
*ARKANSAS Prevention Needs
Assessment Student Survey
2004 Results for
Dallas County*



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

TABLE OF CONTENTS, CHARTS AND TABLES

Introduction	3
The Risk and Protective Factor Model of Prevention	
Table 1: Characteristics of Participants	
Tools for Assessment & Planning.....	4
How to Use This Information.....	5
How to Read the Charts and Tables in this Report.....	6
Substance Use and Antisocial Behavior Charts	
Risk and Protective Factor Charts	
Charts	7
ATOD Use and Antisocial Behavior, Grades 6, 8, 10 and 12	
Risk Profile, Grades 6, 8, 10 and 12	
Protective Profile, Grades 6, 8, 10 and 12	
School Safety Profile, Grades 6, 8, 10 and 12	
Risk and Protective Factor Definitions.....	17
Table 2	
Additional Region and State Data	19
Table 3: Number of Students who Completed the Survey	
Table 4: Percentage of Students who Used ATODs During Their Lifetime	
Table 5: Percentage of Students who Used ATODs During the Past 30 Days	
Table 6: Percentage of Students with Heavy Use of Alcohol and Cigarettes	
Table 7: Percentage of Students with Antisocial Behavior in the Past Year	
Table 8: Percentage of Students Reporting Risk	
Table 9: Percentage of Students Reporting Protection	
Table 10: Percentage of Students Reporting School Safety Issues	
Table 11: Average Age of first ATOD use and Antisocial Behavior	
Contacts for Prevention	23

INTRODUCTION

The 2004 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 2004. This survey was available free of charge to all Arkansas public school districts who chose to participate. The survey was designed to assess

Table 1. Characteristics of Participants				
Student Totals				
	County 2004		State 2004	
	Number	Percent	Number	Percent
Total Students	302	0.8	39999	100
# of Districts	1	0.7	136	100
# of Schools	2	0.5	366	100
Grade				
6	95	31.5	10913	27.3
8	58	19.2	11740	29.4
10	88	29.1	9739	24.3
12	61	20.2	7607	19.0
Gender				
Male	129	42.7	18897	47.2
Female	165	54.6	20223	50.6
Ethnicity				
Hispanic	21	6.5	3207	7.5
Black	165	50.8	6267	14.7
Asian	0	0.0	561	1.3
American Indian	5	1.5	1764	4.1
White	130	40.0	28584	66.9
Pacific Islander	0	0.0	200	0.5

Those students are now in grades 7, 9, 11, and out of school. Together, the results of the 2002, 2003 and 2004 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).

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 third 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 two year's (2002 & 2003) 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 2003 survey.

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.

YOUTH AT RISK	PROBLEM BEHAVIORS				
	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?
 - 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% 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?

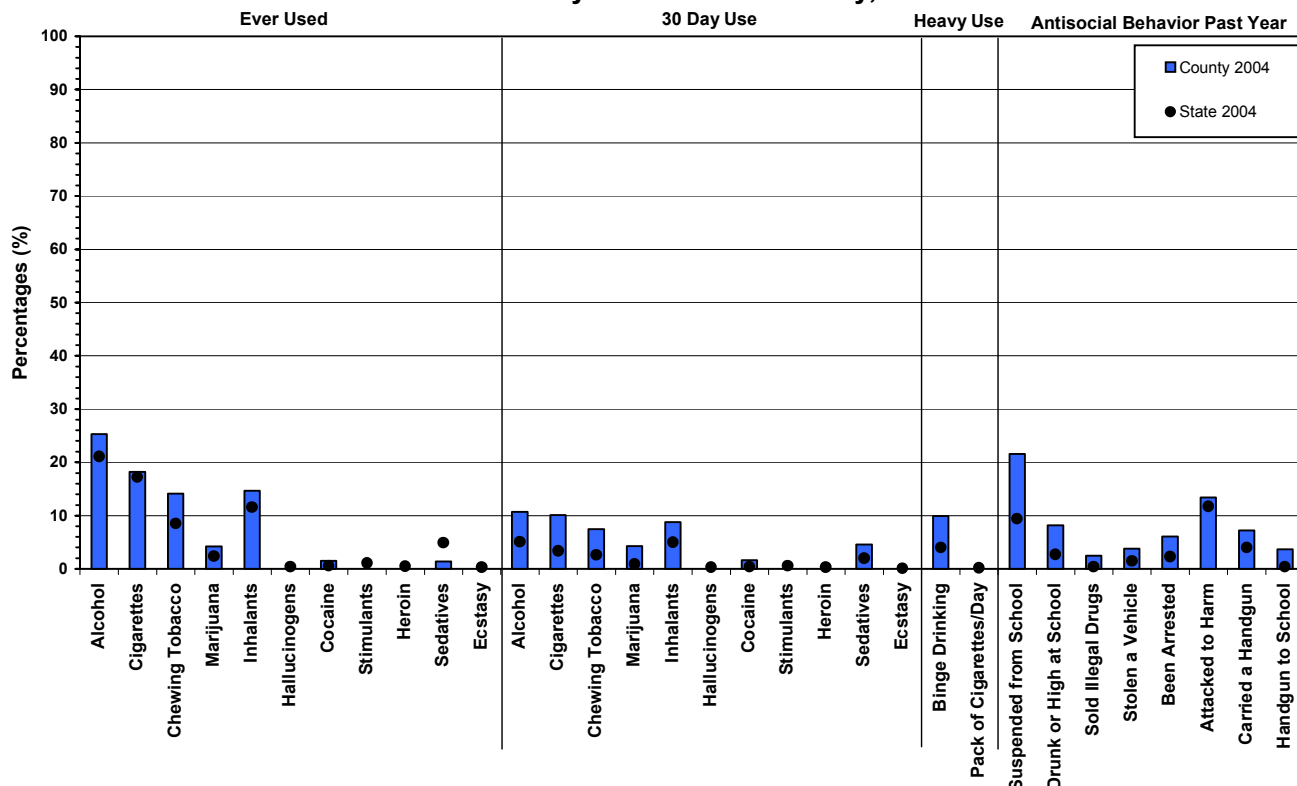
- Participation in the annual administration of the survey provides trend data necessary for determining the effectiveness of the implemented intervention(s) and also provides data for determining any new efforts that are needed.

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 completed 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.

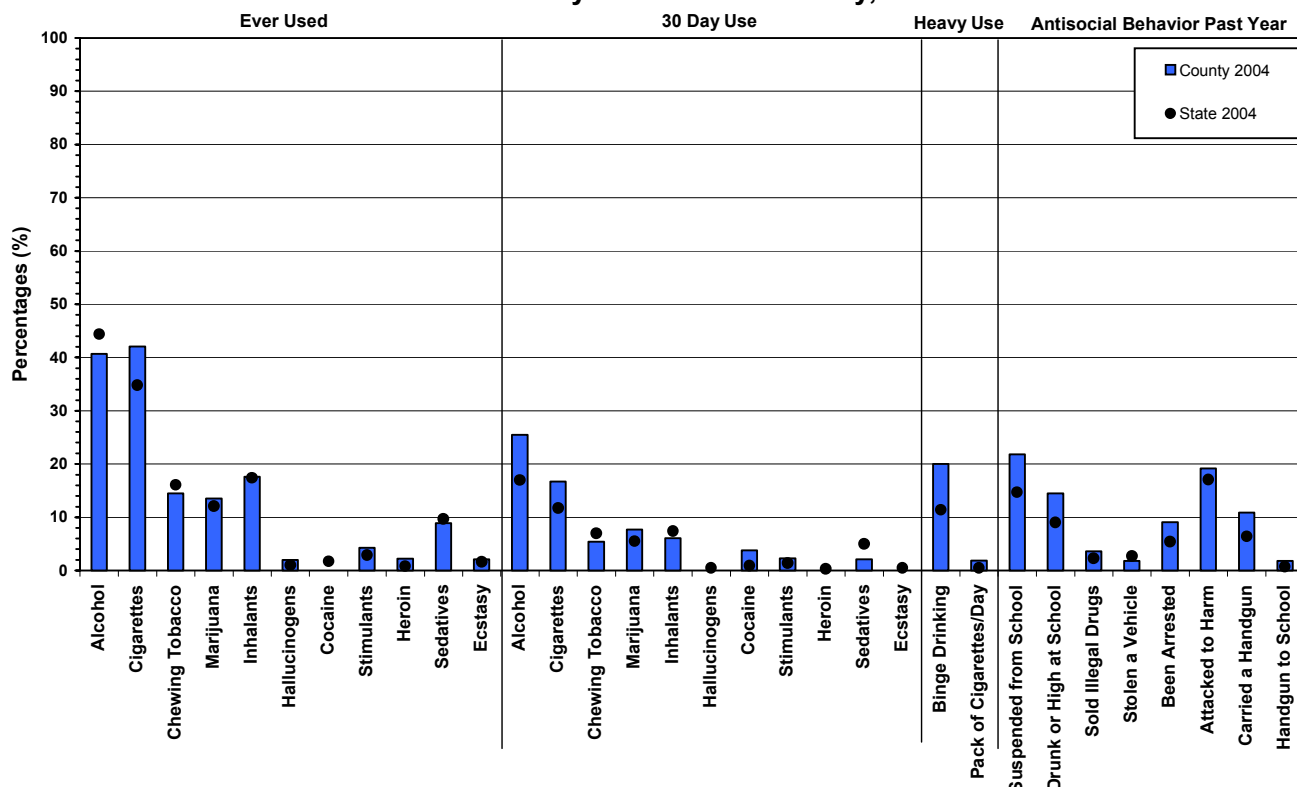
ATOD USE AND ANTISOCIAL BEHAVIOR

Dallas County 2004 Student Survey, Grade 6

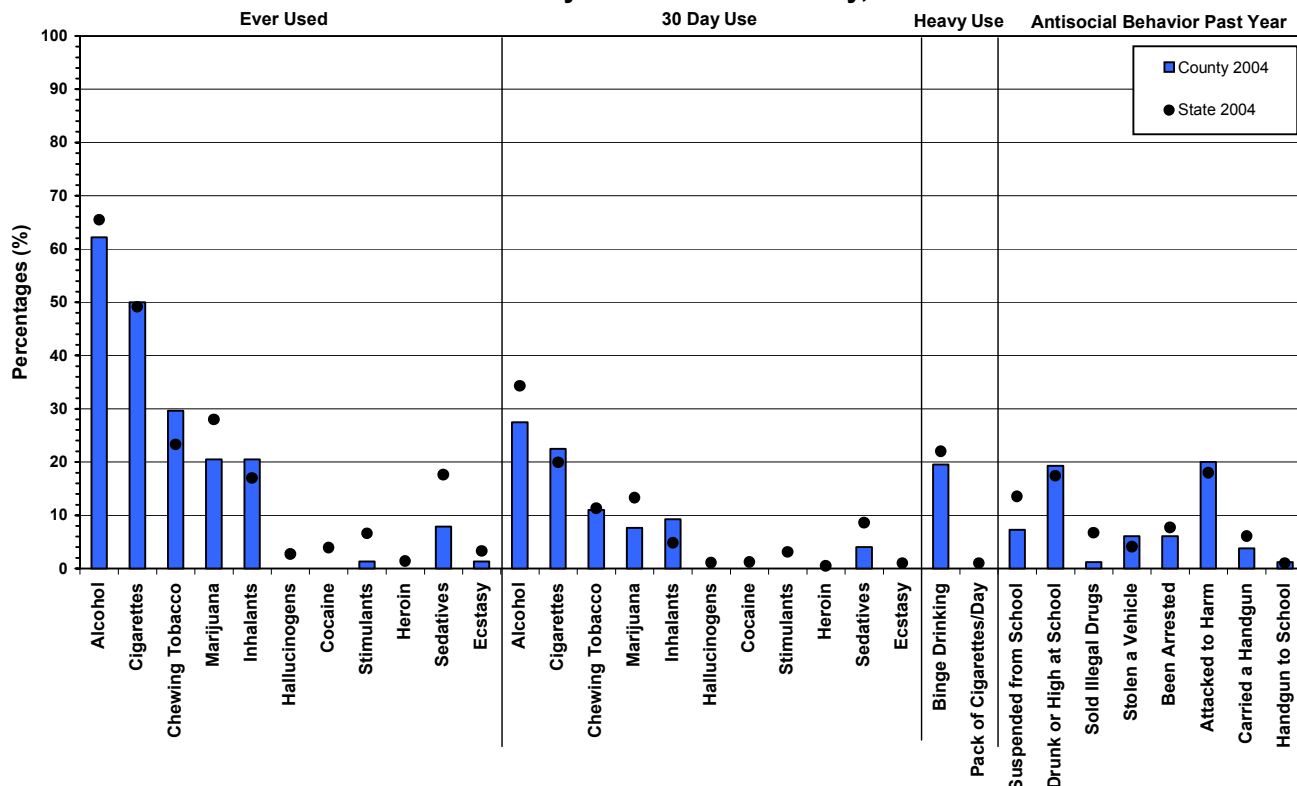


ATOD USE AND ANTISOCIAL BEHAVIOR

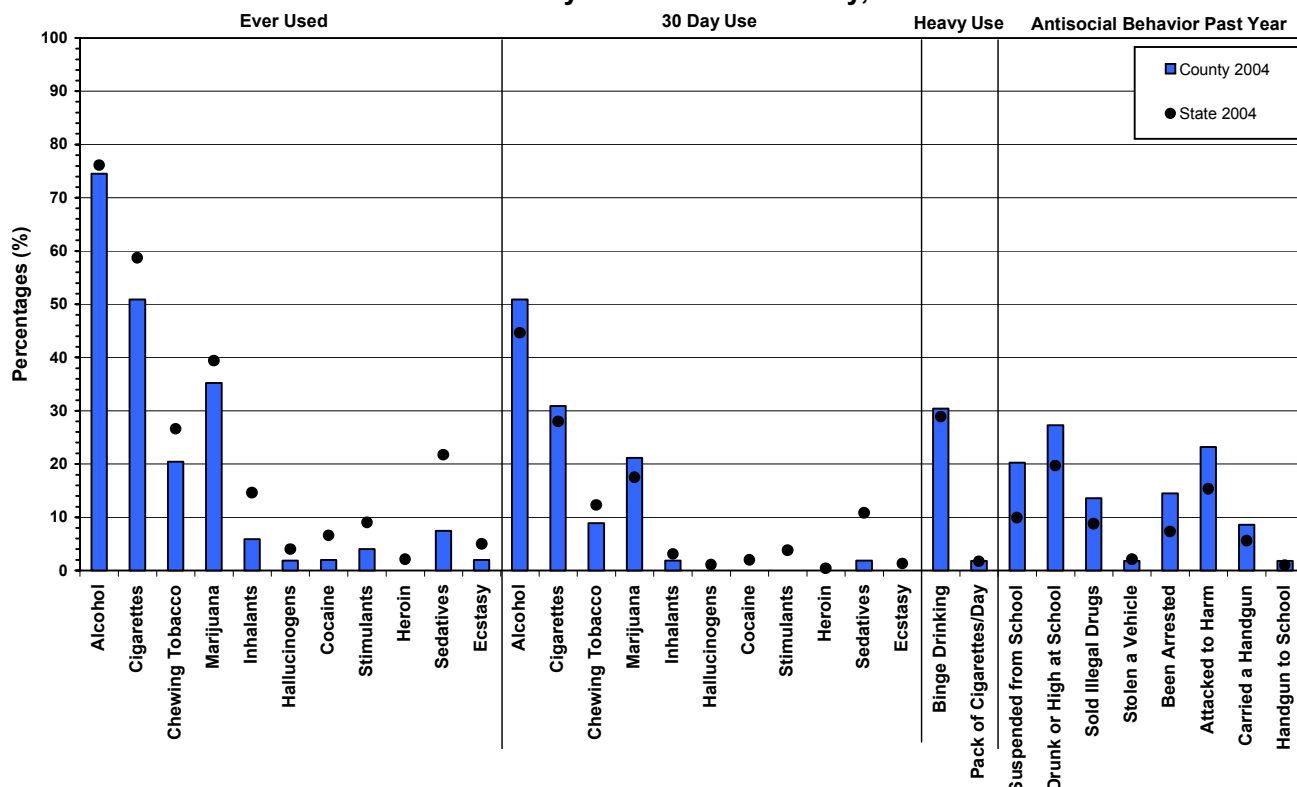
Dallas County 2004 Student Survey, Grade 8



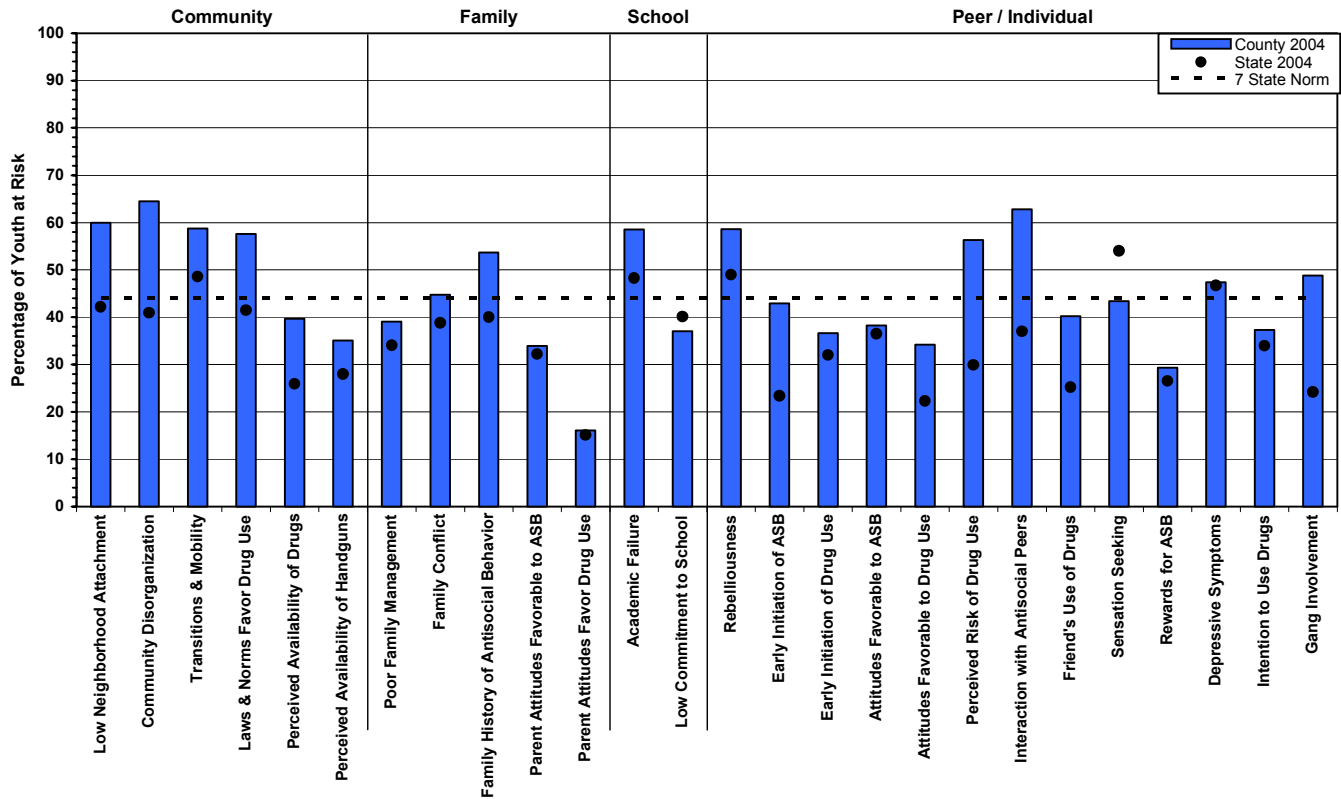
ATOD USE AND ANTISOCIAL BEHAVIOR Dallas County 2004 Student Survey, Grade 10



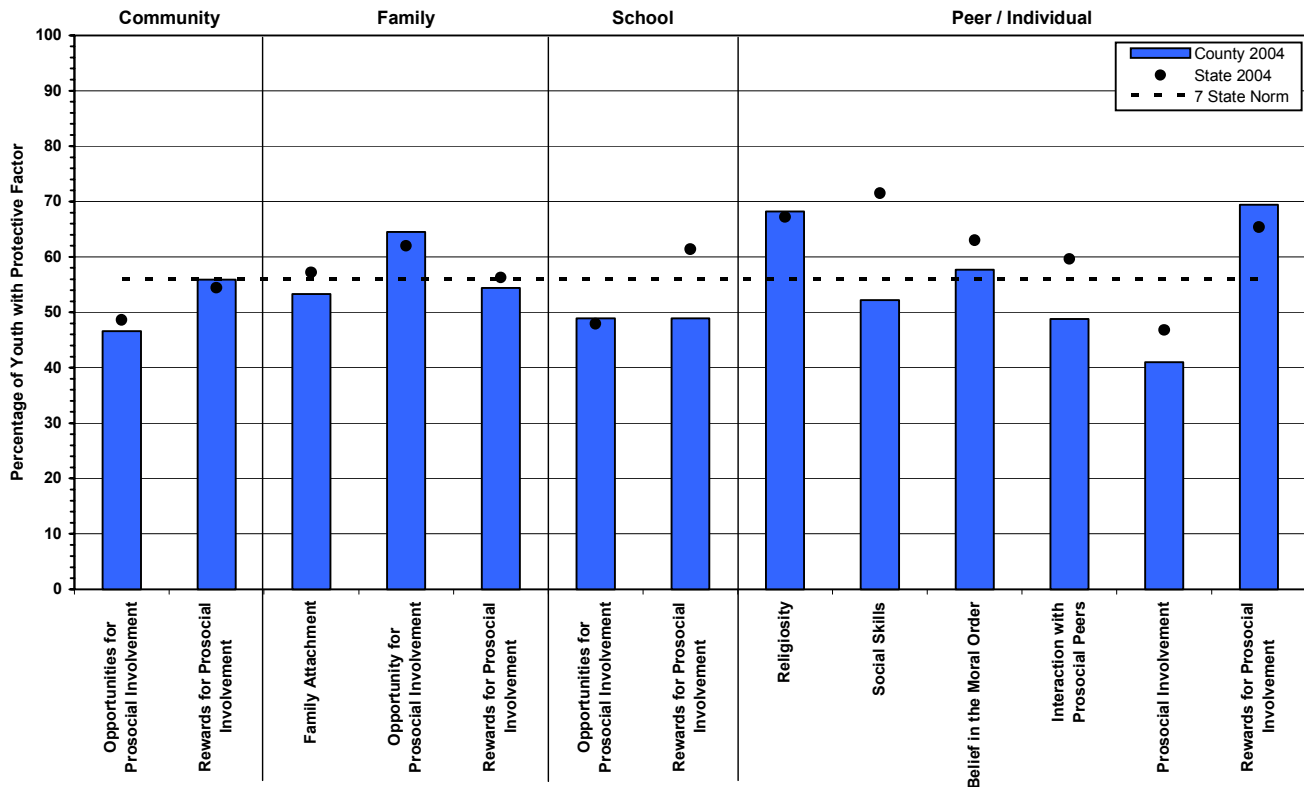
ATOD USE AND ANTISOCIAL BEHAVIOR Dallas County 2004 Student Survey, Grade 12



RISK PROFILE Dallas County 2004 Student Survey, Grade 6

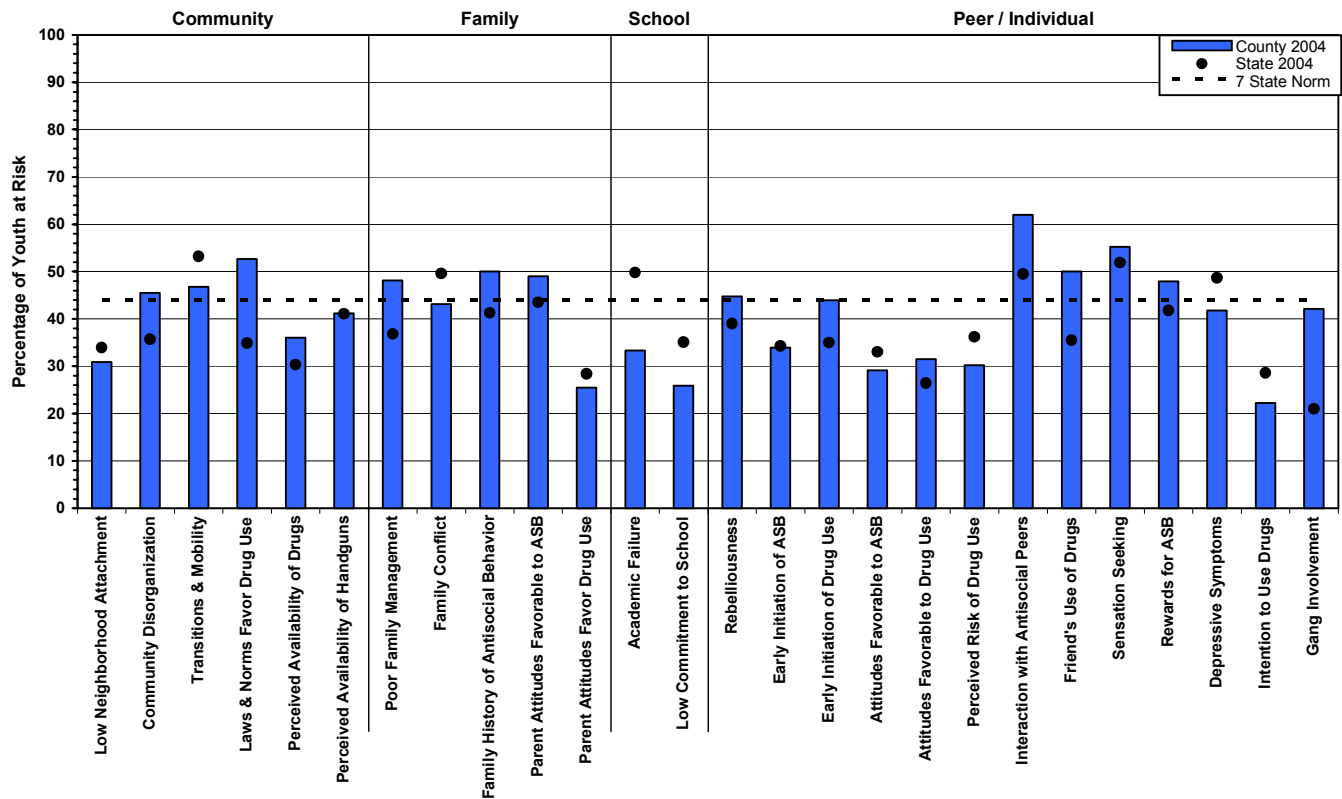


PROTECTIVE PROFILE Dallas County 2004 Student Survey, Grade 6



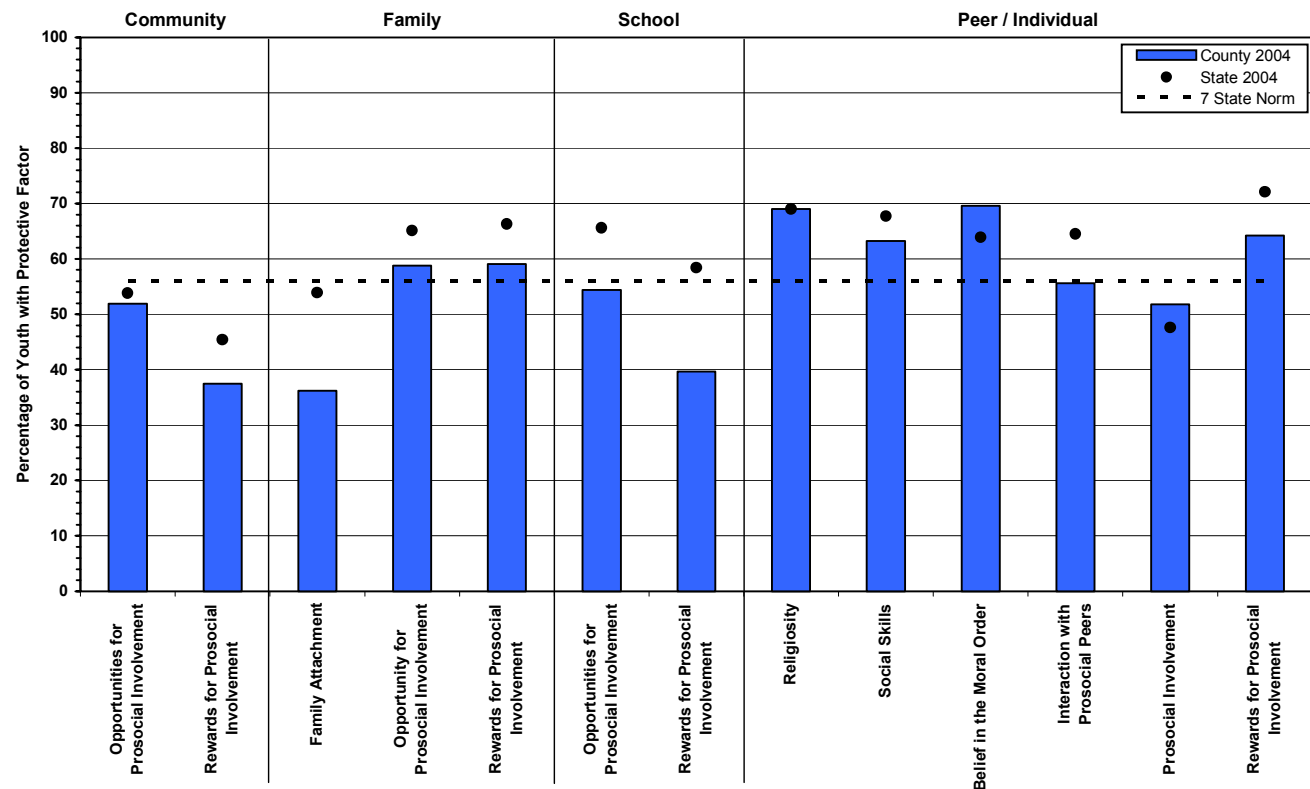
RISK PROFILE

Dallas County 2004 Student Survey, Grade 8

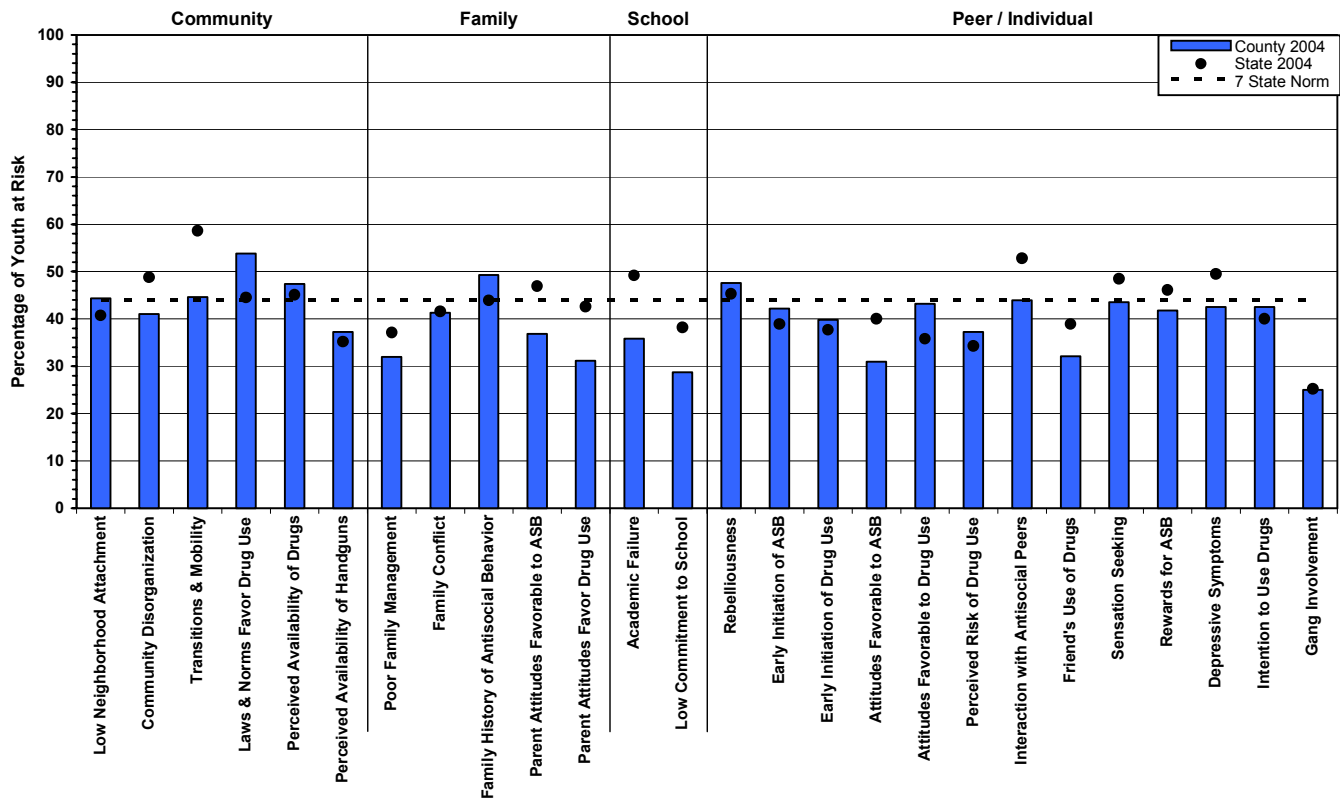


PROTECTIVE PROFILE

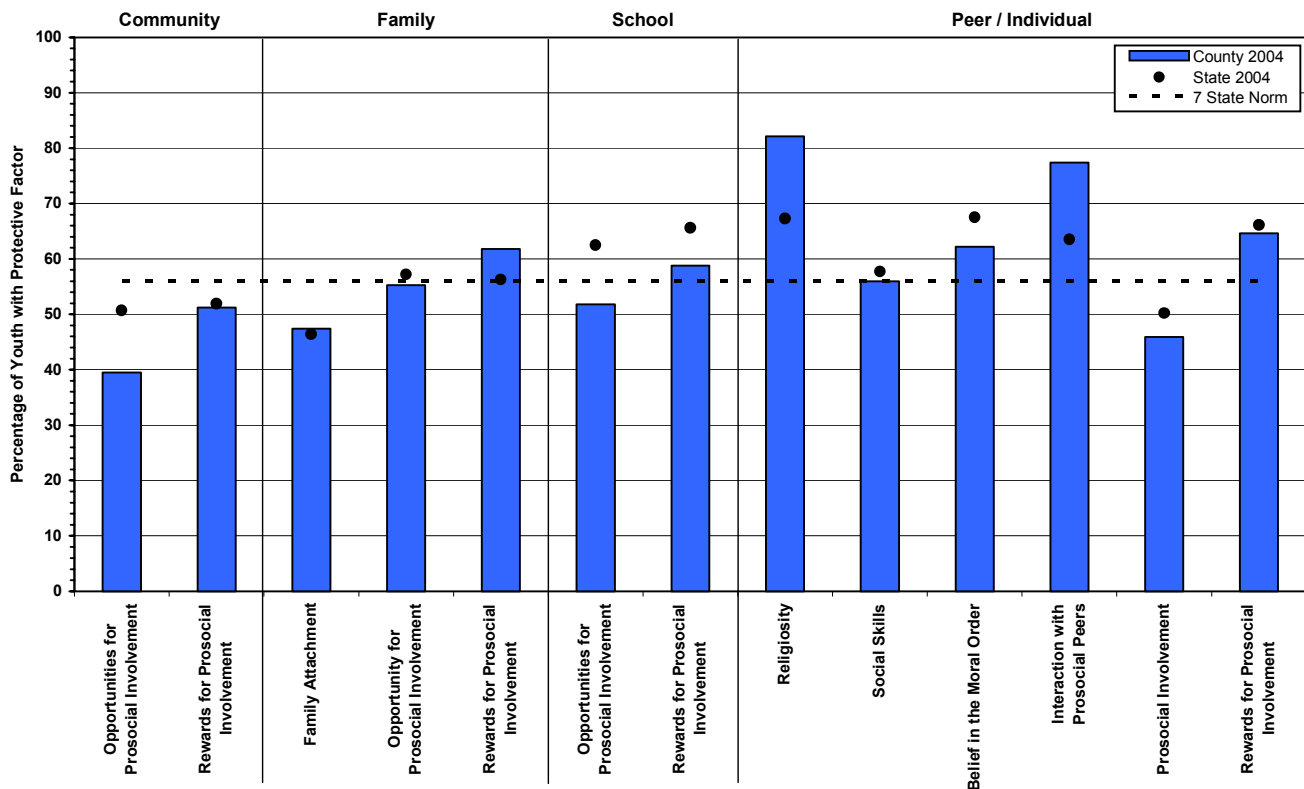
Dallas County 2004 Student Survey, Grade 8



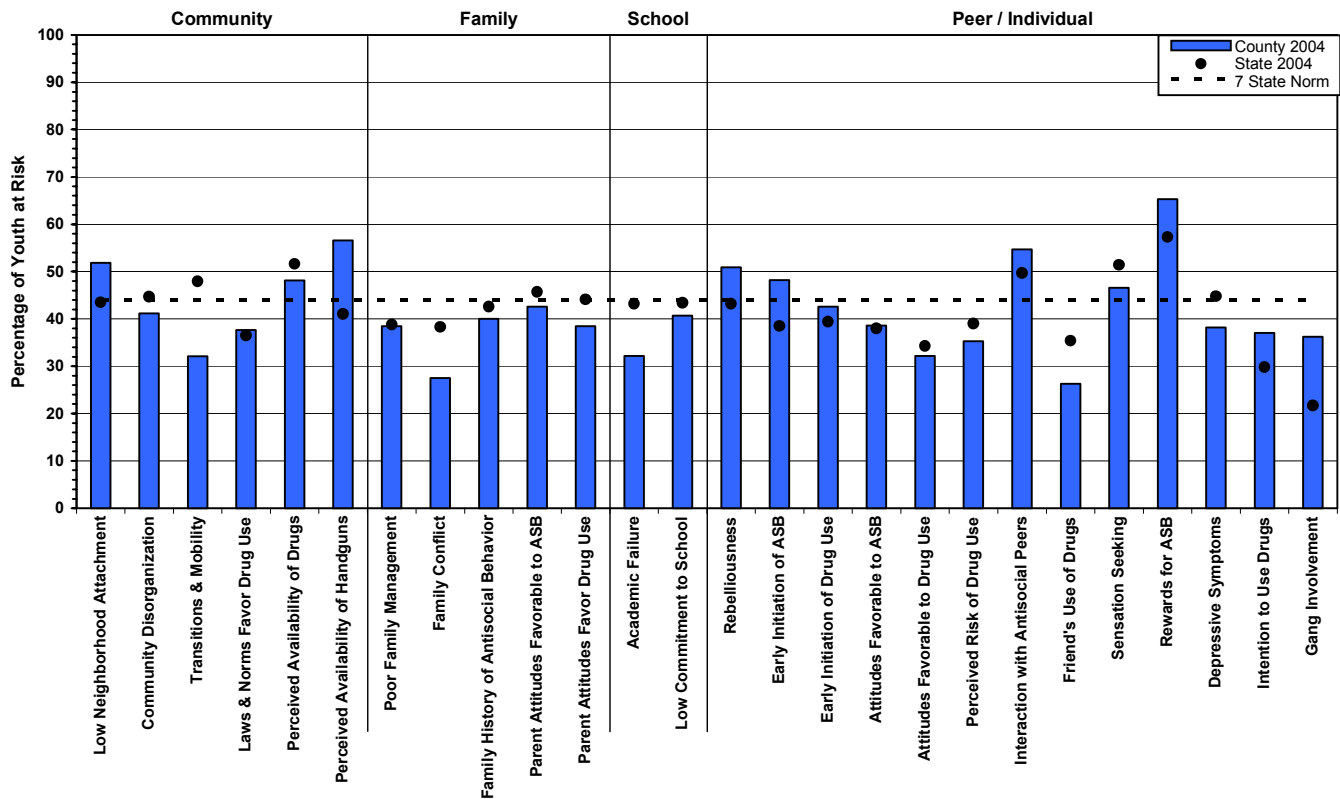
RISK PROFILE Dallas County 2004 Student Survey, Grade 10



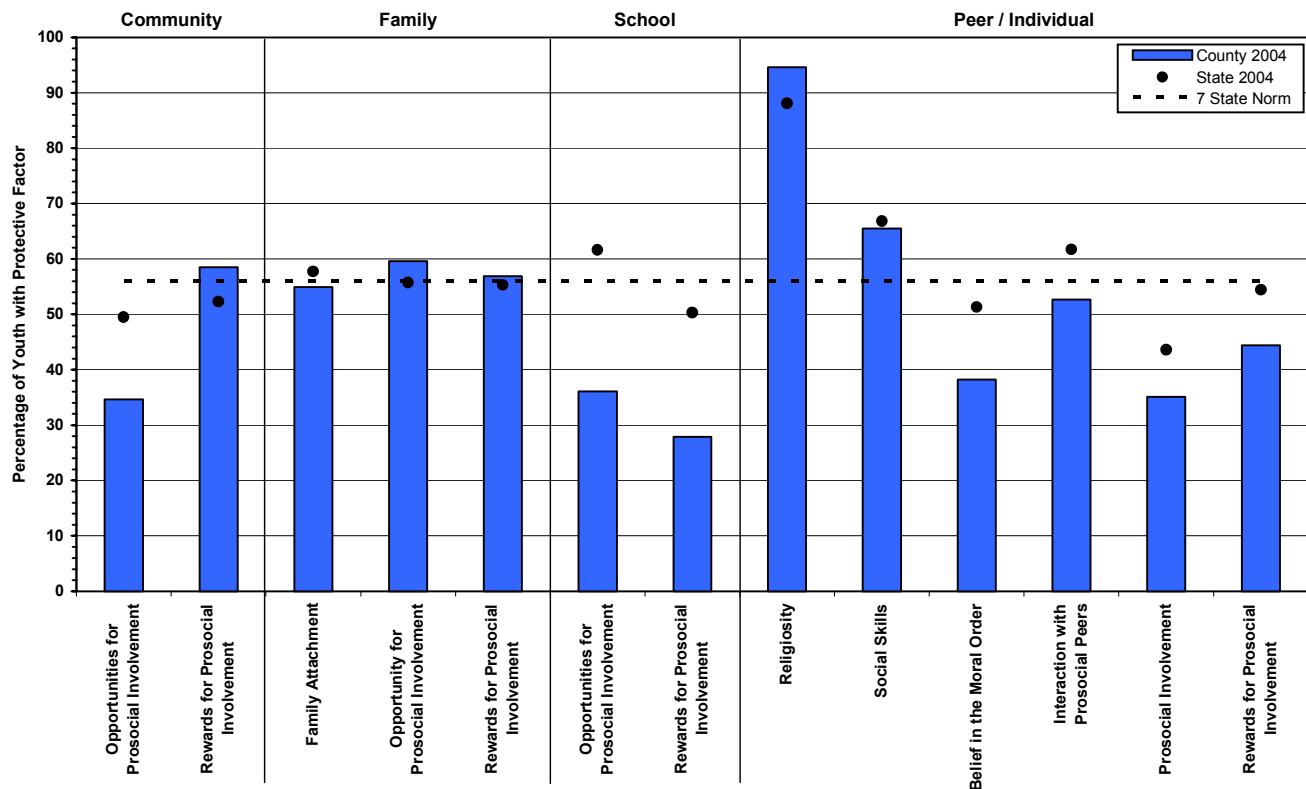
PROTECTIVE PROFILE Dallas County 2004 Student Survey, Grade 10



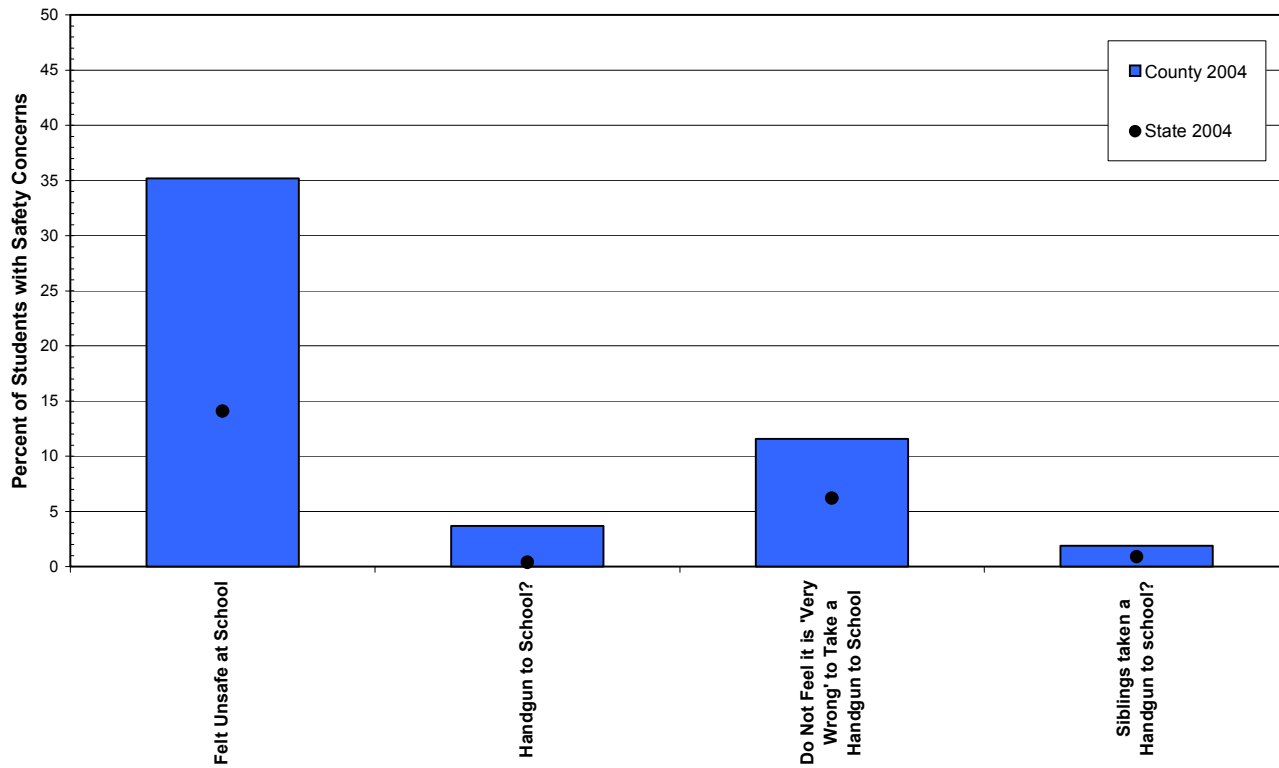
RISK PROFILE Dallas County 2004 Student Survey, Grade 12



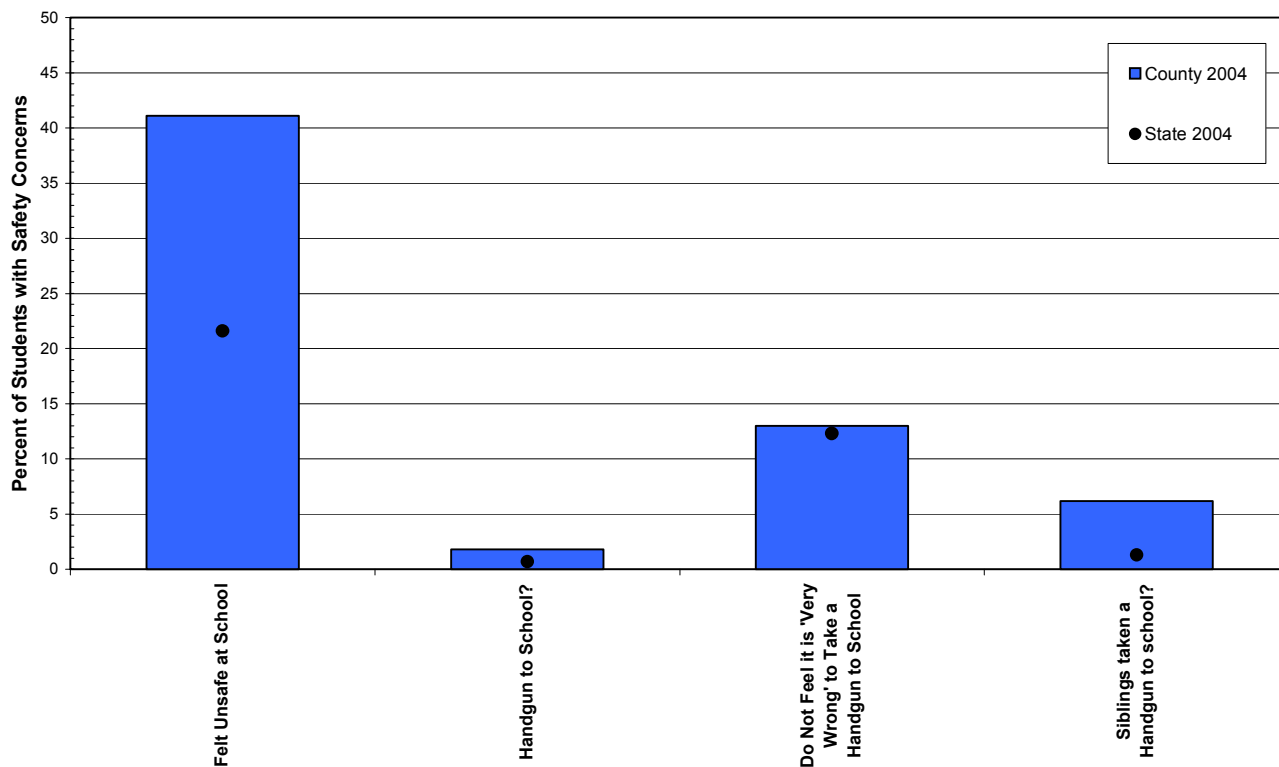
PROTECTIVE PROFILE Dallas County 2004 Student Survey, Grade 12



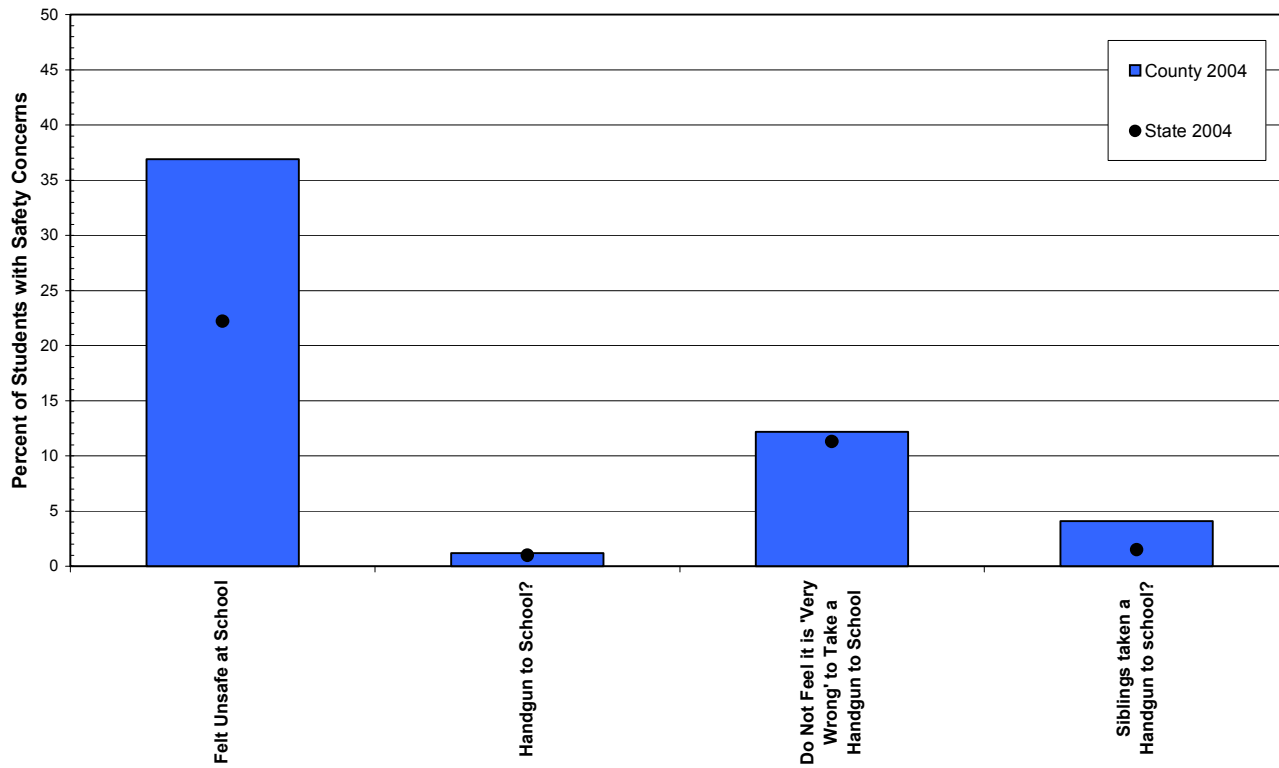
SCHOOL SAFETY PROFILE Dallas County 2004 Student Survey, Grade 6



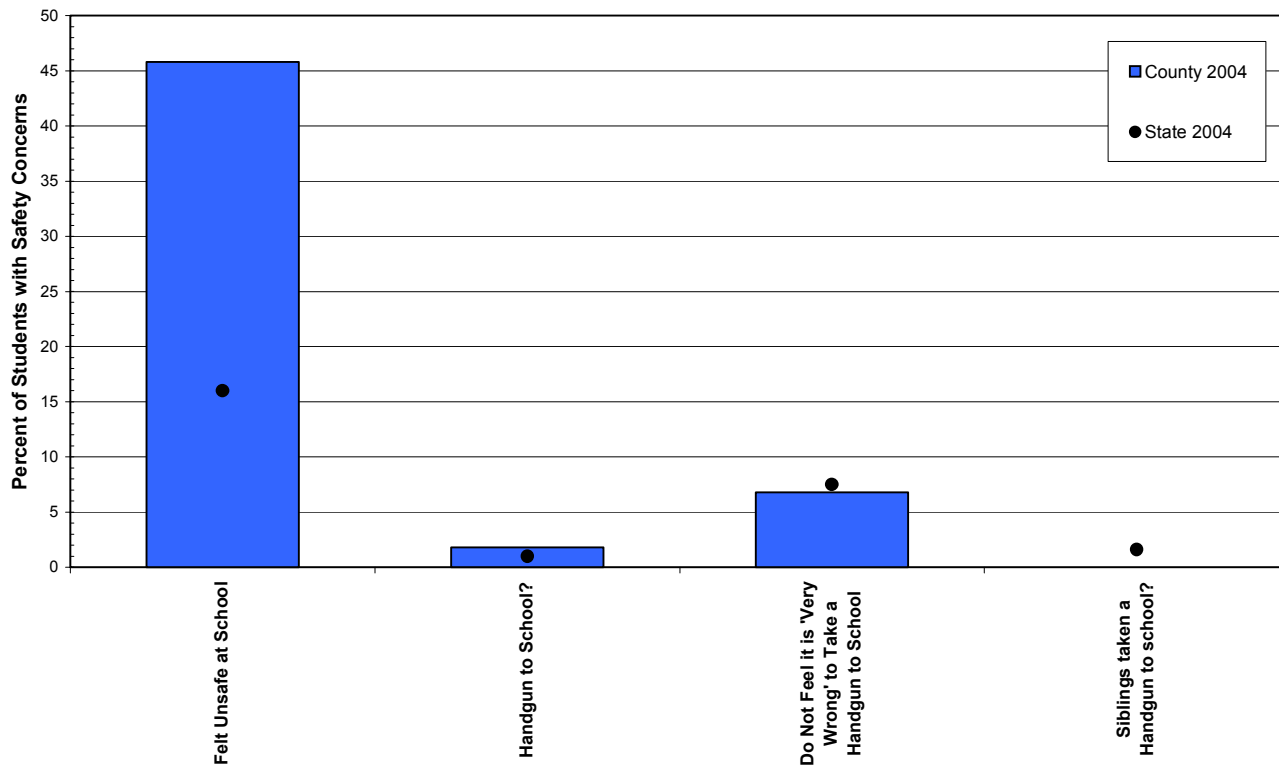
SCHOOL SAFETY PROFILE Dallas County 2004 Student Survey, Grade 8



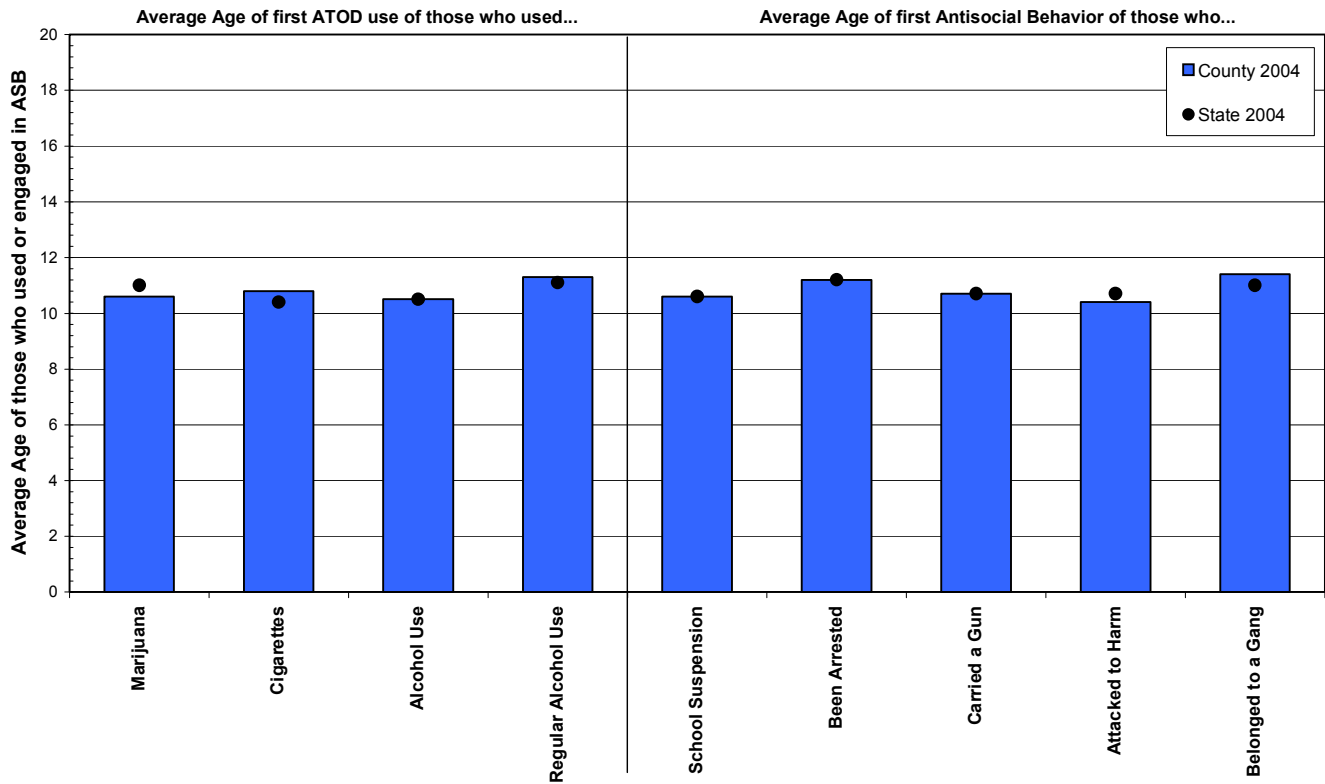
SCHOOL SAFETY PROFILE Dallas County 2004 Student Survey, Grade 10



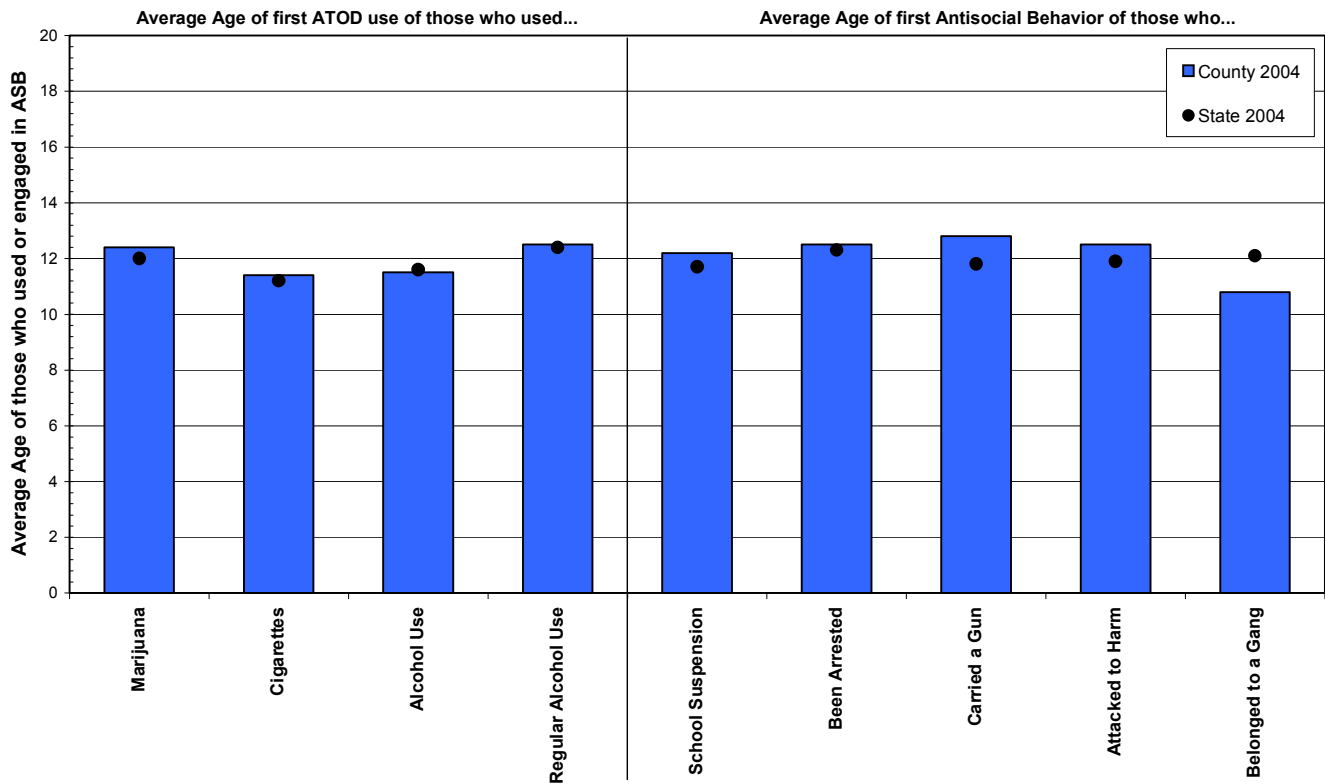
SCHOOL SAFETY PROFILE Dallas County 2004 Student Survey, Grade 12



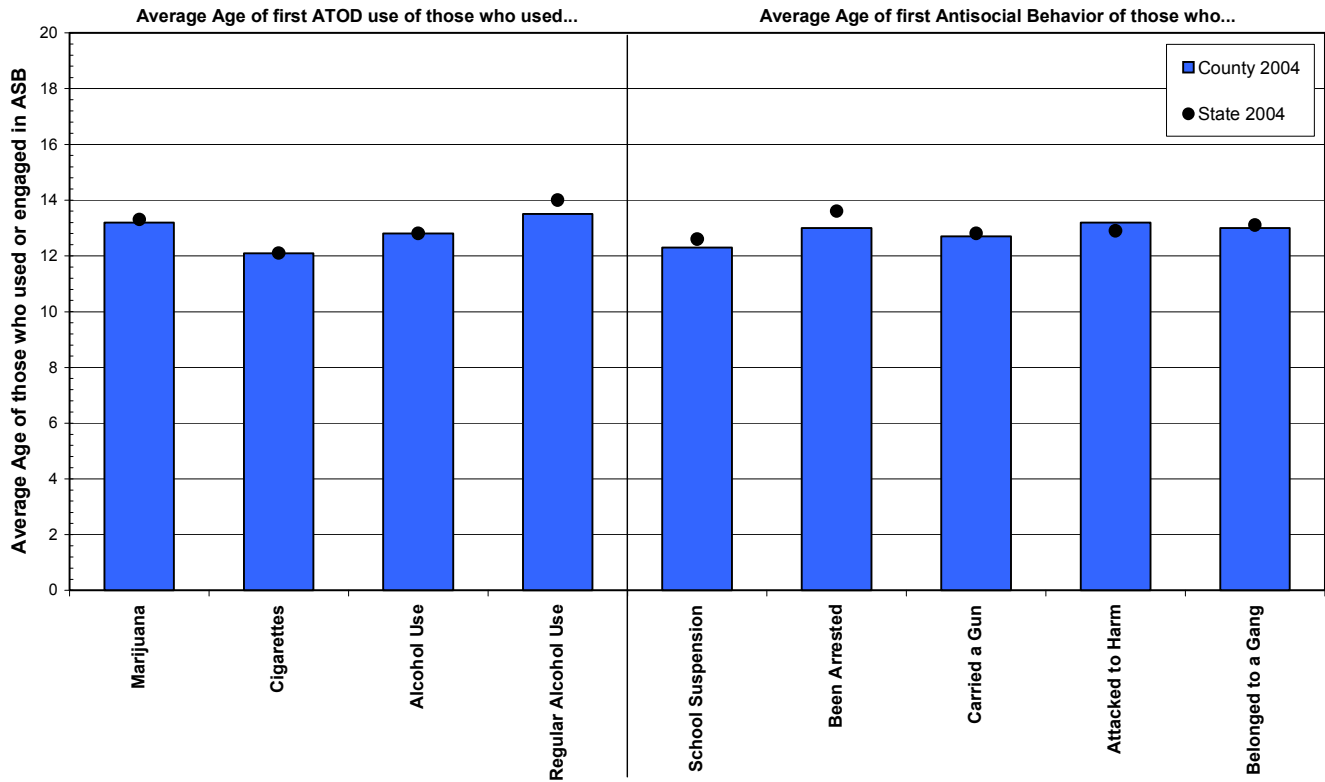
NO CHILD LEFT BEHIND PROFILE Dallas County 2004 Student Survey, Grade 6



NO CHILD LEFT BEHIND PROFILE Dallas County 2004 Student Survey, Grade 8



NO CHILD LEFT BEHIND PROFILE Dallas County 2004 Student Survey, Grade 10



NO CHILD LEFT BEHIND PROFILE Dallas County 2004 Student Survey, Grade 12

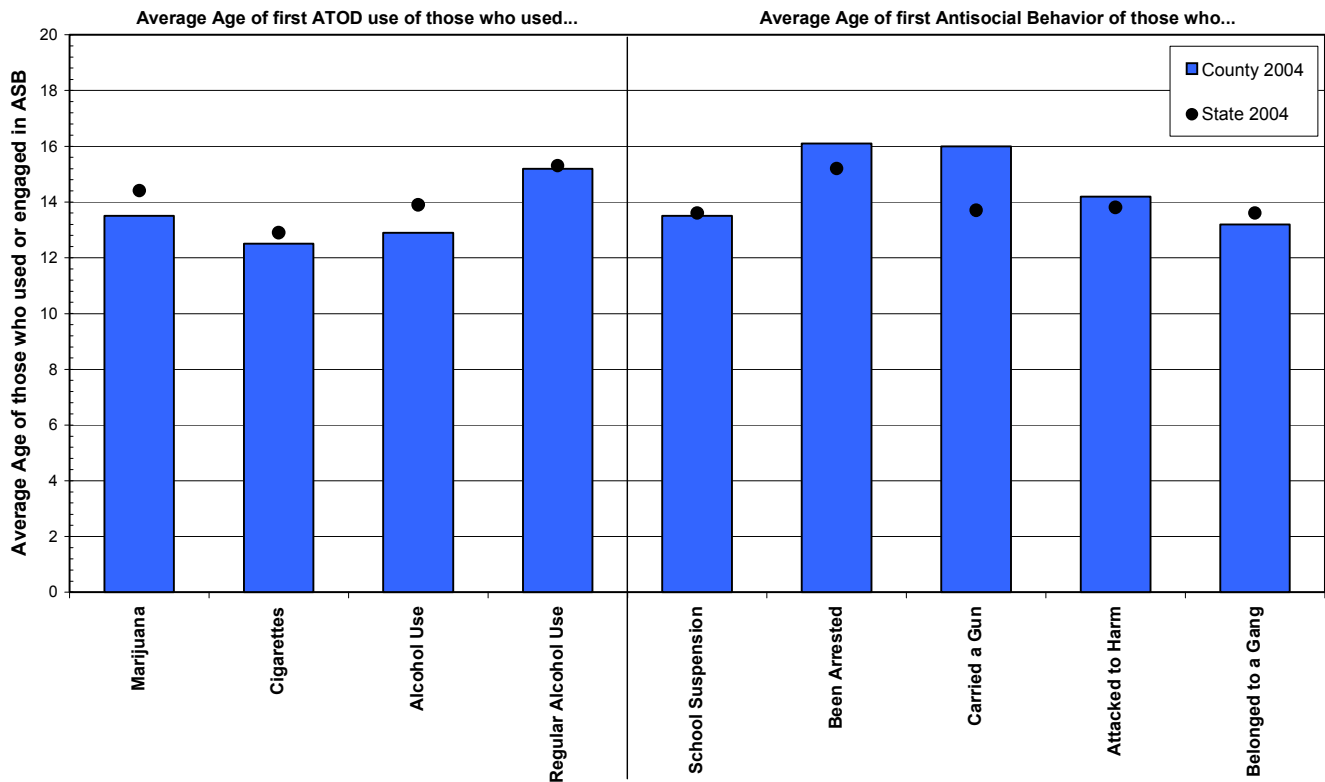


Table 2. Risk and Protective Factor Scale Definitions

<i>Community Domain Risk Factors</i>	
<i>Community and Personal Transitions & Mobility</i>	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.
<i>Community Disorganization</i>	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.
<i>Low Neighborhood Attachment</i>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<i>Laws and Norms Favorable Toward Drug Use</i>	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.
<i>Perceived Availability of Drugs and Handguns</i>	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.
<i>Community Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<i>Family History of Antisocial Behavior</i>	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.
<i>Family Conflict</i>	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.
<i>Parental Attitudes Favorable Toward Antisocial Behavior & Drugs</i>	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.
<i>Poor Family Management</i>	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
<i>Family Domain Protective Factors</i>	
<i>Family Attachment</i>	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.
<i>Opportunities for Positive Involvement</i>	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.
<i>Rewards for Positive Involvement</i>	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.
<i>School Domain Risk Factors</i>	
<i>Academic Failure</i>	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.
<i>Low Commitment to School</i>	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)	
<i>School Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	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.
<i>Rewards for Positive Involvement</i>	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
<i>Peer-Individual Risk Factors</i>	
<i>Early Initiation of Antisocial Behavior and Drug Use</i>	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.
<i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i>	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.
<i>Friends' Use of Drugs</i>	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.
<i>Interaction with Antisocial Peers</i>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<i>Perceived Risk of Drug Use</i>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<i>Rewards for Antisocial Behavior</i>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<i>Rebelliousness</i>	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.
<i>Sensation Seeking</i>	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.
<i>Intention to Use ATODs</i>	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.
<i>Depressive Symptoms</i>	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.
<i>Gang Involvement</i>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<i>Peer-Individual Protective Factors</i>	
<i>Religiosity</i>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<i>Social Skills</i>	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.
<i>Belief in the Moral Order</i>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<i>Opportunities for Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Rewards for Prosocial Involvement</i>	Young people who are rewarded for working hard in school and volunteering in the community are less likely to engage in problem behavior.
<i>Interaction with Prosocial Peers</i>	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

	Grade 6		Grade 8		Grade 10		Grade 12	
	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
Year Survey Completed								
Number of Youth	95	10913	58	11740	88	9739	61	7607

Table 4. Percentage of Students Who Used ATODs During Their Lifetime

	Grade 6		Grade 8		Grade 10		Grade 12	
	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
Drug Used								
Alcohol	25.3	21.1	40.7	44.4	62.2	65.5	74.5	76.1
Cigarettes	18.2	17.2	42.1	34.8	50.0	49.1	50.9	58.7
Chewing Tobacco	14.1	8.5	14.5	16.1	29.6	23.3	20.4	26.6
Marijuana	4.2	2.4	13.5	12.1	20.5	28.0	35.2	39.4
Inhalants	14.7	11.6	17.6	17.4	20.5	17.0	5.9	14.6
Hallucinogens	0.0	0.4	2.0	1.0	0.0	2.7	1.9	4.0
Cocaine	1.5	0.6	0.0	1.7	0.0	3.9	2.0	6.6
Stimulants	0.0	1.1	4.3	2.9	1.3	6.6	4.0	9.0
Heroin	0.0	0.5	2.2	0.8	0.0	1.4	0.0	2.1
Sedatives	1.4	4.9	8.9	9.7	7.9	17.6	7.5	21.7
Ecstasy	0.0	0.3	2.1	1.6	1.3	3.3	2.0	5.0
Any Drug	26.1	21.4	33.3	33.9	38.9	46.2	47.9	52.2

Table 5. Percentage of Students Who Used ATODs During the Past 30 Days

	Grade 6		Grade 8		Grade 10		Grade 12	
	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
Drug Used								
Alcohol	10.7	5.1	25.5	17.0	27.5	34.3	50.9	44.6
Cigarettes	10.1	3.4	16.7	11.7	22.5	19.9	30.9	28.0
Chewing Tobacco	7.5	2.6	5.4	7.0	11.0	11.3	8.9	12.3
Marijuana	4.3	0.9	7.7	5.5	7.6	13.3	21.2	17.5
Inhalants	8.8	5.0	6.1	7.4	9.3	4.8	1.9	3.1
Hallucinogens	0.0	0.3	0.0	0.5	0.0	1.1	0.0	1.1
Cocaine	1.6	0.4	3.8	0.9	0.0	1.2	0.0	2.0
Stimulants	0.0	0.6	2.3	1.4	0.0	3.1	0.0	3.8
Heroin	0.0	0.3	0.0	0.3	0.0	0.5	0.0	0.4
Sedatives	4.6	2.0	2.1	5.0	4.0	8.6	1.9	10.8
Ecstasy	0.0	0.1	0.0	0.5	0.0	1.0	0.0	1.3
Any Drug	23.8	10.5	20.5	18.4	21.7	25.1	30.2	28.1

Table 6. Percentage of Students With Heavy Use of Alcohol and Cigarettes

	Grade 6		Grade 8		Grade 10		Grade 12	
	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
Drug Used								
Binge Drinking	9.9	4.0	20.0	11.4	19.5	22.0	30.4	28.9
Pack of Cigarettes/Day	0.0	0.2	1.9	0.5	0.0	1.0	1.8	1.7

Table 7. Percentage of Students With Antisocial Behavior in the Past Year

	Grade 6		Grade 8		Grade 10		Grade 12	
	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
Behavior								
Suspended from School	21.6	9.4	21.8	14.7	7.3	13.5	20.3	9.9
Drunk or High at School	8.2	2.7	14.5	9.0	19.3	17.4	27.3	19.7
Sold Illegal Drugs	2.5	0.4	3.6	2.3	1.2	6.7	13.6	8.8
Stolen a Vehicle	3.8	1.5	1.8	2.7	6.1	4.1	1.8	2.1
Been Arrested	6.1	2.3	9.1	5.4	6.1	7.7	14.5	7.3
Attacked to Harm	13.4	11.7	19.2	17.1	20.0	18.0	23.2	15.3
Carried a Handgun	7.2	4.0	10.9	6.4	3.8	6.1	8.6	5.6
Handgun to School	3.7	0.4	1.8	0.7	1.2	1.0	1.8	1.0

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 6		Grade 8		Grade 10		Grade 12	
	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
Community Domain								
Opportunities for Prosocial Involvement	46.6	48.6	51.9	53.8	39.5	50.7	34.6	49.5
Rewards for Prosocial Involvement	55.9	54.4	37.5	45.4	51.2	51.9	58.5	52.3
Family Domain								
Family Attachment	53.3	57.2	36.2	53.9	47.4	46.4	54.9	57.7
Opportunity for Prosocial Involvement	64.5	62.0	58.8	65.1	55.3	57.2	59.6	55.7
Rewards for Prosocial Involvement	54.4	56.3	59.1	66.3	61.8	56.3	56.9	55.3
School Domain								
Opportunities for Prosocial Involvement	48.9	47.9	54.4	65.6	51.8	62.5	36.1	61.6
Rewards for Prosocial Involvement	48.9	61.4	39.7	58.4	58.8	65.6	27.9	50.3
Peer-Individual Domain								
Religiosity	68.2	67.2	69.0	69.0	82.1	67.3	94.6	88.1
Social Skills	52.2	71.5	63.2	67.7	56.0	57.7	65.5	66.8
Belief in the Moral Order	57.7	63.0	69.6	63.9	62.2	67.5	38.2	51.3
Interaction with Prosocial Peers	48.8	59.6	55.6	64.5	77.4	63.5	52.7	61.7
Prosocial Involvement	41.0	46.8	51.8	47.6	45.9	50.2	35.1	43.6
Rewards for Prosocial Involvement	69.4	65.4	64.2	72.1	64.6	66.1	44.4	54.4

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 6		Grade 8		Grade 10		Grade 12	
	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
Community Domain								
Low Neighborhood Attachment	60.0	42.2	30.9	33.9	44.3	40.7	51.9	43.5
Community Disorganization	64.5	40.9	45.5	35.7	41.0	48.8	41.2	44.7
Transitions & Mobility	58.7	48.6	46.8	53.2	44.6	58.6	32.1	47.9
Laws & Norms Favor Drug Use	57.6	41.5	52.7	34.9	53.8	44.5	37.7	36.5
Perceived Availability of Drugs	39.7	25.9	36.0	30.3	47.4	45.1	48.1	51.6
Perceived Availability of Handguns	35.1	28.0	41.2	41.1	37.2	35.2	56.6	41.0
Family Domain								
Poor Family Management	39.1	34.1	48.1	36.8	32.0	37.1	38.5	38.8
Family Conflict	44.8	38.8	43.1	49.6	41.3	41.6	27.5	38.3
Family History of Antisocial Behavior	53.7	40.0	50.0	41.3	49.3	43.9	40.0	42.6
Parent Attitudes Favorable to ASB	33.9	32.2	49.0	43.5	36.8	46.9	42.6	45.7
Parent Attitudes Favor Drug Use	16.1	15.1	25.5	28.4	31.2	42.6	38.5	44.1
School Domain								
Academic Failure	58.5	48.3	33.3	49.8	35.8	49.2	32.2	43.2
Low Commitment to School	37.0	40.1	25.9	35.1	28.7	38.2	40.7	43.4
Peer-Individual Domain								
Rebelliousness	58.6	49.0	44.8	39.0	47.6	45.3	50.9	43.2
Early Initiation of ASB	42.9	23.4	33.9	34.3	42.2	38.9	48.2	38.5
Early Initiation of Drug Use	36.6	32.0	43.9	35.0	39.8	37.7	42.6	39.4
Attitudes Favorable to ASB	38.3	36.5	29.1	33.0	31.0	40.0	38.6	38.0
Attitudes Favorable to Drug Use	34.2	22.3	31.5	26.4	43.2	35.8	32.2	34.3
Perceived Risk of Drug Use	56.3	29.9	30.2	36.2	37.2	34.3	35.3	39.0
Interaction with Antisocial Peers	62.8	37.0	62.0	49.5	43.9	52.8	54.7	49.7
Friend's Use of Drugs	40.2	25.2	50.0	35.5	32.1	38.9	26.3	35.4
Sensation Seeking	43.4	54.0	55.2	51.9	43.5	48.5	46.6	51.4
Rewards for ASB	29.3	26.5	47.9	41.8	41.8	46.1	65.3	57.3
Depressive Symptoms	47.4	46.7	41.8	48.7	42.5	49.5	38.2	44.8
Intention to Use Drugs	37.3	34.0	22.2	28.6	42.5	40.0	37.0	29.8
Gang Involvement	48.8	24.2	42.1	21.0	25.0	25.2	36.2	21.7

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 6		Grade 8		Grade 10		Grade 12	
		County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
I feel safe at my school. (q13)	NO!	20.9	5.6	19.6	7.7	10.7	7.9	18.6	6.0
	no	14.3	8.5	21.4	14.0	26.2	14.3	27.1	10.1
	yes	34.1	34.2	37.5	47.8	41.7	54.7	35.6	55.6
	YES!	30.8	51.7	21.4	30.6	21.4	23.1	18.6	28.3
How many times in the past year have you taken a handgun to school? (q30k)	Never	96.3	99.6	98.2	99.3	98.8	99.0	98.2	99.0
	1-2 times	1.2	0.2	0.0	0.4	0.0	0.3	0.0	0.3
	3-5 times	0.0	0.0	0.0	0.1	1.2	0.2	1.8	0.2
	6-9 times	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
	10-19 times	0.0	0.0	0.0	0.0	0.0	0.1	0.0	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	0.0	0.1	0.0	0.0
	40 + times	2.4	0.1	1.8	0.1	0.0	0.3	0.0	0.3
How wrong do you think it is for someone your age to take a handgun to school? (q27a)	Very Wrong	88.4	93.8	87.0	87.7	87.8	88.7	93.2	92.5
	Wrong	9.3	4.6	3.7	9.2	8.5	8.3	5.1	4.9
	A Little Bit Wrong	2.3	0.9	3.7	2.2	3.7	1.8	0.0	1.7
	Not wrong at All	0.0	0.6	5.6	0.8	0.0	1.2	1.7	1.0
Have any of your brothers or sisters ever taken a handgun to school? (q99d)	No	92.3	94.6	87.5	94.0	90.5	94.0	93.9	93.2
	Yes	1.9	0.9	6.2	1.3	4.1	1.5	0.0	1.6
	I don't have any brothers or sisters	5.8	4.5	6.2	4.6	5.4	4.5	6.1	5.2

Table 11. Average Age of first ATOD use and Antisocial Behavior

	Grade 6		Grade 8		Grade 10		Grade 12		Total Averages	
	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004	County 2004	State 2004
Age of first ATOD use										
Marijuana	10.6	11.0	12.4	12.0	13.2	13.3	13.5	14.4	12.8	13.4
Cigarettes	10.8	10.4	11.4	11.2	12.1	12.1	12.5	12.9	11.8	11.9
Alcohol Use	10.5	10.5	11.5	11.6	12.8	12.8	12.9	13.9	12.2	12.5
Regular Alcohol Use	11.3	11.1	12.5	12.4	13.5	14.0	15.2	15.3	14.0	14.1
Age of first Antisocial Behavior										
School Suspension	10.6	10.6	12.2	11.7	12.3	12.6	13.5	13.6	12.2	12.2
Been Arrested	11.2	11.2	12.5	12.3	13.0	13.6	16.1	15.2	13.4	13.5
Carried a Gun	10.7	10.7	12.8	11.8	12.7	12.8	16.0	13.7	12.3	12.3
Attacked to Harm	10.4	10.7	12.5	11.9	13.2	12.9	14.2	13.8	12.7	12.4
Belonged to a Gang	11.4	11.0	10.8	12.1	13.0	13.1	13.2	13.6	12.1	12.3

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

Mr. Jim Smith, PRC Coordinator
(479) 927-2655
Fax: (479) 927-2752
E-MAIL: jsmith@jtlshop.jonesnet.org
Counties: Benton, Carroll, Madison, Washington

Region 2 PREVENTION RESOURCE CENTER

Operated by *North Arkansas Drug Awareness and Prevention Council*

Harrison

310 South Pine Street
Harrison, AR 72601

Ms. Andrea Parton, PRC Coordinator
(870) 741-9131
Fax: (870) 741-1523
E-MAIL: nadap@alltel.net
Counties: Boone, Baxter, Newton, Marion, Searcy

Region 3 PREVENTION RESOURCE CENTER

Operated by *Health Resources of Arkansas*

Searcy

3302 East Moore Avenue
Searcy, AR 72143

Ms. Pat Huckleby, PRC Coordinator
(501) 268-7419
Fax: (501) 268-5301
E-MAIL: patprc@cyberback.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 N. Main
Brinkley, AR 72021

Ms. Sylvia Halliburton-Jeffers, PRC Coordinator
(870) 734-1554
Fax: (870) 734-1554
E-MAIL: Halliburtonsyl@hotmail.com
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, PRC Coordinator
(501) 318-2648
Fax: (501) 624-5636
E-MAIL: mmoore@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: hmillers@fsainc.org
Counties: Pulaski, Saline, Lonoke, Prairie

Region 10 PREVENTION RESOURCE CENTER
Operated by Southwest Arkansas Counseling & Mental Health Center, Inc.

Texarkana
P O Box 1987 (2904 Arkansas Blvd)
Texarkana, AR 71854

Ms. Trena Goings, PRC Coordinator
(870) 773-4655
Fax: (870) 772-4650
E-MAIL: tgoings@swacmhc.com
Counties: Howard, Sevier, Hempstead, Little
River, Lafayette, Miller

Region 11 PREVENTION RESOURCE CENTER
Operated by South Arkansas Regional Health Center

El Dorado
710 West Grove
El Dorado, AR 71730

Ms. Susan Rumph, PRC Coordinator
(870) 864-2497
Fax: (870) 864-2476
E-MAIL: srumph@sarhc.org
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
Fax: (870) 879-4250
E-MAIL: smims@commresource.org
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
Fax: (870) 364-1779
E-MAIL: cnewton@phoenixyouth.com
Counties: Desha, Drew, Bradley, Ashley &
Chicot

STATE AND NATIONAL CONTACTS:

**Alcohol and Drug Abuse Prevention
Division of Behavioral Health Services
Arkansas Department of Human Services**
4313 West Markham – 3rd Floor Administration
Little Rock, AR 72205
Telephone: (501) 686-9866
FAX: (501) 686-9035
<http://www.arkansas.gov/dhs/dmhs>

Tommie Johnson Waters, Director
Prevention Services
Alcohol and Drug Abuse Prevention
Tommie.Waters@arkansas.gov

Joe M. Hill, Director
Alcohol and Drug Abuse Prevention
Joe.Hill@arkansas.gov

**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.swcapt.org

Southwest Prevention Center
www.swpc.ou.edu

**Substance Abuse and Mental Health
Services Administration (SAMSHA)**
www.samhsa.gov