PEARL HARBOR
CENTRAL
Community Profile
‘Aiea ■ Moanalua ■ Salt Lake

State Incentive Grant
for Substance Abuse Prevention
among Hawaii’s Youth

CENTER ON THE FAMILY
College of Tropical Agriculture and Human Resources
University of Hawai‘i at Mānoa
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Introduction

If we wanted to focus our efforts on a cause that would have the greatest impact on improving the lives of Hawai‘i’s people, particularly her children, the target is obvious—the prevention of substance abuse and addiction. Abuse of and addiction to illegal drugs, alcohol, and cigarettes are the underlying causes of many problems: crime; health concerns such as cancer, heart disease, and AIDS; violence in the home; teen pregnancy; learning disabilities; and disrupted classrooms. In a nationwide examination of state expenditures in 1998 across 16 budget categories, the National Center on Addiction and Substance Abuse found that out of a total $453.5 billion, $81.3 billion (17.9%) was linked to addressing the results of substance abuse and addiction. The same analysis indicated that Hawai‘i spent $438 million on expenditures related to substance abuse, of which less than 3% was devoted to prevention and treatment.

The personal cost to individuals and families is even higher. All of our communities are familiar with the human suffering caused when children are abused and neglected by drug-abusing parents, when teenagers turn to crime and prostitution to feed their addiction, and when families are broken and devastated because of drug use. There are other costs and lost opportunities: the incarcerated youth who could have gone on to college; the funds allocated to drug arrests, incarceration, and treatment that could have been used to improve our educational system; and the time and energy spent in pain instead of on nurturing children, developing strong families, and building healthy communities.

Recognizing the need to address this insidious problem, Hawai‘i applied for a State Incentive Grant (SIG) from the Center for Substance Abuse Prevention (CSAP). A three-year, $8.4-million grant was awarded to assist the State in achieving two major goals:

- To reduce alcohol, tobacco, marijuana, and other drug use and abuse among Hawai‘i’s 12-to 17-year-olds by building a Statewide system of enduring substance-abuse prevention partnerships; and
- To coordinate, leverage, and redirect substance abuse prevention resources to communities, families, schools, and workplaces.

Approximately $2 million of the grant will be awarded per year to as many as 20 community groups to assist with the SIG effort. Up to $150,000 will be given to each community group for each of the three years of funding.

This community profile was developed to assist SIG participants. The emphasis is on prevention, for the child who reaches the age of 21 years without smoking, abusing alcohol, or using illegal drugs is virtually free from ever doing so. The information on risk and protective factors provides a roadmap that can be used to build resiliency against drug use among the youth in your community. Collaboration among neighbors, friends, and agencies in places where people know and can personally affect the life of each young person is the most effective way to prevent substance use and abuse. This profile contains information about your community and its residents that can be used to develop effective SIG proposals that address areas of need in your location.

Rabbi Harold Kravitz advised, "We need more than kind sentiments about children. We need to draw on the rich resources of our community to address their needs." The SIG provides a rallying point for people to join forces to keep the children in their communities free from the harmful effects of drug abuse and addiction. This is one of the best investments we can make to ensure positive outcomes for our children, families, and communities in the future.

Ann Tom
Marcia Hartsock
Sylvia Yuen
The State of Hawai‘i is comprised of more than 40 public school complexes, each of which includes a high school, all of the elementary and middle schools that feed into that high school, and the geographic boundaries that surround each of them. For the purpose of collecting data for the State Incentive Grant (SIG), those 40+ school complexes have been consolidated into 13 geographic areas, or “communities.” In each community profile the data reported are specific to one of those 13 geographic areas. The community profile which follows is for the geographic area designated “Pearl Harbor Central.”

The largely urban, suburban, and military Pearl Harbor Central community begins in westernmost Honolulu at Fort Shafter (which runs from the Kalihi mountains to the sea) and ends in ‘Aiea and Waimalu. Considered the westernmost areas of Honolulu (with many “Honolulu” zip codes), this community is well-established. Between the mountains and the sea, this area includes several golf courses, seven community parks, Pearl Ridge Shopping Center (the largest after Ala Moana Shopping Center), several smaller shopping centers (that serve the military, Moanalua, Salt Lake, Hālawa, ‘Aiea, and Waimalu), and industrial and retail businesses both small and large. Besides its military presence and country clubs, this area is also a tourist mecca, with attractions such as the Arizona Memorial, the Aloha Stadium flea market, and the Honolulu International Airport.

Densely populated (with a population of 108,132), this community is culturally diverse. The Census 2000 identified the population as 46% Asian, 26% White, 16% multiracial, 6% Native Hawaiian and Other Pacific Islander, and over 5% Black. The schools in this community serve the island’s largest population of African Americans, largely from the many military communities. In 1999-2000, the Department of Education described this community’s 17,000 students as 25% White, 18% Filipino, 16% Filipino, 12% Black, and 10% Native Hawaiian and Other Pacific Islander.

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**Moanalua Complex**
- Moanalua High
- Moanalua Middle
- Moanalua Elementary
- Red Hill Elementary
- Salt Lake Elementary
- William R. Shafter Elementary
- Pearl Harbor Kai Elementary

**Radford Complex**
- Admiral Arthur W. Radford High
- Áliamanu Intermediate
- Áliamanu Elementary
- Chester W. Nimitz Elementary
- Horace Meek Hickam Elementary
- Makalapa Elementary
- Mokulele Elementary
- Pearl Harbor Elementary

**‘Aiea Complex**
- ‘Aiea High
- ‘Aiea Intermediate
- ‘Aiea Elementary
- Alvah A. Scott Elementary
- Gustave H. Webling Elementary
- Pearl Ridge Elementary
- Waimalu Elementary
PEARL HARBOR
CENTRAL
FEATURES:
‘Aiea Bay
‘Aiea Loop Trail
Aloha Stadium
Arizona Memorial
Battleship Missouri
Memorial
Camp HM Smith
Marine Corps
Reservation
Hickam Air Force
Base
Honolulu
International
Airport
Ke‘ehi Lagoon
Māmala Bay
McGrew Point Naval
Reservation
Pacific War
Memorial
Pearl City Urban
Garden Center
Pearl Harbor Naval
Reservation
Pearl Harbor Park.
Pearl Ridge
Shopping Center
(with Hawai‘i’s
first two multi-
plex theatres
Xeriscape Gardens

12% Japanese, 10% Hawaiian and Part-Hawaiian, 9% African American, and the balance from more than 7 other ethnic groups.

Moanalua, Radford, and ‘Aiea high schools comprise the main public school complexes in the Pearl Harbor Central community. The largest schools in this community boast up to approximately, 1,880 students at the high school level, approximately 875 middle school students, and approximately 800 elementary school students. There is one Hawaiian language immersion school in Waimalu. This community also includes several private schools, including Assets School, which serves gifted, talented, and dyslexic children from all over the island, and parochial schools such as St. Elizabeth’s.

The families of the Pearl Harbor Central community come from a wide range of socio-economic backgrounds, but the majority are in the middle to upper middle income ranges. Housing includes everything from single-family residences and small apartment buildings and townhouses to high-rise condominiums. There are many military housing areas in this community. The per capita income is $21,218. The wealthiest communities include homes and condominiums in Moanalua, ‘Aiea Heights, and areas surrounding the country clubs.

Some of the things we know about the Pearl Harbor Central Community are:

• 26.7% of the population were children age 0-17
• 17,147 students of the State’s 185,123 students were enrolled in public schools
• 20.7% of adults have achieved college-level education (compared with 22.3% Statewide)
• 79.0% of adults graduated from high school (higher than the Statewide average of 77.8%)
• 16.3% of households receive public assistance income (comparable to 16.4% Statewide)
• 5.6% were unemployed in 1998 (compared to 6.2% Statewide)

The problem of alcohol, tobacco, and other drug use among the youth of this community is a serious one, as illustrated in the following chart. The good news is that this community is doing a great job of protecting their youngest students from initiation into substance use. The 6th graders are below statewide levels of drug and alcohol use in every category. However, the 8th graders are using more Ecstasy and crystal methamphetamine than the Statewide average, as are the 10th and 12th graders. Alcohol use is significant, although rates are lower than State levels. More than 36% of seniors report drinking during the month preceding the survey, and almost 17% of seniors meet the criteria for abuse of or dependence on drugs and alcohol.

Rates of smoking, drinking, and using most illegal drugs are higher for the older teens, but in the case of crystal methamphetamine, seniors are using at slightly lower rates than sophomores. There are a number of possible
explanations for this. The optimistic view is that the seniors of this particular year have
done a better job of avoiding this drug than the younger group, or that if they used
crystal methamphetamine earlier, some settled down by senior year, giving up the drug.
Another view, and one that gives us pause for concern, is that some of the students who
were using this dangerous drug in 10th grade, chose not to participate in the survey by
12th grade, fearing entrapment, or worse, have dropped out of school because of the
drug problem, effectively leaving them out of the survey.

<table>
<thead>
<tr>
<th>SUBSTANCE USE REPORTED BY STUDENTS*</th>
<th>Pearl Harbor Central</th>
<th>Honolulu County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking cigarette in past month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 6</td>
<td>2.4</td>
<td>n.a.</td>
<td>3.7</td>
</tr>
<tr>
<td>Grade 8</td>
<td>12.2</td>
<td>n.a.</td>
<td>11.8</td>
</tr>
<tr>
<td>Grade 10</td>
<td>11.8</td>
<td>n.a.</td>
<td>16.5</td>
</tr>
<tr>
<td>Grade 12</td>
<td>26.2</td>
<td>n.a.</td>
<td>22.6</td>
</tr>
<tr>
<td>Drinking any alcohol in past month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 6</td>
<td>6.2</td>
<td>n.a.</td>
<td>9.0</td>
</tr>
<tr>
<td>Grade 8</td>
<td>19.1</td>
<td>n.a.</td>
<td>21.9</td>
</tr>
<tr>
<td>Grade 10</td>
<td>22.9</td>
<td>n.a.</td>
<td>32.5</td>
</tr>
<tr>
<td>Grade 12</td>
<td>36.1</td>
<td>n.a.</td>
<td>43.3</td>
</tr>
<tr>
<td>Drinking alcohol daily in past month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 6</td>
<td>0.5</td>
<td>n.a.</td>
<td>0.7</td>
</tr>
<tr>
<td>Grade 8</td>
<td>1.0</td>
<td>n.a.</td>
<td>1.6</td>
</tr>
<tr>
<td>Grade 10</td>
<td>1.1</td>
<td>n.a.</td>
<td>2.3</td>
</tr>
<tr>
<td>Grade 12</td>
<td>3.0</td>
<td>n.a.</td>
<td>3.5</td>
</tr>
<tr>
<td>Using marijuana in past month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 6</td>
<td>0.4</td>
<td>n.a.</td>
<td>1.2</td>
</tr>
<tr>
<td>Grade 8</td>
<td>5.8</td>
<td>n.a.</td>
<td>8.7</td>
</tr>
<tr>
<td>Grade 10</td>
<td>8.9</td>
<td>n.a.</td>
<td>17.0</td>
</tr>
<tr>
<td>Grade 12</td>
<td>16.3</td>
<td>n.a.</td>
<td>22.6</td>
</tr>
<tr>
<td>Using crystal methamphetamine in past month</td>
<td>0.1</td>
<td>n.a.</td>
<td>0.3</td>
</tr>
<tr>
<td>Grade 8</td>
<td>1.3</td>
<td>n.a.</td>
<td>1.0</td>
</tr>
<tr>
<td>Grade 10</td>
<td>2.2</td>
<td>n.a.</td>
<td>1.5</td>
</tr>
<tr>
<td>Grade 12</td>
<td>2.0</td>
<td>n.a.</td>
<td>1.4</td>
</tr>
<tr>
<td>Using ecstasy/MDMA in past month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 6</td>
<td>0.0</td>
<td>n.a.</td>
<td>0.1</td>
</tr>
<tr>
<td>Grade 8</td>
<td>1.8</td>
<td>n.a.</td>
<td>1.2</td>
</tr>
<tr>
<td>Grade 10</td>
<td>3.3</td>
<td>n.a.</td>
<td>2.9</td>
</tr>
<tr>
<td>Grade 12</td>
<td>5.0</td>
<td>n.a.</td>
<td>3.8</td>
</tr>
<tr>
<td>Needing treatment for alcohol, tobacco, or drug abuse or dependence</td>
<td>0.6</td>
<td>n.a.</td>
<td>1.4</td>
</tr>
<tr>
<td>Grade 8</td>
<td>5.6</td>
<td>n.a.</td>
<td>7.4</td>
</tr>
<tr>
<td>Grade 10</td>
<td>11.7</td>
<td>n.a.</td>
<td>18.4</td>
</tr>
<tr>
<td>Grade 12</td>
<td>16.8</td>
<td>n.a.</td>
<td>26.9</td>
</tr>
</tbody>
</table>

*Data are reported in percentages.
Comparison of Pearl Harbor Central Risk Factors with the Rest of the State

*ATOD = alcohol, tobacco, or other drug.
Bars indicate difference from the State average. If State = 50% and community = 48%, the difference is -2%.

Comparison of Pearl Harbor Central Protective Factors with the Rest of the State

Bars indicate difference from the State average. If State = 50% and community = 48%, the difference is -2%.
Why do some kids smoke? Why do others drink alcohol? What can we do to prevent them from using and abusing drugs, alcohol, and tobacco? These questions have always concerned policy makers, program managers, and parents. For a long time, attention was focused on identifying the problem and its negative impacts. For example, children growing up in poverty (a problem) were found to be at high risk for poor health, school failure, and behavioral problems in adolescence (negative impacts). Therefore, logically, elimination of the problem should lead to fewer negative impacts. However, some problems, such as poverty or mental illness, are difficult to solve. Does that mean that kids who grow up in difficult circumstances are doomed? Fortunately, research began to show that many children in problematic situations were healthy, did well in school, and did not become delinquent or pregnant as teens. In fact, many grew up to be competent, healthy adults. What made the difference for these children, who grew up successfully despite experiencing the same circumstances as children who suffered the negative impacts?

The findings from a landmark study conducted in Hawai‘i provide some answers. Werner and Smith (1982) studied all of the infants born in 1955 on the island of Kaua‘i and followed them into adulthood. The investigators concluded that risk factors and stressful life events don’t inevitably lead to poor outcomes. Throughout life, there is a shifting balance between stressful events that increase vulnerability and protective factors that boost resilience. This balance is determined by the number of risk and protective factors and their frequency, duration, and severity, as well as the developmental stage at which they occur.

The aim of the SIG is to mobilize community action in shifting the balance from vulnerability to resilience for every child who has the potential for substance abuse and addiction. The children and youth who have successfully avoided abusing alcohol,
tobacco, and drugs have done so because the adults in their lives cared enough to assist them in developing positive personal qualities and supported them in their homes, schools, and communities.

In the next four sections of this Community Profile, the information related to your community is presented in a framework that was developed by Hawkins, Catalano, and their colleagues (1992) at the University of Washington. The data are presented in terms of risk and protective indicators in four domains: community, school, family, and individuals/peers. Note that the Community Profile doesn’t contain a comprehensive list of indicator data for each domain. Instead, an extensive list of potential indicators were evaluated and a core set was selected that could be used by communities as a starting point for their work. What is included reflects the state of data presently available in the field—a scarcity of data for geographic areas (what we call communities) that are smaller than counties as well as a scarcity of data that address positive and protective qualities rather than risk. The indicators selected for the profiles met the following criteria. The data were:

- Reliably related to risk and protective qualities,
- Available at the community level,
- Consistently collected over time, and
- Easily communicated and understood.

The last sections of this Community Profile contain resources and references, including the Website address for the Data Center on Children and Families, which can be consulted for data relating to additional indicators.
Community Risk and Protective Indicators

The nature of the community affects children’s lives at every level. The community is a mix of elements such as family, school, individual personalities, and peer relationships that are embedded in neighborhoods with unique features. All of the elements influence the others in ways that provide both opportunity and risk. In a place where people feel safe, enjoy their neighbors, and get involved with local interests and needs, kids have the room necessary for positive growth and development.

The teens that live in the area designated as Pearl Harbor Central are not as susceptible to community level risks as teens generally are in this State. Lower rates of risk were found on all but one of the indicators measured here. Unfortunately, rates were also lower on protective factors measured, with one exception.

Despite doing better than the State as a whole, there is still a segment of the teen population, approximately one-third or more, who say they are exposed to fights, drug selling, and other crimes in their neighborhoods and who don’t feel safe. About the same numbers are also exposed to people using cigarettes, alcohol, and other drugs.

Based on the percent of children who finish the school year in the same school they started, this community has the lowest rate of stability in the State. Over 40% of the 10th graders surveyed indicated that they don’t like their neighborhoods and would like to get out of them. Young people who don’t feel bonded to a community, who live where adults aren’t aware of or involved in their lives, are less likely to choose to live according to its standards and norms and are more likely to use drugs. Where community members have little attachment to their neighborhoods, there are higher rates of drug problems.
This community had the lowest rate in the State of teens who believe that their neighbors notice when they are doing a good job, encourage them to do their best, and express pride in them for a job well done. Rewarding positive activity is important to children’s development. As with adults, children need praise and recognition for positive actions in order to reinforce good behaviors, build feelings of acceptance, and foster bonding. In turn, strong bonding with good role models decreases the likelihood of unacceptable behaviors.

<table>
<thead>
<tr>
<th>COMMUNITY RISK*</th>
<th>Pearl Harbor Central</th>
<th>Honolulu County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kids reporting community disorganization</td>
<td>34.3</td>
<td>n.a.</td>
<td>41.3</td>
</tr>
<tr>
<td>Kids reporting low neighborhood attachment</td>
<td>41.7</td>
<td>n.a.</td>
<td>37.5</td>
</tr>
<tr>
<td>Alcohol sales outlets, per 100,000</td>
<td>89</td>
<td>158</td>
<td>194</td>
</tr>
<tr>
<td>Youth ability to purchase alcohol and tobacco</td>
<td>12.1</td>
<td>n.a.</td>
<td>15.2</td>
</tr>
<tr>
<td>Kids reporting availability of substances and guns</td>
<td>40.6</td>
<td>n.a.</td>
<td>46.0</td>
</tr>
<tr>
<td>Exposure to alcohol, tobacco, and other drug use</td>
<td>39.5</td>
<td>n.a.</td>
<td>43.9</td>
</tr>
<tr>
<td>DUI per 100,000</td>
<td>111</td>
<td>310</td>
<td>410</td>
</tr>
<tr>
<td>Drug violations per 100,000</td>
<td>91</td>
<td>299</td>
<td>396</td>
</tr>
<tr>
<td>Violent crime rate, per 100,000</td>
<td>n.a.</td>
<td>254</td>
<td>235</td>
</tr>
<tr>
<td>Property crime rate, per 100,000</td>
<td>n.a.</td>
<td>4682</td>
<td>4601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNITY PROTECTION*</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stability (students in 1 school all year)</td>
<td>83.7</td>
<td>87.4</td>
<td>89.4</td>
</tr>
<tr>
<td>Adults who trust people in neighborhood ‘a lot’</td>
<td>39.0</td>
<td>38.8</td>
<td>42.0</td>
</tr>
<tr>
<td>Adults who work in community projects</td>
<td>45.3</td>
<td>39.0</td>
<td>40.7</td>
</tr>
<tr>
<td>Kids have opportunities for positive involvement</td>
<td>45.6</td>
<td>n.a.</td>
<td>48.9</td>
</tr>
<tr>
<td>Kids feeling rewarded for positive involvement</td>
<td>38.2</td>
<td>n.a.</td>
<td>47.5</td>
</tr>
</tbody>
</table>

*Data are percent unless other rate is noted.
School Risk and Protective Indicators

One of the most important factors in the self-confidence of an adolescent is the ability to succeed in school. Part of that success is related to a student’s sense of connection or commitment to the school he or she attends. Students were asked about the meaningfulness of their coursework and its importance for their future, how often they enjoy or hate school, and how often they try to do their best. About one-third to one-half of the students, in all the grades surveyed, were rated low in school commitment based on these measures. Children are at higher risk of involvement with drugs if they don’t believe school is meaningful in their lives.

In this community, other measures of school risk are lower than the Statewide averages, such as rates of disciplinary suspension and skipping school. This community also has the lowest rate of teachers with less than five years of experience in their school. Positive interaction over a number of years between children and adults who get to know them at a personal level creates protective school environments.

On every indicator measured here, this community has higher rates of school protective factors than the State average. Attendance rates are high, and seniors enjoy the third highest graduation rate in the State. There isn’t another community in the State where a greater percentage of 10th graders claim to have ample opportunities in school to plan activities, talk to their teachers one-on-one, work on special projects, or participate in athletic and other school events.

<table>
<thead>
<tr>
<th>SCHOOL RISK*</th>
<th>Pearl Harbor</th>
<th>Honolulu County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kids with disciplinary suspensions</td>
<td>4.6</td>
<td>5.2</td>
<td>5.8</td>
</tr>
<tr>
<td>Kids reporting low school commitment</td>
<td>39.9</td>
<td>n.a.</td>
<td>47.0</td>
</tr>
<tr>
<td>Kids skipped school 4+ days in month</td>
<td>1.5</td>
<td>n.a.</td>
<td>4.3</td>
</tr>
<tr>
<td>Percent of teachers with &lt;5 years in the school</td>
<td>28.2</td>
<td>n.a.</td>
<td>34.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCHOOL PROTECTION*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In daily attendance at school</td>
<td>95.1</td>
<td>93.5</td>
</tr>
<tr>
<td>Public school seniors that graduate</td>
<td>97.4</td>
<td>94.1</td>
</tr>
<tr>
<td>High schools with Peer Ed Program</td>
<td>66.7</td>
<td>72.7</td>
</tr>
<tr>
<td>Kids have opportunities for positive involvement</td>
<td>56.2</td>
<td>n.a.</td>
</tr>
<tr>
<td>Kids feeling rewarded for positive involvement</td>
<td>38.2</td>
<td>n.a.</td>
</tr>
<tr>
<td>School volunteers per 100 students</td>
<td>n.a.</td>
<td>8</td>
</tr>
</tbody>
</table>

*Data are percent unless other rate is noted.
Low School Commitment

Sometimes, particularly as they get older, students don’t see school as important. Disliking school and feeling that education is irrelevant are often expressed by those who become involved in drug use.
Family Risk and Protective Indicators

The family is the foundation of a child’s world. When all is well at home, children can move freely through developmental transitions into adolescence and early adulthood. During the teen years, it is normal for children to distance themselves from their parents in an effort to discover who they are as individuals. The increased freedom of this period, and the exposure to influences outside of the home, make it vitally important for teens to have the support of caring parents and families who provide a safe and nurturing environment. These are the people who can best guide teens through the challenges of maturing into competent and successful adults.

Compared to the State percentages, a lower percentage of teens in this community are exposed to risks within their own family. This community was rated lower on every indicator of family risk measured here. They have the lowest rate in the State of arrests for family offenses and fewer teens here believe that their parents would condone fighting, stealing, or drawing graffiti on a building. Parents in this community are also more likely to discipline their children if caught smoking, drinking, or using illicit drugs. Kids are less likely to use substances when their parents can clearly communicate expectations for appropriate behavior.

Despite rates of family risk which are lower than the State average, more than one-third of the 10th graders in this community indicated that they are exposed to family conflict, siblings with antisocial behaviors, and parents and siblings who use substances in their presence. Kids who grow up in families with a history of conflict and a history of tobacco, alcohol, and drug abuse are more likely to use substances themselves.
Family Structure

Drug use has not been found to be consistently linked to living with both parents or with a single parent. However, this information might be helpful in understanding the home resources of children in your community.

<table>
<thead>
<tr>
<th>Family Structure</th>
<th>Pearl Harbor Central</th>
<th>Honolulu County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom &amp; Dad</td>
<td>67%</td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td>Parent &amp; Step-parent</td>
<td>7%</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Single Parent</td>
<td>19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Data are percent unless other rate is noted.

FAMILY RISK*

<table>
<thead>
<tr>
<th>Family Risk</th>
<th>Pearl Harbor Central</th>
<th>Honolulu County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kids reporting family conflict</td>
<td>36.0</td>
<td>n.a.</td>
<td>38.9</td>
</tr>
<tr>
<td>Child abuse rate, per 1,000 children</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Arrests for family offenses, per 100,000</td>
<td>153</td>
<td>414</td>
<td>407</td>
</tr>
<tr>
<td>Kids reporting poor parental supervision</td>
<td>39.4</td>
<td>n.a.</td>
<td>41.4</td>
</tr>
<tr>
<td>Kids reporting parental endorsement of anti-social behavior</td>
<td>38.4</td>
<td>n.a.</td>
<td>43.8</td>
</tr>
<tr>
<td>Sibling history of anti-social behavior</td>
<td>39.3</td>
<td>n.a.</td>
<td>45.5</td>
</tr>
<tr>
<td>Kids reporting exposure to family alcohol, tobacco, other drug (ATOD) use</td>
<td>37.6</td>
<td>n.a.</td>
<td>41.7</td>
</tr>
<tr>
<td>Kids reporting lack of parental sanctions for ATOD use</td>
<td>39.1</td>
<td>n.a.</td>
<td>49.8</td>
</tr>
<tr>
<td>Adults in alcohol/drug treatment, per 100,000</td>
<td>n.a.</td>
<td>209</td>
<td>229</td>
</tr>
</tbody>
</table>

FAMILY PROTECTION*

<table>
<thead>
<tr>
<th>Family Protection</th>
<th>Pearl Harbor Central</th>
<th>Honolulu County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kids reporting family attachment</td>
<td>44.2</td>
<td>n.a.</td>
<td>41.1</td>
</tr>
<tr>
<td>Families with opportunities for positive involvement</td>
<td>26.3</td>
<td>n.a.</td>
<td>28.3</td>
</tr>
<tr>
<td>Families rewarding positive involvement</td>
<td>44.4</td>
<td>n.a.</td>
<td>44.3</td>
</tr>
<tr>
<td>Families visiting with relatives in person in last year</td>
<td>92.7</td>
<td>92.1</td>
<td>91.4</td>
</tr>
<tr>
<td>Adults who are members of religious or spiritual community</td>
<td>53.1</td>
<td>36.8</td>
<td>44.8</td>
</tr>
</tbody>
</table>
Individual and Peer Risk and Protective Indicators

Many young people experiment and take risks as a part of developing into adults. But along with risk-taking is a potential for harm that depends on the experimenter’s age and temperament; on his or her skills in the academic, social, and emotional arenas; and on the possible reinforcement and acceptance from peers, family, community, or society.

In the realm of individual characteristics and peer influence, every measure of risk in this community is lower and every measure of protection is higher than the State average. In fact, Pearl Harbor Central had the lowest rate in the State for six of the thirteen indicators used here to measure individual and peer risk. The six “best in the State” measures included the age of first experimentation and rates of rebellious attitudes; sensation-seeking behavior; association with friends involved in fighting, stealing, or graffiti; antisocial behavior; and associating with friends who use substances. No other community in the State has a percentage of teens whose own characteristics and those of their friends place them at a lower risk of using substances.

Anyone who seeks a measure of the seriousness of the substance abuse problem among Hawai‘i’s youth need only look to the tables on these two pages. These tables tell the story of the best we are currently doing to protect the teens in this State from the negative consequences of early initiation to tobacco, alcohol, and drug use. Even in this community of “bests,” at least one-third of the children have attitudes favorable toward...
drug use and lack an understanding of the risks involved in experimenting with substances. Cigarette smoking by teens and use of Ecstasy/MDMA is higher than the statewide average. In addition, less than half of the students surveyed about their attitudes toward stealing, fighting, and cheating in school possessed clearly defined concepts of “right” and “wrong.” Young people’s beliefs in a moral order influence their decision-making process. Those who believe in a definite “right” and “wrong” are less likely to undertake negative behaviors.

<table>
<thead>
<tr>
<th>INDIVIDUAL RISK*</th>
<th>Pearl Harbor Central</th>
<th>Honolulu County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early initiation of problem behaviors</td>
<td>31.4</td>
<td>n.a.</td>
<td>43.0</td>
</tr>
<tr>
<td>Rebellious attitude</td>
<td>21.0</td>
<td>n.a.</td>
<td>29.6</td>
</tr>
<tr>
<td>Sensation-seeking</td>
<td>41.5</td>
<td>n.a.</td>
<td>49.3</td>
</tr>
<tr>
<td>Self-rated 'poor' academic performance</td>
<td>43.1</td>
<td>n.a.</td>
<td>46.4</td>
</tr>
<tr>
<td>Reporting anti-social behavior</td>
<td>13.1</td>
<td>n.a.</td>
<td>26.6</td>
</tr>
<tr>
<td>Favorable attitude toward anti-social behavior</td>
<td>39.1</td>
<td>n.a.</td>
<td>42.8</td>
</tr>
<tr>
<td>Friends engage in anti-social behavior</td>
<td>31.4</td>
<td>n.a.</td>
<td>43.8</td>
</tr>
<tr>
<td>Friends’ rewards for anti-social behaviors</td>
<td>39.9</td>
<td>n.a.</td>
<td>43.6</td>
</tr>
<tr>
<td>Reporting gang involvement</td>
<td>17.3</td>
<td>n.a.</td>
<td>22.1</td>
</tr>
<tr>
<td>Reporting depression</td>
<td>43.1</td>
<td>n.a.</td>
<td>48.6</td>
</tr>
<tr>
<td>Favorable attitude toward alcohol, tobacco, and other drug use</td>
<td>39.5</td>
<td>n.a.</td>
<td>44.8</td>
</tr>
<tr>
<td>Low perceived risk of alcohol, tobacco, and other drug use</td>
<td>42.7</td>
<td>n.a.</td>
<td>43.5</td>
</tr>
<tr>
<td>Exposure to friends’ substance use</td>
<td>34.3</td>
<td>n.a.</td>
<td>47.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIVIDUAL PROTECTION*</th>
<th>Pearl Harbor Central</th>
<th>Honolulu County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above average reading score on S.A.T. (elementary)</td>
<td>32.5</td>
<td>24.1</td>
<td>23.5</td>
</tr>
<tr>
<td>Above average reading score on S.A.T. (intermediate)</td>
<td>25.0</td>
<td>20.8</td>
<td>21.9</td>
</tr>
<tr>
<td>Above average math score on S.A.T. (elementary)</td>
<td>42.3</td>
<td>34.0</td>
<td>32.7</td>
</tr>
<tr>
<td>Above average math score on S.A.T. (intermediate)</td>
<td>20.9</td>
<td>19.9</td>
<td>19.7</td>
</tr>
<tr>
<td>Public school seniors with plans for college</td>
<td>44.9</td>
<td>39.9</td>
<td>38.8</td>
</tr>
<tr>
<td>Peer disapproval of alcohol, tobacco, other drug use</td>
<td>54.8</td>
<td>n.a.</td>
<td>48.5</td>
</tr>
<tr>
<td>Religiosity</td>
<td>42.1</td>
<td>n.a.</td>
<td>39.7</td>
</tr>
<tr>
<td>Belief in a moral order</td>
<td>46.3</td>
<td>n.a.</td>
<td>41.8</td>
</tr>
</tbody>
</table>

*Data are percent unless other rate is noted.
Resources

National Resources

American Council for Drug Education (ACDE)
164 W. 74th Street
New York, NY 10023
Phone: (800) 488-DRUG
E-mail: acde@phoenixhouse.org
Web page: www.acde.org

Center for Substance Abuse Prevention (CSAP)
Substance Abuse and Mental Health Services Administration
Rockwall II Building
Rockville, MD 20857
Phone: (301) 443-0365
Web page: www.preventiondss.org

Indiana Prevention Resource Center (IPRC)
Indiana University
Creative Arts Building
2735 E. 10th Street, Room 110
Bloomington, IN 47408-2606
Phone: (812) 855-4848
Web page: www.drugs.indiana.edu/prevention

Join Together
441 Stuart Street
Boston, MA 02116
Phone: (617) 437-1500
E-mail: info@jointogether.org
Web page: www.jointogether.org

National Center on Addiction and Substance Abuse
Columbia University
633 Third Ave., 19th Floor
New York, NY 10017-6706
Phone: (212) 841-5200
Web page: www.casacolumbia.org

National Centers for the Application of Prevention Technologies (CAPT)
Mail Stop 279
University of Nevada, Reno
Reno, NV 89557
Phone: (888) 734-7476
Web page: www.captus.org

National Clearinghouse for Alcohol and Drug Information (NCADI)
11426 Rockville Pike, Suite 200
Rockville, MD 20857
Web page: www.health.org

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
6000 Executive Boulevard, Willco Building
Bethesda, MD 20892-7003
Web page: www.niaaa.nih.gov

National Institute on Drug Abuse (NIDA)
National Institutes of Health (NIH)
6001 Executive Blvd., Room 5213
Bethesda, MD 20892-9651
Phone: (301) 443-1124
Web page: www.nida.nih.gov

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-8956
Web page: www.samhsa.gov

Local Resources

Alcohol and Drug Abuse Division
State of Hawai‘i Department of Health
601 Kamokila Blvd., Room 360
Kapōlei, HI 96707
Phone: (808) 692-7530
Web page: www.state.hi.us/health/resource/drug_abuse.html

Center on the Family
University of Hawai‘i
2515 Campus Road, Miller 103
Honolulu, HI 96822
Phone: (808) 956-4132
E-mail: cof@ctahr.hawaii.edu
Web page: www.uhfamily.hawaii.edu

Coalition For A Drug Free Hawai‘i
Hawai‘i State RADAR Network Center
1130 N. Nimitz Hwy., Suite A259
Honolulu, HI 96817
Phone: (808) 545-3228
Toll free 1-800-845-1946
E-mail: cdfh@pixi.com
Web page: www.drugfreehawaii.org

Western Center for the Application of Prevention Technologies (West CAPT)
841A Kaimui Drive
Kailua, HI 96734
Phone: (808) 261-2232
E-mail: hicapt@lava.net
Web page: www.unr.edu/westcapt
References


