationships among the variables should not be interpreted as indicating that one variable caused the other. Although this might be the case, it might also be that the reverse is true, or that an apparent relationship is due to some other measured or unmeasured cause (e.g., biased reporting). Multivariate analyses are necessary to control for other potentially important factors.

- *Extrapolations.* Estimates of the number of students who engage in a particular behavior should be regarded as "ballpark" estimates because of the issues described above, as well as other issues such as non-inclusion of students who are not attending public schools. This includes students in private schools, home schooling, correctional facilities, school dropouts, and others.

Chapter 2: Physical Fitness: Nutrition and Exercise

Today, one-fourth of American adults are overweight . . .

The physical health of young people is of paramount concern as they grow and develop. Physical fitness through adolescence and adulthood is one safeguard toward lower probability of serious coronary-related health problems and higher probability of a longer life expectancy. Today, one-fourth of American adults are overweight, and nearly one-tenth are severely overweight, placing them at far higher risk of serious health, as well as social and psychological, consequences (PHS, 1987).

Exercise and dietary habits learned during childhood often carry forward through adolescence and adulthood. Poor diet, characteristic of economically deprived and geographically isolated populations or nutritionally inappropriate weight loss efforts among young people, can increase the risk of chronic health problems later in life (PHS, 1990).

The proportions of Washington students in grades 6, 8, 10, and 12 who are currently overweight, according to two very different criteria, are displayed in Exhibit 2-1. The first criterion in the display is that used in setting the national health objectives for adolescents in *Healthy People 2000*. It considers anyone exceeding 120 percent of the recommended weight for their height as overweight. Specifically, the *HP 2000* objective is:

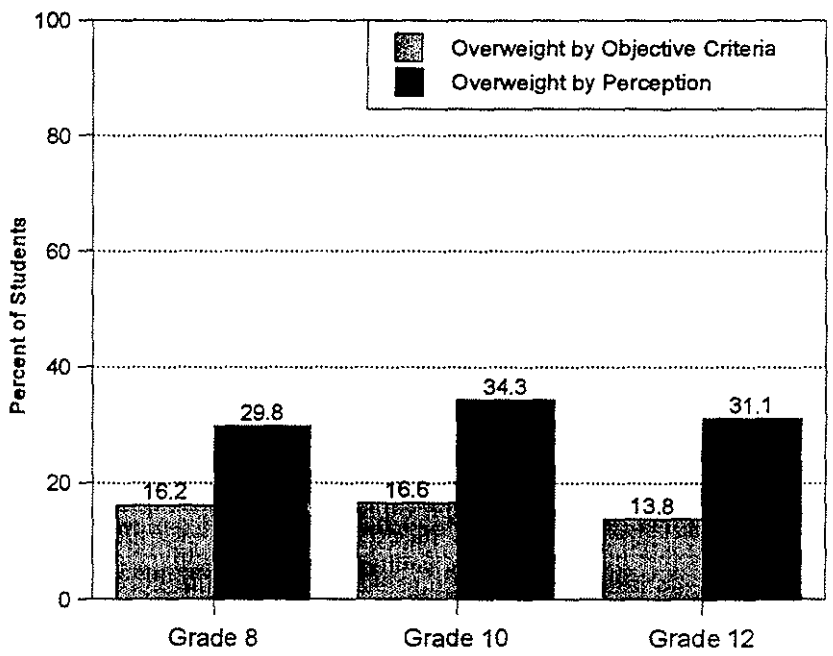
Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19.

The second criterion for overweight displayed in Exhibit 2-1 is the students' self-perception of whether or not they are overweight.

✦ Finding ✦

While no more than one in six students is actually overweight by public health standards, one in three high school students perceives him/herself to be overweight.

Exhibit 2-1. Proportion of Students Who Are Overweight Actual vs. Perceived



By objective (*HP 2000*) standards, nearly one in six eighth and tenth graders are overweight. At all grade levels, the contrast between actual and perceived status is striking. While 16 to 17 percent of eighth and tenth graders are actually overweight, about twice this proportion (29.8 and 34.3 percent, respectively) perceive themselves to be. Among high school seniors, the prevalence of overweight students declines somewhat (to just under 14 percent), but the proportion of students who feel they are overweight is still above 30 percent.

There are no gender differences in students who are overweight by physical criteria (*HP 2000* standards), except among high school seniors, where about 17 percent of males and only 11 percent of females are overweight. There are, however, dramatic differences in self-perception. Females are twice as likely as males to perceive themselves to be

overweight, with 40 to 50 percent of young women in high school feeling this way.

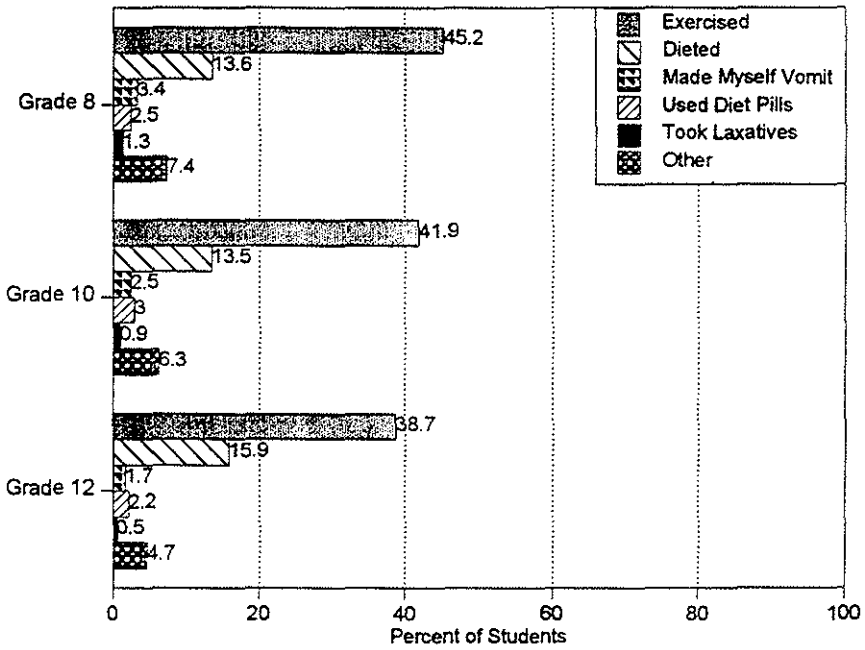
Young people who are overweight are often less popular with their peers, have poorer self-image, and are discriminated against by significant adults.

Among adolescents, being overweight, or feeling that they are, is associated with a number of undesirable social and psychological consequences. Young people who are overweight are often less popular with their peers, have poorer self-image, and are discriminated against by significant adults (Coates & Thorensen, 1978). These consequences can lead to a variety of attempts to lose weight, some of which are nutritionally unsound. In Exhibit 2-2, the proportion of students who have tried to lose or keep from gaining weight in the previous week is indicated, along with the prevalence of each of a number of different methods they may have used to do so.

✦ Finding ✦

While the vast majority of students trying to lose or maintain their weight use appropriate means to do so, 5 to 8 percent resort to unhealthy methods such as diet pills, laxatives, or intentional vomiting.

Exhibit 2-2. Prevalence of Weight Loss Methods in the Past Week



. . . unsafe weight loss practices are often driven by young people's desire to be thin (equated with physical attractiveness), regardless of their actual weight.

Forty to 50 percent of students at each of these grades has attempted to lose or keep from gaining weight in the past week. Females are twice as likely as males to be trying to lose weight. Almost all young women who have tried to lose weight have used exercise to accomplish this. About one-third have tried to diet. Assuming that the exercise is not too severe and diet includes reasonable nutritional content, both of these may be considered appropriate methods. Two to 3 percent of the students at all grades (which is 5 to 8 percent of students trying to lose weight) use patently inappropriate methods, however—making themselves vomit or taking diet pills. A somewhat smaller proportion use laxatives. These unsafe weight loss practices are often driven by young people's desire to be thin (equated with physical attractiveness), regardless of their actual

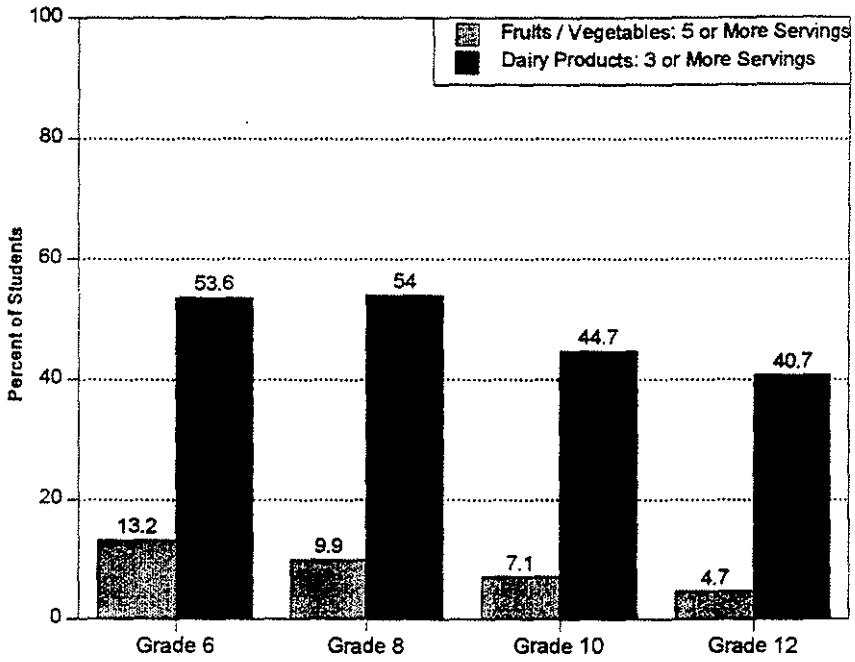
weight. Such practices are typically initiated in the high school years, particularly among young women (Shisslak, Crago & Neal, 1990). These practices are thought to contribute to the rising incidence of eating disorders such as anorexia nervosa and bulimia.

More specific information on dietary habits is available from two other questions on the survey—the number of servings of fruits and vegetables and the number of servings of dairy products consumed the previous day. *Healthy People 2000* objectives for consumption of these food groups relate only to adults, but suggest that five or more servings of fruits and vegetables and three or more servings of dairy products are optimal. The proportion of students already meeting these standards at each grade is shown in Exhibit 2-3.

✦ Finding ✦

From eighth grade on, fewer than one in 10 students meets the daily recommendation for fruit and vegetable consumption. About half meet the recommended amount of dairy products.

Exhibit 2-3. Proportion of Students Meeting National Health Objectives for Daily Servings of Fruits and Vegetables and Dairy Products



Fewer than one in seven (13.2 percent) sixth grade students meets the *HP 2000* standard for five servings of fruits or vegetables a day. This proportion decreases with each advancing grade to a low of about one in 20 (4.7 percent) high school seniors. The results for intake of dairy products are far more positive, particularly since the *HP 2000* objective is that 50 percent of the adolescent population consume three or more servings of dairy products (high calcium) each day. The sixth and eighth grade populations have met this objective, and the high school students are only slightly under it.

As a global measure of both dietary habits and economic deprivation, students were also asked if they had ever gone to bed hungry in the past

30 days because their family did not have enough money to buy food. Three to 5 percent of the students at each grade responded that they had.

Among overweight persons, insufficient exercise is more common than overeating.

Healthy eating habits is one very positive contribution to healthy development and physical fitness. Another is a regular practice of moderate physical exercise. Taken together, these practices can help adolescents to achieve an appropriate body weight without impairing physical development. Among overweight persons, insufficient exercise is more common than overeating (PHS, 1988). Regular physical activity among adolescents is also associated with good mental health and positive self-esteem.

The *Healthy People 2000* objective for moderate physical activity is:

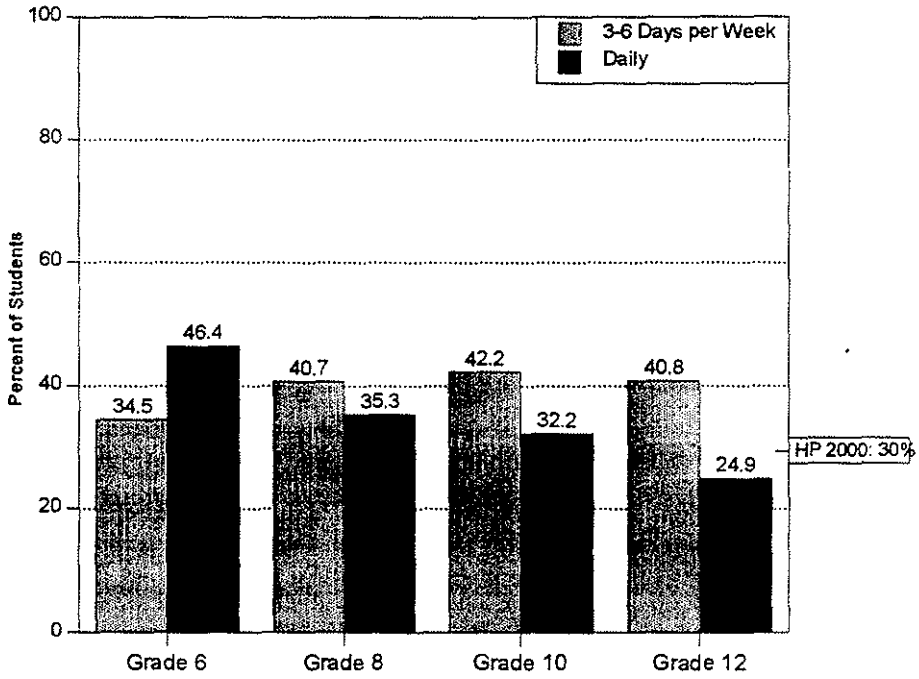
Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Students were asked the number of days in the past week in which they engaged in moderate physical exercise, using examples such as walking, bicycling, swimming, playing basketball, or jogging. The proportion of students at each grade indicating between three and six days of exercise, and daily exercise, are shown in Exhibit 2-4.

✦ Finding ✦

Of the grade levels surveyed, sixth graders are the most physically active. Nearly half of them reported having engaged in moderate exercise on a daily basis. This percentage declines across grade levels to about one in four high school seniors.

Exhibit 2-4. Weekly Prevalence of Moderate Physical Exercise



Nearly half of the sixth grade students engage in moderate physical exercise every day. This prevalence of daily exercise declines with each advancing grade level, however, to only about one in four high school seniors. About 35 to 40 percent of students at each grade exercise three to six days per week, or at least every other day.

In addition to good nutrition and exercise, maintaining good physical health through adolescence involves preventative health care through regular consultation with physicians. The proportion of students who had seen a doctor for a physical exam or a dentist in the past year are very consistent across the grades. Sixty to 70 percent of students had seen a

doctor for a physical exam in the past year. Seventy to 75 percent had seen a dentist for something other than braces in the past year.

Chapter 3: Prevention of Unintentional Injuries

Motor vehicle crashes are the leading cause of death among people 1 to 34 years of age. Two of the most common contributors to these are alcohol consumption and failure to use safety devices.

Of the 150,000 annual deaths due to injury in this country, about two-thirds result from unintentional causes: motor vehicle crashes, falls, poisonings, drownings, and fires. Additional millions of people are incapacitated for a time or suffer lifelong disability due to such injuries. One in four Americans each year experiences an injury serious enough to require medical attention (CDC, 1993). Many of these injuries are preventable.

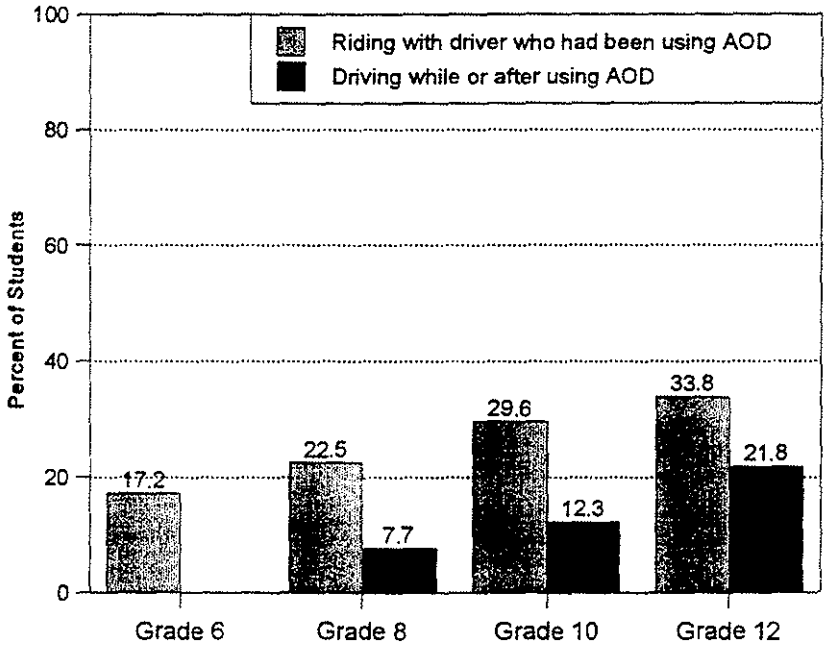
Motor vehicle crashes are the leading cause of death among people from 1 to 34 years of age. Two of the most common contributors to these are alcohol consumption and failure to use safety devices (seat belts in automobiles, helmets on motorcycles and bicycles). In 1991, half of the motor vehicle crashes were alcohol-related. Nearly a third of the accidents with drivers aged 15 to 20 were alcohol involved (CDC, 1992).

In this survey, Washington students were asked how many times in the past 30 days they had been riding in a vehicle with someone driving who was or had recently been using alcohol or other drugs (AOD), and how often in the same time period they had been driving while or shortly after using AOD. Results of their responses are shown in Exhibit 3-1.

✦ Finding ✦

The prevalence of students driving a vehicle while or shortly after using alcohol or other drugs (AOD) increases from one in 13 eight grade students to about one in five high school seniors. About one in six sixth graders and one in three high school seniors rode in a motor vehicle with another person who had been using AOD.

Exhibit 3-1. Prevalence of Driving or Riding With Another Driver While or After Using Alcohol or Other Drugs



Nearly one in three high school students has recently ridden with a driver who was using alcohol or other drugs. More than one in five high school seniors have recently driven a motor vehicle while or shortly after using alcohol or other drugs.

The proportion of students either driving or riding in a motor vehicle with someone under the influence of alcohol or other drugs rises consistently with grade level. Nearly one in three high school students has recently ridden with a driver who was using alcohol or other drugs. More than one in five high school seniors have recently driven a motor vehicle while or shortly after using alcohol or other drugs. Although the rates of actually driving while using these substances are very low for eighth graders, about one in five of them has recently ridden with others who have used these substances. The prevalence rates shown in Exhibit 3-1 are within one or two percentage points of the rates reported in 1992.

Driving while under the influence or riding with someone under the influence are extremely dangerous behaviors for students at all grades.

At each of the grades surveyed, the proportion of males driving under the influence of alcohol or other drugs is 3 to 5 percent higher than the proportion of females. Males and females report riding with someone who is or has recently been drinking with equal frequency.

Use of safety belts while in an automobile or helmets while riding a motorcycle or bicycle is a safety precaution that can greatly reduce the risk of injury should an accident occur. About 75 percent of students at all grades indicated they wore seat belts while riding in a car driven by someone else at least most of the time. These levels are approximately the same as those reported in this survey in 1992. They are slightly under the *HP 2000* objective which aspires for all ages to:

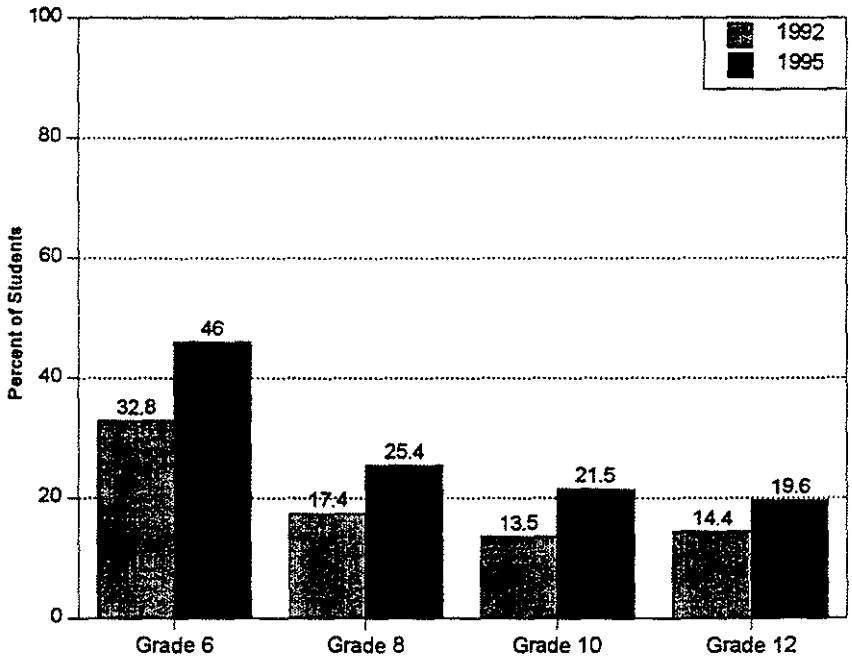
Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats to at least 85 percent of motor vehicle occupants.

Prevalence rates for wearing a helmet most or all of the time while riding a bicycle for all grades are shown in Exhibit 3-2. These rates reflect the proportion of students who wore a helmet all or most of the time among those students who indicated they had ridden a bicycle in the past year. The number of students who rode a bicycle in the past year declines steadily across grade levels from 90 percent of sixth graders to 55 percent of high school seniors.

✦ Finding ✦

The proportion of students who wear helmets while riding a bicycle declines steadily across grades from a high of nearly half of the sixth graders to only one in five high school seniors. All of these current rates represent significant improvements over 1992 rates, however.

Exhibit 3-2. Trends in the Prevalence of Wearing a Helmet While Riding a Bicycle: 1992-95



The prevalence of wearing helmets at least most of the time while riding bicycles has significantly increased from 1992 rates at all grade levels.

The prevalence of wearing helmets at least most of the time while riding bicycles has significantly increased from 1992 rates at all grade levels. While only one in three sixth grade students (32.8 percent) wore helmets in 1992, nearly half (46 percent) report doing so in 1995. Although only one in five high school seniors (19.6 percent) who rode a bicycle in the past year wore a helmet, this rate represents a 36 percent increase over that reported in 1992 (14.4 percent). While this is significant progress, it still falls short of the national health objective in *Healthy People 2000* which states:

Increase use of helmets to at least 80 percent of motorcyclists and 50 percent of bicyclists.

Chapter 4: Intentional Injury Behaviors: Fighting, Weapon Carrying, and Attempted Suicide

On an average day in the United States, 65 people die from and more than 6,000 people are physically injured by interpersonal violence.

In 1984, the Surgeon General declared violence as much a public health issue for this nation today as smallpox, tuberculosis, and syphilis had been decades earlier. Fundamental to the public health perspective on violence is a shift away from a reactive and toward a proactive effort to change the social, behavioral, and environmental factors that cause violence (Mercy, Rosenberg, Powell, Broome & Roper, 1993). Central to this approach is the objective measurement of the incidence and prevalence of violence and violence-related behaviors.

Intentional injuries—those due to interpersonal violence including suicide—account for more than one-third of all injury-related deaths (CDC, 1993). On an average day in the United States, 65 people die from and more than 6,000 people are physically injured by interpersonal violence (NCHS, 1991). The youth of this nation are disproportionately represented in these statistics—both as perpetrators and as victims. Arrest rates for homicide and aggravated assault peak among older adolescents and young adults. Homicide is the second leading cause of death for Americans aged 15 to 34, and young people aged 12 to 24 face the highest risk of nonfatal injury through assault of any age group (Mercy, et al., 1993).

Schools have felt the impact of increasing violence as well. For example, teachers report that they have been verbally abused or physically threatened by students (NCES, 1991). Ten to 15 percent of students nationwide indicate that they feel unsafe at school or going to and from school at least some of the time. About half of these students have actually stayed home from school because of concerns for their physical safety (Johnston, O'Malley & Bachman, 1994). In these conditions, students are much less likely to actively participate in the learning process and make meaningful academic progress.

Fighting, weapon carrying, and attempted suicide are all health risk behaviors associated with threats to personal safety, future injury, and

death. Eleven of the national health objectives in *Healthy People 2000* pertain to intentional injury and related risk behaviors.

In this chapter the authors report the findings on health risk behaviors related to violence and intentional injury. Other related behaviors, such as victimization, abuse, and gang membership, are also presented.

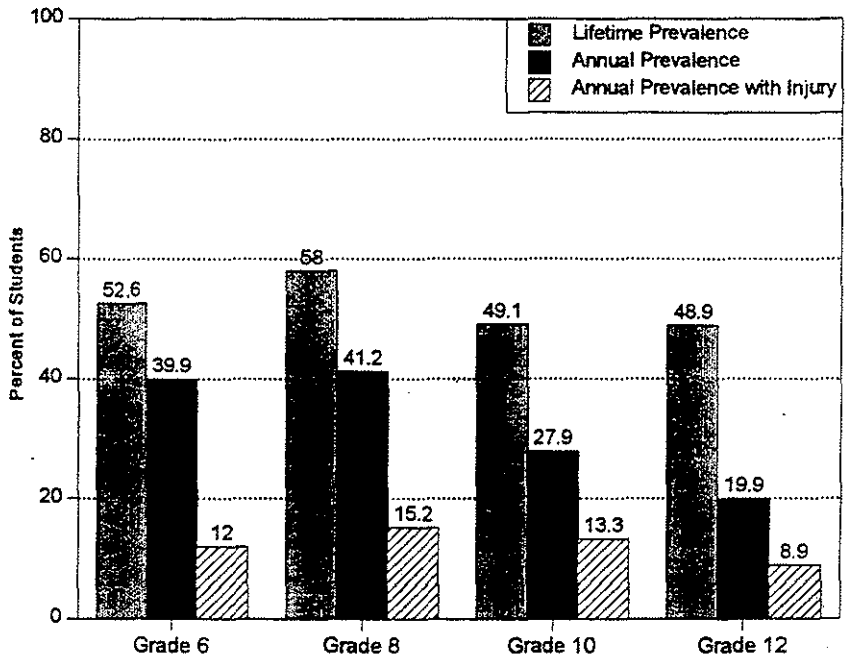
Fighting

Young people physically fighting with one another is perhaps the most obvious behavioral indicator of interpersonal violence. On the *WSSAHB*, students were asked when their last physical fight occurred and how many times during the past year they had been involved in a physical fight in which an injury occurred. From responses to these two items, the authors obtained estimates of the lifetime and annual prevalence of physical fighting and the annual prevalence of serious (i.e., involving injury) fighting. These results are shown in Exhibit 4-1.

✦ Finding ✦

At all grades, nearly half of the students have been in a physical fight in their lifetime. In the past year, nearly 40 percent of sixth and eighth grade students have been in a physical fight, a far higher percentage than that reported by high school students.

Exhibit 4-1. Prevalence of Physical Fighting



The *Healthy People 2000* objective calls for a reduction in the annual prevalence of physical fighting:

Reduce by 20 percent the incidence of physical fighting among adolescents age 14 to 17.

Washington's 1992 survey included only indirect measures of lifetime and annual prevalence of physical fighting, none of which are sufficiently comparable to the questions on the *1995 WSSAHB*. Progress on this key indicator can be assessed on future surveys using data presented here as baseline.

The prevalence rates shown in Exhibit 4-1 indicate the percentage of students who have been in at least one fight in the given time period. By taking into account the *number* of fights each student reports, the total number of fighting incidents occurring in this population in the time period can be calculated. In the current survey, students were asked about the *number* of fights occurring in the past year only in relation to serious fighting incidents, i.e., fights in which an injury occurred that required medical attention. The incidence of serious fights rose steadily among sixth graders, who reported about 26 injury-related fights per 100 students in the past year to tenth graders, who reported over 35 injury-related fights per 100 students in the past year. Interestingly, as in the lifetime prevalence rates shown above, the lowest incidence of injury-related fights in the past year was among high school seniors.

Another way of interpreting these incidence rates would be to put them in the context of a typical classroom of, say, 25 students. Among students in the average sixth grade classroom of this size, the data indicate that more than six injury-related fights took place in the past year. At the tenth grade level, nearly nine injury-related fights occurred per classroom in the past year. Although the number of students participating in physical fighting is at its peak at the eighth grade level, the actual number of injury-related fights occurring continues to increase to the tenth grade level.

As noted earlier in this report, interpretation of declines in any of these behaviors through advancing years in high school must be tempered with respect to the school dropout phenomenon. That is, lower prevalence rates among high school seniors may be due to a larger number of students who are most likely to engage in physical fights, having already dropped out of school. This influence is not unique to Washington. National data on the *YRBS* evidences the same declines in self-reported violent behavior through the high school years (CDC, 1995). The influence of dropouts is seen in virtually all school-based surveys of this nature.

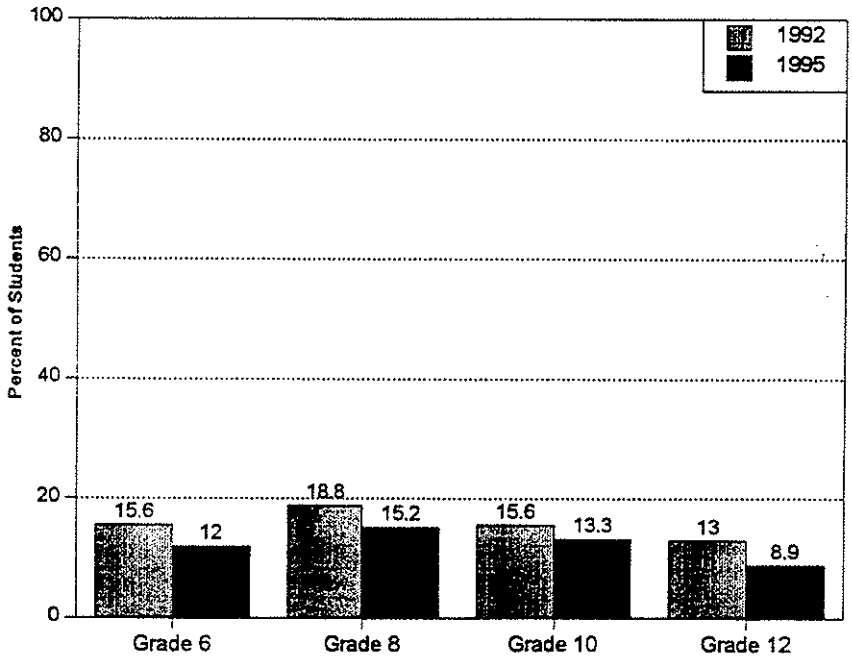
When compared with results from the 1992 survey, significantly fewer Washington students reported being involved in injury-related fights in the past year.

When compared with results from the 1992 survey, significantly fewer Washington students reported being involved in injury-related fights in the past year. This trend is visible at all grade levels, as shown in Exhibit 4-2 below. The decrease is fairly uniform across all grades: approximately 3 to 4 percent fewer students were involved in serious fighting incidents during the survey year.

✦ Finding ✦

Fewer students at all grades report having been in an injury-related fight in the past year.

Exhibit 4-2. Trends in Annual Prevalence of Physical Fighting Where Injury Occurred: 1992-95



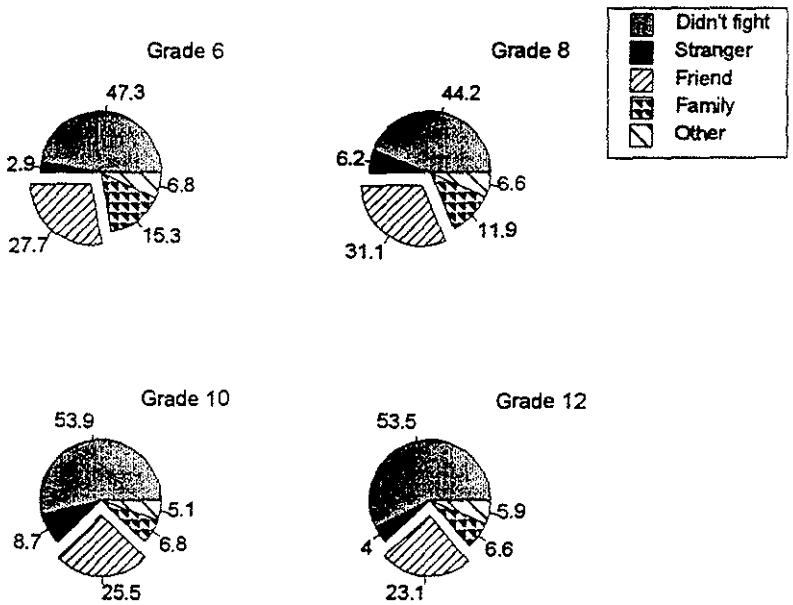
Incidents of fighting, particularly among adolescents, rarely involve people who do not know each other.

Incidents of fighting, particularly among adolescents, rarely involve people who do not know each other. When asked with whom they last fought, the majority of students indicated their fights had been with friends or family. Among students at all grade levels who had been in a physical fight, about half indicated their last fight was with a friend (including boyfriend or girlfriend). Among sixth and eighth graders, 20 to 30 percent of students indicated the fight was with a family member.

✦ Finding ✦

Incidents of physical fighting are seldom random acts of violence among strangers. More than half the students at all grades who had been in a physical fight indicate that they fought most recently with a friend. A larger share of the younger students reported their last fight was with a family member.

Exhibit 4-3. With Whom Did You Fight Last?



These findings have important prevention and intervention implications. The data shown in Exhibit 4-3 indicate that a very small proportion of fights are random acts of violence with people unknown to these students. Most fights are among friends. This suggests the importance of anger management and conflict resolution components of violence prevention programs, since it is obviously important to communicate to young people alternative ways of resolving differences. The increasing prevalence of weapons, as described in the following section, adds even more urgency to this need. The fact that a sizable proportion of students report that their last fight was with a family member may reflect a greater prevalence of violence at home. This problem may also suggest a need for conflict resolution training for young people. However, efforts to respond to this problem may depend on more intervention services directed at families in order to address the full range of causes and correlates of family violence.

Students at all grades were also asked if they were a member of a "gang or other group that uses violence or threats of violence for protection or to gain respect." As with many of the violence indicators reported above, eighth graders had the highest frequency of gang membership at just over 7 percent.

Weapon Carrying

. . . one out of every five deaths of teens across the country is due to firearms.

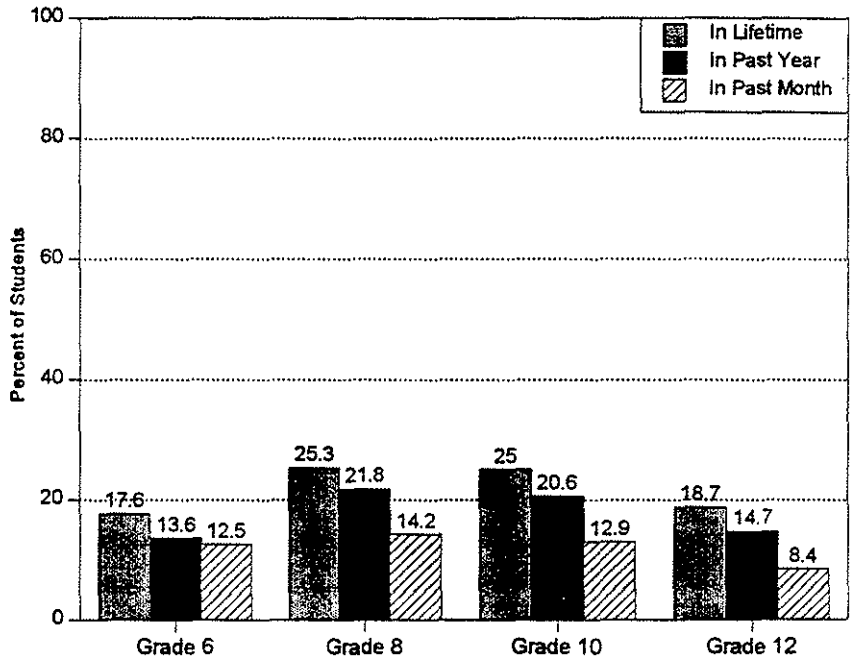
Weapons at school or carried by young people greatly increases the risk of serious injury accompanying interpersonal violence. Firearms are the second-leading cause of death among young people age 10 to 34 and one out of every five deaths of teens across the country is due to firearms. In 1990, more adolescents in the United States died from firearm-related injuries than from all natural causes combined (Mercy, 1993).

The lifetime, annual, and 30-day prevalence of weapon carrying "for protection or because you thought you might need it in a fight" by students at all grades is shown in Exhibit 4-4. About one in four eighth and tenth graders have carried a weapon—a gun, knife, or club for protection or use in a fight—at least once in their lifetime. Approximately 80 percent of students who have ever carried a weapon have carried it in the past year, and 50 to 60 percent of these students have carried a weapon in the past month. All of these prevalence rates are at the highest among eighth and tenth graders.

✦ Finding ✦

One in four students in grades 8 and 10 has carried a weapon at some time in their lives. About one in seven students at these grades has done so in the past month.

Exhibit 4-4. Lifetime, Annual, and Monthly Prevalence of Weapon Carrying



As with fighting, the *Healthy People 2000* report calls for a reduction in the prevalence of weapon carrying:

Reduce by 20 percent the incidence of weapon carrying by adolescents ages 14 to 17.

At all grades, fewer students report carrying weapons in the past 30 days than in 1992. Reductions are dramatic, ranging from 30 to 50 percent—all of which meet the Healthy People 2000 *objective.*

The national health objectives use 1991 national rates from the *Youth Risk Behavior Survey* as their baseline. In Washington, 1992 estimates are available for the monthly prevalence of weapon carrying. These ranged from a high of 24 percent among eighth graders to 17 percent among sixth graders. At all grades, fewer students reported carrying weapons in the past 30 days in the 1995 survey than in 1992. Reductions are dramatic, ranging from 30 to 50 percent—all of which meet the *Healthy People 2000* objective.

The incidence of weapon carrying in the past 30 days is calculated through students' responses to how many times they had carried a weapon in the past 30 days. An estimated 35 weapon-carrying incidents per 100 sixth grade students occurred in the previous month; approximately 49 such incidents occurred among eighth and tenth graders; and 31 occurred among high school seniors. This means that among students in a typical classroom of 25 students, there were nine weapon-carrying incidents at the sixth grade level; 12 to 13 at the eighth and tenth grade levels; and nearly eight at the high school senior level. The combined incidence and prevalence estimates in Exhibit 4-4 suggest that the average student who currently carries a weapon carries it about three days per month. As with the incidence of physical fighting, the incidence of weapon carrying is at its highest among eighth and tenth graders.

The weapons most frequently carried by students at all grade levels are knives, followed by clubs, and finally guns. About 80 percent of students in grades 6 and 8 who report carrying weapons for protection or fighting say they carry knives. Forty to 50 percent of students at all grades report carrying a club, stick, or pipe as a weapon. The proportion of weapon-carrying students who report carrying guns increases each year. At the sixth grade level, only about one in six students who has carried a weapon in the past year has carried a gun. By twelfth grade, nearly one of every three students carrying a weapon (in total, about 15 percent of all high school seniors), reports carrying a gun. These data are critical to report here because firearms are centrally linked to serious injury and death among teens.

By twelfth grade, nearly one of every three students carrying a weapon (in total, about 15 percent of all high school seniors), reports carrying a gun.

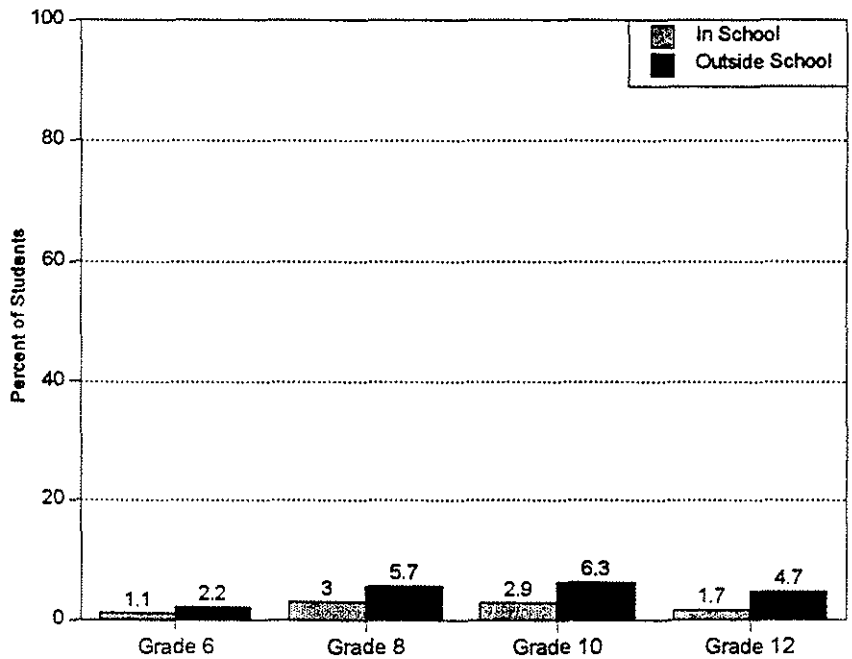
The percent of students reporting carrying a gun in the past year—both to school and outside of school—are shown in Exhibit 4-5. As the exhibit illustrates, carrying a gun, both within and outside of school, is most common among eighth and tenth graders. About half the students who have carried a gun anywhere in the past year have carried one to school. Among high school students, this proportion is somewhat lower. Applying these prevalence rates to statewide enrollment figures—to provide a rough approximation of the magnitude of this problem statewide—indicates that over 750 sixth graders, more than 2,000 eighth graders, over 1,700 tenth graders, and nearly 900 high school seniors have brought a gun to school in the past year. In all, estimates based on this survey suggest that nearly 10,000 students in grades 6 to 12 have brought a gun to school in the past year.

In all, estimates from this survey suggest that nearly 10,000 students in grades 6 to 12 have brought a gun to school in the past year.

✦ Finding ✦

Five to 6 percent of eighth and tenth grade students have carried a gun in the past year. Half of these have brought a gun to school.

Exhibit 4-5. Annual Prevalence Rates of Carrying a Gun



Violent and Delinquent Behavior

The *WSSAHB* includes a number of specific items tapping different indicators of violent behavior (e.g., fighting, weapon carrying). In addition to reporting information related to single indicators, it is useful to combine the information across indicators to form a composite index of violent behaviors—which school and health officials can use as a general indicator of the magnitude of violent behavior in their school.

"Physical fighting" could include almost any form of physical contact when there is a disagreement or negative feelings toward another—pushing or shoving, grabbing another student, etc. The fact that students could interpret physical fighting in a wide-range of ways may be responsible for the far higher annual prevalence rates of physical fighting at grades 6 and 8 than among high school students (see earlier Exhibit 4-1).

Four items were selected to construct this violent behavior scale. For purposes of this composite scale, the authors chose to avert possible ambiguity and count only those fights in which an injury occurred as contributing to the index of violent behavior. This decision is not intended to minimize or obscure a more inclusive interpretation of "physical fighting." Results for this item as a single indicator have already been presented.

Another five items representing delinquent, but not necessarily violent, behaviors were combined to form a delinquent behavior scale. These included belonging to a gang, being suspended from school, selling drugs, showing up drunk or high at school, and being arrested in the past year.

Details of the construction of the violent and delinquent behavior scale are contained in the technical report accompanying this survey (Deck, et al., 1995). Briefly, the authors have combined the information from

items on the *WSSAHB* to define the following three levels of violent or delinquent behavior:

- *None*—Indicating no violent or delinquent behavior reported in the past 12 months.

- *Infrequent*—Indicating the occurrence of one or two violent or delinquent behaviors in the past 12 months.

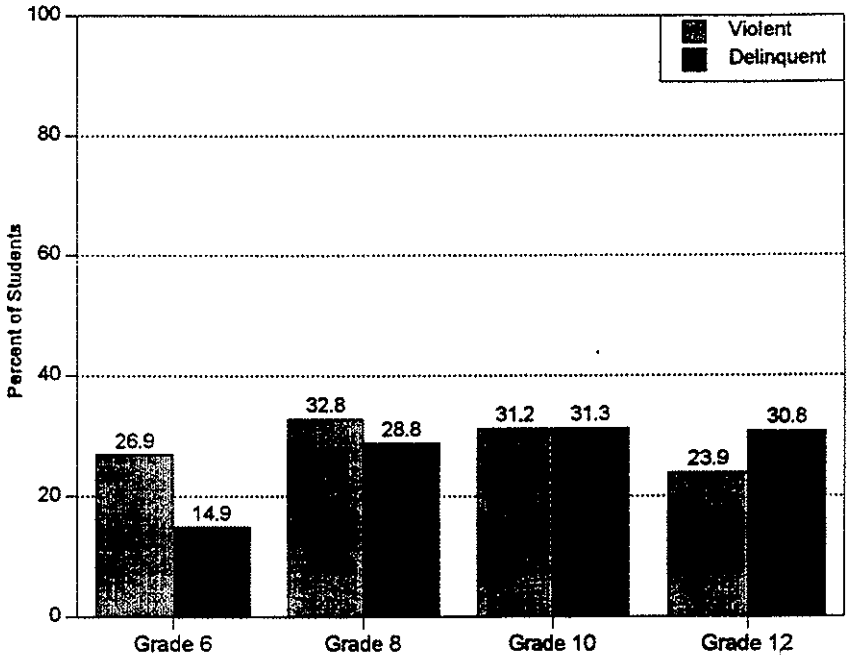
- *Frequent*—Indicating three or more violent or delinquent behaviors, or the occurrence of a single violent incident or delinquent behavior 10 or more times, in the past 12 months.

The percentage of students at each grade exhibiting some degree of violent and delinquent behavior is shown in Exhibit 4-6. The prevalence of at least some violent behavior is fairly consistent across the grades, although it peaks at the eighth grade and is at its lowest among high school seniors. Prior to their senior year, about one in three students had engaged in at least one violent behavior in the past year. Delinquent behavior, on the other hand, nearly doubles from sixth to eighth grade and remains fairly stable from that point through high school. At the sixth grade level, delinquent behavior is far less prevalent than violent behavior. At the eighth grade level delinquent and violent behavior are at similar levels, while among high school seniors, delinquent behavior may exceed violent behavior.

✦ Finding ✦

About one in three eighth and tenth grade students has engaged in some form of violent behavior in the past year. Among high school seniors delinquent behavior is more prevalent than violent behavior.

Exhibit 4-6. Prevalence of Violent and Delinquent Behavior



Studies generally show that violent behavior among students is more characteristic of males than females. This is clearly the case in Washington. Males are two to three times as likely as females to engage in any violent behavior, and three to five times as likely to engage in such behavior frequently. For example, over 14 percent of eighth grade males have engaged in violent behavior frequently, while only 4 percent of females have done so.

Physical and Sexual Abuse

The transmission of violent behavior from generation to generation is much discussed in the literature (Belksy, 1993; Steele, 1986). Young people who engage in violent behavior often are growing up in families in which violent behavior occurs on a regular basis. Violence against children and adolescents by adults often promotes aggressive and violent behavior among the young people themselves. Adult violence on children and youth is also linked with serious mental health problems in young people as they grow older.

More than one in five students at the eighth grade and high school levels report that they have been physically abused.

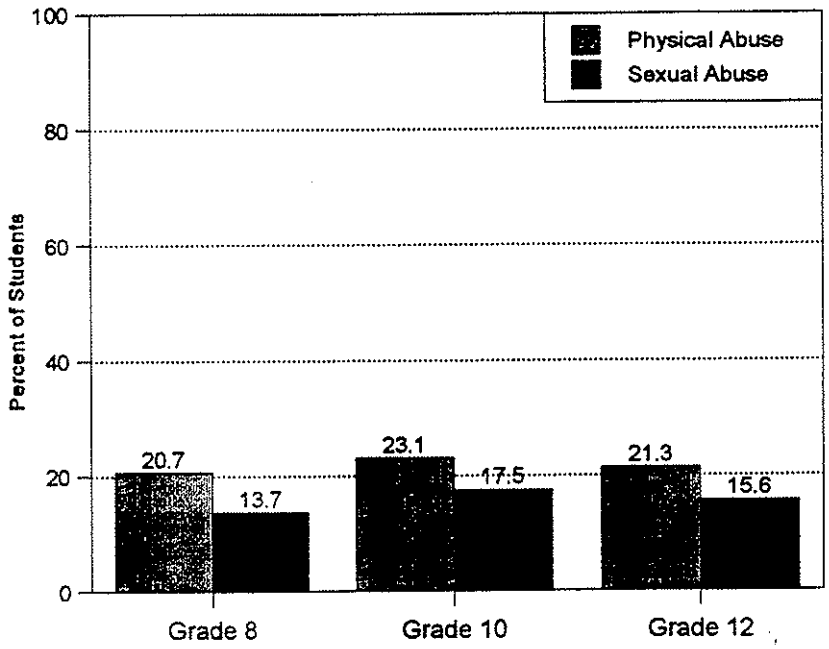
The proportion of students at each grade who reported having ever been abused or mistreated by an adult (physical abuse) or having ever experienced unwanted sexual touching from an adult (sexual abuse) is shown in Exhibit 4-7. More than one in five students at the eighth grade and high school levels report that they have been physically abused. These rates are slightly higher at each of these grades than those reported in 1992. The reported prevalence of sexual abuse is lower, but is again at its highest among high school students.

These data indicate that in a typical high school classroom of 25 students, five students have been physically abused and four have been sexually abused by an adult.

✦ Finding ✦

About one in five students from grade 8 and above reports having been physically abused by an adult at least once in his or her lifetime. Among high school students, about one in six reports having been sexually abused by an adult.

Exhibit 4-7. Physical and Sexual Abuse



Suicide

Suicide is the third leading cause of death among 15- to 24-year-olds. In the past four decades, the rate of suicide among adolescents has quadrupled (CDC, 1993). Attempted suicide heightens the risk of eventual suicide and is related to the host of other problem behaviors represented in this report, such as substance abuse and delinquency.

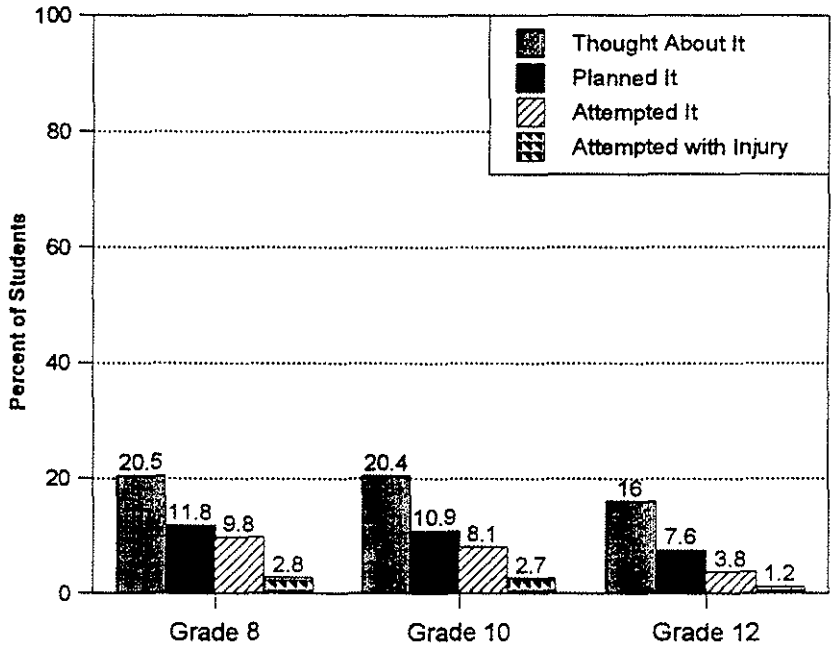
Four indicators of suicide were included in the *WSSAHB*: having ever thought of suicide, making a specific plan to commit suicide, attempting suicide, and attempting suicide with the result of physical injury. The reported prevalence of each of these suicide-related behaviors is shown in Exhibit 4-8. As with other forms of violent behavior that intentionally

cause injury, the prevalence of all of these suicide-related behaviors is at its peak among young adolescents at grades 8 and 10.

✦ Finding ✦

About one in five students has thought about suicide and about one in 10 has made a plan to try it. A similar proportion, about one in 10 has actually attempted suicide. Among all attempted suicides, about 30 percent resulted in injury.

Exhibit 4-8. Annual Prevalence of Thinking About, Planning, and Attempting Suicide



The national health objective in *Healthy People 2000* is:

Reduce by 15 percent the incident of injurious suicide attempts among adolescents aged 14 to 19.

Using the 1992 Washington survey as baseline, the rates of injurious suicide attempts have declined significantly at all grades and exceed the *Healthy People 2000* objective by a wide margin.

Chapter 5: Alcohol, Tobacco and Other Drug (ATOD) Use

Each year, nearly half a million Americans die from their use of alcohol, tobacco, or other drugs, making substance abuse the single largest preventable cause of death in this country.

Concerns about alcohol, tobacco, and other drug (ATOD) use among young people have both short- and long-term implications. In the short term, ATOD use interferes with positive, healthy development—physically, emotionally, and socially. Relationships within families and among friends and satisfactory progress in school are all casualties of substance use. In the long term, ATOD use is associated with delinquency and criminal activity, unintended injuries, and a variety of severe health complications, including shorter life expectancy (CDC, 1993). Each year, nearly half a million Americans die from their use of alcohol, tobacco, or other drugs, making substance abuse the single largest preventable cause of death in this country (Robert Wood Johnson, 1993).

Alcohol, tobacco, and other drug use are preventable behaviors. The national health objectives for the year 2000 have included reductions in ATOD as a high priority. Thirteen of the *Healthy People 2000* objectives relate to the use of alcohol or other drugs by adolescents. Another seven pertain to tobacco use.

ATOD use has been the focus of statewide student survey efforts by the Office of Superintendent of Public Instruction since 1988. While steady declines in prevalence rates had been realized nationally since 1987, the past three years have seen a discouraging reversal of this trend (Johnston, O'Malley & Bachman, 1994).

Experimentation with Alcohol, Tobacco, or Other Drugs

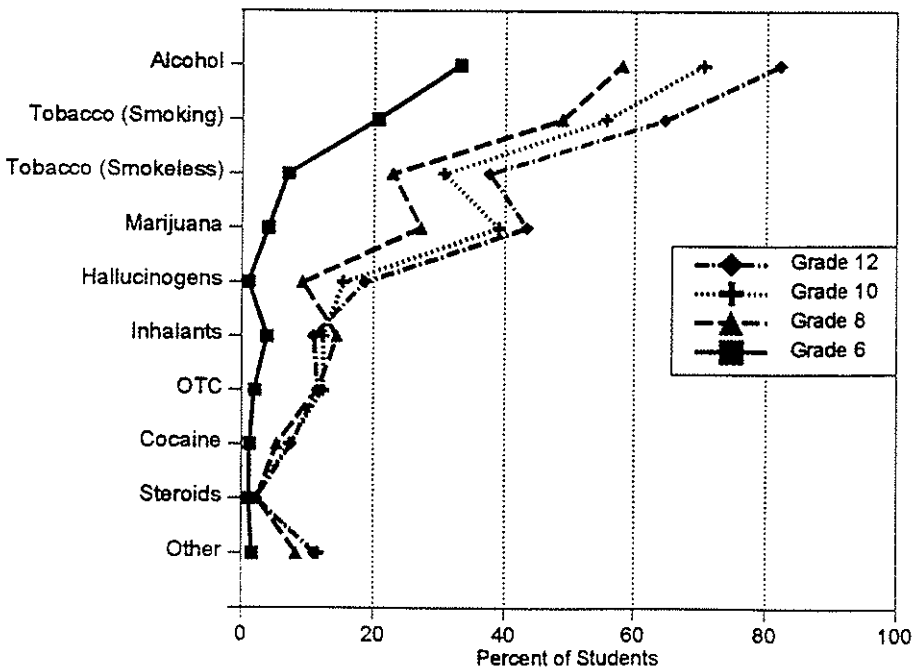
. . . young people who use marijuana are 85 times more likely to use cocaine than those who have never used marijuana.

The *WSSAHB* includes questions about nine different substances, along with a generic "other illegal drugs" category. The percentage of students at each grade who reported having ever tried each substance is shown in Exhibit 5-1 below. As has been the case in each of the previous state surveys, alcohol is the "substance of choice" at all grades, followed by smoking tobacco and marijuana. These three are often termed "gateway" substances, representing initial experimentation with illegal drugs that often leads to more frequent use of these and other substances. Although the majority of people who use marijuana do not go on to use more addictive substances, recent studies on the influence of gateway drugs indicate that young people who use marijuana are 85 times more likely to use cocaine than those who have never used marijuana (CASA, 1994).

✦ Finding ✦

As in all previous state surveys, alcohol is the substance of choice among Washington's students. Smoking tobacco and marijuana follow. By the time students reach the end of high school, more than 80 percent of them have experimented with alcohol, nearly two-thirds have smoked cigarettes, and almost half have tried marijuana.

Exhibit 5-1. Lifetime Prevalence of Alcohol, Tobacco, and Other Drugs Grades 6, 8, 10, and 12



To contrast the current year's experimentation rates with those of previous surveys, the data from the 1988, 1990, and 1992 surveys are presented in Exhibit 5-2, along with the 1995 findings. The change from the most recent prevalence estimates in 1992 is computed in the final column of the tables and is highlighted in **bold** when the change represents a difference of statistical significance ($p<.05$). As has been demonstrated nationally, much ground has been lost in the "War on Drugs" in the past few years. In a report summarizing the national survey of eighth, tenth, and twelfth grade students, Johnston, O'Malley and Bachman (1994a) observed:

> *The use of illicit drugs rose sharply in 1993 at all three grade levels. . . So, 1993 was a year in which a turnaround in the long decline occurred for a number of drugs among the nation's secondary school students (p. 11).*

The evidence is compelling that Washington's students are experimenting with illegal substances at far greater rates than in the past several years—particularly with tobacco and marijuana.

This disturbing trend found in 1993 continued in 1994, with Johnston (1994b) reporting a similar increase in substance use at all grades:

> *Following a 12- to 13-year period of decline in adolescent drug use. . . we are seeing the problem start to grow again. This has been particularly true with regard to marijuana, but it is also becoming true for a number of other drugs.*

These national trends are plainly visible in Washington, as the data in Exhibit 5-2 attest. Lifetime prevalence rates of smoking tobacco and marijuana are significantly higher than 1992 rates at all grade levels. Use of smokeless tobacco, hallucinogens, and cocaine also increased at all but the sixth grade level. The evidence is compelling that Washington's students are experimenting with illegal substances at far greater rates than in the past several years—particularly with tobacco and marijuana. Some exceptions to this trend include alcohol, where the experimentation rate is approximately the same as that reported in 1992 (with the exception of eighth grade, where it rose by 3.6 percent); and over-the-counter drugs and inhalants, where all grades show declines from 1992 levels.

Exhibit 5-2. Lifetime Prevalence of Alcohol, Tobacco, and Other Drug Use: 1988-1995

Grade 6

Substance	1988	1990	1992	1995	Change '92-'95
Alcohol	51.4	33.0	33.0	33.2	.2
Tobacco, Smoking	12.4	11.3	11.7	20.6	**8.9**
Tobacco, Smokeless	9.5	5.4	5.5	7.1	1.6
Marijuana	3.6	1.7	1.9	4.9	**3.0**
Hallucinogens	1.5	.8	1.2	1.1	-.1
Inhalants	13.0	7.5	7.7	3.9	**-3.8**
Over-the-Counter Drugs		7.0	7.8	2.0	**-5.8**
Cocaine	.8	.9	1.1	1.3	.2
Steroids	1.7	1.2	1.1	1.2	.1
"Other Illegal Drugs"			1.4	1.6	.2

Note: Blank entries indicate a substance was not represented on that particular year's survey.

Grade 8

Substance	1988	1990	1992	1995	Change '92-'95
Alcohol	68.9	60.2	55.3	58.1	**2.8**
Tobacco, Smoking	29.8	32.5	31.0	48.9	**17.9**
Tobacco, Smokeless	16.6	13.9	13.1	22.9	**9.8**
Marijuana	14.4	11.2	9.0	27.2	**18.2**
Hallucinogens	4	5.0	5.6	9.3	**3.7**
Inhalants	17.3	17.1	17.4	14.5	**-2.9**
Over-the-Counter Drugs		13.8	11.1	11.6	.5
Cocaine	2.0	3.0	2.0	5.5	**3.5**
Steroids	3.0	2.0	1.0	2.5	1.5
"Other Illegal Drugs"			4.0	8.4	**4.4**

Note: Blank entries indicate a substance was not represented on that particular year's survey.

Grade 10

Substance	1988	1990	1992	1995	Change '92-'95
Alcohol	84.1	75.7	70.3	70.5	.2
Tobacco, Smoking	43.1	43.4	43.7	55.7	**12.0**
Tobacco, Smokeless	21.5	22.1	23.2	30.7	**7.5**
Marijuana	32.7	21.5	22.8	39.1	**16.3**
Hallucinogens	12.1	9.1	11.1	15.4	**4.3**
Inhalants	19.5	17.7	15.6	12.3	**-3.3**
Over-the-Counter Drugs		23.2	18.4	12.3	**-6.1**
Cocaine	8.1	4.3	3.5	7.4	**3.9**
Steroids	4.9	3.0	2.2	2.1	-.1
"Other Illegal Drugs"			7.9	11.6	**3.7**

Note: Blank entries indicate a substance was not represented on that particular year's survey.

Grade 12

Substance	1988	1990	1992	1995	Change '92-'95
Alcohol		83.0	79.8	82.1	2.3
Tobacco, Smoking		51.7	52.6	64.7	**12.1**
Tobacco, Smokeless		28.5	27.9	37.7	**9.8**
Marijuana		34.0	32.9	43.5	**10.6**
Hallucinogens		13.7	16.8	18.7	1.9
Inhalants		16.4	13.1	11.0	-2.1
Over-the-Counter Drugs		27.2	22.3	11.6	**-10.7**
Cocaine		7.8	4.6	7.6	**3.0**
Steroids		3.2	2.4	2.4	0
"Other Illegal Drugs"			9.5	11.1	1.6

Note: Blank entries indicate a substance was not represented on that particular year's survey. In 1988, high school seniors were not surveyed.

While the trends in Exhibit 5-2 are of great concern, it is important to keep in mind that they reflect in part experimental use. Lifetime prevalence is, again, the percentage of students who have ever tried a substance, even if on only one occasion. An indicator of more current use is represented by students' responses to questions about their use of various substances in the previous month. The *WSSAHB* has more limited coverage of substances in this time period, but trends over time in recent use can be examined for smoking tobacco, alcohol, marijuana, and cocaine. Of these substances, only smoking tobacco (grade 8 only) and marijuana use show significant increases since 1992. A substantial increase in marijuana use has also been noted nationally at grades 8, 10, and 12 (Johnston, et al., 1994). These trends are discussed more fully in the following sections, which address the substances of alcohol, tobacco, and other specific drugs.

Alcohol

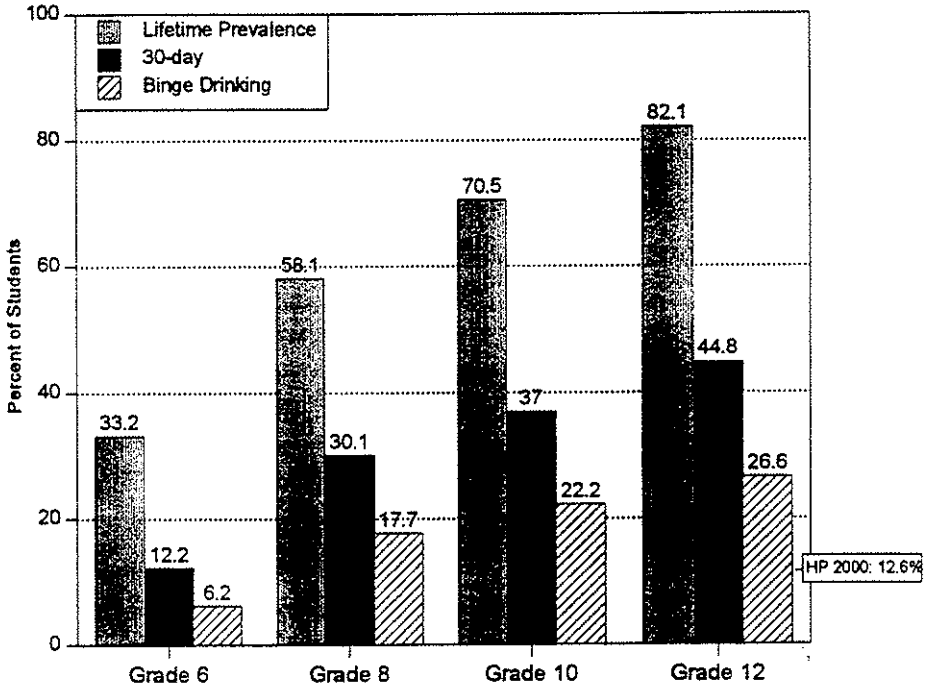
From grade 8 onward, more than half of the students who have ever tried alcohol are current drinkers.

Alcohol has been reported as the substance of choice (i.e., most frequently used) of Washington's students in each of the three previous state surveys. In Exhibit 5-3, three standard indicators of alcohol use are presented for all participating grade levels: lifetime prevalence, 30-day use, and binge drinking.

✦ Finding ✦

From grade 8 onward, more than half of the students who have ever tried alcohol are current drinkers. Among high school students, over 60 percent of current drinkers have engaged in binge drinking in the past two weeks.

Exhibit 5-3. Alcohol Use: Grades 6, 8, 10, and 12



All indicators of alcohol use increase with advancing grade level. Lifetime prevalence—the percentage of students who have ever tried alcohol—ranges from about one-third of the students at sixth grade (33.2 percent) to more than eight out of 10 students in twelfth grade (82.1 percent). Thirty-day use of alcohol—a commonly used indicator of current use—ranges from about 12 percent at the sixth grade level to nearly half (45 percent) of all high school seniors.

All of these rates are well above the national health objective in *Healthy People 2000:*

Reduce the proportion of young people who have used alcohol to 12.6 percent, marijuana to 3.2 percent, and cocaine to 0.6 percent in the past month.

From grade 8 onward, more than half of the students who have ever tried alcohol are current drinkers. "Binge drinking"—having five or more drinks at a single setting—is reported by 6 percent of the sixth graders and more than one-fourth of the high school seniors (26.6 percent). Among high school students, more than 60 percent of those who are current drinkers (i.e., used alcohol in the past 30 days) have engaged in binge drinking in the past two weeks. While any amount of alcohol use is dangerous and illegal for young people, the prevalence of binge drinking is of special concern because of the serious health risks involved with this behavior.

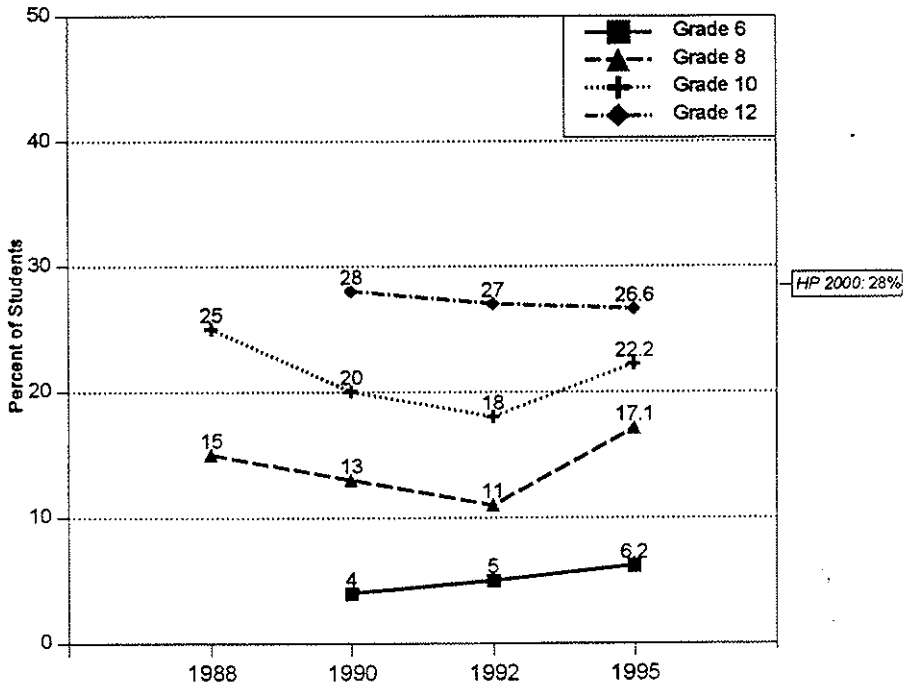
. . . the declines in this key indicator realized through 1992 have reversed themselves in 1995 at grades 8 and 10.

Over time, the trends in the prevalence of binge drinking among Washington's students have fluctuated. As shown in Exhibit 5-4, the declines in this key indicator realized through 1992 have reversed themselves in 1995 at grades 8 and 10. These increases represent statistically significant differences from 1992 levels.

✦ Finding ✦

Over one-fourth of Washington's high school seniors binge drink, a rate that has remained stable over the past five years. However, earlier declines in rates at grades 8 and 10 have reversed themselves, rising to over 17 percent and 22 percent respectively since 1992.

Exhibit 5-4. Trends in Prevalence of Binge Drinking in Past Two Weeks
Grades 6, 8, 10, and 12: 1988-95



Note: High school seniors were not surveyed and sixth graders were not asked this question in 1988.

The *Healthy People 2000* objective related to binge drinking is:

Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28 percent of high school seniors and 32 percent of college students.

The prevalence of binge drinking among Washington's high school seniors is currently just below the goal set in *Healthy People 2000* and also slightly below the prevalence rate for high school seniors across the country.

The prevalence of young people's experimentation with alcohol, as well as the quantity and frequency with which they consume, were combined to form a composite index of alcohol use for interpretive purposes. By combining the data from a number of items asking about different aspects of alcohol use, the study team can provide school and health officials with more global assessment of the prevalence of varying levels of problematic use of alcohol. Specific details about the scaling of this composite index are available in the technical report of this survey (Deck, et al., 1995). Because of the addition of new items or changes in wording of previously used items, this scale is different from one used by the authors in previous Washington State surveys. A consequence of this is that it is not possible to compare this year's results on this scale with previous years' results on composite scales of alcohol use. The alcohol use scale consists of four levels:

- *No Use*—Indicating having never even tried one full drink of any form of alcohol.
- *Prior Use*—Indicating some experimentation with alcohol, but no use in the past 30 days.
- *Some Recent Use*—Indicating at least one full drink in the past 30 days.
- *Frequent Use*—Indicating drinking 10 or more times in the past 30 days or binge drinking three or more times in the past two weeks.

By the time students are high school seniors, eight out of 10 of them have tried alcohol.

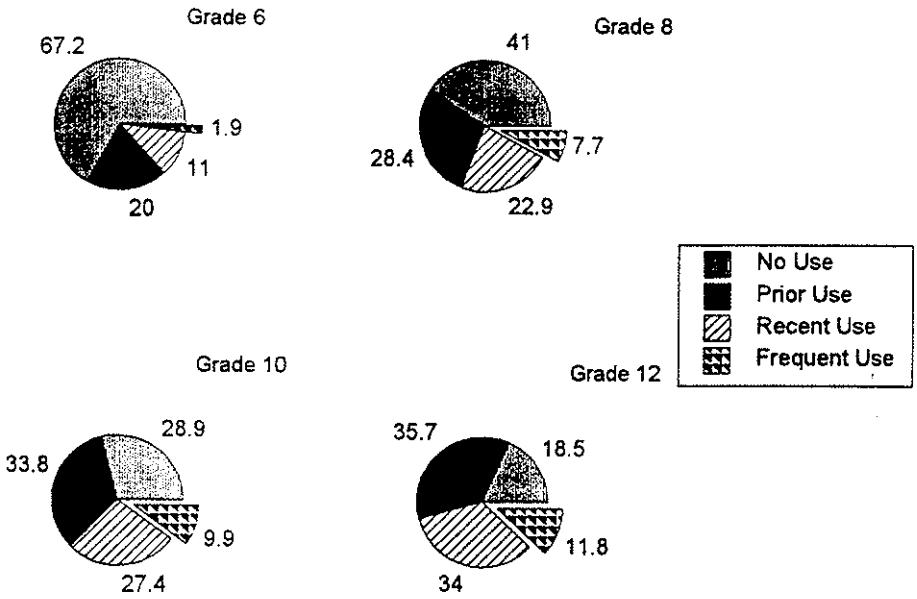
The prevalence rates of these levels of alcohol use for students at all grades are displayed in Exhibit 5-5. As reported earlier, the largest increase in any experimental use occurs between grade 6 and grade 8. Among sixth graders, nearly one in three students has at least tried some form of alcohol. At the eighth grade level, this proportion is nearly 60 percent of the student population. By the time students are high school seniors, eight out of 10 of them have tried alcohol. Frequent use of

alcohol is reported by just under 2 percent of sixth graders, increasing to nearly 12 percent of high school seniors. This level of use is generally accepted as sufficiently problematic to require immediate assistance and often clinical intervention or treatment.

✦ Finding ✦

By eighth grade, nearly 60 percent of Washington's students have experimented with alcohol. Frequent use of alcohol—a level often thought to require clinical treatment—rises from just under 2 percent at grade 6 to nearly 12 percent of high school seniors.

Exhibit 5-5. Composite Scale: Alcohol Use
Grades 6, 8, 10, and 12



Many of the relationships among student characteristics and alcohol use found in the literature are borne out in these results for Washington students. For example, a higher proportion of males drink and drink more heavily than females. One exception is at eighth grade, however, where more females than males have tried alcohol.

Tobacco

". . . smoking is estimated to be responsible for one of every five deaths in this country.

The Centers for Disease Control and Prevention (CDC) has cited tobacco use as the "single most important preventable cause of death in our society" (CDC, 1993). In the short term, it threatens the physical fitness, health, and well-being of young people, as well as foreshadows heavier use of other drugs. In the longer term, smoking is estimated to be responsible for one of every five deaths in this country (CDC, 1993).

Since the Surgeon General's Report in 1964, the public health community has put enormous effort into motivating people of all ages not to start smoking and persuading current smokers to quit. Among adults, much progress has been made. By the beginning of the 1990s, nearly half of the adults who had been smokers had quit, and the prevalence of regular smoking among adults had declined from 42 percent in 1965 to 26 percent in 1990 (CDC, 1991).

The progress is not so encouraging for adolescents. While steady declines in the use of other substances were observed through the 1980s, the prevalence of daily smoking has remained relatively stable at about 20 percent among high school seniors since 1981. Even more troubling are the recent increases in regular smoking among eighth and tenth graders (Johnston, et al., 1994).

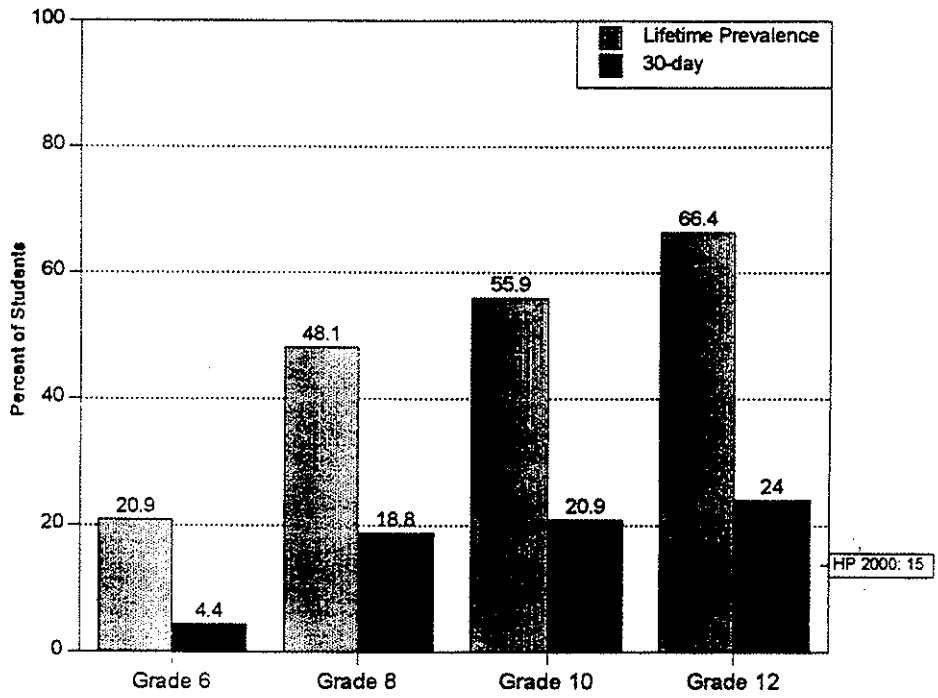
Washington students' lifetime prevalence and 30-day use rates of smoking tobacco are shown in Exhibit 5-6. While approximately one in five (20.9 percent) sixth grade students have experimented with tobacco, this percentage more than doubles (to 48.1 percent) among eighth graders. In addition, nearly two of every three (66.4 percent) high school seniors have experimented with tobacco. At eighth grade and beyond, more than one-third of students who have ever tried smoking have smoked in the past month. Thirty-day use of any substance is often used as a measure of current use of that substance. Using this convention, the data indicate that more than 12,000 Washington students at each grade level beyond the eighth grade, are current smokers. In all, over 60,000 of Washington's students beyond the eighth grade are current smokers.

In all, over 60,000 of Washington's students beyond the eighth grade are current smokers.

✦ Finding ✦

One in five sixth grade students has already experimented with smoking cigarettes. By the end of high school, two of every three students have tried smoking. About 40 percent of these students are current smokers.

Exhibit 5-6. Smoking Tobacco Use
Grades 6, 8, 10, and 12



The *Healthy People 2000* objectives include a goal for reducing the number of "regular smokers" at the end of their teenage years:

Reduce the initiation of cigarette smoking by children and youth so that no more than 15 percent have become regular smokers by age 20.

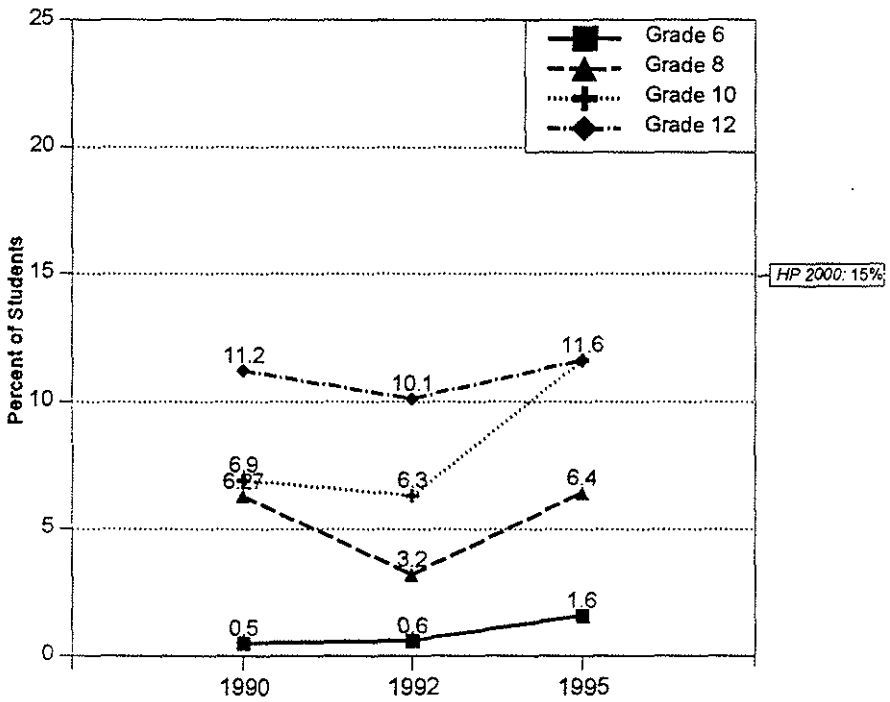
While behavioral definitions of "regular smoking" include varying frequencies and quantities of cigarettes, smoking at least one cigarette each day is a generally accepted definition (CDC, 1993). The lowest

quantity of daily smoking represented in the current and previous Washington surveys is more than five cigarettes per day, i.e., a higher quantity than other *HP 2000* objectives target. The prevalence rates at each grade of smoking more than five cigarettes per day are shown in Exhibit 5-7 below.

✦ Finding ✦

Nearly one of every eight high school students smokes at least five cigarettes per day. While this is about the same rate for high school seniors over the past five years, it represents a significant increase for tenth graders. Among eighth graders, this quantity of smoking has doubled since 1992.

Exhibit 5-7. Prevalence of Smoking More than Five Cigarettes Per Day
Grades 6, 8, 10, and 12: 1990-95



Trends in smoking at least five cigarettes each day have significantly increased at grades 8 and 10, but remained relatively stable among high school seniors.

Trends in smoking at least five cigarettes each day have significantly increased at grades 8 and 10, but remained relatively stable among high school seniors. While the rates among high school seniors suggest attainment of the *HP 2000* objective, it is important to note that this indicator reflects heavier smoking (i.e., five or more cigarettes per day)

than the generally accepted definition of "regular" smoking (at least one cigarette per day). In addition, the significant increases at earlier grade levels suggest real concern for accelerated use by age 20.

The use of smokeless tobacco has increased dramatically in the past two decades. Since 1970, snuff use increased fifteenfold and chewing tobacco use has increased fourfold among males age 17 to 19 (PHS, 1989). The health consequences of prolonged use of smokeless tobacco are severe. Long-term users are 50 times more likely to contract oral cancer than are non-users of smokeless tobacco.

. . . approximately 12 percent of Washington's students in grades 6 to 12 are current users of smokeless tobacco. These rates dramatically exceed the national health objective from Healthy People 2000.

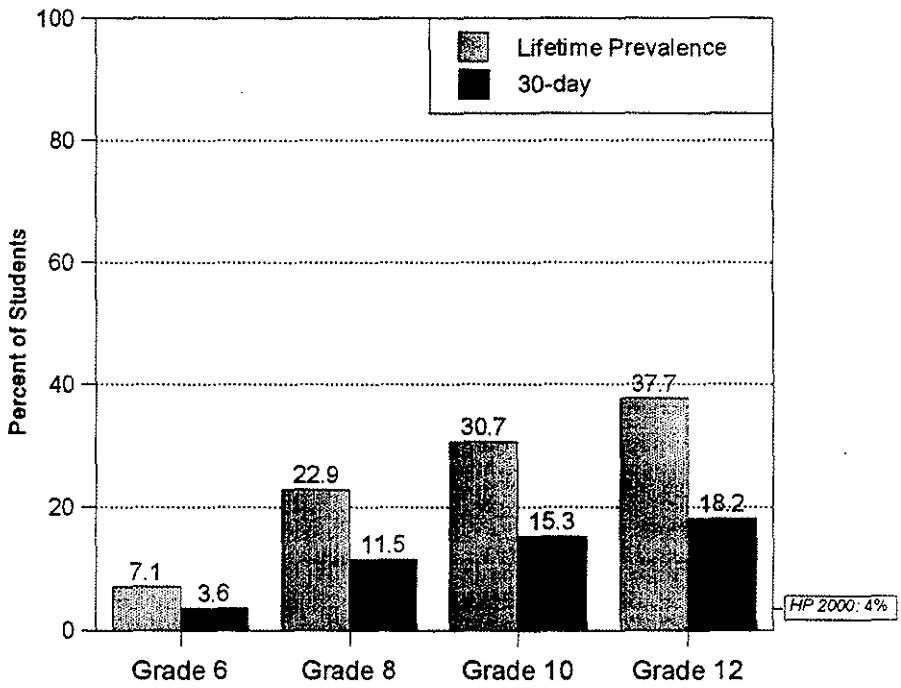
The lifetime prevalence and 30-day prevalence rates of smokeless tobacco use among Washington's students are shown in Exhibit 5-8. As with other substances, the use rates rise most dramatically between sixth and eighth grade. While approximately 7 percent of sixth graders have tried smokeless tobacco at least once in their lifetime, this rate more than triples (to 22.9 percent) by eighth grade and continues to rise steadily through the high school years. By the time Washington's students are high school seniors, more than one-third (37.7 percent) of them have experimented with smokeless tobacco, and about half of these (18.2 percent) are current users. A weighted average across grades indicates that approximately 12 percent of Washington's students in grades 6 to 12 are current users of smokeless tobacco. These rates dramatically exceed the national health objective from *Healthy People 2000*:

Reduce smokeless tobacco use by males aged 12 through 24 to a prevalence of no more than 4 percent.

✦ Finding ✦

Rate of current use of smokeless tobacco tripled from grade 6 to grade 8, and continues to rise through high school. Nearly one in five high school seniors is a current user of smokeless tobacco (i.e., chew, snuff).

Exhibit 5-8. Smokeless Tobacco
Grades 6, 8, 10, and 12



Data presented earlier in this chapter indicate that the rate of experimentation with smokeless tobacco has increased dramatically since 1992 at all but the sixth grade level. Clearly, prevention efforts need to focus more intensely on the use of smokeless tobacco.

As with alcohol, there are important differences in the prevalence of cigarette smoking and the use of smokeless tobacco among males and females. More female than male eighth graders currently smoke cigarettes. At grade 10, there is no difference between genders, and among high school seniors, more males than females currently smoke tobacco. Using smokeless tobacco is far more characteristic of males than

females at all grades. For example, among high school seniors 28 percent of the males have used smokeless tobacco in the past 30 days, while only 8 percent of females have done so.

Illicit Drugs

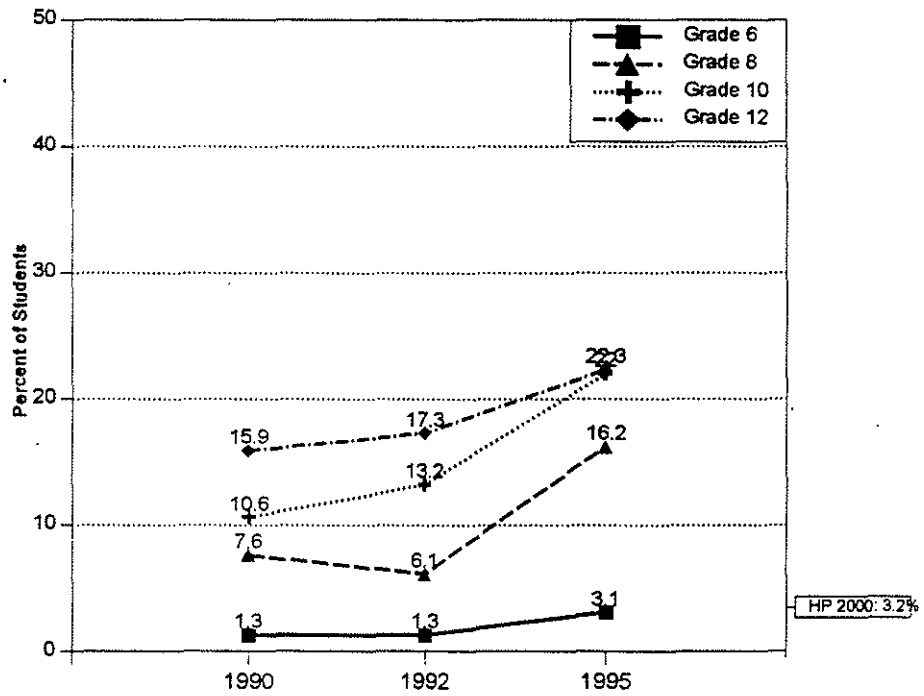
Clearly, the middle school years are a period that sees rapid increases in students' experimentation with illicit drugs.

Data already presented indicate that the lifetime prevalence of illicit drug use has increased markedly among Washington's students since 1992, with the exception of inhalants. While increases in experimental use are a concern, the trends in current use may signal a need for more prevention and intervention in schools and communities. Among illicit drugs, marijuana evidences the most significant increases in current use, as shown in Exhibit 5-9.

✦ Finding ✦

Current use of marijuana has risen sharply since 1992 in all but grade 6. At grade 8, the rate has almost tripled, from 6 percent of students in 1992 to over 16 percent in 1995. Nearly one in four tenth and twelfth graders reports current use—both significant increases since 1992.

Exhibit 5-9. Trends in 30-Day Prevalence of Marijuana Use Grades 6, 8, 10, and 12: 1990-95



. . . there are approximately 10,000 more eighth grade students smoking marijuana in 1995 than there were in 1992.

The increases at grades 8, 10, and 12 are not only statistically significant, they are dramatic, approaching 10 percent of the students at grades 8 and 10. Again, these increases parallel the dramatic rise at the national level, particularly among eighth graders whose use in the past year has doubled (Johnston, et al., 1994). Extrapolating Washington's prevalence rates to the full student population across the state, the data indicate that, for example, there are approximately 10,000 more eighth grade students currently smoking marijuana in 1995 than there were in 1992.

A composite index of illicit drug use has been developed by the authors to provide a global estimate of the degree of experimentation and use of any

illicit substance by Washington's students. Five substances are included in the composite drug use scale: marijuana, inhalants, cocaine, hallucinogens, and "other illegal drugs." Again, due to changes in the 1995 survey instruments, this scale differs from its predecessors, and no comparison with previous surveys' drug use composite scales can be made. Details of the construction of the current drug use scale are available in the technical report (Deck, et al., 1995).

Based on student responses to nine items on the *WSSAHB*, the authors defined four levels of illicit drug use:

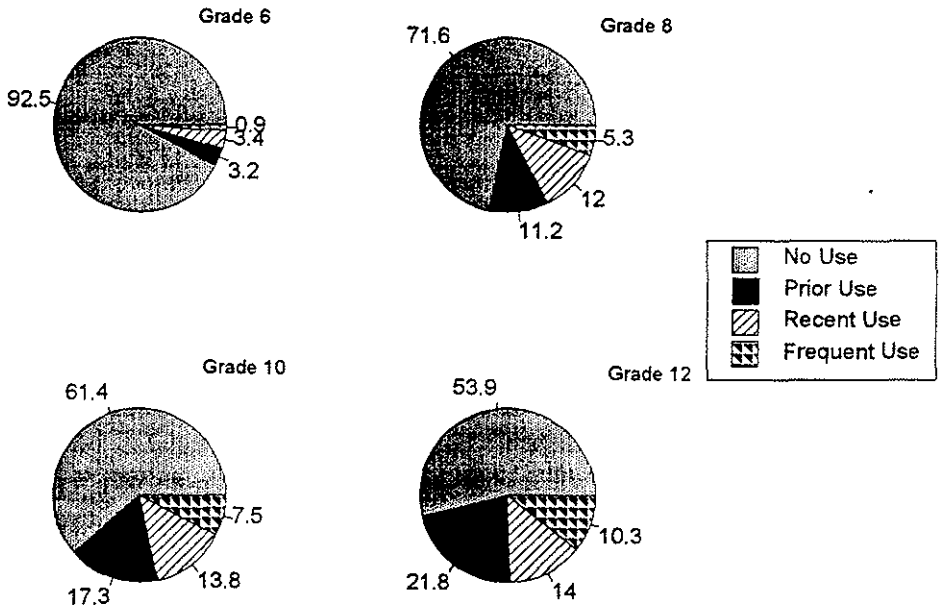
- *No Use*—Indicating no use of any drugs in lifetime.
- *Prior Use*—Indicating some experimentation in lifetime, but no current (30-day) use of any substance.
- *Recent Use*—Indicating use of at least one substance in past 30 days.
- *Frequent Use*—Indicating use of at least one substance 10 or more times in the past 30 days, or cocaine three or more times in the past 30 days.

The proportions of students at each grade exhibiting these levels of illicit drug use are given in Exhibit 5-10. The data indicate that fewer than 8 percent of sixth grade students have ever tried an illicit drug. However, this rate more than triples among eighth graders (to 28.5 percent) and continues increasing through adolescence to nearly half (46.1 percent) of all high school seniors. Clearly, the middle school years are a period that sees rapid increases in student experimentation with illicit drugs.

✦ Finding ✦

Just over 7 percent of sixth graders have experimented with illicit drugs. This number more than triples to over 28 percent at the eighth grade level. By the time Washington's students reach their senior year in high school, nearly half of them have tried an illicit drug.

Exhibit 5-10. Composite Scale: Illicit Drug Use
Grades 6, 8, 10, and 12

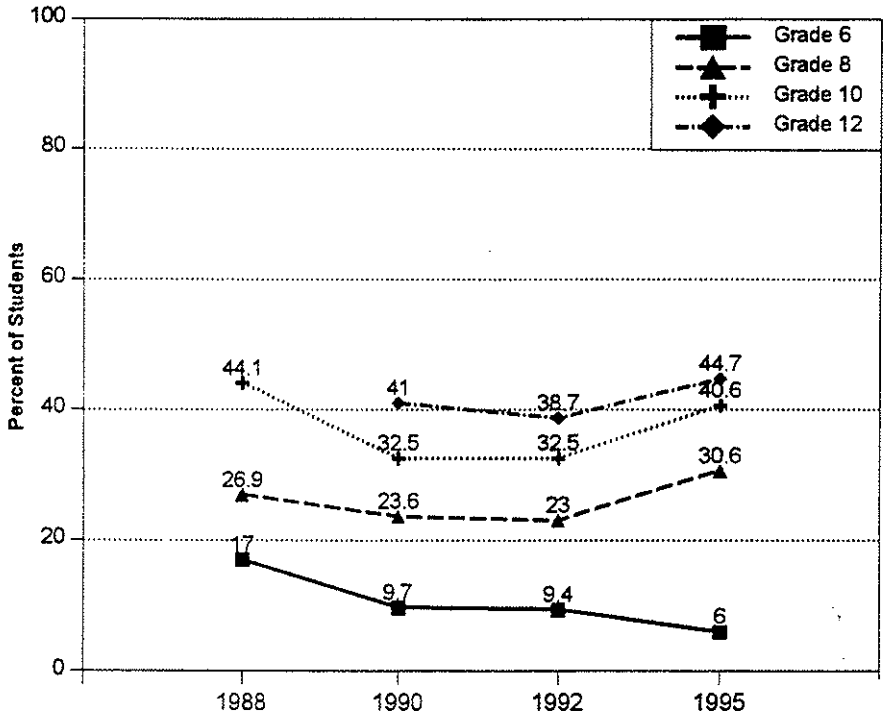


As mentioned above, direct comparisons with previous years on this composite index of illicit drug use cannot readily be made due to changes in the construction of the 1995 survey instrument and wording of the items. However, at the most global level—prevalence of trying any illicit substance—comparisons over time can be made. Results from the 1988, 1990, 1992, and 1995 surveys are shown in Exhibit 5-11. As was noted for a number of specific substances earlier and consistent with national trends, a significantly higher proportion of Washington's students exhibited some level of illicit drug use at grades 8, 10, and 12 in 1995 than in earlier years.

✦ Finding ✦

Fewer sixth grade students are experimenting with illicit drugs now than in recent years. However, at all other grades, a higher proportion of students have tried illicit drugs than in recent years.

Exhibit 5-11. Trends in Percent of Students Using Any Illicit Drug Grades 6, 8, 10, and 12: 1988-95



Note: High school seniors were not surveyed in 1988.

There are no differences in drug use among males and females in grades 6 and 8. In high school, however, a higher proportion of males than females report some level of illicit drug use.

Attitudes Toward ATOD Use

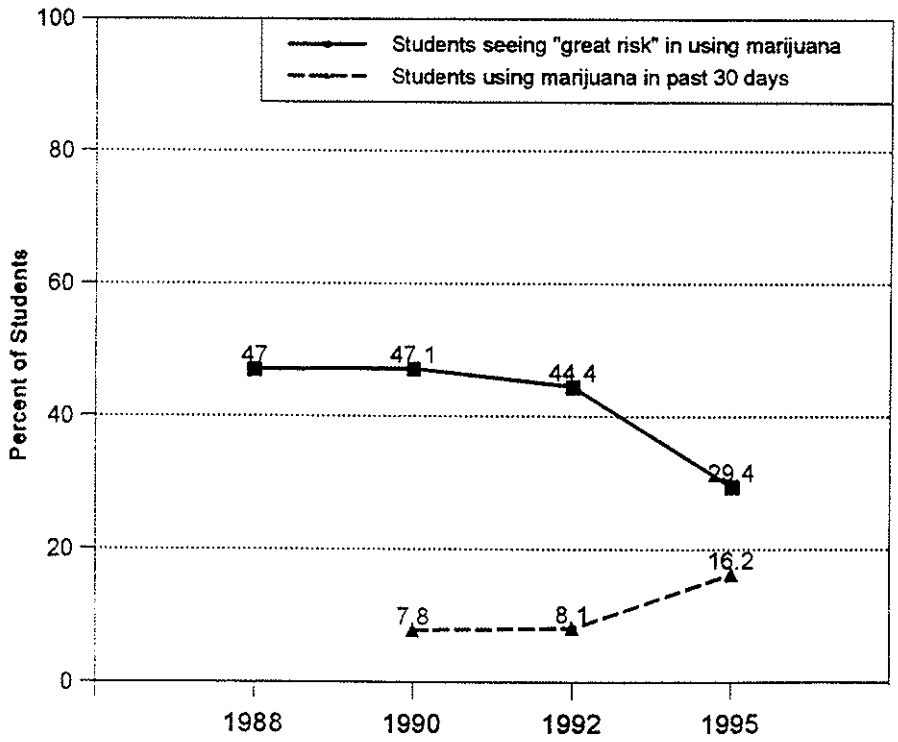
The recent rise in illicit drug use has been at least partially attributed to the "erosion of anti-drug attitudes and norms" in this decade (Johnston, et al., 1994a), as well as the dramatic decline in both funding for prevention programs and attention to anti-drug messages in the media (CADCA, 1994). One of the key attitudes influencing ATOD use is the perception of harm that smoking, excessive drinking, or regular use of marijuana causes. The Washington State survey has included these attitude items

since 1988. Their relationship to the trends in current (30-day) use of marijuana among eighth graders is shown in Exhibit 5-12.

✦ Finding ✦

The recent decline in perceived health risk of smoking marijuana and binge drinking is accompanied by a significant increase in both of these behaviors since 1992.

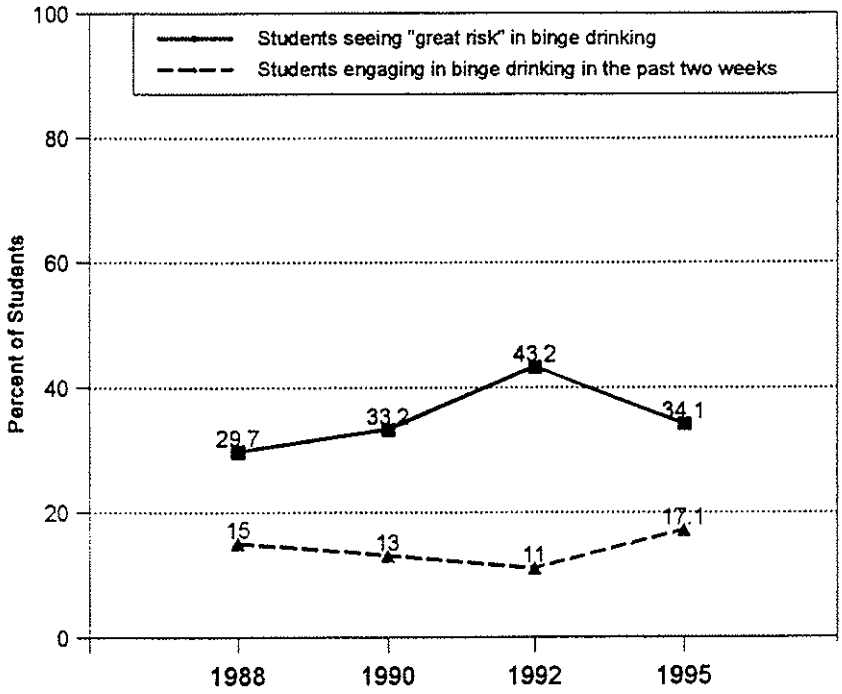
Exhibit 5-12. Trends in Perceived Risk and 30-Day Use of Marijuana Among Eighth Grade Students in Washington: 1988-95



From 1988 to 1992, nearly half of all eighth graders saw "great risk" in smoking marijuana occasionally. This percentage dropped significantly in 1995 to only 29 percent. As illustrated in Exhibit 5-12, trends in recent marijuana use among eighth graders increased corresponding to this decrease in perceived risk of marijuana use.

A similar relationship exists between perceived risks of binge drinking and the actual prevalence of binge drinking among eighth graders. These results are shown in Exhibit 5-13.

Exhibit 5-13. Trends in Perceived Risk and Binge Drinking in the Past Two Weeks Among Eighth Grade Students: 1988-95



As with marijuana use, there is a strong correlation between the decrease in perceived risk of binge drinking and the increase in this behavior over time, as Exhibit 5-13 illustrates. From 1988 through 1992 there was a gradual increase in the percentage of students who saw "great risk" in having five or more drinks once or twice each weekend. In 1995, this percentage declined significantly from the 1992 level. Correspondingly, reports of binge drinking in the past two weeks from eighth graders declined slightly from 1990 to 1992, but increased significantly in 1995.

These relationships may not be conclusive proof of the causal influence of attitudes on behavior—indeed, some would argue that the behavior occurs first and attitudes are formed to support the behavior—but the strong inverse association of these trends is strongly suggestive of the close link between perceived health risk and actual behavior.

In addition to responding to questions about their own perception of health risks, students were asked whether they thought their close friends would approve or disapprove of various risky behaviors. Approximately 80 percent of sixth graders indicated their friends would disapprove of

occasional marijuana use or binge drinking. This proportion declined gradually across the grades to high school seniors who reported fewer than half (47.6 percent) of their friends would disapprove of occasional marijuana use and just over one-third of them would disapprove of binge drinking. These are both well below *Healthy People 2000* objectives:

Increase the proportion of high school seniors who perceive social disapproval associated with heavy use of alcohol, occasional use of marijuana:

Alcohol—70 percent
Marijuana—85 percent

As with students' own perceptions of health risks associated with alcohol and marijuana use, their perceptions of peer attitudes about use of these substances are correlated with trends in actual use.

In reporting on the recent increases in ATOD use in contrast to years of declining use through the 1980s, Johnston, et al. (1994b) summed up the concerns for the erosion of these attitudes:

> *The arduously woven fabric of attitudes, beliefs, and peer norms which brought about that decline, is beginning to unravel.*

Sources of Information and Help

The passage of the Anti-Drug Abuse Act of 1986 initiated substantially increased federal funding for school- and community-based prevention programs. The Washington Omnibus Controlled Substance and Alcohol Abuse Act followed suit, allocating funds to more than 20 programmatic efforts statewide. Although this funding has declined most recently, the investment from both of these sources has provided a variety of avenues for information and assistance to students across the state.

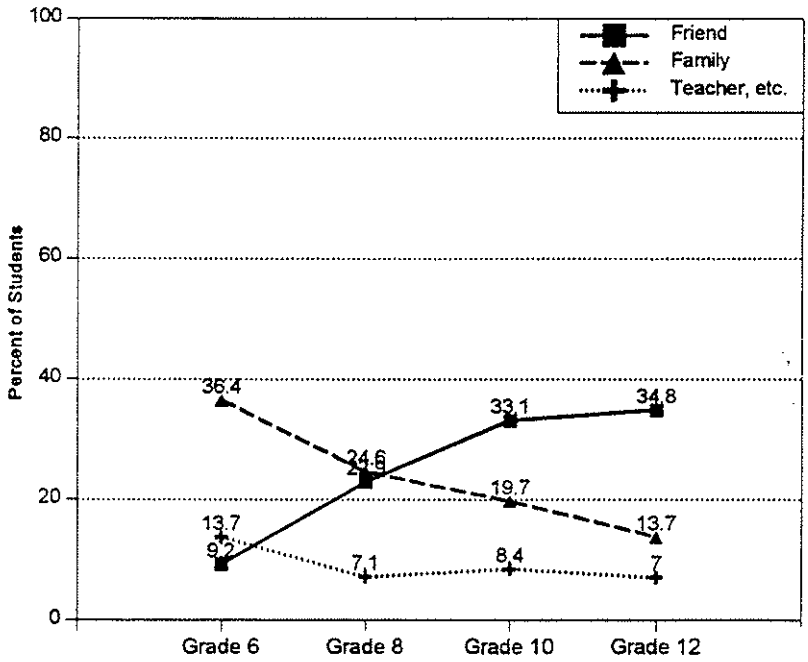
Nearly two-thirds of all sixth grade students indicated that their school had a counselor or intervention specialist there "for students to discuss problems with alcohol, tobacco, or other drugs." Slightly higher proportions of eighth graders and high school students were aware of these resources. When asked to whom they would most likely go to for information about ATOD, over one-third (36.4 percent) of sixth graders

indicated they would go to someone in their family, while only one in 10 (9.2 percent) indicated they would go to one of their friends first. This balance shifts steadily with increasing grade level, as shown in Exhibit 5-14 below.

✦ Finding ✦

Sixth graders are most likely to consult a family member if they have a question about alcohol, tobacco, or other drugs. Eighth graders are equally likely to consult friends or someone in their family, while high school students are far more likely to go to their friends for this information.

Exhibit 5-14. Students First Contact for Information About Alcohol, Tobacco, or Other Drugs
Grades 6, 8, 10, and 12



By the time Washington's students are high school seniors, more than one in three would consult a friend first if they had questions about alcohol, tobacco, or other drugs. Fewer than one in seven (13.7 percent) would go to a family member first. From eighth grade onward, fewer than 10 percent of students would consult a teacher, counselor, or other school staff member first. A surprisingly stable proportion of students at each

grade (20 to 25 percent) indicate they feel that they would "never need information about this."

Chapter 6: HIV/AIDS Education

Only about 70 percent of sixth and eighth graders recognized there was great risk in contracting HIV from injecting drugs with a needle that someone else has used.

The human immunodeficiency virus (HIV) epidemic is a relatively recent, complex international problem. Within eight to 10 years, half of those infected with HIV may develop the acquired immunodeficiency syndrome (AIDS) for which there is no known cure. The medical and scientific communities have made great strides in understanding the causes and consequences of HIV/AIDS since the first cases of AIDS were identified in 1981 and HIV was identified as the causal agent of AIDS in 1984. Despite this progress, prospects for developing a safe and effective vaccine by the year 2000 are still uncertain (PHS, 1990).

The absence of an effective treatment renders prevention education directed at today's youth critically important. Today, one million Americans are estimated to be infected with HIV (CDC, 1994). While a very small proportion of AIDS cases reported are among adolescents, approximately one in five are diagnosed in people 20 to 29 years of age. Given the long incubation period noted above, it is likely that some of these young adults contracted HIV during adolescence. Among adolescents with AIDS, older teens, males, and racial/ethnic minorities are disproportionately represented (CDC, 1994). However, the rate of increase of new infections with HIV is rising fastest among 15- to 24-year-old heterosexual females.

While AIDS education programs have increased awareness and influenced attitudes about HIV and AIDS nationwide, a great deal of misinformation still exists among young people (CDC, 1993). Learning more about HIV from informed sources helps adolescents gain the knowledge and skills to eliminate or reduce risks of infection.

The *Healthy People 2000* report includes an objective for AIDS education:

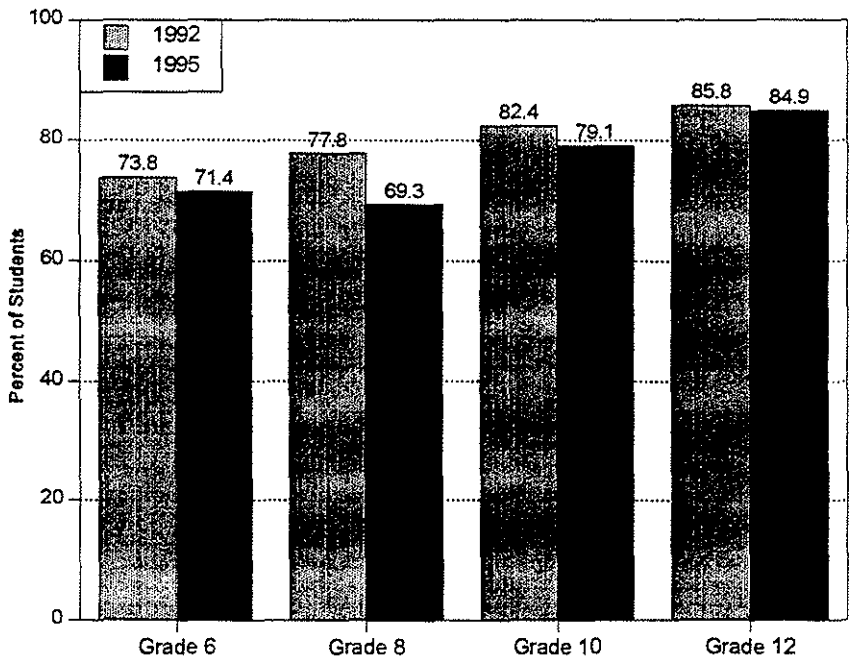
Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in fourth through twelfth grade, preferably as part of quality school health education.

In this survey, 80 to 90 percent of Washington's students indicated they had been taught in school methods to avoid HIV/AIDS. This percentage rose with advancing grades, from 80 percent of sixth graders to nearly 94 percent of high school seniors. Only about 70 percent of sixth and eighth graders recognized there was great risk in contracting HIV/AIDS from injecting drugs with a needle that someone else has used. However, among high school students, this proportion was 80 to 85 percent. At all grade levels these proportions are slightly lower than those found in the 1992 state survey, particularly at the eighth grade level. At all but the high school senior level, the differences are statistically significant. The results from the 1992 and 1995 surveys are displayed in Exhibit 6-1 below.

✦ Finding ✦

A higher proportion of high school students than sixth or eighth graders recognize there is great risk of HIV/AIDS in injecting drugs with a needle used by someone else. For all but high school seniors, this understanding is less prevalent than it was in 1992.

Exhibit 6-1. Trends in the Prevalence of Students Perceiving "Great Risk" of HIV/AIDS When Sharing Needles



By the age of 21, one in five Americans has required treatment for a sexually transmitted disease.

More than two-thirds of the AIDS cases in young people have resulted from sexual activity (CDC, 1993). Casual, unprotected sex can also result in other sexually transmitted diseases (STDs). Until 1980, although several STDs were known, only a few were legally reportable. Today, over 50 STDs are known. Eighty-six percent of STD cases occur among persons 15 to 29 years of age (CDC, 1991). By the age of 21, one in five Americans has required treatment for a sexually transmitted disease (Washington, et al., 1986).

When asked at what grade level they thought students should begin their education about sexually transmitted diseases, 55 to 60 percent of sixth and eighth graders felt it should begin by fifth grade. Only 40 to 50 percent of high school students felt it should begin this early, however.

Eighth, tenth, and twelfth grade students were asked what conditions should lead people to consult with a health care provider if they thought they might have been exposed to an STD. The following conditions were presented to the students:

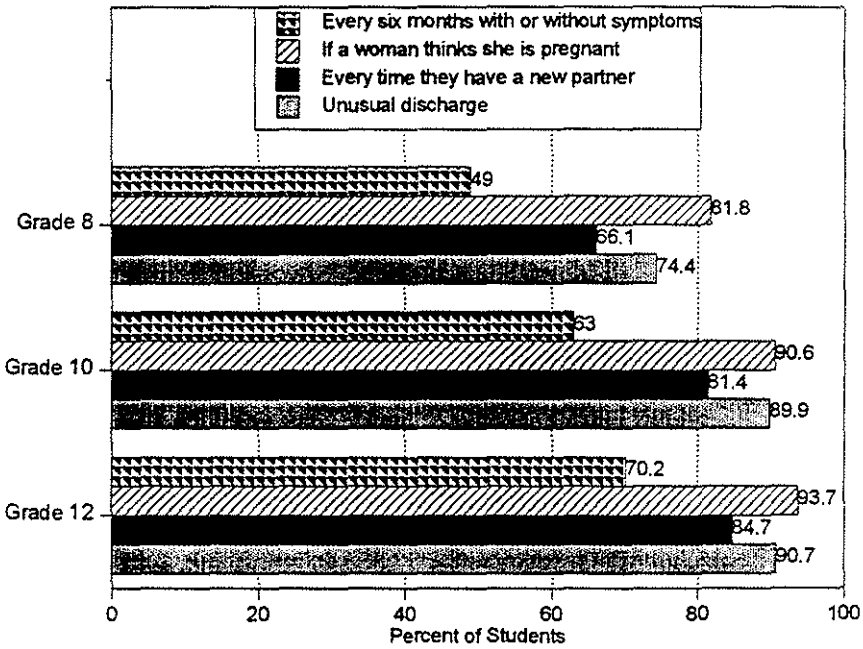
- If they are having unusual discharge.
- Every time a change in sexual partner occurs.
- If a woman thinks she is pregnant.
- Every six months, whether symptoms are apparent or not.

The proportions of students who indicated that one should see a health care provider for each of these reasons are shown in Exhibit 6-2.

✦ Finding ✦

Fewer than three-fourths of students at any grade reported that a person should see a health care provider if he or she suspected contact with an STD, but symptoms had not yet occurred. However, 80 to 90 percent of high school students recommend a consultation with a health care provider if a change in sexual partners occurs, a woman suspects she is pregnant, or unusual discharge develops.

Exhibit 6-2. Reasons for Contacting a Health Care Provider if STD Contact is Suspected



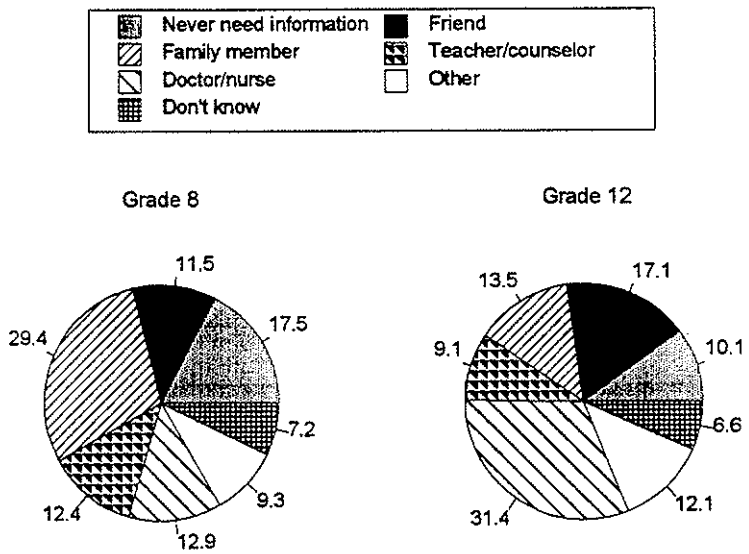
Among high school students, 80 to 90 percent indicated that all but the first of these (regular check-ups every six months even in the absence of symptoms) were reasons to consult a health care provider. Since some STDs are asymptomatic, this lack of attention to care is a concern. Finally, at each grade the foremost reason for seeking health care assistance if STD contact was suspected was for any woman who thought she might be pregnant.

When asked to whom they would direct questions about HIV/AIDS or STDs, students at different grades reported very different preferences. These are summarized in Exhibit 6-3 for grades 8 and 12.

✦ Finding ✦

Family members were the most likely source of information about HIV/AIDS and STDs for eighth graders. Among high school seniors, health care providers were seen as the most likely information source, followed by friends and then family members.

Exhibit 6-3. Most Likely Sources of Information for Students With Questions About HIV/AIDS and Other STDs



The first contact for high school seniors would be a doctor, nurse, or other health care provider (31.4 percent).

Among eighth graders, the first source of information would be a family member. Nearly three of 10 (29.4 percent) of eighth graders said they would consult a family member first for information about HIV/AIDS or sexually transmitted diseases. Less than half that many (11.5 percent) indicated that a friend would be their most likely information source. Furthermore, about one in six of these students (17.5 percent) indicated they would "never need information about this." The first contact for about one-third of high school seniors would be a doctor, nurse, or other health care provider (31.4 percent). Friends would be the first source of information for about one in six (17.1 percent). Family was the third most frequently cited first source (13.5 percent) of high school seniors. These

findings affirm the importance for HIV/AIDS and STD awareness among parents and students since, particularly among young students, family and peers are typically the first sources of information about HIV/AIDS and STDs.

Among the "other" sources included on the survey were members of the clergy (minister, rabbi or priest); books, magazines or a telephone hotline; a community center or community counselor; and a peer assistant or peer counselor. Typically, across all grades, any one of these sources was selected by fewer than 2 percent of the students, with the exception of "peer assistant," which was reported as the most likely information source by 4 to 5 percent of the eighth and tenth grade students and more than 7 percent of the high school seniors. This is persuasive evidence that school-based prevention programs have come to be recognized as viable sources of information for young people. This recognition also reaffirms the importance of having informed peer assistants and peer counselors accessible in the school setting.

Students were asked a similar question, with the same response choices, to determine from whom they would be most likely to seek information about pregnancy or birth control. Patterns of responses were similar, with younger students turning to family first (45.5 percent of sixth graders, compared to 20.9 percent of high school seniors) and to friends far less readily than high school seniors (11.3 percent of sixth graders versus 24.2 percent of twelfth graders). Among the older students, consulting health care providers was about as frequently cited as consulting friends. Approximately one in four high school seniors suggested each of these as their most likely first source of information if they had a question about pregnancy or birth control. Like other findings on this topic area, this reinforces the importance of sex education programs in the schools and community. If high school students are as likely to turn to their peers as they are to health professionals for information about pregnancy and birth control, students need a strong awareness of these issues and knowledge of appropriate referral sources.

Chapter 7: Risk and Protective Factors for Adolescent Health Risk Behaviors

The array of adolescent health risk behaviors addressed in this survey and report of the survey's findings have many implications for the students, families, schools and communities in which they occur. Decades of research have shown that a number of *risk factors* are associated with increased likelihood of *health risk behaviors,* including alcohol, tobacco, and other drug (ATOD) abuse (Hawkins, Catalano, & Miller, 1992) and violence and delinquent behaviors (Bensley & VanEenwyk, 1995; Brewer, Hawkins, & Catalano, 1994) covered in this report. Similarly, *protective factors* exert a positive influence or buffer against the negative influence of risk.

The *1995 WSSAHB* included substantial coverage of risk and protective factors, using standardized assessment tools (Arthur, Hawkins, Catalano, & Pollard, 1995) developed by the Social Development Research Group at the University of Washington. In the technical report that accompanies this survey (Deck, et al., 1995), the reliability analyses for the scales measuring these factors are presented.

Twenty risk factors were assessed and organized into four domains of influence as follows:

Community:

- Low neighborhood attachment
- Community disorganization
- Transitions and mobility
- Community laws and norms favorable toward drug use
- Perceived availability of ATOD and firearms

Family:

- ✦ Poor family management
- ✦ Poor family discipline
- ✦ History of antisocial behavior
- ✦ Favorable parental attitude toward antisocial behavior
- ✦ Low family attachment

School:

- ✦ Academic failure
- ✦ Lack of commitment to school

Peer-Individual:

- ✦ Rebelliousness
- ✦ Early initiation of problem behavior
- ✦ Antisocial behavior
- ✦ Attitudes favorable toward antisocial behavior
- ✦ Attitudes favorable toward drug use
- ✦ Interaction with antisocial peers
- ✦ Friends' use of drugs
- ✦ Sensation seeking

Another body of research has focused on the abilities of young people to "overcome the odds" (Werner & Smith, 1993) and succeed in spite of a preponderance of risk in their environments. Benard (1991) summarized this literature on *protective factors*, citing the longitudinal research of Werner and Smith (1992) and Rutter (1979) in the formulation of the construct termed "resilience." Protective factors identified through research from Hawkins and Catalano include individual protective characteristics; social bonding to family, school, community, and peers; and healthy beliefs and clear standards for behavior. For bonding to serve as a protective influence, the bonding must occur through involvement with individuals who communicate values and set clear standards for behavior.

The protective processes of rewards for conventional involvement, opportunities for positive involvement, belief in the moral order, and social skills were assessed and organized in the four domains of community, family, school, and peer-individual. Research on risk and protective factors has enormous implications for prevention efforts, as succinctly articulated by Hawkins, et al. (1992). These risk and protective influences are present in the major social arenas in young people's lives—their families, schools, communities, and within themselves and their peers.

Several researchers and government agencies have described a risk reduction and protective factor enhancement approach as the most promising to prevent problem behaviors (Hawkins, et al., 1992; Institute of Medicine, 1994; Department of Justice, 1992). The premise of these approaches is that in order to prevent a problem before it occurs it is necessary to address those factors that predict the problem. Ideally, this entails discovering the causes of the problem behavior and influencing those causes. Today, longitudinal research has identified several factors that are potential causes of problem behaviors. Further work is necessary to determine which of these factors are truly causal. In the interim, these risk and protective factors are the most promising inputs for prevention and intervention programs and policies.

In this chapter, the authors present the results of the assessment of risk and protection at each grade in each of the four domains, along with the relationship between risk and protective factors and the major health risk behaviors of alcohol use, drug use, violent behavior, and delinquent behavior under study here. In reading this chapter, remember that all results are based on students' self-reports. So, they represent their perceptions of risk and protection, which may or may not be accurate. In addition, as mentioned above, the statistical relationships among risk and protective factors with health risk behaviors are not necessarily causal relationships. Rather, they indicate an association or co-occurrence of these factors and behaviors. For example, both the risk factor and the behavior may be associated with a third factor such as poverty or other factors which were not included in this study. Similarly, some apparent relationships may be confounded with age; e.g., students are more likely to report both family management problems and drinking as they get

older, which would contribute to an association between these factors. Future analyses could examine interrelationships separately within each grade.

Community

The survey assessed five risk factors and one protective factor in the community domain. For purposes of this report, they are described briefly as follows:

Risk Factors:

- *Low neighborhood attachment*—Is described as the extent to which students feel a part of the neighborhood in which they live; whether they feel what they do there makes a difference in their lives.

- *Community disorganization*—Is described as the extent to which people in the community take part in important decisions or processes that affect their lives.

- *Transition and mobility*—Describes the extent to which individuals in a community move frequently.

- *Laws and norms favorable toward drug use*—Is described as policies a community holds in relation to health and problem behaviors which are communicated in a variety of ways—through laws, social practices, and expectations.

- *Perceived availability of ATOD and firearms*—Describes the perception of availability or access to alcohol, drugs, or firearms.

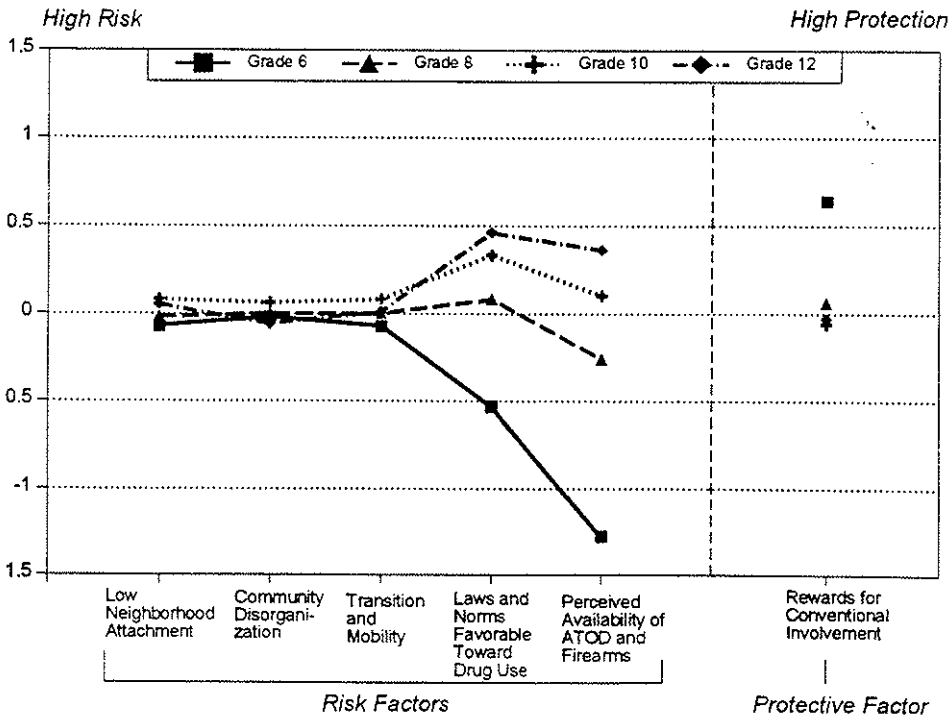
Protective Factor:

- *Rewards for conventional involvement*—Describes rewards for positive participation in activities.

Each of these factors was measured by three to six items on the survey (see Appendix A).

Average scale scores were computed on each of these six factors at each grade level and standardized across grade levels to form the descriptive profile of community risk and protection shown in Exhibit 7-1. Standardized scores are converted from scale scores in such a way that they will have a mean (average) of 0 and a standard deviation (measure of overall variability) of 1. A scale score of zero reflects the average score across grades for each risk or protective factor. Positive scale scores indicate that the average for that grade level is above the overall average, and negative scores are below. High scores indicate greater risk for the risk factors and greater protection for protective factors.

Exhibit 7-1. Profile of Community Risk and Protective Factors



. . . high school students perceive the most permissive norms around ATOD use and the greatest access to ATOD and firearms.

There are no differences across grades on the first three risk factors: "neighborhood attachment," "community disorganization," and "transition/mobility in the community." However, sixth graders report lower levels on the remaining two risk factors of "laws and norms favorable toward drug use" and "availability of drugs" and the highest level of the single protective factor (rewards for conventional involvement) included in this domain. Differences among eighth, tenth, and twelfth graders are not as dramatic on these last two risk factors: "perceived laws and norms favorable toward drug use" and "perceived availability of ATOD and firearms." Still, there are greater reported differences across grade levels on these two risk factors than the others, with high school students reporting greater levels of the risk factors. That is, high school students perceive the most permissive norms around ATOD use and the greatest access to ATOD and firearms. These factors show a relationship with many of the health risk behaviors in this survey.

The strength of the relationships between these risk and protective factors and global measures of health risk behaviors on this survey is shown in the intercorrelations presented in Exhibit 7-2. Results of the five risk and one protective factor scale are correlated with four health behaviors composite scales: alcohol use, drug use, violent behavior, and delinquent behavior. Only statistically significant correlations are reported in the exhibit. This provides the assurance that the observed relationships between the risk or protective factors with the health behavior scales is stronger than could be expected by chance or coincidence. It gives us greater confidence that the relationship is real, replicable and has implications for prevention programs.

Exhibit 7-2. Correlations of Community Risk and Protective Factors With Health Behavior Scales

		Health Behavior Scales			
	Community Factors	**Alcohol Use**	**Drug Use**	**Violent Behavior**	**Delinquent Behavior**
R	Low Neighborhood Attachment	+	+	+	+
	Community Disorganization	+	0.24	0.32	0.29
	Transition and Mobility	+	+	+	0.22
	Laws and Norms Favorable Toward Drug Use	0.42	0.42	0.30	0.39
	Perceived Availability of ATOD and Firearms	0.50	0.45	0.34	0.41
P	Rewards for Conventional Involvement	-0.65	-0.21	-	-

Note: Only statistically significant ($p<.05$) correlation values are represented numerically in the exhibit. The direction (+ or -) of non-significant correlations is also indicated.

The strongest correlations between risk factors and health risk behaviors involve "laws and norms favorable toward drug use" and "perceived availability of ATOD and firearms."

The strongest correlations between risk factors and health risk behaviors involve "laws and norms favorable toward drug use" and "perceived availability of ATOD and firearms." In addition to showing a strong correlation between these two risk factors and the four health risk behavior scales, the results of this survey suggest an increasing prevalence of the two risk factors as students get older. This suggests that prevention programs should focus on changing perception of favorable norms toward drug use and the perceived availability of ATOD and firearms, particularly among older students. Equally important is the fact that the strongest association among community risk and protective factors and health behaviors is between students receiving awards for their involvement in conventional activities and their reporting lower levels of alcohol use.

Family

In the family domain, five risk factors and two protective factors were assessed. Briefly, these were:

Risk Factors:

- *Poor family management*—Parents' failure to provide clear expectations and monitor their children's behavior.
- *Poor family discipline*—Parents' use of inconsistent and/or unusually harsh or severe punishment with their children again places them at higher risk.
- *History of antisocial behavior*—When children are raised in a family with a history of health risk behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors themselves.
- *Favorable parental attitudes toward antisocial behavior*—If parents accept or condone antisocial behavior, their children are more likely to participate in it.
- *Low family attachment*—As with community attachment, young people who do not feel that they are a valued part of their family are more at risk to engage in unhealthy behaviors.

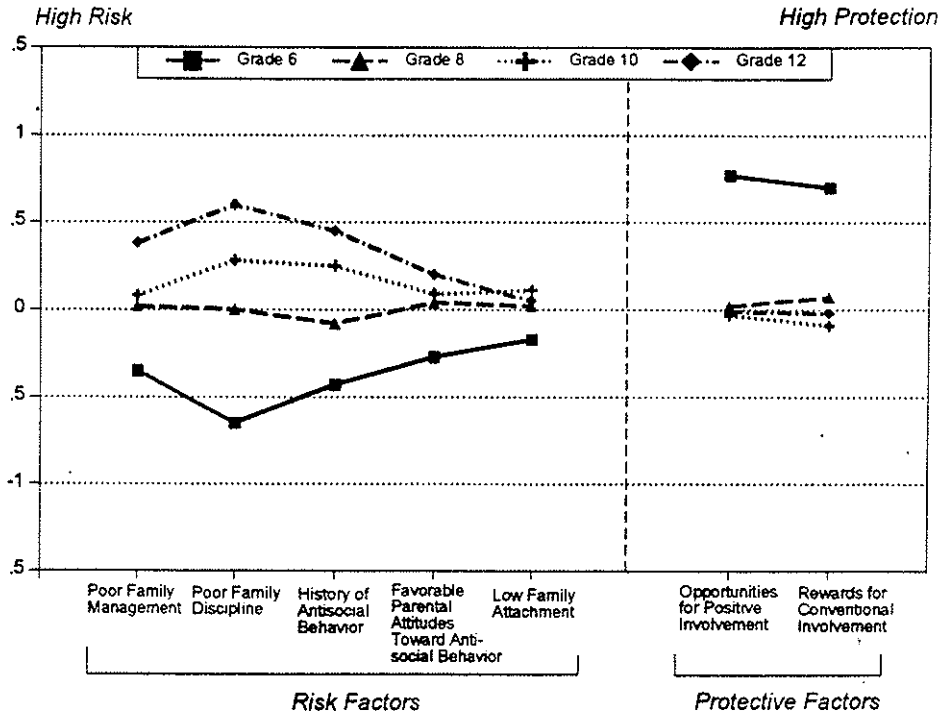
Protective Factors:

- *Opportunities for positive involvement*—Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in health risk behaviors.
- *Rewards for conventional involvement*—This protective factor in the family domain pertains to young people who feel they are a valued part of their family and are therefore less likely to engage in unhealthy behaviors.

The specific items used to measure each of these risk and protective factors are listed in Appendix A of this report.

Each grade level's standardized profile of risk and protection within the family domain is shown in Exhibit 7-3 below. As in the community domain, higher values indicate higher risk and higher protection.

Exhibit 7-3. Profile of Family Risk and Protective Factors



Sixth graders report far more opportunities for positive involvement and rewards when they avail themselves of these opportunities than their counterparts at grade 8 and above.

In the family domain, sixth graders report the lowest risk and highest protection levels for all factors. The difference between sixth graders and students at the higher grades is most pronounced for the two protective factors. Sixth graders report far more opportunities for positive involvement and rewards when they avail themselves of these opportunities than their counterparts at grade 8 and above. The single largest difference across grades is in reports of "poor family discipline." Sixth graders report lowest levels in this area, with students' perceptions of poor family discipline getting progressively worse at each advancing grade level. This same pattern holds true, though less dramatically, with reports of a "history of antisocial behavior in the family." High school

seniors report significantly higher levels of "poor family management" than do eighth and tenth graders. All these upper grades report significantly higher risk than sixth graders.

The extent to which risk and protective factors in the family domain relate to the health risk behaviors under study is shown in the correlations in Exhibit 7-4.

Exhibit 7-4. Correlations of Family Risk and Protective Factors With Health Behavior Scales

		Health Behavior Scales			
	Family Factors	**Alcohol Use**	**Drug Use**	**Violent Behavior**	**Delinquent Behavior**
R	Poor Family Management	0.37	0.38	0.23	0.33
	Poor Family Discipline	0.49	0.43	0.27	0.38
	History of Antisocial Behavior	0.54	0.57	0.36	0.51
	Favorable Parental Attitudes Toward Antisocial Behavior	0.43	0.44	0.32	0.40
	Low Family Attachment	0.27	0.26	+	0.26
P	Opportunities for Positive Involvement	-0.28	-0.26	-0.20	-0.27
	Rewards for Conventional Involvement	-0.27	-0.27	-	-0.26

Note: Only statistically significant ($p<.05$) correlation values are represented numerically in the exhibit. The direction (+ or -) of non-significant correlations is also indicated.

"Poor family discipline" and a "history of antisocial behavior"—the two risk factors that most clearly escalate with advancing grade levels. . . are among the strongest correlates of health behavior scales for alcohol use, drug use, and delinquent behavior.

Unlike the community domain, virtually all of the risk and protective factors in the family domain show statistically significant relationships with the four health behavior scales. The weakest of these are the relationships with violent behavior. "Poor family discipline" and a "history of antisocial behavior"—the two risk factors that most clearly escalate with advancing grade levels, as illustrated in Exhibit 7-3—are among the strongest correlates of health behavior scales for alcohol use, drug use, and delinquent behavior. This suggests that increased attention should be paid to these factors at higher grade levels. Parental attitude

perceived by students to be favorable to antisocial behavior is also a strong correlate with these health risk behaviors. The analysis of the family risk/protective profile indicated that there were smaller differences across grades on this risk factor than many of the others. The relationships between protective factors and health risk behaviors, while statistically significant, are not as strong in the family domain as they were in the community domain for alcohol use.

School

School is an environment in which young people spend a great deal of time. As a result, schools have the opportunity, but not the sole responsibility, to greatly influence adolescent development. The current survey included two risk factors and two protective factors in the school domain:

Risk Factors:

- *Academic failure*—Children fail in school for many reasons, but research indicates that the very experience of failure, regardless of whether the failure is linked to the student's ability, places him or her at higher risk of negative behavior.

- *Little commitment to school*—When young people cease to see the school role as viable, they are at higher risk of engaging in the health risk behaviors.

Protective Factors:

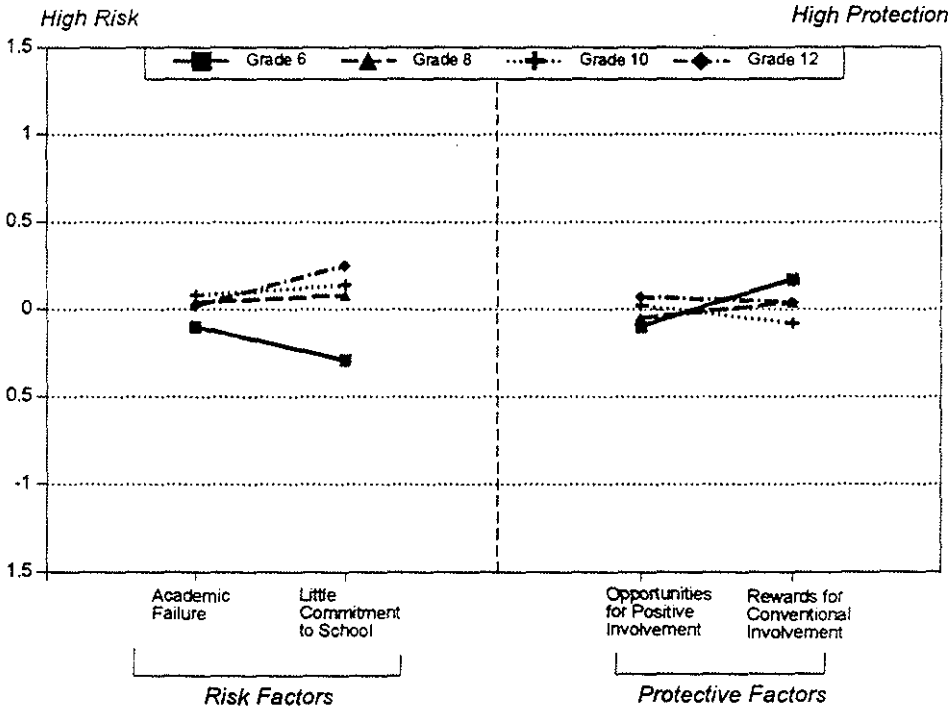
- *Opportunities for positive involvement*—When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in problem behaviors.

- *Rewards for conventional involvement*—As in both family and community domains, when young people are recognized and rewarded for their contributions at school, they are less likely to be involved in health risk behaviors.

Items assessing these risk and protective factors are listed in Appendix A of this report.

The standardized profile of the school risk and protective factors at each grade level is shown in Exhibit 7-5 below.

Exhibit 7-5. Profile of School Risk and Protective Factors



The profile of risk and protective factors in the school domain shows the smallest differences across grade levels of any of the four domains.

The profile of risk and protective factors in the school domain shows the smallest differences across grade levels of any of the four domains. The greatest variance across grades is seen on the low commitment to school factor, where sixth graders report significantly lower risk than students at higher grade levels. In general, correlations with health risk behaviors are lower than in the family and community domains as Exhibit 7-6 shows. However, low commitment to school and academic failure are moderate correlates of all four problem behaviors. This suggests a standard preventive effort across grade levels for academic failure and an increasing effort at higher grade levels to increase students' commitment to school.

Exhibit 7-6. Correlations of School Risk and Protective Factors With Health Behavior Scales

		Health Behavior Scales			
	School Factors	**Alcohol Use**	**Drug Use**	**Violent Behavior**	**Delinquent Behavior**
R	Academic Failure	0.26	0.30	0.25	0.35
R	Little Commitment to School	0.33	0.37	0.28	0.39
P	Opportunities for Positive Involvement	-	-	-	-
P	Rewards for Conventional Involvement	-	-0.22	-	-0.21

Note: Only statistically significant ($p<.05$) correlation values are represented numerically in the exhibit. The direction (+ or -) of non-significant correlations is also indicated.

In the school domain, there are moderate correlations between the protective factor of rewards for school involvement with drug use and delinquent behavior. Increasing rewards for school may be an area to be addressed for a drug use and delinquency prevention program for all grade levels.

Peer-Individual

The social environments of the family, school, and community greatly influence young people's behavior. In addition, many characteristics of individuals and attributes of peer groups are powerful determinants of behavior. To study this, the survey included eight risk factors and three protective factors in the peer-individual domain:

Risk Factors:

- *Rebelliousness*—Young people who feel they are not part of society or are not bound by rules are at higher risk of engaging in problem behaviors.

- *Early initiation of problem behavior*—Research clearly shows that the earlier an individual begins using ATOD or engaging in delinquent and violent behavior, the more likely he or she is to develop problems with the behavior in adolescence.

- *Antisocial behavior*—Young people who engage in antisocial behavior are at higher risk for engaging in health risk behaviors as well.

- *Attitudes favorable toward antisocial behavior*—Young people who accept or condone antisocial behavior are more likely to engage in health risk behaviors.

- *Attitudes favorable toward drug use*—Young people who have positive or accepting attitudes toward drug use are more likely to engage in a variety of health risk behaviors.

- *Interaction with antisocial peers*—Young people who associate with peers who engage in health risk behaviors are far more likely to engage in health risk behaviors themselves.

- *Friends' use of drugs*—Young people who have friends who use drugs are more likely to engage in health risk behaviors.

- *Sensation seeking*—Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in health risk behaviors.

Protective Factors:

- *Peer rewards for conventional involvement*—Similar to the other three domains, when young people are rewarded in their peer group for positive involvement, they are less likely to participate in health risk behaviors.

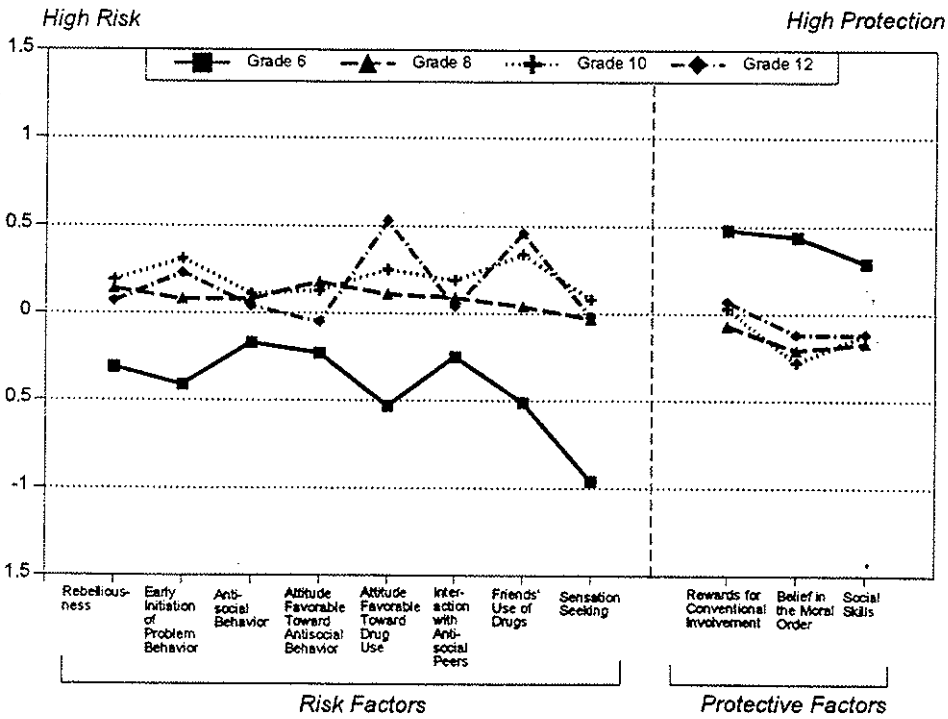
- *Belief in the moral order*—Young people who have a belief in what is "right" or "wrong" are at lower risk for engaging in problem behaviors.

- *Social skills*—Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to participate in negative health risk behaviors.

All items used to assess these risk and protective factors are listed in Appendix A of this report.

The standardized profile of the peer-individual risk and protective factors across grade levels is shown below in Exhibit 7-7.

Exhibit 7-7. Profile of Peer-Individual Risk and Protective Factors



While sixth graders again report lowest levels of risk and highest levels of protection across all factors in this domain, the peer-individual factors reveal a markedly different trend at other grade levels than the other

domains. It is rare that the senior students report the highest levels of risk or the lowest levels of protection. On all but two of the 11 factors, eighth or tenth graders show higher risk or lower protection than high school seniors. The largest differences across grades are on "sensation seeking," "attitudes favorable toward drug use," and "friends who use drugs." There are no significant differences beyond sixth grade levels of sensation seeking. The other two risk factors show the familiar pattern of increasing with grade level.

The strength of the relationships between peer-individual risk and protective factors and health risk behaviors is shown in Exhibit 7-8.

Exhibit 7-8. Correlations of Peer-Individual Risk and Protective Factors With Health Behavior Scales

	Health Behavior Scales				
	Peer-Individual Factors	**Alcohol Use**	**Drug Use**	**Violent Behavior**	**Delinquent Behavior**
R	Rebelliousness	0.45	0.44	0.40	0.45
	Early Initiation of Problem Behavior	0.69	0.71	0.58	0.71
	Antisocial Behavior	0.37	0.53	+	+
	Attitudes Favorable Toward Drug Use	0.46	0.49	0.53	0.54
	Attitudes Favorable Toward Antisocial Behavior	0.61	0.65	0.36	0.55
	Interaction with Antisocial Peers	0.42	0.54	+	0.60
	Friends' Use of Drugs	0.63	0.67	0.35	0.58
	Sensation Seeking	0.46	0.44	0.41	0.43
P	Peer Rewards for Conventional Involvement	-0.23	-0.28	-0.25	-0.26
	Belief in the Moral Order	-0.51	-0.49	-0.41	-0.49
	Social Skills	-0.51	-0.54	-0.44	-0.53

Note: Only statistically significant ($p<.05$) correlation values are represented numerically in the exhibit. The direction (+ or -) of non-significant correlations is also indicated.

The strongest peer-individual correlate with any of the health risk behaviors is the "early onset of problem behaviors."

The strongest peer-individual correlate with any of the health risk behaviors is the "early initiation of problem behaviors." As has been shown abundantly in the literature, the earlier a student begins experimenting with any of these problem behaviors, the more likely he or she is to advance to more extreme levels of that behavior and/or experience problematic consequences in later adolescence. Other very high correlates to health risk behaviors include "friends' use of drugs" and "attitudes favorable toward antisocial behavior." The risk factor "interactions with antisocial peers" is also a strong correlate of delinquent behavior. In general, all of these risk factors show moderate to high relationships with the problem behaviors.

Protective factors show their strongest relationships with health risk behavior in the peer-individual domain. An internal "belief in the moral order" and "positive social skills" are strongly associated with lower levels of alcohol use, drug use, delinquent behavior, and violent behavior. Peer rewards for conventional involvement is moderately related to all four problem behaviors.

Conclusions

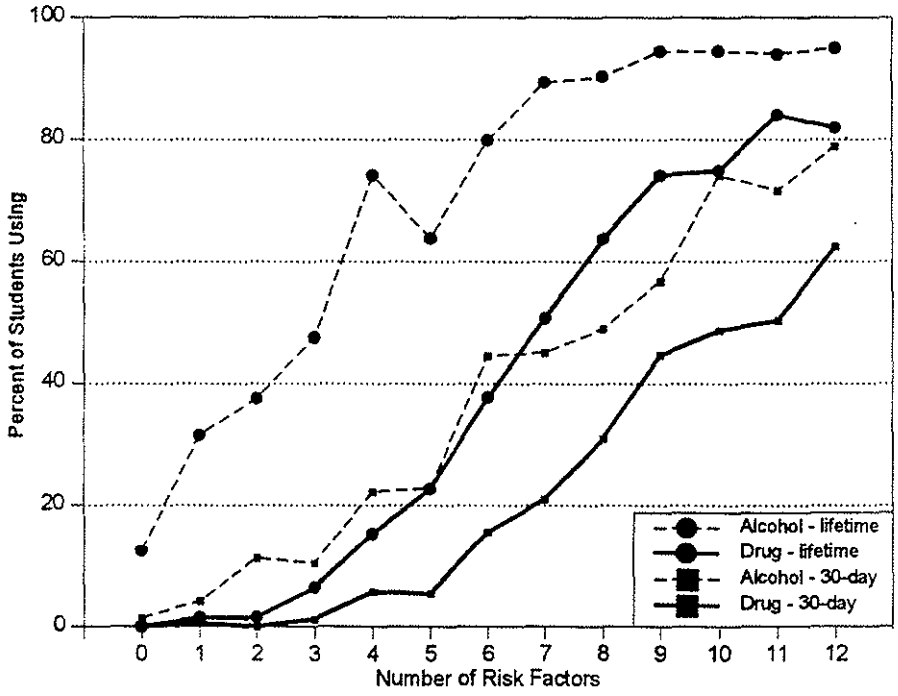
The results presented in this chapter have dealt with risk and protective factors on an individual basis. Tables and charts have been presented to show the strength of the relationship of each of these factors with health risk behaviors, and grade to grade differences in the severity of risk and the level of protection on each factor. The influence of specific risk or protective factors on health risk behaviors is important to demonstrate as it can provide useful guidance to state and local prevention efforts.

Research has also suggested that there is a cumulative effect in the influence of risk and protection on these health risk behaviors (Bry, McKeon, & Pandina, 1982; Newcomb, Maddahian, & Skager, 1987; Werner & Smith, 1992). That is, in addition to the specific influence of a given risk or protective factor, what is the relationship between multiple risk or protective factors and these behaviors? Are students who are at high risk on four influential risk factors more likely to engage in health risk behaviors than those who are at high risk on only one or two? Are students who are well-protected, in terms of opportunities and rewards for involvement in community and school activities, far less likely to engage in these behaviors than students who are not?

While the logical answer to these questions would seem to be "yes," the additive or interactive effect of multiple risk factors must be established empirically. Data from the *1995 WSSAHB* are available to address these questions.

In Exhibit 7-9, the relationship between the number of risk factors present and the use of alcohol and other drugs is displayed. To assess this relationship, students participating in the survey were classified as to whether they were at high risk on none, one, two, three, etc., of the 20 risk factors assessed on the *1995 WSSAHB*. Twelve risk factors were used as the maximum, because there were too few students in the groups possessing more than 12 risk factors to provide stable estimates of alcohol and other drug use. Once these groups were formed, the prevalence rates of alcohol use (both lifetime and 30-day) and other drug use (both lifetime and 30-day) were calculated. These group means were then plotted to display the relationship shown in Exhibit 7-9.

Exhibit 7-9. The Relationship Between Alcohol and Drug Use With the Number of Risk Factors Reported by Washington Students



Source: 1995 WSSAHB

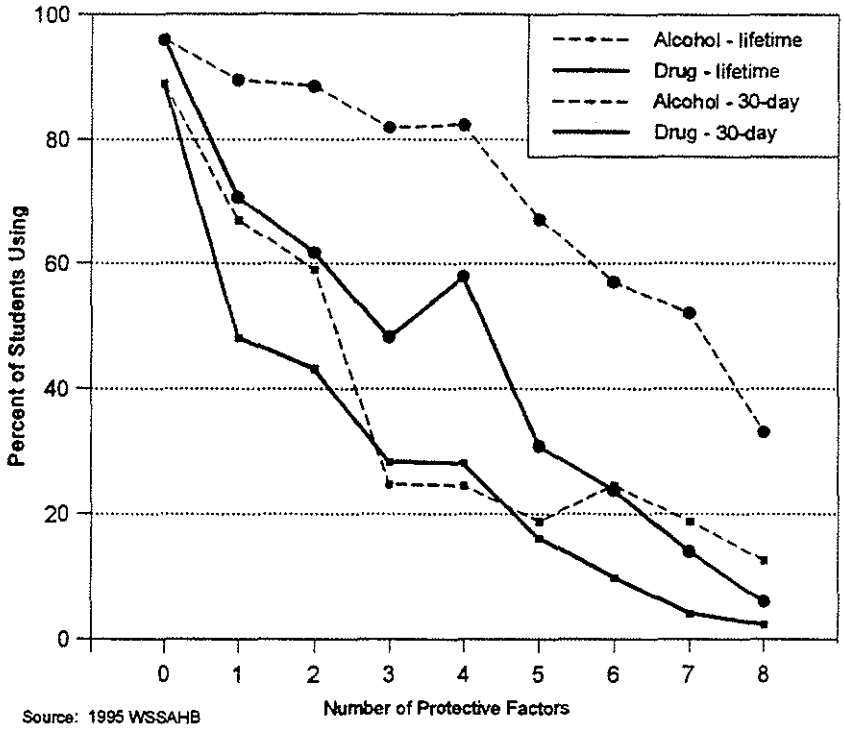
Perhaps the most obvious interpretation is the clear, linear relationship between the number of risk factors present and the prevalence of alcohol and other drug use, both lifetime and 30-day. In other words, it is

emphatically the case that, as the number of risk factors in individual students increases, they are more likely to use alcohol and other drugs. There are also subtle differences in these relationships, depending upon which health risk behavior is under study. For example, there is little difference in the lifetime prevalence of alcohol for students who have more than seven risk factors. At the other extreme, there is little difference in drug use among students who have two or fewer risk factors.

While specific patterns of risk and their relationships with individual health risk behaviors can be more thoroughly studied, the results shown in Exhibit 7-9 clearly reaffirm the cumulative effect of multiple risks on alcohol and other drug use—the more risk factors present, the greater the likelihood of alcohol and other drug use.

A similar display relating the presence of protective factors to alcohol and other drug use is shown in Exhibit 7-10. Again, the overall relationship is a strong one, with increased levels of protection (i.e., the presence of several protective factors in students) clearly associated with lower rates of alcohol and other drug use.

Exhibit 7-10. The Relationship Between Alcohol Use, Drug Use, and the Number of Protective Factors Reported by Washington Students



Perhaps the one exception to the consistently downward trend of alcohol and other drug use with increased protection occurs in the relationship with recent (30-day) alcohol use. Compared to students with fewer protective factors, those students with more than three protective factors are not very different in terms of their recent alcohol use.

Summary

In summary, the influence of the risk and protective factors on key health risk behaviors among adolescents is supported by the reports of Washington students in this survey effort. In general:

- ✦ Sixth graders report the lowest risk and highest levels of protection in family and peer-individual domains. The pattern across grades is less uniform in the school and community domains.

- Of all risk and protective factors, those in the peer-individual domain show the strongest relationships with health risk behaviors. Risk and protective factors in the family domain have the next strongest correlation with health risk behaviors.

- In general, school and community risk and protective factors show weak relationships with health risk behaviors, although a few of these factors are moderately correlated with the health risk behaviors. Specifically, the community protective factor of rewards for conventional involvement is strongly correlated with lower levels of alcohol use.

- The relationships between risk and protective factors and health risk behaviors are fairly consistent, with alcohol use typically the most strongly associated and violent behavior the least strongly associated with these factors.

- The cumulative effect of risk and protection on alcohol and other drug use is very evident among Washington students. Students at high risk on a larger number of risk factors are increasingly more likely to use alcohol and other drugs while students possessing a larger number of protective factors are increasingly less likely to use alcohol and other drugs.

Finally, the data presented here are the results for Washington State. The level of these indicators of risk and protection will probably vary widely by community. While these results establish the level of these factors at different grade levels across the state, each community has a unique risk and protective factor profile. A community profile will show where a community stands on important risk and protective factors. These data can be compared to state levels to provide an indication of which risk and protective factors are priorities for a community to address. Once these priorities have been determined, specific populations and/or geographical areas where risk exposure is high and protection is low can be identified and targeted for intensive risk reduction and protection enhancement interventions.

Chapter 8: Characteristics of the Students Surveyed

Students from all geographic regions, urban and rural schools, and students of all races/ethnicities were included in the survey.

The findings of the *Washington State Survey of Adolescent Health Behaviors* presented here are based on the responses of nearly 9,000 students in grades 6, 8, 10, and 12. These students were selected using a scientific sampling plan designed by the authors to represent the full population of nearly a quarter of a million students at these grade levels across the state. Students from all geographic regions, urban and rural schools, and students of all races/ethnicities were included in the survey. Full details of the sampling plan and its representativeness of the target population are included in the technical report of this survey (Deck, et al., 1995).

In this chapter, the authors describe the students participating in the survey in terms of a variety of background characteristics and participation in activities in their schools and communities. Throughout this report, findings have been disaggregated by these characteristics whenever they represent important variations in the incidence and prevalence of the health behaviors under study. The specific characteristics included in this chapter are:

- Gender
- Race/ethnicity
- Geographic region
- Urban/rural/suburban school
- Number of adults and other children at home
- Parents' education
- Participation in school or community activities
- Working at a part-time job

- Hours of sleep on school nights
- Attendance at school, including dropping out for at least a month

Gender

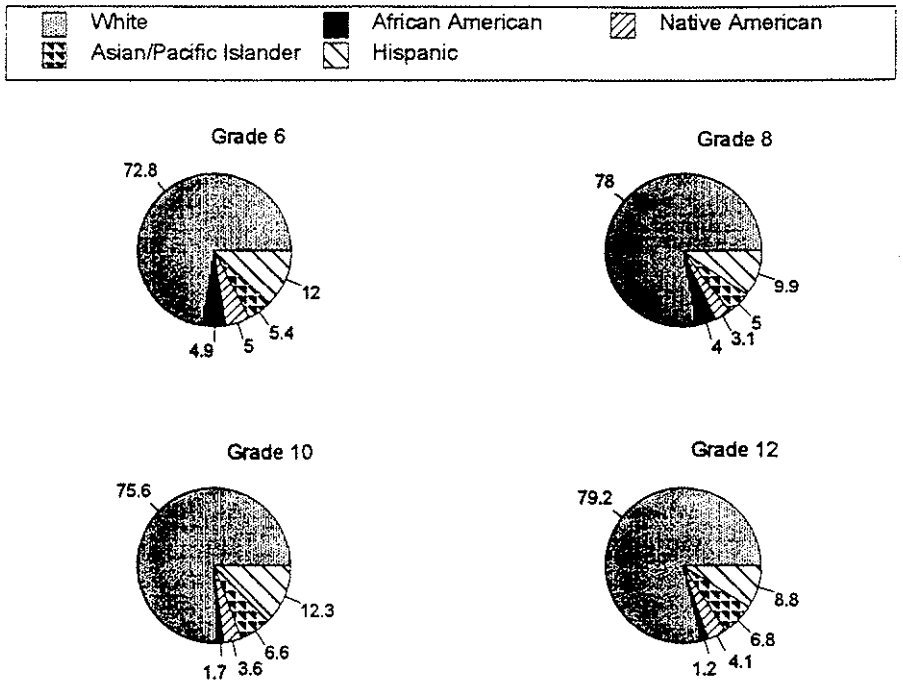
Males and females are nearly equally represented at all grades. The largest deviation from a 50-50 split occurs at the tenth grade, where the sample consists of 51.6 percent females. Gender is an important characteristic to keep in mind when interpreting the incidence and prevalence of health behaviors. For example, adolescent males typically report more frequent and heavier alcohol consumption and a higher prevalence of fighting and weapon carrying. Adolescent females typically report higher levels of smoking, more incidents of abuse, and more thoughts of suicide.

Race/Ethnicity

The *WSSAHB* asked two questions about students' racial/ethnic origin using the methodology employed by the U.S. Census Bureau. First, students were asked whether they were white, African American, Native American, Asian/Pacific Islander, or other. Next, they were asked if they considered themselves to be of Spanish or Hispanic origin and, if so, to specify what type. Based on Census Bureau definitions, persons of Hispanic origin may be of any race.

There are alternative ways to combine the responses of these two items to represent race/ethnicity in the traditional five categories: white, black, Asian/Pacific Islander, Native American, and Hispanic. The approach used here is consistent with that used in the Office of Research and Data Analysis (ORDA) in the Washington Department of Social and Health Services (DSHS). Briefly, in this approach, priority is given to the response to the question of Hispanic origin. Students who indicate they are of Hispanic origin are considered Hispanic regardless of how they answered the initial question relating to race. Using this convention, the proportion of students falling into the traditional five racial/ethnic categories is shown in Exhibit 8-1.

Exhibit 8-1. Race/Ethnicity



About 70 to 80 percent of the students at each grade are "white, not Hispanic."

About 70 to 80 percent of the students at each grade are "white, not Hispanic." Nine to 12 percent of students are of Hispanic origin. Asian/Pacific Islanders are the next most heavily represented, ranging from 5 to nearly 7 percent, depending upon grade level.

Students of racial/ethnic minorities were over-sampled for this survey.

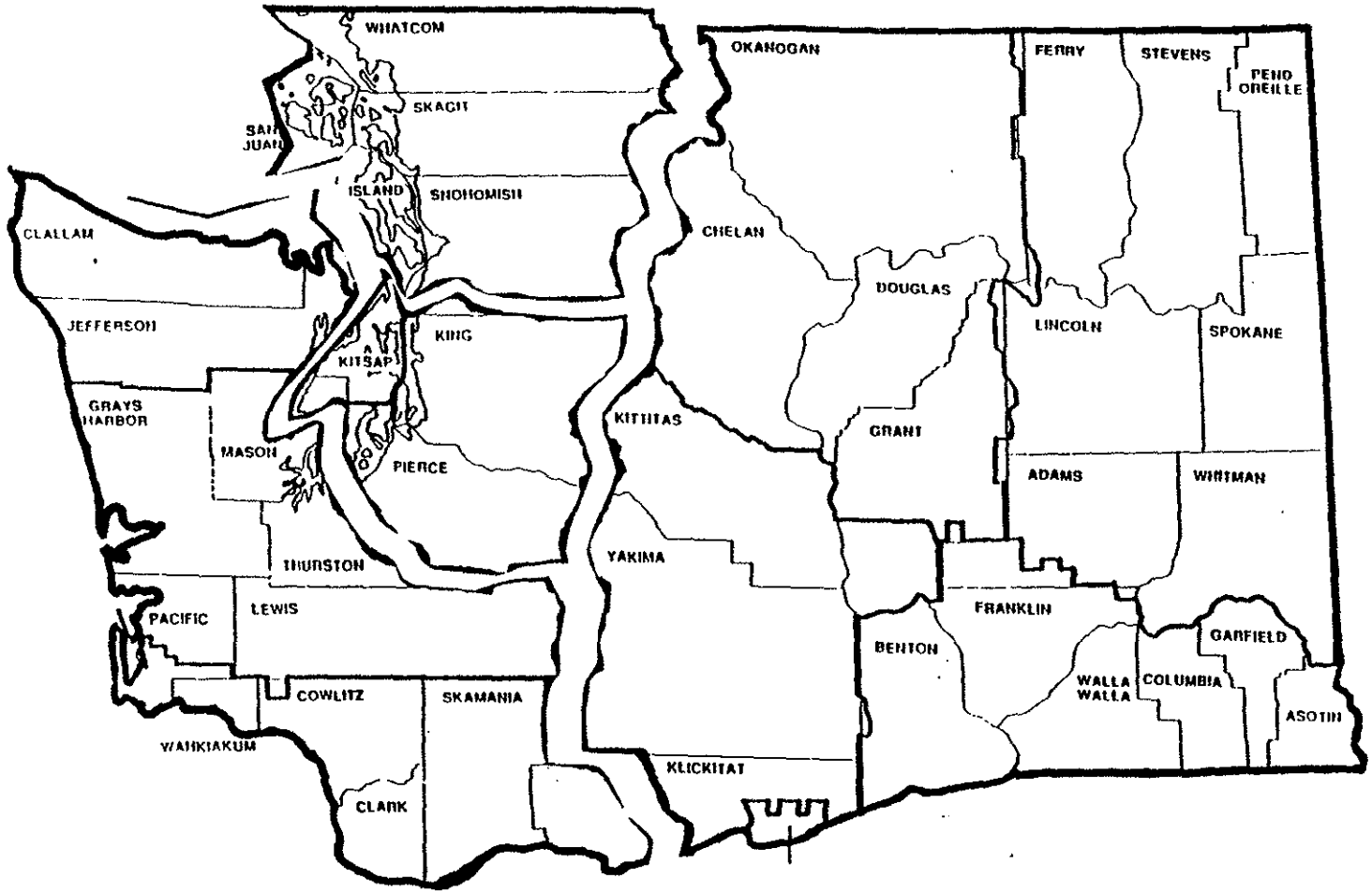
The percentages of minority students in the survey sample shown in Exhibit 8-1 are, in many cases, larger than their representation in the Washington student population. Students of racial/ethnic minorities were over-sampled for this survey in order to achieve sample sizes that would allow sufficiently precise statistical comparisons of prevalence of the health behaviors covered in the *WSSAHB* among students of racial/ethnic minority groups. Considerable research is available that documents different patterns of problem behaviors and risk factors across ethnic groups (Pollard, 1993; Vega, et al., 1993).

Geographic Region

For purposes of sampling, Washington was divided into four geographic regions.

For purposes of sampling, Washington was divided into four geographic regions, as displayed in Exhibit 8-2. The eastern region includes 20 counties and approximately 25 percent of the student population in the state. The southwest region includes 12 counties and approximately 20 percent of the student population. The Puget Sound region includes three counties and approximately 38 percent of the student population. The northwest region includes five counties and approximately 17 percent of the student population.

Exhibit 8-2. Geographic Regions



Because of different survey return rates, a higher proportion of students in the eastern region and a lower proportion of students in the Puget Sound region took part in the survey than the sample originally dictated. To achieve a more balanced representation, the responses of students from each region were adjusted through a statistical weighting procedure described in the technical report (Deck, et al., 1995). This weighting procedure achieves a proportional representation of students by region within 1 to 2 percent of the population statistics cited above. These proportions are given in Exhibit 8-3 below.

Exhibit 8-3. Actual and Weighted Proportions of Survey Participants by Geographic Region

Grade	East		Southwest		Puget Sound		Northwest	
	Actual	Weighted	Actual	Weighted	Actual	Weighted	Actual	Weighted
Gr. 6	43.4	25.5	17.3	21.5	14.9	37.4	24.4	15.6
Gr. 8	19.2	25.7	28.2	22.0	39 .5	37.0	12.9	15.4
Gr. 10	41.8	24.8	15.9	22.1	27.3	38.0	15.1	15.1
Gr. 12	31.5	25.4	16.6	22.3	31.4	37.0	20.4	14.7

Note: Values shown above are percents.

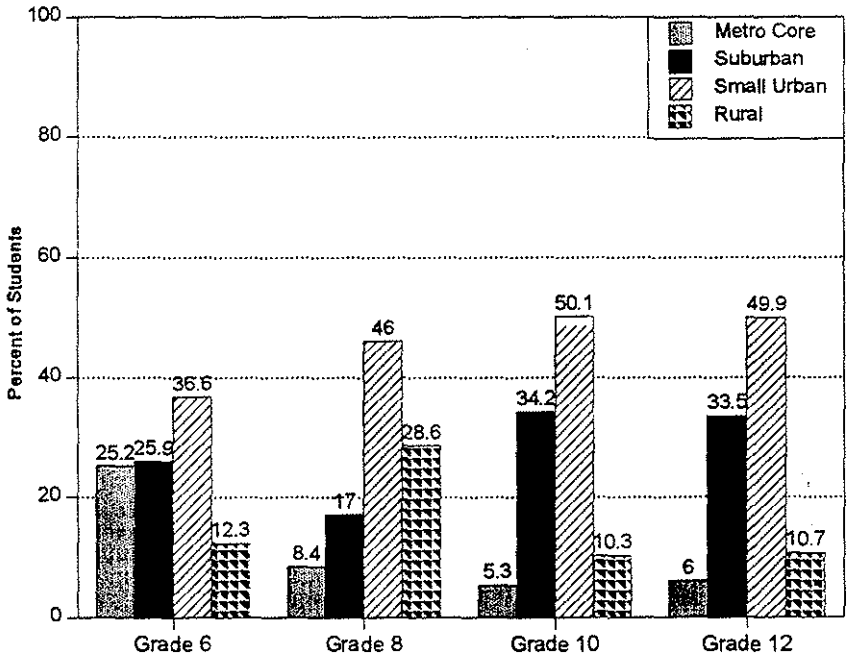
Rural/Urban

Four categories describing the urbanicity/rurality of the participating schools were used in the sampling plan.

Four categories describing the urbanicity/rurality of the participating schools were used in the sampling plan. Large, urban centers were termed metropolitan core areas. Only four such areas were designated statewide: Seattle, Tacoma, Spokane, and Vancouver. Schools in these cities, however, account for about 18 percent of Washington's student population. Smaller cities, still urban in nature, but of smaller population size were termed non-metropolitan urban. These areas include about 40 percent of the state's population. Suburban areas were those near large cities, but with higher socioeconomic characteristics than their urban neighbors. These areas contain about 25 percent of the state's student population. Finally, the rural areas were those with very low population density. A large number of schools fall into this category, but they include only about 17 percent of the state's population.

The proportion of students at each grade coming from schools in these categories is shown in Exhibit 8-4 below. The rural/urban mix is clearly different from one grade level to the next. The sixth grade sample has the largest representation of metropolitan core students. About one in four sixth grade students that participated in this survey comes from a metropolitan core area. At other grades, only 5 to 10 percent of students are from metropolitan core areas. Finally, about one-third of the high school students surveyed are in suburban schools, and nearly half are from non-metropolitan urban areas.

Exhibit 8-4. Distribution of Students by Rural/Urban Characteristics of School District



Previous state and national surveys suggest little evidence of differences in substance use among young people in these different types of areas, other than different prevalence rates related to specific substances (e.g., smokeless tobacco typically has a higher prevalence rate in rural areas). Higher rates of violent behavior and weapon carrying, however, have been reported in large cities in national surveys (e.g., Johnston, et al., 1994b).

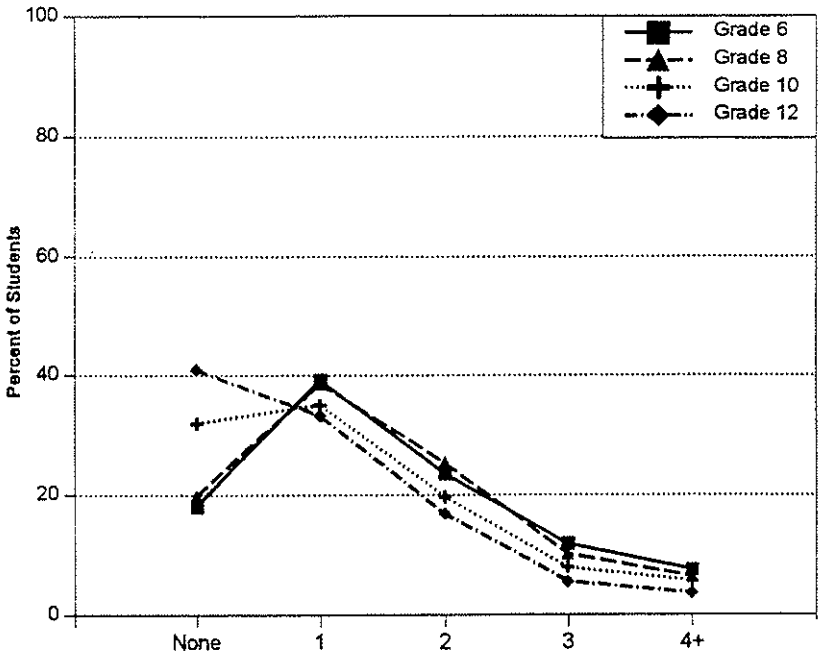
Family Environment: Size and Parents' Education

. . . 45 percent of high school seniors and 27 percent of tenth graders report three or more adults living with them at home.

About two-thirds of the students participating in the *WSSAHB* come from homes with two adults. This proportion decreases progressively for older students (57 percent among tenth graders, 40 percent for high school seniors). Because the proportion of students from single-adult homes is relatively constant across grades (ranging from 11 to 14 percent), these differences typically reflect more than two adults present in the homes of high school students. In fact, 45 percent of high school seniors and 27 percent of tenth graders report three or more adults living with them at home. This may be due to the definition of "adult" as persons 18 years old or older and the fact that high school students may be more likely than younger students to have older siblings living with them in their homes.

The number of other children living at home is displayed by grade level in Exhibit 8-5. All grades follow a similar pattern, except for the differences in the percentage of students indicating that there are no other children besides themselves at home. The display shows that older students are far more likely to have no siblings living at home (40 percent at twelfth grade versus 18 percent at sixth grade). As with number of adults at home, this is likely not to be an indicator of family size as much as suggesting that siblings of these older students may not fit the definition of "children" (under 18 years of age).

Exhibit 8-5. Number of Other Children at Home



The influence of siblings and peers on many of the health behaviors under study here is well-documented. Like peers, older siblings can be models of prosocial behavior or influence to younger children to engage in risk or problem behaviors.

Participation in School or Community Activities

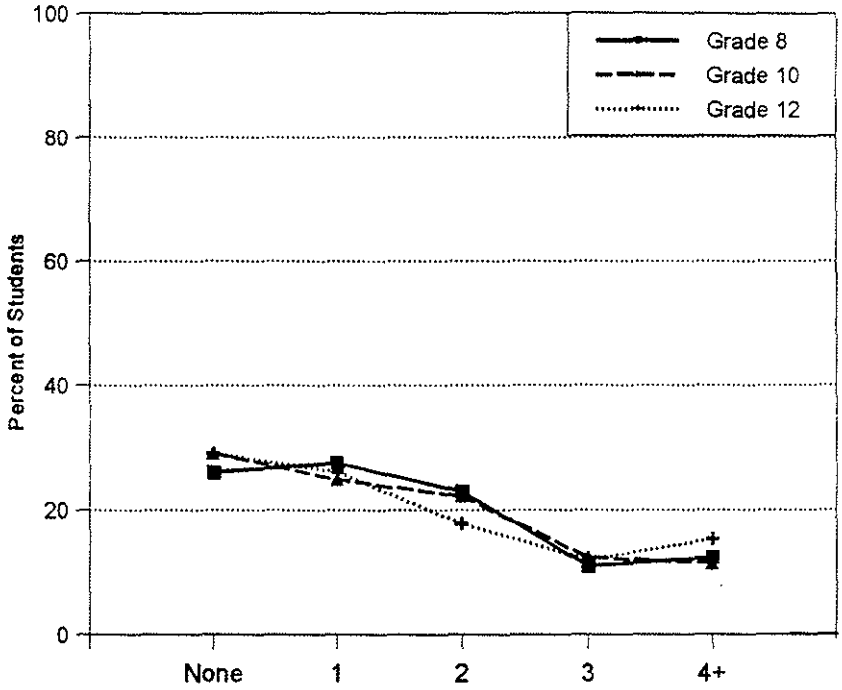
Since extracurricular or community activities can represent healthy alternatives to engaging in many of the health risk behaviors covered in this survey, it important to consider the degree to which students are involved in such activities. Several related questions were included on this survey. The questions addressed school activities, with athletics as a special case; community activities such as girl/boy scouts; and hours per week working at a part-time job.

About 70 to 75 percent of the students participate in at least one extracurricular activity.

The distribution of the number of extracurricular activities students at each grade participate in is shown in Exhibit 8-6. The patterns are similar across grades with some slight exceptions. About 70 to 75 percent of the students participate in at least one extracurricular activity. These proportions are slightly smaller for community activities and athletic teams (not shown). In general, the proportion of students participating in

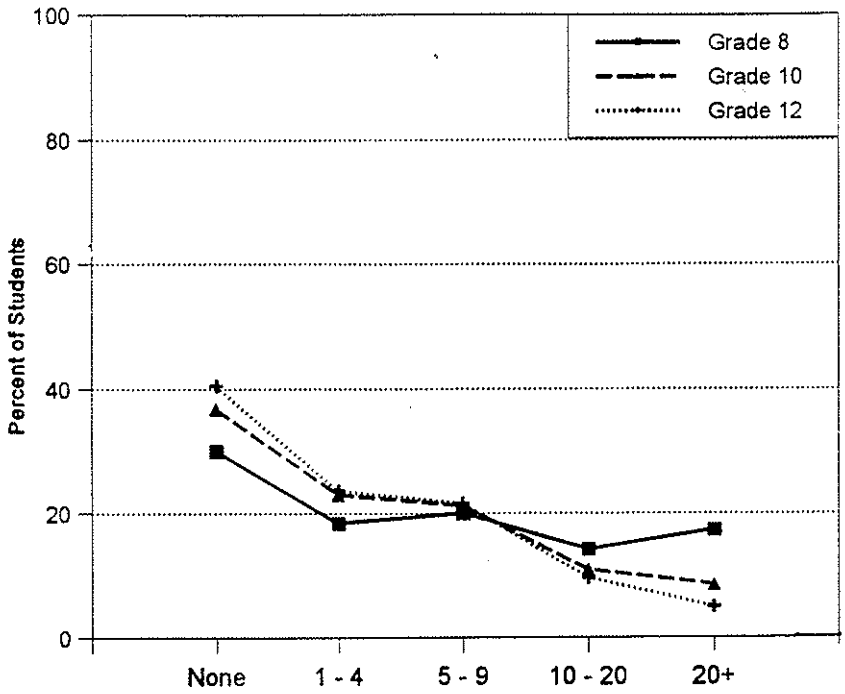
more than one activity gets smaller as students get older. The pattern is similar to community activities and athletics.

Exhibit 8-6. Participation in Extracurricular Activities



Having a part-time job can represent important responsibility to a young person. Previous research on alcohol, tobacco, and other drug use indicates that a moderate amount of part-time work is associated with lower ATOD use (Johnston, et al., 1994a). Working too many hours, however, can distract students from concentration on academics at school and lead to a higher incidence of problem behaviors. These relationships have been explored in the context of current incidence and prevalence results of the *WSSAHB* presented in this report. In Exhibit 8-7, the distribution of the number of hours typically worked on a school night is displayed for all grades.

Exhibit 8-7. Hours Per Week Worked at a Part-Time Job



From grade 8 through high school, 60 to 70 percent of the students work at a part-time job.

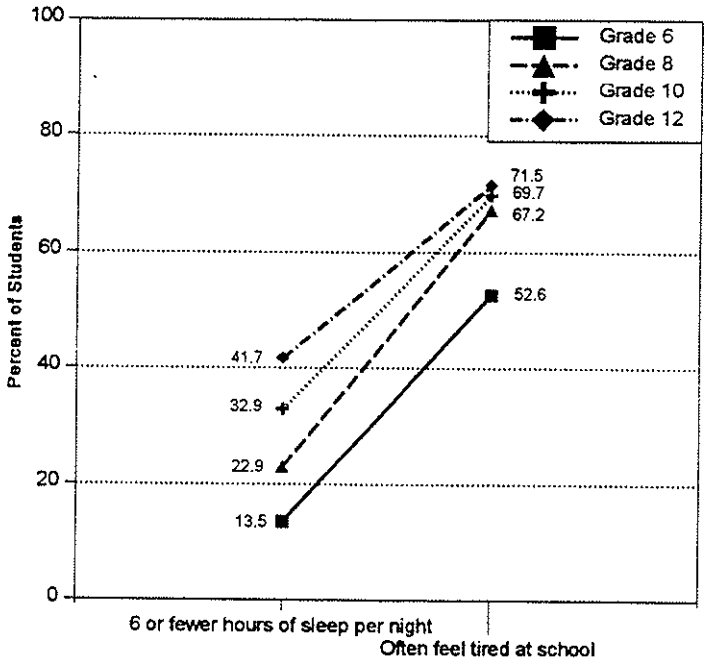
From grade 8 through high school, 60 to 70 percent of the students work at a part-time job. In general, about one-third of these students work one to four hours per week, another third work five to nine hours per week, and the remaining third are split between 10 to 20 hours per week and more than 20 hours per week. Interestingly, high school seniors report the lowest frequency of working more than 20 hours per week (just under 5 percent) while eighth graders report the highest (over 17 percent—three times the rate of high school seniors).

Working too many hours at a part-time job or participating in too many school or community activities can have adverse effects on young people.

Working too many hours at a part-time job or participating in too many school or community activities can have adverse effects on young people. As noted earlier, excessive time spent on these activities is associated with lower academic performance and higher prevalence of various problem behaviors (Johnston, et al., 1994a). A consequence of over-involvement can be as simple as a lack of sleep or rest which leads to decreased attention span and poorer performance in school. The current survey asked students how much sleep they typically get on school nights, and

also whether they "often feel tired at school due to lack of sleep." Results of these two items are shown in Exhibit 8-8.

Exhibit 8-8. Prevalence of Hours of Sleep Per Night and Feeling Tired at School



At the sixth grade level, only about one in seven (13.5 percent) students typically sleeps six or fewer hours on school nights. This proportion increases about 10 percent at each successive grade, to a level of over 40 percent for high school seniors. While the proportion of students who sleep so little rises linearly with successive grades, the percentage of students who indicate they often feel tired at school due to lack of sleep is relatively stable from grade 8 through high school. About two-thirds of all students at these grades, regardless of how much they actually sleep, say they often feel tired at school.

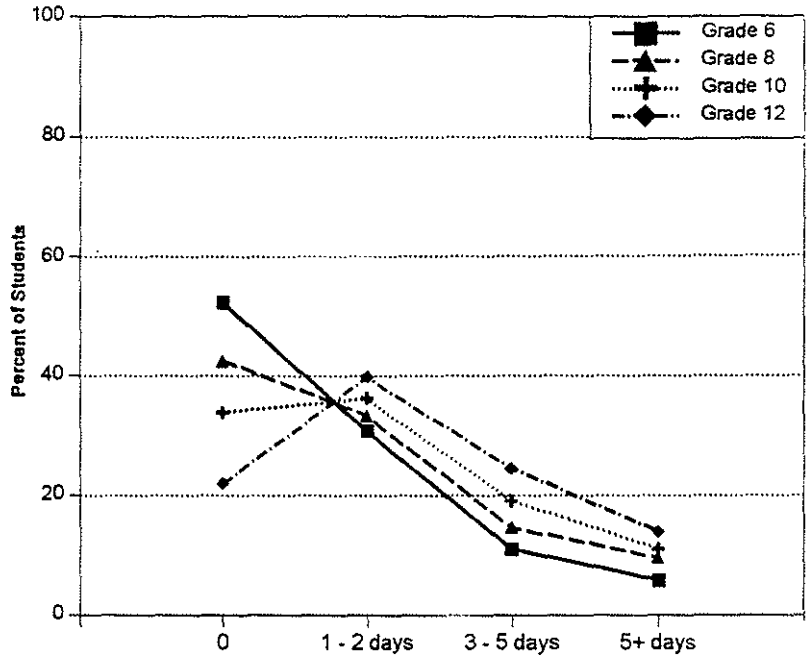
School Attendance

Prolonged absence from school has been shown to be associated with the prevalence of a number of these health risk behaviors. A number of the health risk behaviors in this report seem less likely to occur among high school seniors than among eighth and tenth graders. For example, high school seniors in this sample report fewer fighting incidents, lower 30-day prevalence of smoking cigarettes, and less weapon carrying than their younger counterparts. This is not unprecedented, and several explanations are often offered for this. One of them pertains to the school dropout phenomenon. This explanation asserts that many of the students who are more likely to engage in these health risk behaviors have dropped out of school by grade 12 and are therefore not included in this survey.

One effort at estimating the plausibility of this explanation is to examine any dropout tendencies in the survey sample. If a certain proportion of students at each grade are absent a great deal or have experienced an episode of consecutive absences that simulate a dropout experience, these students can be studied more carefully to see whether or not and to what degree their prevalence estimates differ from their peers who have not missed as much school.

As a basis for such comparisons, students were asked the number of days they had been absent from school in the past 30 days. Their responses are summarized in Exhibit 8-9.

Exhibit 8-9. Absenteeism in Past 30 Days



. . . the proportion of students reporting no absences in the past month declines with each advancing grade.

Several patterns are evident in these data. First, the proportion of students reporting no absences in the past month declines with each advancing grade. At sixth grade, over half the students report perfect attendance (52.3 percent). This proportion drops about 10 percent at each successive grade, reaching its peak among high school seniors, where only about one in five students (21.9 percent) report perfect attendance in the past month. Beyond this difference, the pattern of attendance is similar across the grades. A weighted average of days absent in the past month is congruent with this trend. This average ranges from a low of 1.19 days absent per month at sixth grade to a high of 2.28 days per month among high school seniors.

Students were also asked if they had ever dropped out of school for more than 30 days for reasons other than illness or injury. Nearly 8 percent of sixth graders indicated they had, while just over 4 percent of eighth graders indicated they had. Approximately 6 percent of the high school students at both grades reported they had dropped out of school at least once in their careers for 30 days or more.

Chapter 9: In Their Own Words. . .

In all, nearly 20 percent of the students who took this survey chose to give their opinions by responding to at least one of three open-ended questions.

This survey contained 150 to 200 multiple-choice items (depending upon which form a student received) asking students about their eating habits; the extent to which they used alcohol, tobacco, and other drugs; their attitudes towards violence; and on and on. These items, which were carefully selected through many collaborative sessions with the State Survey Policy Committee, represented the priority health behaviors of concern to health professionals and school officials across the state.

The authors and the policy committee were aware, however, that young people have unique insights into these behaviors and, if given the opportunity, could express themselves by responding to open-ended questions in ways that multiple-choice items do not permit. In order to capture these insights, three open-ended questions were placed at the end of the survey for grades 8, 10, and 12 to give students this opportunity. These questions were:

- *What other questions about health-related behaviors should we have asked on the survey?*
- *How should we use the information we get from students who complete this survey?*
- *Did any of the questions on this survey make you uncomfortable or bother you? If so, give us some examples.*

The students did not disappoint the authors and the policy committee. In all, nearly 20 percent of the students who took this survey chose to give their opinions by responding to at least one of three open-ended questions above.

While the responses from 20 percent of the *WSSAHB* statewide sample are not offered here as representative enough to warrant scientific generalization to all Washington students, these responses are still considered valuable to this report. They are offered as a contextual description of the school environments in which the more scientific results

of this report are contained. The contribution of these descriptions to the more scientifically rigorous findings in this report is food for familiar debate in the research community. For example, Patton (1990) characterizes quantitative research as looking for "universal laws and generalizations across time and space" (p. 486). Cronbach (1975), however, has noted that:

> *Generalizations decay. At one time a conclusion describes the existing situation well, at a later time it accounts for rather little variance, and ultimately is valid only as history (p.122).*
>
> *When we give proper weight to local conditions, any generalization is a working hypothesis, not a conclusion (p.125).*

Even though the survey was long, these students were invested enough in the survey content to write their thoughts on these issues, and the readers of this report are better informed as a result. Their responses are summarized below.

What Other Questions Should We Have Asked?

The overwhelming response to the question about "what else should we have asked" were items about sexual behavior.

The overwhelming response to the question about "what else should we have asked" were items about sexual behavior. Nearly two-thirds of the high school students and about 40 percent of eighth graders answering these questions mentioned some form of sexual activity. For example, they asked for general questions about how sexually active young people are, specific questions about whether they use contraception or not, how many partners they have had, and how often they have had sex recently. Other forms of violent and sexual behavior, such as rape and sexual harassment, were also mentioned by a few teens.

Questions from the *Youth Risk Behavior Survey* regarding aspects of sexual activity mentioned by students in their comments were, in fact, included on the original version of the survey disseminated to schools. They were retracted, however, due to the emphatic and vocal response from a minority of local schools and communities that expressed

extremely strong feelings about the inappropriateness of these questions for young people.

These students told us otherwise. In their own words. . .

- *You might have wanted to ask about sex or something, because a lot of students are having it!*

- *The question of sex never came up. This survey is uncharacteristic and you should want to know if they are doing it the right way, the safe way.*

Only issues related to sexual activity were raised by such a large proportion of students. However, about 5 to 10 percent of respondents mentioned the need for questions seeking more information about why students engage in other health risk behaviors, what they think of their friends' behaviors, and about eating disorders and weight loss (especially among eighth graders). One example:

- *Ask questions about how the students personally feel about drug use, because personally I feel that marijuana smoking is wrong. I have stopped and I wish I could have explained that because I used to smoke quite a bit.*

How Should We Use the Information?

. . . the results ought to emphasize that "not all kids are doing these things" and focus on solutions, not just problems.

When asked how the information collected through the survey should be used, the majority of students recommended "getting the word out there" in some form or other. They suggested tallying the results and using charts, newsletters, and brochures to communicate these findings to schools and communities across the state. A few even mentioned Congress and the Legislature, so that they would "do something."

About one in eight eighth graders singled out schools as the first place to send the information. They felt the results could help improve programs and services for their peers. Many focused specifically on getting this information to younger students before they started engaging in some of these behaviors and getting into trouble with them. Older students pointed directly to the media, although cautioning that the results ought to

emphasize that "not all kids are doing these things" and to focus on solutions, not just problems. A small minority, often using very colorful language, told the study team not to do anything with the results because young people were not taking these questions seriously and were reporting whatever they felt like reporting.

In their own words. . .

- *Use the information to effectively create new programs to bring down teen drug abuse and violence. Don't use it as a method of telling the community how awful teens are.*

- *To help them. Organizations could be made, teachers and schools could talk about more things open-mindedly instead of saying "Don't do it." Many of us already have and it's too late for that comment.*

- *Fund more social programs for teens to have health insurance, somewhere to go, programs to teach young adults to adapt to the real world—careers, marriage, etc.*

- *Publish the results so people can see what is really happening with kids these days.*

Did Any of the Questions Make You Uncomfortable?

. . . about half of the students indicated directly that none of the questions bothered them.

Admittedly, the content of this and any survey on adolescent health behaviors delves into some personal areas regarding young peoples' attitudes, values, and behaviors. Indeed, as noted earlier, the authors and the survey policy committee received this feedback quite clearly from some of the local schools, communities, and media as they reviewed the survey to decide whether or not they would participate. The final question in this open-ended set gave students the opportunity to report whether or not any of the questions made them uncomfortable. In addition, the survey administration included procedures to deal with emotional discomfort these questions may have aroused. Personal

counseling and telephone hotlines were made available to any students who wished to use them.

In general, about half of the students indicated directly that none of the questions made them uncomfortable. Some said they engaged in these behaviors but so did a lot of other teens, so it was no big deal to report them. Others said they never did any of these things, so the questions were easy to answer. Many students who answered the two previous open-ended questions left this question blank, perhaps implying no discomfort with the questions on the survey itself.

Almost one in 10 eighth graders identified the questions on alcohol, tobacco, and other drug use as disturbing to them, usually because they stirred up memories of their own previous use or use by a family member that had caused problems at home. The only other area that was mentioned by 5 percent or more of students pertained to a question about sexual abuse, and this was among eighth graders. Most of these students felt this was "too personal" and none of the study team's business. Finally, almost 5 percent of these students objected to the survey because they felt it was boring or too long.

In their own words. . .

- *No, people have a right to know how their children feel and things they could be doing to harm themselves.*

- *No, because I am a very open person and I like to speak my mind and let people know how I feel.*

- *One question that bothered me was #50 ("Has anyone ever touched you in a sexual place"). The rest were just irritating because it was the same question in different forms! Some people are just nosy!*

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Appendix A

Item-Level Frequencies

1995 Washington State Survey of Adolescent Health Behaviors

Grades 6, 8, 10, and 12

Background Information (1-18)

1. How old are you?

	Grade 6	Grade 8	Grade 10	Grade 12
11 or younger	28.1	.0		
12	64.7	.3		
13	7.2	30.4		
14	.0	62.9	.1	
15		6.1	30.6	
16		.3	59.9	.6
17		.0	8.2	31.8
18		.0	.5	59.7
19 or older		.0	.7	7.9
N	2,848	2,506	2,102	1,306

[Item 2 was a check on students' grade level.]

3. Are you:

	Grade 6	Grade 8	Grade 10	Grade 12
female	49.6	50.4	51.6	49.8
male	50.4	49.6	48.4	50.2
N	2,711	2,447	1,923	1,292

[Item 4 asked for students' zip code.]

5. How many adults 18 years old or older live in your home?

	Grade 6	Grade 8	Grade 10	Grade 12
none	3.5	3.4	2.5	3.5
1	14.0	13.4	13.9	11.3
2	66.9	65.4	56.7	39.9
3	10.1	12.3	20.8	32.0
4 or more	5.4	5.4	6.2	13.4
N	2,837	2,491	2,094	1,295

6. Not counting you, how many other children under age 18 live in your home?

	Grade 6	Grade 8	Grade 10	Grade 12
none	18.0	19.7	31.9	40.9
1	39.2	38.6	35.0	33.2
2	23.5	25.3	19.6	16.8
3	11.8	10.1	7.9	5.5
4 or more	7.5	6.4	5.6	3.6
N	2,835	2,504	2,097	1,305

Note: Numbers in tables are percentages of students at each grade

7. What race do you consider yourself to be?

	Grade 6	Grade 8	Grade 10	Grade 12
White	74.3	80.0	76.1	77.6
Black, or African American	5.2	4.1	2.0	1.3
Native American	5.5	3.4	4.2	4.0
Eskimo or Aleut	.2	.6	.6	.2
Asian or Pacific Islander	5.5	5.4	6.9	7.3
Other	9.3	6.5	10.2	9.7
N	2,759	2,460	2,055	1,276

8. Do you consider yourself to be of Spanish or Hispanic origin?

	Grade 6	Grade 8	Grade 10	Grade 12
No, not Hispanic	86.2	89.1	87.0	91.3
Yes, Mexican, Mexican-American, or Chicano	7.2	4.5	8.2	5.7
Yes, Puerto Rican	.2	.8	.5	.1
Yes, Cuban	.7	.3	.9	.0
Yes, other Spanish/Hispanic	5.8	5.2	3.5	2.8
N	2,303	2,187	1,906	1,246

9. Which of the following adults are living with you now?

	Grade 6	Grade 8	Grade 10	Grade 12
Mother	91.5	89.4	88.9	84.3
Father	69.8	68.9	65.4	64.1
Stepmother	4.4	5.3	3.8	3.5
Stepfather	12.6	14.8	13.0	12.3
Grandmother	5.2	4.5	4.7	2.6
Grandfather	2.2	3.1	2.7	1.5
Aunt	2.9	2.4	2.8	1.8
Uncle	3.5	3.2	3.3	1.8
Foster mother	.4	.9	.9	1.6
Foster father	.5	.7	.7	1.2
Other adults	7.9	7.2	10.5	12.7
None of the above				
N	2,850	2,498	2,097	1,306

10. During the school year, how many hours a week do you work at a part-time job?

	Grade 6	Grade 8	Grade 10	Grade 12
I don't work		75.4	67.2	37.5
1 to 4 hours		14.3	9.0	6.3
5 to 9 hours		5.4	6.7	8.7
10 to 20 hours		2.3	12.4	29.1
over 20 hours		2.7	4.6	18.5
N		2,489	2,087	1,303

Note: Numbers in tables are percentages of students at each grade

11. How many extra school activities do you participate in regularly (for example: sports, music, student government, clubs)?

	Grade 6	Grade 8	Grade 10	Grade 12
none		26.0	29.1	29.0
1		27.6	24.9	26.1
2		23.0	22.2	17.8
3		11.0	12.4	11.9
4 or more		12.4	11.4	15.3
N		1,203	1,062	635

12. How many different school sports teams have you participated on in the last two years (for example: football, soccer, volleyball, basketball, track, swim team)?

	Grade 6	Grade 8	Grade 10	Grade 12
none		30.0	36.7	40.5
1		18.4	22.9	23.6
2		20.0	21.1	21.5
3		14.2	10.9	9.6
4 or more		17.3	8.4	4.9
N		2,498	2,096	1,301

13. How many non-school activities do you participate in regularly (for example: Little League, scouts, church youth)?

	Grade 6	Grade 8	Grade 10	Grade 12
none	25.0	32.3	36.5	41.1
1	25.5	29.0	29.1	25.3
2	22.3	20.5	21.1	18.4
3	12.0	8.7	6.4	7.2
4 or more	15.1	9.4	7.0	7.9
N	2,814	2,492	2,096	1,304

14. How many hours of sleep do you typically get on a school night?

	Grade 6	Grade 8	Grade 10	Grade 12
4 hours or less	2.7	3.9	3.5	2.5
5 or 6 hours	10.8	19.0	29.4	39.2
7 or 8 hours	45.5	57.9	57.1	53.4
9 hours or more	41.0	19.2	10.0	4.9
N	1,366	1,200	1,054	634

Note: Numbers in tables are percentages of students at each grade

15. Did you ever drop out of school for more than 30 days, not counting staying out because of illness or injury?

		Grade 6	Grade 8	Grade 10	Grade 12
No			95.6	93.9	94.2
Yes			4.4	6.1	6.8
	N		2,495	2,104	1,305

16. During the last 30 days, how many days have you skipped class or been absent from school?

		Grade 6	Grade 8	Grade 10	Grade 12
No days		52.3	42.4	33.8	21.9
1 or 2 days		30.8	33.3	36.2	39.8
3 to 5 days		11.0	14.6	19.0	24.4
More than 5 days		5.8	9.6	11.0	13.9
	N	2,816	2,484	2,099	1,303

17. What is the highest degree or diploma your mother earned?

		Grade 6	Grade 8	Grade 10	Grade 12
None			33.2	23.3	12.5
GED			24.8	25.7	30.7
High school diploma			14.5	16.1	19.0
Two-year college			19.5	24.0	26.9
Four-year college or more			4.4	5.3	4.8
Don't know			5.6	6.1	
	N		2,391	2,042	1,284

18. What is the highest degree or diploma your father earned?

		Grade 6	Grade 8	Grade 10	Grade 12
None			36.9	26.5	14.5
GED			31.4	28.8	37.2
High school diploma			10.1	12.8	13.4
Two-year college			15.1	19.9	26.9
Four-year college or more			3.6	4.4	3.8
Don't know			7.7	4.2	
	N		2,359	2,032	1,279

Physical Fitness, Diet and Nutrition (19-30)

19. What is your current height, in feet and inches, without shoes?

	Grade 6	Grade 8	Grade 10	Grade 12
4 ft. 10 in. or less		1.1	.8	.1
4 ft. 11 in.		2.0	.6	.4
5 ft. 0 in.		3.4	1.0	1.8
5 ft. 1 in.		4.5	3.7	2.8
5 ft. 2 in.		8.0	5.0	4.5
5 ft. 3 in.		9.9	6.9	5.6
5 ft. 4 in.		12.2	5.6	6.3
5 ft. 5 in.		9.8	8.9	7.1
5 ft. 6 in.		10.5	11.5	7.6
5 ft. 7 in.		8.4	9.6	9.9
5 ft. 8 in.		9.3	10.0	8.8
5 ft. 9 in.		4.5	6.0	7.6
5 ft. 10 in.		4.3	7.8	9.4
5 ft. 11 in.		2.7	6.4	6.8
6 ft. 0 in.		2.0	4.9	7.9
6 ft. 1 in.		1.1	4.0	3.8
6 ft. 2 in.		1.2	2.1	4.6
6 ft. 3 in. or more		.6	3.2	3.7
Don't know		4.3	1.8	1.5
N		1,203	1,055	633

20. What is your current weight in pounds (lbs.) without shoes or clothing?

	Grade 6	Grade 8	Grade 10	Grade 12
100 lbs. or less		12.3	2.0	1.9
101 - 110 lbs.		13.6	7.3	6.9
111 - 120 lbs.		19.1	10.1	6.9
121 - 130 lbs.		16.3	14.1	13.3
131 - 140 lbs.		9.8	16.1	13.8
141 - 150 lbs.		8.8	14.1	13.5
151 - 160 lbs.		6.2	10.5	11.0
161 - 170 lbs.		2.9	5.9	8.9
171 - 180 lbs.		2.6	7.2	6.7
181 - 190 lbs.		1.1	3.0	4.3
191 - 200 lbs.		1.1	2.1	3.0
201 - 210 lbs.		1.0	1.5	3.0
211 - 220 lbs.		.8	1.7	1.3
221 lbs. or more		1.1	1.8	3.6
Don't know		3.4	2.6	1.8
N		1,187	1,057	627

21. How do you think of yourself?

	Grade 6	Grade 8	Grade 10	Grade 12
Very underweight		3.3	1.9	1.9
Slightly underweight		13.4	14.2	12.1
About the right weight		53.5	49.6	54.9
Slightly overweight		25.8	29.2	27.2
Very overweight		4.0	5.1	3.9
N		2,468	2,088	1,298

22. During the past seven days, did you do any of the following to lose weight or to keep from gaining weight?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not try to lose weight or keep from gaining weight.		51.4	56.4	58.3
I dieted.		13.6	13.5	15.9
I exercised.		45.2	41.9	38.7
I made myself vomit.		3.4	2.5	1.7
I used diet pills.		2.5	3.0	2.2
I took laxatives.		1.3	.9	.5
I used some other method.		7.4	6.3	4.7
N		2,443	2,054	1,285

23. During the past seven days, how many days have you done at least 30 minutes of moderate exercise? (For example, walking, bicycling, swimming, playing basketball, or jogging.)

	Grade 6	Grade 8	Grade 10	Grade 12
None	3.7	6.5	7.9	11.5
1 or 2 days	15.4	17.5	17.7	22.8
3 or 4 days	20.2	22.5	20.2	22.6
5 or 6 days	14.3	18.2	22.0	18.2
Every day	46.4	35.3	32.2	24.9
N	2,814	2,485	2,093	1,305

24. Think about all the meals and snacks you ate yesterday. How many servings of vegetables (salad, corn, carrots, green beans, etc.) or fruit (glass of fruit juice, apple, orange, etc.) did you have yesterday?

	Grade 6	Grade 8	Grade 10	Grade 12
Did not eat vegetables or fruit yesterday	10.0	10.8	13.0	15.1
1 or 2 servings	38.7	45.8	47.4	53.2
3 or 4 servings	38.1	33.4	32.5	27.0
5 or more servings	13.2	9.9	7.1	4.7
N	1,339	1,179	1,042	633

Note: Numbers in tables are percentages of students at each grade

25. Think about all of the meals and snacks you ate yesterday. How many servings of dairy products (milk, yogurt, cheese, etc.) did you have yesterday?

	Grade 6	Grade 8	Grade 10	Grade 12
Did not eat dairy products yesterday	5.9	6.6	7.4	6.2
1 or 2 servings	40.4	39.4	47.8	53.1
3 or 4 servings	36.8	42.6	35.1	33.1
5 or more servings	16.8	11.4	9.6	7.6
N	1,342	1,185	1,048	632

26. In the last 30 days, have you ever gone hungry because your family did not have enough money to buy food?

	Grade 6	Grade 8	Grade 10	Grade 12
No	95.7	95.1	95.2	96.9
Yes	4.3	4.9	4.8	3.1
N	1,366	1,195	1,056	631

27. When did you last see a doctor for a check up (regular physical exam)?

	Grade 6	Grade 8	Grade 10	Grade 12
Within the last year	60.7	69.8	69.1	66.1
1 to 2 years ago	10.8	12.3	14.9	16.9
Over 2 years ago	2.0	3.6	4.6	6.6
I don't remember	24.3	12.2	9.1	8.1
Never	2.2	2.1	2.3	2.3
N	1,348	1,185	1,055	632

28. When did you last see a dentist (not for braces)?

	Grade 6	Grade 8	Grade 10	Grade 12
Within the last 6 months	51.8	55.7	50.8	46.7
Within the last year	20.4	20.1	20.5	25.4
1 to 2 years ago	10.6	13.1	17.3	15.3
I don't know	15.2	7.9	8.3	11.0
Never	2.0	3.2	3.1	1.6
N	1,346	1,188	1,056	631

29. Are you absent from school more than most students in your class?

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	62.9	57.1	60.5	53.7
no	26.1	29.3	25.1	27.8
yes	8.1	8.5	9.5	13.7
YES!	3.0	5.1	4.9	4.8
N	2,654	2,403	2,068	1,281

30. Do you often feel tired at school due to lack of sleep?

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		19.8	10.0	8.2	5.8
no		27.6	22.8	22.1	22.6
yes		33.0	39.3	38.2	44.9
YES!		19.6	27.9	31.5	26.6
	N	2,647	2,401	2,063	1,280

Alcohol, Tobacco and Other Drug (ATOD) Use (31-82)

Have you ever, even once in your lifetime, used any of the following drugs?

31. Smoking tobacco (cigarettes, cigars, pipes)

		Grade 6	Grade 8	Grade 10	Grade 12
No		79.4	51.1	44.3	35.3
Yes		20.6	48.9	55.7	64.7
	N	2,820	2,464	2,092	1,300

32. Smokeless tobacco (chew, plug, snuff, spit)

		Grade 6	Grade 8	Grade 10	Grade 12
No		92.9	77.1	69.3	62.3
Yes		7.1	22.9	30.7	37.7
	N	2,795	2,414	2,038	1,288

33. Alcohol (beer, wine, wine coolers, liquor)

		Grade 6	Grade 8	Grade 10	Grade 12
No		66.8	41.9	29.5	17.9
Yes		33.2	58.1	70.5	82.1
	N	2,797	2,457	2,093	1,302

34. Marijuana or hashish (grass, hash, pot)

		Grade 6	Grade 8	Grade 10	Grade 12
No		95.1	72.8	60.9	56.5
Yes		4.9	27.2	39.1	43.5
	N	2,791	2,419	2,068	1,290

35. Cocaine or crack (coke, rock, snow)

		Grade 6	Grade 8	Grade 10	Grade 12
No		98.7	94.5	92.6	92.4
Yes		1.3	5.5	7.4	7.6
	N	2,783	2,369	2,008	1,266

36. Inhaled substances to get high (snappers, poppers, rush, other things you sniff to get high)

		Grade 6	Grade 8	Grade 10	Grade 12
No		96.1	85.5	87.7	89.0
Yes		3.9	14.5	12.3	11.0
	N	2,795	2,396	2,021	1,271

37. Hallucinogens (angel dust, LSD, acid, microdot, PCP, magic mushrooms)

		Grade 6	Grade 8	Grade 10	Grade 12
No		98.9	90.7	84.6	81.3
Yes		1.1	9.3	15.4	18.7
	N	2,788	2,390	2,026	1,271

38. Derbisol (wagon wheels, hope)

		Grade 6	Grade 8	Grade 10	Grade 12
No		99.3	97.8	98.4	99.2
Yes		.7	2.2	1.6	.8
	N	2,751	2,355	1,990	1,259

39. Drugs you can get from the drugstore to get high

		Grade 6	Grade 8	Grade 10	Grade 12
No		98.0	88.4	87.7	89.6
Yes		2.0	11.6	12.3	10.4
	N	2,782	2,384	2,018	1,268

40. Steroids (muscle builders)

		Grade 6	Grade 8	Grade 10	Grade 12
No		98.8	97.5	97.9	97.6
Yes		1.2	2.5	2.1	2.4
	N	2,778	2,361	1,995	1,261

41. Other drugs (amphetamines, tranquilizers, heroin, uppers, downers), etc.

		Grade 6	Grade 8	Grade 10	Grade 12
No		98.4	91.6	88.4	88.9
Yes		1.6	8.4	11.6	11.1
	N	2,772	2,379	2,015	1,270

42. During the past 30 days, about how many cigarettes have you smoked?

		Grade 6	Grade 8	Grade 10	Grade 12
I did not smoke		95.6	81.2	79.1	76.0
Up to 5 per day		2.9	12.4	9.4	12.5
About ½ pack per day		.4	2.9	5.3	5.6
About 1 pack per day		.4	1.7	3.9	4.1
More than 1 pack per day		.8	1.8	2.2	1.9
	N	2,762	2,445	2,069	1,295

During the past 30 days, how many times have you used each of the following drugs?

43. Smokeless tobacco (chew, plug, snuff)

		Grade 6	Grade 8	Grade 10	Grade 12
None		96.4	88.5	84.7	81.8
1-2 times		1.9	5.2	6.1	6.3
3-5 times		.7	1.9	2.2	2.3
6-9 times		.1	.8	.8	2.0
10 or more times		.9	3.6	6.2	7.6
	N	2,813	2,453	2,078	1,295

44. Alcohol (beer, wine, wine coolers, hard liquor)

		Grade 6	Grade 8	Grade 10	Grade 12
None		87.8	69.9	63.0	55.2
1-2 times		8.2	17.8	20.1	23.0
3-5 times		1.4	6.4	8.9	10.2
6-9 times		1.1	2.6	3.0	4.7
10 or more times		1.5	3.3	5.0	6.8
	N	2,818	2,459	2,083	1,300

45. Marijuana or hashish (grass, hash, pot)

		Grade 6	Grade 8	Grade 10	Grade 12
None		96.9	83.8	77.0	76.7
1-2 times		.9	7.2	7.5	8.1
3-5 times		.5	2.8	4.6	3.5
6-9 times		.4	2.0	2.4	2.1
10 or more times		1.3	4.2	8.5	9.6
	N	2,816	2,454	2,078	1,291

46. Cocaine or crack (coke, rock, snow)

		Grade 6	Grade 8	Grade 10	Grade 12
None		99.0	96.4	96.8	98.1
1-2 times		.4	1.6	1.6	.8
3-5 times		.1	.4	.4	.5
6-9 times			.2	.2	.4
10 or more times		.6	1.4	1.1	.3
	N	2,802	2,435	2,055	1,279

47. Inhalants (things you sniff to get high)

		Grade 6	Grade 8	Grade 10	Grade 12
None		97.3	92.7	94.6	97.3
1-2 times		1.2	3.7	3.0	1.5
3-5 times		.4	1.3	1.0	.4
6-9 times		.4	.5	.1	.2
10 or more times		.7	1.8	1.3	.5
	N	2,800	2,435	2,055	1,283

48. Other illegal drugs (see items _____ to _____)

		Grade 6	Grade 8	Grade 10	Grade 12
None		98.7	93.1	93.9	94.9
1-2 times		.6	3.2	2.1	2.6
3-5 times		.2	1.3	1.5	1.6
6-9 times			.4	.6	.3
10 or more times		.5	2.0	1.8	.5
	N	2,794	2,437	2,048	1,280

49. If you drink alcohol, how much do you usually drink at one time?

		Grade 6	Grade 8	Grade 10	Grade 12
I don't drink alcohol		84.6	58.0	49.4	40.5
Less than one can or glass of beer, wine, or mixed drink		9.6	16.1	10.2	5.6
One can or glass of beer, wine, or mixed drink		3.1	8.6	5.8	10.7
2 to 4 cans or glasses of beer, wine, or mixed drink		1.7	10.0	14.1	20.6
5 or more cans or glasses of beer, wine, or mixed drink		1.0	7.3	20.4	22.5
	N	1,353	1,185	1,044	629

50. Think back over the last two weeks. How many times have you had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)

		Grade 6	Grade 8	Grade 10	Grade 12
None		93.8	82.9	77.8	73.4
Once		3.2	7.0	7.7	8.7
Twice		1.3	3.6	5.8	7.9
3 to 5 times		.7	3.4	5.5	6.2
6 or more times		.9	3.2	3.2	3.8
	N	2,821	2,476	2,092	1,302

51. If you drink alcohol, how do you usually get the beer, wine, or liquor you drink?

		Grade 6	Grade 8	Grade 10	Grade 12
I don't drink alcohol		84.1	59.1	49.6	40.1
From home and my parents know		6.9	7.7	6.8	4.8
From home, but my parents don't know		4.3	10.6	3.0	.6
From friends		4.5	18.2	31.7	41.7
Ask adults to purchase or buy it myself		.2	4.5	8.9	12.9
	N	1,338	1,137	1,007	606

52. If you smoke, how do you usually get the cigarettes?

		Grade 6	Grade 8	Grade 10	Grade 12
I don't smoke		90.0	73.5	73.8	69.4
From adults		1.9	3.9	2.1	.8
From friends		7.1	17.7	12.5	5.4
From vending machines			.5	.5	.1
From a store		.5	4.3	11.4	24.4
	N	2,794	2,361	2,027	1,283

53. Have you ever used drugs and alcohol together?

	Grade 6	Grade 8	Grade 10	Grade 12
I have never used drugs or alcohol	81.6	58.9	49.4	37.0
I have never used them at the same time	14.0	27.3	27.4	29.4
Once or twice	3.0	17.5	11.8	18.2
Three or more times	1.5	6.3	11.3	15.3
N	1,326	1,164	1,036	625

54. Did you use alcohol or other drugs during the last year? (Do not include tobacco or smokeless in your answer.)

	Grade 6	Grade 8	Grade 10	Grade 12
No		67.6	56.5	40.7
Yes		32.4	43.5	59.3
N		1,148	1,024	625

During the past year (from March 1994 through February 1995)

55. Did you use more alcohol or other drugs than you thought you would?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		68.3	57.0	41.0
No		18.6	23.8	35.9
Yes		13.1	19.2	23.1
N		1,135	1,016	620

56. Did you often spend more time drinking or using drugs than you planned?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		68.5	57.0	40.9
No		22.2	29.8	44.3
Yes		9.3	13.2	14.7
N		1,133	1,105	622

57. Did you try to give up drinking or using drugs but couldn't stop?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		68.9	57.3	41.2
No		26.9	36.4	54.1
Yes		4.1	6.3	4.7
N		1,126	1,010	617

58. Did you often end up drinking or using drugs when you had decided not to?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.2	57.3	41.3
No		23.3	28.1	44.6
Yes		7.6	14.7	14.1
N		1,122	1,010	615

59. Did you give up drinking or using drugs for a short time and then start again?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.3	57.1	41.6
No		19.3	27.4	42.1
Yes		11.4	15.5	16.3
N		1,120	1,013	611

60. Did drinking or using drugs take up a lot of your time?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.3	57.0	41.5
No		26.2	34.4	51.1
Yes		4.5	8.6	7.4
N		1,119	1,016	612

61. Did you spend a lot of time worrying about how you would get hold of alcohol or drugs?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.5	57.0	41.5
No		25.9	37.1	52.6
Yes		4.6	5.9	5.9
N		1,117	1,015	613

62. Did it seem you could drink more and more, or use more and more drugs, before they had an effect on you?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.2	57.2	41.3
No		19.7	29.2	38.9
Yes		11.1	13.5	19.8
N		1,121	1,011	616

63. Did you ever get sick or have any physical problems (such as the shakes, or fits) when you stopped drinking or using drugs?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.1	57.3	41.4
No		26.8	37.5	52.7
Yes		4.2	5.2	5.9
N		1,123	1,010	614

64. Did you often drink or use drugs to get rid of a sick or uncomfortable feeling you got after you stopped drinking or using?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.3	57.4	41.6
No		26.3	36.5	53.7
Yes		4.4	6.1	4.7
N		1,119	1,008	611

65. Did you often have problems with family members because you got drunk or high?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.7	57.4	41.8
No		24.2	35.4	51.7
Yes		6.1	7.2	6.5
N		1,114	1,008	608

66. Did you lose friends because of your drinking or use of drugs?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.3	57.4	41.8
No		26.0	37.2	54.0
Yes		4.7	5.4	4.2
N		1,120	1,008	609

67. Did you get into fights after drinking or using drugs?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.4	57.6	42.0
No		25.6	34.8	50.2
Yes		5.0	7.6	7.8
N		1,118	1,004	605

68. Did you often get sad, depressed or irritable after you drank or used drugs?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.5	57.5	41.7
No		23.1	32.2	48.1
Yes		7.5	10.4	10.2
N		1,117	1,007	610

69. Did you ever keep drinking or using drugs after a doctor or nurse told you that your use was hurting you?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.7	57.8	42.0
No		26.4	37.5	55.5
Yes		3.9	4.7	2.5
N		1,114	1,001	606

70. Would you often miss school or work because you drank or used drugs, or were too hungover or sick to go?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.6	57.5	42.1
No		25.1	37.2	52.9
Yes		5.3	5.4	5.1
N		1,114	1,007	604

71. Did you give up doing things you like because you were drinking or using drugs? For example, did you stop playing sports or doing activities after school or work?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.6	57.5	42.1
No		25.9	37.2	52.9
Yes		4.5	5.3	5.0
N		1,115	1,007	604

72. Did your grades go down because of drinking or drug use?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.6	57.5	41.7
No		24.1	32.8	52.1
Yes		6.3	9.7	6.1
N		1,114	1,006	609

73. Did you ever go to school or work drunk or high or use drugs or alcohol while you were at school or work?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		70.0	57.8	42.0
No		18.7	22.9	34.0
Yes		11.3	19.3	24.0
N		1,109	1,001	605

74. Did you ever wake up the day after drinking or using drugs and discover that you couldn't remember what you had said or done when you were drunk or high?

	Grade 6	Grade 8	Grade 10	Grade 12
I did not use alcohol or drugs		69.9	57.9	41.9
No		16.9	22.1	33.1
Yes		13.3	20.0	25.0
N		1,111	1,000	607

How much do you think people risk harming themselves if they:

75. Smoke marijuana occasionally?

	Grade 6	Grade 8	Grade 10	Grade 12
No Risk	4.8	13.9	14.5	20.2
Slight Risk	7.1	19.7	18.5	22.6
Moderate Risk	22.2	28.9	29.4	25.2
Great Risk	53.7	29.4	31.4	26.6
Not sure	12.2	8.1	6.2	5.4
N	1,319	1,114	1,008	609

76. Try cocaine once or twice?

	Grade 6	Grade 8	Grade 10	Grade 12
No Risk	4.5	8.3	5.1	3.7
Slight Risk	16.9	14.2	9.0	6.5
Moderate Risk	24.2	26.0	20.2	18.3
Great Risk	42.0	42.5	58.9	65.1
Not sure	12.3	9.0	6.7	6.4
N	1,319	1,124	1,009	613

77. Have five or more drinks once or twice each weekend?

	Grade 6	Grade 8	Grade 10	Grade 12
No Risk	5.7	12.1	8.7	7.3
Slight Risk	11.4	15.1	16.2	15.7
Moderate Risk	26.6	32.1	30.9	35.1
Great Risk	45.3	34.1	39.5	38.0
Not sure	11.0	6.6	4.8	4.0
N	1,316	1,117	1,010	613

How do you think your close friends feel about:

78. Having five or more drinks once or twice each weekend?

	Grade 6	Grade 8	Grade 10	Grade 12
They approve	5.1	14.3	14.4	16.6
They don't care	16.7	31.5	39.4	46.7
They disapprove	19.2	22.7	23.9	18.6
They strongly disapprove	59.0	31.5	22.2	18.0
N	1,233	1,097	988	608

79. Smoking marijuana occasionally?

	Grade 6	Grade 8	Grade 10	Grade 12
They approve	6.0	16.1	15.7	17.3
They don't care	10.7	23.8	30.2	35.1
They disapprove	15.6	17.8	20.8	16.7
They strongly disapprove	67.7	42.3	33.4	30.9
N	1,226	1,086	994	605

80. Trying cocaine once or twice?

	Grade 6	Grade 8	Grade 10	Grade 12
They approve	4.7	6.6	4.4	3.6
They don't care	8.3	16.0	12.8	12.1
They disapprove	17.1	18.8	22.5	18.0
They strongly disapprove	70.0	58.5	60.3	66.3
N	1,219	1,091	992	609

81. Does your school provide a counselor, intervention specialist, or other school staff member for students to discuss problems with alcohol, tobacco, or other drugs?

	Grade 6	Grade 8	Grade 10	Grade 12
No	8.8	5.8	7.2	6.8
Yes	63.7	76.6	67.9	72.0
I'm not sure	27.5	17.6	24.8	21.2
N	1,288	1,091	1,005	599

Note: Numbers in tables are percentages of students at each grade

82. If you had a question about alcohol, tobacco, or other drugs, which one of the following would you most likely go to for information?

	Grade 6	Grade 8	Grade 10	Grade 12
I would never need information about this	25.0	25.0	21.2	21.2
A friend	9.2	22.9	33.1	34.8
Someone in my family	36.4	24.6	19.7	13.9
A teacher, school counselor, school nurse, coach, or school intervention specialist	13.7	7.1	8.4	7.0
A minister, rabbi, or priest	.5	.9	1.1	1.0
A community center or community counselor	.8	1.3	.5	.9
A doctor, nurse, or other health care provider	3.6	3.0	2.7	3.0
A Peer Assistant or Peer Counselor	1.1	1.3	.5	1.2
Books, magazines, or a telephone hotline	1.2	2.9	2.2	6.0
No one, I would keep it to myself	2.0	4.6	3.1	3.2
I don't know where I would go	6.4	6.3	7.4	7.8
N	1,232	1,003	905	553

Safety Behaviors to Prevent Unintentional Injury (83-87)

83. During the past 30 days, how many times have you been in a car, truck or on a motorcycle driven by someone who has been drinking alcohol or using drugs?

	Grade 6	Grade 8	Grade 10	Grade 12
None	82.8	77.5	70.4	66.2
1 time	9.2	7.6	11.4	9.4
2 or 3 times	4.4	9.0	9.0	12.6
4 or 5 times	1.4	2.2	3.1	3.2
6 or more times	2.2	3.6	6.0	8.5
N	1,349	1,178	1,044	629

84. During the past 30 days, how many times did you drive a car, truck or motorcycle while or after drinking alcohol or using drugs?

	Grade 6	Grade 8	Grade 10	Grade 12
None		92.3	87.7	78.2
1 time		3.7	6.3	10.0
2 or 3 times		1.9	3.3	5.5
4 or 5 times		.2	1.1	1.1
6 or more times			1.7	5.2
N		1,173	1,048	626

85. How often do you wear a seat belt when riding in a car or truck driven by someone else?

		Grade 6	Grade 8	Grade 10	Grade 12
Never		6.0	5.1	4.9	3.9
Rarely		6.9	9.0	7.4	8.4
Sometimes		11.3	12.2	11.1	12.5
Most of the time		34.0	37.3	28.1	22.9
Always		41.7	36.4	48.6	52.4
	N	1,357	1,175	1,048	626

86. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

		Grade 6	Grade 8	Grade 10	Grade 12
Did not ride bicycle in past year		8.9	17.2	32.5	45.0
Never wore helmet		31.5	47.5	45.8	39.5
Sometimes		17.8	14.2	7.2	4.6
Most of the time		14.5	10.2	6.9	5.2
Always		27.4	10.8	7.6	5.6
	N	1,353	1,176	1,047	624

87. During the past 12 months, when you went swimming in places such as a pool, lake or ocean, or boating on a lake, river or ocean, how often had you been drinking alcohol or using drugs?

		Grade 6	Grade 8	Grade 10	Grade 12
Did not go swimming or boating in past year		17.1	16.6	16.8	17.5
Never used while swimming or boating		78.1	75.5	72.4	66.9
Sometimes		3.2	5.4	6.9	12.7
Most of the time		.6	1.2	1.5	1.8
Always		1.0	1.2	2.4	1.1
	N	1,283	1,147	1,033	624

Behaviors Related to Intentional Injuries: Fighting, Weapon Carrying and Suicide (88-106)

88. During the past 30 days, how many times have you carried a weapon, such as a gun, knife or club for self-protection or because you thought you might need it in a fight?

		Grade 6	Grade 8	Grade 10	Grade 12
None		87.5	85.8	87.1	91.6
1 time		5.4	4.6	3.6	2.2
2 or 3 times		2.9	3.5	2.4	2.3
4 or 5 times		1.2	1.2	.9	.2
6 or more times		2.9	5.0	6.0	3.7
	N	2,832	2,491	2,091	1,302

When was the last time you carried each of the following weapons on school property for self protection or because you thought you might need it in a fight?

89. Gun

	Grade 6	Grade 8	Grade 10	Grade 12
Never	98.5	96.3	95.7	97.4
Over one year ago	.5	.7	1.5	.8
Not within the past month, but within the past year	.1	.7	.9	.5
Within the past month	1.0	2.3	2.0	1.2
N	2,786	2,450	2,063	1,290

90. Knife or razor

	Grade 6	Grade 8	Grade 10	Grade 12
Never	91.6	86.7	86.8	91.4
Over one year ago	2.4	2.7	3.2	2.3
Not within the past month, but within the past year	1.5	4.0	3.1	2.1
Within the past month	4.4	6.6	6.9	4.2
N	2,801	2,453	2,069	1,294

91. Club, stick, pipe or other weapon

	Grade 6	Grade 8	Grade 10	Grade 12
Never	96.5	94.0	93.2	95.7
Over one year ago	1.0	1.2	1.6	.8
Not within the past month, but within the past year	.6	1.2	1.6	.8
Within the past month	1.9	3.5	3.6	2.7
N	1,793	2,440	2,065	1,290

When was the last time you carried each of the following weapons anywhere else (besides school property) for self-protection or because you thought you might need it in a fight?

92. Gun

	Grade 6	Grade 8	Grade 10	Grade 12
Never	97.3	93.3	92.4	94.3
Over one year ago	.5	.9	1.2	1.0
Not within the past month, but within the past year	.4	1.0	2.3	1.9
Within the past month	1.8	4.7	4.0	2.8
N	2,756	2,422	2,047	1,290

Note: Numbers in tables are percentages of students at each grade

93. Knife or razor

	Grade 6	Grade 8	Grade 10	Grade 12
Never	87.2	80.0	81.7	87.1
Over one year ago	2.3	2.6	3.0	3.0
Not within the past month, but within the past year	2.8	4.6	5.2	2.9
Within the past month	7.8	12.8	10.0	7.0
N	2,791	2,449	2,056	1,293

94. Club, stick, pipe or other weapon

	Grade 6	Grade 8	Grade 10	Grade 12
Never	91.8	89.4	87.3	88.3
Over one year ago	1.9	1.5	2.7	2.7
Not within the past month, but within the past year	1.5	2.4	3.3	3.0
Within the past month	4.8	6.7	6.7	6.0
N	2,768	2,442	2,055	1,293

95. When was the last time you were in a physical fight?

	Grade 6	Grade 8	Grade 10	Grade 12
Never	47.2	42.0	50.9	51.1
Over one year ago	12.9	16.8	21.2	28.8
Not within the past month, but within the past year	15.0	17.6	15.8	12.9
Within the past month	24.9	23.6	12.1	7.2
N	1,321	1,161	1,043	627

96. During the past 12 months, how many times have you been in a physical fight in which you or the person you were fighting were injured and had to be treated by a doctor or a nurse?

	Grade 6	Grade 8	Grade 10	Grade 12
None	88.0	84.8	86.7	91.1
1 time	6.4	8.7	6.6	5.9
2 or 3 times	3.6	3.0	2.9	1.4
4 or 5 times	.5	1.1	.6	.7
6 or more times	1.4	2.5	3.1	.9
N	1,332	1,160	1,036	625

97. Whom did you fight with the last time you were in a physical fight?

	Grade 6	Grade 8	Grade 10	Grade 12
Have not been in a fight	47.3	44.2	53.9	53.5
A stranger	2.9	6.2	8.7	9.0
A friend or someone I know	27.3	30.3	23.8	20.4
A boyfriend, girlfriend, or date	.4	.8	1.7	2.7
A family member	15.3	11.9	6.8	8.6
Other	6.8	6.6	5.1	5.9
N	1,315	1,135	1,019	622

98. It is okay to physically hurt someone if they disrespect me or my friends, or call us names.

	Grade 6	Grade 8	Grade 10	Grade 12
NO! Never	58.3	40.6	44.8	46.3
Not usually, but sometimes	34.1	45.9	42.0	42.7
Yes, most of the time	4.7	7.2	7.8	6.3
YES! All of the time	2.9	6.4	5.5	4.7
N	2,795	2,465	2,074	1,294

99. Are you a member of a gang, posse, set, crew or other group which uses violence – or threats of violence – for protection or to gain respect?

	Grade 6	Grade 8	Grade 10	Grade 12
No	95.7	92.8	93.6	96.3
Yes	4.3	7.2	6.4	3.7
N	2,797	2,461	2,083	1,300

100. Have you ever been physically abused or mistreated by an adult?

	Grade 6	Grade 8	Grade 10	Grade 12
No		79.3	76.9	78.7
Yes		20.7	23.1	21.3
N		2,436	2,065	1,295

101. Has anyone ever touched you in a sexual place or made you touch them when you did not want them to?

	Grade 6	Grade 8	Grade 10	Grade 12
No		86.3	82.5	84.4
Yes		13.7	17.5	15.6
N		2,435	2,064	1,290

102. During the past 12 months, have you ever seriousiy thought about attempting suicide?

	Grade 6	Grade 8	Grade 10	Grade 12
No (skip to question xxx)		79.5	79.6	84.0
Yes		20.5	20.4	16.0
N		2,447	2,060	1,301

103. During the past 12 months, did you make a specific plan about how you would attempt suicide?

	Grade 6	Grade 8	Grade 10	Grade 12
No		88.2	89.1	92.4
Yes		11.8	10.9	7.6
N		2,452	2,056	1,302

104. During the past 12 months, how many times did you actually make a suicide attempt?

	Grade 6	Grade 8	Grade 10	Grade 12
None		90.2	91.9	96.2
1 time		4.3	3.1	2.5
2 or 3 times		3.5	2.7	.9
4 or 5 times		.4	.9	.3
6 or more times		1.6	1.4	.2
N		2,451	2,061	1,302

105. If you attempted suicide during the past 12 months, did that attempt result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?

	Grade 6	Grade 8	Grade 10	Grade 12
Did not attempt suicide		90.1	92.7	96.6
No, did not result in injury		7.1	4.6	2.2
Yes, did result in injury		2.8	2.7	1.2
N		2,445	2,052	1,299

106. How many times have you left home for more than one night because you were depressed or upset?

	Grade 6	Grade 8	Grade 10	Grade 12
Never		74.0	71.7	69.4
Once or twice		16.7	18.6	21.4
3-5 times		4.8	5.2	5.5
6-10 times		.7	1.1	1.6
More than 10 times		3.8	3.4	2.1
N		1,076	983	597

HIV / AIDS and STD Education (107-115)

107. Have you been taught in school about methods to avoid infection with HIV/AIDS?

	Grade 6	Grade 8	Grade 10	Grade 12
No	10.5	6.8	3.9	4.9
Yes	80.3	90.9	93.2	93.5
Not sure	9.3	2.3	3.0	1.6
N	1,254	1,078	982	597

108. At what grade level do you think students should begin education about sexually transmitted diseases (STD)?

	Grade 6	Grade 8	Grade 10	Grade 12
3rd grade or less		12.1	12.3	12.1
4th or 5th grade		43.8	31.3	34.7
6th, 7th, or 8th grade		41.5	50.3	46.9
9th or 10th grade		1.8	4.6	5.8
11th or 12th grade		.9	1.6	.5
N		1,068	975	590

A person who thinks they were exposed to a sexually transmitted disease should see a health care provider:

109. have unusual discharge

	Grade 6	Grade 8	Grade 10	Grade 12
No		8.1	4.1	4.1
Yes		76.4	89.9	90.7
Don't Know		15.5	6.1	5.2
N		1,076	989	600

110. every six months even if there are no symptoms.

	Grade 6	Grade 8	Grade 10	Grade 12
No		25.5	18.1	15.0
Yes		49.0	63.0	70.2
Don't Know		25.5	18.9	14.9
N		1,067	980	598

111. every time they have a new partner.

	Grade 6	Grade 8	Grade 10	Grade 12
No		15.0	8.3	8.0
Yes		66.1	81.4	84.7
Don't Know		19.0	10.3	7.3
N		1,062	978	595

112. if a woman thinks she might be pregnant.

	Grade 6	Grade 8	Grade 10	Grade 12
No		8.8	4.2	2.9
Yes		81.8	90.6	93.7
Don't Know		9.4	5.1	3.5
N		1,072	983	597

113. If you had a question about pregnancy or birth control, which one of the following would you most likely go to for information?

	Grade 6	Grade 8	Grade 10	Grade 12
I would never need information about this		22.8	17.7	11.4
A friend		16.5	21.9	24.2
Someone in my family		29.9	27.2	20.9
A teacher, school counselor, school nurse, coach, or school intervention specialist		5.2	6.1	4.4
A minister, rabbi, or priest		.9	.4	.4
A community center or community counselor		1.2	1.3	1.6
A doctor, nurse, or other health care provider		9.4	13.0	23.6
A Peer Assistant or Peer Counselor		3.6	2.6	3.9
Books, magazines, or a telephone hotline		.7	1.2	.9
No one, I would keep it to myself		2.3	2.6	1.3
I don't know where I would go		7.5	6.0	7.4
N		977	912	539

114. What is the risk of getting HIV/AIDS from injecting drugs with a needle that someone else has used?

	Grade 6	Grade 8	Grade 10	Grade 12
No risk	4.3	5.5	3.2	2.4
Slight risk	3.3	3.5	2.0	1.6
Moderate risk	11.0	14.7	11.8	7.0
Great risk	71.4	69.3	79.1	84.9
Not sure	10.1	7.0	3.9	4.2
N	1,300	1,070	983	594

115. If you had a question about HIV/AIDS or sexually transmitted diseases (STD), which one of the following would you most likely go to for information?

	Grade 6	Grade 8	Grade 10	Grade 12
I would never need information about this		17.5	14.2	10.1
A friend		11.5	16.8	17.1
Someone in my family		29.4	21.3	13.5
A teacher, school counselor, school nurse, coach, or school intervention specialist		12.4	13.5	9.1
A minister, rabbi, or priest		1.0	.9	.4
A community center or community counselor		.8	1.9	1.9
A doctor, nurse, or other health care provider		12.9	18.3	31.4
A Peer Assistant or Peer Counselor		4.0	4.5	7.4
Books, magazines, or a telephone hotline		1.8	1.0	1.1
No one, I would keep it to myself		1.7	2.2	1.3
I don't know where I would go		7.2	5.4	6.6
N		967	913	546

116. How honestly have you answered the questions on this survey so far?

	Grade 6	Grade 8	Grade 10	Grade 12
Very honestly	92.4	91.9	95.4	97.1
Somewhat honestly	7.6	8.1	4.6	2.9
Dishonestly				
N	2,668	2,393	2,073	1,285

Risk and Protective Factors (117-241)

117. I'd like to get out of my neighborhood *(Community Risk Factor: Low Neighborhood Attachment)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	48.1	42.9	37.8	34.4
no	29.1	33.2	35.8	38.5
yes	12.7	12.3	14.1	18.5
YES!	10.1	11.5	12.3	8.6
N	1,303	1,170	994	644

118. I like my neighborhood *(Community Risk Factor: Low Neighborhood Attachment)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	46.6	39.7	37.0	45.6
no	35.4	41.1	43.4	40.9
yes	9.9	10.8	12.1	8.7
YES!	8.1	8.4	7.5	4.8
N	1,333	1,182	1,000	648

119. If I had to move, I would miss the neighborhood I now live in *(Community Risk Factor: Low Neighborhood Attachment)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		43.5	38.5	33.2	30.9
no		29.6	30.7	30.8	35.0
yes		14.1	17.1	21.8	23.2
YES!		12.7	13.6	14.2	10.8
	N	1,338	1,177	999	647

How much do each of the following statements describe your neighborhood:

120. crime and/or drug selling *(Community Risk Factor: Community Disorganization)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		71.9	66.0	57.2	58.8
no		15.3	18.7	23.1	24.4
yes		7.9	10.0	13.3	11.4
YES!		4.9	5.2	6.4	5.3
	N	1,265	1,166	997	646

121. fights *(Community Risk Factor: Community Disorganization)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		58.2	62.1	56.8	63.6
no		21.8	22.9	26.8	22.2
yes		13.8	9.9	12.4	9.8
YES!		6.2	5.2	4.1	4.4
	N	1,269	1,163	990	641

122. lots of empty or abandoned buildings *(Community Risk Factor: Community Disorganization)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		78.5	75.1	76.1	78.4
no		15.4	18.9	19.2	16.4
yes		3.6	3.0	3.1	3.2
YES!		2.4	3.1	1.6	1.9
	N	1,267	1,160	997	638

123. lots of graffiti *(Community Risk Factor: Community Disorganization)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		71.1	73.5	66.7	73.4
no		15.4	17.5	23.3	20.1
yes		8.7	5.6	7.2	5.4
YES!		4.8	3.4	2.8	1.1
	N	1,238	1,143	978	632

124. I feel safe in my neighborhood *(Community Risk Factor: Community Disorganization)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		52.1	52.5	47.8	55.6
no		28.5	30.8	37.8	33.1
yes		9.8	8.4	7.3	7.3
YES!		9.6	8.3	7.2	3.9
	N	1,277	1,167	1,002	641

125. Have you changed homes in the past year (the last 12 months)? *(Community Risk Factor: Transition and Mobility)*

		Grade 6	Grade 8	Grade 10	Grade 12
No		77.4	77.0	77.9	80.7
Yes		22.6	23.0	22.1	19.3
	N	1,287	1,140	986	629

126. How many times have you changed homes since kindergarten? *(Community Risk Factor: Transition and Mobility)*

		Grade 6	Grade 8	Grade 10	Grade 12
Never		32.7	28.4	30.6	32.6
1 or 2 times		32.6	32.0	27.9	27.3
3 or 4 times		19.2	22.0	18.2	17.3
5 or 6 times		8.8	9.6	9.4	9.5
7 or more times		6.8	8.0	13.9	13.3
	N	1,303	1,129	977	633

127. Have you changed schools in the past year? *(Community Risk Factor: Transition and Mobility)*

		Grade 6	Grade 8	Grade 10	Grade 12
No		73.5	83.7	85.5	92.0
Yes		26.5	16.3	14.5	8.0
	N	1,303	1,129	977	633

128. How many times have you changed schools since kindergarten? *(Community Risk Factor: Transition and Mobility)*

		Grade 6	Grade 8	Grade 10	Grade 12
Never		29.7	24.5	24.3	26.0
1 or 2 times		39.5	37.7	30.3	30.8
3 or 4 times		19.0	21.6	22.4	24.2
5 or 6 times		7.0	9.2	13.4	9.5
7 or more times		4.9	7.0	9.6	9.5
	N	2,698	2,401	2,065	1,279

How wrong would most adults in your neighborhood think it was for kids your age:

129. to use marijuana. *(Community Risk Factor: Laws and Norms Favorable Toward Drug Use)*

		Grade 6	Grade 8	Grade 10	Grade 12
Very wrong		90.2	79.2	69.4	69.6
Wrong		5.8	12.6	19.7	21.5
A little bit wrong		2.7	5.1	6.4	5.9
Not wrong at all		1.3	3.0	4.5	3.0
	N	1,349	1,182	1,008	645

130. to drink alcohol. *(Community Risk Factor: Laws and Norms Favorable Toward Drug Use)*

		Grade 6	Grade 8	Grade 10	Grade 12
Very wrong		76.3	63.0	52.8	41.3
Wrong		14.8	23.8	27.9	35.0
A little bit wrong		6.9	9.7	13.8	18.5
Not wrong at all		2.0	3.5	5.5	5.2
	N	1,349	1,179	1,006	645

131. to smoke cigarettes. *(Community Risk Factor: Laws and Norms Favorable Toward Drug Use)*

		Grade 6	Grade 8	Grade 10	Grade 12
Very wrong		72.0	53.9	43.4	28.1
Wrong		16.8	27.2	29.4	33.7
A little bit wrong		6.4	12.7	18.3	25.2
Not wrong at all		4.8	6.1	8.9	13.0
	N	1,345	1,173	1,002	645

About how many adults have you known personally who in the past year have:

132. used marijuana, crack, cocaine, or other drugs? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
None		71.7	59.3	47.1	39.1
1 adult		11.8	12.5	11.7	10.9
2 adults		6.4	8.8	10.7	11.1
3 or 4 adults		4.1	7.1	9.6	11.2
5 or more adults		5.9	12.3	21.0	27.6
	N	2,729	2,446	2,062	1,284

133. sold or dealt drugs? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
None		85.0	73.8	62.4	56.8
1 adult		6.7	10.2	11.2	11.0
2 adults		3.3	6.0	7.6	10.4
3 or 4 adults		1.8	3.3	7.7	7.7
5 or more adults		3.2	6.7	11.1	14.2
	N	2,731	2,436	2,065	1,289

134. done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc.? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
None		81.7	75.0	65.9	63.8
1 adult		8.7	9.8	10.4	10.3
2 adults		2.7	4.7	5.7	8.7
3 or 4 adults		2.3	3.5	5.6	5.5
5 or more adults		4.7	7.0	12.4	11.7
	N	2,724	2,426	2,057	1,286

135. gotten drunk or high? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
None		57.7	41.5	29.2	25.2
1 adult		17.4	15.7	13.5	9.5
2 adults		7.5	9.6	9.3	10.9
3 or 4 adults		5.9	9.0	9.8	11.1
5 or more adults		11.5	24.2	38.3	43.3
	N	2,755	2,430	2,062	1,293

If a kid did the following things in your neighborhood, would he or she be caught by the police?

136. drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) *(Community Risk Factor: Laws and Norms Favorable Toward Drug Use)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		13.7	5.0	3.9	3.3
no		19.1	12.4	9.9	7.1
yes		35.7	48.1	47.3	51.7
YES!		31.5	34.6	38.8	37.9
	N	2,620	2,336	2,024	1,280

137. smoked marijuana *(Community Risk Factor: Laws and Norms Favorable Toward Drug Use)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	29.8	7.1	4.1	5.0
no	25.8	15.5	9.6	6.4
yes	23.4	38.6	40.7	41.0
YES!	21.0	38.8	45.7	47.6
N	1,305	1,157	986	638

138. carried a handgun *(Community Risk Factor: Laws and Norms Favorable Toward Drug Use)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	33.2	10.0	8.1	8.9
no	28.6	24.6	16.1	16.3
yes	20.6	35.0	44.0	44.0
YES!	17.6	30.4	31.8	30.8
N	1,305	1,157	986	635

If you wanted to get the following, how easy would it be for you to get it?

139. beer, wine or hard liquor (for example, vodka, whiskey, or gin) *(Community Risk Factor: Perceived Availability of ATOD and Firearms)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very hard	47.4	15.5	8.0	5.4
Sort of hard	15.2	10.4	6.5	4.8
Sort of easy	11.7	19.3	20.8	18.9
Very easy	25.7	54.7	64.7	70.9
N	2,610	2,402	2,053	1,281

140. cigarettes *(Community Risk Factor: Perceived Availability of ATOD and Firearms)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very hard	43.6	15.4	7.6	3.4
Sort of hard	12.7	6.8	6.1	1.2
Sort of easy	13.5	14.3	13.2	5.7
Very easy	30.1	63.5	73.1	89.7
N	2,623	2,402	2,052	1,284

141. marijuana *(Community Risk Factor: Perceived Availability of ATOD and Firearms)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very hard	80.4	35.4	20.2	13.1
Sort of hard	5.6	12.8	10.0	9.5
Sort of easy	4.7	17.8	17.7	19.1
Very easy	9.3	34.0	52.2	58.3
N	2,610	2,387	2,047	1,277

142. drugs like cocaine, LSD, or amphetamines *(Community Risk Factor: Perceived Availability of ATOD and Firearms)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very hard		47.6	31.8	24.4
Sort of hard		22.0	24.1	25.7
Sort of easy		16.0	21.8	24.0
Very easy		14.5	22.3	25.8
N		2,380	2,026	1,273

143. a handgun *(Community Risk Factor: Perceived Availability of ATOD and Firearms)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very hard	71.1	42.4	32.4	26.1
Sort of hard	11.2	20.8	21.7	22.4
Sort of easy	9.1	16.1	22.2	22.8
Very easy	8.5	20.7	23.7	28.7
N	2,594	2,347	2,028	1,260

144. My neighbors notice when I am doing a good job and let me know. *(Community Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!		31.7	35.6	32.1
no		27.2	30.0	32.7
yes		27.3	24.8	23.3
YES!		13.9	9.7	11.9
N		1,153	967	634

145. There are people in my neighborhood who encourage me to do my best. *(Community Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	12.4	30.7	34.4	32.9
no	15.1	26.1	26.8	26.3
yes	29.1	27.8	25.7	26.4
YES!	43.4	15.3	13.1	14.5
N	1,294	1,162	969	632

146. There are people in my neighborhood who are proud of me when I do something well. *(Community Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!		29.2	34.3	31.7
no		24.3	26.0	25.4
yes		30.2	25.6	27.8
YES!		16.4	14.2	15.1
N		1,146	969	631

147. My parents ask if I've gotten my homework done. *(Family Risk Factor: Poor Family Management)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	5.0	7.5	10.5	14.9
no	6.7	11.7	17.6	23.9
yes	22.3	29.8	31.5	37.0
YES!	66.0	50.9	40.4	24.2
N	837	1,019	770	523

148. My parents want me to call if I'm going to be late getting home. *(Family Risk Factor: Poor Family Management)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	2.5	2.8	3.5	5.5
no	4.4	4.8	2.8	7.0
yes	21.2	31.3	32.9	34.3
YES!	71.9	61.0	60.8	53.2
N	841	1,016	769	520

149. My parents would know if I did not come home on time. *(Family Risk Factor: Poor Family Management)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	4.7	6.3	7.5	8.9
no	10.4	15.0	15.1	21.5
yes	29.8	35.2	38.4	40.7
YES!	55.1	43.5	39.0	29.0
N	849	1,031	775	525

150. When I am not at home, one of my parents knows where I am and who I am with. *(Family Risk Factor: Poor Family Management)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	7.4	8.3	6.8	9.1
no	7.7	13.7	15.7	21.4
yes	22.4	37.0	42.3	42.4
YES!	62.5	41.0	35.2	27.0
N	867	1,088	806	531

151. The rules in my family are clear. *(Family Risk Factor: Poor Family Management)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	3.2	7.3	6.0	5.2
no	8.9	12.7	14.3	14.4
yes	21.9	35.8	36.8	41.1
YES!	66.0	44.2	42.9	39.2
N	875	1,084	810	532

152. My family has clear rules about alcohol and drug use. *(Family Risk Factor: Poor Family Management)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	4.1	8.7	6.9	7.3
no	7.5	12.3	13.9	17.0
yes	13.4	20.6	27.8	34.5
YES!	75.0	58.4	51.4	41.1
N	865	1,076	809	532

153. If I drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without my parents' permission, I would be caught. *(Family Risk Factor: Poor Family Discipline)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	15.9	30.3	31.9	38.5
no	11.3	29.4	40.4	43.8
yes	17.3	16.2	13.6	9.7
YES!	55.5	24.1	14.1	8.0
N	867	1,077	808	531

154. If I skipped school I would be caught by my parents. *(Family Risk Factor: Poor Family Discipline)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	10.4	15.9	20.3	32.3
no	10.2	27.3	36.7	37.5
yes	21.8	25.5	22.8	21.2
YES!	57.7	31.3	20.3	9.0
N	882	1,093	817	538

155. If I carried a handgun without my parents' permission, I would be caught by my parents. *(Family Risk Factor: Poor Family Discipline)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	11.1	17.2	22.8	25.6
no	9.0	20.5	29.5	32.6
yes	13.4	20.1	17.0	20.4
YES!	66.4	42.3	30.8	21.4
N	882	1,084	810	528

Have any of your brothers or sisters ever:

156. drunk beer, wine or hard liquor (for example, vodka,whiskey or gin)? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
No		64.8	51.2	40.9	31.5
Yes		31.5	43.8	54.4	64.1
I don't have any brothers and sisters		3.7	5.1	4.7	4.4
	N	862	1,067	809	534

157. smoked marijuana? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
No		85.5	70.8	60.1	54.9
Yes		11.1	24.4	35.0	40.1
I don't have any brothers and sisters		3.4	4.7	4.8	5.0
	N	861	1,067	805	534

158. smoked cigarettes? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
No		67.5	56.0	48.2	44.7
Yes		29.1	39.4	46.9	50.3
I don't have any brothers and sisters		3.3	4.6	4.9	5.0
	N	861	1,062	803	532

159. taken a handgun to school? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
No		92.6	90.7	91.8	91.4
Yes		4.1	4.7	3.3	4.0
I don't have any brothers and sisters		3.4	4.6	4.9	4.6
	N	858	1,073	808	531

160. been suspended or expelled from school? *(Family Risk Factor: History of Antisocial Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
No		72.0	70.2	65.3	64.9
Yes		24.4	24.7	29.7	30.7
I don't have any brothers and sisters		3.5	5.1	5.0	4.3
	N	860	1,064	806	529

161. Has anyone in your family ever had a severe alcohol or drug problem? *(Family Risk Factor: History of Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
No	65.3	56.4	53.2	55.3
Yes	34.7	43.6	46.8	44.7
N	860	1,048	797	525

How wrong do your parents feel it would be for you to:

162. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly? *(Family Risk Factor: Parental Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	81.8	71.1	62.6	51.5
Wrong	11.9	18.1	22.1	27.7
A little bit wrong	4.8	7.4	12.0	17.0
Not wrong at all	1.4	3.4	3.3	3.8
N	859	1,069	805	532

163. smoke cigarettes? *(Family Risk Factor: Parental Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	84.8	72.0	59.0	49.0
Wrong	10.4	16.5	24.1	28.0
A little bit wrong	3.0	6.7	11.7	17.1
Not wrong at all	1.8	4.8	5.2	5.9
N	859	1,068	803	528

164. smoke marijuana? *(Family Risk Factor: Parental Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	93.7	84.0	80.0	74.4
Wrong	4.3	8.6	11.4	15.6
A little bit wrong	1.0	4.0	6.0	8.2
Not wrong at all	1.0	3.4	2.7	1.9
N	854	1,064	793	530

165. steal anything worth more than $5? *(Family Risk Factor: Parental Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	86.9	79.5	79.7	83.2
Wrong	10.0	14.3	16.1	13.8
A little bit wrong	2.0	3.0	2.8	2.2
Not wrong at all	1.2	3.2	1.4	.9
N	858	1,057	804	532

166. draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)? *(Family Risk Factor: Parental Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	86.0	81.3	79.8	78.7
Wrong	8.9	11.0	14.6	16.1
A little bit wrong	3.2	4.0	3.2	3.6
Not wrong at all	1.9	3.6	2.3	1.7
N	857	1,060	804	532

167. pick a fight with someone? *(Family Risk Factor: Parental Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	67.8	58.2	56.9	54.4
Wrong	22.3	27.7	28.1	32.7
A little bit wrong	8.0	9.6	11.8	11.2
Not wrong at all	1.8	4.6	3.2	1.8
N	851	1,061	804	528

168. Do you feel very close to your mother? *(Family Risk Factor: Low Family Attachment)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	4.5	9.5	9.5	7.4
no	6.4	11.3	15.1	13.7
yes	23.1	31.4	33.9	35.6
YES!	66.0	47.8	41.5	43.3
N	830	1,000	769	520

169. Do you enjoy spending time with your mother? *(Family Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!		7.7	7.1	5.2
no		9.4	12.3	13.6
yes		38.6	43.4	41.4
YES!		44.3	37.2	39.8
N		1,005	764	520

170. Do you share your thoughts and feelings with your mother? *(Family Risk Factor: Low Family Attachment)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	16.5	16.1	15.7	11.6
no	14.5	24.6	24.6	24.2
yes	30.6	32.9	35.3	36.1
YES!	38.4	26.4	24.4	28.1
N	830	1,015	766	521

171. Do you feel very close to your father? *(Family Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	12.1	17.9	21.0	17.5
no	10.1	18.1	22.1	19.8
yes	26.6	28.8	30.8	35.3
YES!	51.2	35.2	26.0	27.4
N	834	999	763	513

172. Do you enjoy spending time with your father? *(Family Risk Factor: Low Family Attachment)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!		11.2	14.4	12.4
no		10.4	13.0	10.7
yes		35.8	38.4	39.4
YES!		42.6	34.2	37.5
N		1,014	759	520

173. Do you share your thoughts and feelings with your father? *(Family Risk Factor: Low Family Attachment)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	22.5	26.1	28.1	23.5
no	21.0	26.2	31.8	30.7
yes	26.4	27.5	24.9	31.2
YES!	30.1	20.2	15.2	14.6
N	830	999	755	512

174. My parents give me lots of chances to do fun things with them. *(Family Protective Factor: Opportunities for Positive Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!		11.5	11.7	11.6
no		21.3	23.7	26.5
yes		37.3	42.2	43.0
YES!		29.9	22.4	18.8
N		1,011	773	520

175. My parents ask me what I think before most family decisions affecting me are made. *(Family Protective Factor: Opportunities for Positive Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	13.8	14.3	16.4	12.1
no	17.3	24.3	24.5	24.3
yes	33.0	35.9	38.5	43.1
YES!	35.9	25.6	20.7	20.5
N	813	1,016	774	522

176. If I had a personal problem, I could ask my mom or dad for help. *(Family Protective Factor: Opportunities for Positive Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
All the time		17.3	13.4	9.6
Often		16.2	22.3	20.9
Some times		33.3	35.3	38.8
Never or almost never		33.2	29.0	30.7
N		1,015	770	520

177. My parents notice when I am doing a good job and let me know about it. *(Family Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
All the time	47.5	33.5	27.1	26.1
Often	27.5	30.5	29.5	38.1
Some times	18.1	27.4	31.2	28.3
Never or almost never	6.9	8.6	12.3	7.5
N	844	1,062	805	534

178. How often do your parents tell you they're proud of you for something you've done? *(Family Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!		32.9	23.7	24.2
no		30.9	31.3	35.8
yes		25.8	30.9	30.8
YES!		10.4	14.1	9.2
N		1,059	803	532

179. Putting them all together, what were your grades like last year? *(School Risk Factor: Academic Failure)*

	Grade 6	Grade 8	Grade 10	Grade 12
Mostly F's	1.9	3.1	2.6	.7
Mostly D's	2.8	5.9	7.3	5.1
Mostly C's	13.9	20.5	23.3	25.1
Mostly B's	36.6	30.8	35.2	39.2
Mostly A's	44.8	39.8	31.6	29.8
N	2,576	2,318	2,020	1,255

180. Are your school grades better than the grades of most students in your class? *(School Risk Factor: Academic Failure)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	10.6	12.3	9.9	9.0
no	26.1	29.5	30.6	29.7
yes	41.3	37.9	41.1	42.5
YES!	21.9	20.2	18.4	18.7
N	2,635	2,341	2,032	1,275

181. I try hard to do good work in school. *(School Risk Factor: Little Commitment to School)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	70.2	51.4	44.6	35.8
no	24.5	37.1	44.0	48.6
yes	3.0	6.9	8.5	12.6
YES!	2.3	4.7	2.9	2.9
N	2,726	2,384	2,066	1,280

182. It is important to me to get good grades. *(School Risk Factor: Little Commitment to School)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	79.0	62.6	58.9	46.4
no	17.1	27.9	32.8	42.7
yes	2.4	5.7	6.0	9.0
YES!	1.5	3.7	2.3	1.8
N	2,737	2,398	2,066	1,287

183. I want very much to go to college after high school. *(School Risk Factor: Little Commitment to School)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	75.5	67.7	62.5	62.2
no	17.9	18.3	21.6	22.4
yes	3.5	6.8	8.7	9.9
YES!	3.1	7.2	7.1	5.4
N	2,704	2,364	2,059	1,283

184. I have given up on school. *(School Risk Factor: Little Commitment to School)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	89.1	79.0	78.2	77.4
no	7.0	13.5	14.5	17.0
yes	1.8	4.5	4.1	3.4
YES!	2.1	3.0	3.1	2.2
N	2,665	2,357	2,049	1,274

Note: Numbers in tables are percentages of students at each grade

185. In my school, students have lots of chances to help decide things like class activities and rules. *(School Protective Factor: Opportunities for Positive Involvement)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!			23.6	18.7	19.8
no			28.2	29.3	31.3
yes			33.7	37.3	36.7
YES!			14.5	14.7	12.1
	N		1,085	961	616

186. There are lots of chances for students in my school to talk with a teacher one-on-one. *(School Protective Factor: Opportunities for Positive Involvement)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!			16.3	10.8	11.3
no			19.5	20.8	18.8
yes			38.7	47.5	39.6
YES!			25.5	20.8	30.3
	N		1,085	964	614

187. My teacher(s) notices when I am doing a good job and lets me know about it. *(School Protective Factor: Rewards for Conventional Involvement)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!		11.0	16.9	14.0	11.7
no		11.8	21.0	23.4	24.8
yes		34.1	38.3	46.8	42.7
YES!		43.1	23.9	15.8	20.9
	N	1,244	1,090	965	615

188. The school lets my parents know when I have done something well. *(School Protective Factor: Rewards for Conventional Involvement)*

		Grade 6	Grade 8	Grade 10	Grade 12
NO!			30.0	32.4	29.0
no			29.4	36.8	36.8
yes			27.7	22.7	25.1
YES!			12.8	8.0	9.1
	N		1,080	958	613

189. I feel safe at my school

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	9.6	10.1	9.3	6.9
no	13.1	15.7	15.1	10.2
yes	41.1	47.3	50.8	48.9
YES!	36.3	26.9	24.8	34.0
N	2,658	2,286	1,994	1,260

190. I do the opposite of what people tell me, just to get them mad. *(Peer-Individual Risk Factor: Rebelliousness)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	61.1	43.3	39.8	47.8
no	26.3	38.0	43.1	41.5
yes	9.3	12.6	11.9	8.8
YES!	3.2	6.0	5.2	1.8
N	1,265	1,074	958	618

191. I ignore rules that get in my way. *(Peer-Individual Risk Factor: Rebelliousness)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	55.2	35.7	28.0	27.0
no	29.2	38.8	42.3	46.6
yes	11.5	17.5	22.5	21.6
YES!	4.1	8.1	7.3	4.8
N	1,286	1,113	972	623

192. I like to see how much I can get away with. *(Peer-Individual Risk Factor: Rebelliousness)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	57.2	38.5	28.7	30.7
no	25.8	29.4	37.5	40.7
yes	11.8	23.9	25.5	23.4
YES!	5.3	8.3	8.3	5.1
N	1,286	1,094	965	608

How old were you when you first:

193. smoked marijuana? *(Peer-Individual Risk Factor: Early Initiation of Problem Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never have	95.1	72.5	60.3	56.5
17 or older		.0	.5	10.3
11-16 years	2.2	22.5	35.8	29.6
10 or younger	2.8	5.0	3.4	3.5
N	2,759	2,400	2,044	1,286

194. smoked a cigarette, even just a puff? *(Peer-Individual Risk Factor: Early Initiation of Problem Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
Never have		73.3	46.7	40.2	32.4
17 or older		.0	.0	.5	6.2
11-16 years		9.6	28.6	35.3	40.1
10 or younger		17.1	24.6	24.1	21.4
	N	2,772	2,400	2,050	1,283

195. had more than a sip or two of beer, wine or hard liquor (for example, vodka whiskey, or gin)? *(Peer-Individual Risk Factor: Early Initiation of Problem Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
Never have		66.6	38.6	27.0	18.1
17 or older		.0	.0	.9	10.5
11-16 years		10.7	31.7	48.5	51.8
10 or younger		22.7	29.8	23.7	19.6
	N	2,762	2,384	2,054	1,280

196. began drinking alcoholic beverages regularly, that is, at least once or twice a month? *(Peer-Individual Risk Factor: Early Initiation of Problem Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
Never have		94.1	73.9	63.1	51.5
17 or older		.1	.1	1.1	16.9
11-16 years		3.3	21.9	33.0	29.3
10 or younger		2.5	4.2	2.8	2.2
	N	2,773	2,398	2,048	1,277

197. got suspended from school? *(Peer-Individual Risk Factor: Early Initiation of Problem Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
Never have		86.7	77.8	72.3	77.4
17 or older		.0	.0	.3	3.1
11-16 years		5.2	15.5	19.3	14.9
10 or younger		8.1	6.6	8.1	4.6
	N	1,337	1,178	1,002	646

198. got arrested? *(Peer-Individual Risk Factor: Early Initiation of Problem Behavior)*

		Grade 6	Grade 8	Grade 10	Grade 12
Never have		94.3	85.6	82.0	87.5
17 or older		.0	.0	1.0	2.4
11-16 years		2.3	11.1	14.8	9.7
10 or younger		3.4	3.3	2.2	.4
	N	1,333	1,172	1,002	645

199. carried a handgun? *(Peer-Individual Risk Factor: Early Initiation of Problem Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never have	91.0	87.3	86.8	90.2
17 or older	.1	.1	.5	1.8
11-16 years	4.2	8.7	8.2	5.4
10 or younger	4.7	3.8	4.5	2.6
N	1,318	1,181	999	643

200. attacked someone with the idea of seriously hurting them? *(Peer-Individual Risk Factor: Early Initiation of Problem Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never have	84.4	77.9	74.4	76.7
17 or older	.4	.4	.5	1.5
11-16 years	5.7	11.3	14.3	16.5
10 or younger	9.5	10.4	10.7	5.3
N	1,327	1,180	1,003	646

How many times in the past year (12 months) have you:

201. been suspended from school? *(Peer-Individual Risk Factor: Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never	90.2	84.7	86.0	91.4
1 or 2 times	7.3	9.4	8.7	7.6
3 to 5 times	1.2	2.5	3.2	.7
6 to 9 times	.5	1.1	.7	.2
10 to 19 times	.3	.5	.5	.0
20 to 29 times	.0	.2	.0	.0
30 to 39 times	.2	.2	.1	
40+ times	.4	1.4	.9	.2
N	2,789	2,435	2,069	1,293

202. carried a handgun? *(Peer-Individual Risk Factor: Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never	93.6	89.6	89.0	90.4
1 or 2 times	2.8	4.5	4.0	4.5
3 to 5 times	1.4	1.5	1.7	2.0
6 to 9 times	.2	.8	1.1	.9
10 to 19 times	.2	.8	.6	.3
20 to 29 times	.2	.4	.6	.2
30 to 39 times	.2	.4	.2	.4
40+ times	1.4	2.0	2.9	1.3
N	2,799	2,441	2,071	1,293

203. sold illegal drugs? *(Peer-Individual Risk Factor: Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never	98.2	92.1	87.1	88.8
1 or 2 times	.7	2.9	4.0	4.9
3 to 5 times	.1	.9	3.4	1.8
6 to 9 times	.0	1.1	.9	.9
10 to 19 times	.4	.5	1.3	.6
20 to 29 times	.0	.1	.8	.4
30 to 39 times		.4	.4	.3
40+ times	.5	2.0	2.2	2.3
N	2,794	2,440	2,072	1,291

204. stolen or tried to steal a motor vehicle such as a car or motorcycle? *(Peer-Individual Risk Factor: Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never	100.0	93.1	93.6	97.2
1 or 2 times		3.3	2.7	1.6
3 to 5 times		.7	1.2	.7
6 to 9 times		.8	.6	.0
10 to 19 times		.4	.3	
20 to 29 times		.2	.2	.1
30 to 39 times		.1	.2	
40+ times		1.4	1.2	.4
N	2,794	2,440	2,072	1,292

205. been arrested? *(Peer-Individual Risk Factor: Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never	95.3	89.3	90.5	93.8
1 or 2 times	3.5	7.1	6.5	4.9
3 to 5 times	.4	1.9	1.5	.5
6 to 9 times	.2	.4	.2	.2
10 to 19 times	.1	.2	.0	.3
20 to 29 times	.3	.0	.1	.0
30 to 39 times	.0			
40+ times	.3	1.1	1.1	.3
N	2,782	2,434	2,065	1,290

206. attacked someone with the idea of seriously hurting them? *(Peer-Individual Risk Factor: Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never	87.3	85.0	82.9	89.8
1 or 2 times	7.4	8.3	9.1	7.0
3 to 5 times	1.8	1.8	2.9	1.1
6 to 9 times	.9	2.0	1.4	.4
10 to 19 times	1.2	.5	.5	.3
20 to 29 times	.4	.6	1.2	.6
30 to 39 times	.0	.2	.2	.0
40+ times	1.0	1.6	1.9	.8
N	2,792	2,436	2,068	1,293

207. been drunk or high at school? *(Peer-Individual Risk Factor: Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never	96.4	84.3	77.1	78.4
1 or 2 times	1.8	6.8	7.5	9.0
3 to 5 times	.4	2.3	4.3	2.7
6 to 9 times	.3	1.6	2.0	2.0
10 to 19 times	.4	1.3	2.6	1.7
20 to 29 times	.2	.5	1.3	1.3
30 to 39 times	.2	.3	.6	.5
40+ times	.3	3.0	4.5	4.3
N	2,786	2,437	2,065	1,293

208. taken a handgun to school? *(Peer-Individual Risk Factor: Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never	99.0	96.4	95.5	97.6
1 or 2 times	.2	1.0	1.8	1.3
3 to 5 times	.1	.2	.6	.4
6 to 9 times	.0	.5	.4	.1
10 to 19 times	.0	.2	.1	.2
20 to 29 times	.2	.2	.2	
30 to 39 times		.1	.0	.0
40+ times	.5	1.4	1.3	.5
N	1,787	2,435	2,064	1,291

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

209. take a handgun to school? *(Peer-Individual Risk Factor: Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	87.8	79.6	81.7	88.3
Wrong	8.2	14.0	10.7	7.4
A little bit wrong	2.1	3.5	5.0	2.6
Not wrong at all	1.9	2.8	2.6	1.8
N	1,331	1,137	983	630

210. steal anything worth more than $5? *(Peer-Individual Risk Factor: Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	67.9	49.6	47.8	58.8
Wrong	20.1	27.3	30.3	26.2
A little bit wrong	8.0	15.6	15.0	11.3
Not wrong at all	3.9	7.4	6.9	3.7
N	1,331	1,134	981	629

211. pick a fight with someone? *(Peer-Individual Risk Factor: Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	51.3	36.3	36.0	42.0
Wrong	27.5	30.7	30.8	34.3
A little bit wrong	16.3	21.4	23.1	16.8
Not wrong at all	4.9	11.6	10.1	6.9
N	1,326	1,123	979	627

212. attack someone with the idea of seriously hurting them? *(Peer-Individual Risk Factor: Attitudes Favorable Toward Antisocial Behavior)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	76.2	67.3	62.9	69.1
Wrong	13.2	18.0	19.6	17.7
A little bit wrong	6.5	8.1	9.9	9.1
Not wrong at all	4.1	6.5	7.7	4.1
N	1,335	1,135	978	627

Note: Numbers in tables are percentages of students at each grade

213. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly? *(Peer-Individual Risk Factor: Attitudes Favorable Toward Drug Use)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	68.1	38.1	29.9	20.9
Wrong	20.9	28.3	28.0	26.4
A little bit wrong	8.5	24.0	28.3	32.9
Not wrong at all	2.6	9.6	13.8	19.8
N	2,766	2,406	2,053	1,283

214. smoke cigarettes? *(Peer-Individual Risk Factor: Attitudes Favorable Toward Drug Use)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	67.4	36.2	31.3	22.1
Wrong	20.6	26.7	26.6	24.5
A little bit wrong	7.4	21.9	22.3	20.9
Not wrong at all	4.5	15.3	19.8	32.5
N	2,774	2,413	2,047	1,285

215. smoke marijuana? *(Peer-Individual Risk Factor: Attitudes Favorable Toward Drug Use)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	88.5	57.5	48.6	40.4
Wrong	6.3	18.7	19.7	22.9
A little bit wrong	2.4	12.9	16.9	17.9
Not wrong at all	2.8	10.9	14.7	18.8
N	2,766	2,413	1,050	1,284

216. use LSD, cocaine, amphetamines or another illegal drug? *(Peer-Individual Risk Factor: Attitudes Favorable Toward Drug Use)*

	Grade 6	Grade 8	Grade 10	Grade 12
Very wrong	92.4	77.4	75.8	73.4
Wrong	5.1	11.8	12.8	14.1
A little bit wrong	1.5	5.2	6.5	7.2
Not wrong at all	1.0	5.6	4.9	5.3
N	2,770	2,417	2,050	1,285

Note: Numbers in tables are percentages of students at each grade

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

217. been suspended from school? *(Peer-Individual Risk Factor: Interaction with Antisocial Peers)*

	Grade 6	Grade 8	Grade 10	Grade 12
None	74.9	61.1	62.0	72.5
1	14.7	19.4	16.3	11.4
2	5.6	8.7	10.3	10.1
3	1.2	5.0	4.7	2.3
4	3.6	5.8	6.7	3.7
N	1,333	1,166	984	645

218. carried a handgun? *(Peer-Individual Risk Factor: Interaction with Antisocial Peers)*

	Grade 6	Grade 8	Grade 10	Grade 12
None	92.7	87.3	84.7	88.4
1	4.5	6.6	7.9	6.4
2	.9	2.3	3.7	2.7
3	.2	1.1	1.1	.7
4	1.7	2.7	2.6	1.8
N	1,328	1,157	987	644

219. sold illegal drugs? *(Peer-Individual Risk Factor: Interaction with Antisocial Peers)*

	Grade 6	Grade 8	Grade 10	Grade 12
None	95.5	80.6	69.9	74.6
1	2.1	8.9	10.6	9.6
2	.5	3.4	8.3	6.7
3	.7	1.9	4.3	3.7
4	1.2	5.3	6.9	5.3
N	1,320	1,156	983	645

220. stolen or tried to steal a motor vehicle such as a car or motorcycle? *(Peer-Individual Risk Factor: Interaction with Antisocial Peers)*

	Grade 6	Grade 8	Grade 10	Grade 12
None		84.2	82.4	89.1
1		7.0	8.1	6.6
2		3.8	4.6	2.5
3		.9	2.3	.5
4		4.1	2.7	1.3
N		1,165	987	642

221. been arrested? *(Peer-Individual Risk Factor: Interaction with Antisocial Peers)*

		Grade 6	Grade 8	Grade 10	Grade 12
None		88.0	75.3	72.0	80.1
1		6.8	12.2	12.7	8.5
2		3.2	4.5	6.8	6.3
3		.6	3.0	3.2	2.1
4		1.4	5.0	5.3	3.0
	N	1,318	1,159	987	643

222. dropped out of school? *(Peer-Individual Risk Factor: Interaction with Antisocial Peers)*

		Grade 6	Grade 8	Grade 10	Grade 12
None			87.8	73.3	76.7
1			7.3	16.0	12.7
2			1.4	6.2	6.0
3			.5	1.9	2.2
4			3.0	2.6	2.4
	N		1,150	987	640

223. smoked cigarettes? *(Peer-Individual Risk Factor: Friends' Use of Drugs)*

		Grade 6	Grade 8	Grade 10	Grade 12
None		68.7	40.3	31.7	29.7
1		13.1	17.1	17.7	16.6
2		6.0	8.5	14.0	16.6
3		3.3	7.4	8.2	8.0
4		8.8	26.6	28.4	29.2
	N	1,308	1,159	984	638

224. tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it? *(Peer-Individual Risk Factor: Friends' Use of Drugs)*

		Grade 6	Grade 8	Grade 10	Grade 12
None		69.2	37.6	22.8	18.6
1		12.6	14.7	12.3	11.2
2		6.7	12.5	13.6	12.7
3		2.8	9.0	9.0	11.0
4		8.8	26.1	42.4	46.5
	N	1,310	1,159	978	640

225. used marijuana? *(Peer-Individual Risk Factor: Friends' Use of Drugs)*

	Grade 6	Grade 8	Grade 10	Grade 12
None	89.4	57.4	40.4	40.3
1	4.4	12.8	13.6	10.6
2	2.3	8.2	10.7	15.6
3	1.1	6.0	8.1	7.8
4	2.8	15.5	27.2	25.8
N	1,320	1,156	983	638

226. cocaine? *(Peer-Individual Risk Factor: Friends' Use of Drugs)*

	Grade 6	Grade 8	Grade 10	Grade 12
None		79.7	70.4	72.1
1		8.8	11.9	10.0
2		4.5	5.8	6.6
3		2.1	3.8	5.5
4		5.0	8.1	5.9
N		1,152	979	644

How many times have you done the following things?

227. Done what feels good no matter what. *(Peer-Individual Risk Factor: Sensation Seeking)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never		24.6	18.1	17.8
I've done it, but not in the past year		15.5	12.9	11.3
Less than once a month		13.1	15.3	20.1
About once a month		12.4	18.4	20.0
2 or 3 times a month		.9	2.1	2.7
Once a week or more		33.4	33.2	28.2
N		1,087	939	616

228. Done something dangerous because someone dared you to do it. *(Peer-Individual Risk Factor: Sensation Seeking)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never		45.7	43.4	47.9
I've done it, but not in the past year		21.3	23.0	25.9
Less than once a month		14.7	13.5	12.7
About once a month		5.8	6.5	5.2
2 or 3 times a month		6.8	4.9	4.6
Once a week or more		5.7	8.6	3.8
N		1,123	960	623

Note: Numbers in tables are percentages of students at each grade

229. Done crazy things even if they are a little dangerous? *(Peer-Individual Risk Factor: Sensation Seeking)*

	Grade 6	Grade 8	Grade 10	Grade 12
Never		32.5	23.1	24.2
I've done it, but not in the past year		19.4	22.5	22.5
Less than once a month		16.5	17.9	21.0
About once a month		10.6	11.3	11.2
2 or 3 times a month		8.7	10.3	12.3
Once a week or more		12.3	14.9	8.8
N		1,115	957	625

What are the chances you would be seen as cool if you:

230. smoked cigarettes? *(Peer-Individual Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
No or very little chance		42.3	54.8	60.9
Little chance		22.2	21.7	16.0
Some chance		20.1	14.3	14.9
Pretty good chance		10.7	5.8	4.3
Very good chance		4.8	3.5	3.8
N		1,135	975	635

231. began drinking alcoholic beverages regularly, that is, at least once or twice a month? *(Peer-Individual Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
No or very little chance		44.8	40.0	46.1
Little chance		21.5	22.5	13.9
Some chance		18.9	19.8	17.7
Pretty good chance		10.2	11.9	14.5
Very good chance		4.7	5.8	7.8
N		1,139	980	634

232. smoked marijuana? *(Peer-Individual Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
No or very little chance		47.6	46.2	52.7
Little chance		16.6	19.6	15.1
Some chance		15.8	16.7	14.0
Pretty good chance		10.3	8.8	10.6
Very good chance		9.7	8.8	7.5
N		1,135	974	633

233. carried a handgun? *(Peer-Individual Protective Factor: Rewards for Conventional Involvement)*

	Grade 6	Grade 8	Grade 10	Grade 12
No or very little chance		67.1	72.9	80.7
Little chance		14.1	13.9	10.3
Some chance		8.1	5.0	3.4
Pretty good chance		4.3	2.9	1.5
Very good chance		6.4	5.3	4.1
N		1,138	977	636

234. I think it is okay to take something without asking if you can get away with it. *(Peer-Individual Protective Factor: Belief in the Moral Order)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	70.8	50.9	48.6	58.0
no	21.1	31.4	33.7	28.8
yes	4.8	10.3	11.5	10.1
YES!	3.4	7.4	6.2	3.0
N	1,335	1,144	985	634

235. I think sometimes it's okay to cheat at school. *(Peer-Individual Protective Factor: Belief in the Moral Order)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	67.6	36.8	26.5	30.1
no	20.1	25.9	30.4	28.6
yes	9.1	26.2	30.4	33.2
YES!	3.2	11.1	12.8	8.0
N	1,327	1,144	980	635

236. It is all right to beat up people if they start the fight. *(Peer-Individual Protective Factor: Belief in the Moral Order)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	40.8	25.9	21.7	25.5
no	25.0	21.0	21.8	20.9
yes	18.9	25.4	26.9	26.2
YES!	15.3	27.7	29.6	27.4
N	1,325	1,153	982	638

237. It's important to be honest with your parents, even if they become upset or you get punished. *(Peer-Individual Protective Factor: Belief in the Moral Order)*

	Grade 6	Grade 8	Grade 10	Grade 12
NO!	55.7	38.4	33.9	35.6
no	20.9	29.7	36.8	37.8
yes	8.4	16.0	17.6	18.8
YES!	15.1	15.8	11.7	7.9
N	1,317	1,138	977	637

238. You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees or other customers. What would you do now? *(Peer-Individual Protective Factor: Social Skills)*

	Grade 6	Grade 8	Grade 10	Grade 12
Grab a CD and leave the store	7.7	20.9	18.9	13.2
Ignore her	16.5	22.5	27.0	30.0
Tell her to put the CD back	53.9	32.4	29.3	33.2
Act like it's a joke, and ask her to put the CD back	22.0	24.2	24.8	23.6
N	2,763	2,432	2,060	1,276

239. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, 'Oh, just going to go hang out with some friends.' She says, 'No, you'll just get into trouble if you go out. Stay home ...' What would you do now? *(Peer-Individual Protective Factor: Social Skills)*

	Grade 6	Grade 8	Grade 10	Grade 12
Leave the house anyway	5.7	11.2	10.5	11.9
Get into an argument with her	6.2	12.9	11.9	11.7
Not say anything and start watching TV	18.9	9.2	5.4	3.0
Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out	69.1	66.7	72.3	73.3
N	2,754	2,393	2,040	1,276

240. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately ... *(Peer-Individual Protective Factor: Social Skills)*

	Grade 6	Grade 8	Grade 10	Grade 12
	8.2	11.2	13.7	11.5
Push the person back	9.6	16.6	11.2	10.2
Swear at the person and walk away				
Say, "Watch where you're going" and keep walking	15.2	18.0	15.4	17.4
Ignore the person	32.5	30.0	27.9	26.9
Say, "Excuse me" and keep on walking	34.6	24.2	31.7	34.0
N	2,773	2,402	2,040	1,277

241. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do? *(Peer-Individual Protective Factor: Social Skills)*

	Grade 6	Grade 8	Grade 10	Grade 12
Drink it	10.1	40.1	44.8	50.4
Make up a good excuse, tell your friend you had something else to do, and leave	40.0	26.2	23.4	20.3
Just say, 'No, thanks' and walk away	19.6	8.9	6.3	2.9
Tell your friend, 'No thanks, I don't drink' and suggest that you and your friend go and do something else	30.3	24.9	25.5	26.4
N	2,774	2,407	2,049	1,284