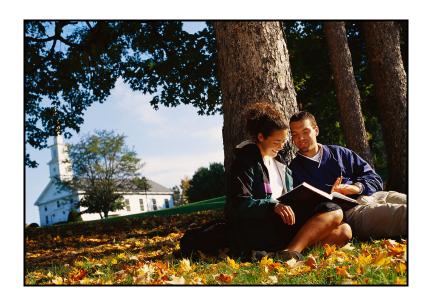
ARKANSAS Prevention Needs Assessment Student Survey 2005 Results for Franklin



PROVIDED BY: Office of Alcohol and Drug Abuse Prevention Division of Behavioral Health Services Arkansas Department of Human Services

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INTRODUCTION

The 2005 Arkansas Prevention Needs Assessment Student Survey

This report summarizes findings from the Arkansas Prevention Needs Assessment Survey (APNA), a survey of 6th, 8th, 10th and 12th grade school students, conducted in the Fall of 2005. This survey was available free of

Table 1. Characteristics of Participants							
Student Totals							
	Count	y 2005	State	2005			
	Number	Percent	Number	Percent			
Total Students	118	100	38372	100			
# of Districts	1	0.6	170	100			
# of Schools	1	0.2	441	100			
Grade							
8	43	36.4	14972	39.0			
10	41	34.7	13108	34.2			
12	34	28.8	10292	26.8			
Gender							
Male	64	54.2	18018	47.0			
Female	53	44.9	19806	51.6			
Ethnicity							
Hispanic	2	1.6	2525	6.1			
Black	1	0.8	7176	17.3			
Asian	2	1.6	644	1.6			
American Indian	4	3.2	1421	3.4			
White	112	90.3	27456	66.3			
Pacific Islander	0	0.0	206	0.5			
Other	3	2.4	1974	4.8			

charge to all Arkansas public school districts who chose to participate. The survey was designed to assess adolescent substance use and related behaviors, and risk and protective factors that predict these behaviors. In this report, the results are presented for each grade along with the overall results for the State. Table 1 contains characteristics of the students who completed the survey.

This is the fourth year that the APNA Survey was administered. Because trends over time are very important to prevention planning, readers are

encouraged to review the results from the last three year's (2002, 2003 & 2004) surveys. By comparing the results of the three surveys, changes in ATOD use, rates of antisocial behavior, and levels risk and protective factors can be determined for a specific grade. It is important to note that the results in this report are for students who were not sampled in the even grades (6, 8, 10, and 12) during the 2004 survey. Those students are now in grades 7, 9, 11, and out of school. Together, the results of the 2002, 2003, 2004 and 2005 APNA surveys provide a complete picture of ATOD use, antisocial behavior, risk, and protection for students in Arkansas.

The Risk and Protective Factor Model of Prevention

Risk and protective factor-focused prevention is based on a simple premise: To prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart attacks such as diets high in fats, lack of exercise, and smoking, a team of researchers, the Social Development Research Group (SDRG), at the University of Washington have defined a set of risk factors for drug abuse. The research team also found that some children exposed to multiple risk factors manage to avoid behavior problems later even though they were exposed to the same risks as children who exhibited behavior problems. Based on research, they identified protective factors and processes that work together to buffer children from the effects of high risk exposure and lead to the development of healthy behaviors.

Risk factors include characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, and violent behaviors among youth (Hawkins, Catalano & Miller, 1992; Hawkins, Arthur & Catalano, 1995; Brewer, Hawkins, Catalano & Neckerman, 1995).

TOOLS FOR ASSESSMENT AND PLANNING

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by the Social Development Research Group include social bonding to family, school, community and peers; and healthy beliefs and clear standards for behavior.

Research on risk and protective factors has important implications for prevention efforts. The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by preventive interventions that also promote related protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring and tutoring interventions can be provided that will improve academic performance, and also increase opportunities and rewards for classroom participation.

Risk- and protective factor-focused drug abuse prevention is based on the work of J. David Hawkins, Ph.D., Richard F. Catalano. Ph.D.: and a team of researchers at the University of Washington in Seattle. Beginning in the early 1980's the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse and delinquency. The chart at the right shows the links between the 16 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

		PROBL	EM BEH	AVIORS	
YOUTH AT RISK	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs and Firearms	✓				√
Community Laws and Norms Favorable Toward Drug Use	√				
Transitions and Mobility	✓	✓		✓	
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓
Extreme Economic and Social Deprivation	✓	~	>	~	✓
Family					
Family History of High Risk Behavior	✓	✓	√	√	
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓
School					
Early and Persistent Antisocial Behavior	✓	~	~	√	✓
Academic Failure in Elementary School	✓	~	>	>	~
Lack of Commitment to School	√	✓	>	~	
Individual/Peer					
Alienation and Rebelliousness	✓	~		✓	
Friends Who Engage in a Problem Behavior	*	*	>	>	~
Favorable Attitudes Toward the Problem Behavior	√	√	*	*	
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓

SCHOOL IMPROVEMENT USING SURVEY DATA

Data from the Arkansas Prevention Needs Assessment Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing the risk(s) and enhancing the protection(s). The steps outlined below will help your school and community make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3 to 5 risk factors appear to be higher than you would want?
- Which 3 to 5 protective factors appear to be lower than you would want?
- Which levels of 30 day drug use are increasing and/or unacceptably high?
 - o Which substances are your students using the most?
 - o At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
 - o Which behaviors are your students exhibiting the most?
 - o At which grades do you see unacceptable behavior levels?

How to decide if a rate is "unacceptable."

- Look across the charts to determine which items stand out as either much higher or much lower than the others?
- Compare your data to statewide data and national data. Differences of 5% between the local and other data are probably significant.
- Determine the standards and values held in your area. For example: Is it acceptable in your community for 75% of high school students to drink alcohol regularly even when the statewide percentage is 90?

Use these data for planning:

- Substance use and antisocial behavior data raise awareness about the problems and promote dialogue.
- Risk and protective factor data identify exactly where the community needs to take action.
- Promising approaches talk with resources listed on the last page of this report for ideas about programs that have been proven effective in addressing the risk factors that are high in your area, and in improving the protective factors that are low.

Measure	Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4
30 day drug use				
Antisocial behaviors				
Risk factors				
Protective factors				

SCHOOL IMPROVEMENT USING SURVEY DATA

How do I decide which intervention(s) to employ?

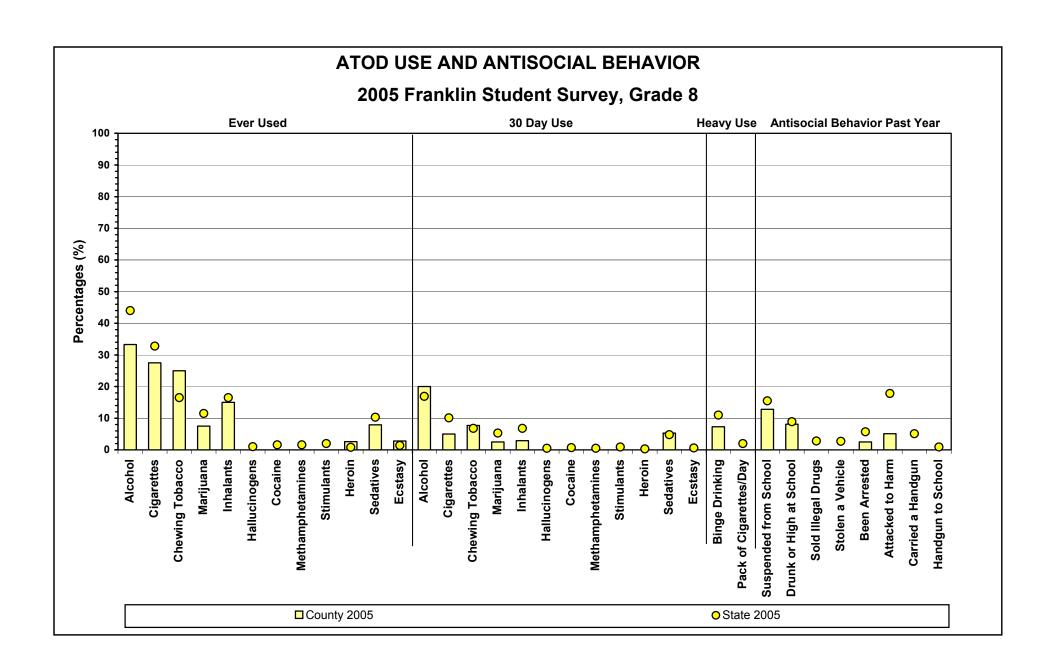
- Strategies should be selected based on the risk factors that are high in your community and the protective factors which are low.
- Strategies should be age appropriate and employed prior to the onset of the problem behavior.
- Strategies chosen should address more than a single risk and protective factor.
- No single strategy offers the solution.

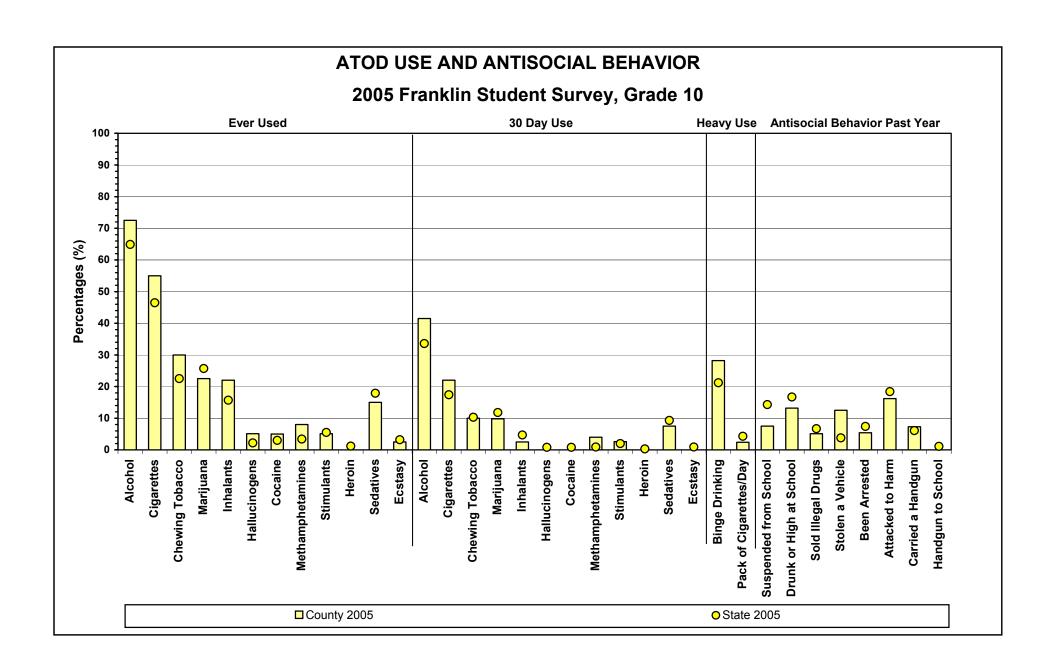
How do I know whether or not the intervention was effective?

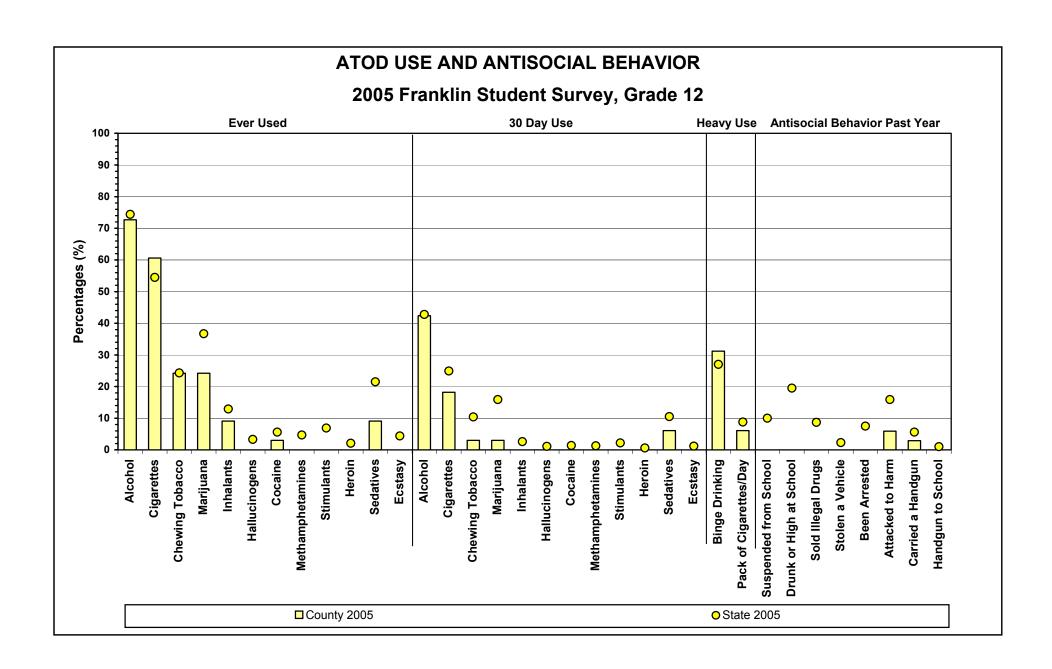
• Participation in the annual administration of the survey provides trend data necessary for determining the effectiveness of the implemented intervention(s) and also provides data for determining any new efforts that are needed.

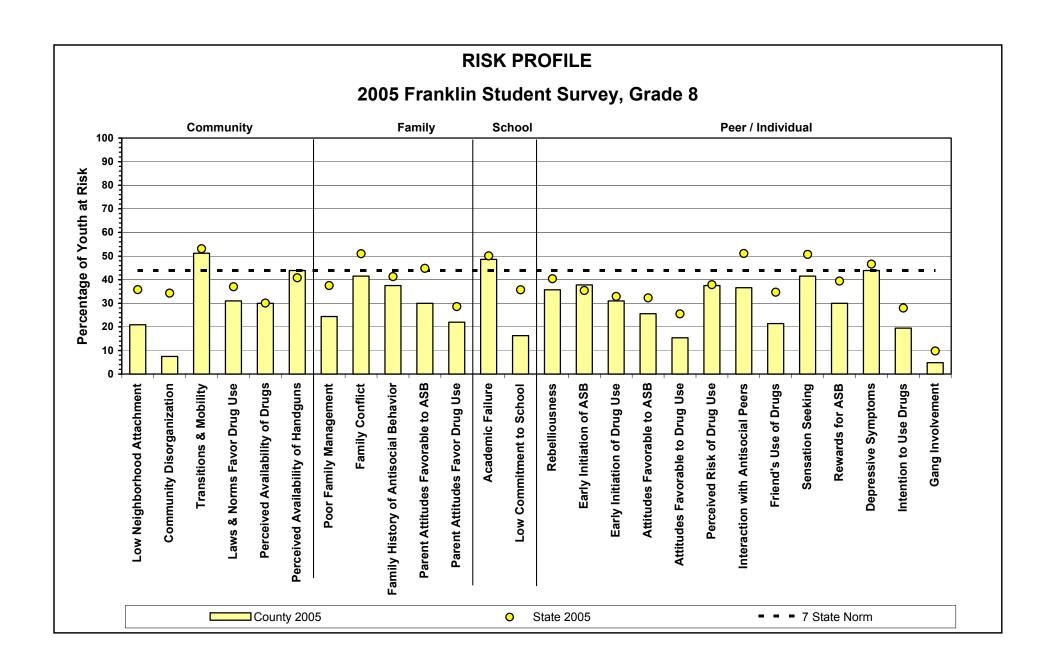
HOW TO READ THE CHARTS

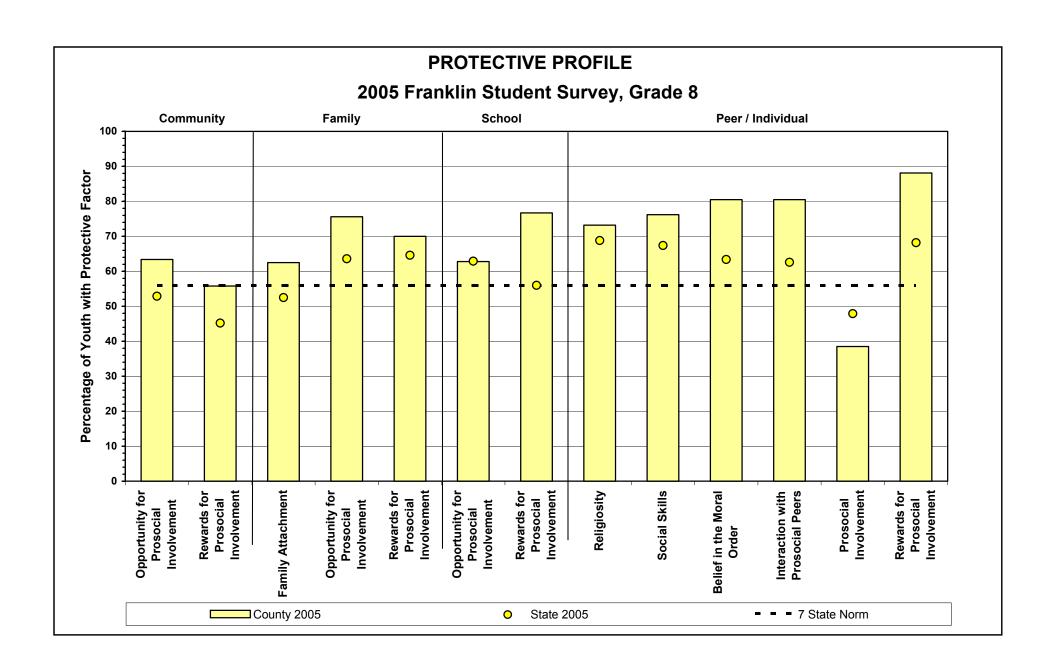
- 1. Student responses for risk and protective factors, substance use and antisocial behavior questions are displayed by grade on the following pages.
- 2. The factors are grouped into 4 domains: community, family, peer-individual, and school.
- 3. The bars represent the percent of students in the grade who reported elevated risk or protection, substance use or antisocial behaviors or school safety concerns.
- 4. Scanning across these charts, you can easily determine which factors are most (or least) prevalent, thus identifying which are the most important for your community to address.
- 5. Bars will be complemented by a small dot. The dot shows the comparison from the state and provides additional information for you in determining the relative importance of each risk or protective factor.
- 6. A dashed line on each risk and protective factor chart represents the percentage of youth at risk or with protection for the seven state sample upon which the cut-points were developed. The seven states included in the norm group were Colorado, Illinois, Kansas, Maine, Oregon, Utah and Washington. This gives you a comparison to a national sample.
- 7. Brief definitions of the risk and protective factors can be found following the graphs.
- 8. Actual percentages are provided in the data tables following the charts.

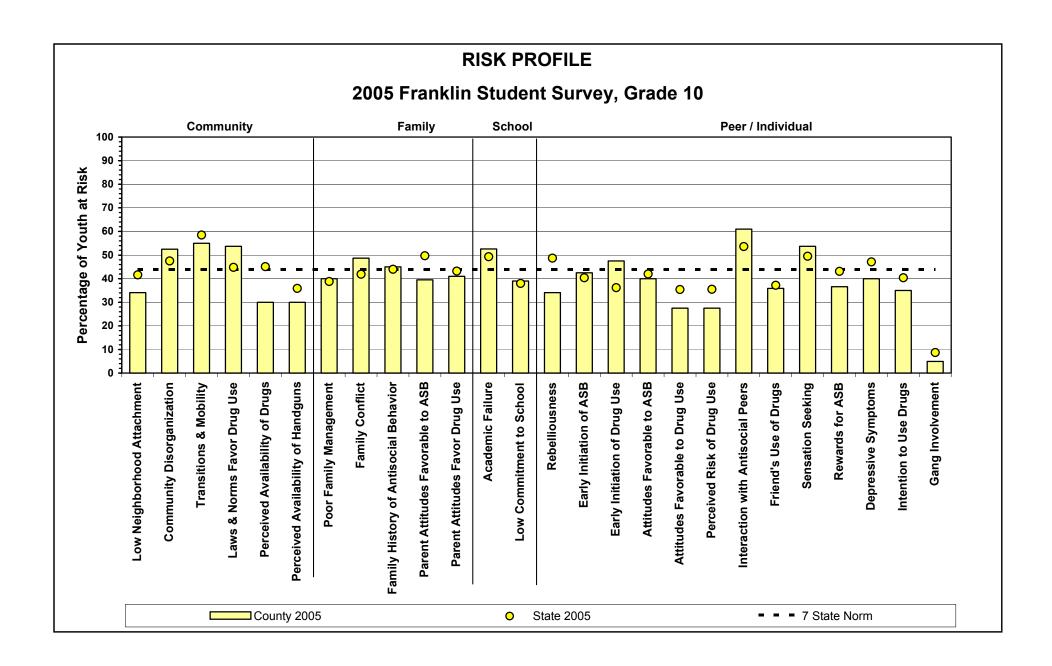


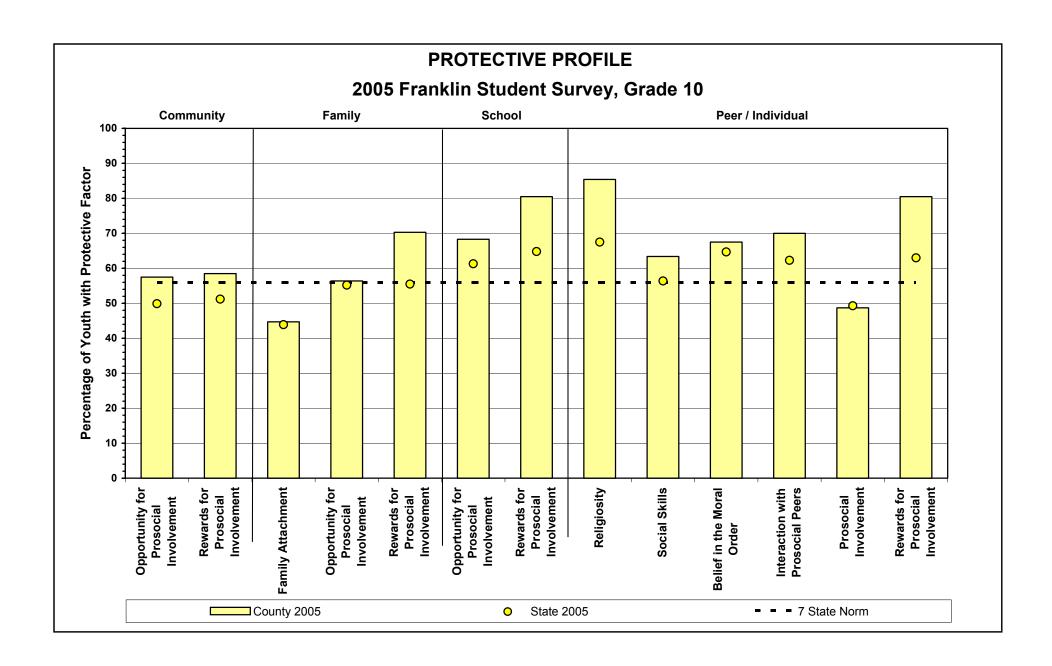


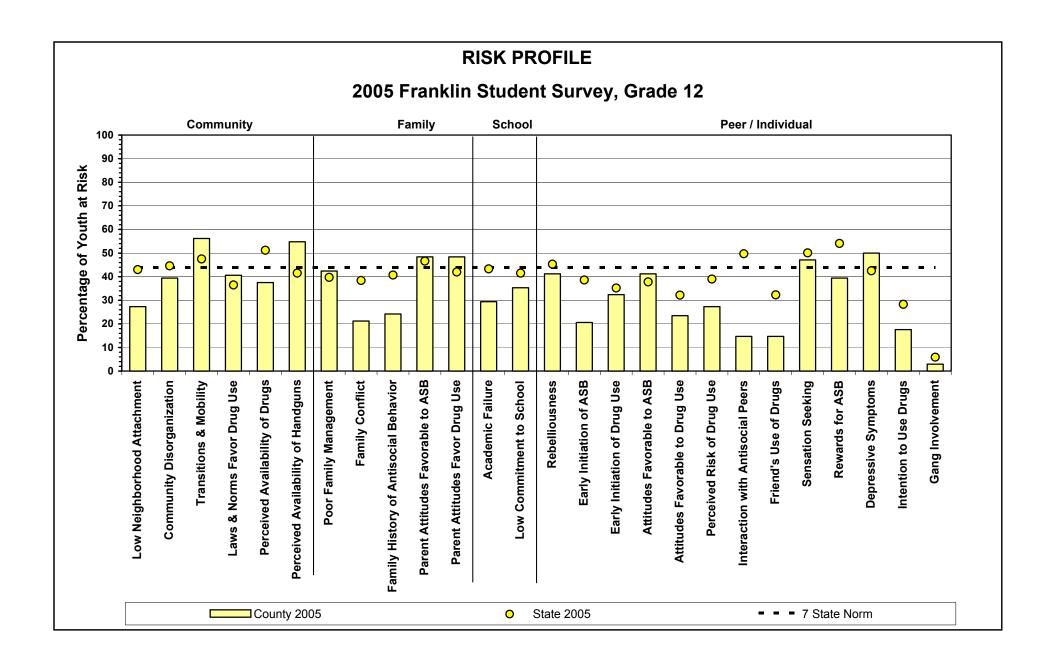


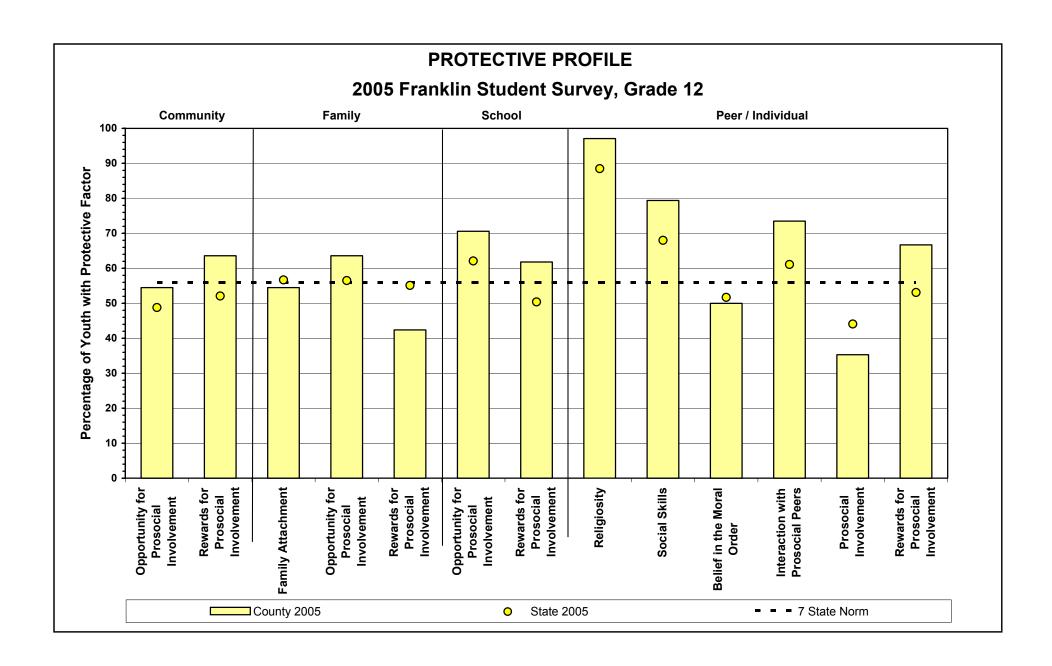


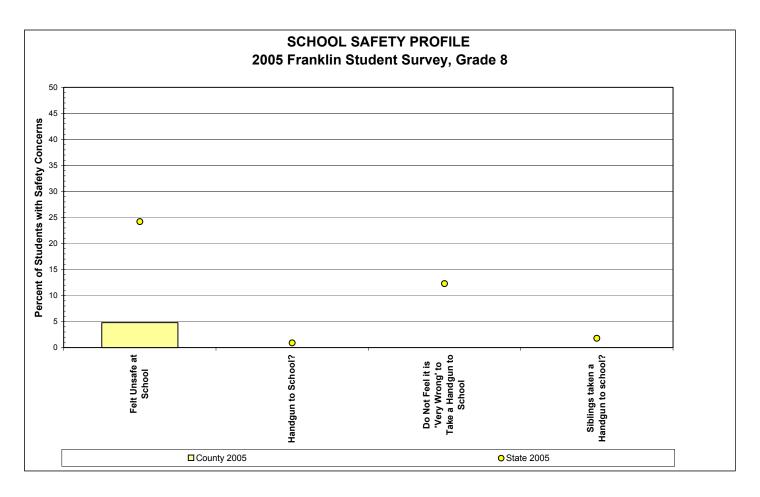


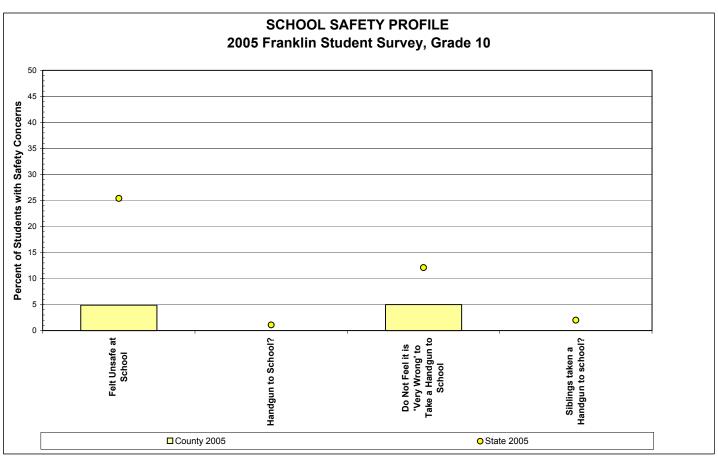


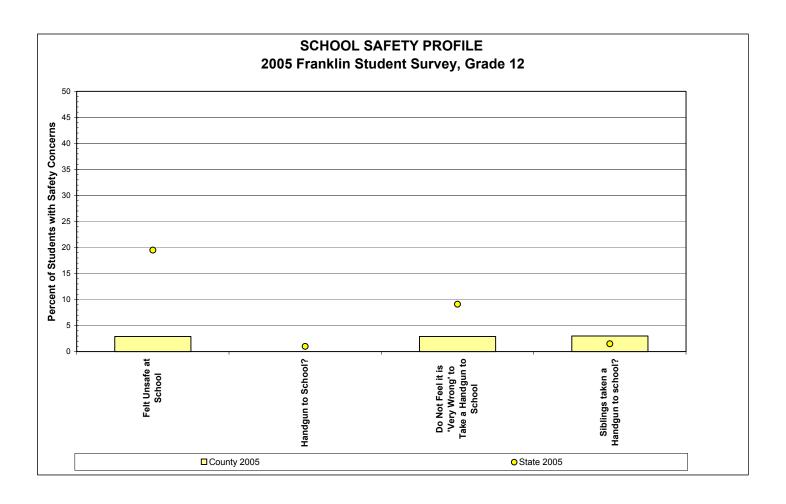


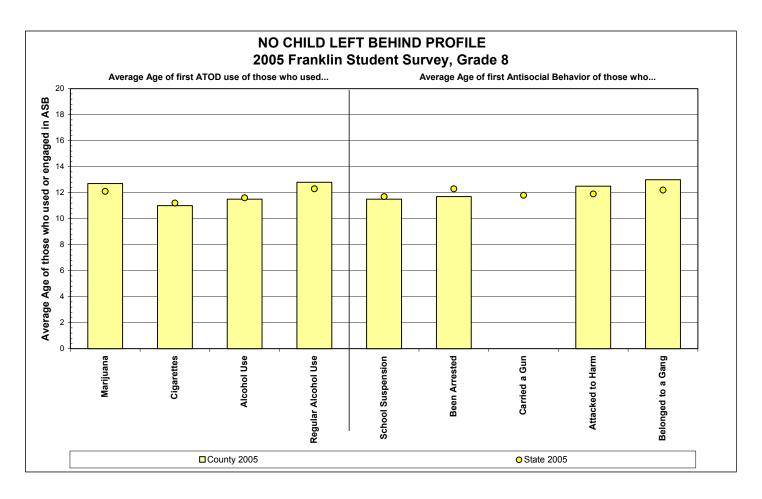


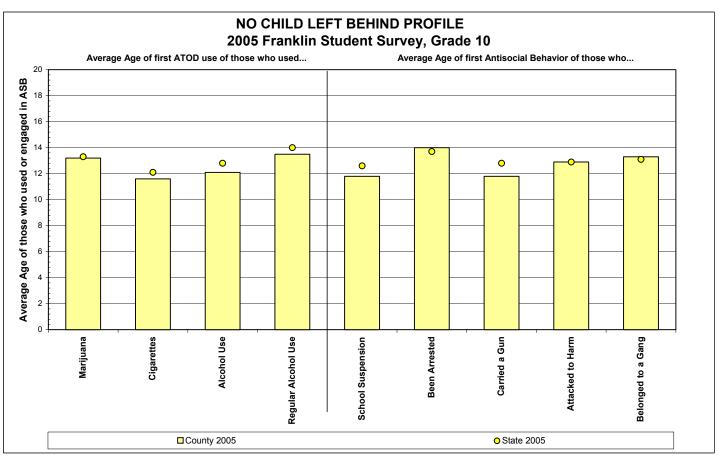


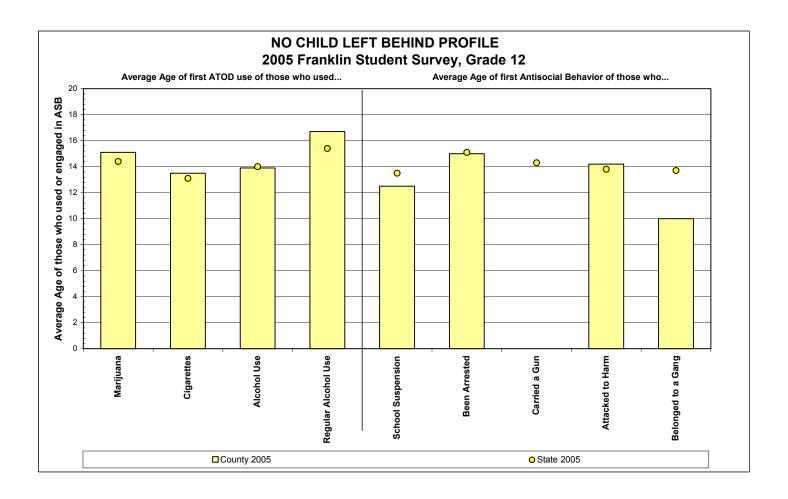


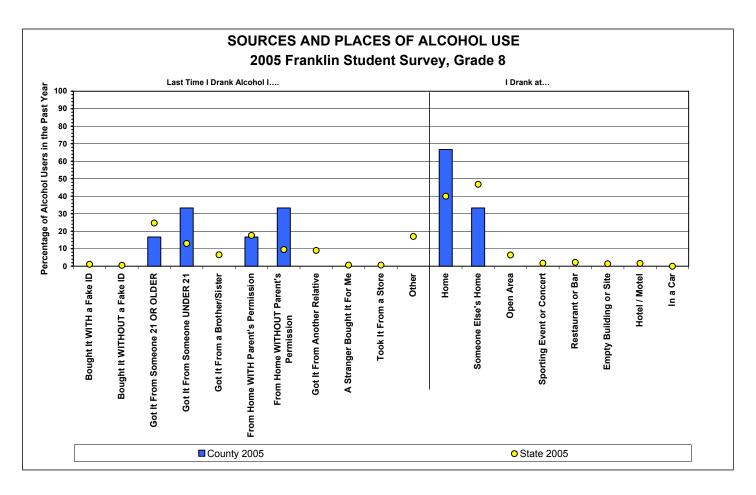


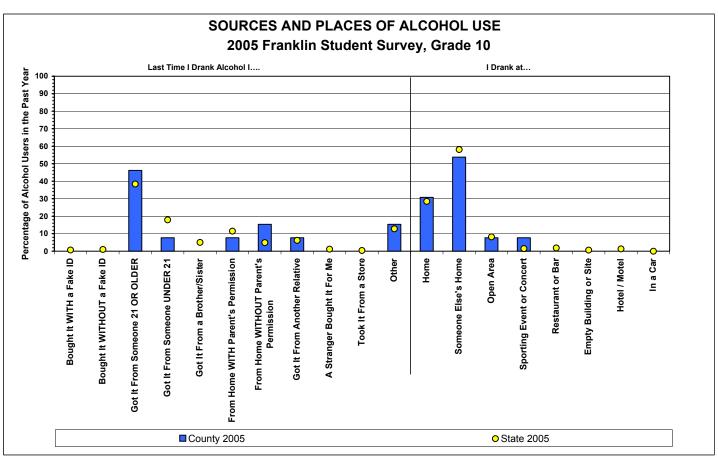


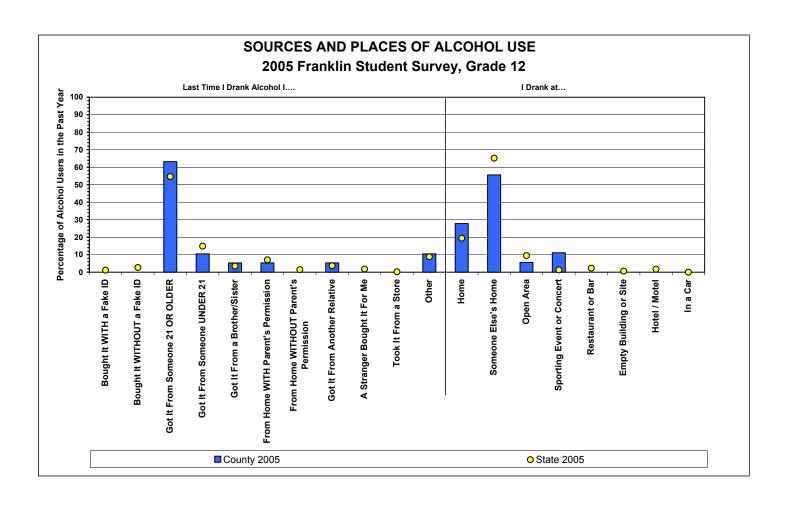


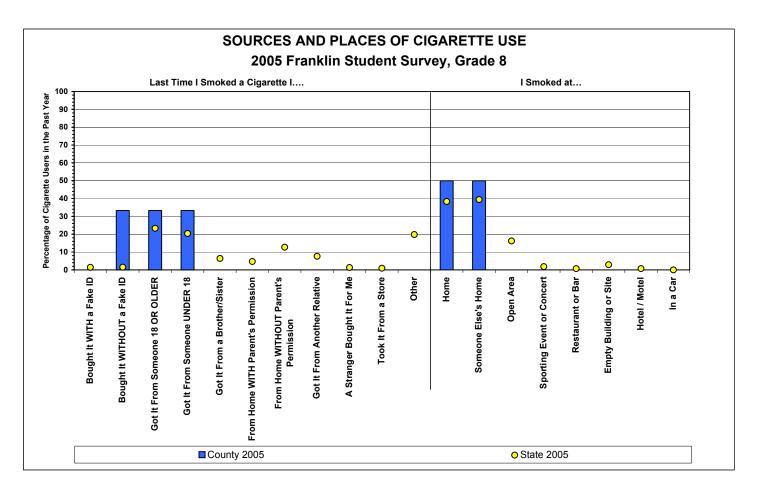


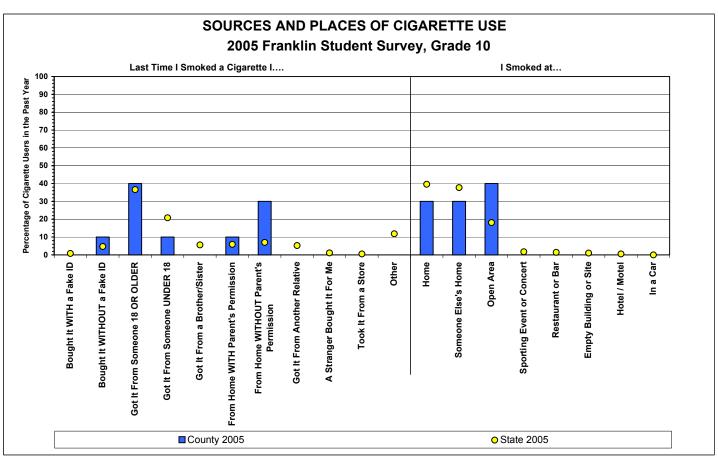












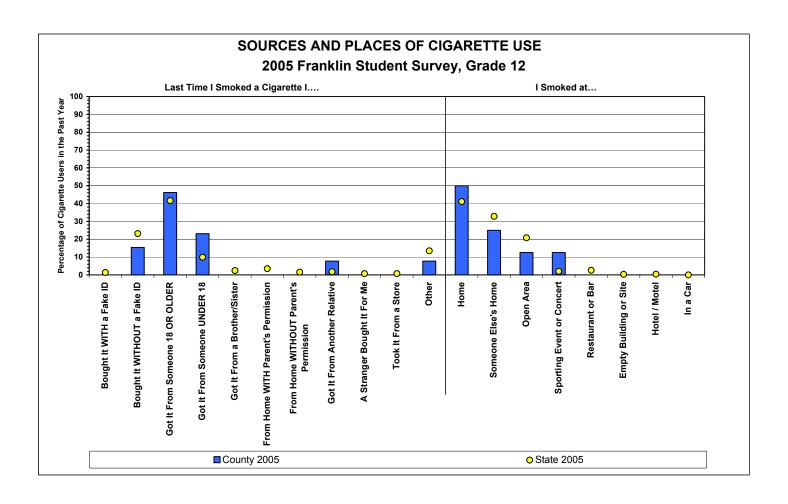


Table 2. Risk and Protective Factor Scale Definitions

rotective Factor Scale Definitions
Community Domain Risk Factors
Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, while children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.
Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
Community Domain Protective Factors
When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
Family Domain Risk Factors
When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems
Family Domain Protective Factors
Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
School Domain Risk Factors
Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

Table 2. Risk and Protective	Factor Scale Definitions (Continued)
	School Domain Protective Factors
Opportunities for Positive Involvement	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
Rewards for Positive Involvement	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors
	Peer-Individual Risk Factors
Early Initiation of Antisocial Behavior and Drug Use	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Attitudes Favorable Toward Antisocial Behavior and Drug Use	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
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. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Rewards for Antisocial Behavior	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Rebelliousness	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
Sensation Seeking	Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in drug use and other problem behaviors.
Intention to Use ATODs	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
Depressive Symptoms	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
Gang Involvement	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
	Peer-Individual Protective Factors
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Social Skills	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
Opportunities for Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Rewards for Prosocial Involvement	Young people who are rewarded for working hard in school and volunteering in the community are less likely to engage in problem behavior.
Interaction with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.

Table 3. Number of Students Who Completed the Survey								
Number of Youth	Grade 8		Grad	le 10	Grade 12			
	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005		
	43	14972	41	13108	34	10292		
Table 4. Percentage of Students Who Used ATODs During Their Lifetime								

	Grad	Grade 8		Grade 10		le 12
Drug Used	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005
Alcohol	33.3	44.0	72.5	64.9	72.7	74.4
Cigarettes	27.5	32.8	55.0	46.5	60.6	54.5
Chewing Tobacco	25.0	16.5	30.0	22.5	24.2	24.3
Marijuana	7.5	11.5	22.5	25.7	24.2	36.7
Inhalants	15.0	16.5	22.0	15.7	9.1	12.9
Hallucinogens	0.0	1.0	5.1	2.2	0.0	3.3
Cocaine	0.0	1.6	5.0	3.0	3.0	5.6
Methamphetamines	0.0	1.6	8.0	3.4	0.0	4.7
Stimulants	0.0	2.0	5.1	5.5	0.0	6.9
Heroin	2.6	0.8	0.0	1.2	0.0	2.1
Sedatives	7.9	10.3	15.0	17.9	9.1	21.5
Ecstasy	2.8	1.4	2.5	3.2	0.0	4.4
Any Drug	35.7	28.8	42.9	39.5	31.2	47.1

Table 5. Percentage of Students Who Used ATODs During the Past 30 Days	>
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	Grad	de 8	Grade 10		Grade 12	
Drug Used	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005
Alcohol	20.0	16.9	41.5	33.6	42.4	42.8
Cigarettes	5.0	10.1	22.0	17.4	18.2	24.9
Chewing Tobacco	7.7	6.8	10.0	10.3	3.0	10.4
Marijuana	2.5	5.3	9.8	11.8	3.0	15.9
Inhalants	2.9	6.8	2.5	4.7	0.0	2.6
Hallucinogens	0.0	0.5	0.0	0.8	0.0	1.1
Cocaine	0.0	0.7	0.0	0.8	0.0	1.4
Methamphetamines	0.0	0.5	4.0	0.9	0.0	1.3
Stimulants	0.0	0.9	2.6	2.0	0.0	2.2
Heroin	0.0	0.3	0.0	0.3	0.0	0.6
Sedatives	5.3	4.8	7.5	9.3	6.1	10.5
Ecstasy	0.0	0.6	0.0	0.9	0.0	1.2
Any Drug	13.0	14.8	23.1	21.1	6.1	23.9

Table 6. Percentage of Students With Heavy Use of Alcohol and Cigarettes								
	Grade 8		Grade 10		Grade 12			
Drug Used		State	County	State	County	State		
	2005	2005	2005	2005	2005	2005		
Binge Drinking	7.3	11.0	28.2	21.2	31.2	27.0		
Pack of Cigarettes/Day	0.0	2.0	2.4	4.3	6.1	8.8		
Table 7 Percentage of Students With Ar	ticocial	Robavi	or in the	Dact V	oar			

Table 7. Percentage of Students With Antisocial Benavior in the Past Year								
	Grade 8		Grade 10		Grade 12			
Behavior	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005		
Suspended from School	12.8	15.5	7.5	14.3	0.0	10.0		
Drunk or High at School	8.1	8.9	13.2	16.7	0.0	19.5		
Sold Illegal Drugs	0.0	2.8	5.1	6.7	0.0	8.7		
Stolen a Vehicle	0.0	2.7	12.5	3.8	0.0	2.3		
Been Arrested	2.5	5.7	5.4	7.4	0.0	7.5		
Attacked to Harm	5.1	17.8	16.2	18.4	5.9	15.9		
Carried a Handgun	0.0	5.1	7.3	6.1	2.9	5.6		
Handgun to School	0.0	0.9	0.0	1.1	0.0	1.0		

Tial lagarita occidor	0.0	0.9	0.0	1.1	0.0	1.0			
Table 8. Percentage of Students Reporting Protection									
	Grad	Grade 8		Grade 10		le 12			
Protective Factor	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005			
Community Domain									
Opportunity for Prosocial Involvement	63.4	52.9	57.5	49.9	54.5	48.8			
Rewards for Prosocial Involvement	55.8	45.2	58.5	51.2	63.6	52.1			
Family Domain									
Family Attachment	62.5	52.5	44.7	43.9	54.5	56.7			
Opportunity for Prosocial Involvement	75.6	63.6	56.4	55.2	63.6	56.5			
Rewards for Prosocial Involvement	70.0	64.6	70.3	55.5	42.4	55.1			
School Domain									
Opportunity for Prosocial Involvement	62.8	62.9	68.3	61.3	70.6	62.1			
Rewards for Prosocial Involvement	76.7	56.0	80.5	64.8	61.8	50.4			
Peer-Individual Domain									
Religiosity	73.2	68.8	85.4	67.5	97.1	88.5			
Social Skills	76.2	67.4	63.4	56.4	79.4	68.0			
Belief in the Moral Order	80.5	63.4	67.5	64.7	50.0	51.7			
Interaction with Prosocial Peers	80.5	62.6	70.0	62.3	73.5	61.1			
Prosocial Involvement	38.5	47.9	48.7	49.3	35.3	44.1			

Rewards for Prosocial Involvement

68.2

88.1

80.5

63.0

66.7

53.1

27

Table 9. Percentage of Students Reporting Risk								
	Grade 8 Grade 10							
Risk Factor	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005		
Community Domain								
Low Neighborhood Attachment	20.9	35.8	34.1	41.6	27.3	43.0		
Community Disorganization	7.5	34.3	52.5	47.5	39.4	44.6		
Transitions & Mobility	51.2	53.1	55.0	58.5	56.2	47.5		
Laws & Norms Favor Drug Use	31.0	37.0	53.7	44.8	40.6	36.5		
Perceived Availability of Drugs	30.0	30.1	30.0	45.1	37.5	51.2		
Perceived Availability of Handguns	43.9	40.8	30.0	35.9	54.8	41.5		
Family Domain								
Poor Family Management	24.4	37.5	40.0	38.8	42.4	39.7		
Family Conflict	41.5	51.0	48.7	41.9	21.2	38.4		
Family History of Antisocial Behavior	37.5	41.3	45.0	44.0	24.2	40.7		
Parent Attitudes Favorable to ASB	30.0	44.8	39.5	49.7	48.4	46.6		
Parent Attitudes Favor Drug Use	22.0	28.6	41.0	43.2	48.4	42.0		
School Domain								
Academic Failure	48.6	50.1	52.6	49.3	29.4	43.3		
Low Commitment to School	16.3	35.7	39.0	38.0	35.3	41.5		
Peer-Individual Domain								
Rebelliousness	35.7	40.4	34.1	48.7	41.2	45.3		
Early Initiation of ASB	37.8	35.4	42.5	40.4	20.6	38.6		
Early Initiation of Drug Use	31.0	32.9	47.5	36.2	32.4	35.2		
Attitudes Favorable to ASB	25.6	32.3	40.0	42.0	41.2	37.8		
Attitudes Favorable to Drug Use	15.4	25.5	27.5	35.4	23.5	32.2		
Perceived Risk of Drug Use	37.5	37.9	27.5	35.5	27.3	39.0		
Interaction with Antisocial Peers	36.6	51.1	61.0	53.6	14.7	49.7		
Friend's Use of Drugs	21.4	34.7	35.9	37.2	14.7	32.3		
Sensation Seeking	41.5	50.7	53.7	49.5	47.1	50.1		
Rewards for ASB	30.0	39.4	36.6	43.1	39.4	54.1		
Depressive Symptoms	43.9	46.6	40.0	47.1	50.0	42.5		
Intention to Use Drugs	19.5	28.0	35.0	40.4	17.6	28.3		
Gang Involvement	4.8	9.8	4.9	8.7	2.9	5.9		

Table 10. Percentage of Students Reporting School Safety Issues									
		Grad	de 8 Grade 10		Grade 12				
Question	Response	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005		
Behavior									
	NO!	2.4	9.2	0.0	9.9	0.0	7.2		
I feel safe at my school.	no	2.4	15.0	4.9	15.6	2.9	12.3		
(q13)	yes	45.2	48.1	51.2	53.5	38.2	55.1		
	YES!	50.0	27.7	43.9	21.1	58.8	25.4		
	Never	100.0	99.1	100.0	98.9	100.0	99.0		
	1-2 times	0.0	0.4	0.0	0.5	0.0	0.3		
How many times in the	3-5 times	0.0	0.1	0.0	0.1	0.0	0.1		
How many times in the past year have you taken a	6-9 times	0.0	0.1	0.0	0.1	0.0	0.1		
handgun to school? (g30k)	10-19 times	0.0	0.1	0.0	0.0	0.0	0.1		
nanagan to school: (qook)	20-29 times	0.0	0.0	0.0	0.1	0.0	0.1		
	30-39 times	0.0	0.0	0.0	0.1	0.0	0.0		
	40 + times	0.0	0.2	0.0	0.2	0.0	0.3		
How wrong do you think it	Very Wrong	100.0	87.7	95.0	87.9	97.1	90.9		
is for someone your age to	Wrong	0.0	9.0	5.0	8.8	2.9	6.3		
take a handgun to school?	A Little Bit Wrong	0.0	2.4	0.0	2.3	0.0	2.0		
(q27a)	Not wrong at All	0.0	1.0	0.0	1.0	0.0	0.8		
	l								
Have any of your brothers or sisters ever taken a	No	97.3	94.0	100.0	93.2	90.9	92.9		
	Yes	0.0	1.8	0.0	2.0	3.0	1.5		
handgun to school? (q101d)	I don't have any brothers or sisters	2.7	4.2	0.0	4.8	6.1	5.6		

Table 11. Average Age of first ATOD use and Antisocial Behavior								
	Grad	de 8	Grade 10		Grad	e 12		
	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005		
Age of first ATOD use								
Marijuana	12.7	12.1	13.2	13.3	15.1	14.4		
Cigarettes	11.0	11.2	11.6	12.1	13.5	13.1		
Alcohol Use	11.5	11.6	12.1	12.8	13.9	14.0		
Regular Alcohol Use	12.8	12.3	13.5	14.0	16.7	15.4		
Age of first Antisocial Behavior								
School Suspension	11.5	11.7	11.8	12.6	12.5	13.5		
Been Arrested	11.7	12.3	14.0	13.7	15.0	15.1		
Carried a Gun	n/a	11.8	11.8	12.8	n/a	14.3		
Attacked to Harm	12.5	11.9	12.9	12.9	14.2	13.8		
Belonged to a Gang	13.0	12.2	13.3	13.1	10.0	13.7		
	Total Av	Total Averages						
	County 2005	State 2005						
Age of first ATOD use								
Marijuana	13.9	13.5						
Cigarettes	12.2	12.0						
Alcohol Use	12.5	12.5						
Regular Alcohol Use	14.6	14.1						
Age of first Antisocial Behavior								
School Suspension	11.8	12.1						
Been Arrested	13.2	13.5						
Carried a Gun	11.8	12.4						
Attacked to Harm	13.0	12.3						
Belonged to a Gang	12.6	12.3						

Table 12. Percentage of Students Reporting Alcohol Use									
	Gra	de 8	Grade 10		Grade 12				
Risk Factor	County	State	County	State	County	State			
	2005	2005	2005	2005	2005	2005			
The last time I drank alcohol I									
Bought It WITH a Fake ID	0.0	1.1	0.0	0.7	0.0	1.2			
Bought It WITHOUT a Fake ID	0.0	0.5	0.0	1.0	0.0	2.7			
Got It From Someone 21 OR OLDER	16.7	24.7	46.2	38.4	63.2	54.6			
Got It From Someone UNDER 21	33.3	13.0	7.7	17.9	10.5	14.9			
Got It From a Brother/Sister	0.0	6.5	0.0	5.0	5.3	3.5			
From Home WITH Parent's Permission	16.7	17.6	7.7	11.5	5.3	7.1			
From Home WITHOUT Parent's Permission	33.3	9.5	15.4	4.9	0.0	1.5			
Got It From Another Relative	0.0	9.0	7.7	6.2	5.3	3.7			
A Stranger Bought It For Me	0.0	0.6	0.0	1.2	0.0	1.8			
Took It From a Store	0.0	0.6	0.0	0.4	0.0	0.2			
Other	0.0	17.0	15.4	12.8	10.5	8.8			
On the last day I had alcohol, I drank at									
Home	66.7	40.0	30.8	28.5	27.8	19.4			
Someone Else's Home	33.3	46.8	53.8	58.1	55.6	65.2			
Open Area	0.0	6.4	7.7	8.2	5.6	9.5			
Sporting Event or Concert	0.0	1.7	7.7	1.5	11.1	1.3			
Restaurant or Bar	0.0	2.2	0.0	1.9	0.0	2.3			
Empty Building or Site	0.0	1.4	0.0	0.6	0.0	0.6			
Hotel / Motel	0.0	1.6	0.0	1.3	0.0	1.7			
In a Car	0.0	0.0	0.0	0.0	0.0	0.0			

Table 13. Pe	ercentage of	Students Re	porting Cic	garette Use
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	Gra	de 8	Grade 10		Grade 12	
Risk Factor	County 2005	State 2005	County 2005	State 2005	County 2005	State 2005
The last time I smoked a cigarette I						
Bought It WITH a Fake ID	0.0	1.4	0.0	0.8	0.0	1.3
Bought It WITHOUT a Fake ID	33.3	1.5	10.0	4.7	15.4	23.1
Got It From Someone 18 OR OLDER	33.3	23.3	40.0	36.6	46.2	41.6
Got It From Someone UNDER 18	33.3	20.4	10.0	20.8	23.1	9.9
Got It From a Brother/Sister	0.0	6.4	0.0	5.6	0.0	2.4
From Home WITH Parent's Permission	0.0	4.7	10.0	5.9	0.0	3.5
From Home WITHOUT Parent's Permission	0.0	12.7	30.0	7.0	0.0	1.5
Got It From Another Relative	0.0	7.6	0.0	5.2	7.7	1.7
A Stranger Bought It For Me	0.0	1.3	0.0	1.1	0.0	0.7
Took It From a Store	0.0	0.9	0.0	0.5	0.0	0.7
Other	0.0	19.8	0.0	11.8	7.7	13.5
On the last day I smoked, I smoked at						
Home	50.0	38.3	30.0	39.6	50.0	41.1
Someone Else's Home	50.0	39.4	30.0	37.7	25.0	32.8
Open Area	0.0	16.2	40.0	18.1	12.5	20.8
Sporting Event or Concert	0.0	1.8	0.0	1.7	12.5	2.0
Restaurant or Bar	0.0	0.7	0.0	1.4	0.0	2.6
Empty Building or Site	0.0	2.9	0.0	1.0	0.0	0.3
Hotel / Motel	0.0	0.7	0.0	0.5	0.0	0.4
In a Car	0.0	0.0	0.0	0.0	0.0	0.0

CONTACTS FOR PREVENTION

Prevention Resource Centers

Region 1 PREVENTION RESOURCE CENTER Operated by Decision Point

Springdale

JTL Shop Building 614 East Emma Street, Suite M428 Springdale, AR 72764

Ms. Laurie Reh, PRC Coordinator (479) 927-2655 Fax: (479) 927-2752

E-MAIL: <u>lreh@jtlshop.jonesnet.org</u>

Counties: Benton, Carroll, Madison, Washington

Region 2 PREVENTION RESOURCE CENTER Operated by North Arkansas Partnership for Health Education

Harrison

1515 Pioneer Drive Harrison, AR 72601

Ms. Shelly Marlowe, PRC Coordinator (870) 391-3178 Fax: (870) 391-3507

E-MAIL: smarlowe@northark.edu

Counties: Boone, Baxter, Newton, Marion,

Searcy

Region 3 PREVENTION RESOURCE CENTER Operated by Health Resources of Arkansas, Inc.

Augusta

893 Hwy 64 East Augusta, AR 72006

Ms. Pat Huckeby, PRC Coordinator (870) 347-5903 Fax: (501) 268-5301

E-MAIL: pat huckeby@yahoo.com

Counties: Fulton, Izard, Sharp, Stone, Jackson,

Cleburne, Van Buren, White, Woodruff,

Independence

Region 4 PREVENTION RESOURCE CENTER Operated by Crowley's Ridge Development Council

Jonesboro

P O Box 1497 (520 West Monroe Street) Jonesboro, AR 72403

Ms. Dorothy Newsom, PRC Coordinator (870) 933-0033 Fax: (870) 933-0048

E-MAIL: dnewsom@crdcnea.com

Counties: Randolph, Clay, Lawrence, Greene,

Craighead, Mississippi, Poinsett

Region 5 PREVENTION RESOURCE CENTER Operated by Harbor House, Inc.

Fort Smith

P O Box 4207 (615 North 19th Street) Fort Smith, AR 72914

Ms. Cindy Stokes, PRC Coordinator (479) 783-1916 Fax: (479) 783-1914

E-MAIL: hhiprc@aol.com

Counties: Crawford, Franklin, Logan, Scott,

Sebastian, Polk

Region 6 PREVENTION RESOURCE CENTER Operated by Community Service, Inc.

Morrilton

P O Box 679 (100 South Cherokee Street) Morrilton, AR 72110

Mr. Jim Rhodes, PRC Coordinator (501) 354-4589 Fax: (501) 354-5410

E-MAIL: jrhodes@communityserviceinc.com
Counties: Johnson, Pope, Conway, Yell, Perry,

Faulkner

Region 7 PREVENTION RESOURCE CENTER Operated by Crowley's Ridge Development Council

Brinkley

P.O. Box 344 116 North Main Brinkley, AR 72021

Ms. Sylvia Halliburton-Jeffers, PRC Coordinator

(870) 734-1554 Fax: (870) 734-1554

E-MAIL: shalliburton@sbcglobal.net Counties: Cross, Crittenden, St. Francis,

Phillips, Lee, Monroe

Region 8 PREVENTION RESOURCE CENTER Operated by Family Service Agency

Hot Springs

1401 Malvern Avenue, Suite 100 Hot Springs, AR 71901

Ms. Michelle Moore-Rather, PRC Coordinator

(501) 318-2648 Fax: (501) 624-5636

E-MAIL: mmoore-rather@fsainc.org Counties: Clark, Garland, Hot Spring,

Montgomery, Pike

Region 9 PREVENTION RESOURCE CENTER Operated by Family Service Agency

North Little Rock

628 West Broadway, Suite 300 North Little Rock, AR 72114

Mr. Hayse Miller, PRC Coordinator (501) 372-4242 Ext. 328 & 325

Fax: (501) 372-6565 E-MAIL: hmiller@fsainc.org

Counties: Pulaski, Saline, Lonoke, Praire

Region 10 PREVENTION RESOURCE CENTER

Operated by Southwest Arkansas Counseling & Mental Health Center, Inc.

Texarkana

601 Hazel Street Texarkana, AR 71854

Ms.Trena Goings, PRC Coordinator (870) 774-2435

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E-MAIL: tgoings@swacmhc.com

Counties: Howard, Sevier, Hempstead, Little

River, Lafayette, Miller

Region 11 PREVENTION RESOURCE CENTER

Operated by Health Sciences Education Foundation—South Arkansas

El Dorado

460 W. Oak

El Dorado, AR 71730

Ms. Susan Rumph, PRC Coordinator

(870) 862-2489 Fax: (870) 863-9341

E-MAIL: srumph@ahecsa.uams.edu

Counties: Dallas, Calhoun, Union, Columbia,

Ouachita, Nevada

Region 12 PREVENTION RESOURCE CENTER

Operated by Community Resource Agency

Pine Bluff

P.O. Box 2740 4218 W. 28th Street Pine Bluff, AR 71613

Ms. Sharron Mims, PRC Coordinator (870) 879-4646 or (501) 413-3588

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Counties: Grant, Jefferson, Lincoln, Arkansas,

Cleveland

Region 13 PREVENTION RESOURCE CENTER

Operated by *Phoenix Youth & Family Services*

Crossett

310 N. Alabama Street P O Box 654 Crossett, AR 71635

Ms. Christie Newton, PRC Coordinator (870) 364-1676

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Chicot

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Little Rock, AR 72205 Telephone: (501) 686-9866 FAX: (501) 686-9035

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Arkansas Department of Education Office of Comprehensive School Health 2020 West 3rd Street, Suite 300

Little Rock, AR 72205 Telephone: (501) 683-3602

FAX: (501) 683-3610

The above information will connect you with our

Safe & Drug-Free Schools Office. Website: http://www.arkedu.state.ar.us/

Safe and Drug Free Schools and Communities

U.S. Department of Education www.ed.gov/offices/OESE/SDFS

Southwest Center for the Application of **Prevention Technology**

www.captus.samhsa.gov/southwest

Southwest Prevention Center/ The University of Oklahoma

http://swpc.ou.edu/

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov