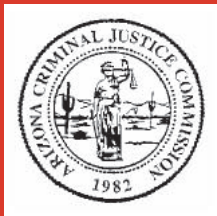


Arizona Youth Survey

State Report



Conducted by
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L.L.C.

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Table of Contents

Acknowledgements	vi
Executive Summary.....	vii
Introduction	1
Section 1: Survey Methods	3
Survey Questionnaire.....	3
Completion Rate and Ability to Generalize the Results	4
Survey Participants	4
Participation by County	4
Survey Norms and Comparative Data	5
Validity of the Data	5
Section 2: Risk and Protective Factors for Substance Abuse and Other Youth Problem Behaviors.....	8
Community Risk and Protective Factors	10
Community Risk and Protective Factor Scales.....	12
Family Risk and Protective Factors	14
Family Risk and Protective Factor Scales	16
School Risk and Protective Factors	18
School Risk and Protective Factor Scales.....	19
Peer/Individual Risk and Protective Factors.....	21
Peer/Individual Risk and Protective Factor Scales	24
Section 3: Substance Use Outcomes.....	26
Age of Initiation.....	26
Lifetime ATOD Use, By Grade.....	28
30-Day ATOD Use, By Grade	31
Lifetime ATOD Use by Gender	34

30-Day Use by Gender	36
Perceived Harmfulness of ATODs.....	38
Perceived Availability of ATODs.....	40
Where Students Obtained Alcohol.....	42
Drinking and Driving.....	44

Section 4: Antisocial Behaviors and Additional Results.....	46
Heavy Substance Use and Other Antisocial Behaviors by Grade and Gender.....	46
Handguns	48
Violence and Gangs	50
Student Safety	52
Academic Performance and Substance Use.....	54
Parent’s Education and Youth Substance Use.....	56
Marijuana Use in Relation to Perceived Parental Acceptability.....	58
Marijuana Use in Relation to Perceived Peer Acceptability.....	60
Parent/Youth Communication About the Dangers of Substance Use.....	62
Prevention-Related Advertisements.....	63
Gambling	64

Section 5: Summary of Findings.....	67
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Appendices

- A. 2008 Arizona Youth Survey
- B. Risk and Protective Factors and Their Associated Scales
- C. Arizona Youth Survey Results, Frequency and Percentage for Each Response Category
- D. Item Dictionary for the 2008 Arizona Student Survey
- E. Lifetime and 30-Day ATOD Use for Participating Counties
- F. Profile Report Charts for Arizona Males Compared to Females (2008)
- G. Changes in question wording across the 2004, 2006, and 2008 AYS Administrations

Table of Figures and Tables

Executive Summary

Table 1:	Percentage of Arizona Respondents Who Used ATODs During Their Lifetime by Grade.....	ix
Table 2:	Percentage of Arizona Respondents Who Used ATODs During the Past 30 Days by Grade.....	x
Figure 1:	Arizona 10th Grade Lifetime, 30 Day and Heavy ATOD Use	xii
Figure 2:	Arizona 10th Grade Antisocial Behavior, Drinking/Driving and Gambling.....	xiii
Figure 3:	Arizona 10th Grade Risk Factors Profile Chart	xiv
Figure 4:	Arizona 10th Grade Protective Factors Profile Chart	xv
Figure 5:	Arizona 10th Grade Safe School Factors.....	xvi

Section 1: Introduction

Table 3:	Total Number and Percentage of Survey Respondents by Grade and Demographic Characteristics.....	6
Table 4:	Total Number and Percentage of Survey Respondents and Enrolled School Students by Grade and County.....	7

Section 2: Risk and Protective Factors and Scales

Table 5:	Youth At Risk: Community.....	10
Table 6:	Community Domain Risk and Protective Factor Scores.....	12
Figure 6:	Risk Factors: Community Domain	13
Figure 7:	Protective Factors: Community Domain	13
Table 7:	Youth At Risk: Family	14
Table 8:	Family Domain Risk and Protective Factor Scores.....	16
Figure 8:	Risk Factors: Family Domain	17
Figure 9:	Protective Factors: Family Domain	17
Table 9:	Youth At Risk: School.....	18
Table 10:	School Domain Risk and Protective Factor Scores	19
Figure 10:	Risk Factors: School Domain	20
Figure 11:	Protective Factors: School Domain	20
Table 11:	Youth At Risk: Peer/Individual	21
Table 12:	Peer/Individual Domain Risk and Protective Factor Scores.....	24
Figure 12:	Risk Factors: Peer/Individual Domain	25
Figure 13:	Protective Factors: Peer/Individual Domain	25

Section 3: Substance Use Outcomes

Table 13: Age of Initiation.....	26
Figure 14: Average Age of First Substance Use.....	27
Figure 15: Lifetime Substance Use: 2004, 2006, and 2008 Arizona State Totals.....	28
Figure 16: Lifetime Substance Use: Arizona (2004, 2006, 2008) Compared to National (2005).....	29
Table 14: Percentage of Arizona Respondents Who Use ATODs During Their Lifetime by Grade.....	30
Figure 17: 30-Day Substance Use: Arizona (2004, 2006, 2008) Compared to National (2005).....	32
Table 15: Percentage of Arizona Respondents Who Used ATODs During the Past 30 Days by Grade.....	33
Figure 18: Arizona Lifetime Substance Use by Gender.....	34
Table 16: Percentage of Males and Females by Grade Who Used ATODs During Their Lifetime.....	35
Figure 19: Arizona 30-Day Substance Use by Gender.....	36
Table 17: Percentage of Males and Females By Grade Who Used ATODs During the Past 30 Days.....	37
Table 18: Percentage of Arizona and Monitoring the Future Respondents Who Perceive That Using the Five Categories of Substances Places People at “Great Risk”..	38
Figure 20: Perceived Harmfulness of Using Cigarettes, Alcohol, or Marijuana: Arizona (2004, 2006, 2008) Compared to National (2007).....	39
Table 19: Percentage of Arizona and Monitoring the Future Respondents Who Perceive the Four Substances as “Sort of Easy” or “Very Easy” to Get.....	40

Figure 21: Perceived Availability of Cigarettes, Alcohol, and Marijuana: Arizona (2004, 2006, 2008) Compared to National (2007).....	41
Table 20: Percentage of Alcohol-Drinking Students Indicating Their Sources of Obtaining Alcohol.....	42
Figure 22: Students’ Sources of Obtaining Alcohol, of Students Who Indicated Drinking Alcohol.....	43
Table 21: Drinking and Driving, and Riding with a Driver Who Has Been Drinking.....	44
Figure 23: Past Month Driving After Drinking or Riding with a Driver Who Had Been Drinking.....	45

Section 4: Antisocial Behaviors and Additional Results

Figure 24: Arizona Heavy Substance Use and Antisocial Behaviors: Male, Female, and State Total.....	46
Table 22: Percentage of Males, Females, and State Total Who Engaged in Heavy Substance Use and Antisocial Behavior in the Past Year.....	47
Table 23: Total Percentage of Youth Who Responded to Questions About Handguns.....	48
Figure 25: Students’ Use of Handguns and Perceptions About Them.....	49
Table 24: Total Percentage of Youth Who Responded to Questions About Violence and Gangs.....	50
Figure 26: Student Violent Activity/Perceptions and Gang Involvement.....	51
Table 25: Total Percentage of Youth Who Responded to Questions About Safety and Schools.....	52
Figure 27: Student Responses to School Safety Questions.....	53

Table 26:	Percentage Using ATODs by Academic Grades	54
Figure 28:	Arizona ATOD Use and Academic Grades	55
Table 27:	Percentage Using ATODs by Parents' Education	56
Figure 29:	Arizona ATOD Use and Parents' Education	57
Table 28:	Marijuana Use in Relation to Perceived Parental Acceptability of Use	58
Figure 30:	Marijuana Use in Relation to Perceived Parental Acceptability	59
Table 29:	Marijuana Use in Relation to Perceived Peer Acceptability of Use	60
Figure 31:	Marijuana Use in Relation to Perceived Peer Acceptability	61

Table 30:	Percentage of Students Indicating Communication With Parents About Substance Use.....	62
Figure 32:	Percentage of Students Indicating Communication With Parents About Substance Use.....	62
Table 31:	Percentage of Students Responding to Questions Regarding Prevention-Related Advertising	63
Figure 33:	Percent of Students Reporting Having Noticed Prevention-Related Advertisements.....	63
Table 32:	Percentage of Students Reporting Participation in Various Gambling Activities in the Past Year, and Average Age of First Gambling	65
Figure 34:	Past Year Participation in Various Gambling Activities, by Grade.....	66

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Executive Summary

Arizona Revised Statute §41-2416 requires the Arizona Criminal Justice Commission to conduct a statewide survey that is designed to measure the prevalence and frequency of substance abuse by youth, as well as their attitudes toward substance abuse. To comply with Arizona Revised Statute §41-2416 the Arizona Criminal Justice Commission's Statistical Analysis Center conducts a biennial Arizona Youth Survey. This survey is administered to a statewide sample of 8th, 10th, and 12th grade students attending public and charter middle and high schools throughout Arizona. The Arizona Criminal Justice Commission has been conducting a youth survey for 17 years on a biennial basis; however, notable improvements in the survey model, sampling methods and the increasing levels of participation distinguish the 2002, 2004, 2006, and 2008 Arizona Youth Surveys from prior surveys.

The 2008 Arizona Youth Survey (AYS) was administered between January and April 2008 in Arizona public and charter schools. This statewide effort encompassed all 15 counties and 319 schools, which resulted in the participation of 54,734 8th, 10th, and 12th grade students throughout Arizona. This report provides a comprehensive statewide perspective on the data obtained through this significant statewide survey effort. Participating schools and county officials also received school and county-specific data in the form of individualized reports to aid in planning strategies and program development.

The Arizona Youth Survey uses the Risk and Protective Framework to guide prevention efforts aimed at reducing youth problem behaviors.

Substance Use Findings: In Brief

The improvements made to the survey model during the 2002 administration were sustained during the 2004, 2006, and 2008 survey administrations. With the enhancements made in the survey methodology, the results from the 2004, 2006, and 2008 surveys are able to be displayed within this report and comparisons among the three years can be made. This State Report presents findings from the past three administrations of the AYS only (2002 data can be viewed in reports from previous administrations). Because of enhancements made in ACJC's methodology for the 2002, 2004, 2006, and 2008 surveys, we caution against comparisons to pre-2002 survey results.

It is noteworthy that alcohol is still the most common substance used by Arizona students. In the past month, 33.1% of students have used alcohol, and 59.6% of students have used alcohol in their lifetime. Cigarettes are the second most used substance by Arizona youth, with 14.7% of survey participants using cigarettes in the past month and 36.0% using in their lifetime. Marijuana is the third most used substance in 2008 with 12.5% of survey participants indicating he/she had used marijuana at least once in the past 30 days and 27.4% indicating use during their lifetime. Prescription drugs are the fourth highest substance used by Arizona youth, with 10.7% of youth surveyed indicating using any type of prescription drugs at least once in the past month, and 22.4% indicating using them at least once in their lifetime.

A comparison between the Arizona Youth Survey and the national Monitoring the Future (MTF) survey is another measure for assessing current substance abuse and risk behaviors of Arizona youth. A lower percentage of Arizona survey participants in all grades have had lifetime experience with inhalants and hallucinogens compared to youth in the same grades in the 2007 national survey. Additionally, a lower percentage of 8th and 10th grade Arizona students have had lifetime experience with chewing tobacco than 8th and 10th grade youth in the national MTF sample. However, Arizona students in all grades indicated higher alcohol, cigarette, and marijuana use than students in the same grades in the national sample. Further, cocaine use rates for Arizona 10th and 12th graders were also higher than 10th and 12th grade cocaine use rates in the national sample. Alcohol use for Arizona youth who took the survey was 8.9% greater for Arizona 8th graders, 4.5% greater for Arizona 10th graders, and 2.6% greater for Arizona 12th graders in comparison to national sample youth in the same grades. Cigarette use rates in Arizona were 3.8% to 5.3% higher for each grade than in the MTF sample; marijuana use rates in Arizona were 1.3% to 2.0% higher for each grade than in the MTF sample; and cocaine use rates in Arizona were 1.5% higher for 10th graders and 3.4% higher for 12th graders than in the national sample.

Lifetime use of sedatives and methamphetamines in all grades has significantly decreased since the 2006 survey, with sedatives decreasing 1.7% to 4.2% in each grade and methamphetamines decreasing 1.4% to 2.6% in each grade. Further, while 8th and 10th grade rates of lifetime alcohol, cigarette, and marijuana use significantly decreased since the 2006 survey, use rates of those substances for 12th graders largely remained unchanged.

Further, in looking at 2008 results compared to 2004 results, alcohol use has decreased 3.1% to 4.1% in each grade, cigarette use has decreased 3.4% to 7.6% in each grade, marijuana use has decreased 2.6% to 4.2% in each grade, and sedative use has decreased 2.7% to 6.6% in each grade. Complete lifetime use results can be seen in Table 1 on the following page.

A closer look at past month substance use (Table 2) shows us that a higher percentage of Arizona youth in the 8th, 10th, and 12th grades have used alcohol, cigarettes, inhalants, cocaine, and ecstasy than youth in the same grades in the 2007 national MTF sample. The only area in which Arizona youth had a significantly lower use rate than the youth in the national MTF sample was for 10th grade chewing tobacco, where the MTF rate was 1.5% higher than the Arizona 10th grade rate.

Since the 2006 AYS, 30-day use rates have decreased by 1.1% to 2.1% in all grades for sedatives. The only substance category which increased in all grades was the prescription drug category. By grade level, 8th grade 30-day use rates decreased significantly since the 2006 survey for cigarettes (1.8% decrease) and sedatives (1.1% decrease). Tenth grade past month use rates decreased significantly for alcohol (1.5% decrease), sedatives (2.1% decrease), and methamphetamines (1.1% decrease) since the 2006 survey. Twelfth grade 30-day use rates decreased significantly since 2006 for sedatives (2.1% decrease), but also increased significantly since 2006 for cigarette use (2.1% increase), chewing tobacco (1.4% increase), ecstasy (1.1% increase), and prescription drugs (5.0% increase). Complete past month use results can be seen in Table 2 on the following pages.

Table 1

Percentage of Arizona Respondents Who Used ATODs During Their Lifetime by Grade															
Drug Used	8th Grade				10th Grade				12th Grade				Total		
	AZ	AZ	AZ	MTF	AZ	AZ	AZ	MTF	AZ	AZ	AZ	MTF	AZ	AZ	AZ
	2004	2006	2008	2007	2004	2006	2008	2007	2004	2006	2008	2007	2004	2006	2008
Alcohol	51.9	50.4	47.8	38.9	69.3	67.6	66.2	61.7	77.9	74.5	74.8	72.2	63.3	61.7	59.6
Cigarettes	33.5	30.8	25.9	22.1	45.3	43.8	39.9	34.6	54.2	50.0	50.8	46.2	42.0	39.6	36.0
Chewing Tobacco	7.2	8.0	7.1	9.1	11.0	11.8	12.9	15.1	16.7	15.6	17.7	15.1	10.6	11.0	11.3
Marijuana	20.4	18.3	16.2	14.2	36.6	34.0	32.5	31.0	45.7	42.6	43.1	41.8	31.3	29.2	27.4
Hallucinogens*	2.5	2.1	1.9	3.1	5.3	4.1	5.2	6.4	7.6	5.6	7.9	8.4	4.6	3.6	4.3
Cocaine	3.7	3.6	2.7	3.1	7.8	7.6	6.8	5.3	11.5	11.6	11.2	7.8	6.8	6.8	5.9
Inhalants	13.7	15.2	14.3	15.6	10.9	11.9	12.6	13.6	9.1	9.8	9.2	10.5	11.8	12.9	12.6
Methamphetamines*	N/A	2.6	1.2	1.8	N/A	5.0	2.4	2.8	N/A	6.6	4.0	3.0	N/A	4.3	2.2
Heroin or Other Opiates	1.5	1.4	1.0	1.3	2.4	2.1	2.0	1.5	3.0	2.8	3.1	1.5	2.1	2.0	1.8
Ecstasy*	2.4	1.9	2.2	2.3	4.3	3.4	4.9	5.2	5.9	4.4	7.0	6.5	3.8	3.0	4.2
Steroids	N/A	1.6	1.7	1.5	N/A	2.0	2.3	1.8	N/A	2.2	2.4	2.2	N/A	1.9	2.0
Prescription Pain Relievers	N/A	N/A	12.2	N/C	N/A	N/A	20.5	N/C	N/A	N/A	24.6	N/C	N/A	N/A	17.6
Stimulants (2004 only)*	3.4	N/A	N/A	N/C	6.7	N/A	N/A	N/C	8.2	N/A	N/A	N/C	5.5	N/A	N/A
Prescription Stimulants*	N/A	3.4	3.8	N/C	N/A	7.1	7.6	N/C	N/A	8.5	7.9	N/C	N/A	5.9	5.9
Prescription Sedatives*	11.0	10.0	8.3	N/C	16.5	14.3	12.0	N/C	19.8	17.4	13.2	9.3	14.8	13.2	10.5
Prescription Drugs*	N/A	9.8	17.1	N/C	N/A	16.0	25.7	N/C	N/A	20.0	28.7	N/C	N/A	14.3	22.4
Over-the-Counter Drugs	N/A	N/A	9.7	N/C	N/A	N/A	12.9	N/C	N/A	N/A	13.4	N/C	N/A	N/A	11.5

* Denotes a change in the wording of the question between 2008 and prior administrations. Consult Appendix G for a detailed explanation.

N/A - Indicates a question that was not asked in the 2004, 2006, or 2008 Arizona Youth Surveys.

N/C - Indicates where MTF data is not comparable to data gathered through the Arizona Youth Survey.

Table 2

Percentage of Arizona Respondents Who Used ATODs During the Past 30 Days by Grade															
Drug Used	8th Grade				10th Grade				12th Grade				Total		
	Arizona	Arizona	Arizona	MTF	Arizona	Arizona	Arizona	MTF	Arizona	Arizona	Arizona	MTF	Arizona	Arizona	Arizona
	2004	2006	2008	2007	2004	2006	2008	2007	2004	2006	2008	2007	2004	2006	2008
Alcohol	25.3	24.1	23.2	15.9	41.3	39.2	37.7	33.4	51.1	47.0	46.8	44.4	36.3	34.4	33.1
Cigarettes	10.7	10.5	8.7	7.1	17.7	17.1	16.6	14.0	24.4	21.8	23.9	21.6	16.1	15.3	14.7
Chewing Tobacco	2.4	2.7	2.6	3.2	3.4	4.0	4.6	6.1	5.4	5.4	6.8	6.6	3.4	3.8	4.2
Marijuana	9.7	8.5	7.6	5.7	16.2	15.7	15.1	14.2	18.5	18.1	18.7	18.8	13.8	13.1	12.5
Hallucinogens*	1.6	1.0	0.8	1.0	2.4	1.7	1.9	1.7	2.3	1.7	2.4	1.7	2.0	1.4	1.5
Cocaine	1.6	1.7	1.0	0.9	3.0	2.9	2.2	1.3	3.7	3.3	3.2	2.0	2.5	2.5	1.9
Inhalants	5.8	6.2	5.4	3.9	2.9	3.1	3.0	2.5	1.4	1.7	1.6	1.2	3.9	4.1	3.8
Methamphetamines*	N/A	1.0	0.4	0.6	N/A	1.7	0.6	0.4	N/A	1.4	0.8	0.6	N/A	1.3	0.6
Heroin	0.6	0.7	0.4	0.4	0.7	0.7	0.7	0.4	0.7	0.8	1.0	0.4	0.7	0.7	0.6
Ecstasy*	0.8	0.8	0.8	0.6	1.1	1.0	1.5	1.2	1.0	0.9	2.0	1.6	0.9	0.9	1.3
Steroids	N/A	0.8	0.7	0.4	N/A	1.0	1.0	0.5	N/A	1.0	1.0	1.0	N/A	0.9	0.8
Prescription Pain Relievers	N/A	N/A	6.0	N/C	N/A	N/A	9.4	N/C	N/A	N/A	10.5	N/C	N/A	N/A	8.1
Stimulants (2004 only)*	1.6	N/A	N/A	N/C	2.8	N/A	N/A	N/C	3.0	N/A	N/A	N/C	2.3	N/A	N/A
Prescription Stimulants*	N/A	1.5	1.6	N/C	N/A	2.9	2.9	N/C	N/A	2.6	2.1	N/C	N/A	2.2	2.1
Prescription Sedatives*	5.5	4.5	3.4	N/C	8.2	6.6	4.5	N/C	9.2	7.1	5.0	2.7	7.2	5.8	4.1
Prescription Drugs*	N/A	4.5	8.6	N/C	N/A	7.3	12.2	N/C	N/A	8.1	13.1	N/C	N/A	6.3	10.7
Over-the-Counter Drugs	N/A	N/A	5.6	N/C	N/A	N/A	6.4	N/C	N/A	N/A	5.9	N/C	N/A	N/A	5.9

* Denotes a change in the wording of the question between 2008 and prior administrations. Consult Appendix G for a detailed explanation.

N/A - Indicates a question that was not asked in the 2004, 2006, or 2008 Arizona Youth Surveys.

N/C - Indicates where MTF data is not comparable to data gathered through the Arizona Youth Survey.

Risk and Protective Factors: In Brief

In order to make the results of the 2008 Arizona Youth Survey more usable, risk and protective profiles were developed for each participating school that show the percentage of youth at risk and the percentage of youth with protection on each scale. A detailed description of how the profiles were developed is contained in the main body of this *Arizona Youth Survey 2008 State Report*. Comparisons can be made between youth in Arizona and a more national sample (eight-state norm). The states upon which the eight-state norm is based include Arizona, Arkansas, Louisiana, Michigan, Montana, Nebraska, Oklahoma, and Utah.

An example of the substance use rates and risk and protective factor profiles contained in the main report can be seen in Figures 1, 2, 3, 4, and 5 on the following pages. The profile charts in this Executive Summary are only for the 10th grade Arizona students who completed the survey. Charts for this grade are merely provided as an example of the information that is discussed for all grades in Section 2 of this report. Further, similar profile reports that provide results by grade were prepared for each participating school (when schools returned a sufficient number of surveys) and district in the state. These profile reports allow prevention planners to more precisely plan and evaluate prevention interventions.

Rates of ATOD use (current prevalence of alcohol, tobacco, and other drug use) and antisocial behaviors for Arizona 10th grade students can be seen in Figure 1. As was mentioned previously, lifetime and 30-day use of many substances saw positive decreases since the 2004 and 2006 surveys.

Figure 2 displays antisocial behavior data, drinking and driving data, and gambling data. Rates of being drunk or high at school also decreased for Arizona 10th grade students. Further, 10th grade reports of both drinking and then driving, and riding with a driver that had been drinking, have decreased since the 2006 administration.

Figure 2 shows the percentage of Arizona 10th grade students who are at risk for problem behaviors compared to the eight-state norm. For the 2008 survey,

Arizona 10th grade students have risk factor scores that are significantly lower than the eight-state norm for six scales. However, as can be seen in the risk profile chart (Figure 3), several scales such as Low Neighborhood Attachment, Poor Family Management, Parent Attitudes Favorable to Antisocial Behavior, Academic Failure, Rebelliousness, Early Initiation of Antisocial Behavior, Attitudes Favorable to Antisocial Behavior, Interaction with Antisocial Peers, and Gang Involvement are above the eight-state level for 10th grade students in 2008. The scales with the lowest percentage of youth at risk are Perceived Availability of Handguns, Early Initiation of Drug Use, and Gang Involvement.

A review of the risk factor scales shows that six risk factor scales showed a significant increase in the percentage of students at risk for the 10th grade, while four scales showed a significant decrease since the 2006 survey.

Protective factors buffer the influence of the risk factors operating in a young person's life. Research has shown that young people who spend time with prosocial peers, participate in prosocial activities in the community and at school, and are rewarded for those activities are less likely to become involved in problem behaviors. These important protective factors are measured in the AYS. In nine of the protective factor scales, Arizona 10th grade students had similar, or lower levels, of protection (Figure 4) than students from the eight-state norm. Some areas of highest protection for Arizona 10th grade students were Belief in the Moral Order and Peer/Individual Rewards for Prosocial Involvement. The areas with the lowest protection were Community Opportunities for Prosocial Involvement and Community Rewards for Prosocial Involvement.

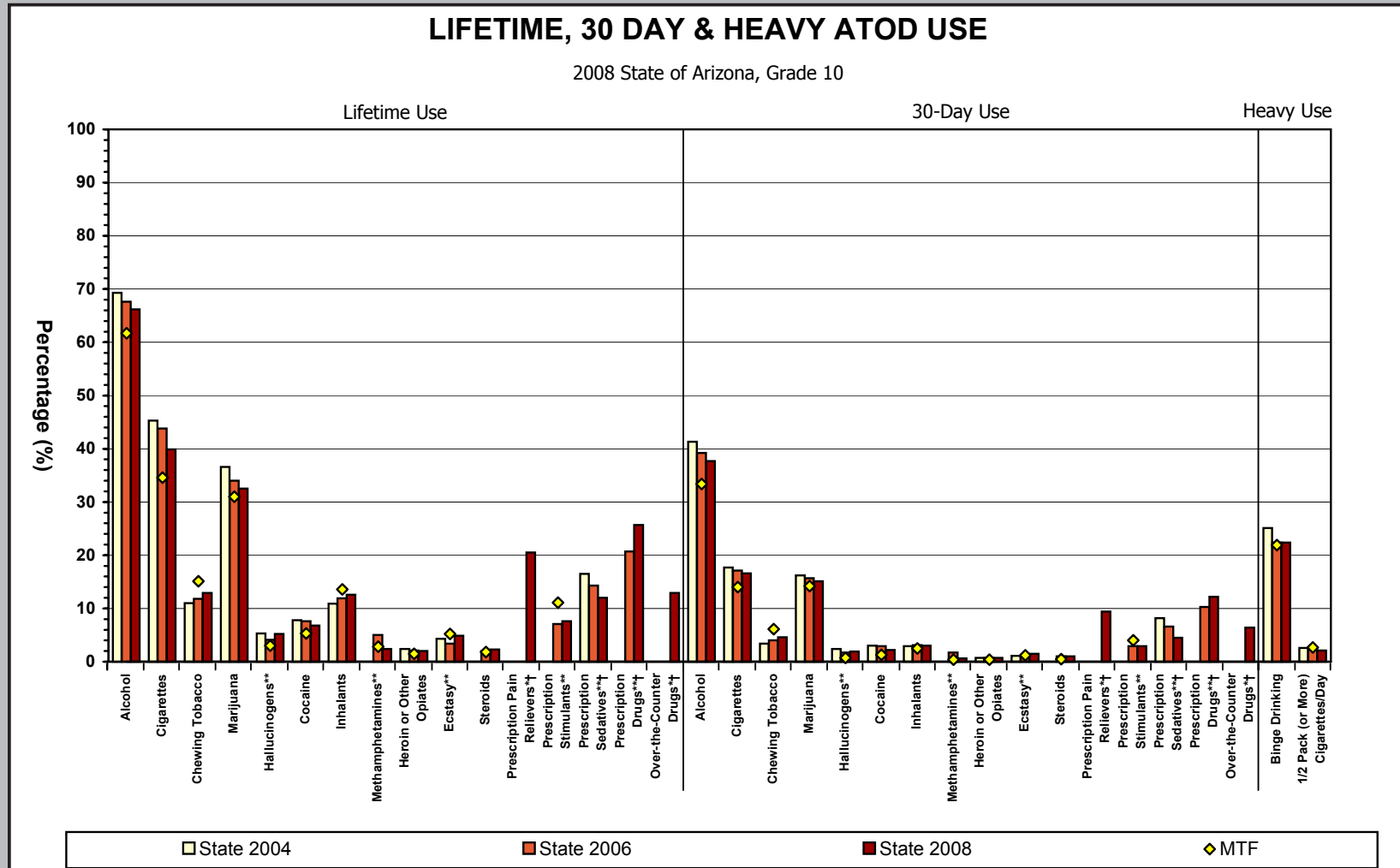
Comparisons between the 2006 results and those of 2008 show that 10th grade levels of protection decreased significantly in two scales and increased significantly in five scales since the last survey.

The profile reports created for Arizona's schools, school districts, counties, and some cities across the state also contain charts and tables reporting responses to questions regarding school safety. Figure 5 is an example of the Safe School charts included in the profile reports. Figure 5 illustrates that rates of 10th grade students reporting that he/she were threatened or injured

on school property, that he/she carried a weapon on school property, or that he/she were in a physical fight on school property have decreased since the 2006 survey. However, since the 2006 survey, 10th graders' reports of being picked on or bullied on school property increased significantly.

The analysis of the data obtained from the survey is quite extensive but are not intended to be exhaustive. Rather, it is believed that the data and highlights contained within this report will provide insights for future decisions pertaining to the well-being of Arizona youth.

Figure 1

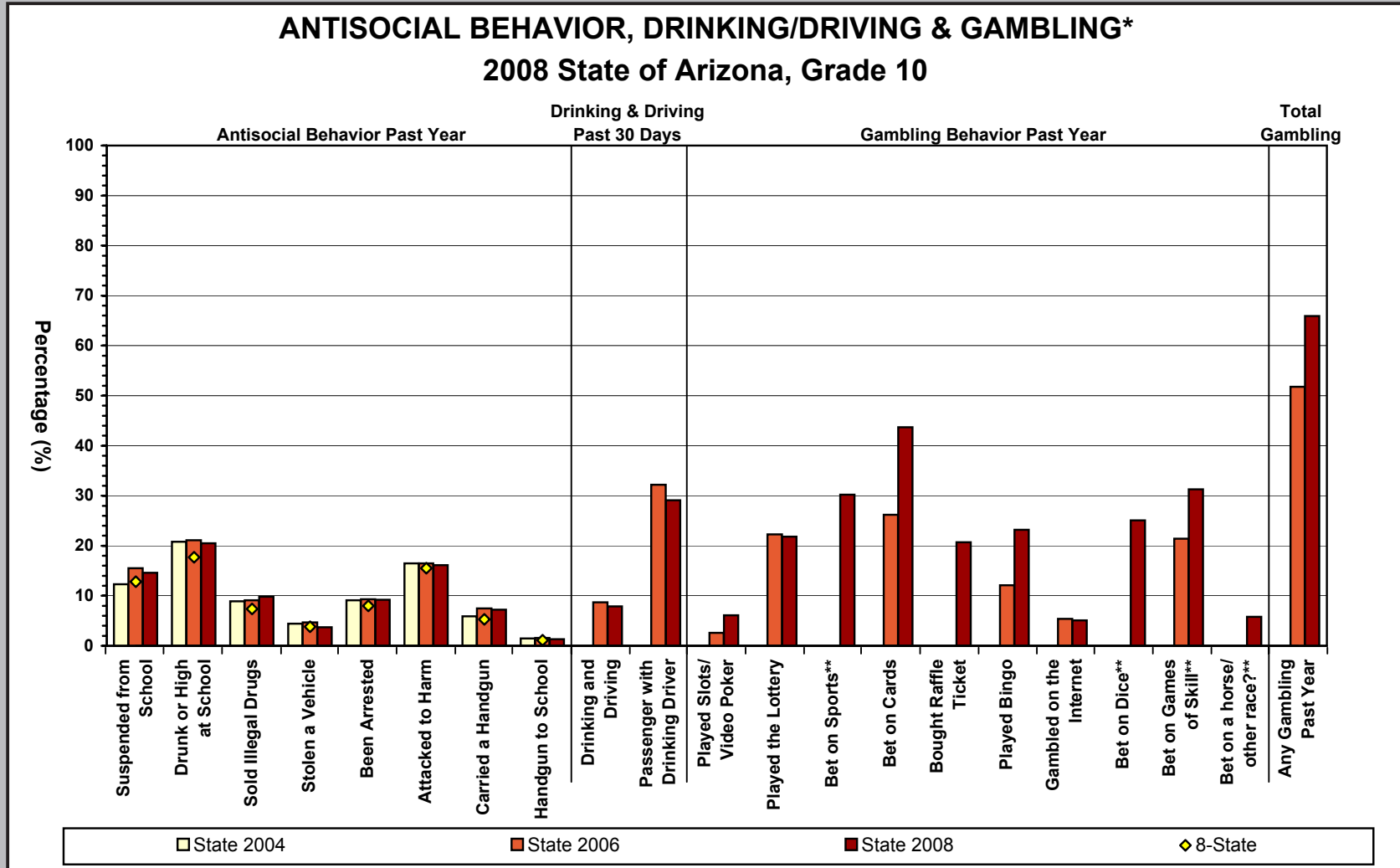


* Substance categories that were not measured and reported in one or more survey administrations prior to 2008.

** Denotes a change in the wording of the question between 2008 and prior administrations. Non-comparable data are omitted from charts. Consult Appendix G for a detailed explanation.

† No equivalent category for these substances in the Monitoring the Future survey.

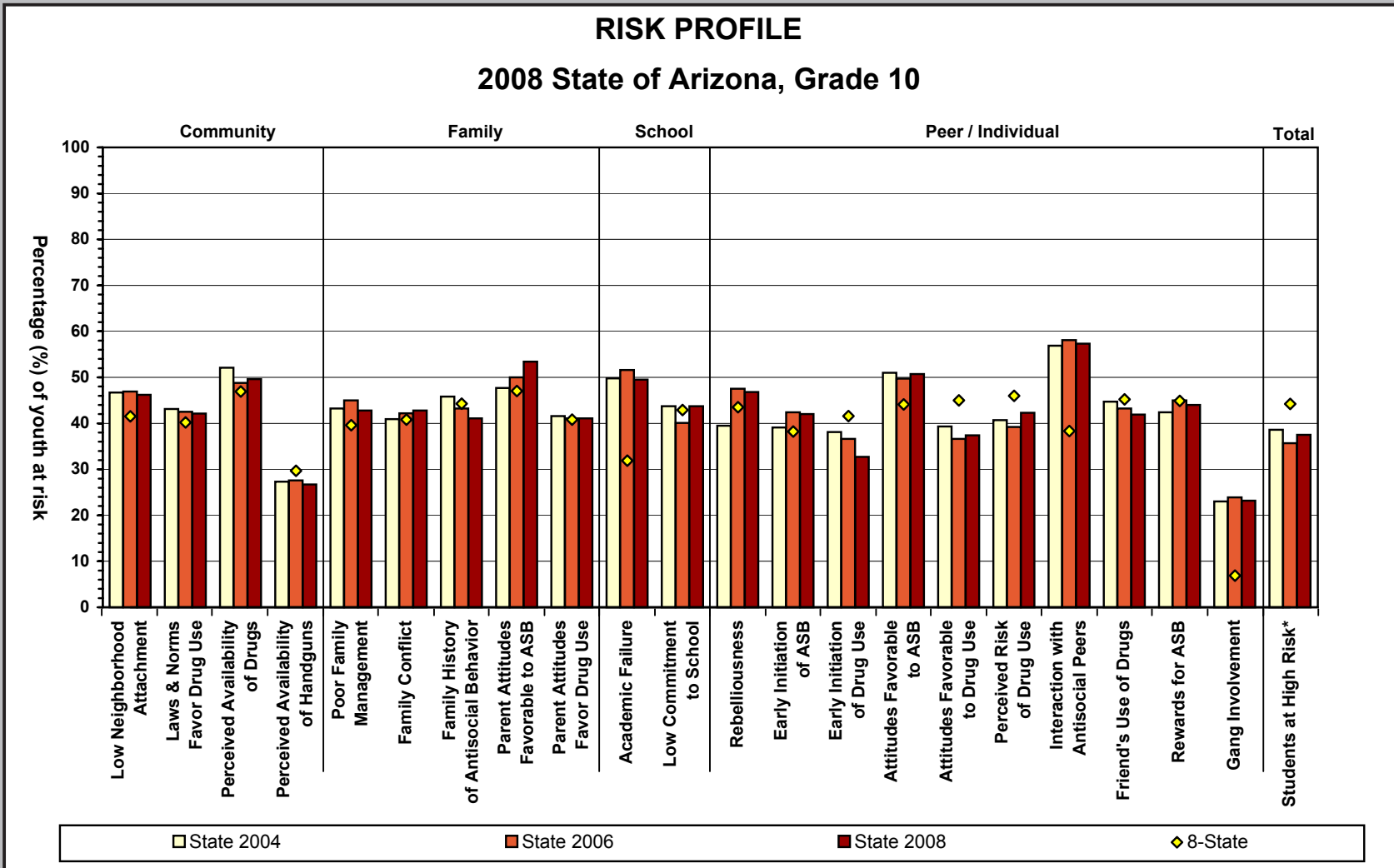
Figure 2



* Because not all eight states ask gambling and drinking & driving questions, no 8-State value is reported. Gambling and drinking & driving data were not collected prior to 2006.

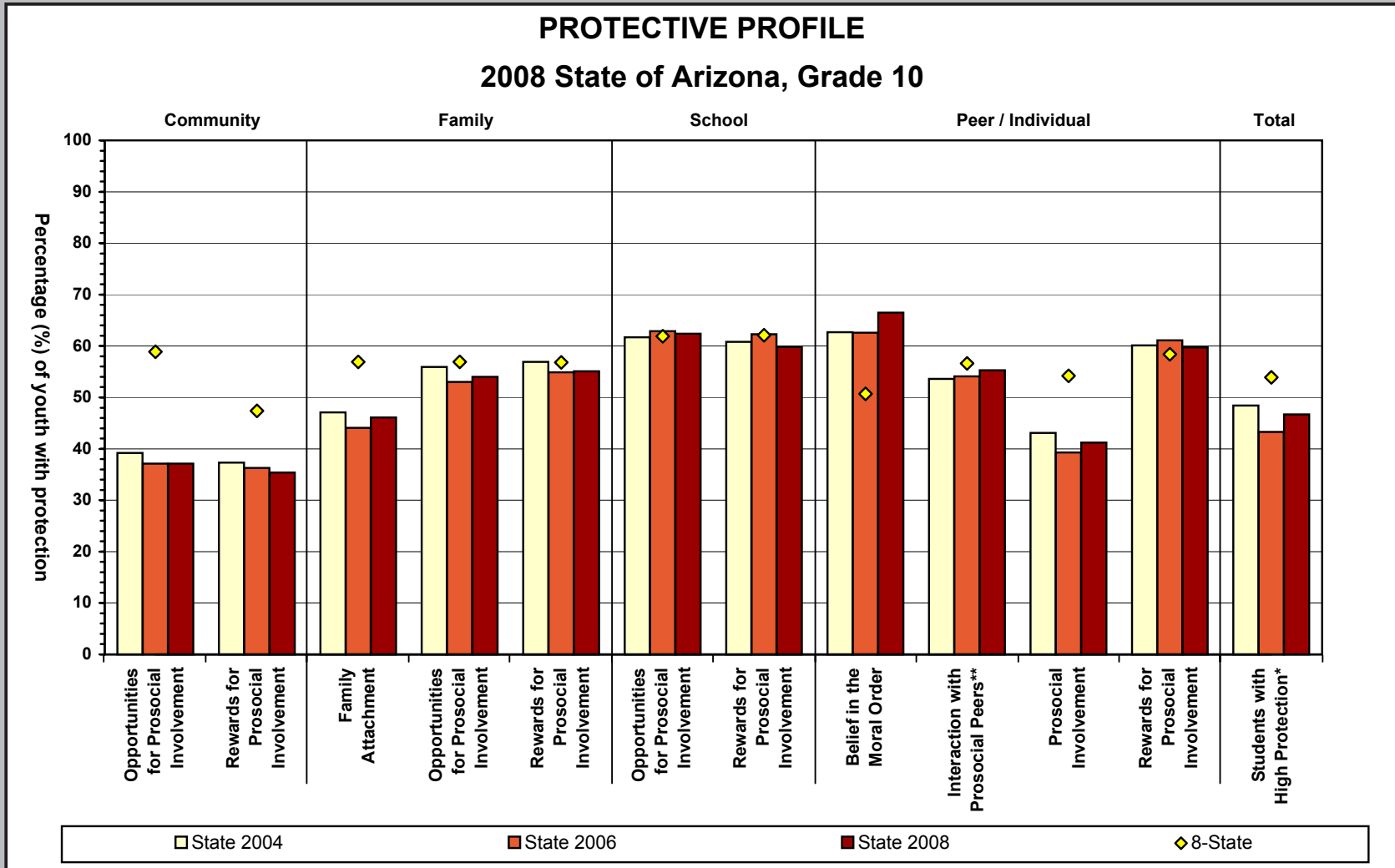
** Denotes a change in the wording of the question between 2008 and 2006 administration. Non-comparable data are omitted from charts. Consult Appendix G for a detailed explanation.

Figure 3



* High Risk (8th grade: eight or more risk factors, 10th & 12th grades: nine or more risk factors.)

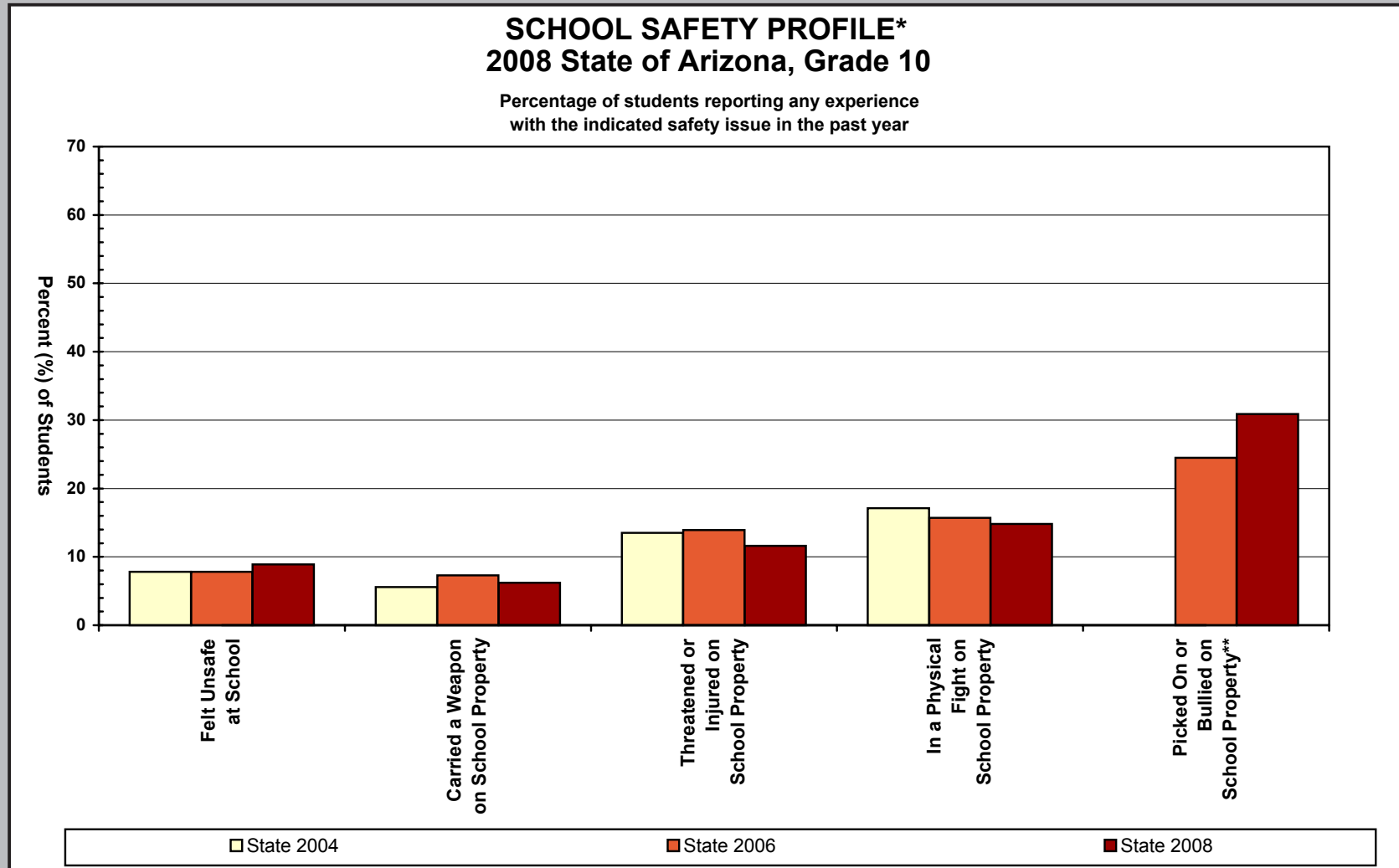
Figure 4



** □

** Denotes a change in the wording of the question between 2008 and prior administrations. Consult Appendix G for a detailed explanation.

Figure 5



** Because not all eight states ask school safety questions, no 8-State value is reported.

** Bullying on school property was not measured in the 2004 survey administration.

Introduction

Arizona Revised Statute §41-2416 requires the Arizona Criminal Justice Commission to conduct a statewide survey that is designed to measure the prevalence and frequency of substance abuse by youth, as well as the attitudes youth hold toward substance abuse. To comply with Arizona Revised Statute §41-2416 the Arizona Criminal Justice Commission's Statistical Analysis Center conducts a biennial Arizona Youth Survey. This survey is administered to a statewide sample of 8th, 10th, and 12th grade students attending public and charter middle and high schools throughout Arizona.

The 2008 Arizona Youth Survey was conducted by the Arizona Criminal Justice Commission with technical assistance from Bach Harrison, L.L.C. The 2008 Arizona Youth Survey is the result of a partnership among the Arizona Criminal Justice Commission; Governor's Office for Children, Youth and Families; the Governor's Division for Substance Abuse Policy; Arizona's Parent's Commission on Drug Education and Prevention; the Arizona Juvenile Justice Commission; and the Office of Problem Gambling. The successful implementation of the Arizona Youth Survey can also be attributed to strong collaborative efforts and support from the Arizona Department of Education, the Tobacco Education and Prevention Program and the Arizona State University. Finally, the cooperation of local prevention coordinators, school administrators, teachers, and students directly contributed to the success of the 2008 Arizona Youth Survey.

The survey was conducted by the Arizona Criminal Justice Commission and Bach Harrison, L.L.C.

In 2002, the Arizona Criminal Justice Commission made a decision to change the substance abuse survey instrument to a model that would benefit multiple state agencies and generate data that is comparable to data collected at a national level. The Arizona Youth Survey is based upon the nationally recognized Risk and Protective Factor model, which is used by numerous state agencies throughout the United States. The Risk and Protective Factor model was developed in 1989 by J. David Hawkins, Ph.D. and Richard F. Catalano, Ph.D. at the University of Washington as a comprehensive prevention model.

The Risk and Protective Factor model identifies "the factors that increase and mitigate the likelihood of delinquent involvement and other dysfunctional behaviors. The model emphasizes the need for community-wide efforts to ameliorate those risk factors" (Office of Juvenile Justice and Delinquency Prevention, 1995).

Risk-and-protective-factor-focused prevention is based on a simple premise: to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing while simultaneously identifying those factors that decrease the problem from developing; and then find ways to reduce risk factor levels and build upon the protective factors.

The substance abuse prevention field has evolved over time, often through empirical-based research. The theoretical development and rigorous empirical-based research in substance abuse prevention and programming in recent years are among the most important developments in the field. The focus has been on risk and protective factors as a unifying descriptive and predictive framework for developing and evaluating prevention programs.

Substance abuse prevention programs aim to deter the onset of alcohol, tobacco and other drug use by changing the knowledge, attitudes and behaviors of people. Researchers with the Social Development Research Group at the University of Washington have defined areas of risk that affect youth problem behaviors within the community, family, school, and peer/individual domains. Likewise, protective factors have been identified and include prosocial opportunities, rewards for prosocial involvement, and developing prosocial skills within the community, family, school, and peer/individual domains. It is particularly important to assess a teen's peer group as a factor for "drug use, delinquency, school dropout, teen pregnancy, and violent behavior" (Barriers to Learning, 2004). Initiation of substance abuse and risk factor behaviors at an early age affect the involvement of the youth within the community, family, school, and peer group setting (Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, 2004).

The 2008 Arizona Youth Survey was administered between January and April 2008 in Arizona public and charter schools. The statewide effort encompassed all 15 counties and 319 schools, which resulted in the participation of 54,734 8th, 10th, and 12th students throughout Arizona. School principals and teachers were provided detailed instructions for administering the survey. Students' anonymity was emphasized through a teacher-read script which instructed students not to put their names on the survey. Upon completion, all surveys were returned and electronically scanned by Bach Harrison L.L.C.

This report is organized into five sections:

1. Survey Methods: describes how the survey was conducted, who participated, and the procedures used to ensure that valid information was collected.
2. Risk and Protective Factors and Scales: provides a description of the risk and protective factor model of substance abuse prevention, including the four domains of risk and protection (community, family, school, and peer/individual). Also included are the risk and protective factor scale scores for grades 8, 10, and 12.
3. Substance Use Outcomes: presents data on recent and lifetime use of Alcohol, Tobacco, and Other Drugs (ATOD) among Arizona's youth, and information on other ATOD-related questions (perceived harm, perceived availability, where students obtained alcohol, and drinking and driving). Some of these results are comparable to the results of the national Monitoring the Future survey.
4. Antisocial Behaviors and Additional Results: presents data on heavy substance use and other antisocial behaviors. This section also presents findings that show the correlation of substance use to academic achievement, socioeconomic background, perceived parental approval of substance use, and perceived peer approval of substance use.
5. Summary of Findings: fully summarizes the results and conclusions of the report.

Section 1: Survey Methods

The information presented in this report was gathered using the 2008 Arizona Youth Survey (Appendix A). The goal of the survey was to develop a tool that provided scientifically sound information about the levels of risk and protection in a community as well as levels of substance use and anti-social behaviors of youth. Risk factors are those conditions or situations that increase the likelihood that a child will develop one or more health and/or behavior problems in adolescence. Protective factors are the conditions or situations that decrease the likelihood of future behavior problems. Risk and protective factors are found in four domains — community, school, family, and the peer/individual. The information gathered on risk and protective factors, youth drug use, and delinquency is essential in supporting prevention planning, intervention planning, and needs assessment at the local and state levels.

The topics addressed in this section include the survey questionnaire, how it was administered, the demographics of participants, completion rates, and the validity of the results.

Survey Questionnaire

The survey questionnaire was originally developed through the combined efforts of six states and the Social Development Research Group at the University of Washington. The collaborative survey development process was a Center for Substance Abuse Prevention (CSAP) project called the Six-State Consortium. The goal of the Consortium was to develop a survey that provided scientifically sound information about the levels of risk and protection in a community. The survey was further refined through the Diffusion Consortium Project that involved seven states and was funded by four federal agencies: the National Institute of Drug Abuse (NIDA), Safe and Drug Free Schools Program, Office of Juvenile Justice and Delinquency Prevention, and CSAP.

Besides measuring risk and protective factors, the survey also assesses the current prevalence of alcohol, tobacco, and other drug use.

Risk and protective factors are characteristics of communities, schools, families, peers, and respondents that are reported by those who complete the survey. Besides measuring risk and protective factors, the survey also measures alcohol, tobacco, and other drug (ATOD) use and delinquent behavior. The substances that are measured by the survey include: 1) alcohol; 2) cigarettes; 3) chewing tobacco; 4) marijuana; 5) inhalants; 6) hallucinogens; 7) cocaine; 8) prescription sedatives; 9) methamphetamines; 10) prescription stimulants; 11) heroin; 12) ecstasy; 13) prescription pain relievers; 14) steroids; and 15) over-the-counter drugs. Another substance category of “prescription drugs,” which represents use of at least one of the prescription drug substance categories, was created in order to have comparable data to the 2006 prescription drugs question and is included in lifetime and past-month substance use charts and tables. Most of the questions that ask about substance use are similar to those used in the national survey, Monitoring the Future (MTF), so comparisons between the two surveys can be made easily.

There are a total of 14 risk factor scales and 11 protective factor scales that are measured by the 2008 survey. However, some of the risk factors are broad enough to require more than one scale for adequate measurement. As a result, there are 21 separate risk factor scales and 11 protective factor scales measured by the survey. Appendix B provides a complete list of the risk and protective factors and the corresponding risk and protective factor scales in the survey.

There are approximately four survey items that measure each risk factor. Reliability for the constructs is good (the average value for Cronbach’s alpha = .79). The questionnaire has 136 questions; however, many of the questions have multiple components so students actually responded to a total of 258 items.

The questions were printed in a test booklet that was machine scoreable. See Appendix A for a copy of the questionnaire. Most students from all grades could easily complete the questionnaire in one class period. A complete item dictionary that lists the risk and protective factor scales and the items they contain as well as the outcome variables can be seen in Appendix D.

Completion Rate and Ability to Generalize the Results

Not all 8th, 10th, and 12th grade students in Arizona participated in the survey. Some schools didn't participate, some students individually chose not to participate, some students' parents did not give consent for them to participate, and some students were absent on the day the survey was administered. While 64,325 students in grades 6 through 12 (57,961 students in the 8th, 10th, and 12th grade) took the 2008 Arizona Youth Survey, there are 54,734 surveys that comprise the final survey pool for the analysis contained in this State Report. The final survey pool discussed in this report is only comprised of students in grades 8, 10, and 12 who were deemed to be honest in their responses.

It should be noted that not all of the surveys that were completed contained valid information. Some surveys were eliminated because students were deemed not truthful in their responses or did not complete some of the questions (see Validity of the Data section for the validity criteria).

Survey Participants

The characteristics of the youth who took the survey are presented in Table 3. In comparing the sample characteristics to Arizona student 2006-2007 school year enrollment data gathered from the Arizona Department of Education web site, some similarities between the sample and Arizona student enrollment figures can be seen. Such similarities provide more assurance that the data gathered through the Arizona Youth Survey are representative of the state as a whole. For example, in the 2008 survey,

there were nearly an equal number of males and females who took the survey in all grades (female = 51.2% and males = 48.8%), while the Department of Education web site found similar percentages for Arizona students (female = 48.6% and males = 51.4%).

Of the 2008 survey respondents, 48.8% were White and 32.9% were Hispanic (similar to the Department of Education web site findings — 49.4% White and 39.8% Hispanic for 8th, 10th, and 12th graders). The other ethnic groups accounted for 18.3% of the respondents. Table 3 also shows that English is the primary language spoken in 80.5% of homes. (Arizona student enrollment data was gathered from the Arizona Department of Education web site—<http://www.ade.state.az.us>).

An analysis of the family structure of respondents showed that 55.4% lived with both of their biological parents, 15.9% lived in a step-family structure, and 23.2% lived in a single-parent home.

Participation by County

Table 4 displays 2008 survey participation rates by county. Every county in the state of Arizona had schools participate in the 2008 Arizona Youth Survey.

The data reported show that the percentage of the state student population in each county is very close to the percentage of students who completed the AYS. Thus, the survey is a good representation of the students in Arizona. For example, in the state of Arizona, 63.5% of 8th, 10th, and 12th grade students live in Maricopa County, 12.8% live in Pima County, and 4.0% live in Pinal County. Similarly, of the 2008 Arizona Youth Survey participants, 60.2% live in Maricopa County, 9.1% live in Pima County, and 5.3% live in Pinal County.

Tables reporting substance use by county are located in Appendix E of this report. These tables show the total percentage of students in each participating county who used each substance.

Survey Norms and Comparative Data

It can be helpful to know how the results from Arizona students compare to the results from a national sample of students. The 2008 Arizona Youth Survey data are compared throughout this report to the national Monitoring the Future (MTF) survey data. State results from the 8th, 10th, and 12th grades are compared to national results from the same grades. When the wording of AYS and MTF questions were the same, 2007 MTF data was used in comparison to 2008 AYS data.

The MTF survey is conducted annually through the University of Michigan and is designed to provide ATOD use information on a sample of students representative of the United States as a whole. The survey questions, measurements, and protocol for both the Arizona Youth Survey and the MTF surveys are similar, making most comparisons valid without any additional analysis. More information on the Monitoring the Future survey and survey results can be found at <http://www.monitoringthefuture.org>.

Validity of the Data

There were a total of 64,575 survey questionnaires completed. However, not all of the questionnaires contained valid information. Of these surveys, 3,878 (6.0%) were eliminated because respondents were determined to be dishonest or because students did not answer enough of the validity questions to determine whether or not he/she were honest in their responses. These surveys were eliminated because of five predetermined dishonesty indicators — 1) the students indicated that he/she were “Not Honest

At All” in completing the survey (1,017 surveys); 2) the students indicated that he/she had used the non-existent drug phenoxydine (2,620 surveys); 3) the students reported an impossibly high level of multiple drug use (997 surveys); 4) the students indicated past-month use rates that were higher than lifetime use rates (1,640 surveys); and 5) the students reported an age that was inconsistent with their grade or their school (284 surveys). These surveys were not included in the final analyses.

Because the results reported in this state report and in the profile reports focus on data from the 8th, 10th, and 12th grades, an additional 5,770 students in the 6th, 7th, 9th, and 11th grades were also eliminated from these state level results. These 6th, 7th, 9th, and 11th graders took the survey because he/she were attending a class that was largely made up of students in the even grades, or the school chose to survey students in these grades for a more complete description of their students. Further, 193 surveys were eliminated due to students not reporting a grade level, or because he/she marked more than one grade level.

A total of 9,841 questionnaires were eliminated from most analyses. This is less than the sum of those eliminated according to the criteria cited above because many of those eliminated met more than one criteria for elimination.

Other measures to reduce response bias included carefully pretesting the questionnaire to ensure that students understood the meaning of each question, using a well developed and tested administration protocol, and reading the same instructions to all students who participated in the survey.

Table 3

Total Number and Percentage of Survey Respondents by Grade and Demographic Characteristics												
	8th Grade		10th Grade		12th Grade		2008 Total		2006 Total		2004 Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Sample	25,695	46.9	16,089	29.4	12,950	23.7	54,734	100.0	60,401	100.0	40,960	100.0
Gender												
Male	12,462	49.5	7,610	48.2	6,141	48.2	26,213	48.8	28,381	48.2	19,172	47.5
Female	12,730	50.5	8,188	51.8	6,596	51.8	27,514	51.2	30,505	51.8	21,161	52.5
Race/Ethnicity												
White	13,824	44.3	9,853	51.6	8,210	54.6	31,887	48.8	26,761	45.7	19,745	49.0
Native American	2,416	7.7	1,435	7.5	961	6.4	4,812	7.4	3,394	5.8	2,938	7.3
Hispanic	11,563	37.0	5,653	29.6	4,309	28.6	21,525	32.9	21,376	36.5	13,184	32.7
African American	1,962	6.3	1,131	5.9	822	5.5	3,915	6.0	2,592	4.4	1,503	3.7
Asian or Pacific Islander	1,462	4.7	1,027	5.4	743	4.9	3,232	4.9	1,798	3.1	1,101	2.7
Family Structure												
Both Parents	14,355	55.9	8,853	55.0	7,103	54.8	30,311	55.4	32,068	56.8	18,565	52.5
Step-Families	4,174	16.2	2,638	16.4	1,892	14.6	8,704	15.9	9,164	16.2	5,502	15.5
Single Parent	5,895	22.9	3,809	23.7	3,003	23.2	12,707	23.2	15,230	27.0	8,534	24.1
Language Used at Home												
English	19,433	77.2	13,132	83.1	10,708	83.8	43,273	80.5	46,011	78.5	32,544	80.4
Spanish	5,224	20.8	2,285	14.5	1,710	13.4	9,219	17.1	11,376	19.4	6,954	17.2
Another Language	505	2.0	395	2.5	365	2.9	1,265	2.4	1,244	2.1	989	2.4
<p>*Numbers and percentages listed here reflect only those students who answered each of the demographic questions. Therefore, the numbers and percentages in the Total column do not add up to the final completion rate indicated in the text of the report. Further, in 2008, students could mark more than one ethnic category and the 'other' category was removed.</p>												

Table 4

Total Number and Percentage of Survey Respondents and Enrolled School Students by Grade and Participating County

	8th Grade				10th Grade				12th Grade				2008 Total				2006 Survey Participation		2004 Survey Participation	
	2008 Survey Participation		2007-2008 School Year Enrollment Information		2008 Survey Participation		2007-2008 School Year Enrollment Information		2008 Survey Participation		2007-2008 School Year Enrollment Information		2008 Survey Participation		2007-2008 School Year Enrollment Information					
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Apache	299	1.2	1,179	1.4	0	0.0	1,104	1.2	1	0.0	945	1.1	300	0.5	3,228	1.2	871	1.4	689	1.7
Cochise	414	1.6	1,614	2.0	487	3.0	2,350	2.5	262	2.0	1,806	2.0	1,163	2.1	5,770	2.2	1,576	2.6	1,746	4.3
Coconino	379	1.5	1,380	1.7	400	2.5	2,184	2.3	350	2.7	2,095	2.3	1,129	2.1	5,659	2.1	1,107	1.8	1,225	3.0
Gila	369	1.4	629	0.8	264	1.6	677	0.7	202	1.6	632	0.7	835	1.5	1,938	0.7	831	1.4	832	2.0
Graham	289	1.1	460	0.6	245	1.5	845	0.9	254	2.0	674	0.8	788	1.4	1,979	0.7	885	1.5	500	1.2
Greenlee	79	0.3	142	0.2	57	0.4	117	0.1	26	0.2	110	0.1	162	0.3	369	0.1	239	0.4	248	0.6
La Paz	118	0.5	216	0.3	124	0.8	191	0.2	107	0.8	211	0.2	349	0.6	618	0.2	376	0.6	373	0.9
Maricopa	16,911	65.8	50,975	62.0	8,647	53.7	60,231	63.2	7,371	56.9	58,313	65.3	32,929	60.2	169,519	63.5	36,136	59.8	21,970	53.6
Mohave	549	2.1	2,183	2.7	701	4.4	2,033	2.1	522	4.0	1,771	2.0	1,772	3.2	5,987	2.2	1,877	3.1	1,558	3.8
Navajo	489	1.9	1,593	1.9	682	4.2	3,658	3.8	535	4.1	3,158	3.5	1,706	3.1	8,409	3.2	1,415	2.3	1,399	3.4
Pima	1,515	5.9	11,955	14.5	1,828	11.4	11,595	12.2	1,618	12.5	10,685	12.0	4,961	9.1	34,235	12.8	7,600	12.6	5,430	13.3
Pinal	1,609	6.3	3,658	4.4	936	5.8	3,969	4.2	351	2.7	3,118	3.5	2,896	5.3	10,745	4.0	1,848	3.1	1,616	3.9
Santa Cruz	221	0.9	812	1.0	538	3.3	887	0.9	416	3.2	757	0.8	1,175	2.1	2,456	0.9	1,355	2.2	1,328	3.2
Yavapai	1,148	4.5	2,338	2.8	976	6.1	2,536	2.7	729	5.6	2,179	2.4	2,853	5.2	7,053	2.6	1,656	2.7	746	1.8
Yuma	1,306	5.1	3,123	3.8	204	1.3	2,975	3.1	206	1.6	2,828	3.2	1,716	3.1	8,926	3.3	2,629	4.4	1,300	3.2

2

Section 2: Risk and Protective Factors for Substance Use and Other Youth Problem Behaviors

The History and Importance of Risk and Protective Factors

The Arizona Youth Survey is based upon the Risk and Protective Factor Model of Substance Abuse Prevention. In medical research, risk factors have been found for heart disease and other health problems. Through media campaigns that inform the general public about the risk factors for heart disease, most people are now aware that behaviors such as eating high-fat diets, smoking, high cholesterol, being overweight, and lack of exercise, place them at risk for heart disease. Just as medical research discovered the risk factors for heart disease, social scientists have defined a set of risk factors that place young people at risk for the problem behaviors of substance abuse, delinquency, violence, teen pregnancy, and school dropout. They also have identified a set of protective factors that help to buffer the harmful effects of risk.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington have reviewed more than 30 years of existing work on risk factors from various fields and have completed extensive work of their own to identify risk factors for youth problem behaviors. They identified risk factors in important areas of daily life: 1) the **community**, 2) the **family**, 3) the **school**, and 4) within **individuals** themselves and their **peer** interactions. Many of the problem behaviors faced by youth — delinquency, substance abuse, violence, school dropout, and teen pregnancy — share many common risk factors. Programs designed to reduce those common risk factors will have the benefit of reducing several problem behaviors.

The Risk and Protective Factor Model and data from the Arizona Youth Survey can be used to help school and community planners assess current

conditions and prioritize areas of greatest need. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by preventive interventions that also promote related protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring and tutoring interventions can be provided to improve academic performance and also increase opportunities and rewards for classroom participation. An overview of the risk factors and protective factors that have been shown to be related to youth problem behavior and their link to the Arizona Youth Survey will be provided.

Just as medical research discovered the risk factors for heart disease, social scientists have defined risk factors that place youth at risk for problem behaviors.

The risk and protective factors measured by the Arizona Youth Survey have been organized into the four important areas of a young person's life — community, family, school, and peer/individual. There are a total of 14 risk factors and 11 protective factors that are measured by the 2008 survey. However, some of the risk factors are broad enough to require more than one scale for adequate measurement. As a result, there are 21 separate risk factor scales and 11 protective factor scales measured by the survey. Appendix B provides a complete list of the risk and protective factors and the corresponding risk and protective factor scales in the survey.

The remainder of this section of the report is organized according to the four domains. For each domain, the definition of each risk factor is presented and then risk and protective results gathered from the Arizona Youth Survey are provided by grade. Risk and protective factor charts are also provided to illustrate Arizona risk and protection in a visual format. On the following page is more information about how to read and interpret the risk and protective charts.

How to Read the Risk and Protective Factor Charts in This Section

There are two components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the **cut-points** for the risk and protective factor scales, and 2) the **eight-state norm dots** that indicate an estimate of national rates.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the group that was not at-risk. The Prevention Needs Assessment survey instrument was designed to assess adolescent substance use, antisocial behavior and the risk and protective factors that predict these adolescent problem behaviors. Because risk and protective factor model surveys have been given to thousands of youth in the Six-State and Seven-State Consortium Projects, it was possible to select two groups of youth nationwide, one that was more at-risk for problem behaviors and another group that was less at-risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades); alcohol, tobacco, and other drug (ATOD) use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions); and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys. Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program could be viewed as helping to reduce family conflict.

Eight-State Norm

The eight-state norm allows a comparison between the levels of risk, protection and antisocial behavior in your community and a more national sample. The eight-state norm value for each risk and protective factor scale represents the percentage of youth at risk or with protection for eight states across the country (Arizona, Arkansas, Louisiana, Michigan, Montana, Nebraska, Oklahoma, and Utah). Similarly, eight-state levels of antisocial behavior represent the percentage of youth in the eight states who engaged in each of the eight antisocial behaviors. In developing the eight-state norm, the contribution of each of eight states was proportional to its percentage of the national population, which helps to make the results more representative of youth nation-wide. A comparison between the ATOD use rates from the eight-state database and those from the national Monitoring the Future survey showed the rates to be very similar, which provides added confidence in the validity of the eight-state norm.

Community Risk and Protective Factors

When looking at the community domain, it is important to consider more than how members of a community interact with the youth of the community. Youth benefit from living in an area where neighbors and community members show concern for them, offer them support, and give encouragement and praise. However, youth also benefit from living in a community that functions in a socially healthy manner. What is the community like? Are drugs and guns readily available? Is there an active presence of law enforcement officers in the community? Is the community lacking in economic resources? Do community members, businesses, or police turn a blind eye toward drug use and antisocial behaviors or condone such behaviors? Is there a sense of community disorganization or does the community have a common set of shared norms and expectations of behavior?

All of these community issues, and more, play significant roles in shaping the behaviors of the youth that live within a particular community. By understanding how youth perceive their neighborhood, Arizona communities can get a better sense of how they need to change in order to reduce the risk that youth will participate in problem behaviors.

Definitions of all community domain risk factors, as well as scale scores for the community domain are provided on the next pages. Table 5 below shows the links between the community risk factors and the five problem behaviors. Check marks have been placed in this and similar tables to indicate where at least two well-designed, published research studies have shown a link between the risk factor and the problem behavior.

Table 5

YOUTH AT RISK	PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence
Community					
Availability of Drugs	✓				✓
Availability of Firearms		✓			✓
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓
Media Portrayals of Violence					✓
Low Neighborhood Attachment	✓	✓			✓
Extreme Economic and Social Deprivation	✓	✓	✓	✓	✓

Availability of Drugs (Linked to Substance Abuse and Violence)

The more available drugs are in a community, the higher the risk that young people will abuse drugs in that community. Perceived availability of drugs is also associated with risk. For example, in schools where students just *think* drugs are more available, a higher rate of drug use occurs.

Availability of Firearms (Linked to Delinquency and Violence)

Firearm availability and firearm homicide have increased together since the late 1950s. If a gun is present in the home, it is much more likely to be used against a relative or friend than an intruder or stranger. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. While a few studies report no association between firearm availability and violence, more studies show a positive relationship. Given the lethality of firearms, the increase in the likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor.

Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime (Linked to Substance Abuse, Delinquency, and Violence)

Community norms, the attitudes and policies a community holds about drug use and crime, are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other community members have of young people. When laws and community standards are favorable toward drug use or crime, or even if they are just *unclear*, youth are at higher risk.

Media Portrayals of Violence (Linked to Violence)

The role of media violence on the behavior of viewers, especially young viewers, has been debated for more than three decades. Research over that time period has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior. Exposure to violence in the media appears to have an impact on children in several ways: 1) children learn violent behavior from watching actors model that behavior, 2) they learn violent problem-solving strategies, and 3) media portrayals of violence appear to alter children's attitudes and sensitivity to violence. Please note that a scale has not been developed for this risk factor, and the Arizona Youth Survey does not gather results for this risk factor.

Low Neighborhood Attachment and Community Disorganization (Linked to Substance Abuse, Delinquency, and Violence)

Higher rates of drug problems, juvenile delinquency and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low-income neighborhoods; they can also be found in wealthier neighborhoods. The less homogeneous a community (in terms of race, class, religion, and even the mix of industrial to residential neighborhoods), the less connected its residents may feel to the overall community, and the more difficult it is to establish clear community goals and identity. The challenge of creating neighborhood attachment and organization is greater in these neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their own lives. If the key players in the neighborhood, such as merchants, teachers, police, and human services personnel, live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

Extreme Economic Deprivation (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, violence, teen pregnancy, and school dropout. Children who live in these areas *and* have behavior and adjustment problems early in life are also more likely to have problems with drugs later on. Please note that a scale has not been developed for this risk factor, and the Arizona Youth Survey does not gather results for this risk factor.

Community Risk and Protective Factor Scales

Risk Factors

Table 6 shows that the highest scaled score was for Perceived Availability of Drugs for 12th graders (52.2% at risk), followed by Low Neighborhood Attachment for 12th graders (51.0% at risk). Of the three grades, 8th graders were at highest risk for Perceived Availability of Handguns (37.8%); 10th graders were at highest risk for Laws & Norms Favorable to Drug Use (42.1%); and 12th graders were at highest risk for Low Neighborhood Attachment (51.0%) and Perceived Availability of Drugs (52.2%).

In looking at Arizona community risk factor scales in relation to the eight-state norm, Figure 6 illustrates that Arizona levels of risk are higher than other states for several scales and grades. For Low Neighborhood Attachment, risk factor scales for all three grades are higher for Arizona than for the eight-state norm. In contrast, Arizona levels of risk for Perceived Availability of Handguns are lower than the eight-state norm for all grades.

Protective Factors

As for community domain protective factors, rates of Community Rewards for Prosocial Involvement were well below the eight-state norm for all grades, with 8th graders having the lowest protection (31.3%) and 10th graders having the highest protection (35.4%). Rates of Opportunities for Prosocial Involvement were also significantly lower than the eight-state norm in the 8th, 10th, and 12th grades. With several Community Domain risk factors being higher than the eight-state norm in many scales and protective factors being much lower than the eight-state norm for both scales, these results indicate that this is an area where prevention programming could benefit Arizona communities.

Table 6

Community Domain Risk and Protective Factor Scores	8th Grade			10th Grade			12th Grade		
	2004	2006	2008	2004	2006	2008	2004	2006	2008
RISK FACTORS									
Low Neighborhood Attachment	40.7	40.7	38.5	46.7	46.9	46.2	51.0	49.8	51.0
Laws & Norms Favor Drug Use	37.6	37.8	36.6	43.1	42.5	42.1	37.2	34.6	36.3
Perceived Availability of Drugs	40.6	38.1	38.2	52.1	48.8	49.6	55.0	51.3	52.2
Perceived Availability of Handguns	37.0	37.0	37.8	27.3	27.6	26.7	34.6	34.1	33.1
PROTECTIVE FACTORS									
Opportunities for Prosocial Involvement	41.1	38.2	39.3	39.2	37.1	37.1	38.6	37.6	36.1
Rewards for Prosocial Involvement	32.0	30.4	31.3	37.3	36.3	35.4	35.8	35.2	33.2

Comparisons to Past AYS Survey Data

Table 6 shows community domain results for 2004, 2006, and 2008. The 8th grade risk factor scale scores showed positive decreases in rates of Low Neighborhood Attachment (2.2% decrease since 2006) and Laws and Norms Favoring Drug Use (1.2% decrease since 2006). Twelfth grade risk factor scale scores, however, increased 1.2% for Low Neighborhood Attachment since the 2006 survey, and increased 1.7% for Laws and Norms Favoring Drug Use since 2006.

In regards to protective factor scales, 8th grade protection for Community Opportunities for Prosocial Involvement increased by 1.1% in the past two years (from 38.2% with protection in 2006 to 39.3% with protection in 2008), 12th grade protection for Community Opportunities for Prosocial Involvement decreased by 1.5% (from 37.6% with protection in 2006 to 36.1% with protection in 2008), and 12th grade rates of Community Rewards for Prosocial Involvement decreased by 2.0% (from 35.2% with protection in 2006 to 33.2% with protection in 2008).

Figure 6

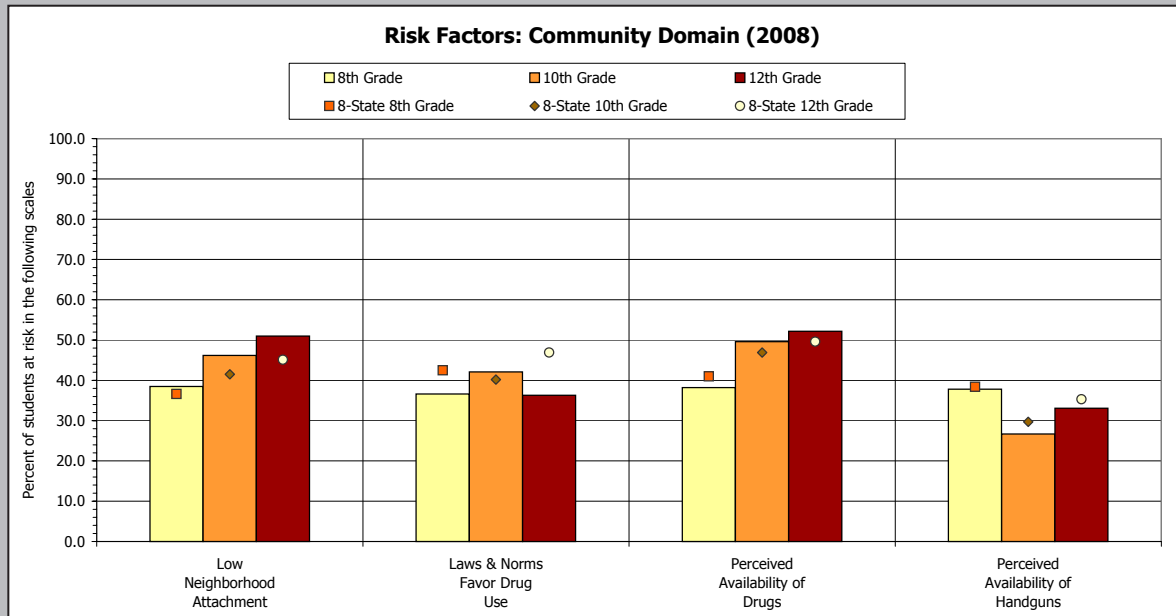
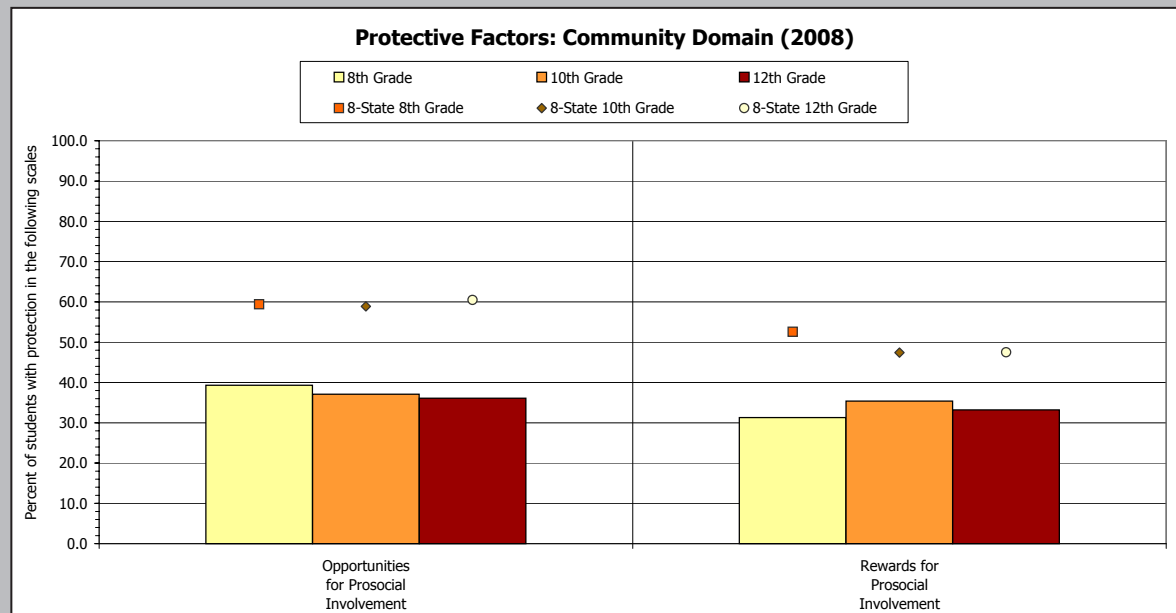


Figure 7



Family Risk and Protective Factors

For the family domain, one must consider more than parents' personal interaction with their children. Youth benefit from being bonded with their family, and from belonging to a family in which their parents offer support, encouragement, and praise. Other important factors that can contribute to youth problem behaviors are whether or not the youth's parents or siblings have used substances, approve of the use of substances, or have participated in antisocial behaviors. If a youth's living situation is full of conflict (fights and arguments) and disorganization (lack of family communication or parents' not knowing the whereabouts or doings of their children), the youth is also at risk for problem behaviors.

Definitions of all family domain risk factors, as well as scores for the family domain are provided on the following pages. Table 7 below shows the links between the family risk factors and the five problem behaviors.

Table 7

YOUTH AT RISK	PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence
Family					
Family History of the Problem Behavior	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement In the Problem Behavior	✓	✓			✓

Family History of the Problem Behavior (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of their having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, their risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves.

Family Management Problems (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

Family Conflict (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Persistent, serious conflict between primary care givers or between care givers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent, or some other primary care giver, children raised in families high in conflict appear to be at risk for all of the problem behaviors.

Favorable Parental Attitudes and Involvement In the Problem Behavior

(Linked to Substance Abuse, Delinquency, and Violence)

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior toward those outside or inside the family, there is an increase in the risk that a child will become violent. Further, in families where parents involve children in their own drug or alcohol behavior, for example, asking the child to light the parent's cigarette or to get the parent a beer, there is an increased likelihood that their children will become substance abusers in adolescence.

Family Risk and Protective Factor Scales

Risk Factors

Table 8 shows that the highest scaled score for the family domain was for Family Conflict for 8th graders (53.5% at risk), followed by Parent Attitudes Favorable to Antisocial Behavior for 10th graders (53.4% at risk). The lowest scaled score for 8th graders in the family domain was for Parent Attitudes Favorable to Drug Use (26.8% at risk).

In looking at Arizona's family risk factor scales in relation to the eight-state norm, Figure 8 illustrates that there were only two scales in which Arizona 8th, 10th, and 12th grade results were similar to, or lower than, the eight-state norm — Parent Attitudes Favoring Drug Use (lower than the norm for the 8th grade, and approximately even with the norm for the 10th and 12th grades), and Family History of Antisocial Behavior (significantly lower than the norm for all three grades). Rates for all three grades were higher in Arizona than the eight-state norm for Poor Family Management and Parent Attitudes Favoring Antisocial Behavior.

Protective Factors

There are three protective factor scales for the family domain — Family Attachment, Family Opportunities for Prosocial Involvement, and Family Rewards for Prosocial Involvement. For the Family Attachment and Family Opportunities for Prosocial Involvement scales, all three grades in Arizona indicated lower protective factor scores than the eight-state norm; and for the Family Rewards for Prosocial Involvement scale, only the 10th and 12th grades were lower than the eight-state norm.

Table 8

Family Domain Risk and Protective Factor Scores	8th Grade			10th Grade			12th Grade		
	2004	2006	2008	2004	2006	2008	2004	2006	2008
RISK FACTORS									
Poor Family Management	46.4	47.9	45.5	43.2	45.0	42.8	44.8	44.8	44.3
Family Conflict	52.5	52.2	53.5	40.9	42.2	42.8	38.3	38.3	38.3
Family History of Antisocial Behavior	46.2	42.7	40.3	45.8	43.2	41.1	42.9	38.6	37.3
Parent Attitudes Favorable to ASB	45.3	48.5	49.3	47.7	50.0	53.4	44.4	45.9	50.2
Parent Attitudes Favor Drug Use	27.7	29.1	26.8	41.6	41.1	41.1	42.8	40.1	41.2
PROTECTIVE FACTORS									
Family Attachment	50.0	48.7	51.5	47.1	44.1	46.1	57.2	57.1	56.2
Opportunities for Prosocial Involvement	59.7	57.4	59.7	55.9	53.0	54.0	56.8	55.9	55.2
Rewards for Prosocial Involvement	60.6	60.6	61.4	56.9	54.9	55.1	56.9	56.9	55.8

Comparisons to Past AYS Survey Data

Table 8 shows family domain results for 2004, 2006, and 2008. In the 8th grade, three of the five family risk factor scales significantly decreased since the last survey in 2006 (decreases of 2.3% to 2.4%); in the 10th grade, two of the five scales decreased (decreases of 2.1% and 2.2%); and in the 12th grade, two scales increased (increases of 1.1% and 4.3%). The Family History of Antisocial Behavior scale showed a significant decrease in all grades, with the 8th grade decreasing 2.4% since 2006, the 10th grade decreasing 2.1% since 2006, and the 12th grade decreasing 1.3% since 2006.

Eighth and 10th grade protection for Family Attachment and Family Opportunities for Prosocial Involvement both increased significantly from 2006 to 2008 (increases of 1.0% to 2.8% in each grade). While 12th grade protection for Family Rewards for Prosocial Involvement decreased 1.1% since 2006, the scaled scores for the other two grades for the same scale were virtually unchanged since 2006.

Figure 8

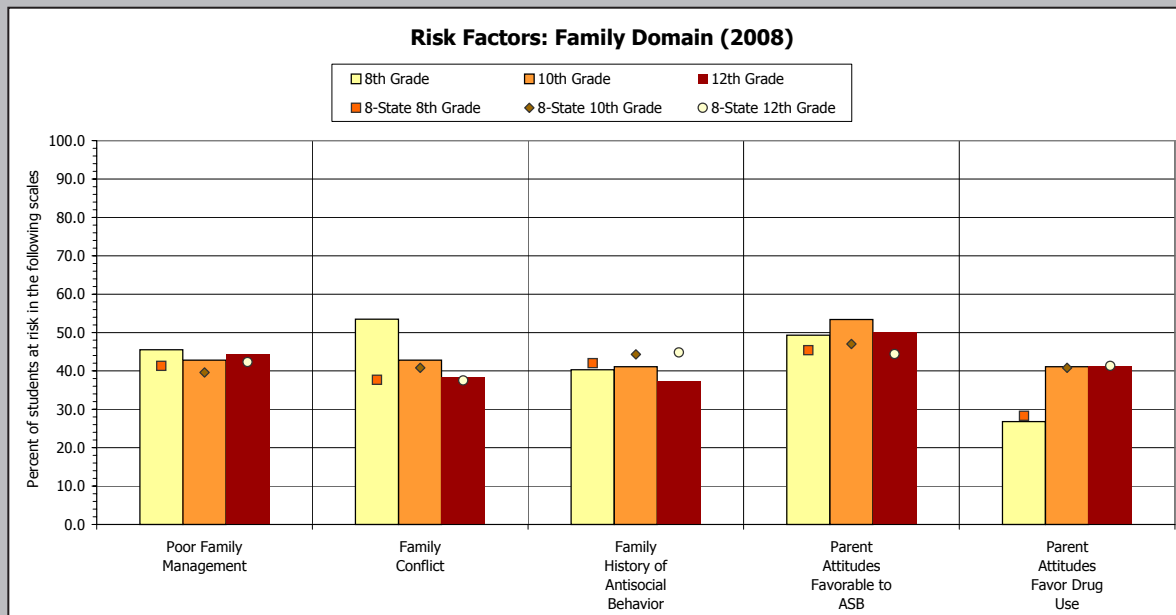
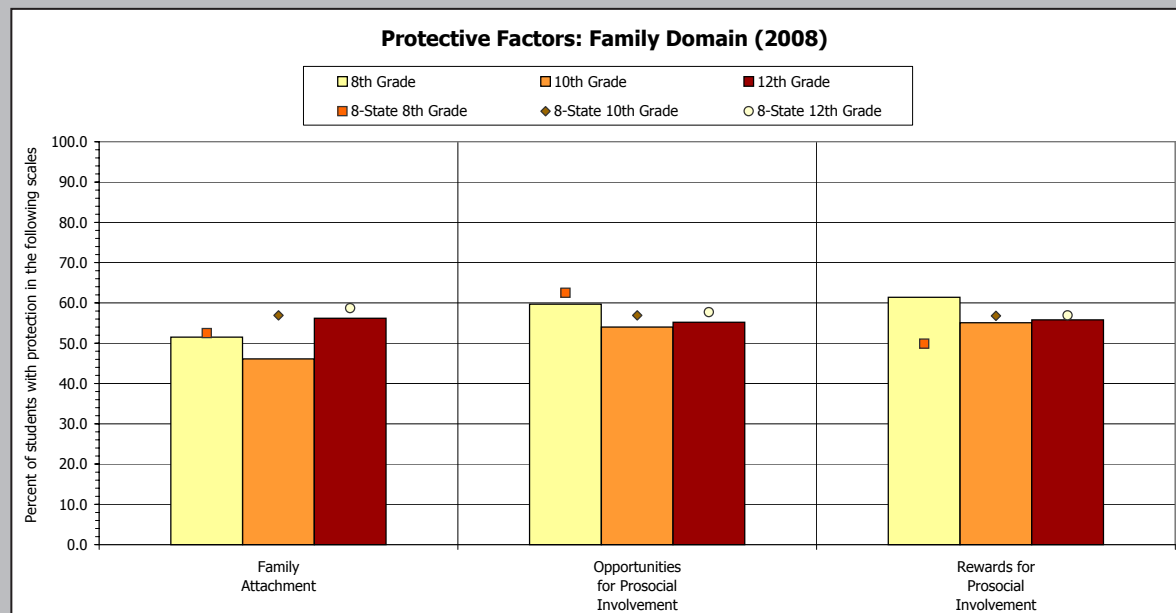


Figure 9



School Risk and Protective Factors

In the school domain, the early years are important as far as creating or decreasing the level of risk for children. Academic failure in elementary school puts children at risk for substance use, delinquency, teen pregnancy, school drop out, and violence later in life. Further, a child with early and persistent antisocial behavior is at risk for substance use and other problems later in life.

These two factors (academic failure and early engagement in antisocial behavior) indicate that prevention programs should begin early in a student's schooling. Programs that can effectively target the needs of the school population will help to decrease the level of risk, thereby decreasing problem behaviors later in schooling. The Arizona data will help schools target the problem behaviors and student populations that are at the greatest need for services.

As with the community and family domains, bonding at the school level also decreases risk and increases protection. When students have healthy relationships with their teachers, when they feel as if they are able to play an active role in their classes and in their school, and when they receive encouragement and support, they are more bonded to their school and their commitment to school is less likely to falter.

Definitions of all school domain risk factors, as well as scores for the school domain are provided on the next pages. Table 9 below shows the links between the school risk factors and the five problem behaviors.

Academic Failure in Elementary School (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, teen pregnancy, and school dropout. Students fail for many reasons. It appears that *the experience of failure*, not necessarily the student's ability, increases the risk of problem behaviors.

Lack of Commitment to School (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Lack of commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for all five problem behaviors.

Table 9

YOUTH AT RISK	PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence
School					
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓

School Risk and Protective Factor Scales

Risk Factors

There are two risk factor scales for the school domain — Academic Failure and Low Commitment to School. Rates of Academic Failure were higher than the eight-state norm for all grades, and the rates of 8th, 10th, and 12th grade Low Commitment to School were lower than, or similar to, the eight-state norm rates.

Protective Factors

There are also two protective factor scales for the school domain — School Opportunities for Prosocial Involvement and School Rewards for Prosocial Involvement. Rates of Arizona School Opportunities for Prosocial Involvement were lower than the eight-state norm for the 8th grade, and similar to the norm rates for the other two grades. As for Rewards for Prosocial Involvement, the rates for all Arizona grades were below the eight-state norm rates.

Table 10

School Domain Risk and Protective Factor Scores	8th Grade			10th Grade			12th Grade		
	2004	2006	2008	2004	2006	2008	2004	2006	2008
RISK FACTORS									
Academic Failure	49.8	48.6	47.3	49.8	51.6	49.5	43.8	44.1	44.4
Low Commitment to School	39.4	41.1	41.0	43.7	40.1	43.7	47.9	43.0	45.6
PROTECTIVE FACTORS									
Opportunities for Prosocial Involvement	61.8	59.1	60.3	61.7	62.9	62.4	61.3	65.2	64.3
Rewards for Prosocial Involvement	52.2	50.7	51.2	60.8	62.3	59.8	43.9	48.0	45.4

Comparisons to Past AYS Survey Data

Table 10 displays school domain risk and protective factor results for the 2004, 2006, and 2008 surveys. Eighth and 10th grade levels of risk for Academic Failure decreased since 2006 (1.3% decrease in the 8th grade, 2.1% decrease in the 10th grade). However, the Low Commitment to School scaled scored increased 3.6% in the 10th grade since 2006 and 2.6% in the 12th grade since 2006.

For protective factor scores in the school domain, the 8th grade saw an increase in the Opportunities for Prosocial Involvement scale (1.2% increase since 2006). For Rewards for Prosocial Involvement, 10th grade protection decreased 2.5% and 12th grade protection decreased 2.6%.

Figure 10

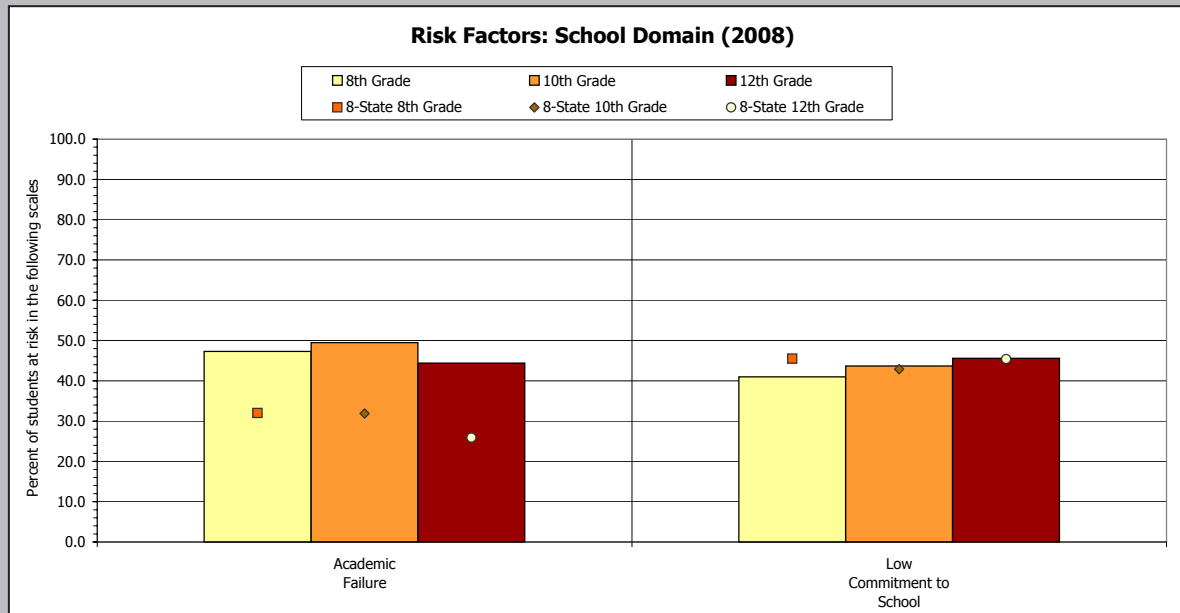
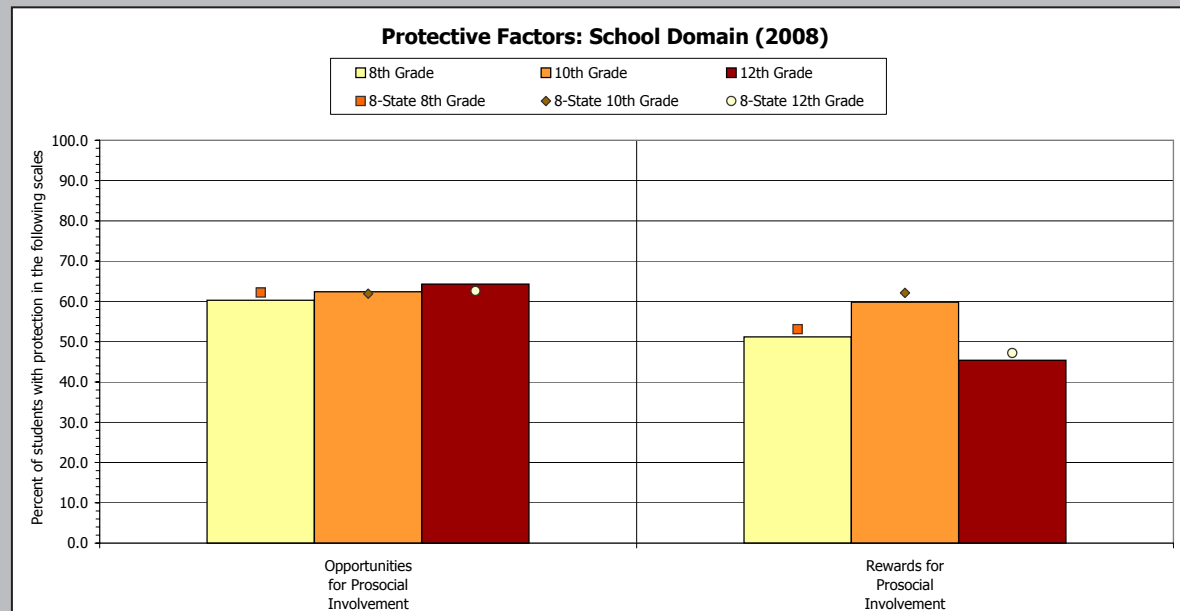


Figure 11



Peer/Individual Risk and Protective Factors

The final domain of a student’s life — peer/individual — consists of much more than mere peer pressure. While students are at risk for problem behaviors when they have friends who are engaging in unfavorable behaviors or their friends have favorable attitudes toward the behaviors (i.e. it is seen as “cool”), the peer/individual domain also consists of several factors that spring from the individual. For example, students who are depressed, rebellious, or who feel alienated are more likely to use drugs and show antisocial behavior. Other constitutional factors also play a part in whether or not a student is at risk for ATOD use or antisocial behaviors.

Definitions of all peer/individual domain risk and protective factors, as well as a description of individual characteristics, bonding, and healthy beliefs and clear standards, are presented in this section. Also in this discussion of peer/individual risk factors, scores for the scales in this domain are provided in the form of tables and charts. Table 11 below shows the links between the peer/individual risk factors and the five problem behaviors.

Table 11

YOUTH AT RISK	PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence
Peer/Individual					
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓	
Friends Who Engage in a Problem Behavior	✓	✓	✓	✓	✓
Gang Involvement	✓	✓		✓	✓
Favorable Attitudes Toward the Problem	✓	✓	✓	✓	
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓
Constitutional Factors	✓	✓			✓

Early and Persistent Antisocial Behavior (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Boys who are aggressive in grades K-3 are at higher risk for substance abuse and delinquency. When a boy’s aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk for drug abuse, delinquency, teen pregnancy, school dropout, and violence.

Alienation, Rebelliousness, and Lack of Bonding to Society (Linked to Substance Abuse, Delinquency, and School Dropout)

Young people who feel they are not part of society, are not bound by rules, don’t believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of drug abuse, delinquency, and school dropout.

Friends Who Engage in the Problem Behavior (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Youth who associate with peers who engage in problem behaviors are much more likely to engage in the same problem behaviors. This is one of the most consistent predictors of youth problem behaviors that the research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with those who engage in problem behaviors greatly increases their risks. However, young people who experience a low number of risk factors are less likely to associate with those who are involved in problem behaviors.

Gang Involvement

(Linked to Substance Abuse, Delinquency, School Dropout, and Violence)

Youth who belong to gangs or who have friends that belong to gangs are more at risk for antisocial behavior and drug use. The risk factors associated with gang involvement are well known as many gang-related crimes and events are covered by local media. Gang membership has been linked to violence, shootings, destruction of public property, and involvement in other illegal behaviors including distribution of drugs.

Favorable Attitudes Toward the Problem Behavior

(Linked to Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)

During the elementary school years, children usually express anti-drug, anti-crime, prosocial attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This places them at higher risk.

Early Initiation of the Problem Behavior

(Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

The earlier young people begin using drugs, committing crimes, engaging in violent activity, becoming sexually active, and dropping out of school, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before age 15 are at twice the risk of having drug problems as those who begin using after age 19.

Constitutional Factors

(Linked to Substance Abuse, Delinquency, and Violence)

Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation seeking, low harm avoidance, and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

Some young people who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, teen parents, or school dropouts. Balancing the risk factors are protective factors, those aspects of people's lives that counter risk factors or provide buffers against them. They protect by either reducing the impact of the risks or by changing the way a person responds to the risks. A key strategy to counter risk factors is to enhance protective factors that promote positive behavior, health, well-being, and personal success. Research indicates that protective factors fall into three basic categories: Individual Characteristics, Bonding, and Healthy Beliefs and Clear Standards.

Individual Characteristics

Research has identified four individual characteristics as protective factors. These attributes are considered to be inherent in the youngster and are difficult, if not impossible, to change. They consist of:

Gender. Given equal exposure to risks, girls are less likely to develop health and behavior problems in adolescence than are boys.

A Resilient Temperament. Young people who have the ability to quickly adjust to or recover from misfortune or changes are at reduced risk.

A Positive Social Orientation. Young people who are good natured, enjoy social interactions, and elicit positive attention from others are at reduced risk.

Intelligence. Bright children are less likely to become delinquent or drop out of school. However, *intelligence does not protect against substance abuse.*

Bonding

Research indicates that one of the most effective ways to reduce children's risk is to strengthen their bond with positive, prosocial family members, teachers, or other significant adults, and/or prosocial friends. Children who are *attached* to positive families, friends, schools, and their community, and who are *committed* to achieving the goals valued by these groups, are less likely to develop problems in adolescence. Children who are bonded to others who hold healthy beliefs are less likely to do things that threaten that bond, such as use drugs, commit crimes, or drop out of school. For example, if children are attached to their parents and want to please them, they will be less likely to risk breaking this connection by doing things of which their parents strongly disapprove. Studies of successful children who live in high-risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting into trouble. Positive bonding makes up for many disadvantages caused by risk factors or environmental characteristics.

Healthy Beliefs and Clear Standards

Bonding is only part of the protective equation. Research indicates that another group of protective factors falls into the category of healthy beliefs and clear standards. The people with whom children are bonded need to have *clear, positive standards for behavior*. The content of these standards is what protects young people. For example, being opposed to youth alcohol and drug use is a standard that has been shown to protect young people from the damaging effects of substance abuse risk factors. Children whose parents have high expectations for their school success and achievement are less likely to drop out of school. A similar protective effect is found when parents have clear standards against criminal activity and early, unprotected sexual activity.

The negative effects of risk factors can be reduced when schools, families, and/or peer groups teach young people healthy beliefs and set clear standards for their behavior. Examples of healthy beliefs include believing it is best for children to be drug and crime free and to do well in school. Examples of clear standards include establishing clear no drug and alcohol family rules, establishing the expectation that a youngster does well in school, and having consistent family rules against problem behaviors.

Peer/Individual Risk and Protective Factor Scales

Risk Factors

Some of the highest levels of risk for the peer/individual domain are found when looking at the Interaction with Antisocial Peers scale scores — 58.2% of 8th graders, 57.3% of 10th graders, and 53.2% of 12th graders are at risk. The scale with the lowest scores is Gang Involvement, where 26.9% of 8th graders, 23.2% of 10th graders, and 16.8% of 12th graders are at risk.

In comparison to the eight-state norm, Arizona risk factor scores are higher than the eight state norm in all grades for Rebelliousness, Early Initiation of Antisocial Behavior, Attitudes Favorable to Antisocial Behavior, Interaction with Antisocial Peers, and Gang Involvement. Some factors that are lower than the eight-state norm for all grades were the Early Initiation of Drug Use, Attitudes Favorable to Drug Use, and Friends' Use of Drugs scales.

Protective Factors

There are four protective factor scales for the peer/individual domain. The Interaction with Prosocial Peers and Prosocial Involvement scale scores are below the eight-state norm rates for all grades. However, 10th grade rate for Belief in the Moral Order, and the 8th and 10th grade rates for Peer/Individual Rewards for Prosocial Involvement were higher than the eight-state norm rates.

Comparisons to Past AYS Survey Data

Table 12 displays the peer/individual domain risk and protective factor results for the 2004, 2006, and 2008 surveys. The only risk factor scale to significantly decrease in all three grades since the 2006 survey was Early Initiation of Drug Use, where rates decreased 4.9% in the 8th grade, 3.9% in the 10th grade, and 1.0% in the 12th grade since 2006. Further, the 8th grade saw significant decreases above 1.0% in levels of risk in five of the 10 scales; while three risk factor rates significantly decreased since 2006 in the 10th grade.

Table 12

Peer-Individual Domain Risk and Protective Factor Scores	8th Grade			10th Grade			12th Grade		
	2004	2006	2008	2004	2006	2008	2004	2006	2008
RISK FACTORS									
Rebelliousness	37.4	43.8	43.1	39.5	47.5	46.8	36.0	44.3	44.0
Early Initiation of ASB	38.1	40.2	39.4	39.1	42.4	42.0	39.4	38.8	41.2
Early Initiation of Drug Use	38.0	35.2	30.3	38.1	36.6	32.7	39.7	34.1	33.1
Attitudes Favorable to ASB	46.0	46.2	44.6	51.0	49.7	50.7	46.8	45.6	46.9
Attitudes Favorable to Drug Use	33.5	32.4	29.1	39.3	36.6	37.4	36.9	34.6	36.3
Perceived Risk of Drug Use	48.5	45.4	44.5	40.7	39.2	42.3	44.4	40.5	46.5
Interaction with Antisocial Peers	58.2	58.4	58.2	56.9	58.1	57.3	52.6	52.0	53.2
Friend's Use of Drugs	44.2	41.3	39.4	44.7	43.2	41.9	38.8	35.9	37.3
Rewards for ASB	49.1	48.7	45.6	42.4	45.0	44.0	52.8	53.8	54.6
Gang Involvement	25.1	26.3	26.9	23.0	23.9	23.2	18.9	16.3	16.8
PROTECTIVE FACTORS									
Belief in the Moral Order	53.6	54.3	59.4	62.7	62.6	66.5	50.3	51.2	53.6
Interaction with Prosocial Peers*	50.6	50.1	53.1	53.6	54.1	55.3	52.5	53.7	52.5
Prosocial Involvement	39.8	37.7	39.0	43.1	39.3	41.2	40.5	39.1	36.4
Rewards for Prosocial Involvement	59.2	58.8	59.4	60.1	61.1	59.7	50.6	53.4	52.2

*Denotes a change in the wording of the question between 2008 and prior administrations. Consult Appendix G for a detailed explanation.

For protective factor data in the peer/individual domain, protection increased in all three grades for Belief in the Moral Order, with the 8th grade scale score increasing 5.1%, the 10th grade score increasing 3.9%, and the 12th grade score increasing 2.4% since 2006. Scaled scores for Interaction with Prosocial Peers and Prosocial Involvement increased in the 8th and 10th grades since 2006, while the scores for those protective factor scales decreased for the 12th grade.

Figure 12

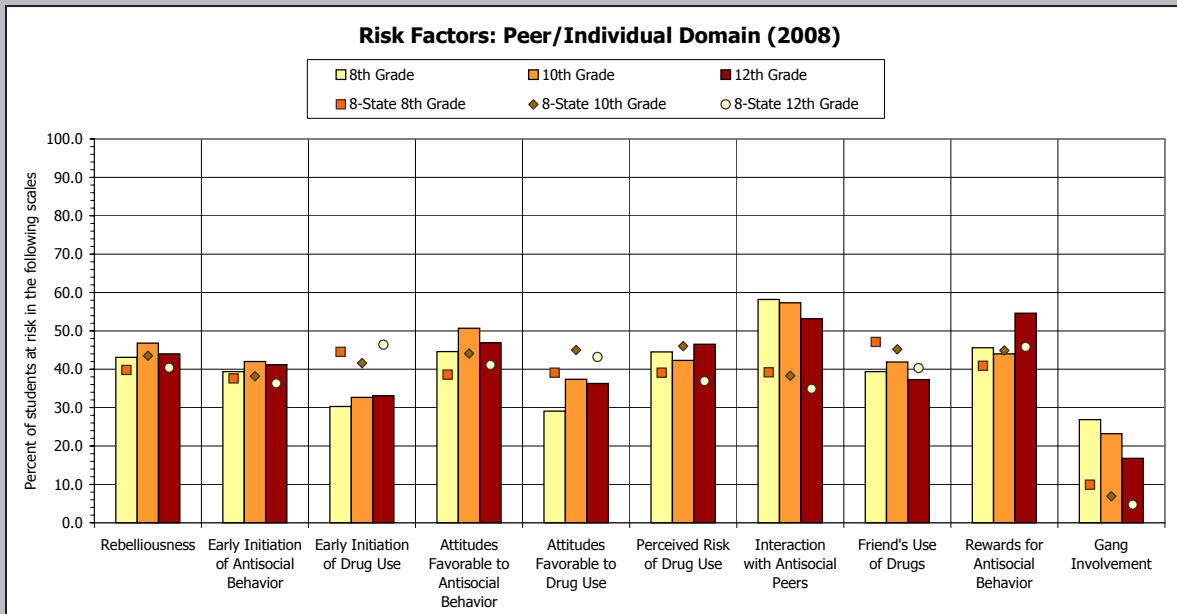
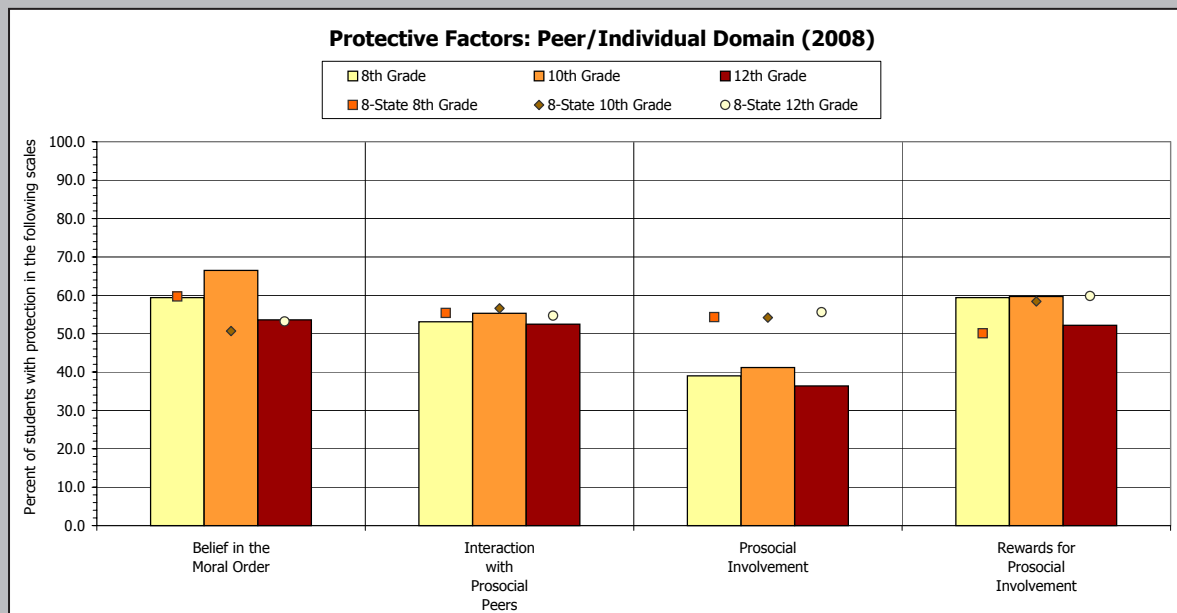


Figure 13



Section 3: Substance Use Outcomes

Age of Initiation

The earlier young people begin using drugs, committing crimes, engaging in violent activity, and becoming involved in other behaviors, the greater the likelihood that they will have problems with these behaviors later on. The Arizona Youth Survey asks students to report how old they were when, if ever, they first used ATODs. Asking students to report their age of first substance use allows the average age when students generally begin using a substance to be determined. This not only gives prevention planners an age group in which to target interventions, but also gives the state of Arizona a better idea of the seriousness of the problem—the younger the age of initiation, the more serious the problem is. Through future surveys, age of initiation can be tracked; and if prevention programs are successful, the age of initiation will increase over time. In Table 13 on this page and Figure 14 on the following page, the average age of first use, or age of initiation, is reported.

Students begin using cigarettes at a younger age than other drugs. The average age of first use of cigarettes in 2008 was 12.74 years. The age of first cigarette use has increased by 0.45 years since the 2004 survey.

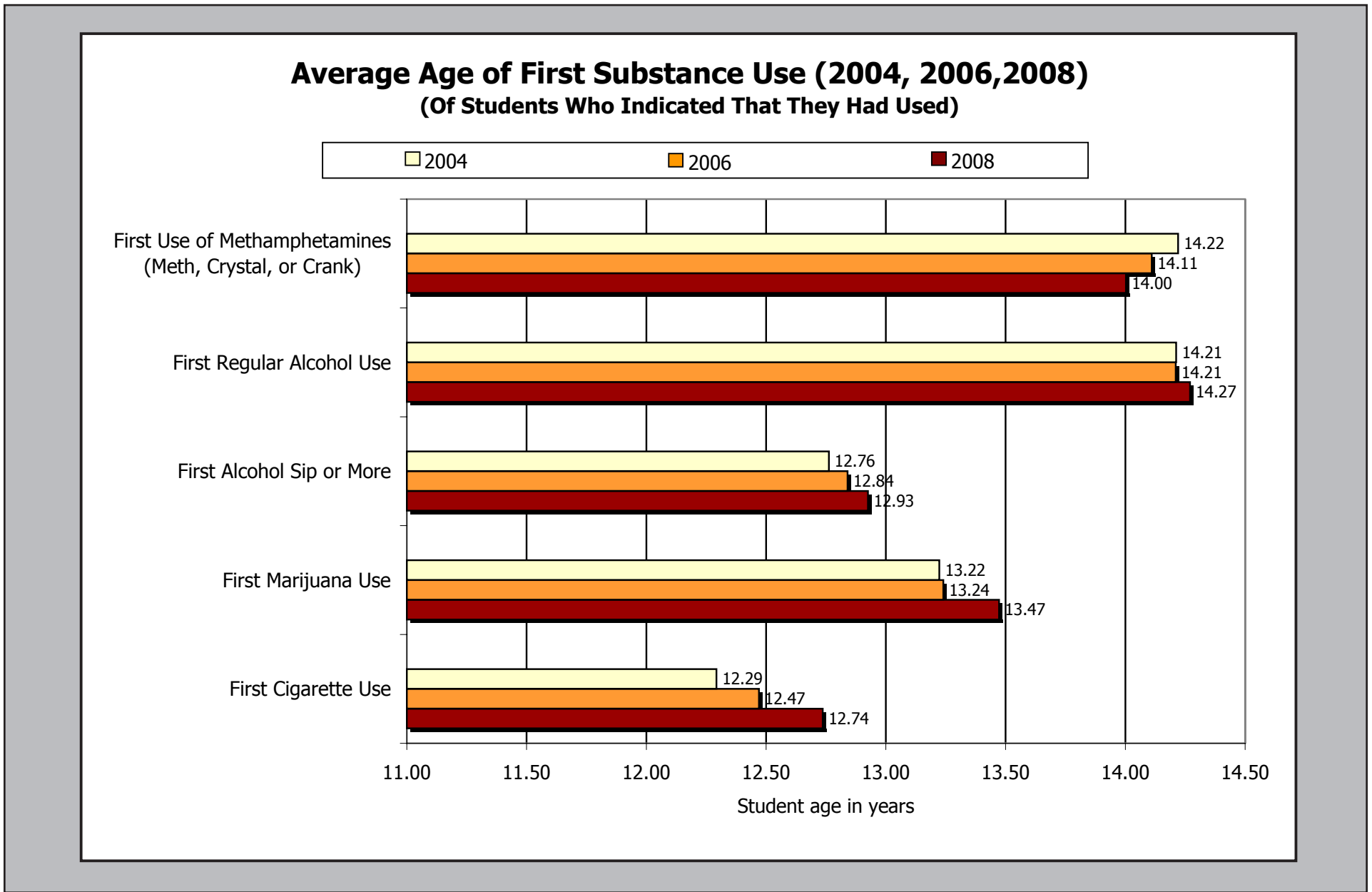
For alcohol use, a distinction can be made between the first experimental use of alcohol (having more than a sip or two of alcohol) and the first regular use of alcohol (drinking alcoholic beverages regularly, or at least once or twice a month). Arizona students, on average, reported having their first drink of alcohol (having more than a sip or two of alcohol) at age 12.93 years in 2008, while the average age of first regular use of alcohol (drinking alcoholic beverages regularly, or at least once or twice a month) was over a year later at age 14.27 years.

Table 13

Age of Initiation			
Drug Used	Average Age of First Use (Of Students Who Indicated That They Had Used)		
	2004	2006	2008
First Cigarette Use	12.29	12.47	12.74
First Marijuana Use	13.22	13.24	13.47
First Alcohol Sip or More	12.76	12.84	12.93
First Regular Alcohol Use	14.21	14.21	14.27
First Use of Methamphetamines	14.22	14.11	14.00

The survey results also show that those students who have used marijuana, on average, try marijuana at a younger age than students who began regularly using alcohol. In 2008, the average age of initiation for marijuana use was 13.47 years, while students began regularly using alcohol at 14.27 years. Of the students who reported having used methamphetamines at least once in their lifetime, the average age of first use was 14.00 years.

Figure 14



Lifetime ATOD Use, By Grade

Arizona Lifetime Usage

Lifetime use is seen as a good measure of youth experimentation with alcohol, tobacco, and other drugs. As can be seen in Figures 15 and 17, the most commonly used substances are alcohol (59.6% of Arizona survey participants in the 2008 survey have used at least once), cigarettes (36.0% have used), marijuana (27.4% have used), prescription drugs (22.4% have used), prescription pain relievers (17.6% have used), inhalants (12.6% have used) and Over-the-counter drugs (11.5% have used).

Arizona Results Compared to National Results

When looking at Table 14 (page 30) at the Arizona and MTF survey results, fewer Arizona survey participants in all grades have had lifetime experience with inhalants and hallucinogens compared to youth in the same grades in the 2007 national survey. Additionally, fewer 8th and 10th grade Arizona students have had lifetime experience with chewing tobacco and methamphetamine than 8th and 10th grade youth in the national MTF sample.

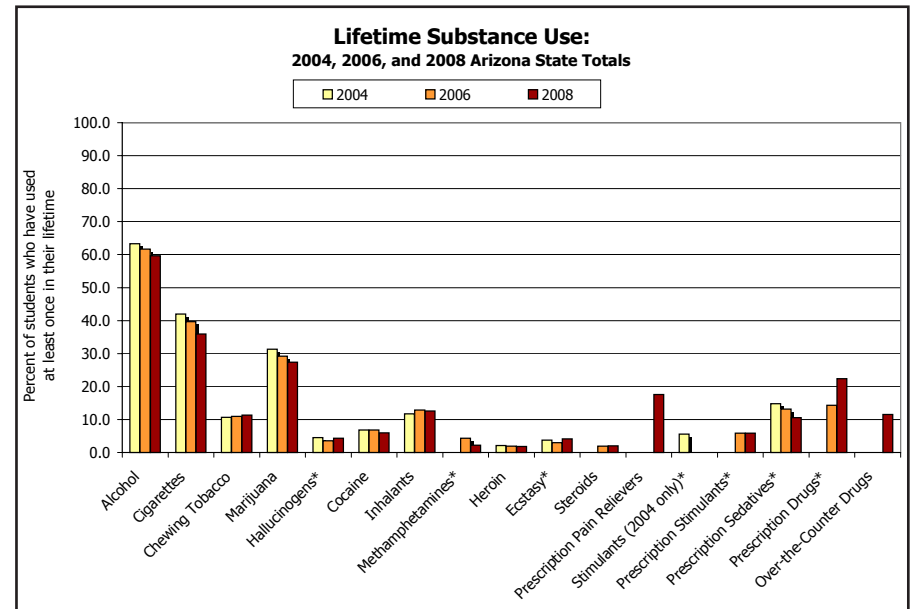
However, Arizona students in all grades indicated higher alcohol, cigarette, marijuana, and steroid use than students in the same grades in the national sample. Further, cocaine use rates for Arizona 10th and 12th graders were also higher than 10th and 12th grade cocaine use rates in the national sample. Alcohol use for Arizona youth who took the survey was 8.9% greater for Arizona 8th graders, 4.5% greater for Arizona 10th graders, and 2.6 greater for Arizona 12th graders in comparison to national sample youth in the same grades. Cigarette use rates in Arizona were 3.8% to 5.3% higher for each grade than in the MTF sample; marijuana use rates in Arizona were 1.3% to 2.0% higher for each grade than in the MTF sample; and cocaine use rates in Arizona were 1.5% higher for 10th graders and 3.4% higher for 12th graders than in the national sample.

2008 Results Compared to Past Survey Results

Table 14 also shows that use of sedatives and methamphetamines in all grades has significantly decreased since the 2006 survey, with sedatives decreasing 1.7% to 4.2% in each grade and methamphetamines decreasing 1.4% to 2.6% in each grade. Further, while 8th and 10th grade rates of lifetime alcohol, cigarette, and marijuana use significantly decreased since the 2006 survey, use rates of those substances for 12th graders largely remained unchanged.

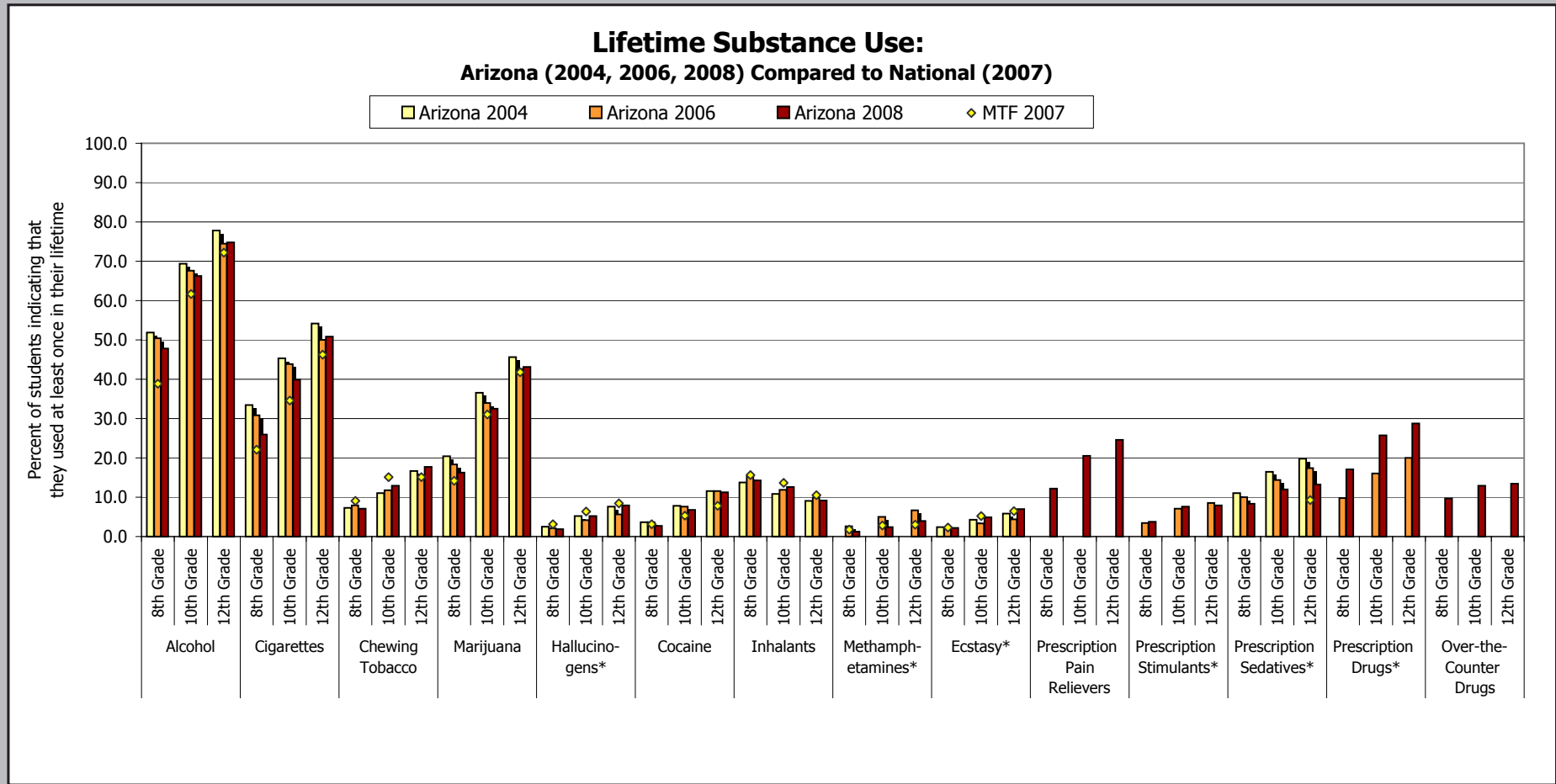
In looking at 2008 results compared to 2004 results, alcohol use has decreased 3.1% to 4.1% in each grade, cigarette use has decreased 3.4% to 7.6% in each grade, marijuana use has decreased 2.6% to 4.2% in each grade, and sedative use has decreased 2.7% to 6.6% in each grade.

Figure 15



* Denotes a change in the wording of the question between 2008 and prior administrations. Non-comparable data are omitted from charts. Consult Appendix G for a detailed explanation.

Figure 16



* Denotes a change in the wording of the question between 2008 and prior administrations. Non-comparable data are omitted from charts. Consult Appendix G for a detailed explanation.

Table 14

Percentage of Arizona Respondents Who Used ATODs During Their Lifetime by Grade															
Drug Used	8th Grade				10th Grade				12th Grade				Total		
	AZ	AZ	AZ	MTF	AZ	AZ	AZ	MTF	AZ	AZ	AZ	MTF	AZ	AZ	AZ
	2004	2006	2008	2007	2004	2006	2008	2007	2004	2006	2008	2007	2004	2006	2008
Alcohol	51.9	50.4	47.8	38.9	69.3	67.6	66.2	61.7	77.9	74.5	74.8	72.2	63.3	61.7	59.6
Cigarettes	33.5	30.8	25.9	22.1	45.3	43.8	39.9	34.6	54.2	50.0	50.8	46.2	42.0	39.6	36.0
Chewing Tobacco	7.2	8.0	7.1	9.1	11.0	11.8	12.9	15.1	16.7	15.6	17.7	15.1	10.6	11.0	11.3
Marijuana	20.4	18.3	16.2	14.2	36.6	34.0	32.5	31.0	45.7	42.6	43.1	41.8	31.3	29.2	27.4
Hallucinogens*	2.5	2.1	1.9	3.1	5.3	4.1	5.2	6.4	7.6	5.6	7.9	8.4	4.6	3.6	4.3
Cocaine	3.7	3.6	2.7	3.1	7.8	7.6	6.8	5.3	11.5	11.6	11.2	7.8	6.8	6.8	5.9
Inhalants	13.7	15.2	14.3	15.6	10.9	11.9	12.6	13.6	9.1	9.8	9.2	10.5	11.8	12.9	12.6
Methamphetamines*	N/A	2.6	1.2	1.8	N/A	5.0	2.4	2.8	N/A	6.6	4.0	3.0	N/A	4.3	2.2
Heroin or Other Opiates	1.5	1.4	1.0	1.3	2.4	2.1	2.0	1.5	3.0	2.8	3.1	1.5	2.1	2.0	1.8
Ecstasy*	2.4	1.9	2.2	2.3	4.3	3.4	4.9	5.2	5.9	4.4	7.0	6.5	3.8	3.0	4.2
Steroids	N/A	1.6	1.7	1.5	N/A	2.0	2.3	1.8	N/A	2.2	2.4	2.2	N/A	1.9	2.0
Prescription Pain Relievers	N/A	N/A	12.2	N/C	N/A	N/A	20.5	N/C	N/A	N/A	24.6	N/C	N/A	N/A	17.6
Stimulants (2004 only)*	3.4	N/A	N/A	N/C	6.7	N/A	N/A	N/C	8.2	N/A	N/A	N/C	5.5	N/A	N/A
Prescription Stimulants*	N/A	3.4	3.8	N/C	N/A	7.1	7.6	N/C	N/A	8.5	7.9	N/C	N/A	5.9	5.9
Prescription Sedatives*	11.0	10.0	8.3	N/C	16.5	14.3	12.0	N/C	19.8	17.4	13.2	9.3	14.8	13.2	10.5
Prescription Drugs*	N/A	9.8	17.1	N/C	N/A	16.0	25.7	N/C	N/A	20.0	28.7	N/C	N/A	14.3	22.4
Over-the-Counter Drugs	N/A	N/A	9.7	N/C	N/A	N/A	12.9	N/C	N/A	N/A	13.4	N/C	N/A	N/A	11.5

* Denotes a change in the wording of the question between 2008 and prior administrations. Consult Appendix G for a detailed explanation.

N/A - Indicates a question that was not asked in the 2004, 2006, or 2008 Arizona Youth Surveys.

N/C - Indicates where MTF data is not comparable to data gathered through the Arizona Youth Survey.

30-Day ATOD Use, By Grade

Arizona 30-Day Usage

When looking at the percentage of students who indicated that he/she used ATODs in the past 30 days (Table 15, Figure 17), an increase by grade can be seen with most substances except inhalants (peaks in the 8th grade at 5.4%), stimulants (peaks in the 10th grade at 2.9%), and over-the-counter drugs (peaks in the 10th grade at 6.4%).

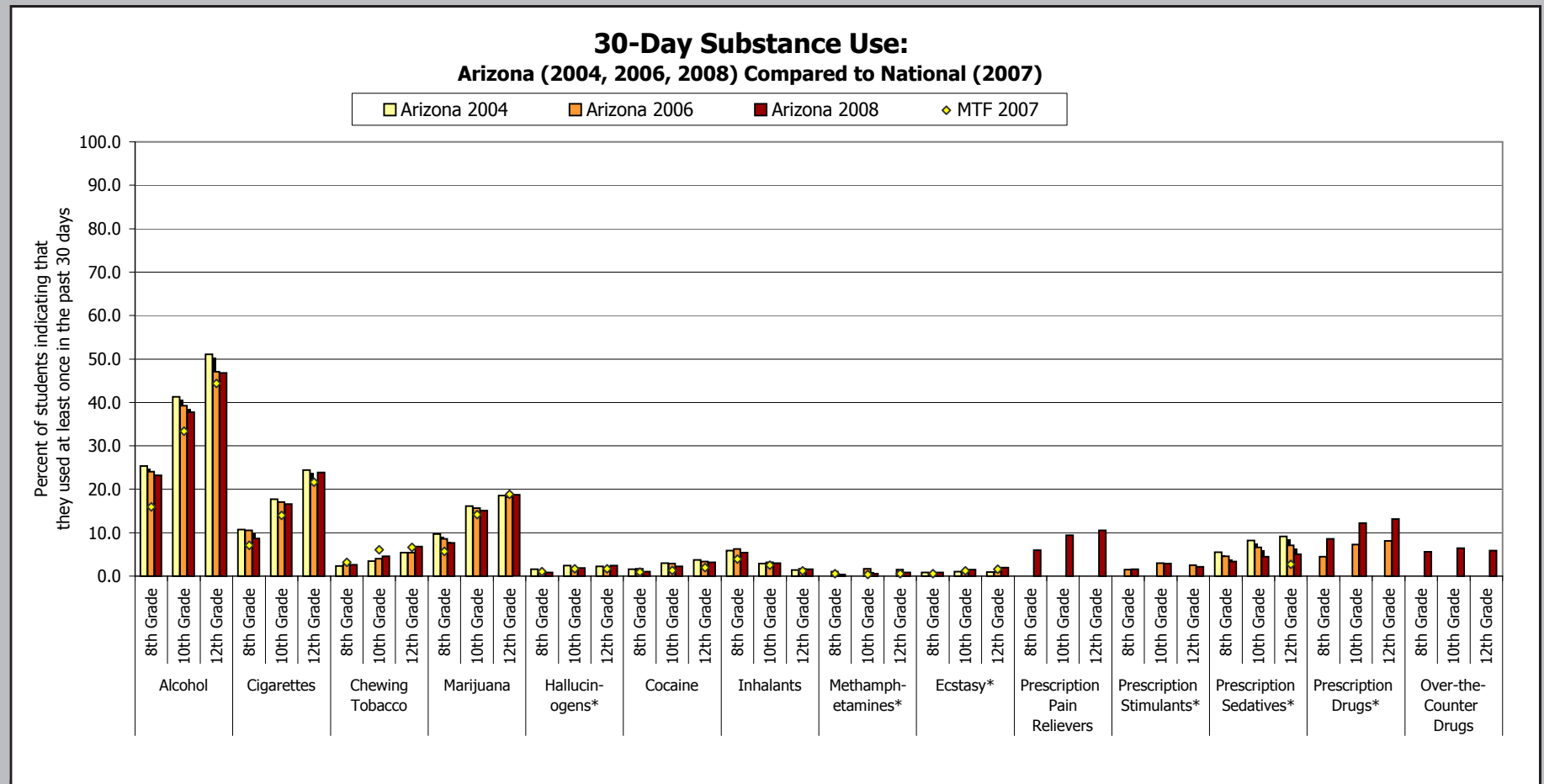
Arizona Results Compared to National Results

Table 15 and Figure 17 show the percentage of Arizona survey participants and youth nationwide who used ATODs in the 30 days prior to completing the survey. A higher percentage of Arizona youth in the 8th, 10th, and 12th grades have used alcohol, cigarettes, inhalants, cocaine, and ecstasy than youth in the same grades in the 2007 national MTF sample. The only area in which Arizona youth had a significantly lower use rate than the youth in the national MTF sample was for 10th grade chewing tobacco, where the MTF rate was 1.5% higher than the Arizona 10th grade rate.

2008 Results Compared to Past Survey Results

Since 2006, 30-day use rates have decreased (by 1.6% to 2.1%) in all grades for sedatives and methamphetamines. The only substance that increased in all grades was the prescription drug category. By grade level, 8th grade 30-day use rates decreased significantly since the 2006 survey for cigarettes (1.8% decrease) and sedatives (1.1% decrease). Tenth grade past month use rates decreased significantly for alcohol (1.5% decrease), sedatives (2.1% decrease), and methamphetamines (1.1% decrease) since the 2006 survey. Twelfth grade 30-day use rates decreased significantly since 2006 for sedatives (2.1% decrease); but also increased significantly since 2006 for cigarette use (2.1% increase), chewing tobacco (1.4% increase), ecstasy (1.1% increase), and prescription drugs (5.0% increase).

Figure 17



* Denotes a change in the wording of the question between 2008 and prior administrations. Non-comparable data are omitted from charts. Consult Appendix G for a detailed explanation.

Table 15

Percentage of Arizona Respondents Who Used ATODs During the Past 30 Days by Grade															
Drug Used	8th Grade				10th Grade				12th Grade				Total		
	Arizona	Arizona	Arizona	MTF	Arizona	Arizona	Arizona	MTF	Arizona	Arizona	Arizona	MTF	Arizona	Arizona	Arizona
	2004	2006	2008	2007	2004	2006	2008	2007	2004	2006	2008	2007	2004	2006	2008
Alcohol	25.3	24.1	23.2	15.9	41.3	39.2	37.7	33.4	51.1	47.0	46.8	44.4	36.3	34.4	33.1
Cigarettes	10.7	10.5	8.7	7.1	17.7	17.1	16.6	14.0	24.4	21.8	23.9	21.6	16.1	15.3	14.7
Chewing Tobacco	2.4	2.7	2.6	3.2	3.4	4.0	4.6	6.1	5.4	5.4	6.8	6.6	3.4	3.8	4.2
Marijuana	9.7	8.5	7.6	5.7	16.2	15.7	15.1	14.2	18.5	18.1	18.7	18.8	13.8	13.1	12.5
Hallucinogens*	1.6	1.0	0.8	1.0	2.4	1.7	1.9	1.7	2.3	1.7	2.4	1.7	2.0	1.4	1.5
Cocaine	1.6	1.7	1.0	0.9	3.0	2.9	2.2	1.3	3.7	3.3	3.2	2.0	2.5	2.5	1.9
Inhalants	5.8	6.2	5.4	3.9	2.9	3.1	3.0	2.5	1.4	1.7	1.6	1.2	3.9	4.1	3.8
Methamphetamines*	N/A	1.0	0.4	0.6	N/A	1.7	0.6	0.4	N/A	1.4	0.8	0.6	N/A	1.3	0.6
Heroin	0.6	0.7	0.4	0.4	0.7	0.7	0.7	0.4	0.7	0.8	1.0	0.4	0.7	0.7	0.6
Ecstasy*	0.8	0.8	0.8	0.6	1.1	1.0	1.5	1.2	1.0	0.9	2.0	1.6	0.9	0.9	1.3
Steroids	N/A	0.8	0.7	0.4	N/A	1.0	1.0	0.5	N/A	1.0	1.0	1.0	N/A	0.9	0.8
Prescription Pain Relievers	N/A	N/A	6.0	N/C	N/A	N/A	9.4	N/C	N/A	N/A	10.5	N/C	N/A	N/A	8.1
Stimulants (2004 only)*	1.6	N/A	N/A	N/C	2.8	N/A	N/A	N/C	3.0	N/A	N/A	N/C	2.3	N/A	N/A
Prescription Stimulants*	N/A	1.5	1.6	N/C	N/A	2.9	2.9	N/C	N/A	2.6	2.1	N/C	N/A	2.2	2.1
Prescription Sedatives*	5.5	4.5	3.4	N/C	8.2	6.6	4.5	N/C	9.2	7.1	5.0	2.7	7.2	5.8	4.1
Prescription Drugs*	N/A	4.5	8.6	N/C	N/A	7.3	12.2	N/C	N/A	8.1	13.1	N/C	N/A	6.3	10.7
Over-the-Counter Drugs	N/A	N/A	5.6	N/C	N/A	N/A	6.4	N/C	N/A	N/A	5.9	N/C	N/A	N/A	5.9

* Denotes a change in the wording of the question between 2008 and prior administrations. Consult Appendix G for a detailed explanation.

N/A - Indicates a question that was not asked in the 2004, 2006, or 2008 Arizona Youth Surveys.

N/C - Indicates where MTF data is not comparable to data gathered through the Arizona Youth Survey.

Lifetime ATOD Use by Gender

Table 16 on the following page shows the percentage of lifetime ATOD use for males and for females. Lifetime use is a measure of the experience that young people have had with the various substances. While being female is generally considered a protective factor for substance use, it can be seen that, of the Arizona students who took the survey, females are becoming the predominant substance users in the lower grades; and, in some substance use categories, actually indicate higher use than males in all grades.

Males in all grades indicate higher use rates for chewing tobacco use for 10th and 12th graders (more than two times the rate of females) and marijuana use (1.8% to 3.8% higher than female use rates in each grade). In contrast, the 2008 AYS results show that females in all grades indicated higher lifetime use rates of the following substances: alcohol (females indicated 2.7% to 5.4%

higher lifetime use rates than males) and sedatives (females indicated 3.2% to 5.1% higher use rates than males).

As was previously mentioned, female lifetime use rates top male use rates in the younger grades, while 12th grade use is more similar among males and females. In the 8th grade, females indicated significantly higher lifetime use rates in seven of the 17 substance use categories. In the 10th grade, females have more similar, though still significantly higher, use rates in six of 17 categories. By the 12th grade, females had significantly higher use rates in only three of 17 categories. Such a finding indicates that females may be experimenting with drug use at higher rates than males in the early grades, but as students get older, males take over as the more dominant substance users.

Figure 18

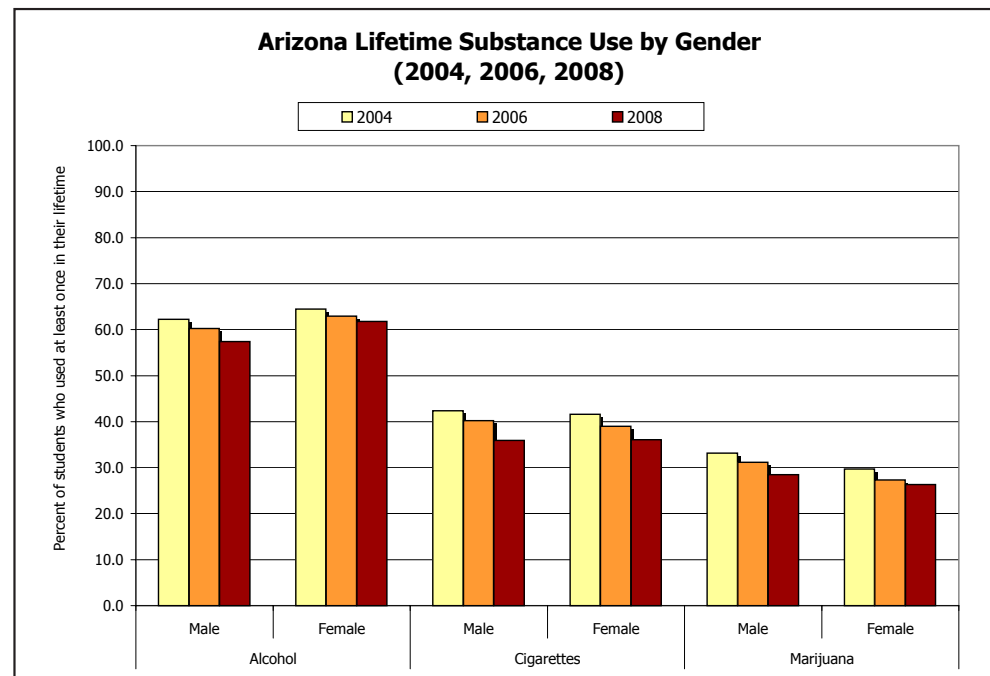


Table 16

Percentage of Males and Females by Grade Who Used ATODs During Their Lifetime																								
Drug Used	8th Grade						10th Grade						12th Grade						Total					
	Males			Females			Males			Females			Males			Females			Males			Females		
	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008
Alcohol	50.7	48.8	45.9	52.9	51.7	49.7	67.5	65.8	63.4	71.1	69.2	68.8	77.4	73.8	73.4	78.4	75.1	76.1	62.2	60.2	57.4	64.4	62.9	61.8
Cigarettes	33.4	30.6	25.7	33.4	30.9	26.2	45.2	44.8	39.7	45.2	43.0	40.1	55.8	51.7	51.7	52.6	48.2	49.8	42.4	40.3	35.9	41.6	39.0	36.1
Chewing Tobacco	9.5	9.8	8.3	5.2	6.1	5.9	16.3	17.6	17.7	6.3	6.5	8.4	26.8	24.7	27.0	7.4	7.0	9.2	15.7	15.9	15.4	6.1	6.5	7.4
Marijuana	21.9	19.4	17.1	19.0	17.1	15.3	37.8	36.3	33.7	35.5	31.9	31.3	48.7	45.6	45.0	43.0	39.7	41.2	33.1	31.1	28.5	29.7	27.3	26.3
Hallucinogens*	2.2	2.0	1.9	2.7	2.1	1.9	5.5	4.5	5.7	5.0	3.8	4.8	9.0	6.8	10.0	6.2	4.4	6.0	4.9	4.0	4.9	4.2	3.2	3.8
Cocaine	3.2	3.4	2.5	4.0	3.8	2.9	7.4	7.5	6.5	8.1	7.7	7.0	13.1	12.3	11.7	9.9	10.8	10.6	6.9	6.9	5.8	6.7	6.7	6.0
Inhalants	11.3	12.7	11.2	16.0	17.5	17.3	9.7	10.8	10.6	11.9	12.8	14.5	10.0	10.6	9.3	8.2	9.2	9.0	10.5	11.6	10.6	12.9	14.0	14.5
Methamphetamines*	N/A	2.1	1.0	N/A	2.9	1.4	N/A	4.4	2.0	N/A	5.6	2.7	N/A	5.7	3.3	N/A	7.4	4.6	N/A	3.7	1.8	N/A	4.9	2.6
Heroin	1.2	1.3	0.9	1.7	1.6	1.1	2.6	2.3	2.2	2.2	1.9	1.9	4.0	3.5	3.7	2.1	2.1	2.5	2.3	2.1	2.0	1.9	1.8	1.7
Ecstasy*	2.1	1.6	2.1	2.6	2.1	2.4	4.3	3.3	4.9	4.3	3.4	5.0	6.2	4.7	8.0	5.4	4.0	6.1	3.8	2.9	4.3	3.8	3.0	4.0
Steroids	N/A	2.1	2.0	N/A	1.2	1.4	N/A	2.9	3.1	N/A	1.2	1.5	N/A	3.5	3.8	N/A	1.0	1.1	N/A	2.7	2.7	N/A	1.1	1.4
Prescription Pain Relievers	N/A	N/A	10.0	N/A	N/A	14.3	N/A	N/A	19.3	N/A	N/A	21.6	N/A	N/A	25.4	N/A	N/A	24.0	N/A	N/A	16.3	N/A	N/A	18.8
Stimulants (2004 only)*	2.8	N/A	N/A	3.9	N/A	N/A	5.4	N/A	N/A	7.7	N/A	N/A	8.2	N/A	N/A	8.0	N/A	N/A	4.9	N/A	N/A	6.1	N/A	N/A
Prescription Stimulants*	N/A	2.7	3.0	N/A	4.1	4.5	N/A	6.5	7.2	N/A	7.6	8.0	N/A	8.4	8.1	N/A	8.6	7.6	N/A	5.3	5.4	N/A	6.3	6.3
Prescription Sedatives*	8.3	7.4	5.7	13.4	12.3	10.8	13.4	11.8	9.3	19.2	16.4	14.4	19.3	16.3	11.6	20.2	18.5	14.8	12.5	11.0	8.2	16.8	15.1	12.9
Prescription Drugs*	N/A	8.1	14.0	N/A	11.2	20.3	N/A	14.0	23.3	N/A	17.6	27.9	N/A	19.7	28.5	N/A	20.1	29.0	N/A	12.9	20.1	N/A	15.4	24.7
Over-the-Counter Drugs	N/A	N/A	8.3	N/A	N/A	11.2	N/A	N/A	11.3	N/A	N/A	14.3	N/A	N/A	13.6	N/A	N/A	13.1	N/A	N/A	10.4	N/A	N/A	12.6

* Denotes a change in the wording of the question between 2008 and prior administrations. Consult Appendix G for a detailed explanation.
N/A - Indicates a question that was not asked in the 2004, 2006, or 2008 Arizona Youth Surveys.

30-Day ATOD Use by Gender

Table 17 on the following page shows the percentage of ATOD use in the past 30 days by males and females in all three grades and the total for all males and all females. Again, rates are very similar in both genders. However, marijuana 30-day use rates were consistently higher for males (2.6% to 4.4% higher in each grade), and the 30-day use rates of chewing tobacco are higher for males as well (3.7% to 8.9% higher for males over females in each grade).

As with lifetime substance use, females are using substances at higher rates in the younger grades with 8th grade females indicated significantly higher use rates in six of the 17 substance categories. In the 10th grade, use rates were higher for females in five of the 17 categories. However, in the 12th grade, most use rates were equal among the two genders or higher for males. Such findings seem to match what was discovered from looking at lifetime use rates by gender — that more younger females are experimenting with substances and are indicating regular use of substances than young males.

Figure 19

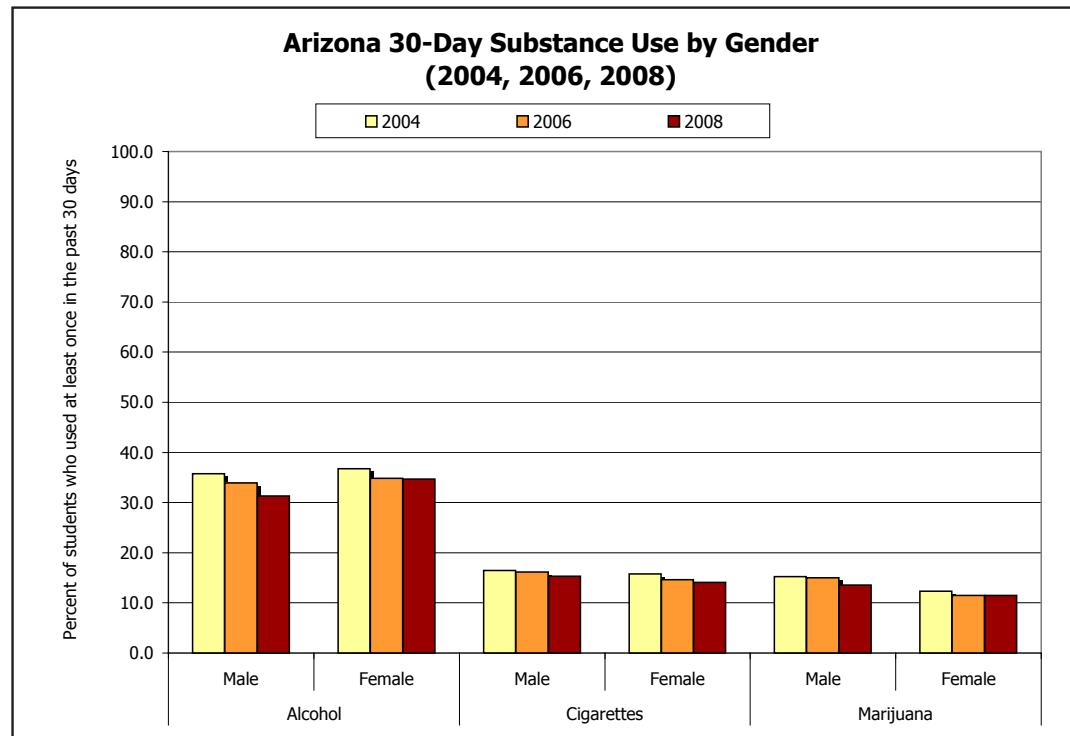


Table 17

Percentage of Males and Females by Grade Who Used ATODs During The Past 30 Days																								
Drug Used	8th Grade						10th Grade						12th Grade						Total					
	Males			Females			Males			Females			Males			Females			Males			Females		
	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008
Alcohol	23.7	22.7	20.7	26.7	25.3	25.5	39.8	38.4	36.0	42.7	39.8	39.3	53.7	48.5	47.0	48.7	45.7	46.4	35.8	33.9	31.3	36.8	34.8	34.7
Cigarettes	10.1	10.1	8.6	11.2	10.8	8.8	17.8	18.1	17.1	17.6	16.2	16.1	26.7	24.4	26.4	22.1	19.4	21.5	16.4	16.1	15.3	15.8	14.6	14.1
Chewing Tobacco	2.9	3.4	3.0	1.8	2.0	2.3	5.4	6.7	7.1	1.7	1.7	2.4	10.0	9.6	11.4	1.3	1.5	2.5	5.4	6.0	6.2	1.6	1.8	2.4
Marijuana	10.1	9.2	8.0	9.2	7.9	7.4	17.8	17.8	16.8	14.7	13.8	13.6	21.8	21.8	21.0	15.5	14.7	16.6	15.3	15.0	13.6	12.4	11.5	11.4
Hallucinogens*	1.5	1.1	0.8	1.6	1.0	0.8	2.5	2.2	2.2	2.2	1.3	1.6	2.8	2.3	3.5	1.7	1.2	1.4	2.1	1.7	1.8	1.8	1.1	1.2
Cocaine	1.5	1.6	1.0	1.7	1.6	1.0	2.8	3.1	2.5	3.1	2.7	2.0	4.6	4.0	3.6	2.9	2.7	2.8	2.7	2.7	2.0	2.4	2.2	1.8
Inhalants	4.5	5.0	3.9	7.0	7.3	6.9	2.8	3.2	2.7	3.1	3.0	3.4	1.9	2.0	1.8	0.9	1.3	1.4	3.4	3.7	3.0	4.4	4.5	4.6
Methamphetamines*	N/A	0.9	0.4	N/A	1.0	0.4	N/A	1.6	0.6	N/A	1.7	0.6	N/A	1.3	0.8	N/A	1.5	0.8	N/A	1.2	0.5	N/A	1.4	0.6
Heroin	0.7	0.6	0.3	0.6	0.7	0.4	1.0	1.1	0.9	0.5	0.5	0.6	1.1	1.1	1.4	0.4	0.4	0.7	0.9	0.9	0.7	0.5	0.5	0.5
Ecstasy*	0.8	0.8	0.9	0.9	0.7	0.8	1.4	1.3	1.6	0.8	0.8	1.4	1.4	1.1	2.5	0.5	0.7	1.5	1.1	1.0	1.5	0.7	0.7	1.2
Steroids	N/A	1.0	0.9	N/A	0.6	0.6	N/A	1.6	1.3	N/A	0.5	0.6	N/A	1.7	1.7	N/A	0.3	0.3	N/A	1.4	1.2	N/A	0.5	0.5
Prescription Pain Relievers	N/A	N/A	4.8	N/A	N/A	7.3	N/A	N/A	8.7	N/A	N/A	10.1	N/A	N/A	11.6	N/A	N/A	9.6	N/A	N/A	7.5	N/A	N/A	8.7
Stimulants (2004 only)*	1.3	N/A	N/A	1.8	N/A	N/A	2.4	N/A	N/A	3.1	N/A	N/A	3.2	N/A	N/A	2.8	N/A	N/A	2.1	N/A	N/A	2.4	N/A	N/A
Prescription Stimulants*	N/A	1.2	1.4	N/A	1.8	1.8	N/A	2.7	2.8	N/A	3.1	3.0	N/A	2.8	2.2	N/A	2.3	2.0	N/A	2.0	2.0	N/A	2.4	2.2
Prescription Sedatives*	4.0	3.2	2.3	6.9	5.7	4.6	6.8	5.7	3.5	9.4	7.5	5.4	10.0	7.6	4.6	8.3	6.6	5.5	6.3	5.1	3.2	8.0	6.5	5.1
Prescription Drugs*	N/A	3.9	6.7	N/A	5.0	10.4	N/A	6.7	10.6	N/A	7.6	13.5	N/A	8.8	13.6	N/A	7.4	12.8	N/A	6.0	9.5	N/A	6.4	11.9
Over-the-Counter Drugs	N/A	N/A	4.8	N/A	N/A	6.4	N/A	N/A	5.5	N/A	N/A	7.3	N/A	N/A	6.1	N/A	N/A	5.6	N/A	N/A	5.3	N/A	N/A	6.5

* Denotes a change in the wording of the question between 2008 and prior administrations. Consult Appendix G for a detailed explanation.
N/A - Indicates a question that was not asked in the 2004, 2006, or 2008 Arizona Youth Surveys.

Perceived Harmfulness of ATODs

When students perceive that a substance is harmful, he/she are less likely to use it. The survey asked students, “How much do you think people risk harming themselves (physically or in other ways) if they smoked one or more packs of cigarettes per day, tried marijuana once or twice, smoked marijuana regularly, or drank one or two alcoholic beverages nearly every day.” Response categories were “No Risk,” “Slight Risk,” “Moderate Risk,” or “Great Risk.”

For Arizona 8th graders, the greatest perceived risk was for regular marijuana smoking (64.5% perceived great risk), while in the 10th and 12th grades, the greatest perceived harmfulness was for heavy cigarette smoking (66.1% perceived great risk for 10th grade, 69.0% perceived great risk for 12th grade). The category that 8th grade students viewed as being the least harmful was in drinking one or more alcoholic beverages nearly every day (30.5%); while 10th and 12th graders viewed trying marijuana once or twice as being the least harmful of the four categories (23.8% for 10th grade, 20.4% for 12th grade). It is interesting to note that perceived harm for regular cigarette use and drinking one or two drinks every day increases with age, while perceived harm of smoking marijuana regularly, smoking marijuana once or twice, and regular binge drinking (drinking five or more drinks once or twice a week) decreases with increased age.

While Arizona youth in all grades perceived a greater risk in trying marijuana once or twice than national MTF students (1.6% to 2.4% higher perceived harmfulness in Arizona across the grades), Arizona youth perceived significantly

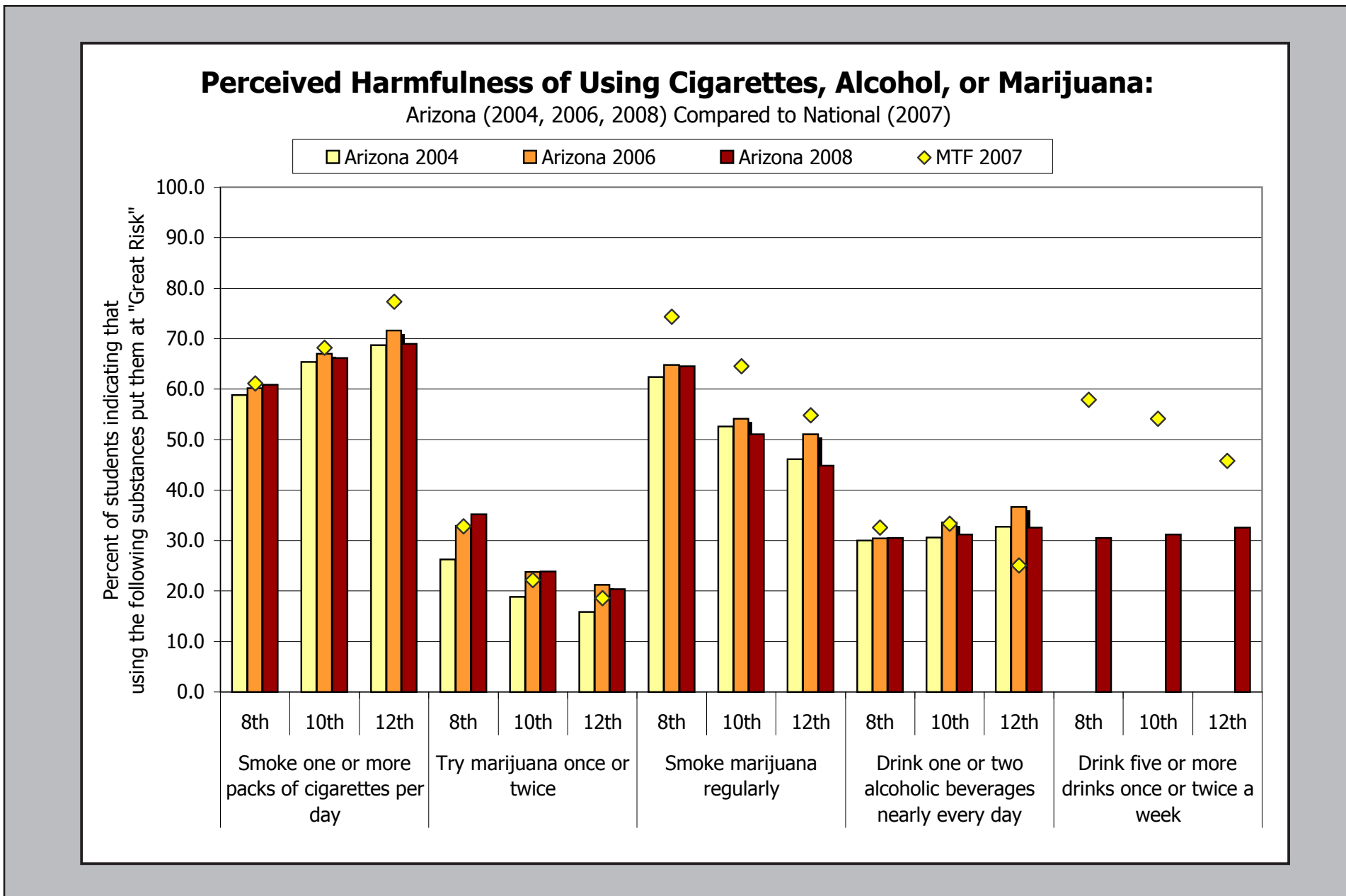
less risk in regularly using marijuana. Rates of perceived harmfulness of smoking marijuana regularly were significantly lower than MTF rates in all grades — 9.8% less perceived risk in the 8th grade (64.5% for Arizona, 74.3% for MTF), 13.4% less perceived risk in the 10th grade (51.1% for Arizona, 64.5% for MTF), and 10.0% less perceived risk for the 12th grade (44.8% for Arizona, 54.8% for MTF). Such findings indicate that programs focusing on educating students about the harmful effects of regular marijuana use would be very beneficial to Arizona youth.

From 2004 to 2006, the Arizona Youth Survey data showed significant increases in perceived harmfulness of cigarette, marijuana, and alcohol use (only one year of data is available for perceived harmfulness of regular binge drinking). However, there were mixed changes from 2006 to 2008. The only significant increase since 2006 was for perceived harmfulness of smoking marijuana once or twice in the 8th grade (increase of 2.3%). In the 10th grade since 2006, rates decreased 3.1% for perceived harm in regularly using marijuana, and decreased 2.4% for perceived harm in drinking one or two drinks a day. In the 12th grade, perceived harm decreased significantly for the following three categories since the 2006 survey: regular cigarette use (decrease of 2.6%), regular marijuana use (decrease of 6.3%), and drinking one or two drinks a day (decrease of 4.1%).

Table 18

Percentage of Arizona and Monitoring the Future Respondents Who Perceive that Using the Five Categories of Substances Places People at “Great Risk”																					
Question	Arizona 8th Grade			MTF 8th Grade			Arizona 10th Grade			MTF 10th Grade			Arizona 12th Grade			MTF Grade12			Total		
	2004	2006	2008	2003	2005	2007	2004	2006	2008	2003	2005	2007	2004	2006	2008	2003	2005	2007	2004	2006	2008
Smoke one or more packs of cigarettes per day	58.8	60.2	60.8	57.7	61.5	61.1	65.4	67.0	66.1	65.7	68.1	68.2	68.7	71.6	69.0	72.1	76.5	77.3	63.2	65.1	64.4
Try marijuana once or twice	26.3	32.9	35.2	30.2	31.4	32.8	18.8	23.8	23.8	21.1	22.3	22.2	15.8	21.2	20.4	16.1	16.1	18.6	21.5	27.1	28.3
Smoke marijuana regularly	62.4	64.8	64.5	74.2	73.9	74.3	52.6	54.2	51.1	63.9	65.5	64.5	46.1	51.1	44.8	54.9	58.0	54.8	55.5	58.0	55.8
Drink one or two alcoholic beverages nearly every day	30.0	30.5	30.5	29.9	31.4	32.6	30.6	33.6	31.2	30.9	32.6	33.3	32.7	36.6	32.5	20.1	23.7	25.1	30.8	33.0	31.2
Drinking five or more drinks once or twice a week	N/A	N/A	53.0	56.5	57.2	57.9	N/A	N/A	52.2	51.6	53.3	54.1	N/A	N/A	51.0	43.5	45.0	45.8	N/A	N/A	52.3

Figure 20



Perceived Availability of ATODs

Availability of ATODs has been linked to substance abuse and violence. On the survey questionnaire, a question asked if the participant wanted to get the substances listed in Table 19, “how easy would it be to get some.” The response choices were, “Very Hard,” “Sort of Hard,” “Sort of Easy,” and “Very Easy.” Table 19 contains the percentage of youth who reported that it was “Sort of Easy” or “Very Easy” to get the substances.

When looking at the 2008 results by grade, Arizona 8th graders and 10th graders perceived alcohol as the substance that was the most available, and in the 12th grade the substance perceived as being the easiest to get was cigarettes. The group of substances with the lowest perceived availability (or the substance perceived as being the most difficult to get) were cocaine, LSD, or amphetamines.

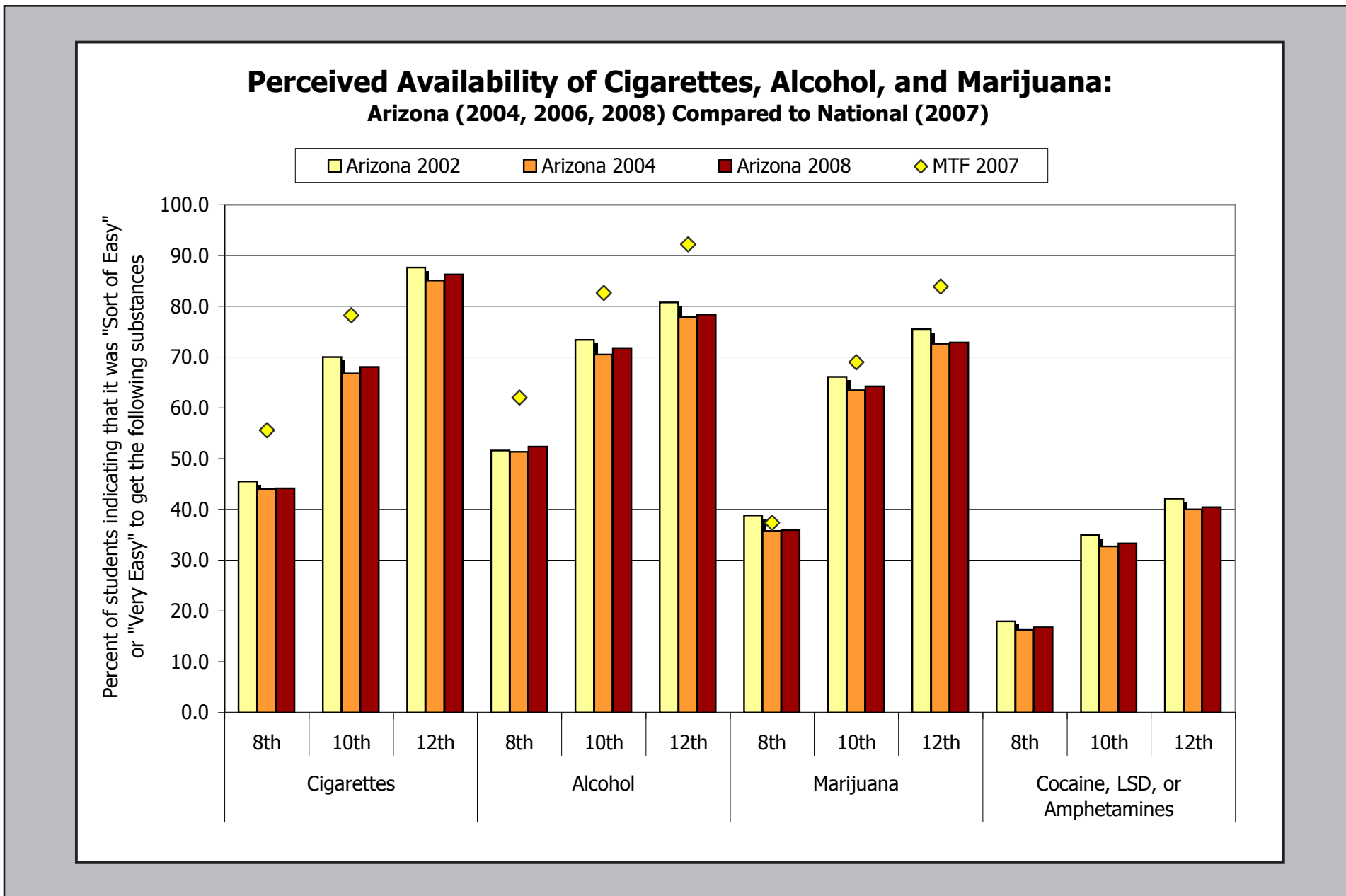
The results reveal that Arizona survey participants do not perceive any type of drug as being as easy to get as do the youth from the national sample. In all categories, and for all grades, there is a 1.5% to 13.8% difference in perceived availability between Arizona results and national results. This difference is illustrated in Figure 21, which looks at the perceived availability of students in grades 8, 10, and 12 in the Arizona and national surveys.

In comparing 2008 data to the last survey in 2006, perceived availability of cigarettes increased in the 10th and 12th grades (increases of 1.2% in each grade), while the perceived availability of alcohol increased in the 8th and 10th grades (increase of 1.0% in the 8th grade, increase of 1.3% in the 10th grade).

Table 19

Percentage of Arizona and Monitoring the Future Respondents Who Perceive the Four Substances as “Sort of Easy” or “Very Easy” to Get																					
Question	Arizona 8th Grade			MTF 8th Grade			Arizona 10th Grade			MTF 10th Grade			Arizona 12th Grade			MTF Grade12			Total		
	2004	2006	2008	2003	2005	2007	2004	2006	2008	2003	2005	2007	2004	2006	2008	2003	2005	2007	2004	2006	2008
Cigarettes	45.5	44.0	44.1	63.1	59.1	55.6	70.0	66.8	68.0	80.7	81.5	78.2	87.6	85.1	86.3	N/A	N/A	N/A	63.1	61.4	61.4
Alcoholic beverages	51.6	51.4	52.4	67.0	64.2	62.0	73.4	70.5	71.8	83.4	83.7	82.6	80.8	77.9	78.4	94.2	93.0	92.2	65.4	64.2	64.4
Marijuana	38.8	35.7	35.9	44.8	41.1	37.4	66.1	63.4	64.3	73.9	72.6	69.0	75.5	72.6	72.9	87.1	85.6	83.9	56.1	53.9	53.3
Cocaine, LSD, or Amphetamines	18.0	16.3	16.8	N/A	N/A	N/A	34.9	32.7	33.3	N/A	N/A	N/A	42.1	40.0	40.4	N/A	N/A	N/A	29.0	27.4	27.4

Figure 21



Where Students Obtained Alcohol

Table 20 and Figure 22 contain data on where students obtained alcohol. When examining sources of alcohol data, it is important to note that the categories are not mutually exclusive and students were allowed to select more than one option. For example, students who report getting alcohol from a parent or guardian might also report getting it at a party. Accordingly, total percentages will not sum to 100% within grade, as selection of multiple options is evident. Further, it must be noted that the percentages reported in Table 20 reflect the percent of students who reported “yes” to the individual questions (14,355 student sample size), and that the percentages only account for alcohol-using students and not those students who answered “did not use” to the question.

Across all grades, one of the most prominent alcohol sources for Arizona students is in getting it at a party. This source becomes increasingly more frequent as students progress from the 8th grade (41.6% obtained alcohol at a party) to the 12th grade (57.6% obtained alcohol at a party).

For alcohol-using 8th graders, the major sources for obtaining alcohol are getting it at a party (41.6%), taking it from home (31.5%), getting it from someone under the age of 21 (23.8%), and giving someone else money to buy the alcohol (21.4%). For alcohol-using 10th and 12th graders, the major sources for obtaining alcohol are getting it at a party (53.1% for 10th graders, 57.6% for 12th graders), giving someone money to buy it (34.4% for 10th graders, 43.7% for 12th graders), and by having a non-relative over the age of 21 give it to them (28.7% of 10th graders, 39.5% of 12th graders).

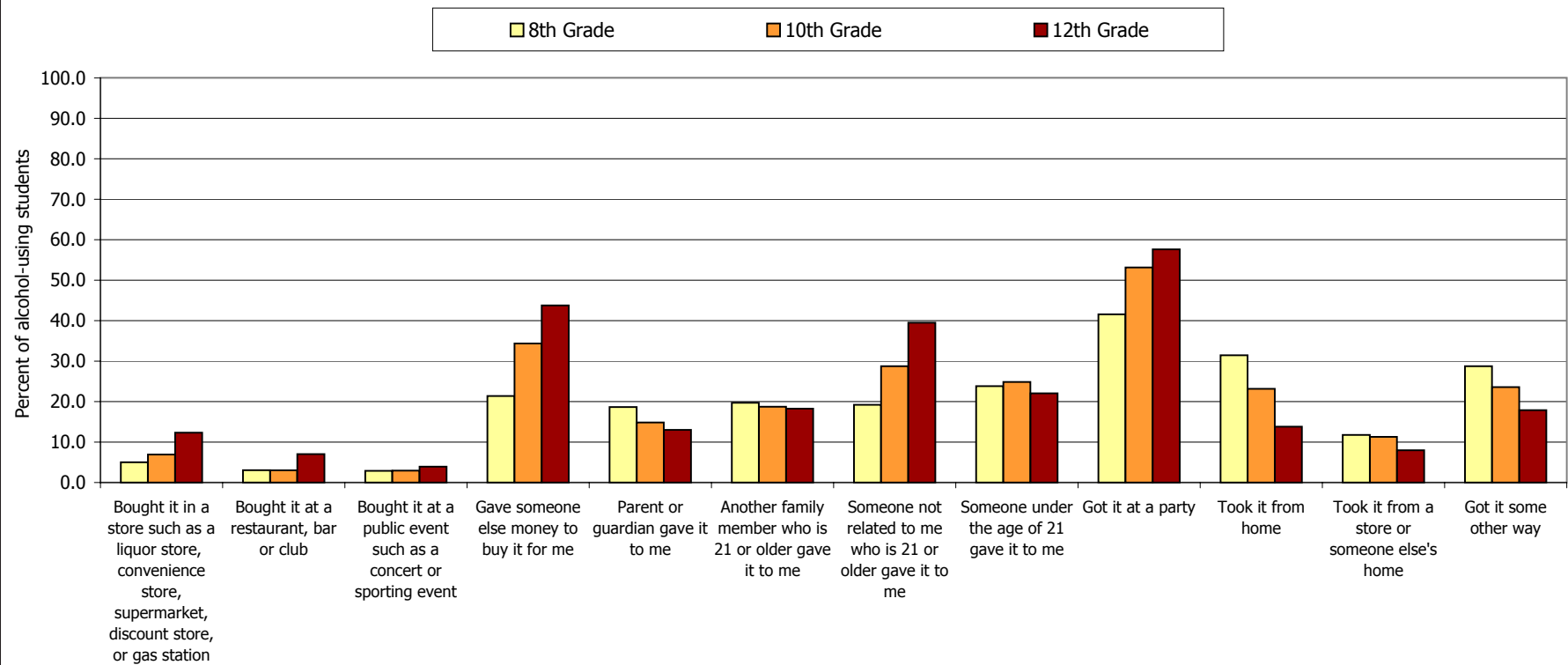
Encouragingly, very few students reported buying alcohol themselves at a liquor store, gas station, or grocery store (5.0% to 12.3% of alcohol-drinking students in each grade); at a restaurant, bar, or club (3.0% to 7.0% of alcohol-drinking students in each grade); or at a public event (2.9% to 3.9% of alcohol-drinking students in each grade).

Table 20

Percentage of Alcohol-Drinking Students Indicating Their Sources of Obtaining Alcohol				
If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply)	8th Grade	10th Grade	12th Grade	Total
Sample Size	4,418	4,872	5,065	14,355
Bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station	5.0	6.9	12.3	8.2
Bought it at a restaurant, bar or club	3.0	3.0	7.0	4.4
Bought it at a public event such as a concert or sporting event	2.9	2.9	3.9	3.3
Gave someone else money to buy it for me	21.4	34.4	43.7	33.7
Parent or guardian gave it to me	18.7	14.8	13.0	15.4
Another family member who is 21 or older gave it to me	19.7	18.7	18.3	18.9
Someone not related to me who is 21 or older gave it to me	19.2	28.7	39.5	29.6
Someone under the age of 21 gave it to me	23.8	24.8	22.0	23.5
Got it at a party	41.6	53.1	57.6	51.2
Took it from home	31.5	23.2	13.8	22.4
Took it from a store or someone else's home	11.8	11.3	8.0	10.3
Got it some other way	28.7	23.6	17.9	23.2

Figure 22

**Students' Sources of Obtaining Alcohol,
of Students Who Indicated Drinking Alcohol (2008)**
(Students could select all sources that applied to them in the past month)



Drinking and Driving

In the 2006 Arizona Youth Survey, questions were added asking students to report the number of times a week he/she either drove a vehicle after drinking or riding with someone who had been drinking. The questions were worded as follows: “During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?” and “During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?” Response options were “0 times,” “1 time,” “2 or 3 times,” “4 or 5 times,” and “6 or more times.”

The 2008 survey found that a minority of 8th, 10th, and 12th grade youth in the state had driven a vehicle after drinking (8.8%) or ridden with a driver who had been drinking (29.2%) (see Table 21). However, even small percentages given the content are alarming. Of those students who indicated that they had driven after drinking or ridden with a driver who had been drinking, most indicate

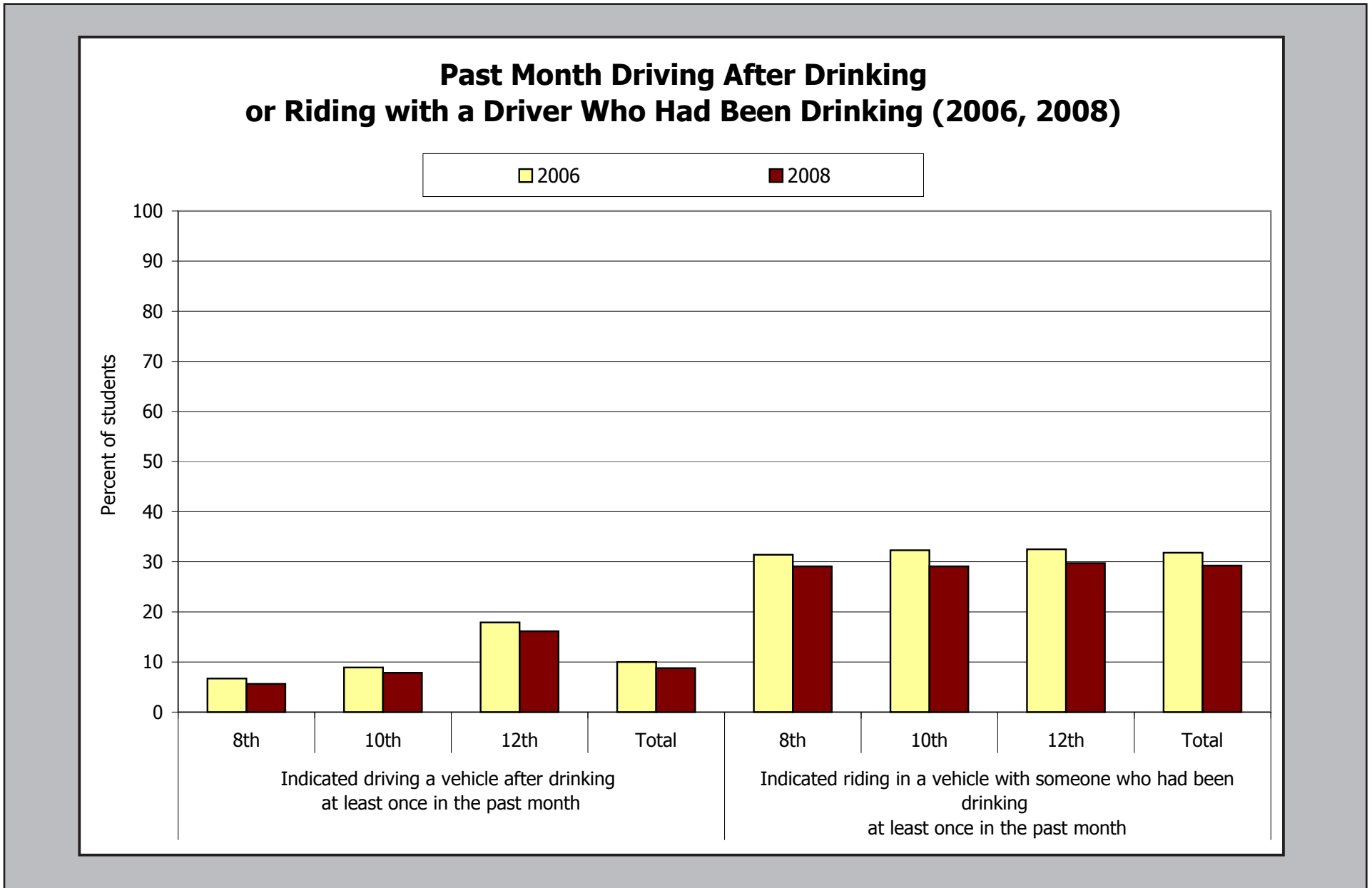
that he/she did so one time in the past month (4.1% driving after drinking one time in the past month, 11.4% riding with a driver who had a drink one time in the past month).

Comparisons of 2006 and 2008 survey data show that reported rates of drinking alcohol and driving at least one time in the past 30 days decreased significantly in each grade. In 2006, 10.0% of the total survey population indicated drinking and driving at least one time in the past month; while in 2008, that rate decreased to 8.8%. Likewise, reported rates of riding with a driver who had been drinking at decreased in all grades and for the total survey population. In 2006, 31.8% of the total survey population indicated riding with a driver who had been drinking at least one time in the past 30 days. In 2008, that same rate decreased to 29.3%.

Table 21

Drinking and Driving, and Riding with a Driver Who Has Been Drinking								
	8th Grade		10th Grade		12th Grade		Total	
	2006	2008	2006	2008	2006	2008	2006	2008
During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?								
0 time	93.4	94.4	91.1	92.1	82.1	83.9	90.0	91.2
1 time	3.3	2.7	4.2	3.9	8.1	7.2	4.7	4.1
2-3 times	1.7	1.5	2.6	2.2	5.7	5.1	2.9	2.6
4-5 times	0.7	0.6	0.9	0.7	1.7	1.7	1.0	0.9
6 or more times	1.0	0.8	1.2	1.0	2.4	2.1	1.4	1.2
During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?								
0 time	68.6	70.9	67.8	70.9	67.5	70.3	68.1	70.8
1 time	12.2	11.2	12.0	11.8	11.9	11.1	12.0	11.4
2-3 times	9.7	9.3	10.7	9.6	11.3	10.2	10.4	9.6
4-5 times	3.6	3.5	4.3	3.3	4.0	3.6	3.9	3.5
6 or more times	5.9	5.1	5.3	4.4	5.3	4.8	5.5	4.8

Figure 23



Section 4: Antisocial Behaviors and Additional Results

Heavy Substance Use and Other Antisocial Behavior by Grade and Gender

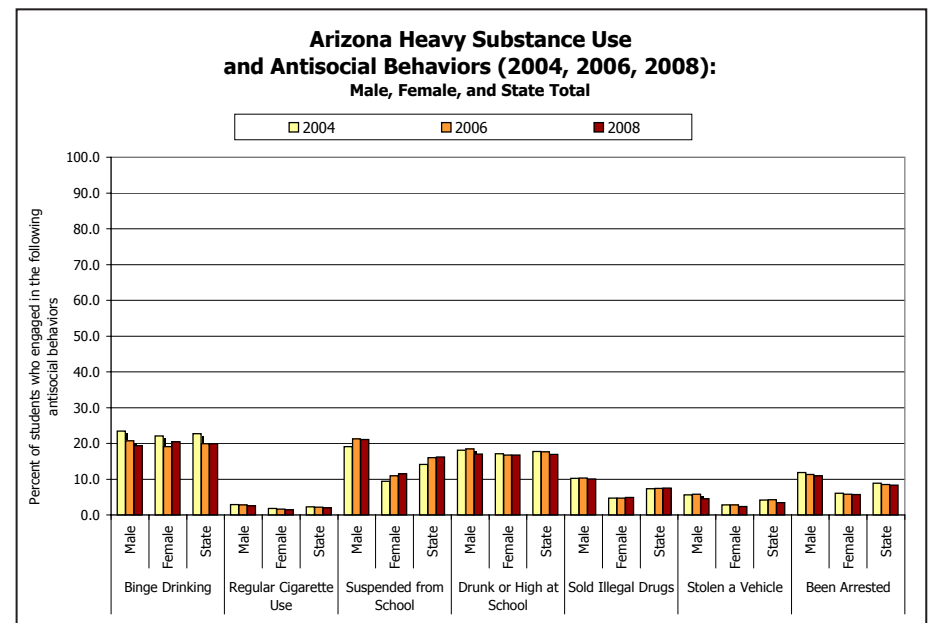
The male-female differences in heavy use of alcohol and tobacco and antisocial behavior are more pronounced than the results for lifetime and 30-day use by gender. Figure 24 and Table 22 show that males engage in these behaviors more than females. The only exceptions were that a higher percentage of females than males in the 8th grade participated in binge drinking and being drunk or high in school. These higher rates correspond with the slightly higher rates of drug and alcohol use by females in the lower grades.

In looking at the male and female antisocial behavior totals in Table 22, some of the biggest differences between males and females were in being suspended from school (21.1% for males compared to 11.5% for females), selling illegal drugs (10.1% for males compared to 4.9% for females), and being arrested (11.0% for males and 5.7% for females).

Table 22, which contains rates of heavy substance use and antisocial behavior, shows that antisocial behavior doesn't always increase by grade level. The rate of students being suspended from school peaked in the 8th grade; the rates of student reporting having stolen a vehicle and being arrested peaked in the 10th grade; and students reporting heavy cigarette use, being drunk or high at school, or selling illegal drugs peaked in the 12th grade.

Overall, binge drinking and being drunk or high at school appear to be the biggest antisocial problems among Arizona youth with 19.9% of 8th, 10th, and 12th grade students binge drinking at least once in the past two weeks and 16.9% of students in the three grades reporting being at school while drunk or high at least once in the past year. These behaviors increase with increased grade level. For binge drinking, 8th graders had a rate of 13.1%, 10th graders had a rate of 22.4%, and 12th graders had a rate of 30.2%. For being drunk or high at school, 8th graders had a rate of 12.0%, 10th graders had a rate of 20.5%, and 12th graders had a rate of 22.2%.

Figure 24



The behavior that the fewest students in all grades participated in was heavy cigarette smoking (2.0%), and stealing a vehicle (3.4%).

Engagement in antisocial behaviors by gender, and for the state as a whole, changed very little from 2006 to 2008. The greatest changes since the 2006 survey can be found in looking at the rate of binge drinking for the 12th grade, which increased 2.0% (from 28.2% in 2006 to 30.2% in 2008). The biggest decrease since the 2006 survey is found for 8th grade reports of being drunk or high at school. That 8th grade rate decreased 1.0%, from 13.0% in 2006 to 12.0% in 2008.

Table 22

Percentage of Males, Females, and the State Total who Engaged in Heavy Substance Use and Antisocial Behavior In the Past Year																		
Substance Used / Antisocial Behavior	8th Grade									10th Grade								
	Males			Females			State			Males			Females			State		
	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008
Binge drinking	15.1	12.5	11.4	16.8	14.1	14.9	16.0	13.4	13.1	24.8	23.2	22.1	25.4	21.4	22.8	25.1	22.4	22.4
Half a pack/day cigarettes	1.0	1.2	1.0	0.6	0.8	0.5	0.8	1.0	0.7	3.0	3.0	2.6	2.2	1.8	1.6	2.6	2.4	2.1
Suspended from school	23.9	26.2	25.8	11.9	13.7	14.6	17.7	19.8	20.2	16.2	20.1	19.0	8.8	11.2	10.4	12.3	15.5	14.6
Drunk or high at school	12.1	12.4	10.6	14.1	13.4	13.4	13.2	13.0	12.0	20.7	22.0	20.4	20.9	20.4	20.6	20.8	21.1	20.5
Sold illegal drugs	6.6	6.4	5.9	3.5	3.4	3.3	5.0	4.9	4.6	12.0	12.7	13.2	6.1	5.8	6.5	8.9	9.1	9.8
Stolen a vehicle	6.1	5.9	4.5	3.5	3.3	2.7	4.8	4.6	3.6	6.1	6.4	4.7	2.9	3.1	2.6	4.4	4.7	3.7
Been arrested	11.2	10.8	9.8	6.3	5.9	5.3	8.7	8.3	7.5	11.8	12.3	11.7	6.7	6.5	6.7	9.1	9.3	9.2
Substance Used / Antisocial Behavior	12th Grade									Total								
	Males			Females			State			Males			Females			State		
	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008
Binge drinking	37.5	31.9	32.0	27.9	24.7	28.3	32.5	28.2	30.2	23.4	20.7	19.3	22.1	19.1	20.5	22.7	19.9	19.9
Half a pack/day cigarettes	6.2	5.3	5.5	3.5	2.6	2.9	4.8	3.9	4.2	2.9	2.8	2.5	1.8	1.6	1.4	2.3	2.2	2.0
Suspended from school	13.4	13.3	14.1	5.5	5.6	6.6	9.3	9.4	10.2	19.1	21.2	21.1	9.4	11.0	11.5	14.1	16.0	16.2
Drunk or high at school	26.4	24.9	25.8	18.3	18.0	18.6	22.2	21.4	22.2	18.1	18.5	17.0	17.1	16.8	16.8	17.7	17.6	16.9
Sold illegal drugs	14.6	14.2	14.8	5.4	5.7	6.1	9.8	9.8	10.4	10.2	10.3	10.1	4.7	4.7	4.9	7.3	7.4	7.5
Stolen a vehicle	4.0	4.8	4.1	1.2	1.4	1.3	2.6	3.1	2.7	5.6	5.8	4.5	2.8	2.8	2.4	4.2	4.3	3.4
Been arrested	13.4	11.0	12.3	5.0	4.9	5.2	9.1	7.8	8.7	11.9	11.3	11.0	6.1	5.8	5.7	8.9	8.5	8.3

Handguns

The issue of youth carrying handguns is a serious concern of communities, schools, and families. The Arizona Youth Survey has several questions about handguns and violent behavior. Table 23 lists the questions concerning possession of handguns by grade. It is clear that responses to most of the questions show a very low percentage of students who carry handguns or take them to school. However, with such subject matter, even low percentages should be taken seriously by schools and communities. For example, 1.3% of the students surveyed reported having taken a handgun to school in the past 12 months. In regard to carrying a handgun in general, 7.7% of students surveyed reported having carried a handgun in the past 12 months, and 9.0% of students surveyed reported having carried a handgun in their lifetime. Only 8.5% of students think that he/she would be seen as cool if he/she carried a handgun. Most students (74.5%) also perceived that it would be difficult to get a handgun if he/she wanted one.

When looking at the results by grade, it is interesting to note that 8th graders reported the highest rates of believing he/she had a good chance of being seen as cool if he/she carried a handgun (9.5%). Twelfth graders reported the highest rates of carrying a handgun in their lifetime (9.7%), carrying a handgun in the past year (8.1%), taking a handgun to school (1.4%), believing it was easy to get a gun (33.1%), that their parents wouldn't know if he/she carried a handgun (35.5%), and that the police wouldn't catch them if he/she carried a handgun (61.6%).

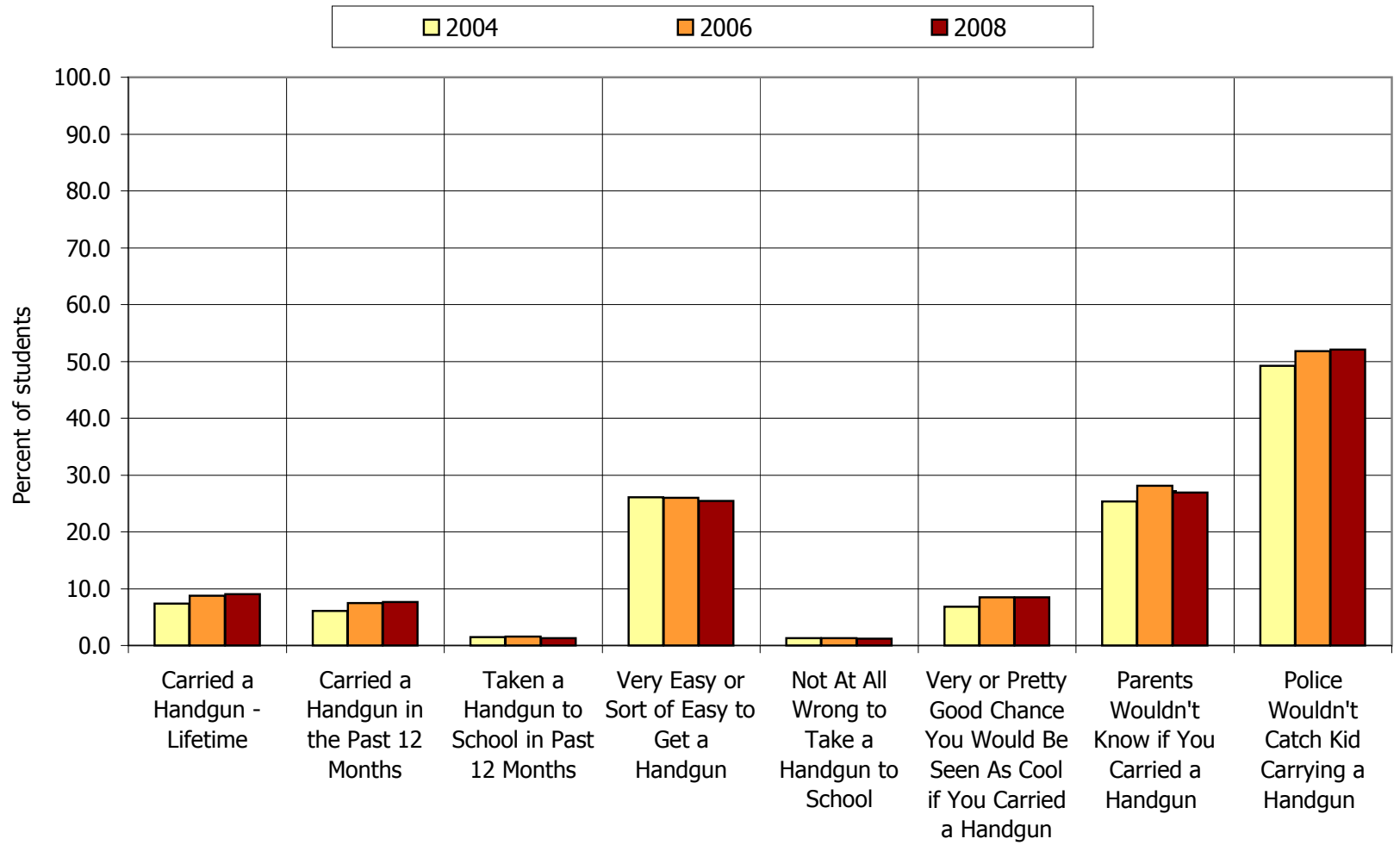
In comparing 2006 and 2008 results, Table 23 and Figure 25 show that there were very few significant changes. Most rates fluctuated by less than one percent since the last AYS administration. The most changes over the past two years occurred in the 12th grade, where lifetime handgun carry increased 1.3% (from 8.4% in 2006 to 9.7% in 2008), and past year handgun carry increased 1.1% (from 7.0% in 2006 to 8.1% in 2008).

Table 23

Percentage of Youth Who Responded to Questions About Handguns												
	8th Grade			10th Grade			12th Grade			Total		
	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008
Carried a Handgun - Lifetime	7.6	8.8	8.5	7.2	9.2	9.4	7.2	8.4	9.7	7.4	8.8	9.0
Carried a Handgun in the Past 12 Months	6.5	7.6	7.7	5.9	7.5	7.2	5.5	7.0	8.1	6.1	7.5	7.7
Taken a Handgun to School in Past 12 Months	1.5	1.6	1.2	1.5	1.6	1.3	1.3	1.4	1.4	1.5	1.6	1.3
Very Easy or Sort of Easy to Get a Handgun	20.8	20.4	20.7	27.2	27.6	26.7	34.6	34.1	33.1	26.1	26.0	25.5
Not At All Wrong to Take a Handgun to School	1.5	1.4	1.2	1.3	1.4	1.3	1.0	1.1	1.3	1.3	1.3	1.2
Very or Pretty Good Chance You Would Be Seen As Cool if You Carried a Handgun	8.8	9.9	9.5	5.8	8.2	8.1	4.5	6.4	7.1	6.8	8.5	8.5
Parents Wouldn't Know if You Carried a Handgun (no or NO!)	20.4	21.8	21.1	26.4	29.8	28.6	32.6	36.0	35.5	25.3	28.1	26.9
Police Wouldn't Catch Kid Carrying a Handgun (no or NO!)	40.9	43.9	44.4	53.2	55.7	56.4	59.8	60.7	61.6	49.2	51.8	52.1

Figure 25

Students' Use of Handguns and Perceptions About Them (2004, 2006, 2008)



Violence and Gangs

The Arizona Youth Survey also asked several questions about violent behavior, attitudes towards violence, and their possible participation in gangs. Table 24 and Figure 26 show the questions that relate to violence. A review of the responses reveals that 20.7% of the youth in Arizona have attacked someone with the idea of seriously hurting them at some time in their life, and 16.3% have attacked someone in the past 12 months. However, only a small percentage (4.1%) believe that it isn't at all wrong to attack someone to seriously hurt them. Though these results show that violent students are the minority, there's no denying that there are many youth in Arizona who believe that using violence is acceptable and are willing to hurt another person.

When looking at the results by grade, it appears that 8th and 10th graders have the most problems with violent behavior and attitudes. More 8th graders than students in other grades had attacked someone in the past year (18.1%), believed it was not at all wrong to attack someone to seriously hurt them (4.4%), and believed it was not at all wrong to pick a fight (9.3%). Tenth graders had the highest rates of attacking someone to hurt them in their lifetime (21.7%), and of believing it was okay to beat someone up if he/she started the fight (55.9%).

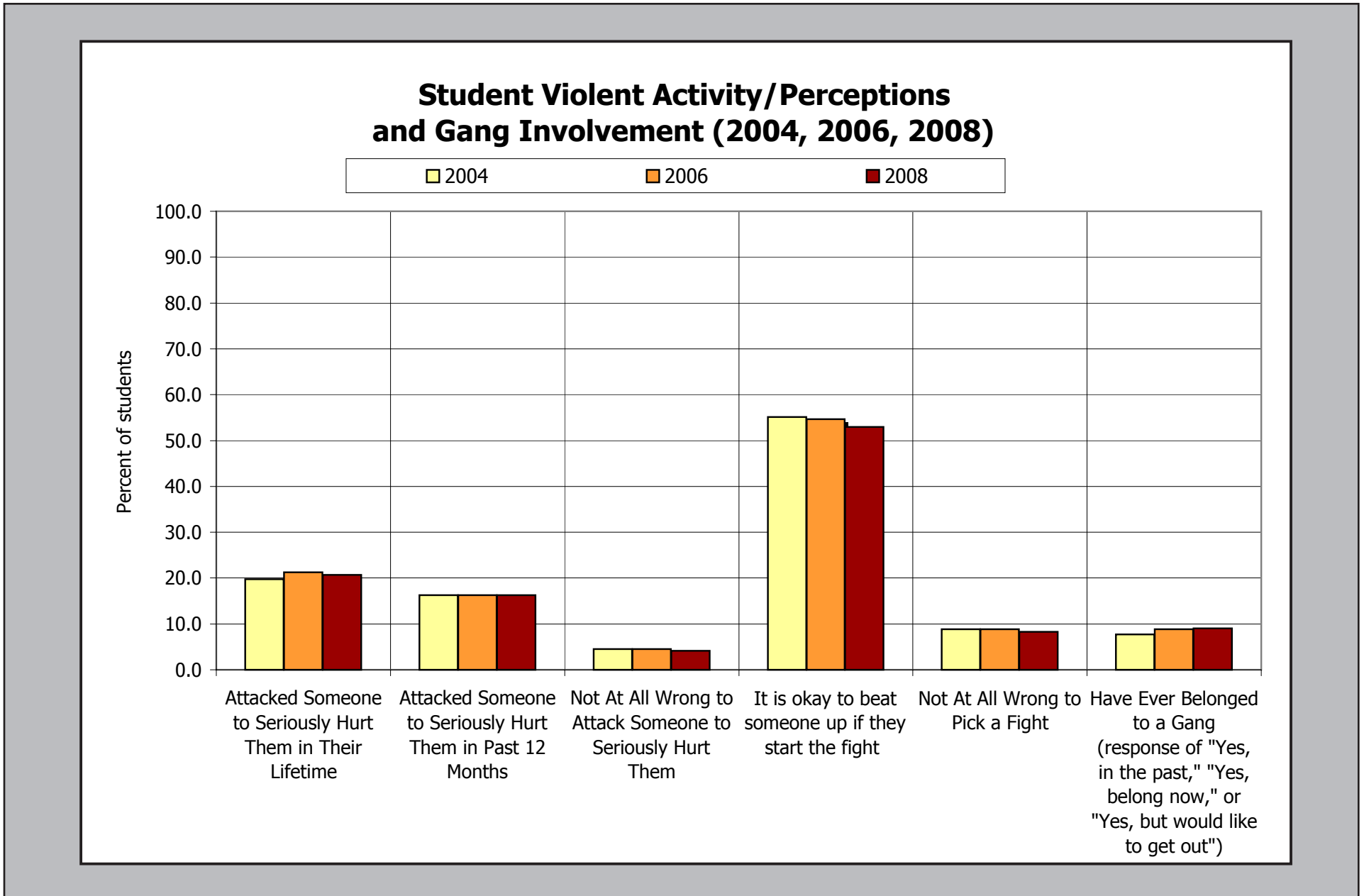
From 2006 to 2008, most violence data has not changed significantly. The biggest change between the two administrations is found in the 8th and 10th grade decrease in student perceptions about whether or not it is okay to beat someone up if he/she start the fight. The 8th grade rate for that particular question decreased 2.1% in the past two years (from 53.5 in 2006 to 51.4%), and the 10th grade rate decreased 1.8% (from 57.7% in 2006 to 55.9% in 2008).

In covering the full spectrum of antisocial behaviors, the Arizona Youth Survey asks several questions on gang involvement. One of the most telling questions asks students not only if they have ever been in a gang or are currently in a gang, but also about how current gang members feel about their present membership. As can be seen in Table 24, a large majority of Arizona youth (89.4%) have never belonged to a gang, while 5.4% of the youth surveyed reported that they had been members in the past; 3.1% reported they belong now; 1.5% reported that they would like to join a gang; and 0.5% reported that they are in a gang, but would like to get out. Gang data changed very little from 2006 to 2008, and there are no significant increases or decreases in any category to report.

Table 24

Percentage of Youth Who Responded to Questions About Violence and Gangs												
	8th Grade			10th Grade			12th Grade			Total		
	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008
VIOLENCE												
Attacked Someone to Seriously Hurt Them in Their Lifetime	19.7	21.5	20.7	20.6	22.4	21.7	19.1	19.6	19.6	19.8	21.3	20.7
Attacked Someone to Seriously Hurt Them in Past 12 Months	17.8	17.9	18.1	16.5	16.5	16.1	13.3	13.2	12.9	16.3	16.3	16.3
Not At All Wrong to Attack Someone to Seriously Hurt Them	4.7	4.8	4.4	4.7	4.7	4.1	3.8	3.6	3.7	4.5	4.5	4.1
It is okay to beat someone up if they start the fight (response of "YES" or "yes")	54.2	53.5	51.4	57.3	57.7	55.9	54.0	53.1	52.5	55.1	54.7	53.0
Not At All Wrong to Pick a Fight	10.3	10.1	9.3	8.5	9.0	8.4	6.1	5.9	6.0	8.8	8.8	8.3
GANGS (Total Number and Percentage of Youth Who Responded to the Question, "Have you ever belonged in a gang?")												
No	88.6	87.6	87.5	92.0	89.9	89.8	94.5	93.6	92.7	91.1	89.8	89.4
No, but would like to	1.7	1.9	1.9	1.0	1.2	1.4	0.9	0.7	1.1	1.3	1.4	1.5
Yes, in the past	6.0	6.3	6.4	4.2	5.1	5.1	2.8	3.3	3.9	4.7	5.2	5.4
Yes, belong now	3.3	3.8	3.7	2.5	3.4	3.2	1.5	2.0	1.9	2.6	3.2	3.1
Yes, but would like to get out	0.5	0.5	0.6	0.3	0.5	0.5	0.3	0.3	0.3	0.4	0.4	0.5

Figure 26



Student Safety

The Arizona Youth Survey also asked students questions regarding their safety on school property. Students were asked to indicate the number of days in the past month that he/she carried a weapon to school and the number of days that he/she didn't go to school because they felt unsafe at school or on their way to school. Additionally, students were asked how many times in the past year they were threatened by someone or injured with a weapon on school property, how many times they had a physical fight at school, and how many times they were bullied on school property. Results for these questions are found on the following page in Table 25 and Figure 27.

Overall, a large majority of students feel safe at school, haven't been in a fight at school in the past year, haven't been injured or threatened at school in the past year, and haven't taken a weapon to school in the past month. However, just as with handgun carry, even small percentages for these safety issues can be serious. For example, 6.1% of 8th graders, 6.2% of 10th graders, and 5.6% of 12th graders have taken a weapon to school at least once in the past month. Most safety issues (being in a fight at school, not feeling safe at school, not going to school because they felt unsafe, being threatened or injured with a weapon at school), and being bullied show a decrease with increased grade level.

While more than one in 10 8th graders (10.1%) reported that he/she did not go to school because he/she felt unsafe at least one day in the past month, the rate for 10th and 12th graders was less extreme, with 8.9% of 10th graders and 6.2% of 12th graders indicating they had skipped school because they felt unsafe.

Even more Arizona youth indicated that he/she had been threatened or injured by someone at school. Of 8th graders, 12.9% indicated that he/she had been threatened by someone or injured with a weapon at school. This percentage decreases with increased grade level, with 11.6% of 10th graders and 7.6% of 12th graders reporting that it had happened to them.

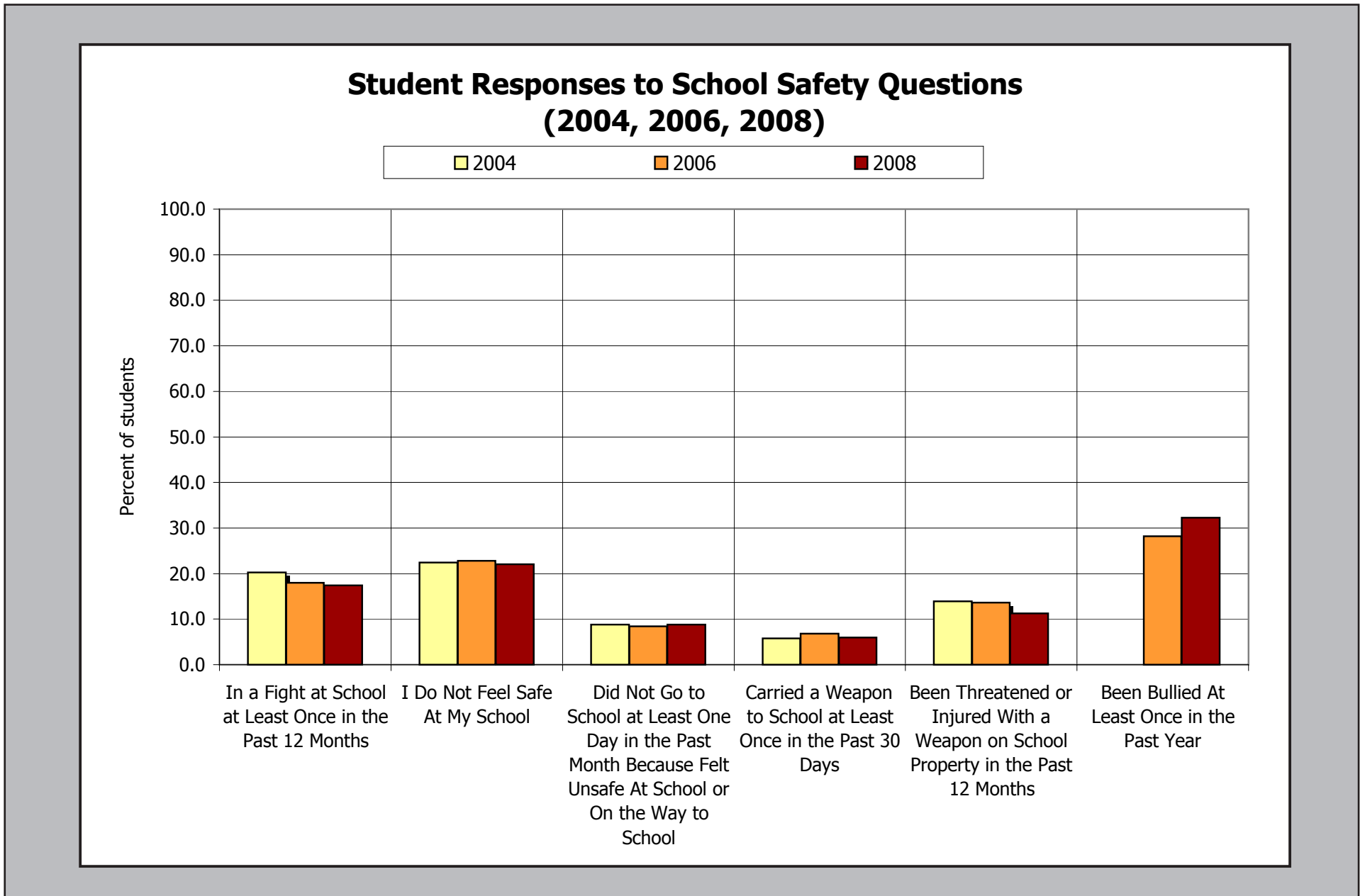
The 2006 and 2008 surveys contained a question asking students to report how often, if ever, he/she had been bullied on school property in the past year. For all three grades combined, 32.3% of students reported having been bullied at least once in the past year (40.6% of 8th graders, 30.9% of 10th graders, and 17.7% of 12th graders).

In looking at the 2008 results in comparison to 2006 survey results, there is a mix of rate increases and decreases. For the 8th graders, Table 25 shows that while the rates of being in a fight at school in the past year, perceptions of not feeling safe at school, and reports of being threatened or injured with a weapon at school have all decreased (decreases of 1.8% to 2.6% since 2006), reports of being bullied at least once in the past year are up 2.4% since 2006. In the 10th grade, carrying a weapon to school in the past month decreased 1.1% and being threatened or injured with a weapon at school decreased 2.3%; however reports of having been bullied in the past year increased 6.4% since 2006 and reports of skipping school at least one day in the past month because he/she didn't feel safe increased 1.1%. Finally, 12th grade rates of not feeling safe at school increased 1.1% since 2006, skipping school for safety reasons increased 1.2%, and reported rates of having been bullied increased 3.4% since 2006.

Table 25

Percentage of Youth Who Responded to Questions About Safety and Schools												
	8th Grade			10th Grade			12th Grade			Total		
	2004	2006	2008	2004	2006	2008	2004	2006	2008	2004	2006	2008
In a Fight at School at Least Once in the Past 12 Months	27.6	25.6	23.5	17.1	15.7	14.8	9.9	8.9	8.5	20.2	18.0	17.4
I Do Not Feel Safe At My School (response of "NO" or "no" to the statement "I feel safe at my school")	25.6	25.3	23.5	22.2	23.5	22.6	16.3	17.1	18.2	22.4	22.8	22.0
Did Not Go to School at Least One Day in the Past Month Because Felt Unsafe At School or On the Way to School	11.3	10.7	10.1	7.8	7.8	8.9	5.6	5.0	6.2	8.8	8.4	8.8
Carried a Weapon to School at Least Once in the Past 30 Days	6.3	6.9	6.1	5.6	7.3	6.2	5.2	6.0	5.6	5.8	6.8	6.0
Been Threatened or Injured With a Weapon on School Property in the Past 12 Months	16.1	15.5	12.9	13.5	13.9	11.6	10.1	9.5	7.6	13.9	13.6	11.3
Been Bullied At Least Once in the Past Year	N/A	38.2	40.6	N/A	24.5	30.9	N/A	14.3	17.7	N/A	28.2	32.3

Figure 27



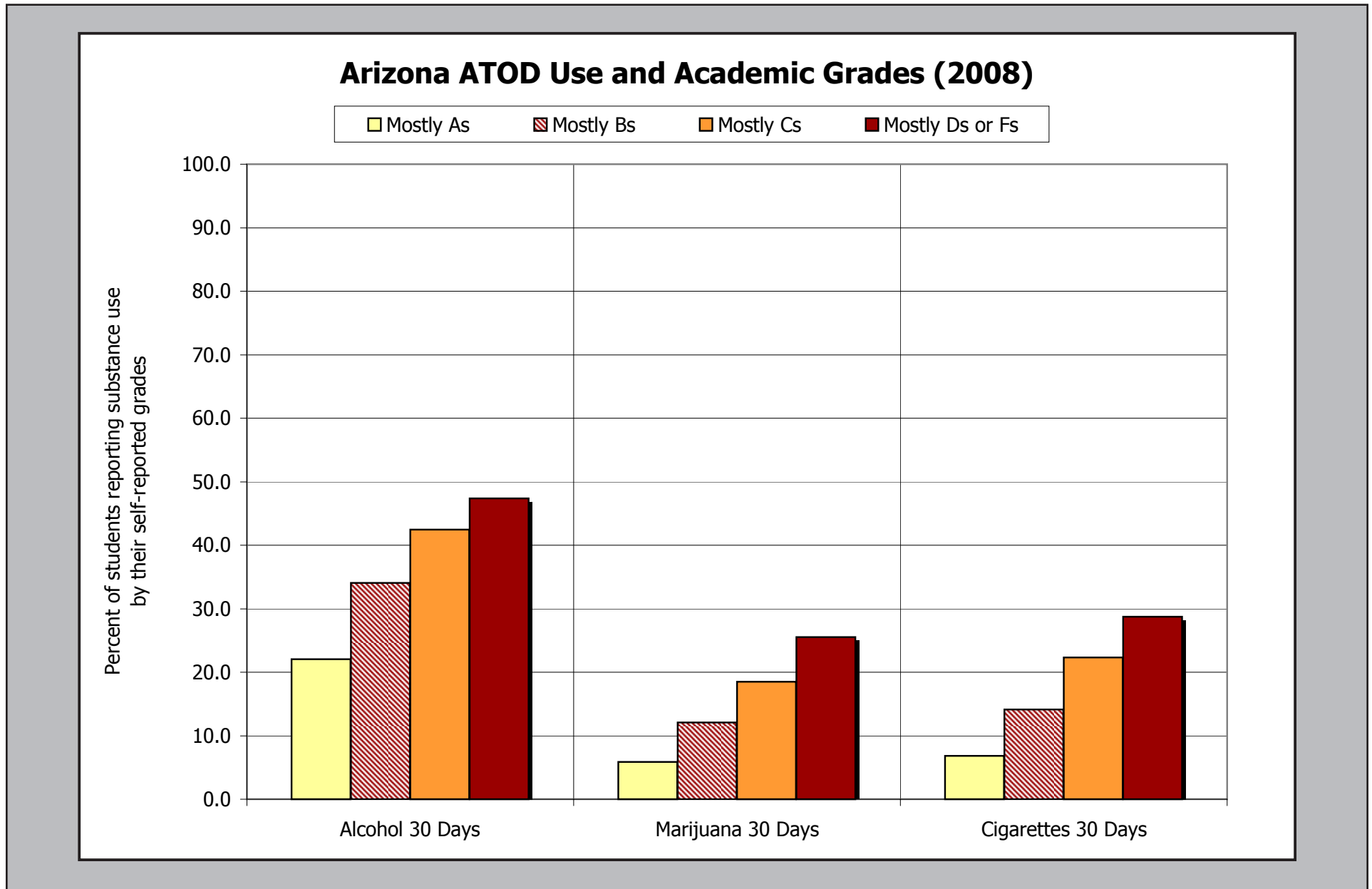
Academic Performance and Substance Use

Table 26 and Figure 28 show a clear relationship between substance use and academic performance. Of the students who report getting better grades, fewer have tried ATODs and fewer have recently used ATODs than those who report poorer grades. Failing students (those students receiving mostly Ds and Fs) are twice as likely to have used alcohol in the past 30 days, four times as likely to have used cigarettes in the past 30 days, and four times more likely to have indicated use of marijuana in the past 30 days than “A” students.

Table 26

Percentage Using ATODs by Academic Grades (2008)				
Drugs Used	Academic Grades			
	Mostly As	Mostly Bs	Mostly Cs	Mostly Ds or Fs
Alcohol Lifetime	46.5	62.4	70.0	73.0
Alcohol 30 Days	22.1	34.1	42.5	47.3
Marijuana Lifetime	14.9	27.3	38.8	48.6
Marijuana 30 Days	5.9	12.1	18.5	25.6
Cigarettes Lifetime	20.1	37.1	50.0	57.5
Cigarettes 30 Days	6.8	14.1	22.3	28.7

Figure 28



Parents'* Education and Youth Substance Use

Table 27 displays reported substance use among youth by the reported highest education level of an adult living in the child's home. In this section, the person living with the child will be referred to as a "parent."

Like academic grades, there is an interesting relationship between parent education and youth drug use, with lower levels of parent education typically corresponding with higher levels of youth drug use. Youth whose parents' highest level of education attained was "attended but did not graduate high school" had the highest rates of lifetime and 30-day alcohol, marijuana, and cigarette use. As parents' education level increased beyond attending high school, youth ATOD use decreased.

In contrast to the general trend of decreasing ATOD use with increasing levels of parents' education, youth whose parents "completed grade school or less" had lifetime and 30-day ATOD use rates that were more similar to those whose parents at least attended college for some time. For example, the past month marijuana use rate was nearly identical between the two groups, with 13.2% of students whose parents completed grade school or less reporting marijuana use in the past 30 days, and 13.0% of students whose parents attended some college reporting marijuana use in the past 30 days.

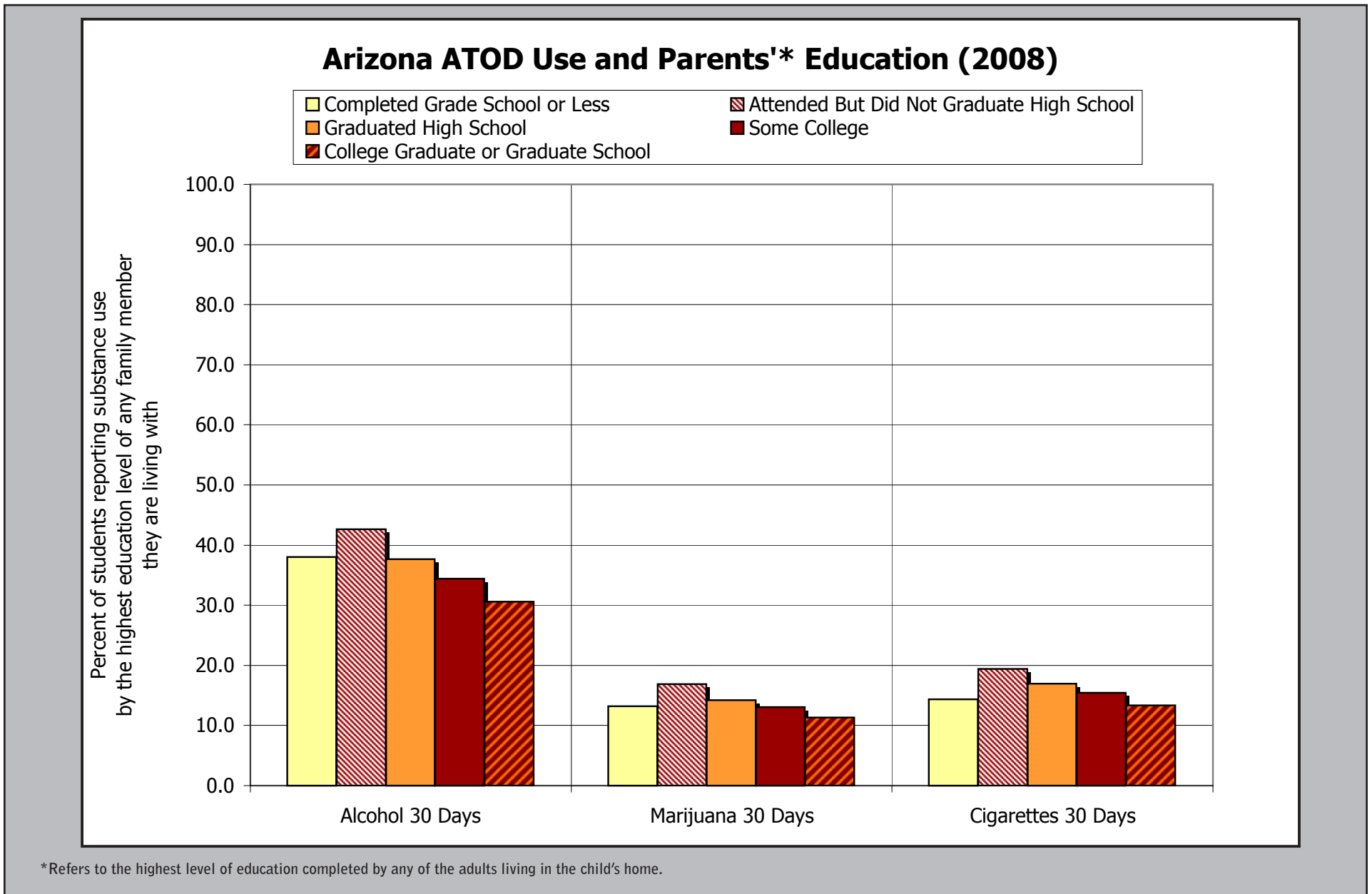
Trends for all education levels can be seen on the following page in Figure 29.

Table 27

Percentage Using ATODs by Parents'* Education (2008)					
Drugs Used	Parents' Education				
	Completed Grade School or Less	Attended, But Did Not Graduate, High School	Graduated High School	Some College	College Graduate or Graduate School
Alcohol Lifetime	64.9	70.3	66.4	63.7	55.6
Alcohol 30 Days	38.0	42.7	37.7	34.4	30.6
Marijuana Lifetime	28.2	35.5	31.7	30.8	24.5
Marijuana 30 Days	13.2	16.9	14.2	13.0	11.3
Cigarettes Lifetime	40.6	47.6	42.2	39.5	30.6
Cigarettes 30 Days	14.3	19.4	16.9	15.4	13.3

*Refers to the highest level of education completed by any of the adults living in the child's home.

Figure 29



Marijuana Use in Relation to Perceived Parental Acceptability

When parents have favorable attitudes toward drugs, they influence the attitudes and behavior of their children. For example, parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Further, in families where parents involve children in their own drug or alcohol behavior, for example, asking the child to light the parent's cigarette or to get the parent a beer, there is an increased likelihood that their children will become drug abusers in adolescence.

Table 28 and Figure 30 illustrate how perceived parental acceptability is related to substance use. In the Arizona Youth Survey, students were asked how wrong their parents felt it was to use different ATODs. The table to the right displays the percentage of students who have used marijuana in their lifetime and in the past 30 days in relation to their responses about their parents' acceptance of marijuana use.

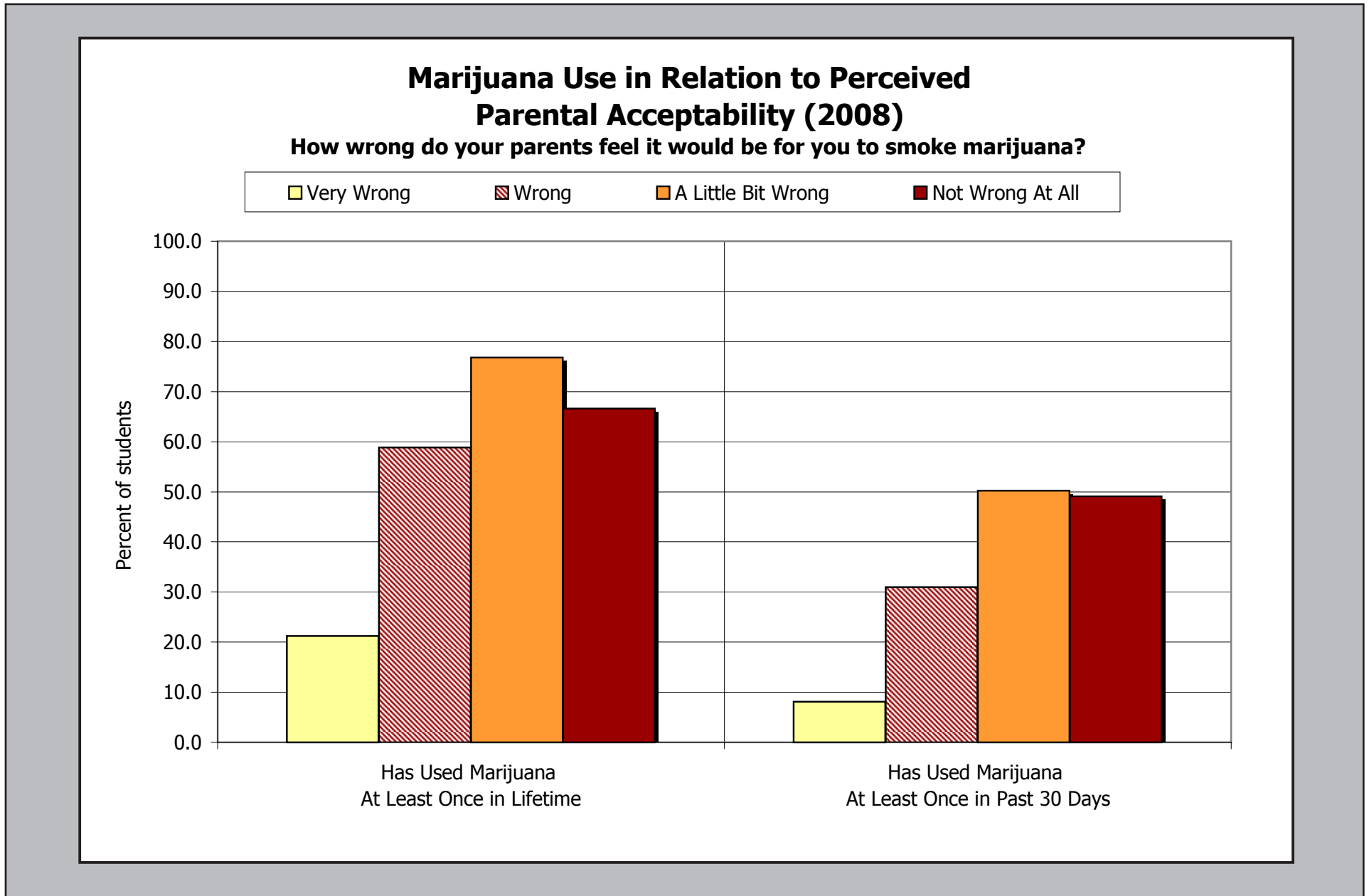
As can be seen, relatively few students (21.2% lifetime, 8.1% 30-day) use marijuana when their parents think it is "Very Wrong" to use it. In contrast, when a student believes that their parents agree with use somewhat (i.e. the parent only believes that it is "Wrong" not "Very Wrong") use increased substantially to 58.9% for lifetime use and 30.9% for 30-day use.

These results make a strong argument for the importance of parents having strong and clear standards and rules when it comes to ATOD use.

Table 28

Use in Relation to Perceived Parental Acceptability of Marijuana Use (2008)		
How wrong do your parents feel it would be for you to smoke marijuana?	Has Used Marijuana At Least Once in Lifetime	Has Used Marijuana At Least Once in Past 30 Days
Very Wrong	21.2	8.1
Wrong	58.9	30.9
A Little Bit Wrong	76.8	50.2
Not Wrong At All	66.6	49.1

Figure 30



Marijuana Use in Relation to Perceived Peer Acceptability

During the elementary school years, children usually express anti-drug, anti-crime, and prosocial attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This places students at higher risk. The results provided in the following table and figure illustrate the relation between peer acceptability and individual drug use.

As with perceived parental acceptability, the slightest perceived peer acceptability increases the chance that a student will use ATODs. In this section, lifetime and 30-day marijuana use results are looked at in relation to what students thought were their chances of being seen as cool if he/she used marijuana.

When students thought there was “No or very little chance” that he/she would be seen as cool if he/she used marijuana, only 12.6% had tried marijuana in their lifetime and only 3.9% had used it in the last month. However, when students thought that there was even a “Little chance” that he/she would be seen as cool, marijuana use rates were nearly three times higher for lifetime use (37.0%) and over three times higher for past-month use (15.2%). Students who thought that there was a “Very good chance” they would be seen as cool, indicated past-month marijuana use rates that were ten times higher than students who perceived that marijuana use was not cool. These results better illustrate how peer acceptability puts youth at risk for ATOD use.

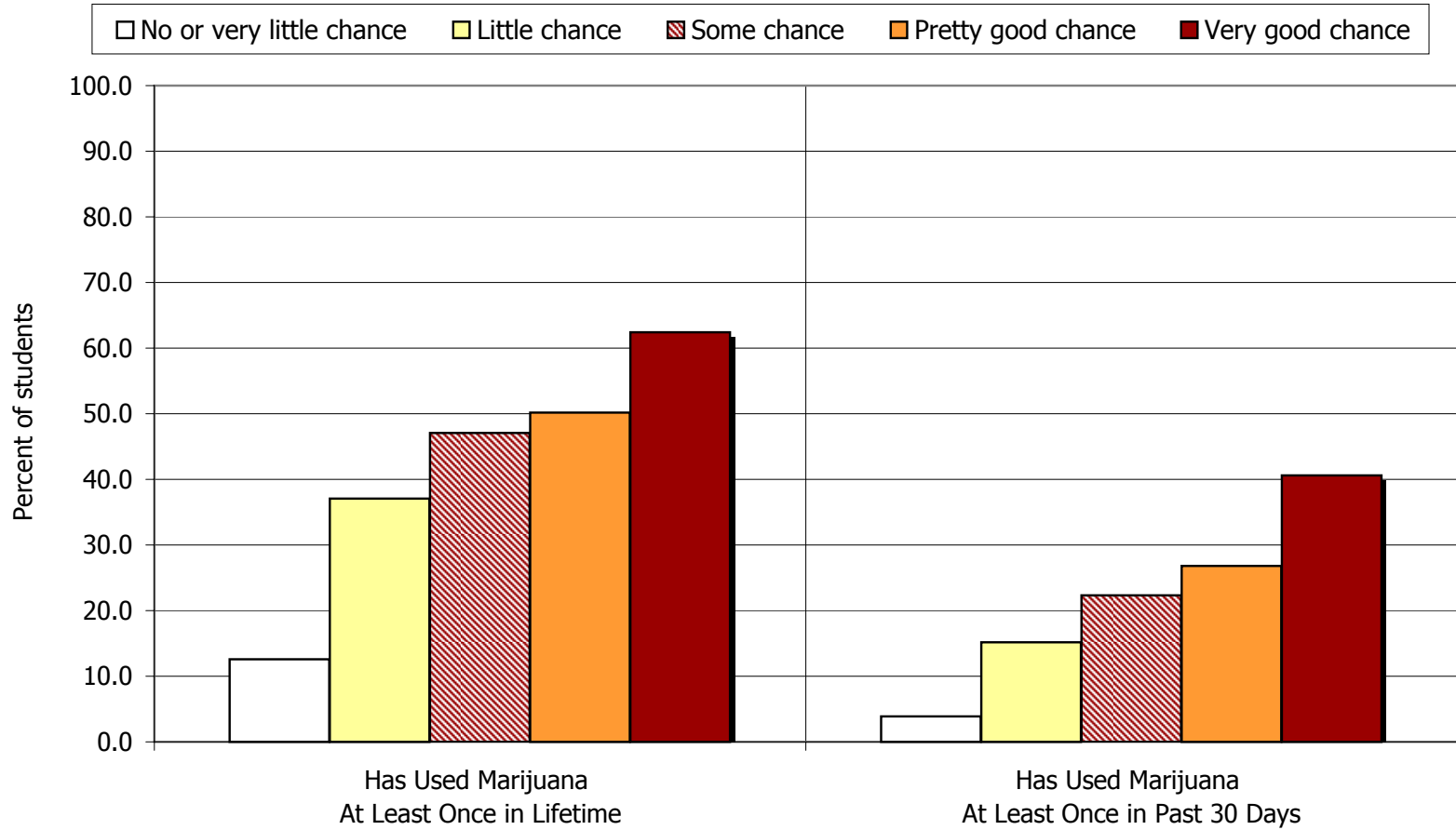
Table 29

Use in Relation to Perceived Peer Acceptability of Marijuana Use (2008)		
What are your chances you would be seen as cool if you smoked marijuana?	Has Used Marijuana At Least Once in Lifetime	Has Used Marijuana At Least Once in Past 30 Days
No or very little chance	12.6	3.9
Little chance	37.0	15.2
Some chance	47.1	22.3
Pretty good chance	50.2	26.8
Very good chance	62.4	40.6

Figure 31

Marijuana Use in Relation to Perceived Peer Acceptability (2008)

What are your chances you would be seen as cool if you smoked marijuana?



Parent/Youth Communication About the Dangers of Substance Use

In the 2008 Arizona Youth Survey, questions were added asking students to indicate whether or not their parents had talked to them about the dangers of substance use. The question was worded as follows: “During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians -- whether or not they live with you. (Choose all that apply).”

The results of the question presented in Table 30 and Figure 32 indicate that slightly less than half of students surveyed (45.9%) have not had a discussion with their parents about the dangers of any substance.

Further, when distinguishing which substances parents had discussed with their students, it appears that parent/child discussions about the dangers of tobacco use and of drug use gradually decrease as students age. For example, 34.6% of 8th graders indicated speaking with their parents about the dangers of tobacco use, while the rate decreased to 32.8% in the 10th grade, and 30.8% in the 12th grade. In contrast, the rate of parents speaking to their children about the dangers of alcohol use appears to peak in the 10th grade at 34.3%.

For all grades combined, Table 30 shows that the greatest amount of parental discussions about substance use dangers are centered on drug use (39.2% of students indicated at least one discussion in the past year), while 33.2% of students indicated they had discussed the dangers of tobacco use, and 32.5% of students indicated they had discussed the dangers of alcohol use.

Table 30

Percentage of Students Indicating Communication with Parents About Substance Use				
During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians -- whether or not they live with you. (Choose all that apply)	8th Grade	10th Grade	12th Grade	Total
No, I did not talk with my parents about the dangers of tobacco, alcohol, or drug use.	43.1	46.2	50.8	45.9
Yes, I talked to my parents about the dangers of tobacco use.	34.6	32.8	30.8	33.2
Yes, I talked to my parents about the dangers of alcohol use.	31.0	34.3	33.0	32.5
Yes, I talked to my parents about the dangers of drug use.	42.1	39.5	33.3	39.2

Figure 32

