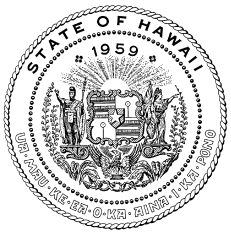

ALCOHOL AND DRUG ABUSE DIVISION
State of Hawaii Department of Health

Ka Leo O Nā Keiki

The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study

Adolescent Prevention and Treatment Needs Assessment

Maui District

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INTRODUCTION

The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study

This report summarizes findings from *The 2003 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 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 can help focus treatment and 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 through 12. During the Fall of 2003, the survey was administered anonymously to a total of 19,140 public school students and 11,221 private school students in 229 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 *2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study* for public school students participating from Maui District (6th Grade = 328; 7th Grade = 408; 8th Grade = 366; 9th Grade = 303; 10th Grade = 178; 11th Grade = 303; and 12th Grade = 317).[1] For comparison purposes, the charts in the current report contain Maui District results from students participating in 2000 (6th Grade = 907; 8th Grade = 778; 10th Grade = 546; 12th Grade = 402) and 2002 (6th Grade = 940; 8th Grade = 523; 10th Grade = 804; 12th Grade = 596). The charts also contain statewide comparison data from 2000 (6th Grade = 9,375; 8th Grade = 7,249; 10th Grade = 5,130; 12th Grade = 4,106), 2002 (6th Grade = 9,924; 8th Grade = 7,152; 10th Grade = 5,971; 12th Grade = 4,948), and 2003 (6th Grade = 5,579; 7th Grade = 4,668; 8th Grade = 4,671; 9th Grade = 4,303; 10th Grade = 3,793; 11th Grade = 3,444; 12th Grade = 3,293). When looking at comparison data from previous years, please note that 2003 data was collected during the fall semester, whereas data in 2000 and 2002 were collected during the spring semester. Also note that prior to 2003, only grades 6, 8, 10, and 12 were surveyed.

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 (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Hawkins, Arthur, & Catalano, 1995; Lipsey & Derzon, 1998). For example, researchers have found that children who live in 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 substance availability 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 next 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 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. The charts presented in this report address lifetime ATOD use, 30-day ATOD use, heavy substance use and treatment needs, antisocial behaviors, and risk and protective factors. All the tables and charts show the results of the 2003 study for students from Maui District. The charts provide 2000, 2002, and 2003 statewide comparison data, as well as 2000, 2002, and 2003 Maui District data.

Both the tables and charts present the percentage of students in each category. The beginning of this report indicates the number of students participating in the survey from your district. **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 12th-grade students participating in the survey from your district and the results showed that 1% of these students were using marijuana on a daily basis, this would mean that 10 12th-grade students reported daily marijuana use from your district. However, if there were only 100 12th-grade students participating in the survey from your district and the results showed that 1% of these students were using marijuana on a daily basis, this would mean that only one 12th-grade student in your district reported daily marijuana use.

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

The tables and charts present information about alcohol, tobacco, and other drug use (ATOD use), substance abuse or treatment needs, and antisocial behaviors of students. The **bars** are used in each chart to represent the percentage of students in that grade from ***your district*** who reported the behavior. **Blue bars** (▮) are used to represent your district results in 2000. **Yellow bars** (▮) are used to represent your district results in 2002. **Green bars** (▮) are used to represent your district in 2003. **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. **Purple dots** (●) are used to represent statewide results in 2002. **Red dots** (●) are used to represent statewide results in 2003. The tabled data present the percentage of students in that grade from your district in 2003 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/downers, hallucinogens, and/or "club drugs" (ecstasy/MDMA, GHB, Rohypnol, ketamine), 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 or using drugs 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 2003 results to 2002 and 2000 results to determine if various prevention efforts in your district have been positively impacting factors associated with substance use. The profiles also allow you to compare your district results in 2003 to statewide results in 2003 to see if students in your community 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 for students in grades 6, 8, 10, and 12 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 the 2000, 2002, and 2003 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 district at risk for substance availability was 60% in 2002 and then decreased to 40% in 2003, 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. Students in grades 7, 9, and 11 were first added to the survey effort in 2003. The cutpoints for students in these grades were created by using the standardized cutpoint formula on the 2003 statewide data set for each scale at each of the new grades.

The tables and the charts 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 district 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 district in each grade who have protection on each of the protective scales. The tables present the exact percentages of students in your district who reported 'elevated risk' or 'elevated protection' on the various scales.

In the charts, the **bars** represent the percentage of students from *your district*, in a particular grade, who indicated 'elevated risk' or 'elevated protection' on the 2000, 2002, and 2003 surveys. Comparing the 2003 district chart data to the 2002 and 2000 district chart data is the first step in determining if prevention efforts in your community have effectively decreased risk factors and increased protective factors over the years.

The **dots** on the charts represent the percentage of Hawaii youths *statewide* who reported 'elevated risk' or 'elevated protection' on the 2000, 2002, and 2003 survey. The comparison of your 2003 district data to the 2003 statewide data provides additional information for your district 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.*** Comparisons to statewide percentages are 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 district 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**	
	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	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.
	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	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.
	Protective Factors	
	Peer Disapproval of ATOD Use	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.
	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.

MAUI DISTRICT RESULTS

Characteristics of the Students Participating in the Survey

Reported below are the descriptive characteristics of the students participating from your district. Within each public school, one-third of the classes were randomly assigned to participate in this study. Only students from assigned classes who had parental consent and who volunteered to participate were included in the study. Data was weighted prior to analyses to assure that specific groupings of students were not disproportionately represented in the results. Because students needed parental consent to participate in the study, some at-risk students may not be represented in the results. The information reported below on the characteristics of the students participating from your district should help you assess whether the results from this study may be under-representing at-risk students in your district.

You can access your district's 2000 and 2002 comparison data by obtaining the 2002 Maui District Report located on the ADAD web site at: *www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2002.* The web site also contains the 2003 statewide report. The charts contained in the current report will allow you to make visual comparisons between your district's data in 2003 and previous years' results. The charts in the current report will also allow you to visually compare your district's data to statewide data.

The table below lists the number of students participating from each grade level in Maui District. Some of the students participating may not have completed all of the questions. Data is not provided if less than 10 students completed the survey question. Refer to the first footnote at the back of this report for weighted n-sizes.

Number of Participants from Maui District						
6th	**7th**	**8th**	**9th**	**10th**	**11th**	**12th**
328	**408**	**366**	**303**	**178**	**303**	**317**

	6th Grade	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
1. Gender							
Male	51.9%	46.0%	45.0%	46.7%	35.4%	40.9%	38.9%
Female	48.1%	54.0%	55.0%	53.3%	64.6%	59.1%	61.1%
2. Age							
10 years or younger	11.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
11 years	76.9%	15.9%	0.0%	0.0%	0.0%	0.0%	0.0%
12 years	11.2%	75.7%	13.9%	0.0%	0.0%	0.0%	0.0%
13 years	0.9%	8.1%	79.3%	16.2%	0.4%	0.0%	0.0%
14 years	0.0%	0.3%	5.5%	72.8%	9.4%	0.0%	0.0%
15 years	0.0%	0.0%	0.8%	9.9%	79.0%	13.9%	0.0%
16 years	0.0%	0.0%	0.2%	1.0%	11.2%	77.2%	11.8%
17 years	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	77.3%
18 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	9.6%
19 years or older	0.0%	0.0%	0.3%	0.0%	0.0%	0.4%	1.3%
3. Race							
Asian	50.3%	46.0%	38.9%	42.8%	47.8%	41.1%	42.4%
White	15.9%	16.8%	17.7%	22.2%	21.1%	24.8%	17.8%
Black	0.0%	0.9%	1.0%	0.3%	0.8%	0.0%	0.8%
Hispanic	5.4%	3.9%	5.2%	4.6%	2.5%	3.2%	5.0%
Pacific Islander	23.1%	23.3%	28.8%	21.1%	22.5%	24.6%	26.6%
Indian/Alaskan	1.5%	0.3%	2.4%	0.6%	0.4%	0.7%	0.7%
Multiracial	3.8%	8.7%	6.1%	8.3%	4.9%	5.7%	6.8%

	6th Grade	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
4. Ethnic Background (Students could choose more than one answer so the percentages will not add to 100%)							
Japanese	12.0%	9.3%	10.3%	12.1%	13.4%	12.1%	12.2%
White	12.3%	13.2%	16.3%	19.5%	20.0%	19.5%	14.8%
Filipino	36.6%	37.1%	28.2%	29.1%	38.3%	25.4%	27.8%
Native Hawaiian	21.4%	22.1%	24.9%	20.9%	19.3%	23.9%	25.0%
Chinese	3.2%	4.4%	2.5%	2.8%	0.8%	3.3%	1.8%
Korean	1.2%	1.1%	1.4%	0.8%	0.4%	1.6%	0.7%
Indo-Chinese	0.3%	0.0%	0.0%	0.4%	0.0%	0.2%	0.2%
Vietnamese	0.0%	0.4%	0.6%	0.4%	0.0%	0.4%	0.6%
Samoan	0.7%	1.0%	3.0%	0.0%	0.4%	0.4%	0.4%
Portuguese	5.0%	8.5%	4.1%	7.1%	2.0%	7.0%	6.9%
Black	0.0%	1.5%	1.8%	0.6%	2.5%	0.8%	1.3%
Hispanic	5.3%	5.7%	6.1%	7.1%	4.5%	4.5%	5.4%
Indian/Alaska Native	1.5%	0.8%	3.4%	0.9%	0.4%	0.6%	1.1%
Other Asian	1.5%	0.7%	0.4%	1.6%	0.8%	0.6%	1.1%
Other Pacific Islander	3.3%	3.9%	4.2%	3.0%	3.8%	1.9%	5.3%
5. Typical Grades on Last Report Card							
Mostly F's	0.9%	1.6%	1.3%	2.0%	1.2%	3.0%	1.2%
Mostly D's	4.6%	7.4%	4.6%	3.9%	5.6%	6.3%	3.9%
Mostly C's	20.5%	25.3%	27.1%	27.7%	25.5%	25.8%	23.7%
Mostly B's	44.6%	36.5%	38.3%	37.6%	35.9%	35.7%	40.2%
Mostly A's	29.3%	29.2%	28.7%	28.8%	31.8%	29.2%	30.9%
6. Aspirations to Graduate From a 4-Year College							
Definitely won't	5.8%	6.0%	6.6%	5.1%	2.8%	6.5%	4.3%
Probably won't	12.6%	17.8%	14.0%	17.1%	20.1%	14.0%	16.3%
Probably will	52.5%	42.0%	48.7%	47.1%	32.5%	39.2%	40.7%
Definitely will	29.1%	34.2%	30.8%	30.7%	44.6%	40.4%	38.7%

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 or engaged in the particular activity at least once in their lifetime and is used to show the level of experimentation with a particular substance.

	6th Grade	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
1. Ever Used Any Tobacco Product	11.4%	17.1%	33.8%	30.1%	36.9%	44.5%	52.8%
2. Ever Used Cigarettes	11.3%	15.9%	33.6%	29.7%	36.5%	43.4%	51.3%
3. Ever Used Smokeless Tobacco	1.1%	2.1%	3.1%	2.9%	3.4%	7.1%	9.4%
4. Ever Used Alcohol	16.8%	25.0%	41.1%	47.5%	68.1%	73.3%	79.2%
5. Ever Been Drunk in Lifetime	3.3%	4.9%	13.0%	21.7%	41.9%	52.5%	56.8%
6. Ever Use Any Illicit Drug (Excluding Inhalants)	6.6%	9.3%	18.8%	24.8%	34.3%	45.4%	55.7%
7. Ever Use Any Drug (Including Inhalants)	10.2%	11.4%	22.8%	27.4%	34.7%	45.8%	56.4%
8. Ever Used Marijuana	2.1%	7.1%	18.1%	21.8%	33.2%	42.7%	54.1%
9. Ever Used Cocaine	0.7%	0.4%	0.3%	2.0%	1.8%	2.9%	3.2%
10. Ever Used Inhalants	5.7%	4.7%	5.9%	6.0%	4.6%	6.8%	4.0%
11. Ever Used Methamphetamine	0.4%	0.5%	0.6%	1.8%	2.2%	6.5%	6.2%
12. Ever Used Heroin or Other Opiates	1.2%	0.5%	0.6%	1.6%	1.8%	0.4%	1.3%
13. Ever Used Sedatives or Tranquilizers	0.9%	1.1%	0.5%	1.2%	3.4%	4.8%	3.9%
14. Ever Used Hallucinogens	0.9%	0.5%	0.5%	2.1%	4.7%	6.2%	5.5%
15. Ever Used Steroids	2.3%	1.4%	0.5%	1.6%	2.2%	1.7%	1.6%
16. Ever Used Ecstasy/MDMA	0.6%	0.2%	0.4%	0.9%	3.8%	5.9%	4.0%
17. Ever Used GHB	0.1%	0.2%	0.5%	0.0%	2.2%	1.8%	0.0%
18. Ever Used Rohypnol	0.0%	0.2%	0.6%	0.4%	1.8%	1.1%	0.3%
19. Ever Used Ketamine	0.7%	0.5%	0.5%	0.3%	1.4%	0.4%	1.9%

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	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
1. 30-Day Any Tobacco Product	4.1%	6.6%	12.0%	10.2%	9.6%	14.5%	18.9%
2. 30-Day Cigarettes	3.7%	6.0%	11.5%	9.9%	9.6%	13.5%	17.1%
3. 30-Day Smokeless Tobacco	0.9%	1.4%	1.4%	0.7%	0.0%	3.2%	3.6%
4. 30-Day Alcohol	4.7%	7.5%	16.0%	20.2%	27.0%	38.1%	42.8%
5. 30-Day Any Illicit Drug (Excluding Inhalants)	3.4%	5.1%	8.8%	13.6%	16.5%	23.6%	29.6%
6. 30-Day Any Drug (Including Inhalants)	6.0%	6.9%	10.7%	14.6%	16.5%	23.6%	29.8%
7. 30-Day Marijuana	0.9%	4.2%	8.3%	12.1%	16.0%	21.5%	27.9%
8. 30-Day Cocaine	0.1%	0.2%	0.7%	0.8%	1.4%	1.6%	1.9%
9. 30-Day Inhalants	2.6%	3.1%	2.3%	1.3%	1.8%	0.5%	1.0%
10. 30-Day Methamphetamine	0.0%	0.2%	0.3%	0.3%	1.4%	4.3%	1.9%
11. 30-Day Heroin or Other Opiates	0.1%	0.2%	0.6%	0.0%	1.4%	0.0%	0.4%
12. 30-Day Sedatives or Tranquilizers	0.0%	0.2%	0.1%	0.7%	2.2%	1.9%	0.4%
13. 30-Day Hallucinogens	0.0%	0.8%	0.6%	0.4%	1.8%	1.0%	0.8%
14. 30-Day Steroids	1.6%	0.5%	0.5%	0.7%	1.4%	0.4%	1.0%
15. 30-Day Ecstasy/MDMA	0.6%	0.0%	0.2%	0.7%	2.2%	1.2%	0.4%
16. 30-Day GHB	0.0%	0.2%	0.5%	0.0%	1.8%	0.6%	0.4%
17. 30-Day Rohypnol	0.0%	0.0%	0.3%	0.0%	1.8%	0.2%	0.7%
18. 30-Day Ketamine	0.5%	0.5%	0.5%	0.3%	1.4%	0.8%	1.1%
19. Daily Tobacco	0.0%	0.0%	2.1%	1.9%	2.6%	6.8%	10.4%
20. Daily Cigarettes	0.0%	0.0%	2.1%	1.9%	2.6%	6.5%	9.8%
21. Daily Smokeless Tobacco	0.0%	0.0%	0.3%	0.0%	0.0%	1.2%	1.6%
22. Daily Alcohol	0.5%	0.3%	1.3%	2.2%	3.4%	4.0%	4.1%
23. Daily Marijuana	0.0%	0.0%	1.8%	2.6%	5.1%	4.8%	7.8%

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	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Alcohol Treatment Needs							
Alcohol dependent	0.3%	0.0%	2.3%	3.4%	8.2%	9.4%	10.9%
Alcohol abuser	0.8%	0.5%	0.4%	0.6%	3.9%	3.1%	5.4%
TOTAL	1.1%	0.5%	2.7%	4.0%	12.1%	12.5%	16.3%
Marijuana Treatment Needs							
Marijuana dependent	0.0%	0.7%	2.5%	3.5%	6.3%	7.7%	7.9%
Marijuana abuser	0.7%	0.0%	1.6%	1.1%	2.1%	3.2%	4.7%
TOTAL	0.7%	0.7%	4.1%	4.6%	8.4%	11.0%	12.6%
Stimulant Treatment Needs							
Stimulant dependent	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	1.0%
Stimulant abuser	0.7%	0.0%	0.2%	0.0%	0.4%	0.4%	0.0%
TOTAL	0.7%	0.0%	0.2%	0.0%	0.4%	2.1%	1.0%

	6th Grade	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Depressant/Downers Treatment Needs							
Depressant/Downers dependent	0.2%	0.0%	0.0%	0.0%	0.4%	0.6%	0.5%
Depressant/Downers abuser	0.7%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%
TOTAL	1.0%	0.0%	0.0%	0.0%	0.4%	1.4%	0.5%
Hallucinogen Treatment Needs							
Hallucinogen dependent	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.5%
Hallucinogen abuser	0.7%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%
TOTAL	0.7%	0.2%	0.2%	0.0%	0.0%	0.6%	0.5%
Club Drugs Treatment Needs							
Club Drugs dependent	0.2%	0.0%	0.0%	0.0%	0.4%	0.6%	0.5%
Club Drugs abuser	0.4%	0.2%	0.0%	0.5%	0.4%	0.0%	0.4%
TOTAL	0.7%	0.2%	0.0%	0.5%	0.8%	0.6%	0.8%
Total Treatment Needs							
Alcohol Abuse Only	0.3%	0.5%	0.4%	2.4%	6.7%	4.5%	6.6%
Drug Abuse Only	0.3%	0.9%	2.1%	3.2%	4.3%	4.1%	4.2%
Both Alcohol and Drug Abuse	0.8%	0.0%	2.3%	1.6%	5.2%	8.2%	9.7%
TOTAL	1.4%	1.5%	4.8%	7.2%	16.3%	16.8%	20.4%

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	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
1. Been suspended from school?	6.0%	8.1%	15.1%	11.9%	9.9%	9.3%	9.7%
2. Been drunk or high at school?	2.6%	3.2%	8.4%	14.3%	16.2%	22.4%	22.1%
3. Sold illegal drugs?	1.5%	1.9%	2.9%	7.0%	7.4%	10.5%	8.4%
4. Stolen or tried to steal a vehicle?	2.6%	2.9%	3.9%	4.2%	3.4%	3.5%	3.2%
5. Been arrested?	2.0%	2.7%	4.8%	6.7%	6.5%	7.1%	7.3%
6. Attacked someone with intention to harm?	11.3%	9.7%	10.4%	12.5%	5.9%	10.5%	10.5%
7. Carried a handgun?	3.6%	3.6%	2.9%	3.4%	3.0%	4.4%	4.4%
8. Taken a handgun to school?	0.6%	0.9%	1.0%	1.0%	1.8%	0.4%	0.4%

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

	6th Grade	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
1. (Friend) Been suspended from school?	32.6%	41.6%	48.3%	47.3%	35.0%	48.1%	34.9%
2. (Friend) Dropped out of school?	9.3%	9.7%	15.4%	19.4%	21.6%	43.4%	38.2%
3. (Friend) Sold illegal drugs?	4.9%	10.3%	18.4%	30.6%	26.4%	42.5%	40.0%
4. (Friend) Stolen or tried to steal a vehicle?	6.6%	6.0%	10.6%	16.1%	15.5%	23.0%	18.2%
5. (Friend) Been arrested?	8.6%	12.5%	23.8%	28.2%	21.9%	34.4%	30.9%
6. (Friend) Carried a handgun?	4.3%	4.7%	4.3%	7.9%	4.6%	6.4%	6.1%
7. (Friend) Smoked cigarettes?	20.8%	30.0%	52.0%	56.7%	61.1%	71.1%	66.9%
8. (Friend) Drank alcohol w/out parents knowing?	21.3%	29.7%	53.7%	61.6%	75.2%	83.9%	81.1%
9. (Friend) Used marijuana?	14.5%	23.3%	47.5%	53.8%	64.6%	74.1%	70.1%
10. (Friend) Used other illegal drugs?	5.7%	6.6%	8.9%	16.1%	20.6%	27.4%	24.6%

Risk Factors

	6th Grade	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Community Domain							
1. Community Disorganization	47.5%	43.9%	49.4%	44.6%	48.1%	44.9%	47.3%
2. Transition & Mobility	51.0%	54.7%	35.8%	41.5%	40.0%	37.2%	33.6%
3. Exposure to Community ATOD Use	28.7%	38.9%	47.0%	54.8%	45.4%	63.1%	49.7%
4. Laws & Norms Favorable to Drug Use	41.7%	43.2%	45.3%	47.7%	37.7%	43.4%	36.9%
5. Perceived Availability of Drugs & Handguns	43.4%	40.1%	51.5%	45.0%	34.8%	45.7%	41.2%
6. Ability to Purchase Alcohol or Tobacco	2.1%	2.3%	3.5%	6.8%	9.7%	14.3%	19.8%
Family Domain							
1. Poor Family Supervision	43.0%	36.3%	38.5%	35.5%	29.4%	33.6%	45.5%
2. Lack of Parental Sanctions for ASBs	10.8%	18.3%	26.6%	38.7%	33.6%	35.1%	30.3%
3. Parental Attitudes Favorable Toward ATOD Use	6.1%	8.4%	13.0%	19.9%	15.0%	30.6%	32.9%
4. Exposure to Family ATOD Use	48.4%	45.2%	56.5%	47.1%	38.9%	42.0%	45.9%
5. Parental Attitudes Favorable Toward ASB	16.9%	24.1%	27.7%	33.4%	21.0%	34.1%	30.2%
6. Family (Sibling) History of ASB	22.2%	28.8%	36.9%	44.1%	38.7%	42.9%	48.0%
School Domain							
1. Low School Commitment	43.0%	45.8%	43.2%	46.9%	42.6%	46.9%	49.6%
2. Poor Academic Performance	52.7%	53.0%	51.7%	56.1%	48.2%	50.6%	48.4%
Peer-Individual Domain							
1. Early Initiation of Problem Behaviors	31.5%	36.5%	38.1%	38.1%	38.7%	45.2%	48.6%
2. Favorable Attitudes Toward ATOD Use	13.8%	21.4%	33.9%	42.3%	35.4%	43.3%	49.5%
3. Low Perceived Risk of ATOD Use	23.6%	25.4%	32.3%	38.3%	29.0%	30.6%	28.9%
4. Antisocial Behaviors (ASBs)	16.7%	18.0%	26.7%	29.7%	25.4%	32.7%	35.1%
5. Favorable Attitudes Toward ASB	36.6%	49.0%	54.5%	56.0%	39.3%	51.3%	51.3%
6. Friends' ATOD Use	30.6%	31.1%	55.7%	46.9%	44.8%	58.3%	47.0%
7. Interaction with Antisocial Peers	39.8%	46.7%	55.9%	46.7%	33.3%	56.9%	52.7%
8. Friends' Rewards for Antisocial Involvement	48.5%	41.5%	44.6%	40.5%	35.7%	36.0%	39.3%
9. Rebelliousness	32.1%	30.4%	25.6%	22.3%	21.3%	28.0%	24.9%
10. Sensation Seeking	30.3%	23.2%	39.8%	36.1%	34.4%	34.1%	34.7%

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, one fourth (26%) of the students who were diagnosed with a substance abuse problem had 10 to 14 risk factors, and over two thirds (67%) of the students who were diagnosed with a substance abuse problem had 15 or more risk factors. In comparison, only 7% 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 9 risk factors), a moderate number of risk factors (10 to 14 risk factors), and a high number of risk factors (15 to 24 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	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Low Risk (0 to 9 risk factors)	66.5%	63.1%	52.5%	54.1%	64.3%	54.0%	53.2%
Moderate Risk (10 to 14 risk factors)	20.6%	21.1%	30.2%	22.5%	17.0%	25.3%	27.4%
High Risk (15 to 24 risk factors)	12.9%	15.8%	17.3%	23.4%	18.7%	20.7%	19.4%

Protective Factors

	6th Grade	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Community Domain							
1. Community Opportunities for Positive Involvement	57.4%	60.5%	59.2%	56.9%	62.6%	59.3%	61.0%
2. Community Rewards for Positive Involvement	36.2%	36.3%	33.4%	41.0%	46.3%	38.3%	41.4%
Family Domain							
1. Family Attachment	59.2%	66.1%	54.4%	52.5%	57.2%	53.9%	59.3%
2. Family Opportunities for Positive Involvement	58.9%	59.0%	46.8%	41.3%	43.4%	36.7%	32.7%
3. Family Rewards for Positive Involvement	53.1%	58.6%	47.0%	61.6%	57.6%	51.4%	52.3%
School Domain							
1. School Opportunities for Positive Involvement	40.1%	50.9%	44.3%	41.8%	48.8%	44.6%	24.4%
2. School Rewards for Positive Involvement	32.9%	40.3%	32.4%	21.8%	19.6%	18.5%	21.2%
Peer-Individual Domain							
1. Peer Disapproval of ATOD Use	66.8%	60.6%	50.5%	52.2%	62.5%	58.0%	52.2%
2. Belief in Moral Order	53.5%	54.2%	48.2%	45.2%	50.6%	41.2%	39.7%
3. Educational Aspirations	27.3%	31.4%	29.9%	29.6%	42.8%	39.0%	37.2%

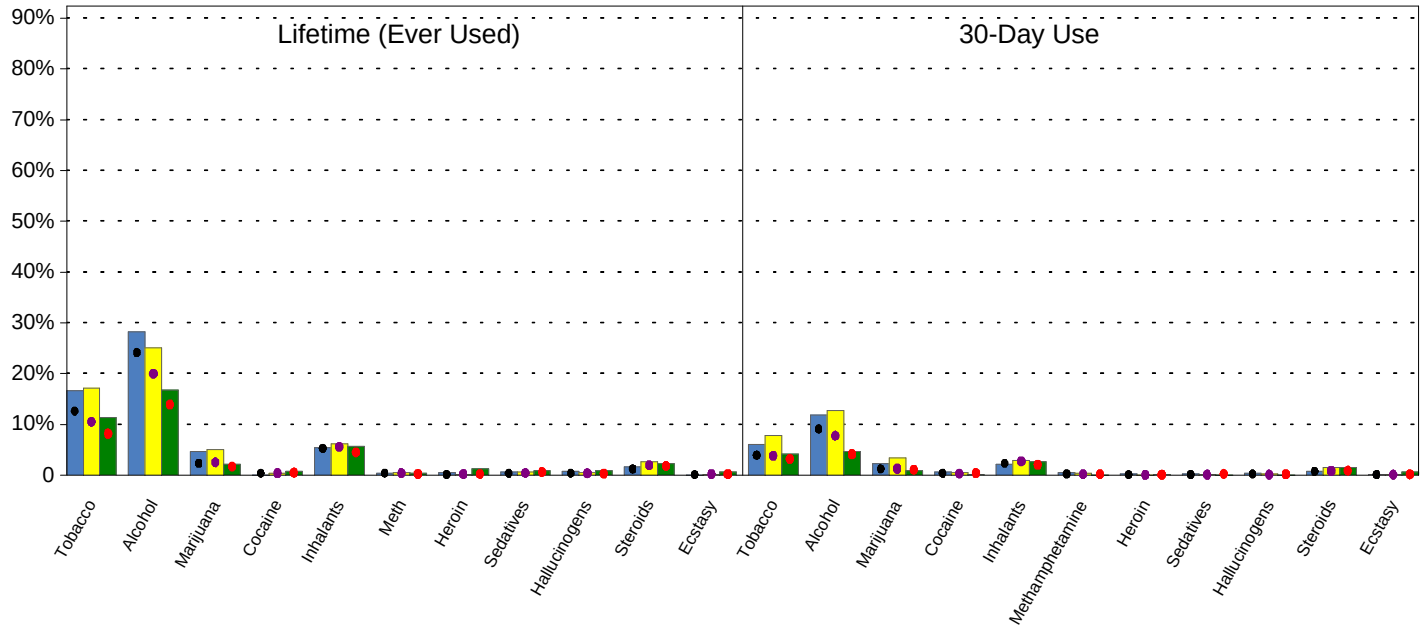
Protective Factor Index (Assessment of Protection Based on the Number of Protection Factors)

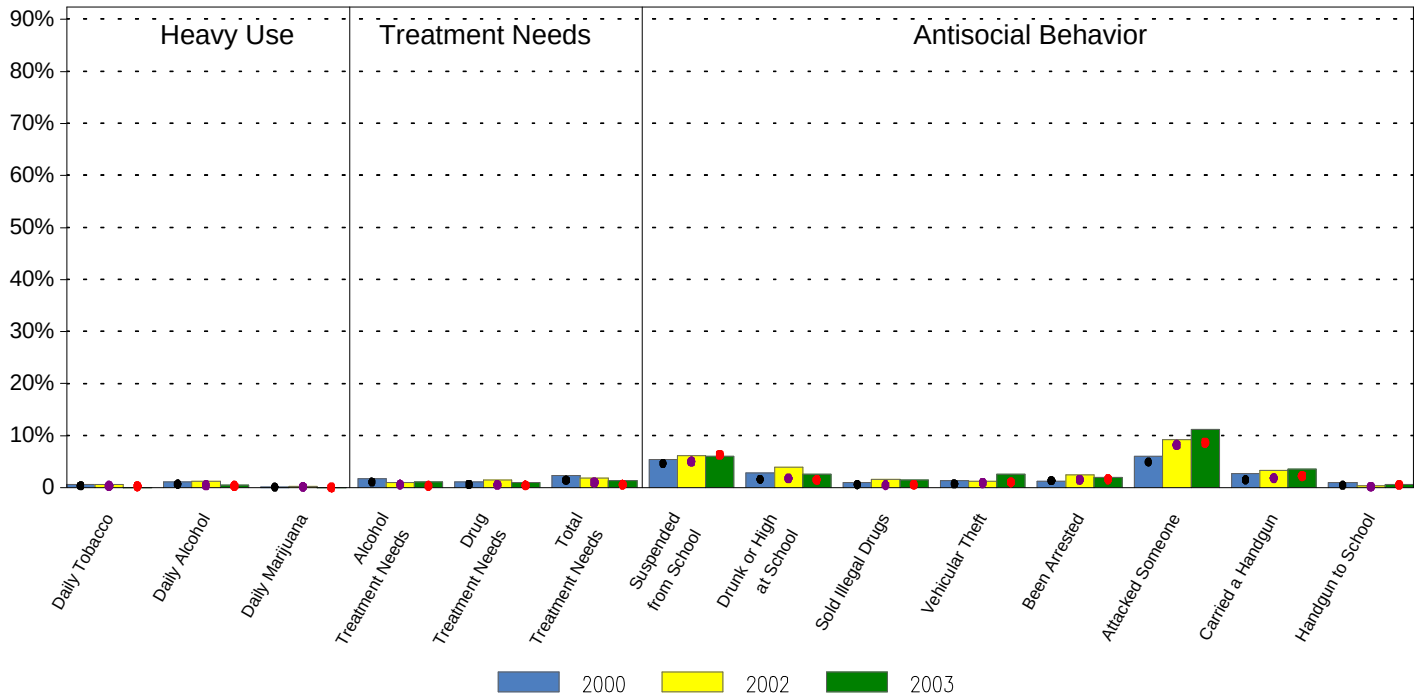
Similar to risk factors, the accumulation of protective factors increases the student's probability of being protected against the negative influence of risk factors. In the current study, less than 8% of the students diagnosed with a substance abuse problem had 7 to 10 protective factors. In comparison, over half (58%) of the students diagnosed with a substance abuse problem had less than 4 protective factors, and approximately one third (34%) of the students diagnosed with a substance abuse problem had 4 to 6 protective factors. Listed below are the percentages of students who have a low number of protective factors (0 to 3 protective factors), a moderate number of protective factors (4 to 6 protective factors), and a high number of protective factors (7 to 10 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	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
Low Protection (0 to 3 protective factors)	32.5%	22.8%	39.2%	39.9%	32.2%	37.7%	39.0%
Moderate Protection (4 to 6 protective factors)	37.8%	49.2%	35.4%	36.9%	40.6%	43.5%	44.7%
High Protection (7 to 10 protective factors)	29.7%	28.0%	25.5%	23.2%	27.2%	18.7%	16.2%

Maui District versus Statewide, 6th Grade

Substance Use and Antisocial Behavior



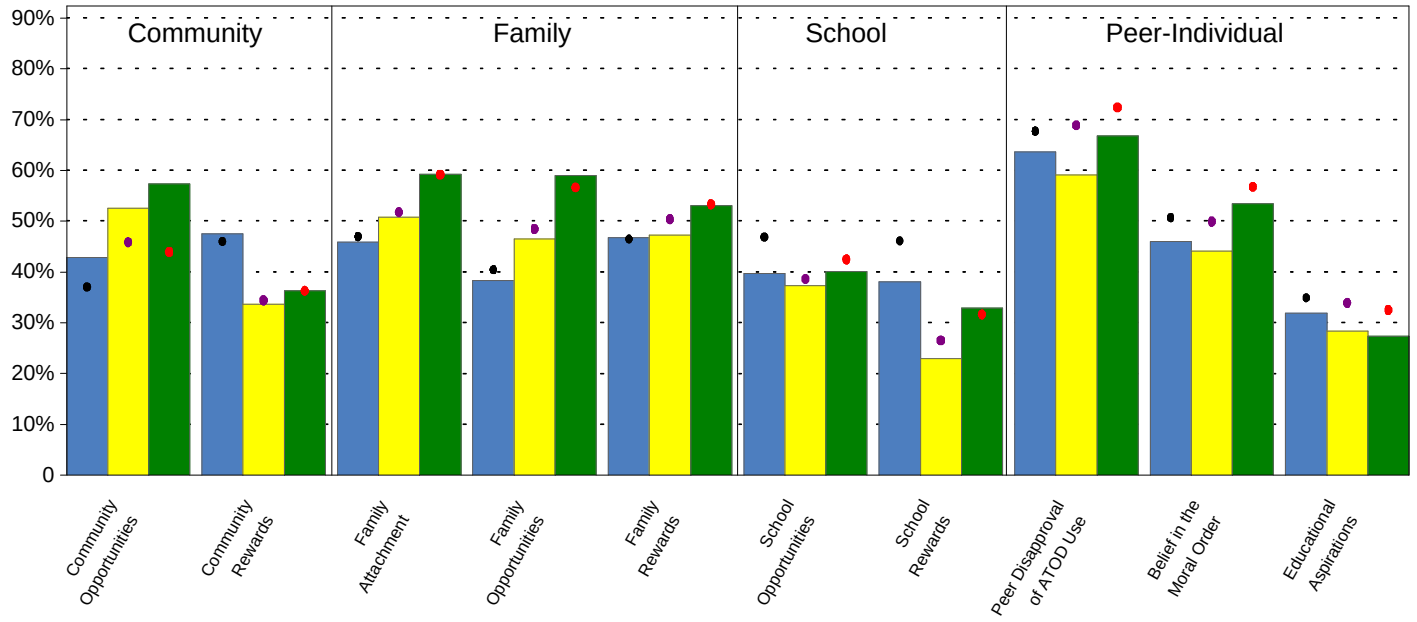


State 2000
State 2002
State 2003

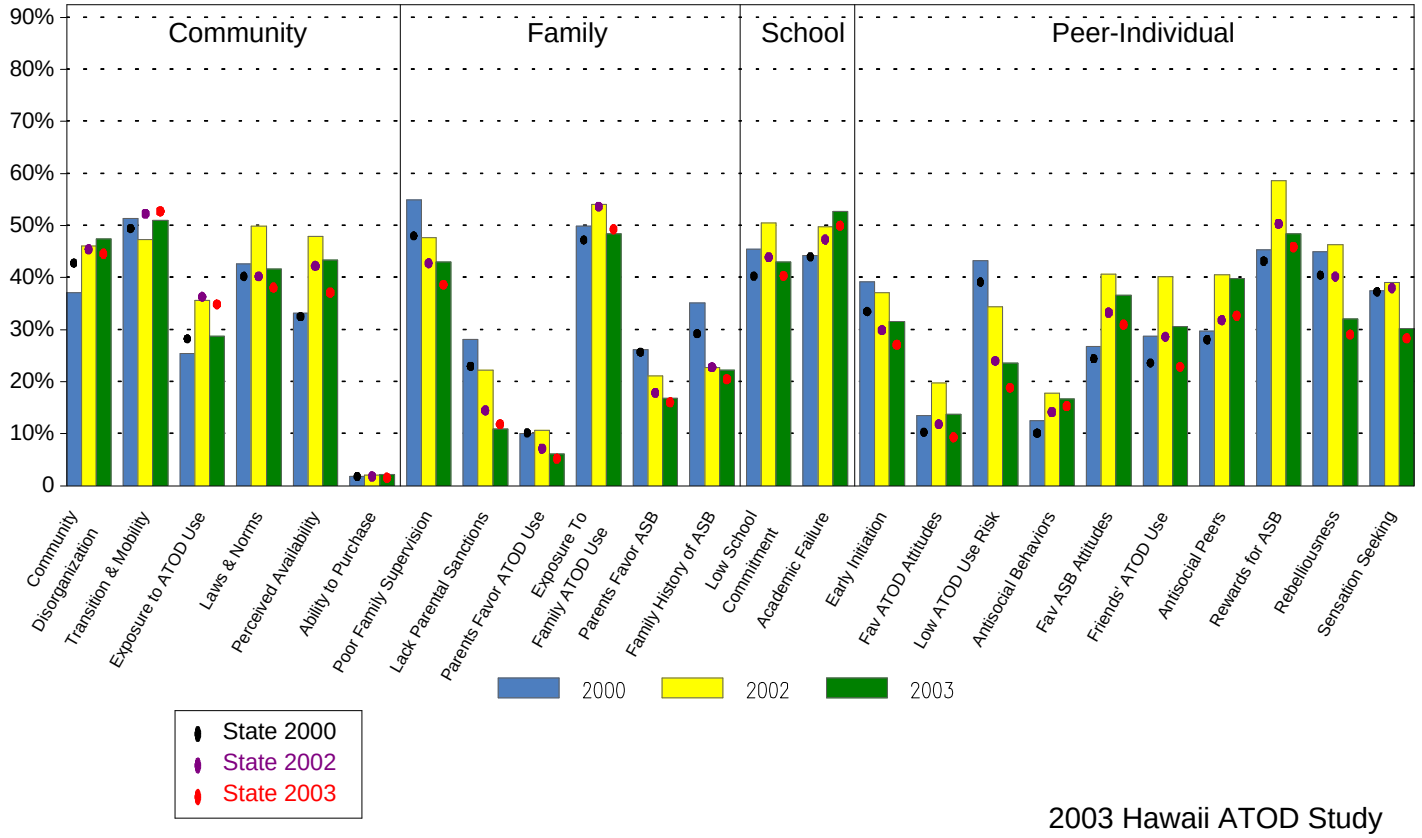
2003 Hawaii ATOD Study

Maui District versus Statewide, 6th Grade

Protective Factors



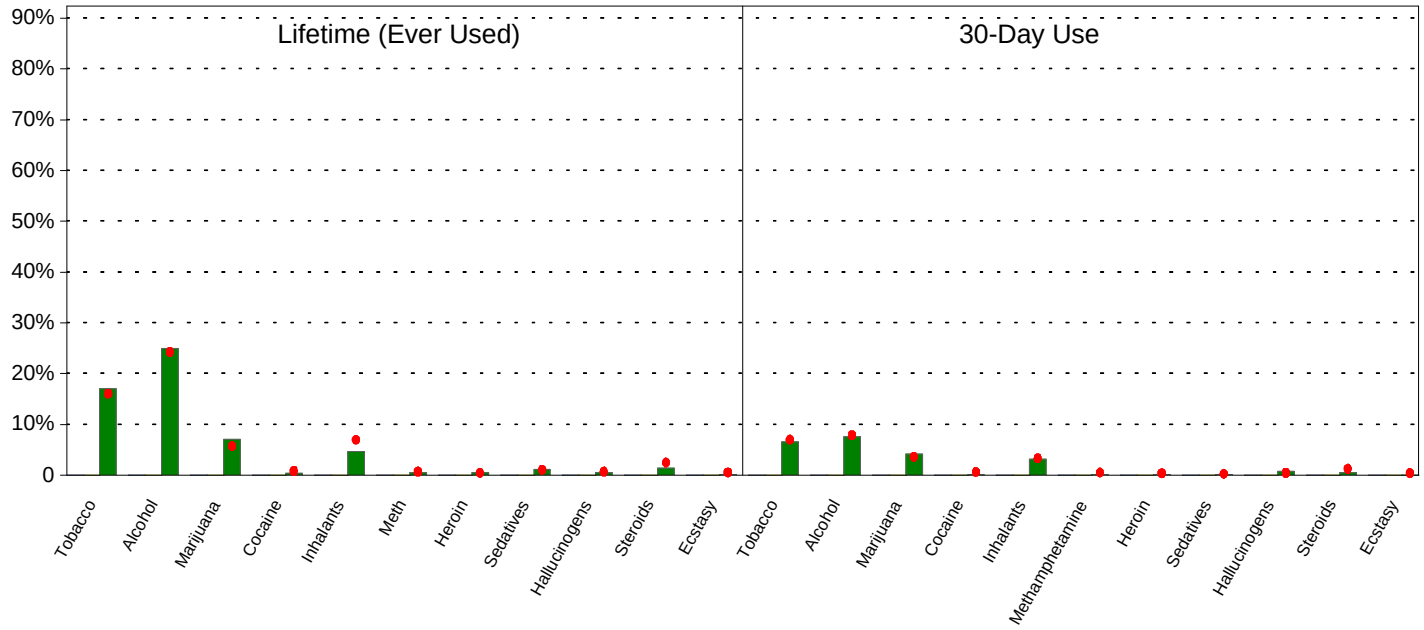
Risk Factors

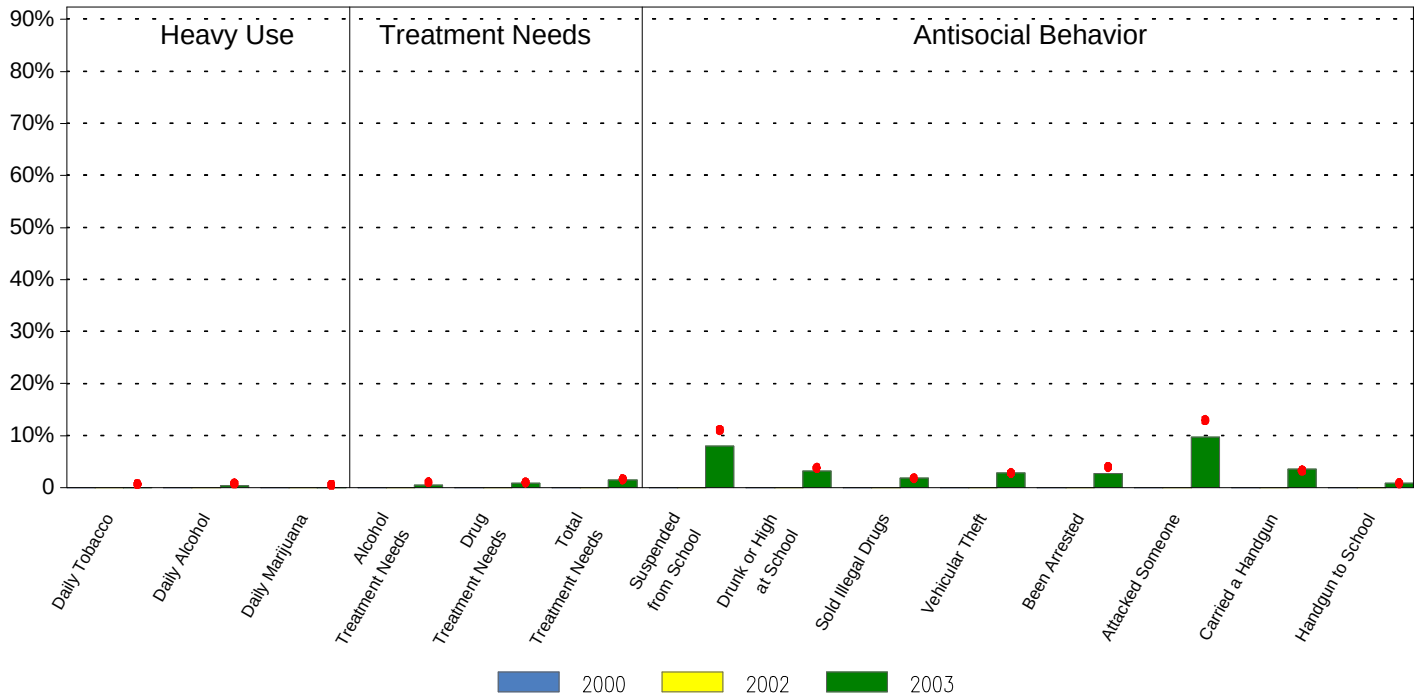


2003 Hawaii ATOD Study

Maui District versus Statewide, 7th Grade

Substance Use and Antisocial Behavior



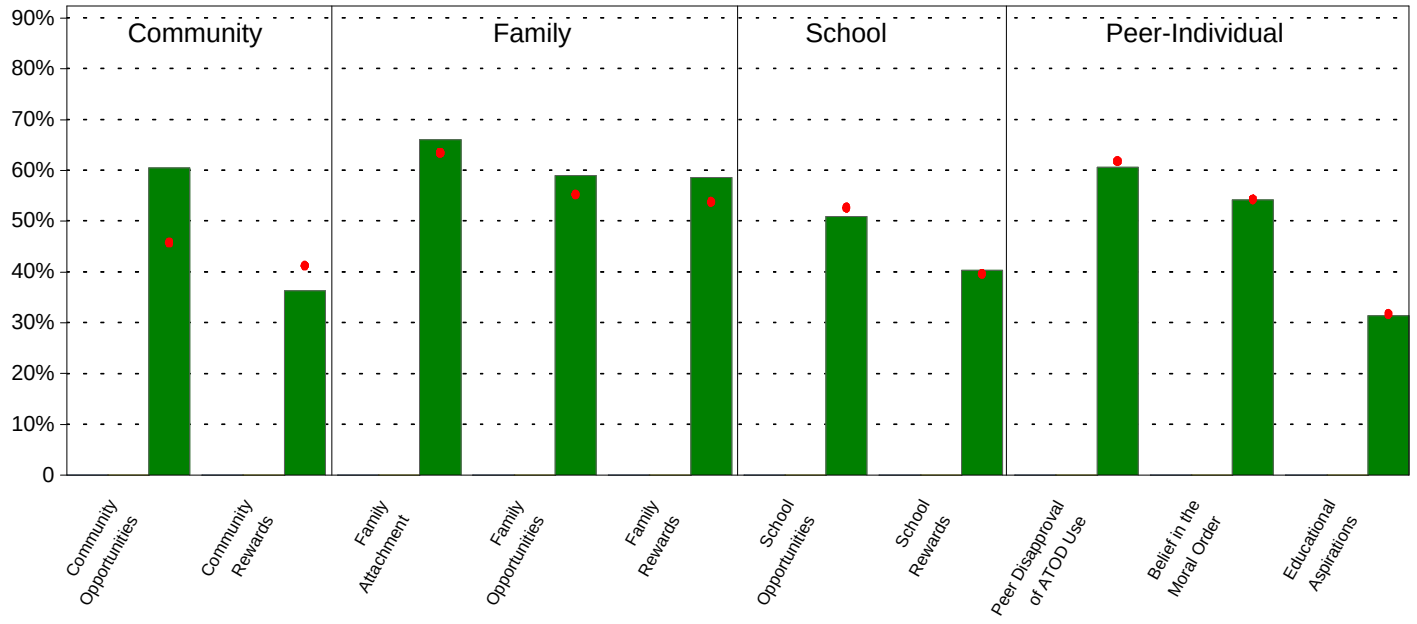


State 2000
State 2002
State 2003

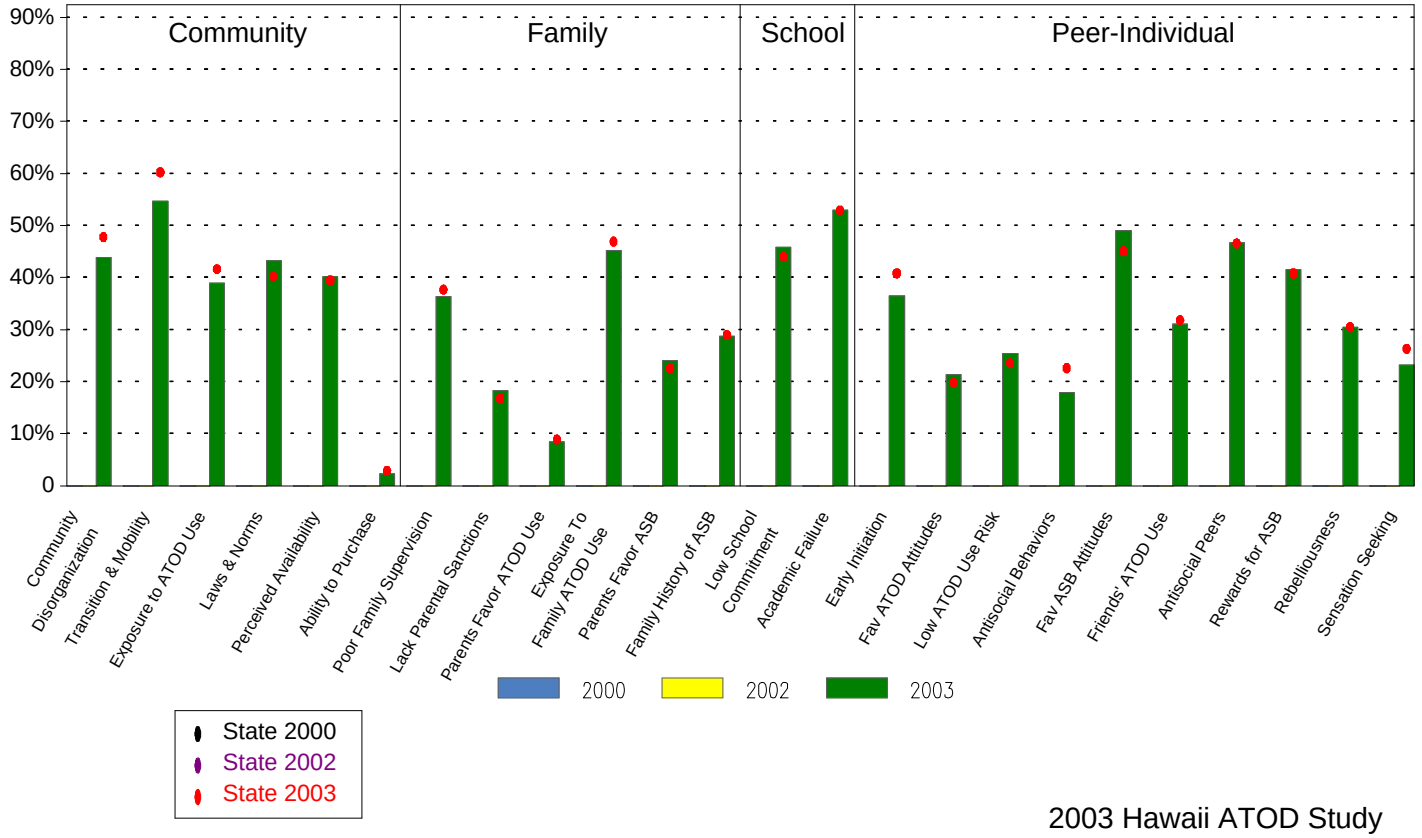
2003 Hawaii ATOD Study

Maui District versus Statewide, 7th Grade

Protective Factors



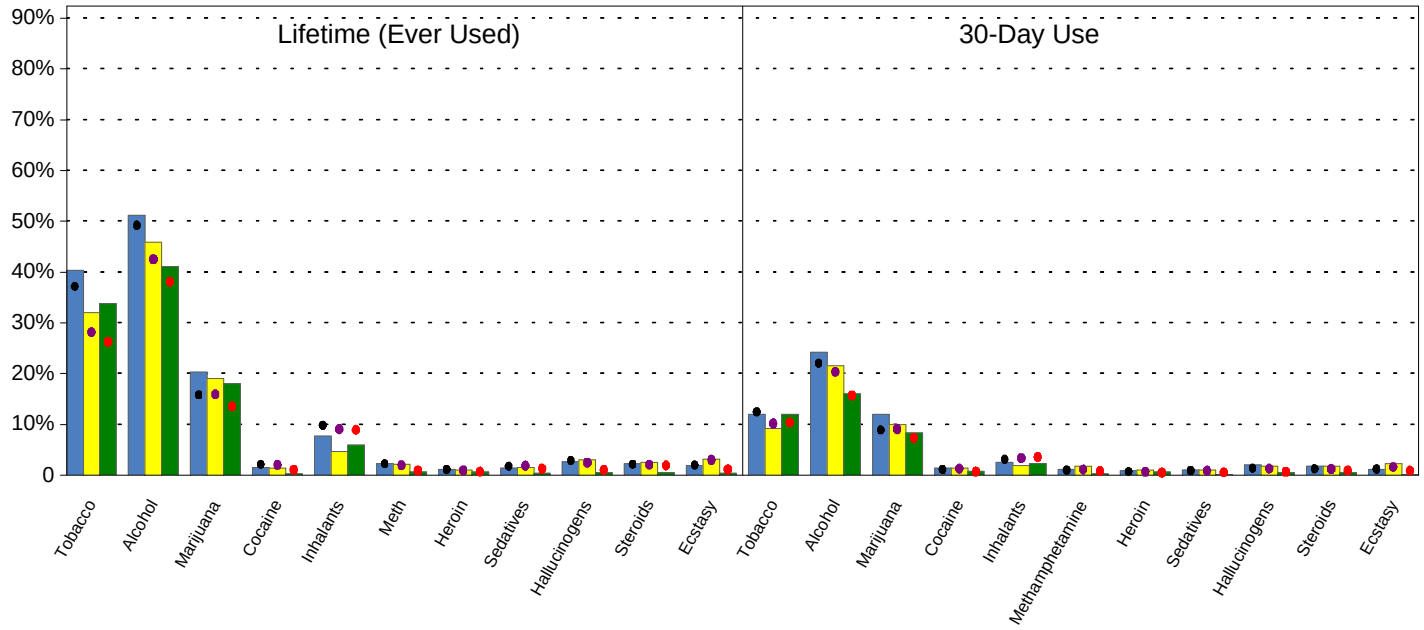
Risk Factors

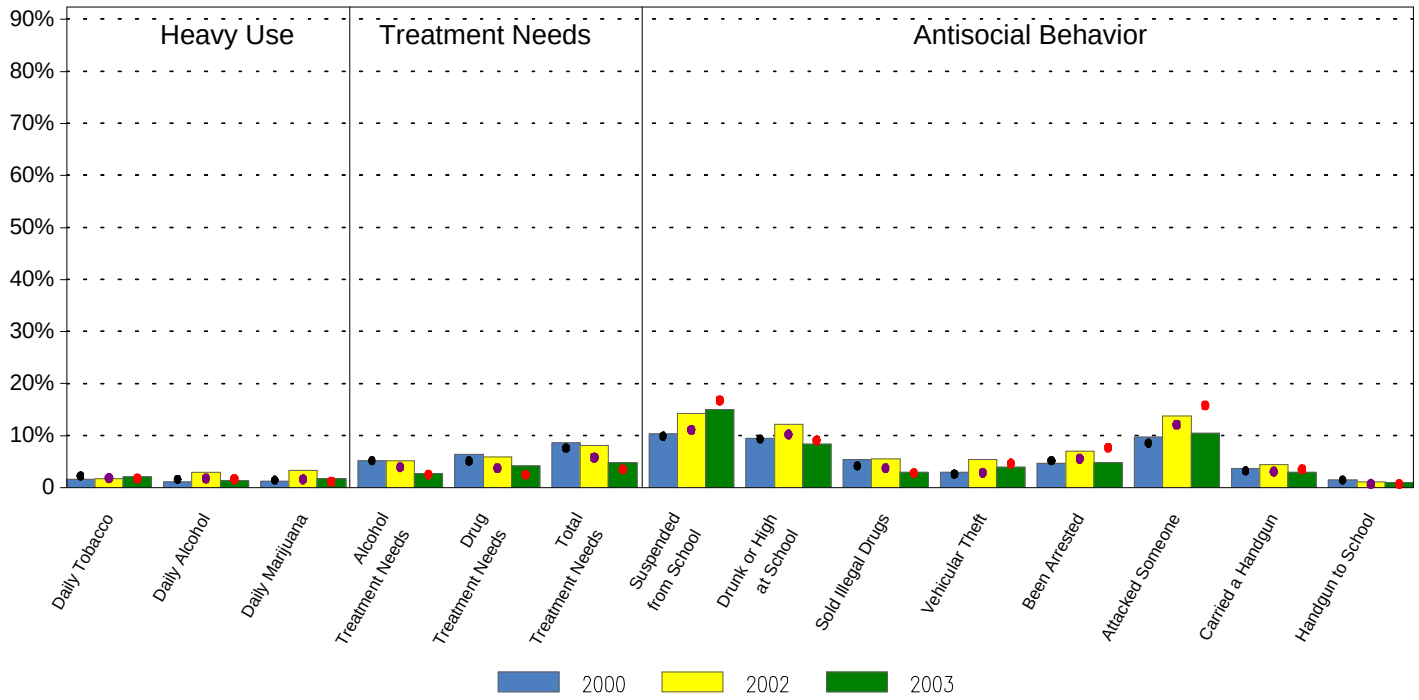


2003 Hawaii ATOD Study

Maui District versus Statewide, 8th Grade

Substance Use and Antisocial Behavior



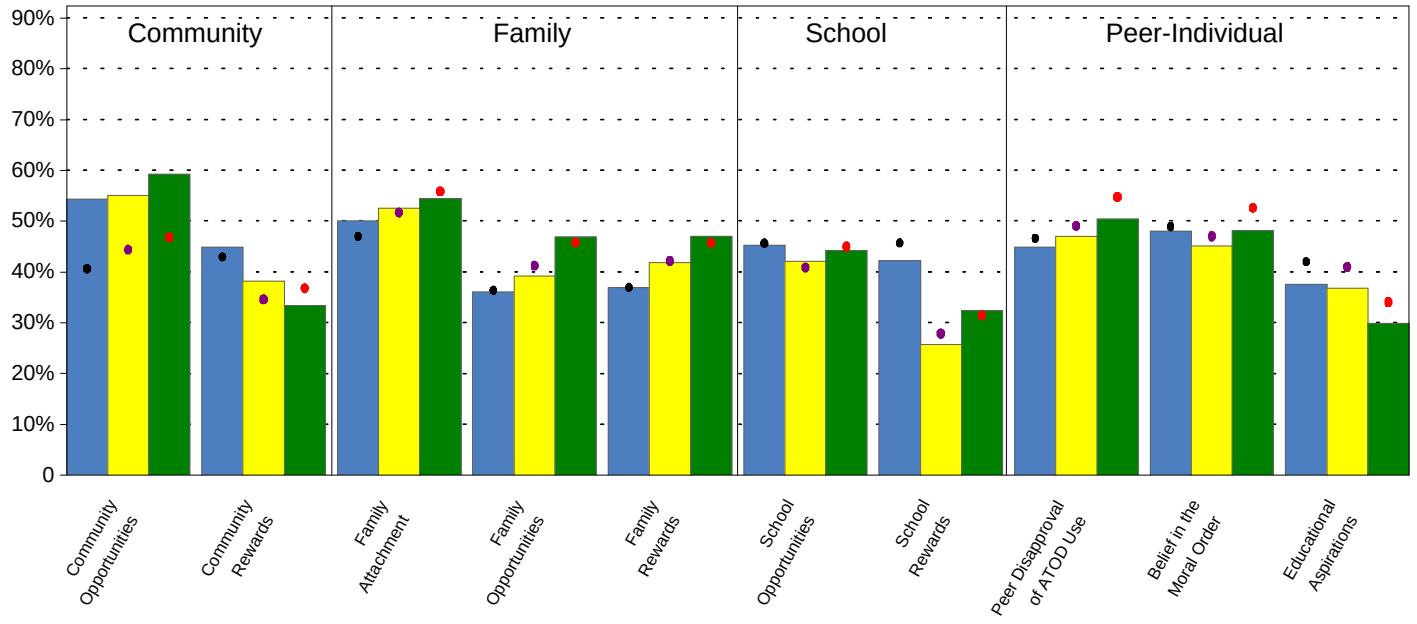


State 2000
State 2002
State 2003

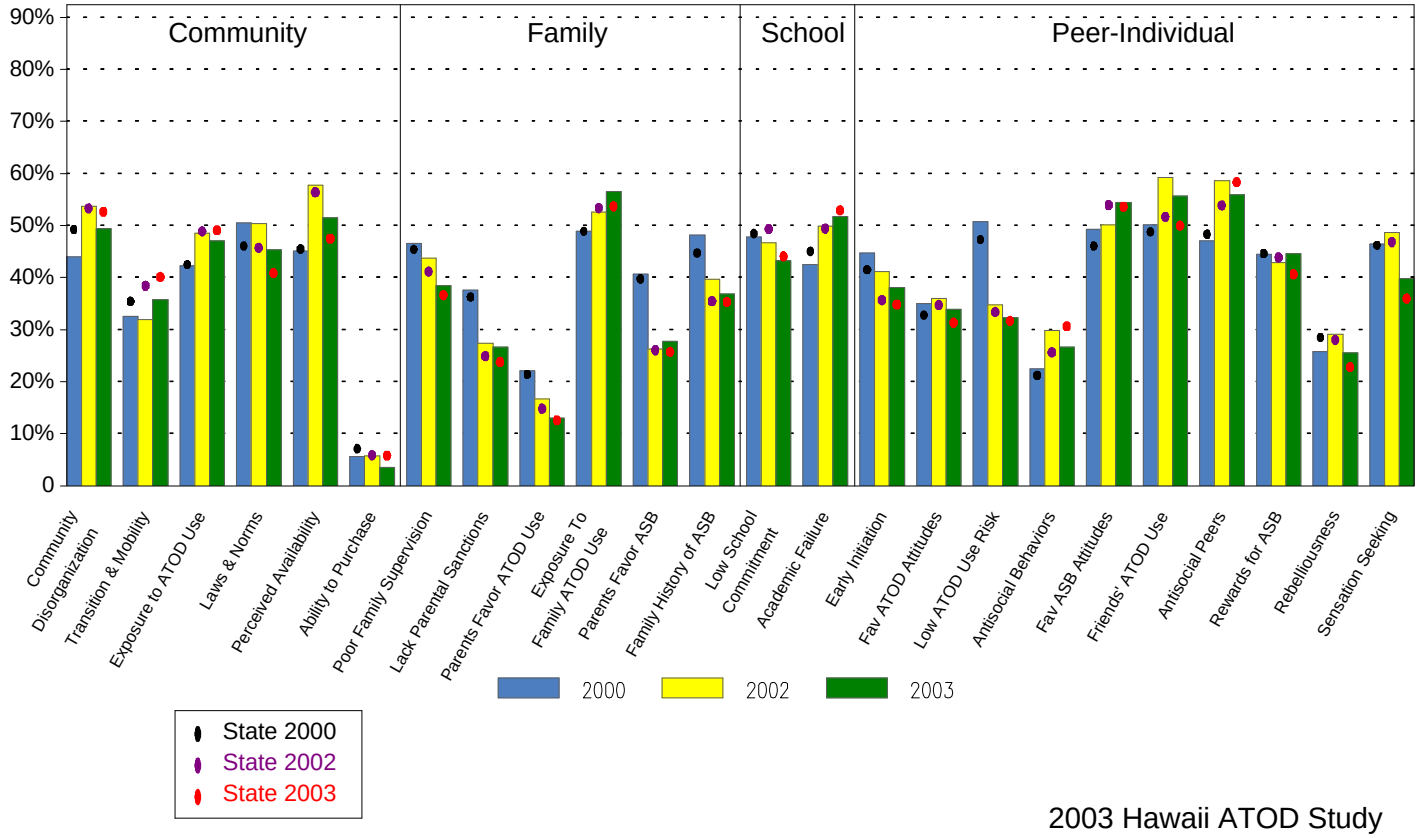
2003 Hawaii ATOD Study

Maui District versus Statewide, 8th Grade

Protective Factors



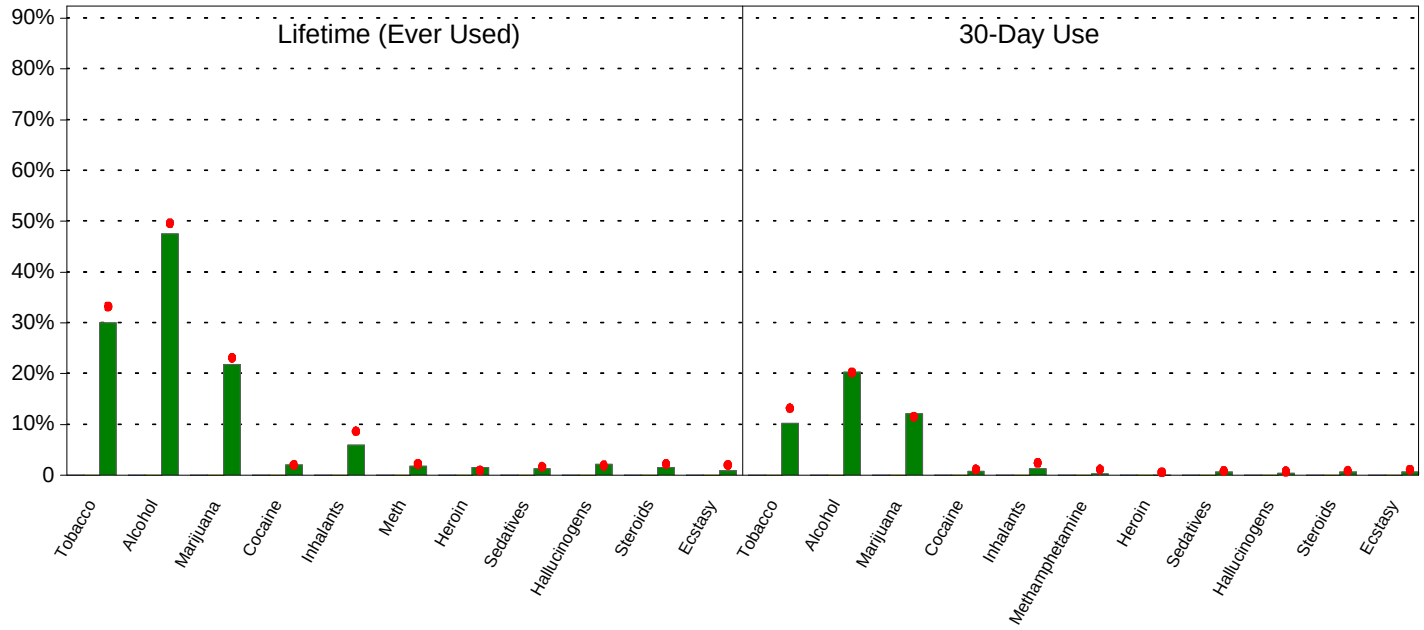
Risk Factors

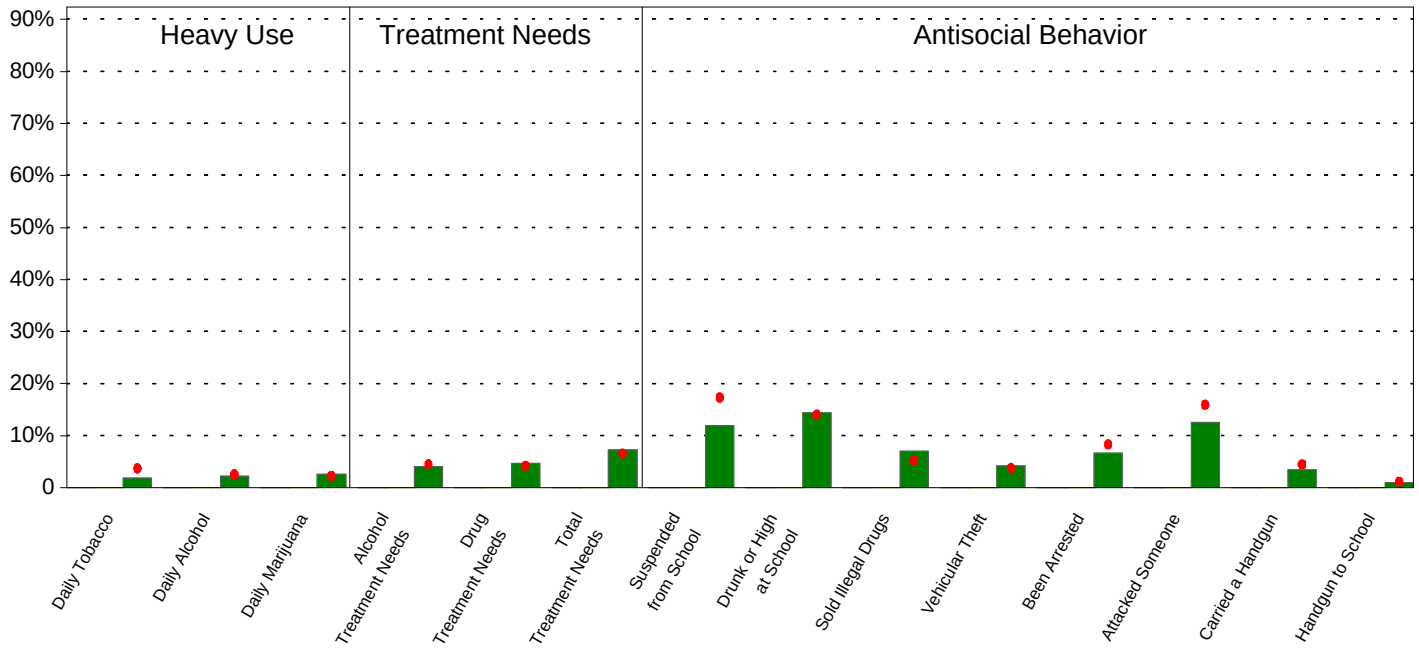


2003 Hawaii ATOD Study

Maui District versus Statewide, 9th Grade

Substance Use and Antisocial Behavior





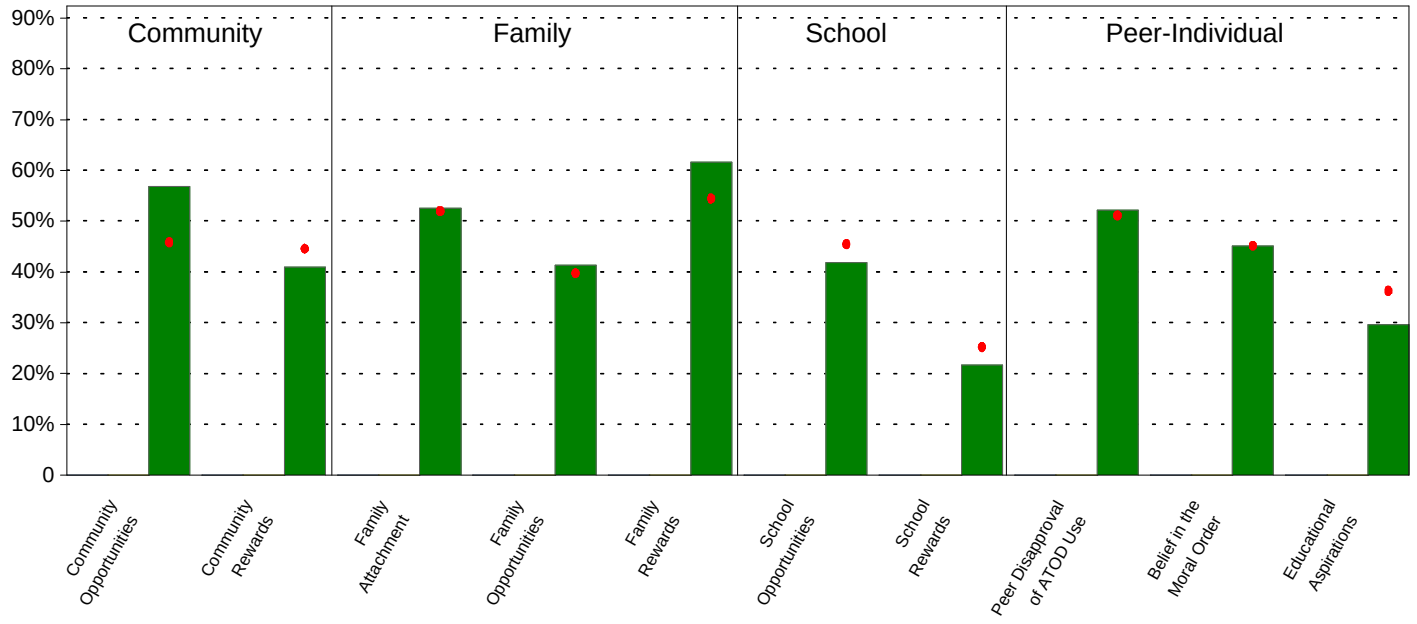
2000 2002 2003

State 2000
State 2002
State 2003

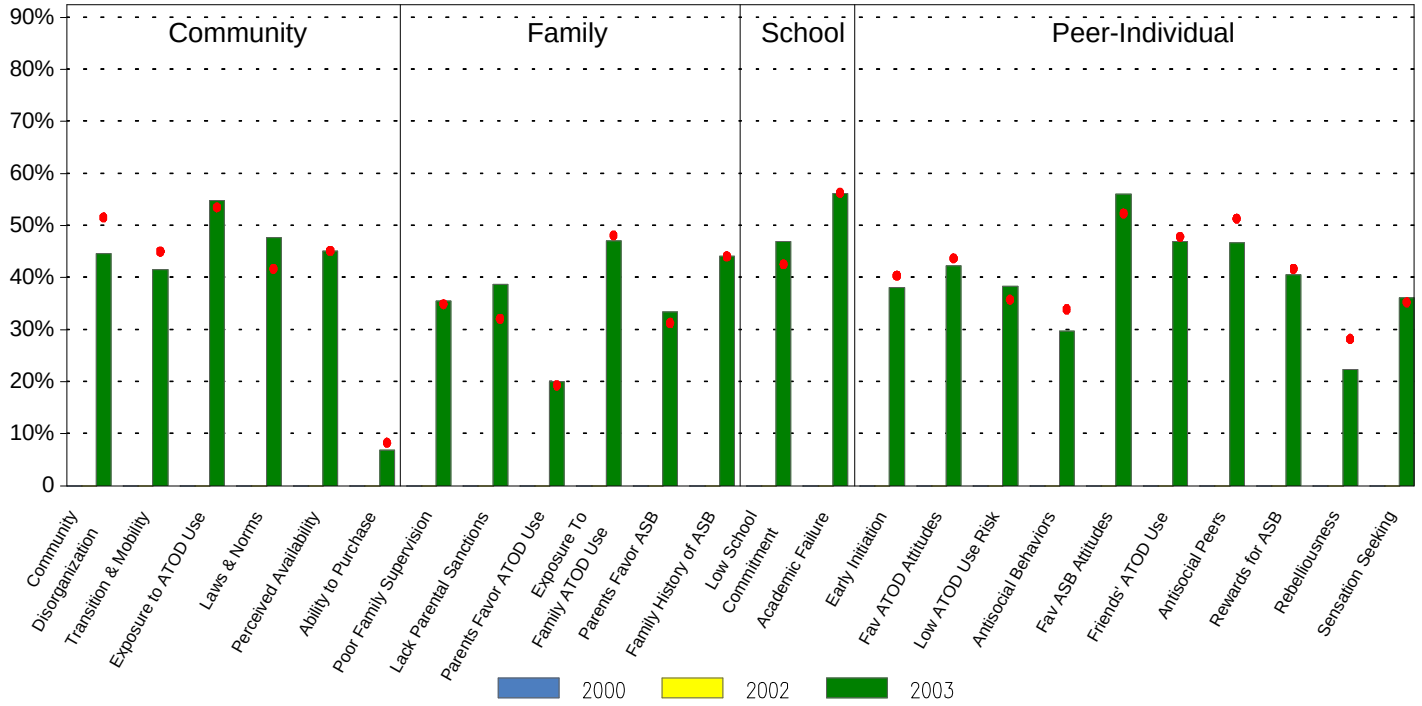
2003 Hawaii ATOD Study

Maui District versus Statewide, 9th Grade

Protective Factors



Risk Factors

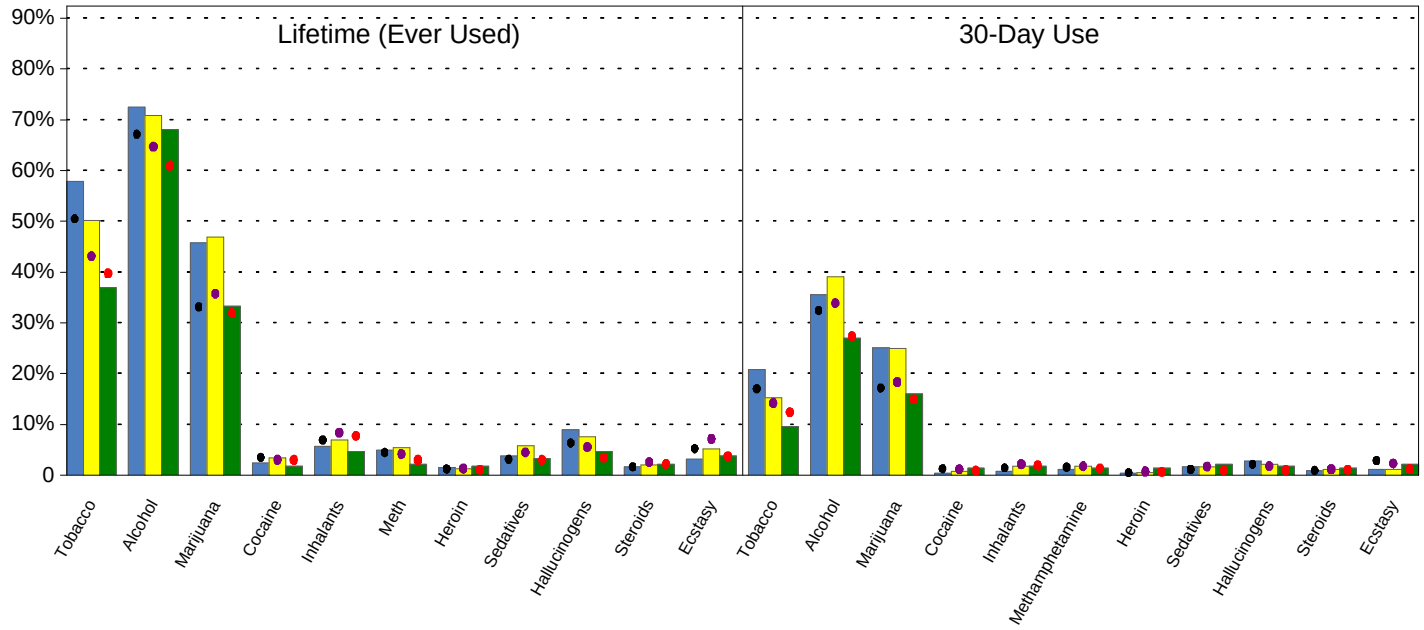


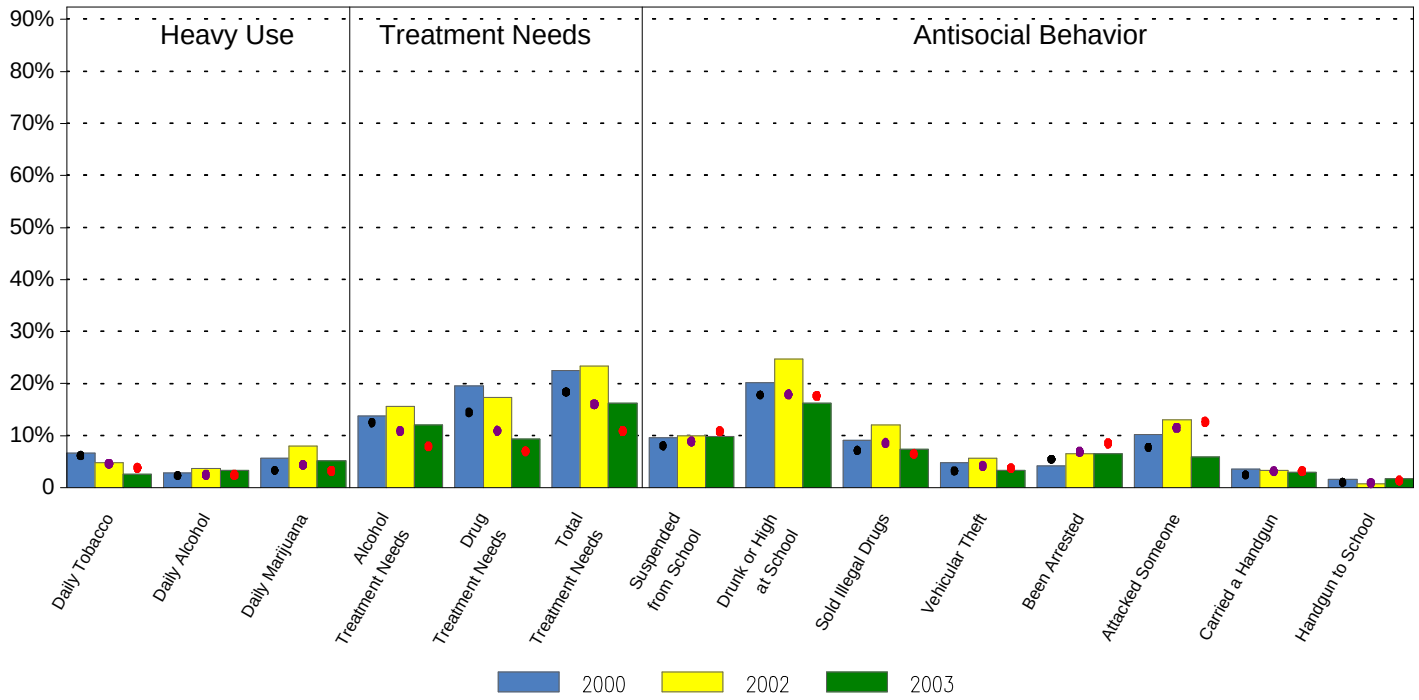
State 2000
State 2002
State 2003

2003 Hawaii ATOD Study

Maui District versus Statewide, 10th Grade

Substance Use and Antisocial Behavior



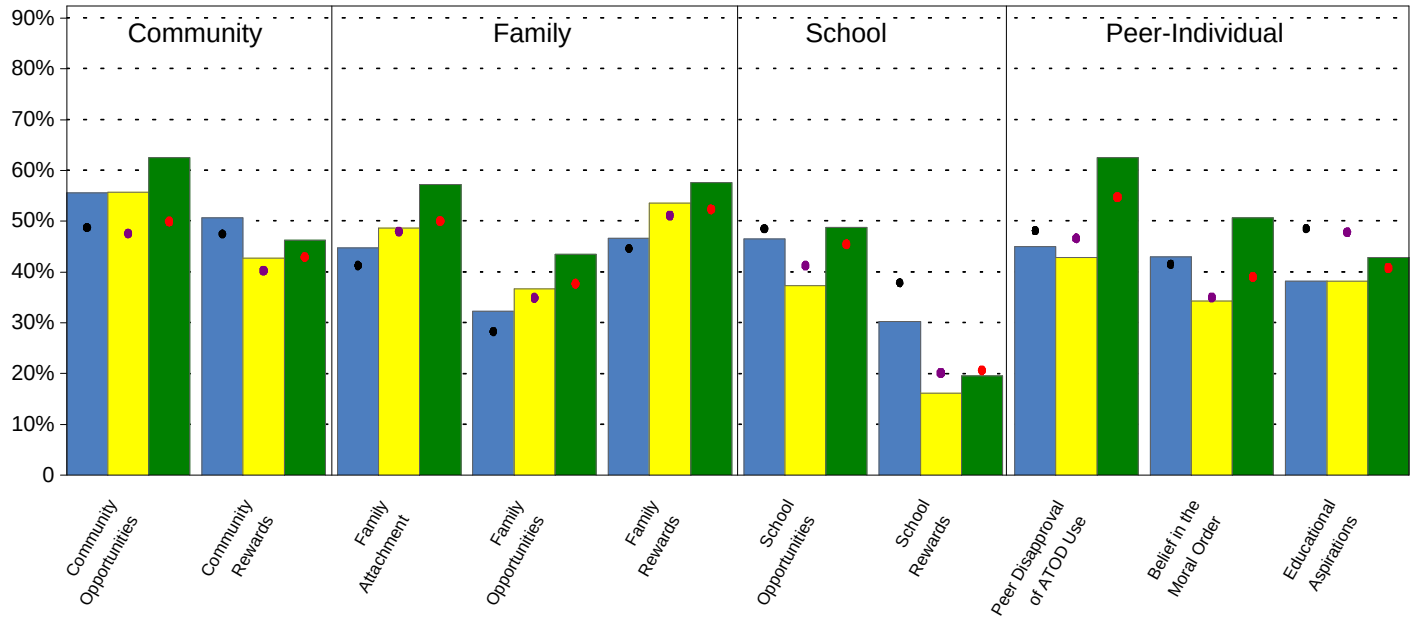


State 2000
State 2002
State 2003

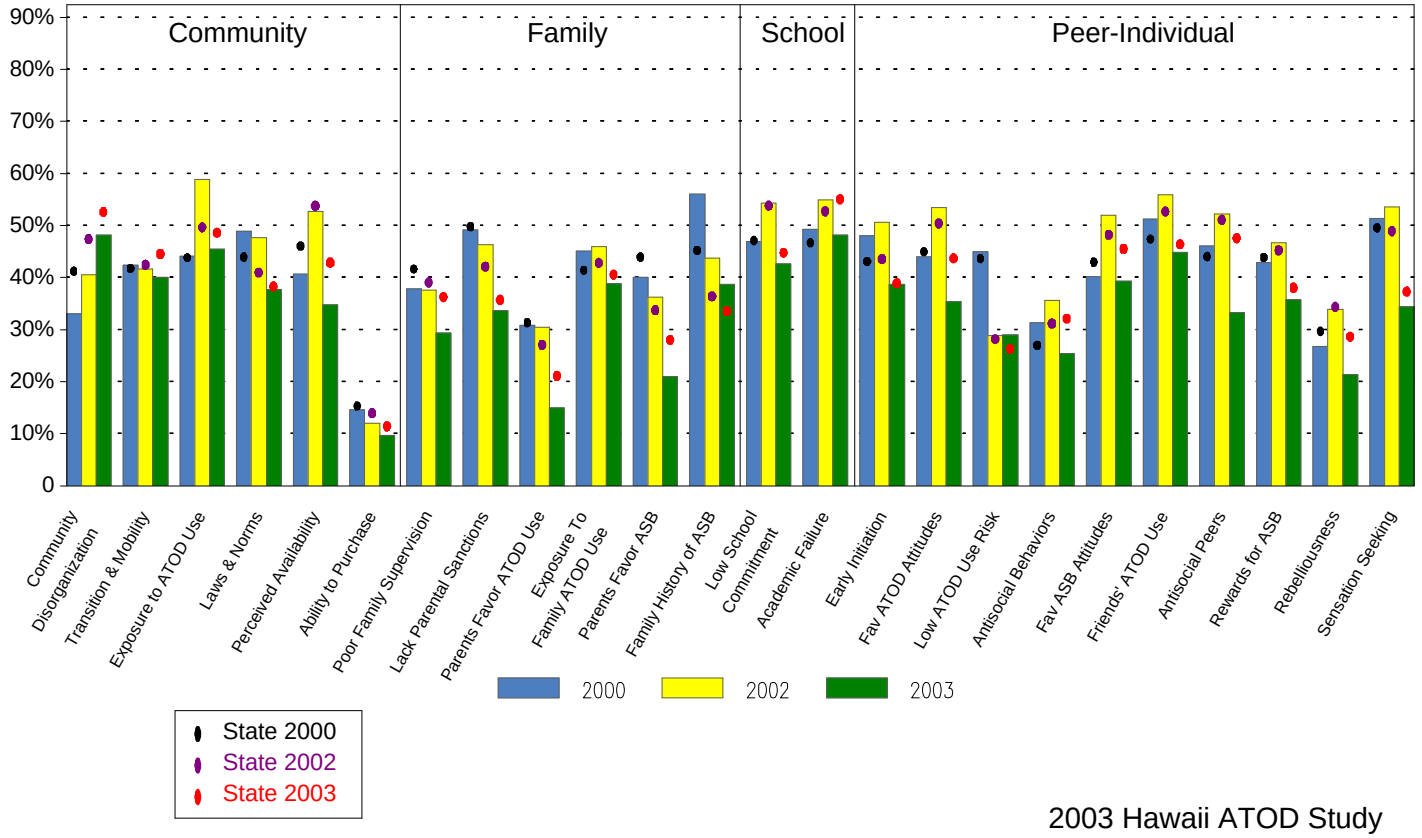
2003 Hawaii ATOD Study

Maui District versus Statewide, 10th Grade

Protective Factors



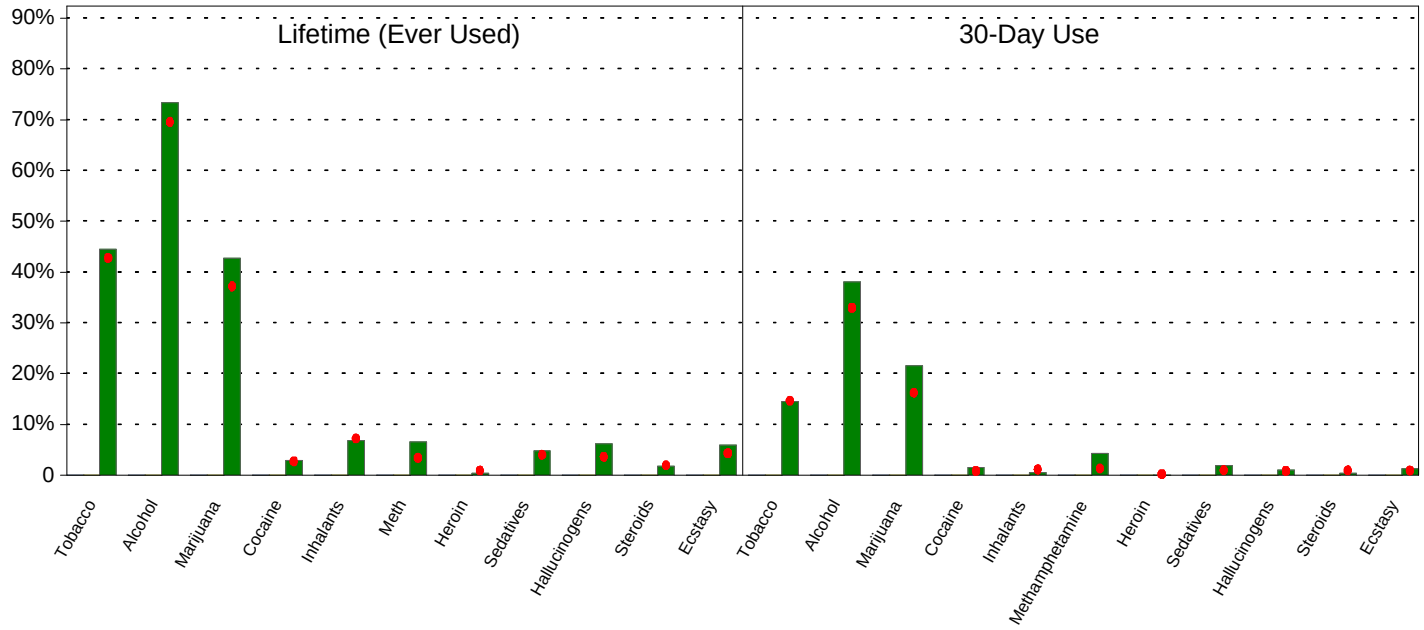
Risk Factors

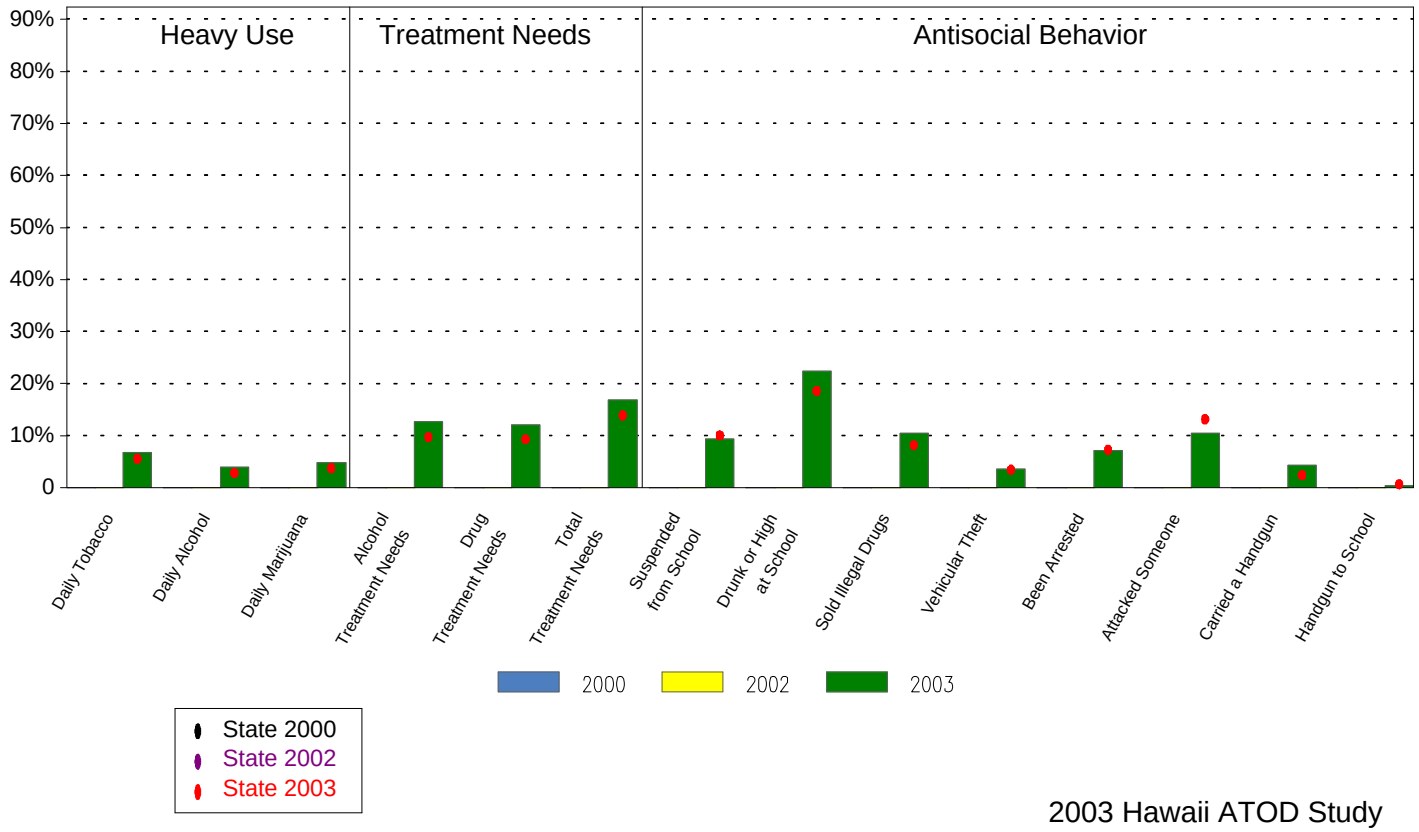


2003 Hawaii ATOD Study

Maui District versus Statewide, 11th Grade

Substance Use and Antisocial Behavior

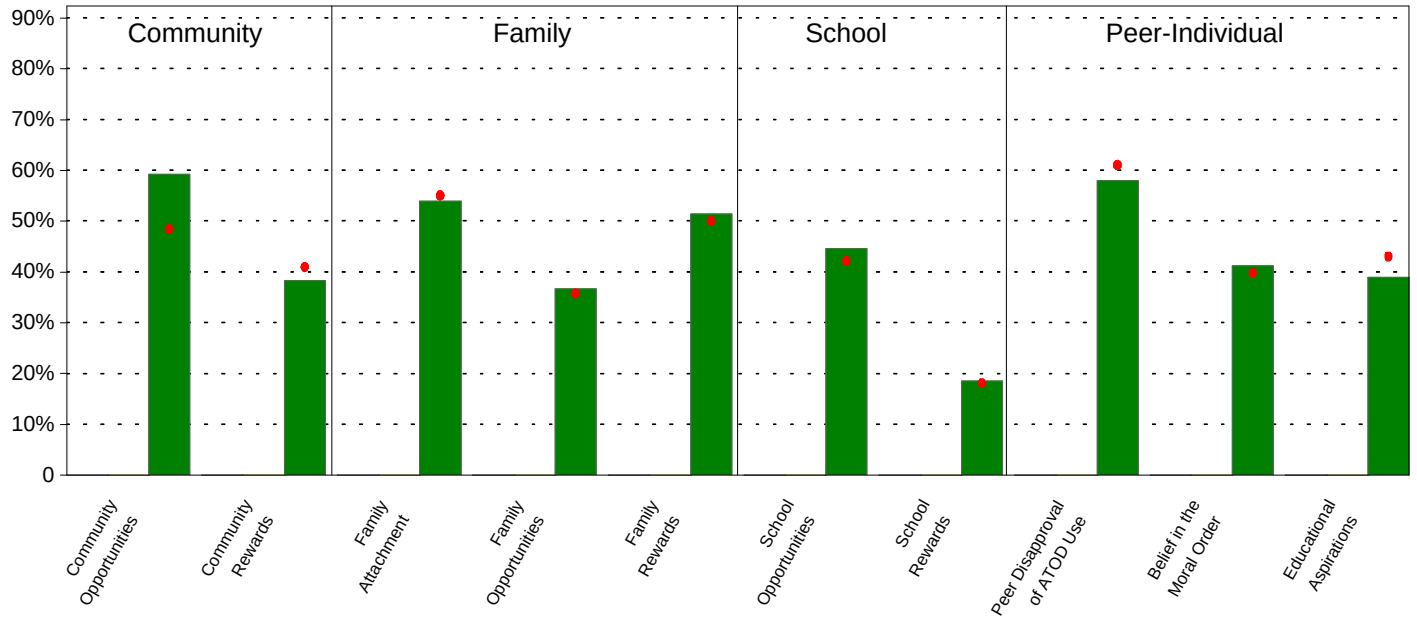




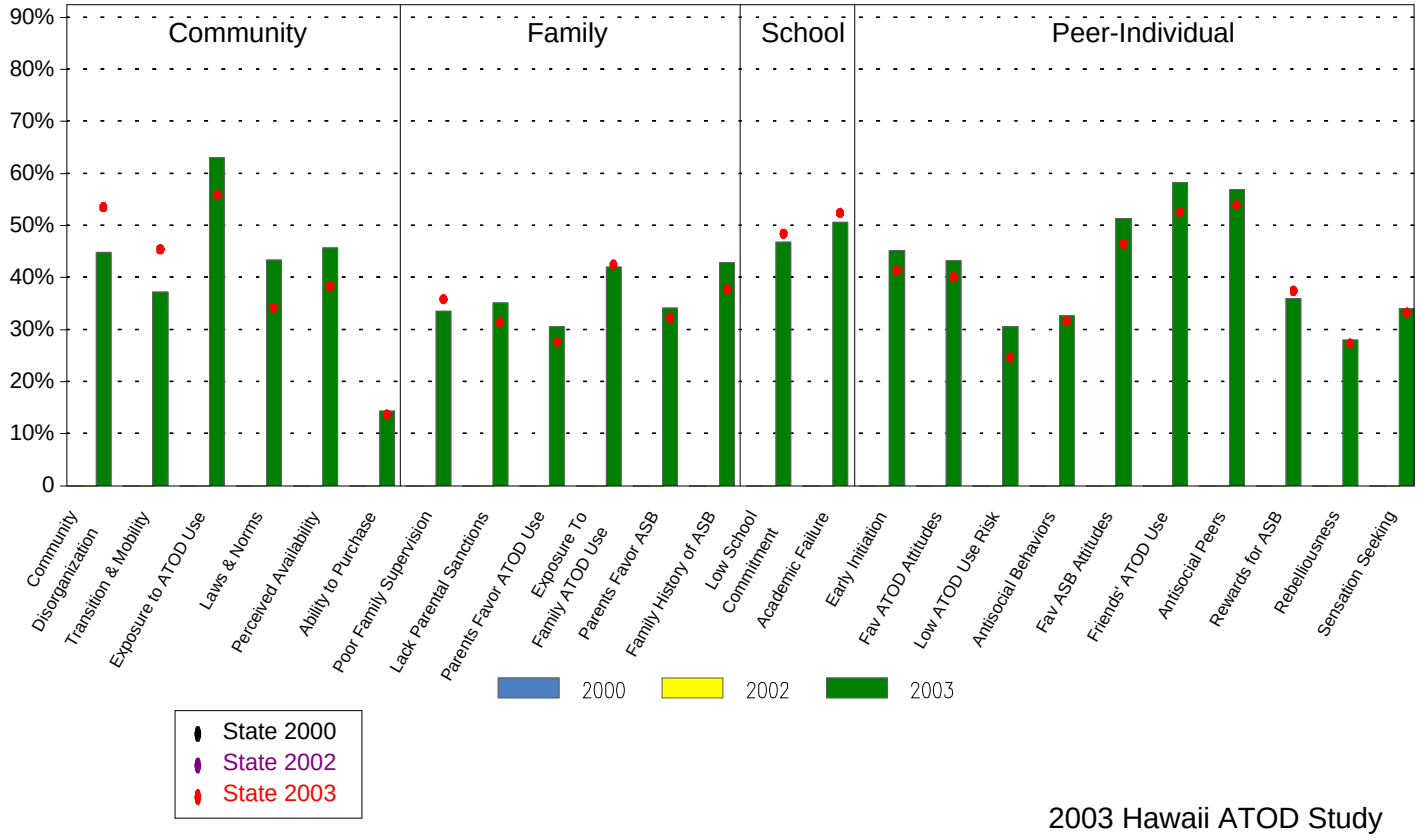
2003 Hawaii ATOD Study

Maui District versus Statewide, 11th Grade

Protective Factors



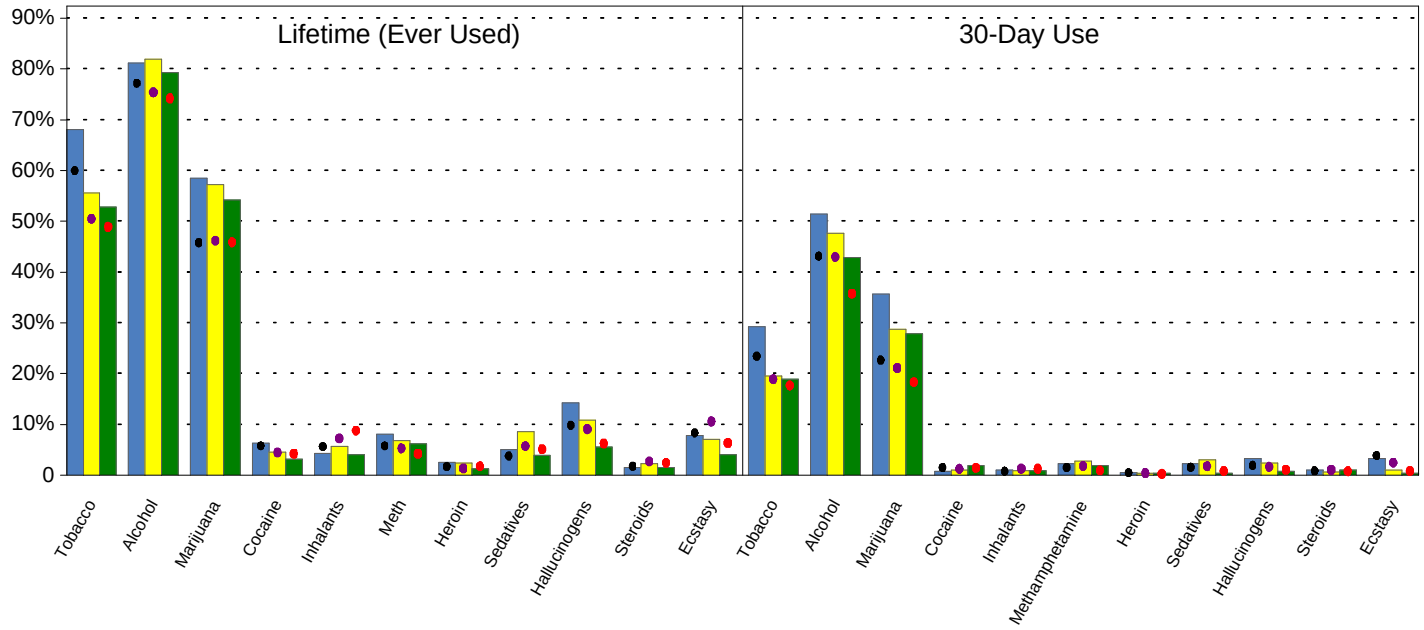
Risk Factors

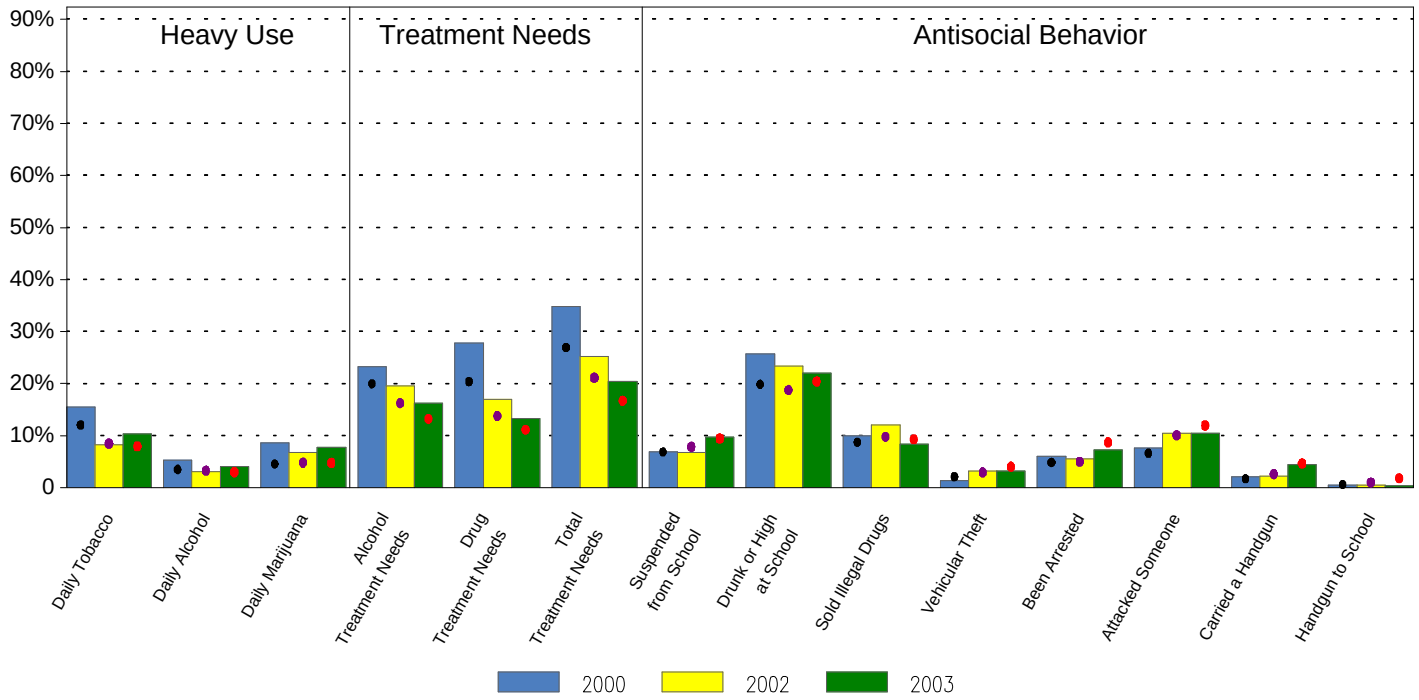


2003 Hawaii ATOD Study

Maui District versus Statewide, 12th Grade

Substance Use and Antisocial Behavior



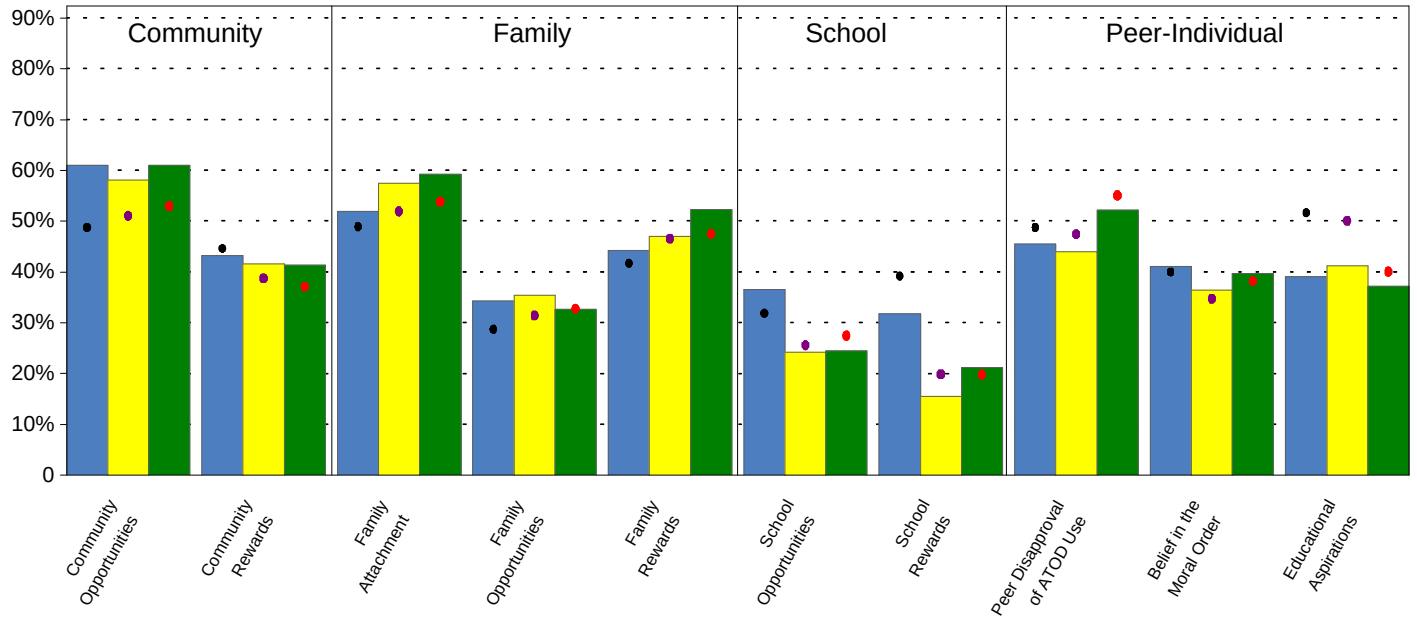


State 2000
State 2002
State 2003

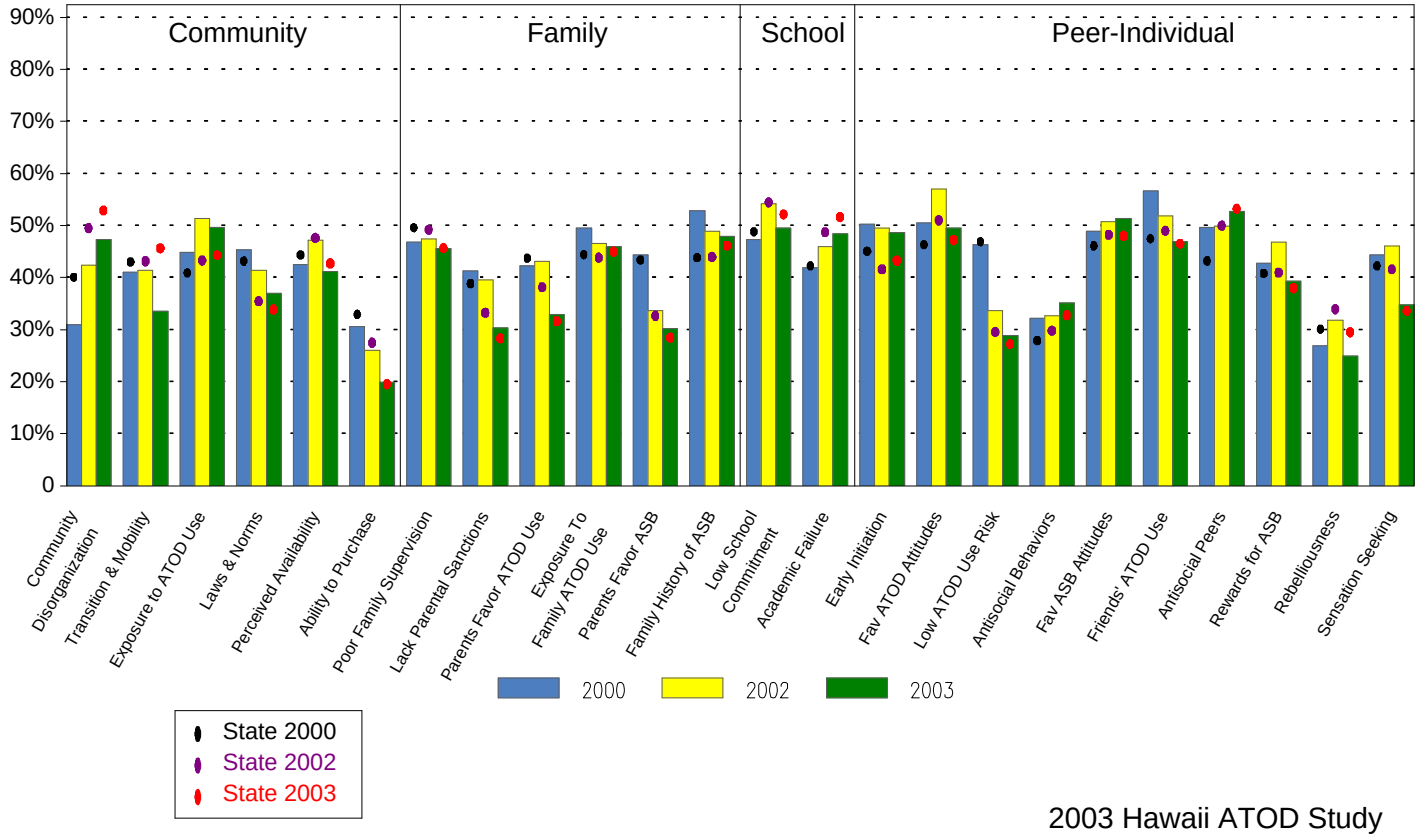
2003 Hawaii ATOD Study

Maui District versus Statewide, 12th Grade

Protective Factors



Risk Factors



2003 Hawaii ATOD Study

HOW CAN YOU USE THIS INFORMATION?

Data from the *2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study* can be used to help select the prevention activities most likely to succeed in improving positive youth development in a particular community or within a specific subgroup of the population. 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 protection of youths. The steps outlined below will help individuals 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 district?
4. Which three to four risk factors increased over the years or are higher than 2003 statewide percentages?
5. Which three to four protective factors decreased over the years or are lower than 2003 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 on the ADAD web site at *www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2003*. Nationwide prevalence rates can be found by going to the Monitoring the Future Study web site at *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 district are acceptable. For instance, if over 50% of the students reported using marijuana in the past 30 days, is that a behavior your district 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 district 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 district.

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 site:
www.hawaii.gov/health/substance-abuse/

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) 586-1500
Web site: www.state.hi.us/ag/index.html

Mothers Against Drunk Driving (MADD-Hawaii)
Phone: (808) 532-6232 or 1-800-578-6233
Web site: www.maddhawaii.org/index2.htm

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) 535-6700
Web site: www.alulike.org

Western Center for the Application of Prevention Technologies (West CAPT)
Toll Free Phone Number: 1-888-734-7476
Web site: http://casat.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 site: www.samhsa.gov

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

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

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

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

Join Together Online
Phone: (617) 437-1500
Web site: www.jointogether.org

Funding Resources

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

Link to Other Funding Resources
Web site:
www.channing-bete.com/positiveyouth/index.html

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

REFERENCES

Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, A. J. (2002). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behavior: The communities that care youth survey. *Evaluation Review, 26 (6)*, 575-601.

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.

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.

FOOTNOTES

[1] Within each public school, one-third of the classes were randomly assigned to participate in this study. Private schools and charter schools participated on a volunteer basis and those who agreed to participate elected to have 100% of their classes take this survey. Only students from assigned classes who had parental consent and who volunteered to participate were included in the study. Data was weighted to improve the representativeness of the sample in terms of the size, distribution, and characteristics of the study population. The weighting procedure associates a weighting factor with each student respondent to effectively reflect the likelihood of sampling each sample element and to reduce bias caused by differential patterns of non-response. The sample is adjusted to compensate for differing patterns of enrollment by grade, by school level (elementary vs. intermediate/high schools), by school type (public schools vs. private and charter schools), and by geographical level (school community, school district, county, and state). Listed below are the approximate weighted n-sizes used in the analyses for the district reports. The statewide approximate weighted n-sizes include public, private, and charter school students.

Approximate Weighted Ns	6th	7th	8th	9th	10th	11th	12th
Statewide	16,649	17,100	17,127	18,916	15,921	14,772	12,824
Honolulu District	2,507	2,445	2,387	2,988	2,288	2,135	1,792
Central District	2,483	2,350	2,372	2,712	2,249	2,112	1,768
Leeward District	3,192	3,160	3,203	3,503	2,663	2,266	1,934
Windward District	1,343	1,284	1,207	1,400	1,187	1,198	968
Hawaii District	1,762	1,832	1,776	2,063	1,866	1,853	1,582
Kauai District	768	828	811	898	842	792	693
Maui District	1,478	1,538	1,663	1,822	1,567	1,607	1,301