Arkansas
Prevention
Needs
Assessment
Student
Survey



Pope County County Profile Report

Provided by
Arkansas Department of Human Services
Division of Behavioral Sciences
Office of Alcohol and Drug Abuse Prevention
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#### 1 INTRODUCTION

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 2007. This survey was available free of charge to all Arkansas public school districts that 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.

Table 1: Characteristics of Participants

Student Totals						
	County 2006 County 2007		State 2007			
	Number	Percent	Number	Percent	Number	Percent
Total Students	1639		1994	2.5	79598	100.0
# of Districts	5		4	1.9	208	100.0
# of Schools	9		10	1.8	570	100.0
Grade						
6	472	28.8	545	27.3	22910	28.8
8	460	28.1	564	28.3	22082	27.7
10	368	22.5	538	27.0	19315	24.3
12	339	20.7	347	17.4	15291	19.2
Gender						
Male	849	52.8	946	48.1	37614	47.9
Female	758	47.2	1021	51.9	40835	52.1
Ethnicity						
Hispanic	152	8.0	222	9.8	7386	8.3
Black	71	3.7	92	4.0	14752	16.5
Asian	29	1.5	35	1.5	1339	1.5
American Indian	109	5.7	122	5.4	4041	4.5
Alaska Native	7	0.4	9	0.4	192	0.2
White	1397	73.6	1619	71.2	54915	61.3
Native Hawaiian	13	0.7	17	0.7	487	0.5
Other	120	6.3	157	6.9	6406	7.2

The APNA Survey was first administered in the fall of 2002 and has been administered in the fall of each school year since then. Because trends over time are very important to prevention planning, readers are encouraged to review the results from the previous surveys. By comparing the results of the previous surveys, changes in ATOD (alcohol, tobacco and other drugs) use and rates of ASB (antisocial behavior), levels of 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 previous years' survey. Those students are now in grades 7, 9, 11 or are out of school. gether, the results of the current and past APNA surveys provide a complete picture of ATOD use, antisocial behavior, risk, and protection for students in

(Methods Note Regarding Long-Term Trend Data:) The 2006 procedures varied from those used in this report, as

well as those used in the 2005 and earlier reports. Non-standard procedures for calculating: 1) drug prevalence rates, and 2) for calculating scores on the risk and protective factor questions, were used in the 2006 report. The variation in 2006 procedures related to how missing data (i.e., instances where the student did not respond to a question) were counted. The effect of the 2006 procedure was to slightly reduce the reported prevalence levels for all drugs, and to lower the calculated scores for the risk and protective factor questions.

In this report, the computational methods used for all calculations are identical to those used in the 2005 (and prior) reports. In addition, to produce the most accurate long-term trend data possible, 2006 results have been recalculated using standard procedures consistent with all reporting years. This means that, in some cases, small deviations in 2006 data points will be noted between this report and the previous 2006 report.

#### 1.1 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).

#### 2 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

Table 2: Youth at Risk

YOUTH AT RISK  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  V V V V V V	Table 2: Youth	at nis	K				
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  Individual/Peer  Alienation and Rebelliousness  Friends Who Engage in a Problem Behavior  Favorable Attitudes Toward the Problem Behavior		PROBLEM BEHAVIORS					
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	YOUTH AT RISK	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	
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  Fawily 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	Community						
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  Fawily 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  Behavior	Availability of Drugs and Firearms	✓				1	
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  A volume of the problem Behavior  Favorable Attitudes Toward the Problem Behavior	-	1					
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  A volume of the problem Behavior  Favorable Attitudes Toward the Problem Behavior	Transitions and Mobility	1	1		1		
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		1	1			1	
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  Behavior	Extreme Economic and Social Deprivation	/	1	1	/	1	
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  Behavior	Family	,	•			•	
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  Behavior	Family History of High Risk Behavior	<b>/</b>	1	<b>/</b>	1		
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  Behavior	Family Management Problems	<b>✓</b>	1	1	✓	1	
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	Family Conflict	<b>✓</b>	1	1	✓	1	
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	Favorable Parental Attitudes and	./	1			1	
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	Involvement in the Problem 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	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 and Persistent Antisocial Behavior	✓	✓	✓	✓	1	
Individual/Peer  Alienation and Rebelliousness  Friends Who Engage in a Problem Behavior  Favorable Attitudes Toward the Problem Behavior	Academic Failure in Elementary School	1	✓	✓	1	1	
Alienation and Rebelliousness  Friends Who Engage in a Problem Behavior  Favorable Attitudes Toward the Problem Behavior	Lack of Commitment to School	✓	1	<b>√</b>	<b>✓</b>		
Friends Who Engage in a Problem Behavior    Favorable Attitudes Toward the Problem Behavior    Behavior	Individual/Peer						
Favorable Attitudes Toward the Problem Behavior	Alienation and Rebelliousness	✓	<b>/</b>		✓		
Behavior V V	Friends Who Engage in a Problem Behavior	✓	<b>✓</b>	<b>✓</b>	✓	1	
	Favorable Attitudes Toward the Problem	./	1	./	./		
Early Initiation of the Problem Behavior	Behavior	•			•		
	Early Initiation of the Problem Behavior	✓	<b>/</b>	✓	✓	✓	

behaviors and identified risk factors for adolescent drug abuse and delinquency. The chart above 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.

#### 3 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 on the next page, 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?
  - Which substances are your students using the most?
  - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
  - Which behaviors are your students exhibiting the most?
  - 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% or more between the local and other data should be carefully reviewed.
- 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.

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

#### 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
  that 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.

#### 4 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, 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.

## ATOD USE AND ANTISOCIAL BEHAVIOR, GRADE 6 Pope County

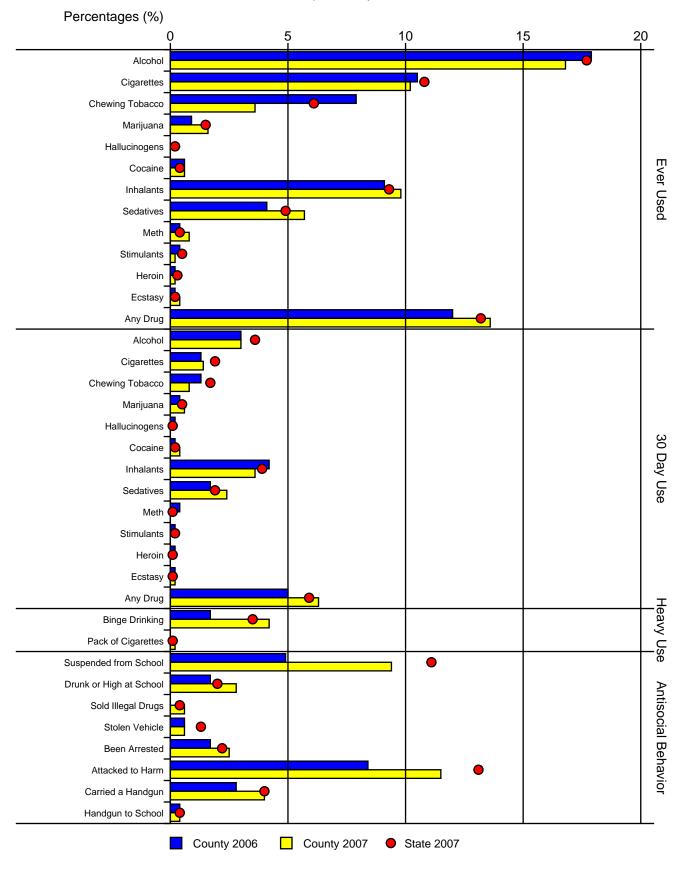


Figure 1: ATOD Use and Antisocial Behavior, Grade 6

## ATOD USE AND ANTISOCIAL BEHAVIOR, GRADE 8 Pope County

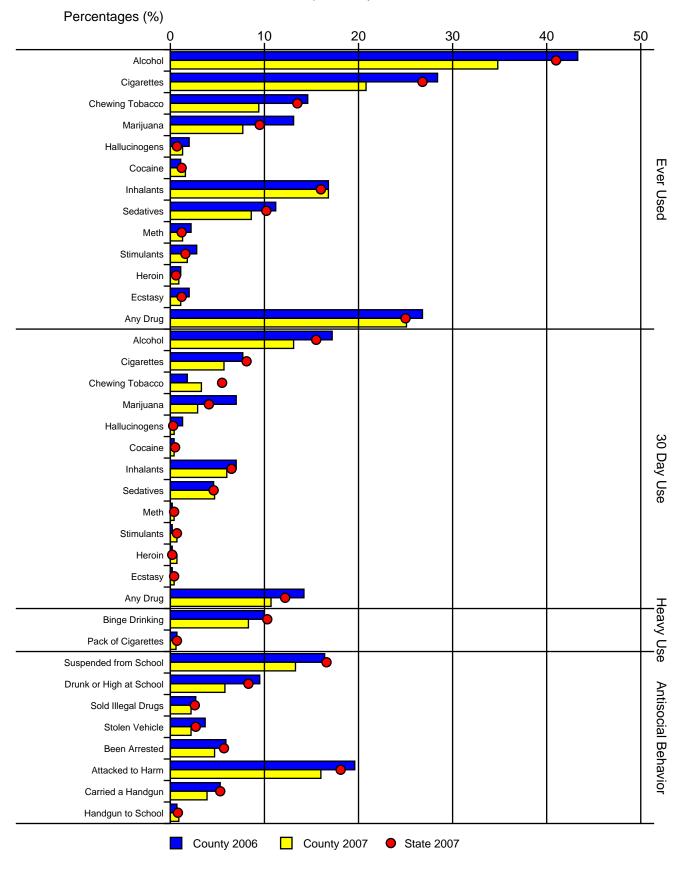


Figure 2: ATOD Use and Antisocial Behavior, Grade  $8\,$ 

## ATOD USE AND ANTISOCIAL BEHAVIOR, GRADE 10 Pope County

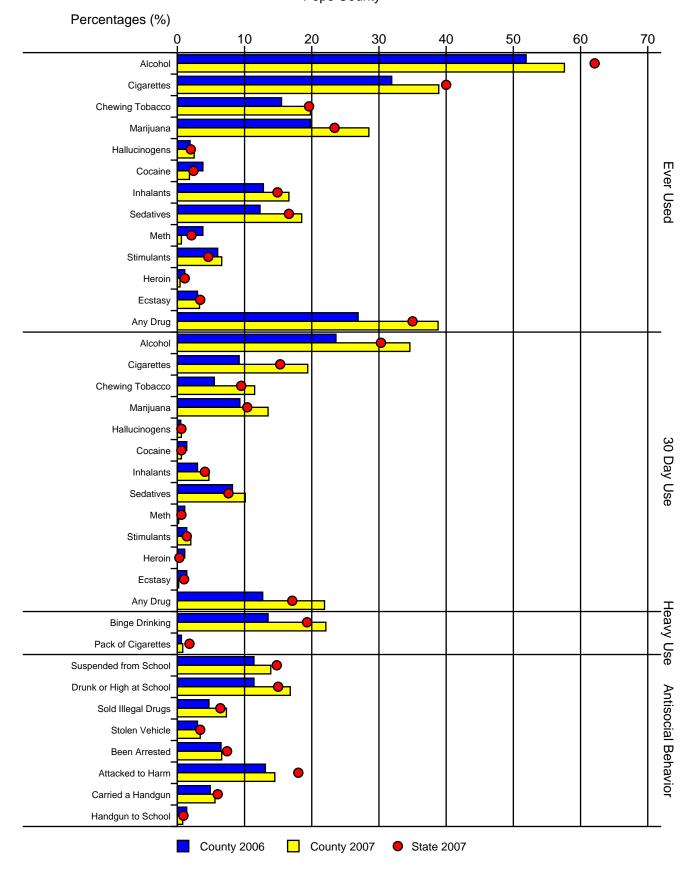


Figure 3: ATOD Use and Antisocial Behavior, Grade 10

#### ATOD USE AND ANTISOCIAL BEHAVIOR, GRADE 12 Pope County

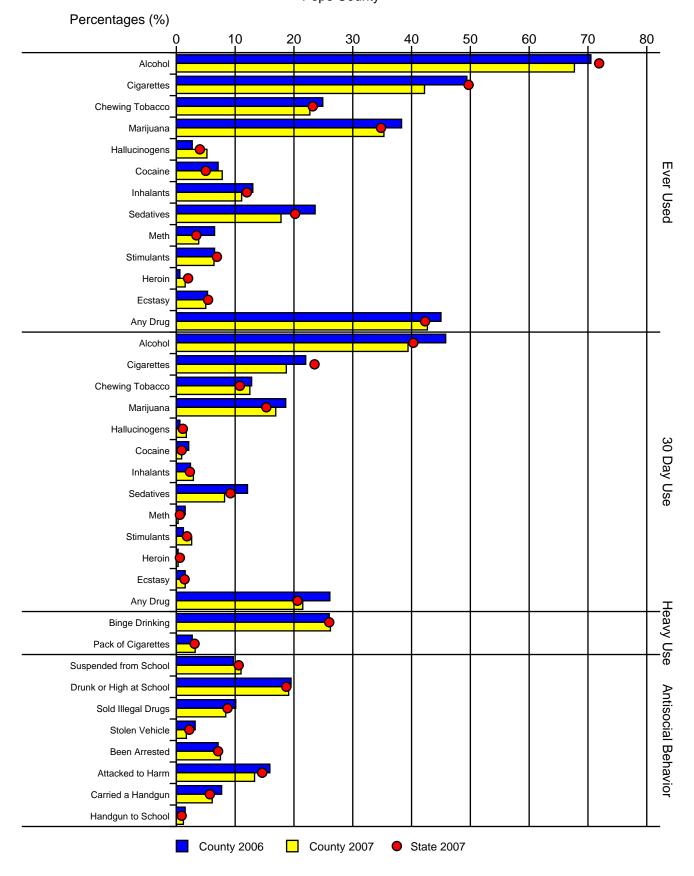


Figure 4: ATOD Use and Antisocial Behavior, Grade 12

## RISK PROFILE, GRADE 6 Pope County

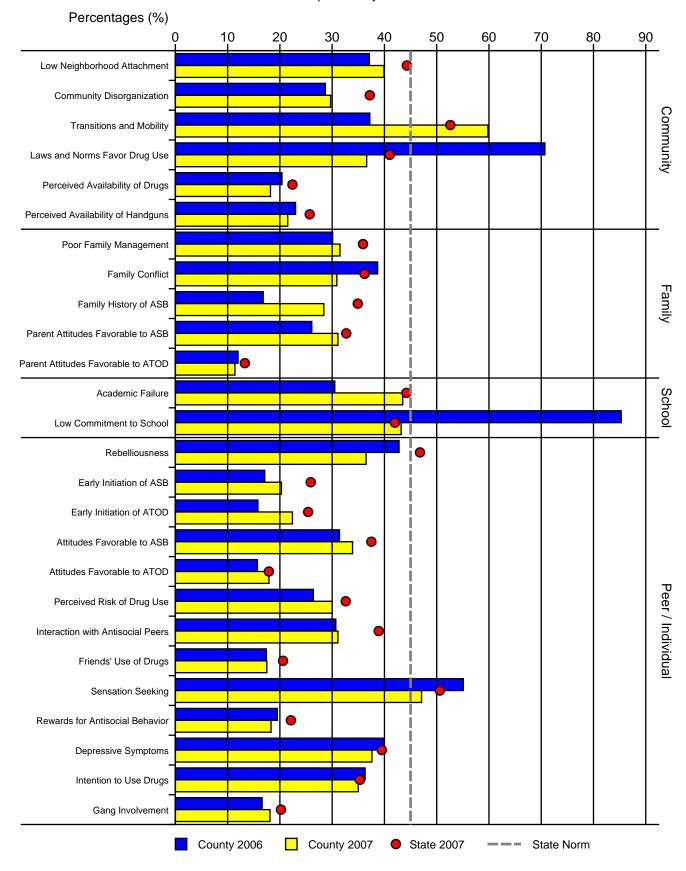


Figure 5: Risk Profile, Grade 6

## RISK PROFILE, GRADE 8 Pope County

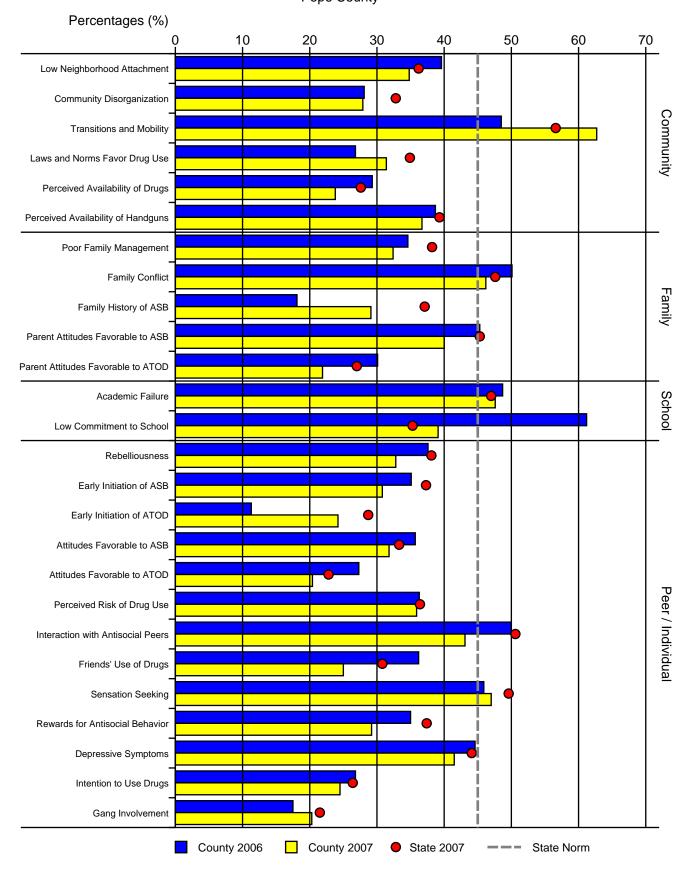


Figure 6: Risk Profile, Grade 8

## RISK PROFILE, GRADE 10 Pope County

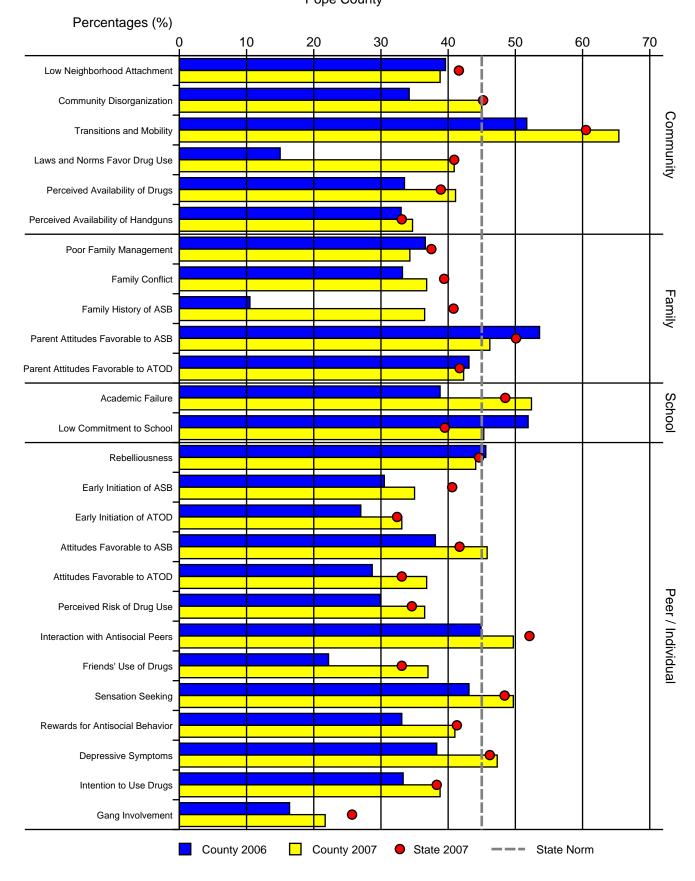


Figure 7: Risk Profile, Grade 10

## RISK PROFILE, GRADE 12 Pope County

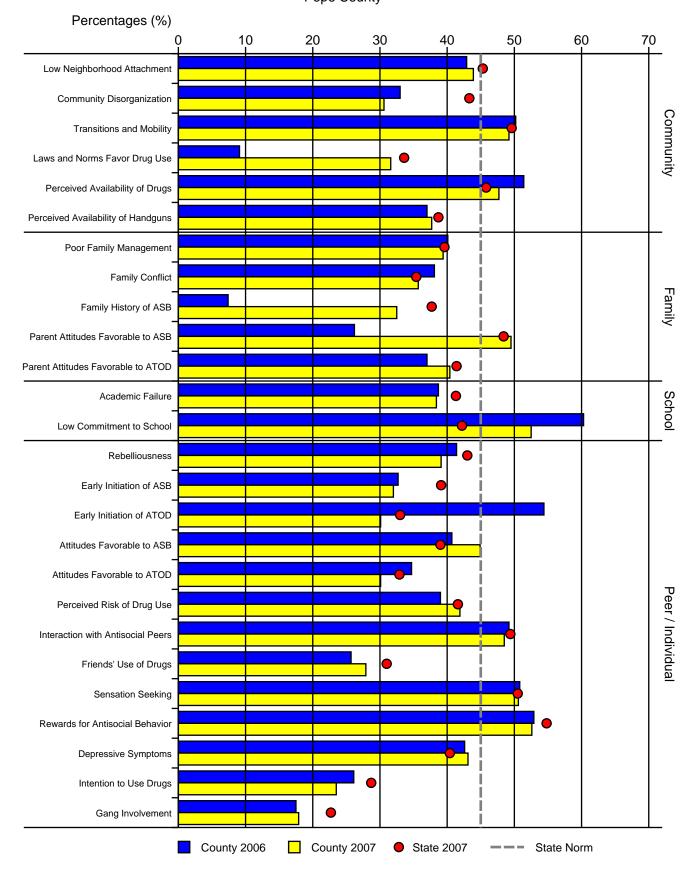


Figure 8: Risk Profile, Grade 12

## PROTECTIVE PROFILE, GRADE 6 Pope County

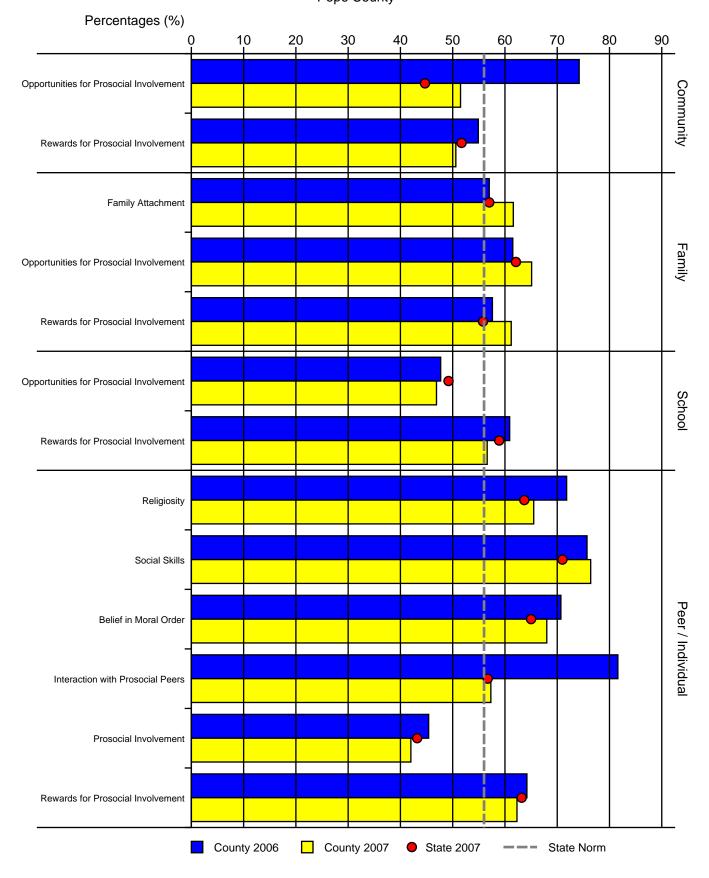


Figure 9: Protective Profile, Grade 6

## PROTECTIVE PROFILE, GRADE 8 Pope County

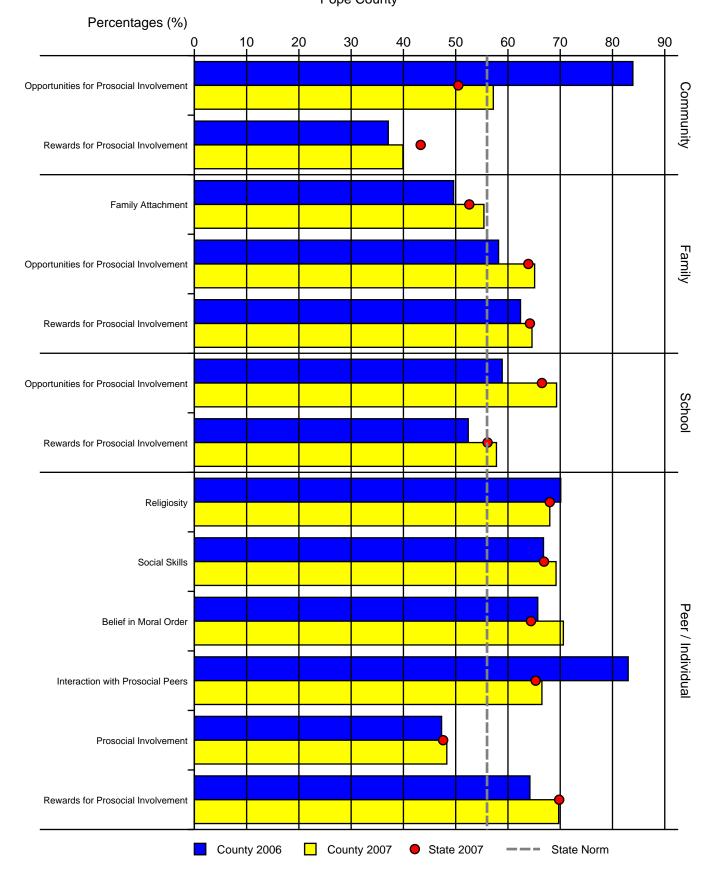


Figure 10: Protective Profile, Grade 8

#### PROTECTIVE PROFILE, GRADE 10

Pope County

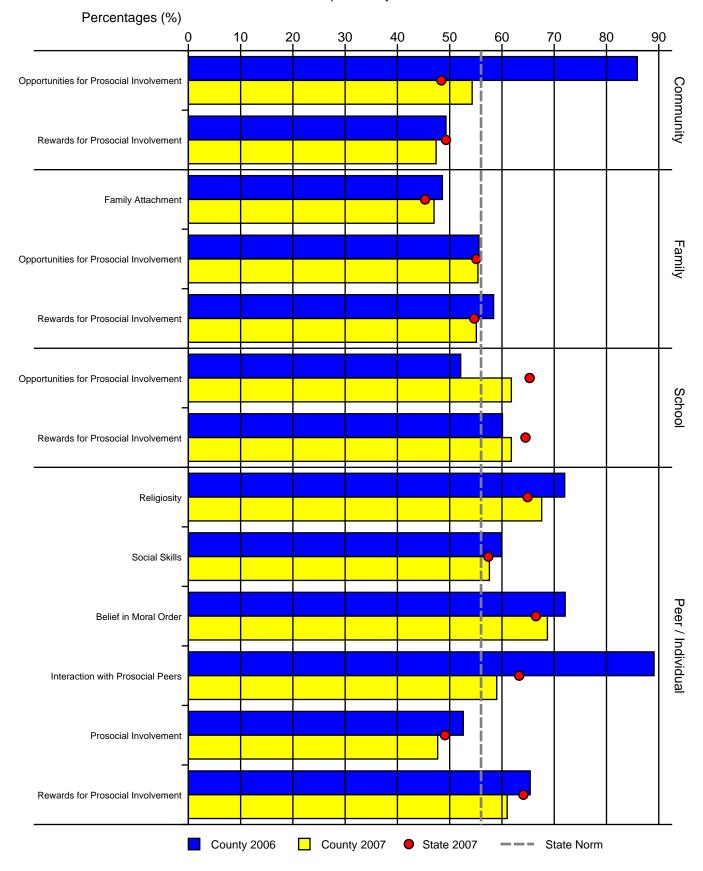


Figure 11: Protective Profile, Grade 10

#### PROTECTIVE PROFILE, GRADE 12

Pope County

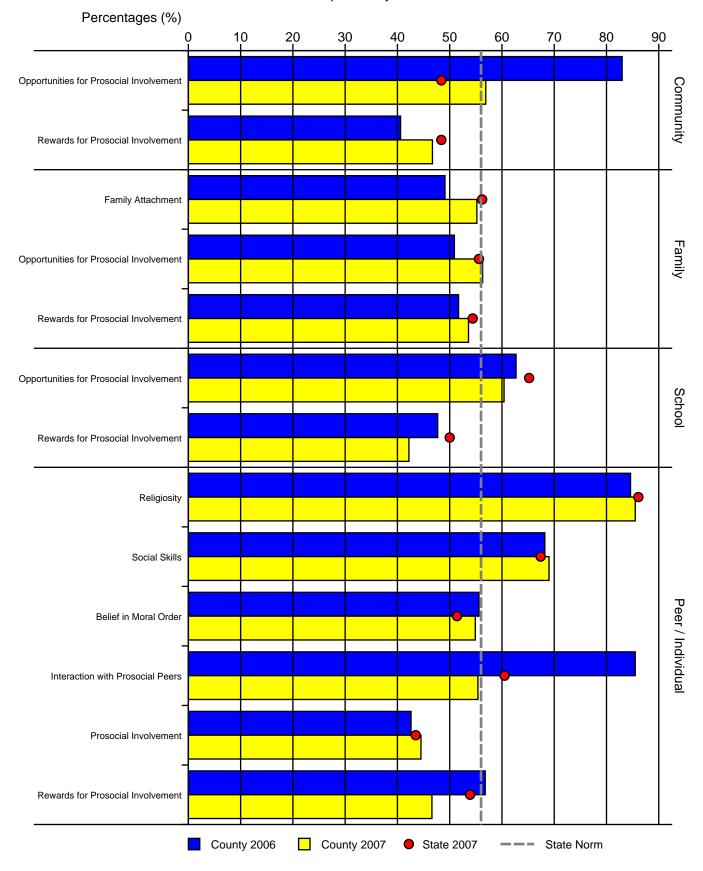


Figure 12: Protective Profile, Grade 12

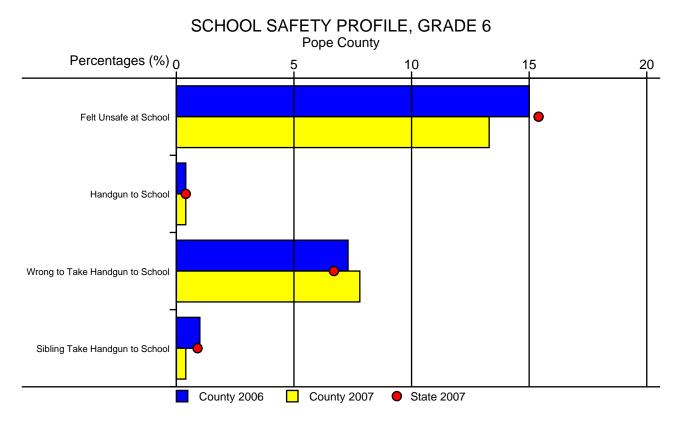


Figure 13: School Safety Profile, Grade 6

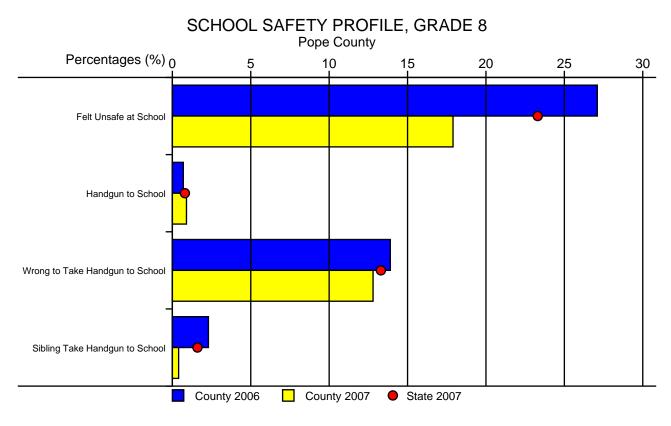


Figure 14: School Safety Profile, Grade 8

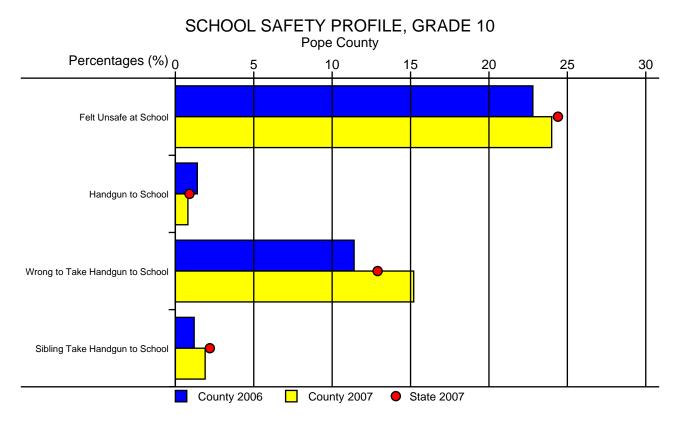


Figure 15: School Safety Profile, Grade 10

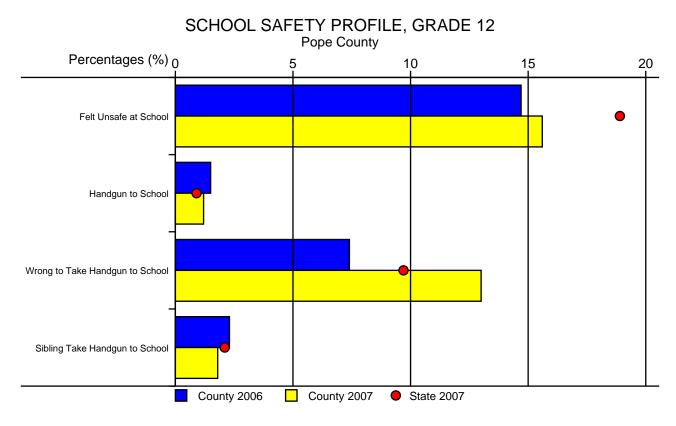


Figure 16: School Safety Profile, Grade 12

## NO CHILD LEFT BEHIND PROFILE, GRADE 6 Pope County

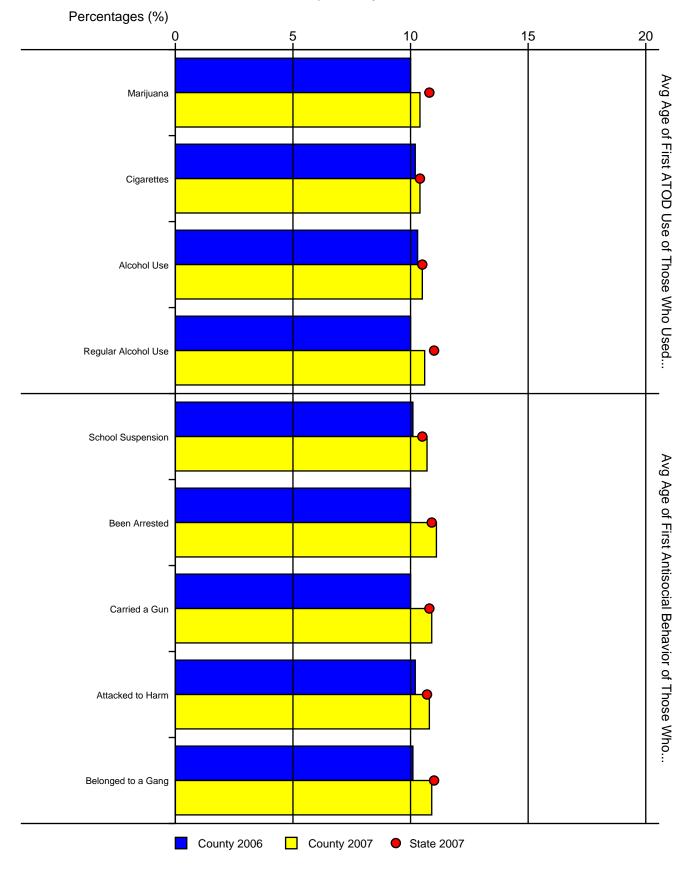


Figure 17: No Child Left Behind Profile, Grade  $6\,$ 

## NO CHILD LEFT BEHIND PROFILE, GRADE 8 Pope County

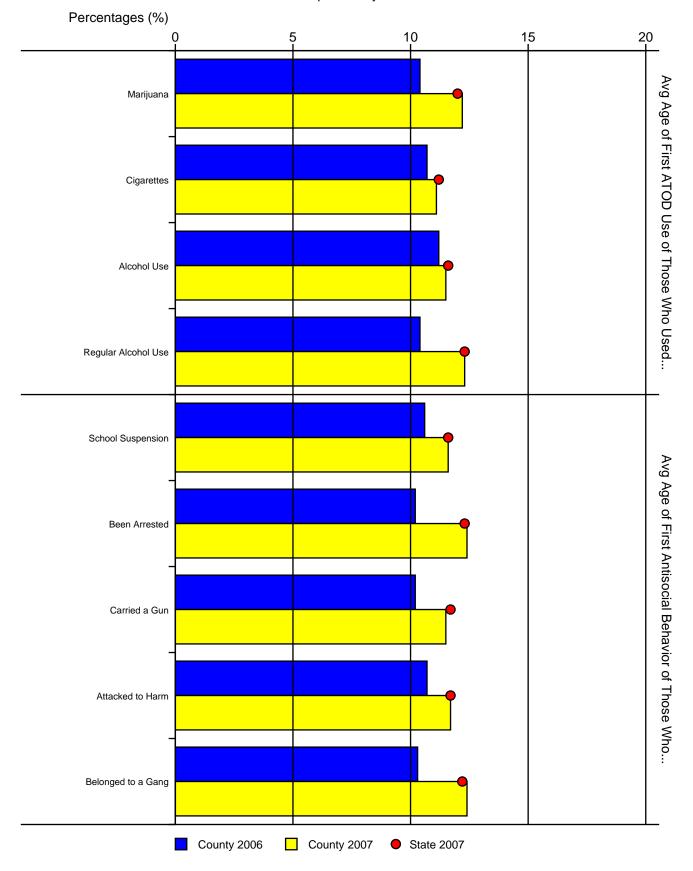


Figure 18: No Child Left Behind Profile, Grade  $8\,$ 

## NO CHILD LEFT BEHIND PROFILE, GRADE 10 Pope County

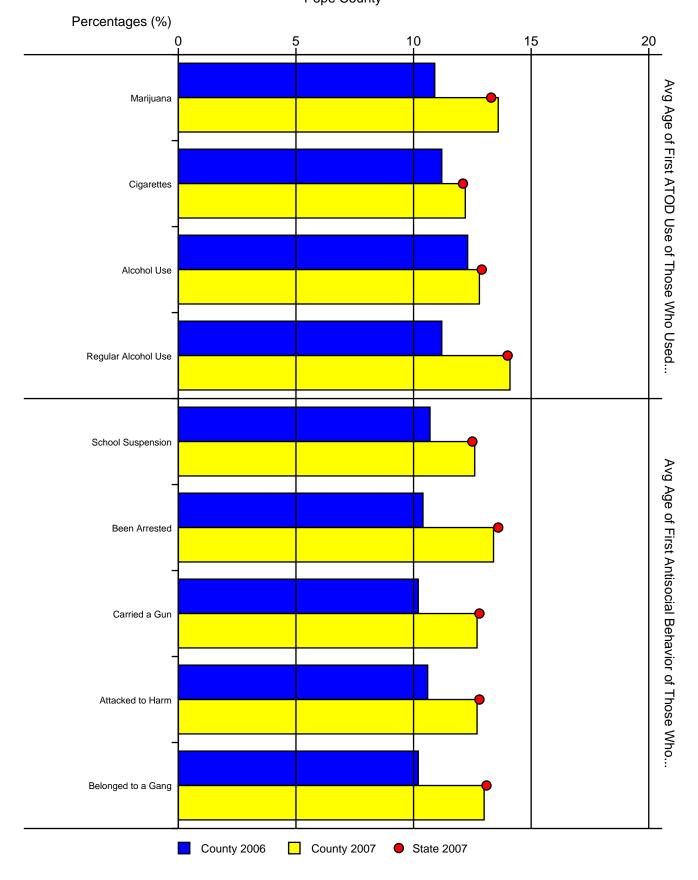


Figure 19: No Child Left Behind Profile, Grade  $10\,$ 

## NO CHILD LEFT BEHIND PROFILE, GRADE 12 Pope County

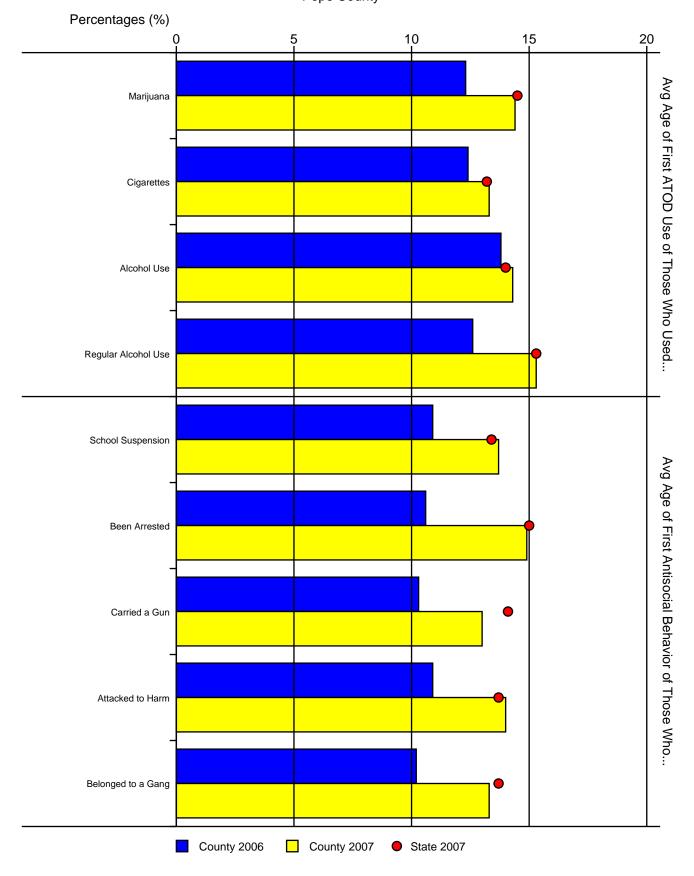


Figure 20: No Child Left Behind Profile, Grade 12

## SOURCES AND PLACES OF ALCOHOL USE, GRADE 6 Pope County

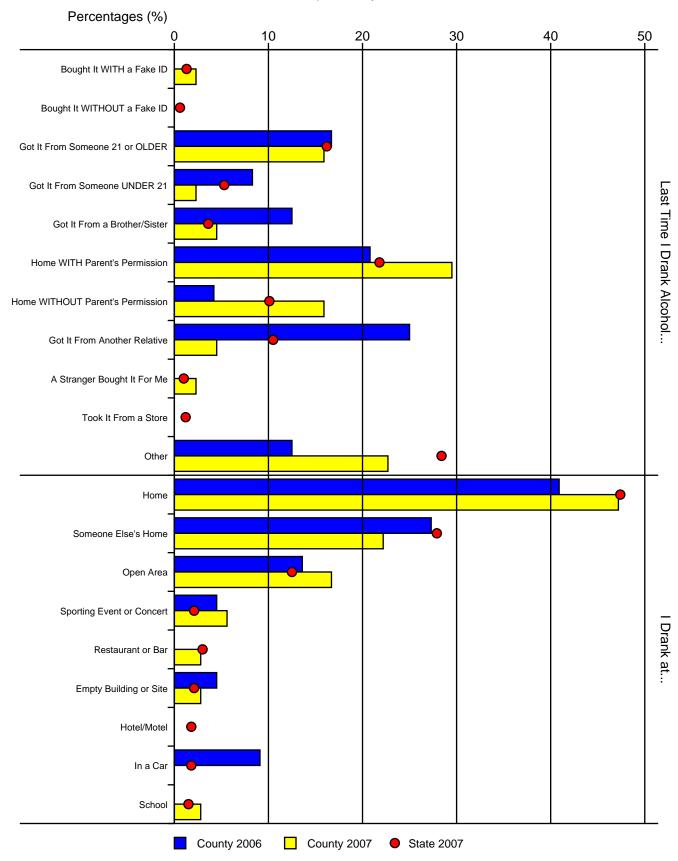


Figure 21: Sources and Places of Alcohol Use, Grade 6

## SOURCES AND PLACES OF ALCOHOL USE, GRADE 8 Pope County

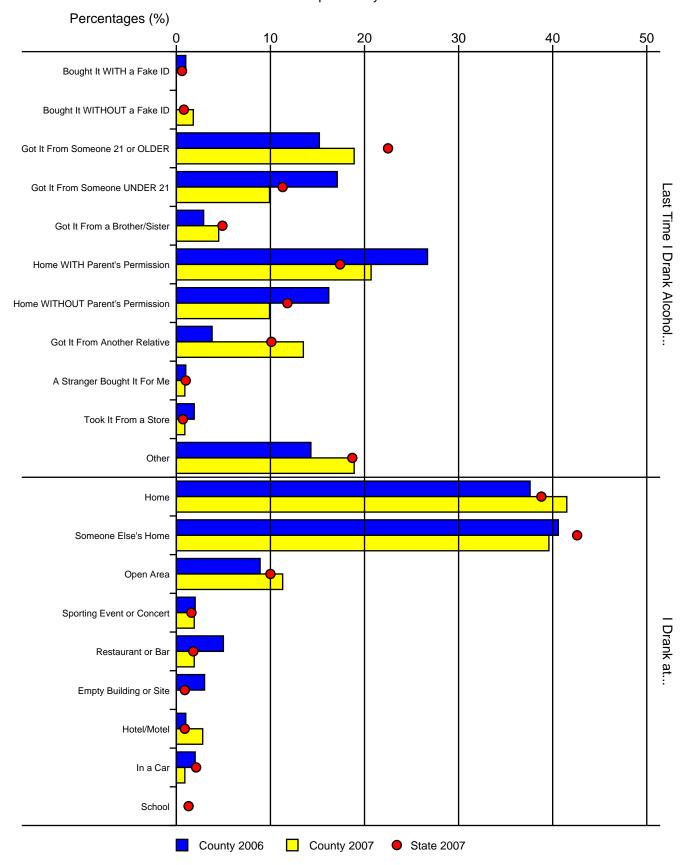


Figure 22: Sources and Places of Alcohol Use, Grade 8

## SOURCES AND PLACES OF ALCOHOL USE, GRADE 10 Pope County

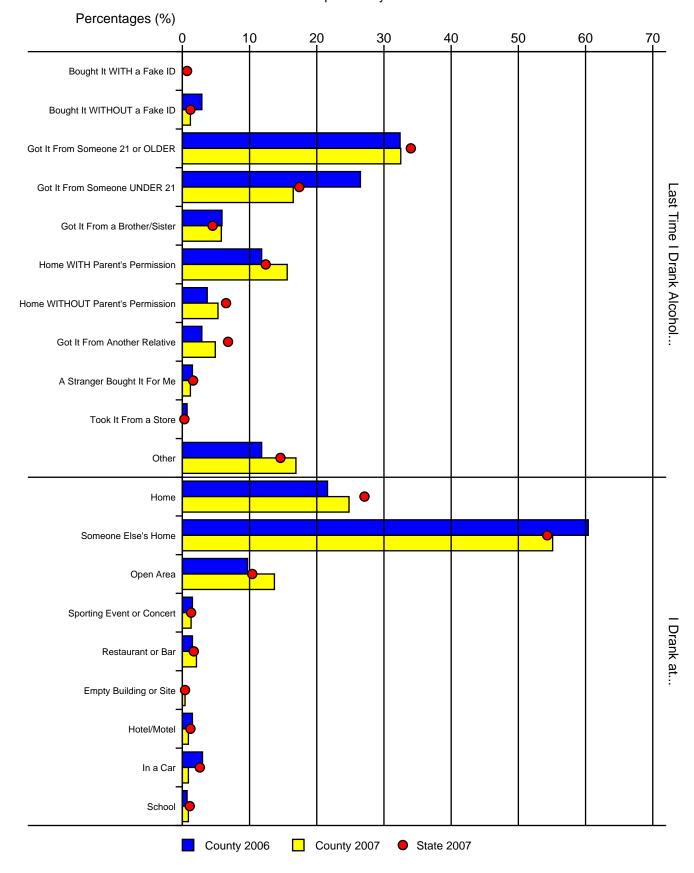


Figure 23: Sources and Places of Alcohol Use, Grade 10

## SOURCES AND PLACES OF ALCOHOL USE, GRADE 12 Pope County

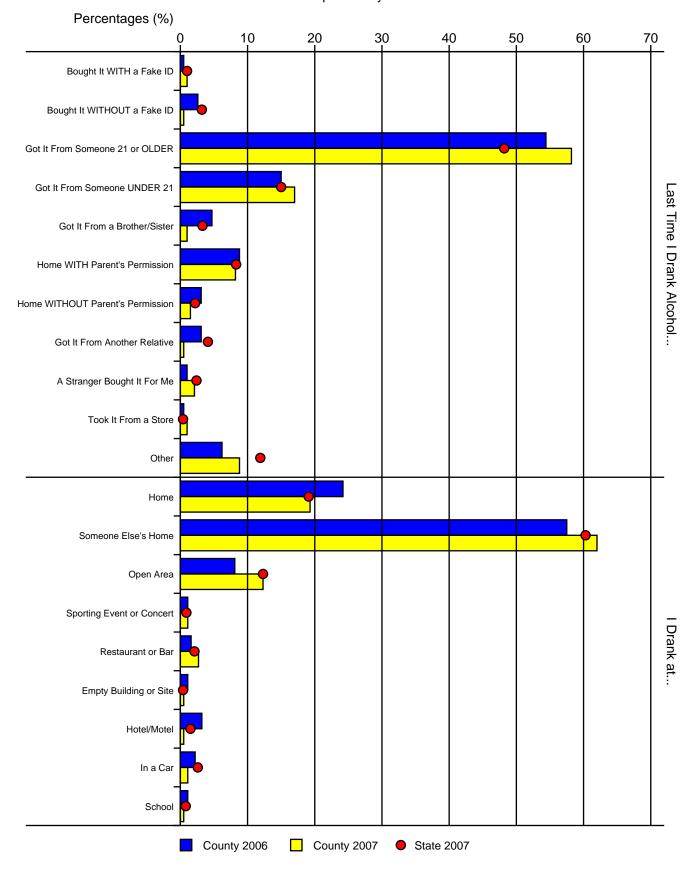


Figure 24: Sources and Places of Alcohol Use, Grade 12

## SOURCES AND PLACES OF CIGARETTE USE, GRADE 6 Pope County

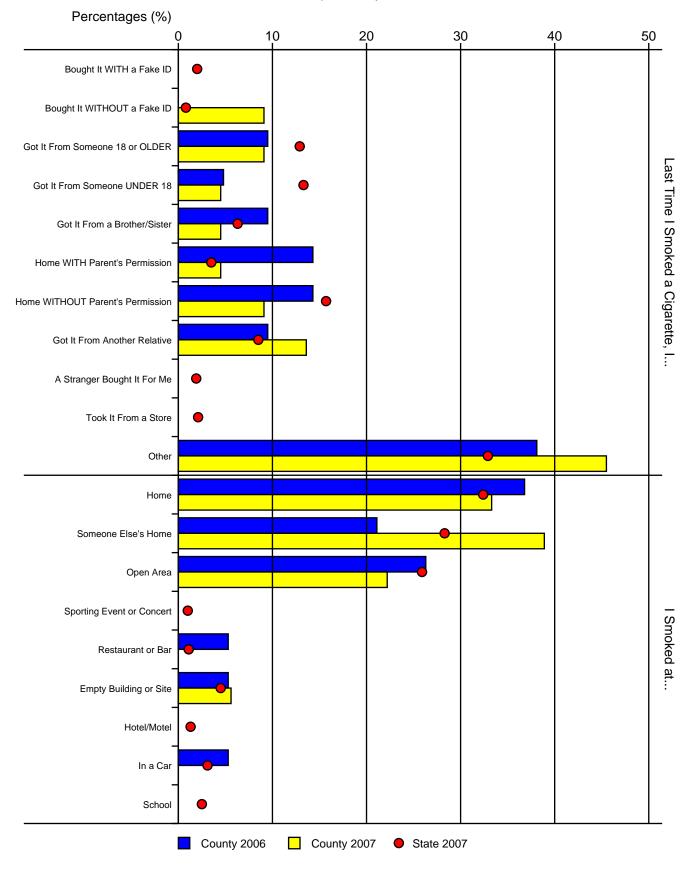


Figure 25: Sources and Places of Cigarette Use, Grade  $6\,$ 

## SOURCES AND PLACES OF CIGARETTE USE, GRADE 8 Pope County

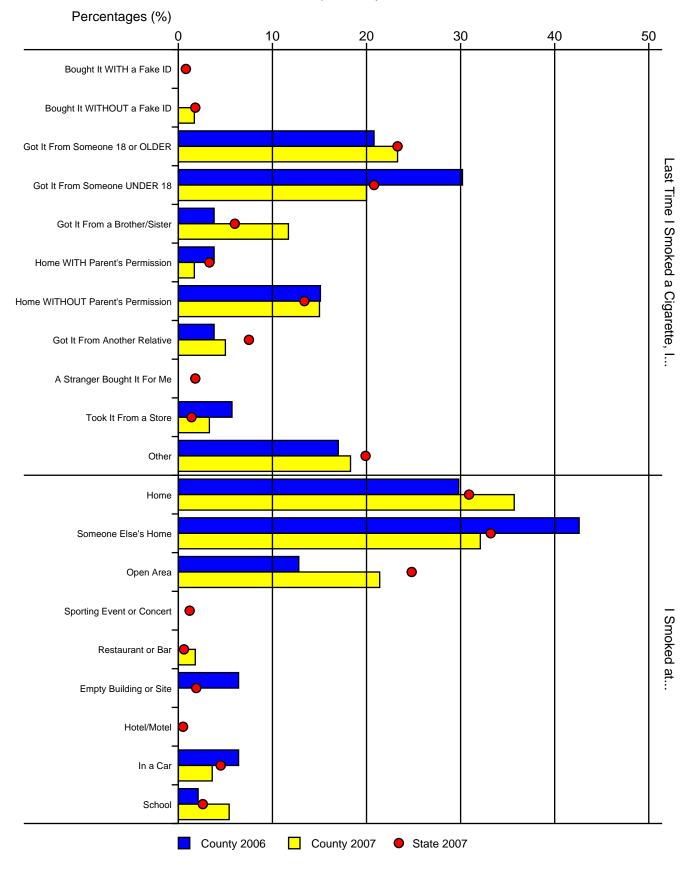


Figure 26: Sources and Places of Cigarette Use, Grade  $8\,$ 

# SOURCES AND PLACES OF CIGARETTE USE, GRADE 10 Pope County

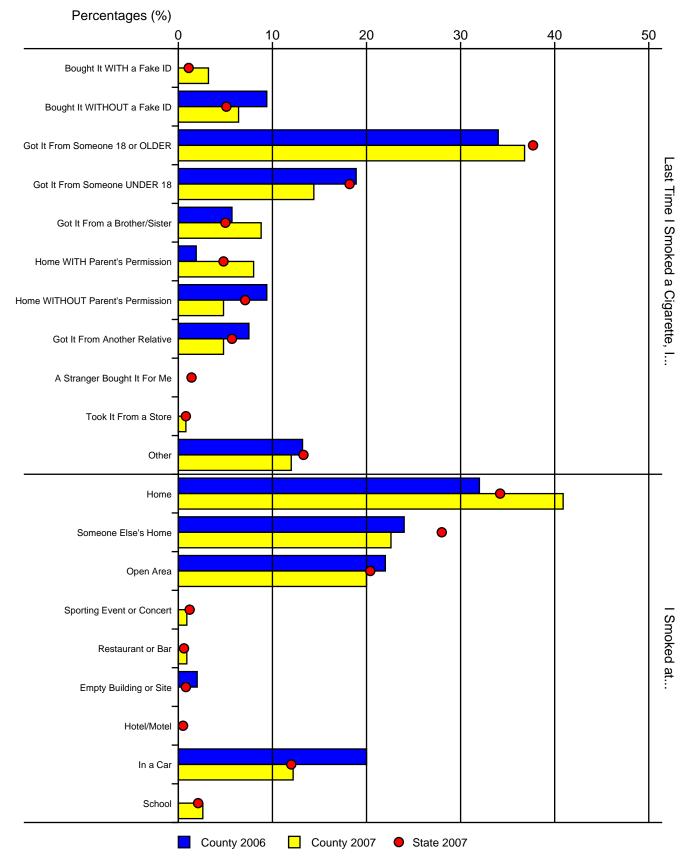


Figure 27: Sources and Places of Cigarette Use, Grade 10

# SOURCES AND PLACES OF CIGARETTE USE, GRADE 12 Pope County

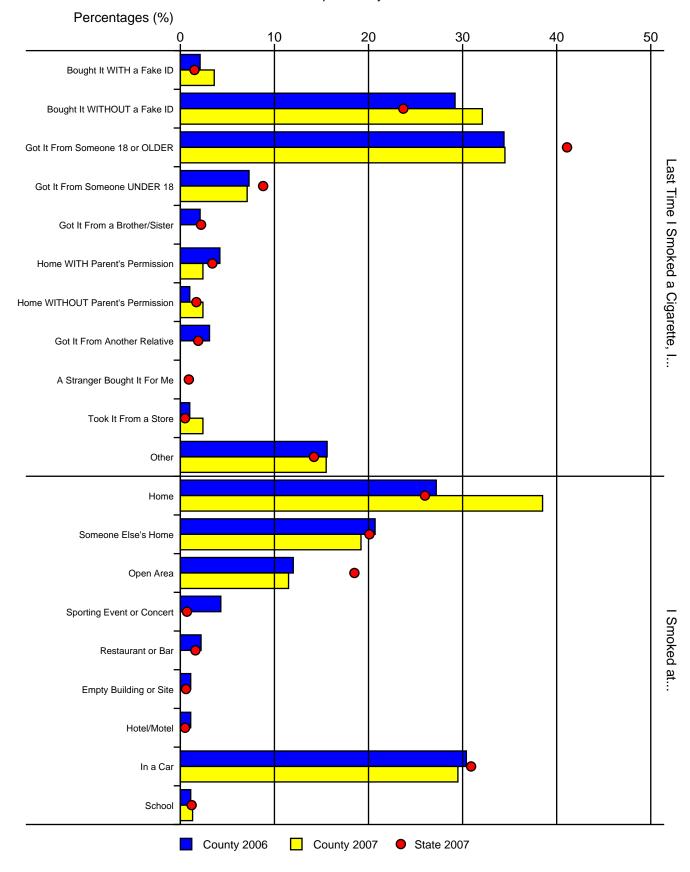


Figure 28: Sources and Places of Cigarette Use, Grade 12

Table 3: Risk and Protective Factor Scale Definiti	Table 3:	Risk and	Protective	Factor	Scale	Definitio
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Community and Personal   Neighborhoods with high rates of residential mobility have been shown to have higher rates of trusted time. See the present seed of the property in the present of the present	Community Domain Risk Factors				
Stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.	Community and Personal	Neighborhoods with high rates of residential mobility have been shown to have higher rates of			
drug use.	Transitions & Mobility	juvenile crime and drug selling, while children who experience frequent residential moves and			
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 seiling.  Low Neighborhood		stressful life transitions have been shown to have higher risk for school failure, delinquency, and			
Disorganization of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.  Low Neighborhood Attachment selling.  Low Norms Attachment selling.  Laws and Norms 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.  Perceived Availability of The availability of grantess, 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.  Positive Involvement Menopulation of the community Domain Protective Factors  Opportunities for Positive Involvement		drug use.			
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Management 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 Attachment 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.  Opportunities for 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.  Rewards for Positive 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  Academic Failure 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.  Low Commitment 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	Drugs	asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.			
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.  Opportunities for Positive Involvement Sibilities and activities of the family are less likely to engage in drug use and other problem behaviors.  Rewards for Positive 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  Academic Failure 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.  Low Commitment 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	Poor Family	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children			
Family Domain Protective Factors  Family Attachment 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.  Opportunities for Positive Involvement Sibilities and activities of the family are less likely to engage in drug use and other problem behaviors.  Rewards for Positive Involvement 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  Academic Failure 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.  Low Commitment 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	Management	places them at higher risk for substance use and other problem behaviors. Also, parents' failure			
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.  Opportunities for 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.  Rewards for Positive 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  Academic Failure 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.  Low Commitment 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		to provide clear expectations and to monitor their children's behavior makes it more likely that			
Family Attachment  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.  Rewards for Positive  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  Academic Failure  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.  Low Commitment  to School  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		they will engage in drug abuse whether or not there are family drug problems			
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.  Rewards for Positive Involvement  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  Academic Failure  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.  Low Commitment to School  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		Family Domain Protective Factors			
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Rewards for Positive Involvement  Rewards for Positive Involvement  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  Academic Failure  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.  Low Commitment  to School  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		substance use and other problem behaviors.			
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Rewards for Positive Involvement 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.  Low Commitment to School 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	Positive Involvement	sibilities and activities of the family are less likely to engage in drug use and other problem			
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Academic Failure  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.  Low Commitment  to School  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	Involvement	well by their child, children are less likely to engage in substance use and problem behaviors.			
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Low Commitment  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		drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons,			
to School  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					
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					
time on homework, and perceiving the coursework as relevant are also negatively related to drug	to School				
		expect to attend college than among those who do not. Factors such as liking school, spending			
11Se.		time on homework, and perceiving the coursework as relevant are also negatively related to drug			
ace		use.			

Table 4: Risk and Protective Factor Scale Definition (Continued)

Ta	ble 4: Risk and Protective Factor Scale Definition (Continued)
	School Domain Protective Factors
Opportunities for	When young people are given more opportunities to participate meaningfully in important activ-
Positive Involvement	ities at school, they are less likely to engage in drug use and other problem behaviors.
Rewards for	When young people are recognized and rewarded for their contributions at school, they are less
Positive Involvement	likely to be involved in substance use and other problem behaviors.
	Peer-Individual Risk Factors
Early Initiation	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater
of Antisocial Behavior	the involvement in other drug use and the greater frequency of use. Onset of drug use prior to
and Drug Use	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	During the elementary school years, most children express anti-drug, anti-crime, and pro-social
Toward Antisocial	attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors.
Behavior and	However, in middle school, as more youth are exposed to others who use drugs and engage in
Drug Use	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
Triends ose of Brugs	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	Young people who associate with peers who engage in problem behaviors are at higher risk for
Antisocial Peers	engaging in antisocial behavior themselves.
Perceived Risk of	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Drug Use	Toung people who do not perceive drug use to be risky are far more likely to engage in drug use.
Rewards for	Young people who receive rewards for their antisocial behavior are at higher risk for engaging
Antisocial Behavior	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
Rebelliousliess	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
G	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
T. C. T. ATTOD	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	Participation in positive school and community activities helps provide protection for youth.
Prosocial Involvement	
Rewards for	Young people who are rewarded for working hard in school and volunteering in the community are
Prosocial Involvement	less likely to engage in problem behavior.
Interaction with	Young people who associate with peers who engage in prosocial behavior are more protected from
Prosocial Peers	engaging in antisocial behavior and substance use.

Table 5: Number of Students Who Completed the Survey

		Grade 6			Grade 8			Grade 10			Grade 12	
Surveys Completed	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Number of Youth	472	545	22910	460	564	22082	368	538	19315	339	347	15291

Table 6: Percentage of Students Who Used ATODs During Their Lifetime

		Grade 6			Grade 8			Grade 10			Grade 12	
Drug Used	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Alcohol	17.9	16.8	17.7	43.3	34.8	41.0	51.9	57.6	62.1	70.5	67.7	71.9
Cigarettes	10.5	10.2	10.8	28.4	20.8	26.8	31.9	38.9	40.0	49.4	42.2	49.7
Chewing Tobacco	7.9	3.6	6.1	14.6	9.4	13.5	15.5	19.8	19.6	24.9	22.7	23.2
Marijuana	0.9	1.6	1.5	13.1	7.7	9.5	19.8	28.5	23.4	38.3	35.3	34.8
Hallucinogens	0	0	0.2	2.0	1.3	0.7	1.9	2.5	2.0	2.7	5.2	4.0
Cocaine	0.6	0.6	0.4	1.1	1.6	1.2	3.8	1.8	2.4	7.1	7.8	5.0
Inhalants	9.1	9.8	9.3	16.8	16.8	16.0	12.8	16.6	14.9	13.0	11.1	12.0
Sedatives	4.1	5.7	4.9	11.2	8.6	10.2	12.3	18.5	16.6	23.6	17.8	20.2
Meth	0.4	0.8	0.4	2.2	1.3	1.2	3.8	0.6	2.1	6.5	3.8	3.4
Stimulants	0.4	0.2	0.5	2.8	1.8	1.6	6.0	6.6	4.6	6.5	6.4	6.9
Heroin	0.2	0.2	0.3	1.1	0.9	0.6	1.1	0.4	1.1	0.6	1.5	2.0
Ecstasy	0.2	0.4	0.2	2.0	1.1	1.2	3.0	3.3	3.4	5.3	5.0	5.4
Any Drug	12.0	13.6	13.2	26.8	25.1	25.0	26.9	38.8	35.0	45.0	42.7	42.3

Table 7: Percentage of Students Who Used ATODs During the Past 30 Days

		Grade 6			Grade 8			Grade 10			Grade 12	
Drug Used	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Alcohol	3.0	3.0	3.6	17.2	13.1	15.5	23.6	34.6	30.3	45.8	39.4	40.3
Cigarettes	1.3	1.4	1.9	7.7	5.7	8.1	9.2	19.4	15.3	22.0	18.7	23.5
Chewing Tobacco	1.3	0.8	1.7	1.8	3.3	5.5	5.5	11.5	9.5	12.8	12.5	10.8
Marijuana	0.4	0.6	0.5	7.0	2.9	4.1	9.3	13.5	10.4	18.6	16.9	15.3
Hallucinogens	0.2	0	0.1	1.3	0.4	0.3	0.5	0.6	0.6	0.6	1.7	1.1
Cocaine	0.2	0.4	0.2	0.4	0.4	0.5	1.4	0.6	0.6	2.1	0.9	0.9
Inhalants	4.2	3.6	3.9	7.0	6.0	6.5	3.0	4.7	4.1	2.4	2.9	2.3
Sedatives	1.7	2.4	1.9	4.6	4.7	4.6	8.2	10.1	7.6	12.1	8.2	9.2
Meth	0.4	0	0.1	0.2	0.4	0.4	1.1	0.2	0.6	1.5	0.3	0.6
Stimulants	0.2	0	0.2	0.2	0.7	0.7	1.4	2.0	1.4	1.2	2.6	1.8
Heroin	0.2	0	0.1	0.2	0.7	0.2	1.1	0	0.3	0.3	0.3	0.6
Ecstasy	0.2	0.2	0.1	0.2	0.4	0.4	1.4	0.2	1.0	1.5	1.5	1.4
Any Drug	5.0	6.3	5.9	14.2	10.7	12.2	12.7	21.9	17.1	26.1	21.5	20.6

Table 8: Percentage of Students With Heavy Use of Alcohol and Cigarettes

		Grade 6			Grade 8			Grade 10			Grade 12	
Drug Used	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Binge Drinking	1.7	4.2	3.5	10.0	8.3	10.3	13.5	22.1	19.3	26.0	26.2	26.0
Pack of Cigarettes	0	0.2	0.1	0.7	0.6	0.7	0.6	0.8	1.8	2.7	3.2	3.1

Table 9: Percentage of Students With Antisocial Behavior in the Past Year

		Grade 6			Grade 8			Grade 10			Grade 12	
Behavior	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Suspended from School	4.9	9.4	11.1	16.4	13.3	16.6	11.4	13.9	14.8	9.7	11.0	10.6
Drunk or High at School	1.7	2.8	2.0	9.5	5.8	8.3	11.4	16.8	15.0	19.5	19.1	18.7
Sold Illegal Drugs	0	0.6	0.4	2.7	2.2	2.6	4.7	7.3	6.4	10.1	8.4	8.7
Stolen Vehicle	0.6	0.6	1.3	3.7	2.2	2.7	3.0	3.4	3.4	3.2	1.7	2.2
Been Arrested	1.7	2.5	2.2	5.9	4.7	5.7	6.5	6.6	7.4	7.1	7.5	7.1
Attacked to Harm	8.4	11.5	13.1	19.6	16.0	18.1	13.1	14.5	18.0	15.9	13.3	14.6
Carried a Handgun	2.8	4.0	4.0	5.3	3.9	5.3	4.9	5.6	6.0	7.7	6.1	5.7
Handgun to School	0.4	0.4	0.4	0.7	0.9	0.8	1.4	0.8	0.9	1.5	1.2	0.9

Table 10: Percentage of Students Reporting Protection

		Grade 6			Grade 8			Grade 10			Grade 12	
Protective Factor	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Community												
Opportunities for												
Prosocial Involvement	74.2	51.5	44.7	83.9	57.2	50.5	85.9	54.3	48.4	83.0	56.9	48.4
Rewards for												
Prosocial Involvement	54.9	50.6	51.7	37.1	39.9	43.3	49.3	47.4	49.3	40.6	46.7	48.4
Family	<u>'</u>	•					•					
Family Attachment	57.0	61.6	57.0	49.6	55.4	52.6	48.6	47.0	45.3	49.1	55.2	56.2
Opportunities for												
Prosocial Involvement	61.5	65.1	62.1	58.2	65.1	63.9	55.6	55.4	55.1	50.9	56.3	55.6
Rewards for												
Prosocial Involvement	57.6	61.2	55.8	62.4	64.6	64.2	58.4	55.1	54.7	51.7	53.6	54.4
School												
Opportunities for												
Prosocial Involvement	47.7	46.9	49.2	58.9	69.3	66.5	52.1	61.8	65.3	62.7	60.4	65.2
Rewards for												
Prosocial Involvement	60.9	56.6	58.9	52.4	57.8	56.1	60.1	61.8	64.5	47.7	42.2	50.0
Peer / Individual												
Religiosity	71.8	65.5	63.7	70.1	68.0	68.0	72.0	67.6	64.9	84.6	85.5	86.1
Social Skills	75.7	76.4	71.0	66.8	69.2	66.9	59.9	57.6	57.4	68.2	69.0	67.4
Belief in Moral Order	70.7	68.0	65.0	65.7	70.6	64.4	72.1	68.7	66.5	55.6	54.9	51.4
Interaction with												
Prosocial Peers	81.6	57.3	56.7	83.0	66.5	65.3	89.1	59.0	63.3	85.5	55.4	60.5
Prosocial Involvement	45.4	42.0	43.2	47.3	48.3	47.6	52.6	47.7	49.1	42.6	44.5	43.5
Rewards for												
Prosocial Involvement	64.2	62.3	63.2	64.2	69.7	69.8	65.4	61.0	64.1	56.8	46.6	53.9

Table 11: Percentage of Students Reporting Risk

		Grade 6			Grade 8			Grade 10			Grade 12	
Risk Factor	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Community												
Low Neighborhood												
Attachment	37.1	39.9	44.3	39.6	34.8	36.2	39.6	38.8	41.6	42.9	43.9	45.3
Community												
Disorganization	28.7	29.7	37.2	28.1	27.9	32.8	34.2	45.0	45.2	33.0	30.6	43.3
Transitions and												
Mobility	37.2	59.8	52.6	48.5	62.7	56.6	51.7	65.4	60.5	50.2	49.2	49.6
Laws and Norms												
Favor Drug Use	70.7	36.6	41.0	26.8	31.4	34.9	15.0	40.9	40.9	9.1	31.6	33.6
Perceived Availability												
of Drugs	20.4	18.2	22.4	29.3	23.8	27.6	33.5	41.1	38.9	51.4	47.7	45.8
Perceived Availability												
of Handguns	23.0	21.5	25.7	38.7	36.7	39.3	33.0	34.7	33.1	37.0	37.7	38.7
Family												
Poor Family												
Management	30.1	31.5	35.9	34.6	32.4	38.2	36.6	34.3	37.5	40.1	39.4	39.6
Family Conflict	38.7	30.9	36.2	50.1	46.2	47.6	33.2	36.8	39.4	38.1	35.7	35.4
Family History of												
ASB	16.8	28.4	34.9	18.1	29.1	37.1	10.5	36.5	40.8	7.4	32.5	37.7
Parent Attitudes												
Favorable to ASB	26.1	31.1	32.7	45.3	40.0	45.3	53.6	46.2	50.1	26.2	49.5	48.4
Parent Attitudes												
Favorable to ATOD	12.0	11.4	13.3	30.1	21.9	27.0	43.1	42.3	41.7	37.0	40.4	41.4
School							T			T		
Academic Failure	30.5	43.5	44.2	48.7	47.6	47.0	38.8	52.4	48.5	38.7	38.4	41.3
Low Commitment												
to School	85.3	43.2	42.0	61.2	39.1	35.3	51.9	45.3	39.5	60.3	52.5	42.2
Peer / Individual												
Rebelliousness	42.8	36.5	46.8	37.6	32.8	38.1	45.6	44.1	44.6	41.4	39.1	43.0
Early Initiation	171	20.2	05.0	25.1	20.0	27.2	20.5	25.0	40.6	20.7	20.0	20.1
of ASB	17.1	20.3	25.9	35.1	30.8	37.3	30.5	35.0	40.6	32.7	32.0	39.1
Early Initiation	15.0	22.4	25.4	11.2	24.2	20.7	27.0	22.1	20.4	F4.4	20.1	22.0
of ATOD	15.8	22.4	25.4	11.3	24.2	28.7	27.0	33.1	32.4	54.4	30.1	33.0
Attitudes Favorable to ASB	31.4	33.9	37.5	35.7	31.8	33.3	38.1	45.8	41.7	40.7	44.9	39.0
Attitudes Favorable	31.4	33.9	31.3	33.7	31.0	33.3	30.1	45.0	41.7	40.7	44.9	39.0
to ATOD	15.7	17.9	17.9	27.3	20.4	22.8	28.7	36.8	33.1	34.7	30.1	32.9
Perceived Risk of	13.7	11.5	11.5	27.5	20.4	22.0	20.1	30.0	33.1	34.1	30.1	32.3
Drug Use	26.4	30.0	32.6	36.3	35.9	36.4	29.9	36.5	34.6	39.0	41.9	41.6
Interaction with	20.7	30.0	32.0	30.5	33.9	30.4	29.9	30.3	37.0	39.0	71.3	71.0
Antisocial Peers	30.7	31.1	38.9	50.0	43.1	50.6	44.9	49.7	52.1	49.2	48.5	49.4
Friends' Use of Drugs	17.4	17.5	20.6	36.2	25.0	30.8	22.2	37.0	33.1	25.7	27.9	31.0
Sensation Seeking	55.1	47.1	50.6	45.9	47.0	49.6	43.1	49.7	48.4	50.8	50.6	50.5
Rewards for	55.1		33.0	.5.5		.5.0	.5.1	.5.1	.5.1	55.5	55.0	55.5
Antisocial Behavior	19.5	18.3	22.1	35.0	29.2	37.4	33.1	41.0	41.3	52.9	52.6	54.8
Depressive Symptoms	39.9	37.6	39.5	44.6	41.5	44.1	38.3	47.3	46.2	42.6	43.1	40.4
Intention to	- 55.5	30	33.3		.2.0		55.5		.5.2		.5.1	.5.1
Use Drugs	36.3	35.0	35.3	26.8	24.5	26.4	33.3	38.8	38.3	26.1	23.5	28.7
Gang Involvement	16.6	18.1	20.2	17.5	20.3	21.5	16.4	21.7	25.7	17.5	17.9	22.7
cang involvement	10.0	10.1	20.2	11.5	20.5	21.5	10.7	-1.1	20.1	11.5	11.5	-4.1

Table 12: Percentage of Students Reporting School Safety Issues

		Grade 6			Grade 8			Grade 10			Grade 12	
Response	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
I feel safe at my sch	iool.	<u> </u>										
NO!	6.2	3.9	6.2	12.2	5.4	8.2	8.2	7.9	9.4	3.6	3.8	6.8
no	8.8	9.4	9.2	14.8	12.5	15.1	14.6	16.1	15.0	11.1	11.8	12.0
yes	38.2	42.1	37.4	49.8	52.0	49.3	58.8	57.3	54.3	58.4	63.6	55.6
YES!	46.8	44.5	47.1	23.1	30.2	27.4	18.4	18.7	21.3	26.9	20.8	25.5
How many times in	the past h	ave you ta	ken a hai	ndgun to s	chool?							
Never	99.6	99.6	99.6	99.3	99.1	99.2	98.6	99.2	99.1	98.5	98.8	99.1
1-2 times	0.4	0.4	0.2	0.2	0.4	0.3	0.3	0.6	0.4	0.3	0.3	0.3
3-5 times	0	0	0.1	0.2	0	0.1	0.3	0	0.2	0	0.3	0.1
6-9 times	0	0	0.0	0	0.4	0.1	0.3	0	0.1	0.6	0.3	0.1
10-19 times	0	0	0.0	0	0	0.1	0	0	0.1	0.6	0.3	0.1
20-29 times	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
30-39 times	0	0	0.0	0	0	0.0	0.3	0	0.0	0	0	0.0
40+ times	0	0	0.0	0.2	0.2	0.1	0.3	0.2	0.2	0	0	0.2
How wrong do you	think it is	for someor	ne your ag	ge to take	a handgun	to schoo	1?					
Very Wrong	92.7	92.2	93.3	86.1	87.2	86.7	88.6	84.8	87.1	92.6	87.0	90.3
Wrong	5.6	5.2	5.3	10.6	10.2	9.8	9.5	10.7	9.2	3.6	9.3	6.8
A Little Bit Wrong	0.9	1.5	0.9	1.8	2.1	2.6	1.6	3.0	2.6	2.7	2.6	2.0
Not Wrong at All	0.9	1.1	0.5	1.5	0.5	0.9	0.3	1.5	1.0	1.2	1.2	1.0
Have any of your br	others or s	sisters ever	taken a	handgun t	o school?							
No	94.6	94.4	95.0	93.5	95.3	94.0	94.2	91.0	93.2	92.7	92.6	92.9
Yes	0.9	0.4	0.9	2.2	0.4	1.6	1.2	1.9	2.2	2.1	1.8	2.1
I don't have any												
brothers or sisters	4.5	5.1	4.1	4.2	4.3	4.4	4.6	7.1	4.7	5.2	5.5	5.0

Table 13: Average Age of First ATOD Use and Antisocial Behavior

		Grade 6			Grade 8			Grade 10			Grade 12	
	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Avg Age of First ATC	DD Use of	Those Wh	o Used									
Marijuana	10.0	10.4	10.8	10.4	12.2	12.0	10.9	13.6	13.3	12.3	14.4	14.5
Cigarettes	10.2	10.4	10.4	10.7	11.1	11.2	11.2	12.2	12.1	12.4	13.3	13.2
Alcohol Use	10.3	10.5	10.5	11.2	11.5	11.6	12.3	12.8	12.9	13.8	14.3	14.0
Regular Alcohol Use	10.0	10.6	11.0	10.4	12.3	12.3	11.2	14.1	14.0	12.6	15.3	15.3
Avg Age of First Ant	isocial Bel	navior of T	hose Who	D								
School Suspension	10.1	10.7	10.5	10.6	11.6	11.6	10.7	12.6	12.5	10.9	13.7	13.4
Been Arrested	10.0	11.1	10.9	10.2	12.4	12.3	10.4	13.4	13.6	10.6	14.9	15.0
Carried a Gun	10.0	10.9	10.8	10.2	11.5	11.7	10.2	12.7	12.8	10.3	13.0	14.1
Attacked to Harm	10.2	10.8	10.7	10.7	11.7	11.7	10.6	12.7	12.8	10.9	14.0	13.7
Belonged to a Gang	10.1	10.9	11.0	10.3	12.4	12.2	10.2	13.0	13.1	10.2	13.3	13.7

Table 14: Average Age of First ATOD Use and Antisocial Behavior - Total

		Total Aver	age
	County	County	State
	2006	2007	2007
Avg Age of First ATO	OD Use of	Those Wh	no Used
Marijuana	10.8	13.7	13.6
Cigarettes	11.0	12.0	12.0
Alcohol Use	11.7	12.6	12.6
Regular Alcohol Use	10.9	14.1	14.1
Avg Age of First Ant	isocial Bel	navior of T	hose Who
School Suspension	10.5	12.2	12.0
Been Arrested	10.3	13.4	13.5
Carried a Gun	10.2	12.1	12.4
Attacked to Harm	10.5	12.2	12.2
Belonged to a Gang	10.2	12.2	12.4

Table 15: Percentage of Students Reporting Alcohol Use

		Grade 6			Grade 8			Grade 10			Grade 12	
Risk Factor	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Last Time I Drank Alcol	10l									•		
Bought It												
WITH a Fake ID	0	2.3	1.3	1.0	0	0.6	0	0	0.7	0.5	1.0	1.0
Bought It												
WITHOUT a Fake ID	0	0	0.6	0	1.8	0.8	2.9	1.2	1.2	2.6	0.5	3.2
Got It From												
Someone 21 or OLDER	16.7	15.9	16.2	15.2	18.9	22.5	32.4	32.5	34.0	54.4	58.2	48.2
Got It From												
Someone UNDER 21	8.3	2.3	5.3	17.1	9.9	11.3	26.5	16.5	17.4	15.0	17.0	15.0
Got It From												
a Brother/Sister	12.5	4.5	3.6	2.9	4.5	4.9	5.9	5.8	4.5	4.7	1.0	3.3
Home WITH												
Parent's Permission	20.8	29.5	21.8	26.7	20.7	17.4	11.8	15.6	12.4	8.8	8.2	8.3
Home WITHOUT												
Parent's Permission	4.2	15.9	10.1	16.2	9.9	11.8	3.7	5.3	6.5	3.1	1.5	2.2
Got It From												
Another Relative	25.0	4.5	10.5	3.8	13.5	10.1	2.9	4.9	6.8	3.1	0.5	4.1
A Stranger												
Bought It For Me	0	2.3	1.0	1.0	0.9	1.0	1.5	1.2	1.6	1.0	2.1	2.4
Took It												
From a Store	0	0	1.2	1.9	0.9	0.7	0.7	0	0.3	0.5	1.0	0.4
Other	12.5	22.7	28.4	14.3	18.9	18.7	11.8	16.9	14.6	6.2	8.8	11.9
I Drank at												
Home	40.9	47.2	47.4	37.6	41.5	38.8	21.6	24.8	27.1	24.2	19.3	19.1
Someone Else's Home	27.3	22.2	27.9	40.6	39.6	42.6	60.4	55.1	54.3	57.5	62.0	60.3
Open Area	13.6	16.7	12.5	8.9	11.3	10.0	9.7	13.7	10.4	8.1	12.3	12.3
Sporting Event												
or Concert	4.5	5.6	2.1	2.0	1.9	1.6	1.5	1.3	1.3	1.1	1.1	0.9
Restaurant or Bar	0	2.8	3.0	5.0	1.9	1.8	1.5	2.1	1.7	1.6	2.7	2.1
Empty Building												
or Site	4.5	2.8	2.1	3.0	0	0.9	0	0.4	0.4	1.1	0.5	0.4
Hotel/Motel	0	0	1.8	1.0	2.8	0.9	1.5	0.9	1.2	3.2	0.5	1.5
In a Car	9.1	0	1.8	2.0	0.9	2.1	3.0	0.9	2.6	2.2	1.1	2.6
School	0	2.8	1.5	0	0	1.3	0.7	0.9	1.1	1.1	0.5	8.0

Table 16: Percentage of Students Reporting Cigarette Use

		Grade 6			Grade 8			Grade 10			Grade 12	
Risk Factor	County	County	State	County	County	State	County	County	State	County	County	State
	2006	2007	2007	2006	2007	2007	2006	2007	2007	2006	2007	2007
Last Time I Smoked a C	igarette, I									1		
Bought It												
WITH a Fake ID	0	0	2.0	0	0	0.8	0	3.2	1.1	2.1	3.6	1.5
Bought It												
WITHOUT a Fake ID	0	9.1	0.8	0	1.7	1.8	9.4	6.4	5.1	29.2	32.1	23.7
Got It From												
Someone 18 or OLDER	9.5	9.1	12.9	20.8	23.3	23.3	34.0	36.8	37.7	34.4	34.5	41.1
Got It From												
Someone UNDER 18	4.8	4.5	13.3	30.2	20.0	20.8	18.9	14.4	18.2	7.3	7.1	8.8
Got It From												
a Brother/Sister	9.5	4.5	6.3	3.8	11.7	6.0	5.7	8.8	5.0	2.1	0	2.2
Home WITH												
Parent's Permission	14.3	4.5	3.5	3.8	1.7	3.3	1.9	8.0	4.8	4.2	2.4	3.4
Home WITHOUT												
Parent's Permission	14.3	9.1	15.7	15.1	15.0	13.4	9.4	4.8	7.1	1.0	2.4	1.7
Got It From												
Another Relative	9.5	13.6	8.5	3.8	5.0	7.5	7.5	4.8	5.7	3.1	0	1.9
A Stranger												
Bought It For Me	0	0	1.9	0	0	1.8	0	0	1.4	0	0	0.9
Took It												
From a Store	0	0	2.1	5.7	3.3	1.4	0	0.8	0.8	1.0	2.4	0.5
Other	38.1	45.5	32.9	17.0	18.3	19.9	13.2	12.0	13.3	15.6	15.5	14.2
I Smoked at												
Home	36.8	33.3	32.4	29.8	35.7	30.9	32.0	40.9	34.2	27.2	38.5	26.0
Someone Else's Home	21.1	38.9	28.3	42.6	32.1	33.2	24.0	22.6	28.0	20.7	19.2	20.1
Open Area	26.3	22.2	25.9	12.8	21.4	24.8	22.0	20.0	20.4	12.0	11.5	18.5
Sporting Event												
or Concert	0	0	1.0	0	0	1.2	0	0.9	1.2	4.3	0	0.7
Restaurant or Bar	5.3	0	1.1	0	1.8	0.6	0	0.9	0.6	2.2	0	1.6
Empty Building												
or Site	5.3	5.6	4.5	6.4	0	1.9	2.0	0	0.8	1.1	0	0.6
Hotel/Motel	0	0	1.3	0	0	0.5	0	0	0.5	1.1	0	0.5
In a Car	5.3	0	3.1	6.4	3.6	4.5	20.0	12.2	12.0	30.4	29.5	30.9
School	0	0	2.5	2.1	5.4	2.6	0	2.6	2.1	1.1	1.3	1.2

# 5 DRUG-FREE COMMUNITIES SUPPORT PROGRAM CORE MEASURES

The Drug-Free Communities Support Program, administered by the Center for Substance Abuse Prevention, requests specific data which is typically referred to as the Core Measures. The drug categories measured are tobacco, alcohol and marijuana and the table is broken down by grade level. A *Combined* drug category has been created for all of these areas.

Past 30-Day Use The question On how many occasions have you used ... in the past 30 days? is used to measure this statistic by reporting the percentage of students who report using 1-2 times or more often.

**Perception of Risk** The question *How much do you think people risk harming themselves if they ...?* is used to measure this statistic by reporting the percentage of students who report that using the drug is a *Moderate Risk* or a *Great Risk* to their health.

**Perception of Disapproval** The question *How wrong do your parents feel it would be for you to ...?* is used to measure this statistic by reporting the percentage of students who report that parents would feel it is *Wrong* or *Very Wrong* to use tobacco, alcohol and marijuana.

Age of Onset The question How old were you when you first...? is used to measure this statistic. The possible responses to this question range from 10 or Under to 17 or Older. The table shows the average age of onset of use of those students who answered the question with a response other than Never Used.

Table 17: Core Measures by Grade

	C	-l- 6	C		C d. 10		C   10		Camahinad	
	Grade 6		Grade 8		Grade 10		Grade 12		Combined	
	n	pct	n	pct	n	pct	n	pct	n	pct
Past 30 Day Use										
Alcohol	508	3.0	548	13.1	514	34.6	343	39.4	1913	20.9
Cigarettes	501	1.4	540	5.7	510	19.4	342	18.7	1893	10.6
Marijuana	507	0.6	548	2.9	513	13.5	343	16.9	1911	7.6
Combined	511	3.9	552	15.4	518	40.5	345	44.3	1926	24.3
Perceived Risk										
Alcohol	508	69.3	548	67.5	513	61.2	342	63.2	1911	65.5
Cigarettes	512	85.0	549	88.0	514	90.1	344	91.9	1919	88.4
Marijuana	509	71.9	546	65.2	514	49.6	343	38.5	1912	58.0
Combined	513	89.9	549	92.7	515	94.8	344	94.8	1921	92.9
Parental Disapproval										
Alcohol	457	96.5	517	92.5	485	84.1	326	75.8	1785	88.2
Cigarettes	457	98.7	517	96.9	486	92.2	327	84.4	1787	93.8
Marijuana	451	99.3	512	98.2	485	93.6	325	90.2	1773	95.8
Combined	458	99.8	517	99.6	487	97.7	327	94.5	1789	98.2
Avg Age of First Use										
Alcohol	107	10.5	221	11.5	324	12.8	251	14.3	903	12.6
Cigarettes	68	10.4	141	11.1	222	12.2	168	13.3	599	12.0
Marijuana	5	10.4	50	12.2	154	13.6	133	14.4	342	13.7
Combined	121	10.3	243	11.2	346	12.2	262	13.5	972	12.1

# 6 PREVENTION CONTACTS

### 6.1 Prevention Resource Centers

# $\frac{\text{Region 1 PREVENTION RESOURCE CENTER}}{\text{Operated by } \textit{Decision Point}}$

#### Springdale

JTL Shop Building 614 East Emma Street, Suite M426 Springdale, AR 72764

Ms. Laurie Reh, PRC Coordinator

(479) 927-2655 Fax: (479) 927-2752

 $E\text{-}MAIL: \verb|lreh@jtlshop.jonesnet.org||$ 

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 McCall, PRC Coordinator

(870) 391-3178 Fax: (870) 391-3507

 $E\text{-}MAIL: \verb§smccall@northark.edu|$ 

Counties: Boone, Baxter, Newton, Marion,

Searcy

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

### Augusta

 $893~\mathrm{Hwy}~64~\mathrm{East}$  Augusta, AR 72006

Ms. Pat Huckeby, PRC Coordinator

(870) 347-5903 Fax: (870) 347-1457

 $E\text{-}MAIL: \verb"pat_huckeby@yahoo.com""$ 

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 16720 (520 West Monroe Street) Jonesboro, AR 72403

Ms. Dorothy Newsom, PRC Coordinator

(870) 933-0033 Fax: (870) 933-0048

E-MAIL: dnewsom@ritternet.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. Terrence Love, PRC Coordinator

(501) 354-4589 Fax: (501) 354-5410

E-MAIL: tlove@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 1116 North Main Brinkley, AR 72021

Mr. Kendon Gray, PRC Coordinator

(870) 734-1554 Fax: (870) 734-2423

E-MAIL: KendonGray@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 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 Fax: (870) 774-4216

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

 $460~\mathrm{W.~Oak}$ 

El Dorado, AR 71730

Ms. Susan Rumph, PRC Coordinator (870) 862-2489, Exts. 151 & 152

Fax: (870) 863-9341

E-MAIL: srumph@ahecsa.uams.edu

Counties: Dallas, Calhoun, Union, Columbia,

Ouachita, Nevada

## Region 12 PREVENTION RESOURCE CENTER

Operated by Southeast Arkansas Economic Development District

Pine Bluff

P.O. Box 6806 8th & Walnut Streets Pine Bluff, AR 71611

Mrs. Judith Smith, PRC Coordinator

(870) 536-1971 Fax: (870) 536-7718

E-MAIL: jsmithprc120gmail.com

Counties: Grant, Jefferson, Lincoln, Arkansas,

Cleveland

## Region 13 PREVENTION RESOURCE CENTER

Operated by Phoenix Youth & Family

Services

 ${\bf Crossett}$ 

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

Mr. Clifford Hawkins, PRC Coordinator

(870) 364-1676 Fax: (870) 364-1779

E-MAIL: chawkins@phoenixyouth.com Counties: Desha, Drew, Bradley, Ashley,

Chicot

### 6.2 State and National Contacts

## Alcohol and Drug Abuse Prevention Division of Behavioral Health Services Arkansas Department of Human Services

 $4313~\mathrm{West}$  Markham - 3rd Floor Administration

Little Rock, AR 72205 Telephone: (501) 686-9866 FAX: (501) 686-9396

Website: http://www.arkansas.gov/dhhs/dmhs

Tommie Johnson Waters, Director Prevention Services

Alcohol and Drug Abuse Prevention E-MAIL: Tommie.Waters@arkansas.gov

Joe M. Hill, Director

Alcohol and Drug Abuse Prevention E-MAIL: Joe.Hill@arkansas.gov

### Arkansas Department of Education Federal Programs Liaison Safe and Drug-Free Schools Program Officer Learning Services/School Improvement

Room 304B Little Rock, AR 72201 Telephone: (501) 683-5425 FAX: (501) 683-5409

Website: http://www.arkansased.org

Otistene Smith

#4 Capitol Mall

Federal Program Liaison

Safe and Drug-Free Schools Program Officer E-MAIL: otistene.smith@arkansas.gov

### International Survey Associates dba Pride Surveys

160 Vanderbilt Court Bowling Green, KY 42103 Telephone: (800) 279-6361 FAX: (270) 746-9598

Website: http://www.pridesurveys.com

# Safe and Drug Free Schools and Communities

U.S. Department of Education

Website: http://www.ed.gov/offices/OESE/SDFS

# Southwest Center for the Application of Prevention Technology

Website: http://captus.samhsa.gov/southwest

# Southwest Prevention Center/ The University of Oklahoma

Website: http://swpc.ou.edu/

Substance Abuse and Mental Health Services Administration (SAMSHA)

Website: http://www.samhsa.gov

Electronic copies of reports can be found at http://www.arkansas.gov/dhs/dmhs/adap\_survey.htm. Some reports require passwords.