New Jersey Middle School Risk and Protective Factors Survey

2023 Statewide Report

Submitted to the New Jersey Department of Human Services,
Division of Mental Health and Addiction Services (DMHAS)

Submitted by the Center for Research and Evaluation on Education and Human Services (CREEHS),
Montclair State University

About CREEHS

Since 2011, the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University has provided evaluation and applied research services to state and municipal agencies, institutions of higher education, school districts, community-based organizations, and foundations to assist them in meeting their accountability and program improvement needs. The *vision* of CREEHS is to partner with organizations and scholars to plan, strengthen, and sustain the services they provide for the well-being of communities. The *mission* of CREEHS is to partner with clients to collect and use data to strengthen their programs and services. We tailor our services to meet the unique needs of our clients and their stakeholders. We provide high quality program planning and evaluation services, applying innovative and collaborative techniques to bridge the gap between research and practice. This includes building capacity and providing hands-on training to individuals who serve the community.

CREEHS Values

DIVERSITY and EQUITY: We value diversity of experience, expertise, worldview, and approach in our workforce and partnerships. We recognize the power of encouraging and embracing diverse perspectives to inform the work we do on behalf of partners and communities. We strive to create an environment that is equitable for all.
COMMUNICATION: We value meaningful and open communication and acknowledge that this starts with listening. We strive to be approachable and accessible, and do our best work when we are in continuous communication with our partners.
COLLABORATION: We value partnerships grounded in respect for each other's strengths, a shared vision, and a culture of learning. We strive to practice a community-centered approach and meet partners where they are by building trusting relationships and tailoring our approach to their readiness and goals.
ADAPTABILITY: We value responsiveness to changing needs and emerging challenges. We strive to adapt and think creatively to identify solutions when contexts shift, while remaining focused on meeting project goals.
COMMITMENT: We value deep commitment to our work and the work of our partners in strengthening communities. We are passionate and thoughtful about providing high-quality service that is relevant and useful toward driving change. We strive to help our partners make a meaningful difference in the lives of the people they serve.

Center for Research and Evaluation on Education and Human Services
College for Education and Engaged Learning
MONTCLAIR STATE UNIVERSITY

Contact CREEHS
University Hall, Suite 3124
One Normal Avenue, Montclair, New Jersey 07043
Telephone: (973) 655-4247
Email: evalcenter@montclair.edu

Table of Contents

Table of Contents

Table of Contents

Notes

NT Tests for statistical significance were not conducted.

RO Percentages may not total to exactly 100 due to rounding.

RA Racial categories were established to align with NJDOE categories, and therefore differ from 2021 categories in several ways that may affect results. All students selecting Hispanic ethnicity were assigned to the Hispanic race category regardless of additional race selections. Consequently, "two or more races" excludes Hispanic, as does "other race." In addition, the Asian category now includes students identifying as Native Hawaiian or Pacific Islander.

SS Subgroup sample sizes were considered when determining whether to report subgroup averages. Due to the low number of American Indian and Alaska Native students represented in the final analytic sample (n=5 weighted, n=18 unweighted), their group-specific averages are not reported.

FT All references to significant differences in this section are based on statistical significance derived from Fisher's Exact Tests conducted on contingency tables. These tests assess the relationships between variables without controlling for any other factors. Statistical significance in this context is defined as having a p-value less than or equal to 0.05, including more stringent thresholds such as $p<0.001$ and $p<0.0001$.

SE Standard errors account for both the variability in the state mean and the sample size. A difference of less than one standard error between the state average and the subgroup average is more likely attributable to sampling variability. While differences greater than one standard error are indicated as notable, they should not be interpreted as statistically significant without further testing, as tests for statistical significance were not performed for this report.

MH The Patient Health Questionnaire 4 (PHQ-4) is a four-item validated screening tool for depression and generalized anxiety. Students were asked two questions to measure the core symptoms of depression and two to measure anxiety, with a total possible score of six on each subscale based on the frequency of reported symptoms. On each subscale, a score of three or greater is considered positive for screening purposes.

Executive Summary

The New Jersey Department of Human Services, Division of Mental Health and Addiction Services (DMHAS) commissioned the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University to conduct the New Jersey Middle School Risk and Protective Factors Survey (NJRPFS) in the 2022-2023 school year. The survey is administered to seventh- and eighth-grade students across New Jersey (NJ) and includes questions about substance use and antisocial behaviors, as well as factors that encourage or discourage their participation in such behaviors. DMHAS has administered the NJRPFS once every three years since 1999. Results from this survey are used to help communities plan and implement meaningful prevention and education programs at the state and local levels, and inform NJ State investments in prevention initiatives.

Survey administrations were conducted between February and June 2023. In total, 2,792 eligible student surveys were collected from 59 schools across 19 counties in NJ. In order to more closely approximate the composition of NJ middle school students, data was weighted to compensate for the under- or over-representation of certain groups within the sample as compared to the demographic characteristics of all enrolled students in these grades.

This report presents key findings regarding students' self-reported use of alcohol, marijuana, and other substances; engagement in antisocial behaviors, including gambling; and responses on a standard battery of risk and protective factors. It includes results from new questions on issues of increasing relevance, including bullying, social media, and mental health. The report also explores the importance of supportive environments, including positive messages from parents and the presence of adults to whom students feel they can talk. The highlighted findings provide insights into the wellbeing of middle school students in NJ and which groups of students may be at higher risk of negative outcomes.

Key Findings about Substance Use

Alcohol use

- 20.1% of students have consumed alcohol during their lifetime, 12.0% in the past year, and 4.4% in the past month.
- Alcohol remains the substance most widely used by seventh- and eighth-grade students in NJ in the past year, followed by e-cigarettes (8.8%) and marijuana (5.7%).
- Past year alcohol use was highest for students in the eighth grade and for those identifying as nonbinary or transgender, female, Black/African American, two or more races, Hispanic, and with a parent/guardian in the military.
- Students who used alcohol in the past year were most likely to obtain it from a parent/guardian with permission, at a party, or from a non-parent family member.

Executive Summary

E-cigarette (vape) use

- More than one in 10 students have used e-cigarettes (i.e., vaped) in their lifetime (11.1%), 8.8% in the past year, and 6.0% in the past month.
- The most commonly reported substance used in e-cigarettes in the past year was nicotine, followed by CBD or flavoring, then marijuana.
- Past year e-cigarette use was highest for students in the eighth grade and for those identifying as nonbinary or transgender, female, Black/African American, and with a parent/guardian in the military.
- Students who used an e-cigarette in the past year were most likely to obtain it from a friend or classmate, a non-parent family member, or to get it by themselves.

Marijuana use

- 6.5% of students have used marijuana in their lifetime, 5.7% in the past year, and 4.0% in the past month.
- Among the 5.7% of students who used marijuana in the past year, the most common method of ingestion was smoking, followed by vaping, and eating.
- Past year marijuana use was highest for students in the eighth grade and for those identifying as nonbinary or transgender, female, Black/African American, two or more races, Hispanic, and with a parent/guardian in the military.
- Students who used marijuana in the past year were most likely to obtain it from a friend or classmate, get it by themselves, or from a non-parent family member.

Misuse of prescription drugs

- 10.9% of students have misused prescription drugs (i.e., used drugs not prescribed to them or differently from how prescribed to them) during their lifetime, 5.8% in the past year, and 3.3% in the past month.
- Past year misuse of prescription drugs was highest for students in the eighth grade and for those identifying as nonbinary or transgender, female, Black/African American, two or more races, Hispanic, and with a parent/guardian in the military.
- Students were most likely to obtain prescription drugs not prescribed to them by getting them on their own, from a parent/guardian with their permission, or from a parent/guardian without their permission.

Polysubstance use

- 12.5% of students have used more than one substance during their lifetime, 8.1% in the past year, and 4.3% in the past month.

Across substances, prevalence was found to be highest most often among the following subgroups: students in the eighth grade; students who identify as nonbinary or transgender, female, Black/African American, two or more races, Hispanic; and students with a parent/guardian in the military.

Executive Summary

Other Key Findings by Topic

Risk and protective factors

- Overall, students' scores on 20 risk factors and 5 protective factors were associated with their likelihood of using substances and engaging in antisocial behavior. The strength of those associations varied considerably across factors.
- The highest relative risk levels across factors were found among students identifying as Black/African American, two or more races, Hispanic, nonbinary or transgender, those in the eighth grade, and with a parent/guardian in the military.
- The lowest relative protection levels across factors were found among students identifying as nonbinary or transgender, Black/African American, Other race (not specified), or Hispanic.

Suspension and antisocial behaviors

- 17.8% of students reported being suspended from school in their lifetime and 12.9% in the past year. Of these students, the highest rate for both time periods was reported by Black/African American students.
- More than half (55.3%) of all students engaged in some form of gambling or betting in the past year.
- Attacking someone with the intent to harm was the most frequently reported past year antisocial behavior, followed by carrying a handgun, and getting drunk or high at school.

Mental health

- More than half (53.2%) of all responding students reported struggling with sadness during the past year. This matched levels observed in 2021, during the COVID-19 pandemic.
- Past year reports of sadness were highest for students in the eighth grade and for those identifying as nonbinary or transgender, female, Hispanic, Other race (not specified), and White.

Across topics (i.e., substance use, antisocial behaviors, mental health, risk and protective factors), students identifying as nonbinary or transgender consistently emerged at greater risk than other subgroups.

Intersections with Substance Use

Throughout the report, we examined the association of three common forms of substance use — alcohol, e-cigarettes (vapes), and marijuana — with other potentially related experiences on topics such as bullying and social media. The survey revealed that 76.5% of all students have experienced some form of bullying in the past month, and those who did had significantly higher rates of past year substance use than those who did not experience bullying. On the survey, 62.7% of students indicated seeing content related to those substances on their social media and that those who did had significantly higher rates of past year substance use than those who did not see related content on their social media. Similarly, the survey revealed that students who reported feelings of sadness had significantly higher rates of past year substance use than those who did not report feelings of sadness.

Executive Summary

In addition, we examined the associations between rates of alcohol, e-cigarette, and marijuana use, with potentially mitigating effects of socially supportive environments. We found significantly lower rates of substance use among the 68.1% of students frequently eating meals with their family, and among the 60.3% of students receiving recognition of positive behavior from parents, in comparison to their peers. Additionally, rates of substance use were higher among the 13.4% of students who reported not having any adults with whom to talk about their problems.

Prevalence rates for alcohol and marijuana use increased among middle school students from 2021 to 2023, despite previous years' declining trends. At the same time, rates for cigarettes, inhalants, and other illicit drugs have continued their decline since 2012 or plateaued. These trends were not tested for statistical significance. The effects of the COVID-19 pandemic on substance use rates in 2021 remain relevant as well.

Across all substances, behaviors, and experiences measured, a clear pattern also emerged with regard to subgroups reporting the highest rates of negative outcomes. Students in the eighth grade; students who identify as nonbinary or transgender, female, Black/African American, two or more races, Hispanic; and students with a parent/guardian in the military were most commonly identified as at relatively higher risk.

Similarly, several significant relationships were identified or confirmed, between mental health and substance use, between experiences of bullying and substance use, between exposure to related content on social media and substance use, and between supportive environments and substance use and supportive environments and mental health.

The findings shared in this report help to inform prevention efforts to most effectively target the substances, behaviors, and groups most at-risk. They also emphasize the need to monitor adolescent mental health over time and re-examine its relationship with substance use, as well as its relationship with a variety of risk and protective factors.

New this year, an interactive data dashboard is publicly available to enable users to further explore areas of interest, and to take a closer look at trends over time, demographic subgroups, and county-level results.

The New Jersey Middle School Survey Data Explorer is available at www.montclair.edu/creehs/nj-middle-school-survey/.

Introduction

The *New Jersey Middle School Risk and Protective Factors Survey (NJRPFS)* is a student health survey that has been conducted by the New Jersey Department of Human Services (NJDHS), Division of Mental Health and Addiction Services (DMHAS) approximately once every three years since 1999. The survey is administered to seventh- and eighth-grade students across New Jersey (NJ) and includes questions about substance use and antisocial behaviors, as well as factors that encourage or discourage their participation in such behaviors.

Results from this survey are used by county- and municipal-level substance abuse coordinators, school and district leaders, parents, and a range of other constituents to inform prevention programming at both the local and State levels. These results are also used to inform funding for NJ State investments in prevention efforts that aim to reduce adolescent tobacco, alcohol, and drug use.

The current NJRPFS instrument is a revised and abbreviated version of the 121-item Communities That Care Youth Survey. The original survey was validated as a self-report instrument measuring risk and protective factors among students aged 11 to 18; it was designed to be used as a tool for assessing prevention needs in that population.[1] The current NJRPFS provides additional data related to core measures that are required by the Substance Abuse and Mental Health Services Administration (SAMHSA) for their Drug-Free Communities Grants.

The NJRPFS contains items assessing the risk and protective factors that showed strong correlations to drug, alcohol, and tobacco use, such as students' feelings about school and their neighborhood, participation in extracurricular activities, and membership in gangs. Along with substance use and antisocial behaviors, the NJRPFS also measures students' self-reported mental health, gambling, experiences with bullying, use of social media, and supportive environments.

In late 2022, DMHAS contracted with the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University for a second time to administer this survey to seventh- and eighth-grade students in public and charter schools across the state during the 2022-2023 school year. This report presents key findings on new and relevant issues that have emerged since the survey was last administered in 2021.

What's New?

The NJRPFS survey instrument was refined and revised in 2022 with recommendations from DMHAS, CREEHS, and prevention agencies and stakeholders across the state who belong to the NJRPFS Advisory Committee. This was the first NJRPFS Survey to be administered exclusively electronically. As such, CREEHS was able to make significant changes to the programming of the survey, such as:

- EMBEDDING display logic that allowed students to be presented with certain questions about substances and behaviors only if they identified having prior experience with that substance or behavior
- ADDING two modules with additional questions about bullying and social media use
- STANDARDIZING the list of substance use and antisocial behaviors such that all were asked across all time periods, including: lifetime (ever), early onset (before the age of 12), past year (on any occasion), and past month (on any occasion)

Introduction

Key content updates made to the survey instrument since its last administration include:

- SEPARATING the e-cigarettes (vapes) questions into five items, allowing students to report on their use of e-cigarettes with various substances, including nicotine, something else that did not get them high (CBD/flavoring), marijuana, and something else not included
- SEPARATING the marijuana question into three items, enabling students to specify the methods they use to consume marijuana, including smoking, vaping, and eating
- SEPARATING the prescription drug question into four items, enabling students to specify the types of prescription drugs they use, including pain relievers, stimulants, and tranquilizers
- ADDING an "Are you transgender?" question
- ADDING a question about the use of energy drinks across time periods
- ADDING questions about bullying
- ADDING questions about social media use
- REVISING and ADDING questions about supportive environments for students, including: eating meals with their family, parents providing encouraging messages, and whether students have an adult they can talk to
- REVISING and ADDING questions about students' living situations, including family economic stability and parental job loss
- REVISING questions about the sources of alcohol, e-cigarettes, marijuana, and prescription drugs not prescribed to them from "where kids [their] age usually get or buy" substances to asking where respondents themselves obtain substances

For more details on survey refinement, please see the "Index of Question Items" table in the accompanying *Supplementary Information* document.

Understanding how risk and protective factors influence a student's chance of using substances or participating in antisocial behaviors helps prevention agencies to select appropriate interventions. This report also presents findings examining the probability of students' use of select substances or participation in certain antisocial behaviors, predicted based on calculated risk and protective factor scores.

Report Structure

This 2023 Statewide Report is organized into seven main sections:

1. Risk & Protective Factors	5. Bullying
2. Alcohol, Tobacco, & Other Drug Use	6. Social Media
3. Suspension & Antisocial Behaviors	7. Supportive Environments
4. Mental Health	

Introduction

A summary of the design and methods used for data collection and the participating sample precedes these sections. Each section begins with a brief description of the importance and relevance of the data, followed by how it was measured, and presents prevalence rates for four time periods: lifetime (ever), early onset (before the age of 12), any occasion during the past year, and any occasion during the past month. Prevalence rates are disaggregated by demographic characteristics (grade, gender, race, ethnicity). No significance tests were performed on differences in prevalence rates across demographic groups. Additionally, at the beginning of the first four sections, data is presented showing trends over time. No significance tests were performed on differences in prevalence rates across years.

Throughout the report,  indicates relevant findings from nationwide surveys.

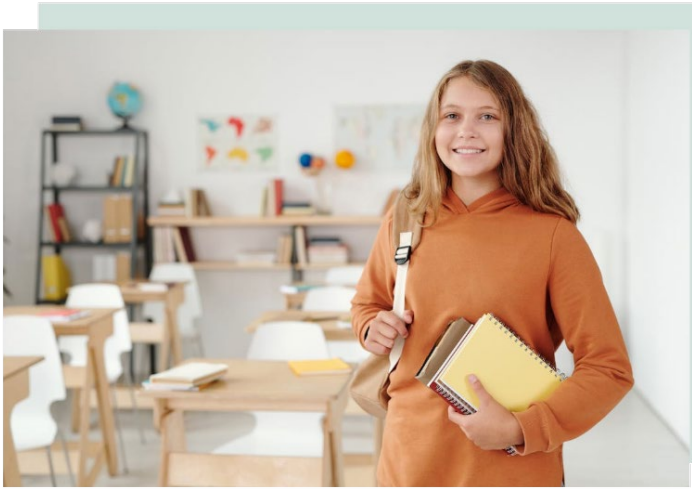
There are superscripts throughout the report that refer to important information about the data and findings. Some superscripts (i.e., numbers) cite literature and can be found in the References section of this report, while others (i.e., letters) provide definitions and special considerations about interpreting data; these can be found in the Notes section.

Six appendices conclude the report:

- Appendix A provides the school recruitment and student participation counts and rates by county
- Appendix B presents substance use and antisocial behaviors data by county
- Appendix C contains a table of comparisons to national benchmarks from Monitoring the Future (MTF)
- Appendix D displays each risk and protective factor with its corresponding survey questions
- Appendix E provides the four Drug-Free Communities (DFC) Core Measures: past month use, perception of risk, parental disapproval, and peer disapproval by grade
- Appendix F indicates which demographic groups have average risk and protective factor scores that deviate from the state mean by more than one standard error (above risk factors and below protective factors)

The 2023 *Supplementary Information* document is referenced throughout this report. It includes the 2023 NJRPFS survey instrument, additional tables displaying results disaggregated by demographic characteristics, and more details about the methods used in different analyses.

New this year, the New Jersey Middle School Survey Data Explorer allows users to explore areas of interest using various dashboard views to take a closer look at trends over time, results for different demographic subgroups, and county-level results.



Study Design & Methods

The sections below summarize the sampling design, school and student recruitment process, administration protocols used, and overall school and student participation rates for the NJRPFS during the 2022-2023 school year. The *Supplementary Information* that accompanies this report, as well as the *NJRPFS 2023 Technical Report: Procedures and Recommendations* include further detail about these areas.

Sampling Design

All New Jersey public schools (including charter schools) with at least 40 students enrolled in grades seven and eight combined were eligible to participate in the 2022-2023 NJRPFS. These criteria resulted in a pool of 718 eligible schools across the state, as determined by fall 2021 public school enrollment data from the NJ Department of Education. From the 718 eligible schools, an original sample of 112 schools were randomly selected, with enrollments totaling 47,213 seventh- and eighth-grade students in these schools. The number of schools selected in each county ranged from four to 10, proportional to the number of eligible schools per county. The likelihood of any given school's selection increased with its enrollment size. When a school declined to participate, its spot was offered to another school within the same county. In total, 219 schools were invited to participate in the survey, with 59 ultimately participating.

Field Procedures

School recruitment started in December 2022 and continued through May 2023. School recruitment was conducted by email, phone, and video calls. Overall, CREEHS successfully recruited 71 schools. Of these schools, 59 participated in the survey as 12 withdrew after initially agreeing to participate.

CREEHS worked with administrators at the recruited schools to designate a member of the school staff (e.g., school counselor, administrator, teacher) to serve as a "school liaison." CREEHS worked with the school liaison to administer the survey to students during a period or subject area designated by the school. CREEHS requested a list of all seventh- and eighth-grade classes that met during the specified period or subject and used this list to randomly select entire classrooms as opposed to individual students. This process ensured that all eligible students had an equal likelihood of being selected to participate. In accordance with NJ's active parental consent statute,[2] CREEHS staff distributed electronic parental consent forms to school staff to be sent to students in selected classes at least two weeks prior to the survey administration date and provided schools with a copy of the survey instrument that could be made available to parents upon request. All recruitment and consent parent materials were made available in English, Spanish, and Portuguese. Prior to distribution, all recruitment and consent materials and procedures were approved by Montclair State University's Institutional Review Board, along with survey instruments and methods.

Survey administrations began in February 2023 using a virtual administration design and continued through June 2023. Surveys were administered synchronously with students and proctors joining simultaneously via video conferencing platforms.

Study Design & Methods

CREEHS Survey Proctors followed a standardized protocol to administer the survey. All students for whom parental consent was received were asked to complete an online assent form to indicate their own interest in and willingness to participate in the survey. Students who had not received parental consent were asked to leave the video conference call. It was noted to students that the survey was both confidential (i.e., their responses could not be connected back to them as individuals) and voluntary.

Participation Rates

Overall, CREEHS collected 3,168 surveys from 59 participating schools statewide. School and student recruitment challenges included communication issues with schools, lack of engagement from school staff and students, scheduling conflicts and complications, technical difficulties, as well as assenting in advance. The final 2023 participating sample did not reach the number of recruited schools or surveys collected in the previous NJRPFS administration in 2019-2021 (97 schools and 6,490 surveys). See Appendix A for recruitment and participation rates by county.

No county achieved their student participation target. However, seven counties reached 60% of their student target goal or higher: Hunterdon (82%), Union (77%), Cape May (74%), Burlington (67%), Hudson (67%), Warren (66%), and Essex (61%). Five counties had only one school agree to participate: Bergen, Morris, Ocean, Salem, and Sussex counties. No students participated from Atlantic and Mercer counties because no schools in those counties agreed to participate.

Participating Sample

Of the 3,168 surveys collected during 2023, 2,792 (88.1%) surveys were included in final analyses. Surveys were excluded on the basis of completeness, honesty, and eligibility. Surveys were removed from the sample if students answered less than 60% of the core survey questions, reported using phenoxydine (a fictitious drug), reported being "not honest at all," or if they were not in grades seven or eight.

Overall, of the eligible surveys, 48.6% of responding students (n=1,357) were in seventh grade and 51.4% (n=1,435) were in eighth grade. Approximately half of students identified as female only (n=1,390, 50.4%), with the remainder divided among male only (n=1,269, 46.0%) and nonbinary or transgender (n=100, 3.6%).

For race/ethnicity, students were asked about their Hispanic/Latino ethnicity (yes/no) and then to select all that apply among the following race categories: White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Other. The New Jersey Department of Education (NJDOE)'s procedure for converting the combination of the ethnicity and race questions into mutually exclusive categories was applied for the purpose of weighting and data analysis. Approximately one-third (32.6%) of students identified as Hispanic/Latino and were categorized as such, regardless of additional race selections. Because students could select more than one racial group, a "two or more races" category was calculated to include students who reported more than one racial category. The most frequently selected race was White only (41.4%), followed by Hispanic (32.6%), two or more races (8.6%), Black or African American only (8.0%), Asian only (5.4% including Native Hawaiian or Pacific Islander), Other race only (3.3%), and American Indian or Alaska Native only (<1%).

Study Design & Methods

Due to the low number of American Indian and Alaska Native students in the sample, their group-specific averages are not reported; however, their responses are included in the overall state rates presented.[SS]

In order to more closely approximate the composition of NJ middle school students, a statistical adjustment was made to compensate for the under- or over-representation of certain groups within the sample. For example, female students were overrepresented in the original sample, as compared to enrollment data from NJDOE, so the value assigned to each female response was downweighted. This statistical adjustment is reflected in the "weighted" state prevalence rates that appear throughout the report. NJDOE enrollment data do not include an "Other" race option; the 3.3% of students who identified as "Other" received a weight of 1, as did the 3.6% of students who identified as nonbinary or transgender. Table 1 provides a summary profile of the respondents included in the final analytic sample, comparing the unweighted proportion of each demographic category in the sample to the weighted proportion of the same.

The categorization of racial groups described above (i.e., merging ethnicity and race) represents a departure from how racial groups were represented in the *2021 NJRPFS Statewide Report*. Although it improves the estimation of statewide prevalences by aligning with the NJDOE's school demographic enrollment data, it diminishes the comparability of group differences between 2021 and 2023, particularly in the "Hispanic" and "Other race" categories. The 2021 "Other race" category constituted 18.9% of the analytic sample; in 2023 it constituted only 3.3% of the analytic sample. This decrease is largely attributable to the re-categorization of "Hispanic" as one of the mutually-exclusive race categories, rather than an independent ethnicity category; in 2021, 83% of those identifying as "Other race" also selected "Hispanic." That is, in 2021 a student could be considered both "Other race" and "Hispanic," whereas in 2023, they were categorized as "Hispanic" only. This categorization is consistent with NJDOE guidelines for coding student demographics.

Table 1. Profile of participating eligible sample (n=2,792)

	n	% unweighted	% weighted
7th grade	1,357	48.6%	49.3%
8th grade	1,435	51.4%	50.7%
Male	1,269	46.0%	48.0%
Female	1,390	50.4%	48.4%
Nonbinary or Trans	100	3.6%	3.6%
Hispanic	903	32.6%	30.6%
White	1,147	41.4%	39.0%
Black	222	8.0%	13.6%
Asian	151	5.4%	10.3%
American Indian	18	0.6%	0.2%
Two or more races	238	8.6%	3.0%
Other race	92	3.3%	3.3%
Military parent	401	14.6%	14.6%

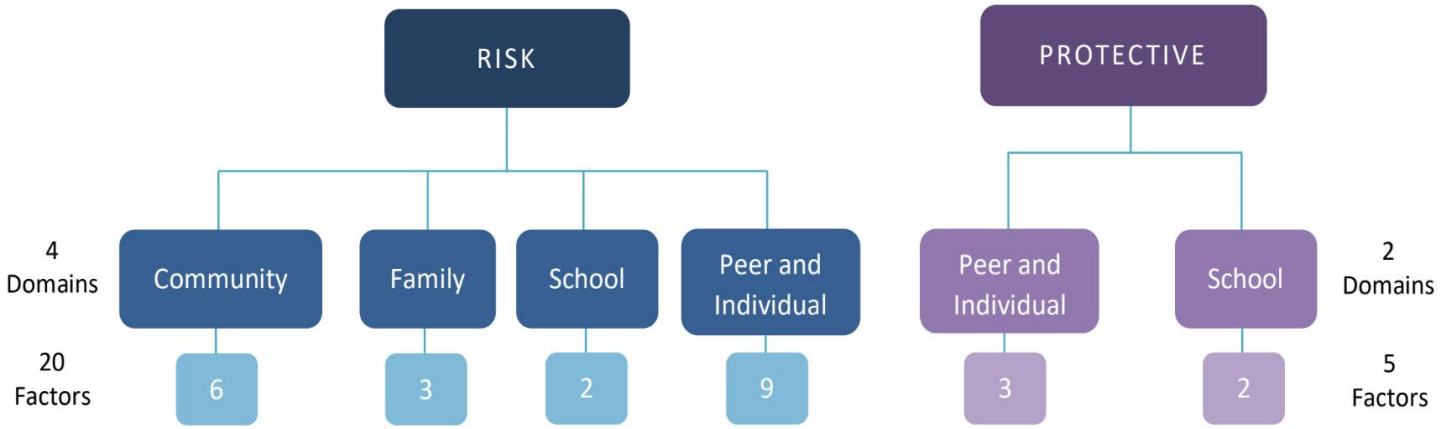
Risk & Protective Factors

Underlying factors related to community, family, school, and peer relationships contribute to a student's risk for using alcohol, tobacco, and drugs and participating in antisocial behaviors. These are known as "risk" and "protective" factors. Researchers Michael Arthur and J. David Hawkins, building on conceptual frameworks by others, such as John Coie, have provided evidence for the factors with the strongest correlations to drug use and antisocial behaviors among youth.[3,4] Through their work, the factors included in the current NJRPFS were conceived, thereby facilitating prevention needs assessment.[1]

Risk and protective factors are grouped into domains, or settings, where interventions can take place.[5] Consistent with prior reports of NJRPFS results, factors are clustered into six domains: four risk categories and two protective categories, as shown in Figure 1. Research suggests that the more risk factors students are exposed to, the more likely they are to engage in substance use or antisocial behaviors. Certain risk factors are also associated with higher depressive symptoms among adolescents.[6] Protective factors represent characteristics in the student's environment that protect them against these behaviors. Efforts to prevent substance use and antisocial behaviors generally aim to reduce the influence of risk factors, enhance the effectiveness of protective factors, or both.

The factor descriptions that accompany each figure were drawn from Arthur et al.'s seminal 2002 paper on the validity of the Communities that Care Youth Survey.[1]

Figure 1. Risk and protective domains



Risk & Protective Factors

Looking Back: 10-Year Trends

This section presents trends data for risk and protective factors and their related domains. Multiple survey questions make up each factor. See Appendix D for a detailed list of questions that make up each factor. Scores on these factors have been standardized to a 0 to 1 scale. Higher risk factor scores indicate a greater likelihood of engaging in substance use or antisocial behaviors. Higher protective factor scores indicate more protection against substance use or antisocial behaviors. See the accompanying *Supplementary Information* for how these scores were calculated.

Comparisons to 2021 averages should be interpreted with caution, as the dataset was not weighted in 2021 and over one-third (36.1%) of the survey responses were collected in early 2021, when students and schools were dramatically affected by the COVID-19 pandemic. Trends were not tested for statistical significance across years.

Table 2. Risk factor trends, 2012–2023

Risk domains and factors	2012	2015	2021	2023
Community risk	**0.24**	**0.22**	**0.27**	**0.28**
Laws and norms favorable to drug use	0.33	0.29	0.33	0.38
Community transitions and mobility	0.26	0.26	0.31	0.30
Low neighborhood attachment	0.28	0.27	0.35	0.38
Perceived availability of drugs	0.24	0.21	0.27	0.28
Community disorganization	0.21	0.20	0.24	0.28
Perceived availability of handguns	0.11	0.11	0.10	0.09
Family risk	**0.12**	**0.11**	**0.19**	**0.21**
Poor family management	0.20	0.18	0.24	0.27
Parental attitudes favorable toward antisocial behavior	0.13	0.10	0.19	0.22
Parental attitudes favorable toward drug use	0.05	0.04	0.13	0.15
School risk	**0.30**	**0.32**	**0.37**	**0.35**
Low commitment to school	0.34	0.37	0.44	0.41
Academic failure	0.27	0.28	0.29	0.30
Peer-Individual risk	**0.10**	**0.09**	**0.11**	**0.14**
Perceived risks of drug use	0.22	0.24	0.26	0.28
Favorable attitudes toward antisocial behavior	0.16	0.12	0.21	0.25
Rewards for antisocial behavior	0.15	0.15	0.21	0.21
Favorable attitudes toward drug use	0.09	0.07	0.15	0.18
Early initiation of drug use	0.08	0.05	0.05	0.06
Friends' use of drugs	0.09	0.06	0.05	0.08
Early initiation of antisocial behavior	0.05	0.04	0.05	0.08
Gang involvement	0.02	0.02	0.02	0.02
Interaction with antisocial peers	0.05	0.04	0.03	0.06

Risk & Protective Factors

Table 3. Protective factor trends, 2012–2023

Protective domains and factors	2012	2015	2021	2023
School protective	**0.61**	**0.62**	**0.63**	**0.63**
School opportunities for prosocial involvement	0.63	0.65	0.65	0.64
School rewards for prosocial involvement	0.58	0.59	0.61	0.61
Peer-Individual protective	**0.47**	**0.47**	**0.44**	**0.43**
Interaction with prosocial peers	0.64	0.63	0.57	0.50
Rewards for prosocial involvement	0.46	0.47	0.44	0.44
Prosocial involvement	0.31	0.30	0.31	0.34

Risk Factors

Risk factor scores varied by demographic group. In descending order of risk, as defined by the number of factors (maximum=20) on which the group's average risk factor score was more than one standard error above the state average, the groups identified at greatest risk are:[SE]

- Black or African American (all 20 factors)
- Two or more races (18 factors)
- Hispanic (17 factors)
- Nonbinary or transgender (16 factors)
- Students with a parent or guardian in the military (15 factors)
- In eighth grade (14 factors)
- Female (7 factors)
- Other race (4 factors)
- Male (1 factor)
- Asian (1 factor)
- White (1 factor)

The following sections display the demographic breakdown for each risk factor.[RA,SS] Differences between measured risk factors by demographic group were not tested for statistical significance. See Appendix F for the demographic groups identified at higher risk on each factor.

Community risk domain

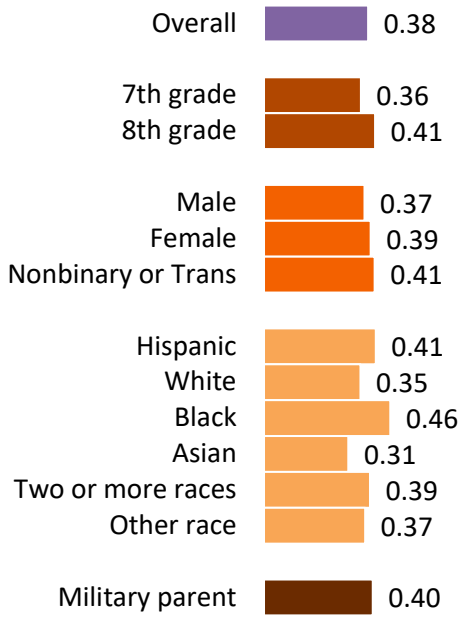
> **How was this measured?**
> Students were asked questions related to six community risk factors: laws and norms favorable to drug use, community transitions and mobility, low neighborhood attachment, perceived availability of drugs, community disorganization, and perceived availability of handguns.

Risk Factors

Laws and norms favorable to drug use

"Normative attitudes about drug use and local laws and policies, such as the legal drinking age and taxes on alcohol and tobacco products, have been related to consumption."[1]

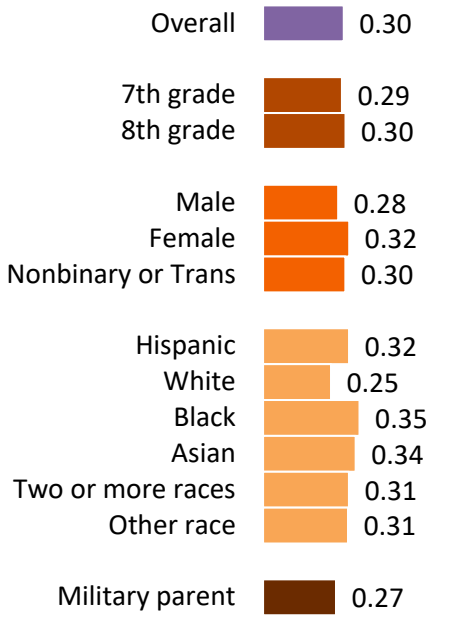
Figure 2. Laws and norms favorable to drug use



Community transitions and mobility

"Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug use. Also, children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use."[1]

Figure 3. Community transitions and mobility

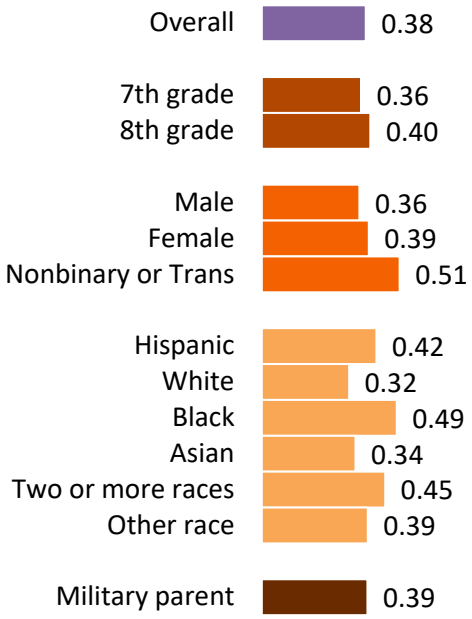


Risk Factors

Low neighborhood attachment

"Neighborhoods where youths report low levels of bonding to the neighborhood have higher rates of juvenile crime and drug use."[1]

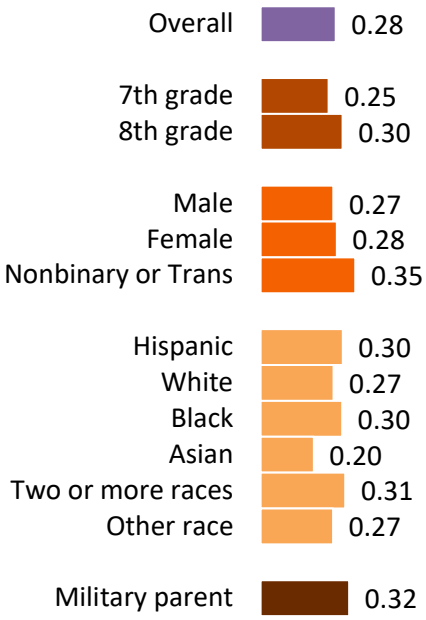
Figure 4. Low neighborhood attachment



Perceived availability of drugs

"Perceptions of the availability of cigarettes, alcohol, marijuana, and other illegal drugs have been shown to predict use of these substances."[1]

Figure 5. Perceived availability of drugs

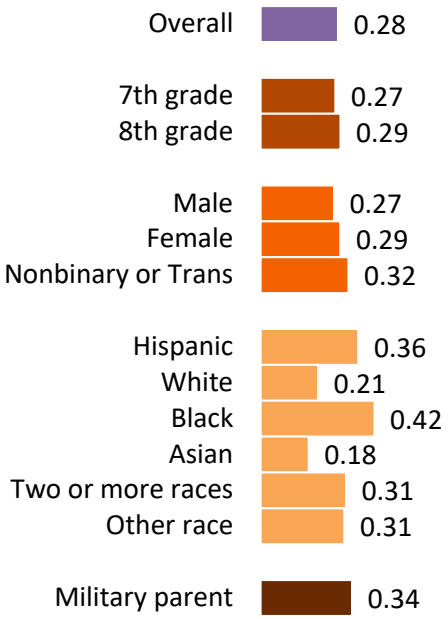


Risk Factors

Community disorganization

"Neighborhoods with high population density, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug use."[1]

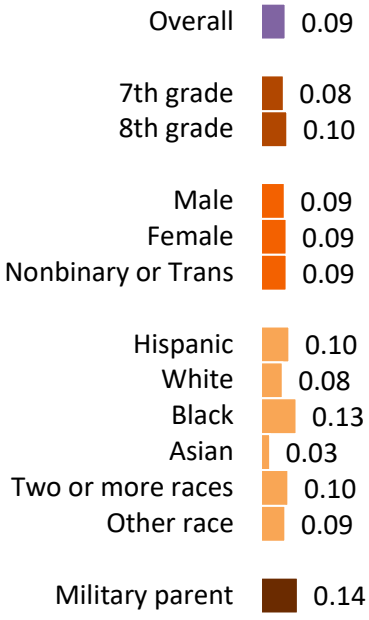
Figure 6. Community disorganization



Perceived availability of handguns

For this factor, students were asked "If you wanted to, how easy would it be for you to get a handgun?"

Figure 7. Perceived availability of handguns



Risk Factors

Family risk domain

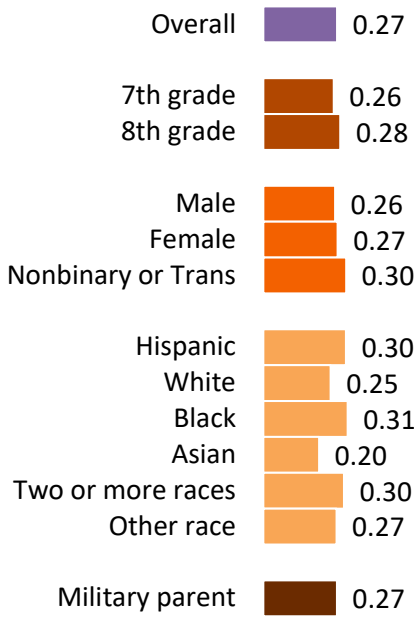
How was this measured?

Students were asked questions related to three family risk factors: poor family management, parental attitudes favorable toward antisocial behavior, and parental attitudes favorable toward drug use.

Poor family management

"Family management practices characterized by unclear expectations for behavior, poor monitoring of behavior, few and inconsistent rewards for positive behavior, and severe or inconsistent punishment for unwanted behavior increase the risk for drug use, violence, and delinquency."[1]

Figure 8. Poor family management

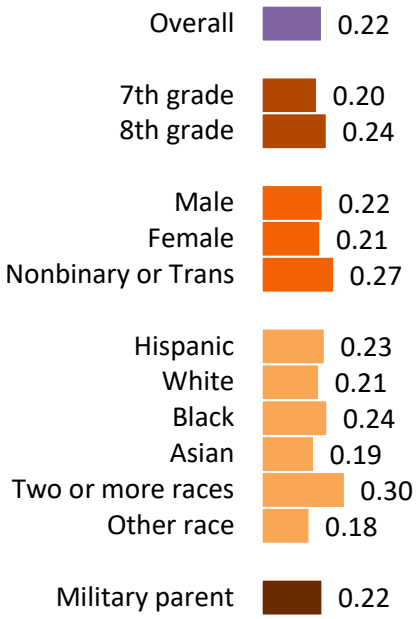


Risk Factors

Parental attitudes favorable toward antisocial behavior

"In families in which parents engage in criminal behavior or are tolerant of their children's involvement in criminal or violent behavior, children are more likely to engage in delinquent and violent behavior."[1]

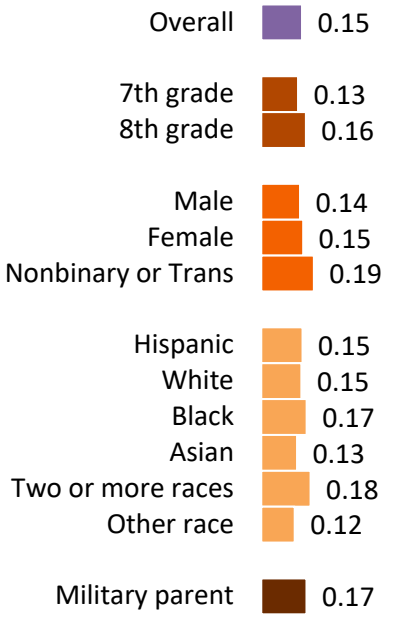
Figure 9. Parental attitudes favorable toward antisocial behavior



Parental attitudes favorable toward drug use

"In families in which parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to use drugs themselves."[1]

Figure 10. Parental attitudes favorable toward drug use



Risk Factors

School risk domain

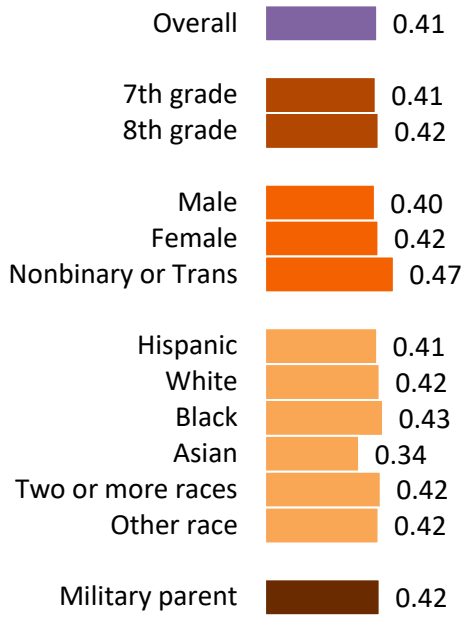
How was this measured?

Students were asked questions related to two school risk factors: low commitment to school and academic failure.

Low commitment to school

"Factors such as liking school, time spent on homework, and perceiving schoolwork as relevant are also negatively related to drug use."[1]

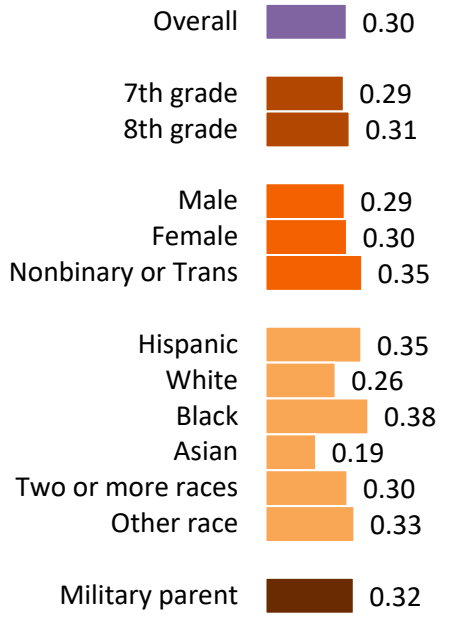
Figure 11. Low commitment to school



Academic failure

"Beginning in the late elementary grades (Grades 4-6), academic failure increases the risk of both drug use and delinquency."[1]

Figure 12. Academic failure



Risk Factors

Peer and Individual risk domain

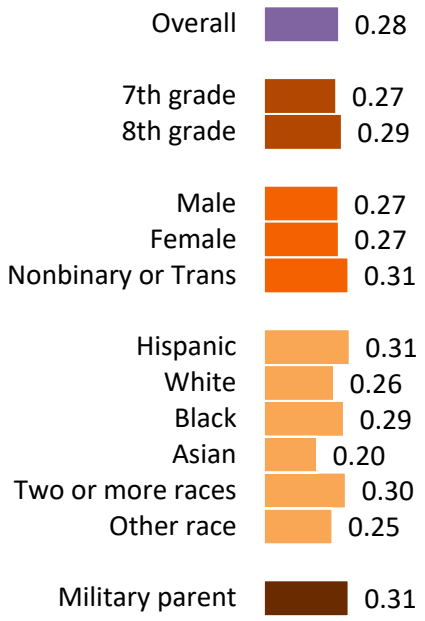
How was this measured?

Students were asked questions related to nine peer and individual risk factors: perceived risks of drug use, favorable attitudes toward antisocial behavior, rewards for antisocial behavior, favorable attitudes toward drug use, early initiation of drug use, friends' use of drugs, early initiation of antisocial behavior, gang involvement, and interaction with antisocial peers.

Perceived risks of drug use

For this factor, students were asked questions such as "How much do you think people risk harming themselves (…) if they smoke one or more packs of cigarettes per day?" and "How much do you think people risk harming themselves (…) if they try marijuana once or twice?"

Figure 13. Perceived risks of drug use

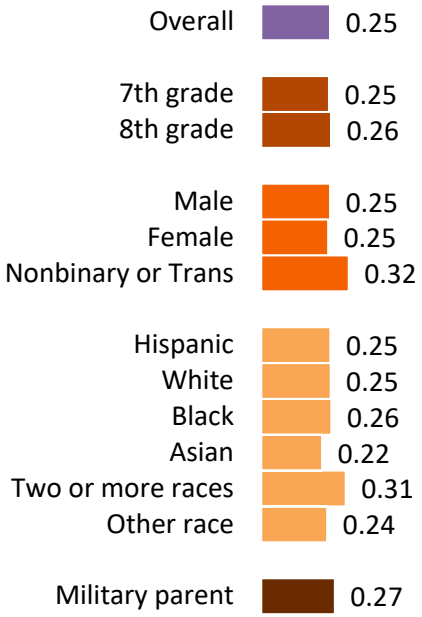


Risk Factors

Favorable attitudes toward antisocial behavior

"Youths who express positive attitudes toward delinquency and violence are at higher risk for later involvement in such behaviors."[1]

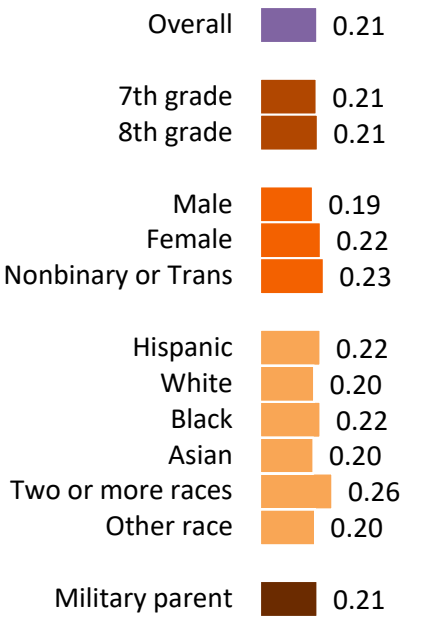
Figure 14. Favorable attitudes toward antisocial behavior



Rewards for antisocial behavior

"Youths who believe that their friends and peers would approve and admire them for engaging in drug use, delinquency, and violence are more likely to become involved in such behaviors."[1]

Figure 15. Rewards for antisocial behavior

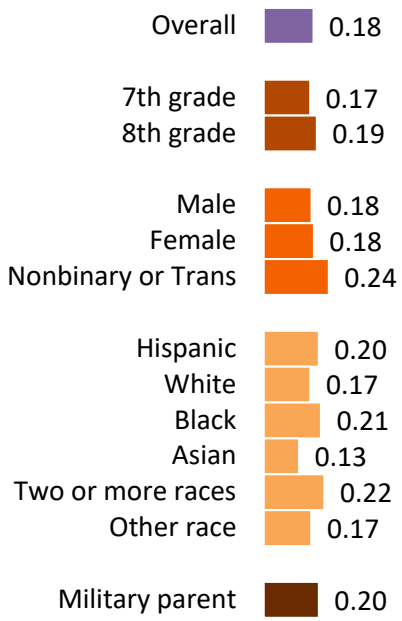


Risk Factors

Favorable attitudes toward drug use

"Initiation of use of any substance is preceded by values favorable to its use. Youths who express positive attitudes toward drug use, including lower perceived risks from using substances, are more likely to use drugs."[1]

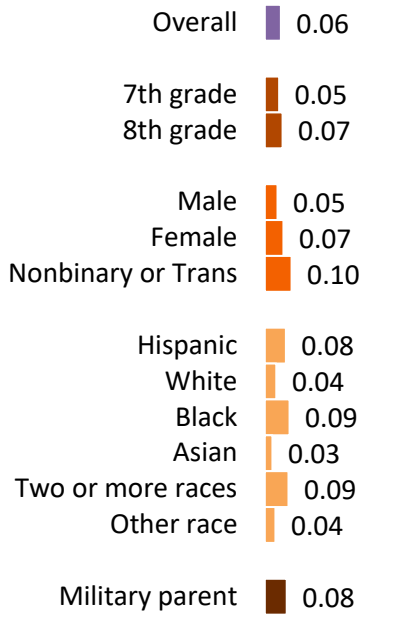
Figure 16. Favorable attitudes toward drug use



Early initiation of drug use

For this factor, students were asked questions such as "How old were you when you began drinking alcoholic beverages regularly, that is, at least once or twice a month?" and "How old were you when you first smoked cigarettes?"

Figure 17. Early initiation of drug use

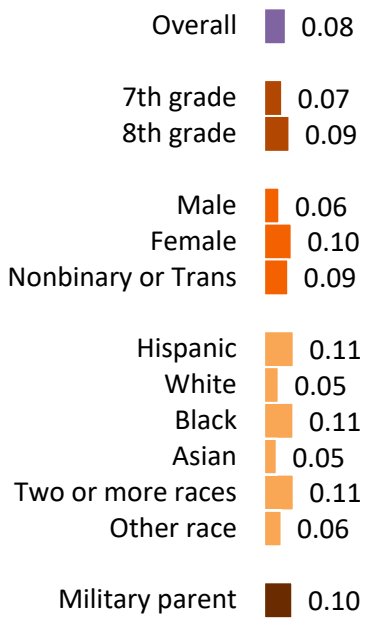


Risk Factors

Friends' use of drugs

"Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior."[1]

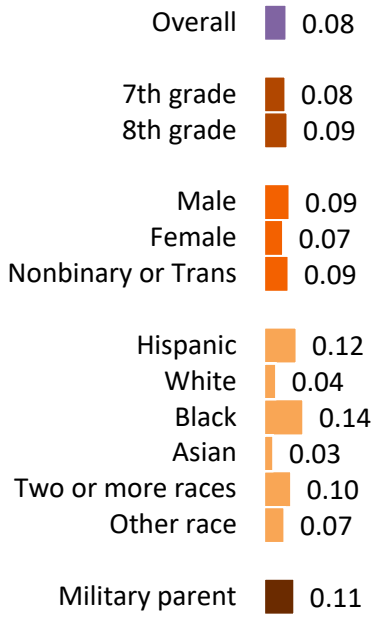
Figure 18. Friends' use of drugs



Early initiation of antisocial behavior

"The earlier the onset of any drug use, the greater the involvement in other drug use and the greater the frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of later drug abuse."[1]

Figure 19. Early initiation of antisocial behavior



Risk Factors

Gang involvement

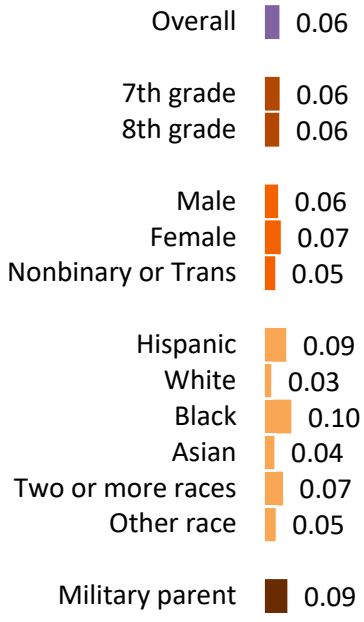
For this factor, students were asked questions such as "Have you ever belonged to a gang?"

Figure 20. Gang involvement

Interaction with antisocial peers

"Young people who associate with peers who engage in delinquent or violent behavior are much more likely to engage in the same behavior."[1]

Figure 21. Interaction with antisocial peers



Protective Factors

Protective Factors

Protective factor scores also varied by demographic group. In ascending order of protection, as defined by the number of factors (maximum=5) on which the group's protective factor score average was more than one standard error below the state average, the groups identified as least protected are:

- Nonbinary or transgender (4 factors)
- Black or African American (4 factors)
- Other race (4 factors)
- Hispanic (3 factors)
- Female (2 factors)
- Two or more races (2 factors)
- Male (1 factor)
- Students with a parent or guardian in the military (1 factor)

Differently than for risk factors, where eighth-grade risk factor score averages often exceed the state average by more than one standard error, neither seventh- nor eighth-grade subgroup score means were beyond one standard error of the state average on any protective factors. The following sections display the demographic breakdown for each protective factor.[RA,SS] Differences between measured protective factors by demographic groups were not tested for statistical significance. See Appendix F for more details.

School protective domain

How was this measured?

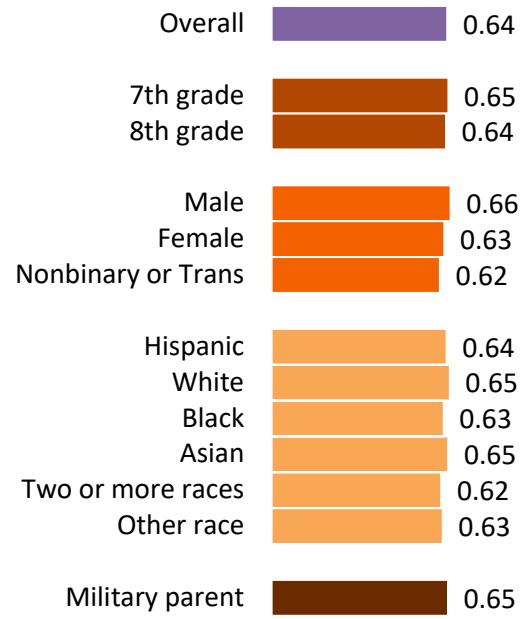
Students were asked questions related to two school protective factors: school opportunities for prosocial involvement and school rewards for prosocial involvement.

Protective Factors

School opportunities for prosocial involvement

"Youths who perceive more opportunities for involvement in prosocial activities in school are more likely to participate in such activities and less likely to use drugs."[1]

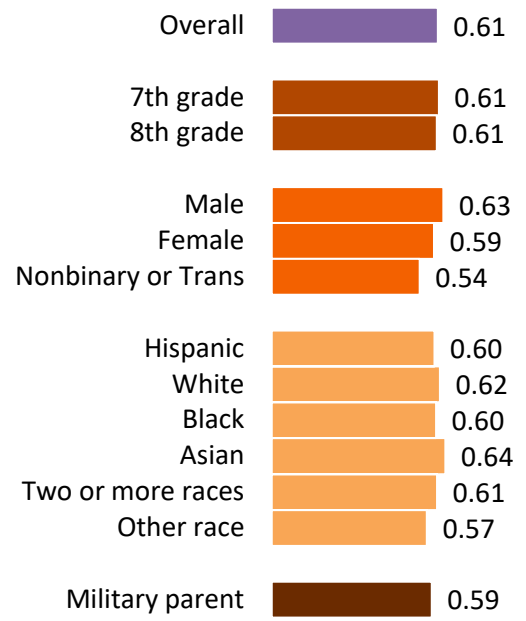
Figure 22. School opportunities for prosocial involvement



School rewards for prosocial involvement

"Youths who perceive greater rewards for involvement in prosocial activities in school are more likely to participate in such activities and less likely to use drugs."[1]

Figure 23. School rewards for prosocial involvement



Protective Factors

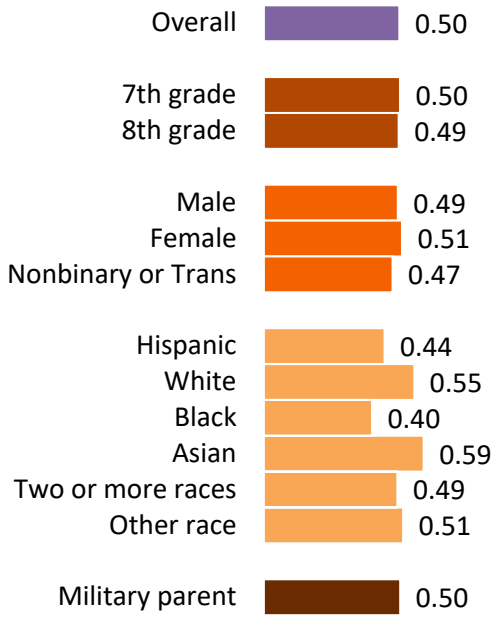
Peer and Individual protective domain

How was this measured?
Students were asked questions related to three peer and individual protective factors: interaction with prosocial peers, rewards for prosocial involvement, and prosocial involvement.

Interaction with prosocial peers

For this factor, students were asked questions such as "Think of your 4 best friends. In the past year how many have participated in clubs, organizations, or activities at school?"

Figure 24. Interaction with prosocial peers

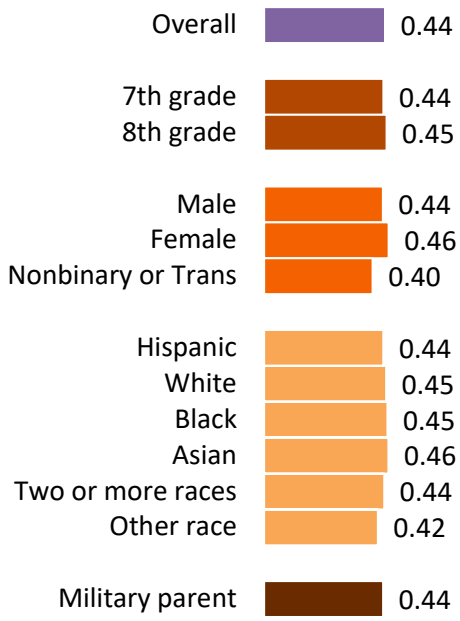


Protective Factors

Rewards for prosocial involvement

"Youths who perceive greater rewards and recognition for involvement in prosocial activities in the community are more likely to participate in such activities and less likely to use drugs."[1]

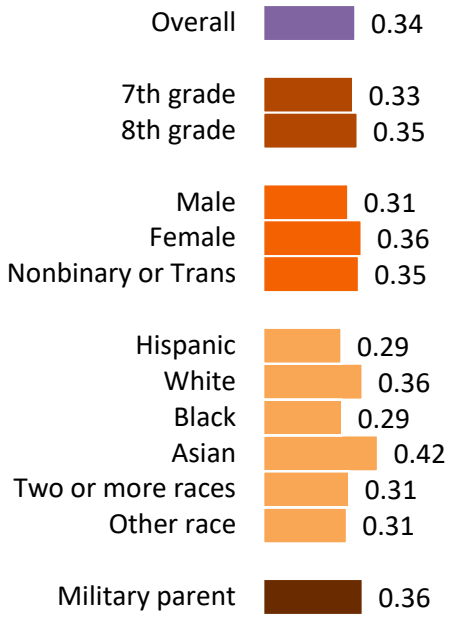
Figure 25. Rewards for prosocial involvement



Prosocial involvement

This factor comprises three items, including volunteering for community service. Research has shown that adolescents who participate in community service are more likely to have experiences that benefit their cognitive, psychological, and social development.[7]

Figure 26. Prosocial involvement



Risk & Protective Factors

Erratum

In the 2021 Statewide Report, Table 2 (“Risk Factor Trends, 2010-2021”) and Table 3 (“Protective Factor Trends, 2010-2021”), and in the county reports Table 9 (“Risk Factors: County to State Comparisons”) and Table 10 (“Protective Factors: County to State Comparisons”), incorrect averages for five risk and protective factors were reported due to a coding error. These averages are corrected in Table 2 and Table 3 of this 2023 Statewide Report as well as on the trends displayed on the *Middle School Survey Data Explorer* dashboard. The following 2021 factors were affected by the error: community transitions and mobility, low commitment to school, academic failure, perceived risks of drug use, and school opportunities for prosocial involvement. The corresponding domain averages were affected: Community risk, School risk, Peer and Individual risk, and School protective domains.

Alcohol, Tobacco, & Other Drugs

The use of substances, such as alcohol, tobacco, and other drugs, frequently starts during adolescence.[8] Many adolescents use substances, such as alcohol and marijuana, to experiment or have fun, as well as find physical, emotional, or mental relief.[8] Using substances during adolescence has been found to affect the development of the brain and lead to substance use disorders later in life, making the prevention of substance use during this time critical.[9,10]

In 2023, the NJRPFS survey instrument was revised to capture students' use of e-cigarettes (vapes), marijuana, and prescription drugs with more granularity. Students were asked which substances they consumed using an e-cigarette, including nicotine, something else that did not get [them] high, marijuana, and something else not included. Students were asked which methods they used to consume marijuana, including smoking, vaping, and eating. Students were also asked which types of prescription drugs they used – specifically prescription pain relievers, stimulants, and tranquilizers – as well as prescription drugs used differently from how they were prescribed. For a complete table with all revisions made to the survey, please see the accompanying *Supplementary Information*.

This section displays substance use trends from 2012 to 2023, prevalence rates for each commonly reported substance, and predictions of use based on risk and protective factors. For a table with rates for all substances by county, please see Appendix B. For a table with all substances by grade, gender, and race and ethnicity, please see the accompanying *Supplementary Information*.[SS]

This section also highlights demographic subgroups with higher-than-average rates of substance use, as defined by one standard error or more above the state mean.[RA,SE]

Looking Back: 10-Year Trends

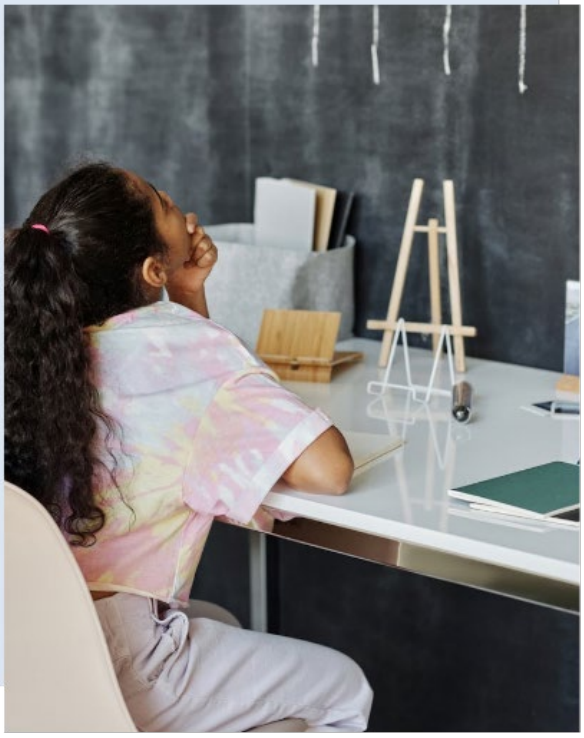
Prevalence rates for each substance are presented below across four time periods (where available): lifetime (ever), early onset (before the age of 12), past year, and past month. In order to compare the use of e-cigarettes (vapes), marijuana, and prescription drugs not prescribed to [them] to previous years, composites were calculated using the new items on the survey. As such, the composite of students who used e-cigarettes with any substance, the composite of students who used marijuana by any method, and the composite of students who used any type of prescription drug not prescribed to [them], are presented for 2023 in Table 4. As a result of the updates to the NJRPFS instrument from previous survey administrations, changes across years should be interpreted with caution.

Alcohol, Tobacco, & Other Drugs

Table 4. Substance use trends, 2012–2023

Substance	2012 (%)	2015 (%)	2021 (%)	2023 (%)
Alcohol				
Lifetime	23.1	14.3	16.5	20.1
Early onset	7.8	4.5	6.6	10.9
Past year	17.3	8.4	10.4	12.0
Past month	9.0	4.4	5.9	4.4
Alcohol (binge use)				
Lifetime	7.6	3.2	4.1	4.0
Early onset	-	-	0.9	0.8
Past year	6.3	2.5	2.8	2.5
Past month	-	-	1.7	1.3
E-cigarettes/vapes				
Lifetime	-	10.5	9.6	11.1
Early onset	-	1.5	1.8	3.0
Past year	-	8.8	6.6	8.8
Past month	-	5.5	3.9	6.0
Marijuana				
Lifetime	5.4	4.8	3.2	6.5
Early onset	0.6	0.5	0.6	1.2
Past year	4.9	2.6	2.5	5.7
Past month	3.3	1.8	1.7	4.0
Prescription drugs not prescribed to them				
Lifetime	5.6	3.2	2.5	8.9
Early onset	2.7	1.3	1.1	5.3
Past year	3.9	2.2	1.8	4.6
Past month	2.0	1.3	0.8	2.8
Cigarettes				
Lifetime	7.6	4.2	1.8	2.1
Early onset	2.7	1.0	0.8	1.0
Past year	5.7	3.2	1.1	0.8
Past month	3.2	2.4	0.4	0.2
Inhalants				
Lifetime	4.1	1.4	1.4	0.6
Early onset	1.6	0.5	0.6	0.3
Past year	2.7	0.7	0.8	0.3
Past month	1.6	0.5	0.5	0.3
Other Illicit Drugs				
Lifetime	2.5	1.4	1.1	1.0
Early onset	0.9	0.6	0.6	0.5
Past year	1.6	0.8	0.6	0.6
Past month	-	-	-	0.4

Alcohol, Tobacco, & Other Drugs



Prevalence rates for alcohol use have fluctuated, with rates in 2023 now similar to rates in 2012. Past year binge drinking appears to have plateaued between 2015 and 2023. Marijuana rates increased this year, despite previous declining trends. Rates of past month (i.e., current use) of alcohol and marijuana appear to be converging, with alcohol decreasing from 9.0% in 2012 to 4.4% 2023, and marijuana increasing from 3.3% in 2012 to 4.0% in 2023.[NT]

The rate of past-year e-cigarette use in 2023 mirrors that measured in 2015, which was the first time e-cigarettes were included on the survey. Rates of cigarette use have seen a dramatic decline since 2012 across lifetime, past year, and past month. The use of inhalants has declined to near-zero prevalence over the past decade, with lifetime use declining from 4.1% in 2012 to 0.6% in 2023.

Rates of other illicit drugs have also declined between 2012 and 2023, with lifetime rates decreasing from 2.5% in 2012 to 1.0% in 2023, although the composition of the "illicit drugs" category has changed over time. In 2023, prescription drug misuse was expanded to include pain relievers, and to provide more examples of stimulants and tranquilizers; therefore, prevalence of prescription drug misuse is not comparable to 2021.[NT]

Alcohol

Alcohol use

According to the 2022 Monitoring the Future (MTF) study, alcohol is the most commonly used substance by those in the eighth grade in their lifetime (23.1% reported any use) and in the past year (15.2% reported any use).[11] Youth who drink alcohol are more likely to engage in behaviors that harm themselves and others and to experience academic, legal, and social problems.[12] Additionally, early initiation of drinking puts youth at greater risk of developing an alcohol use disorder later in their lives.[12]

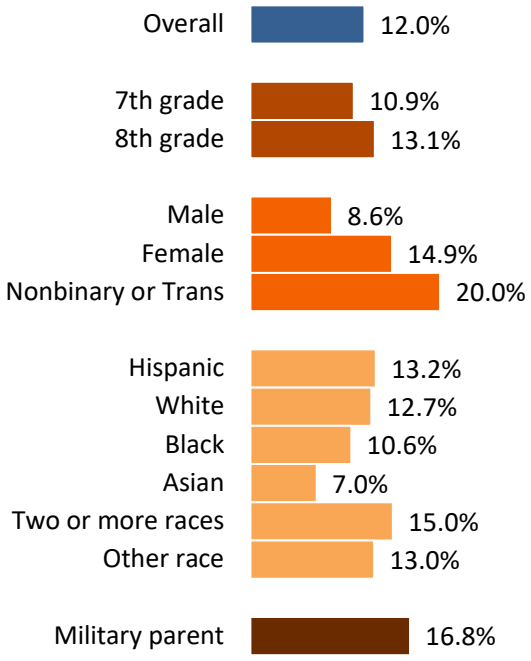
How was this measured?
Students were asked about their consumption of alcohol, specifically if they "had a drink of beer, wine, or hard liquor (for example, vodka, whiskey, gin) other than a few sips." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 5.
Use of alcohol by time period

Time period	%
Lifetime	20.1%
Past year	12.0%
Past month	4.4%

EARLY ONSET
10.9%
first used alcohol before age 12

Figure 27. Past year use of alcohol



Overall, 20.1% of students consumed alcohol during their lifetime, 12.0% in the past year, and 4.4% in the past month.

Past year alcohol use was more than one standard error (0.6%) above the state average (12.0%) for those:[RA,SE]

- **in eighth grade (13.1%)**
- **identifying as nonbinary or transgender (20.0%) and female (14.9%)**
- **identifying as two or more races (15.0%), Hispanic (13.2%), Other race (13.0%), and White (12.7%)**
- **who had a parent or guardian serve in the military (16.8%)**

Alcohol

These findings are consistent with the 2022 National Survey on Drug Use and Health (NSDUH), which also found higher prevalence of alcohol use among those aged 14 to 15 (14.3%) when compared to those aged 12 to 13 in the past year (5.3%).[13] More females aged 12 to 17 reported using alcohol in past year (18.9%) than males of the same age (14.7%). Additionally, those aged 12 to 17 who identified as White (19.3%) and two or more races (18.0%) reported higher past year rates of use when compared to the total rate for that age group (16.7%).[13]

Binge drinking

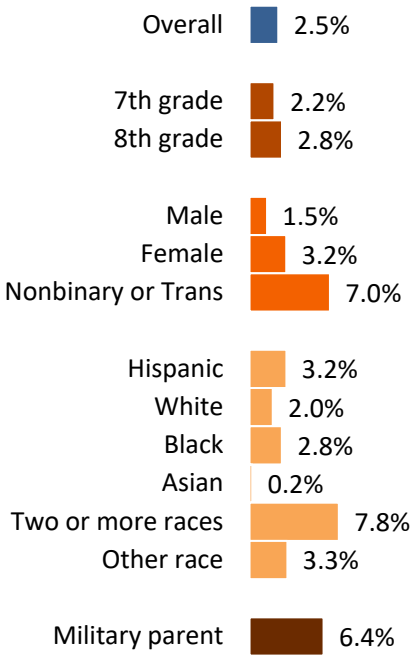
How was this measured?
Students were asked about their binge drinking behavior, specifically if they "had 3 or more drinks of beer, wine, or hard liquor (for example, vodka, whiskey, gin) in a row within a couple of hours." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 6.
Binge drinking by time period

Time period	%
Lifetime	4.0%
Past year	2.5%
Past month	1.3%

EARLY ONSET
0.8%
first binge drank before age 12

Figure 28. Past year binge drinking



Overall, 4.0% of students reported binge drinking during their lifetime, 2.5% in the past year, and 1.3% in the past month.

Past year binge drinking was more than one standard error (0.3%) above the state average (2.5%) for those:[RA,SE]

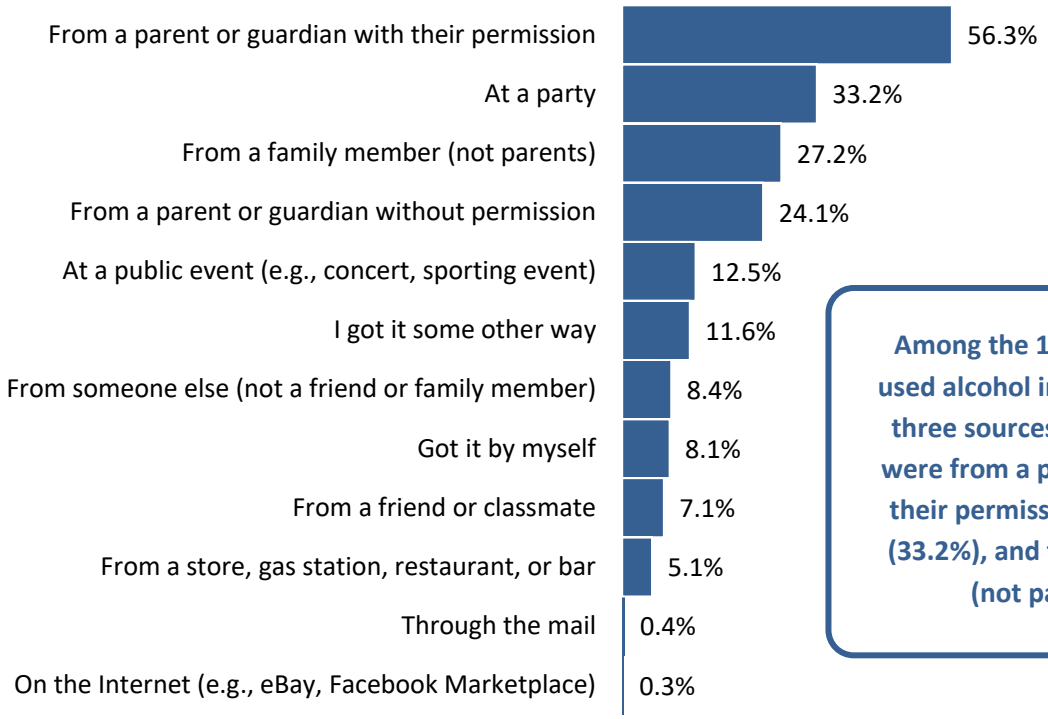
- **identifying as nonbinary or transgender (7.0%) and female (3.2%)**
- **identifying as two or more races (7.8%), Other race (3.3%), and Hispanic (3.2%)**
- **who had a parent or guardian serve in the military (6.4%)**

Alcohol

Sources of alcohol

> **How was this measured?**
> Students who reported using alcohol in the past year were asked "How did you get or buy beer, wine, or hard liquor (for example, vodka, whiskey, gin)? (check all that apply)" to determine sources of alcohol.

Figure 29. Sources of alcohol



Among the 12.0% of students who used alcohol in the past year, the top three sources for obtaining alcohol were from a parent or guardian with their permission (56.3%), at a party (33.2%), and from a family member (not parents) (27.2%).

Cigarettes & E-Cigarettes (Vapes)

According to the 2022 National Youth Tobacco Survey (NYTS), about one in nine (11.3%) middle and high school students in the U.S. reported currently using tobacco products in 2022.[14] Smoking cigarettes has been causally associated with diminished health status and a multitude of diseases, with new research continuing to find more diseases caused by smoking.[15] The use of any products containing nicotine is dangerous for youth.[16] Moreover, the inhalation of aerosols produced by e-cigarettes carries health risks, even independent of the contents of the e-cigarettes. Use of e-cigarettes (vapes) by young people has become a widely recognized public health concern.[16]

Cigarette use

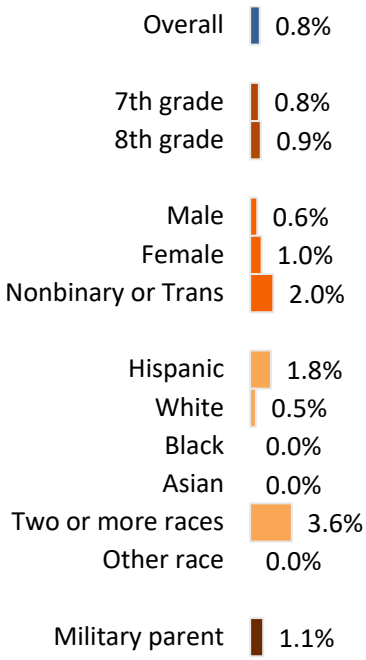
How was this measured?
Students were asked if they had "smoked cigarettes." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 7.
Use of cigarettes by time period

Time period	%
Lifetime	2.1%
Past year	0.8%
Past month	0.2%

EARLY ONSET
1.0%
first smoked cigarettes before age 12

Figure 30. Past year use of cigarettes



Overall, 2.1% of students smoked cigarettes during their lifetime, 0.8% in the past year, and 0.2% in the past month.

Past year cigarette smoking was more than one standard error (0.2%) above the state average (0.8%) for those:[RA,SE]

- **identifying as nonbinary or transgender (2.0%)**
- **identifying as two or more races (3.6%) and Hispanic (1.8%)**
- **who had a parent or guardian serve in the military (1.1%)**

According to the 2022 NSDUH, there was a higher prevalence of cigarette use among those aged 14 to 15 (3.0%) when compared to those aged 12 to 13 in the past year (1.3%).[13] More females aged 12 to 17 reported using cigarettes in past year (3.7%) than males of the same age (3.2%). Additionally, those aged 12 to 17 who identified as White (4.1%) and American Indian or Alaska Native (7.4%) used cigarettes in the past year more frequently when compared to the total rate for that age group (3.4%).[13]

Cigarettes & E-Cigarettes (Vapes)

E-cigarette (vape) use

How was this measured?

Students were asked four questions about their use of "e-cigarette[s], vape pen[s], or e-liquid rig[s] (for example, Puff Bar, Lava, N2, Joyetech)." These questions asked about which substances were consumed using an e-cigarette (vape), specifically: nicotine, something else that did not get [them] high (for example, CBD, flavoring), marijuana, and something else not listed.

These questions are reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month. The following section is a combined report of students indicating the use of e-cigarettes with any substance.

Table 8.
Use of e-cigarettes by time period

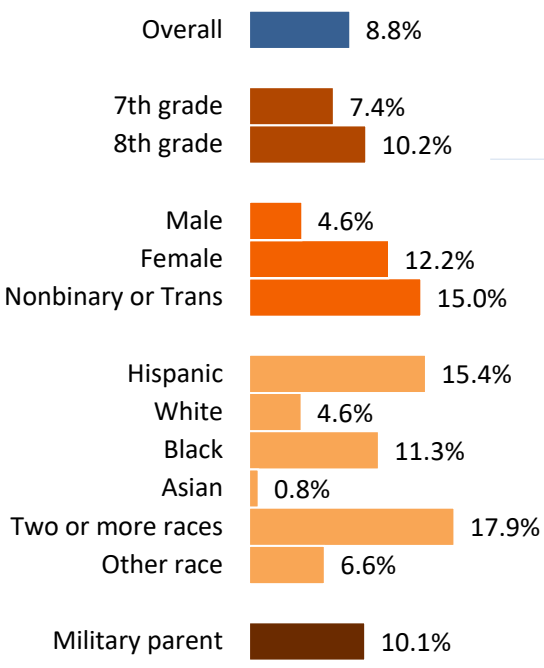
Time period	%
Lifetime	11.1%
Past year	8.8%
Past month	6.0%

EARLY ONSET

3.0%

first used e-cigarettes before age 12

Figure 31. Past year use of e-cigarettes



Overall, 11.1% of students used e-cigarettes (i.e., vapes) during their lifetime, 8.8% in the past year, and 6.0% in the past month.

Past year e-cigarette use was more than one standard error (0.5%) above the state average (8.8%) for those:[RA,SE]

- **in eighth grade (10.2%)**
- **identifying as nonbinary or transgender (15.0%) and female (12.2%)**
- **identifying as two or more races (17.9%), Hispanic (15.4%), and Black or African American (11.3%)**
- **who had a parent or guardian serve in the military (10.1%)**

Cigarettes & E-Cigarettes (Vapes)

E-cigarettes (vapes) with nicotine

How was this measured?
Students were asked if they specifically "used an e-cigarette, vape pen, or e-liquid rig (for example, Puff Bar, Lava, N2, Joyetech) with nicotine." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 9.
Use of e-cigarettes with nicotine by time period

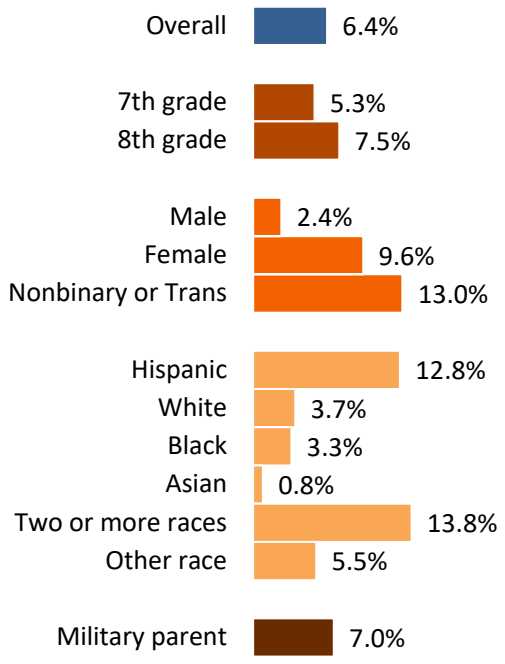
Time period	%
Lifetime	8.7%
Past year	6.4%
Past month	4.4%

EARLY ONSET

2.4%

first used e-cigarettes with nicotine before age 12

Figure 32. Past year use of e-cigarettes with nicotine



Overall, 8.7% of students used e-cigarettes with nicotine during their lifetime, 6.4% in the past year, and 4.4% in the past month.

Past year use of e-cigarettes with nicotine was more than one standard error (0.5%) above the state average (6.4%) for those:[RA,SE]

- **in eighth grade (7.5%)**
- **identifying as nonbinary or transgender (13.0%) and female (9.6%)**
- **identifying as two or more races (13.8%) and Hispanic (12.8%)**
- **who had a parent or guardian serve in the military (7.0%)**

Cigarettes & E-Cigarettes (Vapes)

E-cigarettes (vapes) with CBD/flavoring

How was this measured?
Students were asked if they specifically "used an e-cigarette, vape pen, or e-liquid rig (for example, Puff Bar, Lava, N2, Joyetech) with something else that did not get you high (for example, CBD, flavoring)." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 10.
Use of e-cigarettes with CBD/flavoring by time period

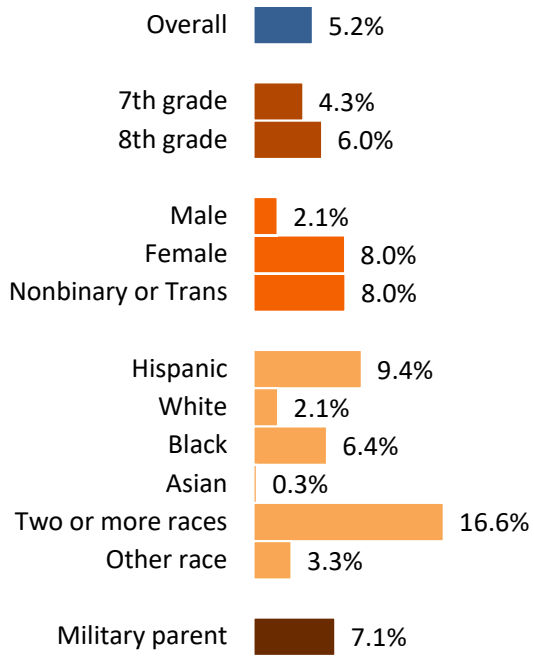
Time period	%
Lifetime	7.0%
Past year	5.2%
Past month	3.4%

EARLY ONSET

1.9%

first used e-cigarettes with CBD/flavoring before age 12

Figure 33. Past year use of e-cigarettes with CBD/flavoring



Overall, 7.0% of students used e-cigarettes with CBD/flavoring during their lifetime, 5.2% in the past year, and 3.4% in the past month.

Past year use of e-cigarettes with CBD/flavoring was more than one standard error (0.4%) above the state average (5.2%) for those:[RA,SE]

- **in eighth grade (6.0%)**
- **identifying as nonbinary or transgender (8.0%) and female (8.0%)**
- **identifying as two or more races (16.6%), Hispanic (9.4%), and Black or African American (6.4%)**
- **who had a parent or guardian serve in the military (7.1%)**

Cigarettes & E-Cigarettes (Vapes)

E-cigarettes (vapes) with marijuana

How was this measured?
Students were asked if they specifically "used an e-cigarette, vape pen, or e-liquid rig (for example, Puff Bar, Lava, N2, Joyetech) with marijuana." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 11.
Use of e-cigarettes with marijuana by time period

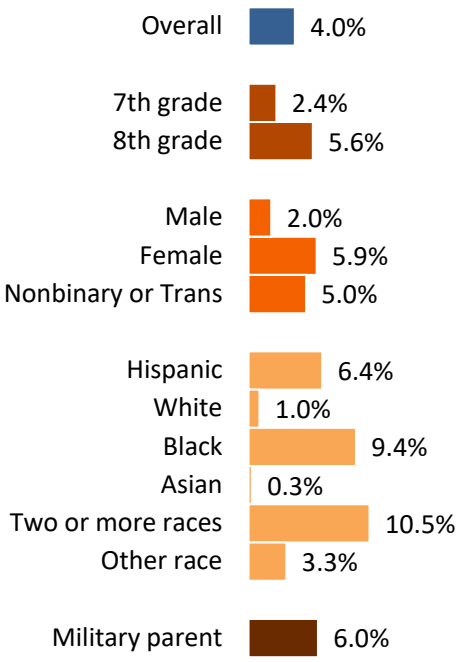
Time period	%
Lifetime	4.5%
Past year	4.0%
Past month	3.3%

EARLY ONSET

0.7%

first used e-cigarettes with marijuana before age 12

Figure 34. Past year use of e-cigarettes with marijuana



Overall, 4.5% of students used e-cigarettes with marijuana during their lifetime, 4.0% in the past year, and 3.3% in the past month.

Past year use of e-cigarettes with marijuana was more than one standard error (0.4%) above the state average (4.0%) for those:[RA,SE]

- **in eighth grade (5.6%)**
- **identifying as female (5.9%) and nonbinary or transgender (5.0%)**
- **identifying as two or more races (10.5%), Black or African American (9.4%), and Hispanic (6.4%)**
- **who had a parent or guardian serve in the military (6.0%)**

Cigarettes & E-Cigarettes (Vapes)

E-cigarettes (vapes) with something else

How was this measured?
Students were asked if they specifically "used an e-cigarette, vape pen, or e-liquid rig (for example, Puff Bar, Lava, N2, Joyetech) with something else not included above." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 12.
Use of e-cigarettes with something else by time period

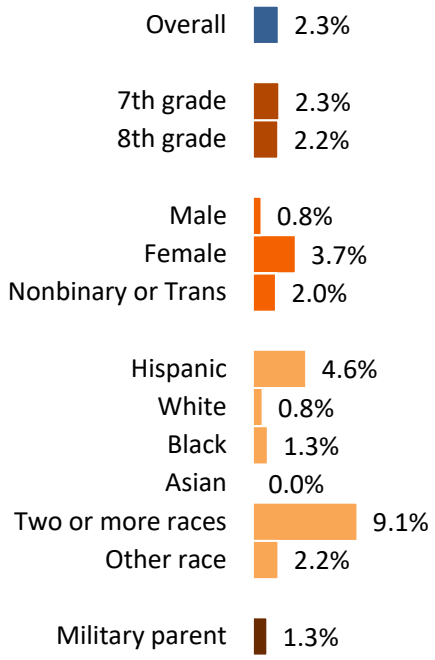
Time period	%
Lifetime	2.9%
Past year	2.3%
Past month	1.7%

EARLY ONSET

0.8%

first used e-cigarettes with something else before age 12

Figure 35. Past year use of e-cigarettes with something else



Overall, 2.9% of students used e-cigarettes with something else during their lifetime, 2.3% in the past year, and 1.7% in the past month.

Past year use of e-cigarettes with something else was more than one standard error (0.3%) above the state average (2.3%) for those:[RA,SE]

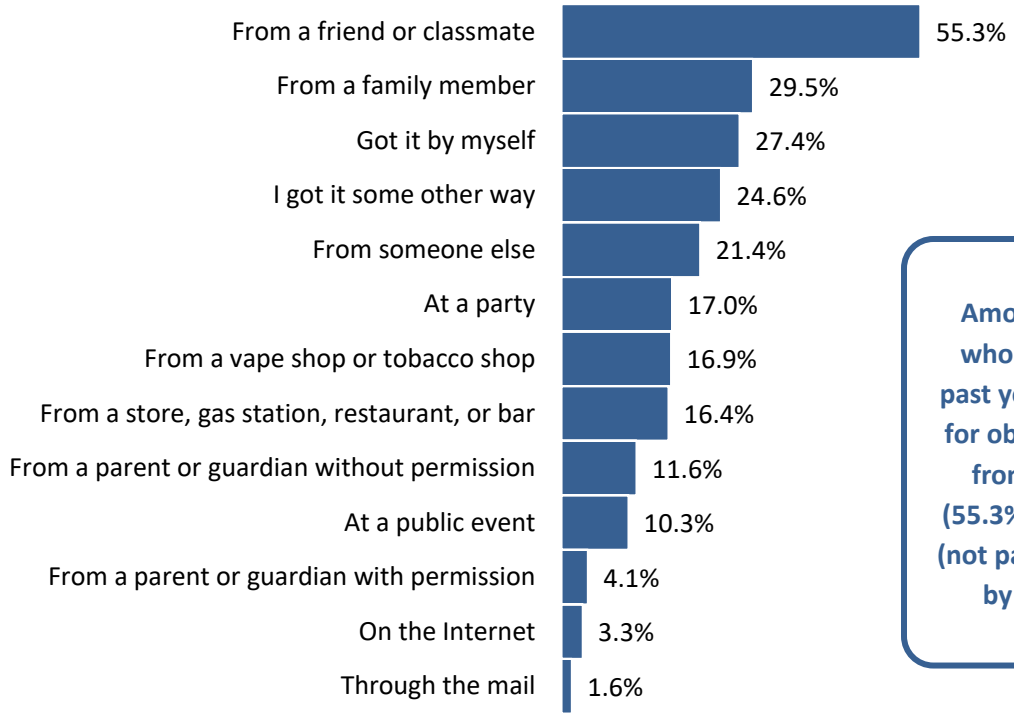
- **identifying as female (3.7%)**
- **identifying as two or more races (9.1%) and Hispanic (4.6%)**

Cigarettes & E-Cigarettes (Vapes)

Sources of e-cigarettes (vapes)

How was this measured?
Students who reported using e-cigarettes in the past year were asked "How did you get or buy e-cigarettes, vape pens, or e-liquid rigs (for example, Puff Bar, Lava, N2, Joyetech)? (check all that apply)" to determine the sources of e-cigarettes.

Figure 36. Sources of e-cigarettes



Among the 8.8% of students who used e-cigarettes in the past year, the top three sources for obtaining e-cigarettes were from a friend or classmate (55.3%), from a family member (not parents) (29.5%), and got it by [themselves] (27.4%).

E-cigarettes were the most frequently used tobacco product among young people, with 3.3% of U.S. middle school students reporting use on the 2022 NYTS.[14]

Females in middle school had higher prevalence of smoking e-cigarettes compared to male students in middle school in the past 30 days (4.1% and 2.5%, respectively). Additionally, more middle school students who identified as transgender reported the current use of any tobacco product (9.1%), compared to those who did not identify as transgender (3.8%).[14]

Marijuana

According to the 2022 NSDUH, marijuana was the most commonly used illicit drug for those aged 12 to 17.[13] It can impair brain development, including learning, memory, and thinking, as well as connections between these areas needed for these functions.[17] Mental illness has been linked to long-term use of marijuana, including temporary paranoia or hallucinations.[17]

In February 2021, Governor Murphy signed three bills into law that (1) legalized and regulated cannabis possession and use for individuals 21 years and older, (2) decriminalized marijuana and hashish possession, and (3) outlined penalties for those under 21 years old who use or possess marijuana and cannabis.[18]

Marijuana use

How was this measured?

Students were asked three questions about their use of "marijuana (pot, hash, weed)." These questions asked about which methods students used to consume marijuana, specifically whether they "smoked marijuana (pot, hash, weed)," "vaped marijuana or THC concentrate," or "ate marijuana in candies, treats, or other foods."

These questions are reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month. The following section includes a combined report of students who indicated using any of these methods to use marijuana.

Table 13.
Use of marijuana by time period

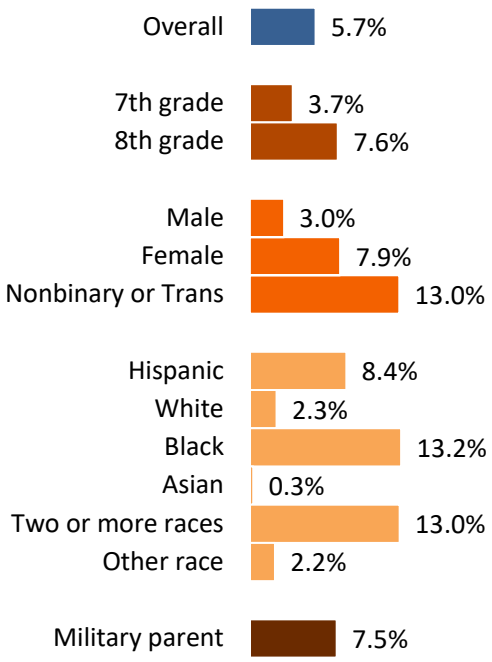
Time period	%
Lifetime	6.5%
Past year	5.7%
Past month	4.0%

EARLY ONSET

1.2%

first used marijuana before age 12

Figure 37. Past year use of marijuana



Marijuana

Overall, 6.5% of students used marijuana during their lifetime, 5.7% in the past year, and 4.0% in the past month.

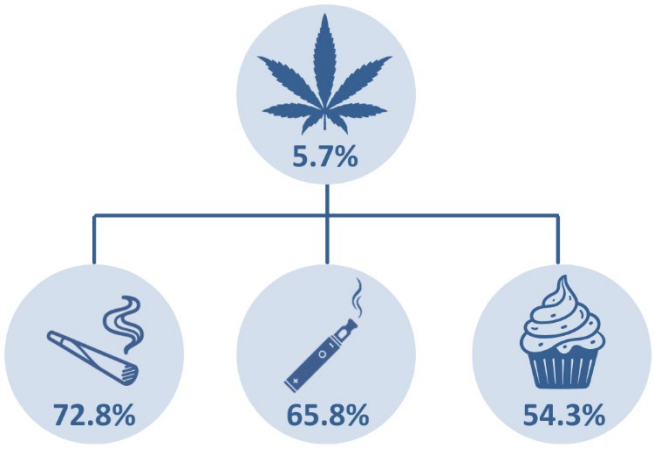
Past year marijuana use was more than one standard error (0.4%) above the state average (5.7%) for those:[RA,SE]

- **in eighth grade (7.6%)**
- **identifying as nonbinary or transgender (13.0%) and female (7.9%)**
- **identifying as Black or African American (13.2%), two or more races (13.0%), and Hispanic (8.4%)**
- **who had a parent or guardian serve in the military (7.5%)**

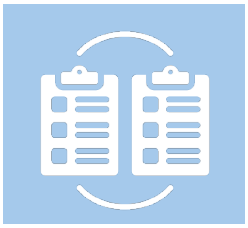
According to the 2022 NSDUH, 11.5% of U.S. youth aged 12 to 17 used marijuana in the past year. There was a higher prevalence of marijuana use among those aged 14 to 15 (10.4%) when compared to those aged 12 to 13 in the past year (3.2%).[13] More females aged 12 to 17 reported using marijuana in the past year (13.0%) than males of the same age (10.0%). Additionally, those aged 12 to 17 who identified as Hispanic or Latino (13.0%), American Indian or Alaska Native (13.0%), and Black or African American (12.3%) reported higher past year rates of use when compared to the total rate for that age group (11.5%).[13]

Use of marijuana by method

Figure 38. Past year use of marijuana by method



Among the 5.7% of students who used marijuana in the past year, 72.8% reported smoking marijuana, 65.8% reported vaping marijuana, and 54.3% reported having eaten marijuana.



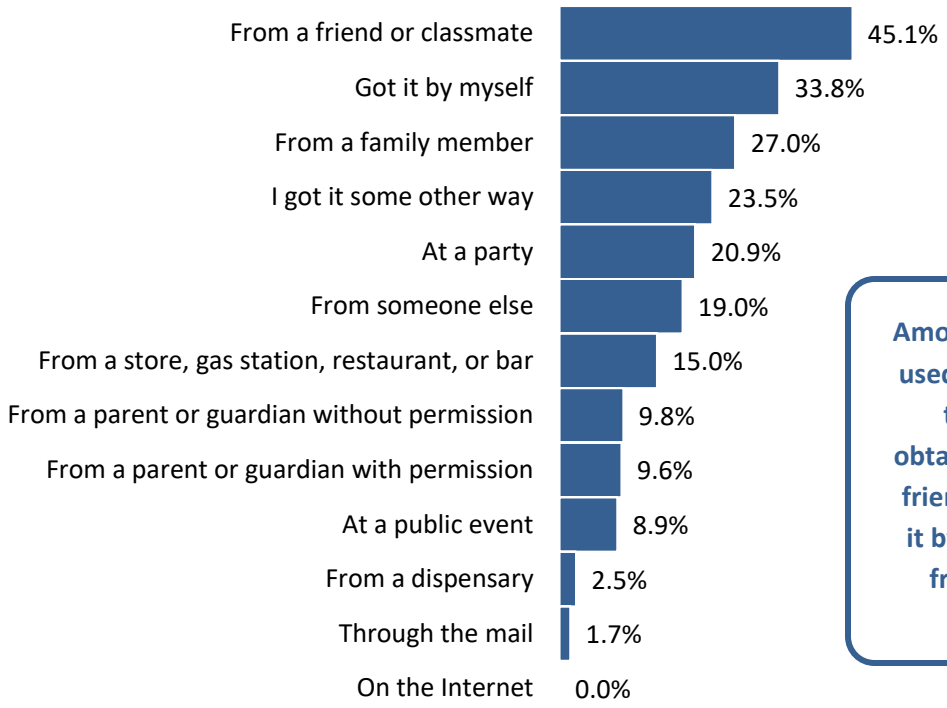
Past year use of marijuana among students who responded to the NJRPFS (5.7%) is lower than U.S. youth aged 12 to 17 who responded to the 2022 NSDUH (11.5%). The relative popularity of various methods of ingestion is similar between the NJ sample and the national sample, with smoking the most common (76.6%), followed by vaping (59.7%), and eating or drinking (36.1%).[19]

Marijuana

Sources of marijuana

> **How was this measured?**
> Students who reported using marijuana in the past year were asked "How did you get or buy marijuana (pot, hash, weed)? (check all that apply)" to determine the sources of marijuana.

Figure 39. Sources of marijuana



Among the 5.7% of students who used marijuana in the past year, the top three sources for obtaining marijuana were from a friend or classmate (45.1%), got it by [themselves] (33.8%), and from a family member (not parents) (27.0%).

Prescription Drugs

According to the 2022 NSDUH, 2.5% of U.S. youth aged 12 to 17 misused prescription drugs, including prescription pain relievers, stimulants, and tranquilizers or sedatives, in the past year.[13] The most common type of prescription drug misused in the past year was pain relievers, followed by stimulants, then tranquilizers or sedatives (1.6%, 0.9%, 0.5%, respectively).[13,19]

How was this measured?

Students were asked three questions about their use of prescription drugs not prescribed to them. These questions asked about which types of prescription drugs students used, specifically "prescription pain relievers (for example, OxyContin, Percocet, Vicodin) not prescribed to you," "prescription stimulants (for example, Ritalin, Adderall, Concerta) not prescribed to you," and "prescription tranquilizers (anti-anxiety medication, for example, Xanax, Valium, Ativan) not prescribed to you."

Responses to these questions are reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month. The following section is a combined report of students indicating misuse of any prescription drugs, specifically use without their own prescription.

Use of prescription drugs not prescribed to them

Table 14.
Use of prescription drugs not prescribed by time period

Time period	%
Lifetime	8.9%
Past year	4.6%
Past month	2.8%

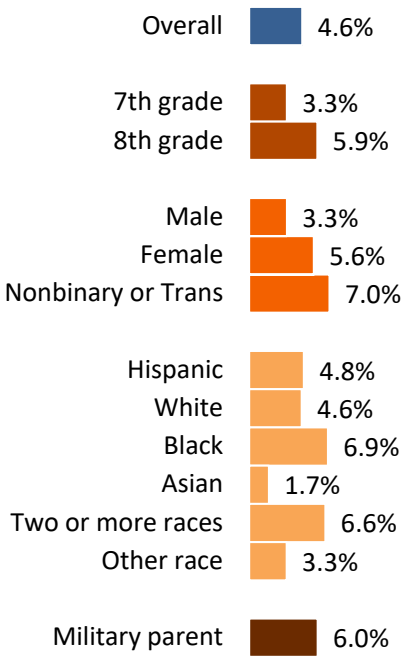
EARLY ONSET

5.3%

first used prescription drugs not prescribed before age 12

Prescription Drugs

Figure 40. Past year use of prescription drugs not prescribed



Overall, 8.9% of students have used prescription drugs that were not prescribed to them during their lifetime, 4.6% in the past year, and 2.8% in the past month.

Past year use of prescription drugs not prescribed was more than one standard error (0.4%) above the state average (4.6%) for those:[RA,SE]

- **in eighth grade (5.9%)**
- **identifying as nonbinary or transgender (7.0%) and female (5.6%)**
- **identifying as Black or African American (6.9%) and two or more races (6.6%)**
- **who had a parent or guardian serve in the military (6.0%)**

According to the 2022 NSDUH, there was a higher prevalence of misusing prescription pain relievers, stimulants, and tranquilizers among those aged 14 to 15 (1.5%, 0.6%, and 0.5%, respectively) when compared to those aged 12 to 13 in the past year (1.4%, 0.4%, and 0.1%, respectively).[13]

More females aged 12 to 17 reported using prescription pain relievers (2.0%) and tranquilizers or sedatives (0.7%) in past year than males of the same age (1.1% and 0.4%, respectively), while more males aged 12 to 17 (1.0%) used prescription stimulants in the past year than females of the same age (0.7%).[13]

Additionally, those aged 12 to 17 who identified as two or more races (3.6%) and Black or African American (2.4%) reported a higher rate for misuse of prescription pain relievers in the past year when compared to the total rate for that age group (1.6%). Those in the same age group who identified as two or more races (2.1%) and White (1.0%) were more likely to report misusing prescription stimulants in the past year when compared to the total rate for that age group (0.9%). Those who identified as White (0.6%) and Hispanic or Latino (0.6%) reported a higher rate for misuse of tranquilizers or sedatives in the past year when compared to the total rate for that age group (0.5%).[13]

The following sections present reported prevalence by prescription drug type.

Prescription Drugs

Pain relievers

How was this measured?
Students were asked if they had "used prescription pain relievers (for example, OxyContin, Percocet, Vicodin) not prescribed to you." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 15.
Use of pain relievers not prescribed by time period

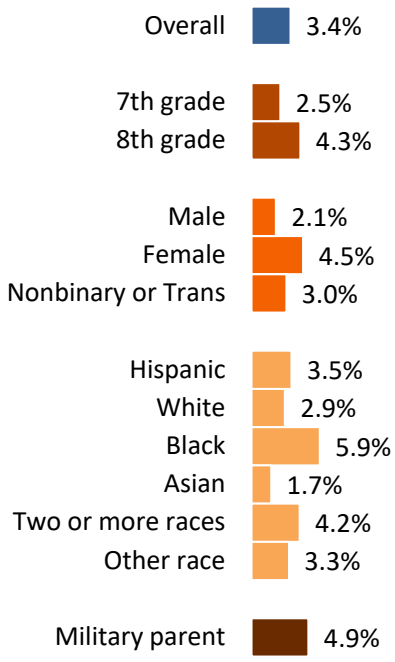
Time period	%
Lifetime	6.8%
Past year	3.4%
Past month	1.8%

EARLY ONSET

4.3%

first used pain relievers not prescribed before age 12

Figure 41. Past year use of pain relievers not prescribed



Overall, 6.8% of students have used pain relievers that were not prescribed to them during their lifetime, 3.4% in the past year, and 1.8% in the past month.

Past year use of prescription pain relievers not prescribed was more than one standard error (0.3%) above the state average (3.4%) for those:[RA,SE]

- **in eighth grade (4.3%)**
- **identifying as female (4.5%)**
- **identifying as Black or African American (5.9%) and two or more races (4.2%)**
- **who had a parent or guardian serve in the military (4.9%)**

Prescription Drugs

Stimulants

How was this measured?
Students were asked if they had "used prescription stimulants (for example, Ritalin, Adderall, Concerta) not prescribed to you." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 16.
Use of stimulants not prescribed by time period

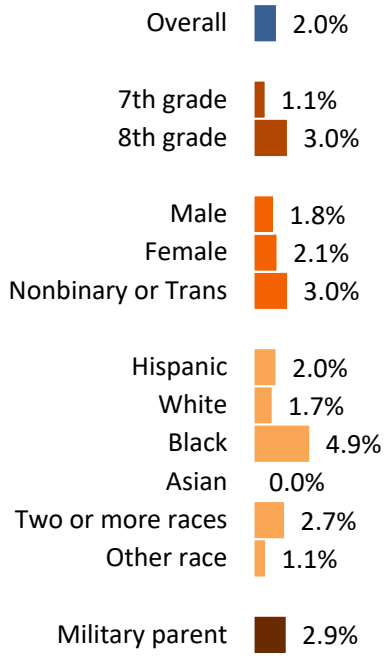
Time period	%
Lifetime	3.6%
Past year	2.0%
Past month	1.4%

EARLY ONSET

1.8%

first used stimulants not prescribed before age 12

Figure 42. Past year use of stimulants not prescribed



Overall, 3.6% of students have used prescription pain relievers that were not prescribed to them during their lifetime, 2.0% in the past year, and 1.4% in the past month.

Past year use of prescription stimulants not prescribed was more than one standard error (0.3%) above the state average (2.0%) for those:[RA,SE]

- **in eighth grade (3.0%)**
- **identifying as nonbinary or transgender (3.0%)**
- **identifying as Black or African American (4.9%) and two or more races (2.7%)**
- **who had a parent or guardian serve in the military (2.9%)**

Prescription Drugs

Tranquilizers

How was this measured?
Students were asked if they had "used prescription tranquilizers (anti-anxiety medication, for example, Xanax, Valium, Ativan) not prescribed to you." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

Table 17.
Use of tranquilizers not prescribed by time period

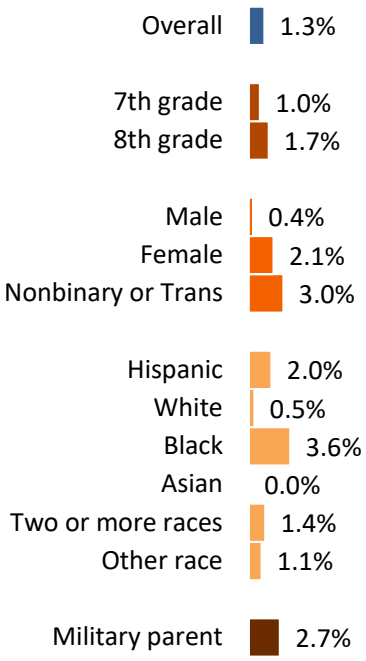
Time period	%
Lifetime	2.1%
Past year	1.3%
Past month	0.9%

EARLY ONSET

0.3%

first used tranquilizers not prescribed before age 12

Figure 43. Past year use of tranquilizers not prescribed



Overall, 2.1% of students have used prescription tranquilizers that were not prescribed to them during their lifetime, 1.3% in the past year, and 0.9% in the past month.

Past year use of tranquilizers not prescribed was more than one standard error (0.2%) above the state average (1.3%) for those:[RA,SE]

- **in eighth grade (1.7%)**
- **identifying as nonbinary or transgender (3.0%) and female (2.1%)**
- **identifying as Black or African American (3.6%) and Hispanic (2.0%)**
- **who had a parent or guardian serve in the military (2.7%)**

Prescription Drugs

Use of prescription drugs not prescribed or differently from prescribed (misuse)

How was this measured?

Students were also asked if they had "used prescription pain relievers, stimulants, or tranquilizers differently from prescribed to you." This question is reported across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month.

In the 2022 NSDUH, prescription drug misuse is defined as "use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor."[19] In order to better compare rates of use in NJ to national samples, the following section presents the combined results of four survey questions: (1) use of any prescription pain relievers not prescribed, (2) use of prescription stimulants not prescribed, (3) use of tranquilizers not prescribed, and (4) those used differently from how they were prescribed to them.

EARLY ONSET

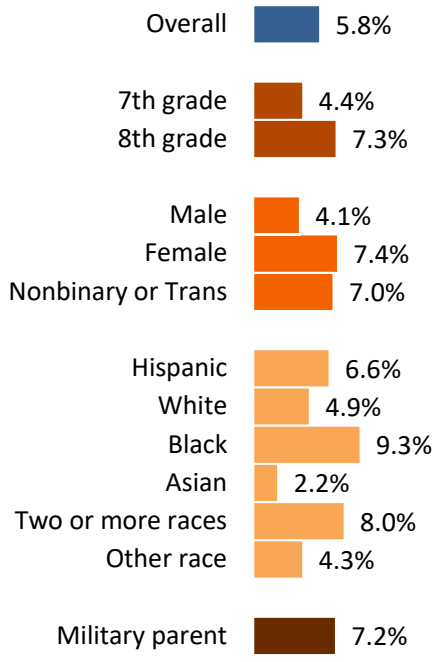
6.3%

first misused any prescription drugs before age 12

Table 18. Misuse of prescription drugs by time period

Time period	%
Lifetime	10.9%
Past year	5.8%
Past month	3.3%

Figure 44. Past year misuse of prescription drugs



Overall, 10.9% of students have used any prescription drugs not prescribed or differently from prescribed to them during their lifetime, 5.8% in the past year, and 3.3% in the past month.

Past year misuse of any prescription drugs was at least one standard error (0.4%) above the state average (5.8%) for those:[RA,SE]

- **in eighth grade (7.3%)**
- **identifying as female (7.4%) and nonbinary or transgender (7.0%)**
- **identifying as Black or African American (9.3%), two or more races (8.0%), and Hispanic (6.6%)**
- **who had a parent or guardian serve in the military (7.2%)**

Other Illicit Drugs

The use of other illicit drugs, such as cocaine, hallucinogens, heroin, and methamphetamines is associated with a high risk of negative outcomes, including school dropout, criminal behavior, injury, and death.[20]

How was this measured?

Students were asked if they had used any of the following illicit drugs: cocaine or crack, heroin (opiates), hallucinogens (PCP, LSD), methamphetamines (meth, speed, crank, crystal meth), Ecstasy (MDMA, Molly), other club drugs (ketamine, GHB, Rohypnol), or anabolic steroids.

Students were asked about these seven substance categories across four time periods: lifetime (ever), early onset (before the age of 12), past year, and past month. The following section is a combined report of students indicating use of any illicit drugs.

Figure 45. Past year use of other illicit drugs

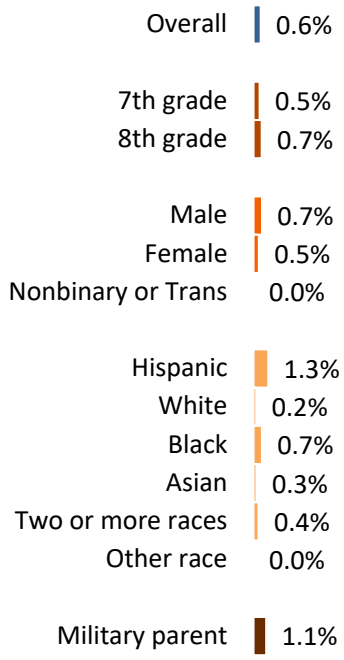


Table 19. Use of other illicit drugs by time period

Time period	%
Lifetime	1.0%
Past year	0.6%
Past month	0.4%

EARLY ONSET

0.5%

first used other illicit drugs before age 12

Overall, 1.0% of students have used other illicit drugs during their lifetime, 0.6% in the past year, and 0.4% in the past month. Compared to the other substances described in this report, fewer students indicated using other illicit drugs.

Past year use of other illicit drugs was more than one standard error (0.1%) above the state average (0.6%) for those:[RA,SE]

- **identifying as Hispanic (1.3%)**
- **who had a parent or guardian serve in the military (1.1%)**

According to the 2022 Monitoring the Future survey, less than 1.3% of eighth grade students reported using each of these other illicit drugs in the past year: cocaine, crack, heroin, hallucinogens, LSD, Ecstasy, methamphetamine, and Rohypnol.[11] This is consistent with the 2022 NSDUH, in which none of the following individual substances were used by more than 1.4% of U.S. youth aged 12 to 17 in the past year: cocaine, heroin, hallucinogens, LSD, PCP, Ecstasy, or methamphetamine.[13]

Polysubstance Use

Polysubstance use, as defined by the use of more than one substance during a specified time period, has been found to predict early depressive symptoms in youth, which then leads to higher risk for more polysubstance use over time, creating a cycle with increased risk of depressive symptoms in the future.[21] Research finds it correlated with lower academic grades, higher sensation seeking, and older age.[22]

How was this measured?

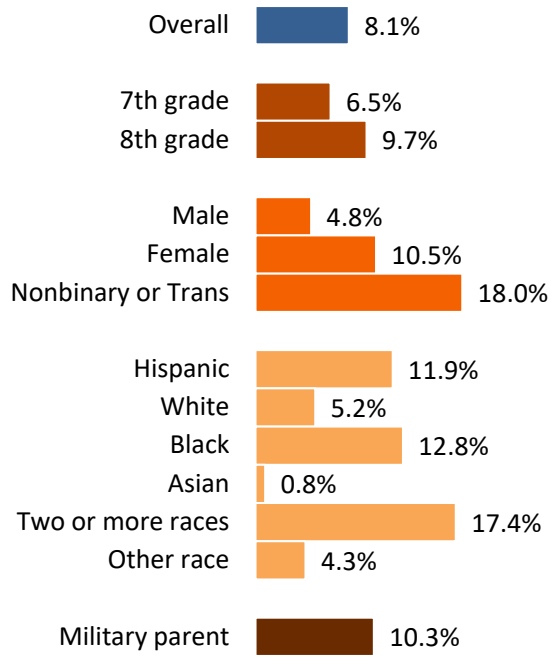
Shown here is the percentage of students who reported using two or more substances at any age across three time periods: lifetime (ever), past year, and past month.

These were the substances considered for polysubstance analysis: alcohol, cigarettes, e-cigarettes (with any substance), marijuana (by any method), prescription drugs (any type), cocaine or crack, heroin, hallucinogens, methamphetamines, Ecstasy, other club drugs, or anabolic steroids.

Table 20.
Polysubstance use by time period

Time period	%
Lifetime	12.5%
Past year	8.1%
Past month	4.3%

Figure 46. Past year polysubstance use



Overall, 12.5% of students have used more than one substance during their lifetime, 8.1% in the past year, and 4.3% in the past month.

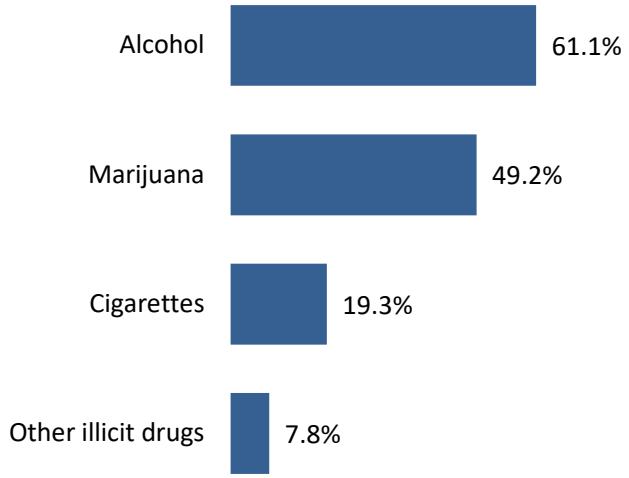
Past year polysubstance use was more than one standard error (0.5%) above the state average (8.1%) for those:[RA,SE]

- **in eighth grade (9.7%)**
- **identifying as nonbinary or transgender (18.0%) and female (10.5%)**
- **identifying as two or more races (17.4%), Black or African American (12.8%), and Hispanic (11.9%)**
- **who had a parent or guardian serve in the military (10.3%)**

These findings are consistent with recent literature that has found polysubstance use to be highly prevalent among adolescents who use e-cigarettes.[23]

Polysubstance Use

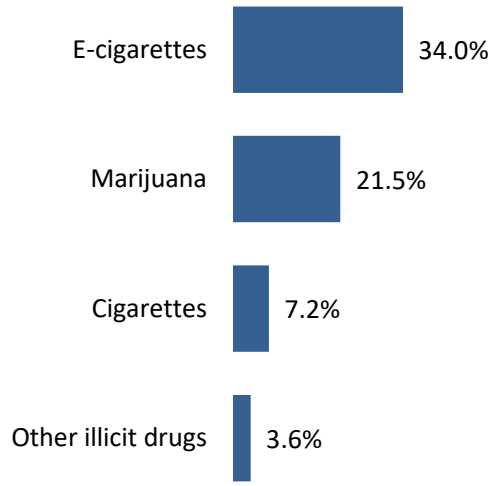
Figure 47. Lifetime co-use of e-cigarettes and other substances



Among the 11.1% of students who used e-cigarettes during their lifetime:

- **61.1% also used alcohol**
- **49.2% also used marijuana**
- **19.3% also smoked cigarettes**
- **7.8% also used other illicit drugs in their lifetime.**

Figure 48. Lifetime co-use of alcohol and other substances



Among the 20.1% of students who used alcohol during their lifetime:

- **34.0% also used e-cigarettes**
- **21.5% also used marijuana**
- **7.2% also smoked cigarettes**
- **3.6% also used other illicit drugs in their lifetime.**

A Closer Look:

Probabilities of Substance Use Based on Risk and Protective Factors

This section examines the relationship of five substances (i.e., alcohol, e-cigarettes, marijuana, prescription drugs, and cigarettes) with risk and protective factors. Each risk and protective factor was entered into a separate logistic regression as a continuous predictor (ranging from 0 to 1) of each substance use outcome (used/not). For a complete table with substance use probabilities as a function of all 20 risk factors and five protective factors, please see *Supplementary Information*. In this section, we highlight the results for six factors: one within each of the four risk domains ("Community," "Family," "School," and "Peer and Individual") and one within each of the two protective domains ("School" and "Peer and Individual"). All probabilities are predictions based on the data collected. Differences across substances were not tested for statistical significance.

Risk factors

Figure 49. Probability of substance use by "laws and norms favorable to drug use" score

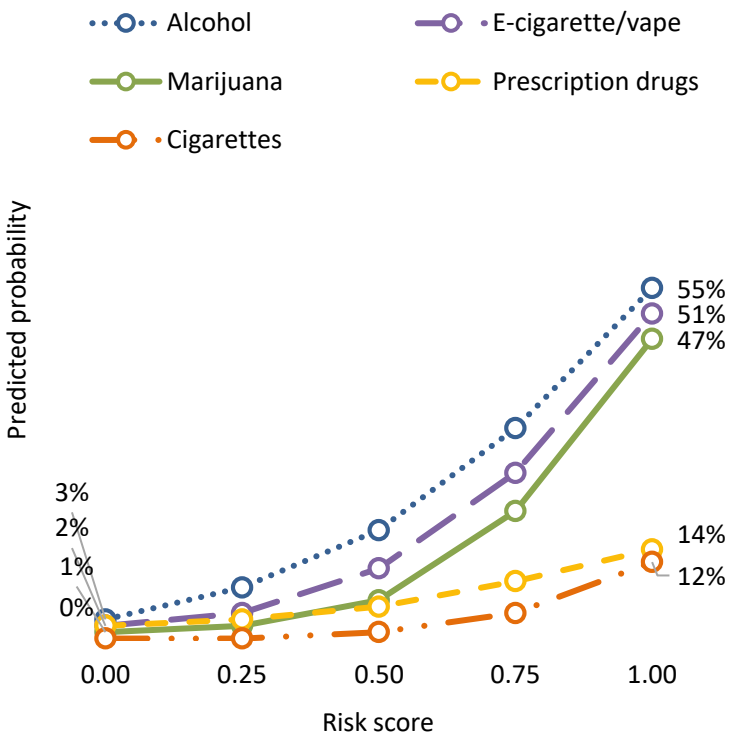


Figure 49 presents the probability of substance use in the past year as a function of students' scores on the risk factor "laws and norms favorable to drug use." This factor is one of six within the Community Risk domain. As the risk score increased from 0 to 1, predicted substance use increased for the five substances displayed: alcohol, cigarettes, e-cigarettes, marijuana, and prescription drugs. Students with the highest levels of risk have probabilities of alcohol, marijuana, and e-cigarette use that exceed 46%.

At the lowest levels of risk, probabilities for all substances approached 0%. This figure exemplifies a pattern observed among all but the final factor presented in this section: slopes appear steeper for alcohol, marijuana, and e-cigarettes relative to prescription drugs and cigarettes. That is, as most of these risk factors increase, so do rates of substance use; however, rates of alcohol, marijuana, and e-cigarettes use appear to increase faster than do rates of prescription drugs and cigarettes.

A Closer Look:

Probabilities of Substance Use Based on Risk and Protective Factors

Figure 50. Probability of substance use by "parental attitudes favorable to drug use" score

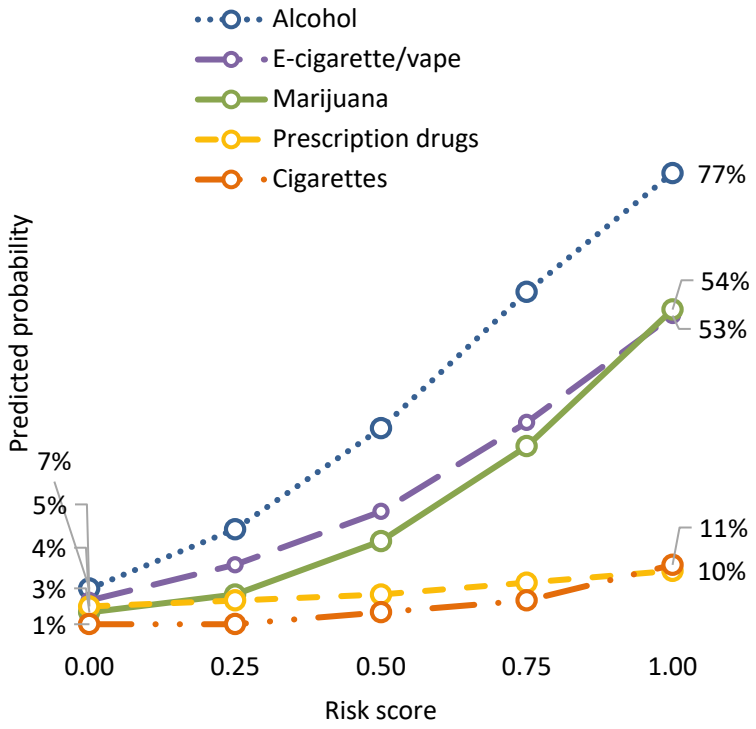


Figure 50 shows that the probability of past-year use for all five substances increased as the risk factor "parental attitudes favorable to drug use" increased from 0 to 1. This factor is one of three in the Family Risk domain. At the highest parental favorability levels, risk of student alcohol use was 77%.

Figure 51. Probability of substance use by "low commitment to school" score

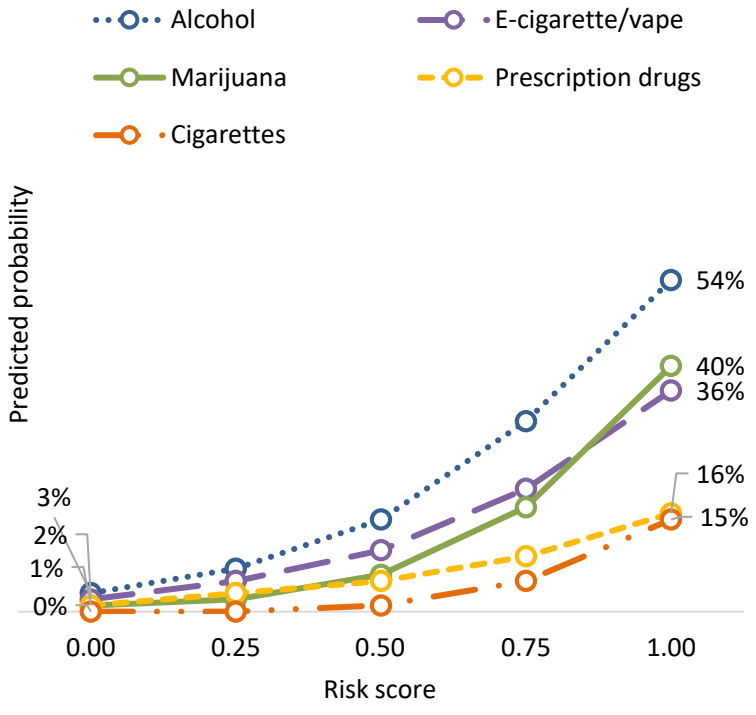


Figure 51 shows that the probability of substance use in the past year increased as the risk factor "low commitment to school" increased from 0 to 1. This factor is one of two in the School Risk domain. At the highest levels of risk, probabilities ranged from 15% for cigarettes to 54% for alcohol. No relationship was observed between "low commitment to school" and cigarette use below the average score (0.41).

A Closer Look:

Probabilities of Substance Use Based on Risk and Protective Factors

Figure 52. Probability of substance use by "perceived risks of drug use" score

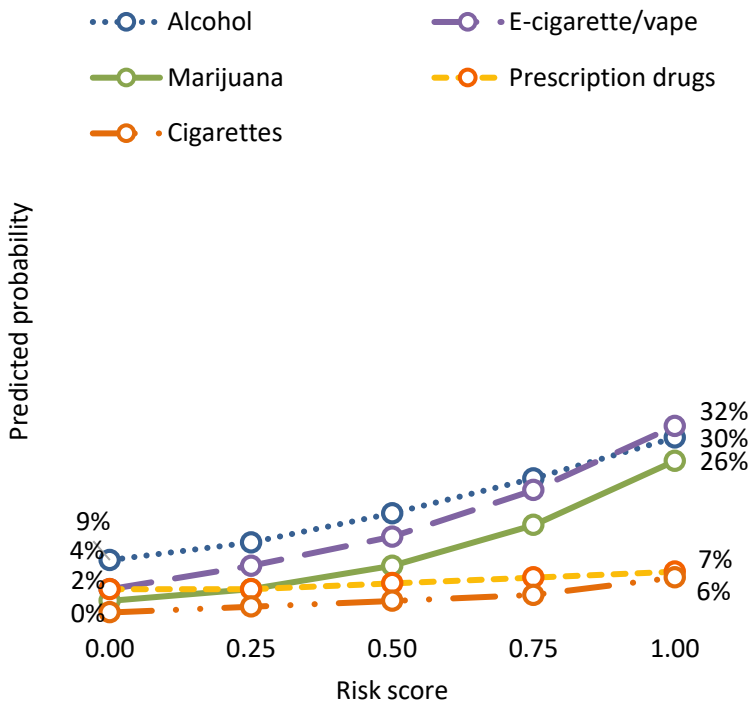


Figure 52 shows that the probability of using each substance increased as scores on "perceived risks of drug use" (i.e., how likely marijuana, alcohol, and cigarettes are to cause harm) increased. Perceived risks of drug use was the factor with the highest average risk score in both 2021 and 2023; however, for all score levels and all substances, the predictive power of this factor appears weaker than all of the three other risk factors featured in this report. That is, although students were likely to agree that using substances is harmful, the extent of their agreement did not predict their use of substances as strongly as the factors shown in other figures.

A Closer Look:

Probabilities of Substance Use Based on Risk and Protective Factors

Protective factors

Figure 53. Probability of substance use by "school opportunities for prosocial involvement" score

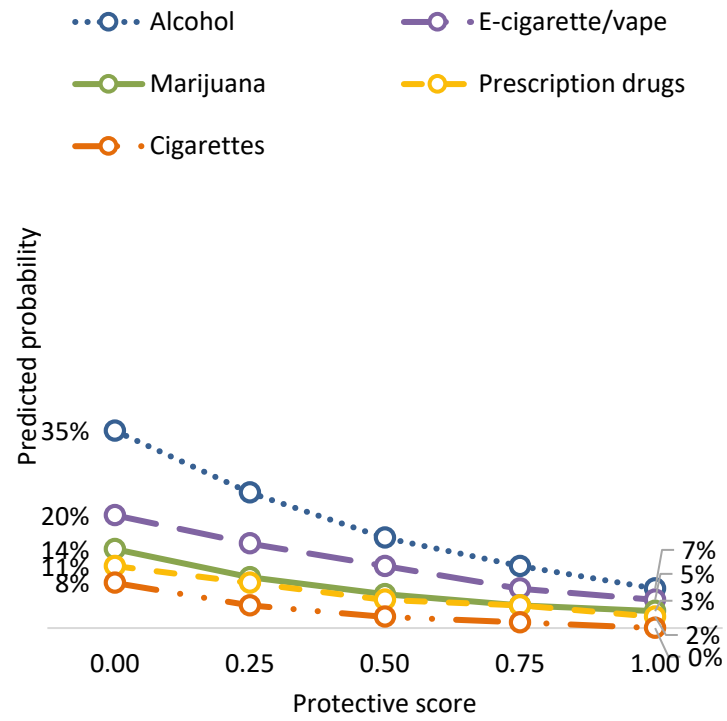


Figure 53 shows that the probability of substance use in the past year decreased as the scores on the protective factor "school opportunities for prosocial involvement" increased from 0 to 1. Alcohol appears most sensitive to the protective effect of this factor. This is one of two protective factors in the School domain; the other factor ("school rewards for prosocial involvement") shows a similar pattern.

Figure 54. Probability of substance use by "interaction with prosocial peers" score

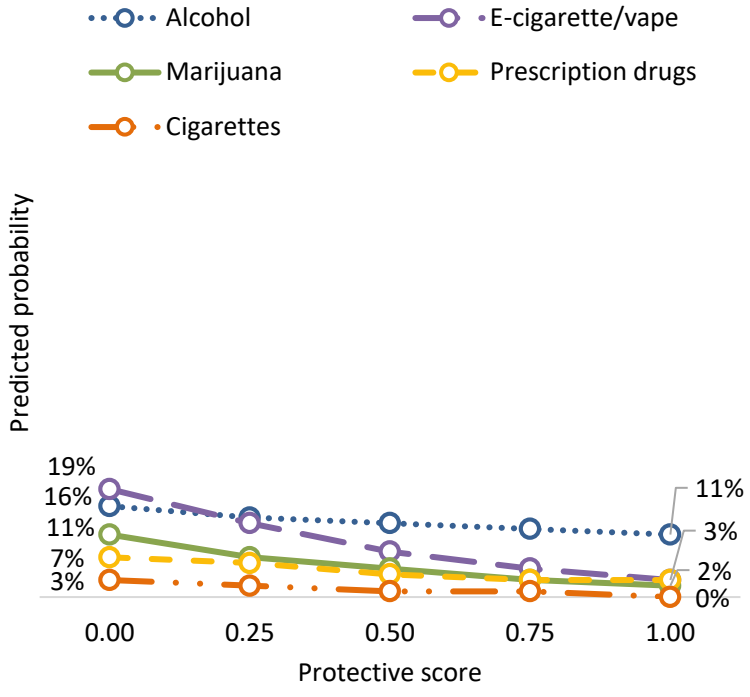


Figure 54 shows that, on average, the probability of substance use the past year decreased as the protective factor "interaction with prosocial peers" increased. In contrast to the protective effect of opportunities for prosocial involvement at school, interaction with prosocial peers appears to have almost no effect on the probability of alcohol use; the protective effect is strongest for use of e-cigarettes.

Suspension & Antisocial Behaviors

Antisocial behaviors are defined as behaviors that go against cultural norms, rules, or laws and personal rights.[24] Along with drug use, youth violence and other antisocial behaviors continue to be a major concern for the prevention community.[25] Youth violence is widespread and can have long-term effects on young people's mental, physical, and social health.[25] School suspension, although not an antisocial behavior, is also presented in this section because of its traditional use as a management tool for addressing antisocial behaviors.[24]

This section displays trends from 2012 to 2023, followed by prevalence rates for each commonly reported antisocial behavior, and predictions based on risk and protective factors. For a table with prevalence of all behaviors by county, please see Appendix B. For a table with prevalence of all behaviors by grade, gender, and race/ethnicity, please see the accompanying *Supplementary Information*.

This section also highlights demographic subgroups with higher-than-average rates of each of the antisocial behaviors, as defined by one standard error or more above the state mean.[RA,SE]

Looking Back: 10-Year Trends

Trends data for suspension and antisocial behaviors are presented for two time periods: lifetime (ever) and past year.

Table 21. Suspension and antisocial behaviors trends, 2012–2023

Behavior	2012 (%)	2015 (%)	2021 (%)	2023 (%)
Lifetime				
Got suspended	-	-	11.4	17.8
Attacked someone with intent to harm	-	-	6.4	16.0
Carried a handgun	-	-	2.4	5.8
Got drunk or high at school	-	-	-	3.4
Belonging to a gang	-	-	2.4	2.0
Stole or tried to steal a motor vehicle	-	-	-	1.6
Got arrested	-	-	0.9	0.8
Took a handgun to school	-	-	-	0.7
Sold drugs	-	-	-	0.5

Suspension & Antisocial Behaviors

Table 21. Suspension and antisocial behaviors trends, 2012–2023 (continued)

Behavior	2012 (%)	2015 (%)	2021 (%)	2023 (%)
Past year				
Got suspended	9.6	7.2	8.1	12.9
Attacked someone with intent to harm	7.9	7.0	5.6	11.8
Carried a handgun	1.6	2.3	2.5	2.9
Got drunk or high at school	3.3	1.8	2.2	2.9
Stole or tried to steal a motor vehicle	0.5	0.8	0.7	0.5
Got arrested	2.0	1.5	1.0	0.4
Sold drugs	1.3	0.8	0.8	0.1
Took a handgun to school	0.3	0.7	0.9	0.0

The rate of getting suspended from school in the past year in 2023 exceeds the past year rate from 2012 (12.9% and 9.6%, respectively). In the past year, the most frequently reported antisocial behaviors were attacking someone with intent to harm (11.8%), carrying a handgun (2.9%), and getting drunk or high at school (2.9%). Rates of attacking someone with the intent to harm (11.8%) and carrying a handgun (2.9%) in the past year also exceed the past year rates from 2012 (7.9% and 1.6%, respectively).[NT]

Past year rates for less frequent antisocial behaviors, such as getting arrested, selling drugs, and taking a handgun to school have decreased between 2012 and 2023. Stealing or trying to steal a motor vehicle returned to the 2012 rate (0.5%). While getting drunk or high at school increased slightly from 2021 (from 2.2% to 2.9%), the 2023 rate did not exceed 2012 (3.3%).[NT]

School Suspension

Over 60,000 NJ students were suspended from school at least once during the 2022-2023 school year.[26] Research has shown that Black adolescents are more likely to receive minor infraction suspensions than their White peers, and that Black adolescents who receive minor infraction suspensions report poor school climate the following year, as well as lower grades one to two years following.[27]

How was this measured?
Students were asked if they had been "suspended from school" across three time periods: lifetime (ever), early onset (before the age of 12), and past year.

Table 22. Suspension by time period

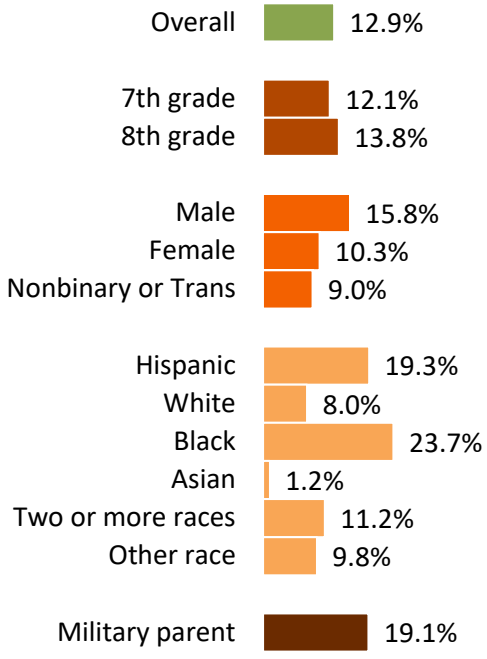
Time period	%
Lifetime	17.8%
Past year	12.9%

EARLY ONSET

8.6%

first got suspended before age 12

Figure 55. Past year suspension



Overall, 17.8% of students had been suspended during their lifetime and 12.9% in the past year.

Past year getting suspended was more than one standard error (0.6%) above the state average (12.9%) for those:[RA,SE]

- **in eighth grade (13.8%)**
- **identifying as male (15.8%)**
- **identifying as Black or African American (23.7%) and Hispanic (19.3%)**
- **who had a parent or guardian serve in the military (19.1%)**

These findings are consistent with those from the 2022-2023 Student Safety and Discipline report from the NJDOE, which reports that male students were suspended more frequently than female students. Additionally, Black students were more frequently suspended, followed by those who identify as two or more races, then Latino/a students, compared to students of other races.[26]

Attacking Someone with Intent to Harm

Various forms of child maltreatment have been found to be predictive of aggression and violence in adolescents.[28] An increased likelihood of suicidal ideation has been connected to physical fighting amongst high school students.[29]

How was this measured?
Students were asked if they had "attacked someone with the idea of seriously hurting them" across three time periods: lifetime (ever), early onset (before the age of 12), and past year.

Table 23. Attacking someone with intent to harm by time period

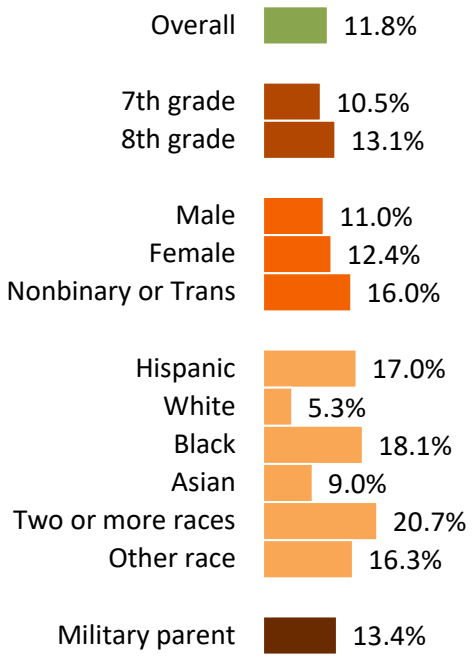
Time period	%
Lifetime	16.0%
Past year	11.8%

EARLY ONSET

8.6%

first attacked someone with intent to harm before age 12

Figure 56. Past year attacking someone with intent to harm



Overall, 16.0% of students reported they had attacked someone with intent to harm during their lifetime and 11.8% in the past year.

Past year attacking someone with the intent to harm was more than one standard error (0.6%) above the state average (11.8%) for those:[RA,SE]

- **in eighth grade (13.1%)**
- **identifying as nonbinary or transgender (16.0%)**
- **identifying as two or more races (20.7%), Black or African American (18.1%), Hispanic (17.0%), and Other race (16.3%)**
- **who had a parent or guardian serve in the military (13.4%)**

According to the 2021 Youth Risk Behavior Survey (YRBS), 18.3% of U.S. high school students were in a physical fight and 5.8% were in a physical fight on school property one or more times in the past year.[30] Physical fights were more prevalent amongst males than females in general (23.2% and 13.1%, respectively) and at school (8.1% and 3.2%, respectively). American Indian or Alaska Native (30.9%), Black (25.8%), and those who identified as multiple races (21.0%) had the highest prevalence rates of physical fighting. Lastly, physical fighting was most prevalent amongst ninth-grade students (22.3%) when compared to their older peers (18.5% of tenth-grade students, 16.5% of eleventh-grade students, and 15.3% of twelfth-grade students).[30]

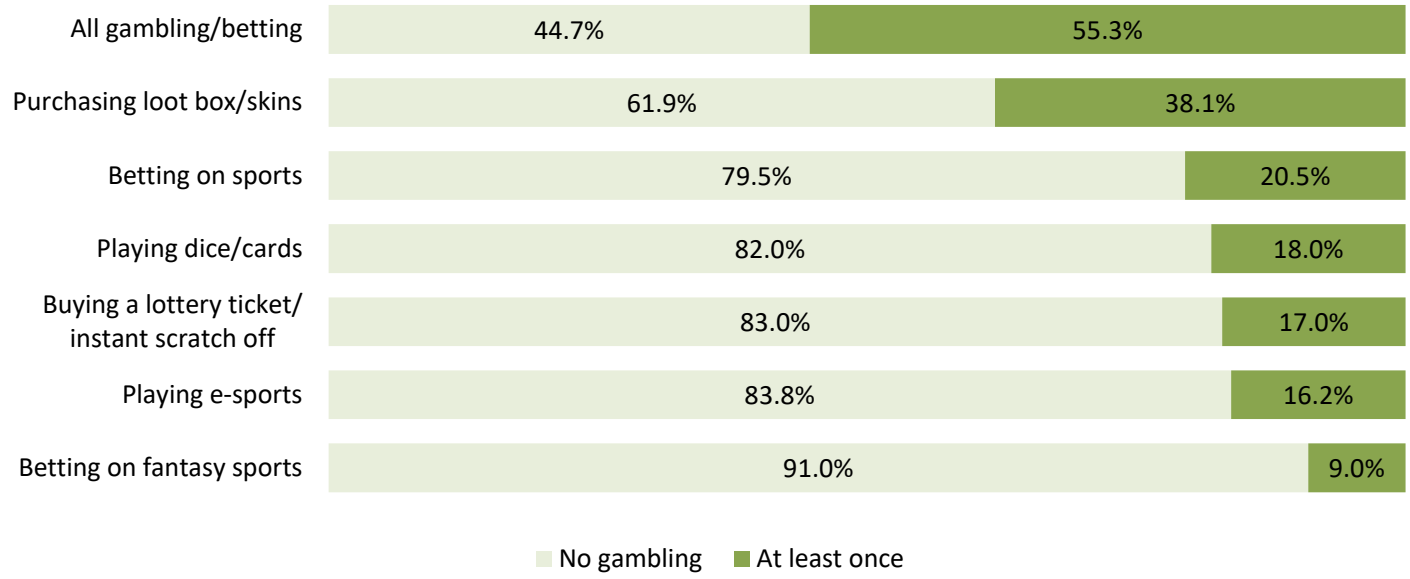
Gambling or Betting

Gambling behaviors have been associated with tobacco, alcohol, and illicit drug use.[31,32]

How was this measured?
Students were asked, "How many times have you bet or gambled something in any of the following ways?" during the past year. The six listed ways of gambling were: betting on sports (for example, NCAA March Madness), betting on fantasy sports, playing e-sports (for example, FIFA, Madden) for money or something of value, purchasing a loot box or skins in a video game (for example, in Fortnite, Overwatch), buying a lottery or instant scratch-off lottery ticket, and playing dice or cards for money (or something of value).

The following section includes a combined report of students who indicated participation in any of these activities in the past year.

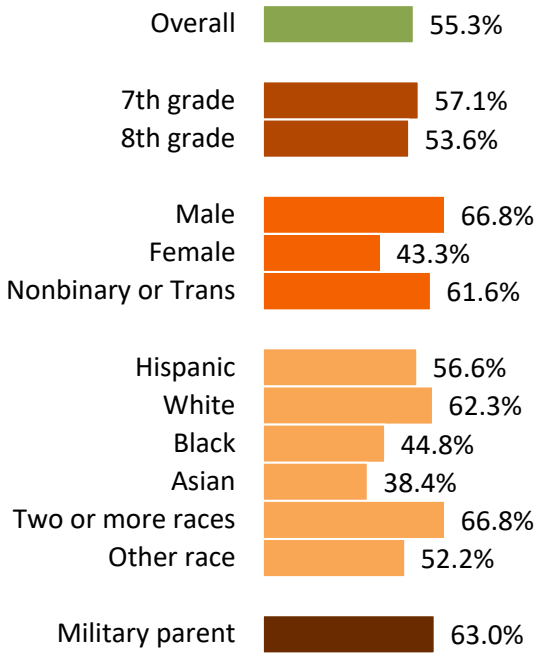
Figure 57. Gambling/betting behaviors[RO]



More than half (55.3%) of all students engaged in any gambling/betting activities.

Gambling or Betting

Figure 58. Past year gambling/betting



Past year gambling or betting was more than one standard error (0.9%) above the state average (55.3%) for those:[RA,SE]

- **in seventh grade (57.1%)**
- **identifying as male (66.8%) and nonbinary or transgender (61.6%)**
- **identifying as two or more races (66.8%), White (62.3%), and Hispanic (56.6%)**
- **who had a parent or guardian serve in the military (63.0%)**

A 2019 study found that younger adolescents were more likely than older adolescents to report problems with gambling, and males were more likely to be at risk for problems with gambling than females.[32]

Less Common Antisocial Behaviors

This section presents data on less frequently reported antisocial behaviors, including carrying a gun, belonging to a gang, getting arrested, and selling drugs. Parental interpersonal violence and childhood physical neglect before the age of five have been found to increase the likelihood that youth will participate in delinquent behavior.[33] Additionally, youth who experienced at least three adverse childhood experiences were significantly more likely to participate in delinquent behavior when compared to those who had never experienced an adverse childhood experience.[33] Increased delinquent behavior has been moderately predicted by academic underachievement, or performing below standardized cognitive and mental ability tests in school, even when controlling for attention deficits.[34]

How was this measured?

Students were asked if they had carried a handgun, been arrested, belonged to a gang, sold illegal drugs, stolen or tried to steal a motor vehicle such as a car or motorcycle, been drunk or high at school, or taken a handgun to school across three time periods: lifetime (ever), early onset (before the age of 12), and past year.

Table 24. Participation in less common antisocial behaviors by time period

Behavior	Lifetime	Early onset	Past year
Carried a gun	5.8%	3.6%	2.9%
Been drunk or high at school	3.4%	0.5%	2.9%
Belonged to a gang	2.0%	0.9%	-
Stole a car	1.6%	1.1%	0.5%
Got arrested	0.8%	0.3%	0.4%
Took a gun to school	0.7%	0.4%	0.0%
Sold drugs	0.5%	0.4%	0.1%

- Gang membership was not asked with respect to this time period

During their lifetime, 5.8% of students carried a handgun, 3.4% have gotten drunk or high at school, and 2.0% have belonged to a gang.

During the past year, 2.9% of students carried a handgun, 2.9% reported getting drunk or high at school, and 0.5% have stolen or tried to steal a motor vehicle such as a car or motorcycle.

According to the 2021 YRBS, 3.5% of U.S. high school students carried a gun in the past year and 3.1% carried a weapon on school property in the past month.[30]

A Closer Look:

Probabilities of Antisocial Behaviors Based on Risk and Protective Factors

This section examines the relationships of four antisocial behaviors (school suspension, attacking someone with the intent to harm, getting drunk or high at school, and selling drugs) with risk and protective factors. Each risk or protective factor was entered into a separate logistic regression as a continuous predictor (ranging from 0 to 1) of each behavior. For a complete table with antisocial behaviors probabilities as a function of all 20 risk factors and five protective factors, please see the accompanying *Supplementary Information*. In this section, we highlight the results for six factors: one in each of the four risk domains ("Community," "Family," "School," and "Peer and Individual") and one in each of the two protective domains ("School" and "Peer and Individual"). All probabilities are predictions based on the data collected. Differences across substances were not tested for statistical significance.

Risk factors

Figure 59. Probability of antisocial behaviors by "low neighborhood attachment" score

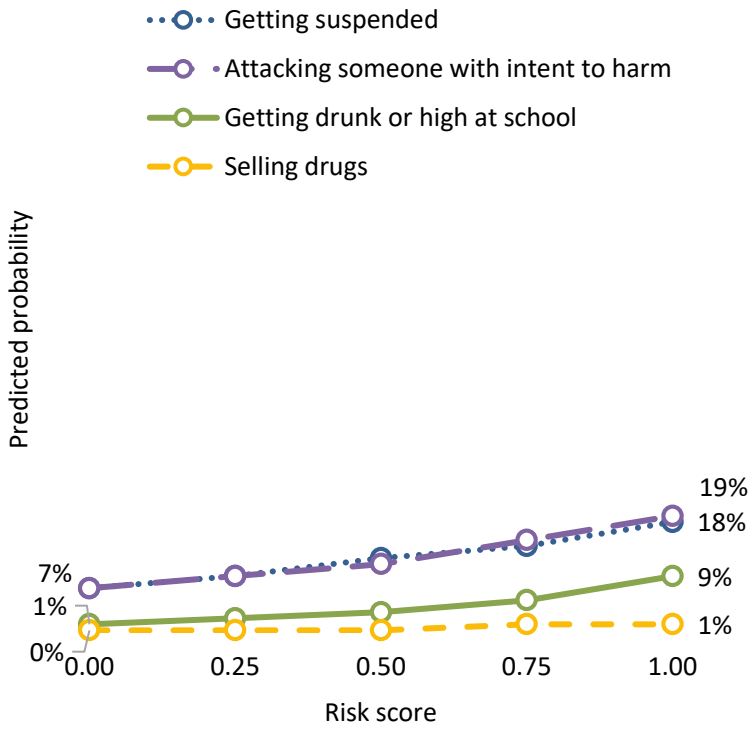


Figure 59 presents the probability of antisocial behaviors in the past year as a function of students' scores on the risk factor "low neighborhood attachment." This factor is one of six in the Community Risk domain. As the risk score increased from 0 to 1, the probabilities increased for getting suspended, attacking with intent to harm, and getting drunk or high at school. Even at the highest level of risk, no probabilities exceeded 19%.

A Closer Look:

Probabilities of Antisocial Behaviors Based on Risk and Protective Factors

Figure 60. Probability of antisocial behaviors by "parental attitudes favorable toward antisocial behaviors" score

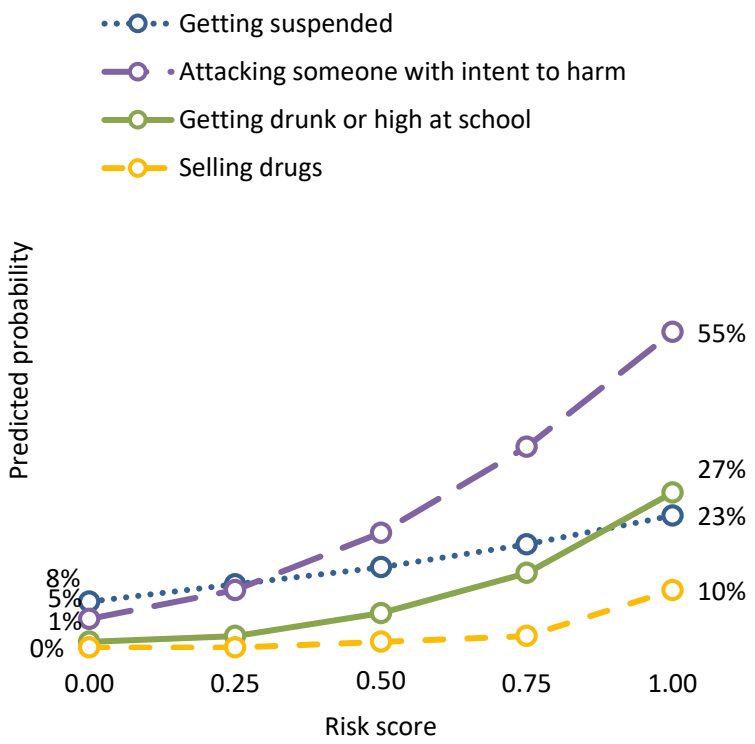


Figure 60 presents the probability of antisocial behaviors in the past year as a function of students' perceptions of their parents' attitudes toward antisocial behaviors. As the risk score on this Family domain factor increased from 0 to 1, probabilities of antisocial behaviors increased, albeit at varying rates across specific behaviors. The relationship between "parental attitudes favorable toward antisocial behavior" and antisocial behaviors resembles the relationship between "parental attitudes favorable toward drug use" and substance use.

Figure 61. Probability of antisocial behaviors by "low commitment to school" score

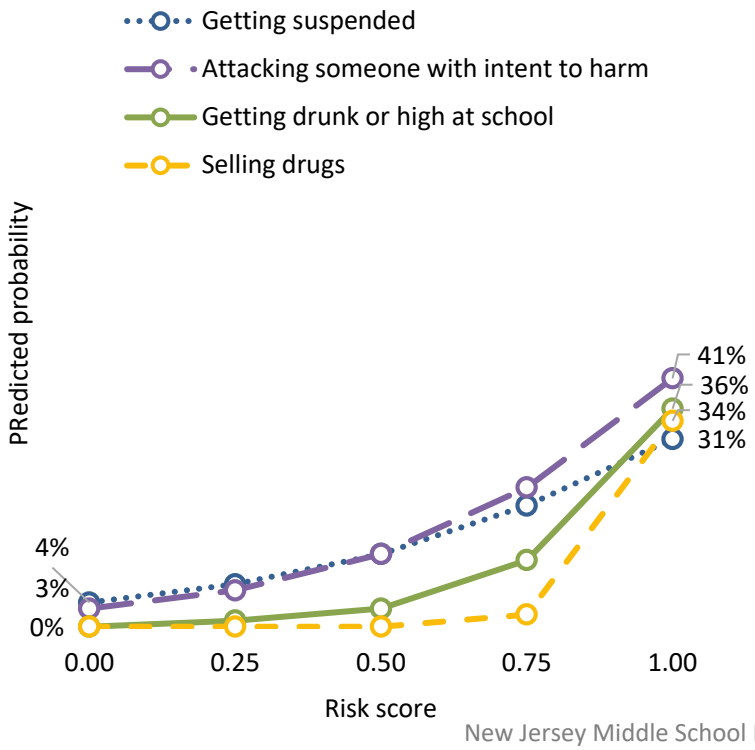


Figure 61 presents the probability of antisocial behaviors in the past year as a function of students' reported level of commitment to school. This factor is a strong predictor of antisocial behavior outcomes relative to many other risk factors, a pattern also observed with substance use outcomes. As the risk score on this School domain factor increased from 0 to 1, the probability of all antisocial behaviors also increased, particularly at the highest levels of risk.

A Closer Look:

Probabilities of Antisocial Behaviors Based on Risk and Protective Factors

Figure 62. Probability of antisocial behaviors by "favorable attitudes toward antisocial behavior" score

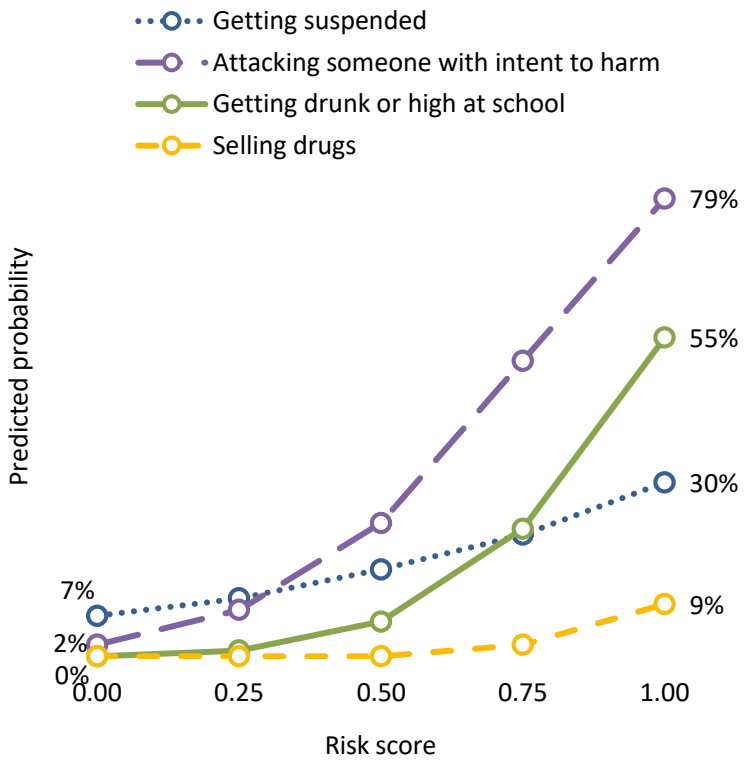


Figure 62 shows that the probability of antisocial behaviors increased as students' "favorable attitudes toward antisocial behavior" increased from 0 to 1. The effect on probability of attacking someone was dramatic; with probabilities of the behavior ranging from 2% at the lowest levels of risk to 79% at the highest levels. At average levels of risk (factor mean=.25), the probability of attacking someone was 8%.

A Closer Look:

Probabilities of Antisocial Behaviors Based on Risk and Protective Factors

Protective factors

Figure 63. Probability of antisocial behaviors by "school opportunities for prosocial involvement" score

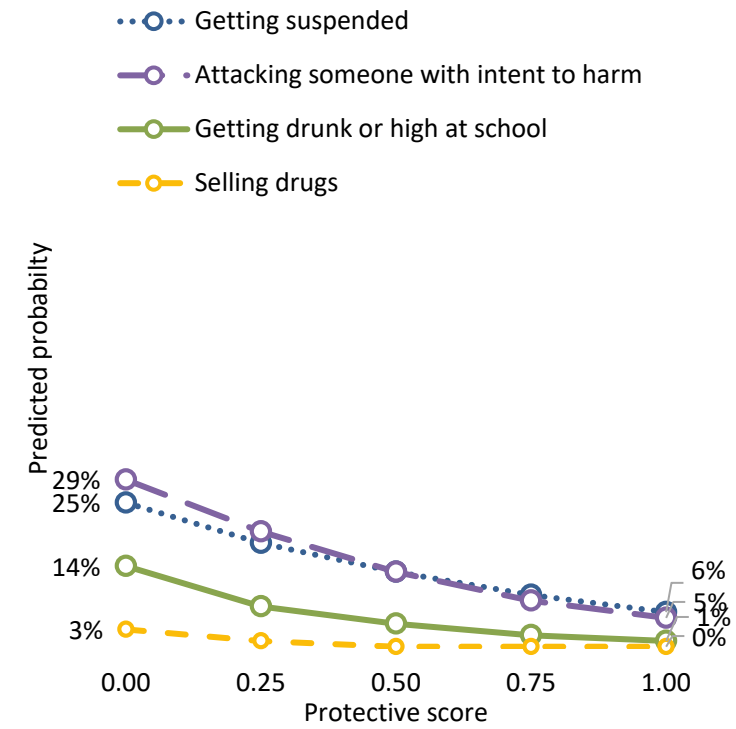


Figure 63 presents the probability of antisocial behaviors in the past year as a function of students' perceived "school opportunities for prosocial involvement" (e.g., chances to be part of class activities). As protective scores increased from 0 to 1, the probability of engaging in antisocial behaviors decreased by a maximum of 23 percentage points. This is one of two protective factors in the School domain; the other factor ("school rewards for prosocial involvement") shows a similar downward slope.

Figure 64. Probability of antisocial behaviors by "interaction with prosocial peers" score

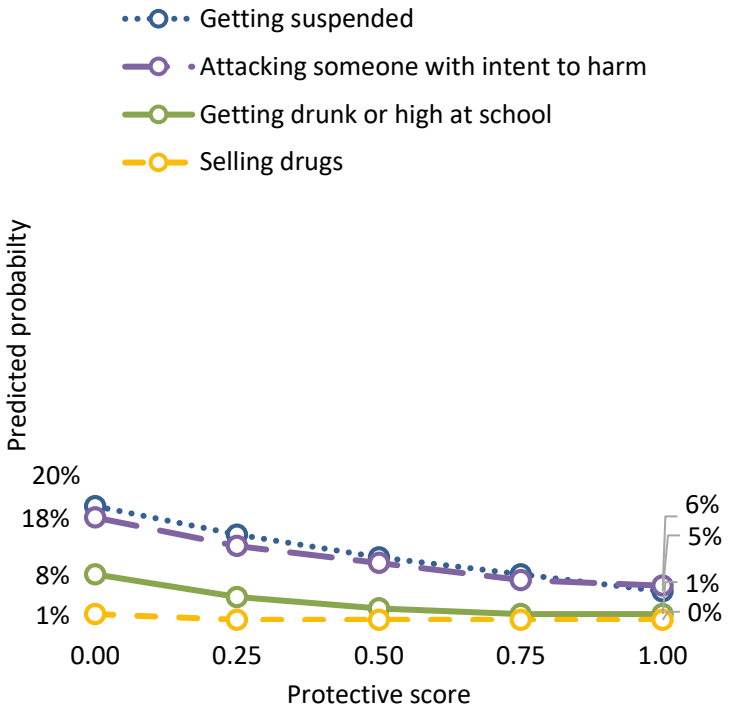
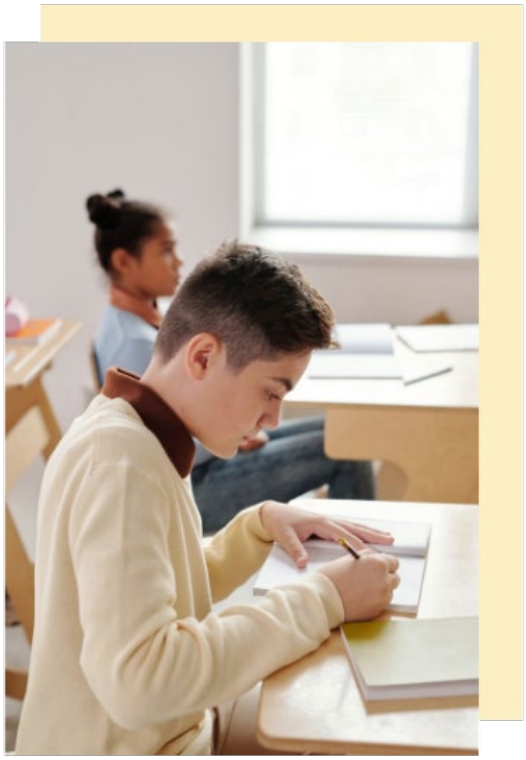


Figure 64 presents the probability of antisocial behaviors in the past year as a function of one of three factors in the Peer and Individual domain. Similar to the relationship of "interaction with prosocial peers" with substance use, here we find shallow downward slopes, suggesting a weak protective effect. The data collected do not demonstrate an apparent effect of protective factors on the probability of selling drugs. This may be due in part to relatively few seventh- and eighth-grade students in the sample who reported having sold drugs.

Mental Health

Substance use disorders and mental health challenges are often co-occurring issues resulting from shared risk factors, mental health problems that lead to substance use, or substance use that leads to mental health problems.[35,36] It is critical to help youth develop good mental health in order to establish healthy behaviors and habits that will carry into adulthood.[37]



Looking Back: Trends over Time

Questions about mental health were included in the survey for the first time during the 2019-2021 administration. Surveys during that administration took place between November 2019 and March 2021 in two separate periods: (1) November 2019 to March 2020 (prior to the COVID-19 pandemic) and (2) January to March 2021 (during the pandemic). The following trend table depicts the proportion of students who reported that they, during the past year, "had a period of time lasting several days or longer when most of the day [they] felt sad, empty or depressed." This question was asked during those two periods as well as during the 2023 survey administration. In this section, this item is abbreviated as "sadness."

Table 25. Feelings of sadness trends, 2019–2023

2019-2020 (%)	2021 (%)	2023 (%)
48.8	53.5	53.2

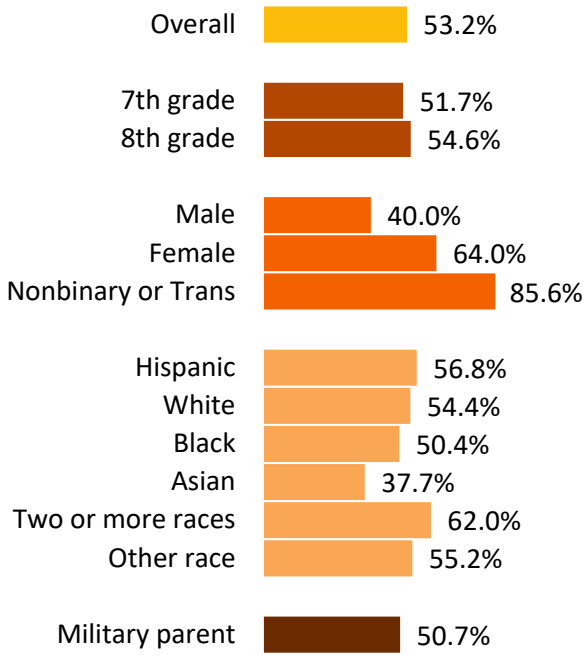
Rates of sadness reported in 2023 (53.2%) are similar to those reported in 2021 (53.5%), during the COVID-19 pandemic.

Mental Health

Feelings in the Past Year

How was this measured?
Students were asked if they "had a period of time lasting several days or longer when most of the day [they] felt sad, empty or depressed" during the past year.

Figure 65. Students feeling sad in the past year



More than half (53.2%) of students responding to the survey reported experiencing a period of time lasting several days or longer when most of the day they felt sad in the past year.

Past year feelings of sadness were more than one standard error (1.0%) above the state average (53.2%) for those:[RA,SE]

- **in eighth grade (54.6%)**
- **identifying as nonbinary or transgender (85.6%) and female (64.0%)**
- **identifying as two or more races (62.0%), Hispanic (56.8%), Other race (55.2%), and White (54.4%)**

According to the 2021 Adolescent Behaviors and Experiences Survey (ABES), close to half (44.2%) of U.S. high school students reported persistent feelings of sadness or hopelessness in the past year.[38] This is consistent with the 2021 YRBS, in which 42.3% of U.S. high school students reported feeling this way.[30]

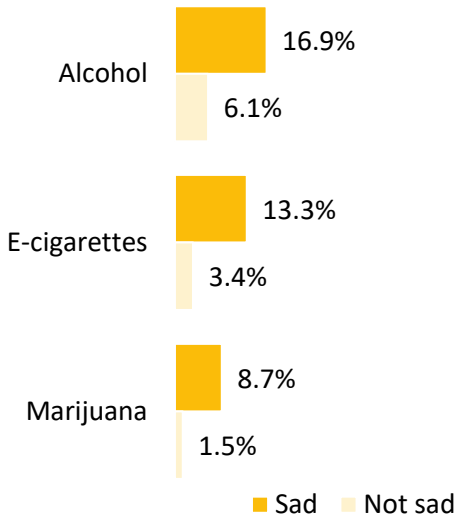
Feelings of sadness and hopelessness during the past year have increased over the past decade for U.S. high school students, regardless of gender or race and ethnicity.[39] Female students were more likely to experience persistent feelings of sadness or hopelessness than male students, LGBQ+ students were more likely to experience these feelings than their peers, and Hispanic and multiracial students were more likely to experience these feelings than Asian, Black, and White students.[39] LGBTQ youth (aged 13 - 17) are likely to suffer from major depressive disorder (67%) and generalized anxiety disorder (73%).[40]

Mental Health

Intersection with Substance Use

Figure 66 explores the relationship between reported sadness and the three substances most commonly used in the past year (i.e., alcohol, e-cigarettes, and marijuana). Fisher's Exact Tests were conducted to assess the statistical significance of the relationships between sadness and substance use, without controlling for any other variables.[FT]

Figure 66. Rates of substance use are higher among those who felt sad in the past year



The rate of students who used alcohol, e-cigarettes, and marijuana during the past year is significantly higher among students who reported feeling sad compared to students who did not feel sad.

For instance, of those who felt sad in the past year, 16.9% also used alcohol. Of those who did not feel sad in the past year, 6.1% used alcohol. This pattern is mirrored for e-cigarettes and marijuana such that prevalence rates are higher for respondents who reported sadness.

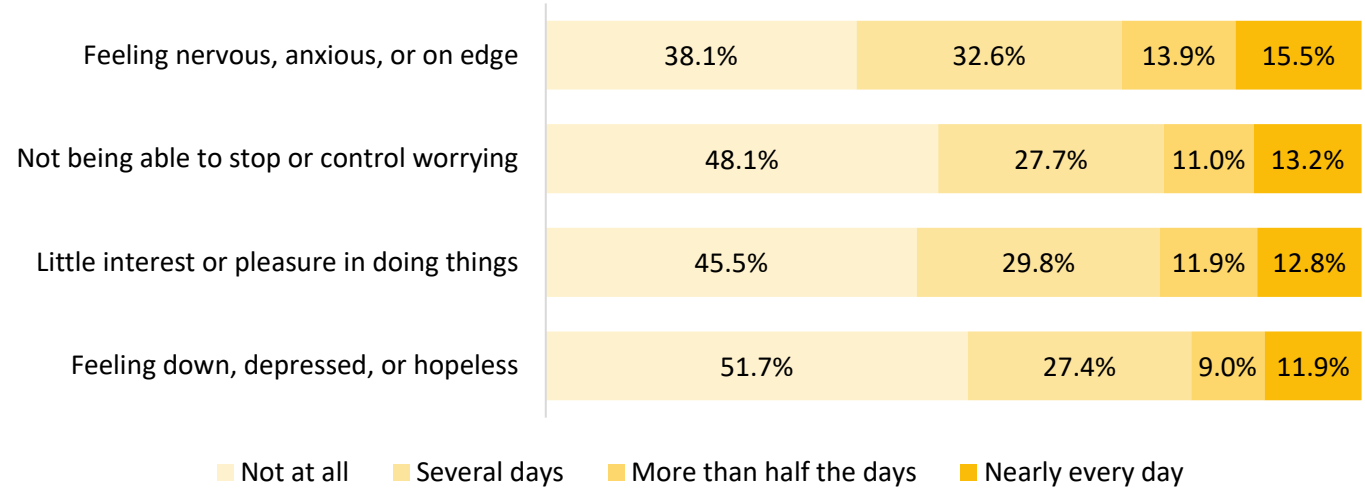
Feelings in the Past Two Weeks

How was this measured?

Students were asked four questions about feelings of anxiety and depression, drawn from the PHQ-4 questionnaire for anxiety and depression.[41] Students indicated how frequently they had been bothered by "feeling nervous, anxious, or on edge," "not being able to stop or control worrying," "feeling down, depressed, or hopeless," and having "little interest or pleasure in doing things" over the past two weeks. Responses to the first two questions combined were considered indicators of anxiety; the last two questions combined were indicators of depression.

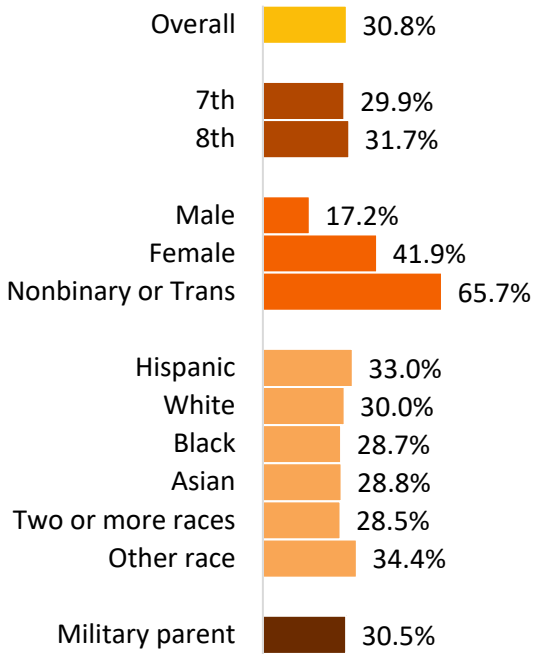
Mental Health

Figure 67. Frequency of anxiety and depression symptoms in the past two weeks[RO]



More students reported feeling nervous, anxious, or on edge at least "several days" over the past two weeks than reported the other listed symptoms of anxiety or depression.

Figure 68. Students feeling anxious in the past two weeks



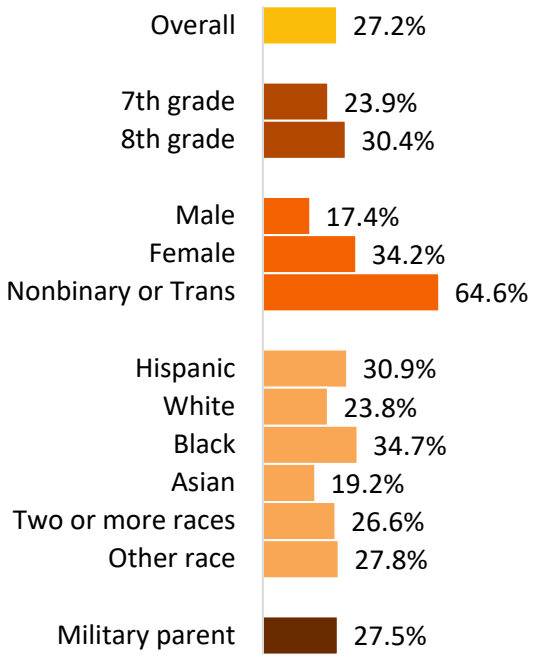
Almost one-third (30.8%) of students responding to the survey screened positive for anxiety, according to criteria of the PHQ-4 questionnaire.

Experiencing anxiety was more than one standard error (0.9%) above the state average (30.8%) for those:[RA,SE]

- **identifying as nonbinary or transgender (65.7%) and female (41.9%)**
- **identifying as Other race (34.4%) and Hispanic (33.0%)**

Mental Health

Figure 69. Students feeling depressed in the past two weeks



Over one-quarter (27.2%) of students responding to the survey screened positive for depression, according to criteria of the PHQ-4 questionnaire.

Experiencing depression was more than one standard error (0.8%) above the state average (27.2%) for those:[RA,SE]

- **in eighth grade (30.4%)**
- **identifying as nonbinary or transgender (64.6%) and female (34.2%)**
- **identifying as Black or African American (34.7%) and Hispanic (30.9%)**

Bullying

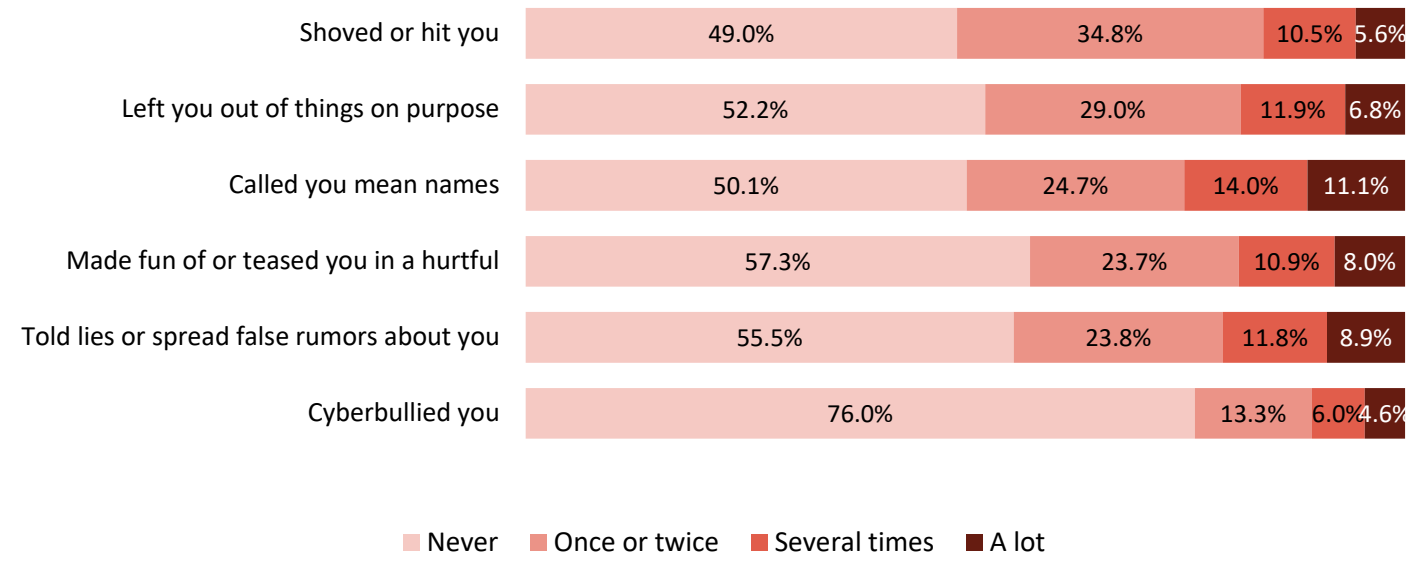
According to the most recent available annual Student Safety and Discipline report from the NJ Department of Education, harassment, intimidation, and bullying incidents occurred more often in NJ middle schools compared to elementary or high schools in 2022-2023.[26] According to the 2021 YRBS, 22.0% of U.S. high school students reported being bullied on school property and/or electronically bullied in the past year, with 15.0% being bullied at school and 15.9% being electronically bullied.[42] Adolescents have been found to be more likely to use cigarettes and reported greater sadness and anger on days when they were bullied more than usual by a peer.[43] Bullying has also been found to predict suicidal ideation in high school students.[29]

Experiencing Bullying

How was this measured?

Students were asked six questions about their experiences being bullied. These questions asked how many times other students "shoved or hit [them]," "left [them] out of things on purpose," "called [them] mean names," "made fun of or teased [them] in a hurtful way," "told lies or spread false rumors about [them]," and "used the Internet or cell phone to tell lies about [them], embarrass [them], or threaten [them]" in the past month. The following section includes a combined report of students who indicated experiencing any of these problems.

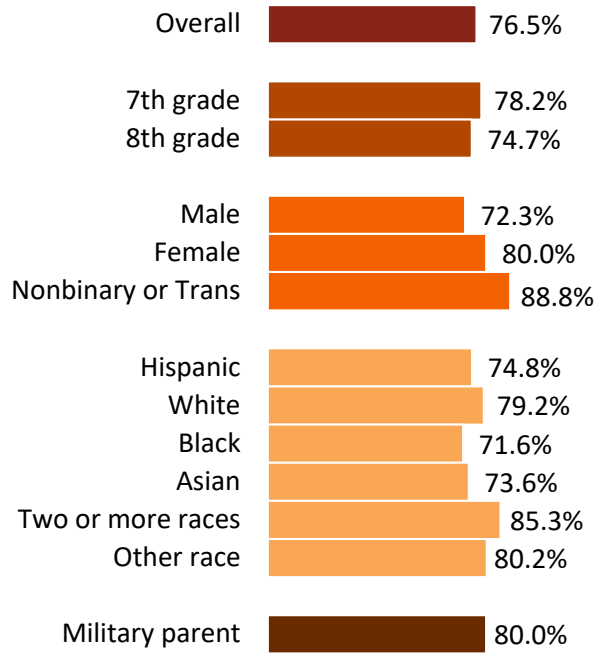
Figure 70. Types of bullying experiences[RO]



Being called mean names was the most common behavior to happen "a lot" in the past month (11.1%). More than three-quarters (76.0%) of students did not experience cyberbullying (bullying using the Internet or cell phone) in the past month.

Bullying

Figure 71. Students being bullied in the past month



More than three-quarters (76.5%) of students experienced some type of bullying in the past month.

Past month experiences being bullied were more than one standard error (0.8%) above the state average (76.5%) for those:[RA,SE]

- **in seventh grade (78.2%)**
- **identifying as nonbinary or transgender (88.8%) and female (80.0%)**
- **identifying as two or more races (85.3%), Other race (80.2%), and White (79.2%)**
- **who had a parent or guardian serve in the military (80.0%)**

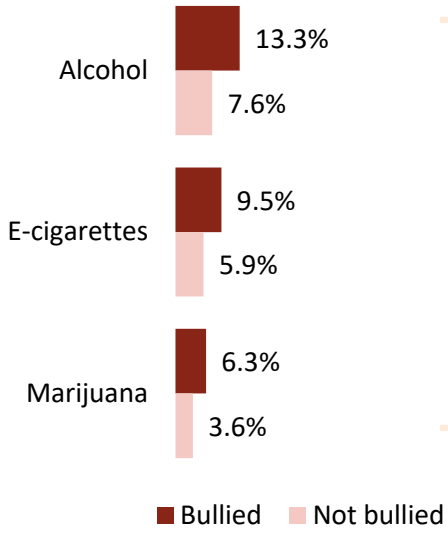
According to the 2021 YRBS, among U.S. high school students, there was a higher prevalence of being bullied on school property and/or electronically bullied for American Indian or Alaska Native and White students when compared to Asian, Black, and Hispanic students. Additionally, bully victimization was more common among female students and sexual minority students.[42]

Bullying

Intersection with Substance Use

This section explores the relationship between experiences with bullying and the three substances most commonly used in the past year (i.e., alcohol, e-cigarettes, and marijuana). Fisher's Exact Tests were conducted to assess the statistical significance of the relationships between being bullied and substance use, without controlling for any other variables.[FT]

Figure 72. Rates of past year substance use are higher among students who experienced being bullied in the past month



The rate of students who used alcohol, e-cigarettes, and marijuana during the past year is significantly higher among students who reported any instances of being bullied by other students compared to students who do not experience these bullying behaviors.

For instance, of those who experienced bullying in the past month, 6.3% used marijuana. Of those who did not experience bullying in the past month, 3.6% used marijuana.

Bullying

Table 26. Experiences being bullied in the past month among students who report using substances in the past year

Type of bullying experienced		Used substance in the past year		
		Alcohol	E-cigarettes	Marijuana
Shoved or hit you	No	9.8%	7.3%	4.6%
	Yes	14.1%	10.0%	6.8%
	Difference	***	*	*
Left you out of things on purpose	No	8.8%	7.3%	4.9%
	Yes	15.4%	10.3%	6.6%
	Difference	***	**	
Called you mean names	No	10.9%	6.2%	3.8%
	Yes	13.0%	11.0%	7.5%
	Difference		***	***
Made fun of or teased you in a hurtful way	No	9.2%	7.1%	4.8%
	Yes	15.7%	10.8%	6.9%
	Difference	***	***	*
Told lies or spread false rumors about you	No	9.0%	6.1%	3.7%
	Yes	15.7%	11.9%	8.2%
	Difference	***	***	***
Used the Internet or cell phone to tell lies about you, embarrass you, or threaten you	No	10.0%	6.0%	3.7%
	Yes	18.4%	17.1%	12.0%
	Difference	***	***	***

*Difference is significant at * p<.05; ** p<.01, *** p<.001*

The rate of past-year substance use is higher for students experiencing any form of bullying in the past month, for all but two combinations of bullying type and substance type. For example, 14.1% of students who were shoved or hit in the past month had used alcohol in the past year, as compared to the 9.8% alcohol use rate for students who had not been bullied in that way. For reference, the rate of past year alcohol use across all students is 12.0%, e-cigarettes is 8.8%, and marijuana is 5.7%.

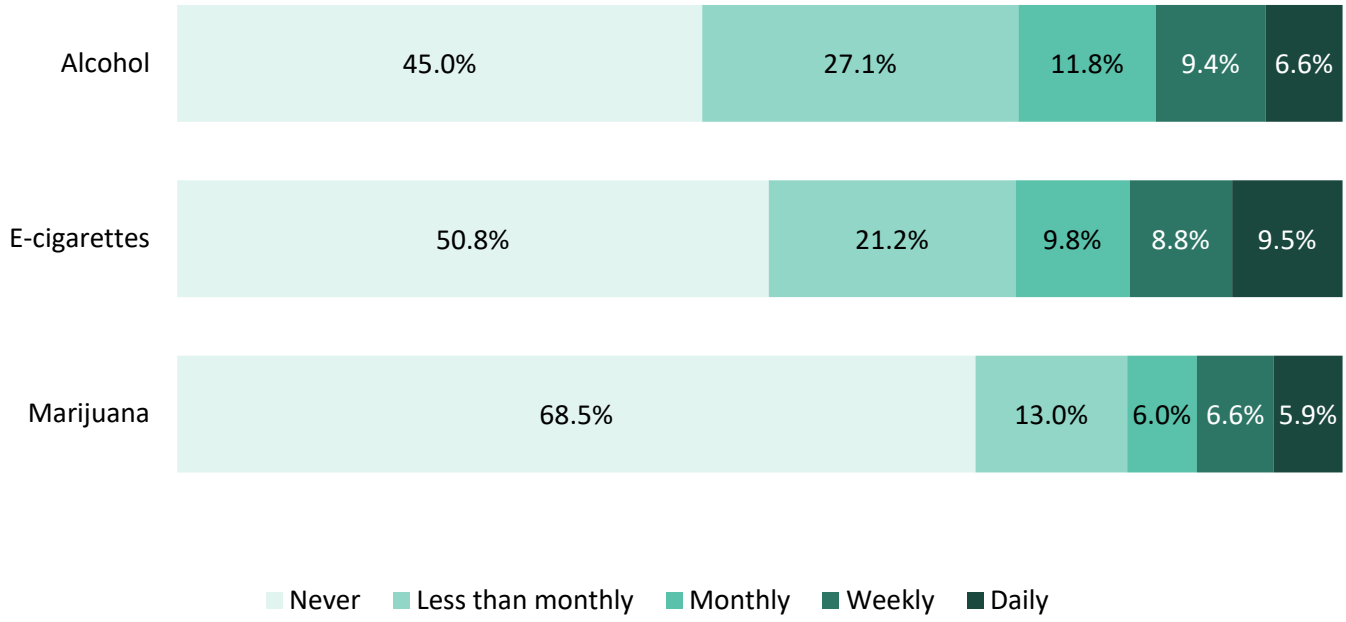
Social Media

Content that depicts or encourages the use of substances is common on social media and may have a negative impact on the substance-use-related risk perception, attitudes, and behaviors of social media's main users: adolescents and young adults.[44] Research shows that adolescents who are exposed to their friends' alcohol-related social media content are more likely to start drinking one year later and to report stronger perceptions about their peers' approval of drinking alcohol.[45] These findings suggest that the belief that their peers approve of drinking alcohol may serve as a mechanism for which being exposed to friends' alcohol-related content leads adolescents to start drinking alcohol.[45]

Exposure to Substance-Use-Related Content

> **How was this measured?**
> Students were asked three questions about their experiences using social media. These questions asked how often they "see posts or content (pictures, videos, text) related to…" alcohol, e-cigarettes, and marijuana.

Figure 73. Exposure to substance-related posts/content[RO]



Approximately half of students reported having never seen posts/content related to alcohol or e-cigarettes (vapes) on their social media (45.0% and 50.8%, respectively), while over two-thirds (68.5%) have never seen posts/content related to marijuana. Fewer students reported seeing alcohol- and marijuana-related content daily (4.9% and 6.6%, respectively), while about one in 10 (9.5%) students reported seeing e-cigarette related content daily.

Social Media

Figure 74. Students exposed to any substances on social media

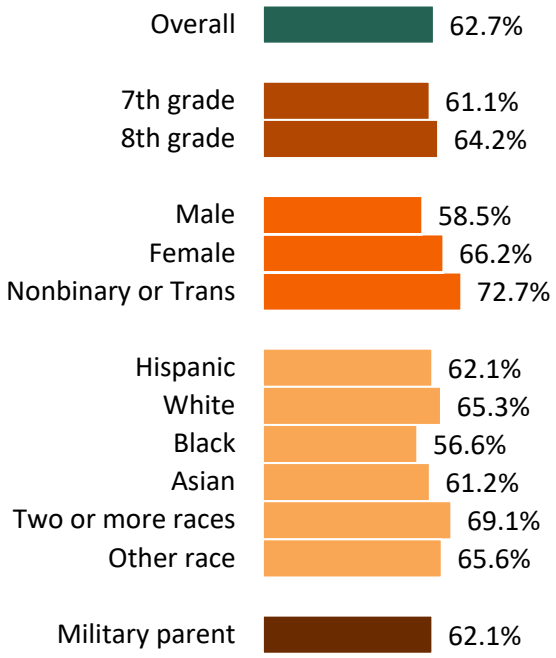


Figure 74 displays students who indicated seeing posts/content related to any of these three substances (i.e., alcohol, e-cigarettes, marijuana).

Overall, 62.7% of students responding to the survey reported seeing at least one substance on their social media at least once.

Seeing posts/content related to substances were more than one standard error (0.9%) above the state average (62.7%) for those:[RA,SE]

- **in eighth grade (64.2%)**
- **identifying as nonbinary or transgender (72.7%) and female (66.2%)**
- **identifying as two or more races (69.1%), Other race (65.6%), and White (65.3%)**

Almost three-quarters (73.5%) of U.S. middle and high school students who reported using social media had ever seen content related to e-cigarettes.[46]

Social Media

Intersection with Substance Use

This section explores the relationship between exposure to substance use-related content on social media and actual use of these three substances (i.e., alcohol, e-cigarettes, and marijuana). Fisher's Exact Tests were conducted to assess the statistical significance of the relationships between social media and substance use, without controlling for any other variables.[FT]

Table 27. Seeing social media content about substances among students who report using alcohol, e-cigarettes, or marijuana

Saw posts/content related to...		Used substance in the past year		
		Alcohol	E-cigarettes	Marijuana
alcohol	Yes	16.8%	11.7%	7.7%
	No	6.2%	5.2%	3.2%
	Difference	***	***	***
e-cigarettes	Yes	16.8%	14.7%	8.9%
	No	7.3%	3.0%	2.5%
	Difference	***	***	***
marijuana	Yes	18.7%	18.5%	13.6%
	No	8.8%	4.2%	2.0%
	Difference	***	***	***

*Difference is significant at * p<.05; ** p<.01, *** p<.001*

The rate of use for each of the three substances (alcohol, e-cigarettes, and marijuana) is significantly higher for students who reported seeing social media content about use of any of these substances (alcohol, e-cigarettes, and marijuana) than it is for students who have not seen related content on social media. This finding holds regardless of the substance-content pairing.

Supportive Environments

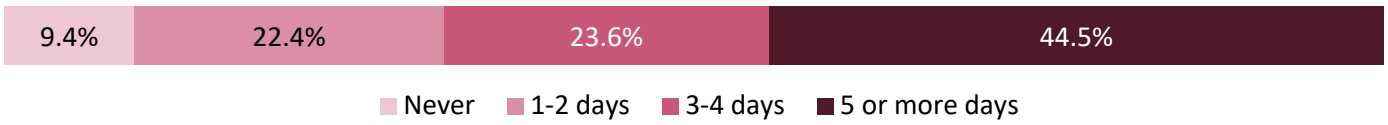
Previous research finds that relationships with caring adults can serve as a protective factor for at-risk youth.[47] Additionally, recognition of positive behavior can positively influence student outcomes.[48]

This section reports on questions related to supportive environments for youth: eating meals as a family, parental recognition of positive behavior, and the presence of a supportive adult. This section also highlights demographic subgroups with lower-than-average rates of supportive environments, as defined by one standard error or more below the state mean.

Family Meals

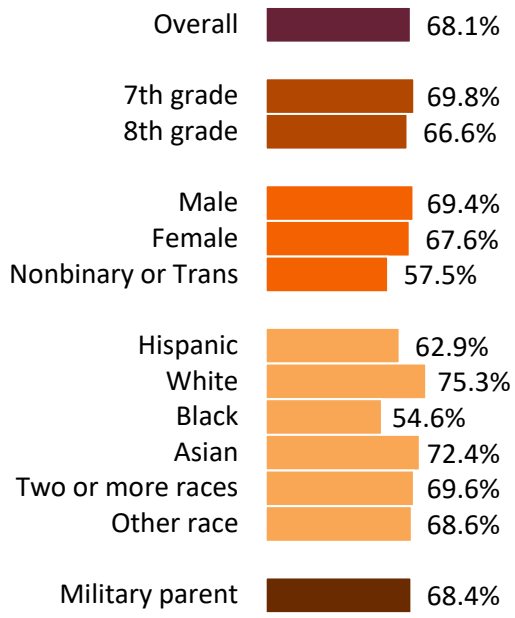
How was this measured?
Students were asked about the number of days per week that they have at least one family meal.

Figure 75. Number of family meals per week[RO]



More than two-thirds (68.1%) of students reported having at least one family meal at least three days a week or more (i.e., often).

Figure 76. Students having family meals often



Reports of having family meals often during the week were more than one standard error (0.9%) below the state average (68.1%) for those:[RA,SE]

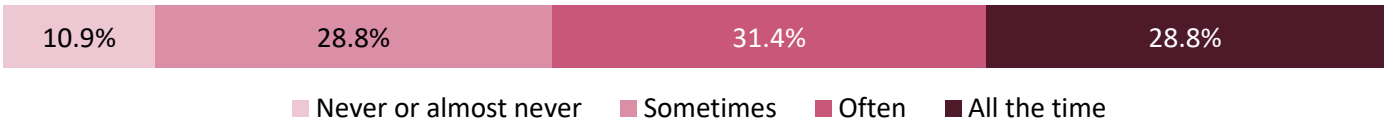
- **in eighth grade (66.6%)**
- **identifying as nonbinary or transgender (57.5%)**
- **identifying as Black or African American (54.6%) and Hispanic (62.9%)**

Supportive Environments

Parental Praise

How was this measured?
Students were asked whether a parent notices when they are doing a good job and lets them know about it (i.e., offers praise).

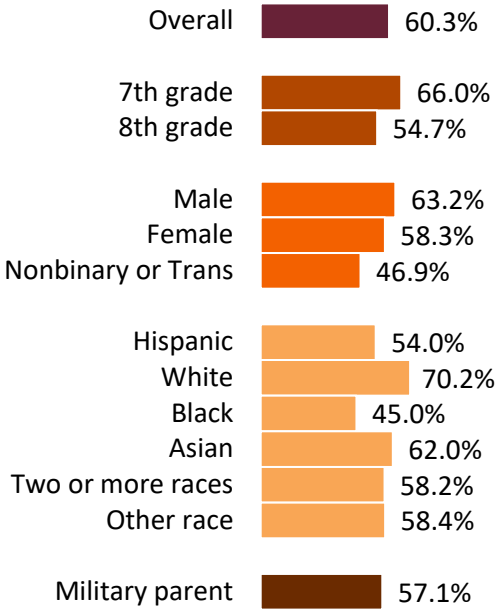
Figure 77. Frequency of parent praise ("good job")[RO]



60.3% of students reported having a parent who frequently notices when they do a good job and lets them know about it ("often" or "all the time").

Similarly, 64.2% of students reported having a parent frequently ("often" or "all the time") tell them that they are proud of them (not shown here).

Figure 78. Students who have a parent who notices and offers praise when they do a good job



Reports of receiving parental praise for a "good job" were more than one standard error (0.9%) below the state average (60.3%) for those:[RA,SE]

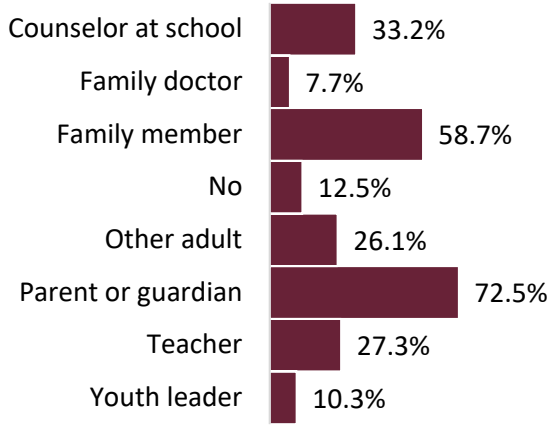
- **in eighth grade (54.7%)**
- **identifying as nonbinary or transgender (46.9%) and female (58.3%)**
- **identifying as Black or African American (45.0%), Hispanic (54.0%), two or more races (58.2%), and Other race (58.4%)**
- **who had a parent or guardian serve in the military (57.1%)**

Supportive Environments

Supportive Adult

How was this measured?
Students were asked whether there was an adult in their lives who they could talk to about their problems, including a parent or guardian, a family member (not parents), a youth leader, a teacher, a counselor at school, a family doctor, or another adult (unspecified).

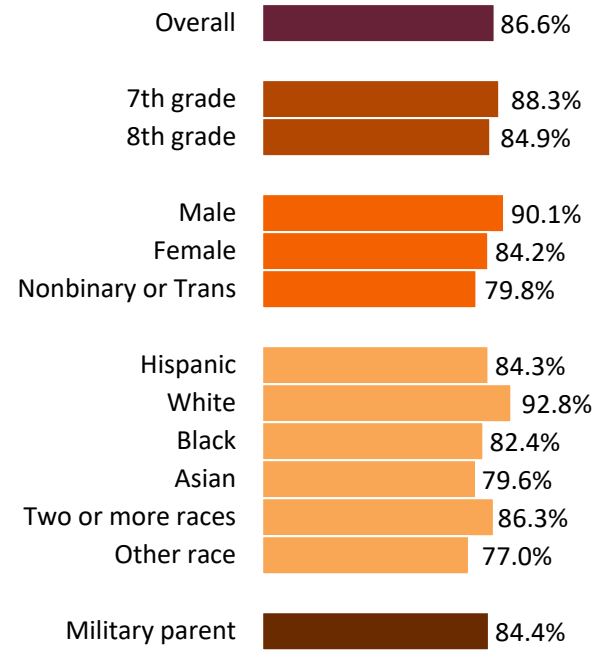
Figure 79. Types of supportive adults



Overall, 86.6% of students reported having at least one adult in their lives who they could talk to about their problems.

Almost three-quarters (72.5%) of respondents identified a parent or guardian as a supportive adult, more than half (58.7%) identified another family member, one-third identified a school counselor (33.2%) and more than one-quarter identified a teacher (27.3%).

Figure 80. Students having a supportive adult in their lives



Presence of a supportive adult was more than one standard error (0.7%) below the state average (86.6%) for those:[RA,SE]

- **in eighth grade (84.9%)**
- **identifying as nonbinary or transgender (79.8%) and female (84.2%)**
- **identifying as Other race (77.0%), Asian (79.6%), Black or African American (82.4%), and Hispanic (84.3%)**
- **who had a parent or guardian serve in the military (84.4%)**

Supportive Environments

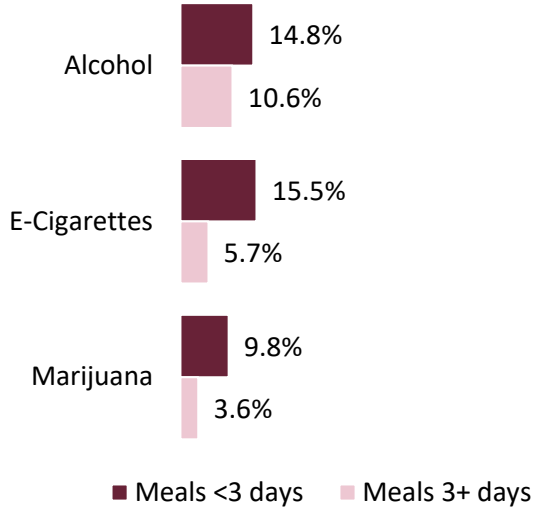
Intersection of Supportive Environments with Substance Use and Mental Health

This section explores 1) the relationship between supportive environments and substance use; and 2) the relationship between supportive environments and feelings of depression and anxiety. Based on Fisher's Exact Tests, all relationships displayed in this section are statistically significant, with p-values of p<.01 or p<.001.[FT]

Intersection with commonly reported substances

Students who reported frequent exposure to a supportive environment reported less use of substances compared to students who either do not have a supportive environment or do not experience it often.

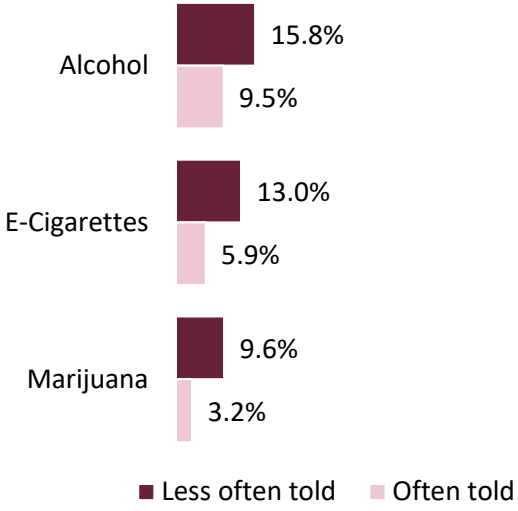
Figure 81. Rates of substance use are lower among those eating family meals often



The percentage of students who used alcohol, e-cigarettes (vapes), and/or marijuana during the past year is significantly lower among students who reported eating family meals often (at least three days per week).

For example, 5.7% of students who often ate family meals reported using e-cigarettes in the past year, whereas students who ate family meals less often used e-cigarettes at a considerably higher rate (15.5%).

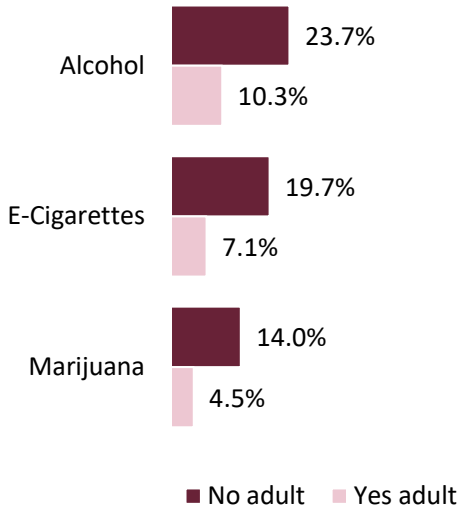
Figure 82. Rates of substance use are lower among those receiving parental praise ("good job")



Receiving praise from a parent is also associated with lower substance use in the past year, with rates significantly lower among students who reported being told by their parents that they are doing a good job "often" or "all the time."

Supportive Environments

Figure 83. Rates of substance use are lower among those with a supportive adult

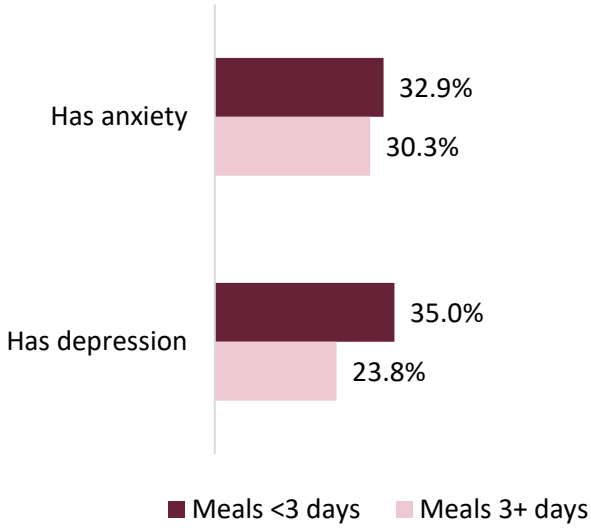


Lastly, the percentage of students who used alcohol, e-cigarettes, and/or marijuana during the past year is significantly lower among students who reported having a supportive adult in their lives who they can talk to about their problems.

Intersection with mental health

In a pattern similar to substance use, the frequency of eating family meals, receiving recognition for positive behavior by parents, and having a supportive adult is significantly associated with reported symptoms of anxiety and depression.[MH]

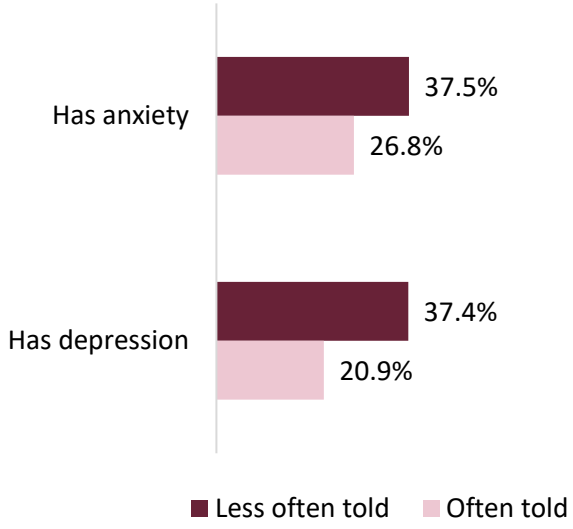
Figure 84. Rates of depression are lower among those eating family meals often



Screened depression was less likely among students who reported eating family meals at least three days per week. In contrast, rates of anxiety were not significantly associated with the frequency of family meals.

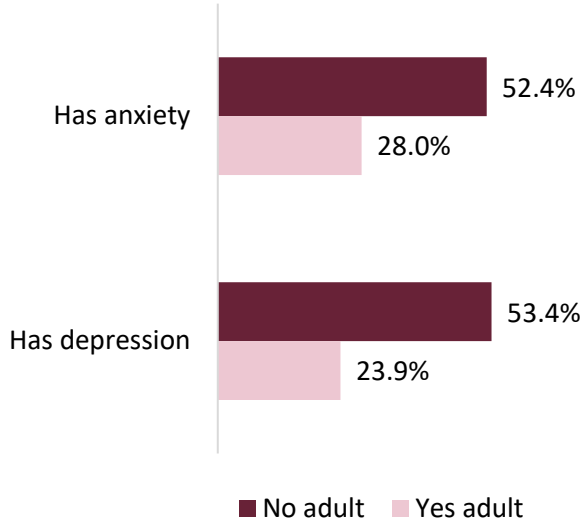
Supportive Environments

Figure 85. Rates of anxiety and depression are lower among those receiving parental praise ("good job")



Screened anxiety and depression were significantly less likely among students who reported receiving frequent parental praise for doing a good job as compared to students who reported little to no parental praise.

Figure 86. Rates of anxiety and depression are lower among those with a supportive adult



Screened anxiety and depression were also significantly less likely among students who reported having a supportive adult they could turn to as compared to students who reported no supportive adult.

References

1. Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, A. J. (2002). Measuring risk and protective factors for use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. *Evaluation Review*, *26*(6), 575–601. https://doi.org/10.1177/0193841X0202600601

2. Justia Law. "2013 New Jersey revised statutes :: Title 18A - Education :: Section 18A:36-34 - School surveys, certain, parental consent required before administration," Retrieved from https://law.justia.com/codes/new-jersey/2013/title-18a/section-18a-36-34#:%7E:text=Title%2018A%20%2D%20EDUCATION-,Section%2018A%3A36%2D34%20%2D%20School%20surveys%2C%20certain%2C,parental%20consent%20required%20 before%20administration&text=(8)social%20security%20number.,%2C%20assessment%2C%20analysis%20or%20evaluation

3. Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, *112*(1), 64–105. https://doi.org/10.1037/0033-2909.112.1.64

4. Coie, J. D., Watt, N. F., West, S. G., Hawkins, J. D., Asarnow, J. R., Markman, H. J., Ramey, S. L., Shure, M. B., & Long, B. (1993). The science of prevention: A conceptual framework and some directions for a national research program. American Psychologist, 48(10), 1013–1022. https://doi.org/10.1037/0003-066X.48.10.1013

5. NIDA. (2003). Preventing drug use among children and adolescents - a research-based guide for parents, educators, and community leaders. Retrieved from https://archives.nida.nih.gov/sites/default/files/PODAT-InBrief-Preventing-Drug-Use-Child-Adolescents-FINAL-cover.pdf

6. Monahan, K. C., Oesterle, S., Rhew, I., & Hawkins, J. D. (2014). The relation between risk and protective factors for problem behaviors and depressive symptoms, antisocial behavior, and alcohol use in adolescence. *Journal of Community Psychology, 42*(5), 621–638. https://doi.org/10.1002/jcop.21642

7. Kuperminc, G. P., Holditch, P. T., & Allen, J. P. (2001). Volunteering and community service in adolescence. *Adolescent Medicine*, *12*(3), 445–457.

8. Connolly, S. (2024). Characteristics of alcohol, marijuana, and other drug use among persons Aged 13–18 years being assessed for substance use disorder treatment—United States, 2014–2022. *MMWR. Morbidity and Mortality Weekly Report*, *73*. https://doi.org/10.15585/mmwr.mm7305a1

9. Steinfeld, M. R., & Torregrossa, M. M. (2023). Consequences of adolescent drug use. *Translational Psychiatry*, *13*(1), 1–22. https://doi.org/10.1038/s41398-023-02590-4

10. DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: National survey data support a common liability of all drug use. *Preventive Medicine*, *113*, 68–73. https://doi.org/10.1016/j.ypmed.2018.05.015

11. Miech, R. A., Johnston, L. D., Pat, M. E., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2023). Monitoring the Future national survey results on drug use, 1975-2022: Secondary school students. *Monitoring the Future*. https://monitoringthefuture.org/wp-content/uploads/2022/12/mtf2022.pdf

12. CDC. (2024, May 23). *About Underage Drinking*. Alcohol Use. https://www.cdc.gov/alcohol/underage-drinking/index.html

References

13. Center for Behavioral Health Statistics and Quality. (2023). *Results from the 2022 National Survey on Drug Use and Health: Detailed tables.* Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables

14. Park-Lee, E., Ren, C., Cooper, M., Cornelius, M., Jamal, A., & Cullen, K. A. (2022). Tobacco product use among middle and high school students—United States, 2022. *MMWR. Morbidity and Mortality Weekly Report*, *71*(45), 1429–1435. https://doi.org/10.15585/mmwr.mm7145a1

15. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2014). The health consequences of smoking—50 years of progress: A report of the Surgeon General. *Centers for Disease Control and Prevention (US).* http://www.ncbi.nlm.nih.gov/books/NBK179276/

16. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2016). E-cigarette use among youth and young adults: A report of the Surgeon General. *Centers for Disease Control and Prevention (US).* http://www.ncbi.nlm.nih.gov/books/NBK538680/

17. National Institute on Drug Abuse. (2019). Cannabis (Marijuana) DrugFacts. Retrieved from https://nida.nih.gov/publications/drugfacts/cannabis-marijuana.

18. *Office of the Governor | Governor Murphy Signs Historic Adult-Use Cannabis Reform Bills Into Law*. (2021). Retrieved from https://www.nj.gov/governor/news/news/562021/20210222a.shtml

19. Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

20. *High Risk Substance Use in Youth | Adolescent and School Health | CDC*. (2023, March 24). https://www.cdc.gov/healthyyouth/substance-use/index.htm

21. Felton, J. W., Kofler, M. J., Lopez, C. M., Saunders, B. E., & Kilpatrick, D. G. (2015). The emergence of co-occurring adolescent polysubstance use and depressive symptoms: A latent growth modeling approach. *Development and Psychopathology*, *27*, 1367–1383. https://doi.org/10.1017/S0954579414001473

22. Silveira, M. L., Green, V. R., Iannaccone, R., Kimmel, H. L., & Conway, K. P. (2019). Patterns and correlates of polysubstance use among US youth aged 15–17 years: Wave 1 of the Population Assessment of Tobacco and Health (PATH) Study. *Addiction*, *114*(5), 907–916. https://doi.org/10.1111/add.14547

23. Gilbert, P. A., Kava, C. M., & Afifi, R. (2021). High-school students rarely use e-cigarettes alone: A sociodemographic analysis of polysubstance use among adolescents in the United States. *Nicotine & Tobacco Research*, *23*(3), 505–510. https://doi.org/10.1093/ntr/ntaa037

24. Hemphill, S. A., Kotevski, A., Herrenkohl, T. I., Smith, R., Toumbourou, J. W., & Catalano, R. F. (2013). Does school suspension affect subsequent youth non-violent antisocial behaviour? A longitudinal study of students in Victoria, Australia and Washington State, United States. *Australian Journal of Psychology*, *65*(4), 236–249. https://doi.org/10.1111/ajpy.12026

References

25. David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). Youth violence prevention resource for action: A compilation of the best available evidence. Atlanta, GA: *National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.*

26. Commissioner's annual report to the education committees of the Senate and General Assembly on student safety and discipline in New Jersey public schools. (2023). New Jersey Department of Education. Retrieved from https://www.nj.gov/education/vandv/annualreport/2023/SSDSReport2022_2023.pdf

27. Del Toro, J., & Wang, M. T. (2022). The roles of suspensions for minor infractions and school climate in predicting academic performance among adolescents. *The American Psychologist*, *77*(2), 173–185. https://doi.org/10.1037/amp0000854

28. Herrenkohl, T. I., Fedina, L., Roberto, K. A., Raquet, K. L., Hu, R. X., Rousson, A. N., & Mason, W. A. (2022). Child maltreatment, youth violence, intimate partner violence, and elder mistreatment: A review and theoretical analysis of research on violence across the life course. *Trauma, Violence, & Abuse*, *23*(1), 314–328. https://doi.org/10.1177/1524838020939119

29. Labuhn, M., LaBore, K., Ahmed, T., & Ahmed, R. (2021). Trends and instigators among young adolescent suicide in the United States. *Public Health*, *199*, 51–56. https://doi.org/10.1016/j.puhe.2021.08.004

30. Centers for Disease Control and Prevention (CDC). 2001-2021 High School Youth Risk Behavior Survey Data. Retrieved from https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=XX

31. Peters, E. N., Nordeck, C., Zanetti, G., O'Grady, K. E., Serpelloni, G., Rimondo, C., Blanco, C., Welsh, C., & Schwartz, R. P. (2015). Relationship of gambling with tobacco, alcohol, and illicit drug use among adolescents in the USA: Review of the literature 2000–2014. *The American Journal on Addictions*, *24*(3), 206–216. https://doi.org/10.1111/ajad.12214

32. Marchica, L. A., Giordano, T., Ivoska, W., & Derevensky, J. L. (2019). The relationship between problem gambling and substance use among American adolescents. *Journal of Concurrent Disorders*, *1*(2). https://doi.org/10.54127/XRVG6724

33. Jones, M. S., & Pierce, H. (2021). Early exposure to adverse childhood experiences and youth delinquent behavior in fragile families. *Youth & Society*, *53*(5), 841–867. https://doi.org/10.1177/0044118X20908759

34. Hoffmann, J. P. (2020). Academic underachievement and delinquent behavior. *Youth & Society*, *52*(5), 728–755. https://doi.org/10.1177/0044118X18767035

35. Mental Health and Substance Use Co-Occurring Disorders. (2023). https://www.samhsa.gov/mental-health/mental-health-substance-use-co-occurring-disorders

36. National Institute on Drug Abuse. (2021). Why is there comorbidity between substance use disorders and mental illnesses? Retrieved from https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses

References

37. Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion. (2024). Mental Health: Poor mental health impacts adolescent well-being. Retrived from https://www.cdc.gov/healthyyouth/mental-health/index.htm

38. Jones, S. E., Ethier, K. A., Hertz, M., DeGue, S., Le, V. D., Thornton, J., Lim, C., Dittus, P. J., & Geda, S. (2022). Mental health, suicidality, and connectedness among high school students during the COVID-19 pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Supplements*, *71*(3), 16–21. https://doi.org/10.15585/mmwr.su7103a3

39. Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion. (2022). Youth Risk Behavior Survey - Data summary and trends report - 2011-2021. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

40. The Trevor Project. (2021). 2021 National survey on LGBTQ youth mental health. West Hollywood, California: The Trevor Project. Retrieved from https://www.thetrevorproject.org/survey-2021/?section=SuicideMentalHealth

41. Kroenke K., Spitzer R. L., Williams J. B., Löwe B. (2009). An ultra-brief screening scale for anxiety and depression: the PHQ-4. *Psychosomatics, 50*(6), 613-21. DOI: 10.1176/appi.psy.50.6.613. PMID: 19996233.

42. Clayton, H. B. (2023). Dating violence, sexual violence, and bullying victimization among high school students—Youth Risk Behavior Survey, United States, 2021. *MMWR Supplements*, *72*. https://doi.org/10.15585/mmwr.su7201a8

43. Livingston, J. A., Derrick, J. L., Wang, W., Testa, M., Nickerson, A. B., Espelage, D. L., & Miller, K. E. (2019). Proximal associations among bullying, mood, and substance use: A daily report study. *Journal of Child and Family Studies*, *28*(9), 2558–2571. https://doi.org/10.1007/s10826-018-1109-1

44. Rutherford, B. N., Lim, C. C. W., Johnson, B., Cheng, B., Chung, J., Huang, S., Sun, T., Leung, J., Stjepanović, D., & Chan, G. C. K. (2023). #TurntTrending: A systematic review of substance use portrayals on social media platforms. *Addiction*, *118*(2), 206–217. https://doi.org/10.1111/add.16020

45. Nesi, J., Rothenberg, W. A., Hussong, A. M., & Jackson, K. M. (2017). Friends' alcohol-related social networking site activity predicts escalations in adolescent drinking: Mediation by peer norms. *Journal of Adolescent Health*, *60*(6), 641–647. https://doi.org/10.1016/j.jadohealth.2017.01.009

46. U.S. Food and Drug Administration (2023). Results from the annual National Youth Tobacco Survey. Retrieved from https://www.fda.gov/tobacco-products/youth-and-tobacco/results-annual-national-youth-tobacco-survey

47. Laursen, E. K., & Birmingham, S. M. (2003). Caring relationships as a protective factor for at-risk youth: An ethnographic study. *Families in Society: The Journal of Contemporary Social Services*, *84*(2), 240–246. https://doi.org/10.1606/1044-3894.101

48. Arthur, M. W., Brown, E. C., Briney, J. S., Hawkins, J. D., Abbott, R. D., Catalano, R. F., Becker, L., Langer, M., & Mueller, M. T. (2015). Examination of substance use, risk factors, and protective factors on student academic test score performance. *Journal of School Health*, *85*(8), 497–507. https://doi.org/10.1111/josh.12279

References

49. ICF. (2023). Drug-Free Communities (DFC) support program national cross-site evaluation: End-of year 2022 report. Washington, DC: Office of National Drug Control Policy. Retrieved from https://www.whitehouse.gov/wp-content/uploads/2023/09/DFC-NATIONAL-EVALUATION-EOY-REPORT_2022_Report_2023_AUG_28_FINAL_ONDCP-APPROVED.pdf

Appendices

Six appendices conclude the report:

- **Appendix A** provides the school recruitment and student participation counts and rates by county
- **Appendix B** presents substance use and antisocial behaviors data by county
- **Appendix C** contains a table of comparisons to national benchmarks from Monitoring the Future (MTF)
- **Appendix D** displays each risk and protective factor with its corresponding survey questions
- **Appendix E** provides the four Drug-Free Communities (DFC) Core Measures: past month use, perception of risk, parental disapproval, and peer disapproval by grade
- **Appendix F** indicates which demographic groups have average risk and protective factor scores that deviate from the state mean by more than one standard error (above risk factors and below protective factors)

Appendix A. School and Student Participation Rates by County

Overall, CREEHS collected 3,168 surveys from 59 participating schools. Survey administrations took place between February 2023 and June 2023. Table A-1 presents the school recruitment and student participation counts and rates by county.

CREEHS aimed to sample 7,547 students statewide and determined targets within each county and school in order to achieve this goal. Classrooms were often oversampled in successfully recruited schools to reach the number of students needed in each county. In total, CREEHS selected 448 classrooms from the 59 recruited schools, reaching a potential total of 9,058 selected students.

Table A-1. School and student participation rates by county

County	Target Sample		Total Participating Sample				Student Participation Rates	
	Schools	Students (Targeted)	Schools Recruited	Schools Completed	Students Selected	Surveys Completed	Target Goal Met (Completed/Targeted)	Participation Rate (Completed/Selected)
Atlantic	4	362						
Bergen	9	377	2	1	166	70	19%	42%
Burlington	4	371	2	2	376	250	67%	66%
Camden	6	373	4	2	278	118	32%	42%
Cape May	4	310	4	4	552	230	74%	42%
Cumberland	4	350	4	3	379	134	38%	35%
Essex	10	377	5	5	595	229	61%	38%
Gloucester	4	364	3	3	737	213	59%	29%
Hudson	8	373	8	8	1,084	249	67%	23%
Hunterdon	4	335	4	4	708	276	82%	39%
Mercer	4	369	2					
Middlesex	6	384	3	3	519	213	55%	41%
Monmouth	5	374	4	3	486	170	45%	35%
Morris	5	372	1	1	165	88	24%	53%
Ocean	4	370	2	1	221	43	12%	19%
Passaic	8	373	5	5	634	202	54%	32%
Salem	4	304	2	1	270	36	12%	13%
Somerset	4	367	3	3	610	88	24%	14%
Sussex	4	339	2	1	121	54	16%	45%
Union	7	375	8	6	632	290	77%	46%
Warren	4	328	3	3	525	215	66%	41%
TOTAL	**112**	**7,547**	**71**	**59**	**9,058**	**3,168**	**42%**	**35%**

Appendix B. Prevalence Summaries of Substance Use by County

Tables B-1 to B-6 provide prevalence rates by county for substance use. Tables B-7 to B-10 provide prevalence rates by county for antisocial and prosocial behaviors. Tables B-11 and B-12 present risk and protective factor scores by county.

County-level data was not weighted due to insufficient sample size across counties. Tables in this appendix compare unweighted county estimates to weighted state estimates. Comparisons should be made with caution, especially for counties whose demographic composition varies dramatically from the state's demographic composition. County-level estimates were not calculated for the five counties that had fewer than two schools participate in the survey.

Table B-1. Lifetime prevalence summary of substance use by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Ever used (at least once)											
Alcohol	--	--	17.1%	18.8%	23.9%	21.5%	26.4%	23.1%	20.7%	19.2%	--
Binge drinking	--	--	3.9%	2.0%	5.2%	5.8%	5.7%	5.5%	3.8%	3.9%	--
Cigarettes	--	--	1.7%	2.0%	3.8%	6.6%	4.2%	1.5%	1.4%	2.4%	--
E-cigarettes	--	--	7.2%	9.9%	11.7%	13.2%	17.1%	16.3%	13.6%	3.5%	--
Marijuana	--	--	3.8%	6.9%	8.4%	9.9%	10.8%	8.0%	4.7%	3.1%	--
Prescription drugs not prescribed	--	--	7.3%	7.9%	3.3%	7.5%	10.8%	7.9%	11.7%	6.6%	--
Prescription drugs used differently than prescribed	--	--	4.7%	5.0%	2.3%	4.2%	4.6%	4.0%	4.3%	4.7%	--
Other illicit drugs	--	--	0.9%	2.0%	0.5%	0.0%	2.6%	0.0%	0.9%	0.8%	--
Inhalants	--	--	2.6%	1.0%	1.4%	1.7%	0.5%	1.5%	0.5%	1.6%	--
Cough medicine	--	--	0.0%	1.0%	0.5%	2.5%	1.5%	0.5%	1.9%	0.4%	--
Energy drinks	--	--	54.7%	42.6%	54.7%	50.4%	40.7%	50.0%	44.6%	47.7%	--

Table B-1. Lifetime prevalence summary of substance use by county (continued)

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Ever used (at least once)											
Alcohol	13.6%	13.5%	--	--	25.4%	--	21.0%	--	28.9%	17.8%	**20.1%**
Binge drinking	3.9%	3.8%	--	--	7.5%	--	3.7%	--	4.7%	1.5%	**4.0%**
Cigarettes	2.5%	0.0%	--	--	2.3%	--	0.0%	--	1.6%	2.5%	**2.1%**
E-cigarettes	5.8%	3.0%	--	--	17.9%	--	3.7%	--	21.6%	15.7%	**11.1%**
Marijuana	1.9%	0.7%	--	--	5.8%	--	2.5%	--	10.8%	8.1%	**6.5%**
Prescription drugs not prescribed	4.9%	9.0%	--	--	11.6%	--	4.9%	--	7.2%	8.1%	**8.9%**
Prescription drugs used differently than prescribed	4.4%	3.8%	--	--	7.6%	--	3.7%	--	5.2%	2.5%	**5.5%**
Other illicit drugs	1.9%	0.7%	--	--	2.9%	--	0.0%	--	1.0%	2.5%	**1.0%**
Inhalants	0.0%	0.0%	--	--	0.6%	--	1.2%	--	1.0%	1.0%	**0.6%**
Cough medicine	1.0%	0.0%	--	--	1.7%	--	0.0%	--	2.1%	2.0%	**1.2%**
Energy drinks	44.2%	45.5%	--	--	44.8%	--	45.7%	--	50.5%	45.2%	**45.6%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-2. Past year prevalence summary of substance use by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Any occasion											
Alcohol	--	--	12.8%	13.9%	15.5%	12.4%	16.6%	14.6%	8.9%	14.5%	--
Binge drinking	--	--	2.6%	2.0%	4.7%	4.2%	3.1%	3.0%	2.4%	3.5%	--
Cigarettes	--	--	1.3%	1.0%	1.4%	3.3%	2.1%	0.5%	0.5%	1.6%	--
E-cigarettes	--	--	6.0%	8.9%	8.4%	10.7%	15.0%	12.4%	10.3%	3.1%	--
Marijuana	--	--	3.0%	6.9%	6.5%	9.1%	9.3%	7.5%	2.8%	2.7%	--
Prescription drugs not prescribed	--	--	3.8%	4.0%	1.4%	6.7%	5.2%	5.4%	7.1%	3.9%	--
Prescription drugs used differently than prescribed	--	--	3.4%	2.0%	1.9%	2.5%	4.1%	2.0%	3.3%	1.6%	--
Other illicit drugs	--	--	0.9%	2.0%	0.5%	0.0%	2.1%	0.0%	0.9%	0.8%	--
Inhalants	--	--	0.9%	0.0%	1.4%	1.7%	0.0%	1.0%	0.0%	0.4%	--
Cough medicine	--	--	0.0%	1.0%	0.5%	2.5%	1.0%	0.0%	0.9%	0.4%	--
Energy drinks	--	--	50.9%	36.6%	53.3%	48.8%	36.6%	45.5%	37.6%	45.7%	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Any occasion											
Alcohol	7.8%	10.5%	--	--	13.3%	--	17.3%	--	13.9%	10.7%	**12.0%**
Binge drinking	2.4%	3.8%	--	--	3.5%	--	2.5%	--	3.1%	1.0%	**2.5%**
Cigarettes	1.0%	0.0%	--	--	1.7%	--	0.0%	--	1.0%	1.0%	**0.8%**
E-cigarettes	4.9%	2.3%	--	--	12.1%	--	2.5%	--	15.5%	11.2%	**8.8%**
Marijuana	1.5%	0.7%	--	--	4.0%	--	2.5%	--	8.2%	7.6%	**5.7%**
Prescription drugs not prescribed	3.9%	6.0%	--	--	4.1%	--	1.2%	--	5.2%	3.5%	**4.6%**
Prescription drugs used differently than prescribed	2.9%	2.3%	--	--	3.5%	--	0.0%	--	2.1%	1.5%	**2.8%**
Other illicit drugs	1.0%	0.7%	--	--	0.6%	--	0.0%	--	1.0%	1.5%	**0.6%**
Inhalants	0.0%	0.0%	--	--	0.6%	--	1.2%	--	1.0%	0.5%	**0.3%**
Cough medicine	0.5%	0.0%	--	--	1.2%	--	0.0%	--	2.1%	1.0%	**0.9%**
Energy drinks	42.7%	41.0%	--	--	39.0%	--	42.0%	--	41.8%	41.6%	**42.0%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-3. Past month prevalence summary of substance use by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Any occasion											
Alcohol	--	--	6.4%	3.0%	5.7%	4.2%	9.4%	5.1%	4.2%	3.5%	--
Binge drinking	--	--	1.3%	1.0%	1.9%	1.7%	2.1%	1.0%	1.9%	1.2%	--
Cigarettes	--	--	0.4%	0.0%	0.5%	1.7%	0.5%	0.0%	0.5%	0.8%	--
E-cigarettes	--	--	3.8%	7.9%	5.6%	8.3%	9.9%	10.0%	4.7%	1.6%	--
Marijuana	--	--	2.6%	5.9%	2.3%	6.6%	7.2%	3.5%	1.9%	0.8%	--
Prescription drugs not prescribed	--	--	3.4%	2.0%	0.9%	5.0%	2.1%	3.0%	3.8%	2.0%	--
Prescription drugs used differently than prescribed	--	--	1.7%	1.0%	1.9%	1.7%	1.0%	1.5%	0.5%	0.8%	--
Other illicit drugs	--	--	0.0%	0.0%	0.5%	0.0%	1.0%	0.0%	0.9%	0.0%	--
Inhalants	--	--	0.9%	0.0%	1.4%	1.7%	0.0%	1.0%	0.0%	0.0%	--
Cough medicine	--	--	0.0%	1.0%	0.5%	2.5%	1.0%	0.0%	0.5%	0.0%	--
Energy drinks	--	--	32.0%	18.2%	32.7%	34.2%	23.8%	33.2%	22.5%	26.6%	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Any occasion											
Alcohol	2.9%	2.3%	--	--	4.7%	--	6.2%	--	4.7%	5.1%	**4.4%**
Binge drinking	1.0%	2.3%	--	--	1.2%	--	0.0%	--	1.0%	0.0%	**1.3%**
Cigarettes	0.0%	0.0%	--	--	0.6%	--	0.0%	--	0.5%	0.5%	**0.2%**
E-cigarettes	2.4%	0.8%	--	--	4.0%	--	0.0%	--	11.3%	7.1%	**6.0%**
Marijuana	0.5%	0.7%	--	--	2.3%	--	1.2%	--	5.2%	3.5%	**4.0%**
Prescription drugs not prescribed	2.9%	1.5%	--	--	3.5%	--	0.0%	--	2.6%	1.0%	**2.8%**
Prescription drugs used differently than prescribed	1.0%	1.5%	--	--	2.3%	--	0.0%	--	1.0%	0.5%	**1.2%**
Other illicit drugs	1.0%	0.7%	--	--	0.0%	--	0.0%	--	0.5%	1.0%	**0.4%**
Inhalants	0.0%	0.0%	--	--	0.6%	--	1.2%	--	1.0%	0.5%	**0.3%**
Cough medicine	0.5%	0.0%	--	--	1.2%	--	0.0%	--	1.0%	1.0%	**0.8%**
Energy drinks	23.3%	25.4%	--	--	23.4%	--	23.5%	--	28.9%	30.8%	**25.6%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-4. Lifetime prevalence summary of other illicit drug use by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Ever used (at least once)											
Cocaine	--	--	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.8%	--
Heroin	--	--	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	--
Hallucinogens	--	--	0.4%	0.0%	0.5%	0.0%	1.0%	0.0%	0.0%	0.4%	--
Methamphetamines	--	--	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.5%	0.4%	--
Ecstasy	--	--	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	--
Other club drugs	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Anabolic steroids	--	--	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Ever used (at least once)											
Cocaine	0.5%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	1.0%	**0.2%**
Heroin	0.0%	0.0%	--	--	0.6%	--	0.0%	--	0.0%	0.0%	**0.1%**
Hallucinogens	0.5%	0.0%	--	--	1.8%	--	0.0%	--	0.5%	0.0%	**0.4%**
Methamphetamines	0.0%	0.0%	--	--	0.6%	--	0.0%	--	0.0%	0.5%	**0.2%**
Ecstasy	0.5%	0.0%	--	--	1.2%	--	0.0%	--	0.5%	0.0%	**0.3%**
Other club drugs	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.5%	**0.0%**
Anabolic steroids	1.0%	0.8%	--	--	0.0%	--	0.0%	--	0.0%	1.5%	**0.2%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-5. Past year prevalence summary of other illicit drug use by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Any occasion											
Cocaine	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	--
Heroin	--	--	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Hallucinogens	--	--	0.4%	0.0%	0.5%	0.0%	0.5%	0.0%	0.0%	0.0%	--
Methamphetamines	--	--	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.5%	0.0%	--
Ecstasy	--	--	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	--
Other club drugs	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Anabolic steroids	--	--	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Any occasion											
Cocaine	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.5%	**0.0%**
Heroin	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.0%	**0.0%**
Hallucinogens	0.0%	0.0%	--	--	0.6%	--	0.0%	--	0.5%	0.0%	**0.1%**
Methamphetamines	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.5%	**0.1%**
Ecstasy	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.5%	0.0%	**0.2%**
Other club drugs	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.5%	**0.0%**
Anabolic steroids	1.0%	0.8%	--	--	0.0%	--	0.0%	--	0.0%	1.0%	**0.2%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-6. Past month prevalence summary of other illicit drug use by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Any occasion											
Cocaine	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Heroin	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Hallucinogens	--	--	0.0%	0.0%	0.5%	0.0%	0.5%	0.0%	0.0%	0.0%	--
Methamphetamines	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	--
Ecstasy	--	--	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	--
Other club drugs	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Anabolic steroids	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Any occasion											
Cocaine	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.0%	**0.0%**
Heroin	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.0%	**0.0%**
Hallucinogens	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.0%	**0.0%**
Methamphetamines	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.0%	**0.1%**
Ecstasy	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.5%	0.0%	**0.1%**
Other club drugs	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.0%	0.0%	**0.0%**
Anabolic steroids	1.0%	0.8%	--	--	0.0%	--	0.0%	--	0.0%	1.0%	**0.1%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-7. Lifetime prevalence summary of antisocial behaviors by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Ever (at least once)											
Getting suspended	--	--	7.7%	12.9%	11.7%	17.4%	20.6%	20.9%	16.0%	9.0%	--
Attacking someone with intent to harm	--	--	12.8%	10.9%	11.3%	17.5%	25.9%	13.9%	16.1%	9.8%	--
Carrying a handgun	--	--	1.7%	8.9%	7.1%	7.5%	9.8%	5.0%	3.3%	6.6%	--
Getting arrested	--	--	0.4%	0.0%	0.5%	0.8%	3.1%	0.5%	0.5%	0.0%	--
Belonging to a gang	--	--	0.4%	2.0%	1.4%	0.8%	4.6%	0.0%	0.9%	0.4%	--
Being drunk or high at school	--	--	2.1%	3.0%	1.9%	3.3%	6.7%	4.5%	2.3%	1.6%	--
Taking a handgun to school	--	--	0.0%	0.0%	0.0%	0.0%	2.1%	1.0%	0.9%	0.0%	--
Selling drugs	--	--	0.4%	0.0%	1.4%	0.0%	1.5%	0.5%	0.0%	0.0%	--
Stealing or trying to steal a motor vehicle	--	--	0.9%	2.0%	1.9%	0.0%	2.1%	1.0%	0.9%	0.4%	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Ever (at least once)											
Getting suspended	5.9%	6.0%	--	--	25.6%	--	9.9%	--	37.0%	15.7%	**17.8%**
Attacking someone with intent to harm	8.3%	7.5%	--	--	17.3%	--	13.6%	--	25.0%	14.1%	**16.0%**
Carrying a handgun	3.9%	0.8%	--	--	6.4%	--	1.2%	--	10.4%	5.6%	**5.8%**
Getting arrested	0.0%	0.0%	--	--	0.6%	--	1.3%	--	3.1%	1.0%	**0.8%**
Belonging to a gang	0.0%	0.8%	--	--	1.7%	--	0.0%	--	1.6%	1.0%	**2.0%**
Being drunk or high at school	1.9%	0.8%	--	--	4.0%	--	1.3%	--	7.3%	3.0%	**3.4%**
Taking a handgun to school	0.0%	0.0%	--	--	0.6%	--	1.2%	--	1.6%	1.0%	**0.7%**
Selling drugs	0.0%	0.0%	--	--	0.6%	--	0.0%	--	2.1%	0.5%	**0.5%**
Stealing or trying to steal a motor vehicle	0.5%	0.0%	--	--	1.7%	--	0.0%	--	3.1%	2.0%	**1.6%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-8. Past year prevalence summary of antisocial behaviors by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Any occasion											
Getting suspended	--	--	6.0%	9.9%	7.0%	14.9%	13.4%	14.9%	10.8%	5.9%	--
Attacking someone with intent to harm	--	--	9.4%	8.9%	8.5%	15.0%	16.1%	10.4%	12.3%	5.1%	--
Carrying a handgun	--	--	0.9%	6.9%	4.7%	4.2%	4.7%	3.5%	1.4%	3.9%	--
Getting arrested	--	--	0.0%	0.0%	0.0%	0.8%	1.0%	0.5%	0.5%	0.0%	--
Being drunk or high at school	--	--	2.1%	3.0%	1.9%	3.3%	5.7%	4.0%	1.4%	1.6%	--
Taking a handgun to school	--	--	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Selling drugs	--	--	0.4%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Stealing or trying to steal a motor vehicle	--	--	0.0%	1.0%	0.0%	0.0%	1.0%	0.5%	0.0%	0.0%	--
Gambling	--	--	64.3%	59.6%	64.0%	62.0%	57.8%	66.2%	55.7%	67.1%	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Any occasion											
Getting suspended	4.9%	3.8%	--	--	18.6%	--	7.4%	--	27.2%	11.1%	**12.9%**
Attacking someone with intent to harm	6.8%	5.3%	--	--	11.6%	--	11.1%	--	20.8%	10.2%	**11.8%**
Carrying a handgun	1.5%	0.8%	--	--	4.0%	--	1.2%	--	6.8%	4.5%	**2.9%**
Getting arrested	0.0%	0.0%	--	--	0.6%	--	1.3%	--	1.6%	1.0%	**0.4%**
Being drunk or high at school	1.9%	0.8%	--	--	4.0%	--	1.3%	--	5.7%	2.5%	**2.9%**
Taking a handgun to school	0.0%	0.0%	--	--	0.0%	--	0.0%	--	0.5%	0.0%	**0.0%**
Selling drugs	0.0%	0.0%	--	--	0.6%	--	0.0%	--	0.5%	0.0%	**0.1%**
Stealing or trying to steal a motor vehicle	0.0%	0.0%	--	--	1.2%	--	0.0%	--	0.5%	0.0%	**0.5%**
Gambling	57.8%	61.2%	--	--	46.8%	--	59.3%	--	56.3%	54.8%	**55.3%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-9. Lifetime prevalence summary of prosocial behavior and supportive environment by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Ever (at least once)											
Participating in clubs, organizations, or activities at school	--	--	94.5%	86.1%	91.1%	87.5%	75.6%	89.6%	76.1%	93.3%	--
Doing extra work on your own for school	--	--	82.0%	77.2%	81.7%	88.4%	65.6%	77.5%	64.0%	75.2%	--
Volunteering to do community service	--	--	54.3%	39.4%	54.0%	44.6%	18.6%	47.8%	39.0%	47.7%	--
Parent/caregiver told good job	--	--	65.2%	63.6%	65.3%	63.6%	48.9%	65.2%	52.7%	66.0%	--
Parent/caregiver told proud	--	--	70.7%	73.7%	65.7%	67.5%	54.1%	66.0%	57.6%	71.3%	--
Supportive adult	--	--	91.9%	84.0%	92.8%	89.2%	88.1%	88.4%	74.3%	89.6%	--
Feeling close to someone at school	--	--	73.9%	61.5%	69.8%	68.3%	66.5%	72.3%	62.1%	73.3%	--
Family meals	--	--	68.6%	71.6%	76.2%	78.6%	67.6%	75.3%	67.7%	78.8%	--

Table B-9. Lifetime prevalence summary of prosocial behavior and supportive environment by county (continued)

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Ever (at least once)											
Participating in clubs, organizations, or activities at school	97.1%	93.2%	--	--	79.2%	--	86.4%	--	72.4%	89.9%	**84.6%**
Doing extra work on your own for school	79.9%	82.6%	--	--	63.5%	--	77.5%	--	68.8%	70.4%	**73.3%**
Volunteering to do community service	53.7%	52.3%	--	--	12.7%	--	42.5%	--	25.4%	37.1%	**41.8%**
Parent/caregiver told good job	70.1%	66.7%	--	--	49.7%	--	70.1%	--	57.5%	61.9%	**60.3%**
Parent/caregiver told proud	72.1%	69.7%	--	--	51.6%	--	64.9%	--	60.9%	63.4%	**64.2%**
Supportive adult	89.6%	91.5%	--	--	80.8%	--	86.8%	--	76.5%	85.3%	**86.6%**
Feeling close to someone at school	75.5%	72.0%	--	--	58.2%	--	60.0%	--	60.8%	68.9%	**65.9%**
Family meals	71.7%	75.6%	--	--	64.7%	--	72.7%	--	60.7%	70.7%	**68.1%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Table B-10. Past year prevalence summary of prosocial behavior and supportive environment by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Any occasion											
Participating in clubs, organizations, or activities at school	--	--	88.5%	79.2%	84.5%	79.2%	66.1%	78.2%	68.7%	87.4%	--
Doing extra work on your own for school	--	--	78.8%	72.3%	79.7%	82.6%	58.9%	72.0%	60.7%	73.1%	--
Volunteering to do community service	--	--	47.6%	36.4%	51.9%	42.1%	16.0%	40.8%	38.0%	45.3%	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Any occasion											
Participating in clubs, organizations, or activities at school	92.2%	83.5%	--	--	66.5%	--	81.5%	--	64.9%	80.7%	**77.3%**
Doing extra work on your own for school	77.5%	78.8%	--	--	58.6%	--	73.8%	--	63.2%	67.9%	**69.5%**
Volunteering to do community service	50.2%	50.8%	--	--	10.4%	--	38.8%	--	20.2%	31.1%	**38.9%**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county. Values smaller than 0.05% were rounded down to 0.00%.

Table B-11. Risk domains and factors averages by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Risk domains and factors											
Community											
Laws and norms favorable to drug use	--	--	0.36	0.34	0.38	0.38	0.44	0.39	0.37	0.34	--
Community transitions and mobility	--	--	0.28	0.33	0.31	0.25	0.29	0.31	0.32	0.24	--
Low neighborhood attachment	--	--	0.33	0.36	0.35	0.39	0.45	0.37	0.41	0.30	--
Perceived availability of drugs	--	--	0.29	0.29	0.30	0.31	0.30	0.30	0.26	0.24	--
Community disorganization	--	--	0.18	0.24	0.21	0.25	0.42	0.23	0.35	0.14	--
Perceived availability of handguns	--	--	0.08	0.13	0.09	0.13	0.09	0.09	0.05	0.10	--
Family											
Poor family management	--	--	0.24	0.27	0.26	0.24	0.32	0.26	0.28	0.25	--
Parental attitudes favorable toward antisocial behavior	--	--	0.23	0.22	0.23	0.22	0.23	0.24	0.19	0.22	--
Parental attitudes favorable toward drug use	--	--	0.15	0.14	0.15	0.14	0.16	0.16	0.13	0.14	--
School											
Low commitment to school	--	--	0.42	0.44	0.43	0.39	0.39	0.44	0.41	0.42	--
Academic failure	--	--	0.24	0.28	0.25	0.30	0.35	0.29	0.38	0.25	--

Table B-11. Risk domains and factors averages by county (continued)

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Peer and Individual											
Perceived risks of drug use	--	--	0.28	0.25	0.28	0.29	0.35	0.30	0.27	0.26	--
Favorable attitudes toward antisocial behavior	--	--	0.27	0.28	0.25	0.23	0.26	0.27	0.24	0.26	--
Rewards for antisocial behavior	--	--	0.20	0.24	0.19	0.22	0.23	0.22	0.22	0.17	--
Favorable attitudes toward drug use	--	--	0.17	0.17	0.21	0.16	0.21	0.20	0.18	0.18	--
Early initiation of drug use	--	--	0.04	0.06	0.07	0.08	0.08	0.06	0.05	0.05	--
Friends' use of drugs	--	--	0.06	0.10	0.11	0.09	0.11	0.11	0.11	0.03	--
Early initiation of antisocial behavior	--	--	0.05	0.06	0.06	0.08	0.12	0.08	0.07	0.05	--
Gang involvement	--	--	0.01	0.02	0.01	0.01	0.05	0.00	0.01	0.01	--
Interaction with antisocial peers	--	--	0.04	0.08	0.06	0.06	0.07	0.06	0.07	0.03	--

Table B-11. Risk domains and factors averages by county (continued)

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Risk domains and factors											
Community											
Laws and norms favorable to drug use	0.33	0.33	--	--	0.41	--	0.40	--	0.42	0.39	**0.38**
Community transitions and mobility	0.29	0.31	--	--	0.32	--	0.27	--	0.31	0.28	**0.30**
Low neighborhood attachment	0.31	0.35	--	--	0.45	--	0.40	--	0.44	0.36	**0.38**
Perceived availability of drugs	0.24	0.24	--	--	0.24	--	0.27	--	0.31	0.35	**0.28**
Community disorganization	0.18	0.18	--	--	0.36	--	0.27	--	0.41	0.31	**0.28**
Perceived availability of handguns	0.05	0.04	--	--	0.07	--	0.04	--	0.10	0.14	**0.09**
Family											
Poor family management	0.22	0.25	--	--	0.30	--	0.25	--	0.28	0.28	**0.27**
Parental attitudes favorable toward antisocial behavior	0.19	0.21	--	--	0.21	--	0.23	--	0.24	0.24	**0.22**
Parental attitudes favorable toward drug use	0.13	0.14	--	--	0.14	--	0.15	--	0.15	0.16	**0.15**
School											
Low commitment to school	0.40	0.43	--	--	0.45	--	0.41	--	0.41	0.42	**0.41**
Academic failure	0.25	0.26	--	--	0.39	--	0.23	--	0.39	0.32	**0.30**

Table B-11. Risk domains and factors averages by county (continued)

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Peer and Individual											
Perceived risks of drug use	0.21	0.21	--	--	0.31	--	0.23	--	0.31	0.29	**0.28**
Favorable attitudes toward antisocial behavior	0.23	0.24	--	--	0.26	--	0.26	--	0.28	0.27	**0.25**
Rewards for antisocial behavior	0.20	0.17	--	--	0.24	--	0.23	--	0.22	0.22	**0.21**
Favorable attitudes toward drug use	0.15	0.17	--	--	0.21	--	0.18	--	0.22	0.20	**0.18**
Early initiation of drug use	0.04	0.03	--	--	0.07	--	0.04	--	0.08	0.05	**0.06**
Friends' use of drugs	0.04	0.04	--	--	0.10	--	0.09	--	0.13	0.09	**0.08**
Early initiation of antisocial behavior	0.04	0.03	--	--	0.10	--	0.05	--	0.15	0.07	**0.08**
Gang involvement	0.00	0.01	--	--	0.02	--	0.00	--	0.02	0.01	**0.02**
Interaction with antisocial peers	0.02	0.03	--	--	0.08	--	0.04	--	0.10	0.07	**0.06**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county.
Values smaller than 0.05% were rounded down to 0.00%.

Due to a computational error in 2021, risk and protective domains and factor averages are not comparable to 2021 for the following factors: community transitions and mobility, low commitment to school, academic failure, perceived risks of drug use, and school opportunities for prosocial involvement. The corresponding domain averages were affected: Community risk, School risk, Peer and Individual risk, and School protective domains.

Table B-12. Protective domains and factors averages by county

	Atlantic (n=0)	Bergen (n=65)	Burlington (n=235)	Camden (n=101)	Cape May (n=214)	Cumberland (n=121)	Essex (n=194)	Gloucester (n=202)	Hudson (n=213)	Hunterdon (n=256)	Mercer (n=0)
Protective domains and factors											
School											
School opportunities for prosocial involvement	--	--	0.67	0.62	0.66	0.65	0.64	0.62	0.64	0.67	--
School rewards for prosocial involvement	--	--	0.61	0.57	0.60	0.62	0.57	0.56	0.62	0.63	--
Peer and Individual											
Interaction with prosocial peers	--	--	0.56	0.55	0.51	0.52	0.44	0.49	0.46	0.57	--
Rewards for prosocial involvement	--	--	0.47	0.43	0.42	0.47	0.44	0.39	0.48	0.45	--
Prosocial involvement	--	--	0.38	0.34	0.42	0.35	0.27	0.31	0.32	0.34	--

	Middlesex (n=206)	Monmouth (n=134)	Morris (n=86)	Ocean (n=41)	Passaic (n=173)	Salem (n=25)	Somerset (n=81)	Sussex (n=52)	Union (n=194)	Warren (n=199)	NJ (n=2,792)
Protective domains and factors											
School											
School opportunities for prosocial involvement	0.66	0.67	--	--	0.60	--	0.61	--	0.67	0.64	**0.64**
School rewards for prosocial involvement	0.61	0.59	--	--	0.58	--	0.58	--	0.64	0.59	**0.61**
Peer and Individual											
Interaction with prosocial peers	0.60	0.53	--	--	0.45	--	0.53	--	0.44	0.46	**0.50**
Rewards for prosocial involvement	0.43	0.45	--	--	0.43	--	0.39	--	0.44	0.41	**0.44**
Prosocial involvement	0.39	0.35	--	--	0.24	--	0.36	--	0.24	0.32	**0.34**

-- No schools participated in Atlantic and Mercer. Data is not displayed for Bergen, Morris, Ocean, Salem, and Sussex because only one school participated in each county. Values smaller than 0.05% were rounded down to 0.00%.

Due to a computational error in 2021, risk and protective domains and factor averages are not comparable to 2021 for the following factors: community transitions and mobility, low commitment to school, academic failure, perceived risks of drug use, and school opportunities for prosocial involvement. The corresponding domain averages were affected: Community risk, School risk, Peer and Individual risk, and School protective domains.

Appendix C. Substance Use Comparison to National Benchmarks

Appendix C presents substance use rates by NJ eighth-grade students across three time periods (lifetime, past year, and past month) as measured by the 2023 NJRPFS compared to related items from the 2023 Monitoring the Future (MTF) survey of students across the U.S. Monitoring the Future is a national survey conducted annually with eighth-, tenth-, and twelfth-grade students about drug use. Because Monitoring the Future does not collect data from seventh-grade students, the comparison between their results and the NJRPFS is relevant and presented only for eighth-grade students.

Table C-1. Substance use among eighth-grade students: Comparisons to Monitoring the Future findings

	MTF				NJRPFS	
	2019	2020	2021	2022	2021	2023
Lifetime use						
Alcohol	24.5	25.6	21.7	23.1	20.2	22.9
E-cigarettes	24.3	24.1	17.5	18.1	13.0	12.4
E-cigarettes with nicotine	20.3	22.7	16.6	17.0	-	9.8
Marijuana	15.2	14.8	10.2	11.0	4.6	8.0
E-cigarettes with marijuana	9.0	10.2	6.5	7.7	5.1	5.8
Cigarettes	10.0	11.5	7.0	6.1	2.2	2.7
Cough medicine	-	-	-	-	-	1.1
Inhalants	9.5	12.6	11.3	9.8	1.4	0.6
Past year use						
Alcohol	19.3	20.5	17.2	15.2	13.4	13.1
E-cigarettes	20.1	19.2	13.4	13.8	9.4	10.2
Marijuana	11.8	11.4	7.1	8.3	3.7	7.6
E-cigarettes with nicotine	16.5	16.6	12.1	12.0	-	7.5
E-cigarettes with marijuana	7.0	8.1	4.7	6.0	4.0	5.6
Cigarettes	-	-	-	-	1.3	0.9
Cough medicine	3.2	4.6	3.5	3.2	1.1	0.8
Inhalants	4.7	6.1	4.8	3.6	0.8	0.3
Past 30 day use						
E-cigarettes	12.2	12.5	8.9	8.9	5.5	6.7
Alcohol	7.9	9.9	7.3	6.0	7.2	5.7
Marijuana	6.6	6.5	4.1	5.0	2.6	5.2
E-cigarettes with nicotine	9.6	10.5	7.6	7.1	-	4.9
E-cigarettes with marijuana	3.9	4.2	2.9	4.2	2.3	4.2
Cough medicine	-	-	-	-	-	0.7
Cigarettes	2.3	2.2	1.1	0.8	0.5	0.3
Inhalants	2.1	2.9	1.8	1.9	0.5	0.3

- Data not reported or not collected

Due to a typographical error in the 2021 Statewide Report Appendices, the 2021 rate for cough medicine was incorrectly reported. The correct rate, reflected here, is 1.1%.

Appendix D. Corresponding Questions for Risk and Protective Factors

Appendix D provides each risk and protective factor with its corresponding survey questions. Tables D-1 to D-4 provide the corresponding survey questions to the community, family, school, and peer and individual risk factors, respectively. Tables D-5 and D-6 provide the corresponding questions to the school and peer and individual protective factors, respectively.

Table D-1. Corresponding questions for Community risk factors

Factor	Question Item	Response Categories
Low neighborhood attachment	I'd like to get out of my neighborhood.	NO! (1) no (2) yes (3) YES! (4)
	If I had to move, I would miss the neighborhood I now live in.	NO! (4) no (3) yes (2) YES! (1)
	I like my neighborhood.	NO! (4) no (3) yes (2) YES! (1)
Community disorganization	I feel safe in my neighborhood.	NO! (4) no (3) yes (2) YES! (1)
	How much do the following statements describe your neighborhood? Crime and/ or drug selling.	NO! (1) no (2) yes (3) YES! (4)
	How much do the following statements describe your neighborhood? Fights.	NO! (1) no (2) yes (3) YES! (4)
	How much do the following statements describe your neighborhood? Lots of empty or abandoned buildings.	NO! (1) no (2) yes (3) YES! (4)
	How much do the following statements describe your neighborhood? Lots of graffiti.	NO! (1) no (2) yes (3) YES! (4)
Community (personal) transitions and mobility	Have you changed homes in the past year?	No (1) Yes (3)
	How many times have you changed homes since kindergarten?	Never (1) 1 or 2 times (2) 3 or 4 times (3) 5 or 6 times (4) 7 or more times (5)
	Have you changed schools (…) in the past year?	No (1) Yes (3)
	How many times have you changed schools (…) since kindergarten?	Never (1) 1 or 2 times (2) 3 or 4 times (3) 5 or 6 times (4) 7 or more times (5)
Perceived availability of drugs	If you wanted to, how easy would it be for you to get... some cigarettes?	Very hard (1) Sort of hard (2) Sort of easy (3) Very easy (4)
	If you wanted to, how easy would it be for you to get... some marijuana (…)?	Very hard (1) Sort of hard (2) Sort of easy (3) Very easy (4)
	If you wanted to, how easy would it be for you to get... some beer, wine, or hard liquor (…)?	Very hard (1) Sort of hard (2) Sort of easy (3) Very easy (4)
	If you wanted to, how easy would it be for you to get... a drug like LSD, cocaine or crack, amphetamines, or other illegal drugs, excluding marijuana?	Very hard (1) Sort of hard (2) Sort of easy (3) Very easy (4)

Table D-1. Corresponding questions for Community risk factors (continued)

Factor	Question Item	Response Categories
Perceived availability of handguns	If you wanted to, how easy would it be for you to get... a handgun?	Very hard (1) Sort of hard (2) Sort of easy (3) Very easy (4)
Laws and norms favorable to drug use	If a kid used marijuana in your neighborhood, would they be caught by the police?	NO! (4) no (3) yes (2) YES! (1)
	If a kid drank some beer, wine, or hard liquor (…) in your neighborhood, would they be caught by the police?	NO! (4) no (3) yes (2) YES! (1)
	If a kid carried a handgun in your neighborhood, would they be caught by the police?	NO! (4) no (3) yes (2) YES! (1)
	If a kid smoked a cigarette in your neighborhood, would they be caught by the police?	NO! (4) no (3) yes (2) YES! (1)
	How wrong would most adults (…) in your neighborhood think it is for kids your age to... smoke cigarettes?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong would most adults (…) in your neighborhood think it is for kids your age to... use marijuana (…)?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong would most adults (…) in your neighborhood think it is for kids your age to... drink alcohol?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)

Table D-2. Corresponding questions for Family risk factors

Factor	Question Item	Response Categories
Poor family management	My parents ask if I've gotten my homework done.	NO! (4) no (3) yes (2) YES! (1)
	Would your parents know if you did not come home on time?	NO! (4) no (3) yes (2) YES! (1)
	When I am not at home, one of my parents knows where I am and who I am with.	NO! (4) no (3) yes (2) YES! (1)
	The rules in my family are clear.	NO! (4) no (3) yes (2) YES! (1)
	My family has clear rules about alcohol and drug use.	NO! (4) no (3) yes (2) YES! (1)
	If you drank some beer, wine, or liquor (…) without your parents' permission, would you be caught by your parents?	NO! (4) no (3) yes (2) YES! (1)
	If you carried a handgun without your parents' permission, would you be caught by your parents?	NO! (4) no (3) yes (2) YES! (1)
	If you skipped school, would you be caught by your parents?	NO! (4) no (3) yes (2) YES! (1)
Parental attitudes favorable toward drug use	How wrong do your parents feel it would be for you to... drink beer, wine, or hard liquor (…) regularly (…)?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do your parents feel it would be for you to... smoke cigarettes?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do your parents feel it would be for you to... use marijuana (...)?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
Parental attitudes favorable toward antisocial behavior	How wrong do your parents feel it would be for you to... steal something worth more than $5?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do your parents feel it would be for you to... draw graffiti, or write things or draw pictures on buildings or other property (…)?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do your parents feel it would be for you to... pick a fight with someone?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)

Table D-3. Corresponding questions for School risk factors

Factor	Question Item	Response Categories
Academic failure	Putting them all together, what were your grades like last year?	Mostly A's (1) Mostly B's (1.75) Mostly C's (2.5) Mostly D's (3.25) Mostly F's (4)
	My school grades are better than the grades of most students in my classes.	NO! (4) no (3) yes (2) YES! (1)
Low commitment to school	During the LAST 4 WEEKS, how many whole days of school have you missed... because you skipped or "cut"?	None (1) 1 day (1.67) 2 days (2.33) 3 days (3) 4-5 days (3.67) 6-10 days (4.33) 11 or more days (5)
	How interesting are most of your courses to you?	Very interesting (1) Quite interesting (2) Fairly interesting (3) Slightly interesting (4) Not at all interesting (5)
	Now, thinking back over the past year in school, how often did you... enjoy being in school?	Never (5) Seldom (4) Sometimes (3) Often (2) Almost Always (1)
	Now, thinking back over the past year in school, how often did you... hate being in school?	Never (1) Seldom (2) Sometimes (3) Often (4) Almost Always (5)
	Now, thinking back over the past year in school, how often did you... try to do your best work in school?	Never (5) Seldom (4) Sometimes (3) Often (2) Almost Always (1)
	How often do you feel that the school work you are assigned is meaningful and important?	Never (5) Seldom (4) Sometimes (3) Often (2) Almost Always (1)
	How important do you think the things you are learning in school are going to be for your later life?	Very important (1) Quite important (2) Fairly important (3) Slightly important (4) Not at all important (5)

Table D-4. Corresponding questions for Peer and Individual risk factors

Factor	Question Item	Response Categories
Gang involvement	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... been members of a gang?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Have you ever belonged to a gang?	No (0) Yes (8)
	Did the gang have a name?	No (1) Yes (8)
	How old were you when you first... belonged to a gang?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)
Perceived risks of drug use	How much do you think people risk harming themselves (…) if they... smoke one or more packs of cigarettes per day?	No risk (4) Slight risk (3) Moderate risk (2) Great risk (1)
	How much do you think people risk harming themselves (…) if they... try marijuana (…) once or twice?	No risk (4) Slight risk (3) Moderate risk (2) Great risk (1)
	How much do you think people risk harming themselves (…) if they... use marijuana regularly (…)?	No risk (4) Slight risk (3) Moderate risk (2) Great risk (1)
	How much do you think people risk harming themselves (…) if they... have one or two drinks of an alcoholic beverage (…) nearly every day?	No risk (4) Slight risk (3) Moderate risk (2) Great risk (1)
Early initiation of drug use	How old were you when you first... smoked cigarettes?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)
	How old were you when you first... had a drink of beer, wine, or hard liquor (...) other than a few sips?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)
	How old were you when you first... began drinking beer, wine, or hard liquor (...) regularly, that is, at least once or twice a month?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)
	How old were you when you first... smoked marijuana (...)?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)

Table D-4. Corresponding questions for Peer and Individual risk factors (continued)

Factor	Question Item	Response Categories
Early initiation of antisocial behavior	How old were you when you first... got suspended from school?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)
	How old were you when you first... got arrested?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)
	How old were you when you first... carried a handgun?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)
	How old were you when you first... attacked someone with the idea of seriously hurting them?	10 or younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or older (1) Never have (0)
Favorable attitudes toward drug use	How wrong do you think it is for someone your age to... smoke cigarettes?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do you think it is for someone your age to... drink beer, wine, or hard liquor (…) regularly (…)?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do you think it is for someone your age to... use marijuana (...)?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do you think it is for someone your age to... use LSD, cocaine or crack, amphetamines, or other illegal drugs, excluding marijuana?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
Favorable attitudes toward antisocial behavior	How wrong do you think it is for someone your age to... take a handgun to school?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do you think it is for someone your age to... steal something worth more than $5?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do you think it is for someone your age to... pick a fight with someone?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do you think it is for someone your age to... attack someone with the idea of seriously hurting them?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)
	How wrong do you think it is for someone your age to... stay away from school all day when their parents think they are at school?	Very wrong (1) Wrong (2) A little bit wrong (3) Not wrong at all (4)

Table D-4. Corresponding questions for Peer and Individual risk factors (continued)

Factor	Question Item	Response Categories
Rewards for antisocial behavior	What are the chances you would be seen as cool if you... smoked cigarettes?	No or very little chance (1) Little chance (2) Some chance (3) Pretty good chance (4) Very good chance (5)
	What are the chances you would be seen as cool if you... began drinking alcoholic beverages regularly, that is, at least once or twice a month?	No or very little chance (1) Little chance (2) Some chance (3) Pretty good chance (4) Very good chance (5)
	What are the chances you would be seen as cool if you... used marijuana (...)?	No or very little chance (1) Little chance (2) Some chance (3) Pretty good chance (4) Very good chance (5)
	What are the chances you would be seen as cool if you... carried a handgun?	No or very little chance (1) Little chance (2) Some chance (3) Pretty good chance (4) Very good chance (5)
Friends' use of drugs	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... smoked cigarettes?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... tried beer, wine, or hard liquor (…) when their parents didn't know about it?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... used marijuana (...)?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... used LSD, cocaine or crack, amphetamines, or other illegal drugs, excluding marijuana?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)

Table D-4. Corresponding questions for Peer and Individual risk factors (continued)

Factor	Question Item	Response Categories
Interaction with antisocial peers	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... been suspended from school?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... carried a handgun?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... sold illegal drugs?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... stolen or tried to steal a motor vehicle such as a car or motorcycle?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... been arrested?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... dropped out of school?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)

Table D-5. Corresponding questions for School protective factors

Factor	Question Item	Response Categories
School opportunities for prosocial involvement	In my school, students have lots of chances to help decide things like class activities and rules.	NO! (1) no (2) yes (3) YES! (4)
	Teachers ask me to work on special classroom projects.	NO! (1) no (2) yes (3) YES! (4)
	There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	NO! (1) no (2) yes (3) YES! (4)
	There are lots of chances for students in my school to talk with a teacher one-on-one.	NO! (1) no (2) yes (3) YES! (4)
	There are lots of chances to be part of class discussions or activities.	NO! (1) no (2) yes (3) YES! (4)
School rewards for prosocial involvement	My teacher(s) notices when I am doing a good job and lets me know about it.	NO! (1) no (2) yes (3) YES! (4)
	I feel safe at my school.	NO! (1) no (2) yes (3) YES! (4)
	The school lets my parents know when I have done something well.	NO! (1) no (2) yes (3) YES! (4)
	My teachers praise me when I work hard in school.	NO! (1) no (2) yes (3) YES! (4)

Table D-6. Corresponding questions for Peer and Individual protective factors

Factor	Question Item	Response Categories
Interaction with prosocial peers	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... participated in clubs, organizations, or activities at school?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... made a commitment to stay drug-free?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... liked school?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... regularly attended religious services?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
	Think of your 4 best friends (…). In the past year (…), how many of your best friends have... tried to do well in school?	None of my friends (0) 1 of my friends (1) 2 of my friends (2) 3 of my friends (3) 4 of my friends (4)
Prosocial involvement	How many times in the past year (…), have you... participated in clubs, organizations, or activities at school?	Never (1) 1 or 2 Times (2) 3 to 5 times (3) 6 to 9 times (4) 10 to 19 times (5) 20 to 29 times (6) 30 to 40 times (7) 40+ times (8)
	How many times in the past year (…), have you... done extra work on your own for school?	Never (1) 1 or 2 Times (2) 3 to 5 times (3) 6 to 9 times (4) 10 to 19 times (5) 20 to 29 times (6) 30 to 40 times (7) 40+ times (8)
	How many times in the past year (…), have you... volunteered to do community service?	Never (1) 1 or 2 Times (2) 3 to 5 times (3) 6 to 9 times (4) 10 to 19 times (5) 20 to 29 times (6) 30 to 40 times (7) 40+ times (8)

Table D-6. Corresponding questions for Peer and Individual protective factors (continued)

Factor	Question Item	Response Categories
Rewards for prosocial involvement	What are the chances you would be seen as cool if you... worked hard at school?	No or very little chance (1) Little chance (2) Some chance (3) Pretty good chance (4) Very good chance (5)
	What are the chances you would be seen as cool if you... defended someone who was being verbally abused at school?	No or very little chance (1) Little chance (2) Some chance (3) Pretty good chance (4) Very good chance (5)
	What are the chances you would be seen as cool if you... regularly volunteered to do community service?	No or very little chance (1) Little chance (2) Some chance (3) Pretty good chance (4) Very good chance (5)
	What are the chances you would be seen as cool if you... made a commitment to stay drug-free?	No or very little chance (1) Little chance (2) Some chance (3) Pretty good chance (4) Very good chance (5)

Appendix E. Drug-Free Communities Core Measures

Appendix E provides the unweighted sample size and number of affirmative responses to each Drug-Free Communities (DFC) Core Measure along with the weighted percentage of the affirmative responses displayed for seventh and eighth grade. According to their End-of-Year 2022 Report, DFC coalitions reported significant decreases from the earliest measure in past month use for middle and high school students across all substances. Additionally reported in the DFC report, the perception of risk for harm due to the use of alcohol, prescription drugs, and marijuana also declined significantly amongst middle school students in the most recent cohort.[49]

Table E-1 presents the 2023 rates of substance use in the past month for alcohol, cigarettes, marijuana, and prescription drugs not prescribed to them for seventh- and eighth-grade students. Students were asked if they had "smoked cigarettes," "smoked marijuana (pot, hash, weed)," "vaped marijuana or THC concentrate," or "[eaten] marijuana in candies, treats, or other foods;" "had a drink of beer, wine, or hard liquor (for example, vodka, whiskey, gin) other than a few sips;" and "used prescription pain relievers (for example, OxyContin, Percocet, Vicodin) not prescribed to [them]," "used prescription stimulants (for example, Ritalin, Adderall, Concerta) not prescribed to [them]," and "used prescription tranquilizers (anti-anxiety medication, for example, Xanax, Valium, Ativan) not prescribed to [them]" during the past month.

Table E-1. Past month use

	Seventh grade			Eighth grade		
	Unweighted sample size	Unweighted # of past month users	Weighted %	Unweighted sample size	Unweighted # of past month users	Weighted %
Alcohol	1,344	41	3.1%	1,420	95	5.7%
Cigarettes	1,340	3	0.1%	1,422	9	0.3%
Marijuana	1,356	23	2.9%	1,431	58	5.2%
Prescription drugs not prescribed to them	1,353	25	1.3%	1,432	45	4.3%

Table E-2 presents perceptions of risk for binge drinking, cigarettes, marijuana, and prescription drugs not prescribed to them for seventh- and eighth-grade students. Students were asked how much they think people risk harming themselves (physically or in other ways) if they “have five or more drinks of an alcoholic beverage once or twice a week,” “smoke one or more packs of cigarettes per day,” “use marijuana regularly (at least once or twice a week),” and “use prescription drugs that are not prescribed to them." Shown here is the weighted percentage of students who selected “moderate risk” or “great risk.”

Table E-2. Perception of risk

	Seventh grade			Eighth grade		
	Unweighted sample size	Unweighted # moderate or great risk	Weighted %	Unweighted sample size	Unweighted # moderate or great risk	Weighted %
Binge drinking	1,348	1,246	91.1%	1,422	1,251	88.6%
Cigarettes	1,352	1,256	90.7%	1,428	1,297	89.9%
Marijuana	1,332	1,201	88.2%	1,415	1,171	83.4%
Prescription drugs not prescribed to them	1,352	1,236	91.3%	1,424	1,272	88.2%

Table E-3 presents parental disapproval for the regular use of alcohol, smoking cigarettes, using marijuana, and using prescription drugs not prescribed to them for seventh- and eighth-grade students. Students were asked how wrong their parents would feel it would be for them to "drink beer, wine, or hard liquor (for example, vodka, whiskey, gin) regularly (at least once or twice a month)," "smoke cigarettes," "use marijuana (pot, hash, weed)," and "use prescription drugs that are not prescribed to [them]." Shown here is the weighted percentage of students who selected "wrong" or "very wrong."

Table E-3. Parental disapproval

	Seventh grade			Eighth grade		
	Unweighted sample size	Unweighted # wrong or very wrong	Weighted %	Unweighted sample size	Unweighted # wrong or very wrong	Weighted %
Alcohol	1,319	1,251	95.0%	1,400	1,276	91.4%
Cigarettes	1,322	1,305	99.0%	1,403	1,368	96.1%
Marijuana	1,318	1,294	98.0%	1,399	1,344	95.4%
Prescription drugs not prescribed to them	1,320	1,287	96.6%	1,400	1,357	96.0%

Table E-4 presents peer disapproval for the regular use of alcohol, smoking tobacco, using marijuana, and using prescription drugs not prescribed to them for seventh- and eighth-grade students. Students were asked how wrong their friends would feel it would be for them to "have one or two drinks of an alcoholic beverage nearly every day," "smoke tobacco," "use marijuana (pot, hash, weed)," and "use prescription drugs that are not prescribed to [them]." Shown here is the weighted percentage of students who selected "wrong" or "very wrong."

Table E-4. Peer disapproval

	Seventh grade			Eighth grade		
	Unweighted sample size	Unweighted # wrong or very wrong	Weighted %	Unweighted sample size	Unweighted # wrong or very wrong	Weighted %
Alcohol	1,353	1,260	92.8%	1,426	1,265	87.4%
Tobacco	1,353	1,269	93.0%	1,427	1,298	90.5%
Marijuana	1,352	1,255	90.6%	1,426	1,208	85.6%
Prescription drugs not prescribed to them	1,353	1,250	92.0%	1,427	1,286	88.3%

Appendix F. Subgroup Differences from the State Factor Means

Appendix F presents the specific risk and protective factors for each demographic group beyond one standard error from the state mean.

Table F-1. Risk factors one standard error above the state mean

Factors	Grade		Gender			Race/Ethnicity						
	7th	8th	Male only	Female only	Nonbinary or Trans	Hispanic	White	Black	Asian	Two or more races	Other	Military Parent
Community risk												
Laws and norms favorable to drug use		X			X	X		X				X
Community transitions and mobility				X		X		X	X	X	X	
Low neighborhood attachment		X			X	X		X		X		
Perceived availability of drugs		X			X	X		X		X		X
Community disorganization					X	X		X		X	X	X
Perceived availability of handguns		X				X		X		X		X
Family risk												
Poor family management		X			X	X		X		X		
Parental attitudes favorable toward antisocial behavior		X			X	X		X		X		
Parental attitudes favorable toward drug use		X			X			X		X		X
School risk												
Low commitment to school		X		X	X		X	X		X	X	X
Academic failure		X			X	X		X			X	X
Peer and Individual risk												
Perceived risks of drug use		X			X	X		X		X		X
Favorable attitudes toward antisocial behavior		X			X			X		X		X
Rewards for antisocial behavior				X	X	X		X		X		
Favorable attitudes toward drug use					X	X		X		X		X
Early initiation of drug use		X		X	X	X		X		X		X
Friends' use of drugs		X		X	X	X		X		X		X
Early initiation of antisocial behavior		X	X		X	X		X		X		X
Gang involvement				X		X		X		X		X
Interaction with antisocial peers				X		X		X		X		X
Total	**0**	**14**	**1**	**7**	**16**	**17**	**1**	**20**	**1**	**18**	**4**	**15**

Table F-2. Protective factors one standard error below the state mean

Factors	Grade		Gender			Race/Ethnicity						
	7th	8th	Male only	Female only	Nonbinary or Trans	Hispanic	White	Black	Asian	Two or more races	Other	Military Parent
School protective												
School opportunities for prosocial involvement				X	X			X		X	X	
School rewards for prosocial involvement				X	X	X		X			X	X
Peer and Individual protective												
Interaction with prosocial peers					X	X		X				
Rewards for prosocial involvement					X						X	
Prosocial involvement			X			X		X		X	X	
Total	**0**	**0**	**1**	**2**	**4**	**3**	**0**	**4**	**0**	**2**	**4**	**1**