

Annual Profile of Substance Use

Arkansas State
Epidemiological
Outcomes
Workgroup

2021



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STATEWIDE EPIDEMIOLOGICAL OUTCOMES WORKGROUP CHARTER

The Arkansas Statewide Epidemiological Outcomes Workgroup (SEOW) was developed in 2005. Initially funded through the SPF State Incentive Grant (SIG) with continued support from the (2013-2018) Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Grant from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP), SEOW is housed in the Arkansas Department of Human Services' Division of Aging, Adult and Behavioral Health Services (DAABHS). The SEOW is a nexus of state agency representatives, policy makers, researchers, community representatives and other stakeholders committed to engaging in data-driven exchanges of ideas in order to inform unified substance use prevention messaging and priorities across the state. The current charter represents an extension of SEOW's important service to citizens and policymakers in Arkansas. SEOW serves as a forum for policymakers, researchers and community representatives to have a data-driven exchange of ideas.

MISSION

The mission of SEOW is to guide successful prevention efforts in the state of Arkansas by:

- 1) Analyzing, monitoring and sharing data trends in substance use and other environmental, behavioral, and health-related factors.
- 2) Informing data-driven policy and practice decision-making regarding prevention priorities at local and state levels.
- 3) Disseminating evidence-based education and prevention materials to the larger public.

GOALS

The three primary goals of SEOW are:

- Serve as the clearinghouse for data on substance use and health-related risks, protective factors, prevention strategies, and outcomes in Arkansas
- Help develop and disseminate a statewide unified prevention message
- Help expand public awareness and education about substance use and related outcomes

LINKAGE WITH PREVENTION SYSTEM

SEOW will support DAABHS and MidSOUTH in the decision-making process regarding the delivery of prevention services. SEOW will facilitate interagency communication and collaboration regarding data. Epidemiological profiles and other work products will be used for detailed assessment of priority areas and prevention effectiveness efforts, as well as provide information for stakeholders, community education, and prevention efforts.

WORKGROUP MEMBERS

The workgroup includes a core membership consisting of representatives from DAABHS, MidSOUTH, the University of Arkansas for Medical Sciences (SEOW Staff), Regional Prevention Providers, and Regional Lead Agencies. DAABHS and MidSOUTH hold primary decision-making authority for SEOW activities. Operational partners are drawn from various state and contracting agencies, including relevant data experts, state and community leadership, and constituencies affected directly or indirectly by substance use and/or behavioral health issues.

EXECUTIVE SUMMARY

The State Epidemiological Outcomes Workgroup (SEOW) is a group of data experts and prevention stakeholders responsible for gathering, analyzing and disseminating data on substance use and related behavioral problems in order to guide prevention planning processes. It serves as a forum for policymakers, researchers, agency representatives and community representatives to have a data-driven exchange of ideas. One of SEOW's goals is to "serve as the clearinghouse for data on substance use and health-related risks, protective factors, prevention strategies, and outcomes in Arkansas." In support of this goal, SEOW members at the University of Arkansas for Medical Sciences (UAMS) worked to update the State Epidemiological Profile.

The primary purpose of the State Epidemiological Profile is as a tool for data-driven, informed decision-making pertaining to substance misuse prevention. This report provides information on the incidence, prevalence and consequences of substance use. It also highlights risk factors, protective factors, and mental health or behavioral health problems as they relate to substance use. This report is intended to analyze systematically diverse sources of data from across the nation and state and synthesize a comprehensive informational tool. It will serve as a data-based resource to support efforts of key prevention players to assess community needs relating to substance use and its consequences, and prioritize evidence-based programs and policies for substance use prevention. Individual and societal factors such as education/income and community support/crime, respectively, impact substance use initiation and prevention. Therefore, it is important to understand the context in which a particular subpopulation exists. For this reason, the State Epidemiological Profile includes a brief overview of Arkansas's population. Change in a variable over time, such as youth smoking rates, provides useful information about any impact of the efforts/actions on that variable. Trend data, where available, were studied to assess changes in substance use and its relating factors over time.

Questions pertaining to this report should be directed to SEOW staff at UAMS: Alison Oliveto [olivetoalison@uams.edu] or Mary Bollinger [MJBollinger@uams.edu].

ACKNOWLEDGEMENTS

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PREPARED BY

Researchers at UAMS developed this material with funding from DAABHS. We are not providing legal or professional medical advice. We make no warranty, expressed or implied, on any subject, including completeness and appropriateness of the information for any purpose. The information presented in this material is consistent with DHS policy as of September 2018. If any Arkansas DHS policy changes made after September 2018 are inconsistent with this material, the policy controls. Arkansas DHS is compliant with Titles VI and VII of the Civil Rights Act. Revised November 2017.

SUGGESTED CITATION

Bollinger M, Thostenson J, Porter A, Oliveto AH (2022) Arkansas State Epidemiological Outcomes Workgroup: 2020 Arkansas State Epidemiological Profile of Substance Use. Little Rock: Psychiatric Research Institute, University of Arkansas for Medical Sciences.

KEY FINDINGS

SUBSTANCE USE

- The rates of current cigarette and smokeless tobacco use among Arkansas youth continued to decline and, in 2020, were lower than national rates among Arkansas 8th, 10th and 12th grade students.
- In 2019, a higher percentage of Arkansas adults currently smoked cigarettes relative to U.S. adults; however, current cigarette use continued to decline at a great rate over time among Arkansas adults.
- The lifetime and current rate of vapor product use among Arkansas youth is lower than national rates.
- Students in grades 10 and 12 in Arkansas are more likely to have tried electronic vapor products in 2020 compared with other grades within the state, however, Arkansas seniors reported trying vapor products at lower rates than U.S. seniors.
- E-cigarette use is more likely among youth than adults and the age at which Arkansas youth start using E-cigarettes is decreasing.
- E-cigarette use was most prevalent among adults in the South in 2019, but declined sharply in 2020.
- The prevalence of lifetime alcohol use is lower among Arkansas youth relative to their U.S. counterparts.
- E-cigarette use among Arkansas women during the three months prior to pregnancy as well as last three months of pregnancy declined from 2016 to 2019, but was consistently higher than among U.S. pregnant women.
- The overall rate of current alcohol, alcopop use, or binge drinking among youth has been declining since 2016 and lower than their U.S. counterparts in 2020. However, changes varied by grade, such that alcohol and alcopop use decreased among 10th and 12th grade students, but remained the same and increased slightly among 8th and 6th grade students, respectively. The prevalence of binge drinking decreased among 8th, 10th and 12th grade students, while remaining the same among 6th grade students.
- In 2020, female students again reported higher usage rates across substances than male students. In only five categories (cigarettes, smokeless tobacco, hallucinogens, ecstasy, steroids), usage rates among male students were higher than female students.¹
- Since 2015, current alcohol use among Arkansas adults has remained stable and lower than national rates.
- The prevalence of binge drinking has remained relatively stable over time and rates are only slightly lower among Arkansas relative to U.S. adults. The prevalence of heavy drinking showed a slight increase from 2015 to 2019 with prevalence among Arkansas adults only slightly lower than among U.S. adults.

- Rates of driving under the influence during the past year decreased slightly among Arkansas relative to U.S drivers, but a higher percentage of Arkansas drivers reported driving under the influence than their U.S. counterparts.
- Rates of lifetime and current marijuana use has generally declined since 2016 and 2017, respectively, among Arkansas youth and are lower than among their U.S. counterparts. Most of the declines are attributed to decreased prevalence among 10th and 12th grade students.
- Lifetime and current marijuana vaping among Arkansas youth was lower than among their U.S counterparts in 2020.
- From 2017-2018 to 2018-2019, the prevalence of past-year marijuana use decreased slightly among Arkansas young adults while increasing slightly among Arkansas adults aged 26 years or older.
- In 2018-2019, fewer Arkansas adults have used marijuana currently or in the past year compared with the national average.
- Rates of lifetime prescription drug and heroin use among Arkansas students have generally declined in the state since 2016; however, rates among 6th grade students, although low, have increased slightly or not changed from 2016 to 2020, respectively.
- In 2020, Arkansas seniors reported lower prevalence of lifetime prescription drug use but a slightly higher prevalence of lifetime heroin use, relative to their U.S. counterparts.
- Current prescription drug use has continued to decline among Arkansas 10th and 12th grade students, but remained the same or increased among 8th and 6th grade students, respectively.
- Compared with the national rate, more Arkansas youth and young adults, but not adults 26 years or older, have misused prescription drugs in 2018-2019.
- U.S. drug overdose deaths continue to increase with at least 3 out of 5 deaths involving synthetic opioids such as fentanyl, fentanyl analogs, methadone or tramadol.
- Arkansas had the second highest opioid prescription rate in 2019. At the same time, a lower than national average rate of opioid-related overdose deaths is noted, which may be attributable to the underreporting of opioid-related deaths.
- Rates of lifetime drug use among Arkansas youth remained steady over the last five years for hallucinogens and declined for over-the-counter drugs, cocaine, methamphetamine. Inhalant use remained steady from 2015 to 2019 then sharply decreased in 2020.
- Current inhalant or hallucinogen use remained relatively stable over time, while over-the-counter, cocaine, and methamphetamine use showed slight decreasing trends from 2015 to 2020.
- Lifetime and current bath salts use have been increasing from 2015 to 2020 and were more prevalent than over-the-counter drug use in 2020.
- The rate of cocaine use among adults in Arkansas is lower than that for U.S. adults. Among adults in the state, cocaine use is higher among those aged 18-25.
- Use of methamphetamine is higher among Arkansas adults compared with the national rate but is at 1.0% statewide and highest among those aged 18-25 (1.1%).
- Arkansas adults reported lower past-year illicit drug use than nationally in 2018-2019.

CONSEQUENCES

- Among Arkansan women, the prevalence of smoking before, during and after pregnancy declined from 2018 to 2019. Still, rates continue to be universally higher than U.S. rates and increase again after delivery.
- In 2016, the prevalence of e-cigarette use three months before pregnancy was more than double among Arkansas women relative to U.S. women, but declined to about 50% higher than among U.S. women in 2019.
- Arkansas women were more than twice as likely to report e-cigarette use during the last three months of pregnancy than their national cohorts.
- Although more Arkansas women reported heavy alcohol use three months before pregnancy in 2016, heavy alcohol use among Arkansas women three months before pregnancy decreased to less than that of their U.S. cohorts in 2018 and 2019.
- The rate of neonatal abstinence syndrome in Arkansas increased nearly eleven-fold between 2000 and 2019.
- Rates of angina or coronary heart disease, stroke, heart attack and COPD in the state have fluctuated from year to year and in 2019 were slightly higher than in 2015. Compared to the U.S., these rates were higher in 2019.
- Mortality rate from lung cancer in Arkansas is decreasing, but remains almost 1.4 times higher than U.S. rates. Arkansas rates of alcoholic liver disease mortality increased from 2016 to 2019 and is now slightly higher than U.S. rates.
- Drug overdose death rates are higher and increasing in the U.S. relative to those in Arkansas, although drug overdose deaths are likely underreported in Arkansas. The Arkansas opioid-involved death rate was double the lowest and about one-sixth the highest state rates.
- Suicides have decreased slightly in Arkansas while increasing slightly in the U.S. from 2016 to 2019; however, Arkansas continues to have suicide rates higher than national figures.
- The number of Arkansas Emergency Department (ED) visits involving suicidal behaviors among youth increased from 2012 to 2017 where the number appears to have stabilized through 2019.
- The majority of ED visits involving suicidal behaviors and a particular substance among youth were for marijuana or opioids during the past 5 years or so.
- Past-year driving under the influence of alcohol increased slightly and decreased somewhat among Arkansas and U.S. drivers, respectively, although Arkansas drivers are less likely to drive under the influence; however, Arkansas youth are about as likely as U.S. youth to report driving under the influence of alcohol.
- Motor vehicle fatalities are more likely and less likely among Arkansas youth and Arkansas adults, respectively, relative to their U.S. counterparts.
- In 2019, fatal vehicle crashes in which the driver had a positive breath alcohol content (BAC) were higher among Arkansas drivers aged 15-20 and 21-24 years relative to their U.S. counterparts.
- Most drug- and alcohol-related arrests in 2019 were for drug/narcotics violations among Arkansas youth and adults.

- The vast majority of drug possession arrests in 2019 involved marijuana/hashish among Arkansas youth, while arrests among Arkansas adults involved primarily marijuana and stimulants.

CONTRIBUTING FACTORS

- The percentage of students who perceive great risk in smoking at least one pack of cigarettes per day is somewhat lower than U.S. students, although this varied by grade. The perception of risk increases as grade level increases.
- The percentage of students who perceive drinking one or two alcoholic beverages every day is higher than U.S. students. The perception of risk decreases as grade level increases; however, perception of risk has decreased over time among 6th and 8th, but not 10th and 12th grade students.
- Among Arkansas students, the proportion reporting great risk in trying marijuana once or twice has decreased over time and is generally lower than their national counterparts. Perception of risk decreases as grade level increases
- Arkansas youth and young adults, but not older adults, have a higher rate of past-year major depressive episode.
- Arkansas adults have a higher prevalence of poor mental health and depression diagnosis than U.S. adults.
- Compared with the United States, Arkansas adults are less likely to perceive “great risk” of smoking one or more packs per day.
- The percentage of adults who perceive “great risk” of drinking five or more alcoholic beverages once or twice per week varied by age. The perception of risk was less among Arkansas adults, but more among Arkansas adults aged 26 years and older, relative to their U.S. counterparts.
- The percentage of adults who perceive “great risk” of smoking marijuana varies by age. Among Arkansans aged 26 and older, the perception of risk is more than twice as high as those aged 18-25. The proportion reporting great risk in Arkansas is higher than among U.S. adults.
- The proportion of students reporting parents with attitudes favorable to drugs use has remained steady or decreased slightly over time for Arkansas 10th and 12th grade students, but increased over time among 6th and 8th grade students.
- The proportion of Arkansas youth reporting that peers have favorable attitudes toward drug use has increased over time for grades 6 and 8 but has decreased for students in grades 10 and 12.
- A significantly higher proportion of Arkansas youth experienced sexual violence with anyone in the past year or were ever physically forced to have sexual intercourse than U.S. youth.
- Transitions and mobility have increased for 6th grade students, remained relatively stable for 8th grade students, increased slightly for 10th grade students and decreased for 12th grade students.
- The percent of homeless students increased from 2.4 percent in 2016 to 2.8 percent in 2019.
- The use of alcohol, marijuana, cigarettes or any drug increases with decreasing academic performance among Arkansas students

- Tobacco sales to minors in Arkansas has decreased sharply from 2018 to 2019; however, far fewer inspections were conducted in 2020 as compared to prior year.
- Unemployment rates in 2020 varied widely across counties and were highest in the southern, eastern and central portions of the state.
- Like the U.S. poverty rate, the Arkansas poverty rate has declined since 2016, but continues to be higher than the U.S. poverty rate.
- Although the prevalence of food insecurity decreased in 2019 from 2017 to 2018, it increased in 2020 to a level slightly higher than in 2017 to 2018.
- The Arkansas death rate from firearm injuries increased from 2016 to 2019 and was consistently higher than U.S. firearm injury death rates.
- The Arkansas homicide death rate increased slightly from 2016 to 2019 and was consistently higher than the U.S. rate.

TREATMENT ADMISSIONS FOR SUBSTANCE USE DISORDER

- The percentage of admissions to substance abuse treatment have declined over time among youth and young adults, while increasing among adults aged 26 years and older.
- The majority of Arkansas substance use treatment clients served in 2020-2021 were White (78.6 percent), followed by Black (17.6 percent). About 8.3 percent were Hispanic/Latino.
- The number of pregnant women in substance use treatment increased between 2008 and 2019 from 3 to 131.
- The proportion of the Arkansas population needing, but not receiving, treatment for illicit drugs or alcohol is similar to or slightly less than U.S. figures.

DATA-DRIVEN PREVENTION PLANNING

The most effective way to lower the cost of substance use and mental health disorders is to focus on prevention efforts. While providing treatment opportunities is important, prevention efforts produce a much larger impact on the cost of these disorders for communities and society at large. These costs can include the cost to the health care system, since many of these individuals are more likely to utilize healthcare resources and less likely to be able to pay for healthcare costs; the financial burden on the justice system due to the resources required to address the levels of crime associated with drug use; and the loss of productivity. It is possible to reduce these costs more broadly through prevention efforts in communities across the state rather than solely treating individuals. Preventing drug use disorders from developing is more cost-effective than treating these disorders after the fact. To turn the focus from improving individual treatment outcomes to reducing the likelihood of individuals developing these types of disorders, SAMSHA/CSAP began funding states to form and sustain SEOWs, which are tasked with developing state epidemiological profiles regarding substance use. These profiles represent an accumulation of various data sources to be used as an aid in the prioritization of data-driven prevention strategies that are specific to the needs within each state.

HOW TO USE THIS REPORT

Previous Arkansas state profiles focused on the incidence, prevalence and consequences of substance use, which is the first step towards developing effective prevention strategies. This information is used to identify the types of substance use and their consequences specific to Arkansas. For instance, according to the National Survey on Drug Use and Health estimates for 2017–2018, Arkansas has the second highest rate of prescription pain reliever misuse in the nation among individuals aged 12–17, indicating that Arkansas likely needs to focus on educating communities, parents and students about the dangers related to this type of misuse, as well as enhancing the reach of efforts that are already in place. Further, knowing the rates and prevalence of consumption and consequences allows policymakers and community leaders to prioritize prevention efforts.

Beginning in the 2013 Arkansas State Epidemiological Profile, additional focus was placed on the shared risk factors that contribute to the development and continuance of both substance use and mental health disorders. In this report, mental health factors are highlighted throughout the contributing factors section since the co-occurrence of mental health disorders and substance use is common. Decreasing the prevalence of shared risk factors such as adverse childhood experiences or extreme economic deprivation means decreasing the likelihood individuals will develop substance use or mental health disorders.

Policymakers and community leaders can use the data presented here to help support legislation regarding the funding of prevention programs or to justify the need to fund specific local programs aimed at increasing prevention. This report is divided into sections related to the process of developing substance use disorders and the end results. These sections include the consumption of substances in both youth and adults, the consequences related to the current levels of usage in the state of Arkansas, the contributing factors specifically associated with the likelihood of either youth or adults developing substance use disorders, and treatment for substance abuse.

For more information related to data-driven prevention planning, please see SAMHSA's Data-Based Planning for Effective Prevention: Statewide Epidemiological Outcomes Workgroups, SMA No. 12-4724, first printed 2012.

DATA INDICATORS AND SOURCES

State-collected data as it relates to substance use is aggregated by UAMS. Since the establishment of SEOW in 2005, the workgroup has continuously sought and collected data to provide a data-driven core. The UAMS analytics team supporting SEOW developed criteria for inclusion of data into this report. Indicator criteria include:

Relevant - Based on input from SEOW members, analytics team members selected indicators that were relevant to the subject of substance use. The usefulness of each measure was also carefully considered so that indicators could be employed for planning or action toward improvement. Where possible, indicators were limited to those that were a direct measure of consumption and consequences of substance use or mental health. Meaningful social determinants of health known to influence substance use or mental health were included.

Available and timely - National-, state- and county-level indicators are necessary for an effective evaluation of substance use and mental health in the Arkansas population. The feasibility of obtaining data from trusted sources and conducting appropriate analyses was deliberated during indicator selection. Indicators that were accessible to the general public or available through a data request process were evaluated within this report.

Representative -Analytics team members reviewed the indicators to determine if major elements of substance use were appropriately assessed. If any elements were missing, additional indicators were sought in order to fill gaps in analyses. Data elements that were not available were included in the data limitations section of this report.

Valid and reliable - Indicators that are true reflections of the intended measure were selected. An indicator that can be consistently measured over time from a credible source was considered reliable. To confirm validity and reliability, the methodology for data collection, compilation and analysis for each data source was reviewed.

Time series data - Selected indicators included those that reflect a trend over time. Data sources that reported indicators each year were essential, whereas those indicators that were not consistently collected or collected only once may not have been an appropriate indicator for this report.

This data compilation supports a significant enhancement to the community and provides access to critical data about substance use and its determinants. Data in this report provide a base for informational tools, articles and maps. All related materials and data can be accessed at ARPrevention.org. Exhibit 1 represents data readily available on the website for use by community members.

EXHIBIT 1

Indicator	Source
Arkansas Population Profile (Population, Education, Race/Ethnicity, Income)	US Census Bureau, American Community Survey DP05: ACS DEMOGRAPHIC AND HOUSING... - Census Bureau Table
Arkansas Unemployment	Department of Labor, Bureau of Labor Statistics Bureau of Labor Statistics Data (bls.gov)
Disconnected Youth	US Census Bureau, American Community Survey B14005: SEX BY SCHOOL ENROLLMENT BY... - Census Bureau Table
Arkansas Uninsured	US Census Bureau, American Community Survey S2701: SELECTED CHARACTERISTICS OF... - Census Bureau Table
Poverty rates	U.S. and State: American Community Survey, Table S1701 County: Small Area Income and Poverty Estimates (SAIPE) https://www.census.gov/programs-surveys/saipe.html
Arkansas Rural Population	US Department of Agriculture, ERS https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx
Self-Rated Health Status	Behavioral Risk Factor Surveillance Survey (Behavioral Risk Factor Surveillance Survey (BRFSS)) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Physical Inactivity	Behavioral Risk Factor Surveillance Survey (Behavioral Risk Factor Surveillance Survey (BRFSS)) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Adult Chronic Health Conditions (Hypertension, High Cholesterol, Arthritis, Depression, Obesity)	Behavioral Risk Factor Surveillance Survey (Behavioral Risk Factor Surveillance Survey (BRFSS))/United Health Foundation, America's Health Rankings BRFSS Prevalence & Trends Data: Explore by Location DPH CDC and https://www.americashealthrankings.org/
COVID and youth	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com)
Youth Electronic Vapor Product Use	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com)
Youth Age of first cigarette use	Youth Risk Behavioral Surveillance Survey (YRBSS) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC Monitoring the Future SAMHDA (samhsa.gov)
Cigarettes and smokeless tobacco (current and lifetime use)	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com) Monitoring the future SAMHDA (samhsa.gov)

EXHIBIT 1

Electronic vapor product lifetime use	Youth Risk Behavioral Surveillance Survey (YRBSS) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC Monitoring the Future A continuing study of American youth
Lifetime and current alcohol use	Arkansas Prevention Needs Assessment/Youth Risk Behavioral Surveillance Survey (YRBSS) Arkansas Prevention Needs Assessment Survey (pridesurveys.com) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC Monitoring the Future SAMHDA (samhsa.gov)
Average age of first alcohol use	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com) Monitoring the Future SAMHDA (samhsa.gov)
Youth Current binge drinking	Arkansas Prevention Needs Assessment/Youth Risk Behavioral Surveillance Survey (YRBSS) Arkansas Prevention Needs Assessment Survey (pridesurveys.com) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC
Youth Current marijuana use	Arkansas Prevention Needs Assessment/Youth Risk Behavioral Surveillance Survey (YRBSS) Arkansas Prevention Needs Assessment Survey (pridesurveys.com) _ Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC Monitoring the Future SAMHDA (samhsa.gov)
Youth Lifetime marijuana use	Arkansas Prevention Needs Assessment/Youth Risk Behavioral Surveillance Survey (YRBSS) Arkansas Prevention Needs Assessment Survey (pridesurveys.com) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC Monitoring the Future SAMHDA (samhsa.gov)
Average age of first marijuana use	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com)
Youth Lifetime prescription drug misuse	Youth Risk Behavioral Surveillance Survey (YRBSS) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC
Youth Current prescription drug misuse	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com) Monitoring the Future SAMHDA (samhsa.gov)

EXHIBIT 1

Age of first misuse of prescription drugs	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com)
Youth current/lifetime drug abuse	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com) Monitoring the Future SAMHDA (samhsa.gov)
Youth lifetime illegal drug injected	Youth Risk Behavioral Surveillance Survey (YRBSS) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC
Adult current smokers	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Adult current alcohol use	Behavioral Risk Factor Surveillance Survey (BRFSS), National Survey on Drug Use and Health BRFSS Prevalence & Trends Data: Explore by Location DPH CDC SAMHDA (samhsa.gov)
Adult current drinking	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Adult Binge drinking	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Adult heavy drinking	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Adult current and past year marijuana use	National Survey on Drug Use and Health SAMHDA (samhsa.gov)
Adult cocaine use	National Survey on Drug Use and Health SAMHDA (samhsa.gov)
Adult methamphetamine use	National Survey on Drug Use and Health SAMHDA (samhsa.gov)
Adult illicit drug use in the past 3 months	National Survey on Drug Use and Health SAMHDA (samhsa.gov)
Smoking 3 months prior to pregnancy	Pregnancy Risk Assessment Monitoring System https://www.cdc.gov/prams/index.htm
Smoking last 3 months of pregnancy	Pregnancy Risk Assessment Monitoring System https://www.cdc.gov/prams/index.htm
Smoking after delivery	Pregnancy Risk Assessment Monitoring System https://www.cdc.gov/prams/index.htm
Drug related arrests for marijuana/hashish	Arkansas Crime Information Center (ACIC) https://www.dps.arkansas.gov/crime-info-support/arkansas-crime-information-center/crime-statistics/
Drug overdose deaths in the US	Centers for Disease Control https://www.cdc.gov/drugoverdose/data/index.html
Opioid related overdose deaths per 100,000	Centers for Disease Control https://www.cdc.gov/drugoverdose/data/index.html

EXHIBIT 1

Opioid prescriptions per 100 persons	Centers for Disease Control https://www.cdc.gov/drugoverdose/data/index.html
Rate of neonatal abstinence syndrome	Arkansas Department of Health, Prescription Drug Monitoring Program, Annual Report PDMP - Reports and Resources Arkansas Department of Health
Percentage with angina or coronary heart disease	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Percentage with stroke	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Percentage with heart attack	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Percentage with COPD	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Age adjusted mortality rate (lung, bronchus, trachea cancer; alcoholic fatty liver disease, suicide, accidents, firearms)	Centers for Disease Control https://wonder.cdc.gov/
Academic Performance	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com)
Rate of attempted suicide	Youth Risk Behavioral Surveillance Survey (YRBSS) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC
Rate of injurious suicide	Youth Risk Behavioral Surveillance Survey (YRBSS) CDC
Drug and alcohol related arrests in Arkansas	Arkansas Crime Information Center (ACIC) https://www.dps.arkansas.gov/crime-info-support/arkansas-crime-information-center/crime-statistics/
Fatal Accidents including those related to alcohol use	US Department of Transportation, Fatality Analysis Reporting System https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars
Risk perception - smoking, marijuana, alcohol	Youth - Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com) Adult - National Survey on Drug Use and Health SAMHDA (samhsa.gov)
Youth feeling sad or hopeless	Youth Risk Behavioral Surveillance Survey (YRBSS) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC
Major depressive episode by age	National Survey on Drug Use and Health SAMHDA (samhsa.gov)
Poor mental health in adults	Behavioral Risk Factor Surveillance Survey (BRFSS) BRFSS Prevalence & Trends Data: Explore by Location DPH CDC
Parents/Peers with attitudes favorable to drug use	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com)

EXHIBIT 1

Students bullied at school	Youth Risk Behavioral Surveillance Survey (YRBSS) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC
Students bullied electronically	Youth Risk Behavioral Surveillance Survey (YRBSS) Youth Online: High School YRBS - Arkansas 2019 Results DASH CDC
Transitions and mobility	Arkansas Prevention Needs Assessment Arkansas Prevention Needs Assessment Survey (pridesurveys.com)
Rate of homelessness per 100 children enrolled in Arkansas public schools	Arkansas Department of Education Data Center https://adedata.arkansas.gov/statewide/
Children in Foster Care	Arkansas Department of Human Services https://humanservices.arkansas.gov/resources/reports/statistical-reports
Percentage Tobacco sales to minors	Arkansas Tobacco Control http://www.arkansas.gov/tbccs/tbccs
People in alcohol or drug treatment	Arkansas Department of Human Services https://humanservices.arkansas.gov/resources/reports/statistical-reports
Mental Health Clients Served	Arkansas Department of Human Services https://humanservices.arkansas.gov/resources/reports/statistical-reports
People needing but not receiving treatment	National Survey on Drug Use and Health SAMHDA (samhsa.gov)
Population living in substandard housing	American Community Survey, S2504: PHYSICAL HOUSING... - Census Bureau Table
Food Insecurity	Map the Meal Gap Hunger Statistics & Facts Feeding America
Fertility Rate	Arkansas Department of Health, Vital Statistics, Natality

DATA LIMITATIONS AND GAPS

Various data sources at the national and state level were employed to summarize this report on substance use, contributing factors, consequences and treatment. However, since every data source has its limitations, it is important that such gaps or limitations are considered in viewing this report.

Important limitations include:

- Some data lack granular detail on minority populations. Currently these groups comprise 27.6% of the state population with Non-Hispanic Blacks constituting 55.2% of the minority population. As minorities are the fastest growing population in the US, paying closer attention to the mental health, drug use, and social determinants of health of these populations is gaining in importance.
- Lack of information on special populations, such as LGBTQ, military families and veterans.
- Small sample sizes often restrict detailed analyses particularly at the county level and may not fully represent actual population characteristics.
- Data come from different surveys that don't use the same methods, populations, or instruments
- The time periods of data collection vary. For instance, data from most surveys are two years behind and mortality/morbidity data are frequently at least 3 years behind the current year
- Due to concerns with privacy, data at the county or community level are not publicly available.

Many of the measures in this report that are derived from surveys are based on self-report. While research shows self-reported information is usually reliable, in some cases such as substance use, respondents want to give the socially desirable response. Thus, the reliability of a measure may be questionable.

EXHIBIT 2

Data Deficiency	Why Data Are Needed
Illicit drug use	Young adults increasingly report past month illicit drug use and are seen with greater frequency in emergency departments for both illicit drug use and abuse of prescription drugs. Obtaining county-level data on the incidence and prevalence of substance use is a critical need.
LGBTQ data	LGBTQ young adults are at greater risk of harassment and violence. As a result of these and other stressors, sexual minorities are at increased risk for various behavioral health issues including substance use/misuse and suicide. They are also considerably more likely to be homeless. Data are needed on these populations to determine the incidence and prevalence of these and mental health disorders at the state and county level. The U.S. Census Bureau recently added (2021) questions to their Pulse survey to assess gender at birth, current gender identity, and sexual orientation. These new data will be available to quantify state-level estimates of the LGBTQ population although not mental health or substance use behaviors frequently associated with LGBTQ populations.

EXHIBIT 2

Substance use/misuse data on minority populations	Data on minority populations, a rising proportion of the state's population, are needed to ensure substance use/misuse interventions account for cultural, racial and ethnic differences. Because Arkansas is a small state, it is not possible to estimate substance use/misuse among minority populations from national surveys due to the low numbers of minority participants in such surveys.
Substance use/misuse related suicide data	Substance use not only increases the likelihood that a person will take their own life, but also is used as a means for committing suicide. There is a 3-year lag in cause of death data meaning that yesterday's issue is often targeted. Also, suicide is frequently miscoded so state and county suicide rates may appear lower than they actually are. New questions were added to some government surveys during the COVID pandemic to assess mental health and suicide related behaviors. As Arkansas is a small state and suicide is a rare phenomenon, it is unlikely that reliable prevalence estimates at the state-level and highly unlikely that granular detail on age, race, or sub-state areas will be available.
Military families and Veterans	The needs of these populations are unknown. We do know that Veterans and military members have higher rates of suicide compared to the US population. There is insufficient information on mental health and substance use/misuse, particularly at state and county levels. However, the state of Arkansas is planning to conduct a series of surveys with Veterans and their families through the Arkansas Governor's Challenge suicide prevention initiative. While these surveys will not collect data on youth, they will provide mental health and suicide information on Veterans, military members, and adult family members. Additional work is ongoing to identify suicide risk among Veterans for all counties in the U.S.
Over-the-counter (OTC) medication use/misuse	Over-the-counter (OTC) drugs are medications available without a prescription at drugstores or supermarkets. They are typically safe when used appropriately but can still be misused and pose a risk for addiction. There is not a data source for tracking OTC medication purchases and possible misuse.
Incarcerated population	Many of those imprisoned have co-occurring substance use and mental health disorders. To effectively intervene, we must be able to measure the prevalence at the state and county-level in this specific population.
Co-occurring mental health and substance use disorders or service utilization	The coexistence of a mental health and substance use disorder is referred to as a co-occurring disorder. According to NIH, nearly 40% of those with a substance use disorder have a co-occurring mental health disorder. Understanding how best to target intervention means we must know the co-occurrence rate at the county-level https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml
County-level data	Due to privacy concerns, county-level data are not always publicly available. These data are needed to determine the prevalence and incidence of substance use/misuse in counties and regions to allow for specific targeting of prevention strategies.

Strategies to address these data deficiencies include the following:

- Identify access points for survey data that, for privacy reasons, are only available through government data centers
- Conduct primary data collection activities by fielding surveys within the state that fill identified gaps
- Identify new data sources to fill existing data gaps
- Explore methodologies that can be used to allocate data to counties

DISSEMINATION PLAN

The Arkansas State Epidemiological Profile can be used to evaluate substance use, factors contributing to substance use, the consequences of substance use, and treatment of substance use for program planning, policy changes and support in applying for funding of substance abuse services within communities throughout Arkansas. Prior to the establishment of the SEOW and the State Epidemiological Profile, policymakers, community members and health care providers sifted through multiple data resources for relevant information to address issues of substance use. The state profile consolidates disparate data from numerous sources and provides accompanying county profiles and online resources through the website, ARPrevention.org.

The Arkansas profile was written with these primary end users in mind: substance use prevention and treatment program planners, public health workers, researchers, policymakers, community coalition members, health care workers, nonprofit organizations, grant writers, and public officials and legislators. Multiple avenues have been identified for dissemination of the state profile, county profiles and accompanying resources on the AR Prevention website. Individuals, organizations and networks involved in the distribution of materials include representatives from DHS, the Arkansas Department of Health (ADH), coalition contacts, AFMC provider outreach representatives, Medicaid quality improvement project leadership and staff, AFMC analytics members' oral presentations, regional prevention providers (RPP), and other community stakeholders. Communication of the report and supporting materials include the website (www.ARPrevention.org), and in-person distribution at coalition meetings and to health providers, health fairs, quality improvement project participants, provider outreach representative visits and professional conferences. In addition, articles introducing SEOW, the website, and accompanying resources and promotional materials, such as bags, bookmarks, pens and mugs, have been created and distributed to appropriate audiences.

Potential difficulties with dissemination of materials include cost, time constraints, diversity of the target audience and unidentified members of the community who need access to substance use data. Cost is a considerable limitation to the dissemination of any written reports. However, SEOW members have established distribution and communication of available materials as a high priority. Resource allocation for dissemination was a recurrent topic of discussion for the quarterly workgroup meetings as plans to share information were finalized.

Limitations brought about by time constraints have been addressed proactively through project management and coordination of activities. For example, provider representatives work with clinics on multiple health initiatives. Strategically planning visits after new materials are available aids in facilitating dissemination while keeping time constraints under control.

The diversity of the target audience is a concern that drives the preparation of all materials. Data and accompanying explanations have been presented with both the health care professional and layperson in mind. When possible, writing has undergone plain language editing, particularly informational tools that are distributed to the public. To address these barriers, SEOW members discuss workgroup membership and reaching unidentified members of the community who might benefit from the state profile at each quarterly meeting.

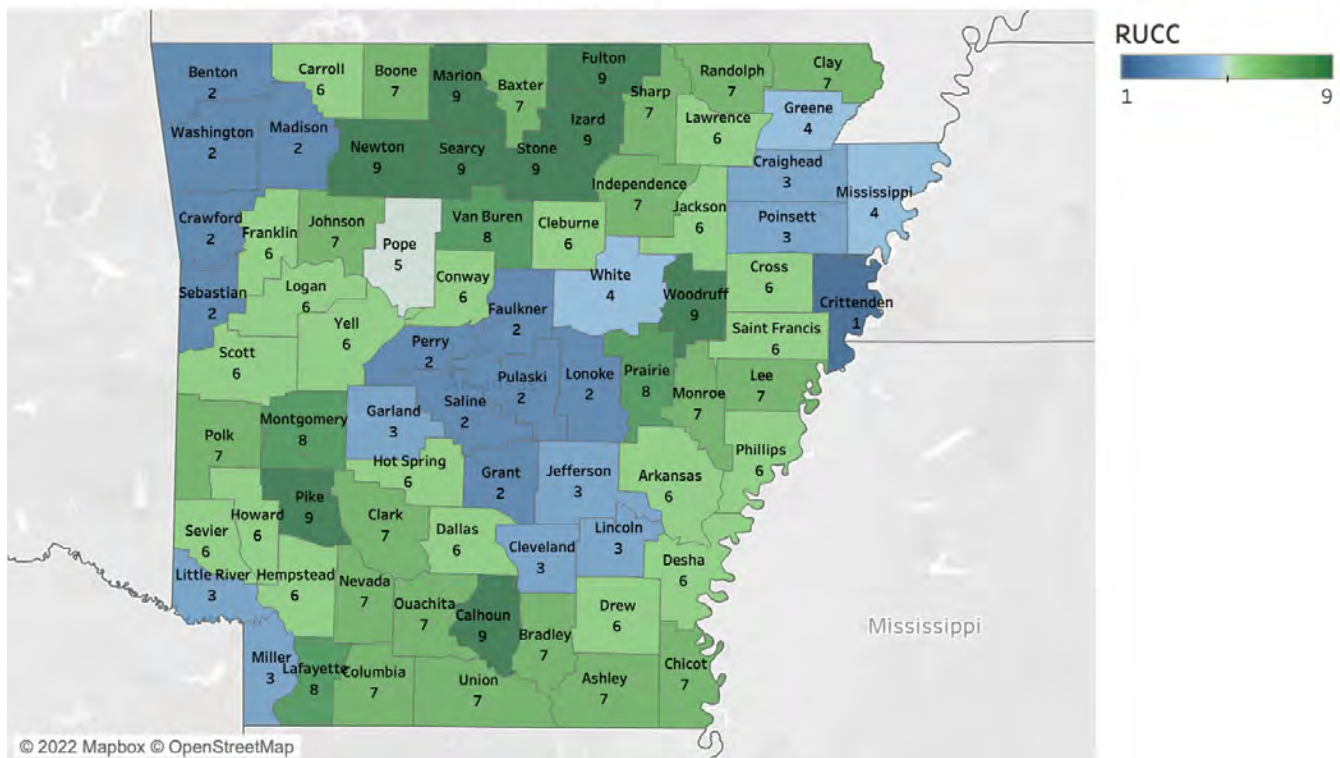
The dissemination plan is evaluated at each quarterly SEOW meeting. A summary of the distribution of materials since the last meeting is presented, and the discussion revolves around the effectiveness of dissemination activities. The UAMS communications team tracks website traffic to determine what documents are being accessed.

ARKANSAS OVERVIEW

POPULATION

Of the 75 counties in Arkansas, 55 are considered rural. Among rural counties, nearly 60 percent have fewer than 20,000 people. In 2020, the total population of Arkansas was nearly 3 million, placing the state in the bottom half of all states in terms of population. Arkansas is in the bottom third in terms of population per square mile at 58.2 compared to the District of Columbia at 10,984.4 and Alaska at 1.3 per square mile.

Degree of Rurality Across Arkansas



RUCC	Urban-Rural	Description
1	Urban	Metro - Counties in metro areas of 1 million population or more
2	Urban	Metro - Counties in metro areas of 250,000 to 1 million population
3	Urban	Metro - Counties in metro areas of fewer than 250,000 population
4	Rural	Nonmetro - Urban population of 20,000 or more, adjacent to a metro area
5	Rural	Nonmetro - Urban population of 2,500 to 19,999, adjacent to a metro area
6	Rural	Nonmetro - Urban population of 2,500 to 19,999, adjacent to a metro area
7	Rural	Nonmetro - Urban population of 2,500 to 19,999, not adjacent to a metro area
8	Rural	Nonmetro - Completely rural or less than 2,500 urban population, adjacent to a metro area
9	Rural	Nonmetro - Completely rural or less than 2,500 urban population, not adjacent to a metro area

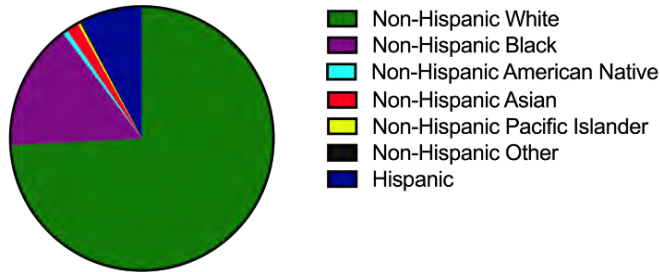
RUCC - Rural-Urban Continuum Code

Source: USDA ERS UIC

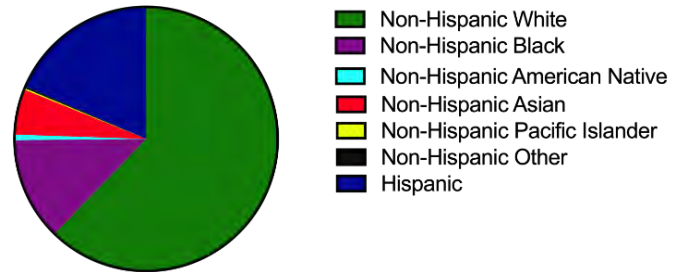
Non-Hispanic Whites comprise most of the population of the state (72.4%) but minority groups are rapidly increasing in Arkansas. In 2019, Hispanics were 7.5 percent of the population while Non-Hispanic Blacks represented 15.2 percent of the population.

Relative to the U.S., there is a higher percentage of Non-Hispanic Whites, Blacks and Pacific Islanders in Arkansas. In contrast, there is a lower percentage of Hispanic individuals in Arkansas versus U.S.

Arkansas Population, 2019



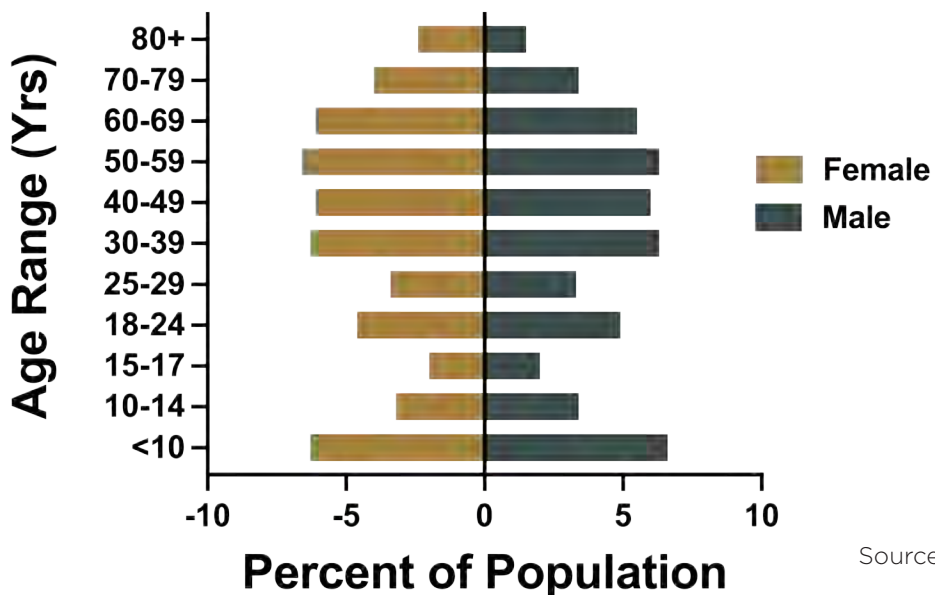
United States Population, 2019



Source: U.S. Census Bureau, American Factfinder

The population aged 18 and older represents 76.5 percent of the Arkansas population. Median age is 38.1 for the state which is the same as it is for the U.S. While this may seem young, in 1960, the median age in the U.S. was 29.5 indicating that the population of the U.S. is aging. The chart below shows the population distribution of the state by age and sex arranged as a population pyramid. The value in depicting age in this way is that it tells us quite a bit about the age structure Arkansas. In a growing population, more of the population is concentrated in younger age groups while there are fewer persons in the older age groups. The shape resembles a pyramid. In the pyramid for Arkansas, while the overall shape is essentially square indicating the population will not change very much over time, there do appear to be recent fertility changes with the population aged 10 and younger being substantially greater than the older population through age 29. This is a trend worth watching because it does suggest the need for expanded supported for a growing young population.

Arkansas Population

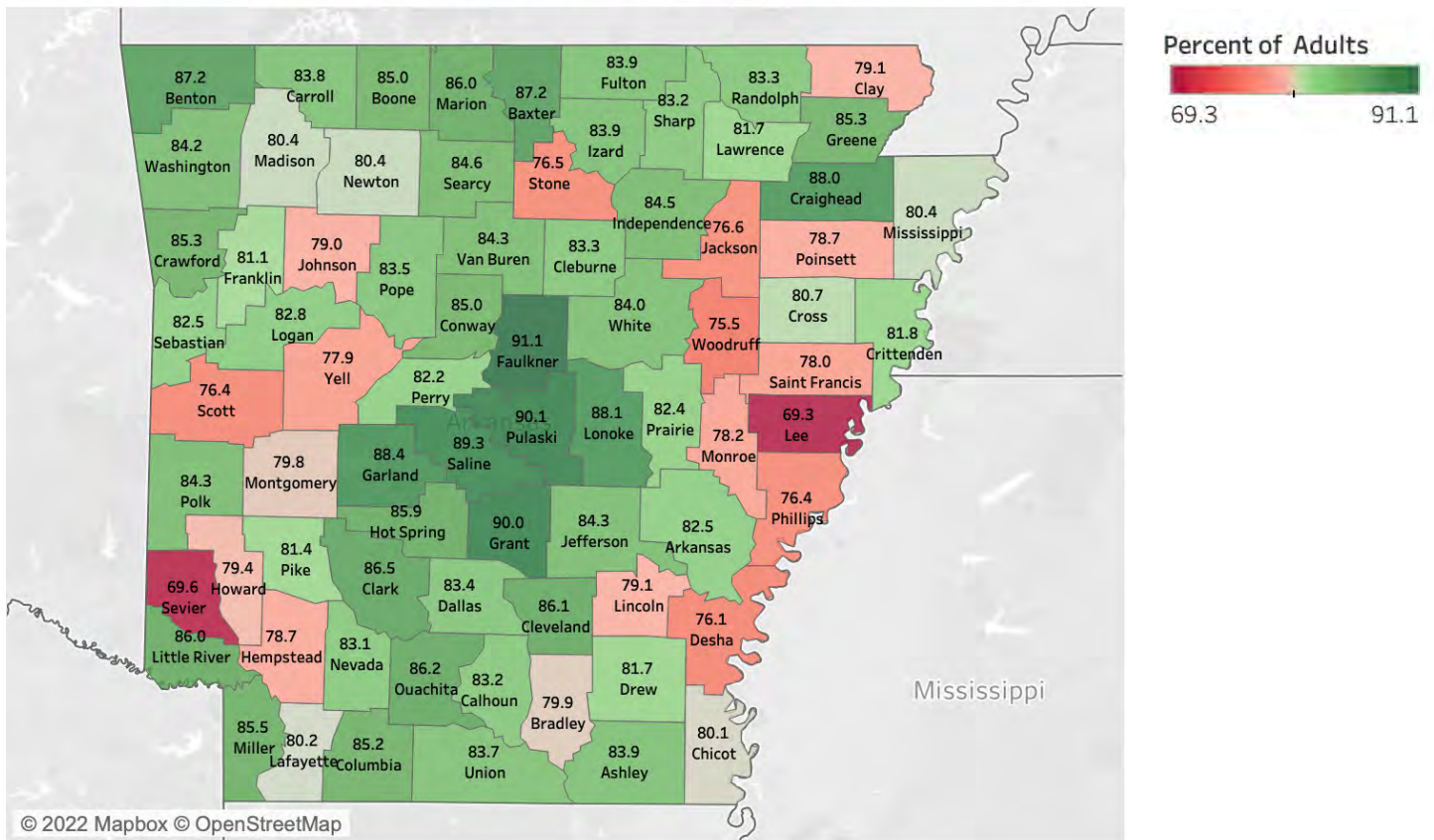


Source: U.S. Census Bureau, American Factfinder

EDUCATION

Arkansas' public-school system enrollment is approaching 500,000 students, with 54.8 percent in middle or high school in the 2020-2021 school year.

Arkansas Adults (25+Years) with at Least a H.S. Diploma, 2019



Source: American Community Survey, Table S1501

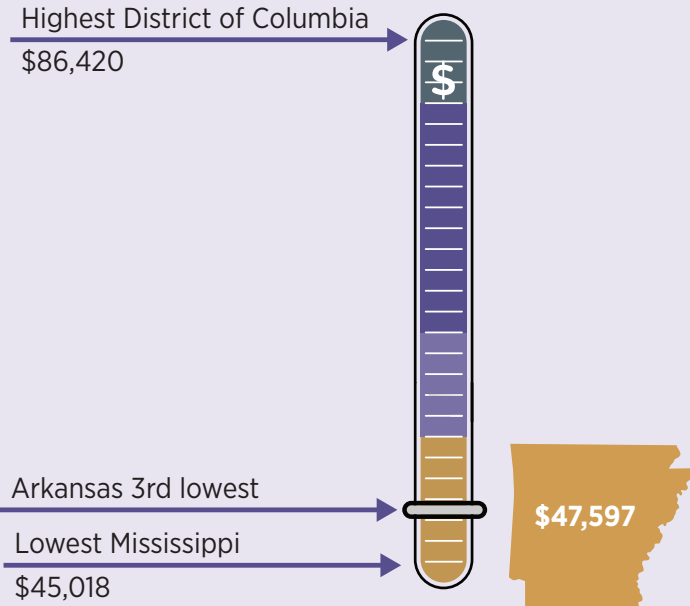
Among the 35,005 students who withdrew or dropped of school during the 2020-2021 school year, the vast majority (88.1%) enrolled in other educational programs or graduated early. Only two percent of Arkansas students dropped out or withdrew due to incarceration, failing grades, suspension or expulsion, lack of interest, or conflict with school. For 10.9 percent of students, the reason listed as dropping out or withdrawing was “Other.”

Among the population aged 25 and older, 85.2 percent graduated from high school or obtained a GED vs 87 percent of the U.S. population. In the U.S., 30.3 percent of those aged 25 and older have Bachelor's degree or higher compared to only 21.5 percent of Arkansans.

Economy

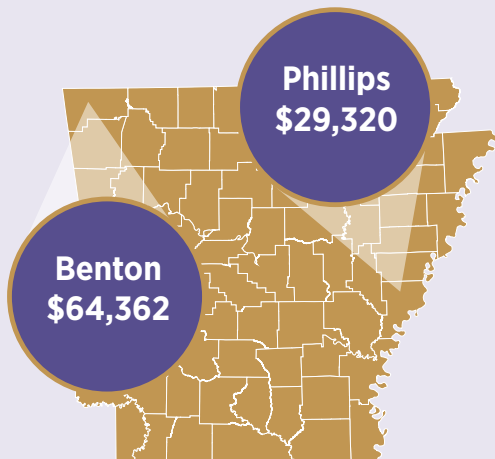
Income

In 2019, the median income in Arkansas was \$47,597 compared to \$62,843 for the U.S. Arkansas ranks the third lowest in the country, with median income higher only than that in Mississippi and West Virginia.



Source: America's Health Rankings

Highest and Lowest County Income Level for 2019

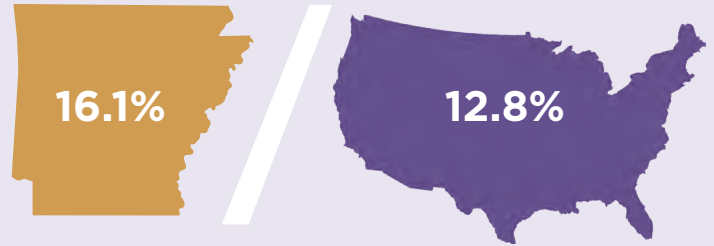


Source: American Community Survey, Table S1901

Poverty

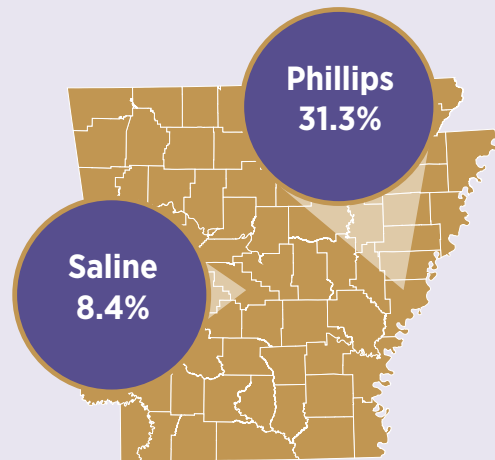
Given that Arkansas income ranks third lowest in the country, it is unsurprising that the poverty rate in Arkansas is higher than that of the U.S. overall (16.1 vs 12.8 percent).

Population below Poverty Level, 2020



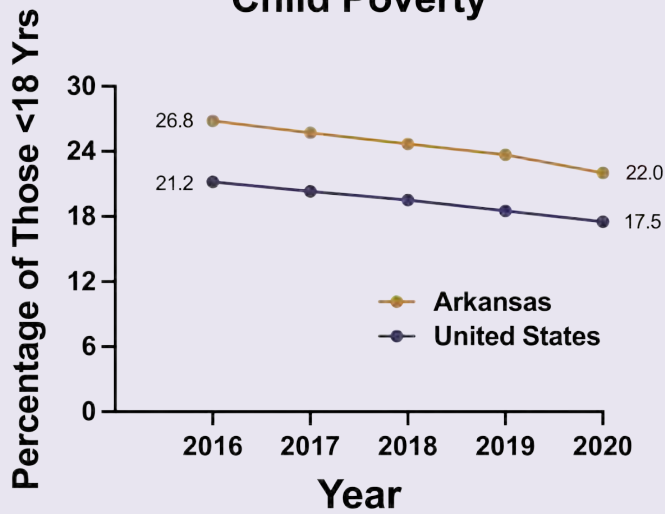
Source: American Community Survey

Highest and Lowest County Poverty Level for 2020



Source: American Community Survey

Child Poverty

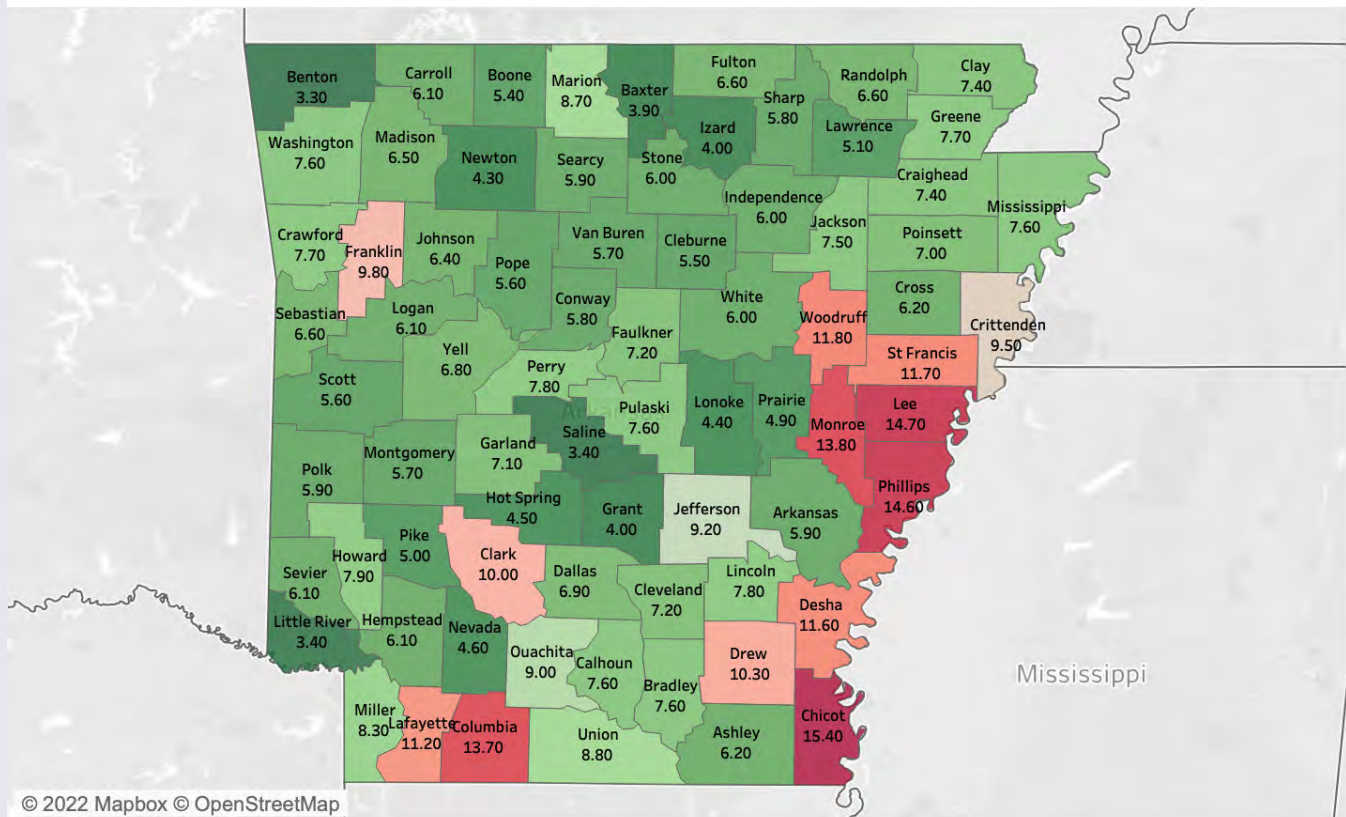


Arkansas consistently has a higher percentage of children living in poverty relative to national rates, although rates appeared to show a decreasing trend from 2016 to 2020.

Source: American Community Survey, Table S1701

The U.S. Census Bureau defines “deep poverty” as living in a household with a total cash income below 50 percent of its poverty threshold. In 2020, the percentage of the population living in deep poverty was 5.8% nationally versus 6.7% in Arkansas. Rates of deep poverty in Arkansas varied from 3.3% in Benton County to 15.4% in Chicot County. The highest rates of deep poverty were typically observed in the southeastern part of the state.

Deep Poverty, 2020



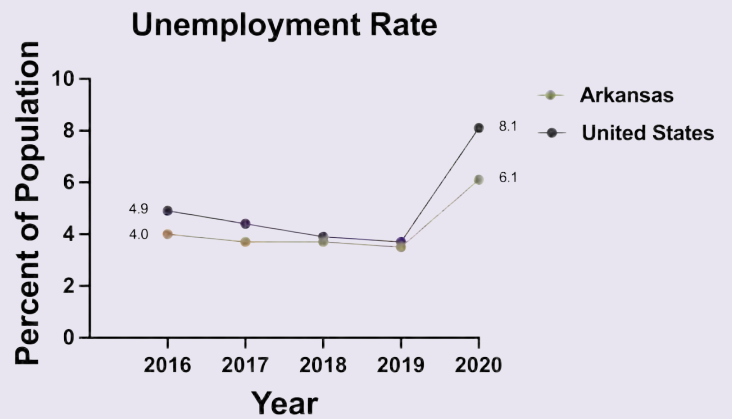
Mississippi



Source: American Community Survey, Table S1701

Unemployment

Unemployment in the state remained stable from 2016-2019 averaging 3.7 percent, however, in 2020, unemployment nearly doubled to 6.1 percent. The increase is due to the unprecedented loss of 22.1 million jobs between January 2020 and April 2020 caused by rising COVID infections. Despite being higher than in the past, unemployment rates in Arkansas compare favorably to unemployment rates in the U.S. which were at 8.1 percent.

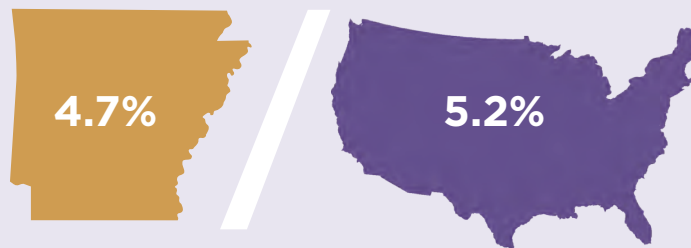


Source: Department of Labor, Bureau of Labor Statistics

Uninsured

The rate of uninsured individuals in Arkansas was 8.3 in 2020 compared to 8.7 for the U.S., with the difference probably attributable to the expansion of Medicaid eligibility in the state as well as protections that were put in place during the COVID pandemic. Among those 18 and younger, the uninsured rate in the state was also lower than that of the U.S. (4.7 vs 5.2 percent).

Uninsurance Rates for Children, 2020



Source: American Community Survey, Table S2701

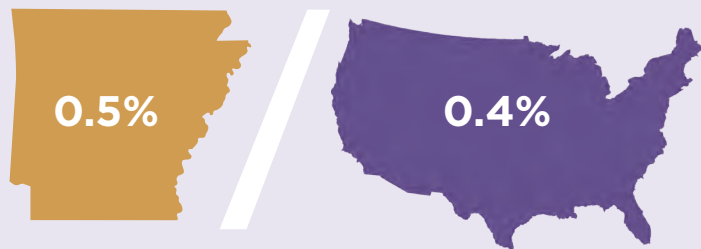
Housing

Housing quality is associated with mental health functioning including stress, anxiety, and substance use. One measure of housing quality is inadequate plumbing – at least one of the following is missing:

1. Hot and cold running water
2. Bathtub or shower
3. Sink with a faucet

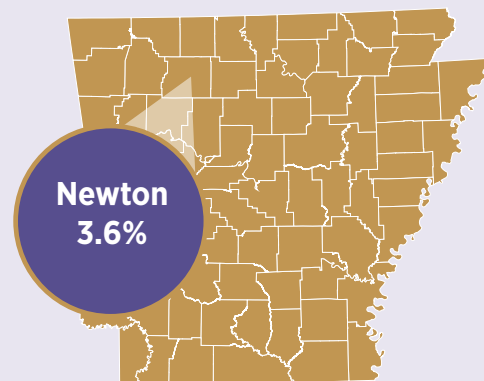
In Arkansas, 0.5% of occupied housing units (5,781) have inadequate plumbing. Most states fall well below one percent of housing stock with inadequate plumbing with the average for the U.S. being 0.4%. Only Alaska exceeds one percent (4%).

Housing Units with inadequate Plumbing, 2020



Source: American Community Survey, Table S2504

County with Highest Inadequate Plumbing, 2020

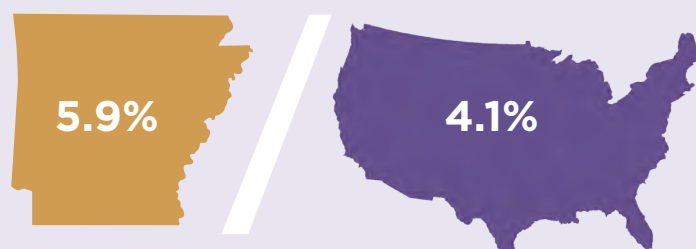


Food Insecurity

Food insecurity is defined as a lack of consistent access to enough food for every person in a household.² Food insecurity is a marker of material deprivation due to its close link to socioeconomic status³. Youth are particularly vulnerable to food insecurity, with 1 in 3 students experiencing food insecurity nationally. Marginalized communities are twice as likely to experience poverty and, thus, food insecurity. Students at all levels are at increased risk of educational failure as a result of food insecurity as hunger can exacerbate any educational obstacle they are already facing. This failure can perpetuate generational poverty. Additionally, food insecurity is associated with mood disorders such as depression, suicidal ideation and anxiety as well as the prevalence of cannabis, cocaine/crack and speed use.⁴ Of special concern, food insecurity is associated with increased behavioral problems in children.

According to the USDA, more than 38 million people, including 12 million children, in the United States are food insecure.⁵ In 2020, 10.5 percent of all households (13.8 million households) and 7.6 percent of households with children (2.9 million households) were food insecure. In Arkansas, 12.6 percent of households (172,023) were food insecure, a figure that is not significantly different than for the U.S. However, the percentage of households with very low food security was significantly higher in Arkansas versus the U.S. (5.9% vs 4.1%).

Households with Very Low Food Security, 2020



Source: Map the Meal Gap

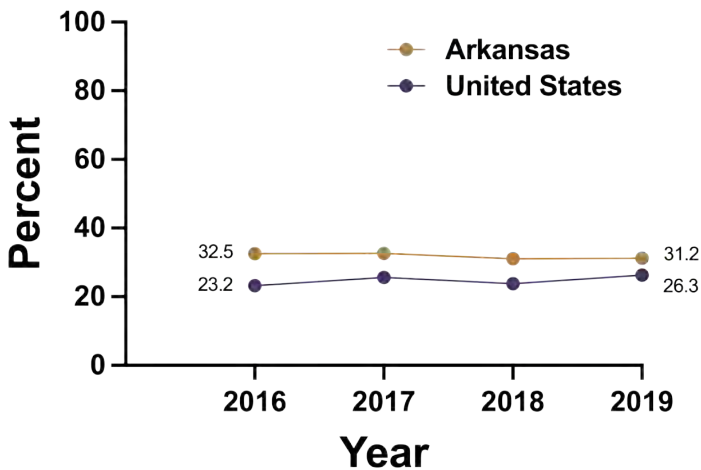
OVERALL HEALTH

In overall health, Arkansas improved slightly from 48th in 2018 among all states to 47th in 2020. Hawaii was the healthiest state in 2020 while Alabama, Mississippi, and Louisiana ranked below Arkansas. The change in Arkansas appears to be driven by decreases in the proportion of people who are overweight and/or obese and an increase in the proportion of the population engaging in physical activity.



Source: America's Health Rankings

Physical Inactivity in the Past Year

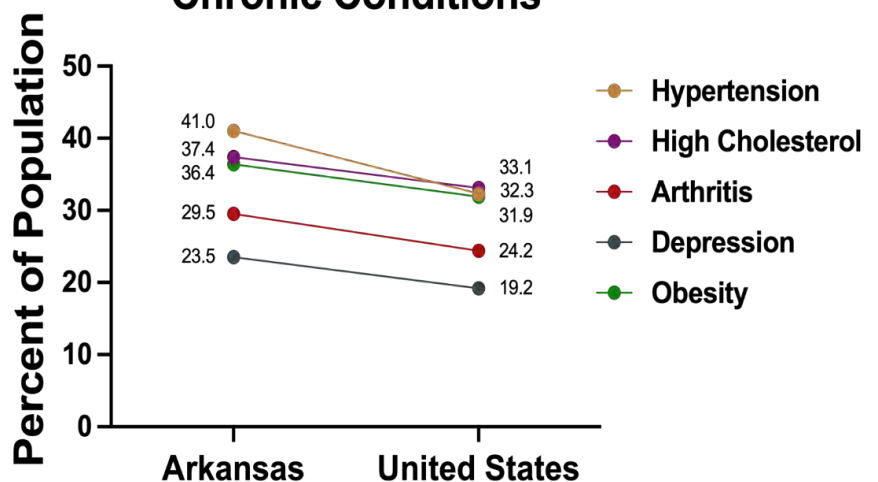


In 2019, 31.2% of Arkansans reported being physically inactive compared to 26.3% of all persons in the U.S. In comparison, Utah reported the lowest inactivity prevalence at 18.5% while Mississippi had the highest prevalence at 37.7%.

Source: BRFSS

Compared with the general U.S. population in 2019, the proportion of Arkansans reporting a chronic condition was higher for hypertension (41.0 vs 32.3) and high cholesterol (37.4 vs 33.1) and, in 2020, arthritis (29.5 vs 24.4), and depression (23.5 vs 19.2). Most of these conditions are driven by obesity and the prevalence of obesity in the state at 36.4% places the state at number 41 compared to all other states. This ranking is an improvement over 2019 when the state was ranked 48. By comparison, Colorado has the lowest obesity prevalence at 23.8% while Mississippi has the highest prevalence at 40.8%.⁶

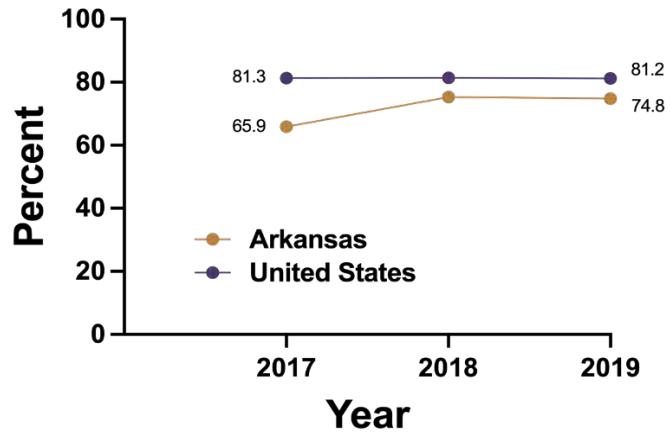
Chronic Conditions



Source: BRFSS

General Health Good, Very Good or Excellent

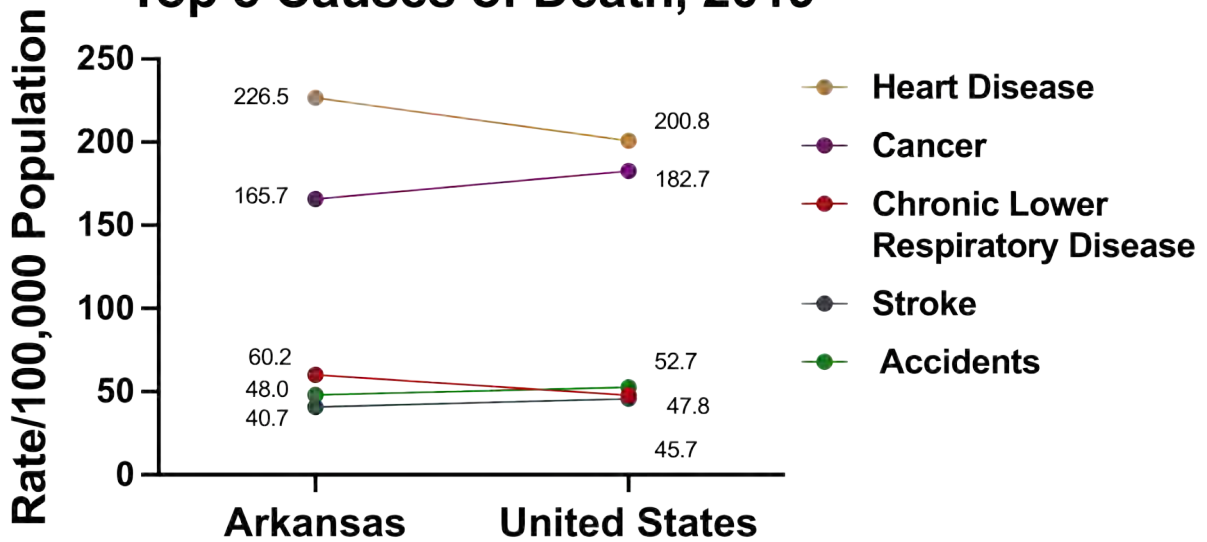
Arkansans are less likely than the U.S. population to rate their health as excellent, very good or good (74.8% vs 81.2%). Self-rated health has been shown to be highly correlated with actual health status.⁷ Persons reporting high health status have lower mortality rates. This is a good predictor of future healthcare utilization and mortality.⁶



Source: BRFSS

The leading causes of death in Arkansas were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Excluding accidents, all of these diseases can be attributed to tobacco use, physical inactivity, air pollution, and obesity.

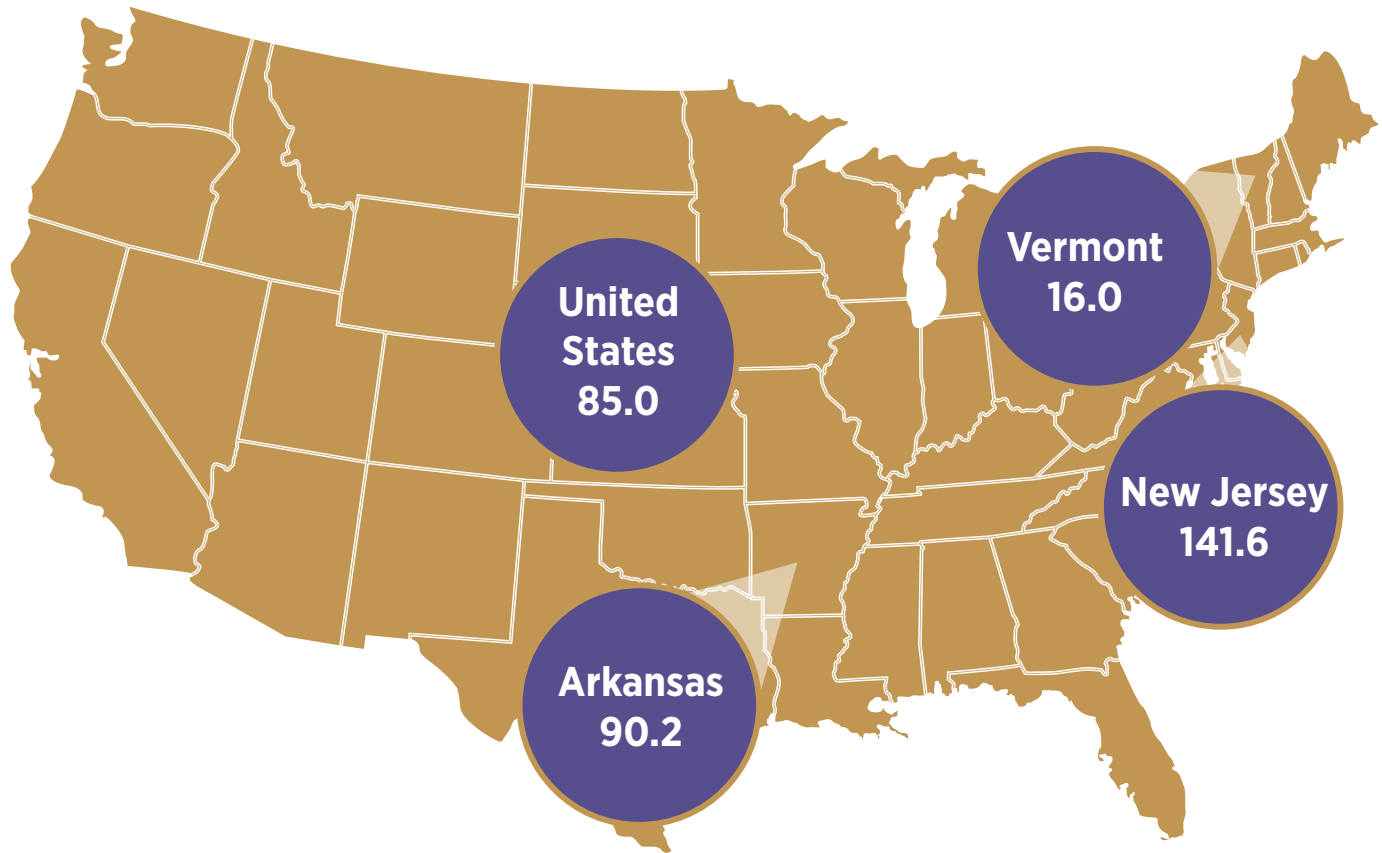
Top 5 Causes of Death, 2019



Source: Centers for Disease Control & Prevention, CDC WONDER

COVID-19 took a toll on the Arkansas population in 2020. The first case was reported in March in Jefferson County and, shortly thereafter, Governor Hutchinson declared a public health emergency and closed all public schools. Despite these measures, Arkansas lost over 1% of its population to COVID-19 in 2020 – 3,523 deaths. The majority of deaths occurred in those over 65 (80.8%) and among non-Hispanic Whites (60%). The age adjusted mortality rate for COVID-19 in 2020 was 85 per 100,000 for the U.S. and 90.2 per 100,000 for Arkansas – **making COVID-19 the third leading cause of death in the state after cancer and heart disease.** The state with the highest COVID-19 mortality rate per 100,000 was New Jersey at 141.6 while Vermont had the lowest rate at 16.⁸

COVID-19-Related Death Rates (per 100,000 persons), 2020

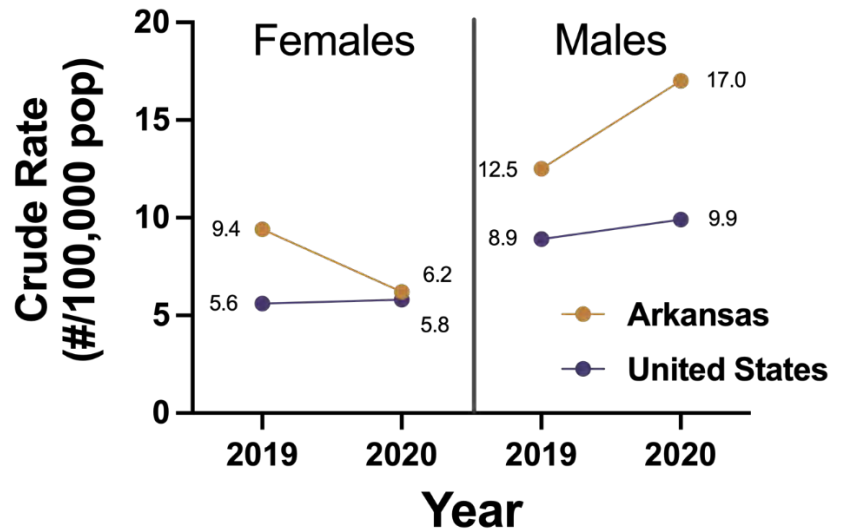


Source: CDC Wonder

Accident or unintentional injury mortality is a leading cause of death in the U.S. and in Arkansas. The leading causes of accidents include motor vehicle traffic, drug overdose, and falls. Rates of unintentional injury deaths in the state are more than twice as high for men as they are for women (66.7 per 100,000 vs 34.5 per 100,000) and are higher in rural areas compared to urban areas.⁹

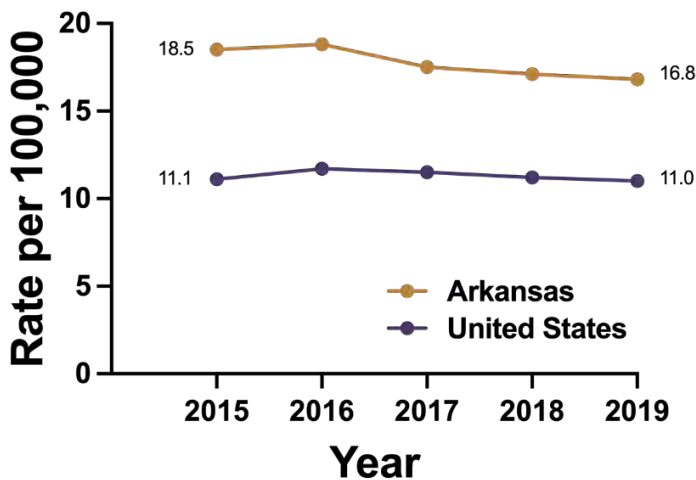
Similarly, both Arkansas and U.S. males less than 18 years of age have higher accident/ unintentional death rates than their female counterparts. Among Arkansas males, death rate was higher than among U.S. males in 2019 and showed a greater increase in 2020. Death rates among Arkansas females was higher than that among U.S. females in 2019, but decreased in 2020 to a similar rate as among U.S. females (6.2 versus 5.8).

Accident/Unintentional Mortality <18 years



Source: Centers for Disease Control & Prevention, CDC WONDER

Motor Vehicle Fatality Rate



U.S. motor vehicle fatality rates remained stable from 2015 to 2019. Arkansas motor vehicle fatality rates have been consistently higher than U.S. figures, but decreased slightly from 18.5 to 16.8 fatalities per 100,000 persons in 2015 and 2019, respectively.

Source: National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS)

YOUTH SUBSTANCE USE

Substance use is a major public health concern, negatively impacting health, legal, and social outcomes. Substance use by adolescents is associated with problems at school such as truancy and poor grades, unprotected sex, both physical and mental health issues, dangerous driving, criminal activity and can lead to substance dependence and substance use disorder.

- Substance dependence is a physical condition in which the body has adapted to the presence of a drug because of constant exposure. Stopping the use of the drug results in physical symptoms known as withdrawal syndrome. Symptoms range from mild to severe and can even result in death depending on the substance.
- Substance use disorder refers to the development of behaviors or symptoms caused by using a substance that an individual continues to take or has difficulty stopping despite its negative effects, including physical and mental health problems, disability, and failure to meet major responsibilities at work, school, or home.

Data related to youth use came from the Arkansas Prevention Needs Assessment (APNA),¹⁰ Monitoring the Future (MTF),¹¹ and National Survey on Drug Use and Health (NSDUH)¹² surveys.

In reading the data:

- “Lifetime use” indicates the rate of children and adolescents who have tried a specific substance.
- “Current use” gives a snapshot of youth actively using that substance (30-day).
- “Binge drinking” is when men consume five or more drinks and women consume four or more drinks in about two hours.

Tobacco Use

Why this is important

Nine out of 10 adult regular tobacco users started tobacco use by age 18 (99% by age 26) and tobacco use increases risk of developing cancer, cardiovascular disease and chronic respiratory diseases.¹³

Nicotine use during adolescence primes the adolescent brain for other addictions, increasing risk for other drug use.¹⁴

Children and adolescents who have tried tobacco products have a higher risk for trying alcohol and marijuana.

Smoking harms nearly every organ of the body and leads to disease and disability.¹⁵

Smoking is the leading cause of preventable death.¹⁵

Smoking costs the United States billions of dollars each year.¹⁵

Mothers who smoke during pregnancy put their babies at risk for premature birth, birth defects and infant death.

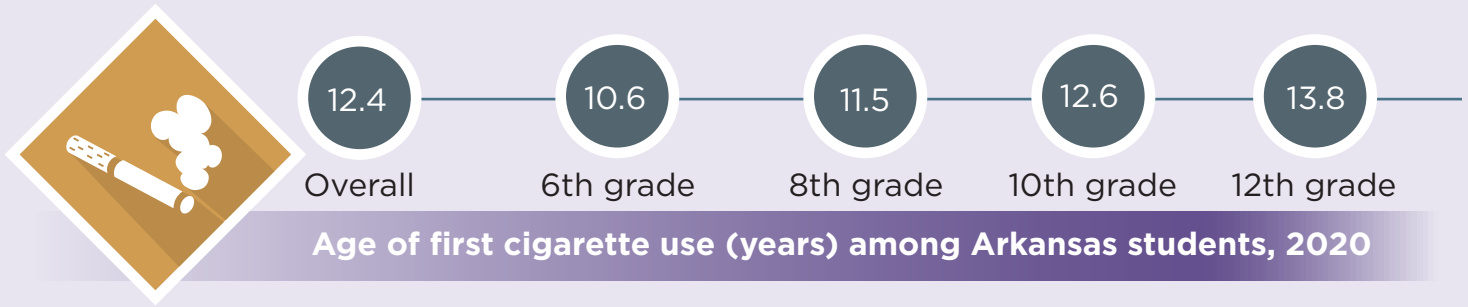
States do not spend much of the money they get from tobacco taxes and lawsuits to prevent smoking and help smokers quit. CDC recommends that states spend 12% of those funds on tobacco control.¹⁵

Lowering the prevalence of tobacco use is critical to tobacco-related disease prevention.

Ideally, education and prevention efforts should begin before the average age of initiation.

What to take away

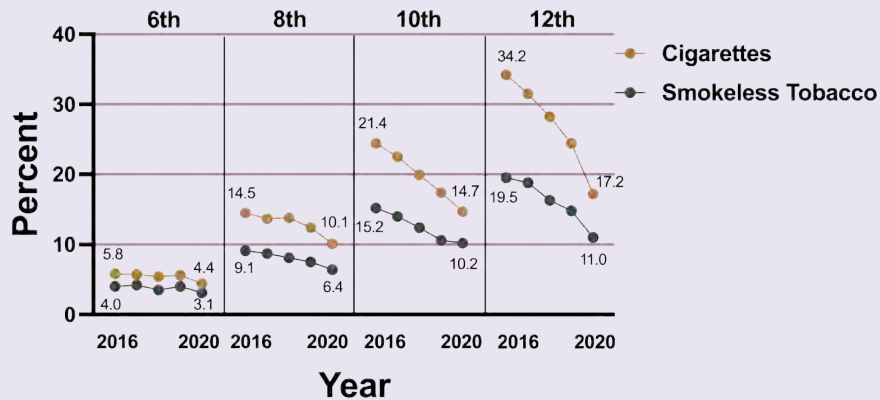
- In 2020, the average age of first tobacco use decreased slightly from 12.5 in 2015-2019 to 12.4.



Source: APNA

- Lifetime cigarette smoking and smokeless tobacco use decreased both over time and across all grades in Arkansas. Still, for those in grade 12, nearly two in ten report having ever smoked in 2020, although this is lower than the almost one in four 12th graders reporting lifetime cigarette use in 2019. There is a clear gradient with the proportion of students reporting ever smoking or using smokeless tobacco increasing with grade level.

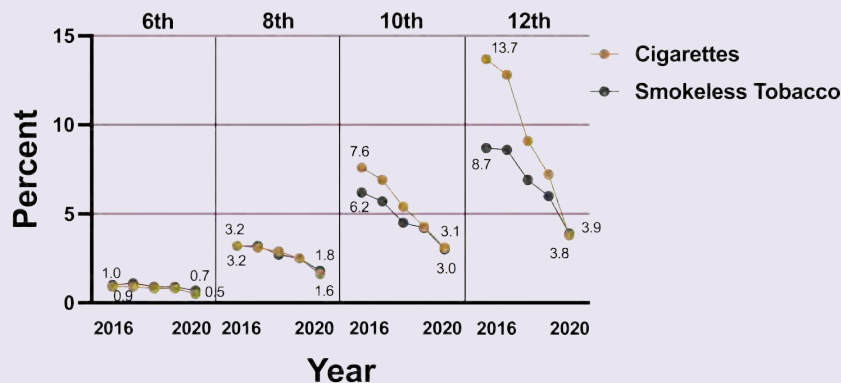
Lifetime Cigarette and Smokeless Tobacco Use



Source: APNA

- Current use of cigarettes and smokeless tobacco both have declined over time across all grades in Arkansas. Current cigarette and smokeless tobacco use fell in 2020 for all grades but most precipitously for those in Grade 12. Less than 1 in 20 students in grades 6, 8, 10 or 12 grades report current use of cigarettes or smokeless tobacco. The percentage reporting current cigarette smoking is highest among high school respondents with 3 in 100 reporting they are current smokers.

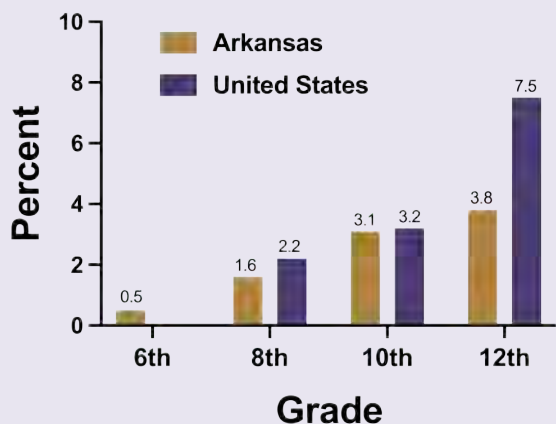
Past 30-Day Cigarette and Smokeless Tobacco Use



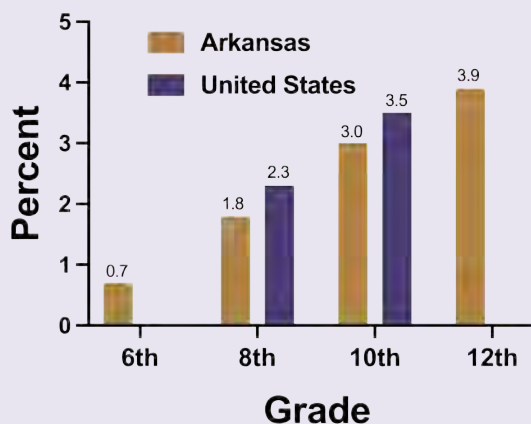
Source: APNA

- Compared to the U.S., a lower proportion of Arkansas students report currently smoking. Current cigarette use in Arkansas in Grades 8, and 12, but not Grade 10, is lower than U.S. figures. Lifetime use of smokeless tobacco is also lower compared to the U.S. for Grades 8 and 10. U.S. data are unavailable to compare with Arkansas Grade 12 figures.

Past 30-Day Cigarette Use, 2020



Past 30-Day Smokeless Tobacco Use, 2020



Source: APNA and MTF

E-Cigarette Use

Why this is important

E-cigarettes are unsafe for youth.

The e-cigarette vapor that users breathe from the device and exhale can contain harmful and potentially harmful substances, including:¹⁶

- Nicotine, which has known health effects, such as being
 - Highly addictive
 - Toxic to developing fetuses
 - Harmful to adolescent and young adult brain development
 - Health danger for pregnant adults and their developing babies.
- Ultrafine particles that can be inhaled deep into the lungs
- Flavoring such as diacetyl, a chemical linked to a serious lung disease
- Volatile organic compounds
- Cancer-causing chemicals
- Heavy metals such as nickel, tin, and lead

E-cigarettes can cause unintended injuries, such as fires and explosions from defective e-cigarette batteries and nicotine poisoning. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.¹⁶

E-cigarettes are the most commonly-used tobacco product among youth and youth are more likely than adults to use e-cigarettes in the U.S.

What to take away

- The average age of first e-cigarette use has been decreasing from 14.2 years in 2015 to 13.5 years in 2020. Among 6th graders, average age of first cigarette use was 10.9 years, indicating that prevention efforts need to start at the elementary school level.



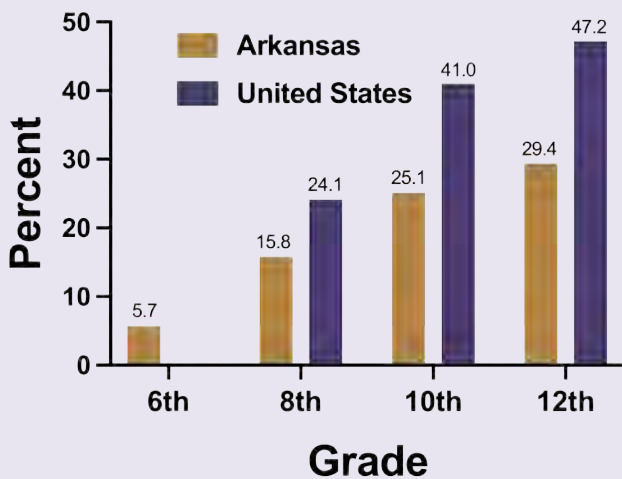
Average age (years) Arkansas students first tried any vaping products, 2020

Grade	2017	2018	2019	2020
6	10.8	10.9	10.9	10.9
8	12.2	12.5	12.4	12.3
10	13.9	14.1	14.0	13.8
12	15.3	15.6	15.4	15.2
Combined	13.9	14.0	13.8	13.5

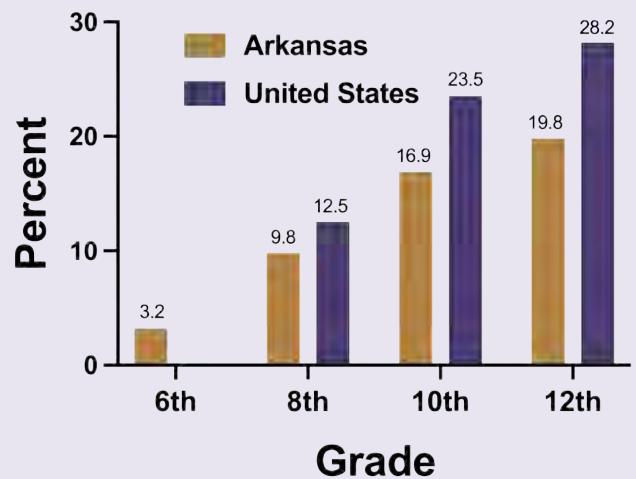
Source: APNA

- There has been a steady increase over time in the lifetime use of any electronic vaping products with about half of 12th graders indicating having ever used vapor products in the U.S. Compared to the U.S. in 2020, a smaller proportion of Arkansans in grades 8, 10, and 12 report having used these products. Reports of current use are also lower compared to the U.S. for these grade levels.

Lifetime Any E-Cig Use, 2020



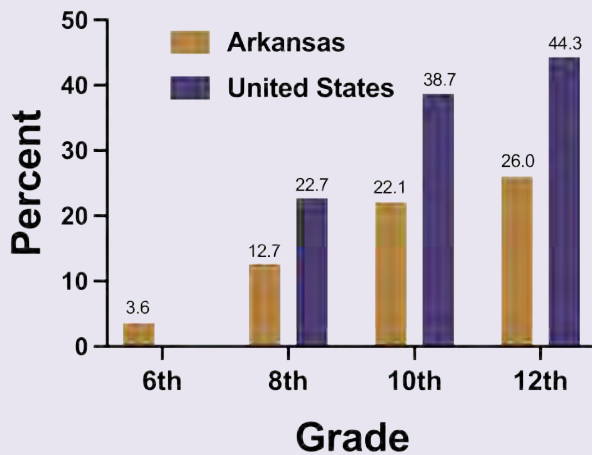
Past 30-Day Any E-Cig Use, 2020



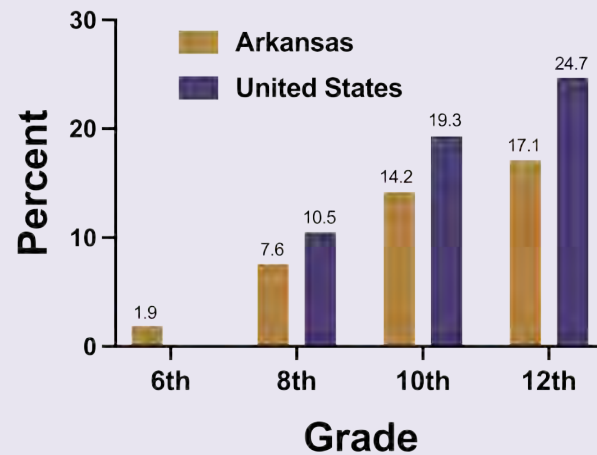
Source: APNA and MTF

- As with any electronic vaping product use, the proportion of students reporting lifetime or current electronic nicotine vaping products increases by grade level. In 2020, a smaller proportion of Arkansans in grades 8, 10, and 12 report having used nicotine-containing electronic vaping products. Reports of current use are also lower compared to the U.S. for these grade levels.

Lifetime Nicotine E-Cig Use, 2020



Past 30-Day Nicotine E-Cig Use, 2020



Source: APNA and MTF

Alcohol Use

Alcohol is one of the most highly misused substances among youth in the U.S.¹⁷ Binge drinking is also more common among youth than among adults. Youth who engage in alcohol misuse and binge drinking are more likely to engage in risky behavior such as driving while impaired or riding with someone who is impaired, causing unintentional injuries, and tobacco use among others.¹⁸

Why this is important

People who start drinking before age 15 are four times more likely to have an alcohol use disorder later in life.¹⁹

Drinking alcohol can lead to poor decisions about engaging in risky behavior such as drinking and driving, sexual activity (such as unprotected sex), and aggressive or violent behavior.¹⁹

Youth are more likely to carry out or be the victim of a physical or sexual assault after drinking than others their age who do not drink.¹⁹

What to take away

- Data indicate that the average age of first alcohol use is 10.6 years for those in 6th grade. The average age increases at each grade level until it reaches 14.6 years in Grade 12. These numbers are little changed since the 2017-2018 school year suggesting that more rigorous prevention efforts are needed and these should begin before age 10.



Age of first Alcohol use (years) among Arkansas students, 2020

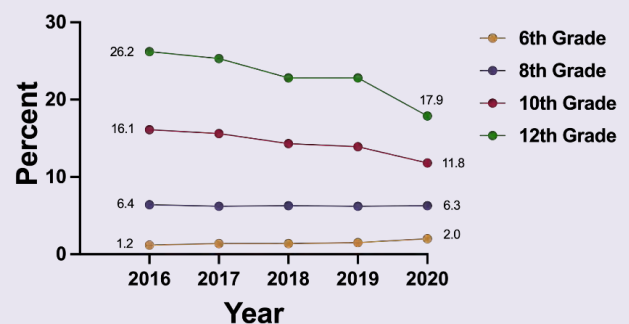
Lifetime Alcohol Use				
	6th Grade	8th Grade	10th Grade	12th Grade
Arkansas (%)	8.3	17.9	28.9	35.9
United States (%)		25.6	46.4	61.5

Source: APNA

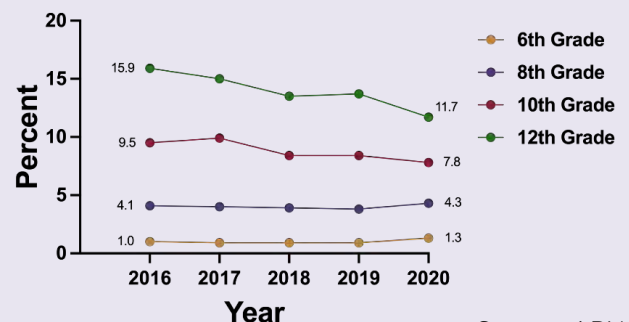
- The proportion of all students reporting lifetime alcohol use declined from one in four to one in five between 2019 and 2020. Reported rates of lifetime marijuana use declined for all grade levels but most sharply for 10th graders (35.5 vs 28.9) and 12th graders (45.8 vs 35.9). Compared to the U.S., rates of lifetime alcohol use are lower among Arkansas students and nearly half of U.S. rates for 10th and 12th grade students.

- Overall, the proportion of Arkansas students reporting current alcohol use declined from 9.7 in 2019 to 8.1 in 2020. Rates of current alcohol use vary by grade. Students in grade 8 reported rates of current use that were relatively unchanged since 2016 while rates for students in grades 10 and 12 were 5 and 11 points lower than in 2016, respectively. In contrast, rates of current use in 2020 were higher than in 2019 among students in grade 6 (1.5 vs 2.0). Fewer than one in five 12th grade students indicate they are current users. In contrast, more than one in three 12th grade students throughout the U.S. report current drinking. Across all grades, rates of current use are lower in Arkansas compared to the U.S.

Past 30-Day Alcohol Use

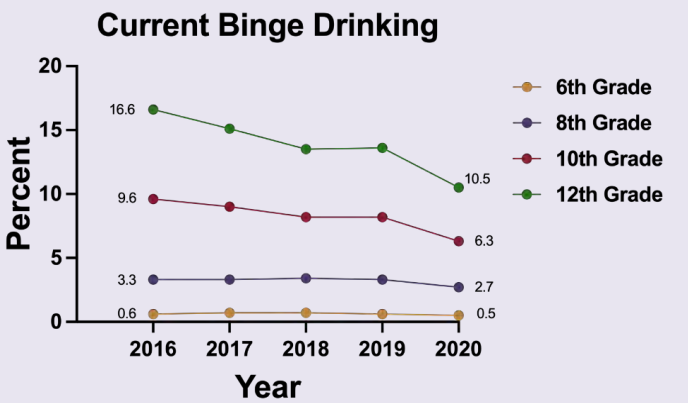


Past 30-Day Alcopop Use



Source: APNA

- Similarly, rates of current alcopop use vary by grade. Rates for students in grades 10 and 12 were 1.7 and 4.2 points lower than in 2016, respectively. In contrast, rates of current alcopop use in 2020 were higher than 2019 among students in grade 6 (1.3 vs 0.9) and grade 9 (4.3 vs 3.8).



Source: APNA

Overall, binge drinking among Arkansas students has decreased since 2015. The percentage reporting binge drinking in 2020 was 4.1 compared to 5.6 for 2019. The prevalence of binge drinking increases as grade-level increases and was 10.5 percent for high school seniors in Arkansas in 2020 vs 16.8 percent for all U.S. seniors. Binge drinking rates for students in Grades 8 and 10 were also lower in Arkansas compared to the U.S. In 2020, rates of binge drinking were stable for Grade 6, but decreased for grades 8, 10, and 12.

Marijuana Use

Why this is important

Marijuana dulls safe-driving skills, like judgment, coordination, and reaction time, increasing risk of motor vehicle crashes while under the influence.²⁰

Marijuana weakens attention, memory, and learning skills and young people who use marijuana are less likely to finish high school or get a college degree than those who do not.²⁰

Large doses of marijuana may also cause acute psychosis including hallucinations, delusions and a loss of the sense of personal identity.²⁰

Marijuana is the most commonly used and abused illicit substance.²¹

Regular marijuana use is associated with breathing problems, higher risk of lung infections, mental illness, and severe nausea and vomiting.²¹

Marijuana increases heart rate, which can increase risk of heart attack, particularly among older adults and/or those with heart problems.²¹

Use of marijuana during pregnancy can harm fetal development during pregnancy and delay and/or impair post-natal child development.²¹

What to take away

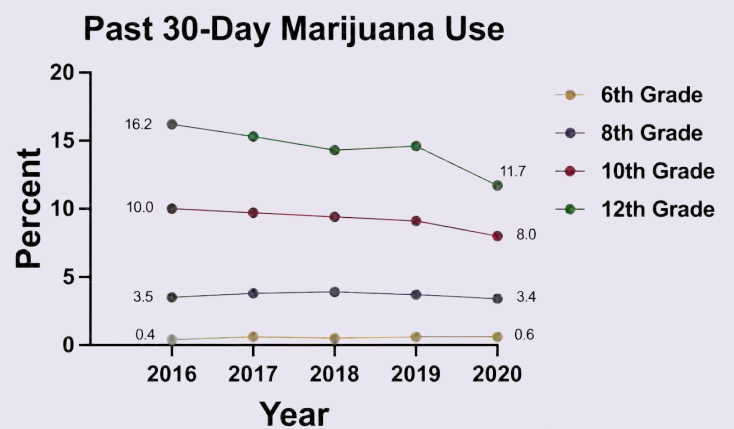
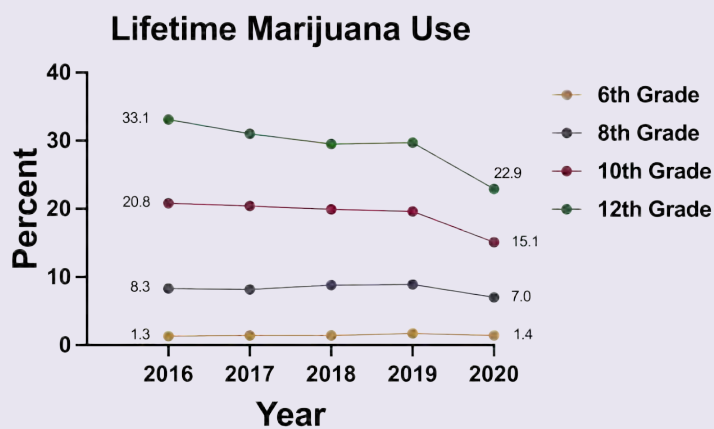
- The average age of first marijuana use has remained stable from 2015 (13.7 years) to 2020 (13.8 years), unchanged from the last report. While the data do suggest that prevention activities need to start prior to 6th grade, actual prevalence for use in 6th grade is quite low. However, research from Monitoring the Future²² suggests that the behaviors of middle school students may be particularly sensitive to the changing norms about marijuana use in the general population and changing use at this age may, thus, be considered a sentinel event. Arkansas data do suggest that initiation of marijuana use tends to start in grades 8 through 10 so particularly targeting these groups may be critical.



Age of first Marijuana use (years) among Arkansas students, 2020

Source: APNA

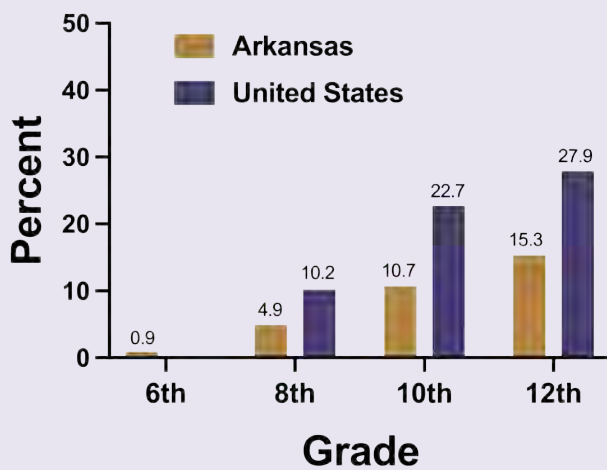
- Lifetime marijuana use has generally declined since 2016. The prevalence of lifetime marijuana use increases as grade level increases. While the prevalence among 6th graders has remained low and stable over time, the prevalence among 10th and 12th graders has continued to decrease; most sharply from 2019 to 2020. Among 8th graders marijuana use remained stable from 2016 to 2019 followed by a decrease in 2020. Despite decreases in use, more than 1 in 5 12th grade students report ever using marijuana.



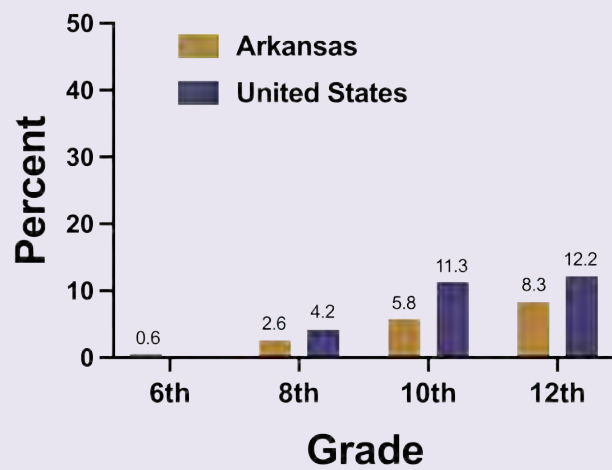
Source: APNA

- Current marijuana use among Arkansas youth has generally declined since 2017 and declined further in 2020 compared to 2019 (5.0 vs 6.1). The prevalence has remained stable and very low for 6th grade students, remained stable among 8th grade students, and declined among 10th and 12th grade students. Compared to U.S. rates of current marijuana use, Arkansas rates are nearly half of those observed for students in grades 8, 10, and 12. Slightly more than 1 in 10 high school seniors report current marijuana use.
- The prevalence of both lifetime and current marijuana use is lower among Arkansas 8th, 10th and 12th graders relative to their U.S. counterparts, with lifetime use among Arkansas students being about one-half that observed nationally.
- The prevalence of both lifetime and current marijuana vaping use is also lower among Arkansas 8th, 10th and 12th graders relative to their U.S. counterparts.

Lifetime Marijuana Vaping, 2020



Past 30-Day Marijuana Vaping, 2020



Source: APNA and MTF

Opioids and Prescription Drugs

Why this is important

In 2019, Arkansas had the second highest opioid prescribing rate in the country, suggesting that prescription opioid availability is likely high.²³

Opioids are implicated in the majority of drug overdose deaths in the United States, with 70.6 percent of all drug overdose deaths involving an opioid in 2019.²⁴

Both adolescents and young adults most commonly obtain opioids free from friends or relatives.²⁵

People who misuse prescription opioids are more likely to transition to heroin use than those who do not.²⁶

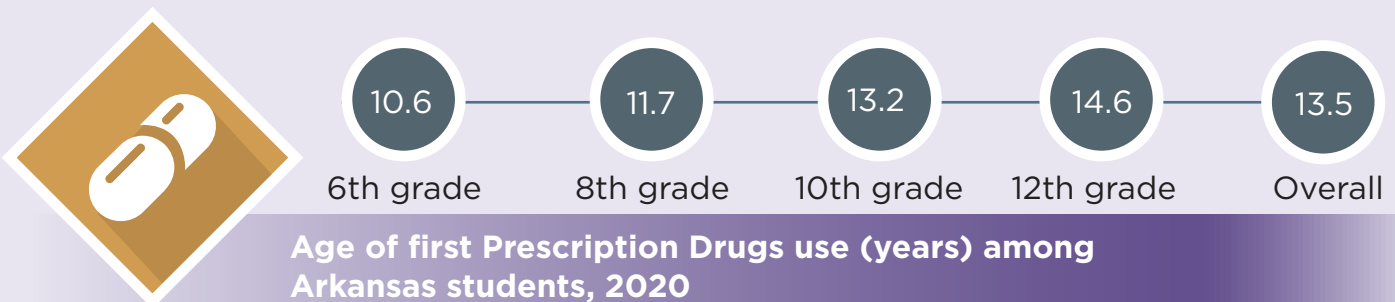
Anyone can become addicted to prescription opioids. Among chronic pain patients, about 1 in 4 misuse opioids and about 1 in 20 develop an opioid use disorder.²⁷

People who misuse prescription opioids are more likely to transition to heroin use than those who do not.²⁶

In 2019, approximately 4.9 million people ages 12 or older reported misusing prescription stimulants in the past year.²⁸

What to take away

- The average age of first prescription drug use among Arkansas students has been decreasing from 13.5 years in 2015 to 12.6 years in 2020. The average age at first misuse of prescription drugs among 6th grade students was 10.6 years, really emphasizing that prevention programs must begin early.



Source: APNA

- Except among 6th grade students, the prevalence of lifetime prescription drug use declined from 2016 to 2020, with the biggest decrease between 2019 and 2020.

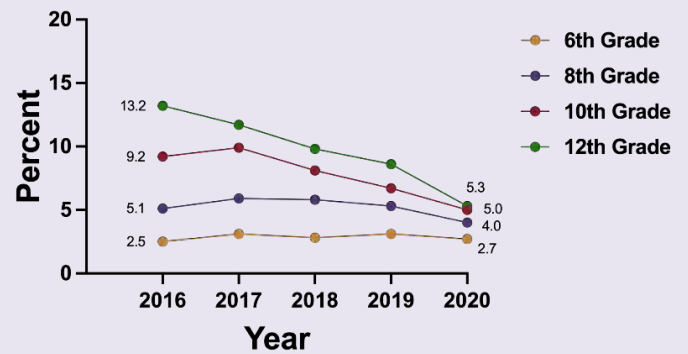
- Arkansas high school seniors reported lower rates of lifetime prescription drug use compared to the U.S. While historically Arkansas seniors had higher rates of lifetime prescription drug use than U.S. high school seniors, in 2020 the prevalence among Arkansas seniors (5.3%) was slightly more than one-third of that for the U.S. (14.2%).

- The lifetime prevalence of heroin use was generally low and showed a decrease from 2016 to 2020 among 8th and 12th grade students. Among 10th grade students, heroin use decreased from 2017 to 2020. In these cases, the sharpest decline in lifetime prevalence occurred between 2019 and 2020. In contrast, heroin use among 6th graders has remained very low and relatively stable from 2016 to 2020.

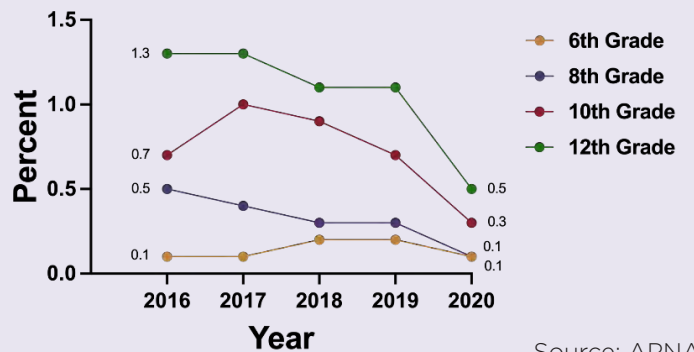
- Lifetime prevalence of heroin use was lower than the national average among 8th grade students, the same as the national average among 10th grade student and slightly higher than the national average (0.5% versus 0.4%) among Arkansas high school seniors.

- Overall, the prevalence of current prescription drug misuse is low in the state (2.2 percent). However, the prevalence among 6th grade students, while still low, has been in increasing from 1.1 percent in 2016 to 1.9 percent in 2020, while that among 8th grade students has remained relatively stable at 2.4 percent in 2016 versus 2.6 percent in 2020. In contrast, current prescription drug use is continuing to decrease among 10th and 12th grade students.

Lifetime Prescription Drug Misuse, 2020



Lifetime Heroin Use, 2020



Source: APNA

Prevalence of Past 30-Day Prescription Drug Misuse (%) Among Arkansas Students				
Year	Grade			
	6th	8th	10th	12th
2015	1.1	2.3	4.8	5.8
2016	1.1	2.4	4.0	5.2
2017	1.4	2.7	4.1	4.3
2018	1.3	2.7	3.3	3.2
2019	1.6	2.4	2.8	2.8
2020	1.9	2.6	2.5	2.0

Source: APNA

Other Substances

Why this is important

In 2019, approximately 2.0 and 5.5 million people ages 12 or older reported misusing methamphetamine and cocaine, respectively, in the past year.²⁸

Inhalants when used inappropriately can produce a “high.” These are more commonly misused by children and teens than adults.²⁹

Addiction to drugs can lead to a series of negative consequences and threats for individuals, families, communities and society.

Stimulant use can have major negative short- and long-term effects on a person’s health, including overheating, cardiovascular complications, seizures, damage to nerves, and changes in brain structure and function.³⁰

Synthetic cathinones (also known as “Bath Salts,” “Plant Food,” etc.) are stimulants that mimic the effects of cocaine, methamphetamine or MDMA and often can be purchased online or in certain retail stores.

Stimulant-involved overdose deaths, regardless of opioid involvement, increased 317 percent, from 3,627 in 2013 to 16,167 in 2019, with the largest relative increase in stimulant-involved death rates during 2018-2019 occurring in the northeast (43.8 percent).³¹

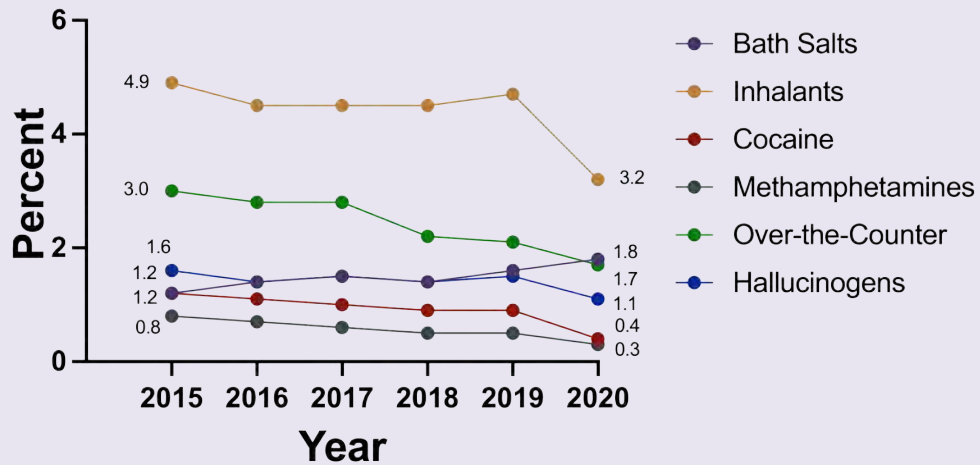
Stimulants are among the most widely used and abused substances during pregnancy and their use during pregnancy increases risk of adverse perinatal, neonatal, and childhood outcomes, including maternal and/or fetal death.³²

Misuse of over-the-counter drugs can be addictive and put abusers at risk for other adverse health effects.³³

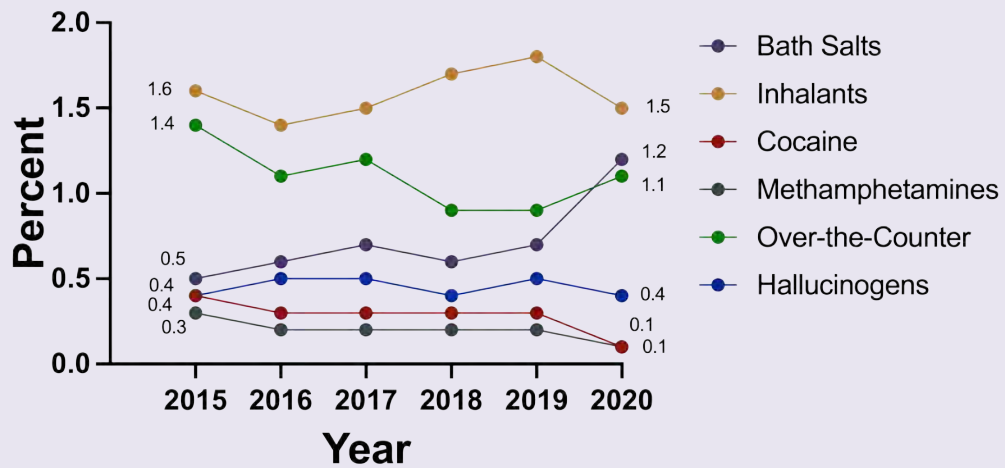
What to take away

- Lifetime and current use/misuse of other substances have been historically low among Arkansas students. Inhalants are one of the most commonly used among these substances and their use remained stable from 2015 to 2019, then decreased in 2020. The lifetime prevalence of over-the-counter drug use showed a decreasing trend over time from 2015 to 2020. Similarly, the lifetime prevalence of cocaine, methamphetamine and hallucinogen use, already low, showed decreases over time from 2015 to 2020. In contrast, lifetime use of bath salts increased from 2015 to 2020.
- Arkansas youth most frequently indicated current use/misuse of inhalants and over-the-counter drugs in 2015. Current inhalant or hallucinogen use remained relatively stable over time, while current bath salts use increased. Current over-the-counter, cocaine, and methamphetamine use showed slight decreasing trends from 2015 to 2020.

Lifetime Illicit Drug Use



Past 30-Day Illicit Drug Use



Source: APNA

- Injection drug use has been historically about 3 times higher (or more) among Arkansas high school students compared to all U.S. students. Unfortunately, no 2020 data are available. Prevention efforts should continue to address this problematic behavior.

ADULT SUBSTANCE USE

Substance misuse and substance use disorder harm both individuals and the communities in which they live. The effects in terms of lost productivity, healthcare utilization, and crime can be costly. Indirect consequences can include neonatal abstinence syndrome (NAS), liver and pancreatic diseases, hypertension, trauma, stroke, and some cancers. It is important to note that anyone, at any age, can have a substance use problem.

Tobacco Use

Why this is important

Measuring cigarette use among adults allows tobacco control programs to monitor the effectiveness of prevention efforts in the community.

Tobacco use puts individuals at greater risk of developing cancer, cardiovascular disease and chronic respiratory diseases.

Lowering the prevalence of tobacco use is critical to tobacco-related disease prevention.

Mothers who smoke during pregnancy put their babies at risk for premature birth, birth defects and infant death.

Smoking harms nearly every organ of the body and leads to disease and disability.¹⁵

Smoking is the leading cause of preventable death.¹⁵

Smoking costs the United States billions of dollars each year.¹⁵

States do not spend much of the money they get from tobacco taxes and lawsuits to prevent smoking and help smokers quit. CDC recommends that states spend 12% of those funds on tobacco control.¹⁵

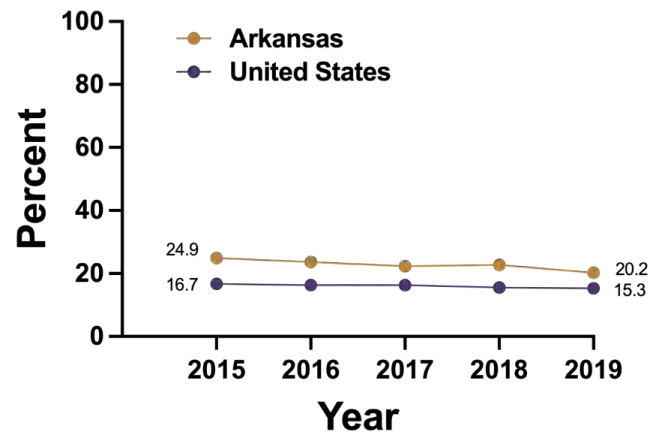
In 2020, 12.5% of U.S. adults (30.8 million people) currently smoked cigarettes: 14.1% of men and 11.0% of women.³⁴

Many adult cigarette smokers want to quit smoking.¹⁵

What to take away

- The prevalence of smoking among Arkansas adults has declined since 2016. Despite this, smoking prevalence in the state is nearly 5 percentage points higher than for all adults in the U.S. Further, Arkansas is tied with Alabama at 44th in the nation in smoking prevalence. The state with the highest smoking prevalence is West Virginia at 23.8% and the state with the lowest prevalence is Utah at 7.9%.³⁵

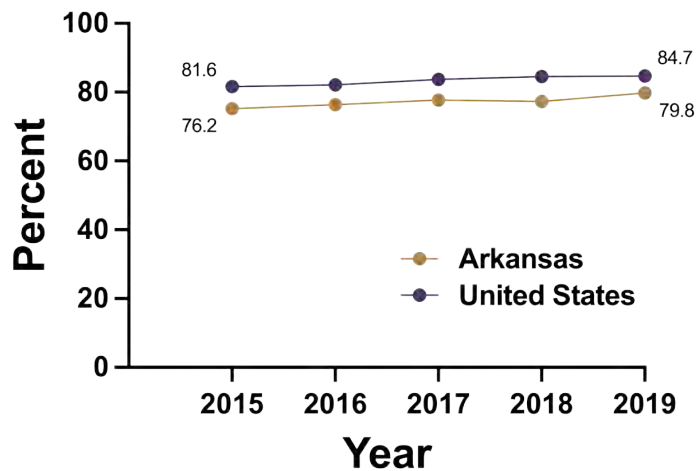
Adult Current Smokers



Source: BRFSS

- Over time, the proportion of Arkansas adults who indicate they have never or no longer smoked has been slowly increasing from 76.2 percent in 2015 to 79.8 percent in 2019; however, the prevalence of nonsmoking adults remains lower in Arkansas relative to the U.S.

Adult Former/Never Smokers



Source: BRFSS

E-Cigarette Use

Why this is important

E-cigarettes are unsafe for adults and pregnant adults who do not currently use tobacco products.

E-cigarettes can cause unintended injuries, such as fires and explosions from defective e-cigarette batteries and nicotine poisoning. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.¹⁶

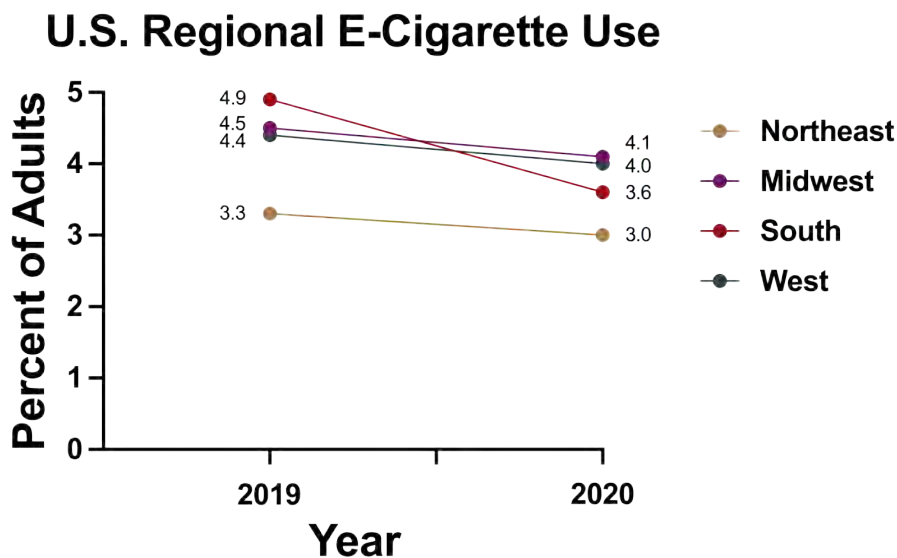
4.5 percent of U.S. adults were current e-cigarette users in 2019.³⁶

Among current adult e-cigarette users overall, 36.9 percent were current cigarette smokers, 39.5 percent were former cigarette smokers, and 23.6 percent were never smokers in 2019.³⁶

Among current adult e-cigarette users, the percentage of those having never smoked cigarettes is highest among those aged 18–24 years (56.0 percent), and is lower in older age groups.³⁶

What to take away

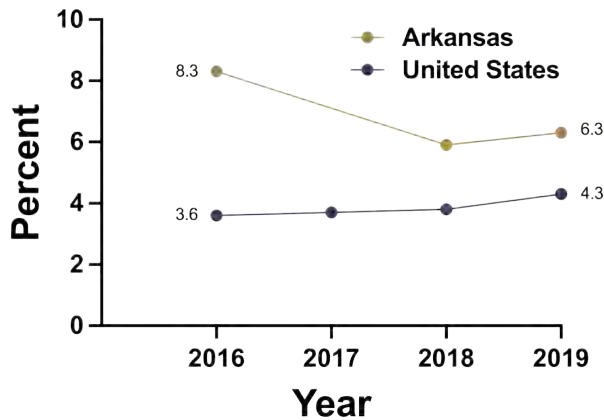
- Among U.S. adults, electronic cigarette use decreased from 4.5 percent in 2019 to 3.7 percent in 2020. In 2019, the South (which includes data from Arkansas) had the highest and the Northeast the lowest prevalence of electronic cigarette use. From 2019 to 2020, the largest decrease in electronic cigarette use occurred in the South, with a prevalence estimate lower than that for the Midwest and West in 2020.



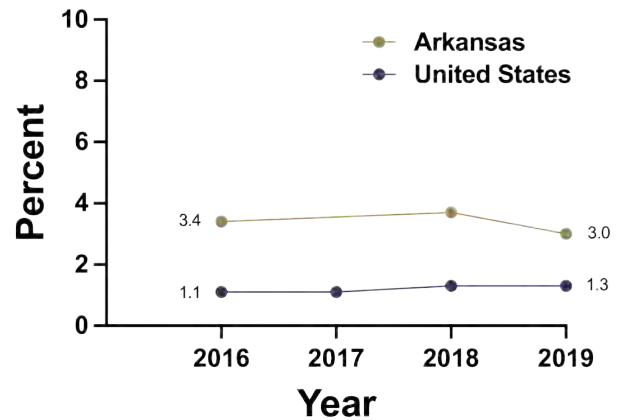
Source: CDC National Center for Health Statistics, National Health Interview Survey

- E-Cigarette use tended to be relatively low and stable from 2016 to 2019 among U.S. women three months prior to being pregnant. The prevalence of e-cigarette use was more than double that for the U.S. among Arkansas women three months before becoming pregnant in 2016, but decreased from 8.3 percent in 2016 to 6.3 percent in 2019. At the same time, e-cigarette use was still higher among Arkansas than U.S. women three months before pregnancy.
- E-Cigarette use was lower during the last three months of pregnancy relative to the three months before pregnancy among U.S. and Arkansas women. Prevalence was lower among U.S. relative to Arkansas women during the last three months of pregnancy and remained relatively stable from 2016 to 2019.

E-Cig Use 3 Months Before Pregnancy



E-Cig Use Last 3 Months of Pregnancy



Source: PRAMS

Alcohol Use

Why this is important

Alcohol is the most commonly used substance in adults in the United States, with 69.5 and 54.9 percent of people ages 18 and older having consumed alcohol in the past year and past month, respectively, in 2019.³⁷

In Arkansas, from 2015–2019, 845 traffic fatalities involved alcohol (31.8% of all traffic fatalities).³⁸

Drinking alcohol affects every organ in the body and can damage a developing fetus.³⁹

Heavy alcohol use can increase risk of certain cancers, stroke and liver disease.³⁹

“At-risk” drinking is:⁴⁰

- More than four drinks per day or more than 14 drinks per week for men
- More than three drinks per day or more than seven drinks per week for women

Binge drinking typically happens when men consume five or more drinks or women consume four or more drinks in about two hours.⁴⁰

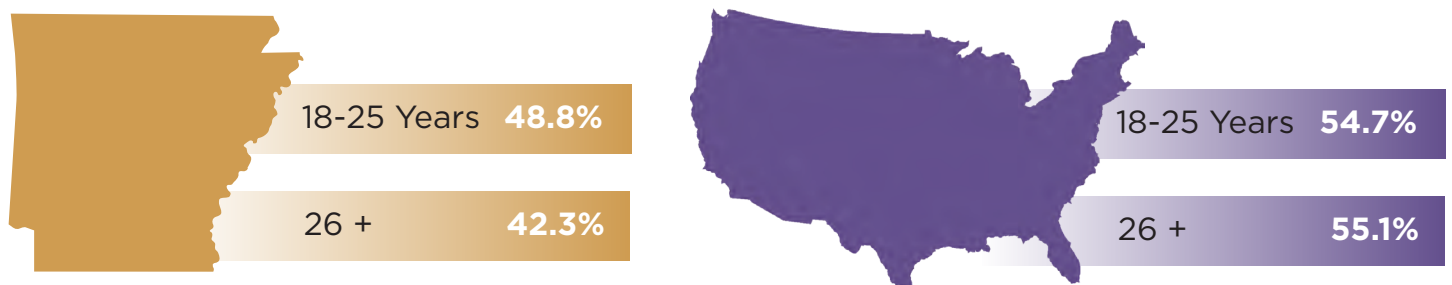
Drinking can impair judgment, leading to aggressive behaviors, high-risk sex and car crashes.⁴¹

Drinking heavily over a long time or too much on a single occasion can damage the heart, causing problems such as cardiomyopathy, arrhythmias, stroke and high blood pressure.⁴²

What to take away

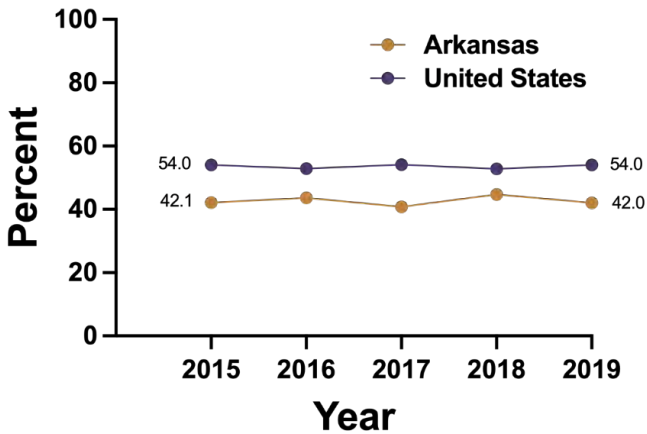
- In 2019, current alcohol use was lower than among Arkansas adults aged 18 to 25 and aged 26 years and older relative to their U.S. counterparts.

Adult Current Alcohol Use, 2019



Source: NSDUH

Adult Current Alcohol Use

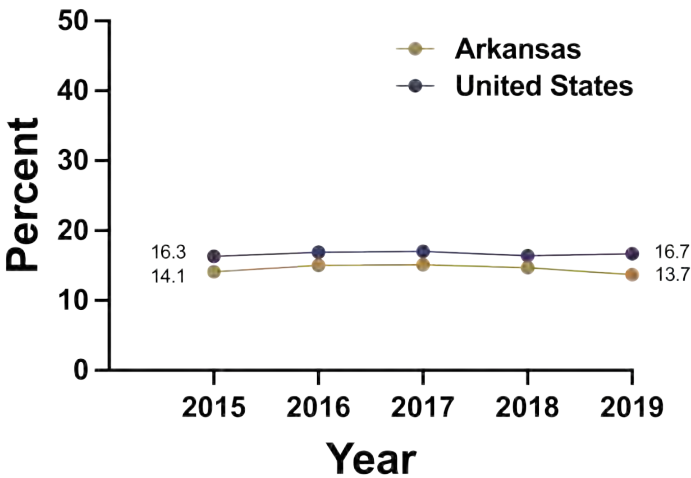


Current alcohol use among Arkansas and U.S. adults has been relatively stable from 2016 to 2019. The prevalence of alcohol use among Arkansas adults has consistently remained lower than national figures.

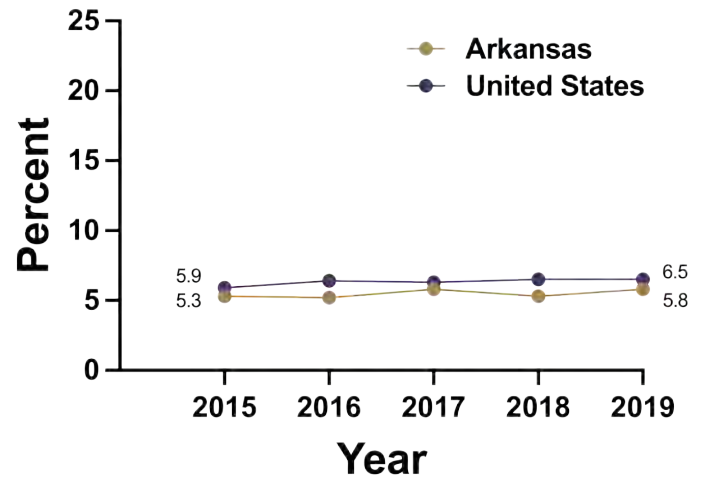
Source: BRFSS

- The prevalence of binge drinking has remained relatively stable over time and rates are only slightly lower among Arkansas relative to U.S. adults. The prevalence of heavy drinking showed a slight increase over time with prevalence among Arkansas adults only slightly lower than among U.S. adults.

Adult Current Binge Drinking



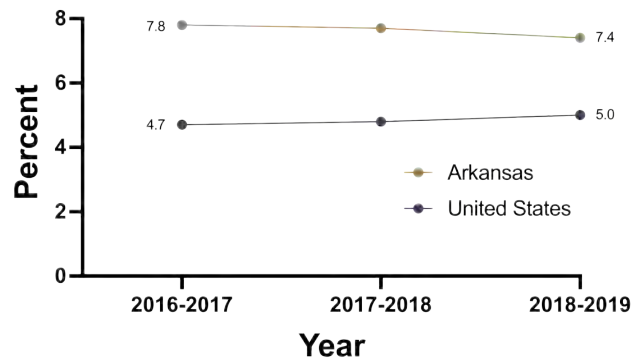
Adult Current Heavy Drinking



Source: BRFSS

- From 2016-2017 to 2018-2019, the prevalence of driving under the influence of alcohol decreased slightly among Arkansas drivers and increased slightly among U.S. drivers; however, a higher percentage of Arkansas relative to U.S. drivers reported driving under the influence of alcohol across all years.

Drove Under the Influence of Alcohol in the Past Year



Source: NSDUH

Marijuana Use

Why this is important

Marijuana is the most commonly used and abused illicit substance.²¹

Regular marijuana use is associated with breathing problems, higher risk of lung infections, mental illness, and severe nausea and vomiting.²¹

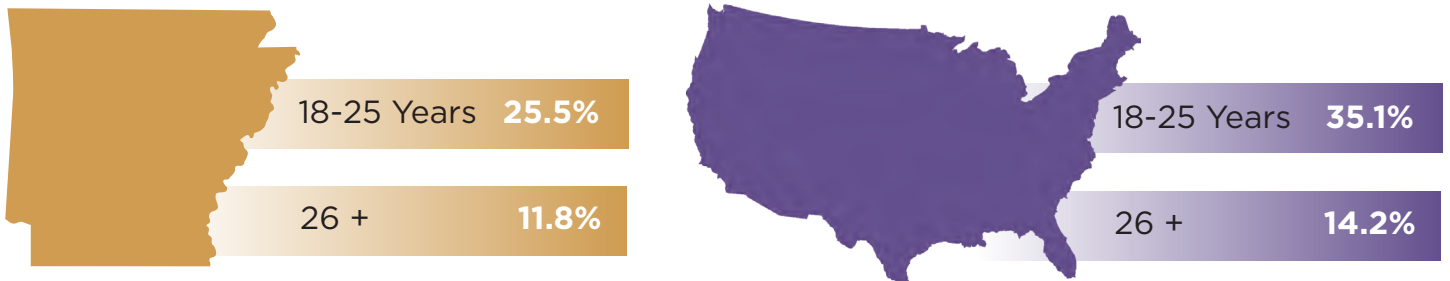
Marijuana increases heart rate, which can increase risk of heart attack, particularly among older adults and/or those with heart problems.²¹

Use of marijuana during pregnancy can harm fetal development during pregnancy and delay and/or impair post-natal child development.²¹

What to take away

- Compared to the national average, Arkansas has a lower prevalence of past-year marijuana use.

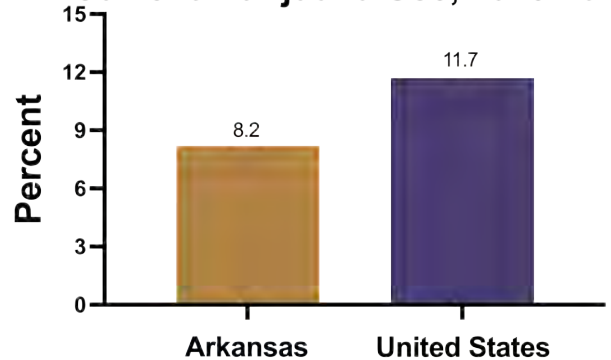
Adult Past Year Marijuana Use, 2018-2019



Source: NSDUH

- Compared to the national average, Arkansas has a lower prevalence of current marijuana use.
- About two of every five arrests for drug possession involved Marijuana or hashish in 2019.

Current Marijuana Use, 2018-2019



Source: NSDUH



Percent of 2019 Arkansas Drug-Related Arrests attributable to marijuana or hashish: **41.7%**

Source: Arkansas Crime Information Center

Opioid Use

Why this is important

Synthetic opioid-involved overdose deaths increased 1,040 percent, from 3,105 in 2013 to 36,359 in 2019, with the largest relative increase in synthetic opioid-involved death rates during 2018-2019 occurring in the west (67.9%).³¹

The majority of opioid overdose deaths are due to synthetic opioids other than methadone (e.g., fentanyl), with 72.9 percent of opioid-involved overdose deaths involving synthetic opioids.³¹ Synthetic opioid-involved overdose deaths increased 1,040 percent, from 3,105 in 2013 to 36,359 in 2019, with the largest relative increase in synthetic opioid-involved death rates during 2018-2019 occurring in the west (67.9%).³¹

Anyone can become addicted to prescription opioids. Among chronic pain patients, about 1 in 4 misuse opioids and about 1 in 10 develop an opioid use disorder.²⁷ People who misuse prescription opioids are more likely to transition to heroin use than those who do not.²⁶

Rates of women with opioid-related diagnosis at delivery and of babies born with withdrawal symptoms increased from 2010–2017. Specifically, mothers with opioid-related diagnoses documented at delivery increased by 131%. The incidence of babies born with neonatal abstinence syndrome (NAS) increased by 82% nationally over the same period.⁴³

What to take away

- In 2018-2019, past-year prescription pain reliever use among Arkansas persons was only slightly higher than that among the U.S. population.

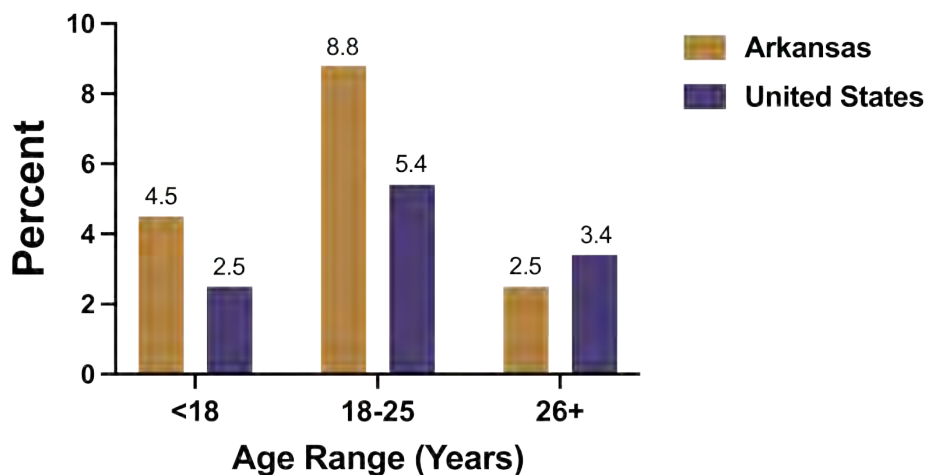
Adult Past Year Prescription Pain Reliever Misuse, 2018-2019



Source: NSDUH

- In 2018-2019, past-year prescription pain reliever misuse among Arkansas persons aged less than 18 years as well as aged 18-25 years was higher than that among the U.S. population. In contrast, a lower percentage of Arkansas adults aged 26 years and older reported past-year prescription pain reliever misuse relative to their U.S. counterparts.

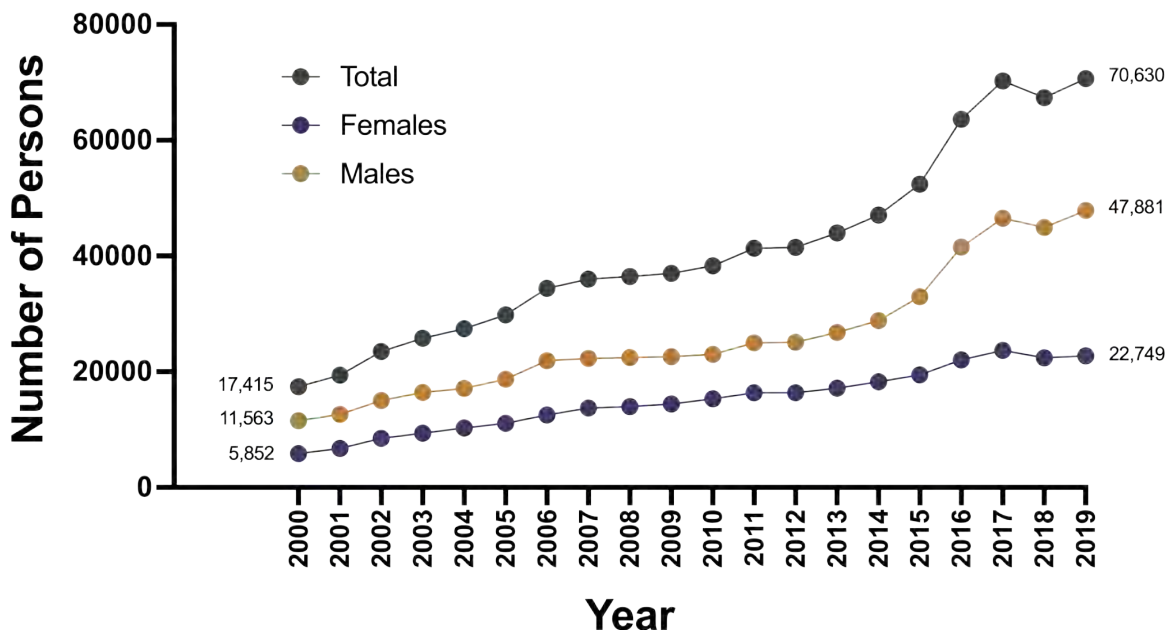
Past-Year Prescription Pain Reliever Misuse, 2018-2019



Source: NSDUH

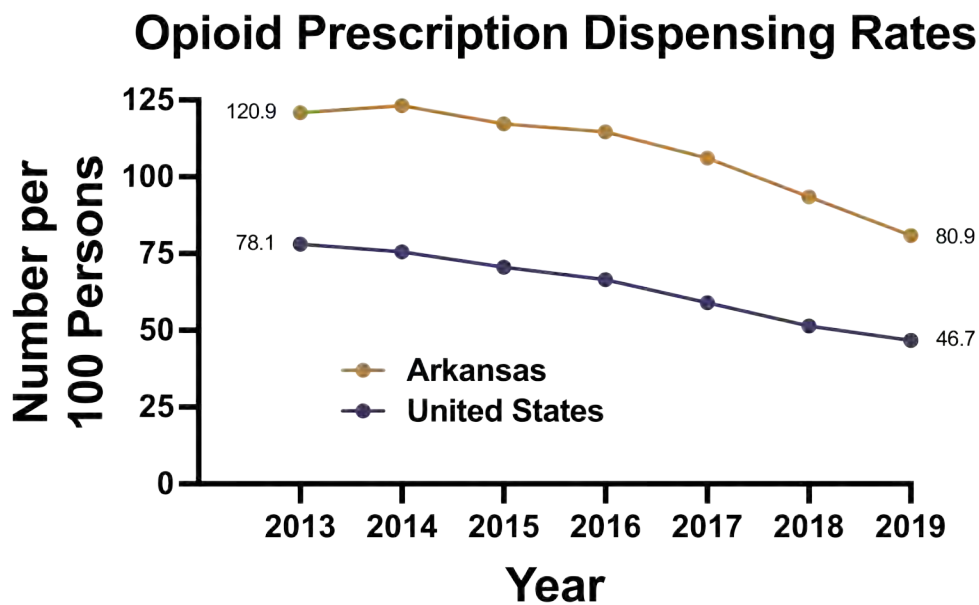
- In 2018-2019, the U.S. prevalence of past-year heroin use was higher than Arkansas figures (0.3 versus 0.2 percent).
- The number of drug overdose deaths appeared to stabilize in 2017 to 2019 after a steady increase from 17,415 in 2000 to 70,237 in 2017. The number of overdose deaths among males are more than double that among females.

U.S. Drug Overdose Deaths



Source: National Center on Health Statistics, CDC WONDER

- 63.6% of drug overdose deaths in 2019 involved synthetic opioids such as fentanyl, fentanyl analogs, methadone or tramadol.
- Overdose deaths involving synthetic opioids such as hydrocodone, oxycodone and fentanyl (excluding methadone) have increased 50-fold, up to over 35,000 in 2019. Overdose deaths involving psychostimulants (primarily methamphetamine) with abuse potential have increased 30-fold, up to over 15,000 in 2019. Overdose deaths involving cocaine have increased 4-fold, up to over 15,000 in 2019. And overdose deaths involving prescription opioids have increased 4-fold, but are on the decline with less than 15,000 in 2019.
- Nationally, the opioid dispensing rate per 100 persons has steadily declined from 78.1 in 2013 to 46.7 in 2019. Unfortunately, Arkansas had the second highest opioid prescription rate in the country with 80.9 per 100 persons in 2019, although Arkansas opioid dispensing rates also showed a decline from 120.9 in 2013. Only Alabama had a higher rate at 85.8 per 100 persons. In contrast, Hawaii had the lowest prescription rate at 30.3 per 100.



Source: Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>

Other Substance Use

Why this is important

Addiction to drugs can lead to a series of negative consequences and threats for individuals, families, communities and society.

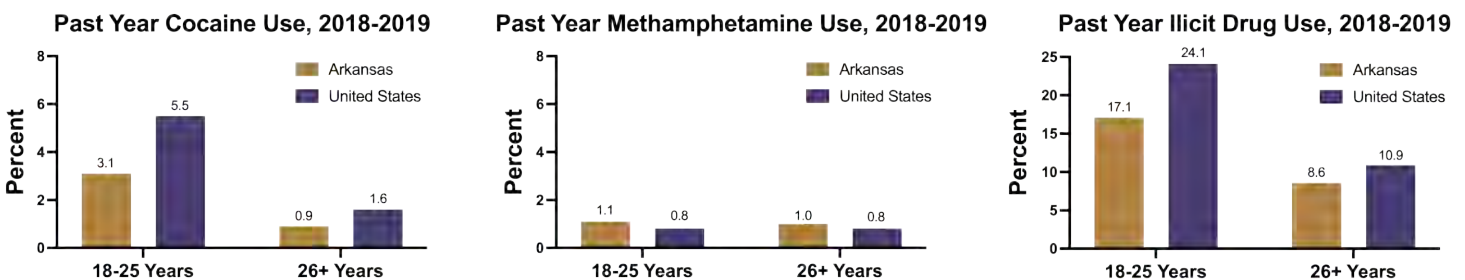
Stimulant use can have major negative short- and long-term effects on a person's health, including overheating, cardiovascular complications, seizures, damage to nerves, and changes in brain structure and function.³⁰

The number of U.S. overdose deaths involving psychostimulants with abuse potential, regardless of opioid involvement, has increased steadily from 547 in 1999 to 16,167 in 2019.³¹

Stimulants are among the most widely used and abused substances during pregnancy and their use during pregnancy increases risk of adverse perinatal, neonatal, and childhood outcomes, including maternal and/or fetal death.³²

What to take away

- Past year cocaine use among Arkansas adults was less prevalent than among U.S. adults in 2018-2019 (2.2 versus 1.2 percent), including among younger adults (aged 18-25) and adults aged 26 and older. Cocaine use was higher among adults aged 18-25 relative to those aged 26 years or more.
- The past-year prevalence of methamphetamine use in the state is at 1.0 percent for all Arkansas adults relative to 0.8 percent for U.S. adults. Among both those aged 18-25 years and 26 years or more, a higher proportion of Arkansans use methamphetamine relative to the national average.
- Past year use of any illicit drug among Arkansas adults was less prevalent than among U.S. adults in 2018-2019 (9.8 versus 12.7 percent). Nearly 1 in 10 of adults in Arkansas used an illicit drug in the past month. Adults aged 18 to 25 had a higher prevalence of illicit drug use compared to adults aged 26 and older. In fact, rates among young adults are double those of older adults.



Source: NSDUH

CONSEQUENCES

Consequences of substance use can be related to:

- Substance use in general (being arrested for driving under the influence)
- Caused by specific substances (liver damage caused by alcohol consumption)
- Related to the route of administration (damage to the lungs caused by smoking)

For this report, developmental, physiological, psychological and community-related consequences will be shared

Developmental

Why this is important

About five percent of pregnant women use at least one addictive substance, which has been shown to lead to severe health consequences for the infant, including at least doubling the risk of stillbirth.⁴⁴

Use of certain substances, including opioids, alcohol, benzodiazepines, tranquilizers, and caffeine, can result in the infant undergoing substance withdrawal after birth, called neonatal abstinence syndrome.⁴⁴

Tobacco use during pregnancy increases risks to the baby's health, including premature birth, low birthweight, increased risks of illness and prolonged hospital stay, birth defects and infant death.⁴⁵

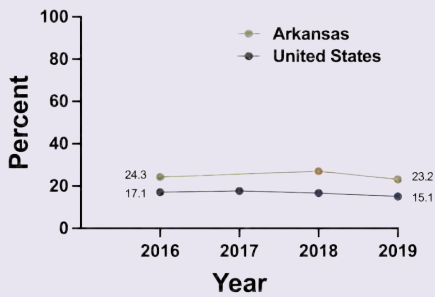
Alcohol use during pregnancy can lead to the baby experiencing fetal alcohol spectrum disorder (FASD),⁴⁶ which can affect the following behaviors:

- Learning and remembering
- Understanding and following directions
- Controlling emotions
- Communicating and socializing
- Daily life skills, such as feeding and bathing

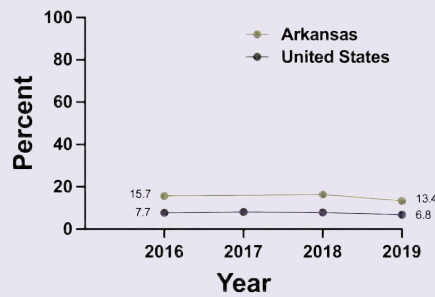
What to take away

- Smoking rates among women who become pregnant show some promising improvement. Among Arkansan women, the prevalence of smoking before, during and after pregnancy declined from 2016 to 2019. Still, rates continue to be universally higher than U.S. rates and increase again after delivery. Prevention efforts should address this.

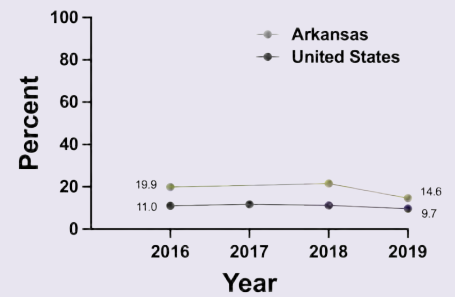
Smoked 3 Months Before Pregnancy



Smoked Last 3 Months of Pregnancy



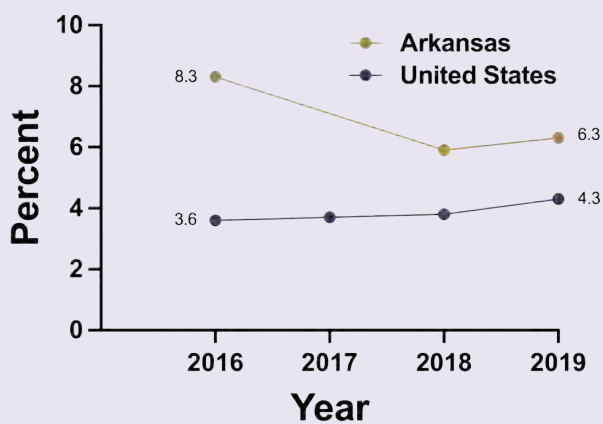
Smoked 3 Months Post-Pregnancy



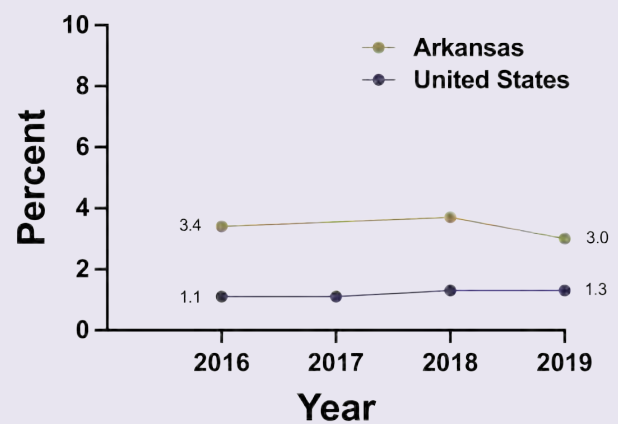
Source: PRAMS

- E-Cigarette use tended to be relatively low and stable from 2016 to 2019 among U.S. women three months prior to being pregnant. The prevalence of e-cigarette use was more than double that for the U.S. among Arkansas women three months before being pregnant in 2016, but decreased from 8.3 percent in 2016 to 6.3 percent in 2019. At the same time, e-cigarette use was still higher among Arkansas than U.S. women three months before pregnancy.
- E-Cigarette use was lower during the last three months of pregnancy relative to the three months before pregnancy among U.S. and Arkansas women. Prevalence was lower among U.S. relative to Arkansas women during the last three months of pregnancy and remained relatively stable from 2016 to 2019.

E-Cig Use 3 Months Before Pregnancy



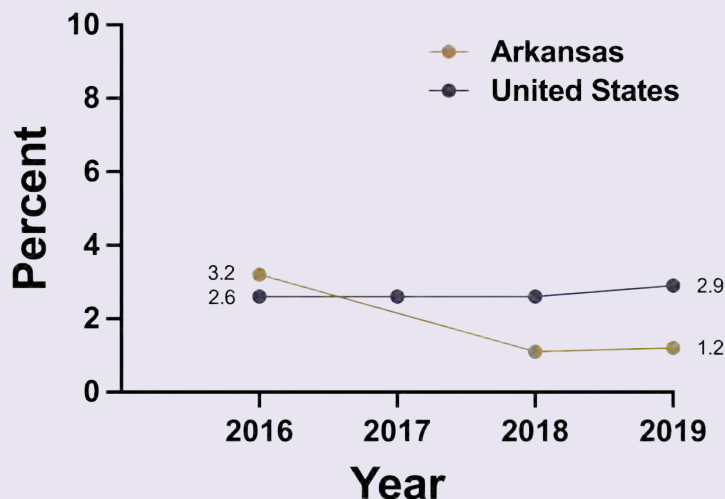
E-Cig Use Last 3 Months of Pregnancy



Source: PRAMS

- Heavy use of alcohol three months prior to being pregnant among U.S. women has increased very slightly from 2.6 percent in 2016 to 2.9 percent in 2019. In contrast, the prevalence of heavy alcohol use among Arkansas women three months before pregnancy decreased from 3.2 percent in 2016 to 1.2 percent in 2019, which is less than half of the 2019 U.S. prevalence.

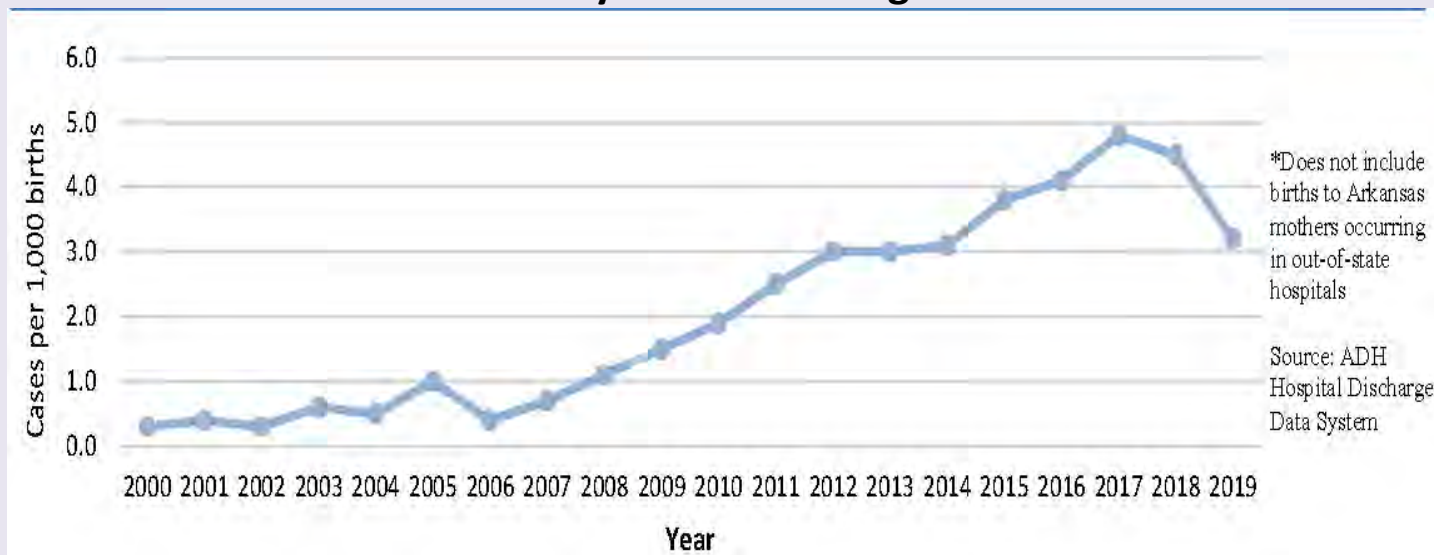
Heavy Alcohol Use 3 Months Before Pregnancy



Source: PRAMS

- The rate of NAS diagnosis in Arkansas increased nearly eleven-fold between 2000 and 2019. In 2000, the NAS rate was 0.3 per 1,000 births. By 2017, it increased to 4.8 per 1,000 births. The NAS rate decreased slightly to 4.5 per 1,000 births in 2018, followed by a further decrease to 3.2 per 1,000 births in 2019.

Neonatal Abstinence Syndrome Among Arkansas Residents



Source: PRAMS

Physiological

Why this is important

Although various factors contribute to heart and lung disease, monitoring the rates of these diseases in the Arkansas population gives some indication of the impact of substance use.

Smoking and vaping nicotine-containing products contributes to lung disease and cardiovascular disease.⁴⁷

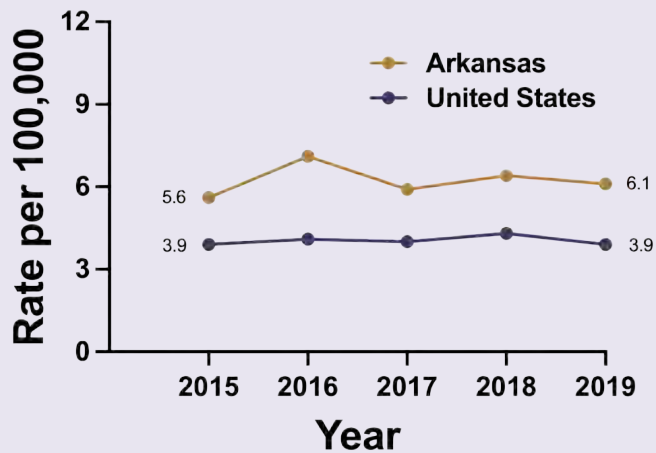
Alcoholic liver disease, caused by drinking too much alcohol, is the primary cause of liver disease in western nations.⁴⁸

In 2017, Arkansas had the fourth highest death rate from cardiovascular disease in the United States.⁴⁹

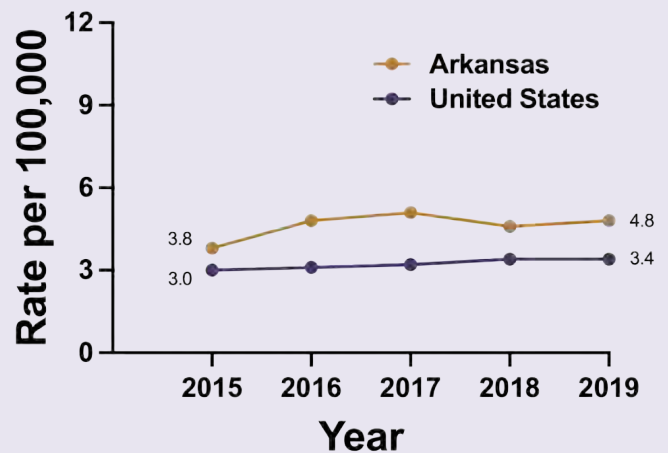
In 2017, Arkansas had the highest age-adjusted death rate due to COPD or asthma in the US.⁵⁰

What to take away

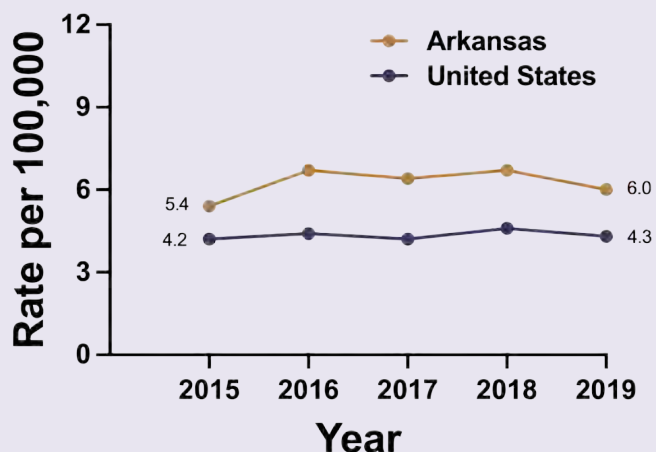
Angina or Coronary Heart Disease



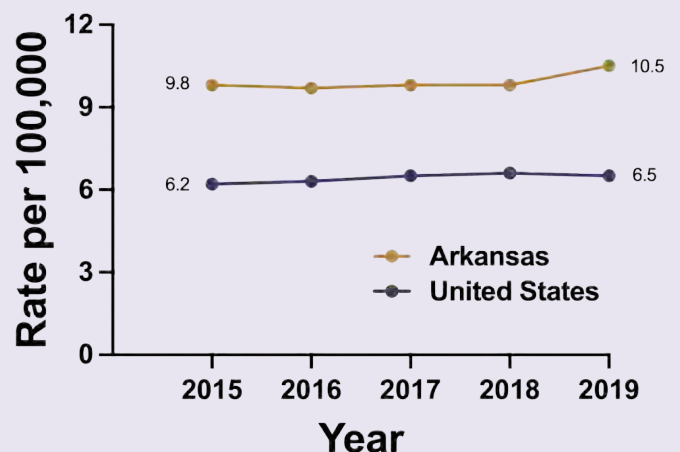
Stroke



Heart Attack



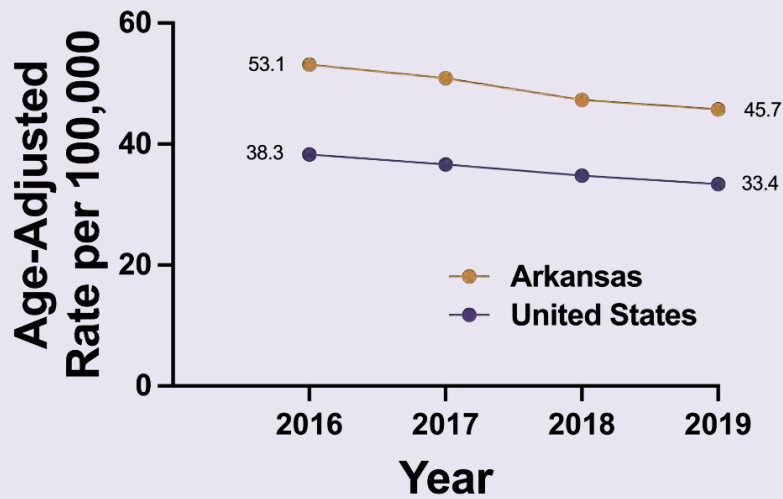
COPD



Source: BRFSS

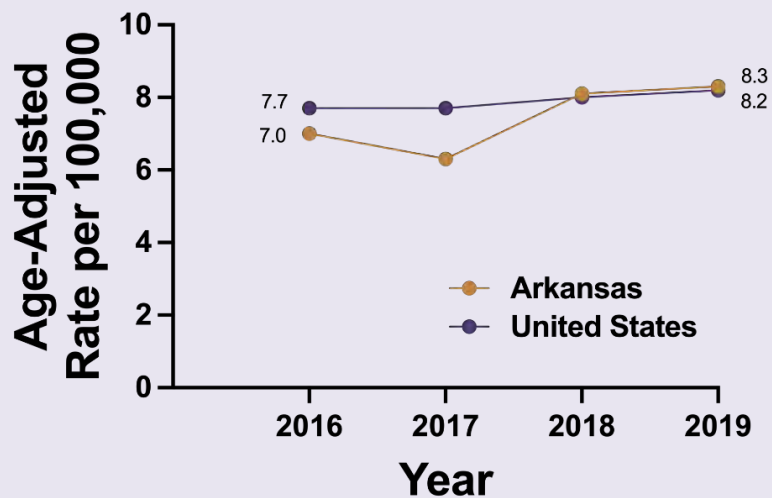
- Rate of angina or coronary heart disease among Arkansans has fluctuated over time and is slightly higher in 2019 compared to 2015. Compared to the U.S., 2019 rates of angina are higher in Arkansas.
- Arkansans have higher rates of stroke, heart attack and COPD compared to national averages. Both in Arkansas and the U.S., rates of stroke have been trending upward.
- The Arkansas prevalence of heart attack increased slightly from 2015 to 2019 and was nearly 1.5 times higher than the U.S. prevalence in 2019.
- Among Arkansan adults, COPD prevalence increased slightly from 2018 to 2019 after remaining stable since 2015 at 9.8 percent. COPD prevalence in the state was more than 1.5 times higher than the U.S. average in 2019.

Lung, Bronchus Cancer Mortality



The age adjusted mortality rate from lung cancer in Arkansas is decreasing, but remains almost 1.4 times higher than U.S. rates.

Alcoholic Liver Disease Mortality

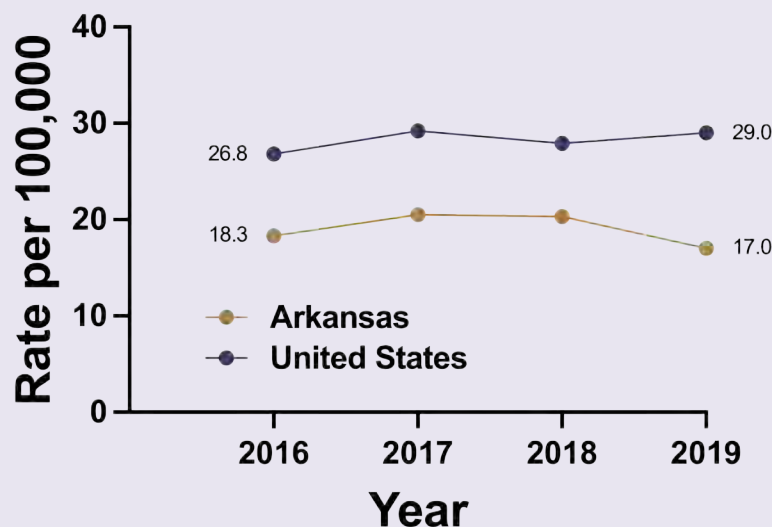


The alcoholic liver disease mortality rate is increasing in Arkansas rising from 7.0 per 100,000 in 2016 to 8.3 per 100,000 in 2019. This rate is slightly higher than the U.S. rate of 8.2 per 100,000 in 2019.

Source: Centers for Disease Control and Prevention, CDC Wonder

- U.S. age-adjusted drug overdose death rate per 100,000 persons increased slightly from 26.8 in 2016 to 29.0 in 2019 and was higher than Arkansas figures. Arkansas age-adjusted drug overdose death rate per 100,000 persons increased slightly from 2016 to 2017, then decreased from 2018 to 2019. However, Arkansas drug-involved deaths are likely under-reported.

Age-Adjusted Drug Overdose Deaths

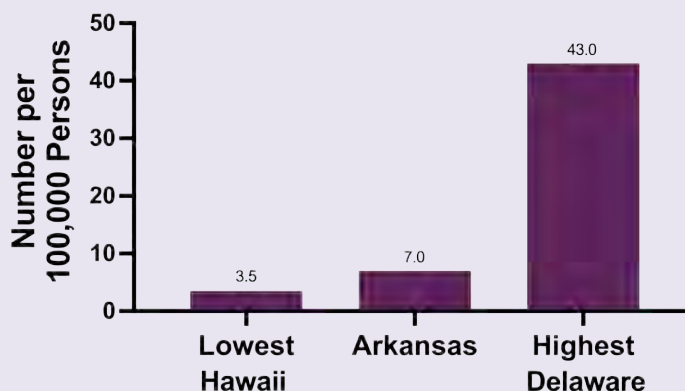


Source: Centers for Disease Control and Prevention, CDC Wonder

- In Arkansas, the number of drug overdose deaths was 388 in 2019, down from 444 in 2018.
- From 2018 to 2019, the U.S. age-adjusted synthetic opioid-involved death rate increased 15.2 percent, from 9.9 to 11.4 per 100,000.³¹

- In Arkansas, the age adjusted death rate for overdoses involving opioids was 7.0 in 2019. In contrast, Hawaii had the lowest opioid-involved death rate of 3.5, while Delaware had the highest opioid-involved death rate of 43.0. While Arkansas appears to have a significantly lower opioid overdose death rate, opioid-related deaths are likely under reported.

Age-Adjusted Opioid-Involved Deaths, 2019



Source: Centers for Disease Control and Prevention:

- In Arkansas, the age adjusted mortality rate for overdoses involving synthetic opioids (fentanyl, fentanyl analogs, tramadol) other than methadone was 4.1 in 2019, an increase from a rate of 3.3 in 2018. The U.S. overdose mortality rate also increased in 2019 rising from 9.9 to 11.4 per 100,000. While Arkansas appears to have a significantly lower drug overdose death rate, opioid-related deaths are likely under reported.

Psychological

Why this is important

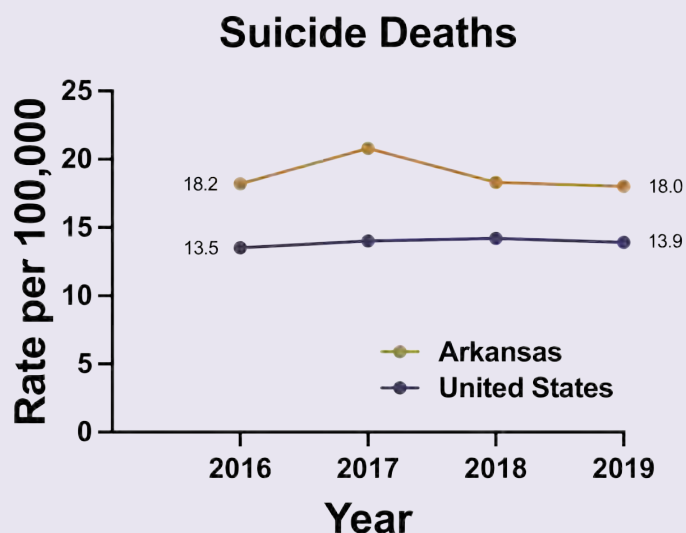
In 2017, suicide was the tenth leading cause of death in the U.S. and the second leading cause of death among those aged 10-34 years in 2018.⁵¹

Although many factors are associated with suicidal behaviors, substance use, particularly alcohol use, has been linked to a substantial number of suicides and suicide attempts.⁵²

Use of alcohol, tobacco and other drugs is associated with lower grades and school attendance among adolescents⁵³ as well as lower likelihood of continuous enrollment in college.⁵⁴

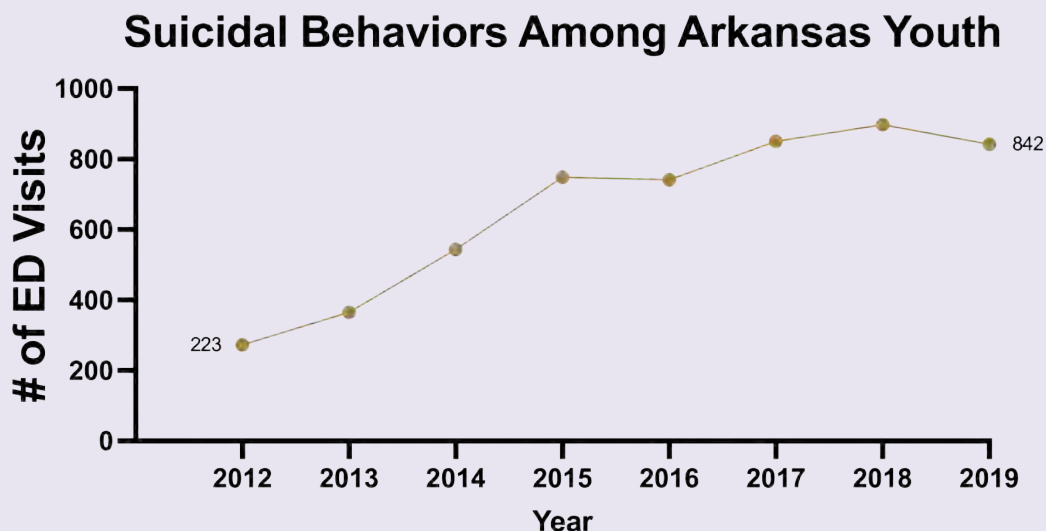
What to take away

- Suicide death rates in Arkansas have declined slightly from 18.2 suicides per 100,000 in 2015 to 18.0 suicides per 100,000 in 2019, while U.S. suicide death rates have risen slightly from 13.5 to 13.9 suicides per 100,000 in 2015 and 2019, respectively. Arkansas rates continue to be higher than national figures.



Source: MCD, Intentional Self Harm, CDC Wonder

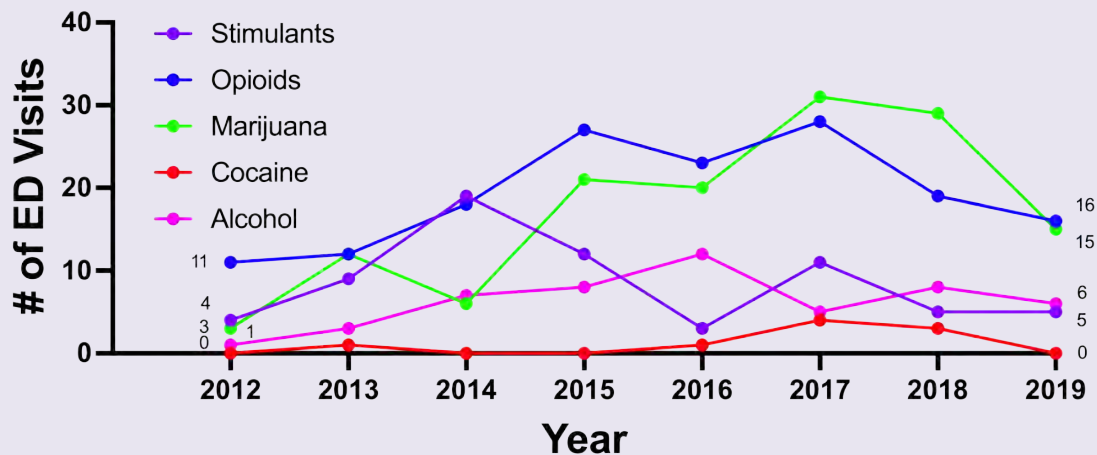
- The number of suicidal behavior-related Emergency Department (ED) visits among Arkansas youth increased steadily from 223 in 2012 to 898 in 2018, then decreased slightly to 842 in 2019.



Source: Arkansas Department of Health

- The number of suicidal behavior-related Emergency Department (ED) visits that also involved a substance changed over time depending on the substance, such that ED visits involving:
 - Stimulants increased from 2012 to 2013 then decreased through 2019.
 - Opioids increased from 2012 to 2015, plateaued through 2017 and then decreased from 2017 to 2019.
 - Marijuana increased from 2012 to 2017, then decreased from 2017 to 2019.
 - Alcohol slightly increased from 2012 to 2016 then plateaued at a lower level 2017 to 2019.
 - Cocaine increased slightly from essentially no ED visits from 2012 to 2016 to a few ED visits in 2017 and 2018 before returning to zero in 2019.

Suicidal Behaviors and Substance Among Youth



Source: Arkansas Department of Health

- As reported previously, among Arkansas youth the prevalence of attempted suicide has fluctuated substantially. The highest prevalence occurred in 2017 (15.8 percent) and the lowest in 2011 (10.0 percent). The Arkansas rate in 2019 was 1.3 times higher than the U.S. average. Because these data are collected every other year, no updates are available at this time.
- As reported previously, the prevalence of injurious suicide attempt (i.e., one that required medical intervention), hovered around 4 percent until 2017 when the rate jumped to 7 percent. In 2018, the rate declined to 4.5 percent. Compared to the U.S. prevalence, the rate of injurious suicide attempt in Arkansas was nearly 2 times higher. Because these data are collected every other year, no updates are available at this time.

Community

Why this is important

The most common substance among substance-related traffic fatalities is alcohol, followed by marijuana, and other prescription drugs.⁵⁵

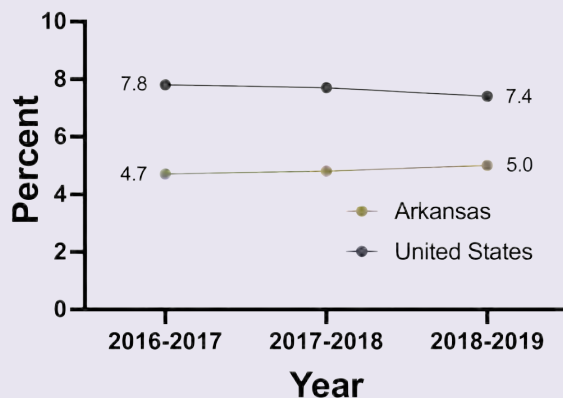
In the community setting, the rate of arrests for drugs/narcotics, DUI, drunkenness and liquor law violations can be an indication of criminal behavior related to substance use or measure of the level of law enforcement

There is an association between substance use and violence,⁵⁶ which could be reflected in the number of arrests.

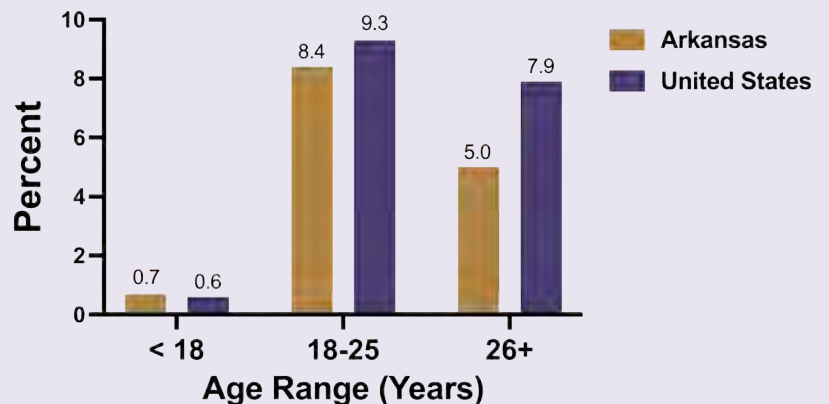
What to take away

- The percentage of Arkansas drivers reporting past year driving while under the influence of alcohol increased slightly while that of U.S. drivers decreased slightly from 2016-2017 to 2018-2019; however, the prevalence of driving under the influence among Arkansas drivers was lower than that among U.S. drivers.

Past-Year Self-Reported Driving Under the Influence of Alcohol



Self-Reported Driving Under the Influence of Alcohol, 2018-2019

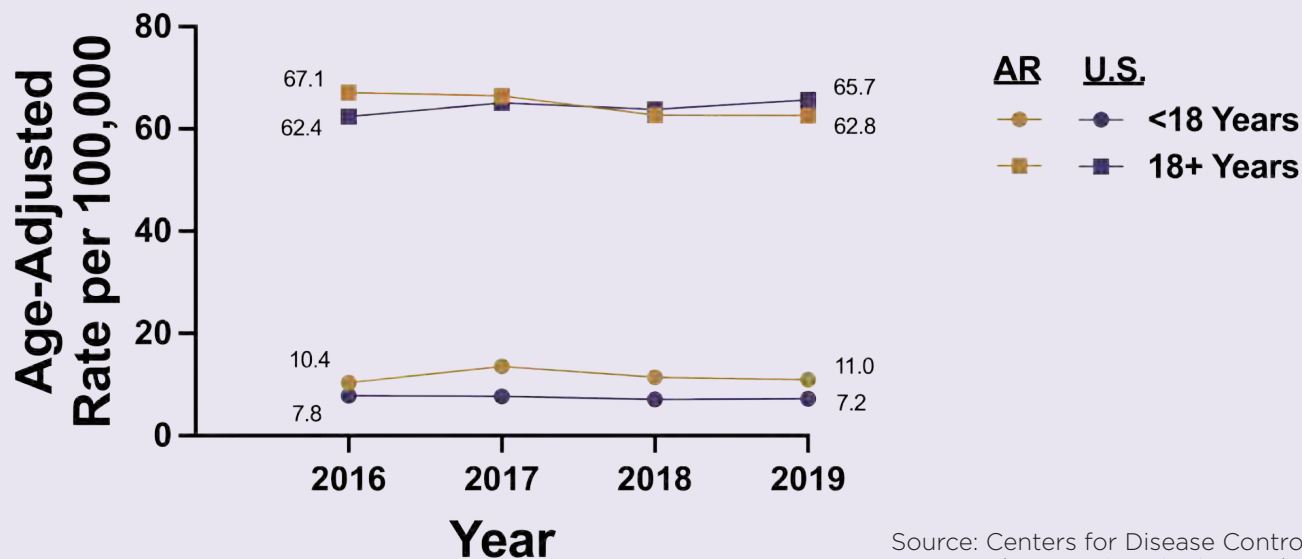


Source: NSDUH

- The percentage of Arkansas youth reporting past year driving while under the influence of alcohol was slightly higher than that of U.S. youth, while that of Arkansas adults was lower than U.S. adults in 2018-2019. Young adults aged 18-25 years showed the highest self-reported prevalence of driving under the influence in 2018-2019.

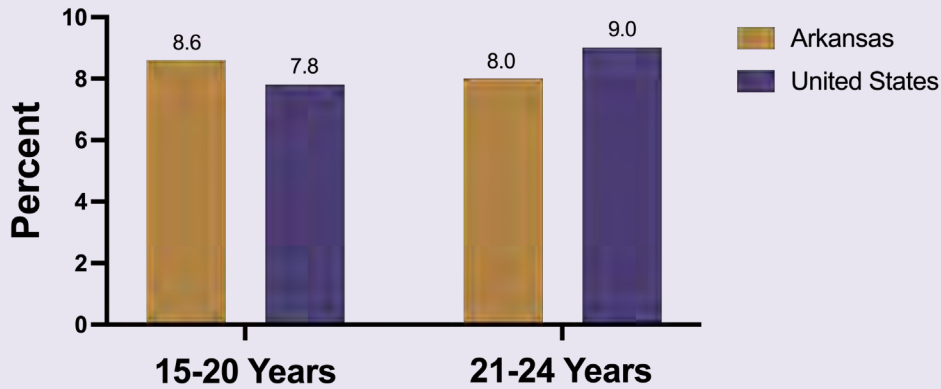
- From 2016 to 2019, the motor vehicle fatality rate slightly increased and decreased among Arkansas and U.S. youth, respectively, with fatality rate consistently higher among Arkansas youth. In contrast, the motor vehicle fatality rate slightly decreased and increased among Arkansas and U.S. adults, respectively, with fatality rate among Arkansas adults now lower than among U.S. adults.

Motor Vehicle Fatalities

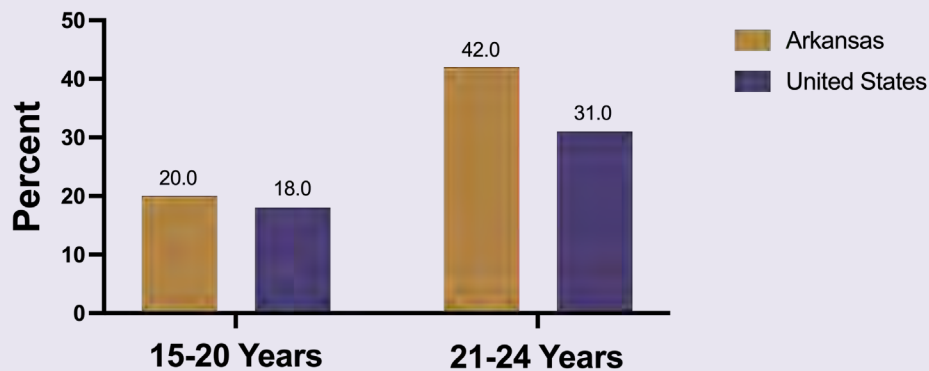


- In 2019, the percentage of fatal crashes with Arkansas youth aged 15 to 20 years as the driver was slightly higher than with their U.S. counterparts (8.6 versus 7.8 percent). In contrast, the percentage of fatal crashes with Arkansas young adults aged 21 to 24 years as the driver was slightly lower than with U.S. young adults aged 21 to 24 years (8.0 versus 9.0 percent).
- The prevalence of alcohol-involved crash fatalities among Arkansas youth and young adults were higher than nationally. The percentage of crash fatalities in which drivers had a positive breath alcohol concentration was 20 percent among Arkansas drivers versus 18 percent among U.S. drivers aged 15-20 years. The percentage of crash fatalities in which drivers had a positive breath alcohol concentration was 42 percent among Arkansas drivers versus 31 percent among U.S. drivers aged 21-24 years. These findings highlight the need for more focused driver education and alcohol harm reduction strategies in these age groups.

Fatal Vehicle Crashes by Driver Age, 2019



Crash Fatalities Driver with Positive BAC, 2019



Source: NHTSA FARS

- Among drug and alcohol related arrests for juveniles, drugs and narcotics violations had the highest rate of arrests (29.05 per 10,000) followed liquor law violations at only 5.32 per 10,000.
- Drugs and narcotics also had the highest rate of adult arrests for drugs and alcohol (78.3 per 10,000), followed by DUI and drunkenness at 27.89 and 25.84 per 10,000, respectively.

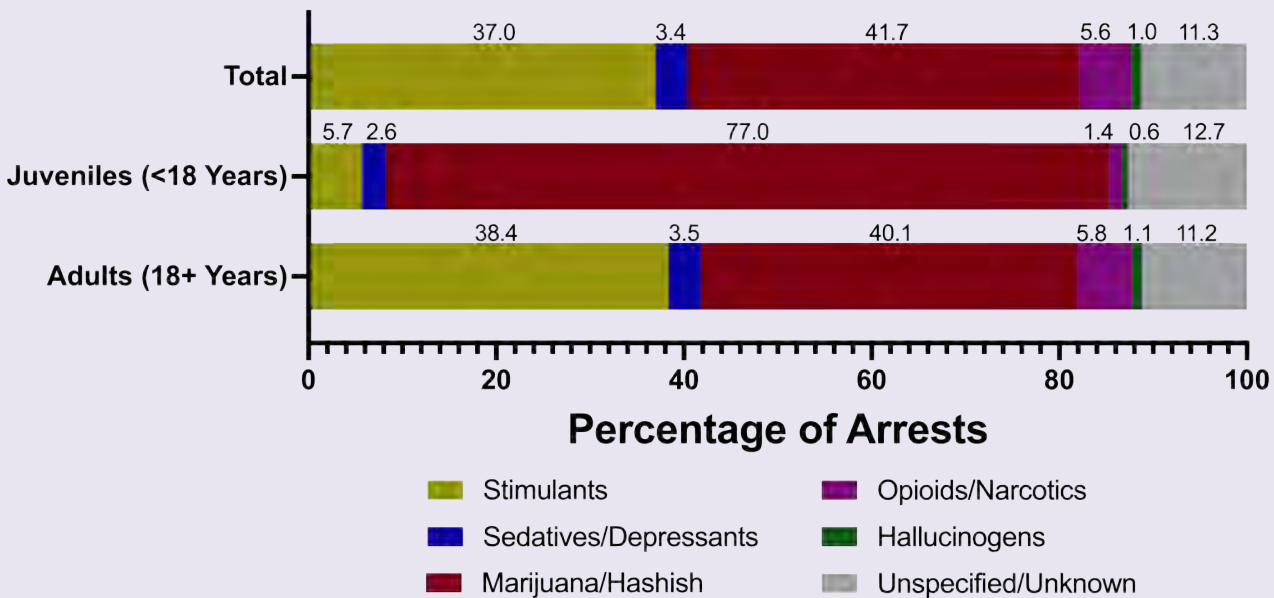
Drug- and Alcohol-Related Arrests per 10,000, 2019		
Type of Arrest	Juveniles (<18)	Adults (18+ Years)
Drug/Narcotic Violations*	29.05	78.31
DUI	1.73	27.89
Drunkenness	2.45	25.84
Liquor Law Violations	5.32	4.98

*Excludes arrests for equipment

Source: Arkansas Crime Information Center

- Among all drug possession arrests in the state, marijuana or hashish still represented the largest proportion (41.7 percent), which is slightly lower than the 44.4 percent in 2018. Stimulants are the next highest proportion of drug possession arrests (37.0 percent), up from 33.1 percent in 2018. Unspecified//unknown drugs represented 11.3 percent and opioids/narcotics 5.6 percent of drug possession arrests.
- More than three in four (77.0 percent) Arkansas juvenile drug possession arrests involved marijuana or hashish, followed by unspecified/unknown drugs (12.7 percent) and stimulants (5.7 percent).
- Although marijuana or hashish still represented the majority of Arkansas adult possession arrests at 40.1 percent, this was only slightly higher than that for arrests involving stimulants (38.4 percent). Unspecified/unknown drugs represented 11.2 percent and opioids/narcotics 5.8 percent of drug possession arrests.

Arrests for Possession of a Particular Drug Class, 2019



Source: Arkansas Crime Information Center

CONTRIBUTING FACTORS

Shared protective and risk factors influence the development of substance use or mental disorders

Risk factors increase while protective factors decrease the likelihood that an individual may develop these disorders. Protective and risk factors have been divided into five domains: individual, family, peer, school and community.

Directly related to the individual

Why this is important

Perception of risk is a protective factor, and the higher the percentage of Arkansans who perceive risk in using substances, substance use will likely be less

- For both youth and adults, as perception of risk increases, the likelihood of substance use decreases

Monitoring perceptions of risk to using substances can help inform prevention programs on where and what type of education is needed most

About half of people who experience a mental illness will also experience a substance use disorder at some point in their lives and vice versa.⁵⁷

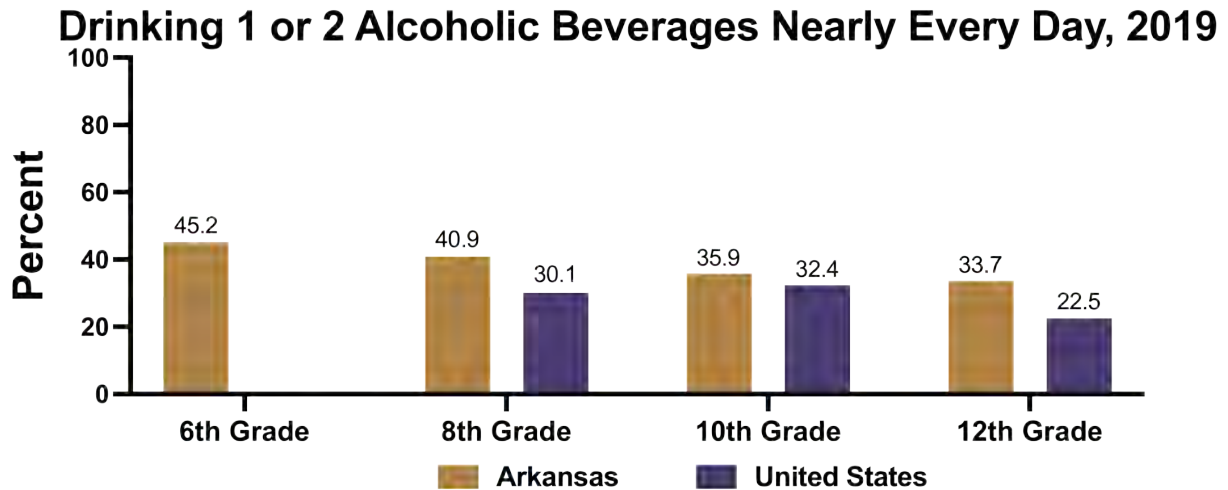
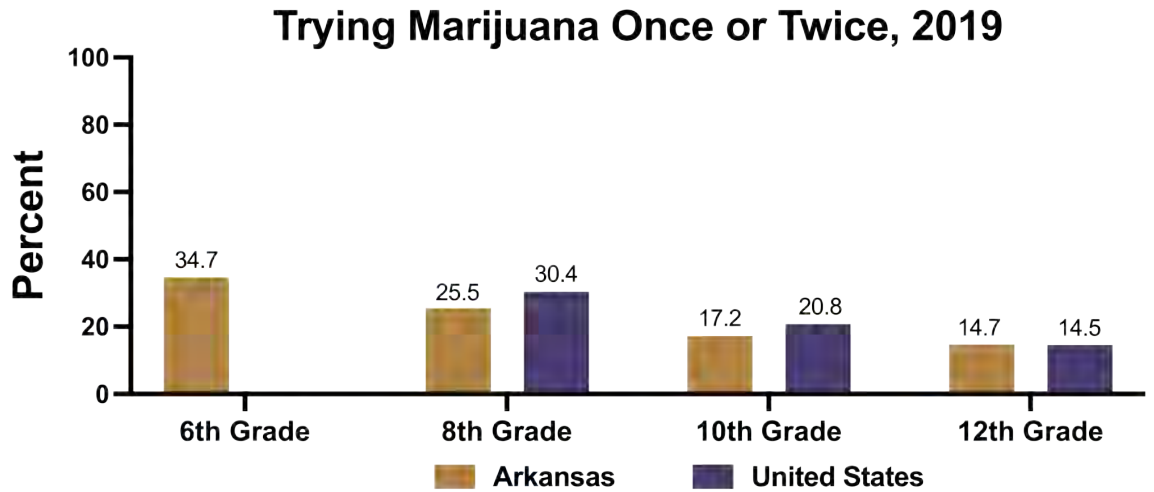
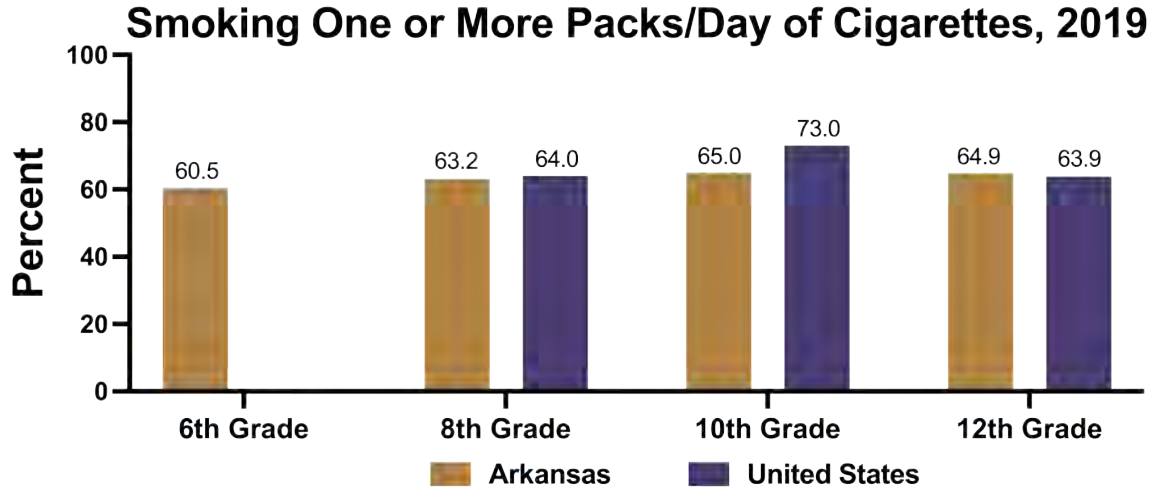
Substance use disorders and mental illnesses share many of the same risk factors and having a mental illness may increase the likelihood of developing a substance use disorder and vice versa.⁵⁷

What to take away

Students

- Compared to the United States, Arkansas students in grades 8 and 12 are slightly less likely and slightly more likely, respectively, to perceive great risk in smoking 1 or more packs of cigarettes per day in 2019. However, Arkansas 10th graders were much less likely to perceive risk in smoking compared to the U.S. average.
- Compared to U.S. averages, Arkansas students in grades 8 and 10, but not 12, were much less likely to perceive great risk in using marijuana once or twice per week. Arkansas 12th graders were slightly more likely to perceive risk relative to U.S. 12th graders. The perception of risk for the both the U.S. and Arkansas decreased with increasing grade level.
- Arkansas youth were much more likely than U.S. youth to perceive great risk in drinking one or two alcoholic beverages every day. Again, the perception of risk declines with increasing grade level.

Percentage of Youth Who Perceive Great Risk in the Following Activities:

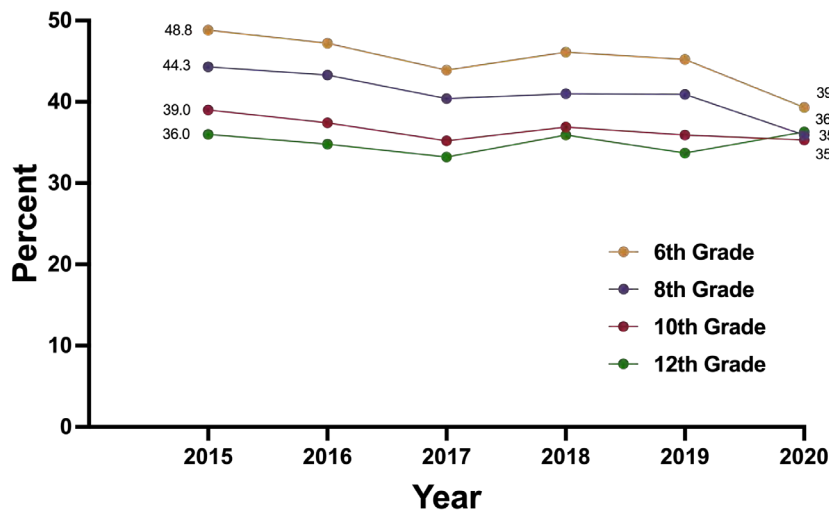


Source: APNA and MTF

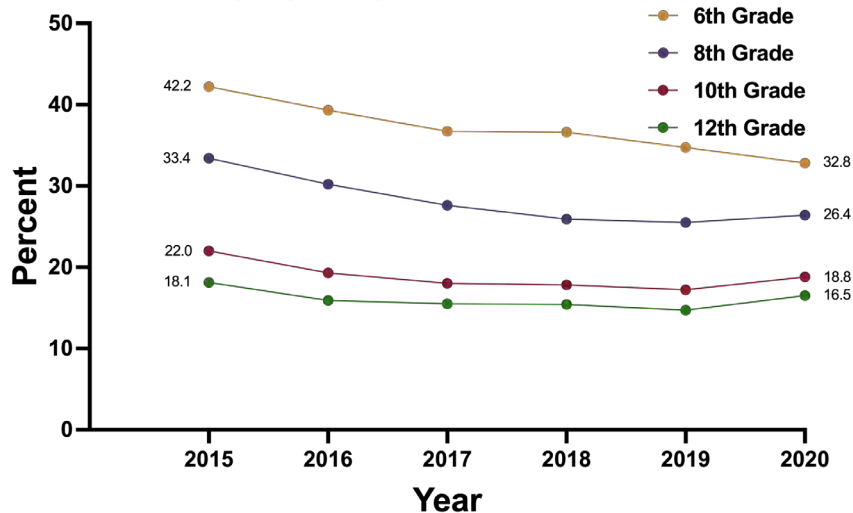
- Over time, the proportion of students who perceive “great risk” in nearly daily alcohol use has declined from 2015 to 2020. Perceived risk showed a shallow decline in grades 10 and 12; however, perceived risk more sharply declined in grades 6 and 8, such that the percentage of students in these grades perceiving risk is more similar to that for 10th and 12th grade.
- Over time, students in grade 6 who perceive “great risk” in marijuana use has steadily declined from 42.2 percent 2015 to 32.8 percent 2020. Perceived “great risk” in marijuana use among 8th grade students steadily declined from 33.4 percent in 2015 to 25.5 percent in 2019 and then increased slightly in 2020 to 26.4 percent. Perceived “great risk” in marijuana use among 10th and 12th grade students showed a less steep decline from 2015 to 2019 than that among 8th grade students, but also increased slightly in 2020.

Youth Who Perceive Great Risk in the Following Activities:

Drinking 1 or 2 Alcoholic Beverages Nearly Every Day



Trying Marijuana Once or Twice

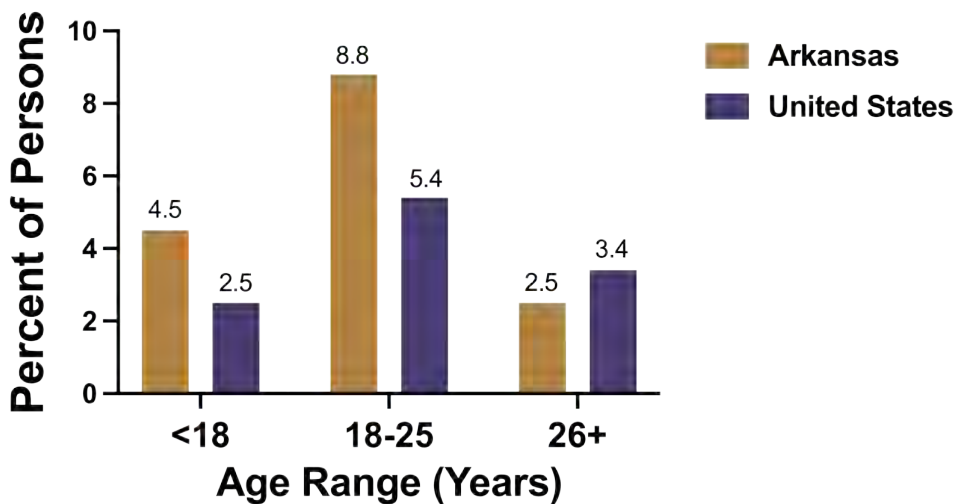


Source: APNA

- These findings suggest that alcohol and marijuana prevention programs should target each grade level with enhanced focus on 6th and 8th grade level, and be reinforced across multiple media.

- Among Arkansas youth aged less than 18 years, the proportion reporting a depressive episode was almost two times higher than among U.S. youth in 2018-2019. Similarly, Arkansas young adults aged 18-25 years had a 1.6 times higher prevalence of a major depressive episode in 2018-2019 than their U.S. counterparts. In contrast, Arkansas adults aged 26 years or older reported a lower prevalence of major depressive episode than their national cohorts in 2018-2019.

Past-Year Major Depressive Episode, 2018-2019

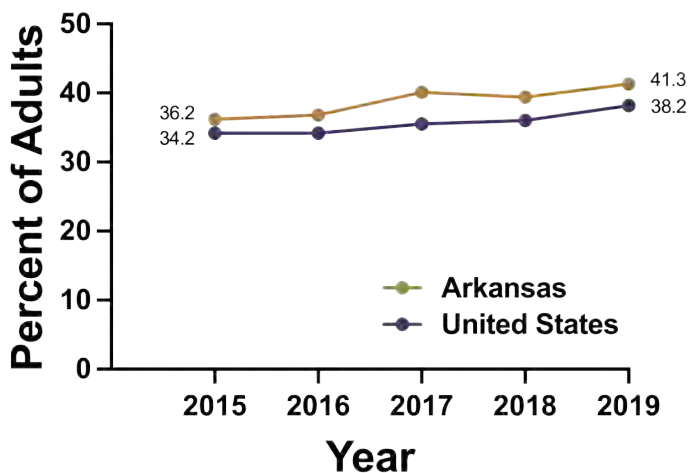


Source: NSDUH

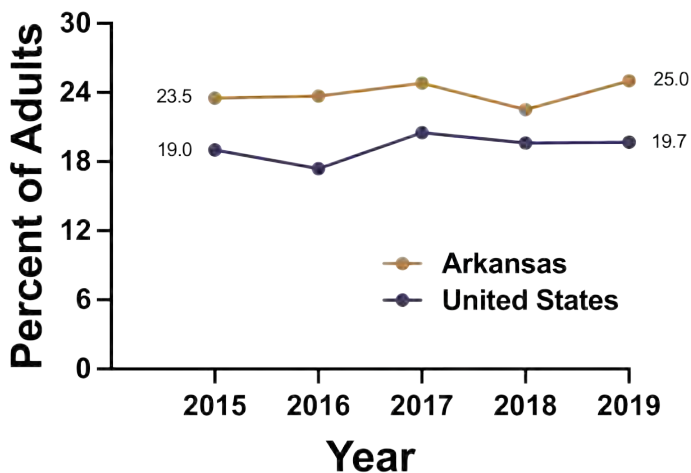
Adults

- Arkansas adults were slightly more likely than U.S. adults to report poor mental health. The proportion reporting poor mental health has increased since 2015.
- The proportion of Arkansas and U.S. adults who have been diagnosed with depression has remained relatively stable. The prevalence of a major depressive episode was higher among Arkansas adults relative to their U.S. counterparts.

Poor Mental Health



Depression Diagnosis

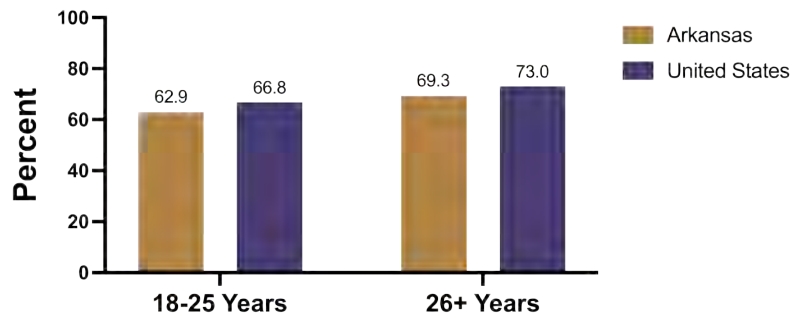


Source: BRFSS

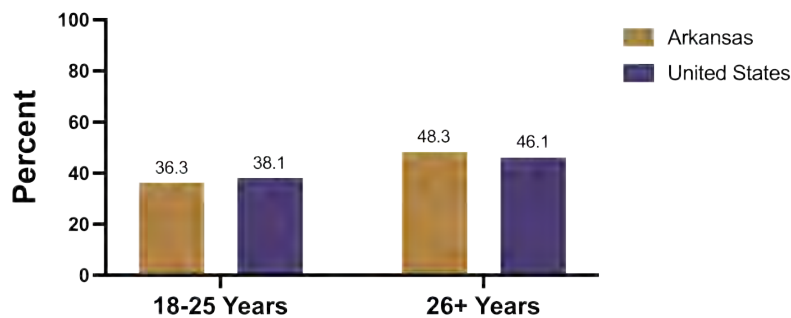
- Among Arkansas adults, the perception of risk in using cigarettes is lower than the U.S. average. The perception of risk is also lower among those aged 18-25 compared to those older than 25.
- Relative to their U.S. cohorts, a slightly lower and higher percentage of Arkansas adults aged 18-25 years and 26 years or older, respectively, perceived great risk of drinking five or more alcoholic beverages. Younger adults are less likely than older adults to perceive great risk in drinking 5 or more alcoholic beverages in a week.

Adults Who Perceive Great Risk in the Following Activities:

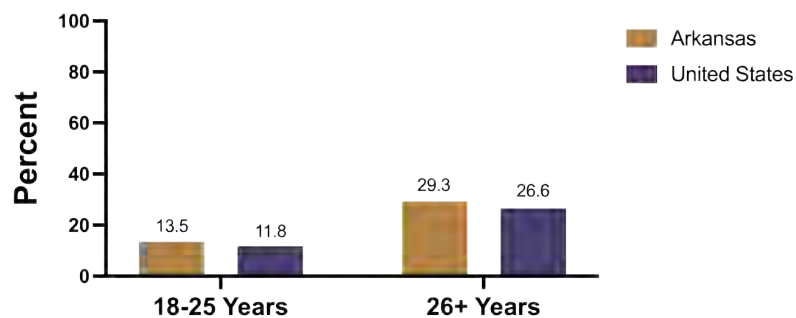
**Smoking 1 or More Packs of Cigarettes per Day
2018-2019**



**Drinking 5 or More Alcoholic Beverages Once or Twice per Week
2018-2019**



**Smoking Marijuana Once or Twice per Month
2018-2019**



Source: NSDUH

- Perceived risk of smoking marijuana is higher among Arkansas adults compared to the U.S. but only 1 in 3 Arkansas adults aged 26 and older see marijuana as potentially harmful. Among those aged 18-25 years, slightly more than 1 in 10 perceive marijuana use as risky.

In the family

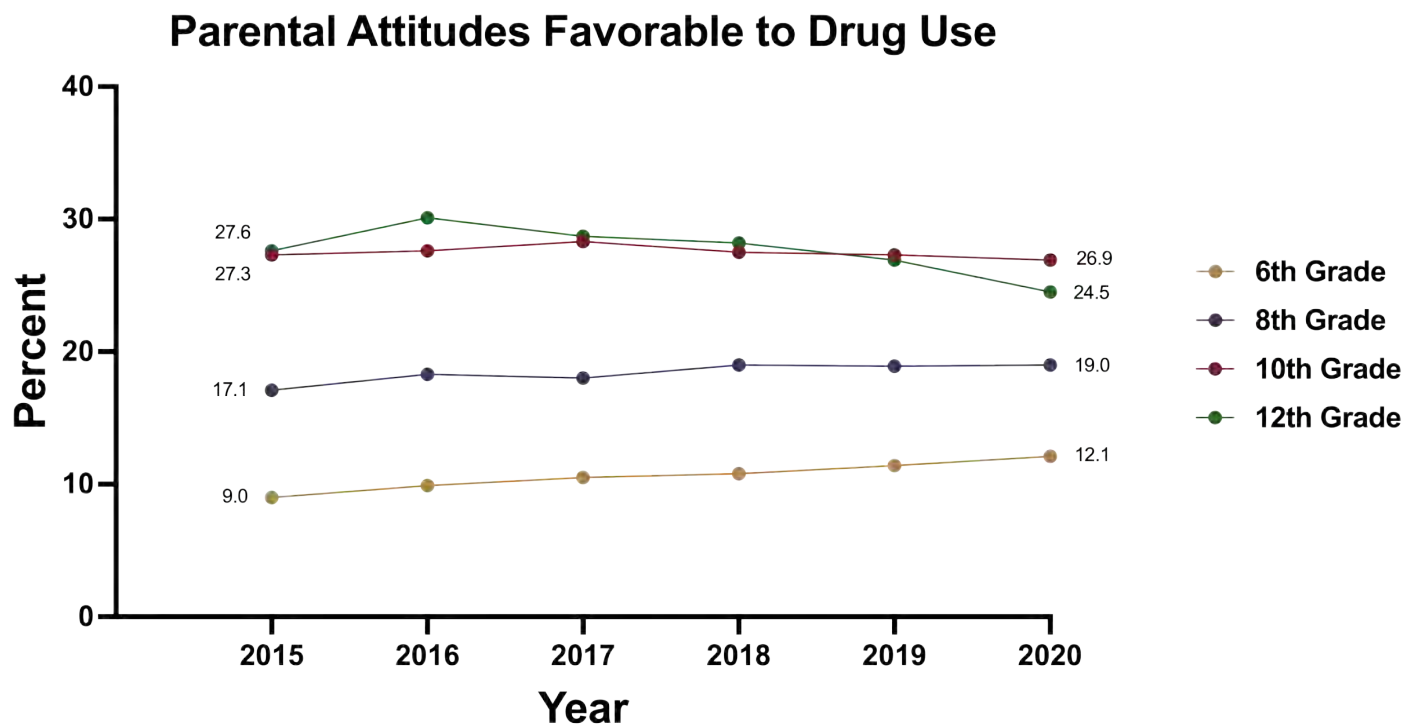
Why this is important

Adolescents are more likely to misuse substances if they live in homes where parents have substance use problems,⁵⁸ have tolerant attitudes toward moderate drinking and drug use,⁵⁹ or poorly monitor their children's activities.⁵⁸

Family rejection of sexual orientation or gender identity⁵⁸ or childhood maltreatment⁶⁰ increases risk of adolescent substance use.

What to take away

- Since 2015, the proportion of students in 6th and 8th grades reporting that parents had attitudes favorable to drug use has increased.
- While favorable parental attitudes towards drugs generally increase with grade, a similar proportion of 10th and 12th grade students report favorable parental attitudes towards drugs.
- While the proportion of 10th grade students perceiving favorable parental attitudes to drugs decreased very slightly from 2015 to 2020, that of 12th grade students decreased from 2016 to 2020 and was for the first time in 2020 less than 10th grade student prevalence (24.5 percent versus 26.9 percent). About one in four 10th and 12th graders report their parents have favorable attitudes toward drug use.



Source: APNA

Related to Peers

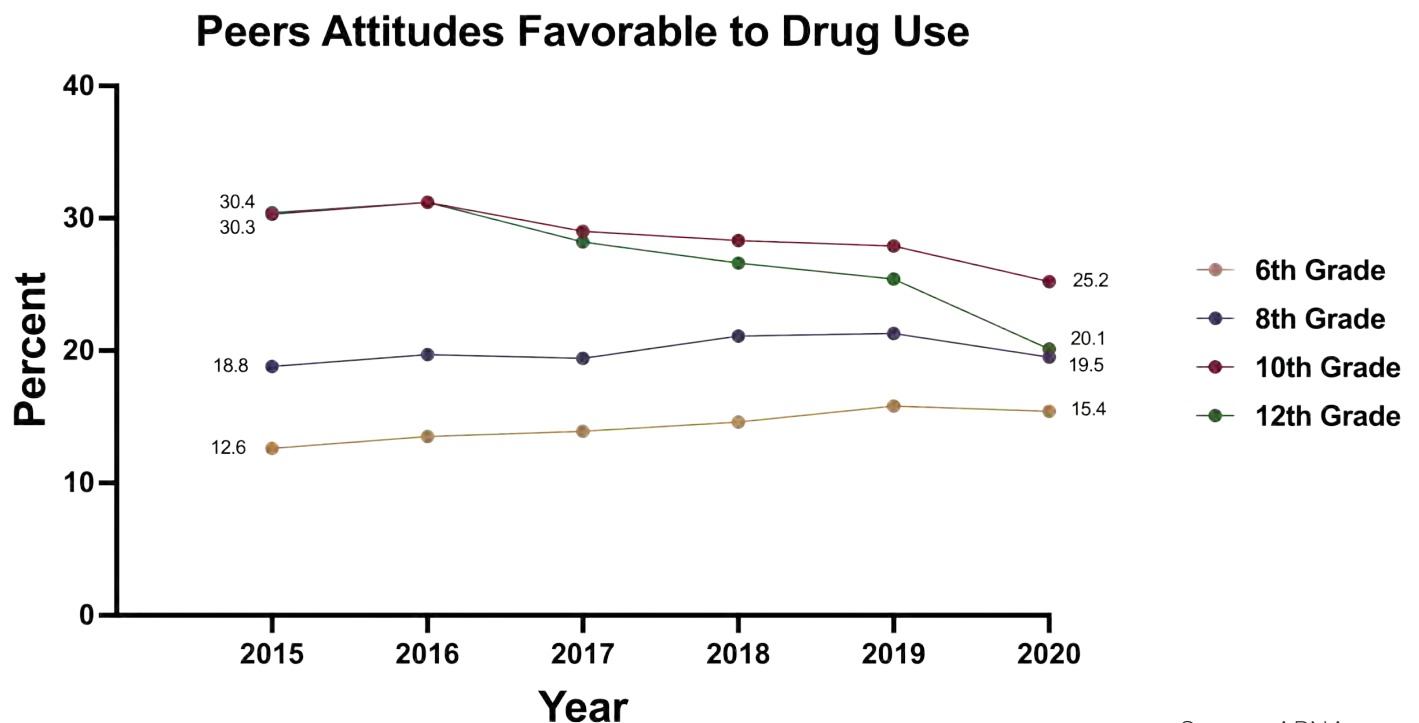
Why this is important

Peer relationships have been shown to influence adolescent substance use, with increased risks associated with deviant peer relationships, popularity, bullying, and association with gangs.⁶⁰

- Adolescents are more likely to use substances if they associate with peers who use substances.
- Adolescents are more likely to use substances if they perceive it would make them more popular.
- Adolescents who are involved in bullying, whether as the perpetrator and/or victim, have increased risk of mental health disorders and psychosocial problems, including some form of substance use, relative to those who are not involved in bullying.

What to take away

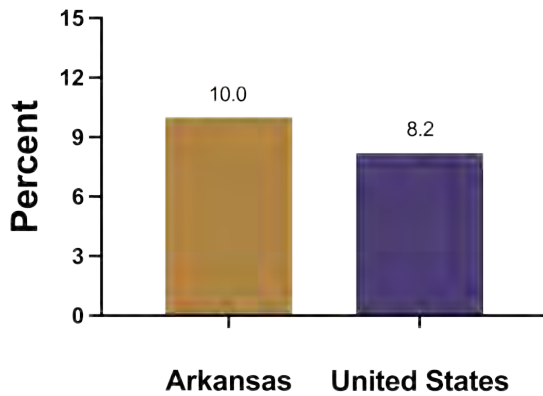
- The rate of students with peer attitudes favorable to drug use has increased over time for 6th and 8th grade students from 2015 to 2019, with a slight decrease in 2020, while declining over time among 10th and 12th grade students. As with parental attitudes, fully one in four 12th grade students indicate peers have favorable attitudes toward drug use. However, this has decreased to about one in five 10th grade students in 2020.



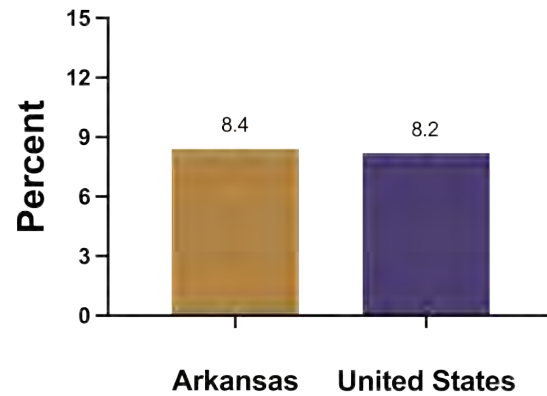
Source: APNA

- In 2019, the proportion of Arkansas youth experiencing physical or sexual dating violence was slightly, but not significantly, higher than that for U.S. youth. In contrast, a significantly higher proportion of Arkansas youth experiencing sexual violence with anyone in the past year or ever being physically forced to have sexual intercourse was significantly higher than that for U.S. youth, indicating a higher likelihood that Arkansas youth experience these types of events.

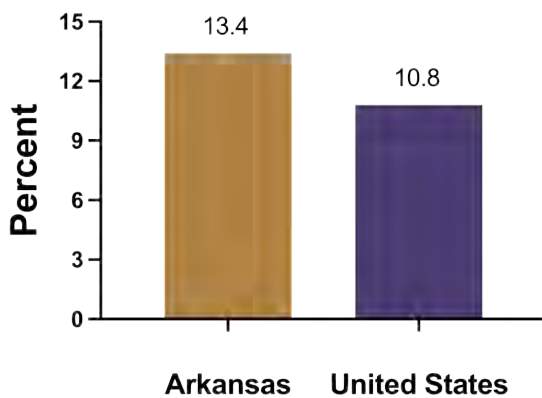
Past-Year Physical Dating Violence, 2019



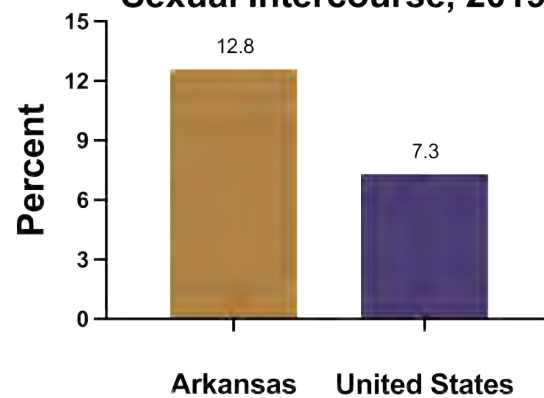
Past-Year Sexual Dating Violence, 2019



Past-Year Sexual Violence by Anyone, 2019



Ever Physically Forced to Have Sexual Intercourse, 2019



Source: YRBSS

- Historically, bullying in Arkansas has been occurring at higher rates compared to the U.S. The percentage of students reporting either being bullied at school or electronically in 2019 is higher than in 2011, however, rates of bullying declined in 2019 compared to 2017. Unfortunately, no updates to these data are available until sometime in 2022.

In the school setting

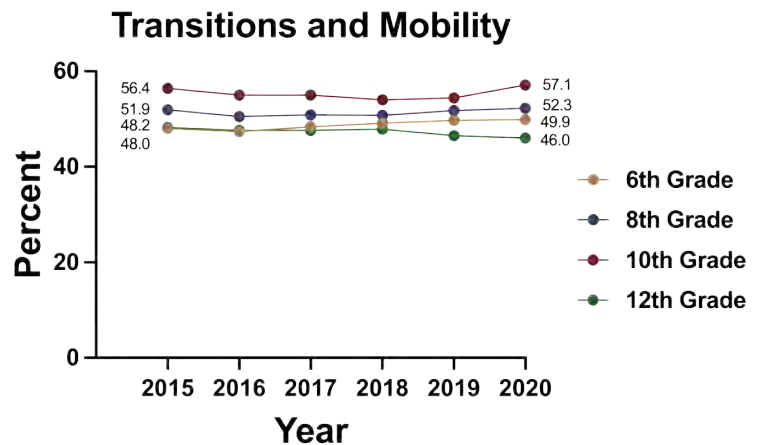
Why this is important

School connectedness, the belief by students that adults and peers in the school care about them as learners and as individuals, is an important protective factor. Transitions (when children move from elementary school to middle school, or from middle school to high school) are risk factors for drug use, school misbehavior, and delinquency. Mobility (when people in a community move) is been associated with risk of drug use and crime problems, including both criminal behavior and drug-related problems in families.

Lack of school and community connectedness as well as low academic performance are associated with increased risk of substance use.⁵⁸

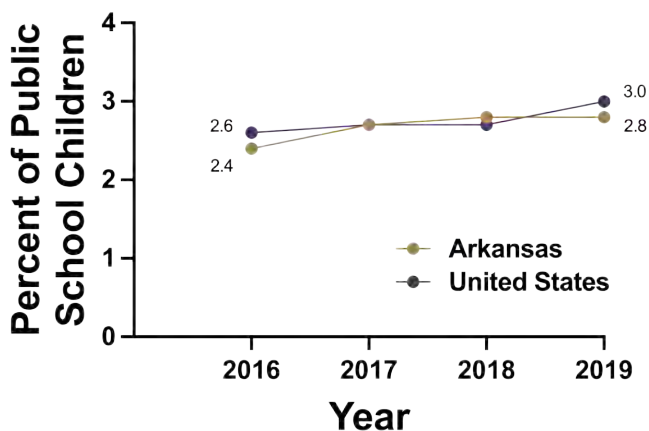
What to take away

- The prevalence of transitions and mobility has increased for 6th grade students, remained relatively stable for 8th grade students and decreased for 12th grade students. After declining from 2015 to 2018, the prevalence of transitions and mobility has increased to slightly above that in 2015 for 10th grade students.



Source: APNA

Homelessness Among Children

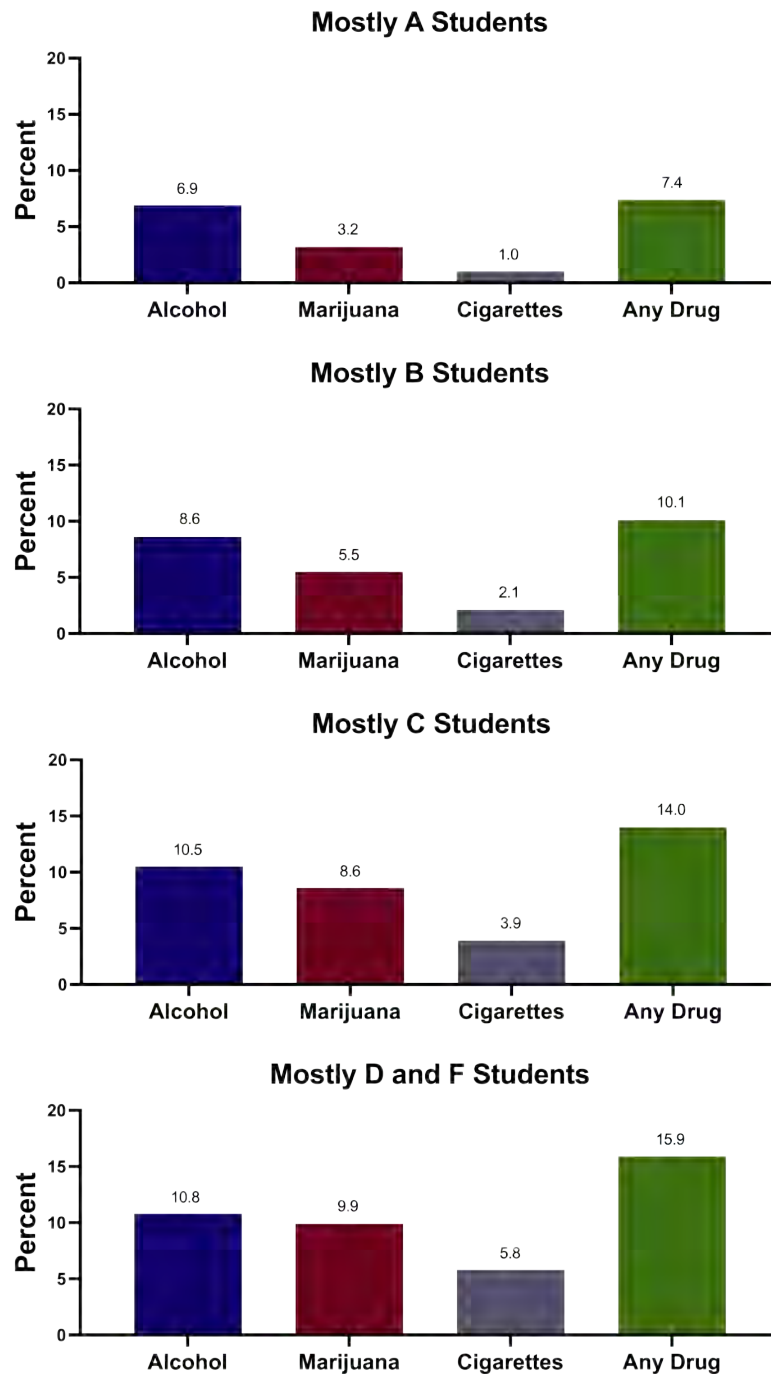


From 2016 to 2019, the rate of homelessness among Arkansas children enrolled in public school increased from 2.4 percent to 2.8 percent. The rate of homelessness among U.S. children enrolled in public school showed a similar increase from 2.6 percent in 2016 to 3.0 percent in 2019.

Source: America's Health Rankings

- The use of alcohol, marijuana, cigarettes or any drug increases with decreasing academic performance. Nearly one in five students who report receiving mostly D's or F's also report using some substance.
- Alcohol appears to be the most prevalent substance used across all grades with more than 1 in 10 reporting use among mostly C, D or F students. Of note, marijuana use increases more than alcohol as academic performance decreases and is similar to alcohol use prevalence among D or F students.

Each Self-Reported Student Type That Also Reported Using Substances, 2020



Source: APNA

In the community

Why this is important

A CDC best practice for tobacco control programs is limiting minors' access to tobacco products.⁶¹

Arkansas, like many other states, regularly enforces and documents retailer violations for selling cigarettes to minors.

Economic and environmental hardships have been shown to contribute to both substance use and mental health disorders.⁶²

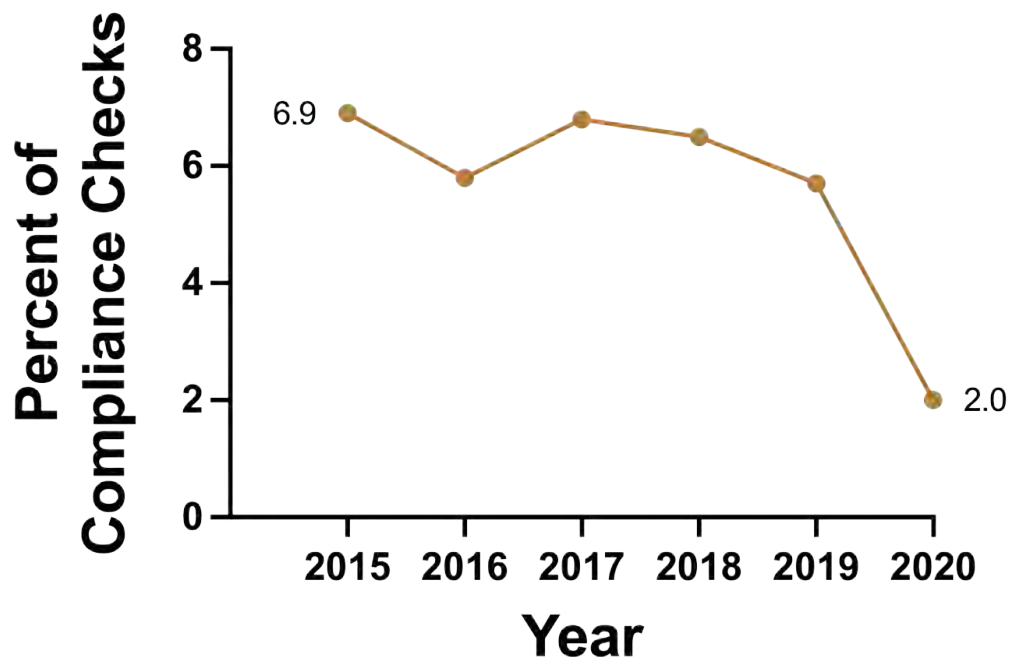
Two indicators for economic hardship are the Unemployment Rate and the Poverty Rate.

Disconnected youth are teens and young adults ages 16-19 who are neither working nor in school. Disconnected youth are at increased risk of violence, smoking, alcohol consumption and marijuana use, and may have emotional deficits and less cognitive and academic skills than their peers who are working and/or in school.⁶³⁻⁶⁷

What to take away

- After a slight decline from 2015 to 2019, the percent of retailers who violated tobacco laws and sold tobacco to Arkansas minors sharply declined in 2020; however, number of inspections in 2020 was less than one fifth that completed in 2019.

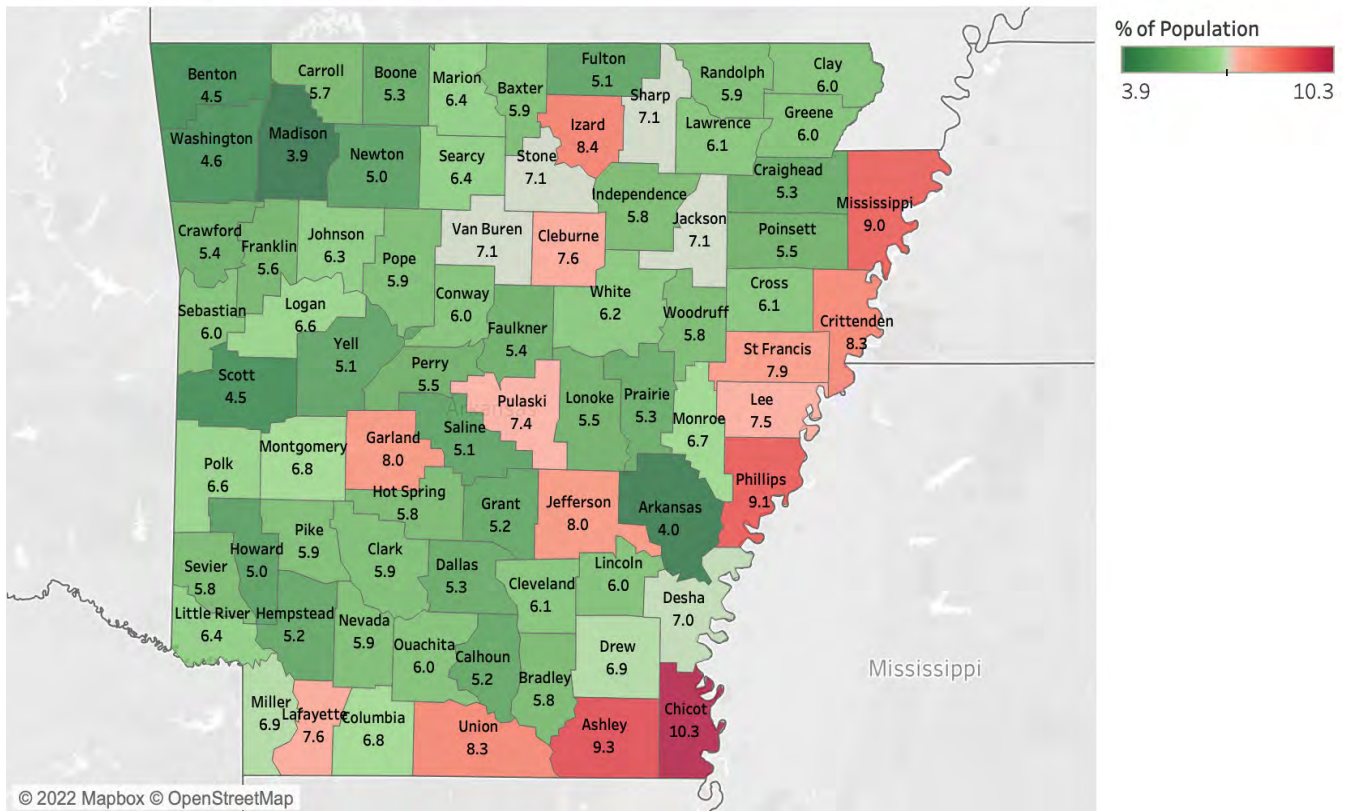
Arkansas Tobacco Sales to Minors Violations



Source: Arkansas Tobacco Control

- In 2020, the Arkansas unemployment rate varied widely across counties, from 3.9% in Madison County to 10.3% in Chicot County. Unemployment rates were highest in the southern, eastern and central portions of the state.

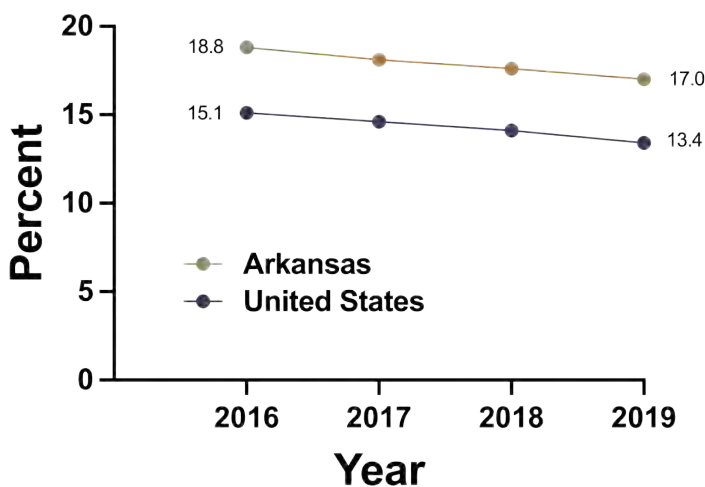
Unemployment Rate, 2020



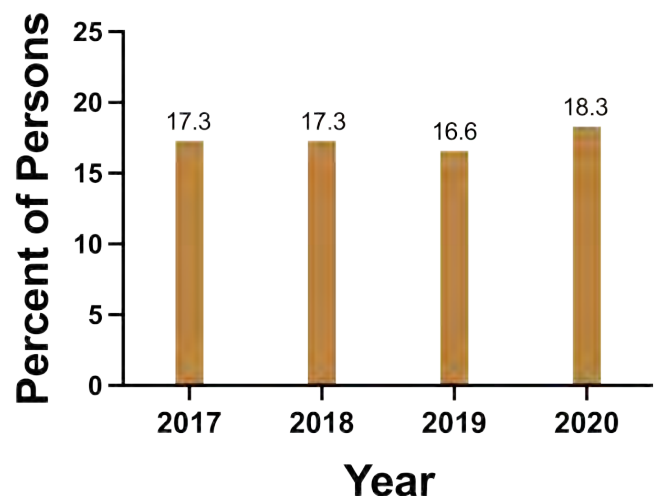
Source: Department of Labor

- Like the U.S. poverty rate, the Arkansas poverty rate has declined since 2016, but continues to be higher than the U.S. poverty rate.

Individuals Living Below Poverty



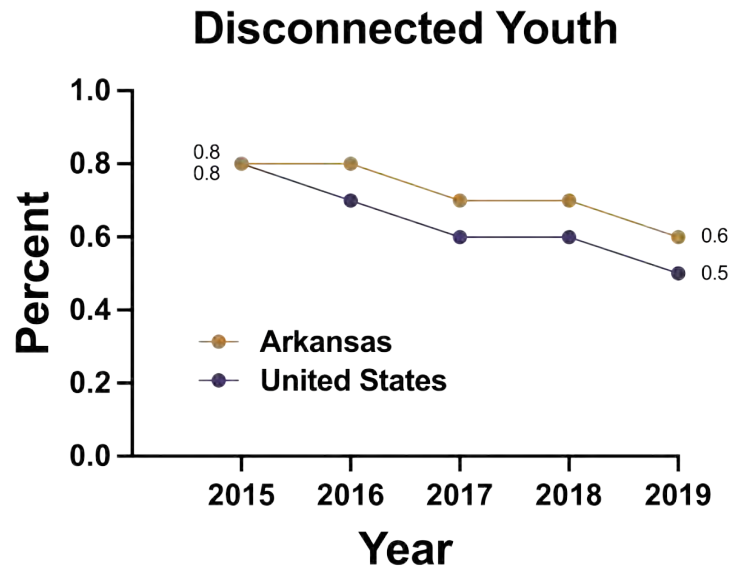
Food Insecurity



Source: American Community Survey, Table S1701 and Map the Meal Gap

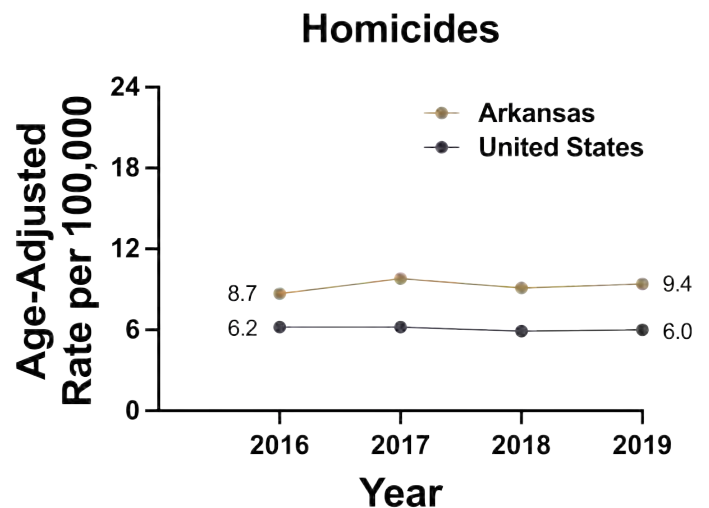
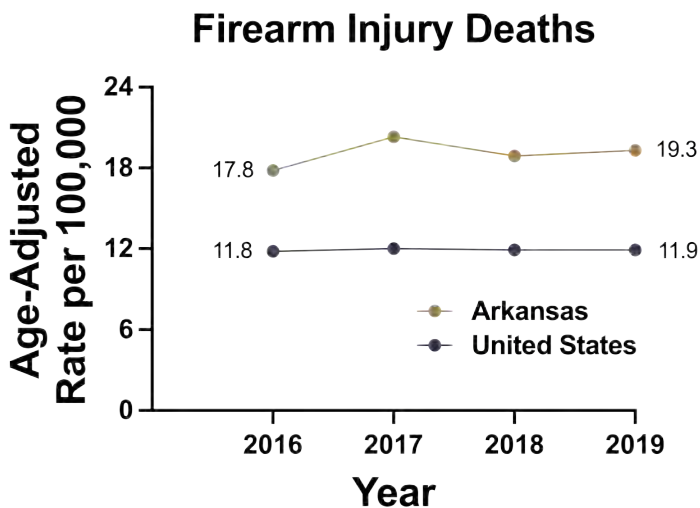
- Food-insecure households were unable, at times during the year, to provide adequate food for one or more household members because the household lacked money and other resources for food. Although the prevalence of food insecurity decreased in 2019 from 2017 to 2018, it increased in 2020 to a level slightly higher than in 2017 to 2018.

- The prevalence of U.S. disconnected youth has declined from 0.8 percent in 2015 to 0.5 percent in 2019. Although the prevalence of Arkansas youth not enrolled in school and not employed was the same as that of U.S. youth in 2015, the decline in prevalence was slightly less steep with 0.6 percent of Arkansas youth not enrolled in school and not employed in 2019.



Source: American Community Survey, Table S14005

- The U.S. death rate due to firearm injuries remained stable from 2016 to 2019 and was consistently lower than Arkansas' rate. The Arkansas firearm injury death rate increased from 2016 to 2019.
- The U.S. homicide death rate decreased very slightly from 2016 to 2019 and was consistently lower than Arkansas' rate. The Arkansas homicide death rate increased slightly from 2016 to 2019.



Source: CDC WONDER

TREATMENT ADMISSIONS

Substance abuse treatment admissions indicate how many people are seeking help for a substance use problem. It is important that these indicators are not used on their own to indicate drug use prevalence, as there are many variables involved in whether or not a person seeks treatment for a given substance. Treatment admissions are important not only in determining where resources are being utilized as a determinant of costs to the system, but also in determining impact on recovery.

Why this is important

Assessing the rates of people being admitted to substance abuse treatment assists in organization and evaluation of programs.

Hospital discharges are monitored to determine the prevalence of substance misuse in the inpatient setting.

Without treatment, individuals may not have the tools necessary to recover from substance use disorders.

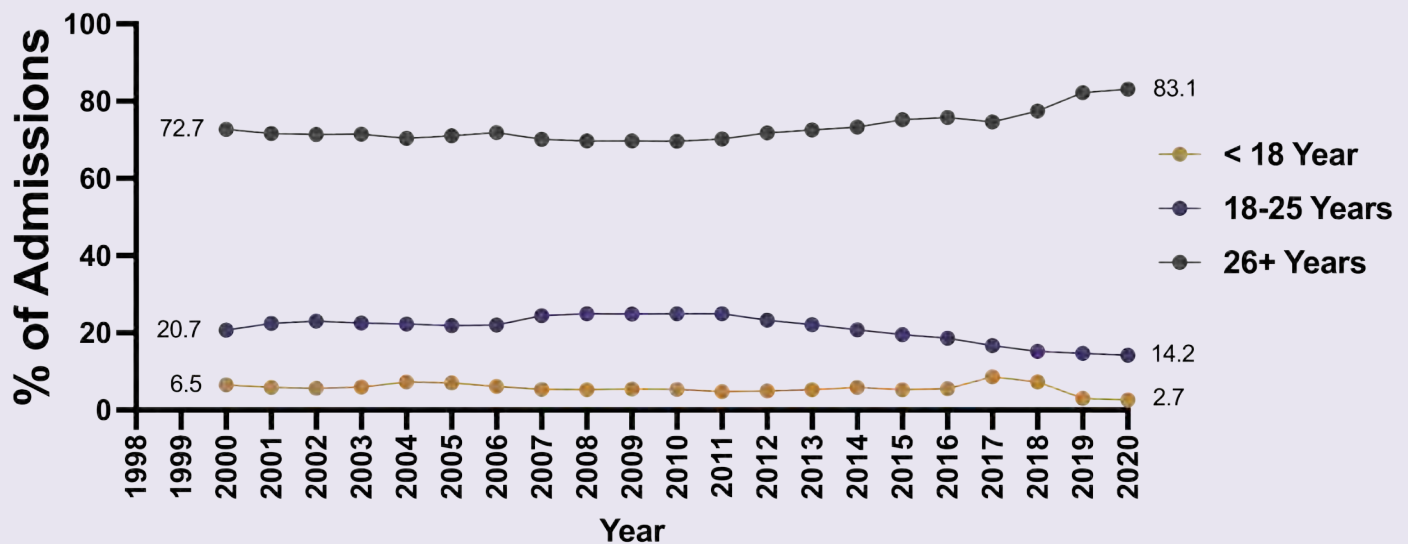
Prenatal smoking is a preventable cause of premature birth, low birth weight and birth defects.

Women who quit smoking during pregnancy are more likely to remain abstinent compared with those who continued to smoke throughout pregnancy

What to take away

- The percentage of admissions to substance abuse treatment have declined over time among youth and young adults, while increasing among adults aged 26 years and older.

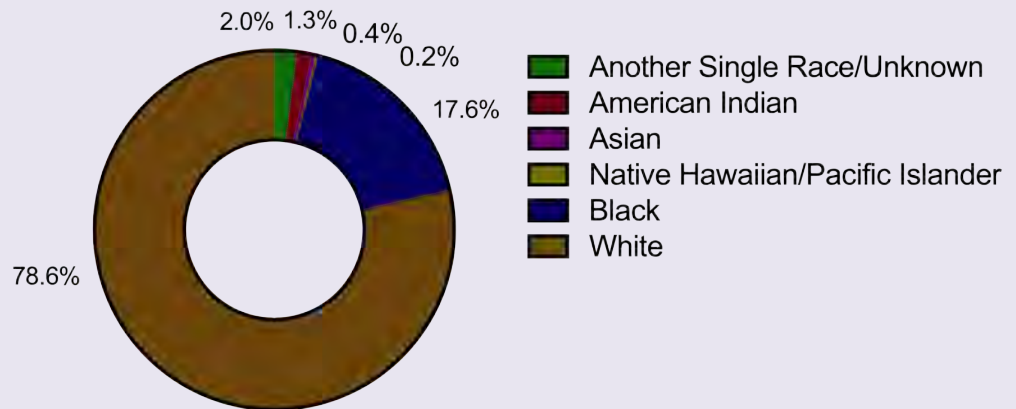
Arkansas Treatment Admissions



Source: Arkansas Department of Humans Services, Division of Aging and Adult Behavioral Health Services

- About 78.6% of those entering treatment for substance or alcohol use in 2020-2021 were predominantly White. 17.6% were Black, and about 3.8% were of another race or unknown. About 8.3% of those admitted for substance use treatment were Hispanic/Latino.

Arkansas Substance Abuse Treatment Clients Served, 2020-2021

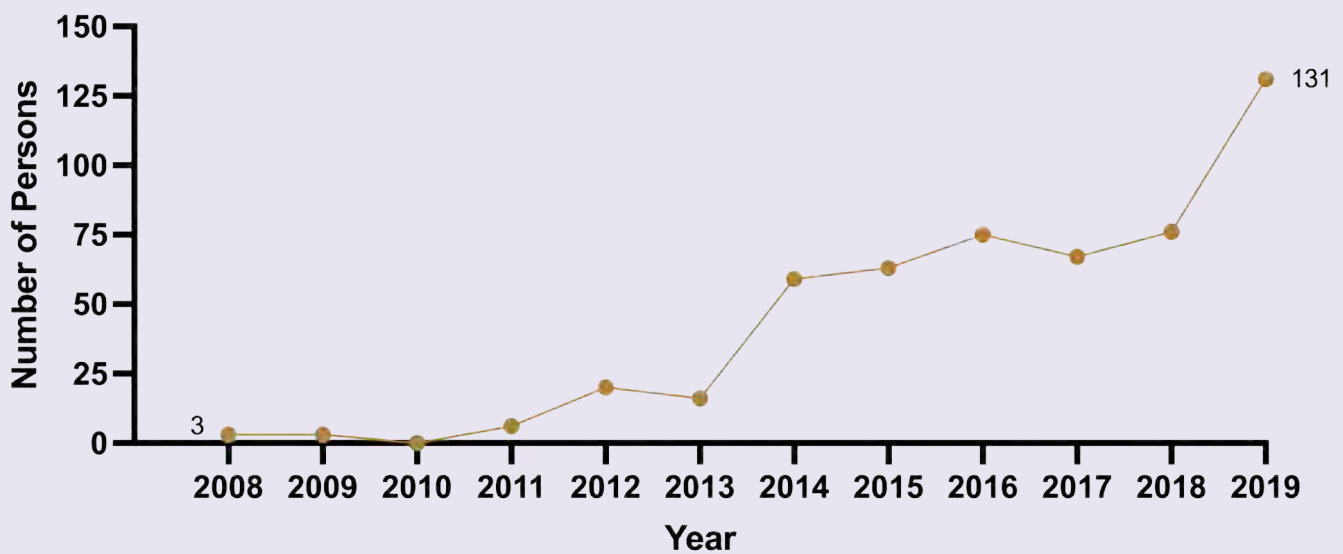


Total Clients Served = 11,344

Source: Arkansas Department of Humans Services, Division of Aging and Adult Behavioral Health Services

- About 78.6% of those entering treatment for substance or alcohol use in 2020-2021 were predominantly White. 17.6% were Black, and about 3.8% were of another race or unknown. About 8.3% of those admitted for substance use treatment were Hispanic/Latino.
- The number of pregnant women in treatment for a drug or alcohol problem increased from three in 2008 to 131 in 2019.

Arkansas Pregnant Women in Substance Abuse Treatment



Source: Arkansas Department of Humans Services, Division of Aging and Adult Behavioral

- Arkansas had a similar percentage of people needing but not receiving treatment for illicit drugs compared with the U.S. The percentage of those needing but not receiving treatment in 2018-2019 was highest for young adults.
- Arkansas had a somewhat lower percentage of people needing but not receiving treatment for alcohol compared with the U.S. Among those needing but not receiving treatment, Arkansans aged 18-25 years was two-thirds that of their U.S. counterparts.

Percentage of Persons Needing but not Receiving Treatment, 2018-2019				
Age Range	Illicit Drug		Alcohol	
Years	Arkansas	United States	Arkansas	United States
12 +	2.6%	2.7%	4.6%	5.1%
< 18	2.9%	3.0%	1.4%	1.6%
18-25	6.5%	7.0%	6.1%	9.3%
26 +	2.0%	2.0%	4.7%	4.8%
18 +	2.6%	2.7%	4.9%	5.5%

Source: NSDUH

CONCLUSIONS

Arkansas substance use prevention programs have made great strides in impacting substance use levels on several indicators including lowering smoking levels among youth and adults, and lowering alcohol use among teens. However, there are still areas of concern that require attention. Multiple indicators within this report showed that Arkansas adult and youth substance usage was higher than national averages -- adult and youth smoking level, smoking before, during and after pregnancy, and prescription drug use. Bath salt use among Arkansas youth appears to be increasing. Several indicators showed minimal improvement, such as marijuana use rates among youth. These observations should all be considered as programs move forward in prevention planning.

The contributing factors documented within this report are valuable to prevention planning efforts. Although caution should be taken when considering these contributing factors in isolation, taken as a whole, contributing factors provide prevention program planners a more comprehensive understanding of the areas in which to focus efforts for populations at risk. Targeting activities to at-risk youth and adults will further strengthen prevention programs throughout the state.

Monitoring the available treatment options and use of those services also provides valuable information as programs move forward to support individuals who are substance users and unreached by prevention efforts.

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COUNTY REPORT

OVERVIEW OF COUNTY REPORT

SEOW provides a comprehensive resource for identifying, tracking and planning substance misuse prevention efforts in the state. To further strengthen these efforts, it is important to understand the diverse population characteristics and needs of each county to streamline preventive efforts at a finer level. For each of the 75 counties in Arkansas, we have identified and reported meaningful demographic information, substance use consumption and consequences, and various risk and protective factors related to substance abuse. Each individual county profile provides county and state percentages, rates or totals on each of the selected indicators associated with substance misuse. County and state percentages, rates or totals represent the prevalence of a given indicator in the county under consideration and the corresponding state value of that indicator.

INDICATORS DESCRIPTION

Demographics

This report includes demographic characteristics highlighting the variations in population size, age, gender, race/ethnicity, education and poverty level for each county.

Substance use, health and consequences

This report identifies consumption percentages of tobacco, alcohol and illicit drugs by youth and adults. Consequences of substance use as well as health indicators are also identified.

Risk and protective factors

Various risk and protective factors intertwine to influence initiation of substance misuse. Where risk factors increase, protective factors decrease, and the likelihood of substance misuse is higher. Contributing factors for substance misuse under the following domains are identified:

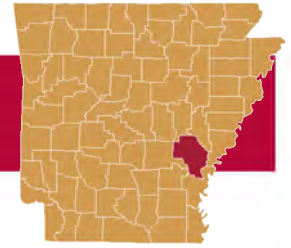
- **Community:** Presence or absence of high community organization, as well as public safety and attitudes toward drug use and crime can influence the prevalence of substance misuse.
- **Family:** Strong family bonding can serve as protection against participating in risky activities. At the same time, conflicts, family history and attitude toward substance use can predict substance misuse.
- **Individual/peers:** Although interaction with anti-social peers, involvement in anti-social activities and attitude toward drug use can increase the likelihood of substance misuse, factors such as moral order values and interaction with pro-social peers can decrease that likelihood.
- **School:** Higher academic commitment, achievement and opportunities for pro-social activities can decrease the risk of problem behavior, while academic failure and access to drugs or alcohol at school increases the risk of problem behavior.

OUTCOMES, RISK AND PROTECTIVE FACTORS

Substance Use	
Youth alcohol use ¹	Youth cigarette use ¹
Youth chewing tobacco use ¹	Youth marijuana use ¹
Youth heroin use ¹	Youth prescription drug use ¹
Youth flavor vape use ¹	Youth marijuana vape use ¹
Youth nicotine vape use ¹	
Community	
Persons below poverty level ²	Unemployment rates ²
Uninsurance ²	Food insecurity ²
Substandard housing ²	Transitions and mobility ²
Disconnected youth ²	Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ³
Number of people admitted for substance use treatment ³	Beer, wine, and liquor stores (per 100,000 population) ²
Tobacco sales to minors (percent of failed tobacco checks) ²	Substance use-related arrests (per 1,000 population) ²
Total crime index offenses (per 1,000 population) ²	Fatal crashes among youth aged 15–20 (per 100,000 population 15–20 years old) ²
Family	
Children living in foster care (per 1,000 population under 18 years of age) ²	Poor family management ²
Family history of anti-social behavior ²	Parental attitudes favorable toward drug use ²
Individual/Peers	
Early initiation of drug use ²	Peer favorable attitudes to drug use ²
Perceived availability of drugs ²	Low perceived risk of drug use ²
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" ³	Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" ³
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" ³	Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" ³
Youth who perceive using a vaping product like e-cigarettes, e-cigars, and e-hookahs as "moderate" or "great risk" ³	Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" ³
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" ³	
School	
High school dropouts ²	Academic failure ²
Low commitment to school ²	High school substance infraction (per 1,000 population of enrolled high school students) ²
School opportunities for pro-social involvement ³	School rewards for pro-social involvement ³
1. Outcome, 2. Risk Factor, 3. Protective Factor	

HOW TO INTERPRET COUNTY PROFILES

ARKANSAS COUNTY



Key Findings

Weakness

- 7th highest high school dropout rate
- 8th highest percentage of youth using or vaping

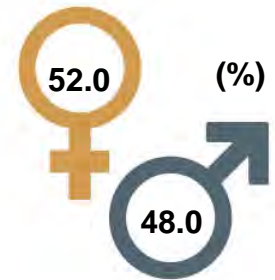
Key findings highlight top strengths and weaknesses of each county.

Strengths

- 8th lowest percentage of youth using cigarettes
- 8th lowest percentage of youth with parental attitudes favorable to drug use

Demographics

Non-Hispanic White African-American (%) Hispanic or Latino

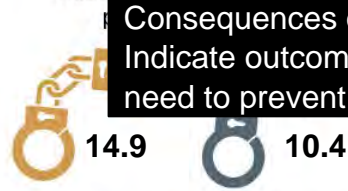


Demographics section describes the population in the county.

Consequences

County State

Substance use-related arrests

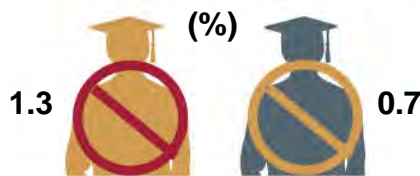


Consequences of substance use. Indicate outcomes of use we need to prevent.

Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000



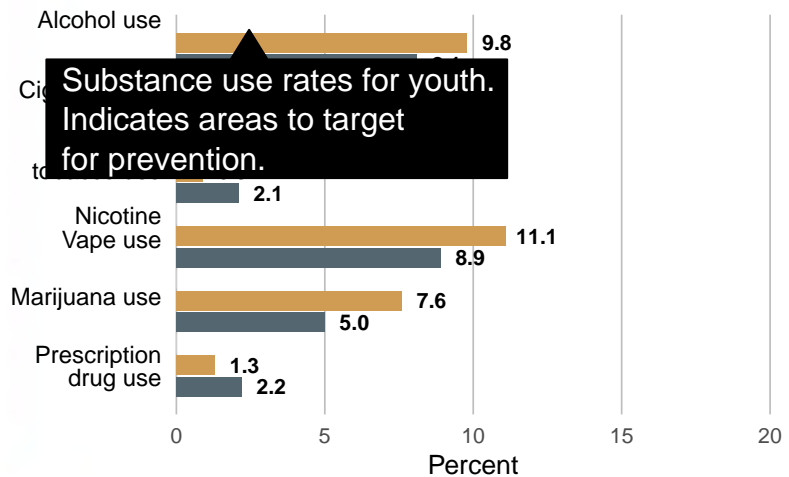
High school dropout rate



Population over 65	3,405
Population under 18	4,103
Total population	17,914
Fertility Rate	71.7

Past 30-day Youth Substance Use

County State



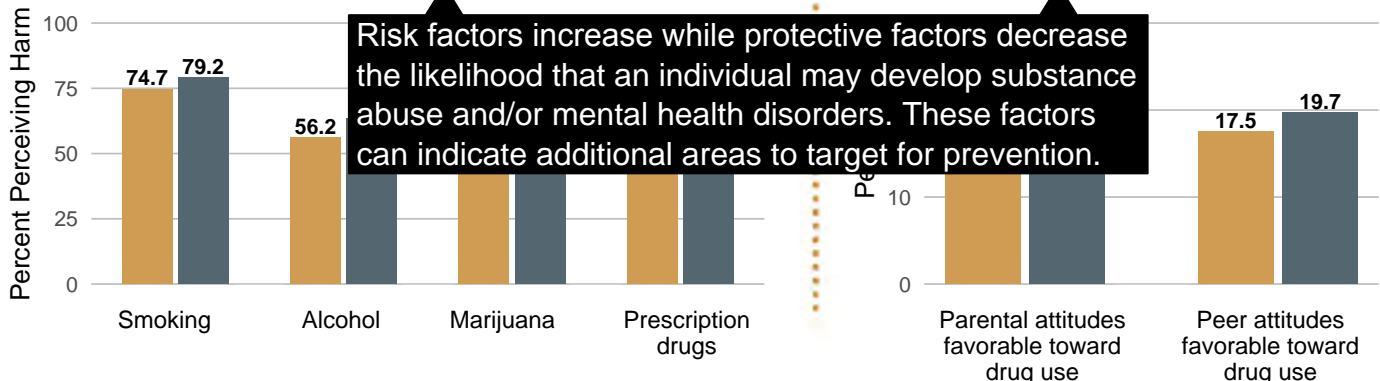
Substance use rates for youth. Indicates areas to target for prevention.

Protective Factors

County State

Risk Factors

County State



Risk factors increase while protective factors decrease the likelihood that an individual may develop substance abuse and/or mental health disorders. These factors can indicate additional areas to target for prevention.

ARKANSAS COUNTY Indicator	2017	2018	2019	2020	Trend Line	Arkansas 2020	Vs. State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	17.8	17.6	16.1	9.8		8.1	▲
Past 30-day Youth cigarette use (%) ¹	8.9	7.7	5.4	0.9		2.0	▼
Past 30-day Youth e-cigarette use (%) ¹	5.7	6.8	2.1	0.9		8.1	▼
Past 30-day Youth marijuana use (%) ¹	1.6	1.6	1.6	1.6		1.6	▲
Past 30-day Youth drug use (%) ¹	1.0	1.0	1.0	1.0		1.0	▼
Past 30-day Youth prescription drug use (%) ¹	1.3	1.3	1.3	1.3		1.3	▼
Past 30-day Youth vaping only (%) ¹	1.1	1.1	1.1	1.1		1.1	▲
Past 30-day Youth vape use: marijuana (%) ¹				5.4		3.7	▲
Past 30-day Youth vape use: nicotine (%) ¹				11.1		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	20.7	20.0	17.3	16.0		16.1	▼
Unemployment rates (%) ³	3.3	3.3	3.0	4.0		6.1	▼
Uninsurance (%) ⁴	8.4	6.8	6.8	5.3		8.3	▼
Food Insecurity (%) ⁵	19.4	19.3	16.4	17.9		18.3	▼
Substandard Housing (%) ⁴	0.0	0.0	0.0	0.0		0.5	▼
Transitions and Mobility (%) ¹	47.6	46.0	44.8	42.9		51.8	▼
Disconnected Youth measure ⁴	15.3	10.0	14.9	8.2		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶						78,942	--
Number of people admitted for substance use treatment ⁶						11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷						10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸						2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	9.7	12.0	13.7	14.3		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	8.8	6.8	9.9	7.7		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	0.0	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	6.7	7.9	10.8	10.0		10.8	▼
Poor family management (%) ¹	25.2	29.2	28.5	36.2		29.9	▲
Family history of anti-social behavior (%) ¹	38.1	35.0	36.4	27.9		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	20.0	22.1	20.3	15.9		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹						13.4	▲
Peer favorable attitudes to drug use (%) ¹						19.7	▼
Perceived availability of drugs (%) ¹						17.8	▲
Low perceived risk of drug use (%) ¹						48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹						79.2	▼
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	64.7	67.4	67.1	56.2		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	49.7	49.8	44.0	47.1		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	83.7	85.9	84.4	69.8		79.4	▼
Youth who perceive using a vaping product like e-cigarettes, e-cigars, and e-hookahs as "moderate" or "great risk" (%) ¹	54.3	64.2	66.1	62.7		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				58.1		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				65.7		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	3.3	3.1	3.4	1.3		0.7	▲
Academic failure (%) ¹	34.8	37.7	30.2	40.2		47.1	▼
Low commitment to school (%) ¹	46.8	49.6	55.2	56.8		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹						15.0	▲
School opportunities for pro-social involvement (%) ¹	61.6	59.9	60.4	54.8		59.7	▼
School rewards for pro-social involvement (%) ¹	47.8	45.8	46.5	51.5		54.2	▼

Indicator titles organized by topic.

Rate or counts for the four most recent years of county-level data available.

State rates and counts for comparison to county-level data.

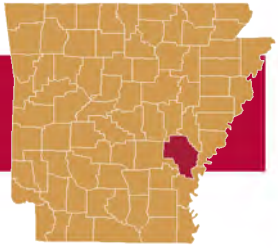
Trend line visually summarizes the county-level data for the last four years.

Arrows: Color indicates if county value is 'better'(green) or 'worse'(red) than state value. Direction indicates if county value is higher(up) or lower(down) than state value

Data sources

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

ARKANSAS COUNTY



Key Findings

Weakness

- 7th highest high school dropout rate
- 8th highest percentage of youth using or vaping marijuana

Strengths

- 8th lowest percentage of youth using cigarettes
- 8th lowest percentage of youth with parental attitudes favorable to drug use

Consequences

■ County ■ State

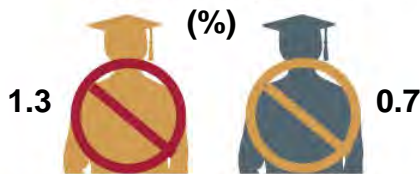
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

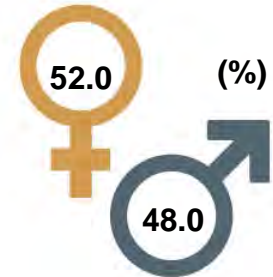
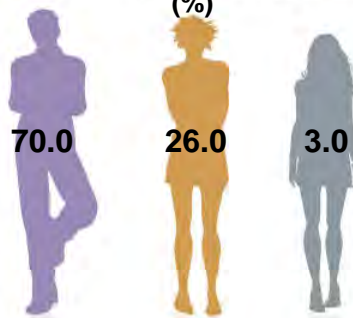


High school dropout rate



Demographics

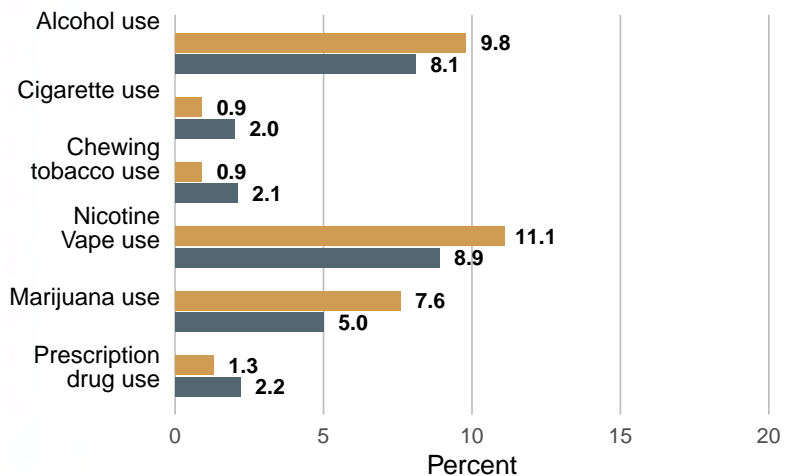
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	3,405
Population under 18	4,103
Total population	17,914
Fertility Rate	71.7

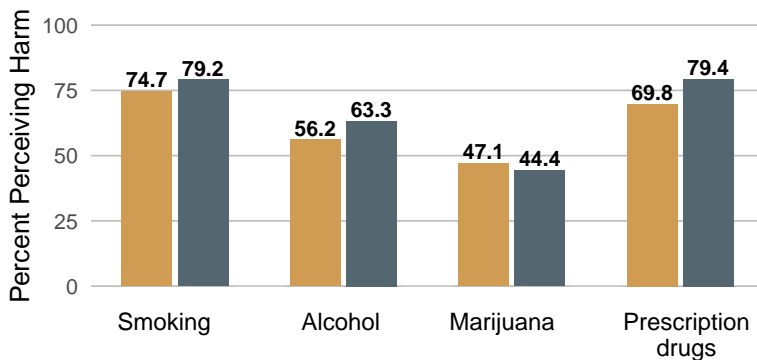
Past 30-day Youth Substance Use

■ County ■ State



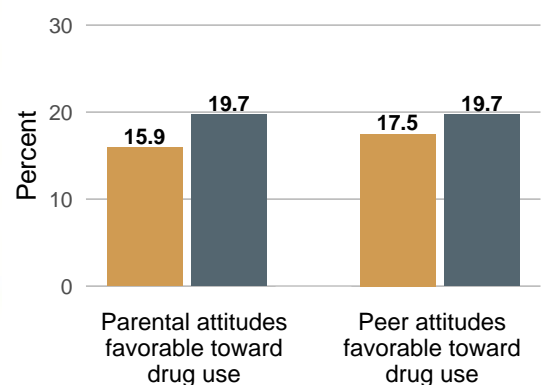
Protective Factors

■ County ■ State



Risk Factors

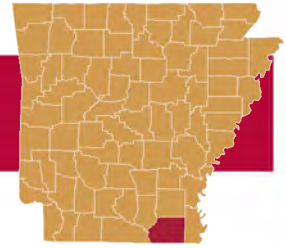
■ County ■ State



ARKANSAS COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	17.8	17.6	16.1	9.8		8.1	▲
Past 30-day Youth cigarette use (%) ¹	8.9	7.7	5.4	0.9		2.0	▼
Past 30-day Youth chewing tobacco use (%) ¹	5.7	6.8	3.1	0.9		2.1	▼
Past 30-day Youth marijuana use (%) ¹	8.1	7.3	6.7	7.6		5.0	▲
Past 30-day Youth heroin use (%) ¹	0.2	0.2	0.2	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	3.3	2.9	2.6	1.3		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				7.1		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				5.4		3.7	▲
Past 30-day Youth vape use: nicotine (%) ¹				11.1		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	20.7	20.0	17.3	16.0		16.1	▼
Unemployment rates (%) ³	3.3	3.3	3.0	4.0		6.1	▼
Uninsurance (%) ⁴	8.4	6.8	6.8	5.3		8.3	▼
Food Insecurity (%) ⁵	19.4	19.3	16.4	17.9		18.3	▼
Substandard Housing (%) ⁴	0.0	0.0	0.0	0.0		0.5	▼
Transitions and Mobility (%) ¹	47.6	46.0	44.8	42.9		51.8	▼
Disconnected Youth measure ⁴	15.3	10.0	14.9	8.2		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	675	673	696	639		78,942	--
Number of people admitted for substance use treatment ⁶	246	148	215	164		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0	0.0		10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	5.0	16.9	10.0	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	9.7	12.0	19.7	14.9		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	8.8	6.8	9.9	7.7		9.0	▼
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Poor family management (%) ¹	25.2	29.2	28.5	36.2		29.9	▲
Family history of anti-social behavior (%) ¹	38.1	35.0	36.4	27.9		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	20.0	22.1	20.3	15.9		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	23.9	24.3	17.7	13.5		13.4	▲
Peer favorable attitudes to drug use (%) ¹	25.6	26.3	23.8	17.5		19.7	▼
Perceived availability of drugs (%) ¹	20.6	23.9	21.0	18.0		17.8	▲
Low perceived risk of drug use (%) ¹	51.5	46.6	52.1	55.8		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	80.2	84.6	80.4	74.7		79.2	▼
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	64.7	67.4	67.1	56.2		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	49.7	49.8	44.0	47.1		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	83.7	85.9	84.4	69.8		79.4	▼
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	54.3	64.2	66.1	62.7		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				58.1		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				65.7		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	3.3	3.1	3.4	1.3		0.7	▲
Academic failure (%) ¹	34.8	37.7	30.2	40.2		47.1	▼
Low commitment to school (%) ¹	46.8	49.6	55.2	56.8		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	38.9	16.1	12.2	19.7		15.0	▲
School opportunities for pro-social involvement (%) ¹	61.6	59.9	60.4	54.8		59.7	▼
School rewards for pro-social involvement (%) ¹	47.8	45.8	46.5	51.5		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

ASHLEY COUNTY



Key Findings

Weakness

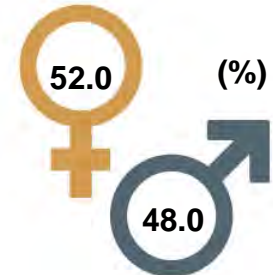
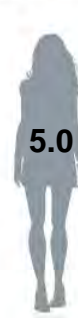
- 8th highest rate of academic failure failure
- 19th highest percentage of youth vaping nicotine

Strengths

- 5th lowest percentage of youth using marijuana
- 8th lowest percentage of youth misusing prescription drugs

Demographics

Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	4,036
Population under 18	4,656
Total population	20,270
Fertility Rate	71.3

Consequences

County State

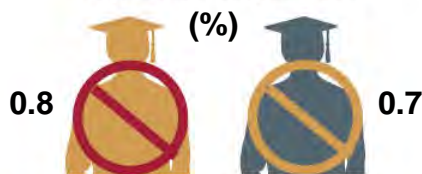
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

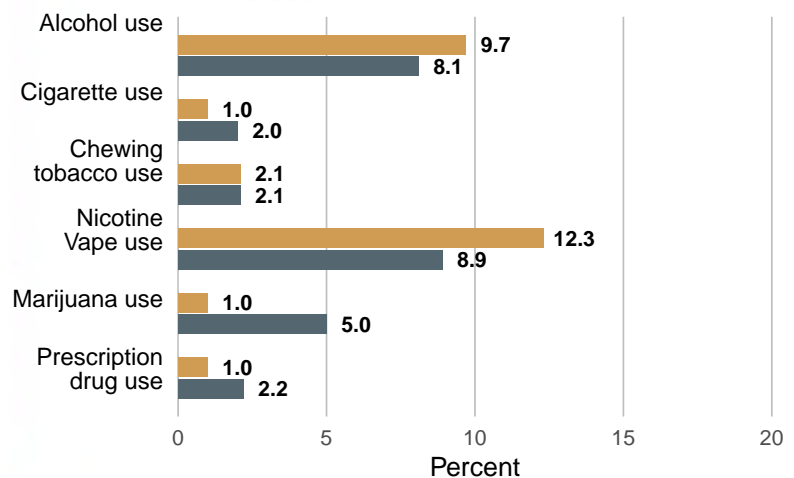


High school dropout rate



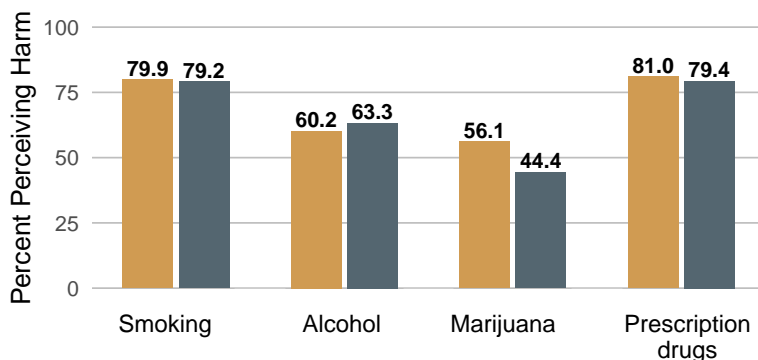
Past 30-day Youth Substance Use

County State



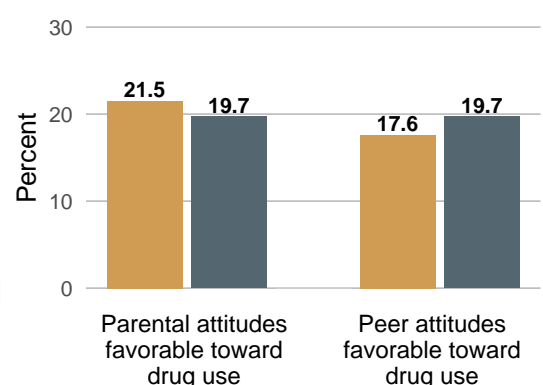
Protective Factors

County State



Risk Factors

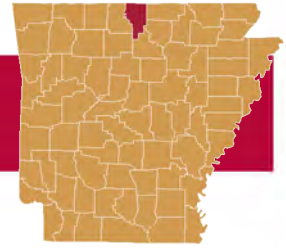
County State



ASHLEY COUNTY					Arkansas	Vs.	
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	10.0	7.8	11.8	9.7		8.1	▲
Past 30-day Youth cigarette use (%) ¹	6.0	4.0	3.5	1.0		2.0	▼
Past 30-day Youth chewing tobacco use (%) ¹	4.7	1.4	4.2	2.1		2.1	▼
Past 30-day Youth marijuana use (%) ¹	3.1	4.0	4.6	1.0		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.0	0.2	0.0	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	2.6	2.7	2.6	1.0		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				6.7		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				1.0		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				12.3		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	21.3	20.2	16.7	16.2		16.1	▲
Unemployment rates (%) ³	5.6	5.3	5.4	9.3		6.1	▲
Uninsurance (%) ⁴	11.1	9.2	7.8	7.7		8.3	▼
Food Insecurity (%) ⁵	19.4	19.6	16.2	19.3		18.3	▲
Substandard Housing (%) ⁴	0.5	0.2	0.2	0.1		0.5	▼
Transitions and Mobility (%) ¹	39.6	39.9	37.9	41.9		51.8	▼
Disconnected Youth measure ⁴	1.4	1.3	1.3	0.3		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	869	692	828	828		78,942	--
Number of people admitted for substance use treatment ⁶	186	170	160	121		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	6.8	8.7	14.7			2.0	--
Substance use-related arrests (per 1,000 population) ⁹	6.8	5.2	7.3	5.0		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	7.6	7.1	5.9	3.4		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	68.3	136.6	0.0	62.2		28.5	▲
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	6.7	10.2	9.2	6.7		10.8	▼
Poor family management (%) ¹	31.5	33.1	34.1	34.6		29.9	▲
Family history of anti-social behavior (%) ¹	36.2	28.4	31.9	21.6		27.0	▼
Parental attitudes favorable toward drug use (%) ¹	23.2	16.7	21.3	21.5		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	20.2	22.5	19.6	17.6		13.4	▲
Peer favorable attitudes to drug use (%) ¹	19.1	18.9	22.0	17.6		19.7	▼
Perceived availability of drugs (%) ¹	17.0	18.6	16.4	15.5		17.8	▼
Low perceived risk of drug use (%) ¹	51.9	47.2	50.7	44.6		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	77.6	79.8	79.9	79.9		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	62.3	70.3	64.7	60.2		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	48.4	50.2	48.1	56.1		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	80.5	82.4	81.1	81.0		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	53.2	60.1	65.2	69.4		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				68.6		63.0	▲
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				78.0		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	1.1	1.6	1.2	0.8		0.7	▲
Academic failure (%) ¹	42.4	38.0	44.1	57.3		47.1	▲
Low commitment to school (%) ¹	47.1	43.5	56.2	47.8		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	34.6	17.1	15.4	4.9		15.0	▼
School opportunities for pro-social involvement (%) ¹	56.9	61.5	63.6	48.3		59.7	▼
School rewards for pro-social involvement (%) ¹	45.5	51.7	51.5	53.9		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

BAXTER COUNTY



Key Findings

Weakness

- 14th highest percentage of youth with parental attitudes favorable to drug use
- 18th highest percentage of youth using marijuana marijuana

Strengths

- 3rd highest percentage of youth perceiving moderate or great risk of trying prescription drugs once or twice
- 3rd highest percentage of youth perceiving moderate or great risk of smoking
- 8th lowest percentage of youth initiating drug use before age 15

Consequences

■ County ■ State

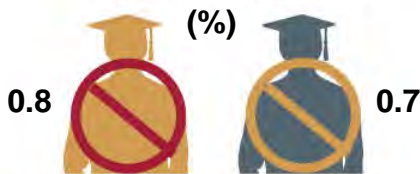
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

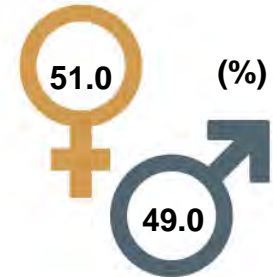
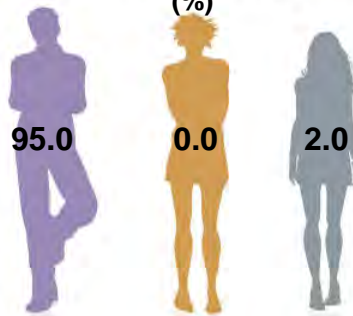


High school dropout rate (%)



Demographics

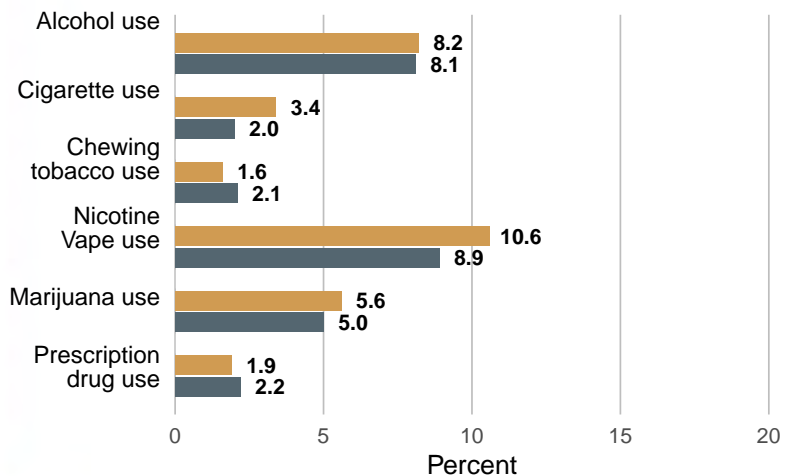
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	12,779
Population under 18	7,267
Total population	41,427
Fertility Rate	56.9

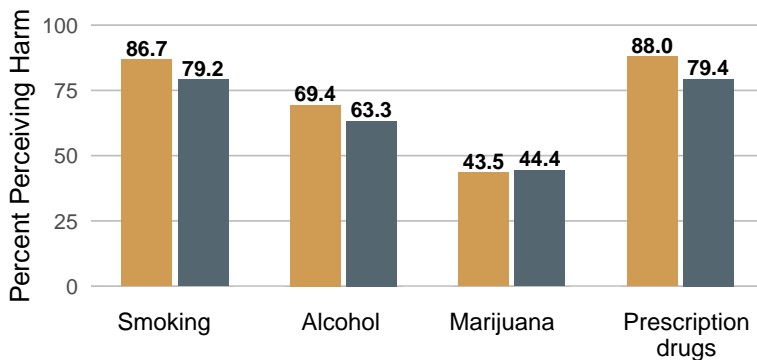
Past 30-day Youth Substance Use

■ County ■ State



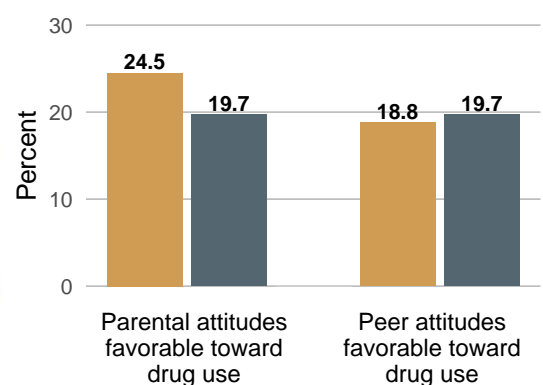
Protective Factors

■ County ■ State



Risk Factors

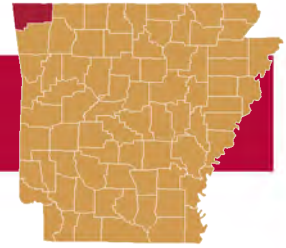
■ County ■ State



BAXTER COUNTY					Arkansas	Vs.	
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	9.7	13.4	9.7	8.2		8.1	▲
Past 30-day Youth cigarette use (%) ¹	5.3	5.7	2.9	3.4		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹	3.7	3.9	2.3	1.6		2.1	▼
Past 30-day Youth marijuana use (%) ¹	6.7	7.0	6.1	5.6		5.0	▲
Past 30-day Youth heroin use (%) ¹	0.4	0.3	0.1	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	2.5	2.5	1.6	1.9		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				5.6		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				3.7		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				10.6		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	12.6	14.0	13.1	12.7		16.1	▼
Unemployment rates (%) ³	4.3	4.1	4.0	5.9		6.1	▼
Uninsurance (%) ⁴	7.6	5.6	5.2	5.8		8.3	▼
Food Insecurity (%) ⁵	13.9	16.3	16.2	18.3		18.3	▼
Substandard Housing (%) ⁴	0.8	0.8	0.6	1.1		0.5	▲
Transitions and Mobility (%) ¹	63.5	61.9	64.8	65.7		51.8	▲
Disconnected Youth measure ⁴	0.3	0.0	0.0	0.9		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	631	658	662	752		78,942	--
Number of people admitted for substance use treatment ⁶	216	127	137	72		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	29.2	34.0	29.0			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	3.7	5.1	2.6	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	13.5	18.0	14.8	11.1		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	7.3	12.5	10.7	8.4		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	43.9	0.0	41.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	12.5	10.0	11.2	9.1		10.8	▼
Poor family management (%) ¹	31.9	30.4	28.0	21.0		29.9	▼
Family history of anti-social behavior (%) ¹	32.1	35.8	32.3	25.6		27.0	▼
Parental attitudes favorable toward drug use (%) ¹	22.6	27.8	21.9	24.5		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	17.3	21.1	16.7	9.4		13.4	▼
Peer favorable attitudes to drug use (%) ¹	22.4	24.6	19.5	18.8		19.7	▼
Perceived availability of drugs (%) ¹	27.3	26.8	24.9	19.0		17.8	▲
Low perceived risk of drug use (%) ¹	49.9	54.6	44.1	45.9		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	85.0	84.3	88.4	86.7		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	68.4	66.5	74.1	69.4		63.3	▲
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	45.7	42.9	52.8	43.5		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	89.4	87.4	89.8	88.0		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	52.1	56.3	75.3	70.4		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				66.2		63.0	▲
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				80.3		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	1.8	1.8	2.3	0.8		0.7	▲
Academic failure (%) ¹	41.7	47.6	41.9	48.2		47.1	▲
Low commitment to school (%) ¹	43.8	52.2	44.8	50.6		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	75.2	71.4	35.5	22.9		15.0	▲
School opportunities for pro-social involvement (%) ¹	65.9	62.1	68.1	71.5		59.7	▲
School rewards for pro-social involvement (%) ¹	52.5	49.6	49.8	50.9		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

BENTON COUNTY



Key Findings

Weakness

- 12th highest rate of substance-related arrests

Strengths

- 11th lowest percentage of youth using cigarettes
- 13th lowest percentage of youth perceiving low risk of drug use
- 15th lowest percentage of youth initiating drug use before age 15

Consequences

■ County ■ State

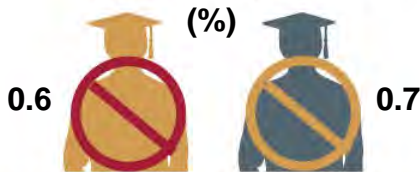
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

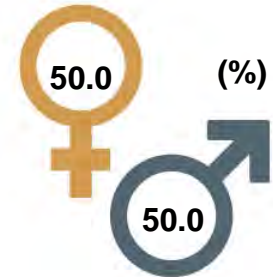
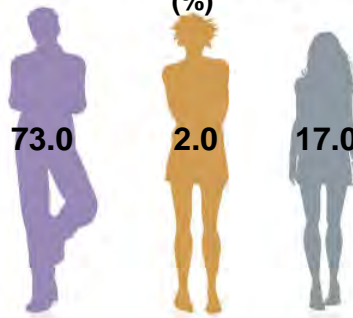


High school dropout rate



Demographics

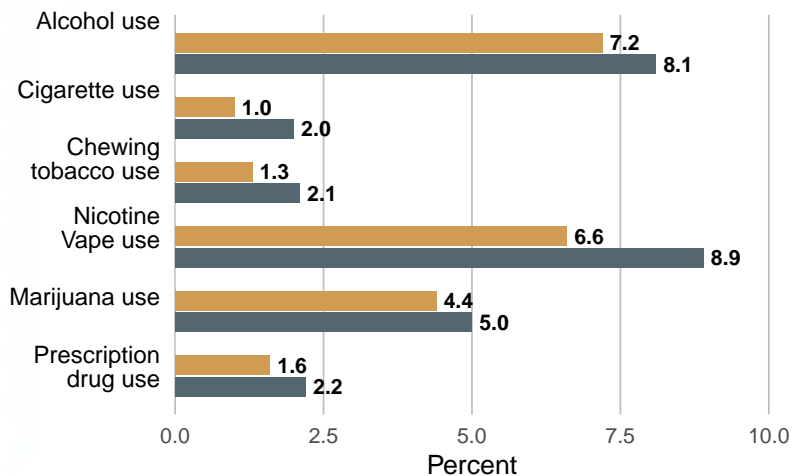
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	35,271
Population under 18	70,478
Total population	265,759
Fertility Rate	61.4

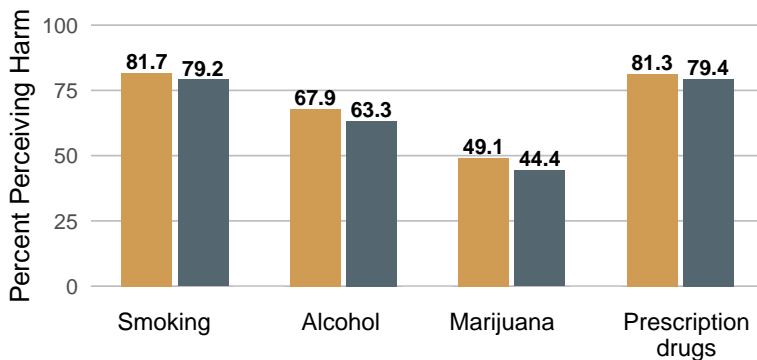
Past 30-day Youth Substance Use

■ County ■ State



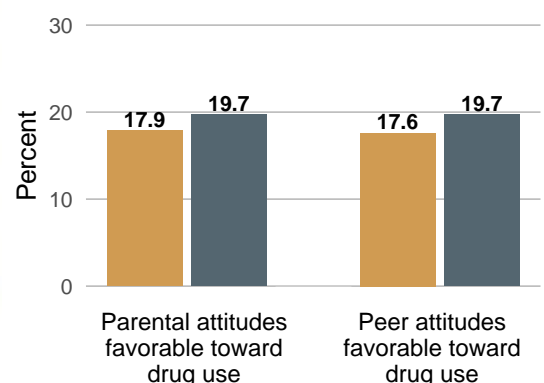
Protective Factors

■ County ■ State



Risk Factors

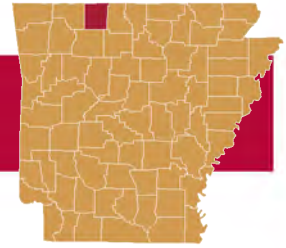
■ County ■ State



BENTON COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	11.7	10.5	9.2	7.2		8.1	▼
Past 30-day Youth cigarette use (%) ¹	4.0	3.5	2.3	1.0		2.0	▼
Past 30-day Youth chewing tobacco use (%) ¹	2.7	2.5	1.9	1.3		2.1	▼
Past 30-day Youth marijuana use (%) ¹	7.1	6.6	6.8	4.4		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.4	0.3	0.2	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	3.0	3.0	2.1	1.6		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				4.4		5.5	▼
Past 30-day Youth vape use: marijuana (%) ¹				3.5		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				6.6		8.9	▼
COMMUNITY							
Persons below poverty level (%) ²	10.5	9.9	9.4	8.6		16.1	▼
Unemployment rates (%) ³	3.0	2.9	2.6	4.5		6.1	▼
Uninsurance (%) ⁴	10.3	9.4	8.9	8.7		8.3	▲
Food Insecurity (%) ⁵	11.1	11.6	11.7	13.7		18.3	▼
Substandard Housing (%) ⁴	0.2	0.2	0.1	0.1		0.5	▼
Transitions and Mobility (%) ¹	55.6	51.9	54.1	55.1		51.8	▲
Disconnected Youth measure ⁴	1.2	0.9	0.9	0.8		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	3,586	3,887	4,150	3,784		78,942	--
Number of people admitted for substance use treatment ⁶	908	824	1,593	896		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	8.3	10.0	9.8			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	5.1	5.7	3.6	3.6		2.0	▲
Substance use-related arrests (per 1,000 population) ⁹	15.9	18.2	17.6	14.4		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	9.0	8.6	9.5	9.1		9.0	▲
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	9.6	14.4	9.6	27.7		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	4.8	4.4	4.0	4.6		10.8	▼
Poor family management (%) ¹	24.9	27.0	27.7	29.8		29.9	▼
Family history of anti-social behavior (%) ¹	26.1	26.4	25.0	24.3		27.0	▼
Parental attitudes favorable toward drug use (%) ¹	20.4	19.2	18.5	17.9		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	14.0	15.0	12.8	11.9		13.4	▼
Peer favorable attitudes to drug use (%) ¹	22.7	20.7	19.6	17.6		19.7	▼
Perceived availability of drugs (%) ¹	23.4	21.5	19.1	16.4		17.8	▼
Low perceived risk of drug use (%) ¹	46.5	45.8	47.9	44.0		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	87.2	85.5	85.5	81.7		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	72.9	72.8	73.2	67.9		63.3	▲
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	46.4	47.9	46.4	49.1		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	87.4	86.6	87.0	81.3		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	55.0	59.9	72.6	68.8		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				66.7		63.0	▲
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				77.2		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	1.5	1.6	2.1	0.6		0.7	▼
Academic failure (%) ¹	39.8	41.5	42.9	46.9		47.1	▼
Low commitment to school (%) ¹	43.2	43.3	48.5	48.8		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	27.9	37.7	25.3	12.2		15.0	▼
School opportunities for pro-social involvement (%) ¹	68.2	66.6	65.4	62.6		59.7	▲
School rewards for pro-social involvement (%) ¹	53.9	56.0	52.1	56.5		54.2	▲

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

BOONE COUNTY



Key Findings

Weakness

- 8th highest percentage of disconnected youth
- 24th highest percentage of youth using cigarettes

Strengths

- 9th lowest percentage of youth with peer attitudes favorable towards drug use
- 11th lowest percentage of youth perceiving low risk of drug use

Consequences

■ County ■ State

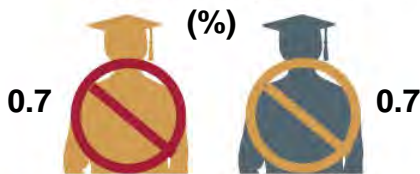
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

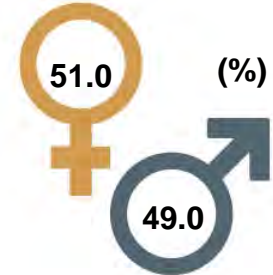
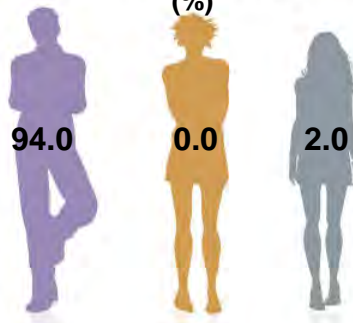


High school dropout rate



Demographics

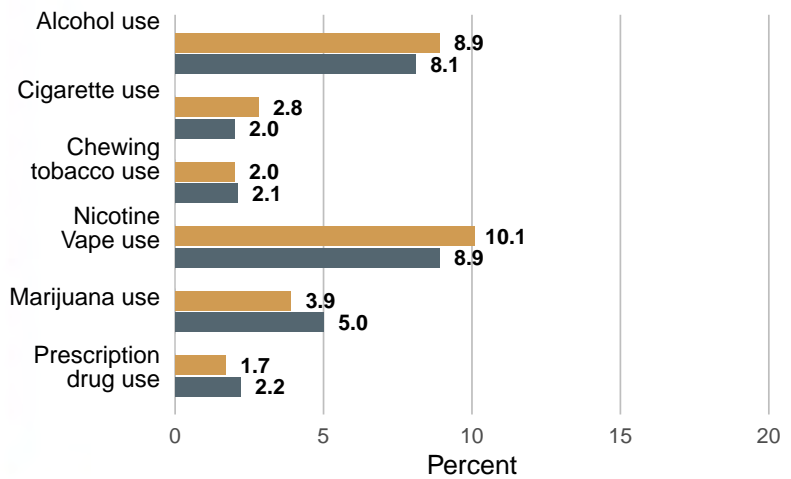
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	7,591
Population under 18	8,607
Total population	37,331
Fertility Rate	60.1

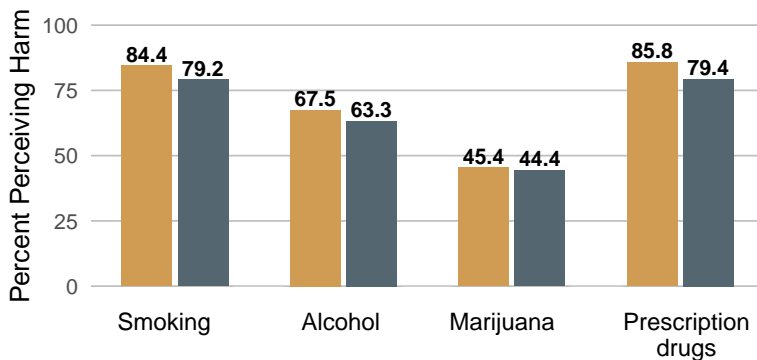
Past 30-day Youth Substance Use

■ County ■ State



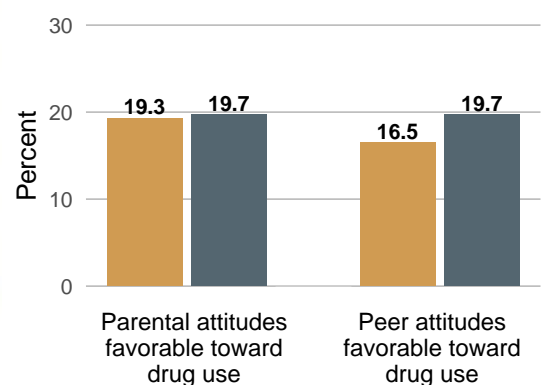
Protective Factors

■ County ■ State



Risk Factors

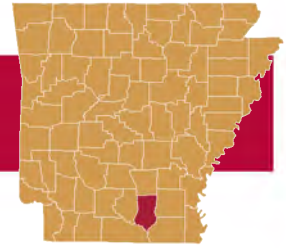
■ County ■ State



BOONE COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	12.1	8.5	10.0	8.9		8.1	▲
Past 30-day Youth cigarette use (%) ¹	6.8	6.5	5.6	2.8		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹	6.0	4.2	4.8	2.0		2.1	▼
Past 30-day Youth marijuana use (%) ¹	7.6	4.7	5.7	3.9		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.3	0.4	0.1	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	2.5	3.0	2.2	1.7		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				5.9		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				3.4		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				10.1		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	15.8	14.9	14.7	13.7		16.1	▼
Unemployment rates (%) ³	3.5	3.5	3.2	5.3		6.1	▼
Uninsurance (%) ⁴	8.9	6.8	6.9	6.8		8.3	▼
Food Insecurity (%) ⁵	14.6	15.9	16.1	18.2		18.3	▼
Substandard Housing (%) ⁴	0.4	0.6	0.6	0.8		0.5	▲
Transitions and Mobility (%) ¹	48.5	44.7	45.7	43.1		51.8	▼
Disconnected Youth measure ⁴	3.2	3.2	2.4	4.7		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	331	320	587	544		78,942	--
Number of people admitted for substance use treatment ⁶	161	120	90	68		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	16.1	16.1	16.1			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	7.5	0.8	1.6	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	15.8	14.3	14.4	9.1		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	10.0	12.1	12.0	9.3		9.0	▲
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	39.2	37.7	37.6		28.5	▲
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	18.6	14.0	10.5	11.9		10.8	▲
Poor family management (%) ¹	27.6	26.5	30.8	24.2		29.9	▼
Family history of anti-social behavior (%) ¹	35.0	32.7	35.3	26.0		27.0	▼
Parental attitudes favorable toward drug use (%) ¹	22.6	23.2	23.5	19.3		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	18.5	15.7	19.4	14.0		13.4	▲
Peer favorable attitudes to drug use (%) ¹	22.3	21.2	25.0	16.5		19.7	▼
Perceived availability of drugs (%) ¹	28.0	21.8	24.5	19.2		17.8	▲
Low perceived risk of drug use (%) ¹	51.1	46.3	50.6	43.7		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	83.6	87.3	84.7	84.4		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	66.0	72.9	68.0	67.5		63.3	▲
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	45.6	49.2	46.3	45.4		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	88.3	89.8	89.1	85.8		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	55.5	60.5	68.5	71.8		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				67.1		63.0	▲
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				80.1		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	1.6	2.1	1.6	0.7		0.7	▼
Academic failure (%) ¹	43.4	42.7	43.1	41.4		47.1	▼
Low commitment to school (%) ¹	45.2	45.1	48.2	47.3		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	17.8	30.3	41.7	18.4		15.0	▲
School opportunities for pro-social involvement (%) ¹	63.8	63.0	62.6	62.5		59.7	▲
School rewards for pro-social involvement (%) ¹	54.9	54.4	53.6	59.1		54.2	▲

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

BRADLEY COUNTY



Key Findings

Weakness

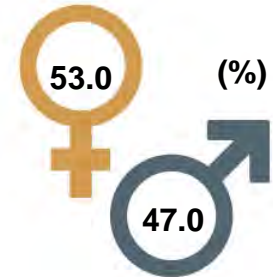
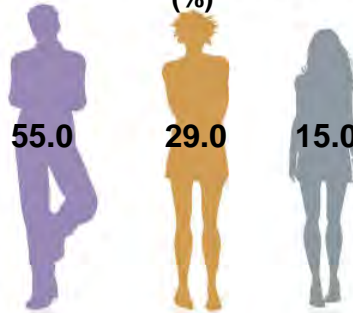
- 2nd highest percentage of youth with low commitment to school
- 3rd lowest percentage of youth perceiving moderate or great risk of smoking
- 3rd highest percentage of youth perceiving low risk of drug use

Strengths

- 7th lowest percentage of youth using cigarettes or marijuana
- 9th lowest percentage of youth using alcohol

Demographics

Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	1,994
Population under 18	2,596
Total population	10,874
Fertility Rate	77.1

Consequences

County State

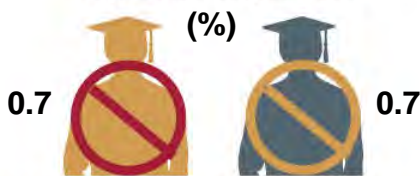
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

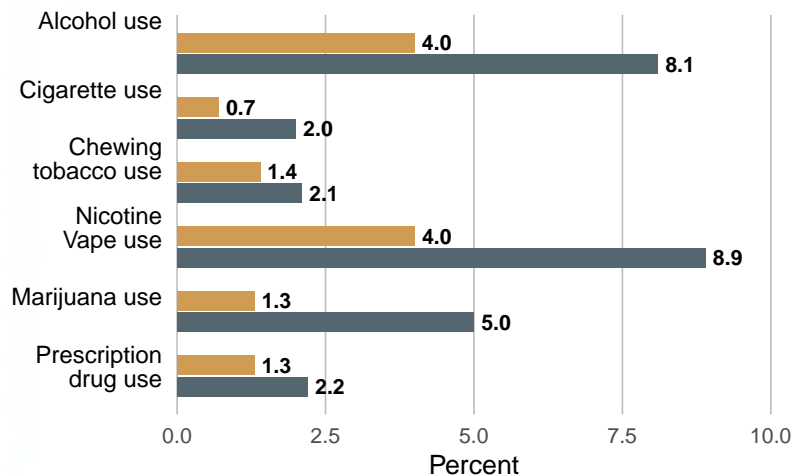


High school dropout rate



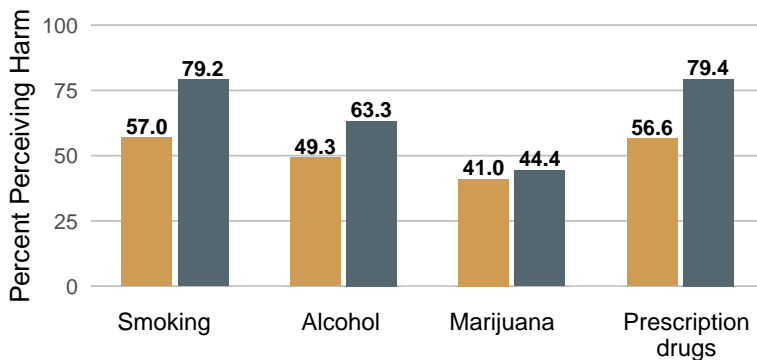
Past 30-day Youth Substance Use

County State



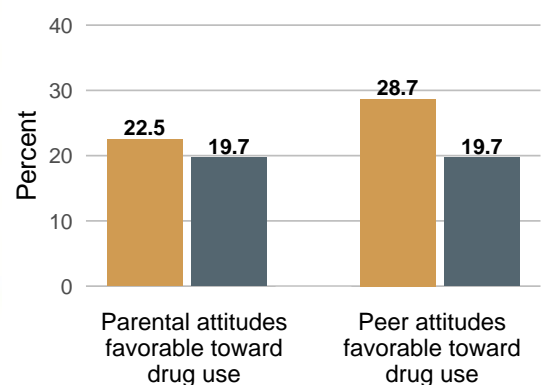
Protective Factors

County State



Risk Factors

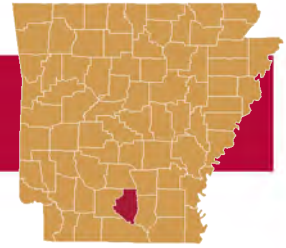
County State



BRADLEY COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	13.3	10.4	8.0	4.0		8.1	▼
Past 30-day Youth cigarette use (%) ¹	5.9	4.1	2.8	0.7		2.0	▼
Past 30-day Youth chewing tobacco use (%) ¹	4.4	3.6	4.9	1.4		2.1	▼
Past 30-day Youth marijuana use (%) ¹	8.2	4.5	4.6	1.3		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.3	0.0	0.0	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	1.7	1.5	1.7	1.3		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				4.7		5.5	▼
Past 30-day Youth vape use: marijuana (%) ¹				1.4		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				4.0		8.9	▼
COMMUNITY							
Persons below poverty level (%) ²	26.4	23.2	20.5	15.7		16.1	▼
Unemployment rates (%) ³	4.6	4.3	4.1	5.8		6.1	▼
Uninsurance (%) ⁴	13.4	11.5	11.0	10.8		8.3	▲
Food Insecurity (%) ⁵	20.1	19.6	17.3	19.3		18.3	▲
Substandard Housing (%) ⁴	0.3	0.2	0.2	0.0		0.5	▼
Transitions and Mobility (%) ¹	37.9	42.4	36.7	40.6		51.8	▼
Disconnected Youth measure ⁴	8.9	7.0	5.2	3.0		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	334	282	331	303		78,942	--
Number of people admitted for substance use treatment ⁶	89	81	53	65		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0	0.0		10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	0.0	19.6	15.4	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	3.5	3.4	3.6	3.2		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	7.6	5.9	6.4	3.4		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	0.0	0.0	288.6		28.5	▲
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	11.2	7.3	5.4	8.5		10.8	▼
Poor family management (%) ¹	24.4	39.5	33.3	47.1		29.9	▲
Family history of anti-social behavior (%) ¹	29.2	26.9	25.5	23.9		27.0	▼
Parental attitudes favorable toward drug use (%) ¹	18.0	23.0	19.0	22.5		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	17.5	13.1	11.8	17.8		13.4	▲
Peer favorable attitudes to drug use (%) ¹	24.3	15.5	23.1	28.7		19.7	▲
Perceived availability of drugs (%) ¹	17.8	17.7	16.8	19.1		17.8	▲
Low perceived risk of drug use (%) ¹	53.5	54.6	56.5	55.4		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	76.6	78.4	71.9	57.0		79.2	▼
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	62.3	65.3	56.8	49.3		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	39.6	46.1	41.7	41.0		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	77.9	81.1	75.6	56.6		79.4	▼
Youth who perceive using a vaping product like e-cigarettes, e-cigars, and e-hookahs as "moderate" or "great risk" (%) ¹	51.1	59.4	63.1	50.4		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				48.1		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				51.9		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	2.9	2.1	1.5	0.7		0.7	▼
Academic failure (%) ¹	39.2	50.6	43.4	46.2		47.1	▼
Low commitment to school (%) ¹	39.9	45.5	51.4	63.8		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	17.8	19.0	13.2	5.4		15.0	▼
School opportunities for pro-social involvement (%) ¹	64.5	71.2	56.6	35.0		59.7	▼
School rewards for pro-social involvement (%) ¹	56.5	61.2	48.5	37.9		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CALHOUN COUNTY



Key Findings

Weakness

- Highest percentage of youth using heroin
- 4th highest percentage of disconnected youth
- 7th highest percentage of youth initiating drug use before age 15

Strengths

- 6th lowest percentage of youth using marijuana
- 9th lowest high school dropout rate
- 10th lowest percentage of youth using prescription drugs

Consequences

■ County ■ State

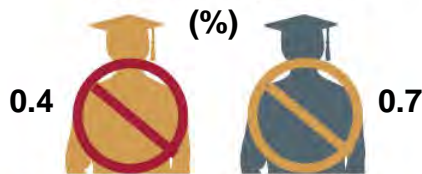
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

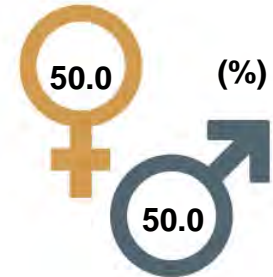
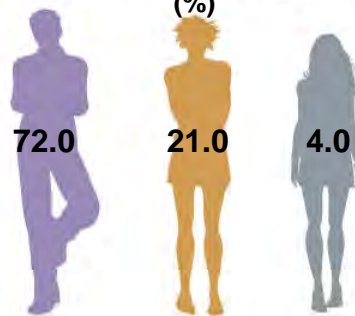


High school dropout rate



Demographics

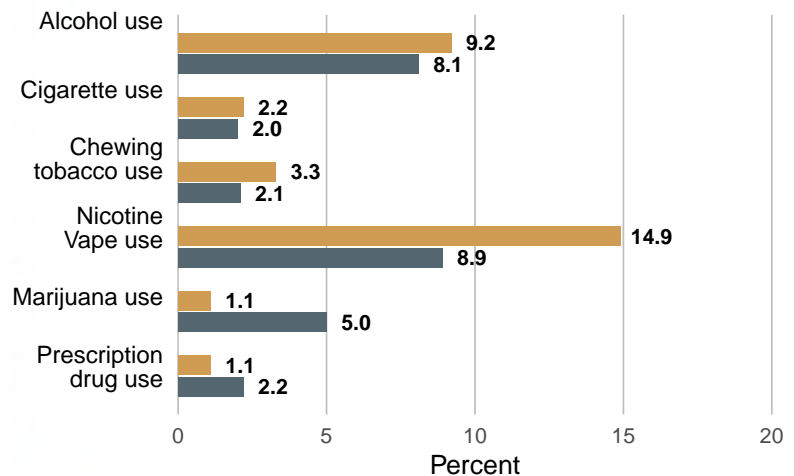
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	1,102
Population under 18	968
Total population	5,192
Fertility Rate	66.1

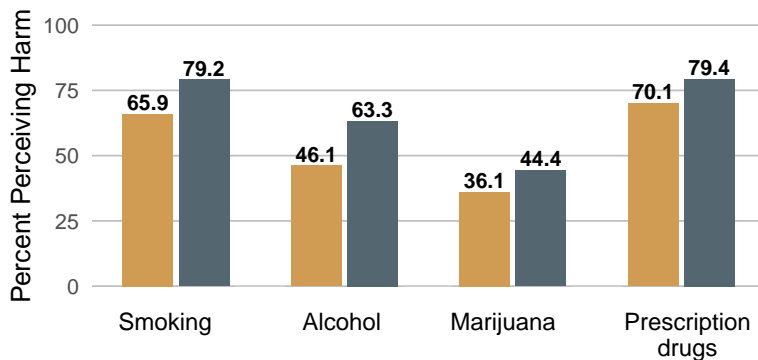
Past 30-day Youth Substance Use

■ County ■ State



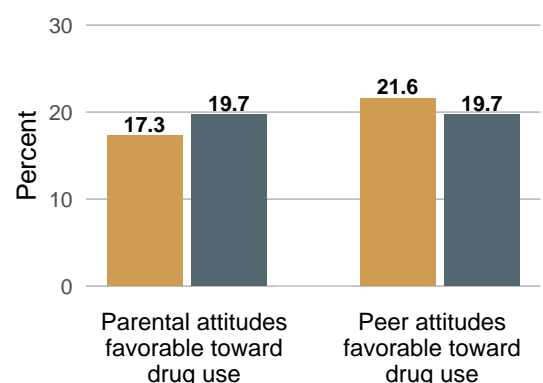
Protective Factors

■ County ■ State



Risk Factors

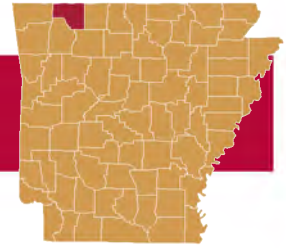
■ County ■ State



CALHOUN COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹		14.5		9.2		8.1	▲
Past 30-day Youth cigarette use (%) ¹		9.3		2.2		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹		4.5		3.3		2.1	▲
Past 30-day Youth marijuana use (%) ¹		3.6		1.1		5.0	▼
Past 30-day Youth heroin use (%) ¹		0.0		1.2		0.1	▲
Past 30-day Youth prescription drug use (%) ¹		1.9		1.1		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				6.9		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				1.1		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				14.9		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	19.6	15.6	13.4	12.8		16.1	▼
Unemployment rates (%) ³	3.9	3.8	4.4	5.2		6.1	▼
Uninsurance (%) ⁴	10.3	8.2	9.3	8.3		8.3	▼
Food Insecurity (%) ⁵	17.1	16.9	13.9	15.4		18.3	▼
Substandard Housing (%) ⁴	0.6	0.9	0.7	0.5		0.5	▼
Transitions and Mobility (%) ¹		36.2		30.0		51.8	▼
Disconnected Youth measure ⁴	11.9	9.5	5.0	4.5		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	99	83	88	17		78,942	--
Number of people admitted for substance use treatment ⁶	4	6	10	7		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	11.1	10.0	0.0			2.0	--
Substance use-related arrests (per 1,000 population) ⁹	7.5	6.3	5.2	6.7		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	7.9	6.5	8.1	9.2		9.0	▲
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	0.0	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	18.3	4.8	4.8	0.0		10.8	▼
Poor family management (%) ¹		37.9		39.5		29.9	▲
Family history of anti-social behavior (%) ¹		27.4		25.9		27.0	▼
Parental attitudes favorable toward drug use (%) ¹		22.9		17.3		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹		22.6		19.6		13.4	▲
Peer favorable attitudes to drug use (%) ¹		27.0		21.6		19.7	▲
Perceived availability of drugs (%) ¹		15.9		17.1		17.8	▼
Low perceived risk of drug use (%) ¹		57.1		58.1		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹		73.0		65.9		79.2	▼
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹		52.7		46.1		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹		43.2		36.1		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹		74.8		70.1		79.4	▼
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹		51.4		57.0		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				52.3		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				62.8		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	3.5	1.2	3.5	0.4		0.7	▼
Academic failure (%) ¹		37.3		46.9		47.1	▼
Low commitment to school (%) ¹		54.2		61.1		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	65.9	38.6	29.2	11.7		15.0	▼
School opportunities for pro-social involvement (%) ¹		58.0		61.2		59.7	▲
School rewards for pro-social involvement (%) ¹		53.8		55.7		54.2	▲

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CARROLL COUNTY



Key Findings

Weakness

- 11th highest percentage of youth using marijuana
- 14th highest percentage of youth perceiving availability of drugs

Strengths

- 6th lowest rate of food insecurity
- 14th highest percentage of youth perceiving moderate or great risk of drinking one or two alcoholic beverages every day

Consequences

■ County ■ State

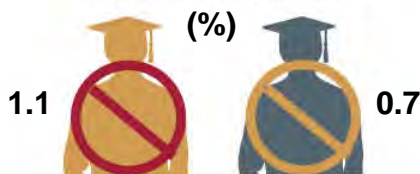
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

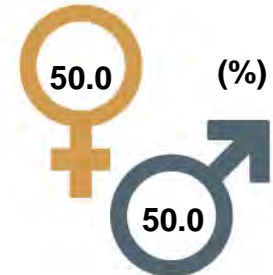
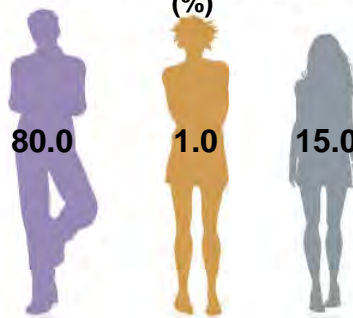


High school dropout rate



Demographics

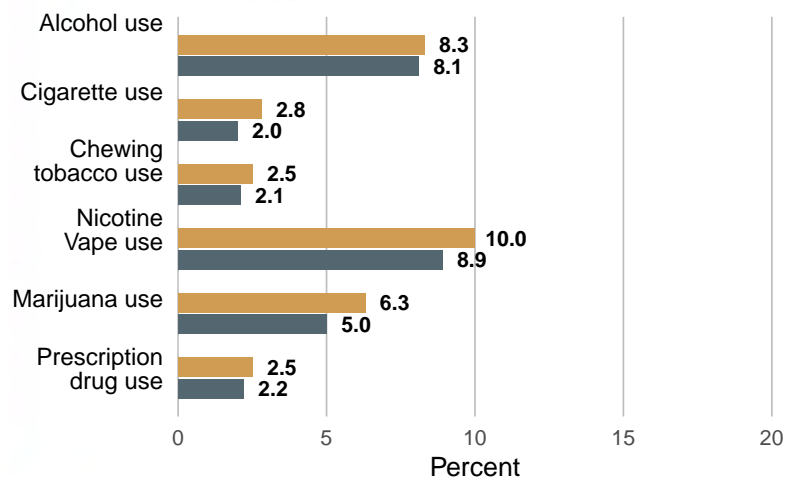
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	6,307
Population under 18	6,085
Total population	27,965
Fertility Rate	67.3

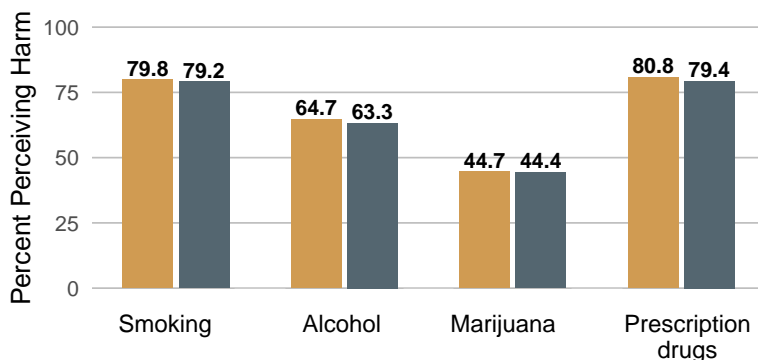
Past 30-day Youth Substance Use

■ County ■ State



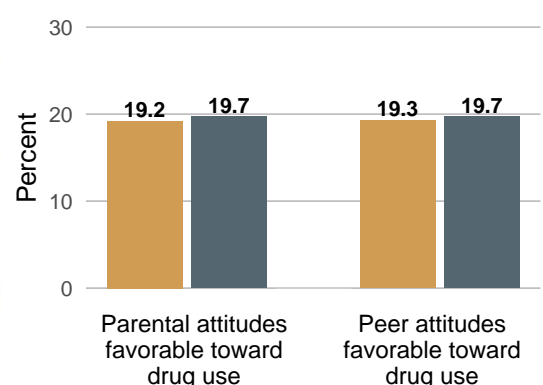
Protective Factors

■ County ■ State



Risk Factors

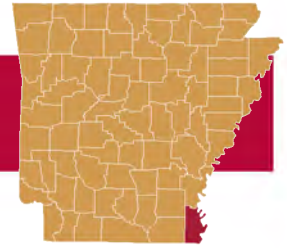
■ County ■ State



CARROLL COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	16.3	13.4	10.5	8.3		8.1	▲
Past 30-day Youth cigarette use (%) ¹	7.6	5.7	3.4	2.8		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹	7.4	4.7	3.4	2.5		2.1	▲
Past 30-day Youth marijuana use (%) ¹	7.4	8.7	5.7	6.3		5.0	▲
Past 30-day Youth heroin use (%) ¹	0.5	0.0	0.1	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	4.2	3.0	1.9	2.5		2.2	▲
Past 30-day Youth vape use: flavoring only (%) ¹				5.2		5.5	▼
Past 30-day Youth vape use: marijuana (%) ¹				4.4		3.7	▲
Past 30-day Youth vape use: nicotine (%) ¹				10.0		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	15.7	15.0	14.8	15.2		16.1	▼
Unemployment rates (%) ³	3.4	3.2	3.1	5.7		6.1	▼
Uninsurance (%) ⁴	13.2	12.4	11.1	11.5		8.3	▲
Food Insecurity (%) ⁵	12.3	14.4	14.3	16.7		18.3	▼
Substandard Housing (%) ⁴	1.9	1.1	0.8	0.8		0.5	▲
Transitions and Mobility (%) ¹	43.2	48.5	44.2	48.3		51.8	▼
Disconnected Youth measure ⁴	0.7	5.5	5.0	7.6		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	468	459	462	431		78,942	--
Number of people admitted for substance use treatment ⁶	82	68	80	79		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	21.6	21.5	21.5			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	3.2	5.2	9.8	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	14.1	11.8	13.5	14.6		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	7.3	5.6	6.8	6.9		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	51.4	102.7	46.6	94.5		28.5	▲
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	17.6	12.7	15.5	14.3		10.8	▲
Poor family management (%) ¹	34.8	33.2	36.5	33.1		29.9	▲
Family history of anti-social behavior (%) ¹	34.0	30.3	33.4	28.8		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	28.0	24.8	24.4	19.2		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	19.5	19.8	14.2	13.0		13.4	▼
Peer favorable attitudes to drug use (%) ¹	24.5	26.2	21.9	19.3		19.7	▼
Perceived availability of drugs (%) ¹	28.8	27.2	23.9	20.2		17.8	▲
Low perceived risk of drug use (%) ¹	55.0	52.9	50.3	46.5		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	82.8	84.8	84.9	79.8		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	63.4	68.6	68.9	64.7		63.3	▲
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	40.8	42.1	46.6	44.7		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	85.3	86.5	86.9	80.8		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigars, and e-hookahs as "moderate" or "great risk" (%) ¹	53.0	56.7	70.6	66.5		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				63.4		63.0	▲
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				74.1		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	3.5	2.4	2.8	1.1		0.7	▲
Academic failure (%) ¹	45.0	45.3	48.7	50.2		47.1	▲
Low commitment to school (%) ¹	45.7	48.9	50.9	50.4		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	51.3	40.6	32.0	11.2		15.0	▼
School opportunities for pro-social involvement (%) ¹	57.2	57.2	54.6	52.0		59.7	▼
School rewards for pro-social involvement (%) ¹	47.6	49.1	48.7	48.9		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CHICOT COUNTY



Key Findings

Weakness

- Highest percentage of youth misusing prescription drugs
- 4th lowest percentage of youth perceiving moderate or great risk of drinking one or two alcoholic beverages every day

Strengths

- Lowest percentage of youth using cigarettes or chewing tobacco or vaping nicotine or marijuana
- 3rd lowest percentage of youth perceiving availability of drugs

Consequences

■ County ■ State

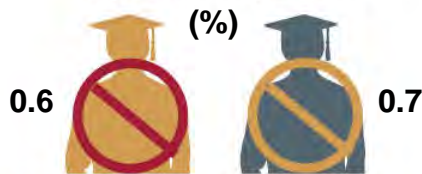
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

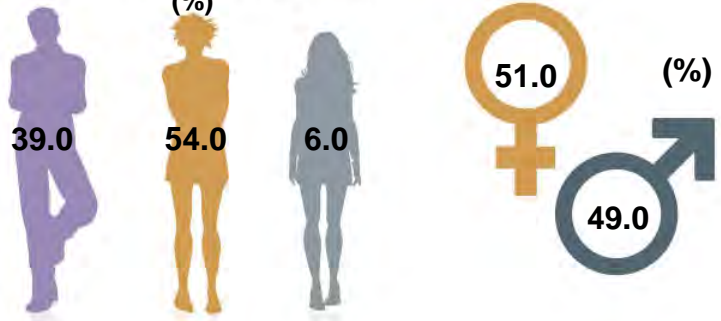


High school dropout rate



Demographics

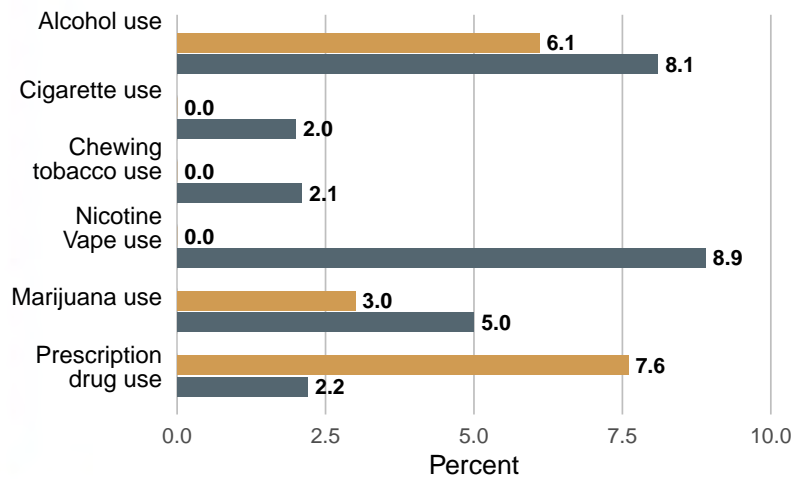
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	2,120
Population under 18	2,364
Total population	10,615
Fertility Rate	85.4

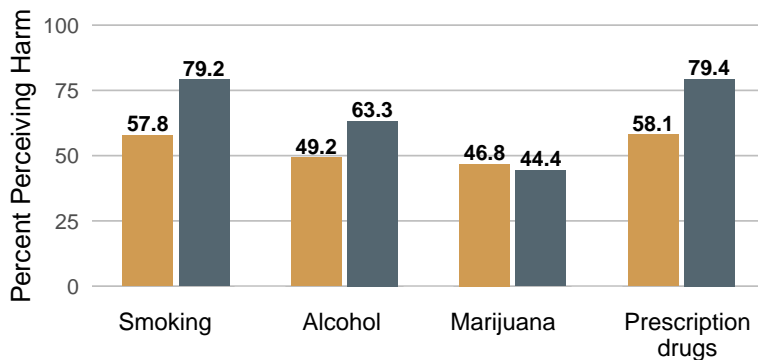
Past 30-day Youth Substance Use

■ County ■ State



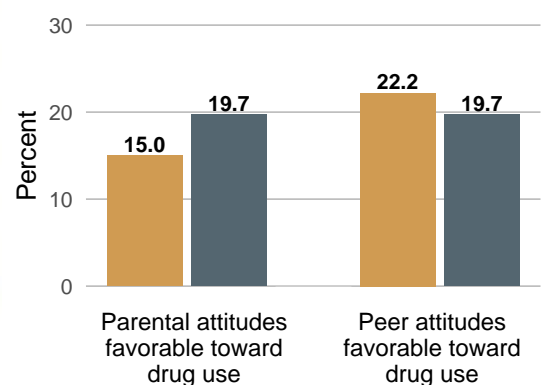
Protective Factors

■ County ■ State



Risk Factors

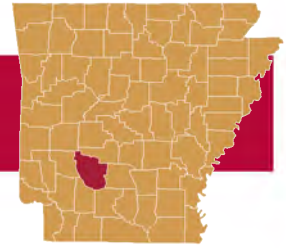
■ County ■ State



CHICOT COUNTY					Arkansas	Vs.	
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	1.6	1.9	8.6	6.1		8.1	▼
Past 30-day Youth cigarette use (%) ¹	3.0	3.0	0.0	0.0		2.0	▼
Past 30-day Youth chewing tobacco use (%) ¹	1.5	3.5	0.4	0.0		2.1	▼
Past 30-day Youth marijuana use (%) ¹	3.1	2.5	3.6	3.0		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.0	0.0	0.5	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	3.2	1.9	1.4	7.6		2.2	▲
Past 30-day Youth vape use: flavoring only (%) ¹				1.5		5.5	▼
Past 30-day Youth vape use: marijuana (%) ¹				0.0		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				0.0		8.9	▼
COMMUNITY							
Persons below poverty level (%) ²	29.4	29.2	28.9	28.2		16.1	▲
Unemployment rates (%) ³	6.6	6.7	6.9	10.3		6.1	▲
Uninsurance (%) ⁴	11.5	8.9	9.3	10.6		8.3	▲
Food Insecurity (%) ⁵	25.7	23.9	21.2	24.4		18.3	▲
Substandard Housing (%) ⁴	0.3	0.3	0.2	0.1		0.5	▼
Transitions and Mobility (%) ¹	46.6	39.4	38.5	36.7		51.8	▼
Disconnected Youth measure ⁴	0.0	0.0	0.0	0.0		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	306	285	337	354		78,942	--
Number of people admitted for substance use treatment ⁶	166	123	59	31		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	36.9	37.7			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	9.1	4.7	2.9			2.0	--
Substance use-related arrests (per 1,000 population) ⁹	3.5	1.9	1.5	1.0		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	3.9	4.9	2.1	1.6		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	0.0	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	17.1	12.2	15.5	8.9		10.8	▼
Poor family management (%) ¹	42.6	35.8	40.3	39.0		29.9	▲
Family history of anti-social behavior (%) ¹	39.7	23.8	35.1	25.0		27.0	▼
Parental attitudes favorable toward drug use (%) ¹	12.1	12.5	14.7	15.0		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	17.4	16.9	16.7	12.7		13.4	▼
Peer favorable attitudes to drug use (%) ¹	21.4	21.3	16.6	22.2		19.7	▲
Perceived availability of drugs (%) ¹	15.5	18.0	16.1	8.2		17.8	▼
Low perceived risk of drug use (%) ¹	58.7	66.3	56.2	55.7		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	71.4	57.6	65.9	57.8		79.2	▼
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	57.1	56.5	57.5	49.2		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	44.4	37.7	40.4	46.8		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	69.4	59.8	62.9	58.1		79.4	▼
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	52.5	56.0	52.7	50.8		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				51.6		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				52.5		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	1.9	1.3	1.7	0.6		0.7	▼
Academic failure (%) ¹	50.7	42.4	39.4	60.3		47.1	▲
Low commitment to school (%) ¹	42.0	43.9	41.1	60.3		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	3.4	25.4	2.8	2.5		15.0	▼
School opportunities for pro-social involvement (%) ¹	53.4	58.8	63.1	58.7		59.7	▼
School rewards for pro-social involvement (%) ¹	51.4	56.6	56.0	65.3		54.2	▲

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CLARK COUNTY



Key Findings

Weakness

- N/A

Strengths

- 5th lowest percentage of youth initiating drug use before age 15
- 7th lowest percentage of youth with parental attitudes favorable to drug use
- 7th lowest percentage of youth misusing prescription drugs
- 8th lowest percentage of youth using cigarettes or chewing tobacco

Consequences

■ County ■ State

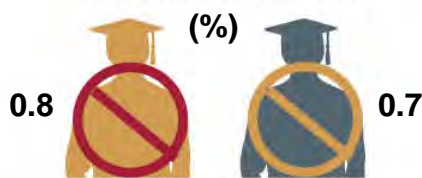
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

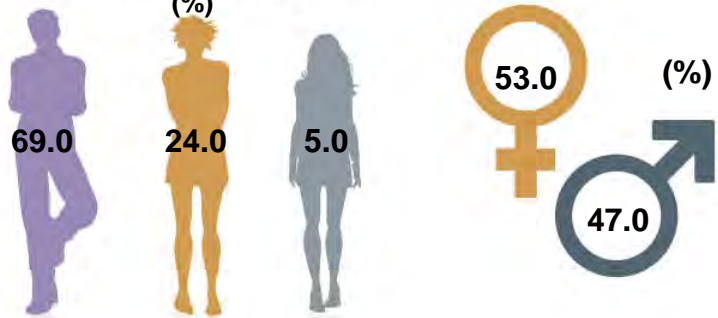


High school dropout rate



Demographics

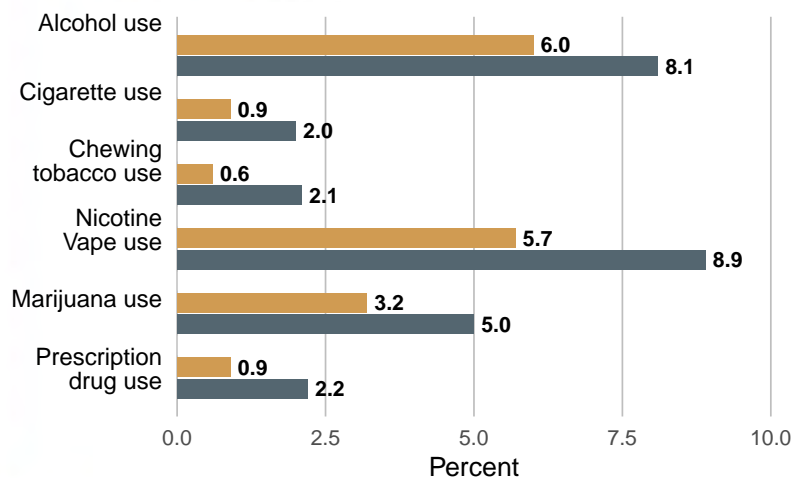
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	3,634
Population under 18	4,255
Total population	22,386
Fertility Rate	43.3

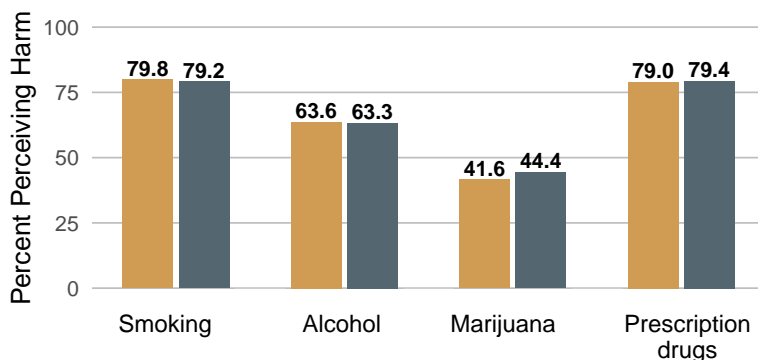
Past 30-day Youth Substance Use

■ County ■ State



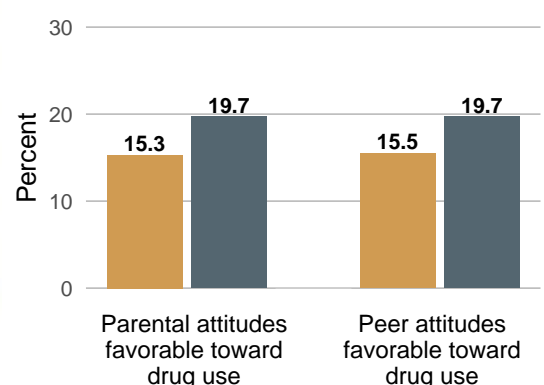
Protective Factors

■ County ■ State



Risk Factors

■ County ■ State



CLARK COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	8.6	5.6	6.9	6.0		8.1	▼
Past 30-day Youth cigarette use (%) ¹	3.9	2.7	2.1	0.9		2.0	▼
Past 30-day Youth chewing tobacco use (%) ¹	5.2	2.0	2.3	0.6		2.1	▼
Past 30-day Youth marijuana use (%) ¹	3.5	2.7	3.3	3.2		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.0	0.0	0.0	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	1.6	1.6	1.5	0.9		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				5.4		5.5	▼
Past 30-day Youth vape use: marijuana (%) ¹				1.6		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				5.7		8.9	▼
COMMUNITY							
Persons below poverty level (%) ²	21.5	19.8	20.3	20.9		16.1	▲
Unemployment rates (%) ³	3.9	3.7	3.8	5.9		6.1	▼
Uninsurance (%) ⁴	9.1	8.6	8.5	9.0		8.3	▲
Food Insecurity (%) ⁵	19.5	17.5	17.0	19.0		18.3	▲
Substandard Housing (%) ⁴	0.0	0.0	0.1	0.1		0.5	▼
Transitions and Mobility (%) ¹	43.7	42.5	49.0	62.6		51.8	▲
Disconnected Youth measure ⁴	0.4	0.6	0.0	0.0		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	560	509	493	541		78,942	--
Number of people admitted for substance use treatment ⁶	40	50	61	59		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	13.3	17.9	17.9			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	0.0	5.0	6.9	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	10.8	10.3	7.5	6.8		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	8.7	6.0	6.7	6.3		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	0.0	0.0	28.4		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	8.7	10.5	7.7	10.6		10.8	▼
Poor family management (%) ¹	29.2	24.1	28.4	30.0		29.9	▲
Family history of anti-social behavior (%) ¹	25.4	27.4	30.9	25.1		27.0	▼
Parental attitudes favorable toward drug use (%) ¹	17.4	13.0	19.1	15.3		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	14.0	11.4	14.9	8.9		13.4	▼
Peer favorable attitudes to drug use (%) ¹	18.8	15.6	21.4	15.5		19.7	▼
Perceived availability of drugs (%) ¹	18.2	15.5	17.0	15.6		17.8	▼
Low perceived risk of drug use (%) ¹	45.0	44.9	48.8	45.4		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	83.7	83.7	82.2	79.8		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	68.8	71.9	71.4	63.6		63.3	▲
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	52.2	47.2	46.3	41.6		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	81.1	81.5	83.3	79.0		79.4	▼
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	61.2	64.3	69.4	65.0		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				61.6		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				73.3		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	2.4	4.0	2.2	0.8		0.7	▲
Academic failure (%) ¹	37.4	37.4	41.9	44.5		47.1	▼
Low commitment to school (%) ¹	42.3	44.0	52.6	50.9		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	14.6	3.6	5.6	15.9		15.0	▲
School opportunities for pro-social involvement (%) ¹	59.0	67.6	60.9	54.0		59.7	▼
School rewards for pro-social involvement (%) ¹	50.0	52.3	51.1	47.4		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CLAY COUNTY



Key Findings

Weakness

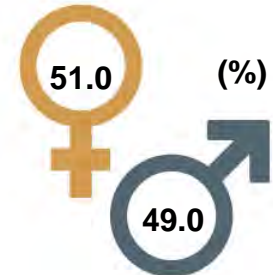
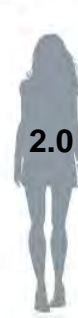
- 9th highest rate of youth using alcohol
- 10th highest percentage of youth with parental attitudes favorable to drug use
- 11th highest percentage of youth using cigarettes

Strengths

- 4th lowest percentage of youth perceiving low risk of drug use
- 15th lowest percentage of youth with peer attitudes favorable towards drug use

Demographics

Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	3,141
Population under 18	3,234
Total population	14,889
Fertility Rate	60.1

Consequences

County State

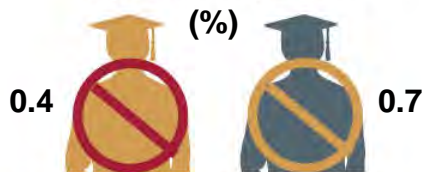
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

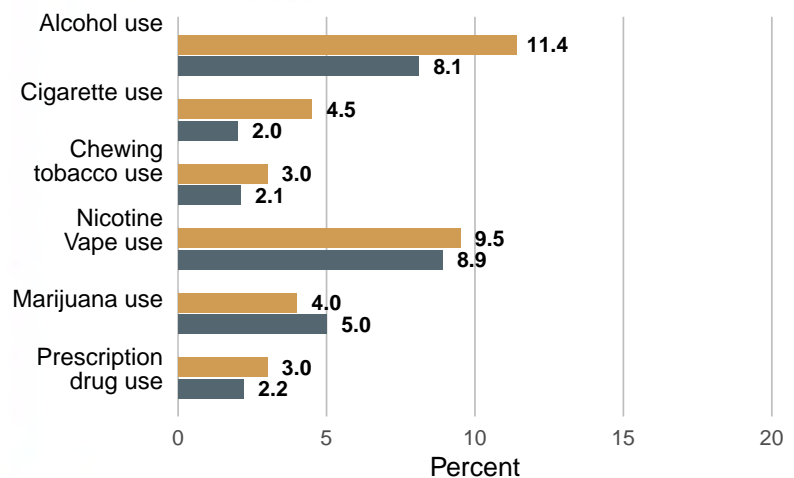


High school dropout rate (%)



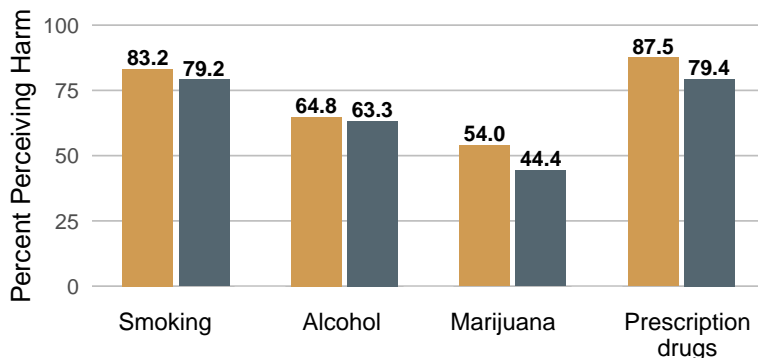
Past 30-day Youth Substance Use

County State



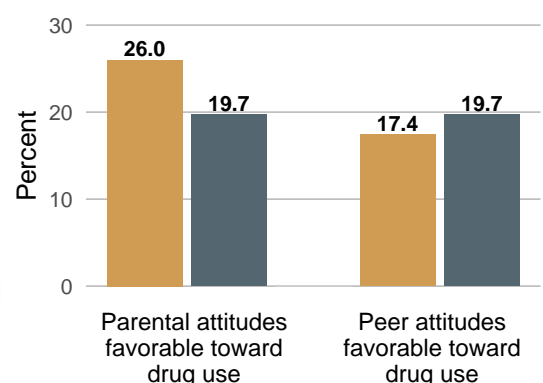
Protective Factors

County State



Risk Factors

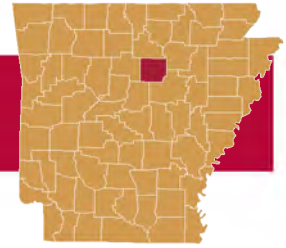
County State



CLAY COUNTY					Arkansas	Vs.	
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	10.5	13.5	11.4	11.4		8.1	▲
Past 30-day Youth cigarette use (%) ¹	5.3	5.9	3.9	4.5		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹	4.8	5.1	4.6	3.0		2.1	▲
Past 30-day Youth marijuana use (%) ¹	5.2	8.4	4.9	4.0		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.0	0.0	0.0	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	2.8	4.0	2.8	3.0		2.2	▲
Past 30-day Youth vape use: flavoring only (%) ¹				6.0		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				5.0		3.7	▲
Past 30-day Youth vape use: nicotine (%) ¹				9.5		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	22.3	22.6	21.1	20.4		16.1	▲
Unemployment rates (%) ³	4.6	4.3	4.8	6.0		6.1	▼
Uninsurance (%) ⁴	9.4	6.9	6.5	5.8		8.3	▼
Food Insecurity (%) ⁵	17.3	19.9	20.4	22.1		18.3	▲
Substandard Housing (%) ⁴	0.7	0.7	0.5	0.4		0.5	▼
Transitions and Mobility (%) ¹	38.3	38.3	46.7	35.2		51.8	▼
Disconnected Youth measure ⁴	3.6	3.7	3.0	2.4		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	612	535	510	599		78,942	--
Number of people admitted for substance use treatment ⁶	60	27	40	14		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	4.2	5.7	0.0	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	17.8	16.5	15.9	9.6		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	6.2	3.9	7.7	4.0		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	388.5	95.2	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	18.7	15.1	10.3	8.7		10.8	▼
Poor family management (%) ¹	32.5	35.3	34.4	28.0		29.9	▼
Family history of anti-social behavior (%) ¹	34.0	35.7	36.2	29.8		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	20.3	29.1	23.9	26.0		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	20.3	21.9	18.7	15.0		13.4	▲
Peer favorable attitudes to drug use (%) ¹	22.8	28.6	20.5	17.4		19.7	▼
Perceived availability of drugs (%) ¹	25.5	25.6	22.2	17.9		17.8	▲
Low perceived risk of drug use (%) ¹	49.9	55.6	43.9	39.7		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	85.2	79.8	86.5	83.2		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	64.4	60.6	63.6	64.8		63.3	▲
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	50.8	44.6	55.7	54.0		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	84.9	81.5	87.9	87.5		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	52.8	55.9	76.2	73.4		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				68.8		63.0	▲
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				78.2		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	1.3	1.0	0.7	0.4		0.7	▼
Academic failure (%) ¹	41.9	40.6	42.4	47.3		47.1	▲
Low commitment to school (%) ¹	45.7	46.5	46.4	53.9		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	41.0	9.0	14.4	26.5		15.0	▲
School opportunities for pro-social involvement (%) ¹	65.9	65.5	58.9	56.5		59.7	▼
School rewards for pro-social involvement (%) ¹	52.2	54.0	45.1	51.0		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CLEBURNE COUNTY



Key Findings

Weakness

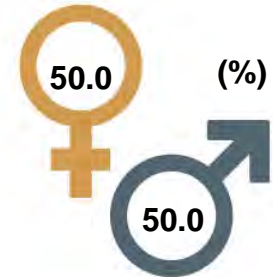
- 3rd highest percentage of youth perceiving availability of drugs
- 4th highest percentage of youth using heroin or misusing prescription drugs
- 6th highest percentage of youth using cigarettes or marijuana

Strengths

- 15th highest percentage of youth perceiving moderate or great risk of trying prescription drugs once or twice

Demographics

Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	6,719
Population under 18	4,801
Total population	25,100
Fertility Rate	62.6

Consequences

County State

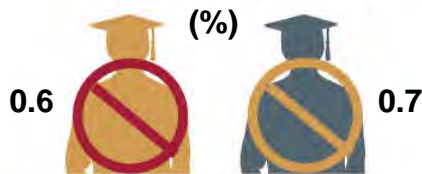
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

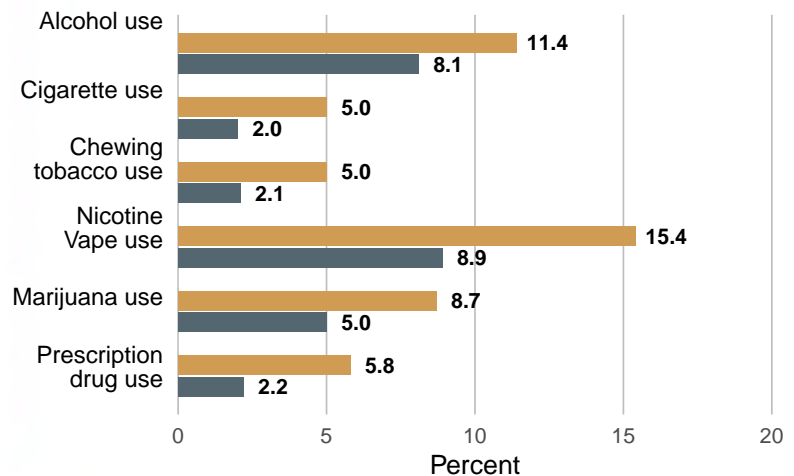


High school dropout rate (%)



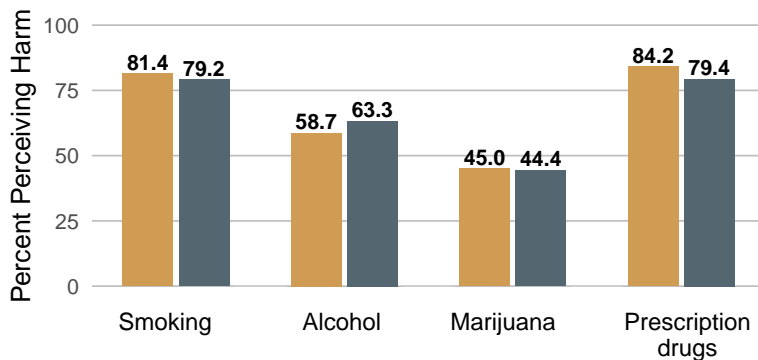
Past 30-day Youth Substance Use

County State



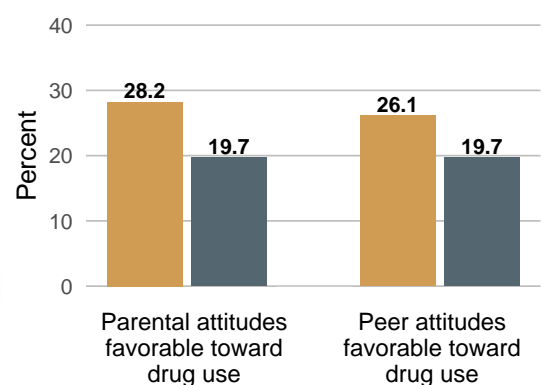
Protective Factors

County State



Risk Factors

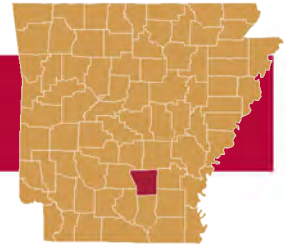
County State



CLEBURNE COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	15.4	10.7	11.5	11.4		8.1	▲
Past 30-day Youth cigarette use (%) ¹	10.6	6.6	6.9	5.0		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹	7.2	4.2	5.2	5.0		2.1	▲
Past 30-day Youth marijuana use (%) ¹	9.1	7.2	7.5	8.7		5.0	▲
Past 30-day Youth heroin use (%) ¹	0.4	0.3	0.2	0.3		0.1	▲
Past 30-day Youth prescription drug use (%) ¹	3.7	3.5	1.8	5.8		2.2	▲
Past 30-day Youth vape use: flavoring only (%) ¹				9.2		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				6.4		3.7	▲
Past 30-day Youth vape use: nicotine (%) ¹				15.4		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	15.4	14.6	14.0	14.3		16.1	▼
Unemployment rates (%) ³	5.0	4.5	4.5	7.6		6.1	▲
Uninsurance (%) ⁴	11.4	9.2	8.2	7.6		8.3	▼
Food Insecurity (%) ⁵	14.9	16.1	16.3	19.1		18.3	▲
Substandard Housing (%) ⁴	0.3	0.3	0.3	0.0		0.5	▼
Transitions and Mobility (%) ¹	45.8	52.2	47.9	47.0		51.8	▼
Disconnected Youth measure ⁴	1.1	1.0	1.9	2.3		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	798	722	663	706		78,942	--
Number of people admitted for substance use treatment ⁶	167	113	103	49		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	4.8	4.4	1.9	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	9.7	11.0	12.5	7.6		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	6.9	7.5	3.9	5.9		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	127.3	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	18.5	15.6	17.3	17.7		10.8	▲
Poor family management (%) ¹	29.6	27.7	30.5	34.4		29.9	▲
Family history of anti-social behavior (%) ¹	38.4	40.0	35.7	41.7		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	29.0	23.6	27.4	28.2		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	22.5	22.9	19.4	21.3		13.4	▲
Peer favorable attitudes to drug use (%) ¹	29.1	25.4	24.4	26.1		19.7	▲
Perceived availability of drugs (%) ¹	32.7	28.1	24.1	29.1		17.8	▲
Low perceived risk of drug use (%) ¹	51.8	53.1	50.7	51.0		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	84.6	84.6	82.1	81.4		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	66.9	67.3	64.5	58.7		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	45.0	44.6	45.2	45.0		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	89.5	88.8	86.3	84.2		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigars, and e-hookahs as "moderate" or "great risk" (%) ¹	51.6	55.7	68.8	66.5		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				61.2		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				74.2		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	2.1	1.5	1.6	0.6		0.7	▼
Academic failure (%) ¹	46.2	50.1	46.8	56.4		47.1	▲
Low commitment to school (%) ¹	50.0	49.3	50.7	51.3		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	30.9	22.5	19.1	29.9		15.0	▲
School opportunities for pro-social involvement (%) ¹	61.3	58.3	62.0	61.3		59.7	▲
School rewards for pro-social involvement (%) ¹	48.3	43.0	51.4	48.5		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CLEVELAND COUNTY

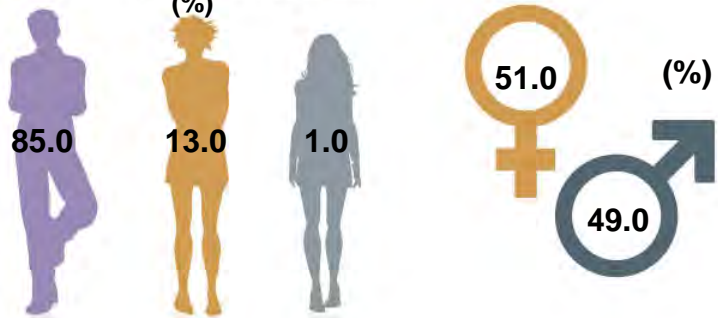


Key Findings

Unable to determine strengths and weaknesses due to unavailable data on most indicators.

Demographics

Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	1,664
Population under 18	1,808
Total population	8,128
Fertility Rate	59.9

Consequences

County State

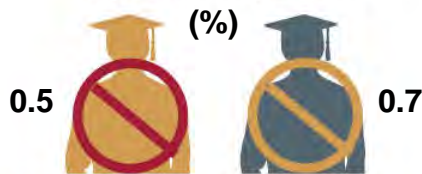
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

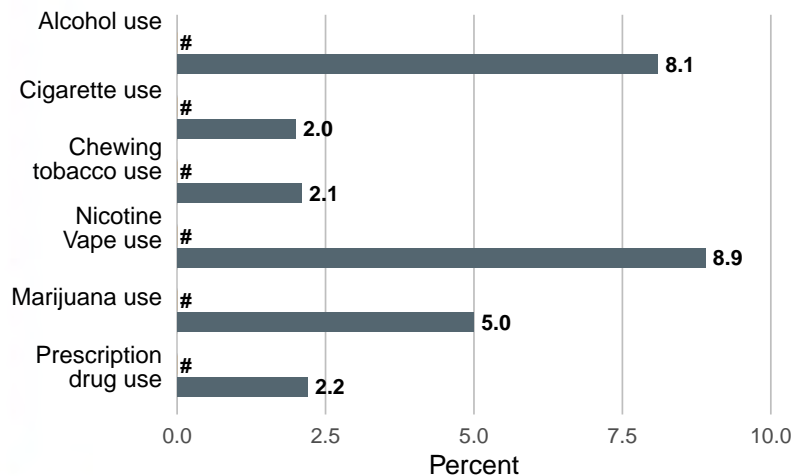


High school dropout rate (%)



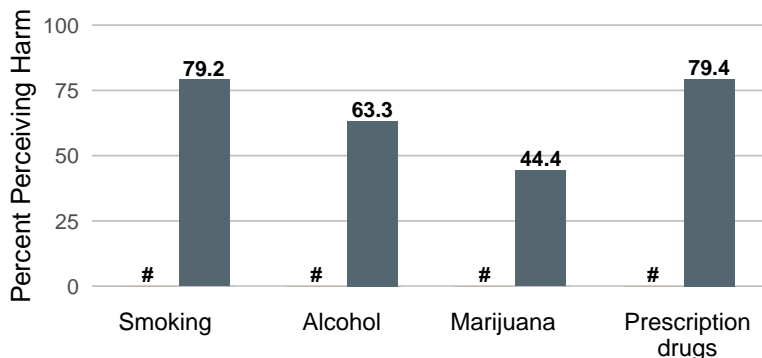
Past 30-day Youth Substance Use

County State



Protective Factors

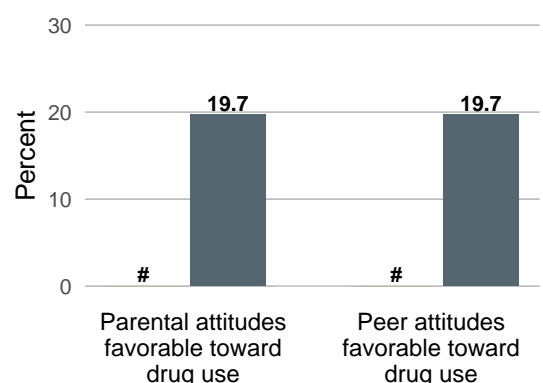
County State



data not available

Risk Factors

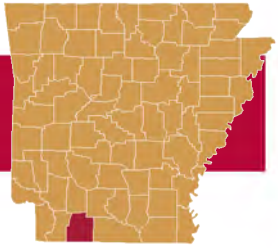
County State



CLEVELAND COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	13.2	17.8	13.9			8.1	--
Past 30-day Youth cigarette use (%) ¹	9.2	8.4	7.0			2.0	--
Past 30-day Youth chewing tobacco use (%) ¹	5.5	3.9	7.1			2.1	--
Past 30-day Youth marijuana use (%) ¹	5.0	2.6	6.5			5.0	--
Past 30-day Youth heroin use (%) ¹	0.0	0.0	0.9			0.1	--
Past 30-day Youth prescription drug use (%) ¹	1.9	3.9	3.0			2.2	--
Past 30-day Youth vape use: flavoring only (%) ¹						5.5	--
Past 30-day Youth vape use: marijuana (%) ¹						3.7	--
Past 30-day Youth vape use: nicotine (%) ¹						8.9	--
COMMUNITY							
Persons below poverty level (%) ²	19.3	19.4	18.4	14.7		16.1	▼
Unemployment rates (%) ³	4.4	3.8	3.9	6.1		6.1	▼
Uninsurance (%) ⁴	7.5	5.1	5.5	3.7		8.3	▼
Food Insecurity (%) ⁵	17.0	17.5	16.8	19.1		18.3	▲
Substandard Housing (%) ⁴	0.0	0.2	0.2	0.3		0.5	▼
Transitions and Mobility (%) ¹	38.2	34.5	33.5			51.8	--
Disconnected Youth measure ⁴	5.2	4.9	6.9	4.0		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	215	181	170	176		78,942	--
Number of people admitted for substance use treatment ⁶	33	37	35	23		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	18.5	11.1	0.0			2.0	--
Substance use-related arrests (per 1,000 population) ⁹	0.8	1.1	0.5	0.9		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	1.2	0.6	0.9	1.1		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	166.1	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	13.4	10.7	16.1	3.3		10.8	▼
Poor family management (%) ¹	22.5	25.0	37.3			29.9	--
Family history of anti-social behavior (%) ¹	30.0	35.1	33.6			27.0	--
Parental attitudes favorable toward drug use (%) ¹	23.9	27.0	24.5			19.7	--
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	17.8	16.2	17.9			13.4	--
Peer favorable attitudes to drug use (%) ¹	24.6	25.8	24.1			19.7	--
Perceived availability of drugs (%) ¹	20.4	23.3	24.2			17.8	--
Low perceived risk of drug use (%) ¹	51.8	55.8	55.1			48.1	--
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	79.4	83.3	82.1			79.2	--
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	58.3	67.3	62.3			63.3	--
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	39.9	43.9	37.0			44.4	--
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	84.0	85.9	83.4			79.4	--
Youth who perceive using a vaping product like e-cigarettes, e-cigars, and e-hookahs as "moderate" or "great risk" (%) ¹	50.0	46.5	63.6			65.8	--
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹						63.0	--
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹						73.8	--
SCHOOL							
High school dropouts (%) ¹¹	0.9	1.8	0.5	0.5		0.7	▼
Academic failure (%) ¹	42.0	47.2	38.3			47.1	--
Low commitment to school (%) ¹	41.1	55.0	48.4			50.8	--
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	36.4	31.4	11.3	14.3		15.0	▼
School opportunities for pro-social involvement (%) ¹	58.3	61.0	55.9			59.7	--
School rewards for pro-social involvement (%) ¹	51.1	51.9	56.0			54.2	--

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

COLUMBIA COUNTY

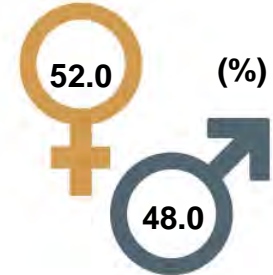
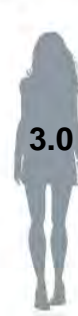


Key Findings

Unable to determine strengths and weaknesses due to unavailable data on most indicators.

Demographics

Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	4,065
Population under 18	5,011
Total population	23,776
Fertility Rate	54.4

Consequences

County State

Substance use-related arrests per 1,000 population



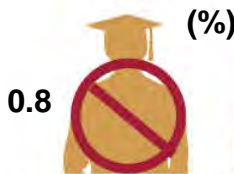
Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000



34.5

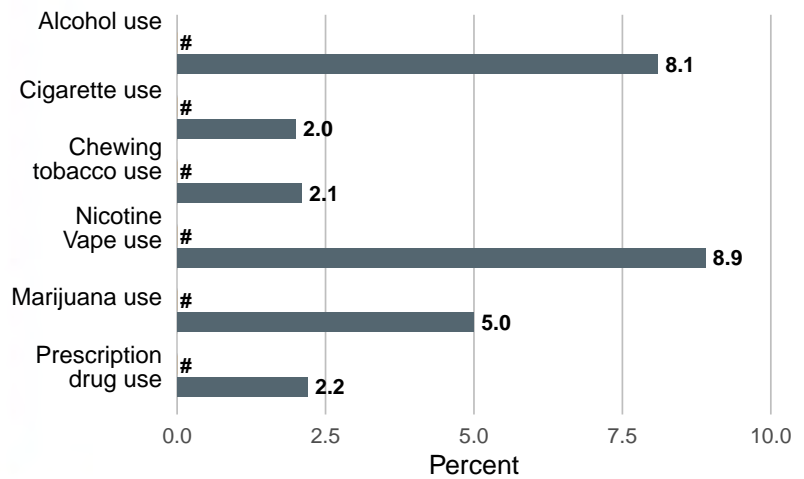
28.5

High school dropout rate



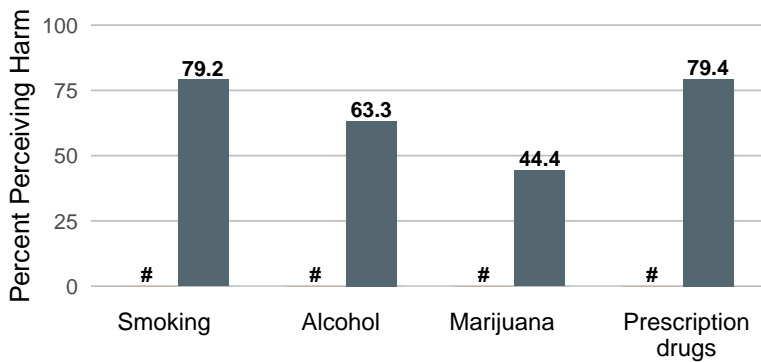
Past 30-day Youth Substance Use

County State



Protective Factors

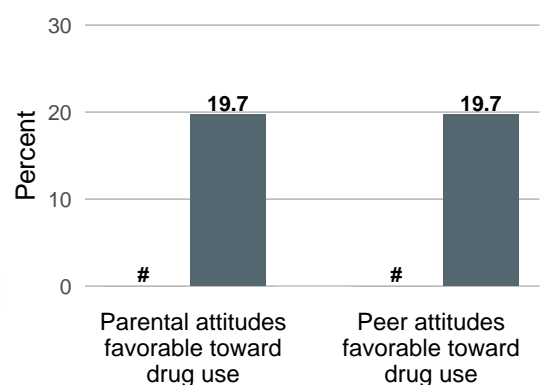
County State



data not available

Risk Factors

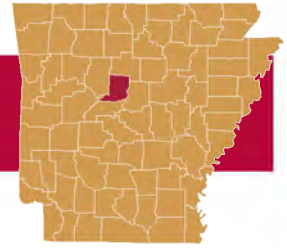
County State



COLUMBIA COUNTY					Arkansas	Vs.	
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	9.3		10.5			8.1	--
Past 30-day Youth cigarette use (%) ¹	3.6		3.1			2.0	--
Past 30-day Youth chewing tobacco use (%) ¹	2.2		1.9			2.1	--
Past 30-day Youth marijuana use (%) ¹	1.4		1.8			5.0	--
Past 30-day Youth heroin use (%) ¹	0.0		0.0			0.1	--
Past 30-day Youth prescription drug use (%) ¹	3.7		2.5			2.2	--
Past 30-day Youth vape use: flavoring only (%) ¹						5.5	--
Past 30-day Youth vape use: marijuana (%) ¹						3.7	--
Past 30-day Youth vape use: nicotine (%) ¹						8.9	--
COMMUNITY							
Persons below poverty level (%) ²	25.1	25.2	25.0	24.3		16.1	▲
Unemployment rates (%) ³	5.1	4.7	4.4	6.8		6.1	▲
Uninsurance (%) ⁴	9.8	8.2	7.1	7.3		8.3	▼
Food Insecurity (%) ⁵	22.1	19.8	17.9	20.1		18.3	▲
Substandard Housing (%) ⁴	0.1	0.1	0.0	0.0		0.5	▼
Transitions and Mobility (%) ¹	35.8		32.5			51.8	--
Disconnected Youth measure ⁴	4.2	4.0	4.3	0.0		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	671	667	765	325		78,942	--
Number of people admitted for substance use treatment ⁶	49	74	67	35		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	12.6			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	8.3	3.1	0.0			2.0	--
Substance use-related arrests (per 1,000 population) ⁹	5.2	6.8	9.0	9.5		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	5.9	7.6	5.9	10.1		9.0	▲
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	32.6	0.0	33.3	34.5		28.5	▲
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	11.6	12.8	9.9	7.8		10.8	▼
Poor family management (%) ¹	22.8		17.4			29.9	--
Family history of anti-social behavior (%) ¹	28.7		24.1			27.0	--
Parental attitudes favorable toward drug use (%) ¹	15.1		17.2			19.7	--
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	11.2		11.0			13.4	--
Peer favorable attitudes to drug use (%) ¹	9.9		14.6			19.7	--
Perceived availability of drugs (%) ¹	12.9		18.1			17.8	--
Low perceived risk of drug use (%) ¹	41.5		42.9			48.1	--
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	84.5		86.5			79.2	--
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	66.9		64.4			63.3	--
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	55.3		55.8			44.4	--
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	88.0		87.1			79.4	--
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	67.6		69.8			65.8	--
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹						63.0	--
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹						73.8	--
SCHOOL							
High school dropouts (%) ¹¹	2.0	1.8	2.3	0.8		0.7	▲
Academic failure (%) ¹	50.3		41.7			47.1	--
Low commitment to school (%) ¹	44.1		32.1			50.8	--
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	17.9	20.0	6.5	8.2		15.0	▼
School opportunities for pro-social involvement (%) ¹	62.1		75.6			59.7	--
School rewards for pro-social involvement (%) ¹	55.9		67.1			54.2	--

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CONWAY COUNTY



Key Findings

Weakness

- 5th highest percentage of youth using alcohol or vaping marijuana
- 7th highest percentage of youth using marijuana
- 10th highest percentage of youth using cigarettes

Strengths

- Lowest percentage of disconnected youth
- 5th lowest rate of academic failure

Consequences

■ County ■ State

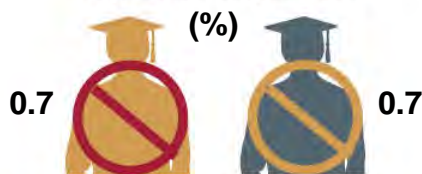
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

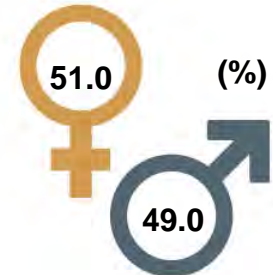
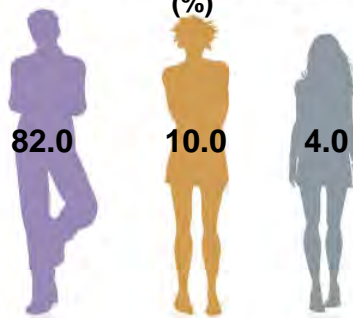


High school dropout rate



Demographics

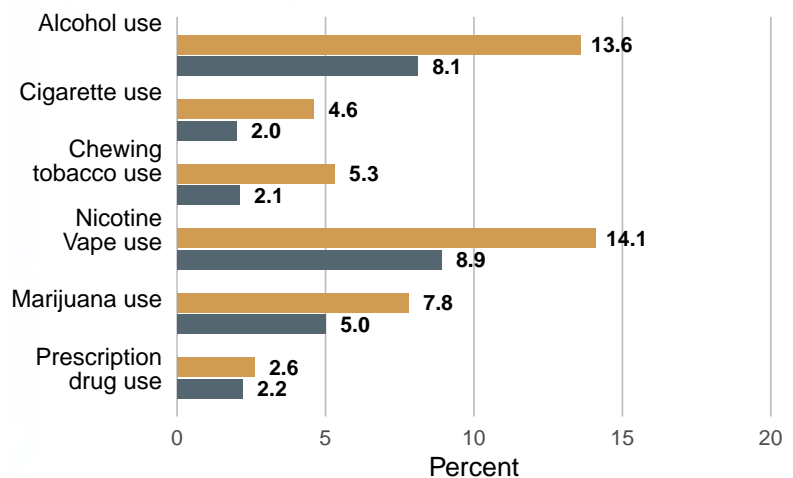
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	3,939
Population under 18	4,820
Total population	20,858
Fertility Rate	57.8

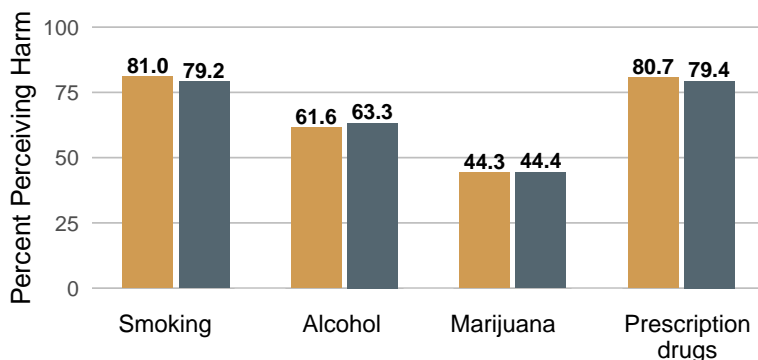
Past 30-day Youth Substance Use

■ County ■ State



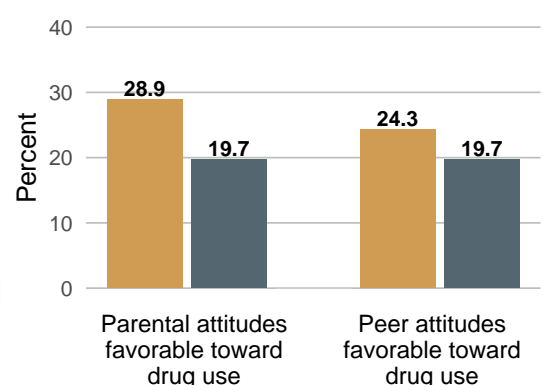
Protective Factors

■ County ■ State



Risk Factors

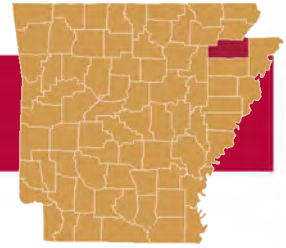
■ County ■ State



CONWAY COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	12.8	13.7	16.1	13.6		8.1	▲
Past 30-day Youth cigarette use (%) ¹	7.4	4.9	5.6	4.6		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹	6.3	4.9	4.0	5.3		2.1	▲
Past 30-day Youth marijuana use (%) ¹	5.3	6.2	7.5	7.8		5.0	▲
Past 30-day Youth heroin use (%) ¹	0.3	0.2	0.0	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	3.8	1.9	2.9	2.6		2.2	▲
Past 30-day Youth vape use: flavoring only (%) ¹				8.7		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				6.8		3.7	▲
Past 30-day Youth vape use: nicotine (%) ¹				14.1		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	18.5	18.2	17.6	19.8		16.1	▲
Unemployment rates (%) ³	4.8	4.3	4.3	6.0		6.1	▼
Uninsurance (%) ⁴	8.9	7.4	6.8	5.7		8.3	▼
Food Insecurity (%) ⁵	17.1	18.5	18.1	20.2		18.3	▲
Substandard Housing (%) ⁴	0.2	0.3	0.3	0.4		0.5	▼
Transitions and Mobility (%) ¹	46.8	47.1	46.9	47.2		51.8	▼
Disconnected Youth measure ⁴	13.0	4.8	5.5	1.7		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	775	810	982	976		78,942	--
Number of people admitted for substance use treatment ⁶	107	93	91	60		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	47.7	52.6	43.1			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	0.0	4.6	4.8	2.7		2.0	▲
Substance use-related arrests (per 1,000 population) ⁹	24.6	22.3	19.6	13.5		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	11.9	9.5	10.2	9.5		9.0	▲
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	0.0	126.3	66.3		28.5	▲
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	29.5	24.7	19.4	23.2		10.8	▲
Poor family management (%) ¹	26.1	25.3	29.9	32.3		29.9	▲
Family history of anti-social behavior (%) ¹	32.1	31.4	38.3	33.9		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	24.7	26.1	26.1	28.9		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	19.2	17.3	25.7	17.6		13.4	▲
Peer favorable attitudes to drug use (%) ¹	23.9	22.4	28.8	24.3		19.7	▲
Perceived availability of drugs (%) ¹	22.6	21.2	22.7	20.8		17.8	▲
Low perceived risk of drug use (%) ¹	47.3	45.4	52.2	48.3		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	87.6	83.4	86.3	81.0		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	67.6	70.2	64.3	61.6		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	49.6	50.3	44.9	44.3		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	87.0	88.8	88.1	80.7		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	58.5	60.3	66.8	67.2		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				62.9		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				75.5		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	2.1	1.5	3.5	0.7		0.7	▼
Academic failure (%) ¹	35.3	38.8	40.3	37.8		47.1	▼
Low commitment to school (%) ¹	41.2	39.7	57.9	47.5		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	34.2	33.0	15.0	2.8		15.0	▼
School opportunities for pro-social involvement (%) ¹	64.0	61.4	53.6	57.0		59.7	▼
School rewards for pro-social involvement (%) ¹	57.9	56.3	44.0	48.2		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CRAIGHEAD COUNTY



Key Findings

Weakness

- 7th highest rate of substance-related arrests

Strengths

- 12th highest percentage of youth perceiving moderate or great risk of drinking one or two alcoholic beverages every day
- 14th lowest percentage of youth using cigarettes
- 15th lowest percentage of youth initiating drug use before age 15

Consequences

■ County ■ State

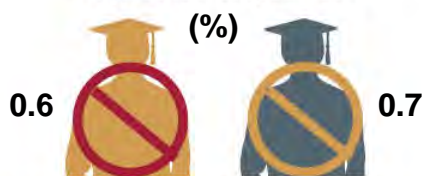
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

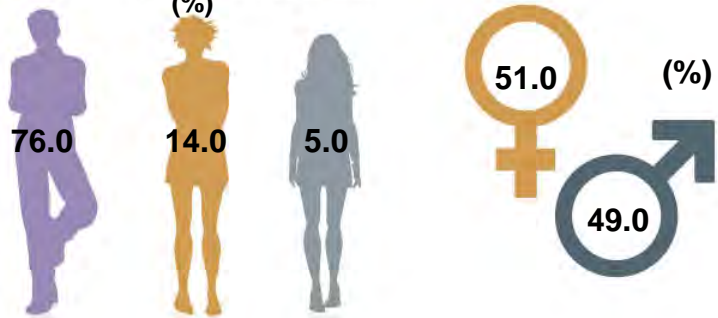


High school dropout rate



Demographics

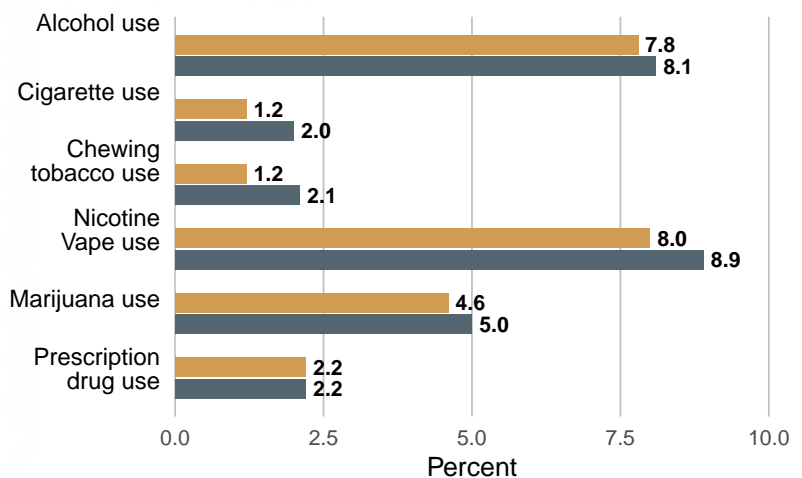
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	14,510
Population under 18	26,756
Total population	107,345
Fertility Rate	58.4

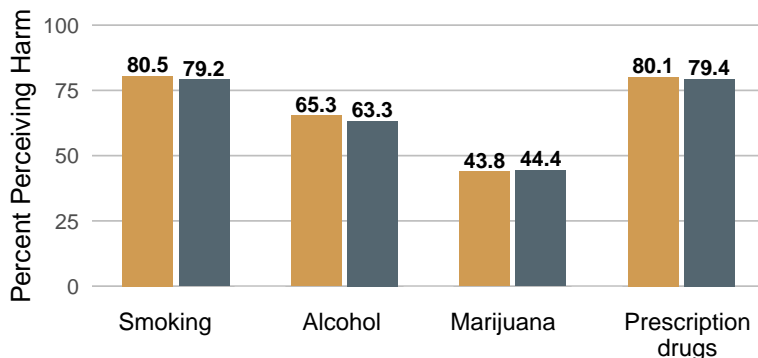
Past 30-day Youth Substance Use

■ County ■ State



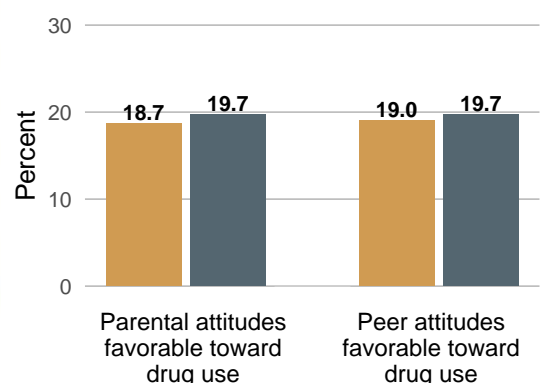
Protective Factors

■ County ■ State



Risk Factors

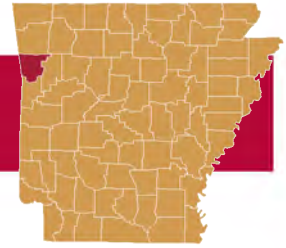
■ County ■ State



CRAIGHEAD COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	9.3	9.0	8.1	7.8		8.1	▼
Past 30-day Youth cigarette use (%) ¹	5.3	3.6	2.9	1.2		2.0	▼
Past 30-day Youth chewing tobacco use (%) ¹	4.0	2.1	2.5	1.2		2.1	▼
Past 30-day Youth marijuana use (%) ¹	4.8	4.4	4.6	4.6		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.2	0.3	0.2	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	3.6	3.2	2.9	2.2		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				3.8		5.5	▼
Past 30-day Youth vape use: marijuana (%) ¹				2.9		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				8.0		8.9	▼
COMMUNITY							
Persons below poverty level (%) ²	18.3	18.4	16.6	17.7		16.1	▲
Unemployment rates (%) ³	3.0	3.0	2.8	5.3		6.1	▼
Uninsurance (%) ⁴	10.8	9.3	8.8	8.6		8.3	▲
Food Insecurity (%) ⁵	17.2	16.8	16.0	18.3		18.3	▼
Substandard Housing (%) ⁴	0.2	0.2	0.4	0.3		0.5	▼
Transitions and Mobility (%) ¹	48.6	51.3	51.1	51.5		51.8	▼
Disconnected Youth measure ⁴	2.2	1.3	2.1	2.4		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	2,924	3,157	2,965	4,278		78,942	--
Number of people admitted for substance use treatment ⁶	459	439	471	392		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0	0.0		10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	7.1	5.1	7.5	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	19.5	17.5	16.4	16.1		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	11.8	13.3	12.8	10.5		9.0	▲
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	10.5	63.0	20.9	20.3		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	11.1	10.0	8.4	5.6		10.8	▼
Poor family management (%) ¹	27.5	27.0	29.9	26.9		29.9	▼
Family history of anti-social behavior (%) ¹	30.9	29.4	27.1	27.2		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	18.4	17.6	17.1	18.7		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	15.6	15.3	13.8	11.9		13.4	▼
Peer favorable attitudes to drug use (%) ¹	20.4	20.5	20.0	19.0		19.7	▼
Perceived availability of drugs (%) ¹	21.6	20.0	17.7	18.1		17.8	▲
Low perceived risk of drug use (%) ¹	46.8	46.6	50.0	46.8		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	84.0	84.3	82.9	80.5		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	69.1	70.2	69.0	65.3		63.3	▲
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	48.1	47.8	45.8	43.8		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	84.0	85.2	83.3	80.1		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	54.7	57.7	66.9	67.7		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				63.4		63.0	▲
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				75.8		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	1.3	1.4	2.5	0.6		0.7	▼
Academic failure (%) ¹	36.8	37.2	38.5	44.3		47.1	▼
Low commitment to school (%) ¹	40.2	43.5	47.5	48.6		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	16.9	9.6	4.9	8.3		15.0	▼
School opportunities for pro-social involvement (%) ¹	67.4	69.6	65.7	65.4		59.7	▲
School rewards for pro-social involvement (%) ¹	57.1	56.3	52.9	59.1		54.2	▲

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CRAWFORD COUNTY



Key Findings

Weakness

- 8th highest percentage of youth with parental attitudes favorable to drug use
- 9th highest percentage of youth initiating drug use before age 15
- 11th highest percentage of youth perceiving low risk of drug use

Strengths

- 11th lowest percentage of youth perceiving availability of drugs
- 18th lowest percentage of youth using marijuana

Consequences

■ County ■ State

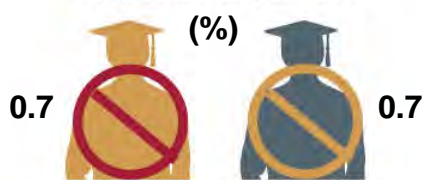
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

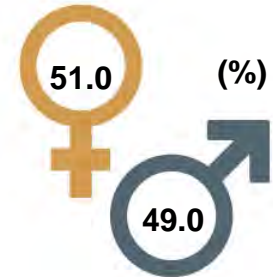
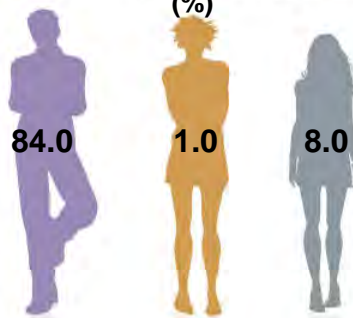


High school dropout rate



Demographics

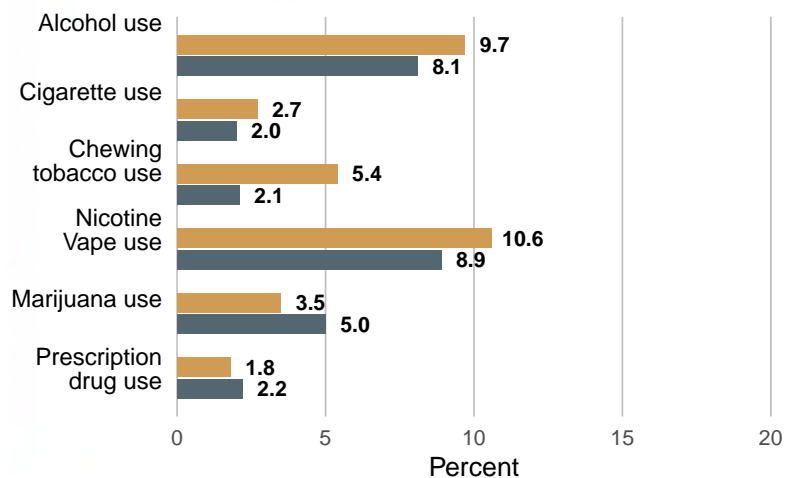
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	10,276
Population under 18	15,472
Total population	62,739
Fertility Rate	62.5

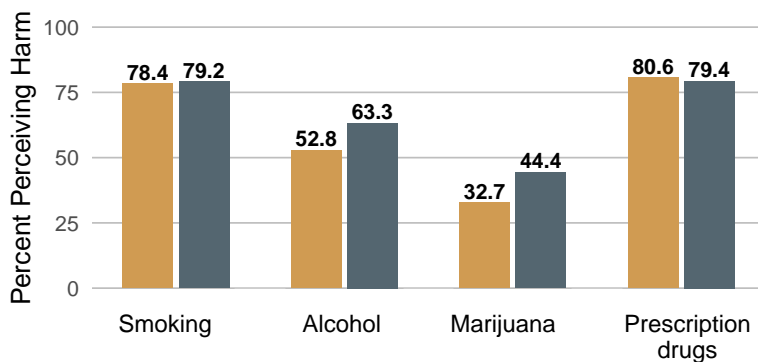
Past 30-day Youth Substance Use

■ County ■ State



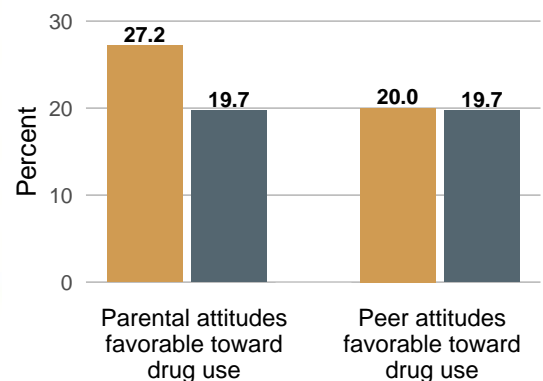
Protective Factors

■ County ■ State



Risk Factors

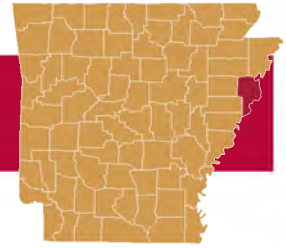
■ County ■ State



CRAWFORD COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	13.5	9.2	10.2	9.7		8.1	▲
Past 30-day Youth cigarette use (%) ¹	6.6	5.4	5.1	2.7		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹	6.5	5.2	5.6	5.4		2.1	▲
Past 30-day Youth marijuana use (%) ¹	6.8	6.0	5.4	3.5		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.4	0.3	1.1	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	3.1	3.4	3.0	1.8		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				8.8		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				2.7		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				10.6		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	16.6	15.9	17.2	17.8		16.1	▲
Unemployment rates (%) ³	3.6	3.5	3.3	5.4		6.1	▼
Uninsurance (%) ⁴	10.8	8.9	8.1	8.4		8.3	▲
Food Insecurity (%) ⁵	13.8	16.0	16.5	18.7		18.3	▲
Substandard Housing (%) ⁴	0.3	0.4	0.4	0.5		0.5	▼
Transitions and Mobility (%) ¹	50.0	54.6	48.3	45.1		51.8	▼
Disconnected Youth measure ⁴	2.4	1.5	1.6	0.9		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	1,482	1,928	2,135	2,288		78,942	--
Number of people admitted for substance use treatment ⁶	419	370	320	305		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	8.5	6.3	7.3	13.0		2.0	▲
Substance use-related arrests (per 1,000 population) ⁹	11.1	11.4	10.4	7.9		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	7.8	7.8	8.4	6.2		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	41.0	0.0	20.5	20.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	17.3	14.5	12.3	8.1		10.8	▼
Poor family management (%) ¹	23.8	27.9	35.4	34.7		29.9	▲
Family history of anti-social behavior (%) ¹	29.8	32.3	34.5	35.9		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	24.1	22.4	23.7	27.2		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	18.3	18.6	16.1	18.4		13.4	▲
Peer favorable attitudes to drug use (%) ¹	23.3	23.0	23.8	20.0		19.7	▲
Perceived availability of drugs (%) ¹	23.7	22.1	21.5	14.2		17.8	▼
Low perceived risk of drug use (%) ¹	55.3	51.4	54.5	57.9		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	81.3	82.6	77.9	78.4		79.2	▼
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	60.1	68.9	63.2	52.8		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	40.6	44.9	43.9	32.7		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	85.0	85.9	81.8	80.6		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	41.9	55.0	64.9	65.1		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				58.9		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				67.6		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	1.8	1.7	1.5	0.7		0.7	▼
Academic failure (%) ¹	39.6	38.4	42.6	33.3		47.1	▼
Low commitment to school (%) ¹	44.0	43.5	52.5	43.6		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	47.2	49.6	21.2	26.9		15.0	▲
School opportunities for pro-social involvement (%) ¹	67.5	69.8	61.7	60.3		59.7	▲
School rewards for pro-social involvement (%) ¹	50.3	53.2	53.4	65.8		54.2	▲

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CRITTENDEN COUNTY



Key Findings

Weakness

- 9th highest percentage of youth perceiving low risk of drug use
- 13th highest percentage of youth using cigarettes

Strengths

- Lowest percentage of youth vaping nicotine or marijuana or misusing prescription drugs
- 7th lowest percentage of youth using alcohol
- 8th lowest percentage of youth using marijuana

Consequences

■ County ■ State

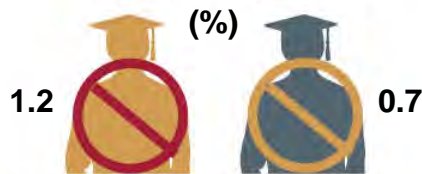
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

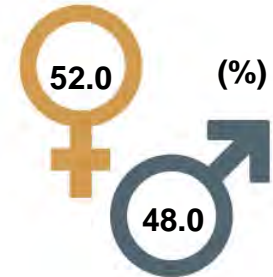
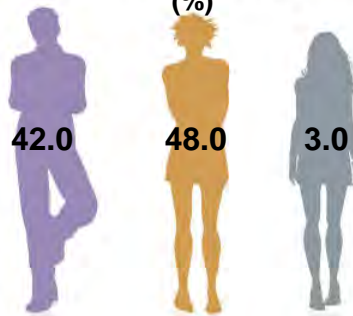


High school dropout rate



Demographics

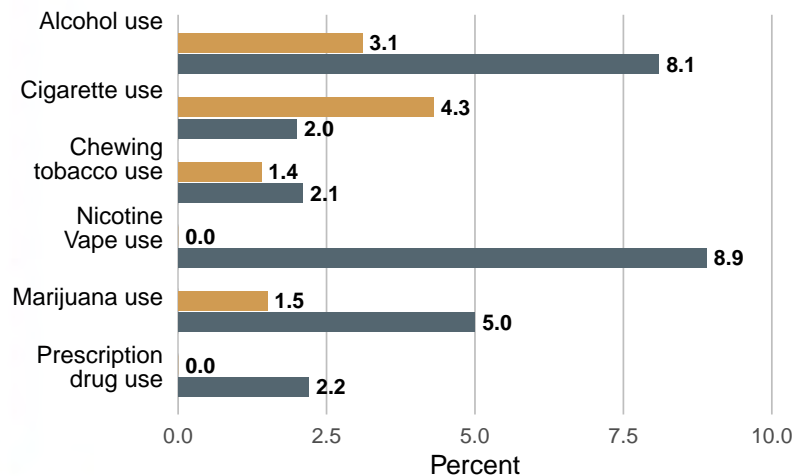
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	6,619
Population under 18	13,309
Total population	48,672
Fertility Rate	73.2

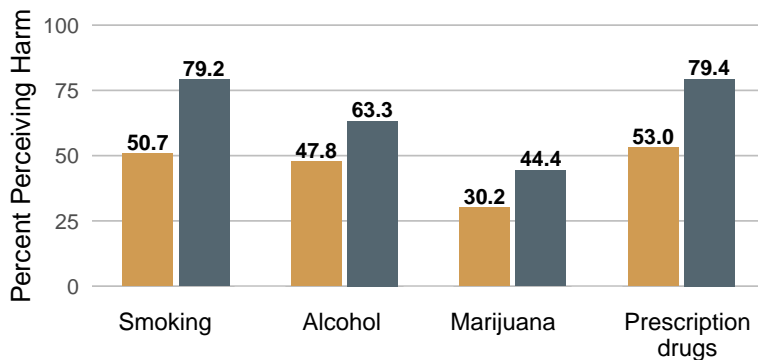
Past 30-day Youth Substance Use

■ County ■ State



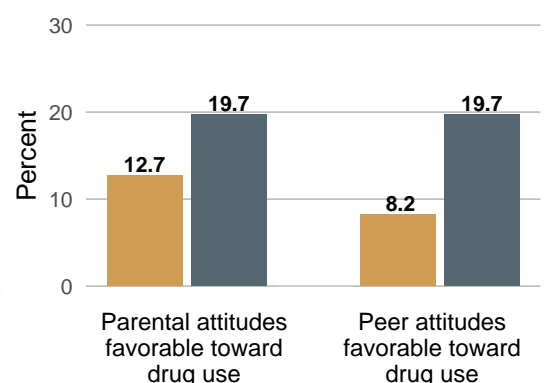
Protective Factors

■ County ■ State



Risk Factors

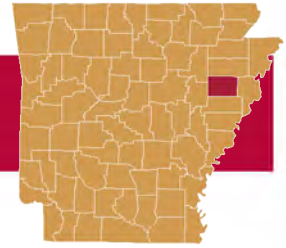
■ County ■ State



CRITTENDEN COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹			6.0	3.1		8.1	▼
Past 30-day Youth cigarette use (%) ¹			2.2	4.3		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹			2.9	1.4		2.1	▼
Past 30-day Youth marijuana use (%) ¹			6.1	1.5		5.0	▼
Past 30-day Youth heroin use (%) ¹			0.2	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹			2.7	0.0		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				0.0		5.5	▼
Past 30-day Youth vape use: marijuana (%) ¹				0.0		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				0.0		8.9	▼
COMMUNITY							
Persons below poverty level (%) ²	23.5	22.2	22.2	21.0		16.1	▲
Unemployment rates (%) ³	4.4	4.3	4.2	8.3		6.1	▲
Uninsurance (%) ⁴	10.2	9.1	8.4	8.0		8.3	▼
Food Insecurity (%) ⁵	23.8	19.3	16.4	19.7		18.3	▲
Substandard Housing (%) ⁴	0.6	0.5	0.4	0.3		0.5	▼
Transitions and Mobility (%) ¹			51.7	32.3		51.8	▼
Disconnected Youth measure ⁴	1.4	1.7	2.0	2.7		2.1	▲
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	1,567	1,716	1,615	2,107		78,942	--
Number of people admitted for substance use treatment ⁶	193	191	882	293		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	10.1	10.2	10.3			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	7.8	8.7	3.7	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	17.0	17.9	25.8	24.7		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	19.0	21.1	23.4	20.6		9.0	▲
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	24.8	49.6	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	13.8	10.9	11.6	7.8		10.8	▼
Poor family management (%) ¹			45.1	27.4		29.9	▼
Family history of anti-social behavior (%) ¹			29.0	22.2		27.0	▼
Parental attitudes favorable toward drug use (%) ¹			16.7	12.7		19.7	▼
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹			14.0	11.0		13.4	▼
Peer favorable attitudes to drug use (%) ¹			18.6	8.2		19.7	▼
Perceived availability of drugs (%) ¹			16.3	11.1		17.8	▼
Low perceived risk of drug use (%) ¹			65.8	58.6		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹			65.3	50.7		79.2	▼
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹			54.9	47.8		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹			33.4	30.2		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹			64.9	53.0		79.4	▼
Youth who perceive using a vaping product like e-cigarettes, e-cigars, and e-hookahs as "moderate" or "great risk" (%) ¹			53.4	46.2		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				46.9		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				48.4		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	2.8	2.0	2.4	1.2		0.7	▲
Academic failure (%) ¹			39.7	33.8		47.1	▼
Low commitment to school (%) ¹			46.9	43.8		50.8	▼
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	5.0	7.9	17.9	3.1		15.0	▼
School opportunities for pro-social involvement (%) ¹			60.7	58.7		59.7	▼
School rewards for pro-social involvement (%) ¹			55.9	66.7		54.2	▲

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

CROSS COUNTY



Key Findings

Weakness

- 7th highest percentage of youth using heroin
- 8th highest percentage of youth initiating drug use before age 15

Strengths

- 6th lowest percentage of youth using alcohol
- 9th lowest percentage of youth using prescription drugs
- 13th lowest percentage of youth using marijuana

Consequences

■ County ■ State

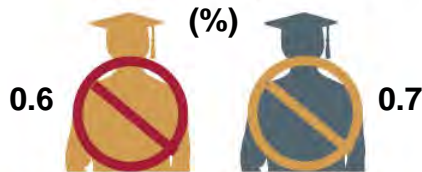
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

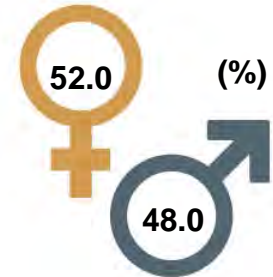
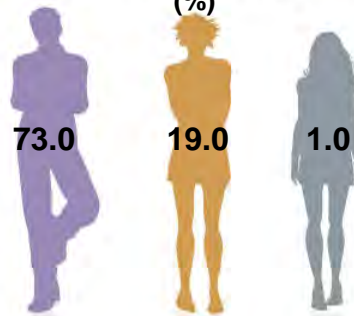


High school dropout rate (%)



Demographics

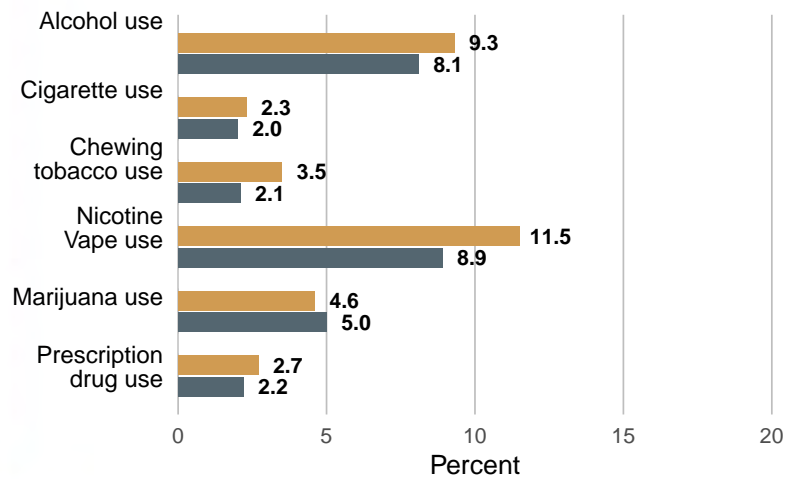
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	3,084
Population under 18	3,979
Total population	16,824
Fertility Rate	74.7

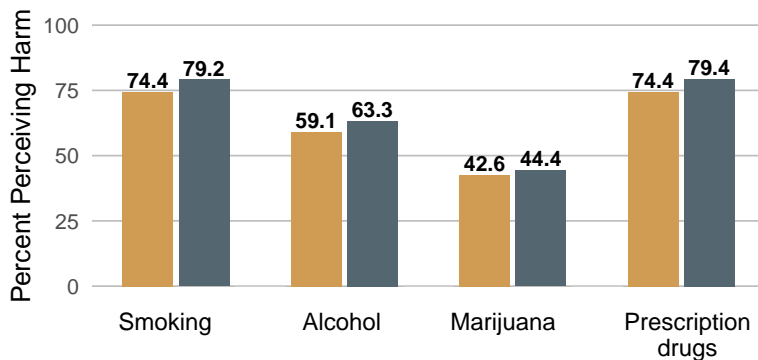
Past 30-day Youth Substance Use

■ County ■ State



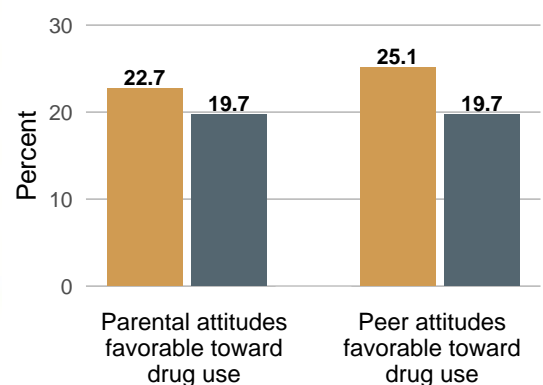
Protective Factors

■ County ■ State



Risk Factors

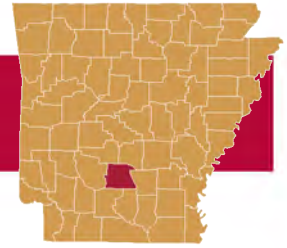
■ County ■ State



CROSS COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	13.5	8.6	6.0	9.3		8.1	▲
Past 30-day Youth cigarette use (%) ¹	5.5	4.7	2.9	2.3		2.0	▲
Past 30-day Youth chewing tobacco use (%) ¹	5.8	7.0	3.3	3.5		2.1	▲
Past 30-day Youth marijuana use (%) ¹	4.4	6.0	3.9	4.6		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.5	0.2	0.2	0.2		0.1	▲
Past 30-day Youth prescription drug use (%) ¹	3.0	2.7	1.5	2.7		2.2	▲
Past 30-day Youth vape use: flavoring only (%) ¹				8.3		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				3.9		3.7	▲
Past 30-day Youth vape use: nicotine (%) ¹				11.5		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	18.0	16.7	15.4	17.2		16.1	▲
Unemployment rates (%) ³	4.0	4.1	4.2	6.1		6.1	▼
Uninsurance (%) ⁴	8.4	7.3	7.7	7.6		8.3	▼
Food Insecurity (%) ⁵	18.5	17.7	16.5	18.6		18.3	▲
Substandard Housing (%) ⁴	0.2	0.2	0.7	0.7		0.5	▲
Transitions and Mobility (%) ¹	51.0	46.1	50.0	51.1		51.8	▼
Disconnected Youth measure ⁴	3.0	2.7	3.8	1.7		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	627	627	564	859		78,942	--
Number of people admitted for substance use treatment ⁶	68	33	49	44		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	17.5	17.6	17.8			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	1.6	2.6	8.3	8.3		2.0	▲
Substance use-related arrests (per 1,000 population) ⁹	13.8	13.9	16.9	18.4		10.4	▲
Total crime index offenses (per 1,000 population) ⁹	8.6	7.2	9.7	9.1		9.0	▲
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	0.0	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	17.1	21.6	25.2	21.9		10.8	▲
Poor family management (%) ¹	28.8	33.1	31.1	31.3		29.9	▲
Family history of anti-social behavior (%) ¹	33.7	30.3	27.4	30.8		27.0	▲
Parental attitudes favorable toward drug use (%) ¹	19.6	17.1	15.0	22.7		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	18.0	18.8	16.4	18.5		13.4	▲
Peer favorable attitudes to drug use (%) ¹	20.1	22.2	20.0	25.1		19.7	▲
Perceived availability of drugs (%) ¹	22.6	20.0	14.5	19.7		17.8	▲
Low perceived risk of drug use (%) ¹	48.4	49.9	48.8	51.1		48.1	▲
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	81.1	79.4	78.3	74.4		79.2	▼
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	69.1	65.6	66.4	59.1		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	48.7	46.6	46.7	42.6		44.4	▼
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	83.7	83.1	81.6	74.4		79.4	▼
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	52.7	55.2	68.0	59.6		65.8	▼
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				55.8		63.0	▼
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				68.2		73.8	▼
SCHOOL							
High school dropouts (%) ¹¹	1.2	2.3	2.4	0.6		0.7	▼
Academic failure (%) ¹	35.9	37.5	40.1	44.3		47.1	▼
Low commitment to school (%) ¹	41.0	52.6	51.1	59.3		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	22.4	16.8	4.3	27.3		15.0	▲
School opportunities for pro-social involvement (%) ¹	56.6	54.0	51.7	50.8		59.7	▼
School rewards for pro-social involvement (%) ¹	48.3	47.3	41.5	46.5		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

DALLAS COUNTY

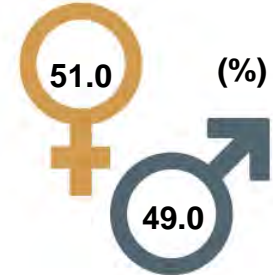
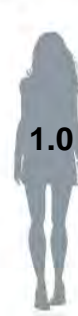


Key Findings

Unable to determine strengths and weaknesses due to unavailable data on most indicators.

Demographics

Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	1,617
Population under 18	1,564
Total population	7,279
Fertility Rate	43.2

Consequences

County State

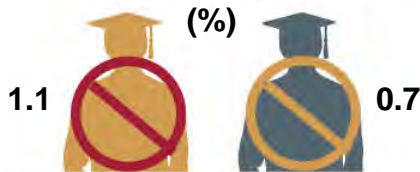
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

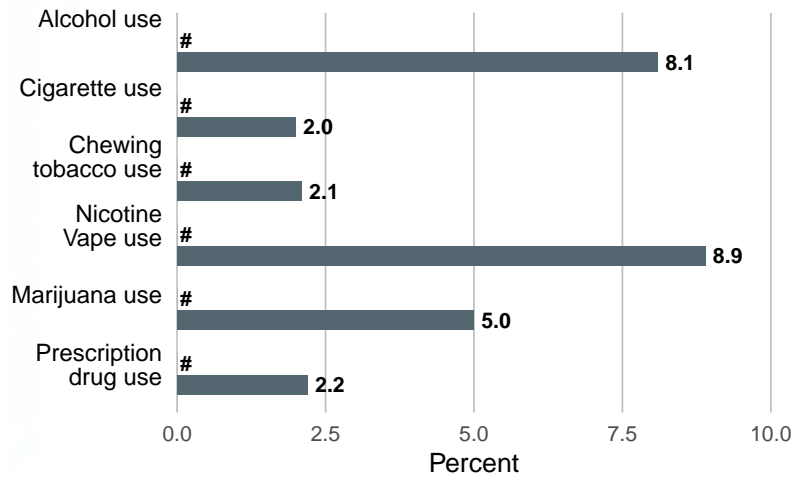


High school dropout rate (%)



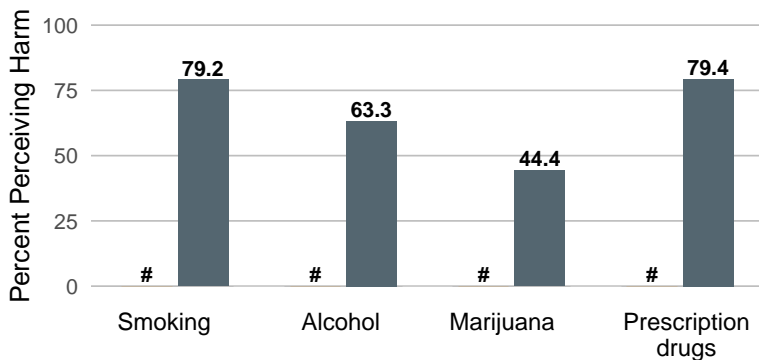
Past 30-day Youth Substance Use

County State



Protective Factors

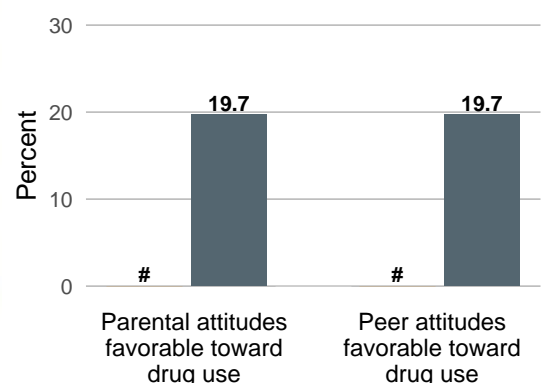
County State



data not available

Risk Factors

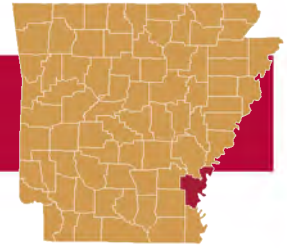
County State



DALLAS COUNTY					Arkansas	Vs.	
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹		5.2			•	8.1	--
Past 30-day Youth cigarette use (%) ¹		2.9			•	2.0	--
Past 30-day Youth chewing tobacco use (%) ¹		2.9			•	2.1	--
Past 30-day Youth marijuana use (%) ¹		6.0			•	5.0	--
Past 30-day Youth heroin use (%) ¹		0.0			•	0.1	--
Past 30-day Youth prescription drug use (%) ¹		1.5			•	2.2	--
Past 30-day Youth vape use: flavoring only (%) ¹						5.5	--
Past 30-day Youth vape use: marijuana (%) ¹						3.7	--
Past 30-day Youth vape use: nicotine (%) ¹						8.9	--
COMMUNITY							
Persons below poverty level (%) ²	13.2	14.3	14.7	13.4		16.1	▼
Unemployment rates (%) ³	4.4	4.2	4.6	5.3		6.1	▼
Uninsurance (%) ⁴	10.7	8.0	6.5	7.7		8.3	▼
Food Insecurity (%) ⁵	19.3	17.8	16.0	17.6		18.3	▼
Substandard Housing (%) ⁴	0.2	0.2	0.6	0.0		0.5	▼
Transitions and Mobility (%) ¹		42.0			•	51.8	--
Disconnected Youth measure ⁴	2.8	0.0	0.0	0.0		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	111	84	78	53		78,942	--
Number of people admitted for substance use treatment ⁶	5	11	13	13		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	39.6	40.4	0.0			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	5.6	0.0	10.0			2.0	--
Substance use-related arrests (per 1,000 population) ⁹	4.7	7.9	5.6	4.0		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	13.3	8.3	11.7	7.4		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	0.0	0.0	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	10.6	11.2	12.4	12.8		10.8	▲
Poor family management (%) ¹		27.9			•	29.9	--
Family history of anti-social behavior (%) ¹		49.6			•	27.0	--
Parental attitudes favorable toward drug use (%) ¹		16.0			•	19.7	--
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹		17.5			•	13.4	--
Peer favorable attitudes to drug use (%) ¹		25.4			•	19.7	--
Perceived availability of drugs (%) ¹		22.5			•	17.8	--
Low perceived risk of drug use (%) ¹		52.5			•	48.1	--
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹		77.9			•	79.2	--
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹		65.4			•	63.3	--
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹		48.6			•	44.4	--
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹		80.1			•	79.4	--
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹		63.2			•	65.8	--
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹						63.0	--
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹						73.8	--
SCHOOL							
High school dropouts (%) ¹¹	2.0	1.6	1.5	1.1		0.7	▲
Academic failure (%) ¹		42.4			•	47.1	--
Low commitment to school (%) ¹		40.0			•	50.8	--
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	20.0	21.8	4.9	10.8		15.0	▼
School opportunities for pro-social involvement (%) ¹		48.2			•	59.7	--
School rewards for pro-social involvement (%) ¹		44.4			•	54.2	--

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

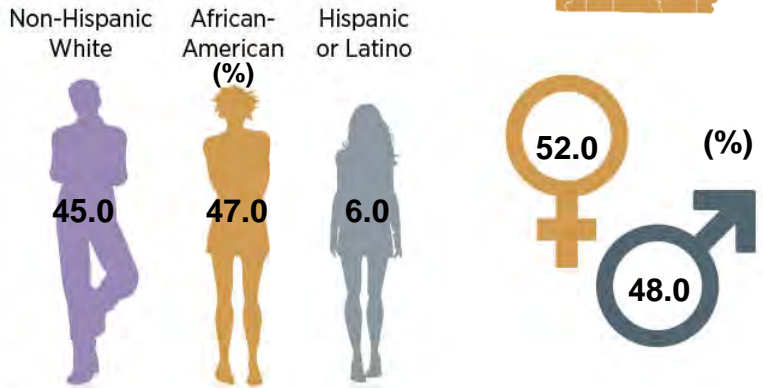
DESHA COUNTY



Key Findings

Unable to determine strengths and weaknesses due to unavailable data on most indicators.

Demographics



Population over 65	2,187
Population under 18	3,000
Total population	11,709
Fertility Rate	65.7

Consequences

County State

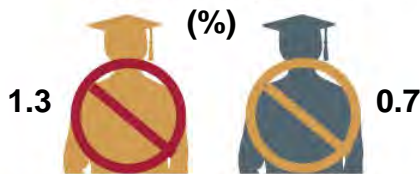
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

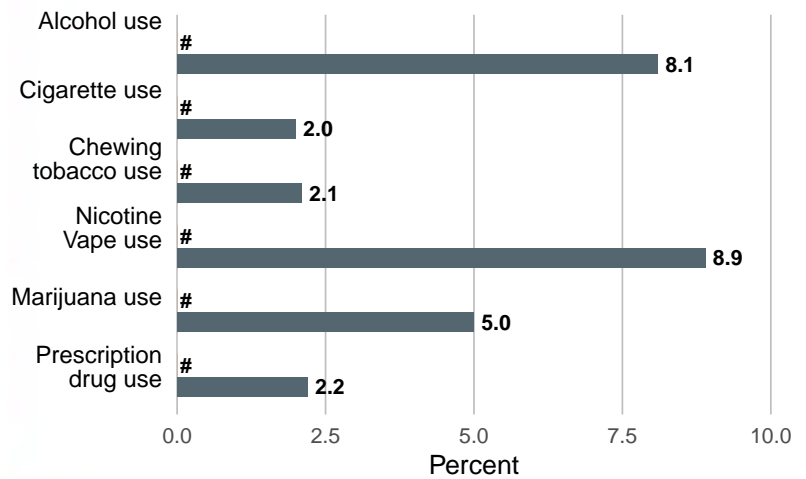


High school dropout rate (%)



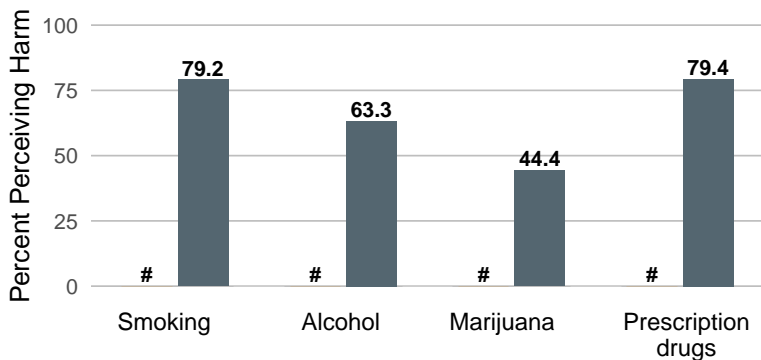
Past 30-day Youth Substance Use

County State



Protective Factors

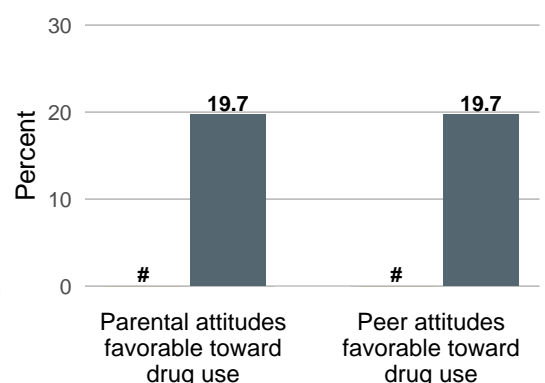
County State



data not available

Risk Factors

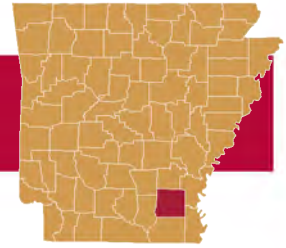
County State



DESHA COUNTY Indicator	2017	2018	2019	2020	Trend Line	Arkansas 2020	Vs. State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	14.4	2.7				8.1	--
Past 30-day Youth cigarette use (%) ¹	7.9	4.1				2.0	--
Past 30-day Youth chewing tobacco use (%) ¹	7.5	4.2				2.1	--
Past 30-day Youth marijuana use (%) ¹	6.0	1.6				5.0	--
Past 30-day Youth heroin use (%) ¹	1.2	0.0				0.1	--
Past 30-day Youth prescription drug use (%) ¹	4.0	1.6				2.2	--
Past 30-day Youth vape use: flavoring only (%) ¹						5.5	--
Past 30-day Youth vape use: marijuana (%) ¹						3.7	--
Past 30-day Youth vape use: nicotine (%) ¹						8.9	--
COMMUNITY							
Persons below poverty level (%) ²	32.6	29.1	29.1	25.5		16.1	▲
Unemployment rates (%) ³	4.8	4.5	4.4	7.0		6.1	▲
Uninsurance (%) ⁴	10.1	7.3	6.3	7.7		8.3	▼
Food Insecurity (%) ⁵	25.6	22.2	19.1	21.6		18.3	▲
Substandard Housing (%) ⁴	0.5	0.0	0.1	0.1		0.5	▼
Transitions and Mobility (%) ¹	36.7	32.6				51.8	--
Disconnected Youth measure ⁴	2.8	4.0	1.5	1.7		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	384	424	500	501		78,942	--
Number of people admitted for substance use treatment ⁶	103	113	90	78		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	24.8	25.2	25.6			10.6	▲
Tobacco sales to minors (percent of failed tobacco checks) ⁸	12.3	4.1	0.0	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	4.5	4.9	4.6	3.0		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	6.8	4.9	4.9	4.2		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	112.6	0.0	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	9.5	8.5	3.3	5.7		10.8	▼
Poor family management (%) ¹	30.4	32.1				29.9	--
Family history of anti-social behavior (%) ¹	35.9	29.3				27.0	--
Parental attitudes favorable toward drug use (%) ¹	20.4	15.1				19.7	--
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	32.0	22.9				13.4	--
Peer favorable attitudes to drug use (%) ¹	27.6	17.2				19.7	--
Perceived availability of drugs (%) ¹	21.8	12.6				17.8	--
Low perceived risk of drug use (%) ¹	54.8	49.5				48.1	--
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	74.0	71.0				79.2	--
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	56.3	58.2				63.3	--
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	46.0	51.6				44.4	--
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	71.0	72.7				79.4	--
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	47.0	59.4				65.8	--
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹						63.0	--
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹						73.8	--
SCHOOL							
High school dropouts (%) ¹¹	2.5	2.4	3.9	1.3		0.7	▲
Academic failure (%) ¹	36.1	41.7				47.1	--
Low commitment to school (%) ¹	44.1	50.0				50.8	--
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	13.0	30.1	9.7	20.8		15.0	▲
School opportunities for pro-social involvement (%) ¹	61.8	44.1				59.7	--
School rewards for pro-social involvement (%) ¹	45.9	47.2				54.2	--

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide

DREW COUNTY



Key Findings

Weakness

- 21st highest percentage of youth with parental attitudes favorable to drug use

Strengths

- 7th highest percentage of youth perceiving moderate or great risk of using e-cigarettes
- 11th lowest percentage of youth using alcohol
- 19th lowest percentage of youth using marijuana

Consequences

■ County ■ State

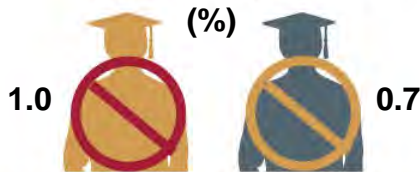
Substance use-related arrests per 1,000 population



Rate of all-cause crashes with fatalities by population ages 15-20 per 100,000

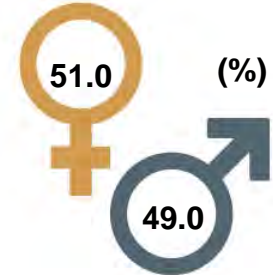
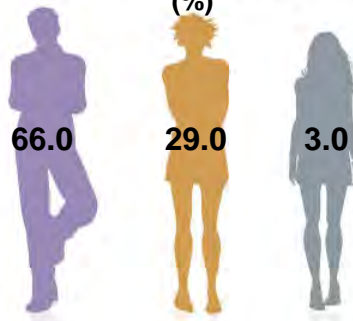


High school dropout rate



Demographics

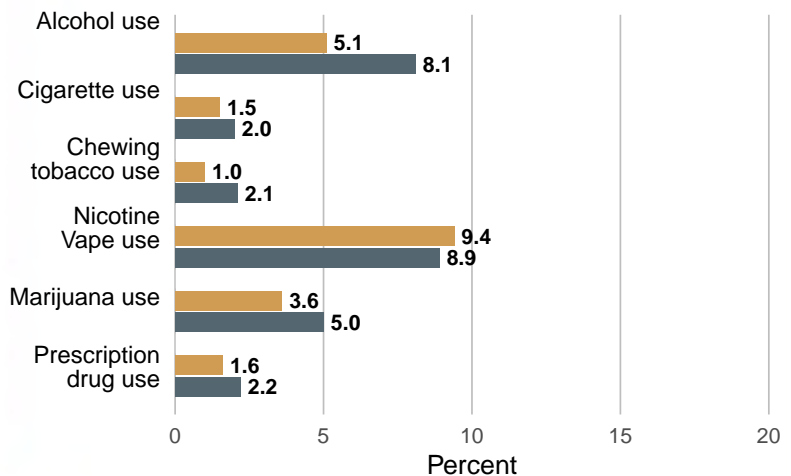
Non-Hispanic White African-American (%) Hispanic or Latino



Population over 65	3,127
Population under 18	4,066
Total population	18,417
Fertility Rate	57.6

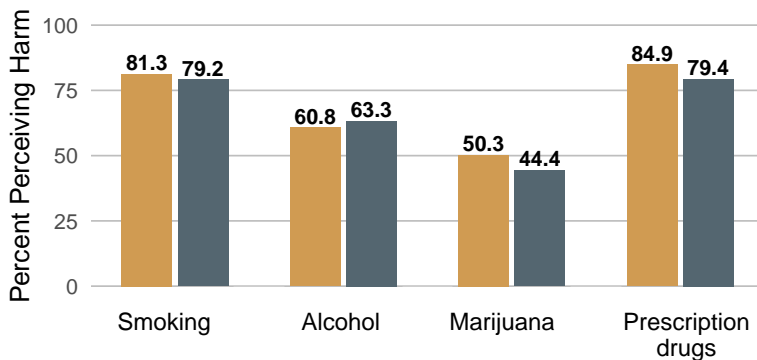
Past 30-day Youth Substance Use

■ County ■ State



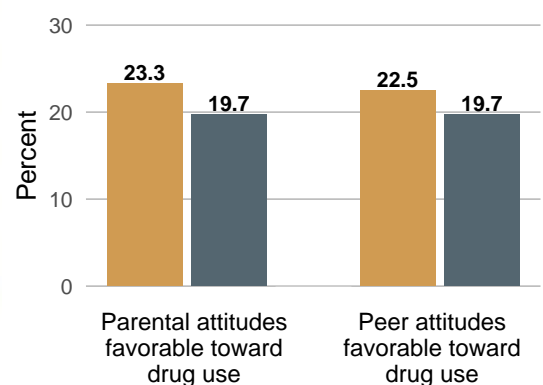
Protective Factors

■ County ■ State



Risk Factors

■ County ■ State



DREW COUNTY						Arkansas	Vs.
Indicator	2017	2018	2019	2020	Trend Line	2020	State
SUBSTANCE USE							
Past 30-day Youth alcohol use (%) ¹	13.1	10.8	10.4	5.1		8.1	▼
Past 30-day Youth cigarette use (%) ¹	8.9	8.8	4.1	1.5		2.0	▼
Past 30-day Youth chewing tobacco use (%) ¹	6.5	5.4	3.6	1.0		2.1	▼
Past 30-day Youth marijuana use (%) ¹	7.9	7.4	5.6	3.6		5.0	▼
Past 30-day Youth heroin use (%) ¹	0.4	0.0	0.0	0.0		0.1	▼
Past 30-day Youth prescription drug use (%) ¹	2.6	1.8	2.0	1.6		2.2	▼
Past 30-day Youth vape use: flavoring only (%) ¹				6.8		5.5	▲
Past 30-day Youth vape use: marijuana (%) ¹				3.1		3.7	▼
Past 30-day Youth vape use: nicotine (%) ¹				9.4		8.9	▲
COMMUNITY							
Persons below poverty level (%) ²	24.4	21.4	18.8	20.4		16.1	▲
Unemployment rates (%) ³	5.1	4.8	5.2	6.9		6.1	▲
Uninsurance (%) ⁴	8.6	5.9	5.5	4.8		8.3	▼
Food Insecurity (%) ⁵	21.2	18.2	16.1	18.1		18.3	▼
Substandard Housing (%) ⁴	0.0	0.3	0.4	0.4		0.5	▼
Transitions and Mobility (%) ¹	42.3	40.7	39.0	35.1		51.8	▼
Disconnected Youth measure ⁴	7.5	3.1	2.3	0.7		2.1	▼
Mental health clients served through Arkansas State Hospital and Community Mental Health Centers ⁶	589	520	548	538		78,942	--
Number of people admitted for substance use treatment ⁶	142	148	89	125		11,703	--
Beer, wine, and liquor stores (per 100,000 population) ⁷	0.0	0.0	0.0			10.6	▼
Tobacco sales to minors (percent of failed tobacco checks) ⁸	11.6	5.2	12.5	0.0		2.0	▼
Substance use-related arrests (per 1,000 population) ⁹	12.8	12.0	11.7	9.5		10.4	▼
Total crime index offenses (per 1,000 population) ⁹	7.7	8.4	6.7	5.4		9.0	▼
Fatal crashes among youth aged 15-20 (per 100,000 population 15-20 years old) ¹⁰	53.7	0.0	0.0	0.0		28.5	▼
FAMILY							
Children living in foster care (per 1,000 population under 18 years of age) ⁶	14.2	13.7	13.9	6.4		10.8	▼
Poor family management (%) ¹	24.9	26.3	25.7	22.7		29.9	▼
Family history of anti-social behavior (%) ¹	32.7	40.2	32.4	24.0		27.0	▼
Parental attitudes favorable toward drug use (%) ¹	24.5	30.0	19.0	23.3		19.7	▲
INDIVIDUAL/PEERS							
Early initiation of drug use (%) ¹	21.3	22.5	21.1	12.8		13.4	▼
Peer favorable attitudes to drug use (%) ¹	25.9	29.1	22.3	22.5		19.7	▲
Perceived availability of drugs (%) ¹	26.4	30.5	18.5	15.9		17.8	▼
Low perceived risk of drug use (%) ¹	52.0	52.3	50.8	43.7		48.1	▼
Youth who perceive smoking one or more packs of cigarettes per day as "moderate" or "great risk" (%) ¹	78.6	84.9	79.4	81.3		79.2	▲
Youth who perceive drinking one or two alcoholic beverages nearly every day as "moderate" or "great risk" (%) ¹	64.3	65.4	66.0	60.8		63.3	▼
Youth who perceive trying marijuana once or twice as "moderate" or "great risk" (%) ¹	46.7	40.3	47.0	50.3		44.4	▲
Youth who perceive trying prescription drugs once or twice puts a person at "moderate" or "great risk" (%) ¹	78.8	86.0	81.0	84.9		79.4	▲
Youth who perceive using a vaping product like e-cigarettes, e-cigs, and e-hookahs as "moderate" or "great risk" (%) ¹	55.7	61.7	64.1	71.0		65.8	▲
Youth who perceive occasionally vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				68.7		63.0	▲
Youth who perceive regularly vaping an e-liquid with nicotine as "moderate" or "great risk" (%) ¹				79.2		73.8	▲
SCHOOL							
High school dropouts (%) ¹¹	2.9	1.5	1.9	1.0		0.7	▲
Academic failure (%) ¹	36.2	34.1	36.2	36.3		47.1	▼
Low commitment to school (%) ¹	48.7	38.1	52.3	61.1		50.8	▲
High school substance infraction (per 1,000 population of enrolled high school students) ¹¹	48.5	35.3	18.9	13.5		15.0	▼
School opportunities for pro-social involvement (%) ¹	59.5	68.2	52.8	46.9		59.7	▼
School rewards for pro-social involvement (%) ¹	50.4	57.9	43.6	46.0		54.2	▼

Source: 1. Arkansas Prevention Needs Assessment Student Survey; 2. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE); 3. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; 4. American Community Survey, U.S. Census Bureau, U.S. Department of Commerce; 5. Map the Meal Gap, Feeding America; 6. Arkansas Department of Human Services, Annual Statistical Report; 7. U.S. Census Bureau, County Business Patterns; 8. Arkansas Tobacco Control Board, Annual Compliance Reports; 9. Arkansas Crime Information Center, Crime in Arkansas; 10. U.S. Department of Transportation, Fatal Accidents Reporting System; 11. Arkansas Department of Education, Statewide