Portsmouth Prevention Coalition

Portsmouth Substance Abuse Data Report

405 Lloyd Avenue
Providence RI 02906
(401) 261-2221

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INTRODUCTION

Substance abuse is NOT a rite of passage for youth. Substance abuse is a community problem that affects every city and town and village in this state and country and can best be addressed by a community wide plan to change that. Now this sounds like a noble idea but how does this translate into action that really changes things?

The first step is to find out exactly what the problems are and what are the factors, beliefs, and attitudes that contribute to these conditions within a community and specifically, in Portsmouth, Rhode Island.

It was with that intention that the members of the Portsmouth Prevention Coalition, the PPC, committed to finding the means to conduct a comprehensive needs assessment study of those above mentioned factors. Being able to pinpoint specific problems will enable us to put our resources and efforts into finding solutions and prevention strategies that can change what we find for the better and help protect our most valuable assets in this town- our youth who are our future.

I would like to recognize the current and past members of the PPC who voted unanimously to pursue this study as the driving goal of the PPC in early 2012. This was done with the understanding that we can't prevent something until we know exactly what the problems are and we can't do that alone.

* denotes past member

*Past Coordinator, Caroline "Bunny "Miller
Colleen Carpender, Chair, parent
Nicolle Pascoe, Vice- Chair, East Bay Educational Collaborative Social worker
*Andrea Hogan, previous Student Assistance Counselor at Portsmouth High School, Child & Family & Services of Newport
Donna Darmody, Director of Health Education, Alcohol & Drug Coordinator, Roger Williams University
Marianne Raymo, parent
Cathy Nash, Treasurer, Portsmouth School Department
Lt. Steve Hoetzel, Portsmouth Police Department
Rebecca Elwell, Secretary, Coordinator Tiverton & Little Compton Prevention Coalitions, parent
Ashley Kuzmanko, Boys Town
Blake Brokaw, Boys Town
Richard Carpender, citizen
Marcia Blackburn, St. Barnabas Church, Purple Project, parent
Sue Garvey, East Bay Community Action Programs
Kelly O'Loughlin, PHS Student Assistance, Child & Family Services
Kathy Melvin, citizen
Ray Davis, Coordinator of PPC, BS, CPSS (Certified Prevention Specialist Supervisor), past chair and member of the PPC

We have been fortunate to have the complete cooperation of the Portsmouth School Department with the direction of Dr. Lynn Krizic, Superintendent, from the beginning of this idea and that translated into the ability to institute a state and federally approved student survey of all Portsmouth 7, 8, 9, 10, 11, and 12th grade students. This resulted in the return of over 1200 surveys and a turnaround time of two weeks for this to occur in.

Thank yous need to be extended to Michael Monahan, Director of Student Support Services and Kelly O'Loughlin, Student Assistance Counselor at PHS , Michelle Michno, Guidance Counselor at PMS as well as Mr. Littlefield and Mr. Amaral ,the respective principals for making those student focus groups and surveys run so efficiently.

It is also necessary to thank the members of the Little Compton Prevention Coalition who under the direction of their Coordinator, Rebecca Elwell, contributed $500 towards the cost of this needs assessment in support of those Little Compton students who attend PHS.

I would like to make a special acknowledgement of the financial support that was made available to the PPC to conclude our needs assessment study by the Portsmouth School Committee under the leadership of David Croston. When our grant proposal was denied by Bank Newport, the Portsmouth School Committee voted unanimously to grant us $2500 to complete this study.

A thank you also needs to be extended to the Portsmouth Town Council and Town Administrator as well for their continued support of the Portsmouth Prevention Coalition.

I would be remiss in not acknowledging John Mattson, our evaluator of this Needs Assessment, for his complete cooperation and commitment to this report and helping us discover the exact nature of our substance abuse issues here in Portsmouth. John's research and formulation of this report will help steer us towards additional funding resources in the future and help us devise a plan that will enable us find effective strategies to keep our young people safe and for them to be better prepared to make good choices. His assistance in this entire process has been outstanding.

Lastly, I would like to thank the individuals who were interviewed as our key informants for their time and valued input as well as the parents and the students who participated openly in the four focus groups we ran for this report. These participants and the 1200 plus Portsmouth students who participated in the student surveys have given us an invaluable amount of information that we will disclose to you today and it is with their help in the process that we will find ways to have this study direct us to more effective ways to combat and prevent substance abuse in our homes, schools and in this community.

Respectfully Submitted
April 23, 2013

Ray D. Davis, BS, CPSS
Portsmouth Prevention Coalition Coordinator

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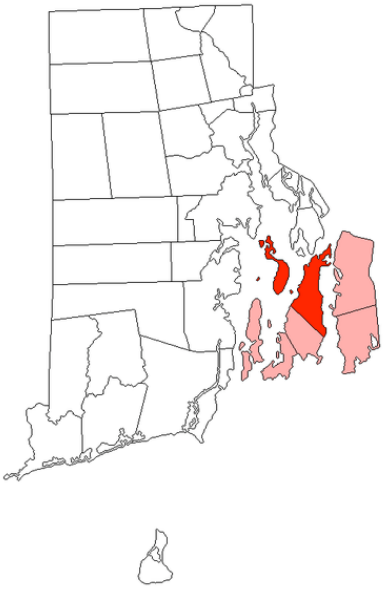
Portsmouth RI Descriptive Data

a. Local Demographics

The Town of Portsmouth, RI is located in Newport County, RI on the portion of land known as Aquidneck Island. Portsmouth encompasses a total area of 59.3 square miles, but only 23.2 square miles of that is land - the rest is water. Its island neighbors include the town of Middletown and the City of Newport, and its county partners also include the towns of TIverton, Little Compton, and Jamestown. In addition, Portsmouth also possesses some smaller islands, including Prudence Island, Patience Island, Hope Island and Hog Island.



According to the 2010 US Census, Portsmouth has a population of 17,389. This represented an increase of 1.15% from the 2000 U.S. Census. The racial makeup of the town in 2010 was 94.57% White, 1.35% African American, 1.58% Asian, 0.21% American Indian or Alaskan Native, 0.04% Native Hawaiian or Pacific Islander, 0.40% of some other race, and 1.86% of two or more races. In the town, 22.98% of the population was under the age of 18 and 16.47% were 65 years of age or older. Females made up 51.03% of the population.

The 2011 estimated median family income for Portsmouth was $105, 206, or about 150% of the RI State median family income (U.S Census Bureau, American Community Survey 5-Year Estimates, 2007-2011), with a median household income of $76,500 and a per capita income of 41,968. This makes Portsmouth the 5th wealthiest municipality in the state and 2nd wealthiest in Newport County, just behind Little Compton. The number of Portsmouth children living below the poverty level is 5,6%, well below the state average of 16.7%. Approximately 300 children (7.5%) living in Portsmouth received SNAP/food stamp benefits in 2011, while the number of children in 2010 living in single-parent families was 18% (state average 31%).

Many of the potential risk factors that impact children are at relatively low levels in Portsmouth. For instance, infants born at highest risk is less than 1%; births to mothers with less than a high school

diploma is about 2% (statewide 16%); the infant mortality rate is 2.9 per 1000 (state: 6.5/1000); and the teen birth rate is 5.3 per 1000 for girls 15 to 19 years old (27.0 /1000 for the state). Child abuse and neglect indicated victims stood at 4.8 per 1000 (14.0 /1000 statewide) and the rate of children with incarcerated parents was 1.0 per 1000 (state average: 9.9/1000) The number of children who are English language learners was less that 1% and the total number of children participating Head Start programming is 9.(data source: Kids Count Factbook 2012).

b. Portsmouth Schools and Student Data

Public schools supported by Portsmouth include the Portsmouth High School, (PHS) the Portsmouth Middle School (PMS), the Howard W. Hathaway Elementary School, the Melville Elementary School and the Prudence Island Charter School. Private schools include Portsmouth Abbey School, Saint Philomena School, and the Pennfield School.

As of 2011, the district's total school enrollment stood at 2,798, with 978 attending the middle school (grades 4-8) and 1,020 at the high school (grades 9-12). A review of school-based data reveals a high level of student performance on statewide testing. Portsmouth's 4th and 8th graders demonstrated reading proficiencies on NECAP testing that were at least 10% above the state average (+16% and +12%, respectively), and math scores proficiency levels were similarly higher for each grade - 4th grade and 8th grade proficiency levels were 85% (+20% higher than state) and 73% (+15 higher than state) respectively,.

Portsmouth High School's daily attendance rate in 2010 was 96% (state: 92%), suspension rates were 5/100 (state: 31/100); the mobility rate was 11% (state: 14%); and the high school graduation rate was 89% (state: 77%). All Portsmouth schools were determined by the state Department of Elementary and Secondary Education to be making satisfactory progress. The one area that Portsmouth matched state levels was in students enrolled in special needs (17%, to state level 18%). In every way, the data suggests that Portsmouth schools are well above average in most every academic category, providing a strong learning environment for the development of high achieving youth who anticipate going on to higher education upon graduation. (Kids Count Factbooks,, 2011 and 2012)

Portsmouth High School's *SurveyWork* Student Survey Data Report (released annually by the state's Department of Elementary and Secondary Education) for school year 2011-2012 confirmed that a majority of students attending PHS have set personal goals to attend college. When asked about their plans after they finish high school. 78.5% selected that they planned to attend a four-year college and 13.7% planned to attend a community college. They were clear about their high school classes preparing them to go to college (82.7% agreed or strongly agreed). Most (93.6%) agreed or strongly agreed that they felt safe in their school.

However, many students did not feel that discipline was administered equitably at their school - only 63.8% thought it was (agreed/strongly agreed) and only 44.4% agreed with the statement: "all students are punished equally if they break the same rules." Furthermore, SurveyWorks questions pertaining to substance use and availability at PMS and PHS uncovered some dramatic differences. When PMS students were asked if they had ever smoked a cigarette, only 5.6% responded "Yes," while 23.6% of PHS students answered this question in the affirmative. The results for alcohol were similar: 15.5% of PMS students affirmed that they had used alcohol; while 50.5% of PHS students responded

that they had used alcohol. When asked if they had ever used marijuana, only 3.3% of PMS students said that they had, while 37.2% of PHS students gave an affirmative response. SurveyWorks data found that 38.6% of students at PHS had tried at least one other illegal substance, and 13.3% admitted to having been under the influence at school at least one time during the past 12 months. Other drugs that PHS students admit to using included painkillers (13.4%), Ecstasy/Molly (7,4%) Cocaine (4.9%) Inhalants (5,4%) and other illegal drugs (9.4%). When asked if they had been offered, sold, or given drugs at school, 25.5% responded that they had (state average: 21.1%).

c. Portsmouth Substance Abuse and Youth Crime Statistics for 2011

Data was also collected about local crime, in particular those involving substance abuse arrests and youth-related crime. The main source of this data was the RI State Police publication, "Crime in Rhode Island 2011." During 2011, Portsmouth police reported a total of 704 offenses, representing about 1.2% of the state's total, and resulting in 519 recorded arrests. The number of arrests for drug/narcotic violations totaled 47, with an additional 55 for driving under the influence and 6 liquor law violations. Combining all substance abuse specific offenses results in a total of 108, or about 21% of all offenses reported. A breakdown by age of arrestee reveals that, of the 519 arrests, 156 (30%) were under the age of 18, with the highest number recorded by youth ages 16 (49 arrests/ 9.4%) and 17 (42 arrests / 8.1%). A total of 242 arrests (46.6% of total) were made of individuals 21 years of age or younger, and 332 arrests (64% of total) were individuals under the age of 30. Thus the arrest data suggests that a disproportionate number of people under the age of 30 were the primary age cohorts arrested by police in 2011.

Data recorded about youth in care or custody of the Rhode Island Training School in 2011 (2012 Kids Count Factbook) shows that out of a total of 2,212 Portsmouth youth ages 13-21, 0 were detained at the Training School, and the Family Court adjudicated a total of 3.

During 2011, the RI State Police barracks located in Portsmouth recorded a total of 71 offenses, with 40 of them (56%) for drug/narcotic violations. These data represent their total efforts across all Aquidneck Island communities, and do not solely represent arrests made in Portsmouth or even of people who live in any island communities.

III. Data Collection and Findings

A. Methodology

The main purpose of this study is to help the Portsmouth Prevention Coalition, and the Town of Portsmouth, gain a clearer picture of the nature and extent of youth substance abuse issues that exists in Portsmouth at this time. Hopefully, the data presented below will assist the PPC in developing a strategic plan that will address the root causes and local conditions that may be impacting youth in their behavior, attitude and perceptions towards using various illegal substances. At the least, the town will have a source of information composed of quantitative and qualitative measures to help guide its leaders in making good decisions that will positively serve Portsmouth's young people to continue to grow and succeed, and realize their dreams of going to college or entering the workforce without endangering their personal well-being and health, or the lives of others.

The data used to support this study was collected using three main techniques:

1. A 42-question "Health and Wellness" substance abuse survey was administered to the students at the Portsmouth Middle School and the Portsmouth High School, resulting in over 1,200 completed surveys returned.(see appendices). Passive permission letters were sent to students' homes prior to the administration of the survey, and written instructions and survey protocol were provided to all teachers and survey proctors;

2. Four focus group sessions were convened with groups of students representing the Portsmouth Middle School, the Portsmouth High School lower grades (9th and 10th grade), the PHS upper grades (11th and 12th grades), and with a group of parents of middle and high school students;

3. Key informant interviews with five local community leaders, selected by the Portsmouth Prevention Coalition Coordinator. They were selected because they met an important criterion: that they would be able to respond knowledgeably to questions about youth and substance abuse issues, based on their personal life experience as residents of Portsmouth and/or their professional work experiences in positions that provide direct serves to the community.

All participants in this process were guaranteed that any information they provided would be reported only in aggregate form, no names would be revealed, and all responses kept strictly confidential. A copy of the survey instrument and questions used to guide the focus groups and the key informant interviews are provided in the appendices at the end of this document. Raw data results will be made available to the Portsmouth Prevention Coalition and the Portsmouth School Department to support any future data needs they might have. They

have access to the data, and any use of the raw data or data report will require permission from the proper authority.

Survey data results were cleaned, coded and compiled into a data base using MS Excel for Mac 2008 (ver. 12.6.3). Data was transferred to a Unix computer and analyzed using SAS version 9.3. The independent variables that were controlled for were gender, grade, military family, and zip code. No variable defining ethnicity, language spoken, income level or other distinguishing demographic was used as an independent variable in this analysis.

B. Portsmouth Student Survey Demographics and Findings

The information included in this section of the report was obtained from the most recent Portsmouth Health and Wellness survey. Overall, a total of 1,203 students were surveyed. The survey was administered at the Portsmouth Middle School and the Portsmouth High School during advisory periods. After controlling for invalid responses – omissions of the grade and gender information needed to compute within- and between-group comparisons – 1,173 respondent sets remained. The following table presents respondent characteristics by grade and gender. This information is the basis for the gender and grade breakdowns in this report. A copy of the survey instrument is provided in the appendices.

Table 1.0 Respondents by Gender and Grade

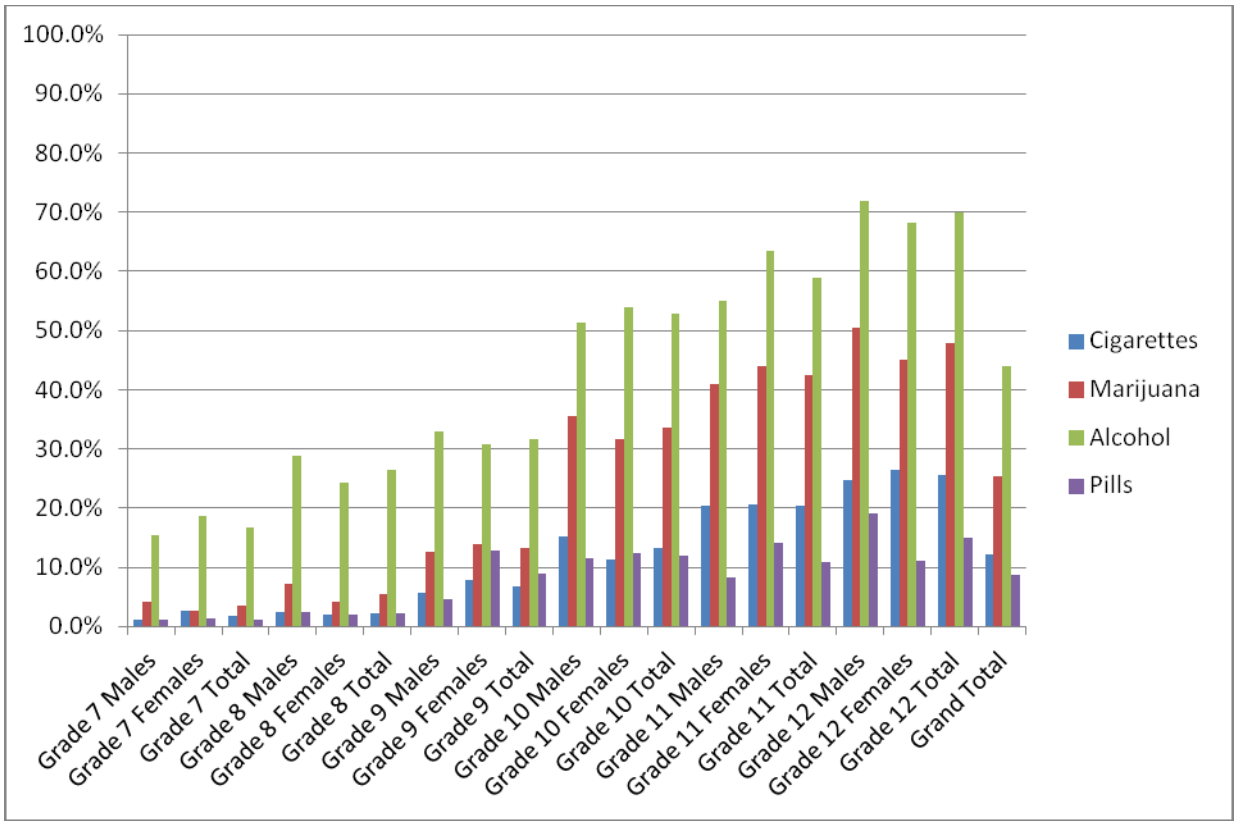
			Grade						Total
			7th	8th	9th	10th	11th	12th	
Gender	Male	Count	98	84	89	105	123	89	588
		% within Grade	56.6%	46.4%	46.8%	47.9%	53.5%	49.4%	50.1%
	Female	Count	75	97	101	114	107	91	585
		% within Grade	43.4%	53.6%	53.2%	52.1%	46.5%	50.6%	49.9%
Total		Count	173	181	190	219	230	180	1173
		% within Grade	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The sample size was analyzed using a Chi-squared distribution test to check for 'goodness of fit" of the observed distribution to a theoretical distribution. P-values were used to determine that the findings are statistically significant at the 95% Confidence Interval.

Additionally, some subgroup analyses by zip code and military family origin were included when relevant and/or applicable. Almost 90 percent of respondents were from the 02871 zip code and 9 percent were from the 02837 zip code with the remaining 1 percent hailing from various other zip codes. Approximately 24 percent of respondents indicated being from a military family, 72 percent were not from a military family, and the remaining 4 percent were not sure. These numbers are provided to contextualize subgroup analyses. Almost 90

percent of respondents indicating that they provided honest answers to the survey questions, while the perception was that only 12 percent of their peers would provide honest answers.

Table 2.0 Overall Use for Each Drug by Grade and Gender



Finding: *Clearly, use increases with each grade level.*

Table 2.0 is a composite visual depiction of the user rates for each of the four target substances we asked students to share information pertaining to overall use - cigarette use, marijuana use, alcohol use and the non-medicinal use of prescription drugs. Note that there is a clear dominance in the use of alcohol at all grade and gender cohort levels, followed by a persistent annual increase in the number of students who use marijuana. Significant increases in user rates for alcohol and marijuana were obtained at each grade interval. Use of cigarettes also increases over time but at lower rate. Non-medicinal use of prescription drugs increases over time but much more slowly, reaching a peak with 12-grade males.

High levels of use were identified in high school students, particularly in the 11th and 12th grade students. Gender differences were lowered over time, suggesting that as students rise in grade, the more likely it is that male and female students are using alcohol and marijuana at similar rates. Additional questions were asked pertaining to age of onset, last 30-day use, perception of risk for harm, perception of peer disapproval and perception of parental disapproval, which are aligned to the National Outcome Measurements required of data collection by grantees receiving funding from the SAMHSA Drug Free Communities program of the U.S. Department of Health and Human Services.

Table 3.0 Age of Onset: Cigarettes

(Represents only those who reported using at some time in their lives)

	10 years old or younger	11 years old	12 years old	13 years old	14 years old	15 years old	16 years old	17 years old	18 years old or older
Grade 7 Males	100%	0%	0%	0%	0%	0%	0%	0%	0%
Grade 7 Females	0%	0%	50%	50%	0%	0%	0%	0%	0%
Grade 7 Total	33%	0%	33%	33%	0%	0%	0%	0%	0%
Grade 8 Males	50%	50%	0%	0%	0%	0%	0%	0%	0%
Grade 8 Females	0%	50%	50%	0%	0%	0%	0%	0%	0%
Grade 8 Total	25%	50%	25%	0%	0%	0%	0%	0%	0%
Grade 9 Males	80%	0%	0%	20%	0%	0%	0%	0%	0%
Grade 9 Females	25%	25%	25%	13%	13%	0%	0%	0%	0%
Grade 9 Total	46%	15%	15%	15%	8%	0%	0%	0%	0%
Grade 10 Males	6%	0%	6%	38%	44%	6%	0%	0%	0%
Grade 10 Females	0%	0%	8%	0%	54%	31%	8%	0%	0%
Grade 10 Total	3%	0%	7%	21%	48%	17%	3%	0%	0%
Grade 11 Males	12%	4%	4%	12%	36%	12%	20%	0%	0%
Grade 11 Females	9%	0%	5%	23%	9%	27%	27%	0%	0%
Grade 11 Total	11%	2%	4%	17%	23%	19%	23%	0%	0%
Grade 12 Males	9%	0%	0%	5%	36%	14%	27%	5%	5%
Grade 12 Females	4%	13%	8%	0%	8%	25%	33%	4%	4%
Grade 12 Total	7%	7%	4%	2%	22%	20%	30%	4%	4%
Grand Total	**12%**	6%	7%	**13%**	**25%**	**16%**	**18%**	1%	1%

***Interpretative Note: For example, 100% of the grade 7 males who indicated being smokers had their first cigarette at 10 years of age or younger.**

Table 3.0 depicts the age that a student said they started using tobacco, if they do smoke cigarettes. Note that as the student becomes older, the actual age of onset often increases. The peak age is 14, with more than 70% starting between ages 13-16 . Thus, the actual range of onset fall likely between ages. A smaller number (12%) claim onset at age 10 or younger.

Table 4.0 Age of Onset: Marijuana

(Represents only those who reported using at some time in their lives)

Grade/Gender	10 years old or younger	11 years old	12 years old	13 years old	14 years old	15 years old	16 years old	17 years old	18 years old or older
Grade 7 Males	25%	25%	50%	0%	0%	0%	0%	0%	0%
Grade 7 Females	50%	0%	0%	0%	50%	0%	0%	0%	0%
Grade 7 Total	33%	17%	33%	0%	17%	0%	0%	0%	0%
Grade 8 Males	17%	17%	50%	17%	0%	0%	0%	0%	0%
Grade 8 Females	0%	50%	50%	0%	0%	0%	0%	0%	0%
Grade 8 Total	10%	30%	50%	10%	0%	0%	0%	0%	0%
Grade 9 Males	27%	0%	27%	18%	18%	0%	0%	9%	0%
Grade 9 Females	7%	0%	29%	21%	43%	0%	0%	0%	0%
Grade 9 Total	16%	0%	28%	20%	32%	0%	0%	4%	0%
Grade 10 Males	5%	3%	5%	30%	35%	19%	3%	0%	0%
Grade 10 Females	3%	0%	3%	22%	47%	22%	3%	0%	0%
Grade 10 Total	4%	1%	4%	26%	41%	21%	3%	0%	0%
Grade 11 Males	4%	2%	8%	6%	26%	38%	12%	4%	0%
Grade 11 Females	2%	0%	4%	2%	15%	34%	43%	0%	0%
Grade 11 Total	3%	1%	6%	4%	21%	36%	27%	2%	0%
Grade 12 Males	2%	2%	4%	7%	24%	27%	22%	9%	2%
Grade 12 Females	5%	0%	2%	12%	17%	12%	41%	7%	2%
Grade 12 Total	3%	1%	3%	9%	21%	20%	31%	8%	2%

Grand Total	5%	2 %	**9 %**	**12 %**	**26 %**	**23 %**	**19 %**	3%	1%

FINDING: Nearly 90% of the students who reported using marijuana started using between the ages of 12 and 16, with about one-quarter (26%) starting at peek age 14. The greatest number of student started smoking at ages 14 and 15, coinciding with the first two years of high school. However, it does appear that a smaller number of students start smoking marijuana at a slightly younger age, and often before they started to use alcohol. In some cases, onset for use of alcohol and marijuana during the same time period, and could have been concurrent or at the same setting.

Table 5.0 Age of Onset: Alcohol

(Represents only those who reported using at some time in their lives)

	10 years old or younger	11 years old	12 years old	13 years old	14 years old	15 years old	16 years old	17 years old	18 years old or older
Grade 7 Males	53%	27%	7%	13%	0%	0%	0%	0%	0%
Grade 7 Females	64%	36%	0%	0%	0%	0%	0%	0%	0%
Grade 7 Total	59%	31%	3%	7%	0%	0%	0%	0%	0%
Grade 8 Males	50%	13%	13%	17%	8%	0%	0%	0%	0%
Grade 8 Females	39%	4%	30%	13%	13%	0%	0%	0%	0%
Grade 8 Total	45%	9%	21%	15%	11%	0%	0%	0%	0%
Grade 9 Males	38%	3%	7%	31%	10%	7%	3%	0%	0%
Grade 9 Females	13%	10%	13%	19%	32%	10%	3%	0%	0%
Grade 9 Total	25%	7%	10%	25%	22%	8%	3%	0%	0%
Grade 10 Males	22%	9%	11%	7%	24%	22%	4%	0%	0%
Grade 10 Females	16%	0%	2%	15%	43%	25%	0%	0%	0%
Grade 10 Total	19%	4%	6%	11%	34%	23%	2%	0%	0%
Grade 11 Males	18%	9%	6%	9%	19%	25%	12%	1%	0%
Grade 11 Females	6%	0%	4%	9%	24%	31%	25%	1%	0%
Grade 11 Total	12%	4%	5%	9%	21%	28%	19%	1%	0%
Grade 12 Males	8%	5%	3%	13%	20%	23%	17%	11%	0%
Grade 12 Females	8%	0%	8%	5%	16%	32%	24%	5%	2%
Grade 12 Total	8%	2%	6%	9%	18%	28%	21%	8%	1%
Grand Total	**20%**	6%	7%	**12%**	**21%**	**21%**	**11%**	2%	0%

FINDING: Most students (65%) who do drink started between the ages of 13 and 16, though note that there is a significant subgroup of users (20%) who claim to have started use of alcohol at age 10 or younger. Whether that signifies regular use continued after that data is unclear. One fact we know from substance abuse research is that the younger onset of alcohol use occurs, and then becomes continuous (regular) drinking, the greater the likelihood is that the individual will have alcohol problems as an adult.

Table 6.0 Age of Onset: Prescription Drug Use

(Represents only those who reported using at some time in their lives)

	10 years old or younger	11 years old	12 years old	13 years old	14 years old	15 years old	16 years old	17 years old	18 years old or older
Grade 7 Males	0%	0%	100%	0%	0%	0%	0%	0%	0%
Grade 7 Females	100%	0%	0%	0%	0%	0%	0%	0%	0%
Grade 7 Total	50%	0%	50%	0%	0%	0%	0%	0%	0%
Grade 8 Males	0%	0%	100%	0%	0%	0%	0%	0%	0%
Grade 8 Females	0%	0%	100%	0%	0%	0%	0%	0%	0%
Grade 8 Total	0%	0%	100%	0%	0%	0%	0%	0%	0%
Grade 9 Males	50%	0%	50%	0%	0%	0%	0%	0%	0%
Grade 9 Females	23%	0%	23%	15%	23%	15%	0%	0%	0%
Grade 9 Total	29%	0%	29%	12%	18%	12%	0%	0%	0%
Grade 10 Males	8%	0%	0%	8%	33%	33%	8%	8%	0%
Grade 10 Females	7%	7%	0%	21%	21%	29%	14%	0%	0%
Grade 10 Total	8%	4%	0%	15%	27%	31%	12%	4%	0%
Grade 11 Males	30%	0%	10%	10%	20%	20%	10%	0%	0%
Grade 11 Females	7%	0%	7%	13%	20%	33%	13%	7%	0%
Grade 11 Total	16%	0%	8%	12%	20%	28%	12%	4%	0%
Grade 12 Males	6%	0%	0%	0%	18%	29%	0%	47%	0%
Grade 12 Females	30%	0%	0%	10%	30%	10%	10%	10%	0%
Grade 12 Total	15%	0%	0%	4%	22%	22%	4%	33%	0%
Grand Total	**16%**	1%	12%	10%	**21%**	**23%**	7%	11%	0%

For those who claim to have used prescription drugs illegally, the numbers of users clearly increase and, likewise, age of onset increases as students grow older. Thus, there is a slower, more gradual increase of users over time than for the other substances, for which onset of use began earlier. There is a small group of students claiming early use (10 or under), which may be potential habitual substance users. Onset of use seems to be focused around age 14 or 15.

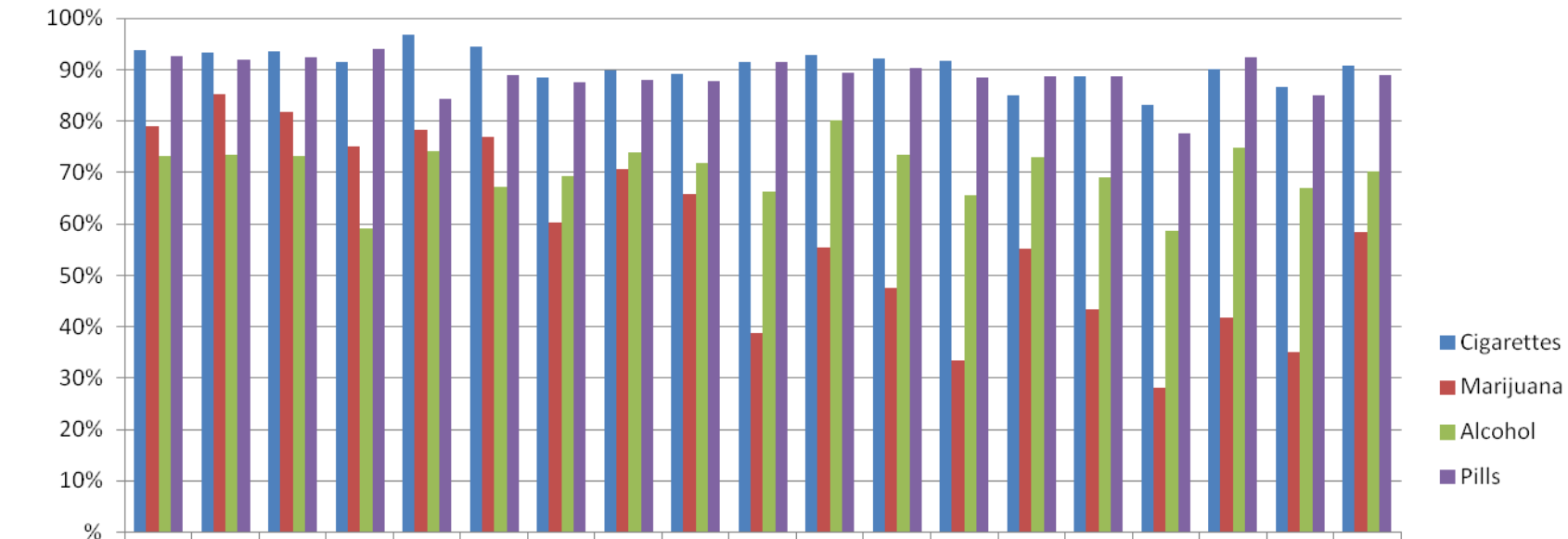
Table 7.0 LAST 30 DAYS USE: Percent Indicating No Use

Grade / Gender	Cigarettes	Marijuana	Alcohol	Pills
Grade 7 Males	100%	95%	90%	98%
Grade 7 Females	100%	96%	92%	100%
Grade 7 Total	**100%**	**95%**	**91%**	**99%**
Grade 8 Males	99%	91%	88%	95%
Grade 8 Females	99%	95%	88%	99%
Grade 8 Total	**99%**	**93%**	**88%**	**97%**
Grade 9 Males	97%	89%	87%	94%
Grade 9 Females	93%	83%	75%	86%

Grade 9 Total	**95%**	**86%**	**81%**	**90%**
Grade 10 Males	92%	64%	65%	88%
Grade 10 Females	95%	67%	58%	89%
Grade 10 Total	**94%**	**66%**	**61%**	**89%**
Grade 11 Males	93%	60%	58%	92%
Grade 11 Females	93%	56%	47%	85%
Grade 11 Total	**93%**	**58%**	**53%**	**89%**
Grade 12 Males	88%	49%	33%	79%
Grade 12 Females	96%	54%	37%	86%
Grade 12 Total	**92%**	**51%**	**35%**	**82%**
Grand Total	**95%**	**74%**	**67%**	**91%**

FINDING: Note the rapid decline in non-use for marijuana and alcohol starting in 9th grade. Generally this table demonstrates that fewer students find it acceptable to use cigarettes or prescription drugs not obtained from a doctor, while the use of marijuana and alcohol grows more acceptable as students become older. Alcohol consumption peaks in the 12th grade for both genders, with only 33% of the males and 37% of female students indicating that they did not drink over the past 30-day period.

Table 9.0 Percent Indicating Moderate or Great Risk by Regular Use



	Grade 7 Males	Grade 7 Females	Grade 7 Total	Grade 8 Males	Grade 8 Females	Grade 8 Total	Grade 9 Males	Grade 9 Females	Grade 9 Total	Grade 10 Males	Grade 10 Females	Grade 10 Total	Grade 11 Males	Grade 11 Females	Grade 11 Total	Grade 12 Males	Grade 12 Females	Grade 12 Total	Grand Total
Cigarettes	94%	93%	94%	92%	97%	94%	89%	90%	89%	91%	93%	92%	92%	85%	89%	83%	90%	87%	91%
Marijuana	79%	85%	82%	75%	78%	77%	60%	71%	66%	39%	55%	47%	33%	55%	43%	28%	42%	35%	58%
Alcohol	73%	73%	73%	59%	74%	67%	69%	74%	72%	66%	80%	73%	66%	73%	69%	59%	75%	67%	70%
Pills	93%	92%	92%	94%	84%	89%	88%	88%	88%	91%	89%	90%	88%	89%	89%	78%	92%	85%	89%

FINDING: The lowest perception of risk for harm is among grade 12 males within their marijuana responses with only 28 percent indicating moderate or great risk associated with regular marijuana use. The second lowest perception is 33 percent within grade 11 males and marijuana.

Table 10.0 Percent Indicating Their Parents Would Consider the Behavior Wrong or Very Wrong

	Cigarettes	Marijuana	Alcohol	Pills
Grade 7 Males	95%	96%	95%	98%
Grade 7 Females	95%	96%	93%	99%
Grade 7 Total	**95%**	**96%**	**94%**	**98%**
Grade 8 Males	93%	89%	94%	95%
Grade 8 Females	98%	95%	93%	98%
Grade 8 Total	**96%**	**92%**	**93%**	**97%**
Grade 9 Males	85%	89%	91%	89%
Grade 9 Females	91%	86%	87%	91%
Grade 9 Total	**88%**	**87%**	**89%**	**90%**
Grade 10 Males	92%	86%	84%	93%
Grade 10 Females	95%	81%	90%	95%
Grade 10 Total	**94%**	**83%**	**87%**	**94%**
Grade 11 Males	86%	78%	80%	93%
Grade 11 Females	91%	84%	87%	93%
Grade 11 Total	**88%**	**81%**	**83%**	**93%**
Grade 12 Males	81%	67%	74%	96%
Grade 12 Females	90%	80%	82%	92%
Grade 12 Total	**86%**	**74%**	**78%**	**94%**
Grand Total	**91%**	**86%**	**88%**	**94%**

FINDING: Overall parental disapproval rates are very high for all substances.

They were lowest for marijuana use, in particular as perceived by 12th grade males (67%).

Table 11. Percent Indicating Peers would Disapprove or Strongly Disapprove

	Cigarettes	Marijuana	Alcohol	Pills
Grade 7 Males	89%	87%	91%	94%
Grade 7 Females	85%	88%	85%	92%
Grade 7 Total	**87%**	**87%**	**88%**	**93%**
Grade 8 Males	90%	83%	87%	93%
Grade 8 Females	91%	86%	90%	92%
Grade 8 Total	**91%**	**84%**	**88%**	**92%**
Grade 9 Males	79%	65%	70%	79%
Grade 9 Females	80%	73%	81%	85%
Grade 9 Total	**79%**	**69%**	**76%**	**82%**
Grade 10 Males	76%	49%	55%	81%
Grade 10 Females	86%	56%	67%	84%
Grade 10 Total	**81%**	**52%**	**61%**	**82%**
Grade 11 Males	66%	38%	43%	77%
Grade 11 Females	76%	50%	58%	84%
Grade 11 Total	**71%**	**43%**	**50%**	**80%**
Grade 12 Males	61%	35%	33%	80%
Grade 12 Females	84%	48%	54%	92%
Grade 12 Total	**72%**	**42%**	**44%**	**86%**
Grand Total	**81%**	**64%**	**69%**	**86%**

FINDING: The lowest peer disapproval rates were among grade 11 and 12 males with 38% and 35% in the marijuana category, respectively, and 43% and 33% in the alcohol category, respectively.

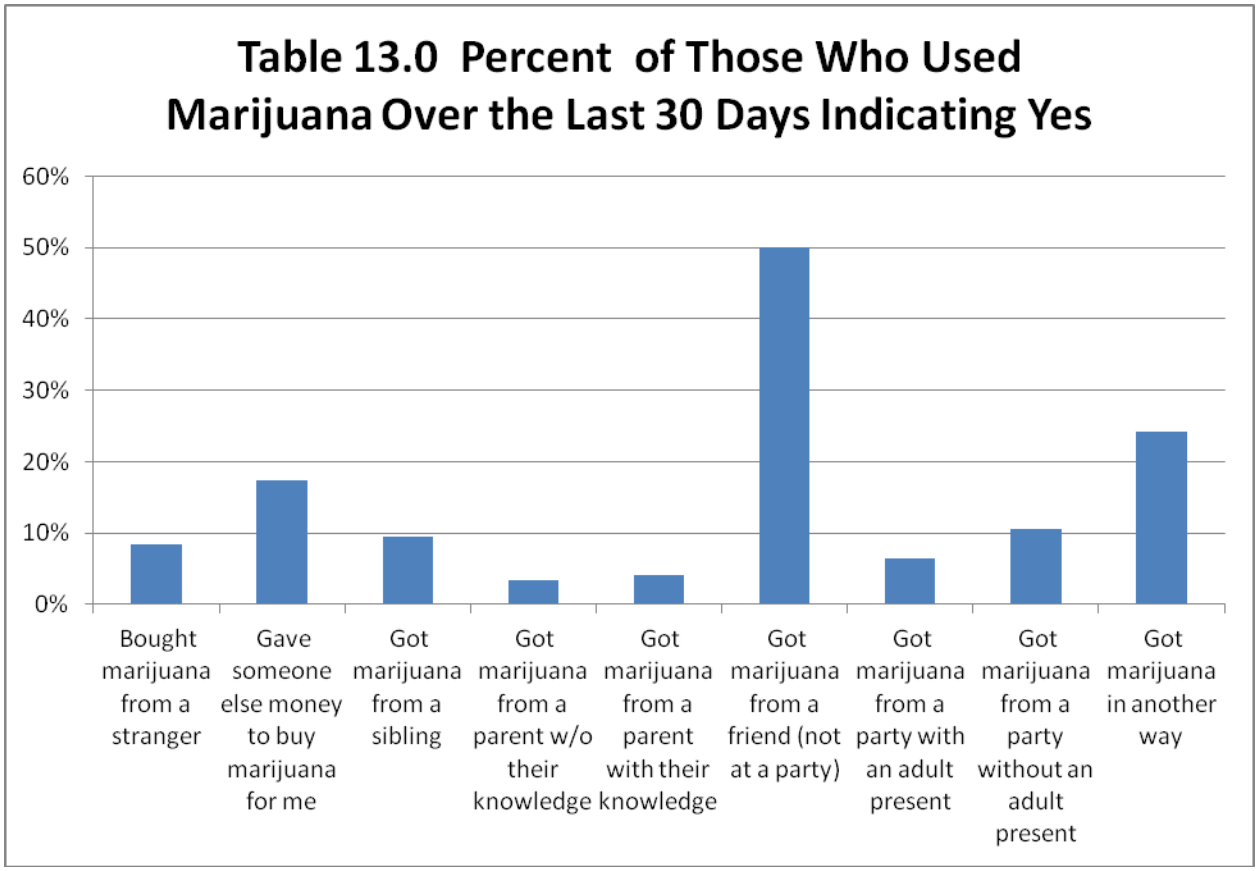
Table 12.0 PERCEPTION OF OVERALL USE (by other students)

	Don't smoke Cigarettes	Don't smoke Marijuana	Don't drink Alcohol	Don't take any Pills
Grade 7 Males	25.5%	40.8%	40.8%	48.5%
Grade 7 Females	26.7%	30.7%	26.7%	41.3%
Grade 7 Total	**26.0%**	**36.4%**	**34.7%**	**45.3%**
Grade 8 Males	20.2%	22.6%	34.9%	40.5%
Grade 8 Females	14.4%	8.2%	13.4%	24.7%
Grade 8 Total	**17.1%**	**14.9%**	**23.3%**	**32.0%**
Grade 9 Males	3.4%	4.5%	5.7%	5.7%
Grade 9 Females	2.0%	2.0%	1.0%	8.0%
Grade 9 Total	**2.6%**	**3.2%**	**3.2%**	**6.9%**
Grade 10 Males	1.9%	6.7%	2.9%	11.4%
Grade 10 Females	.9%	1.8%	.0%	4.4%
Grade 10 Total	**1.4%**	**4.1%**	**1.4%**	**7.8%**
Grade 11 Males	4.9%	11.6%	6.6%	17.1%
Grade 11 Females	2.8%	4.7%	2.8%	6.5%
Grade 11 Total	**3.9%**	**8.3%**	**4.8%**	**12.2%**
Grade 12 Males	4.5%	8.0%	4.5%	16.9%
Grade 12 Females	2.2%	4.4%	3.3%	6.6%
Grade 12 Total	**3.4%**	**6.1%**	**3.9%**	**11.7%**
Grand Total	**9.1%**	**12.2%**	**11.9%**	**19.3%**

FINDING: Students generally anticipate much higher user rates for all substances by their peers that are actually taking place. This seems to hold true at all grade levels, but grows more adamant for older students, who often share the believe that "everyone is doing it." Note the extremely low levels of peer nonuse perceived by the 10 grade female students.

SOURCES OF MARIJUANA & ALCOHOL

(percent totals will not equal 100 due to multiple responses)



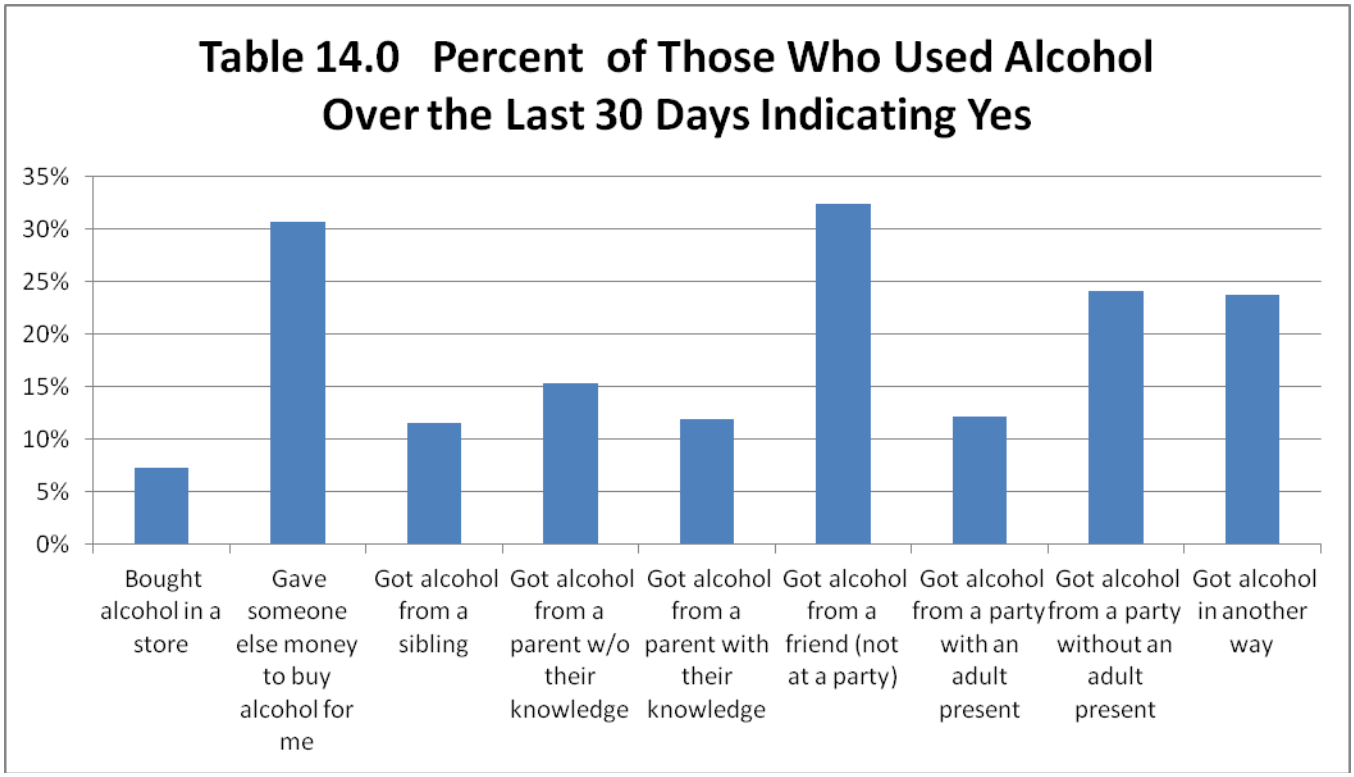


Table 13.suggests that most students who use marijuana claim to get it "from a friend," with the second highest response "in another way." This indicates that some students either do not wish to reveal how they access marijuana for fear that they would reveal their source, or that there is a reason they do not want to let us know. In focus group sessions, some students talked about neighbors growing marijuana, so perhaps they are stealing it or being given marijuana from someone they do not wish to identify. The third most cited means of access was 'giving money to someone to get it for me," which again reinforces the notion that there are networks of access available to students, that "someone knows someone who has it."

Table 14 suggests that alcohol is accessed in a greater variety of ways that marijuana. Still, 'getting if from a friend 'was the top response given, followed by 'giving someone money to buy it', 'getting it at a party without an adult present,' and 'in another way' were identified as main sources of availability. The least likely way was 'getting it at a store.'

Table 15.1 Comparison of Perception and Reported Us

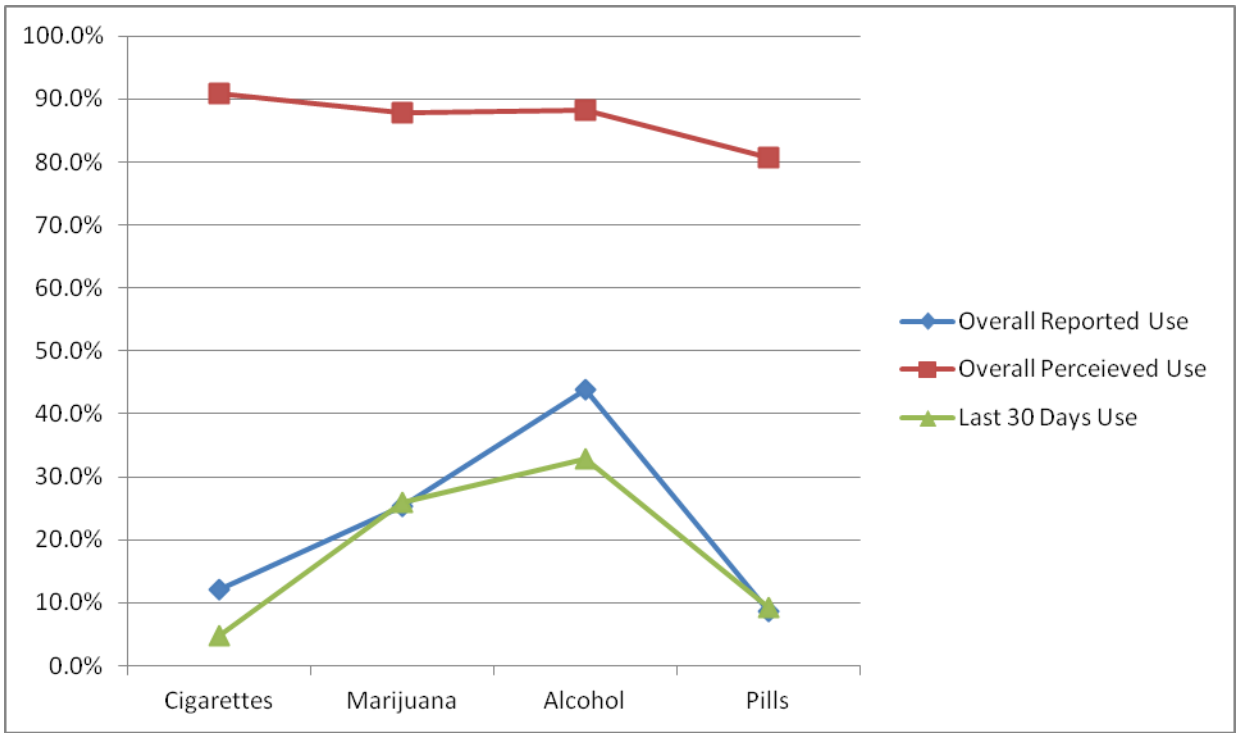
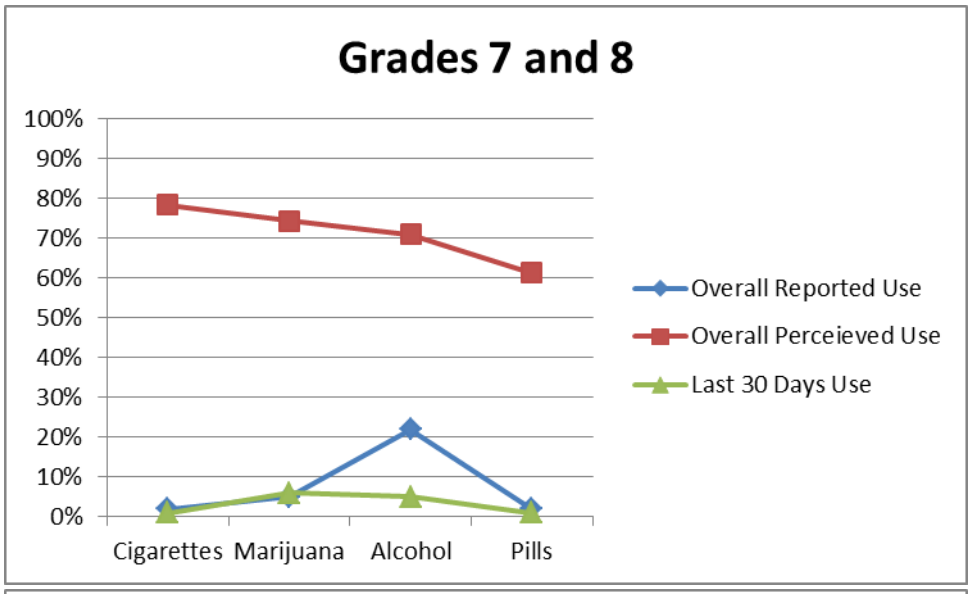
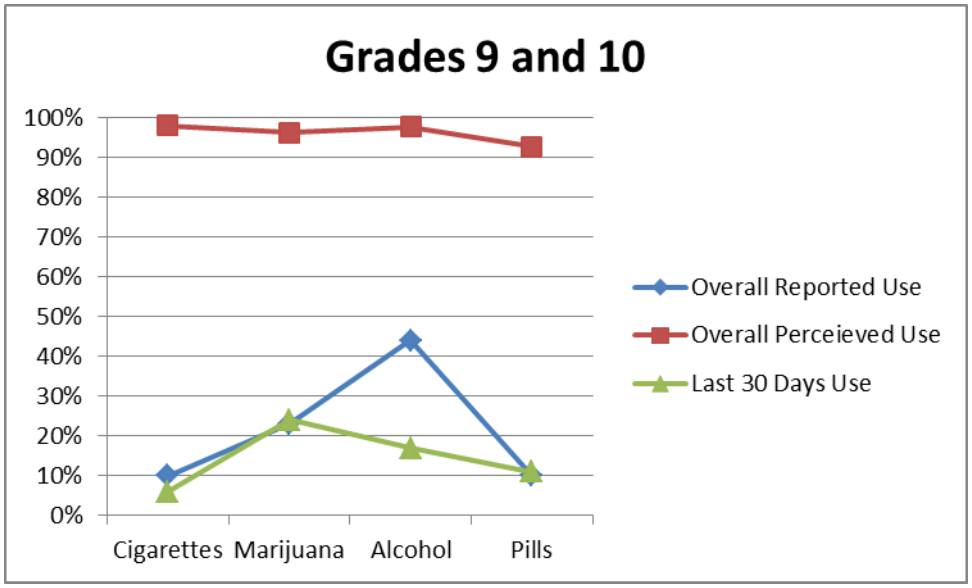


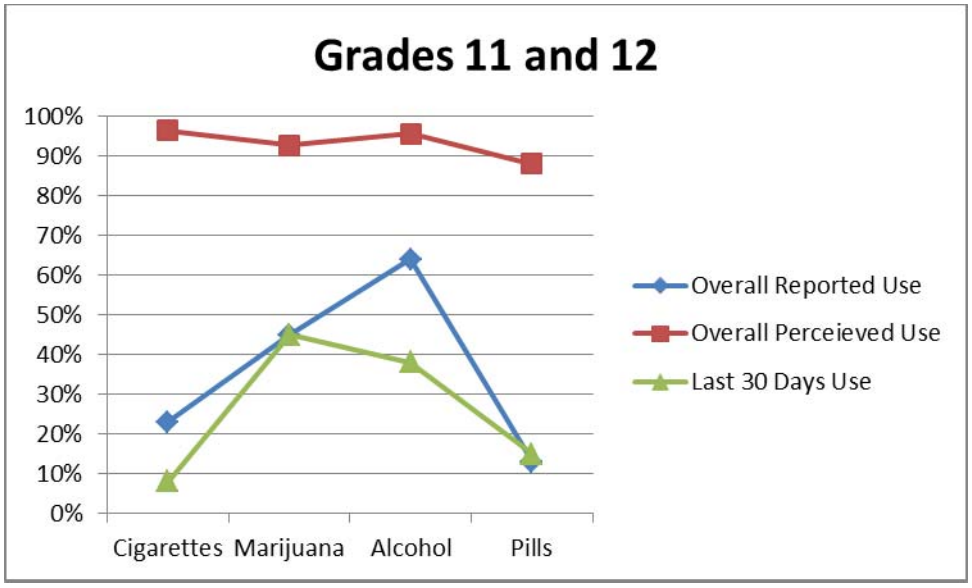
Table 15.2 Social Norms Comparative Data

	Cigarettes	Marijuana	Alcohol	Pills
Overall Reported Use	12.1%	25.4%	43.9%	8.6%
Overall Perceived Use	90.9%	87.8%	88.1%	80.7%
Last 30 Days Use	5.0%	26.0%	33.0%	9.0%

FINDING: The line graph and table presented above provide a comparison of overall reported use by substance to overall perceived use and last 30-day use. Clearly, perceived use is much higher than overall use or last 30-day use for all the substances we examined. This demonstrates how strong the perception of what others do is in the adolescent or teenage mind. Those who are using think every one is like them, and those who do not use believe they are practically the only ones who do not use. This is compelling evidence to support the need for a school or community-based social norms campaign that will educate students about the reality of the situation - that many students have elected not to abuse substances.


Grades 7 and 8
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Cigarettes
Marijuana
Alcohol
Pills
Overall Reported Use
Overall Perceieved Use
Last 30 Days Use


Grades 9 and 10
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Cigarettes
Marijuana
Alcohol
Pills
Overall Reported Use
Overall Perceieved Use
Last 30 Days Use


Grades 11 and 12
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Cigarettes
Marijuana
Alcohol
Pills
Overall Reported Use
Overall Perceieved Use
Last 30 Days Use

Summary Points

- Overall, respondents indicated thinking that most of their classmates participate in tobacco, marijuana, alcohol, and prescription pill use; though the perceptions were lower at grades 7 and 8.

- Overall, there were vast differences between perceived use, overall use, and use over the last 30 days.

- The clear "spike" or category that most approximates the high perceived use was alcohol with actual and perceived use percentages being closest at grades 11 and 12.

- Overall, reported use at any time and use over the last 30 days tended to be more prevalent at the higher grades.

- Among grade 11 and 12 students, use over the last 30 days and overall use percentages were equal at 45 percent. This means that 45 percent of grade 11 and 12 students reported being marijuana users and that 45 percent of those users used marijuana over the last 30 days.

- Clearly, alcohol was the most reported in terms of use with approximate reported use percentages of 20, 40, and 60, for the three successive grade clusters, respective

Key survey data points by substance

Tobacco

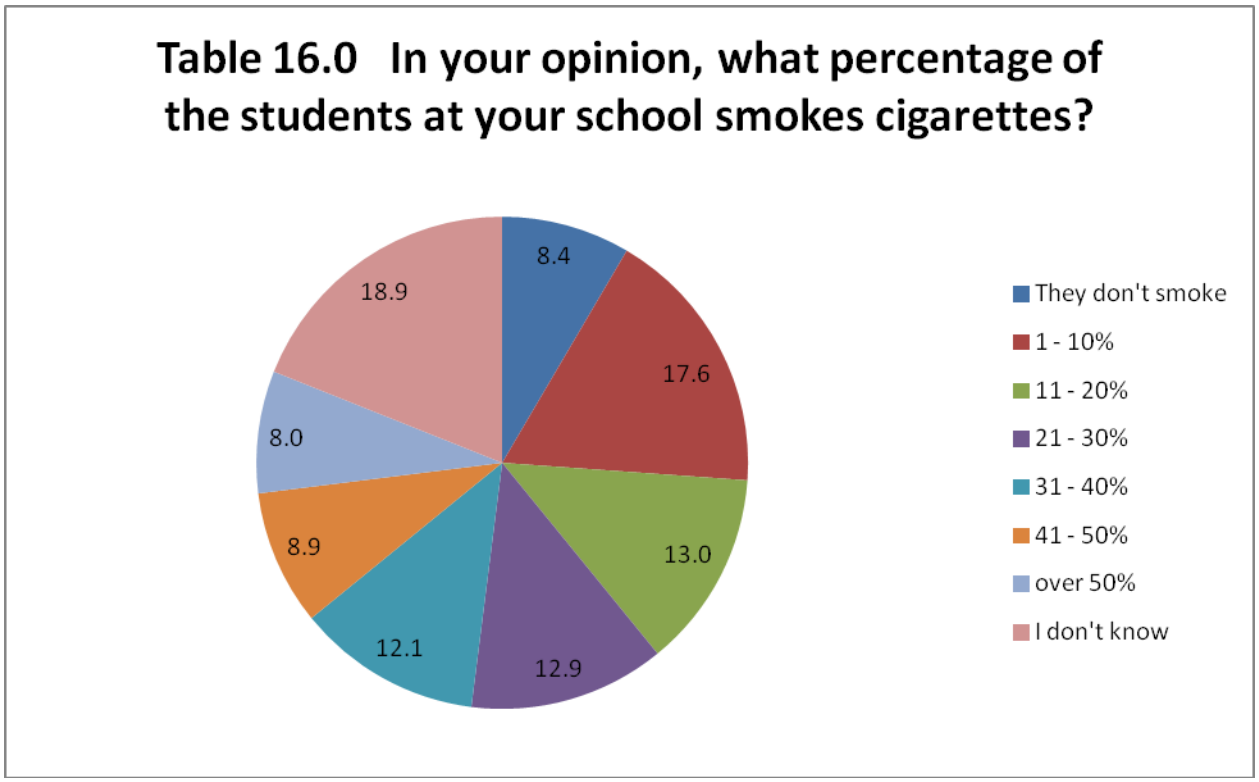
How old were you when you first smoked a cigarette?

- Overall, 88 percent indicated never having tried a cigarette.
- Most respondents who do smoke indicated that they tried their first cigarette at 14 years of age.

How frequently have you smoked over the past 30 days?

- 95 percent indicated not smoking at all over the last 30 days. Of those who did smoke, most smoked less than one cigarette per day.

In your opinion, what percentage of students in your school smokes cigarettes?



Do you think it's okay to regularly smoke cigarettes?

- 93 percent indicated No with a slight decrease in the perception of it being wrong among higher grades.

How much do you think people risk harming themselves by regularly smoking cigarettes?

- Almost 91 percent of respondents indicated that regular smoking poses a moderate or great risk.
- The lowest perception of risk was among grade 12 males of which over 16 percent indicated believing there is no or little risk involved with regular smoking.

How would your closest friends feel if you smoked cigarettes on a regular basis?

- Almost 80 percent indicated that their friends would disapprove or strongly disapprove of regular smoking.
- Almost 40 percent of grade 12 males indicated that their friends would approve, strongly approve, or not care if they smoked on a regular basis.

If you wanted to get cigarettes, how hard would it be for you to get some?

- Approximately 46 percent of respondents indicated it would be sort of or very easy to get cigarettes.

How wrong would your parents feel it is for you to smoke cigarettes?

- Ninety-one percent indicated their parents would consider smoking wrong or very wrong.

Alcohol

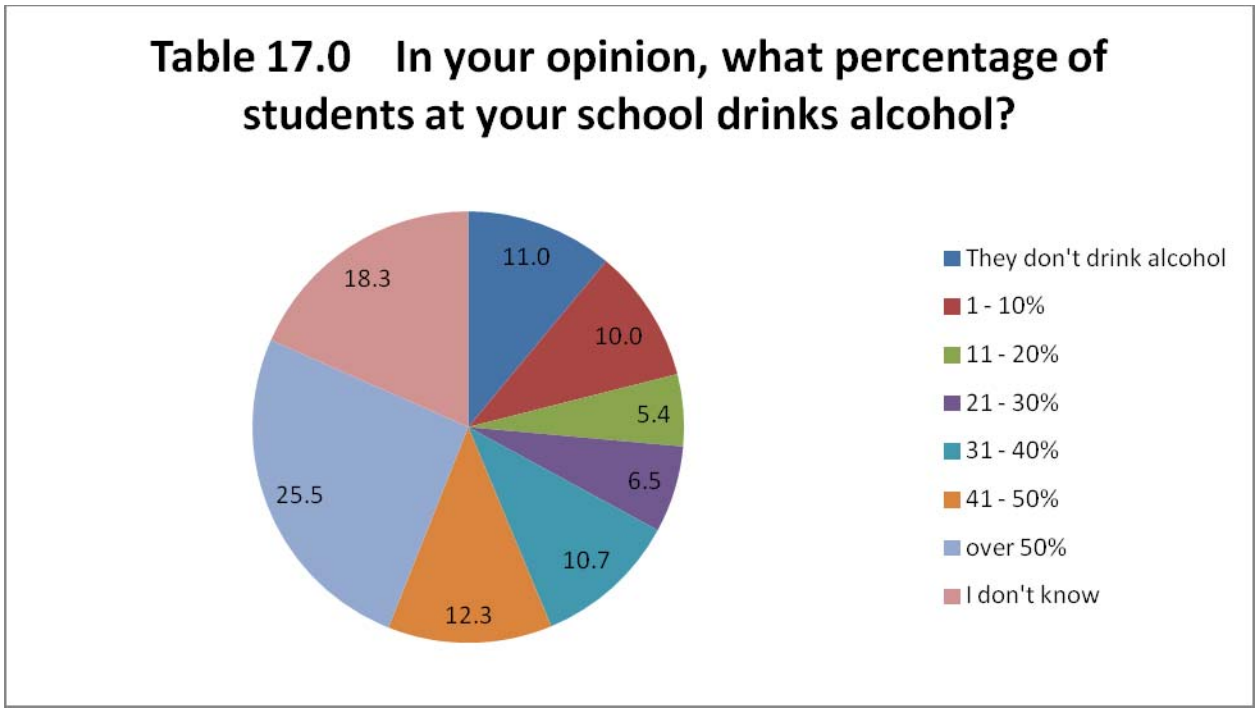
How old were you when you first had more than a sip or two of beer, wine, or hard liquor?

- Fifty-six percent, overall, indicated never having tried alcohol.
- Of those who do drink, most indicated starting around 14 years of age.

If you drink alcohol, how often did you drink over the past 30 days?

- Sixty-seven percent indicated not drinking alcohol.
- Thirty-seven percent of drinkers reported drink 0 drinks over the last 30 days and 34 percent indicated drinking 1 to 2 times over the last 30 days.

In your opinion, what percentage of students at your school drinks alcohol?



If you drink alcohol, how much do you typically drink at one time?

- Most drinkers reported having 1 to 2 drinks per sitting.

How many drinks do other students at your school have when and if they drink alcohol?

- Most perceived drinkers in their school to have 3 to 4 drinks when they drink.

Do you think it is okay to drink 5 or more alcoholic drinks at one time?

- Eighty-seven percent of respondents indicate no.

How much do people risk harming themselves with regular drinking?

- Seventy percent indicated moderate to great risk with regular drinking.

How would your close friends feel if you had at least five or more drinks at once?

- Sixty-seven percent indicated that their friends would disapprove or strongly disapprove.

How wrong would your parents feel it would be for you to drink beer, wine, or hard liquor?

- Over 87 percent indicated their parents would consider it wrong or very wrong.

Summary of Points for Alcohol Use

- Overall, 75 percent of respondents indicated not drinking over the last 30 days.
- Of those who did drink, almost one-third obtained alcohol from a friend (not at a party).
- Close to another third obtained alcohol by giving someone money to buy it for them.
- Close to one quarter of respondents indicated getting alcohol at a party with an adult present.
- And another quarter obtained alcohol at a party without an adult present.
- Twelve percent obtained alcohol from their parents with their knowledge.

*Percentage totals exceed 100% due to the multiple response nature of this question.

Access Source Data for Alcohol

If you wanted to get some beer, wine, or hard liquor, how hard or easy would it be for you to get some?

- Almost half indicated it would sort of or very easy to get some alcohol.

How hard or easy would it be for you to get alcohol from your home without your parent's consent?

- Thirty-four percent indicated it would be sort of or very easy to get some alcohol.

How hard or easy would it be for you to get alcohol at a party with friends?

- Sixty-six percent indicated it would be sort of or very easy.

How hard or easy would it be for you to get alcohol from a friend who is under 21 years of age when you're not at a party?

- Thirty-two percent indicate it would be sort of or very easy.

How hard or easy would it be for you to get alcohol by asking someone 21 or older to buy it for you?

- Twenty-nine percent indicated it would be sort of or very easy.

How hard or easy would it be for you to buy alcohol with a fake ID at a bar or package store?

- Fourteen percent indicated it would be sort of or very easy.

How hard or easy would it be for you to buy alcohol at a bar or package store without an ID?

- Eight percent indicated it would be sort of or very easy.

Marijuana

How old were you when you first smoked marijuana?

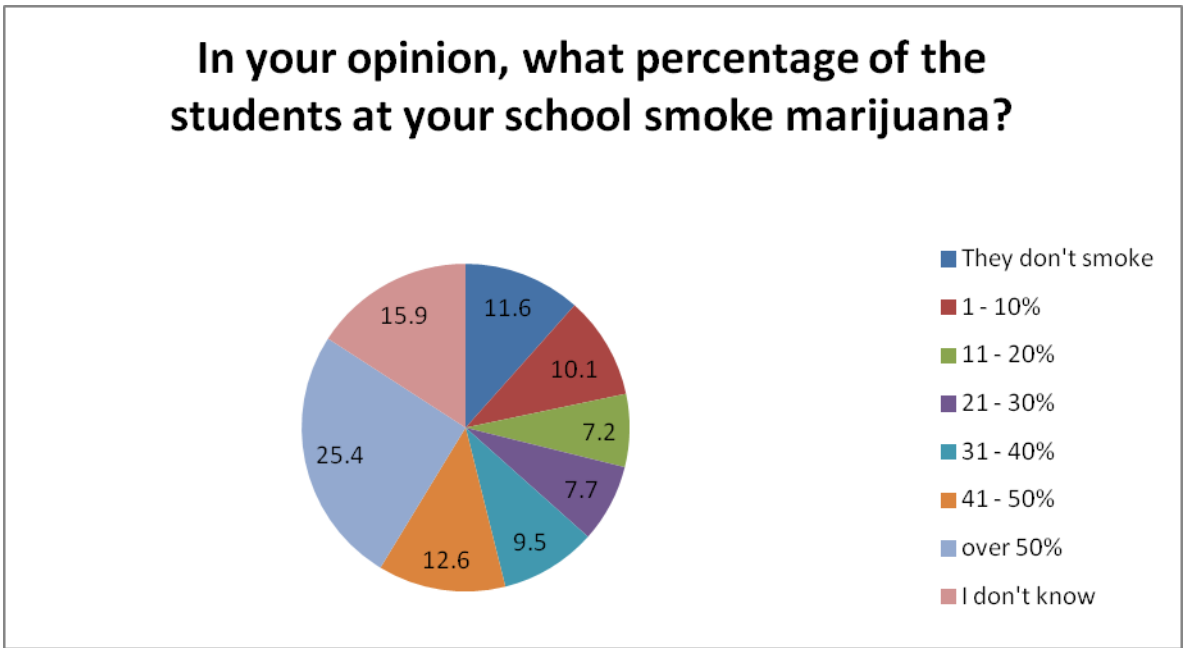
- Seventy-five percent of all students surveyed indicated never using marijuana. (7th-12th grades)
- Of those who do smoke, most indicated starting around 14 years of age.

How often have you smoked marijuana in the past 30 days?

- Seventy-four percent indicated not smoking over the last 30 days and of those who do smoke, most indicated not smoking over the last 30 days with the second highest proportion of smokers indicating they smoked 1 to 2 times over the past 30 days.
- Half of those who smoked over the last 30 days obtained the marijuana from a friend (not at a party).

In your opinion, what percentage of students at your school smokes marijuana?

- Students reported that only about 12 percent of their classmates do not smoke marijuana, despite 75 percent reporting they've never used marijuana.



Do you think it is okay to regularly use marijuana?

- Seventy-seven percent indicated no.

How much risk is involved with regular marijuana use?

- Fifty-seven percent indicated there was moderate to great risk with regular marijuana use.

How would your close friends feel if you smoked marijuana once or twice each weekend?

- Sixty-two percent indicated their friends would disapprove or strongly disapprove.

How wrong would your parents feel it is for you to use marijuana?

- Eighty-five percent indicated their parents would consider it wrong or very wrong.

If you wanted to get some marijuana, how hard or easy would it be for you to get some?

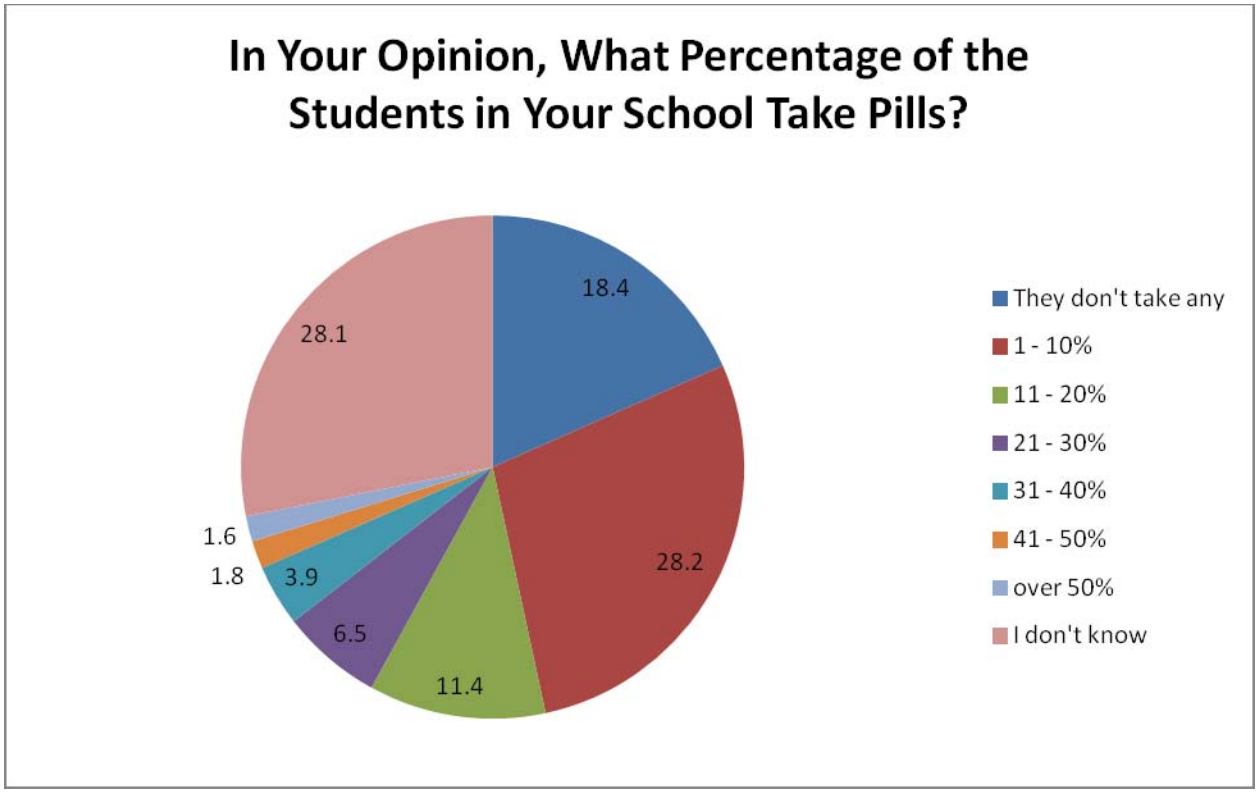
- Almost half indicated it would be sort of or very easy.

Non-medicinal Use of Prescription Drugs

How often have you used pills or other pharmaceutical drugs not prescribed to you by a doctor over the last 30 days?

- Ninety-one percent indicated never taking pills illegally.

In your opinion, what percentage of students in your school takes pills?



How old were you when you first used pills snot prescribed to you by a doctor?

- Ninety-one percent indicated never using and of those who do use, most started around 14 or 15 years old.

Do you think it is okay for people to regularly use pharmaceutical drugs that are not prescribed to them?

- Ninety-six percent said no.

How much do people risk harming themselves with daily pill use?

- Almost 90 percent indicated moderate or great risk.

How would your close friends feel if you regularly used pharms?

- Eighty-six percent said friends would disapprove or strongly disapprove.

How wrong would your parents feel it is for you to use pills?

- Almost 95 percent said parents would consider it wrong or very wrong.

If you wanted to get some pills, how hard or easy would it be?

- Seventeen percent said it would be sort of or very easy.

C. Focus Group Results

FOCUS GROUP INFO

Group 1: 7th & 8th grade PMS Focus Group Date: Feb. 13, 2013
Participants: 10 students (5 males and 5 females)
Location: Portsmouth Middle School

Group 2: 9th and 10th grade PHS students Date: Feb.15, 2013
Participants: 8 students (4 males and 4 females)
Location: Portsmouth High School

Group 3: 11th and 12th grade PHS students Date: Feb.1, 2013,
Participants: 8 students (4 males and 4 females)
Location: Portsmouth High School

Group 4: Parent Focus Group Date: Jan. 29, 2013
Participants: 8 Parents (1 male and 7 females)
All with high school aged children
Location: Portsmouth Town Hall - Planning Department

A composited abridged transcript, which captures the main points noted during of each of the four focus group sessions conducted for this assessment, is presented below. Mr. John Mattson acted as the group facilitator and Mr. Ray Davis served as the note-taker. At the end of each question, a short summary capturing and comparing key points of each group's responses is provided. Substances that were discussed are identified with the following abbreviations: T=tobacco; A=alcohol; M=marijuana; RX= prescription drugs. A list if the questions that were discussed are presented below, along with the variable about which data is being collected.

Overview: Portsmouth Focus Group Questions

1. Do you think Portsmouth youth are using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? What %? Evidence? **(LIFETIME USE)**
2. How old are most Portsmouth kids when/if they started using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? **(AGE OF ONSET)**
3. How often do you think they use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs? **(FREQUENCY OF USE)**
4. How are Portsmouth kids getting tobacco products? Alcohol? Marijuana? Prescription drugs? **(ACCESS/AVAILABILITY)**
5. What reasons do you think Portsmouth youth have for using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? **(PERCEPTIONS OF RISK/HARM)**
6. How do Portsmouth parents feel about youth using tobacco products? Drinking alcohol? ` Smoking marijuana? Abusing prescription drugs? **(PARENTAL DISAPPROVAL/ATTITUDE)**
7. What do your friend think about people who use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs? **(PEER PERCEPTION/DISAPPROVAL)**

8. What do you think should happen to Portsmouth youth who use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs? **(BEHAVIORAL CONSEQUENSES)**
9. What existing programs/services are in place to help Portsmouth students avoid using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? **(INTERVENTION/TREATMENT SERVICES AVAILABLE?)**
10. What other ideas could the PPC try to keep students from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? **(AGE-APPROPRIATE STRATEGIES)**
11. What's happening in Portsmouth schools to educate students about tobacco products? Alcohol? Marijuana? Prescription drugs? **(KNOWLEDGE/LOGICAL CONSEQUENCES)**
12. What programs/services/aid do you think Portsmouth parents need to address and/or reduce the use of tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? **(PARENTAL SUPPORT)**
13. Who do you consider the leaders in Portsmouth for substance abuse prevention?
14. Is there anything that we should know that we forgot to ask? Other suggestions that you would like to make?

Focus Group Data Summary

1. Do you think Portsmouth youth are using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? What %? Evidence?

Group 1. 7th & 8th Grade PMS

Summary: Very little tobacco use are reported at the middle school, though use of marijuana was mentioned with some frequently. Some small use of alcohol was mentioned, mostly in 8th grade. Prescription med use seems to be negligible.

Group 2. 9th & 10th Grade PHS

Summary: Early high school years (9th and 10th) seems to be the point where alcohol and marijuana use begin to pick up. HS students seemed to feel that marijuana is a bigger "Deal" than alcohol, though actual user numbers on the survey contradict this assumption. Some introduction of pharmaceuticals, but mostly as hearsay or through second party sources

Group 3. 11th & 12th Grade PHS

Summary: High School student agreed that user rates for all substances seem to spike after 9th grade, and are particularly higher in 11th and 12th grades. Tobacco use is on the increase, but less so than other substances. Students perceive marijuana as the most used substance (70-80% user rate), and some made claims that it is easier to access than alcohol. Alcohol use still perceived as high (estimated at around 50%), and based on opportunity (kids will drink anything). A discussion about harder drugs ensued, and did produce some anecdotal reports of high school use of cocaine, Ecstasy or Molly, (presumably from Little Compton students) as well as some use of synthetic marijuana and mushrooms, though no

one had heard of anyone using bath salt. Very little illicit use of pharmaceutical drugs reported.

Group 4. Parent Group

Summary: Parents based their personal perceptions on observation and hearsay they may have gotten from their children or other parents. Perceptions generally shared by all parents are that high school students are drinking alcohol and smoking marijuana on a very regular basis, with alcohol consumption focused on weekends and parties, while marijuana use is perceived as being done on a daily basis by some, and on an opportunistic basis by others. Use of substances, particularly alcohol and marijuana, are perceived to have broad appeal to all types of kids, including athletes and students who are doing well academically, according to parents. Some parents have heard rumors from their children that marijuana is being used in school and being sold there, and that the school does little to hinder this behavior. Parents also showed concern about the use of synthetic marijuana and bath salts, though most believed that it is not much of an issue. One parent brought up the availability of heroin, that is was "cheap and available."

2. How old are most Portsmouth kids when/if they started using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? (AGE OF ONSET)

Group 1. 7th & 8th Grade PMS

Summary: Very few middle school students are perceived as using any of the substances discussed, though a few smokers were identified, and some use of alcohol and marijuana was discussed. MS students were familiar with some of the places to go to purchase marijuana, but all agreed that is was not available in the middle school. One student seemed especially knowledgeable about the use of marijuana, but the others based most of what they perceived on what they had heard about from others. The student surveys confirmed that at least one or two of the students had personal experience with alcohol and marijuana, but that the large majority did not. Those that use often were identified as kids with older brothers and sisters, or those who hung out with older friends. Eighth grade students are perceived as the most likely to use a substance. No use of pharmaceutical drugs was identified.

Group 2. 9th & 10th Grade PHS

Summary: Early high school students showed more knowledge about substances that their middle school peers. Most agreed that smoking started in middle school, but appeared to find it not very appealing. Use of alcohol was mentioned by some of the girls who talked about its use when hanging out with older kids. Marijuana use was seen as starting in middle school, but really being more of an issue at the high school. Some did mention that peer pressure and partying were main reasons for use of alcohol. One girl did discuss going to a party where

they had a purple punch mix that kids were drinking to get drunk. Use of cough syrups (Nyquil mentioned) was also discussed by this same girl.

Group 3. 11th & 12th Grade PHS

Summary: Older high school students showed much more directness and certainty in answering these questions. Most agreed that use of all substances begins for some kids in 7th or 8th grades, but grows quickly once they reach high school. Prescription drug use, as well as the use of other hard drugs, like cocaine, mushrooms, and other drugs were seen as more contained to older students who were already experienced substance abusers. They were also very clear that there was little to no influence from RWU students on their behaviors - peers, older siblings or parents influenced most behaviors.

Group 4. Parent Group

Summary: Parents' opinions and perceptions were in line generally with the perceptions shared by high school students. They did generally think that though a few kids might have started drinking as early as 5th grade, depending on family situations, most agreed it likely started in 8th or 9th grades. They thought that marijuana smoking began for a few kids in the 8th grade, that it was much more pervasive for 11th and 12th grade students. One parent had heard from her son that hallucinogenic mushrooms "were on the rise." Another discussed the influence of the death of a young man last year that had overdosed on Percocet and died.

3. How often do you think they use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs? (FREQUENCY OF USE)

Group 1. 7th & 8th Grade PMS

Summary: MS students perceived that use of tobacco was very infrequent for a few kids who were smokers, unless they were already "hooked." Alcohol consumption was most likely to occur on weekends, but marijuana use was seen as almost any time, including before school. Students were delighted to talk about how they would know when someone was high and would laugh about it, but that teachers either thought it was about something else or pretended to be ignorant of the situation.

Group 2. 9th & 10th Grade PHS

Summary: Early high school students mentioned that everyone knew about kids who smoked both tobacco and marijuana at Ft. Butts during the school day and after school. Alcohol drinking was most likely to occur on weekends and at parties, in their opinions, though two girls did discuss the possibility of some kids bringing vodka to school in water bottles. Marijuana use was perceived as happening "anytime, anywhere," in particular since they could get away with it and not be noticed if they were high.

Group 3. 11th & 12th Grade PHS

Summary: Older high school students said that if someone their age smoked cigarettes, they were likely to do so every day, but that it was generally looked down upon. Some said it was most influenced by the peer group or closest friends one keeps. Alcohol again was discussed as being largely used on weekends, at parties, and when friends are just hanging out. Drinking in large quantities is considered by some appropriate. Marijuana use was seen as most pervasive, again, being done every day, and some up to 4-5 times a day. A few kids mentioned the use of painkillers and the use of Adderall and other AHDH treatment drugs.

Group 4. Parent Group

Summary: Parents perceive that students who drink alcohol are mostly doing so at parties, on the weekend and are drinking large quantities, 6 or more drinks at a setting. Their peers consider this "socially acceptable behavior." Vodka and beer were identified as the drinks most likely to be consumed. One parent mentioned that much was dependent on if the parents condoned this behavior, and if they were willing to allow student to drink in their homes, in order to "keep an eye on them." and so they won't be caught by the police or get into further trouble. Marijuana consumption is done, according to parents, in many different ways - daily users, once-in-a-while users, those who do it at parties. Students are perceived as having no fear of getting caught because they do not fear any consequences from the school or from the community. Some discussion of uneven use of discipline at the school - some students are getting high during the day and returning to school. Parents agreed that both alcohol and marijuana use were viewed by some parents as "rites of passage." Some concern was raised by a rumor that student athletes were using steroids to enhance performance

4. How are Portsmouth kids getting tobacco products? Alcohol? Marijuana? Prescription drugs? (ACCESS/AVAILABILITY)

Group 1. 7th & 8th Grade PMS

Summary: MS students thought that tobacco was being accessed by those who smoke by older sibling providing, smoke parents who smoke themselves, other family members, or kids just stealing them from someone they know who smokes. A few risk buying them at a convenience store (Cumberland Farm and BP gas station were identified), though the kids said that generally no one looks old enough to buy. Alcohol had similar sources, but included stealing it from parent's liquor cabinets was mainly discussed, or to find someone older who was willing to buy for them. Access for marijuana was viewed coming from older siblings, friends, and high school students.

Group 2. 9th & 10th Grade PHS

Summary: Early high school students mentioned that getting cigarettes was very easy and identified several possible sources, including siblings, friends, parents and family members.

They did agree that stores were not easy to buy from. Alcohol access again was most likely from parents liquor cabinets, older siblings and friends or from others who had fake ID cards. Marijuana access was more varied. Some claimed to know people who grew it in their yards, knew someone who had medicinal marijuana cards, but most agreed it was easiest to get "from a friend who knew someone who had it." Students said that many of their peers sold marijuana so that they could cover the cost for their own

Group 3. 11th & 12th Grade PHS

Summary: Older High school students felt that getting tobacco was "no problem" and they could often buy it themselves at a convenience store. Accessing alcohol was seen as more difficult to get, but it could be accessed if one had older friends or peers, was willing to take it without their parents knowing, though a few parents really don't care and may provide access. Marijuana, one the other hand, was easily accessible at any time. Access has increased over the past 6 months, and more youth seem to be selling it and smoking it. Those who are selling prescription drugs do it to make money to but marijuana. They will either sell their own prescription meds or steal them from parents, grandparents or other family members. Recent availability of LSD was attributed to "kids from Tiverton."

Group 4. Parent Group

Summary: Parents also identified older siblings or friends who could buy at Cumberland Farms as a source for cigarettes. Alcohol was accessible from older sibling in college, or from home, either given directly by parents or taken without their knowledge. Parents believed that marijuana was coming in to the town from Fall River and Tiverton, and that recently medicinal marijuana was being accessed.

5. What reasons do you think Portsmouth youth have for using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? (PERCEPTIONS OF RISK/HARM)

Group 1. 7th & 8th Grade PMS

Summary: Middle school students identified peer pressure and thinking it is cool as reasons for peers to smoke cigarettes. Most thought alcohol was used for fun and at parties. They identified wine and beer, vodka, whisky and "gummy bears", and claimed that some parents knew but did nothing about it.

The sources for marijuana included parents who smoke it, and friends who smoke it. Some mentioned how others try to coerce them into trying it, some by baking cookies or brownies. They did say that some kids have terrible lives and their home life leads them to doing substances. They also mentioned "the whole party scene," sleepovers, and making crank calls to other people while drunk or high. They stressed how many students make money by selling weed so they can get enough to use for themselves.

Group 2. 9th & 10th Grade PHS

Summary: Early high school students thought that for some kids, parents who smoked were the biggest influence and source for cigarettes. Home problems and depressions were given as other causes. Reasons given for students using alcohol including "to do it just because you could say you did it." Peer pressure and belonging to different groups were also mentioned. Binge drinking was identified as a big issue for some students, who drank shots of hard alcohol just "to get wasted." Some students talked about how some people were treated differently than others. "Athletes on varsity 1st string get treated differently from a 3rd string player."
Marijuana use was seen as done just because they can do it and many like to be high. Others said stress to do well in school was a big problem, since they were expected to do well to get into a good college. Other said smoking weed is "no big deal," it was "safer than alcohol" and that "no one has ever died from smoking weed." One student described how they "hot box" drive around in a car with the windows rolled up smoking marijuana, and doing a "high drive."

Group 3. 11th & 12th Grade PHS

Summary: Older high school students thought those who smoke tobacco did so because they were addicted, or just wanted to say they had tried it. Reasons cited for use alcohol were boredom and just to party. Marijuana use was attributed to "just because it is there." Some parents smoke, and prefer their kids getting high rather than drinking alcohol. Others feel stress to do well in school to achieve, or to deal with family issues. One told us that it helps some students perform better on tests because they can focus better.

Group 4. Parent Group

Summary: The main reason parents thought some students smoked was because it was an acceptable adult behavior. For both alcohol and marijuana use by students, parents cited similar reasons: 1. adults do it, so it's socially acceptable; 2. it helps kids to handle the pressure to do well in school; 3. that parents condone the behavior by allowing it to happen in their homes; 4. from boredom - many have nothing else to do outside of schoolwork; 5. kids are scheduled so much for their regular activities that they react or rebel by doing alcohol and marijuana; and 6. the lack of recreational and after school activities for those who are not on a sports team. Parents were in agreement that students' use of both alcohol and marijuana were widespread, but that there was no one they knew to go to for help.

6. How do Portsmouth parents feel about youth using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

(PARENTAL DISAPPROVAL/ATTITUDE)

Group 1. 7th & 8th Grade PMS

Summary: Middle school students thought that generally parents were in denial about their children using any of these substances. They thought that some parents do condone use (because they do it themselves, or want to appear "cool "to their kids), and some have no idea and that it would "kill them if they knew who was smoking or drinking." Some students revealed that parents had caught either them or their siblings doing something, and maybe disciplined, but no one was willing to talk more about it. Some parents give up after issues with older siblings. It was mentioned that the younger ones have it easier, since older sibling set the standard, and older siblings often look out for (protect) the younger ones. One said: "the oldest in the family sets the stage, the littlest one gets away with anything." Another students said," We need less baby pictures and more freedom." Students agreed that the presentation done by Chris Herren and the Purple Project at the school was a positive thing that showed them why not to use substances. They also felt that participation in sports is a big deterrent.

Group 2. 9th & 10th Grade PHS

Summary: Early high school students were mad about the tobacco issue, since many kids had been talked to about it on many occasions, yet still smoked. They did think that parents who smoked did not understand that their kids were being influence by their behavior, so to tell them not to be hypocritical. The students also agreed that most parents were against their kids drinking alcohol at any age, but that it varied from family to family. Most agreed that kids will not get into a car with a driver they know who has been drinking. The students also felt that most parents do keep an eye out for marijuana use. Concern was expressed that many parents do think their kids smoke marijuana, and teachers know about it, and do nothing, since some smoke also. One boy mentioned how it amazed him how much people (other students) got away with things. Students estimated that about 20-30 percent of parents do not pay any attention, or don't cal if something happens involving their child.

Group 3. 11th & 12th Grade PHS

Summary: Older high school students agreed that most parents cared about cigarette smoking, mostly if the student is underage. For alcohol, they basically say not to do it, but will tell their kids to "be smart about it." A few parents were cited who actually wanted their kids to try it to be cool or as a rite of passage. One mentioned that there are a lot of overnight parties, and alcohol is often available. The students felt that parents are concerned about them using marijuana, but many just don't want to know, or they want their kids to hide it from them. All agreed that parents had no tolerance at all for them using prescription drugs or any other harder drugs.

Group 4. Parent Group

Summary: The parent group felt strongly that not many parents would favor their children smoking cigarettes. They did express some frustration with other parents who did not keep informed about the alcohol issue, what was going on with their kids, and what they should do about it. A similar consensus was reached about marijuana and parent's lack of information or unwillingness to pay any attention to the real issues. One woman voiced her frustration with the high school administration, stating: "that is the last place I would go," but others disagreed with her and said they found the staff to be very helpful. They also discussed how the Portsmouth Prevention Coalition and the Juvenile Hearing Board were good sources for information. In the ensuing discussion, one parent expressed the feeling that people were "silo-ing," and that "everyone has a story to tell." One parent opined: "Portsmouth is the drug capital of the island." Another cited isolation as a major issue, believing that there was no one local to talk to when something does happen. The prevailing attitude describing Portsmouth parents was phrased by one: "I don't care what my kid does as long as he or she gets into a good college." Many parents, one postulated, want to be accepted by their kids as "cool."

7. What do your friend think about people who use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?

Group 1. 7th & 8th Grade PMS

Summary: Middle school students felt that most of their friends would disapprove if they were to do any of these substances, and that this was more important than what their parent might think. One student offered this synopsis of the school's reaction to marijuana use: "we don't talk about marijuana - we just ignore it or the person caught if they have a problem - it's none of our business. He felt that administrators and parents were in denial that there was a marijuana problem.

Group 2. 9th & 10th Grade PHS

Summary: Early high school students thought that their friends would disapprove of cigarette smoking, because "it's bad and it stinks." They did not agree about friend's reactions to alcohol use, saying that "some would think it wrong, but other's wouldn't." Marijuana use would generally be more accepted than alcohol or tobacco, because it is not seen as something harmful. The use of any other types of drugs would be considered by friends as "not acceptable."

Group 3. 11th & 12th Grade PHS

Summary: Older high school students generally agreed that cigarette smoking would be accepted by their friends, but would also generate concern with some. Alcohol use would be viewed as fine, as long as someone doesn't start to use it excessively. This would lead some

to become more concerned. Marijuana use would not be of any concern, is a socially accepted behavior. The misuse of prescription drugs or us of other hard drugs would make friends "very much concerned," and would generally be frowned upon.

This question was not posed to the parent focus group.

8. What do you think should happen to Portsmouth youth who use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?

(BEHAVIORAL CONSEQUENSES)

Group 1. 7th & 8th Grade PMS

Some of the comments and suggestions offered by middle school students included:

"Kids who use these should be embarrassed in front of the entire school"
"They should be embarrassed and called out for it on social media"
"Parents and police and school should really confront kids for their actions"
"Drug testing in the school"
"There should be police in the school"
"Lots of parents don't care much about kids using MJ, and lots of kids don't care"
"There's a lot of marijuana in Little Compton"
"Not too much talk in school about alcohol or weed, and teachers ignore it or are in denial"
"Should do blood or alcohol tests on those who are suspicious"
"Need to educate little kids. But all thought that weed was not illegal any more"

Group 2. 9th & 10th Grade PHS

Some of the comments and suggestions offered by early high school students included:

"Sports people should be taken off their teams, if they do it regularly" (mentioned football team) - "special treatment for athletes is common knowledge"
"Suspension does no good- study hall is worthless detention"
"More people need to tell parents, or police"
"Much depends on the teacher involvement-counseling should be a part of any substance abuse related infringement, but there is no equality in how disciplinary actions are dealt with-football players get treated very differently, kids get different kinds and levels of discipline depending on their group- star athletes, good students, and Boys Town kids actions get overlooked out of fear by teachers."
"Very poor integration of Boys Town kids into the school creates strong feelings about the inequity in how discipline is used in the school and how some teachers just ignore the entire drug issues"
"Suspension is not effective - no one cares about it or detention"
One girl said: "if you're treated like crap you are going to act like crap"

Group 3. 11th & 12th Grade PHS

Some of the comments and suggestions offered by older high school students included:

"Maybe more education, and more conversations about consequences of using all of these things not just in JR health classes",

"DARE was a horrible joke"
"Some teachers and coaches you can talk to about this stuff"
"Andrea Hogan (former Student Assistance Counselor) was very well respected and trusted by the kids"
"More education rather than punishment "
"People who get arrested for weed do community service, but really don't care, and will still do it"

Group 4. Parent Group

Some of the comments and suggestions offered by parents included:

"NO "out of school" suspensions-it becomes a reward and is ridiculous"
"Not sure - what are the Portsmouth School Dept. policies, it's kind of like the "wild west." "Current policy punishes those who are honest and come forward and the ones who don't come forward, get off. There are too many discrepancies in current policies."
"More education offered besides 9th grade health class"
"Make prevention more a part of the curriculum"
"For Sports, student and parent sign a handbook"
"The Juvenile Hearing Board takes care of the 'regulars,' but I know that there is no follow through if things don't happen."

General feeling: Some students are protected no matter what they do, others are 'targeted' to get in trouble and get caught.

9. What existing programs/services are in place to help Portsmouth students avoid using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? (INTERVENTION/TREATMENT AVAILABLE?)

Group 1. 7th & 8th Grade PMS

Summary: Middle school students expressed their concern that kids in Portsmouth feel isolated, and have no one in the school they can trust. One mentioned Mr. Hill, a former teacher, who he thought was great: "There's nobody like him, he really had respect from the kids, and he would help you. He was very popular." Others agreed. One student expressed the belief that "medicinal marijuana needed to be monitored better"
Another said: "Legalization might make it harder for kids to get marijuana, like alcohol"
Students said that they did not go to their guidance counselors with problems because they will tell the police, and there will be some retaliation.

Group 2. 9th & 10th Grade PHS

Early high school students expressed the following opinions:

1. "Guidance staff members at the high school are good, but not proactive"
2. "There should be drug counselors in the school."
3. "There should be clear consequences for one's actions"

4. "When certain kids are acting up in a class it deprives the rest of the class and they don't like or when a teacher punishes the entire class for the actions of one or a few other students"
5. "Every year it gets a little worse..."
6. "Students assume "college will happen" no matter what you do."

KEY POINTS:
1. We heard this repeatedly from all the groups: that they do not feel like they are getting any or enough information about what are the personal consequences for using marijuana. They also lacked core information about how it affects the individual, from academic performance to brain development, physiological issues, emotional, mental, etc.- They really felt they needed and wanted more information on the negative consequences that impact will them personally for using marijuana, and other drugs.

2. Students also spoke about sexual issues taking place on the back of school busses- no details were provided, but they were not happy with it.

3. They felt that teachers often looked the other way with some kids and really came down hard on others for doing the same things and they want equitable consequences.

<u>Group 3. 11th & 12th Grade PHS</u>

Summary: Older high school students thought that most of their peers had not gained enough information about potential threats from substance use. They mentioned some classes they had during the junior year, but nothing in the sophomore year, when many were introduced in social situations to alcohol, marijuana and other drugs. Some recalled taking part in the DARE program at the middle school. All of them mentioned that students were comfortable talking with Ms. Hogan, the former students assistance counselor. Many of the seniors felt it would be a good idea to educate their parents on the dangers of the use of substances, and for younger kids, to spell out the consequences for using substances, both in terms of potential health and disciplinary consequences. One suggested that doctors be brought to the school to talk to kids about physical health risks and consequences. There was some agreement that certain teachers in the school were available to talk to, but there were mixed feelings presented in discussing the influence and availability of coaches.

<u>Group 4. Parent Group</u>

Summary: Parents admitted that kids are clueless as to how dangerous these things really are, as are parents.
One parent raised the point: "Today's heroes are all abusers of drugs and alcohol - it is a part of the culture, and a focus of the media."
Some parental suggestions included:

1. **To establish some safe havens for kids to go to in times of need and to report their concerns while feeling safe;**
2. **Promote better communication between parents and school on children's activities and problems;**
2. **More focus on meeting needs and helping parents - lots of parents have no idea what is going on, or what to do when it happens at their home.**
4. **Kids are clueless about the dangers. They need to be better educated.**
5. **Issues of pervasive sadness, lack of hope, sense of entitlement have to be addressed in many students and parents.**

10. What other ideas could the Portsmouth Prevention Coalition try to keep students from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

Group 1. 7th & 8th Grade PMS

Summary: Middle school students proposed the following ideas:
1. Make it more difficult to get tobacco, alcohol, marijuana, and other drugs/
2. Be stricter on those who do get it, use it and sell it.
3. Be more aware, more adherence to confidentiality issues,
4. No one here for us to go to with a problem- except maybe Mr. Sullivan, Mr. Alex, and the coaches, who want to be here with the kids -but a lot of the teachers don't seem like that.
5. Many students walk around school with passes, but have no real reason not to be in class - why?.

Group 2. 9th & 10th Grade PHS

Summary: Early high school students proposed the following ideas:
1. Better awareness needed, tell us 'this is what will happen to you if you use."
2. Sitting in assemblies doesn't work - no one pays attention, no one cares
3. Need some counseling for those who get suspended, but kids are afraid to ask for help because they feel they will get in trouble
4. Need a substance abuse counselor in the school

Group 3. 11th & 12th Grade PHS

Summary: Early older high school students proposed the following ideas:
1. **Kids get these things from parents, and from other kids,**
2. **They are bored so they experiment and take risks - there's more fun in the summer,**
3. **Many kids work in Newport and are exposed to the nightlife and have more money to spend. Newport is a big influence,**

Group 4. Parent Group

Summary: The parents of high school students proposed the following ideas:

1. **Offer Parent Support groups**
2. **More family oriented information**
3. **More programs like Project Purple**
4. **Parents watch middle school kids but do not watch high school nearly as much - you have to educate parents at this level...**
5. **More efforts getting information to kids at the middle school before they get to high school**
6. **Use power of assemblies to get the message out**
7. **Children need to have a safe haven to report concerns about their peers**
8. **Student Assistance has a "revolving door," but there is nothing for parents.**
9. **Parents need to be involved more in everything that happens at the school.**
10. **More information made available to parents,**
11. **Parent events should be addressing substance abuse prevention and issues**

11. What's happening in Portsmouth schools to educate students about tobacco products? Alcohol? Marijuana? Prescription drugs?

Group 1. 7th & 8th Grade PMS

Summary: Middle School Students reported the following:
"Very little is happening to educate us about these drugs"
Several though that Chris Herren's presentation was a big influence in helping them to understand what could happen to someone using drugs
Kids need a break sometimes during the day, to just take a walk or get away from classrooms
Trust needs to be built between the students and staff
Segregation from the younger kids really feels strange to many middle school students in this building
Coaches have a big influence on kids.

Group 2. 9th & 10th Grade PHS

Early High School Students reported the following:

1. **"If you have good grades you can do anything and won't get in trouble"**
2. **"Teachers aren't proactive; get tired of all the discipline problems"**
3. **"School-related consequences were discussed, but not much is expected."**
4. **One girl said: 'There are lots of threats, but very little action"**
5. **"All kids get penalized, not just those who did something wrong,". which they considered as "unfair." Someone mentioned the problems with school dances.**
6. **One boy said" There is a need for therapy - lots of improper behavior happens every day."**

Group 3. 11th & 12th Grade PHS

Summary: Older High School Students reported the following:
They get no substance abuse education in 12th grade heath class.

Group 4. Parent Group

Summary: Parent knew very little about what was going on in Health Classes or in terms of any substance abuse education in schools. One mention she thought they covered drugs and alcohol in the 9th grade health.

12. What programs/services/aid do you think Portsmouth parents need to address and/or reduce the use of tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

Group 1. 7th & 8th Grade PMS

Summary: Middle school students were mostly unaware of any existing programs for parents or any other services outside of the school. They identified the following issues that focused on meeting parent and student needs:

1. **More info of the dangers of the use of marijuana, they haven't heard anything negative**
2. **Role models- bring in speakers who have a story to tell**
3. **No one teaches us the other side of the Marijuana story other than its' bad for you, tell us stories of their use-younger kids are easier to relate to those stories.**
4. **Chris Herron was big and had a lot of influence.**
5. **Families have big influence on kids but many are doing things that are wrong.**
6. **Hard to find things you want to do to stay active when you are young**
7. **They felt they have much freedom in their educational environment but little to do, while older kids have more arts and sports opportunities than they do.**
8. **They really would like more freedom, electives in the classes-add photography, other electives- just too many requirements and not enough choices.**

Group 2. 9th & 10th Grade PHS

Summary: Early high school students made these suggestions that focused on meeting parent and student needs:

1. **More support for other school-based clubs, such as the Gay/Straight/Bi student club**
2. **Guidance counselors and parents need to be more of a part of the solution and play the role they feel they need to play to influence students.**
3. **More talk about looking at the importance of their future-i.e., college issues, and the pressures to get in to good schools is big - they feel they are almost babied in some ways –"I'll give you one more week to get that assignment in "-while in college, you don't get it in-you don't. Looking for more accountability and fewer breaks.**

4. **They really pushed to get the applications in for college, but little preparation for what it is (college life) really like.**
5. **"Treat substance abuse as a (personal) problem, not just as a rule breaking"**

<u>Group 3. 11th & 12th Grade PHS</u>

Summary: Older high school students made a few statements that focused on meeting parent and student needs:
1. **Parents have issues of their own to address (with tobacco, alcohol and substance abuse)**
2. **They thing that the Youth to Youth in Newport would do well in Portsmouth**
3. **To let people know that: "Every year it gets a little worse..."**

<u>Group 4. Parent Group</u>

Summary: Parents made a few suggestions that focused on meeting parent and student needs:
1. **Coaches, bandleaders need to be more involved in knowing what kids are doing,**
2. **School staff, coaches others need to speak the truth about what is going on, and hold people, both young and old, accountable.**
3. **Felt we should send the survey questions findings home so parents can know and discuss them with their children**

13. Who do you consider the leaders in Portsmouth for substance abuse prevention?

<u>Group 1. 7th & 8th Grade PMS</u>

Summary: Middle school students identified the following leaders:
1. **Chris Herren as a good speaker with influential presentation from experience**
2. **Student athletes (who don't use drugs - some do)**
3. **Other students who are good role models who don't drink or drug**

They feel they have experienced very little positive interaction with the police, believing that police officers "scream at kids or are called in just to arrest them."
"Isolation from the Boys Town kids that have a had a bad influence on things here in the past."

<u>Group 2. 9th & 10th Grade PHS</u>

Summary: Early high school students did not identify specific leaders, but gave us a list of some changes or things that they thought might make an impact on student behaviors:

1. Better awareness of what can happen to you personally (consequences) by using these substances-not just health wise but all aspects –not getting admitted to college, losing scholarships, not getting hired etc., brain development, etc.
2. Lectures about substance abuse do NOT work-don't bury them with stats. They felt that discussions in small groups are much more effective
3. Counseling is needed for drug issues in the school
4. They did not feel they were any people they could go to in the school for these issues
5. They stressed that substance abuse is not just a disciplinary issue and the addiction and drug use gets ignored and pushed aside in the school often and therefore the problems don't get solved, but pushed aside until they happen again.

Additional Comments:
Early high school students were asked about MJ legalization: 4 were for it, 4 were against it. One girl said she was for legalization because "some people do it to be rebellious, and if it was legal, they wouldn't want to do it any more"
A boy said that he would: "legalize weed but make cigarettes illegal"

Group 3. 11th & 12th Grade PHS

Summary: Older high school students mentioned things that they thought might make an impact on student behaviors:
1. SADD was viewed as very positive, because it involved students
2. Portsmouth Police negative (they only arrest people)
3. Little Compton (where there are only 2 police officers "who are so easy to avoid") is a safer party place

Group 4. Parent Group

Summary: Parents identified those people who they thought were leaders in substance abuse prevention as:
1. Ray Davis, the Coordinator of the Portsmouth Prevention Coalition,
2. Some school counselors, (former SAC mentioned by name, along with some of the high school guidance dept),
3. Private counselors, Mr. P.L.
4. There are some staff in the schools who some parents believe have been very helpful,
5. SADD student group

14. Is there anything that we should know that we forgot to ask? Other suggestions that you would like to make?

Group 1. 7th & 8th Grade PMS

Summary: Middle school students' suggestions included:
1. Maybe legalizing marijuana would make people not want to do it anymore.

2. Use medical marijuana only in hospitals
3. Monitor how MJ is available and used with Medical marijuana Center opening in town

Group 2. 9th & 10th Grade PHS

Summary Early high school students' suggestions included:
None received

Group 3. 11th & 12th Grade PHS

Summary: Older high school students' suggestions included:
1. TV & music influence kids, as do sports
2. Out of eight students, 5 were involved in some sport, 2 in music and 1 in theater school activities.

Group 4. Parent Group

Summary: Parents of high school students' suggestions or comments included:
1. "If kids can stay on the honor roll, they can do whatever they want."
2. "It is very easy to fool yourself as a parent - thinking that it is all OK"
3. "Is there anyone is school to go to? Andrea was the Student Assistance Counselor"
4. One parent has worked with licensed therapist Peter L.
5. School staff mentioned: 2 Female Guidance counselors as resources
6. One said: "We need to start with the student assistance counselor."
7. Another said: "Coaches and school leaders need to be able to talk to kids, to speak the truth to them - that would be a big improvement!"

V. Key Informant Interviews

Overview

Five local leaders were selected by the PPC Coordinator as key informants to be interviewed during the course of this process, based on their relationship and knowledge about the behaviors of local youth and/or of local conditions that impact substance use and abuse. They were asked to respond to a series of questions that were generated in alignment with the Health and Wellness survey administered at the Portsmouth Middle and High Schools. The following analysis represents a synopsis of the responses they gave to similar questions. The questions used to guide the key informant interviews are provided below.

Key Informant Questions

1. **Do you think Portsmouth youth use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?**
2. **How old are most Portsmouth kids when they started using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?**
3. **How often do they use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?**
4. **How are Portsmouth kids getting tobacco products? Alcohol? Marijuana? Prescription drugs?**
5. **What reasons do you think Portsmouth youth have for using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?**
6. **How do Portsmouth parents feel about youth using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?**
7. **What do you think should happen to Portsmouth youth who use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?**
8. **What existing programs/services are in place to help Portsmouth students avoid using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?**
9. **What other ideas could the Portsmouth Prevention Coalition try to keep students from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?**
10. **What's happening in Portsmouth schools to educate students about tobacco products? Alcohol? Marijuana? Prescription drugs?**
11. **What programs/services do you think Portsmouth parents need to address and/or reduce the use of tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?**
12. **Who do you consider the leaders in Portsmouth for substance abuse prevention?**
13. **Is there anything that we should know that we forgot to ask? Other suggestions that you would like to make?**

Key Informant Summary Responses

1. **Do you think Portsmouth youth use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?**

Tobacco

Summary: Key informants do believe that smoking is still an issue for youth for many of the same issues as in the past. One mentioned that the main reason is to be part of an "in" crowd, another that parents who smoke influence their children. St4ress was also raised as a possible reason. Estimated percentages of high school students who smoke ranged from 10% to 30%. One noted that he has seen more females than males smoking, wondered if this might be a new trend.

Alcohol

Summary: Key informants varied in their opinions about underage alcohol consumption. One thought it has declined, due to less opportunity and more attention to alcohol use by administrators and police. Another, who thought it was considered locally a "rite of passage," estimated high school user rates at 60%. More difficulty getting it from liquor stores due to law and diligence by store owners. Major reasons for use were similar: social thing to do, to justify a reason to "lose control," rites of passage," coolness. and peer pressure. One mentioned that school authorities, the courts and parents are "teflonizing" young people - spoke about how many young people can break the rules, but get off with only minor consequences, if any. Lack of consequences for violators who are caught was an issue.

Marijuana

Summary: Key informants were in agreement that many local youth are using marijuana on a regular basis. Estimates were much higher for marijuana use than alcohol, up to 70% -75% of high students using marijuana at least occasionally. Reasons provided included: it helps them focus, makes the more relaxed, everybody's doing it, and cultural acceptance. One KI said: "Marijuana use is a learned behavior that the earlier one starts, the more they are accepting of that type of behavior. " Another KI mentioned: "A majority of students do it regularly, especially juniors and seniors, while freshman start by experimenting." One reasoned: "You can't tell them "you can't partake" - 14-21 year olds are on social ladders that make them think that they are entitled to adult behaviors. But the entitlement of an adult is maturity. The influence of adults from the 60s and 70s is embedded in the community. Kids know that their parents smoked."

Prescription Drugs

Summary: Key informants were somewhat less informed about prescription drug use. Two claimed to have no knowledge. but three others were more knowledgeable, based on the jobs they held. One with school contact mentioned that there were a lot of different pills being used, mostly by high school upperclassmen. Another mentioned that more local problems with prescription drug use with adults who are 40 years old and up and that it

does not represent as much of a problem for the younger people. A third with direct contact to young people estimated that between 20-35% of his clients use prescriptions in some form - many were on Adderall, either with a doctor's prescription or without.

Others Drugs

Summary: Two KIs had little to no knowledge about other drugs that might be used by students. Two who worked directly with youth in their jobs had more knowledge. One knew about student users of cocaine, Ecstasy, ADHD medications, Benzos, Oxycontin, and some rumors about hallucinogenic drugs. A second KI had professional knowledge about kids dabbling in cocaine, Percoset, Clozapine, Ecstasy/Molly, and some hallucinogenic drugs, specifically mentioning mushrooms (psilocybin). In addition, one KI knew of some 19-20 year olds who were injecting heroin. The three KIs agreed that this was mostly limited to a small group of young people, who had likely been long-time substance abusers seeking more dramatic "highs."

2. How old are most Portsmouth kids when they started using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

Tobacco

Summary: Key informants were somewhat mixed in estimating onset for smoking tobacco, though middle school (grade 7 and 8) were given by two and between 15-17 by two others. One did make clear his belief that girls were just as likely, if not more so, to start smoking early.

Alcohol

Summary: Key informants were more in agreement in estimating onset for alcohol use, with the range of early onset for some in 7th grade, but for most of those who use from 8th grade (age 14) to 10th grade (age 16). The period beginning at end of 8th grade and the start of 9th grades (transition to high school) were deemed most likely times for onset by many students.

Marijuana

Summary: Key informants were in agreement in estimating onset for marijuana use, similar to that of alcohol. Four of five mentioned students first time to smoke marijuana at middle school grades, one estimated at age 16. Some were concern that first time marijuana use was happening sooner than alcohol for some youth.

Prescription Drugs

Summary: Key informants were somewhat mixed in estimating onset for illegal use of prescription drugs. Two estimated that it started at the middle school, with kids stealing drugs they may or may not know from medicine cabinets, while two others thought it was more likely for older students (11th or 12th grade) who had previous drug use experience. One opined that, for some 8th/9th graders, pills were the "drug of choice" due to their easy availability . Another thought it would likely be pursued by older students and young adults, who had access to pills in houses/ Overall there was a general believe that it prescription drug use was less

likely to be observed than marijuana use or alcohol use, and more likely to be tried by those who had a personal history of substance abuse.

Other Drugs

Summary: Key informants were in agreement that hard drug use was mostly attracting older and more experienced substance abusers. It was also viewed as something that involved fewer people, but with more serious individual repercussions. Two KIs mentioned that heroin use was increasing, in part because the price has dropped, it's relatively cheap, and there is a lot of social networking and communication between dealers and users about drugs and where to get them. Local law enforcement does not have one office that is directed solely to oversee narcotics. One KI described the typical hard drug users as: mostly older (18 and over) who were using softer drugs in high school and moved on to harder drugs. One KI again mentioned a HS student who died from Percocet overdose. Another did think that cocaine was being used, but was more last year, by older students

3. How often do they use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?

Tobacco

Summary: Key informants were in agreement that those who smoked cigarettes started slowly but soon become addicted and become daily smokers. Of those who smoke it was estimated that about 20% of those who smoke do so every day, whether in middle school or in high school.

Alcohol

Summary: Key informants were in agreement that students who drink alcohol were most likely to do so on weekends, usually at a party, but that alcohol use was decreasing because it was becoming harder to get. Two also suggested that marijuana use might be decreasing alcohol consumption since it is taking up funds with which students would normally have used to purchase alcohol. Overall, the general viewpoint was that alcohol has become harder to access and high school students have fewer opportunities to get it than they do marijuana.

Marijuana

Summary: Key informants were in agreement that marijuana has become the drug that is most likely to be used by students. The percentages are increasing for routine daily use. "Opportunities to use are rising regularly, and dope is cheaper in smaller quantities." One KI explained: "Marijuana growers in California and Colorado have developed new, more highly toxic plants and selling the seeds, the technology, and the growing process to local growers." Another discussed what is happening to the people who use: "Many marijuana users are daily users - it starts as infrequent use, then grows more and more, until it becomes multiple times a day. Users find that they can hide being stoned in school or at home easier than hiding alcohol or other drugs.

Pharmaceutical Drugs

Summary: Key informants were in agreement that pharmaceutical drug use is more infrequent and mostly confined to older students or people. Those who use pharmaceuticals usually do it with less frequency, based on availability being less frequent. Students usually wait until new prescriptions are attained by their source.

Other Drugs

Summary: One KI stated**: "**Those using cocaine do so 1-2 a month (10-20% of his clients) , and are mostly high school juniors and seniors. Others did not address the use of other drugs, citing these reasons: lack of knowledge, uncertainly, or the fact that this represents a less significant number of students.

4. How are Portsmouth kids getting tobacco products? Alcohol? Marijuana? Prescription drugs? (ACCESS/AVAILABILITY)

Tobacco

Summary: Among the sources cited by KIs were:

1. They find places that sell it to them;
2. Turn to older friends or brothers and sisters to purchase for them
3. Get them from parents or other family members. Either they take it or get others to buy for them.
4. Most likely they get them from convenience stores and not liquor stores
5. Some parents buy them for their kids (if they are smokers)

Alcohol

Summary: KIs agreed that the main sources students use to attain alcohol were:

1. Getting older friends, older siblings or strangers to buy it for them.
2. Taking it or getting it from parents liquor cabinets or home supplies.
3. Get it from friend's houses or at parties while parents are not at home.

Marijuana

Summary: KIs gave the following responses about how youth access marijuana:

1. "Can get it anywhere, anytime, anyplace - kids say they want it legalized."
2. **"**Small-time sellers used to be from outside of town, but now, medicinal marijuana is becoming the most serious problem, since anyone can become a caretaker. There is no cooperation from the Department of Health - and they have no resources or personnel for inspections, oversight. Mentioned that drug growers have begun to rent houses in Rhode Island, much like they do in California and Colorado.
3. "Medicinal growers are now everywhere."
4. "Students often buy from the same 5 kids at school who everyone knows - and there are no undercover stings to catch them anywhere.:
5. "Kids support their own habits by buying and then selling to their friends or other kids. Some kids act as the 'middle man" to sell to others so they can smoke for free...

Pharmaceutical Drugs

Summary: KIs gave the following responses about how youth access pharmaceutical drugs:

1. Buy them from friends, who get them from doctor's prescriptions, may prescribe heavy meds to kids, who sell them - e.g wisdom teeth out, ADHD meds
2. Paraphrase: "They take them from homes, from other people's medical cabinets. Some know what to take to make a profit - others don't have a clue, but take everything. These kids don't know what they are taking - at lower levels , this often starts at the end of middle school or early high school."
3. From older people, from their homes, medicine chests
4. Some sell their own meds so they can buy weed.

5. **What reasons do you think Portsmouth youth have for using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?**

Summary: Several of the quotations provided below were given by different KIs and may apply to a single substance, or be applied to two or more of the substances in this study. Below are paraphrased summaries of most of their responses:

1. "Kids are dealing with a lot: extra- stress - some use ADD drugs to help them academically." KI believes many students suffer from undiagnosed anxiety disorders, and that many kids are self- medicating. (using all types of substances)
2. "It has become a social thing for many."
3. "There are many reasons - stress, partying, rite of passage, social, peer pressure - it differs from kid to kid. Often what happens at home matters most."

4. "Kids who smoke tobacco may have underlying psychiatric problems - ADD, anxiety or depression. Drinkers of alcohol usually start up as a social activity, which is peer-related. But if they continue to drink, due to continuity and enjoyment of the desired effects, it calms their uncertainly and the insecurity disappears, leading to more and regular drinking."

5. "About 50-60 % of marijuana users have underlying mental issues.

6. 'Many students are still future oriented, and feel that marijuana has no harmful effects, they believe that it won't cause death and is less harmful than alcohol."

7. "Many young people actually have psychological disorders they are self medicating -some live through hard time stress ort trauma - still others are "smart kids' who have nothing else to do - this is seen as "lazy."

8. "Some kids think pills help them do better on tests in school, while others are constantly looking for the "next high." These often need to progress to the next stronger substance, and may end out on heroin."

Key factors from above quotes: stress-related, performance enhancement, self medication, social use, undiagnosed psychological/mental problems, addiction, feeling "high," Lazy, partying., rite of passage

6. How do Portsmouth parents feel about youth using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

Tobacco

Summary: KIs agreed that the majority of parents did not want their kids to smoke tobacco in any form, but that some who smoked themselves did not care, were embarrassed to admit they might be negatively influencing their children, or would chose to ignore behavior to avoid it. Others do not think it is a big deal, as long as their child is doing well in school.
One KI did say that he has heard kids say that their mother buys them a pack a week.

Alcohol

Summary: KIs agreed that most parents do care about their children drinking alcohol, but some parents (20-30%) feel that use of alcohol and MJ are "not that big a deal." Many do not understand the extent of the use, e.g., that kids are using hard liquor or smoking MJ several times a day.

Reflections:

1. "Kids just have no fear of police or parents. Parents hide the fact that they are giving alcohol to their children, and will hire a lawyer to defend cases involving their kids."

2. "Parents usually discourage alcohol use - but some will "look the other way" if it is not much of a crisis level - until they start to see it more frequently...

Marijuana

Summary: KI's agreed that the majority of parents did not want their kids to smoke marijuana; however, that they were more tolerant about the use of marijuana, since many had smoked it themselves as youth. Some thoughts from KI's:

" Many parents view marijuana use as expected behavior for youth."

"Some don't know much, others don't care."

"Some parents discourage it - but many think - "I used to smoke as a kid"- and some still do it as adults once and a while."

Pharmaceutical Drugs

Summary: The general believe expressed by KI's was that most parents are unaware that pills and prescription drug use is a problem, and they would be shocked to know how much it is happening. Most think it is "someone else's child" doing it. This same believe holds true for parents with children using harder drugs, though more family-related problems and issues may be involved in these situations.

7. What do you think should happen to Portsmouth youth who use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?

Summary: KIs were all aware that detention and school suspensions were part of the discipline used at the school for those caught with some form of substance. They offered some additional measures that they felt would make a bigger difference to students and act as deterrents.

These include:

1. "Scare tactics work well - have them do community service."
2. Show results of horrific car crashes- show actual footage about how it impacts people's lives.
3. Need to get them some Counseling
4. "Get someone who can talk to kids. Talk about their life experiences, etc. talk to them about grief, consequences, personal hardships and the horror that might happen to a friend. Then make them do a relevant community service project."
5. "The greater the consequences, the more of a deterrent. But it does not have to include a criminal record. KI suggested instead: 1. 20 hours of community service and a contribution; personal responsibility - counseling and community service combination; 3. keep their hopes alive without giving them a criminal record.
6. "Police don't do a bad job, but they target kids and do not have a favorable relationship to youth. KI believes there should be more student referrals to counselors and psychologists, to get evaluations lined up for substances, and to give in-house suspensions rather than out of school. "Students need to get counseling for treatment of underlying issues - to include family involvement as well as administrators of the school."
7. "For all drug use - the consequences should be much more severe. Family court is just fluff, it turns off people - People need to know what real consequences are - and what will eventually occur. Kids are not arrested - the laws are too ambiguous. Kids know that there are no severe consequences. Only severe repeat offenders get a ticket to the training school. We need to do what we can to change his or her behavior - at a minimum understand the social price that affects everyone else."
8. "They need to overhaul suspension system, get recommendations for best treatment facilities with family involvement along the way at every step."

Key Points: scare tactics, community service, guest speakers (confronted by issues), referrals to counseling, actual consequences, avoid police record when possible, psychological evaluations, in-house suspensions, overhaul suspension system, underlying issues, change behavior, discuss social price, family involvement at all levels.

7. **What existing programs/services are in place to help Portsmouth students avoid using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?**

Summary: KIs identified the Students Assistance Counselor and local substance abuse counselors in the region, but no programs directly available for students (such as Al-A-Teen). One KI acknowledged, "There are no facilities in town - individual providers on the island include Newport KODAK and Child and Family Services."

Another issue that was mentioned by more than one person: Police capacity and their relationship to juveniles. "There is no one juvenile officer - different officers deal with different drug issues. Officers need to be given a better understanding of the system. And some officers make better decisions than other officers. It's very rare to find that they will not go sour trying to keep up with the process.

Other service mentioned: Juvenile Hearing Board plays an important role.

Issues identified that should be addressed through services included:
1. Student and family mental/social difficulties
2. Lack of cooperation from parents;

KEY POINTS: There was an overall belief by KI's that a system of logical consequences and universal enforcement of rules are key factors in changing student behavior. More diagnostic services and psychological evaluations are needed for some students. Police must take on a bigger presence in schools and with youth. Relationships are important.

9. What other ideas could the Portsmouth Prevention Coalition try to keep students from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

Summary: The following list of ideas/strategic interventions were suggested by Key Informants and are presented here in their entirely for consideration:

1. Impact schools through different guest speakers; bring in someone from the training school.

2. Some say that there is nothing to do on the Island, could use a youth or community center to provide social activities.

3. Provide educational opportunities to "wake people up." Presently this only works with a small percentage of people - many others don't see anything wrong.

4. Need for higher, stiffer consequences - make parents more responsible for the actions of their kids (take money out of their pockets).

5. Law enforcement needs to change by trying to help public, enforce the laws better, look at the social side, and make sure that the "bad ones" don't get off or get away with things. Police need to fit in as the enforcement of the law, let social services need to handle social issues.

6. Signage is benign - it does not impact people. Do not waste money on signs

7. Contact directly to parents. Set up a program for them or offer a conference targeted with workshops, information for each generation of kids

8. Contact to schools via sports, after-school programs.

9. Share information on high-risk kids with service providers.

10. Increase contact to parents via PTA's, family services, etc.

11. Offer Conferences to take care of workshops, and information for each generation of kids.

12. Develop some type of information programs, and link it through sports (which have very strict rules) - sports coaches can reach some kids.

13. Offer other after school and vacation period programs for those not into sport;

14. Need more mental health services - we need to access the degree of the problem that is attributable to addiction, and to mental health issues;

15. Get parents and school together and more often to recognize and get kids help when they need it.

16. Need to identify the kids at the school who are high-risk kids, to intervene when appropriate.

17. Kids with problems should not have to be suspended from school - they need to get them help instead and to avoid the legal system.

18. The Coalition should sponsor more substance-free events and set up Ambassadors in the schools.

10. What's happening in Portsmouth schools to educate students about tobacco products? Alcohol? Marijuana? Prescription drugs?

Summary: Key informant identified DARE and freshman (9th grade) health classes as the only education on substances offered at schools. Need to expand education to middle school and high school at every level suggested. Have 5th and 6trh grade look at dangers of drugs, then have programs at 7th and 8th grade to supplement and reinforce this learning.

Other suggestions included:
1. Have a School Resource Officer (or teacher) available to keep providing support and information.
2. School doors should be closed and locked - need to crack down, conduct lock-downs, and not allow students to freely roam in the parking lots..
3. Alcohol- and tobacco-related enforcement still needs to be conducted.
4. Parents need to know - schools have a big role to play, from teachers to the principals to the sports coaches.
5. Education is needed!

11. What programs/services do you think Portsmouth parents need?

Summary: Key informants generally agreed that here was a need for more parent support groups, but that to be successful, they need to develop a strategy to attract parents to come, in particular to attract those who need to be there the most. KI: "Most parent nights at school have low or moderate attendance."

12. Who do you consider the leaders in Portsmouth for substance abuse prevention?
The local leaders identified by Key Informants included:

1. Ray Davis, Coordinator for the Portsmouth Prevention Coalition

2. Police Department Explorer's Club

3. the (former) Police Chief

4. The Portsmouth Prevention Coalition

5. Some parents oppose substance use - though most have not yet stepped up as leaders

6. "Schools should be first line of defense - but it is not quite "down pat" yet"

One key informant did not believe that the school or the police are leaders - "The police only go to the school to arrest kids. Many issues either go to the family court or the juvenile hearing board ."

13. Is there anything that we should know that we forgot to ask? Other suggestions that you would like to make?

Key informant provided the following additional suggestions/ideas for consideration:

1. Make sure that people understand that every community is dealing with the same issues/problems.

2. Discussed the athletic culture in Portsmouth - less drug use (but it happens). Develop a chemical health policy and enforce it uniformly. Most students don't want to be kicked off the teams - few still do substances anyway, it is hard to weed out who does and doesn't do it.

3. Bath salts are a major concern for one KI - legal/quasi legal substances like synthetic marijuana are scary. Need policy to address these and to prohibit them from being sold. 4. Keep an eye on places like Dunkin Donuts and Cumberland Farms.

5. Need to address mental health issues - KI thinks many kids are sedating themselves on many different substances.

6. Teachers are aware that kids are having problems, but their only recourse is to tell guidance They need more training to be able to identify substance abuse and have recourse to handle situations as they arise.

7. Kids feel that college is the only option after high school, and those who are not performing well academically give up early if they do not think they can make it to college. Provide attention to those not college bound and give them workplace skills, training, and workplace opportunities (internships, job shadowing, work for credit, etc.) while in school.

VII. Recommendations

VIII. Conclusion

Appendices

Copy of Student Survey

Copy of Teacher Instructions

Copy of Passive permission letter (if needed)

List of Student Comments from Survey