



# 2008 Florida Youth Substance Abuse Survey



## Gilchrist County Report



**Executive Office  
of the Governor**

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# EXECUTIVE SUMMARY

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The Florida Legislature's 1999 Drug Control Summit recommended the establishment of an annual, multi-agency-directed, statewide school-based survey effort, combining several survey instruments, with specific variations in odd and even years. The *Florida Youth Substance Abuse Survey (FYSAS)*, one of these instruments and the focus of this report, is administered to a county-level sample of students in even years, and a smaller statewide sample in odd years.

The *FYSAS* is based on the *Communities That Care Youth Survey*, developed from the nationally recognized work of Dr. J. David Hawkins and Dr. Richard F. Catalano. It not only measures the prevalence of alcohol, tobacco and other drug use and delinquent behavior, but also measures the risk and protective factors related to these behaviors.

The 2008 *FYSAS* was administered to 219 Gilchrist County students in grades 6 through 12 in the spring of 2008. The results supply a valuable source of information to help reduce and prevent the use of alcohol, tobacco and other drugs by school-aged youth.

## Key Survey Results

### Strengths to Build on

- Marijuana use has declined in Gilchrist County. High school lifetime marijuana use has gone from 47.0% in 2000 to 29.4% in 2008. High school past-30-day marijuana use has gone from 30.9% in 2000 to 15.6% in 2008.
- Surveyed students reported a substantial reduction in past-30-day cigarette use. The high school rate dropped from 38.2% in 2000 to 20.7% in 2008.
- No respondents in high school reported lifetime usage of Rohypnol, GHB or ketamine. No high school past-30-day usage was reported for Rohypnol, GHB, ketamine, LSD or PCP, hallucinogenic mushrooms, crack cocaine or heroin.
- Among Gilchrist County high school students, the past-30-day prevalence rate for cocaine (0.8%) is less than 1.0%.
- Among Gilchrist County high school students, past-30-day prevalence rates for methamphetamine (1.8%) and prescription amphetamines (1.7%) are both less than 2.0%.
- Relatively few high school students reported that they would be seen as “cool” by their peers if they drink alcohol regularly (14.1%), smoke cigarettes (5.4%) or smoke marijuana (7.2%).
- A substantial proportion of high school students indicated that it would be “wrong” or “very wrong” for someone their age to smoke marijuana (72.9%) or use other illicit drugs (91.7%).
- A majority of respondents reported that smoking a pack or more of cigarettes every day (59.2%) poses a “great risk” of harm.
- High school students reported a particularly low rate of risk for one risk factor scale that is directly associated with alcohol, tobacco and other drug use: *Perceived Availability of Drugs* (43%).
- Prevalence rates for *Being Arrested* (4.8%) and *Taking a Handgun to School* (4.0%) are both less than 5.0%.

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## Opportunities for Improvement

- With prevalence rates of 65.4% for lifetime use and 47.2% for past-30-day use, alcohol is the most commonly used drug among Gilchrist County high school students.
- After alcohol, high school students reported cigarettes (47.0% lifetime and 20.7% past-30-day) and marijuana (29.4% lifetime and 15.6% past-30-day) as the most commonly used drugs. Prevalence rates for other drugs are substantially lower.
- Gilchrist County high school students reported the highest level of risk for *Transitions and Mobility* (59%).
- Gilchrist County students reported some of their lowest rates of protection for *Community Opportunities for Prosocial Involvement* (44%) and *School Opportunities for Prosocial Involvement* (44%).
- Fewer students reported the perception that near daily use of alcohol is harmful than did so in the past. The percentage of students reporting that having one or more drinks nearly every day poses a “great risk” of harm decreased from 37.1% in 2000 to 34.1% in 2008. Similarly, the perception of harm from smoking a pack or more of cigarettes per day decreased from 66.1% in 2000 to 59.2% in 2008. The perception of harm from smoking marijuana regularly decreased from 51.2% in 2000 to 49.2% in 2008.
- Of surveyed Gilchrist County students, 15.6% reported *Getting Suspended*, 13.2% reported *Attacking Someone with Intent to Harm* and 19.8% reported *Being Drunk or High at School*.

These key findings illustrate the complexity of drug use and antisocial behavior among Gilchrist County’s youth and the possible factors that may contribute to these activities. While some of the findings compare favorably to the national findings, Gilchrist County youth are still reporting drug use and delinquent behavior that will negatively affect their lives and our society.

The *FYSAS* data will enable Gilchrist County’s planners to learn which risk and protective factors to target for their prevention, intervention and treatment programs.

# Table of Contents

<b>METHODOLOGY .....</b>	<b>1</b>
QUESTIONNAIRES .....	1
VALIDITY OF SURVEY DATA .....	2
WEIGHTING .....	2
CONFIDENCE INTERVALS .....	2
DEMOGRAPHICS .....	2
<b>ALCOHOL, TOBACCO AND OTHER DRUG USE .....</b>	<b>3</b>
ALCOHOL .....	4
TOBACCO .....	5
MARIJUANA OR HASHISH .....	5
INHALANTS .....	6
CLUB DRUGS .....	6
<i>Club Drugs in High School</i> .....	6
PRESCRIPTION DRUGS .....	7
OTHER ILLICIT DRUGS .....	7
<i>Other Illicit Drugs in High School</i> .....	7
DRUG COMBINATION RATES .....	8
<i>Any Illicit Drug</i> .....	8
<i>Any Illicit Drug Other than Marijuana</i> .....	8
<i>Alcohol Only</i> .....	8
<i>Alcohol or Any Illicit Drug</i> .....	8
<i>Any Illicit Drug, but No Alcohol</i> .....	9
<b>OTHER ANTISOCIAL BEHAVIORS .....</b>	<b>9</b>
<b>RISK AND PROTECTIVE FACTORS .....</b>	<b>11</b>
THE SOCIAL DEVELOPMENT STRATEGY .....	11
MEASUREMENT .....	13
<i>Calculation of Risk and Protective Factor Thresholds</i> .....	14
<i>Comparing Risk and Protective Factor Prevalence Rates</i> .....	15
<i>Normative Data</i> .....	15
<i>Trend Analysis</i> .....	15
<i>The Middle School Questionnaire</i> .....	15
USING YOUR RISK AND PROTECTIVE FACTOR DATA .....	15
<i>Risk and Protective Factor Prioritization</i> .....	16
<i>Choosing Effective Prevention Strategies</i> .....	18
<b>SPECIAL TOPICS .....</b>	<b>19</b>
EARLY INITIATION OF ATOD USE .....	19
PERCEIVED RISK OF HARM .....	19
PERSONAL DISAPPROVAL .....	20
PEER APPROVAL .....	20
EXTRACURRICULAR ACTIVITIES .....	20
BULLYING BEHAVIOR .....	21
<b>APPENDIX A: DETAILED TABLES .....</b>	<b>23</b>
<b>APPENDIX B: REFERENCES .....</b>	<b>45</b>

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**APPENDIX C: THE SOCIAL DEVELOPMENT STRATEGY ..... 47**  
**APPENDIX D: OTHER RESOURCES ..... 49**

# 2008 Florida Youth Substance Abuse Survey

## Gilchrist County Report

**T**he 2008 Florida Youth Substance Abuse Survey (FYSAS) provides scientifically sound information to communities on the prevalence of alcohol, tobacco and other drug (ATOD) use, and risk and protective factors among 6<sup>th</sup> through 12<sup>th</sup> grade students. This information is essential to support effective substance abuse needs-assessment and services planning, and to measure performance outcomes at local and state levels.

This report is one in a series of reports that describes the findings from the FYSAS. As part of the 2008 Florida Youth Survey effort, the FYSAS was administered to Florida youth jointly with the Florida Youth Tobacco Survey in May of 2008. The Florida Youth Survey effort was a collaboration among the Florida Departments of Health, Education, Children and Families, Juvenile Justice, and the Florida Office of Drug Control. This report was prepared by Rothenbach Research and Consulting, LLC.

The FYSAS was previously administered at the county level to Gilchrist County students in December of 1999 and January of 2000, and in the spring of 2002, 2004 and 2006. Please note, however, that the survey sample was too small in 2004 to allow meaningful analysis. While the survey form has been updated over this period, the majority of the instrument has remained unchanged. As a result, the present report includes both an analysis of current survey results and comparisons with the 2000, 2002 and 2006 survey findings.

This report contains only a brief discussion of methodology. More extensive information on survey administration, methodology and statewide findings can be found in the statewide report, available online at:

[www.dcf.state.fl.us/mentalhealth/publications/fysas/](http://www.dcf.state.fl.us/mentalhealth/publications/fysas/).

### *Methodology*

The sampling strategy was designed to produce survey results that are representative at both the state and county levels, with a minimal margin of error. In Gilchrist County, this method resulted in a final sample of 786 middle school students and 219 high school students.

### *Questionnaires*

In 2008, for the first time, two versions of the questionnaire were administered to Florida students. High school students received a questionnaire identical to the one used in recent FYSAS efforts. Middle school students received a shortened version of the questionnaire.

While the survey has an excellent track record of yielding high-quality data, concerns have been raised by the FYSAS Workgroup about the ability of some middle school students to complete the questionnaire in a standard classroom period. Analysis of historical data revealed that for some of the items positioned toward the end of the questionnaire, more than 25% of 6<sup>th</sup> grade students fail to provide valid responses.

To address this issue, a shorter version of the standard FYSAS questionnaire—with 176 items compared to 211 on the standard questionnaire—was developed for middle school students. To reach this reduced length, items were removed for eight risk factor scales and four protective factor scales deemed less critical for middle school prevention planning. Also, several ATOD items with very low prevalence among young respondents were either removed or aggregated. Finally, two items that measure the use of over-the-counter drugs in order to get high and eight items that assess bullying behavior were added.

A field test of the new middle school questionnaire, conducted as part of the 2007 FYSAS, yielded



missing value rates that were about 15 percentage points lower than standard questionnaire among 6<sup>th</sup> graders, and about 10 percentage points lower among 7<sup>th</sup> and 8<sup>th</sup> graders.

### ***Validity of Survey Data***

Five strategies were used to assess the validity of survey responses. Data were eliminated from the analysis for students who (1) reported unrealistically high levels of substance use, (2) reported unrealistically high levels of other antisocial behaviors, (3) reported use of a fictitious drug, (4) reported logically inconsistent patterns of substance use, or (5) answered less than 25% of the questions on the survey. These five strategies have been shown to consistently identify most surveys that were completed in a random fashion, those that were not taken seriously, and/or those that were not valid for other reasons.

It is also important to note that only high school students participated in this year's Gilchrist County survey. As a result, comparisons should not be made to results from the statewide survey or previous Gilchrist County surveys that include both middle school and high school participants.

### ***Weighting***

Before analysis, a set of statistical weights was applied to the 2008 FYSAS dataset. The application of the weights served three purposes. First, weighting compensates for certain elements of the sample design so that the sample selection probability for each student was equal. Second, weighting adjusts for nonresponse at both the school and classroom levels.

Third, weighting adjusts the distribution of the sample across grade levels and gender groups to match the distribution across the full population of Gilchrist County public school students. Through this process, responses from the grade levels and gender groups that were underrepresented relative to the population are given more weight in the data analysis, while responses from the grade levels and gender groups that were overrepresented are given less weight. The step, called post-stratification, is important because variations in participation across grade levels are common with statewide, school-based survey projects like the FYSAS. Post-stratification makes the sample more representative of the population, and improves the comparability of samples over time.

The 2000 and 2002 Gilchrist County datasets were weighted across grade levels but not gender groups.

Additional weights were also applied to the 2000 dataset to help adjust for the earlier administration dates (December and January) that were employed in that survey effort. (See the 2002 FYSAS statewide report for a complete description of the methods used to prepare the 2000 data for analysis.)

### ***Confidence Intervals***

For the high school sample of Gilchrist County respondents, the maximum 95% confidence interval estimate ("the margin of error") is  $\pm 9.8$  percentage points for prevalence rates approximating 50% (such as alcohol or tobacco). The maximum 95% confidence interval estimate is  $\pm 5.9$  percentage points for prevalence rates of 10% or lower (such as Ecstasy or cocaine). The level of certainty, in this case 95%, means that 95 out of 100 times the "true" population value will fall within the range of the confidence interval. For example, if 40% of the sample indicate using alcohol and the confidence interval is  $\pm 2.0\%$ , then the population value should fall within a range of 38% to 42%.

Also note that the variance estimates used for these confidence interval calculations include a design effect of 3.0 to adjust for the complex design of the 2008 FYSAS sample.

### ***Demographics***

The survey measures a variety of demographic characteristics. The first two data columns of Table 1 (see Appendix A for data tables) describe the demographic profile of the Gilchrist County sample before weights were applied. Please note that some categories do not sum to 100% due to missing values.

Consisting of four out of seven surveyed grades, high school students constituted more than half of the sample (100.0% high school versus 0.0% middle school). A slightly higher percentage of the respondents were male (50.2% male versus 48.9% female). White, non-Hispanic students represent 83.6% of the sample. The largest minority population is Hispanic/Latino students (4.1%), followed by African American students (2.7%). The rest of the ethnic breakdown ranges from 0.5% for Native Hawaiian/Pacific Islander students to 6.8% for students who indicated Other/Multiple ethnic backgrounds.

The second set of data columns in Table 1 presents the demographic profile information for the statewide sample.

## Alcohol, Tobacco and Other Drug Use

Alcohol, tobacco and other drug (ATOD) use is measured by a set of 39 items on the 2008 *FYSAS*. While most of the survey items are identical to those used in previous waves of the survey, several key changes have been made.

Starting in 2001, the survey included items measuring: (a) the use of so-called “club drugs” such as Ecstasy, GHB, ketamine and Rohypnol, (b) the use of hallucinogenic mushrooms, and (c) the use of amphetamines, including Ritalin® and Adderall®, without a doctor’s orders. In addition, the use of marijuana and the use of hashish were combined into a single item, and the use of “LSD and other psychedelics” was reworded to read “LSD or PCP.” Also starting in 2001, a parenthetical mentioning the street names “ice” and “crystal meth” was added to the methamphetamine item.

Three changes were made to the ATOD section in 2002: (a) a new item measuring the use of OxyContin® without a doctor’s orders, (b) the prescription drug Xanax® was added to the list of examples given in the “depressants and downers” question, and (c) the “other narcotics” item was replaced by a new question measuring the use of “prescription pain relievers” without a doctor’s

orders.

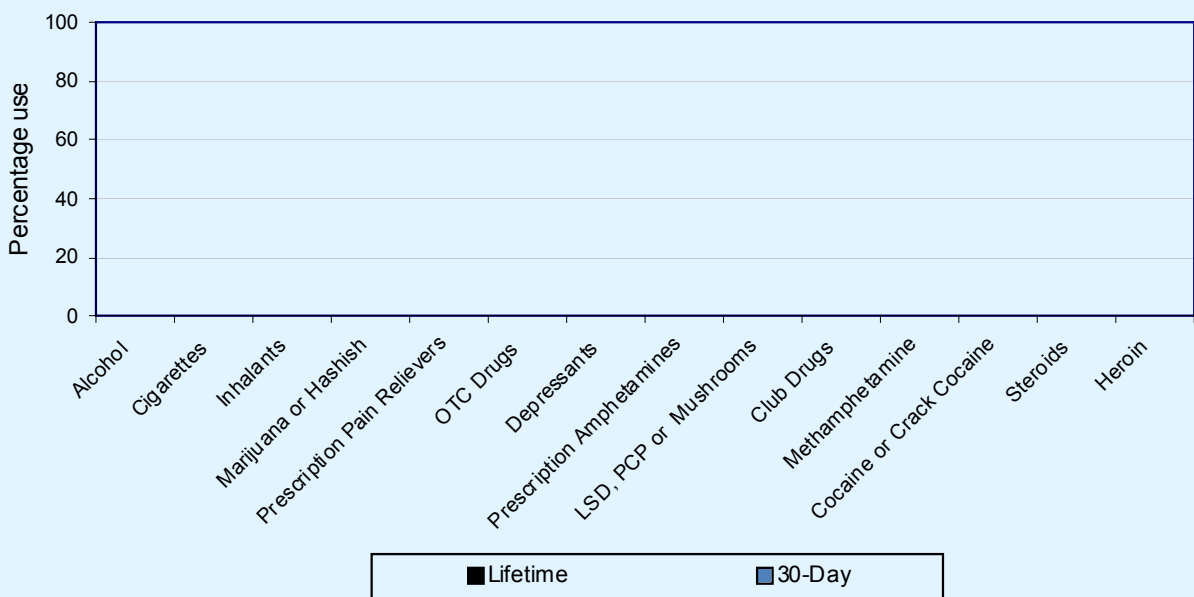
On the 2006 questionnaire, OxyContin® was removed as an individual item and added to the list of examples included in the prescription pain reliever item. Also, the question for GHB was changed to include a more up-to-date set of slang or street names for the drug.

In 2008, the questionnaire administered to high school students remained unchanged, but the ATOD section of the new middle school questionnaire reduced the number of items by asking broader categories of ATOD use rather than only asking about individual drugs. The new middle school questionnaire also introduces an important new category of ATOD use to the *FYSAS*. A description of these changes is below:

- Items for smokeless tobacco have been removed.
- Items for the club drugs Ecstasy, GHB, ketamine and Rohypnol have been replaced by single items that ask about the use of “club drugs such as Ecstasy, Rohypnol, GHB or ketamine.”
- Items for LSD/PCP and hallucinogenic mushroom use have been combined into a pair of single items that ask about all three drugs.
- Items for cocaine and crack cocaine use have

**Graph 1**

Lifetime and past-30-day use of alcohol, tobacco and other drugs among Gilchrist County MIDDLE SCHOOL students, 2008



been combined into a pair of single items that ask about both drugs.

- Items that measure the use of over-the-counter drugs in order to get high have been added.

Tables 2 through 5 and Graphs 1 and 2 show the percentage of surveyed Gilchrist County students who reported using ATODs. These results are presented for both lifetime and past-30-day prevalence of use periods. Lifetime prevalence of use (whether the student has ever used the drug) is a good measure of student experimentation. Past-30-day prevalence of use (whether the student has used the drug within the last month) is a good measure of current use. In addition to the standard lifetime and past-30-day prevalence rates for alcohol use, binge drinking behavior (defined as a report of five or more drinks in a row within the past two weeks) is also measured.

Comparisons to the statewide results of the 2008 survey are presented in Tables 2 through 5 and Graphs 3 through 6. Trend comparisons to Gilchrist County results from the 2000, 2002 and 2006 surveys are presented in Tables 6 through 9 and Graphs 3 through 6.

### Alcohol

In most communities, alcohol is the drug used by the largest number of adolescents. As Graphs 1 and 2 show, this is indeed the case in Gilchrist County.

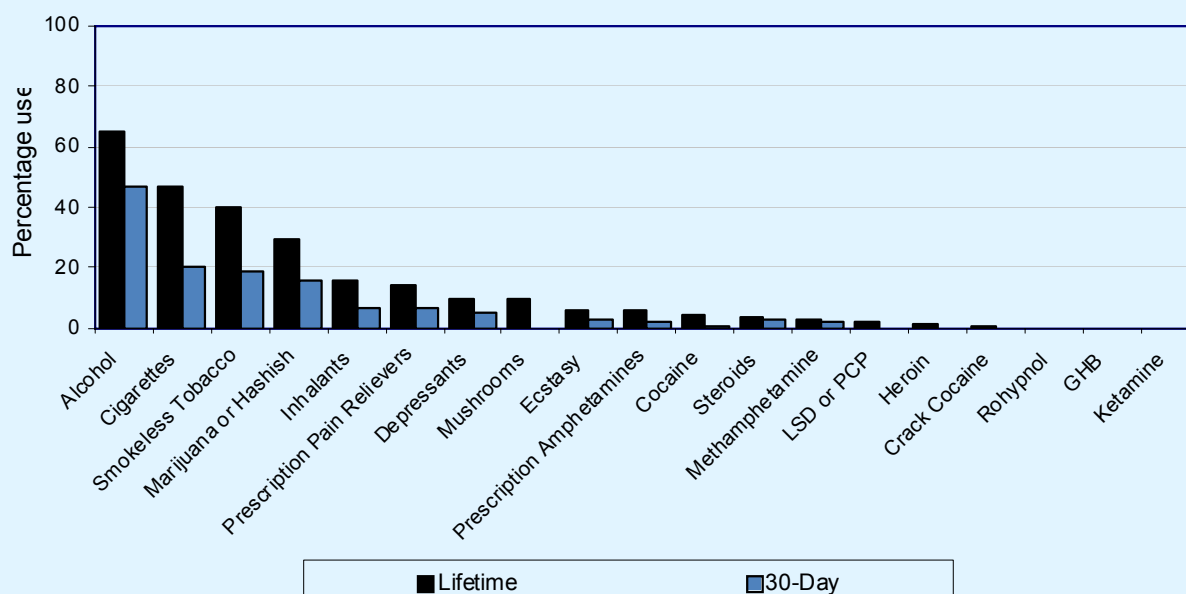
*Prevalence of Use.* Of the students surveyed in Gilchrist County in 2008, 65.4% have used alcohol on at least one occasion in their lifetimes. Current use is substantially lower. Overall, 47.2% of surveyed Gilchrist County students reported the use of alcohol in the past 30 days.

*Statewide Comparison.* As Graph 3 shows, the prevalence of past-30-day alcohol use for 2008 is higher in Gilchrist County compared to the state of Florida as a whole. Overall, 47.2% of surveyed Gilchrist County high school students reported the use of alcohol in the past 30 days compared to 39.5% of surveyed high school students statewide.

*2000-2008 Trend.* In Gilchrist County, between 2000 and 2008, past-30-day alcohol use among high school students decreased 0.1 percentage points. Between 2006 and 2008, the two most recent waves of the Gilchrist County survey, past-30-day alcohol use among high school students increased 3.4 percentage points.

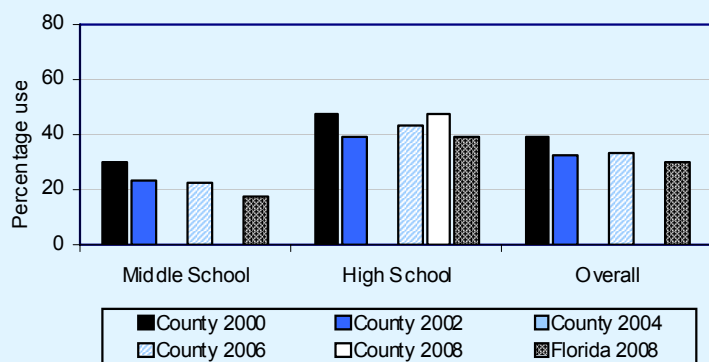
**Graph 2**

Lifetime and past-30-day use of alcohol, tobacco and other drugs among Gilchrist County HIGH SCHOOL students, 2008



**Graph 3**

Past-30-day alcohol use, Gilchrist County 2000-2008 and Florida 2008



**Binge Drinking.** Findings on binge drinking (defined as consuming five or more drinks in a row within the past two weeks) are likely to be among the most important findings related to alcohol use (Johnston, O'Malley, Bachman & Schulenberg, 2008). In Gilchrist County, 30.6% of surveyed students reported binge drinking. This is 7.7 percentage points higher than the statewide high school rate.

### Tobacco

This section of the report discusses the prevalence of tobacco use as measured by the 2008 FYSAS. Another survey, the 2008 Florida Youth Tobacco Survey (Florida Department of Health), was administered simultaneously with the 2008 FYSAS, and was specifically tobacco related. That survey is Florida's official source for youth tobacco use information. The information presented in this report is consistent with findings reported in the 2008 Florida Youth Tobacco Survey.

**Prevalence of Use.** Of the students surveyed in Gilchrist County in 2008, 47.0% have used cigarettes on at least one occasion in their lifetimes. Overall, 20.7% of surveyed Gilchrist County students reported the use of cigarettes in the past 30 days.

**Statewide Comparison.** As Graph 4 shows, the prevalence of past-30-day cigarette use for 2008 is higher in Gilchrist County compared to the state of Florida as a whole. 20.7% of surveyed Gilchrist County high school students reported the use of cigarettes in the past 30 days compared to 12.6% of surveyed high school students statewide.

**2000-2008 Trend.** In Gilchrist County, between 2000 and 2008, past-30-day cigarette use among high school students decreased 17.5 percentage points. Between 2006 and 2008, the two most recent waves of the Gilchrist County survey, past-30-day cigarette use among high school students decreased 1.9 percentage points.

**Smokeless Tobacco.** The prevalence of current use of smokeless tobacco among high school students is similar to the rate of cigarette use in Gilchrist County. Overall, 40.1% of surveyed Gilchrist County high school students reported using smokeless tobacco in their

lifetimes and 18.6% reported using it within the past 30 days.

### Marijuana or Hashish

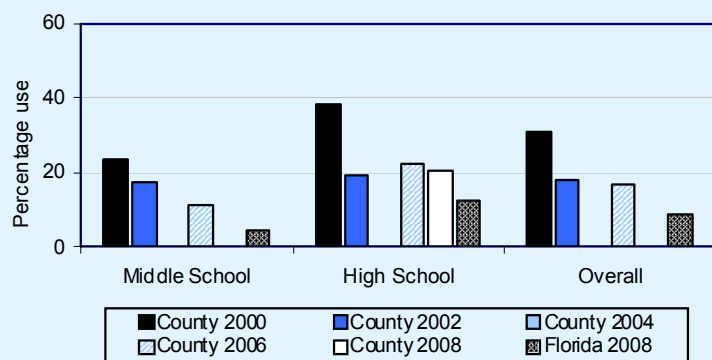
During the 1990s, there were major changes in trends of marijuana use throughout the United States. Results from the *Monitoring the Future* study show dramatic increases in both lifetime and past-30-day prevalence rates through the early and mid 1990s (Johnston et al., 2008). For 8<sup>th</sup> and 10<sup>th</sup> graders the past-30-day rates more than doubled during this period. Since 1996 and 1997, when marijuana use peaked, rates have declined.

**Prevalence of Use.** Of the students surveyed in Gilchrist County in 2008, 29.4% have used marijuana or hashish on at least one occasion in their lifetimes. Current use is substantially lower. Overall, 15.6% of surveyed Gilchrist County students reported the use of marijuana or hashish in the past 30 days.

**Statewide Comparison.** As Graph 5 shows, the

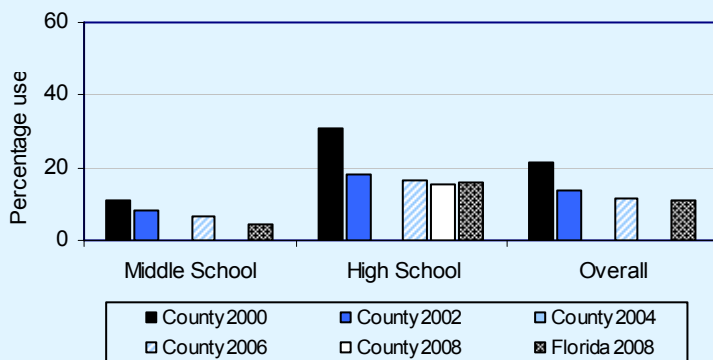
**Graph 4**

Past-30-day cigarette use, Gilchrist County 2000-2008 and Florida 2008



**Graph 5**

Past-30-day marijuana or hashish use, Gilchrist County 2000-2008 and Florida 2008



prevalence of past-30-day marijuana or hashish use among Gilchrist County high school students is similar to the statewide rate. 15.6% of surveyed Gilchrist County high school students reported the use of marijuana or hashish in the past 30 days compared to 16.2% of surveyed high school students statewide.

2000-2008 Trend. In Gilchrist County, between 2000 and 2008, past-30-day marijuana use among high school students decreased 15.3 percentage points. Between 2006 and 2008, the two most recent waves of the Gilchrist County survey, past-30-day marijuana use among high school students decreased 0.9 percentage points.

### Inhalants

After alcohol, tobacco and marijuana, the most commonly used drug among Florida students is inhalants. Inhalant use is measured by the survey question, "On how many occasions (if any) have you used inhalants (whippets, butane, paint thinner, or glue to sniff, etc.)?" Inhalant use is more prevalent with younger students, perhaps because it is often the easiest drug for them to obtain. The negative consequences of inhalant use can be substantial; one of them being that it is associated with the use of other illicit drugs later in life.

Prevalence of Use. Of the students surveyed in Gilchrist County in 2008, 15.5% have used inhalants on at least one occasion in their lifetimes. Overall, 6.7% of surveyed Gilchrist County students reported the use of inhalants in the past 30 days.

Statewide Comparison. As Graph 6 shows, the prevalence of past-30-day inhalant use for 2008 is higher in Gilchrist County compared to the state of Florida as a whole. Among high school students, 6.7% of surveyed Gilchrist County students reported the use of inhalants in the past 30 days compared to 2.2% of surveyed students statewide.

2000-2008 Trend. In Gilchrist County, between 2000 and 2008, past-30-day inhalant use among high school students increased 2.9 percentage points. Between 2006 and 2008, the two most recent waves of the Gilchrist County survey, past-30-day inhalant use among high school students increased 2.2 percentage points.

### Club Drugs

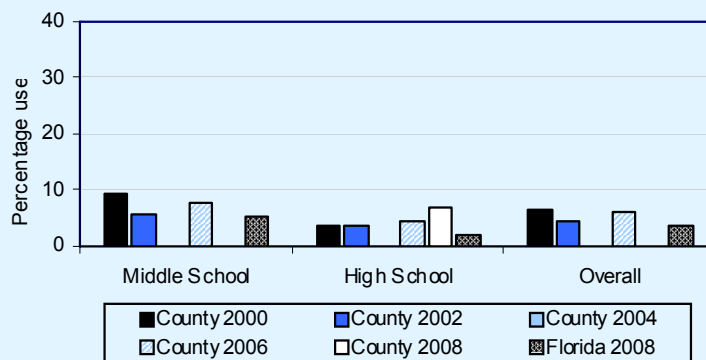
Club drugs are a broad category of illicit substances that are classified together because their use started at dance clubs and "raves," not because they are of a similar chemical class (like amphetamines). Their use, however, has expanded beyond these settings. For the purpose of the 2008 FYSAS, club drugs include Ecstasy, GHB, ketamine and Rohypnol. Note that this list is not meant to be exclusive, as other drugs are used at clubs and raves.

### Club Drugs in High School

Prevalence of Use. Gilchrist County high school students reported lifetime prevalence-of-use rates of 6.2% for Ecstasy, 0.0% for Rohypnol, 0.0% for GHB, and 0.0% for ketamine, and past-30-day prevalence-of-use rates of 2.5% for Ecstasy, 0.0% for Rohypnol, 0.0% for GHB, and 0.0% for ketamine.

**Graph 6**

Past-30-day inhalant use, Gilchrist County 2000-2008 and Florida 2008





Statewide Comparison. In high school, lifetime prevalence rates for club drug use in Gilchrist County are similar to those found for the state of Florida as a whole. The two largest differences were for Ecstasy use (6.2% in Gilchrist County versus 4.9% in Florida) and Rohypnol use (0.0% in Gilchrist County versus 1.2% in Florida).

### Prescription Drugs

While students across the country have reported declining rates of use for many illicit drugs over the past 10 years, prescription drugs have largely bucked this trend. As a result, prevalence rates for using prescription drugs without a doctor's orders are higher than for many illicit drugs (Johnston et al., 2008). The 2008 FYSAS includes questions that assess the use of prescription pain relievers, depressants and amphetamines. Results for these prescription drugs are presented in Tables 3, 5, 7 and 9.

Prevalence of Use. Gilchrist County high school students reported lifetime prevalence-of-use rates for this group of drugs that range from a high of 14.5% for prescription pain relievers and 9.7% for depressants to a low of just 5.6% for amphetamines. The prevalence of use within the past 30 days is lower, with highs of 6.8% for prescription pain relievers and 4.8% for depressants. The remaining prescription drugs have past-30-day prevalence rates

of less than 2.0%.

Statewide Comparison. Lifetime prevalence rates for prescription drug use are higher in Gilchrist County than in the state of Florida as a whole. In particular, Gilchrist County high school students reported higher rates of prescription pain reliever use (14.5% in Gilchrist County versus 10.4% in Florida) and use of depressants (9.7% in Gilchrist County versus 8.7% in Florida) than their counterparts from across the state. Past-30-day prevalence rates are too low to allow a meaningful comparison between the samples.

### Other Illicit Drugs

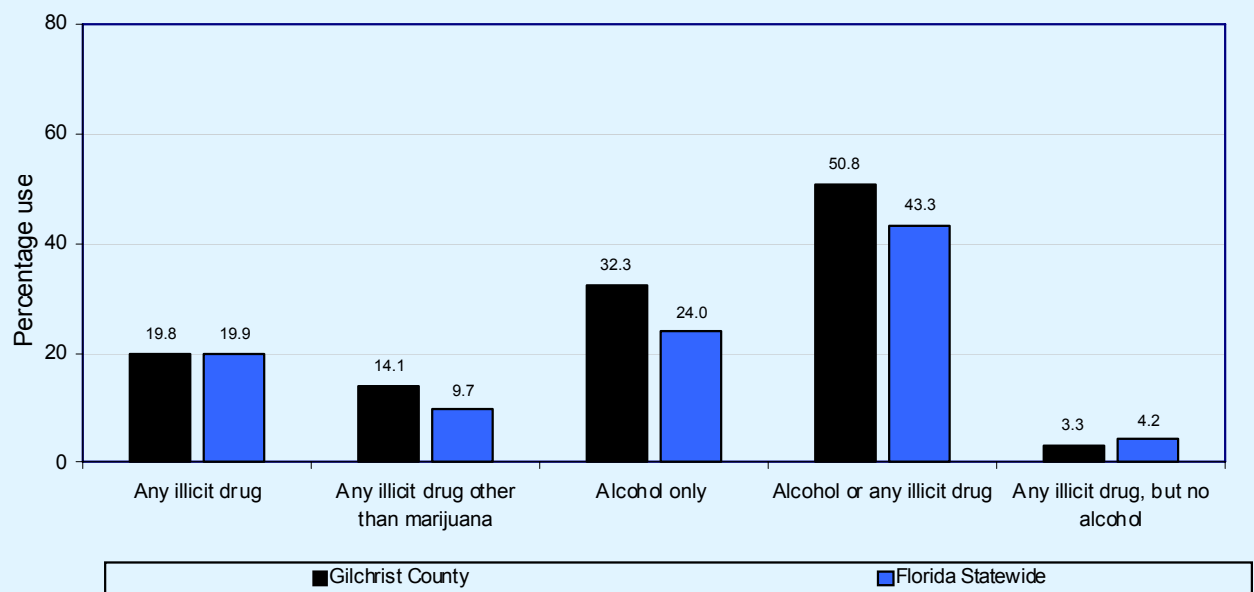
The 2008 FYSAS also measured the prevalence of use of a variety of other illicit drugs among Gilchrist County students. This includes the use of the following: LSD or PCP, hallucinogenic mushrooms, cocaine, crack cocaine, methamphetamine, heroin and steroids. Results for these illicit drugs are presented in Tables 3, 5, 7 and 9.

### Other Illicit Drugs in High School

Prevalence of Use. As is typical of adolescent populations, the prevalence-of-use rates in Gilchrist County for these other illicit drugs are much lower than the rates for alcohol, tobacco and marijuana. Among high school students, lifetime prevalence-of-use rates for this group of drugs range from a high of 9.6% for mushrooms to a low of 0.8% for crack

**Graph  
7**

Past-30-day drug combination rates for Gilchrist County and Florida Statewide HIGH SCHOOL students, 2008



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cocaine. The prevalence of use within the past 30 days is lower, going from a high of 2.6% for steroids to a low of 0.0% for heroin, crack cocaine, mushrooms and LSD or PCP.

Statewide Comparison. In high school, lifetime prevalence rates for other illicit drug use in Gilchrist County are similar to those found for the state of Florida as a whole. The two largest differences were for hallucinogenic mushroom use (9.6% in Gilchrist County versus 5.3% in Florida) and steroid use (3.5% in Gilchrist County versus 1.0% in Florida). Past-30-day prevalence rates are too low to allow a meaningful comparison between the samples.

### **Drug Combination Rates**

Prevalence-of-use rates for combinations of drugs provide a helpful summary of drug use behavior. Tables 2, 4, 6 and 8 and Graph 7 provide lifetime and past-30-day prevalence rates for the use of one or more drugs from a set of illicit drugs. Illicit drugs are substances that are illegal for adults to use, so they include all drugs on the survey except alcohol, cigarettes and smokeless tobacco. Five types of drug combination rates are presented here:

**Any illicit drug** – Use of at least one illicit drug

**Any illicit drug other than marijuana** – Use of at least one illicit drug other than marijuana

**Alcohol only** – The use of alcohol and no illicit drugs

**Alcohol or any illicit drug** – Use of alcohol or at least one illicit drug

**Any illicit drug but no alcohol** – Use of at least one illicit drug, without any use of alcohol

These combination categories are created using all the illicit drug items on the current high school questionnaire: marijuana or hashish, inhalants, Ecstasy, Rohypnol, GHB, ketamine, LSD or PCP, hallucinogenic mushrooms, methamphetamine, cocaine, crack cocaine, depressants, heroin, prescription pain relievers, amphetamines and steroids. Please note that the combination categories for middle school respondents include the same illicit drugs, but as described at the beginning of this section, a reduced set of items is used to ask about these drugs.

Trend comparisons for these drug combination rates begin in 2002. This is because a number of the illicit drugs were not included on the 2000 questionnaire. Also, OxyContin® was combined with prescription

pain relievers in 2006, but this change is minor and has almost no impact on the drug combination trend lines.

### **Any Illicit Drug**

Overall, 37.8% of surveyed Gilchrist County high school students reported at least one use of *any illicit drug* in their lifetimes, and 19.8% reported use in the past 30 days. As Graph 7 shows, use of *any illicit drug* in the past 30 days is similar in Gilchrist County compared to the state of Florida as a whole (19.8% for Gilchrist County versus 15.8% statewide).

### **Any Illicit Drug Other than Marijuana**

The purpose of this drug combination rate is to provide prevention planners with an overall indicator of so-called “hard” drug use (Johnston et al., 2008). Overall, 26.6% of surveyed Gilchrist County high school students reported at least one use of *any illicit drug other than marijuana* in their lifetimes, and 14.1% reported use in the past 30 days. As Graph 7 shows, use of *any illicit drug other than marijuana* in the past 30 days is higher in Gilchrist County than across the state of Florida as a whole (14.1% for Gilchrist County versus 9.7% statewide).

It is important to note that this measure—the current use of all illicit drugs other than marijuana *combined*—is less than the past-30-day prevalence of use of alcohol (47.2%), marijuana (15.6%) and cigarettes (20.7%), as well as the prevalence of binge drinking (30.6%).

### **Alcohol Only**

Overall, 30.4% of surveyed Gilchrist County high school students reported at least one use of *alcohol only*—the use of alcohol and no illicit drugs—in their lifetimes, and 32.3% reported use in the past 30 days. As Graph 7 shows, use of *alcohol only* in the past 30 days is higher in Gilchrist County than across the state of Florida as a whole (32.3% for Gilchrist County versus 24.0% statewide).

### **Alcohol or Any Illicit Drug**

*Alcohol or any illicit drug* use is a summary measure that included all drugs from the 2008 survey, with the exception of cigarettes and smokeless tobacco. Overall, 68.2% of surveyed Gilchrist County high school students reported at least one use of *alcohol or any illicit drug* in their lifetimes, and 50.8% reported use in the past 30 days. As Graph 7 shows, use of *alcohol or any illicit drug* in the past 30 days is higher in Gilchrist County than across the state of Florida as a whole (50.8% for Gilchrist County versus 43.3% statewide).

### Any Illicit Drug, but No Alcohol

The final drug combination category measures the use of illicit drugs by students who are not using alcohol. As Tables 2 and 4 show, this combination is quite rare. Overall, 2.8% of surveyed Gilchrist County high school students reported having used illicit drugs in their lifetimes but never using alcohol. Current use of illicit drugs (within the past 30 days) without the accompanying use of alcohol is also rare (3.3%). As Graph 7 shows, use of *any illicit drug, but no alcohol* in the past 30 days is lower in Gilchrist County than across the state of Florida as a whole (3.3% for Gilchrist County versus 4.2% statewide).

### Other Antisocial Behaviors

The 2008 FYSAS also measures a series of eight other problem or antisocial behaviors—that is, behaviors that run counter to established norms of good behavior. Note that information on antisocial behaviors is collected only for a prevalence period of the past 12 months. The survey measured the following antisocial behaviors: *Carrying a Handgun*, *Selling Drugs*, *Attempting to Steal a Vehicle*, *Being Arrested*, *Taking a Handgun to School*, *Getting Suspended*, *Attacking Someone with Intent to Harm* and *Being Drunk or High at School*.

Prevalence rates for these behaviors among Gilchrist County students, as well as comparison rates from the

statewide survey, are presented in Table 10 and Graph 8. Trend comparisons to Gilchrist County results from the 2000, 2002 and 2006 surveys are presented in Table 16.

As Table 10 shows, the prevalence rates reported by Gilchrist County high school students differ substantially across the eight antisocial behaviors measured in the survey. Reports of *Taking a Handgun to School* (4.0%), *Being Arrested* (4.8%), and *Attempting to Steal a Vehicle* (5.6%) are rare, while *Being Drunk or High at School* (19.8%), *Getting Suspended* (15.6%), and *Attacking Someone with Intent to Harm* (13.2%) are more common.

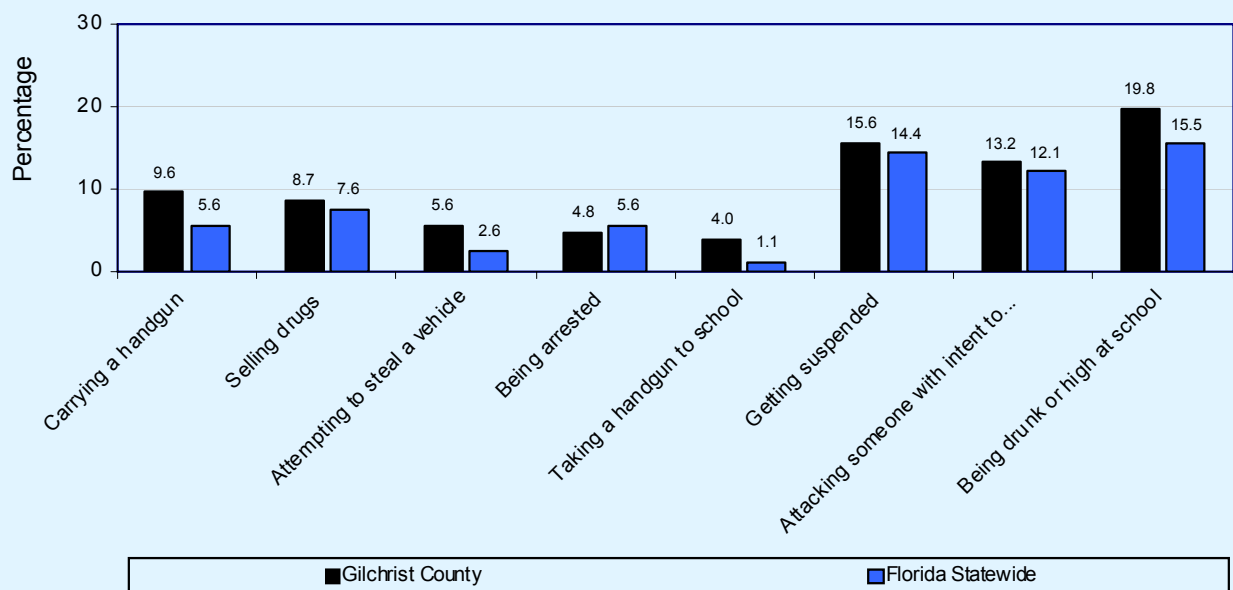
*Carrying a Handgun.* In Gilchrist County, 9.6% of students reported carrying a handgun in the past year. Male students (17.3%) were more likely than female students (1.6%) to have reported this behavior. Across the state as a whole, 5.6% of high school students reported carrying a handgun.

*Selling Drugs.* In Gilchrist County, 8.7% of students reported selling drugs in the past year. Male students (10.5%) were more likely than female students (6.9%) to have reported this behavior. Across the state as a whole, 7.6% of high school students reported selling drugs.

*Attempting to Steal a Vehicle.* In Gilchrist County, 5.6% of students reported attempting to steal a

**Graph  
8**

Comparisons of past-12-month delinquent behavior for Gilchrist County and Florida Statewide HIGH SCHOOL students, 2008





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vehicle in the past year. Male students (9.5%) were more likely than female students (1.5%) to have reported this behavior. Across the state as a whole, 2.6% of high school students reported attempting to steal a vehicle.

*Being Arrested.* In Gilchrist County, 4.8% of students reported being arrested in the past year. Male students (6.8%) were more likely than female students (2.7%) to have reported this behavior. Across the state as a whole, 5.6% of high school students reported being arrested.

*Taking a Handgun to School.* In Gilchrist County, 4.0% of students reported taking a handgun to school in the past year. Male students (7.1%) were more likely than female students (0.8%) to have reported this behavior. Across the state as a whole, 1.1% of high school students reported taking a handgun to school.

*Getting Suspended.* In Gilchrist County, 15.6% of students reported getting suspended in the past year. Male students (21.3%) were more likely than female students (9.2%) to have reported this behavior. Across the state as a whole, 14.4% of high school students reported getting suspended.

Note, however, that the questionnaire item used to measure *Getting Suspended* does not define “suspension.” Rather, it is left to the individual respondent to define. Because suspension policies vary substantially from county to county, comparisons to statewide results should be interpreted with caution for this item.

*Attacking Someone with Intent to Harm.* In Gilchrist County, 13.2% of students reported attacking someone with intent to harm in the past year. Male students (16.3%) were more likely than female students (9.5%) to have reported this behavior. Across the state as a whole, 12.1% of high school students reported attacking someone with intent to harm.

*Being Drunk or High at School.* In Gilchrist County, 19.8% of students reported being drunk or high at school in the past year. Male students (23.0%) were more likely than female students (16.8%) to have reported this behavior. Across the state as a whole, 15.5% of high school students reported being drunk or high at school.

## Risk and Protective Factors

Just as smoking is a risk factor for heart disease and getting regular exercise is a protective factor against heart disease and other health problems, there are factors that can help protect youth from, or put them at risk for, drug use and other problem behaviors.

**Protective factors**, also known as “assets,” are conditions that buffer children and youth from exposure to risk by either reducing the impact of the risks or changing the way that young people respond to risks.

**Risk factors** are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout and/or violence. For example, children living in families with poor family supervision are more likely to become involved in these problems.

Research during the past 30 years supports the view that delinquency; alcohol, tobacco and other drug use; school achievement; and other important outcomes in adolescence are associated with specific risk and protective factors in the student’s community, school and family environments, as well as with characteristics of the individual (Hawkins,

Catalano & Miller, 1992). In fact, these risk and protective factors have been shown to be more important in understanding these behaviors than ethnicity, income or family structure (Blum et al., 2000).

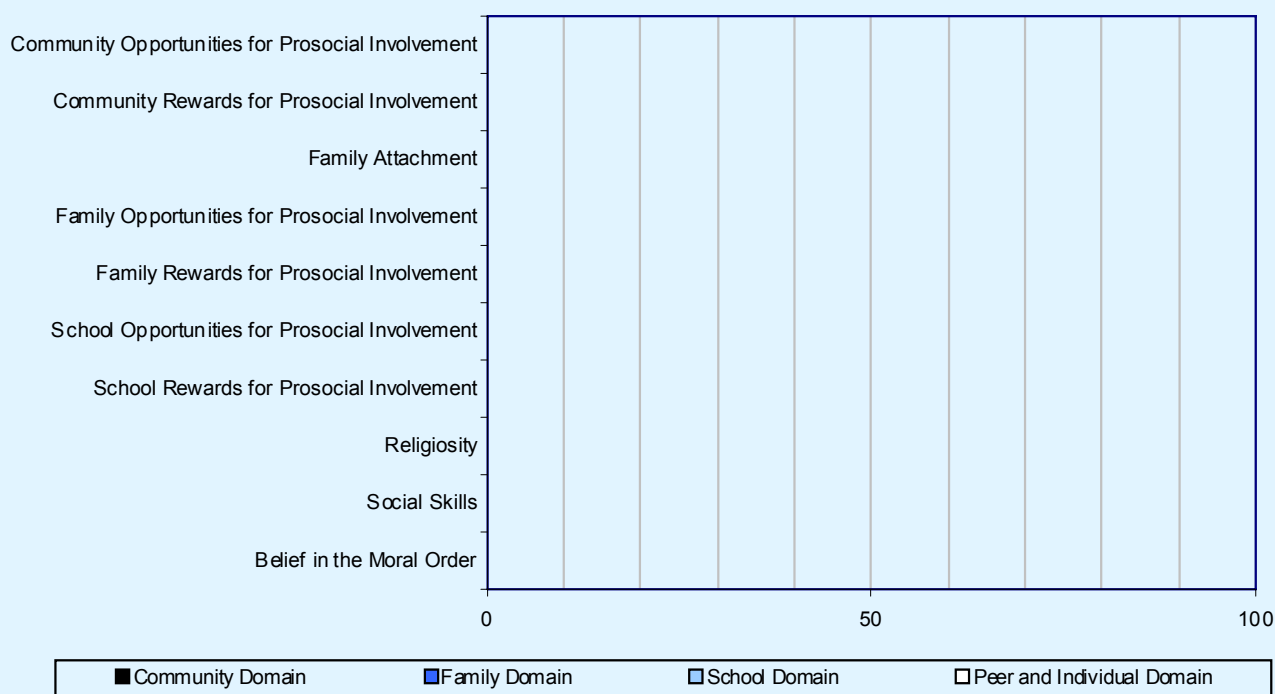
There is a substantial amount of research showing that adolescents’ exposure to a greater number of risk factors is associated with more drug use and delinquency. There is also evidence that exposure to a number of protective factors is associated with lower prevalence of these problem behaviors (Bry, McKeon & Pandina, 1982; Newcomb, Maddahian & Skager, 1987; Newcomb & Felix-Ortiz, 1992; Newcomb, 1995; Pollard et al., 1999).

### The Social Development Strategy

The Social Development Strategy (Hawkins, Catalano & Associates, 1992) organizes these risk and protective factors into a framework that families, schools and communities can use to help children develop healthy behaviors. This strategy, which is graphically depicted in Appendix C, shows how three broad categories of protective factors—healthy beliefs and clear standards, bonding, and individual characteristics—work together to promote positive youth development and healthy behaviors (Hawkins, Arthur & Catalano, 1995). The Social Development

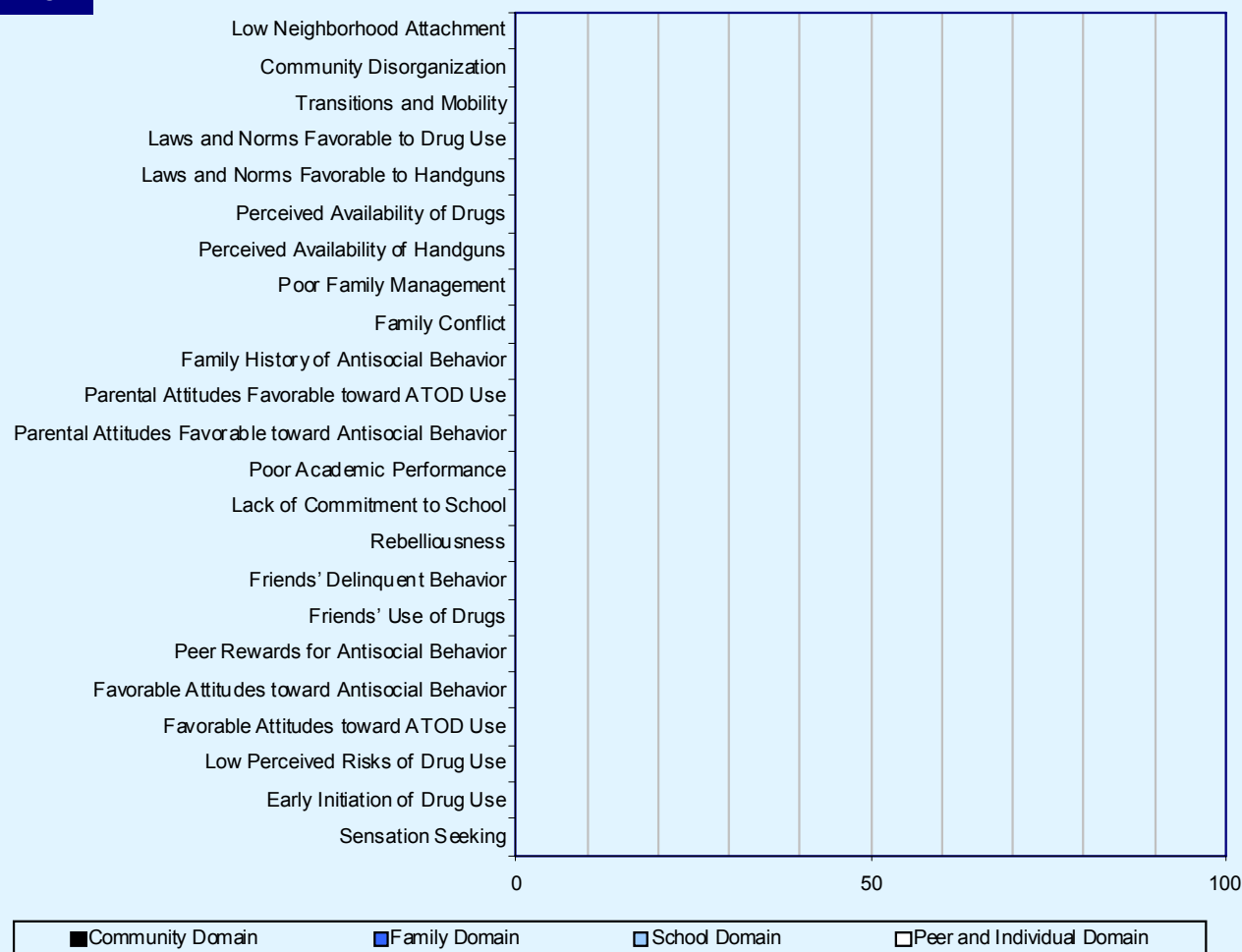
**Graph  
9**

**MIDDLE SCHOOL protective factor prevalence rates for Gilchrist County, 2008**



**Graph  
10**

## MIDDLE SCHOOL risk factor prevalence rates for Gilchrist County, 2008



Strategy begins with a goal of healthy behaviors for all children and youth. In order for young people to develop healthy behaviors, adults must communicate healthy beliefs and clear standards for behavior to young people (Catalano & Hawkins, 1996). Bonding (an attached, committed relationship) between a child and an adult who communicates healthy beliefs and clear standards motivates the child to follow healthy beliefs and clear standards. A child who forges a bond with an adult is less likely to threaten the relationship by violating the beliefs and standards held by the adult. Research has identified three conditions for bonding (Catalano & Hawkins, 1996):

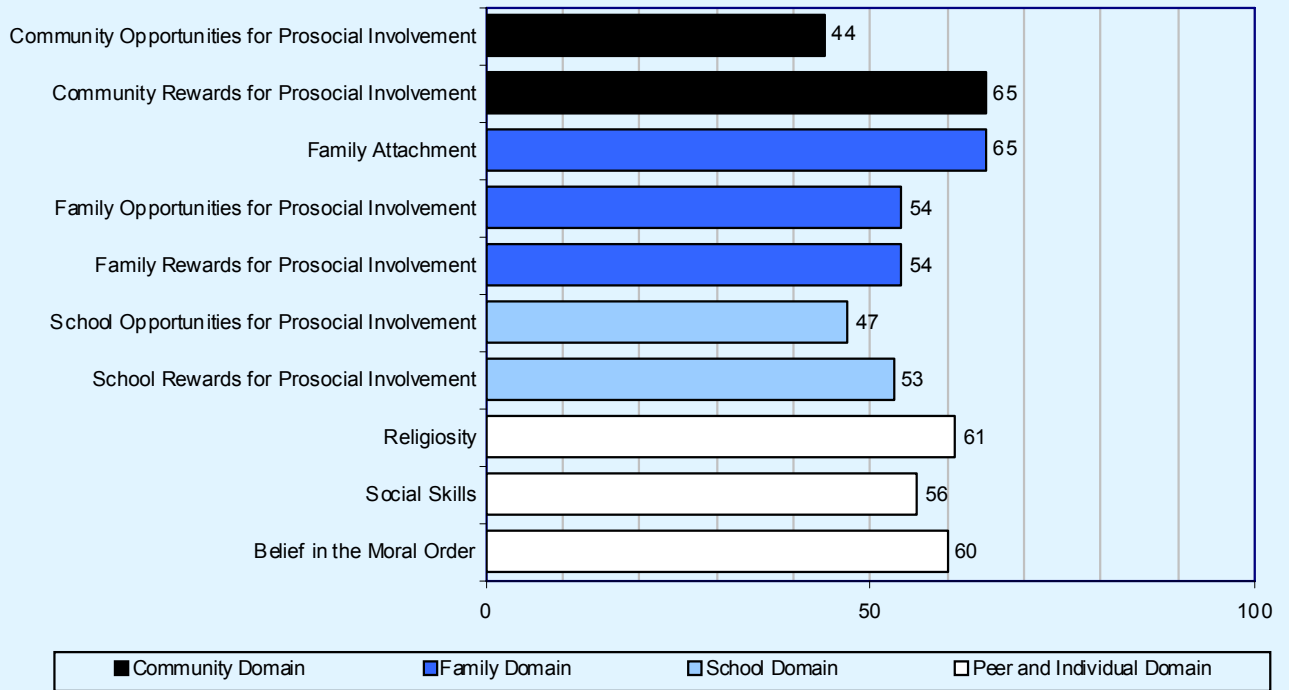
- First, children need developmentally appropriate opportunities for meaningful involvement with a positive social group (community, family, school, etc.) or individual.

- Second, children need the emotional, cognitive, social and behavioral skills to successfully take advantage of opportunities.
- Third, children must be recognized for their involvement. Recognition sets up a reinforcing cycle in which children continue to look for opportunities and learn skills and, therefore, receive recognition.

Certain characteristics with which some children come into the world (positive social orientation, resilient temperament and high intelligence) can also help protect children from risk. For children who do not have the protective advantages of these characteristics, in order to build strong bonds to family, school and community, it is even more important for community members to:

**Graph  
11**

## HIGH SCHOOL protective factor prevalence rates for Gilchrist County, 2008



- make extra efforts to provide opportunities for involvement
- teach the social, emotional, and cognitive skills needed to be successful
- recognize children's efforts as well as their successes.

The developmental process outlined in this model has important implications for prevention planning. Programs that seek to change the attitudes young people hold about the pros and cons of ATOD use, for example, may produce an immediate reduction in the prevalence of problem behaviors. The effectiveness of these efforts will be limited, however, by the risk and protective factors that underlie the acquisition of healthy beliefs and clear standards. If young people have weak bonds to prosocial groups and strong bonds to antisocial groups, they will be less receptive to drug abuse prevention messages.

An alternative prevention strategy might involve targeting the risk and protective factors that operate at an earlier point in the developmental process. While programs and policies that increase the opportunities for prosocial involvement in the family,

at school and in the community may not yield an immediate reduction in the rates of ATOD use, they will encourage young people to form attachments to sources of positive social influence, thereby building the foundation for healthy behavioral choices in the future.

### Measurement

The *FYSAS* assesses 23 risk factors and 10 protective factors across four domains: Community Domain, Family Domain, School Domain, and Peer and Individual Domain. Each factor is measured by a set of survey items called a scale.

The 2008 *FYSAS* uses the same risk and protective factors scales employed in previous survey efforts. In other words, the same survey items are still used to construct each scale. (Please note that the middle school survey employs a reduced set of risk and protective factor scales. The difference between the middle school and high school questionnaires is described below.)

This year, a new method is being used to convert these scales into scores. This change is a response to requests for a risk and protective factor scoring system that is more intuitive, and therefore easier to incorporate into the prevention planning process.

For each risk and protective factor scale, the new scoring method sets a threshold above which respondents are considered to have a high level of risk or protection and below which they are considered to have a low level of risk or protection. It then becomes possible to count the number of students with high levels of risk or protection on each scale. This approach, in turn, allows risk and protective factor data to be reported in the same way as ATOD data: as prevalence rates.

Under this new system, a score of 60 for the protective factor *School Rewards for Prosocial Involvement* would indicate that 60% of surveyed students reported a high level of protection for this protective factor, while 40% reported a low level of protection. Risk factor scales are scored in the same way. For example, a score of 55 for the risk factor *Friends' Use of Drugs* would indicate that 55% of surveyed students reported a high level of risk for this

risk factor, while 45% reported a low level of risk.

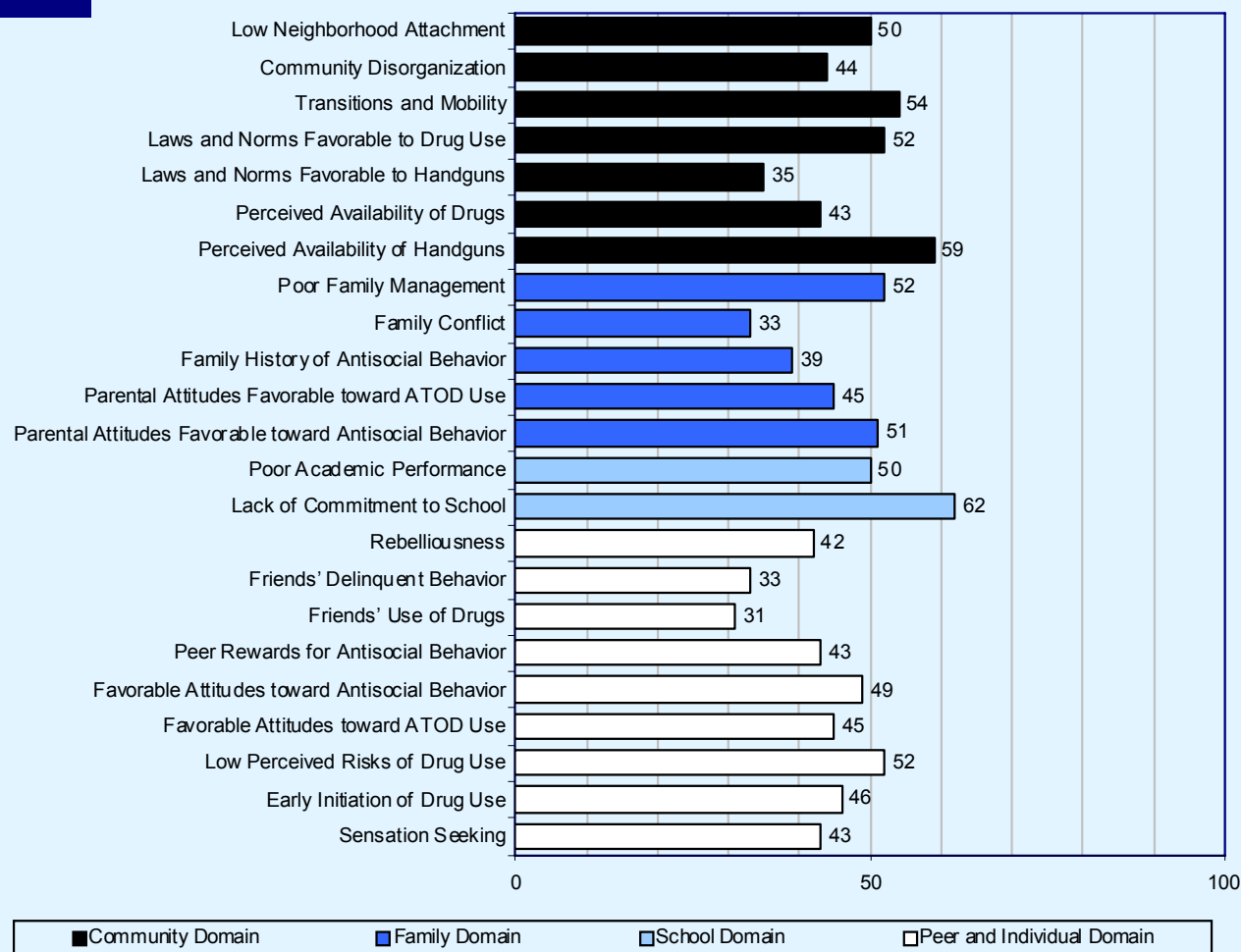
Risk and protective factor scale prevalence rates for the overall sample of Gilchrist County middle school and high school students are presented in Tables 18 and 19 and Graphs 9 to 12.

### Calculation of Risk and Protective Factor Thresholds

The high-risk and high-protection thresholds used to calculate the risk and protective factor prevalence rates were calculated using a method recommended by Arthur et al. (2007). For risk factor scales, the high-risk threshold is the normative median—that is the scale's median value in the *Communities That Care* normative database—plus .15 times the mean absolute deviation (a measure of central tendency similar to the standard deviation). In other words, risk factor thresholds are set slightly above the normative median. For protective factor scales, the high-

**Graph  
12**

**HIGH SCHOOL risk factor prevalence rates for Gilchrist County, 2008**



protection threshold is the normative median minus .15 times the mean absolute deviation. In other words, protective factor thresholds are set slightly below the normative median.

It is also important to note that risk and protection thresholds are calculated separately for each grade level. For most risk factors, this means that older students must report a higher level of risk before crossing the scoring threshold and being designated as at risk. For most protective factors, this means that older students must report a lower level of protection before crossing the scoring threshold and being designated as protected.

### **Comparing Risk and Protective Factor Prevalence Rates**

The simplicity of the new prevalence rate scoring method will make it easier for prevention planners to analyze and compare risk and protective factor scores. However, comparisons to national risk and protective factor norms from the *Communities That Care* normative database must now be done differently.

Under the old percentile scoring system, the national median score was 50 for all risk and protective factor scales. Scores above 50 were, by definition, higher than the national median and scores below 50 were lower than the national median. Under the new method, median scores from the *Communities That Care* normative database differ for each risk and protective factor scale. These new national risk and protective factor norms are presented in Tables 18 and 19.

The risk factor scale *Early Initiation of Drug Use* provides an example. As shown in Table 52, 36% of surveyed Florida middle school and high school students reported scale scores above the high-risk threshold. In other words, 36% of surveyed Florida students are at risk due to early experimentation with drugs. Table 54 shows that across the national *Communities That Care* normative sample, 43% of survey students are at risk due to early experimentation with drugs. Florida's score of 36% is seven percentage points below the normative score.

### **Normative Data**

The *Communities That Care* normative database contains survey responses from over 280,000 students in grades 6 through 12. It was compiled by combining the results of selected *Communities That Care Youth Survey* efforts that were completed in 2000, 2001 and 2002. To enhance representativeness,

statistical weights were applied to adjust the sample to exactly match the population of U.S. public school students on four key demographic variables: ethnicity, sex, socioeconomic status and urbanicity. Information on the U.S. public school student population was obtained from the Common Core of Data program at the U.S. Department of Education's National Center for Education Statistics.

### **Trend Analysis**

Risk and protective factor scale scores generated with the new prevalence rate scoring system are not directly comparable to scores generated with the previous percentile scoring system. As a result, scores from the 2000 to 2008 FYSAS have been recalculated using the new methodology in order to support trend analysis. These results are presented in Tables 20 through 23.

### **The Middle School Questionnaire**

As previously noted, middle school students were given a shorter version of the FYSAS questionnaire. The following 12 risk and protective factor scales, which were deemed less critical for middle school prevention planning, are not included in the middle school survey:

- *Community Opportunities for Prosocial Involvement*
- *Family Attachment*
- *Social Skills*
- *Belief in the Moral Order*
- *Low Neighborhood Attachment*
- *Laws and Norms Favorable to Handguns*
- *Family History of Antisocial Behavior*
- *Parental Attitudes Favorable toward Antisocial Behavior*
- *Rebelliousness*
- *Friends' Delinquent Behavior*
- *Friends' Use of Drugs*
- *Sensation Seeking*

For these risk and protective factor scales, results are only presented for high school students.

### **Using Your Risk and Protective Factor Data**

The analysis of risk and protective factors is the most powerful tool available for understanding what promotes both positive and negative adolescent



behavior and for helping design successful prevention programs for young people. To promote positive development and prevent problem behavior, it is necessary to address the factors that predict these outcomes. By measuring these risk and protective factors, specific factors that are elevated can be prioritized in the community. This process also helps in selecting tested-effective prevention programming shown to address those elevated factors and consequently provide the greatest likelihood for success.

### **Risk and Protective Factor Prioritization**

In general, a prevention strategy that focuses on a relatively narrow set of developmental factors can be more effective than a strategy that spreads resources across a broad set of factors. Risk and protective factor data from the *FYSAS* can provide critical guidance in this prioritization process. That is, prevention planners can use the information gathered by the survey to identify youth development areas where programs, policies and practices are likely to have the greatest positive impact.

Start the prioritization process by identifying the protective factor scales with the lowest percentage of protected students and the risk factor scales with the highest percentage of at risk students. It may also be helpful to identify scales with particularly high percentages of protected students or low percentages of at risk students. These areas represent strengths that prevention planners in Gilchrist County may wish to build on. In addition, it is also important to compare the rates of risk and protection reported by Gilchrist County students to the rates reported by students in the national normative sample.

### ***Lowest Protective Factor Scales***

- Across all 10 protective factor scales, high school students in Gilchrist County reported the lowest level of protection for the *Community Opportunities for Prosocial Involvement* scale. Their score of 44% was five points higher than the statewide average of 39%. In the national normative sample, 52% reported an elevated level of protection, eight points higher than Gilchrist County. Students who reported low scores on this scale have fewer opportunities to interact closely with positive adult role models in their neighborhoods and to participate in sports, clubs and other prosocial community activities. As a result, these students are less likely to form strong community bonds that encourage the adoption of prosocial norms and values.

- High school students in Gilchrist County also reported a low level of protection for the *School Opportunities for Prosocial Involvement* scale. Their score of 47% was 12 points lower than the statewide average of 59%. In the national normative sample, 60% reported an elevated level of protection, 13 points higher than Gilchrist County. Students with low scores on this scale have fewer opportunities to interact closely with teachers, get involved with special projects and activities in the classroom, and participate in sports, clubs and other school activities outside of the classroom. This lack of involvement deprives students of the opportunity to form healthy relationships with teachers and prosocial peers.

### ***Highest Risk Factor Scales***

#### Community Domain:

- Within the Community Domain, high school students in Gilchrist County reported the highest level of risk for the *Perceived Availability of Handguns* scale. Their score of 59% was 18 points higher than the statewide average of 41%. In the national normative sample, 42% reported an elevated level of protection, 17 points lower than Gilchrist County. A high score on this scale indicates that it is easier for students to get a handgun.
- Within the Community Domain, high school students in Gilchrist County reported a higher level of risk for the *Transitions and Mobility* scale. Their score of 54% was 10 points lower than the statewide average of 64%. In the national normative sample, 46% reported an elevated level of protection, eight points lower than Gilchrist County. High scores on this scale indicate that students are changing homes and schools more frequently. Dislocations of this type can inhibit the ability of young people to become involved with prosocial organizations and individuals within their school and community.

#### Family Domain:

- Within the Family Domain, high school students in Gilchrist County reported the highest level of risk for the *Poor Family Management* scale. Among high school students, 52% reported an elevated level of risk, three points higher than the statewide average of 49%. In the national normative sample, 45% reported an elevated

level of risk, seven points lower than Gilchrist County. Students with high scores on this scale live in families in which child supervision is a lower priority. Parents in these families place less emphasis on making sure homework is completed on time, monitoring children's activities outside of the home, and setting clear rules about alcohol and drug use. Delinquent behaviors such as drug use, skipping school and carrying a weapon are also less likely to be noticed and punished.

#### School Domain:

- Within the School Domain, high school students in Gilchrist County reported the highest level of risk for the *Lack of Commitment to School* scale. Among high school students, 62% reported an elevated level of risk, 15 points higher than the statewide average of 47%. In the national normative sample, 46% reported an elevated level of risk, 16 points lower than Gilchrist County. Students with high scores on this scale have negative feelings about school, and are less likely to report that school work is meaningful or important for their future. Young people who have lost this commitment to school are at higher risk for a variety of problem behaviors.

#### Peer and Individual Domain:

- Within the Peer and Individual Domain, high school students in Gilchrist County reported the highest level of risk for the *Low Perceived Risks of Drug Use* scale. Their score of 52% was eight points higher than the statewide average of 44%. In the national normative sample, 46% reported an elevated level of protection, six points lower than Gilchrist County. Students with high scores on this scale believe that alcohol, cigarette and marijuana use pose only a low to moderate risk. When young people perceive the risk of drug use to be low they are more likely to experiment with these substances. In many communities, beliefs about the risks associated with ATOD use are a leading indicator of future usage patterns. That is, when perceived risk goes up, use often goes down. Alternatively, when perceived risk goes down, use often goes up.

#### ***Strengths to Build on***

In addition to specifying problem areas, the prioritization process also benefits from identifying the scales for which students reported the highest levels of protection and the lowest levels of risk.

These areas represent strengths that Gilchrist County may wish to build on.

#### Highest Protective Factor Scales:

- Across all 10 protective factor scales, high school students in Gilchrist County reported the highest level of protection for the *Community Rewards for Prosocial Involvement* scale. Among high school students, 65% reported an elevated level of protection, four points higher than the statewide average of 61%. In the national normative sample, 63% reported an elevated level of protection, two points lower than Gilchrist County. Students who reported high scores on this scale receive encouragement and praise from neighbors and other members of their communities. With this type of support, young people may be more likely to accept the guidance available from the positive role models in their communities.
- High school students also reported the highest level of protection for one scale, *Family Attachment*. Their score of 65% was 10 points higher than the statewide average of 55%. In the national normative sample, 56% reported an elevated level of protection, nine points lower than Gilchrist County. Students who reported high scores on this scale feel a stronger bond with their parents than students with low scores. A strong bond means that children are more likely to accept guidance from parents that discourages antisocial behavior.

#### Lowest Risk Factor Scales:

- Across all 23 risk factor scales, high school students in Gilchrist County reported the lowest level of risk for the *Friends' Use of Drugs* scale. Their score of 31% was eight points lower than the statewide average of 39%. In the national normative sample, 47% reported an elevated level of protection, 16 points higher than Gilchrist County. Students with low scores on this scale indicated that few, if any, of their best friends use alcohol, tobacco or other drugs. Young people who do not associate with drug using peers are less likely to use drugs themselves. Research has shown peer influence to be one of the strongest predictors of ATOD use—stronger, in many cases, than the influence of parents or other family members.
- High school students also reported low levels of risk for two other scales. The first of these was



*Friends' Delinquent Behavior.* Their score of 33% was 11 points lower than the statewide average of 44%. In the national normative sample, 41% reported an elevated level of protection, eight points higher than Gilchrist County. Students with low scores on this scale have fewer friends who are involved with antisocial behaviors like selling drugs or carrying a weapon, or who have gotten into trouble with school officials or police. Young people who do not associate with delinquent peers are less likely to become involved with delinquent behavior themselves.

- The second additional risk factor scale with a low score in high school was *Family Conflict*. Their score of 33% was four points lower than the statewide average of 37%. In the national normative sample, 37% reported an elevated level of protection, four points higher than Gilchrist County. Students with low scores on this scale live in families where serious arguments are less common. Bonding between family members, especially between children and their parents or guardians, is a key component in the development of positive social norms. Low levels of family conflict promote the development of these bonds, and decrease the likelihood that young people will engage in illegal drug use and other forms of delinquent behavior.

### **Further Considerations**

In addition to identifying the highest risk factor scales and lowest protective factor scales, the prevention prioritization process may include several supplemental steps, such as:

- Compare county-level results to state-level results. Risk and protective factor scale scores from the statewide *FYSAS* are presented in Tables 18 and 19. A comparison to statewide results may reveal additional strengths and weaknesses in Gilchrist County's risk and protective factor profile. For example, a risk factor scale that is not the most elevated within its domain may be designated as a target for prevention programming because it is notably higher in Gilchrist County than across the state as a whole.
- Review the prevalence of ATOD use and other antisocial behaviors in your community. A high rate of alcohol use, for example, may dictate a different prevention strategy than a high rate of

youth violence. The table on the second page in Appendix C provides a resource for this analysis by showing the behavioral outcomes that have been linked, in multiple longitudinal studies, to each risk factor.

- Use archival data to fill the gaps in the *FYSAS* data, and to support findings in the survey. For example, Teen Pregnancy and School Drop-Out are problem behaviors not measured by the survey that may influence prevention planning. Archival data are information sources that have already been collected and/or documented at the local, state or national level. They can include records that are kept by governmental and other agencies, and records that are normally kept as part of the operation of an institution or organization.
- Consider which risk and protective factors the community can realistically tackle at this time. Some factors may be too big, or there may be other efforts already underway in the community to address them. If your community does not have extensive financial or human resources, then it may be appropriate to narrow the list down to one or two priority factors.
- Consider political, social and economic factors in the community. What is best for the community? Which risk and protective factors would policy makers find acceptable to address at this time?

### **Choosing Effective Prevention Strategies**

After completing the prioritization process and identifying key risk and protective factors for focused prevention efforts, the next step for communities is to select research-based, proven-effective programs that target these problem areas.

A major breakthrough in the field of positive youth development in the past two decades has been the development and testing of programs, policies and practices that are shown to work to reduce adolescent drug use, violence, risky sexual behavior and school failure. State and national agencies have become increasingly interested in and committed to programs, policies and practices that have been rigorously tested for effectiveness.

Prevention strategies identified as "tested, effective" are those that have been tested in well-controlled trials comparing schools, families, young people or communities that received the strategy with those that did not. Results of those trials showed that those who

received the strategies were better off than those that did not, in terms of lower risk, greater protection and better behavioral outcomes.

A good first step in the strategy selection process is to review published lists of tested, effective prevention resources. A number of organizations have constructed lists that link research-based programs with the risk and protective factors they have been shown to effectively address. Additional information on the four lists presented below is available in Appendix D of this report.

- The *Communities That Care* Prevention Strategies Guide
- The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs list
- The University of Colorado at Boulder's Blueprints for Violence Prevention initiative, sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- The Western Center for the Application of Prevention Technologies (CAPT) list of Best Practices and Promising Practices

In addition to selecting research-based, proven-effective programs to target areas of low protection and high risk, communities should also consider the impact of environmental factors and public policies. For example, a strategy to combat a high level of *Perceived Availability of Drugs* might incorporate changes to local laws or provide resources to strengthen the enforcement of existing laws.

## Special Topics

Several analyses were conducted to investigate alcohol, tobacco and other drug (ATOD) use results. These include early initiation of ATOD use and attitudes toward ATOD use (perceived risk of harm, personal disapproval and peer approval).

### Early Initiation of ATOD Use

Students were asked to report on when they began using alcohol, cigarettes and marijuana. Early initiation for these drugs is of special importance, since they are often precursors to the use of harder drugs, such as methamphetamine and cocaine. The question related to cigarettes is "How old were you when you first smoked a cigarette, even just a puff?" The question about marijuana is "How old were you

when you first smoked marijuana?" Two questions about alcohol were asked, one asking when the student first "had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey or gin)" and one asking the student when he or she "began drinking alcoholic beverages regularly, that is, at least once or twice a month."

Tables 13 and 17 present the percentage of high school students, age 14 years or older, who started using alcohol, cigarettes or marijuana at age 13 or younger. This percentage is the early initiation rate.

Gilchrist County high school students reported the highest rate of early ATOD initiation for "more than a sip or two" of alcohol (37.0%), followed by cigarette use (31.2%), marijuana use (10.8%) and drinking at least once a month (9.7%).

### Perceived Risk of Harm

Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco or other drugs. Evidence also suggests that the perceptions of the risks and benefits associated with drug use sometimes serve as a leading indicator of future drug use patterns in a community (Bachman, Johnston, O'Malley & Humphrey, 1986). Tables 14 and 17 present prevalence rates for surveyed Gilchrist County students assigning "great risk" of harm to four drug use behaviors: near daily use of alcohol, daily use of cigarettes, regular use of marijuana, and trying marijuana once or twice.

Surveyed Gilchrist County students assigned the highest risk of harm to daily use of cigarettes (59.2%), followed by regular use of marijuana (49.2%), near daily use of alcohol (34.1%) and trying marijuana once or twice (27.7%).

*Daily Use of Alcohol.* In Gilchrist County, 34.1% of high school students reported that having one or more drinks nearly every day would pose a "great risk" of harm. This is down 3.0 percentage points from 2000. Across the state as a whole, 40.8% of high school students reported that near daily use of alcohol would pose a "great risk" of harm.

*Daily Use of Cigarettes.* In Gilchrist County, 59.2% of high school students reported that smoking a pack or more of cigarettes every day would pose a "great risk" of harm. This is down 6.9 percentage points from 2000. Across the state as a whole, 68.0% of students reported that near daily use of cigarettes would pose a "great risk" of harm.

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Regular Use of Marijuana. In Gilchrist County, 49.2% of high school students reported that smoking marijuana regularly would pose a “great risk” of harm. This is down 2.0 percentage points from 2000. Across the state as a whole, 51.0% of high school students reported that smoking marijuana regularly would pose a “great risk” of harm.

Trying Marijuana Once or Twice. In Gilchrist County, 27.7% of high school students reported that trying marijuana once or twice would pose a “great risk” of harm. This is up 2.8 percentage points from 2000. Across the state as a whole, 24.7% of high school students reported trying marijuana once or twice would pose a “great risk” of harm.

### ***Personal Disapproval***

In addition to perceptions of risk, personal approval or disapproval of drugs has been linked to the prevalence of ATOD use (Bachman, Johnston & O’Malley, 1996). Personal disapproval was measured by asking students how wrong it would be for someone their age to drink alcohol regularly, smoke cigarettes, smoke marijuana, or use other illicit drugs (“LSD, cocaine, amphetamines or another illegal drug”). The rates presented in Tables 14 and 17 represent the percentages of students who thought it would be “wrong” or “very wrong” to use each drug.

Surveyed Gilchrist County students were most likely to disapprove of other illicit drug use (91.7%), followed by smoking marijuana (72.9%), smoking cigarettes (61.0%) and drinking alcohol regularly (46.2%).

Smoking Cigarettes. In Gilchrist County, 61.0% of high school students reported that they think it would be “wrong” or “very wrong” for someone their age to smoke cigarettes. This is up 8.5 percentage points from 2000. Across the state as a whole, 72.9% of students reported disapproval of smoking cigarettes.

Drinking Alcohol Regularly. In Gilchrist County, 46.2% of high school students reported that they think it would be “wrong” or “very wrong” for someone their age to drink alcohol regularly. This is down 8.1 percentage points from 2000. Across the state as a whole, 53.5% of high school students reported disapproval of drinking alcohol regularly.

Smoking Marijuana. In Gilchrist County, 72.9% of high school students reported that they think it would be “wrong” or “very wrong” for someone their age to smoke marijuana. This is up 11.9 percentage points from 2000. Across the state as a whole, 71.9% of

high school students reported disapproval of smoking marijuana.

Using Other Illicit Drugs. In Gilchrist County, 91.7% of high school students reported that they think it would be “wrong” or “very wrong” for someone their age to use other illicit drugs. This is up 8.5 percentage points from 2000. Across the state as a whole, 93.5% of high school students reported disapproval of using other illicit drugs.

### ***Peer Approval***

In addition to perceived risk of harm and disapproval, expectations of how one’s peer group might react have an impact on whether or not young people choose to use drugs. The data presented in Tables 14 and 17 show the percentage of students who said that there is a “pretty good” or “very good” chance that they would be seen as cool if they smoked cigarettes, drank alcohol regularly or smoked marijuana.

Drinking Alcohol Regularly. In Gilchrist County, 14.1% of high school students reported that there is a “pretty good” or a “very good” chance that they would be seen as cool if they drank alcohol regularly. This is down 2.3 percentage points from 2000. Across the state as a whole, 14.9% of high school students reported peer approval of drinking alcohol regularly.

Smoking Cigarettes. In Gilchrist County, 5.4% of high school students reported that there is a “pretty good” or a “very good” chance that they would be seen as cool if they smoked cigarettes. This is down 0.2 percentage points from 2000. Across the state as a whole, 5.6% of high school students reported peer approval of smoking cigarettes.

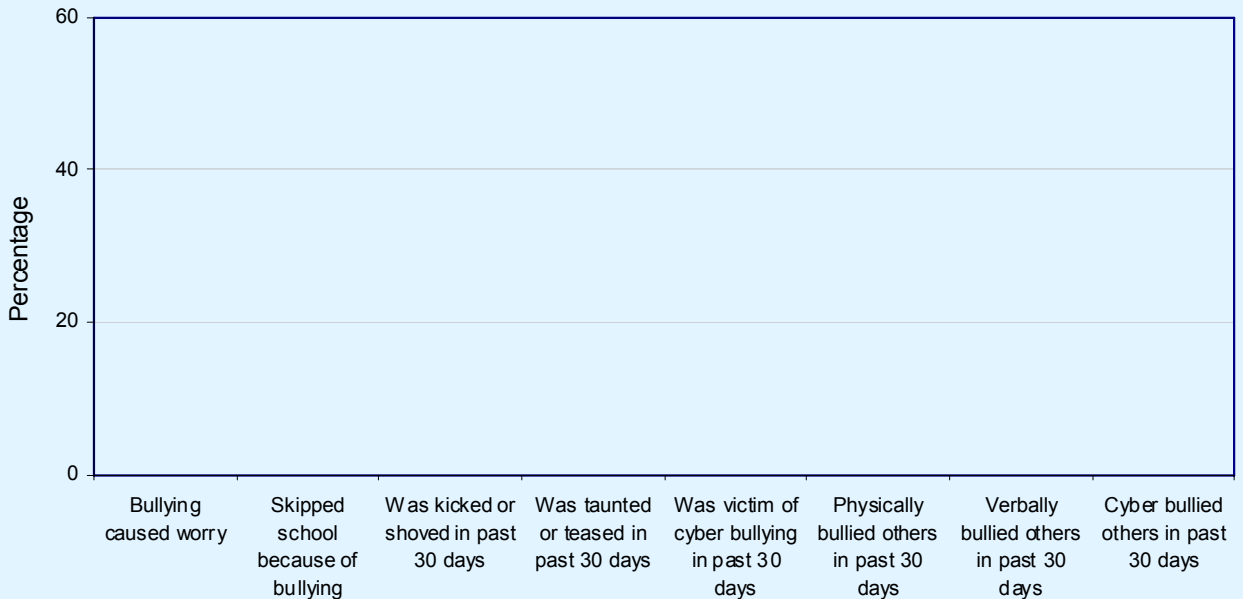
Smoking Marijuana. In Gilchrist County, 7.2% of high school students reported that there is a “pretty good” or a “very good” chance that they would be seen as cool if they smoked marijuana. This is down 10.7 percentage points from 2000. Across the state as a whole, 12.9% of high school students reported peer approval of smoking marijuana.

### ***Extracurricular Activities***

In 2006 a new item was added to the *FYSAS* questionnaire that measures participation in five extracurricular activities: school sports, organized sports outside of school, school band, school clubs, and community clubs. Results for these items are presented in Table 15. Participation in these activities help students build stronger ties to their school and community. Through these connections students are

**Graph  
13**

### Bullying-related behaviors among Gilchrist County MIDDLE SCHOOL students, 2008



also more likely to develop attachments to prosocial peers and to positive adult role models. Since these bonds encourage students to engage in developmentally positive activity, they serve as a buffer against ATOD use and other antisocial behaviors. Please note that this measure is similar to two of the protective factor scales discussed earlier in this report: *Community Opportunities for Prosocial Involvement* and *School Opportunities for Prosocial Involvement*.

**School Sports.** In Gilchrist County, 49.3% of high school students reported participation in school sports. Across the state as a whole, the rate of participation was 37.9%.

**Organized Sports Outside of School.** In Gilchrist County, 20.2% of high school students reported participation in organized sports outside of school. Across the state as a whole, the rate of participation was 26.0%.

**School Band.** In Gilchrist County, 11.7% of high school students reported participation in school band. Across the state as a whole, the rate of participation was 7.3%.

**School Clubs.** In Gilchrist County, 39.6% of high school students reported participation in school clubs. Across the state as a whole, the rate of participation was 32.5%.

**Community Clubs.** In Gilchrist County, 11.0% of high school students reported participation in community clubs. Across the state as a whole, the rate of participation was 13.5%.

#### ***Bullying Behavior***

In 2008 a new item set was added to the *FYSAS* middle school questionnaire that assesses student involvement with bullying. The new items include (1) worry or fear due to bullying, (2) skipping school because of being bullied, (3) being physically bullied (kicking, shoving, stealing, etc.), (4) being verbally bullied (taunting, teasing, name-calling, etc.), (5) being cyber bullied (mean emails, mean text messages, etc.), (6) physically bullying others, (7) verbally bullying others, and (8) cyber bullying others. Table 12 and Graph 13 present prevalence rates for these behaviors. Since no middle school students from Gilchrist County participated in this year's survey, no results are presented in this section.



# Appendix A

## Detailed Tables

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**Table 1. Major demographic characteristics of surveyed Gilchrist County youth and Florida Statewide youth**

	Gilchrist County			Florida Statewide	
	N	%		N	%
<b>Sex</b>					
Female	107	48.9		43,913	48.0
Male	110	50.2		45,413	49.6
<b>Race/Ethnic group</b>					
African American	6	2.7		16,647	18.2
American Indian	3	1.4		1,011	1.1
Asian	1	0.5		1,994	2.2
Hispanic/Latino	9	4.1		20,767	22.7
Native Hawaiian/Pacific Islander	1	0.5		490	0.5
Other/Multiple	15	6.8		12,821	14.0
White, non-Hispanic	183	83.6		37,000	40.4
<b>Age</b>					
10	0	0.0		98	0.1
11	0	0.0		3,294	3.6
12	0	0.0		10,971	12.0
13	0	0.0		13,299	14.5
14	18	8.2		14,098	15.4
15	51	23.3		14,339	15.7
16	58	26.5		13,913	15.2
17	63	28.8		12,824	14.0
18	23	10.5		7,552	8.3
19 or older	4	1.8		718	0.8
<b>Grade</b>					
6th	0	0.0		13,265	14.5
7th	0	0.0		13,552	14.8
8th	0	0.0		12,869	14.1
9th	69	31.5		14,738	16.1
10th	64	29.2		13,593	14.9
11th	55	25.1		12,297	13.4
12th	31	14.2		11,157	12.2
Overall Middle School	0	0.0		39,686	43.4
Overall High School	219	100.0		51,785	56.6
<b>Total</b>	<b>219</b>	<b>100.0</b>		<b>91,471</b>	<b>100.0</b>

Note: Some categories do not sum to 100% of the total due to missing values (e.g., not all survey questions were answered). In addition, rounding can produce totals that do not equal 100%. "N" represents the number of valid cases. In this table, county data are unweighted while statewide data are weighted.

**Table 2. Percentages of Gilchrist County youth and Florida Statewide youth who reported having used various drugs in their lifetimes**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Alcohol	--	65.4	63.0	68.2	--	67.8	--	36.3	66.2	54.9	51.5	37.4	65.6	53.2
Cigarettes	--	47.0	44.3	49.8	--	50.2	--	17.4	34.4	27.4	26.4	17.1	34.3	27.0
Smokeless Tobacco	--	40.1	23.8	58.3	--	39.0	--	--	12.5	6.9	18.1	--	12.0	--
Marijuana or Hashish	--	29.4	27.0	31.4	--	30.2	--	8.5	30.8	20.0	22.1	8.4	30.5	21.1
Inhalants	--	15.5	15.4	15.8	--	13.3	--	13.2	10.1	12.9	10.0	13.0	10.5	11.4
Over-The-Counter Drugs	--	--	--	--	--	--	--	4.9	--	5.9	3.9	4.6	--	--
Any illicit drug	--	37.8	35.2	40.1	--	37.4	--	21.2	37.5	30.7	30.1	21.1	37.4	30.4
Any illicit drug other than marijuana	--	26.6	24.7	29.0	--	23.4	--	17.5	23.1	21.7	19.6	17.4	23.0	20.7
Alcohol only	--	30.4	29.0	32.4	--	31.7	--	20.8	31.7	28.0	25.9	21.8	31.3	26.9
Alcohol or any illicit drug	--	68.2	64.2	72.5	--	69.0	--	41.9	68.9	58.5	55.7	42.7	68.4	57.1
Any illicit drug, but no alcohol	--	2.8	1.1	4.4	--	1.2	--	5.8	3.0	3.9	4.6	5.6	3.1	4.2

Note: The first set of data rows show results for alcohol, tobacco, marijuana, inhalants and over-the-counter drugs. The second set of data rows show results for various combinations of drugs. The symbol "--" indicates that data are not available.



**Table 3. Percentages of Gilchrist County youth and Florida Statewide youth who reported having used various drugs in their lifetimes**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Club Drugs <sup>1</sup>	--	--	--	--	--	--	--	1.6	--	1.4	1.8	1.4	--	--
LSD, PCP or Mushrooms	--	--	--	--	--	--	--	1.5	--	1.1	1.9	1.4	--	--
Cocaine or Crack Cocaine	--	--	--	--	--	--	--	1.8	--	1.7	1.9	1.7	--	--
Ecstasy	--	6.2	6.2	6.3	--	5.6	--	--	4.9	4.9	5.1	--	4.7	--
Rohypnol	--	0.0	0.0	0.0	--	0.0	--	--	1.2	1.0	1.4	--	1.2	--
GHB	--	0.0	0.0	0.0	--	0.0	--	--	0.7	0.4	0.9	--	0.6	--
Ketamine	--	0.0	0.0	0.0	--	0.0	--	--	0.8	0.6	0.9	--	0.7	--
LSD or PCP	--	1.8	1.4	2.3	--	0.9	--	--	3.0	2.3	3.7	--	2.9	--
Hallucinogenic Mushrooms	--	9.6	3.8	15.8	--	7.0	--	--	5.3	3.9	6.8	--	5.1	--
Cocaine	--	4.5	3.0	6.1	--	3.4	--	--	5.5	5.5	5.6	--	5.4	--
Crack Cocaine	--	0.8	1.6	0.0	--	1.1	--	--	1.8	1.8	1.7	--	1.7	--
Methamphetamine	--	2.6	2.8	2.5	--	1.7	--	1.2	1.5	1.3	1.4	1.2	1.5	1.4
Heroin	--	1.2	2.3	0.0	--	1.5	--	0.8	1.0	0.8	1.1	0.8	1.0	0.9
Depressants	--	9.7	8.6	11.0	--	6.8	--	2.4	8.7	6.5	5.4	2.5	8.5	6.0
Prescription Pain Relievers	--	14.5	13.4	15.7	--	12.7	--	4.9	10.4	8.3	7.6	4.8	10.3	8.0
Prescription Amphetamines	--	5.6	6.1	5.2	--	5.7	--	1.6	5.3	3.8	3.5	1.6	5.0	3.7
Steroids	--	3.5	1.1	5.9	--	2.5	--	0.8	1.2	0.6	1.4	0.8	1.2	1.0

Note: The first set of data rows show results for items that are on the middle school questionnaire. The second set of data rows show results for items that are on the high school questionnaire. The third set of data rows show results for items that are on both questionnaires. The symbol "--" indicates that data are not available.

<sup>1</sup> Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs.

**Table 4. Percentages of Gilchrist County youth and Florida Statewide youth who reported having used various drugs in the past 30 days**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Alcohol	--	47.2	45.0	50.1	--	49.9	--	17.3	39.5	30.6	29.0	17.8	38.6	29.8
Binge Drinking	--	30.6	18.7	42.5	--	32.1	--	6.2	21.5	14.0	15.6	6.4	20.5	14.8
Cigarettes	--	20.7	20.4	21.3	--	20.7	--	4.7	12.6	8.8	9.4	4.5	12.2	9.1
Smokeless Tobacco	--	18.6	2.8	36.5	--	16.0	--	--	5.3	2.4	8.3	--	5.0	--
Marijuana or Hashish	--	15.6	13.6	17.1	--	16.1	--	4.4	16.2	9.8	12.3	4.3	16.1	11.1
Inhalants	--	6.7	5.7	7.8	--	5.4	--	5.2	2.2	4.1	2.8	4.9	2.4	3.5
Over-The-Counter Drugs	--	--	--	--	--	--	--	2.2	--	2.6	1.8	2.1	--	--
Any illicit drug	--	19.8	18.1	21.1	--	18.5	--	10.6	19.9	15.2	16.3	10.3	19.8	15.8
Any illicit drug other than marijuana	--	14.1	13.7	14.7	--	10.8	--	8.0	9.7	9.1	8.7	7.8	9.5	8.9
Alcohol only	--	32.3	31.5	33.6	--	36.7	--	11.4	24.0	19.7	17.4	12.0	23.5	18.5
Alcohol or any illicit drug	--	50.8	49.1	52.6	--	53.5	--	21.7	43.3	34.6	33.2	22.0	42.7	33.9
Any illicit drug, but no alcohol	--	3.3	4.2	1.8	--	3.7	--	4.7	4.2	4.2	4.5	4.5	4.4	4.4

Note: The first set of data rows show results for alcohol, tobacco, marijuana, inhalants and over-the-counter drugs. The second set of data rows show results for various combinations of drugs. The symbol "--" indicates that data are not available.

**Table 5. Percentages of Gilchrist County youth and Florida Statewide youth who reported having used various drugs in the past 30 days**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Club Drugs <sup>1</sup>	--	--	--	--	--	--	--	0.6	--	0.5	0.7	0.5	--	--
LSD, PCP or Mushrooms	--	--	--	--	--	--	--	0.6	--	0.3	0.8	0.5	--	--
Cocaine or Crack Cocaine	--	--	--	--	--	--	--	0.6	--	0.5	0.7	0.5	--	--
Ecstasy	--	2.5	2.5	2.4	--	3.2	--	--	1.5	1.2	1.9	--	1.4	--
Rohypnol	--	0.0	0.0	0.0	--	0.0	--	--	0.4	0.3	0.6	--	0.4	--
GHB	--	0.0	0.0	0.0	--	0.0	--	--	0.3	0.1	0.4	--	0.2	--
Ketamine	--	0.0	0.0	0.0	--	0.0	--	--	0.2	0.1	0.3	--	0.2	--
LSD or PCP	--	0.0	0.0	0.0	--	0.0	--	--	1.1	0.7	1.5	--	1.1	--
Hallucinogenic Mushrooms	--	0.0	0.0	0.0	--	0.0	--	--	1.5	0.9	2.0	--	1.3	--
Cocaine	--	0.8	1.6	0.0	--	1.1	--	--	1.6	1.4	1.7	--	1.5	--
Crack Cocaine	--	0.0	0.0	0.0	--	0.0	--	--	0.5	0.4	0.6	--	0.5	--
Methamphetamine	--	1.8	2.8	0.9	--	1.7	--	0.6	0.5	0.4	0.6	0.5	0.5	0.5
Heroin	--	0.0	0.0	0.0	--	0.0	--	0.4	0.3	0.2	0.5	0.3	0.3	0.3
Depressants	--	4.8	5.4	4.3	--	3.5	--	1.0	3.0	2.4	2.0	1.0	3.0	2.1
Prescription Pain Relievers	--	6.8	7.0	6.6	--	5.6	--	2.3	3.9	3.2	3.2	2.3	3.8	3.2
Prescription Amphetamines	--	1.7	0.0	3.4	--	1.8	--	0.6	1.6	1.0	1.3	0.7	1.5	1.2
Steroids	--	2.6	0.0	5.2	--	1.8	--	0.3	0.5	0.2	0.7	0.3	0.5	0.4

Note: The first set of data rows show results for items that are on the middle school questionnaire. The second set of data rows show results for items that are on the high school questionnaire. The third set of data rows show results for items that are on both questionnaires. The symbol "--" indicates that data are not available.

<sup>1</sup> Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs.

**Table 6. Lifetime trend in alcohol, tobacco and other drug use for Gilchrist County youth, 2000, 2002, 2006 and 2008**

	2000			2002			2004			2006			2008		
	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>
Alcohol	48.1	68.0	58.8	54.0	71.2	63.3	--	--	--	46.0	69.3	58.8	--	65.4	--
Cigarettes	55.3	66.6	60.9	41.9	57.0	49.9	--	--	--	27.9	49.6	40.0	--	47.0	--
Smokeless Tobacco	36.7	45.6	41.4	21.8	26.0	24.0	--	--	--	28.8	29.6	29.1	--	40.1	--
Marijuana or Hashish	21.1	47.0	34.4	20.6	33.3	27.5	--	--	--	13.4	34.0	24.6	--	29.4	--
Inhalants	17.7	13.7	15.4	16.8	15.5	16.2	--	--	--	14.7	16.7	15.6	--	15.5	--
Over-The-Counter Drugs	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Any illicit drug	--	--	--	29.1	42.3	36.0	--	--	--	28.0	42.0	35.4	--	37.8	--
Any illicit drug other than marijuana	--	--	--	24.0	28.5	26.3	--	--	--	21.0	28.8	24.8	--	26.6	--
Alcohol only	--	--	--	27.7	33.4	30.9	--	--	--	25.7	30.7	28.7	--	30.4	--
Alcohol or any illicit drug	--	--	--	56.9	75.5	66.8	--	--	--	53.6	71.8	63.6	--	68.2	--
Any illicit drug, but no alcohol	--	--	--	4.3	4.1	4.2	--	--	--	8.2	3.5	5.6	--	2.8	--

Note: The first set of data rows show results for alcohol, tobacco, marijuana, inhalants and over-the-counter drugs. The second set of data rows show results for various combinations of drugs. Results for combinations of drugs are not presented for 2000 because new ATOD items were added between 2000 and 2002. The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

**Table 7. Lifetime trend in alcohol, tobacco and other drug use for Gilchrist County youth, 2000, 2002, 2006 and 2008**

	2000			2002			2004			2006			2008		
	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total
Club Drugs <sup>1</sup>	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
LSD, PCP or Mushrooms	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Cocaine or Crack Cocaine	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Ecstasy	--	--	--	6.2	7.4	6.8	--	--	--	3.0	4.4	3.7	--	6.2	--
Rohypnol	--	--	--	2.7	1.0	2.0	--	--	--	0.4	2.0	1.2	--	0.0	--
GHB <sup>2</sup>	--	--	--	0.5	0.0	0.2	--	--	--	0.5	1.2	0.8	--	0.0	--
Ketamine	--	--	--	3.3	0.8	1.9	--	--	--	0.0	0.8	0.4	--	0.0	--
LSD or PCP <sup>3</sup>	1.8	11.6	7.0	5.4	5.6	5.4	--	--	--	0.0	4.1	2.2	--	1.8	--
Hallucinogenic Mushrooms	--	--	--	9.6	13.2	11.7	--	--	--	3.0	10.7	7.1	--	9.6	--
Cocaine	2.5	10.6	6.8	4.1	8.9	6.9	--	--	--	1.7	5.3	3.6	--	4.5	--
Crack Cocaine	2.8	2.4	2.6	3.1	2.3	2.6	--	--	--	1.6	0.8	1.1	--	0.8	--
Methamphetamine	0.0	4.8	2.5	4.3	5.6	4.9	--	--	--	1.6	2.7	2.2	--	2.6	--
Heroin	3.0	3.2	3.1	3.5	2.0	2.6	--	--	--	0.5	1.9	1.2	--	1.2	--
Depressants <sup>4</sup>	2.0	11.3	6.9	8.4	13.4	11.0	--	--	--	3.0	11.8	7.7	--	9.7	--
Prescription Pain Relievers <sup>5</sup>	--	--	--	8.8	16.0	12.8	--	--	--	10.2	16.2	13.3	--	14.5	--
Prescription Amphetamines	--	--	--	4.2	5.2	4.9	--	--	--	2.1	5.3	3.8	--	5.6	--
Steroids	2.3	4.4	3.4	4.3	1.7	2.8	--	--	--	0.9	1.2	1.0	--	3.5	--

Note: The first set of data rows show results for items that are on the middle school questionnaire. The second set of data rows show results for items that are on the high school questionnaire. The third set of data rows show results for items that are on both questionnaires. The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

<sup>1</sup> Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs.

<sup>2</sup> In 2006, the question for GHB was changed to include a more up-to-date set of slang or street names for the drug.

<sup>3</sup> Measured as "LSD or other psychedelics" in the 2000 survey, and as "LSD or PCP" in the 2002, 2004, 2006 and 2008 surveys.

<sup>4</sup> In 2002, the prescription drug Xanax<sup>®</sup> was added to the list of examples given in the depressants question.

<sup>5</sup> In 2006, OxyContin<sup>®</sup> was removed as an individual item and added to the list of examples included in the prescription pain relievers item.

**Table 8. Past-30-day trend in alcohol, tobacco and other drug use for Gilchrist County youth, 2000, 2002, 2006 and 2008**

	2000			2002			2004			2006			2008		
	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>
Alcohol	30.1	47.3	38.9	23.5	39.4	32.2	--	--	--	22.3	43.8	33.3	--	47.2	--
Binge Drinking	17.1	31.0	24.2	13.9	20.5	17.8	--	--	--	10.3	24.3	18.0	--	30.6	--
Cigarettes	23.9	38.2	31.2	17.7	19.0	18.4	--	--	--	11.2	22.6	17.1	--	20.7	--
Smokeless Tobacco	16.2	20.8	18.5	7.2	9.5	8.6	--	--	--	14.3	12.0	12.8	--	18.6	--
Marijuana or Hashish	11.2	30.9	21.4	8.5	17.9	13.5	--	--	--	6.6	16.5	11.8	--	15.6	--
Inhalants	9.2	3.8	6.3	5.5	3.6	4.4	--	--	--	7.6	4.5	5.9	--	6.7	--
Over-The-Counter Drugs	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Any illicit drug	--	--	--	12.5	22.0	17.6	--	--	--	16.2	20.6	18.3	--	19.8	--
Any illicit drug other than marijuana	--	--	--	8.8	11.3	10.3	--	--	--	12.5	11.7	11.9	--	14.1	--
Alcohol only	--	--	--	13.8	23.5	19.3	--	--	--	14.2	25.3	19.8	--	32.3	--
Alcohol or any illicit drug	--	--	--	26.2	45.6	36.9	--	--	--	30.0	45.4	37.7	--	50.8	--
Any illicit drug, but no alcohol	--	--	--	3.3	6.0	4.9	--	--	--	8.1	2.3	4.9	--	3.3	--

Note: The first set of data rows show results for alcohol, tobacco, marijuana, inhalants and over-the-counter drugs. The second set of data rows show results for various combinations of drugs. Results for combinations of drugs are not presented for 2000 because new ATOD items were added between 2000 and 2002. The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

**Table 9. Past-30-day trend in alcohol, tobacco and other drug use for Gilchrist County youth, 2000, 2002, 2006 and 2008**

	2000			2002			2004			2006			2008		
	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total
Club Drugs <sup>1</sup>	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
LSD, PCP or Mushrooms	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Cocaine or Crack Cocaine	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Ecstasy	--	--	--	0.7	3.8	2.4	--	--	--	0.5	1.2	0.9	--	2.5	--
Rohypnol	--	--	--	0.6	0.4	0.5	--	--	--	0.0	0.8	0.4	--	0.0	--
GHB <sup>2</sup>	--	--	--	0.0	0.0	0.0	--	--	--	0.5	0.8	0.6	--	0.0	--
Ketamine	--	--	--	0.6	0.0	0.3	--	--	--	0.0	0.0	0.0	--	0.0	--
LSD or PCP <sup>3</sup>	1.5	6.3	4.0	0.0	0.9	0.5	--	--	--	0.0	0.6	0.3	--	0.0	--
Hallucinogenic Mushrooms	--	--	--	2.2	1.5	1.8	--	--	--	1.7	2.2	1.9	--	0.0	--
Cocaine	2.0	3.7	2.9	1.3	2.9	2.4	--	--	--	0.0	1.7	0.9	--	0.8	--
Crack Cocaine	2.0	0.2	1.1	0.6	0.0	0.3	--	--	--	0.0	0.8	0.4	--	0.0	--
Methamphetamine	0.0	1.9	1.0	0.0	1.2	0.7	--	--	--	0.8	0.4	0.6	--	1.8	--
Heroin	2.1	2.1	2.1	0.5	0.4	0.4	--	--	--	0.0	1.2	0.6	--	0.0	--
Depressants <sup>4</sup>	1.0	9.1	5.3	2.6	5.7	4.2	--	--	--	0.8	6.9	4.0	--	4.8	--
Prescription Pain Relievers <sup>5</sup>	--	--	--	3.5	7.1	5.4	--	--	--	4.7	5.1	4.9	--	6.8	--
Prescription Amphetamines	--	--	--	1.1	0.5	0.8	--	--	--	0.8	0.0	0.3	--	1.7	--
Steroids	0.5	2.9	1.8	1.6	0.4	1.0	--	--	--	0.0	0.8	0.4	--	2.6	--

Note: The first set of data rows show results for items that are on the middle school questionnaire. The second set of data rows show results for items that are on the high school questionnaire. The third set of data rows show results for items that are on both questionnaires. The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

<sup>1</sup> Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs.

<sup>2</sup> In 2006, the question for GHB was changed to include a more up-to-date set of slang or street names for the drug.

<sup>3</sup> Measured as "LSD or other psychedelics" in the 2000 survey, and as "LSD or PCP" in the 2002, 2004, 2006 and 2008 surveys.

<sup>4</sup> In 2002, the prescription drug Xanax<sup>®</sup> was added to the list of examples given in the depressants question.

<sup>5</sup> In 2006, OxyContin<sup>®</sup> was removed as an individual item and added to the list of examples included in the prescription pain relievers item.

**Table 10. Percentages of Gilchrist County youth and Florida Statewide youth who reported engaging in delinquent behavior within the past 12 months**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Carrying a handgun	--	9.6	1.6	17.3	--	8.6	--	4.3	5.6	2.1	8.0	3.9	5.8	5.0
Selling drugs	--	8.7	6.9	10.5	--	7.8	--	2.7	7.6	3.2	7.8	2.5	7.9	5.5
Attempting to steal a vehicle	--	5.6	1.5	9.5	--	6.9	--	2.4	2.6	1.7	3.3	2.2	2.9	2.5
Being arrested	--	4.8	2.7	6.8	--	5.1	--	4.0	5.6	3.3	6.4	3.6	6.2	4.9
Taking a handgun to school	--	4.0	0.8	7.1	--	4.5	--	0.8	1.1	0.4	1.5	0.8	1.2	1.0
Getting suspended	--	15.6	9.2	21.3	--	15.4	--	16.2	14.4	11.5	18.9	14.9	16.1	15.2
Attacking someone with intent to harm	--	13.2	9.5	16.3	--	14.7	--	11.4	12.1	9.9	13.7	10.9	12.9	11.8
Being drunk or high at school	--	19.8	16.8	23.0	--	21.3	--	6.6	15.5	10.9	12.3	6.4	15.8	11.6

Note: The symbol "--" indicates that data are not available.

**Table 11. Percentages of Gilchrist County youth and Florida Statewide youth who reported gambling and arguing about gambling in the past 12 months**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Gambling	--	49.2	35.6	62.3	--	44.8	--	57.0	54.0	44.7	65.6	56.8	54.3	55.3
Arguing about gambling	--	10.2	8.1	12.2	--	8.8	--	17.4	14.4	11.5	19.7	17.1	14.8	15.7

Note: The symbol "--" indicates that data are not available.



**Table 12. Percentages of Gilchrist County youth and Florida Statewide middle school youth who reported involvement in bullying behavior**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Bullying caused worry	--	--	--	--	--	--	--	30.1	--	36.0	24.6	30.7	--	--
Skipped school because of bullying	--	--	--	--	--	--	--	2.9	--	3.5	2.3	2.8	--	--
Was kicked or shoved in past 30 days	--	--	--	--	--	--	--	20.7	--	17.3	23.9	21.1	--	--
Was taunted or teased in past 30 days	--	--	--	--	--	--	--	41.3	--	42.3	40.4	41.8	--	--
Was victim of cyber bullying in past 30 days	--	--	--	--	--	--	--	8.2	--	11.2	5.2	8.2	--	--
Physically bullied others in past 30 days	--	--	--	--	--	--	--	15.8	--	13.3	18.1	15.5	--	--
Verbally bullied others in past 30 days	--	--	--	--	--	--	--	28.0	--	27.8	28.2	27.8	--	--
Cyber bullied others in past 30 days	--	--	--	--	--	--	--	6.4	--	7.9	4.8	6.2	--	--

The symbol "--" indicates that data are not available.

**Table 13. Percentages of Gilchrist County youth and Florida Statewide high school youth who started using alcohol at age 13 or younger**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
More than a sip of alcohol	--	37.0	36.7	37.5	--	37.8	--	--	32.3	31.0	33.9	--	32.4	--
Drinking at least once a month	--	9.7	7.3	12.0	--	10.6	--	--	5.9	5.5	6.4	--	5.9	--
Cigarettes	--	31.2	29.2	33.3	--	34.0	--	--	19.9	19.6	20.3	--	20.2	--
Marijuana	--	10.8	8.4	13.2	--	8.9	--	--	10.6	8.8	12.4	--	10.7	--

Note: The symbol "--" indicates that data are not available.

**Table 14. Percentages of Gilchrist County youth and Florida Statewide youth who reported a perceived risk of harm, personal disapproval and peer approval**

	Gilchrist County							Florida Statewide						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
<b><i>Perceive great risk of harm if...</i></b>														
One or more drinks every day	--	34.1	43.0	25.3	--	32.1	--	43.2	40.8	46.2	37.6	43.4	40.7	41.9
Smoke a pack or more every day	--	59.2	61.3	56.9	--	61.0	--	67.0	68.0	70.6	64.7	68.3	67.3	67.6
Smoke marijuana regularly	--	49.2	56.6	42.4	--	48.6	--	71.2	51.0	63.8	56.0	71.7	50.7	59.8
Try marijuana once or twice	--	27.7	31.6	24.2	--	26.0	--	42.6	24.7	34.3	30.8	42.0	24.6	32.5
<b><i>Think it would be wrong for someone their age to...</i></b>														
Smoke cigarettes	--	61.0	56.6	64.8	--	62.7	--	90.5	72.9	80.7	80.3	90.4	74.9	80.5
Drink alcohol regularly	--	46.2	47.4	45.4	--	43.4	--	81.2	53.5	65.7	65.4	80.2	54.6	65.4
Smoke marijuana	--	72.9	72.9	73.4	--	72.3	--	91.1	71.9	82.2	78.4	91.0	72.3	80.2
Use other illicit drugs	--	91.7	90.8	92.4	--	92.0	--	96.8	93.5	95.6	94.2	96.8	93.4	94.9
<b><i>Good chance of being seen as cool if...</i></b>														
Drink alcohol regularly	--	14.1	13.2	15.0	--	13.2	--	8.1	14.9	12.5	11.5	8.4	14.6	12.0
Smoke cigarettes	--	5.4	4.1	6.7	--	6.4	--	6.2	5.6	5.7	6.0	6.1	5.6	5.8
Smoke marijuana	--	7.2	5.9	8.6	--	8.5	--	9.2	12.9	11.1	11.5	9.1	13.4	11.3

Note: The symbol "--" indicates that data are not available.

**Table 15. Percentages of Gilchrist County youth and Florida Statewide youth who reported participation in extracurricular activities**

	Gilchrist County							Florida Statewide						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
School Sports	--	49.3	43.8	54.8	--	49.9	--	35.7	37.9	33.2	40.4	35.5	39.2	37.0
Organized Sports Outside of School	--	20.2	18.6	22.0	--	18.3	--	43.9	26.0	29.5	38.0	43.1	26.5	33.7
School Band	--	11.7	13.4	10.3	--	12.5	--	13.5	7.3	9.6	10.4	13.3	7.4	10.0
School Club(s)	--	39.6	48.4	32.1	--	42.4	--	18.5	32.5	35.0	18.1	19.6	31.1	26.4
Community Club(s)	--	11.0	15.5	6.9	--	12.8	--	11.0	13.5	16.4	8.7	11.2	13.1	12.4

Note: The symbol "--" indicates that data are not available.

**Table 16. Trends in delinquent behaviors for Gilchrist County youth, 2000, 2002, 2006 and 2008**

	2000			2002			2004			2006			2008		
	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>
Carrying a handgun	4.5	4.0	4.2	3.9	5.2	4.6	--	--	--	5.1	7.5	6.3	--	9.6	--
Selling drugs	3.8	14.2	9.3	3.3	6.8	5.2	--	--	--	0.8	4.9	3.1	--	8.7	--
Attempting to steal a vehicle	2.5	7.1	4.9	4.4	2.2	3.2	--	--	--	1.3	0.9	1.1	--	5.6	--
Being arrested	4.6	5.1	4.8	5.6	4.5	4.9	--	--	--	5.0	4.3	4.6	--	4.8	--
Taking a handgun to school	0.4	1.1	0.8	0.5	0.9	0.7	--	--	--	0.0	1.2	0.7	--	4.0	--
Getting suspended	24.7	17.1	20.9	19.8	14.7	17.1	--	--	--	17.2	13.7	15.0	--	15.6	--
Attacking someone with intent to harm	16.2	21.3	18.8	14.9	11.5	13.4	--	--	--	14.1	13.6	13.6	--	13.2	--
Being drunk or high at school	12.3	22.5	17.6	13.1	20.5	17.0	--	--	--	7.6	22.9	16.1	--	19.8	--

Note: The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

**Table 17. Trends in early ATOD use and attitudes toward substance use for Gilchrist County youth, 2000, 2002, 2006 and 2008**

	2000			2002			2004			2006			2008		
	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total
<b><i>Early ATOD use (age 13 or younger)</i></b>															
More than a sip or two of alcohol	--	44.4	--	--	38.9	--	--	--	--	--	37.3	--	--	37.0	--
Drinking at least once a month	--	9.9	--	--	9.1	--	--	--	--	--	6.5	--	--	9.7	--
Cigarettes	--	47.5	--	--	44.8	--	--	--	--	--	33.8	--	--	31.2	--
Marijuana	--	18.3	--	--	19.2	--	--	--	--	--	17.4	--	--	10.8	--
<b><i>Perceive great risk of harm if...</i></b>															
One or more drinks every day	40.0	37.1	38.5	35.4	38.4	37.6	--	--	--	34.9	35.9	35.3	--	34.1	--
Smoke a pack or more every day	61.4	66.1	64.2	57.4	62.2	59.7	--	--	--	64.7	63.5	63.9	--	59.2	--
Smoke marijuana regularly	75.6	51.2	62.8	63.9	52.5	57.7	--	--	--	83.4	49.8	65.0	--	49.2	--
Try marijuana once or twice	39.2	24.9	31.7	39.1	24.1	30.9	--	--	--	48.3	25.9	36.1	--	27.7	--
<b><i>Think it wrong if...</i></b>															
Smoke cigarettes	76.4	52.5	64.0	75.6	63.6	68.8	--	--	--	83.8	63.4	73.2	--	61.0	--
Drink alcohol regularly	69.8	54.3	61.7	70.9	58.2	64.0	--	--	--	71.8	51.3	60.1	--	46.2	--
Smoke marijuana	85.0	61.0	72.6	82.5	73.8	77.4	--	--	--	87.4	70.4	78.3	--	72.9	--
Use other illicit drugs	94.9	83.2	88.9	94.8	93.1	93.7	--	--	--	97.4	93.6	95.4	--	91.7	--
<b><i>Seen as cool if...</i></b>															
Drink alcohol regularly	19.0	16.3	17.4	14.2	20.9	18.3	--	--	--	11.3	15.4	13.3	--	14.1	--
Smoke cigarettes	17.0	5.6	10.9	14.4	8.2	11.2	--	--	--	7.3	6.9	7.0	--	5.4	--
Smoke marijuana	16.5	17.9	17.1	15.3	15.5	16.2	--	--	--	11.8	11.3	11.3	--	7.2	--

Note: The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

**Table 18. Protective factor prevalence rates for Gilchrist County, Florida Statewide and the national normative database, 2008**

Domain	Scale	Gilchrist County		Florida Statewide		National Norms	
		<i>Middle School</i>	<i>High School</i>	<i>Middle School</i>	<i>High School</i>	<i>Middle School</i>	<i>High School</i>
<b>Community</b>	Community Opportunities for Prosocial Involvement	--	44	--	39	--	52
	Community Rewards for Prosocial Involvement	--	65	51	61	56	63
<b>Family</b>	Family Attachment	--	65	--	55	--	56
	Family Opportunities for Prosocial Involvement	--	54	56	53	59	54
	Family Rewards for Prosocial Involvement	--	54	50	54	54	55
<b>School</b>	School Opportunities for Prosocial Involvement	--	47	47	59	57	60
	School Rewards for Prosocial Involvement	--	53	45	56	53	58
<b>Peer and Individual</b>	Religiosity	--	61	51	61	56	62
	Social Skills	--	56	--	62	--	57
	Belief in the Moral Order	--	60	--	59	--	62
<b>Average Prevalence Rate</b>		--	<b>55</b>	<b>50</b>	<b>56</b>	<b>56</b>	<b>57</b>

Note: Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better student behavioral outcomes, it is better to have protective factor scale scores with high values. The symbol "--" indicates that data are not available.

**Table 19. Risk factor prevalence rates for Gilchrist County, Florida Statewide and the national normative database, 2008**

Domain	Scale	Gilchrist County		Florida Statewide		National Norms	
		<i>Middle School</i>	<i>High School</i>	<i>Middle School</i>	<i>High School</i>	<i>Middle School</i>	<i>High School</i>
<b>Community</b>	Low Neighborhood Attachment	--	50	--	49	--	44
	Community Disorganization	--	44	48	49	47	47
	Transitions and Mobility	--	54	61	64	47	46
	Laws and Norms Favorable to Drug Use	--	52	44	35	42	42
	Laws and Norms Favorable to Handguns	--	35	--	23	--	23
	Perceived Availability of Drugs	--	43	49	40	45	45
	Perceived Availability of Handguns	--	59	27	41	25	42
<b>Family</b>	Poor Family Management	--	52	49	49	44	45
	Family Conflict	--	33	43	37	42	37
	Family History of Antisocial Behavior	--	39	--	43	--	45
	Parental Attitudes Favorable toward ATOD Use	--	45	22	38	23	41
	Parental Attitudes Favorable toward Antisocial Behavior	--	51	--	45	--	48
<b>School</b>	Poor Academic Performance	--	50	45	44	45	48
	Lack of Commitment to School	--	62	55	47	47	46
<b>Peer and Individual</b>	Rebelliousness	--	42	--	41	--	40
	Friends' Delinquent Behavior	--	33	--	44	--	41
	Friends' Use of Drugs	--	31	--	39	--	47
	Peer Rewards for Antisocial Behavior	--	43	42	42	40	46
	Favorable Attitudes toward Antisocial Behavior	--	49	48	47	40	46
	Favorable Attitudes toward ATOD Use	--	45	40	40	39	45
	Low Perceived Risks of Drug Use	--	52	41	44	40	46
	Early Initiation of Drug Use	--	46	37	35	41	46
	Sensation Seeking	--	43	--	44	--	45
<b>Average Prevalence Rate</b>		--	<b>46</b>	<b>43</b>	<b>43</b>	<b>40</b>	<b>44</b>

Note: Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better student behavioral outcomes, it is better to have protective factor scale scores with high values. The symbol "--" indicates that data are not available.



**Table 20. Protective factor prevalence rate trends among middle school students for Gilchrist County, 2000, 2002, 2006 and 2008**

Domain	Scale	Gilchrist County				
		2000	2002	2004	2006	2008
<b>Community</b>	Community Opportunities for Prosocial Involvement	25	43	--	45	--
	Community Rewards for Prosocial Involvement	48	54	--	63	--
<b>Family</b>	Family Attachment	55	48	--	59	--
	Family Opportunities for Prosocial Involvement	58	46	--	54	--
	Family Rewards for Prosocial Involvement	55	46	--	50	--
<b>School</b>	School Opportunities for Prosocial Involvement	40	36	--	48	--
	School Rewards for Prosocial Involvement	48	36	--	44	--
<b>Peer and Individual</b>	Religiosity	52	54	--	56	--
	Social Skills	47	45	--	55	--
	Belief in the Moral Order	44	37	--	40	--
<b>Average Prevalence Rate</b>		<b>48</b>	<b>45</b>	<b>--</b>	<b>53</b>	<b>--</b>

Note: Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better student behavioral outcomes, it is better to have protective factor scale scores with high values. The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

**Table 21. Risk factor prevalence rate trends among middle school students for Gilchrist County, 2000, 2002, 2006 and 2008**

Domain	Scale	Gilchrist County				
		2000	2002	2004	2006	2008
<b>Community</b>	Low Neighborhood Attachment	46	52	--	42	--
	Community Disorganization	42	52	--	42	--
	Transitions and Mobility	48	53	--	56	--
	Laws and Norms Favorable to Drug Use	57	60	--	55	--
	Laws and Norms Favorable to Handguns	52	57	--	49	--
	Perceived Availability of Drugs	60	55	--	51	--
	Perceived Availability of Handguns	39	41	--	45	--
<b>Family</b>	Poor Family Management	48	54	--	49	--
	Family Conflict	37	37	--	43	--
	Family History of Antisocial Behavior	60	56	--	62	--
	Parental Attitudes Favorable toward ATOD Use	26	29	--	40	--
	Parental Attitudes Favorable toward Antisocial Behavior	33	42	--	49	--
<b>School</b>	Poor Academic Performance	62	49	--	47	--
	Lack of Commitment to School	61	67	--	57	--
<b>Peer and Individual</b>	Rebelliousness	52	51	--	59	--
	Friends' Delinquent Behavior	53	65	--	58	--
	Friends' Use of Drugs	64	57	--	47	--
	Peer Rewards for Antisocial Behavior	50	49	--	44	--
	Favorable Attitudes toward Antisocial Behavior	48	56	--	53	--
	Favorable Attitudes toward ATOD Use	61	58	--	51	--
	Low Perceived Risks of Drug Use	49	51	--	40	--
	Early Initiation of Drug Use	70	61	--	52	--
	Sensation Seeking	56	50	--	52	--
<b>Average Prevalence Rate</b>		<b>51</b>	<b>52</b>	<b>--</b>	<b>49</b>	<b>--</b>

Note: Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better student behavioral outcomes, it is better to have protective factor scale scores with high values. The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

**Table 22. Protective factor prevalence rate trends among high school students for Gilchrist County, 2000, 2002, 2006 and 2008**

Domain	Scale	Gilchrist County				
		2000	2002	2004	2006	2008
<b>Community</b>	Community Opportunities for Prosocial Involvement	29	46	--	47	44
	Community Rewards for Prosocial Involvement	67	72	--	72	65
<b>Family</b>	Family Attachment	62	55	--	54	65
	Family Opportunities for Prosocial Involvement	59	54	--	58	54
	Family Rewards for Prosocial Involvement	60	53	--	61	54
<b>School</b>	School Opportunities for Prosocial Involvement	54	56	--	48	47
	School Rewards for Prosocial Involvement	54	63	--	64	53
<b>Peer and Individual</b>	Religiosity	71	67	--	68	61
	Social Skills	54	66	--	64	56
	Belief in the Moral Order	63	68	--	61	60
<b>Average Prevalence Rate</b>		<b>57</b>	<b>59</b>	<b>--</b>	<b>60</b>	<b>55</b>

Note: Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better student behavioral outcomes, it is better to have protective factor scale scores with high values. The symbol "--" indicates that data are not available. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.

**Table 23. Risk factor prevalence rate trends among high school students for Gilchrist County, 2000, 2002, 2006 and 2008**

Domain	Scale	Gilchrist County				
		2000	2002	2004	2006	2008
<b>Community</b>	Low Neighborhood Attachment	39	42	--	47	50
	Community Disorganization	42	45	--	52	44
	Transitions and Mobility	50	54	--	58	54
	Laws and Norms Favorable to Drug Use	41	41	--	46	52
	Laws and Norms Favorable to Handguns	34	39	--	33	35
	Perceived Availability of Drugs	54	51	--	43	43
	Perceived Availability of Handguns	62	53	--	61	59
<b>Family</b>	Poor Family Management	41	43	--	44	52
	Family Conflict	35	37	--	34	33
	Family History of Antisocial Behavior	57	53	--	53	39
	Parental Attitudes Favorable toward ATOD Use	34	35	--	44	45
	Parental Attitudes Favorable toward Antisocial Behavior	38	40	--	54	51
<b>School</b>	Poor Academic Performance	52	44	--	52	50
	Lack of Commitment to School	41	46	--	54	62
<b>Peer and Individual</b>	Rebelliousness	42	36	--	39	42
	Friends' Delinquent Behavior	48	37	--	42	33
	Friends' Use of Drugs	52	51	--	44	31
	Peer Rewards for Antisocial Behavior	42	45	--	39	43
	Favorable Attitudes toward Antisocial Behavior	42	37	--	44	49
	Favorable Attitudes toward ATOD Use	53	41	--	46	45
	Low Perceived Risks of Drug Use	48	49	--	51	52
	Early Initiation of Drug Use	54	49	--	43	46
	Sensation Seeking	49	40	--	46	43
<b>Average Prevalence Rate</b>		<b>46</b>	<b>45</b>	<b>--</b>	<b>47</b>	<b>46</b>

Note: Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better student behavioral outcomes, it is better to have protective factor scale scores with high values. The 2004 Gilchrist County survey sample was too small to allow meaningful analysis.



# Appendix B

## References

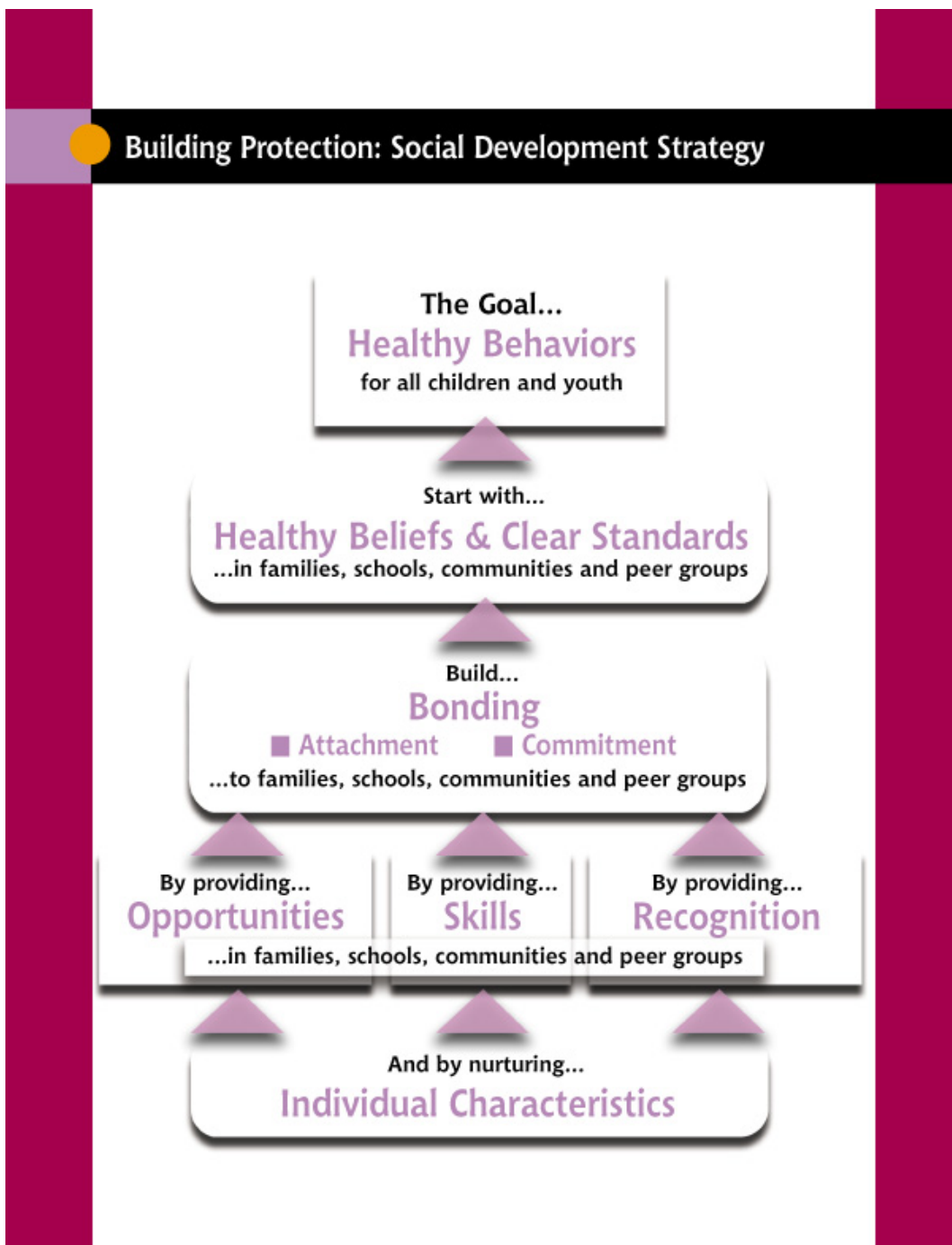
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# Appendix C

## The Social Development Strategy



## Communities That Care®

### Risk Factors

### Adolescent Problem Behaviors

Community	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Availability of drugs	●				●
Availability of firearms		●			●
Community laws and norms favorable toward drug use, firearms and crime	●	●			●
Media portrayals of violence					●
Transitions and mobility	●	●		●	
Low neighborhood attachment and community disorganization	●	●			●
Extreme economic deprivation	●	●	●	●	●
<b>Family</b>					
Family history of the problem behavior	●	●	●	●	●
Family management problems	●	●	●	●	●
Family conflict	●	●	●	●	●
Favorable parental attitudes and involvement in the problem behavior	●	●			●
<b>School</b>					
Academic failure beginning in late elementary school	●	●	●	●	●
Lack of commitment to school	●	●	●	●	●
<b>Peer and Individual</b>					
Early and persistent antisocial behavior	●	●	●	●	●
Rebelliousness	●	●		●	
Friends who engage in the problem behavior	●	●	●	●	●
Gang involvement	●	●			●
Favorable attitudes toward the problem behavior	●	●	●	●	
Early initiation of the problem behavior	●	●	●	●	●
Constitutional factors	●	●			●

# Appendix D

## Other Resources

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### Web Sites

Office of National Drug Control Policy [www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

National Clearinghouse for Alcohol and Drug Information [www.health.org/index.htm](http://www.health.org/index.htm)

Substance Abuse and Mental Health Services Administration (SAMHSA) [www.samhsa.gov](http://www.samhsa.gov)

Monitoring the Future [www.monitoringthefuture.org](http://www.monitoringthefuture.org)

National Institute on Drug Abuse (NIDA) [www.nida.nih.gov](http://www.nida.nih.gov) and [www.drugabuse.gov](http://www.drugabuse.gov)

National Institute on Alcohol Abuse and Alcoholism (NIAAA) [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

Social Development Research Group <http://depts.washington.edu/sdrg>

### Prevention Program Guides

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