

**DRUG AND ALCOHOL USE  
AMONG JUVENILE PROBATIONERS  
IN UTAH**

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## EXECUTIVE SUMMARY

In 1992, Jeffrey M. Jenson, Ph.D. conducted a survey of alcohol, tobacco, and other drug (ATOD) use among juvenile probationers in Utah. That study was supported by four agencies that were interested in the substance use and other problems of youth on probation. The agencies were the Utah State Administrative Office of the Courts, the Utah Commission on Criminal and Juvenile Justice, Utah State Division of Substance Abuse, and Utah State Office of Education. The results of the study showed that juvenile probationers used more ATODs than youth in the general population, and were more at risk for mental health problem, delinquency, gang involvement, and other problem behaviors. The present survey, again supported by the same four agencies was conducted as a follow-up to the 1992 survey to determine the current level of ATOD use and problem behaviors among probationers.

Results of the present survey will be compared to those from the 1992 survey as well as the results from the recent (1997) youth household survey conducted by Dan Jones and Associates for the Utah State Division of Substance Abuse. Having the results of these other surveys will allow a longitudinal comparison of problem behaviors and ATOD use by probationers from 1992 to 1997 as well as a comparison between probationers and youth from the general population in Utah.

The value of this survey is also enhanced by two other projects conducted by the Social Research Institute and the Division of Substance Abuse. The projects are: 1) an investigation of the risk and protective factors for substance abuse and 2) estimating the need for substance abuse treatment in Utah. The goal of the risk factor project was to find the factors that place youth at risk for substance abuse and the factors that protect youth from substance abuse. Utah worked with five other states and the Social Development Research Group at the University of Washington on this project. The risk-focused model of prevention that formed the basis for this Six-State Project was developed by J. David Hawkins, Ph.D., Richard R. Catalano, Ph.D., and their associates at the University of Washington. Descriptions of the risk-focused model have been published in Communities That Care by Hawkins and Catalano in 1992, and can be consulted for additional information on the risk-focused model of substance abuse prevention.

The risk-focused model makes several generalizations about risk in youth: 1) risks exist in many areas of a young person's life, 2) the more risk factors that are present in the youth's life the greater the overall risk of abusing ATODs, 3) common risk factors predict several behavior problems such as substance abuse, delinquency, violence, teen pregnancy, and school dropout, and 4) protective factors help reduce the effects of exposure to risk. The risk and protective factors have been divided into four domains: 1) community, 2) family, 3) school, and 4) the individual and his peers. A more detailed description of the risk and protective factors for substance abuse and how the probationers in this survey scored on the 20 risk and 12 protective factor scales is presented in the Risk and Protective Factor Section of the final report.

The project to determine substance abuse treatment needs in Utah provided the methodology for determining the need for treatment among probationers. That methodology was based upon asking youth questions that would allow a determination of whether they met the diagnostic criteria for Psychoactive Substance Abuse or Dependence according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) published by the American Psychiatric Association. Those who meet the diagnostic criteria for Psychoactive Substance Abuse or Dependence are definitely in need of treatment.

There were several topics of investigation that could not easily be put into questionnaire form. Probationers' thoughts and feelings about these issues was explored through focus groups. Topics for the focus groups included: 1) Youth knowledge of laws and penalties associated with substance use, 2) Types of court programs that have helped youth stay out of trouble, 3) Penalties that have helped deter criminal behavior, 4) The court's response to crime and drug use, 5) Youth perception of the criminal justice system, with recommendations for program development, and 6) Substance use issues such as perceived harmfulness of drugs, availability, and youth expectations of future drug use.

## **RESULTS**

### **Survey Participants**

This survey was designed to include all youth on probation in the eight judicial districts across the state, and questionnaires were completed by probationers during their regular visit to the probation office. The final number of survey participants was 1,032. They had a mean age of 15.5 years, and 15% were female and 85% male. They were on probation for an average of 7.7 months. Their ethnicity was 68% Caucasian, 15.5% Hispanic, 8.2% Native American, 5.2 Asian/Pacific Islander, and 1.7% African American.

### **Alcohol and Other Drug Use**

As can be seen in Table 1, probationers used drugs in all categories at rates much higher than youth in the community. In fact, probationers' lifetime use ranged from three times the community rate for alcohol and 3.5 times the rate for cigarettes to 13 times the 1997 community rate for hallucinogens and 27 times the rate for opiates. The most frequently used drugs among probationers and youth in the community were cigarettes, alcohol, and marijuana.

There has been a modest decrease in the proportion of the probationers reporting alcohol, cigarette, and stimulant use since the 1992 youth probation survey.

**TABLE 1  
PERCENTAGE OF RESPONDENTS USING ATODs DURING THEIR LIFETIME**

<b>DRUG USED</b>	<b>1997 COMMUNITY</b>	<b>1997 PROBATION</b>	<b>1992 PROBATION</b>
Smokeless Tobacco	8%	48%	N/A
Cigarettes	25%	88%	92%
Alcohol	27%	85%	90%
Marijuana	12%	77%	70%
Hallucinogens	3%	41%	43%
Stimulants	4%	37%	49%
Inhalants	6%	35%	34%
Cocaine/crack	2%	32%	26%
Sedatives	3%	28%	N/A
Opiates	.4%	11%	N/A

The percentage of respondents using substances in the past 30 days is shown in Table 2. As with lifetime use, the probationers had lower rates of alcohol and tobacco use than they did in 1992, but a much higher rate of use of ATODs than the youth in the community.

**TABLE 2  
PERCENTAGE OF RESPONDENTS USING ATODs DURING THE PAST 30 DAYS**

<b>DRUG USED</b>	<b>1997 COMMUNITY</b>	<b>1997 PROB</b>	<b>1992 PROB</b>
Cigarettes	10%	59%	78%
Alcoholic beverages	12%	34%	40%
Marijuana	5%	26%	29%
Hallucinogens	1%	9%	9%
Stimulants	2%	11%	11%
Inhalants	2%	4%	3%
Cocaine/crack	1%	6%	3%
Sedative/hypnotics	1%	9%	N/A
Opiates	.1%	3%	N/A

Table 3 shows the reported age of first use of alcohol and marijuana for the 1997 community and probation surveys and the 1992 probation survey. The probationers in 1992 had higher rates of alcohol use at ages 12, 15, and 18. By the age of 18, 81% of current probationers had used marijuana compared to 70% of the 1992 probationers and 13% of the youth in the general population.

**TABLE 3  
AGE OF FIRST USE OF ALCOHOL AND MARIJUANA**

<b>AGE OF FIRST USE</b>	<b>1997 COMM</b>	<b>1997 PROB</b>	<b>1992 PROB</b>
Used alcohol by age 12	9%	37%	48%
Used alcohol by age 15	21%	75%	85%
Used alcohol by age 18	26%	86%	90%
Used marijuana by age 12	2%	22%	29%
Used marijuana by age 15	10%	69%	65%
Used marijuana by age 18	13%	81%	70%

Probationers were asked to assess the risk involved with the use of various drugs. Table 4 shows the percentages from the 1992 survey and the 1997 survey that endorsed "great risk" from using the various drugs. Probationers have changed markedly since the 1992 survey in their assessment of the risk of regular use of marijuana with a decrease from 45% in 1992 to 28% in 1997. The perceived harmfulness of "taking cocaine regularly" also decreased from 95% stating that there was "great risk" in 1992 to 66% in 1997. This trend should be monitored closely since a decrease in the perceived harmfulness of a substance usually occurs prior to an increase in the use rate of the substance.

**TABLE 4  
RISK ASSOCIATED WITH ATOD USE**

<b>Would be at "great risk" using the following drugs</b>	<b>1997 PROB</b>	<b>1992 PROB</b>
Smoking marijuana regularly	28%	45%
Taking cocaine regularly	66%	95%
Taking stimulants regularly	60%	68%
Having 4 or 5 drinks nearly every day	45%	67%
Having five or more drinks once or twice each weekend	36%	33%
Taking hallucinogens regularly	54%	N/A

Probationers were asked to rank the ease of obtaining various drugs, from "very easy" to "very hard." Table 5 shows the rates of endorsement of "very easy" and "sort of easy" responses of youth in the community and those completing the 1997 probation survey. The probationers report that ATODs are easier to get.

**TABLE 5  
EASE OF OBTAINING DRUGS**

<b>"Very easy" or "Sort of easy" to get:</b>	<b>1997 COMM</b>	<b>1997 PROB</b>
Alcohol	41%	71%
Cigarettes	49%	82%
Marijuana	39%	70%
Cocaine, LSD, or amphetamine	25%	49%

**Need for Substance Abuse Treatment**

As shown in Table 6, a total of 32.3% of individuals on probation need substance abuse treatment. While no direct comparison of Utah youth from the general population is available at this time, a recent estimate of the need for treatment among youth by the Division of Substance Abuse placed the need for treatment at 7.2%.

For an individual to receive a diagnosis of Psychoactive Substance Dependence according to the DSM-III-R, they must meet at least three of nine criteria for substance dependence and the symptoms must have persisted for at least one month or occurred repeatedly over a longer period of time. The nine criteria for Psychoactive Substance Dependence include: 1) substance often taken in larger amounts or over a longer period than the person intended, 2) persistent desire to cut down or control substance use, 3) a great deal of time spent in activities necessary to get the substance, taking the substance, or recovering from its effects, 4) frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, school, or home, or when substance use is physically hazardous, 5) important social occupational or recreational activities given up or reduced because of substance use, 6) continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance, 7) marked tolerance, or markedly diminished effect with continued use of the same amount, 8) characteristic withdrawal symptoms, and 9) the substance is often taken to relieve or avoid withdrawal symptoms.

Individuals also need treatment if they meet the criteria for Psychoactive Substance Abuse. The diagnostic criteria for Psychoactive Substance Abuse includes two criteria from the Dependence criteria listed above (numbers 4 or 6) and the individual does **not** meet the diagnostic criteria for Psychoactive Substance Dependence.



**TABLE 6  
NEED FOR SUBSTANCE ABUSE TREATMENT BY YOUTH ON PROBATION**

Substance	Percent Needing Treatment								
	For Dependence			For Abuse			Dependence or Abuse		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Alcohol	18.4	16.7	18.1	1.9	.7	1.8	20.3	17.4	19.9
Marijuana	23.7	21.5	23.2	2.1	.7	1.9	25.8	22.2	25.1
Cocaine	7.0	8.3	7.3	1.4	.7	1.3	8.4	9.0	8.6
Hallucinogens	7.5	4.2	7.1	1.3	1.4	1.3	8.8	5.6	8.1
Heroin/other opiates	3.9	2.1	3.7	1.6	.7	1.4	5.5	2.8	5.1
Stimulants	8.3	10.5	8.7	1.3	.7	1.2	9.6	11.2	9.9
Inhalants	4.3	2.8	4.2	1.4	.7	1.3	5.7	3.5	5.5
All Drugs (not alcohol)	27.0	27.1	26.9	4.0	2.8	3.8	29.1	27.8	28.9
Total (alcohol or drugs)	30.2	33.3	30.5	4.4	2.8	4.2	32.1	34.0	32.3

**SUMMARY**

As with the 1992 survey of probationers, the results of the current survey show that juvenile probationers used more alcohol, tobacco, and other drugs than youth in the general population, and were more at risk for mental health problems, delinquency, and antisocial activities. Additionally, the current survey clearly shows that when compared to youth in the general population, probationers have more risk and less protection for substance abuse and other problems in the four important areas of their daily lives: the community, the family, the school, and within individuals themselves and their peer interactions.

In the community, probationers report drugs and alcohol to be more available, they perceive that the laws and norms of the community are more favorable to drug use, and there is considerable transition and mobility in their communities. In their families, they report that they are not as attached to their families or see as many opportunities for positive involvement with their families as youth from the general population. They report that their parents are not monitoring them as closely as parents from the general population. At school, they are more prone to academic failure, and have less commitment to school. With their peers and for the individuals themselves, probationers are more likely to engage in anti-social behavior, have early initiation of anti-social behavior, interact with

anti-social peers, have favorable attitudes toward drug use, have friends who use drugs, are less religious, and lack social skills. They are also more likely to need treatment for substance abuse with 32% meeting the DSM-III-R diagnosis of substance abuse or dependence. The estimate for youth in the general population that need substance abuse treatment is 7%.

**Positive Trends.** The juvenile probationers in 1997 are less likely to use cigarettes, alcohol, hallucinogens and stimulants than they were in 1992. They have been exposed to skill training opportunities more than the probationers in 1992, and they report less of an intention toward use of alcohol and marijuana in the coming year. Also, gang membership among probationers has decreased from 20% belonging to a gang in 1992 to 17% reporting gang membership in 1997. Probationers in the focus groups indicated that gangs were not really impacting their lives.

**Negative Trends.** For juvenile probationers, school enrollment is down from 1992 levels. Since school attachment and the opportunities for success that can be found in the educational system provide important protective factors for these youth, any decrease in the availability of educational opportunities compromises their bonding, positive behavior, and chances of personal success.

The use of marijuana, inhalants and cocaine are up from 1992 survey levels. The use of these “harder drugs” have serious societal implications. The biological insult to adolescents using these drugs compromises their efforts to achieve personal success; bond with their community, schools, and family; and develop a realistic sense of well being and personal health.

Two alarming trends are: 1) the apparent ease with which drugs and alcohol can be obtained, and 2) the rise in the percentage of youth who **do not** perceive a risk associated with drug and alcohol use. Easy access and the belief that drugs and alcohol are harmless is a recipe for increased ATOD use rates in the future. Again these indicators are higher than reported in 1992.

Females in particular are in more need of treatment than reported in 1992. The percentage of females that need treatment in 1997 is higher than the percentage of males that need treatment. The female probationers also are more at risk for substance abuse and other problems than males. When compared to males in this survey, they report that alcohol and other drugs are more available to them, they have more favorable attitudes toward drug use, and they view the laws and norms of the community to be more favorable to drug use. They have more family conflict, come from families with a history of anti-social behavior, are not as attached to their families, and do not see as many opportunities for positive involvement with their families. At school they have a greater risk for academic failure, tend to have more friends that use drugs, and they are less resilient than male probationers.

These differences between male and female probationers are even more serious when the male-female differences of the general population are reviewed. For the general population, females are generally less at risk and have more protection than males, just the opposite of the females on probation. Thus, every effort should be made to provide treatment opportunities that are specifically designed for the females on probation.

There has been a reduction in the proportion of probationers definitely intending to use alcohol and marijuana. In 1992, 32% were sure to drink alcohol and 18% were sure to smoke marijuana in the coming year, while in 1997, only 18% were sure to use alcohol and 14% smoke marijuana. The intention to use other drugs remains unchanged from 1992. While this could be seen as a positive indicator, it may not be. Although it would seem that a desire to quit using alcohol and marijuana is a good thing, it is possible that the real issue is that because these youth have serious substance abuse problems, they are more likely to endorse the idea of quitting than someone who does not have as great a need for treatment. With the prevalence of harder drug use increasing, it seems that this group of youth has a serious substance abuse problem.

The arrests rate for juvenile drug violations also points to a greater substance abuse problem for youth currently on probation. Data from the Utah Bureau of Criminal Identification, Department of Public Safety shows that the arrest rate for drug law violations (possession, sale, use, growing, manufacturing of illegal drugs) per 100,000 juveniles (age 10-17) increased from 188 in 1991 to 685 in 1995. This indicates that a trend of increasing criminal activity for juveniles is occurring.

**Conclusion.** Since there is a significant drop in the use of cigarettes and alcohol from 1992 to 1997, it would seem wise to determine why this has occurred and to replicate this methodology with marijuana and cocaine. Perhaps the “media blitz” surrounding the tobacco industry and the harmful effects of cigarette smoking has managed to impact youth prevalence rates of tobacco products. The interviews with youth in the focus groups suggest that probationers have learned that tobacco is very harmful, however, they do not perceive alcohol and other drugs as that harmful. The techniques for providing information about the harmfulness of tobacco should be explored for use in combating the perceived benign nature of alcohol and other drugs. Using the types of messages that have been used with tobacco would be a strategy worth investigating for use with marijuana and cocaine which also have serious and profound health consequences.

It would also be appropriate to address why fewer probationers are seeking substance abuse treatment. Is this a function of managed health care, insufficient funding for children at risk, systemic access problems, poor assessment and triage, or something less obvious. This seems to be an important question which needs further investigation.

Finally, the information in this report shows that compared to youth in the general population, probationers in Utah are more at risk for substance abuse and other problems; have higher rates of use of alcohol, tobacco, and other drugs; and have a higher need for

substance abuse treatment. The challenge for the juvenile probation system is to provide an array of successful treatment programs that address probationers' problem behaviors. In order to be successful, treatment programs need to be run according to established protocols that have been shown to be effective with youth on probation. A key component of a successful treatment system is a strong evaluation component that will ensure that programs are being implemented as they were designed and are having positive outcomes on the lives of the youth who participate.

Those working with juvenile probationers should investigate and implement programs that are well researched and have been shown to reduce youth problem behaviors. Without successful programs to address the problems of these youth, they will become prime candidates to move into the adult criminal justice system.

## **INTRODUCTION**

In 1992, Jeffrey M. Jenson, Ph.D. conducted a survey of alcohol, tobacco, and other drug (ATOD) use among juvenile probationers in Utah. That study was supported by four agencies that were interested in the substance use and other problems of youth on probation. The agencies were the Utah State Administrative Office of the Courts, the Utah Commission on Criminal and Juvenile Justice, Utah State Division of Substance Abuse, and Utah State Office of Education. The results of the study showed that juvenile probationers used more ATODs than youth in the general population, and were more at risk for mental health problem, delinquency, gang involvement, and other problem behaviors. The present survey, again supported by the same four agencies was conducted as a follow-up to the 1992 survey to determine the current level of ATOD use and problem behaviors among probationers.

Results of the present survey will be compared to those from the 1992 survey as well as the results from the recent (1997) youth household survey conducted by Dan Jones and Associates for the Utah State Division of Substance Abuse (DSA). Having the results of these other surveys will allow a longitudinal comparison of problem behaviors and ATOD use by probationers from 1992 to 1997 as well as a comparison between probationers and youth from the general population in Utah.

The value of this survey is also enhanced by two other projects conducted by the Social Research Institute (SRI) and the DSA. The projects are: 1) an investigation of the risk and protective factors for substance abuse and 2) estimating the need for substance abuse treatment in Utah. The Risk and Protective Factor Project was funded by the Federal Center for Substance Abuse Prevention (CSAP). The goal was to find the factors that place youth at risk for substance abuse and the factors that protect youth from substance abuse. Utah worked with five other states and the Social Development Research Group (SDRG) at the University of Washington on this project. The risk-focused model of prevention that formed the basis for this Six-State Project was developed by J. David Hawkins, Ph.D., Richard R. Catalano, Ph.D., and their associates at the SDRG.

Descriptions of the risk-focused model have been published in Communities That Care by Hawkins and Catalano in 1992, and can be consulted for additional information on the risk-focused model of substance abuse prevention.

The risk-focused model makes several generalizations about risk in youth: 1) risks exist in many areas of a young person's life, 2) the more risk factors that are present in the youth's life the greater the overall risk of abusing ATODs, 3) common risk factors predict several behavior problems such as substance abuse, delinquency, violence, teen pregnancy, and school dropout, and 4) protective factors help reduce the effects of exposure to risk. The risk and protective factors have been divided into four domains: 1) community, 2) family, 3) school, and 4) the individual and his peers. A more detailed description of the risk and protective factors for substance abuse and how the probationers in this survey scored on the 20 risk and 12 protective factor scales will be presented in the Risk and Protective Factor Section.

The Substance Abuse Treatment Needs Project was funded by the Federal Center for Substance Abuse Treatment (CSAT). While this project is still in progress and the Utah statewide survey of youth in grades 7 through 12 to determine their need for substance abuse treatment is not completed, the methodology of determining the need for treatment that was used in that survey was incorporated in this survey of Juvenile probationers. The survey methodology was based upon asking the youth questions that would allow a determination of whether they met the diagnostic criteria for substance abuse or substance dependence according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) published by the American Psychiatric Association. Those who meet the diagnostic criteria for substance abuse or dependence are definitely in need of treatment. The section on Need for Substance Abuse Treatment will provide information on the percent of probationers that need substance abuse treatment and the types of substances for which they need treatment.

## **METHODOLOGY**

### **Questionnaire Development and Administration**

The questionnaire was developed by the SRI using the 1992 probation questionnaire, the questionnaire used to determine risk and protective factors, and the treatment needs questionnaire as references. These questionnaires contained questions about current and past drug use; problems associated with drug use; attitudes toward drug use and other delinquent behavior; attitudes toward school, family, and community; drug use by friends; and opportunities for positive involvement in school, with the family, and in the community. Once a draft questionnaire was written, it was reviewed by individuals representing various disciplines and agencies such as: 1) juvenile probation, 2) education, 3) Substance abuse prevention and treatment, 4) ATOD researchers, 5) and juvenile corrections. The comments made by the reviewers were helpful in producing the final questionnaire. The final version contained 367 items and required approximately 30 to 45 minutes to complete (see the Appendix for a copy of the questionnaire). The

questionnaires were distributed to the eight Judicial Districts in Utah where they were completed by the probationers. The survey was conducted during the months of April, May, and June, 1997.

This study was designed to include all youth on probation in the eight judicial districts across the state. The survey was completed by probationers during their regular visit to the probation office. The person who administered the survey to the youth briefly explained the purpose of the survey and stressed that the youth's survey would be completely confidential. The confidential nature of the survey was emphasized to ensure that the probationers would feel free to accurately complete their questionnaires. Probationers were told not to put their names or any other identifying information on the questionnaires. Probationers were expected to complete the questionnaire on their own. However, in some cases it was necessary for the person administering the survey to read some of the questions to the youth and clarify other questions. In cases where assistance was given, the administrator did not view the youth's survey and allowed the youth to mark the answers in a confidential manner. Once the youth completed the survey, he/she placed the survey in a sealed box with other surveys. The box was then sent to Central Probation where the survey responses were entered into a computer program for analysis. The staff at the SRI also assisted in entering questionnaire responses into the computer.

## **Data Analysis**

There were 1032 questionnaires returned for analysis. However, not all the questionnaires were accurately completed and several checks were done to ensure that the final data base contained valid information. The first check was to determine if probationers had over-stated their ATOD use. A false drug, derbisol, was included in the questionnaire to identify those individuals that marked all drugs. There were 53 respondents that checked that they used derbisol in both their lifetime and in the past 30 days. Another question to screen out non-valid questionnaires was question number 364, "How honest were you in filling out this survey?" Anyone who stated that they were "not honest at all" was eliminated from analysis. There were 18 individuals who responded that they were not honest at all. The third check entailed determining the level of multiple use of drugs over the past month. There were 9 individuals who reported using drugs on more than 120 occasions in the past month and were excluded from the analysis. Because some individuals were excluded by more than one data check, the final number of excluded questionnaires was 68, leaving 964 questionnaires to be analyzed. Data analysis was done at the SRI using the SPSS statistical package for Windows.

## **Focus Groups**

There were several topics of investigation that could not easily be put into questionnaire form. Probationers' thoughts and feelings about these issues was explored through focus groups. Topics for the focus groups included:

1. Youth knowledge of laws and penalties associated with substance use.
2. Types of court programs that have helped youth stay out of trouble.
3. Penalties that have helped deter criminal behavior,.
4. The court's response to crime and drug use.
5. Youth perception of the criminal justice system, with recommendations for program development.
6. Substance use issues such as perceived harmfulness of drugs, availability, and youth expectations of future drug use.

Results of the focus groups that were conducted with probationers are contained in the Focus Groups Section.

## RESULTS

### SURVEY PARTICIPANTS

The final number of survey participants was 1,032. They had a mean age of 15.5 years and 15% were female and 85% male. They were on probation for an average of 7.7 months. Their ethnicity was 68% Caucasian, 15.5% Hispanic, 8.2% Native American, 5.2 Asian/Pacific Islander, and 1.7% African American. As was stated above, 68 participants were screened out of the final analysis because their questionnaire responses were not valid. Table 1 contains the number of surveys completed in each district along with the estimated number of youth on probation in each district. As can be seen, the completion rate varies across the districts from a high of 89% in district 2 to a low in district 7 of 34%. The overall completion rate is 61%.

**TABLE 1**  
**SURVEY COMPLETION BY JUDICIAL DISTRICT**

<b>DISTRICT and COUNTIES</b>	<b>Number on Probation</b>	<b>Number in Survey</b>	<b>Percent Completion</b>
1. Cache, Rich, Box Elder	143	86	60%
2. Weber, Morgan, Davis	219	195	89%
3. Salt Lake, Summit, Tooele	715	467	65%
4. Millard, Juab, Utah, Wasatch	220	121	55%
5. Beaver, Iron, Washington	135	50	37%

6. Sanpete, Garfield, Kane, Piute, Sevier, Wayne	86	43	50%
7. Carbon, Emery, Grand, San Juan	121	41	34%
8. Daggett, Duchesne, Uintah	65	29	45%
Total	1704	1032	61%

Because there was an attempt to survey all youth on probation, it is important to ensure that those surveyed are representative of all probationers. Discussions with those administering the questionnaire revealed that there was no bias in the way that probationers were selected to complete the questionnaire. A comparison of the percent of males and females who completed the survey with those on probation also showed that the survey appeared to capture a representative sample of youth on probation. The percentage of males who completed the survey is 85%, while the percentage of males on probation is 87%. Even though males appear to be very slightly under-represented in the survey, it appears that those who completed the survey are representative of the overall population of probationers.

## SCHOOL AND EMPLOYMENT

**Employment.** Most of the probationers (77%) reported being employed at some time in their lives. Thirty-five percent (35%) reported being currently employed, and those who were currently employed averaged 30 hours of work each week.

**School enrollment.** Thirty-eight percent (38%) of probationers were enrolled in regular classroom placements. Vocational and alternative school placements accounted for 24% of probationers. Eight percent (8%) were on home study, and 10% were enrolled in special education programs. Eighteen percent (18%) reported being currently expelled, suspended, or having dropped out of school, and 2.8% had graduated. Table 2 shows the percentages of the 1997 probation survey and the 1992 probation survey by their school enrollment status. The school enrollment characteristics of participants in this survey are very similar to those who participated in the 1992 survey.

**TABLE 2  
SCHOOL ENROLLMENT**

SCHOOL PROGRAM	1997 Survey	1992 Survey
Regular Classroom	38%	42%
Alternative/special program	42%	44%
Not enrolled	20%	14%



Even though the mean reported grade point average for the probationers was 1.7, or between a "C" and "D" average, 87% reported that it was mostly or definitely important to get good grades in school. Twenty-one percent (21%) of respondents said they had mostly or definitely given up on school. .

**Training in coping skills.** Most of the respondents reported having participated in some form of coping skills training. Table 3 shows the percentages of respondents who reported they had received skill training. Eighty-four percent (84%) of probationers in the 1997 survey reported having skill training in at least one of the skill areas, and the average number was 5.4.

**TABLE 3  
PERCENTAGE OF RESPONDENTS REPORTING SKILL TRAINING EDUCATION**

<b>SKILL TRAINING TYPE</b>	<b>1997 Survey</b>	<b>1992 Survey</b>
Drug Education/Prevention	71%	72%
Communication Skills	68%	56%
Problem Solving	72%	59%
Decisions Making	67%	56%
Values Clarification	42%	42%
Coping Skills	45%	55%
Stress Management	52%	49%
Anger Management	58%	n/a
Self-esteem	61%	n/a
Refusal Skills	45%	n/a
Positive Alternatives to Drug Use	59%	n/a

**Educational involvement.** Many responses of youth probationers indicate they are alienated from the school environment. When asked if they believed students at their school had many chances to participate in decisions about rules and class activities, only 52% of probationers said this was mostly or definitely true. This was considerably less than the 71% endorsement from the community respondents. Table 4 contains a comparison between responses by probationers and the youth in the general community. The

percentages in the table reflect the proportion of those in the community survey (COMM) and probation survey (1997 PROB) that endorsed the question as mostly or definitely true.

Despite their generally negative experience with the academic setting and their poor performance, 87% of probationers indicated that they thought it was important to get good grades and 73% wanted to attend college or vocational training after high school.

**TABLE 4  
COMPARISONS BETWEEN YOUTH FROM THE GENERAL PUBLIC AND THOSE ON  
JUVENILE PROBATION ON EDUCATION ISSUES**

<b>SURVEY QUESTIONS</b>	<b>COMM</b>	<b>1997 PROB</b>
Teachers ask me to work on special classroom projects	62%	35%
My teachers notice when I am doing a good job and let me know about it	82%	69%
There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class	90%	69%
I try hard to do good work in school	95%	74%
Teachers don't call on me in class, even when I raise my hand	14%	28%
There are lots of chances for students in my school to talk with a teacher one-on-one	83%	67%
My grades are better than the grades of most students in my class	73%	30%
I feel safe at my school	88%	72%
My teachers praise me when I work hard in school	77%	53%
The school lets my parents know when I have done something well	59%	40%
It is important to me to get good grades	96%	87%

## FAMILY CHARACTERISTICS

**Perceptions of family involvement.** The youth probationers reported considerably less family involvement or support from their families than youth in the community. Table 5 contains questions about family issues and the percentages of those who responded that the statement was mostly or definitely true for them. All differences between percentages were significant at least at the  $p < .05$  level.

**TABLE 5  
COMPARISONS ON FAMILY INVOLVEMENT ISSUES**

FAMILY INVOLVEMENT QUESTIONS	COMM	1997 PROB
My parents ask if I've gotten my homework done	89%	69%
When I am not at home, one of my parents knows where I am and who I am with	89%	71%
If I drank some alcoholic beverage without my parents' permission, I would be caught by my parents	76%	48%
My family has clear rules about alcohol and drug use	92%	78%
If I carried a handgun without my parents' permission, I would be caught by my parents	85%	56%
If I skipped school I would be caught by my parents	78%	60%
I feel very close to my mother	90%	75%
I share my thoughts and feelings with my mother	81%	61%
I enjoy spending time with my father	85%	67%
My parents ask me what I think before most family decisions affecting me are made	81%	57%
We fight a lot in my family	20%	44%
People in my family sometimes hit each other when they are mad	18%	35%

## ALCOHOL AND OTHER DRUG USE AMONG PROBATIONERS

**Lifetime drug and alcohol use.** Probationers were questioned about their use of nine categories of drugs: tobacco products, alcoholic beverages, marijuana, hallucinogens, stimulants, sedatives, cocaine, inhalants, and opiates. Tobacco products include cigarettes and smokeless tobacco. Alcoholic beverages include beer, wine, and hard liquor. The sedative category includes sedative/hypnotic drugs, such as Valium, Xanax, barbiturates, or sleeping pills. The stimulant category includes amphetamines, methamphetamine, “crystal,” and “crank.” The hallucinogen group is represented by LSD, PCP, and Psilocybin mushrooms. Cocaine includes both powdered cocaine for intranasal use as well as smokeable “crack” cocaine. Inhalants include glue, aerosol sprays, or other volatile solvents. Opiates include heroin and other narcotic pain medications.

As can be seen in Table 6, probationers used drugs in all categories at rates much higher than youth in the community. In fact, probationers lifetime use ranged from three times the community rate for alcohol and 3.5 times the rate for cigarettes to 13 times the 1997 community rate for hallucinogens and 27 times the rate for opiates. The most frequently used drugs among probationers and youth in the community were cigarettes, alcohol, and marijuana.

**TABLE 6  
PERCENTAGE OF RESPONDENTS USING ATODs DURING THEIR LIFETIME**

DRUG USED	1997 COMMUNITY	1997 PROBATION	1992 PROBATION
Smokeless Tobacco	8%	48%	N/A
Cigarettes	25%	88%	92%
Alcohol	27%	85%	90%
Marijuana	12%	77%	70%
Hallucinogens	3%	41%	43%
Stimulants	4%	37%	49%
Inhalants	6%	35%	34%
Cocaine/crack	2%	32%	26%
Sedatives	3%	28%	N/A
Opiates	.4%	11%	N/A

There has been a modest decrease in the proportion of the probationers reporting cigarette use since the 1992 youth probation survey, from 92% to 88%. There has been

a similar reduction in the proportion having ever tried alcoholic beverages, down from 90% in the 1992 survey to 85% in the 1997 survey. Reported stimulant use also decreased from 49% in 1992 to 37% in the present survey. Movement in the opposite direction has occurred with the proportion having ever used marijuana or cocaine rising from 70% to 77% and 26% to 32%, respectively. There was no change from the 1992 survey in proportion of those having ever used inhalants or hallucinogens. Figures from the 1992 survey for opiate and sedative use were not available for comparison.

**Drug and alcohol use in past thirty days.** The percentage of respondents using substances in the past 30 days is shown in Table 7. In 1997, 59% of probationers reported smoking cigarettes in the past 30 days. Forty-eight percent (48%) of respondents reported daily smoking of cigarettes. Thirty-two percent (32%) reported daily smoking of a half-pack of cigarettes, or more.

Thirty-four percent (34%) of the probationers reported drinking alcohol in the past 30 days. Fourteen percent (14%) reported drinking alcohol one or two times, while 7% reported drinking on ten or more occasions. Twenty-six percent (26%) of respondents reported using marijuana in the past 30 days. Eleven percent (11%) reported using marijuana one or two times, while 8% reported using marijuana more than ten times. Rates of use of other drugs in the past 30 days were 9% for hallucinogens, 11% for stimulants, 4% for inhalants, 6% for cocaine, 9% for sedatives, and 3% for opiates. As with lifetime use, the probationers had a much higher rate of 30 day use of drugs than the youth in the community.

**TABLE 7  
PERCENTAGE OF RESPONDENTS USING ATODs DURING THE PAST 30 DAYS**

<b>DRUG USED</b>	<b>1997 COMMUNITY</b>	<b>1997 PROB</b>	<b>1992 PROB</b>
Cigarettes	10%	59%	78%
Alcoholic beverages	12%	34%	40%
Marijuana	5%	26%	29%
Hallucinogens	1%	9%	9%
Stimulants	2%	11%	11%
Inhalants	2%	4%	3%
Cocaine/crack	1%	6%	3%
Sedative/hypnotics	1%	9%	N/A
Opiates	.1%	3%	N/A

There has been a significant decrease in the proportion of the probationers reporting

cigarette use in the past 30 days since the 1992 youth probation survey, from 78% to 59%. There has been a more modest reduction in the proportion having used alcohol in the past 30 days, down from 40% in the 1992 survey to 34% in the 1997 survey. A significant increase in 30 day use of cocaine was found, going from 3% in 1992 to 6% in the current survey. There were no significant changes in 30 day use of stimulants, marijuana, hallucinogens, or inhalants since the 1992 survey.

**District Comparisons of Substance Use.** The percentage of respondents using alcohol, cigarettes, and marijuana in their lifetime and in the past 30 days for each district is shown in Table 8. The percentage of probationers who use substances varies across the eight districts. For example, marijuana use in the past 30 days ranges from a high of 32% in district 3 to a low of 15% in district 7. However, in all of the districts, the percentage of probationers that use alcohol, cigarettes, and marijuana is much higher than the percentage of youth from the general population. This is true for use in the past 30 days as well as use during the respondent’s lifetime.

**TABLE 8  
SUBSTANCE USE BY DISTRICT**

DISTRICT and COUNTIES	ALCOHOL		CIGARETTES		MARIJUANA	
	30 day	Life	30 day	Life	30 day	Life
1. Cache, Rich, Box Elder	38%	92%	78%	93%	23%	76%
2. Weber, Morgan, Davis	25%	82%	51%	84%	20%	75%
3. Salt Lake, Summit, Tooele	41%	86%	60%	88%	32%	80%
4. Millard, Juab, Utah, Wasatch	26%	79%	53%	88%	24%	72%
5. Beaver, Iron, Washington	36%	92%	67%	96%	23%	79%
6. Sanpete, Garfield, Kane, Piute, Sevier, Wayne	20%	83%	50%	93%	17%	73%
7. Carbon, Emery, Grand, San Juan	33%	90%	60%	88%	15%	69%
8. Daggett, Duchesne, Uintah	29%	75%	63%	93%	21%	71%
Overall State Probationers	34%	85%	59%	88%	26%	77%
General Youth Population	12%	27%	10%	25%	5%	12%

**Age of first drug and alcohol use.** Table 9 shows the reported age of first use of alcohol and marijuana for the 1997 community and probation surveys and the 1992 probation survey. The probationers in 1992 had higher rates of alcohol use at ages 12, 15, and 18. However, for marijuana, probationers in 1997 had higher rates of use for ages 15

and 18. Marijuana use by age 12 was 22% in the 1997, compared to 29% in the 1992. By age 18, however, the 1997 probation group exceeded the 1992 probation group in the percentage having used marijuana, with 11% more probationers reporting having used marijuana in 1997.

For the youth in the community, by age 12, only 9% had used alcohol, compared to 37% of the current probationers, and by age 18, 86% of probationers had used alcohol compared to 26% of the youth in the community. Only 2% of the youth from the general population had used marijuana by age 12, while 22% of the probationers reported marijuana use by age 12. By the age of 18, 81% of probationers had used marijuana compared to 13% of the youth in the general population.

**TABLE 9**  
**AGE OF FIRST USE OF ALCOHOL AND MARIJUANA**

<b>AGE OF FIRST USE</b>	<b>1997 COMM</b>	<b>1997 PROB</b>	<b>1992 PROB</b>
Used alcohol by age 12	9%	37%	48%
Used alcohol by age 15	21%	75%	85%
Used alcohol by age 18	26%	86%	90%
Used marijuana by age 12	2%	22%	29%
Used marijuana by age 15	10%	69%	65%
Used marijuana by age 18	13%	81%	70%

**Pattern of drug and alcohol use.** In the current survey, 25% of the probationers reported consuming five or more alcoholic drinks in a row (i.e., binge drinking) in the past two weeks, compared to 6% of youth in the community. Sixteen percent (16%) of the probationers said they had gone on drinking binges during which they kept drinking for a couple of days or more without sobering up. Twelve percent (12%) of the probationers believed they had a problem with their alcohol use. Seventeen percent (17%) said they had a problem with their use of marijuana, and 10% said they had a problem with a drug other than marijuana.

**Perceived risks of drug and alcohol use.** Probationers were asked to assess the risk involved with the use of various drugs. Table 10 shows the percentages from the 1992 survey and the 1997 survey that endorsed "great risk" from using the various drugs. Probationers have changed markedly since the 1992 survey in their assessment of the risk of regular use of marijuana with a decrease from 45% in 1992 to 28% in 1997. The perceived harmfulness of "taking cocaine regularly" also decreased from 95% stating that

there was “great risk” in 1992 to 66% in 1997. The risk of taking stimulants and “having 4 or 5 drinks nearly every day” also decreased. This trend should be monitored closely since a decrease in the perceived harmfulness of a substance usually occurs prior to an increase in the use rate of the substance. There was no significant change in perception of risk associated with binge drinking once or twice each weekend.

**TABLE 10  
RISK ASSOCIATED WITH ATOD USE**

<b>Would be at "great risk" using the following drugs</b>	<b>1997 PROB</b>	<b>1992 PROB</b>
Smoking marijuana regularly	28%	45%
Taking cocaine regularly	66%	95%
Taking stimulants regularly	60%	68%
Having 4 or 5 drinks nearly every day	45%	67%
Having five or more drinks once or twice each weekend	36%	33%
Taking hallucinogens regularly	54%	N/A

**Ease of obtaining drugs.** Probationers were asked to rank the ease of obtaining various drugs, from "very easy" to "very hard." Table 11 shows the rates of endorsement of "very easy" and "sort of easy" responses of youth in the community and those completing the 1997 probation survey. The probationers report that ATODs are easier to get.

**TABLE 11  
EASE OF OBTAINING DRUGS**

<b>"Very easy" or "Sort of easy" to get:</b>	<b>1997 COMM</b>	<b>1997 PROB</b>
Alcohol	41%	71%
Cigarettes	49%	82%
Marijuana	39%	70%



Cocaine, LSD, or amphetamine	25%	49%
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**Parent and sibling use of drugs.** Ten percent (10%) of probationers reported that one or both of their parents currently use marijuana “sometimes” or “a lot.” Nine percent (9%) reported that one or both of their parents currently use drugs other than marijuana “sometimes” or “a lot.” Similar questions were not asked of the youth in the community survey. Sibling use of alcohol and marijuana was much higher for probationers than youth in the community.

**TABLE 12  
PARENT AND SIBLING DRUG USE**

DRUG USED	COMM	1997 PROB	1992 PROB
Parent uses marijuana sometimes or a lot	N/A	10%	7%
Parent uses other drugs sometimes or a lot	N/A	9%	N/A
Sibling has used alcohol	38%	70%	N/A
Sibling has used marijuana	23%	59%	N/A

**Parent attitude toward drugs.** Seventeen percent (17%) reported that their parents allow them to drink alcohol. Of these, 8% of the parents allow respondents to drink only at home, 3% allow them to drink only when away from home, and 6% allow them to drink at home or away from home.

**Future intentions toward drug use.** There has been a reduction in the proportion of probationers definitely intending to use alcohol in the future, from 32% in 1992 to 18% in the 1997. The 4% reduction in intent to use marijuana in the coming year was also significant ( $p < .05$ ). The intention to use other drugs remained unchanged since 1992 at 7%. Table 13 lists the proportions for the two probation surveys.

**TABLE 13  
FUTURE INTENTION TOWARD USE OF ATODs**

Percent sure to use ATODs in the next year	1997 PROB	1992 PROB
Drink alcohol	18%	32%
Smoke marijuana	14%	18%
Use other drugs	7%	7%

Smoke cigarettes	31%	N/A
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**Prior drug and alcohol treatment.** Table 14 lists the rates of various modalities of drug and alcohol treatment services received by probationers in the 1997 and 1992 surveys. While 19% are currently in AOD treatment, the percentages of probationers in outpatient, residential, and self-help treatment have dropped considerably since the 1992 survey.

**TABLE 14  
TYPE OF AOD TREATMENT EVER RECEIVED**

TYPE OF TREATMENT	1997 PROB	1992 PROB
Outpatient individual treatment	12%	N/A
Outpatient group treatment	8%	N/A
Any outpatient treatment	18%	50%
Inpatient or Residential drug and alcohol treatment	9%	22%
Day Treatment Program	5%	5%
Self-help groups	10%	22%
Currently in treatment	19%	N/A

## DELINQUENCY AND GANGS

The probation survey showed much higher rates of reported criminal activity than the community survey. Table 15 lists rates of various crimes reported in the probation and community surveys. The community survey did not have questions about gang involvement, but the 1992 probationers reported 20% gang membership, compared to the current 17% rate reported by probationers. Forty-seven percent (47%) of the probationers from the 1997 survey reported committing a crime while under the influence of alcohol or drugs, which is virtually unchanged from the 45% report from the 1992 probationers.

**TABLE 15  
RATES OF CRIMINAL AND GANG ACTIVITIES**

<b>CRIME AND GANG QUESTIONS</b>	<b>COMM</b>	<b>1997 PROB</b>
Have sold drugs in the past year	2%	33%
Have stolen a vehicle in the past year	2%	28%
Have been arrested in past year	6%	74%
Have attacked someone in the past year	6%	36%
Brought a handgun to school in the past year	1%	9%
Felt pressure to join a gang	N/A	32%
Reports being a member of a gang	N/A	17%

**Antisocial attitude.** Youth on probation are characterized by a high rate of endorsement of antisocial attitudes, typically two to three times the rate of youth in the community. For example, 55% of the probationers thought it was alright to beat people up if the other person starts the fight. Thirty-seven percent (37%) of probationers said it was mostly or definitely okay to cheat at school. Table 16 lists the responses for the probation and community youth surveyed.

**Table 16**  
**PERCENT MOSTLY OR DEFINITELY ENDORSING THE QUESTION**

<b>Anti-social Attitude Questions</b>	<b>COMM</b>	<b>1997 PROB</b>
I think it is okay to take something without asking if you can get away with it.	9%	18%
It is alright to beat up people if they start the fight.	26%	55%
It is important to be honest with your parents, even if they become upset or you get punished.	91%	79%
I think sometimes it's okay to cheat at school.	12%	37%
I do the opposite of what people tell me, just to get them mad.	14%	29%
I ignore rules that get in my way.	10%	39%
I like to see how much I can get away with.	15%	36%

## **OTHER FINDINGS**

**Religious attendance.** Attendance at religious services distinguished the

probationers from youth in the community. The youth in the community reported a 73% rate of religious attendance of at least once per month, compared to only 33% for the probationers.

**Mental health status.** Thirty-eight percent (38%) of the probationers report having thought of committing suicide, and 17% report having made an attempt. Only 55% of the probationers reported having good emotional or psychological health over the past year.

## **RISK AND PROTECTIVE FACTORS FOR SUBSTANCE ABUSE AND OTHER YOUTH PROBLEM BEHAVIOR**

As was stated in the introduction, the Utah Division of Substance Abuse and the Social Research Institute have been engaged in a project to determine the factors that place youth at risk for substance abuse and those that help protect youth from substance abuse. In medical research, risk factors have been found for heart disease and other health problems. Through media campaigns to inform the general public about the risk factors for heart disease, most people are now aware that behaviors such as eating high fat diets, smoking, and lack of exercise, place them at risk for heart disease. Social scientists have defined a set of risk factors for substance abuse, delinquency, violence, teen pregnancy, and school dropout.

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

Another benefit of using the risk and protective factor model in dealing with adolescent social problems is that it provides a method of measuring levels of risk and protection. Areas with the highest risk and lowest protection can then be addressed by programs designed to reduce youth problem behavior. Once the intervention has been implemented, the risk factor levels can again be measured to determine the effectiveness of the intervention.

The risk and protective factors have been organized into the four important areas of a young person's life and are summarized below. Following each risk and protective factor, and placed in parentheses, are the problem behaviors that are linked to that factor.

## **COMMUNITY RISK FACTORS**

### **Availability of Drugs** (*Substance Abuse*)

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

### **Availability of Firearms** (*Delinquency and Violence*)

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

### **Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime** (*Substance Abuse, Delinquency, and Violence*)

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

### **Media Portrayals of Violence** (*Violence*)

The role of portrayals of violence on the behavior of viewers, especially young viewers, has been debated for more than three decades. Research over that time period has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior. Exposure to violence in the media appears to have an impact on children in several ways: children learn from watching actors model violent behavior, as well as learning violent problem-solving strategies; media portrayals of

violence appear to alter children's attitudes and sensitivity to violence.

### **Transitions and Mobility** (*Substance Abuse, Delinquency, and School Dropout*)

Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rates of drug use, school misbehavior, and delinquency result.

Communities with high rates of mobility appear to be linked to an increased risk of drug use and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves, and are more likely to have problems.

### **Low Neighborhood Attachment and Community Disorganization**

(*Substance Abuse, Delinquency, and Violence*)

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

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

### **Extreme Economic Deprivation** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*)

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, violence, teen pregnancy, and school dropout. Children who live in these areas, *and* have behavior and adjustment problems early in life, are also more likely to have problems with drugs later on.

## **FAMILY RISK FACTORS**

### **Family History of the Problem Behavior** (*Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout*)

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

### **Family Management Problems** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*)

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

### **Family Conflict** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*)

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

### **Favorable Parental Attitudes and Involvement in the Behavior** (*Substance Abuse, Delinquency, and Violence*)

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

## **SCHOOL RISK FACTORS**

### **Early and Persistent Antisocial Behavior** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*).

Boys who are aggressive in grades K-3 are at higher risk for substance abuse and delinquency. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk for drug abuse, delinquency, violence, school dropout, and teen pregnancy.

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

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

### **Lack of Commitment to School** (*Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout*)

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

## **INDIVIDUAL AND PEER RISK FACTORS**

### **Alienation, Rebelliousness, and Lack of Bonding to Society** (*Substance Abuse, Delinquency, Violence, and School Dropout*)

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of drug abuse, delinquency, violence, and school dropout.

### **Friends Who Engage in the Problem Behavior** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*)



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

**Favorable Attitudes Toward the Problem Behavior** (*Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout*)

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

**Early Initiation of the Problem Behavior** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*)

The earlier young people begin using drugs, committing crimes, engaging in violent activity, becoming sexually active, and dropping out of school, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before age fifteen are at twice the risk of having drug problems as those who wait until after age nineteen.

**Constitutional Factors** (*Substance Abuse, Delinquency, and Violence*)

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

**PROTECTIVE FACTORS**

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

## Individual Characteristics

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

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

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

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

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

## Bonding

Research indicates that one of the most effective ways to reduce children's risk is to strengthen their bond with positive, pro-social family members, teachers, or other significant adults, and/or pro-social friends. Children who are *attached* to positive families, friends, schools, and community, and who are *committed* to achieving the goals value by these groups, are less likely to develop problems in adolescence. Children who are bonded to others with healthy beliefs are less likely to do things that threaten that bond, such as use drugs, commit crimes, or drop out of school. For example, if children are attached to their parents and want to please them, they will be less likely to risk breaking this connection by doing things of which their parents strongly disapprove. Studies of successful children who live in high risk neighborhoods or situations indicate that strong bonds with a care giver can keep children from getting into trouble. Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics.

## Healthy Beliefs and Clear Standards

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

sexual activity have a similar protective effect.

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

## **RISK AND PROTECTIVE FACTOR SCALES**

Many of the questions on the survey have been combined into risk and protective factor scales. This allows the information contained in items that measure the same type of information to be summarized as a scale score. All of the scales are scored so that the higher the score the greater the risk for risk factors and the greater the protection for protective factors. Most of the risk and protective factors are scored on a four-point scale from 1 to 4 with 1 being low and 4 being high. Thus, for the first scale shown in Table 17, Availability of Drugs, the 2.1 for the general population would indicate that they would find AODs “sort of hard to get”, while the 2.9 score for probationers indicates that for them AODs are “sort of easy to get” (see questions 79 through 83 on the questionnaire in the Appendix). There are some scales that do not have a 4-point scale. A 5-point scale was used for Transitions and Mobility, Laws and Norms Favorable Toward Drug Use, and Academic Failure; and a 2-point scales was used for Family History of Antisocial Behavior. Each scale score is simply the mean of how the items in the scale were marked by the respondent. A review of the items in the risk factor scales with a 5 or a 2-point scale will reveal why a different base was used. For example, the Family History of Antisocial Behavior scale questions are answered “Yes” = 2 or “No” = 1 and thus the mean of the items range between 1, no history or antisocial behavior, and 2, all questions answer “Yes”.

### **A Comparison of Probationers and Youth from the General Population**

A review of the risk and protective scale scores in Table 17 shows that **For Every Scale** those on probation are significantly ( $p < .0001$ ) higher in risk and lower in protection than youth in the general population. Areas where there appears to be a fairly large difference (.7 or greater) between probationers and the youth from the general population are discussed below.

In the **Community**, probationers report drugs and alcohol to be more available, they perceive that the laws and norms of the community are more favorable to drug use, there is considerable transition and mobility in their communities, and they are not attached to their communities.

In the **Family**, probationers report that their parents are not monitoring them as closely as parents from the general population. They are also not as attached to their parents or see as many opportunities for positive involvement with their families.

At **School**, probationers are more prone to academic failure, and have little commitment to school.

With their **Peers and for the individuals themselves**, probationers are more likely to engage in anti-social behavior, have early initiation of anti-social behavior, and interact with anti-social peers. They have favorable attitudes toward drug use, have friends who use drugs, engage in sensation seeking, are less religious, and lack social skills.

**TABLE 17  
COMPARISON BETWEEN YOUTH FROM THE GENERAL PUBLIC AND THOSE ON PROBATION ON THE RISK AND PROTECTIVE FACTOR SCALES**

The question numbers which comprise each scale follow the scale label in parentheses.	Scale Scores					
	Youth on Probation			Youth in Community		
SCALES WITHIN 4 DOMAINS	Male	Female	Total	Male	Female	Total
<b>Community Risk Factors</b>						
Perceived availability of alcohol, drugs, and firearms (79-83)	2.8*	3.0*	2.9	2.1	2.0	2.1
Low Neighborhood Attachment (216, 218, 220)	2.3*	2.5*	2.4	1.6	1.6	1.6
Disorganization (223, 225-228)	1.8	1.8	1.8	1.4	1.3	1.4
Transition and mobility (224, 230, 236, 243)	2.8	2.9	2.8	2.1	2.1	2.1
Laws and norms favorable drug use (66-68, 84-88, 90)	3.0*	3.1*	3.0	2.0	2.0	2.0
<b>Community Protective Factors</b>						
Opportunities for conventional involvement (231-235)	2.7	2.6	2.7	3.3	3.3	3.3
Rewards for conventional involvement (217, 221, 222)	2.2	2.1	2.2	2.7	2.9	2.8
<b>Family Risk Factors</b>						

Management problems (179-182, 184, 186)	1.9	1.9	1.9	1.4	1.5	1.5
Discipline problems (185, 187, 188)	2.4	2.2	2.4	1.7	1.6	1.6
Conflict (197, 201-203)	2.3*	2.5*	2.4	2.1	2.1	2.1
Family history of antisocial behavior (173-176, 178, 237)	1.5*	1.6*	1.5	1.2	1.3	1.3
Parental attitudes favorable toward drug use (167-172)	1.4	1.4	1.4	1.1	1.1	1.1

<b>Table 17 continued</b>	<b>Youth on Probation</b>			<b>Youth in Community</b>		
	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Family Protective Factors</b>						
Family attachment (189, 190, 193, 194)	2.7*	2.6*	2.7	3.2	3.2	3.2
Opportunities for positive involvement (191, 198, 200)	2.7*	2.6*	2.7	3.2	3.3	3.2
Rewards for conventional involvement (195, 196, 241, 242)	2.8	2.7	2.8	3.3	3.3	3.3
<b>School Risk Factors</b>						
Academic failure (39, 65)	2.8*	2.9*	2.8	1.9	1.8	1.9
Little commitment to school (55, 59, 60,64)	2.1	2.1	2.1	1.4	1.3	1.4
<b>School Protective Factors</b>						
Opportunities for positive involvement (51, 52, 54, 57)	2.6	2.5	2.6	3.0	3.1	3.0
Rewards for conventional involvement (53, 62)	2.5	2.5	2.5	2.9	3.0	2.9
<b>Peer/Individual Risk Factors</b>						
Rebelliousness (73, 74, 75)	2.1	2.2	2.1	1.7	1.5	1.6
Early initiation of anti-social behavior (128-136)	3.8	3.6	3.8	.9	.6	.8
Antisocial behavior (150, 151, 153-158)	1.9*	1.7*	1.9	1.1	1.1	1.1
Attitudes favorable to antisocial behavior (70, 137, 139, 140)	1.9	1.8	1.9	1.4	1.4	1.4
Favorable attitudes toward drug use (159-162)	2.2*	2.4*	2.2	1.3	1.3	1.3
Interaction with antisocial peers (143-149)	2.3	2.3	2.3	1.2	1.2	1.2
Friends use of drugs (119-122)	3.0*	3.5*	3.1	1.6	1.7	1.7

Table 17 continued	Youth on Probation			Youth in Community		
	Male	Female	Total	Male	Female	Total
Sensation seeking (116-118)	3.4	3.3	3.4	2.7	2.3	2.5
Reward for antisocial involvement (123-126)	1.7	1.7**	1.7	1.5	1.6**	1.5
Impulsivity (205-207)	2.5	2.5	2.5	2.1	2.0	2.1
<b>Peer/Individual Protective</b>						
Pro-social orientation (213-215)	3.0	3.1	3.0	3.3	3.5	3.4
Religiosity (114)	2.2	2.1	2.2	3.2	3.3	3.2
Belief in moral order (69-72)	2.9	3.0	2.9	3.3	3.6	3.4
Resiliency (208, 210)	2.7*	2.6*	2.7	2.8	2.8	2.8
Social skills (163-166)	2.5	2.6	2.5	3.1	3.4	3.2

Note: \* Indicates significant ( $p < .05$ ) male-female differences

### Male and Female Differences

Table 17 also shows the male and female scores on each of the scales. Both male and female probationers were significantly higher in risk and lower in protection than their peers in the general population. The only **non-significant** ( $p > .05$ ) difference is shown by \*\* and occurred for females on the **Reward for anti-social behavior** scale.

The scores of males on probation were compared to those of females on probation. The results of these comparisons were quite surprising, with females probationers being more at risk and having less protection than males on probation. Scales where males and females were significantly different ( $p < .05$ ) are shown with an \*. A review of the areas where females differed from males shows females to have less attachment to their neighborhoods, view the laws and norms of the community to be more favorable to drug use, and perceive alcohol and drugs to be more available. They have more family conflict, come from families with a history of anti-social behavior, are not as attached to their families, and do not see as many opportunities for positive involvement with their families. At school they have a greater risk for academic failure. They have more favorable attitudes toward drug use than male probationers, tend to have more friends that use drugs, and they are less resilient than male probationers. The one area that females are less at risk than males is they are **less** likely to engage in antisocial behavior.

These differences between male and female probationers are even more serious when the male-female differences of the general population are reviewed. For the general

population, females are generally less at risk and have more protection than males, just the opposite of the females on probation.

## **NEED FOR SUBSTANCE ABUSE TREATMENT**

The needs assessment project to determine the need for substance abuse treatment among adolescents in Utah is currently being conducted. While the results from that project are not yet available, the questions to determine whether or not an adolescent needed treatment were incorporated into this Juvenile Probation survey. The questions allowed an analysis of how many youth met the American Psychiatric Association DSM-III-R diagnostic criteria for substance abuse or dependence for seven substances. The substances included: alcohol, marijuana, cocaine, hallucinogens, heroin and other opiates, stimulants and inhalants.

## **DIAGNOSTIC CRITERIA FOR SUBSTANCE ABUSE AND DEPENDENCE**

For an individual to receive a diagnosis of Psychoactive Substance Dependence according to the DSM-III-R, an individual must meet at least three of nine criteria for substance dependence and the symptoms must have persisted for at least one month or occurred repeatedly over a longer period of time. The nine criteria for Psychoactive Substance Dependence include: 1) substance often taken in larger amounts or over a longer period than the person intended, 2) persistent desire to cut down or control substance use, 3) a great deal of time spent in activities necessary to get the substance, taking the substance, or recovering from its effects, 4) frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, school, or home, or when substance use is physically hazardous, 5) important social occupational or recreational activities given up or reduced because of substance use, 6) continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance, 7) marked tolerance, or markedly diminished effect with continued use of the same amount, 8) characteristic withdrawal symptoms, and 9) the substance is often taken to relieve or avoid withdrawal symptoms.

Individuals also need treatment if they meet the criteria for Psychoactive Substance Abuse. The diagnostic criteria for Psychoactive Substance Abuse include: 1) a maladaptive pattern of psychoactive substance use indicated by at least one of the following: a) continued use despite knowledge of having a persistent or recurrent social, occupational, psychological, or physical problem that is caused or exacerbated by use of the psychoactive substance, or b) recurrent use in situation in which use is physically hazardous (e.g., driving while intoxicated), 2) some symptoms of the disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time, and 3) never met the criteria for Psychoactive Substance Dependence for this substance.



**TABLE 18  
NEED FOR SUBSTANCE ABUSE TREATMENT BY YOUTH ON PROBATION**

Substance	Percent Needing Treatment								
	For Dependence			For Abuse			Dependence or Abuse		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Alcohol	18.4	16.7	18.1	1.9	.7	1.8	20.3	17.4	19.9
Marijuana	23.7	21.5	23.2	2.1	.7	1.9	25.8	22.2	25.1
Cocaine	7.0	8.3	7.3	1.4	.7	1.3	8.4	9.0	8.6
Hallucinogens	7.5	4.2	7.1	1.3	1.4	1.3	8.8	5.6	8.1
Heroin/other opiates	3.9	2.1	3.7	1.6	.7	1.4	5.5	2.8	5.1
Stimulants	8.3	10.5	8.7	1.3	.7	1.2	9.6	11.2	9.9
Inhalants	4.3	2.8	4.2	1.4	.7	1.3	5.7	3.5	5.5
All Drugs (not alcohol)	27.0	27.1	26.9	4.0	2.8	3.8	29.1	27.8	28.9
Total (alcohol or drugs)	30.2	33.3	30.5	4.4	2.8	4.2	32.1	34.0	32.3

The questions, numbers 279 through 362, were used to determine if the probationer met the criteria for substance abuse or dependence. Table 18 contains the need for substance abuse treatment by gender for the seven types of substances. While no direct comparison of Utah youth is available at this time, a recent estimate of the need for treatment among youth by the DSA placed the need for treatment at 7.2%. That estimate was based upon the 1994 school survey results and included youth who used alcohol or another drug one or more times in the past 30 days and admitted to a problem associated with the use of the substance. A 1996 statewide telephone assessment of the need for treatment for substance abuse in adults using the same questions as were used in the Juvenile Probation Survey showed that 6.2% of the population 18 years of age and over needed treatment in the last year. The need for treatment among males was 8.8% and females was 3.7%. These results are presented to allow a comparison of the need for treatment found among the probationers.

As can be seen in Table 18, the percent of probationers who need substance abuse treatment far exceeds the percent of individuals in the general population that need substance abuse treatment. The need for treatment is divided into the seven categories of substances, gender, and whether treatment is needed for abuse or dependence. **Some type of substance abuse treatment is needed by 32.3% of those on probation.**

## **MALE AND FEMALE DIFFERENCES IN NEED FOR TREATMENT**

Since the diagnosis of dependence and abuse are mutually exclusive events, an individual cannot have a diagnosis of both substance abuse and dependence, the total percentage needing treatment for each substance category is simply the sum of those with a diagnosis of dependence and those with a diagnosis of abuse. However, because the **All Drugs and Total** categories only count each person once no matter how many drugs they need treatment for, the categories cannot be simply added. Analysis shows that for males, the total need for treatment for drugs is 29.1%, for alcohol 20.3% and their total need for treatment is 32.1%. For females the total treatment need for drugs is 27.8%, for alcohol 17.4%, and total percent needing treatment is 34.0%.

Males and females do not differ significantly ( $p>.05$ ) on any of the need for treatment measures. This is surprising since males typically use much more of the treatment resources than females. In 1996, only 26% of the admissions to treatment in Utah were females. That this survey showed that females have a higher need for treatment than males (34.0% compared to 32.1%) indicates that providing substance abuse treatment for females on probation should be a high priority.

### **FOCUS GROUPS**

Facilitated by Russ Van Vleet and Mark Winiger

It is difficult to capture the thoughts and feeling of youth through questionnaires. Thus, some of the issues that might have been most important in placing these youth into probation status with the Juvenile Court were investigated through focus groups. Focus groups were scheduled in Salt Lake City, Ogden and Provo as a follow-up to the survey in an attempt to determine probationer's attitudes toward the probation experience, and the areas that were problematic for them and resulted in their placement on probation. A total of 19 youth were interviewed (7 Caucasian male, 2 female Caucasian, 4 male Hispanic, 5 female Hispanic, 1 female Polynesian) the largest group being 10, in Salt Lake, a group of 5 in Provo, and a group of 4 in Ogden. It should be noted that the probationers scheduled to appear in Provo, with the exception of one youth, did not make the scheduled meeting. Therefore, the probation officer coordinating the effort went to the Detention Center, located next door, and brought four youth to the group. All were probationers but they had not completed the survey questionnaire.

An attempt was made to meet with youth who had completed their probation in order to assess if attitude differences existed between active probationers and those who had completed their probation. Only one youth in both Provo and Salt Lake appeared for the interview out of 10 scheduled. The interview in Ogden was then canceled since comparative groups were no longer possible.

Information from the interviews was organized into the following categories: Probation contact, School, ATODs, Guns, Gangs, Religiosity, Probation support, Neighborhoods, and Other discussion issues.

### **Probation Contact**

The youth were very consistent in stating that they saw their probation officers on a regular basis. Weekly contact was the norm. Those contacts were almost exclusively within the probation office. There seemed to be little contact with probationers, by court personnel, outside of the formal office interview.

### **School**

The majority were attending regular school with some in alternative schools. Alternative school attendance was mostly due to school failure brought on by non-attendance. Youth seemed to verify the long held notion of school difficulty leading to other problems. These youth saw passing grades, C's, as commendable and could not determine whether the academic or social problems led to their difficulty in school. Those in alternative schools expressed the most anger toward teachers and other youth who, they felt, had ostracized them.

### **Alcohol Tobacco and Other Drugs**

Alcohol usage appears to be almost universal. There was not one youth in the focus groups who claimed to be a non-drinker. The majority admitted to some drug usage although they were not willing to be specific. Most said they had tried marijuana. The majority of their family members drink although the source of alcohol was friends. They claimed that getting drugs was as easy as purchasing food. Dealers are flourishing, known to everyone, and they are even willing to front the drugs on promise of payment. Twenty dollars (\$20) seemed to be plenty of money to buy the drugs and alcohol that was needed. Regarding alcohol, simply asking someone going into a liquor store was sufficiently resourceful to supply the necessary alcohol. Using alcohol and to a lesser extent drug experimentation seemed as natural as breathing to these youth. It seemed difficult for them to understand that some people did not use. Only one youth admitted alcohol usage to the extent of passing out on a weekly basis due to his alcohol consumption, but all claimed weekly alcohol consumption. With respect to smoking cigarettes, every person interviewed **smoked. These youth connect health hazard with smoking, however, they do not connect health hazards with alcohol or drug usage.** Most of these youth claimed to want to quit smoking. They talked about it as a dirty habit, not good for them, but something you just did growing up.

## **Guns**

Only two youth claimed to have carried a weapon. In each instance it was for protection. All claimed to have access to guns. Going price is \$20 for a small, .22 caliber handgun. Once again, guns are available from “friends”. When pressed who these friends are most indicated that guns were always from your “homeboys”. You did not need to be a gang member to use the local gangs to supply you with guns. It was almost as if they saw the gang as providing a needed service to them. The other 17 interviewed had not used a weapon, attempted to buy one, or thought there had been a time when they needed one.

## **Gangs**

Only one youth claimed to be an active gang member, a Hispanic male. One Polynesian female claimed gang affiliation but not currently active with “her homeboys”. All know people in gangs but the majority opinion seemed to be that gangs were not really impacting their lives. Some even called gang membership pathetic. They talked as if gangs were only for those youth who could not fit anywhere else. Gang membership was held up as a sign of weakness rather than strength. None claimed pressure to join gangs. Only one felt threatened by gangs. They claimed they would not engage in illegal behavior either for gang membership or to gain favor with gang members.

## **Religiosity**

Questions about religion and spiritual beliefs, interestingly enough, elicited the most emotion. Most seemed angry that this topic was being investigated. They appeared to think that it was inappropriate to try to make a connection between religiosity and delinquency. Two females claimed interest in attending church but did not attend due to transportation difficulties. The others were not interested in church, did not attend, and were most animated talking about their feelings about church and God. The implication was that religion was personal and we should not be asking them about it.

## **Neighborhoods**

The majority described living in working class neighborhoods. No one lived in upscale communities. Two youth lived in a trailer court, one in a home in an industrial area, several in very large apartment complexes. One of the Hispanic youth who claimed gang activity was the only one who said that gangs were an issue in his neighborhood. Interestingly enough, he was the one who seemed to have the most connection to his “hood”, claiming to love his community, his neighbors and intended to remain in that neighborhood during his adult years.

## Other Discussion Issues

Following a review of the areas listed above, time was spent in a less formal, round-table discussion regarding attitudes toward probation, the juvenile court, youth corrections and the possible deterrent value of tougher laws. The major question the facilitators hoped to answer was whether probation helped youth to become less troubled and less delinquent. The answer is yes, probation did help these youth. One youth put it most succinctly, "Probation is like cough medicine, you don't want to take it but it usually makes you feel better."

The one area where probation seemed to be most helpful was in a reduction in drug and alcohol usage during the term of the probation. Most youth claimed to be reducing or eliminating their drug and alcohol usage while on probation due to the random drug testing performed by probation staff. (They talked of hating the randomness but admitted that it was effective). They did not want their probation time extended which surely would occur, in their minds, if they failed drug tests.

Most probationers felt their parents were supportive of probation, at least to the extent of getting them to probation appointments. The hassle and cost of transportation also placed pressure on these youth to complete their probation. This is sort of an unintended consequence of probation meetings being in the probation office.

The attempt to determine if attitudes were different between active probationers and those who completed probation failed due to a lack of attendance. In a sampling of the two individuals who completed probation, one female probationer in Salt Lake and one male in Provo, it was clear that while they were reluctant to praise probation they were much more positive about their experience and the benefits of probation than were the active probationers.

With respect to deterrence, there was unequivocal rejection of tougher laws or the use of incarceration as a deterrent to future offending. Most described their incarceration time as humiliating and anger provoking. Even though attempts had been made to publicize the passage of youthful offender legislation and the possible dire consequences for serious youth offending, not one probationer knew of the law or expressed interest in being informed about it.

There was an interesting geographical disparity. There was an almost time warp quality to the difference between youth in Provo and those in Salt Lake City and Ogden. Meetings with youth in Salt Lake and Ogden elicited the expected concerns about gangs, schools, guns etc. Youth in Provo were most adamant about the social classes. The "Preppies" v. Everyone else. There seems to be a much more defined line between youth from privileged neighborhoods and those from less fortunate economic circumstances in Provo. Some of the Provo youth claimed that gangs hadn't made it around the Point of the Mountain yet.

Lastly, these youth offered some optimism. They thought that the court should be more positive, “trying to help them instead of just trying to catch them.” These kids were not anti-court they just didn’t connect it to anything other than negative consequences. They also talked about guns and gangs, not with admiration or respect, but almost with disdain. They suggest that the glory days of gang-banging might be winding down.

## SUMMARY

As with the 1992 survey, Drug and Alcohol use Among Juvenile Probationers in Utah , the results of the current survey show that juvenile probationers used more alcohol, tobacco, and other drugs than youth in the general population, and were more at risk for mental health problems, delinquency, and antisocial activities. Additionally, the current survey clearly shows that when compared to youth in the general population, probationers have more risk and less protection for substance abuse and other problems in the four important areas of their daily lives: the community, the family, the school, and within individuals themselves and their peer interactions.

In the community, probationers report drugs and alcohol to be more available, they perceive that the laws and norms of the community are more favorable to drug use, and there is considerable transition and mobility in their communities. In their families, they report that they are not as attached to their families or see as many opportunities for positive involvement with their families as youth from the general population. They report that their parents are not monitoring them as closely as parents from the general population. At school, they are more prone to academic failure, and have less commitment to school. With their peers and for the individuals themselves, probationers are more likely to engage in anti-social behavior, have early initiation of anti-social behavior, interact with anti-social peers, have favorable attitudes toward drug use, have friends who use drugs, are less religious, and lack social skills. They are also more likely to need treatment for substance abuse with 32% meeting the DSM-III-R diagnosis of substance abuse or dependence. The estimate for youth in the general population that need substance abuse treatment is 7%.

**Positive Trends.** The juvenile probationers in 1997 are less likely to use cigarettes, alcohol, hallucinogens and stimulants than they were in 1992. They have been exposed to skill training opportunities more than the probationers in 1992, and they report less of an intention toward the future use of alcohol and marijuana. Also, gang membership among probationers has decreased from 20% belonging to a gang in 1992 to 17% reporting gang membership in 1997. Probationers in the focus groups indicated that gangs were not really impacting their lives.

**Negative Trends.** For juvenile probationers, school enrollment is down from 1992 levels. Since school attachment and the opportunities for success that can be found in the educational system provide important protective factors for these youth, any decrease in

the availability of educational opportunities compromises their bonding, positive behavior, and chances of personal success.

The use of marijuana, inhalants and cocaine are up from 1992 survey levels. The use of these “harder drugs” have serious societal implications. The biological insult to adolescents using these drugs compromises their efforts to achieve personal success; bond with their community, schools, and family; and develop a realistic sense of well being and personal health.

Two alarming trends are: 1) the apparent ease with which drugs and alcohol can be obtained, and 2) the rise in the percentage of youth who **do not** perceive a risk associated with drug and alcohol use. Easy access and the belief that drugs and alcohol are harmless is a recipe for increased ATOD use rates in the future. Again these indicators are higher than reported in 1992.

Females in particular are in more need of treatment than reported in 1992. The percentage of females that need treatment in 1997 is higher than the percentage of males that need treatment. The female probationers also are more at risk for substance abuse and other problems than males. When compared to males in this survey, they report that alcohol and other drugs are more available to them, they have more favorable attitudes toward drug use, and they view the laws and norms of the community to be more favorable to drug use. They have more family conflict, come from families with a history of anti-social behavior, are not as attached to their families, and do not see as many opportunities for positive involvement with their families. At school they have a greater risk for academic failure, tend to have more friends that use drugs, and they are less resilient than male probationers.

These differences between male and female probationers are even more serious when the male-female differences of the general population are reviewed. For the general population, females are generally less at risk and have more protection than males, just the opposite of the females on probation. Thus, every effort should be made to provide treatment opportunities that are specifically designed for the females on probation.

There has been a reduction in the proportion of probationers definitely intending to use alcohol and marijuana. In 1992, 32% were sure to drink alcohol and 18% were sure to smoke marijuana in the coming year, while in 1997, only 18% were sure to use alcohol and 14% smoke marijuana. The intention to use other drugs remains unchanged from 1992. While this could be seen as a positive indicator, it may not be. Although it would seem that a desire to quit using alcohol and marijuana is a good thing, it is possible that the real issue is that because these youth have serious substance abuse problems, they are more likely to endorse the idea of quitting than someone who does not have as great a need for treatment. With the prevalence of harder drug use increasing, it seems that this group of youth has a serious substance abuse problem.

The arrests rate for juvenile drug violations also points to a greater substance abuse problem for youth currently on probation. Data from the Utah Bureau of Criminal Identification, Department of Public Safety shows that the arrest rate for drug law violations (possession, sale, use, growing, manufacturing of illegal drugs) per 100,000 juveniles (age 10-17) increased from 188.43 in 1991 to 685.20 in 1995. This indicates that a trend of increasing criminal activity for juveniles is occurring.

**Conclusion.** Since there is a significant drop in the use of cigarettes and alcohol from 1992 to 1997, it would seem wise to determine why this has occurred and to replicate this methodology with marijuana and cocaine. Perhaps the “media blitz” surrounding the tobacco industry and the harmful effects of cigarette smoking has managed to impact youth prevalence rates of tobacco products. The interviews with youth in the focus groups suggest that probationers have learned that tobacco is very harmful, however, they do not perceive alcohol and other drugs as that harmful. The techniques for providing information about the harmfulness of tobacco should be explored for use in combating the perceived benign nature of alcohol and other drugs. Using the types of messages that have been used with tobacco would be a strategy worth investigating for use with marijuana and cocaine which also have serious and profound health consequences.

It would also be appropriate to address why fewer probationers are seeking substance abuse treatment. Is this a function of managed health care, insufficient funding for children at risk, systemic access problems, poor assessment and triage, or something less obvious. This seems to be an important question which needs further investigation.

Finally, the information in this report shows that compared to youth in the general population, probationers in Utah are more at risk for substance abuse and other problems; have higher rates of use of alcohol, tobacco, and other drugs; and have a higher need for substance abuse treatment. The challenge for the juvenile probation system is to provide an array of successful treatment programs that address probationers’ problem behaviors. In order to be successful, treatment programs need to be run according to established protocols that have been shown to be effective with youth on probation. A key component of a successful treatment system is a strong evaluation component that will ensure that programs are being implemented as they were designed and are having positive outcomes on the lives of the youth who participate.

Those working with juvenile probationers should investigate and implement programs that are well researched and have been shown to reduce youth problem behaviors. Without successful programs to address the problems of these youth, they will become prime candidates to move into the adult criminal justice system.



## APPENDIX

### 1997 JUVENILE PROBATION SURVEY--Percent responding to each question

**1. Judicial district in which youth resides: (please choose one) (Contains actual number of participants)**

- 86 District 1 (Cache, Rich, Box Elder Counties)
- 195 District 2 (Weber, Morgan, Davis Counties)
- 465 District 3 (Salt Lake, Summit, Tooele Counties)
- 121 District 4 (Millard, Juab, Utah, Wasatch Counties)
- 50 District 5 (Beaver, Iron, Washington Counties)
- 42 District 6 (Sanpete, Garfield, Kane, Piute, Sevier, Wayne Counties)
- 41 District 7 (Carbon, Emery, Grand, San Juan Counties)
- 28 District 8 (Daggett, Duchesne, Uintah Counties)

**2. Probation office where youth receives services: (please choose one) (Contains actual number of participants)**

- |     |                  |     |                        |
|-----|------------------|-----|------------------------|
| 24  | 1. American Fork | 16  | 15. Orem               |
| 0   | 2. Beaver        | 0   | 16. Panguitch          |
| 6   | 3. Blanding      | 23  | 17. Price              |
| 34  | 4. Brigham City  | 65  | 18. Provo              |
| 4   | 5. Castle Dale   | 21  | 19. Richfield          |
| 20  | 6. Cedar City    | 13  | 20. Roosevelt          |
| 76  | 7. Farmington    | 104 | 21. Salt Lake, Central |
| 1   | 8. Fillmore      | 79  | 22. Salt Lake, City    |
| 1   | 9. Kanab         | 83  | 23. Salt Lake, South   |
| 38  | 10. Logan        | 156 | 24. Salt Lake, West    |
| 19  | 11. Manti        | 26  | 25. St. George         |
| 7   | 12. Moab         | 0   | 26. Tooele             |
| 0   | 13. Morgan       | 15  | 27. Vernal             |
| 107 | 14. Ogden        | 20  | 28. Other _____        |

**In this survey, you will be asked about alcohol, drugs, and some of your attitudes toward family, friends, school, and community. This is NOT a test, so there are no right or wrong answers; no one will know what answers you mark, and your participation is requested. Please do not put your name on this booklet. If you do not find an answer that fits exactly, mark the one that comes closest. If any question does not apply to you or you are not sure what it means, just leave it blank. Please mark ONLY ONE answer for each question, unless the question asks for more.**

**3. How old are you? Mean = 15.5 years \_\_\_\_\_**                      **4. What grade are you in? Mean = 9.8 \_\_\_\_\_**

**5. How long have you been on probation? Mean = 7.7 months \_\_\_\_\_**

**6. Are you:**    15.3 female            84.7 Male

**7. What do you consider yourself to be? (choose one best answer).**

- 68.0 White, not of Hispanic Origin
- 1.7 Black or African-American
- 8.2 American Indian/Native American
- Spanish/Hispanic/Latino:
 

6.9 Mexican American	3.6 Chicano	2.5 Mexican	.6 Puerto Rican
.9 Central or South American	.1 Cuban	.9 Other Spanish	
- Asian or Pacific Islander:
 

.3 Chinese	.1 Japanese	0 Filipino	0 Asian Indian
.3 Hawaiian	.8 Samoan	.2 Korean	1.8 Tongan
.4 Vietnamese	0 Guamanian	.4 Laotian	.4 Cambodian
.5 Other Asian or Pacific Islander	Other (please specify) _____		

**8. English is the main language spoken in my home:**            93.8 True            6.2 False

9. If FALSE to Question 8, what is the main language spoken in your home? 6.2% non-english speaking

**Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply).**

79.0	Mother	48.3	Father	.5	Brother(s)	3.1	Other Adults
6.5	Stepmother	13.3	Stepfather	5.8	Stepbrother(s)		
.5	Foster mother	.5	Foster father	48.4	Sister(s)		
7.5	Grandmother	4.6	Grandfather	5.3	Stepsister(s)		
4.5	Aunt	3.6	Uncle	6.6	Other children		

**26. How many brothers and sisters, including stepbrothers and stepsisters, do you have who are older than you? Mean = 2.8**

**27. How many brothers and sisters, including stepbrothers and stepsisters, do you have who are younger than you? Mean = 2.4**

**28. What is the highest level of schooling your father completed?**

1.2	Completed grade school or less	13.7	Completed college
13.8	Some high school	3.9	Graduate or professional school after college
29.7	Completed high school	25.2	Don't know
18.0	Some college	1.4	Does not apply

**29. What is the highest level of schooling your mother completed?**

1.2	Completed grade school or less	16.0	Completed college
13.8	Some high school	2.6	Graduate or professional school after college
29.7	Completed high school	17.2	Don't know
18.0	Some college	1.6	Does not apply

**30. Where are you living now?**

1.1	On a farm	8.9	In the country, not on a farm	90.0	In a city, town, or suburb
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**31. What is your zip code? 84\_\_ \_\_ \_\_**

**32. During the past 12 months, has your physical health been good, fair, or poor?**

63.3	Good	35.0	Fair	1.8	Poor
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**33. During the past 12 months, has your emotional or psychological health been good, fair, or poor?**

44.9	Good	47.6	Fair	7.4	Poor
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**34. Which of the following best describes your present school program?**

37.8	Regular classroom program	9.8	Special education / resource	10.3	Dropped out of school
3.1	Vocational program	2.8	Graduated		
21.2	Alternative school	4.4	Expelled from school		
7.8	Home study	3.0	Suspended from school		

**35. How many full- or part-time jobs have you had in your life?**

23.4	Never had a job	46.1	1-2 jobs	24.7	3-6 jobs	5.8	More than 6 jobs
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**36. Are you currently employed? 35.3 Yes 64.7 No**

**37. If YES to Question 36, how many hours do you work each week? Mean of those who worked = 30.5**

**38. It is important to get good grades?**

3.7	No, definitely not true for me	51.6	Yes, mostly true for me
9.3	No, mostly not true for me	35.4	Yes, definitely true for me

**39. Putting them all together, what were your grades like last year?**

21.7	Mostly F's	33.9	Mostly C's	6.7	Mostly A's
17.2	Mostly D's	20.5	Mostly B's		

**40. Have you had a drug education class at school or from some other source? 70.5 Yes 29.5 No**

**Have you had a class in school, or other source, that included information or training in:**

	<u>Yes</u>	<u>No</u>
41. communication skills . . . . .	67.7	32.3
42. problem solving skills . . . . .	72.0	28.0
43. decision making skills . . . . .	67.4	32.6
44. values clarification . . . . .	41.9	58.1
45. coping skills . . . . .	44.6	55.4
46. stress management . . . . .	52.4	47.6
47. anger management . . . . .	58.2	41.8
48. self esteem . . . . .	61.1	38.9
49. refusal skills . . . . .	45.0	55.0
50. positive alternatives to substance use and delinquent behavior . . .	58.9	41.1

**ON THE NEXT QUESTIONS MARK:**

- “NO!”** IF YOU THINK THE STATEMENT IS DEFINITELY NOT TRUE FOR YOU.
- “no”** IF YOU THINK THE STATEMENT IS MOSTLY NOT TRUE FOR YOU.
- “yes”** IF YOU THINK THE STATEMENT IS MOSTLY TRUE FOR YOU.
- “YES!”** IF YOU THINK THE STATEMENT IS DEFINITELY TRUE FOR YOU.

	<u>NO!</u>	<u>no</u>	<u>yes</u>	<u>YES!</u>
51. In my school, students have lots of chances to help decide things like class activities and rules. . . . .	17.9	30.1	37.4	14.7
52. Teachers ask me to work on special classroom projects. . . . .	29.3	36.1	26.8	7.8
53. My teacher(s) notices when I am doing a good job and lets me know about it. . . . .	12.4	19.0	42.6	26.0
54. There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class. . . . .	14.5	16.3	34.8	34.4
55. I try hard to do good work in school. . . . .	5.9	19.8	50.9	23.3
56. Teachers don't call on me in class, even when I raise my hand. . . . .	27.9	43.8	20.8	7.5
57. There are lots of chances for students in my school to talk with a teacher one-on-one. . . . .	11.7	21.6	39.5	27.2
58. I feel safe at my school. . . . .	12.1	16.0	37.7	34.2
59. I have given up on school. . . . .	50.5	29.0	12.7	7.9
60. I want to go to vocational training after high school. . . . .	23.4	33.2	28.6	14.8
61. I want very much to go to college after high school. . . . .	16.1	22.8	30.6	30.5
62. The school lets my parents know when I have done something well. . . . .	32.5	27.6	27.5	12.4
63. My teachers praise me when I work hard in school. . . . .	16.3	30.4	39.5	13.8
64. It is important to me to get good grades. . . . .	6.5	14.7	45.8	33.0
65. Are your school grades better than the grades of most students in your class? . . .	25.8	44.5	21.4	8.3
66. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police? . . . . .	34.8	36.4	20.0	8.8
67. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police? . . . . .	34.2	40.5	17.1	8.2
68. If a kid carried a handgun in your neighborhood, would he or she be caught by the police? . . . . .	27.1	38.6	20.7	13.7
69. I think it is okay to take something without asking if you can get away with it. . . . .	46.4	35.8	12.0	5.8
70. It is alright to beat up people if they start the fight. . . . .	19.7	25.8	29.8	24.8
71. It is important to be honest with your parents, even if they become upset or you get punished. . . . .	6.1	14.9	40.7	38.4
72. I think sometimes it's okay to cheat at school. . . . .	28.3	35.3	27.9	8.6
	<u>Very False</u>	<u>Somewhat False</u>	<u>Somewhat True</u>	<u>Very True</u>
73. I do the opposite of what people tell me, just to get them mad. . . . .	32.0	39.3	24.6	4.1
74. I ignore rules that get in my way. . . . .	26.0	35.1	32.8	6.1
75. I like to see how much I can get away with. . . . .	35.0	29.1	27.5	8.3

**During the LAST FOUR WEEKS, how many whole days of school have you missed . . .**

	<u>None</u>	<u>1</u>	<u>2-3</u>	<u>4-5</u>	<u>6-10</u>	<u>11+</u>
76. because of illness . . . . .	52.2	13.3	17.7	5.9	4.4	6.6
77. because you skipped or "cut" . . . . .	57.0	7.2	9.9	7.6	3.8	14.5
78. for other reasons . . . . .	44.0	11.8	13.6	7.0	4.7	18.8

	<u>Very Hard</u>	<u>Sort of Hard</u>	<u>Sort of Easy</u>	<u>Very Easy</u>
79. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some? . . . . .	15.0	14.2	21.0	49.8
80. If you wanted to get some cigarettes, how easy would it be for you to get some? . . . . .	8.4	10.0	16.1	65.5
81. If you wanted to get some marijuana, how easy would it be for you to get some? . . . . .	17.9	12.0	18.7	51.4
82. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some? . . . . .	34.0	17.4	18.1	30.5
83. If you wanted to get a handgun, how easy would it be for you to get one? . . . . .	33.3	20.3	22.1	24.3

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

	<u>Very wrong</u>	<u>Wrong</u>	<u>A little Bit wrong</u>	<u>Not wrong at all</u>
84. to use marijuana . . . . .	64.1	20.7	12.5	2.7
85. to drink alcohol . . . . .	55.6	21.2	18.7	4.4
86. to smoke cigarettes . . . . .	42.4	21.3	24.1	12.1

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

	<u>None</u>	<u>1 adult</u>	<u>2 adults</u>	<u>3 or 4 adults</u>	<u>5 or more</u>
87. used marijuana, crack, cocaine, or other drugs? . . . . .	26.6	12.0	10.7	16.7	33.9
88. sold or dealt drugs? . . . . .	36.1	11.2	14.0	11.5	27.2
89. done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging, or assaulting others, etc.? . . . . .	41.4	14.6	11.3	9.6	23.1
90. gotten drunk or high? . . . . .	16.2	11.6	8.0	10.2	54.0

**91. Have you ever used smokeless tobacco (chew, snuff, plug, or dipping tobacco)?**

51.8	Never	6.5	Regularly, but in the past
26.3	Once or twice	4.7	Regularly now
10.7	Once in a while but not regularly		

**92. How frequently have you used smokeless tobacco during the past 30 days?**

81.5	Never	2.8	Regularly, but in the past
8.1	Once or twice	3.7	Regularly now
3.9	Once in a while but not regularly		

**93. Have you ever smoked cigarettes?**

11.9	Never	19.8	Regularly, but in the past
16.1	Once or twice	41.5	Regularly now
10.6	Once in a while but not regularly		

**94. How frequently have you smoked cigarettes during the past 30 days?**

41.0	Not at all	12.5	About one pack per day
10.6	Less than one cigarette per day	3.6	About one and one-half packs per day
16.1	One to five cigarettes per day	2.5	Two packs or more per day
13.6	About one-half pack per day		

**95. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?**

75.2	None	7.8	Once	5.3	Twice	6.0	3-5 times	2.3	6-9 times	3.4	10 or more times
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		Number of Occasions						
		None	1-2	3-5	6-9	10-19	20-39	40+
96.	On how many occasions (if any) have you had beer, wine, or hard liquor to drink in your <u>lifetime</u> ? . . . . .	15.3	11.6	11.2	10.4	12.2	10.4	28.9
97.	On how many occasions (if any) have you had beer, wine, or hard liquor during the <u>past 30 days</u> ? . . . . .	66.2	13.9	8.4	4.7	3.6	1.4	1.8
98.	On how many occasions (if any) have you used marijuana in your <u>lifetime</u> ? . . . . .	23.3	10.1	5.5	5.8	6.6	6.1	42.5
99.	On how many occasions (if any) have you used marijuana during the <u>past 30 days</u> ? . . . . .	74.2	11.3	3.0	3.2	2.3	2.6	3.4
100.	On how many occasions (if any) have you used stimulants ("amphetamines," "meth," "crystal," "cross tops," "crank") in your <u>lifetime</u> ? . . . . .	62.7	10.3	5.6	3.8	4.8	3.4	9.4
101.	On how many occasions (if any) have you used stimulants ("amphetamines," "meth," "crystal," "cross tops," "crank") during the <u>last 30 days</u> ? . . . . .	89.3	4.0	2.1	1.8	1.6	.6	.6
102.	On how many occasions (if any) have you used sedatives (tranquilizers such as valium or xanax, barbiturates or sleeping pills) <u>without</u> a doctor telling you to take them, in your <u>lifetime</u> ? . . . . .	72.5	11.1	5.2	4.1	3.2	2.2	1.8
103.	On how many occasions (if any) have you used sedatives (tranquilizers such as valium or xanax, barbiturates, or sleeping pills) <u>without</u> a doctor telling you to take them, during the <u>last 30 days</u> ? . . . . .	91.0	4.9	2.1	1.3	.2	.2	.3
104.	On how many occasions (if any) have you used hallucinogens (such as LSD, PCP, "acid") in your <u>lifetime</u> ? . . . . .	58.9	11.9	7.8	6.5	4.9	3.7	6.4
105.	On how many occasions (if any) have you used hallucinogens (such as LSD, PCP, "acid") during the <u>past 30 days</u> ? . . . . .	91.0	4.1	2.4	1.4	.5	.4	.2
106.	On how many occasions (if any) have you used cocaine or crack in your <u>lifetime</u> ? . . . . .	68.0	12.8	6.1	3.4	2.9	2.3	4.6
107.	On how many occasions (if any) have you used cocaine or crack during the <u>past 30 days</u> ? . . . . .	93.8	3.5	.7	.7	.6	.5	.1
108.	On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your <u>lifetime</u> ? . . . . .	64.7	16.6	6.5	3.1	4.7	1.7	2.6
109.	On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the <u>past 30 days</u> ? . . . . .	96.1	2.3	.7	.5	.1	.2	0
110.	On how many occasions (if any) have you used derbisol in your <u>lifetime</u> ? . . . . .	98.1	1.0	.3	.3	0	.1	.2
111.	On how many occasions (if any) have you used derbisol in the <u>past 30 days</u> ? . . . . .	98.8	.2	.5	.2	.1	0	.1
112.	On how many occasions (if any) have you used heroin or other opiates in your <u>lifetime</u> ? . . . . .	88.5	5.5	2.4	1.1	1.3	.2	.9
113.	On how many occasions (if any) have you used heroin or other opiates in the <u>past 30 days</u> ? . . . . .	97.1	2.1	.3	.1	.4	0	0
<b>114.</b>	<b>How often do you attend religious services or activities?</b>							
	31.5 Never      35.7 Rarely      13.6 1-2 times a month      19.2 About once a week or more							
<b>115.</b>	<b>How important is religion in your life?</b>							
	29.7 Not important      35.1 Somewhat important      20.8 Pretty important      14.4 Very important							
<b>116.</b>	<b>How many times have you done what feels good, no matter what?</b>							
	11.3 Never      15.4 Less than once a month      18.1 2-3 times a month							
	13.5 I've done it, but not in the past year      14.2 About once a month      27.5 Once a week or more							
<b>117.</b>	<b>How many times have you done something dangerous because someone dared you to do it?</b>							
	24.8 Never      21.5 Less than once a month      10.5 2-3 times a month							
	26.8 I've done it, but not in the past year      10.9 About once a month      5.6 Once a week or more							
<b>118.</b>	<b>How many times have you done crazy things, even if they are a little dangerous?</b>							
	13.0 Never      20.2 Less than once a month      16.4 2-3 times a month							
	23.1 I've done it, but not in the past year      13.8 About once a month      13.5 Once a week or more							

**Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your four best friends have:**

	<u>None</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
119. smoked cigarettes? .....	18.7	13.3	11.7	12.1	44.3
120. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know it? ....	19.8	12.2	13.3	12.0	42.8
121. used marijuana? .....	27.3	10.7	13.0	12.1	36.9
122. used LSD, cocaine, amphetamines, or other illegal drugs? .....	53.8	14.0	10.6	5.0	16.6

**What are the chances you would be seen as cool if you:**

	<u>No or very little chance</u>	<u>Little chance</u>	<u>Some chance</u>	<u>Pretty good chance</u>	<u>very good chance</u>
123. smoked cigarettes? .....	64.9	19.4	9.4	2.6	3.7
124. began drinking alcoholic beverages regularly, that is, at least once or twice a month? .....	64.0	19.2	8.7	4.4	3.7
125. smoked marijuana? .....	62.4	16.6	10.4	5.9	4.7
126. carried a handgun? .....	69.5	13.3	7.6	4.7	4.9
127. carried a weapon other than a handgun? .....	68.0	14.8	7.5	4.5	5.2

**How old were you when you first:**

	<u>Never have</u>	<u>10 or less</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17 or older</u>
128. smoked marijuana? .....	19.4	11.2	10.9	15.2	19.4	12.5	7.8	2.6	1.0
129. smoked a cigarette, even just a puff? .....	12.4	35.6	14.7	13.0	10.8	7.3	4.4	1.5	.3
130. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? ...	14.0	25.8	11.0	11.3	16.1	10.6	8.0	2.4	.7
131. began drinking alcoholic beverages regularly, that is at least once or twice a month? .....	39.4	4.7	4.3	9.6	12.9	12.2	9.8	5.1	1.9
132. got suspended from school? .....	17.8	18.9	9.2	14.8	17.1	12.5	6.7	2.0	1.0
133. got arrested? .....	13.1	11.6	8.1	13.4	16.8	16.3	11.7	6.1	2.9
134. carried a handgun? .....	71.0	2.4	2.1	4.3	5.9	6.0	4.5	3.1	.7
135. carried a weapon other than a handgun? .....	51.9	9.5	5.7	9.0	9.3	6.2	5.0	2.9	.5
136. attacked someone with the idea of seriously hurting them? .....	55.5	7.0	4.4	7.2	9.2	7.2	5.1	3.6	.9

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

	<u>Very Wrong</u>	<u>Wrong</u>	<u>A little bit wrong</u>	<u>Not wrong at all</u>
137. take a handgun to school? .....	71.1	18.5	7.5	2.9
138. take a weapon other than a handgun to school? .....	60.6	20.9	13.1	5.4
139. steal anything worth more than \$5? .....	46.8	29.6	18.6	5.0
140. pick a fight with someone? .....	35.2	30.3	25.2	9.3
141. attack someone with the idea of seriously hurting them? .....	51.3	26.8	15.6	6.3
142. stay away from school all day when their parents think they are at school? .....	34.3	30.4	24.8	10.6

**Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your four best friends have:**

	<u>None</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
143. been suspended from school? .....	31.1	18.6	16.2	13.5	20.6
144. carried a handgun? .....	68.3	10.2	9.0	4.0	8.4
145. carried a weapon other than a handgun? .....	55.5	11.8	9.7	8.4	14.5
146. sold illegal drugs? .....	48.0	17.4	12.4	7.2	15.0
147. stolen or tried to steal a motor vehicle such as a car or motorcycle? .....	58.4	16.2	10.6	4.0	10.7
148. been arrested? .....	27.7	17.0	18.6	12.6	24.1
149. dropped out of school? .....	49.1	19.6	13.2	7.0	11.1

**How many times in the past year (12 months) have you?**

	<u>Never</u>	<u>1-2</u>	<u>3-5</u>	<u>6-9</u>	<u>10-19</u>	<u>20-29</u>	<u>30-39</u>	<u>40+</u>
150. been suspended from school? . . . . .	41.2	32.5	15.7	5.8	2.5	1.3	.2	.7
151. carried a handgun? . . . . .	80.9	8.7	3.2	2.2	1.7	.6	.5	2.1
152. carried a weapon other than a handgun? . . . . .	63.5	14.2	5.5	3.3	3.0	2.0	.9	7.6
153. sold illegal drugs? . . . . .	67.2	12.0	4.6	4.1	2.2	1.9	1.1	6.9
154. stolen or tried to steal a motor vehicle such as a car or motorcycle? . . . . .	72.3	15.3	5.4	2.7	2.4	.6	.2	1.1
155. been arrested? . . . . .	25.9	37.4	21.1	8.5	4.4	1.3	.3	1.2
156. attacked someone with the idea of seriously hurting them? . . . . .	64.4	20.2	7.2	3.8	2.0	.8	.8	.7
157. been drunk or high at school? . . . . .	54.3	12.0	10.7	5.1	4.4	3.1	1.7	8.8
158. taken a handgun to school? . . . . .	91.4	3.7	1.7	1.2	.6	.5	.1	.8

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

	<u>Very Wrong</u>	<u>Wrong</u>	<u>A little bit wrong</u>	<u>Not wrong at all</u>
159. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly? . . . . .	29.4	29.7	25.0	15.9
160. smoke cigarettes? . . . . .	22.6	25.2	24.0	28.2
161. smoke marijuana? . . . . .	31.1	24.7	21.2	23.0
162. use LSD, cocaine, amphetamines, or other illegal drugs? . . . . .	58.9	21.3	10.6	9.2

**163. 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 and no other customers. What would you do now?**

- 37.4 Ignore her. 26.8 Tell her to put the CD back.
- 21.6 Grab a CD and leave the store. 14.2 Act like it's a joke and ask her to put the CD back.

**164. It's 8:00 on a week night 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 tonight." What would you do now?**

- 17.4 Leave the house anyway.
- 61.2 Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out.
- 11.1 Not say anything and start watching TV.
- 10.3 Get into an argument with her.

**165. You are visiting another part of town and you don't know any of the people your age there. You are walking down the street and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you he deliberately bumps into you and you almost lose your balance. What would you say or do?**

- 34.5 Push the person back.
- 21.8 Say "Watch where you're going" and keep on walking.
- 24.8 Say "Excuse me" and keep on walking
- 18.9 Swear at the person and walk away.

**166. 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?**

- 46.4 Drink it.
- 21.3 Tell your friend, "No thanks, I don't drink" and suggest that you and your friend go and do something else.
- 21.8 Just say, "No thanks" and walk away.
- 10.4 Make up a good excuse, tell your friend you had something else to do, and leave.



**How wrong do your parents feel it would be for you to:**

	<u>Very Wrong</u>	<u>Wrong</u>	<u>A little bit wrong</u>	<u>Not Wrong at all</u>
167. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly? . . . . .	74.6	16.9	6.6	1.9
168. smoke cigarettes? . . . . .	60.5	20.9	12.6	6.0
169. smoke marijuana? . . . . .	78.7	14.5	5.0	1.8
170. steal something worth less than \$5? . . . . .	83.3	12.3	3.3	1.1
171. draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)? . . . . .	83.0	12.2	3.3	1.5
172. pick a fight with someone? . . . . .	66.7	21.6	9.1	2.5

**Have any of your brothers or sisters ever:**

	<u>Yes</u>	<u>No</u>	<u>I don't have any brothers or sisters</u>
173. drunk beer, wine, or hard liquor (for example, vodka, whiskey or gin)? . . . . .	68.4	28.7	2.9
174. smoked marijuana? . . . . .	57.0	40.2	2.8
175. smoked cigarettes? . . . . .	68.3	29.1	2.6
176. taken a handgun to school? . . . . .	8.8	88.1	3.1
177. taken a weapon other than a handgun to school? . . . . .	18.4	78.3	3.3
178. been suspended or expelled from school? . . . . .	56.6	40.6	2.8

**ON THE NEXT QUESTIONS MARK:**

- “**NO!**” IF YOU THINK THE STATEMENT IS DEFINITELY NOT TRUE FOR YOU.
- “**no**” IF YOU THINK THE STATEMENT IS MOSTLY NOT TRUE FOR YOU.
- “**yes**” IF YOU THINK THE STATEMENT IS MOSTLY TRUE FOR YOU.
- “**YES!**” IF YOU THINK THE STATEMENT IS DEFINITELY TRUE FOR YOU.

	<u>NO!</u>	<u>no</u>	<u>yes</u>	<u>YES!</u>
179. The rules in my family are clear. . . . .	6.5	13.8	41.1	38.6
180. My parents ask if I've gotten my homework done. . . . .	12.0	19.5	38.6	30.0
181. When I am not at home, one of my parents knows where I am and who I am with. . . . .	9.3	20.0	42.2	28.5
182. Would your parents know if you did not come home on time? . . . . .	6.4	12.7	38.8	37.4
183. My parents praise me when I do well in school. . . . .	8.7	15.6	38.4	37.4
184. My parents want me to call if I'm going to be late getting home. . . . .	5.9	10.4	32.8	50.9
185. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents? . . . . .	20.3	31.2	27.6	20.9
186. My family has clear rules about alcohol and drug use. . . . .	8.5	13.3	28.5	49.7
187. If you carried a handgun without your parents' permission, would you be caught by your parents? . . . . .	21.4	22.9	25.3	30.4
188. If you skipped school would you be caught by your parents? . . . . .	13.7	26.0	31.6	28.7
189. Do you feel very close to your mother? . . . . .	9.7	15.1	32.9	42.4
190. Do you share your thoughts and feelings with your mother? . . . . .	13.8	24.9	35.7	25.7
191. My parents ask me what I think before most family decisions affecting me are made. . . . .	16.4	26.8	36.9	19.9
192. People in my family hardly ever lose their tempers. . . . .	21.6	33.4	31.0	14.0
193. Do you feel very close to your father? . . . . .	22.6	20.8	29.4	27.1
194. Do you share your thoughts and feelings with your father? . . . . .	26.3	25.6	28.6	19.5
195. Do you enjoy spending time with your mother? . . . . .	9.4	14.4	38.3	37.9
196. Do you enjoy spending time with your father? . . . . .	17.8	15.0	36.1	31.0
197. We fight a lot in our family. . . . .	17.4	38.9	28.5	15.2
198. If I had a personal problem, I could ask my mom or dad for help. . . . .	12.5	21.4	33.9	32.2
199. People in my family sometimes hit each other when they are mad. . . . .	32.9	32.7	24.2	10.3
200. My parents give me lots of chances to do fun things with them. . . . .	11.5	22.9	42.0	23.7
201. People in my family often insult or yell at each other . . . . .	18.6	35.5	33.3	12.6
202. People in my family have serious arguments . . . . .	22.1	38.1	29.0	10.9
203. In my family we argue about the same things over and over. . . . .	23.2	30.7	33.0	13.1

	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>
204. It is important to think before you act . . . . .	4.4	6.7	39.6	49.3
205. I have to have everything right now . . . . .	17.3	47.9	25.3	9.5
206. I jump or switch from activity to activity rather than sticking to one thing . . . . .	12.7	34.7	39.6	13.0
207. I often do things without thinking about the consequences . . . . .	11.1	25.2	45.3	18.4
208. It takes a lot to get me mad. . . . .	15.9	31.5	35.3	17.2
209. I frequently get upset . . . . .	15.5	39.0	33.0	12.5
210. I bounce back quickly after bad things happen to me. . . . .	8.4	24.2	49.2	18.1
211. When I get upset, it takes me a long time to get over it . . . . .	19.7	45.9	24.6	9.9
212. I am something of a loner . . . . .	39.1	29.5	22.1	9.2
213. I prefer working with others rather than alone . . . . .	10.0	18.2	40.5	31.3
214. I like to be with people. . . . .	7.0	12.4	44.1	36.5
215. Helping others makes me feel good. . . . .	6.0	15.4	47.7	30.9
216. If I had to move, I would miss the neighborhood I now live in. . . . .	18.0	23.9	29.8	28.2
217. My neighbors notice when I am doing a good job and let me know. . . . .	39.5	27.9	21.9	10.7
218. I like my neighborhood. . . . .	21.0	22.1	33.3	23.6
219. There are lots of adults in my neighborhood I could talk to about something important. . . . .	39.3	27.7	21.2	11.8
220. I'd like to get out of my neighborhood. . . . .	25.2	32.9	25.3	16.7
221. There are people in my neighborhood who are proud of me when I do something well. . . . .	33.2	29.7	25.9	11.2
222. There are people in my neighborhood who encourage me to do my best. . . . .	29.6	25.2	31.1	14.1
223. I feel safe in my neighborhood. . . . .	9.7	14.2	40.4	35.7
224. People move in and out of my neighborhood a lot. . . . .	24.1	38.2	23.9	13.8

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

	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>
225. crime and/or drug selling. . . . .	50.0	24.8	15.0	10.1
226. fights . . . . .	42.3	27.3	20.6	9.8
227. lots of empty or abandoned buildings. . . . .	62.2	28.8	5.2	3.7
228. lots of graffiti . . . . .	57.1	25.6	11.7	5.5
229. gang activity . . . . .	49.3	20.6	17.3	12.8

**230. How many times have you changed homes since kindergarten?**

20.4 Never    23.0 1-2 times    23.0 3-4 times    10.7 5-6 times    22.8 7 or more times

**Which of the following activities for people your age are available in your community?**

	<b>Yes</b>	<b>No</b>
231. sports teams . . . . .	81.5	18.5
232. scouting . . . . .	75.6	24.4
233. boys and girls clubs . . . . .	51.6	48.4
234. 4-H clubs . . . . .	42.2	57.8
235. service clubs . . . . .	49.8	50.2

**236. Have you changed schools in the last 12 months?**    51.9 Yes    48.1 No

**237. Has anyone in your family ever had a severe alcohol or drug problem?**    51.0 Yes    49.0 No

**238. Do either of your parents smoke marijuana (grass, hash, pot)?**  
 71.7 No    17.8 Used to but quit    6.3 Yes, sometimes    4.2 Yes, a lot

**239. Do either of your parents use drugs other than alcohol or marijuana (like barbiturates, speed, cocaine, or heroin) for nonmedical reasons?**  
 82.2 No    9.0 Used to but quit    5.8 Yes, sometimes    3.0 Yes, a lot

**240. Do your parents (guardians) permit you to drink alcohol (beer, wine, or hard liquor)?**

8.2 Yes, at home only    5.9 Yes, at home and away from home  
 3.0 Yes, away from home only    82.9 No, never either at home or away

**241. My parents notice when I am doing a good job and let me know about it.**  
 9.4 Never or almost never    33.8 Sometimes    30.1 Often    26.7 All the time

**242. How often do your parents tell you they're proud of you for something you've done?**  
 10.4 Never or almost never    34.8 Sometimes    35.8 Often    19.0 All the time

**243. Have you changed homes in the past year (the last 12 months)?** 39.0 Yes                      61.0 No

**244. Have you ever thought of committing suicide?**    38.2 Yes            61.8 No

**245. Have you ever tried to commit suicide?**    17.3 Yes            82.7 No

**The next questions ask for your opinions about the effects of using certain drugs and other substances. How much do you think people risk harming themselves (physically or in other ways), if they:**

	<u>No Risk</u>	<u>Slight Risk</u>	<u>Medium Risk</u>	<u>Great Risk</u>
246. try amphetamines (uppers, speed) once or twice? .....	21.1	20.8	21.3	36.7
247. take amphetamines regularly? .....	15.2	7.2	17.7	59.9
248. try hallucinogens (LSD, mushrooms) once or twice? .....	21.2	22.9	21.7	34.2
249. take hallucinogens regularly? .....	17.1	10.5	18.6	53.8
250. try cocaine once or twice? .....	17.5	16.1	21.4	45.1
251. take cocaine regularly? .....	15.2	7.6	11.1	66.2
252. try marijuana (pot, grass) once or twice? .....	40.2	23.2	13.5	23.2
253. smoke marijuana regularly? .....	27.2	24.6	19.9	28.3
254. smoke cigarettes occasionally? .....	28.2	26.2	22.6	22.9
255. smoke cigarettes nearly every day? .....	21.0	15.9	23.5	39.5
256. take one or two drinks nearly every day? .....	22.6	22.5	26.7	28.2
257. take four or five drinks nearly every day? .....	19.4	12.2	23.6	44.8
258. have five or more drinks once or twice a each weekend? .....	21.0	17.9	25.0	36.1

**259. Do you consider yourself to have a problem with alcohol use?**  
 40.8 I don't use alcohol                      4.2 Yes, a moderate problem  
 43.0 No, no problem                            1.7 Yes, a big problem  
 6.3 Yes, a small problem                      4.0 Had a problem, but don't have one now

**260. Do you consider yourself to have a problem with marijuana use?**  
 43.7 I don't use marijuana                      4.5 Yes, a moderate problem  
 31.9 No, no problem                            4.0 Yes, a big problem  
 8.9 Yes, a small problem                      6.9 Had a problem, but don't have one now

**261. Do you consider yourself to have a problem with drug use other than marijuana?**  
 59.1 I don't use other drugs                      2.6 Yes, a moderate problem  
 26.8 No, no problem                            2.9 Yes, a big problem  
 4.0 Yes, a small problem                      4.6 Had a problem, but don't have one now

**262. Have you ever received help for alcohol or drug use?** 35.4 Yes    64.6 No

**263. If YES to Question 262, what type of help for drug or alcohol use have you received?**  
 12.3 Outpatient individual counseling    5.3 Hospitalization (inpatient)  
 5.3 Day treatment                            10.2 Support groups (AA, NA, etc.)  
 4.3 Other residential program            4.5 Other (*please specify*): \_\_\_\_\_  
 8.2 Outpatient group counseling,

**264. Are you currently in treatment for your drug or alcohol use?**    18.7 Yes    81.3 No

**265. Have you ever committed a crime while under the influence of alcohol or drugs?** 46.5 Yes    53.5 No

**During the next year , how likely are you to:**

	No Chance	Little Chance	An even Chance	Some Chance	I'm Sure to
266. drink alcohol (beer, wine, liquor)?	38.3	26.6	11.0	5.7	18.5
267. smoke marijuana (grass, pot, hash)?	50.2	21.7	7.4	7.1	13.7
268. use other drugs?	69.7	13.5	4.9	4.8	7.1
269. do illegal things (like steal, sell drugs, assault or sex offenses)?	70.1	15.0	5.2	5.2	4.4
270. smoke cigarettes	37.9	15.7	7.7	8.2	30.5

271. Have you ever felt pressure to join a gang? 31.8 Yes 68.2 No

**How often do you see any of the following activities being committed by gang members in your neighborhood?**

	Never	Rarely	Sometimes	Often	Almost Always or Always
272. using hand signs to identify themselves	46.9	13.5	13.6	12.2	13.7
273. drawing graffiti in public places	50.1	18.6	13.5	9.1	8.7
274. committing crimes like burglaries or robberies	52.8	19.8	14.3	7.2	5.9
275. committing violent crimes like assault	51.9	17.5	12.6	11.3	6.8
276. buy and sell drugs	46.1	15.8	12.3	11.6	14.1

277. Do you consider yourself to be a member of any type of gang? 16.8 Yes 83.2 No

278. Do you think that having penalties and fines for using drugs or alcohol prevents kids your age from using drugs or alcohol? 31.5 Yes 68.5 No

**During the past 12 months, did you often drink or use drugs in larger amounts than you intended to, or for a longer period of time than you intended to? Did this occur with: (mark all choices)**

	No	Yes, for less than a month	Yes, for most days for at least a month	Yes, repeatedly over the past year
279. alcohol	63.6	18.7	8.6	9.1
280. marijuana	59.6	15.5	8.8	16.1
281. cocaine/crack	87.1	7.1	3.1	2.7
282. hallucinogens (LSD, PCP, "acid")	83.4	9.2	4.8	2.6
283. heroin/other opiates	92.1	4.0	2.0	1.8
284. stimulants ("meth," "crystal," "crank")	82.9	7.9	5.5	3.8
285. inhalants (sniffed glue, aerosol spray or other gases)	90.4	5.4	2.8	1.4

**During the past 12 months, have you wanted to or tried to quit or cut down on your drinking or using drugs?**

Did this occur with: (mark all choices)

	Did not Use	Yes, I quit or cut down	No, I tried once and couldn't quit or cut down	No, I tried several times and couldn't quit or cut down	No, I never tried
286. alcohol	46.1	38.9	3.0	1.1	10.8
287. marijuana	40.1	44.0	4.3	1.4	10.2
288. cocaine/crack	80.3	12.7	2.0	.8	4.2
289. cigarettes/tobacco	41.7	28.4	9.7	9.3	10.9
290. hallucinogens	75.4	15.4	2.0	1.3	5.9
291. heroin/other opiates	88.5	5.8	1.6	.6	3.4
292. stimulants	81.6	11.0	1.9	1.0	4.5
293. inhalants	85.0	9.3	1.3	.9	3.6

294. During the past 12 months, did your use of alcohol or drugs cause you to miss school, or do poorly on school work? 35.0 Yes 65.0 No

**During the past 12 months, has there been a period when you spent a great deal of time using, getting, or getting over the effects of alcohol or drugs? Did this occur with: (mark all choices)**

	<u>No</u>	<u>Yes, for less than a month</u>	<u>Yes, for more than a month or longer</u>
295. alcohol	74.4	17.5	8.1
296. marijuana	69.5	18.2	12.3
297. cocaine/crack	88.9	7.1	4.0
298. hallucinogens	88.5	7.6	3.9
299. heroin/other opiates	94.3	3.4	2.4
300. stimulants	89.5	5.6	4.9
301. inhalants	93.6	4.0	2.4

**During the past 12 months, did your use of alcohol or drugs keep you from doing household chores, going to work, going to school, or other responsibilities? Did this occur with: (mark all choices)**

	<u>No</u>	<u>Yes, for less than a month</u>	<u>Yes, for more than a month or longer</u>
302. alcohol	83.2	12.5	4.3
303. marijuana	78.8	13.7	7.5
304. cocaine/crack	92.6	4.8	2.6
305. hallucinogens	92.4	5.5	2.0
306. heroin/other opiates	95.0	2.9	2.1
307. stimulants	92.4	5.2	2.4
308. inhalants	95.4	3.3	1.3

**During the past 12 months, have you often been drunk on alcohol or high on drugs, or hung over, when it increased your chance of getting hurt—for instance, when driving a car or boat, crossing against traffic, climbing or swimming? Did this occur with: (mark all choices)**

	<u>No</u>	<u>Yes, for less than a month</u>	<u>Yes, for more than a month or longer</u>
309. alcohol	77.9	16.3	5.8
310. marijuana	77.8	14.8	7.4
311. cocaine/crack	93.5	4.4	2.1
312. hallucinogens	92.8	5.3	1.9
313. heroin/other opiates	95.6	2.9	1.5
314. stimulants	92.6	4.6	2.8
315. inhalants	95.3	3.7	1.1

**During the past 12 months, have you given up or greatly reduced important activities in order to get or use alcohol or drugs—activities like sports, work, school, or associating with friends or relatives?**

**Did this occur with: (mark all choices)**

	<u>No</u>	<u>Yes, for less than a month</u>	<u>Yes, for most days for at least a month</u>	<u>Yes, several times in the past year</u>
316. alcohol	82.5	9.8	3.3	4.4
317. marijuana	77.7	11.6	4.2	6.5
318. cocaine/crack	91.1	4.1	2.2	2.6
319. hallucinogens	91.6	3.1	2.9	2.4
320. heroin/other opiates	94.1	2.3	1.2	2.5
321. stimulants	90.5	4.1	1.7	3.7
322. inhalants	94.6	2.2	1.6	1.6

**323. Have you ever used a needle to inject any drug under your skin, into a muscle, or into a vein for non-medical reasons?**

92.0 Never 3.9 Once or twice 1.2 Once in a while but not regularly 2.8 Regularly, but in the past .2 Regularly now

324. **During the past 12 months, did any of your friends, family or other adults (court worker, teacher, clergy, boss etc.) raise any serious objections about your use of alcohol or drugs?** 34.4 Yes 65.6 No (skip to #332)

If YES to Question 324, did you continue to use alcohol or drugs after you realized it was causing any of these problems? Did this occur with: (mark all choices)

	No	Yes, for less than a month	Yes, for more than a month or longer
325. alcohol	66.7	20.2	13.2
326. marijuana	56.3	24.1	19.6
327. cocaine/crack	87.7	6.5	5.8
328. hallucinogens	87.3	7.5	5.2
329. heroin/other opiates	92.1	3.5	4.4
330. stimulants	85.2	7.1	7.7
331. inhalants	91.0	5.2	3.8

332. **During the past 12 months, did drug use cause you to have any physical health problems like an accidental overdose, a persistent cough, a seizure (fit), an infection, a cut, sprain, burn, or other injury, or emotional problems — such as feeling uninterested in things, depressed, suspicious of people, or having strange ideas?** 23.3 Yes 76.7 No (Go to next question)

If YES to Question 332, did you continue to use alcohol or drugs after you realized it was causing any of these health problems? Did this occur with: (mark all choices)

	No	Yes, for less than a month	Yes, for most days for a month or more
333. alcohol	75.4	16.6	8.0
334. marijuana	67.6	18.7	13.7
335. cocaine/crack	86.7	8.6	4.6
336. hallucinogens	86.3	9.7	4.0
337. heroin/other opiates	92.6	5.3	2.1
338. stimulants	86.5	8.4	5.1
339. inhalants	92.2	4.6	3.2

**During the past 12 months, did you increase your alcohol or drug use because you needed to take more to get the same effect as before, or did the same amount of alcohol or drug have less effect on you than before?**

Did this occur with: (mark all choices)

	No	Yes, Once	Yes, more than once
340. alcohol	77.0	10.4	12.6
341. marijuana	71.7	11.5	16.8
342. cocaine/crack	91.3	3.3	5.4
343. hallucinogens	91.3	4.3	4.4
344. heroin/other opiates	95.7	2.3	2.0
345. stimulants	90.8	3.6	5.6
346. inhalants	94.8	3.1	2.1

People who cut down or stop drinking or using drugs after using them for a considerable time, often have withdrawal symptoms. Common ones are the “shakes,” trembling, being unable to sleep, feeling anxious or depressed, or sweating. **During the past 12 months, did you ever have any of these withdrawal symptoms when you stopped or cut down drinking alcohol or using drugs?** Did this occur with: (mark all choices)

	No	Yes, Once	Yes, more than once
347. alcohol	85.3	8.2	6.5
348. marijuana	78.3	12.3	9.4
349. cocaine/crack	91.2	4.0	4.8
350. hallucinogens	92.7	3.8	3.5
351. heroin/other opiates	94.4	2.6	3.0
352. stimulants	90.8	4.0	5.1
353. inhalants	95.5	2.3	2.2

**During the past 12 months, have you taken a drink of alcohol or used drugs to keep from having a hangover or other withdrawal symptoms, or to make the withdrawal symptom go away? Did this occur with: (mark all choices)**

	<u>No</u>	<u>Yes, Once</u>	<u>Yes, more than once</u>
354. alcohol . . . . .	77.9	11.4	10.7
355. marijuana . . . . .	77.5	11.6	10.9
356. cocaine/crack . . . . .	92.3	4.0	3.7
357. hallucinogens . . . . .	94.1	3.3	2.6
358. heroin/other opiates . . . . .	96.2	2.4	1.4
359. stimulants . . . . .	91.9	3.7	4.4
360. inhalants . . . . .	95.7	3.4	.9

**361. During the past 12 months, have you gone on binges where you kept drinking for a couple of days or more without sobering up?** 16.1 Yes 83.9 No

**362. If YES to Question 361, did you neglect some of your usual responsibilities during binges?**  
71.0 No 18.0 Yes, 1 or 2 times 11.0 Yes, 3 or more times

**363. How important were these questions?**  
27.9 Not too important 28.8 Fairly important 29.6 Important 13.7 Very important

**364. How honest were you in filling out this survey?**  
70.2 I was very honest 5.3 I was honest some of the time  
0.0 I was not honest at all 22.5 I was honest pretty much of the time  
2.0 I was honest once in awhile

**365. Were there any questions that you didn't like or that made you feel uncomfortable?** 12.0 Yes 88.0 No

**If YES to Question 365, which ones?**

- 366.
- 367.
- 368.

**Why did they make you feel uncomfortable?**

- 369.
- 370.
- 371.

**372. In the last six months did you take another questionnaire in your school with questions like these?**  
19.5 Yes 80.5 No

**373. Do you have any comments about this questionnaire?** 11.1 Yes 88.9 No

**PLEASE WRITE ANY COMMENTS HERE:**

**THAT IS ALL OF THE QUESTIONS. THANK YOU FOR COMPLETING THIS SURVEY.**