
2006 Arizona Youth Survey

Apache County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

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Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Apache County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Apache County and the State. Because not all students answer all of the questions, the number of students in

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the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	412	100	689	100	871	100	60401	100
Grade								
8	146	35.4	309	44.8	357	41.0	26872	44.5
10	81	19.7	215	31.2	283	32.5	19581	32.4
12	185	44.9	165	23.9	231	26.5	13948	23.1
Gender								
Male	219	54.1	327	48.2	424	49.4	28381	48.2
Female	186	45.9	351	51.8	435	50.6	30505	51.8
Ethnicity								
African American	1	0.3	0	0.0	6	0.7	2592	4.4
American Indian	241	60.6	650	96.4	695	82.3	3394	5.8
Asian	3	0.8	0	0.0	1	0.1	1341	2.3
Hispanic	45	11.3	4	0.6	27	3.2	21376	36.5
Pacific Islander	*	*	0	0.0	1	0.1	457	0.8
White	108	27.1	20	3.0	96	11.4	26761	45.7
Other	n/a	n/a	n/a	n/a	18	2.1	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

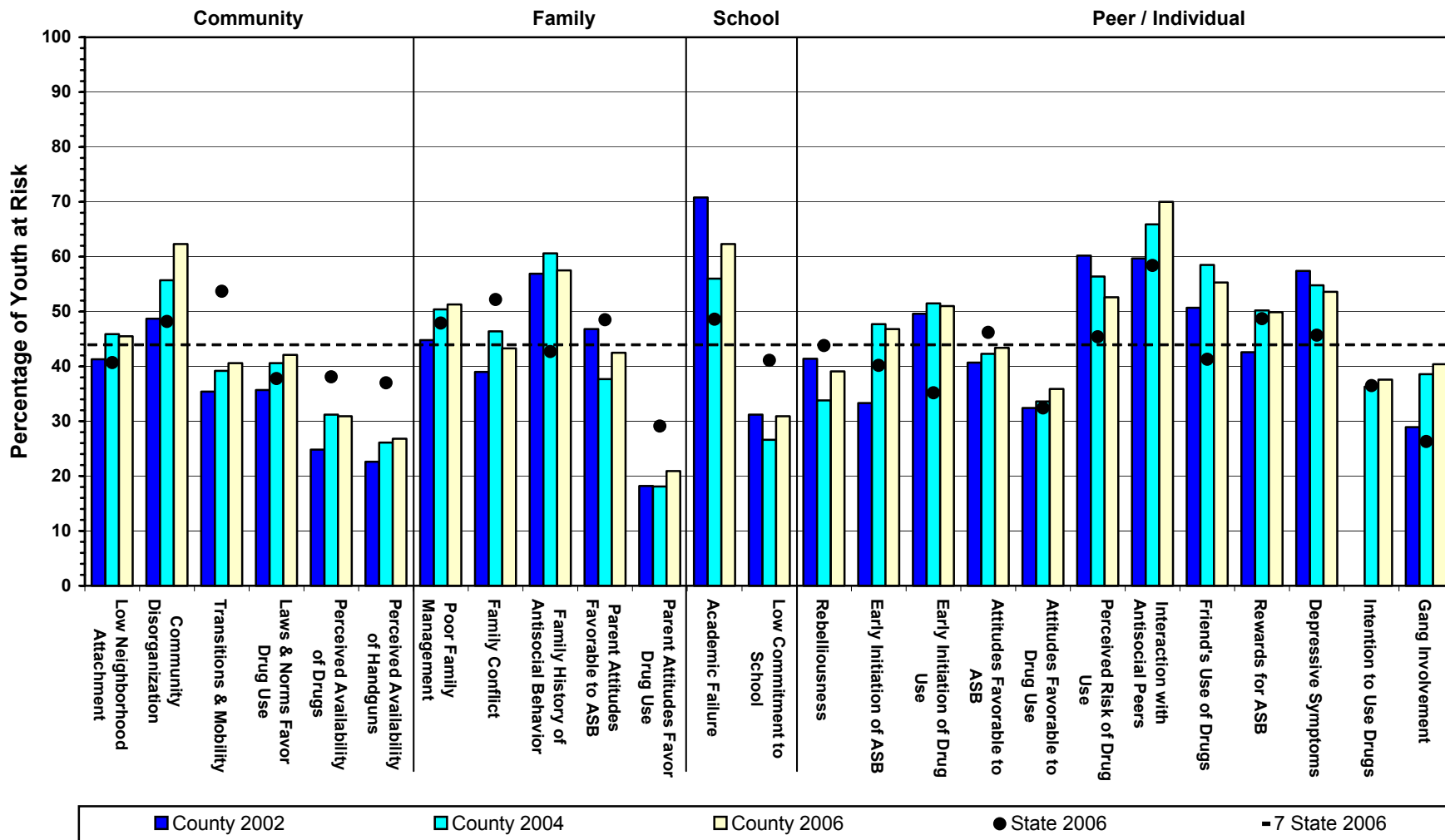
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Apache County Student Survey, Grade 8



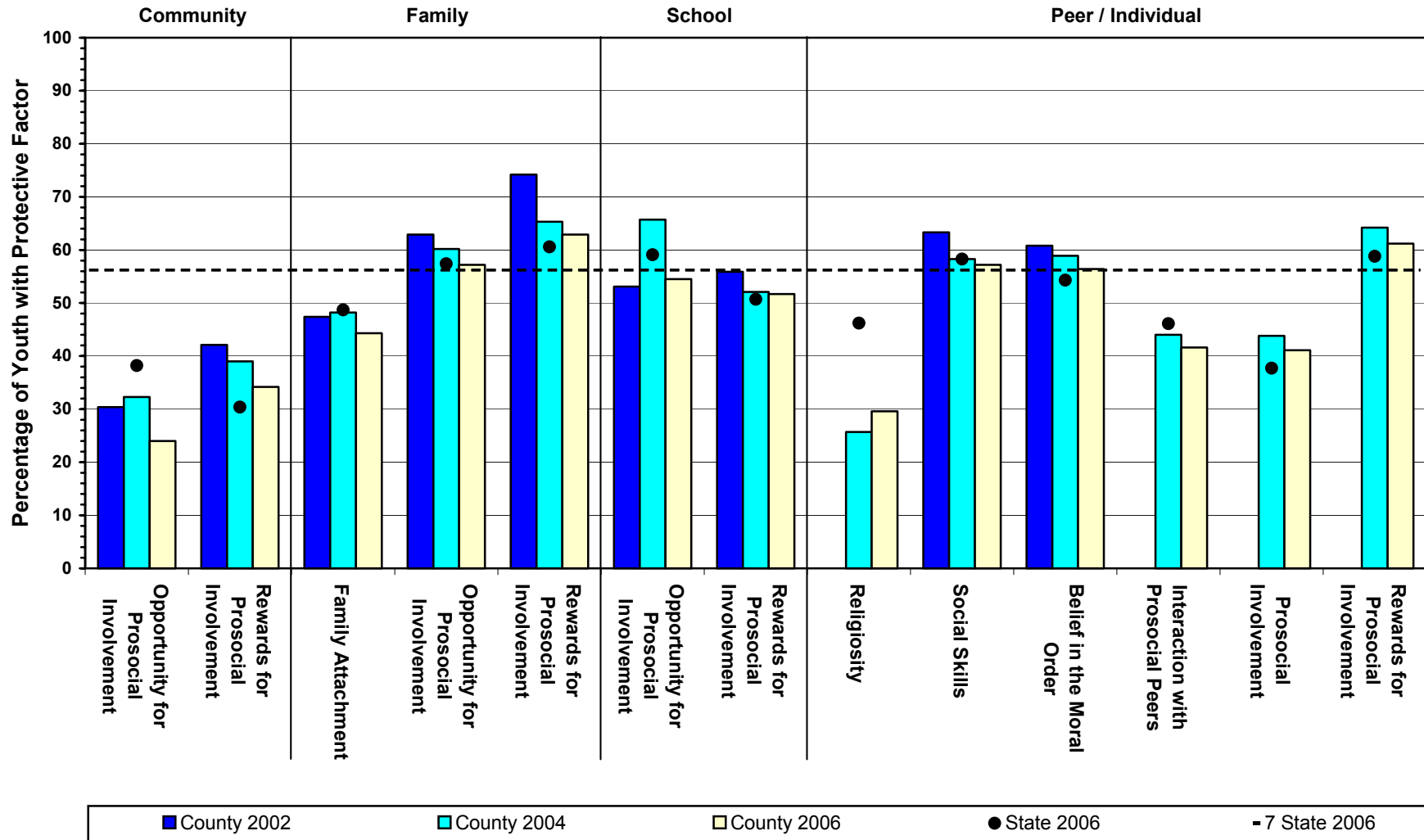
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Apache County Student Survey, Grade 8



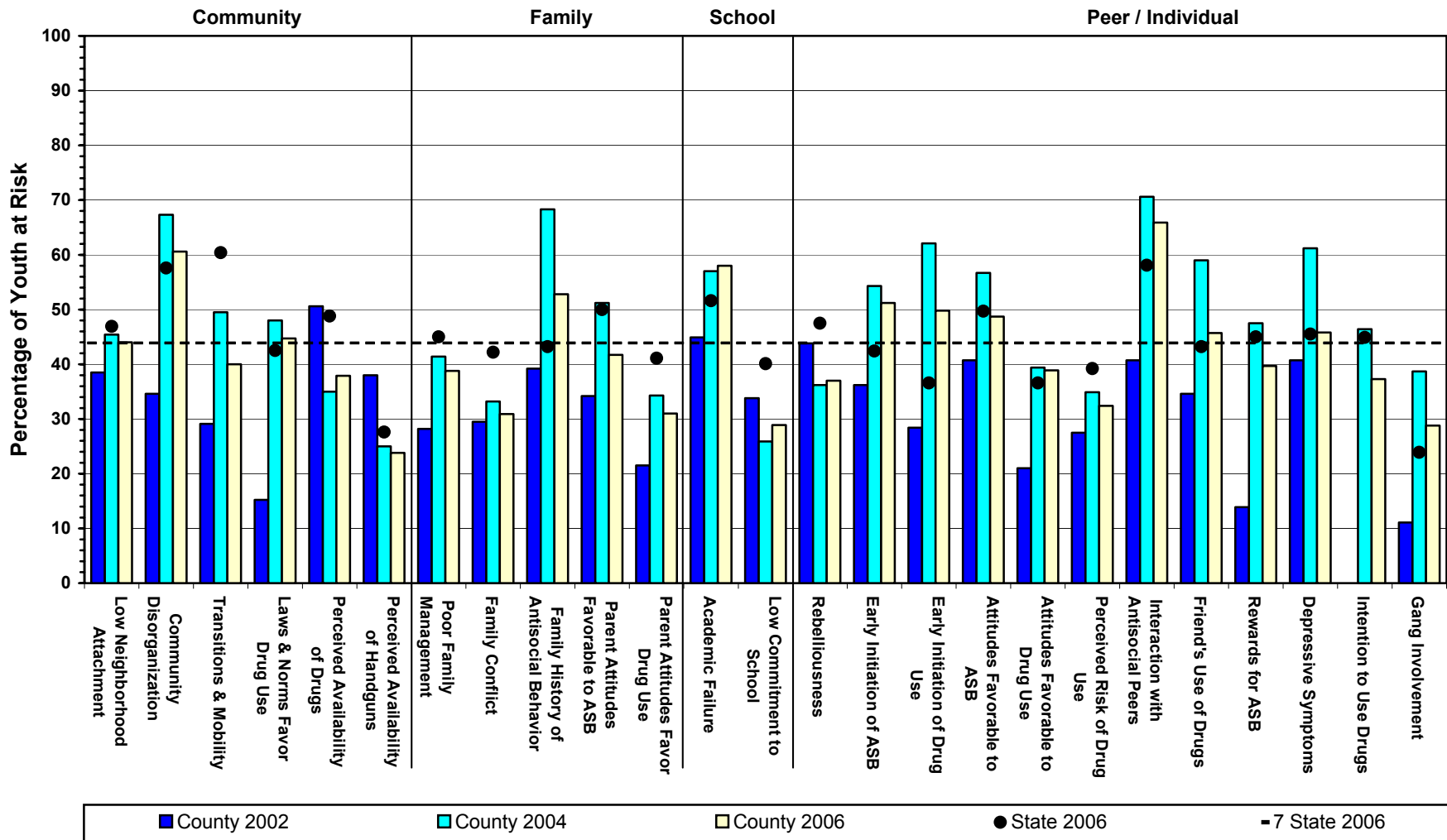
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Apache County Student Survey, Grade 10



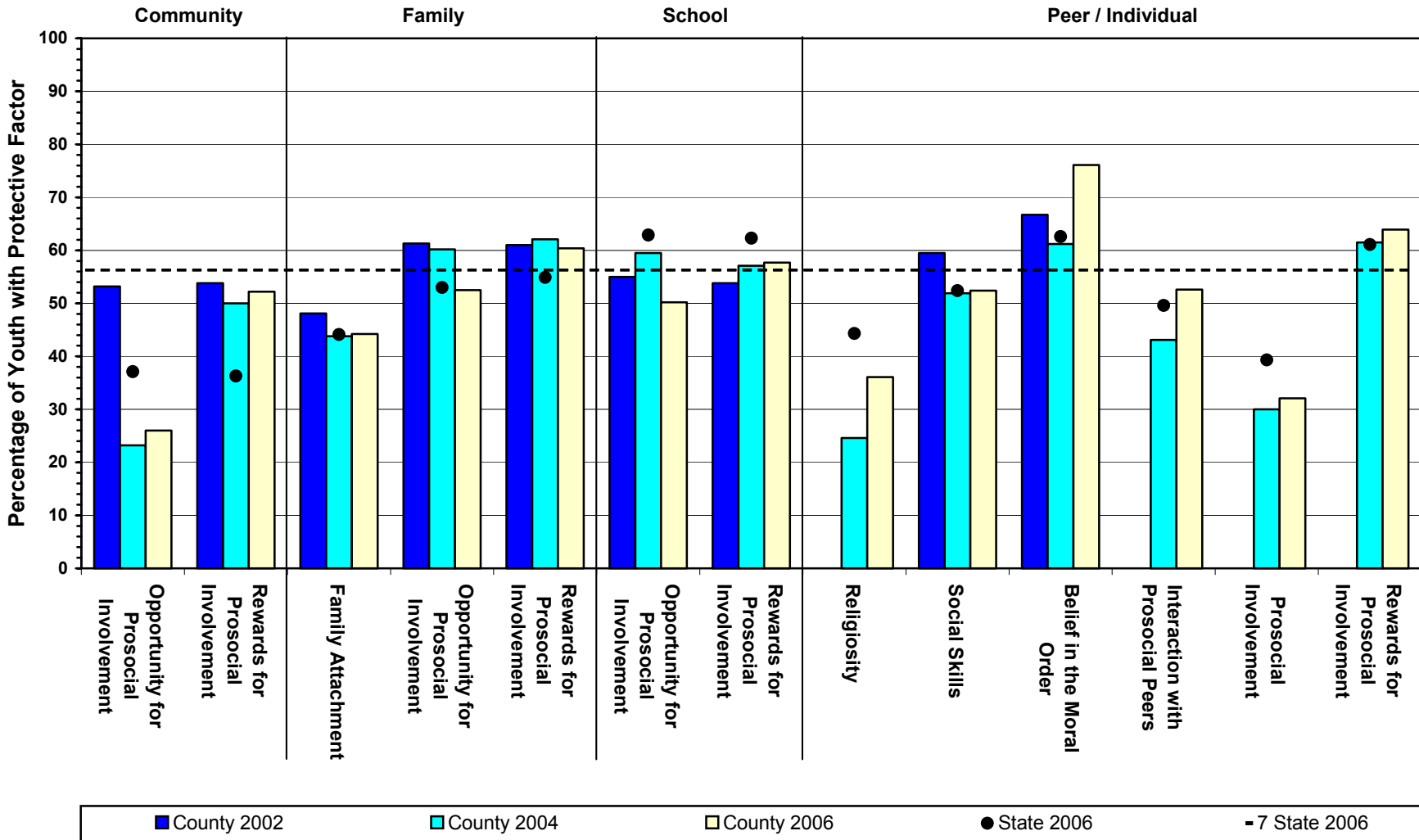
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Apache County Student Survey, Grade 10



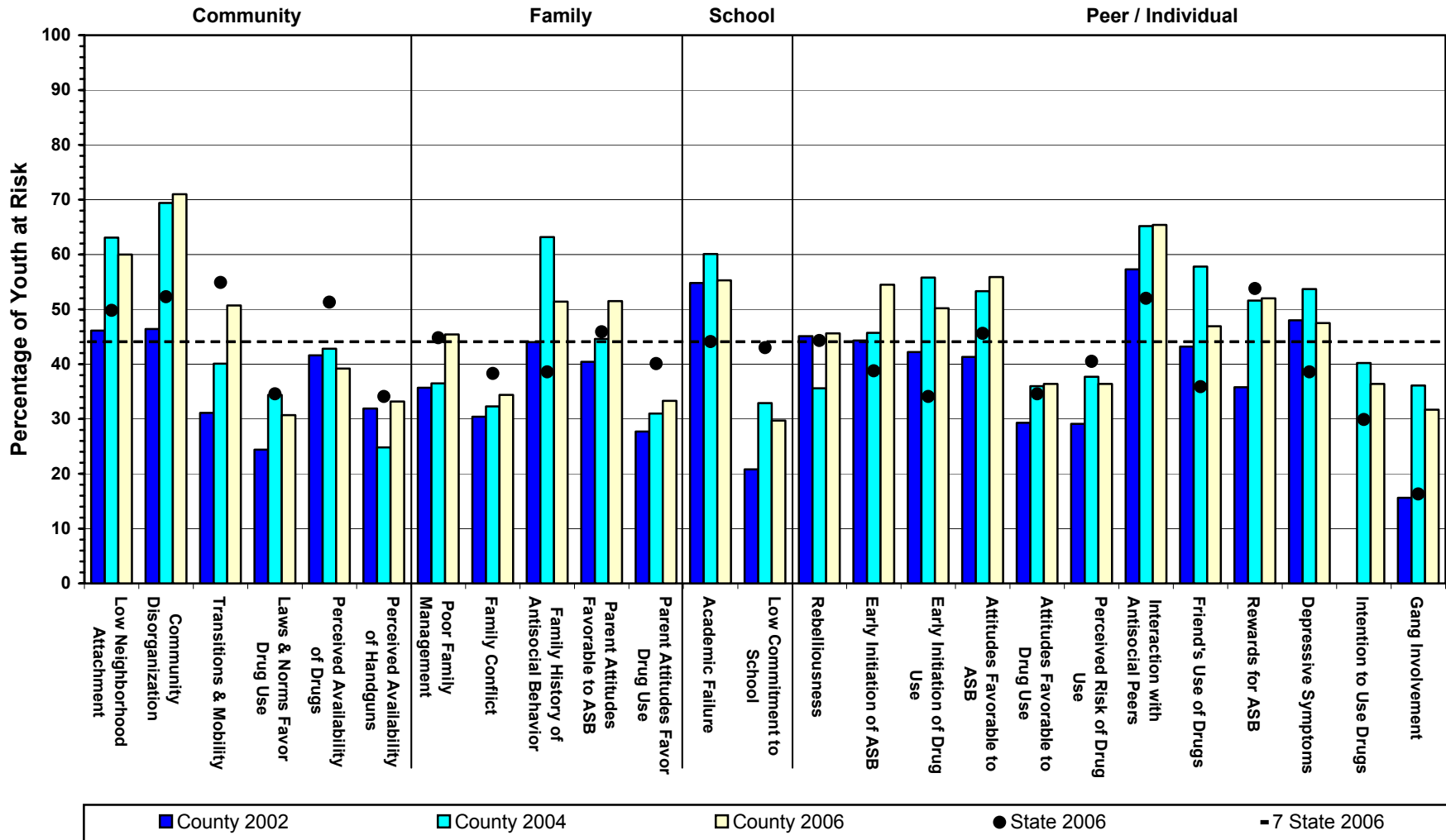
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Apache County Student Survey, Grade 12



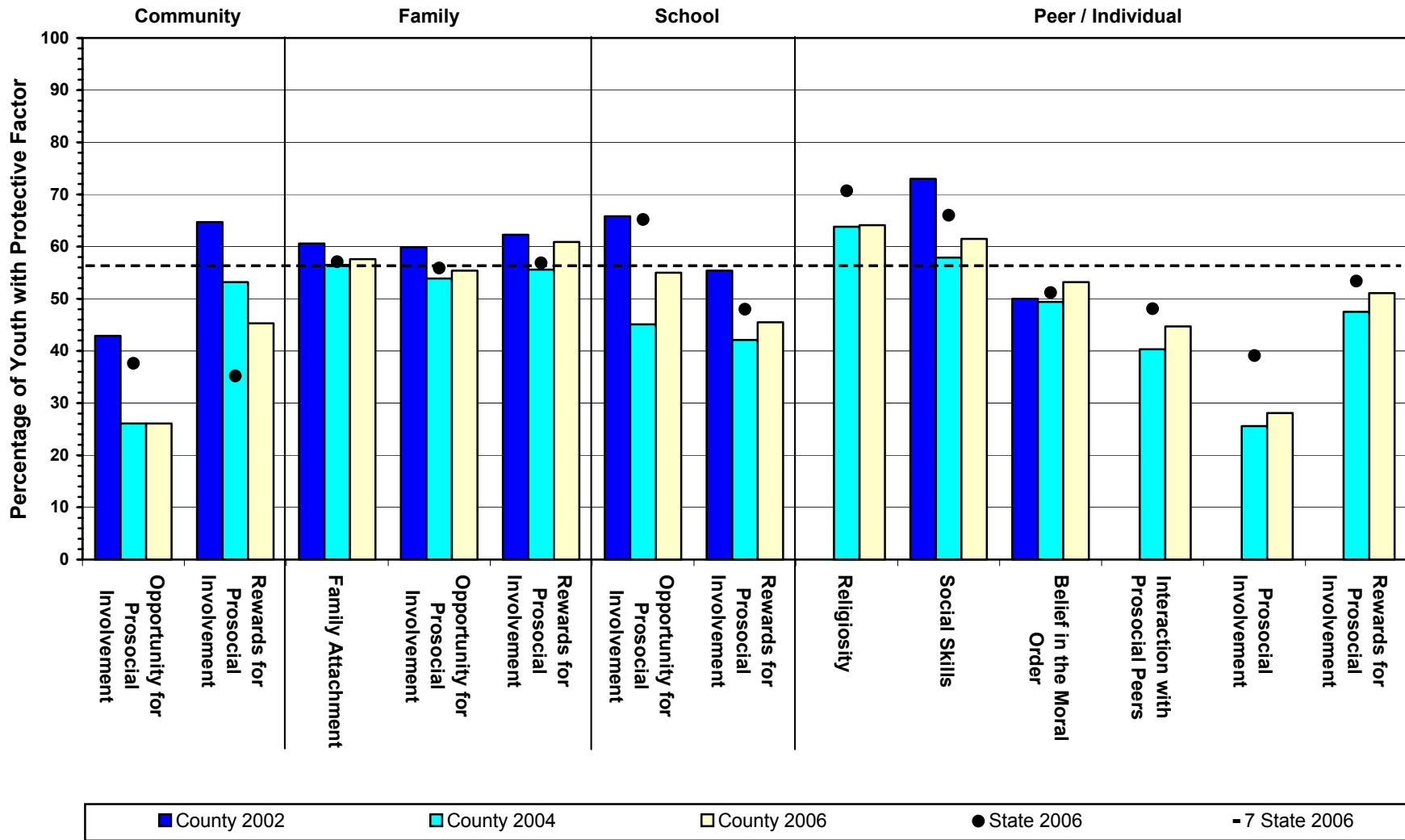
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

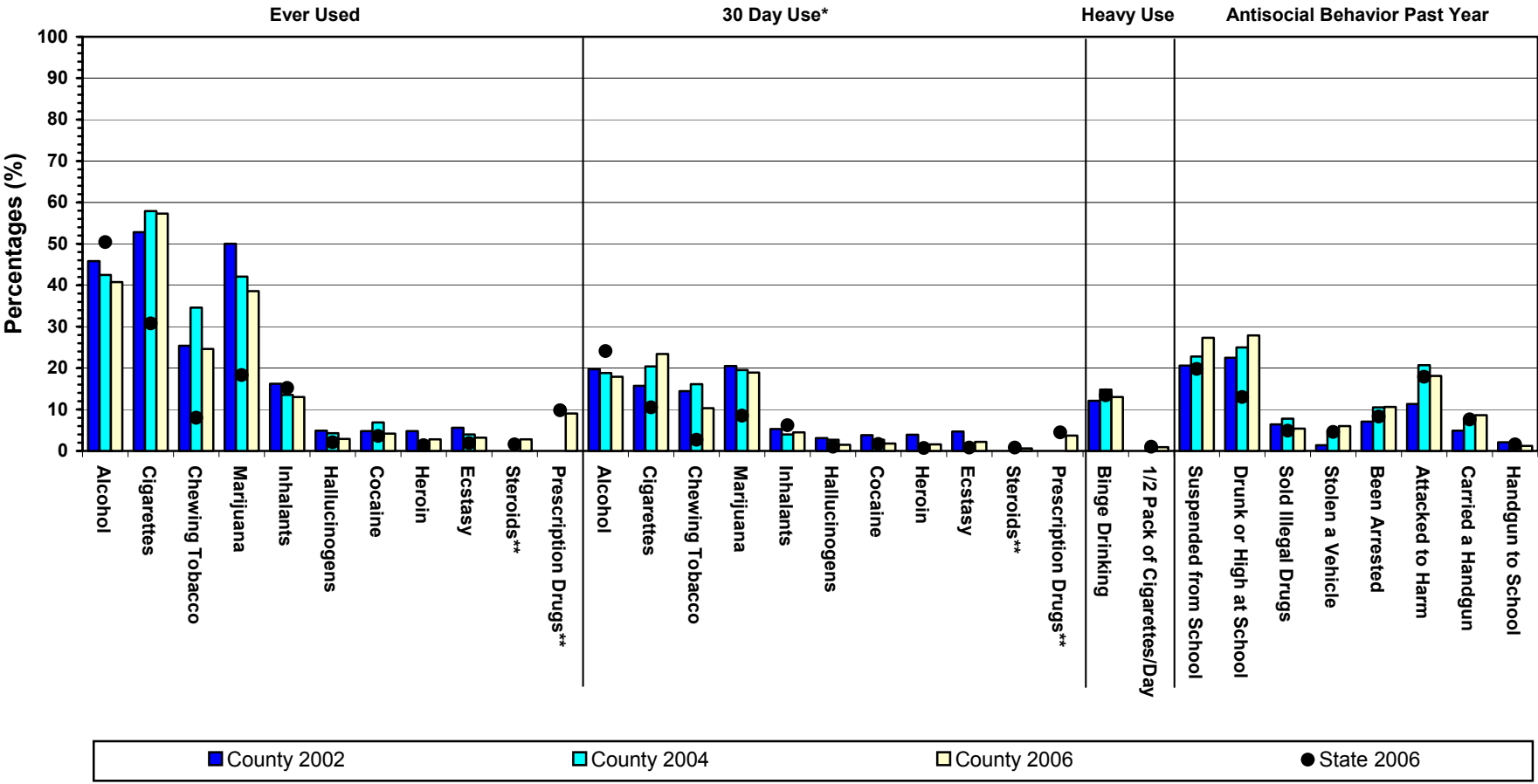
2006 Apache County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Apache County Student Survey, Grade 8



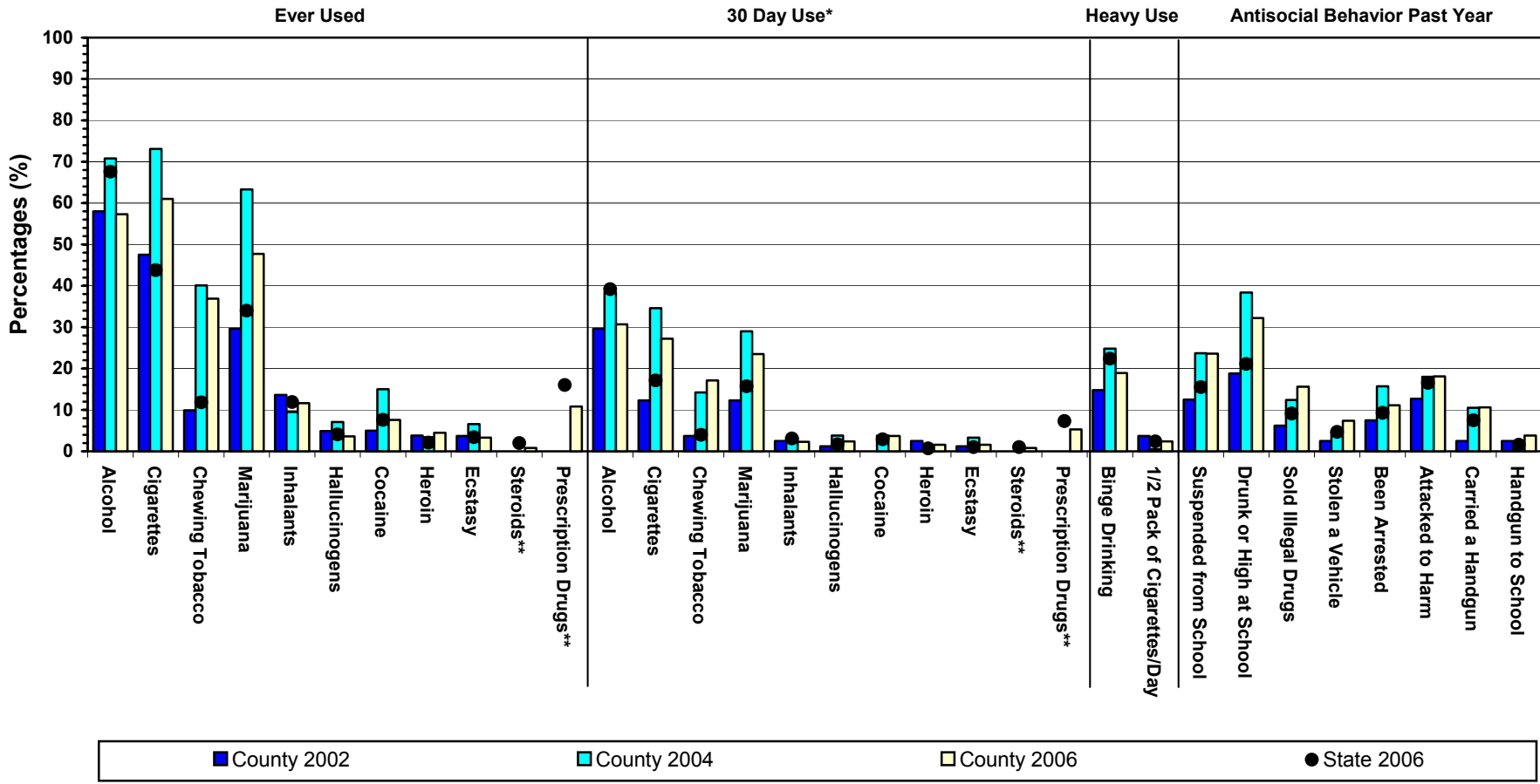
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Apache County Student Survey, Grade 10



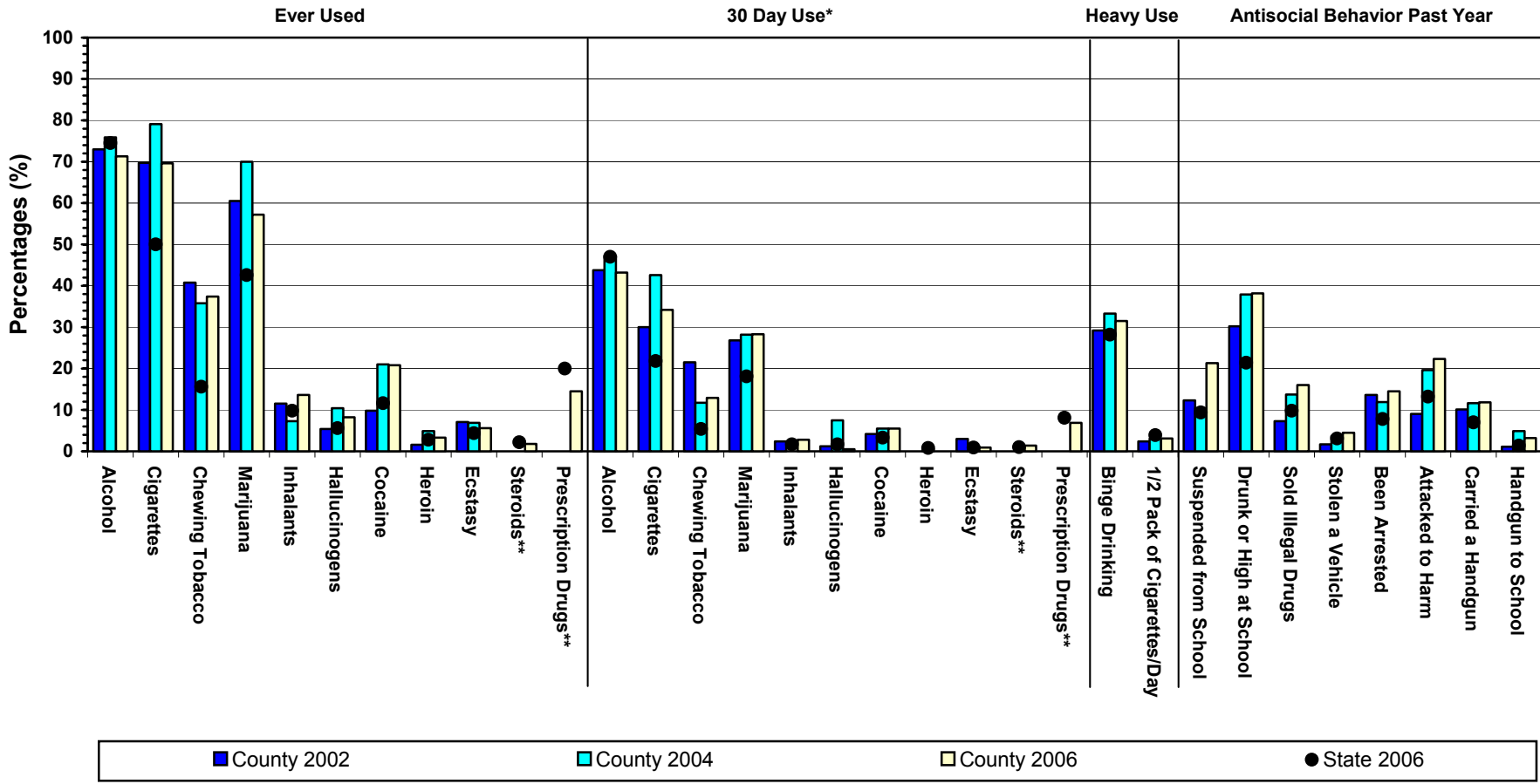
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

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ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Apache County Student Survey, Grade 12



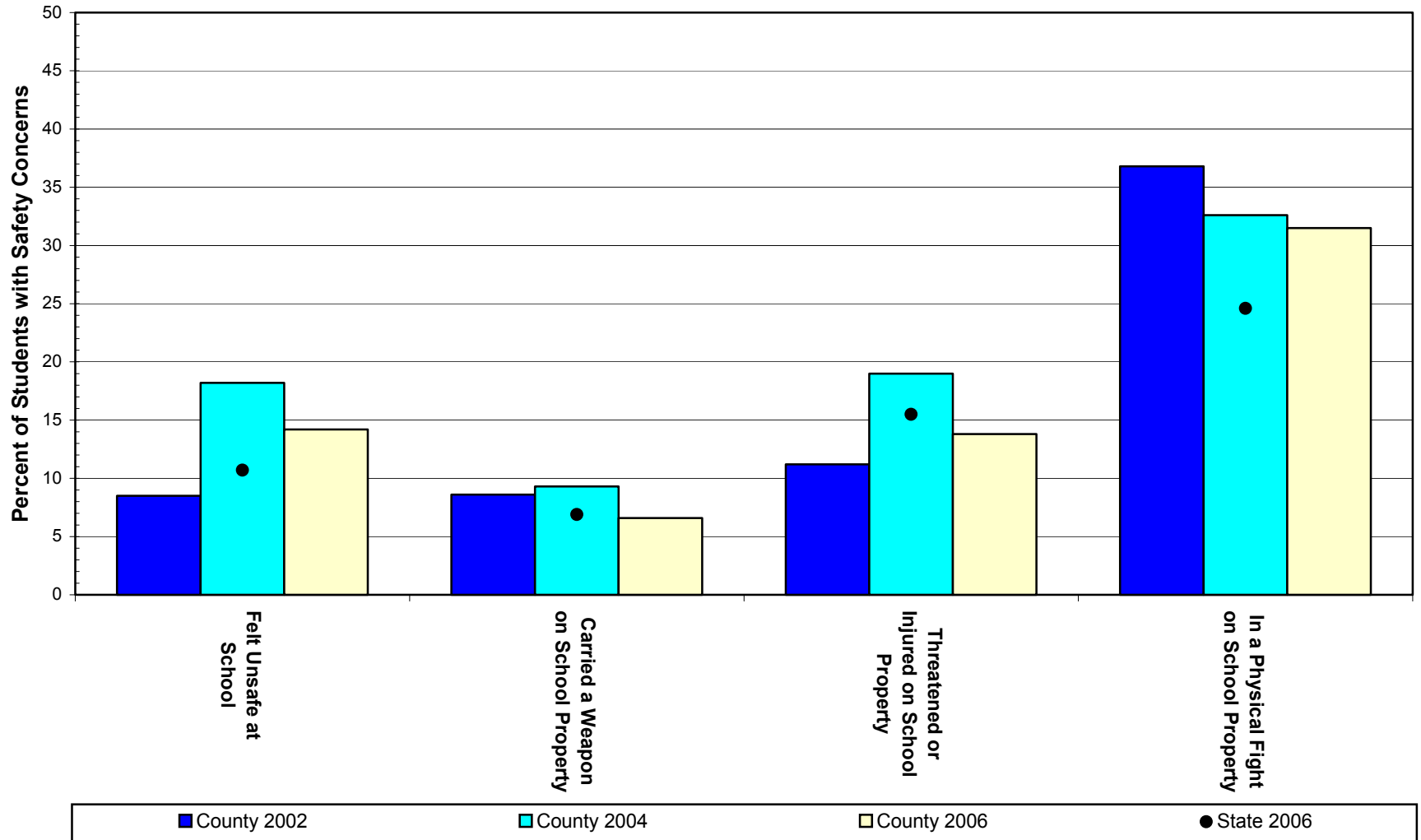
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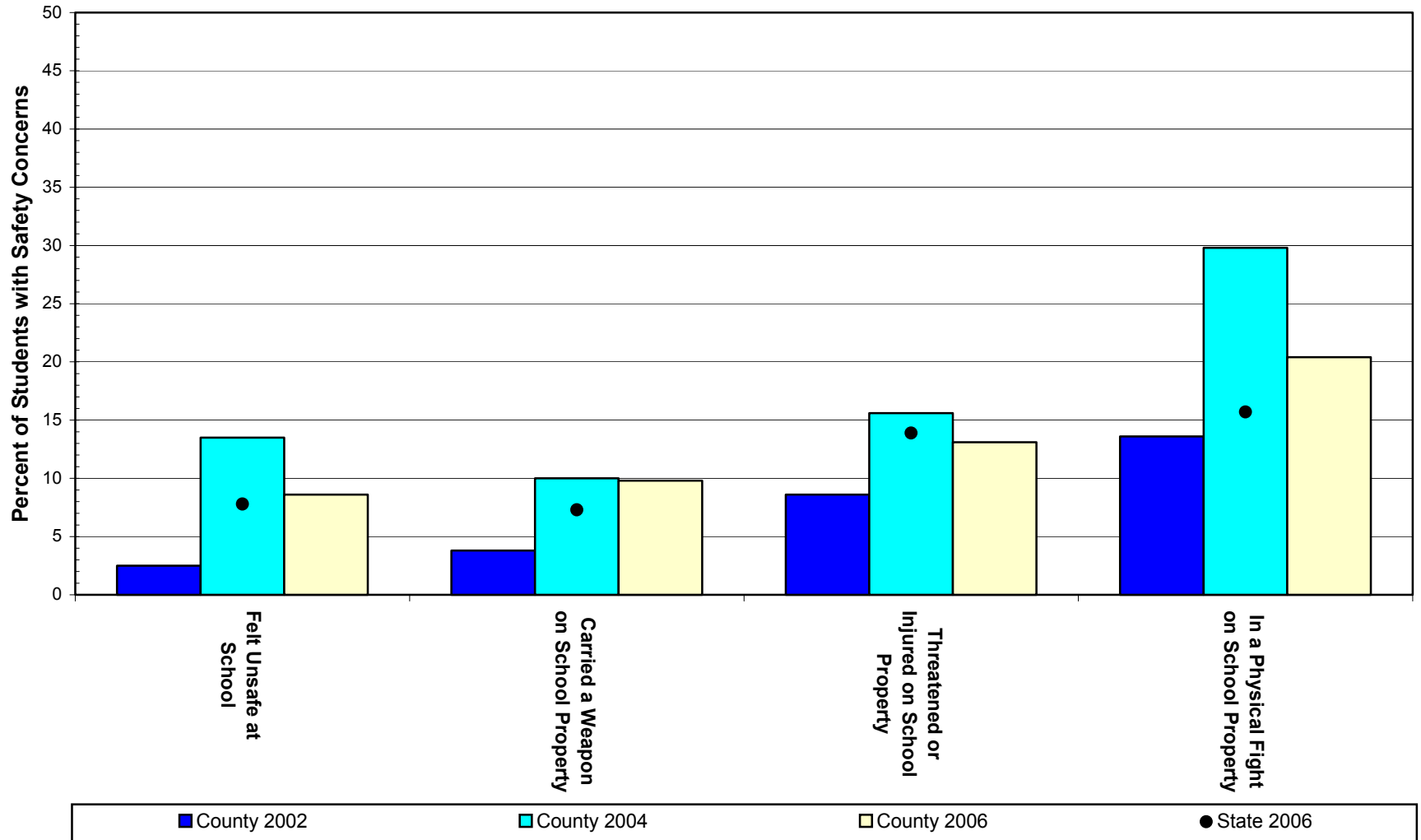
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Apache County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Apache County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Apache County Student Survey, Grade 12

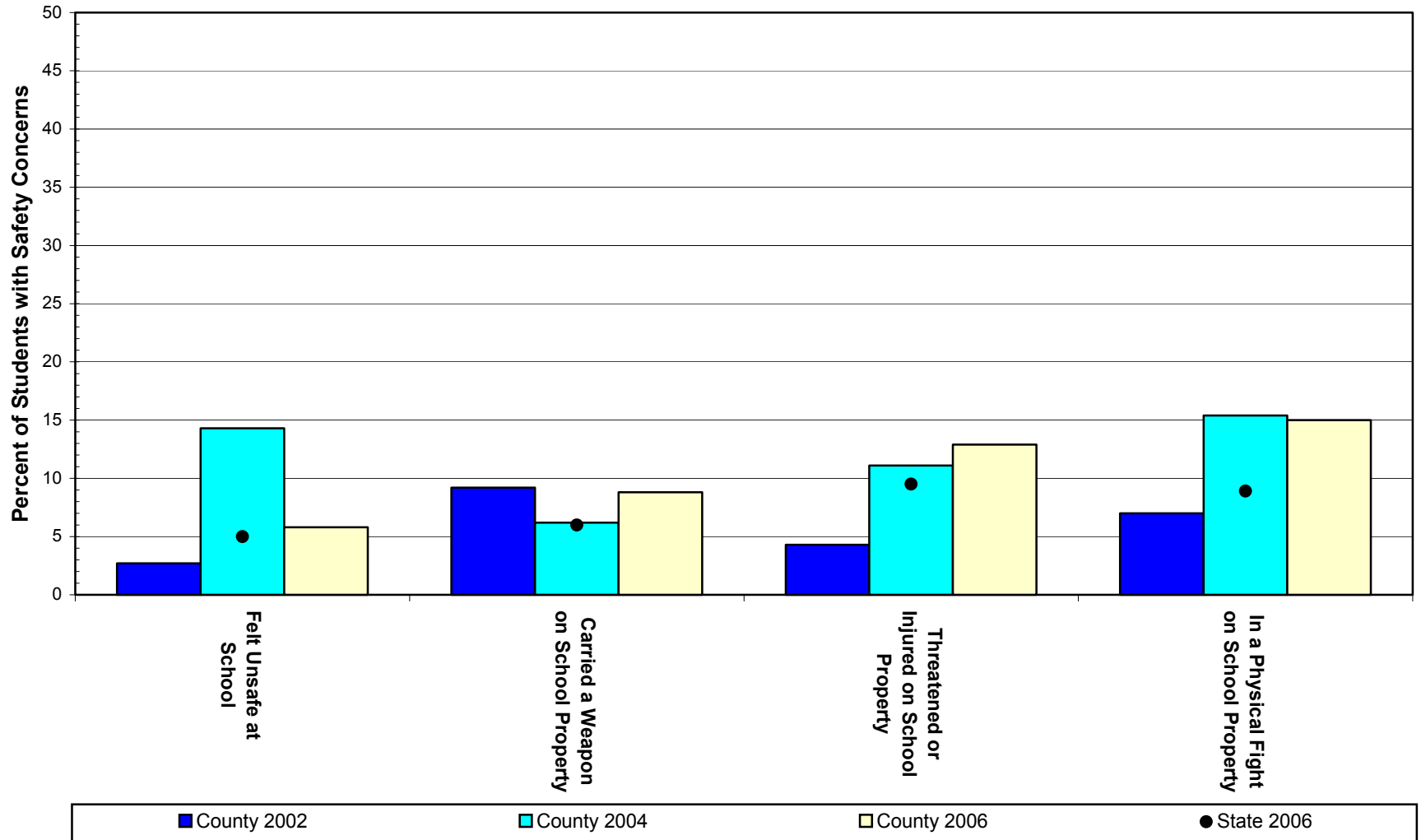


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	146	309	357	26872	81	215	283	19581	185	165	231	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	45.8	42.5	40.8	50.4	58.0	70.8	57.3	67.6	73.0	75.9	71.3	74.5
Cigarettes	52.8	57.9	57.3	30.8	47.5	73.1	61.0	43.8	69.7	79.1	69.6	50.0
Chewing Tobacco	25.4	34.6	24.6	8.0	9.9	40.1	36.9	11.8	40.8	35.8	37.4	15.6
Marijuana	50.0	42.1	38.6	18.3	29.6	63.3	47.7	34.0	60.5	70.0	57.2	42.6
Inhalants	16.2	13.5	13.0	15.2	13.6	9.5	11.6	11.9	11.5	7.3	13.6	9.8
Hallucinogens	4.9	4.3	2.9	2.1	4.9	7.1	3.6	4.1	5.4	10.4	8.2	5.6
Cocaine	4.8	6.9	4.2	3.6	5.0	15.0	7.6	7.6	9.8	21.0	20.8	11.6
Methamphetamines [2002] ¹	5.6	n/a	n/a	n/a	1.2	n/a	n/a	n/a	8.7	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	4.5	2.6	n/a	n/a	8.0	5.0	n/a	n/a	16.1	6.6
Stimulants [2004] ³	n/a	7.3	n/a	n/a	n/a	8.5	n/a	n/a	n/a	14.6	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	3.1	3.4	n/a	n/a	6.1	7.1	n/a	n/a	8.8	8.5
Heroin	4.8	2.0	2.8	1.4	3.8	3.4	4.5	2.1	1.6	4.9	3.3	2.8
Sedatives [2002] ⁵	2.8	n/a	n/a	n/a	0.0	n/a	n/a	n/a	1.6	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	11.1	9.6	10.0	n/a	12.7	8.7	14.3	n/a	10.3	14.5	17.4
Ecstasy	5.6	4.0	3.2	1.9	3.7	6.6	3.3	3.4	7.1	6.9	5.6	4.4
Steroids	n/a	n/a	2.8	1.6	n/a	n/a	0.8	2.0	n/a	n/a	1.8	2.2
Prescription Drugs	n/a	n/a	9.0	9.8	n/a	n/a	10.8	16.0	n/a	n/a	14.5	20.0
Any Drug	54.8	49.3	48.9	36.2	37.0	66.7	57.0	47.0	62.2	70.6	63.4	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	19.7	18.8	17.9	24.1	29.6	38.5	30.7	39.2	43.8	47.2	43.2	47.0
Cigarettes	15.7	20.4	23.4	10.5	12.3	34.6	27.2	17.1	30.0	42.6	34.2	21.8
Chewing Tobacco	14.4	16.1	10.3	2.7	3.7	14.2	17.1	4.0	21.5	11.7	12.9	5.4
Marijuana	20.5	19.5	18.9	8.5	12.3	29.0	23.5	15.7	26.8	28.2	28.3	18.1
Inhalants	5.3	4.0	4.5	6.2	2.5	3.3	2.3	3.1	2.4	0.0	2.8	1.7
Hallucinogens	3.1	2.7	1.5	1.0	1.2	3.8	2.4	1.7	1.2	7.5	0.5	1.7
Cocaine	3.8	2.7	1.8	1.7	0.0	3.8	3.7	2.9	4.2	5.5	5.5	3.3
Methamphetamines [2002] ¹	0.8	n/a	n/a	n/a	1.2	n/a	n/a	n/a	0.6	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	2.2	1.0	n/a	n/a	2.9	1.7	n/a	n/a	2.8	1.4
Stimulants [2004] ³	n/a	2.3	n/a	n/a	n/a	3.8	n/a	n/a	n/a	6.7	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.9	1.5	n/a	n/a	4.5	2.9	n/a	n/a	2.3	2.6
Heroin	3.9	0.7	1.6	0.7	2.5	0.5	1.6	0.7	0.0	0.6	0.0	0.8
Sedatives [2002] ⁵	1.6	n/a	n/a	n/a	0.0	n/a	n/a	n/a	0.6	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	5.0	5.6	4.5	n/a	6.6	7.0	6.6	n/a	5.5	5.9	7.1
Ecstasy	4.7	1.7	2.2	0.8	1.2	3.3	1.6	1.0	3.0	1.2	0.9	0.9
Steroids	n/a	n/a	0.6	0.8	n/a	n/a	0.8	1.0	n/a	n/a	1.4	1.0
Prescription Drugs	n/a	n/a	3.7	4.5	n/a	n/a	5.3	7.3	n/a	n/a	6.9	8.1
Any Drug	24.6	24.3	30.1	19.7	16.0	34.1	32.7	25.6	29.5	36.4	36.2	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	12.1	14.8	13.0	13.4	14.8	24.8	18.9	22.4	29.2	33.3	31.5	28.2
1/2 Pack of Cigarettes/Day	0.0	1.0	0.9	1.0	3.7	0.5	2.4	2.4	2.4	3.1	3.1	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	20.6	22.8	27.3	19.8	12.5	23.7	23.6	15.5	12.3	10.4	21.3	9.4
Drunk or High at School	22.5	25.0	27.9	13.0	18.8	38.4	32.2	21.1	30.2	37.9	38.2	21.4
Sold Illegal Drugs	6.4	7.8	5.4	4.9	6.2	12.4	15.6	9.1	7.3	13.7	16.0	9.8
Stolen a Vehicle	1.4	4.2	6.0	4.6	2.5	4.7	7.4	4.7	1.7	3.7	4.5	3.1
Been Arrested	7.1	10.5	10.6	8.3	7.5	15.7	11.1	9.3	13.6	11.9	14.5	7.8
Attacked to Harm	11.3	20.7	18.1	17.9	12.7	18.0	18.1	16.5	9.0	19.6	22.3	13.2
Carried a Handgun	4.9	7.9	8.6	7.6	2.5	10.5	10.6	7.5	10.1	11.6	11.8	7.0
Handgun to School	2.1	1.3	1.2	1.6	2.5	1.4	3.8	1.6	1.1	4.9	3.2	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	30.4	32.3	24.0	38.2	53.2	23.2	26.0	37.1	42.9	26.1	26.1	37.6
Rewards for Prosocial Involvement	42.1	39.0	34.2	30.4	53.8	50.0	52.2	36.3	64.7	53.2	45.3	35.2
Family Domain												
Family Attachment	47.4	48.2	44.3	48.7	48.1	43.8	44.2	44.1	60.6	56.5	57.6	57.1
Opportunity for Prosocial Involvement	62.9	60.2	57.2	57.4	61.3	60.2	52.5	53.0	59.9	53.9	55.4	55.9
Rewards for Prosocial Involvement	74.2	65.3	62.9	60.6	61.0	62.1	60.4	54.9	62.3	55.6	60.9	56.9
School Domain												
Opportunity for Prosocial Involvement	53.1	65.7	54.5	59.1	55.0	59.5	50.2	62.9	65.8	45.1	55.0	65.2
Rewards for Prosocial Involvement	55.9	52.1	51.7	50.7	53.8	57.1	57.7	62.3	55.4	42.1	45.5	48.0
Peer-Individual Domain												
Religiosity	*	25.7	29.6	46.2	*	24.6	36.1	44.3	*	63.8	64.1	70.7
Social Skills	63.3	58.3	57.2	58.3	59.5	51.9	52.4	52.4	73.0	57.9	61.5	66.0
Belief in the Moral Order	60.8	58.9	56.4	54.3	66.7	61.2	76.1	62.6	50.0	49.4	53.2	51.2
Interaction with Prosocial Peers	*	44.0	41.6	46.1	*	43.1	52.6	49.6	*	40.3	44.7	48.1
Prosocial Involvement	*	43.8	41.1	37.7	*	30.0	32.1	39.3	*	25.6	28.1	39.1
Rewards for Prosocial Involvement	*	64.2	61.2	58.8	*	61.5	63.9	61.1	*	47.5	51.1	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	41.3	45.9	45.5	40.7	38.5	45.4	44.0	46.9	46.1	63.1	60.0	49.8
Community Disorganization	48.7	55.7	62.3	48.2	34.6	67.3	60.6	57.6	46.4	69.4	71.0	52.3
Transitions & Mobility	35.4	39.2	40.6	53.7	29.1	49.5	40.0	60.4	31.1	40.1	50.7	54.9
Laws & Norms Favor Drug Use	35.7	40.6	42.1	37.8	15.2	48.0	44.7	42.5	24.4	34.4	30.7	34.6
Perceived Availability of Drugs	24.8	31.2	30.9	38.1	50.6	35.0	37.9	48.8	41.6	42.8	39.2	51.3
Perceived Availability of Handguns	22.6	26.1	26.8	37.0	38.0	25.0	23.8	27.6	31.9	24.8	33.2	34.1
Family Domain												
Poor Family Management	44.8	50.4	51.3	47.9	28.2	41.4	38.8	45.0	35.7	36.5	45.4	44.8
Family Conflict	39.0	46.4	43.3	52.2	29.5	33.2	30.9	42.2	30.4	32.3	34.4	38.3
Family History of Antisocial Behavior	56.9	60.6	57.5	42.7	39.2	68.3	52.8	43.2	44.0	63.2	51.4	38.6
Parent Attitudes Favorable to ASB	46.8	37.7	42.5	48.5	34.2	51.2	41.7	50.0	40.4	44.6	51.5	45.9
Parent Attitudes Favor Drug Use	18.2	18.1	20.9	29.1	21.5	34.3	31.0	41.1	27.7	31.0	33.3	40.1
School Domain												
Academic Failure	70.8	56.0	62.3	48.6	44.9	57.0	58.0	51.6	54.8	60.1	55.3	44.1
Low Commitment to School	31.2	26.6	30.9	41.1	33.8	25.9	28.9	40.1	20.8	32.9	29.7	43.0
Peer-Individual Domain												
Rebelliousness	41.4	33.8	39.1	43.8	43.8	36.2	37.0	47.5	45.1	35.6	45.6	44.3
Early Initiation of ASB	33.3	47.7	46.8	40.2	36.2	54.3	51.2	42.4	44.3	45.7	54.5	38.8
Early Initiation of Drug Use	49.6	51.5	51.0	35.2	28.4	62.1	49.8	36.6	42.2	55.8	50.2	34.1
Attitudes Favorable to ASB	40.7	42.3	43.4	46.2	40.7	56.7	48.7	49.7	41.3	53.3	55.9	45.6
Attitudes Favorable to Drug Use	32.4	33.6	35.9	32.4	21.0	39.4	38.9	36.6	29.3	36.0	36.4	34.6
Perceived Risk of Drug Use	60.2	56.4	52.6	45.4	27.5	34.9	32.4	39.2	29.1	37.7	36.4	40.5
Interaction with Antisocial Peers	59.7	65.9	70.0	58.4	40.7	70.6	65.9	58.1	57.3	65.2	65.4	52.0
Friend's Use of Drugs	50.7	58.5	55.3	41.3	34.6	59.0	45.7	43.2	43.2	57.8	46.9	35.9
Rewards for ASB	42.6	50.2	49.9	48.7	13.9	47.5	39.7	45.0	35.8	51.6	52.0	53.8
Depressive Symptoms	57.4	54.8	53.6	45.7	40.7	61.2	45.8	45.5	48.0	53.7	47.5	38.6
Intention to Use Drugs	*	36.3	37.6	36.5	*	46.4	37.3	44.9	*	40.2	36.4	29.9
Gang Involvement	28.9	38.6	40.4	26.3	11.1	38.7	28.8	23.9	15.6	36.1	31.7	16.3
* Not available, scale not included in 2002 survey												

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	91.4	90.7	93.4	93.1	96.2	90.0	90.2	92.7	90.8	93.8	91.2	94.0
	1 day	2.9	3.3	3.5	3.1	0.0	1.9	2.6	2.4	1.1	1.2	3.5	1.4
	2-3 days	2.1	2.7	1.7	1.6	0.0	2.4	1.9	1.5	2.2	1.9	1.8	0.9
	4-5 days	0.0	0.3	0.3	0.6	1.2	0.5	1.5	0.7	0.5	0.6	1.3	0.6
	6 or more days	3.6	3.0	1.2	1.6	2.5	5.2	3.8	2.7	5.4	2.5	2.2	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	91.5	81.8	85.8	89.3	97.5	86.5	91.4	92.2	97.3	85.7	94.2	95.0
	1 day	5.7	9.2	6.9	6.0	1.2	7.2	3.7	4.1	0.5	8.7	3.1	2.6
	2-3 days	1.4	5.0	3.5	2.8	0.0	3.8	3.4	2.1	0.5	2.5	1.3	1.2
	4-5 days	0.7	1.0	1.4	0.7	1.2	0.5	0.0	0.5	0.5	1.2	0.4	0.4
	6 or more days	0.7	3.0	2.3	1.2	0.0	1.9	1.5	1.1	1.1	1.9	0.9	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	88.8	81.0	86.2	84.5	91.4	84.4	86.9	86.1	95.7	88.9	87.1	90.5
	1 time	6.3	9.8	6.3	7.7	2.5	6.6	6.4	6.7	1.6	4.9	6.2	4.4
	2-3 times	4.2	5.6	4.0	4.2	3.7	6.1	4.5	3.9	0.5	3.7	4.9	3.0
	4-5 times	0.0	1.3	1.4	1.3	2.5	0.9	1.1	1.2	1.6	0.6	0.4	0.6
	6-7 times	0.7	0.3	0.9	0.5	0.0	1.4	0.0	0.5	0.0	0.0	0.4	0.3
	8-9 times	0.0	0.0	0.0	0.3	0.0	0.0	0.4	0.3	0.0	0.0	0.0	0.3
	10-11 times	0.0	0.0	0.6	0.3	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.2
	12 or more times	0.0	2.0	0.6	1.2	0.0	0.5	0.7	1.3	0.5	1.9	0.9	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	63.2	67.4	68.5	75.4	86.4	70.2	79.6	84.3	93.0	84.6	85.0	91.1
	1 time	18.1	14.1	16.8	13.1	8.6	14.9	10.0	8.9	3.8	8.6	8.4	5.5
	2-3 times	14.6	12.2	8.1	7.1	2.5	8.2	6.3	4.4	1.6	2.5	3.5	2.1
	4-5 times	2.8	3.9	2.6	2.1	1.2	3.4	1.9	1.0	1.1	1.9	2.7	0.4
	6-7 times	0.7	0.7	1.2	0.6	0.0	1.4	0.0	0.2	0.0	1.2	0.0	0.1
	8-9 times	0.0	0.0	0.0	0.4	0.0	1.0	0.4	0.3	0.0	0.0	0.0	0.2
	10-11 times	0.0	0.0	0.6	0.3	0.0	0.5	1.5	0.2	0.0	0.0	0.0	0.1
	12 or more times	0.7	1.6	2.3	1.0	1.2	0.5	0.4	0.7	0.5	1.2	0.4	0.4

Apache County

Contacts For Prevention

Regional Prevention Contacts

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Arizona Department of Education

Student Services Division
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Division of Behavioral Health Services
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Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Cochise County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Cochise County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Cochise County and the State. Because not all students answer all of the questions, the number of students in

CONTENTS:

Introduction:

- *Demographics*
- *Risk & Protective Framework*

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- *Risk & Protective Factor Profiles*
- *Substance Use & Antisocial Behavior*
- *School Safety*

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	760	100	1746	100	1576	100	60401	100
Grade								
8	540	71.1	733	42.0	837	53.1	26872	44.5
10	129	17.0	562	32.2	549	34.8	19581	32.4
12	91	12.0	451	25.8	190	12.1	13948	23.1
Gender								
Male	339	46.1	788	45.8	712	46.2	28381	48.2
Female	396	53.9	933	54.2	829	53.8	30505	51.8
Ethnicity								
African American	13	1.8	76	4.7	68	4.5	2592	4.4
American Indian	10	1.4	28	1.7	30	2.0	3394	5.8
Asian	13	1.8	45	2.8	44	2.9	1341	2.3
Hispanic	460	64.3	773	47.9	564	37.0	21376	36.5
Pacific Islander	*	*	24	1.5	25	1.6	457	0.8
White	219	30.6	668	41.4	717	47.0	26761	45.7
Other	n/a	n/a	n/a	n/a	78	5.1	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

Risk Factors
Protective Factors
Substance Use
Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

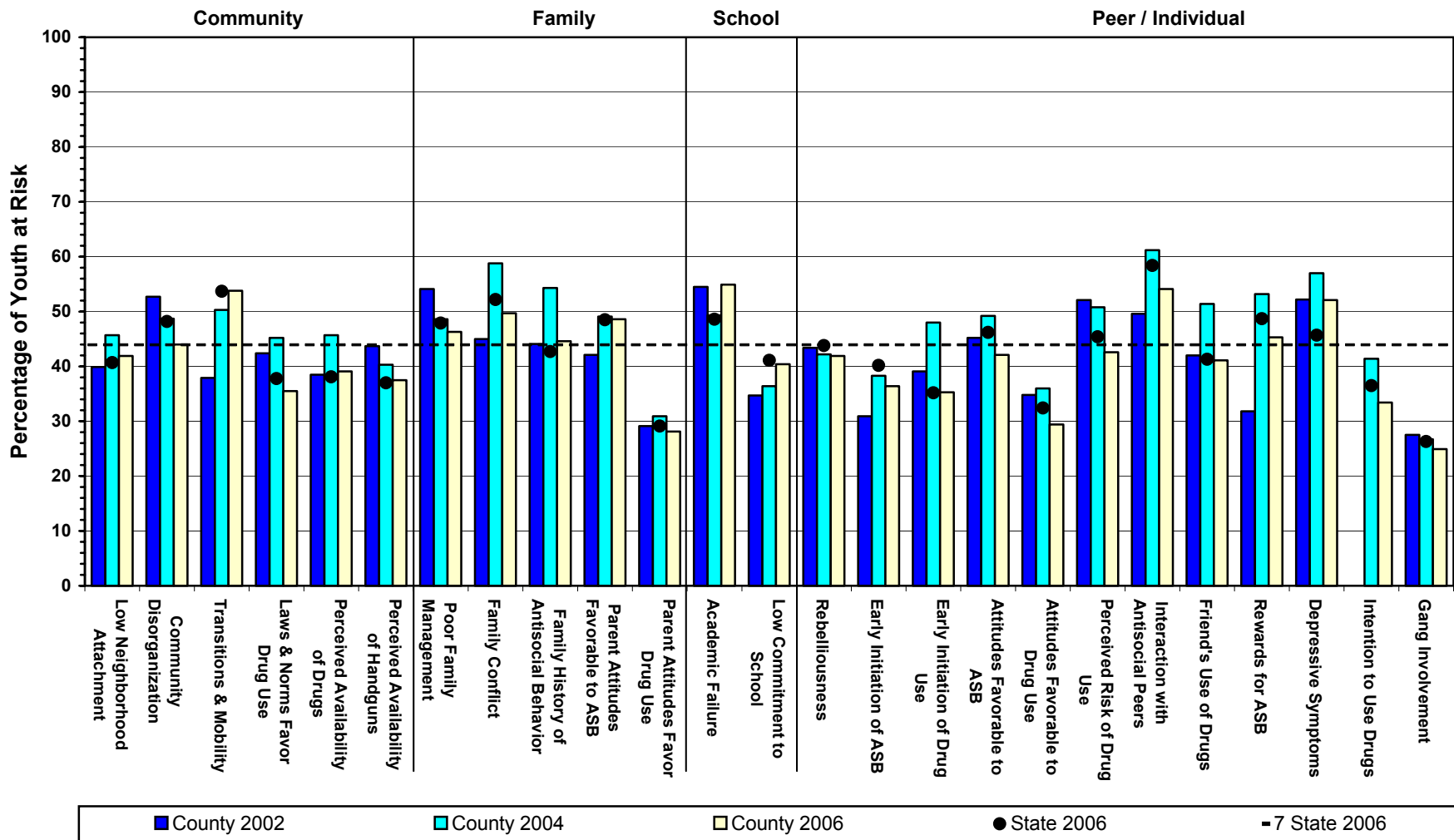
School Safety Charts

The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Cochise County Student Survey, Grade 8



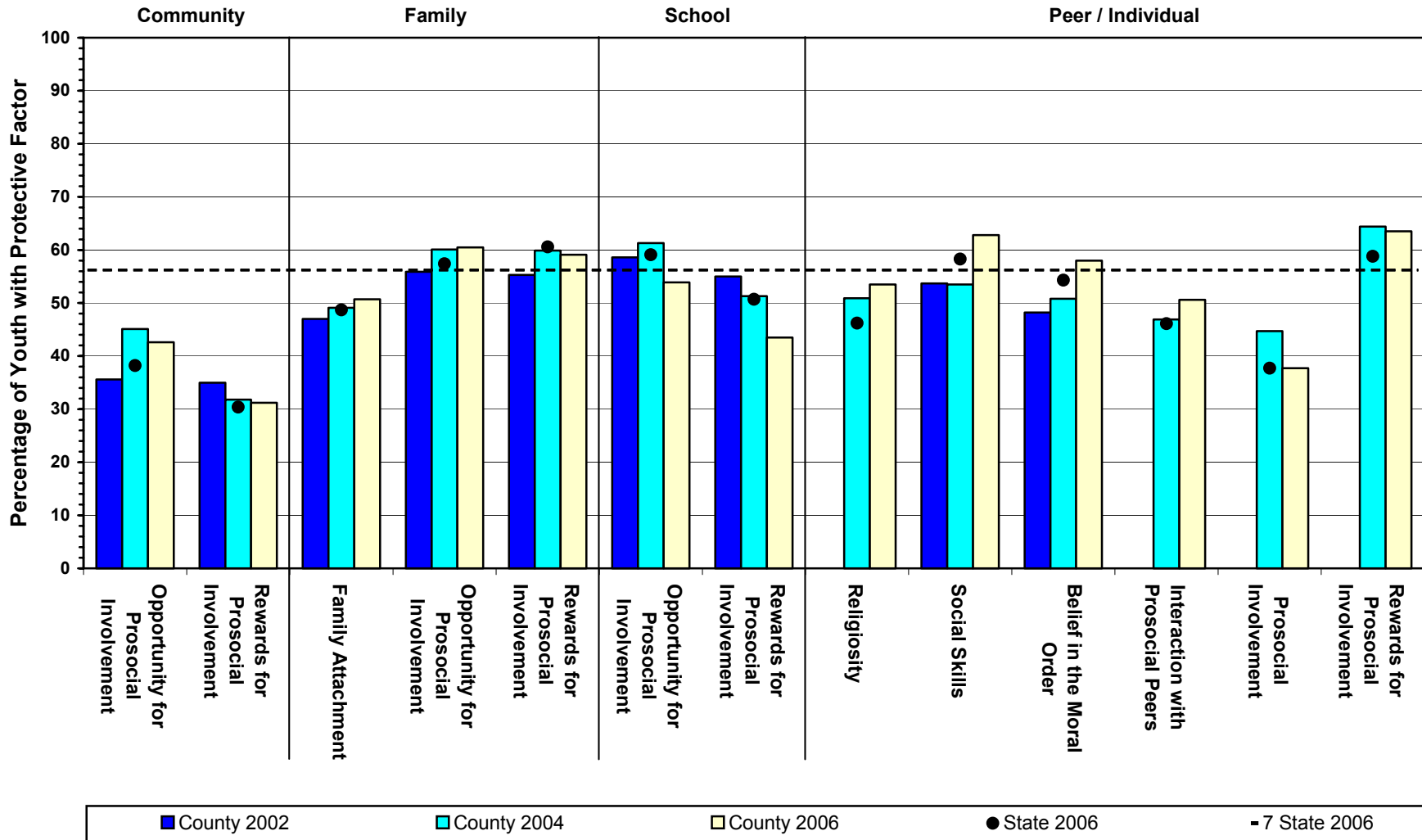
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Cochise County Student Survey, Grade 8



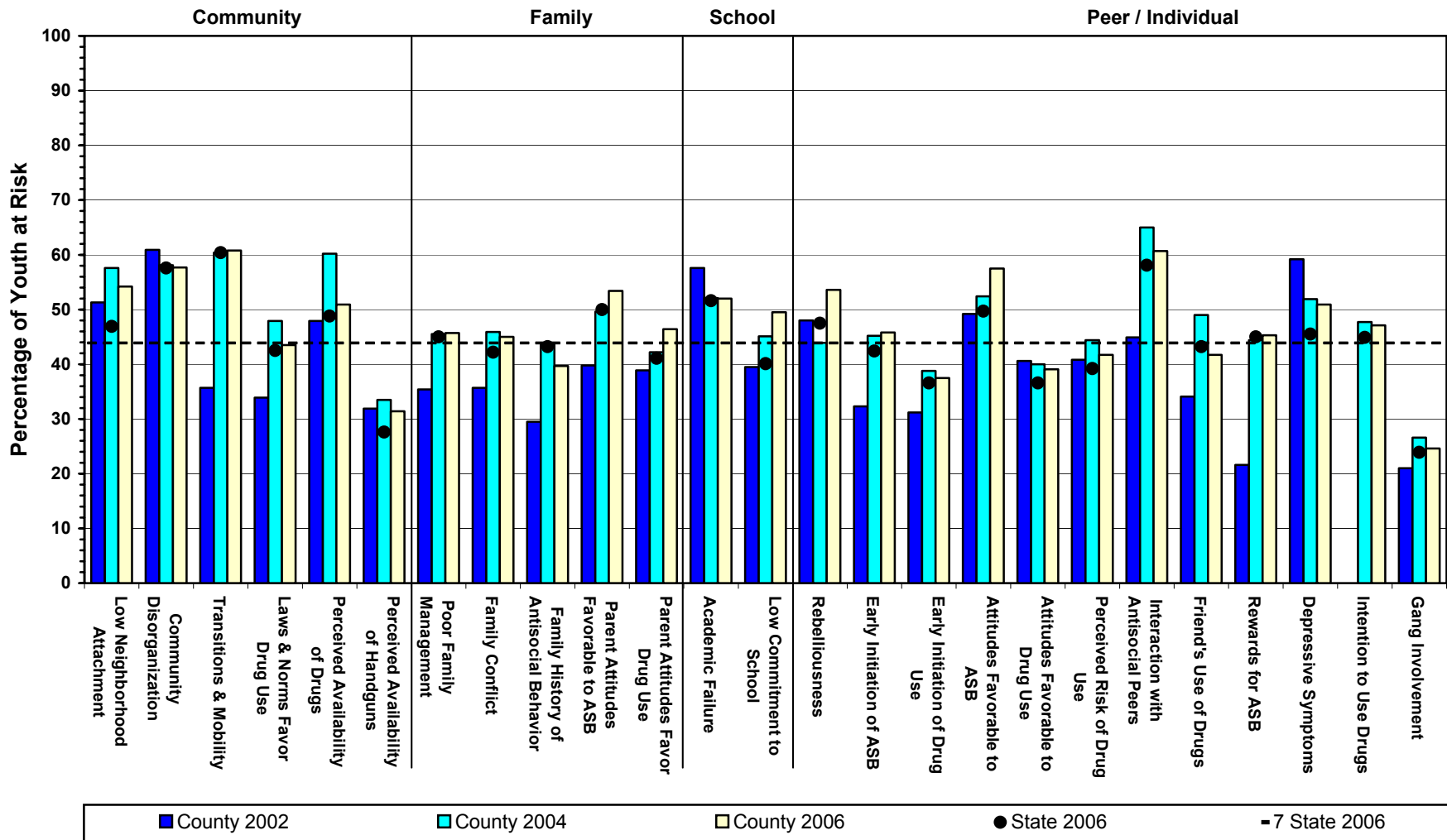
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Cochise County Student Survey, Grade 10



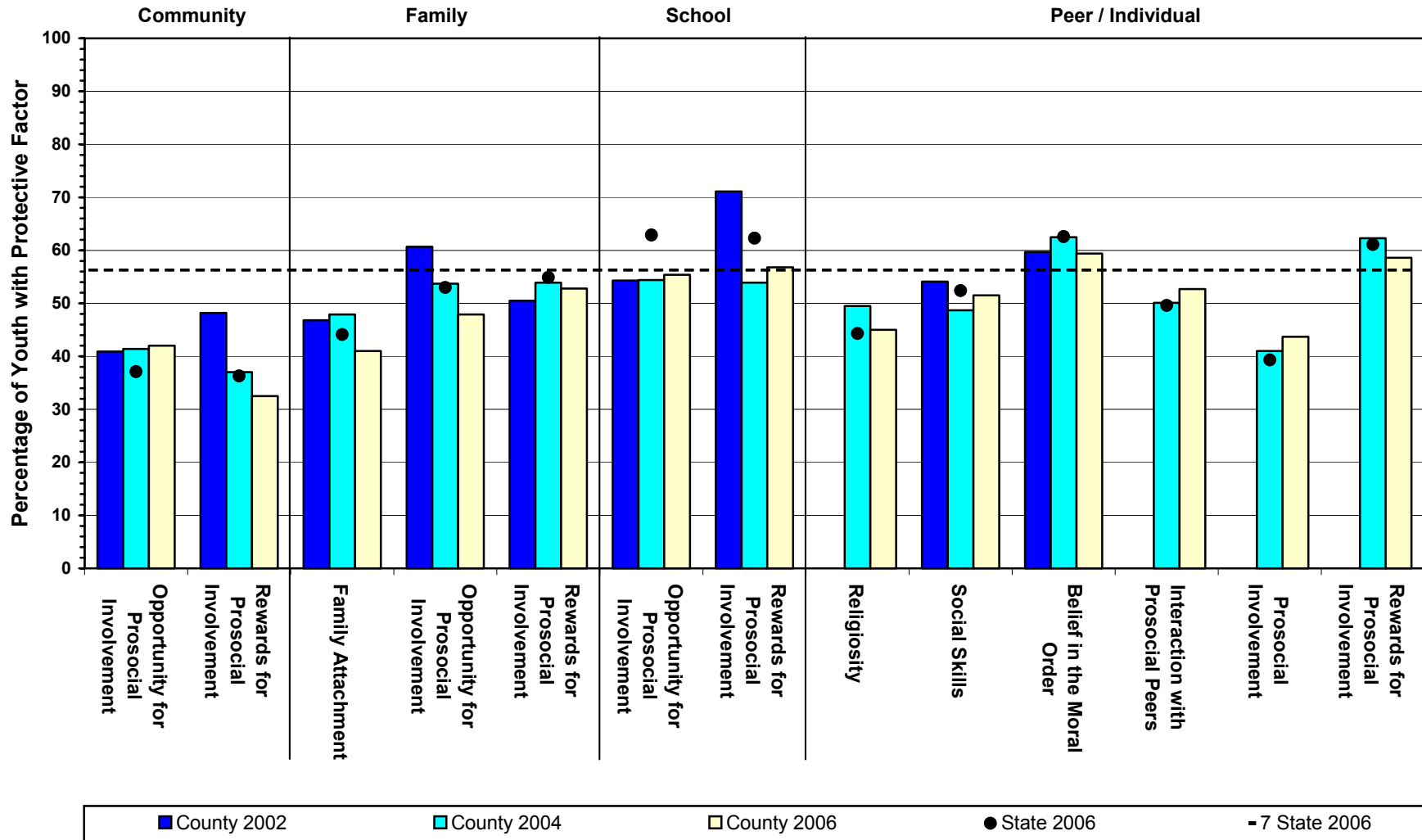
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Cochise County Student Survey, Grade 10



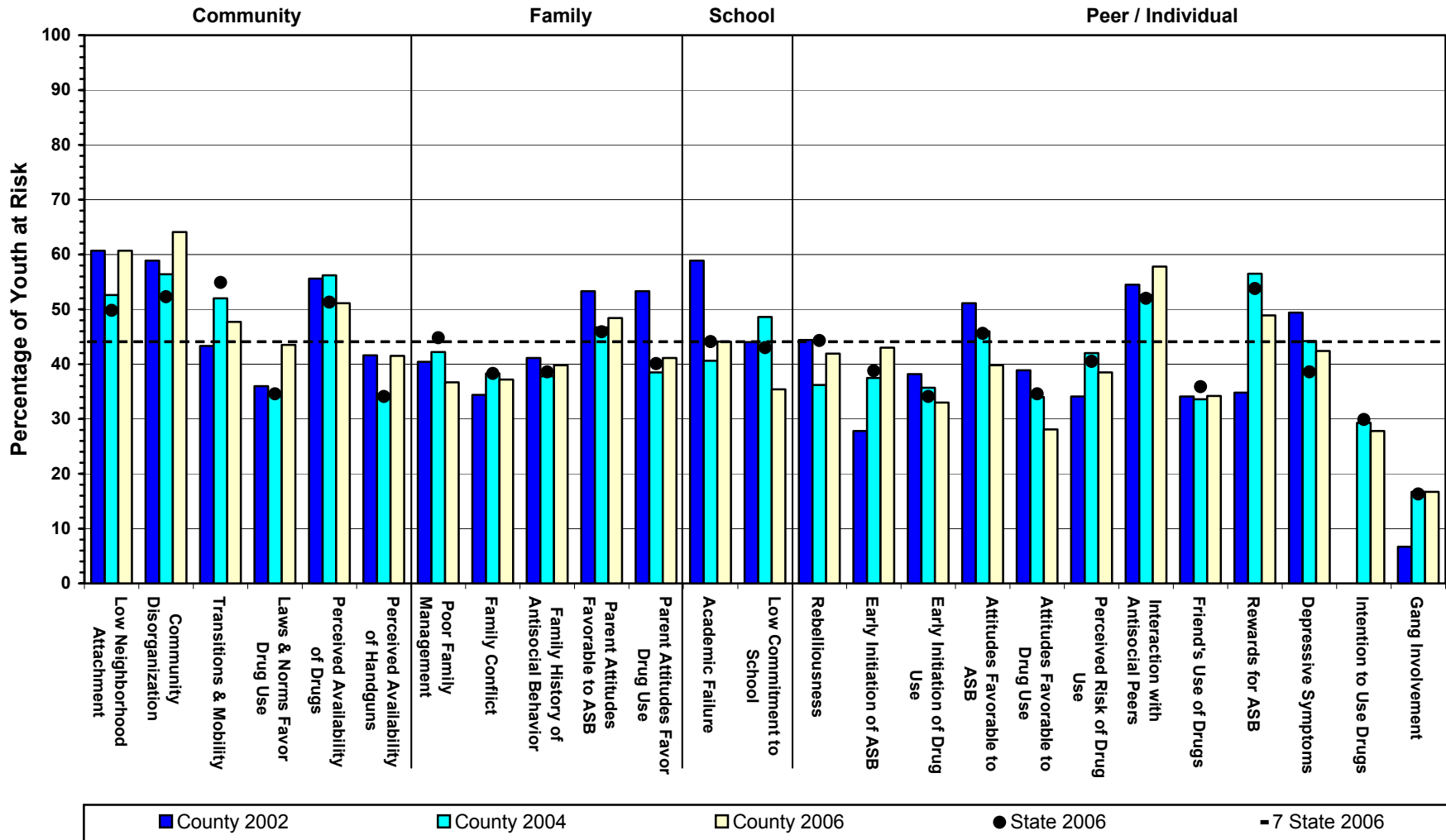
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Cochise County Student Survey, Grade 12



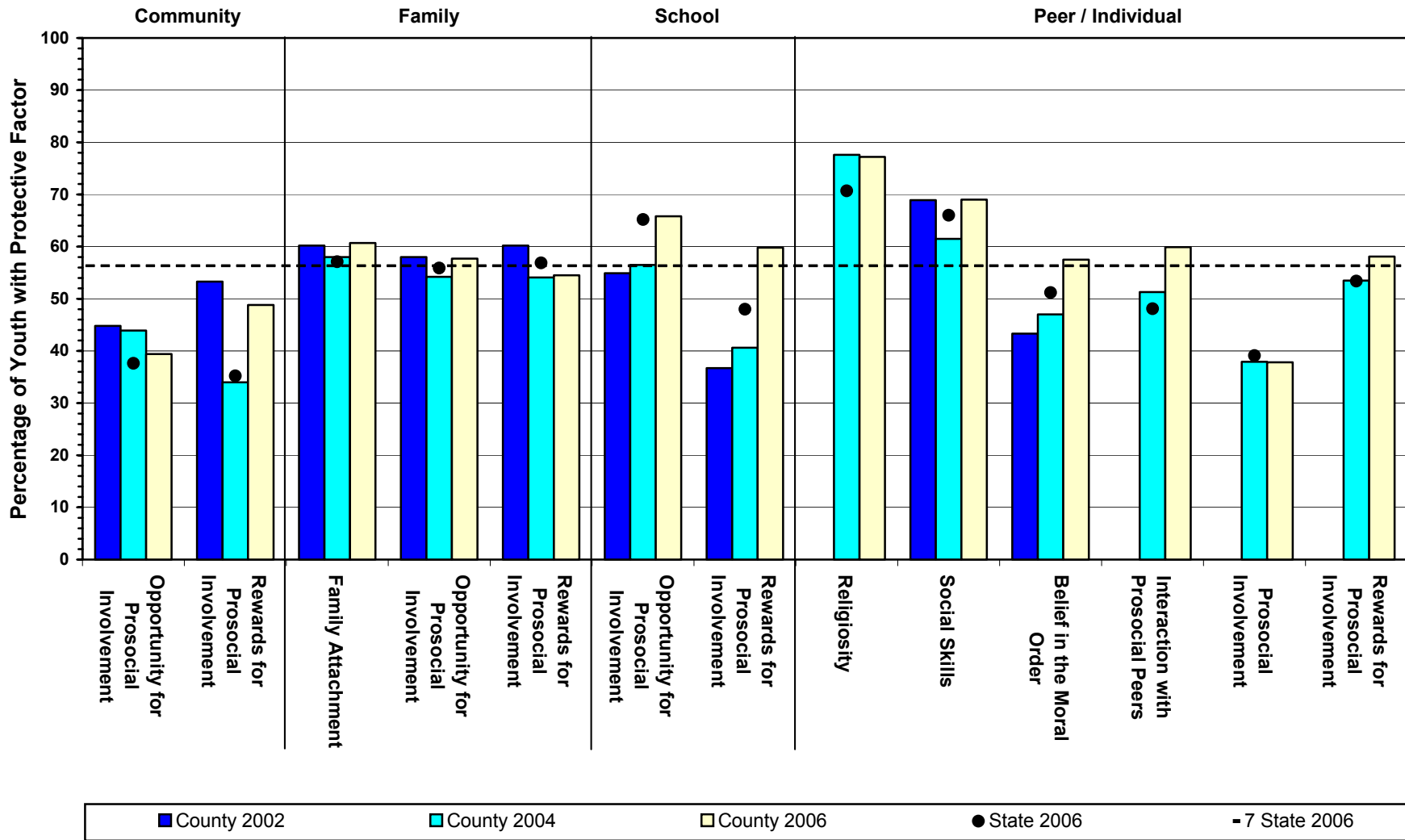
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

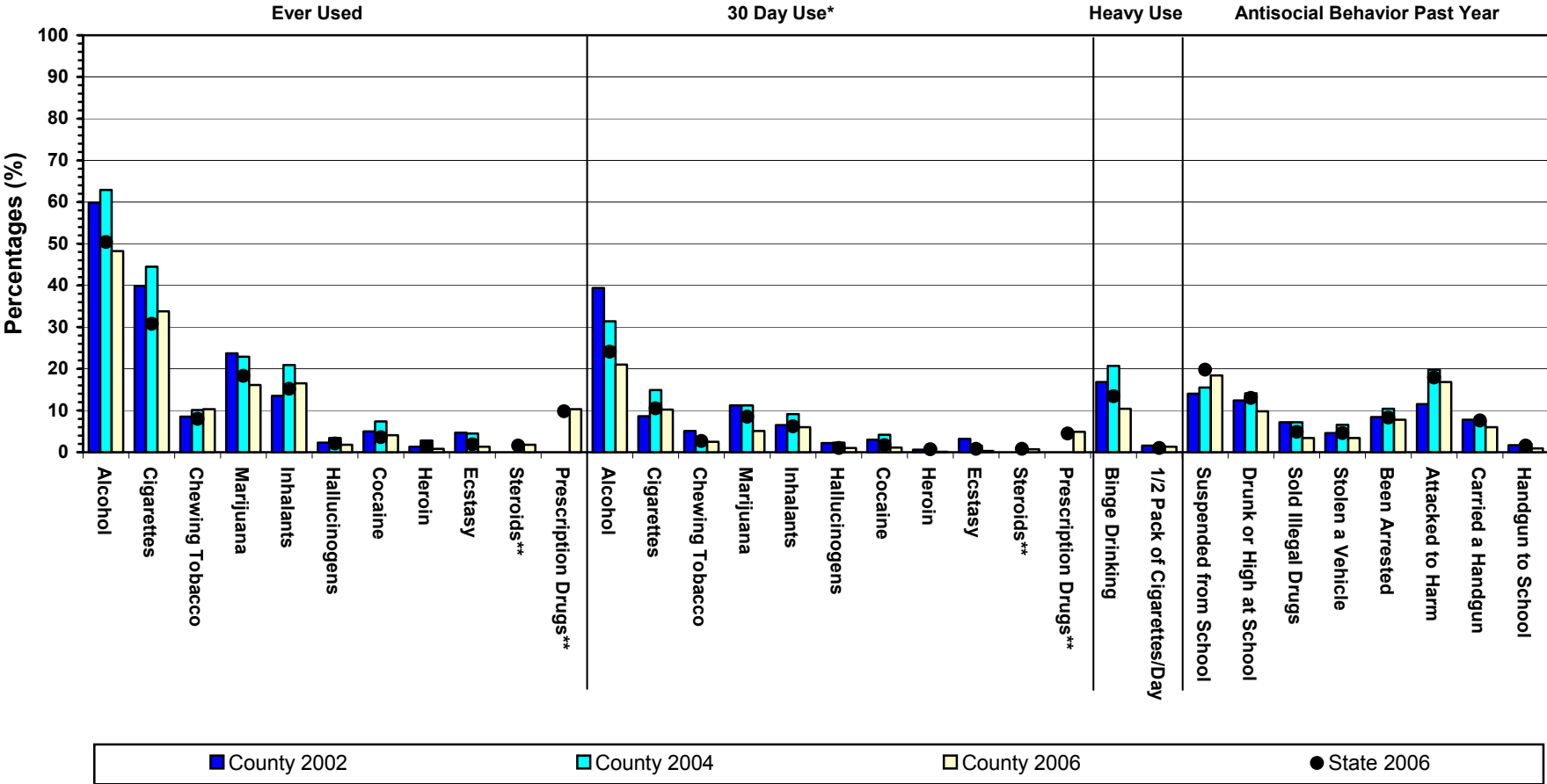
2006 Cochise County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Cochise County Student Survey, Grade 8



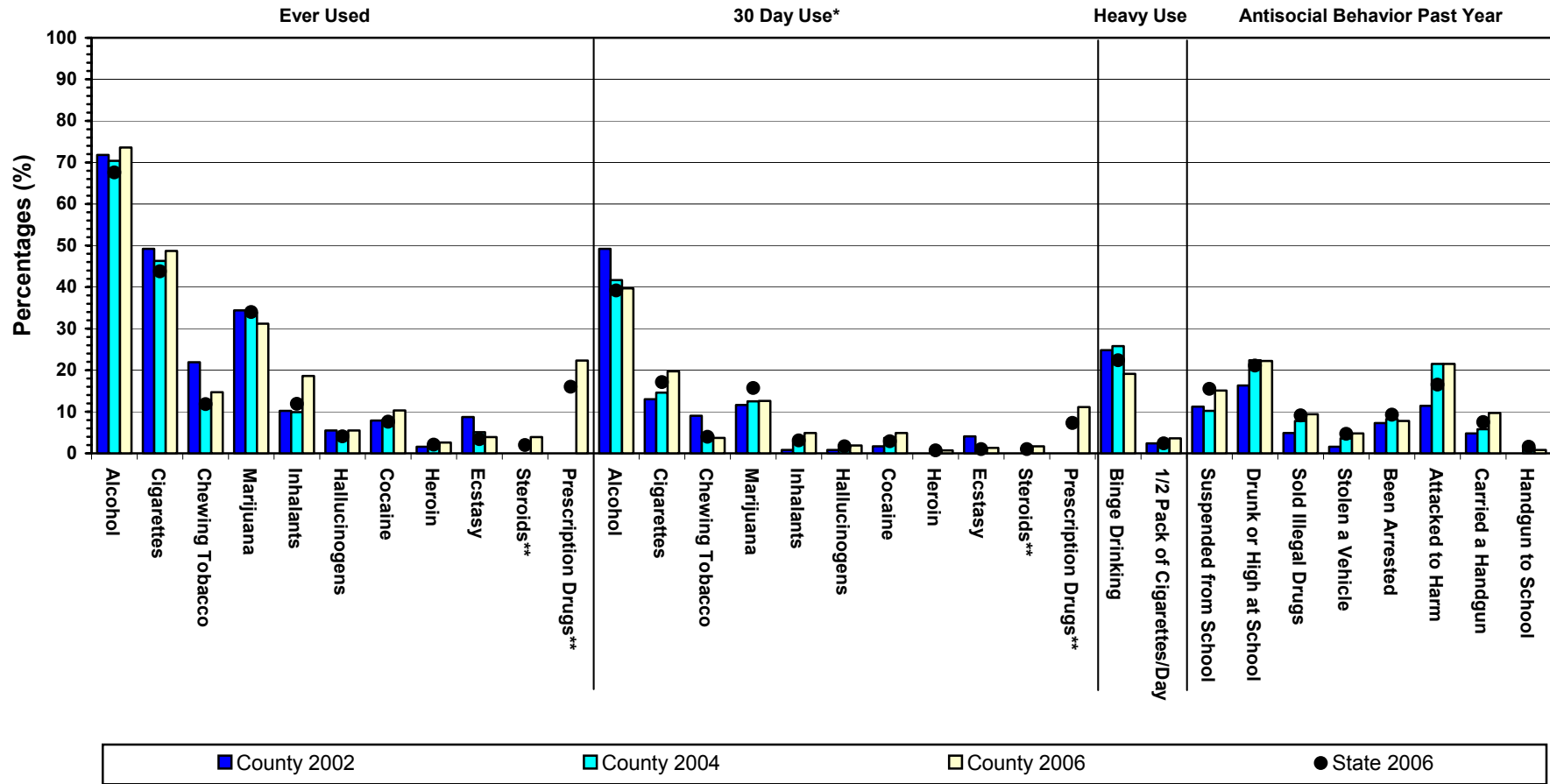
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Cochise County Student Survey, Grade 10



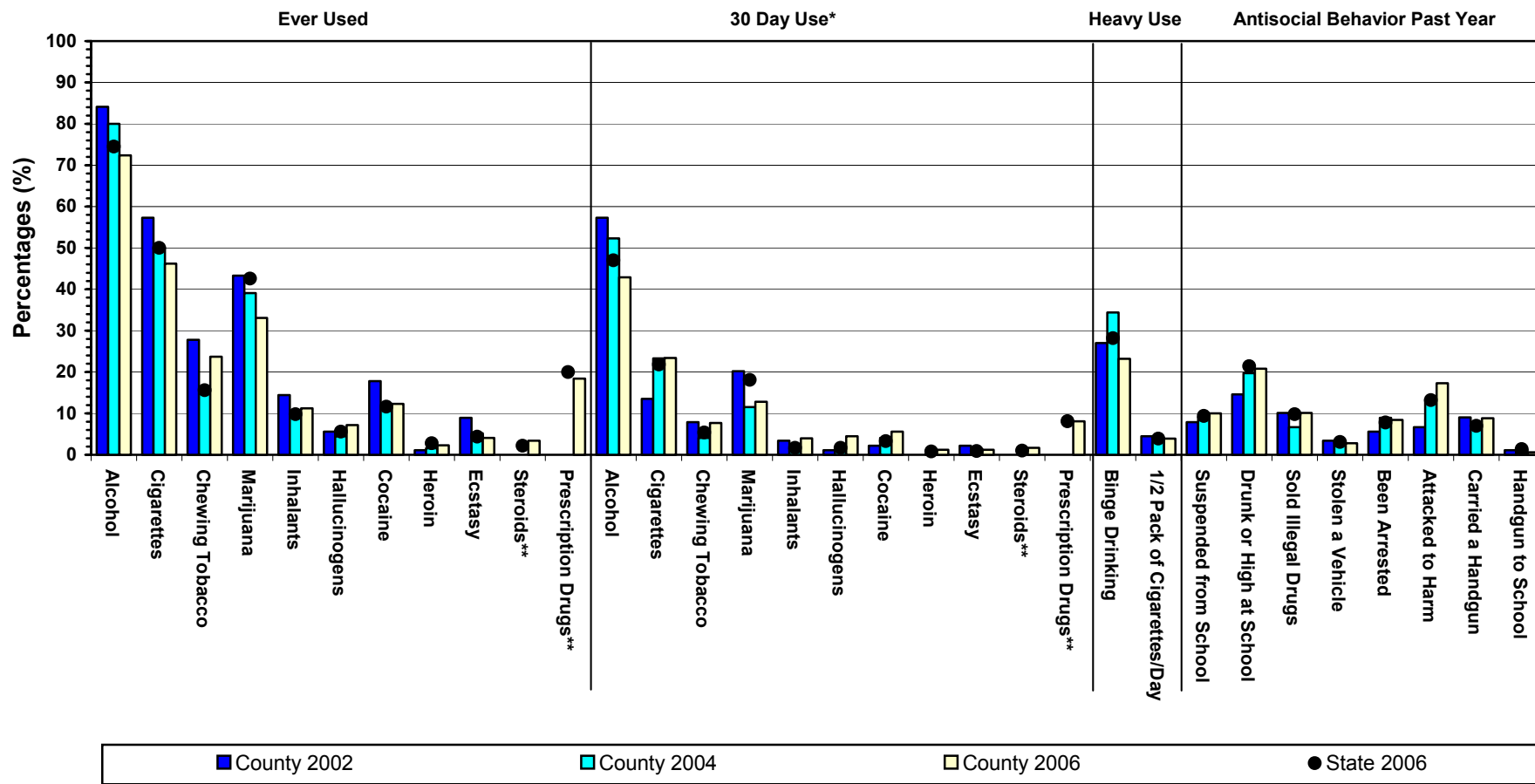
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Cochise County Student Survey, Grade 12



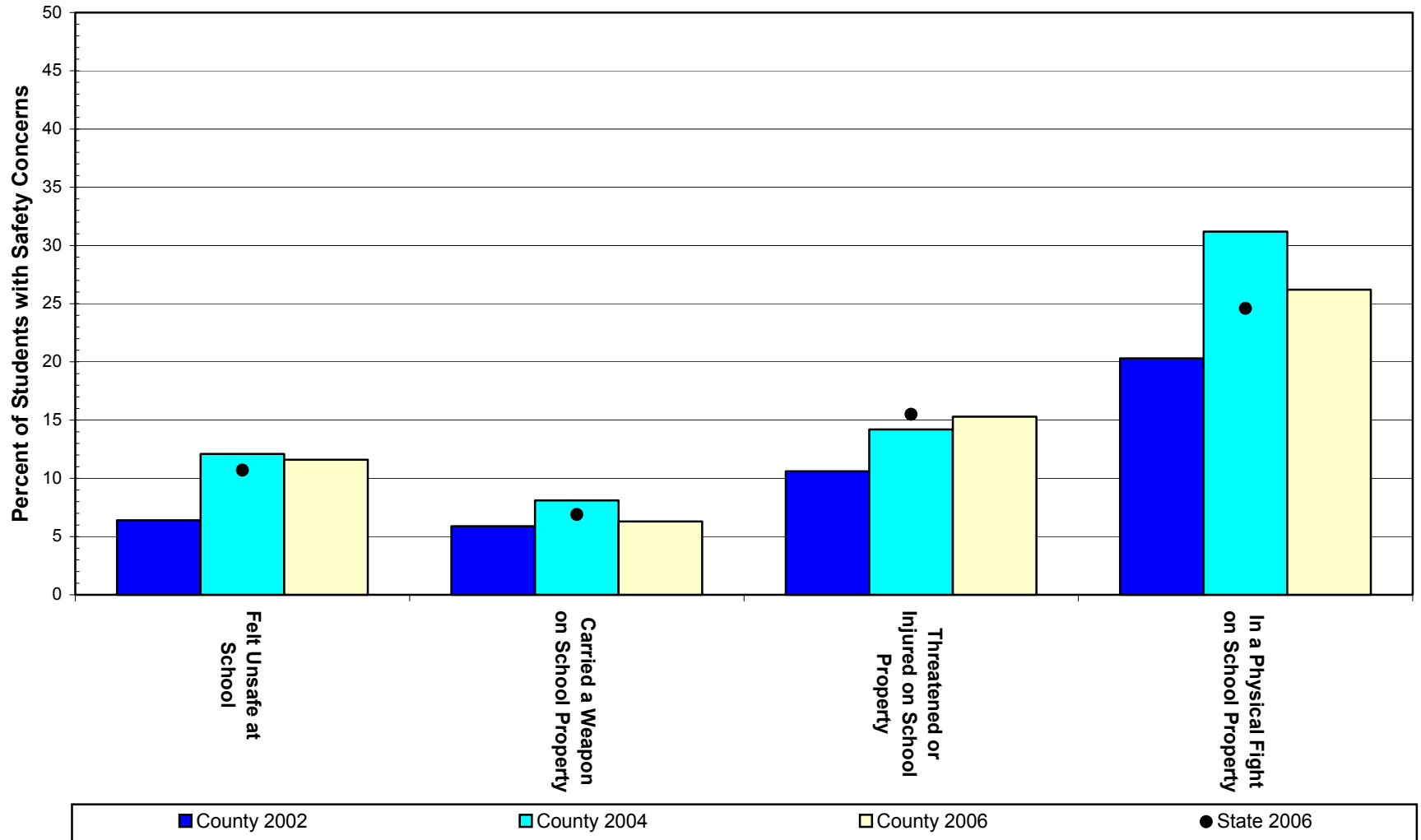
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

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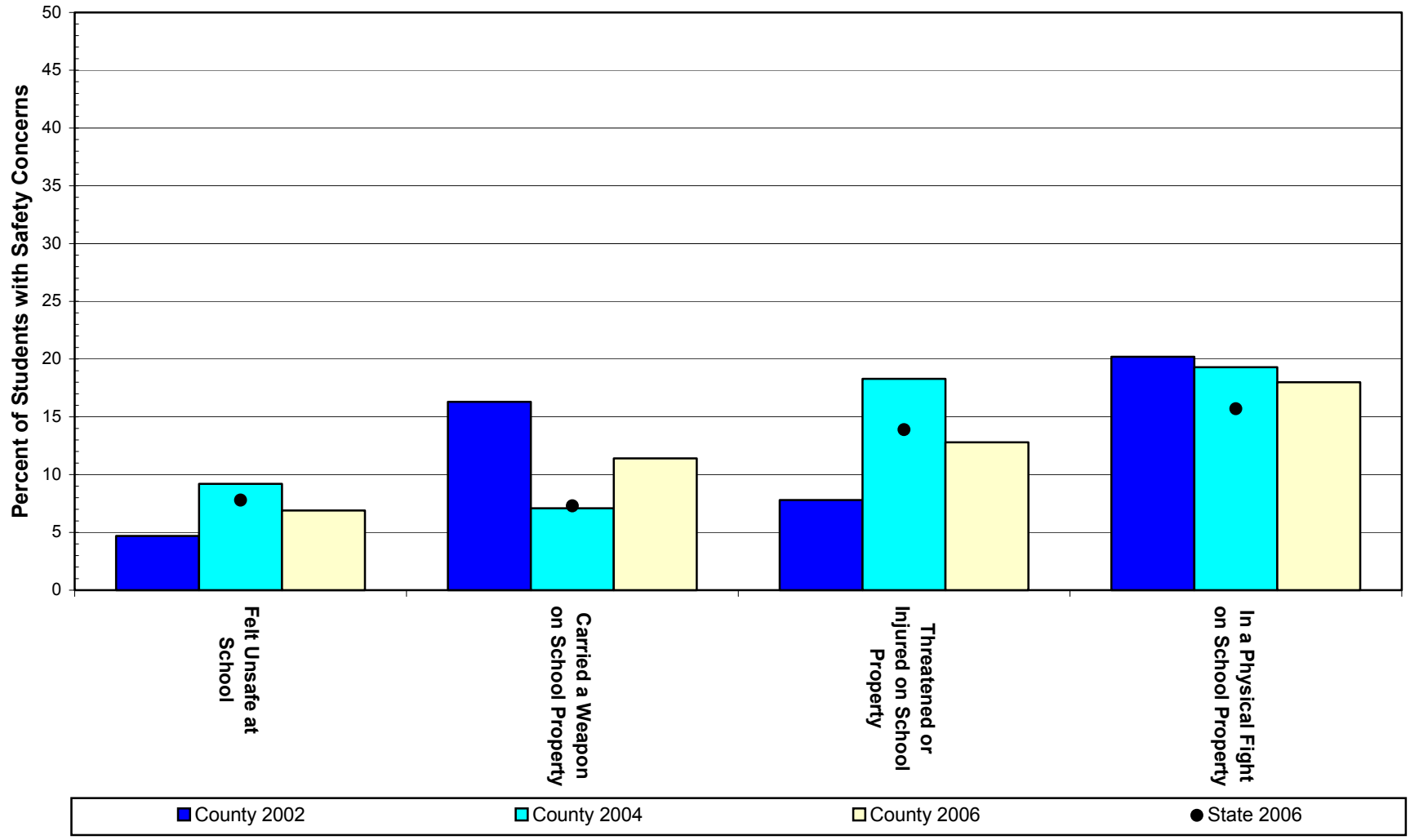
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Cochise County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Cochise County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Cochise County Student Survey, Grade 12

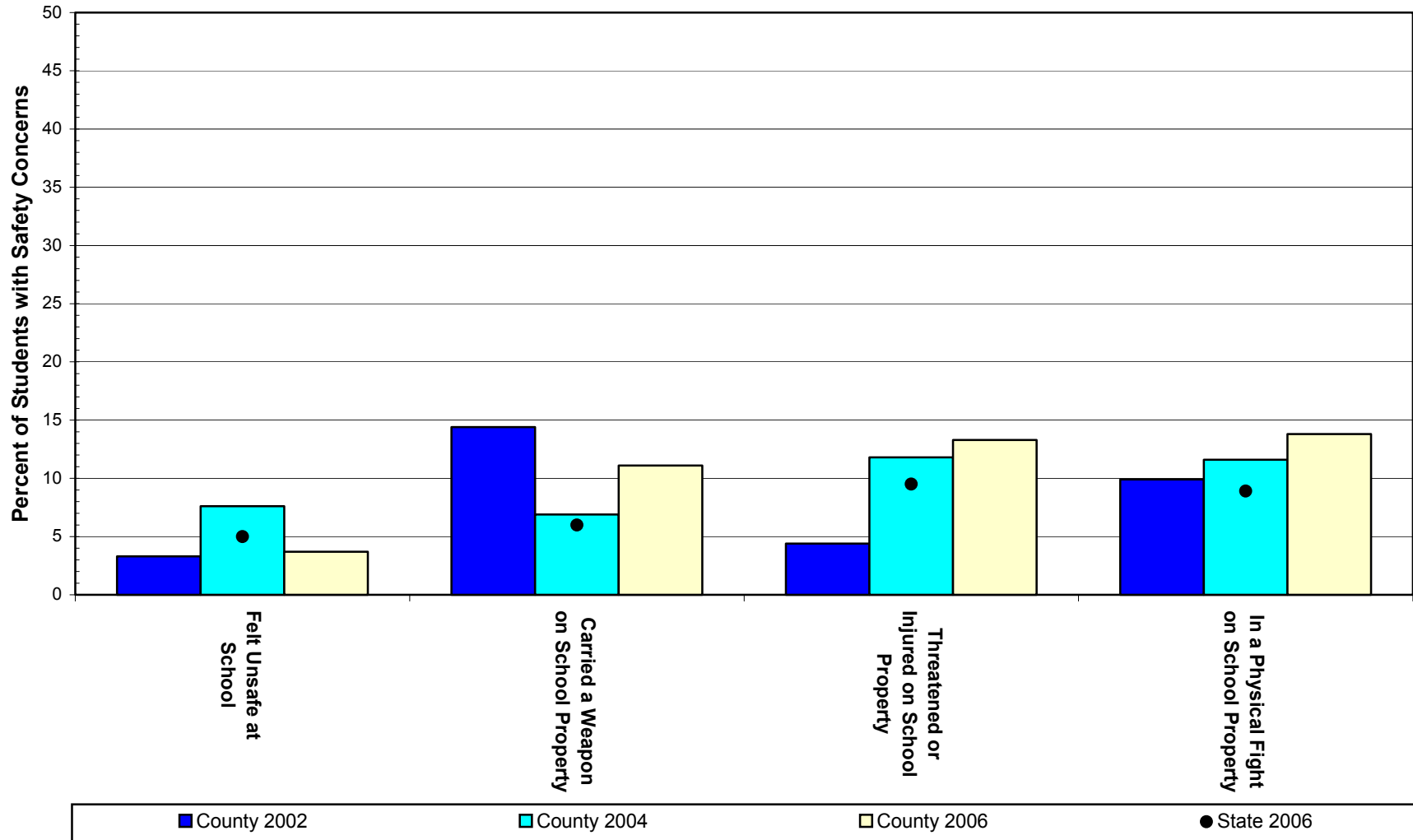


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	540	733	837	26872	129	562	549	19581	91	451	190	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	59.8	62.9	48.2	50.4	71.8	70.4	73.6	67.6	84.1	80.0	72.4	74.5
Cigarettes	39.9	44.5	33.8	30.8	49.2	46.3	48.7	43.8	57.3	50.1	46.2	50.0
Chewing Tobacco	8.5	10.1	10.3	8.0	21.9	11.4	14.7	11.8	27.8	16.2	23.7	15.6
Marijuana	23.7	22.9	16.1	18.3	34.4	33.9	31.2	34.0	43.3	39.1	33.1	42.6
Inhalants	13.5	20.9	16.5	15.2	10.2	9.9	18.6	11.9	14.4	9.9	11.2	9.8
Hallucinogens	2.3	3.4	1.8	2.1	5.5	4.8	5.5	4.1	5.6	4.5	7.2	5.6
Cocaine	5.0	7.4	4.1	3.6	7.9	8.1	10.3	7.6	17.8	11.3	12.3	11.6
Methamphetamines [2002] ¹	3.1	n/a	n/a	n/a	7.8	n/a	n/a	n/a	7.8	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	1.6	2.6	n/a	n/a	8.5	5.0	n/a	n/a	6.5	6.6
Stimulants [2004] ³	n/a	4.9	n/a	n/a	n/a	7.4	n/a	n/a	n/a	5.9	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	3.1	3.4	n/a	n/a	9.0	7.1	n/a	n/a	7.1	8.5
Heroin	1.3	2.8	0.8	1.4	1.6	1.7	2.6	2.1	1.1	1.6	2.3	2.8
Sedatives [2002] ⁵	1.9	n/a	n/a	n/a	5.5	n/a	n/a	n/a	1.1	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	15.4	9.9	10.0	n/a	17.5	18.4	14.3	n/a	14.3	16.7	17.4
Ecstasy	4.7	4.5	1.3	1.9	8.7	5.1	3.9	3.4	8.9	5.2	4.1	4.4
Steroids	n/a	n/a	1.8	1.6	n/a	n/a	3.9	2.0	n/a	n/a	3.4	2.2
Prescription Drugs	n/a	n/a	10.3	9.8	n/a	n/a	22.3	16.0	n/a	n/a	18.4	20.0
Any Drug	29.8	41.4	36.5	36.2	40.3	44.7	50.9	47.0	42.9	45.0	44.5	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	39.4	31.4	21.0	24.1	49.2	41.7	39.7	39.2	57.3	52.3	42.9	47.0
Cigarettes	8.6	14.9	10.2	10.5	13.0	14.6	19.7	17.1	13.5	23.3	23.4	21.8
Chewing Tobacco	5.1	2.5	2.5	2.7	9.0	4.3	3.7	4.0	7.9	4.1	7.7	5.4
Marijuana	11.2	11.2	5.1	8.5	11.6	12.5	12.6	15.7	20.2	11.5	12.8	18.1
Inhalants	6.5	9.1	6.0	6.2	0.8	2.9	4.9	3.1	3.4	1.6	4.0	1.7
Hallucinogens	2.2	2.3	1.0	1.0	0.8	1.5	1.9	1.7	1.1	1.4	4.5	1.7
Cocaine	3.0	4.2	1.1	1.7	1.7	3.7	4.9	2.9	2.2	4.1	5.6	3.3
Methamphetamines [2002] ¹	1.4	n/a	n/a	n/a	1.7	n/a	n/a	n/a	2.2	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	0.6	1.0	n/a	n/a	3.3	1.7	n/a	n/a	1.7	1.4
Stimulants [2004] ³	n/a	2.5	n/a	n/a	n/a	3.3	n/a	n/a	n/a	2.7	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.0	1.5	n/a	n/a	2.8	2.9	n/a	n/a	1.8	2.6
Heroin	0.6	1.0	0.1	0.7	0.0	0.6	0.7	0.7	0.0	0.5	1.2	0.8
Sedatives [2002] ⁵	1.2	n/a	n/a	n/a	3.3	n/a	n/a	n/a	0.0	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	8.0	4.1	4.5	n/a	8.2	10.1	6.6	n/a	5.2	5.8	7.1
Ecstasy	3.2	1.6	0.3	0.8	4.1	1.1	1.3	1.0	2.2	1.4	1.2	0.9
Steroids	n/a	n/a	0.7	0.8	n/a	n/a	1.7	1.0	n/a	n/a	1.7	1.0
Prescription Drugs	n/a	n/a	4.9	4.5	n/a	n/a	11.1	7.3	n/a	n/a	8.1	8.1
Any Drug	17.7	22.7	16.2	19.7	14.0	22.2	27.3	25.6	23.6	17.9	23.1	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	16.8	20.7	10.4	13.4	24.8	25.8	19.1	22.4	27.0	34.4	23.2	28.2
1/2 Pack of Cigarettes/Day	1.6	1.5	1.3	1.0	2.4	1.8	3.6	2.4	4.5	3.2	3.9	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	14.0	15.5	18.4	19.8	11.2	10.2	15.1	15.5	7.9	9.1	10.0	9.4
Drunk or High at School	12.4	14.1	9.8	13.0	16.3	22.4	22.2	21.1	14.6	19.7	20.8	21.4
Sold Illegal Drugs	7.2	7.2	3.4	4.9	4.9	7.8	9.4	9.1	10.1	6.7	10.1	9.8
Stolen a Vehicle	4.6	6.6	3.4	4.6	1.6	3.6	4.8	4.7	3.4	2.9	2.8	3.1
Been Arrested	8.4	10.4	7.8	8.3	7.3	8.2	7.8	9.3	5.6	8.9	8.4	7.8
Attacked to Harm	11.5	19.8	16.8	17.9	11.4	21.5	21.5	16.5	6.7	13.3	17.3	13.2
Carried a Handgun	7.8	7.5	6.0	7.6	4.8	5.8	9.7	7.5	9.0	6.2	8.8	7.0
Handgun to School	1.7	2.0	0.9	1.6	0.0	1.4	0.8	1.6	1.1	1.3	0.6	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	35.6	45.1	42.6	38.2	40.9	41.4	42.0	37.1	44.8	43.9	39.4	37.6
Rewards for Prosocial Involvement	35.0	31.8	31.2	30.4	48.2	37.0	32.5	36.3	53.3	34.0	48.8	35.2
Family Domain												
Family Attachment	47.0	49.1	50.7	48.7	46.8	47.9	41.0	44.1	60.2	58.0	60.7	57.1
Opportunity for Prosocial Involvement	55.9	60.1	60.5	57.4	60.7	53.7	47.9	53.0	58.0	54.2	57.7	55.9
Rewards for Prosocial Involvement	55.3	59.9	59.1	60.6	50.5	53.9	52.8	54.9	60.2	54.1	54.5	56.9
School Domain												
Opportunity for Prosocial Involvement	58.6	61.3	53.9	59.1	54.3	54.4	55.4	62.9	54.9	56.5	65.8	65.2
Rewards for Prosocial Involvement	55.0	51.3	43.5	50.7	71.1	53.9	56.8	62.3	36.7	40.6	59.8	48.0
Peer-Individual Domain												
Religiosity	*	50.9	53.5	46.2	*	49.5	45.0	44.3	*	77.6	77.2	70.7
Social Skills	53.7	53.5	62.8	58.3	54.1	48.7	51.5	52.4	68.9	61.5	69.0	66.0
Belief in the Moral Order	48.2	50.8	58.0	54.3	59.7	62.5	59.4	62.6	43.3	47.0	57.5	51.2
Interaction with Prosocial Peers	*	46.9	50.6	46.1	*	50.1	52.7	49.6	*	51.3	59.9	48.1
Prosocial Involvement	*	44.7	37.7	37.7	*	41.0	43.7	39.3	*	37.9	37.8	39.1
Rewards for Prosocial Involvement	*	64.4	63.5	58.8	*	62.3	58.6	61.1	*	53.5	58.1	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	39.9	45.7	41.9	40.7	51.3	57.6	54.2	46.9	60.7	52.6	60.7	49.8
Community Disorganization	52.7	48.7	44.0	48.2	60.9	58.1	57.7	57.6	58.9	56.4	64.1	52.3
Transitions & Mobility	37.9	50.3	53.8	53.7	35.7	60.4	60.8	60.4	43.3	52.0	47.7	54.9
Laws & Norms Favor Drug Use	42.4	45.2	35.5	37.8	33.9	47.9	43.5	42.5	36.0	34.7	43.5	34.6
Perceived Availability of Drugs	38.5	45.7	39.1	38.1	47.9	60.2	50.9	48.8	55.6	56.2	51.1	51.3
Perceived Availability of Handguns	43.7	40.3	37.5	37.0	31.9	33.5	31.4	27.6	41.6	34.6	41.5	34.1
Family Domain												
Poor Family Management	54.1	48.6	46.3	47.9	35.4	45.5	45.7	45.0	40.4	42.2	36.7	44.8
Family Conflict	45.0	58.8	49.7	52.2	35.7	45.9	45.0	42.2	34.4	38.3	37.2	38.3
Family History of Antisocial Behavior	44.1	54.3	44.6	42.7	29.5	43.6	39.7	43.2	41.1	37.8	39.8	38.6
Parent Attitudes Favorable to ASB	42.1	49.1	48.6	48.5	39.8	49.6	53.4	50.0	53.3	46.7	48.4	45.9
Parent Attitudes Favor Drug Use	29.1	30.9	28.1	29.1	38.9	42.2	46.4	41.1	53.3	38.5	41.1	40.1
School Domain												
Academic Failure	54.5	49.3	54.9	48.6	57.6	52.1	52.0	51.6	58.9	40.6	44.1	44.1
Low Commitment to School	34.7	36.4	40.4	41.1	39.5	45.1	49.5	40.1	44.0	48.6	35.4	43.0
Peer-Individual Domain												
Rebelliousness	43.4	42.2	41.9	43.8	48.0	43.9	53.6	47.5	44.4	36.2	41.9	44.3
Early Initiation of ASB	30.9	38.3	36.4	40.2	32.3	45.2	45.8	42.4	27.8	37.5	43.0	38.8
Early Initiation of Drug Use	39.1	48.0	35.3	35.2	31.2	38.8	37.5	36.6	38.2	35.7	33.0	34.1
Attitudes Favorable to ASB	45.2	49.2	42.1	46.2	49.2	52.4	57.5	49.7	51.1	46.0	39.8	45.6
Attitudes Favorable to Drug Use	34.8	36.0	29.4	32.4	40.6	40.0	39.1	36.6	38.9	34.0	28.1	34.6
Perceived Risk of Drug Use	52.1	50.8	42.6	45.4	40.8	44.4	41.7	39.2	34.1	42.0	38.5	40.5
Interaction with Antisocial Peers	49.6	61.2	54.1	58.4	44.9	65.0	60.7	58.1	54.5	52.6	57.8	52.0
Friend's Use of Drugs	42.0	51.4	41.1	41.3	34.1	49.0	41.7	43.2	34.1	33.6	34.2	35.9
Rewards for ASB	31.8	53.2	45.3	48.7	21.6	44.4	45.3	45.0	34.8	56.5	48.9	53.8
Depressive Symptoms	52.2	57.0	52.1	45.7	59.2	51.9	50.9	45.5	49.4	44.2	42.4	38.6
Intention to Use Drugs	*	41.4	33.4	36.5	*	47.7	47.1	44.9	*	29.3	27.8	29.9
Gang Involvement	27.5	26.7	24.9	26.3	21.0	26.6	24.6	23.9	6.7	16.7	16.7	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	94.1	91.9	93.7	93.1	83.7	92.9	88.6	92.7	85.6	93.1	88.9	94.0
	1 day	2.3	3.2	2.5	3.1	1.6	1.8	2.8	2.4	1.1	1.1	2.6	1.4
	2-3 days	1.1	2.1	1.6	1.6	3.1	1.8	1.8	1.5	1.1	0.4	0.5	0.9
	4-5 days	0.6	0.6	1.0	0.6	2.3	0.9	1.4	0.7	0.0	0.0	0.5	0.6
	6 or more days	1.9	2.2	1.1	1.6	9.3	2.5	5.5	2.7	12.2	5.4	7.4	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	93.6	87.9	88.4	89.3	95.3	90.8	93.1	92.2	96.7	92.4	96.3	95.0
	1 day	3.6	6.0	6.8	6.0	3.1	5.1	3.3	4.1	1.1	3.4	2.7	2.6
	2-3 days	1.9	3.6	3.2	2.8	0.0	2.2	2.2	2.1	1.1	2.2	0.5	1.2
	4-5 days	0.9	0.8	0.6	0.7	0.8	0.7	0.6	0.5	0.0	0.9	0.5	0.4
	6 or more days	0.0	1.7	0.9	1.2	0.8	1.3	0.8	1.1	1.1	1.1	0.0	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	89.4	85.8	84.7	84.5	92.2	81.7	87.2	86.1	95.6	88.2	86.7	90.5
	1 time	4.1	7.8	9.2	7.7	4.7	8.0	5.4	6.7	2.2	5.6	6.9	4.4
	2-3 times	3.7	4.2	3.1	4.2	0.8	6.0	4.6	3.9	1.1	2.9	3.7	3.0
	4-5 times	0.9	1.1	1.5	1.3	0.0	1.4	1.0	1.2	0.0	1.6	1.1	0.6
	6-7 times	0.7	0.4	0.5	0.5	0.8	0.5	0.2	0.5	0.0	0.2	0.0	0.3
	8-9 times	0.4	0.0	0.4	0.3	0.0	0.2	0.2	0.3	0.0	0.2	1.1	0.3
	10-11 times	0.0	0.3	0.1	0.3	0.0	0.4	0.0	0.2	0.0	0.2	0.5	0.2
	12 or more times	0.7	0.4	0.5	1.2	1.6	1.8	1.4	1.3	1.1	1.1	0.0	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	79.7	68.8	73.8	75.4	79.8	80.7	82.0	84.3	90.1	88.4	86.2	91.1
	1 time	9.7	15.6	14.4	13.1	10.9	8.9	10.9	8.9	6.6	6.7	8.0	5.5
	2-3 times	6.3	10.6	6.6	7.1	7.0	6.5	4.9	4.4	2.2	3.8	4.8	2.1
	4-5 times	1.7	2.5	3.1	2.1	0.8	1.4	0.8	1.0	0.0	0.0	0.0	0.4
	6-7 times	1.1	0.4	1.1	0.6	0.0	0.7	0.4	0.2	0.0	0.0	1.1	0.1
	8-9 times	0.6	0.6	0.2	0.4	0.0	0.5	0.6	0.3	1.1	0.4	0.0	0.2
	10-11 times	0.2	0.1	0.1	0.3	0.8	0.0	0.0	0.2	0.0	0.2	0.0	0.1
	12 or more times	0.7	1.5	0.6	1.0	0.8	1.3	0.4	0.7	0.0	0.4	0.0	0.4

Cochise County

Contacts For Prevention

Regional Prevention Contacts

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Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
928-214-2177

Maricopa County

Juan Aristizabal
ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
520-879-6067

Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

Michelle Neitch/ Phillip Stevenson
602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

Bach Harrison, L.L.C.

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2006 Arizona Youth Survey

Coconino County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Coconino County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Coconino County and the State. Because not all students answer all of the questions, the number of students in

CONTENTS:

Introduction:

- *Demographics*
- *Risk & Protective Framework*

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- *Risk & Protective Factor Profiles*
- *Substance Use & Antisocial Behavior*
- *School Safety*

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	1601	100	1225	100	1107	100	60401	100
Grade								
8	412	25.7	200	16.3	470	42.5	26872	44.5
10	717	44.8	595	48.6	337	30.4	19581	32.4
12	472	29.5	430	35.1	300	27.1	13948	23.1
Gender								
Male	815	51.8	635	52.3	545	50.0	28381	48.2
Female	759	48.2	579	47.7	545	50.0	30505	51.8
Ethnicity								
African American	25	1.6	15	1.3	20	1.9	2592	4.4
American Indian	694	45.4	414	35.9	415	38.6	3394	5.8
Asian	20	1.3	10	0.9	3	0.3	1341	2.3
Hispanic	126	8.2	124	10.8	180	16.7	21376	36.5
Pacific Islander	*	*	3	0.3	2	0.2	457	0.8
White	665	43.5	586	50.9	415	38.6	26761	45.7
Other	n/a	n/a	n/a	n/a	41	3.8	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

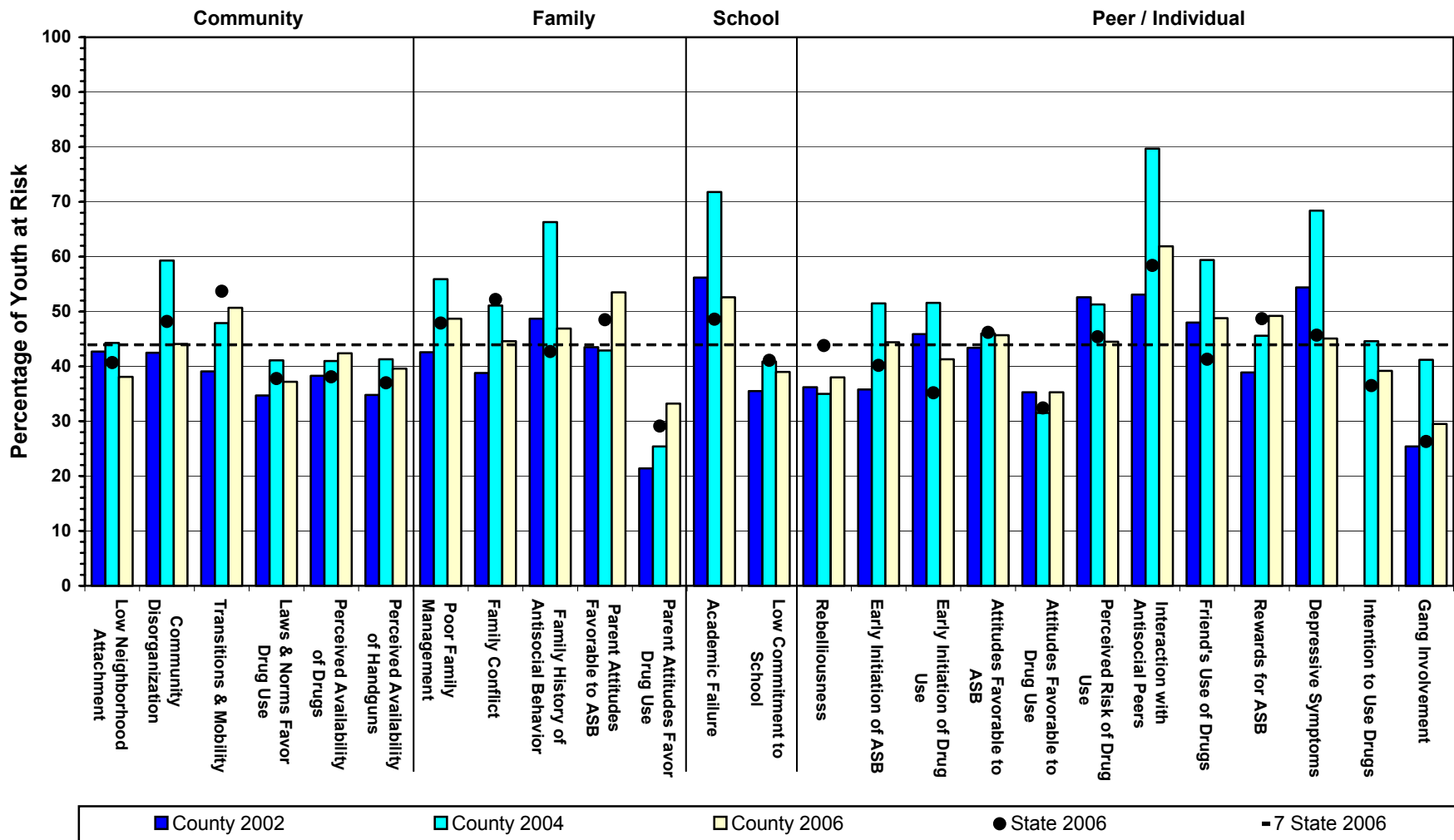
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Coconino County Student Survey, Grade 8



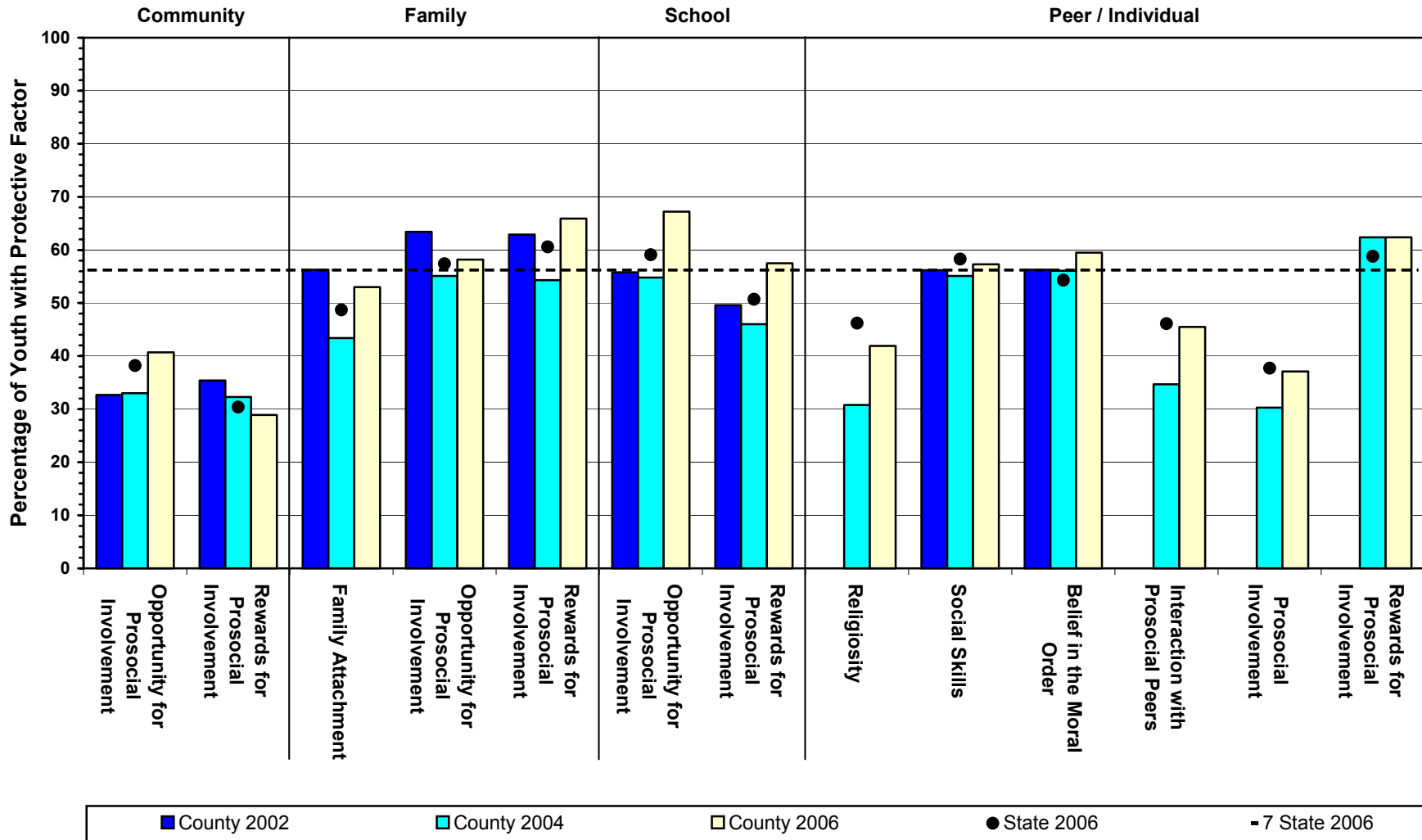
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Coconino County Student Survey, Grade 8



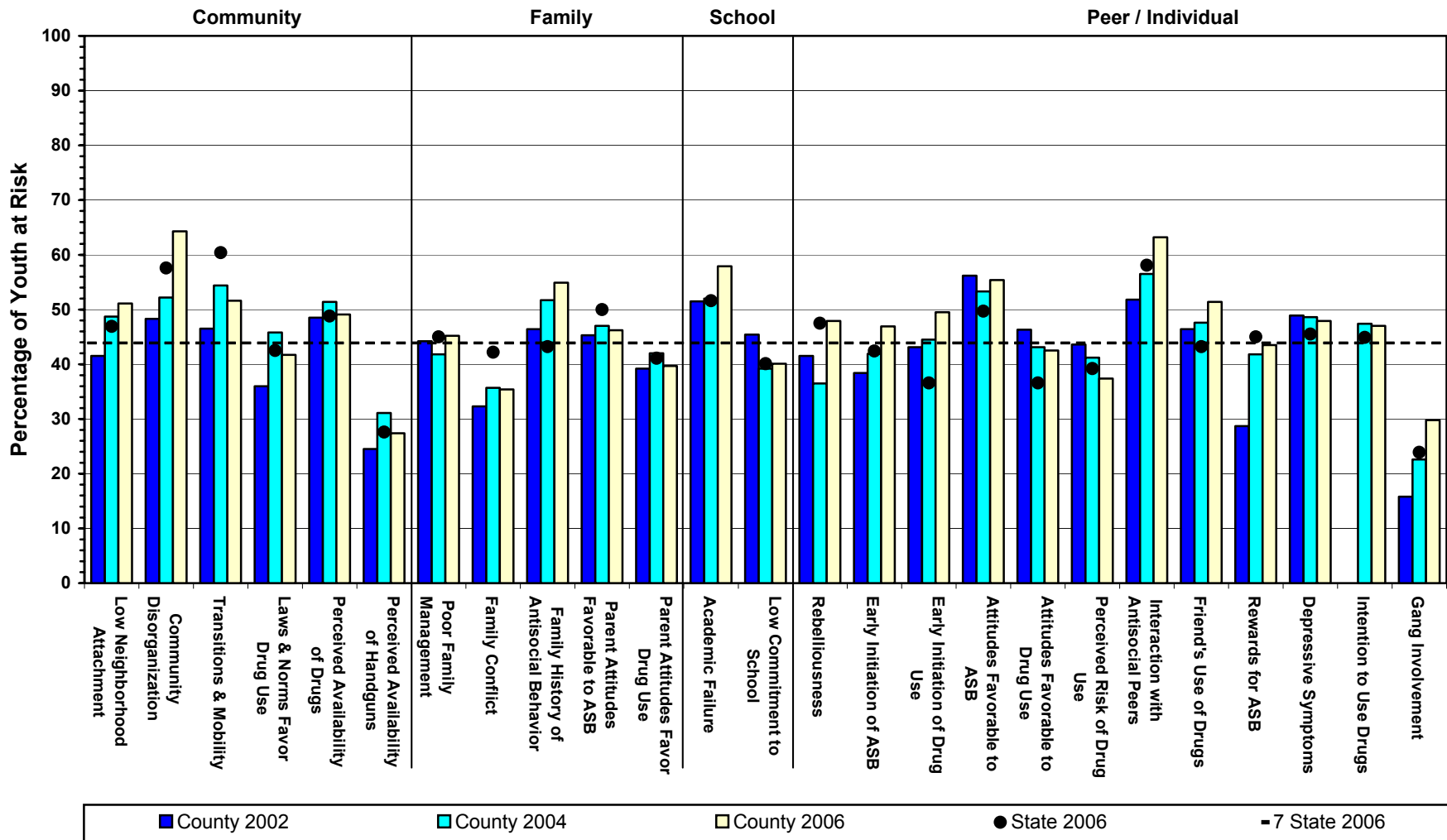
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Coconino County Student Survey, Grade 10



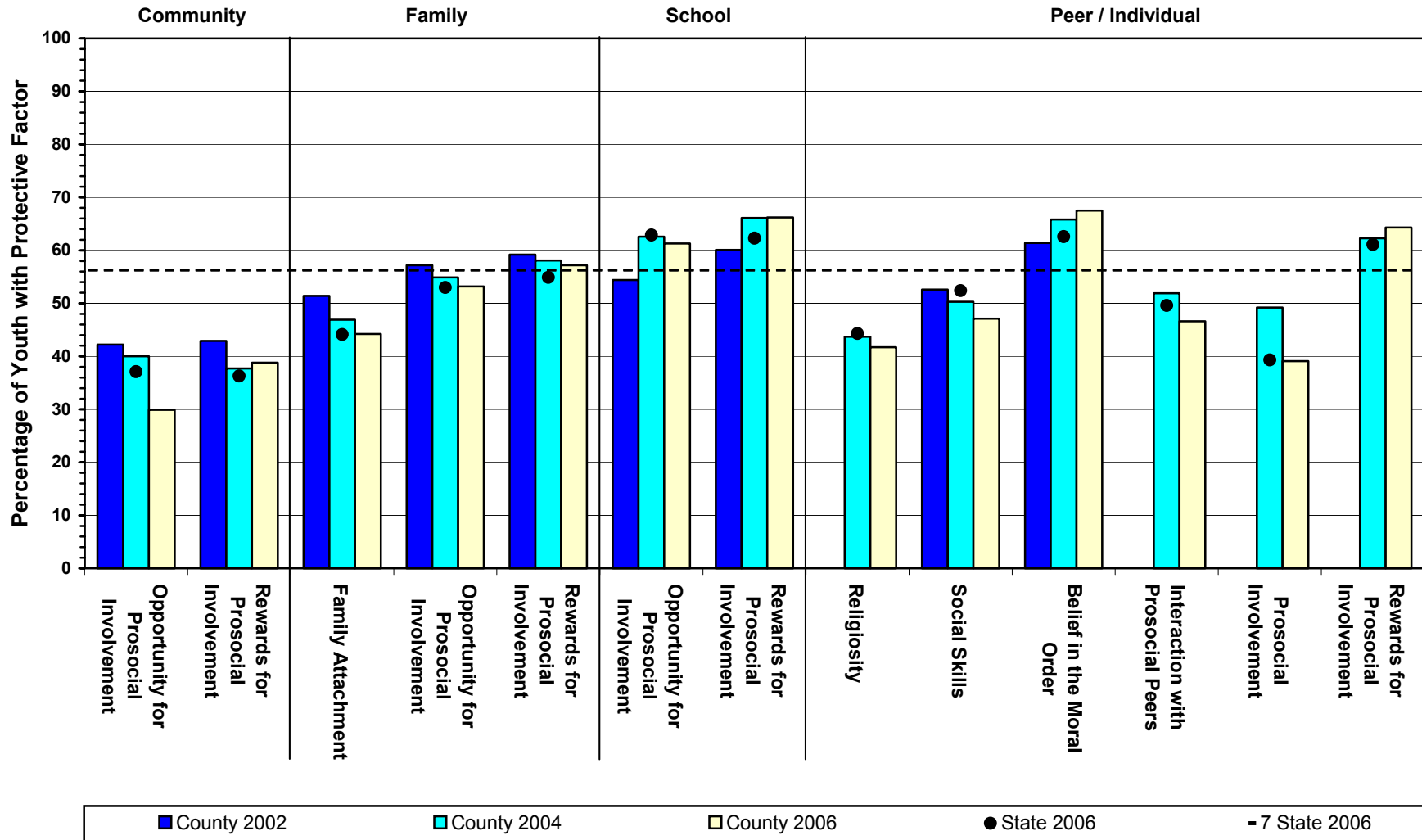
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Coconino County Student Survey, Grade 10

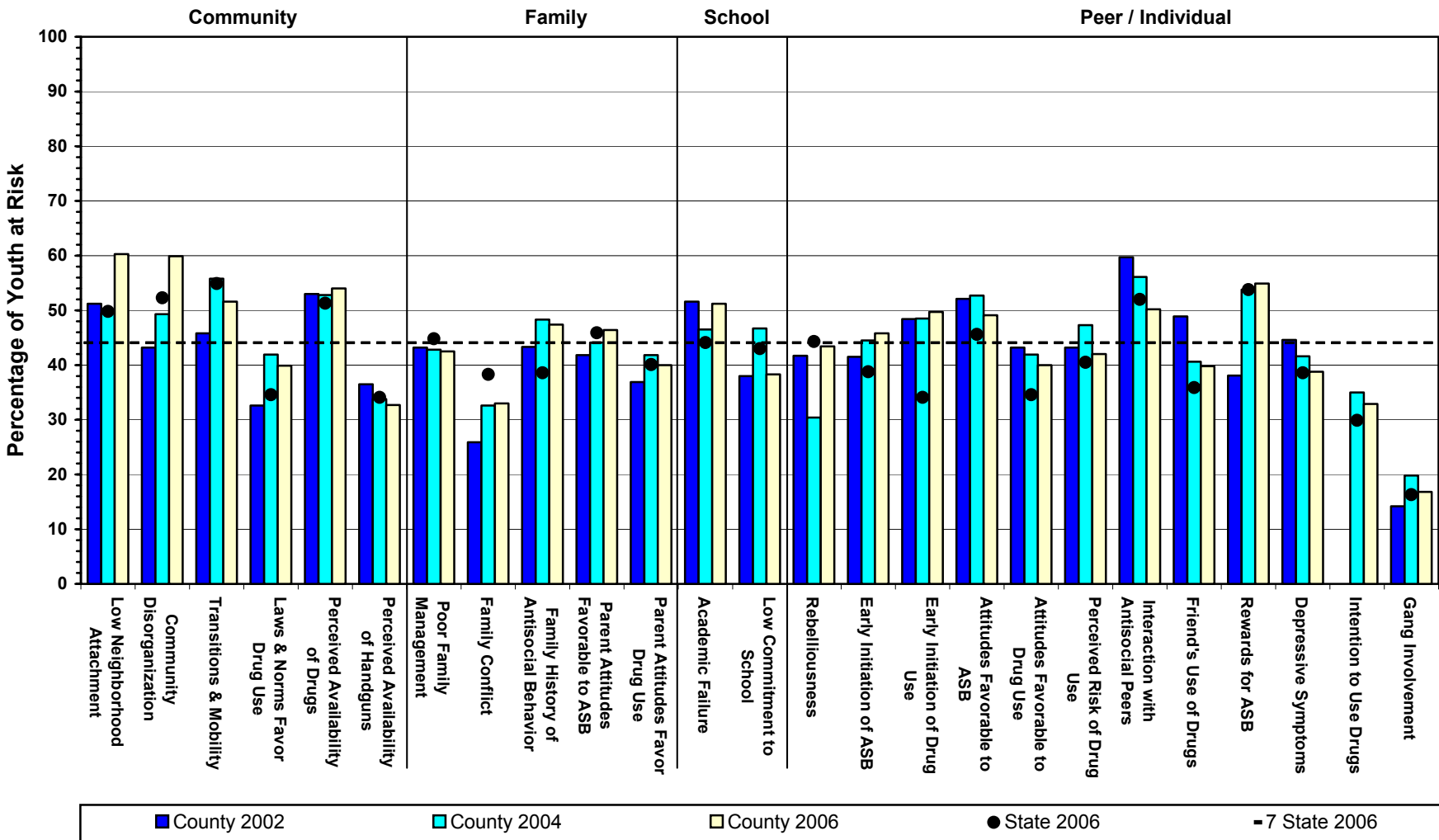


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Coconino County Student Survey, Grade 12



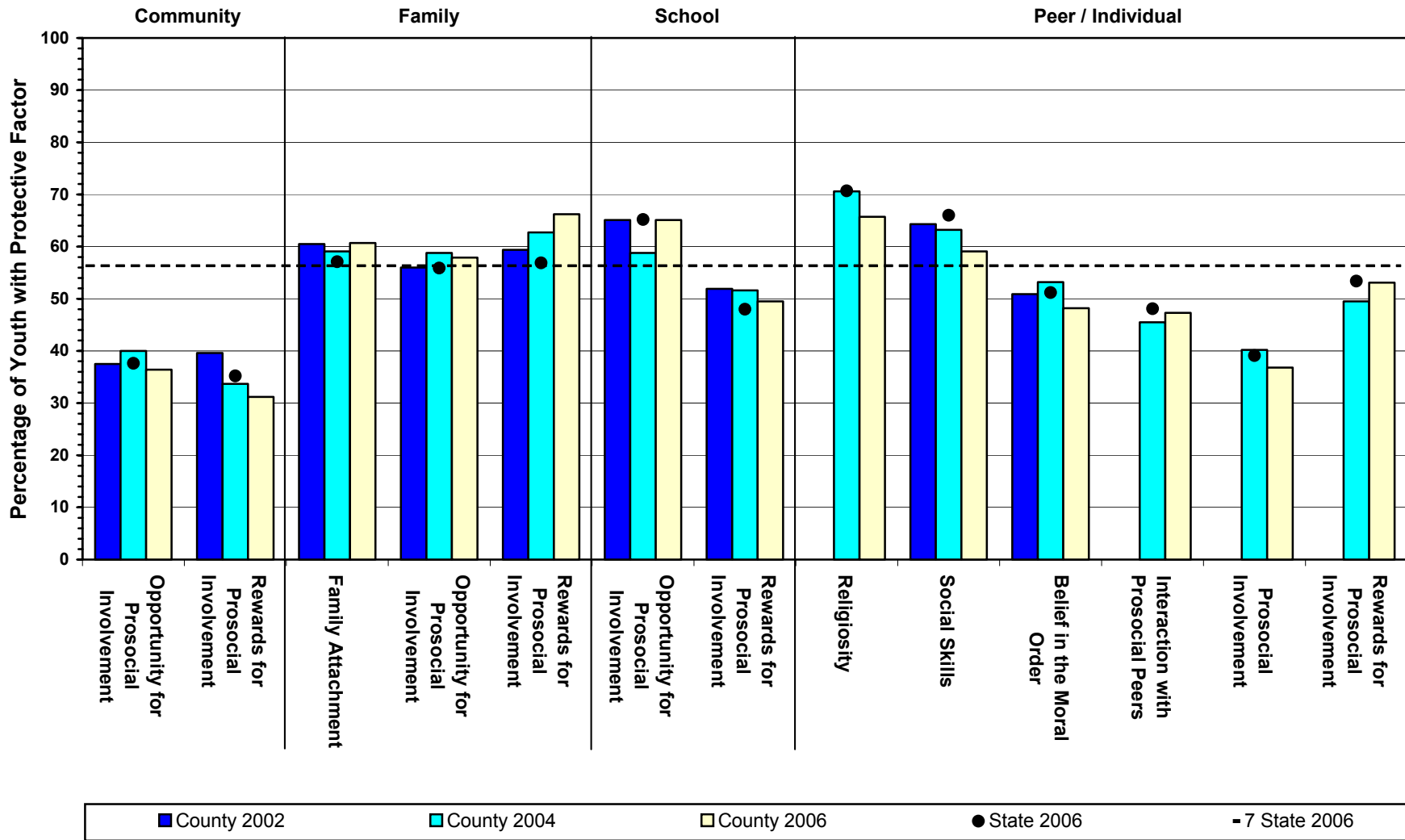
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

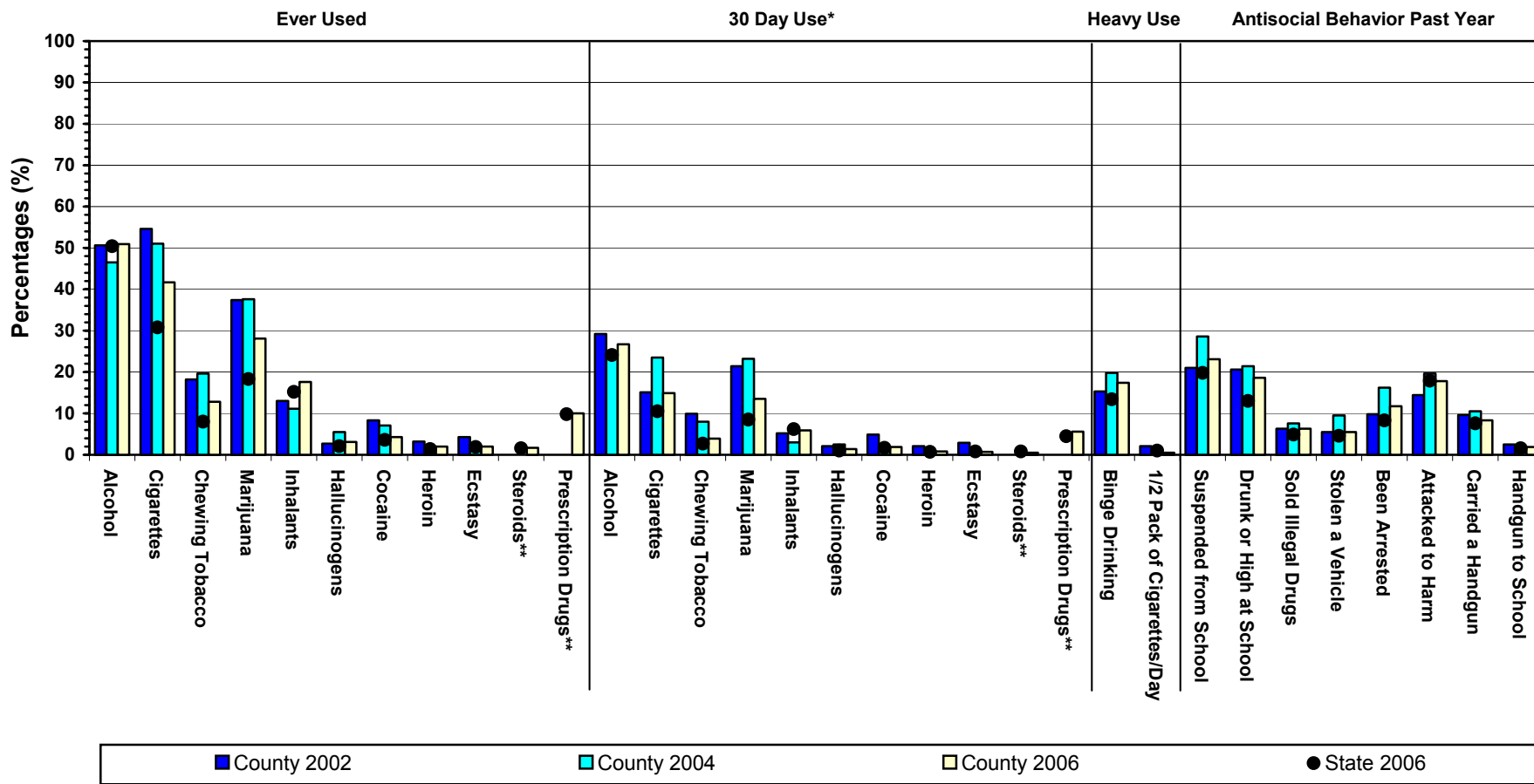
2006 Coconino County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Coconino County Student Survey, Grade 8



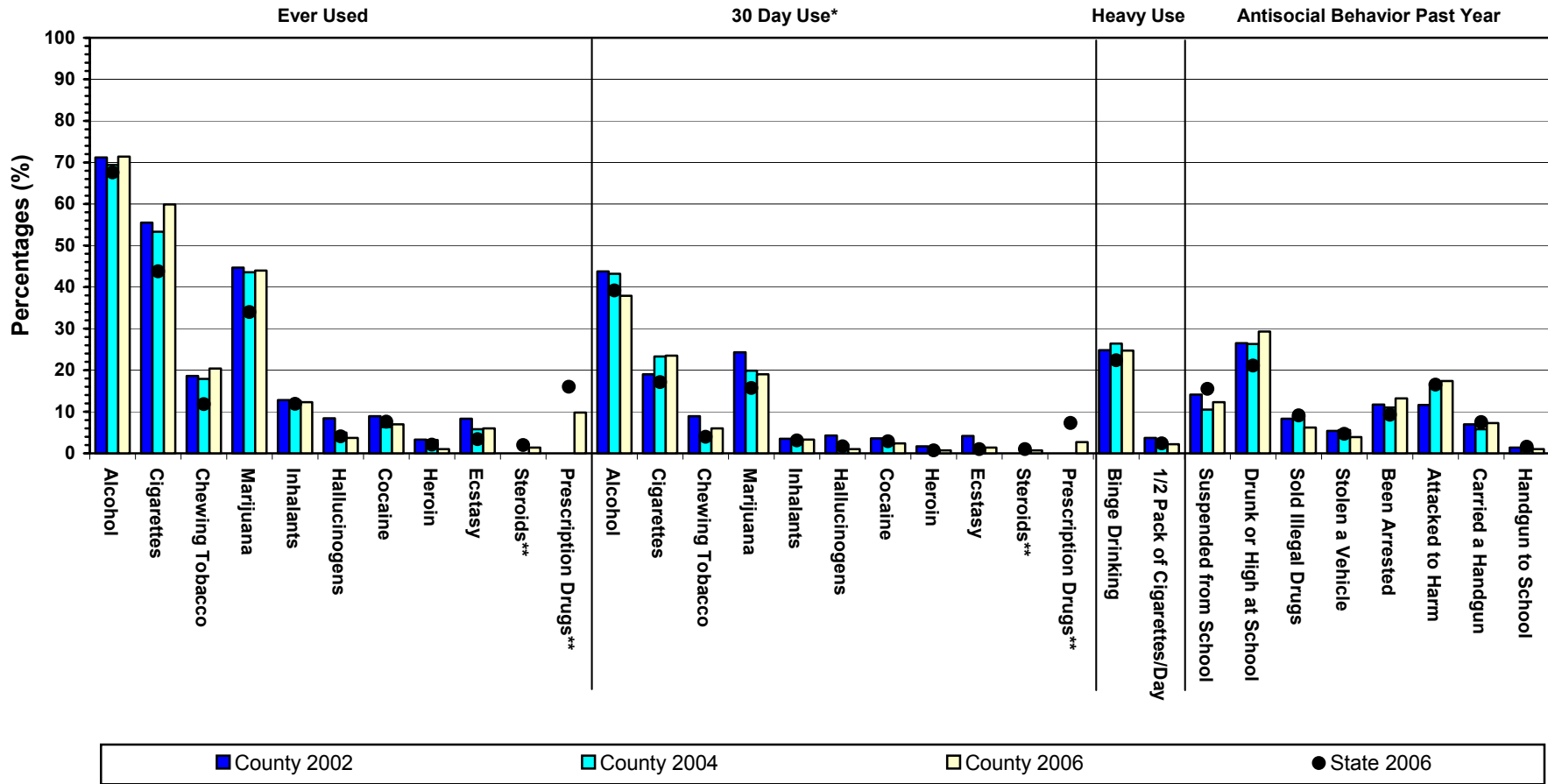
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Coconino County Student Survey, Grade 10



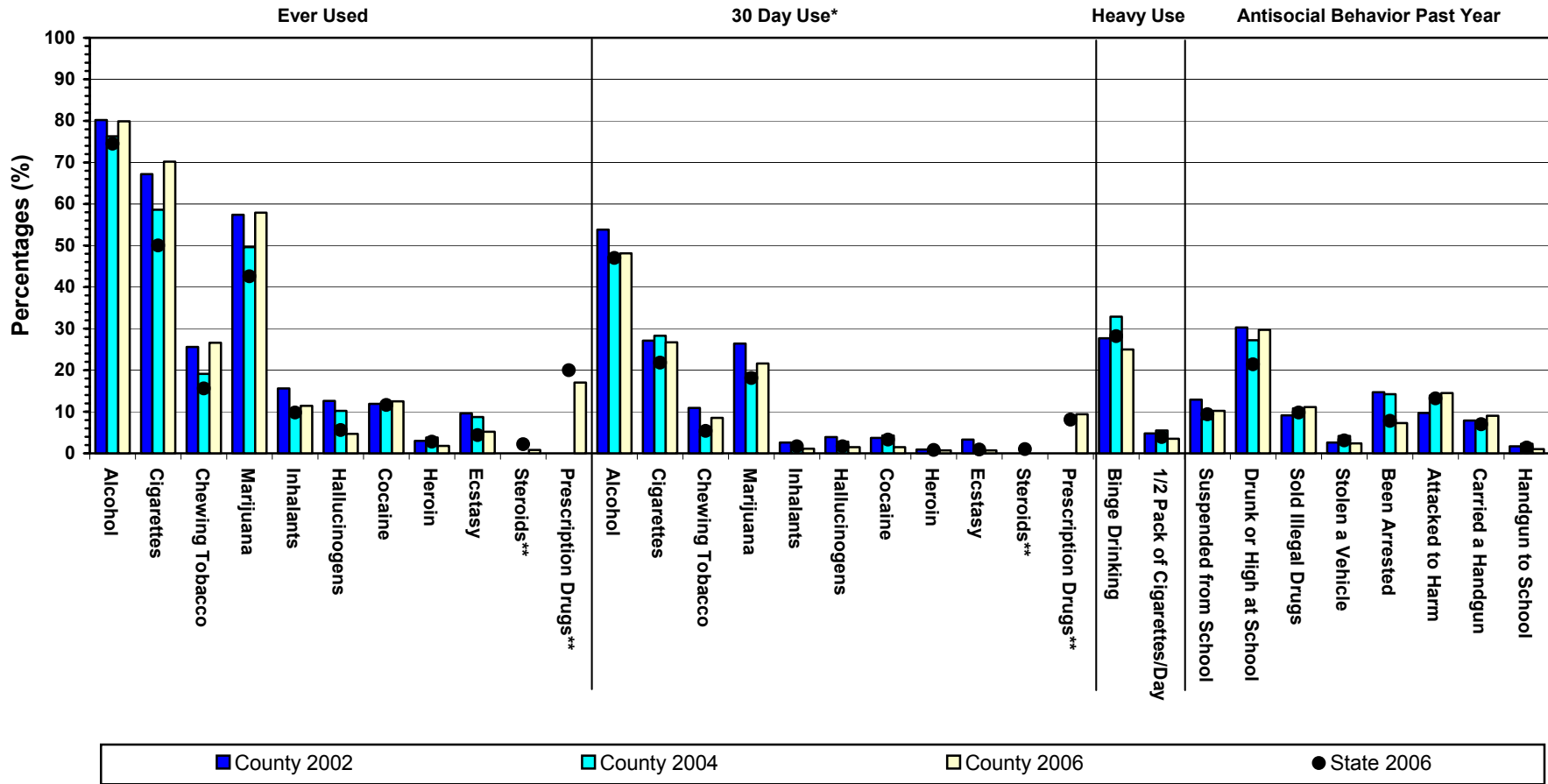
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

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ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Coconino County Student Survey, Grade 12



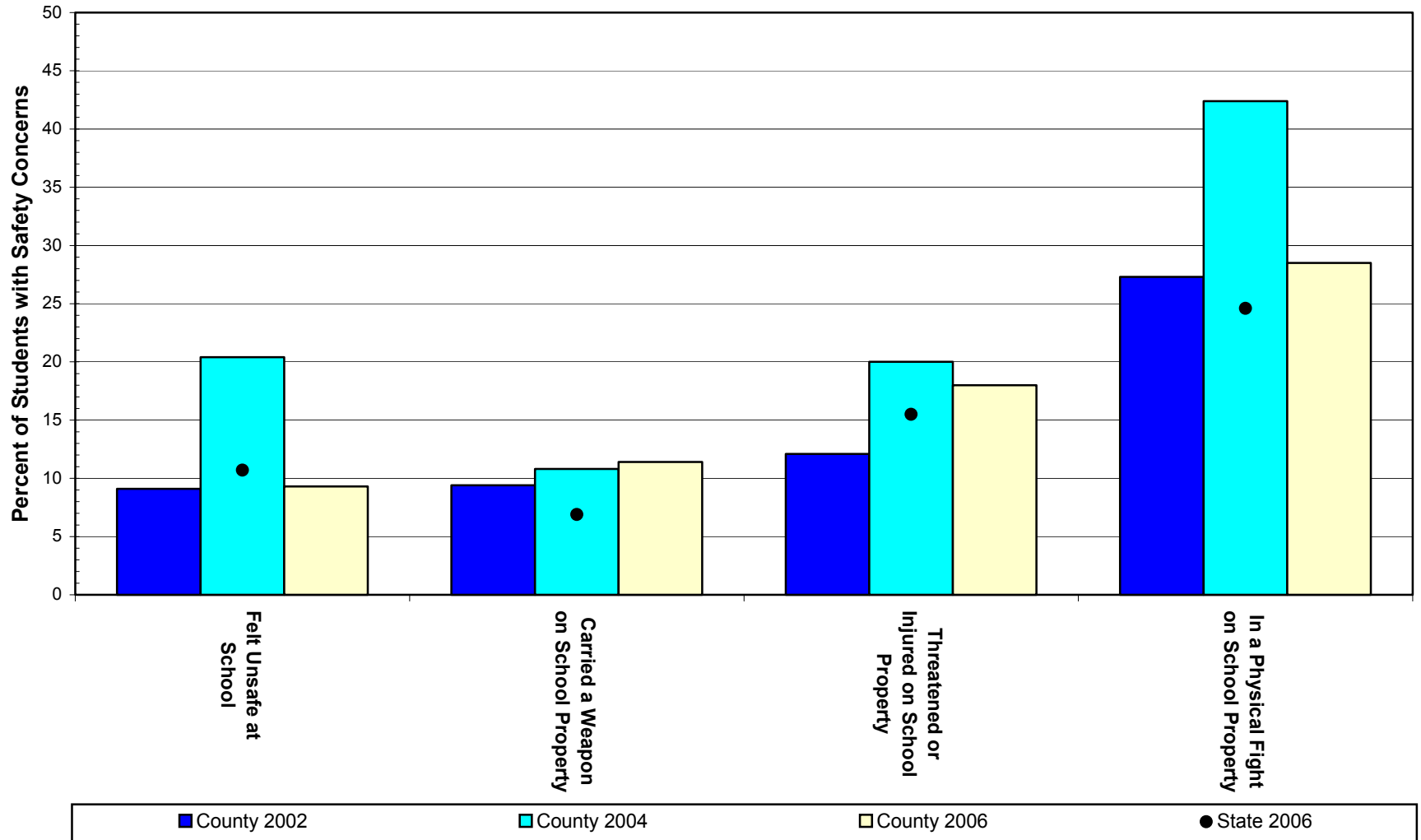
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

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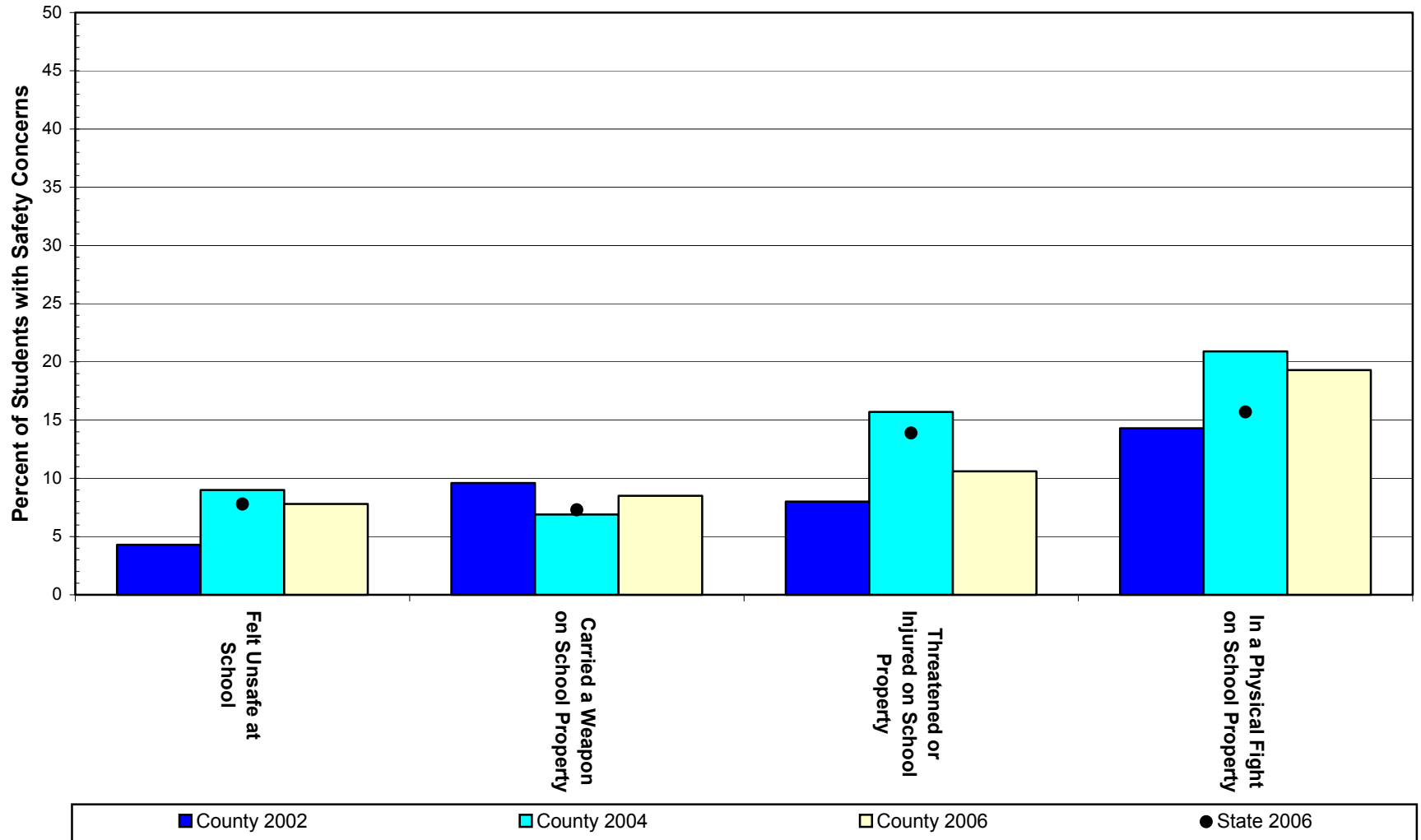
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Coconino County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Coconino County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Coconino County Student Survey, Grade 12

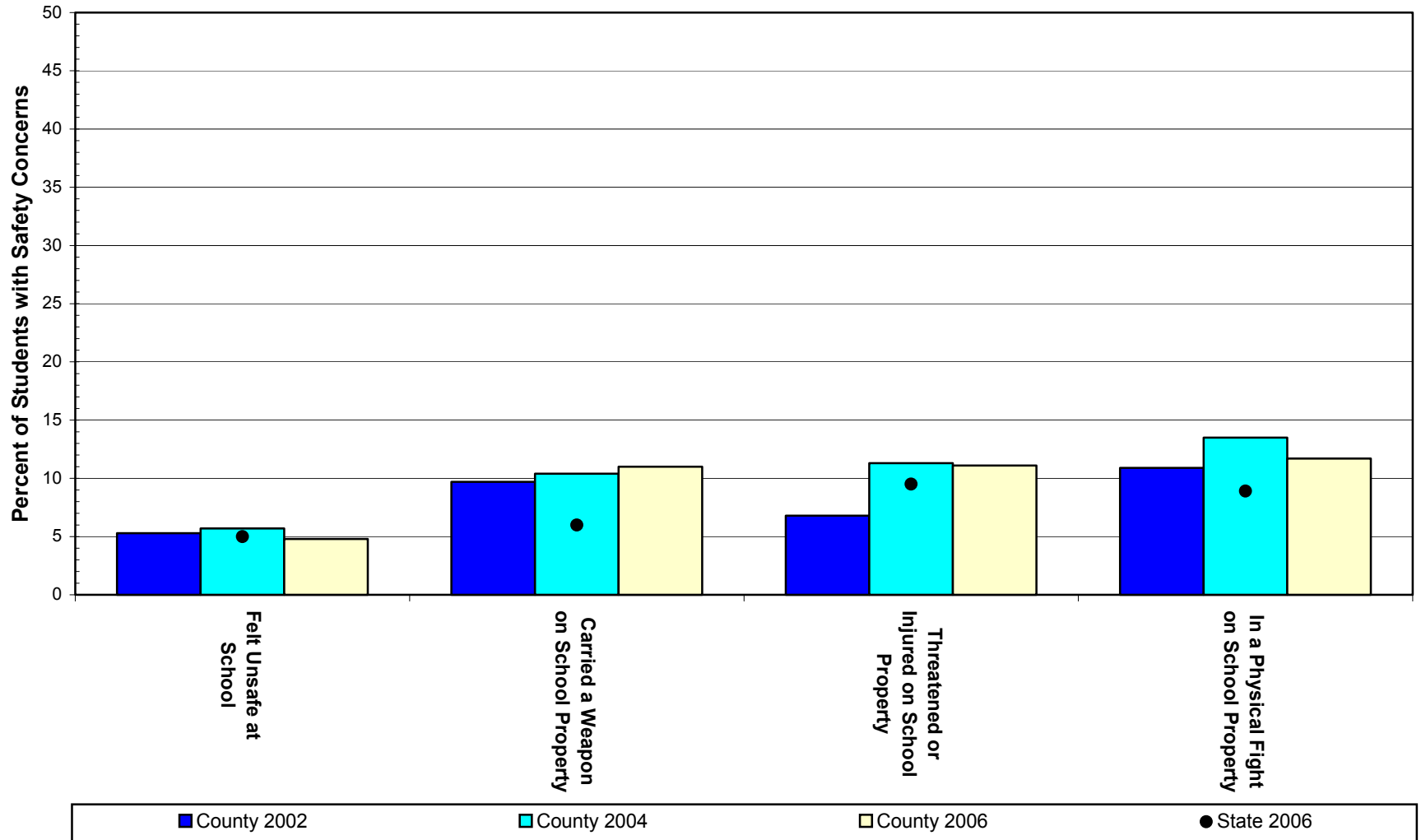


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	412	200	470	26872	717	595	337	19581	472	430	300	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	50.6	46.5	50.9	50.4	71.2	69.4	71.4	67.6	80.2	76.3	79.9	74.5
Cigarettes	54.6	51.0	41.7	30.8	55.5	53.3	59.9	43.8	67.2	58.6	70.2	50.0
Chewing Tobacco	18.2	19.6	12.8	8.0	18.6	17.9	20.4	11.8	25.6	19.1	26.6	15.6
Marijuana	37.4	37.6	28.1	18.3	44.7	43.6	44.0	34.0	57.4	49.6	57.9	42.6
Inhalants	13.0	11.1	17.6	15.2	12.8	12.6	12.3	11.9	15.6	10.1	11.4	9.8
Hallucinogens	2.7	5.5	3.1	2.1	8.4	5.0	3.7	4.1	12.6	10.2	4.7	5.6
Cocaine	8.3	7.1	4.3	3.6	8.9	6.3	7.0	7.6	11.9	11.8	12.5	11.6
Methamphetamines [2002] ¹	4.5	n/a	n/a	n/a	6.4	n/a	n/a	n/a	8.6	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	3.4	2.6	n/a	n/a	8.3	5.0	n/a	n/a	9.4	6.6
Stimulants [2004] ³	n/a	6.1	n/a	n/a	n/a	6.5	n/a	n/a	n/a	11.5	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	4.9	3.4	n/a	n/a	2.7	7.1	n/a	n/a	7.7	8.5
Heroin	3.2	0.5	2.0	1.4	3.3	3.2	1.0	2.1	3.0	3.8	1.8	2.8
Sedatives [2002] ⁵	1.5	n/a	n/a	n/a	3.6	n/a	n/a	n/a	5.4	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	10.1	8.8	10.0	n/a	19.2	10.2	14.3	n/a	23.2	18.1	17.4
Ecstasy	4.3	2.1	2.0	1.9	8.3	5.8	6.0	3.4	9.6	8.7	5.2	4.4
Steroids	n/a	n/a	1.7	1.6	n/a	n/a	1.4	2.0	n/a	n/a	0.8	2.2
Prescription Drugs	n/a	n/a	10.0	9.8	n/a	n/a	9.8	16.0	n/a	n/a	17.0	20.0
Any Drug	41.7	46.1	42.4	36.2	48.3	52.6	59.9	47.0	58.1	56.7	65.6	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	29.2	24.5	26.7	24.1	43.8	43.2	37.9	39.2	53.8	47.3	48.1	47.0
Cigarettes	15.1	23.5	14.9	10.5	19.0	23.3	23.5	17.1	27.1	28.3	26.7	21.8
Chewing Tobacco	9.9	8.0	3.9	2.7	8.9	4.8	6.0	4.0	10.9	5.2	8.5	5.4
Marijuana	21.4	23.2	13.5	8.5	24.3	19.9	19.0	15.7	26.4	19.3	21.6	18.1
Inhalants	5.2	3.0	5.9	6.2	3.5	2.7	3.3	3.1	2.6	0.9	1.1	1.7
Hallucinogens	2.1	2.5	1.4	1.0	4.3	2.2	1.0	1.7	3.9	2.8	1.5	1.7
Cocaine	4.9	1.5	1.9	1.7	3.6	2.6	2.4	2.9	3.7	4.3	1.5	3.3
Methamphetamines [2002] ¹	1.0	n/a	n/a	n/a	2.7	n/a	n/a	n/a	2.0	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	1.0	1.0	n/a	n/a	1.4	1.7	n/a	n/a	1.1	1.4
Stimulants [2004] ³	n/a	2.0	n/a	n/a	n/a	2.2	n/a	n/a	n/a	4.2	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	2.6	1.5	n/a	n/a	0.7	2.9	n/a	n/a	3.3	2.6
Heroin	2.1	0.0	0.8	0.7	1.7	0.9	0.7	0.7	0.9	1.0	0.7	0.8
Sedatives [2002] ⁵	0.8	n/a	n/a	n/a	2.0	n/a	n/a	n/a	1.6	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	3.6	4.9	4.5	n/a	10.6	2.1	6.6	n/a	10.8	8.5	7.1
Ecstasy	2.9	1.0	0.7	0.8	4.2	0.7	1.4	1.0	3.3	0.7	0.7	0.9
Steroids	n/a	n/a	0.5	0.8	n/a	n/a	0.7	1.0	n/a	n/a	0.0	1.0
Prescription Drugs	n/a	n/a	5.6	4.5	n/a	n/a	2.7	7.3	n/a	n/a	9.4	8.1
Any Drug	26.4	27.1	24.3	19.7	27.7	28.1	28.7	25.6	29.3	28.2	29.2	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	15.3	19.8	17.4	13.4	24.8	26.4	24.7	22.4	27.7	32.9	25.0	28.2
1/2 Pack of Cigarettes/Day	2.1	0.0	0.5	1.0	3.7	2.2	2.2	2.4	4.8	5.5	3.5	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	21.0	28.6	23.1	19.8	14.1	10.5	12.3	15.5	12.9	8.2	10.2	9.4
Drunk or High at School	20.6	21.4	18.6	13.0	26.5	26.3	29.3	21.1	30.3	27.2	29.7	21.4
Sold Illegal Drugs	6.3	7.6	6.3	4.9	8.3	8.9	6.2	9.1	9.1	10.8	11.1	9.8
Stolen a Vehicle	5.5	9.5	5.5	4.6	5.4	5.6	3.9	4.7	2.6	4.2	2.4	3.1
Been Arrested	9.8	16.2	11.7	8.3	11.7	11.0	13.2	9.3	14.7	14.2	7.3	7.8
Attacked to Harm	14.4	19.6	17.8	17.9	11.6	16.8	17.4	16.5	9.7	13.9	14.5	13.2
Carried a Handgun	9.6	10.5	8.3	7.6	7.0	5.8	7.3	7.5	7.9	6.3	9.0	7.0
Handgun to School	2.5	1.5	1.9	1.6	1.4	1.5	1.0	1.6	1.7	2.3	1.0	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	32.7	33.0	40.7	38.2	42.2	40.0	29.9	37.1	37.5	40.0	36.4	37.6
Rewards for Prosocial Involvement	35.4	32.3	28.9	30.4	42.9	37.7	38.8	36.3	39.6	33.7	31.2	35.2
Family Domain												
Family Attachment	56.3	43.4	53.0	48.7	51.4	46.9	44.2	44.1	60.5	59.1	60.7	57.1
Opportunity for Prosocial Involvement	63.4	55.1	58.2	57.4	57.2	54.9	53.2	53.0	56.0	58.8	57.9	55.9
Rewards for Prosocial Involvement	62.9	54.3	65.9	60.6	59.2	58.1	57.2	54.9	59.4	62.7	66.2	56.9
School Domain												
Opportunity for Prosocial Involvement	55.8	54.8	67.2	59.1	54.4	62.6	61.3	62.9	65.1	58.8	65.1	65.2
Rewards for Prosocial Involvement	49.6	46.0	57.5	50.7	60.1	66.1	66.2	62.3	51.9	51.6	49.5	48.0
Peer-Individual Domain												
Religiosity	*	30.8	41.9	46.2	*	43.7	41.7	44.3	*	70.6	65.7	70.7
Social Skills	56.2	55.1	57.3	58.3	52.6	50.3	47.1	52.4	64.3	63.2	59.1	66.0
Belief in the Moral Order	56.3	56.1	59.5	54.3	61.4	65.8	67.5	62.6	50.9	53.2	48.2	51.2
Interaction with Prosocial Peers	*	34.7	45.5	46.1	*	51.9	46.6	49.6	*	45.5	47.3	48.1
Prosocial Involvement	*	30.3	37.1	37.7	*	49.2	39.1	39.3	*	40.2	36.8	39.1
Rewards for Prosocial Involvement	*	62.4	62.4	58.8	*	62.3	64.3	61.1	*	49.5	53.1	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	42.7	44.3	38.1	40.7	41.5	48.7	51.1	46.9	51.2	49.5	60.3	49.8
Community Disorganization	42.5	59.3	44.1	48.2	48.3	52.2	64.3	57.6	43.2	49.3	59.9	52.3
Transitions & Mobility	39.1	47.9	50.7	53.7	46.5	54.4	51.6	60.4	45.8	55.8	51.6	54.9
Laws & Norms Favor Drug Use	34.7	41.1	37.2	37.8	36.0	45.8	41.7	42.5	32.6	41.9	39.9	34.6
Perceived Availability of Drugs	38.3	41.0	42.4	38.1	48.5	51.4	49.1	48.8	53.0	52.8	54.0	51.3
Perceived Availability of Handguns	34.8	41.3	39.6	37.0	24.5	31.1	27.4	27.6	36.5	33.8	32.7	34.1
Family Domain												
Poor Family Management	42.6	55.9	48.7	47.9	44.2	41.8	45.2	45.0	43.2	42.8	42.5	44.8
Family Conflict	38.8	51.1	44.6	52.2	32.3	35.7	35.4	42.2	25.9	32.6	33.0	38.3
Family History of Antisocial Behavior	48.7	66.3	46.9	42.7	46.4	51.7	54.9	43.2	43.3	48.3	47.4	38.6
Parent Attitudes Favorable to ASB	43.5	42.9	53.5	48.5	45.3	47.0	46.2	50.0	41.8	44.1	46.4	45.9
Parent Attitudes Favor Drug Use	21.4	25.4	33.2	29.1	39.2	42.0	39.7	41.1	36.9	41.8	40.0	40.1
School Domain												
Academic Failure	56.2	71.8	52.6	48.6	51.5	52.0	57.9	51.6	51.6	46.5	51.2	44.1
Low Commitment to School	35.5	40.9	39.0	41.1	45.4	39.2	40.1	40.1	38.0	46.7	38.3	43.0
Peer-Individual Domain												
Rebelliousness	36.2	35.0	38.0	43.8	41.5	36.5	47.9	47.5	41.7	30.4	43.4	44.3
Early Initiation of ASB	35.8	51.5	44.4	40.2	38.4	41.9	46.9	42.4	41.5	44.5	45.8	38.8
Early Initiation of Drug Use	45.9	51.6	41.3	35.2	43.1	44.5	49.5	36.6	48.4	48.5	49.7	34.1
Attitudes Favorable to ASB	43.4	46.0	45.7	46.2	56.2	53.3	55.4	49.7	52.1	52.7	49.1	45.6
Attitudes Favorable to Drug Use	35.3	31.5	35.3	32.4	46.3	43.1	42.5	36.6	43.2	41.9	40.0	34.6
Perceived Risk of Drug Use	52.6	51.3	44.5	45.4	43.6	41.2	37.4	39.2	43.2	47.3	42.0	40.5
Interaction with Antisocial Peers	53.1	79.7	61.9	58.4	51.8	56.5	63.2	58.1	59.7	56.1	50.2	52.0
Friend's Use of Drugs	48.0	59.4	48.8	41.3	46.4	47.6	51.4	43.2	48.9	40.6	39.8	35.9
Rewards for ASB	38.9	45.6	49.2	48.7	28.7	41.8	43.5	45.0	38.1	53.8	54.9	53.8
Depressive Symptoms	54.4	68.4	45.1	45.7	48.9	48.6	47.9	45.5	44.6	41.6	38.8	38.6
Intention to Use Drugs	*	44.6	39.2	36.5	*	47.4	47.0	44.9	*	35.0	32.9	29.9
Gang Involvement	25.4	41.2	29.5	26.3	15.8	22.6	29.8	23.9	14.2	19.8	16.8	16.3
* Not available, scale not included in 2002 survey												

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	90.6	89.2	88.6	93.1	90.4	93.1	91.5	92.7	90.3	89.6	89.0	94.0
	1 day	3.0	7.2	3.4	3.1	1.8	3.2	1.6	2.4	1.1	2.1	1.4	1.4
	2-3 days	4.2	1.5	2.9	1.6	2.0	1.5	2.8	1.5	1.9	1.4	1.7	0.9
	4-5 days	0.2	0.5	1.3	0.6	0.7	0.5	1.3	0.7	0.6	0.5	1.0	0.6
	6 or more days	2.0	1.5	3.8	1.6	5.1	1.7	2.8	2.7	6.1	6.4	6.9	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	90.9	79.6	90.7	89.3	95.7	91.0	92.2	92.2	94.7	94.3	95.2	95.0
	1 day	3.9	12.2	4.7	6.0	1.4	5.1	2.8	4.1	2.8	3.1	2.8	2.6
	2-3 days	1.7	4.6	2.2	2.8	1.3	1.2	3.1	2.1	0.8	0.7	1.0	1.2
	4-5 days	1.5	1.5	1.1	0.7	0.3	1.4	0.3	0.5	0.2	0.9	1.0	0.4
	6 or more days	2.0	2.0	1.3	1.2	1.4	1.4	1.6	1.1	1.5	0.9	0.0	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	87.9	80.0	82.0	84.5	92.0	84.3	89.4	86.1	93.2	88.7	88.9	90.5
	1 time	5.2	8.2	8.8	7.7	3.2	7.6	5.0	6.7	2.3	5.2	4.2	4.4
	2-3 times	4.0	7.2	3.9	4.2	2.4	4.4	3.4	3.9	1.7	3.3	4.8	3.0
	4-5 times	1.5	2.6	3.1	1.3	0.6	1.2	1.2	1.2	0.8	0.9	1.0	0.6
	6-7 times	0.7	0.5	0.4	0.5	0.3	0.7	0.0	0.5	0.4	1.2	0.3	0.3
	8-9 times	0.2	0.0	0.2	0.3	0.1	0.5	0.3	0.3	0.4	0.0	0.0	0.3
	10-11 times	0.0	0.5	0.0	0.3	0.0	0.2	0.3	0.2	0.0	0.2	0.0	0.2
	12 or more times	0.5	1.0	1.5	1.2	1.4	1.2	0.3	1.3	1.1	0.5	0.7	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	72.7	57.6	71.5	75.4	85.7	79.1	80.7	84.3	89.1	86.5	88.3	91.1
	1 time	14.4	18.2	12.8	13.1	7.3	12.2	10.9	8.9	6.4	6.4	6.9	5.5
	2-3 times	7.5	15.7	10.4	7.1	3.9	4.9	5.9	4.4	2.3	3.3	3.4	2.1
	4-5 times	1.7	4.0	2.0	2.1	1.7	1.5	0.6	1.0	0.4	1.9	0.0	0.4
	6-7 times	1.7	2.5	0.4	0.6	0.3	1.0	0.3	0.2	0.4	0.2	0.0	0.1
	8-9 times	0.7	0.0	0.9	0.4	0.0	0.3	0.6	0.3	0.4	0.5	0.0	0.2
	10-11 times	0.0	0.5	0.4	0.3	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1
	12 or more times	1.2	1.5	1.5	1.0	1.1	0.9	0.9	0.7	0.9	1.2	1.4	0.4

Coccolino County

Contacts For Prevention

Regional Prevention Contacts

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

Bill Burnett
Community Partnership of Southern Arizona (CPSA)
520-618-8807

Gila, La Paz, Pinal, and Yuma Counties

Linda Weinberg
Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
928-214-2177

Maricopa County

Juan Aristizabal
ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
520-879-6067

Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

Michelle Neitch/ Phillip Stevenson
602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Gila County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Gila County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Gila County and the State. Because not all students answer all of the questions, the number of students in the

CONTENTS:

Introduction:

- *Demographics*
- *Risk & Protective Framework*

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- *Risk & Protective Factor Profiles*
- *Substance Use & Antisocial Behavior*
- *School Safety*

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	541	100	832	100	831	100	60401	100
Grade								
8	148	27.4	215	25.8	360	43.3	26872	44.5
10	252	46.6	342	41.1	284	34.2	19581	32.4
12	141	26.1	275	33.1	187	22.5	13948	23.1
Gender								
Male	262	49.2	410	50.0	393	48.4	28381	48.2
Female	271	50.8	410	50.0	419	51.6	30505	51.8
Ethnicity								
African American	5	1.0	9	1.2	4	0.5	2592	4.4
American Indian	94	18.2	186	24.4	173	21.3	3394	5.8
Asian	7	1.4	4	0.5	5	0.6	1341	2.3
Hispanic	108	20.9	172	22.6	163	20.0	21376	36.5
Pacific Islander	*	*	6	0.8	2	0.2	457	0.8
White	303	58.6	385	50.5	428	52.6	26761	45.7
Other	n/a	n/a	n/a	n/a	39	4.8	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

Risk Factors
Protective Factors
Substance Use
Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

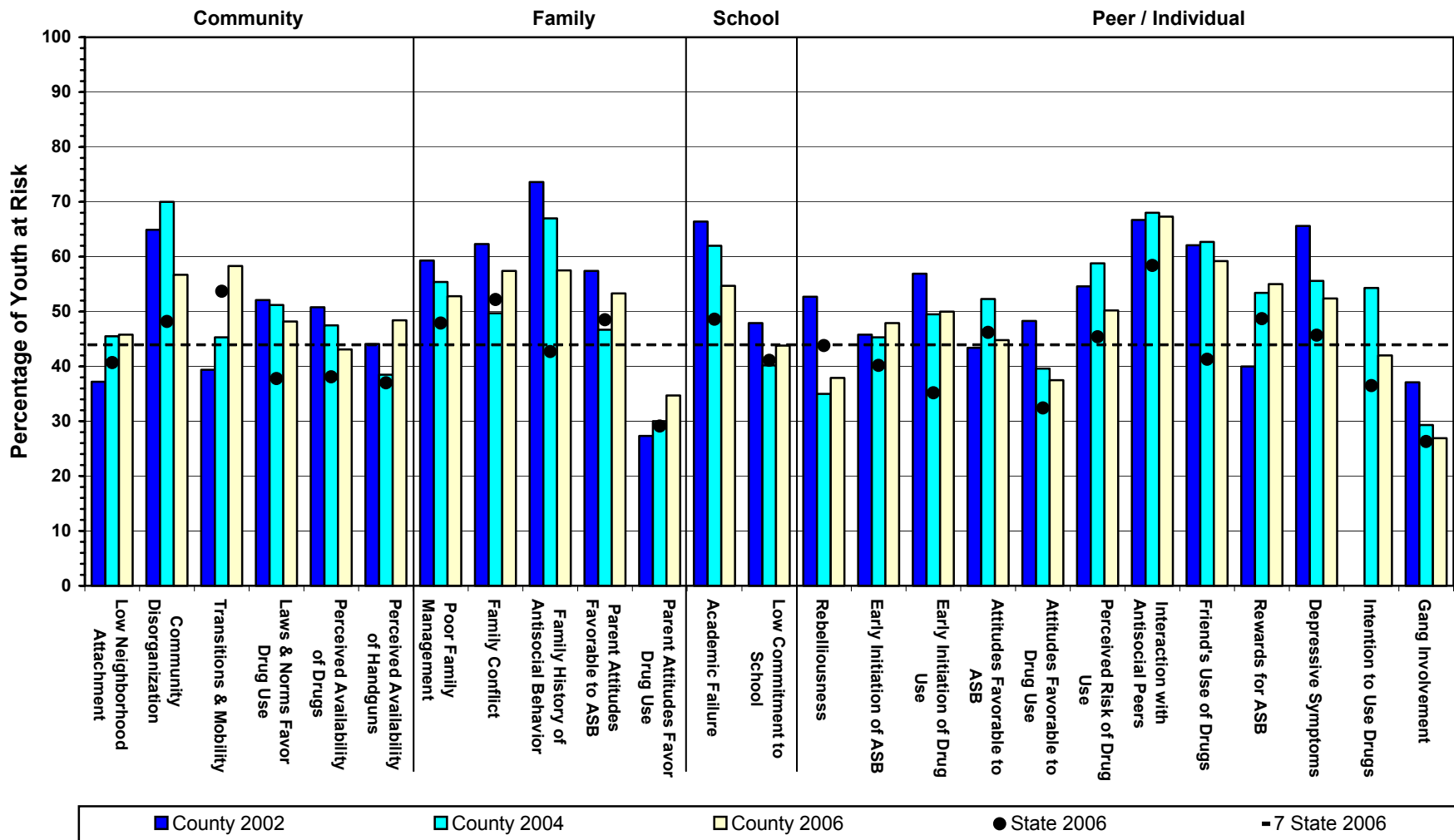
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Gila County Student Survey, Grade 8

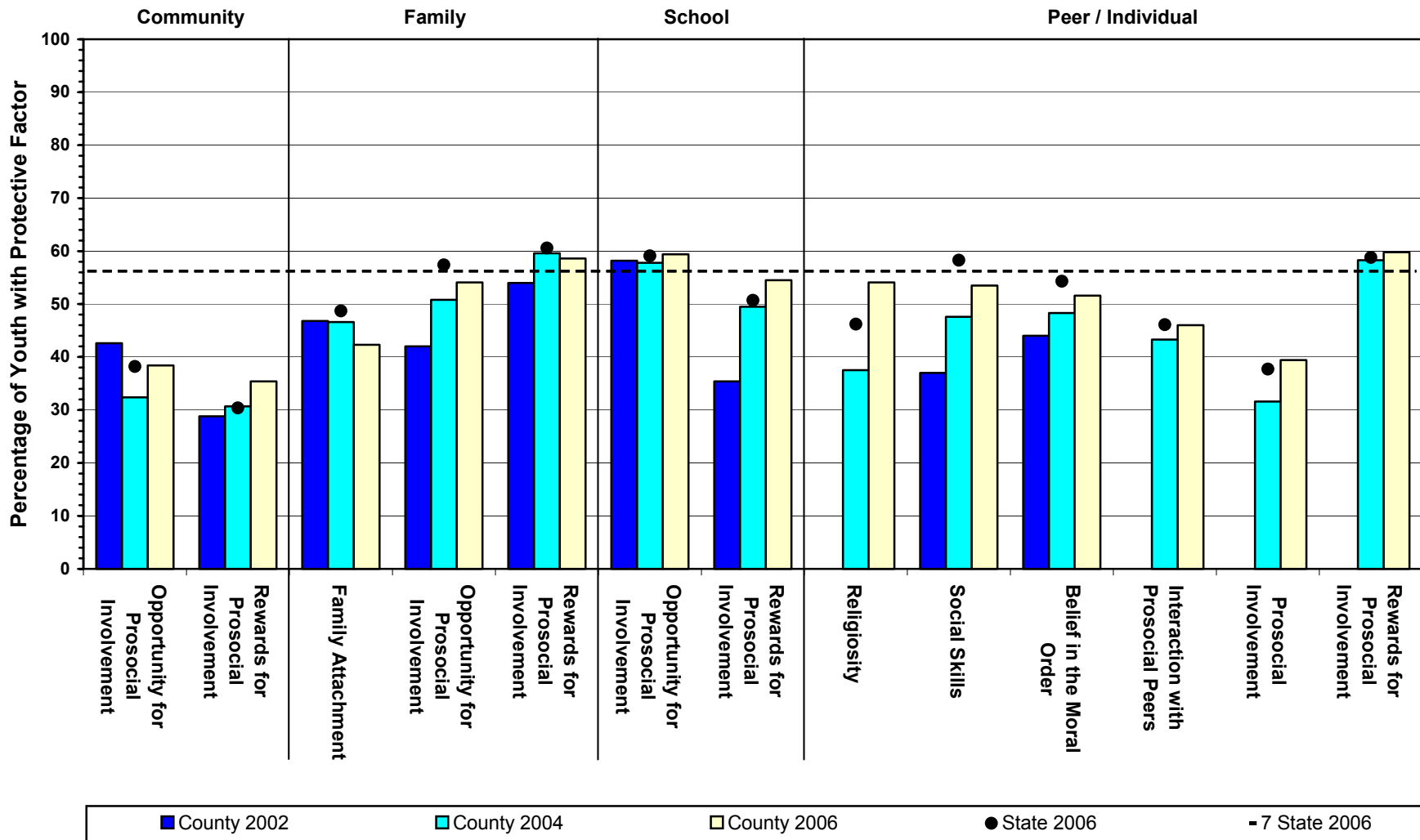


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Gila County Student Survey, Grade 8

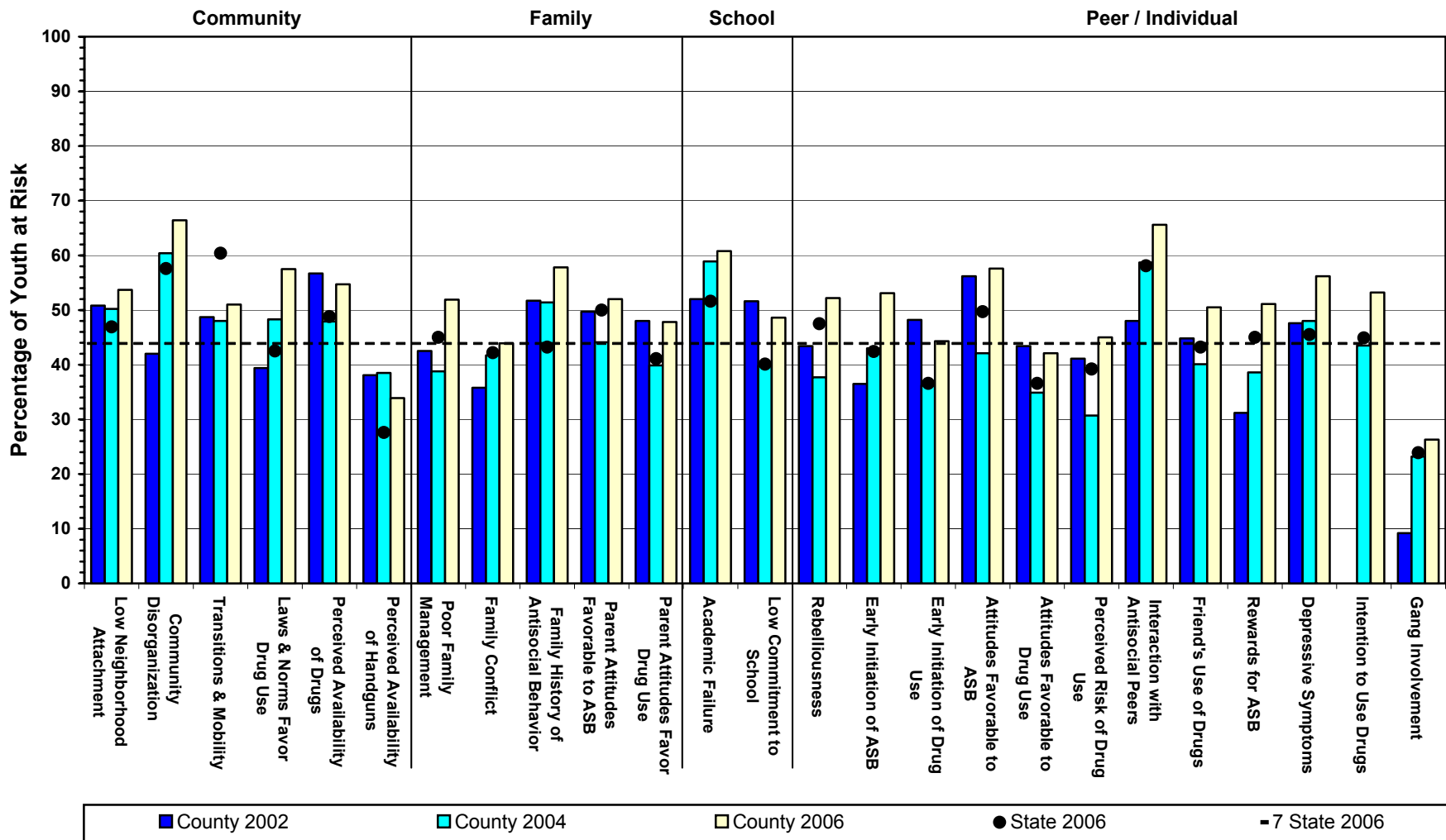


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Gila County Student Survey, Grade 10

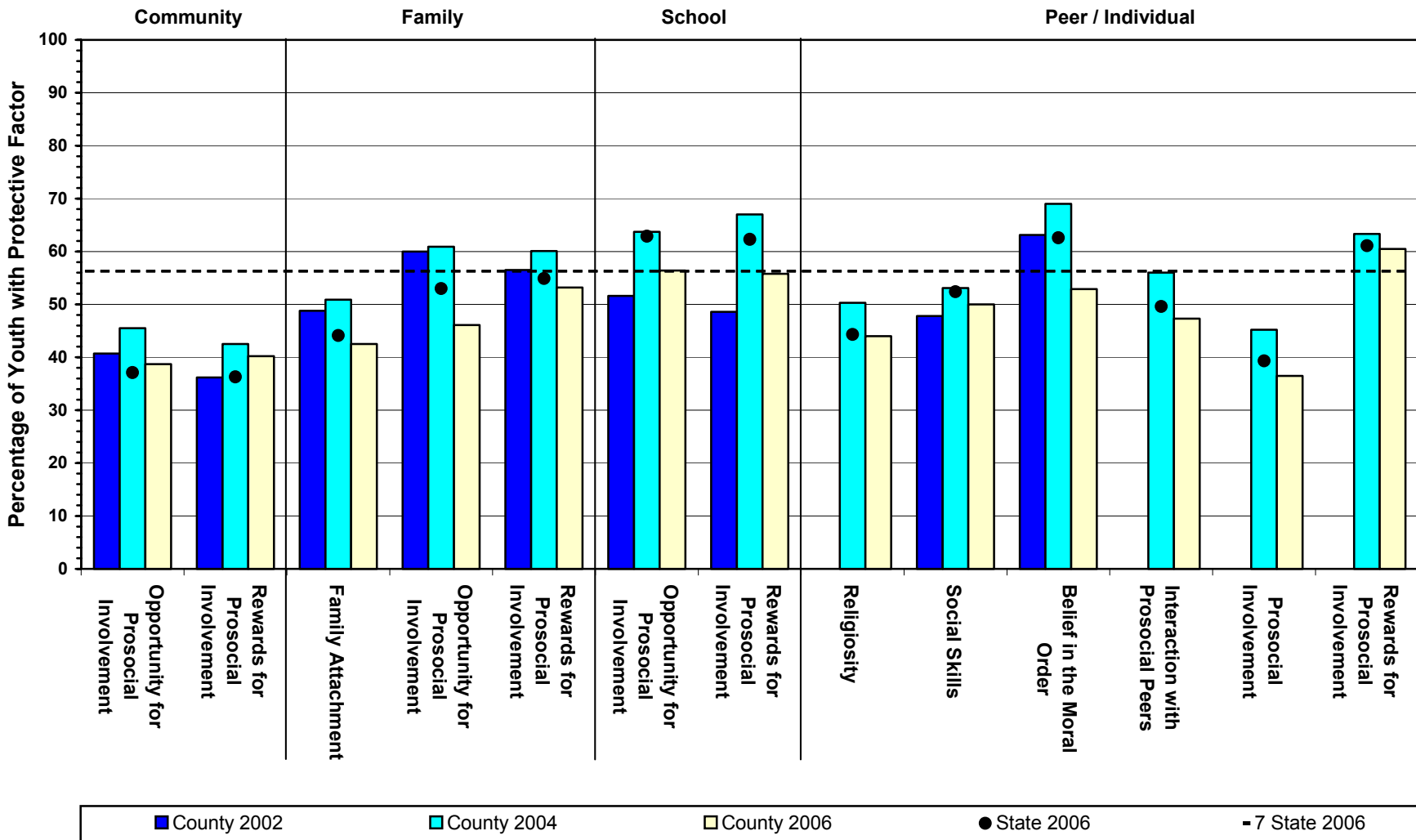


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Gila County Student Survey, Grade 10

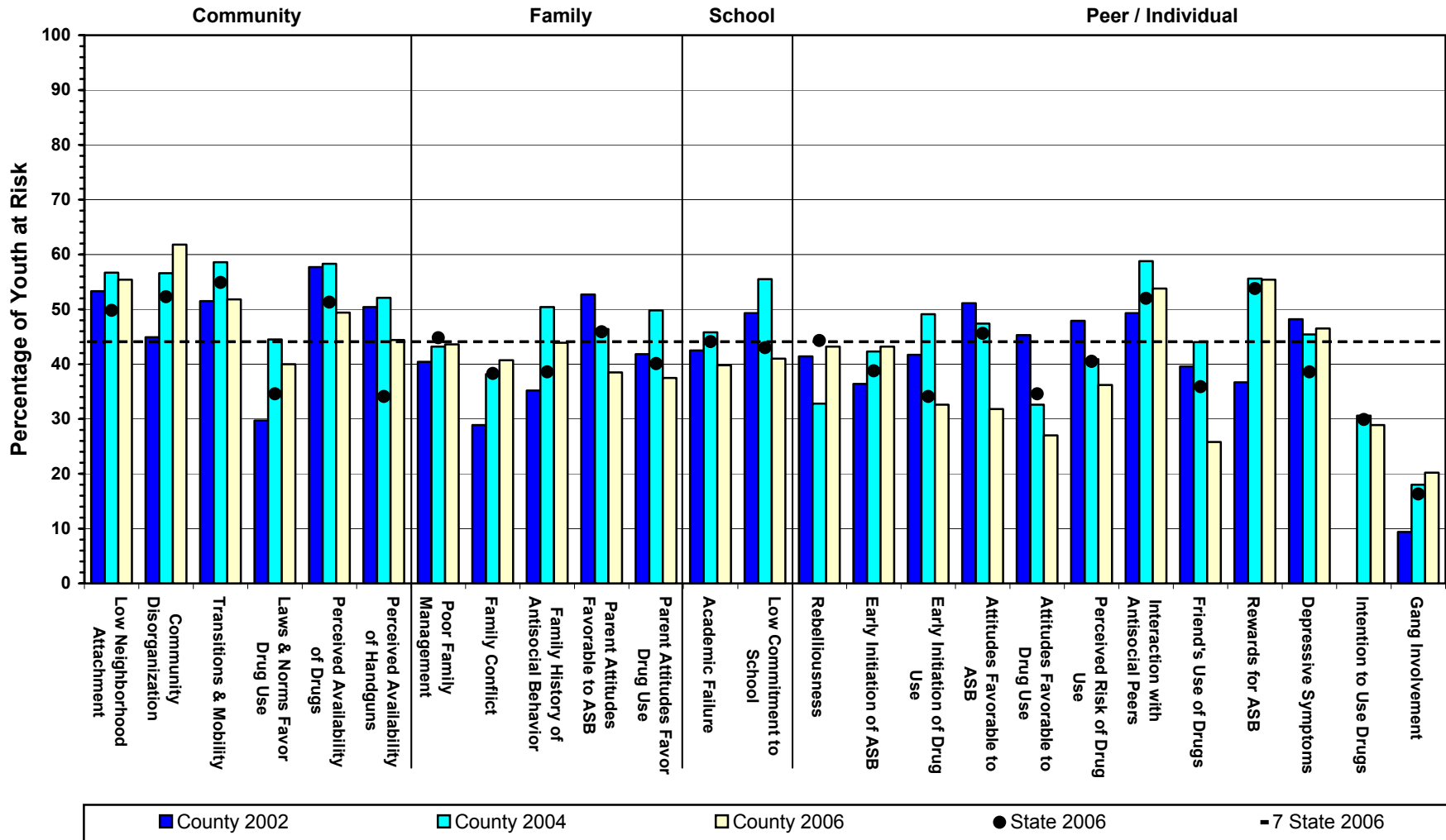


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Gila County Student Survey, Grade 12

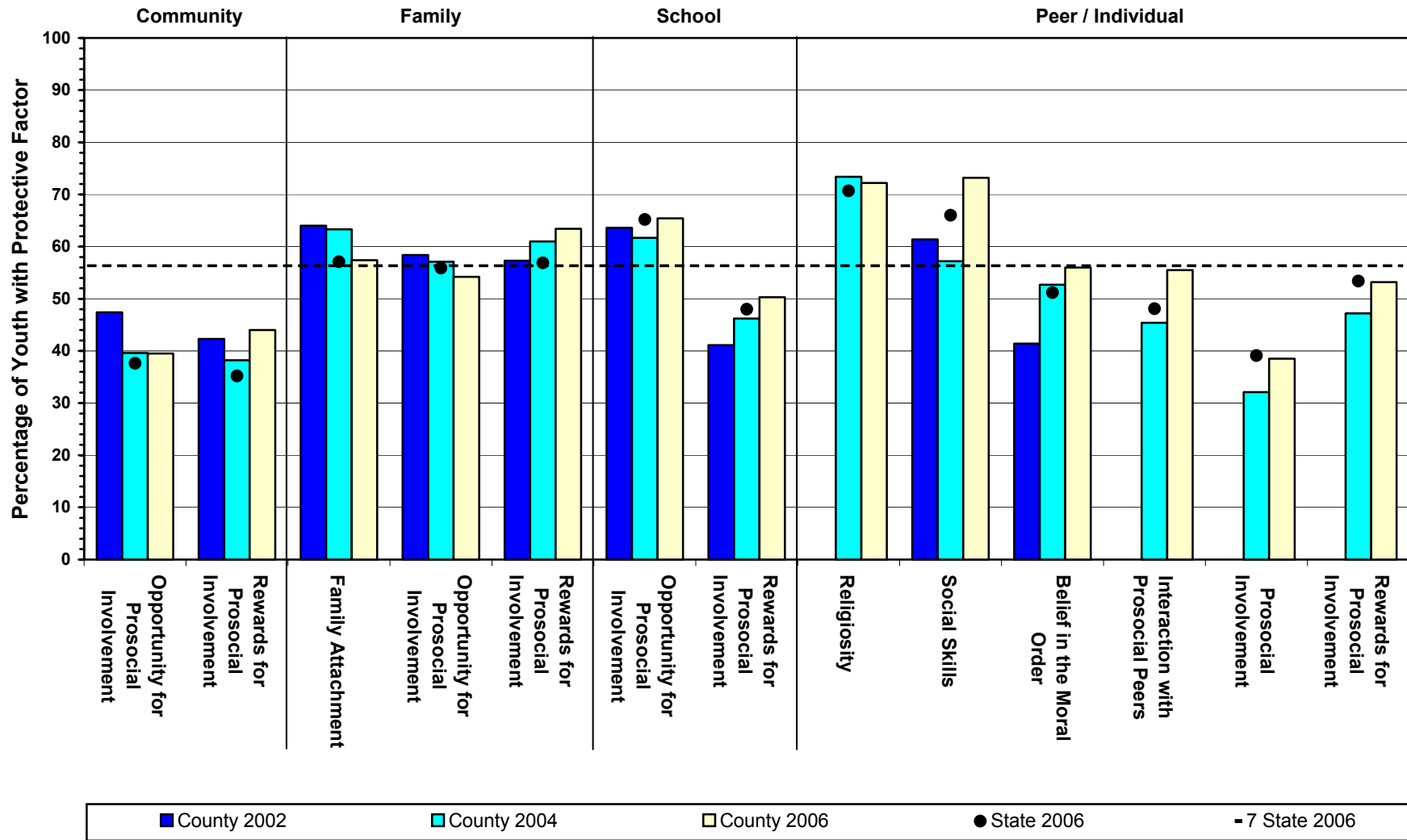


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

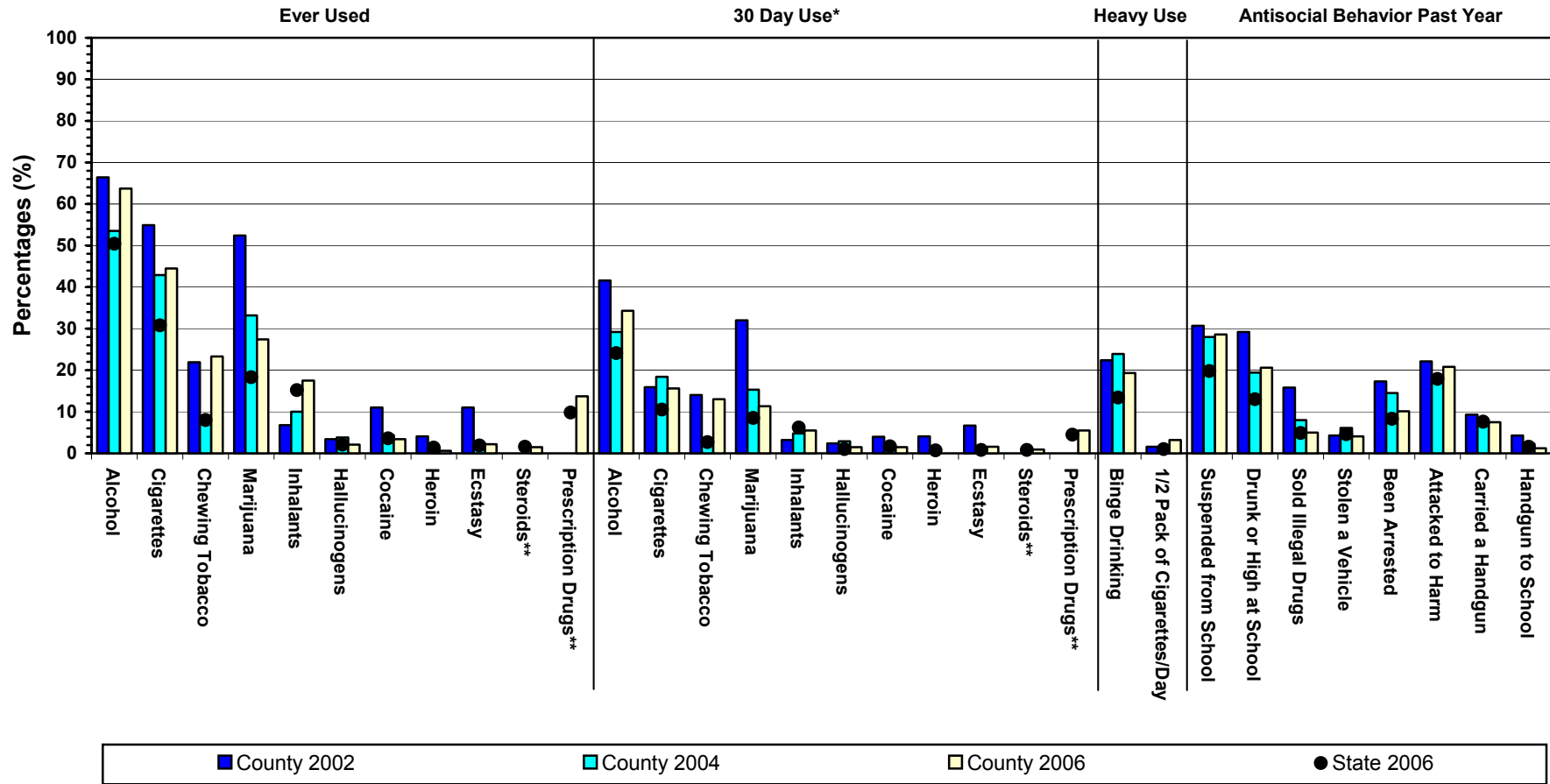
PROTECTIVE PROFILE 2006 Gila County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Gila County Student Survey, Grade 8



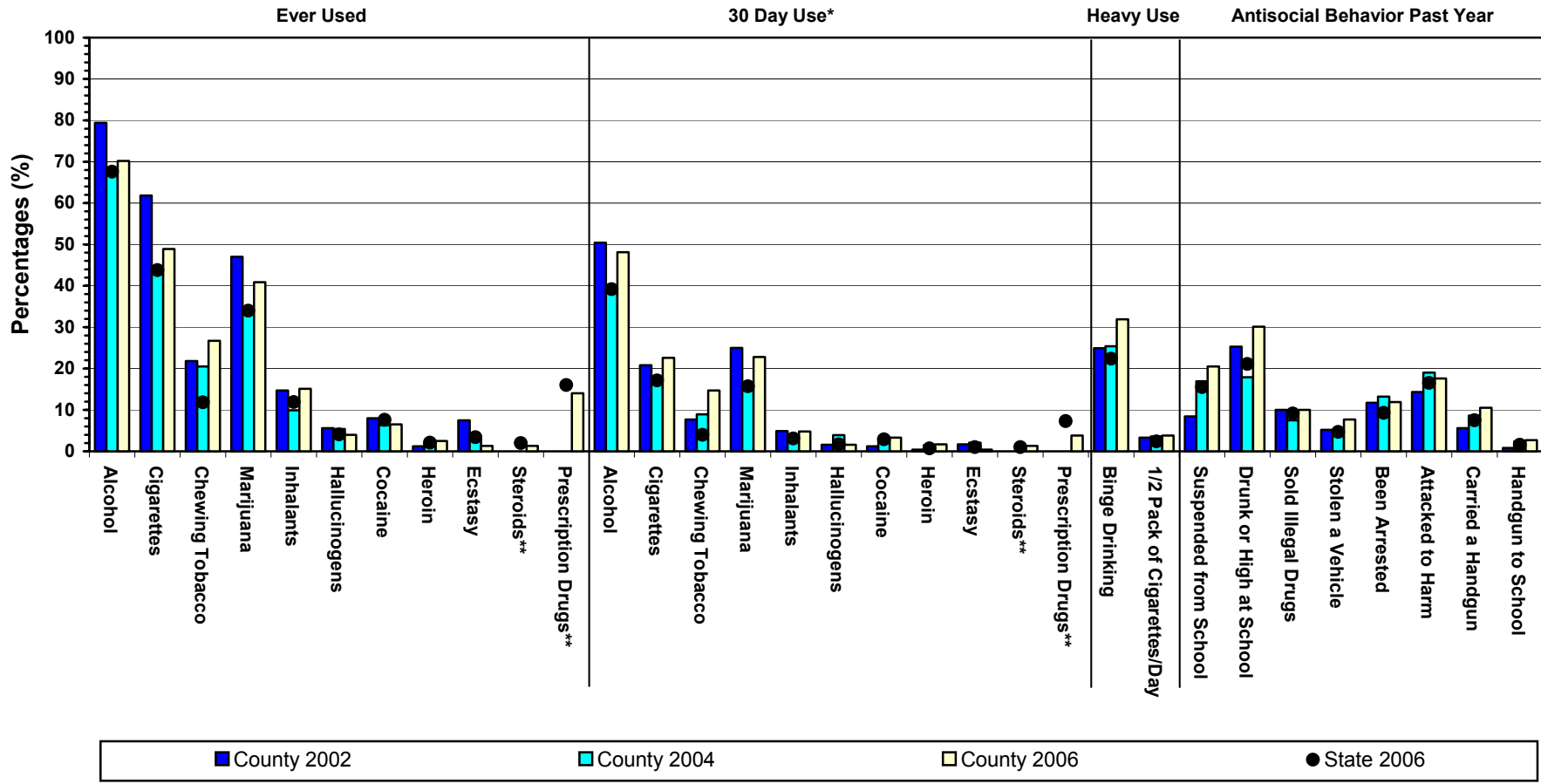
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Gila County Student Survey, Grade 10



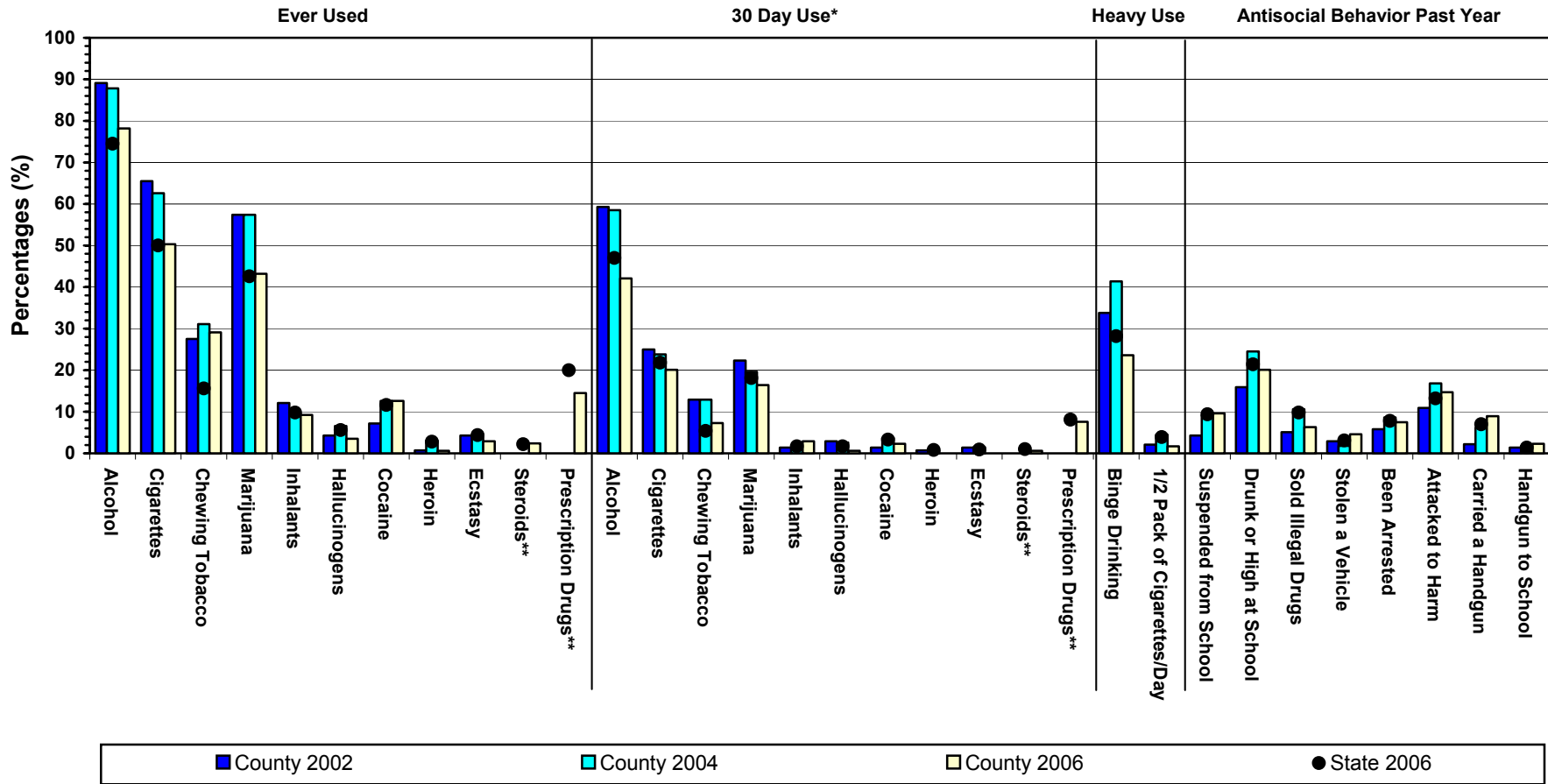
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Gila County Student Survey, Grade 12



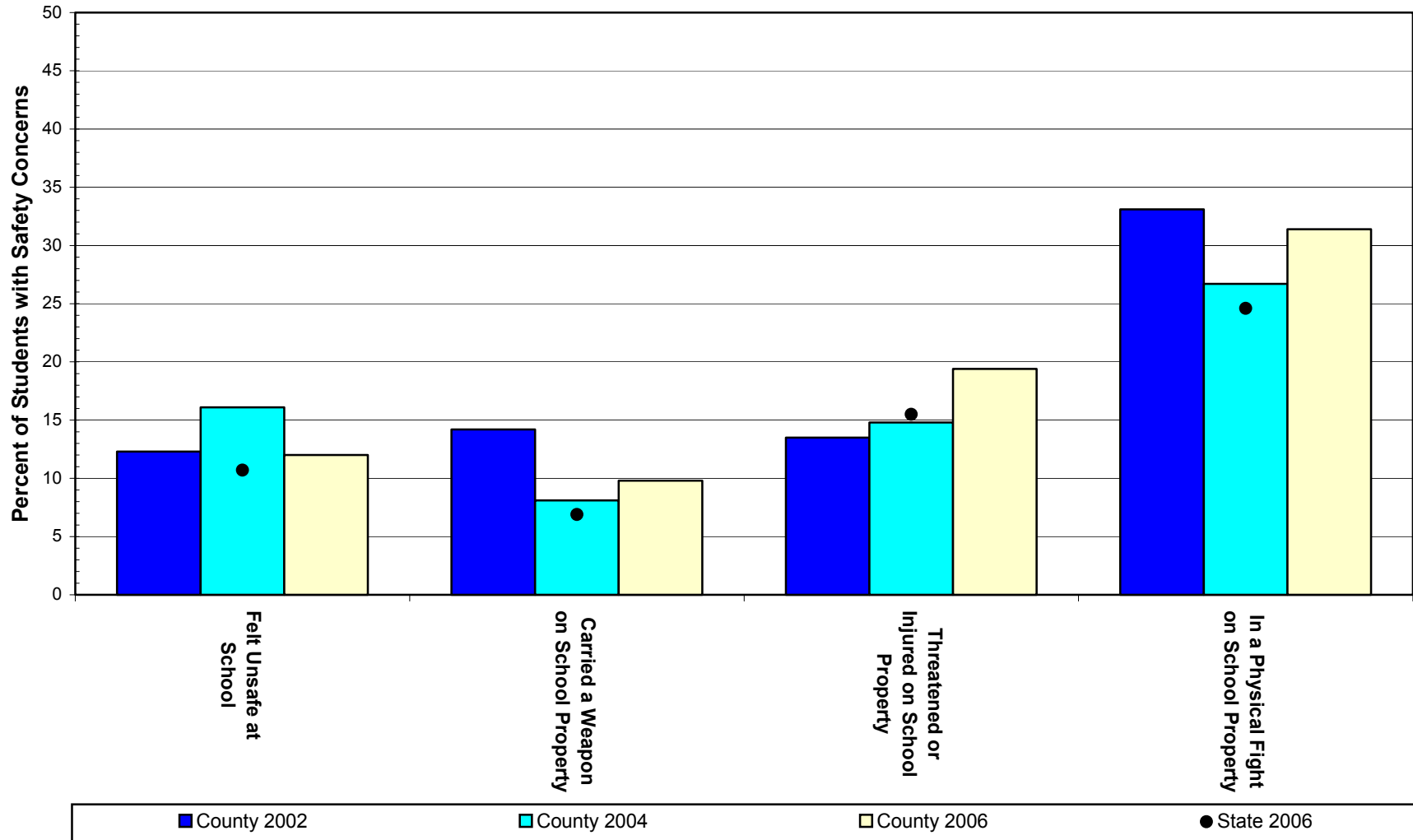
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

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Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

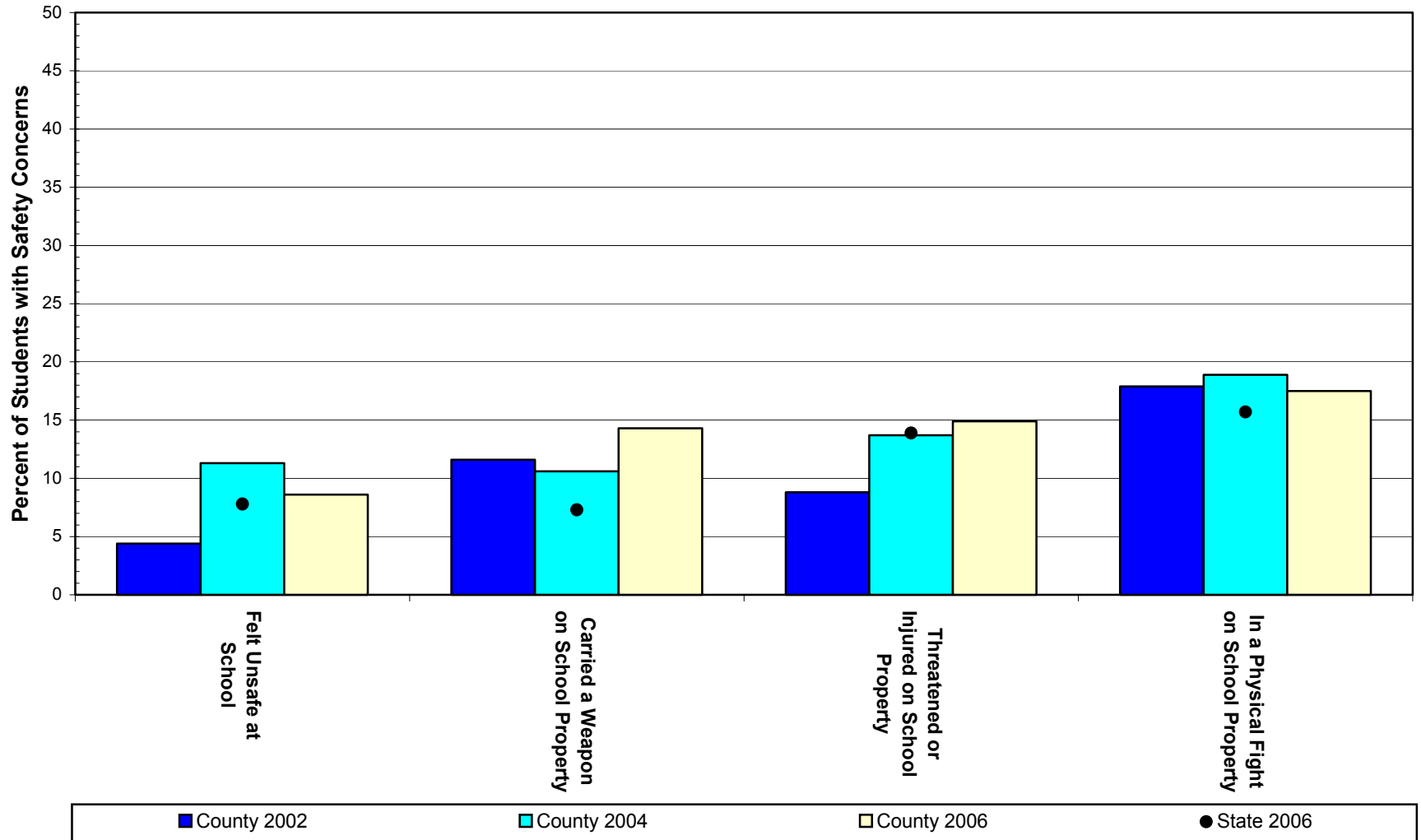
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Gila County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Gila County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Gila County Student Survey, Grade 12

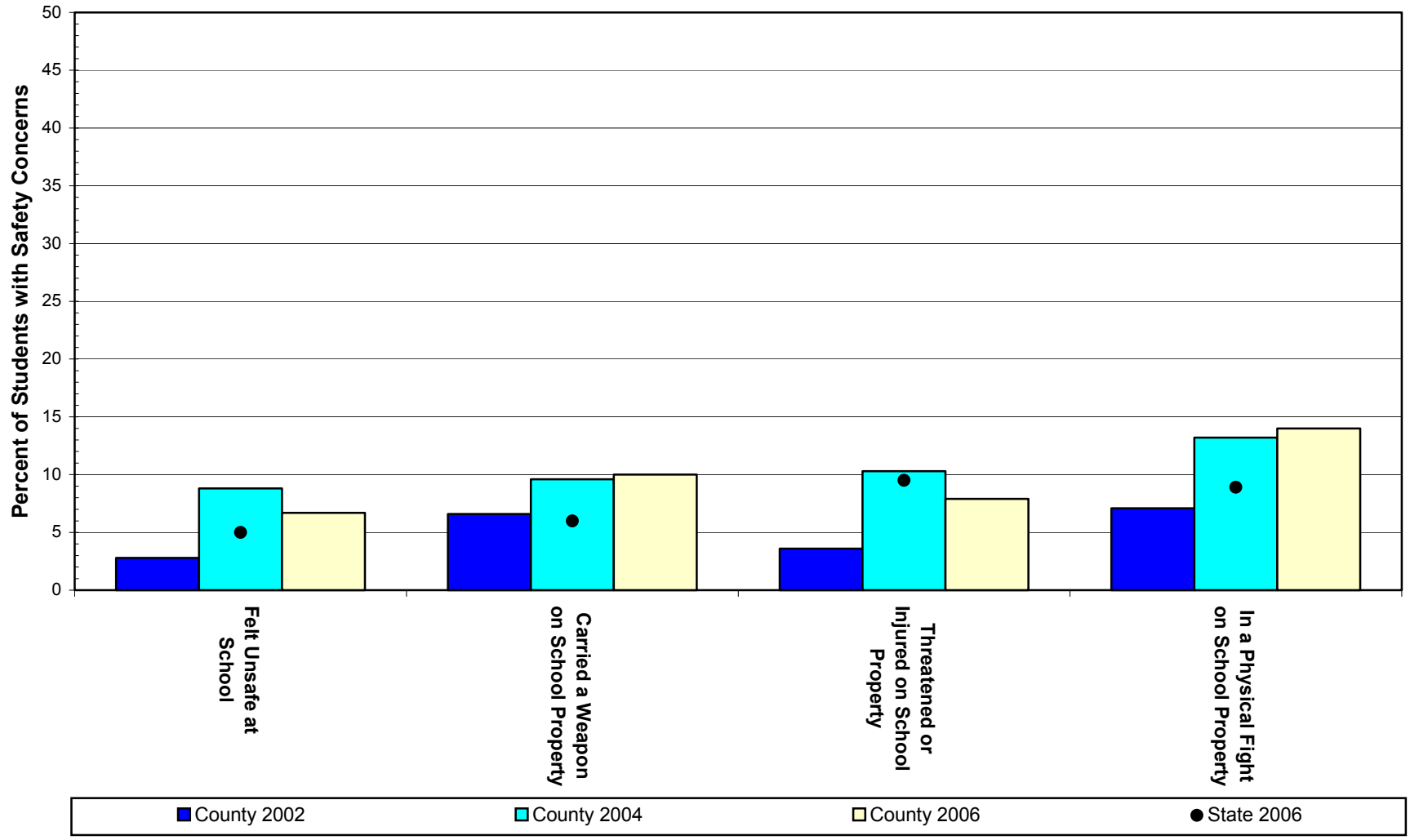


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	148	215	360	26872	252	342	284	19581	141	275	187	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	66.4	53.5	63.7	50.4	79.4	68.0	70.2	67.6	89.1	87.8	78.2	74.5
Cigarettes	54.9	42.9	44.5	30.8	61.8	44.2	48.9	43.8	65.5	62.6	50.3	50.0
Chewing Tobacco	21.9	9.0	23.3	8.0	21.8	20.5	26.7	11.8	27.5	31.1	29.1	15.6
Marijuana	52.4	33.2	27.4	18.3	47.0	33.4	40.9	34.0	57.4	57.4	43.2	42.6
Inhalants	6.8	10.0	17.5	15.2	14.7	9.9	15.1	11.9	12.1	9.6	9.2	9.8
Hallucinogens	3.4	3.8	2.1	2.1	5.6	5.4	4.0	4.1	4.3	6.6	3.5	5.6
Cocaine	11.0	4.4	3.4	3.6	8.0	6.3	6.5	7.6	7.2	12.6	12.6	11.6
Methamphetamines [2002] ¹	4.9	n/a	n/a	n/a	9.3	n/a	n/a	n/a	4.3	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	3.6	2.6	n/a	n/a	6.4	5.0	n/a	n/a	6.8	6.6
Stimulants [2004] ³	n/a	3.8	n/a	n/a	n/a	5.4	n/a	n/a	n/a	7.7	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	4.9	3.4	n/a	n/a	5.3	7.1	n/a	n/a	5.3	8.5
Heroin	4.1	1.5	0.6	1.4	1.2	1.8	2.5	2.1	0.7	3.0	0.6	2.8
Sedatives [2002] ⁵	2.0	n/a	n/a	n/a	6.4	n/a	n/a	n/a	4.3	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	13.0	9.3	10.0	n/a	12.4	15.3	14.3	n/a	15.6	15.4	17.4
Ecstasy	11.0	2.4	2.2	1.9	7.5	3.3	1.3	3.4	4.3	4.1	2.9	4.4
Steroids	n/a	n/a	1.5	1.6	n/a	n/a	1.3	2.0	n/a	n/a	2.4	2.2
Prescription Drugs	n/a	n/a	13.7	9.8	n/a	n/a	14.0	16.0	n/a	n/a	14.5	20.0
Any Drug	53.4	41.3	38.5	36.2	49.2	41.8	53.6	47.0	60.3	62.4	54.8	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	41.6	29.2	34.3	24.1	50.4	39.8	48.1	39.2	59.3	58.5	42.1	47.0
Cigarettes	15.9	18.4	15.6	10.5	20.8	16.4	22.6	17.1	25.0	23.8	20.1	21.8
Chewing Tobacco	14.0	3.3	13.0	2.7	7.7	8.9	14.7	4.0	12.9	12.9	7.3	5.4
Marijuana	32.0	15.3	11.3	8.5	25.0	14.8	22.8	15.7	22.3	19.6	16.4	18.1
Inhalants	3.2	4.8	5.5	6.2	4.9	3.6	4.8	3.1	1.4	1.5	2.9	1.7
Hallucinogens	2.4	2.9	1.5	1.0	1.6	3.9	1.6	1.7	2.9	2.6	0.6	1.7
Cocaine	4.0	1.9	1.5	1.7	1.2	3.3	3.3	2.9	1.4	3.7	2.3	3.3
Methamphetamines [2002] ¹	0.8	n/a	n/a	n/a	3.3	n/a	n/a	n/a	1.4	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	1.2	1.0	n/a	n/a	2.9	1.7	n/a	n/a	2.3	1.4
Stimulants [2004] ³	n/a	2.4	n/a	n/a	n/a	3.3	n/a	n/a	n/a	4.1	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.8	1.5	n/a	n/a	2.5	2.9	n/a	n/a	1.2	2.6
Heroin	4.1	0.0	0.0	0.7	0.4	1.5	1.7	0.7	0.7	0.7	0.0	0.8
Sedatives [2002] ⁵	0.8	n/a	n/a	n/a	2.5	n/a	n/a	n/a	3.6	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	6.8	4.9	4.5	n/a	6.6	6.9	6.6	n/a	8.2	8.8	7.1
Ecstasy	6.7	0.0	1.6	0.8	1.7	2.1	0.4	1.0	1.4	1.5	0.0	0.9
Steroids	n/a	n/a	0.9	0.8	n/a	n/a	1.3	1.0	n/a	n/a	0.6	1.0
Prescription Drugs	n/a	n/a	5.5	4.5	n/a	n/a	3.8	7.3	n/a	n/a	7.6	8.1
Any Drug	35.5	23.5	20.3	19.7	27.8	22.1	32.4	25.6	23.4	25.6	23.9	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	22.4	23.9	19.3	13.4	24.9	25.4	31.9	22.4	33.8	41.4	23.6	28.2
1/2 Pack of Cigarettes/Day	1.6	1.5	3.2	1.0	3.3	3.6	3.8	2.4	2.1	4.5	1.7	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	30.7	28.0	28.6	19.8	8.4	16.9	20.5	15.5	4.3	9.1	9.6	9.4
Drunk or High at School	29.2	19.4	20.6	13.0	25.3	17.9	30.1	21.1	15.9	24.5	20.1	21.4
Sold Illegal Drugs	15.8	8.0	5.0	4.9	10.0	7.5	10.0	9.1	5.1	10.6	6.3	9.8
Stolen a Vehicle	4.3	6.1	4.1	4.6	5.2	4.7	7.7	4.7	2.9	1.8	4.6	3.1
Been Arrested	17.3	14.5	10.1	8.3	11.7	13.2	11.9	9.3	5.8	8.6	7.5	7.8
Attacked to Harm	22.1	18.2	20.8	17.9	14.3	19.0	17.6	16.5	10.9	16.8	14.7	13.2
Carried a Handgun	9.3	7.0	7.5	7.6	5.6	8.6	10.5	7.5	2.2	6.2	8.9	7.0
Handgun to School	4.3	2.3	1.2	1.6	0.8	2.4	2.7	1.6	1.4	1.8	2.3	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	42.6	32.4	38.4	38.2	40.7	45.5	38.7	37.1	47.4	39.6	39.5	37.6
Rewards for Prosocial Involvement	28.8	30.7	35.4	30.4	36.2	42.5	40.2	36.3	42.3	38.2	44.0	35.2
Family Domain												
Family Attachment	46.8	46.6	42.3	48.7	48.8	50.9	42.5	44.1	64.0	63.3	57.4	57.1
Opportunity for Prosocial Involvement	42.0	50.8	54.1	57.4	60.0	60.9	46.1	53.0	58.4	57.1	54.2	55.9
Rewards for Prosocial Involvement	54.0	59.6	58.6	60.6	56.5	60.1	53.2	54.9	57.3	61.0	63.4	56.9
School Domain												
Opportunity for Prosocial Involvement	58.2	57.8	59.4	59.1	51.6	63.7	56.4	62.9	63.6	61.7	65.4	65.2
Rewards for Prosocial Involvement	35.4	49.5	54.5	50.7	48.6	67.0	55.8	62.3	41.1	46.2	50.3	48.0
Peer-Individual Domain												
Religiosity	*	37.5	54.1	46.2	*	50.3	44.0	44.3	*	73.4	72.2	70.7
Social Skills	37.0	47.6	53.5	58.3	47.8	53.1	50.0	52.4	61.4	57.2	73.2	66.0
Belief in the Moral Order	44.0	48.3	51.6	54.3	63.1	69.0	52.9	62.6	41.4	52.7	56.0	51.2
Interaction with Prosocial Peers	*	43.3	46.0	46.1	*	56.0	47.3	49.6	*	45.4	55.5	48.1
Prosocial Involvement	*	31.6	39.4	37.7	*	45.2	36.5	39.3	*	32.1	38.5	39.1
Rewards for Prosocial Involvement	*	58.3	59.8	58.8	*	63.3	60.5	61.1	*	47.2	53.2	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	37.2	45.5	45.8	40.7	50.8	50.2	53.7	46.9	53.3	56.7	55.4	49.8
Community Disorganization	64.9	70.0	56.7	48.2	42.0	60.4	66.4	57.6	44.9	56.6	61.8	52.3
Transitions & Mobility	39.4	45.3	58.3	53.7	48.7	48.0	51.0	60.4	51.5	58.6	51.8	54.9
Laws & Norms Favor Drug Use	52.1	51.2	48.2	37.8	39.4	48.3	57.5	42.5	29.7	44.5	40.0	34.6
Perceived Availability of Drugs	50.8	47.5	43.1	38.1	56.7	47.9	54.7	48.8	57.7	58.3	49.4	51.3
Perceived Availability of Handguns	44.1	38.5	48.4	37.0	38.1	38.5	33.9	27.6	50.4	52.1	44.4	34.1
Family Domain												
Poor Family Management	59.3	55.4	52.8	47.9	42.5	38.8	51.9	45.0	40.4	43.2	43.6	44.8
Family Conflict	62.3	49.7	57.4	52.2	35.8	41.7	43.9	42.2	28.9	38.2	40.7	38.3
Family History of Antisocial Behavior	73.6	67.0	57.5	42.7	51.7	51.4	57.8	43.2	35.2	50.4	43.9	38.6
Parent Attitudes Favorable to ASB	57.4	46.7	53.3	48.5	49.7	44.1	52.0	50.0	52.7	46.4	38.5	45.9
Parent Attitudes Favor Drug Use	27.3	30.0	34.7	29.1	48.0	39.9	47.8	41.1	41.8	49.8	37.5	40.1
School Domain												
Academic Failure	66.4	62.0	54.7	48.6	52.0	58.9	60.8	51.6	42.5	45.8	39.8	44.1
Low Commitment to School	47.9	40.2	43.8	41.1	51.6	39.8	48.6	40.1	49.3	55.5	41.0	43.0
Peer-Individual Domain												
Rebelliousness	52.7	35.0	37.9	43.8	43.4	37.7	52.2	47.5	41.4	32.8	43.2	44.3
Early Initiation of ASB	45.8	45.3	47.9	40.2	36.5	43.0	53.1	42.4	36.4	42.3	43.2	38.8
Early Initiation of Drug Use	56.9	49.5	50.0	35.2	48.2	36.2	44.3	36.6	41.7	49.1	32.6	34.1
Attitudes Favorable to ASB	43.4	52.3	44.8	46.2	56.2	42.1	57.6	49.7	51.1	47.4	31.8	45.6
Attitudes Favorable to Drug Use	48.3	39.6	37.5	32.4	43.4	34.9	42.1	36.6	45.3	32.6	27.0	34.6
Perceived Risk of Drug Use	54.6	58.8	50.2	45.4	41.1	30.7	45.0	39.2	47.9	40.9	36.2	40.5
Interaction with Antisocial Peers	66.7	68.0	67.3	58.4	48.0	58.7	65.6	58.1	49.3	58.8	53.8	52.0
Friend's Use of Drugs	62.1	62.7	59.2	41.3	44.8	40.1	50.5	43.2	39.6	44.0	25.8	35.9
Rewards for ASB	40.0	53.4	55.0	48.7	31.2	38.6	51.1	45.0	36.7	55.6	55.4	53.8
Depressive Symptoms	65.6	55.6	52.4	45.7	47.6	48.0	56.2	45.5	48.2	45.4	46.5	38.6
Intention to Use Drugs	*	54.3	42.0	36.5	*	43.5	53.2	44.9	*	30.6	28.9	29.9
Gang Involvement	37.1	29.3	26.9	26.3	9.2	23.2	26.3	23.9	9.4	18.0	20.2	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	85.8	91.9	90.2	93.1	88.4	89.4	85.7	92.7	93.4	90.4	90.0	94.0
	1 day	2.0	3.8	5.2	3.1	1.2	3.2	3.0	2.4	0.7	1.8	1.1	1.4
	2-3 days	4.7	1.0	2.3	1.6	0.8	0.9	2.3	1.5	1.5	0.7	0.6	0.9
	4-5 days	1.4	0.0	0.6	0.6	0.8	1.2	1.1	0.7	0.0	1.1	2.8	0.6
	6 or more days	6.1	3.3	1.7	1.6	8.8	5.3	7.9	2.7	4.4	5.9	5.6	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	87.7	83.9	88.0	89.3	95.6	88.7	91.4	92.2	97.2	91.2	93.3	95.0
	1 day	3.4	7.1	7.2	6.0	1.6	3.0	3.7	4.1	1.4	4.0	3.4	2.6
	2-3 days	2.1	4.3	3.7	2.8	1.2	3.6	3.0	2.1	0.7	2.2	2.2	1.2
	4-5 days	1.4	1.9	0.0	0.7	0.4	2.1	0.0	0.5	0.0	1.1	1.1	0.4
	6 or more days	5.5	2.8	1.1	1.2	1.2	2.7	1.9	1.1	0.7	1.5	0.0	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	86.5	85.2	80.6	84.5	91.2	86.3	85.1	86.1	96.4	89.7	92.1	90.5
	1 time	5.4	8.6	10.0	7.7	3.6	5.7	6.3	6.7	2.9	4.0	3.4	4.4
	2-3 times	0.7	1.4	4.8	4.2	2.8	3.6	3.7	3.9	0.7	3.3	2.3	3.0
	4-5 times	2.0	2.4	2.0	1.3	0.4	0.9	0.7	1.2	0.0	1.1	0.6	0.6
	6-7 times	0.7	0.0	0.3	0.5	0.4	0.9	0.7	0.5	0.0	0.4	0.6	0.3
	8-9 times	0.0	0.0	1.1	0.3	0.4	0.6	1.1	0.3	0.0	0.0	0.6	0.3
	10-11 times	0.0	0.5	0.0	0.3	0.0	0.3	1.1	0.2	0.0	0.4	0.0	0.2
	12 or more times	4.7	1.9	1.1	1.2	1.2	1.8	1.1	1.3	0.0	1.1	0.6	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	66.9	73.3	68.6	75.4	82.1	81.1	82.5	84.3	92.9	86.8	86.0	91.1
	1 time	17.6	15.2	16.3	13.1	12.7	11.2	9.3	8.9	4.3	8.8	10.1	5.5
	2-3 times	8.8	8.1	10.9	7.1	4.4	3.8	6.0	4.4	2.1	3.3	1.7	2.1
	4-5 times	2.7	1.4	2.6	2.1	0.0	1.5	0.4	1.0	0.0	0.4	1.1	0.4
	6-7 times	0.7	0.5	0.0	0.6	0.0	0.0	0.0	0.2	0.7	0.4	0.6	0.1
	8-9 times	0.0	0.0	0.3	0.4	0.0	0.0	0.4	0.3	0.0	0.4	0.6	0.2
	10-11 times	0.0	0.5	0.3	0.3	0.0	0.0	0.4	0.2	0.0	0.0	0.0	0.1
	12 or more times	3.4	1.0	1.1	1.0	0.8	2.4	1.1	0.7	0.0	0.0	0.0	0.4

Gila County

Contacts For Prevention

Regional Prevention Contacts

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

Bill Burnett
Community Partnership of Southern Arizona (CPSA)
520-618-8807

Gila, La Paz, Pinal, and Yuma Counties

Linda Weinberg
Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
928-214-2177

Maricopa County

Juan Aristizabal
ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
520-879-6067

Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

Michelle Neitch/ Phillip Stevenson
602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

Bach Harrison, L.L.C.

R. Steven Harrison, Ph.D.
801-359-2064
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2006 Arizona Youth Survey

Graham County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Graham County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Graham County and the State. Because not all students answer all of the questions, the number of students in

CONTENTS:

Introduction:

- Demographics
- Risk & Protective Framework

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- Risk & Protective Factor Profiles
- Substance Use & Antisocial Behavior
- School Safety

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	560	100	500	100	885	100	60401	100
Grade								
8	211	37.7	169	33.8	307	34.7	26872	44.5
10	206	36.8	212	42.4	283	32.0	19581	32.4
12	143	25.5	119	23.8	295	33.3	13948	23.1
Gender								
Male	250	45.8	223	45.1	417	47.8	28381	48.2
Female	296	54.2	271	54.9	455	52.2	30505	51.8
Ethnicity								
African American	11	2.1	10	2.1	11	1.3	2592	4.4
American Indian	6	1.1	52	11.1	54	6.3	3394	5.8
Asian	9	1.7	5	1.1	3	0.3	1341	2.3
Hispanic	205	38.7	173	37.0	260	30.3	21376	36.5
Pacific Islander	*	*	3	0.6	3	0.3	457	0.8
White	299	56.4	224	48.0	491	57.2	26761	45.7
Other	n/a	n/a	n/a	n/a	36	4.2	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

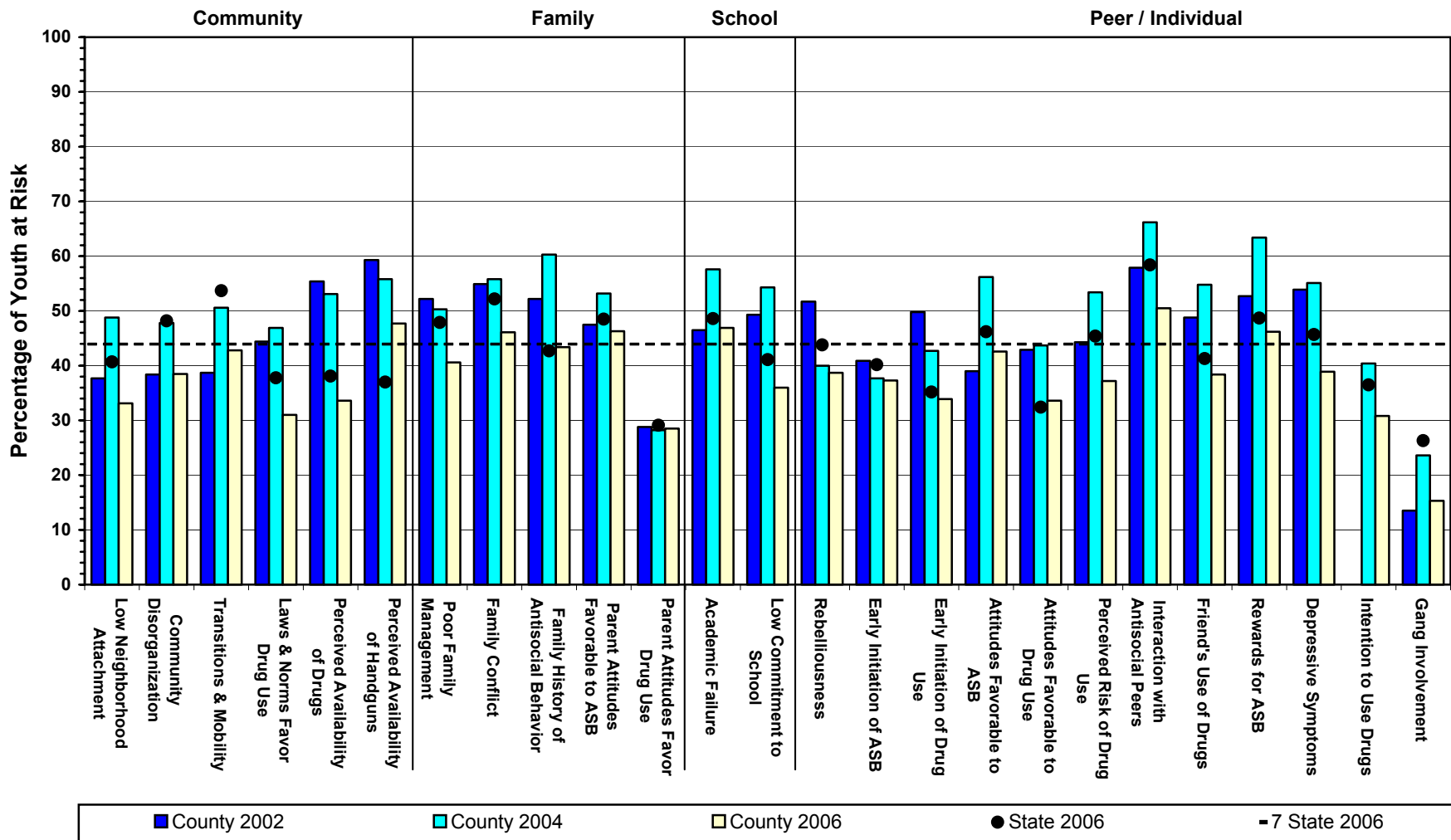
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Graham County Student Survey, Grade 8



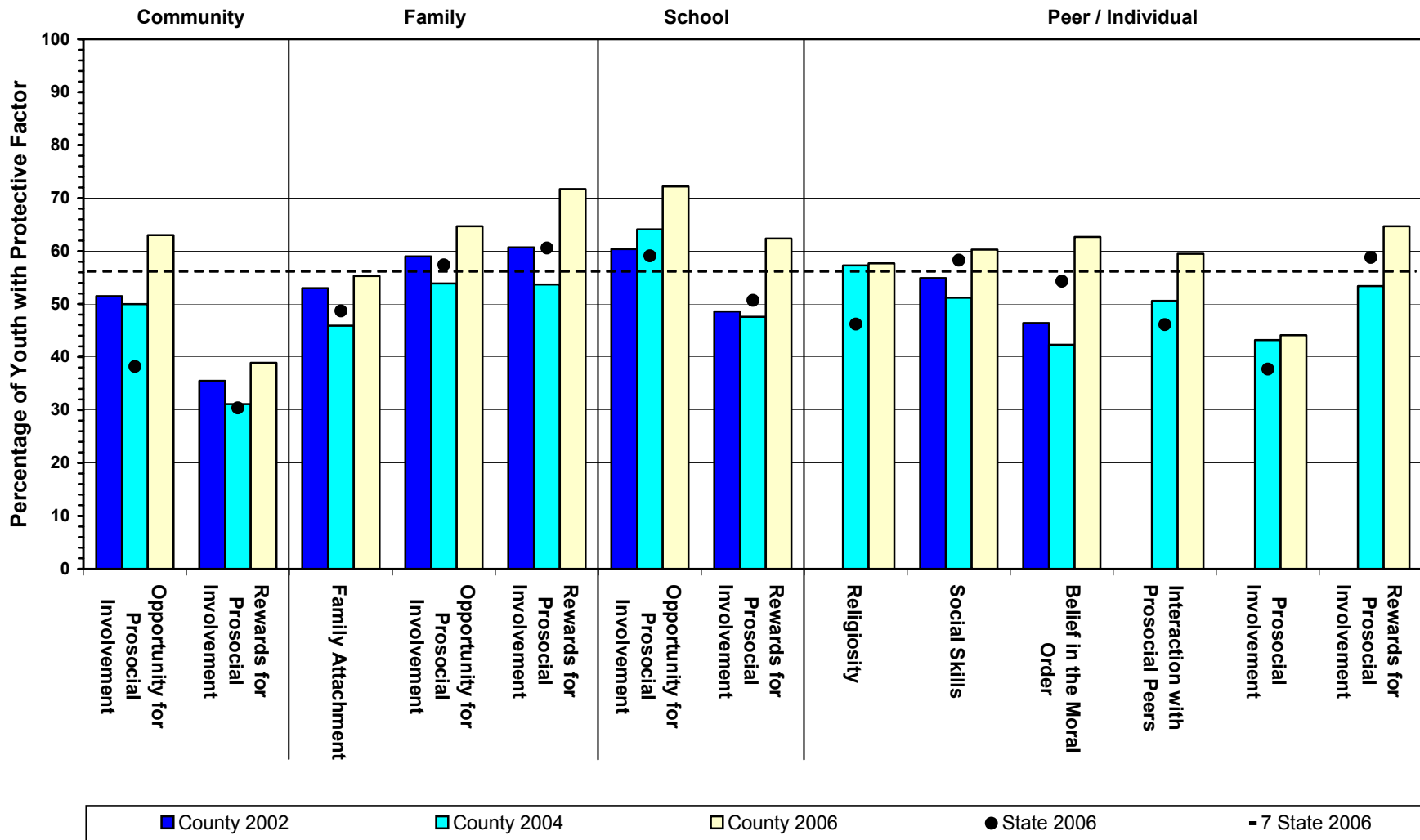
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Graham County Student Survey, Grade 8



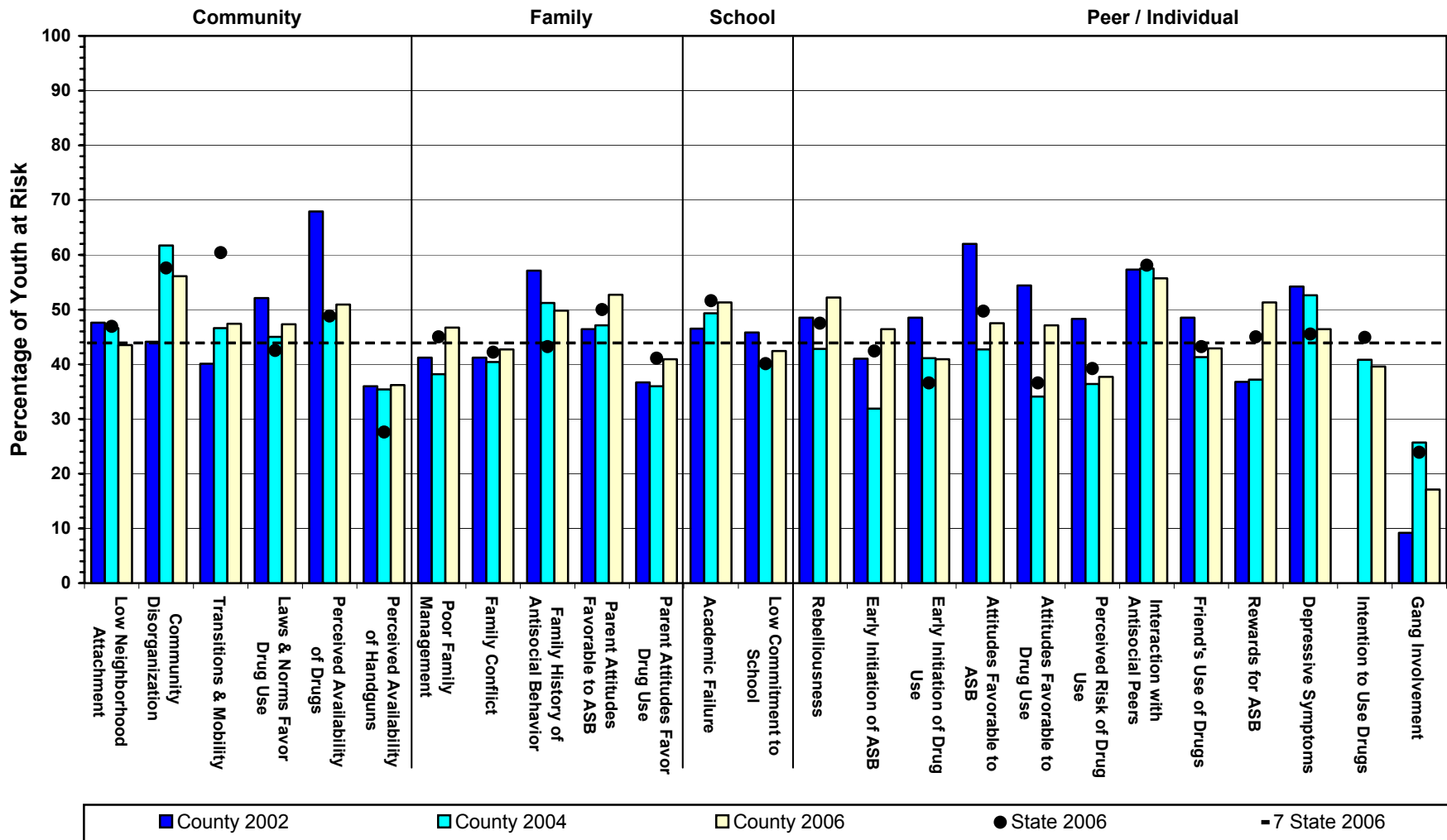
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Graham County Student Survey, Grade 10



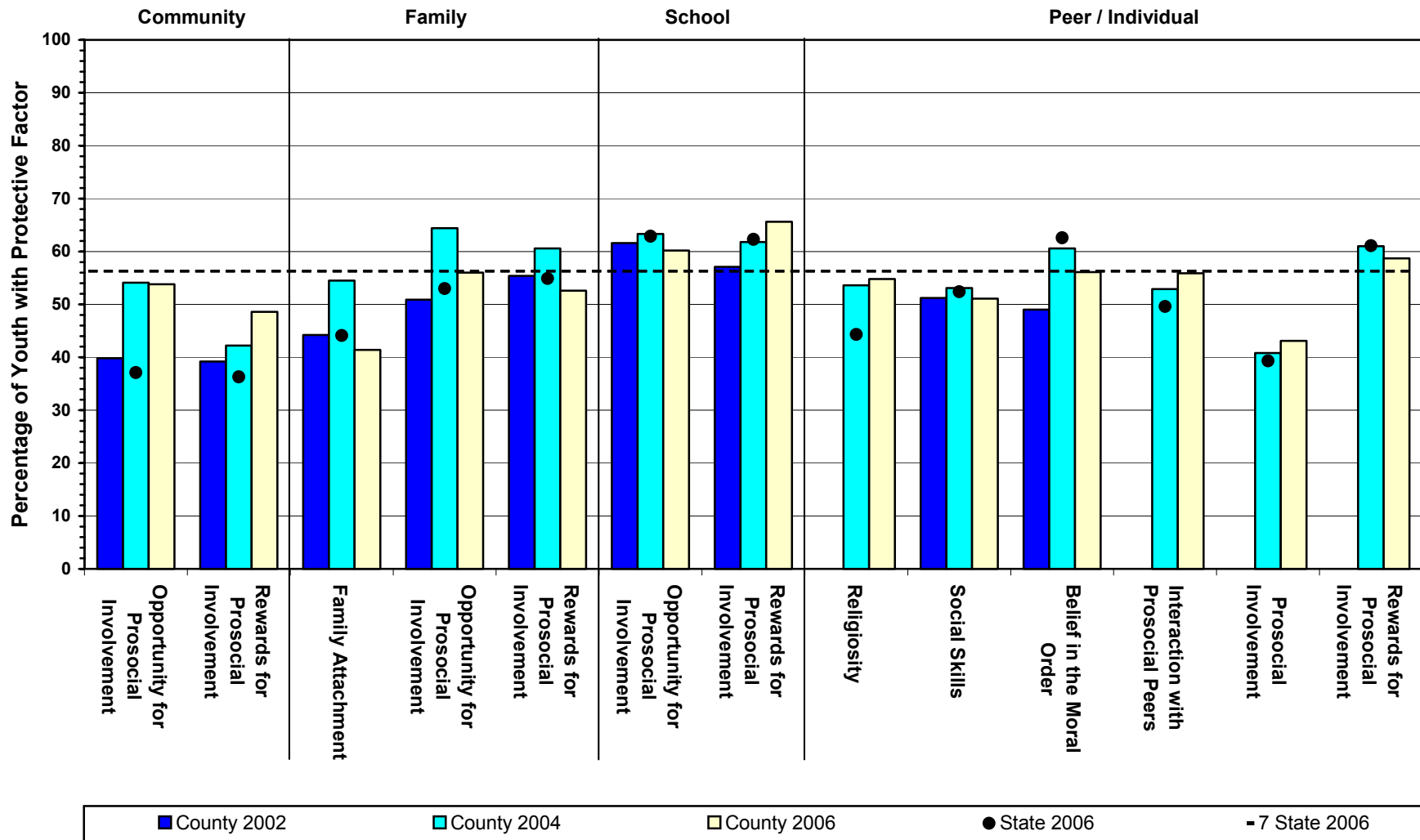
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Graham County Student Survey, Grade 10



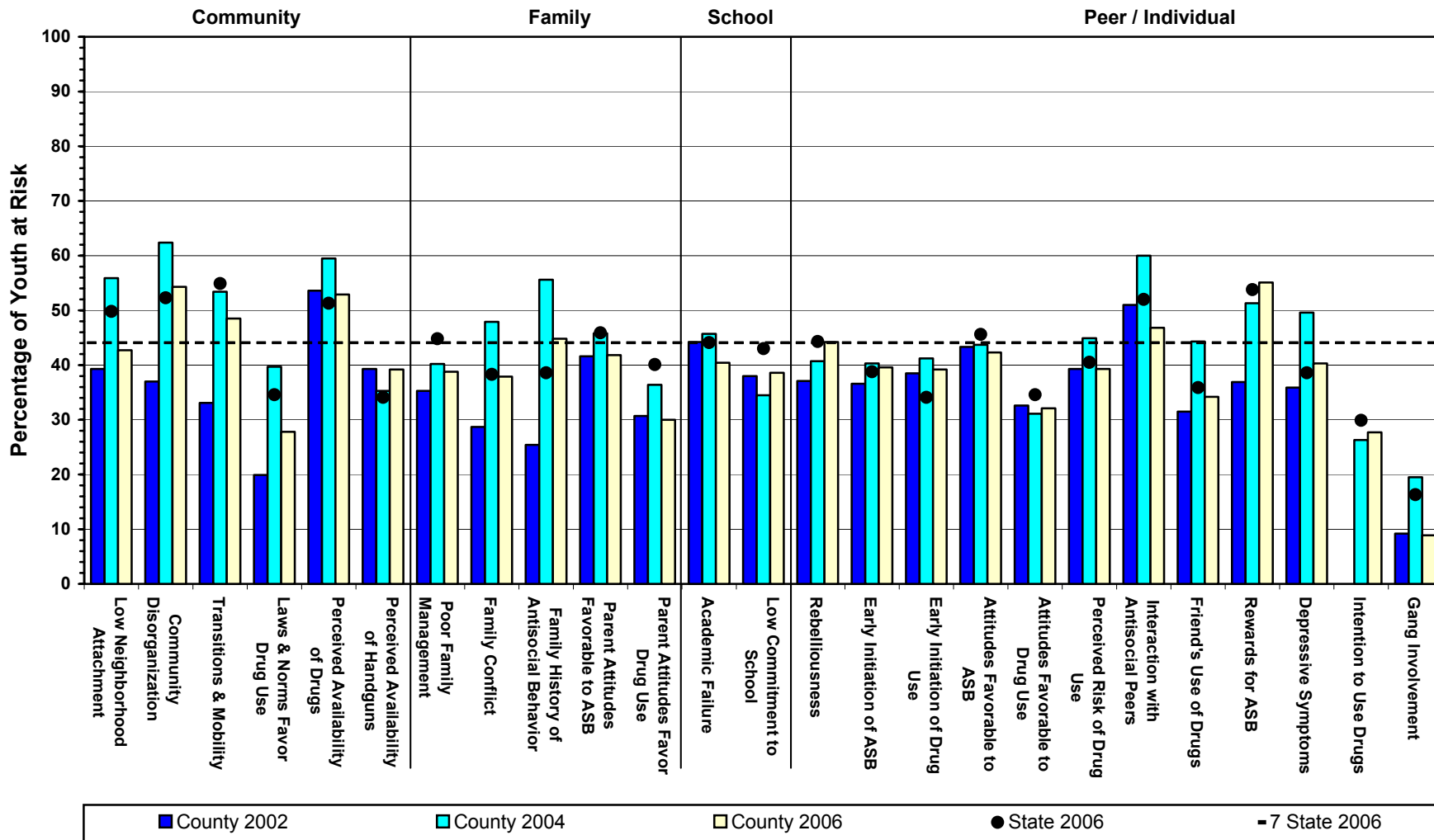
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Graham County Student Survey, Grade 12



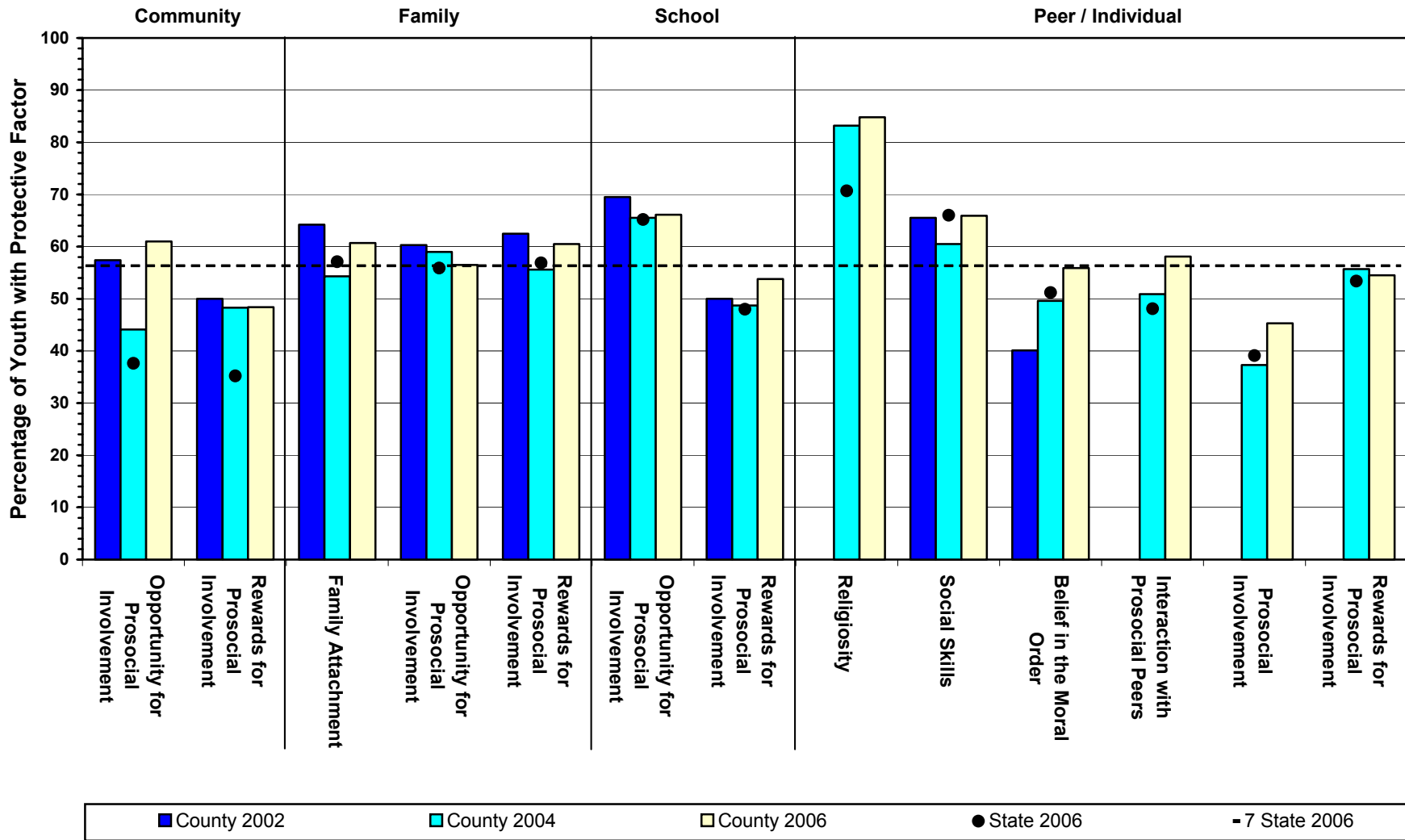
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

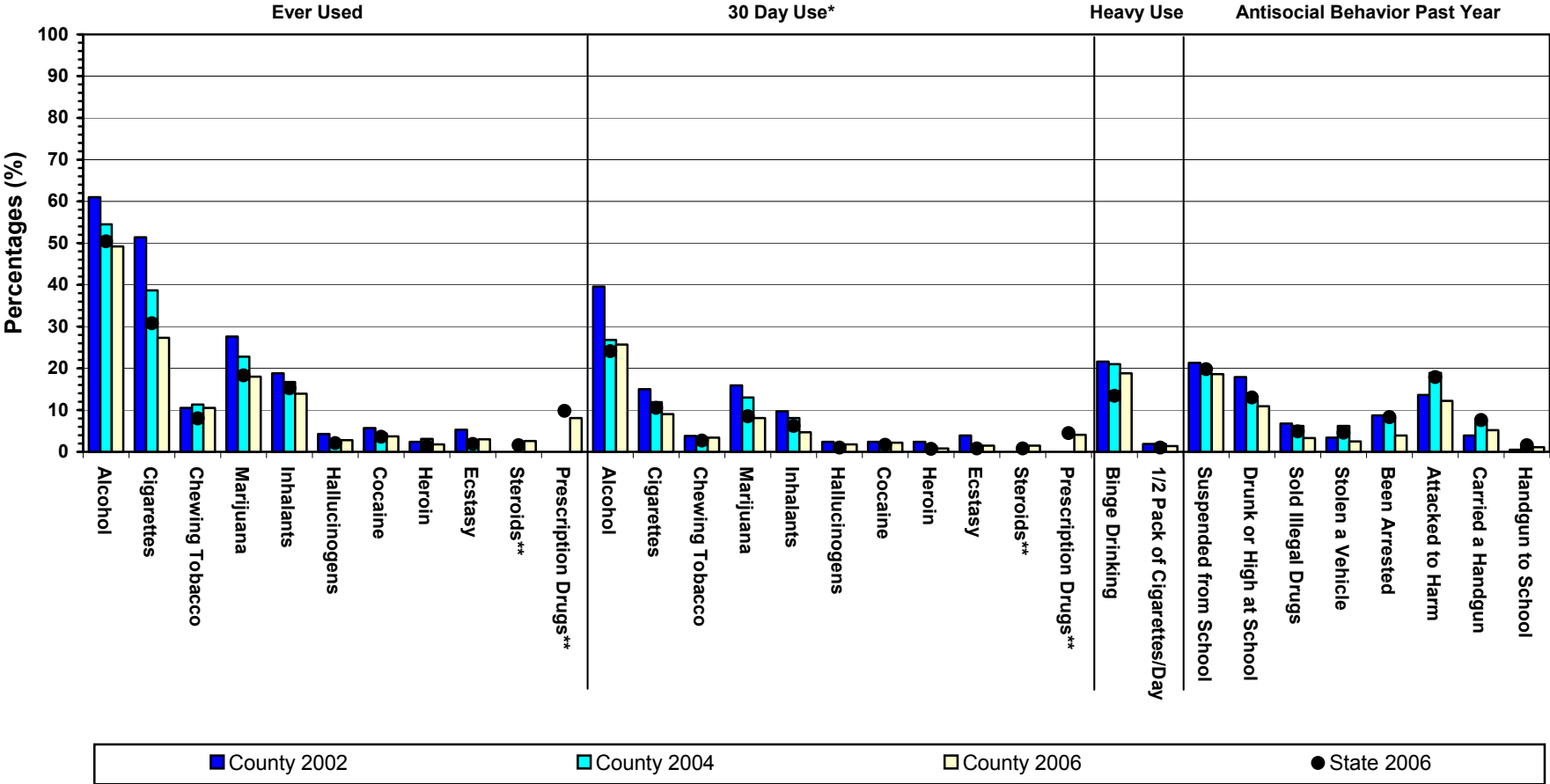
2006 Graham County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Graham County Student Survey, Grade 8



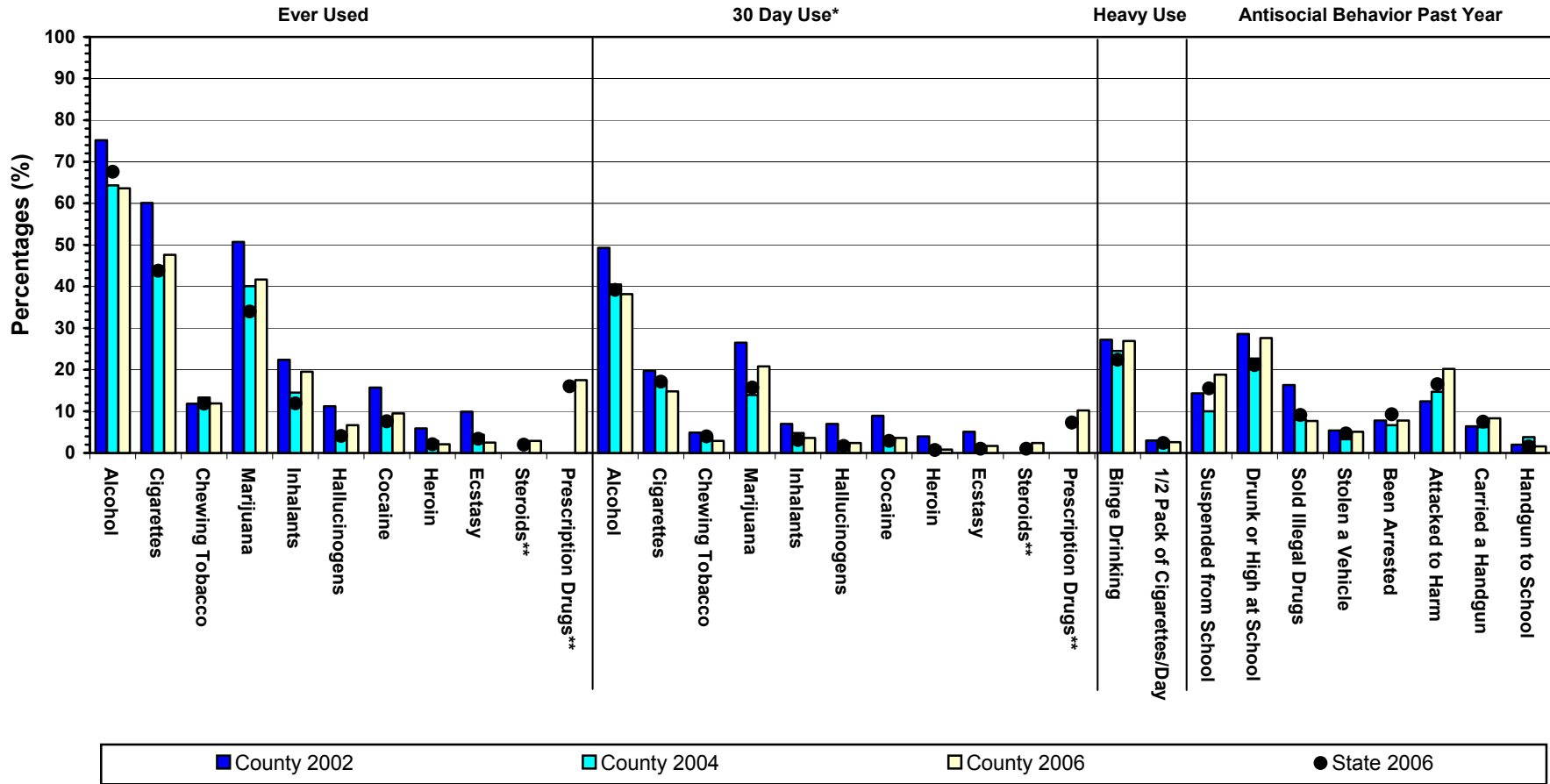
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Graham County Student Survey, Grade 10



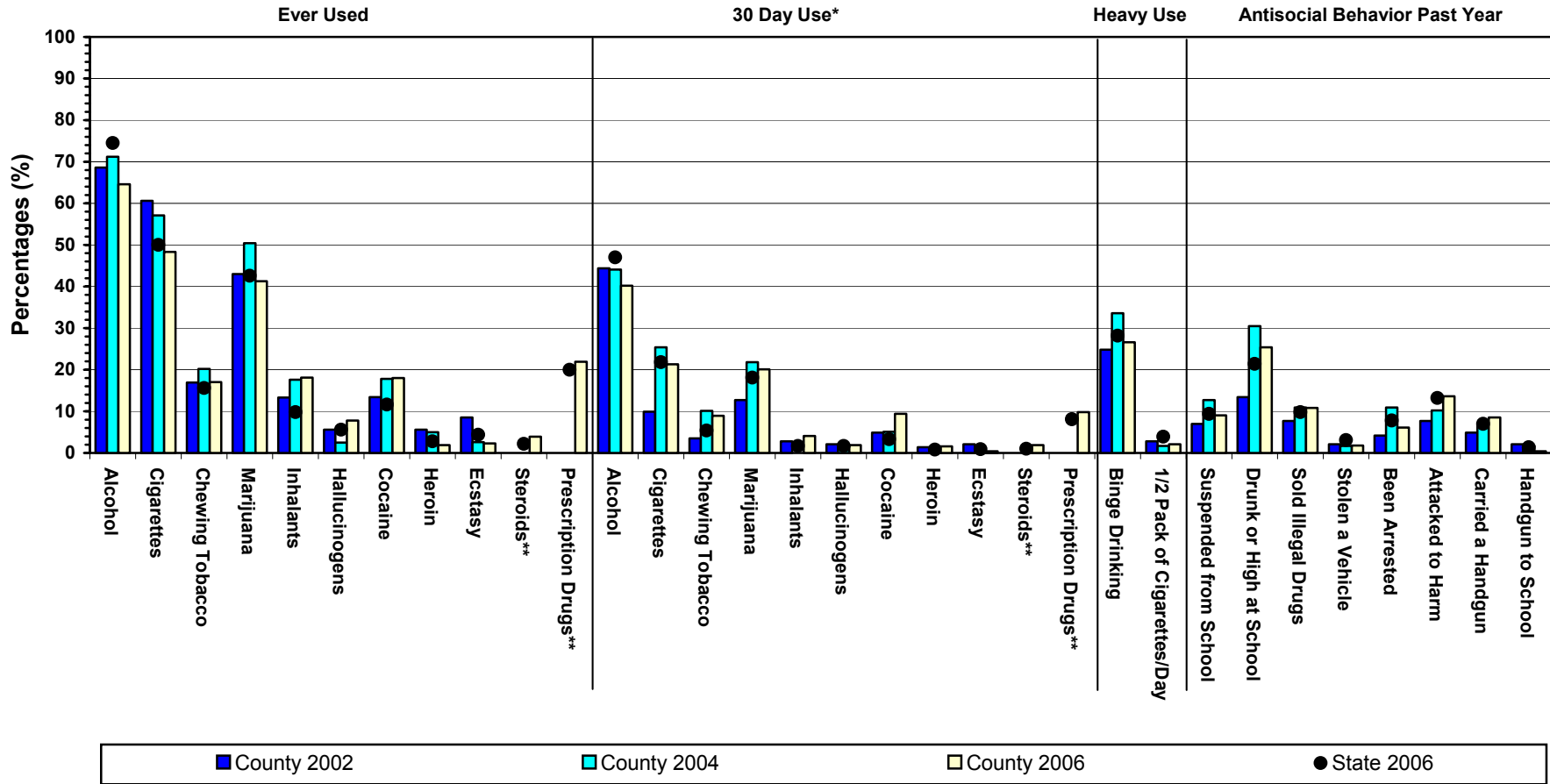
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Graham County Student Survey, Grade 12



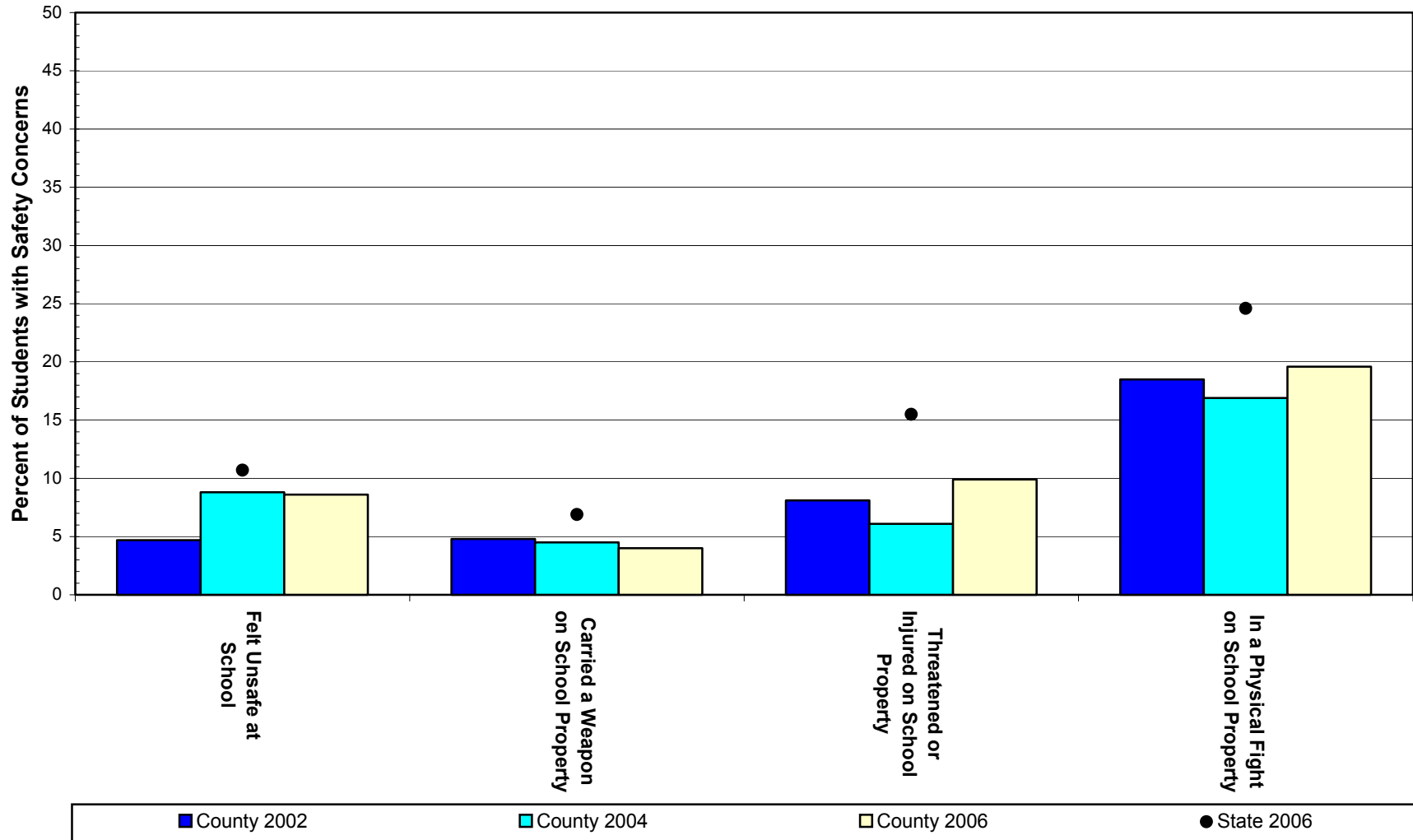
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

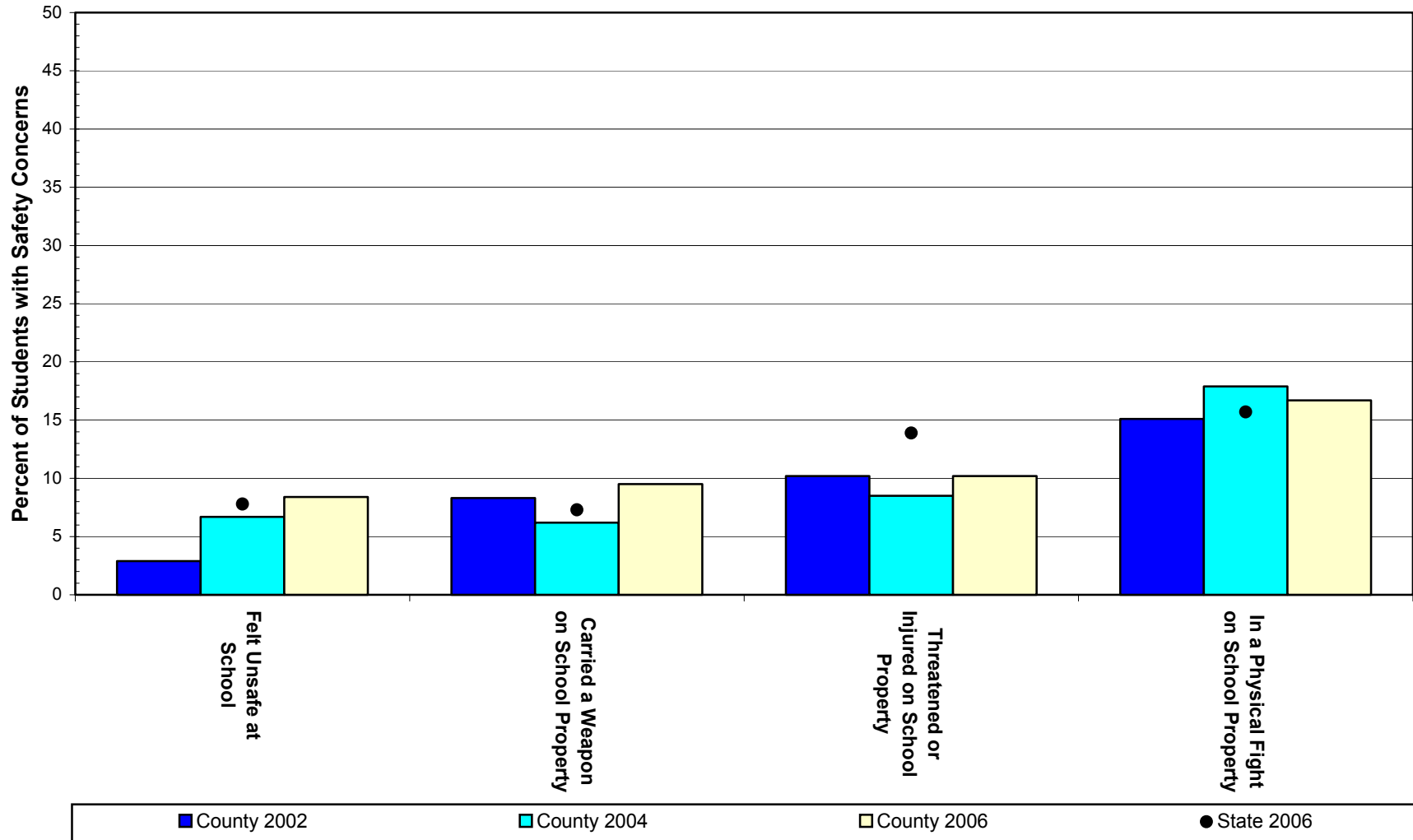
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Graham County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Graham County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Graham County Student Survey, Grade 12

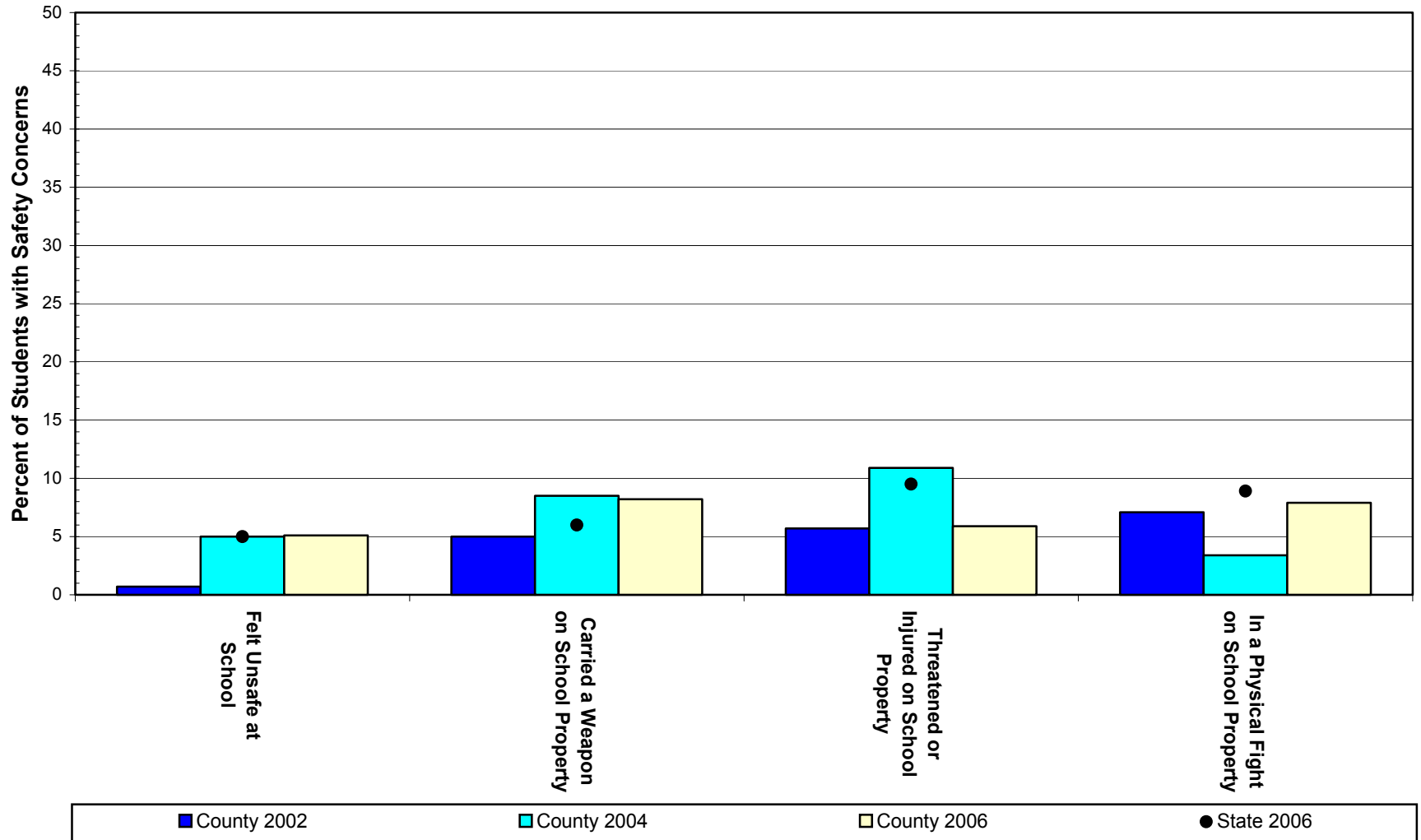


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	211	169	307	26872	206	212	283	19581	143	119	295	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	61.0	54.5	49.2	50.4	75.2	64.3	63.6	67.6	68.6	71.2	64.6	74.5
Cigarettes	51.4	38.7	27.3	30.8	60.1	44.9	47.6	43.8	60.6	57.1	48.3	50.0
Chewing Tobacco	10.5	11.3	10.5	8.0	11.8	13.3	11.9	11.8	16.9	20.2	17.0	15.6
Marijuana	27.6	22.8	18.0	18.3	50.7	40.1	41.7	34.0	43.0	50.4	41.3	42.6
Inhalants	18.8	16.7	13.9	15.2	22.4	14.5	19.5	11.9	13.3	17.6	18.1	9.8
Hallucinogens	4.3	1.8	2.8	2.1	11.2	4.8	6.7	4.1	5.6	2.5	7.8	5.6
Cocaine	5.7	4.4	3.7	3.6	15.7	6.8	9.5	7.6	13.4	17.8	18.0	11.6
Methamphetamines [2002] ¹	5.8	n/a	n/a	n/a	15.5	n/a	n/a	n/a	11.4	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	4.0	2.6	n/a	n/a	9.5	5.0	n/a	n/a	11.0	6.6
Stimulants [2004] ³	n/a	4.9	n/a	n/a	n/a	7.2	n/a	n/a	n/a	10.2	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	2.2	3.4	n/a	n/a	11.3	7.1	n/a	n/a	8.6	8.5
Heroin	2.4	3.1	1.8	1.4	5.9	2.9	2.1	2.1	5.6	5.0	1.9	2.8
Sedatives [2002] ⁵	3.3	n/a	n/a	n/a	7.4	n/a	n/a	n/a	2.8	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	17.8	8.9	10.0	n/a	12.4	16.3	14.3	n/a	22.4	17.9	17.4
Ecstasy	5.3	1.3	3.0	1.9	9.9	4.4	2.5	3.4	8.5	2.6	2.3	4.4
Steroids	n/a	n/a	2.6	1.6	n/a	n/a	2.9	2.0	n/a	n/a	3.9	2.2
Prescription Drugs	n/a	n/a	8.1	9.8	n/a	n/a	17.5	16.0	n/a	n/a	21.9	20.0
Any Drug	36.5	39.9	34.2	36.2	55.3	51.2	58.7	47.0	45.5	58.1	52.5	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	39.6	26.8	25.7	24.1	49.3	40.5	38.2	39.2	44.4	44.1	40.2	47.0
Cigarettes	15.0	11.9	9.0	10.5	19.7	16.7	14.8	17.1	9.9	25.4	21.3	21.8
Chewing Tobacco	3.8	1.8	3.4	2.7	4.9	3.8	2.9	4.0	3.5	10.1	8.9	5.4
Marijuana	15.9	13.0	8.1	8.5	26.5	13.9	20.8	15.7	12.7	21.8	20.1	18.1
Inhalants	9.7	8.1	4.7	6.2	7.0	4.8	3.6	3.1	2.8	0.0	4.1	1.7
Hallucinogens	2.4	1.2	1.8	1.0	7.0	2.4	2.4	1.7	2.1	1.7	1.9	1.7
Cocaine	2.4	1.3	2.2	1.7	8.9	3.3	3.6	2.9	4.9	5.1	9.4	3.3
Methamphetamines [2002] ¹	2.4	n/a	n/a	n/a	8.5	n/a	n/a	n/a	4.2	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	1.8	1.0	n/a	n/a	4.5	1.7	n/a	n/a	5.1	1.4
Stimulants [2004] ³	n/a	1.9	n/a	n/a	n/a	4.4	n/a	n/a	n/a	3.4	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.4	1.5	n/a	n/a	4.0	2.9	n/a	n/a	2.6	2.6
Heroin	2.4	1.3	0.8	0.7	4.0	1.5	0.8	0.7	1.4	0.0	1.6	0.8
Sedatives [2002] ⁵	1.9	n/a	n/a	n/a	4.5	n/a	n/a	n/a	2.1	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	11.1	4.7	4.5	n/a	6.8	7.3	6.6	n/a	11.1	8.5	7.1
Ecstasy	3.9	0.6	1.5	0.8	5.1	1.0	1.7	1.0	2.1	0.0	0.4	0.9
Steroids	n/a	n/a	1.5	0.8	n/a	n/a	2.4	1.0	n/a	n/a	1.9	1.0
Prescription Drugs	n/a	n/a	4.1	4.5	n/a	n/a	10.2	7.3	n/a	n/a	9.8	8.1
Any Drug	23.2	27.4	18.3	19.7	33.5	27.8	33.7	25.6	15.5	29.6	33.1	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	21.6	21.0	18.8	13.4	27.2	24.5	26.9	22.4	24.8	33.6	26.6	28.2
1/2 Pack of Cigarettes/Day	1.9	1.9	1.4	1.0	3.0	2.9	2.6	2.4	2.8	1.7	2.1	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	21.3	18.8	18.6	19.8	14.3	10.0	18.8	15.5	7.0	12.7	9.0	9.4
Drunk or High at School	17.9	12.5	10.9	13.0	28.6	22.7	27.6	21.1	13.4	30.5	25.4	21.4
Sold Illegal Drugs	6.8	6.2	3.3	4.9	16.3	8.1	7.7	9.1	7.7	10.9	10.8	9.8
Stolen a Vehicle	3.4	6.2	2.5	4.6	5.4	3.3	5.1	4.7	2.1	1.7	1.8	3.1
Been Arrested	8.7	8.1	3.9	8.3	7.8	6.7	7.8	9.3	4.2	10.9	6.1	7.8
Attacked to Harm	13.6	18.9	12.2	17.9	12.4	14.7	20.2	16.5	7.7	10.2	13.6	13.2
Carried a Handgun	3.9	7.5	5.2	7.6	6.4	6.2	8.3	7.5	4.9	6.8	8.5	7.0
Handgun to School	0.5	1.3	1.1	1.6	2.0	3.8	1.6	1.6	2.1	1.7	0.4	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	51.5	50.0	63.0	38.2	39.8	54.1	53.8	37.1	57.4	44.1	61.0	37.6
Rewards for Prosocial Involvement	35.5	31.1	38.9	30.4	39.2	42.2	48.6	36.3	50.0	48.3	48.4	35.2
Family Domain												
Family Attachment	53.0	45.9	55.3	48.7	44.2	54.5	41.4	44.1	64.2	54.3	60.7	57.1
Opportunity for Prosocial Involvement	59.0	53.9	64.7	57.4	50.9	64.4	56.0	53.0	60.3	59.0	56.5	55.9
Rewards for Prosocial Involvement	60.7	53.7	71.7	60.6	55.4	60.6	52.6	54.9	62.5	55.6	60.5	56.9
School Domain												
Opportunity for Prosocial Involvement	60.4	64.1	72.2	59.1	61.6	63.3	60.2	62.9	69.5	65.5	66.1	65.2
Rewards for Prosocial Involvement	48.6	47.6	62.4	50.7	57.1	61.8	65.6	62.3	50.0	48.7	53.8	48.0
Peer-Individual Domain												
Religiosity	*	57.3	57.7	46.2	*	53.6	54.8	44.3	*	83.2	84.8	70.7
Social Skills	54.9	51.2	60.3	58.3	51.2	53.1	51.1	52.4	65.5	60.5	65.9	66.0
Belief in the Moral Order	46.4	42.3	62.7	54.3	49.0	60.6	56.1	62.6	40.1	49.6	55.9	51.2
Interaction with Prosocial Peers	*	50.6	59.5	46.1	*	52.9	55.9	49.6	*	50.9	58.1	48.1
Prosocial Involvement	*	43.2	44.1	37.7	*	40.8	43.1	39.3	*	37.3	45.3	39.1
Rewards for Prosocial Involvement	*	53.4	64.7	58.8	*	61.0	58.7	61.1	*	55.7	54.5	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	37.7	48.8	33.1	40.7	47.6	46.6	43.5	46.9	39.3	55.9	42.7	49.8
Community Disorganization	38.4	47.8	38.5	48.2	44.1	61.7	56.1	57.6	37.0	62.4	54.3	52.3
Transitions & Mobility	38.7	50.6	42.8	53.7	40.1	46.6	47.4	60.4	33.1	53.4	48.5	54.9
Laws & Norms Favor Drug Use	44.4	46.9	31.0	37.8	52.1	45.0	47.3	42.5	19.9	39.7	27.8	34.6
Perceived Availability of Drugs	55.4	53.1	33.6	38.1	67.9	49.0	50.9	48.8	53.6	59.5	52.9	51.3
Perceived Availability of Handguns	59.3	55.8	47.7	37.0	36.0	35.4	36.2	27.6	39.3	35.3	39.2	34.1
Family Domain												
Poor Family Management	52.2	50.3	40.6	47.9	41.2	38.2	46.7	45.0	35.3	40.2	38.8	44.8
Family Conflict	54.9	55.8	46.1	52.2	41.2	40.4	42.7	42.2	28.7	47.9	37.9	38.3
Family History of Antisocial Behavior	52.2	60.3	43.4	42.7	57.1	51.2	49.8	43.2	25.4	55.6	44.8	38.6
Parent Attitudes Favorable to ASB	47.5	53.2	46.3	48.5	46.4	47.1	52.7	50.0	41.6	45.8	41.8	45.9
Parent Attitudes Favor Drug Use	28.8	28.2	28.5	29.1	36.7	36.0	40.9	41.1	30.7	36.4	30.0	40.1
School Domain												
Academic Failure	46.5	57.6	46.9	48.6	46.5	49.3	51.3	51.6	44.2	45.7	40.4	44.1
Low Commitment to School	49.3	54.3	36.0	41.1	45.8	39.8	42.4	40.1	38.0	34.5	38.6	43.0
Peer-Individual Domain												
Rebelliousness	51.7	40.0	38.7	43.8	48.5	42.8	52.2	47.5	37.1	40.7	44.2	44.3
Early Initiation of ASB	40.9	37.7	37.3	40.2	41.0	31.9	46.4	42.4	36.6	40.3	39.6	38.8
Early Initiation of Drug Use	49.8	42.7	33.9	35.2	48.5	41.1	40.9	36.6	38.5	41.2	39.2	34.1
Attitudes Favorable to ASB	39.0	56.2	42.6	46.2	62.0	42.7	47.5	49.7	43.3	43.7	42.3	45.6
Attitudes Favorable to Drug Use	42.9	43.7	33.6	32.4	54.4	34.1	47.1	36.6	32.6	31.1	32.1	34.6
Perceived Risk of Drug Use	44.3	53.4	37.2	45.4	48.3	36.4	37.7	39.2	39.3	44.9	39.3	40.5
Interaction with Antisocial Peers	57.9	66.2	50.5	58.4	57.3	57.5	55.7	58.1	51.0	60.0	46.8	52.0
Friend's Use of Drugs	48.8	54.8	38.4	41.3	48.5	41.3	42.9	43.2	31.5	44.3	34.2	35.9
Rewards for ASB	52.7	63.4	46.2	48.7	36.8	37.2	51.3	45.0	36.9	51.3	55.1	53.8
Depressive Symptoms	53.9	55.1	38.9	45.7	54.2	52.6	46.4	45.5	35.9	49.6	40.3	38.6
Intention to Use Drugs	*	40.4	30.8	36.5	*	40.8	39.6	44.9	*	26.3	27.7	29.9
Gang Involvement	13.5	23.6	15.3	26.3	9.2	25.7	17.1	23.9	9.2	19.5	8.9	16.3
* Not available, scale not included in 2002 survey												

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	95.2	95.5	96.0	93.1	91.7	93.8	90.5	92.7	95.0	91.5	91.8	94.0
	1 day	1.9	1.3	0.7	3.1	2.5	1.4	4.0	2.4	0.0	1.7	1.4	1.4
	2-3 days	1.0	1.3	2.3	1.6	1.5	1.0	0.7	1.5	2.1	1.7	0.3	0.9
	4-5 days	1.0	0.0	0.0	0.6	0.5	0.5	1.5	0.7	0.0	0.8	0.7	0.6
	6 or more days	1.0	1.9	1.0	1.6	3.9	3.3	3.3	2.7	2.8	4.2	5.8	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	95.3	91.2	91.4	89.3	97.1	93.3	91.6	92.2	99.3	95.0	94.9	95.0
	1 day	1.9	5.0	4.3	6.0	2.0	3.3	2.9	4.1	0.0	0.0	3.4	2.6
	2-3 days	1.4	1.9	2.0	2.8	0.0	1.9	2.9	2.1	0.0	2.5	0.7	1.2
	4-5 days	0.5	0.0	0.7	0.7	0.0	0.5	1.1	0.5	0.0	1.7	0.3	0.4
	6 or more days	0.9	1.9	1.7	1.2	1.0	1.0	1.5	1.1	0.7	0.8	0.7	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	91.9	93.9	90.1	84.5	89.8	91.5	89.8	86.1	94.3	89.1	94.1	90.5
	1 time	5.2	2.5	4.0	7.7	4.4	3.3	2.9	6.7	2.8	3.4	3.5	4.4
	2-3 times	2.4	1.2	3.0	4.2	3.9	2.8	4.4	3.9	1.4	2.5	2.4	3.0
	4-5 times	0.0	1.2	1.0	1.3	0.5	0.5	1.1	1.2	0.0	0.8	0.0	0.6
	6-7 times	0.0	0.0	0.3	0.5	0.0	0.0	0.7	0.5	0.0	0.8	0.0	0.3
	8-9 times	0.0	0.0	0.3	0.3	0.0	0.9	0.4	0.3	0.0	0.8	0.0	0.3
	10-11 times	0.0	0.0	0.3	0.3	0.0	0.5	0.0	0.2	0.0	0.0	0.0	0.2
	12 or more times	0.5	1.2	1.0	1.2	1.5	0.5	0.7	1.3	1.4	2.5	0.0	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	81.5	83.1	80.4	75.4	84.9	82.1	83.3	84.3	92.9	96.6	92.1	91.1
	1 time	12.8	11.2	11.6	13.1	11.2	11.8	10.5	8.9	5.7	1.7	5.8	5.5
	2-3 times	4.7	1.9	4.7	7.1	2.0	3.8	3.6	4.4	0.7	0.8	1.7	2.1
	4-5 times	0.5	1.2	1.3	2.1	0.5	0.9	0.7	1.0	0.0	0.8	0.0	0.4
	6-7 times	0.0	1.2	1.0	0.6	1.0	0.0	0.4	0.2	0.0	0.0	0.0	0.1
	8-9 times	0.0	0.6	0.3	0.4	0.0	0.9	0.0	0.3	0.0	0.0	0.3	0.2
	10-11 times	0.0	0.0	0.0	0.3	0.5	0.5	0.0	0.2	0.0	0.0	0.0	0.1
	12 or more times	0.5	0.6	0.7	1.0	0.0	0.0	1.4	0.7	0.7	0.0	0.0	0.4

Graham County

Contacts For Prevention

Regional Prevention Contacts

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

Bill Burnett
Community Partnership of Southern Arizona (CPSA)
520-618-8807

Gila, La Paz, Pinal, and Yuma Counties

Linda Weinberg
Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
928-214-2177

Maricopa County

Juan Aristizabal
ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
520-879-6067

Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

Michelle Neitch/ Phillip Stevenson
602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Greenlee County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Greenlee County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Greenlee County and the State. Because not all students answer all of the questions, the number of students in

CONTENTS:

Introduction:

- Demographics
- Risk & Protective Framework

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- Risk & Protective Factor Profiles
- Substance Use & Antisocial Behavior
- School Safety

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	263	100	248	100	239	100	60401	100
Grade								
8	84	31.9	98	39.5	85	35.6	26872	44.5
10	100	38.0	75	30.2	85	35.6	19581	32.4
12	79	30.0	75	30.2	69	28.9	13948	23.1
Gender								
Male	143	55.4	125	51.4	108	47.0	28381	48.2
Female	115	44.6	118	48.6	122	53.0	30505	51.8
Ethnicity								
African American	2	0.8	0	0.0	5	2.2	2592	4.4
American Indian	7	2.8	7	3.0	4	1.7	3394	5.8
Asian	2	0.8	0	0.0	1	0.4	1341	2.3
Hispanic	110	44.2	136	58.9	108	47.0	21376	36.5
Pacific Islander	*	*	0	0.0	0	0.0	457	0.8
White	128	51.4	88	38.1	92	40.0	26761	45.7
Other	n/a	n/a	n/a	n/a	20	8.7	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

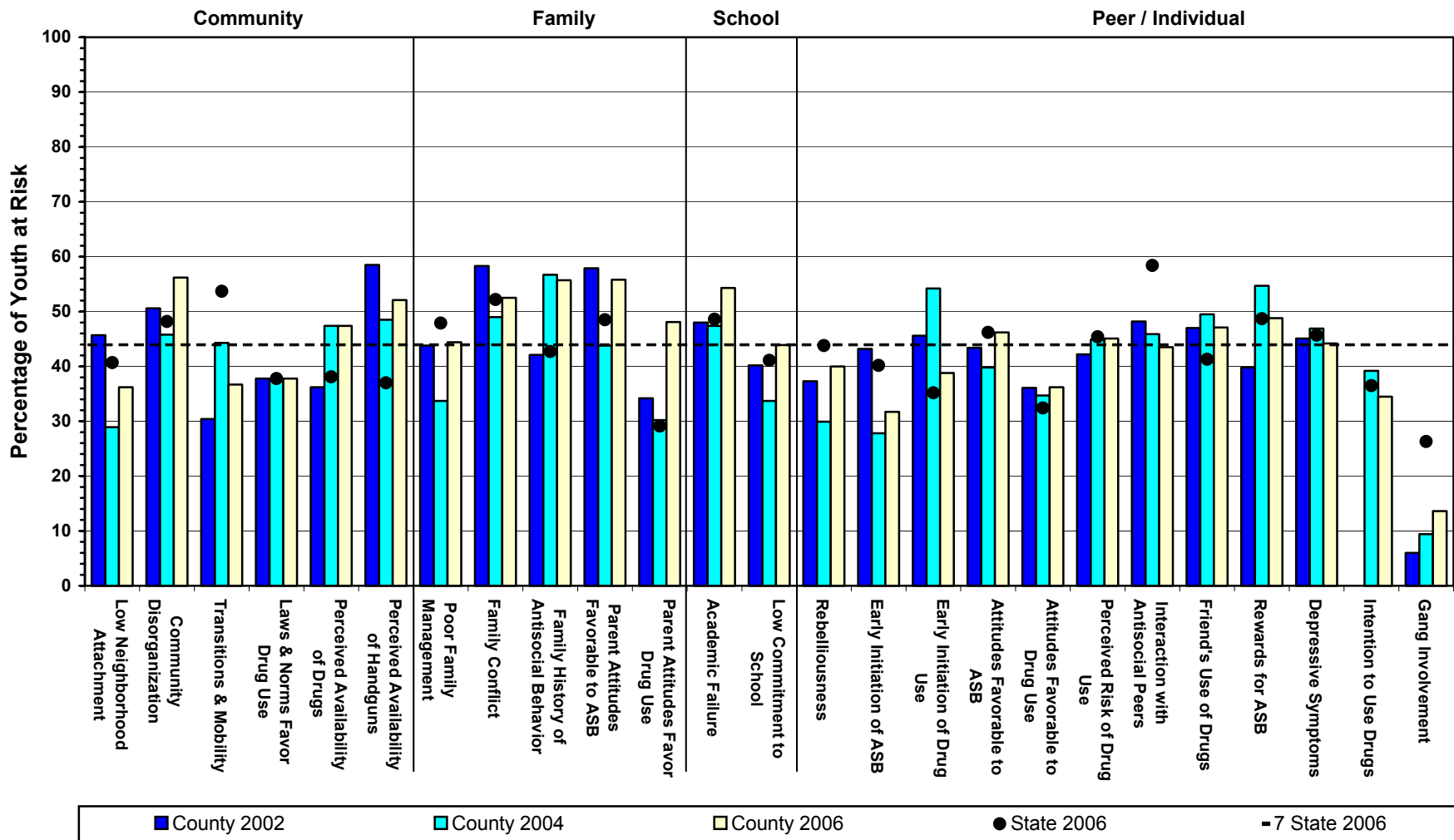
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Greenlee County Student Survey, Grade 8



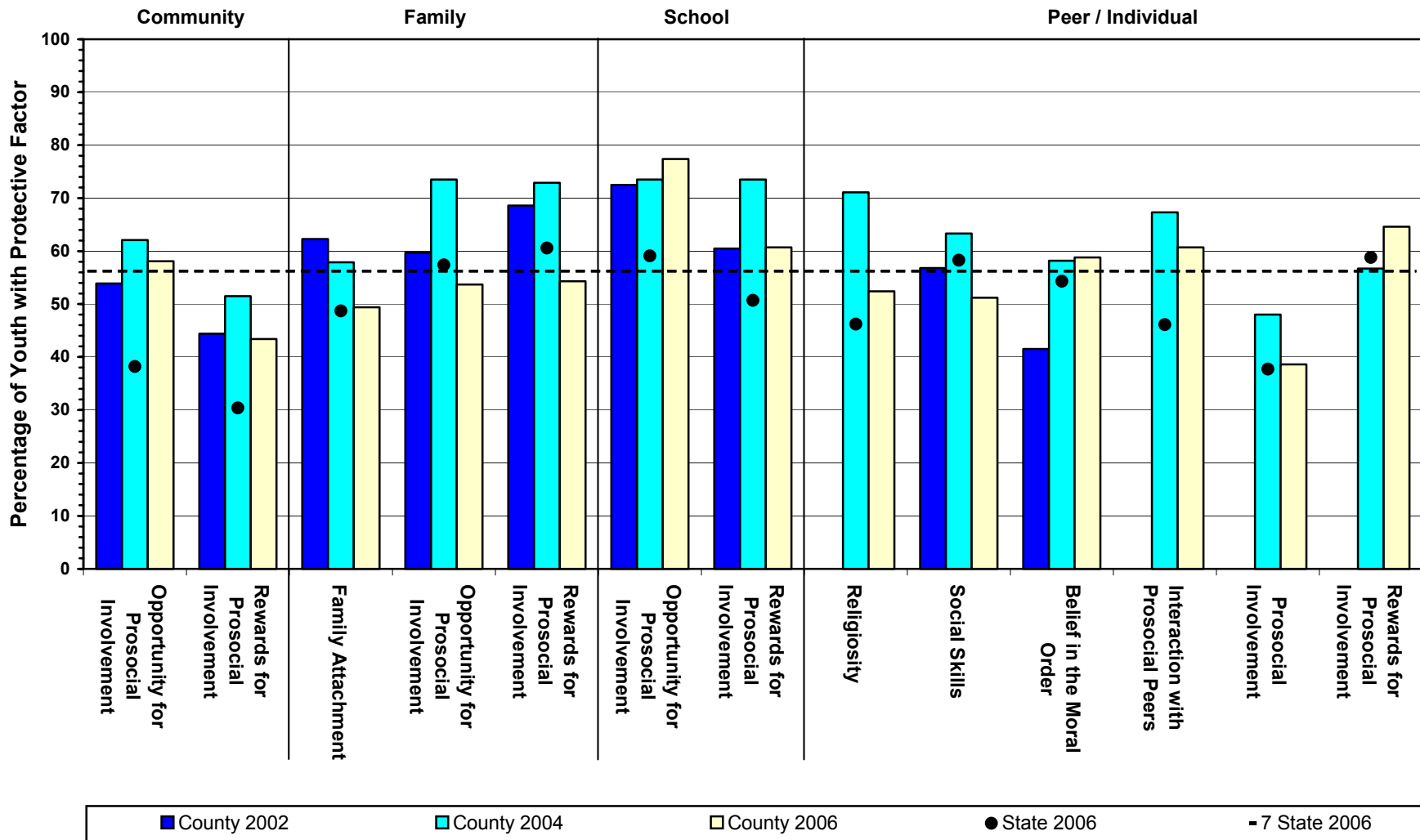
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Greenlee County Student Survey, Grade 8



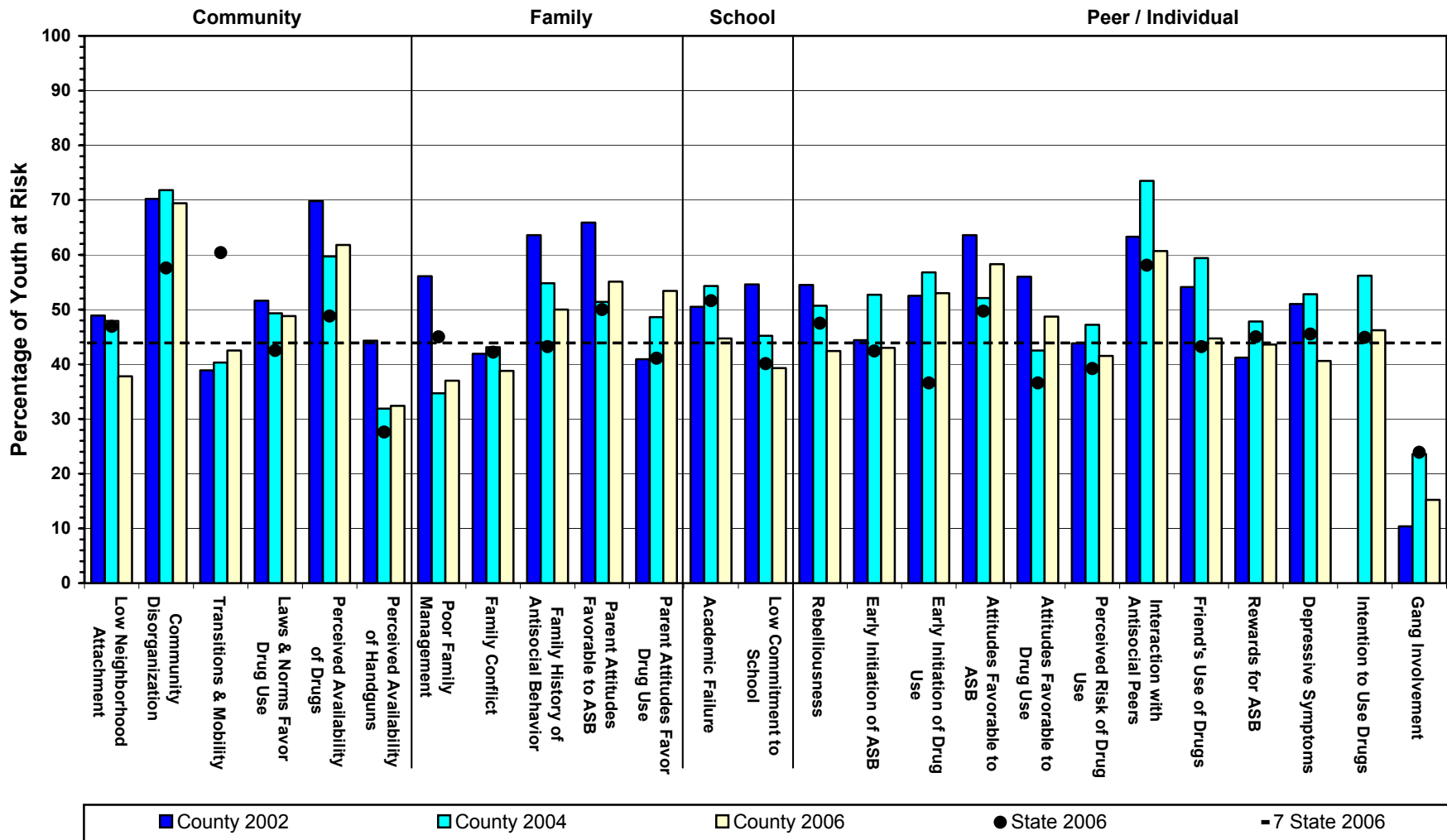
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Greenlee County Student Survey, Grade 10



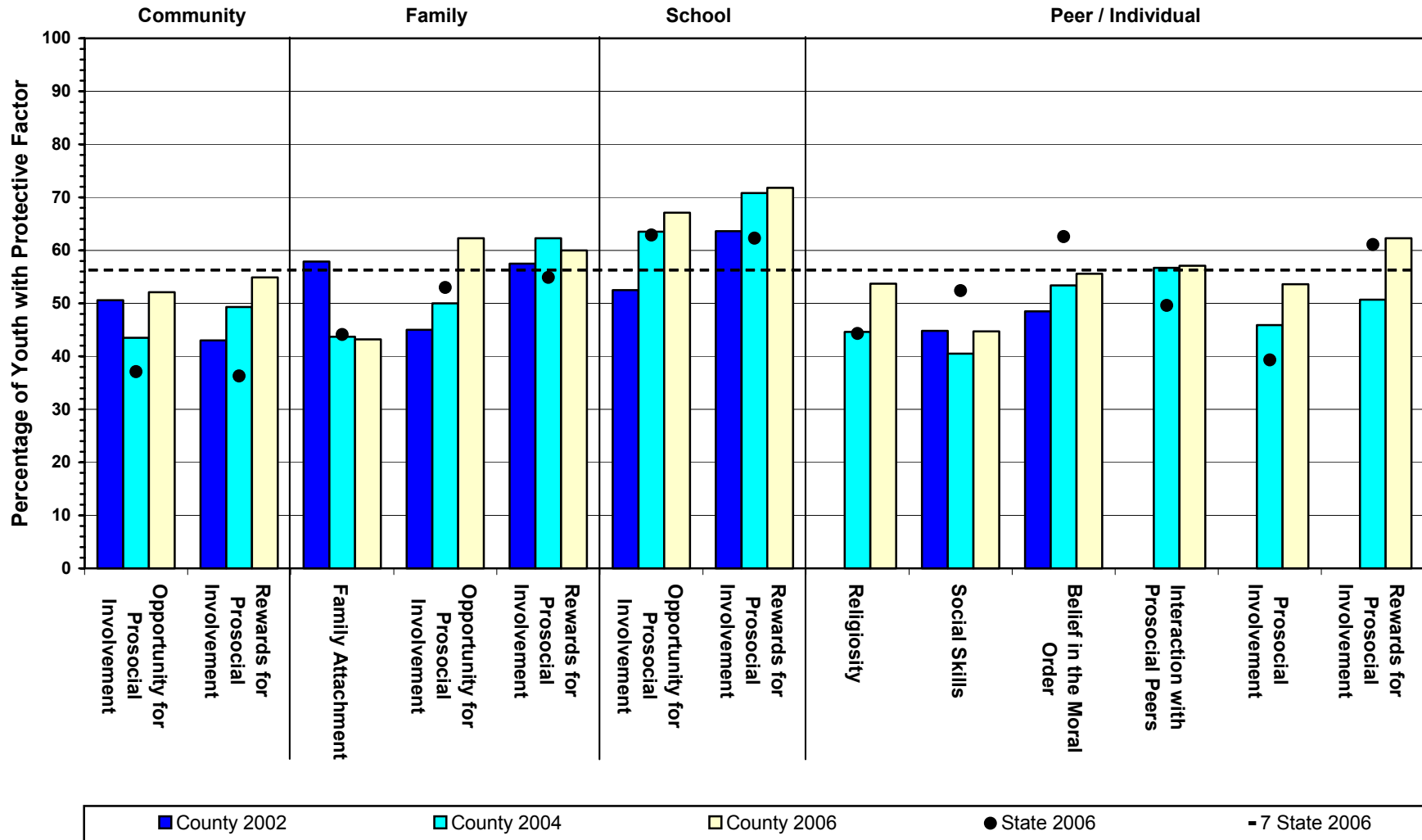
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Greenlee County Student Survey, Grade 10

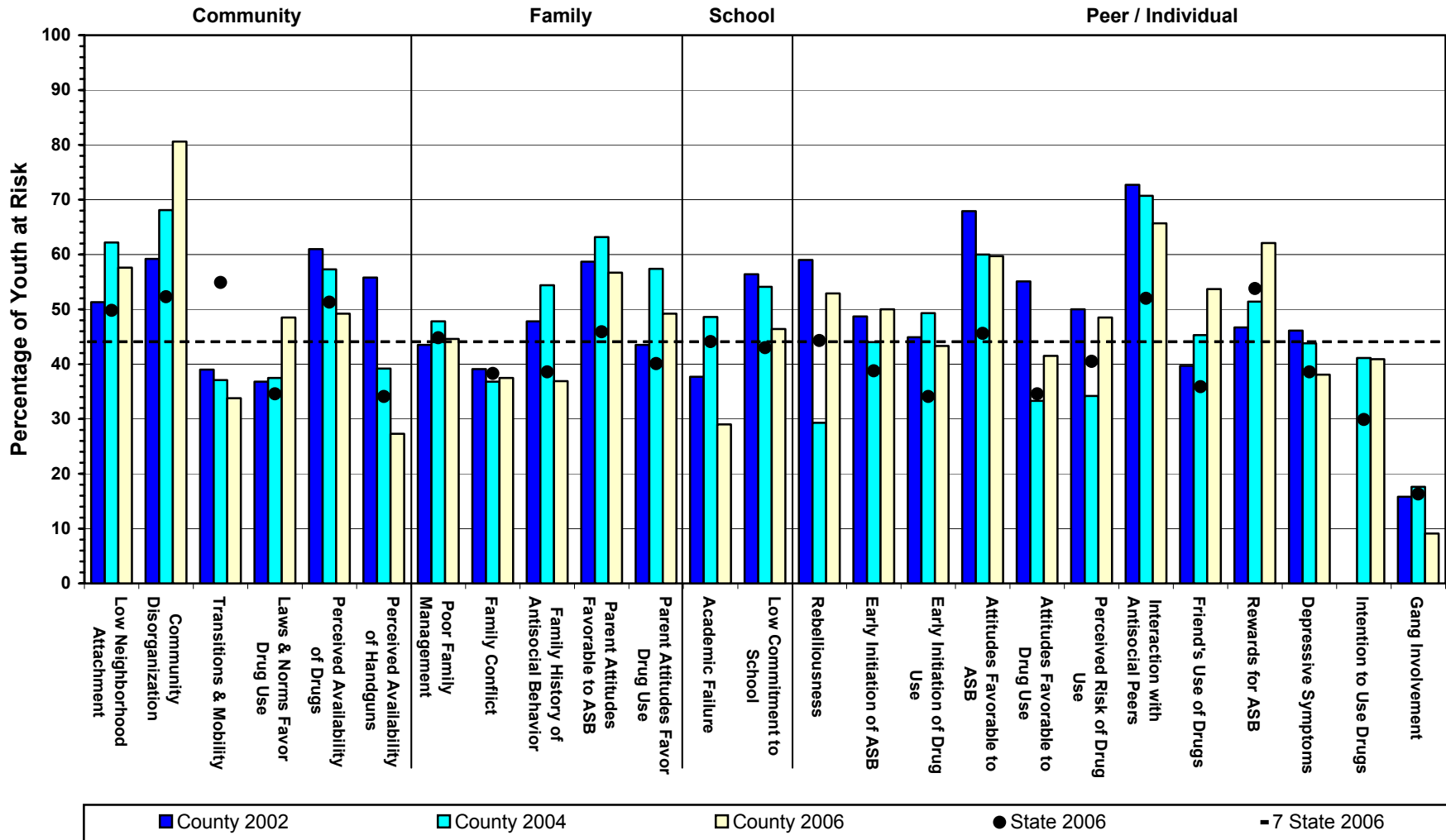


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Greenlee County Student Survey, Grade 12



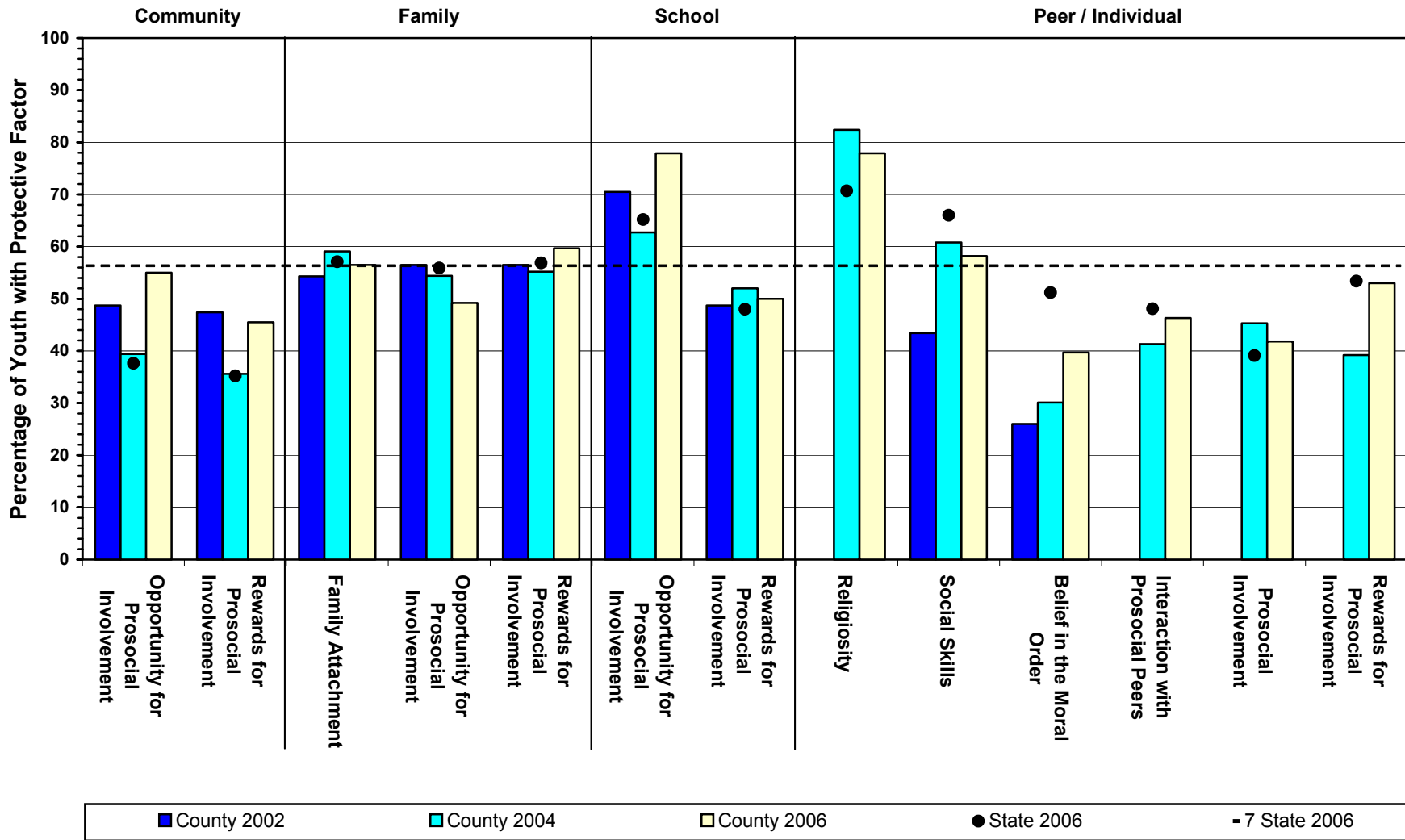
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

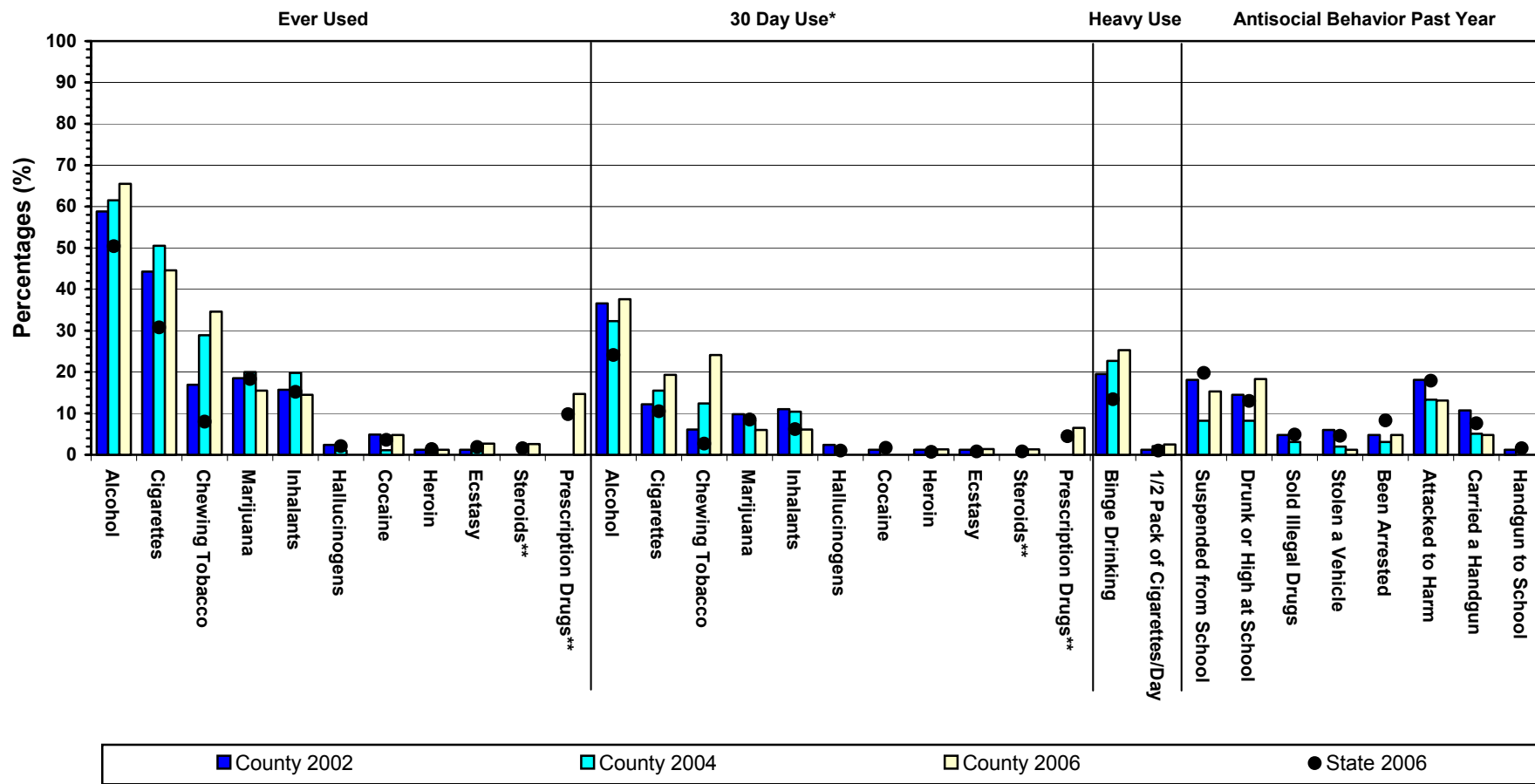
2006 Greenlee County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Greenlee County Student Survey, Grade 8



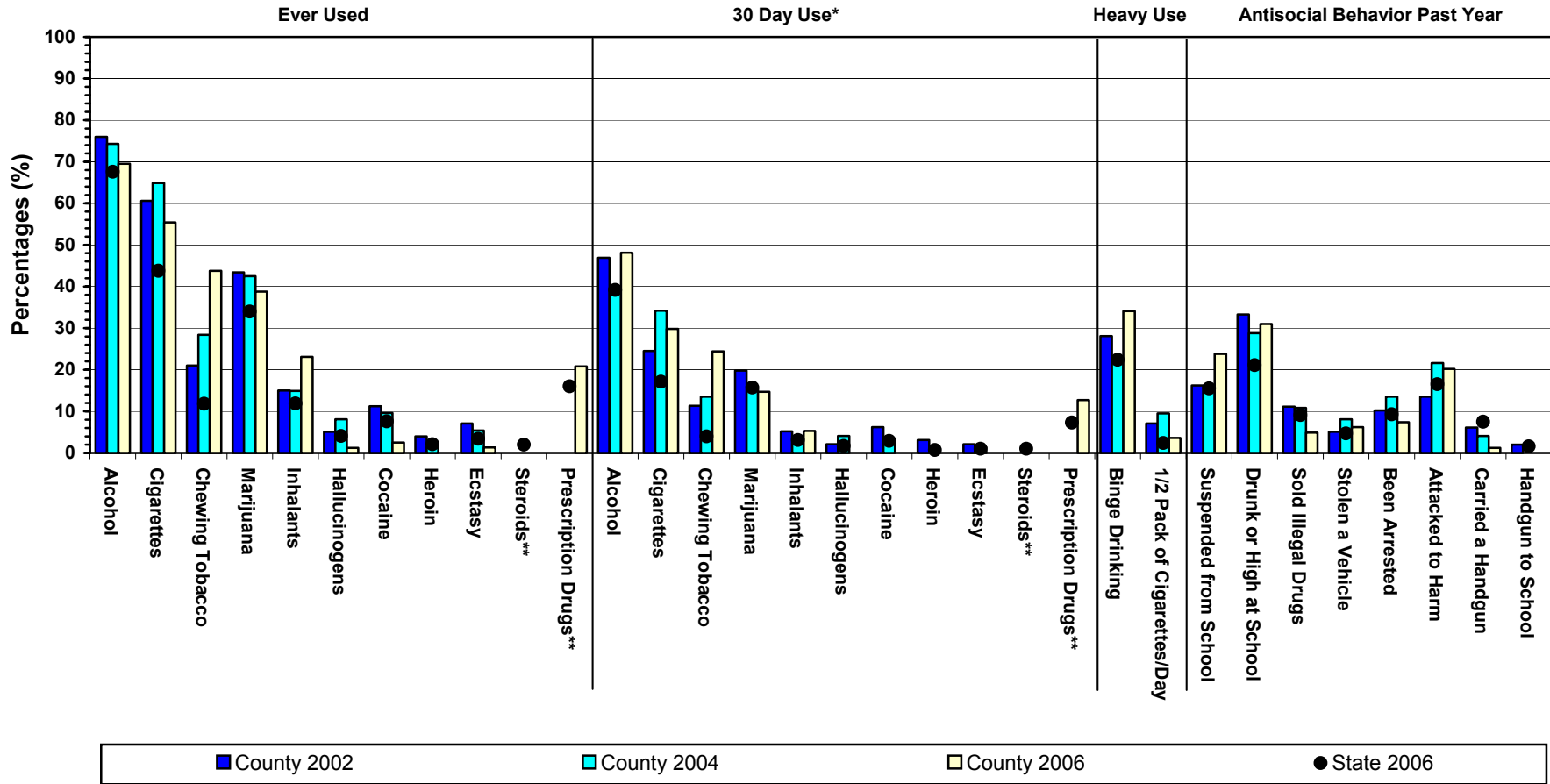
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Greenlee County Student Survey, Grade 10



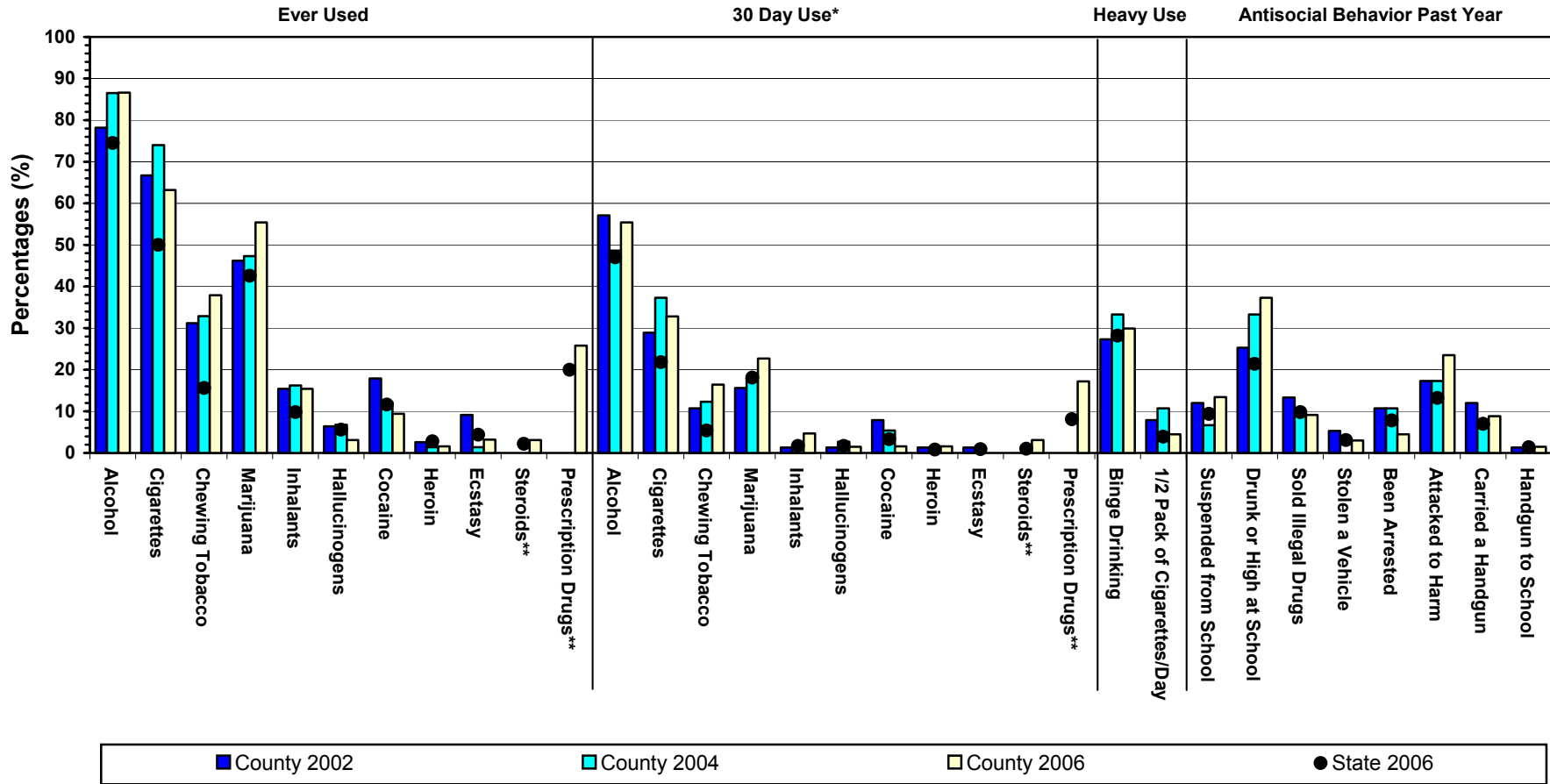
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Greenlee County Student Survey, Grade 12



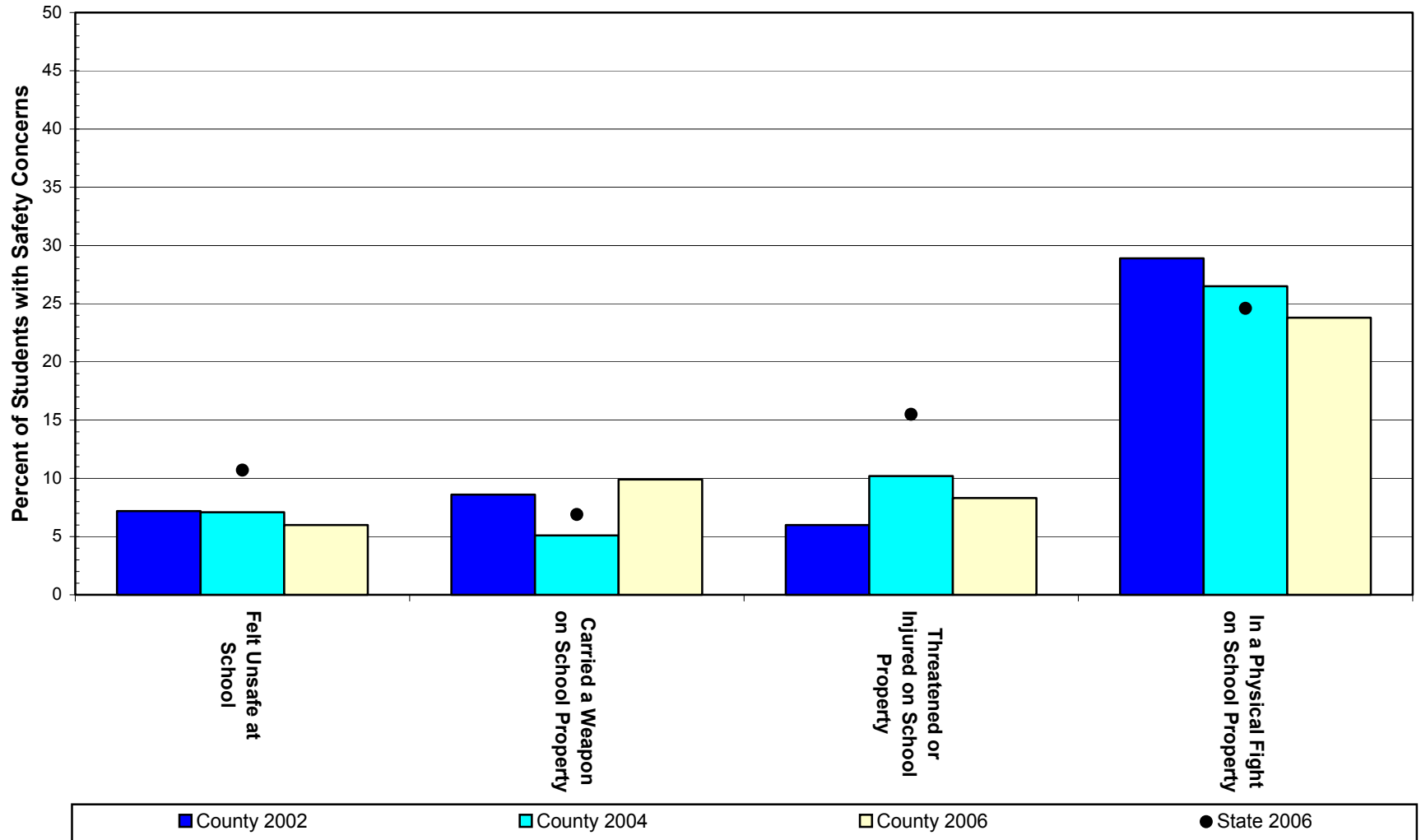
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

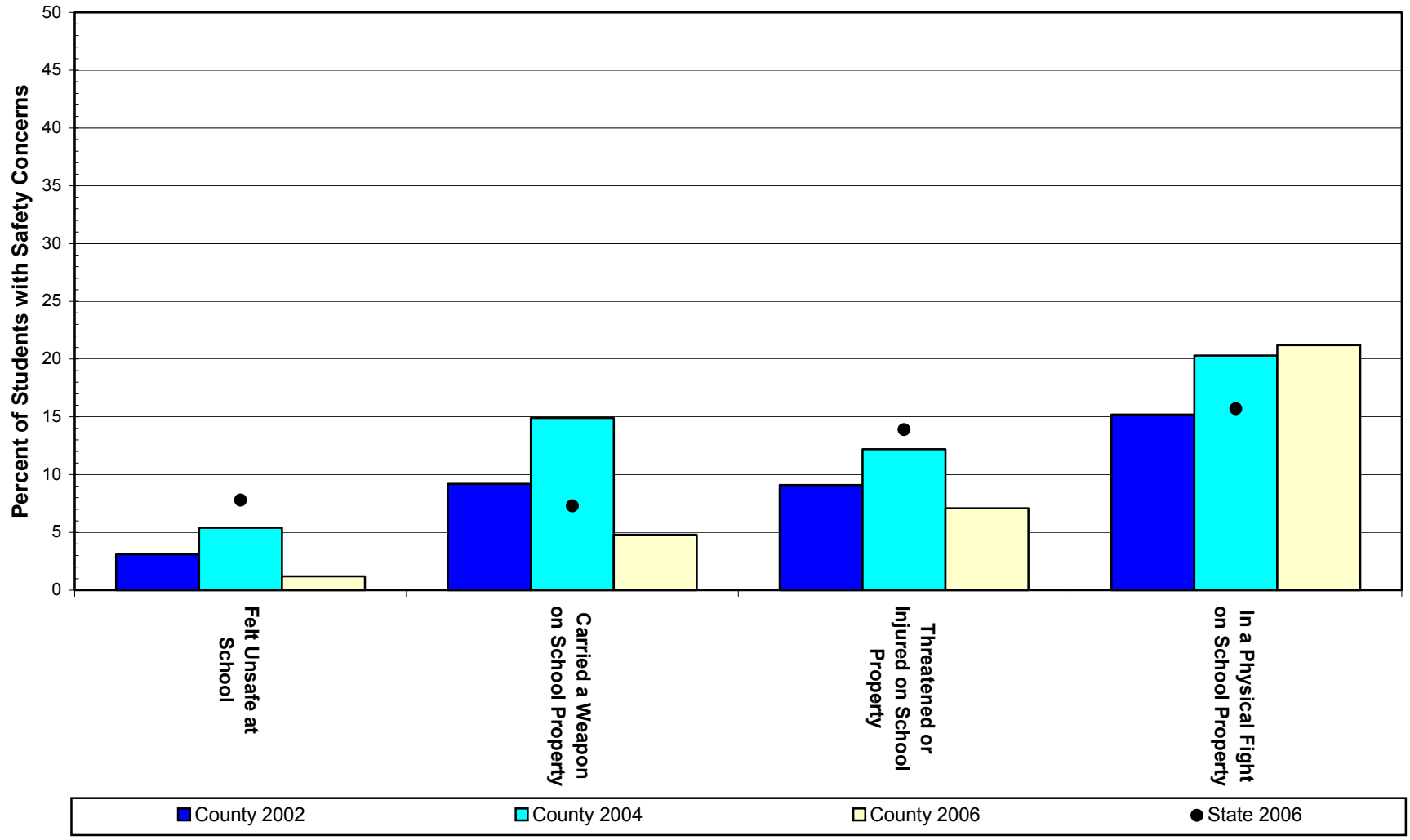
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Greenlee County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Greenlee County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Greenlee County Student Survey, Grade 12

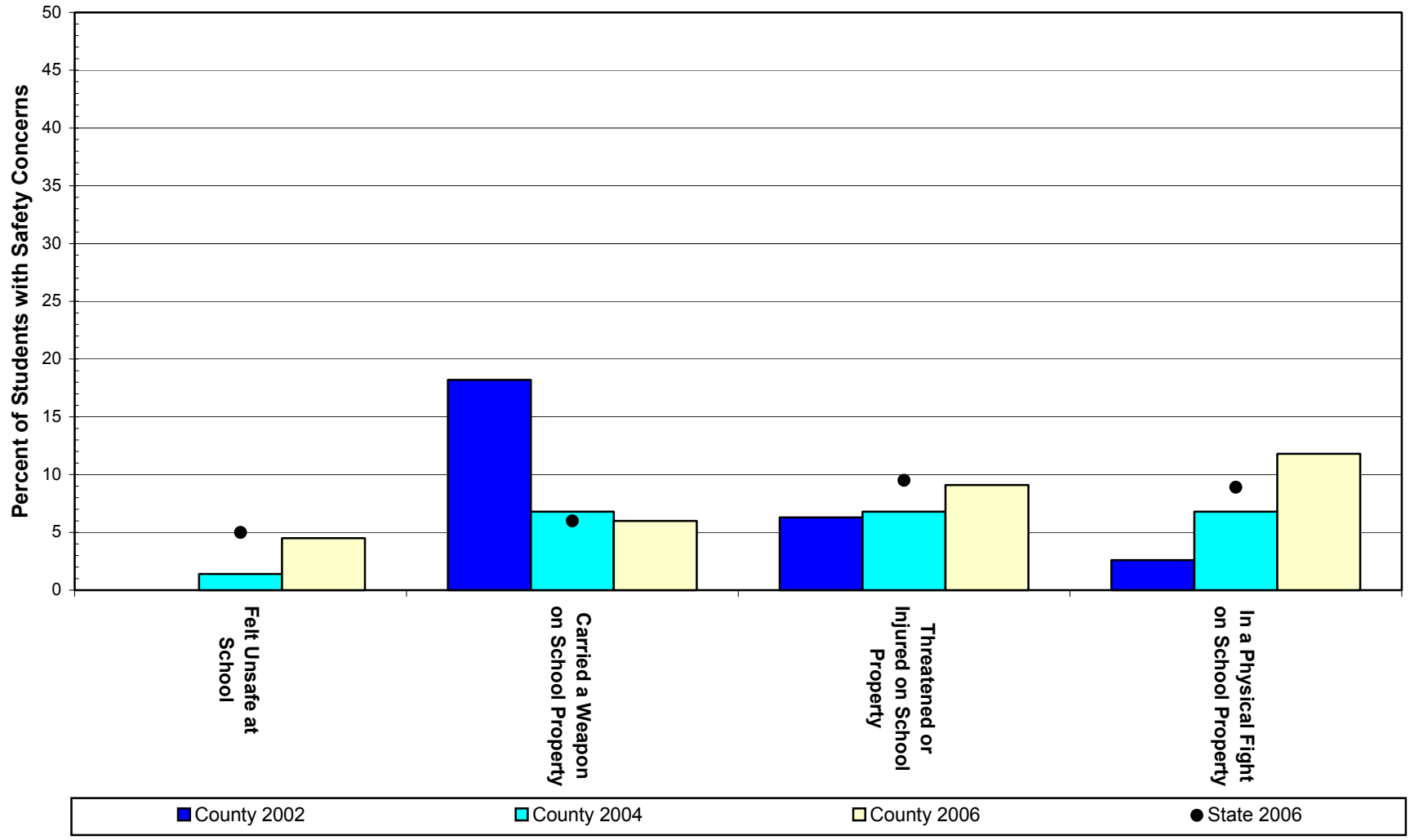


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	84	98	85	26872	100	75	85	19581	79	75	69	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	58.8	61.5	65.5	50.4	76.0	74.3	69.5	67.6	78.2	86.5	86.6	74.5
Cigarettes	44.3	50.5	44.6	30.8	60.6	64.9	55.4	43.8	66.7	74.0	63.2	50.0
Chewing Tobacco	16.9	28.9	34.6	8.0	21.0	28.4	43.8	11.8	31.2	32.9	37.9	15.6
Marijuana	18.5	20.0	15.5	18.3	43.4	42.5	38.8	34.0	46.2	47.3	55.4	42.6
Inhalants	15.7	19.8	14.5	15.2	15.0	14.9	23.1	11.9	15.4	16.2	15.4	9.8
Hallucinogens	2.4	1.0	0.0	2.1	5.1	8.1	1.2	4.1	6.4	6.8	3.1	5.6
Cocaine	4.9	1.1	4.8	3.6	11.2	9.6	2.5	7.6	17.9	12.2	9.4	11.6
Methamphetamines [2002] ¹	4.9	n/a	n/a	n/a	16.3	n/a	n/a	n/a	17.9	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	3.9	2.6	n/a	n/a	6.3	5.0	n/a	n/a	4.6	6.6
Stimulants [2004] ³	n/a	1.0	n/a	n/a	n/a	12.2	n/a	n/a	n/a	20.3	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.2	3.4	n/a	n/a	3.9	7.1	n/a	n/a	3.1	8.5
Heroin	1.2	1.0	1.2	1.4	4.0	1.4	0.0	2.1	2.6	1.4	1.6	2.8
Sedatives [2002] ⁵	2.4	n/a	n/a	n/a	5.2	n/a	n/a	n/a	10.3	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	7.2	14.8	10.0	n/a	21.6	13.3	14.3	n/a	28.4	21.5	17.4
Ecstasy	1.2	1.0	2.7	1.9	7.1	5.4	1.3	3.4	9.1	1.4	3.2	4.4
Steroids	n/a	n/a	2.6	1.6	n/a	n/a	0.0	2.0	n/a	n/a	3.1	2.2
Prescription Drugs	n/a	n/a	14.7	9.8	n/a	n/a	20.8	16.0	n/a	n/a	25.8	20.0
Any Drug	25.0	35.1	36.4	36.2	48.0	52.1	52.1	47.0	50.6	58.1	70.0	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	36.6	32.3	37.6	24.1	46.9	39.7	48.1	39.2	57.1	48.6	55.4	47.0
Cigarettes	12.2	15.5	19.3	10.5	24.5	34.2	29.8	17.1	28.9	37.3	32.8	21.8
Chewing Tobacco	6.1	12.4	24.1	2.7	11.3	13.5	24.4	4.0	10.7	12.3	16.4	5.4
Marijuana	9.8	8.2	6.0	8.5	19.8	15.3	14.7	15.7	15.6	18.1	22.7	18.1
Inhalants	11.0	10.4	6.1	6.2	5.2	4.1	5.3	3.1	1.3	1.4	4.7	1.7
Hallucinogens	2.4	0.0	0.0	1.0	2.1	4.1	0.0	1.7	1.3	2.7	1.5	1.7
Cocaine	1.2	0.0	0.0	1.7	6.2	2.7	0.0	2.9	7.9	5.4	1.6	3.3
Methamphetamines [2002] ¹	3.7	n/a	n/a	n/a	3.1	n/a	n/a	n/a	7.8	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	0.0	1.0	n/a	n/a	1.3	1.7	n/a	n/a	0.0	1.4
Stimulants [2004] ³	n/a	0.0	n/a	n/a	n/a	2.7	n/a	n/a	n/a	9.5	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.2	1.5	n/a	n/a	1.2	2.9	n/a	n/a	1.5	2.6
Heroin	1.2	0.0	1.3	0.7	3.1	0.0	0.0	0.7	1.3	0.0	1.6	0.8
Sedatives [2002] ⁵	1.2	n/a	n/a	n/a	3.1	n/a	n/a	n/a	5.2	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	3.1	5.1	4.5	n/a	9.5	5.1	6.6	n/a	10.8	9.2	7.1
Ecstasy	1.2	1.0	1.4	0.8	2.1	1.4	0.0	1.0	1.3	0.0	0.0	0.9
Steroids	n/a	n/a	1.3	0.8	n/a	n/a	0.0	1.0	n/a	n/a	3.1	1.0
Prescription Drugs	n/a	n/a	6.5	4.5	n/a	n/a	12.7	7.3	n/a	n/a	17.2	8.1
Any Drug	15.9	18.5	20.6	19.7	27.1	26.8	26.6	25.6	20.8	25.0	32.2	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	19.5	22.7	25.3	13.4	28.1	23.0	34.1	22.4	27.3	33.3	29.9	28.2
1/2 Pack of Cigarettes/Day	1.2	2.1	2.5	1.0	7.1	9.5	3.6	2.4	7.9	10.7	4.5	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	18.1	8.2	15.3	19.8	16.2	14.9	23.8	15.5	12.0	6.7	13.4	9.4
Drunk or High at School	14.5	8.2	18.3	13.0	33.3	28.8	31.0	21.1	25.3	33.3	37.3	21.4
Sold Illegal Drugs	4.8	3.1	0.0	4.9	11.1	10.8	4.9	9.1	13.3	9.3	9.1	9.8
Stolen a Vehicle	6.0	2.0	1.2	4.6	5.1	8.1	6.2	4.7	5.3	0.0	3.0	3.1
Been Arrested	4.8	3.1	4.8	8.3	10.2	13.5	7.4	9.3	10.7	10.7	4.5	7.8
Attacked to Harm	18.1	13.3	13.1	17.9	13.5	21.6	20.2	16.5	17.3	17.3	23.5	13.2
Carried a Handgun	10.7	5.1	4.8	7.6	6.1	4.1	1.2	7.5	12.0	6.7	8.8	7.0
Handgun to School	1.2	0.0	0.0	1.6	2.0	0.0	0.0	1.6	1.3	0.0	1.5	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	53.9	62.1	58.1	38.2	50.6	43.5	52.1	37.1	48.7	39.4	55.0	37.6
Rewards for Prosocial Involvement	44.4	51.5	43.4	30.4	43.0	49.3	54.9	36.3	47.4	35.6	45.5	35.2
Family Domain												
Family Attachment	62.3	57.9	49.4	48.7	57.9	43.7	43.2	44.1	54.3	59.1	56.5	57.1
Opportunity for Prosocial Involvement	59.7	73.5	53.7	57.4	45.0	50.0	62.3	53.0	56.5	54.4	49.2	55.9
Rewards for Prosocial Involvement	68.6	72.9	54.3	60.6	57.5	62.3	60.0	54.9	56.5	55.2	59.7	56.9
School Domain												
Opportunity for Prosocial Involvement	72.5	73.5	77.4	59.1	52.5	63.5	67.1	62.9	70.5	62.7	77.9	65.2
Rewards for Prosocial Involvement	60.5	73.5	60.7	50.7	63.6	70.8	71.8	62.3	48.7	52.0	50.0	48.0
Peer-Individual Domain												
Religiosity	*	71.1	52.4	46.2	*	44.6	53.7	44.3	*	82.4	77.9	70.7
Social Skills	56.8	63.3	51.2	58.3	44.8	40.5	44.7	52.4	43.4	60.8	58.2	66.0
Belief in the Moral Order	41.5	58.2	58.8	54.3	48.5	53.4	55.6	62.6	26.0	30.1	39.7	51.2
Interaction with Prosocial Peers	*	67.3	60.7	46.1	*	56.7	57.1	49.6	*	41.3	46.3	48.1
Prosocial Involvement	*	48.0	38.6	37.7	*	45.9	53.6	39.3	*	45.3	41.8	39.1
Rewards for Prosocial Involvement	*	56.7	64.6	58.8	*	50.7	62.3	61.1	*	39.2	53.0	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	45.7	28.9	36.2	40.7	48.9	47.9	37.8	46.9	51.3	62.2	57.6	49.8
Community Disorganization	50.6	45.8	56.2	48.2	70.2	71.8	69.4	57.6	59.2	68.1	80.6	52.3
Transitions & Mobility	30.4	44.3	36.7	53.7	38.9	40.3	42.5	60.4	39.0	37.1	33.8	54.9
Laws & Norms Favor Drug Use	37.8	37.5	37.8	37.8	51.6	49.3	48.8	42.5	36.8	37.5	48.5	34.6
Perceived Availability of Drugs	36.2	47.4	47.4	38.1	69.8	59.7	61.8	48.8	61.0	57.3	49.2	51.3
Perceived Availability of Handguns	58.5	48.5	52.1	37.0	44.3	31.9	32.4	27.6	55.8	39.2	27.3	34.1
Family Domain												
Poor Family Management	43.8	33.7	44.4	47.9	56.1	34.7	37.0	45.0	43.5	47.8	44.6	44.8
Family Conflict	58.3	49.0	52.5	52.2	41.9	43.1	38.8	42.2	39.1	36.8	37.5	38.3
Family History of Antisocial Behavior	42.1	56.7	55.7	42.7	63.6	54.8	50.0	43.2	47.8	54.4	36.9	38.6
Parent Attitudes Favorable to ASB	57.9	43.8	55.8	48.5	65.9	51.4	55.1	50.0	58.7	63.2	56.7	45.9
Parent Attitudes Favor Drug Use	34.2	30.2	48.1	29.1	40.9	48.6	53.4	41.1	43.5	57.4	49.2	40.1
School Domain												
Academic Failure	48.0	47.4	54.3	48.6	50.5	54.3	44.7	51.6	37.7	48.6	29.0	44.1
Low Commitment to School	40.2	33.7	43.9	41.1	54.6	45.2	39.3	40.1	56.4	54.1	46.4	43.0
Peer-Individual Domain												
Rebelliousness	37.3	29.9	40.0	43.8	54.5	50.7	42.4	47.5	59.0	29.3	52.9	44.3
Early Initiation of ASB	43.2	27.8	31.7	40.2	44.4	52.7	43.0	42.4	48.7	44.0	50.0	38.8
Early Initiation of Drug Use	45.6	54.2	38.8	35.2	52.5	56.8	53.0	36.6	44.9	49.3	43.3	34.1
Attitudes Favorable to ASB	43.4	39.8	46.2	46.2	63.6	52.1	58.3	49.7	67.9	60.0	59.7	45.6
Attitudes Favorable to Drug Use	36.1	34.7	36.2	32.4	56.0	42.5	48.7	36.6	55.1	33.3	41.5	34.6
Perceived Risk of Drug Use	42.2	44.9	45.1	45.4	43.8	47.2	41.5	39.2	50.0	34.2	48.5	40.5
Interaction with Antisocial Peers	48.2	45.9	43.5	58.4	63.3	73.5	60.7	58.1	72.7	70.7	65.7	52.0
Friend's Use of Drugs	47.0	49.5	47.1	41.3	54.1	59.4	44.7	43.2	39.7	45.3	53.7	35.9
Rewards for ASB	39.8	54.7	48.8	48.7	41.2	47.8	43.6	45.0	46.7	51.4	62.1	53.8
Depressive Symptoms	45.1	46.9	44.2	45.7	51.0	52.8	40.6	45.5	46.1	43.8	38.1	38.6
Intention to Use Drugs	*	39.2	34.5	36.5	*	56.2	46.2	44.9	*	41.1	40.9	29.9
Gang Involvement	6.0	9.4	13.6	26.3	10.4	23.6	15.2	23.9	15.8	17.6	9.1	16.3
* Not available, scale not included in 2002 survey												

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	91.4	94.9	90.1	93.1	90.8	85.1	95.2	92.7	81.8	93.2	94.0	94.0
	1 day	1.2	1.0	3.7	3.1	4.1	0.0	1.2	2.4	3.9	5.5	0.0	1.4
	2-3 days	3.7	2.0	2.5	1.6	1.0	1.4	0.0	1.5	2.6	0.0	0.0	0.9
	4-5 days	0.0	1.0	0.0	0.6	0.0	1.4	0.0	0.7	3.9	0.0	0.0	0.6
	6 or more days	3.7	1.0	3.7	1.6	4.1	12.2	3.6	2.7	7.8	1.4	6.0	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	92.8	92.9	94.0	89.3	96.9	94.6	98.8	92.2	100.0	98.6	95.5	95.0
	1 day	4.8	6.1	2.4	6.0	1.0	2.7	1.2	4.1	0.0	0.0	3.0	2.6
	2-3 days	2.4	1.0	2.4	2.8	2.0	2.7	0.0	2.1	0.0	0.0	0.0	1.2
	4-5 days	0.0	0.0	1.2	0.7	0.0	0.0	0.0	0.5	0.0	1.4	0.0	0.4
	6 or more days	0.0	0.0	0.0	1.2	0.0	0.0	0.0	1.1	0.0	0.0	1.5	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	94.0	89.8	91.7	84.5	90.9	87.8	92.9	86.1	93.7	93.2	90.9	90.5
	1 time	1.2	5.1	3.6	7.7	3.0	9.5	2.4	6.7	2.5	4.1	3.0	4.4
	2-3 times	2.4	3.1	4.8	4.2	5.1	1.4	2.4	3.9	1.3	0.0	3.0	3.0
	4-5 times	1.2	1.0	0.0	1.3	0.0	0.0	1.2	1.2	1.3	0.0	0.0	0.6
	6-7 times	0.0	0.0	0.0	0.5	1.0	0.0	0.0	0.5	1.3	0.0	0.0	0.3
	8-9 times	1.2	0.0	0.0	0.3	0.0	0.0	0.0	0.3	0.0	1.4	0.0	0.3
	10-11 times	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.2	0.0	0.0	3.0	0.2
	12 or more times	0.0	1.0	0.0	1.2	0.0	1.4	1.2	1.3	0.0	1.4	0.0	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	71.1	73.5	76.2	75.4	84.8	79.7	78.8	84.3	97.4	93.2	88.2	91.1
	1 time	19.3	11.2	10.7	13.1	9.1	9.5	10.6	8.9	1.3	2.7	7.4	5.5
	2-3 times	7.2	14.3	9.5	7.1	6.1	8.1	10.6	4.4	0.0	4.1	2.9	2.1
	4-5 times	0.0	1.0	1.2	2.1	0.0	1.4	0.0	1.0	1.3	0.0	1.5	0.4
	6-7 times	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1
	8-9 times	0.0	0.0	1.2	0.4	0.0	1.4	0.0	0.3	0.0	0.0	0.0	0.2
	10-11 times	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1
	12 or more times	2.4	0.0	1.2	1.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.4

Greenlee County

Contacts For Prevention

Regional Prevention Contacts

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

Bill Burnett
Community Partnership of Southern Arizona (CPSA)
520-618-8807

Gila, La Paz, Pinal, and Yuma Counties

Linda Weinberg
Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
928-214-2177

Maricopa County

Juan Aristizabal
ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
520-879-6067

Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

Michelle Neitch/ Phillip Stevenson
602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

La Paz County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

La Paz County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in La Paz County and the State. Because not all students answer all of the questions, the number of students in the

CONTENTS:

Introduction:

- *Demographics*
- *Risk & Protective Framework*

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- *Risk & Protective Factor Profiles*
- *Substance Use & Antisocial Behavior*
- *School Safety*

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	432	100	373	100	376	100	60401	100
Grade								
8	153	35.4	157	42.1	145	38.6	26872	44.5
10	156	36.1	128	34.3	167	44.4	19581	32.4
12	123	28.5	88	23.6	64	17.0	13948	23.1
Gender								
Male	206	48.9	170	46.4	172	47.4	28381	48.2
Female	215	51.1	196	53.6	191	52.6	30505	51.8
Ethnicity								
African American	8	1.9	8	2.3	7	1.9	2592	4.4
American Indian	90	21.6	63	17.9	59	16.3	3394	5.8
Asian	2	0.5	3	0.9	2	0.6	1341	2.3
Hispanic	149	35.8	132	37.5	130	35.9	21376	36.5
Pacific Islander	*	*	1	0.3	3	0.8	457	0.8
White	167	40.1	145	41.2	146	40.3	26761	45.7
Other	n/a	n/a	n/a	n/a	15	4.1	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

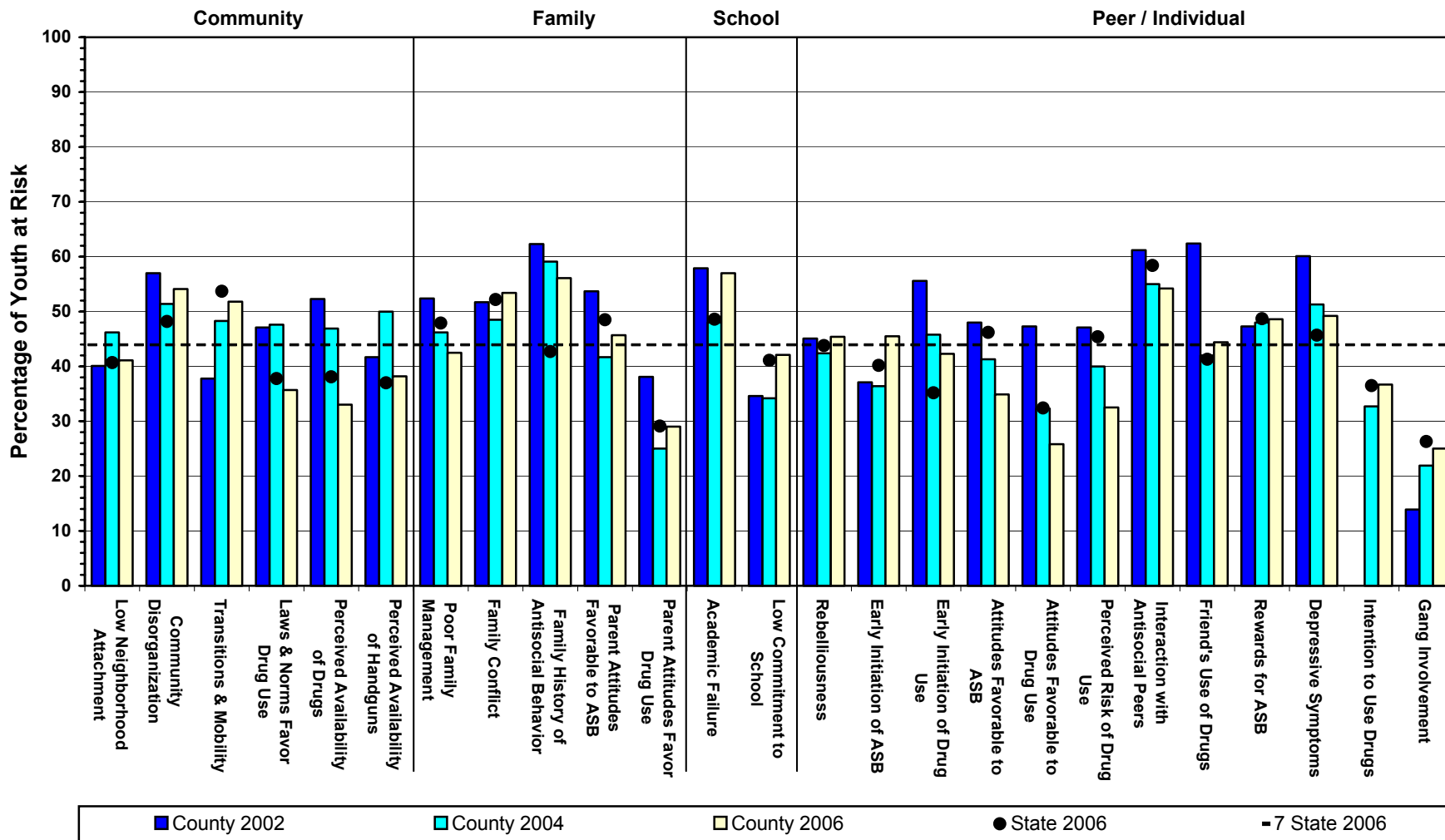
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 La Paz County Student Survey, Grade 8



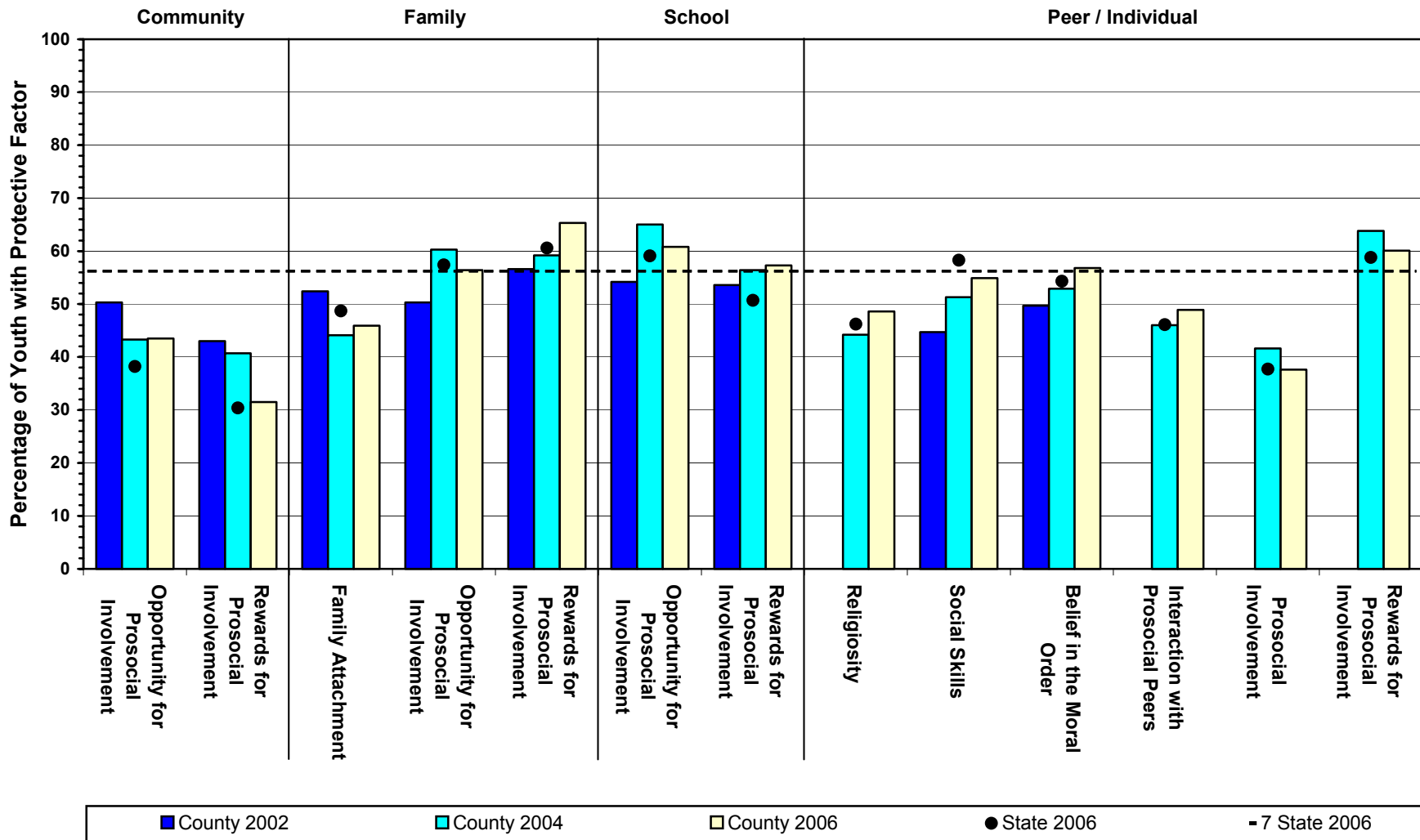
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 La Paz County Student Survey, Grade 8



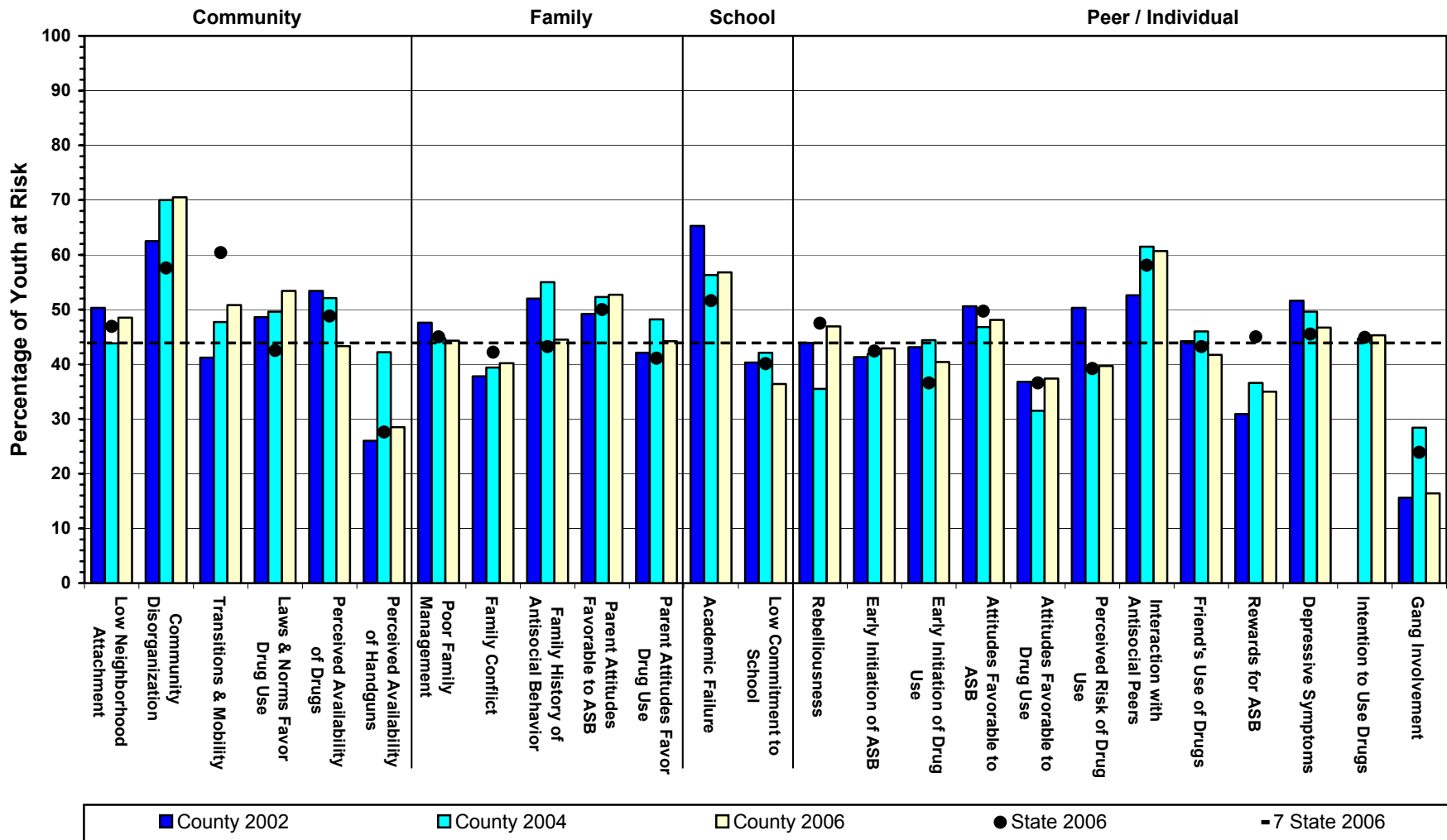
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 La Paz County Student Survey, Grade 10

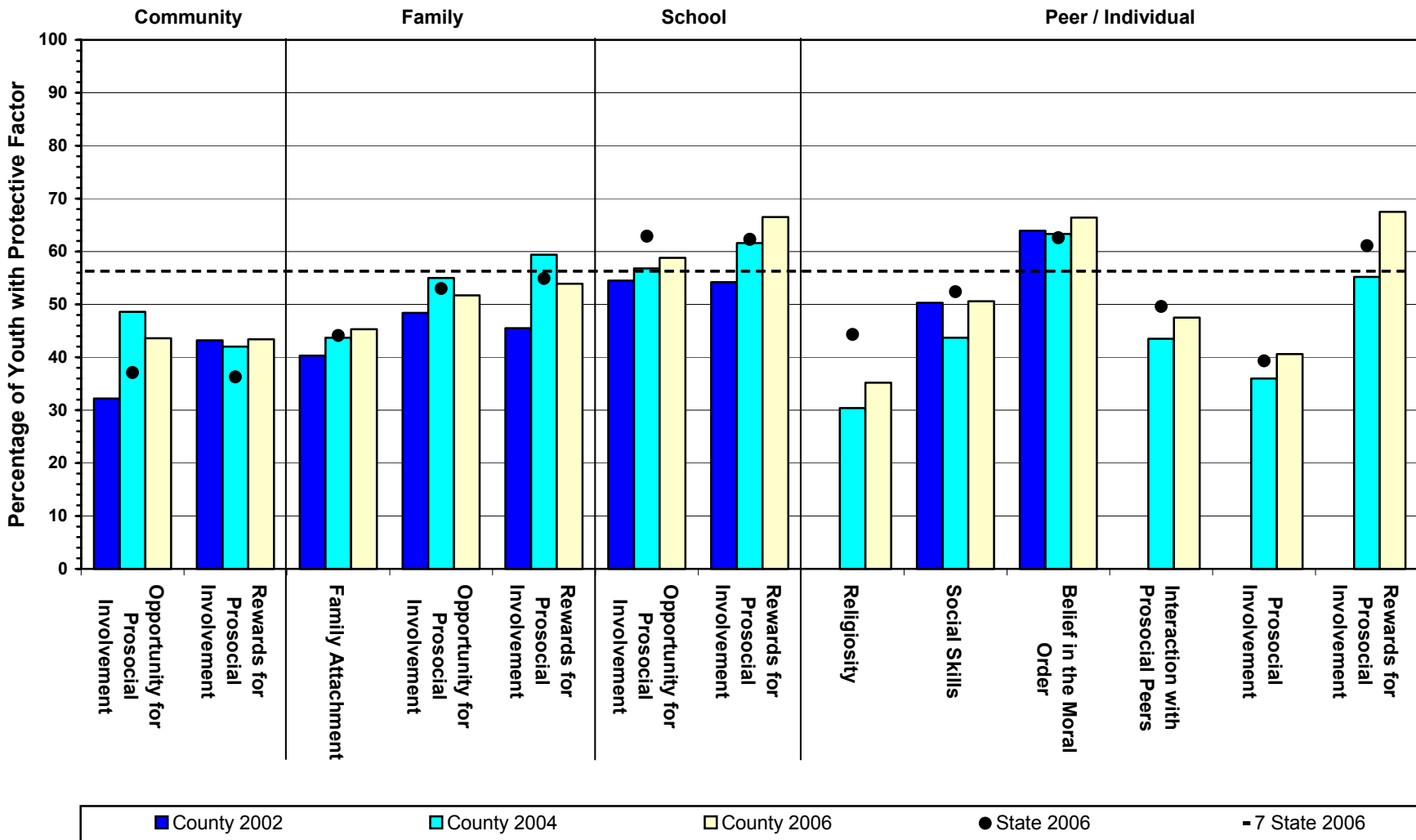


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 La Paz County Student Survey, Grade 10

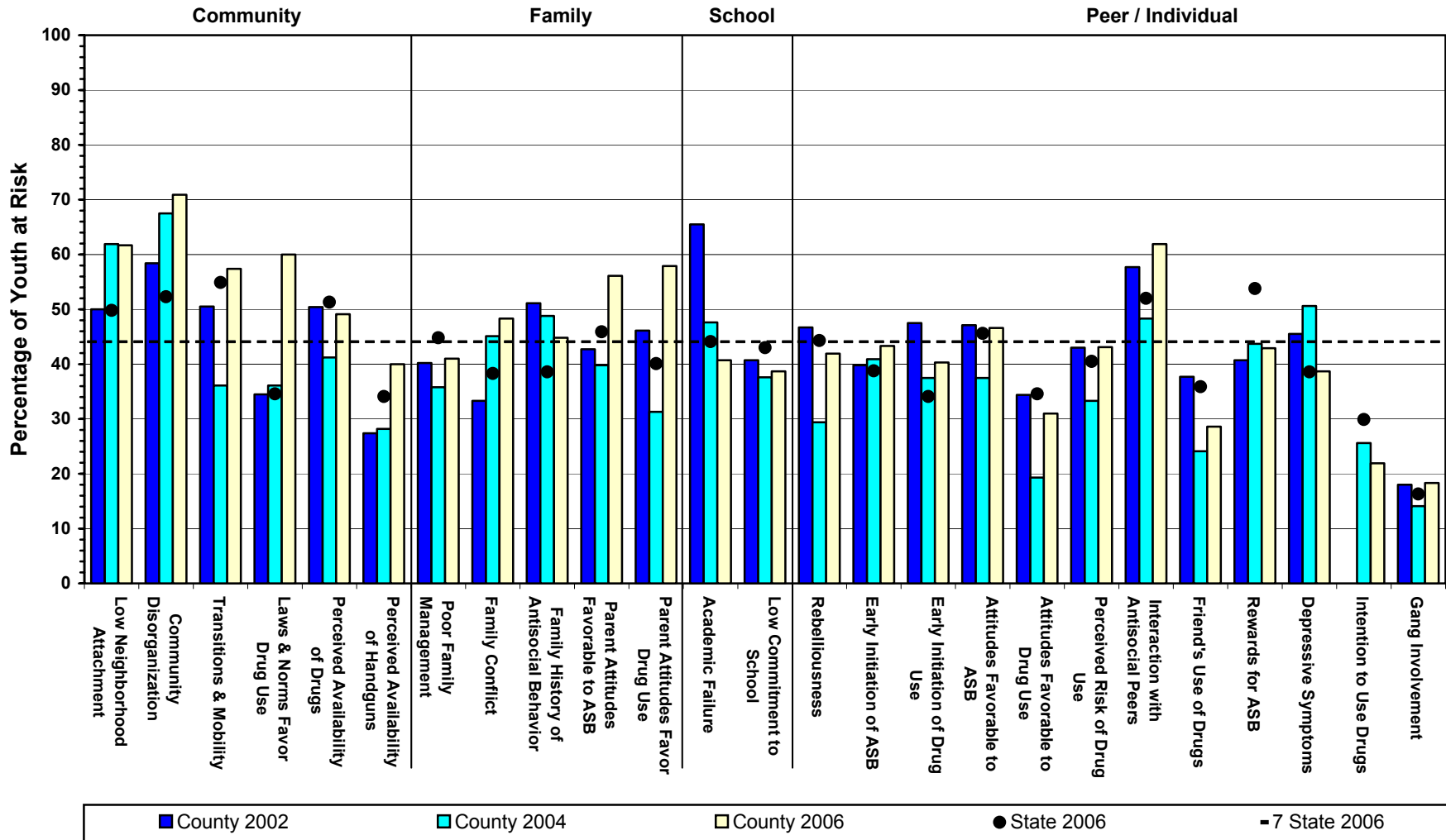


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 La Paz County Student Survey, Grade 12



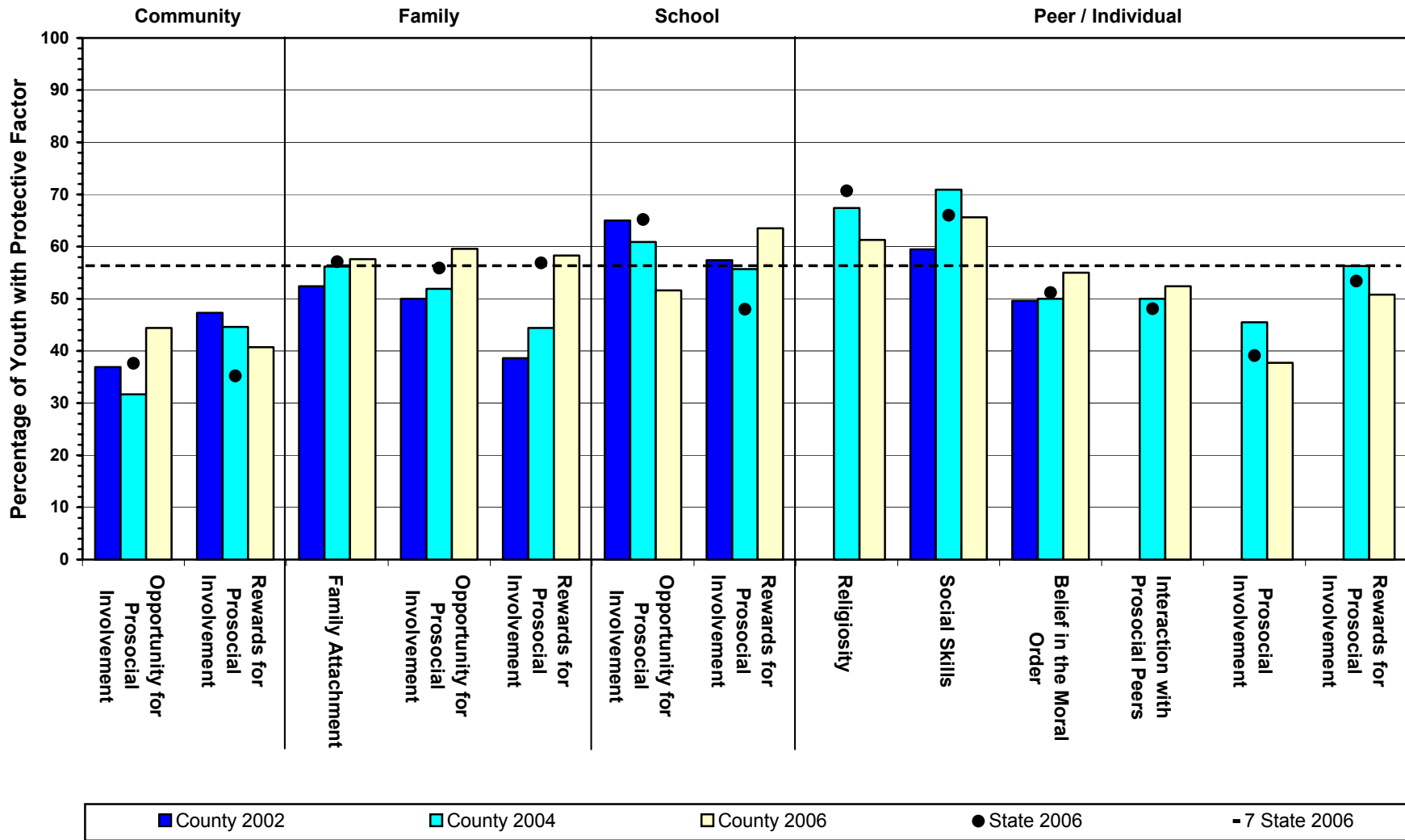
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

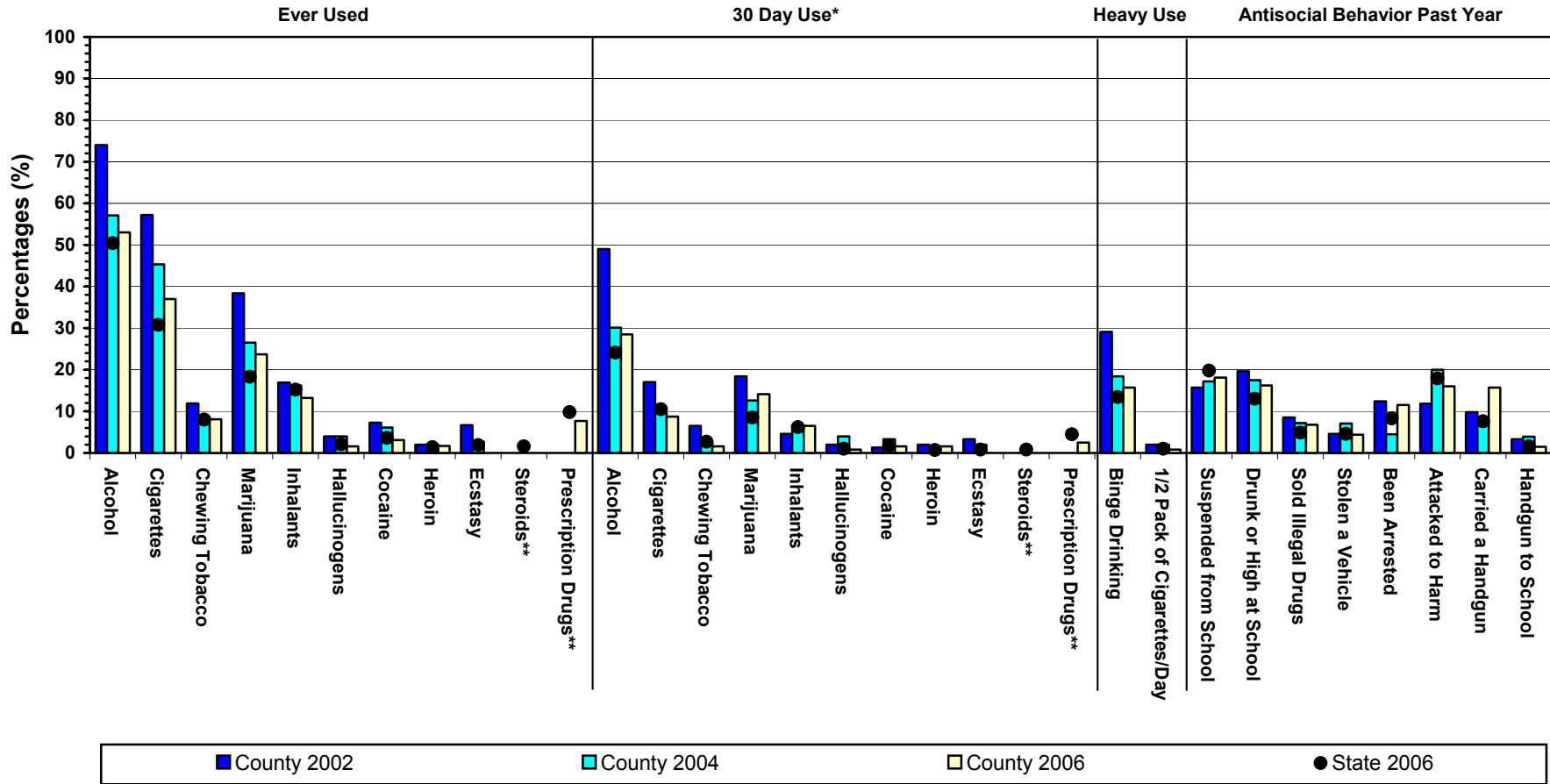
2006 La Paz County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 La Paz County Student Survey, Grade 8



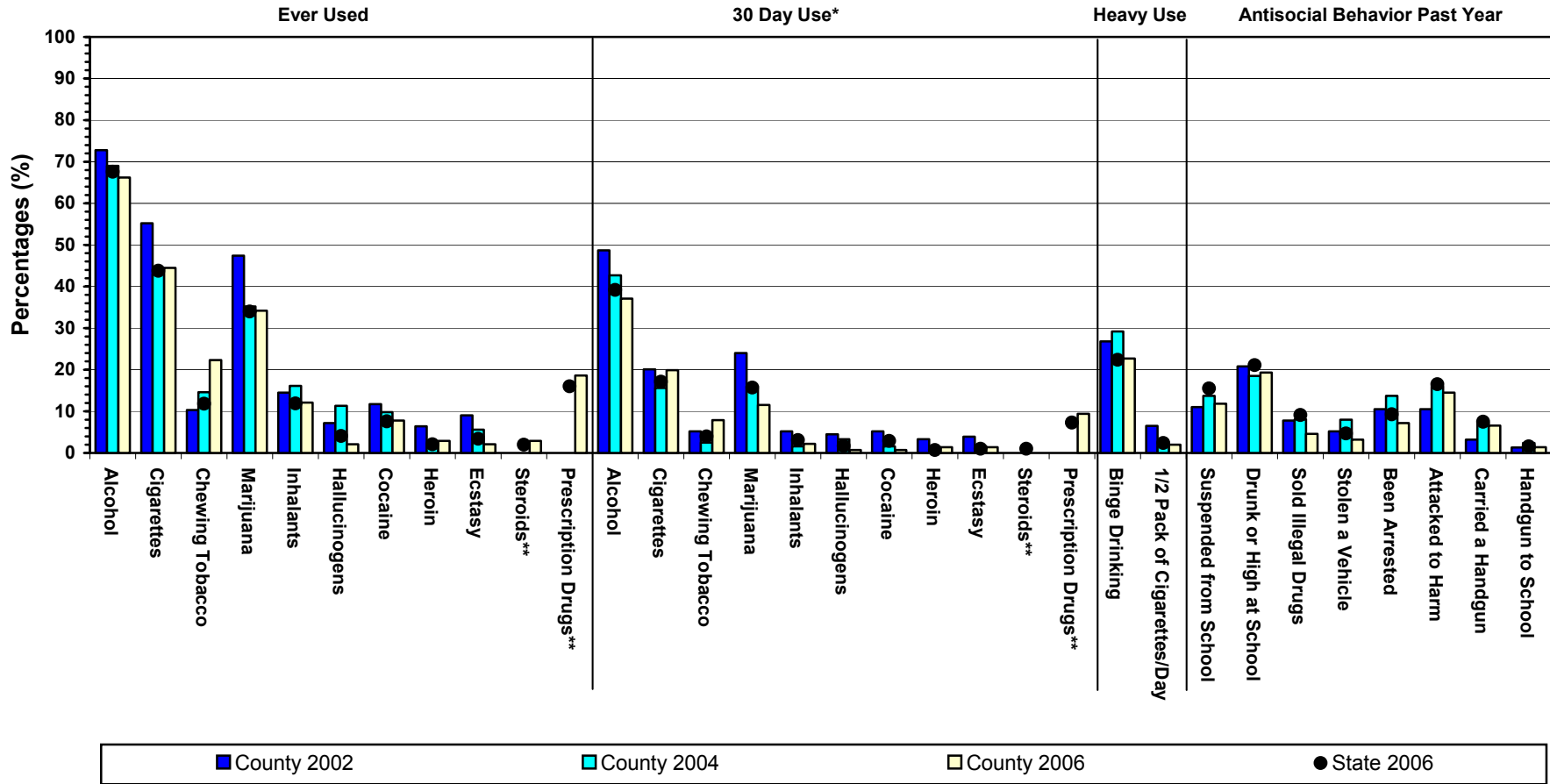
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 La Paz County Student Survey, Grade 10



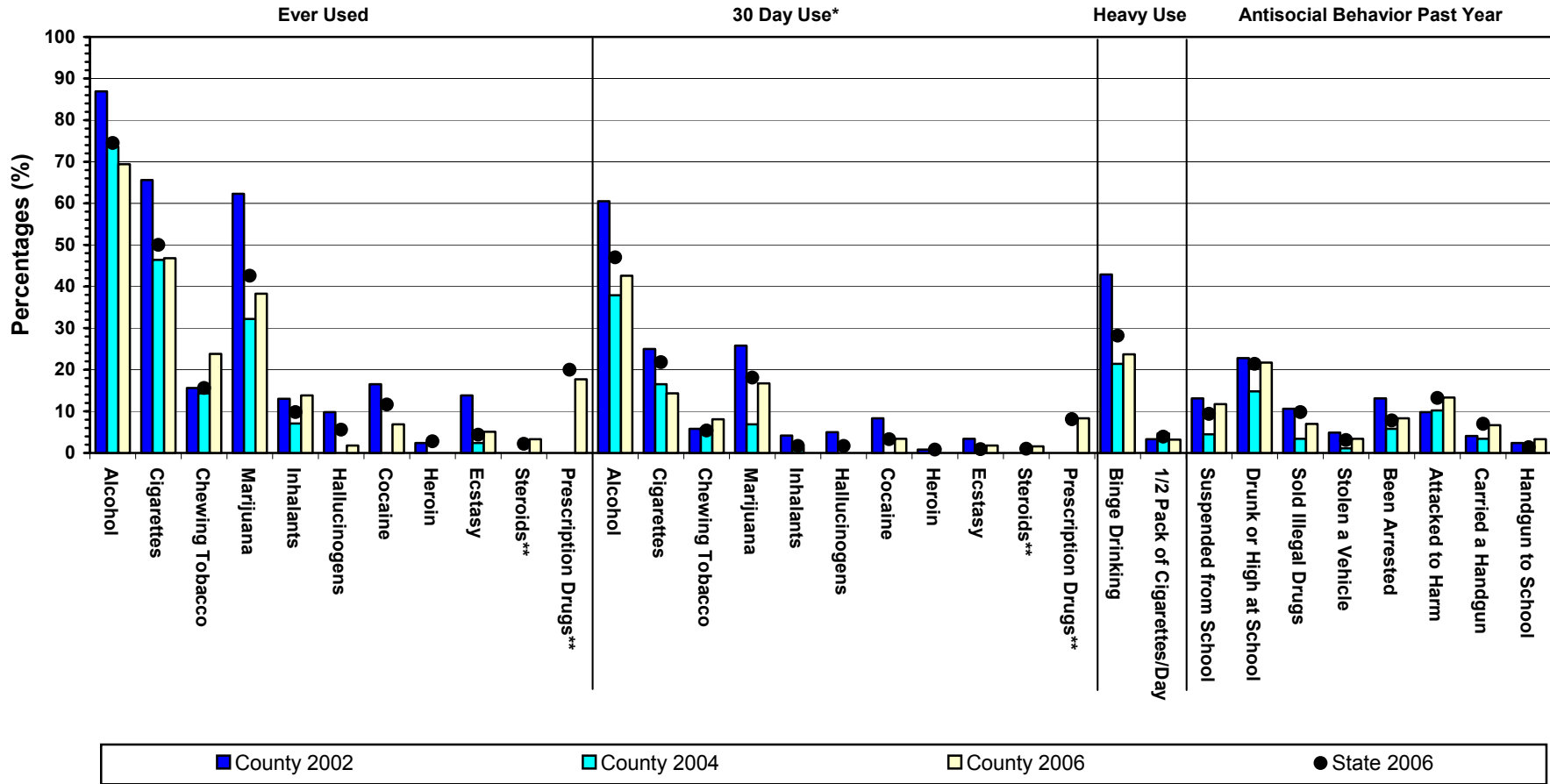
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 La Paz County Student Survey, Grade 12



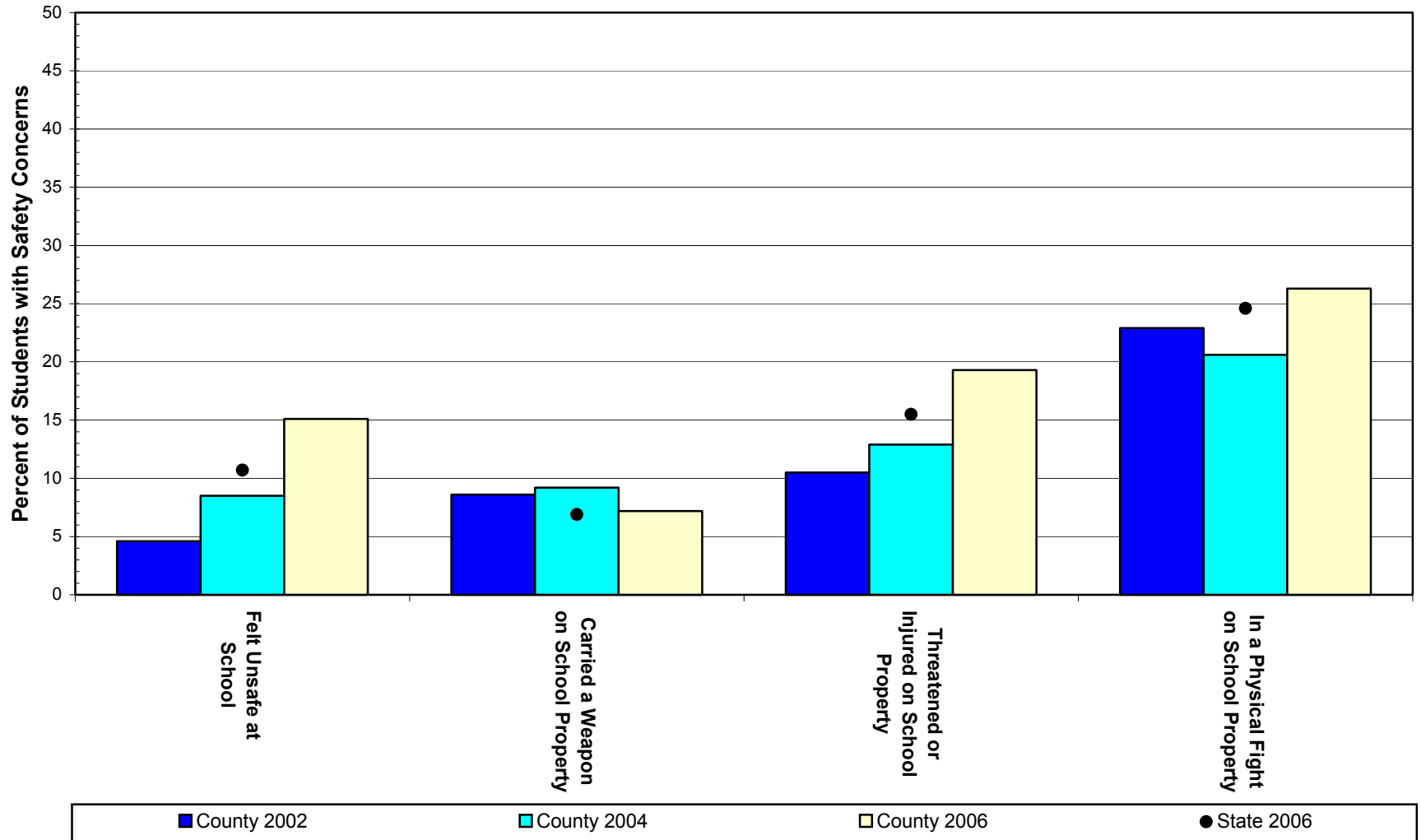
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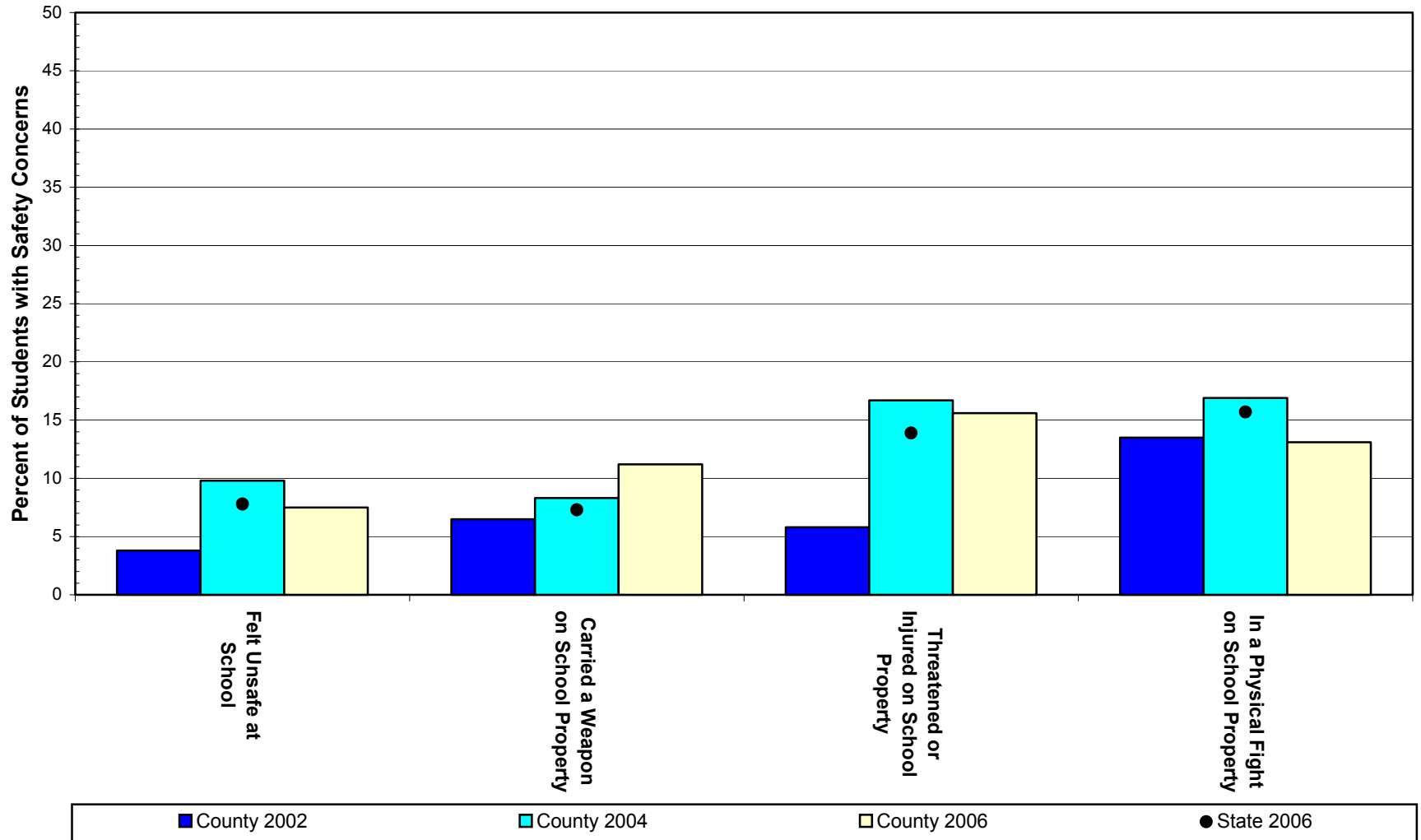
School Safety Profile

SCHOOL SAFETY PROFILE 2006 La Paz County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 La Paz County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 La Paz County Student Survey, Grade 12

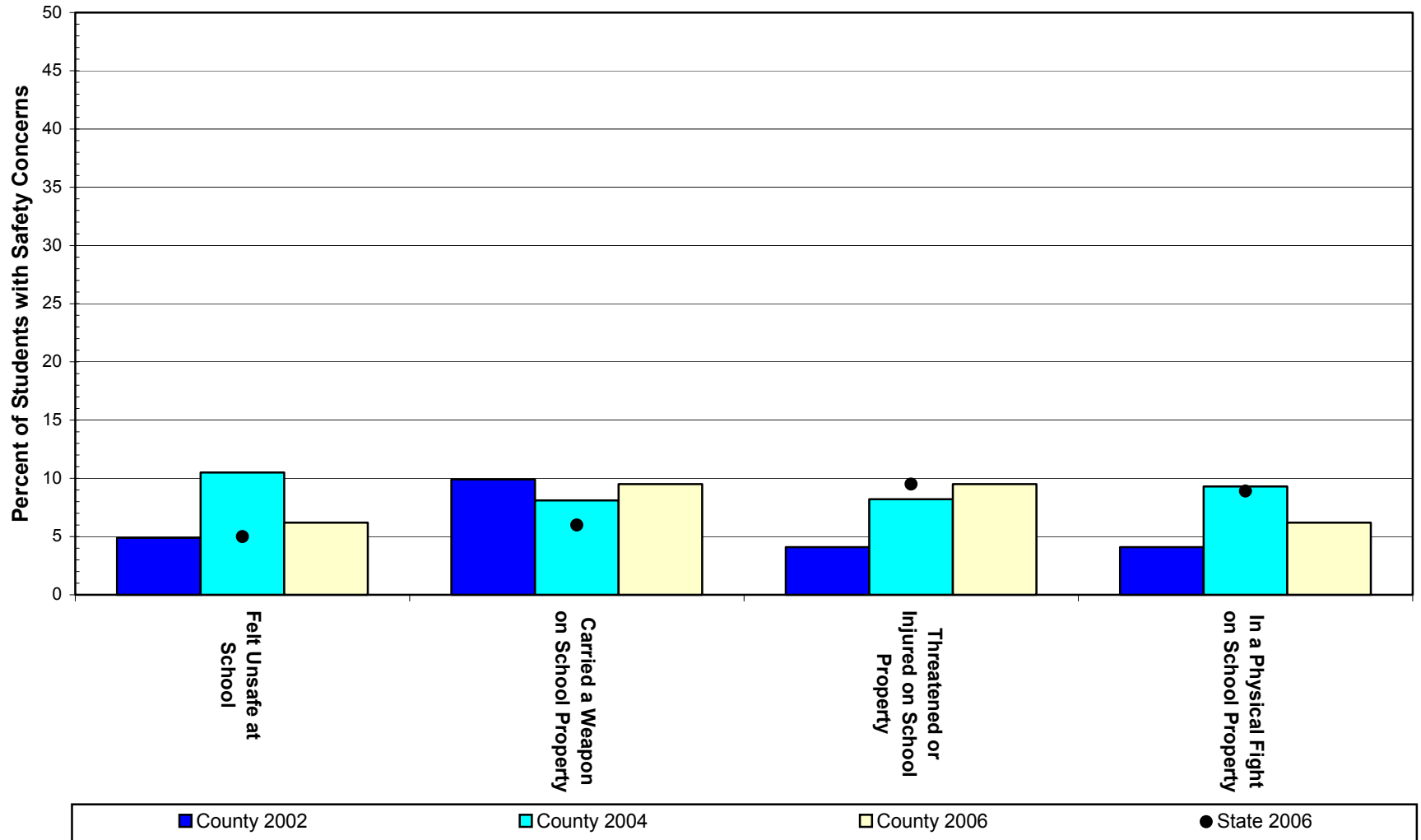


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	153	157	145	26872	156	128	167	19581	123	88	64	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	74.0	57.1	53.0	50.4	72.8	69.0	66.2	67.6	86.9	73.6	69.4	74.5
Cigarettes	57.2	45.3	37.0	30.8	55.2	43.1	44.5	43.8	65.6	46.4	46.8	50.0
Chewing Tobacco	11.9	8.6	8.1	8.0	10.3	14.6	22.3	11.8	15.6	14.3	23.8	15.6
Marijuana	38.4	26.5	23.7	18.3	47.4	35.2	34.2	34.0	62.3	32.2	38.3	42.6
Inhalants	16.9	16.2	13.2	15.2	14.5	16.1	12.1	11.9	13.0	7.1	13.8	9.8
Hallucinogens	4.0	4.0	1.6	2.1	7.2	11.3	2.1	4.1	9.8	0.0	1.8	5.6
Cocaine	7.3	6.1	3.1	3.6	11.7	9.8	7.8	7.6	16.5	0.0	6.9	11.6
Methamphetamines [2002] ¹	7.3	n/a	n/a	n/a	12.3	n/a	n/a	n/a	21.3	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	6.6	2.6	n/a	n/a	5.2	5.0	n/a	n/a	6.9	6.6
Stimulants [2004] ³	n/a	8.0	n/a	n/a	n/a	8.1	n/a	n/a	n/a	3.5	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	0.0	3.4	n/a	n/a	5.7	7.1	n/a	n/a	7.0	8.5
Heroin	2.0	2.0	1.7	1.4	6.4	1.6	2.9	2.1	2.4	0.0	0.0	2.8
Sedatives [2002] ⁵	3.3	n/a	n/a	n/a	3.2	n/a	n/a	n/a	6.5	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	9.3	4.2	10.0	n/a	13.0	15.6	14.3	n/a	11.9	12.3	17.4
Ecstasy	6.7	2.7	0.0	1.9	9.0	5.6	2.1	3.4	13.8	2.4	5.1	4.4
Steroids	n/a	n/a	0.0	1.6	n/a	n/a	2.9	2.0	n/a	n/a	3.3	2.2
Prescription Drugs	n/a	n/a	7.7	9.8	n/a	n/a	18.6	16.0	n/a	n/a	17.7	20.0
Any Drug	43.8	34.0	41.5	36.2	53.2	43.2	48.8	47.0	62.6	37.2	48.1	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	49.0	30.1	28.5	24.1	48.7	42.7	37.1	39.2	60.5	37.9	42.6	47.0
Cigarettes	17.0	9.9	8.7	10.5	20.1	15.6	19.9	17.1	25.0	16.5	14.3	21.8
Chewing Tobacco	6.5	2.6	1.6	2.7	5.2	2.5	7.9	4.0	5.8	6.0	8.1	5.4
Marijuana	18.4	12.6	14.1	8.5	24.0	15.3	11.5	15.7	25.8	6.9	16.7	18.1
Inhalants	4.6	6.6	6.5	6.2	5.2	1.6	2.2	3.1	4.2	1.2	0.0	1.7
Hallucinogens	2.0	4.0	0.8	1.0	4.5	3.3	0.7	1.7	5.0	0.0	0.0	1.7
Cocaine	1.3	3.3	1.6	1.7	5.2	1.6	0.7	2.9	8.3	0.0	3.4	3.3
Methamphetamines [2002] ¹	3.9	n/a	n/a	n/a	5.8	n/a	n/a	n/a	7.5	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	4.8	1.0	n/a	n/a	0.7	1.7	n/a	n/a	5.2	1.4
Stimulants [2004] ³	n/a	6.7	n/a	n/a	n/a	1.7	n/a	n/a	n/a	2.3	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	0.0	1.5	n/a	n/a	2.2	2.9	n/a	n/a	1.9	2.6
Heroin	2.0	0.7	1.6	0.7	3.3	0.0	1.4	0.7	0.8	0.0	0.0	0.8
Sedatives [2002] ⁵	0.7	n/a	n/a	n/a	2.0	n/a	n/a	n/a	1.7	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	5.2	1.7	4.5	n/a	7.4	8.0	6.6	n/a	2.3	6.8	7.1
Ecstasy	3.3	2.0	0.0	0.8	3.9	1.6	1.4	1.0	3.4	0.0	1.8	0.9
Steroids	n/a	n/a	0.0	0.8	n/a	n/a	0.0	1.0	n/a	n/a	1.6	1.0
Prescription Drugs	n/a	n/a	2.5	4.5	n/a	n/a	9.4	7.3	n/a	n/a	8.3	8.1
Any Drug	21.5	18.8	22.9	19.7	33.1	22.3	23.3	25.6	31.4	10.7	24.5	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	29.1	18.4	15.7	13.4	26.8	29.2	22.7	22.4	42.9	21.4	23.7	28.2
1/2 Pack of Cigarettes/Day	2.0	2.0	0.8	1.0	6.5	1.7	2.0	2.4	3.3	4.7	3.2	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	15.7	17.2	18.1	19.8	11.0	13.7	11.8	15.5	13.1	4.5	11.7	9.4
Drunk or High at School	19.6	17.5	16.2	13.0	20.8	18.5	19.3	21.1	22.8	14.8	21.7	21.4
Sold Illegal Drugs	8.5	7.2	6.8	4.9	7.8	8.1	4.6	9.1	10.6	3.4	7.0	9.8
Stolen a Vehicle	4.6	7.1	4.4	4.6	5.2	8.0	3.2	4.7	4.9	1.1	3.4	3.1
Been Arrested	12.4	4.5	11.5	8.3	10.5	13.7	7.2	9.3	13.1	5.8	8.3	7.8
Attacked to Harm	11.8	20.0	16.0	17.9	10.5	16.0	14.5	16.5	9.8	10.2	13.3	13.2
Carried a Handgun	9.8	7.7	15.7	7.6	3.2	7.2	6.6	7.5	4.1	3.4	6.7	7.0
Handgun to School	3.3	3.9	1.5	1.6	1.3	2.4	1.4	1.6	2.4	1.1	3.3	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	50.3	43.3	43.5	38.2	32.2	48.6	43.6	37.1	36.9	31.7	44.4	37.6
Rewards for Prosocial Involvement	43.0	40.7	31.5	30.4	43.2	42.0	43.4	36.3	47.3	44.6	40.7	35.2
Family Domain												
Family Attachment	52.4	44.1	45.9	48.7	40.3	43.7	45.3	44.1	52.4	56.2	57.6	57.1
Opportunity for Prosocial Involvement	50.3	60.3	56.4	57.4	48.4	55.0	51.7	53.0	50.0	51.9	59.6	55.9
Rewards for Prosocial Involvement	56.6	59.2	65.3	60.6	45.5	59.4	53.9	54.9	38.6	44.4	58.3	56.9
School Domain												
Opportunity for Prosocial Involvement	54.2	65.0	60.8	59.1	54.5	56.8	58.8	62.9	65.0	60.9	51.6	65.2
Rewards for Prosocial Involvement	53.6	56.4	57.3	50.7	54.2	61.6	66.5	62.3	57.4	55.7	63.5	48.0
Peer-Individual Domain												
Religiosity	*	44.2	48.6	46.2	*	30.4	35.2	44.3	*	67.4	61.3	70.7
Social Skills	44.7	51.3	54.9	58.3	50.3	43.7	50.6	52.4	59.5	70.9	65.6	66.0
Belief in the Moral Order	49.7	52.9	56.8	54.3	63.9	63.3	66.4	62.6	49.6	50.0	55.0	51.2
Interaction with Prosocial Peers	*	46.0	48.9	46.1	*	43.5	47.5	49.6	*	50.0	52.4	48.1
Prosocial Involvement	*	41.6	37.6	37.7	*	36.0	40.6	39.3	*	45.5	37.7	39.1
Rewards for Prosocial Involvement	*	63.8	60.1	58.8	*	55.2	67.5	61.1	*	56.3	50.8	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	40.1	46.2	41.1	40.7	50.3	43.8	48.5	46.9	50.0	61.9	61.7	49.8
Community Disorganization	57.0	51.4	54.1	48.2	62.5	70.0	70.5	57.6	58.4	67.5	70.9	52.3
Transitions & Mobility	37.8	48.3	51.8	53.7	41.2	47.7	50.8	60.4	50.5	36.1	57.4	54.9
Laws & Norms Favor Drug Use	47.1	47.6	35.7	37.8	48.6	49.6	53.4	42.5	34.5	36.1	60.0	34.6
Perceived Availability of Drugs	52.3	46.9	33.0	38.1	53.4	52.1	43.3	48.8	50.4	41.2	49.1	51.3
Perceived Availability of Handguns	41.7	50.0	38.2	37.0	26.0	42.2	28.5	27.6	27.4	28.2	40.0	34.1
Family Domain												
Poor Family Management	52.4	46.2	42.5	47.9	47.6	44.7	44.3	45.0	40.2	35.8	41.0	44.8
Family Conflict	51.7	48.5	53.4	52.2	37.8	39.4	40.2	42.2	33.3	45.1	48.3	38.3
Family History of Antisocial Behavior	62.3	59.1	56.1	42.7	52.0	55.0	44.5	43.2	51.1	48.8	44.8	38.6
Parent Attitudes Favorable to ASB	53.7	41.7	45.7	48.5	49.2	52.3	52.7	50.0	42.7	39.8	56.1	45.9
Parent Attitudes Favor Drug Use	38.1	25.0	29.0	29.1	42.1	48.2	44.2	41.1	46.1	31.3	57.9	40.1
School Domain												
Academic Failure	57.9	48.0	57.0	48.6	65.3	56.3	56.8	51.6	65.5	47.6	40.7	44.1
Low Commitment to School	34.6	34.2	42.1	41.1	40.3	42.1	36.4	40.1	40.7	37.6	38.7	43.0
Peer-Individual Domain												
Rebelliousness	45.1	42.4	45.4	43.8	43.9	35.5	46.9	47.5	46.7	29.4	41.9	44.3
Early Initiation of ASB	37.1	36.4	45.5	40.2	41.3	41.9	42.9	42.4	39.8	40.9	43.3	38.8
Early Initiation of Drug Use	55.6	45.8	42.3	35.2	43.1	44.4	40.4	36.6	47.5	37.5	40.3	34.1
Attitudes Favorable to ASB	48.0	41.3	34.9	46.2	50.6	46.8	48.1	49.7	47.1	37.5	46.6	45.6
Attitudes Favorable to Drug Use	47.3	32.3	25.8	32.4	36.8	31.5	37.4	36.6	34.4	19.3	31.0	34.6
Perceived Risk of Drug Use	47.1	40.0	32.5	45.4	50.3	39.2	39.7	39.2	43.0	33.3	43.1	40.5
Interaction with Antisocial Peers	61.2	55.0	54.2	58.4	52.6	61.5	60.7	58.1	57.7	48.3	61.9	52.0
Friend's Use of Drugs	62.4	42.0	44.4	41.3	44.2	46.0	41.7	43.2	37.7	24.1	28.6	35.9
Rewards for ASB	47.3	48.0	48.6	48.7	30.9	36.6	35.0	45.0	40.7	43.7	42.9	53.8
Depressive Symptoms	60.1	51.3	49.2	45.7	51.6	49.6	46.7	45.5	45.5	50.6	38.7	38.6
Intention to Use Drugs	*	32.7	36.7	36.5	*	44.7	45.3	44.9	*	25.6	21.9	29.9
Gang Involvement	13.9	21.9	25.0	26.3	15.6	28.4	16.4	23.9	18.0	14.1	18.3	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	91.4	90.8	92.8	93.1	93.5	91.7	88.8	92.7	90.1	91.9	90.5	94.0
	1 day	2.0	2.6	4.3	3.1	1.9	2.5	5.0	2.4	3.3	2.3	1.6	1.4
	2-3 days	2.6	2.0	2.2	1.6	0.0	3.3	2.5	1.5	0.8	3.5	3.2	0.9
	4-5 days	0.7	0.0	0.0	0.6	1.3	1.7	0.0	0.7	0.0	0.0	0.0	0.6
	6 or more days	3.3	4.6	0.7	1.6	3.2	0.8	3.8	2.7	5.8	2.3	4.8	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	95.4	91.5	84.9	89.3	96.2	90.2	92.5	92.2	95.1	89.5	93.8	95.0
	1 day	3.3	5.2	8.6	6.0	1.9	3.3	5.0	4.1	2.4	3.5	4.7	2.6
	2-3 days	1.3	1.3	2.2	2.8	0.6	4.1	1.9	2.1	0.8	2.3	0.0	1.2
	4-5 days	0.0	0.7	2.9	0.7	0.0	0.8	0.6	0.5	1.6	1.2	0.0	0.4
	6 or more days	0.0	1.3	1.4	1.2	1.3	1.6	0.0	1.1	0.0	3.5	1.6	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	89.5	87.1	80.7	84.5	94.2	83.3	84.4	86.1	95.9	91.8	90.5	90.5
	1 time	5.9	3.9	12.9	7.7	1.3	9.5	8.1	6.7	2.4	0.0	3.2	4.4
	2-3 times	0.7	4.5	4.3	4.2	3.2	3.2	1.9	3.9	0.0	4.7	3.2	3.0
	4-5 times	1.3	1.9	1.4	1.3	0.6	0.8	1.2	1.2	0.8	2.4	0.0	0.6
	6-7 times	0.7	0.0	0.0	0.5	0.0	0.0	1.2	0.5	0.0	0.0	0.0	0.3
	8-9 times	0.0	0.0	0.0	0.3	0.0	0.0	0.6	0.3	0.0	0.0	0.0	0.3
	10-11 times	0.0	0.6	0.0	0.3	0.6	0.8	0.0	0.2	0.8	0.0	0.0	0.2
	12 or more times	2.0	1.9	0.7	1.2	0.0	2.4	2.5	1.3	0.0	1.2	3.2	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	77.1	79.4	73.7	75.4	86.5	83.1	86.9	84.3	95.9	90.7	93.8	91.1
	1 time	11.1	7.7	11.7	13.1	9.0	5.6	7.5	8.9	3.3	5.8	3.1	5.5
	2-3 times	7.8	9.0	9.5	7.1	4.5	7.3	3.1	4.4	0.0	1.2	1.6	2.1
	4-5 times	0.7	2.6	2.2	2.1	0.0	0.8	0.6	1.0	0.8	0.0	0.0	0.4
	6-7 times	0.0	0.6	1.5	0.6	0.0	0.0	0.6	0.2	0.0	0.0	0.0	0.1
	8-9 times	0.7	0.0	0.7	0.4	0.0	1.6	0.0	0.3	0.0	2.3	0.0	0.2
	10-11 times	0.0	0.0	0.0	0.3	0.0	0.0	0.6	0.2	0.0	0.0	0.0	0.1
	12 or more times	2.6	0.6	0.7	1.0	0.0	1.6	0.6	0.7	0.0	0.0	1.6	0.4

La Paz County

Contacts For Prevention

Regional Prevention Contacts

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

Bill Burnett
Community Partnership of Southern Arizona (CPSA)
520-618-8807

Gila, La Paz, Pinal, and Yuma Counties

Linda Weinberg
Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
928-214-2177

Maricopa County

Juan Aristizabal
ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
520-879-6067

Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

Michelle Neitch/ Phillip Stevenson
602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Maricopa County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Maricopa County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Maricopa County and the State. Because not all students answer all of the questions, the number of students in

CONTENTS:

Introduction:

- *Demographics*
- *Risk & Protective Framework*

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- *Risk & Protective Factor Profiles*
- *Substance Use & Antisocial Behavior*
- *School Safety*

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	3678	100	21970	100	36136	100	60401	100
Grade								
8	1571	42.7	11337	51.6	17172	47.5	26872	44.5
10	854	23.2	5918	26.9	11079	30.7	19581	32.4
12	1253	34.1	4715	21.5	7885	21.8	13948	23.1
Gender								
Male	1814	50.7	10270	47.6	16972	48.2	28381	48.2
Female	1766	49.3	11324	52.4	18265	51.8	30505	51.8
Ethnicity								
African American	165	4.7	1085	5.3	1894	5.4	2592	4.4
American Indian	82	2.4	466	2.3	832	2.4	3394	5.8
Asian	133	3.8	584	2.8	998	2.8	1341	2.3
Hispanic	789	22.6	6267	30.4	11950	34.0	21376	36.5
Pacific Islander	*	*	181	0.9	319	0.9	457	0.8
White	2318	66.5	12047	58.4	17484	49.8	26761	45.7
Other	n/a	n/a	n/a	n/a	1664	4.7	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

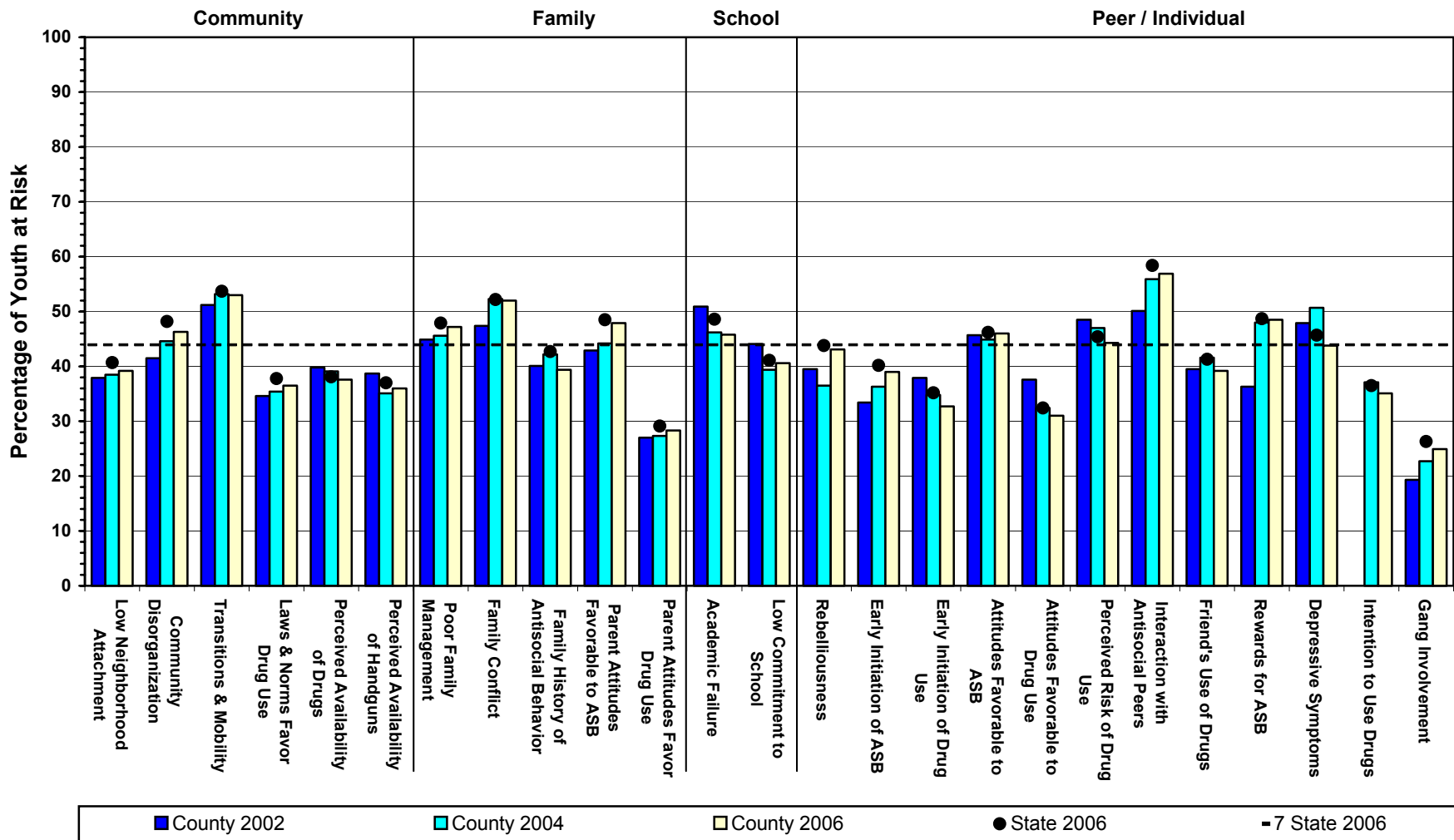
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Maricopa County Student Survey, Grade 8



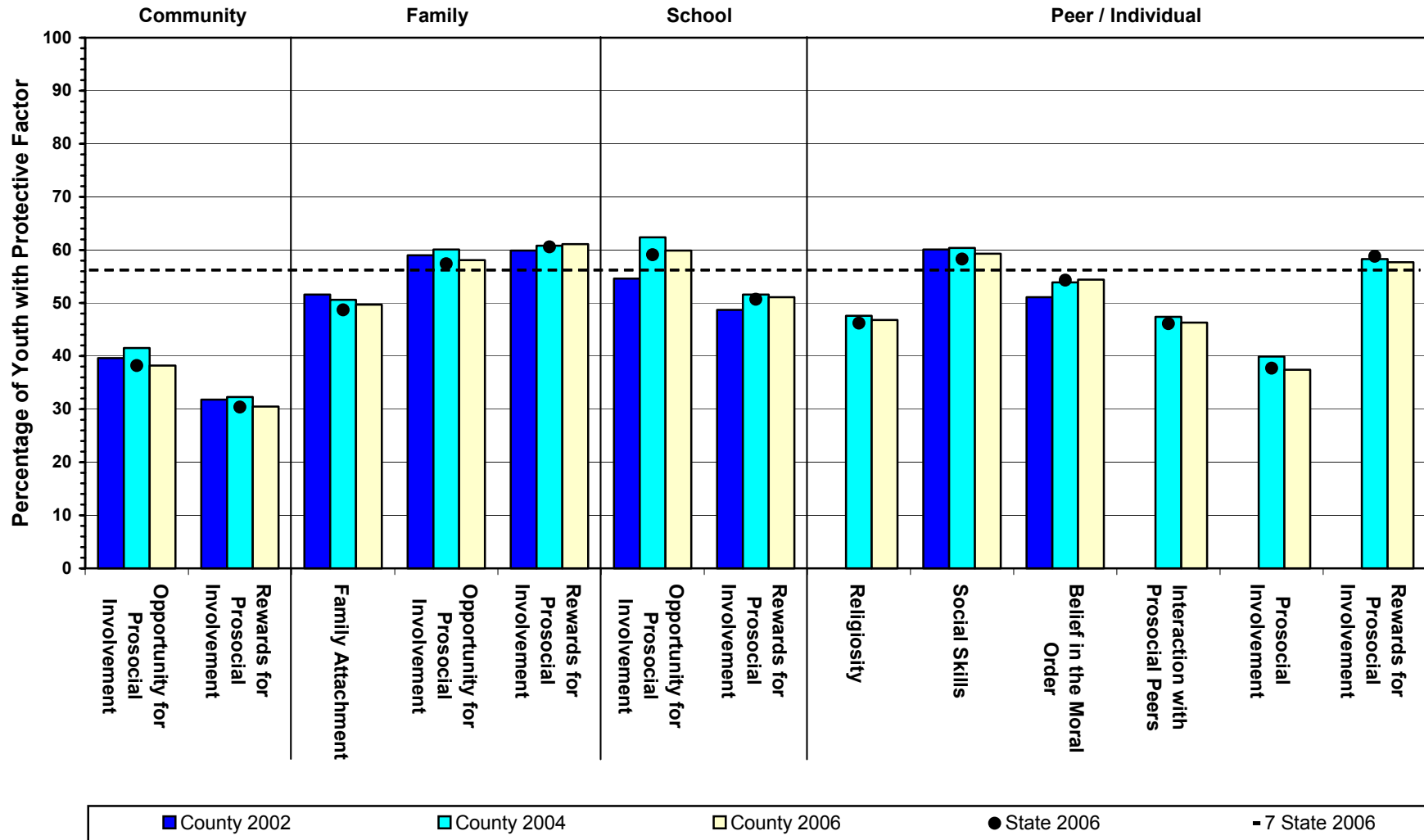
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Maricopa County Student Survey, Grade 8



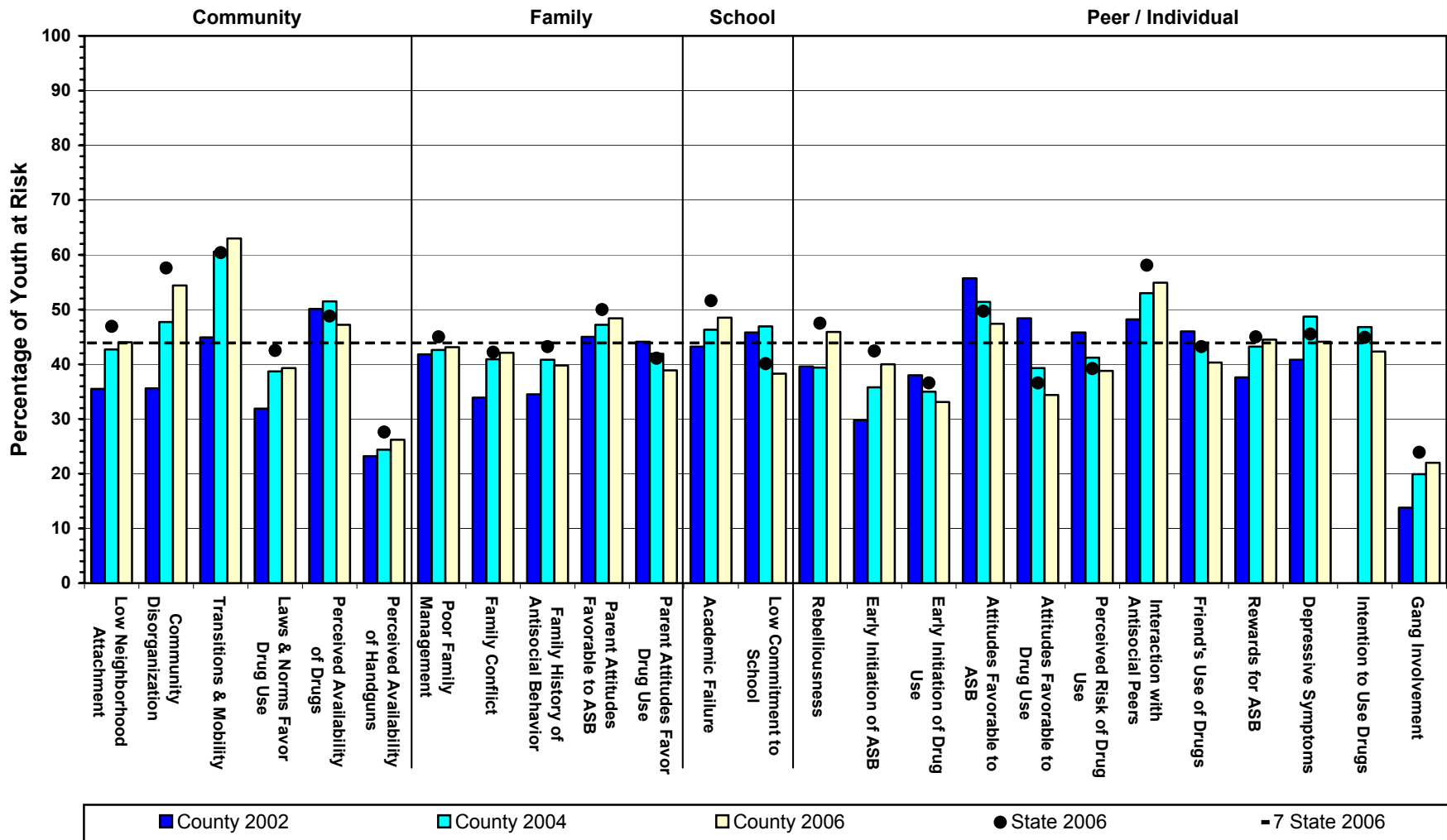
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Maricopa County Student Survey, Grade 10

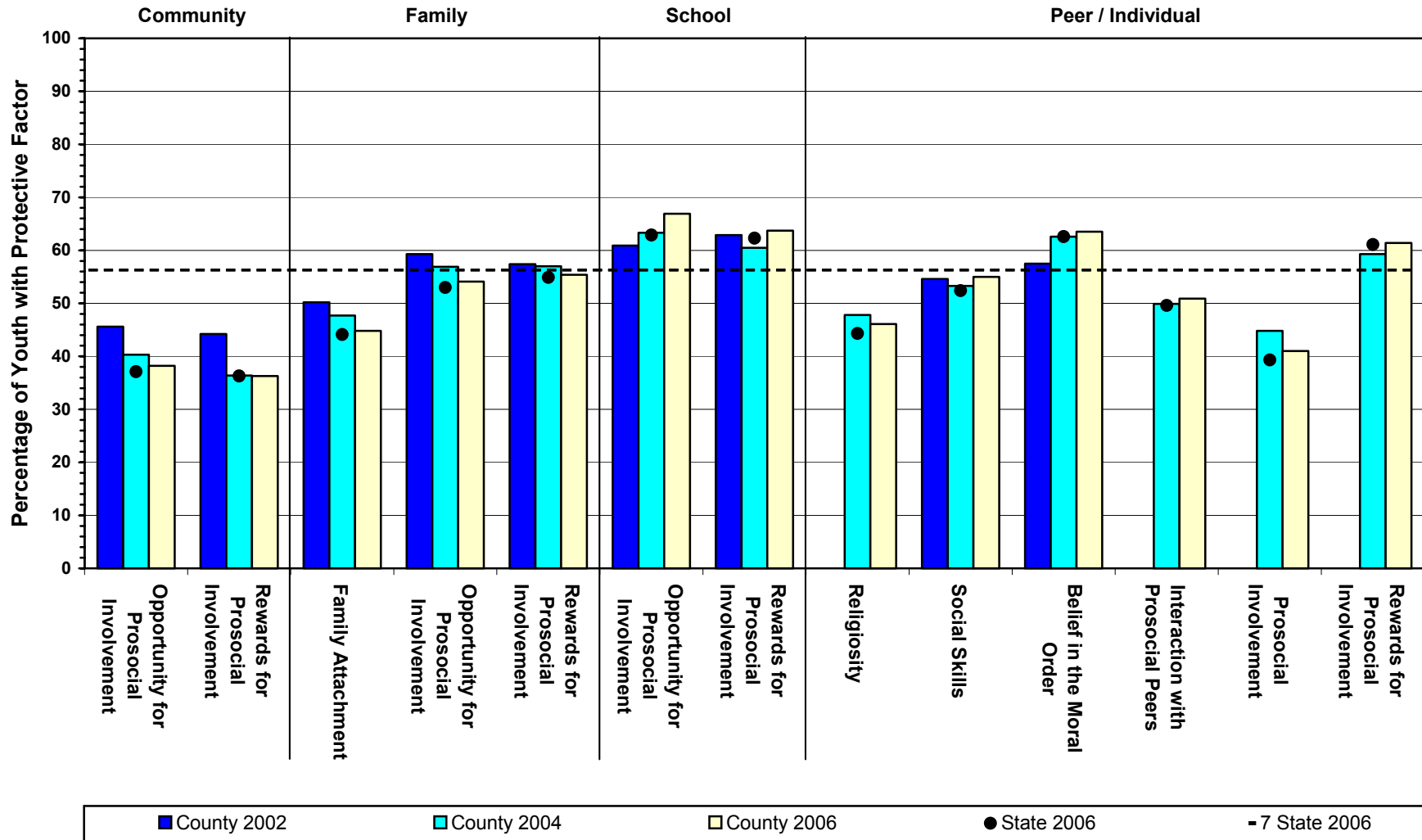


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Maricopa County Student Survey, Grade 10



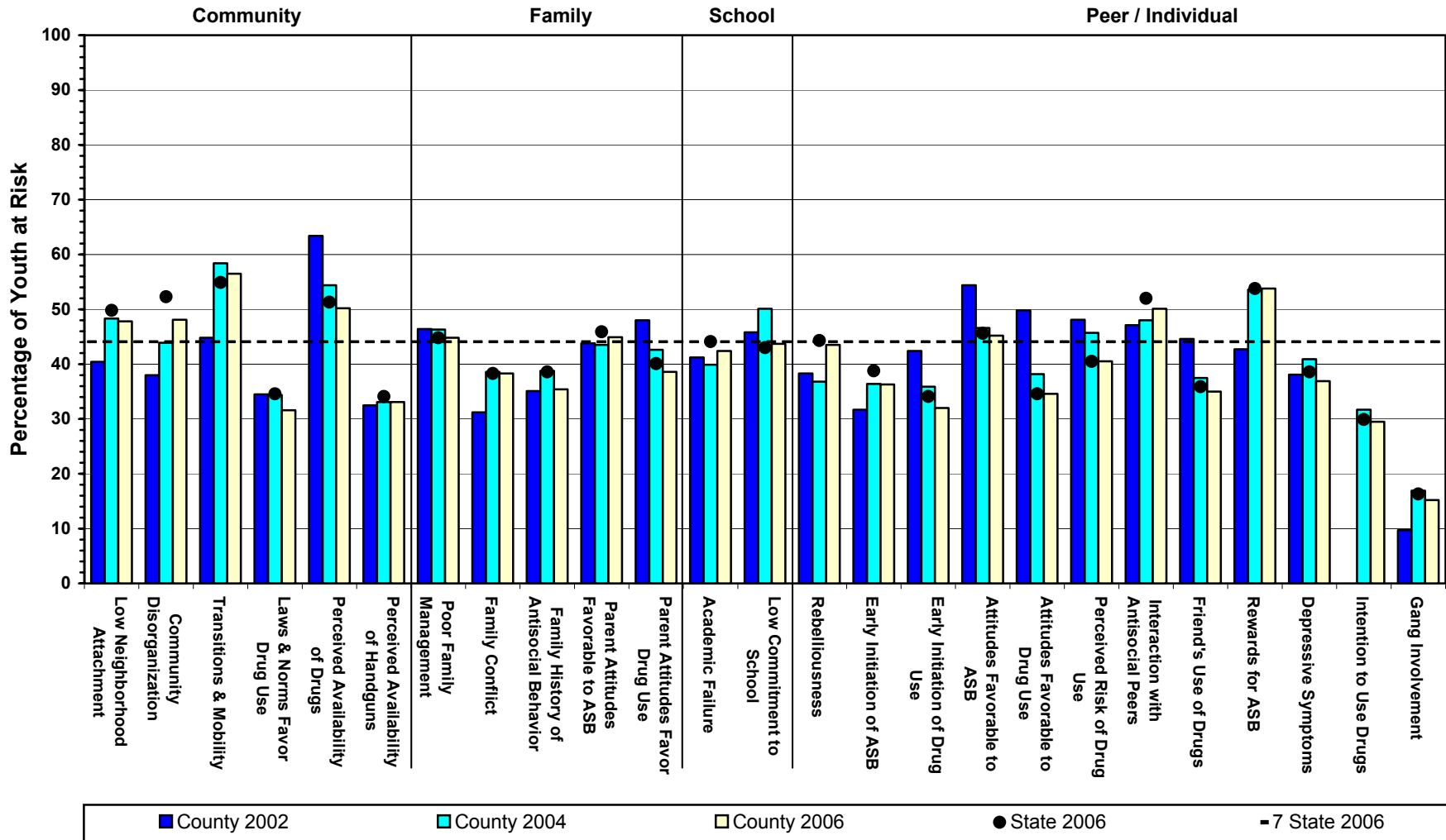
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Maricopa County Student Survey, Grade 12



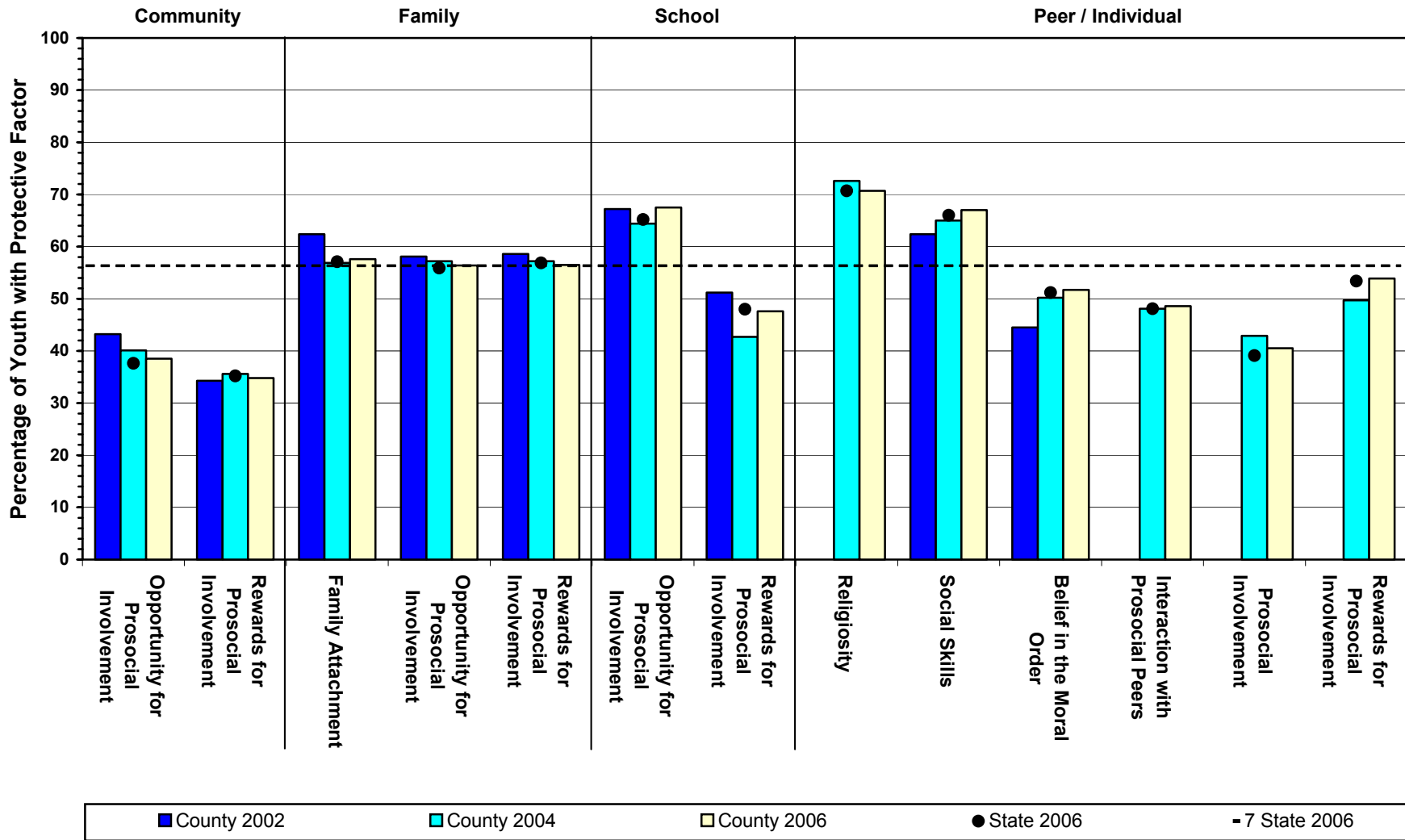
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

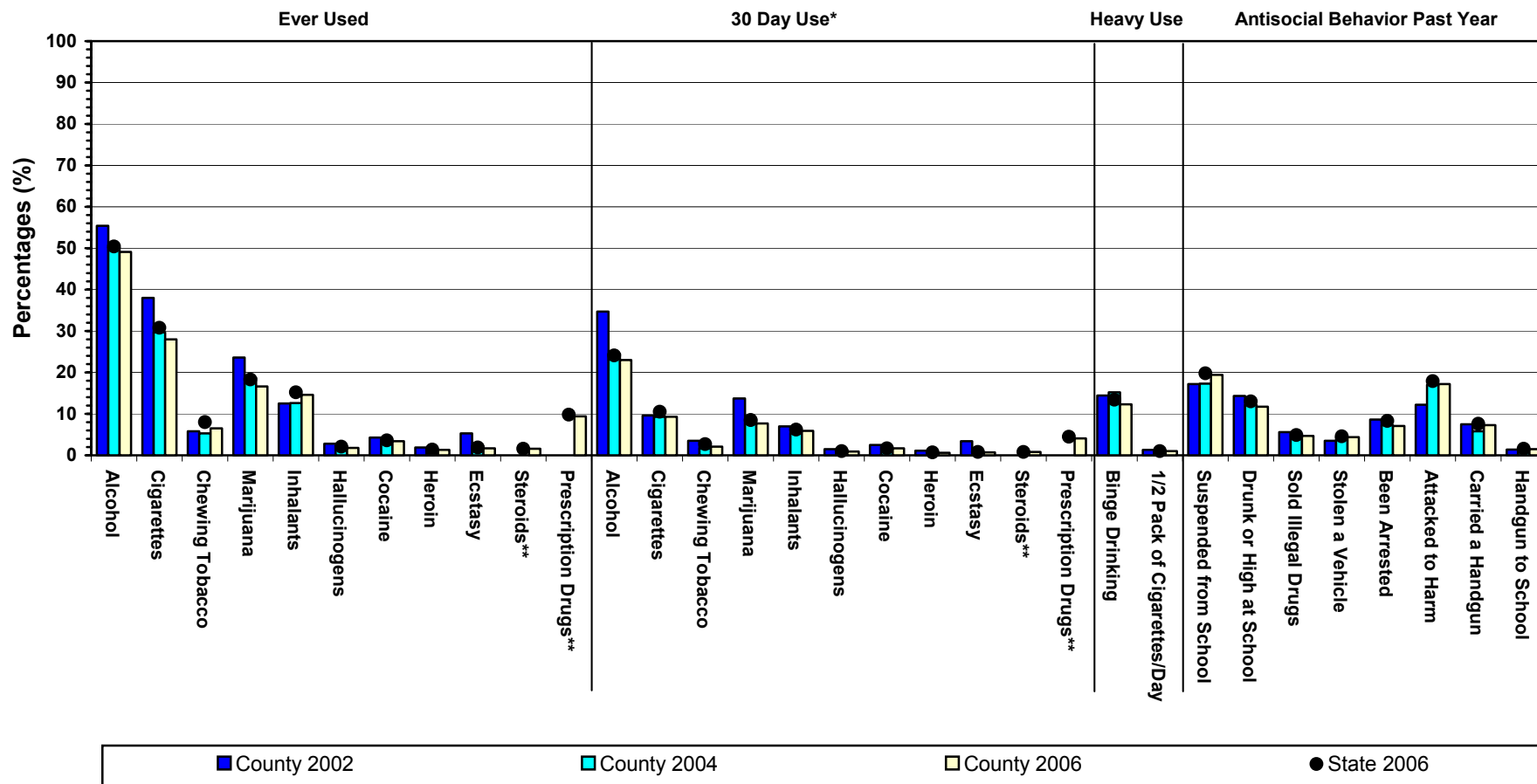
2006 Maricopa County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Maricopa County Student Survey, Grade 8



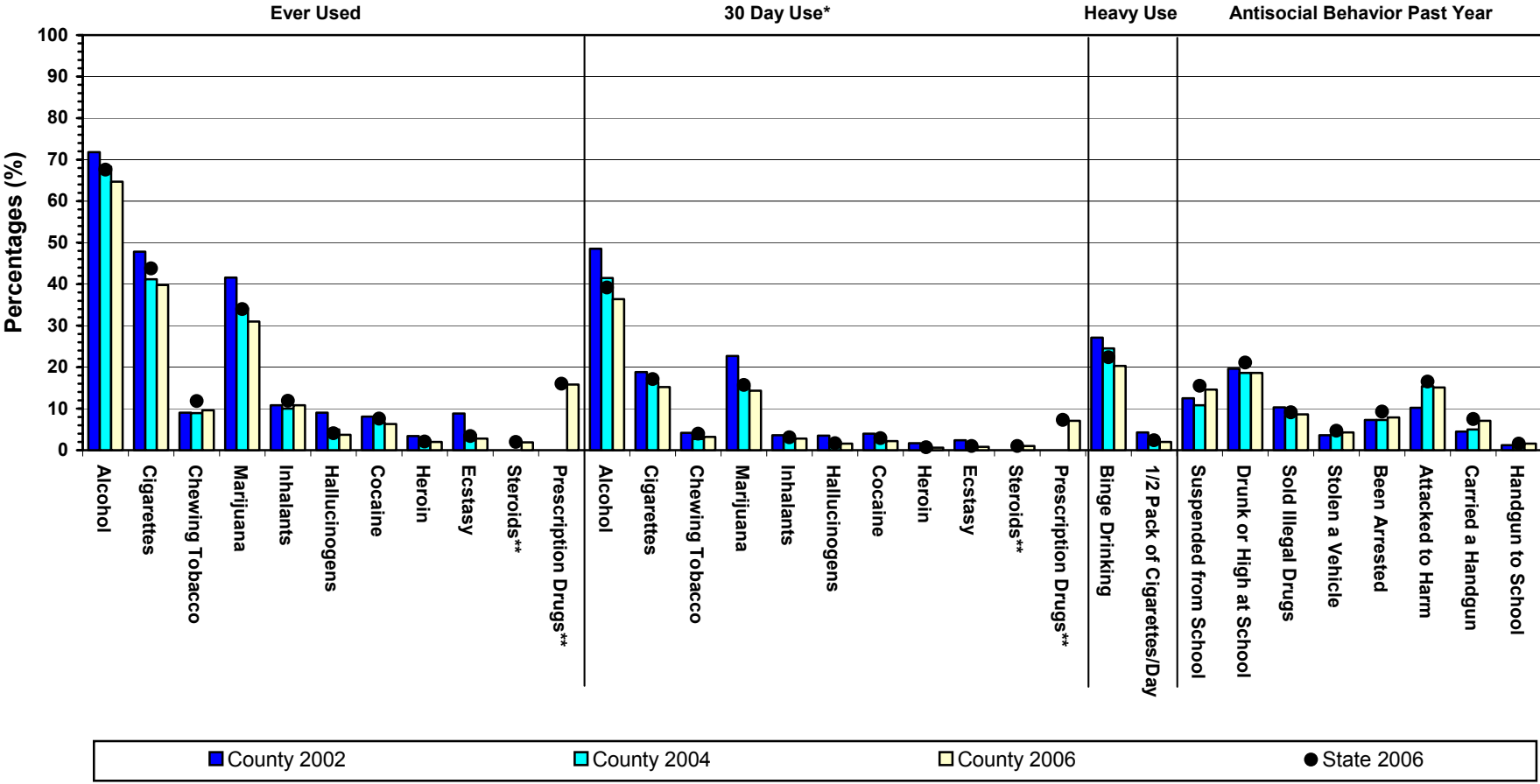
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Maricopa County Student Survey, Grade 10



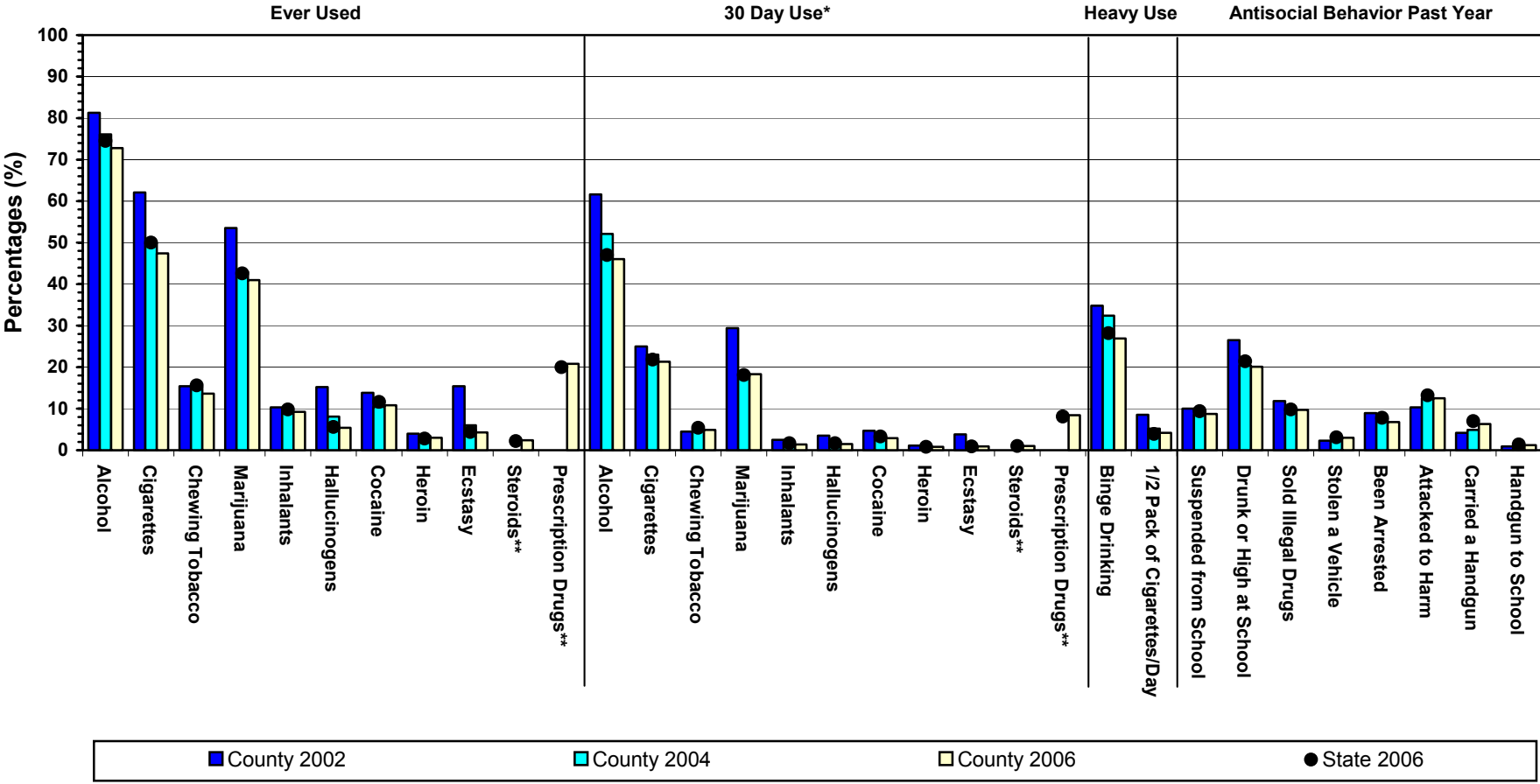
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Maricopa County Student Survey, Grade 12



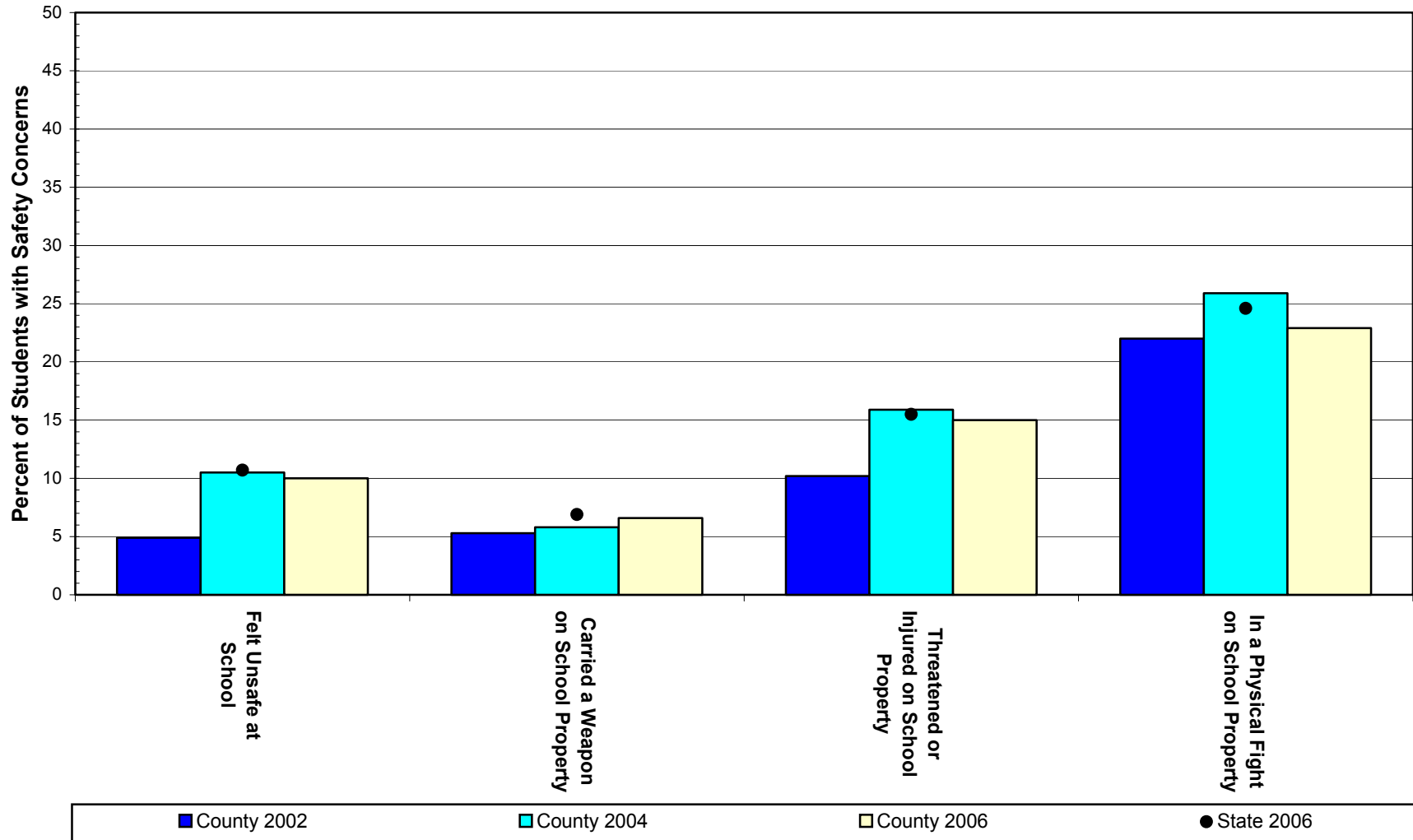
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

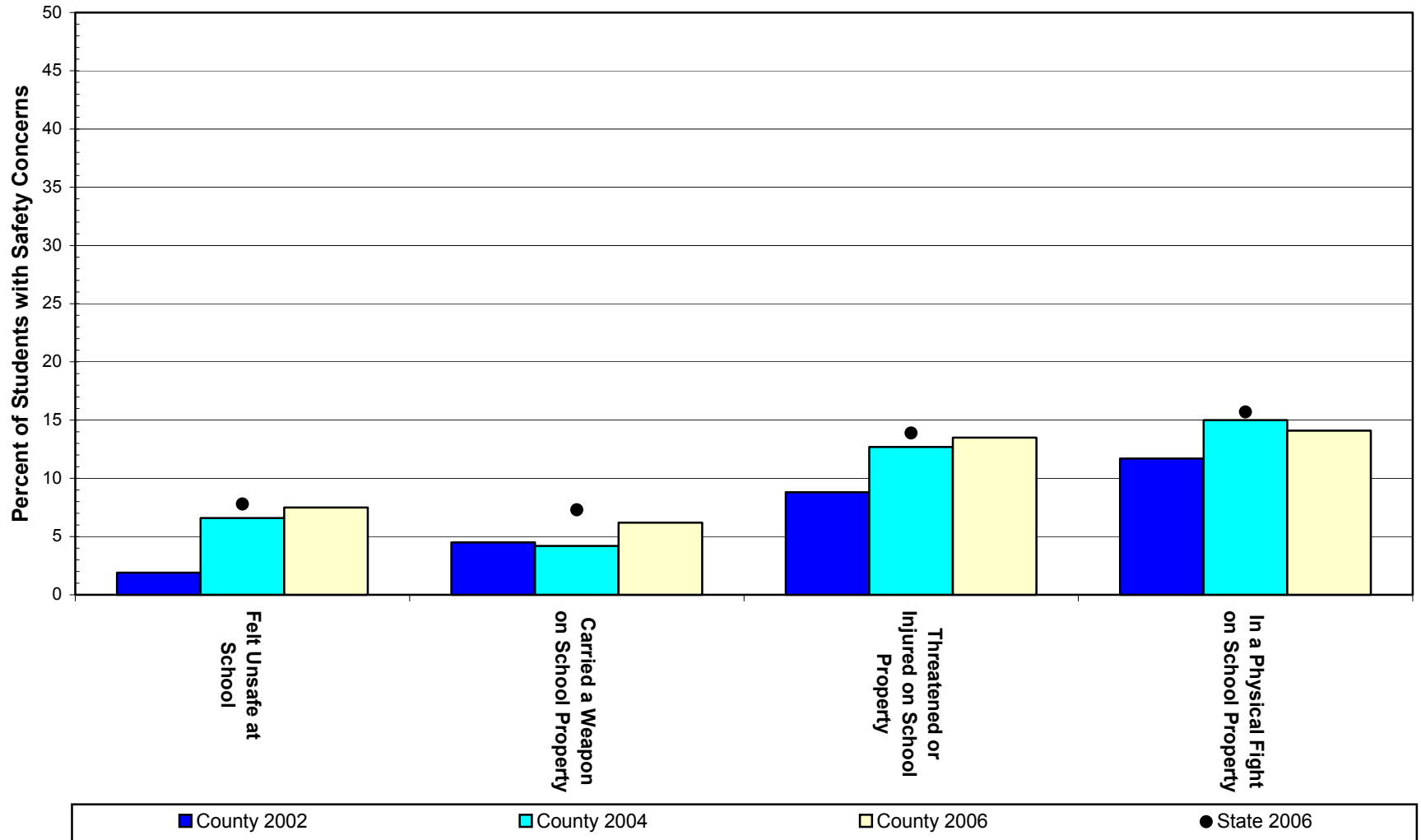
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Maricopa County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Maricopa County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Maricopa County Student Survey, Grade 12

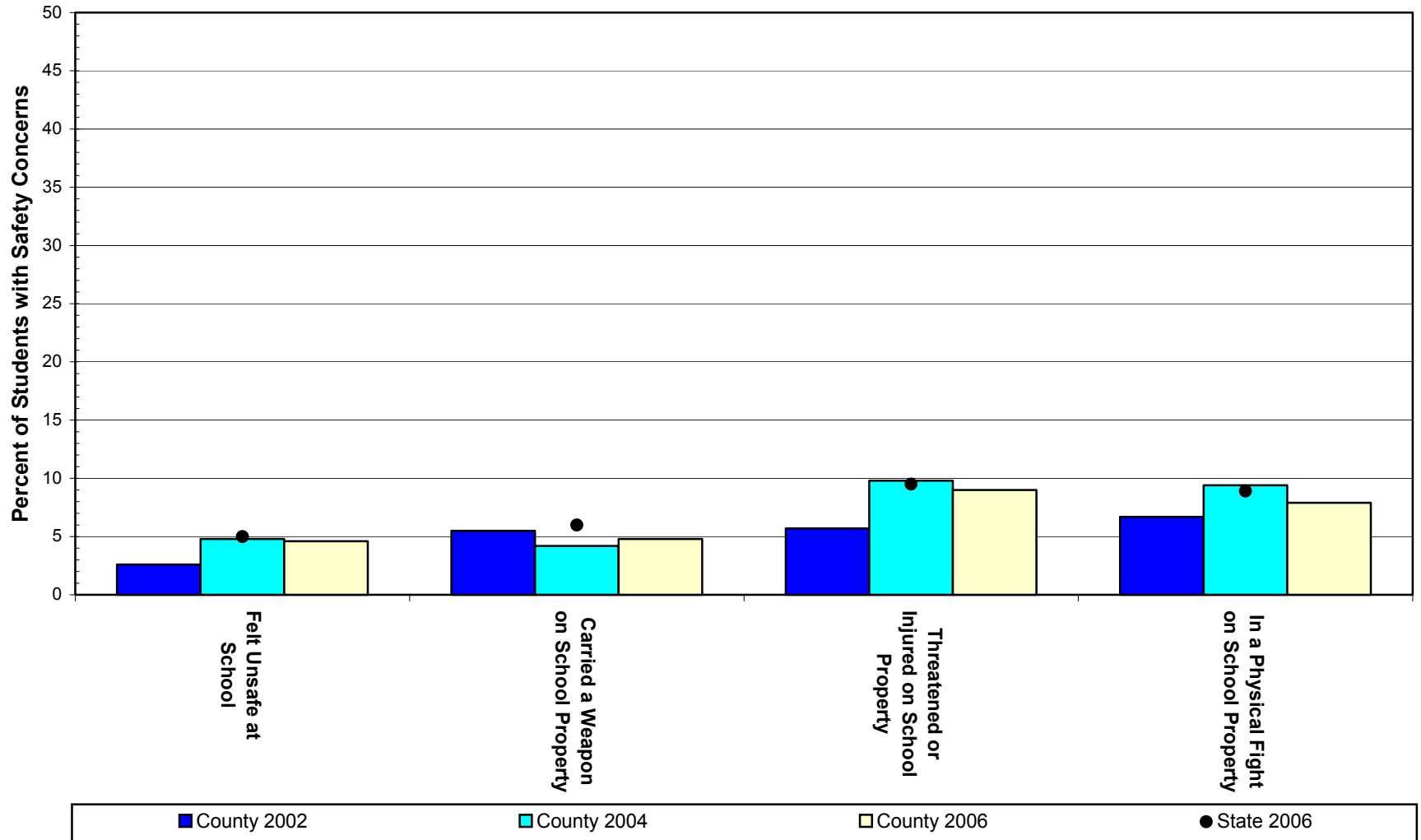


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	1571	11337	17172	26872	854	5918	11079	19581	1253	4715	7885	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	55.4	50.2	49.1	50.4	71.8	68.3	64.7	67.6	81.3	76.1	72.8	74.5
Cigarettes	38.0	29.7	28.0	30.8	47.8	41.2	39.8	43.8	62.1	49.9	47.4	50.0
Chewing Tobacco	5.8	5.3	6.5	8.0	9.0	8.9	9.6	11.8	15.4	15.2	13.6	15.6
Marijuana	23.6	18.7	16.6	18.3	41.6	34.2	31.0	34.0	53.5	43.0	41.0	42.6
Inhalants	12.5	12.6	14.6	15.2	10.8	10.0	10.8	11.9	10.3	8.8	9.2	9.8
Hallucinogens	2.8	2.2	1.8	2.1	9.0	5.0	3.7	4.1	15.2	8.1	5.4	5.6
Cocaine	4.3	3.2	3.4	3.6	8.1	6.8	6.3	7.6	13.8	10.4	10.8	11.6
Methamphetamines [2002] ¹	2.8	n/a	n/a	n/a	7.1	n/a	n/a	n/a	9.5	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	2.3	2.6	n/a	n/a	4.1	5.0	n/a	n/a	6.1	6.6
Stimulants [2004] ³	n/a	2.9	n/a	n/a	n/a	6.1	n/a	n/a	n/a	7.4	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	3.2	3.4	n/a	n/a	7.0	7.1	n/a	n/a	8.9	8.5
Heroin	1.9	1.3	1.3	1.4	3.4	2.4	2.0	2.1	4.0	3.4	3.0	2.8
Sedatives [2002] ⁵	2.2	n/a	n/a	n/a	6.2	n/a	n/a	n/a	9.2	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	10.2	9.6	10.0	n/a	16.5	14.0	14.3	n/a	21.9	18.2	17.4
Ecstasy	5.3	2.2	1.7	1.9	8.8	3.7	2.8	3.4	15.4	6.0	4.3	4.4
Steroids	n/a	n/a	1.6	1.6	n/a	n/a	1.9	2.0	n/a	n/a	2.4	2.2
Prescription Drugs	n/a	n/a	9.4	9.8	n/a	n/a	15.8	16.0	n/a	n/a	20.8	20.0
Any Drug	30.1	30.8	34.1	36.2	44.4	42.8	43.6	47.0	55.1	50.4	51.2	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	34.7	24.5	23.0	24.1	48.5	41.5	36.4	39.2	61.6	52.1	46.0	47.0
Cigarettes	9.6	9.3	9.3	10.5	18.8	16.4	15.2	17.1	25.0	23.0	21.3	21.8
Chewing Tobacco	3.5	1.7	2.1	2.7	4.2	2.7	3.2	4.0	4.5	5.1	4.9	5.4
Marijuana	13.7	8.7	7.7	8.5	22.7	15.5	14.3	15.7	29.4	18.5	18.3	18.1
Inhalants	7.0	5.3	5.9	6.2	3.6	2.6	2.8	3.1	2.5	1.4	1.4	1.7
Hallucinogens	1.5	1.3	0.9	1.0	3.5	2.1	1.6	1.7	3.5	2.1	1.5	1.7
Cocaine	2.5	1.5	1.7	1.7	4.0	2.3	2.2	2.9	4.7	3.3	2.9	3.3
Methamphetamines [2002] ¹	1.1	n/a	n/a	n/a	3.2	n/a	n/a	n/a	2.5	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	0.9	1.0	n/a	n/a	1.3	1.7	n/a	n/a	1.3	1.4
Stimulants [2004] ³	n/a	1.3	n/a	n/a	n/a	2.4	n/a	n/a	n/a	2.4	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.4	1.5	n/a	n/a	2.9	2.9	n/a	n/a	2.7	2.6
Heroin	1.1	0.6	0.6	0.7	1.7	0.7	0.6	0.7	1.1	0.9	0.8	0.8
Sedatives [2002] ⁵	1.1	n/a	n/a	n/a	2.9	n/a	n/a	n/a	4.3	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	5.0	4.4	4.5	n/a	8.2	6.3	6.6	n/a	10.3	7.5	7.1
Ecstasy	3.4	0.8	0.7	0.8	2.4	0.9	0.8	1.0	3.8	0.9	0.9	0.9
Steroids	n/a	n/a	0.8	0.8	n/a	n/a	1.0	1.0	n/a	n/a	1.0	1.0
Prescription Drugs	n/a	n/a	4.1	4.5	n/a	n/a	7.1	7.3	n/a	n/a	8.4	8.1
Any Drug	19.4	16.1	18.3	19.7	26.0	22.2	23.2	25.6	32.1	25.2	26.3	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	14.4	15.2	12.3	13.4	27.1	24.5	20.3	22.4	34.8	32.4	26.9	28.2
1/2 Pack of Cigarettes/Day	1.3	0.7	1.0	1.0	4.3	2.6	2.0	2.4	8.5	5.2	4.2	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	17.2	17.3	19.4	19.8	12.5	10.8	14.6	15.5	10.0	8.5	8.7	9.4
Drunk or High at School	14.3	12.2	11.7	13.0	19.6	18.6	18.6	21.1	26.5	20.4	20.1	21.4
Sold Illegal Drugs	5.6	4.5	4.7	4.9	10.3	8.3	8.6	9.1	11.8	9.7	9.7	9.8
Stolen a Vehicle	3.5	4.5	4.4	4.6	3.6	3.8	4.3	4.7	2.3	2.4	3.0	3.1
Been Arrested	8.6	7.3	7.1	8.3	7.3	7.3	7.9	9.3	8.9	7.7	6.8	7.8
Attacked to Harm	12.2	17.0	17.2	17.9	10.2	15.4	15.1	16.5	10.3	12.5	12.5	13.2
Carried a Handgun	7.5	5.8	7.3	7.6	4.5	5.0	7.1	7.5	4.2	4.9	6.3	7.0
Handgun to School	1.4	1.5	1.5	1.6	1.2	1.2	1.6	1.6	0.9	1.1	1.2	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	39.6	41.5	38.2	38.2	45.6	40.3	38.2	37.1	43.2	40.1	38.5	37.6
Rewards for Prosocial Involvement	31.8	32.3	30.5	30.4	44.2	36.4	36.3	36.3	34.3	35.6	34.8	35.2
Family Domain												
Family Attachment	51.6	50.6	49.7	48.7	50.2	47.7	44.8	44.1	62.4	56.9	57.6	57.1
Opportunity for Prosocial Involvement	59.0	60.1	58.1	57.4	59.3	56.9	54.1	53.0	58.1	57.2	56.4	55.9
Rewards for Prosocial Involvement	59.9	60.8	61.1	60.6	57.4	57.0	55.4	54.9	58.6	57.2	56.5	56.9
School Domain												
Opportunity for Prosocial Involvement	54.6	62.4	59.9	59.1	60.9	63.3	66.9	62.9	67.2	64.4	67.5	65.2
Rewards for Prosocial Involvement	48.7	51.6	51.1	50.7	62.9	60.5	63.7	62.3	51.2	42.7	47.6	48.0
Peer-Individual Domain												
Religiosity	*	47.6	46.8	46.2	*	47.8	46.1	44.3	*	72.6	70.7	70.7
Social Skills	60.1	60.4	59.3	58.3	54.6	53.3	55.0	52.4	62.4	65.0	67.0	66.0
Belief in the Moral Order	51.1	53.9	54.4	54.3	57.5	62.6	63.5	62.6	44.5	50.2	51.7	51.2
Interaction with Prosocial Peers	*	47.4	46.3	46.1	*	49.9	50.9	49.6	*	48.1	48.6	48.1
Prosocial Involvement	*	39.9	37.4	37.7	*	44.8	41.0	39.3	*	42.9	40.5	39.1
Rewards for Prosocial Involvement	*	58.3	57.7	58.8	*	59.3	61.4	61.1	*	49.7	53.9	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	37.9	38.5	39.2	40.7	35.5	42.7	44.0	46.9	40.4	48.3	47.8	49.8
Community Disorganization	41.5	44.6	46.3	48.2	35.6	47.7	54.4	57.6	38.0	43.9	48.1	52.3
Transitions & Mobility	51.2	53.2	53.0	53.7	44.9	60.6	63.0	60.4	44.8	58.4	56.5	54.9
Laws & Norms Favor Drug Use	34.6	35.4	36.5	37.8	31.9	38.7	39.3	42.5	34.5	34.4	31.6	34.6
Perceived Availability of Drugs	39.8	39.1	37.6	38.1	50.1	51.5	47.2	48.8	63.4	54.4	50.2	51.3
Perceived Availability of Handguns	38.7	35.1	36.0	37.0	23.2	24.4	26.2	27.6	32.5	33.1	33.1	34.1
Family Domain												
Poor Family Management	44.9	45.6	47.2	47.9	41.8	42.6	43.1	45.0	46.4	46.3	44.8	44.8
Family Conflict	47.4	52.3	52.0	52.2	33.9	40.9	42.1	42.2	31.2	38.6	38.3	38.3
Family History of Antisocial Behavior	40.1	42.2	39.4	42.7	34.5	40.8	39.8	43.2	35.1	38.8	35.4	38.6
Parent Attitudes Favorable to ASB	42.9	44.2	47.9	48.5	45.0	47.2	48.4	50.0	43.8	43.5	44.9	45.9
Parent Attitudes Favor Drug Use	27.0	27.3	28.3	29.1	44.1	41.9	38.9	41.1	48.0	42.6	38.6	40.1
School Domain												
Academic Failure	50.9	46.2	45.8	48.6	43.2	46.3	48.5	51.6	41.2	39.9	42.4	44.1
Low Commitment to School	44.1	39.4	40.6	41.1	45.8	46.9	38.3	40.1	45.8	50.1	43.7	43.0
Peer-Individual Domain												
Rebelliousness	39.5	36.5	43.1	43.8	39.6	39.4	45.9	47.5	38.3	36.8	43.5	44.3
Early Initiation of ASB	33.4	36.3	39.0	40.2	29.8	35.8	40.0	42.4	31.7	36.4	36.3	38.8
Early Initiation of Drug Use	37.9	34.8	32.7	35.2	38.0	35.0	33.1	36.6	42.4	35.9	32.0	34.1
Attitudes Favorable to ASB	45.7	44.9	46.0	46.2	55.7	51.4	47.4	49.7	54.4	46.6	45.2	45.6
Attitudes Favorable to Drug Use	37.6	32.4	31.0	32.4	48.4	39.3	34.4	36.6	49.8	38.2	34.6	34.6
Perceived Risk of Drug Use	48.5	47.0	44.3	45.4	45.8	41.2	38.8	39.2	48.1	45.7	40.5	40.5
Interaction with Antisocial Peers	50.1	55.9	56.9	58.4	48.2	53.0	54.9	58.1	47.1	48.0	50.1	52.0
Friend's Use of Drugs	39.5	41.6	39.2	41.3	46.0	43.6	40.3	43.2	44.6	37.5	35.0	35.9
Rewards for ASB	36.3	48.0	48.5	48.7	37.6	43.2	44.5	45.0	42.7	53.6	53.8	53.8
Depressive Symptoms	47.9	50.7	43.8	45.7	40.8	48.7	44.1	45.5	38.1	40.9	36.9	38.6
Intention to Use Drugs	*	37.1	35.1	36.5	*	46.8	42.3	44.9	*	31.7	29.5	29.9
Gang Involvement	19.3	22.7	24.9	26.3	13.8	19.9	22.0	23.9	9.7	16.9	15.2	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	94.7	94.2	93.4	93.1	95.5	95.8	93.8	92.7	94.5	95.8	95.2	94.0
	1 day	2.2	2.7	3.1	3.1	0.7	1.5	2.2	2.4	1.4	1.1	1.2	1.4
	2-3 days	1.5	1.4	1.5	1.6	0.8	0.9	1.3	1.5	0.5	0.8	0.8	0.9
	4-5 days	0.3	0.4	0.6	0.6	0.1	0.3	0.6	0.7	0.7	0.4	0.5	0.6
	6 or more days	1.3	1.3	1.5	1.6	2.8	1.5	2.1	2.7	3.0	1.9	2.3	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	95.1	89.5	90.0	89.3	98.1	93.4	92.5	92.2	97.4	95.2	95.4	95.0
	1 day	3.2	5.8	5.6	6.0	0.6	3.6	3.9	4.1	1.0	2.4	2.3	2.6
	2-3 days	1.0	2.8	2.6	2.8	0.9	1.7	2.0	2.1	0.6	1.4	1.2	1.2
	4-5 days	0.2	0.7	0.6	0.7	0.0	0.4	0.5	0.5	0.2	0.5	0.4	0.4
	6 or more days	0.5	1.1	1.1	1.2	0.4	0.8	1.0	1.1	0.8	0.6	0.7	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	89.8	84.1	85.0	84.5	91.2	87.3	86.5	86.1	94.3	90.2	91.0	90.5
	1 time	5.3	8.8	7.3	7.7	4.1	6.7	6.4	6.7	2.7	4.7	4.1	4.4
	2-3 times	3.0	3.8	4.1	4.2	3.4	3.0	3.9	3.9	1.5	3.0	2.9	3.0
	4-5 times	0.6	1.1	1.2	1.3	0.6	1.0	1.2	1.2	0.5	0.7	0.5	0.6
	6-7 times	0.3	0.5	0.6	0.5	0.0	0.5	0.4	0.5	0.0	0.4	0.3	0.3
	8-9 times	0.1	0.4	0.3	0.3	0.0	0.2	0.3	0.3	0.1	0.2	0.3	0.3
	10-11 times	0.0	0.1	0.3	0.3	0.1	0.2	0.2	0.2	0.1	0.0	0.2	0.2
	12 or more times	0.8	1.2	1.2	1.2	0.6	1.1	1.1	1.3	0.8	0.7	0.7	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	78.0	74.1	77.1	75.4	88.3	85.0	85.9	84.3	93.3	90.6	92.1	91.1
	1 time	12.6	13.9	12.4	13.1	6.6	8.7	8.1	8.9	3.5	5.6	5.0	5.5
	2-3 times	5.7	7.7	6.7	7.1	4.0	4.5	3.9	4.4	1.8	2.4	1.8	2.1
	4-5 times	1.3	2.1	1.8	2.1	0.4	0.9	0.9	1.0	0.4	0.6	0.3	0.4
	6-7 times	0.9	0.7	0.5	0.6	0.1	0.2	0.3	0.2	0.5	0.2	0.1	0.1
	8-9 times	0.0	0.3	0.3	0.4	0.1	0.2	0.2	0.3	0.1	0.2	0.2	0.2
	10-11 times	0.3	0.2	0.2	0.3	0.0	0.1	0.1	0.2	0.1	0.1	0.1	0.1
	12 or more times	1.2	1.0	0.9	1.0	0.6	0.4	0.6	0.7	0.2	0.3	0.4	0.4

Maricopa County

Contacts For Prevention

Regional Prevention Contacts

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Gila, La Paz, Pinal, and Yuma Counties

Linda Weinberg
Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
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Maricopa County

Juan Aristizabal
ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
520-879-6067

Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

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602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Mohave County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Mohave County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Mohave County and the State. Because not all students answer all of the questions, the number of students in

CONTENTS:

Introduction:

- Demographics
- Risk & Protective Framework

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- Risk & Protective Factor Profiles
- Substance Use & Antisocial Behavior
- School Safety

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	570	100	1558	100	1877	100	60401	100
Grade								
8	125	21.9	567	36.4	459	24.5	26872	44.5
10	261	45.8	608	39.0	835	44.5	19581	32.4
12	184	32.3	383	24.6	583	31.1	13948	23.1
Gender								
Male	289	51.6	723	46.9	894	48.9	28381	48.2
Female	271	48.4	817	53.1	934	51.1	30505	51.8
Ethnicity								
African American	7	1.3	23	1.6	24	1.3	2592	4.4
American Indian	6	1.1	19	1.3	44	2.4	3394	5.8
Asian	9	1.7	11	0.8	13	0.7	1341	2.3
Hispanic	116	21.3	345	23.5	343	18.8	21376	36.5
Pacific Islander	*	*	13	0.9	10	0.5	457	0.8
White	406	74.6	1055	72.0	1288	70.7	26761	45.7
Other	n/a	n/a	n/a	n/a	99	5.4	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

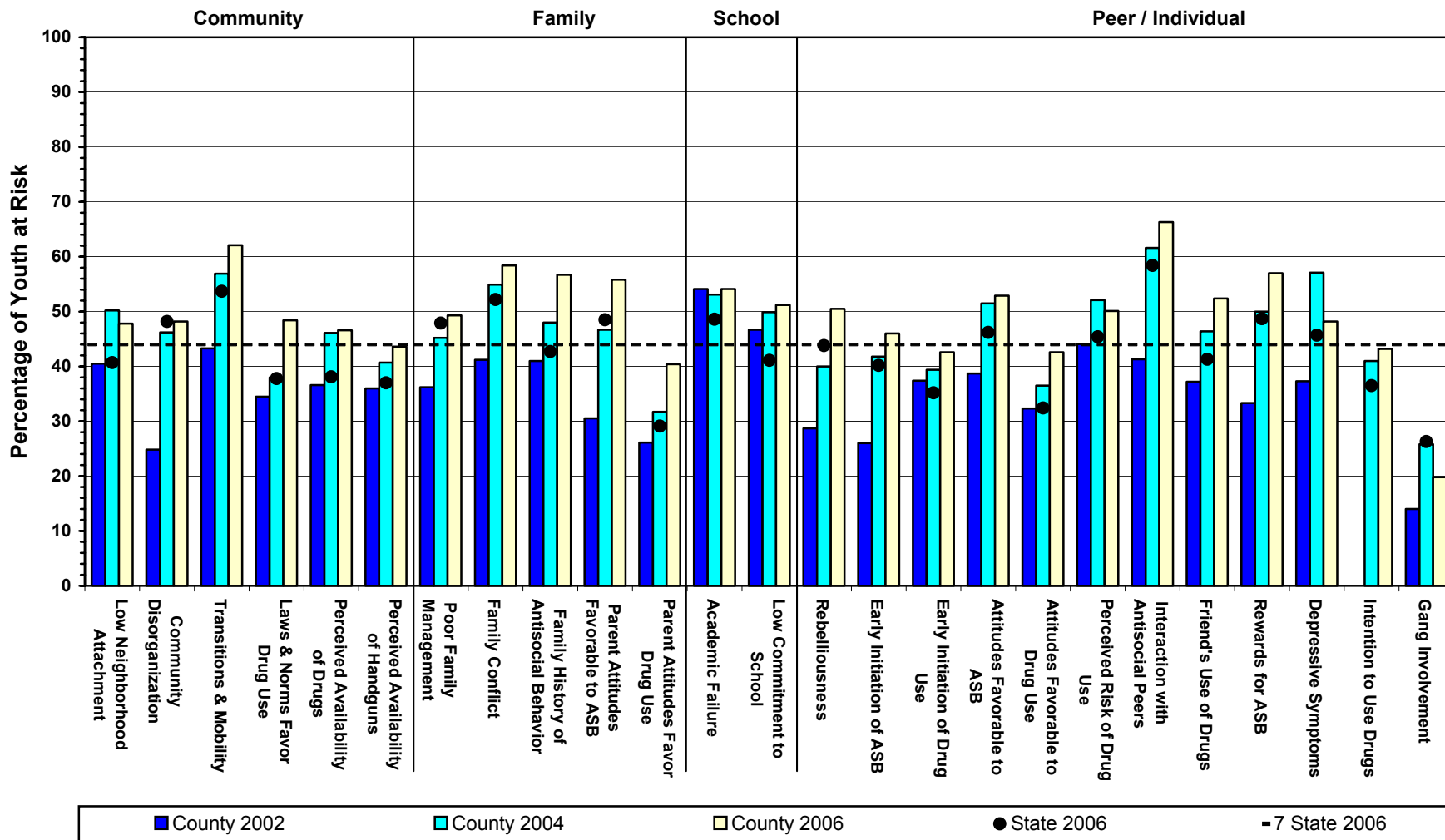
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Mohave County Student Survey, Grade 8

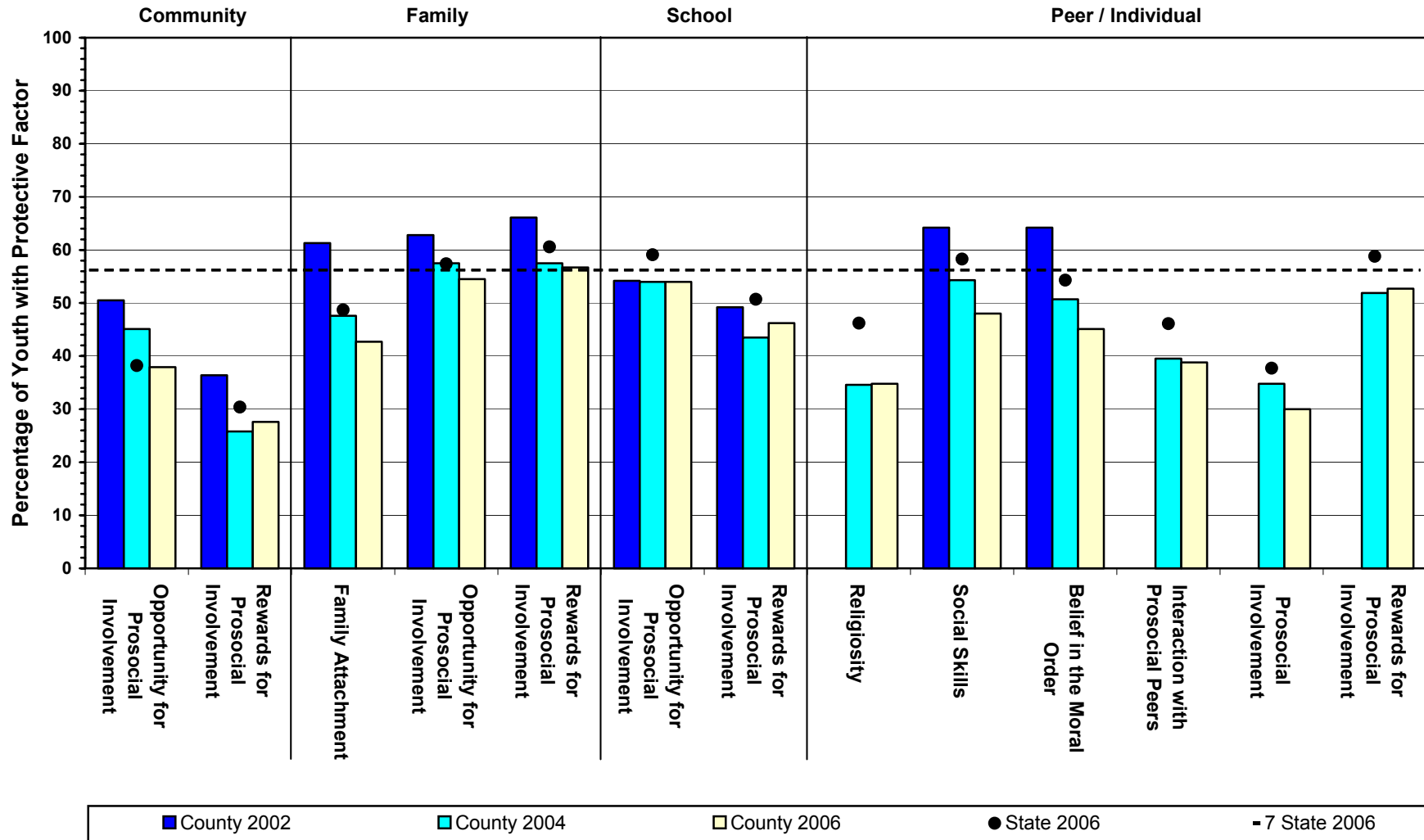


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Mohave County Student Survey, Grade 8



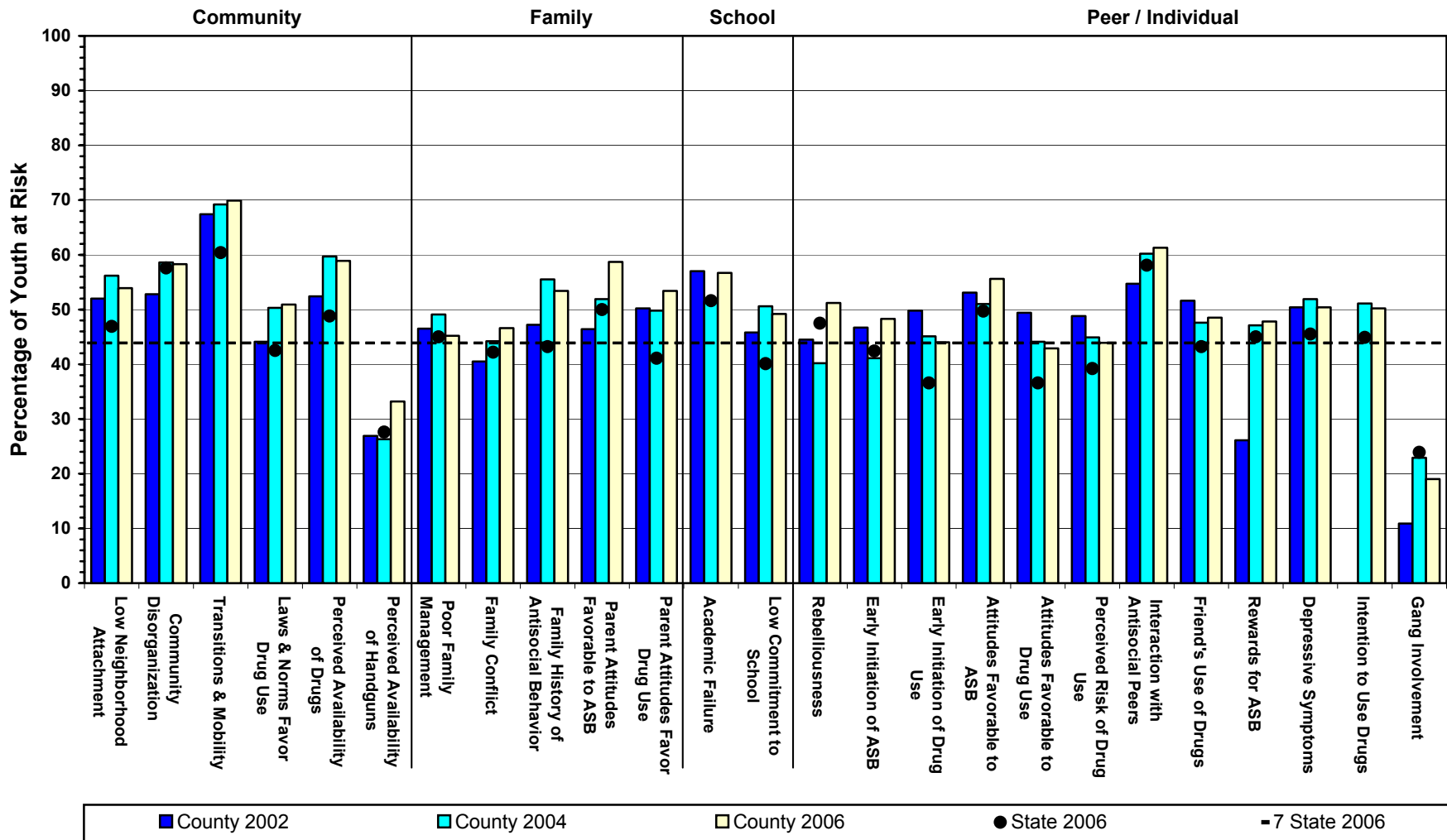
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Mohave County Student Survey, Grade 10



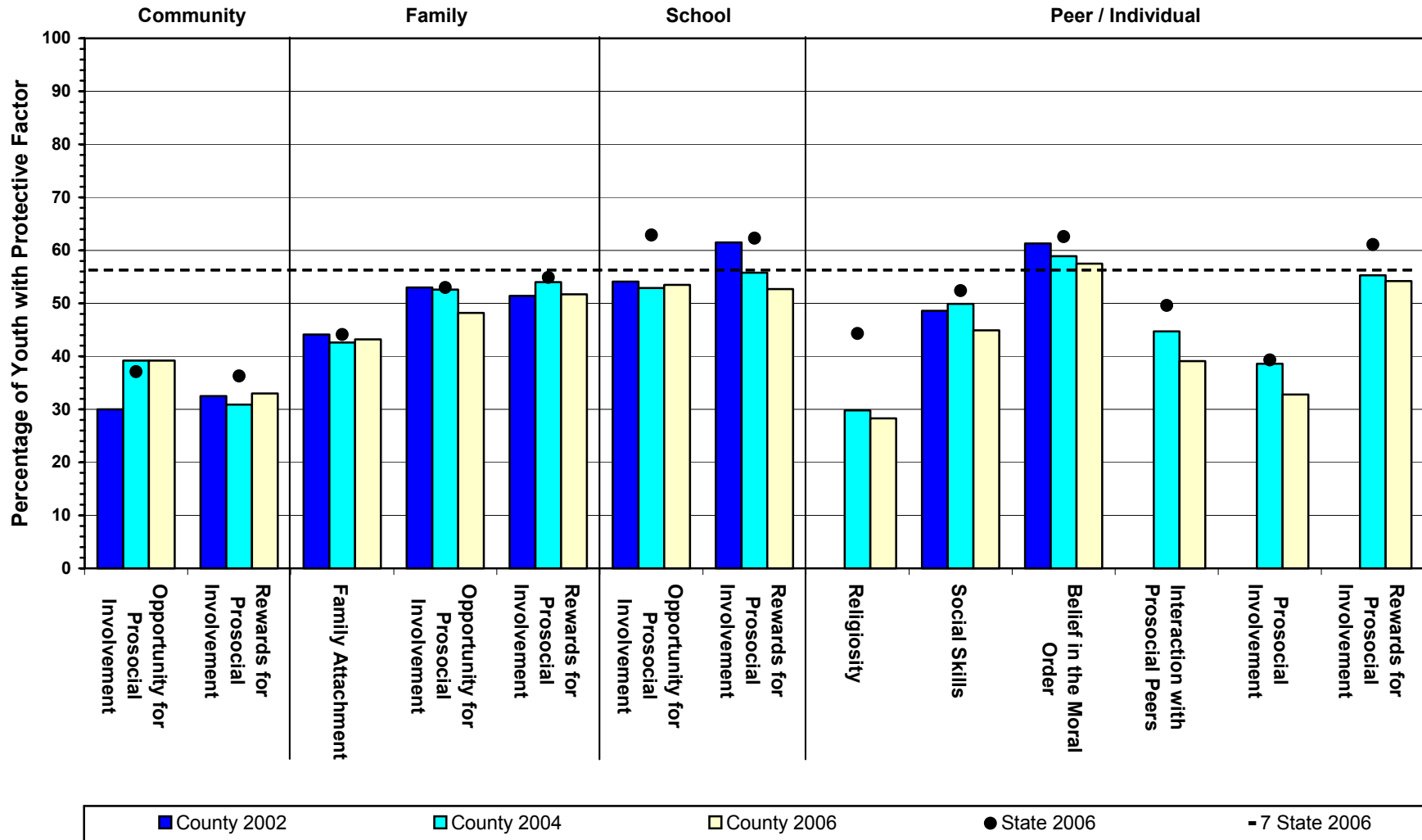
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Mohave County Student Survey, Grade 10



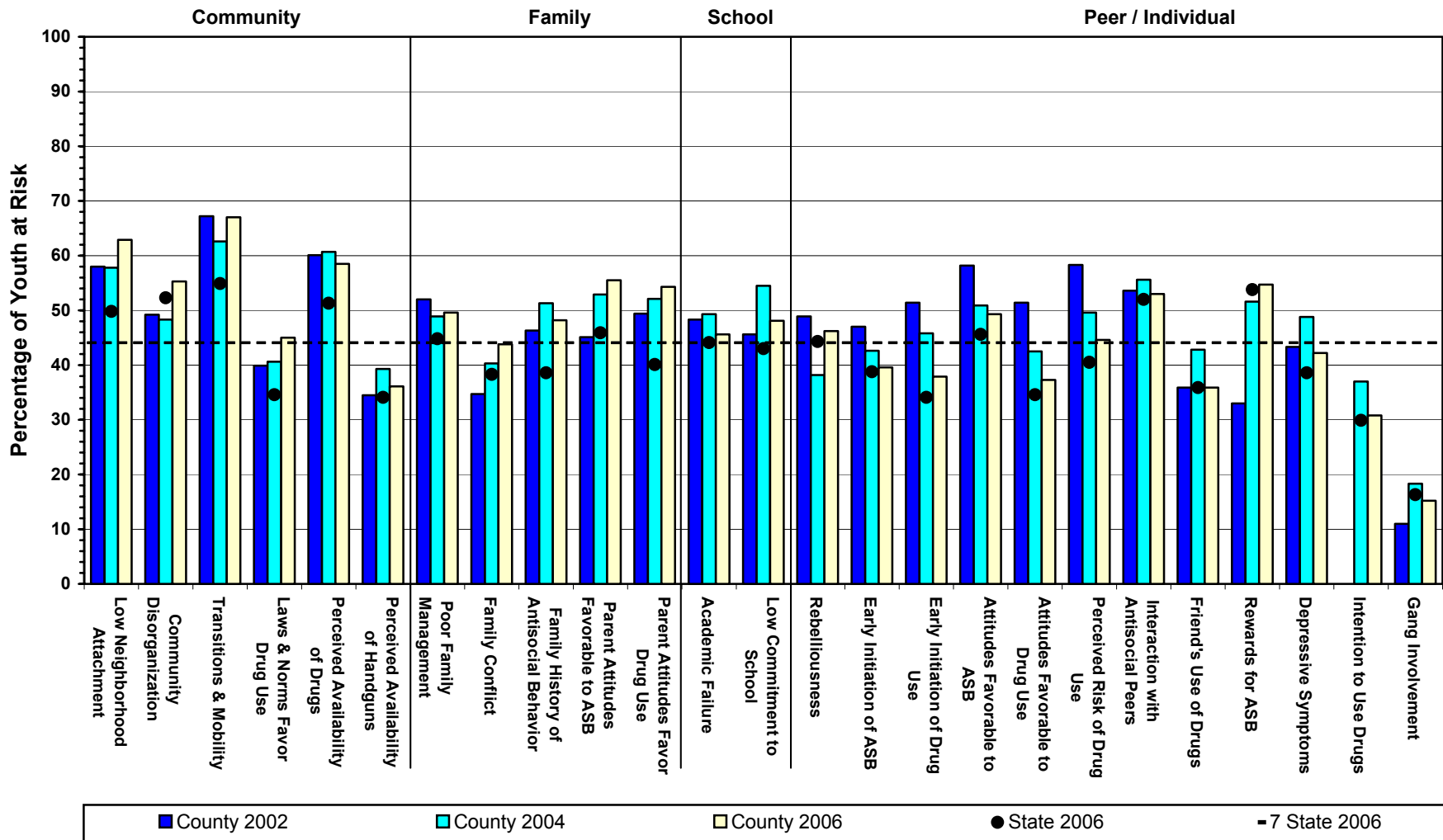
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Mohave County Student Survey, Grade 12



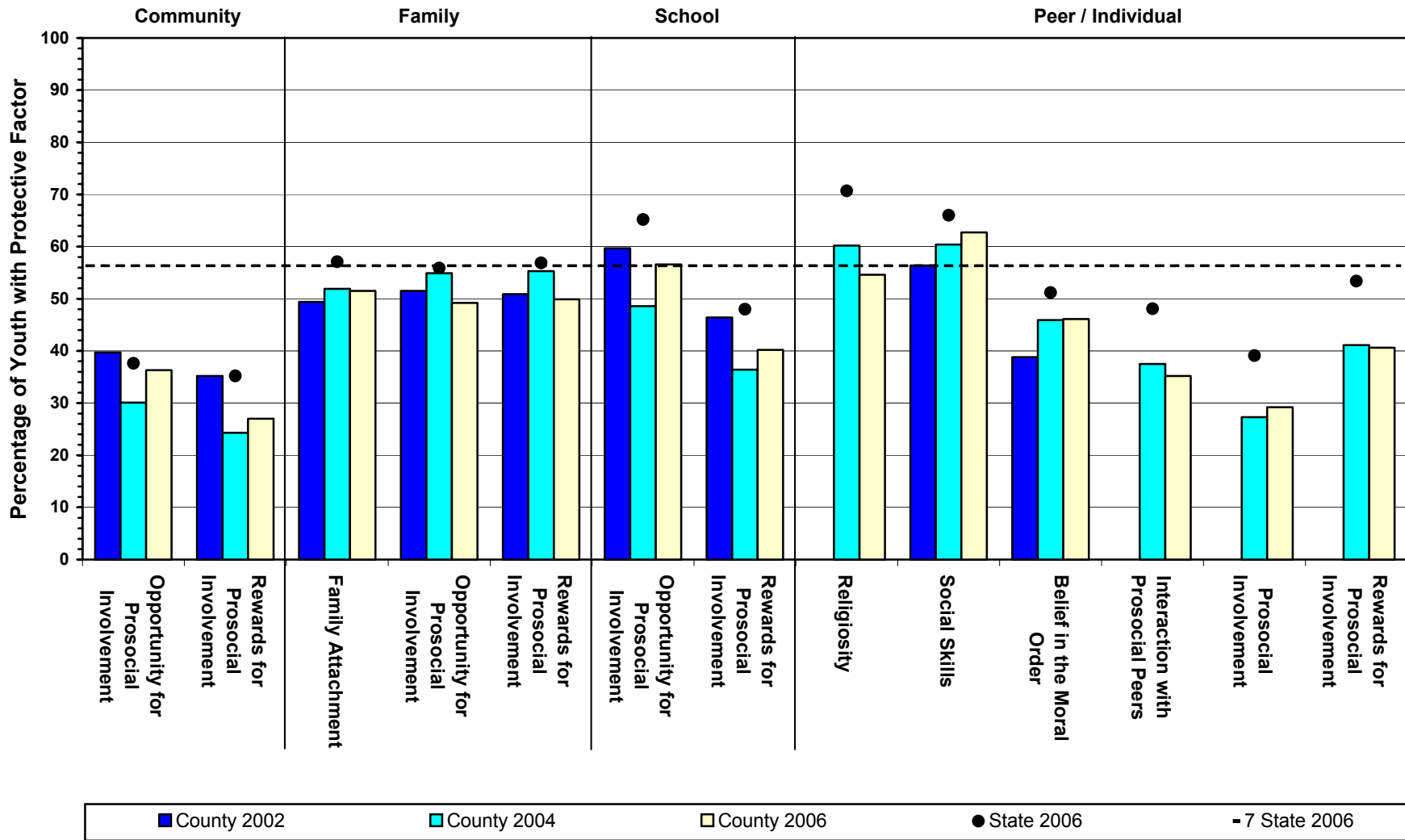
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Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

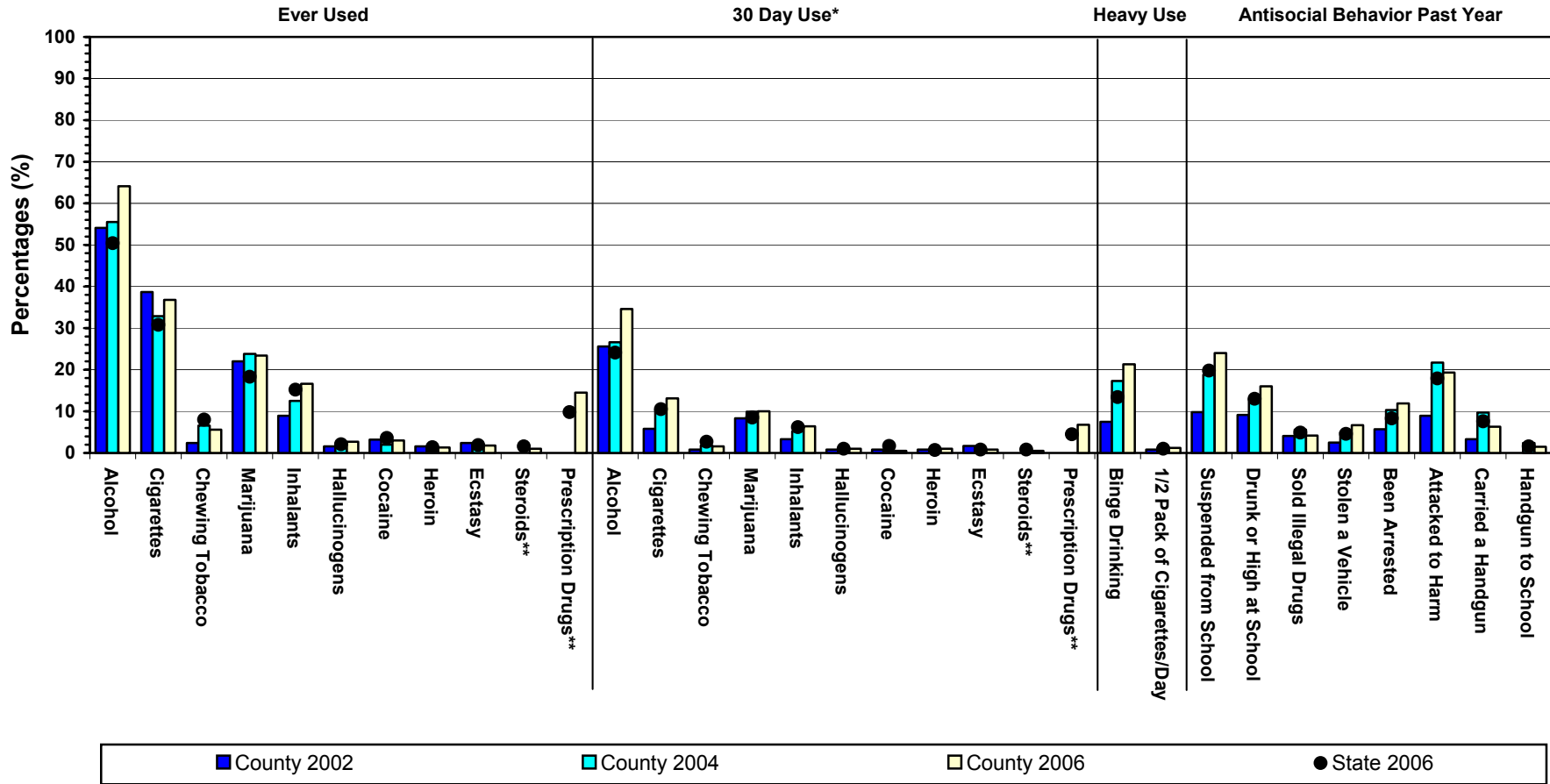
2006 Mohave County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Mohave County Student Survey, Grade 8



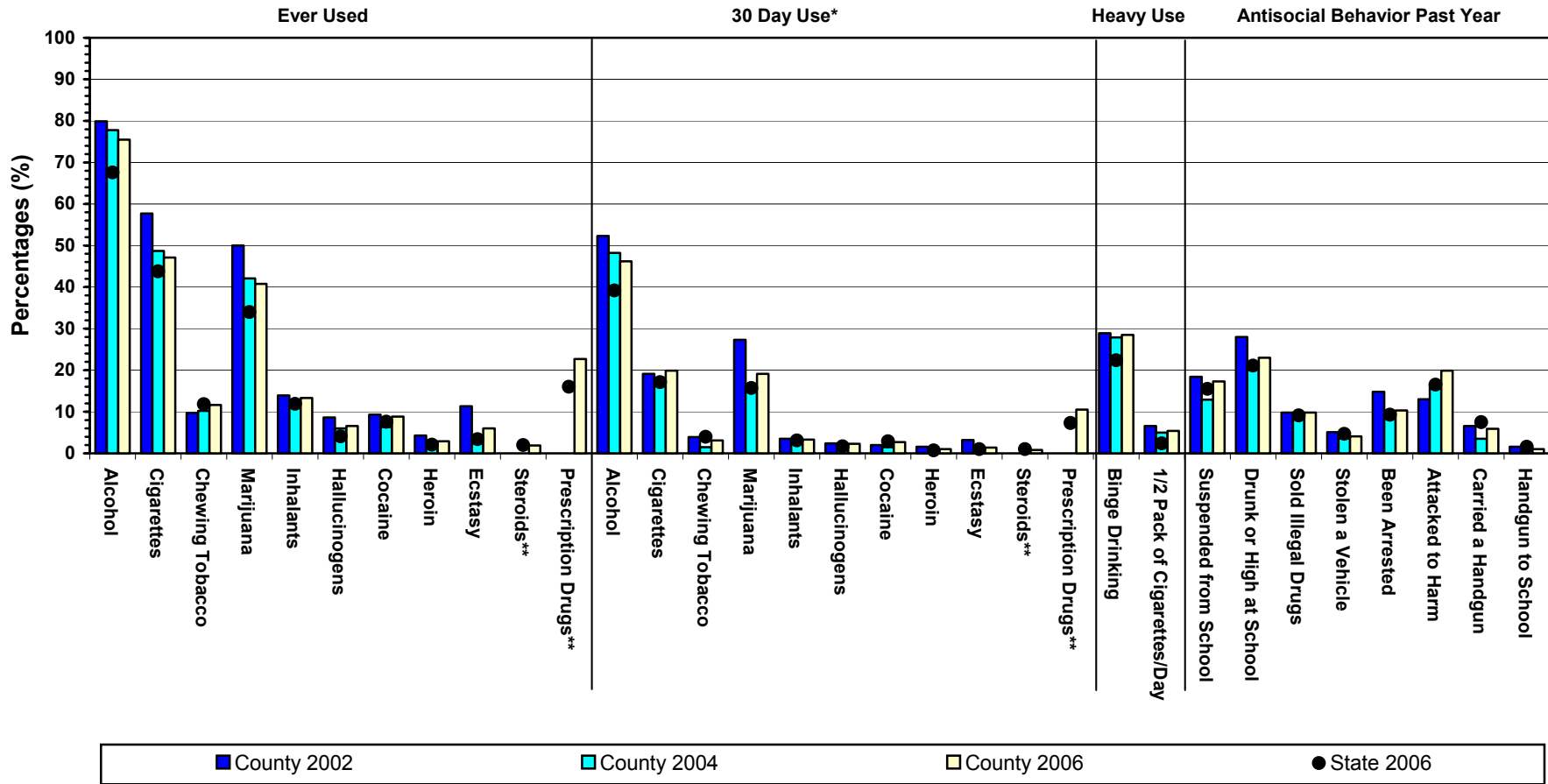
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Mohave County Student Survey, Grade 10



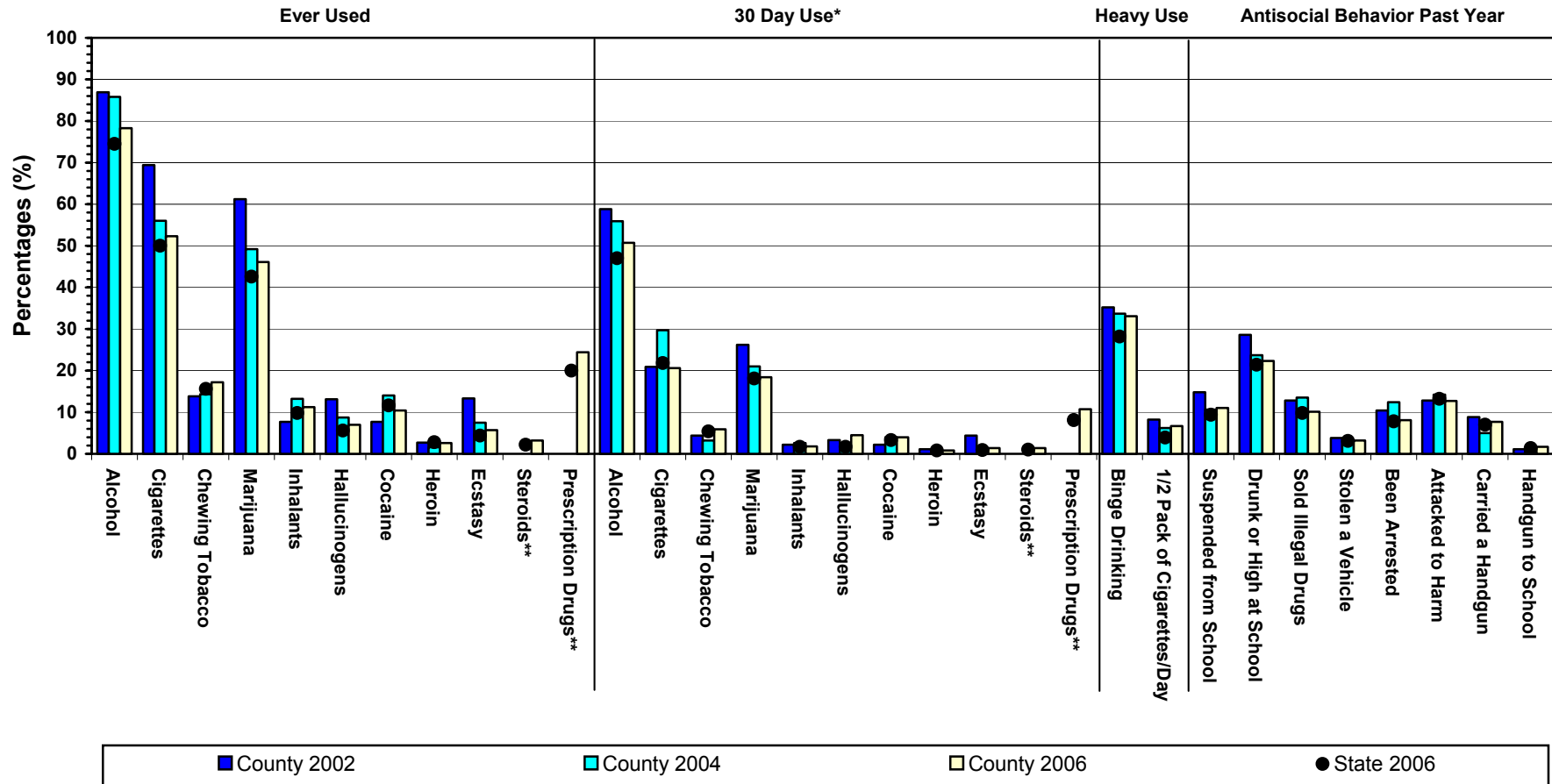
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

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ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Mohave County Student Survey, Grade 12



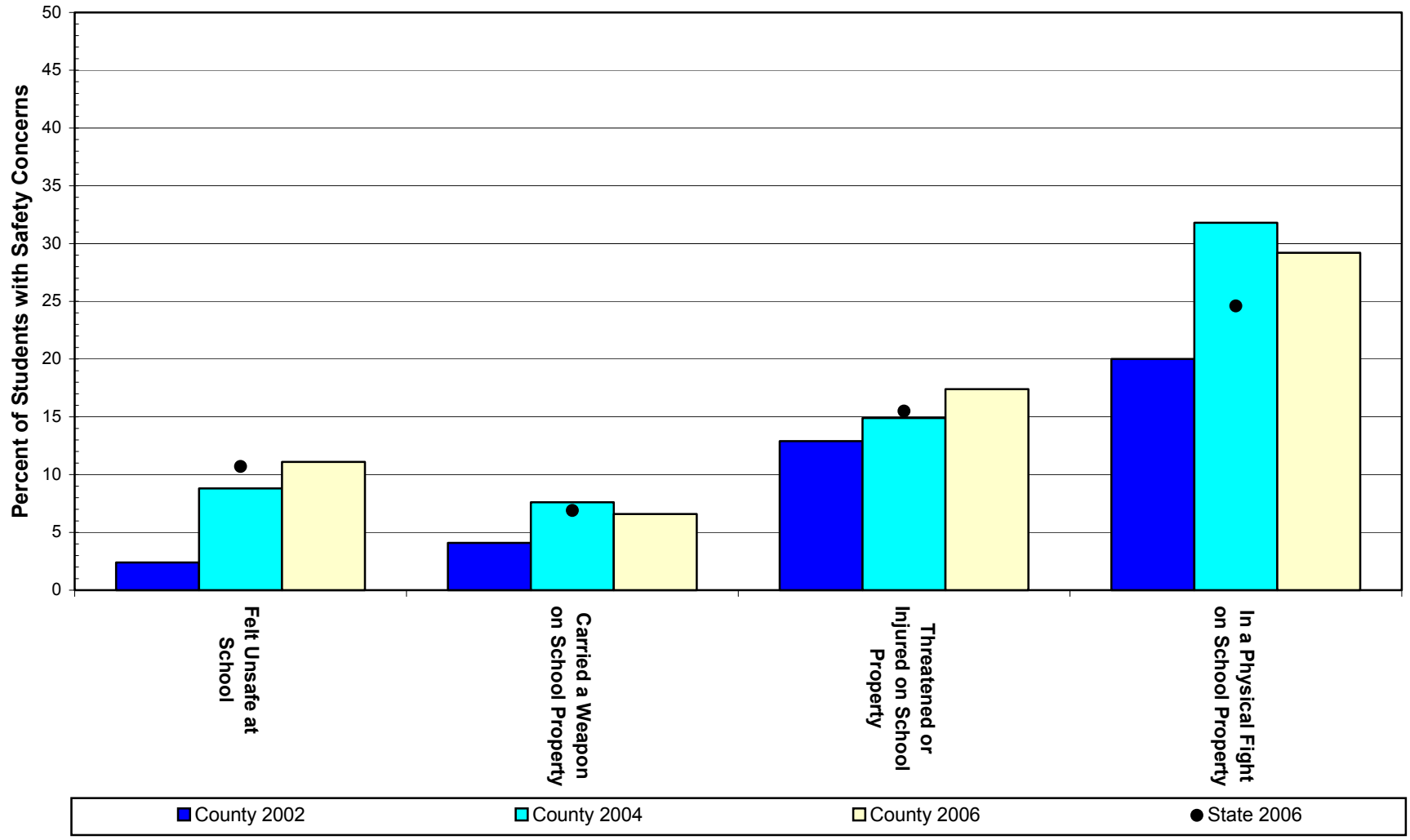
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

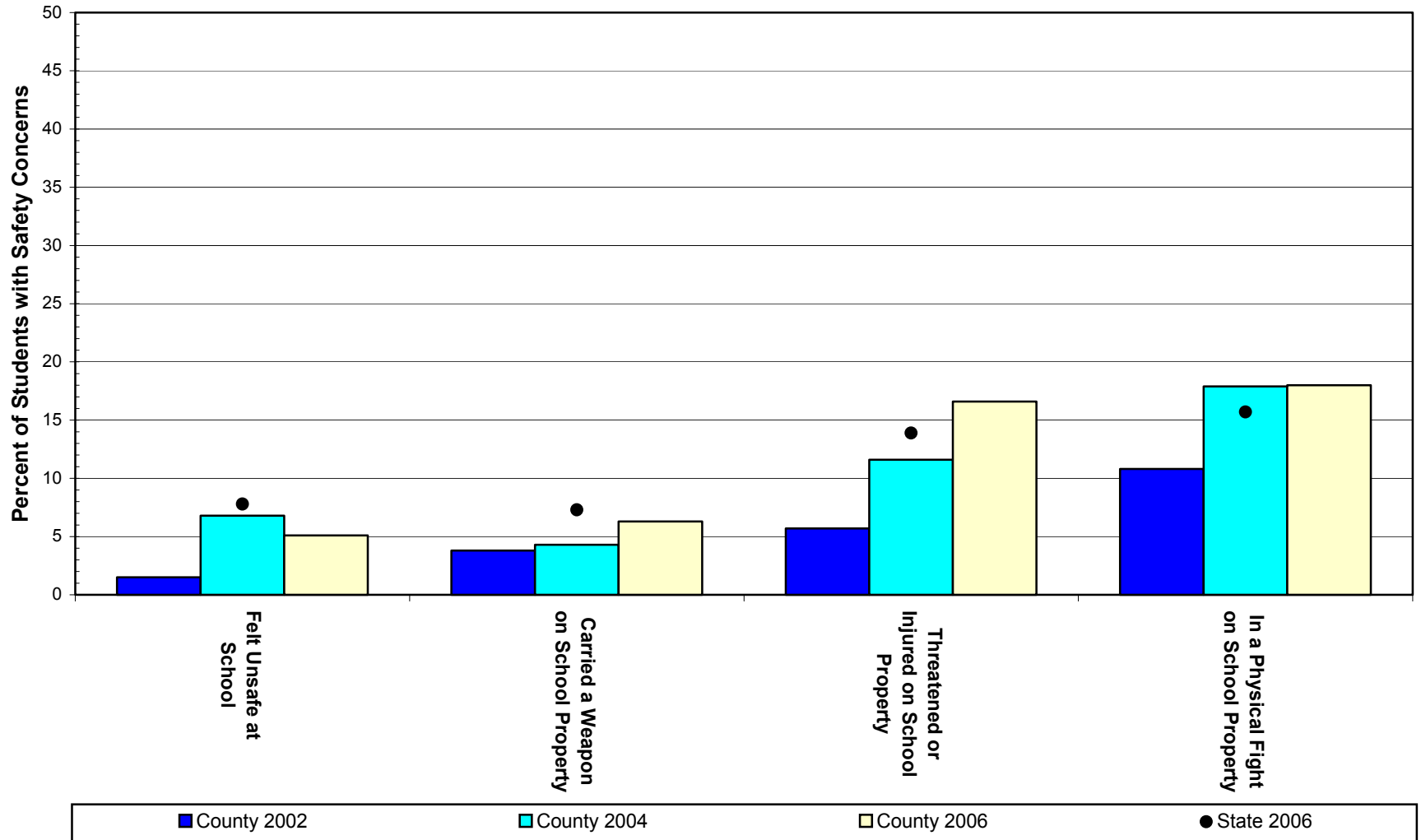
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Mohave County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Mohave County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Mohave County Student Survey, Grade 12

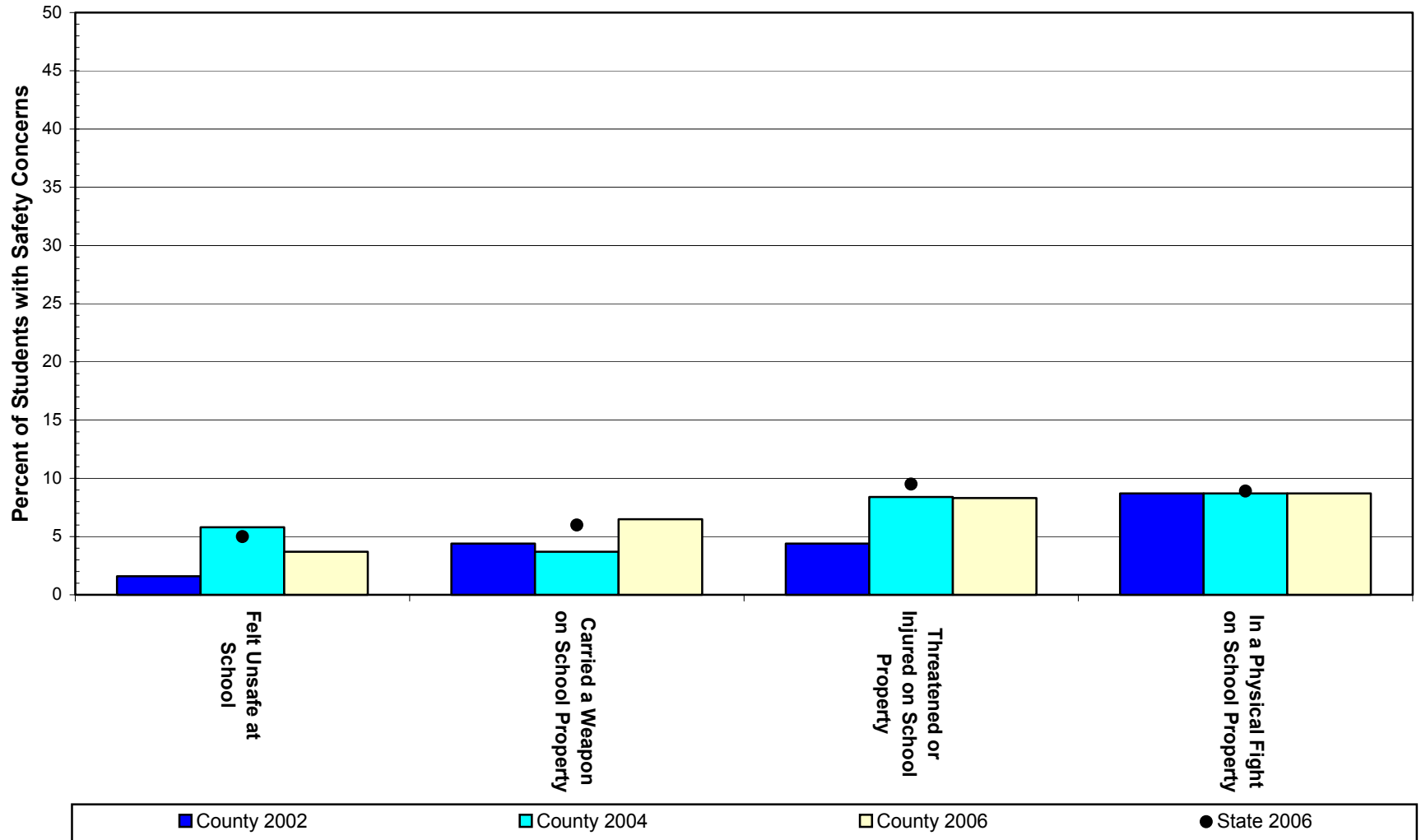


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	125	567	459	26872	261	608	835	19581	184	383	583	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	54.1	55.5	64.1	50.4	79.9	77.8	75.5	67.6	86.9	85.8	78.3	74.5
Cigarettes	38.7	32.9	36.8	30.8	57.7	48.7	47.1	43.8	69.4	56.0	52.3	50.0
Chewing Tobacco	2.4	6.6	5.6	8.0	9.7	10.2	11.6	11.8	13.8	14.3	17.2	15.6
Marijuana	22.0	23.8	23.4	18.3	50.0	42.1	40.8	34.0	61.2	49.2	46.1	42.6
Inhalants	8.9	12.5	16.6	15.2	13.9	12.8	13.3	11.9	7.7	13.2	11.2	9.8
Hallucinogens	1.6	1.5	2.7	2.1	8.6	6.0	6.6	4.1	13.1	8.7	7.0	5.6
Cocaine	3.2	2.0	3.0	3.6	9.3	6.3	8.8	7.6	7.7	14.0	10.4	11.6
Methamphetamines [2002] ¹	1.6	n/a	n/a	n/a	12.5	n/a	n/a	n/a	11.0	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	3.8	2.6	n/a	n/a	9.7	5.0	n/a	n/a	9.2	6.6
Stimulants [2004] ³	n/a	2.6	n/a	n/a	n/a	6.5	n/a	n/a	n/a	10.6	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	4.4	3.4	n/a	n/a	8.9	7.1	n/a	n/a	8.1	8.5
Heroin	1.6	1.1	1.3	1.4	4.3	1.2	2.9	2.1	2.7	1.6	2.6	2.8
Sedatives [2002] ⁵	1.6	n/a	n/a	n/a	7.0	n/a	n/a	n/a	8.8	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	11.1	12.7	10.0	n/a	19.8	18.8	14.3	n/a	23.9	21.1	17.4
Ecstasy	2.4	1.7	1.8	1.9	11.3	3.3	6.0	3.4	13.3	7.5	5.7	4.4
Steroids	n/a	n/a	1.0	1.6	n/a	n/a	1.9	2.0	n/a	n/a	3.2	2.2
Prescription Drugs	n/a	n/a	14.5	9.8	n/a	n/a	22.7	16.0	n/a	n/a	24.4	20.0
Any Drug	24.8	35.2	43.4	36.2	50.6	51.4	54.5	47.0	62.0	55.9	56.8	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	25.6	26.6	34.6	24.1	52.3	48.2	46.2	39.2	58.8	55.9	50.7	47.0
Cigarettes	5.8	10.4	13.1	10.5	19.1	18.1	19.9	17.1	20.9	29.7	20.6	21.8
Chewing Tobacco	0.8	1.8	1.6	2.7	3.9	1.5	3.1	4.0	4.4	3.2	5.9	5.4
Marijuana	8.3	9.9	10.0	8.5	27.3	16.0	19.1	15.7	26.2	21.0	18.4	18.1
Inhalants	3.3	5.2	6.4	6.2	3.5	2.9	3.3	3.1	2.2	2.6	1.8	1.7
Hallucinogens	0.8	0.9	1.0	1.0	2.4	2.2	2.3	1.7	3.3	2.4	4.5	1.7
Cocaine	0.8	0.4	0.5	1.7	2.0	1.5	2.7	2.9	2.2	4.0	4.0	3.3
Methamphetamines [2002] ¹	0.0	n/a	n/a	n/a	3.9	n/a	n/a	n/a	4.9	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	0.8	1.0	n/a	n/a	3.6	1.7	n/a	n/a	2.4	1.4
Stimulants [2004] ³	n/a	0.8	n/a	n/a	n/a	3.3	n/a	n/a	n/a	3.2	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.5	1.5	n/a	n/a	3.7	2.9	n/a	n/a	2.9	2.6
Heroin	0.8	0.7	1.0	0.7	1.6	0.7	1.0	0.7	1.1	0.8	0.8	0.8
Sedatives [2002] ⁵	0.0	n/a	n/a	n/a	4.0	n/a	n/a	n/a	4.9	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	6.5	5.0	4.5	n/a	10.1	9.8	6.6	n/a	14.4	10.1	7.1
Ecstasy	1.7	0.2	0.8	0.8	3.2	0.7	1.4	1.0	4.4	0.8	1.4	0.9
Steroids	n/a	n/a	0.5	0.8	n/a	n/a	0.8	1.0	n/a	n/a	1.4	1.0
Prescription Drugs	n/a	n/a	6.8	4.5	n/a	n/a	10.5	7.3	n/a	n/a	10.7	8.1
Any Drug	12.0	17.9	23.3	19.7	31.0	24.2	31.0	25.6	29.5	28.5	29.7	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	7.5	17.3	21.3	13.4	28.9	27.9	28.5	22.4	35.2	33.7	33.1	28.2
1/2 Pack of Cigarettes/Day	0.8	1.3	1.2	1.0	6.6	5.0	5.4	2.4	8.2	6.2	6.7	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	9.8	18.8	24.0	19.8	18.4	12.9	17.3	15.5	14.8	10.6	11.0	9.4
Drunk or High at School	9.1	13.0	16.0	13.0	28.0	21.9	23.0	21.1	28.6	23.7	22.3	21.4
Sold Illegal Drugs	4.1	5.6	4.2	4.9	9.8	9.0	9.8	9.1	12.8	13.5	10.1	9.8
Stolen a Vehicle	2.5	5.0	6.7	4.6	5.1	3.6	4.1	4.7	3.8	3.2	3.2	3.1
Been Arrested	5.7	10.3	11.9	8.3	14.8	8.8	10.3	9.3	10.4	12.4	8.1	7.8
Attacked to Harm	8.9	21.7	19.3	17.9	13.0	16.4	19.9	16.5	12.8	14.2	12.7	13.2
Carried a Handgun	3.3	9.7	6.3	7.6	6.6	3.5	5.9	7.5	8.8	5.0	7.7	7.0
Handgun to School	0.0	2.4	1.5	1.6	1.6	1.2	1.0	1.6	1.1	1.1	1.7	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	50.5	45.1	37.9	38.2	30.0	39.2	39.2	37.1	39.7	30.1	36.3	37.6
Rewards for Prosocial Involvement	36.4	25.8	27.6	30.4	32.5	30.9	33.0	36.3	35.2	24.3	27.0	35.2
Family Domain												
Family Attachment	61.3	47.6	42.7	48.7	44.1	42.6	43.2	44.1	49.4	51.9	51.5	57.1
Opportunity for Prosocial Involvement	62.8	57.5	54.5	57.4	53.0	52.6	48.2	53.0	51.5	54.9	49.2	55.9
Rewards for Prosocial Involvement	66.1	57.5	56.7	60.6	51.4	54.0	51.7	54.9	50.9	55.3	49.9	56.9
School Domain												
Opportunity for Prosocial Involvement	54.2	54.0	54.0	59.1	54.1	52.9	53.5	62.9	59.7	48.6	56.6	65.2
Rewards for Prosocial Involvement	49.2	43.5	46.2	50.7	61.5	55.8	52.7	62.3	46.4	36.4	40.2	48.0
Peer-Individual Domain												
Religiosity	*	34.6	34.8	46.2	*	29.8	28.3	44.3	*	60.2	54.6	70.7
Social Skills	64.2	54.3	48.0	58.3	48.6	49.9	44.9	52.4	56.4	60.4	62.7	66.0
Belief in the Moral Order	64.2	50.7	45.1	54.3	61.3	58.9	57.5	62.6	38.8	45.9	46.1	51.2
Interaction with Prosocial Peers	*	39.5	38.8	46.1	*	44.7	39.1	49.6	*	37.5	35.2	48.1
Prosocial Involvement	*	34.8	30.0	37.7	*	38.6	32.8	39.3	*	27.3	29.2	39.1
Rewards for Prosocial Involvement	*	51.9	52.7	58.8	*	55.3	54.2	61.1	*	41.1	40.6	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	40.5	50.2	47.8	40.7	52.0	56.2	53.9	46.9	58.0	57.8	62.9	49.8
Community Disorganization	24.8	46.2	48.2	48.2	52.8	58.6	58.3	57.6	49.2	48.3	55.3	52.3
Transitions & Mobility	43.3	56.9	62.1	53.7	67.4	69.2	69.9	60.4	67.2	62.6	67.0	54.9
Laws & Norms Favor Drug Use	34.5	38.0	48.4	37.8	44.1	50.3	50.9	42.5	39.9	40.6	45.0	34.6
Perceived Availability of Drugs	36.6	46.1	46.6	38.1	52.4	59.7	58.9	48.8	60.1	60.7	58.5	51.3
Perceived Availability of Handguns	36.0	40.7	43.6	37.0	26.9	26.3	33.2	27.6	34.5	39.3	36.1	34.1
Family Domain												
Poor Family Management	36.2	45.2	49.3	47.9	46.5	49.1	45.2	45.0	52.0	48.9	49.6	44.8
Family Conflict	41.2	54.9	58.4	52.2	40.5	44.2	46.6	42.2	34.7	40.3	43.8	38.3
Family History of Antisocial Behavior	41.0	48.0	56.7	42.7	47.2	55.5	53.4	43.2	46.3	51.3	48.2	38.6
Parent Attitudes Favorable to ASB	30.5	46.7	55.8	48.5	46.4	51.9	58.7	50.0	45.1	52.9	55.5	45.9
Parent Attitudes Favor Drug Use	26.1	31.7	40.4	29.1	50.2	49.8	53.4	41.1	49.4	52.1	54.3	40.1
School Domain												
Academic Failure	54.1	53.1	54.1	48.6	57.0	51.5	56.7	51.6	48.3	49.3	45.6	44.1
Low Commitment to School	46.7	49.9	51.2	41.1	45.8	50.6	49.2	40.1	45.6	54.5	48.1	43.0
Peer-Individual Domain												
Rebelliousness	28.7	40.0	50.5	43.8	44.5	40.2	51.2	47.5	48.9	38.2	46.2	44.3
Early Initiation of ASB	26.0	41.8	46.0	40.2	46.7	41.1	48.3	42.4	47.0	42.6	39.6	38.8
Early Initiation of Drug Use	37.4	39.4	42.6	35.2	49.8	45.1	44.0	36.6	51.4	45.8	37.9	34.1
Attitudes Favorable to ASB	38.7	51.5	52.9	46.2	53.1	51.0	55.6	49.7	58.2	50.9	49.3	45.6
Attitudes Favorable to Drug Use	32.3	36.5	42.6	32.4	49.4	44.1	42.9	36.6	51.4	42.5	37.3	34.6
Perceived Risk of Drug Use	44.1	52.1	50.1	45.4	48.8	44.9	43.9	39.2	58.3	49.6	44.6	40.5
Interaction with Antisocial Peers	41.3	61.6	66.3	58.4	54.7	60.2	61.3	58.1	53.6	55.6	53.0	52.0
Friend's Use of Drugs	37.2	46.4	52.4	41.3	51.6	47.6	48.5	43.2	35.9	42.8	35.9	35.9
Rewards for ASB	33.3	50.0	57.0	48.7	26.1	47.1	47.8	45.0	33.0	51.6	54.7	53.8
Depressive Symptoms	37.3	57.1	48.2	45.7	50.4	51.9	50.4	45.5	43.3	48.8	42.2	38.6
Intention to Use Drugs	*	41.0	43.2	36.5	*	51.1	50.2	44.9	*	37.0	30.8	29.9
Gang Involvement	14.0	25.8	19.8	26.3	10.9	22.9	19.0	23.9	11.0	18.3	15.2	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	95.9	92.4	93.4	93.1	96.2	95.7	93.7	92.7	95.6	96.3	93.5	94.0
	1 day	0.0	2.5	2.3	3.1	0.8	1.2	2.0	2.4	1.1	1.3	1.7	1.4
	2-3 days	0.8	1.8	1.6	1.6	0.4	1.3	1.0	1.5	0.0	0.3	0.7	0.9
	4-5 days	0.8	0.7	0.7	0.6	0.0	0.2	0.2	0.7	0.0	0.0	0.4	0.6
	6 or more days	2.5	2.5	2.1	1.6	2.7	1.7	3.1	2.7	3.3	2.1	3.7	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	97.6	91.2	88.9	89.3	98.5	93.2	94.9	92.2	98.4	94.2	96.3	95.0
	1 day	0.0	5.4	6.3	6.0	0.4	3.3	2.6	4.1	1.1	2.9	2.0	2.6
	2-3 days	1.6	1.4	1.6	2.8	0.4	1.5	1.5	2.1	0.0	1.1	0.4	1.2
	4-5 days	0.0	0.2	0.7	0.7	0.0	0.5	0.2	0.5	0.0	0.8	0.6	0.4
	6 or more days	0.8	1.8	2.5	1.2	0.8	1.5	0.7	1.1	0.5	1.1	0.7	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	87.1	85.1	82.6	84.5	94.3	88.4	83.4	86.1	95.6	91.6	91.7	90.5
	1 time	3.2	7.4	7.7	7.7	2.7	5.5	7.2	6.7	1.1	3.9	3.5	4.4
	2-3 times	4.0	3.8	5.4	4.2	1.1	3.3	5.6	3.9	2.2	2.4	2.0	3.0
	4-5 times	0.0	1.3	1.1	1.3	0.0	1.7	1.1	1.2	0.0	0.5	0.9	0.6
	6-7 times	0.8	0.4	0.5	0.5	0.0	0.0	0.4	0.5	0.5	0.5	0.0	0.3
	8-9 times	0.0	0.2	0.7	0.3	0.0	0.2	0.1	0.3	0.0	0.0	0.4	0.3
	10-11 times	0.0	0.5	0.2	0.3	0.8	0.2	0.0	0.2	0.0	0.0	0.4	0.2
	12 or more times	4.8	1.4	1.8	1.2	1.1	0.8	2.2	1.3	0.5	1.1	1.1	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	80.0	68.2	70.8	75.4	89.2	82.1	82.0	84.3	91.3	91.3	91.3	91.1
	1 time	9.6	16.3	16.3	13.1	6.5	9.5	10.3	8.9	5.5	5.6	4.4	5.5
	2-3 times	8.0	9.9	8.8	7.1	2.3	5.6	5.3	4.4	1.6	2.4	2.6	2.1
	4-5 times	0.8	3.1	1.8	2.1	0.8	1.3	1.0	1.0	0.5	0.3	0.7	0.4
	6-7 times	0.0	0.4	0.9	0.6	0.0	0.5	0.1	0.2	0.5	0.0	0.2	0.1
	8-9 times	0.0	0.7	0.2	0.4	0.4	0.0	0.4	0.3	0.0	0.3	0.0	0.2
	10-11 times	0.0	0.5	0.2	0.3	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.1
	12 or more times	1.6	0.9	0.9	1.0	0.8	0.8	1.0	0.7	0.5	0.3	0.7	0.4

Mohave County

Contacts For Prevention

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480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

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602-9145844

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Navajo Nation

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Colorado River Indian Tribes

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www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Navajo County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Navajo County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Navajo County and the State. Because not all students answer all of the questions, the number of students in the

CONTENTS:

Introduction:

- *Demographics*
- *Risk & Protective Framework*

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- *Risk & Protective Factor Profiles*
- *Substance Use & Antisocial Behavior*
- *School Safety*

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	1048	100	1399	100	1415	100	60401	100
Grade								
8	633	60.4	449	32.1	558	39.4	26872	44.5
10	257	24.5	512	36.6	496	35.1	19581	32.4
12	158	15.1	438	31.3	361	25.5	13948	23.1
Gender								
Male	505	49.5	652	47.1	664	47.7	28381	48.2
Female	515	50.5	732	52.9	727	52.3	30505	51.8
Ethnicity								
African American	9	0.9	13	1.0	20	1.5	2592	4.4
American Indian	424	41.8	731	54.2	607	44.0	3394	5.8
Asian	10	1.0	4	0.3	6	0.4	1341	2.3
Hispanic	72	7.1	96	7.1	95	6.9	21376	36.5
Pacific Islander	*	*	5	0.4	6	0.4	457	0.8
White	499	49.2	500	37.1	592	43.0	26761	45.7
Other	n/a	n/a	n/a	n/a	52	3.8	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

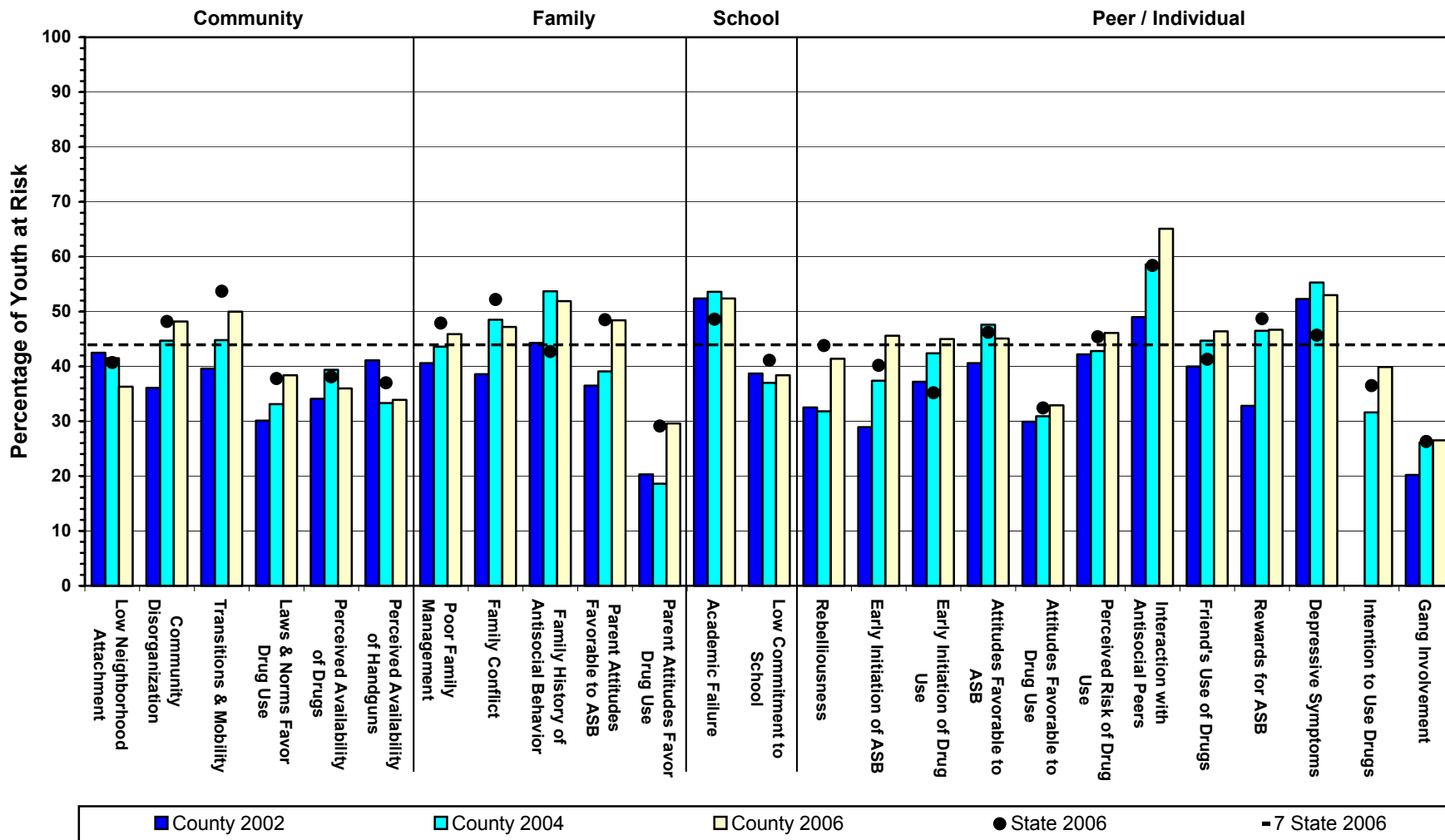
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Navajo County Student Survey, Grade 8



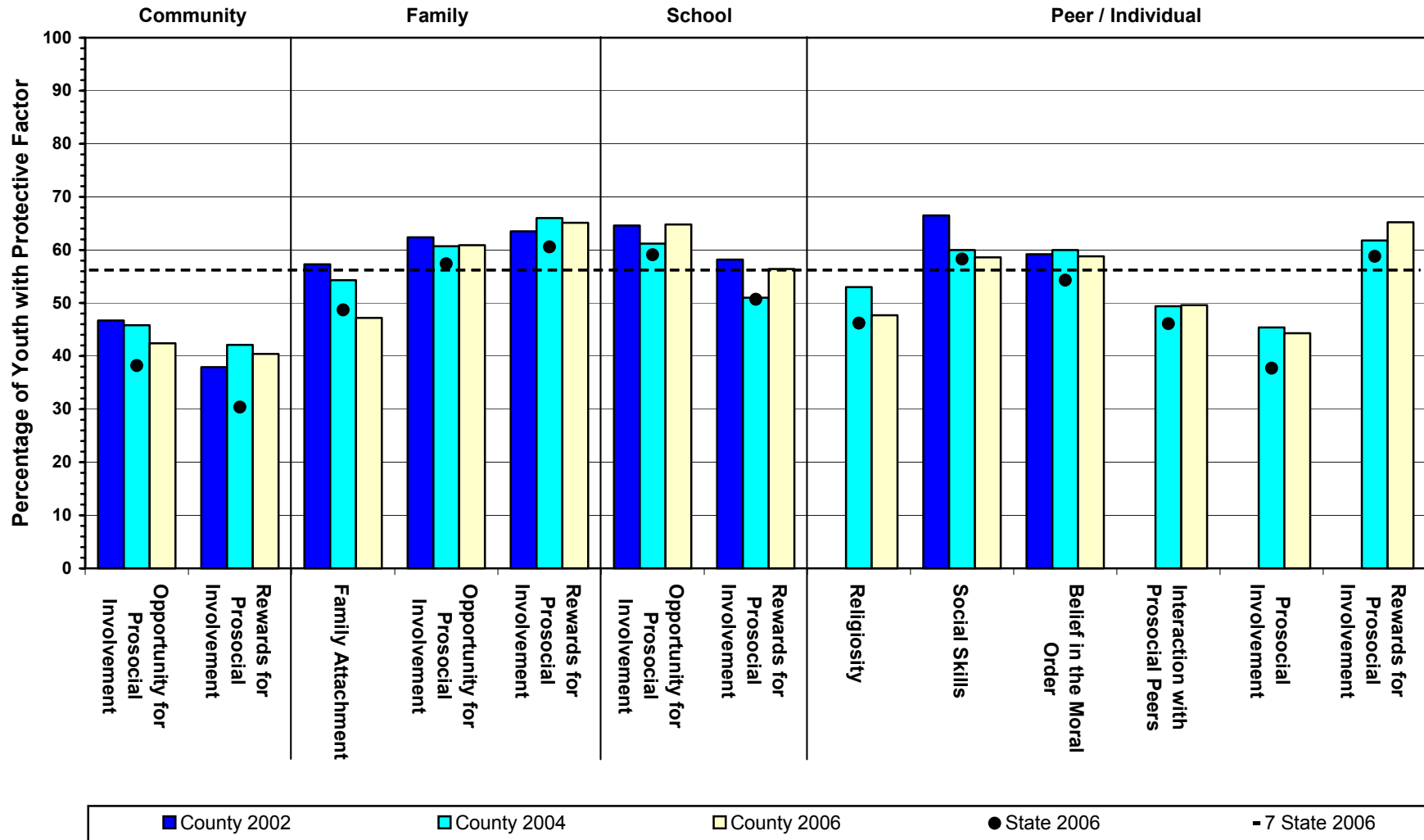
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Navajo County Student Survey, Grade 8

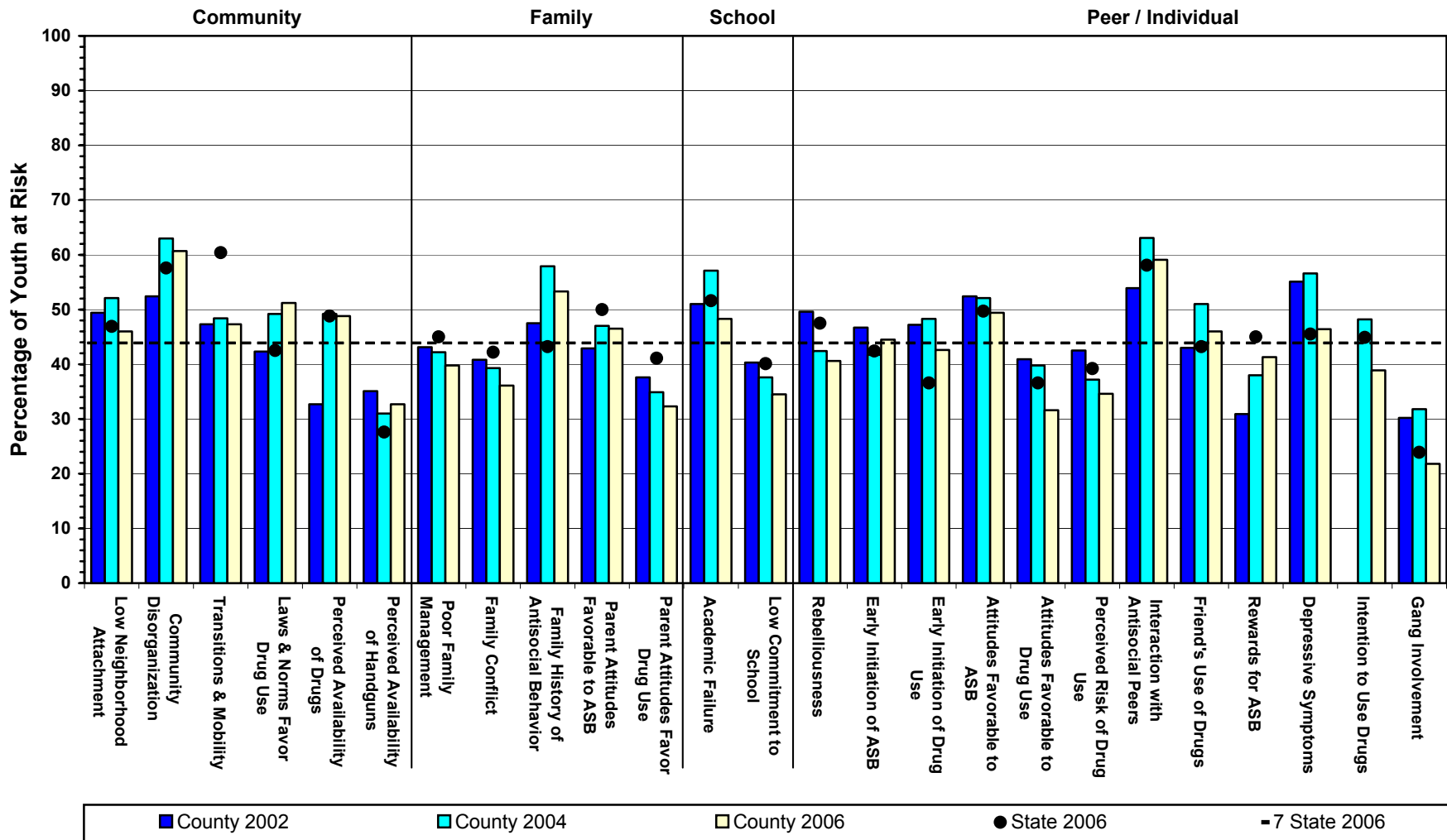


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Navajo County Student Survey, Grade 10

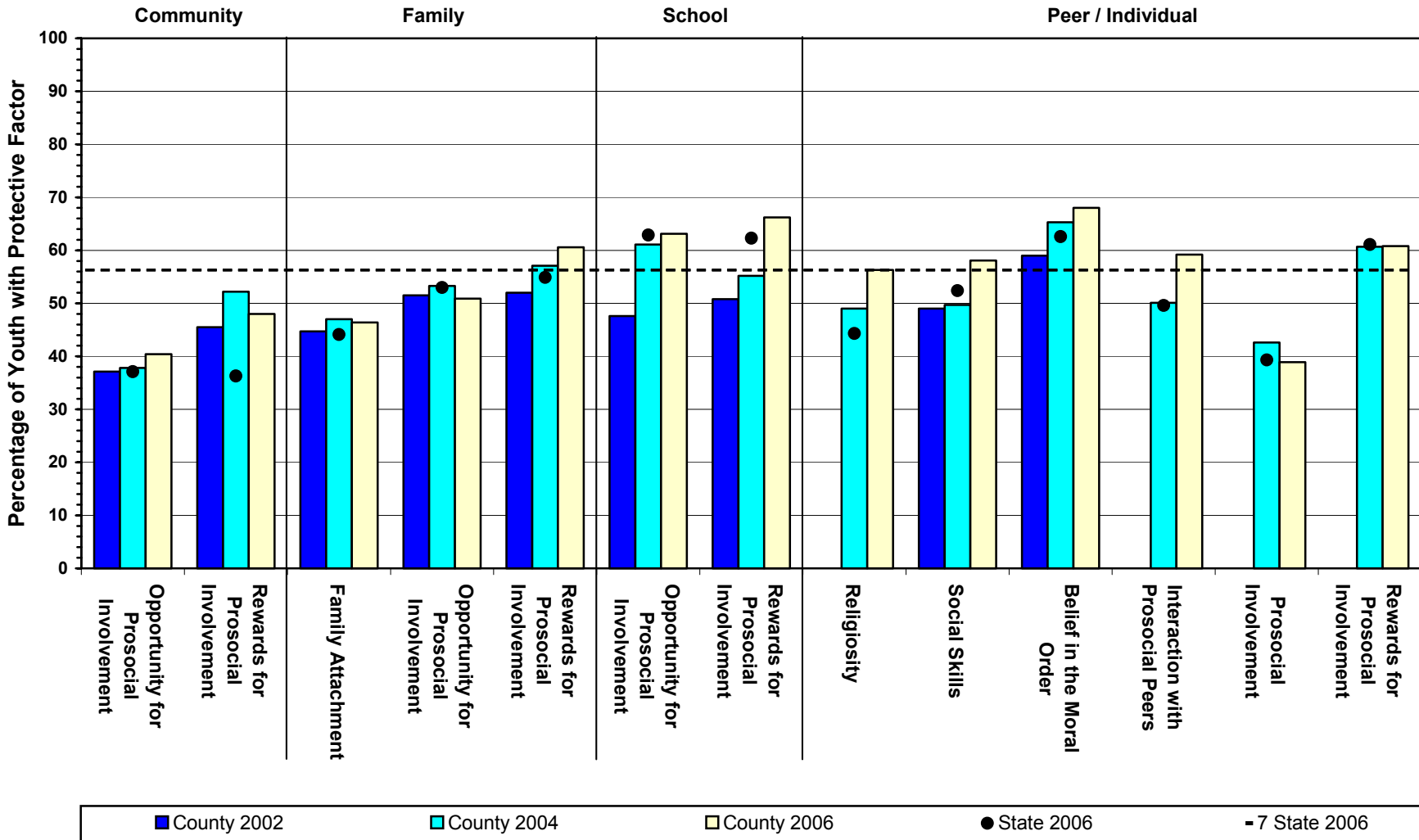


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Navajo County Student Survey, Grade 10

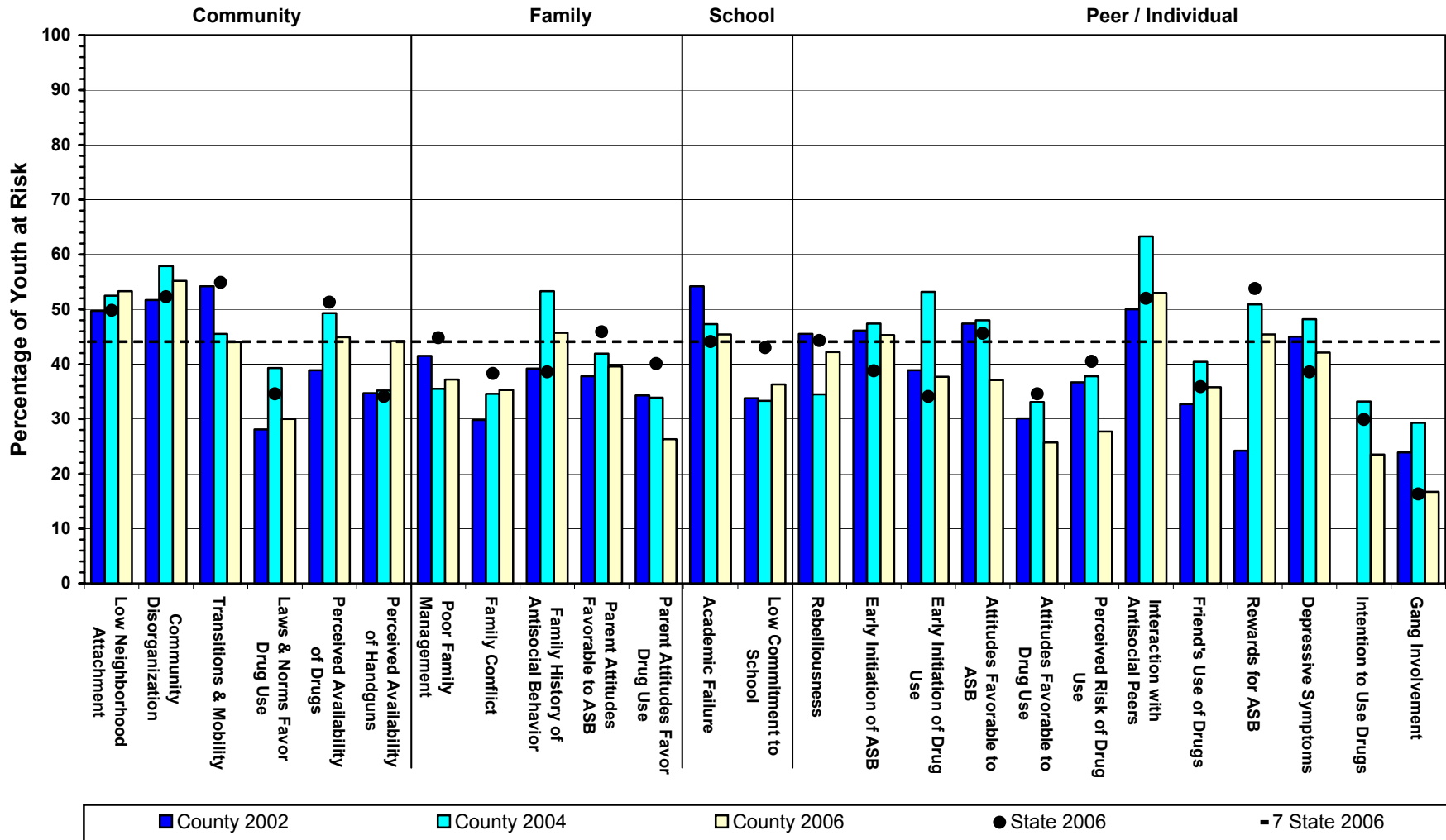


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Navajo County Student Survey, Grade 12



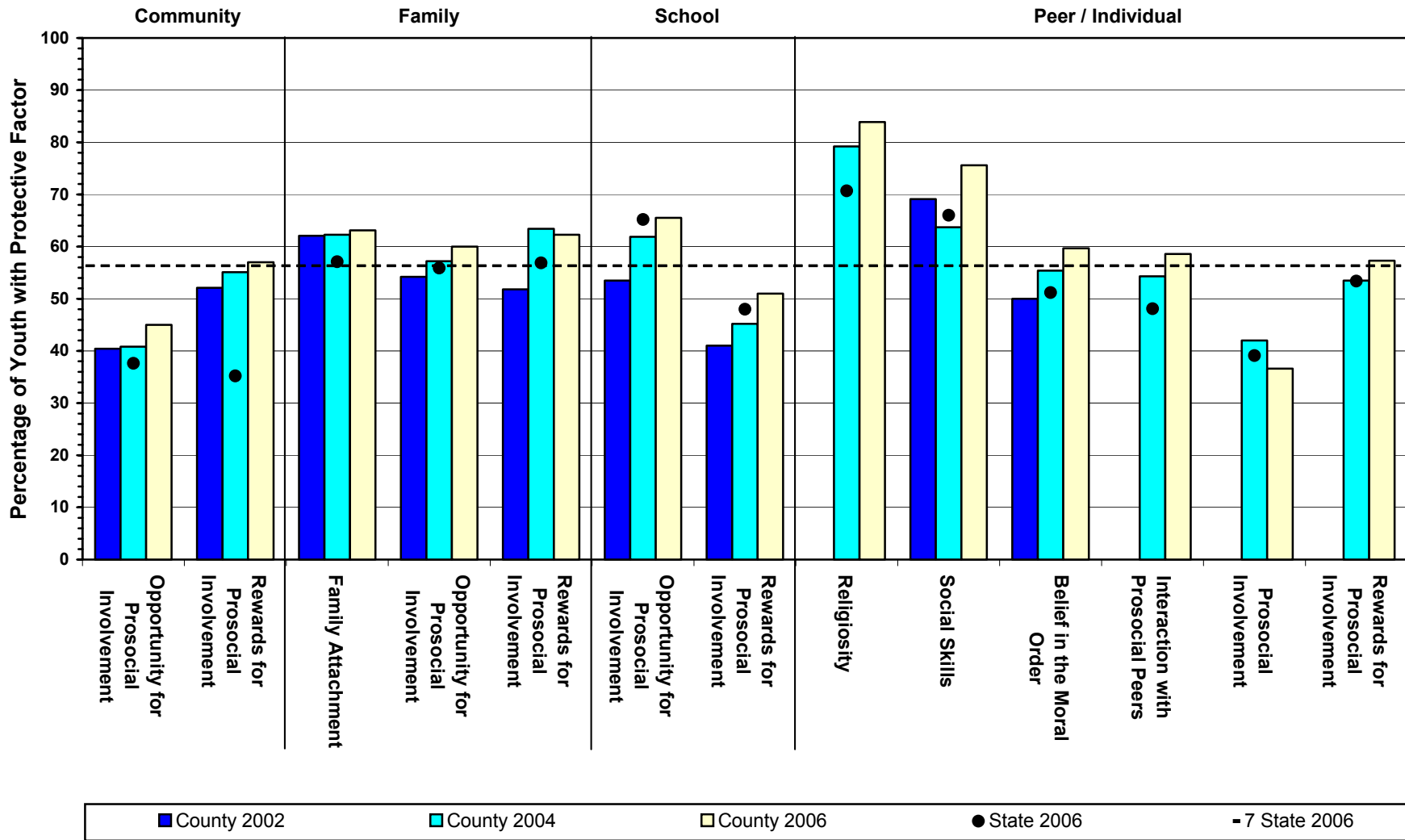
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

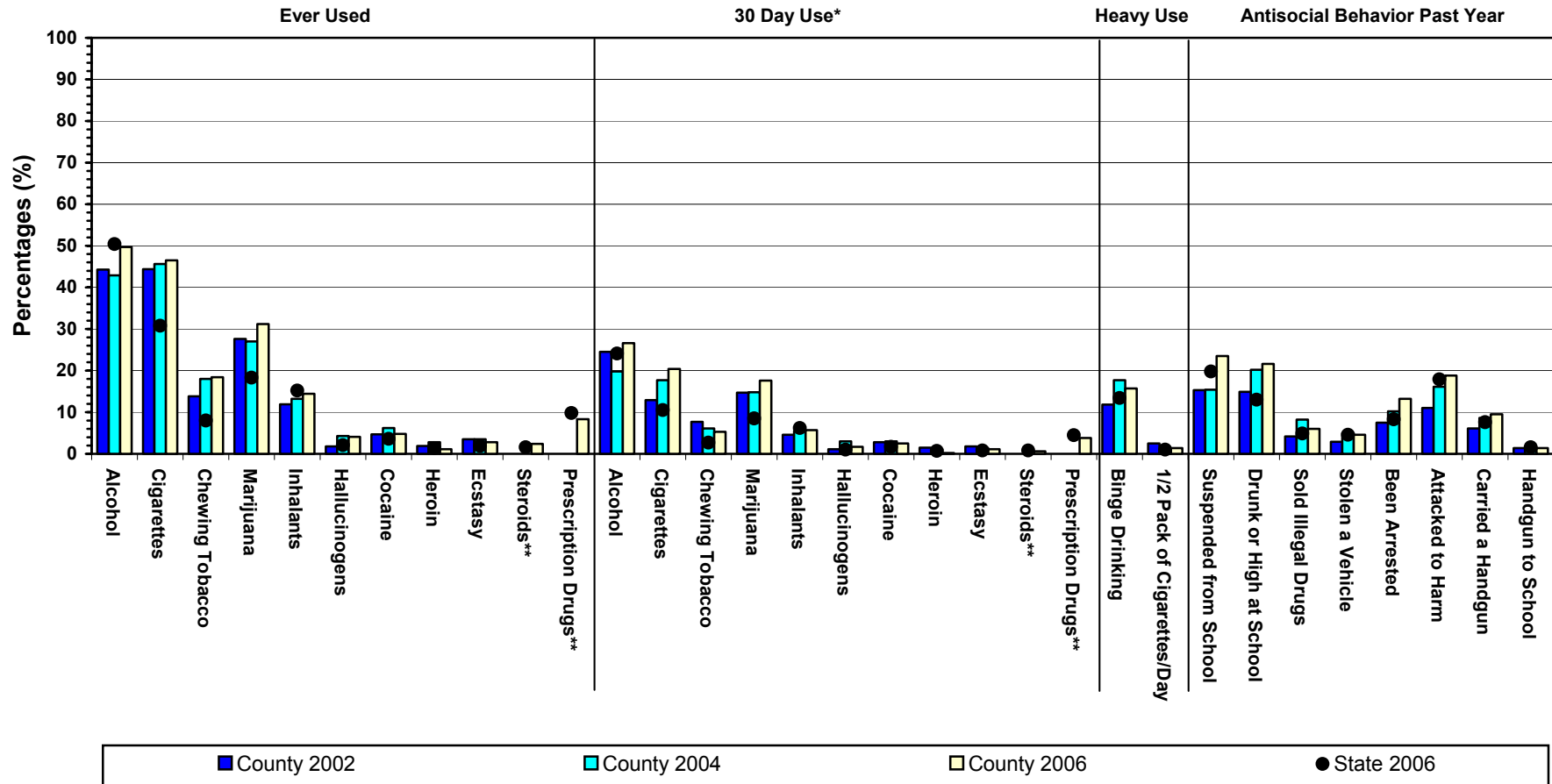
2006 Navajo County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Navajo County Student Survey, Grade 8



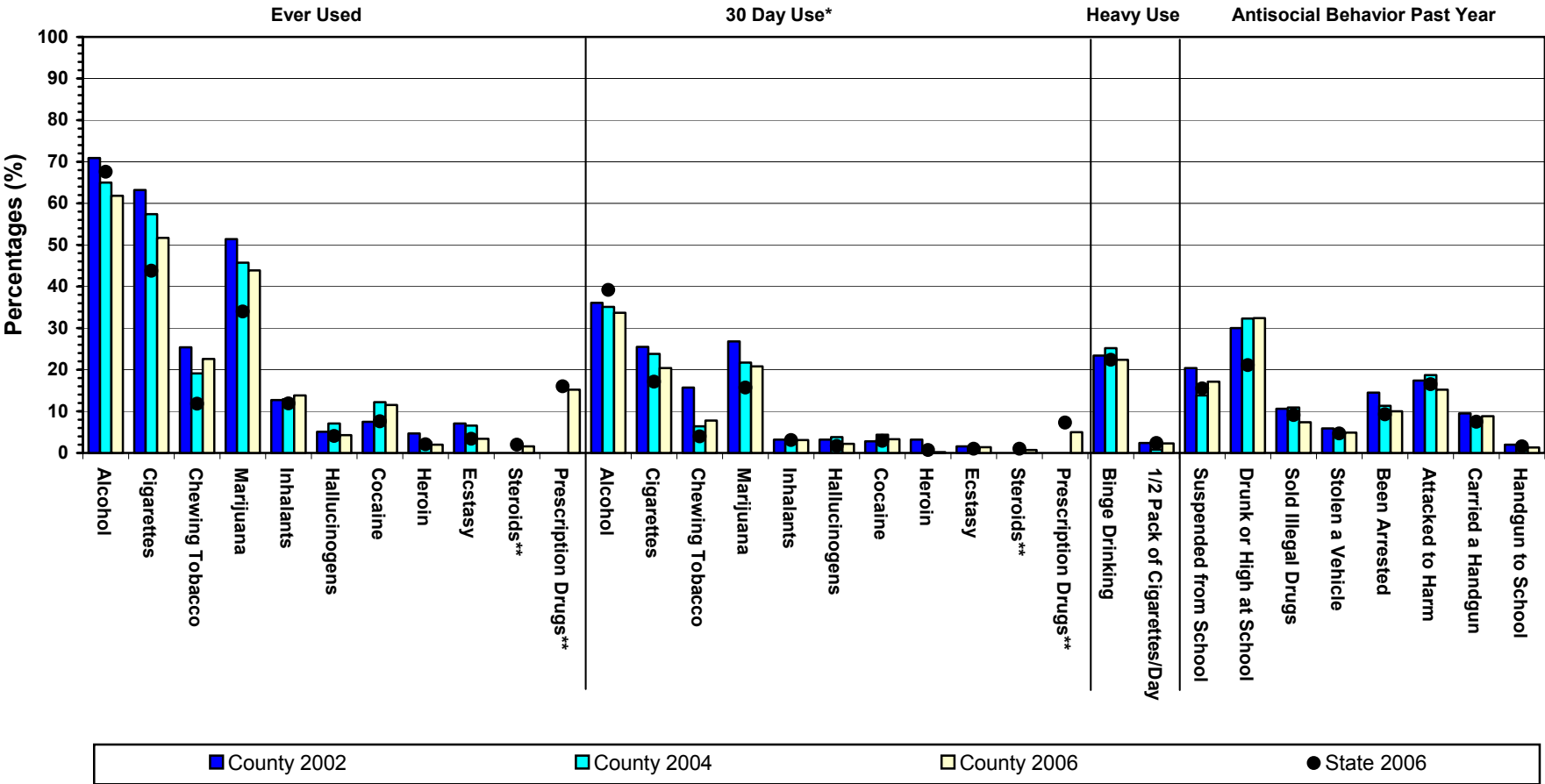
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Navajo County Student Survey, Grade 10



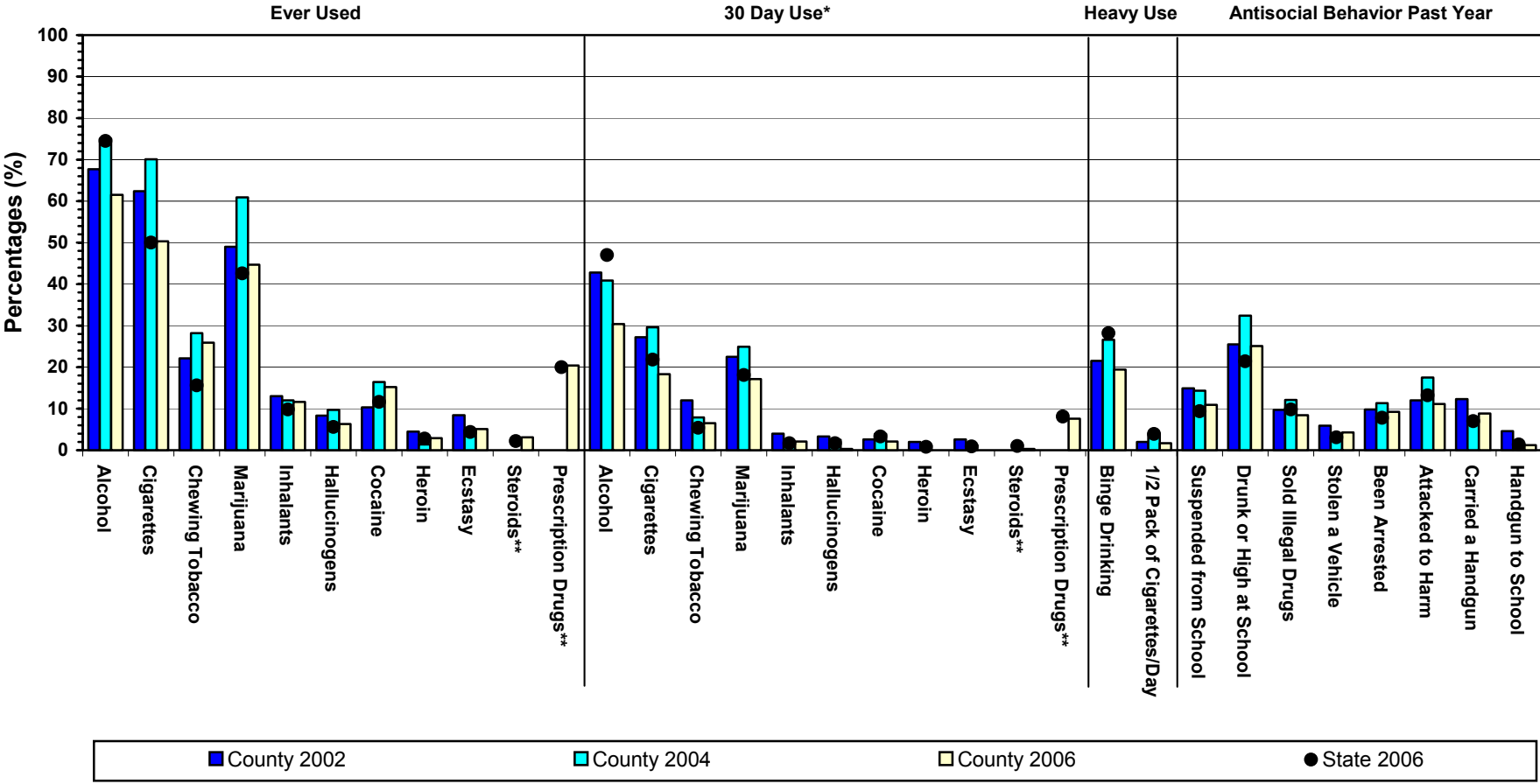
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Navajo County Student Survey, Grade 12



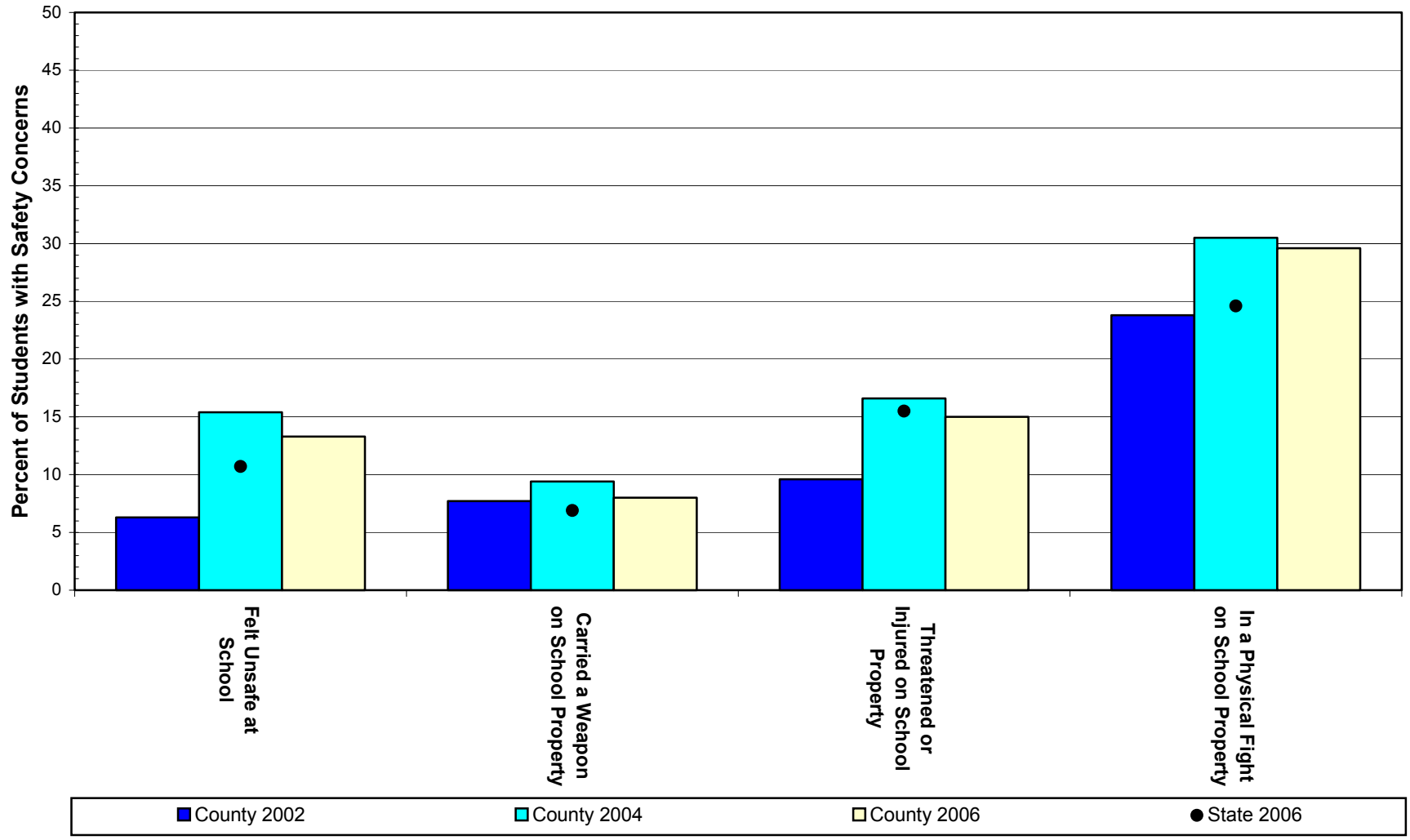
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

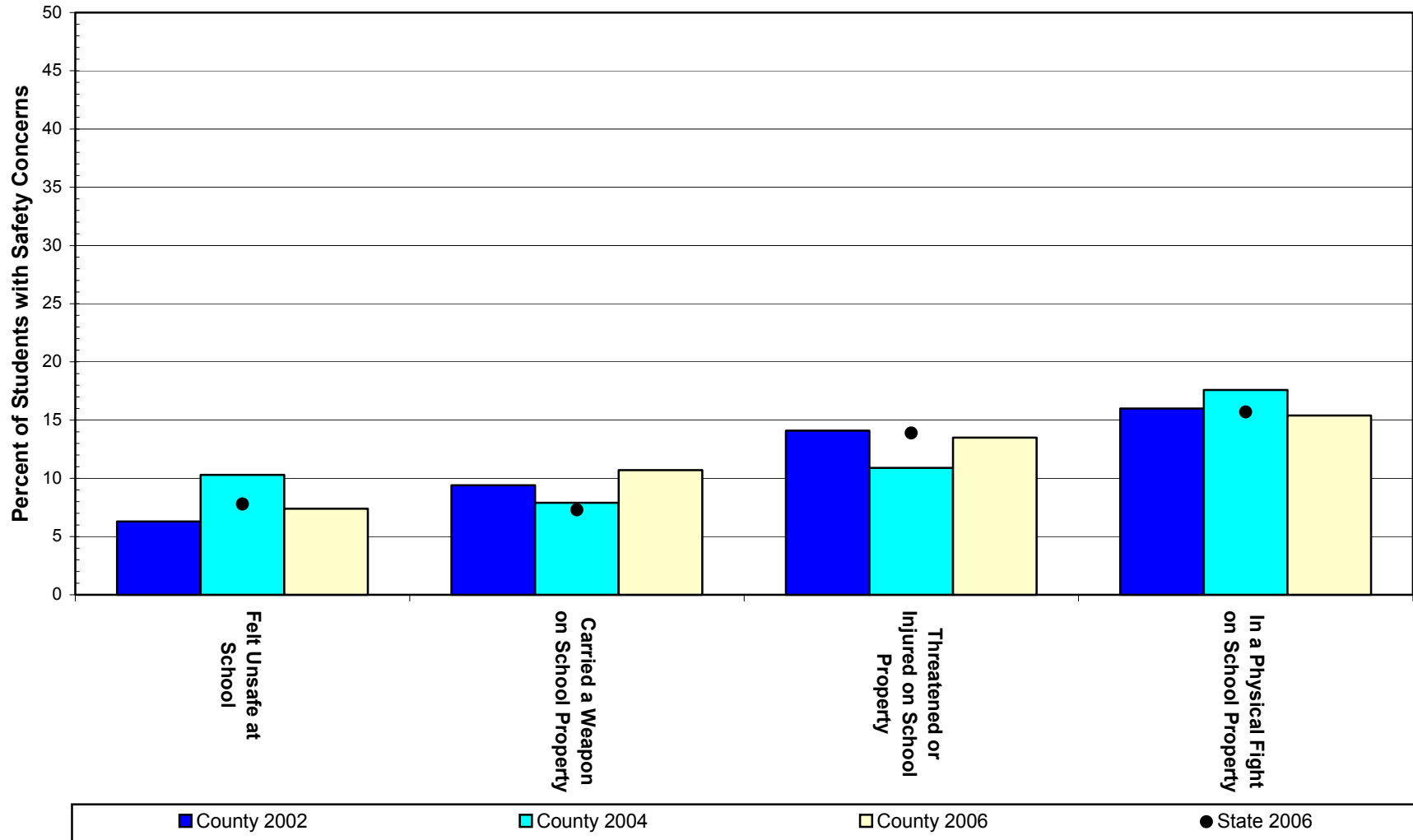
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Navajo County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Navajo County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Navajo County Student Survey, Grade 12

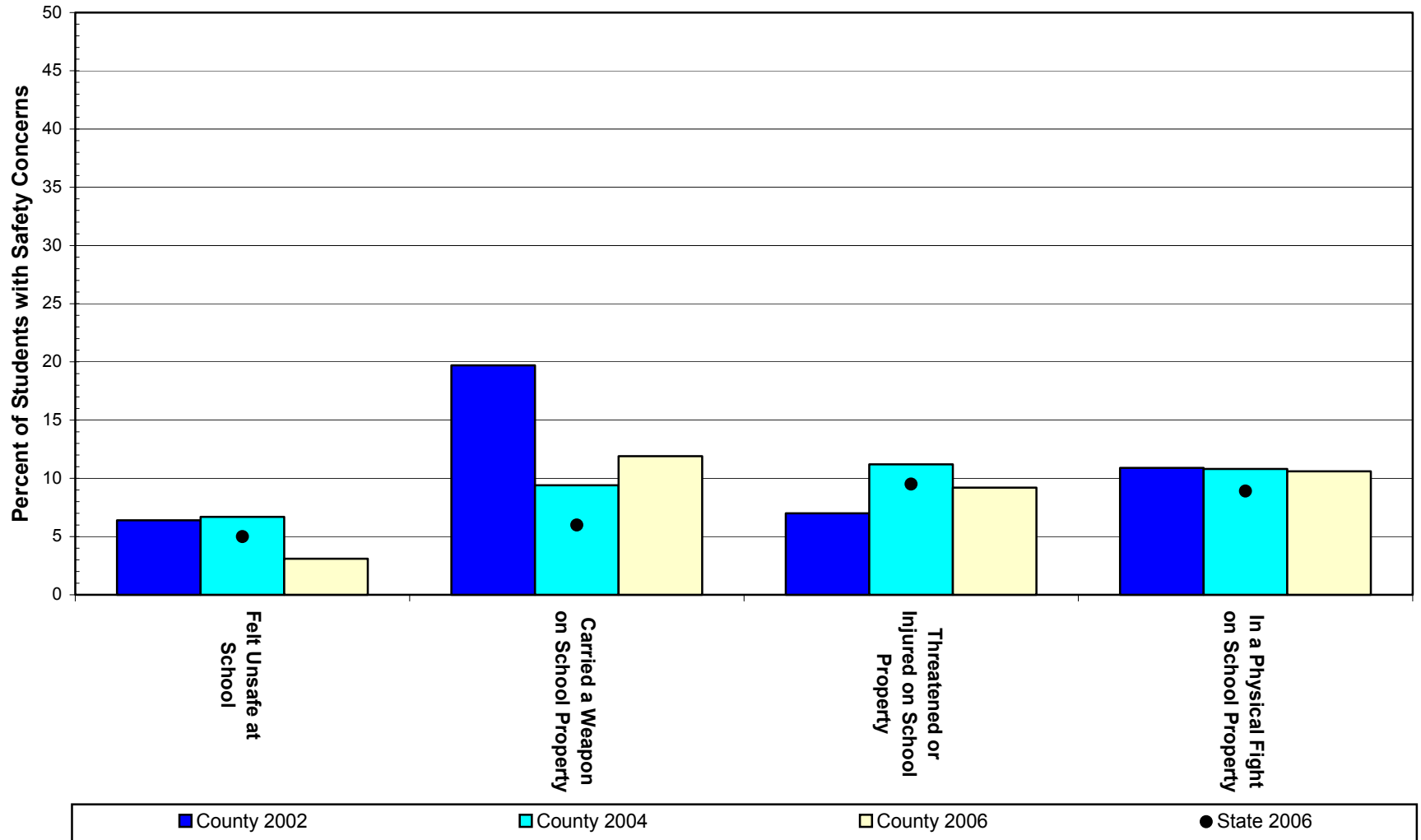


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	633	449	558	26872	257	512	496	19581	158	438	361	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	44.3	42.9	49.7	50.4	70.9	65.0	61.8	67.6	67.7	75.1	61.5	74.5
Cigarettes	44.4	45.6	46.5	30.8	63.2	57.4	51.7	43.8	62.4	70.1	50.3	50.0
Chewing Tobacco	13.8	18.0	18.4	8.0	25.4	19.1	22.6	11.8	22.1	28.2	25.9	15.6
Marijuana	27.6	27.0	31.2	18.3	51.4	45.7	43.9	34.0	49.0	60.9	44.7	42.6
Inhalants	11.9	13.2	14.4	15.2	12.7	12.9	13.8	11.9	13.0	12.0	11.6	9.8
Hallucinogens	1.8	4.3	4.1	2.1	5.1	7.1	4.3	4.1	8.3	9.7	6.3	5.6
Cocaine	4.7	6.2	4.8	3.6	7.5	12.2	11.5	7.6	10.3	16.4	15.2	11.6
Methamphetamines [2002] ¹	2.3	n/a	n/a	n/a	9.4	n/a	n/a	n/a	12.3	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	5.2	2.6	n/a	n/a	10.6	5.0	n/a	n/a	16.5	6.6
Stimulants [2004] ³	n/a	4.8	n/a	n/a	n/a	11.6	n/a	n/a	n/a	14.7	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	4.4	3.4	n/a	n/a	5.0	7.1	n/a	n/a	7.8	8.5
Heroin	1.9	2.8	1.1	1.4	4.7	2.6	2.0	2.1	4.5	1.4	2.9	2.8
Sedatives [2002] ⁵	2.3	n/a	n/a	n/a	3.1	n/a	n/a	n/a	2.6	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	13.7	11.5	10.0	n/a	9.6	12.9	14.3	n/a	15.6	13.1	17.4
Ecstasy	3.5	3.5	2.8	1.9	7.1	6.6	3.4	3.4	8.4	4.9	5.1	4.4
Steroids	n/a	n/a	2.4	1.6	n/a	n/a	1.6	2.0	n/a	n/a	3.1	2.2
Prescription Drugs	n/a	n/a	8.3	9.8	n/a	n/a	15.2	16.0	n/a	n/a	20.4	20.0
Any Drug	34.1	41.0	44.7	36.2	53.7	52.4	55.2	47.0	53.2	65.2	57.9	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	24.5	19.8	26.6	24.1	36.1	35.1	33.7	39.2	42.8	40.9	30.4	47.0
Cigarettes	12.9	17.7	20.4	10.5	25.5	23.8	20.4	17.1	27.2	29.6	18.3	21.8
Chewing Tobacco	7.7	6.1	5.3	2.7	15.7	6.4	7.8	4.0	12.0	7.9	6.5	5.4
Marijuana	14.7	14.8	17.6	8.5	26.8	21.7	20.8	15.7	22.5	24.9	17.1	18.1
Inhalants	4.6	5.5	5.7	6.2	3.2	2.4	3.1	3.1	4.0	1.4	2.1	1.7
Hallucinogens	1.1	3.0	1.7	1.0	3.2	3.8	2.2	1.7	3.3	2.5	0.3	1.7
Cocaine	2.8	3.0	2.5	1.7	2.8	4.4	3.3	2.9	2.6	3.9	2.1	3.3
Methamphetamines [2002] ¹	1.0	n/a	n/a	n/a	2.8	n/a	n/a	n/a	2.0	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	2.6	1.0	n/a	n/a	3.7	1.7	n/a	n/a	2.5	1.4
Stimulants [2004] ³	n/a	1.8	n/a	n/a	n/a	4.4	n/a	n/a	n/a	6.1	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.3	1.5	n/a	n/a	2.7	2.9	n/a	n/a	2.1	2.6
Heroin	1.5	1.1	0.2	0.7	3.2	0.0	0.2	0.7	2.0	0.2	0.0	0.8
Sedatives [2002] ⁵	1.5	n/a	n/a	n/a	1.2	n/a	n/a	n/a	1.3	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	5.5	5.5	4.5	n/a	4.2	4.5	6.6	n/a	5.8	3.8	7.1
Ecstasy	1.8	1.4	1.1	0.8	1.6	0.6	1.4	1.0	2.6	1.2	0.0	0.9
Steroids	n/a	n/a	0.6	0.8	n/a	n/a	0.7	1.0	n/a	n/a	0.3	1.0
Prescription Drugs	n/a	n/a	3.8	4.5	n/a	n/a	5.0	7.3	n/a	n/a	7.6	8.1
Any Drug	20.1	23.0	28.2	19.7	30.6	28.0	31.2	25.6	26.7	29.4	27.8	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	11.8	17.7	15.7	13.4	23.4	25.2	22.4	22.4	21.5	26.6	19.4	28.2
1/2 Pack of Cigarettes/Day	2.5	0.9	1.4	1.0	2.4	0.8	2.3	2.4	2.0	4.0	1.7	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	15.3	15.4	23.5	19.8	20.4	13.8	17.1	15.5	14.9	14.3	10.9	9.4
Drunk or High at School	14.9	20.2	21.6	13.0	30.0	32.3	32.4	21.1	25.5	32.4	25.1	21.4
Sold Illegal Drugs	4.2	8.2	6.0	4.9	10.6	10.9	7.4	9.1	9.7	12.1	8.4	9.8
Stolen a Vehicle	2.9	5.0	4.6	4.6	5.9	4.9	4.9	4.7	5.9	3.0	4.3	3.1
Been Arrested	7.5	10.2	13.2	8.3	14.5	11.3	10.0	9.3	9.8	11.3	9.2	7.8
Attacked to Harm	11.0	16.1	18.8	17.9	17.4	18.7	15.2	16.5	12.0	17.5	11.1	13.2
Carried a Handgun	6.1	8.6	9.5	7.6	9.5	7.9	8.8	7.5	12.3	7.9	8.8	7.0
Handgun to School	1.4	1.6	1.4	1.6	2.0	1.0	1.3	1.6	4.6	1.4	1.2	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	46.7	45.8	42.4	38.2	37.1	37.8	40.4	37.1	40.4	40.8	45.0	37.6
Rewards for Prosocial Involvement	37.9	42.1	40.4	30.4	45.5	52.2	48.0	36.3	52.1	55.1	57.0	35.2
Family Domain												
Family Attachment	57.3	54.3	47.2	48.7	44.7	47.0	46.4	44.1	62.1	62.3	63.1	57.1
Opportunity for Prosocial Involvement	62.4	60.7	60.9	57.4	51.5	53.3	50.9	53.0	54.2	57.2	60.0	55.9
Rewards for Prosocial Involvement	63.5	66.0	65.1	60.6	52.0	57.1	60.6	54.9	51.8	63.4	62.3	56.9
School Domain												
Opportunity for Prosocial Involvement	64.6	61.2	64.8	59.1	47.6	61.1	63.1	62.9	53.5	61.9	65.5	65.2
Rewards for Prosocial Involvement	58.2	51.0	56.4	50.7	50.8	55.2	66.2	62.3	41.0	45.2	51.0	48.0
Peer-Individual Domain												
Religiosity	*	53.0	47.7	46.2	*	49.0	56.3	44.3	*	79.2	83.9	70.7
Social Skills	66.5	60.0	58.6	58.3	49.0	49.7	58.1	52.4	69.1	63.7	75.6	66.0
Belief in the Moral Order	59.2	60.0	58.8	54.3	59.0	65.3	68.0	62.6	50.0	55.4	59.7	51.2
Interaction with Prosocial Peers	*	49.4	49.6	46.1	*	50.1	59.2	49.6	*	54.3	58.6	48.1
Prosocial Involvement	*	45.4	44.3	37.7	*	42.6	38.9	39.3	*	42.0	36.6	39.1
Rewards for Prosocial Involvement	*	61.8	65.2	58.8	*	60.7	60.8	61.1	*	53.5	57.3	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	42.5	41.5	36.3	40.7	49.4	52.1	46.0	46.9	49.7	52.5	53.3	49.8
Community Disorganization	36.1	44.7	48.2	48.2	52.4	63.0	60.7	57.6	51.7	57.9	55.2	52.3
Transitions & Mobility	39.6	44.8	50.0	53.7	47.3	48.4	47.3	60.4	54.2	45.5	44.0	54.9
Laws & Norms Favor Drug Use	30.1	33.1	38.4	37.8	42.3	49.2	51.2	42.5	28.1	39.3	30.0	34.6
Perceived Availability of Drugs	34.1	39.4	36.0	38.1	32.7	49.2	48.8	48.8	38.9	49.3	44.9	51.3
Perceived Availability of Handguns	41.1	33.3	33.9	37.0	35.1	31.0	32.7	27.6	34.7	35.2	44.2	34.1
Family Domain												
Poor Family Management	40.6	43.6	45.9	47.9	43.1	42.2	39.8	45.0	41.5	35.5	37.2	44.8
Family Conflict	38.6	48.5	47.2	52.2	40.8	39.3	36.1	42.2	29.8	34.6	35.3	38.3
Family History of Antisocial Behavior	44.3	53.7	51.9	42.7	47.5	57.9	53.3	43.2	39.2	53.3	45.7	38.6
Parent Attitudes Favorable to ASB	36.5	39.1	48.4	48.5	42.9	47.0	46.5	50.0	37.8	41.9	39.6	45.9
Parent Attitudes Favor Drug Use	20.3	18.6	29.6	29.1	37.6	34.9	32.3	41.1	34.3	33.9	26.3	40.1
School Domain												
Academic Failure	52.4	53.6	52.4	48.6	51.0	57.1	48.3	51.6	54.2	47.3	45.4	44.1
Low Commitment to School	38.7	37.0	38.4	41.1	40.3	37.6	34.5	40.1	33.8	33.3	36.3	43.0
Peer-Individual Domain												
Rebelliousness	32.5	31.8	41.4	43.8	49.6	42.4	40.6	47.5	45.5	34.5	42.2	44.3
Early Initiation of ASB	28.9	37.4	45.6	40.2	46.7	41.7	44.5	42.4	46.1	47.4	45.3	38.8
Early Initiation of Drug Use	37.2	42.4	45.0	35.2	47.2	48.3	42.6	36.6	38.9	53.2	37.7	34.1
Attitudes Favorable to ASB	40.6	47.6	45.1	46.2	52.4	52.1	49.4	49.7	47.4	48.0	37.1	45.6
Attitudes Favorable to Drug Use	29.9	30.9	32.9	32.4	40.9	39.8	31.6	36.6	30.1	33.1	25.7	34.6
Perceived Risk of Drug Use	42.2	42.8	46.1	45.4	42.5	37.2	34.6	39.2	36.7	37.8	27.7	40.5
Interaction with Antisocial Peers	49.0	58.6	65.1	58.4	53.9	63.1	59.1	58.1	50.0	63.3	53.0	52.0
Friend's Use of Drugs	40.0	44.7	46.4	41.3	43.0	51.0	46.0	43.2	32.7	40.4	35.8	35.9
Rewards for ASB	32.8	46.5	46.7	48.7	30.9	38.0	41.3	45.0	24.2	50.9	45.4	53.8
Depressive Symptoms	52.3	55.3	53.0	45.7	55.1	56.6	46.4	45.5	45.0	48.2	42.1	38.6
Intention to Use Drugs	*	31.6	39.9	36.5	*	48.2	38.9	44.9	*	33.2	23.5	29.9
Gang Involvement	20.2	26.1	26.5	26.3	30.2	31.8	21.8	23.9	23.9	29.3	16.7	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	92.3	90.6	92.0	93.1	90.6	92.1	89.3	92.7	80.3	90.6	88.1	94.0
	1 day	1.9	4.8	2.7	3.1	2.4	3.4	2.7	2.4	1.3	2.1	2.0	1.4
	2-3 days	2.1	1.4	1.9	1.6	1.2	1.6	2.5	1.5	3.2	1.6	2.3	0.9
	4-5 days	1.0	0.7	0.6	0.6	0.8	0.2	1.0	0.7	0.0	0.5	0.9	0.6
	6 or more days	2.7	2.5	2.7	1.6	5.1	2.8	4.5	2.7	15.3	5.3	6.8	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	93.7	84.6	86.7	89.3	93.7	89.7	92.6	92.2	93.6	93.3	96.9	95.0
	1 day	3.0	7.3	7.1	6.0	3.1	4.8	3.7	4.1	1.3	2.8	1.4	2.6
	2-3 days	2.4	5.0	2.7	2.8	1.2	3.0	2.7	2.1	2.5	2.5	0.8	1.2
	4-5 days	0.3	1.1	2.1	0.7	0.8	0.8	0.0	0.5	0.0	0.7	0.0	0.4
	6 or more days	0.6	2.0	1.3	1.2	1.2	1.8	1.0	1.1	2.5	0.7	0.8	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	90.4	83.4	85.0	84.5	85.9	89.1	86.5	86.1	93.0	88.8	90.8	90.5
	1 time	4.9	7.5	7.4	7.7	8.2	4.7	7.9	6.7	3.2	5.3	3.3	4.4
	2-3 times	2.4	5.2	4.3	4.2	3.1	3.2	2.7	3.9	1.9	4.1	3.1	3.0
	4-5 times	1.1	1.6	1.2	1.3	1.2	0.8	1.2	1.2	1.3	0.5	0.3	0.6
	6-7 times	0.6	0.2	0.6	0.5	0.0	0.4	0.2	0.5	0.0	0.5	0.6	0.3
	8-9 times	0.2	0.2	0.4	0.3	0.4	0.4	0.2	0.3	0.0	0.7	0.6	0.3
	10-11 times	0.0	0.5	0.2	0.3	0.4	0.0	0.0	0.2	0.0	0.0	0.0	0.2
	12 or more times	0.3	1.4	1.0	1.2	0.8	1.4	1.2	1.3	0.6	0.2	1.4	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	76.2	69.5	70.4	75.4	84.0	82.4	84.6	84.3	89.1	89.2	89.4	91.1
	1 time	13.3	16.0	13.8	13.1	9.0	9.7	10.1	8.9	6.4	6.4	6.2	5.5
	2-3 times	6.8	9.0	9.4	7.1	4.7	5.3	2.9	4.4	2.6	3.0	2.0	2.1
	4-5 times	2.1	2.3	2.9	2.1	0.8	1.8	1.2	1.0	0.6	0.7	1.1	0.4
	6-7 times	0.6	0.9	1.3	0.6	0.4	0.2	0.2	0.2	0.6	0.2	0.3	0.1
	8-9 times	0.2	0.9	0.6	0.4	0.4	0.2	0.2	0.3	0.0	0.0	0.0	0.2
	10-11 times	0.0	0.0	0.2	0.3	0.0	0.0	0.2	0.2	0.0	0.0	0.6	0.1
	12 or more times	0.8	1.4	1.3	1.0	0.8	0.4	0.6	0.7	0.6	0.5	0.6	0.4

Navajo County

Contacts For Prevention

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Gila River Tribe

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Pasqua Yaqui Tribe

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Navajo Nation

Maxine Nakai
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Colorado River Indian Tribes

Iris Leivas
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www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Pima County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Pima County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Pima County and the State. Because not all students answer all of the questions, the number of students in the

CONTENTS:

Introduction:

- *Demographics*
- *Risk & Protective Framework*

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- *Risk & Protective Factor Profiles*
- *Substance Use & Antisocial Behavior*
- *School Safety*

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
		1449	100	5430	100	7600	100	60401
Grade								
8	260	17.9	2250	41.4	2563	33.7	26872	44.5
10	696	48.0	1797	33.1	2686	35.3	19581	32.4
12	493	34.0	1383	25.5	2351	30.9	13948	23.1
Gender								
Male	666	46.9	2489	46.5	3514	47.6	28381	48.2
Female	753	53.1	2864	53.5	3862	52.4	30505	51.8
Ethnicity								
African American	44	3.2	176	3.5	337	4.6	2592	4.4
American Indian	30	2.2	104	2.1	227	3.1	3394	5.8
Asian	32	2.3	114	2.3	184	2.5	1341	2.3
Hispanic	386	28.3	2072	41.0	3521	48.1	21376	36.5
Pacific Islander	*	*	39	0.8	51	0.7	457	0.8
White	873	64.0	2554	50.5	2696	36.8	26761	45.7
Other	n/a	n/a	n/a	n/a	309	4.2	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

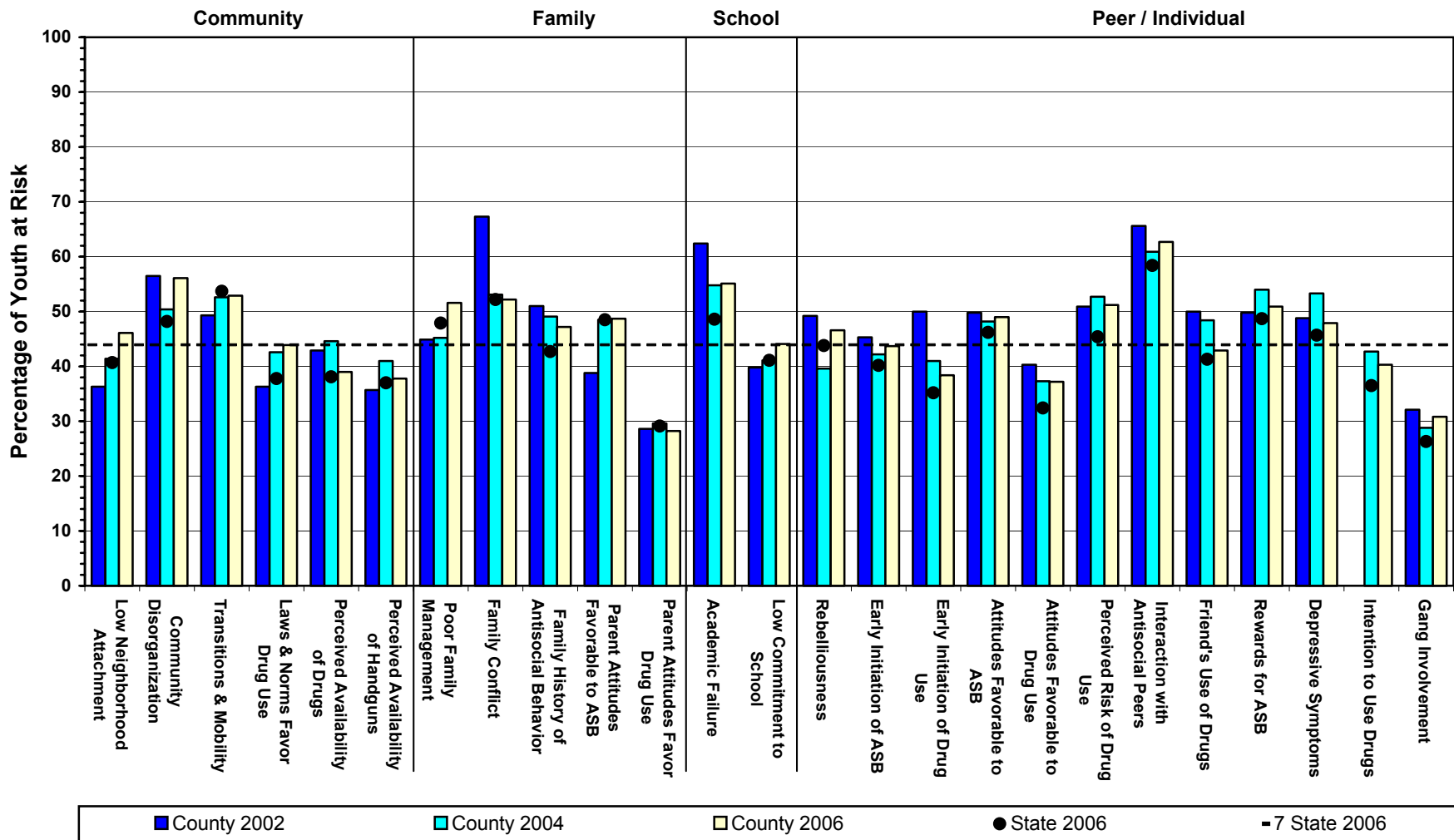
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Pima County Student Survey, Grade 8

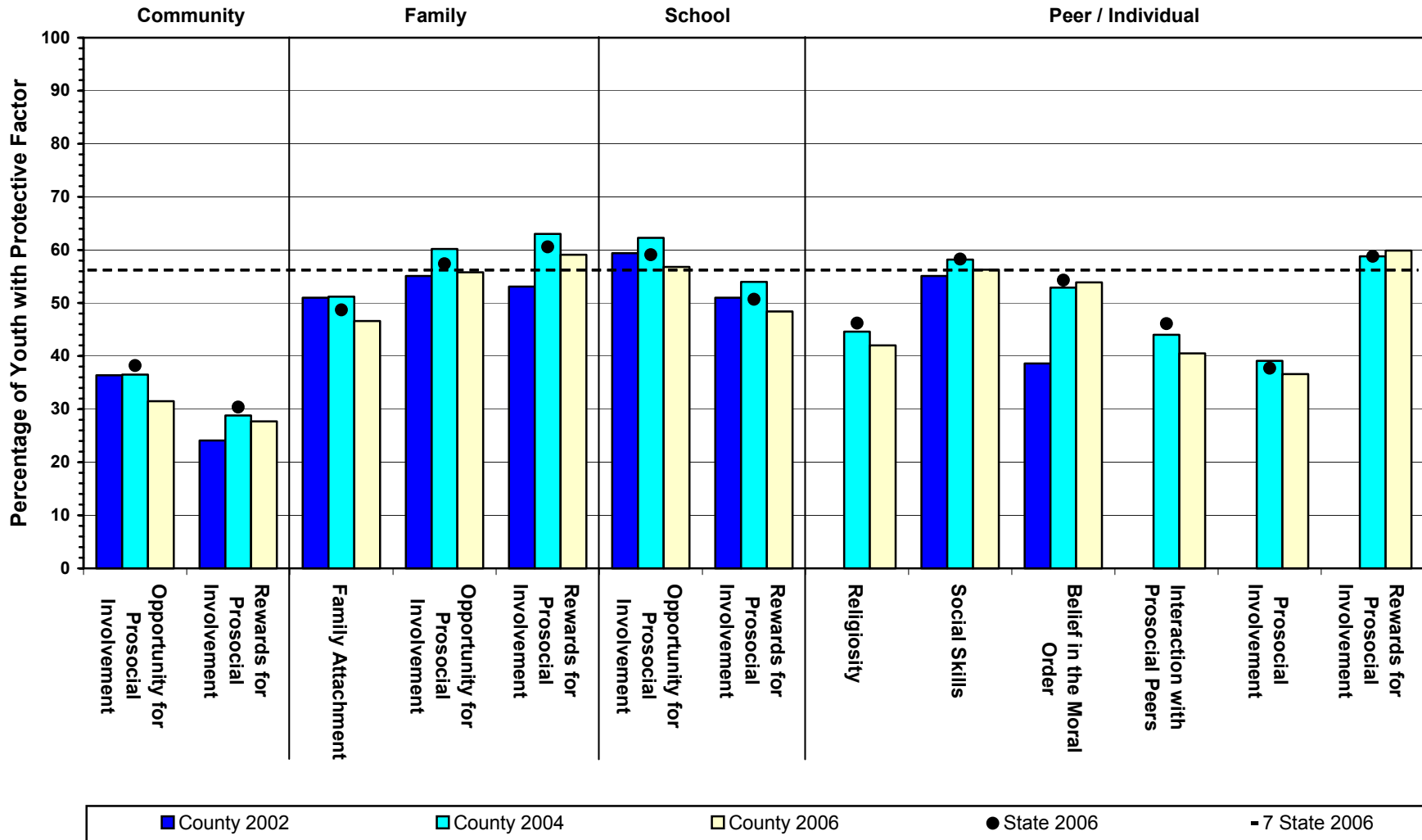


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Pima County Student Survey, Grade 8



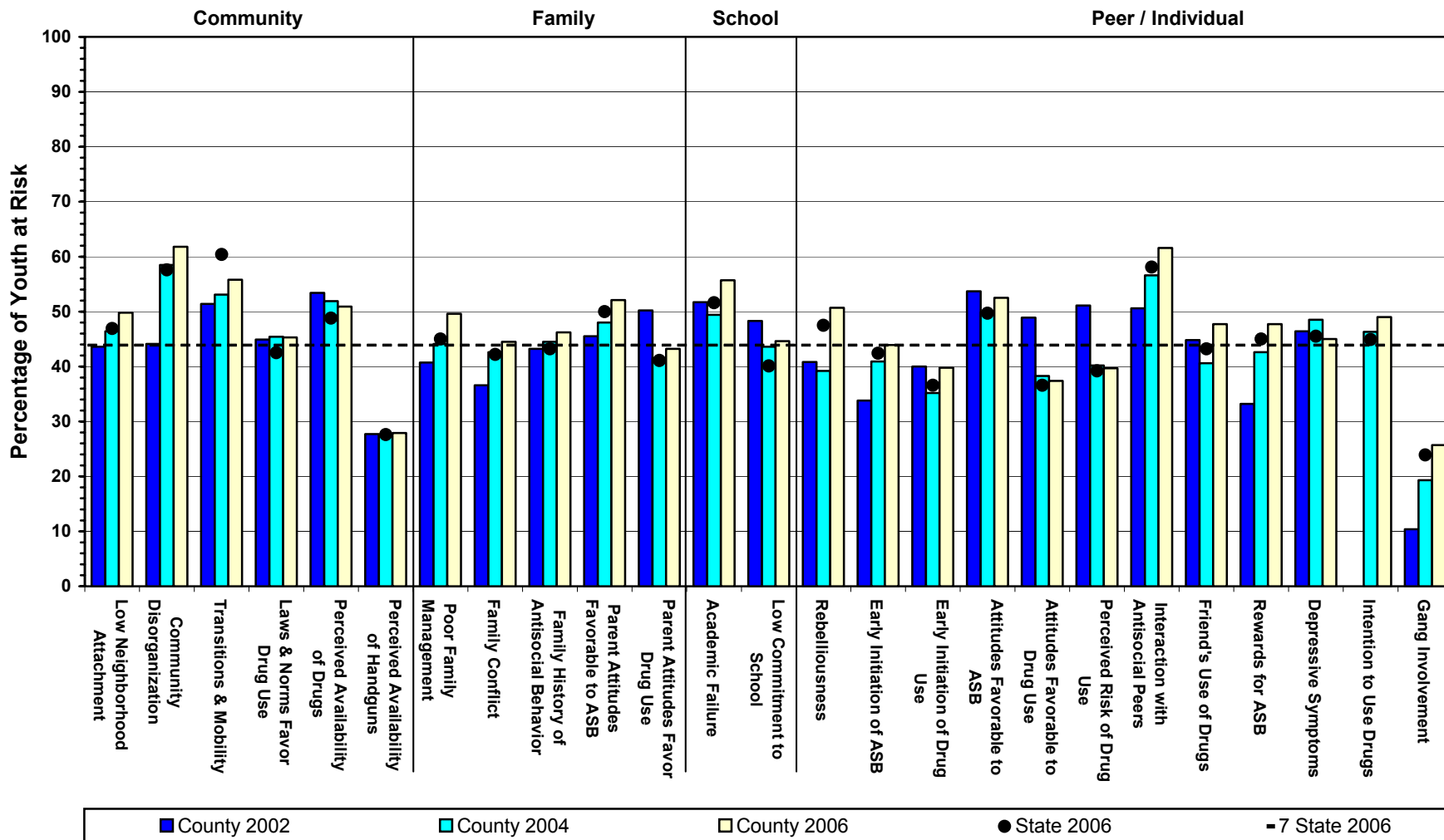
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Pima County Student Survey, Grade 10



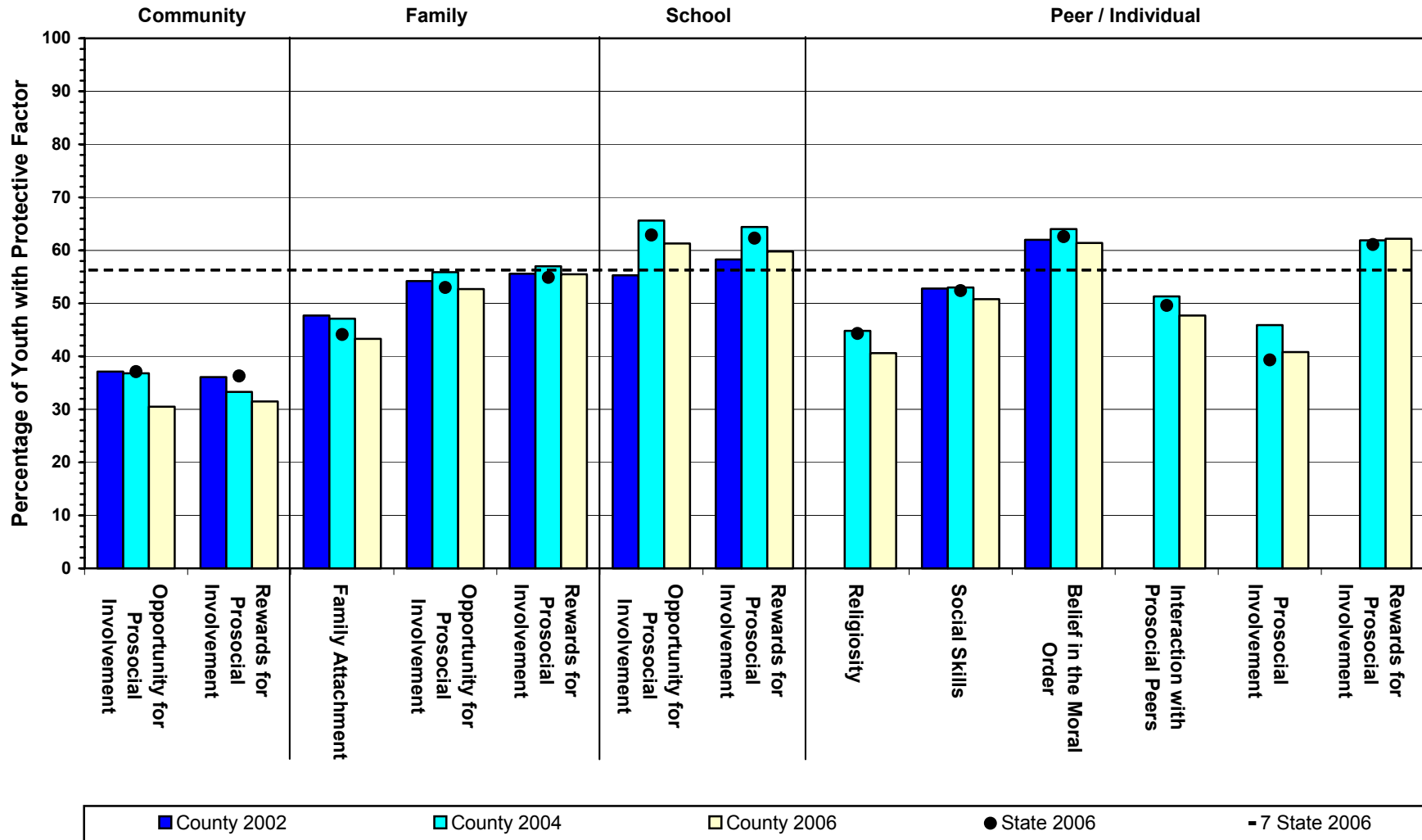
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Pima County Student Survey, Grade 10



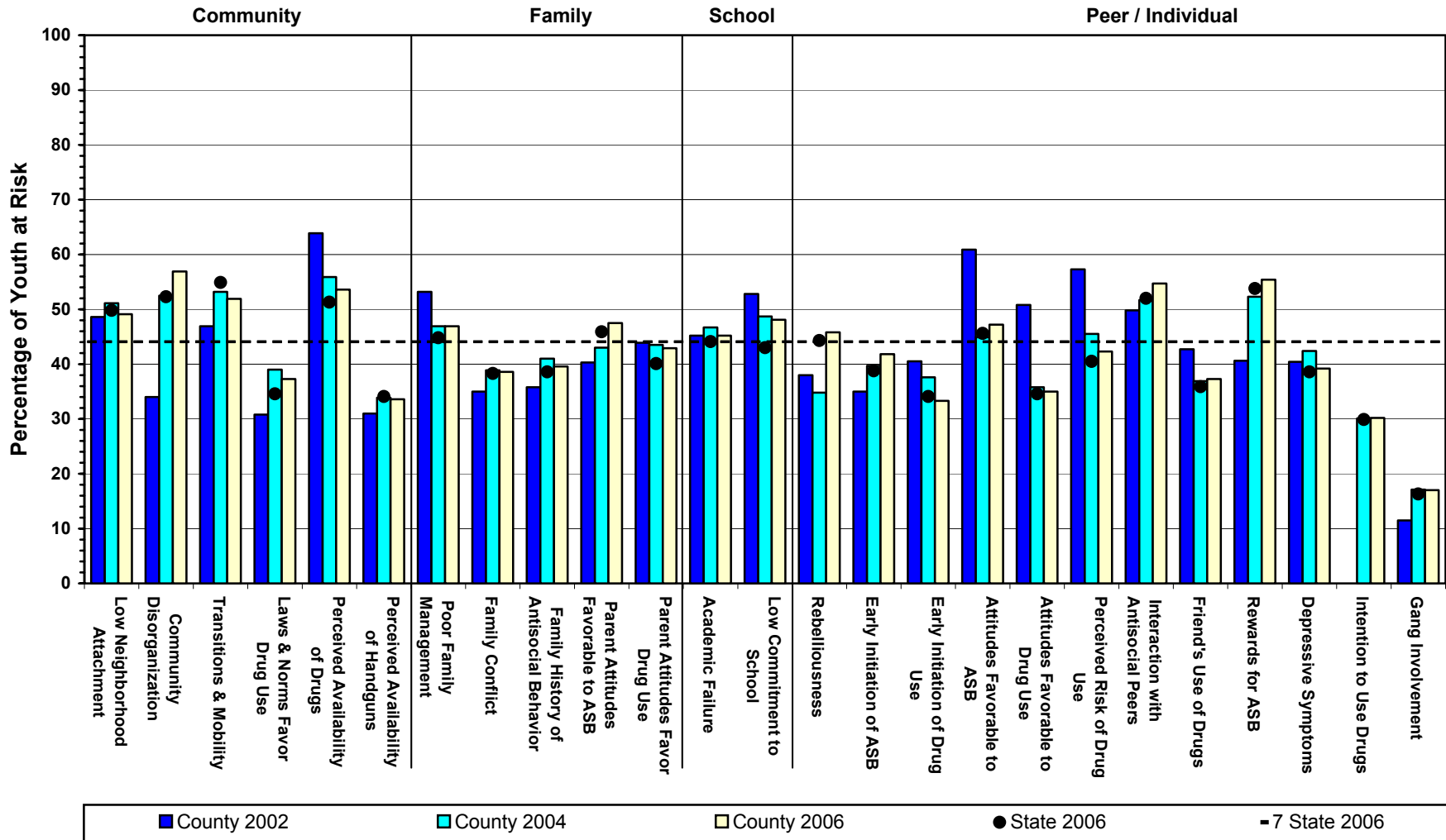
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Pima County Student Survey, Grade 12



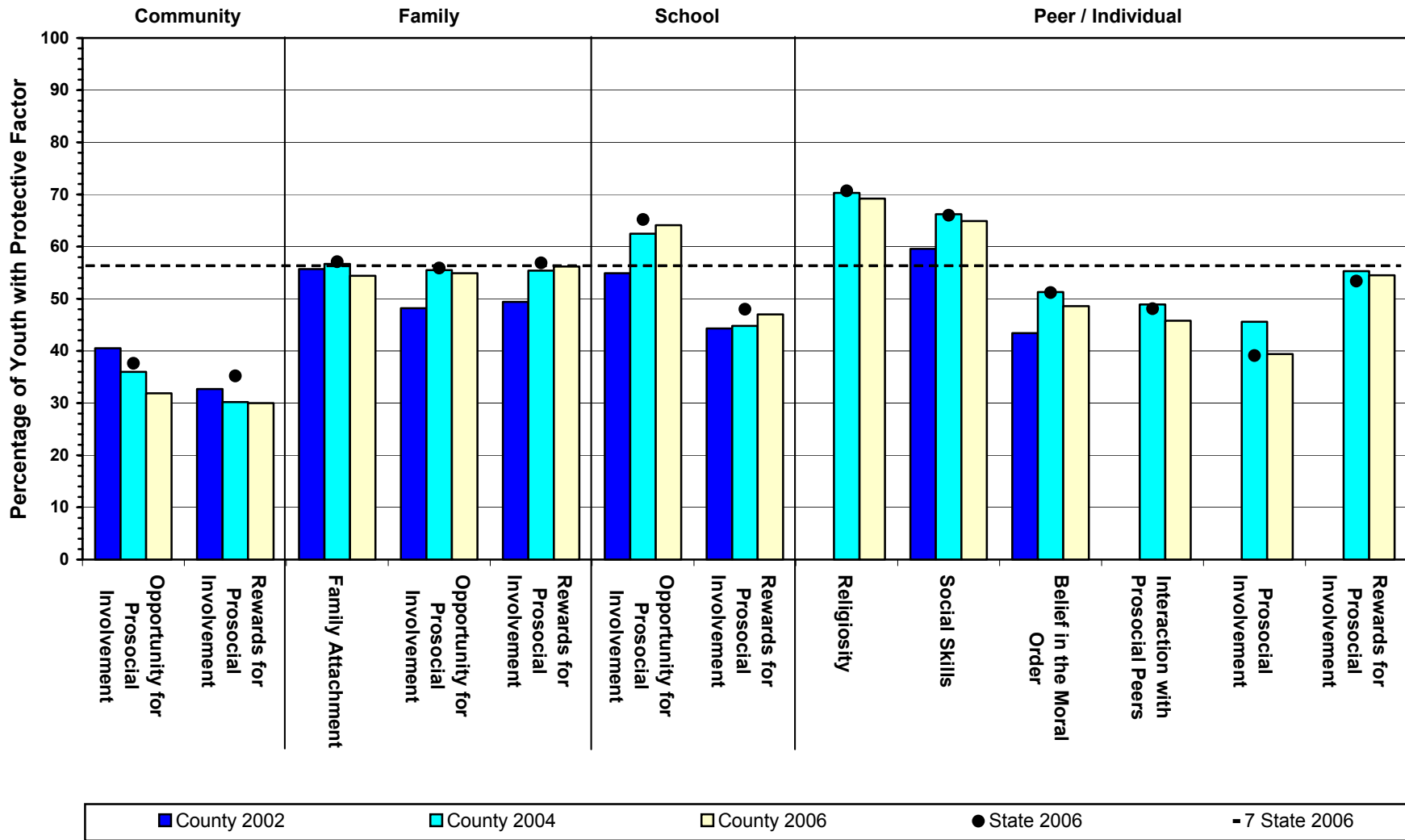
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

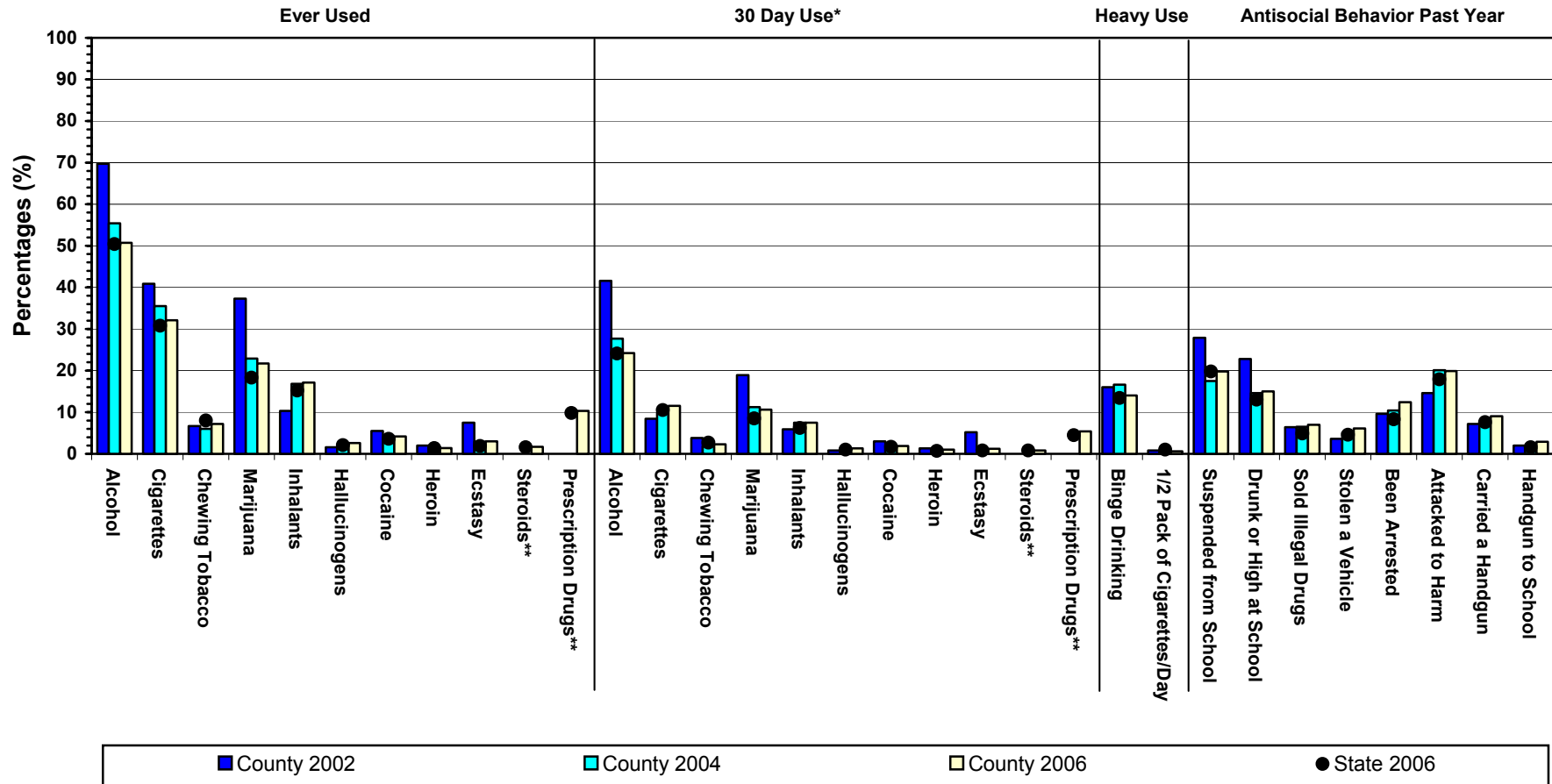
2006 Pima County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Pima County Student Survey, Grade 8



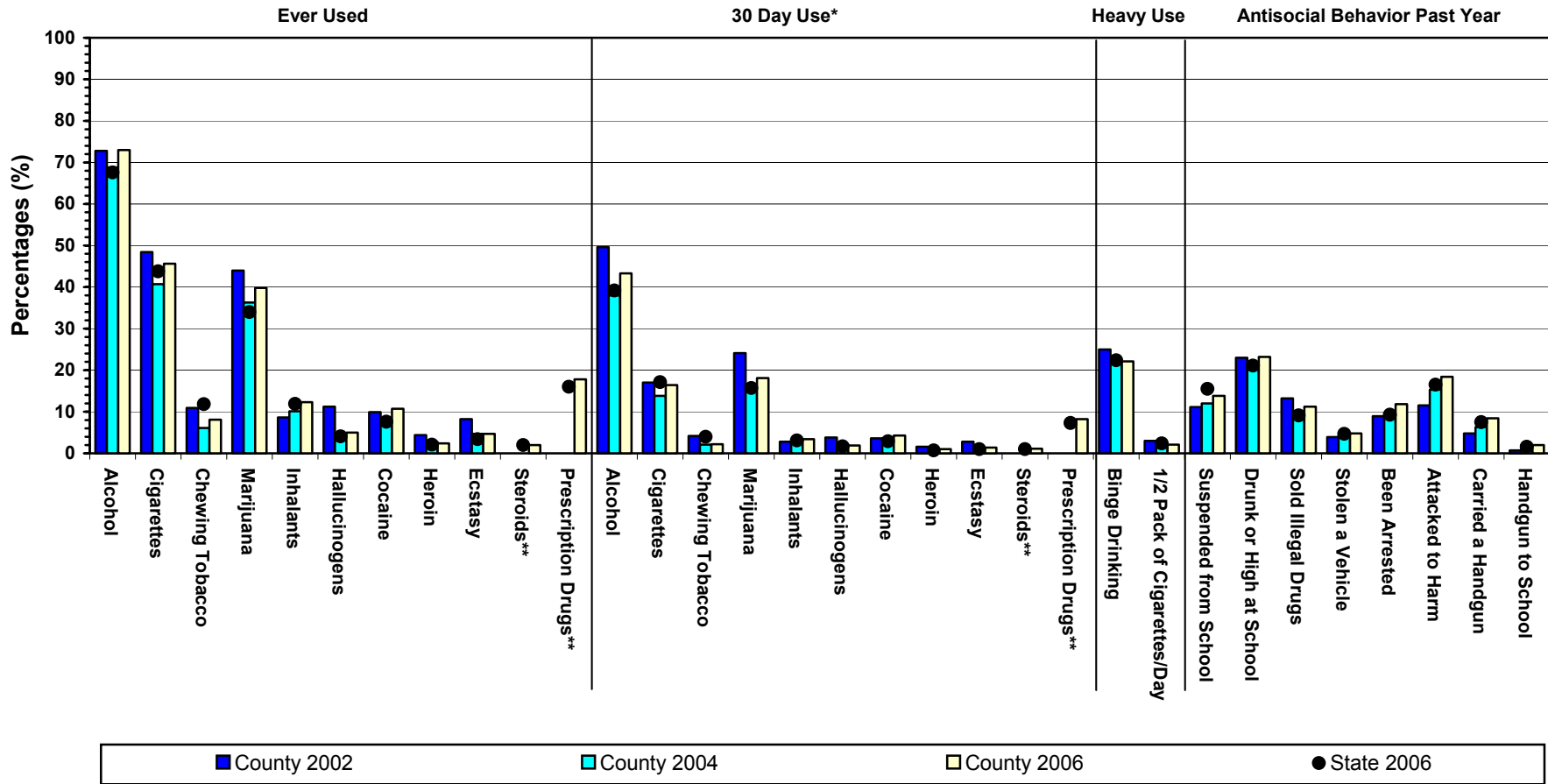
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Pima County Student Survey, Grade 10



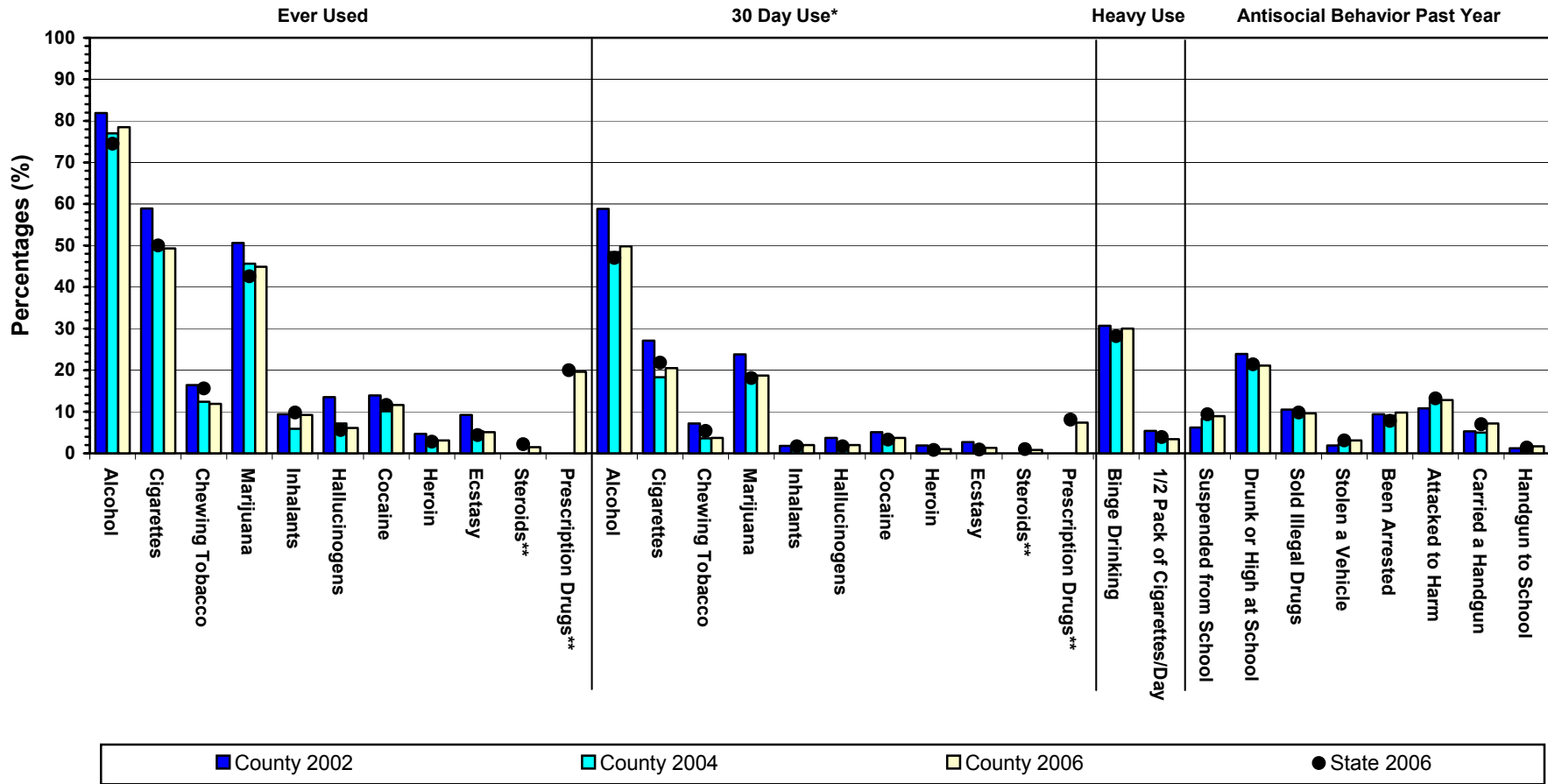
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Pima County Student Survey, Grade 12



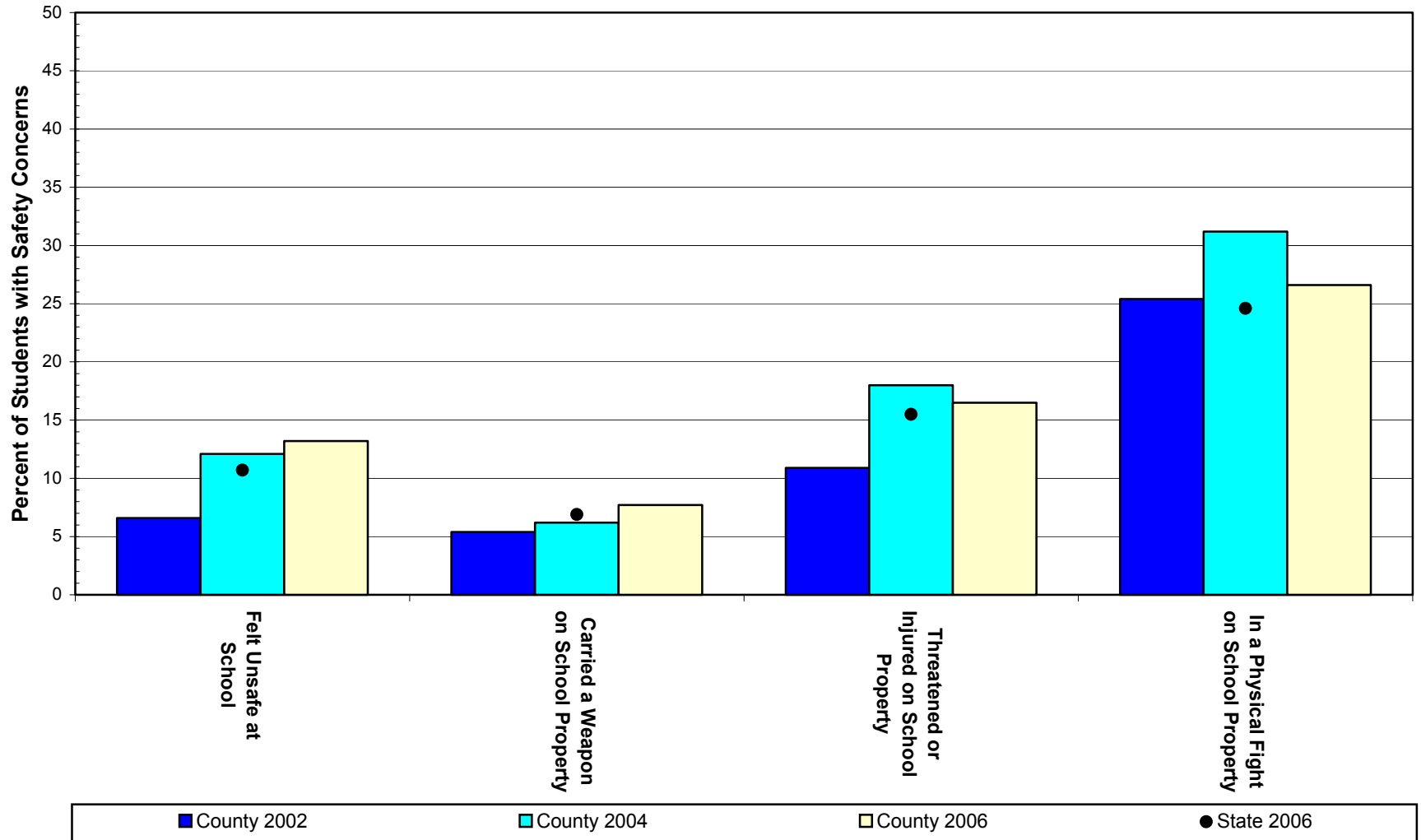
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

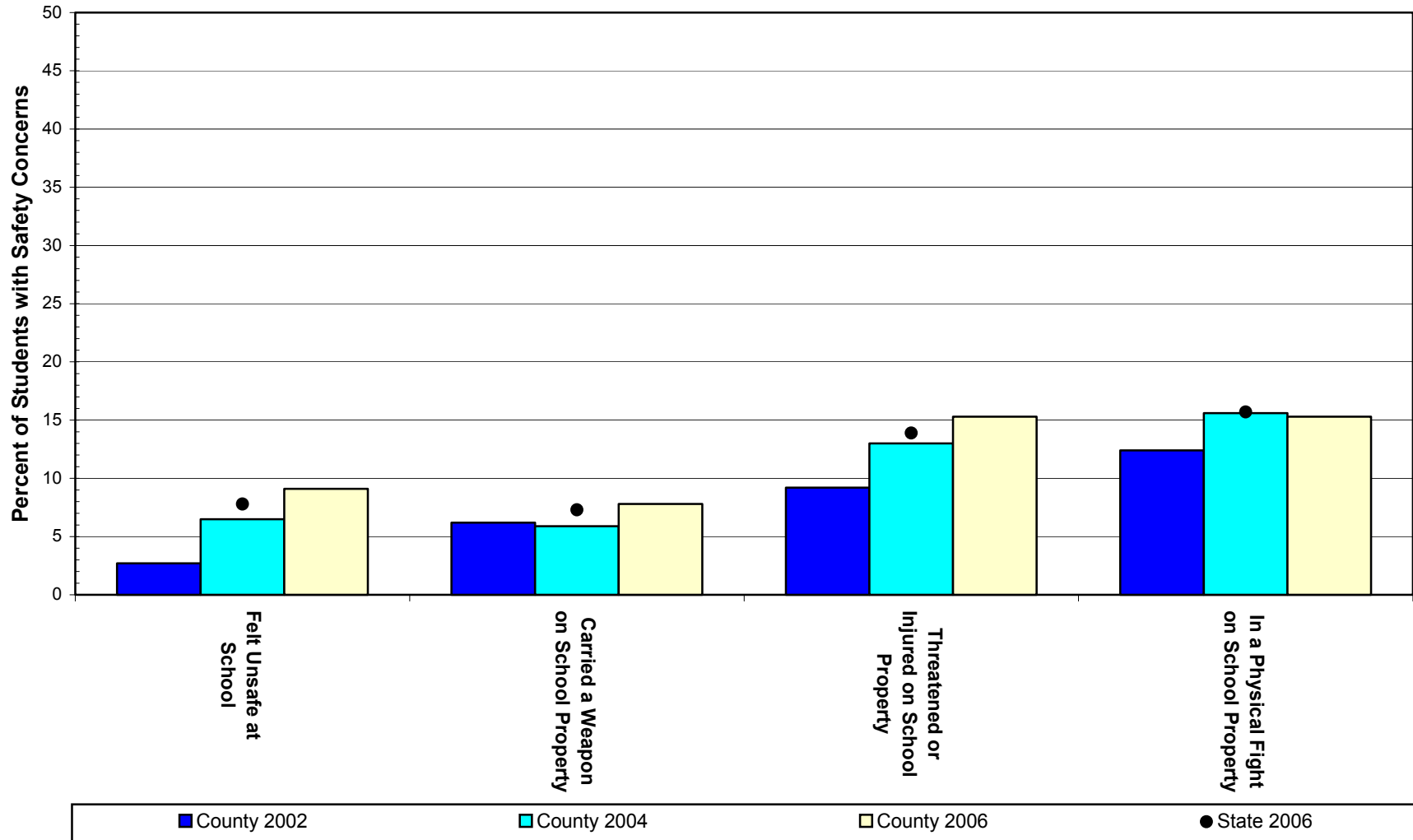
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Pima County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Pima County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Pima County Student Survey, Grade 12

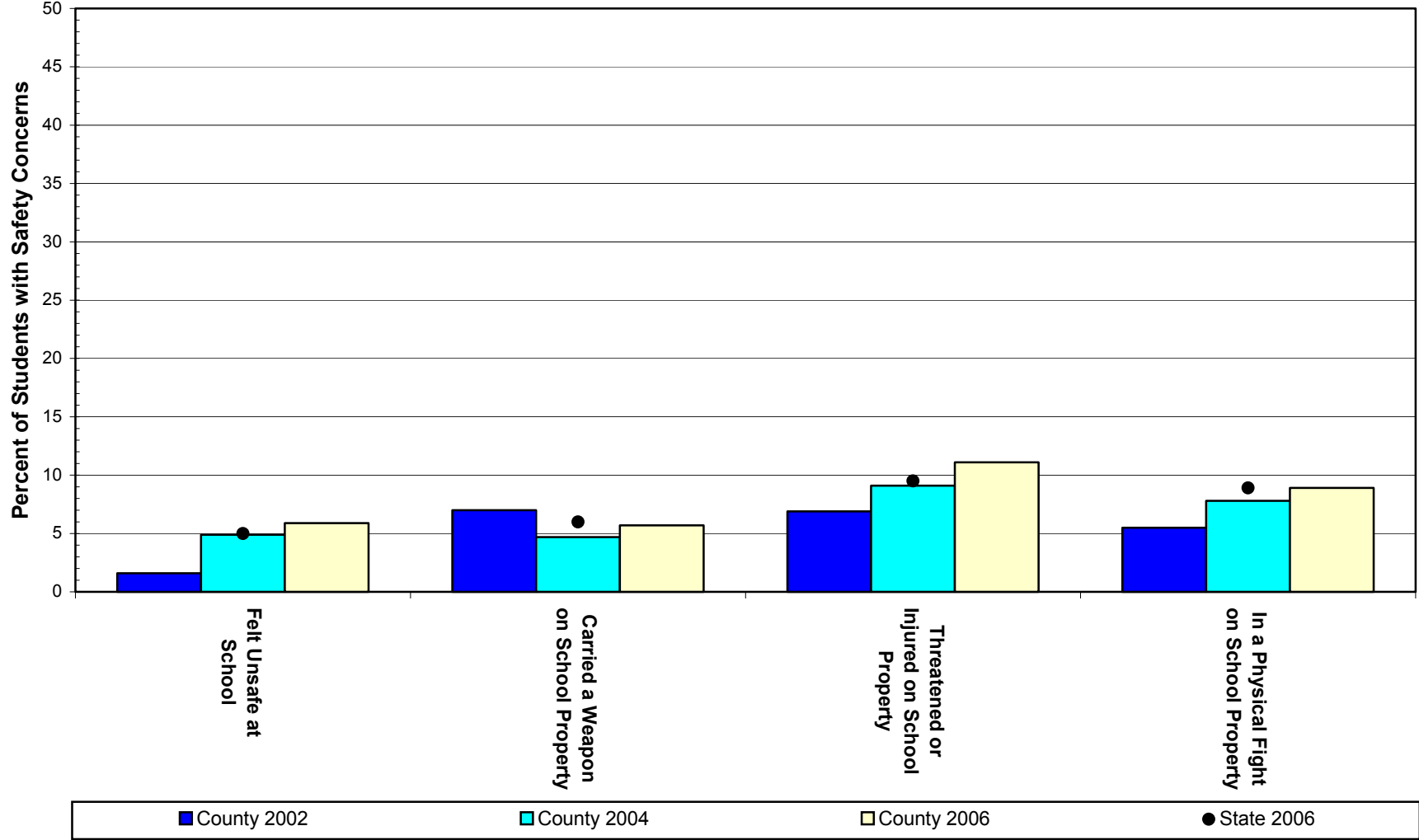


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	260	2250	2563	26872	696	1797	2686	19581	493	1383	2351	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	69.7	55.4	50.7	50.4	72.8	68.8	73.0	67.6	81.9	77.0	78.5	74.5
Cigarettes	40.9	35.5	32.1	30.8	48.4	40.7	45.6	43.8	58.9	49.1	49.3	50.0
Chewing Tobacco	6.7	6.0	7.2	8.0	10.9	6.1	8.1	11.8	16.4	12.4	11.9	15.6
Marijuana	37.3	22.9	21.7	18.3	44.0	36.3	39.8	34.0	50.6	45.6	44.9	42.6
Inhalants	10.3	16.8	17.1	15.2	8.6	10.1	12.3	11.9	9.4	5.9	9.2	9.8
Hallucinogens	1.6	2.2	2.6	2.1	11.2	4.3	5.0	4.1	13.5	7.2	6.1	5.6
Cocaine	5.5	3.6	4.2	3.6	9.9	8.5	10.7	7.6	13.9	10.1	11.6	11.6
Methamphetamines [2002] ¹	3.6	n/a	n/a	n/a	7.0	n/a	n/a	n/a	8.2	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	2.0	2.6	n/a	n/a	3.9	5.0	n/a	n/a	4.8	6.6
Stimulants [2004] ³	n/a	2.9	n/a	n/a	n/a	5.8	n/a	n/a	n/a	6.0	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	4.4	3.4	n/a	n/a	8.6	7.1	n/a	n/a	9.0	8.5
Heroin	2.0	1.7	1.4	1.4	4.4	2.7	2.4	2.1	4.7	2.9	3.1	2.8
Sedatives [2002] ⁵	1.2	n/a	n/a	n/a	6.2	n/a	n/a	n/a	8.4	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	13.1	10.3	10.0	n/a	17.8	15.8	14.3	n/a	17.9	16.8	17.4
Ecstasy	7.5	2.9	3.0	1.9	8.2	4.7	4.7	3.4	9.2	5.3	5.1	4.4
Steroids	n/a	n/a	1.7	1.6	n/a	n/a	2.0	2.0	n/a	n/a	1.5	2.2
Prescription Drugs	n/a	n/a	10.3	9.8	n/a	n/a	17.8	16.0	n/a	n/a	19.6	20.0
Any Drug	43.5	36.8	40.7	36.2	45.5	45.9	52.0	47.0	53.1	52.2	54.8	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	41.6	27.7	24.2	24.1	49.6	38.0	43.3	39.2	58.8	48.4	49.8	47.0
Cigarettes	8.4	9.9	11.5	10.5	17.0	13.8	16.4	17.1	27.1	18.3	20.5	21.8
Chewing Tobacco	3.8	1.8	2.3	2.7	4.2	2.1	2.2	4.0	7.2	3.6	3.7	5.4
Marijuana	18.9	11.2	10.6	8.5	24.1	16.4	18.1	15.7	23.8	17.9	18.7	18.1
Inhalants	5.9	7.5	7.5	6.2	2.8	3.1	3.4	3.1	1.8	1.3	2.0	1.7
Hallucinogens	0.8	1.3	1.3	1.0	3.8	2.2	1.9	1.7	3.7	1.5	2.0	1.7
Cocaine	3.0	1.4	1.9	1.7	3.6	3.6	4.3	2.9	5.1	3.5	3.7	3.3
Methamphetamines [2002] ¹	0.9	n/a	n/a	n/a	2.8	n/a	n/a	n/a	1.8	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	0.6	1.0	n/a	n/a	1.2	1.7	n/a	n/a	0.8	1.4
Stimulants [2004] ³	n/a	1.4	n/a	n/a	n/a	2.7	n/a	n/a	n/a	2.4	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.8	1.5	n/a	n/a	3.6	2.9	n/a	n/a	2.2	2.6
Heroin	1.3	0.5	1.0	0.7	1.6	0.9	1.0	0.7	1.9	0.5	1.0	0.8
Sedatives [2002] ⁵	0.0	n/a	n/a	n/a	2.3	n/a	n/a	n/a	3.5	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	7.0	4.4	4.5	n/a	8.4	7.2	6.6	n/a	7.0	6.1	7.1
Ecstasy	5.2	0.8	1.2	0.8	2.8	1.1	1.4	1.0	2.7	0.9	1.3	0.9
Steroids	n/a	n/a	0.8	0.8	n/a	n/a	1.1	1.0	n/a	n/a	0.8	1.0
Prescription Drugs	n/a	n/a	5.4	4.5	n/a	n/a	8.2	7.3	n/a	n/a	7.4	8.1
Any Drug	24.4	21.2	22.8	19.7	27.1	24.4	28.7	25.6	29.1	23.7	26.5	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	16.0	16.6	14.0	13.4	25.0	22.5	22.1	22.4	30.7	29.4	30.0	28.2
1/2 Pack of Cigarettes/Day	0.8	0.8	0.6	1.0	3.0	1.4	2.1	2.4	5.4	3.2	3.4	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	27.9	17.5	19.8	19.8	11.1	12.0	13.8	15.5	6.2	8.3	8.9	9.4
Drunk or High at School	22.8	14.6	15.0	13.0	23.0	20.4	23.2	21.1	23.9	20.9	21.1	21.4
Sold Illegal Drugs	6.4	6.5	7.0	4.9	13.2	10.1	11.2	9.1	10.5	9.4	9.6	9.8
Stolen a Vehicle	3.6	5.1	6.1	4.6	3.9	4.4	4.8	4.7	1.9	2.3	3.1	3.1
Been Arrested	9.6	10.4	12.4	8.3	8.9	9.7	11.8	9.3	9.4	9.0	9.8	7.8
Attacked to Harm	14.6	20.1	19.9	17.9	11.5	15.3	18.4	16.5	10.8	12.6	12.8	13.2
Carried a Handgun	7.2	7.7	9.0	7.6	4.8	6.3	8.4	7.5	5.3	5.0	7.2	7.0
Handgun to School	2.0	1.2	2.9	1.6	0.7	2.0	2.0	1.6	1.2	1.0	1.7	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	36.4	36.5	31.5	38.2	37.1	36.8	30.5	37.1	40.5	36.0	31.9	37.6
Rewards for Prosocial Involvement	24.1	28.8	27.7	30.4	36.1	33.3	31.5	36.3	32.7	30.2	30.0	35.2
Family Domain												
Family Attachment	51.0	51.2	46.6	48.7	47.7	47.1	43.3	44.1	55.7	56.7	54.4	57.1
Opportunity for Prosocial Involvement	55.1	60.2	55.8	57.4	54.2	55.9	52.7	53.0	48.2	55.5	54.9	55.9
Rewards for Prosocial Involvement	53.1	63.0	59.1	60.6	55.6	57.0	55.5	54.9	49.4	55.4	56.2	56.9
School Domain												
Opportunity for Prosocial Involvement	59.4	62.3	56.8	59.1	55.3	65.6	61.3	62.9	54.9	62.5	64.1	65.2
Rewards for Prosocial Involvement	51.0	54.0	48.4	50.7	58.3	64.4	59.8	62.3	44.3	44.8	47.0	48.0
Peer-Individual Domain												
Religiosity	*	44.6	42.0	46.2	*	44.8	40.6	44.3	*	70.3	69.2	70.7
Social Skills	55.1	58.2	56.3	58.3	52.8	53.0	50.8	52.4	59.6	66.2	64.9	66.0
Belief in the Moral Order	38.6	52.9	53.9	54.3	62.0	64.0	61.4	62.6	43.4	51.3	48.6	51.2
Interaction with Prosocial Peers	*	44.0	40.5	46.1	*	51.3	47.7	49.6	*	48.9	45.8	48.1
Prosocial Involvement	*	39.1	36.6	37.7	*	45.9	40.8	39.3	*	45.6	39.4	39.1
Rewards for Prosocial Involvement	*	58.8	59.9	58.8	*	61.9	62.2	61.1	*	55.3	54.5	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	36.3	41.4	46.1	40.7	43.6	46.4	49.8	46.9	48.6	51.1	49.1	49.8
Community Disorganization	56.5	50.4	56.1	48.2	44.1	58.5	61.8	57.6	34.0	52.5	56.9	52.3
Transitions & Mobility	49.3	52.6	52.9	53.7	51.4	53.1	55.8	60.4	46.9	53.2	51.9	54.9
Laws & Norms Favor Drug Use	36.3	42.6	43.9	37.8	44.9	45.4	45.3	42.5	30.8	39.0	37.3	34.6
Perceived Availability of Drugs	42.9	44.6	39.0	38.1	53.4	51.9	50.9	48.8	63.9	55.9	53.6	51.3
Perceived Availability of Handguns	35.7	41.0	37.8	37.0	27.7	27.5	27.9	27.6	31.0	33.9	33.6	34.1
Family Domain												
Poor Family Management	44.9	45.2	51.6	47.9	40.7	44.1	49.6	45.0	53.2	46.9	46.9	44.8
Family Conflict	67.3	53.1	52.2	52.2	36.6	42.6	44.5	42.2	35.0	38.9	38.6	38.3
Family History of Antisocial Behavior	51.0	49.1	47.2	42.7	43.2	44.5	46.2	43.2	35.8	41.0	39.6	38.6
Parent Attitudes Favorable to ASB	38.8	48.5	48.7	48.5	45.5	48.0	52.1	50.0	40.3	43.0	47.5	45.9
Parent Attitudes Favor Drug Use	28.6	29.6	28.2	29.1	50.2	41.5	43.2	41.1	43.9	43.5	42.9	40.1
School Domain												
Academic Failure	62.4	54.8	55.1	48.6	51.7	49.4	55.7	51.6	45.2	46.7	45.2	44.1
Low Commitment to School	39.8	41.1	44.1	41.1	48.3	43.6	44.6	40.1	52.8	48.7	48.1	43.0
Peer-Individual Domain												
Rebelliousness	49.2	39.6	46.6	43.8	40.8	39.2	50.7	47.5	38.0	34.8	45.8	44.3
Early Initiation of ASB	45.3	42.2	43.7	40.2	33.8	40.9	43.9	42.4	35.0	39.7	41.8	38.8
Early Initiation of Drug Use	50.0	41.0	38.4	35.2	40.0	35.2	39.8	36.6	40.5	37.6	33.3	34.1
Attitudes Favorable to ASB	49.8	48.2	49.0	46.2	53.7	49.9	52.5	49.7	60.9	44.9	47.2	45.6
Attitudes Favorable to Drug Use	40.3	37.3	37.2	32.4	48.9	38.3	37.4	36.6	50.8	35.8	35.0	34.6
Perceived Risk of Drug Use	50.9	52.7	51.2	45.4	51.1	40.2	39.7	39.2	57.3	45.5	42.3	40.5
Interaction with Antisocial Peers	65.6	60.9	62.7	58.4	50.6	56.6	61.6	58.1	49.8	51.7	54.7	52.0
Friend's Use of Drugs	50.0	48.4	42.9	41.3	44.8	40.6	47.7	43.2	42.7	36.9	37.3	35.9
Rewards for ASB	49.8	54.0	50.9	48.7	33.2	42.6	47.7	45.0	40.6	52.3	55.4	53.8
Depressive Symptoms	48.8	53.3	47.9	45.7	46.4	48.5	45.0	45.5	40.4	42.4	39.2	38.6
Intention to Use Drugs	*	42.7	40.3	36.5	*	46.3	49.0	44.9	*	30.1	30.2	29.9
Gang Involvement	32.1	28.8	30.8	26.3	10.4	19.3	25.7	23.9	11.5	17.1	17.0	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	94.6	93.8	92.3	93.1	93.8	94.1	92.2	92.7	93.0	95.3	94.3	94.0
	1 day	2.3	3.1	3.5	3.1	1.2	1.9	2.7	2.4	1.0	1.4	1.6	1.4
	2-3 days	0.0	1.8	1.9	1.6	1.7	1.2	1.6	1.5	1.0	0.6	0.9	0.9
	4-5 days	1.2	0.3	0.7	0.6	0.6	0.4	0.5	0.7	0.2	0.3	0.5	0.6
	6 or more days	1.9	1.1	1.6	1.6	2.7	2.4	3.0	2.7	4.7	2.5	2.6	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	93.4	87.9	86.8	89.3	97.3	93.5	90.9	92.2	98.4	95.1	94.1	95.0
	1 day	3.9	6.7	7.3	6.0	2.0	2.8	5.0	4.1	1.2	2.8	3.1	2.6
	2-3 days	1.2	3.4	3.0	2.8	0.4	1.6	2.2	2.1	0.0	1.4	1.5	1.2
	4-5 days	0.4	0.7	1.2	0.7	0.0	1.0	0.6	0.5	0.0	0.3	0.4	0.4
	6 or more days	1.2	1.3	1.8	1.2	0.3	1.2	1.3	1.1	0.4	0.4	0.8	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	89.1	82.0	83.5	84.5	90.8	87.0	84.7	86.1	93.1	90.9	88.9	90.5
	1 time	7.0	9.6	8.3	7.7	3.7	7.4	8.0	6.7	2.4	4.6	5.2	4.4
	2-3 times	2.3	4.5	4.4	4.2	3.0	3.0	3.7	3.9	1.8	2.3	3.7	3.0
	4-5 times	0.8	1.5	1.2	1.3	0.9	0.8	1.1	1.2	0.8	0.7	0.6	0.6
	6-7 times	0.0	0.4	0.5	0.5	0.1	0.3	0.5	0.5	0.4	0.4	0.5	0.3
	8-9 times	0.0	0.2	0.5	0.3	0.3	0.5	0.3	0.3	0.2	0.3	0.1	0.3
	10-11 times	0.0	0.1	0.3	0.3	0.0	0.3	0.2	0.2	0.0	0.2	0.4	0.2
	12 or more times	0.8	1.6	1.3	1.2	1.2	0.8	1.5	1.3	1.2	0.6	0.6	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	74.6	68.8	73.4	75.4	87.6	84.4	84.7	84.3	94.5	92.2	91.1	91.1
	1 time	14.6	15.2	14.2	13.1	8.4	8.8	9.0	8.9	2.6	4.3	5.6	5.5
	2-3 times	8.1	10.2	7.0	7.1	2.9	3.7	4.0	4.4	1.8	2.1	2.0	2.1
	4-5 times	1.5	2.7	2.5	2.1	0.4	1.2	1.0	1.0	0.6	0.5	0.3	0.4
	6-7 times	0.0	0.6	0.7	0.6	0.1	0.4	0.1	0.2	0.0	0.3	0.2	0.1
	8-9 times	0.4	0.7	0.6	0.4	0.0	0.1	0.2	0.3	0.0	0.3	0.2	0.2
	10-11 times	0.0	0.3	0.5	0.3	0.1	0.4	0.2	0.2	0.2	0.2	0.0	0.1
	12 or more times	0.8	1.5	1.1	1.0	0.4	1.0	0.7	0.7	0.2	0.1	0.5	0.4

Pima County

Contacts For Prevention

Regional Prevention Contacts

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

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Community Partnership of Southern Arizona (CPSA)
520-618-8807

Gila, La Paz, Pinal, and Yuma Counties

Linda Weinberg
Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
928-214-2177

Maricopa County

Juan Aristizabal
ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
520-879-6067

Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

Michelle Neitch/ Phillip Stevenson
602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Pinal County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Pinal County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Pinal County and the State. Because not all students answer all of the questions, the number of students in the

CONTENTS:

Introduction:

- Demographics
- Risk & Protective Framework

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- Risk & Protective Factor Profiles
- Substance Use & Antisocial Behavior
- School Safety

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	1347	100	1616	100	1848	100	60401	100
Grade								
8	735	54.6	574	35.5	1079	58.4	26872	44.5
10	449	33.3	650	40.2	481	26.0	19581	32.4
12	163	12.1	392	24.3	288	15.6	13948	23.1
Gender								
Male	617	47.4	703	44.0	862	48.1	28381	48.2
Female	685	52.6	894	56.0	931	51.9	30505	51.8
Ethnicity								
African American	34	2.7	65	4.3	111	6.2	2592	4.4
American Indian	83	6.5	152	10.1	157	8.8	3394	5.8
Asian	14	1.1	13	0.9	27	1.5	1341	2.3
Hispanic	402	31.7	580	38.6	682	38.3	21376	36.5
Pacific Islander	*	*	6	0.4	6	0.3	457	0.8
White	737	58.0	687	45.7	697	39.2	26761	45.7
Other	n/a	n/a	n/a	n/a	100	5.6	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

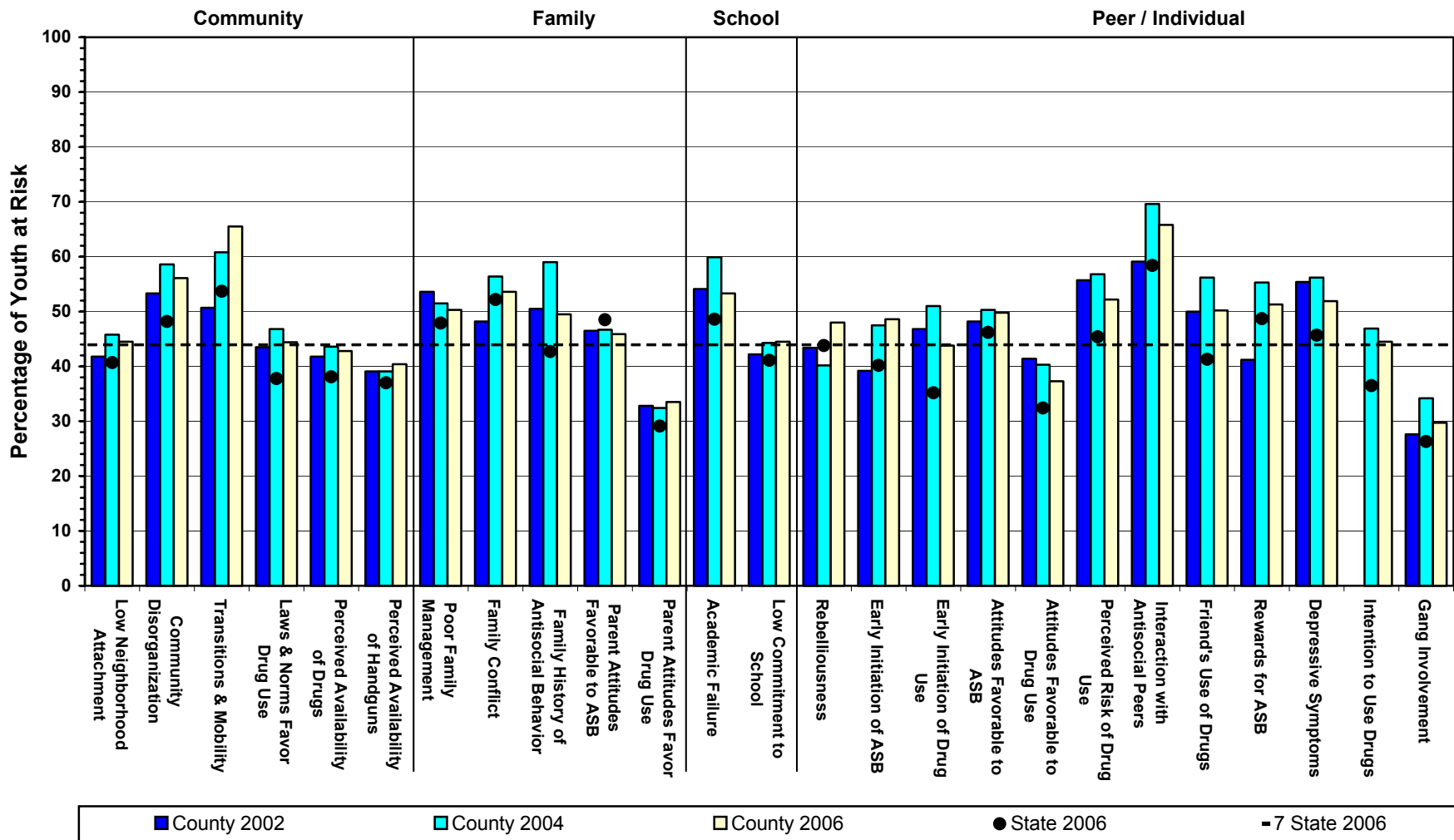
School Safety Charts

The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Pinal County Student Survey, Grade 8

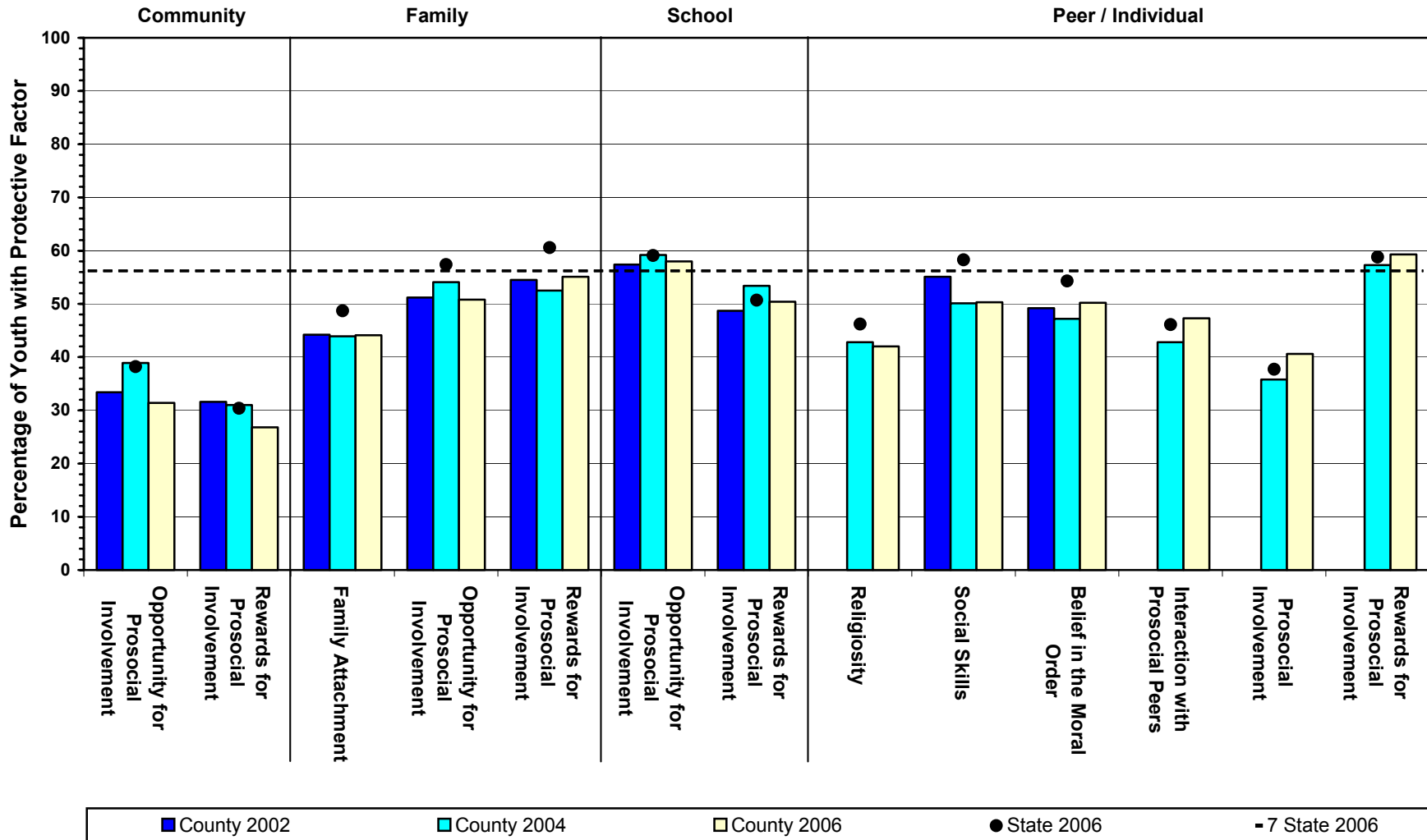


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Pinal County Student Survey, Grade 8



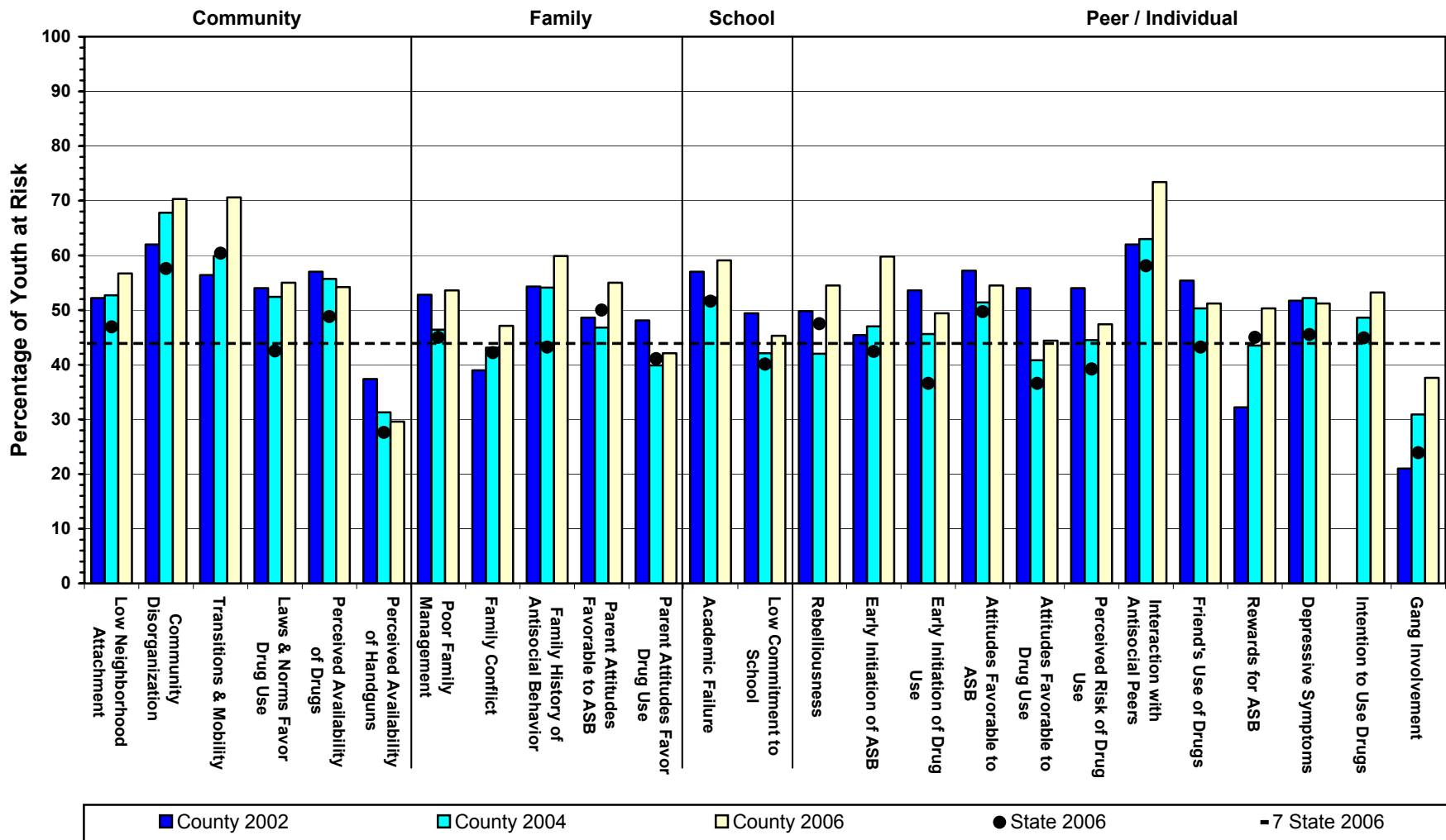
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Pinal County Student Survey, Grade 10



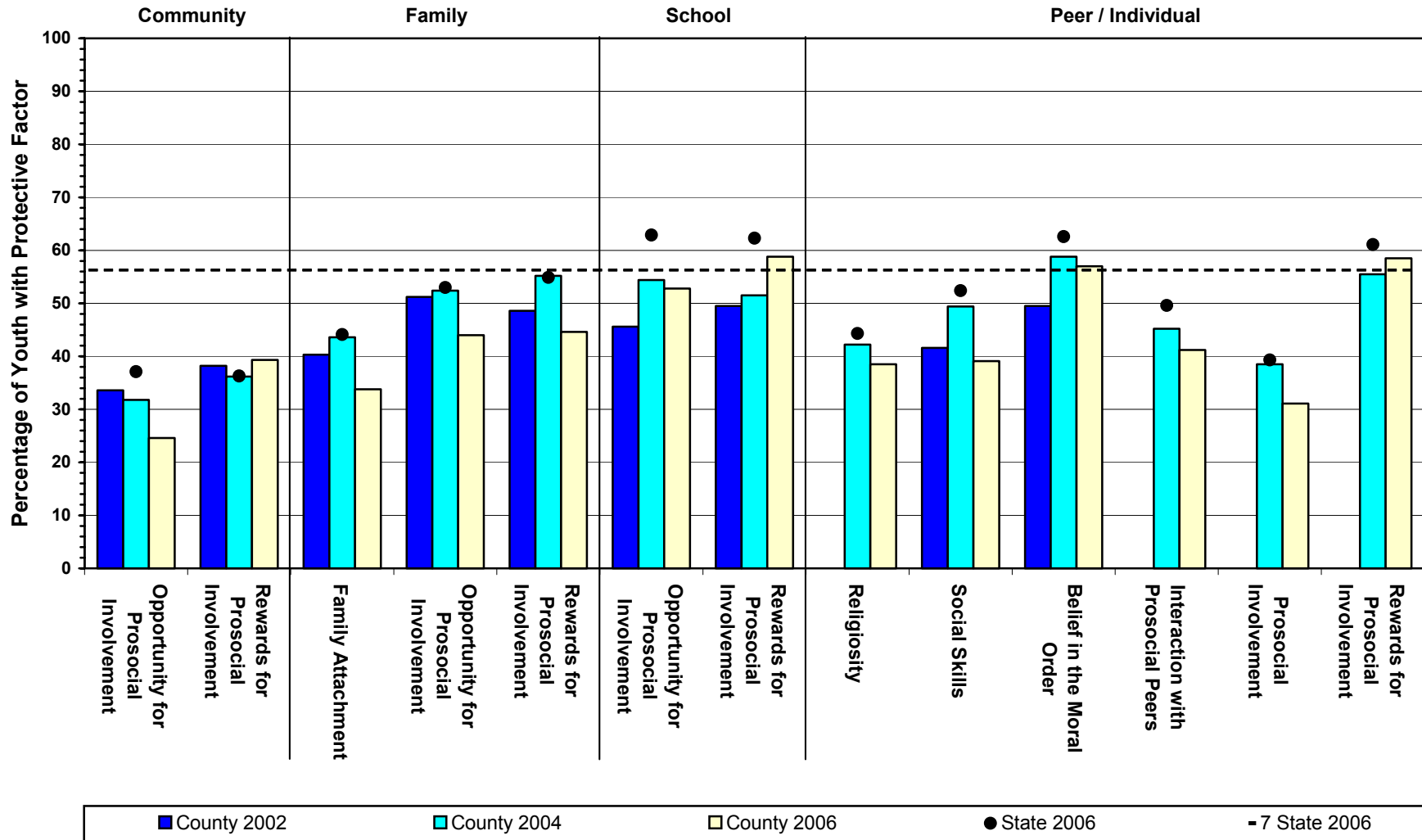
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Pinal County Student Survey, Grade 10



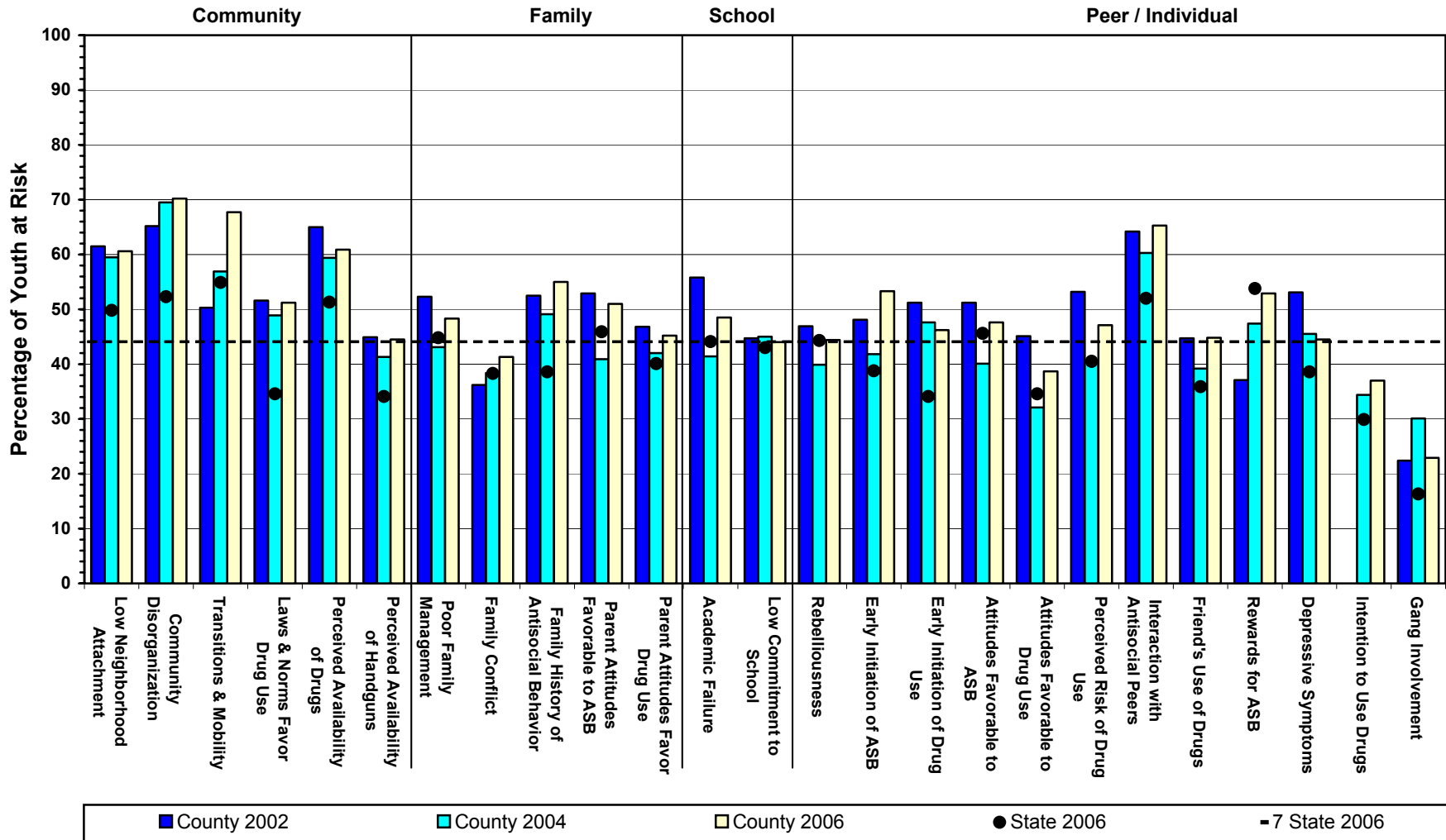
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Pinal County Student Survey, Grade 12

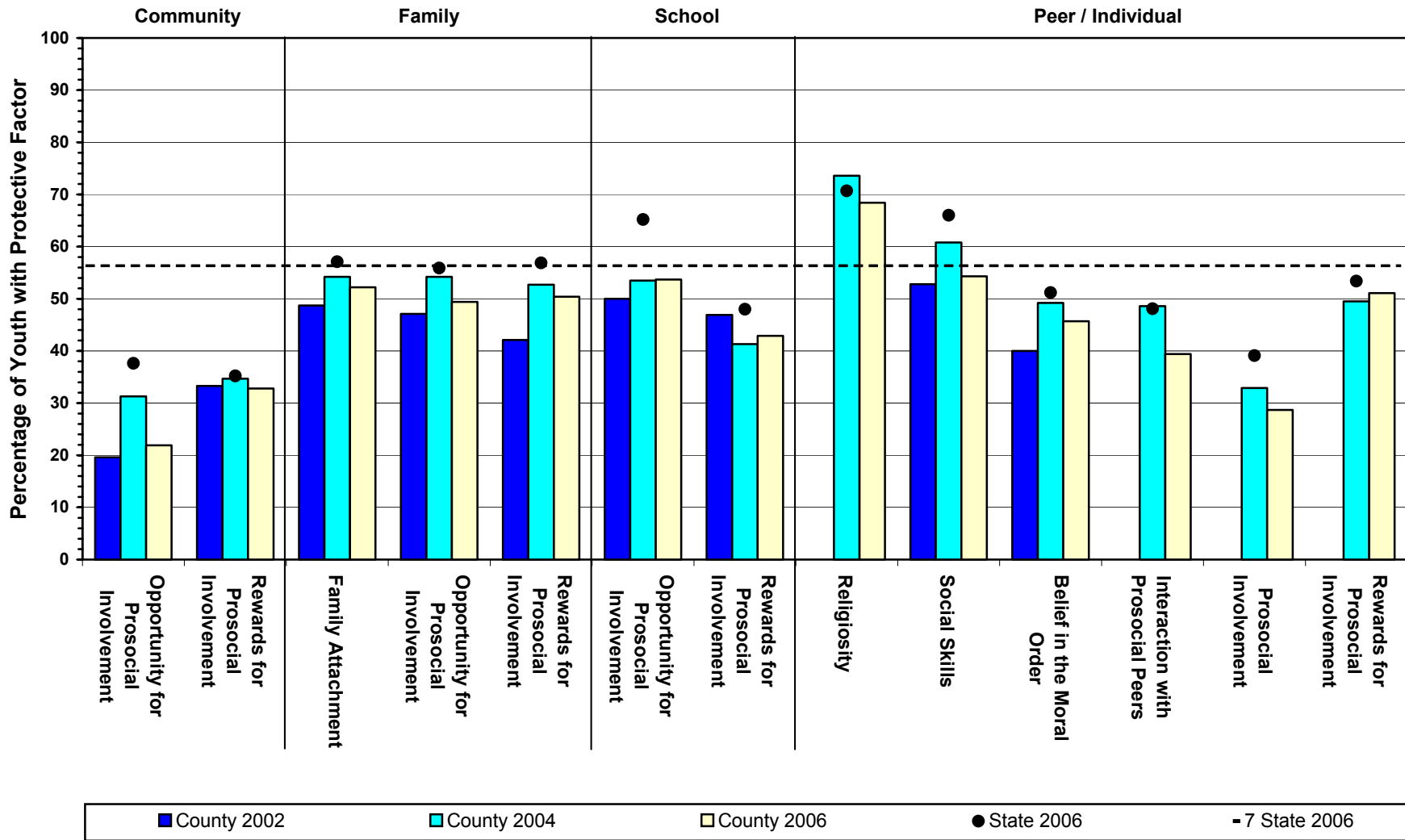


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

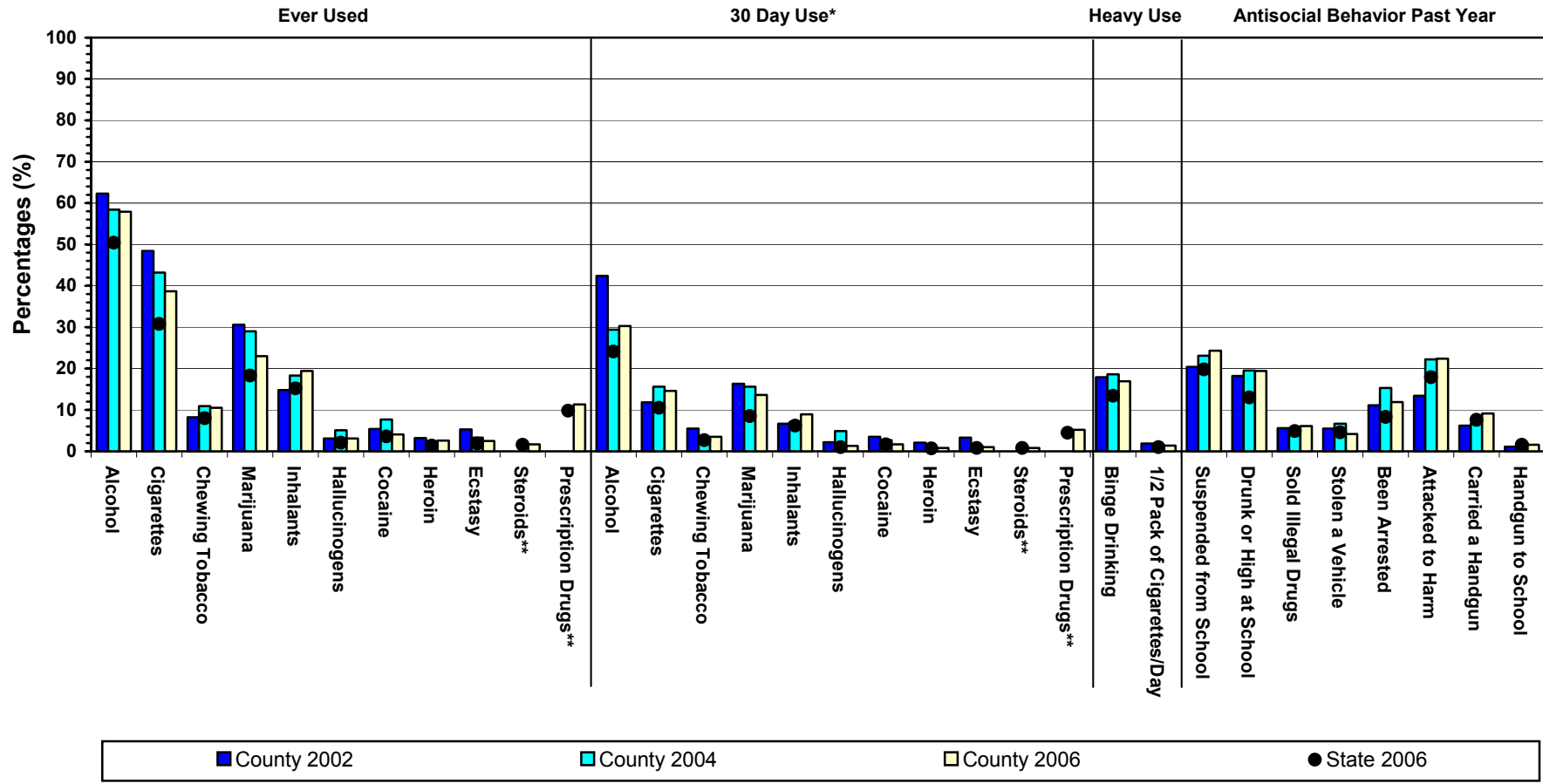
PROTECTIVE PROFILE 2006 Pinal County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Pinal County Student Survey, Grade 8



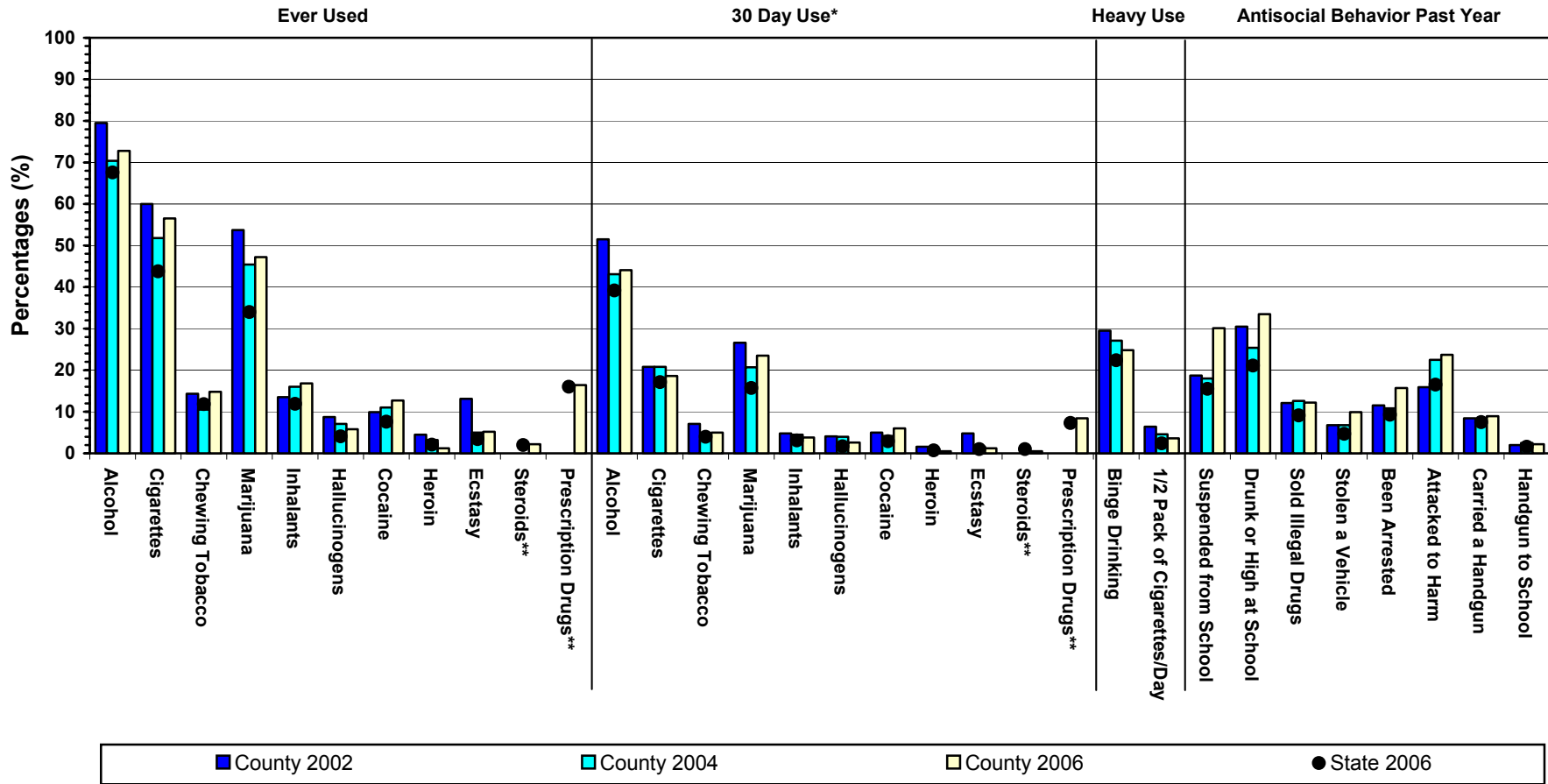
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Pinal County Student Survey, Grade 10



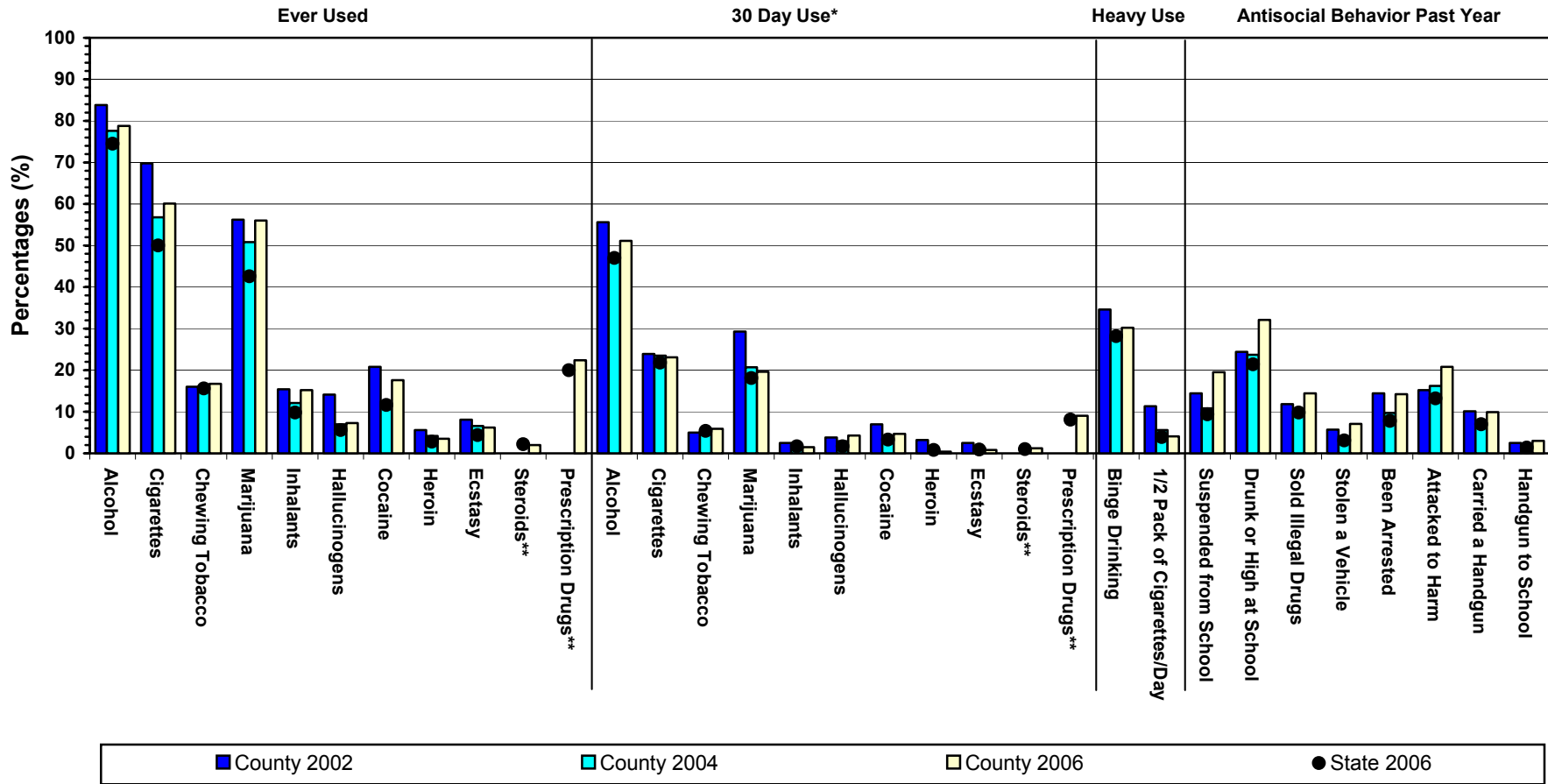
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Pinal County Student Survey, Grade 12



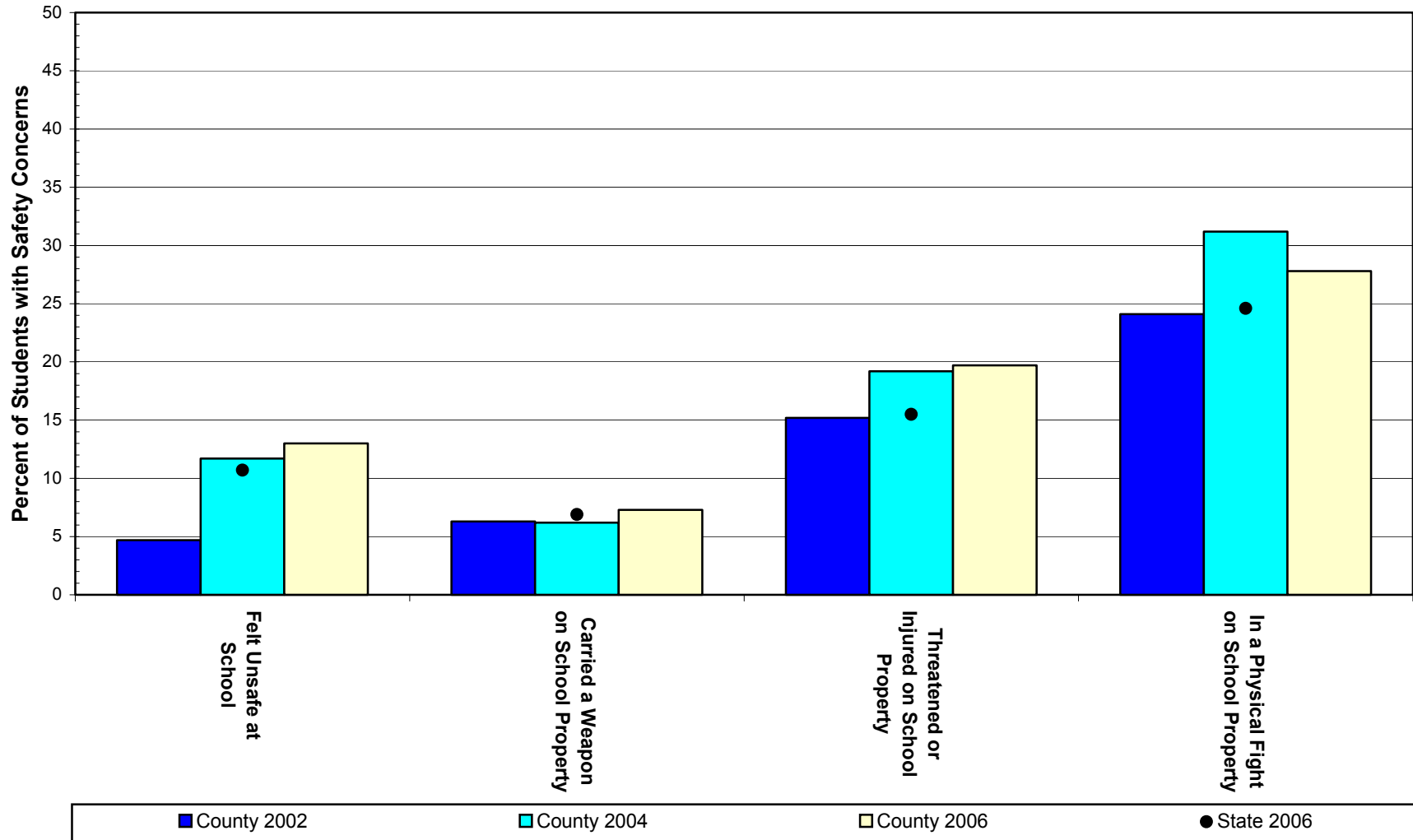
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

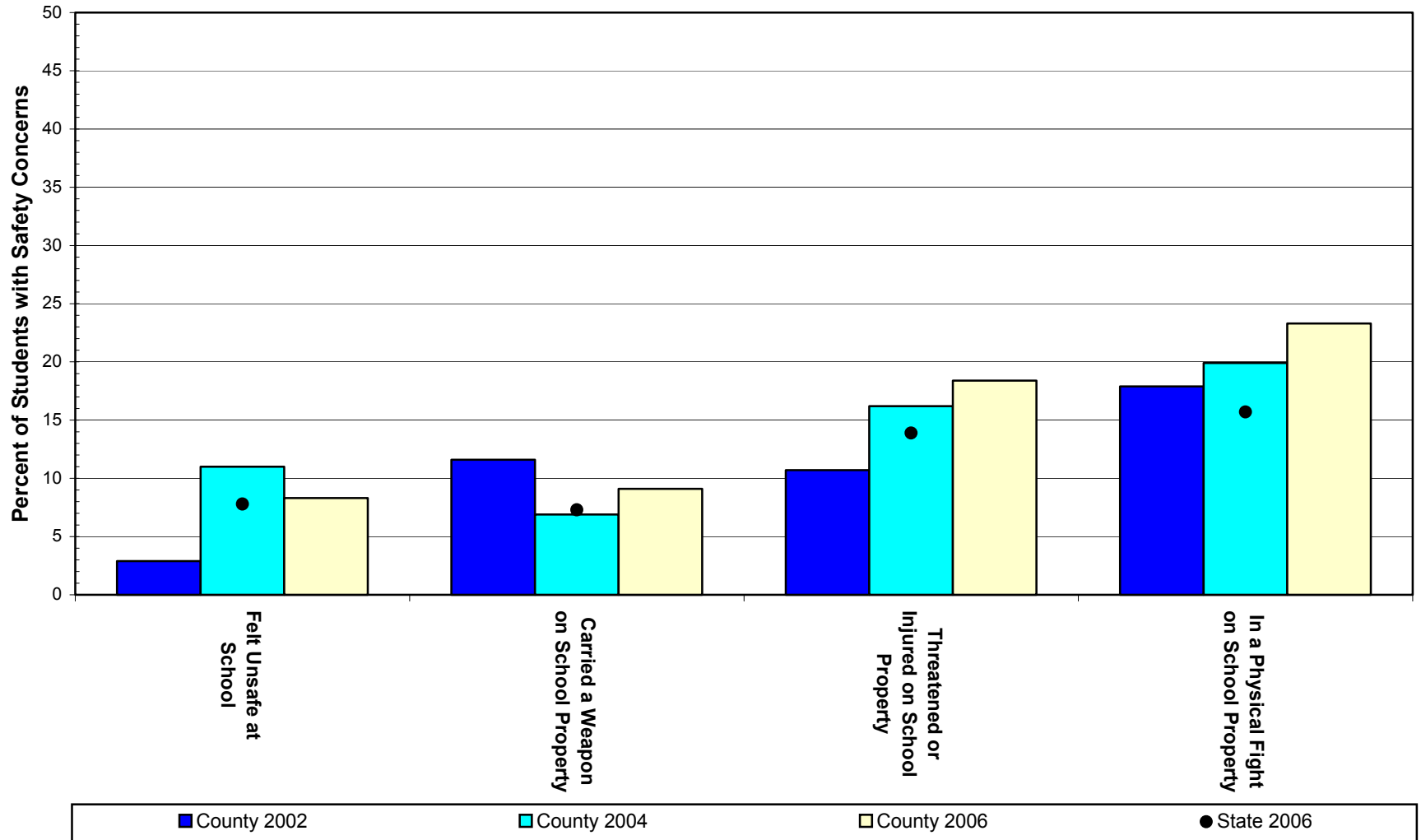
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Pinal County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Pinal County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Pinal County Student Survey, Grade 12

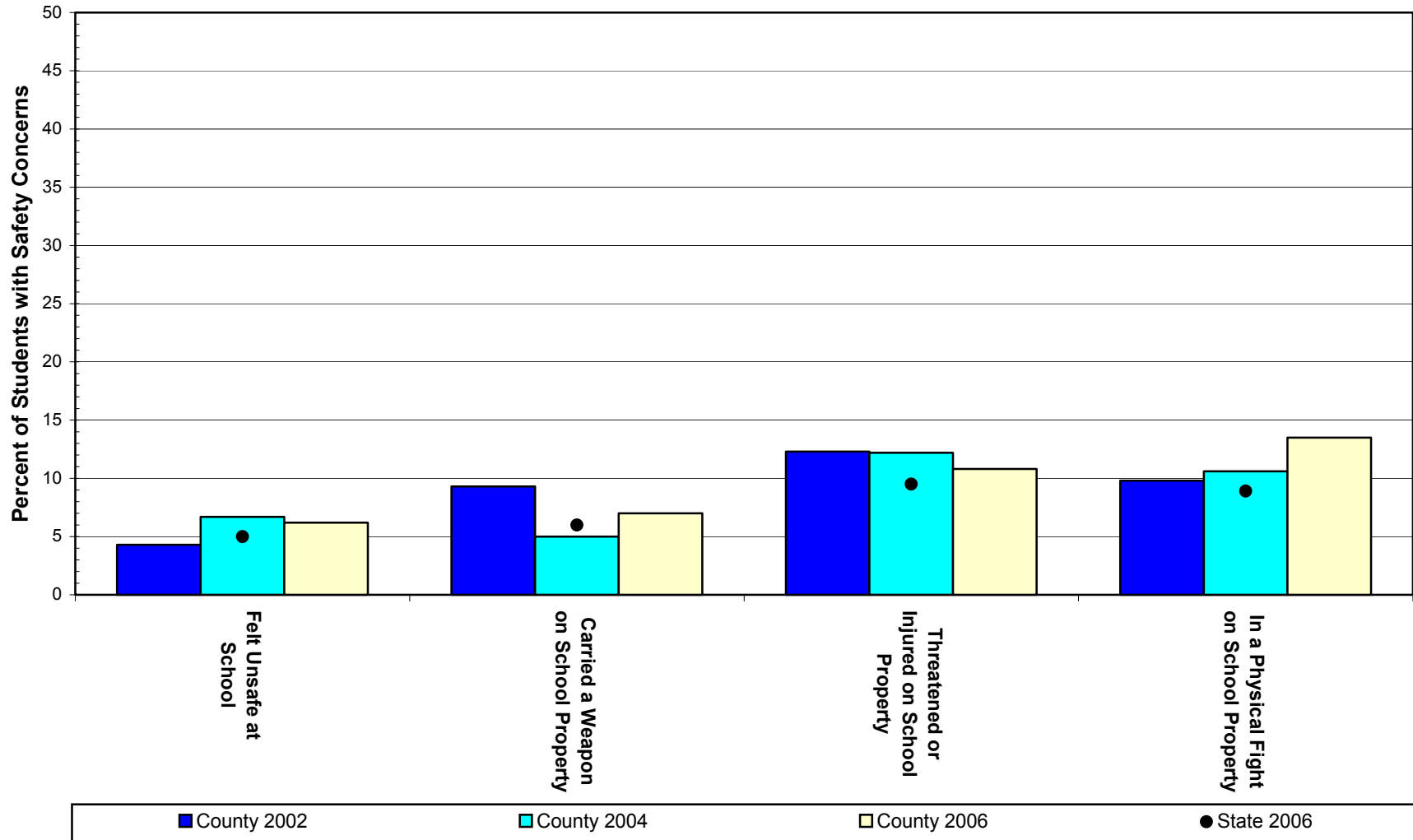


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	735	574	1079	26872	449	650	481	19581	163	392	288	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	62.3	58.4	57.9	50.4	79.5	70.4	72.8	67.6	83.8	77.6	78.8	74.5
Cigarettes	48.4	43.2	38.7	30.8	60.0	51.8	56.5	43.8	69.8	56.8	60.1	50.0
Chewing Tobacco	8.2	10.9	10.5	8.0	14.3	10.5	14.8	11.8	16.0	16.1	16.7	15.6
Marijuana	30.6	29.0	23.0	18.3	53.7	45.4	47.2	34.0	56.2	50.8	56.0	42.6
Inhalants	14.8	18.3	19.4	15.2	13.5	16.0	16.8	11.9	15.4	12.1	15.2	9.8
Hallucinogens	3.1	5.1	3.1	2.1	8.7	7.1	5.8	4.1	14.1	7.0	7.3	5.6
Cocaine	5.4	7.7	4.1	3.6	9.9	11.0	12.7	7.6	20.8	12.5	17.6	11.6
Methamphetamines [2002] ¹	4.2	n/a	n/a	n/a	11.5	n/a	n/a	n/a	15.5	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	3.8	2.6	n/a	n/a	11.3	5.0	n/a	n/a	12.8	6.6
Stimulants [2004] ³	n/a	7.7	n/a	n/a	n/a	8.6	n/a	n/a	n/a	11.3	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	3.3	3.4	n/a	n/a	9.8	7.1	n/a	n/a	11.9	8.5
Heroin	3.2	2.4	2.6	1.4	4.5	3.2	1.2	2.1	5.6	4.2	3.5	2.8
Sedatives [2002] ⁵	2.9	n/a	n/a	n/a	5.0	n/a	n/a	n/a	4.3	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	12.7	10.9	10.0	n/a	16.5	15.6	14.3	n/a	16.4	19.0	17.4
Ecstasy	5.3	3.3	2.5	1.9	13.1	5.0	5.2	3.4	8.1	6.6	6.2	4.4
Steroids	n/a	n/a	1.7	1.6	n/a	n/a	2.2	2.0	n/a	n/a	2.0	2.2
Prescription Drugs	n/a	n/a	11.3	9.8	n/a	n/a	16.4	16.0	n/a	n/a	22.4	20.0
Any Drug	37.7	42.2	44.0	36.2	57.2	52.0	59.0	47.0	60.1	56.1	64.5	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	42.4	29.4	30.3	24.1	51.5	43.1	44.1	39.2	55.6	46.9	51.1	47.0
Cigarettes	11.8	15.6	14.6	10.5	20.8	20.8	18.6	17.1	23.9	23.5	23.1	21.8
Chewing Tobacco	5.5	3.1	3.5	2.7	7.1	3.3	5.0	4.0	5.0	5.3	5.9	5.4
Marijuana	16.3	15.6	13.6	8.5	26.6	20.7	23.5	15.7	29.3	20.7	19.6	18.1
Inhalants	6.7	7.1	8.9	6.2	4.8	4.5	3.8	3.1	2.5	1.3	1.5	1.7
Hallucinogens	2.2	4.9	1.3	1.0	4.1	4.0	2.6	1.7	3.8	2.9	4.3	1.7
Cocaine	3.5	2.7	1.7	1.7	5.0	4.2	6.0	2.9	7.0	3.2	4.7	3.3
Methamphetamines [2002] ¹	1.7	n/a	n/a	n/a	5.7	n/a	n/a	n/a	4.4	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	1.1	1.0	n/a	n/a	4.6	1.7	n/a	n/a	1.6	1.4
Stimulants [2004] ³	n/a	5.1	n/a	n/a	n/a	3.8	n/a	n/a	n/a	4.7	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.7	1.5	n/a	n/a	3.7	2.9	n/a	n/a	2.7	2.6
Heroin	2.1	0.9	0.8	0.7	1.6	1.1	0.5	0.7	3.2	0.8	0.4	0.8
Sedatives [2002] ⁵	1.8	n/a	n/a	n/a	2.3	n/a	n/a	n/a	1.3	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	5.8	5.2	4.5	n/a	9.1	7.4	6.6	n/a	8.8	8.5	7.1
Ecstasy	3.3	1.3	1.0	0.8	4.8	1.6	1.2	1.0	2.5	1.3	0.8	0.9
Steroids	n/a	n/a	0.8	0.8	n/a	n/a	0.5	1.0	n/a	n/a	1.2	1.0
Prescription Drugs	n/a	n/a	5.2	4.5	n/a	n/a	8.4	7.3	n/a	n/a	9.0	8.1
Any Drug	23.3	23.9	28.1	19.7	32.2	26.4	34.8	25.6	35.5	27.0	29.3	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	17.9	18.6	16.9	13.4	29.5	27.1	24.8	22.4	34.6	27.9	30.2	28.2
1/2 Pack of Cigarettes/Day	1.9	1.5	1.4	1.0	6.4	4.6	3.6	2.4	11.3	5.6	4.1	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	20.4	23.1	24.3	19.8	18.7	18.0	30.1	15.5	14.4	10.8	19.5	9.4
Drunk or High at School	18.2	19.5	19.4	13.0	30.5	25.4	33.5	21.1	24.4	23.7	32.1	21.4
Sold Illegal Drugs	5.6	4.6	6.1	4.9	12.1	12.6	12.2	9.1	11.8	9.5	14.4	9.8
Stolen a Vehicle	5.5	6.7	4.2	4.6	6.8	6.8	9.9	4.7	5.7	4.1	7.1	3.1
Been Arrested	11.1	15.3	11.9	8.3	11.5	10.8	15.7	9.3	14.4	9.7	14.2	7.8
Attacked to Harm	13.4	22.2	22.4	17.9	15.9	22.5	23.7	16.5	15.2	16.2	20.8	13.2
Carried a Handgun	6.2	6.7	9.1	7.6	8.4	8.0	8.9	7.5	10.1	6.7	9.9	7.0
Handgun to School	1.1	2.0	1.6	1.6	2.0	2.5	2.2	1.6	2.5	2.3	3.0	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	33.4	38.9	31.4	38.2	33.6	31.8	24.6	37.1	19.6	31.3	21.9	37.6
Rewards for Prosocial Involvement	31.6	31.0	26.8	30.4	38.2	36.2	39.3	36.3	33.3	34.7	32.8	35.2
Family Domain												
Family Attachment	44.2	43.9	44.1	48.7	40.3	43.6	33.8	44.1	48.7	54.2	52.2	57.1
Opportunity for Prosocial Involvement	51.2	54.1	50.8	57.4	51.2	52.4	44.0	53.0	47.1	54.2	49.4	55.9
Rewards for Prosocial Involvement	54.5	52.5	55.1	60.6	48.6	55.2	44.6	54.9	42.1	52.7	50.4	56.9
School Domain												
Opportunity for Prosocial Involvement	57.4	59.2	58.0	59.1	45.6	54.4	52.8	62.9	50.0	53.5	53.7	65.2
Rewards for Prosocial Involvement	48.7	53.4	50.4	50.7	49.5	51.5	58.8	62.3	46.9	41.3	42.9	48.0
Peer-Individual Domain												
Religiosity	*	42.8	42.0	46.2	*	42.2	38.5	44.3	*	73.6	68.4	70.7
Social Skills	55.1	50.1	50.3	58.3	41.6	49.4	39.1	52.4	52.8	60.8	54.3	66.0
Belief in the Moral Order	49.2	47.2	50.2	54.3	49.5	58.8	57.0	62.6	40.0	49.2	45.7	51.2
Interaction with Prosocial Peers	*	42.8	47.3	46.1	*	45.2	41.2	49.6	*	48.6	39.4	48.1
Prosocial Involvement	*	35.8	40.6	37.7	*	38.5	31.1	39.3	*	32.9	28.7	39.1
Rewards for Prosocial Involvement	*	57.3	59.3	58.8	*	55.5	58.5	61.1	*	49.5	51.1	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	41.8	45.8	44.5	40.7	52.2	52.7	56.7	46.9	61.5	59.5	60.6	49.8
Community Disorganization	53.3	58.6	56.1	48.2	62.0	67.8	70.3	57.6	65.2	69.5	70.2	52.3
Transitions & Mobility	50.7	60.8	65.5	53.7	56.4	59.9	70.6	60.4	50.3	56.9	67.7	54.9
Laws & Norms Favor Drug Use	43.5	46.8	44.4	37.8	54.0	52.4	55.0	42.5	51.6	48.9	51.2	34.6
Perceived Availability of Drugs	41.8	43.6	42.8	38.1	57.0	55.7	54.2	48.8	65.0	59.4	60.9	51.3
Perceived Availability of Handguns	39.1	39.1	40.4	37.0	37.4	31.3	29.6	27.6	44.9	41.3	44.5	34.1
Family Domain												
Poor Family Management	53.6	51.5	50.3	47.9	52.8	46.4	53.6	45.0	52.3	43.1	48.3	44.8
Family Conflict	48.2	56.4	53.6	52.2	39.0	43.1	47.1	42.2	36.2	38.4	41.3	38.3
Family History of Antisocial Behavior	50.5	59.0	49.5	42.7	54.3	54.1	59.9	43.2	52.5	49.1	55.0	38.6
Parent Attitudes Favorable to ASB	46.5	46.7	45.9	48.5	48.6	46.8	55.0	50.0	52.9	40.9	51.0	45.9
Parent Attitudes Favor Drug Use	32.8	32.4	33.5	29.1	48.1	39.9	42.1	41.1	46.8	42.0	45.2	40.1
School Domain												
Academic Failure	54.1	59.9	53.3	48.6	57.0	52.3	59.1	51.6	55.8	41.4	48.5	44.1
Low Commitment to School	42.2	44.3	44.5	41.1	49.4	42.1	45.3	40.1	44.7	45.0	44.0	43.0
Peer-Individual Domain												
Rebelliousness	43.4	40.2	48.0	43.8	49.8	42.0	54.5	47.5	46.9	39.9	44.4	44.3
Early Initiation of ASB	39.2	47.5	48.6	40.2	45.4	47.0	59.8	42.4	48.1	41.8	53.3	38.8
Early Initiation of Drug Use	46.8	51.0	43.8	35.2	53.6	45.6	49.4	36.6	51.2	47.6	46.2	34.1
Attitudes Favorable to ASB	48.2	50.3	49.8	46.2	57.2	51.4	54.5	49.7	51.2	40.1	47.6	45.6
Attitudes Favorable to Drug Use	41.4	40.3	37.3	32.4	54.0	40.8	44.4	36.6	45.1	32.1	38.7	34.6
Perceived Risk of Drug Use	55.7	56.8	52.2	45.4	54.0	44.5	47.4	39.2	53.2	40.5	47.1	40.5
Interaction with Antisocial Peers	59.1	69.6	65.8	58.4	62.0	63.0	73.4	58.1	64.2	60.3	65.3	52.0
Friend's Use of Drugs	50.0	56.2	50.2	41.3	55.4	50.3	51.2	43.2	44.7	39.2	44.8	35.9
Rewards for ASB	41.2	55.3	51.3	48.7	32.2	43.5	50.3	45.0	37.1	47.4	52.9	53.8
Depressive Symptoms	55.4	56.2	51.9	45.7	51.7	52.2	51.2	45.5	53.1	45.5	44.5	38.6
Intention to Use Drugs	*	46.9	44.5	36.5	*	48.6	53.2	44.9	*	34.4	37.0	29.9
Gang Involvement	27.6	34.2	29.7	26.3	21.0	30.9	37.6	23.9	22.4	30.1	22.9	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	93.7	93.8	92.7	93.1	88.4	93.1	90.9	92.7	90.7	95.0	93.0	94.0
	1 day	3.4	2.1	3.6	3.1	4.2	2.4	2.0	2.4	1.9	1.6	0.7	1.4
	2-3 days	1.1	1.2	1.7	1.6	2.0	1.9	2.7	1.5	0.6	1.0	0.7	0.9
	4-5 days	0.4	1.4	0.8	0.6	0.7	0.6	0.7	0.7	0.0	0.5	1.1	0.6
	6 or more days	1.4	1.4	1.3	1.6	4.7	2.0	3.8	2.7	6.8	1.8	4.4	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	95.3	88.3	87.0	89.3	97.1	89.0	91.7	92.2	95.7	93.3	93.8	95.0
	1 day	2.5	5.9	7.1	6.0	1.3	5.8	3.1	4.1	1.2	2.8	4.4	2.6
	2-3 days	1.5	3.4	3.8	2.8	0.9	2.4	2.8	2.1	0.6	2.3	1.1	1.2
	4-5 days	0.4	0.5	0.8	0.7	0.0	0.9	1.1	0.5	1.2	0.8	0.0	0.4
	6 or more days	0.3	2.0	1.4	1.2	0.7	1.9	1.3	1.1	1.2	0.8	0.7	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	84.8	80.8	80.3	84.5	89.3	83.8	81.6	86.1	87.7	87.8	89.2	90.5
	1 time	7.7	9.1	9.2	7.7	2.7	7.3	9.3	6.7	4.3	5.7	5.8	4.4
	2-3 times	4.2	6.1	5.6	4.2	3.3	4.7	4.1	3.9	3.7	4.7	1.8	3.0
	4-5 times	1.2	0.9	1.9	1.3	0.9	1.2	0.7	1.2	1.8	0.5	1.1	0.6
	6-7 times	0.4	0.9	0.4	0.5	0.7	1.2	1.1	0.5	0.0	0.3	0.4	0.3
	8-9 times	0.7	0.2	0.7	0.3	0.4	0.2	0.7	0.3	1.2	0.0	0.7	0.3
	10-11 times	0.0	0.0	0.4	0.3	0.4	0.2	0.0	0.2	0.0	0.3	0.0	0.2
	12 or more times	1.0	2.0	1.5	1.2	2.2	1.4	2.6	1.3	1.2	0.8	1.1	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	75.9	68.8	72.2	75.4	82.1	80.1	76.7	84.3	90.2	89.4	86.5	91.1
	1 time	13.1	16.4	14.4	13.1	9.8	10.0	12.4	8.9	6.7	5.9	6.9	5.5
	2-3 times	7.8	9.5	7.9	7.1	6.3	6.7	7.2	4.4	3.1	3.6	4.7	2.1
	4-5 times	1.5	1.8	2.2	2.1	0.7	0.9	1.3	1.0	0.0	0.3	0.4	0.4
	6-7 times	0.5	0.7	1.0	0.6	0.2	0.6	1.1	0.2	0.0	0.0	0.0	0.1
	8-9 times	0.3	1.1	0.3	0.4	0.0	0.6	0.7	0.3	0.0	0.3	0.4	0.2
	10-11 times	0.0	0.4	0.5	0.3	0.4	0.2	0.2	0.2	0.0	0.3	0.0	0.1
	12 or more times	0.8	1.4	1.5	1.0	0.4	0.9	0.4	0.7	0.0	0.3	1.1	0.4

Pinal County

Contacts For Prevention

Regional Prevention Contacts

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

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Gila, La Paz, Pinal, and Yuma Counties

Linda Weinberg
Cenpatico Behavioral Health of Arizona
480-231-7504

Apache, Coconino, Mohave, Navajo, and Yavapai Counties

Petrice Post
Northern Arizona Regional Behavioral Health Authority (NARBHA)
928-214-2177

Maricopa County

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ValueOptions
602-9145844

Gila River Tribe

Marnie McNicholas
602-528-7106

Pasqua Yaqui Tribe

Jill Fabian
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Navajo Nation

Maxine Nakai
928-871-7946

Colorado River Indian Tribes

Iris Leivas
928-669-6577

Other State and National Contacts:

Arizona Criminal Justice Commission

Michelle Neitch/ Phillip Stevenson
602-364-1173/602-364-1157
www.azcjc.gov

Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Santa Cruz County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Santa Cruz County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Santa Cruz County and the State. Because not all students answer all of the questions, the number of students in

CONTENTS:

Introduction:

- Demographics
- Risk & Protective Framework

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- Risk & Protective Factor Profiles
- Substance Use & Antisocial Behavior
- School Safety

Risk and Protective Factor Definitions

Data Tables

Contacts for Prevention

the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	409	100	1328	100	1355	100	60401	100
Grade								
8	161	39.4	509	38.3	341	25.2	26872	44.5
10	142	34.7	444	33.4	553	40.8	19581	32.4
12	106	25.9	375	28.2	461	34.0	13948	23.1
Gender								
Male	196	49.7	675	51.3	638	47.8	28381	48.2
Female	198	50.3	641	48.7	697	52.2	30505	51.8
Ethnicity								
African American	2	0.5	6	0.5	6	0.5	2592	4.4
American Indian	2	0.5	5	0.4	8	0.6	3394	5.8
Asian	2	0.5	2	0.2	8	0.6	1341	2.3
Hispanic	360	91.6	1211	93.7	1230	92.6	21376	36.5
Pacific Islander	*	*	4	0.3	2	0.2	457	0.8
White	27	6.9	64	5.0	53	4.0	26761	45.7
Other	n/a	n/a	n/a	n/a	21	1.6	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

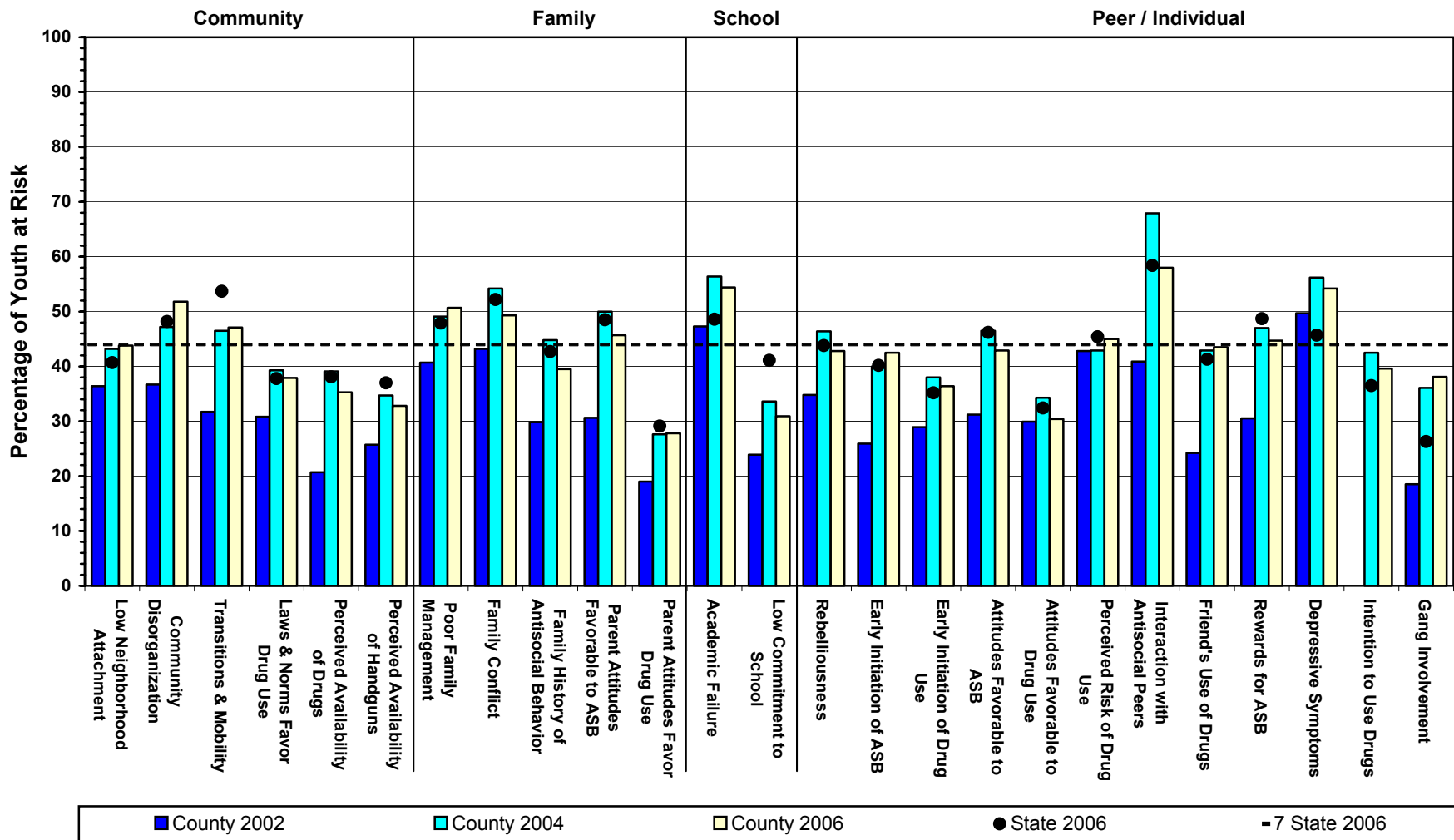
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Santa Cruz County Student Survey, Grade 8

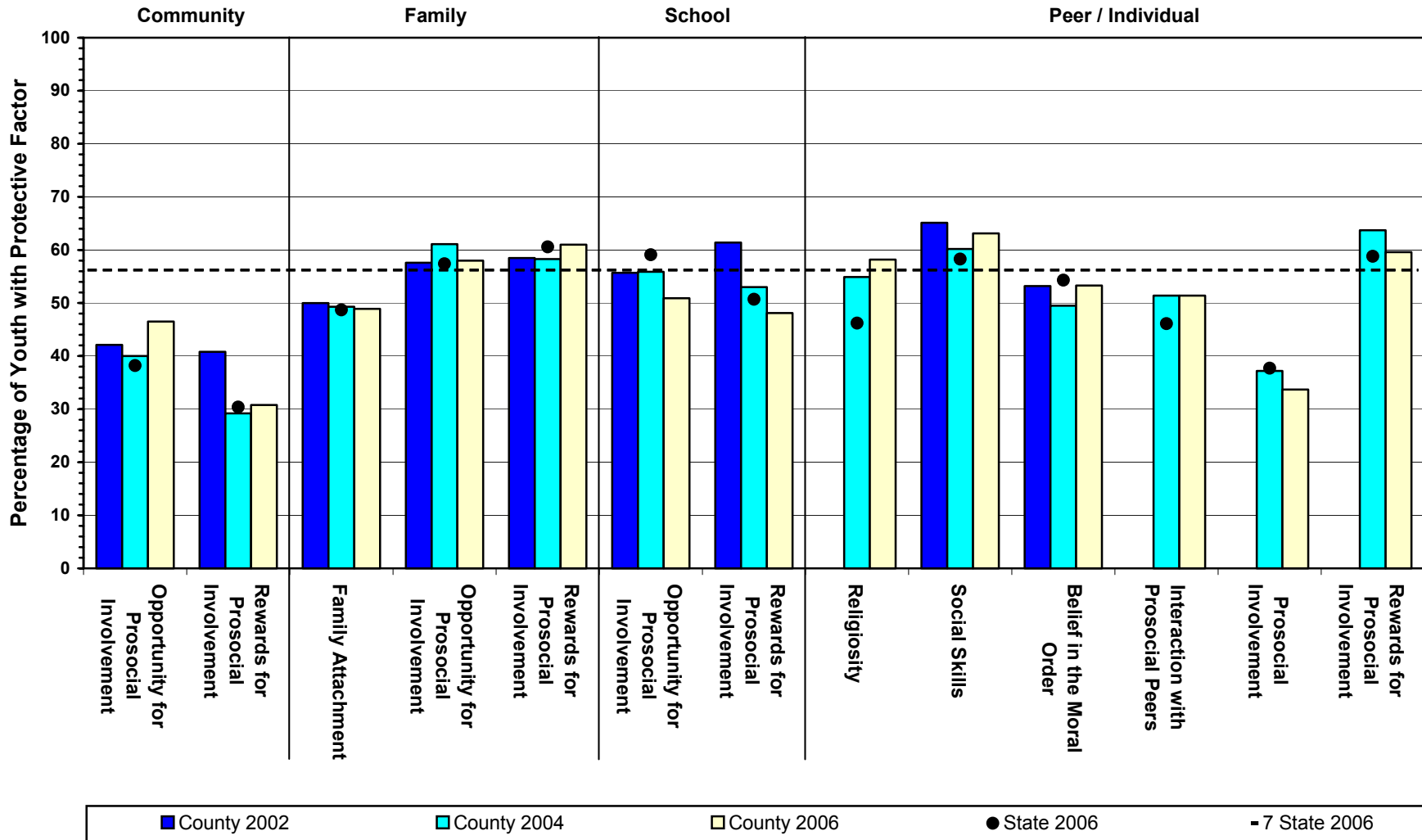


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Santa Cruz County Student Survey, Grade 8

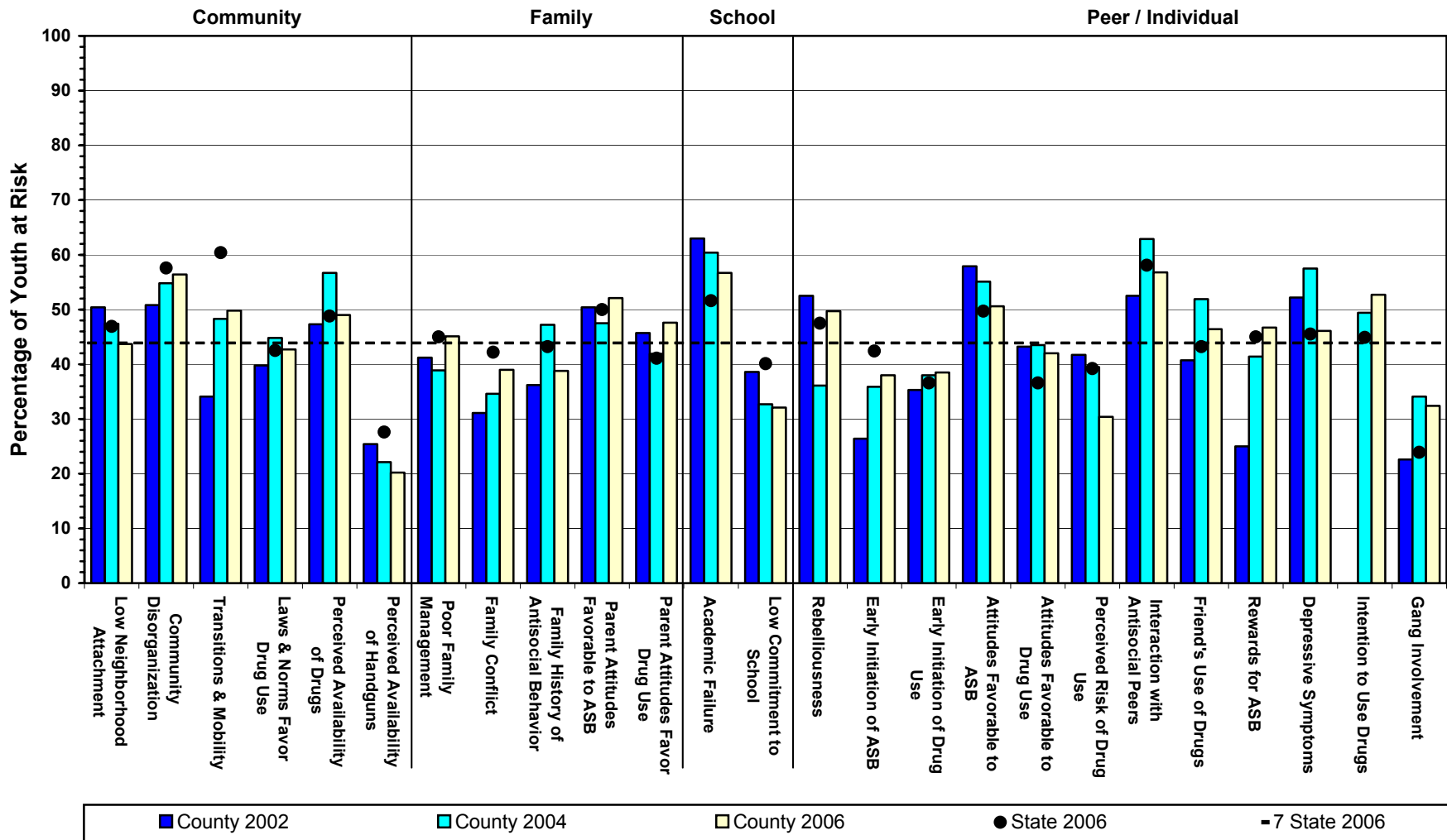


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Santa Cruz County Student Survey, Grade 10

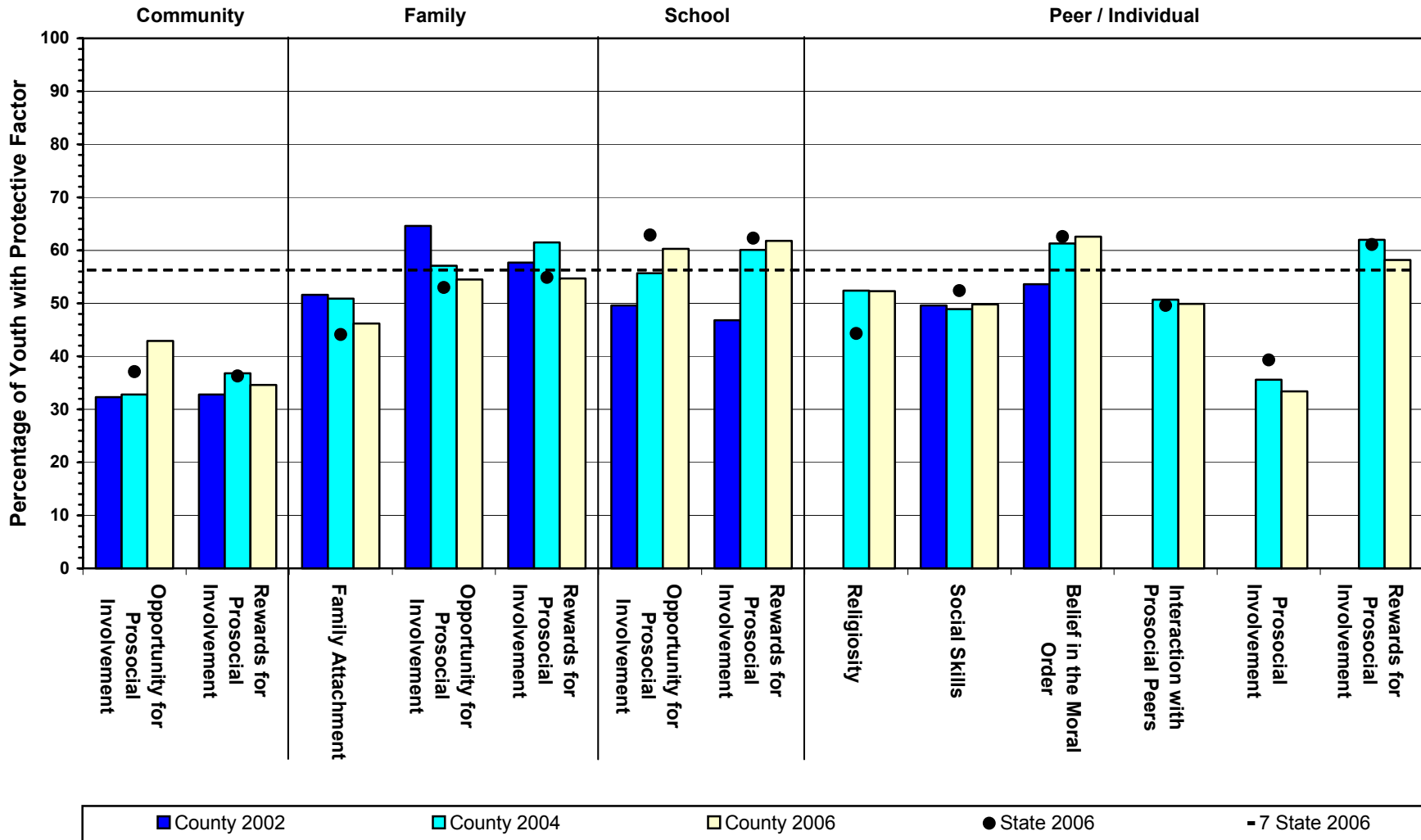


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Santa Cruz County Student Survey, Grade 10

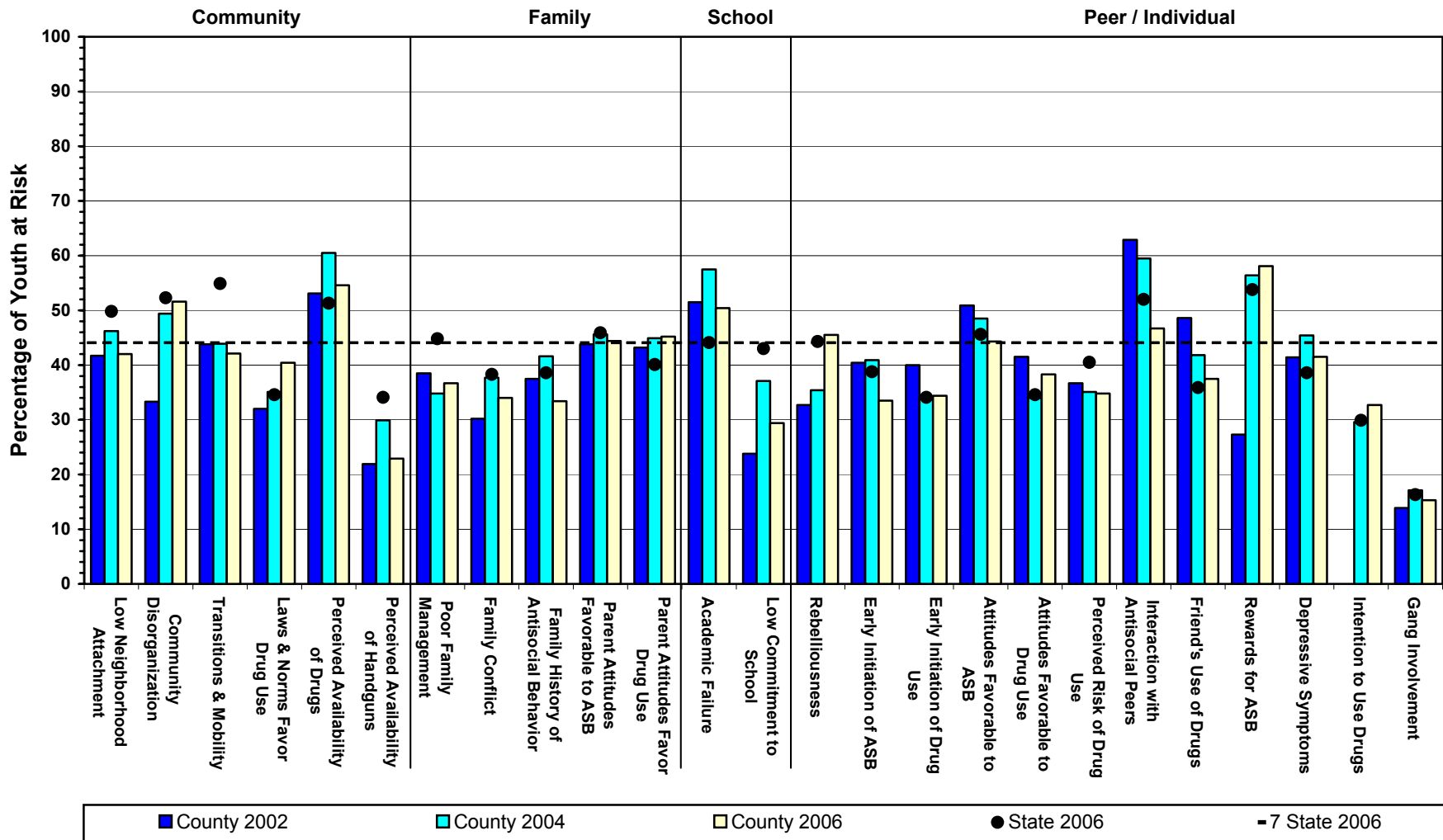


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Santa Cruz County Student Survey, Grade 12

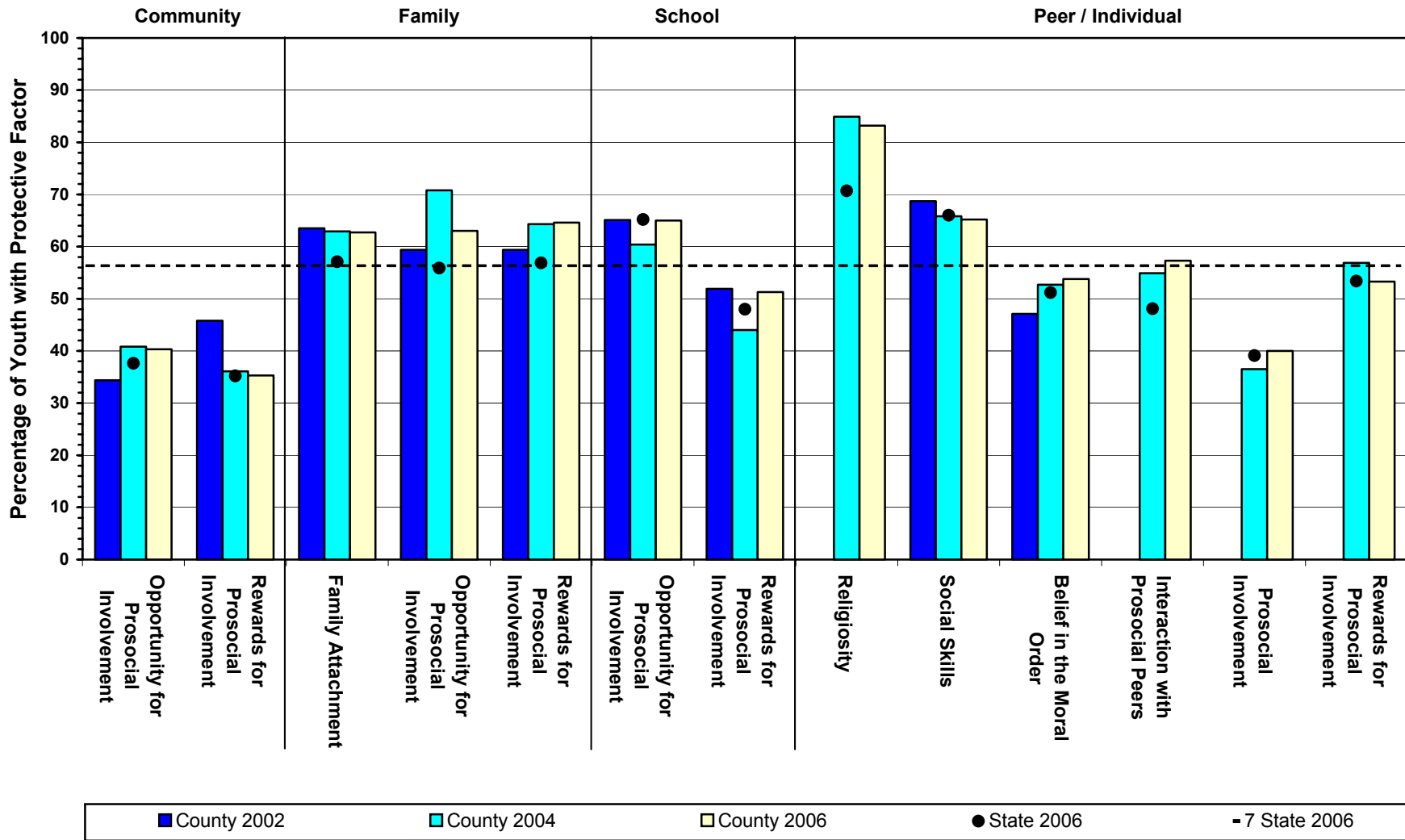


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

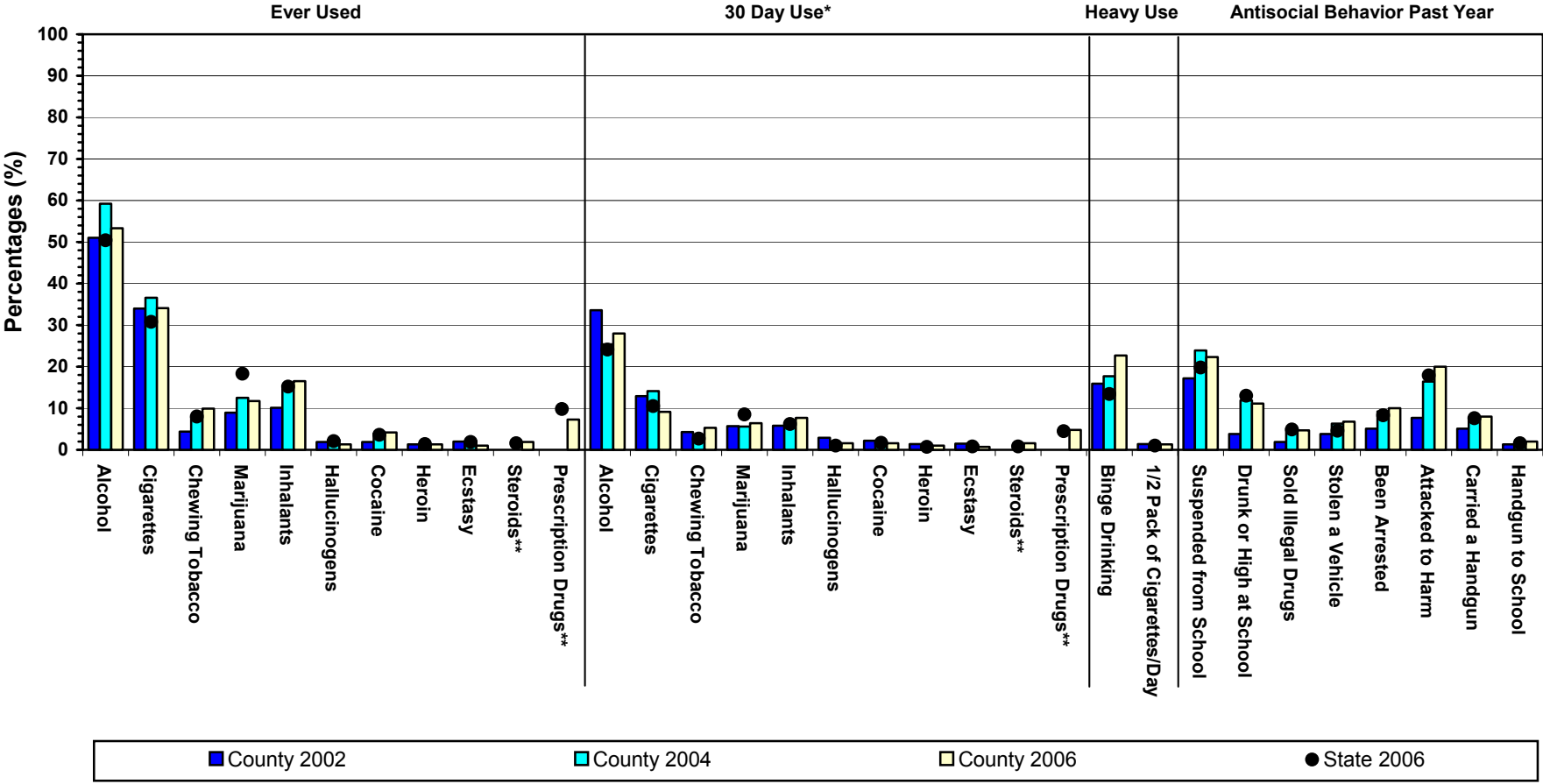
PROTECTIVE PROFILE 2006 Santa Cruz County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Santa Cruz County Student Survey, Grade 8



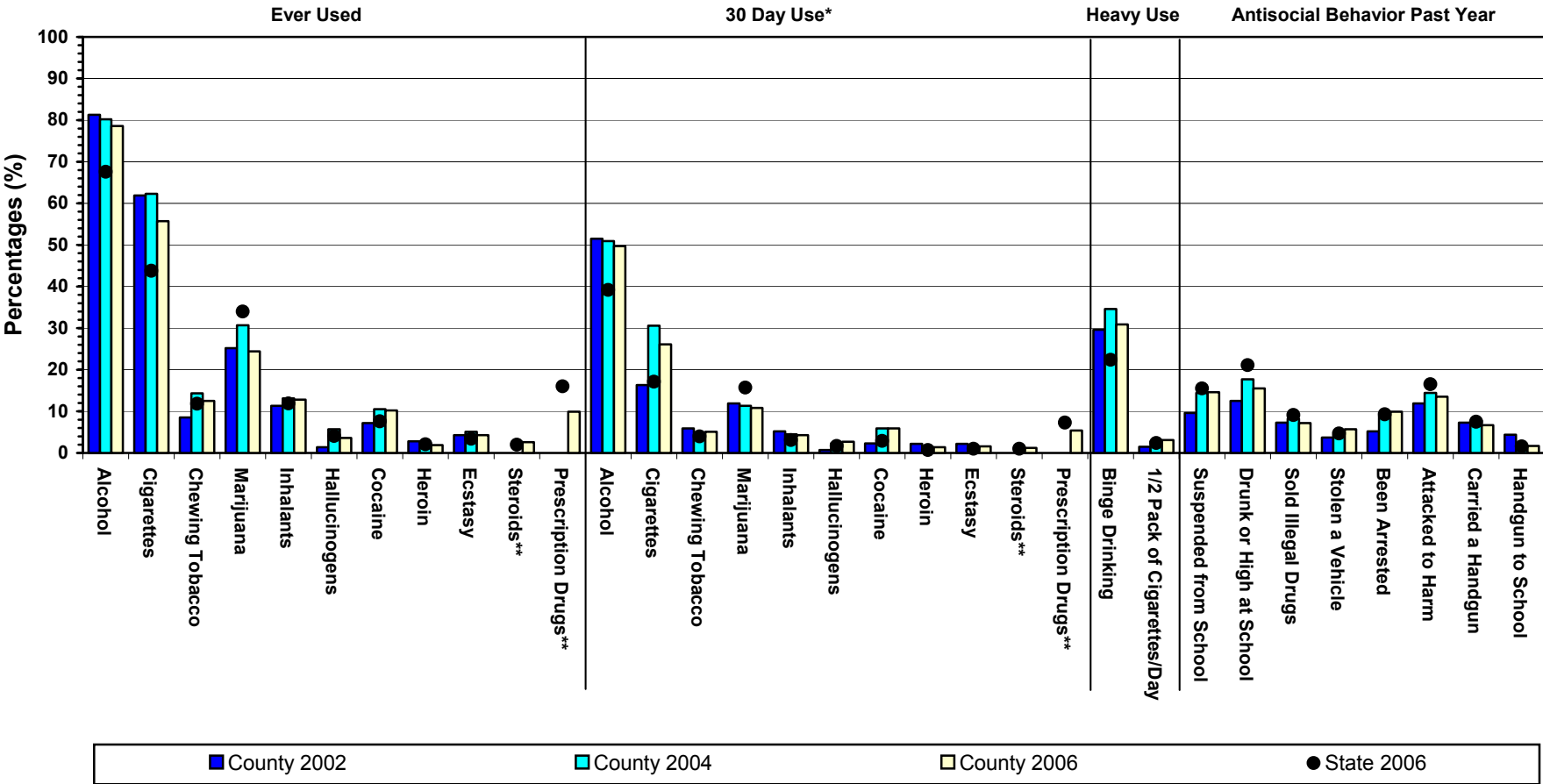
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Santa Cruz County Student Survey, Grade 10



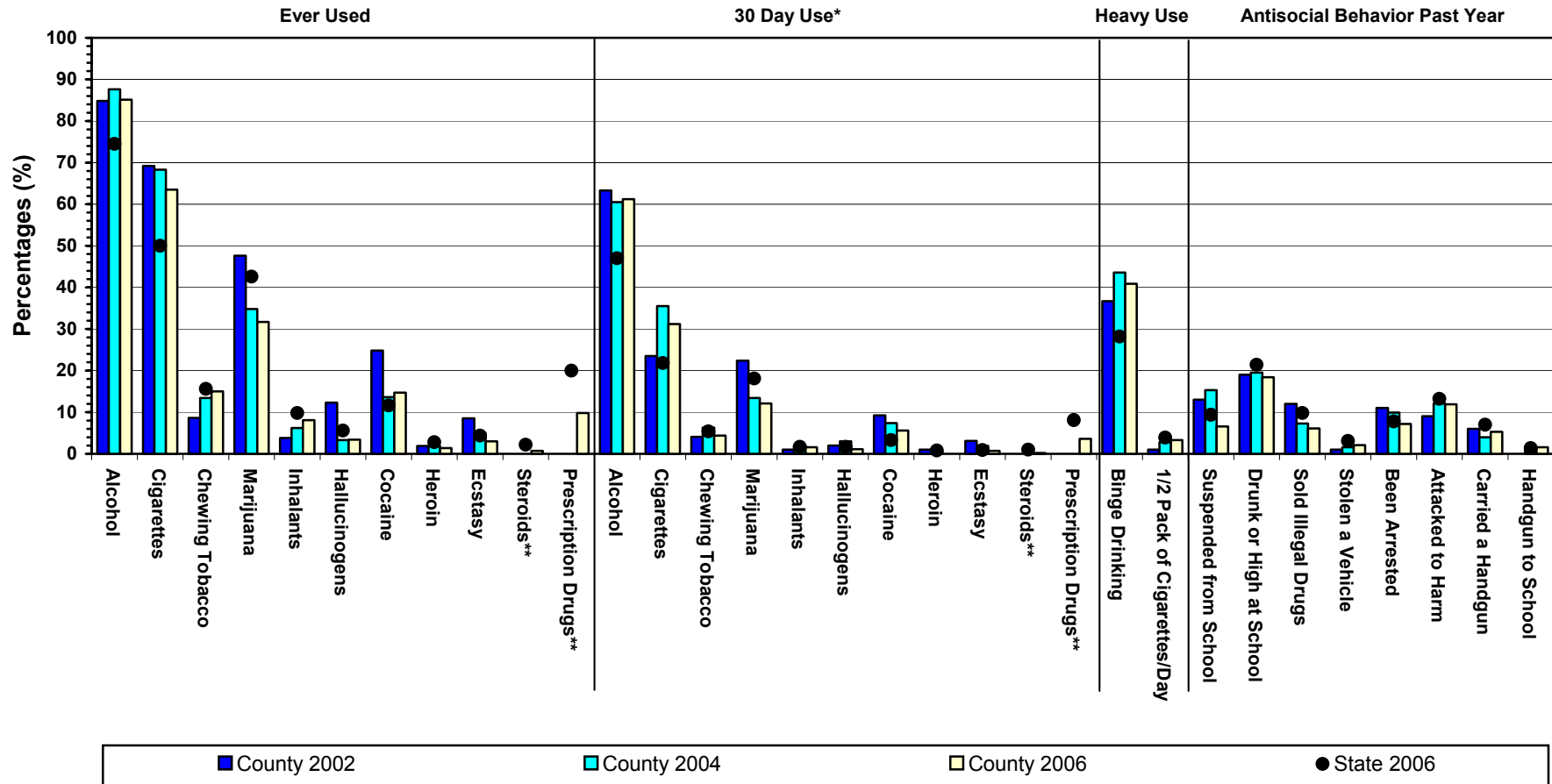
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Santa Cruz County Student Survey, Grade 12



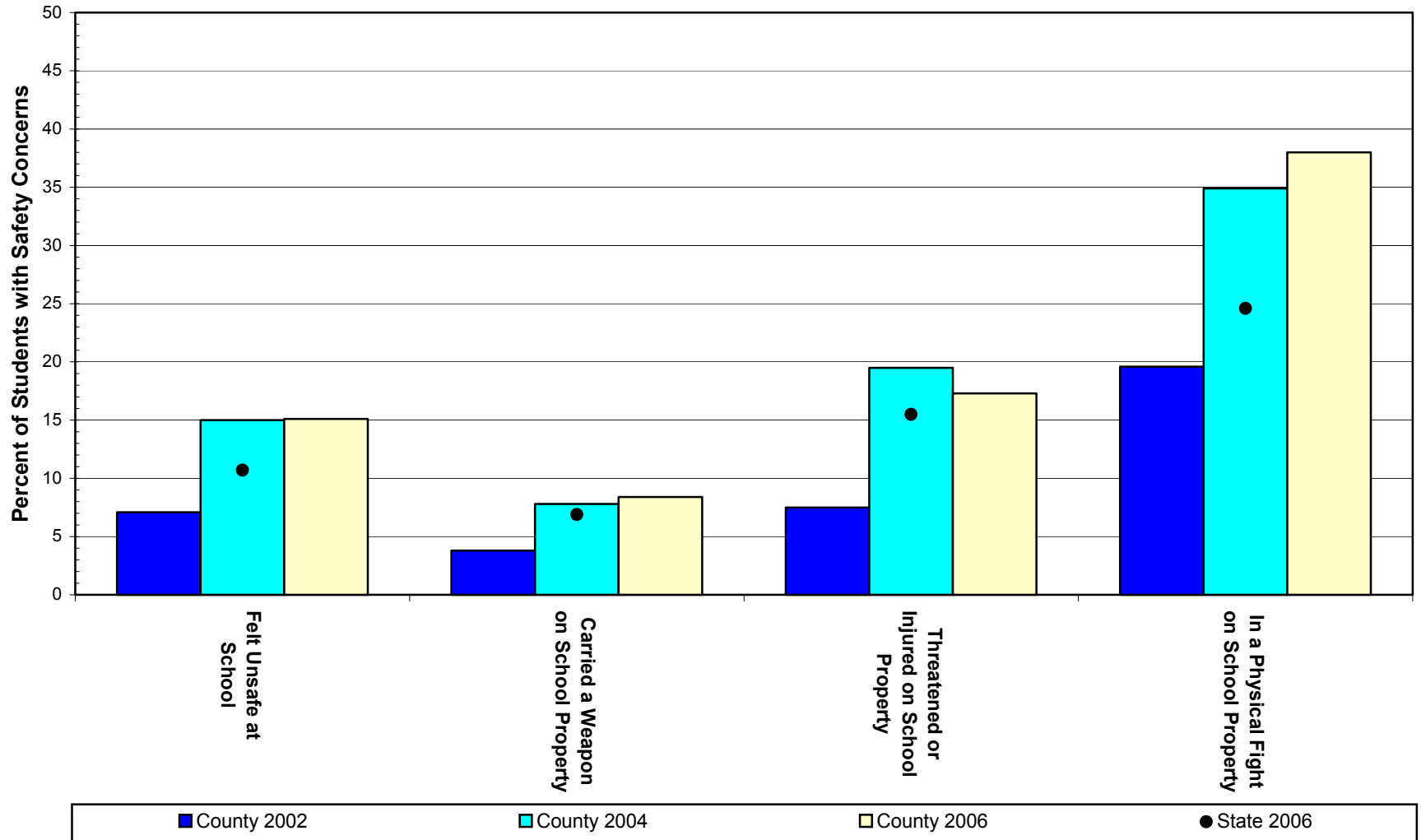
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

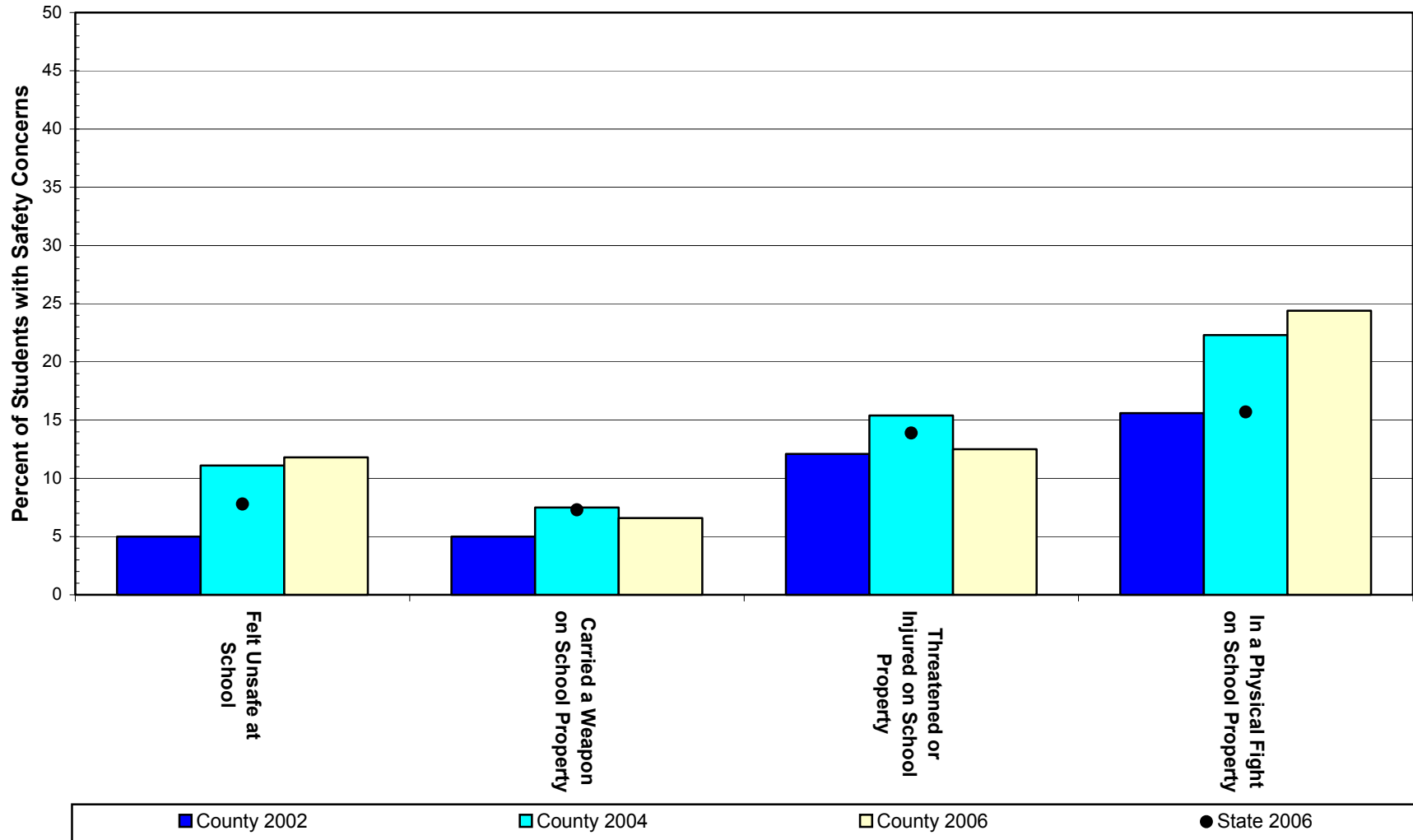
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Santa Cruz County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Santa Cruz County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Santa Cruz County Student Survey, Grade 12

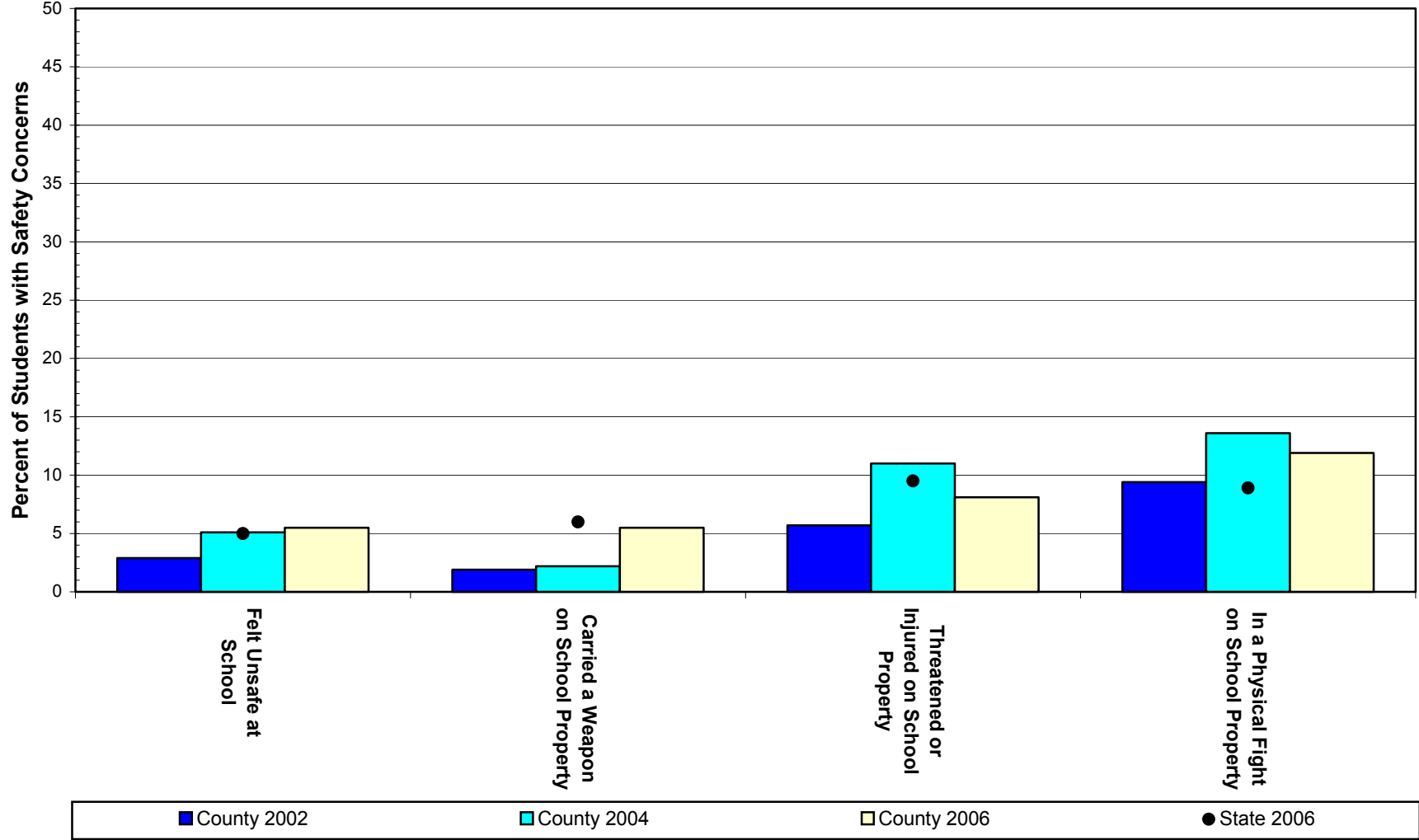


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	161	509	341	26872	142	444	553	19581	106	375	461	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	51.0	59.2	53.3	50.4	81.3	80.2	78.6	67.6	84.8	87.6	85.1	74.5
Cigarettes	34.0	36.6	34.1	30.8	61.9	62.3	55.7	43.8	69.2	68.3	63.5	50.0
Chewing Tobacco	4.4	8.0	9.9	8.0	8.5	14.3	12.5	11.8	8.6	13.4	15.0	15.6
Marijuana	8.9	12.5	11.7	18.3	25.2	30.7	24.4	34.0	47.6	34.8	31.7	42.6
Inhalants	10.1	14.7	16.5	15.2	11.3	13.1	12.8	11.9	3.8	6.2	8.1	9.8
Hallucinogens	1.9	2.4	1.3	2.1	1.4	5.7	3.6	4.1	12.3	3.3	3.4	5.6
Cocaine	1.9	3.9	4.2	3.6	7.2	10.5	10.2	7.6	24.8	13.6	14.7	11.6
Methamphetamines [2002] ¹	3.8	n/a	n/a	n/a	2.8	n/a	n/a	n/a	6.7	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	1.6	2.6	n/a	n/a	3.1	5.0	n/a	n/a	2.3	6.6
Stimulants [2004] ³	n/a	3.9	n/a	n/a	n/a	6.4	n/a	n/a	n/a	3.0	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	3.8	3.4	n/a	n/a	4.1	7.1	n/a	n/a	4.3	8.5
Heroin	1.3	1.0	1.3	1.4	2.8	1.4	1.9	2.1	1.9	1.9	1.4	2.8
Sedatives [2002] ⁵	5.1	n/a	n/a	n/a	3.6	n/a	n/a	n/a	5.7	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	11.9	10.4	10.0	n/a	14.5	11.3	14.3	n/a	15.2	11.2	17.4
Ecstasy	2.0	2.1	1.0	1.9	4.3	5.1	4.3	3.4	8.5	4.9	3.0	4.4
Steroids	n/a	n/a	1.9	1.6	n/a	n/a	2.6	2.0	n/a	n/a	0.7	2.2
Prescription Drugs	n/a	n/a	7.3	9.8	n/a	n/a	9.9	16.0	n/a	n/a	9.8	20.0
Any Drug	18.0	30.5	33.7	36.2	30.3	42.5	41.9	47.0	50.9	42.4	40.1	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	33.6	25.4	28.0	24.1	51.5	50.9	49.7	39.2	63.3	60.5	61.2	47.0
Cigarettes	12.9	14.1	9.1	10.5	16.3	30.6	26.1	17.1	23.5	35.5	31.2	21.8
Chewing Tobacco	4.3	2.5	5.3	2.7	5.9	4.5	5.1	4.0	4.1	6.3	4.4	5.4
Marijuana	5.7	5.6	6.4	8.5	11.9	11.3	10.8	15.7	22.4	13.4	12.1	18.1
Inhalants	5.8	5.5	7.7	6.2	5.2	4.5	4.3	3.1	1.0	1.9	1.6	1.7
Hallucinogens	2.9	1.6	1.6	1.0	0.7	2.3	2.7	1.7	2.0	3.0	1.1	1.7
Cocaine	2.2	1.8	1.6	1.7	2.3	5.9	5.9	2.9	9.2	7.4	5.6	3.3
Methamphetamines [2002] ¹	2.9	n/a	n/a	n/a	0.7	n/a	n/a	n/a	2.0	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	1.3	1.0	n/a	n/a	0.8	1.7	n/a	n/a	1.4	1.4
Stimulants [2004] ³	n/a	2.5	n/a	n/a	n/a	2.1	n/a	n/a	n/a	2.2	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.6	1.5	n/a	n/a	2.5	2.9	n/a	n/a	1.4	2.6
Heroin	1.4	0.6	1.0	0.7	2.2	0.7	1.4	0.7	1.0	0.8	0.0	0.8
Sedatives [2002] ⁵	2.9	n/a	n/a	n/a	3.0	n/a	n/a	n/a	1.0	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	7.3	5.7	4.5	n/a	7.3	7.3	6.6	n/a	8.4	4.5	7.1
Ecstasy	1.5	1.2	0.7	0.8	2.2	0.9	1.6	1.0	3.1	1.9	0.7	0.9
Steroids	n/a	n/a	1.6	0.8	n/a	n/a	1.2	1.0	n/a	n/a	0.2	1.0
Prescription Drugs	n/a	n/a	4.8	4.5	n/a	n/a	5.4	7.3	n/a	n/a	3.6	8.1
Any Drug	11.8	17.4	21.0	19.7	17.3	20.5	24.8	25.6	24.5	20.8	21.0	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	15.9	17.7	22.7	13.4	29.6	34.6	30.9	22.4	36.7	43.6	40.9	28.2
1/2 Pack of Cigarettes/Day	1.4	0.9	1.3	1.0	1.5	2.8	3.1	2.4	1.0	2.8	3.3	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	17.2	23.9	22.3	19.8	9.6	14.4	14.6	15.5	13.0	15.3	6.6	9.4
Drunk or High at School	3.8	11.9	11.1	13.0	12.5	17.7	15.5	21.1	19.0	19.5	18.4	21.4
Sold Illegal Drugs	1.9	5.1	4.7	4.9	7.3	8.2	7.2	9.1	12.0	7.3	6.1	9.8
Stolen a Vehicle	3.8	6.3	6.8	4.6	3.7	4.3	5.7	4.7	1.0	1.6	2.1	3.1
Been Arrested	5.1	9.2	10.0	8.3	5.2	8.9	9.9	9.3	11.0	9.9	7.2	7.8
Attacked to Harm	7.7	16.4	20.0	17.9	11.9	14.4	13.5	16.5	9.0	12.1	11.9	13.2
Carried a Handgun	5.1	7.8	8.0	7.6	7.3	7.8	6.7	7.5	6.0	4.0	5.3	7.0
Handgun to School	1.3	1.8	2.0	1.6	4.4	1.1	1.7	1.6	0.0	0.8	1.6	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	42.1	40.0	46.5	38.2	32.3	32.8	42.9	37.1	34.4	40.8	40.3	37.6
Rewards for Prosocial Involvement	40.8	29.2	30.8	30.4	32.8	36.8	34.6	36.3	45.8	36.1	35.3	35.2
Family Domain												
Family Attachment	50.0	49.3	48.9	48.7	51.6	50.9	46.2	44.1	63.5	62.9	62.7	57.1
Opportunity for Prosocial Involvement	57.6	61.1	58.0	57.4	64.6	57.1	54.5	53.0	59.4	70.8	63.0	55.9
Rewards for Prosocial Involvement	58.5	58.3	61.0	60.6	57.7	61.5	54.7	54.9	59.4	64.3	64.6	56.9
School Domain												
Opportunity for Prosocial Involvement	55.7	55.9	50.9	59.1	49.6	55.7	60.3	62.9	65.1	60.4	65.0	65.2
Rewards for Prosocial Involvement	61.4	53.0	48.1	50.7	46.8	60.1	61.8	62.3	51.9	44.0	51.3	48.0
Peer-Individual Domain												
Religiosity	*	54.9	58.2	46.2	*	52.4	52.3	44.3	*	84.9	83.2	70.7
Social Skills	65.1	60.2	63.1	58.3	49.6	48.9	49.8	52.4	68.7	65.8	65.2	66.0
Belief in the Moral Order	53.2	49.5	53.3	54.3	53.6	61.3	62.6	62.6	47.1	52.7	53.8	51.2
Interaction with Prosocial Peers	*	51.4	51.4	46.1	*	50.7	49.9	49.6	*	54.9	57.3	48.1
Prosocial Involvement	*	37.2	33.7	37.7	*	35.6	33.4	39.3	*	36.5	40.0	39.1
Rewards for Prosocial Involvement	*	63.7	59.6	58.8	*	62.0	58.2	61.1	*	56.9	53.3	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	36.4	43.2	43.8	40.7	50.4	47.4	43.7	46.9	41.7	46.2	42.0	49.8
Community Disorganization	36.7	47.2	51.8	48.2	50.8	54.8	56.4	57.6	33.3	49.4	51.6	52.3
Transitions & Mobility	31.7	46.5	47.1	53.7	34.1	48.3	49.8	60.4	43.8	43.9	42.1	54.9
Laws & Norms Favor Drug Use	30.8	39.3	37.9	37.8	39.8	44.8	42.7	42.5	32.0	35.1	40.4	34.6
Perceived Availability of Drugs	20.7	39.1	35.3	38.1	47.3	56.7	49.0	48.8	53.1	60.5	54.6	51.3
Perceived Availability of Handguns	25.7	34.7	32.8	37.0	25.4	22.1	20.2	27.6	21.9	29.9	22.9	34.1
Family Domain												
Poor Family Management	40.7	49.1	50.7	47.9	41.2	38.9	45.1	45.0	38.5	34.8	36.7	44.8
Family Conflict	43.2	54.2	49.3	52.2	31.1	34.6	39.0	42.2	30.2	37.7	34.0	38.3
Family History of Antisocial Behavior	29.8	44.8	39.5	42.7	36.2	47.2	38.8	43.2	37.5	41.6	33.4	38.6
Parent Attitudes Favorable to ASB	30.6	50.0	45.7	48.5	50.4	47.5	52.1	50.0	43.8	45.6	44.4	45.9
Parent Attitudes Favor Drug Use	19.0	27.6	27.8	29.1	45.7	41.9	47.6	41.1	43.2	44.9	45.2	40.1
School Domain												
Academic Failure	47.3	56.4	54.4	48.6	63.0	60.4	56.7	51.6	51.5	57.5	50.4	44.1
Low Commitment to School	23.9	33.6	30.9	41.1	38.6	32.7	32.1	40.1	23.8	37.1	29.4	43.0
Peer-Individual Domain												
Rebelliousness	34.8	46.4	42.8	43.8	52.5	36.1	49.7	47.5	32.7	35.4	45.5	44.3
Early Initiation of ASB	25.9	40.0	42.5	40.2	26.4	35.9	38.0	42.4	40.4	40.9	33.5	38.8
Early Initiation of Drug Use	28.9	38.0	36.4	35.2	35.3	38.0	38.5	36.6	40.0	34.1	34.4	34.1
Attitudes Favorable to ASB	31.2	46.5	42.9	46.2	57.9	55.1	50.6	49.7	50.9	48.5	44.3	45.6
Attitudes Favorable to Drug Use	29.9	34.3	30.4	32.4	43.2	43.5	42.0	36.6	41.5	34.0	38.3	34.6
Perceived Risk of Drug Use	42.8	42.9	45.0	45.4	41.7	39.5	30.4	39.2	36.7	35.1	34.8	40.5
Interaction with Antisocial Peers	40.9	67.9	58.0	58.4	52.5	62.9	56.8	58.1	62.9	59.5	46.7	52.0
Friend's Use of Drugs	24.2	42.9	43.5	41.3	40.7	51.9	46.4	43.2	48.6	41.8	37.5	35.9
Rewards for ASB	30.5	47.0	44.7	48.7	25.0	41.4	46.7	45.0	27.3	56.4	58.1	53.8
Depressive Symptoms	49.7	56.2	54.2	45.7	52.2	57.5	46.1	45.5	41.4	45.4	41.5	38.6
Intention to Use Drugs	*	42.5	39.6	36.5	*	49.4	52.7	44.9	*	29.6	32.7	29.9
Gang Involvement	18.5	36.1	38.1	26.3	22.6	34.1	32.4	23.9	13.9	17.1	15.3	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	96.2	92.2	91.6	93.1	95.0	92.5	93.4	92.7	98.1	97.8	94.5	94.0
	1 day	1.3	3.6	3.0	3.1	2.1	1.8	2.4	2.4	1.9	0.5	1.8	1.4
	2-3 days	1.3	1.6	1.8	1.6	2.1	2.5	1.3	1.5	0.0	0.3	1.8	0.9
	4-5 days	0.0	0.8	1.5	0.6	0.7	0.9	0.4	0.7	0.0	0.5	0.7	0.6
	6 or more days	1.3	1.8	2.1	1.6	0.0	2.3	2.6	2.7	0.0	0.8	1.3	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	92.9	85.0	84.9	89.3	95.0	88.9	88.2	92.2	97.1	94.9	94.5	95.0
	1 day	5.1	8.6	6.6	6.0	3.5	5.7	5.9	4.1	0.0	2.2	2.6	2.6
	2-3 days	1.9	3.6	4.2	2.8	1.4	3.2	3.5	2.1	2.9	1.3	1.3	1.2
	4-5 days	0.0	1.4	0.9	0.7	0.0	0.5	0.7	0.5	0.0	0.8	0.7	0.4
	6 or more days	0.0	1.4	3.3	1.2	0.0	1.8	1.7	1.1	0.0	0.8	0.9	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	92.5	80.5	82.7	84.5	87.9	84.6	87.5	86.1	94.3	89.0	91.9	90.5
	1 time	4.4	11.8	7.0	7.7	7.1	6.6	6.1	6.7	0.0	7.5	4.0	4.4
	2-3 times	1.9	3.8	4.0	4.2	3.5	5.7	4.2	3.9	2.8	2.4	2.9	3.0
	4-5 times	0.6	1.8	1.5	1.3	0.7	1.4	1.5	1.2	0.9	0.3	0.7	0.6
	6-7 times	0.0	0.2	0.6	0.5	0.0	0.9	0.2	0.5	0.9	0.0	0.0	0.3
	8-9 times	0.0	0.0	0.6	0.3	0.7	0.0	0.0	0.3	0.9	0.0	0.4	0.3
	10-11 times	0.0	0.0	0.3	0.3	0.0	0.0	0.0	0.2	0.0	0.3	0.0	0.2
	12 or more times	0.6	2.0	3.3	1.2	0.0	0.9	0.6	1.3	0.0	0.5	0.2	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	80.4	65.1	62.0	75.4	84.4	77.7	75.6	84.3	90.6	86.4	88.1	91.1
	1 time	12.0	18.0	20.1	13.1	10.6	12.6	11.6	8.9	4.7	9.3	7.3	5.5
	2-3 times	5.7	9.4	9.3	7.1	2.1	7.7	8.6	4.4	3.8	2.1	2.9	2.1
	4-5 times	1.9	4.2	4.2	2.1	1.4	0.7	2.2	1.0	0.0	0.3	1.3	0.4
	6-7 times	0.0	1.0	0.6	0.6	0.7	0.2	0.4	0.2	0.0	0.5	0.0	0.1
	8-9 times	0.0	0.6	1.5	0.4	0.0	0.2	0.4	0.3	0.9	0.0	0.0	0.2
	10-11 times	0.0	0.6	0.3	0.3	0.0	0.5	0.2	0.2	0.0	0.8	0.2	0.1
	12 or more times	0.0	1.0	2.1	1.0	0.7	0.5	1.1	0.7	0.0	0.5	0.2	0.4

Santa Cruz County

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Colorado River Indian Tribes

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Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
charles.katz@asu.edu

Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

www.westcapt.org

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2006 Arizona Youth Survey

Yavapai County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Yavapai County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Yavapai County and the State. Because not all students answer all of the questions, the number of students in

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Risk and Protective Factor Definitions

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the gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	589	100	746	100	1656	100	60401	100
Grade								
8	328	55.7	467	62.6	621	37.5	26872	44.5
10	164	27.8	146	19.6	650	39.3	19581	32.4
12	97	16.5	133	17.8	385	23.2	13948	23.1
Gender								
Male	264	46.2	364	49.6	791	49.4	28381	48.2
Female	308	53.8	370	50.4	810	50.6	30505	51.8
Ethnicity								
African American	10	1.8	4	0.6	21	1.3	2592	4.4
American Indian	28	5.1	39	5.5	60	3.7	3394	5.8
Asian	7	1.3	3	0.4	25	1.5	1341	2.3
Hispanic	60	10.8	95	13.5	311	19.3	21376	36.5
Pacific Islander	*	*	2	0.3	13	0.8	457	0.8
White	449	81.0	560	79.7	1112	68.9	26761	45.7
Other	n/a	n/a	n/a	n/a	72	4.5	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

School Safety Charts

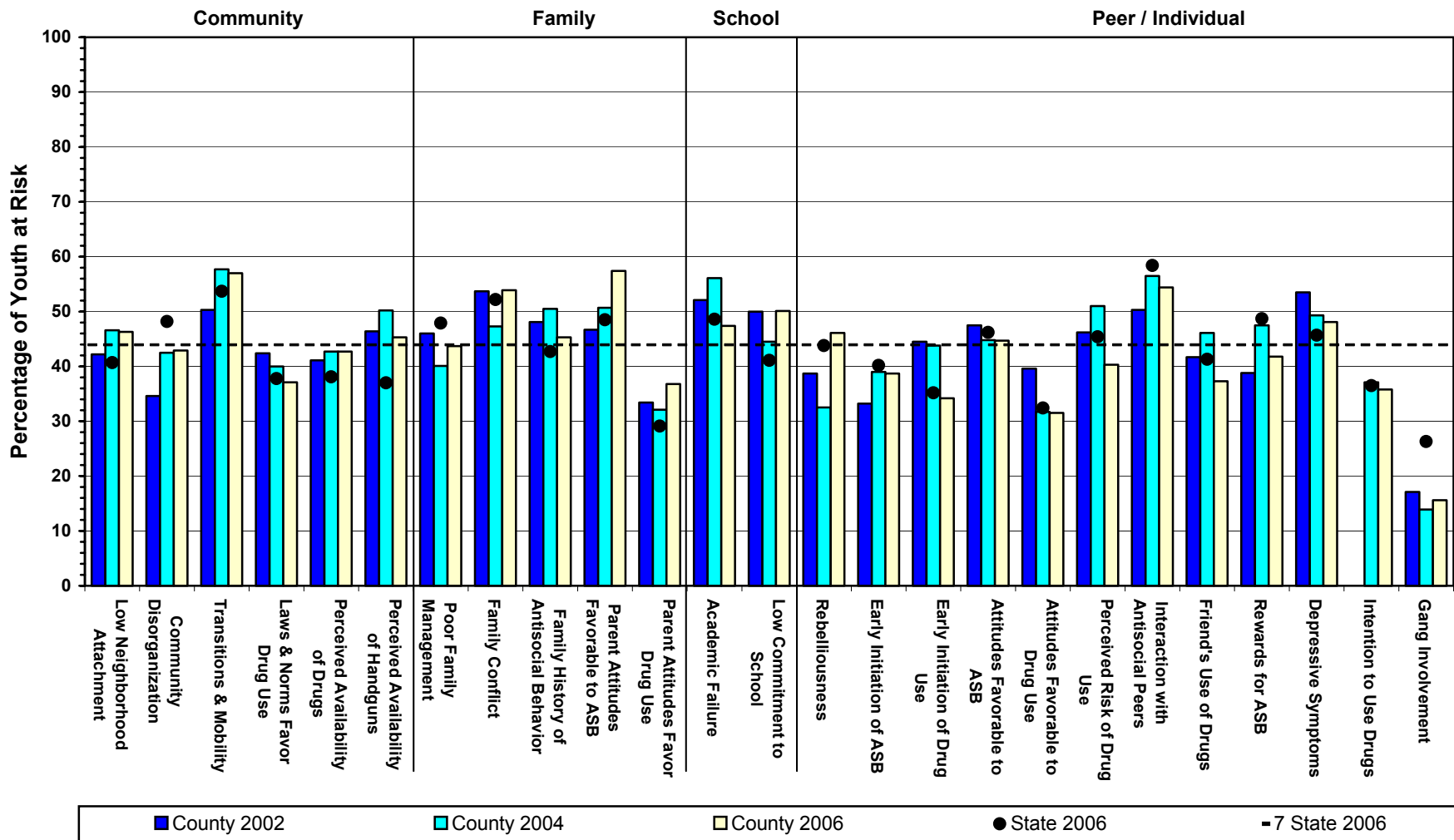
The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Yavapai County Student Survey, Grade 8



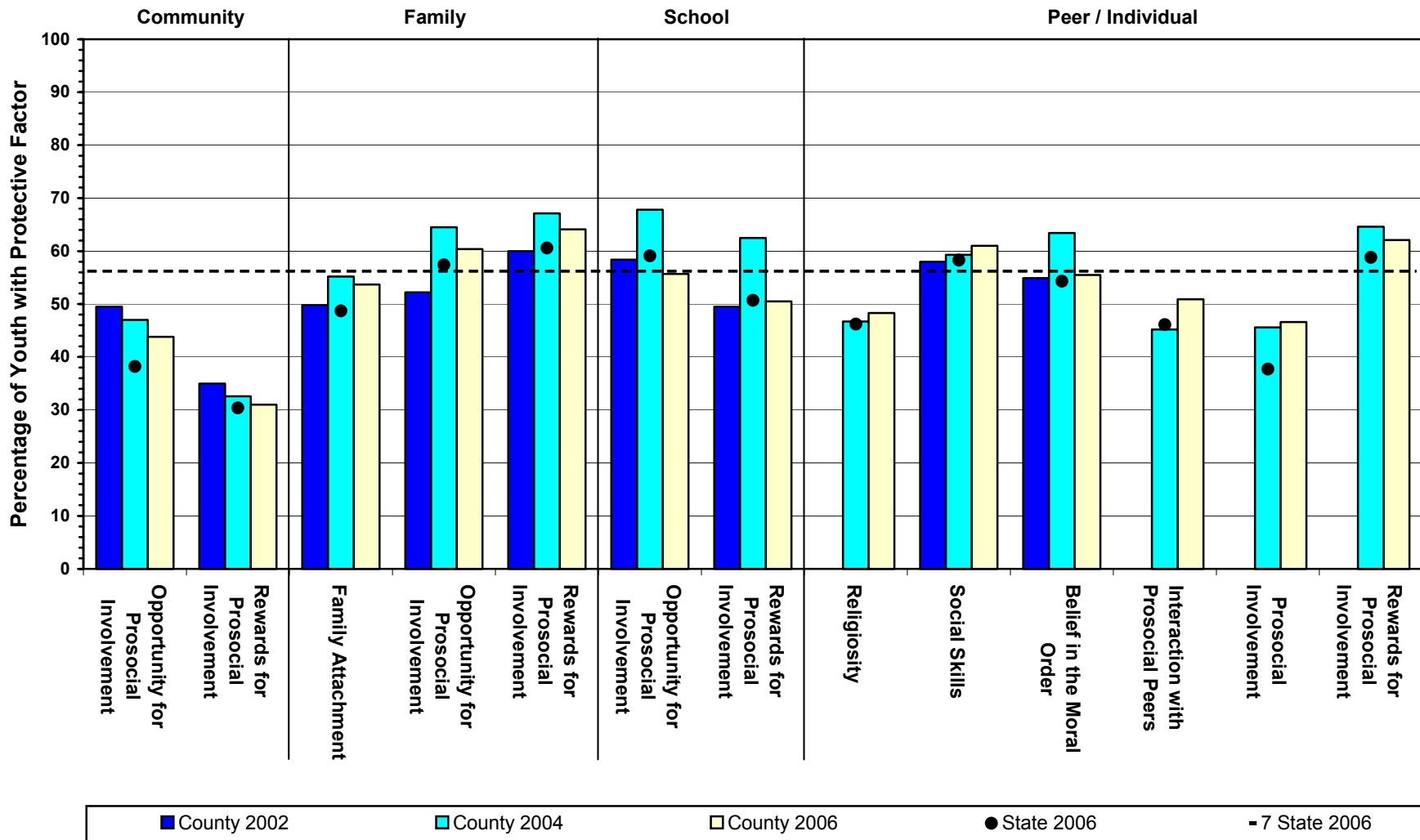
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Yavapai County Student Survey, Grade 8



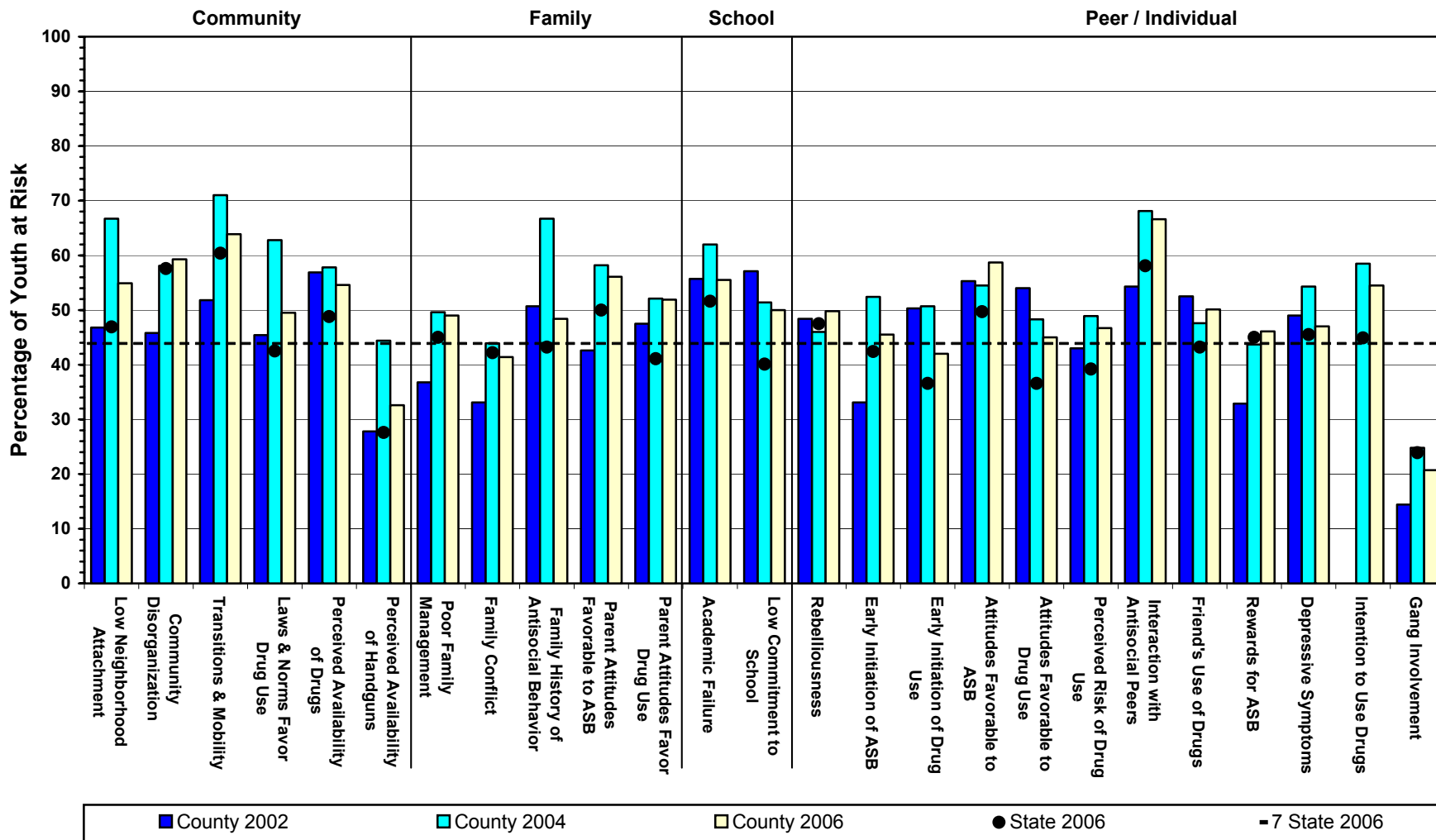
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Yavapai County Student Survey, Grade 10



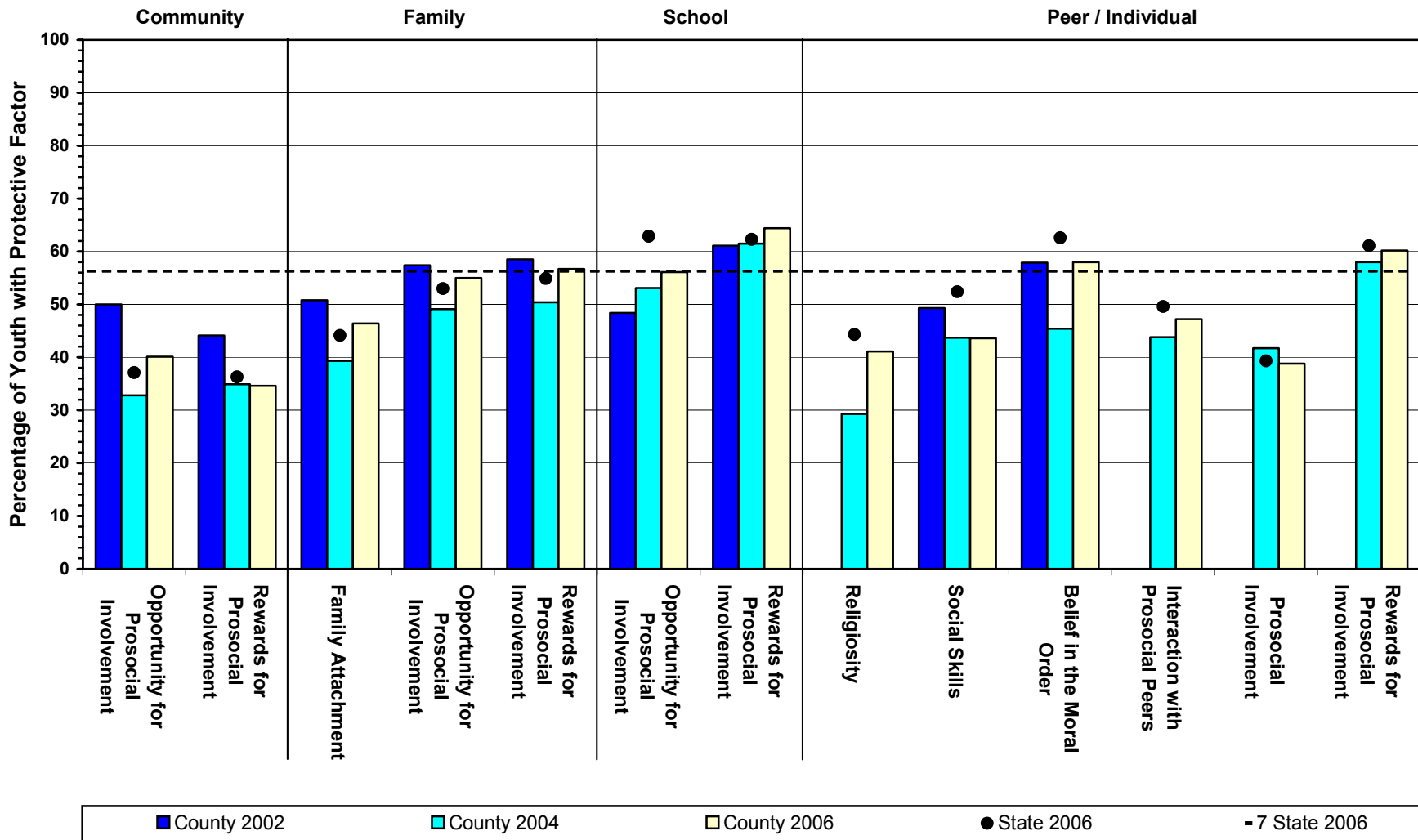
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Yavapai County Student Survey, Grade 10



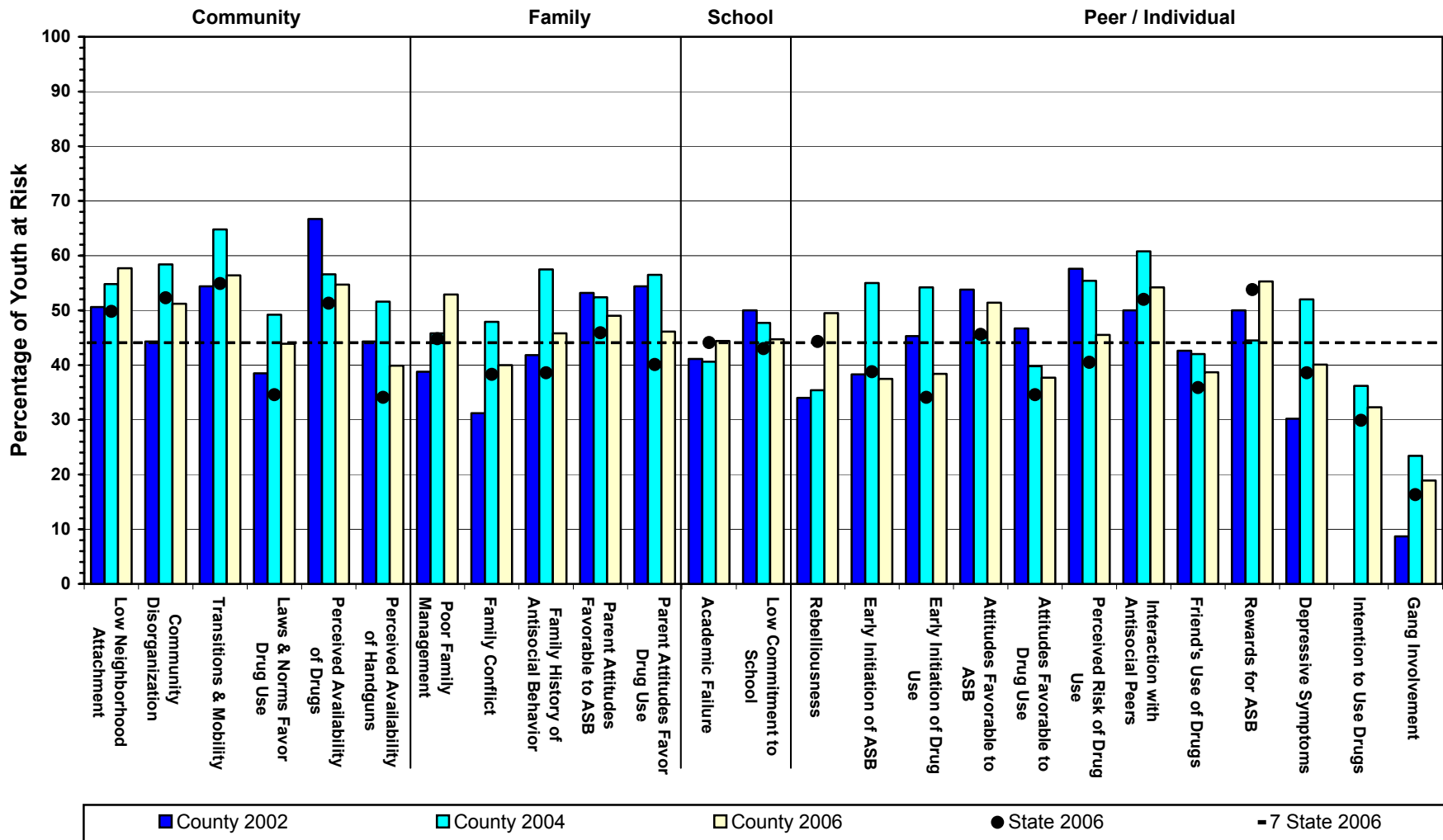
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Yavapai County Student Survey, Grade 12



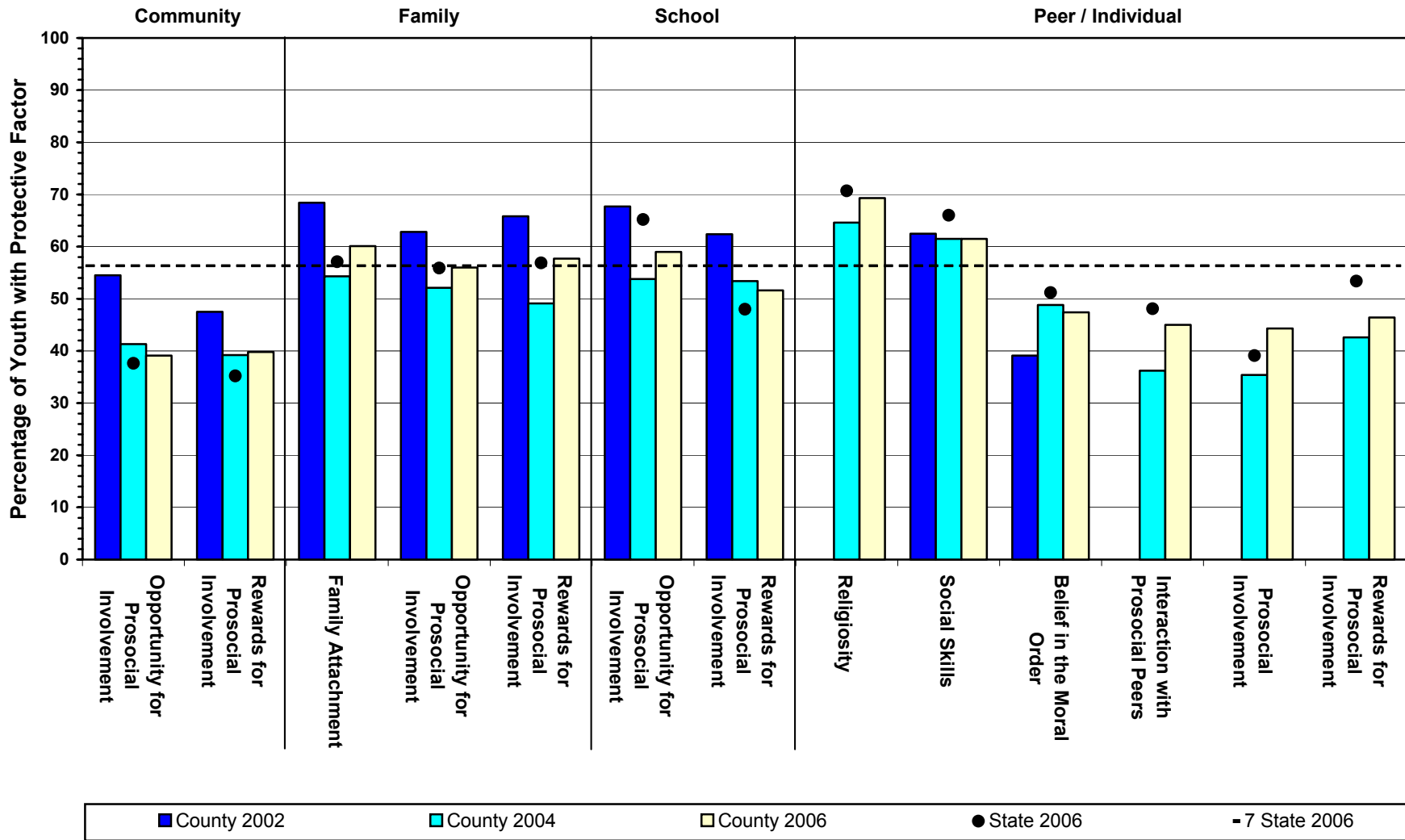
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

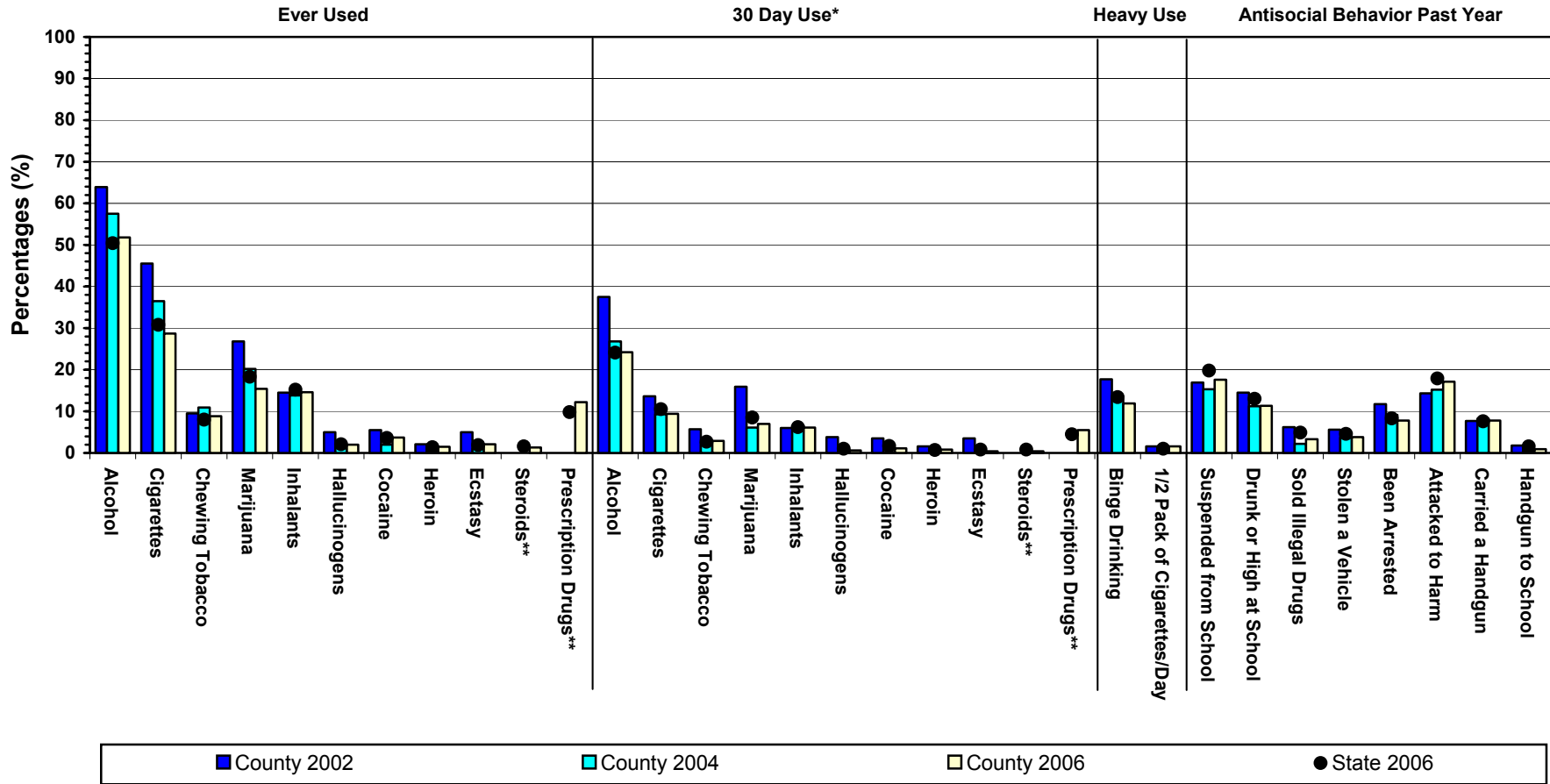
2006 Yavapai County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Yavapai County Student Survey, Grade 8



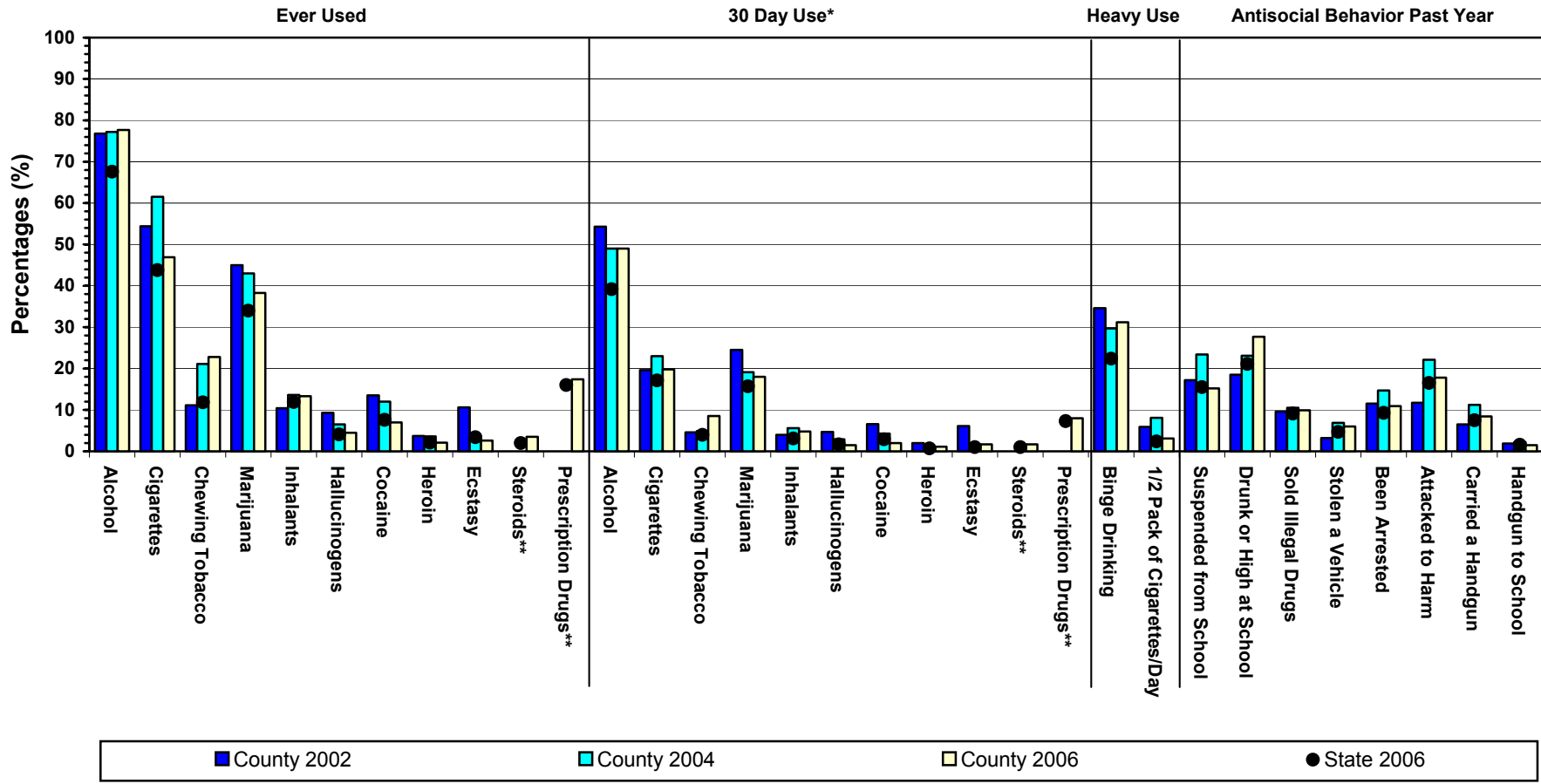
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Yavapai County Student Survey, Grade 10



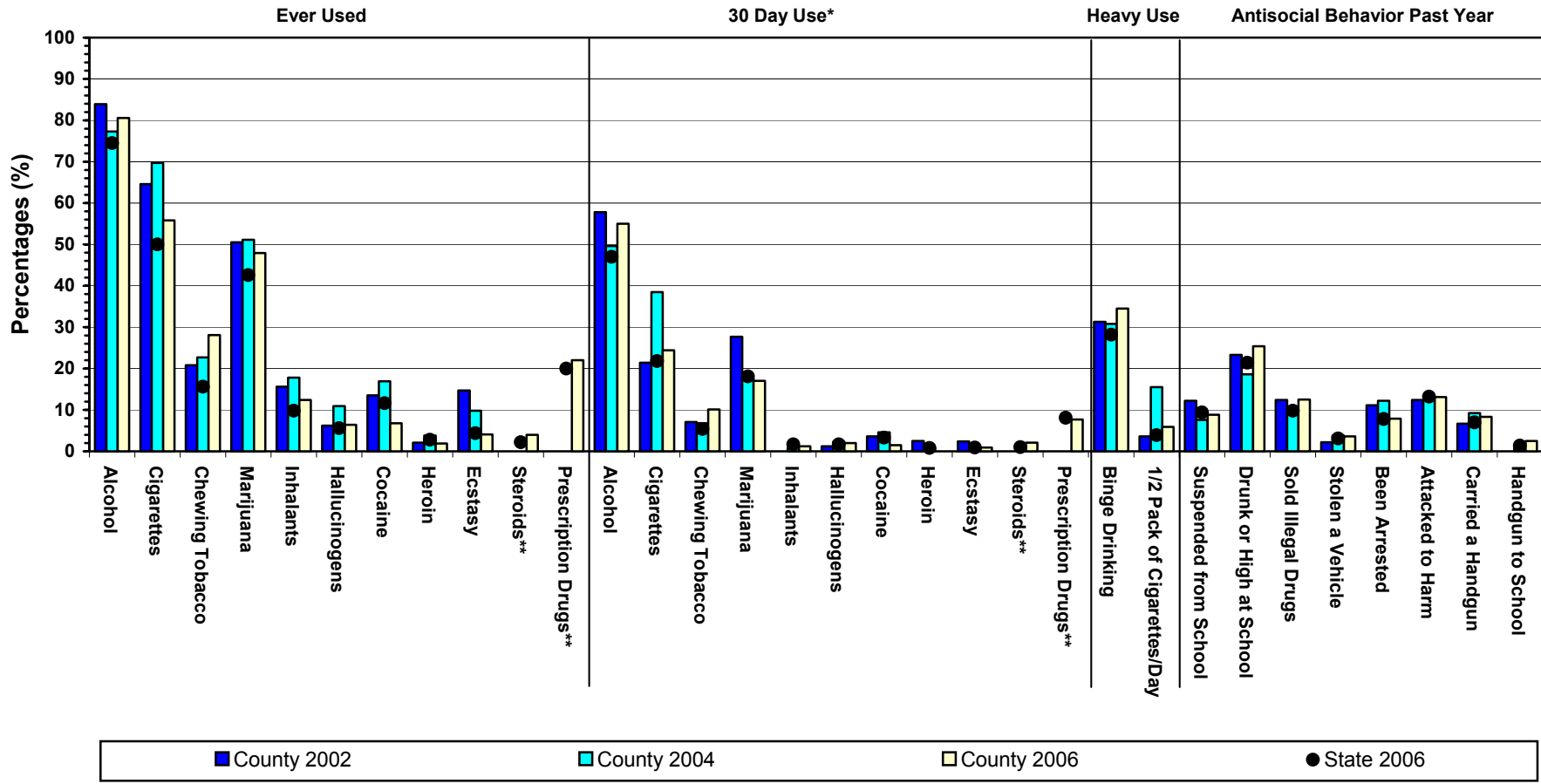
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

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ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Yavapai County Student Survey, Grade 12



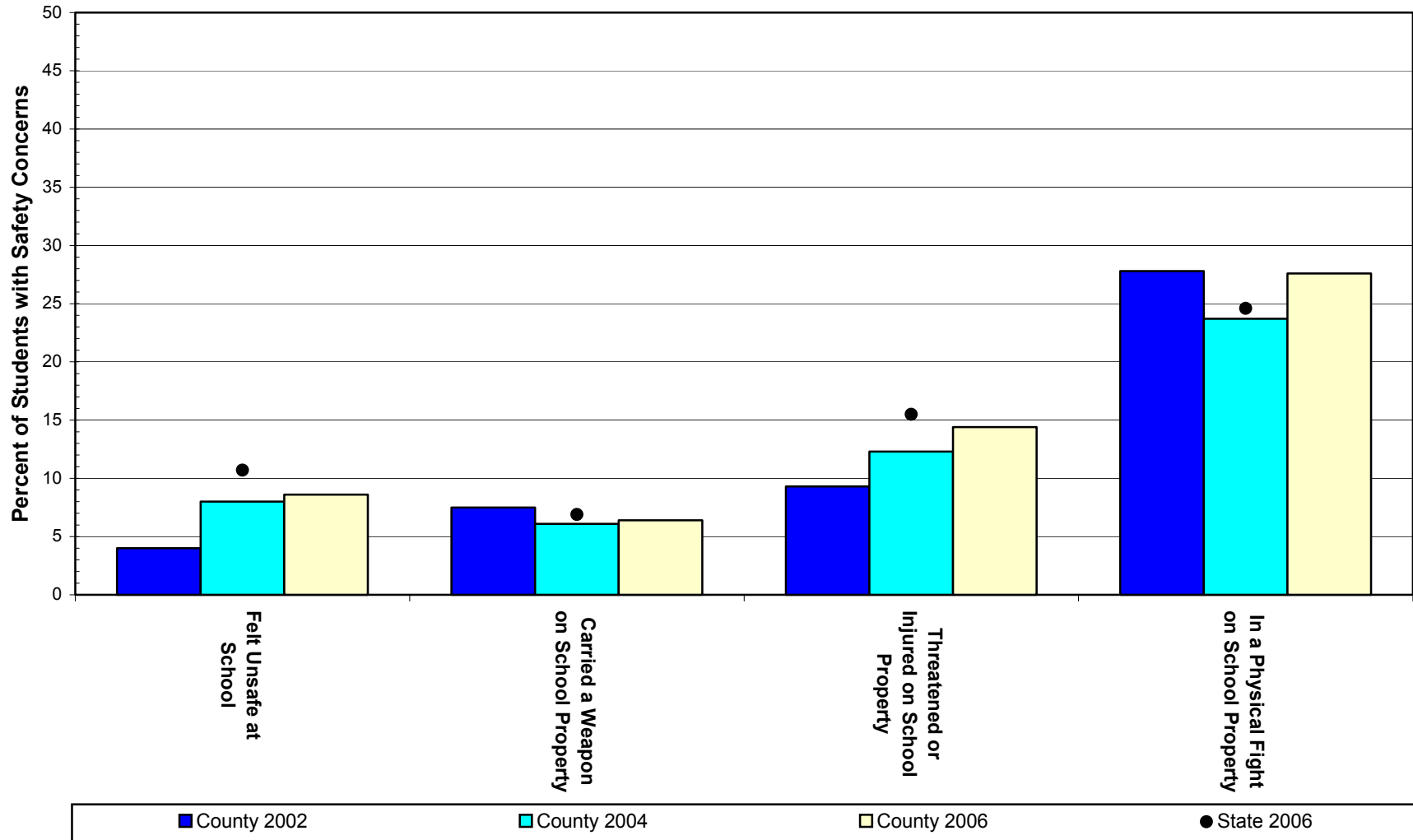
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

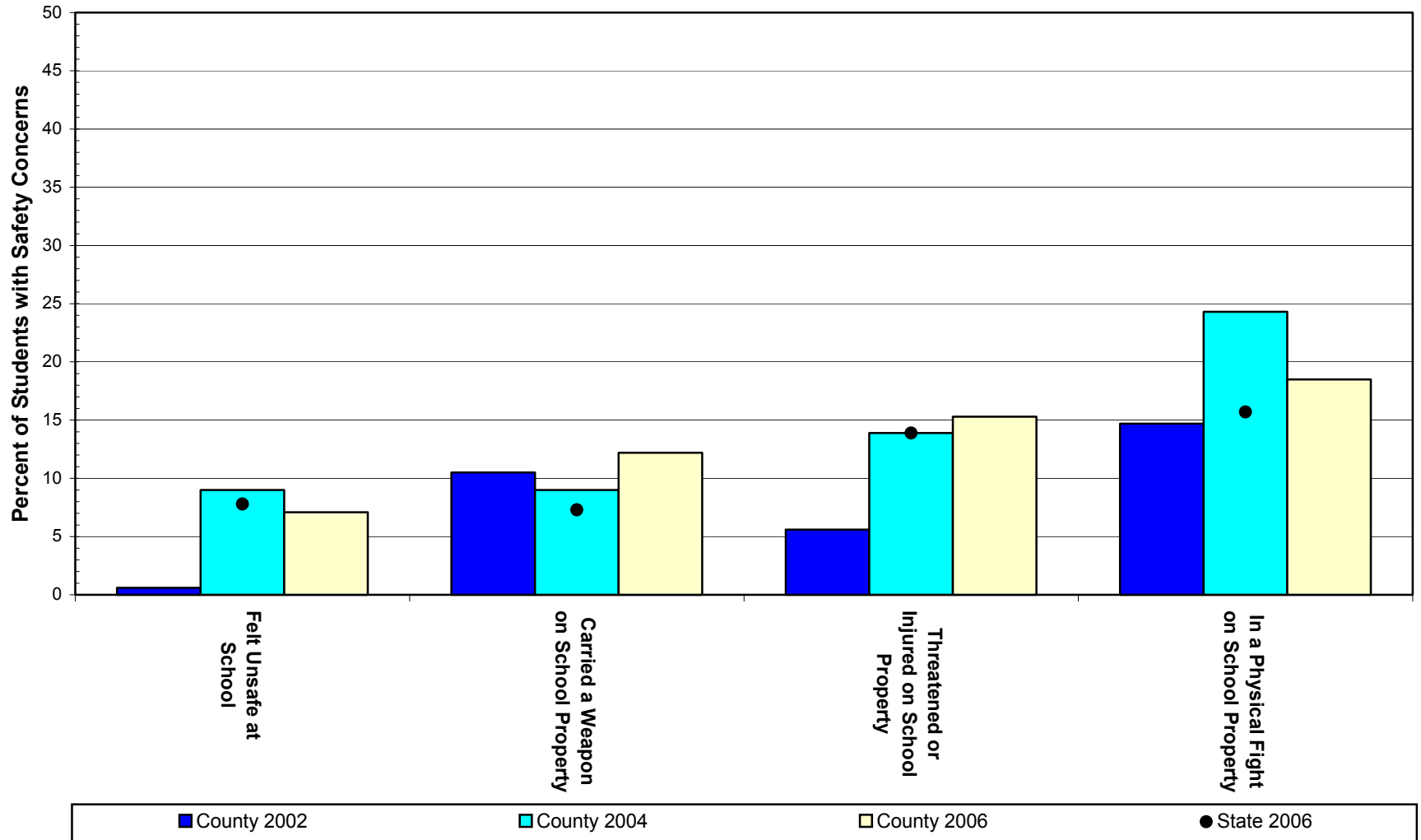
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Yavapai County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Yavapai County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Yavapai County Student Survey, Grade 12

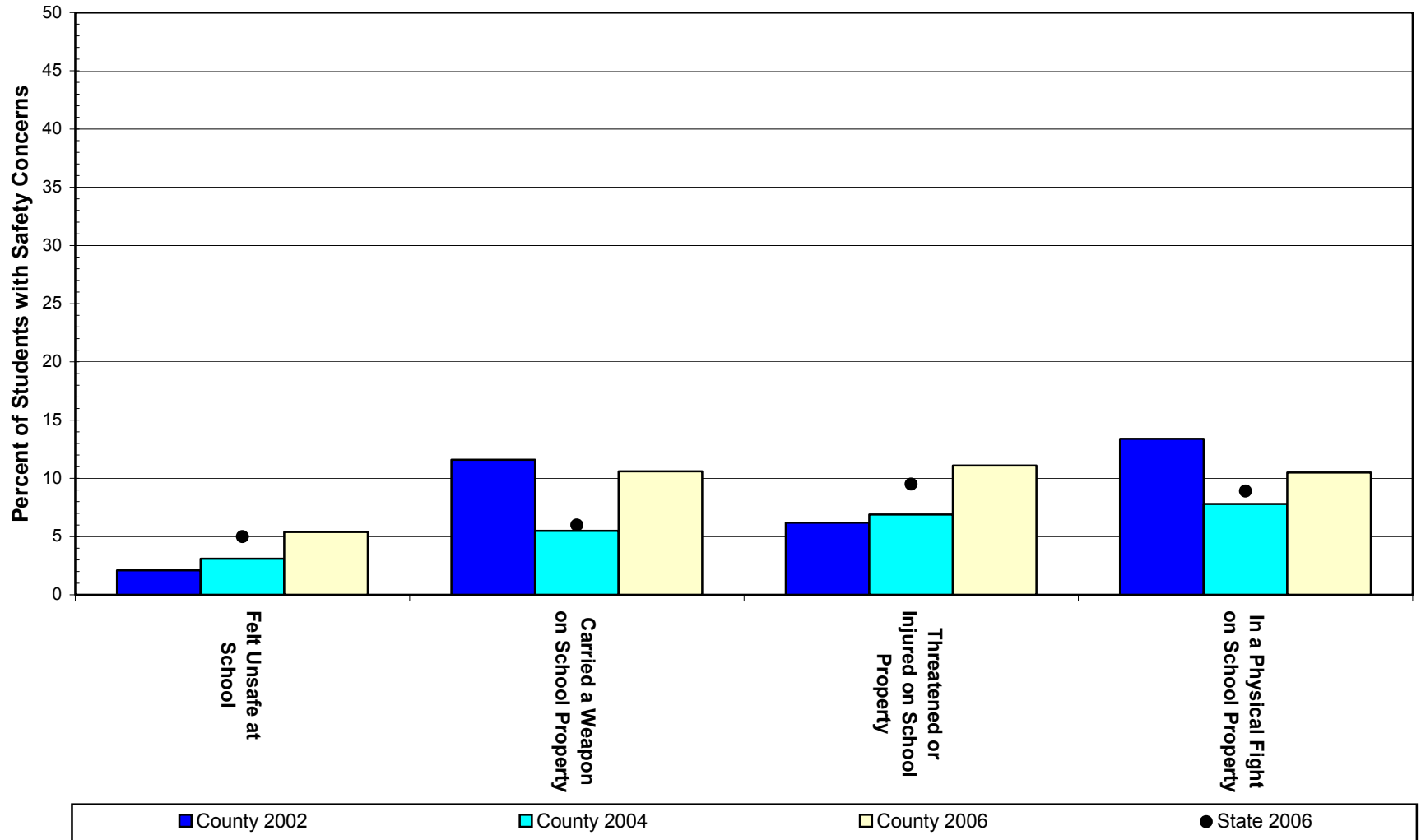


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	328	467	621	26872	164	146	650	19581	97	133	385	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	63.9	57.5	51.8	50.4	76.8	77.2	77.7	67.6	83.9	77.3	80.6	74.5
Cigarettes	45.5	36.5	28.7	30.8	54.4	61.5	46.9	43.8	64.6	69.7	55.8	50.0
Chewing Tobacco	9.5	10.9	8.8	8.0	11.1	21.1	22.8	11.8	20.8	22.7	28.1	15.6
Marijuana	26.8	20.2	15.4	18.3	45.0	43.0	38.3	34.0	50.5	51.1	47.9	42.6
Inhalants	14.5	13.8	14.6	15.2	10.4	13.6	13.3	11.9	15.6	17.8	12.4	9.8
Hallucinogens	5.0	2.0	2.0	2.1	9.3	6.5	4.5	4.1	6.2	10.9	6.4	5.6
Cocaine	5.5	2.0	3.7	3.6	13.5	12.0	7.0	7.6	13.5	16.9	6.8	11.6
Methamphetamines [2002] ¹	4.9	n/a	n/a	n/a	9.3	n/a	n/a	n/a	9.5	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	2.7	2.6	n/a	n/a	3.7	5.0	n/a	n/a	6.1	6.6
Stimulants [2004] ³	n/a	3.3	n/a	n/a	n/a	11.3	n/a	n/a	n/a	18.2	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	4.4	3.4	n/a	n/a	6.4	7.1	n/a	n/a	6.8	8.5
Heroin	2.1	1.3	1.5	1.4	3.7	3.6	2.1	2.1	2.1	3.8	1.9	2.8
Sedatives [2002] ⁵	1.9	n/a	n/a	n/a	4.3	n/a	n/a	n/a	2.1	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	10.7	11.5	10.0	n/a	24.3	17.6	14.3	n/a	24.6	16.0	17.4
Ecstasy	5.0	1.1	2.1	1.9	10.6	3.6	2.6	3.4	14.7	9.8	4.1	4.4
Steroids	n/a	n/a	1.3	1.6	n/a	n/a	3.5	2.0	n/a	n/a	4.0	2.2
Prescription Drugs	n/a	n/a	12.2	9.8	n/a	n/a	17.4	16.0	n/a	n/a	22.0	20.0
Any Drug	37.8	31.7	37.3	36.2	48.8	54.3	53.8	47.0	54.6	58.9	58.7	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	37.5	26.8	24.2	24.1	54.3	49.0	49.0	39.2	57.8	49.6	55.0	47.0
Cigarettes	13.6	9.3	9.4	10.5	19.6	23.0	19.8	17.1	21.4	38.5	24.4	21.8
Chewing Tobacco	5.7	2.6	2.9	2.7	4.6	4.9	8.5	4.0	7.1	6.8	10.1	5.4
Marijuana	15.9	6.1	7.0	8.5	24.5	19.1	18.0	15.7	27.7	17.7	17.0	18.1
Inhalants	6.0	6.6	6.1	6.2	4.0	5.6	4.8	3.1	0.0	0.8	1.2	1.7
Hallucinogens	3.8	0.9	0.6	1.0	4.7	2.9	1.5	1.7	1.2	2.3	2.0	1.7
Cocaine	3.5	0.2	1.1	1.7	6.6	4.3	2.0	2.9	3.6	4.6	1.5	3.3
Methamphetamines [2002] ¹	2.5	n/a	n/a	n/a	3.3	n/a	n/a	n/a	1.2	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	0.8	1.0	n/a	n/a	2.0	1.7	n/a	n/a	0.9	1.4
Stimulants [2004] ³	n/a	1.1	n/a	n/a	n/a	5.0	n/a	n/a	n/a	4.6	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.1	1.5	n/a	n/a	2.4	2.9	n/a	n/a	3.6	2.6
Heroin	1.6	0.7	0.8	0.7	2.0	0.7	1.1	0.7	2.5	0.8	0.0	0.8
Sedatives [2002] ⁵	1.3	n/a	n/a	n/a	2.7	n/a	n/a	n/a	2.4	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	4.4	5.0	4.5	n/a	13.7	7.9	6.6	n/a	10.8	5.8	7.1
Ecstasy	3.5	0.4	0.4	0.8	6.1	0.7	1.7	1.0	2.4	0.8	0.9	0.9
Steroids	n/a	n/a	0.4	0.8	n/a	n/a	1.7	1.0	n/a	n/a	2.1	1.0
Prescription Drugs	n/a	n/a	5.5	4.5	n/a	n/a	8.0	7.3	n/a	n/a	7.7	8.1
Any Drug	21.8	15.6	18.6	19.7	30.6	31.1	31.3	25.6	29.6	24.8	27.1	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	17.7	13.0	11.9	13.4	34.6	29.7	31.2	22.4	31.3	30.8	34.5	28.2
1/2 Pack of Cigarettes/Day	1.6	0.9	1.6	1.0	5.9	8.1	3.1	2.4	3.6	15.5	5.9	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	16.9	15.3	17.6	19.8	17.2	23.4	15.2	15.5	12.2	7.6	8.8	9.4
Drunk or High at School	14.5	11.2	11.3	13.0	18.5	23.1	27.7	21.1	23.3	18.6	25.4	21.4
Sold Illegal Drugs	6.2	2.2	3.3	4.9	9.6	10.5	9.9	9.1	12.4	9.2	12.5	9.8
Stolen a Vehicle	5.6	3.7	3.8	4.6	3.2	6.9	6.0	4.7	2.2	3.8	3.6	3.1
Been Arrested	11.7	9.1	7.8	8.3	11.5	14.7	10.9	9.3	11.1	12.2	7.9	7.8
Attacked to Harm	14.3	15.2	17.1	17.9	11.7	22.1	17.8	16.5	12.4	12.4	13.1	13.2
Carried a Handgun	7.7	8.2	7.8	7.6	6.5	11.2	8.4	7.5	6.7	9.2	8.3	7.0
Handgun to School	1.8	0.4	0.9	1.6	1.9	2.2	1.5	1.6	0.0	0.8	2.5	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	49.5	47.0	43.8	38.2	50.0	32.8	40.1	37.1	54.5	41.3	39.1	37.6
Rewards for Prosocial Involvement	35.0	32.6	31.0	30.4	44.1	34.9	34.6	36.3	47.5	39.2	39.8	35.2
Family Domain												
Family Attachment	49.8	55.2	53.7	48.7	50.8	39.3	46.4	44.1	68.4	54.3	60.1	57.1
Opportunity for Prosocial Involvement	52.2	64.5	60.4	57.4	57.4	49.1	55.0	53.0	62.8	52.1	56.0	55.9
Rewards for Prosocial Involvement	60.0	67.1	64.1	60.6	58.5	50.4	56.7	54.9	65.8	49.1	57.7	56.9
School Domain												
Opportunity for Prosocial Involvement	58.4	67.8	55.7	59.1	48.4	53.1	56.1	62.9	67.7	53.8	59.0	65.2
Rewards for Prosocial Involvement	49.5	62.5	50.5	50.7	61.1	61.5	64.4	62.3	62.4	53.4	51.6	48.0
Peer-Individual Domain												
Religiosity	*	46.7	48.3	46.2	*	29.3	41.1	44.3	*	64.6	69.3	70.7
Social Skills	58.0	59.3	61.0	58.3	49.3	43.7	43.6	52.4	62.5	61.5	61.5	66.0
Belief in the Moral Order	54.9	63.4	55.5	54.3	57.9	45.4	58.0	62.6	39.1	48.8	47.4	51.2
Interaction with Prosocial Peers	*	45.2	50.9	46.1	*	43.8	47.2	49.6	*	36.2	45.0	48.1
Prosocial Involvement	*	45.6	46.6	37.7	*	41.7	38.8	39.3	*	35.4	44.3	39.1
Rewards for Prosocial Involvement	*	64.6	62.1	58.8	*	58.0	60.2	61.1	*	42.6	46.4	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	42.2	46.6	46.3	40.7	46.8	66.7	54.9	46.9	50.6	54.8	57.7	49.8
Community Disorganization	34.6	42.5	42.9	48.2	45.8	58.1	59.3	57.6	44.3	58.4	51.2	52.3
Transitions & Mobility	50.3	57.7	57.0	53.7	51.8	71.0	63.9	60.4	54.4	64.8	56.4	54.9
Laws & Norms Favor Drug Use	42.4	40.0	37.1	37.8	45.4	62.8	49.5	42.5	38.5	49.2	43.9	34.6
Perceived Availability of Drugs	41.1	42.7	42.7	38.1	56.9	57.8	54.6	48.8	66.7	56.6	54.7	51.3
Perceived Availability of Handguns	46.4	50.2	45.3	37.0	27.8	44.4	32.6	27.6	44.3	51.6	39.9	34.1
Family Domain												
Poor Family Management	46.0	40.1	43.7	47.9	36.8	49.6	49.0	45.0	38.8	45.8	52.9	44.8
Family Conflict	53.7	47.3	53.9	52.2	33.1	43.9	41.4	42.2	31.2	47.9	40.0	38.3
Family History of Antisocial Behavior	48.1	50.5	45.3	42.7	50.7	66.7	48.4	43.2	41.8	57.5	45.8	38.6
Parent Attitudes Favorable to ASB	46.7	50.7	57.4	48.5	42.6	58.2	56.1	50.0	53.2	52.4	49.0	45.9
Parent Attitudes Favor Drug Use	33.4	32.1	36.8	29.1	47.5	52.1	51.9	41.1	54.4	56.5	46.1	40.1
School Domain												
Academic Failure	52.1	56.1	47.4	48.6	55.7	62.0	55.5	51.6	41.1	40.6	44.4	44.1
Low Commitment to School	50.0	44.5	50.1	41.1	57.1	51.4	50.0	40.1	50.0	47.7	44.7	43.0
Peer-Individual Domain												
Rebelliousness	38.7	32.5	46.1	43.8	48.4	46.0	49.8	47.5	34.0	35.4	49.5	44.3
Early Initiation of ASB	33.2	39.0	38.7	40.2	33.1	52.4	45.5	42.4	38.3	55.0	37.5	38.8
Early Initiation of Drug Use	44.5	43.8	34.2	35.2	50.3	50.7	42.0	36.6	45.3	54.2	38.4	34.1
Attitudes Favorable to ASB	47.5	44.8	44.7	46.2	55.3	54.5	58.7	49.7	53.8	45.0	51.4	45.6
Attitudes Favorable to Drug Use	39.6	31.7	31.5	32.4	54.0	48.3	45.0	36.6	46.7	39.8	37.7	34.6
Perceived Risk of Drug Use	46.2	51.0	40.3	45.4	43.0	48.9	46.7	39.2	57.6	55.4	45.5	40.5
Interaction with Antisocial Peers	50.3	56.5	54.4	58.4	54.3	68.1	66.6	58.1	50.0	60.8	54.2	52.0
Friend's Use of Drugs	41.7	46.1	37.3	41.3	52.5	47.6	50.1	43.2	42.6	42.0	38.7	35.9
Rewards for ASB	38.8	47.5	41.8	48.7	32.9	43.7	46.1	45.0	50.0	44.5	55.3	53.8
Depressive Symptoms	53.5	49.3	48.1	45.7	49.0	54.3	47.0	45.5	30.2	52.0	40.1	38.6
Intention to Use Drugs	*	37.1	35.8	36.5	*	58.5	54.5	44.9	*	36.2	32.3	29.9
Gang Involvement	17.1	13.9	15.6	26.3	14.4	24.8	20.7	23.9	8.7	23.4	18.9	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	92.5	93.9	93.6	93.1	89.5	91.0	87.8	92.7	88.4	94.5	89.4	94.0
	1 day	2.2	2.8	3.7	3.1	1.2	2.1	3.6	2.4	2.1	1.6	2.2	1.4
	2-3 days	0.9	1.3	0.5	1.6	3.1	0.7	2.5	1.5	2.1	0.0	0.8	0.9
	4-5 days	0.3	1.1	0.5	0.6	1.2	1.4	1.3	0.7	1.1	1.6	0.5	0.6
	6 or more days	4.0	0.9	1.7	1.6	4.9	4.9	4.7	2.7	6.3	2.3	7.0	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	96.0	92.0	91.4	89.3	99.4	91.0	92.9	92.2	97.9	96.9	94.6	95.0
	1 day	2.5	2.4	4.6	6.0	0.0	5.5	5.5	4.1	2.1	0.8	2.2	2.6
	2-3 days	0.9	4.3	2.5	2.8	0.0	2.1	1.0	2.1	0.0	2.3	1.6	1.2
	4-5 days	0.0	0.2	0.7	0.7	0.6	0.7	0.2	0.5	0.0	0.0	0.5	0.4
	6 or more days	0.6	1.1	0.8	1.2	0.0	0.7	0.5	1.1	0.0	0.0	1.1	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	90.7	87.7	85.6	84.5	94.4	86.1	84.7	86.1	93.8	93.1	88.9	90.5
	1 time	4.0	5.8	7.3	7.7	2.5	6.9	6.7	6.7	4.1	3.8	6.2	4.4
	2-3 times	3.7	3.9	4.9	4.2	3.1	4.9	3.8	3.9	0.0	2.3	2.4	3.0
	4-5 times	0.6	0.9	1.2	1.3	0.0	0.0	0.8	1.2	0.0	0.8	0.5	0.6
	6-7 times	0.6	0.2	0.0	0.5	0.0	0.0	1.3	0.5	0.0	0.0	0.3	0.3
	8-9 times	0.0	0.4	0.2	0.3	0.0	0.0	0.5	0.3	0.0	0.0	0.8	0.3
	10-11 times	0.3	0.0	0.2	0.3	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.2
	12 or more times	0.0	1.1	0.7	1.2	0.0	2.1	2.1	1.3	2.1	0.0	0.8	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	72.2	76.3	72.4	75.4	85.3	75.7	81.5	84.3	86.6	92.2	89.5	91.1
	1 time	13.9	12.4	15.8	13.1	10.4	13.2	11.1	8.9	8.2	5.4	5.9	5.5
	2-3 times	9.6	6.7	7.7	7.1	1.8	7.6	4.7	4.4	4.1	1.6	2.7	2.1
	4-5 times	2.8	2.2	2.2	2.1	0.6	1.4	0.8	1.0	0.0	0.0	0.3	0.4
	6-7 times	0.3	0.7	0.5	0.6	1.2	0.0	0.5	0.2	0.0	0.0	0.3	0.1
	8-9 times	0.0	0.9	0.2	0.4	0.0	1.4	0.3	0.3	1.0	0.0	0.5	0.2
	10-11 times	0.3	0.0	0.2	0.3	0.0	0.0	0.3	0.2	0.0	0.0	0.3	0.1
	12 or more times	0.9	0.9	1.0	1.0	0.6	0.7	0.8	0.7	0.0	0.8	0.5	0.4

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Arizona Department of Health Services

Division of Behavioral Health Services
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www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
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Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

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2006 Arizona Youth Survey

Yuma County



REPORT PROVIDED BY:

Arizona Criminal Justice Commission

2006 Arizona Youth Survey

Shining Light on Arizona Youth

Arizona Criminal Justice Commission

IN PARTNERSHIP WITH:

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Arizona Department of Gaming's Office of Problem Gambling

Arizona State University

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Introduction

2006 Arizona Youth Survey Summary for

Yuma County

This report summarizes some of the county-specific findings from the 2006 Arizona Youth Survey administered to 8th, 10th and 12th grade students during the spring of 2006. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

Table 1 contains the characteristics of the students who completed the survey in Yuma County and the State. Because not all students answer all of the questions, the number of students in the

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gender and ethnicity categories will often be less than the total number of students.

The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that 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 disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are 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, school dropout, teen pregnancy, and violent behavior among youth. 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.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Student Totals								
Total Students	County 2002		County 2004		County 2006		State 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	1771	100	1300	100	2629	100	60401	100
Grade								
8	213	12.0	778	59.8	1518	57.7	26872	44.5
10	1008	56.9	354	27.2	813	30.9	19581	32.4
12	550	31.1	168	12.9	298	11.3	13948	23.1
Gender								
Male	816	47.6	618	48.3	1275	49.8	28381	48.2
Female	898	52.4	661	51.7	1283	50.2	30505	51.8
Ethnicity								
African American	36	2.1	13	1.1	58	2.3	2592	4.4
American Indian	13	0.8	22	1.8	29	1.2	3394	5.8
Asian	36	2.1	14	1.2	21	0.8	1341	2.3
Hispanic	1128	66.4	1004	82.5	1812	71.9	21376	36.5
Pacific Islander	*	*	2	0.2	14	0.6	457	0.8
White	487	28.6	162	13.3	454	18.0	26761	45.7
Other	n/a	n/a	n/a	n/a	132	5.2	2696	4.6

* Pacific Islander was grouped with Asian in 2002

2006 Prevention Needs Assessment Risk and Protective Factors

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 can lead to 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, thus reducing the level of the risk factors and decreasing the likelihood of problem behavior.

Risk- and protective-focused drug abuse prevention is also based on the work of Hawkins, Catalano, and their team of researchers at the University of Washington in Seattle. Beginning in the early 1980s the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence, and were able to identify risk factors for these problems.

The chart at the right shows the links between the 19 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.

RISK FACTORS	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, firearms and crime	✓	✓			✓
Media portrayals of violence					✓
Transitions and mobility	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓	✓			✓
Extreme economic and social deprivation	✓	✓	✓	✓	✓
Family					
Family history of the problem behavior	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓
School					
Academic failure in elementary school	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓
Individual/Peer					
Early and persistent antisocial behavior	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The Arizona Youth Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.
Community Resource Assessment: It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why the Arizona Youth Survey?

Data from the Arizona Youth 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 risk(s) or enhancing protection(s). The steps outlined here will help your county 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 3-5 risk factors appear to be higher than you would want?
- Which 3-5 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 – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the AYS

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Arizona Youth Survey presented in this report can help schools and communities comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use and Antisocial Behavior Charts

There are four types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, 3) protective factor charts, and 4) school safety charts. All the charts show the results of the AYS, and the actual percentages from the charts are presented in Tables 3 through 10.

Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Binge drinking** and a **Pack or more of cigarettes per day** are measures of heavy use of alcohol and tobacco. Binge drinking is defined as having five or more drinks in a row during the two weeks prior to taking the survey.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **in the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Dots** are used on the charts to show the overall average of all of the youth in each grade who participated in the survey for each behavior. More information about the dots is contained on the following page.

How to Read the Charts: Risk and Protective Factor and School Safety Charts

Risk and Protective Factor Charts

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating

the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The 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. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

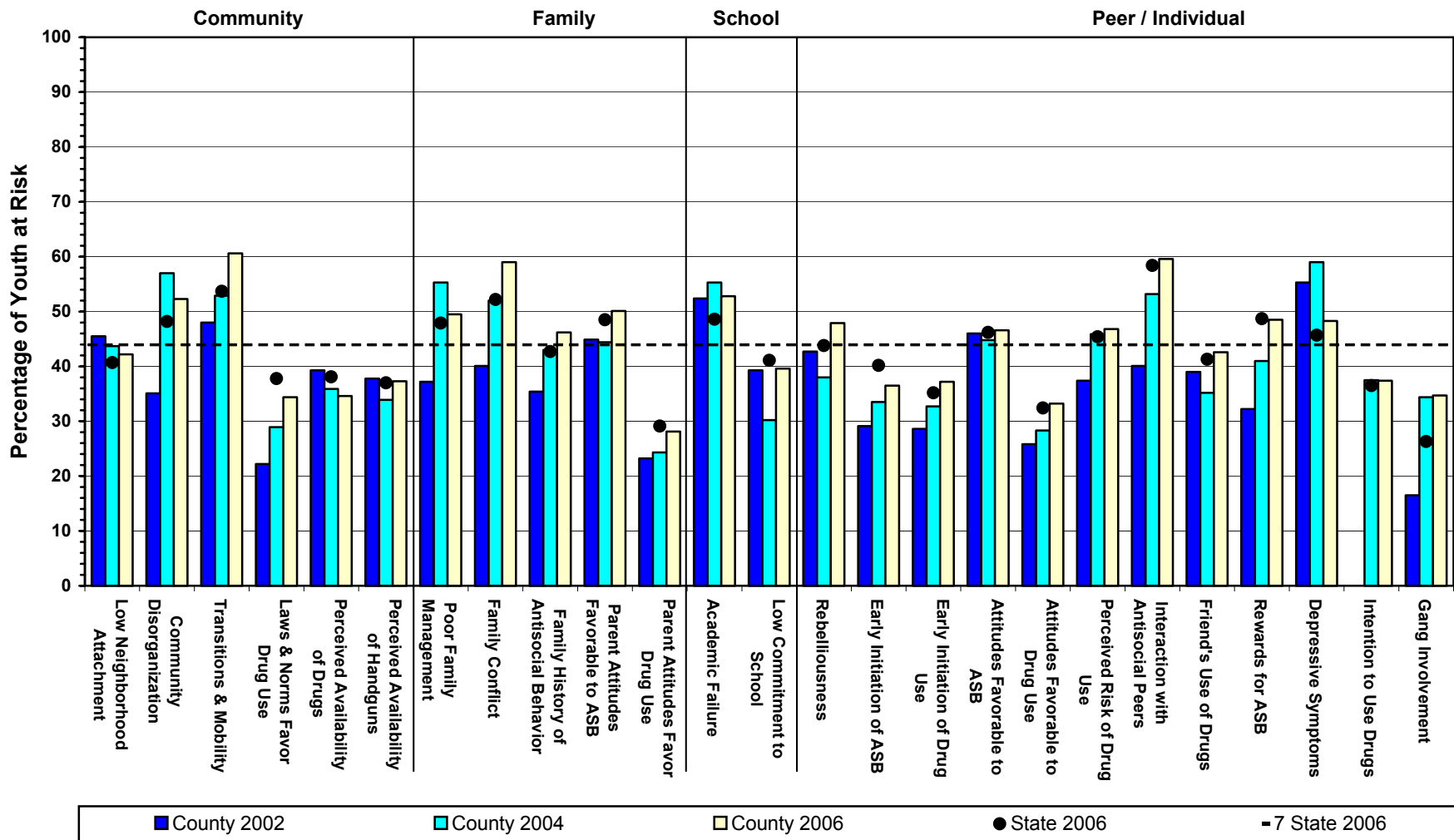
School Safety Charts

The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, or carried a weapon to school. The complete questions and values for each response option can be seen in Table 10.

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE 2006 Yuma County Student Survey, Grade 8

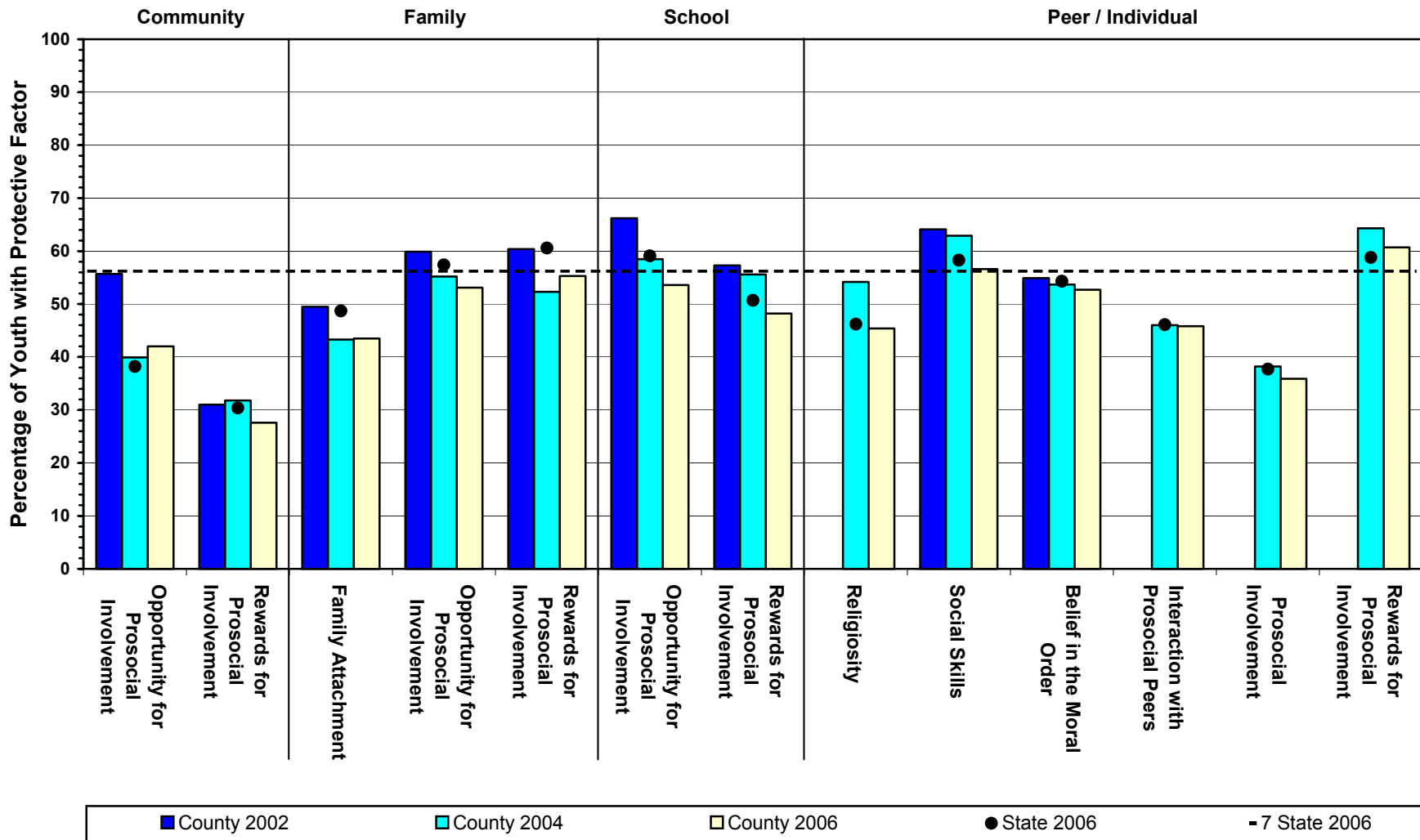


*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE 2006 Yuma County Student Survey, Grade 8



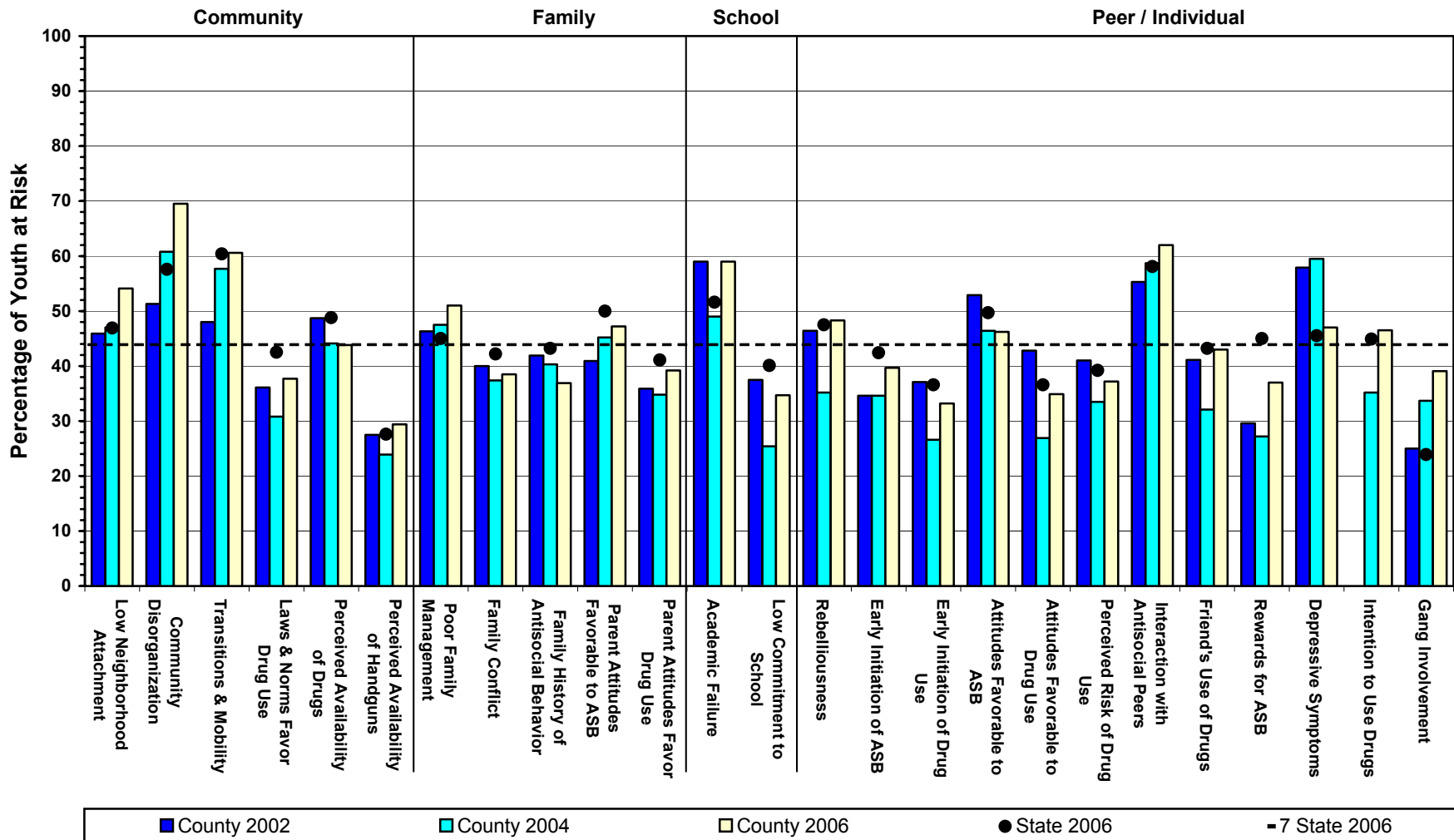
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Yuma County Student Survey, Grade 10



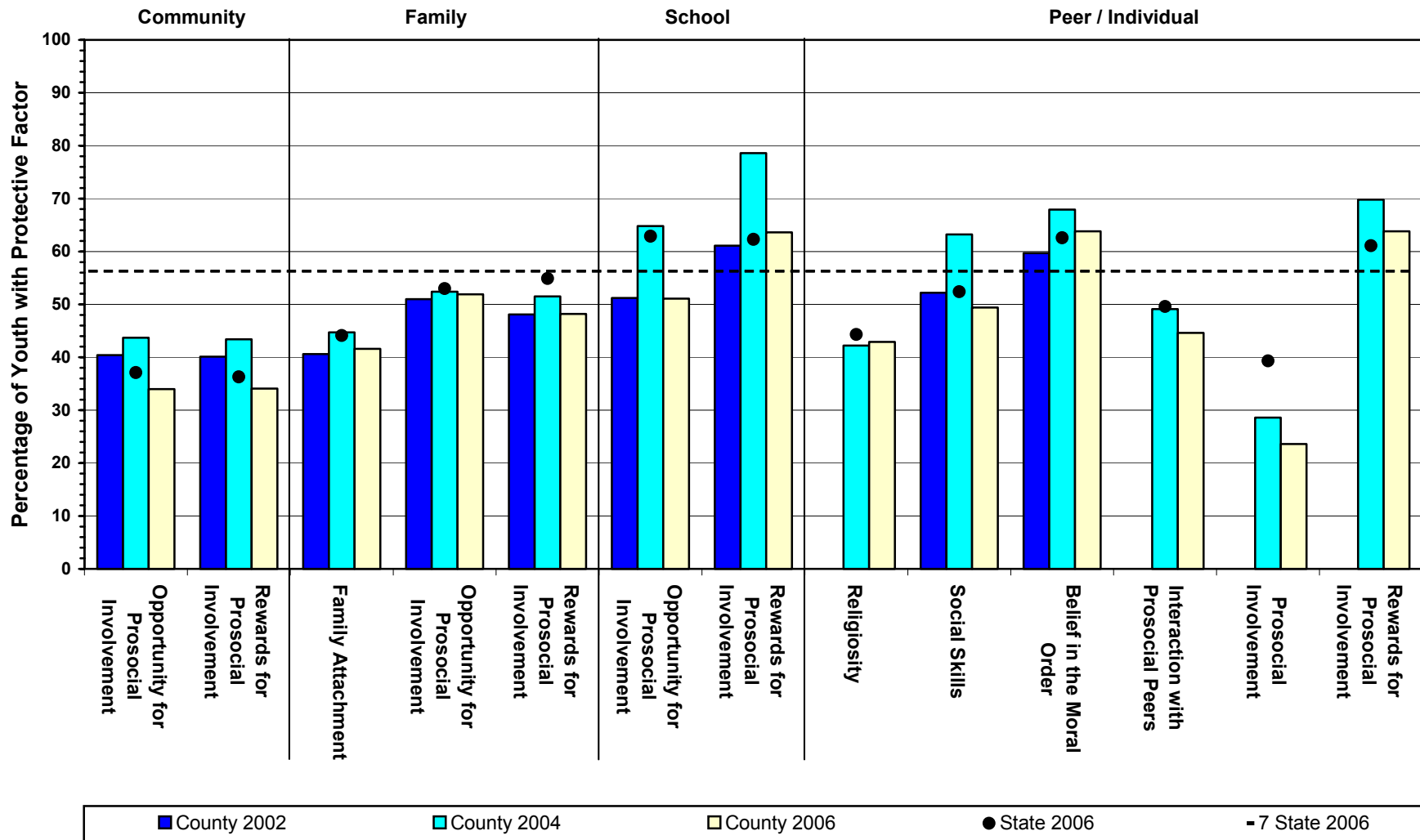
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

2006 Yuma County Student Survey, Grade 10



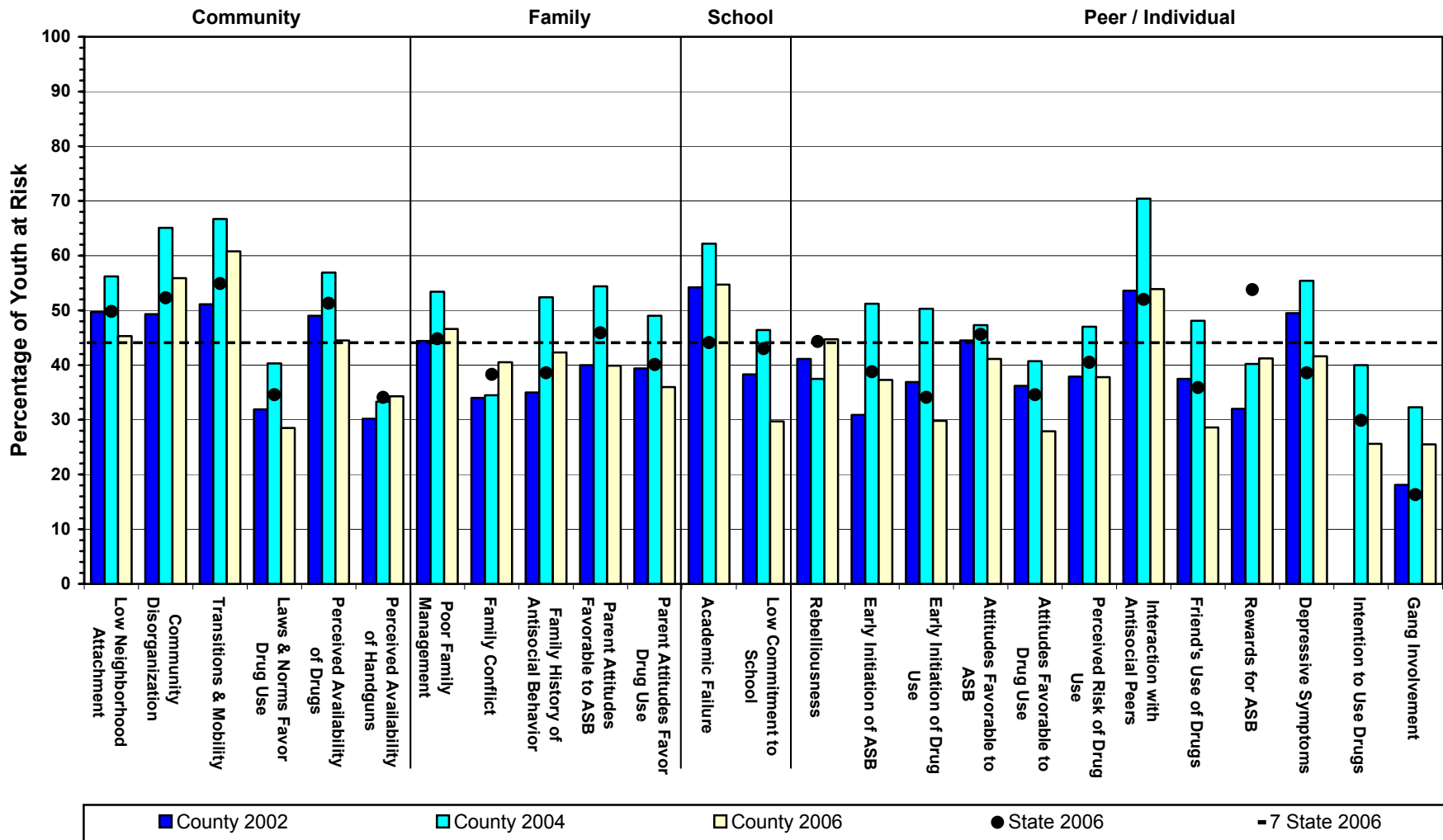
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

RISK PROFILE

2006 Yuma County Student Survey, Grade 12



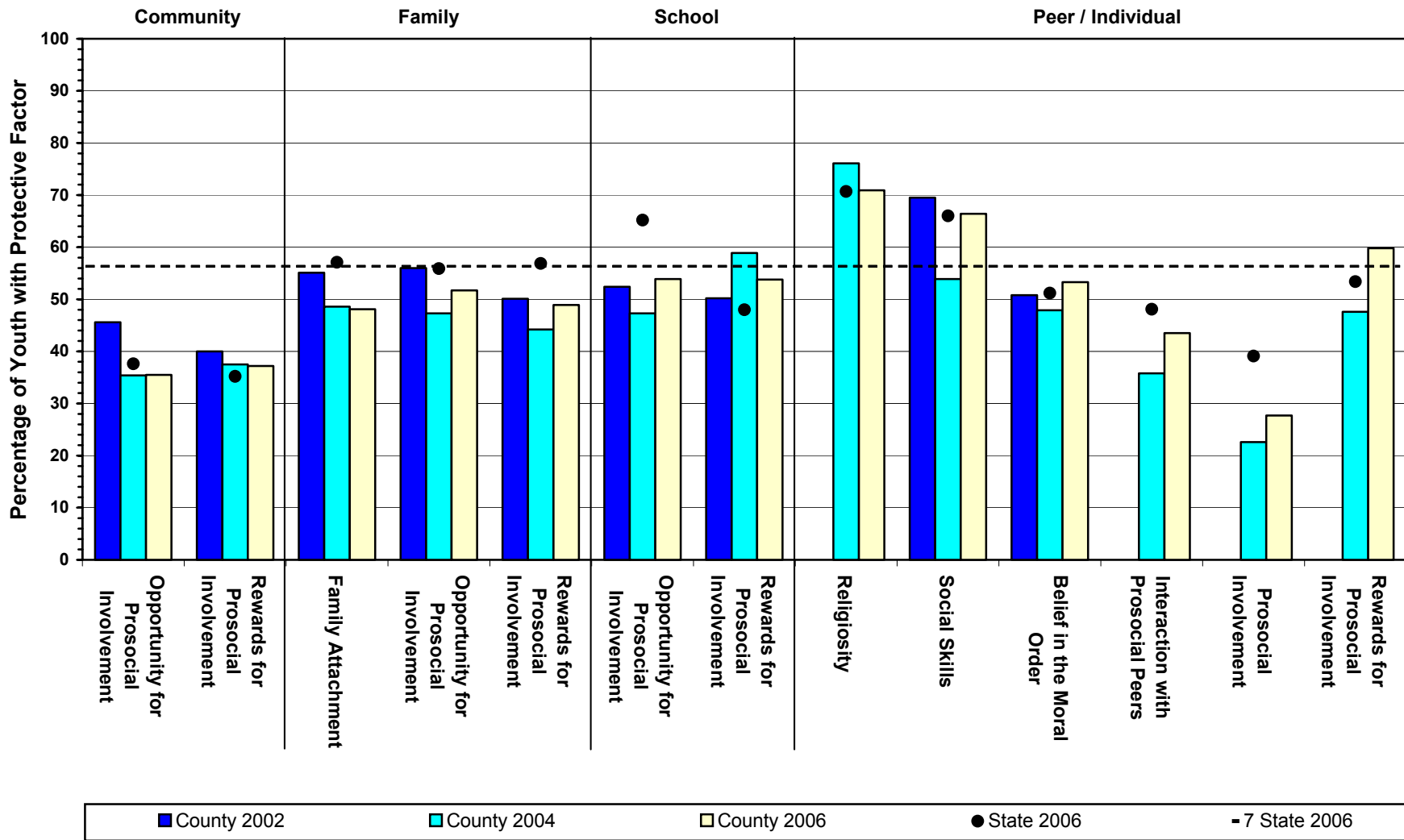
*Not available, scale not included in 2002 survey

Risk and Protective Factor Profiles

Elevated Risk and Protection

PROTECTIVE PROFILE

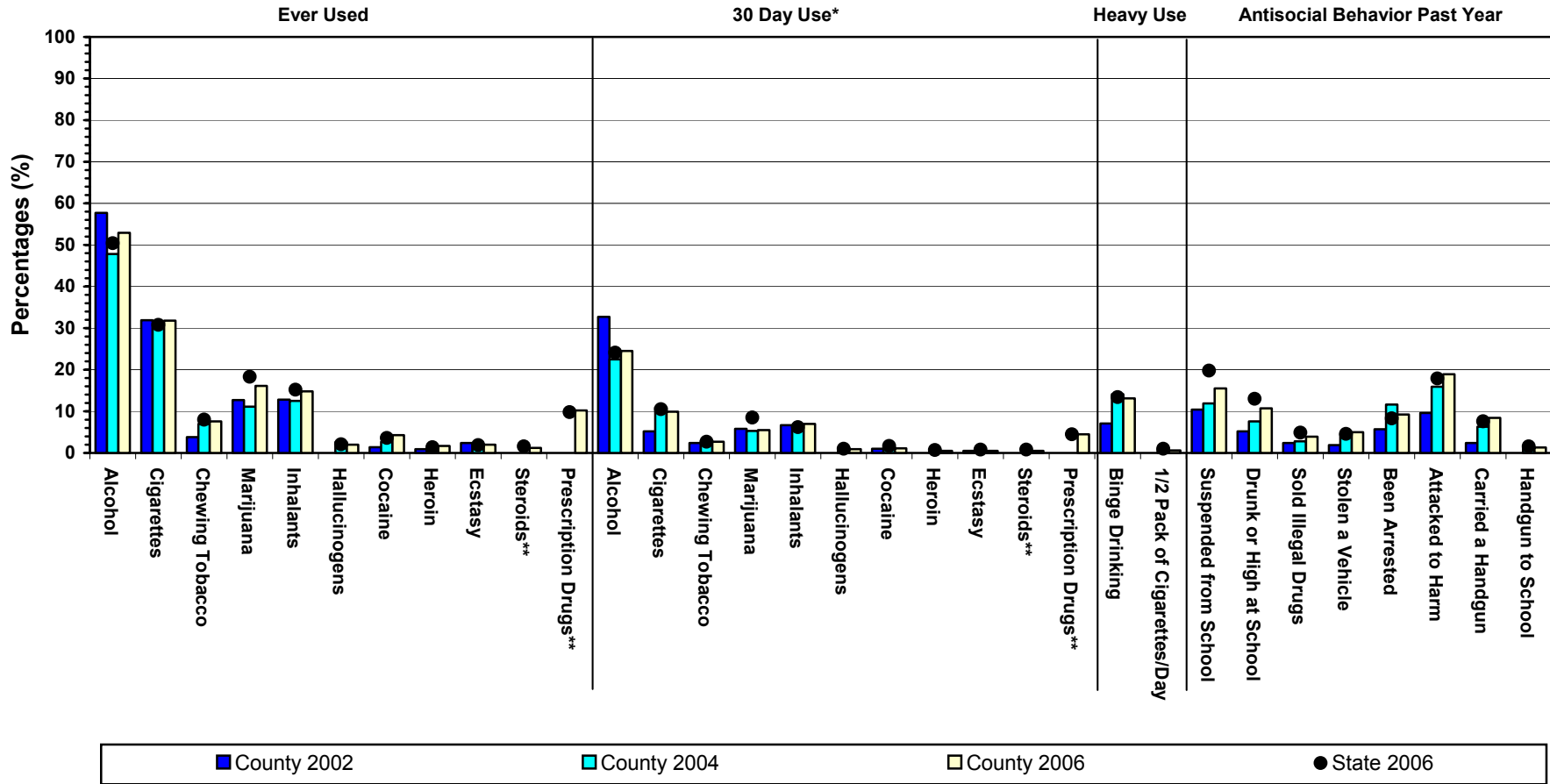
2006 Yuma County Student Survey, Grade 12



*Not available, scale not included in 2002 survey

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Yuma County Student Survey, Grade 8



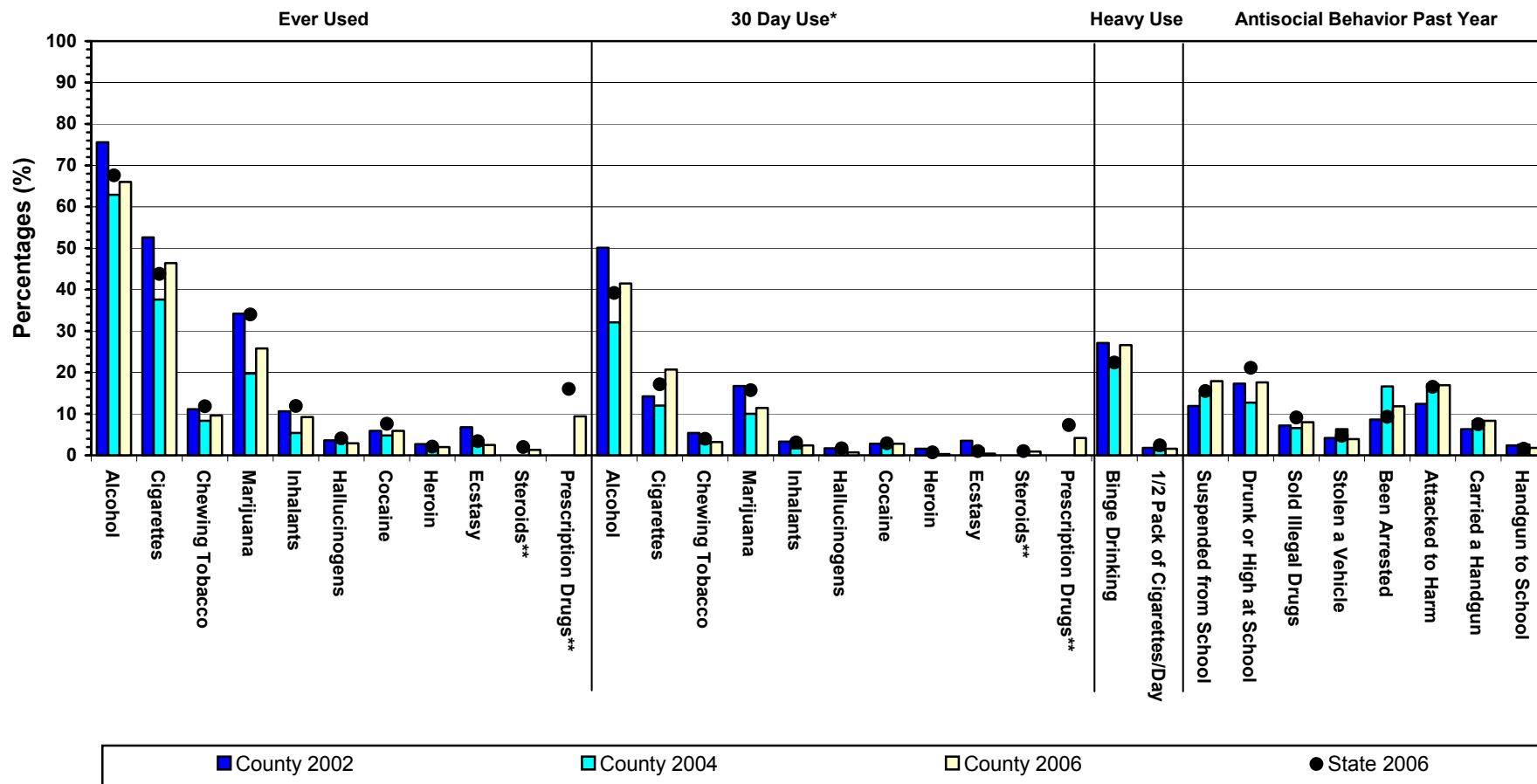
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Yuma County Student Survey, Grade 10



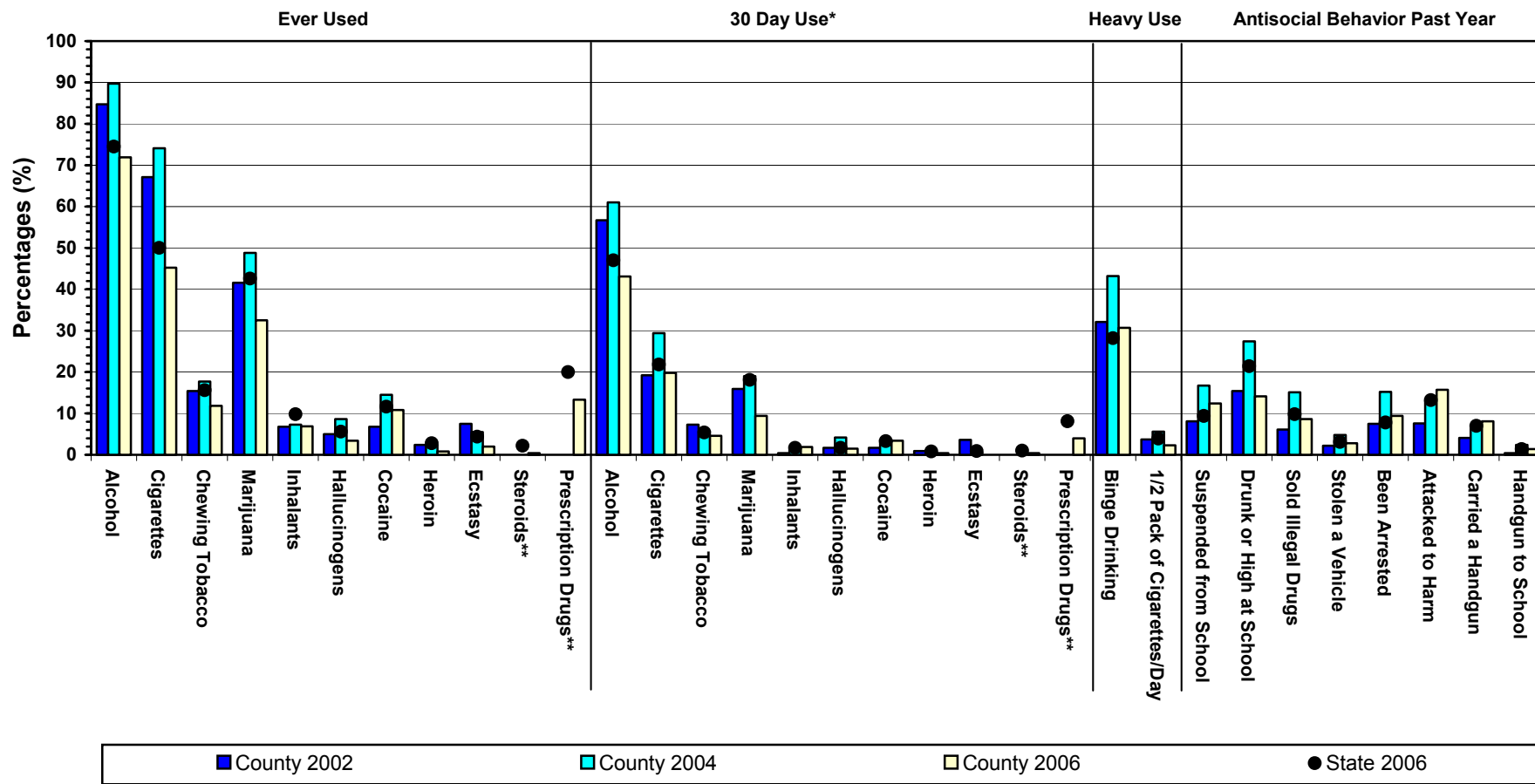
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

** Not available, scale not included in 2002 or 2004 surveys

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ATOD Use and Antisocial Behavior

ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Yuma County Student Survey, Grade 12



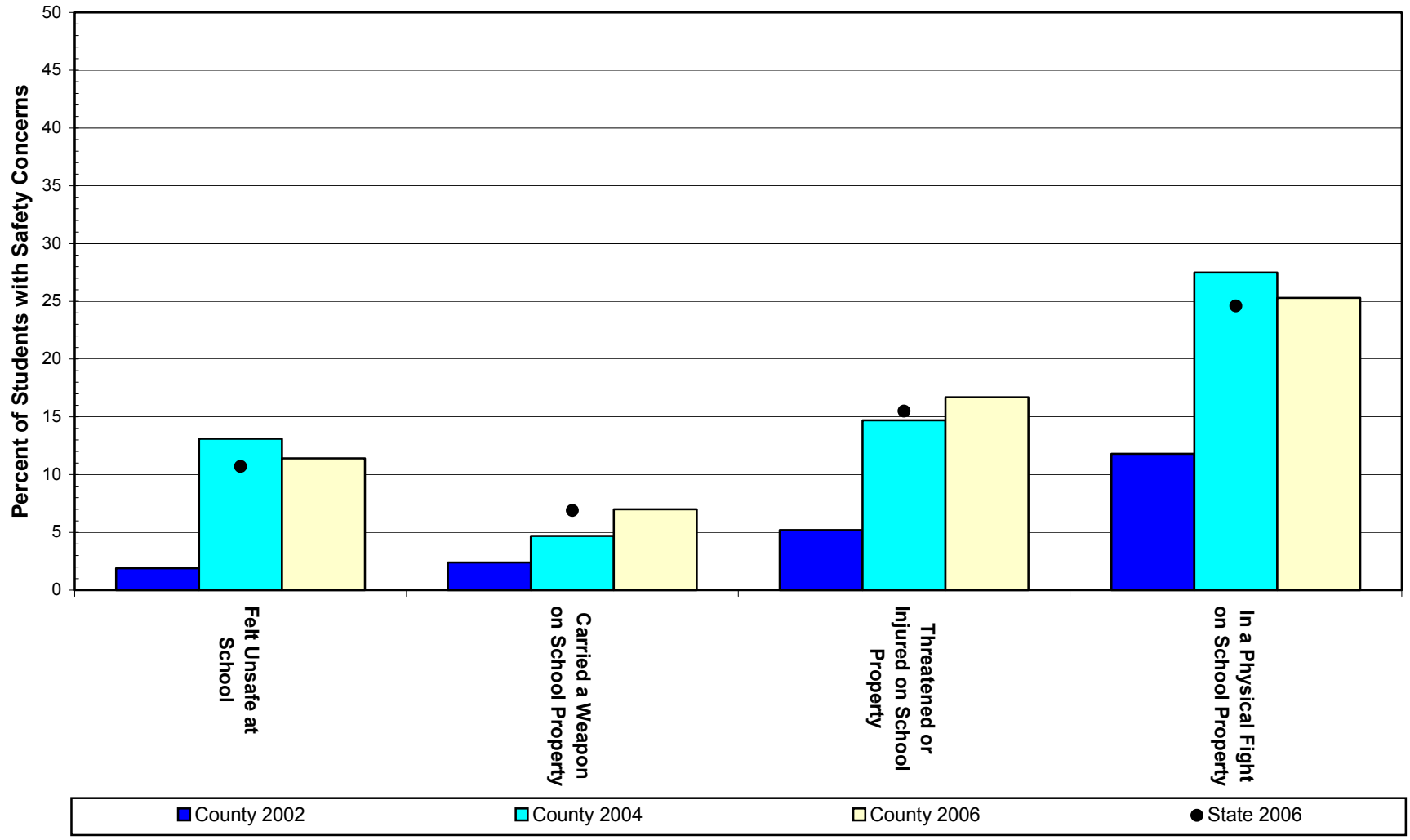
*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

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Due to the change in definitions between administrations in the sedatives, stimulants, and methamphetamine use categories, comparisons cannot be made across the 3 years. For the percentages of use of these drugs please refer to Tables 4 and 5. For an explanation of the differences in definitions, please refer to the footnotes at the bottom of Table 5.

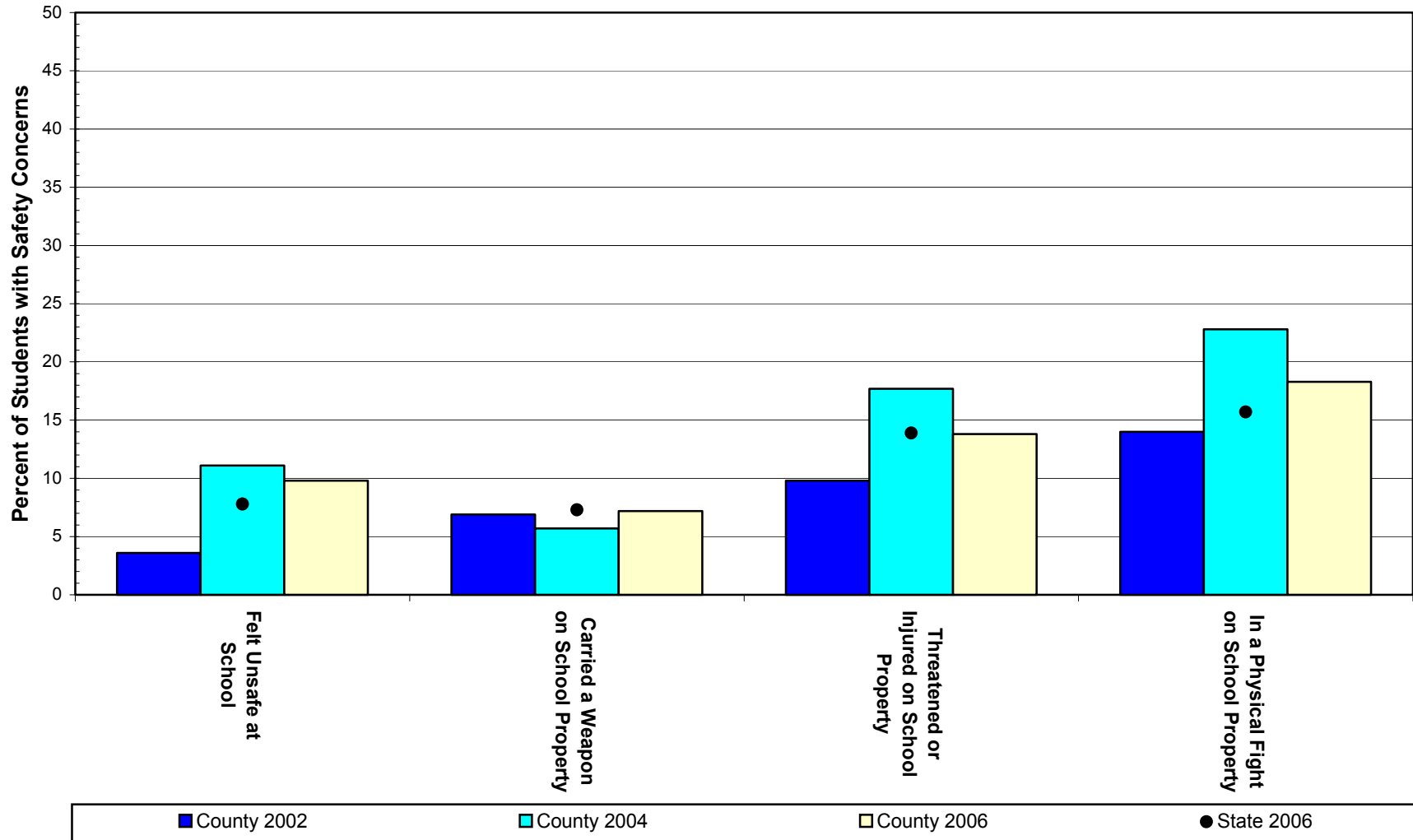
School Safety Profile

SCHOOL SAFETY PROFILE 2006 Yuma County Student Survey, Grade 8



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Yuma County Student Survey, Grade 10



School Safety Profile

SCHOOL SAFETY PROFILE 2006 Yuma County Student Survey, Grade 12

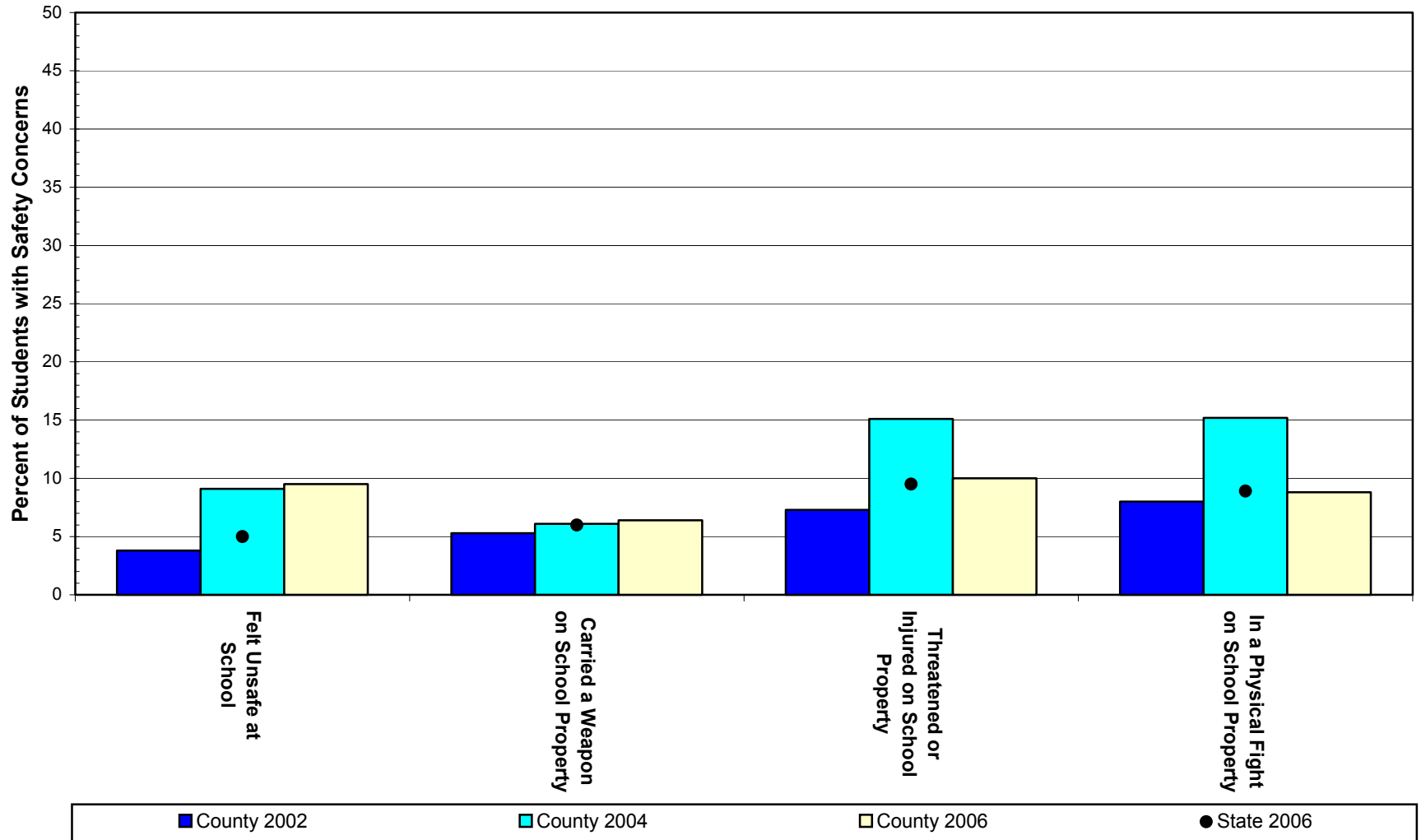


Table 2. Risk and Protective Factor Scale Definitions

<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>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>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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<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.
<i>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>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>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>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Prosocial Norms</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Involvement 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

Total Students	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
	213	778	1518	26872	1008	354	813	19581	550	168	298	13948

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	57.7	47.8	52.9	50.4	75.6	62.9	66.0	67.6	84.7	89.7	71.9	74.5
Cigarettes	31.9	31.3	31.8	30.8	52.6	37.6	46.4	43.8	67.1	74.1	45.2	50.0
Chewing Tobacco	3.8	7.0	7.6	8.0	11.1	8.3	9.6	11.8	15.4	17.7	11.8	15.6
Marijuana	12.7	11.1	16.1	18.3	34.2	19.7	25.8	34.0	41.6	48.8	32.5	42.6
Inhalants	12.8	12.5	14.8	15.2	10.6	5.4	9.2	11.9	6.8	7.3	6.9	9.8
Hallucinogens	0.0	2.6	2.0	2.1	3.6	3.4	2.9	4.1	5.0	8.6	3.4	5.6
Cocaine	1.4	2.7	4.3	3.6	5.9	4.8	5.9	7.6	6.8	14.5	10.8	11.6
Methamphetamines [2002] ¹	1.4	n/a	n/a	n/a	5.5	n/a	n/a	n/a	8.5	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	3.3	2.6	n/a	n/a	6.1	5.0	n/a	n/a	6.6	6.6
Stimulants [2004] ³	n/a	2.8	n/a	n/a	n/a	6.0	n/a	n/a	n/a	12.1	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	3.0	3.4	n/a	n/a	4.6	7.1	n/a	n/a	5.8	8.5
Heroin	0.9	1.2	1.7	1.4	2.7	1.7	2.0	2.1	2.4	2.4	0.8	2.8
Sedatives [2002] ⁵	1.4	n/a	n/a	n/a	3.5	n/a	n/a	n/a	3.3	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	8.7	11.9	10.0	n/a	15.9	9.0	14.3	n/a	13.3	12.4	17.4
Ecstasy	2.4	1.5	2.0	1.9	6.8	3.4	2.5	3.4	7.5	5.5	2.0	4.4
Steroids	n/a	n/a	1.2	1.6	n/a	n/a	1.3	2.0	n/a	n/a	0.4	2.2
Prescription Drugs	n/a	n/a	10.2	9.8	n/a	n/a	9.4	16.0	n/a	n/a	13.3	20.0
Any Drug	22.5	26.2	35.8	36.2	38.5	34.4	36.4	47.0	44.9	54.9	46.0	52.8

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Alcohol	32.7	22.5	24.5	24.1	50.1	32.1	41.5	39.2	56.7	61.0	43.1	47.0
Cigarettes	5.2	10.9	9.9	10.5	14.2	12.0	20.7	17.1	19.2	29.4	19.8	21.8
Chewing Tobacco	2.4	2.9	2.7	2.7	5.4	2.9	3.2	4.0	7.3	4.9	4.6	5.4
Marijuana	5.8	5.3	5.5	8.5	16.7	10.0	11.4	15.7	15.9	19.0	9.4	18.1
Inhalants	6.7	5.5	7.0	6.2	3.3	1.7	2.4	3.1	0.4	1.2	1.9	1.7
Hallucinogens	0.0	1.2	0.9	1.0	1.7	1.4	0.7	1.7	1.7	4.2	1.5	1.7
Cocaine	1.0	1.4	1.1	1.7	2.8	2.6	2.8	2.9	1.7	3.6	3.4	3.3
Methamphetamines [2002] ¹	0.5	n/a	n/a	n/a	2.3	n/a	n/a	n/a	2.2	n/a	n/a	n/a
Methamphetamines [2006] ²	n/a	n/a	1.0	1.0	n/a	n/a	1.7	1.7	n/a	n/a	2.3	1.4
Stimulants [2004] ³	n/a	1.1	n/a	n/a	n/a	2.6	n/a	n/a	n/a	4.2	n/a	n/a
Stimulants [2006] ⁴	n/a	n/a	1.6	1.5	n/a	n/a	1.6	2.9	n/a	n/a	2.7	2.6
Heroin	0.0	0.7	0.5	0.7	1.6	0.9	0.3	0.7	0.9	0.6	0.4	0.8
Sedatives [2002] ⁵	0.0	n/a	n/a	n/a	1.5	n/a	n/a	n/a	1.1	n/a	n/a	n/a
Sedatives [2004, 2006] ⁶	n/a	4.3	5.0	4.5	n/a	6.8	4.8	6.6	n/a	5.5	4.6	7.1
Ecstasy	0.5	0.4	0.5	0.8	3.5	1.7	0.4	1.0	3.6	0.6	0.0	0.9
Steroids	n/a	n/a	0.5	0.8	n/a	n/a	0.9	1.0	n/a	n/a	0.4	1.0
Prescription Drugs	n/a	n/a	4.5	4.5	n/a	n/a	4.2	7.3	n/a	n/a	4.0	8.1
Any Drug	12.9	14.3	18.1	19.7	21.0	17.7	19.2	25.6	18.1	23.8	18.5	26.6

n/a - Indicates a question that was not asked in the 2002, 2004, or 2006 Arizona Youth Surveys.

ATOD questions have differed slightly over the years. The differences are as follows.

On how many occasions (if any) have you:

¹used methamphetamines (meth, crystal, crank)? [2002]

²used methamphetamines (meth, speed, crank, or crystal meth)? [2006]

³used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them? [2004]

⁴used stimulants, other than methamphetamines (such as amphetamines, Ritalin or Dexedrine) without a doctor telling you to take them? [2006]

⁵used quaaludes, barbiturates or tranquilizers? [2002]

⁶used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? [2004, 2006]

*30 day use may appear higher than lifetime use due to missing student responses to the lifetime use question.

Note: 2006 'Any Drug' use does not include reported use of steroids or prescription drugs in order to make the 2006 results comparable to previous surveys. Further, the 2002 lifetime use data presented here is derived from a question asking students to report how old they were when they first used each substance. The 2002 lifetime use value reflects those students who indicated any age of first use.

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

Drug Used	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Binge Drinking	7.1	14.1	13.1	13.4	27.1	22.1	26.6	22.4	32.1	43.2	30.7	28.2
1/2 Pack of Cigarettes/Day	0.0	1.0	0.6	1.0	1.8	1.2	1.6	2.4	3.7	5.6	2.3	3.9

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

Behavior	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Suspended from School	10.4	11.9	15.5	19.8	11.9	14.8	17.9	15.5	8.1	16.7	12.4	9.4
Drunk or High at School	5.2	7.6	10.7	13.0	17.3	12.7	17.6	21.1	15.4	27.4	14.1	21.4
Sold Illegal Drugs	2.4	2.8	3.9	4.9	7.2	6.6	8.0	9.1	6.1	15.1	8.6	9.8
Stolen a Vehicle	1.9	4.6	5.0	4.6	4.2	6.3	3.9	4.7	2.2	4.8	2.8	3.1
Been Arrested	5.7	11.6	9.2	8.3	8.6	16.6	11.8	9.3	7.5	15.2	9.4	7.8
Attacked to Harm	9.6	15.9	18.9	17.9	12.4	17.2	16.9	16.5	7.6	13.1	15.7	13.2
Carried a Handgun	2.4	6.3	8.4	7.6	6.3	8.3	8.3	7.5	4.1	7.1	8.1	7.0
Handgun to School	0.0	1.5	1.3	1.6	2.4	2.6	1.8	1.6	0.4	2.4	1.4	1.4

Table 8. Percentage of Students Reporting Protection

Protective Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Opportunity for Prosocial Involvement	55.7	39.9	42.0	38.2	40.4	43.7	34.0	37.1	45.6	35.4	35.5	37.6
Rewards for Prosocial Involvement	31.0	31.8	27.6	30.4	40.1	43.4	34.1	36.3	40.0	37.5	37.2	35.2
Family Domain												
Family Attachment	49.5	43.3	43.5	48.7	40.6	44.7	41.6	44.1	55.1	48.6	48.1	57.1
Opportunity for Prosocial Involvement	59.9	55.2	53.1	57.4	51.0	52.4	51.9	53.0	56.0	47.3	51.7	55.9
Rewards for Prosocial Involvement	60.4	52.3	55.3	60.6	48.1	51.5	48.2	54.9	50.1	44.2	48.9	56.9
School Domain												
Opportunity for Prosocial Involvement	66.2	58.5	53.6	59.1	51.2	64.8	51.1	62.9	52.4	47.3	53.9	65.2
Rewards for Prosocial Involvement	57.3	55.6	48.2	50.7	61.1	78.6	63.6	62.3	50.2	58.9	53.8	48.0
Peer-Individual Domain												
Religiosity	*	54.2	45.4	46.2	*	42.2	42.9	44.3	*	76.1	70.9	70.7
Social Skills	64.1	62.9	56.6	58.3	52.2	63.2	49.4	52.4	69.5	53.9	66.4	66.0
Belief in the Moral Order	54.9	53.7	52.7	54.3	59.7	67.9	63.8	62.6	50.8	47.9	53.3	51.2
Interaction with Prosocial Peers	*	46.0	45.8	46.1	*	49.1	44.6	49.6	*	35.8	43.5	48.1
Prosocial Involvement	*	38.2	35.9	37.7	*	28.6	23.6	39.3	*	22.6	27.7	39.1
Rewards for Prosocial Involvement	*	64.3	60.7	58.8	*	69.8	63.8	61.1	*	47.6	59.8	53.4

* Not available, scale not included in 2002 survey

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 8				Grade 10				Grade 12			
	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
Community Domain												
Low Neighborhood Attachment	45.5	43.7	42.2	40.7	45.9	47.0	54.1	46.9	49.7	56.2	45.3	49.8
Community Disorganization	35.1	57.0	52.3	48.2	51.3	60.8	69.5	57.6	49.3	65.1	55.9	52.3
Transitions & Mobility	48.0	52.9	60.6	53.7	48.0	57.7	60.6	60.4	51.1	66.7	60.8	54.9
Laws & Norms Favor Drug Use	22.2	28.9	34.4	37.8	36.1	30.8	37.7	42.5	31.9	40.3	28.5	34.6
Perceived Availability of Drugs	39.3	35.9	34.6	38.1	48.7	44.1	43.8	48.8	49.0	56.9	44.5	51.3
Perceived Availability of Handguns	37.8	33.9	37.3	37.0	27.5	23.9	29.4	27.6	30.2	33.3	34.3	34.1
Family Domain												
Poor Family Management	37.2	55.3	49.5	47.9	46.3	47.5	51.0	45.0	44.4	53.4	46.6	44.8
Family Conflict	40.1	52.0	59.0	52.2	40.0	37.4	38.5	42.2	34.0	34.5	40.5	38.3
Family History of Antisocial Behavior	35.4	43.0	46.2	42.7	41.9	40.3	36.9	43.2	35.0	52.4	42.3	38.6
Parent Attitudes Favorable to ASB	44.9	44.4	50.1	48.5	40.9	45.2	47.2	50.0	40.0	54.4	39.9	45.9
Parent Attitudes Favor Drug Use	23.2	24.3	28.1	29.1	35.9	34.8	39.2	41.1	39.4	49.0	36.0	40.1
School Domain												
Academic Failure	52.4	55.3	52.8	48.6	59.0	49.0	59.0	51.6	54.2	62.2	54.7	44.1
Low Commitment to School	39.3	30.2	39.6	41.1	37.5	25.4	34.7	40.1	38.3	46.4	29.7	43.0
Peer-Individual Domain												
Rebelliousness	42.7	38.0	47.9	43.8	46.4	35.2	48.3	47.5	41.1	37.5	44.7	44.3
Early Initiation of ASB	29.1	33.5	36.5	40.2	34.6	34.6	39.7	42.4	30.9	51.2	37.3	38.8
Early Initiation of Drug Use	28.6	32.7	37.2	35.2	37.1	26.6	33.2	36.6	36.9	50.3	29.8	34.1
Attitudes Favorable to ASB	46.0	44.8	46.6	46.2	52.9	46.4	46.2	49.7	44.5	47.3	41.1	45.6
Attitudes Favorable to Drug Use	25.8	28.3	33.2	32.4	42.8	26.9	34.9	36.6	36.2	40.7	27.9	34.6
Perceived Risk of Drug Use	37.4	45.9	46.8	45.4	41.0	33.5	37.2	39.2	37.9	47.0	37.8	40.5
Interaction with Antisocial Peers	40.1	53.2	59.6	58.4	55.3	58.7	62.0	58.1	53.6	70.4	53.9	52.0
Friend's Use of Drugs	39.0	35.2	42.6	41.3	41.1	32.1	43.0	43.2	37.5	48.1	28.6	35.9
Rewards for ASB	32.2	41.0	48.5	48.7	29.6	27.2	37.0	45.0	32.0	40.2	41.2	53.8
Depressive Symptoms	55.3	59.0	48.3	45.7	57.9	59.5	47.0	45.5	49.5	55.4	41.6	38.6
Intention to Use Drugs	*	37.5	37.4	36.5	*	35.2	46.5	44.9	*	40.0	25.6	29.9
Gang Involvement	16.5	34.4	34.7	26.3	25.0	33.7	39.1	23.9	18.1	32.3	25.5	16.3

* Not available, scale not included in 2002 survey

Table 10. Percentage of Students Reporting School Safety Issues

Question	Response	Grade 8				Grade 10				Grade 12			
		County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006	County 2002	County 2004	County 2006	State 2006
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (q43)	0 days	97.6	95.3	93.0	93.1	93.1	94.3	92.8	92.7	94.7	93.9	93.6	94.0
	1 day	0.9	2.5	3.0	3.1	2.0	1.7	3.3	2.4	0.7	1.8	1.1	1.4
	2-3 days	0.9	0.7	1.3	1.6	1.8	1.7	1.3	1.5	0.9	0.6	0.4	0.9
	4-5 days	0.5	0.3	0.4	0.6	0.4	0.6	0.8	0.7	0.2	1.8	0.7	0.6
	6 or more days	0.0	1.3	2.4	1.6	2.7	1.7	1.8	2.7	3.5	1.8	4.3	3.0
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (q41)	0 days	98.1	86.9	88.6	89.3	96.4	88.9	90.2	92.2	96.2	90.9	90.5	95.0
	1 day	1.9	6.6	6.3	6.0	1.9	7.7	5.5	4.1	2.5	1.8	6.0	2.6
	2-3 days	0.0	4.4	3.2	2.8	0.9	2.6	2.0	2.1	0.5	3.0	2.5	1.2
	4-5 days	0.0	0.8	0.4	0.7	0.0	0.0	0.7	0.5	0.2	3.6	0.4	0.4
	6 or more days	0.0	1.3	1.4	1.2	0.8	0.9	1.7	1.1	0.5	0.6	0.7	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (q39)	0 times	94.8	85.3	83.3	84.5	90.2	82.3	86.2	86.1	92.7	84.9	90.0	90.5
	1 time	1.4	9.1	9.4	7.7	4.3	7.7	6.9	6.7	3.6	7.8	4.5	4.4
	2-3 times	3.3	3.6	4.1	4.2	3.6	3.7	3.0	3.9	2.4	4.8	2.8	3.0
	4-5 times	0.5	0.8	1.3	1.3	1.0	2.3	1.7	1.2	0.2	0.6	1.7	0.6
	6-7 times	0.0	0.3	0.4	0.5	0.3	0.6	0.7	0.5	0.5	0.6	0.0	0.3
	8-9 times	0.0	0.3	0.1	0.3	0.1	0.6	0.5	0.3	0.0	0.0	0.3	0.3
	10-11 times	0.0	0.0	0.1	0.3	0.0	0.3	0.1	0.2	0.0	0.6	0.0	0.2
	12 or more times	0.0	0.8	1.2	1.2	0.5	2.6	0.9	1.3	0.5	0.6	0.7	0.7
During the past 12 months, how many times were you in a physical fight on school property? (q40)	0 times	88.2	72.5	74.7	75.4	86.0	77.2	81.7	84.3	92.0	84.8	91.2	91.1
	1 time	9.0	13.7	12.3	13.1	7.0	12.8	9.4	8.9	3.8	6.7	5.6	5.5
	2-3 times	2.4	8.5	7.7	7.1	5.0	6.0	5.2	4.4	3.5	5.5	2.1	2.1
	4-5 times	0.5	3.0	3.1	2.1	1.1	1.1	2.0	1.0	0.4	2.4	0.0	0.4
	6-7 times	0.0	1.0	0.6	0.6	0.3	1.1	0.1	0.2	0.2	0.0	0.0	0.1
	8-9 times	0.0	0.3	0.4	0.4	0.2	0.3	0.7	0.3	0.0	0.6	0.0	0.2
	10-11 times	0.0	0.0	0.3	0.3	0.1	0.6	0.0	0.2	0.0	0.0	0.7	0.1
	12 or more times	0.0	0.9	1.0	1.0	0.4	0.9	0.9	0.7	0.2	0.0	0.4	0.4

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Arizona Department of Education

Student Services Division
www.ade.az.gov

Arizona Department of Health Services

Division of Behavioral Health Services
Lisa Shumaker
602-364-4594
www.azdhs.gov/bhs/index.htm

Arizona Prevention Resource Center

1-800-432-2772
www.azprevention.org

Center for Violence Prevention and Community Safety

Steve Ballance/Charles Katz
602-543-6174/602-543-6618
steve.ballance@asu.edu/
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Center for Substance Abuse Prevention (CSAP)

<http://prevention.samhsa.gov>

Governor's Office of Children, Youth, and Families

602-542-4043
<http://www.governor.state.az.us/cyf/index.html>

Safe and Drug Free Schools and Communities

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

Arizona Department of Gaming's Office of Problem Gambling

Paula Burns
602-266-8299 ext. 351
www.problemgambling.az.gov

Substance Abuse and Mental Health Services Administration (SAMSHA)

www.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/>

Western Regional Center for the Application of Prevention Technologies (CAPT)

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