# Alcohol and Other Drug Use
# Violence and Safety
# Module C

# CONTENTS

# TABLES

# PREFACE

This section of your California Healthy Kids Survey (CHKS) report provides additional information from supplementary Module C concerning substance use and violence-related behaviors.

- The information on substance use includes frequency of use in the past six months and use patterns and cessation efforts
- The violence and safety-related items are less focused on the school environment than in the Core Module and include suicide.

The questions were selected for their value to help improve programs funded under the federal Safe and Drug Free Schools and Communities Act (Title IV). Most of them were derived from the biennial, state-mandated California Student Survey (CSS).

An index links by number the report tables to the instrument questions, and also provides references to the tables on substance use and violence in the main CHKS report (Core Module).

The complete dataset of results is available electronically on request. We encourage additional analyses of the results, particularly in regard to four areas: (a) characteristics of youth most involved in health risk behavior; (b) how behaviors vary among subgroups of youth; (c) how behaviors may be related; and (d) what factors are most associated with them. This will help in targeting prevention and intervention efforts to those in most need.

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# C1. ALCOHOL AND OTHER DRUG USE

This first section is designed to promote a better understanding of the patterns and dynamics of alcohol and other drug (AOD) use and the factors that need to be taken into consideration in program planning. It covers:

- the frequency of recent AOD use in the past six months;
- high-risk behavior, such as heroin use, poly drug-use;
- involvement in selling drugs;
- cessation efforts and intervention needs.

## FREQUENCY OF USE IN THE PAST SIX MONTHS

*HS Questions C1-8/MS Questions C1-4: During the past six months, about how many times have you used these substances without a doctor's orders?*

**Tables C1-C7** report the frequency with which students used seven categories of psychoactive substances over the six months prior to the survey.[1] These six-month prevalence items serve four main purposes:

- They identify what proportion of students are recent users even if they did not use in the 30 days before the survey, the standard indicator of current use (see Table A3.2).
- They include more categories of use than are assessed for the past 30 days and asks about alcohol use in general rather than a "drink."[2]
- They provide a perspective on how *regularly* students are using each substance—whether occasionally, about once per month, once per week, or daily.[3]
- They expand the comparability of the results to national norms. The 6-month prevalence rates are roughly comparable to 12-month rates from other surveys, such as Monitoring the Future, the National Household Drug Abuse Survey, or the American Alcohol and Drug Survey. Analysis of 1997 CSS data revealed that youth recall of marijuana use over the past 6 months does not differ significantly from the past 12 months.[4]

### *MONTHLY USE*

The frequency of AOD use once a month or more often rises markedly after 7th grade. Recent CSS data show that monthly drinking (any alcohol) has increases fivefold or more between grade 7 and grade 11, and marijuana use sixfold. In 2001, monthly drinking rose from 3% to 26% between grades 7 and 11.

Compare these rates with the proportion of respondents who reported any use in the past 30 days (Table A3.3). This provides an indication of how many current users were regular monthly users for half a year. In the 1999 CSS, two thirds of current drinkers in 11th grade reported drinking every month over the past half year. Four-fifths of current marijuana users in 11th grade reported this same behavior. Those CSS respondents drinking at least once a month were also likely to be using once a week.

### *WEEKLY USE*

**Tables C1-7** also provide the proportion using once or more each week, an indication of involvement in a regular drug-use lifestyle and risk for an escalation of use-related problems. CSS data show that weekly use is almost entirely limited to alcohol and marijuana, but that these weekly users reported significantly higher rates of use-related problems than students who used less frequently. Trends in weekly use of these substances also vary in parallel with overall prevalence. Weekly use is more common for alcohol than for marijuana, but the difference between these drugs narrowed in the early 1990s as overall marijuana use rose. This suggests that reducing overall prevalence rates may also help reduce the proportion of regular users.

### *DAILY USE*

The proportion of students who used every day in the past six months should be compared with current daily-use, which is based on using 20 or more days in the past month. The CSS has consistently shown that marijuana is the most widely-used substance on a daily basis, except for cigarettes. Still, only 3% of 9$^{th}$ graders and 6% of 11$^{th}$ graders reported daily marijuana use in the 2001 CSS. Daily use of alcohol was even more rare—reported by only 2% in 11$^{th}$ grade.

### *POLYDRUG USE*

**Table C7** reports on the frequency in the past six months that high school students engaged in polydrug use, or using two or more drugs together at the same time (for example, using alcohol with marijuana, or cocaine with pills). Polydrug use is especially risky because of the adverse pharmacological interactions that can result from combining substances, a danger that should be emphasized in drug education classes. Because marijuana is the most popular illicit drug among adolescents, the polydrug use prevalence and trends are often similar to those for marijuana. In the 2001 CSS, polydrug use was reported by 24% in grade 11.

## OTHER PATTERNS OF USE

### *STEROID USE (PAST 12 MONTHS) UPDATE TEXT FOR NEW QUESTIONS!!!*

*HS Question C9: During the past year, have you taken any steroid (riods) to build up muscle or increase performance or endurance?*

*HS Question C10: During the past year, have you taken any banned performance-enhancing supplement that claims to build muscle or increase strength or endurance (andro, ephedrine, DHEA)?*

**Table C8 and C9** presents the self-report from high school students of whether during the past 12 months they had illegally (that is, without a doctor's orders) used steroid pills or injections. Overall, a relatively small proportion of secondary students report lifetime steroid use, only 5% in the 2001 YRBS, but the rate among males is almost twice as high as females. Anabolic steroids are synthetic substances related to male sex hormones. They are used legally to treat delayed puberty, impotence, and body wasting in patients with AIDS and other diseases. Athletes and bodybuilders may take them to build muscles, reduce body fat, and improve sports performance. As with excessive dieting and physical activity, steroid use among adolescents may be an indicator of issues with body image.

Because steroids have valid medical uses, they are often thought to be legal and safe. In fact, the potential health consequences of steroid abuse are disruptions in the hormonal system and growth among adolescents; cardiovascular, liver, and skin diseases; infections from injections including

HIV/AIDS and hepatitis B and C; and increased aggressive behavior. Moreover, steroids used outside the care of a physician are not regulated for quality, which adds to the health risks.

High levels of use may indicate a lack of understanding on the part of students and staff about these adverse consequences. Because of their association with body-building and sports performance, sports programs are a likely target for intervention and staff development.

# DRUG AVAILABILITY AND SELLING

Module A (Table A3.20) reports on the proportion of students who thought it was easy to obtain alcohol and marijuana. Module C assesses the sources of alcohol and drugs—from who and where adolescents obtain them—and the respondents' own involvement in the drug distribution network. CSS data show the distribution of drugs has, for many years, been integrated into adolescent culture; it is a facet of adolescent social interchange. In this sense, drugs are self-maintaining rather than something imposed from the outside. Youth resistance to drug prevention and intervention efforts is more understandable in this light**.**

## *SOURCES FOR ALCOHOL*

*HS Question C16: How do most kids at your school who drink alcohol get it? (Mark all that apply.) (A) At school. (B) At parties or events outside school. (C) At their own home. (D) From adults at friends' homes. (E) From friends or another teenager. (F) Get adults to buy it for them. (G) Buy it themselves at a store (convenience store, liquor store, grocery, mini mart). (H) Other. (I) Don't know.*

**Table C13** reports the results of a new item on the 2003-04 survey on how respondents think their peers get alcohol. Although a companion to item C21 on drugs, this question asks about "how" they get alcohol instead of "where" they get drugs because in many cases the source of alcohol is a person rather than a place. Thus while many of the response options on the two items are the same, many are different, including "Get adults to buy it from them" and "Buy it themselves from a store." This question was added because of the continued prevalence of drinking among California students and to provide data to support the Department of Alcohol and Drug Programs new federally-funded initiative targeting reduction in underage drinking.

## *SELLING DRUGS*

*HS Question C19: During the past 12 months, how many times have you sold drugs to someone?*

**Table C16** reports the proportion of high school students who engaged in selling drugs in the twelve months prior to the survey.[5] CSS data indicate that only a minority of high school students are involved in drug-selling, but that most of these respondents report selling on multiple occasions.

- In the 1999 CSS, 7% of 9$^{th}$ and 14% of 11$^{th}$ graders had sold drugs one or more times. Over half of these 9$^{th}$-grade youth sold more than once, as did over three-quarters of the 11$^{th}$-graders. Indeed, in 11$^{th}$ grade more than half of them reported four or more instances.

Much of this activity may be informal, in the sense of small-scale sharing with reimbursement among peers, rather than large-scale dealing as employees of criminal organizations. The total CSS percentages for drug sales have been about two to three times higher among lifetime drug users than for the general student population, depending on grade and survey year.

## CESSATION EFFORTS AND NEED FOR HELP

*HS Questions C11-12: How many times have you tried to quit or stop using…alcohol? …marijuana?*
*HS Question C13: Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?*

**Tables C10** and **C11** provide the proportion of high school respondents that *ever* tried to quit using alcohol or marijuana. (Module D asks about the proportion who tried to quit smoking.) These results help in assessing the need for intervention services, such as student assistance programs, support groups, and referrals to treatments. Cessation efforts need to be encouraged and supported.

CSS results indicate that relatively few high school alcohol drinkers make even one effort to stop using alcohol, with little change (at about 24% in 2001) or even a slight decline (as in 1999) in cessation-attempt rates with age, although drinking prevalence increases with age. This reflects the endemic nature of drinking in youth culture. In contrast, cessation-attempt rates for marijuana are higher than for alcohol (although not as high as for cigarettes) and increase with grade (40% in 9$^{th}$ to 45% in 11$^{th}$ grade), suggesting a substantial number of students may be open to intervention.

The CHKS also asks high school students if they ever felt they needed help for their AOD use, such as treatment or counseling, as reported in **Table C12**. This provides additional information on the dynamics of cessation and potential treatment need. CSS results have shown only very small percentages answer "yes," far below the number who report ever trying to stop use. This could reflect denial. The results need to be examined in the context of the survey data on the frequency and level of use, as well as on reported problems and cessation attempts. You should also take into consideration the proportion who mark "don't know" to needing help, because these youth probably at least contemplated that they might need help (they didn't answer "no").

- In the 2001 CSS, 3% of 11$^{th}$ graders had felt they needed help, and 8% marked "don't know," similar to the results in 1999.

## SCHOOL POLICIES AND PROGRAMS

*HS C15. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught **on school property** using or possessing alcohol or other drugs?*
*HS C14. In your opinion, how likely is it that a student would find **help** at your school from a counselor, teacher, or other adult to **stop or reduce** using alcohol or other drugs?*
*MS C6. During the past **12 months**, did you receive any information or education about using alcohol or other drugs in any of your school classes?*

To shed light on perceptions toward prevention programs and policies, high school students were asked about the likelihood of getting punished or helped for AOD-related behavior, as reported in **Tables C14 and C15.** If students do want help, do they perceive that it is available to them? High school students were asked how likely it would be that a student who wanted to stop using alcohol or other drugs would find such help at school. CSS results have consistently indicated that relatively few high school students think it likely. If a high proportion respond "don't know," it may mean that fewer students may perceive a need for assistance because they either do not use or have not had negative experiences associated with use.

- In the 2001 CSS, only one fifth of 9th graders and 13% of 11th graders thought it very likely that help would be provided. The most frequently selected option is "not likely," by about half of students.

To shed further light on student perceptions of the school environment, high school students were also asked about the likelihood that a student would be suspended, expelled, or transferred for using or possessing alcohol or other drugs at school.[6] In the CSS, about half thought it was very likely and about an additional quarter thought it likely, possibly a legacy of "zero tolerance" pushing out assistance in favor of punitive policies. This suspension question was added to link the survey data to school policies and also help fulfill the data requirements of *No Child Left Behind*.

ENDNOTES

[1] In addition to alcohol, marijuana, and inhalants, high school students are asked about cocaine, methamphetamine, LSD/psychedelics, and heroin.

[2] See the discussion of heroin use in the section on drug injection.

[3] Table A3.2 does not provide a sense of how these days were distributed over the month, it only shows any use.

[44] 1997 Marijuana report.

[5] Because of the low prevalence of drug sales in the 7th grade, this item was deleted in 2003 from the middle-school survey.

[6] HS85. "In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught on school property using alcohol or other drugs?"

# C2. VIOLENCE AND SAFETY

The Core Module A asks key questions about violence and safety in the school environment (because this is a school-based survey). Module C asks more about violence-related behavior in general. Safety is not just a school problem. The violence that occurs there is a mirror of the community as a whole.[1]

## INVOLVEMENT IN FIGHTING (PAST 12 MONTHS)

**Tables C17** and **C18** provide the annual (past 12 months) frequency of physical fights and of fighting among groups. These questions about fighting can reflect either aggression or victimization (responding to provocation). Either way, they provide an indication of the overall climate of physical violence. (Table A5.2 provides results for the frequency of being in a physical fight *at school*.)

### *FREQUENCY OF PHYSICAL FIGHTS*

*HS Question C20/MS Question C7: During the past 12 months, how many times have you been in a physical fight?*

Physical fighting (**Table C17**) is of concern because of the obvious potential for injury and harm, regardless of culpability. Physical fights, if unresolved, can lead to more serious conflicts involving weapons. Both the CSS and YRBS show that physical fighting is the most commonly reported violence-related behavior. In contrast to the increasing rates of drug use that occurs across these grades, reported fighting declines with grade. This may reflect maturation, or that violent youth drop out or are expelled from school before the 11th grade.

- In the 2001 CSS, physical fighting was reported by 27% of 7th graders, 24% of 9th graders, and 19% of 11th graders, an increase among high school students compared to 1999.
- In the 1999 YRBS, it was reported by 36% of secondary students nationwide, declining from 41% in 9th to 31% in 11th grades.

### *GROUP FIGHTS*

*HS Question C21/MS Question C8: During the past 12 months, how many times have you been in a physical fight between groups of kids?*

**Table C18** presents the frequency of participation "in a physical fight between groups of kids." Group fighting is an indicator of social conflict and/or disarray. It is a different, and arguably more serious, level of violence than that indicated by physical fighting between individuals. Group fighting is also likely to be a public- and peer-centered form of violence that can be more physically and emotionally threatening to greater numbers of students. It can thus lead youth to greater levels of violence than an individual conflict.

Assessing the prevalence of group fights also helps provide a sense of potential gang violence. You can examine the proportion of students who reported being in group fights that also belonged to a gang (see Table A5.8) to demonstrate the violent culture of gang life. CSS results indicate that half of students in gangs report engaging in a group fight more than once (vs. 30% of the total sample).

***Data Analysis Suggestion.*** Examine the overlap between youth who reported being in physical fights and those who reported being in group fights. Are they the same youth? To shed light on the potential social causes of group fights, examine what proportion reported being threatened, bullied, or harassed

(see Tables A5.1-5.2). Also, in order to help target prevention efforts to those most in need, analyze variations in this behavior across demographic groups of students.

# WEAPONS POSSESSION AND USE

Module A contains several questions that ask about the frequency with which guns and other weapons are carried and seen on school property in the past 12 months. Module C provides additional data on more recent weapons possession in general, or at school, as well as data on how these weapons are used. [2]

## *CARRYING WEAPONS IN THE PAST 30 DAYS*

*HS C25-27, MS C12-14. During the past **30 days**, on how many days did you carry...a gun? ...any other weapon (such as a knife or club)? ...any weapon (gun, knife, or club) **on school property**?*

**Table C24** reports the number of days youth reported carrying a gun or any other weapon in the past 30 days.[3] According to the CDC, homicide is the second leading cause of death among all youth aged 15-24 and is the leading cause of death among black youth.[4] Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type.

- In the 1999 YRBS, 17% of secondary students reported carrying any weapon, and 5% a gun. Rates were only slightly less in the upper grades than in the lower. Gender had a far more significant affect on rates than age—males are five times more likely to have carried a weapon in the past month than females.

Compare the results for carrying weapons in general to the number of days that students reported carrying weapons *on school property* in the same period (see **Table C25).**[5] This will provide an indication of how weapons possession in both environments are related and can help to galvanize school and community collaboration to eliminate this problem. Every major study in the field has found that youths carry weapons more frequently outside of school than at school.

- On the YRBS, weapons possession at school has been 3 to 4 times less frequent than outside of school.

Gun possession is known to be much higher among youths with a history of delinquency, gang membership, and other disorders of conduct.[6] Whenever a youth demonstrates extremely aggressive behavior it is advisable to gather additional information about any past involvement in gangs, violent offenses, drug selling, and ownership or easy access to firearms. Youths with this kind of delinquency profile are more likely than non-delinquent youths to use guns for self-protection and to bring a gun to school.

- In the 1997 CSS, the rate of weapons possession at school among 11$^{th}$ graders was about four times greater among gang members than non-gang members. In addition, it was almost three times as great among 11$^{th}$ graders who were high risk drug users compared to conventional drug users (and over 10 times as high compared to abstainers). Finally, weapons possession was 3.5 times greater among youth at high risk of poor school adjustment compared to those at low risk.[7]

### *USE OF WEAPONS TO BULLY OR THREATEN*

*HS Question C22/MS Question C9: During the past 12 months, how many times have you used any weapon to threaten or bully someone?*

It is important to understand the reasons why youth carry weapons and how they use them. Some youth may use weapons for bullying. In the 1997 CSS, about one third of the high school students who took a weapon to school reported threatening someone at least once, but others may carry them because of fears over personal safety (protection). Youth often justify carrying weapons because they erroneously believe this will prevent fights and make them safer. To shed light on this issue, CHKS respondents were asked how often they used a weapon to threaten or bully someone in the past 12 months, as reported on **Table C19**.

Compare these results with the proportion of students that reported being threatened or injured with a weapon at school in Table A5.6. Together, these two items provide insight into the adverse impact of weapons on youth safety both in and out of school.

## GAMBLING

*HS C18/MS C6. During the past 12 months, how many times have you…gambled (bet) for money or valuables in any way?*

*HS C17/MS C5 During the past 12 months how many times have you gambled (bet) for money or valuable in any way?*

In response to concerns about increasing youth involvement in gambling or gambling-related activities, this item was added to the survey in 2003/04, as reported in **Table C20 and C21**. It has been estimated that one out of three or four adolescents is a problem gambler. Problem gambling is a serious addiction, a progressive disease under the DSM. It is highly correlated with suicide attempts.

## SAFETY

### *SCHOOL DAYS MISSED DUE TO FEELING UNSAFE*

*HS Question C24/MS Question C11: During the past 30 days, on how many days did you not go to school because you felt unsafe at school or on your way to or from school?*

Students can't learn if they are afraid to go to school. The Core Module provides data on student perception of how safe they felt in their schools (Table A5.11). **Table C23** reports the number of days out of the past 30 that respondents actually did not go to school because they felt unsafe at school or on the way to or from it. Derived from the YRBS, this question provides an indication of how concerns about safety affect school attendance. If a high proportion of students miss school because of safety concerns, this demonstrates how important violence prevention is to efforts to improve school performance. By assessing perceived safety while going to and from school, this question also provides information useful for fostering school-community collaboration in reducing violence.

- In the 1999 YRBS, 5% of secondary students nationally missed at least one day of school because of safety concerns, with the rate dropping from 7% of 9$^{th}$ graders to 4% of 11$^{th}$ and 12$^{th}$ graders.

***Data Analysis Suggestion.*** Compare the results with the perceived school and neighborhood safety in Tables A5.11 to provide a more complete picture of the student perceptions of their environment's safety.

## PERCEIVED SAFETY OF NEIGHBORHOOD

*HS Question C23/MS C10: How safe do you feel in the neighborhood where you live?*

**Table C22** reports how safe students felt when they were in their neighborhood. This is an indicator of the overall impact of violence and harassment in the lives of youth, especially the psychological harm represented by fear and anxiety. It is important to look at both school and neighborhood environments, for often youth report feeling safer in school than away from it, or in traveling back and forth from it.

In 2003-04, along with the perceived school safety question (HS A82/MS A74), the response options for this question were modified to add a mid-point of "Neither safe nor unsafe." This was done based on feedback that indicated many youth find it difficult to choose between schools or neighborhoods being "very safe/safe" vs. "unsafe/very unsafe."

*Comparison Data*. In the CSS, the great majority of youth—over eight out of ten—have consistently felt both their school and neighborhood were safe or very safe. The rates in 2001 for schools ranged across grades from 81% to 86%; for the neighborhood, they were around 87% in each grade. The higher rates for neighborhood safety may reflect feelings about the family and student perceptions that they have more control over certain people or places in the community than at school.[8]

## SUICIDE IDEATION

In 1997, 1.5 times as many people died from suicide than from homicide. The incidence of suicide attempts reaches a peak during the mid-adolescent years, and mortality from suicide increases steadily through the teens.[9] Suicide is now the third leading cause of death among adolescents aged 15 to 19.[10] The extent to which this problem has grown in past decades has been subject to much debate. While the suicide rate for the general population has remained stable since 1950, it has increased among adolescents 15 to 19 years old by more than 300%. However, it has been argued that much, if not all, of this increase has been a result of more accurate reporting of cause of death.[11]

The following questions were part of the optional CHKS Module C and may not have been administered to all students.

As reported in **Tables C27-C29**, the CHKS asks three questions relating to suicide that were derived from the YRBS: whether students ever considered, planned, or attempted suicide in the *12 months* prior to the survey.[12] High school students were also asked if any suicide attempt resulted in an injury, poisoning, or overdose that required medical attention.

## CONTEMPLATING SUICIDE

*HS Question C28: During the past 12 months, did you ever seriously consider attempting suicide?*
*MS Question C15: During the past 12 months, did you ever think about killing yourself?*

In the 1999 YRBS, the annual suicide contemplation rate was 19% for high school students nationwide, with little grade differences.[13] Significant gender differences exist: females are about twice as likely as males to report suicide-related behaviors. For example, 25% of females in the 1999 YRBS reported seriously considering suicide, compared to 18% of males. Females also are more likely to *attempt* suicide than males.[14]

### *PLANNING SUICIDE*

*HS Question C29: During the past 12 months, did you make a plan about how you would attempt suicide?*
*MS Question C16: During the past 12 months, did you make a plan about how you would like to kill yourself?*

If a student reports not just considering suicide but making a plan, the risk for suicide is much greater. The level of risk in having made a plan is similar to that of verbal communication of intent to commit suicide, one of the best predictors of suicide.[15] An expression of verbal intent in response to a direct question can be a warning of a possible plan or method of occurrence of possible suicidal behavior.[16]

### *ATTEMPTING SUICIDE*

*HS Question C30: During the past 12 months, how many times did you actually attempt suicide?*
*MS Question C17: Have you ever tried to kill yourself?*
*HS Question C31: If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?*

A past history of suicide attempts is another critical risk factor for eventually committing suicide.[17] If a suicide attempt results in an injury that requires medical treatment, it indicates the degree of seriousness of the attempt. High lethality in previous attempts correlates with increased current risk level.[18] According to the National Household Survey on Drug Abuse, of the nearly 3 million youth aged 12 to 17 who thought about suicide in 2000, 37% actually tried to kill themselves.[19]

- In the 1999 YRBS, the suicide-attempt rate 8%, less than half that for contemplating suicide. Although there was little difference by grade for contemplating, the attempt rate dropped from 10% in 9$^{th}$ grade to 6% in 11$^{th}$ grade.[20]

If females appear more likely to think about and attempt suicide, US vital statistics reveal that males are much more likely to succeed in suicide. Males are four times more likely to die from suicide than are females.[21]

## FORCED SEX

*HS Question C32/MS Question C18: Have you ever been forced to have sexual intercourse when you did not want to?*

This question about ever being forced to have sexual intercourse (as reported in **Table C26**) was derived from the YRBS and sheds light on patterns of violence and victimization related to sexual behavior.[22] There is a false assumption implied in many pregnancy prevention programs that all teenage sex is voluntary, yet nearly 60% of adolescents report at least one episode of dating violence, and 20% that they had experienced forced sex.[23]

- On the 1999 YRBS, forced sex was reported by 9% of respondents (8% of 9$^{th}$ graders and 10% of 11$^{th}$ graders). The majority were female (13% vs. 5% of males).

Forced sex is associated with early onset of sexual activity. According to the CDC, nearly 75% of adolescent girls who have had sexual intercourse before age 14 and 60% of those who had intercourse before age 15 reportedly had experienced involuntary intercourse.[24] Forced sexual intercourse has been associated with suicidal ideation and suicide attempts, alcohol and drug use, and increased risk of chronic diseases and somatic symptoms in both reproductive and non-reproductive organ systems.[25]

***Data Analysis Suggestion.*** How is the experience of being forced into having sex related to variations in the other risk behaviors covered in Modules A and C, such as eating disorders, drug and alcohol use, and suicidal thoughts?

ENDNOTES

[1] Previously, Module C also asked students whether they had been arrested by the police or sheriff, for any reason, in the 12 months prior to the survey. This was deleted in 2003/04 to help reduce the size of the module because data on arrests are available from local police.

[2] Previously, the CHKS Module C also asked a question about how easily youths believe they can obtain a gun if they wanted to get one. This was deleted in 2003/04 as part of the effort to keep the survey modules as short as possible. However, we strongly recommend that districts who have found high levels of gun carrying among their students include this item in a custom module. Student involvement in shootings—whether accidental or intentional—can only occur when guns are available. The immediate accessibility of a firearm or other lethal weapon often is the factor that turns an altercation into a lethal event. Firearms are also involved in 60% of adolescent suicides. There is little specific information available about how readily accessible guns are to adolescents. However, nearly one half of all households nationally have a gun in them. The availability of firearms and the firearm homicide rate have increased since the late 1950s. While a few studies report no association between firearm availability and violence, more studies show a positive relationship. This appears to be especially true among aggressive youth, for whom it has been argued that the mere exposure to guns can exaggerate violent tendencies. Aggressive youths are also known to have had greater exposure to the violence enmeshed within mass media.

[3] This item was included in the Core module in 2001 and 2002, in order to promote comparisons with the YRBS, from which this question was derived. However, in order to keep the number of questions on the Core module to an absolute minimum, in 2003 it was changed to this supplement. Previous versions of the survey also asked about carrying a weapon and then any weapon, including a gun. The latter response option was changed to "any other weapon" to be able to identify the proportion of students who carried weapons other than a gun in the past 30 days.

[4] Murphy (1999).

[5] This item was included in the Core module in 2001 and 2002, in order to promote comparisons with the YRBS, from which this question was derived. However, in order to keep the number of questions on the Core module to an absolute minimum, in 2003 it was changed to this supplement. Previous versions of the survey also asked about carrying a weapon and then any weapon, including a gun. The latter response option was changed to "any other weapon" to be able to identify the proportion of students who carried weapons other than a gun in the past 30 days.

[6] Cornell and Loper (1998); Callahan (1993).

[7] Austin, Huh-Kim et al. (1999).

[8] As with the school safety item, a mid-point response option was added to this question in 2003. This item was not included in the 2003 CSS in order to make room for additional questions relating to the characteristics of heavy AOD use.

[9] U.S. Department of Health and Human Services (1990).

[10] Hoyert, D. L. et al. (2001).

[11] Males, M. A. (1996), p. 225.

[12] In a related item, the Core Module A asks students whether they had felt so sad or hopeless almost every day for two weeks or more in the past year that it stopped them from doing some usual activities (Table A6.8).

[13] Males, M. A. (1999), p. 235.

[14] National Center for Health Statistics (1995).

[15] Maris, R. (1996).

[16] Shea (1998).

[17] Nordstroem, P. et al. (1995).
American Psychological Association (2000).

[18] Suokas and Loennquist (1991).

[19] National Household Survey on Drug Abuse U.S. Department of Health and Human Services (2000).

[20] Males, M. A. (1999), p. 235.

[21] National Center for Health Statistics (1996).

[22] This item is also asked in the Sexual Behavior Module F, Question HS-19 & MS-14

[23] Avery-Leaf et al (1997).
Davis et al (1993).

[24] Alan Guttmacher Institute (1994).

[25] Hartman & Burgess (1993).
Erickson & Rapkin (1991).
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# TABLES

## AOD USE AND SAFETY MODULE C

# INDEX OF ITEM AND TABLE NUMBERS—MODULE C

| High School Item | Middle School Item | Variable | Report Table |
|---|---|---|---|
| C1 | C1 | Alcohol use, past 6 months | C1 |
| C2 | C2 | Marijuana use, past 6 months | C2 |
| C3 | C3 | Inhalant use, past 6 months | C3 |
| C4 | — | Cocaine, meth, or other stimulant use, past 6 months | C4 |
| C5-6 | — | Pyschedelics, ecstasy, or other club drugs use, past 6 months | C5 |
| C7 | C4 | Any other drug use, past 6 months | C6 |
| C8 | — | Poly drug use, past 6 months | C7 |
| C9 | — | Illegally used steroids, past 12 months | C8 |
| C10 | — | Illegally used performance enhancing supplements, past 12 months | C9 |
| C11 | — | Frequency of alcohol cessation attempts | C10 |
| C12 | — | Frequency of marijuana cessation attempts | C11 |
| C13 | — | Perceived need for counseling/treatment for alcohol/drugs use | C12 |
| C14 | | Likelihood of finding help a school for ATOD use at school | C15 |
| C16 | — | Source for obtaining alcohol | C13 |
| C15 | | Likelihood of suspension/expelled/transferred for ATOD use at school | C14 |
| C19 | | Occurrence of selling drugs to someone, past 12 months | C16 |
| C20 | C7 | Occurrence of physical fight, past 12 months | C17 |
| C21 | C8 | Occurrence of physical fight between groups, past 12 months | C18 |
| C22 | C9 | Occurrence of weapons use to intimidate, past 12 months | C19 |
| C29 | C6 | Gambling, past 12 months | C20 |
| C17 | C5 | Type of gambling, past 12 months | C21 |
| C23 | C10 | Perceived safety of neighborhood | C22 |
| C24 | C11 | School days missed due to feeling unsafe, past 30 days | C23 |
| C27 | C14 | Weapons possession on school property, past 30 days | C24 |
| C25-26 | C12-13 | Carry gun or other weapon, past 30 days | C25 |
| C28 | C15 | Seriously consider suicide, past 12 months | C27 |
| C29 | C16 | Planned method of suicide, past 12 months | C28 |
| C30 | - | Attempted suicide, past 12 months | C29 |
| C31 | - | Suicide attempt that required medical treatment, past 12 months | C30 |
| - | C17 | Ever tried to kill self | C31 |
| C32 | C18 | Force sexual intercourse | C26 |

# INDEX OF RELATED ITEM & TABLE NUMBERS—MODULE A

| High School Item | Middle School Item | Variable | Report Table |
|---|---|---|---|
| — | A75 | How many days left alone after school during normal week | A2.7 |
| A24-33 | A24-28 | AOD use, lifetime | A3.1 |
| A39 | A34 | Alcohol use frequency, current | A3.2-3.3 |
| A41-45 | A36-37 | Use of marijuana and other drugs, current (past 30 days) | A3.2-3.3 |
| A34 | A29 | Drunk or sick after drinking alcohol, lifetime | A3.4 |
| A35 | A30 | High from using drugs, lifetime | A3.5 |
| A40 | A35 | Consumption five drinks in a row, current | A3.6 |
| A49 | A41 | Drinking style or preference | A3.7 |
| A61 | — | Drinking and driving experiences (by respondent or other) | A3.8 |
| — | A53 | Lifetime, ridden in car by someone who has been drinking | A3.9 |
| A47-48 | A39-40 | Alcohol/marijuana use on school property, current (past 30 days) | A3.10 |
| A36 | A31 | High at school on alcohol or other drugs, lifetime | A3.11 |
| A51 | A43 | Perceived harm of frequent alcohol use | A3.12 |
| A52 | A44 | Perceived harm of frequent marijuana use | A3.12 |
| A59-60 | A51-52 | Peer disapproval of using alcohol and marijuana | A3.13 |
| A57 | A49 | Perception of percentage of peers who ever tried marijuana | A3.14 |
| A54-55 | A46-47 | Perceived difficulty to obtain alcohol and marijuana | A3.15 |
| A69 | A61 | Offered, sold, or given an illegal drug on school property, past year | A3.16 |
| A21-22 | A21-22 | Cigarette smoking, puff or whole, lifetime | A4.1 |
| A23 | A23 | Smokeless tobacco use, lifetime | A4.1 |
| A37-38 | A32-33 | Tobacco use frequency, current | A4.2 |
| A46 | A38 | Smoking on school property, current (past 30 days) | A4.3 |
| A58 | A50 | Peer disapproval of using cigarettes | A4.4 |
| A50 | A42 | Perceived harm of frequent cigarette smoking | A4.5 |
| A53 | A45 | Perceived difficulty to obtain cigarettes | A4.6 |
| A56 | A48 | Perception of percentage of peers who smoke at least once a month | A4.7 |
| A65 | A57 | Had mean rumors or lies spread about student at school, past year | A5.1 |
| A66 | A58 | Had sexual jokes, comments, gestures made at school, past year | A5.1 |
| A67 | A59 | Made fun of because of looks or the way talks at school, past year | A5.1 |
| A62 | A54 | Been pushed, shoved, slapped etc., past year | A5.2 |
| A63 | A55 | Been afraid of being beaten up at school, past year | A5.2 |
| A64 | A56 | Physical fighting at school, past year | A5.2 |
| A68 | A60 | Personal property theft and damage on school property, past year | A5.3 |
| A70 | A62 | Damaged school property on purpose, past year | A5.3 |
| A71 | A63 | Carried a gun at school, past year | A5.4 |
| A72 | A64 | Carried any other weapon at school, past year | A5.4 |
| A73 | A65 | Threatened/injured at school with weapon, past year | A5.5 |
| A74 | A66 | Seen someone carrying weapon at school, past year | A5.5 |
| A81 | A73 | Peer disapproval of weapon possession at school | A5.6 |
| A75-80 | A67-72 | Reasons for harassment on school property, past year | A5.7 |
| A83 | A76 | Gang involvement, lifetime | A5.8 |
| A84 | A77 | Hit, slapped, or physically hurt on purpose by a boy/girlfriend | A5.9 |
| A82 | A74 | Perceived safety at school | A5.10 |