

KIP SURVEY 2010

Crittenden County

Kentucky Cabinet for Health and Family Services
Department for Behavioral Health, Developmental and Intellectual Disabilities
Division of Behavioral Health

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KENTUCKY
INCENTIVES for
PREVENTION

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KENTUCKY INCENTIVES for PREVENTION

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Setting the Stage for Evidence-Based Planning and Evaluation

Data Trends in Alcohol, Tobacco, and Drug (ATOD) Use

This section begins with a summary of recent national data trends (relative to substance abuse), followed by a review of national youth and Kentucky-specific data trends. Then, a general discussion of the emerging field of evidence-based prevention science is provided as background material to facilitate school and community discussion of how KIP findings can be used appropriately and effectively.

National Data Trends in Substance Abuse

The most comprehensive source of statistical information on the use of illegal drugs by the U.S. population is the National Survey of Drug Use and Health (NSDUH). This is an annual survey, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and pertains to individuals aged 12 years or older.

Some of the most prominent findings from the 2009 data include:

Illicit Drug Use

- In 2009, an estimated 21.8 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 8.7 percent of the population aged 12 or older. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.
- The rate of current illicit drug use among persons aged 12 or older in 2009 (8.7 percent) was higher than the rate in 2008 (8.0 percent).
- Marijuana was the most commonly used illicit drug. In 2009, there were 16.7 million past month users. Among persons aged 12 or older, the rate of past month marijuana use and the number of users in 2009 (6.6 percent or 16.7 million) were higher than in 2008 (6.1 percent or 15.2 million) and in 2007 (5.8 percent or 14.4 million).

- In 2009, there were 1.6 million current cocaine users aged 12 or older, comprising 0.7 percent of the population. These estimates were similar to the number and rate in 2008 (1.9 million or 0.7 percent) but were lower than the estimates in 2006 (2.4 million or 1.0 percent).
- Hallucinogens were used in the past month by 1.3 million persons (0.5 percent) aged 12 or older in 2009, including 760,000 (0.3 percent) who had used Ecstasy. The number and percentage of Ecstasy users increased between 2008 (555,000 or 0.2 percent) and 2009.
- In 2009, there were 7.0 million (2.8 percent) persons aged 12 or older who used prescription-type psychotherapeutic drugs nonmedically in the past month. These estimates were higher than in 2008 (6.2 million or 2.5 percent), but similar to estimates in 2007 (6.9 million or 2.8 percent).
- The number of past month methamphetamine users decreased between 2006 and 2008, but then increased in 2009. The numbers were 731,000 (0.3 percent) in 2006, 529,000 (0.2 percent) in 2007, 314,000 (0.1 percent) in 2008, and 502,000 (0.2 percent) in 2009.
- Among youths aged 12 to 17, the current illicit drug use rate increased from 2008 (9.3 percent) to 2009 (10.0 percent). Between 2002 and 2008, the rate declined from 11.6 to 9.3 percent.
- The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002 to 6.7 percent in 2006, remained unchanged at 6.7 percent in 2007 and 2008, then increased to 7.3 percent in 2009.
- Among youths aged 12 to 17, the rate of nonmedical use of prescription-type drugs declined from 4.0 percent in 2002 to 2.9 percent in 2008, then held steady at 3.1 percent in 2009.
- The rate of current Ecstasy use among youths aged 12 to 17 declined from 0.5 percent in 2002 to 0.3 percent in 2004, remained at that level through 2007, then increased to 0.5 percent in 2009.
- Between 2008 and 2009, the rate of current use of illicit drugs among young adults aged 18 to 25 increased from 19.6 to 21.2 percent, driven largely by an increase in marijuana use (from 16.5 to 18.1 percent).
- From 2002 to 2009, there was an increase among young adults aged 18 to 25 in the rate of current nonmedical use of prescription-type drugs (from 5.5 to 6.3 percent), driven primarily by an increase in pain reliever misuse (from 4.1 to 4.8 percent). There were decreases in the use of cocaine (from 2.0 to 1.4 percent) and methamphetamine (from 0.6 to 0.2 percent).
- Among those aged 50 to 59, the rate of past month illicit drug use increased from 2.7 percent in 2002 to 6.2 percent in 2009. This trend partially reflects the aging into this age group of the baby boom cohort, whose lifetime rate of illicit drug use is higher than those of older cohorts.

- Among persons aged 12 or older in 2008-2009 who used pain relievers non-medically in the past 12 months, 55.3 percent got the drug they most recently used from a friend or relative for free. Another 17.6 percent reported they got the drug from one doctor. Only 4.8 percent got pain relievers from a drug dealer or other stranger, and 0.4 percent bought them on the Internet. Among those who reported getting the pain reliever from a friend or relative for free, 80.0 percent reported in a follow-up question that the friend or relative had obtained the drugs from just one doctor.
- Among unemployed adults aged 18 or older in 2009, 17.0 percent were current illicit drug users, which was higher than the 8.0 percent of those employed full time and 11.5 percent of those employed part time. However, most illicit drug users were employed. Of the 19.3 million current illicit drug users aged 18 or older in 2009, 12.9 million (66.6 percent) were employed either full or part time. The number of unemployed illicit drug users increased from 1.3 million in 2007 to 1.8 million in 2008 and 2.5 million in 2009, primarily because of an overall increase in the number of unemployed persons.
- In 2009, 10.5 million persons aged 12 or older reported driving under the influence of illicit drugs during the past year. This corresponds to 4.2 percent of the population aged 12 or older, which is similar to the rate in 2008 (4.0 percent) and the rate in 2002 (4.7 percent). In 2009, the rate was highest among young adults aged 18 to 25 (12.8 percent).

Alcohol Use

- Slightly more than half of Americans aged 12 or older reported being current drinkers of alcohol in the 2009 survey (51.9 percent). This translates to an estimated 130.6 million people, which is similar to the 2008 estimate of 129.0 million people (51.6 percent).
- In 2009, nearly one quarter (23.7 percent) of persons aged 12 or older participated in binge drinking. This translates to about 59.6 million people. The rate in 2009 is similar to the estimate in 2008. Binge drinking is defined as having five or more drinks on the same occasion on at least 1 day in the 30 days prior to the survey.
- In 2009, heavy drinking was reported by 6.8 percent of the population aged 12 or older, or 17.1 million people. This rate was similar to the rate of heavy drinking in 2008. Heavy drinking is defined as binge drinking on at least 5 days in the past 30 days.
- Among young adults aged 18 to 25 in 2009, the rate of binge drinking was 41.7 percent, and the rate of heavy drinking was 13.7 percent. These rates were similar to the rates in 2008.
- The rate of current alcohol use among youths aged 12 to 17 was 14.7 percent in 2009, which is similar to the 2008 rate (14.6 percent). Youth binge and heavy drinking rates in 2009 (8.8 and 2.1 percent) were also similar to rates in 2008 (8.8 and 2.0 percent).
- Past month and binge drinking rates among underage persons (aged 12 to 20) declined between 2002 and 2008, but then remained unchanged between 2008 (26.4 and 17.4 percent) and 2009 (27.2 and 18.1 percent).

- Among persons aged 12 to 20, past month alcohol use rates in 2009 were 16.1 percent among Asians, 20.4 percent among blacks, 22.0 percent among American Indians or Alaska Natives, 25.1 percent among Hispanics, 27.5 percent among those reporting two or more races, and 30.4 percent among whites.

- In 2009, 55.9 percent of current drinkers aged 12 to 20 reported that their last use of alcohol in the past month occurred in someone else's home, and 29.2 percent reported that it had occurred in their own home. About one third (30.3 percent) paid for the alcohol the last time they drank, including 9.0 percent who purchased the alcohol themselves and 21.3 percent who gave money to someone else to purchase it. Among those who did not pay for the alcohol they last drank, 37.1 percent got it from an unrelated person aged 21 or older, 19.9 percent from another person younger than 21 years old, and 20.6 percent from a parent, guardian, or other adult family member.

- In 2009, an estimated 12.0 percent of persons aged 12 or older drove under the influence of alcohol at least once in the past year. This percentage has dropped since 2002, when it was 14.2 percent. The rate of driving under the influence of alcohol was highest among persons aged 21 to 25 (24.8 percent).

Tobacco Use

- In 2009, an estimated 69.7 million Americans aged 12 or older were current (past month) users of a tobacco product. This represents 27.7 percent of the population in that age range. In addition, 58.7 million persons (23.3 percent of the population) were current cigarette smokers; 13.3 million (5.3 percent) smoked cigars; 8.6 million (3.4 percent) used smokeless tobacco; and 2.1 million (0.8 percent) smoked tobacco in pipes.

- Between 2002 and 2009, past month use of any tobacco product decreased from 30.4 to 27.7 percent, and past month cigarette use declined from 26.0 to 23.3 percent. Rates of past month use of cigars, smokeless tobacco, and pipe tobacco in 2009 were similar to corresponding rates in 2002.

- The rate of past month tobacco use among 12 to 17 year olds remained steady from 2008 to 2009 (11.4 and 11.6 percent, respectively). The rate of past month cigarette use among 12 to 17 year olds also remained steady between 2008 and 2009 (9.1 and 8.9 percent, respectively) but declined since 2002 when the rate was 13.0 percent. However, past month smokeless tobacco use among youths increased from 2.0 percent in 2002 to 2.3 percent in 2009.

Initiation of Substance Use (Incidence, or First-Time Use) within the Past 12 Months

- In 2009, an estimated 3.1 million persons aged 12 or older used an illicit drug for the first time within the past 12 months. This averages to about 8,500 initiates per day and is similar to the estimate for 2008 (2.9 million). A majority of these past year illicit drug initiates reported that their first drug was marijuana (59.1 percent). Nearly one third initiated with psychotherapeutics (28.6 percent, including 17.1 percent with pain relievers, 8.6 percent with tranquilizers, 2.0 percent with stimulants, and 1.0 percent with

sedatives). A sizable proportion reported inhalants (9.8 percent) as their first illicit drug, and a small proportion used hallucinogens as their first drug (2.1 percent).

- In 2009, the illicit drug categories with the largest number of past year initiates among persons aged 12 or older were marijuana use (2.4 million) and nonmedical use of pain relievers (2.2 million). These estimates were not significantly different from the numbers in 2008. However, the number of marijuana initiates increased between 2007 (2.1 million) and 2009 (2.4 million).
- In 2009, the average age of marijuana initiates among persons aged 12 to 49 was 17.0 years, significantly lower than the average age of marijuana initiates in 2008 (17.8 years), but similar to that in 2002 (17.0 years).
- The number of past year initiates of methamphetamine among persons aged 12 or older was 154,000 in 2009. This estimate was significantly higher than the estimate in 2008 (95,000), but lower than the estimate in 2002 (299,000).
- There was a significant increase in the number of past year initiates of Ecstasy between 2008 and 2009, from 894,000 to 1.1 million. The estimate was 1.2 million in 2002, declined to 642,000 in 2003, and nearly doubled between 2005 (615,000) and 2009.
- The number of past year cocaine initiates declined from 1.0 million in 2002 to 617,000 in 2009. The number of initiates of crack cocaine declined during this period from 337,000 to 94,000.
- In 2009, there were 180,000 persons who used heroin for the first time within the past year, significantly more than the average annual number from 2002 to 2008. Estimates during those years ranged from 91,000 to 118,000 per year.
- Most (85.5 percent) of the 4.6 million past year alcohol initiates were younger than 21 at the time of initiation.
- The number of persons aged 12 or older who smoked cigarettes for the first time within the past 12 months was 2.5 million in 2009, similar to the estimate in 2008 (2.4 million), but significantly higher than the estimate for 2002 (1.9 million). Most new smokers in 2009 were younger than 18 when they first smoked cigarettes (58.8 percent or 1.5 million).
- The number of persons aged 12 and older who used smokeless tobacco for the first time within the past year increased from 951,000 in 2002 to 1.5 million in 2009.

Youth Prevention-Related Measures

- Perceived risk is measured by NSDUH as the percentage reporting that there is great risk in the substance use behavior. The percentage of youths aged 12 to 17 perceiving great risk in smoking marijuana once or twice a week increased from 51.5 percent in 2002 to 55.0 percent in 2005, but dropped to 49.3 percent in 2009. Between 2002 and 2008, the percentages who reported great risk in smoking one or more packs of cigarettes

per day increased from 63.1 to 69.7 percent, but in 2009 the percentage dropped to 65.8 percent.

- Almost half (49.9 percent) of youths aged 12 to 17 reported in 2009 that it would be "fairly easy" or "very easy" for them to obtain marijuana if they wanted some. Approximately one in five reported it would be easy to get cocaine (20.9 percent). About one in seven (13.5 percent) indicated that LSD would be "fairly" or "very" easily available, and 12.9 percent reported easy availability for heroin. Between 2002 and 2009, there were declines in the perceived availability for all four drugs.
- A majority of youths aged 12 to 17 (90.5 percent) in 2009 reported that their parents would strongly disapprove of their trying marijuana or hashish once or twice. Current marijuana use was much less prevalent among youths who perceived strong parental disapproval for trying marijuana or hashish once or twice than for those who did not (4.8 vs. 31.3 percent).
- In 2009, almost four fifths (77.0 percent) reported having seen or heard drug or alcohol prevention messages from sources outside of school, lower than in 2002 (83.2 percent). The percentage of school-enrolled youths reporting that they had seen or heard prevention messages at school also declined during this period, from 78.8 to 74.9 percent.

The cost to society of drug use has been estimated by the White House Office of National Drug Control Policy (2005) as follows:

Estimated Indirect¹ Costs to Society of Drug Abuse, 1992–2002 (2002 \$, Millions)

Year	Premature death	Drug abuse-related illness	Institutionalization/hospitalization	Productivity loss of victims of crime	Incarceration	Crime careers	Total
1992	28,961	18,214	1,894	2,640	22,961	24,617	99,287
1993	27,877	17,138	1,870	3,098	24,110	24,595	98,688
1994	28,034	19,234	2,043	3,100	25,607	23,796	101,815
1995	28,406	20,938	2,210	2,806	27,130	23,812	105,301
1996	23,745	23,241	1,758	2,674	28,473	27,241	107,132
1997	19,901	22,323	1,863	2,570	30,511	29,824	106,993
1998	19,323	25,542	1,971	2,279	33,257	27,180	109,553
1999	22,535	26,995	1,873	2,111	35,399	26,952	115,866
2000	23,045	28,654	1,782	1,930	36,244	26,836	118,492
2001	23,686	30,681	1,870	1,835	36,869	26,957	121,897
2002	24,648	33,452	1,996	1,797	39,095	27,576	128,563

¹Indirect costs are productivity losses attributable to drug abuse.

Source: Office of National Drug Control Policy (November 2004). *The Economic Costs of Drug Abuse in the United States, 1992–2002*. Washington, DC: Executive Office of the President.

National Data Trends among Youth

The Monitoring the Future (MTF) study is conducted annually by the Institute for Social Research at the University of Michigan. It measures adolescent drug use nationally in grades 8, 10 and 12. Many of the items on the MTF are comparable or equivalent to those on the KIP survey, so this data provides a useful benchmark for comparison purposes.

The MTF survey evidence affirms that the problem of substance abuse remains widespread among youth in America. Many drugs under study (including crack cocaine, ecstasy, heroin, narcotics other than heroin, Vicodin specifically, OxyContin specifically, amphetamines, methamphetamine, crystal methamphetamine, tranquilizers, Rohypnol, and ketamine) remained at essentially the same usage rate among American youth. Notably, however, after a decade of gradual decline, prevalence of marijuana began to increase in 2009. Use of smokeless tobacco also rose significantly in 2009. Use of powder cocaine continued to decline in all grades.

Excerpts from the 2009 MTF findings are provided below:

Drugs decreasing in use

Three drugs showed declines in 2009 in 12th grade only: *LSD, other hallucinogen*, and *Ritalin. Adderall*, the use of which was measured for the first time in 2009, may be replacing the use of Ritalin outside of medical supervision. The annual prevalence rates observed for Adderall are relatively high, at 2%, 6%, and 5% in grades 8, 10, and 12, respectively. Both Ritalin and Adderall are stimulants used in the treatment of attention deficit hyperactivity disorder (ADHD). *Cocaine* and *powder cocaine* continued to decline in all grades in 2009.

Drugs Holding Steady

The use of quite a number of drugs held fairly steady in 2009. These included *crack cocaine, ecstasy, heroin, narcotics other than heroin* taken as a class, *Vicodin* specifically, *OxyContin* specifically, *amphetamines, methamphetamine, crystal methamphetamine, tranquilizers, Rohypnol*, and *ketamine*. Use of most of these drugs is at or below peak levels, in particular methamphetamine and crystal methamphetamine. In fact, methamphetamine use is down by between two thirds and three quarters since 1999, when its use was first measured.

Drugs Showing Signs of Increased Use

The drugs that are not down from peak levels are the narcotics other than heroin; their continued high rate of use is among the more disturbing findings from the 2009 survey.

But perhaps the most important finding in this year's results is the fact that, after a decade of gradual decline, *marijuana* use has begun to tilt up. Lifetime, annual, and 30-day prevalence of marijuana use leveled in 2008 and began to increase in 2009. The 2007–2009 increase in 30-day use for the three grades combined (from 12% to 14%) was, in fact, significant. So, it would appear that the turnaround, though not yet dramatic, is real. As is often the case, this increase was preceded and accompanied by a decline in adolescents' beliefs about how much risk marijuana use poses. The proportion seeing great risk in regular marijuana use fell from 76% in 2004 to 70% in 2009 among 8th graders, from 66% in 2005 to 60% in 2009 among 10th graders, and from 58% in 2005 to 52% in 2009 among 12th graders.

Prescription Drugs

Since 2007, particular emphasis has been placed on the use of *prescription drugs* outside of medical supervision, and on the use of *over-the-counter cough and cold medicines* to get high. As mentioned above, the use of amphetamines did not continue to decline this year. Use of *sedatives (barbiturates)* (measured in 12th grade only) continues a very gradual decline that began after 2005. *Tranquilizer* use held fairly steady this year, while use of *narcotics other than heroin* has been the exception, as is mentioned above, holding steady at historically high levels since 2002 among 12th graders (use for 8th and 10th graders is not reported). The use of two important narcotics, *Vicodin* and *OxyContin*, has not changed significantly since peak levels reached in recent years, but their 2009 levels are the highest observed so far.

The misuse of *over-the-counter cough and cold medicines*, most of which contain dextromethorphan, was first measured in 2006; this misuse has declined a bit in 8th and 12th grades since then, but not in 10th grade.

The use of *anabolic steroids* had been steadily declining in recent years since peak levels were reached by 8th graders in 2000, by 10th graders in 2002, and by 12th graders in 2004. There was no further systematic change this year. The rates in 2009 *are down from those peaks by roughly half*.

Cigarettes and Alcohol

Cigarettes. Nearly half (44%) of American young people have tried cigarettes by 12th grade, and one out of five (20%) 12th graders is a current smoker. Even as early as 8th grade, one in five (20%) has tried cigarettes, and 1 in 15 (7%) has already become a current smoker. Fortunately, there has been some real improvement in these statistics over the last 12–13 years, following a dramatic increase in adolescent smoking earlier in the 1990s. Some of that improvement was simply regaining lost ground; however, in 2009, cigarette use reached the lowest levels recorded in the life of the MTF study, going back 34 years in the case of 12th graders.

Thirty-day prevalence of cigarette use reached a peak in 1996 at grades 8 and 10, capping a rapid climb from the 1991 levels (when data were first gathered on these grades). Between 1996 and 2009, current smoking has fallen considerably in these grades (by 69% and 57%, respectively). For 12th graders, peak use occurred a year later, in 1997, and has since shown a more modest decline, dropping to 20% by 2009. However, because of the strong cohort effect that we have consistently observed for cigarette smoking, we expect the 12th graders to continue to show declines, as the lighter using cohorts of 8th and 10th graders become 12th graders. Overall increases in perceived risk and disapproval appear to have contributed to this downturn. Perceived risk increased substantially and steadily in all grades from 1995 through 2004, after which it leveled in 8th and 10th grades, but continued rising in 12th grade until 2006, after which it leveled and then declined some in 2008. Disapproval of smoking had been rising steadily in all grades since 1996. After 2004, the rise decelerated in the lower grades through 2006—again, reflecting a cohort effect in this attitude.

It seems likely that some of the attitudinal change surrounding cigarettes is attributable to the adverse publicity suffered by the tobacco industry in the 1990s, as well as a reduction in cigarette advertising and an increase in antismoking advertising reaching children. Price is also likely to have been an important factor; cigarette prices rose appreciably in the late 1990s and early 2000s as cigarette companies tried to cover the costs of the tobacco settlement, and as many states increased excise taxes on cigarettes.

Various other attitudes toward smoking became more unfavorable during that interval, as well, though some have since leveled off. For example, among 8th graders, the proportions saying that they “prefer to date people who don’t smoke” rose from 71% in 1996 to 81% by 2004, where it remains in 2009. Similar changes occurred in 10th and 12th grades, as well. Thus, at the present time, smoking is likely to make an adolescent less attractive to the great majority of potential romantic partners.

Smokeless tobacco use had also been in decline in recent years, continuing into the early 2000s, but the decline appears to have ended in all grades. The 30-day prevalence rates for smokeless tobacco were down by about half from peak levels, but all grades showed some increase in use over the past few years.

Alcohol use remains extremely widespread among today’s teenagers. Nearly three quarters of students (72%) have consumed alcohol (more than just a few sips) by the end of high school, and more than one third (37%) have done so by 8th grade. In fact, more than half (57%) of 12th graders and one sixth (17%) of 8th graders in 2009 report having been drunk at least once in their life.

To a considerable degree, alcohol trends have tended to parallel the trends in illicit drug use. These include a modest increase in binge drinking (defined as having five or more drinks in a row at least once in the past two weeks) in the early and mid-1990s, though it was a proportionally smaller increase than was seen for most of the illicit drugs. Fortunately, binge drinking rates leveled off seven to ten years ago, just about when the illicit drug rates began to turn around, and in 2002 a drop in drinking and drunkenness began to appear in all grades. Gradual declines continued until 2009, when rates leveled off in the upper grades. The longer term trend data available for 12th graders show that

alcohol usage rates, and binge drinking in particular, are now substantially below peak levels in the early 1980s.

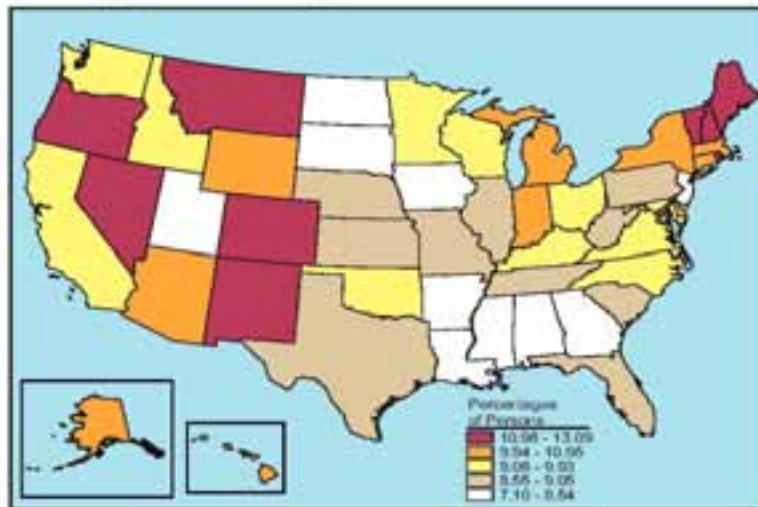
Source: Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2010). Monitoring the Future national results on adolescent drug use: Overview of key findings, 2009 (NIH Publication No. 10-7583). Bethesda, MD: National Institute on Drug Abuse, 83 pp.

State-level Data Trends

The maps on the following pages summarize the key themes that emerge from a comparative review of state-level data. This information comes from the National Survey on Drug Use and Health (NSDUH; formerly known as the National Household Survey), which provides one of the most comprehensive “snapshots” of substance abuse within various age groups across the country.

Illicit Drug Use in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUH

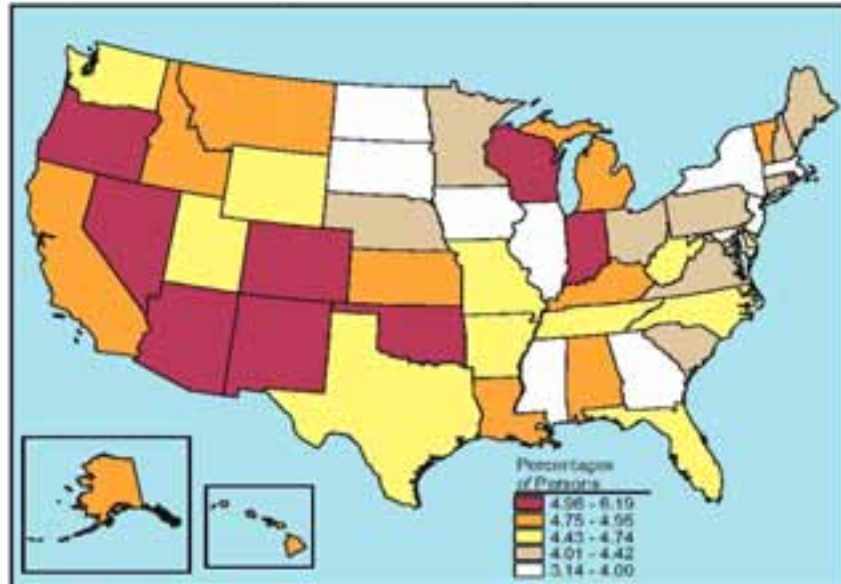
Illicit Drug Use in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUHs



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

Illicit Drug Use Other Than Marijuana in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUH

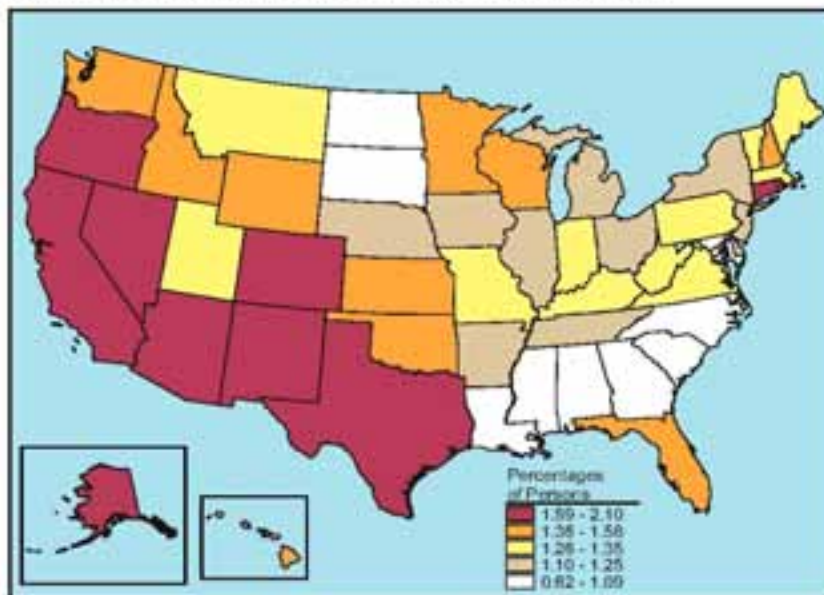
Illicit Drug Use Other Than Marijuana in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUHs



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

Cocaine Use in Past Year among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUH

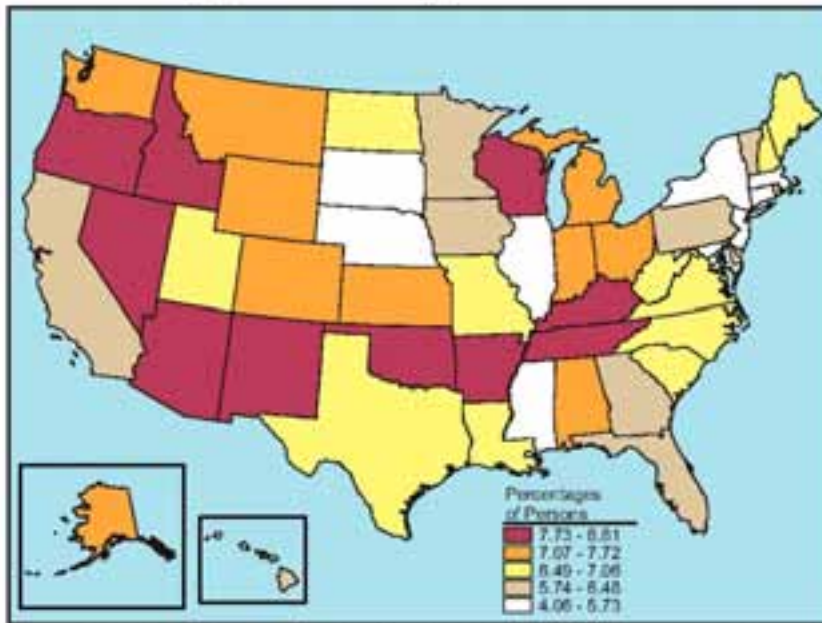
Cocaine Use in Past Year among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUHs



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

Nonmedical Use of Pain Relievers in Past Year among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUHs

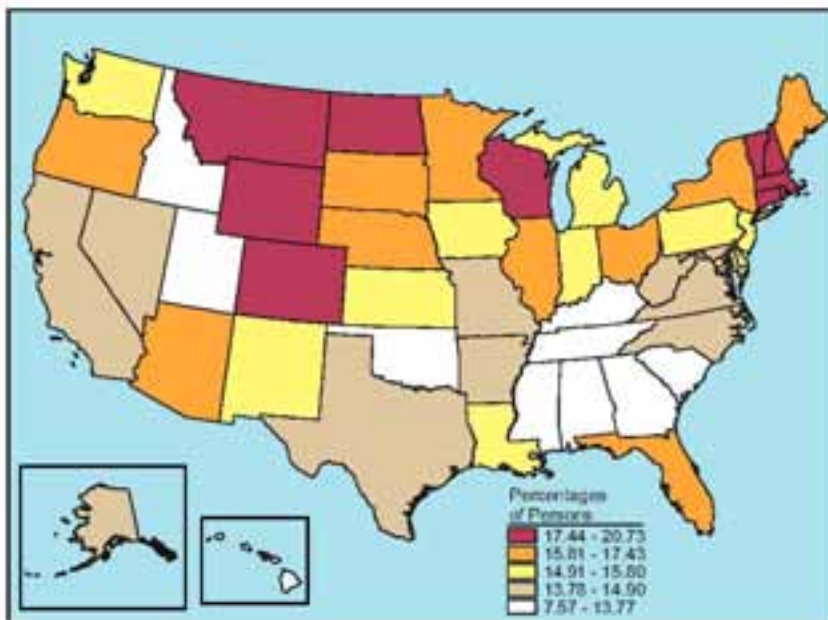
Nonmedical Use of Pain Relievers in Past Year among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUH



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

Alcohol Use in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUHs

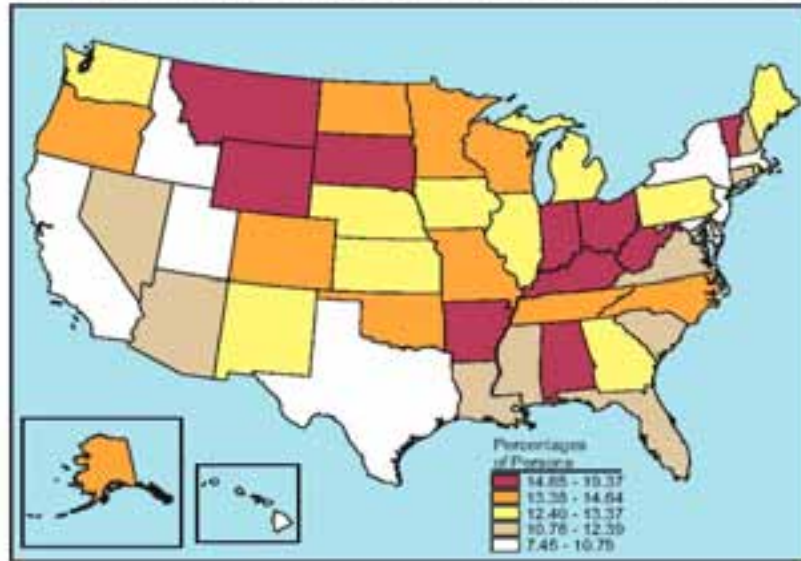
Alcohol Use in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2007 and 2008 NSDUH



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

**Tobacco Product Use
in Past Month
among Youths Aged
12 to 17, by State:
Percentages, Annual
Averages Based on
2007 and 2008
NSDUH**

**Tobacco Product Use in Past Month among Youths Aged 12 to 17, by State:
Percentages, Annual Averages Based on 2007 and 2008 NSDUHs**



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

Youth Risk Behavior Surveillance System

State specific data are also available from the Youth Risk Behavior Surveillance System (YRBSS). YRBSS includes a national school-based survey conducted by the Centers for Disease Control (CDC) as well as state and local school-based surveys conducted by education and health agencies. It monitors six categories of priority health-risk behaviors among youth and young adults, including alcohol, other drug and tobacco use.

Findings from the 2009 YRBSS survey related to alcohol, other drug, and tobacco use among Kentucky youth (in grades 9, 10, 11 and 12) are listed below:

Alcohol Use

- 7.3% reported driving a car while under the influence of alcohol
- 69.3% reported trying alcohol at least once
- 37.8% reported drinking alcohol at least once in the past month
- 23.6% reported heavy episodic drinking (having 5 or more drinks) at least one day in the past month

Tobacco Use

- 59.0% had smoked a cigarette at least once
- 26.1% reported smoking at least one cigarette in the past month
- 13.8% smoked 10 or more cigarettes in one day at least once in the past month
- 42.9% reported trying to quit smoking cigarettes at least once in the past year
- 14.2% reported use of smokeless tobacco in the past month
- 17.2% smoked cigars in the past month
- 33.5% reported current tobacco use

Other Drug Use

- 16.1% had used marijuana at least once in the past 30 days
- 6.0% had used cocaine at least once in lifetime
- 4.9% reported trying methamphetamine at least once in lifetime
- 13.4% reported using inhalants at least once in lifetime
- 4.0% had used steroids at least once in lifetime

Source: Centers for Disease Control and Prevention. [Youth Risk Behavior Surveillance, United States- 2009]. *Surveillance Summaries*, [2009]. *MMWR* 2010;59(No. SS-5).

Kentucky Tobacco Prevalence Data

Each year more than 8,000 Kentuckians die of illnesses caused by tobacco use. Some die of lung cancer, while others fall victim to cardiovascular disease because of tobacco use. Annually, over \$1.2 billion is spent in Medicaid and Medicare funds to treat Kentuckians for illnesses caused or made worse by their use of tobacco products. This equals \$300 for each of the 4 million people living in Kentucky.

Kentucky Tobacco Prevalence Data

	Kentucky	National
<u>Current Adult Smoking Rate, 2009</u>	<u>25.6%</u>	<u>17.9%</u>
<u>Current High School Smoking Rate, 2008</u>	<u>26.8%</u>	<u>20.0%</u>
<u>Current Middle School Smoking Rate, 2008</u>	<u>9.7%</u>	<u>8.0%</u>
<u>Smoking During Pregnancy Rate, 2005</u>	<u>26.7%</u>	<u>10.7%</u>

To help combat the toll that tobacco takes on the health of Kentuckians, the state Tobacco Prevention and Cessation Program has adopted the four Centers for Disease Control and Prevention (CDC) goals for reducing the negative health effects of tobacco use:

- Preventing the initiation of tobacco use among young people
- Promoting cessation among young people and adults
- Eliminating non-smokers exposure to environmental tobacco smoke
- Identifying and eliminating the disparities related to tobacco and its effects on different population groups

The program mission is to reduce preventable and premature deaths attributed to tobacco use by implementing programs to decrease tobacco use and exposure to secondhand tobacco smoke. This includes local and statewide programs encouraging youth not to use tobacco products and helping those who want to quit in doing so. These goals are achieved through a community component based in local health departments. This draws on existing infrastructure and strong links between local groups concerned about reducing the health risks and illness associated with tobacco use.

Kentucky is one of 46 states to receive funds from the Tobacco Master Settlement Agreement. With these funds and a grant from CDC, staff in the Kentucky Department for Public Health (KDPH) provides ongoing technical support and training for local health departments (LHD) as well as funding to help them achieve their specific area goals.

Sources: *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2009].*

Kentucky Youth Tobacco Survey 2008 Report

National Youth Tobacco Survey 2006 Report

Prevention Science: A Guide for Evidence-Based Intervention

Program planning and evaluation efforts to prevent substance abuse in Kentucky are grounded in the emerging field of prevention science. While the concepts of prevention and early interventions are long-standing in public health, community psychology, education, and related fields, it has been only recently that scientific knowledge and methodology have evolved such that findings can be usefully related to substance abuse programs and practices. Prevention science is related to on-going work in the areas of health promotion and behavioral risk reduction.

Fundamental to this emerging science of substance abuse prevention are certain core empirically-based concepts. All are predicated on the belief that it is crucial to have clear estimates of the prevalence and incidence of substance abuse for various populations and

settings (a key reason for the KIP survey in Kentucky) in order to gauge change and the effectiveness of prevention and treatment programs.

- *There are a variety of developmental pathways to substance abuse.*
- *Early childhood developmental and family factors can play a substantial role in creating subsequent vulnerability.*
- *The eventual emergence of substance abuse is influenced by the presence or absence of specific risk and resilience factors, which can also serve as targets for intervention.*
- *Substance abuse prevention efforts need to be systemic in orientation, and have been shown to be effective in family, school, peer group, mass media, or community contexts (or combinations of these).*
- *A substantial portion of the substance abuse prevention literature relates to school-based programs.*
- *Media-based programs have been shown to have some utility when used with other strategies, but alone are insufficient to induce change.*
- *Target population characteristics should be considered in planning for prevention program implementation (e.g., adolescents, African-American youth, male-female differences, children of divorce).*
- *Setting characteristics of prevention and intervention strategies can also make a difference (e.g., urban-rural).*

Some Key Terms

Evidence-based program - A program that is theory-driven, has activities/interventions related to the theory of change underlying the program model, has been well implemented, and has produced empirically verifiable outcomes, which are assumed to be positive.

Science-based refers to a process in which experts use commonly agreed-upon criteria for rating research interventions and come to a consensus that evaluation research findings are credible and can be substantiated. From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research- or evidence-based. Experts analyze programs for credibility, utility, and generalizability. Credibility refers to the level of certainty concerning the cause-and-effect relationship of programs to outcomes. Utility refers to the extent to which the findings can be used to improve programming, explain program effects, or guide future studies. Generalizability refers to the extent to which findings from one site can be applied to other settings and populations.

- *Promoting behavioral competence in social, behavioral, emotional, and academic areas is central to effective prevention.*
- *Effective substance abuse interventions tend to combine useful content with a delivery approach that is engaging.*

Based on this emerging research literature, the **US Department of Education** has published guidelines for school-based substance abuse prevention termed the **Principles of Effectiveness**. These are:

- *base programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served;*
- *with the assistance of a local or regional advisory council where required by the SDFSCA, establish a set of measurable goals and objectives and design its programs to meet those goals and objectives;*
- *design and implement programs for youth based on research or evaluation that provides evidence that the programs used prevent or reduce drug use, violence, or disruptive behavior among youth;*
- *evaluate programs periodically to assess progress toward achieving goals and objectives; use evaluation results to refine, improve, and strengthen program; and to refine its goals and objectives as appropriate.*

Organizing, Synthesizing, Interpreting, and Using Your School's Data

This section begins with a brief description of the background and methodology of the survey. It proceeds to consider the kinds of uses the findings may support, in the context of a broad conceptual framework for thinking about substance abuse and prevention in a school-community. Planning tools that may facilitate organization of the data are also offered.

History and Development of the KIP Survey

The KIP Survey has been administered in Kentucky for a number of years through the Substance Abuse Prevention Program in the Cabinet for Health and Family Services, through agreements with individual school districts across the state. The intent of the survey is to anonymously assess student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance abuse (e.g., peer influences, perception of risk, school safety). In 2006, three questions on gambling, another potential form of addiction, were added to the survey. School district and individual student participation have always been on a voluntary basis.

Originally, the KIP survey was used as part of a federal initiative that funded state incentive grants for substance abuse prevention across the country. In our state, these pilot programs were termed the Kentucky Incentives for Prevention program (thus, the name “KIP Survey”). The core items on the present KIP survey were originally chosen by the federal Center for Substance Abuse Prevention (CSAP), based on extensive research on risk and resilience factors associated with youth substance abuse. Additional items have been added that are specific to Kentucky. Basing the scale on the federal model enables comparisons to other states and to the nation, while at the same time making within-state comparisons. The fact that the KIP survey has been administered since 1999 within Kentucky enables school-community comparisons over time.

The survey is now conducted bi-annually in the fall in even-numbered years (2008, 2010, etc.), with 6th, 8th, 10th, and 12th graders attending school in Kentucky communities. There is no cost to the individual districts (costs are paid by the Substance Abuse Prevention Program, Cabinet for Health and Family Services). Extensive efforts

go into assuring the anonymity of students who fill out the brief survey, and to insuring that no student feels coerced to participate. Parents who do not wish their child to participate are given the opportunity through both general and specific notifications that they may refuse on behalf of their child.

Effective with the 2008 administration, both a paper and web-based version of the KIP survey were made available to districts. Classroom administration of the paper survey (including distribution, giving instructions, completing the survey, and collecting the survey) takes between forty and fifty minutes. Classroom administration of the web-based survey takes slightly less time. REACH of Louisville provides technical assistance to school districts to insure standardization in administration; and REACH provides each school district with a comprehensive report of their findings. The questionnaires are administered to classroom groups, sent to a service agency that scans them electronically, and then analyzed by REACH of Louisville. School districts have some flexibility as to when to administer the scale within an approximate 5-week window (October), and results are scanned, tabulated and reported in three to four months following administration. District results are reported only to the school district and not released in a public report. More specific information about the content of the scale, and the kinds of school and community goals that this information can support are shown in the table that follows.

School and Community Goals by KIP Survey Indicators

Goals	Survey Items
ATOD Use Among Youth (Long-term objectives)	
Delay onset of ATOD use	12a, b, c, d
Delay onset of smokeless tobacco	12i
Reduce tobacco (smokeless & cigarettes) use	15,16,17,18,19,20
Reduce alcohol use	21abc, 22, 23, 30
Reduce marijuana use	24a, b, c
Reduce cocaine or crack use	26a, b, c
Reduce inhalants use	25a, b, c
Reduce narcotics/prescription drugs use	27a, b, c
Reduce uppers use	29a, b, c
Reduce methamphetamine use	29b
Reduce use of tranquilizers	30
Reduce over-the-counter drugs use	31a, b, c
Zycopan (fictitious drug)	33a, b, c
Reduce problems related to ATOD abuse	34a, b, c, d, e, f, g, h, i, k

Goals	Survey Items
Antisocial/Delinquent Behavior (Long-term objectives)	
Delay onset of antisocial/delinquent behavior	12e, f, g, h
Reduce frequency of antisocial/delinquent behavior	13a, b, c, d, e, f, g, h
Risk and Protective Factors (Intermediate objectives)	
Increase youth disapproval of ATOD use	40a, b, c, d, e, f
Increase perceived risks of ATOD Use	14a, b, c, d
Reduce ATOD use by friends	11a, b, c, d, e, f
Increase parental disapproval of ATOD use	41a, b, c, d, e, f
Reduce perceived availability of alcohol	35
Reduce perceived availability of tobacco	36
Reduce perceived availability of drugs	39, 40, 42, 44, 46
School Safety (Long term objectives)	
Reduce fear of crime at school	42, 43, 44, 45, 48
Reduce pervasiveness of weapons at school	50h, i
Reduce delinquent behavior in school	49a, b, c, d, e
Reduce student problems at school	50a, b, c, d, e, f, g, h, i, j

Conceptual Framework for Substance Abuse Prevention

In the third section of this report, you will be provided with numerous charts depicting the data from your district's survey and comparing it to KIP survey data at the regional and state levels, and, when available, to comparable data at the national level. Following the charts are tabular information on all KIP survey responses from students in your district. Administration of the KIP survey in a school district yields a great deal of data. However, the fact of having data does not insure that the data are understood or used in a sound and meaningful way. In fact, perhaps the greatest challenge involved in conducting the KIP survey is to translate these raw data into useful information so that meaningful conclusions can be drawn.

In order to do that, we believe there is a need for a broad-based conceptual framework for thinking about substance abuse prevention. A review of the research literature in the emerging field of prevention science (see Section 1) suggests that there are certain key factors to be considered in school- and community-based substance abuse prevention. These can be grouped into three main areas (or domains): (1) Substance Abuse Problem Identification; (2) Proximal Risk and Resilience (i.e., protective) Factors; and, (3) Community-Level Contextual Factors.

Substance Abuse Problem Identification

The first domain listed above, Substance Abuse Problem Identification, refers to prevalence and incidence data that can help a community understand: (1) the rate at which substances are being used or abused; (2) the nature and scope of these problems; and, (3) how the problems are perceived. These kinds of problem identification data are most often used to construct a needs assessment for the community. The KIP survey can be invaluable in this respect, because it provides information about student self-reported use of substances (e.g., within last 30 days, last year), student perceptions about substance use (e.g., level of risk, peer and parent disapproval), and perceived accessibility of substances in the community.

However, as you will note on the graphic, you also have available to you other sources of data that can help you “fill in the picture”. These include data your district reports to the Kentucky Center for School Safety, such as the number of school disciplinary actions related to ATOD offenses on school property in a given year, and the rate of tobacco-related policy violations in your school district.

It is important to note that in addition to the “quantitative” information described above, a fuller picture may emerge by using “qualitative” methods to gather information. Such methods can include anecdotal data from specific incidents, focus groups, and supplemental student surveys.

Proximal¹ Risk and Resilience Factors

Research has shown that there are some factors that are highly correlated with substance abuse. Knowledge about the relative presence or absence of these factors in a given school-community can help to both understand the nature of the problems and plan for effective preventive interventions. Examples of proximal factors at the school level may include economic disadvantage (as measured by the number of students eligible for free and reduced lunch), student engagement or “bonding” (as measured by attendance and drop out rates), school achievement (e.g., retention rates, CATs scores, Kentucky Core Content test scores), and school safety and climate (e.g., perception of risk, number of law and school board policy violations).

¹ The word “proximal” in this context refers to factors that are more likely to be directly involved in the development of substance abuse (such as school engagement), as opposed to more “distal” factors that may be correlated at low levels (e.g., access to child care at a young age).

All of these are indicators that may help to understand the factors that may give rise to problems related to substance abuse. Interpretation of the KIP findings should always take these factors into consideration.

Community-Level Contextual Factors

The data for each school-community have meaning only in the context of the general factors that make that community unique. For example, some communities are densely populated within relatively small geographic regions, while others are more sparsely populated but are geographically quite large. Communities across Kentucky vary tremendously with respect to demographic characteristics, such as population, race/ethnicity, literacy, poverty, business patterns, and many other such dimensions. A broad understanding of these factors can also help to place substance abuse issues in context.

Planning Worksheet²

The worksheets offered below are a tool to help you organize information related to the three domains discussed above. Some of the information will be derived from the next section of this report, which provides your district's KIP findings.

Additionally, county level demographics and related information are now available online for your examination in our substance abuse prevention data warehouse at <http://sig.reachoflouisville.com> (copy and paste this link into your browser). In addition to providing a wealth of information about community characteristics and substance abuse prevention, this site will also be very helpful in creating presentation-ready tables, graphs, and maps.

Finally, video-based informational material about the KIP survey and suggestions for how to organize and interpret this information can be found at:

<http://www.reachoflouisville.com/kip/>

² **DATA SOURCES:** **A** = Kentucky Center for School Safety; **B** = Kentucky Department of Education; **C** = Kentucky State Data Center; **D** = KIP survey

PLANNING WORKSHEET: Substance Abuse³

Use and Abuse	School Year 10-11	School Year 09-10	School Year 08-09	School Year 07-08
# of disciplinary actions for substance abuse related offenses (A)				
Rate of Part I and Part II SA Law Violations (A)				
Rate of tobacco policy violations (A)				
Rate of problems associated with ATOD				
Drunk driving (D)				
Trouble in school (D)				
Hurt or injured (D)				
Fighting with peers (D)				
Fighting with parents (D)				
Illegal acts (D)				
Could not recall actions (D)				
Pressured someone to do something sexual (D)				
Was pressured to do something sexual (D)				
Self-perceived drinking problem (D)				
Car accident (D)				
Marijuana (30-day use) (D)				
Alcohol (30-day use) (D)				
Smokeless tobacco (30-day use) (D)				
Cigarettes (30-day use) (D)				
Cocaine/crack (30-day use) (D)				
Inhalants (30-day use) (D)				
Narcotics (30-day use) (D)				
Uppers (30-day use) (D)				
Over-the-counter drugs (30-day use) (D)				
Oxycontin (30-day use) (D)				
Crystal meth (30-day use) (D)				
MDMA (ecstasy) (30-day use) (D)				
Binge drinking (2-week frequency) (D)				
Drunkness (30-day frequency) (D)				
Peer use of ATOD				
Cigarette smoking (D)				
Alcohol use (D)				
Marijuana use (D)				
Use of other drugs (D)				

³ **DATA SOURCES:** **A** = Kentucky Center for School Safety; **B** = Kentucky Department of Education; **C** = Kentucky State Data Center; **D** = KIP survey

PLANNING WORKSHEET: Substance Abuse (continued)⁴

Perception and Availability	School Year 10-11	School Year 09-10	School Year 08-09	School Year 07-08
Risk of smoking cigarettes (D)				
Risk of trying marijuana once or twice (D)				
Risk of smoking marijuana regularly (D)				
Risk of drinking alcohol regularly (D)				
Parental disapproval of alcohol (D)				
Parental disapproval of cigarettes (D)				
Parental disapproval of marijuana (D)				
Parental disapproval of LSD, cocaine, amphetamine (D)				
Ease of getting alcohol (D)				
Ease of getting cigarettes (D)				
Ease of getting marijuana (D)				
Ease of getting other drugs (D)				
Problem perception				
Tobacco use (D)				
Alcohol use (D)				
Drug use (D)				
Selling drugs (D)				

PLANNING WORKSHEET: Community-Level Contextual Factors

Geographic Characteristics	County	Region	Kentucky
Land area (sq. miles) (C)			
Persons per sq. mile (C)			
General Population Characteristics	County	Region	Kentucky
# of children under 5 (C)			
% children under 5 (C)			
# of children 5-9 (C)			
% children 5-9 (C)			
# of children 10-14 (C)			
% children 10-14 (C)			
# of children 15-19 (C)			
% children 15-19 (C)			
% children by race/ethnicity (C)			
Total population (C)			
Population % change 1990-2000 (C)			
Persons with disabilities			

⁴ **DATA SOURCES:** **A** = Kentucky Center for School Safety; **B** = Kentucky Department of Education; **C** = Kentucky State Data Center; **D** = KIP survey

PLANNING WORKSHEET: Community-Level Contextual Factors (continued)

Family Characteristics	County	Region	Kentucky
Marital status (C)			
Grandparents as caregivers (C)			
Language spoken at home (C)			
Literacy levels (C)			
2000 child poverty rate (C)			
% both parents working (C)			
Socioeconomic Characteristics	County	Region	Kentucky
Employment (C)			
Occupations (C)			
Median household per capita income (C)			
Poverty (C)			
Educational attainment of adults (C)			
Agricultural profile (C)			
Housing units (C)			
Home ownership rate (C)			
Housing units in multi-unit structure (C)			
Median value of owner-occupied housing (C)			
Persons per household (C)			
Retail sales per capita (C)			
Private non-farm employment change, 1990-1999 (C)			

Synthesizing Your Information

Once you have gone through the process of organizing the information from the KIP survey findings and the other data sources described above, it is easier to begin to see patterns and draw inferences. Sometimes patterns in the data will become more obvious if you create comparison graphs to look at historical trends or compare your district or county with surrounding counties or your region. The ultimate goal, of course, is to obtain a clearer understanding of what the data are telling you. There is no one piece or type of data that can answer all the questions. However, it is useful to begin with evaluation questions as you review your district's data. Here are some examples:

- What is the current state of affairs within our district with respect to student use of various substances? Has this changed over time?

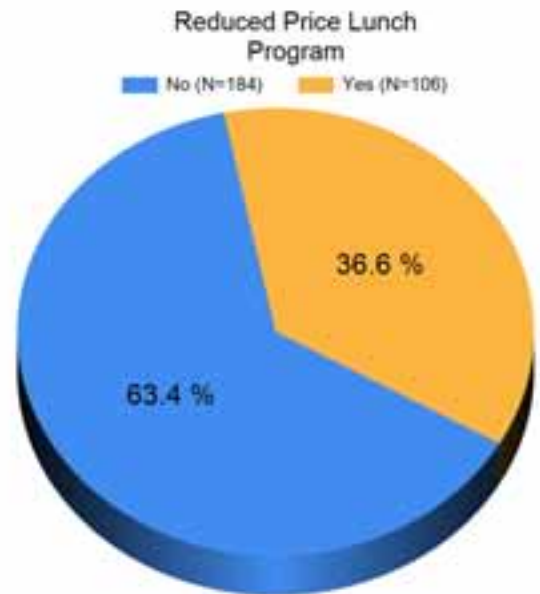
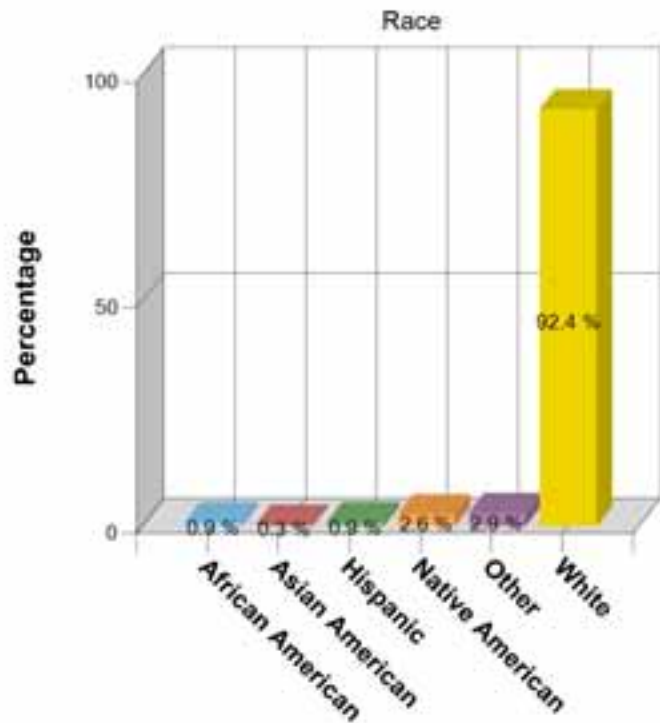
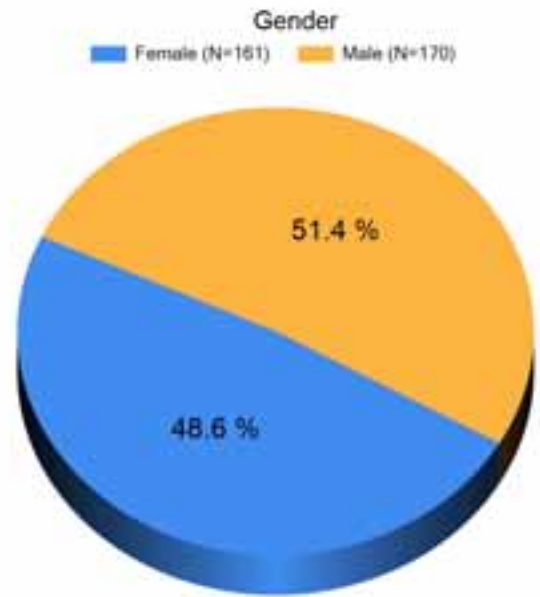
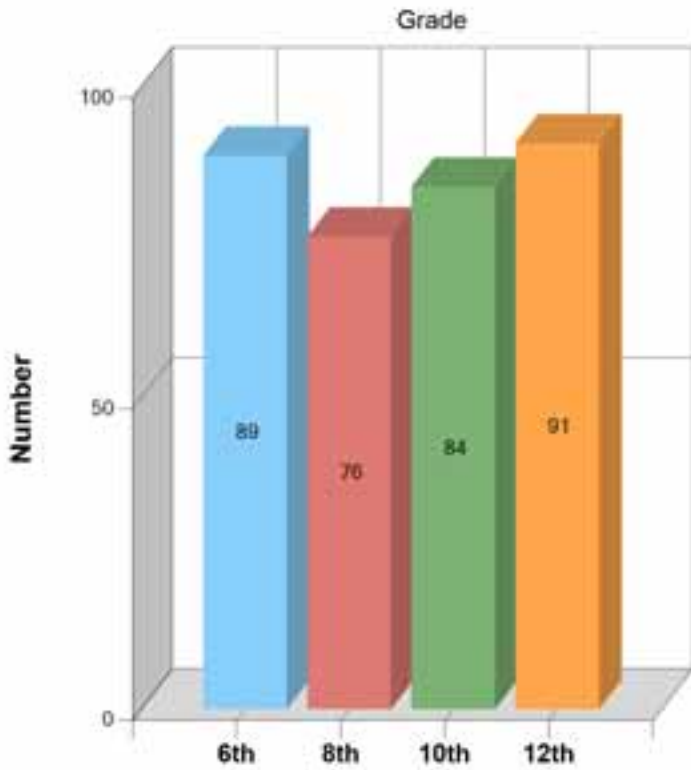
- How do we compare to other school districts in Kentucky that completed the survey this year? How do we compare to national scores, such as the Monitoring the Future?
- Are there any patterns or trends that emerge as we review our data? Any surprises? When there have been changes, what are the factors that likely contributed to the change?
- What are the areas of greatest concern for our school-community? Where should our priorities lie?
- Are there any obvious linkages between our current substance abuse prevention and intervention activities and the patterns seen in the data?
- What are the perceptual data about risk, approval/disapproval, and accessibility telling us about our community's norms, values, and expectations?
- Are there demographic factors that cause our community to be more (or less) susceptible to youth substance abuse problems?
- To what extent do students in our community perceive that they are engaged in the schooling process? To what extent do some students feel alienated or disenfranchised?
- In general, how do our students achieve in school, compared to other counties, the region, and the state? Do any patterns emerge across grade levels? Across subject areas?
- Do students perceive that they are safe in school? What aspects of school safety may be related to substance abuse?
- What are the physical, resource, and geographic features of our county? Population characteristics? Family characteristics? Socioeconomic characteristics? How might these variables contribute (directly or indirectly) to substance abuse?

The process of profiling your school-community, while tedious and time-consuming, can lead to not only insights into possible connections between these various factors, but also ideas for goal-setting and prevention program planning.

Your School District's Data

Note: *On the pages that follow, graphs with your school district data are provided, enabling comparisons with regional, state, and national data. In some instances, you will notice that there are what appear to be “blanks” in the data. That is, no number is provided in the data table and no bar is shown in the corresponding graph below for a particular variable. This does not signify that there are missing data, but rather that the data calculated to a value of zero. So, if there is a blank space for your district, but numbers higher than zero for the region or state, this would mean that your district had no instances, compared to 1 or more for the comparison group(s).*

Crittenden County KIP Survey Respondent Demographics



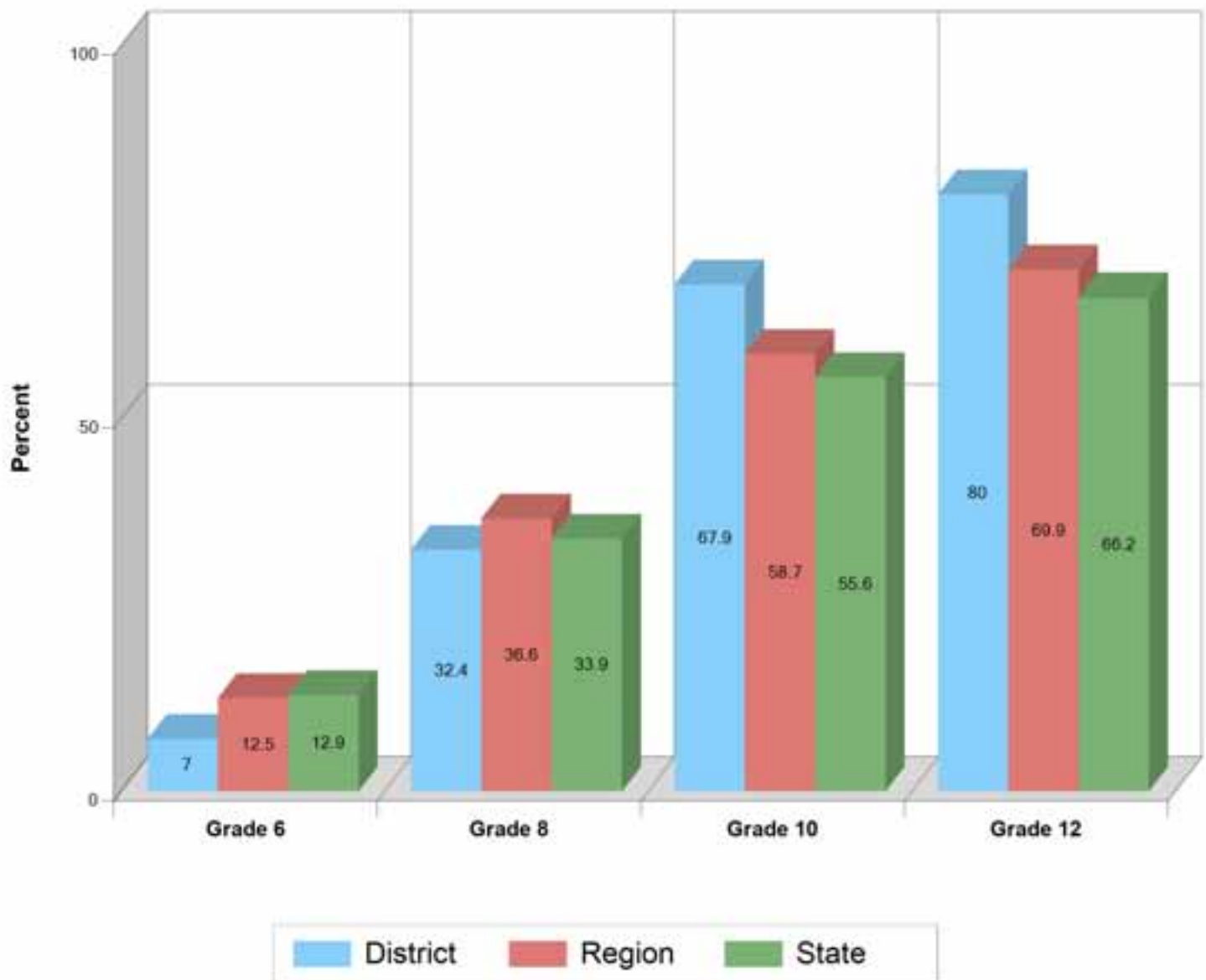
Peer Smoking Prevalence

Crittenden County

Question 11a - In the past year how many, if any, of your four best friends have smoked cigarettes?

Percent that answered one or more friends

		6	8	10	12
District	■	7%	32.4%	67.9%	80%
Region	■	12.5%	36.6%	58.7%	69.9%
State	■	12.9%	33.9%	55.6%	66.2%



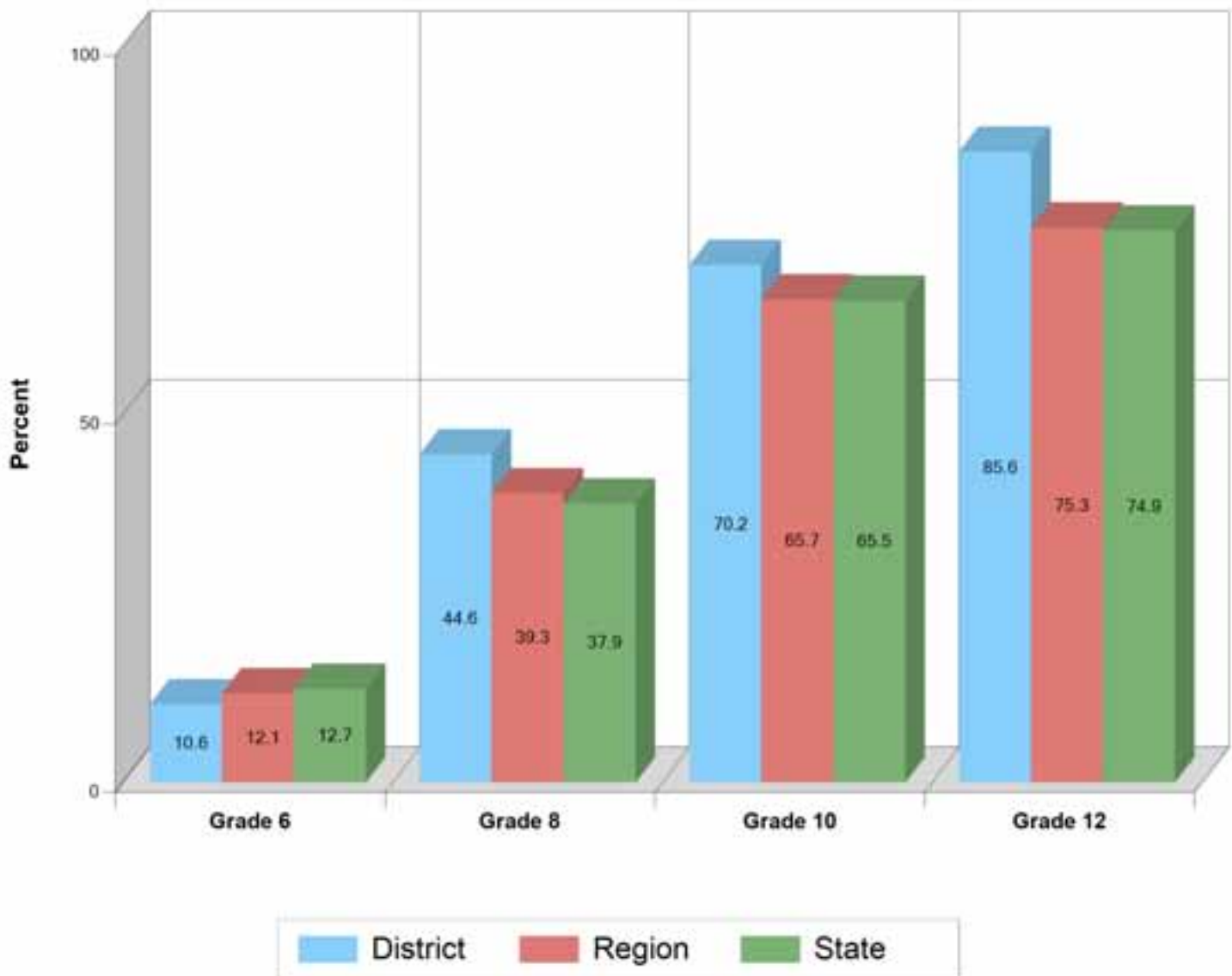
Peer Alcohol Prevalence

Crittenden County

Question 11b - In the past year how many, if any, of your four best friends have tried alcohol when their parents didn't know about it?

Percent that answered one or more friends

		6	8	10	12
District	■	10.6%	44.6%	70.2%	85.6%
Region	■	12.1%	39.3%	65.7%	75.3%
State	■	12.7%	37.9%	65.5%	74.9%



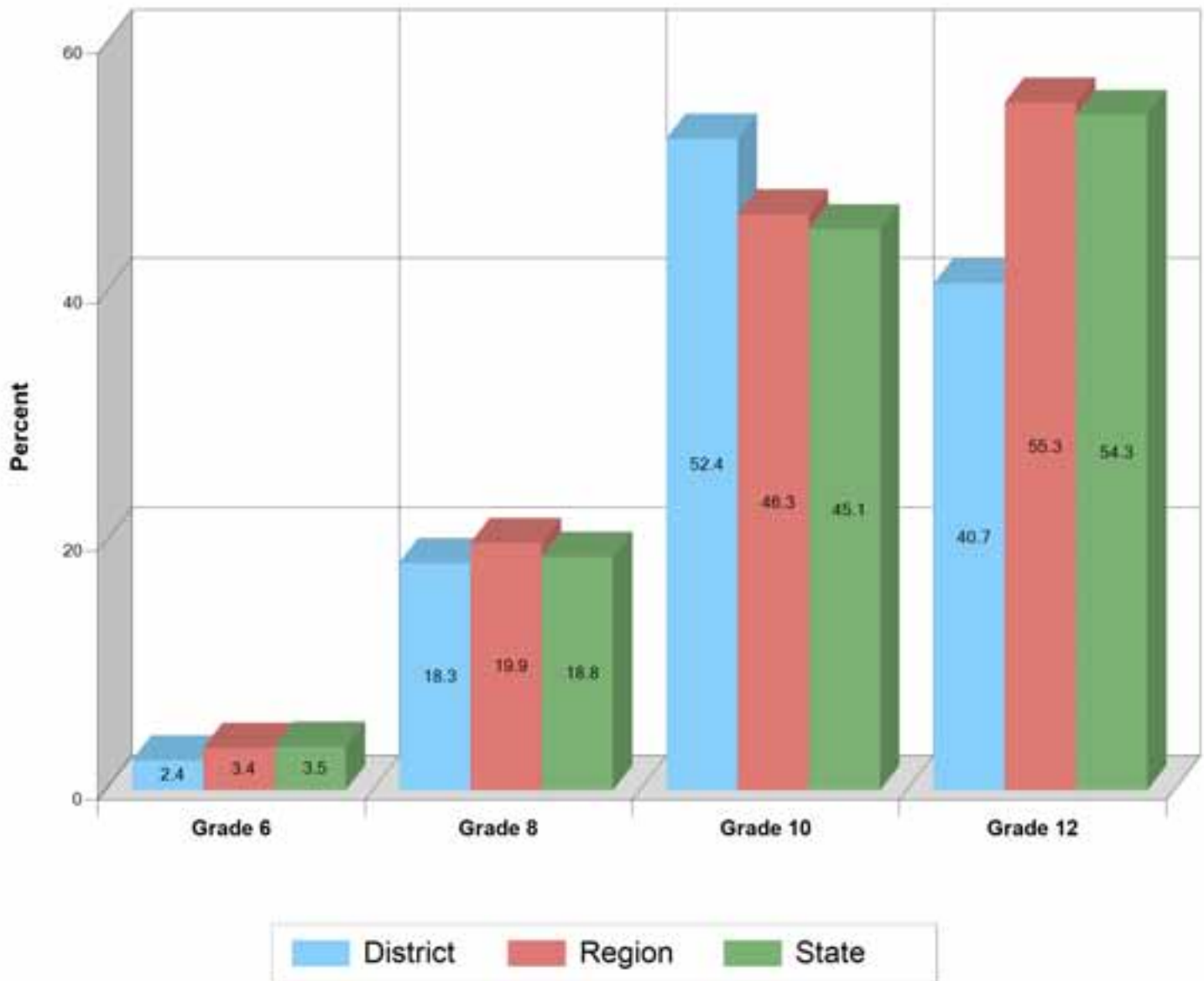
Peer Marijuana Prevalence

Crittenden County

Question 11c - In the past year how many, if any, of your four best friends have used marijuana?

Percent that answered one or more friends

		6	8	10	12
District	■	2.4%	18.3%	52.4%	40.7%
Region	■	3.4%	19.9%	46.3%	55.3%
State	■	3.5%	18.8%	45.1%	54.3%





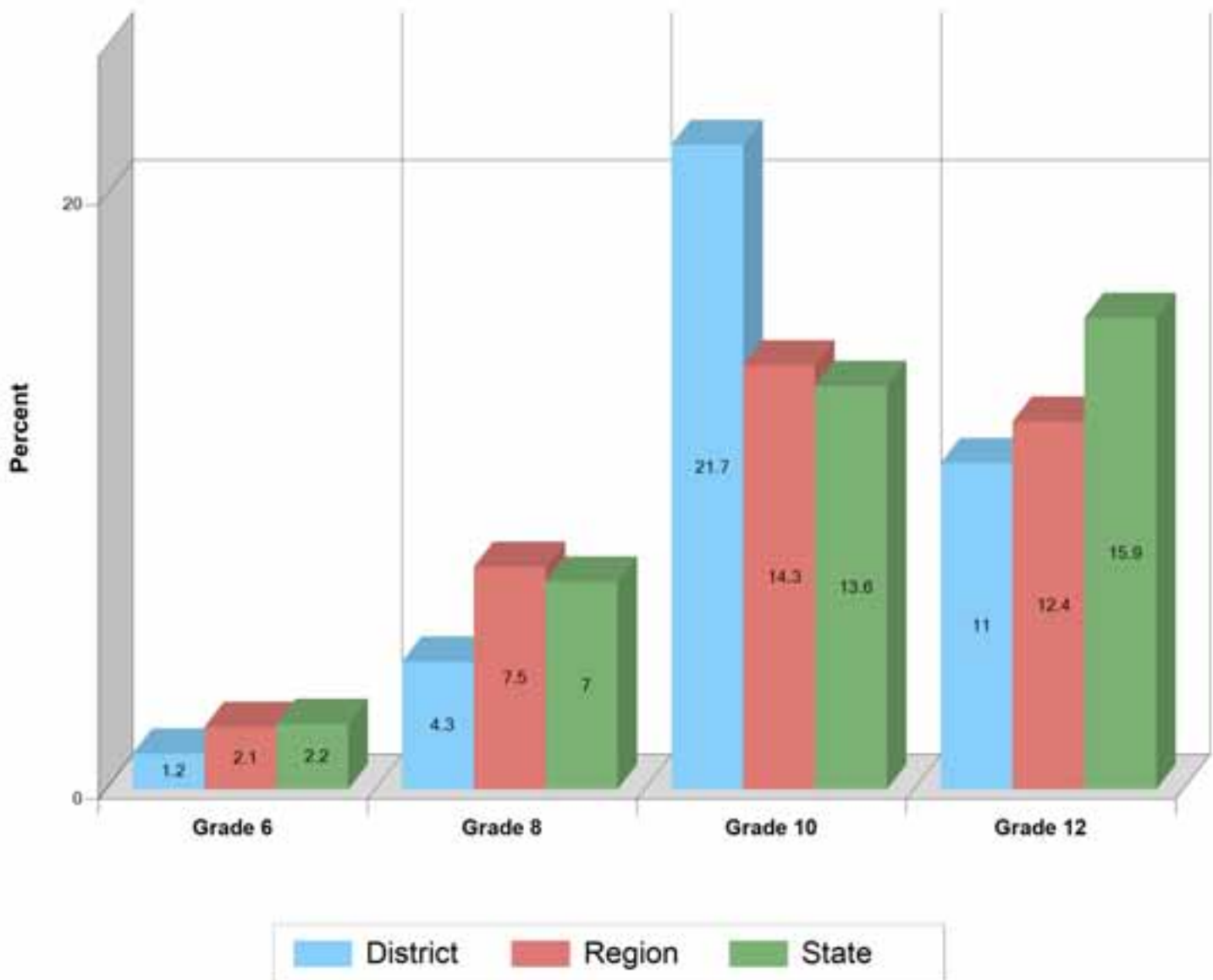
Peer Drug Prevalence

Crittenden County

Question 11d - In the past year how many, if any, of your four best friends have used LSD, cocaine, or other illegal drugs?

Percent that answered one or more friends

		6	8	10	12
District		1.2%	4.3%	21.7%	11%
Region		2.1%	7.5%	14.3%	12.4%
State		2.2%	7%	13.6%	15.9%



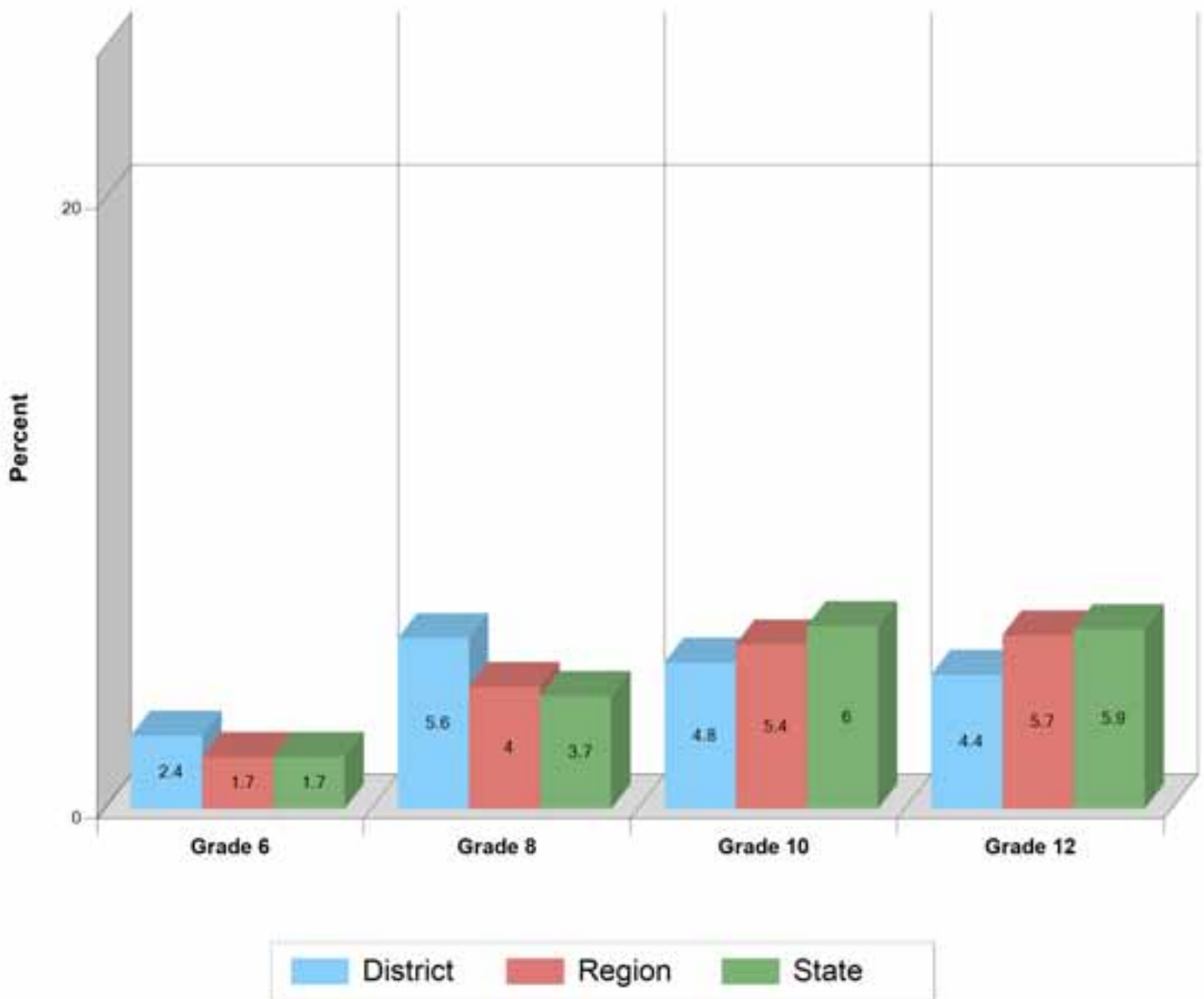
Peer Methamphetamine Prevalence

Crittenden County

Question 11e - In the past year how many, if any, of your four best friends have used methamphetamines?

Percent that answered one or more friends

		6	8	10	12
District	■	2.4%	5.6%	4.8%	4.4%
Region	■	1.7%	4%	5.4%	5.7%
State	■	1.7%	3.7%	6%	5.9%



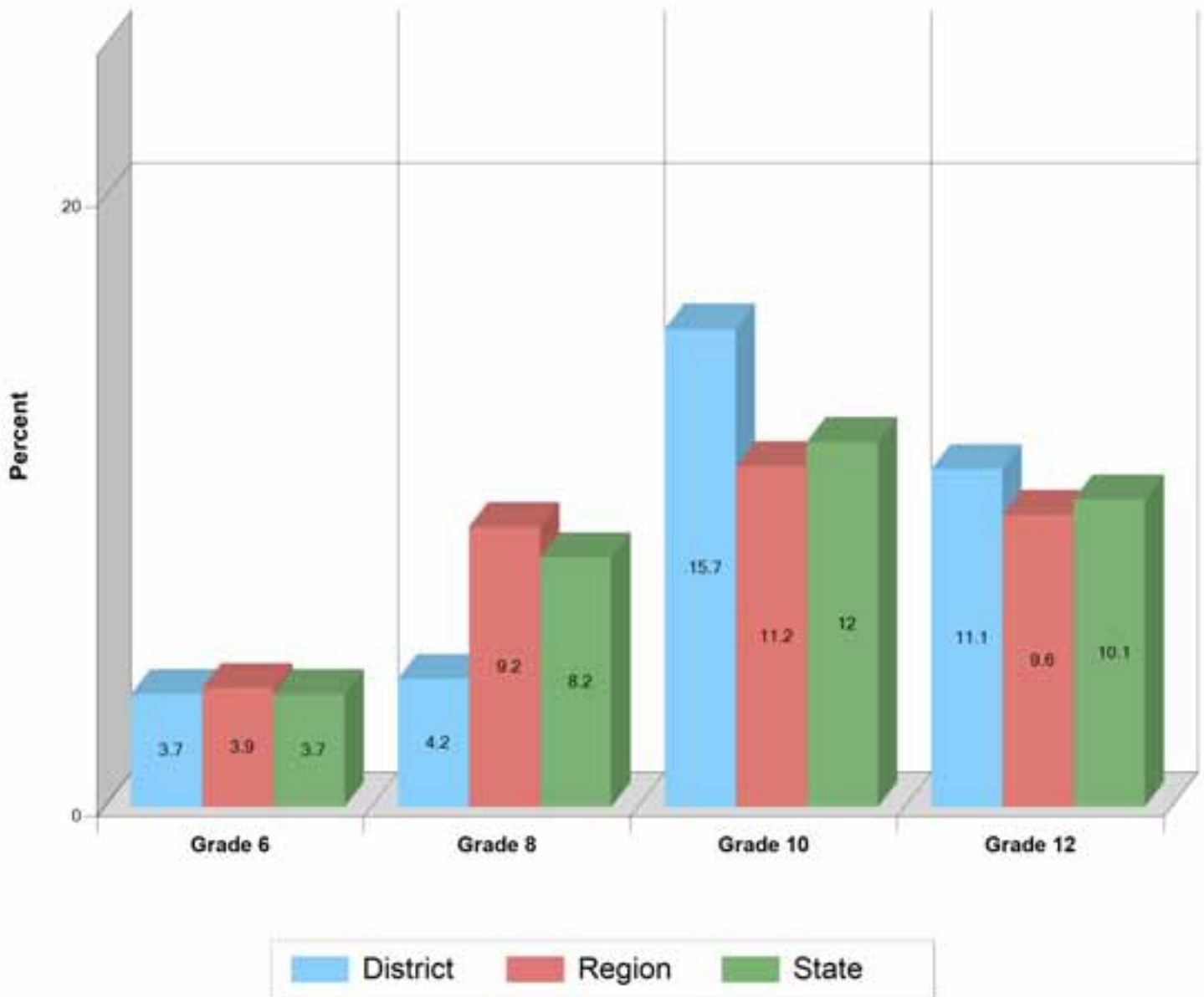
Peer Inhalant Prevalence

Crittenden County

Question 11f - In the past year how many, if any, of your four best friends have used inhalants?

Percent that answered one or more friends

		6	8	10	12
District	■	3.7%	4.2%	15.7%	11.1%
Region	■	3.9%	9.2%	11.2%	9.6%
State	■	3.7%	8.2%	12%	10.1%






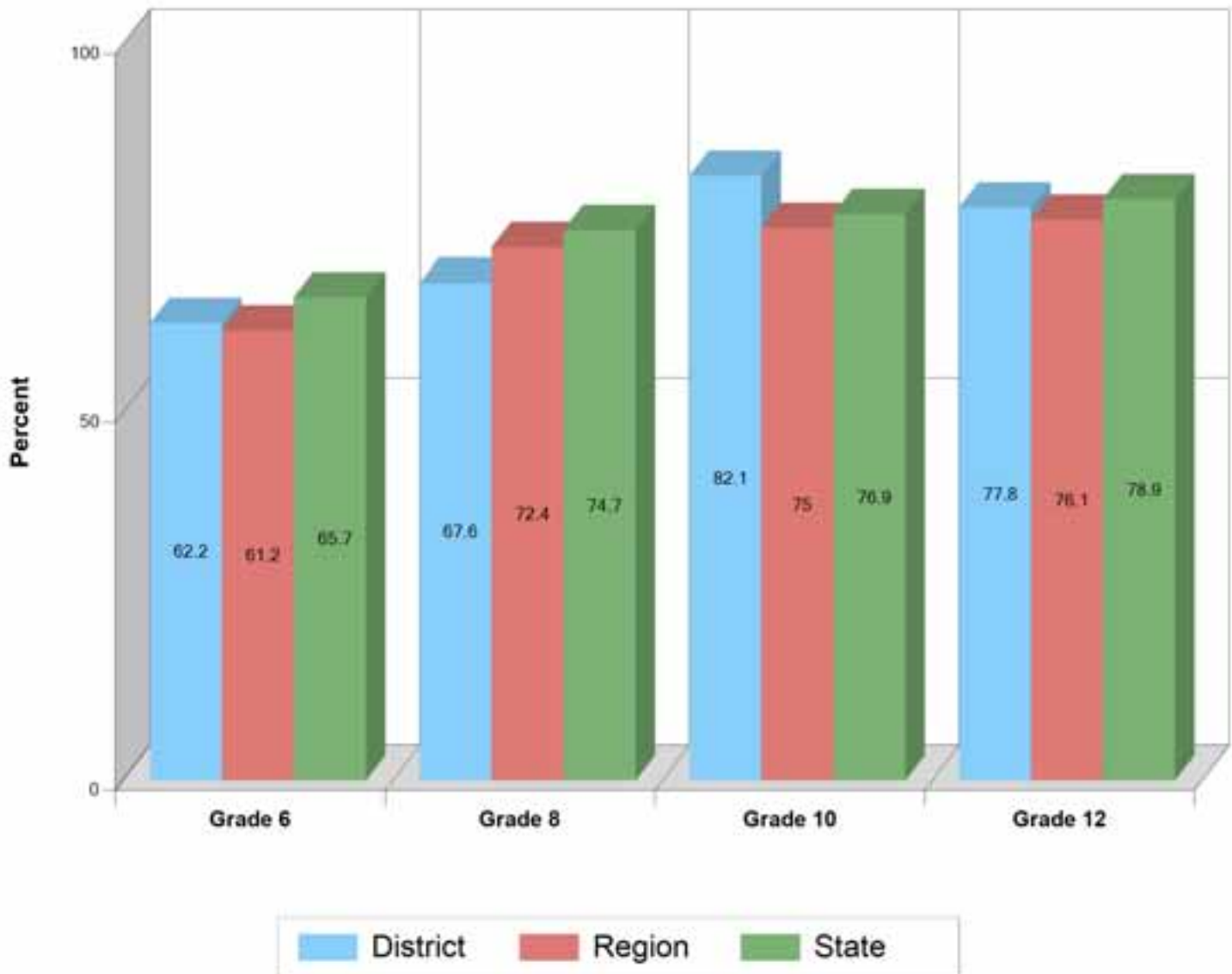
Risk Perception: Cigarettes

Crittenden County

Question 14a - How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?

Percent that answered 'Moderate' or 'Great' Risk

		6	8	10	12
District		62.2%	67.6%	82.1%	77.8%
Region		61.2%	72.4%	75%	76.1%
State		65.7%	74.7%	76.9%	78.9%



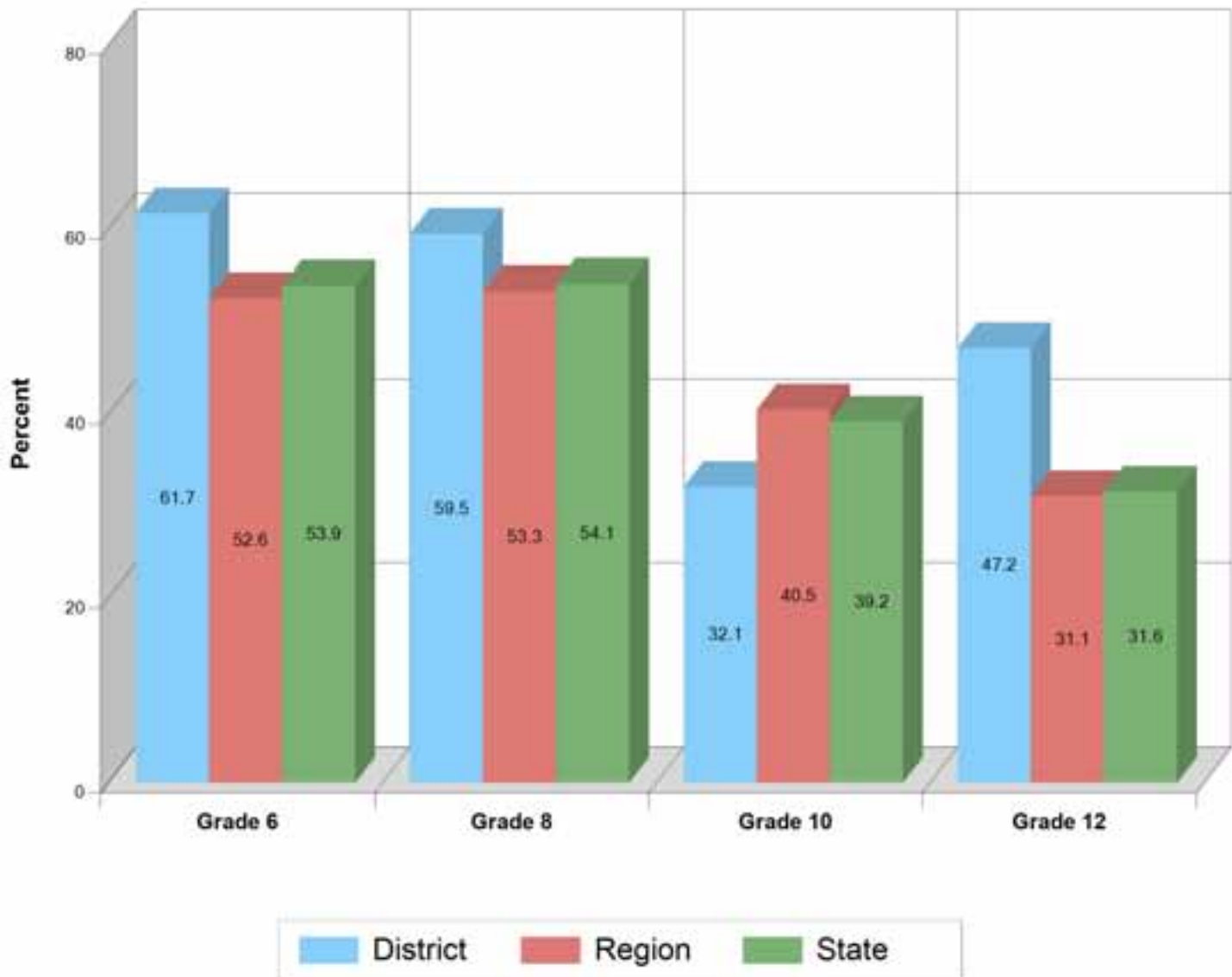
Risk Perception: Marijuana

Crittenden County

Question 14b - How much do you think people risk harming themselves if they try marijuana once or twice?

Percent that answered 'Moderate' or 'Great' Risk

		6	8	10	12
District	■	61.7%	59.5%	32.1%	47.2%
Region	■	52.6%	53.3%	40.5%	31.1%
State	■	53.9%	54.1%	39.2%	31.6%



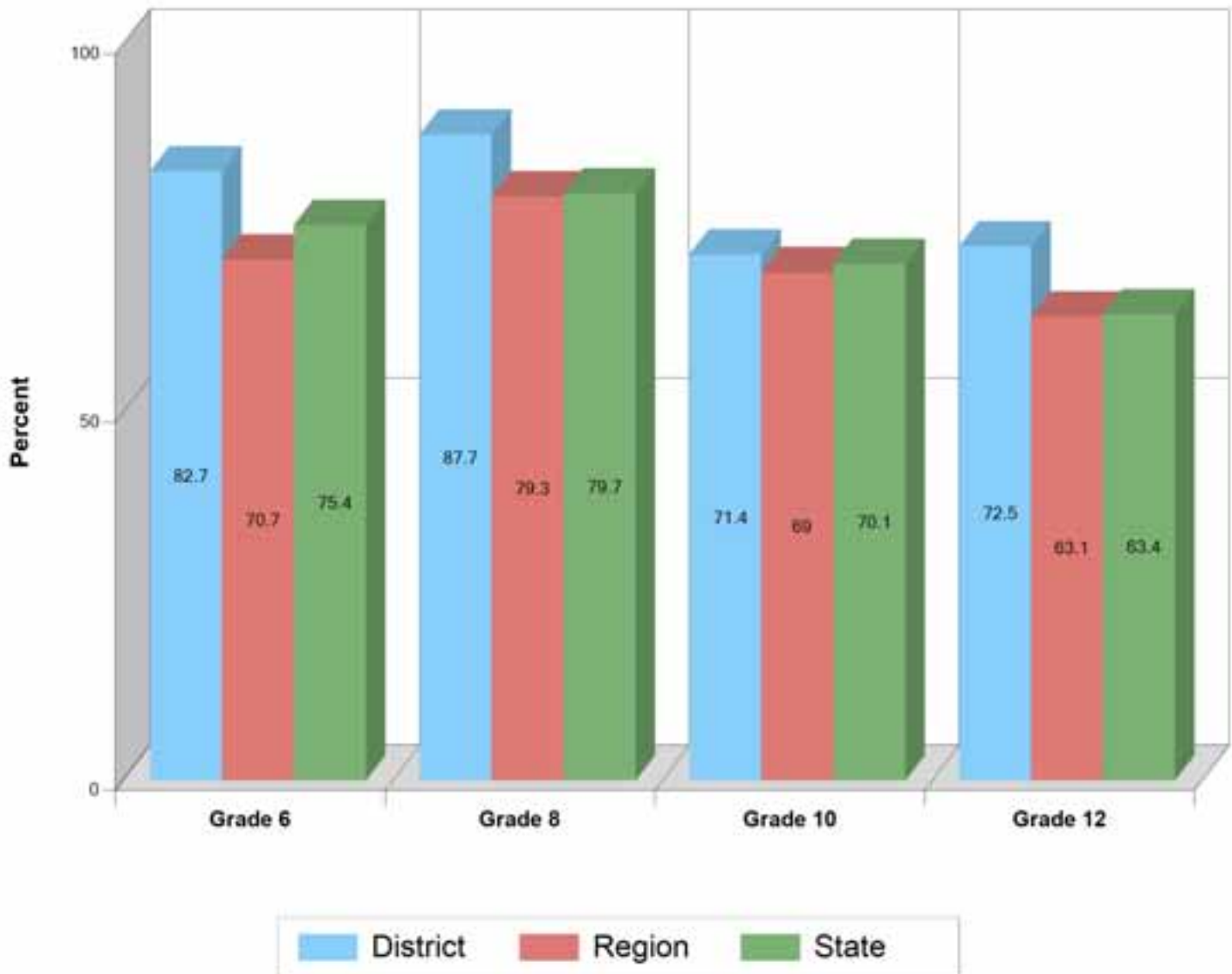
Risk Perception: Marijuana

Crittenden County

Question 14c - How much do you think people risk harming themselves if they smoke marijuana regularly?

Percent that answered 'Moderate' or 'Great' Risk

		6	8	10	12
District	■	82.7%	87.7%	71.4%	72.5%
Region	■	70.7%	79.3%	69%	63.1%
State	■	75.4%	79.7%	70.1%	63.4%



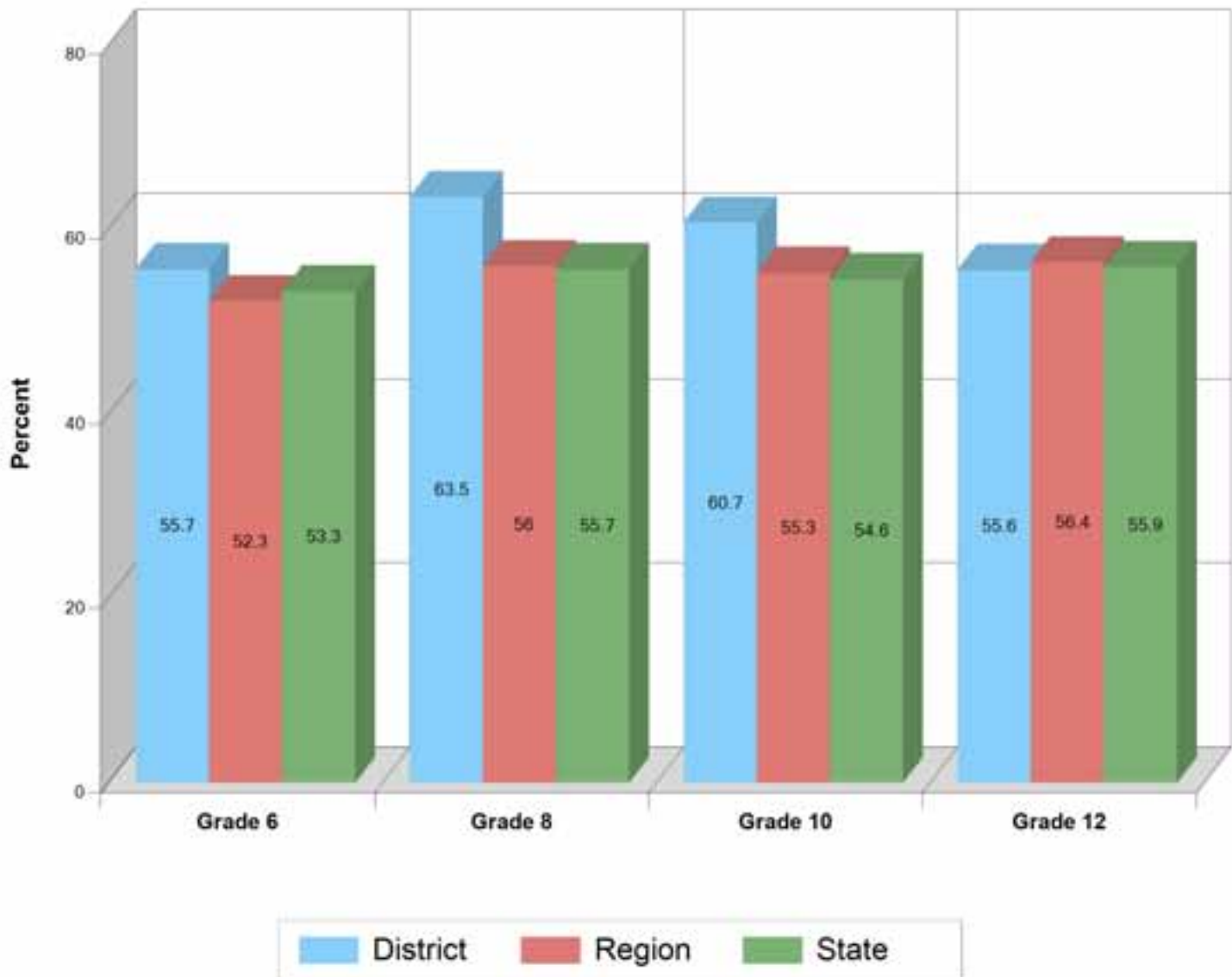
Risk Perception: Alcohol

Crittenden County

Question 14d - How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly everyday?

Percent that answered 'Moderate' or 'Great' Risk

		6	8	10	12
District	■	55.7%	63.5%	60.7%	55.6%
Region	■	52.3%	56%	55.3%	56.4%
State	■	53.3%	55.7%	54.6%	55.9%



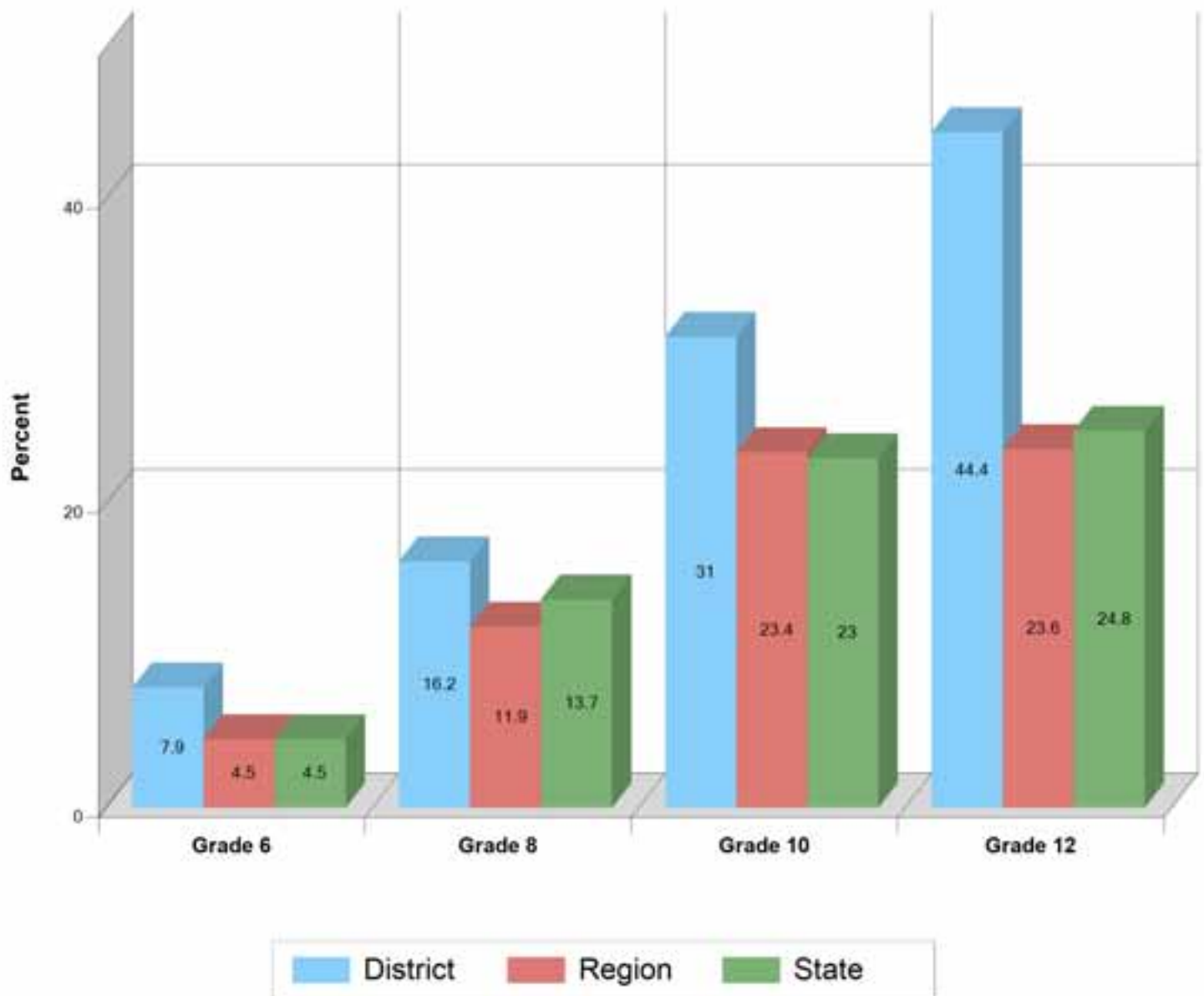
Past Year Smokeless Tobacco Usage

Crittenden County

Question 16 - How frequently have you used smokeless tobacco during the past 12 months?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	7.9%	16.2%	31%	44.4%
Region	■	4.5%	11.9%	23.4%	23.6%
State	■	4.5%	13.7%	23%	24.8%







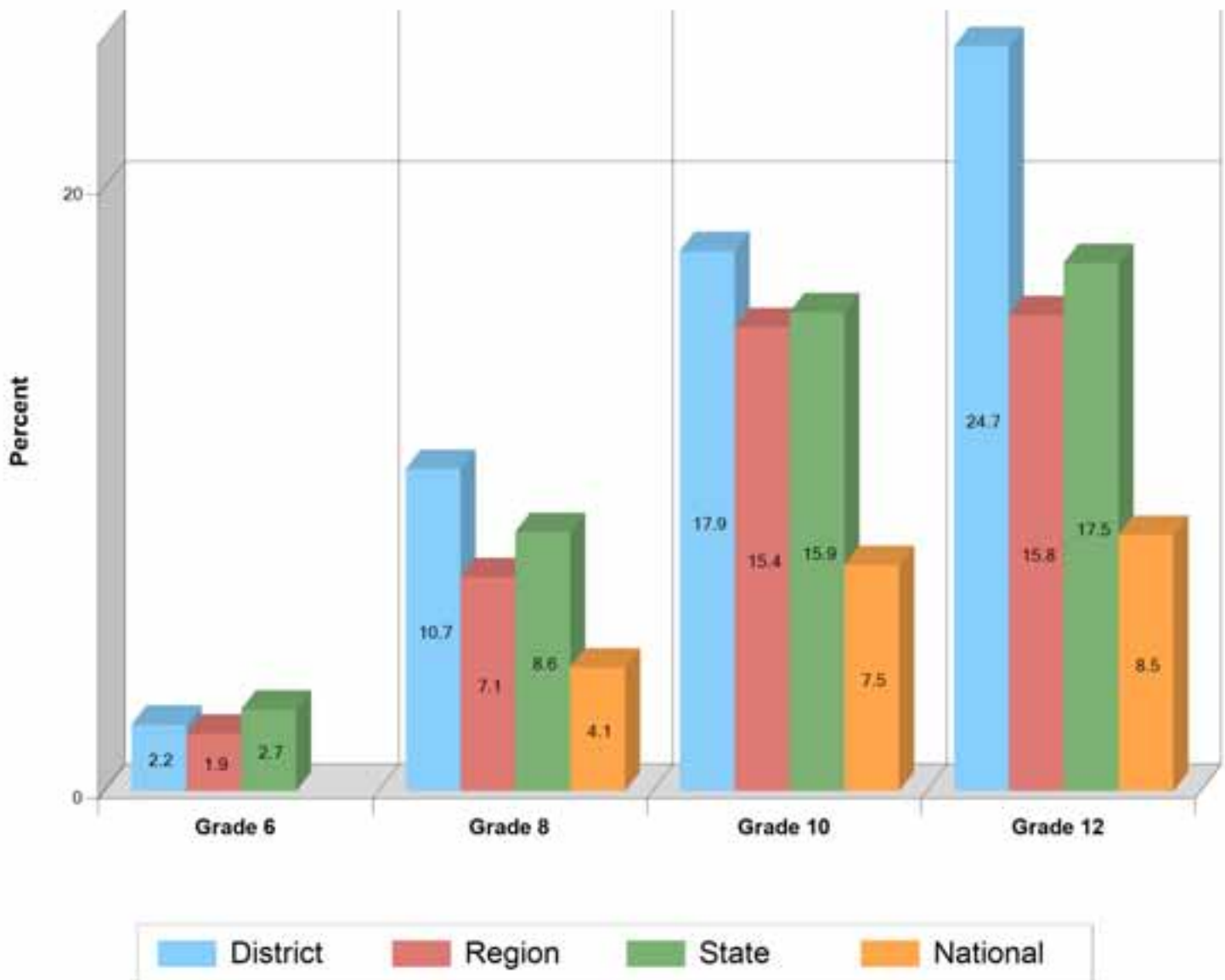
30 Day Smokeless Tobacco Usage

Crittenden County

Question 17 - How frequently have you used smokeless tobacco during the past 30 days?

Percent that answered at least 1 occasion

		6	8	10	12
District		2.2%	10.7%	17.9%	24.7%
Region		1.9%	7.1%	15.4%	15.8%
State		2.7%	8.6%	15.9%	17.5%
National			4.1%	7.5%	8.5%



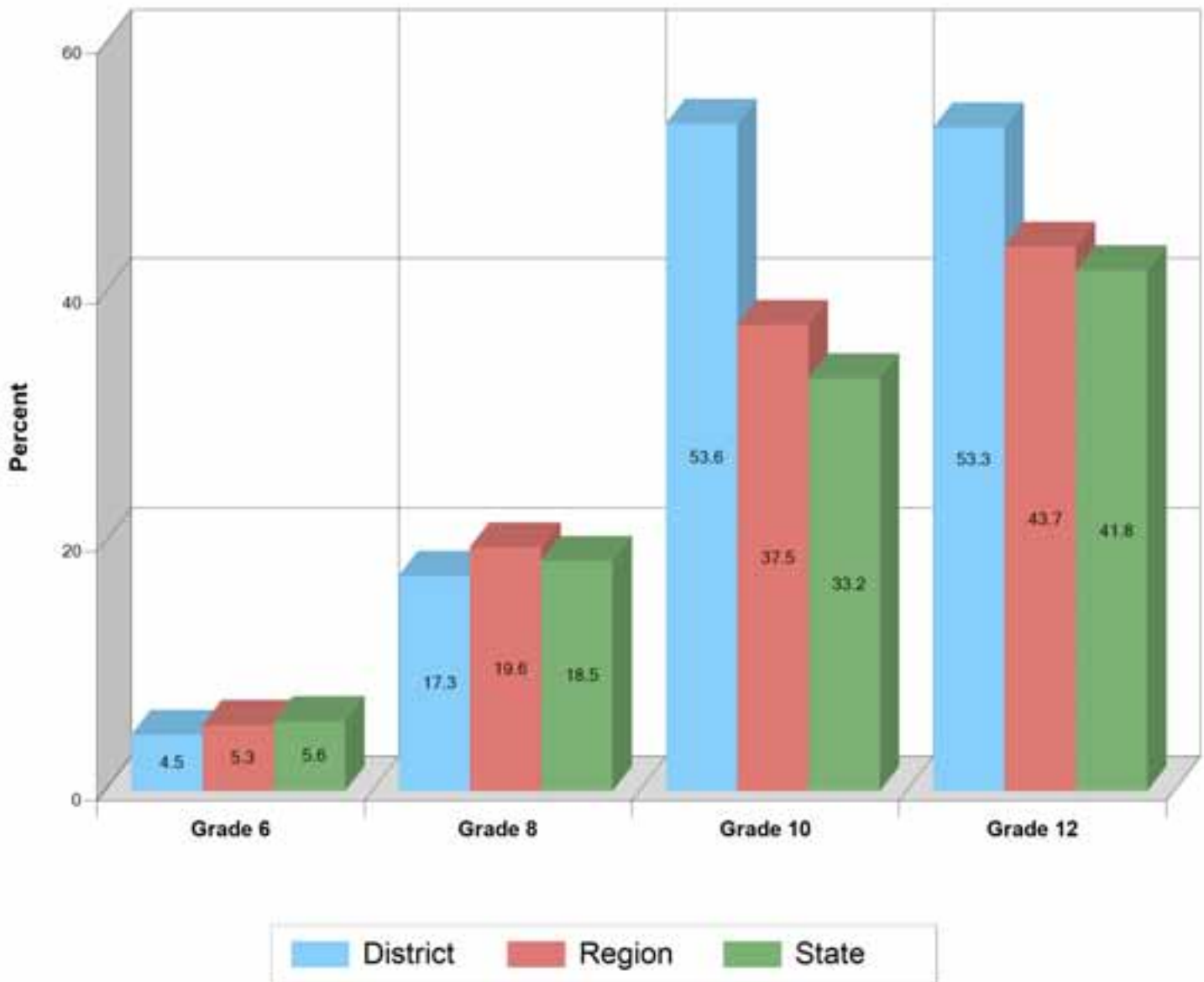
Past Year Cigarette Usage

Crittenden County

Question 19 - How frequently have you smoked cigarettes during the past 12 months?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	4.5%	17.3%	53.6%	53.3%
Region	■	5.3%	19.6%	37.5%	43.7%
State	■	5.6%	18.5%	33.2%	41.8%



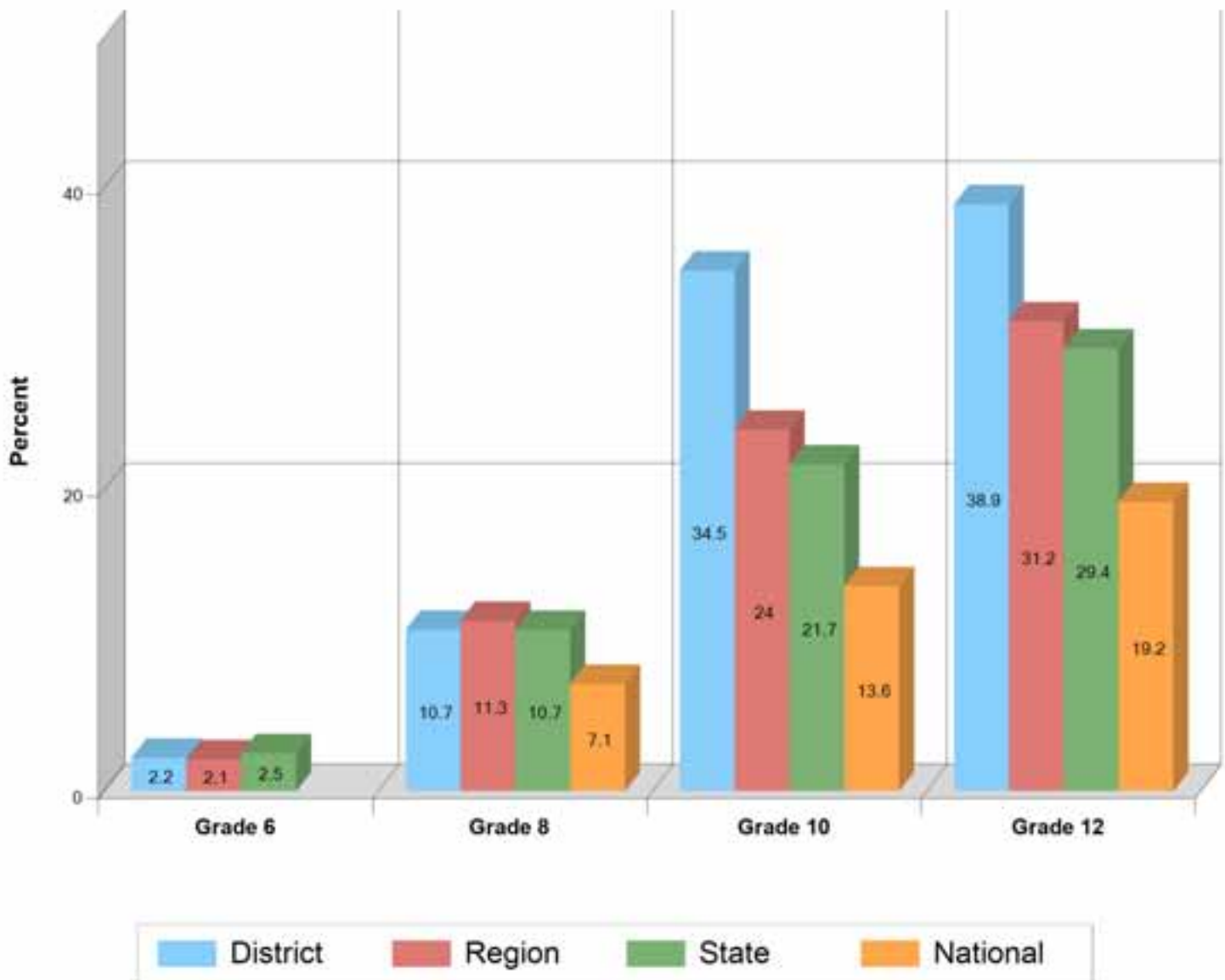
30 Day Cigarette Usage

Crittenden County

Question 20 - How frequently have you smoked cigarettes during the past 30 days?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	2.2%	10.7%	34.5%	38.9%
Region	■	2.1%	11.3%	24%	31.2%
State	■	2.5%	10.7%	21.7%	29.4%
National	■		7.1%	13.6%	19.2%







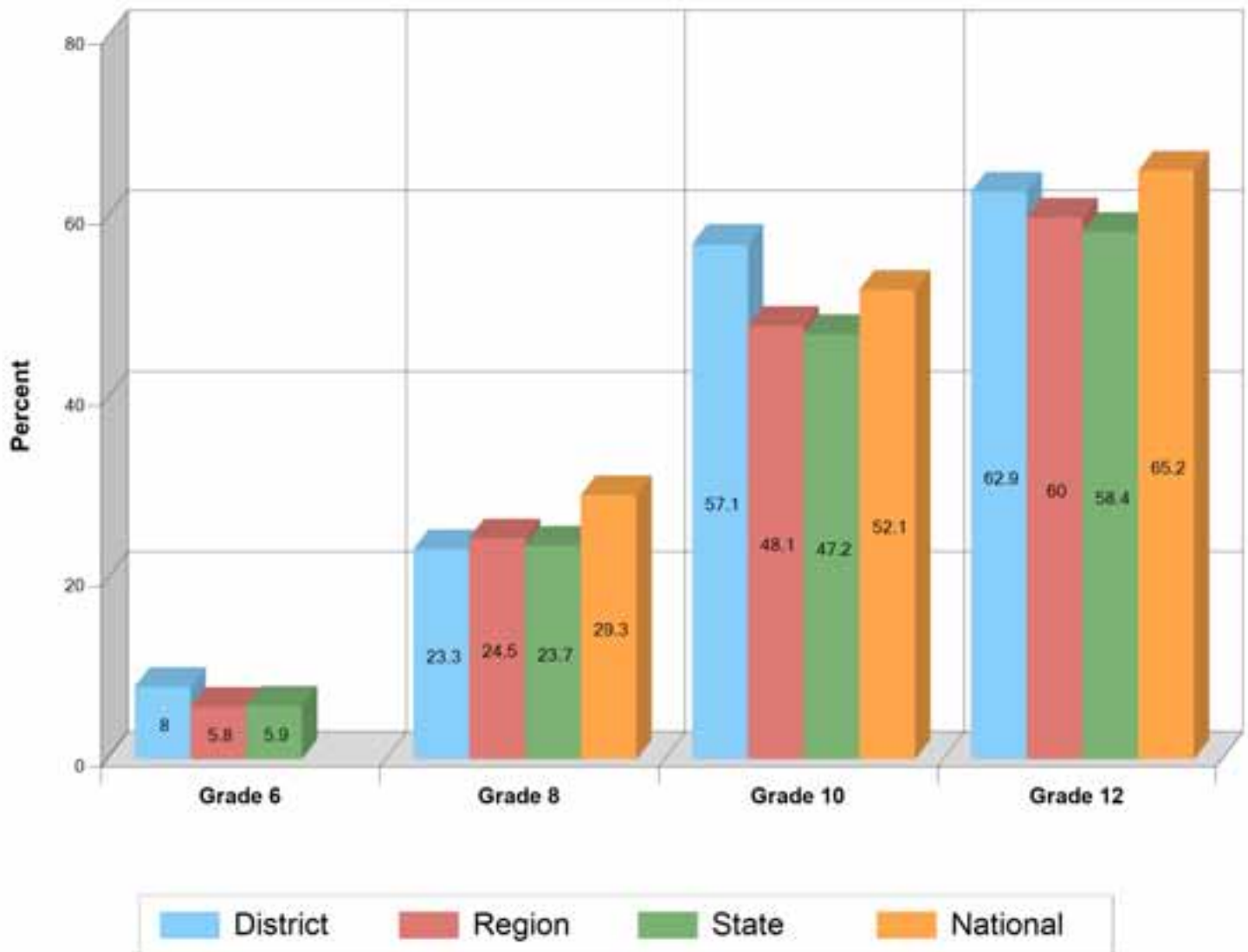
Past Year Alcohol Usage

Crittenden County

Question 21b - On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink--more than just a few sips in the past 12 months?

Percent that answered at least 1 occasion

		6	8	10	12
District		8%	23.3%	57.1%	62.9%
Region		5.8%	24.5%	48.1%	60%
State		5.9%	23.7%	47.2%	58.4%
National			29.3%	52.1%	65.2%







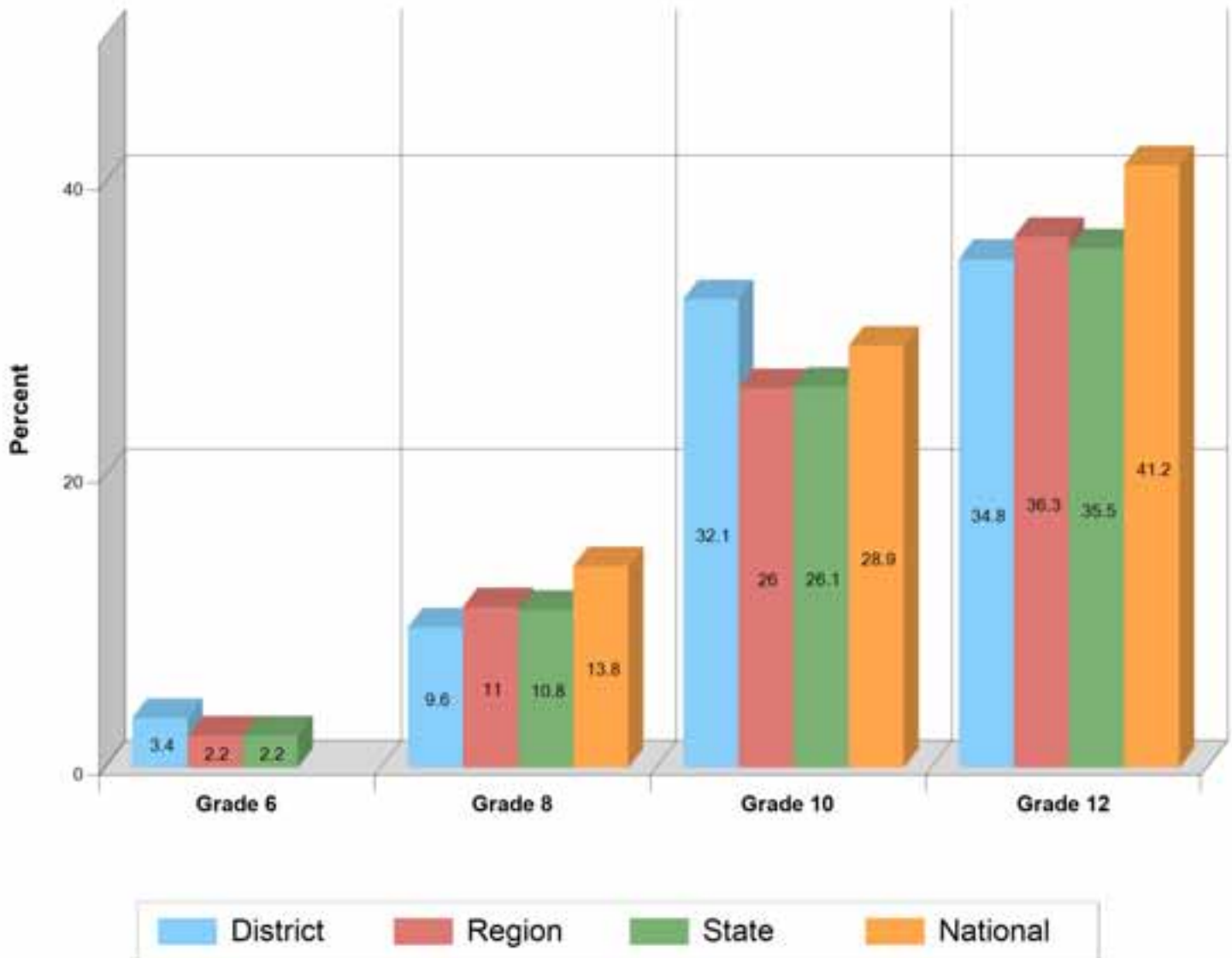
30 Day Alcohol Usage

Crittenden County

Question 21c - On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink--more than just a few sips in the past 30 days?

Percent that answered at least 1 occasion

		6	8	10	12
District		3.4%	9.6%	32.1%	34.8%
Region		2.2%	11%	26%	36.3%
State		2.2%	10.8%	26.1%	35.5%
National			13.8%	28.9%	41.2%






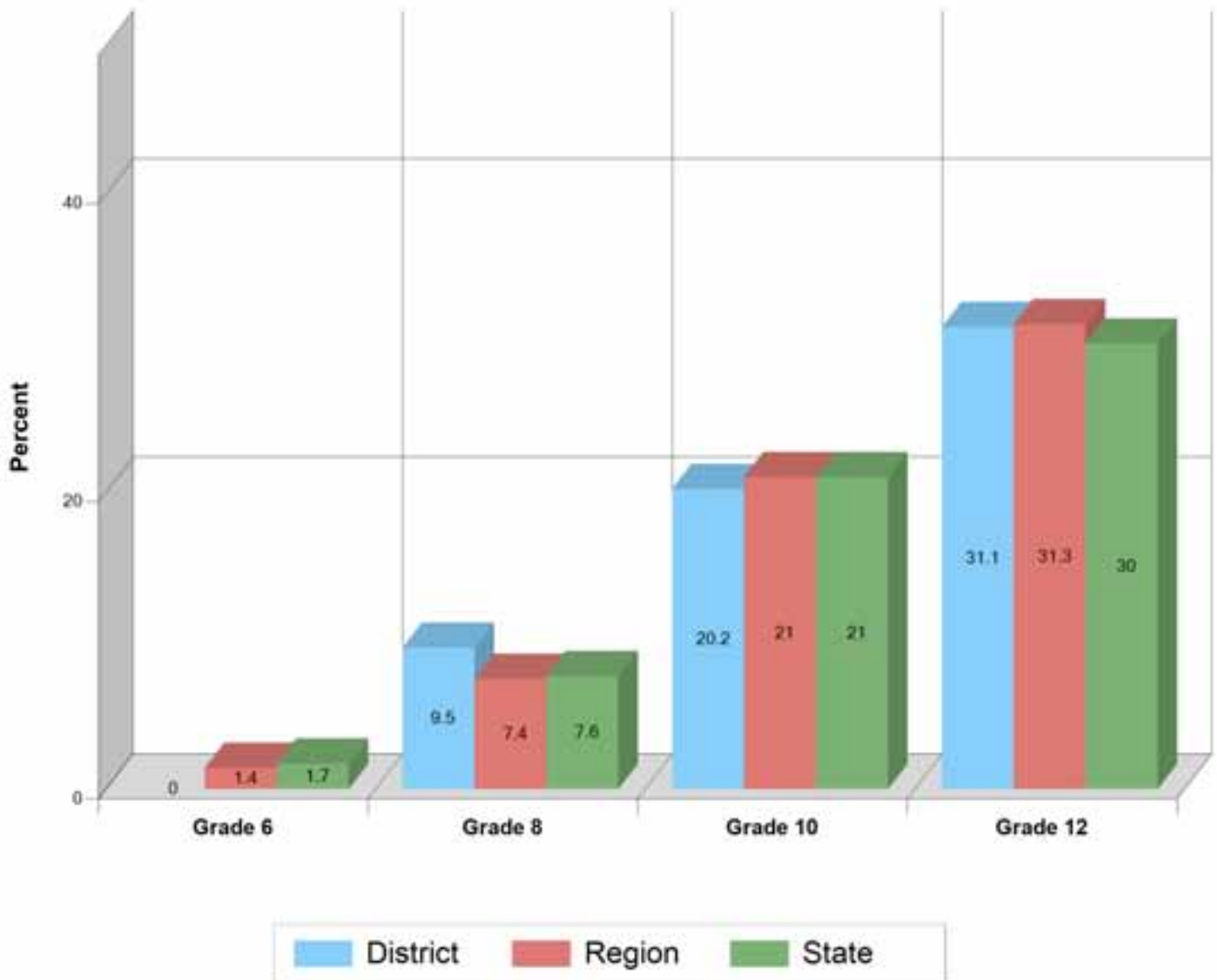
30 Day Drunkenness Frequency

Crittenden County

Question 22 - On how many occasions during the past 30 days have you been drunk or very high from drinking alcoholic beverages?

Percent that answered at least 1 occasion

		6	8	10	12
District		0%	9.5%	20.2%	31.1%
Region		1.4%	7.4%	21%	31.3%
State		1.7%	7.6%	21%	30%



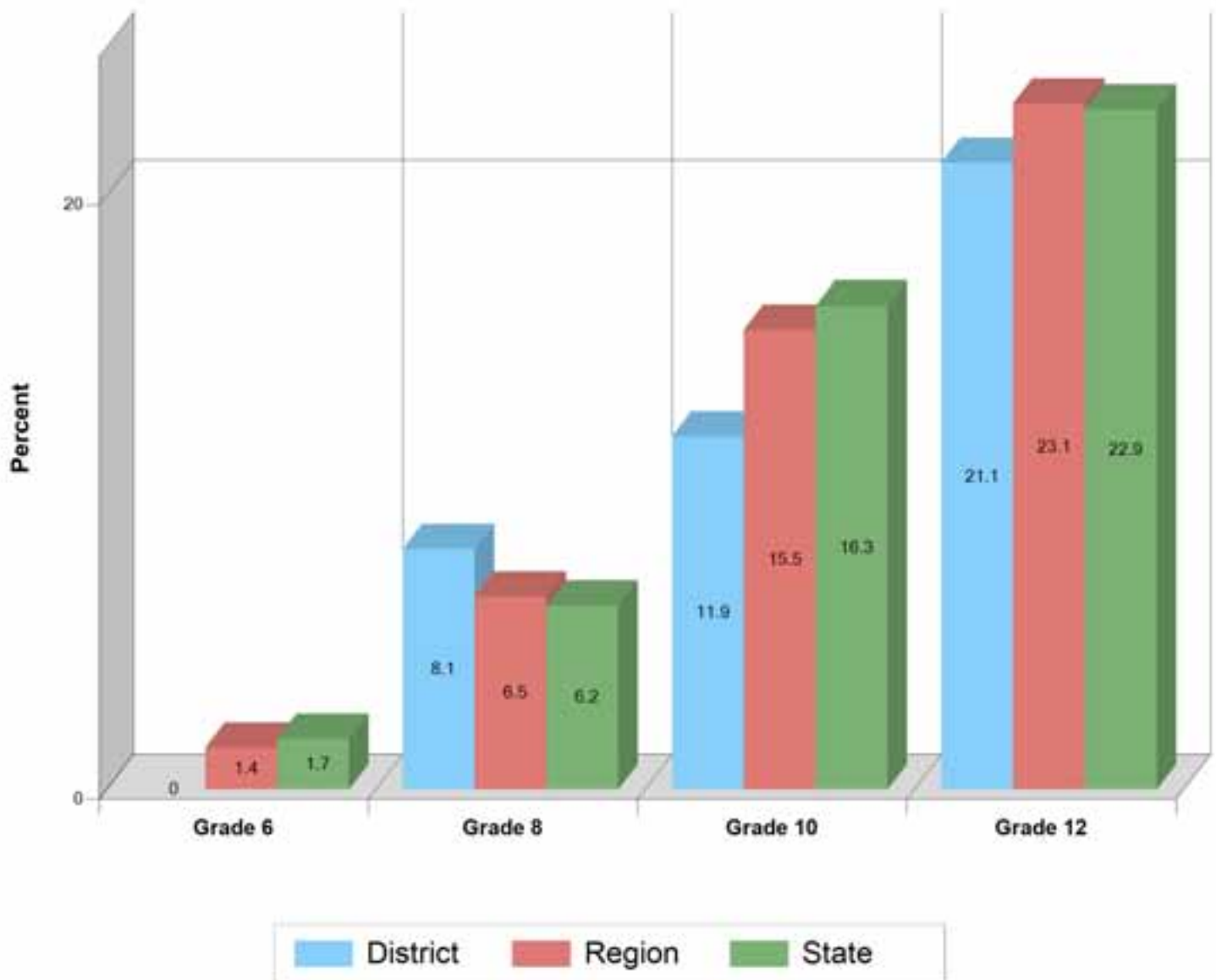
5 Drinks or More

Crittenden County

Question 23 - Think back over the last two weeks. How many times (if any) have you had five or more alcoholic drinks in a row?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	8.1%	11.9%	21.1%
Region	■	1.4%	6.5%	15.5%	23.1%
State	■	1.7%	6.2%	16.3%	22.9%



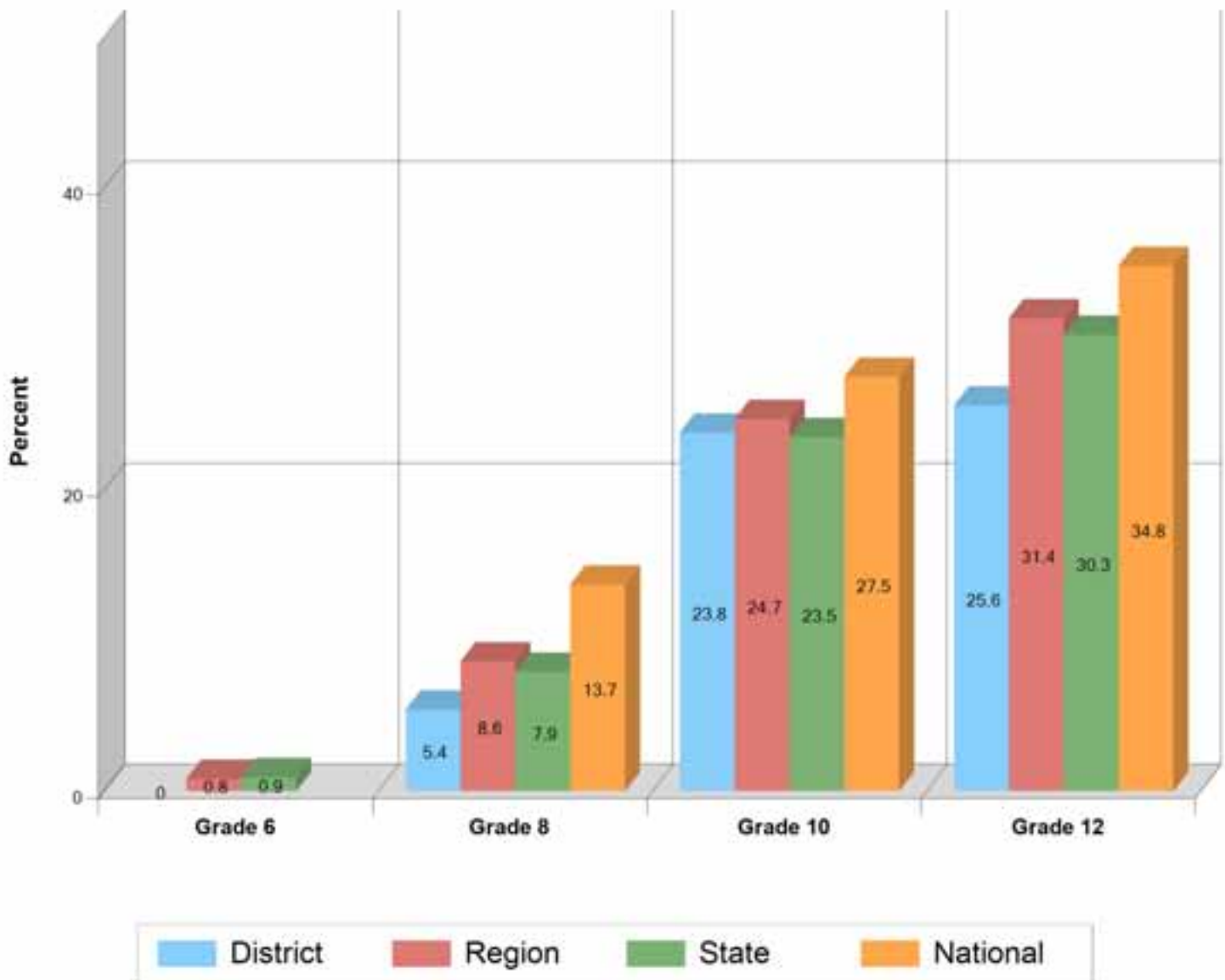
Past Year Marijuana Use

Crittenden County

Question 24b - On how many occasions in the past 12 months have you used marijuana?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	5.4%	23.8%	25.6%
Region	■	0.8%	8.6%	24.7%	31.4%
State	■	0.9%	7.9%	23.5%	30.3%
National	■		13.7%	27.5%	34.8%



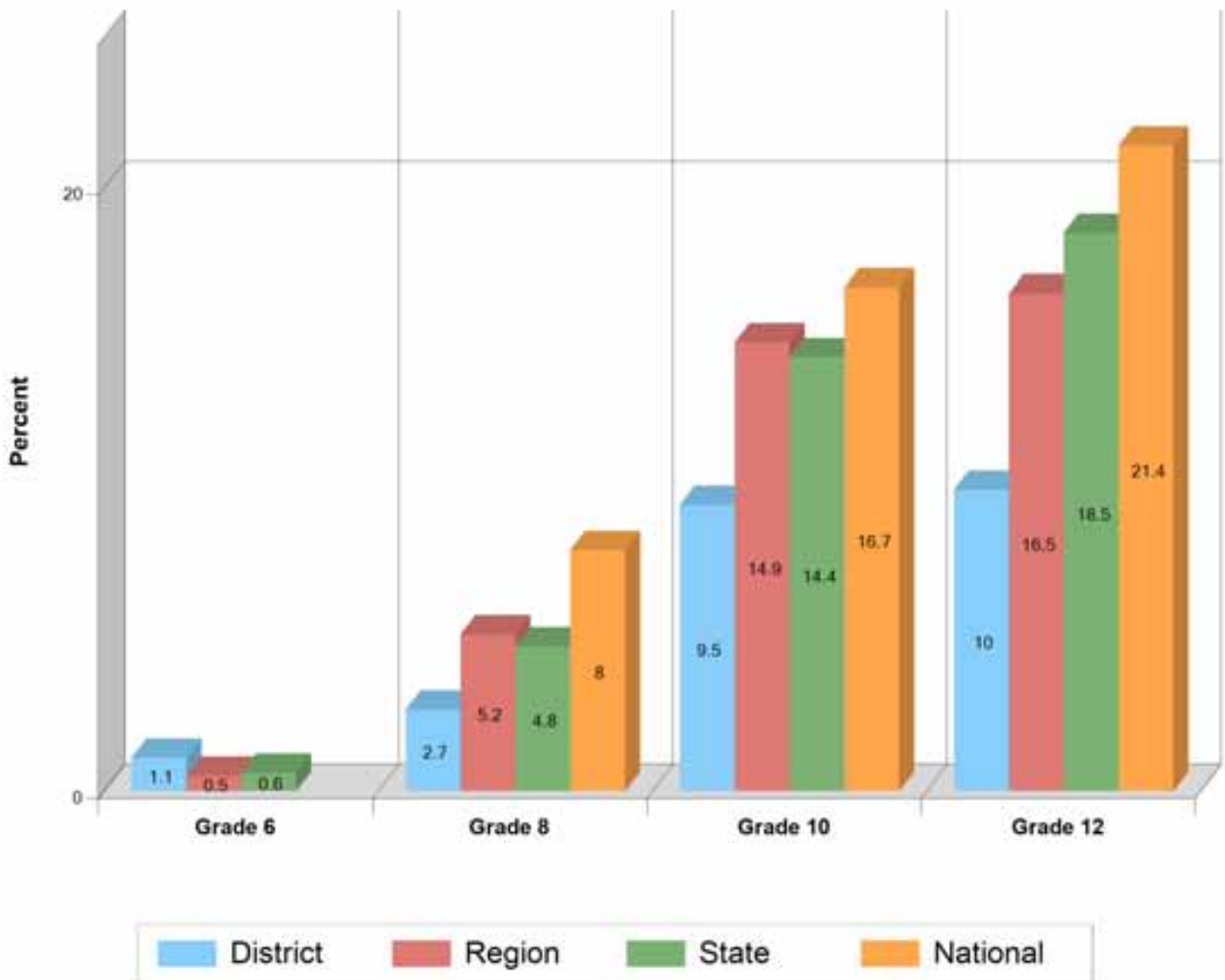
30 Day Marijuana Usage

Crittenden County

Question 24c - On how many occasions in the past 30 days have you used marijuana?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	1.1%	2.7%	9.5%	10%
Region	■	0.5%	5.2%	14.9%	16.5%
State	■	0.6%	4.8%	14.4%	18.5%
National	■		8%	16.7%	21.4%







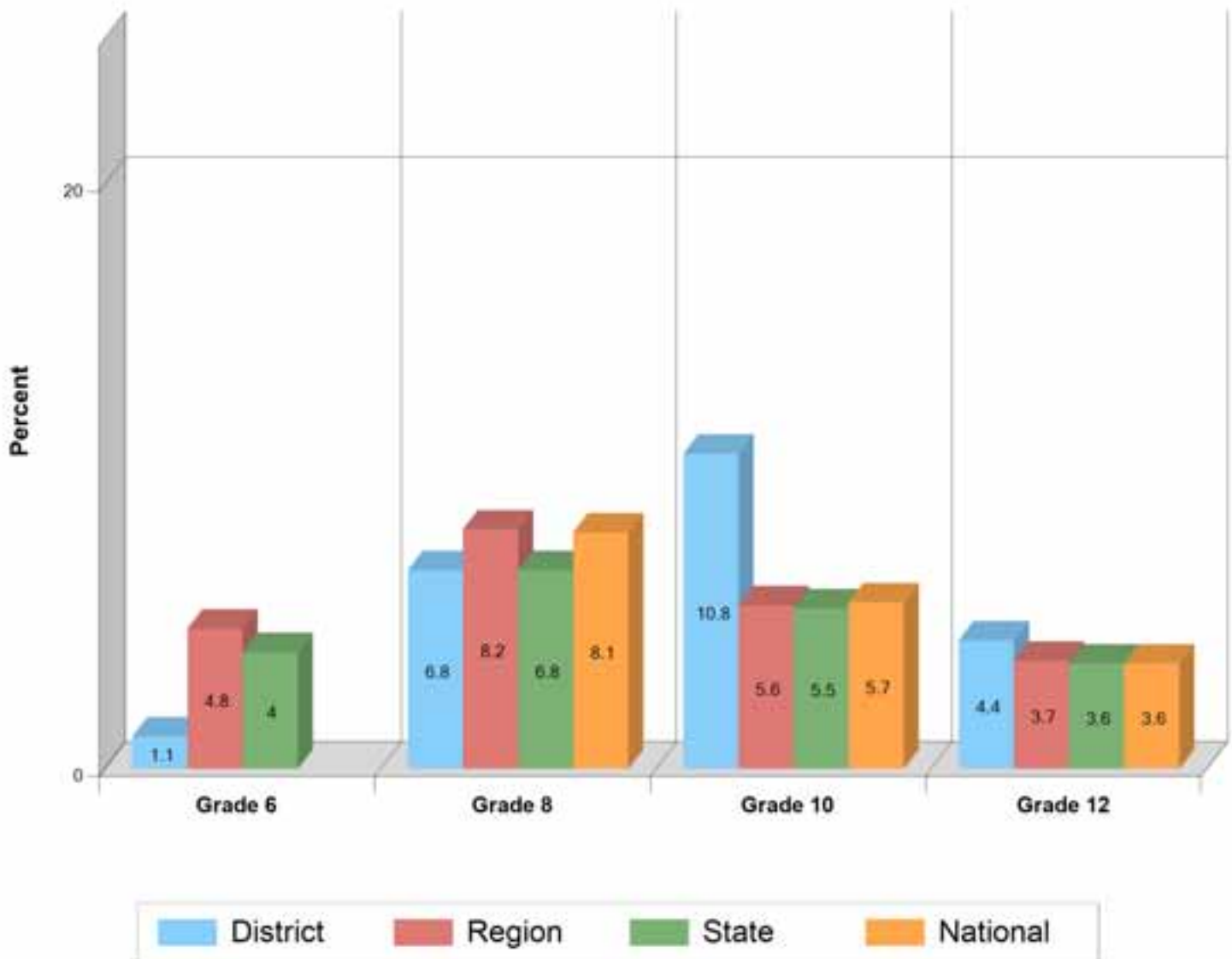
Past Year Inhalant Usage

Crittenden County

Question 25b - On how many occasions in the past 12 months have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays to get high?

Percent that answered at least 1 occasion

		6	8	10	12
District		1.1%	6.8%	10.8%	4.4%
Region		4.8%	8.2%	5.6%	3.7%
State		4%	6.8%	5.5%	3.6%
National			8.1%	5.7%	3.6%







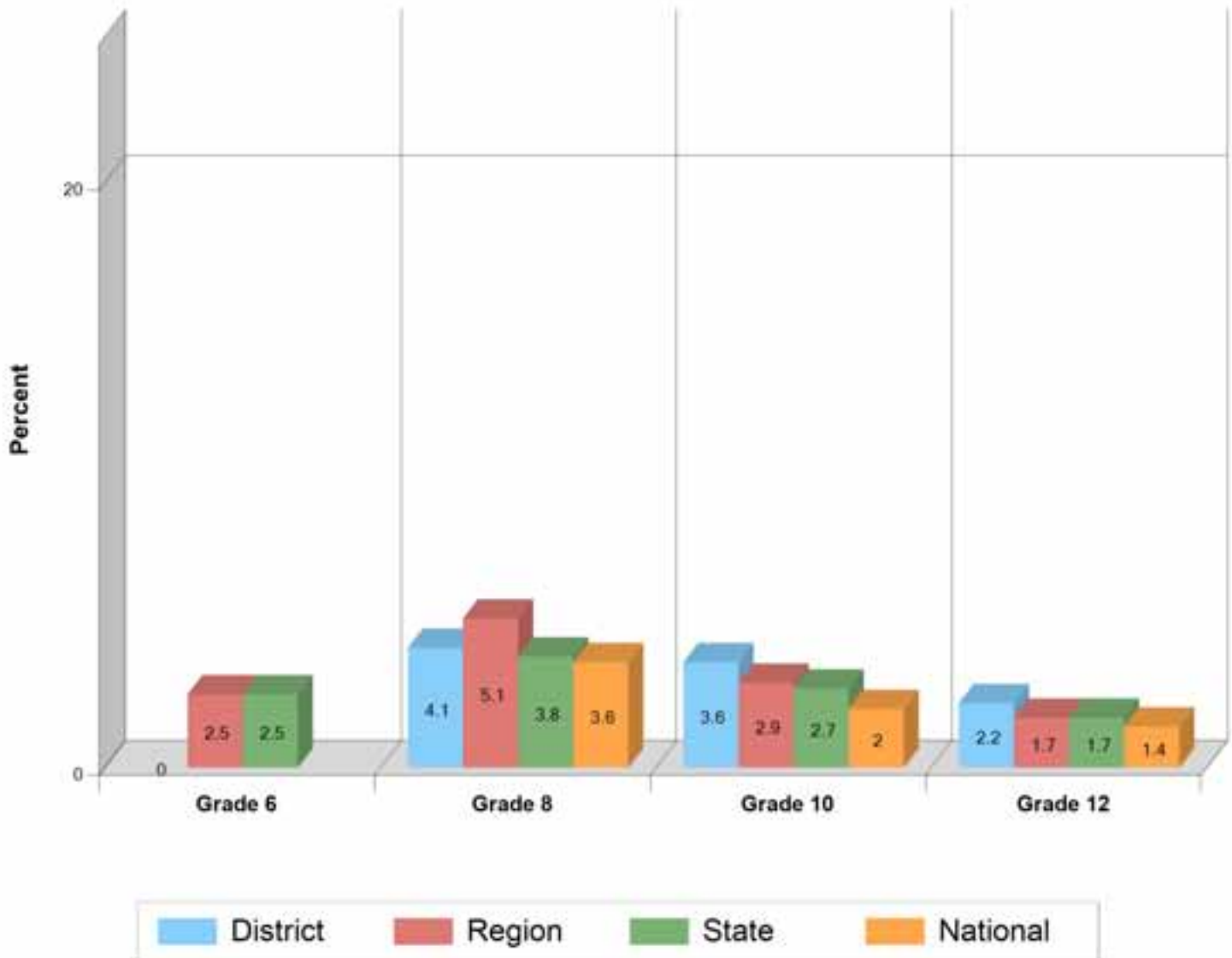
30 Day Inhalant Usage

Crittenden County

Question 25c - On how many occasions in the past 30 days have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays to get high?

Percent that answered at least 1 occasion

		6	8	10	12
District		0%	4.1%	3.6%	2.2%
Region		2.5%	5.1%	2.9%	1.7%
State		2.5%	3.8%	2.7%	1.7%
National			3.6%	2%	1.4%



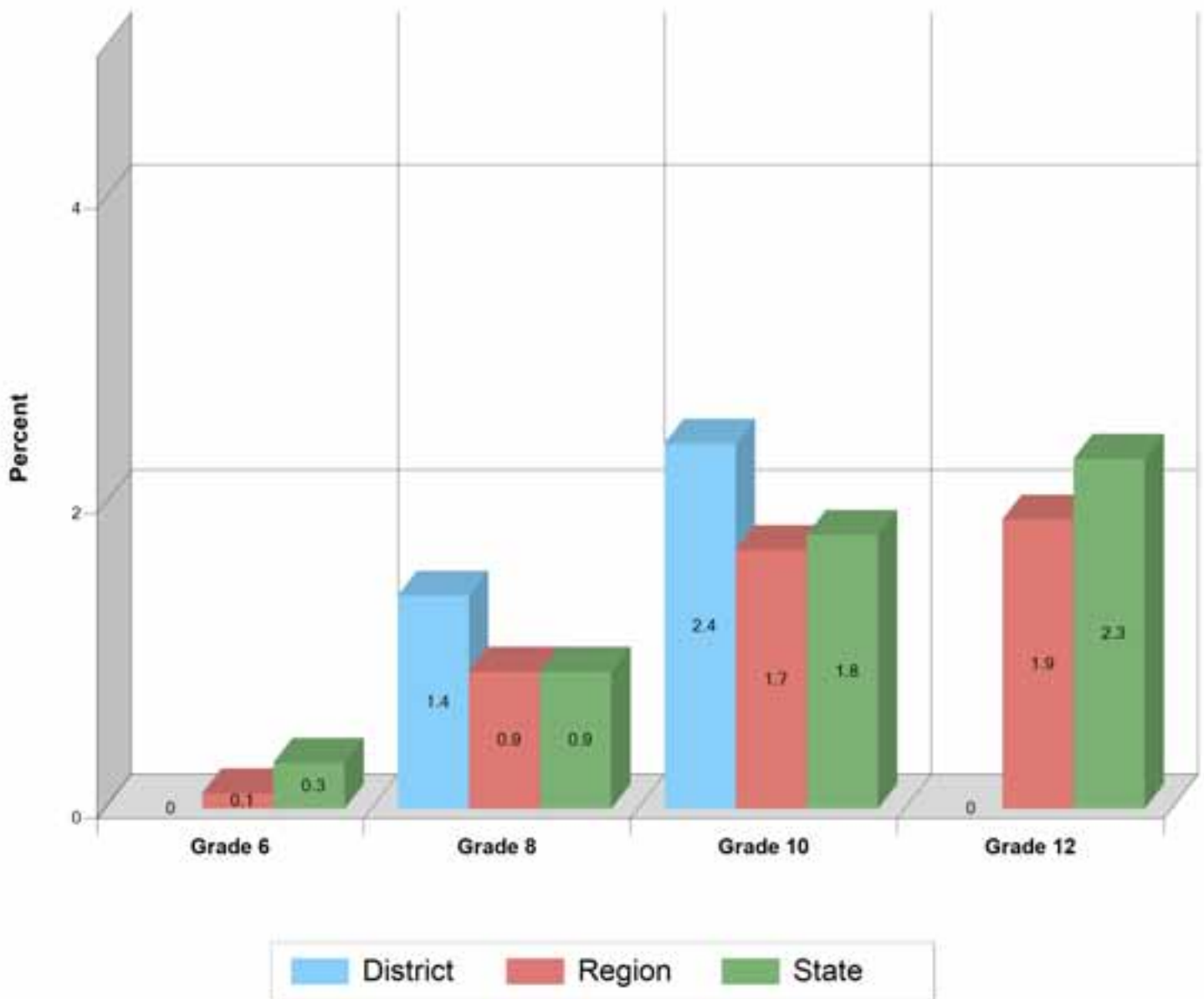
Past Year Cocaine Usage

Crittenden County

Question 26b - On how many occasions in the past 12 months have you used cocaine or crack?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	1.4%	2.4%	0%
Region	■	0.1%	0.9%	1.7%	1.9%
State	■	0.3%	0.9%	1.8%	2.3%



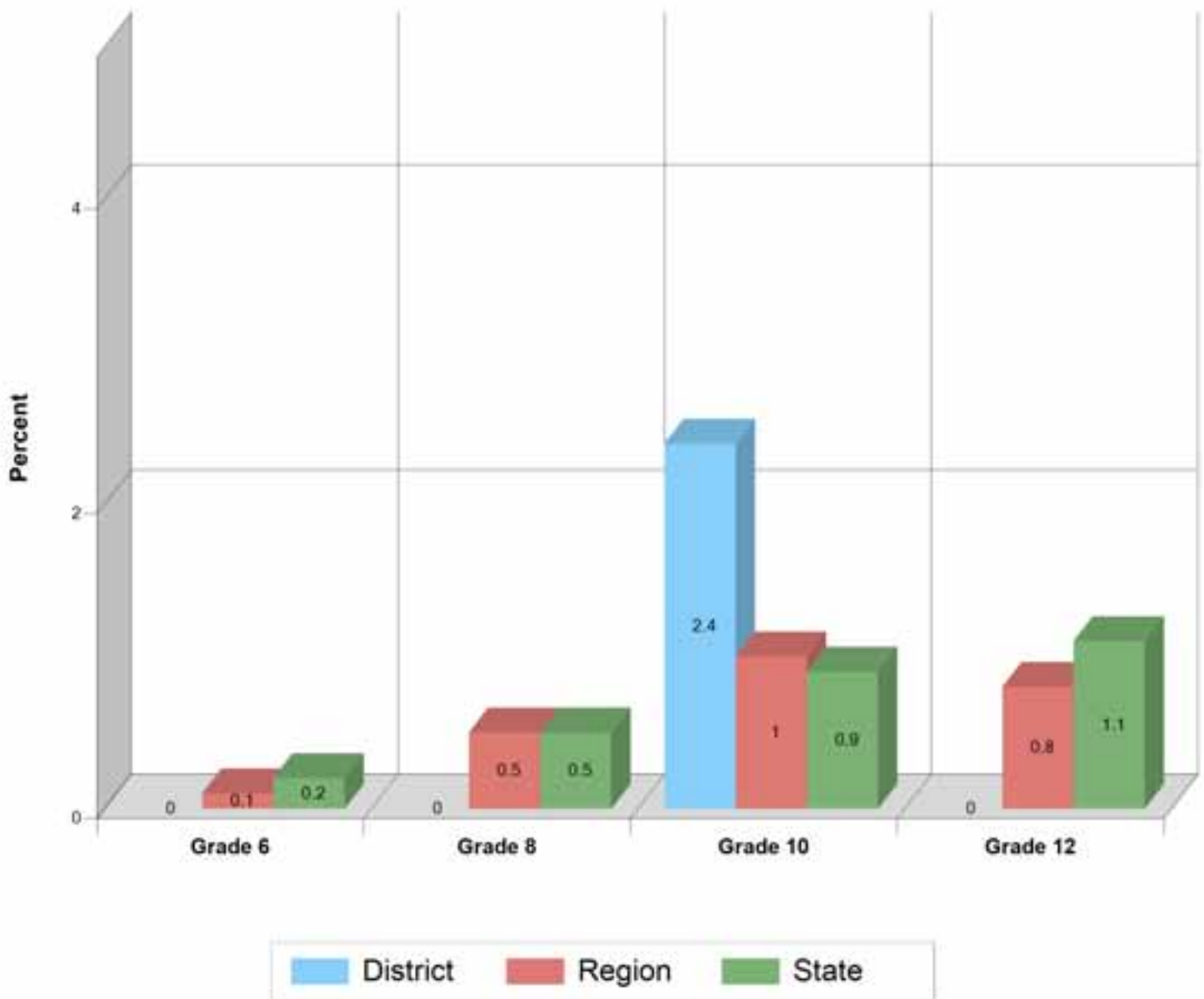
30 Day Cocaine Usage

Crittenden County

Question 26c - On how many occasions in the past 30 days have you used cocaine or crack?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	0%	2.4%	0%
Region	■	0.1%	0.5%	1%	0.8%
State	■	0.2%	0.5%	0.9%	1.1%



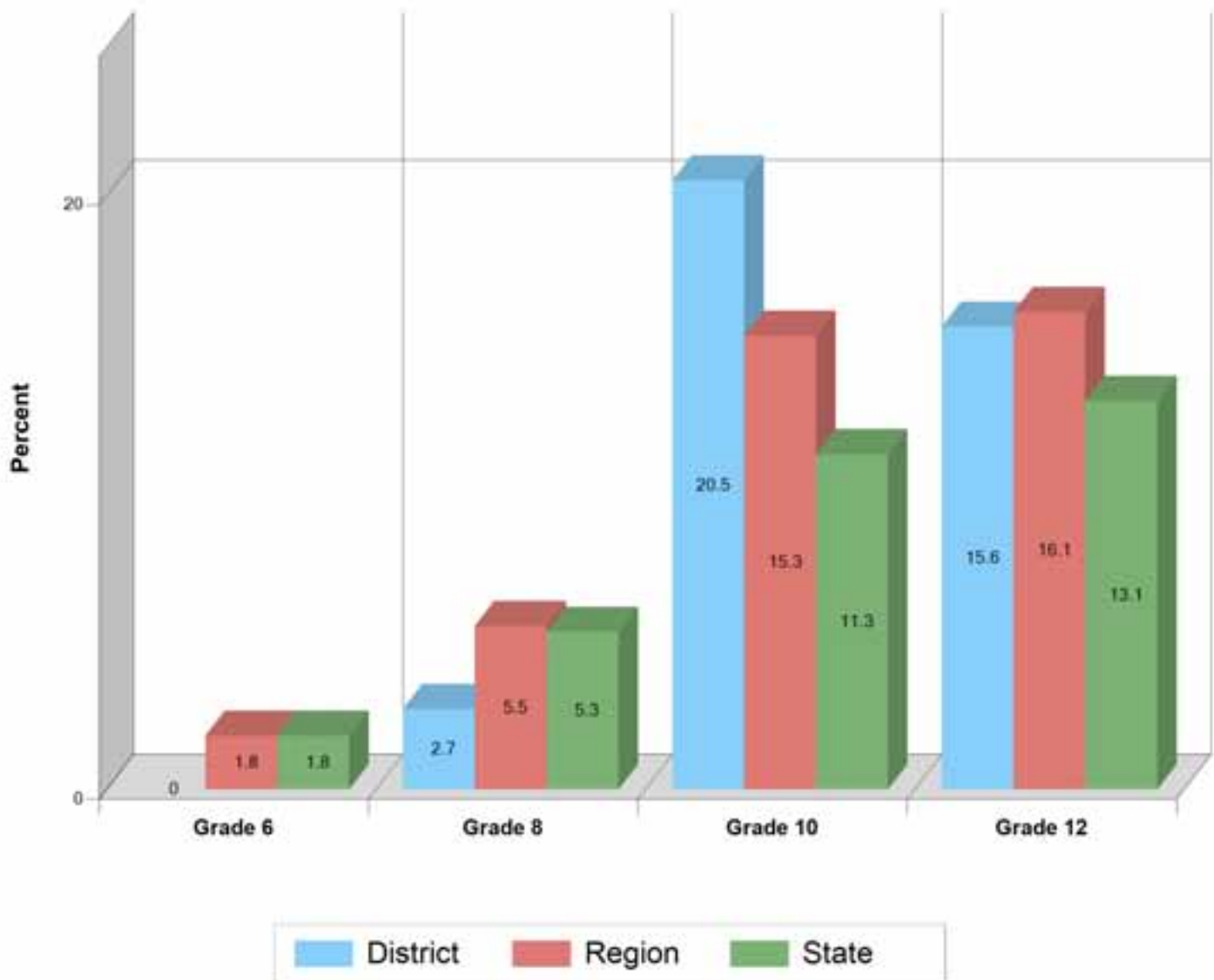
Past Year Prescription Drug Usage

Crittenden County

Question 27b - On how many occasions in the past 12 months have you taken narcotics or drugs that require a doctor's prescription, without a doctor telling you to take them?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	2.7%	20.5%	15.6%
Region	■	1.8%	5.5%	15.3%	16.1%
State	■	1.8%	5.3%	11.3%	13.1%



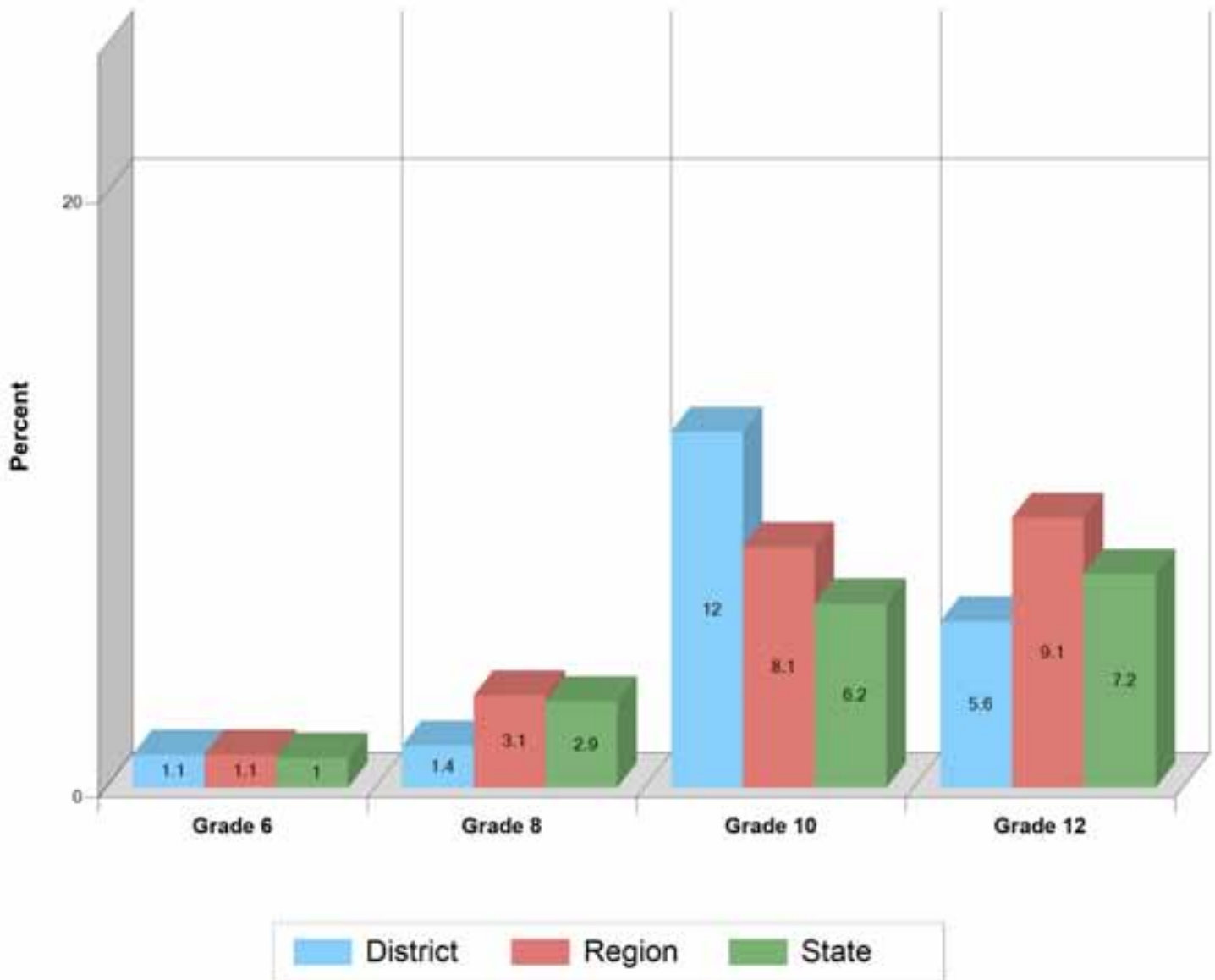
30 Day Prescription Drug Usage

Crittenden County

Question 27c - On how many occasions in the past 30 days have you taken narcotics or drugs that require a doctor's prescription, without a doctor telling you to take them?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	1.1%	1.4%	12%	5.6%
Region	■	1.1%	3.1%	8.1%	9.1%
State	■	1%	2.9%	6.2%	7.2%



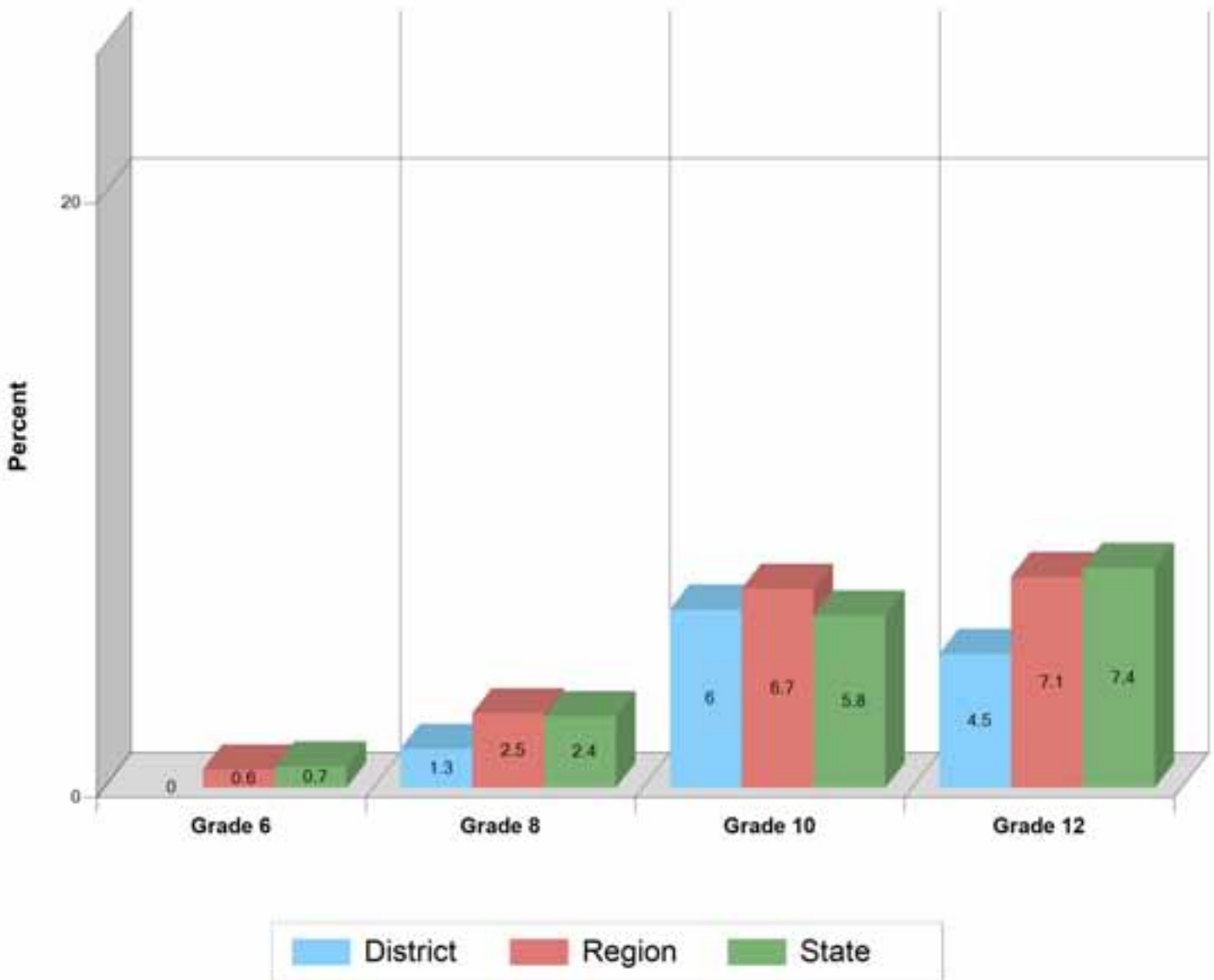
Lifetime Oxycontin Usage

Crittenden County

Question 28a - On how many occasions in your lifetime have you taken Oxycontin (OCs) without a doctor's order?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	1.3%	6%	4.5%
Region	■	0.6%	2.5%	6.7%	7.1%
State	■	0.7%	2.4%	5.8%	7.4%






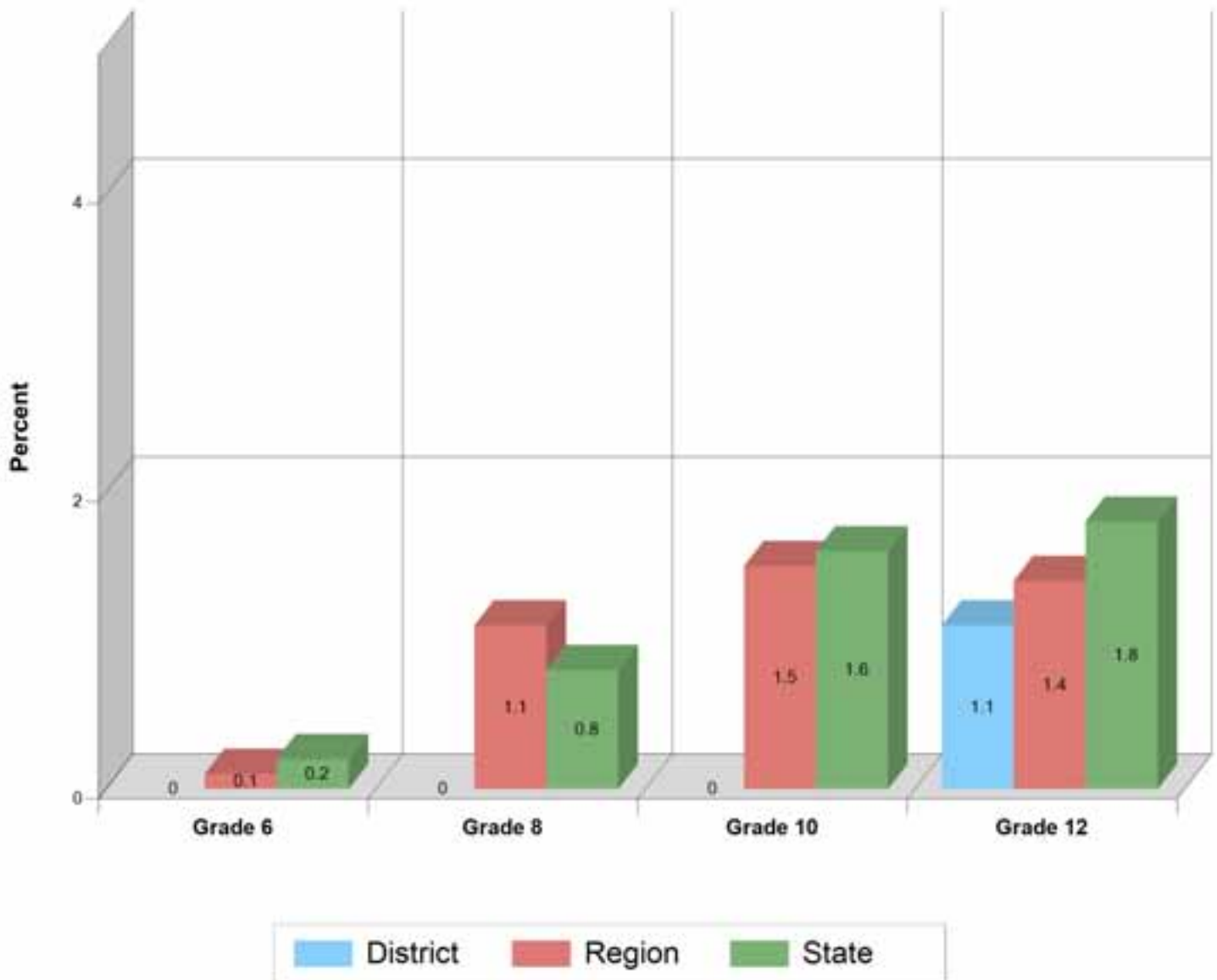
30 Day Oxycontin Usage

Crittenden County

Question 28c - On how many occasions in the past 30 days have you taken Oxycontin (OCs) without a doctor's order?

Percent that answered at least 1 occasion

		6	8	10	12
District		0%	0%	0%	1.1%
Region		0.1%	1.1%	1.5%	1.4%
State		0.2%	0.8%	1.6%	1.8%



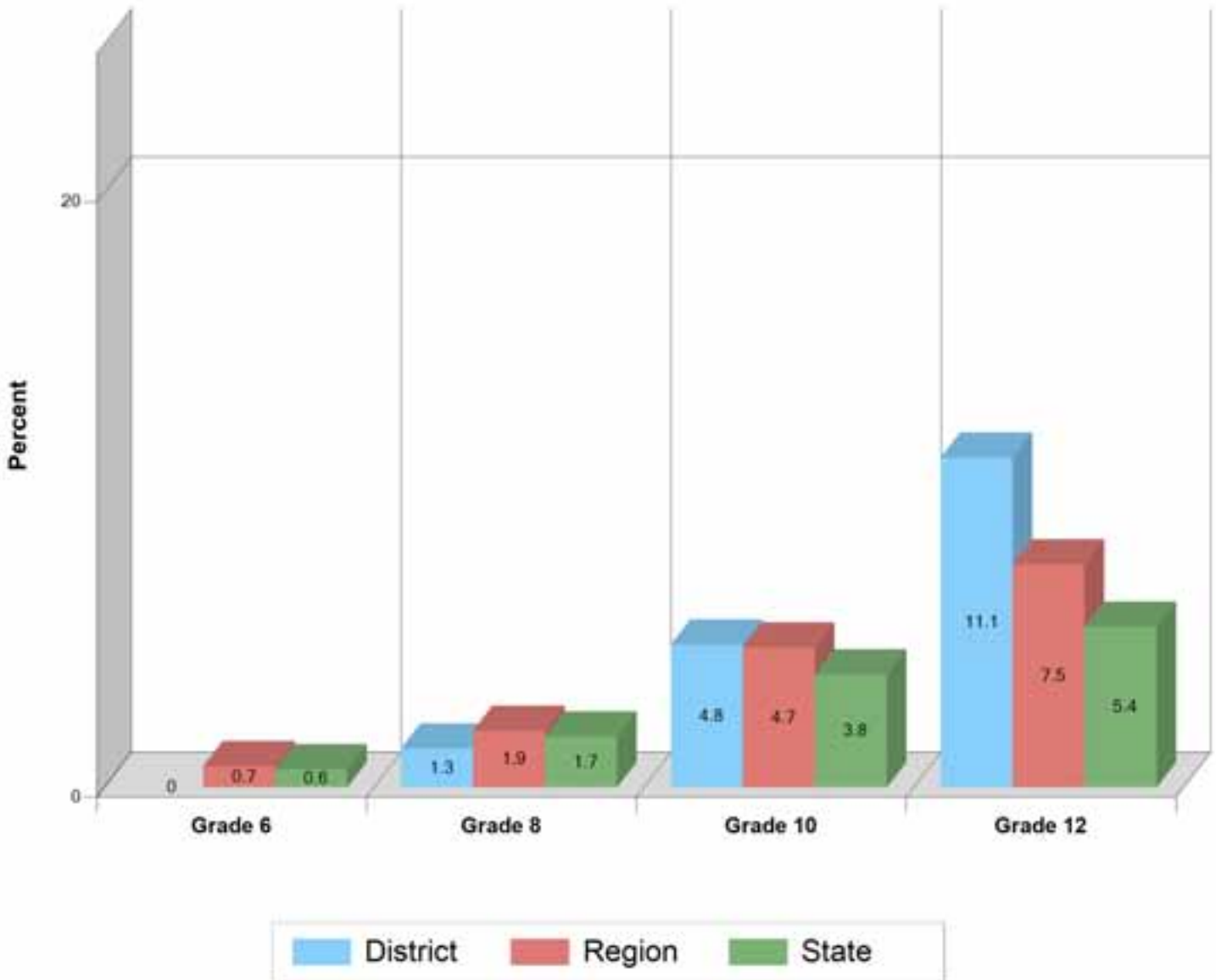
Lifetime Speed/Uppers Usage

Crittenden County

Question 29a_a - On how many occasions in your lifetime have you taken speed/uppers other than methamphetamine ("meth")?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	1.3%	4.8%	11.1%
Region	■	0.7%	1.9%	4.7%	7.5%
State	■	0.6%	1.7%	3.8%	5.4%



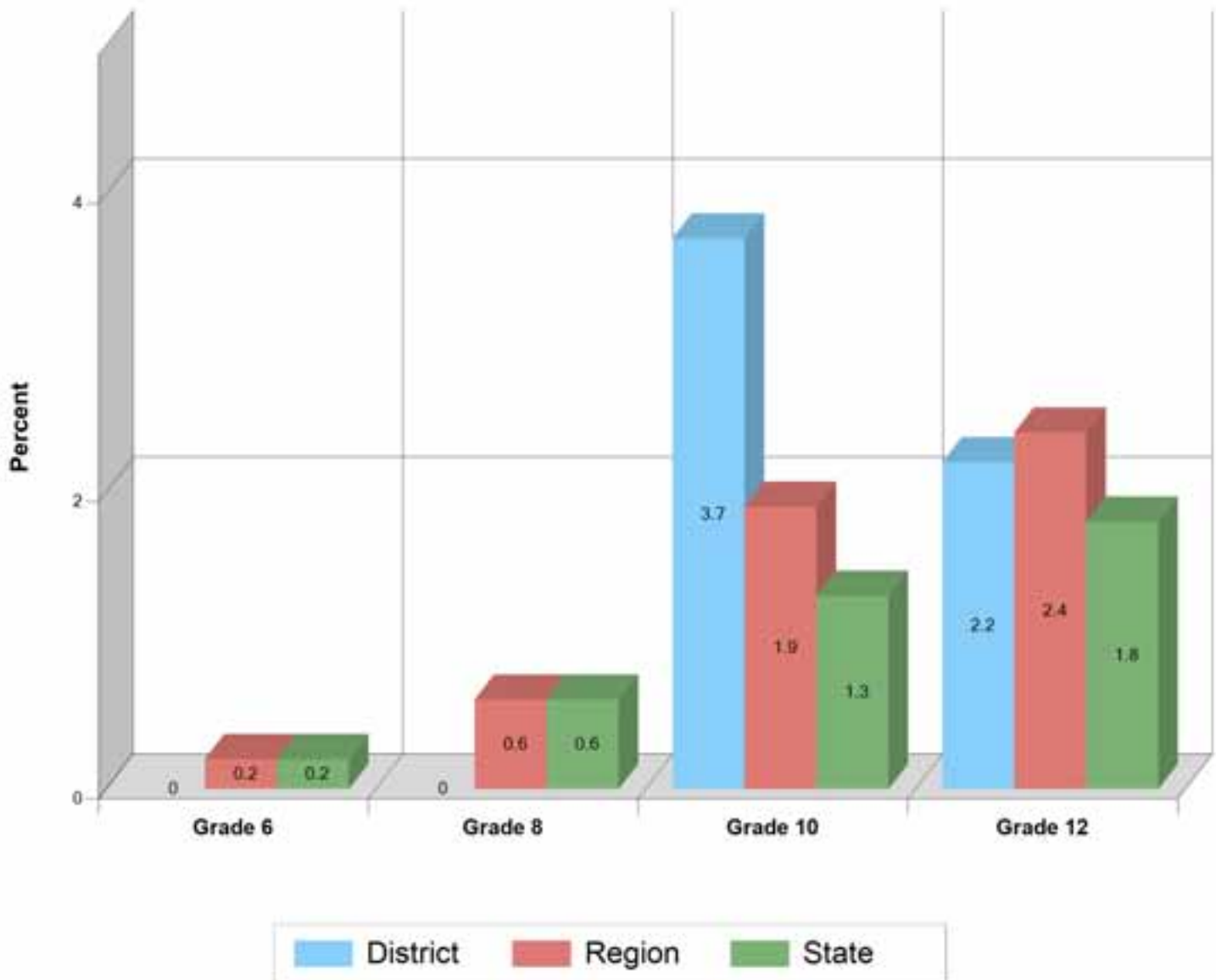
30 Day Speed/Uppers Usage

Crittenden County

Question 29a_c - On how many occasions in the past 30 days have you taken speed/uppers other than methamphetamine ("meth")?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	0%	3.7%	2.2%
Region	■	0.2%	0.6%	1.9%	2.4%
State	■	0.2%	0.6%	1.3%	1.8%







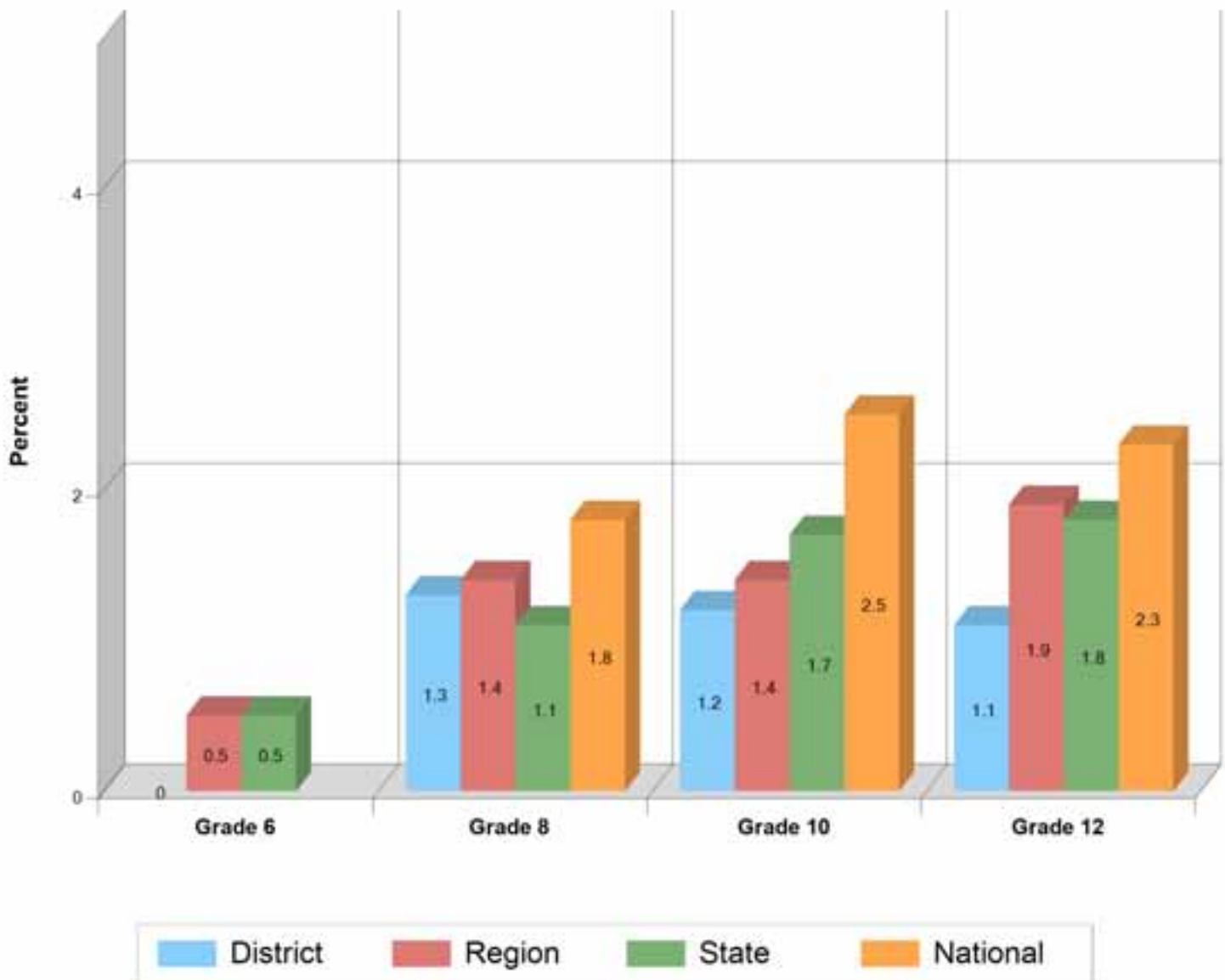
Lifetime Methamphetamine Usage

Crittenden County

Question 29b_a - On how many occasions in your lifetime have you used methamphetamines ("meth")?

Percent that answered at least 1 occasion

		6	8	10	12
District		0%	1.3%	1.2%	1.1%
Region		0.5%	1.4%	1.4%	1.9%
State		0.5%	1.1%	1.7%	1.8%
National			1.8%	2.5%	2.3%







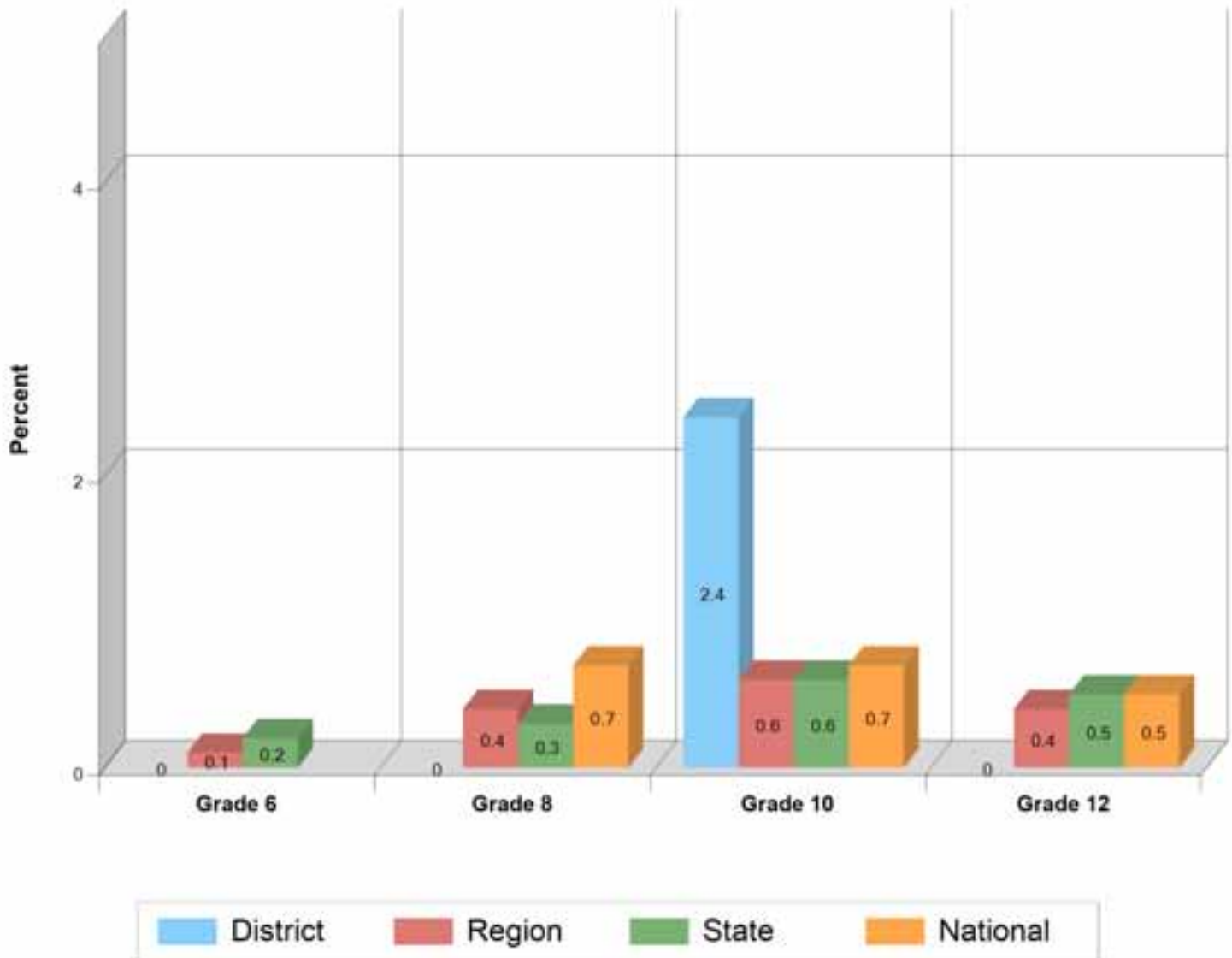
30 Day Methamphetamine Usage

Crittenden County

Question 29b_c - On how many occasions in the past 30 days have you used methamphetamines ("meth")?

Percent that answered at least 1 occasion

		6	8	10	12
District		0%	0%	2.4%	0%
Region		0.1%	0.4%	0.6%	0.4%
State		0.2%	0.3%	0.6%	0.5%
National			0.7%	0.7%	0.5%







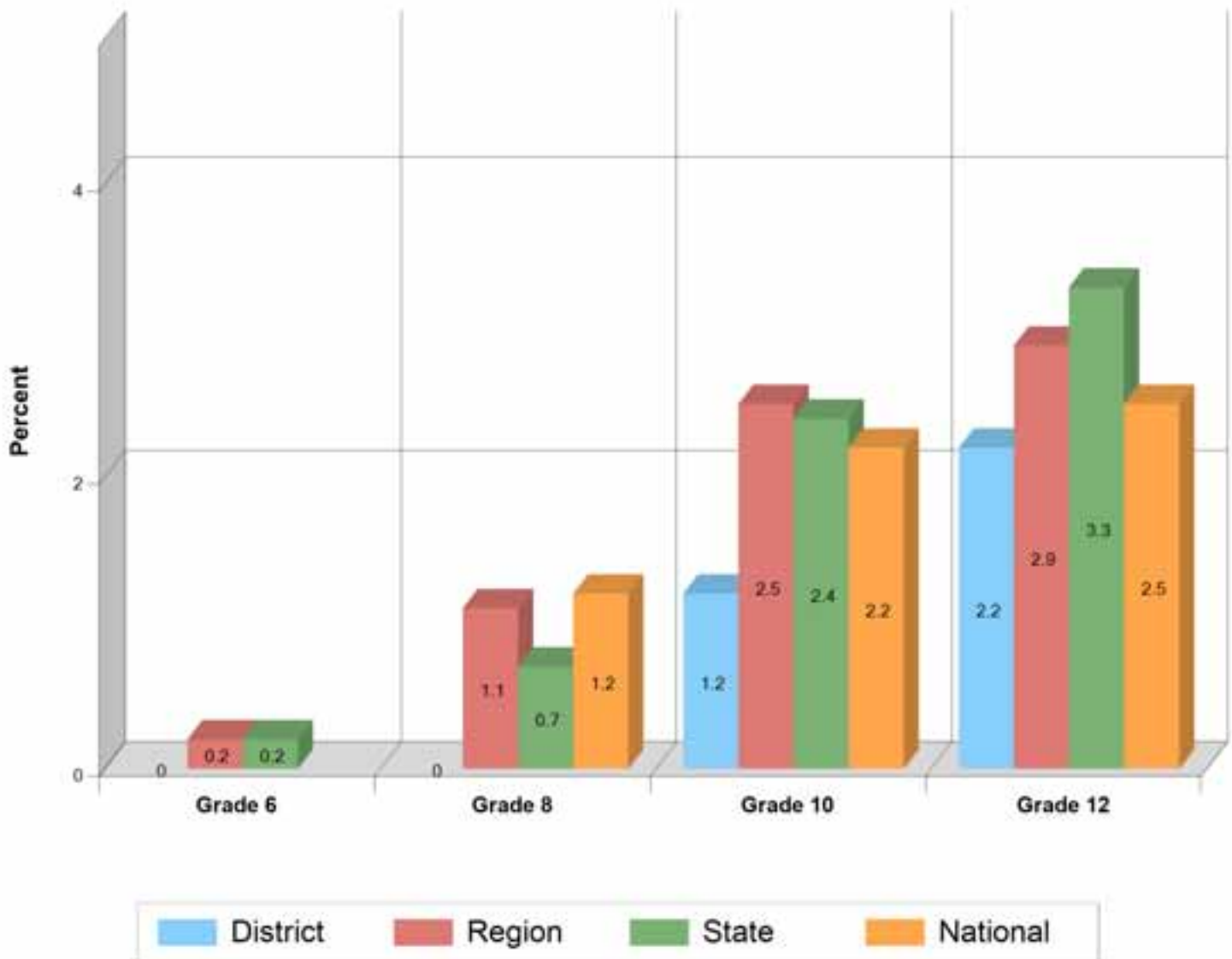
30 Day Tranquilizer Usage

Crittenden County

Question 30c - On how many occasions in the past 30 days have you used tranquilizers without a doctor telling you to do so?

Percent that answered at least 1 occasion

		6	8	10	12
District		0%	0%	1.2%	2.2%
Region		0.2%	1.1%	2.5%	2.9%
State		0.2%	0.7%	2.4%	3.3%
National			1.2%	2.2%	2.5%



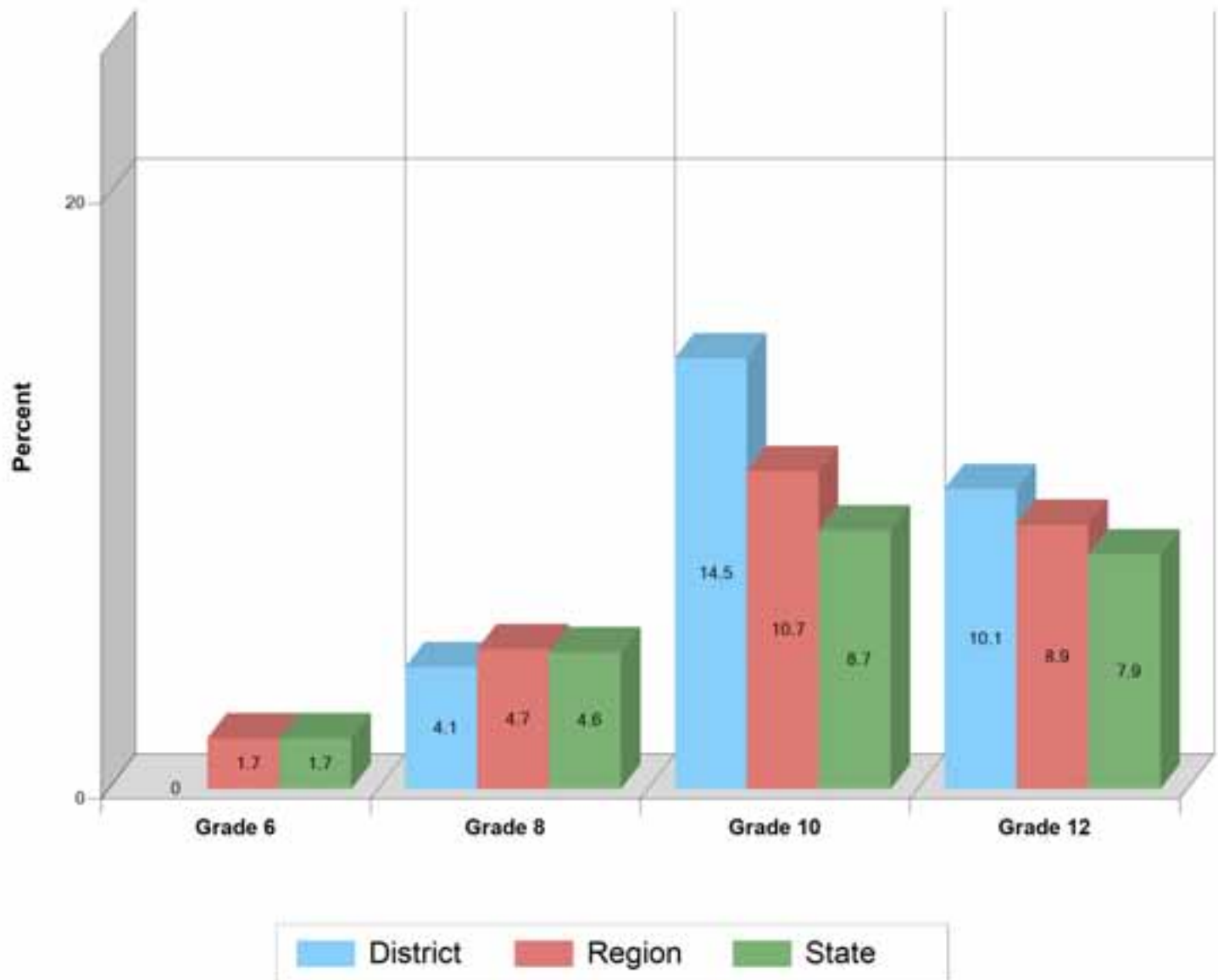
Past Year OTC Drug Usage

Crittenden County

Question 31b - On how many occasions in the past 12 months have you taken other drugs including over-the-counter drugs (stay-awake pills, cough syrup) to get high?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	4.1%	14.5%	10.1%
Region	■	1.7%	4.7%	10.7%	8.9%
State	■	1.7%	4.6%	8.7%	7.9%



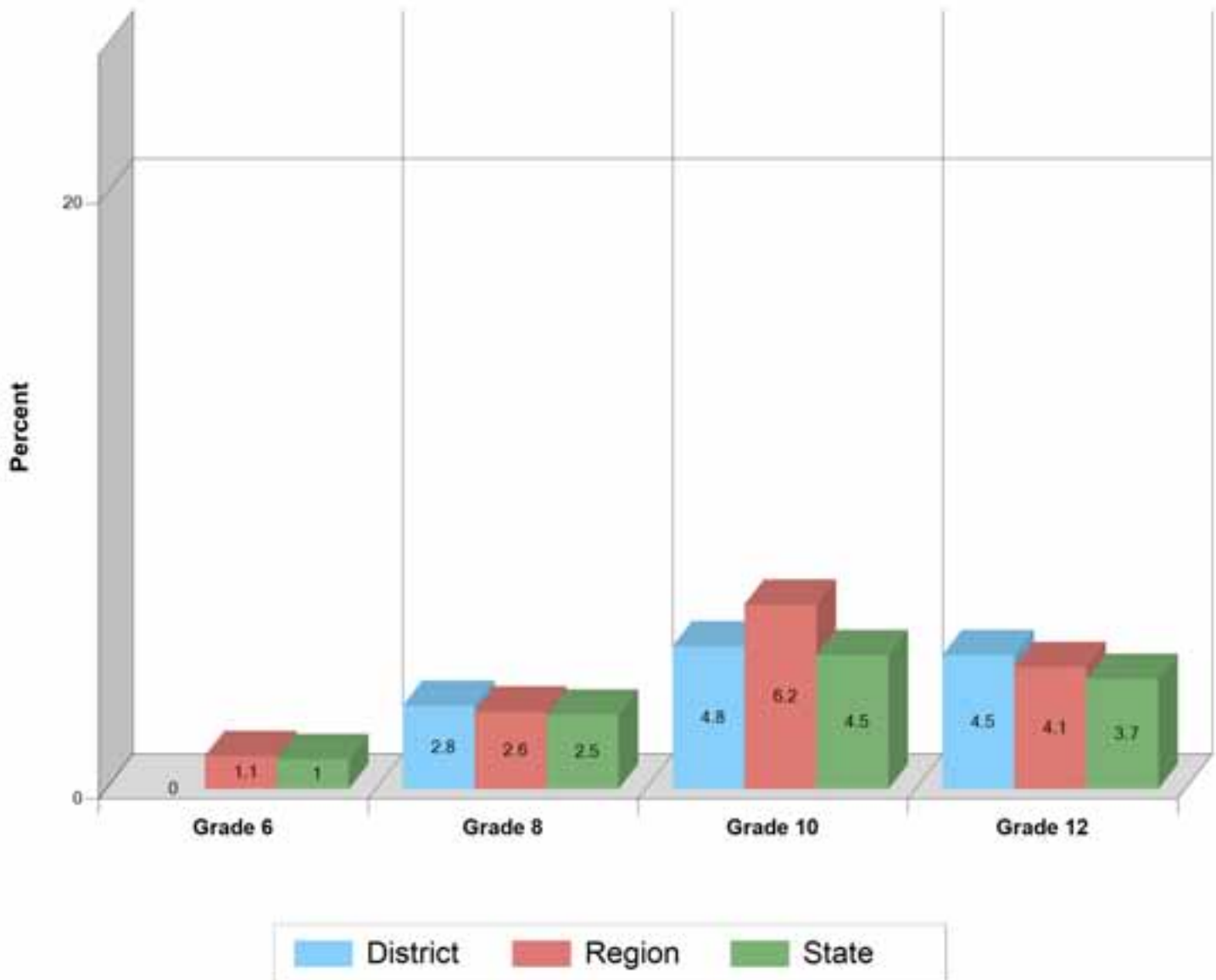
30 Day OTC Drug Usage

Crittenden County

Question 31c - On how many occasions in the past 30 days have you taken other drugs including over-the-counter drugs (stay-awake pills, cough syrup) to get high?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	2.8%	4.8%	4.5%
Region	■	1.1%	2.6%	6.2%	4.1%
State	■	1%	2.5%	4.5%	3.7%



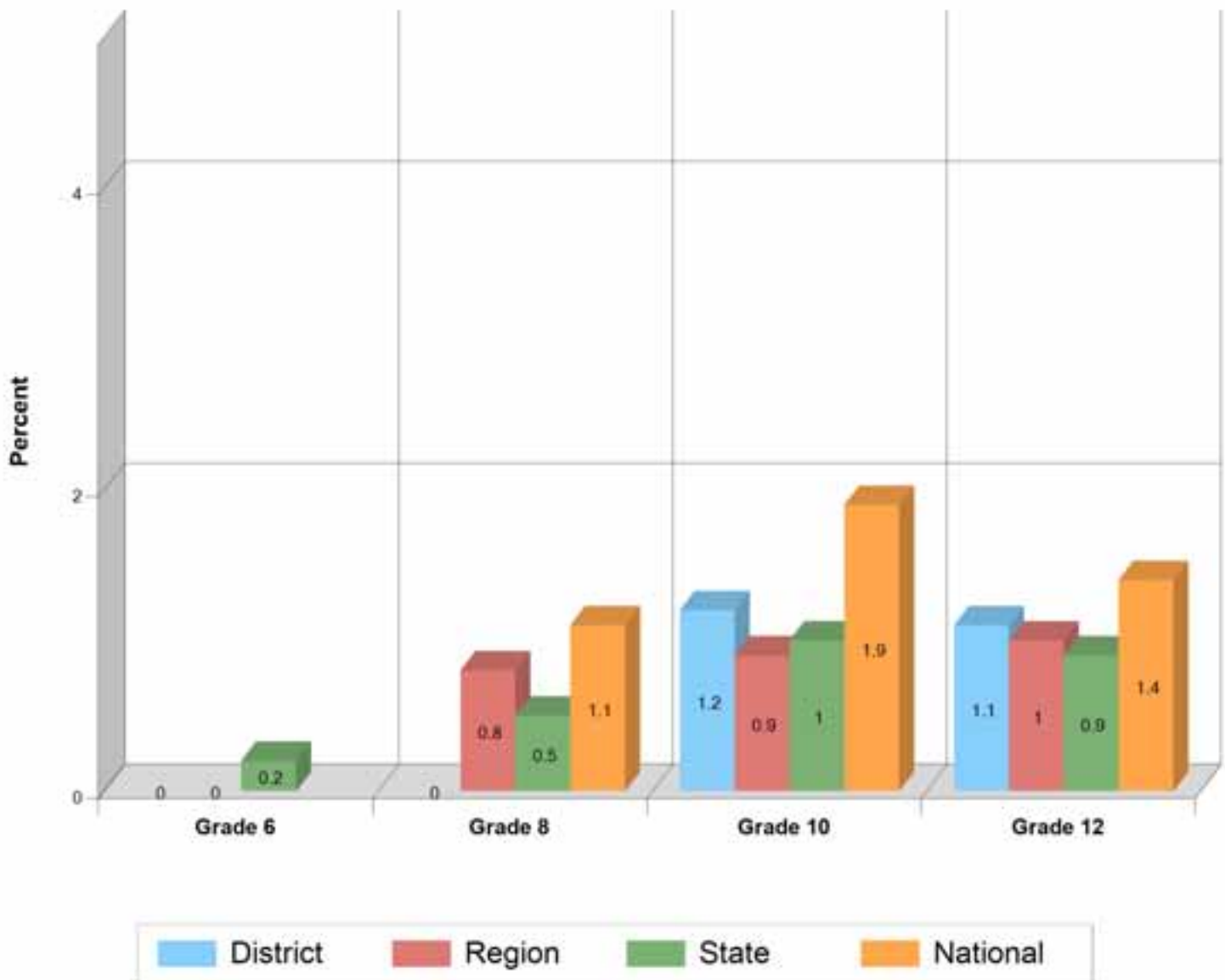
30 Day Ecstasy Usage

Crittenden County

Question 32c - On how many occasions in the past 30 days have you used MDMA ("ecstasy")?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	0%	0%	1.2%	1.1%
Region	■	0%	0.8%	0.9%	1%
State	■	0.2%	0.5%	1%	0.9%
National	■		1.1%	1.9%	1.4%



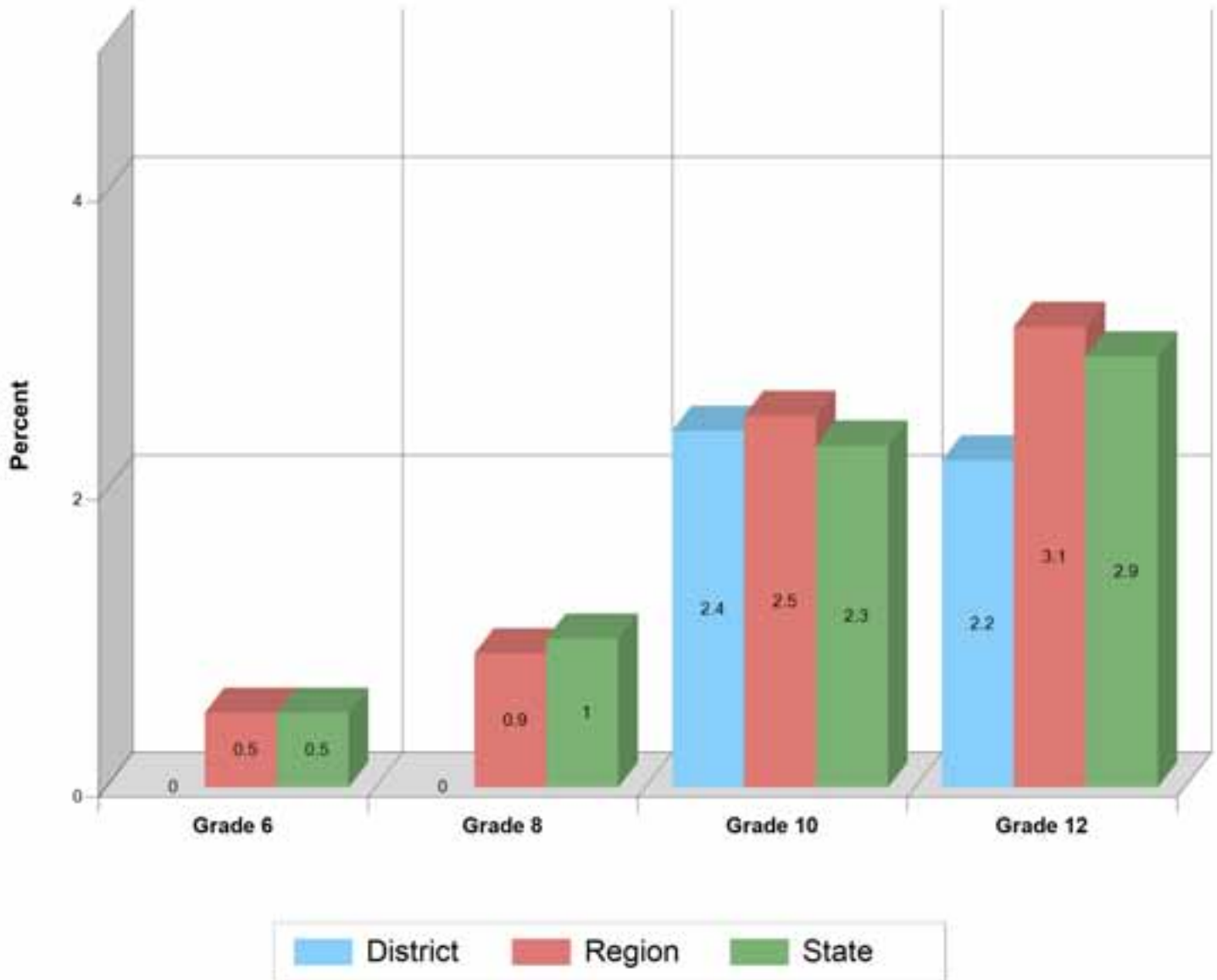
Alcohol/Drug Abuse: Stopped by Police

Crittenden County

Question 34a - In the past 12 months, has your drinking and/or drug use caused you to get stopped by the police for drunk driving or being drunk and disorderly?

Percent that answered Yes

		6	8	10	12
District	■	0%	0%	2.4%	2.2%
Region	■	0.5%	0.9%	2.5%	3.1%
State	■	0.5%	1%	2.3%	2.9%



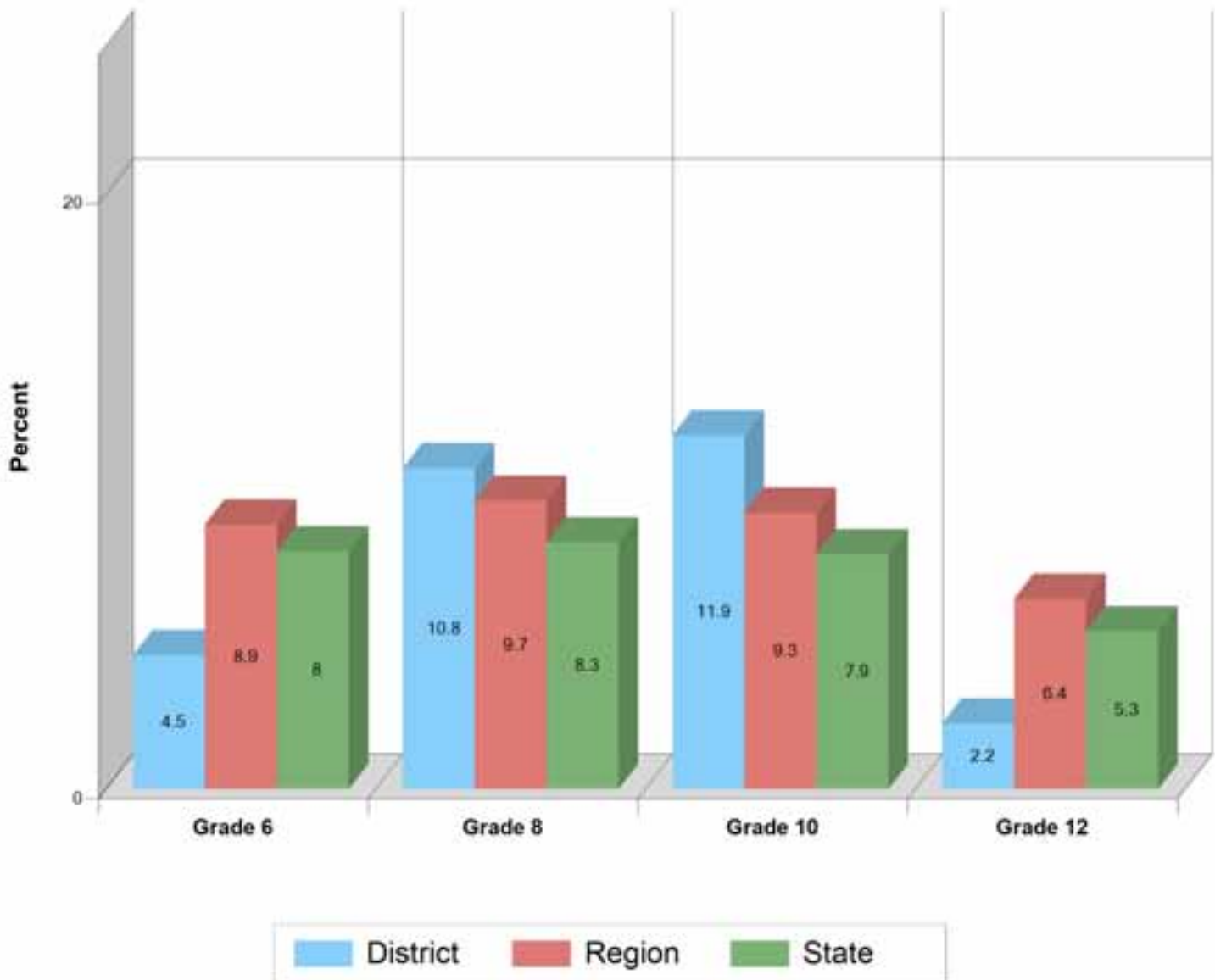
Alcohol/Drug Abuse: Trouble at School

Crittenden County

Question 34b - In the past 12 months, has your drinking and/or drug use caused you to get in trouble at school?

Percent that answered Yes

		6	8	10	12
District	■	4.5%	10.8%	11.9%	2.2%
Region	■	8.9%	9.7%	9.3%	6.4%
State	■	8%	8.3%	7.9%	5.3%



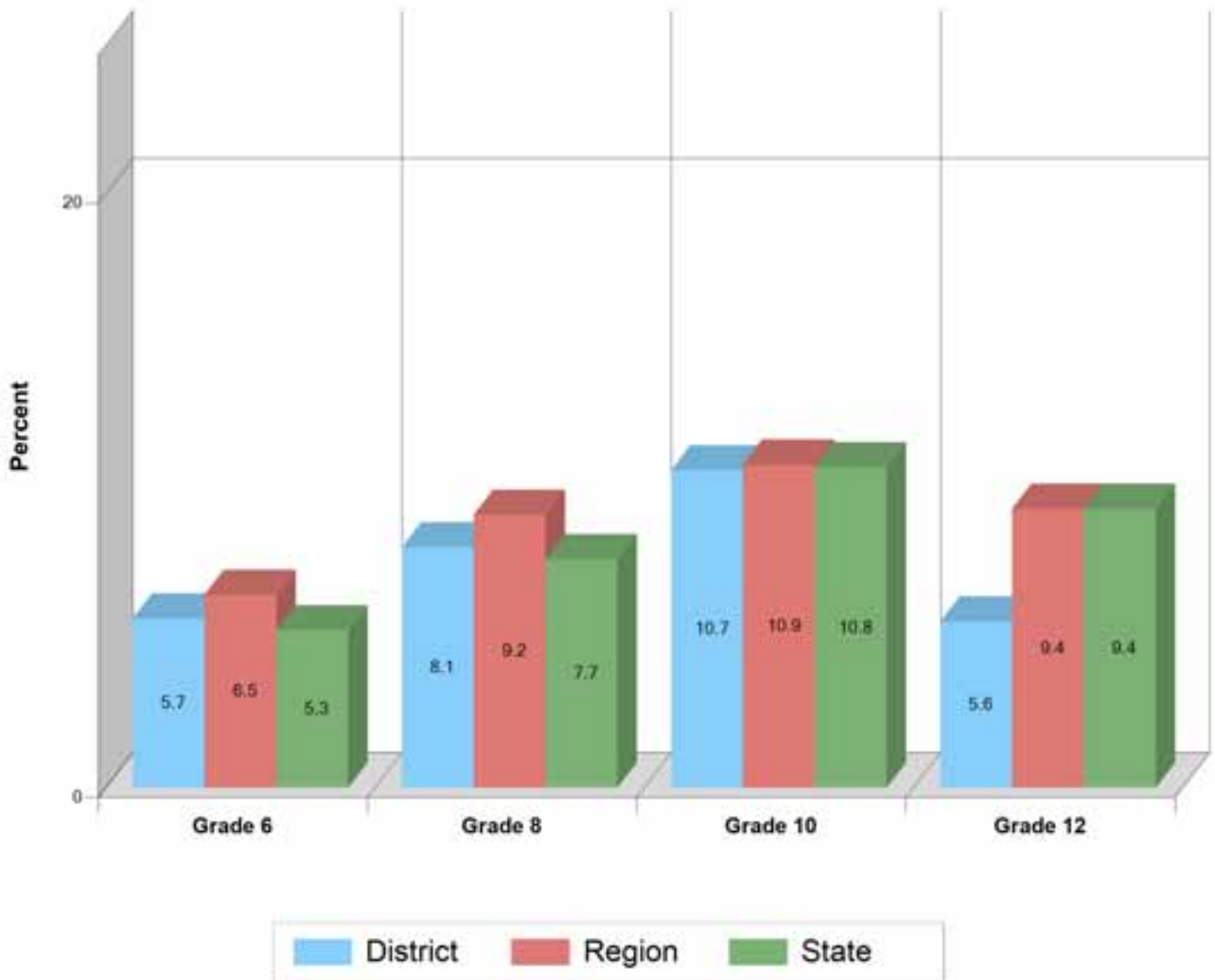
Alcohol/Drug Abuse: Injury to Self

Crittenden County

Question 34c - In the past 12 months, has your drinking and/or drug use caused you to hurt or injure yourself?

Percent that answered Yes

		6	8	10	12
District	■	5.7%	8.1%	10.7%	5.6%
Region	■	6.5%	9.2%	10.9%	9.4%
State	■	5.3%	7.7%	10.8%	9.4%



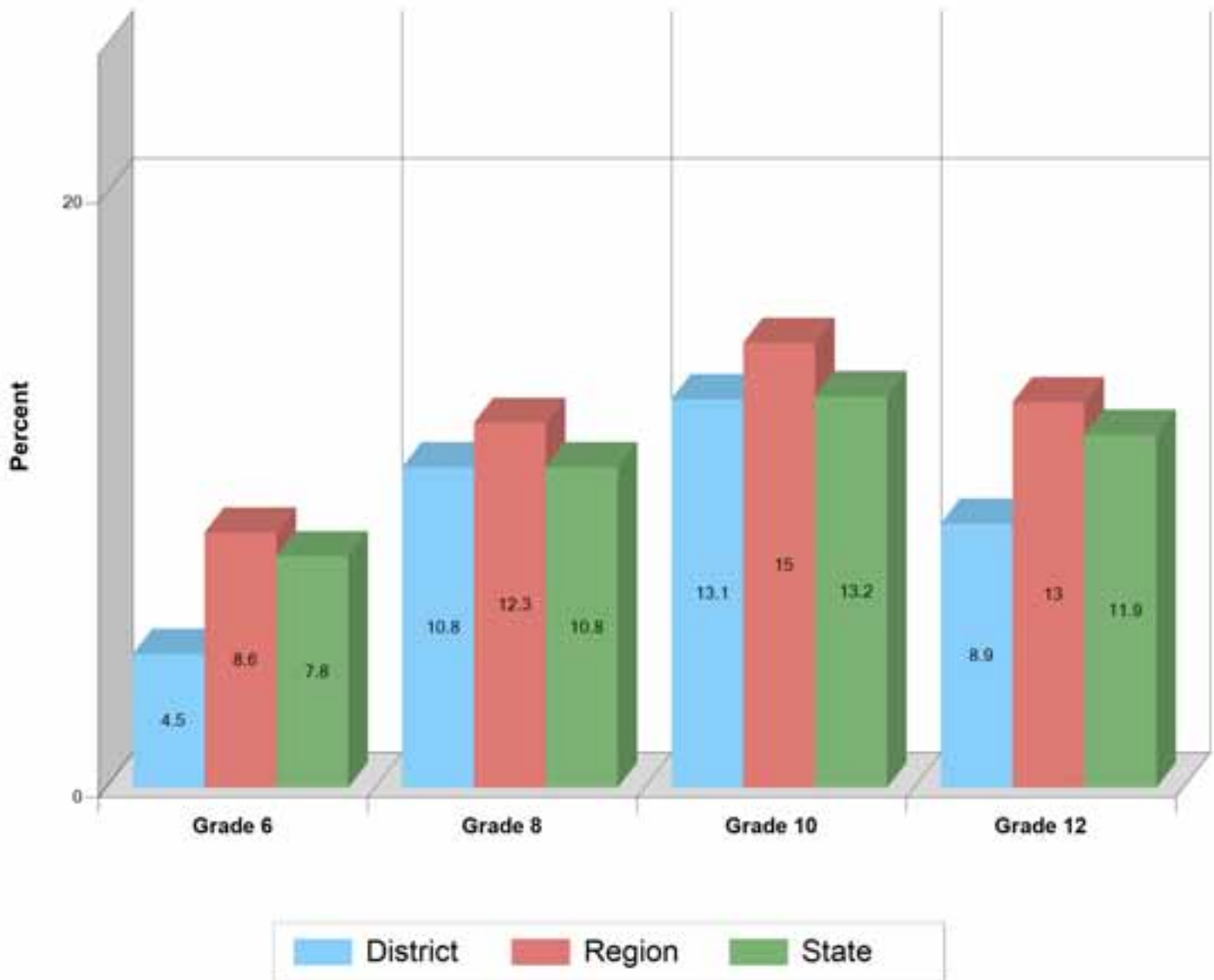
Alcohol/Drug Abuse: Fight Other Kids

Crittenden County

Question 34d - In the past 12 months, has your drinking and/or drug use caused you to fight (verbal or physical) with other kids?

Percent that answered Yes

		6	8	10	12
District		4.5%	10.8%	13.1%	8.9%
Region		8.6%	12.3%	15%	13%
State		7.8%	10.8%	13.2%	11.9%






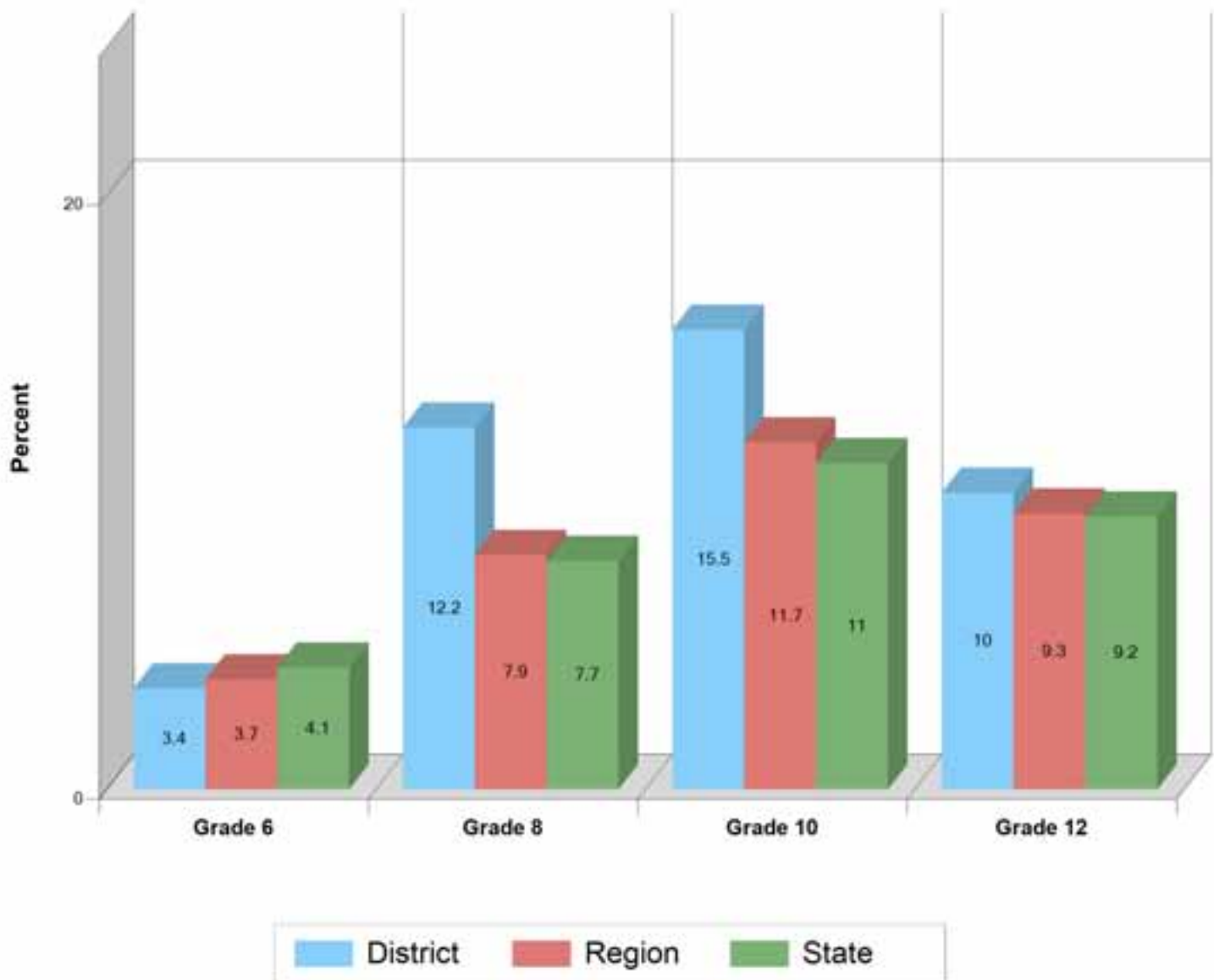
Alcohol/Drug Abuse: Fight with Parents

Crittenden County

Question 34e - In the past 12 months, has your drinking and/or drug use caused you to fight with your parents?

Percent that answered Yes

		6	8	10	12
District		3.4%	12.2%	15.5%	10%
Region		3.7%	7.9%	11.7%	9.3%
State		4.1%	7.7%	11%	9.2%



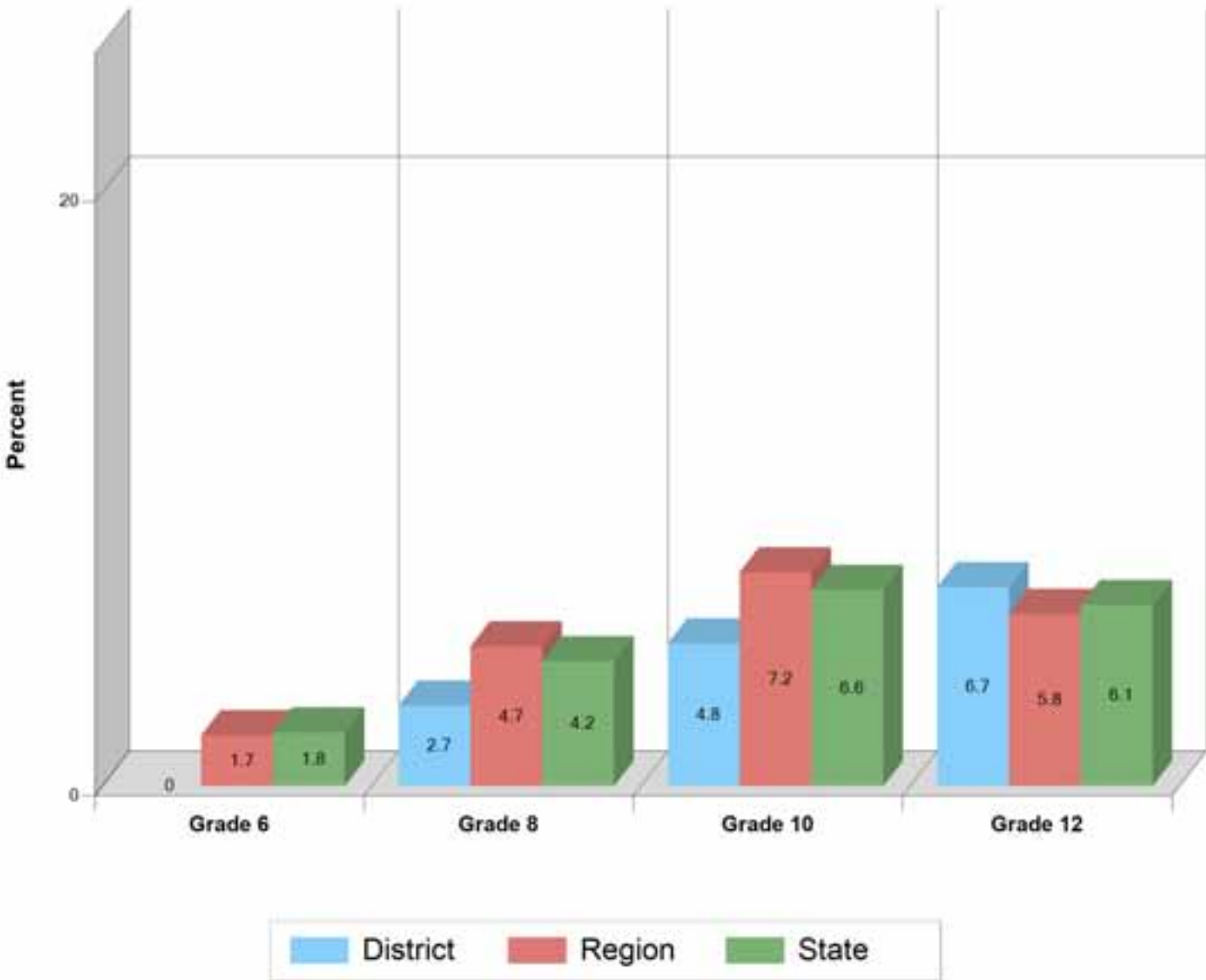
Alcohol/Drug Abuse: Illegal Acts

Crittenden County

Question 34f - In the past 12 months, has your drinking and/or drug use caused you to commit illegal acts (theft, breaking and entering, vandalism)?

Percent that answered Yes

		6	8	10	12
District	■	0%	2.7%	4.8%	6.7%
Region	■	1.7%	4.7%	7.2%	5.8%
State	■	1.8%	4.2%	6.6%	6.1%






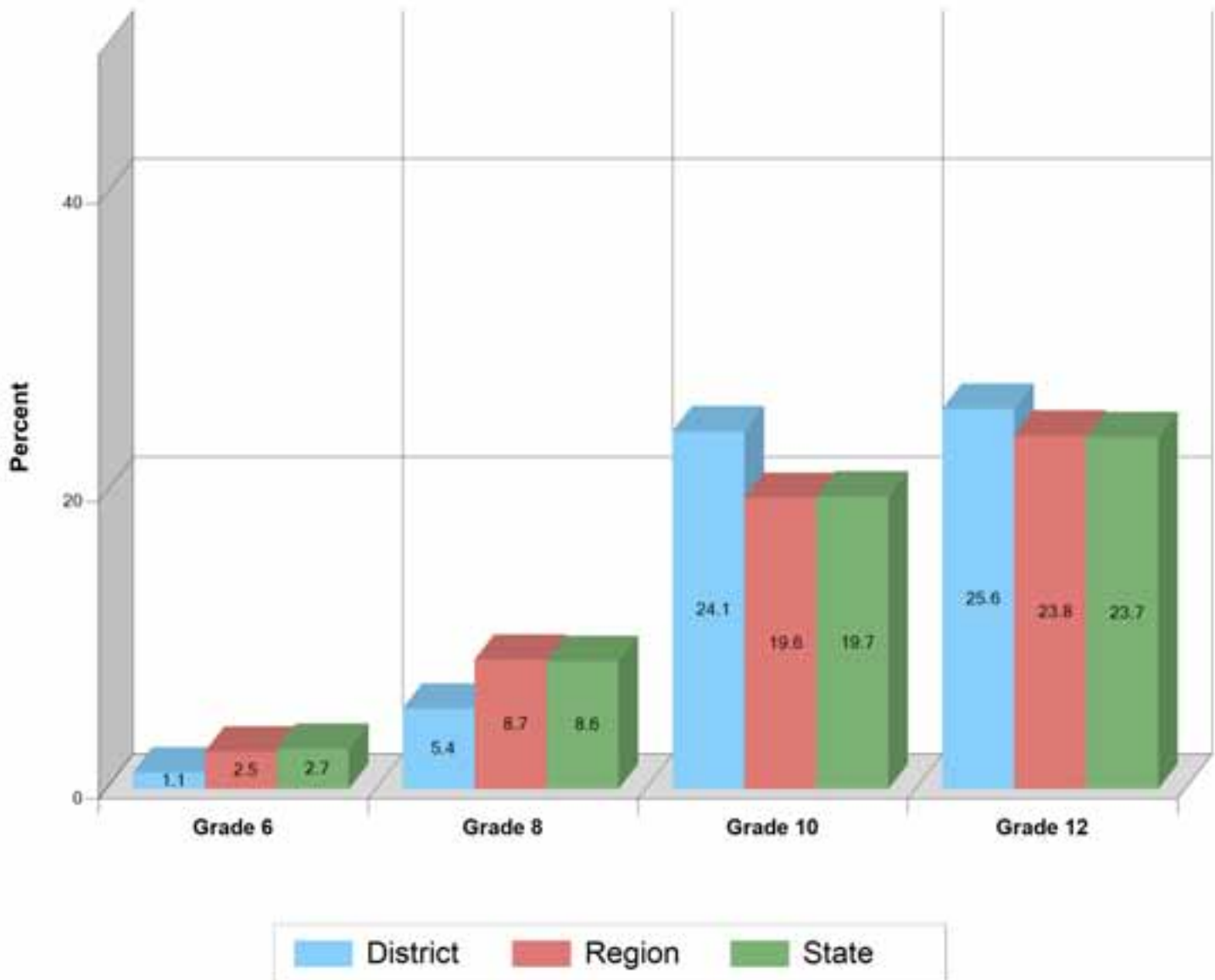
Alcohol/Drug Abuse: Memory Loss

Crittenden County

Question 34g - In the past 12 months, has your drinking and/or drug use caused you to not recall what you did?

Percent that answered Yes

		6	8	10	12
District		1.1%	5.4%	24.1%	25.6%
Region		2.5%	8.7%	19.6%	23.8%
State		2.7%	8.6%	19.7%	23.7%



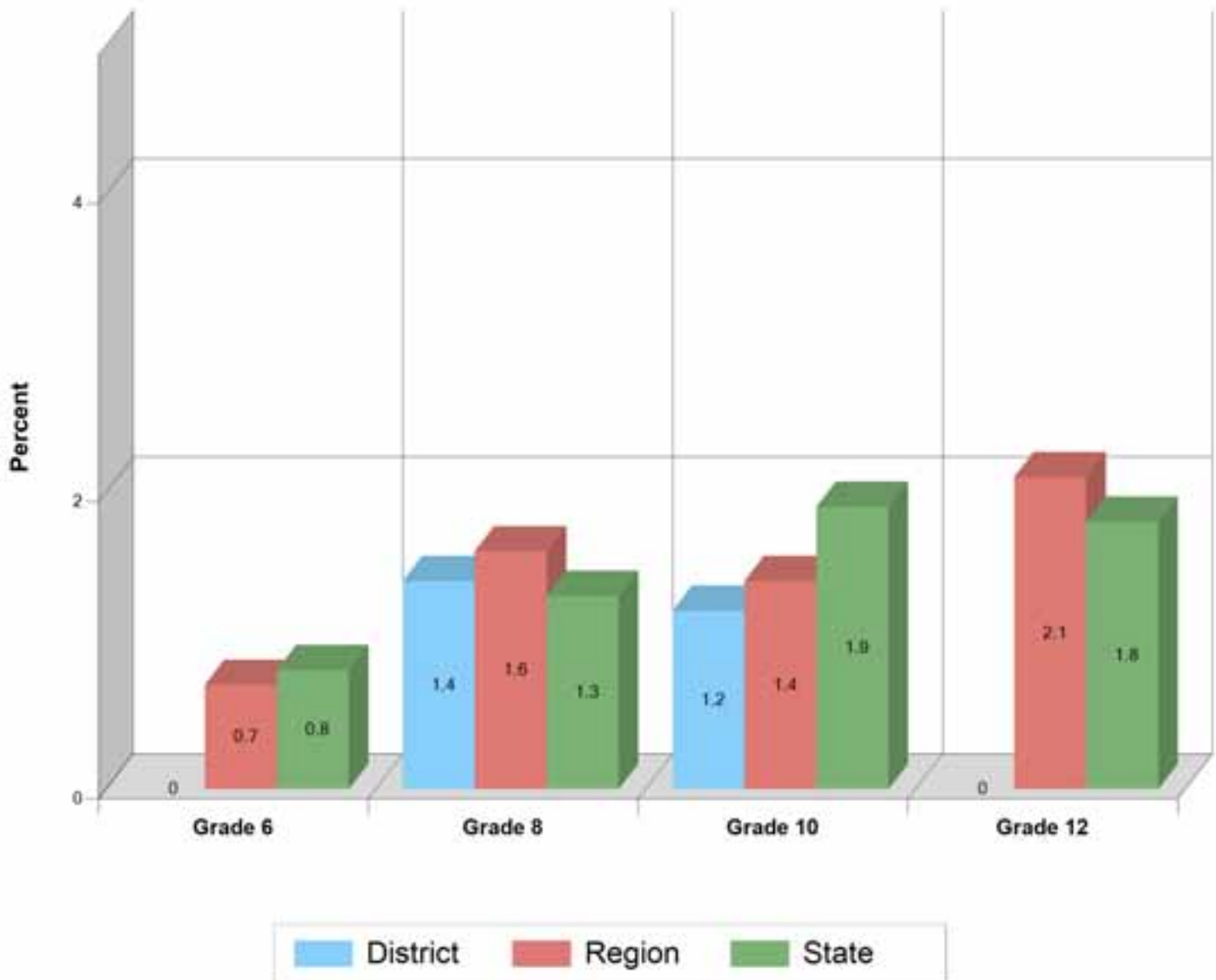
Alcohol/Drug Abuse: Sexual Aggression

Crittenden County

Question 34h - In the past 12 months, has your drinking and/or drug use caused you to pressure someone else to do something sexual against his/her will?

Percent that answered Yes

		6	8	10	12
District	■	0%	1.4%	1.2%	0%
Region	■	0.7%	1.6%	1.4%	2.1%
State	■	0.8%	1.3%	1.9%	1.8%






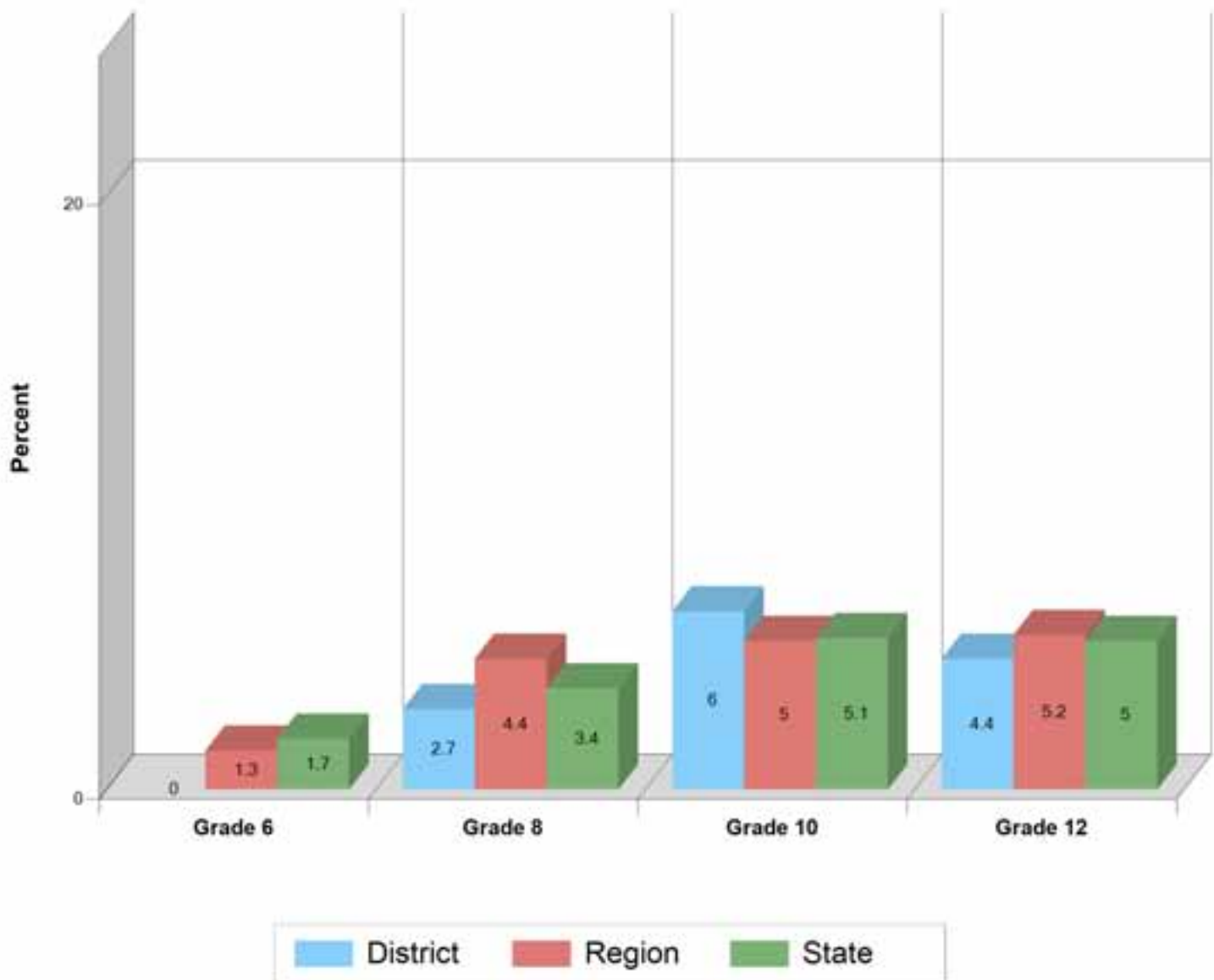
Alcohol/Drug Abuse: Sexual Pressure

Crittenden County

Question 34i - In the past 12 months, has your drinking and/or drug use caused you to be pressured by someone else to do something sexual against your will?

Percent that answered Yes

		6	8	10	12
District		0%	2.7%	6%	4.4%
Region		1.3%	4.4%	5%	5.2%
State		1.7%	3.4%	5.1%	5%



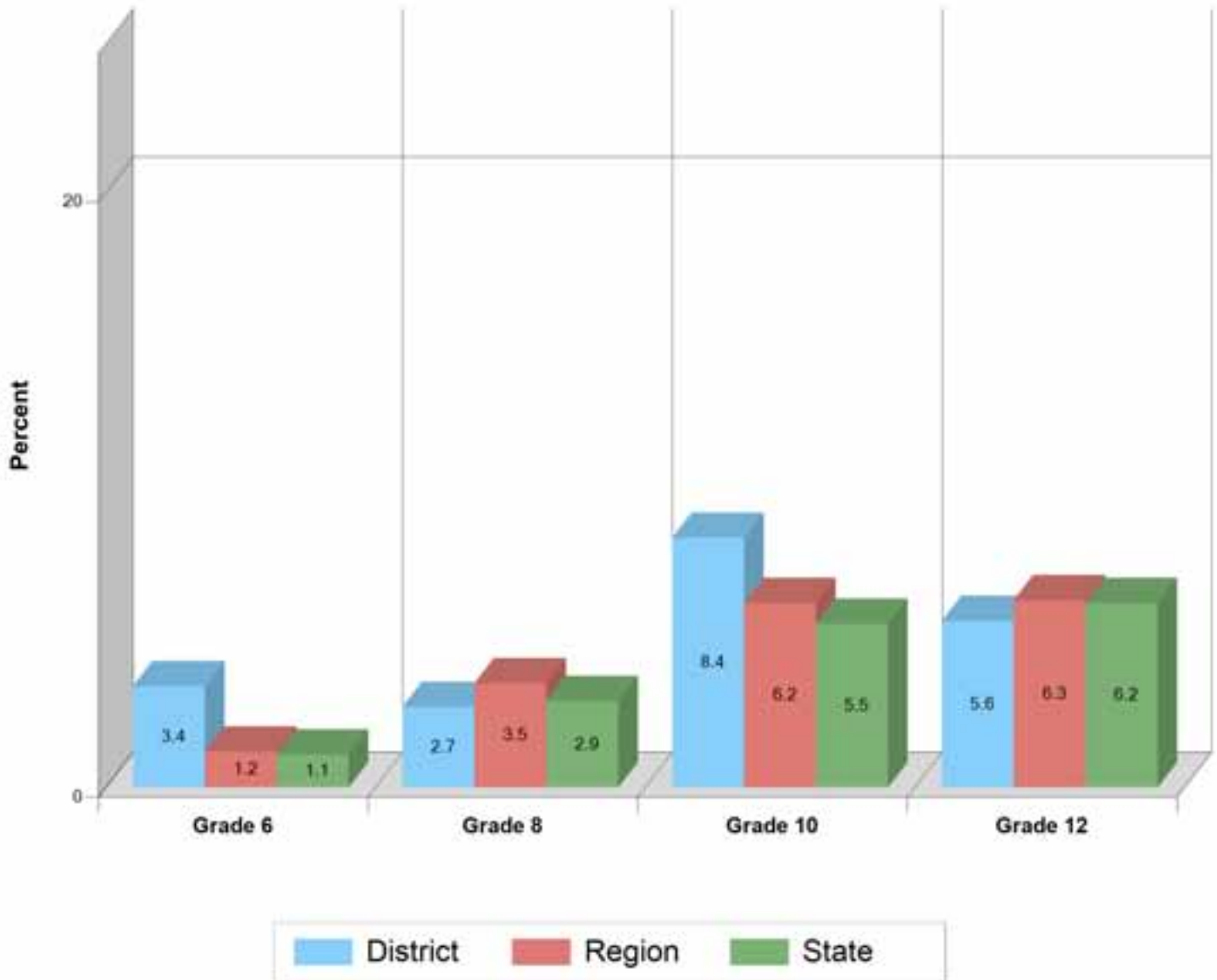
Alcohol/Drug Abuse: Drinking or Drug Problem

Crittenden County

Question 34j - In the past 12 months, has your drinking and/or drug use caused you to think you had a drinking or drug problem?

Percent that answered Yes

		6	8	10	12
District	■	3.4%	2.7%	8.4%	5.6%
Region	■	1.2%	3.5%	6.2%	6.3%
State	■	1.1%	2.9%	5.5%	6.2%






Alcohol/Drug Abuse: Car Accident

Crittenden County

Question 34k - In the past 12 months, has your drinking and/or drug use caused you to be involved in a car accident?

Percent that answered Yes

		6	8	10	12
District		3.4%	2.7%	2.4%	2.2%
Region		3.2%	3.6%	3%	3.7%
State		3.4%	2.9%	3.2%	3.6%



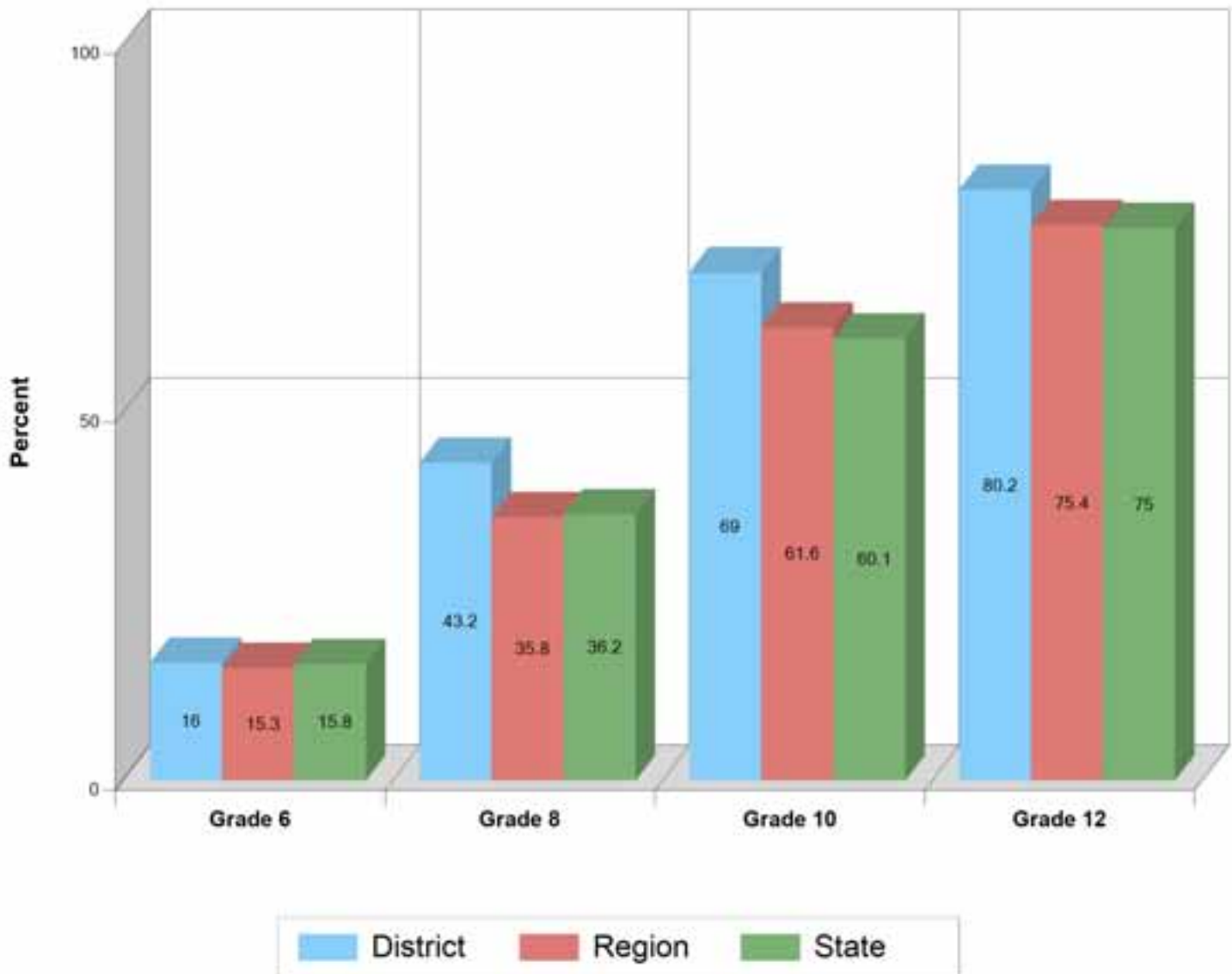
Accessibility : Alcohol

Crittenden County

Question 35 - If you wanted to get some beer, wine, or hard liquor (for example: vodka, whiskey, or gin), how easy would it be for you to get some?

Percent that answered 'Sort of easy' or 'Very easy'

		6	8	10	12
District	■	16%	43.2%	69%	80.2%
Region	■	15.3%	35.8%	61.6%	75.4%
State	■	15.8%	36.2%	60.1%	75%



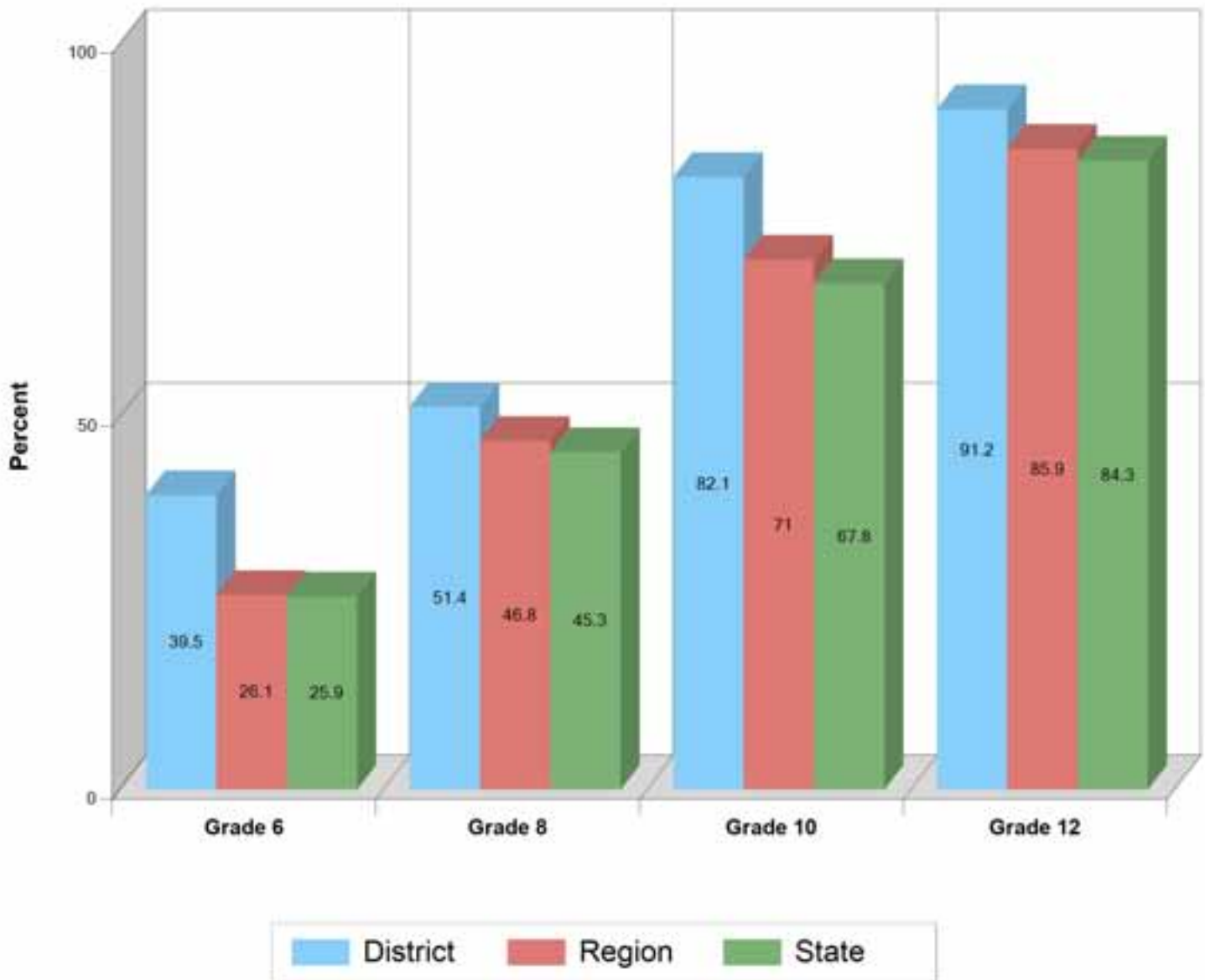
Accessibility : Cigarettes

Crittenden County

Question 36 - How easy would it be for you to get some cigarettes?

Percent that answered 'Sort of easy' or 'Very easy'

		6	8	10	12
District	■	39.5%	51.4%	82.1%	91.2%
Region	■	26.1%	46.8%	71%	85.9%
State	■	25.9%	45.3%	67.8%	84.3%



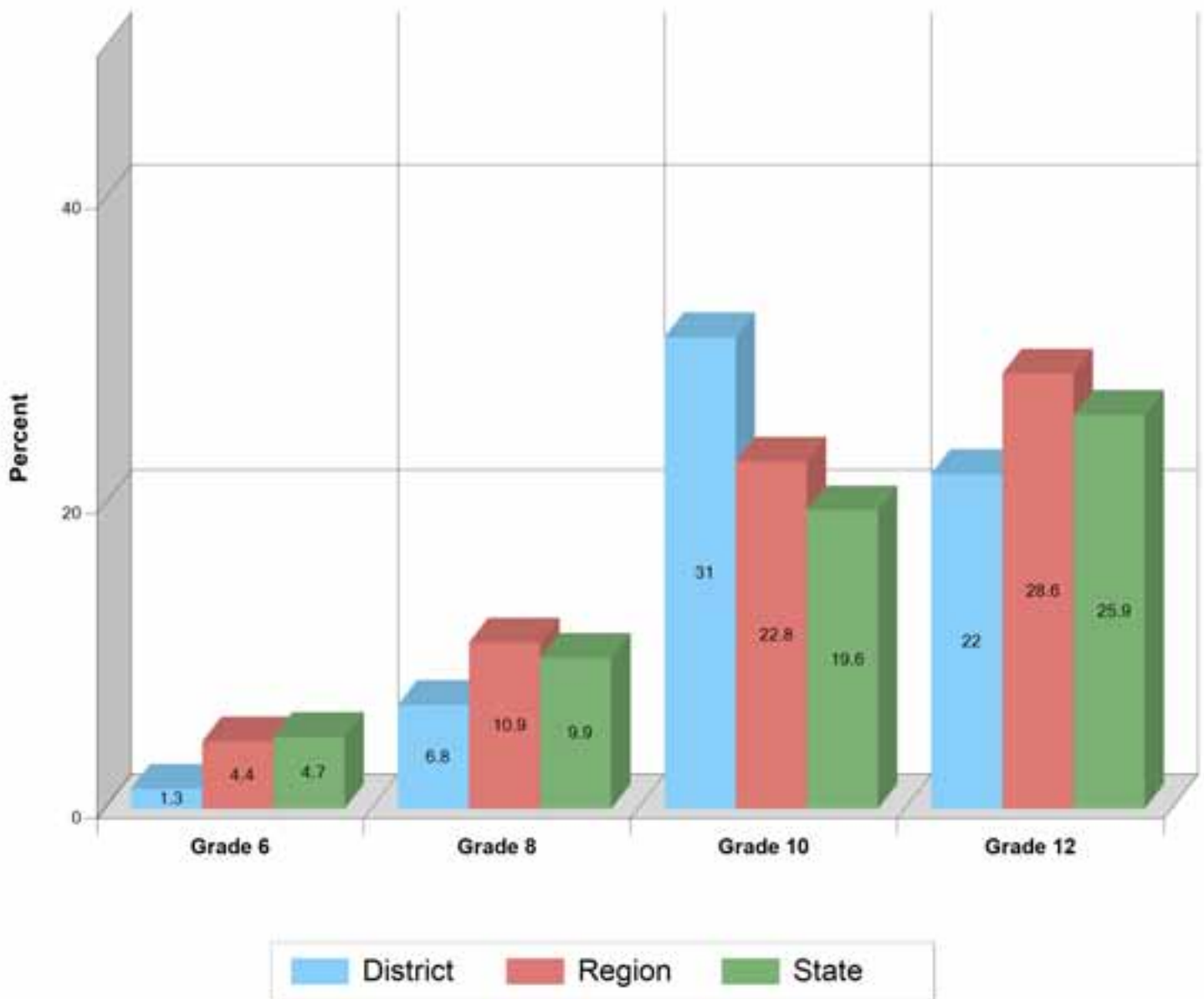
Accessibility : Hard Drugs

Crittenden County

Question 37 - How easy would it be for you to get a drug like cocaine, LSD, or amphetamines?

Percent that answered 'Sort of easy' or 'Very easy'

		6	8	10	12
District	■	1.3%	6.8%	31%	22%
Region	■	4.4%	10.9%	22.8%	28.6%
State	■	4.7%	9.9%	19.6%	25.9%



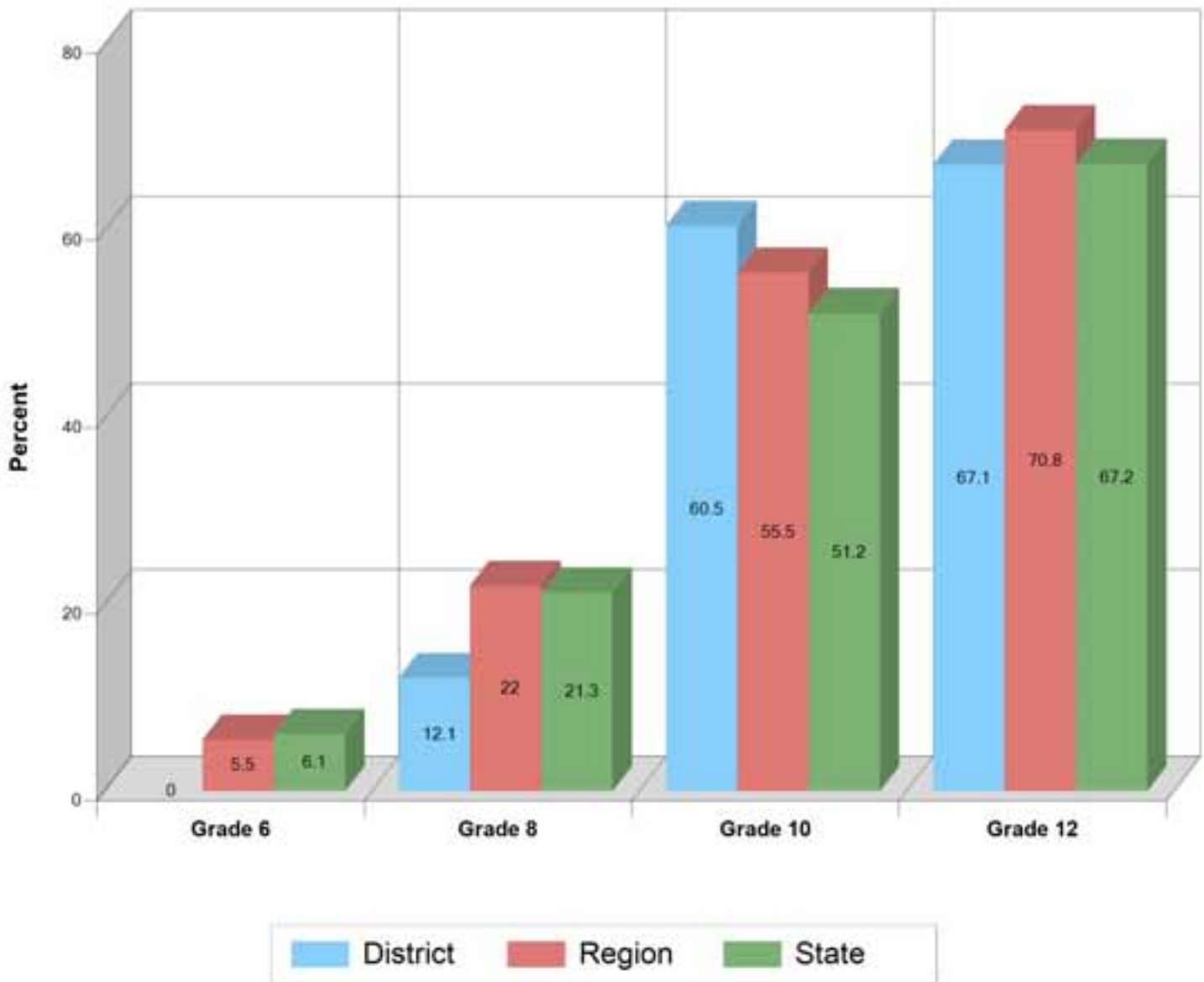
Accessibility : Marijuana

Crittenden County

Question 39 - How easy would it be for you to get some marijuana?

Percent that answered 'Sort of easy' or 'Very easy'

		6	8	10	12
District	■	0%	12.1%	60.5%	67.1%
Region	■	5.5%	22%	55.5%	70.8%
State	■	6.1%	21.3%	51.2%	67.2%






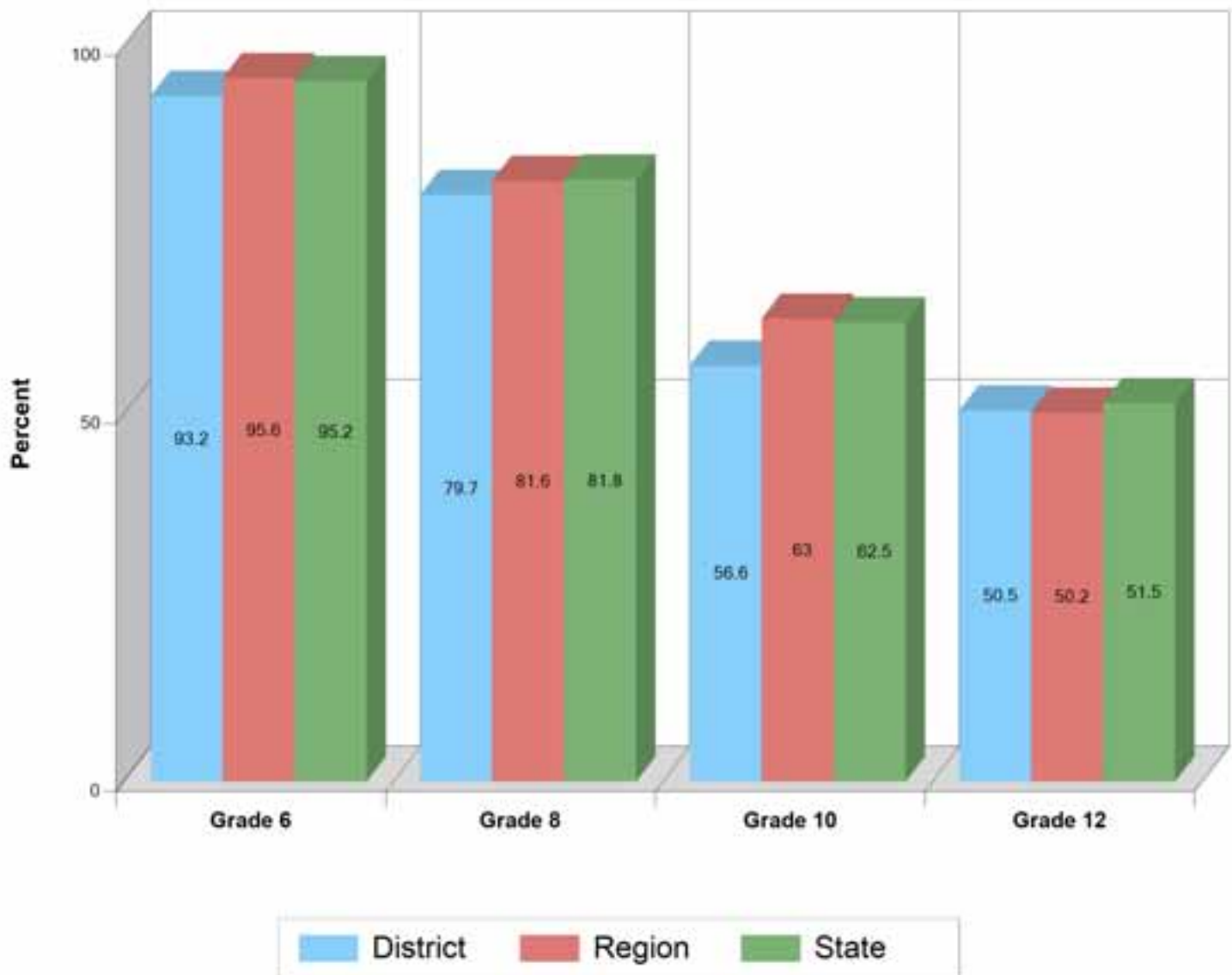
Personal Disapproval : Alcohol

Crittenden County

Question 40a - How wrong do you think it is for someone your age to drink beer, wine, or hard liquor (vodka, gin, etc.) regularly?

Percent that answered "Wrong" or "Very Wrong"

		6	8	10	12
District		93.2%	79.7%	56.6%	50.5%
Region		95.6%	81.6%	63%	50.2%
State		95.2%	81.8%	62.5%	51.5%



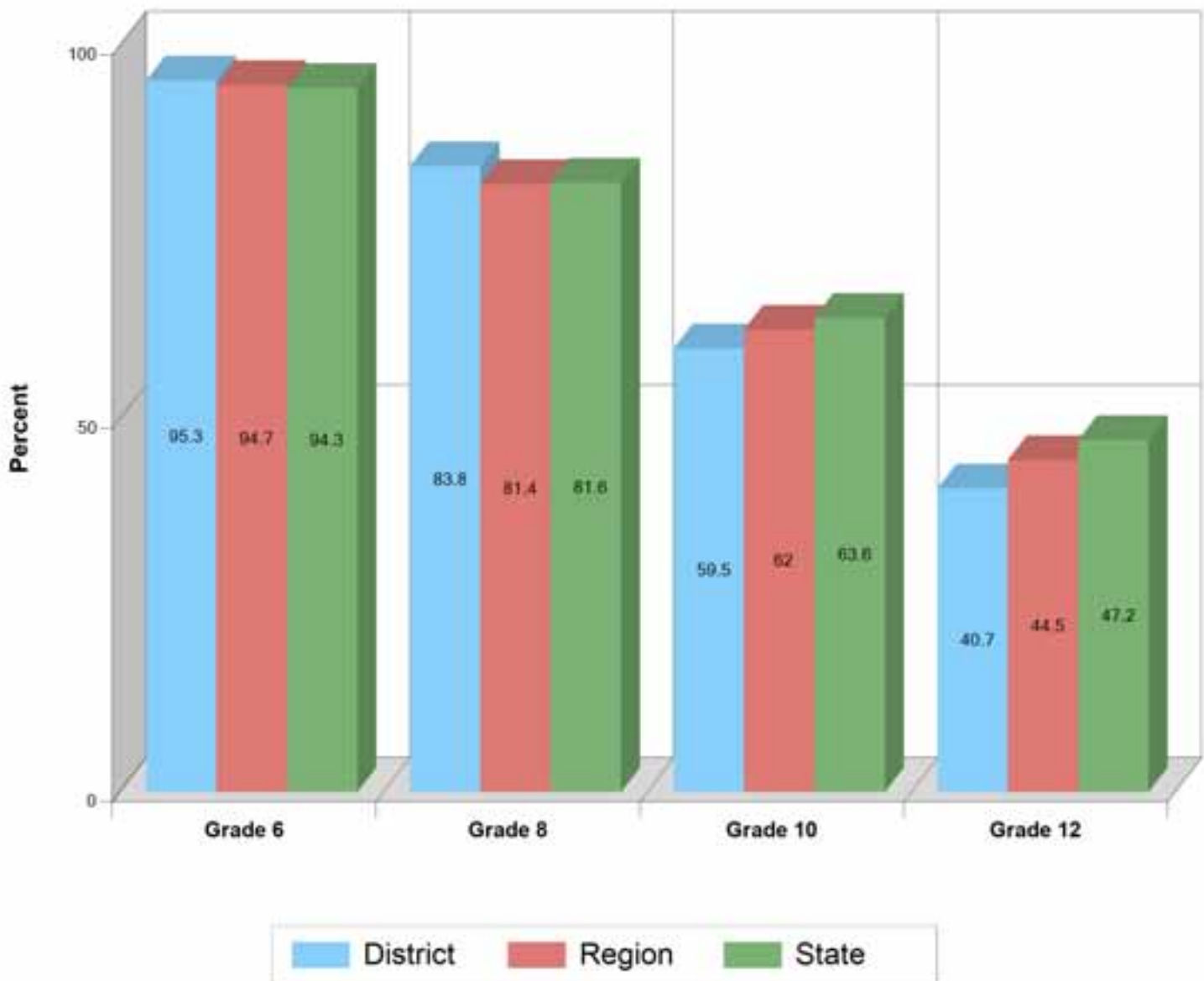
Personal Disapproval : Cigarette

Crittenden County

Question 40b - How wrong do you think it would be for someone your age to smoke cigarettes?

Percent that answered 'Wrong' or 'Very Wrong'

		6	8	10	12
District	■	95.3%	83.8%	59.5%	40.7%
Region	■	94.7%	81.4%	62%	44.5%
State	■	94.3%	81.6%	63.6%	47.2%



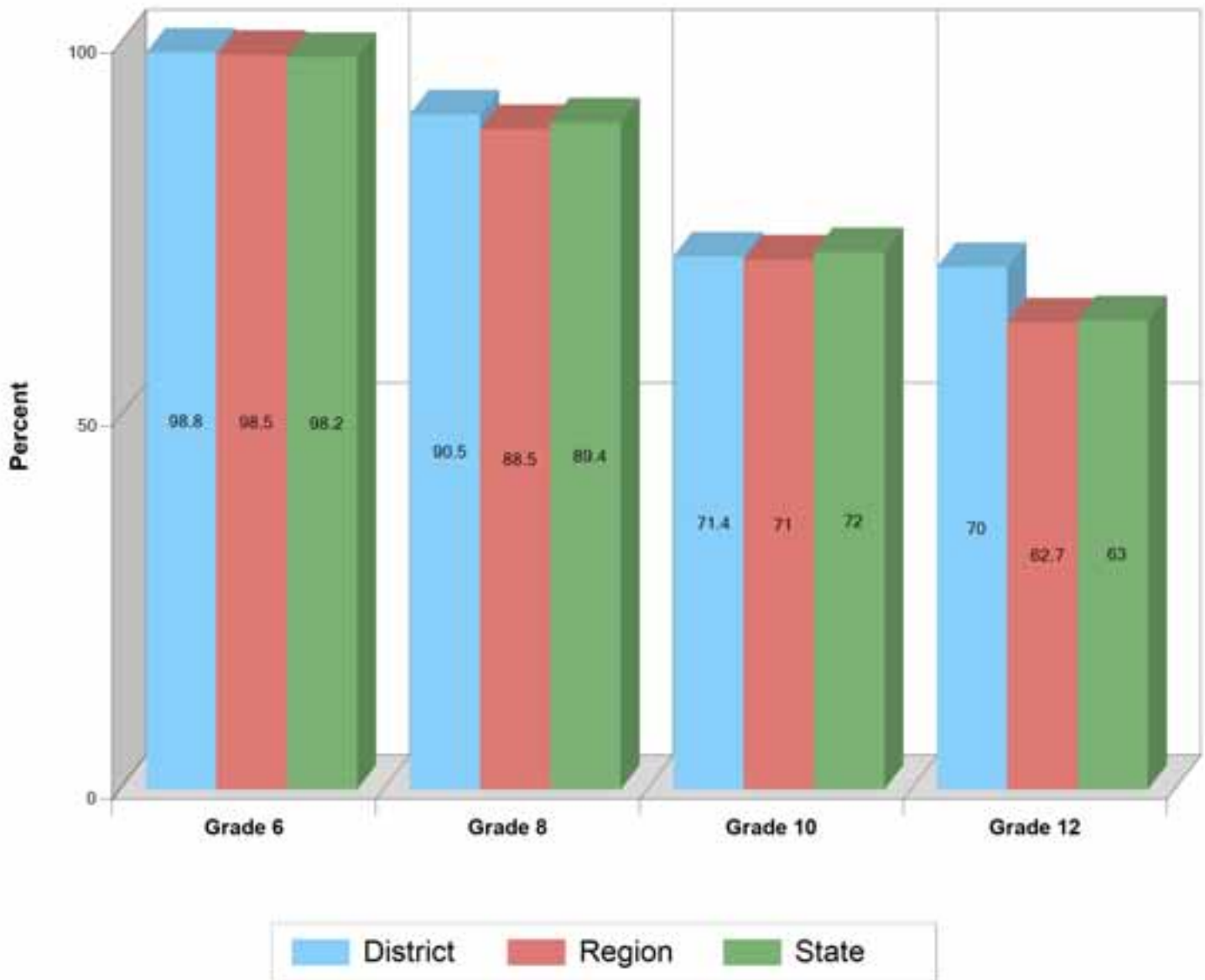
Personal Disapproval : Marijuana

Crittenden County

Question 40c - How wrong do you think it would be for someone your age to smoke marijuana?

Percent that answered 'Wrong' or 'Very Wrong'

		6	8	10	12
District	■	98.8%	90.5%	71.4%	70%
Region	■	98.5%	88.5%	71%	62.7%
State	■	98.2%	89.4%	72%	63%



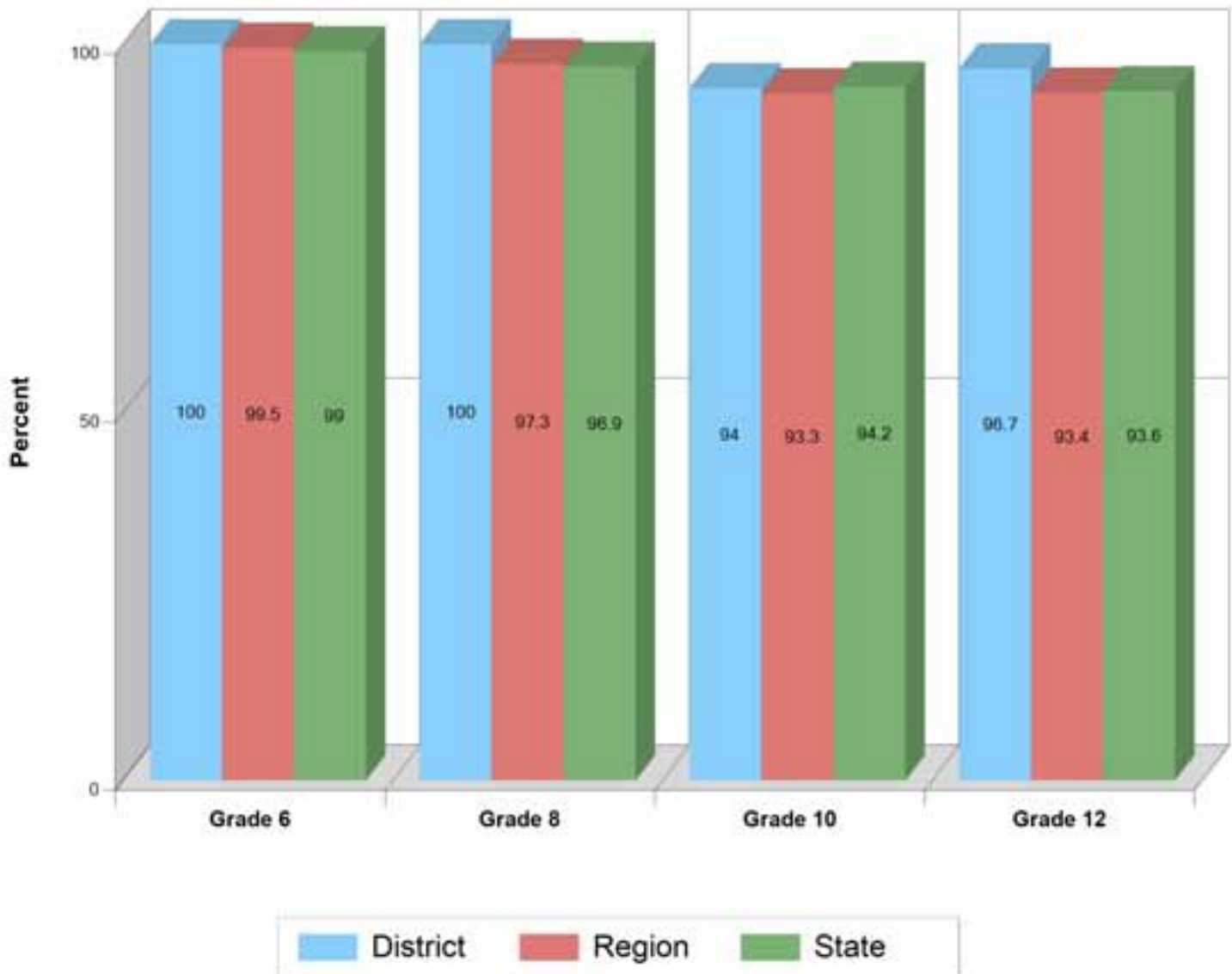
Personal Disapproval : Hard Drugs

Crittenden County

Question 40d - How wrong do you think it would be for someone your age to use LSD, cocaine, or other illegal drugs?

Percent that answered "Wrong" or "Very Wrong"

		6	8	10	12
District	■	100%	100%	94%	96.7%
Region	■	99.5%	97.3%	93.3%	93.4%
State	■	99%	96.9%	94.2%	93.6%



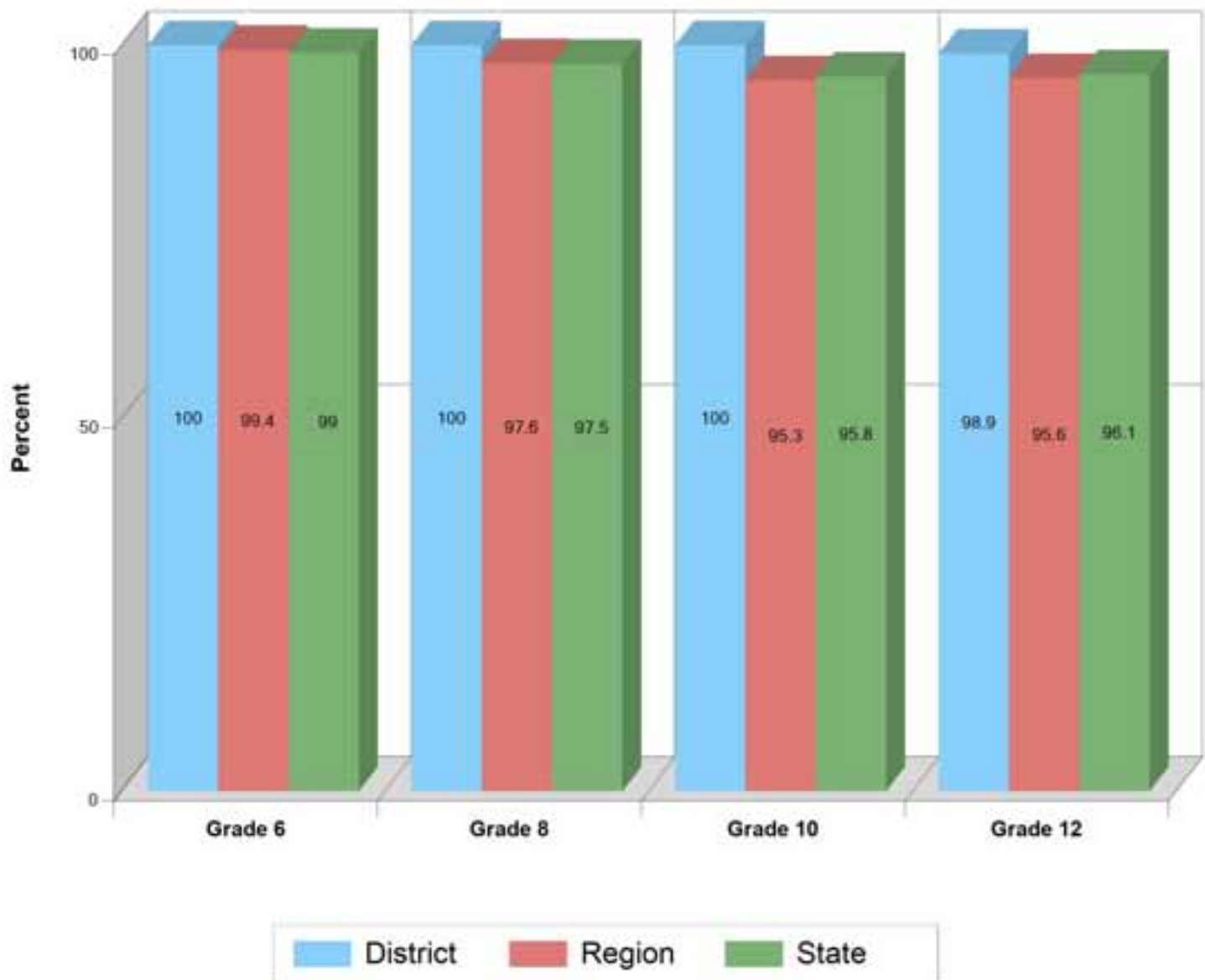
Personal Disapproval : Methamphetamines

Crittenden County

Question 40e - How wrong do you think it would be for someone your age to use methamphetamines?

Percent that answered 'Wrong' or 'Very Wrong'

		6	8	10	12
District	■	100%	100%	100%	98.9%
Region	■	99.4%	97.6%	95.3%	95.6%
State	■	99%	97.5%	95.8%	96.1%



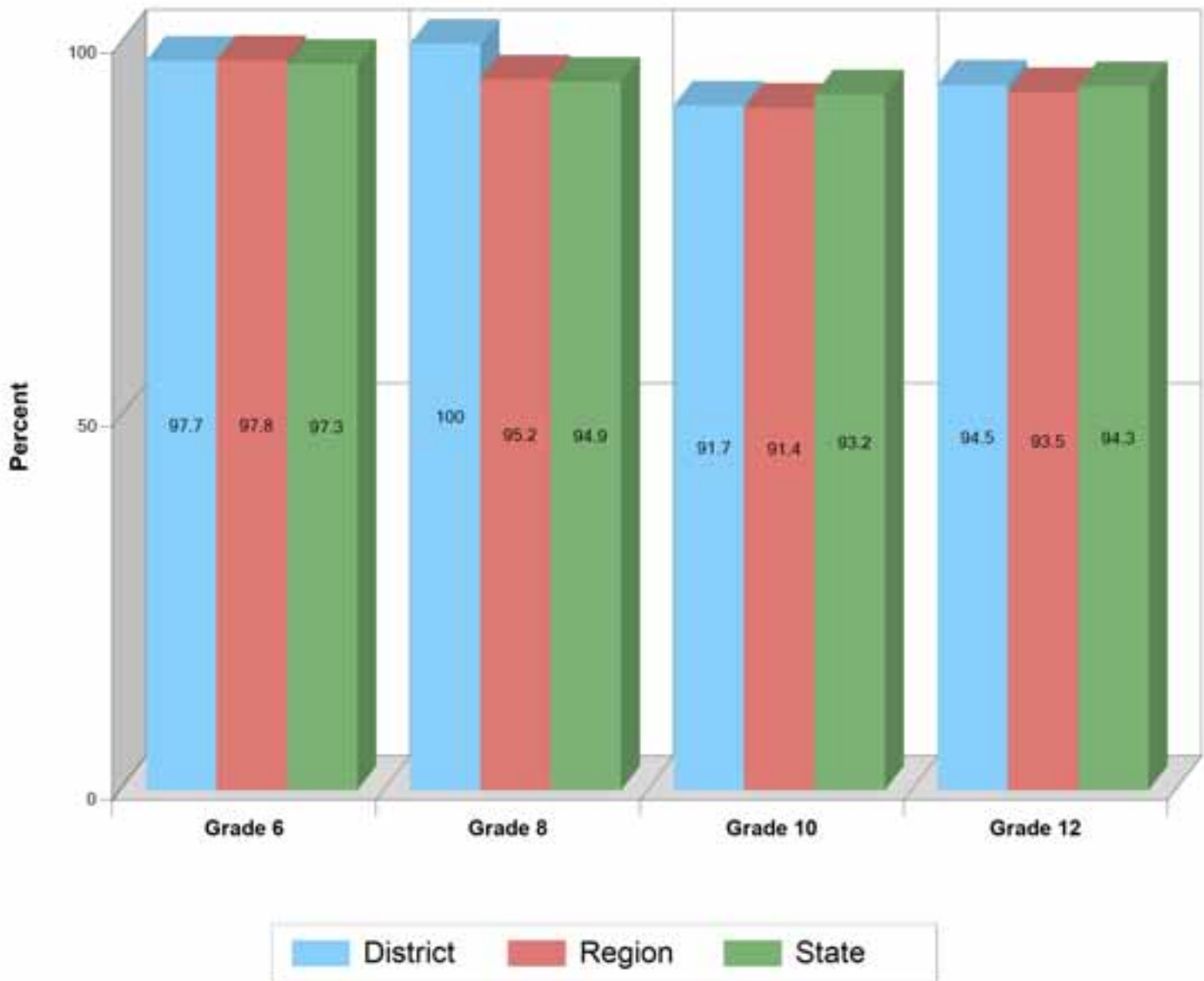
Personal Disapproval : Inhalants

Crittenden County

Question 40f - How wrong do you think it would be for someone your age to use inhalants?

Percent that answered 'Wrong' or 'Very Wrong'

		6	8	10	12
District	■	97.7%	100%	91.7%	94.5%
Region	■	97.8%	95.2%	91.4%	93.5%
State	■	97.3%	94.9%	93.2%	94.3%



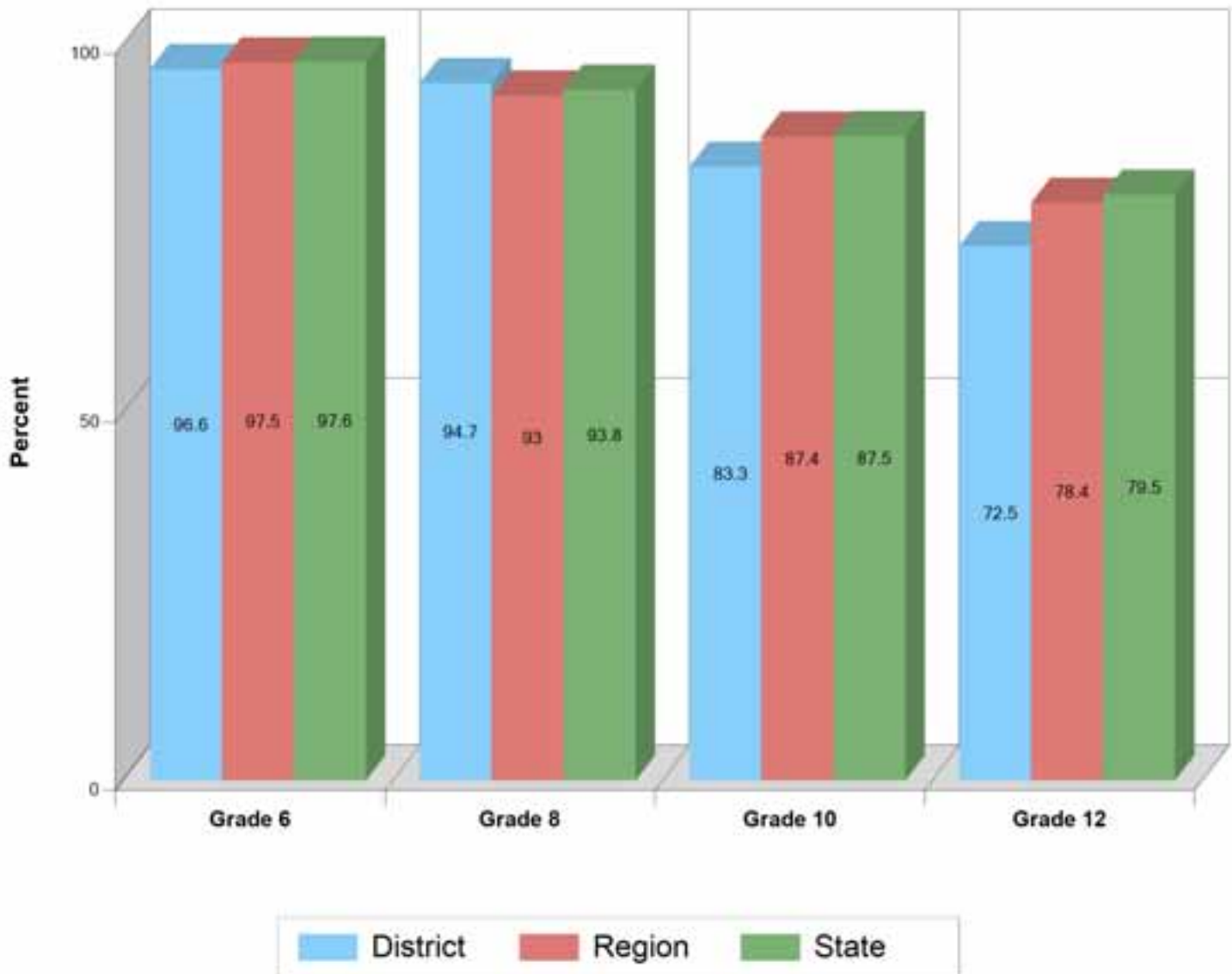
Parental Disapproval : Alcohol

Crittenden County

Question 41a - How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (vodka, gin, etc.) regularly?

Percent that answered "Wrong" or "Very Wrong"

		6	8	10	12
District	■	96.6%	94.7%	83.3%	72.5%
Region	■	97.5%	93%	87.4%	78.4%
State	■	97.6%	93.8%	87.5%	79.5%



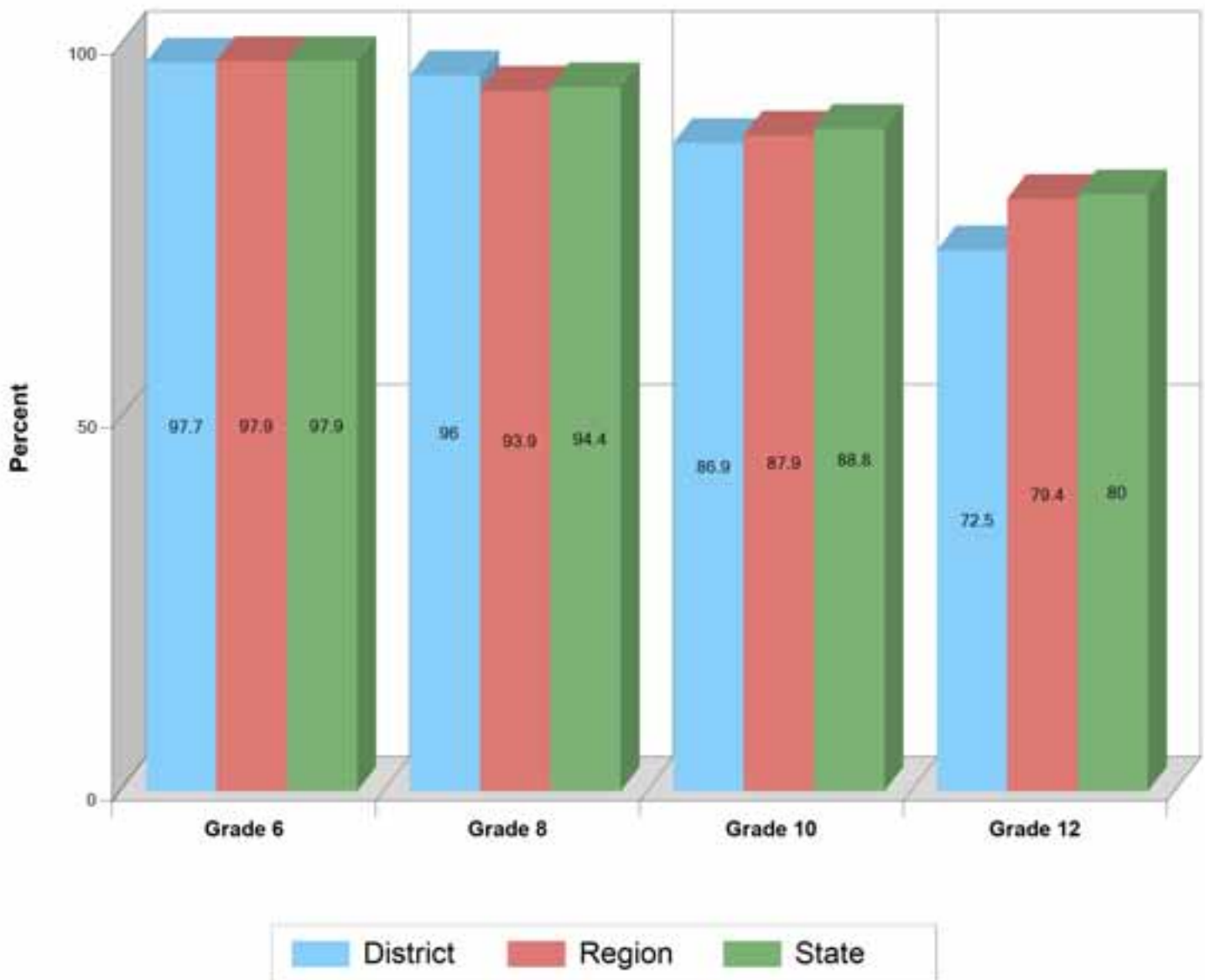
Parental Disapproval : Cigarettes

Crittenden County

Question 41b - How wrong do your parents feel it would be for you to smoke cigarettes?

Percent that answered 'Wrong' or 'Very Wrong'

		6	8	10	12
District	■	97.7%	96%	86.9%	72.5%
Region	■	97.9%	93.9%	87.9%	79.4%
State	■	97.9%	94.4%	88.8%	80%



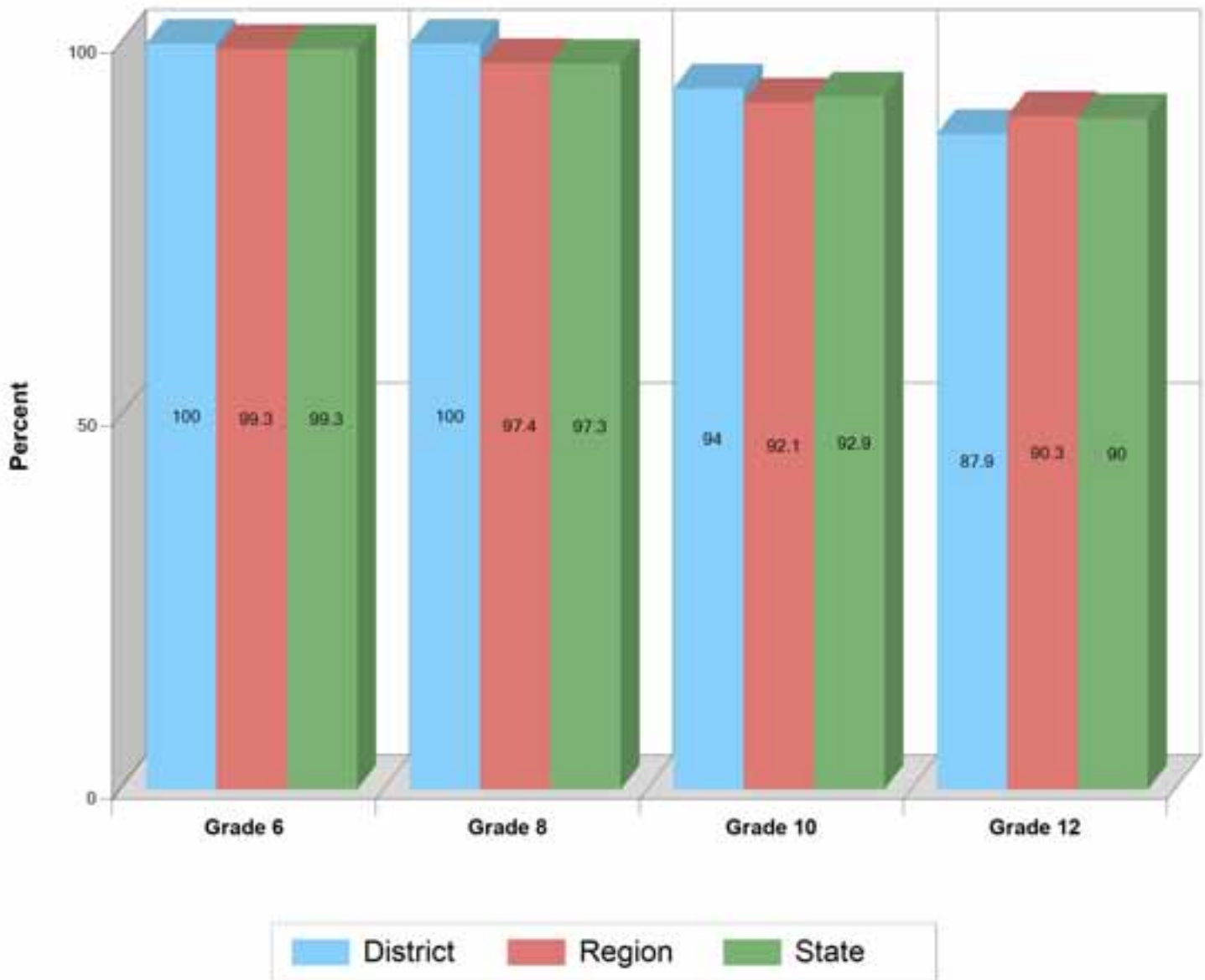
Parental Disapproval : Marijuana

Crittenden County

Question 41c - How wrong do your parents feel it would be for you to smoke marijuana?

Percent that answered 'Wrong' or 'Very Wrong'

		6	8	10	12
District	■	100%	100%	94%	87.9%
Region	■	99.3%	97.4%	92.1%	90.3%
State	■	99.3%	97.3%	92.9%	90%



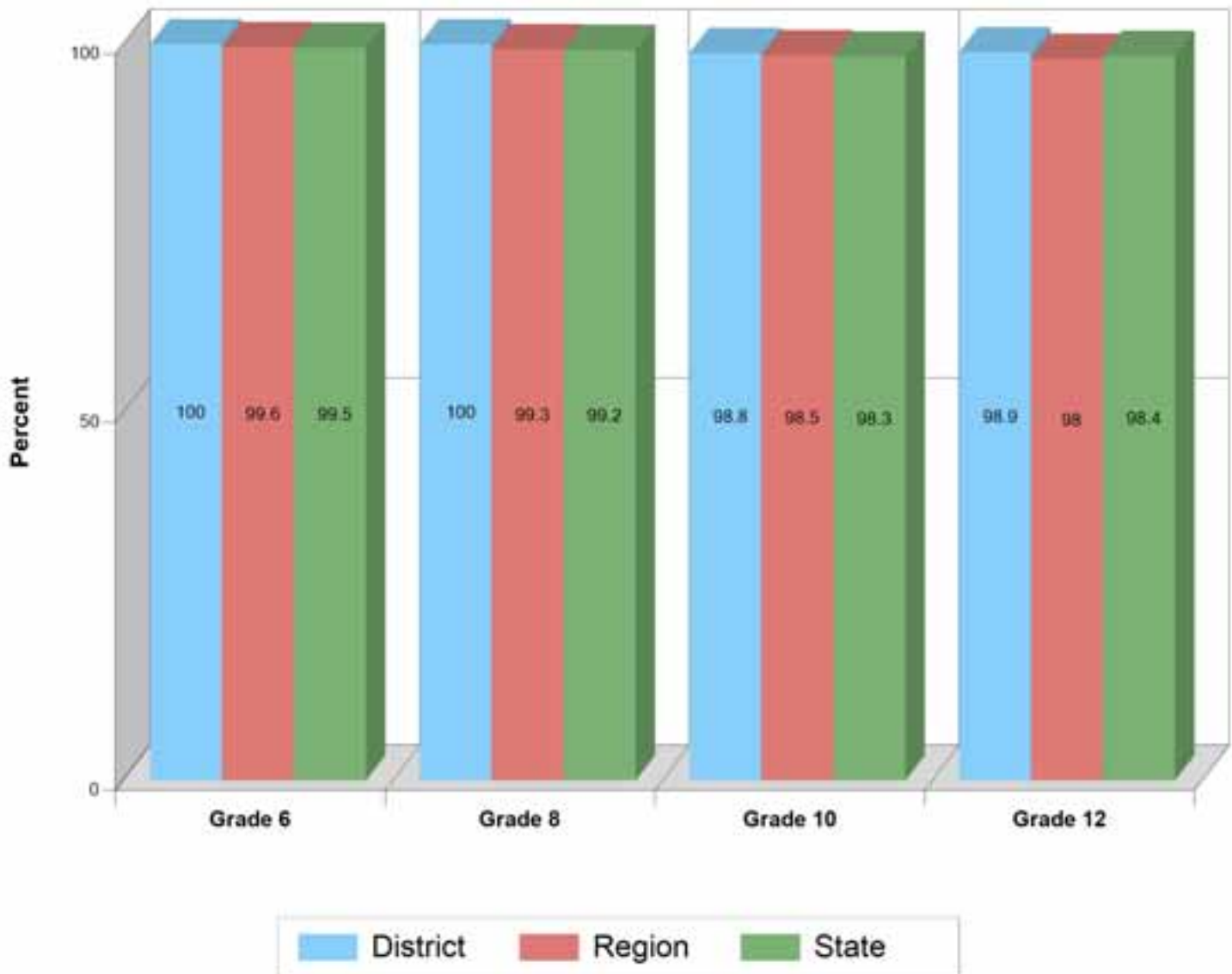
Parental Disapproval : Hard Drugs

Crittenden County

Question 41d - How wrong do your parents feel it would be for you to use LSD, cocaine, amphetamines, or other illegal drugs?

Percent that answered "Wrong" or "Very Wrong"

		6	8	10	12
District	■	100%	100%	98.8%	98.9%
Region	■	99.6%	99.3%	98.5%	98%
State	■	99.5%	99.2%	98.3%	98.4%



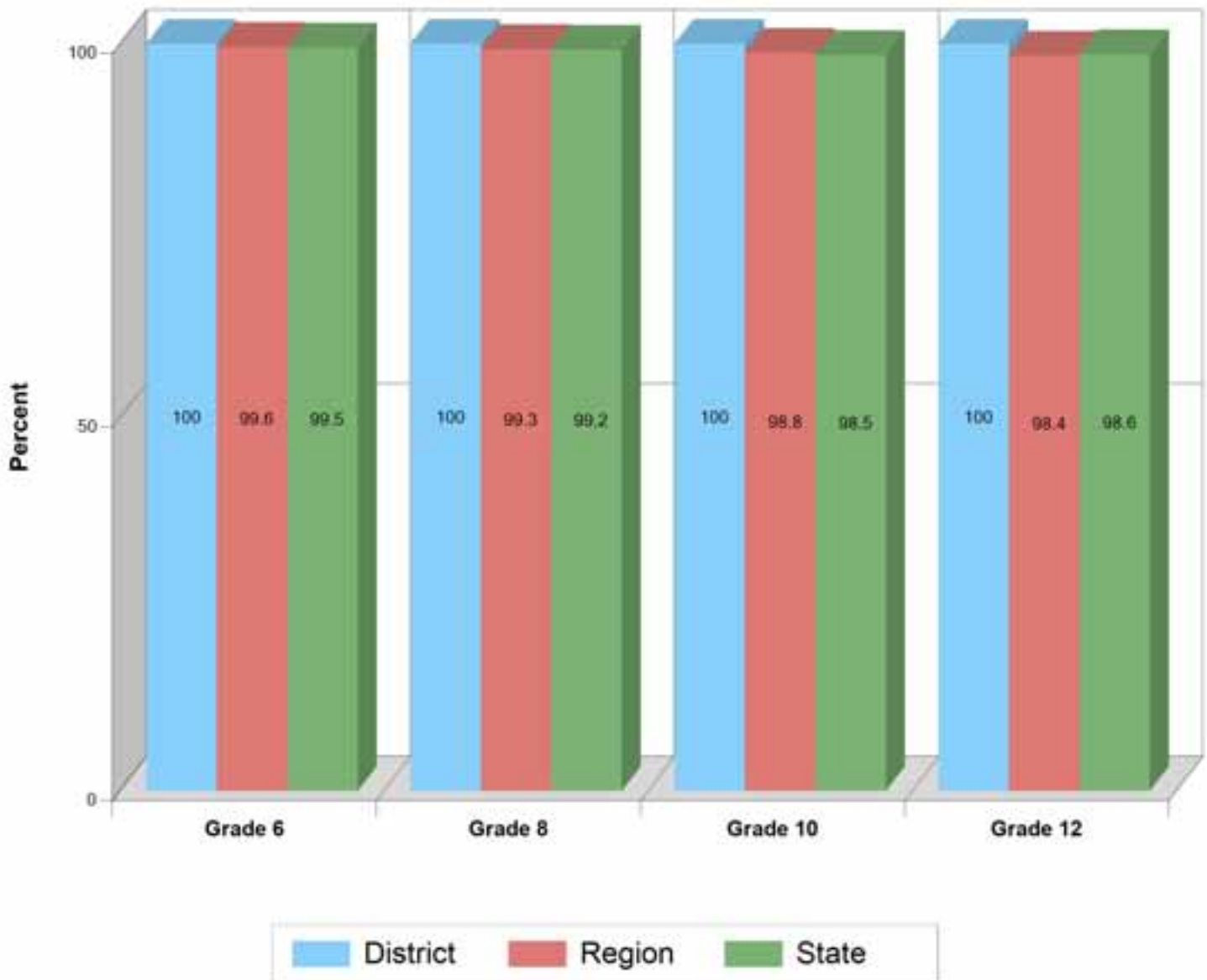
Parental Disapproval : Methamphetamines

Crittenden County

Question 41e - How wrong do your parents feel it would be for you to use methamphetamines?

Percent that answered 'Wrong' or 'Very Wrong'

		6	8	10	12
District	■	100%	100%	100%	100%
Region	■	99.6%	99.3%	98.8%	98.4%
State	■	99.5%	99.2%	98.5%	98.6%



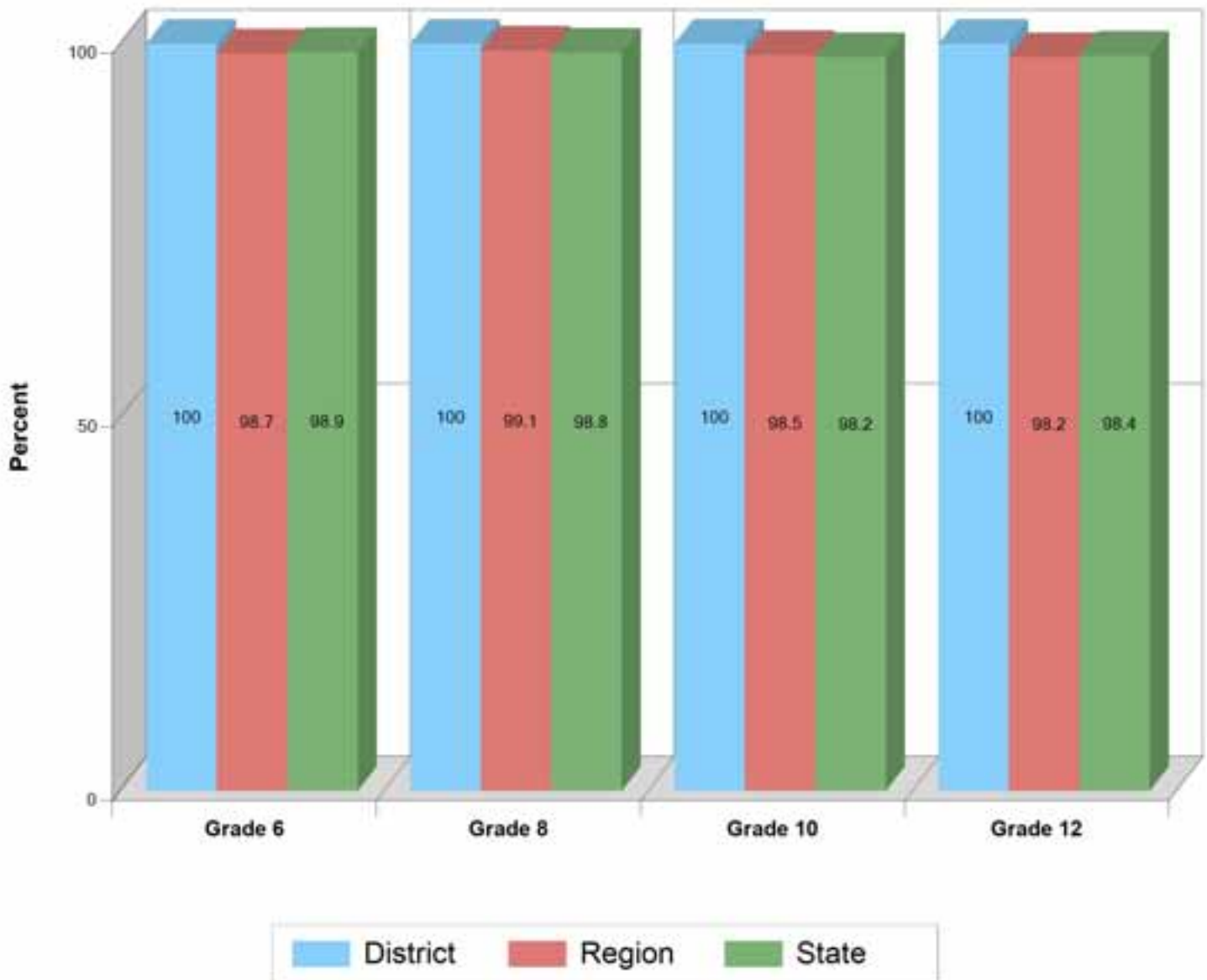
Parental Disapproval : Inhalants

Crittenden County

Question 41f - How wrong do your parents feel it would be for you to use inhalants?

Percent that answered 'Wrong' or 'Very Wrong'

		6	8	10	12
District	■	100%	100%	100%	100%
Region	■	98.7%	99.1%	98.5%	98.2%
State	■	98.9%	98.8%	98.2%	98.4%



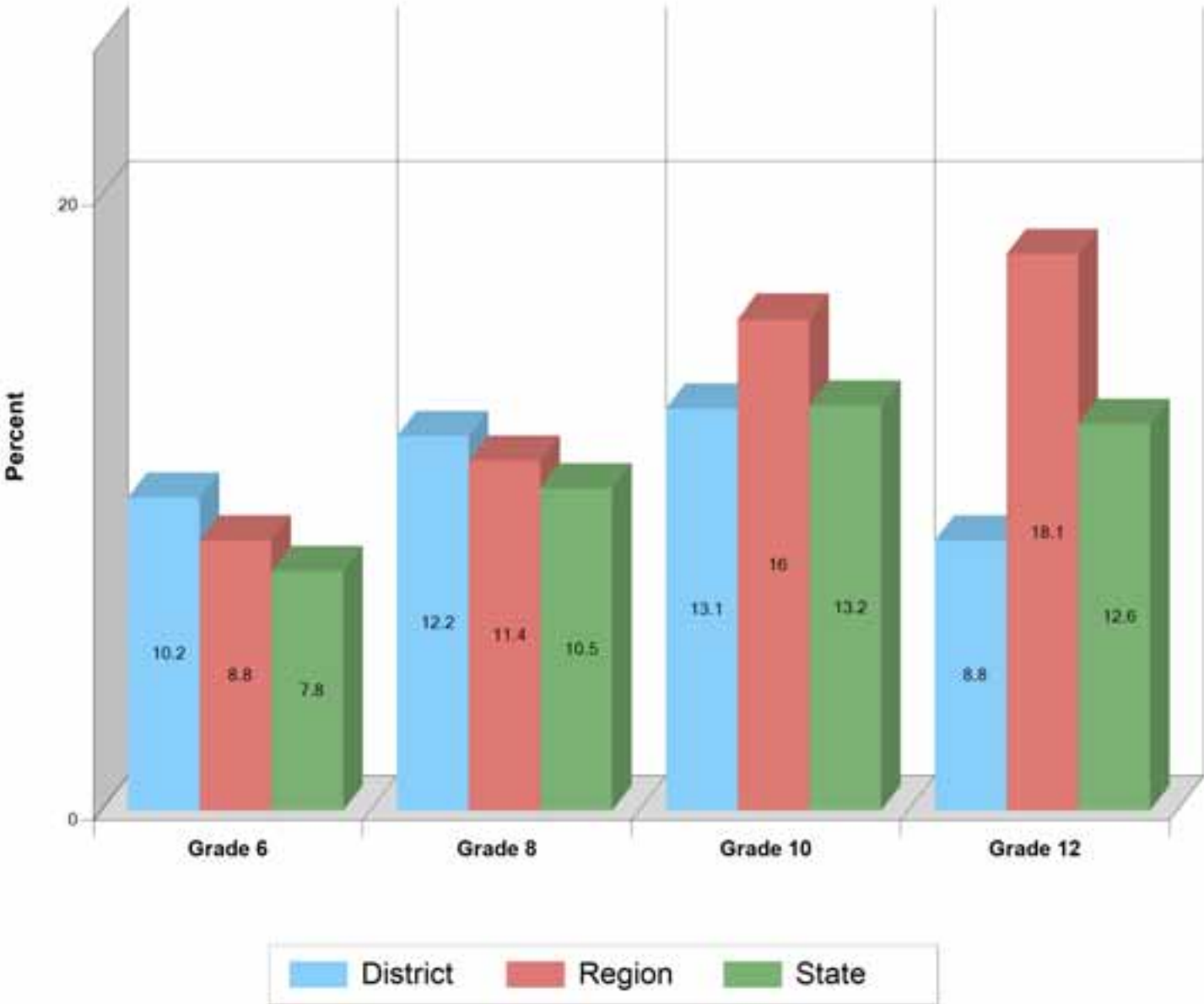
School Safety

Crittenden County

Question 42 - How safe do you feel at school?

Percent that answered 'Unsafe' or 'Very unsafe'

		6	8	10	12
District	■	10.2%	12.2%	13.1%	8.8%
Region	■	8.8%	11.4%	16%	18.1%
State	■	7.8%	10.5%	13.2%	12.6%



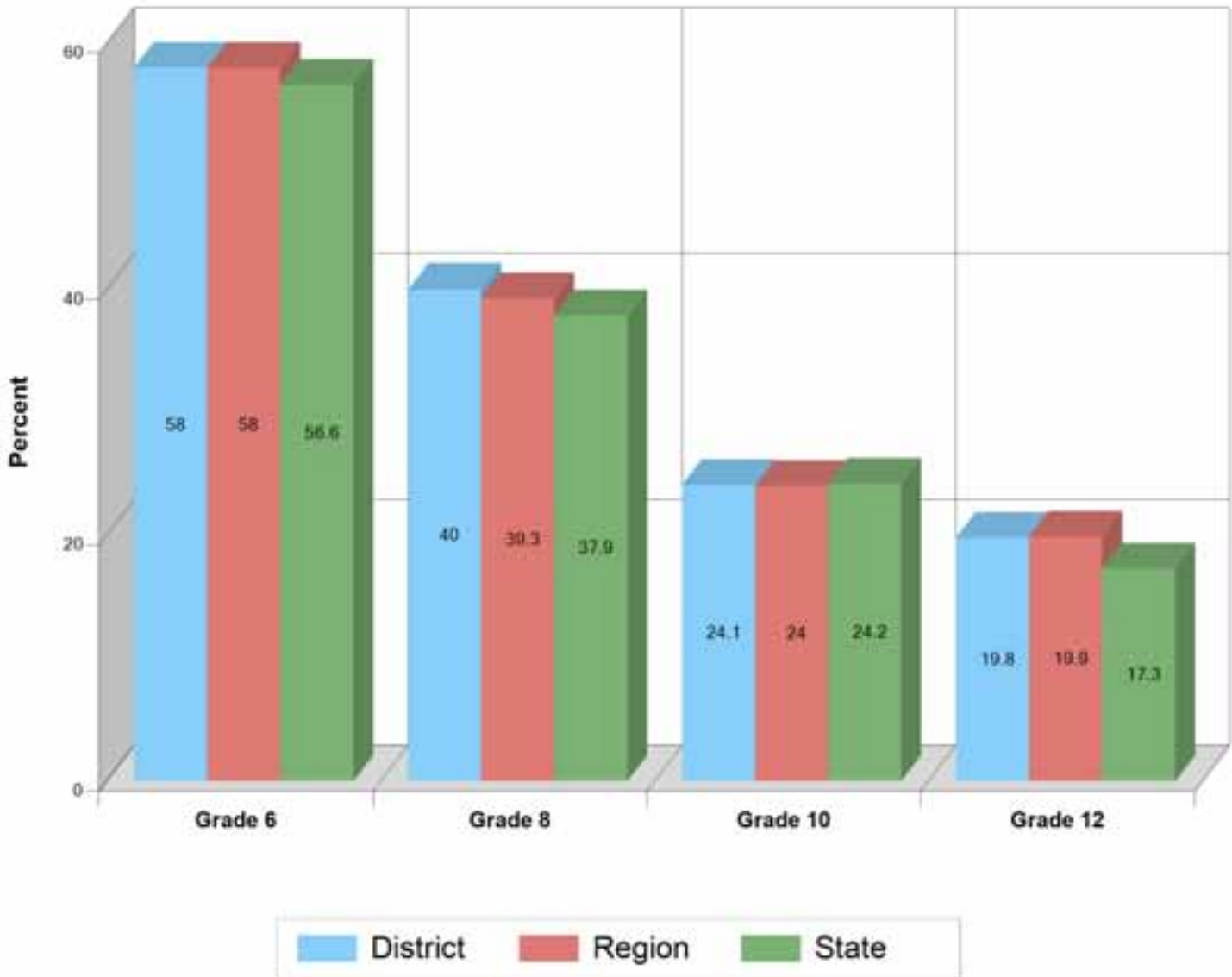
School Safety: Threat of Force

Crittenden County

Question 48a - Are you afraid of someone taking money or things directly from you by using force, weapons, or threats?

Percent that answered 'yes' or 'YES'

		6	8	10	12
District	■	58%	40%	24.1%	19.8%
Region	■	58%	39.3%	24%	19.9%
State	■	56.6%	37.9%	24.2%	17.3%






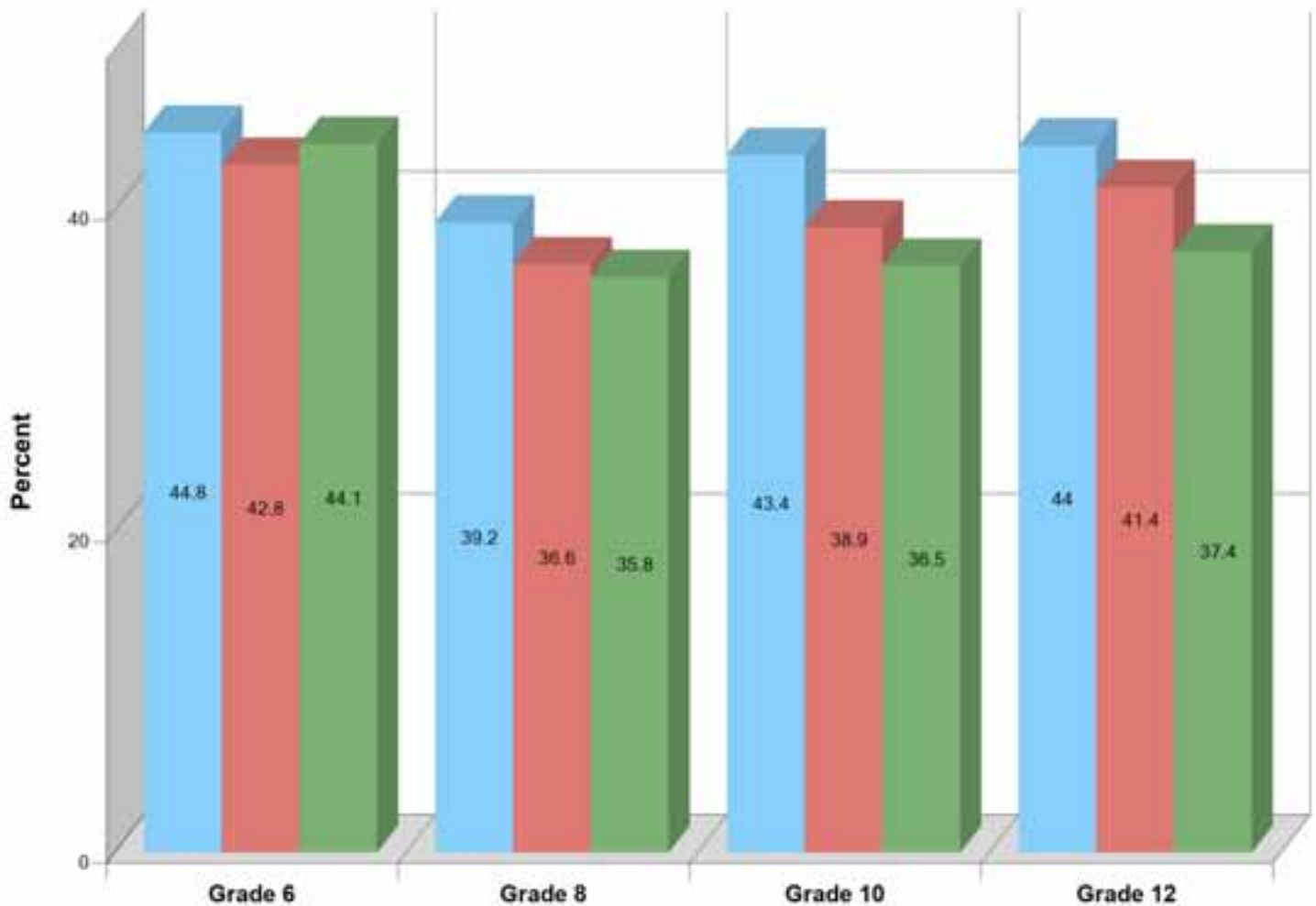
School Safety: Stealing

Crittenden County

Question 48b - Are you afraid of having something stolen from your desk, locker, or other places at school?

Percent that answered 'yes' or 'YES'

		6	8	10	12
District		44.8%	39.2%	43.4%	44%
Region		42.8%	36.6%	38.9%	41.4%
State		44.1%	35.8%	36.5%	37.4%



	District		Region		State
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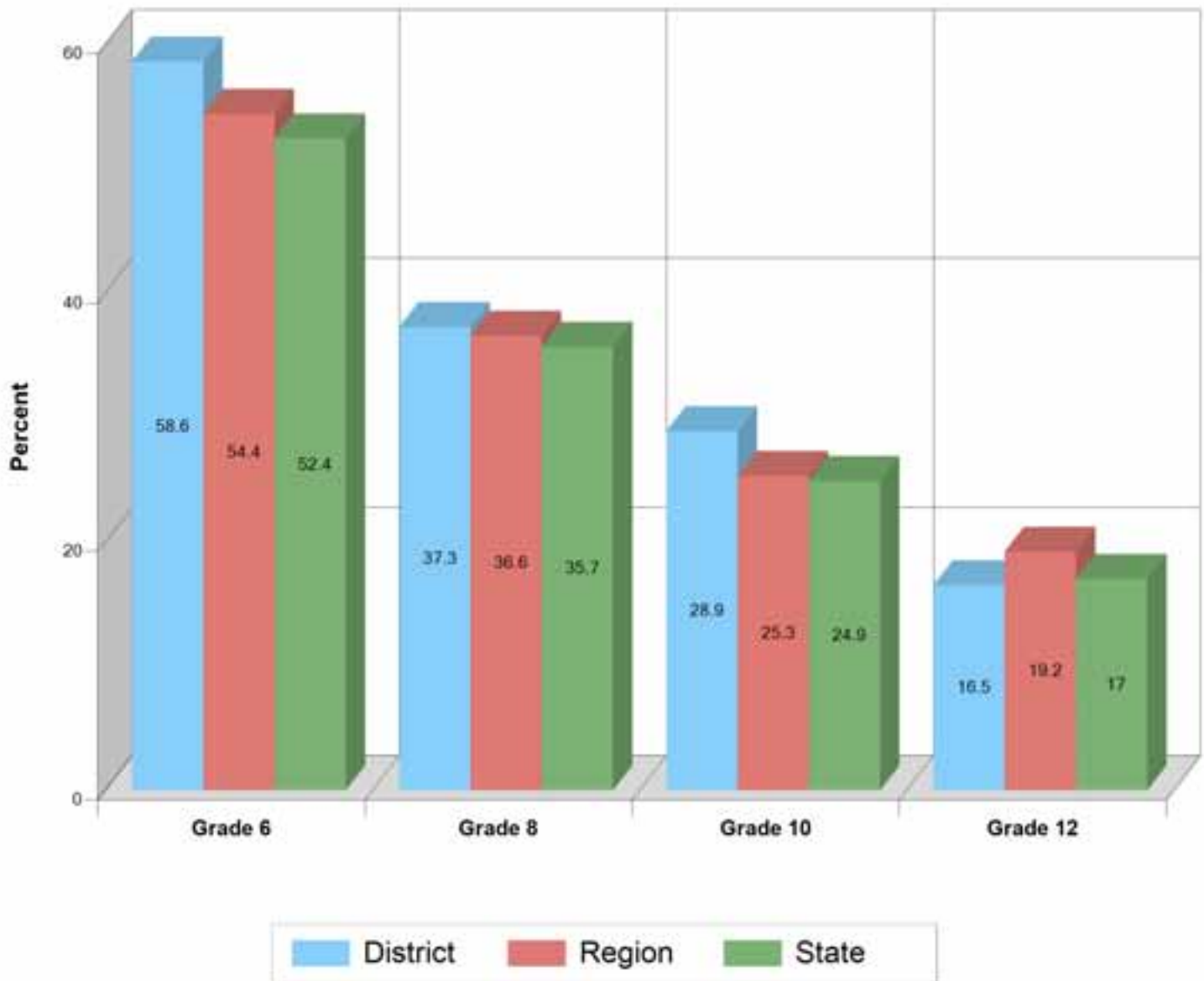
School Safety: Physical Threat

Crittenden County

Question 48c - Are you afraid of someone physically threatening, attacking or hurting you at school?

Percent that answered 'yes' or 'YES'

		6	8	10	12
District	■	58.6%	37.3%	28.9%	16.5%
Region	■	54.4%	36.6%	25.3%	19.2%
State	■	52.4%	35.7%	24.9%	17%






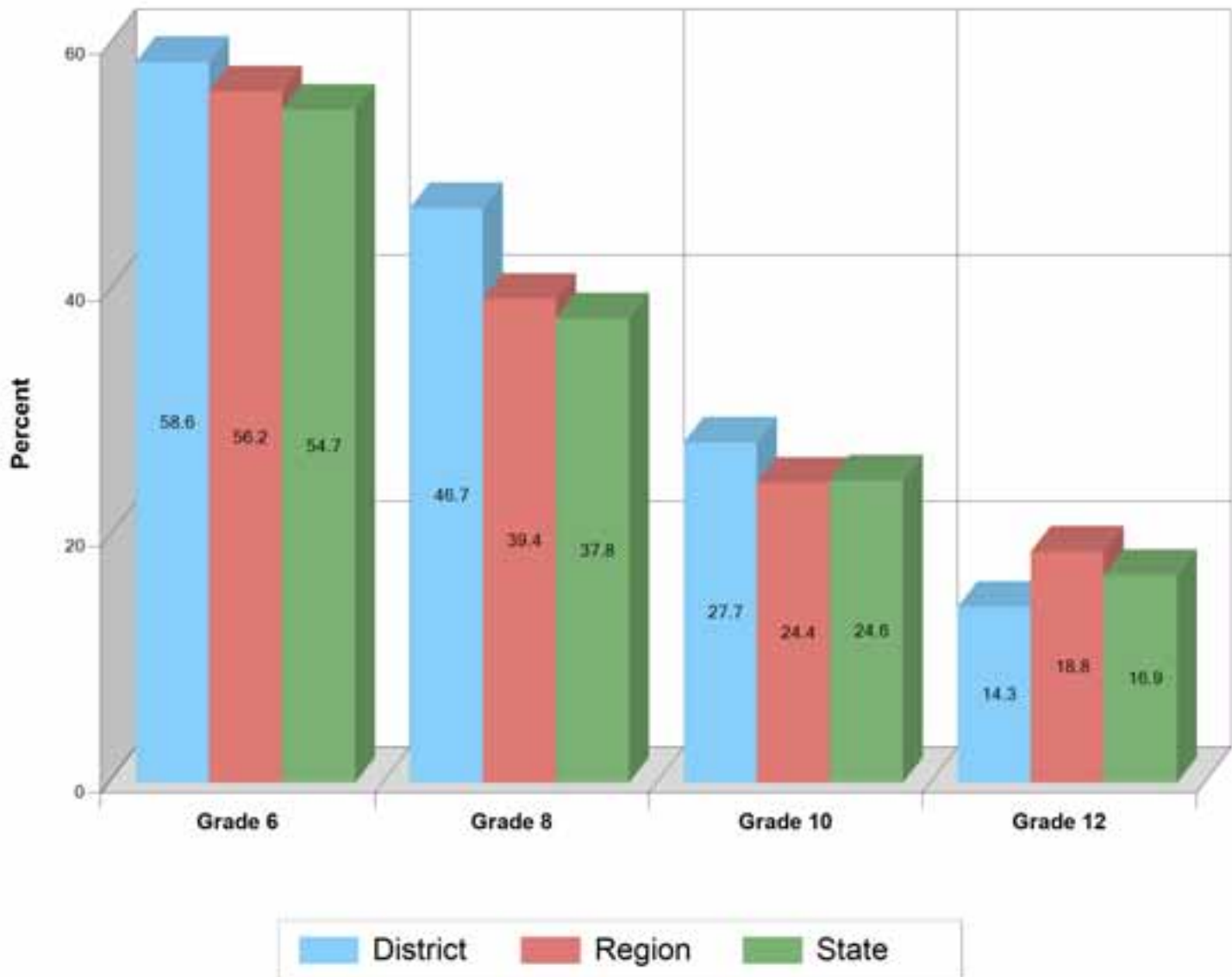
School Safety: Sexual Assault

Crittenden County

Question 48d - Are you afraid of someone making unwanted sexual advances or attempting to sexually assault you at school?

Percent that answered 'yes' or 'YES'

		6	8	10	12
District		58.6%	46.7%	27.7%	14.3%
Region		56.2%	39.4%	24.4%	18.8%
State		54.7%	37.8%	24.6%	16.9%



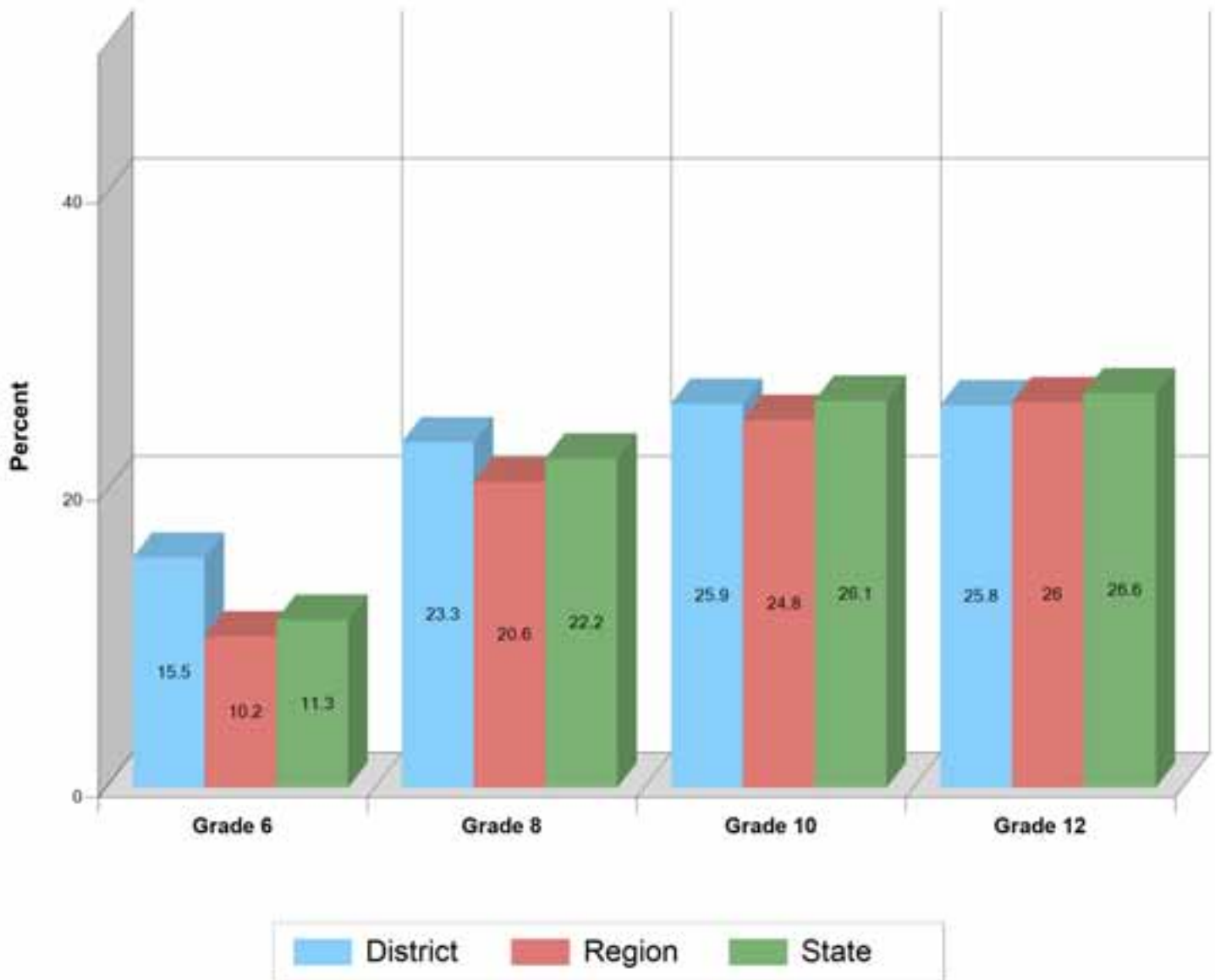
Past Year Gambling : Frequency

Crittenden County

Question 51b - On how many occasions in the past 12 months have you gambled (bet) for money or possessions?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	15.5%	23.3%	25.9%	25.8%
Region	■	10.2%	20.6%	24.8%	26%
State	■	11.3%	22.2%	26.1%	26.6%



30 Day Gambling : Frequency

Crittenden County

Question 51c - On how many occasions in the past 30 days have you gambled (bet) for money or possessions?

Percent that answered at least 1 occasion

		6	8	10	12
District	■	8.3%	13.9%	17.3%	11.2%
Region	■	5.5%	11.4%	14.7%	15.2%
State	■	6.5%	12.6%	15.1%	15.1%

