ALCOHOL AND DRUG ABUSE DIVISION
State of Hawaii Department of Health

Ka Leo O Na Keiki

The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study

Adolescent Prevention and Treatment Needs Assessment

Pearl City Community

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INTRODUCTION

The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study

This report summarizes findings from *The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study,* which is a joint effort by the State of Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD) and Dr. Renee Storm Pearson from the University of Hawaii at Manoa. Funding for this survey was provided by the Hawaii Department of Health, Alcohol and Drug Abuse Division, with federal funds from the Substance Abuse Prevention and Treatment Block Grant.

Survey data on risk and protective factors can help focus prevention efforts.

The goal of the project is to assess adolescent substance use and related behaviors, and risk and protective factors that predict those behaviors among Hawaii students in grades 6, 8, 10, and 12. During the Spring of 2002, the survey was administered anonymously to a total of 24,303 public school students and 4,307 private school students in 215 schools across the state. Student responses were screened for honesty before analysis, resulting in the removal of approximately 2% of the subjects surveyed.

This report summarizes the results of the *2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study* for students participating from Pearl City Community (6th Grade = 514; 8th Grade = 331; 10th Grade = 214; 12th Grade = 228). For comparison purposes, results from the 2000 survey effort for Pearl City Community are also provided (6th Grade 450= ; 8th Grade = 462; 10th Grade = 194; 12th Grade = 210) (Klingle, 2001). Each of the graphs contains statewide comparison data from the 2002 study (6th Grade = 9,924; 8th Grade = 7,152; 10th Grade = 5,971; 12th Grade = 4,948) and from the 2000 study (6th Grade = 9,375; 8th Grade = 7,249; 10th Grade = 5,130; 12th Grade = 4,106). Detailed statewide data can be found on the Web at: *www.state.hi.us/health/resource/adad/adsurv.htm*.

What is the Risk and Protective Factor Framework?

Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups, that are known to predict increased likelihood of drug use, delinquency, and violent behaviors among youths (Brewer, Hawkins, Catalano, & Neckerman, 1995; Hawkins, Catalano, & Miller, 1992; Hawkins, Arthur, & Catalano, 1995; Lipsey & Derzon, 1998). For example, researchers have found that children who live in disorganized, crime-ridden neighborhoods are more likely to become involved in drug use and crime than children who live in safe neighborhoods.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.

Research on risk and protective factors has important implications for prevention efforts. The premise of this approach is that, in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem behaviors. By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce elevated risk factors and increase protective factors. For example, if perceived availability of substances is identified as an elevated risk factor in a community, then law enforcement personnel need to intercede and more stringently enforce the laws regarding tobacco and alcohol sales in that community, and neighborhood members and school personnel must develop policies to help prevent the sale of illegal substances in their neighborhood.

What are the Problem Behaviors of Interest?

The survey assessed information about alcohol, tobacco, and other drug use (referred to as ATOD use throughout this report), substance abuse, and other problem behaviors of students. The following problem behaviors were assessed by the survey and are described on the following page: Lifetime ATOD Use, Monthly (30-Day) ATOD Use, Daily Use, Substance Abuse or Treatment Needs, and Antisocial Behaviors (referred to as ASB throughout this report).

HOW TO READ THE CHARTS AND TABLES

There are four types of charts presented in this report: (1) lifetime and 30-day substance use charts, (2) heavy substance use and antisocial behavior charts, (3) risk factor charts, and (4) protective factor charts. There are six sets of tabled data: (1) characteristics of the students, (2) substance use, (3) treatment needs, (4) antisocial behaviors, (5) risk factors, and (6) protective factors. All the tables and charts show the results of the 2002 study, compared to the results from the 2000 study for students from Pearl City Community (referred to as *your community* throughout this report). The charts also provide 2002 and 2000 statewide comparison data.

Both the charts and tables present the percentage of students in each category. The beginning of this report indicates the number of students participating in the survey from your community. **You must keep the number of students in mind when interpreting the survey results. Small sample sizes can make percentage data misleading and estimates less stable.** For instance, if there were 1,000 8th-grade students participating in the survey from your community and the results showed that 1% of these students were using marijuana on a daily basis, this would mean that 10 8th-grade students reported daily marijuana use from your community. However, if there were only 100 8th-grade students participating in the survey from your community and the results showed that 1% of these students were using marijuana on a daily basis, this would mean that only one 8th-grade student in your community reported daily marijuana use.

ATOD Use, Substance Abuse, and Antisocial Behavior (ASB)

The charts and tables present information about alcohol, tobacco, and other drug use (ATOD use), substance abuse or treatment needs, and antisocial behaviors of students. The **bars** in the charts are used to represent the percentage of students in that grade from ***your community*** who reported the behavior. **Blue bars** (▮) are used to represent your community results in 2000. **Yellow bars** (▮) are used to represent your community results in 2002. **Markers** (●, ●) are used in the charts to represent the percentage of students in that grade, ***statewide***, who reported that behavior. **Black dots** (●) are used to represent statewide results in 2000. **Red dots** (●) are used to represent statewide results in 2002. The tabled data present the percentage of students in that grade from your community in 2000 and 2002 who reported the behavior.

- **Lifetime ATOD Use** is a measure of the percentage of students who tried a particular substance at least once in their lifetimes and is used to show the level of experimentation with a particular substance.

- **Monthly (30-Day) ATOD Use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indication of current substance use.

- **Daily ATOD Use** is a measure of the percentage of students who used the substance on 20 or more occasions in the 30 days prior to taking the survey.

- **Substance Abuse (Treatment Needs)** is a measure of the percentage of students who are dependent on or seriously abusing alcohol, marijuana, stimulants, depressants or downers, and/or hallucinogens, according to *The Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised* (DSM-III-R) criteria. Substance abuse is indicated by at least one of the following: (1) continued use of the substance despite knowledge of having a persistent or recurrent problem(s) at school, home, work, or with friends because of the substance (e.g., lower grades, fight with parents/friends, have problems concentrating, or physical problems); and (2) substance use in situations in which use is physically hazardous (e.g., drinking or using drugs when involved in activities that could have increased the students chance of getting hurt – for instance, swimming or driving a vehicle). For the student to be classified as abusing a substance, at least one of the two abuse symptoms must have occurred more than once in a single month or several times within the last year. In addition, the student must <u>not</u> meet the criteria for dependency on that substance, which is the most severe diagnosis. Substance dependency is indicated by the student's responses to nine different diagnostic criteria for dependency (e.g., marked tolerance, withdrawal symptoms, use of substances to relieve/avoid withdrawal symptoms, persistent desire or effort to stop use, using more than intended, neglect of activities, great deal of time spent using/obtaining the substance, inability to fulfill roles, drinking despite problems). A student is considered dependent on a substance if he/she has marked "yes" to at least three DSM-III-R symptoms and for at least two of the symptoms, he/she indicated that it occurred several times.

- **Antisocial Behavior (ASB)** is a measure of the percentage of students who reported any involvement with various antisocial behaviors in the past year.

Risk and Protective Factors

In order to make the results of the survey most useable, risk and protective profiles were developed that show the percentage of youths at risk and the percentage of youths with protection on each scale. The profiles allow you to compare 2002 results to 2000 results to determine if various prevention efforts in your community have been positively impacting factors associated with substance use. The profiles also allow you to compare your community results in 2002 to statewide results in 2002 to see if your students are above the statewide percentages for each risk and protective factor.

Before the percentage of youths at risk on a given scale could be calculated, a scale value or cutpoint needed to be determined that would separate the at-risk group from the not-at-risk group. The cutpoints were determined by using a standardized cutpoint formula on the 2000 statewide data set for each risk and protective scale at each grade level. The formula was established by the Social Development Research Group from the University of Washington by analyzing over 200,000 student surveys from several states across multiple years. The method utilized by the research group involved determining, for each risk and protective factor scale, the cutpoint score that best separated the at-risk group from the not-at-risk group. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received "D" and "F" grades, the less at-risk group received "A" and "B" grades), ATOD use (the more at-risk group had more regular use; the less at-risk group had no drug use and only used alcohol or tobacco on a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts). The 2000 cutpoints were used to produce both the 2000 and the 2002 profiles and will also be used to produce profiles for future surveys. Keeping the cutpoints for each scale fixed provides a method for evaluating the progress of prevention programs in various communities over time. For example, if the percentage of youths in your community at risk for substance availability was 60% in 2000 and then decreased to 40% in 2002, after law enforcement personnel increased surveillance of sales to minors in your community, the prevention effort could be viewed as helping decrease perceptions of substance availability.

The charts and tables group risk and protective factors into four domains: community, family, school, and peer-individual. There is a separate chart for each grade that shows the percentage of students from your community who are at risk for youth problem behaviors on each of the risk scales. There are also charts that show the percentage of students from your community in each grade who have protection on each of the protective scales. The tables present the exact percentages of students in your community who reported 'elevated risk' or 'elevated protection' on the various scales.

In the charts, the **bars** represent the percentage of students from *your community*, in a particular grade, who indicated 'elevated risk' or 'elevated protection' on the 2000 and 2002 surveys. Comparing the 2002 community chart data to the 2000 community chart data is the first step in determining if prevention efforts in your community have effectively decreased risk factors and increased protective factors from 2000 to 2002.

The **dots** on the charts represent the percentage of Hawaii youths *statewide* who reported 'elevated risk' or 'elevated protection' on the 2000 and 2002 survey. The comparison of your 2002 community data to the 2002 statewide data provides additional information for your community in determining the relative importance of each risk or protective factor level. ***Risk factors above and protective factors below statewide percentages should be the focus of prevention efforts in your community.*** Comparing community results to statewide results is particularly important for risk and protective factor scales that were modified in 2002 to improve the scale's reliability and/or validity (the four modified scales are noted on pages 5 and 6 of this report). Comparisons to statewide percentages are also helpful in instances where risk and protective factors changed throughout the State of Hawaii as the result of some common occurrence such as implementing a new state law or experiencing a catastrophic event. In these instances, comparing your community data to statewide results can help you determine if your students are outside the average range in the state.

A number of scholars have argued that substance use and antisocial behaviors are not influenced by any one single risk or protective factor. Rather, scholars over the years have argued that it is the accumulation of multiple risk factors and multiple protective factors that impacts substance use and antisocial behaviors. Risk and protective factor indexes were created by adding up the number of factors to which the individual is exposed. The percentages of students who have various numbers of risk and protective factors are presented in the tables under risk and protective factors.

Brief definitions of the risk and protective factors are provided on the next page. For more information about risk and protective factors and programs designed to impact various factors, please refer to the resources listed on the last page of this report under *Contacts for Treatment and Prevention*.

TABLE 1
RISK AND PROTECTIVE FACTOR DEFINITIONS

Community Domain	**Risk Factors**	
	Low Neighborhood Attachment	Defined as a lack of connection to the community. Low levels of bonding to the neighborhood are related to higher levels of juvenile crime and drug selling.
	Community Disorganization	Defined as the prevalence of crime, violence, and delinquency in the neighborhood. Research has shown that neighborhoods with high population density, lack of public surveillance, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
	Transition & Mobility	Defined as the amount of movement from one community or school to another. Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, and children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.
	Exposure to Community ATOD Use	Defined as frequent exposure to ATOD use by people in one's neighborhood or school. Frequent exposure to ATOD use influences normative beliefs and understanding of how to engage in the behavior and, thus, increases likelihood of ATOD use.
	Laws & Norms Favorable to Drug Use	Defined as the attitudes and policies a community holds about drug use and crime. Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increasing taxation, have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
	Perceived Availability of Drugs & Handguns (scale was modified in 2002)	Defined as the perceived ease in obtaining drugs and firearms for adolescents. The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. Availability of handguns is also related to a higher risk of crime by adolescents.
	Ability to Purchase Alcohol or Tobacco	Defined as whether or not a student has been able to purchase alcohol and/or tobacco from a store employee, a bar, or a restaurant. Corresponding with perceived availability, opportunities to purchase alcohol and tobacco have been related to use of these substances by adolescents.
	Protective Factors	
	Community Opportunities for Positive Involvement	Defined as opportunities to engage in prosocial activities in the community such as sports or adult-supervised clubs. When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
	Community Rewards for Positive Involvement	Defined as community encouragement for adolescents engaging in positive activities. Rewards for positive participation in activities help children bond to the community, thus lowering their risk for substance use.
Family Domain	**Risk Factors**	
	Poor Family Supervision	Defined as a lack of clear expectations for behavior and a failure of parents to monitor their children. Parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that their children will engage in drug use whether or not there are family drug problems.
	Family Conflict	Defined as the degree to which family members fight or argue. Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
	Lack of Parental Sanctions for ASBs	Defined as a low probability that parents will sanction their children for ATOD use, skipping school, and handgun use. Parents' failure to clearly communicate to their children that they would be in trouble if they were caught using substances or engaging in antisocial behaviors places children at higher risk for substance use.
	Parental Attitudes Favorable Toward ATOD Use	Defined as parental attitudes approving of young people's ATOD use. In families where parents are tolerant of children's use, children are more likely to become drug abusers during adolescence.
	Exposure to Family ATOD Use	Defined as a high degree of exposure to parents' ATOD use. In families where parents use illegal drugs or are heavy users of alcohol, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own substance-using behavior (for example, asking the child to light the parent's cigarette or to get the parent a beer from the refrigerator).
	Parental Attitudes Favorable Toward ASB	Defined as parental attitudes excusing children for breaking laws. In families where parents are tolerant of antisocial behavior, children are more likely to engage in antisocial behavior.
	Family (Sibling) History of ASB	Defined as a high ASB prevalence among brothers and sisters. When children are raised in a family with a history of problem behaviors, the children are more likely to engage in these behaviors.
	Protective Factors	
	Family Attachment	Defined as feeling connected to and loved by one's family. Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
	Family Opportunities for Positive Involvement	Defined as opportunities for positive social interaction with parents. Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
	Family Rewards for Positive Involvement	Defined as positive experiences with parental figures. When family members praise, encourage, and attend to their children's accomplishments, children are less likely to engage in substance use and ASB.

(Table continued on next page)

TABLE 1 (continued)
RISK AND PROTECTIVE FACTOR DEFINITIONS

School Domain	**Risk Factors**	
	Low School Commitment	Defined as the student's inability to see the role of a student as a viable one. Factors such as disliking school and perceiving the course work as irrelevant are positively related to drug use.
	Poor Academic Performance	Defined as poor performance in school. Beginning in the late elementary grades (grades 4-6), academic failure increases the risk of drug abuse and delinquency.
	Protective Factors	
	School Opportunities for Positive Involvement	Defined as opportunities to become involved in school activities. When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use or problem behaviors.
	School Rewards for Positive Involvement	Defined as positive feedback by school personnel for student achievement. When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
Peer-Individual Domain	**Risk Factors**	
	Early Initiation of Problem Behaviors	Defined as early substance use or early onset of problem behaviors. The earlier the onset of any drug use, the greater the involvement in other drug use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse; later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
	Favorable Attitudes Toward ATOD Use	Defined as perceptions that it is not wrong for young people to engage in ATOD use. Initiation of use of any substance is preceded by values favorable to its use. During the elementary school years, most children express anti-drug, anti-crime, and prosocial attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youths are exposed to others who use drugs, their attitudes often shift toward greater acceptance of these behaviors. Youths who express positive attitudes toward drug use are at higher risk for subsequent drug use.
	Low Perceived ATOD Use Risk (scale was modified in 2002)	Defined as perceived harmfulness associated with ATOD use. Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
	Antisocial Behaviors (ASBs)	Defined as engaging in problem behaviors such as violence and delinquency.
	Favorable Attitudes Toward ASB	Defined as a student's acceptance of drug use, criminal activity, violent behavior, or ignorance of rules. Young people who accept or condone antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
	Friends' ATOD Use	Defined as having several close friends who engage in ATOD use. Peer drug use has consistently been found to be among the strongest predictors of substance use among youths – even when young people come from well-managed families and do not experience other risk factors.
	Interaction with Antisocial Peers	Defined as having several close friends who engage in problem behaviors. Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
	Rewards for Antisocial Involvement	Defined as having friends who approve of ATOD use and who are ignorant of laws and rules. Young people who receive rewards for their ASB are at higher risk for engaging further in ASB and ATOD use.
	Rebelliousness	Defined as not being bound by rules and taking an active rebellious stance toward society. Young people who do not feel like part of society, are not bound by rules, do not believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs.
	Sensation Seeking	Defined as having a high need for sensation or arousal experiences. Young people with a high need for arousal are at higher risk for participating in ATOD use and other problem behaviors.
	Gang Involvement (scale was modified in 2002)	Defined as the degree of involvement in gangs or with gang members. Gang involvement often increases youth exposure to ATOD use and ASB, which puts them at greater risk for engaging in similar behaviors.
	Depression	Defined as signs of depression or lack of self-worth. Lack of self-worth is often associated with ATOD use.
	Protective Factors	
	Peer Disapproval of ATOD Use (scale was modified in 2002)	Defined as a student's perceptions that his or her close friends would disapprove of him or her using substances. Peer pressure is a strong factor influencing adolescent behavior, and peer pressure not to use alcohol, tobacco, and other drugs is a very powerful deterrent.
	Religiosity	Defined as perceiving oneself to be religious and enjoying religious activities. Young people who regularly attend religious services are less likely to engage in problem behaviors.
	Belief in the Moral Order	Defined as beliefs that one is bound by societal rules. Young people who have a belief in what is "right" and "wrong" are less likely to use drugs.
	Educational Aspirations	Defined as aspirations for continuing on to and graduating from college. National surveys of high school seniors have shown that ATOD use is significantly lower among students who expect to attend and graduate from college than among those who do not.

PEARL CITY COMMUNITY RESULTS

Characteristics of the Students Participating in the Survey

Reported below are the descriptive characteristics of the students participating from your community. Only students who have parental consent and who volunteered to participate were included in the study. Thus, some at-risk students may not be represented in the results. The information below should help you assess whether the results from this study may be under-representing students at risk in your community. Some of the students participating in the study may not have completed all of the questions. Data is not provided for your community if less than 10 students completed the survey question.

In 2000, your community had 450 6th-graders, 462 8th-graders, 194 10th-graders, and 210 12th-graders participate in the survey.
In 2002, your community had 514 6th-graders, 331 8th-graders, 214 10th-graders, and 228 12th-graders participate in the survey.

2000 = Student responses in 2000 from Pearl City Community
2002 = Student responses in 2002 from Pearl City Community

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	**2002**	**2000**	**2002**	**2000**	**2002**	**2000**	**2002**
1. Gender								
Male	50.8%	49.0%	47.8%	47.1%	36.3%	48.8%	41.3%	43.2%
Female	49.2%	51.0%	52.2%	52.9%	63.7%	51.2%	58.7%	56.8%
2. Age								
10 years or younger	0.4%	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%
11 years	75.7%	77.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
12 years	23.4%	21.5%	0.2%	0.6%	0.0%	0.0%	0.0%	0.0%
13 years	0.2%	0.8%	75.8%	75.3%	0.0%	0.0%	0.0%	0.0%
14 years	0.2%	0.0%	22.7%	21.6%	1.0%	0.5%	0.0%	0.0%
15 years	0.0%	0.0%	1.3%	2.1%	73.6%	73.8%	0.0%	0.0%
16 years	0.0%	0.0%	0.0%	0.0%	23.3%	24.8%	0.0%	0.4%
17 years	0.0%	0.0%	0.0%	0.0%	2.1%	0.9%	70.8%	77.2%
18 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.2%	21.5%
19 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.9%
3. Ethnic Background (Students could choose more than one answer so the percentages will not add to 100%)								
Japanese	37.6%	25.5%	37.2%	34.7%	43.8%	33.6%	47.1%	30.7%
White	15.6%	9.1%	13.2%	6.6%	17.5%	7.0%	19.5%	6.6%
Filipino	33.1%	24.9%	30.3%	24.2%	27.8%	24.3%	27.1%	22.4%
Native Hawaiian	25.3%	15.0%	18.6%	11.2%	17.5%	7.5%	21.9%	11.4%
Chinese	11.6%	3.9%	9.5%	4.8%	11.9%	4.7%	19.5%	5.7%
Korean	3.3%	1.9%	4.5%	3.9%	2.1%	3.3%	6.2%	3.9%
Indo-Chinese	0.2%	0.2%	0.2%	0.3%	0.0%	0.5%	0.0%	0.0%
Vietnamese	0.0%	0.2%	0.9%	0.3%	1.0%	0.9%	0.5%	1.3%
Samoan	3.8%	3.9%	5.2%	3.9%	0.5%	2.3%	4.3%	1.8%
Portuguese	5.6%	4.1%	5.6%	1.8%	6.7%	3.3%	9.0%	4.8%
Black	2.7%	3.1%	2.2%	1.5%	2.1%	1.4%	3.8%	1.3%
Hispanic	4.2%	2.7%	3.9%	3.6%	8.2%	2.3%	7.6%	2.6%
Indian/Alaska Native	2.4%	0.0%	1.3%	0.0%	0.5%	0.0%	2.9%	0.9%
Other Asian	1.3%	1.0%	1.7%	1.5%	0.5%	0.5%	2.4%	1.8%
Other Pacific Islander	1.8%	3.9%	2.4%	1.5%	2.1%	3.3%	2.9%	3.1%
4. Family Structure								
Mom & Dad	66.2%	59.3%	66.2%	61.0%	70.1%	65.0%	71.0%	63.6%
Dad Remarried	2.4%	1.0%	1.7%	0.9%	0.5%	1.4%	0.5%	2.2%
Mom Remarried	4.9%	7.2%	6.9%	5.4%	8.2%	5.1%	6.2%	6.6%
Dad Only	5.1%	2.5%	5.0%	5.4%	4.6%	1.9%	4.3%	4.8%
Mom Only	14.0%	19.6%	13.9%	13.9%	12.9%	13.1%	16.2%	12.3%
Foster Parents	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.5%	0.0%
Other	7.3%	10.1%	6.1%	13.3%	3.6%	13.1%	1.4%	10.5%

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	2002	2000	2002	2000	2002	2000	2002
5. School Days Missed In the Past 4 Weeks Because the Student Skipped or 'Cut'								
None	98.0%	96.9%	94.3%	91.8%	89.2%	94.9%	83.5%	79.6%
1 day	1.7%	1.3%	2.3%	4.6%	6.5%	1.0%	9.3%	10.2%
2 to 3 days	0.0%	0.7%	2.1%	2.0%	3.8%	2.5%	5.2%	7.4%
4 to 5 days	0.0%	0.4%	0.0%	0.0%	0.0%	1.5%	1.5%	1.9%
6 to 10 days	0.0%	0.2%	0.5%	0.3%	0.0%	0.0%	0.5%	0.5%
11 or more days	0.2%	0.4%	0.9%	1.3%	0.5%	0.0%	0.0%	0.5%
6. Typical Grades on Last Report Card								
Mostly F's	0.5%	1.6%	1.1%	1.2%	2.1%	1.4%	1.4%	0.4%
Mostly D's	1.8%	2.6%	6.9%	6.1%	3.1%	3.8%	3.9%	2.2%
Mostly C's	22.7%	22.2%	25.9%	25.6%	21.9%	26.3%	17.4%	27.4%
Mostly B's	47.7%	42.2%	35.6%	33.5%	39.6%	39.4%	36.2%	42.0%
Mostly A's	27.3%	31.5%	30.5%	33.5%	33.3%	29.1%	41.1%	27.9%
7. Aspirations to Graduate From a 4-Year College								
Definitely won't	4.4%	4.2%	3.1%	3.4%	1.0%	1.4%	2.4%	1.8%
Probably won't	13.5%	13.3%	9.0%	12.3%	4.7%	7.0%	9.7%	10.1%
Probably will	45.8%	49.2%	48.2%	41.2%	37.3%	38.8%	34.3%	28.6%
Definitely will	36.3%	33.3%	39.7%	43.1%	57.0%	52.8%	53.6%	59.5%

Alcohol, Tobacco, and Other Drug Use (ATOD Use)

Lifetime Prevalence Reports of ATOD Use

Reported below are the percentage of students who have tried the particular substance at least once and is used to show the level of experimentation with a particular substance.

		6th Grade		8th Grade		10th Grade		12th Grade	
		2000	2002	2000	2002	2000	2002	2000	2002
1.	Ever Used Tobacco	8.1%	11.2%	32.6%	27.9%	46.6%	36.5%	52.5%	43.2%
2.	Ever Used Any Cigarettes	7.8%	10.5%	32.3%	27.3%	46.3%	35.8%	52.0%	42.3%
3.	Ever Used Smokeless Tobacco	1.1%	2.2%	2.1%	3.9%	3.2%	4.3%	5.7%	5.7%
4.	Ever Smoked Cigarettes on a Regular Basis	2.0%	2.2%	9.2%	12.8%	14.7%	12.0%	26.7%	16.3%
5.	Ever Used Any Alcohol	17.3%	18.3%	38.4%	37.2%	56.1%	55.9%	71.6%	66.5%
6.	Ever Used Beer or Wine (more than a few sips)	16.6%	17.9%	37.0%	34.7%	53.7%	54.3%	67.0%	64.3%
7.	Ever Used Hard Liquor	2.0%	5.7%	17.1%	21.8%	41.1%	41.0%	55.0%	56.4%
8.	Ever Been Drunk in Lifetime	2.5%	4.1%	11.5%	14.9%	29.6%	27.4%	32.8%	39.1%
9.	Ever Used Marijuana	0.9%	1.8%	9.7%	12.4%	21.2%	24.2%	31.5%	37.4%
10.	Ever Used Cocaine	0.2%	0.4%	1.7%	5.5%	3.7%	1.4%	2.5%	3.1%
11.	Ever Used Inhalants	4.5%	6.7%	5.9%	10.9%	8.4%	9.0%	3.5%	8.4%
12.	Ever Used Methamphetamine	0.0%	0.4%	1.7%	3.6%	3.1%	2.4%	4.0%	3.1%
13.	Ever Used Heroin or Other Opiates	0.0%	0.6%	1.0%	1.8%	1.1%	0.5%	0.5%	0.9%
14.	Ever Used Sedatives or Tranquilizers	0.0%	0.4%	0.9%	3.3%	1.6%	0.0%	0.5%	4.9%
15.	Ever Used Hallucinogens	0.2%	0.4%	1.2%	3.6%	1.6%	4.2%	5.5%	6.6%
16.	Ever Used Steroids	0.2%	1.8%	1.7%	2.1%	0.5%	1.9%	1.0%	2.2%
17.	Ever Used Ecstasy/MDMA	0.2%	0.4%	1.7%	5.8%	3.1%	7.1%	4.5%	10.6%
18.	Ever Used GHB	_	0.2%	_	3.3%	_	1.4%	_	1.8%
19.	Ever Used Rohypnol	_	0.4%	_	2.1%	_	0.5%	_	0.4%
20.	Ever Used Ketamine	_	0.0%	_	0.9%	_	0.9%	_	1.3%

30-Day and Daily Prevalence Reports of ATOD Use

Use in the 30 days prior to taking the survey is a more sensitive indication of the level of current use of substances and gives an indication of whether adolescents are moving beyond experimentation and starting to use substances on a more regular basis. To determine if students have used alcohol, tobacco, and other drugs during the last month, students were asked to indicate how many days, if any, they used various drugs during the last 30 days. Responses ranged from "none" to "20 or more days." Monthly, or 30-day use, is indicated by a response of one or more days. Daily, or near-daily, use is indicated by a response of 20 or more days in the preceding 30 days. Reported below are the percentage of students who have used each of the drugs in the last 30 days. Daily use is reported for only tobacco, alcohol, and marijuana.

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	**2002**	**2000**	**2002**	**2000**	**2002**	**2000**	**2002**
1. 30-Day Tobacco	2.7%	4.7%	8.3%	12.3%	15.2%	13.7%	18.3%	15.0%
2. 30-Day Any Cigarettes	2.5%	3.9%	8.0%	11.1%	15.2%	13.7%	17.8%	12.8%
3. 30-Day Smokeless Tobacco	0.5%	0.8%	1.7%	1.9%	1.6%	1.4%	1.0%	3.1%
4. 30-Day Any Alcohol	7.2%	6.9%	12.2%	16.3%	25.7%	25.1%	32.2%	29.6%
5. 30-Day Beer or Wine (more than a few sips)	7.0%	6.3%	10.8%	15.7%	22.2%	23.8%	27.0%	26.1%
6. 30-Day Hard Liquor	1.8%	2.4%	7.9%	10.8%	20.5%	17.1%	26.2%	23.0%
7. 30-Day Marijuana	0.2%	1.0%	5.7%	8.6%	11.6%	11.4%	11.4%	14.3%
8. 30-Day Cocaine	0.5%	0.6%	1.0%	2.5%	1.0%	0.0%	0.5%	0.4%
9. 30-Day Inhalants	2.7%	3.9%	1.7%	4.9%	0.5%	1.4%	0.5%	0.9%
10. 30-Day Methamphetamine	0.0%	0.4%	0.5%	1.5%	0.5%	0.0%	0.5%	0.0%
11. 30-Day Heroin or Other Opiates	0.0%	0.6%	0.5%	1.2%	0.0%	0.0%	0.5%	0.4%
12. 30-Day Sedatives or Tranquilizers	0.0%	0.4%	1.0%	1.5%	0.0%	0.0%	0.0%	0.4%
13. 30-Day Hallucinogens	0.0%	0.2%	1.2%	1.5%	1.0%	0.5%	1.0%	0.0%
14. 30-Day Steroids	0.2%	0.8%	1.2%	0.9%	0.0%	0.5%	0.5%	0.9%
15. 30-Day Ecstasy/MDMA	0.2%	0.2%	1.4%	3.7%	2.6%	2.4%	1.5%	2.7%
16. 30-Day GHB	_	0.2%	_	2.2%	_	0.0%	_	0.0%
17. 30-Day Rohypnol	_	0.4%	_	1.5%	_	0.0%	_	0.0%
18. 30-Day Ketamine	_	0.2%	_	1.2%	_	0.0%	_	0.4%
19. Daily Tobacco	0.5%	1.0%	2.4%	2.5%	4.2%	4.3%	8.9%	7.5%
20. Smoke ½ Pack + Per Day	0.5%	0.6%	1.4%	1.2%	1.6%	1.0%	4.5%	1.8%
21. Daily Alcohol	0.7%	0.6%	0.7%	1.5%	1.1%	1.4%	1.0%	3.5%
22. Daily Marijuana	0.2%	0.2%	1.0%	1.2%	2.1%	3.3%	1.5%	4.9%

Substance Abuse (Treatment Needs)

Students responded to abuse and dependency questions for each of the following substances: alcohol, marijuana, stimulants (cocaine, methamphetamine, speed), depressants or downers (sedatives, heroin), hallucinogens, and club drugs (ecstasy/MDMA, GHB, Rohypnol, ketamine). The percentage of students who are dependent on or who abuse each of the substances is presented first. Next, a summary of alcohol and other drug treatment needs is presented. Total column percentages will not always equal the sum of their parts because of rounding. The most accurate percentages are those found next to TOTAL.

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	**2002**	**2000**	**2002**	**2000**	**2002**	**2000**	**2002**
Alcohol Treatment Needs								
Alcohol dependent	0.7%	0.4%	2.9%	4.9%	6.3%	7.7%	6.2%	8.7%
Alcohol abuser	0.0%	0.0%	0.7%	1.1%	0.0%	1.1%	1.6%	1.1%
TOTAL	0.7%	0.4%	3.6%	5.9%	6.3%	8.8%	7.8%	9.7%
Marijuana Treatment Needs								
Marijuana dependent	0.0%	0.0%	2.2%	4.4%	5.0%	6.9%	5.7%	7.4%
Marijuana abuser	0.0%	0.0%	0.6%	0.6%	1.7%	0.5%	1.6%	1.4%
TOTAL	0.0%	0.0%	2.9%	5.0%	6.6%	7.4%	7.3%	8.8%
Stimulant Treatment Needs								
Stimulant dependent	0.0%	0.0%	0.4%	1.2%	0.6%	0.0%	1.8%	1.8%
Stimulant abuser	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	0.0%	0.0%	0.4%	1.2%	0.6%	0.0%	1.8%	1.8%

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	2002	2000	2002	2000	2002	2000	2002
Depressant/Downers Treatment Needs								
Depressant/Downers dependent	0.0%	0.0%	0.3%	1.2%	0.0%	0.0%	0.5%	1.3%
Depressant/Downers abuser	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	0.0%	0.0%	0.7%	1.2%	0.0%	0.0%	0.5%	1.3%
Hallucinogen Treatment Needs								
Hallucinogen dependent	0.0%	0.0%	0.3%	0.9%	0.0%	0.0%	0.5%	1.3%
Hallucinogen abuser	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	0.0%	0.0%	1.0%	0.9%	0.0%	0.0%	0.5%	1.3%
Club Drugs Treatment Needs								
Club Drugs dependent	_	0.0%	_	1.2%	_	0.0%	_	1.3%
Club Drugs abuser	_	0.0%	_	0.6%	_	0.0%	_	0.5%
TOTAL	_	0.0%	_	1.8%	_	0.0%	_	1.8%
Total Treatment Needs								
Alcohol Abuse Only	0.8%	0.4%	1.5%	1.8%	3.7%	3.4%	3.4%	3.2%
Drug Abuse Only	0.0%	0.0%	1.1%	1.8%	4.3%	2.8%	2.8%	3.7%
Both Alcohol and Drug Abuse	0.0%	0.0%	2.6%	4.3%	3.0%	5.6%	5.1%	6.9%
TOTAL	**0.8%**	**0.4%**	**5.2%**	**7.8%**	**11.0%**	**11.8%**	**11.3%**	**13.8%**

Antisocial Behaviors (ASBs)

Reported below are the percentage of students who report any involvement in the past year with the various antisocial behaviors listed. Also reported below are the percentage of students who report having at least one friend partaking in the various antisocial behaviors.

Students' Own ASBs in the Past 12 Months

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	2002	2000	2002	2000	2002	2000	2002
1. Been suspended from school?	2.8%	3.5%	9.2%	11.5%	4.1%	6.5%	4.4%	4.8%
2. Been drunk or high at school?	2.1%	2.7%	7.1%	13.0%	12.9%	13.6%	7.8%	14.2%
3. Sold illegal drugs?	0.2%	0.6%	2.8%	4.8%	5.7%	5.6%	3.4%	7.0%
4. Stolen or tried to steal a vehicle?	0.5%	1.8%	2.8%	3.3%	2.6%	2.8%	1.9%	2.6%
5. Been arrested?	0.5%	1.0%	5.5%	4.8%	1.0%	4.7%	2.4%	3.1%
6. Attacked someone with intention to harm?	4.5%	7.6%	7.8%	9.7%	4.6%	8.4%	3.9%	7.9%
7. Carried a handgun?	1.4%	1.0%	2.8%	3.0%	0.5%	0.0%	1.0%	1.3%
8. Taken a handgun to school?	0.0%	0.6%	0.9%	0.9%	0.0%	0.0%	0.0%	0.4%

Students Who Have At Least One Best Friend Who Has Engaged in the Following ASBs in the Past 12 Months

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	2002	2000	2002	2000	2002	2000	2002
1. (Friend) Been suspended from school?	17.2%	14.1%	41.7%	42.5%	36.6%	48.8%	35.6%	30.3%
2. (Friend) Dropped out of school?	4.5%	6.7%	12.4%	13.1%	26.3%	20.1%	31.7%	30.4%
3. (Friend) Sold illegal drugs?	0.7%	3.2%	16.9%	29.4%	32.0%	36.6%	27.4%	39.5%
4. (Friend) Stolen or tried to steal a vehicle?	1.7%	3.0%	11.8%	13.7%	13.5%	15.0%	15.9%	13.2%
5. (Friend) Been arrested?	6.5%	6.5%	26.4%	32.0%	23.8%	29.0%	22.7%	20.3%
6. (Friend) Carried a handgun?	0.9%	1.8%	4.2%	11.6%	2.1%	5.1%	3.4%	5.3%
7. (Friend) Smoked cigarettes?	12.6%	17.5%	50.4%	51.7%	54.6%	63.4%	67.1%	66.7%
8. (Friend) Drank alcohol without parents knowing?	11.7%	16.6%	46.7%	44.5%	58.8%	68.1%	77.1%	74.1%
9. (Friend) Used marijuana?	2.8%	8.5%	26.8%	38.3%	47.7%	52.6%	49.8%	68.0%
10. (Friend) Used other illegal drugs?	3.5%	3.2%	11.0%	19.6%	21.6%	21.1%	22.8%	30.7%

Risk Factors

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	2002	2000	2002	2000	2002	2000	2002
Community Domain								
1. Low Neighborhood Attachment	36.2%	49.1%	29.5%	36.5%	38.7%	38.4%	29.5%	43.9%
2. Community Disorganization	45.3%	43.9%	51.5%	51.7%	40.2%	46.3%	40.0%	50.2%
3. Transition & Mobility	42.0%	47.1%	27.2%	34.9%	39.6%	31.6%	32.4%	36.8%
4. Exposure to Community ATOD Use	26.4%	33.0%	43.2%	46.6%	39.9%	49.3%	32.2%	39.9%
5. Laws & Norms Favorable to Drug Use	35.7%	37.3%	40.1%	37.3%	34.5%	32.0%	34.3%	26.9%
6. Perceived Availability of Drugs & Handguns	30.5%	45.6%	41.3%	54.3%	42.9%	60.3%	37.4%	47.3%
7. Ability to Purchase Alcohol or Tobacco	1.2%	2.2%	4.3%	8.4%	15.0%	10.4%	28.0%	23.6%
Family Domain								
1. Poor Family Supervision	45.5%	40.8%	41.6%	39.0%	38.1%	35.3%	51.7%	44.8%
2. Family Conflict	43.4%	48.9%	51.8%	55.0%	41.2%	42.3%	38.0%	45.0%
3. Lack of Parental Sanctions for ASBs	16.4%	13.7%	26.1%	21.9%	44.8%	23.9%	29.7%	23.5%
4. Parental Attitudes Favorable Toward ATOD Use	7.1%	6.6%	17.8%	13.7%	26.3%	18.7%	34.4%	31.2%
5. Exposure to Family ATOD Use	44.8%	53.5%	49.4%	45.7%	37.3%	38.9%	38.2%	35.9%
6. Parental Attitudes Favorable Toward ASB	20.2%	18.0%	37.4%	29.6%	42.8%	25.6%	42.1%	30.2%
7. Family (Sibling) History of ASB	25.1%	22.7%	40.6%	28.7%	37.1%	32.3%	34.1%	34.6%
School Domain								
1. Low School Commitment	39.9%	43.2%	52.5%	55.8%	45.1%	58.4%	52.9%	57.9%
2. Poor Academic Performance	43.3%	48.6%	49.0%	51.1%	44.8%	46.7%	41.9%	45.2%
Peer-Individual Domain								
1. Early Initiation of Problem Behaviors	27.0%	27.7%	31.9%	31.7%	34.0%	34.3%	34.7%	31.3%
2. Favorable Attitudes Toward ATOD Use	7.6%	13.1%	30.6%	34.4%	33.0%	45.8%	35.1%	43.2%
3. Low Perceived ATOD Use Risk	38.3%	24.2%	40.9%	25.3%	37.1%	24.0%	32.8%	22.0%
4. Antisocial Behaviors (ASB)	8.2%	11.7%	17.8%	24.8%	19.1%	22.9%	14.6%	23.8%
5. Favorable Attitudes Toward ASB	19.1%	30.8%	47.1%	58.9%	34.5%	48.1%	40.4%	45.4%
6. Friends' ATOD Use	18.2%	23.5%	49.2%	48.5%	37.6%	43.0%	36.2%	45.6%
7. Interaction with Antisocial Peers	21.2%	21.7%	47.6%	51.1%	38.1%	49.5%	39.4%	41.2%
8. Friends' Rewards for Antisocial Involvement	41.5%	48.2%	45.2%	45.0%	39.2%	45.3%	32.5%	41.0%
9. Rebelliousness	35.4%	37.4%	26.8%	33.6%	25.8%	35.2%	30.1%	33.0%
10. Sensation Seeking	38.5%	40.5%	45.6%	46.7%	48.5%	46.2%	38.9%	37.0%
11. Gang Involvement	10.2%	9.6%	23.3%	11.2%	24.2%	7.0%	28.1%	6.6%
12. Depression	40.2%	39.3%	51.8%	51.2%	51.5%	48.1%	39.2%	48.5%

Risk Factor Index (Assessment of Risk Based on the Number of Risk Factors)

The accumulation of risk factors increases the probability of substance use or engagement in other problem behaviors. In the current study, more than half (62%) of the students who were diagnosed with a substance abuse problem had 18 or more risk factors, and approximately one third (33%) of the students who were diagnosed with a substance abuse problem had 11 to 17 risk factors. In comparison, only 5% of the students who were diagnosed with a substance abuse problem had 0 to 10 risk factors. Listed below are the percentages of students who have a low number of risk factors (0 to 10 risk factors), a moderate number of risk factors (11 to 17 risk factors), and a high number of risk factors (18 to 28 risk factors). Because of the high probability of having a substance abuse problem with even a moderate number of risk factors, students should be considered at great risk if they fall in either the moderate or high category.

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	2002	2000	2002	2000	2002	2000	2002
Low Risk (0 to 10 risk factors)	76.9%	62.9%	56.3%	54.3%	57.5%	54.6%	54.9%	56.1%
Moderate Risk (11 to 17 risk factors)	17.5%	28.3%	28.3%	27.9%	22.7%	31.4%	35.7%	30.1%
High Risk (18 to 28 risk factors)	5.6%	8.8%	15.4%	17.8%	19.9%	14.1%	9.3%	13.8%

Protective Factors

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	**2002**	**2000**	**2002**	**2000**	**2002**	**2000**	**2002**
Community Domain								
1. Community Opportunities for Positive Involvement	28.0%	36.4%	25.7%	34.1%	38.3%	40.8%	44.3%	49.5%
2. Community Rewards for Positive Involvement	44.5%	34.0%	37.4%	33.9%	41.8%	37.4%	37.6%	34.5%
Family Domain								
1. Family Attachment	47.0%	52.9%	45.0%	49.5%	43.3%	42.6%	42.3%	57.9%
2. Family Opportunities for Positive Involvement	39.2%	49.0%	34.4%	40.6%	24.2%	30.3%	26.0%	32.7%
3. Family Rewards for Positive Involvement	45.1%	51.8%	37.3%	39.6%	39.7%	47.3%	32.1%	46.7%
School Domain								
1. School Opportunities for Positive Involvement	51.1%	43.6%	46.2%	36.4%	46.4%	40.2%	23.3%	19.8%
2. School Rewards for Positive Involvement	47.4%	30.9%	43.3%	25.2%	27.3%	16.8%	27.1%	17.5%
Peer-Individual Domain								
1. Peer Disapproval of ATOD Use	72.6%	70.7%	53.2%	47.2%	56.6%	59.9%	63.1%	51.6%
2. Religiosity	40.0%	49.4%	40.9%	39.0%	42.3%	48.1%	35.9%	38.3%
3. Belief in Moral Order	57.8%	49.8%	50.9%	42.7%	38.7%	37.1%	38.3%	33.0%
4. Educational Aspirations	34.5%	30.8%	37.6%	42.1%	57.0%	52.8%	53.8%	59.2%

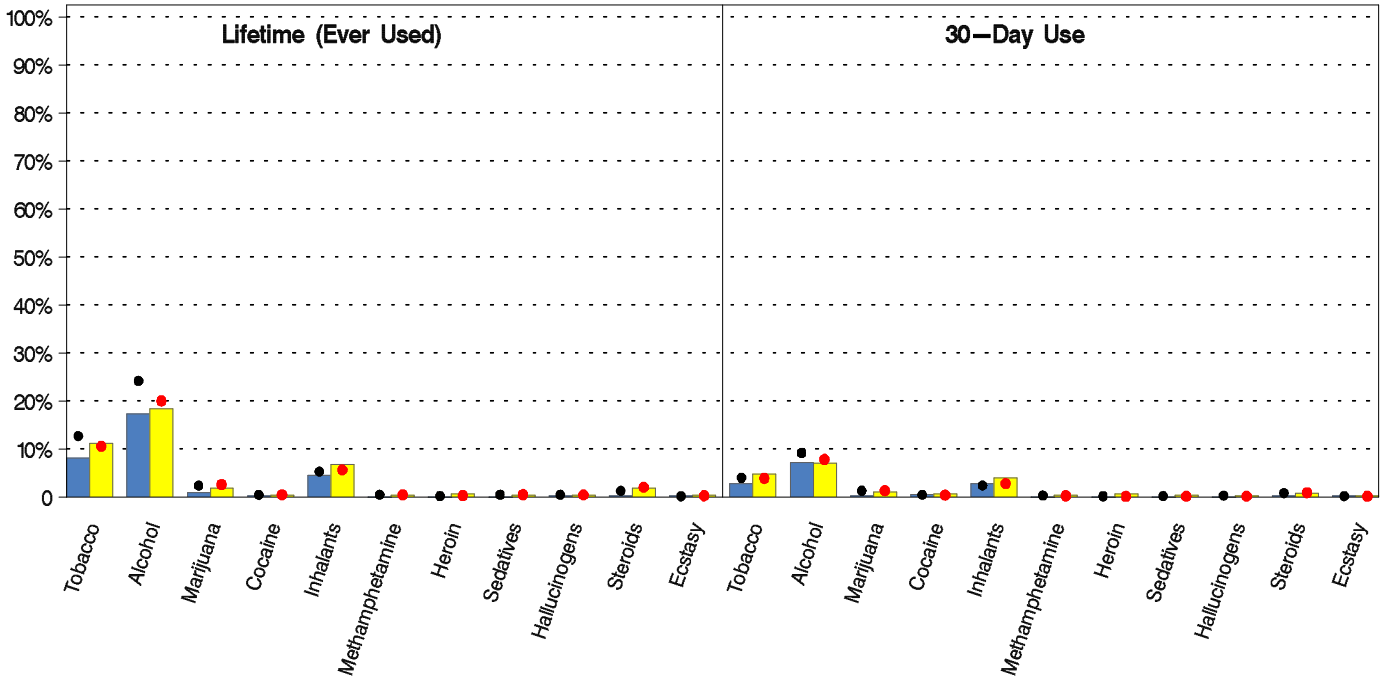
Protective Factor Index (Assessment of Protection Based on the Number of Protective Factors)

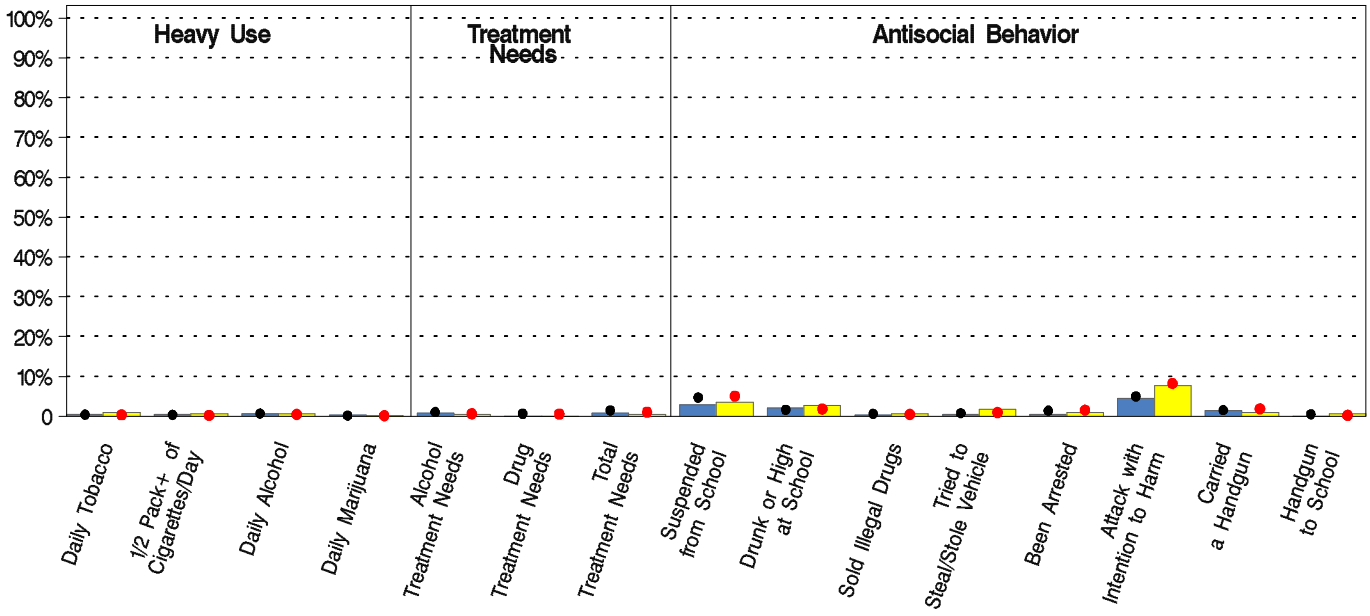
Similar to risk factors, the accumulation of protective factors increases the student's probability of being protected against the negative influence of risk factors. In the current study, 84% of the students diagnosed with a substance abuse problem had less than 6 protective factors. In comparison, 14% of the students diagnosed with a substance abuse problem had 6 to 8 protective factors, and less than 2% of the students diagnosed with a substance abuse problem had 9 to 11 protective factors. Listed below are the percentages of students who have a low number of protective factors (0 to 5 protective factors), a moderate number of protective factors (6 to 8 protective factors), and a high number of protective factors (9 to 11 protective factors). Students with a low number of protective factors are at great risk for having or developing a serious substance abuse problem or for engaging in antisocial behaviors. On the other hand, students with a high number of protective factors are less likely to use substances or engage in antisocial behaviors.

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	**2002**	**2000**	**2002**	**2000**	**2002**	**2000**	**2002**
Low Protection (0 to 5 protective factors)	55.3%	60.1%	63.8%	65.7%	62.8%	65.2%	73.8%	66.0%
Moderate Protection (6 to 8 protective factors)	30.6%	28.9%	29.3%	26.3%	31.9%	29.8%	19.8%	28.6%
High Protection (9 to 11 protective factors)	14.1%	10.9%	6.9%	8.0%	5.3%	5.1%	6.4%	5.3%

Pearl City Community versus Statewide, 6th Grade

Substance Use and Antisocial Behavior





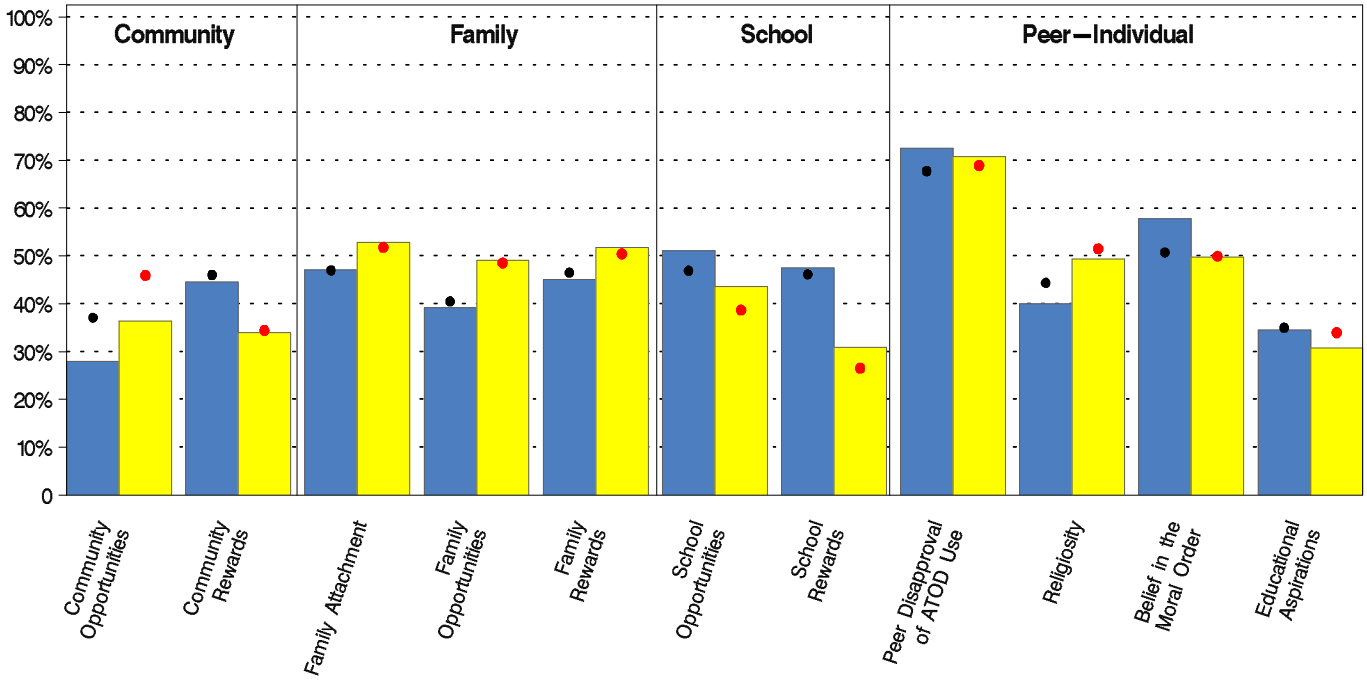
2000 2002

State 2000
State 2002

2002 Hawaii ATOD Study

Pearl City Community versus Statewide, 6th Grade

Protective Factors



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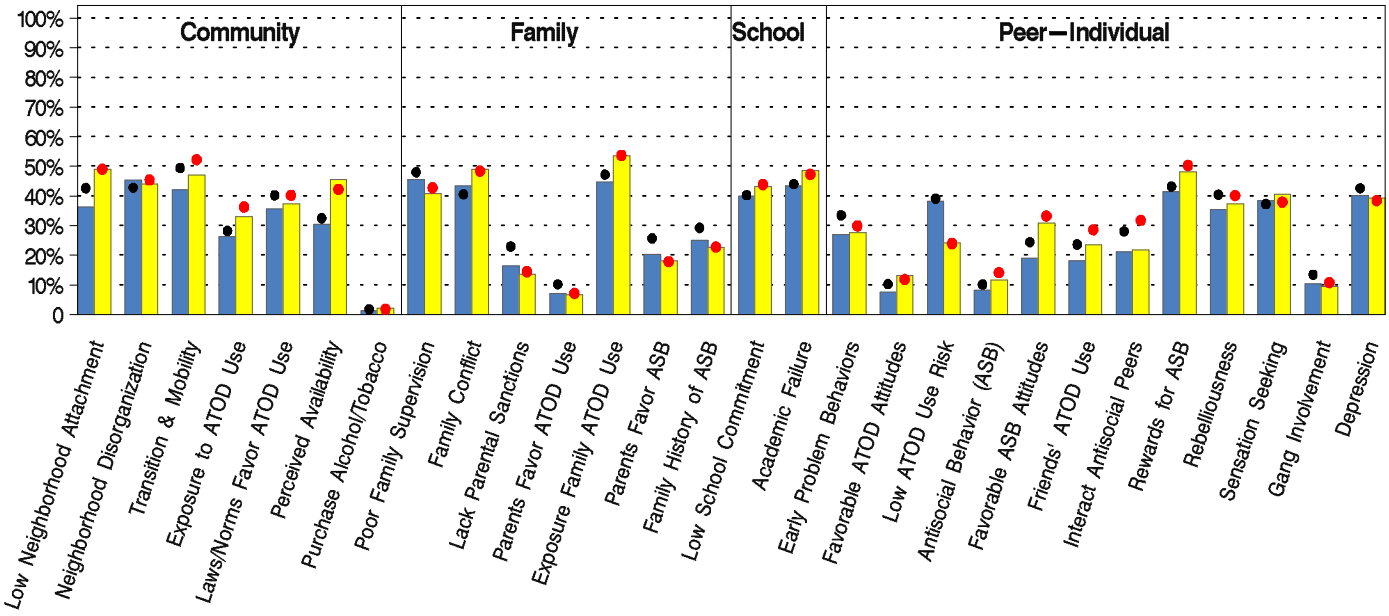


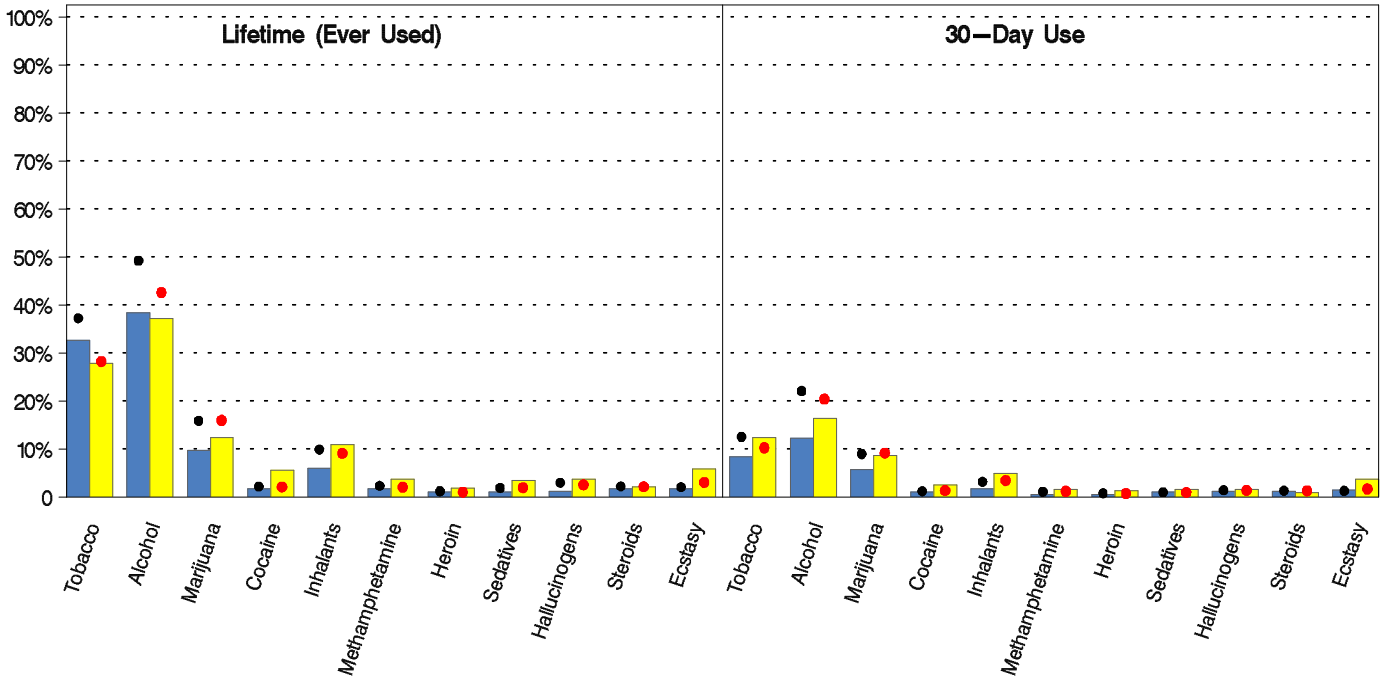
2000 2002

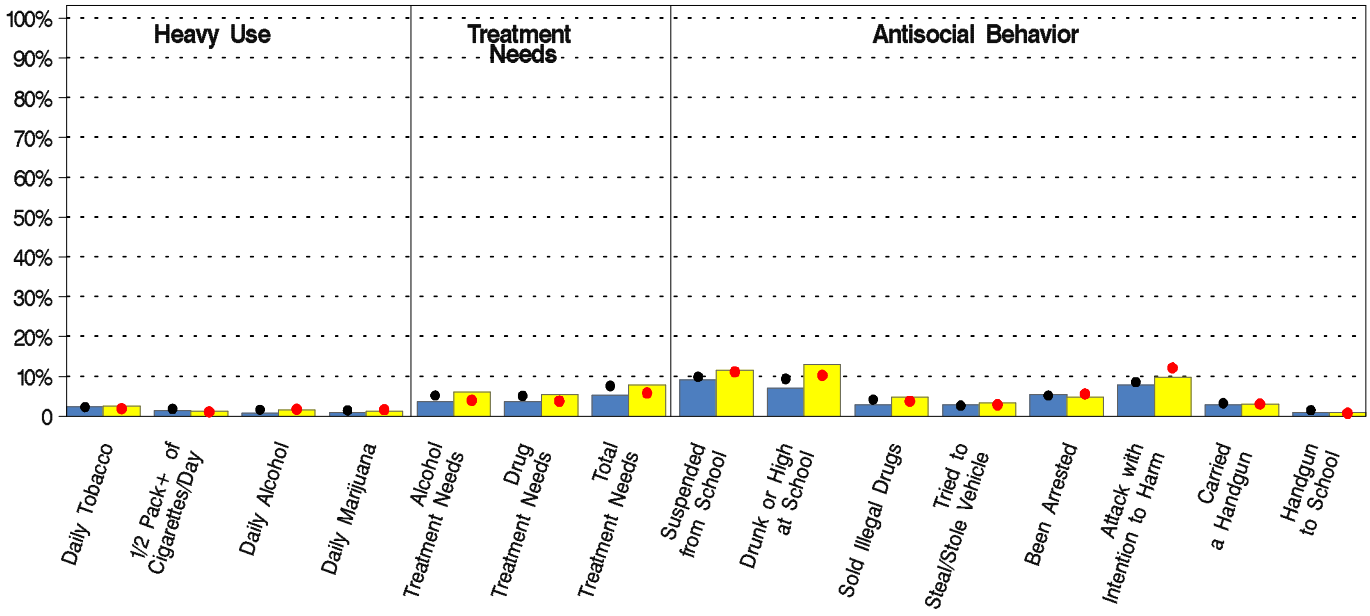
State 2000
State 2002

2002 Hawaii ATOD Study

Pearl City Community versus Statewide, 8th Grade

Substance Use and Antisocial Behavior





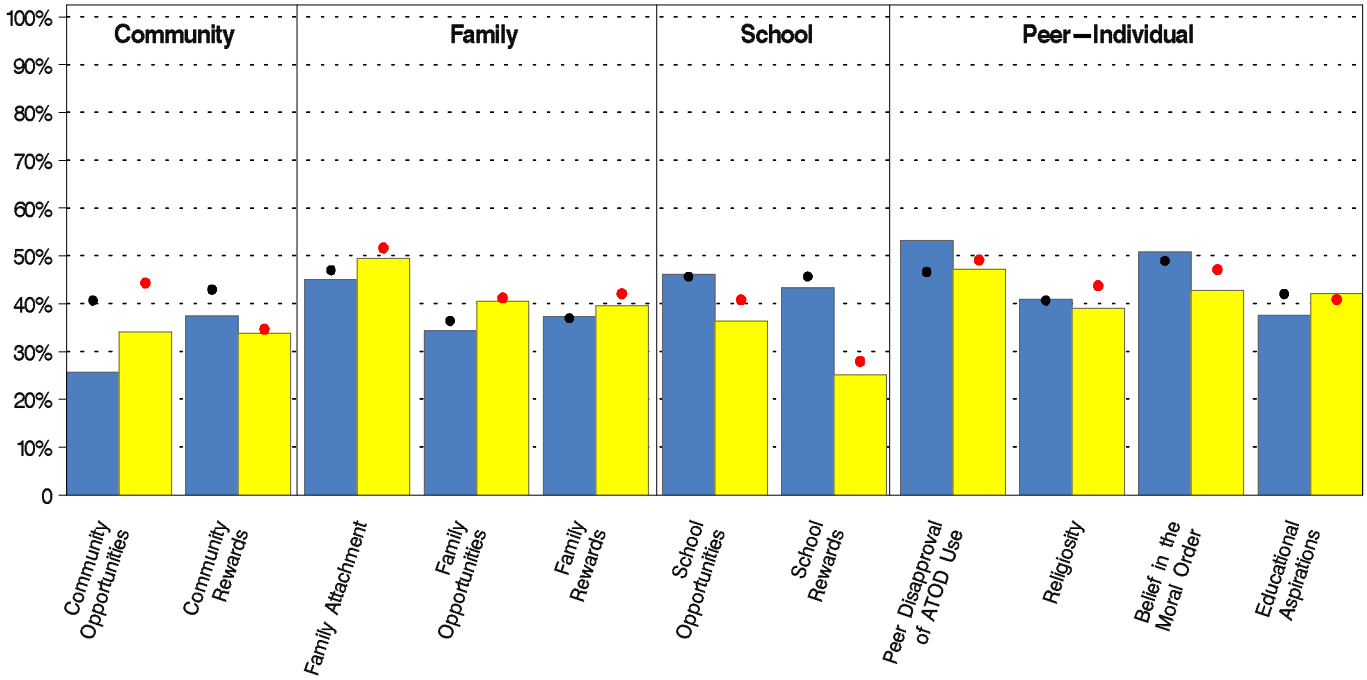
2000 2002

State 2000
State 2002

2002 Hawaii ATOD Study

Pearl City Community versus Statewide, 8th Grade

Protective Factors



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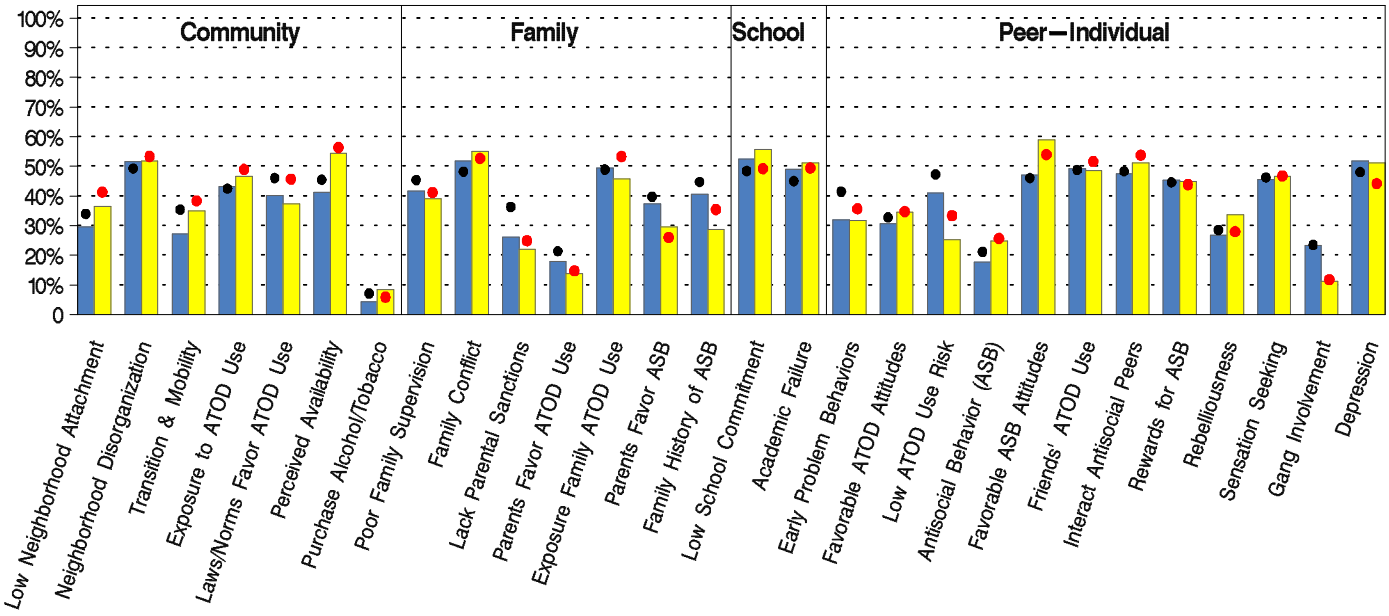


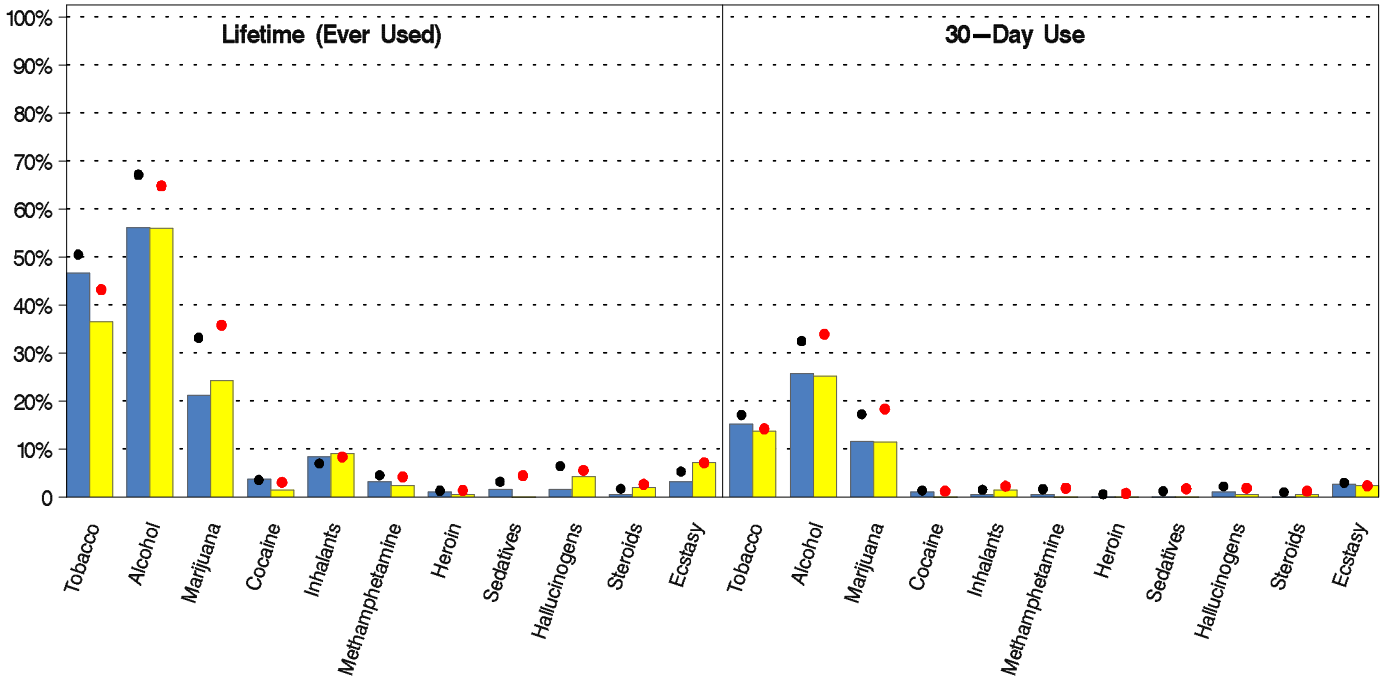
2000 2002

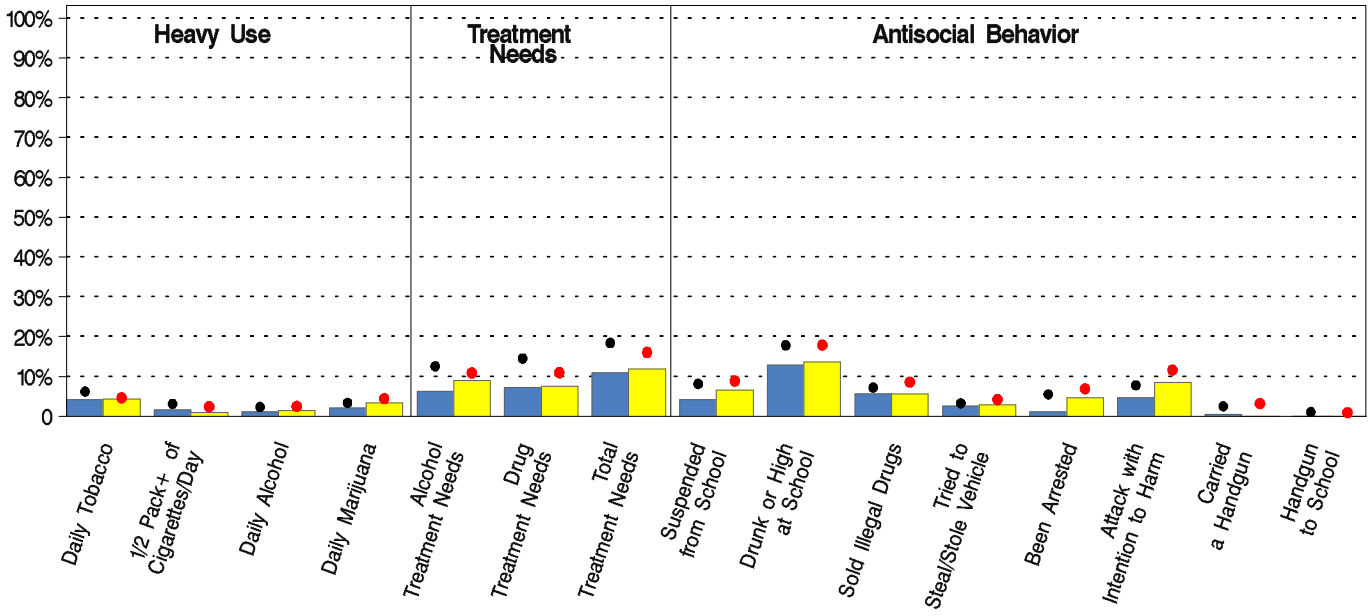
State 2000
State 2002

2002 Hawaii ATOD Study

Pearl City Community versus Statewide, 10th Grade

Substance Use and Antisocial Behavior





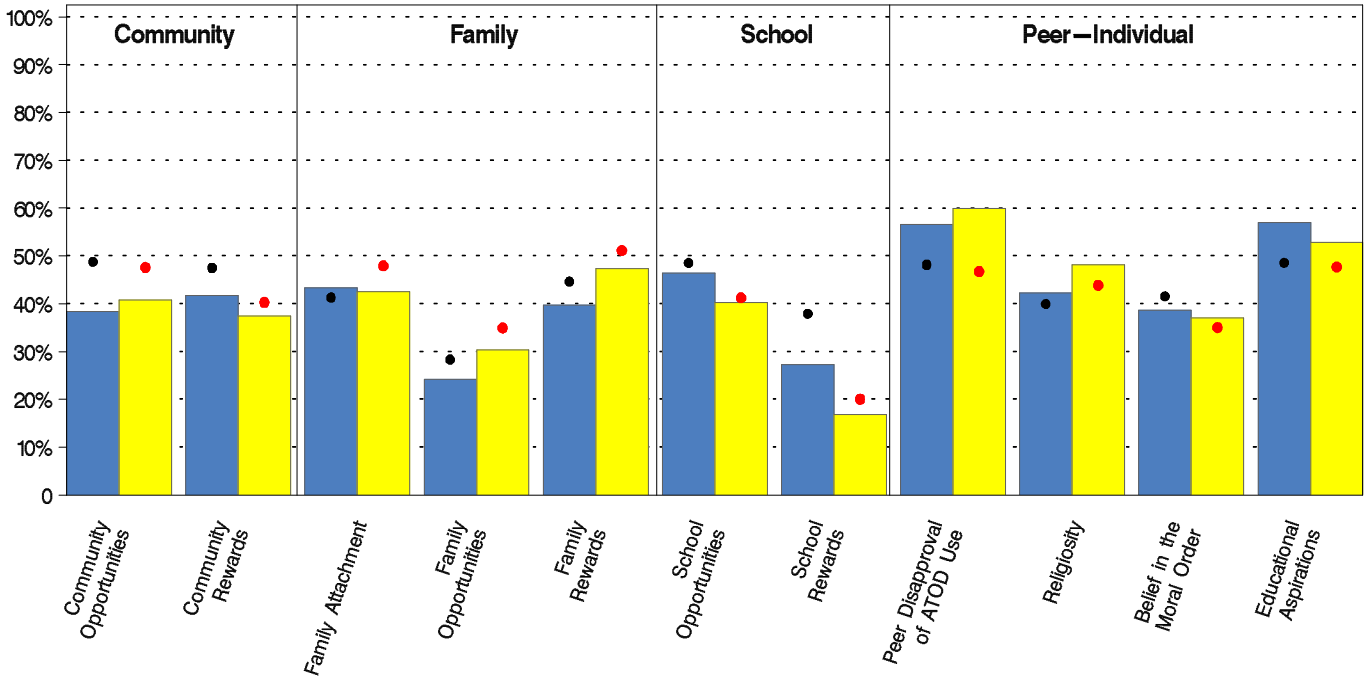
2000 2002

State 2000
State 2002

2002 Hawaii ATOD Study

Pearl City Community versus Statewide, 10th Grade

Protective Factors



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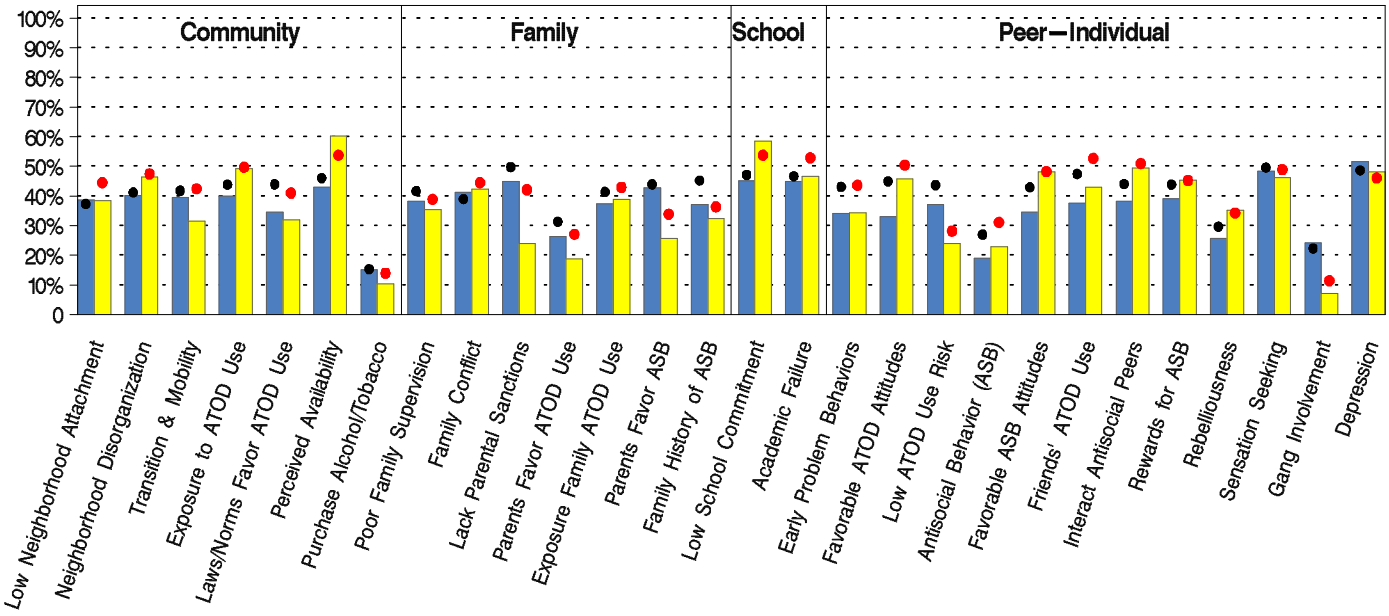


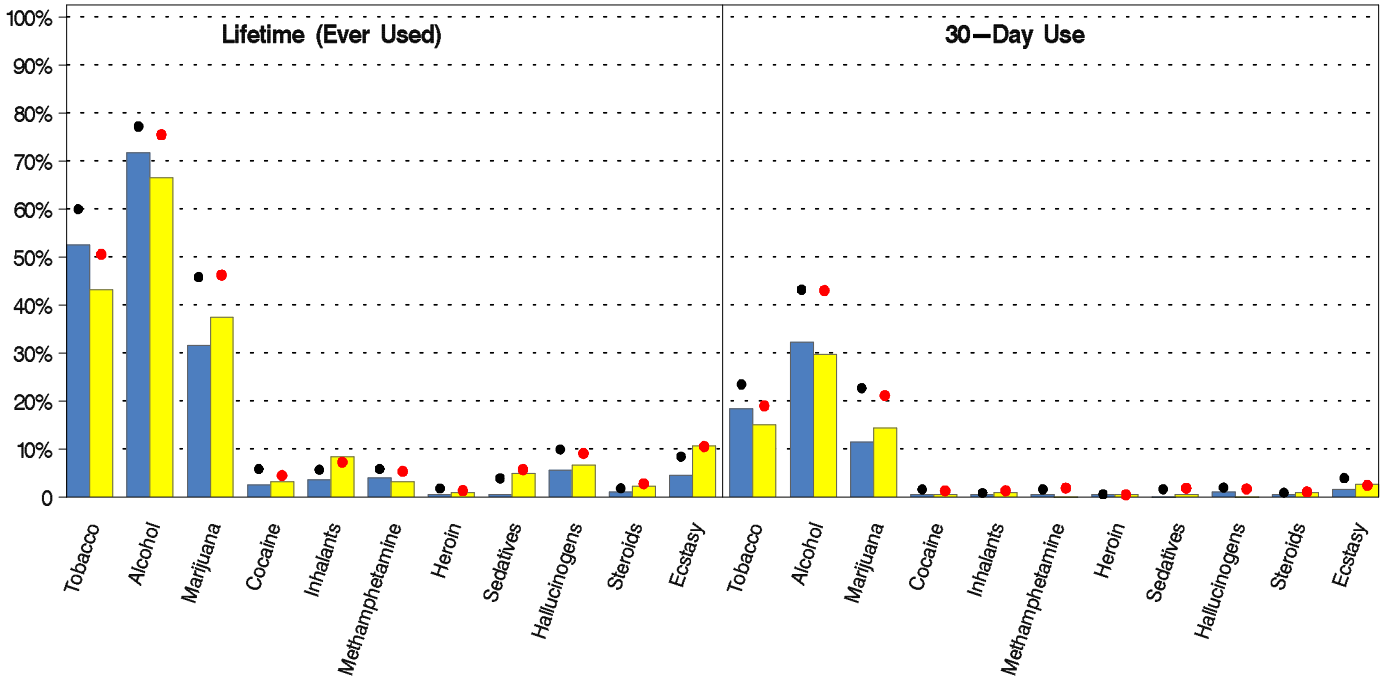
2000 2002

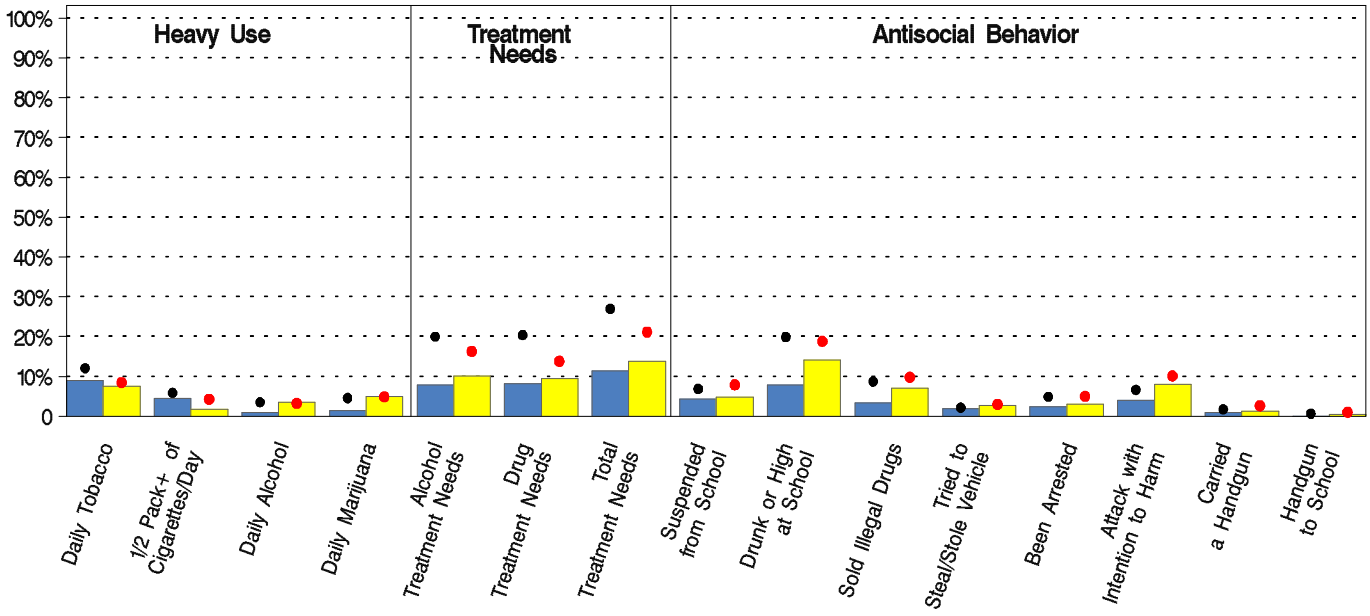
State 2000
State 2002

2002 Hawaii ATOD Study

Pearl City Community versus Statewide, 12th Grade

Substance Use and Antisocial Behavior





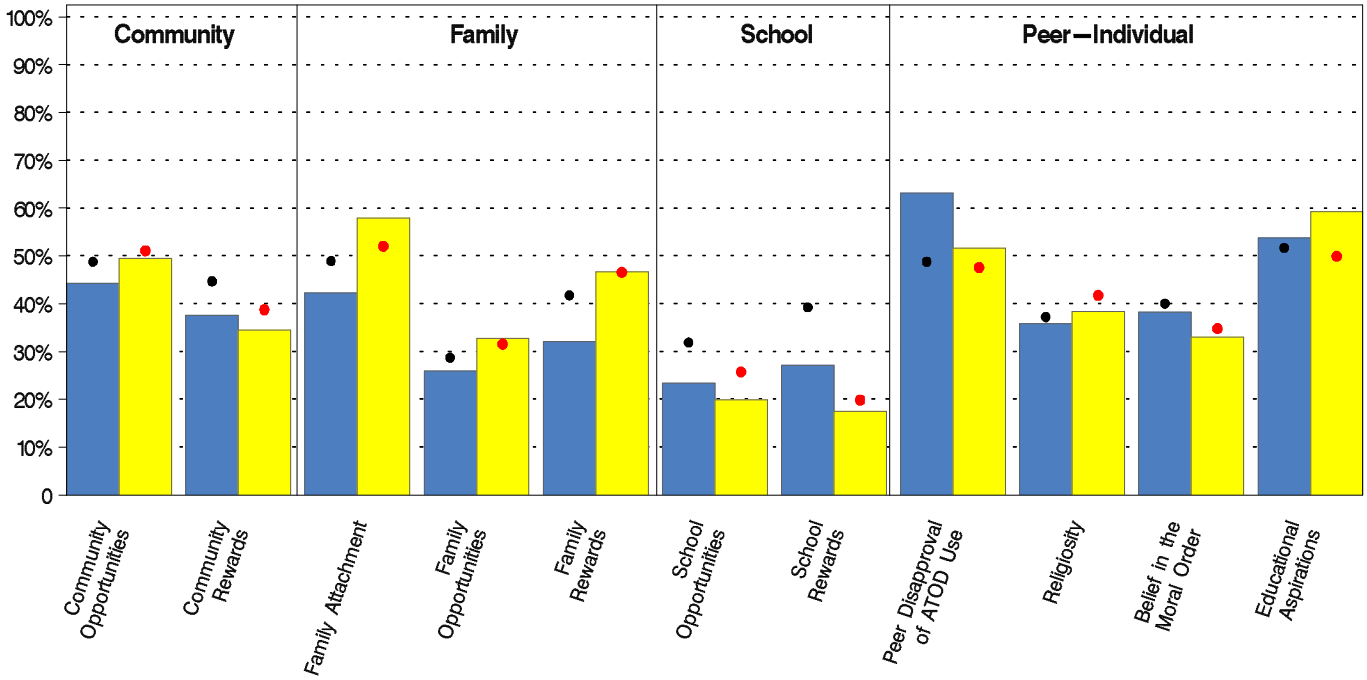
2000 2002

State 2000
State 2002

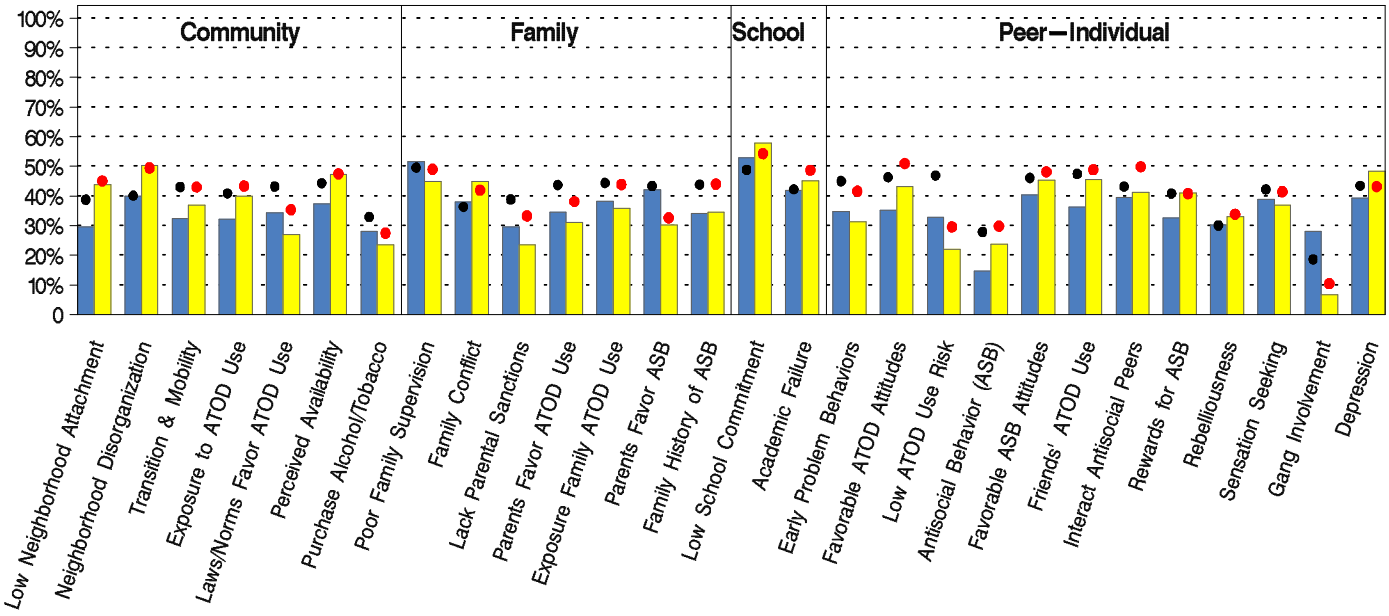
2002 Hawaii ATOD Study

Pearl City Community versus Statewide, 12th Grade

Protective Factors



Risk Factors



2000 2002

State 2000
State 2002

2002 Hawaii ATOD Study

HOW CAN YOU USE THIS INFORMATION?

Data from the *2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study* can be used to help your community planners select the prevention activities most likely to succeed in improving positive youth development in your community. Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in reducing the risks and enhancing the protections of youths in the community. The steps outlined below will help individuals in your community make decisions about the type of prevention programs that are needed to allow young people to develop healthy and productive lives.

Determine What the Numbers in the Report are Telling You by Reviewing the Charts and Tables

1. Which levels of 30-day or daily drug use are unacceptably high?
2. Which levels of antisocial behaviors are unacceptably high?
3. Are treatment needs unacceptably high in your community?
4. Which three to four risk factors increased since 2000 or are higher than 2002 statewide percentages?
5. Which three to four protective factors decreased since 2000 or are lower than 2002 statewide percentages?

Measure	Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4
30-Day Drug Use				
Antisocial Behaviors				
Treatment Needs				
Risk Factors				
Protective Factors				

How to Decide if Rate is Unacceptable

1. Compare your substance use prevalence data to statewide and nationwide prevalence data. Statewide data can be found by going to ADAD's web site at *http://www.state.hi.us/doh/resource/adad/adsurv.htm*. Nationwide prevalence rates can be found by going to the Monitoring the Future study web site at *http://www.monitoringthefuture.org*.

2. Look across the charts. Which items increased over the years? Which items are higher than statewide percentages?

3. Determine if the values held by students in your community are acceptable. For instance, if over 50% of the students reported using marijuana in the past 30 days, is that a behavior your community finds acceptable?

Use These Data for Planning and Obtaining Funding

1. **Substance Use, Antisocial Behavior, and Treatment Needs**: Use the information provided in this report to raise awareness about the problems, promote dialogue, and argue for legislative, statewide, or federal funding/support.

2. **Risk and Protective Factors**: Use the information provided in this report to identify exactly where your community needs to take action.

3. **Promising Approaches**: Investigate the resources listed on the last page of this report for ideas about programs that have been proven effective in targeting the risk and protective factors relevant to your community.

Monitoring Over Time

Plan on helping to collect similar data to those contained in this report at least every two years, in order to monitor the effectiveness of your chosen strategy and to determine if any new efforts are needed.

CONTACTS FOR TREATMENT AND PREVENTION

Local Resources

Alcohol & Drug Abuse Division – DOH
Phone: (808) 692-7506
Web page: www.state.hi.us/health/resource/drug_abuse.html

Office of Youth Services – DHS
Phone: (808) 587-5700

Safe & Drug-Free Schools and Communities – DOE
Phone: (808) 733-4780 ext. 315

Pacific Resources for Education and Learning Native Hawaiian Safe & Drug Free Program
Phone: (808) 441-1300

Crime Prevention and Justice Assistance Division
Phone: (808) 586-1443
Web page: www.state.hi.us/ag/index.html

Mothers Against Drunk Driving (MADD-Hawaii)
Phone: (808) 532-6232
Web page: www.maddhawaii.org

Coalition For A Drug Free Hawaii
Hawaii State RADAR Network Center
Phone: (808) 545-3228 or 1-800-845-1946
Web page: www.drugfreehawaii.org

Alu Like Inc.
Phone: (808) 536-4494
Web page: www.alulike.org

Western Center for the Application of Prevention Technologies (West CAPT)
Phone: (808) 261-2232
Web page: www.unr.edu/westcapt

City & County of Honolulu
530 South King Street
Honolulu, HI 96813
Phone: (808) 523-4141

Hawaii County
25 Aupuni Street
Hilo, HI 96720
Phone: (808) 961-8223

Kauai County
4444 Rice Street, Suite 235
Lihue, HI 96766
Phone: (808) 241-6240

Maui County
2331 W. Main St.
Wailuku, HI 96793
Phone: (808) 573-1929

National Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse and Prevention (CSAP)
Center for Substance Abuse Treatment (CSAT)
Web page: www.samhsa.gov

Decision Support System for Substance Abuse Prevention (DSS)
Web page: www.preventiondss.org

National Clearinghouse for Alcohol and Drug Information (NCADI)
Web page: www.health.org

National Institute on Drug Abuse (NIDA)
Web page: www.nida.nih.gov

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Web page: www.niaaa.nih.gov

Join Together Online
Phone: (617) 437-9304
Web page: www.jointogether.org

Funding Resources

Office of National Drug Control Policy
Web page: www.whitehousedrugpolicy.gov/funding/

Link to Other Funding Resources
Web page: www.preventionscience.com/funding/funding.html

Many of the local and national resources listed on this page will also have links to funding sources.

REFERENCES

Brewer, D. D., Hawkins, J. D., Catalano, R. F., & Neckerman, H. J. (1995). Preventing serious, violent and chronic juvenile offending: A review of evaluations of selected strategies in childhood, adolescence, and the communication. In J. C. Howell, B. Krisberg, J. D. Hawkins, & J. J. Wilson (Eds.), *Sourcebook: Serious, violent, and chronic juvenile offenders* (pp. 61-141). Thousand Oaks, CA: Sage Publications.

Hawkins, J. D., Arthur, M. W., & Catalano, R. F. (1995). Preventing substance abuse. In M. Tonry & D. Farmington (Eds.), *Building a safer society: Strategic approaches to crime prevention. Crime and justice series volume 19* (pp. 343-427). Chicago: Chicago University Press.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, *112*, 64-105.

Klingle, R. S. (2001). *Ka Leo O Na Keiki ~ The 2000 Hawaii student alcohol, tobacco, and other drug use study (1987-2000). Hawaii adolescent prevention and treatment needs assessment*. Honolulu, HI: Hawaii Department of Health, Alcohol and Drug Abuse Division.

Lipsey, M. W. & Derzon, J. H. (1998). Predictors of violent and serious delinquency in adolescence and early adulthood: A synthesis of longitudinal research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 86-105). Thousand Oaks, CA: Sage Publications.