

Portsmouth Prevention Coalition

Town of Portsmouth
Youth Substance Abuse Needs Assessment 2013-14

Grades 7-12



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Ray Davis, Portsmouth Prevention Coalition Coordinator

Marianne Raymo, Chair, Portsmouth Prevention Coalition

May 30, 2014

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Introduction:

The Portsmouth Prevention Coalition with the cooperation of the Portsmouth School Committee, Portsmouth School Department as well as the Town Council and Town staff, the Portsmouth Police Department, the students and parents of Portsmouth Public schools and Mr. John Mattson, our evaluator, have worked very hard over the last two years to gather the most comprehensive study of Portsmouth adolescent substance abuse ever conducted in this town. The facts are laid out and explained in this public document for all to see.

This study has been approved by the federal Substance Abuse and Mental Health Services Administration and the Rhode Island Department of Education as an accurate and scientifically viable study to show an actual picture of the substance abuse issues of Portsmouth adolescents and public perception.

This study will be for public knowledge and available to all as well as it will be explained to any Portsmouth civic group that would care to discuss this matter. This information will be used to guide the resources available to the Portsmouth Prevention Coalition and those of any contributing partners to design and effect proven prevention strategies aimed at changing these statistics before more dire statistics become realities in Portsmouth.

There are no easy answers to the issues we face with this subject of youth substance abuse but we do know that Prevention and Treatment, factual education, solid policies and procedures, protective alternatives for youth and by youth, good public policies, police practices, public support of prevention and the involvement of the entire Town of Portsmouth can and will make the difference.

There has been a tremendous amount of groundwork laid during the past year with an overhaul of the Portsmouth School's Chemical Health Policies, the joint sub-committee on substance abuse of the school committee, the introduction of the Life of An Athlete/Student to the schools and partnering with Tiverton on this initiative, workshops, assemblies, programs presented in the middle and high schools, the Town of Portsmouth's support of Project Purple and the Chris Herren Project, the advocacy of prevention in Portsmouth at State and Federal levels, receiving a \$1000 legislative grant from Representative Linda Finn, a \$500 grant to produce a Town Hall Meeting on Underage Drinking on Portsmouth on June 25, as well as partnering with our neighbors in Tiverton in outreach to the area alcohol vendors, faith communities and bus drivers and aides, applying for a 5 year \$625,000 federal Drug Free Communities grant, to parent discussions and new partners emerging in wanting to become part of the solutions to these issues instead of denying or ignoring them.

I would be remiss in not personally thanking Superintendent Admiral Barbara McGann for her support in making this study happen this year. When Mr. Mattson and I met with her in her first

few weeks on the job and presented last year's data to her she immediately made it as priority to continue this study for this year as has the Portsmouth School Committee.

I want to acknowledge and thank the volunteers who comprise the Portsmouth Prevention Coalition who really have been the ones to push this effort forward for the last several years. They have sat through many meetings and attended trainings and presentations and spoken to legislators and friends and neighbors and their children and loved ones about these issues our community faces and they have given me their support in ways I will be forever thankful for.

This is no easy task before the community of Portsmouth- and it is a community problem. We are enlisting the support of all available resources state wide and federally as well as locally and the most important person missing in this is you. You, especially parents, are the most effective prevention tool ever devised and it is our hope to bring more of our parents into this battle by providing them with more information to discuss with their children and to be aware of what issues are REALLY going on.

We are fortunate to live in a community like Portsmouth that has the means to do what many other communities wish for, we have an outstanding school system that happens because of leadership and staff, commitments from the taxpayers to the students themselves and we have elected officials and concerned citizens who are willing to tackle the tough issues with our help.

Please join us in finding ways that will change these statistics over the next several years. Be part of the solutions not the problems on this issue.

Please feel free to contact me at the below listed means with any questions you may have or for more information about the Portsmouth Prevention Coalition.

A special thank you to the Chair of the Portsmouth Prevention Coalition, Mrs. Marianne Raymo for her tireless work and leadership of the Coalition and for all the members listed here.

Sincerely,

Ray D. Davis, BS, Certified Prevention Specialist Supervisor
Coordinator Portsmouth Prevention Coalition
864-2015
rdavisprevention@cox.net

Portsmouth Prevention Coalition Members

2013-2014

1. Marianne Raymo, Chair, parent
2. Nicole Pascoe, Vice- Chair, Portsmouth Elementary Schools Social Worker,
3. Jeff Schoonover, Asst. Superintendent Portsmouth School Dept.,
4. Sue Garvey, East Bay Community Action Programs,
5. Blake Brokaw, Boys Town,
6. LT. Steven Hoetzel, Portsmouth Police Dept.
7. Donna Darmody, Director Health Education/Alcohol and other Drug Abuse Coordinator, Roger Williams University
8. Marcia Blackburn, parent, St. Barnabas Church Faith Formation Director
9. Kelly O'Loughlin, Child & Family Services, PHS Student Assistance
10. Kathleen Melvin, citizen
11. Rebecca Elwell, Certified Prevention Specialist, Joint Secretary, parent, Tiverton/ Little Compton Prevention Coalition Coordinator
12. Liz Morley, Joint Secretary, Citizen,
13. Anne Burns, Treasurer, Portsmouth School Dept
14. Catherine Alexander, citizen,
15. Megan Elwell; youth representative
16. Esmond "Doug" Smith, citizen
17. Ray Davis, BS, Certified Prevention Specialist Supervisor, Coordinator, Portsmouth Prevention Coalition
864-2015, member since 2001, past chair, coordinator since 1/2012

Demographics

The information included in this report is from the most recent Portsmouth Health and Wellness survey of this population and, overall, 994 middle and high school students were surveyed. After controlling for invalid responses – omissions of the grade and gender information needed to compute within- and between-group comparisons – 929 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.

Table 1.0 – Respondents by Gender and Grade

Grade	Gender		Total
	Male	Female	
Grade 7	85	81	166
Grade 8	102	75	177
Grade 9	76	94	170
Grade 10	67	80	147
Grade 11	70	76	146
Grade 12	67	56	123
Total	467	462	929

Compared to the 2013 Health and Wellness response set, there are 244 fewer respondents (-20.8%) in 2014 than there were in 2013.

One analysis level included in this report required zip code disaggregation. It should be noted that 86 percent (800) of respondents were from the 02871 (Portsmouth) zip code, while nine percent (79) were from 02837 (Little Compton). The remaining five percent of respondents were from a variety of other zip codes. There were no significant differences between zip codes on key indicators.

A little over 22 percent of respondents indicated one or both of their parents are members of the U.S. military or are retired from military service.

Ninety-eight percent of respondents indicated that they provided honest answers to the survey questions, while 53 percent of respondents indicated believing their classmates provided honest responses. A common theme throughout Health and Wellness survey response trends from year to year and within and between schools, is the slight misalignment between student responses and student perceptions. Overall, however, responses on this particular survey appear reasonably valid.

Student Survey Participation Rates Comparison From 2013 and 2014

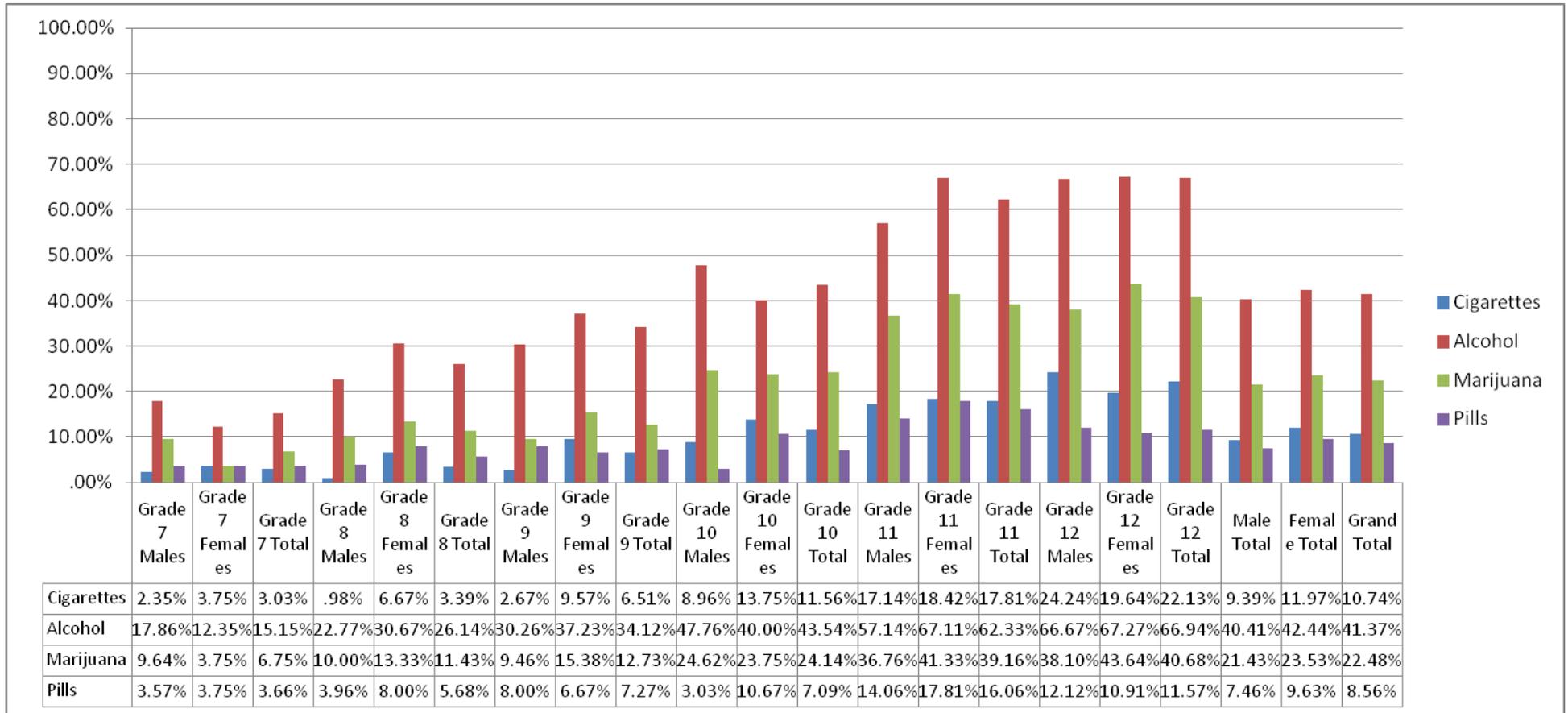
Grade/Gender FY13/FY14	# of student surveys returned FY13	Total # of students	Rate of participation	# of student surveys returned FY14	Total # of students	Rate of participation	Change in Return Rate
Grade 7 male 2013/ Grade 8 male 2014	98	108	90.74%	102	114	89.47%	-1.27%
Grade 7 female 2013/ Grade 8 female 2014	75	86	87.21%	75	83	90.36%	3.21%
Total Grade 7 2013 / Total Grade 8 2014	173	194	89.18%	177	197	89.85%	0.67%
Grade 8 male 2013/ Grade 9 male 2014	84	102	82.35%	76	116	65.52%	-16.83%
Grade 8 female 2013/ Grade 9 female 2014	97	112	86.61%	94	130	72.31%	-14.30%
Total Grade 8 2013/ Total Grade 9 2014	181	214	84.58%	170	246	69.11%	-16.47%
Grade 9 male 2013/ Grade 10 male 2014	89	111	80.18%	67	116	57.76%	-22.42%
Grade 9 female 2013/ Grade 10 female 2014	101	117	86.32%	80	128	62.50%	-23.82%
Total Grade 9 2013/ Total Grade 10 2014	190	228	83.33%	147	244	60.25%	-23.08%
Grade 10 male 2013/ Grade 11 male 2014	105	118	88.98%	70	105	66.67%	-22.31%
Grade 10 female 2013 / Grade 11 female 2014	114	125	91.20%	76	119	63.87%	-27.33%
Total Grade 10 2013/ Total Grade 11 2013	219	243	90.12%	146	224	65.18%	-24.94%
Grade 11 male 2013/ Grade 12 male 2014	123	163	75.46%	67	154	43.51%	-31.75%
Grade 11 female 2013/ Grade 12 female 2014	107	125	85.60%	56	119	47.06%	-38.54%
Total Grade 11 2013/ Total Grade 12 2014	230	288	79.86%	123	273	45.05%	-34.81%

developed by Maryanne Ramos, PPC Chairperson

The total number of surveys completed and returned was nearly 21% lower in 2014. This is clearly due to lower rates of return realized at the high school, in particular for 12th grade students. The table above captures the rate of return change for each grade from 2013 to 2014.

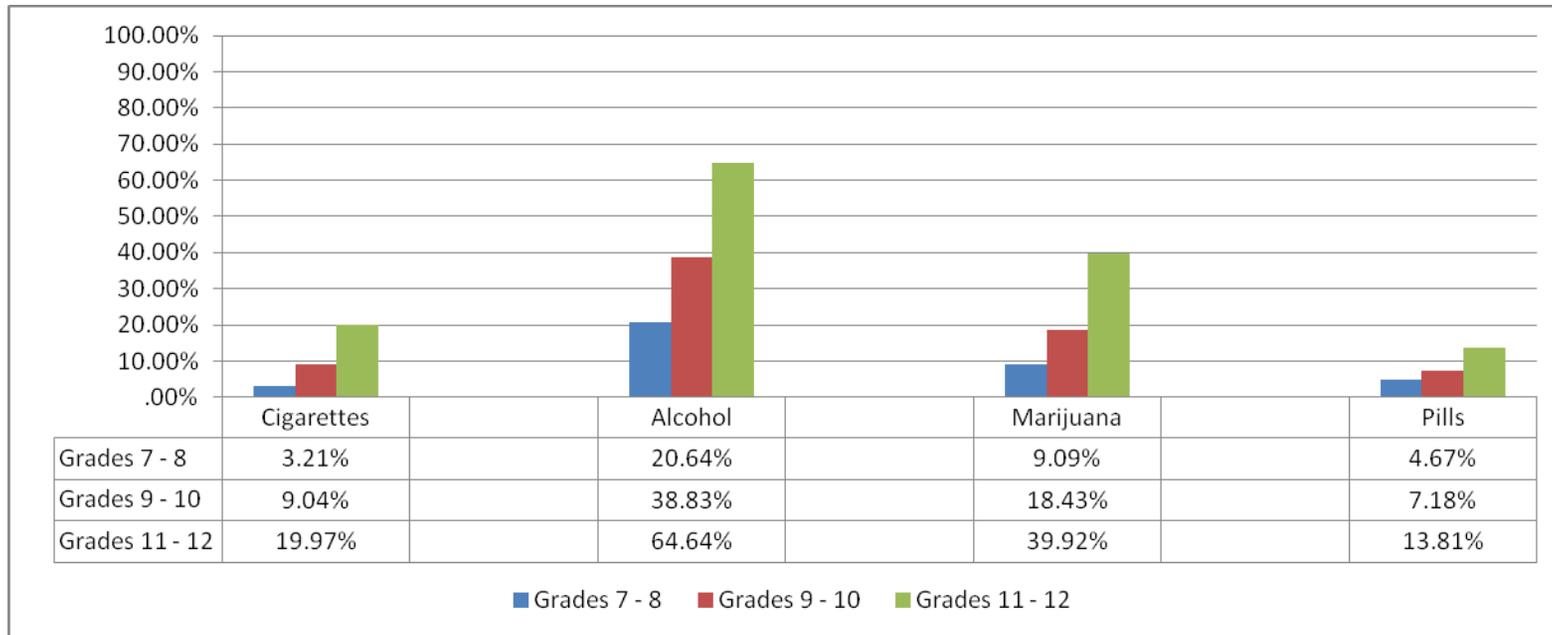
DATA SUMMARY TABLES AND FIGURES

Overall Use for Each Drug by Grade and Gender



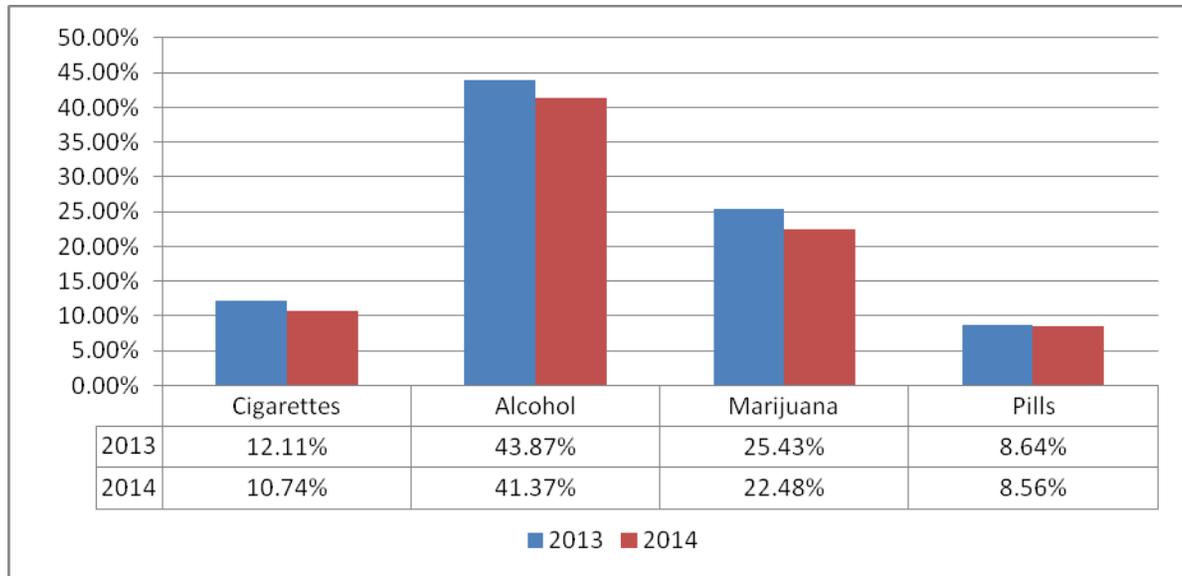
- ✓ Use tends to increase in tandem with grade level.
- ✓ Alcohol is the most “used” substance, with marijuana being the second most used substance.

Overall Use by Grade Clusters



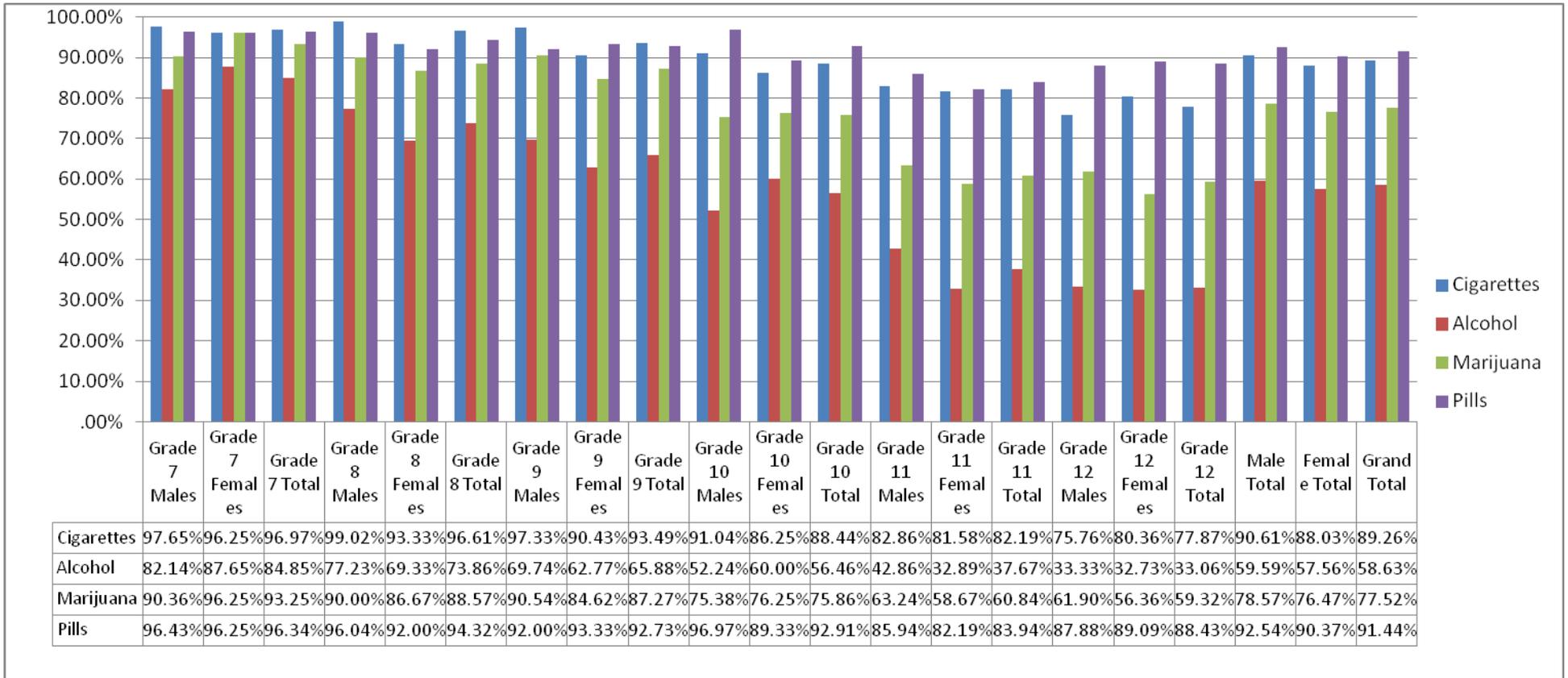
- ✓ Use tends to increase in tandem with grade level.
- ✓ A noticeable trend is emerging - for each grade cohort, the rate of use by substance nearly doubles every two years.

Reported Use: Two-Year Trend by Substance (7-12 grades)



There was a slight decline in alcohol use (- 2.5%) and marijuana use (-3.0%), which may have been due to the 20% variation in sample sizes from 2012-13 and 2013-14. These differences fall within the margin of error (3.5%), which suggests that there may be no significant difference between reported use years.

Overall Non-Use for Each Drug by Grade and Gender (by percent response)



- ✓ Overall, the majority of students do not use substances on a regular basis.
- ✓ Alcohol is clearly the drug of choice, followed by marijuana.
- ✓ Non-use rates for alcohol and marijuana are significantly lower for upper grades (11th and 12th) than any other grades.

AGE OF ONSET

Age of Onset: Cigarettes

	10 YEARS OR YOUNGER	11 YRS OLD	12 YRS OLD	13 YRS OLD	14 YRS OLD	15 YRS OLD	16 YRS OLD	17 YRS OLD	18 YRS OLD OR OLDER
Grade 7 Males	50.00%	0.00%	0.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 7 Females	0.00%	33.33%	33.33%	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 7 Total	20.00%	20.00%	20.00%	40.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 8 Males	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 8 Females	20.00%	0.00%	20.00%	60.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 8 Total	16.67%	0.00%	33.33%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 9 Males	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 9 Females	0.00%	11.11%	22.22%	11.11%	55.56%	0.00%	0.00%	0.00%	0.00%
Grade 9 Total	0.00%	9.09%	36.36%	9.09%	45.45%	0.00%	0.00%	0.00%	0.00%
Grade 10 Males	33.33%	0.00%	0.00%	0.00%	16.67%	50.00%	0.00%	0.00%	0.00%
Grade 10 Females	0.00%	0.00%	16.67%	8.33%	33.33%	33.33%	0.00%	0.00%	8.33%
Grade 10 Total	11.11%	0.00%	11.11%	5.56%	27.78%	38.89%	0.00%	0.00%	5.56%
Grade 11 Males	0.00%	0.00%	10.00%	0.00%	30.00%	30.00%	30.00%	0.00%	0.00%
Grade 11 Females	0.00%	0.00%	14.29%	7.14%	21.43%	35.71%	14.29%	7.14%	0.00%
Grade 11 Total	0.00%	0.00%	12.50%	4.17%	25.00%	33.33%	20.83%	4.17%	0.00%
Grade 12 Males	0.00%	5.88%	11.76%	11.76%	23.53%	11.76%	11.76%	11.76%	11.76%
Grade 12 Females	9.09%	0.00%	0.00%	18.18%	18.18%	27.27%	27.27%	0.00%	0.00%
Grade 12 Total	3.57%	3.57%	7.14%	14.29%	21.43%	17.86%	17.86%	7.14%	7.14%
Male Total	13.89%	.98%	36.96%	10.29%	11.70%	15.29%	6.96%	1.96%	1.96%
Female Total	4.85%	7.41%	17.75%	23.02%	21.42%	16.05%	6.93%	1.19%	1.39%
Grand Total	8.56%	5.44%	20.08%	20.52%	19.94%	15.01%	6.45%	1.88%	2.12%

***Interpretative Note: For example, 50% of the grade 7 males who indicated being smokers had their first cigarette at 10 years of age or younger.**

Overall, cigarette use age of onset seems to be highest between 12-14 years old.

Age of Onset: Alcohol

	10 YEARS OR YOUNGER	11 YRS OLD	12 YRS OLD	13 YRS OLD	14 YRS OLD	15 YRS OLD	16 YRS OLD	17 YRS OLD	18 YRS OLD OR OLDER
Grade 7 Males	42.86%	7.14%	28.57%	14.29%	7.14%	0.00%	0.00%	0.00%	0.00%
Grade 7 Females	37.50%	12.50%	37.50%	12.50%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 7 Total	40.91%	9.09%	31.82%	13.64%	4.55%	0.00%	0.00%	0.00%	0.00%
Grade 8 Males	16.67%	12.50%	25.00%	45.83%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 8 Females	30.43%	4.35%	21.74%	30.43%	13.04%	0.00%	0.00%	0.00%	0.00%
Grade 8 Total	23.40%	8.51%	23.40%	38.30%	6.38%	0.00%	0.00%	0.00%	0.00%
Grade 9 Males	11.11%	11.11%	22.22%	16.67%	16.67%	16.67%	5.56%	0.00%	0.00%
Grade 9 Females	15.15%	15.15%	15.15%	21.21%	27.27%	6.06%	0.00%	0.00%	0.00%
Grade 9 Total	13.73%	13.73%	17.65%	19.61%	23.53%	9.80%	1.96%	0.00%	0.00%
Grade 10 Males	12.12%	3.03%	6.06%	0.00%	36.36%	33.33%	6.06%	3.03%	0.00%
Grade 10 Females	6.45%	3.23%	6.45%	12.90%	32.26%	32.26%	3.23%	0.00%	3.23%
Grade 10 Total	9.38%	3.13%	6.25%	6.25%	34.38%	32.81%	4.69%	1.56%	1.56%
Grade 11 Males	4.76%	2.38%	7.14%	4.76%	11.90%	42.86%	26.19%	0.00%	0.00%
Grade 11 Females	6.12%	2.04%	2.04%	2.04%	26.53%	38.78%	22.45%	0.00%	0.00%
Grade 11 Total	5.49%	2.20%	4.40%	3.30%	19.78%	40.66%	24.18%	0.00%	0.00%
Grade 12 Males	4.55%	6.82%	6.82%	2.27%	9.09%	25.00%	20.45%	13.64%	11.36%
Grade 12 Females	2.70%	0.00%	0.00%	18.92%	10.81%	37.84%	13.51%	13.51%	2.70%
Grade 12 Total	3.70%	3.70%	3.70%	9.88%	9.88%	30.86%	17.28%	13.58%	7.41%
Male Total	15.34%	7.16%	15.97%	13.97%	13.53%	19.64%	9.71%	2.78%	1.89%
Female Total	16.39%	6.21%	13.81%	16.33%	18.32%	19.16%	6.53%	2.25%	.99%
Grand Total	16.10%	6.73%	14.54%	15.16%	16.41%	19.02%	8.02%	2.52%	1.49%

- Age of onset for alcohol use seems to be most likely to occur between the ages of 13-15 years old, though a subgroup of early onset drinkers report having their first drinks at age 10 or younger, suggesting a higher propensity for binge drinking and long-term alcohol use.

Age of Onset: Marijuana

	10 YEARS OR YOUNGER	11 YRS OLD	12 YRS OLD	13 YRS OLD	14 YRS OLD	15 YRS OLD	16 YRS OLD	17 YRS OLD	18 YRS OLD OR OLDER
Grade 7 Males	0.00%	0.00%	0.00%	50.00%	25.00%	25.00%	0.00%	0.00%	0.00%
Grade 7 Females	0.00%	0.00%	66.67%	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%
Grade 7 Total	0.00%	0.00%	28.57%	42.86%	14.29%	14.29%	0.00%	0.00%	0.00%
Grade 8 Males	0.00%	9.09%	18.18%	0.00%	63.64%	9.09%	0.00%	0.00%	0.00%
Grade 8 Females	0.00%	10.00%	10.00%	0.00%	70.00%	10.00%	0.00%	0.00%	0.00%
Grade 8 Total	0.00%	9.52%	14.29%	0.00%	66.67%	9.52%	0.00%	0.00%	0.00%
Grade 9 Males	0.00%	12.50%	12.50%	0.00%	12.50%	62.50%	0.00%	0.00%	0.00%
Grade 9 Females	0.00%	28.57%	0.00%	21.43%	14.29%	35.71%	0.00%	0.00%	0.00%
Grade 9 Total	0.00%	22.73%	4.55%	13.64%	13.64%	45.45%	0.00%	0.00%	0.00%
Grade 10 Males	0.00%	26.67%	0.00%	6.67%	26.67%	13.33%	20.00%	6.67%	0.00%
Grade 10 Females	5.00%	5.00%	5.00%	5.00%	10.00%	45.00%	25.00%	0.00%	0.00%
Grade 10 Total	2.86%	14.29%	2.86%	5.71%	17.14%	31.43%	22.86%	2.86%	0.00%
Grade 11 Males	0.00%	11.11%	0.00%	11.11%	3.70%	33.33%	25.93%	11.11%	3.70%
Grade 11 Females	0.00%	6.45%	3.23%	6.45%	6.45%	38.71%	22.58%	16.13%	0.00%
Grade 11 Total	0.00%	8.62%	1.72%	8.62%	5.17%	36.21%	24.14%	13.79%	1.72%
Grade 12 Males	0.00%	3.85%	3.85%	3.85%	7.69%	30.77%	11.54%	26.92%	11.54%
Grade 12 Females	0.00%	0.00%	0.00%	4.17%	4.17%	25.00%	25.00%	37.50%	4.17%
Grade 12 Total	0.00%	2.00%	2.00%	4.00%	6.00%	28.00%	18.00%	32.00%	8.00%
Male Total	.00%	10.54%	5.75%	11.94%	23.20%	29.00%	9.58%	7.45%	2.54%
Female Total	.83%	8.34%	14.15%	11.73%	17.48%	25.74%	12.10%	8.94%	.69%
Grand Total	.48%	9.53%	9.00%	12.47%	20.48%	27.48%	10.83%	8.11%	1.62%

- Age of onset for marijuana use is most likely to occur at age 14 or 15, suggesting in either 8th or 9th grades.

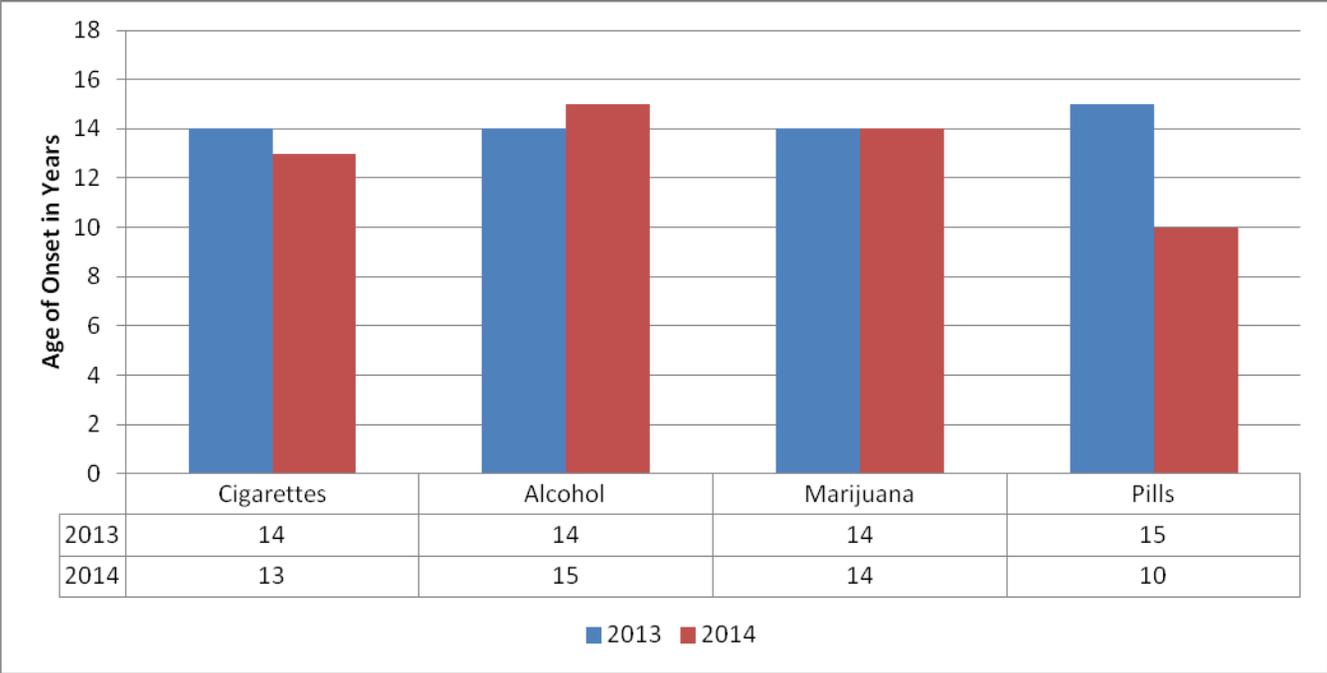
Age of Onset: Pills

	10 YEARS OR YOUNGER	11 YRS OLD	12 YRS OLD	13 YRS OLD	14 YRS OLD	15 YRS OLD	16 YRS OLD	17 YRS OLD	18 YRS OLD OR OLDER
Grade 7 Males	100.00%	.00%	.00%	.00%	.00%	.00%	.00%	.00%	.00%
Grade 7 Females	66.67%	.00%	33.33%	.00%	.00%	.00%	.00%	.00%	.00%
Grade 7 Total	80.00%	.00%	20.00%	.00%	.00%	.00%	.00%	.00%	.00%
Grade 8 Males	50.00%	25.00%	25.00%	.00%	.00%	.00%	.00%	.00%	.00%
Grade 8 Females	.00%	16.67%	.00%	33.33%	50.00%	.00%	.00%	.00%	.00%
Grade 8 Total	20.00%	20.00%	10.00%	20.00%	30.00%	.00%	.00%	.00%	.00%
Grade 9 Males	50.00%	.00%	.00%	.00%	50.00%	.00%	.00%	.00%	.00%
Grade 9 Females	50.00%	16.67%	16.67%	.00%	16.67%	.00%	.00%	.00%	.00%
Grade 9 Total	50.00%	10.00%	10.00%	.00%	30.00%	.00%	.00%	.00%	.00%
Grade 10 Males	100.00%	.00%	.00%	.00%	.00%	.00%	.00%	.00%	.00%
Grade 10 Females	14.29%	.00%	.00%	.00%	28.57%	28.57%	28.57%	.00%	.00%
Grade 10 Total	33.33%	.00%	.00%	.00%	22.22%	22.22%	22.22%	.00%	.00%
Grade 11 Males	33.33%	.00%	.00%	.00%	.00%	22.22%	44.44%	.00%	.00%
Grade 11 Females	15.38%	.00%	.00%	7.69%	23.08%	7.69%	38.46%	7.69%	.00%
Grade 11 Total	22.73%	.00%	.00%	4.55%	13.64%	13.64%	40.91%	4.55%	.00%
Grade 12 Males	.00%	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%	.00%
Grade 12 Females	14.29%	.00%	14.29%	14.29%	.00%	14.29%	28.57%	14.29%	.00%
Grade 12 Total	7.14%	7.14%	14.29%	14.29%	7.14%	14.29%	21.43%	14.29%	.00%
Male Total	55.56%	6.55%	6.55%	2.38%	10.71%	6.08%	9.79%	2.38%	.00%
Female Total	26.77%	5.56%	10.71%	9.22%	19.72%	8.42%	15.93%	3.66%	.00%
Grand Total	35.53%	6.19%	9.05%	6.47%	17.17%	8.36%	14.09%	3.14%	.00%

- Age of onset for pharmaceuticals not prescribed by a doctor is somewhat disturbing, in that the predominant age of onset for those who reported use report beginning at 10 years old or younger (35.5%); other users reported more frequent ages of onset starting respectively at age 14 or 16.

Research reported by the DEA and SAMHSA suggests that early onset of non-medicinal use of prescription drugs may be connected to long-term hard drug use, such as cocaine and heroin. More than half of the males who reported non-medicinal use of prescription drugs reported starting at age 10 or younger.

Age of Onset Two-Year Trend



Noticeable change in age of onset for those who report use of prescription drugs, as mentioned in the previous table. Overall age of onset is relatively stable for cigarettes, alcohol and marijuana users.

LAST 30 DAYS USE: Percent Indicating No Use

	Cigarettes	Alcohol	Marijuana	Pills
Grade 7 Males	97.59%	86.75%	91.57%	97.62%
Grade 7 Females	97.53%	92.59%	95.00%	96.25%
Grade 7 Total	97.56%	89.63%	93.25%	96.95%
Grade 8 Males	98.99%	79.00%	85.00%	98.04%
Grade 8 Females	97.30%	78.67%	86.67%	92.00%
Grade 8 Total	98.27%	78.86%	85.71%	95.48%
Grade 9 Males	98.57%	83.10%	85.92%	95.71%
Grade 9 Females	98.91%	71.28%	81.91%	95.74%
Grade 9 Total	98.77%	76.36%	83.64%	95.73%
Grade 10 Males	93.65%	60.00%	75.38%	93.75%
Grade 10 Females	93.67%	67.09%	76.92%	92.41%
Grade 10 Total	93.66%	63.89%	76.22%	93.01%
Grade 11 Males	93.44%	50.00%	59.70%	85.29%
Grade 11 Females	90.67%	42.67%	54.67%	77.03%
Grade 11 Total	91.91%	46.10%	57.04%	80.99%
Grade 12 Males	95.24%	35.94%	58.46%	84.38%
Grade 12 Females	92.73%	40.00%	53.70%	90.91%
Grade 12 Total	94.07%	37.82%	56.30%	87.39%
Male Total	96.25%	65.80%	76.00%	92.47%
Female Total	95.13%	65.38%	74.81%	90.72%
Grand Total	95.71%	65.44%	75.36%	91.59%

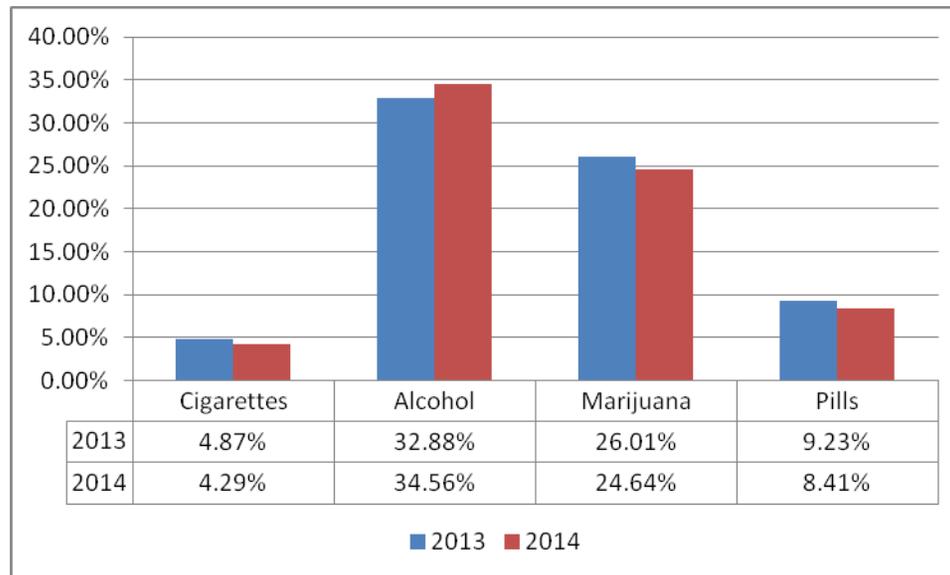
This table offers a clear understanding of how many students do not use certain substances for each grade and gender cohort. Note that most students do not smoke cigarettes, and there is little variation from 7th grade to 12th grade (-3.5%), while alcohol non-use rates dropped by over 50% (52.1%) and marijuana non-use rate dropped by about 37%.

Last 30 Days Indicating Use

	Cigarettes	Alcohol	Marijuana	Pills
Grade 7 Males	2.41%	13.25%	8.43%	2.38%
Grade 7 Females	2.47%	7.41%	5.00%	3.75%
Grade 7 Total	2.44%	10.37%	6.75%	3.05%
Grade 8 Males	1.01%	21.00%	15.00%	1.96%
Grade 8 Females	2.70%	21.33%	13.33%	8.00%
Grade 8 Total	1.73%	21.14%	14.29%	4.52%
Grade 9 Males	1.43%	16.90%	14.08%	4.29%
Grade 9 Females	1.09%	28.72%	18.09%	4.26%
Grade 9 Total	1.23%	23.64%	16.36%	4.27%
Grade 10 Males	6.35%	40.00%	24.62%	6.25%
Grade 10 Females	6.33%	32.91%	23.08%	7.59%
Grade 10 Total	6.34%	36.11%	23.78%	6.99%
Grade 11 Males	6.56%	50.00%	40.30%	14.71%
Grade 11 Females	9.33%	57.33%	45.33%	22.97%
Grade 11 Total	8.09%	53.90%	42.96%	19.01%
Grade 12 Males	4.76%	64.06%	41.54%	15.63%
Grade 12 Females	7.27%	60.00%	46.30%	9.09%
Grade 12 Total	5.93%	62.18%	43.70%	12.61%
Male Total	3.75%	34.20%	24.00%	7.53%
Female Total	4.87%	34.62%	25.19%	9.28%
Grand Total	4.29%	34.56%	24.64%	8.41%

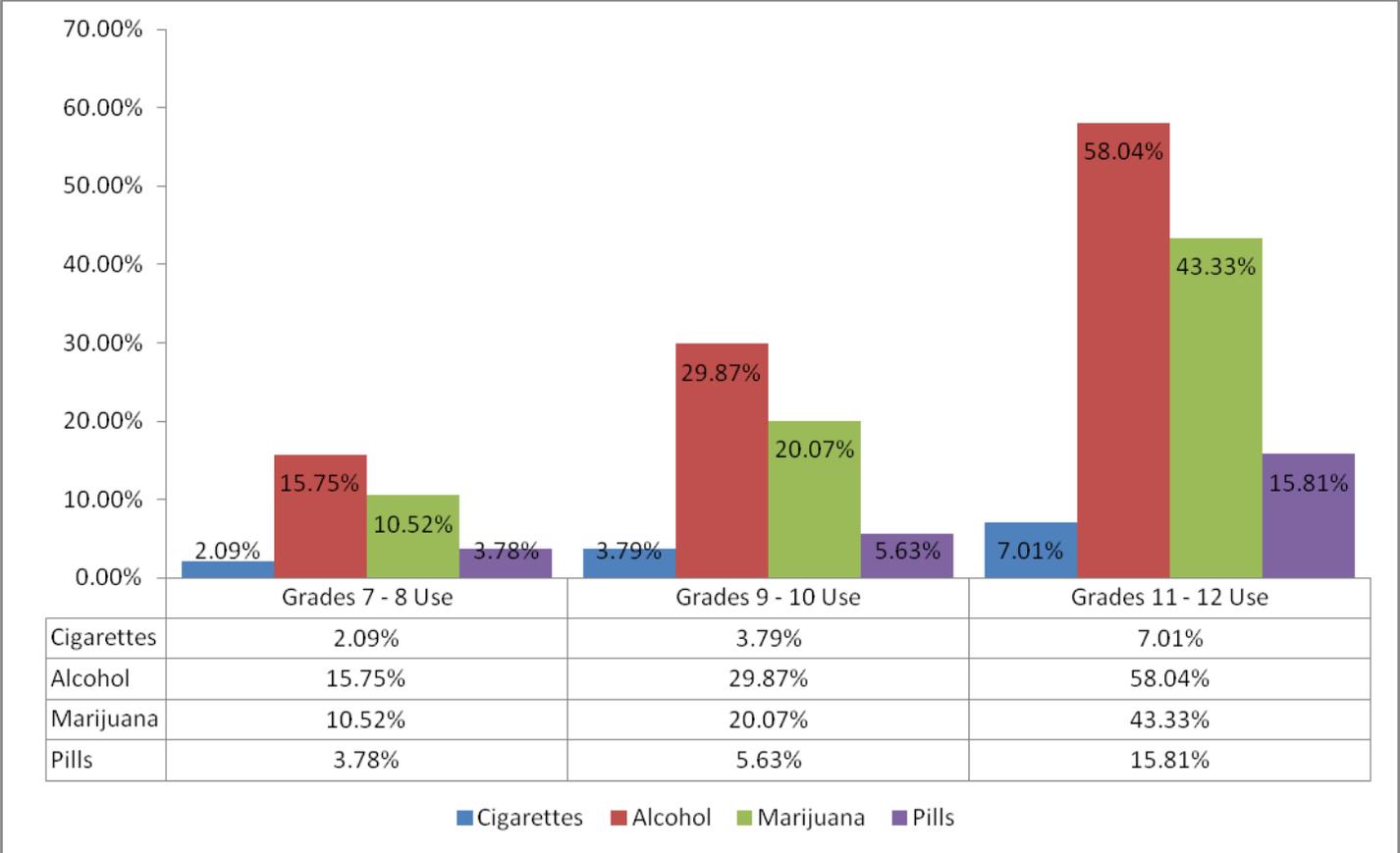
- This table presents percentages of students in grades 7-12 by gender who reported last 30-day use of a substance.
- Clearly, alcohol use (34.56%) is most prevalent, followed by marijuana use (24.64%).
- Lowest last 30-day use rates reported for cigarettes and prescription drugs.
- Those number highlighted in yellow should be given special attention

Last 30 Day Use Two-Year Trend by Substance



There was a very slight increase in alcohol use overall while other substances remained relatively the same or demonstrated slight decreases. These small changes are statistically insignificant given the margin of error (+/- 3.2%).

Last 30-Day Use by Grade Clusters



Note the variation in all substances, particularly alcohol and marijuana from one cohort group to another. From one cohort group to another user rates for the past 30 days double for every substance, with the exception of non-medicinal pharmaceutical drug use in 11th/12th grade, which nearly triples.

Last 30-DAY USE

Change Over Time by Same Grade and Gender

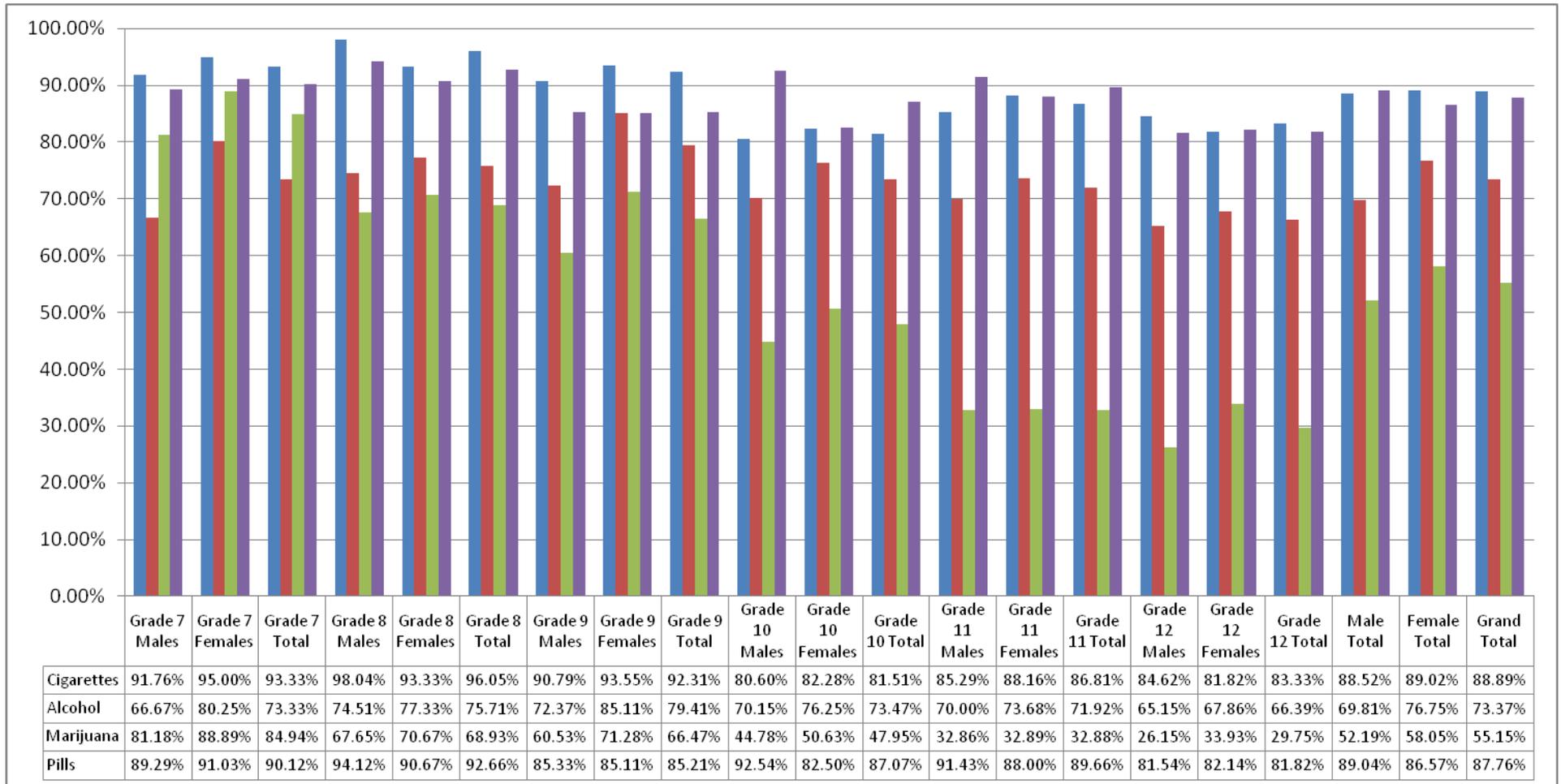
Grade/Gender FY13/FY14	cigarettes			alcohol			marijuana			Rx pills		
	FY13	FY14	Change	FY13	FY14	Change	FY13	FY14	Change	FY13	FY14	Change
Grade 7 male 2013/ Grade 8 male 2014	0.00%	1.01%	1.01%	10.00%	21.00%	11.00%	5.00%	15.00%	10.00%	2.00%	1.96%	-0.04%
Grade 7 female 2013/ Grade 8 female 2014	0.00%	2.70%	2.70%	8.00%	21.33%	13.33%	4.00%	13.33%	9.33%	0.00%	8.00%	8.00%
Total Grade 7 2013 / Total Grade 8 2014	0.00%	1.73%	1.73%	9.00%	21.14%	12.14%	5.00%	14.29%	9.29%	1.00%	4.52%	3.52%
Grade 8 male 2013/ Grade 9 male 2014	1.00%	1.43%	0.43%	12.00%	16.90%	4.90%	9.00%	14.08%	5.08%	5.00%	4.29%	-0.71%
Grade 8 female 2013/ Grade 9 female 2014	1.00%	1.09%	0.09%	12.00%	28.72%	16.72%	5.00%	18.09%	13.09%	1.00%	4.26%	3.26%
Total Grade 8 2013/ Total Grade 9 2014	1.00%	1.23%	0.23%	12.00%	23.64%	11.64%	7.00%	16.36%	9.36%	3.00%	4.27%	1.27%
Grade 9 male 2013/ Grade 10 male 2014	3.00%	6.35%	3.35%	13.00%	40.00%	27.00%	11.00%	24.62%	13.62%	6.00%	6.25%	0.25%
Grade 9 female 2013/ Grade 10 female 2014	7.00%	6.33%	-0.67%	25.00%	32.91%	7.91%	17.00%	23.08%	6.08%	14.00%	7.59%	-6.41%
Total Grade 9 2013/ Total Grade 10 2014	5.00%	6.34%	1.34%	19.00%	36.11%	17.11%	14.00%	23.78%	9.78%	10.00%	6.99%	-3.01%
Grade 10 male 2013/ Grade 11 male 2014	8.00%	6.56%	-1.44%	35.00%	50.00%	15.00%	36.00%	40.30%	4.30%	12.00%	14.71%	2.71%
Grade 10 female 2013 / Grade 11 female 2014	5.00%	9.33%	4.33%	42.00%	57.33%	15.33%	33.00%	45.33%	12.33%	11.00%	22.97%	11.97%
Total Grade 10 2013/ Total Grade 11 2013	6.00%	8.09%	2.09%	39.00%	53.90%	14.90%	34.00%	42.96%	8.96%	11.00%	19.01%	8.01%
Grade 11 male 2013/ Grade 12 male 2014	7.00%	4.76%	-2.24%	42.00%	64.06%	22.06%	40.00%	41.54%	1.54%	8.00%	15.63%	7.63%
Grade 11 female 2013/ Grade 12 female 2014	7.00%	7.27%	0.27%	53.00%	60.00%	7.00%	44.00%	46.30%	2.30%	15.00%	9.09%	-5.91%
Total Grade 11 2013/ Total Grade 12 2014	7.00%	5.93%	-1.07%	47.00%	62.18%	15.18%	42.00%	43.70%	1.70%	11.00%	12.61%	1.61%

developed by Maryanne Ramos, PPC Chairperson

Note that generally changes in reported 30-day use for both alcohol and marijuana use exhibit higher rates of increase than other substances.

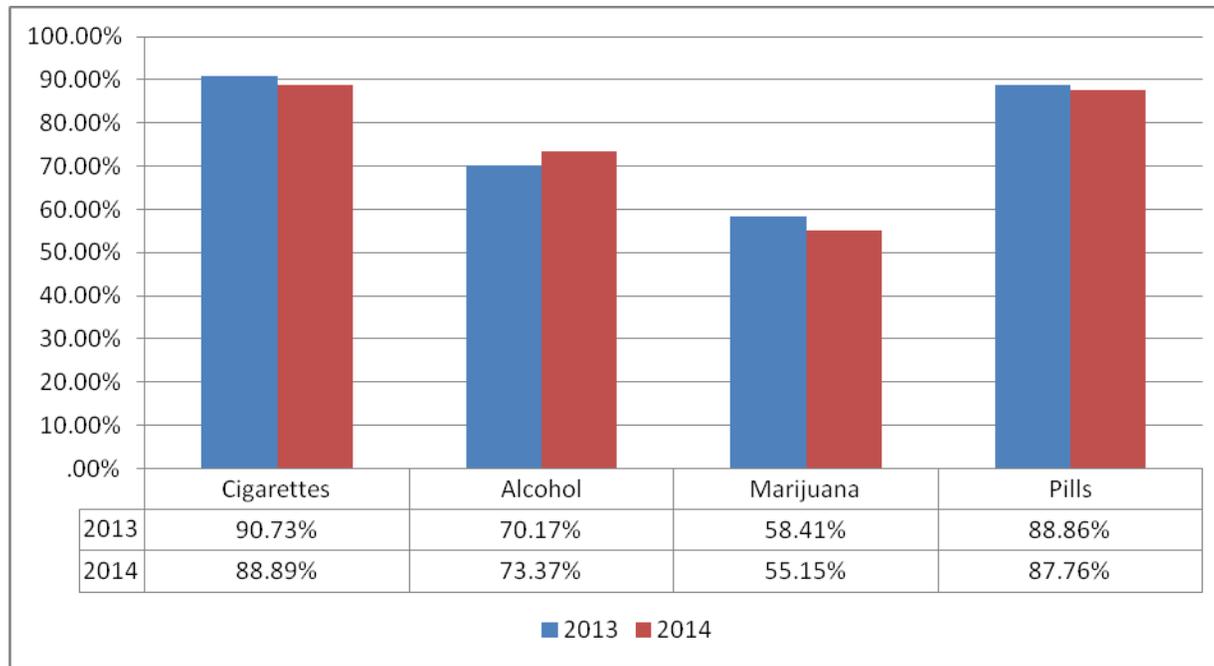
PERCEPTION OF RISK OF HARM

Percent Indicating Moderate or Great Risk by Regular Use



- The lowest perception of risk is among grade 12 males within their marijuana responses with only 26 percent indicating moderate or great risk associated with regular marijuana use. The second lowest perception is 33 percent within grade 11 males and marijuana.

Perception of Risk Two-Year Trend



No significant differences were noted in perception of risk of harm for any substances.

However, a 3% drop in perception of risk for marijuana use and a 3% increase in perception of risk for alcohol use may present a trend to monitor for future change.

(Hypothetical Question for future study: Will higher levels of youth marijuana use lead to a decrease in overall underage alcohol consumption?)

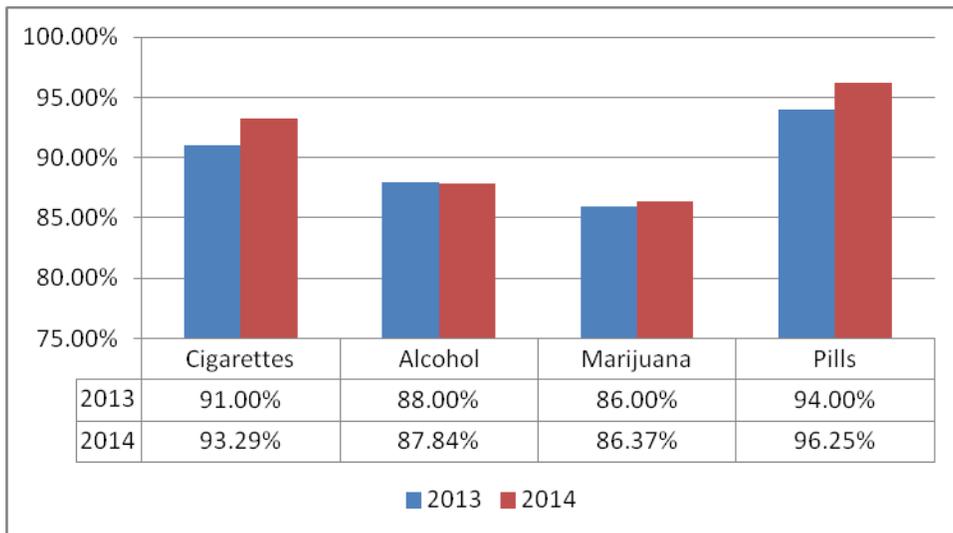
PERCEPTION OF PARENTAL DISAPPROVAL

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

	Cigarettes	Alcohol	Marijuana	Pills
Grade 7 Males	95.29%	95.29%	92.94%	95.29%
Grade 7 Females	98.77%	98.77%	97.47%	100.00%
Grade 7 Total	96.99%	96.99%	95.12%	97.59%
Grade 8 Males	97.06%	94.12%	91.18%	96.04%
Grade 8 Females	94.59%	90.67%	88.00%	98.65%
Grade 8 Total	96.02%	92.66%	89.83%	97.14%
Grade 9 Males	90.79%	89.33%	90.67%	91.89%
Grade 9 Females	98.94%	90.43%	88.30%	100.00%
Grade 9 Total	95.29%	89.94%	89.35%	96.41%
Grade 10 Males	90.91%	83.33%	78.79%	96.97%
Grade 10 Females	88.61%	90.00%	88.46%	91.03%
Grade 10 Total	89.66%	86.99%	84.03%	93.75%
Grade 11 Males	94.20%	87.14%	84.29%	98.48%
Grade 11 Females	90.79%	76.32%	72.37%	100.00%
Grade 11 Total	92.41%	81.51%	78.08%	99.30%
Grade 12 Males	86.36%	72.31%	81.82%	90.77%
Grade 12 Females	92.86%	87.04%	81.82%	96.36%
Grade 12 Total	89.34%	78.99%	81.82%	93.33%
Male Total	92.44%	86.92%	86.61%	94.91%
Female Total	94.09%	88.87%	86.07%	97.67%
Grand Total	93.29%	87.84%	86.37%	96.25%

✓ Overall, student perception of parental disapproval is very high.

Parental Disapproval Two-Year Trend



✓ Parent disapproval rates remained very high with little change.

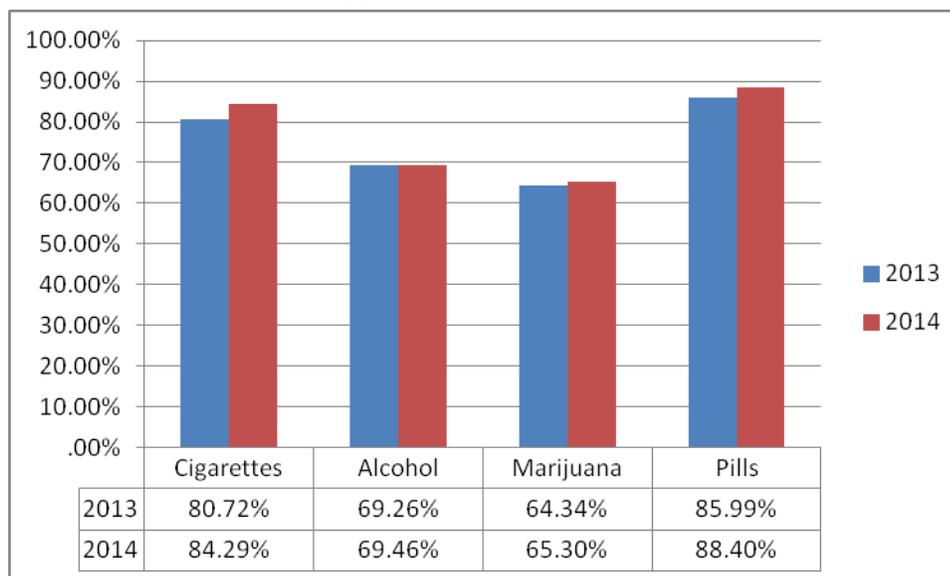
PERCEPTION OF PEER DISAPPROVAL

Percent Indicating Peers Would Disapprove or Strongly Disapprove

	Cigarettes	Alcohol	Marijuana	Pills
Grade 7 Males	85.54%	89.41%	82.35%	88.24%
Grade 7 Females	94.94%	96.25%	93.83%	98.73%
Grade 7 Total	90.12%	92.73%	87.95%	93.29%
Grade 8 Males	91.09%	81.37%	71.57%	95.10%
Grade 8 Females	89.33%	85.33%	78.38%	92.00%
Grade 8 Total	90.34%	83.05%	74.43%	93.79%
Grade 9 Males	84.21%	77.63%	84.21%	89.47%
Grade 9 Females	90.43%	81.91%	79.79%	94.68%
Grade 9 Total	87.65%	80.00%	81.76%	92.35%
Grade 10 Males	80.60%	58.21%	55.22%	83.58%
Grade 10 Females	78.75%	72.50%	67.09%	86.08%
Grade 10 Total	79.59%	65.99%	61.64%	84.93%
Grade 11 Males	79.71%	42.03%	48.57%	81.43%
Grade 11 Females	85.33%	53.95%	42.67%	86.84%
Grade 11 Total	82.64%	48.28%	45.52%	84.25%
Grade 12 Males	78.79%	43.94%	39.39%	81.54%
Grade 12 Females	71.43%	50.00%	41.82%	82.14%
Grade 12 Total	75.41%	46.72%	40.50%	81.82%
Male Total	83.32%	65.43%	63.55%	86.56%
Female Total	85.03%	73.32%	67.26%	90.08%
Grand Total	84.29%	69.46%	65.30%	88.40%

The lowest peer disapproval rate was among grade 12 males with 39 percent in the marijuana category.

Peer Disapproval Two-Year Trend



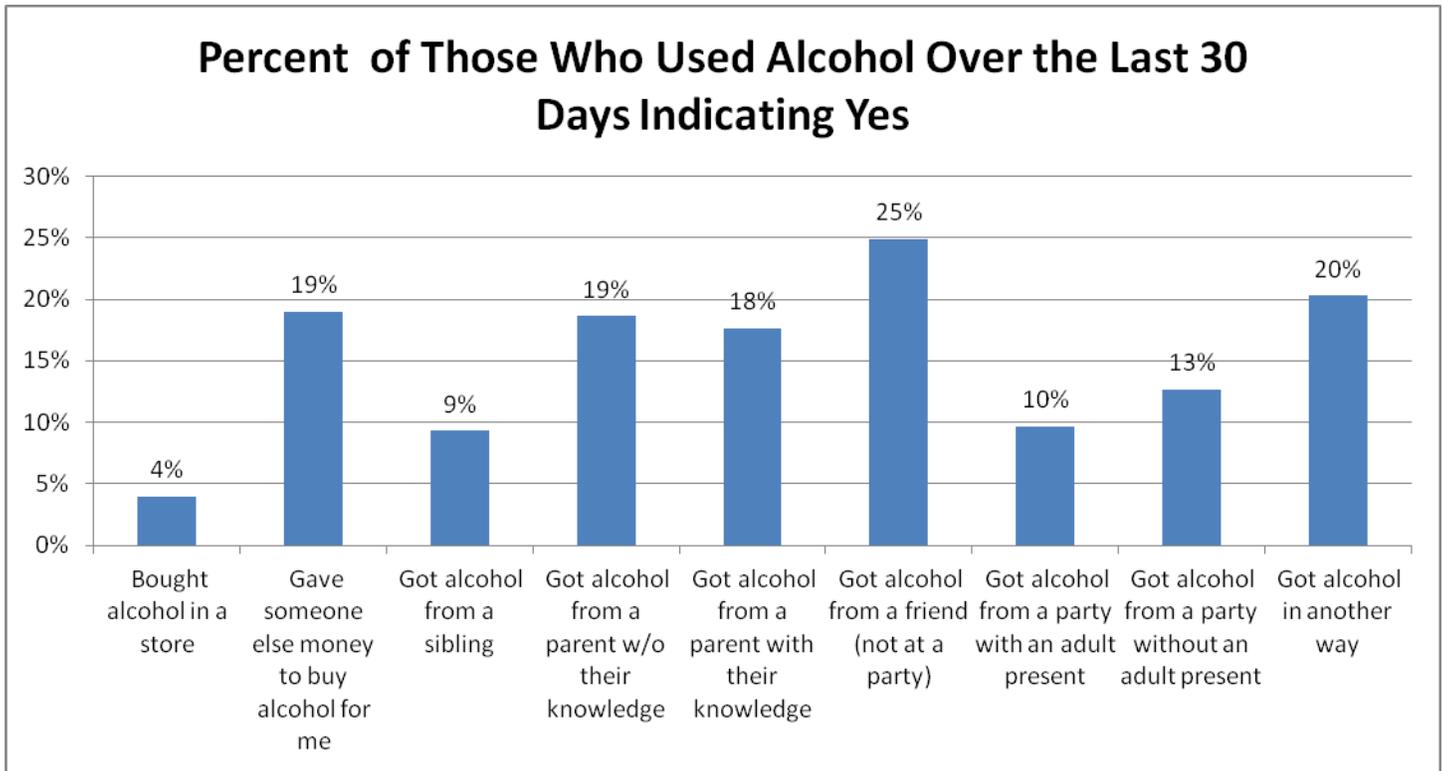
Students reported little change in their perception of peer disapproval.

PERCEPTION OF OVERALL USE

Grade/Gender	They don't smoke Cigarettes	They don't smoke Marijuana	They don't drink Alcohol	They don't take any Pills
Grade 7 Males	49.12%	50.94%	47.27%	65.31%
Grade 7 Females	30.77%	31.25%	38.46%	39.02%
Grade 7 Total	40.37%	41.58%	42.99%	53.33%
Grade 8 Males	32.88%	17.72%	24.05%	65.15%
Grade 8 Females	17.86%	6.67%	8.33%	33.33%
Grade 8 Total	26.36%	12.95%	17.27%	51.28%
Grade 9 Males	6.45%	6.15%	6.78%	27.45%
Grade 9 Females	0.00%	0.00%	2.56%	7.46%
Grade 9 Total	2.84%	2.76%	4.38%	16.10%
Grade 10 Males	4.84%	4.76%	12.50%	28.30%
Grade 10 Females	1.43%	1.39%	5.63%	21.05%
Grade 10 Total	3.03%	2.96%	8.89%	24.55%
Grade 11 Males	7.69%	3.08%	6.45%	23.64%
Grade 11 Females	0.00%	1.35%	2.82%	10.91%
Grade 11 Total	3.85%	2.16%	4.51%	17.27%
Grade 12 Males	6.35%	6.35%	7.94%	20.00%
Grade 12 Females	1.89%	0.00%	6.25%	9.30%
Grade 12 Total	4.31%	3.48%	7.21%	15.31%
Male Total	17.89%	14.83%	17.50%	38.31%
Female Total	8.66%	6.78%	10.68%	20.18%
Grand Total	13.46%	10.98%	14.21%	29.64%

This table represents the rate of responses of students (by grade and gender) who reported that they did not perceive their peers involved in any of these behaviors mentioned in the category headers. Note the lower percentages starting in the high school grades.

SOURCES OF ALCOHOL & MARIJUANA (percent totals will not equal 100 due to multiple responses)

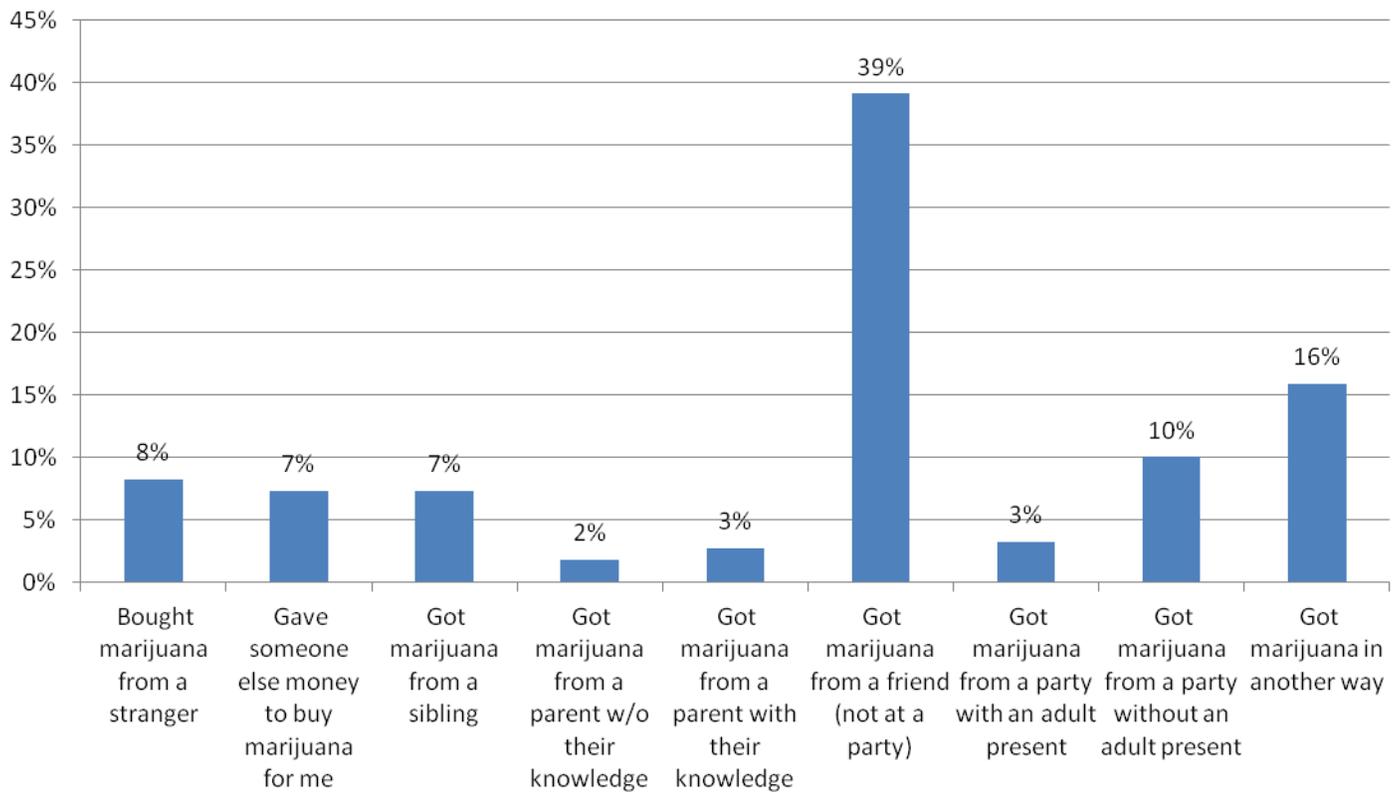


For those who drank alcohol over the last 30 days,

- ✓ **25% reportedly obtained alcohol from a friend**
- ✓ **20% got it some other way**
- ✓ **19% reportedly gave someone else money to buy it for them, or got it from their parents without their knowledge.**

Students were permitted to provide multiple responses, to reflect all the possible ways they may have accessed alcohol, which is why the total exceeds 100%. Note that there seems to be several ways available for students to access alcohol, but that the least likely way selected was "Bought it from a store."

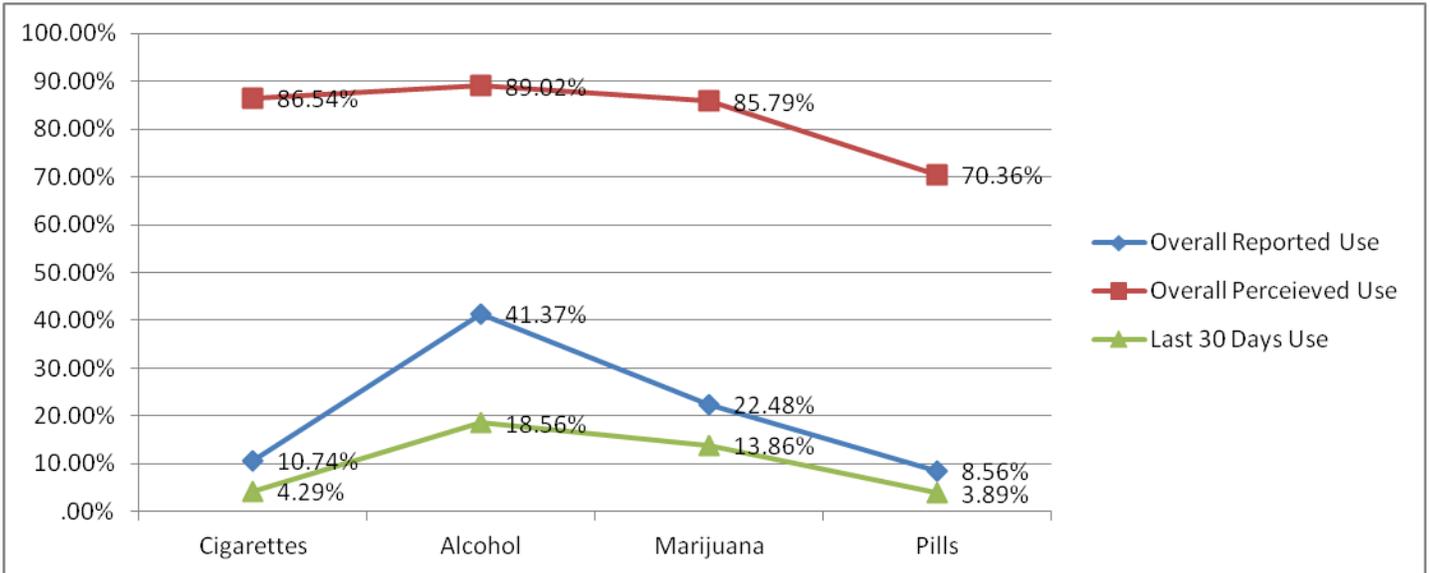
Percent of Those Who Used Marijuana Over the Last 30 Days Indicating Yes



We asked those who reported smoking marijuana over the past 30 days how they got access to it. Unlike alcohol, which results above suggested that they have many possible sources of access, marijuana access was gained primarily from one major source: "Got marijuana from a friend" (39%).

The next most likely sources were "Got marijuana in another way" or "Got marijuana from a party with no adult present." Very few students reported getting marijuana from a parent, with or without their knowledge, or getting it at a party with an adult present.

Comparison of Perception and Reported Use



- ✓ Perceived use (RED LINE) is much greater than reported use in all cases.
- ✓ Alcohol has the closest alignment between reported (BLUE), last 30 day (RED), and perceived use; yet still there is nearly a 50 percentage point difference between reported use and perceived use.
- ✓ The gap between reported and perceived use remains consistent within and between years and locations.

Perceived Ease of Obtaining Substances: Percentages Reporting it Would Be “Sort of” and “Very” Easy

	If you wanted to get cigarettes, how hard or easy would it be for you to get some?	If you wanted to get some beer, wine or hard liquor (vodka, whiskey, etc.), how hard or easy would it be for you to get some?	If you wanted to get some marijuana, how hard or easy would it be for you to get some?	How hard or easy would it be for you to take alcohol from your home without your parent's consent?	How hard or easy would it be for you to get alcohol when you are at a party with friends?	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?	How hard or easy would it be for you to get alcohol by asking someone 21 or older to buy it for you?	How hard or easy would it be for you to buy alcohol with a fake ID at a bar or package store?	How hard or easy would it be for you to buy alcohol a bar or package store without a fake ID?	If you wanted to get some pills (pharmaceuticals) not prescribed to you by a doctor, how easy would it be for you to get some?
Grade 7 Males	16.67%	20.24%	14.29%	20.00%	8.33%	3.53%	4.76%	4.76%	1.19%	7.14%
Grade 7 Females	9.88%	12.50%	4.94%	13.75%	7.41%	4.94%	3.75%	2.53%	1.25%	6.17%
Grade 7 Total	13.33%	16.46%	9.70%	16.97%	7.88%	4.22%	4.27%	3.68%	1.22%	6.67%
Grade 8 Males	29.70%	52.00%	29.70%	31.68%	31.68%	16.83%	13.00%	2.00%	3.00%	9.00%
Grade 8 Females	28.00%	46.67%	26.67%	38.67%	25.33%	20.00%	9.33%	1.33%	0.00%	25.68%
Grade 8 Total	28.98%	49.71%	28.41%	34.66%	28.98%	18.18%	11.43%	1.71%	1.71%	16.09%
Grade 9 Males	36.99%	50.00%	41.10%	46.48%	45.07%	34.25%	29.17%	17.14%	9.59%	17.14%
Grade 9 Females	38.20%	50.00%	32.26%	33.33%	36.56%	20.43%	10.75%	8.60%	6.45%	17.20%
Grade 9 Total	37.65%	50.00%	36.14%	39.02%	40.24%	26.51%	18.79%	12.27%	7.83%	17.18%
Grade 10 Males	44.44%	60.32%	60.94%	24.62%	57.14%	38.46%	32.31%	16.92%	10.77%	19.35%
Grade 10 Females	44.74%	56.41%	50.65%	29.87%	46.75%	34.67%	34.21%	9.21%	5.06%	16.46%
Grade 10 Total	44.60%	58.16%	55.32%	27.46%	51.43%	36.43%	33.33%	12.77%	7.64%	17.73%
Grade 11 Males	52.86%	59.70%	62.32%	28.57%	55.71%	45.71%	39.13%	21.43%	11.43%	20.90%
Grade 11 Females	57.89%	66.22%	63.51%	33.33%	68.49%	46.58%	37.84%	9.46%	6.76%	13.51%
Grade 11 Total	55.48%	63.12%	62.94%	31.03%	62.24%	46.15%	38.46%	15.28%	9.03%	17.02%
Grade 12 Males	75.38%	55.38%	58.46%	41.54%	67.69%	46.15%	49.23%	30.77%	10.77%	11.11%
Grade 12 Females	69.64%	65.45%	71.43%	36.36%	72.73%	56.36%	61.82%	25.45%	14.55%	14.55%
Grade 12 Total	72.73%	60.00%	64.46%	39.17%	70.00%	50.83%	55.00%	28.33%	12.50%	12.71%
Male Total	42.67%	49.61%	44.47%	32.15%	44.27%	30.82%	27.93%	15.50%	7.79%	14.11%
Female Total	41.39%	49.54%	41.58%	30.89%	42.88%	30.50%	26.28%	9.43%	5.68%	15.59%
Grand Total	42.13%	49.58%	42.83%	31.39%	43.46%	30.39%	26.88%	12.34%	6.66%	14.57%

- ✓ Perception of how easy it will be to obtain substances generally increases with grade level
- ✓ Aside from cigarettes, obtaining alcohol while at a party with friends tends to be perceived as the easiest way to obtain that substance among grade 12 students, especially males.
- ✓ Number highlighted in yellow represent either the highest overall rate of ease reported by a grade/gender cohort for each category, or some numbers that merit additional concern

Key Data Points to Consider

Tobacco

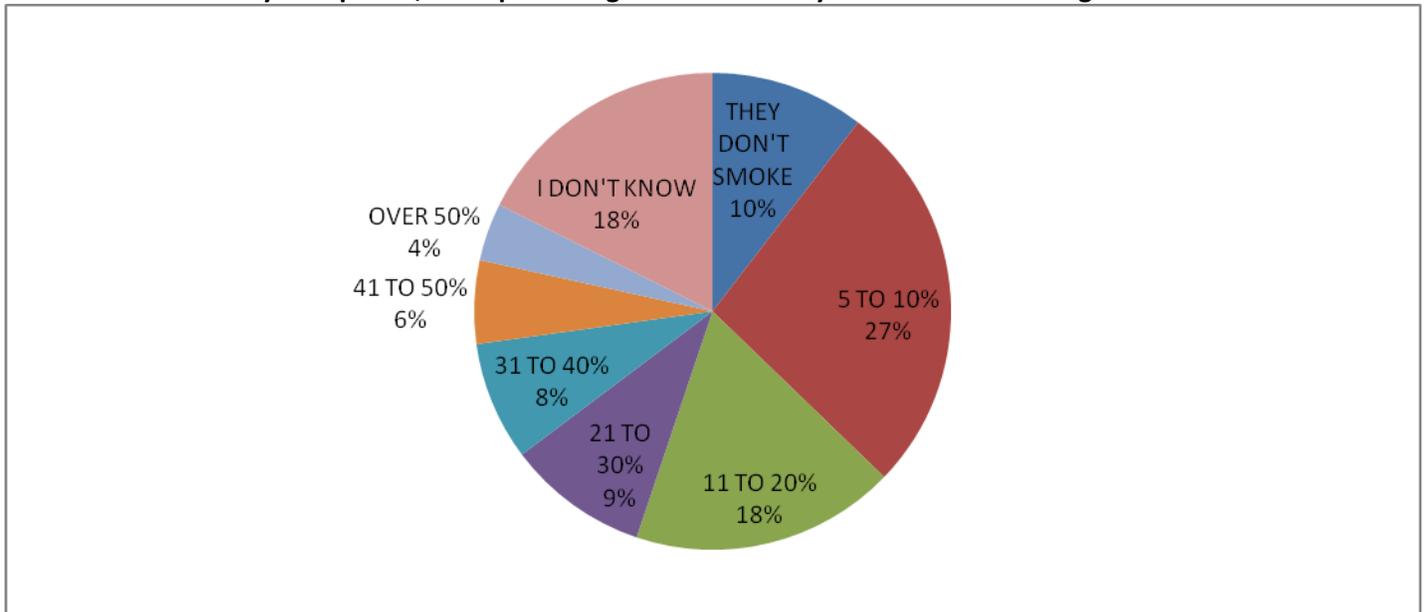
How old were you when you first smoked a cigarette?

- ✓ Overall, 89 percent indicated never having tried a cigarette.
- ✓ Most respondents who do smoke indicated that they tried their first cigarette at 13 years of age.

How frequently have you smoked over the past 30 days?

- ✓ Over 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?

96 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 90 percent of respondents indicated that regular smoking poses a moderate or great risk.

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

84 percent indicated that their friends would disapprove or strongly disapprove of regular smoking.

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

Approximately 42 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?

93 percent indicated their parents would consider smoking wrong or very wrong.

Alcohol

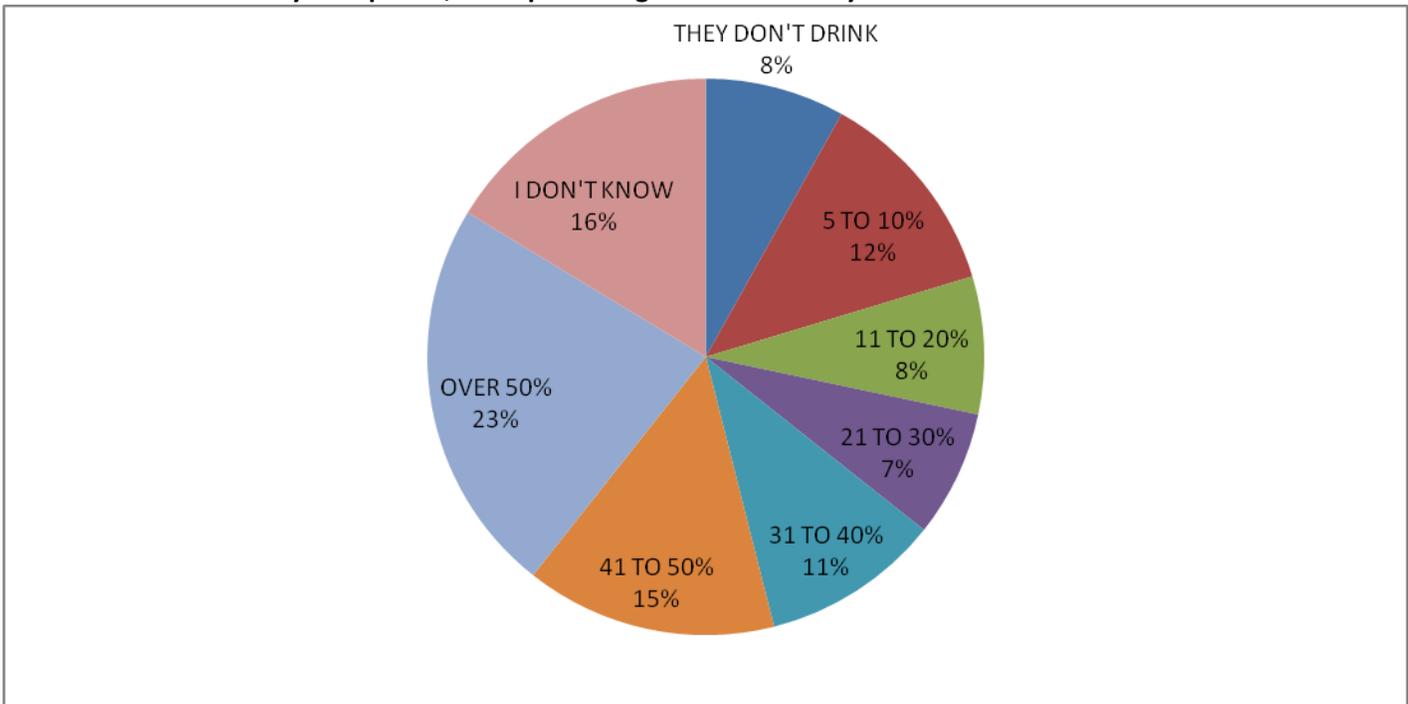
How old were you when you first had more than a sip or two of beer, wine, or hard liquor?

- ✓ Fifty-nine percent, overall, indicated never having tried alcohol.
- ✓ Of those who do drink, most indicated starting between 14 and 15 years of age.

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

- ✓ Sixty-five percent indicated not drinking alcohol.
- ✓ Most drinkers had 0 drinks over the last 30 days, while those who did drink reported having 1 – 2 drinks.

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 1 to 2 drinks when they drink.

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

Ninety percent of respondents indicate no.

How much do people risk harming themselves with regular drinking?

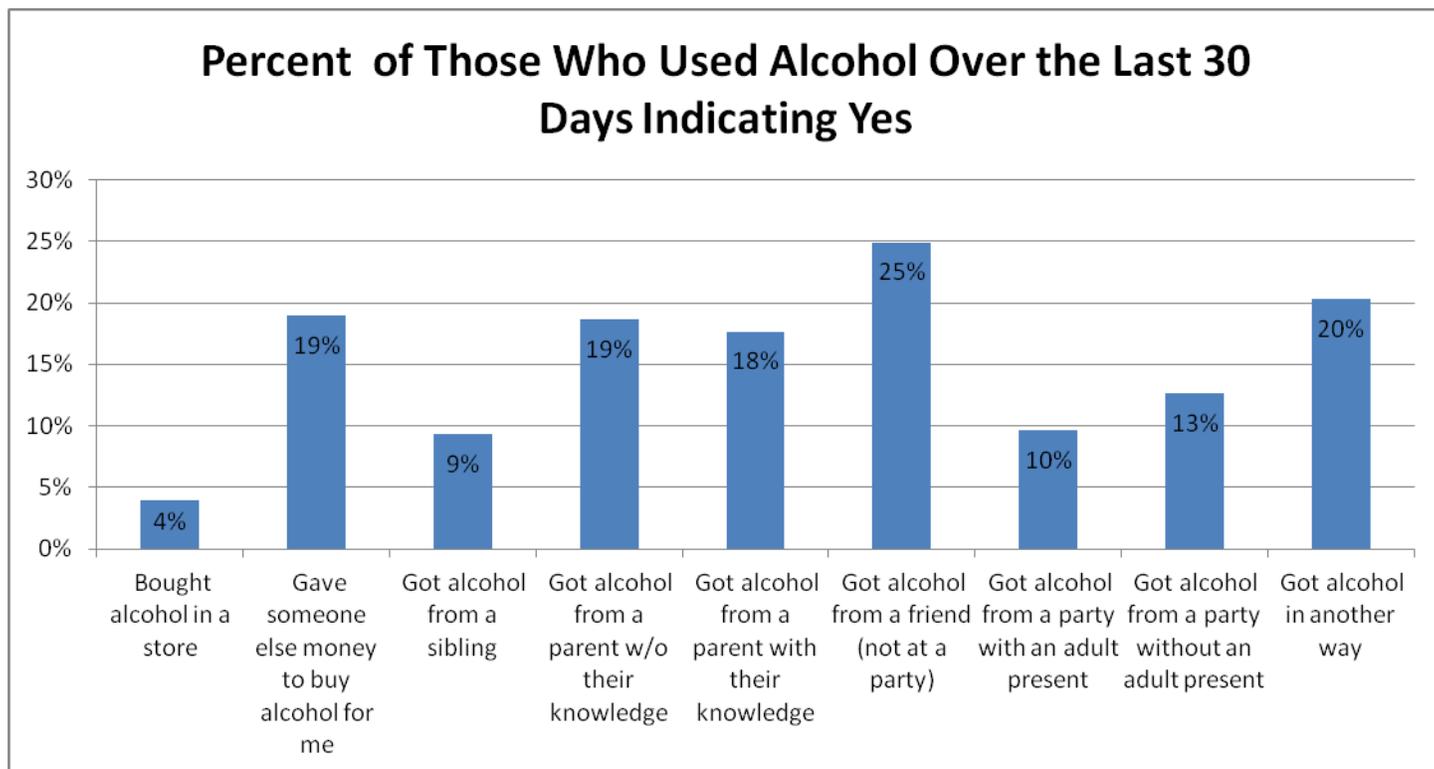
Seventy-three percent indicated moderate to great risk with regular drinking.

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

Seventy 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 88 percent indicated their parents would consider it wrong or very wrong.
- ✓ Of those who did drink over the last 30 days, 25 percent obtained alcohol from a friend (not at a party).
- ✓ Nineteen percent obtained alcohol by giving someone money to buy it for them.
- ✓ Twenty percent obtained alcohol in a way that was not explicitly listed on the survey.



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

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-one 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?

Forty-three 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 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-seven 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?

Twelve 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?

Seven percent indicated it would be sort of or very easy.

Marijuana

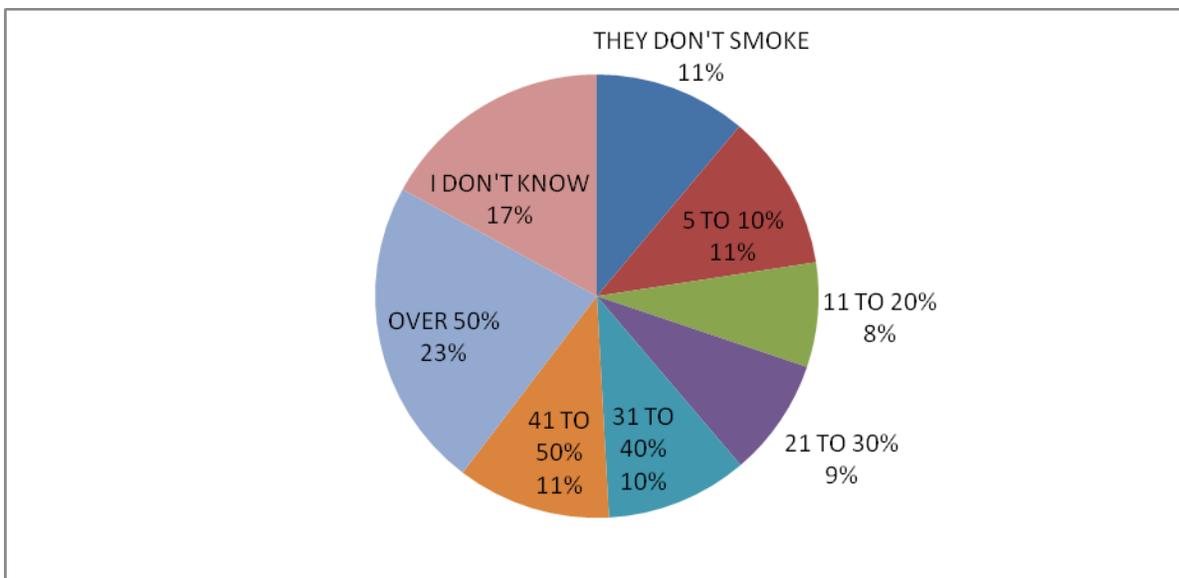
How old were you when you first smoked marijuana?

- ✓ Seventy-seven percent indicated never using marijuana.
- ✓ Of those who do smoke, most indicated starting around 14 years of age.

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

- ✓ Most marijuana smokers – around 75% - indicated not smoking over the last 30 days
- ✓ Of those who did smoke, most indicated smoking 1 – 2 times.

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



Students reported that only about 11 percent of their classmates do not smoke marijuana, despite 77 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-five percent indicated there was moderate to great risk with regular marijuana use.

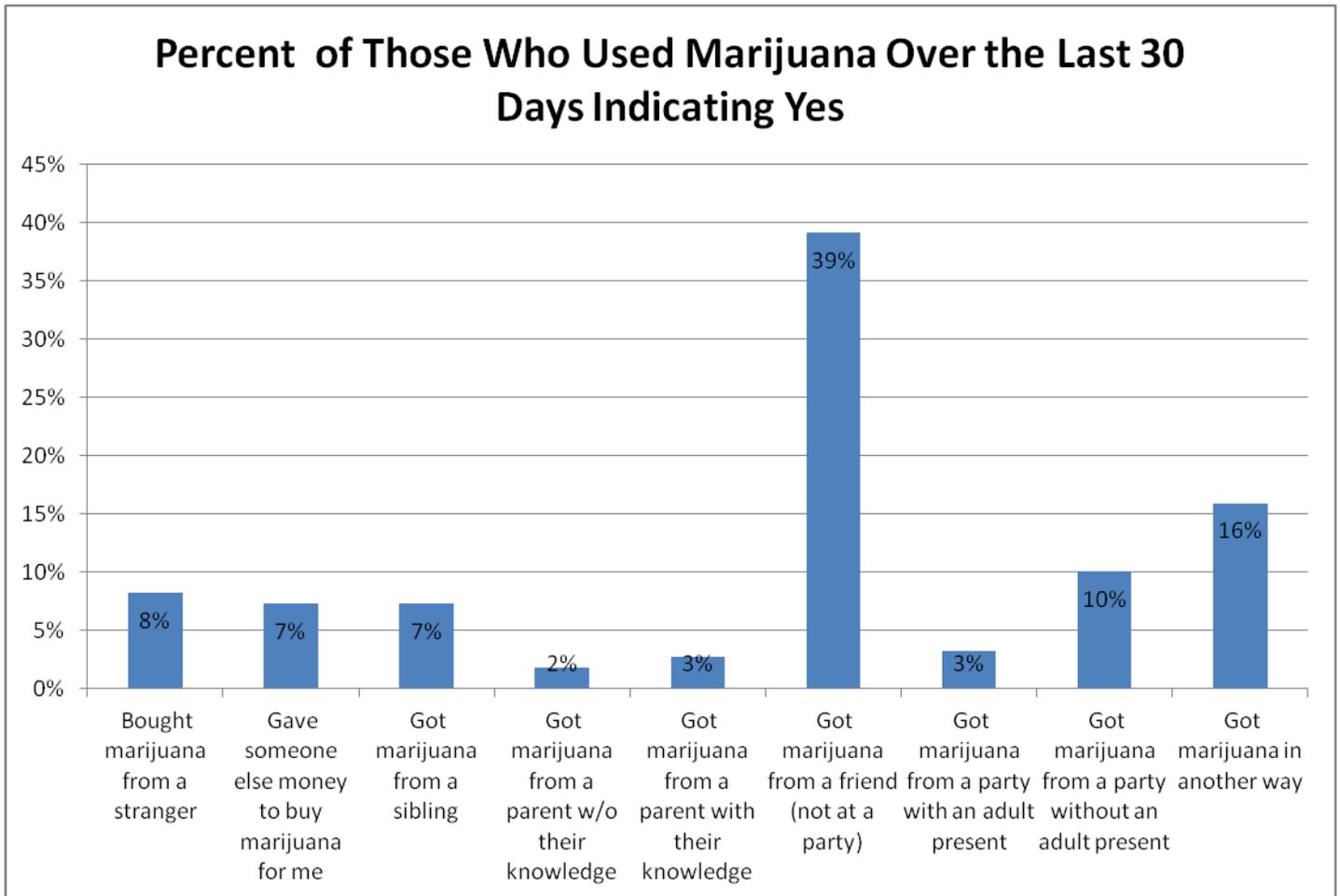
How would your close friends feel if you smoked marijuana once or twice each weekend?

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

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

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

39 percent of those who smoked over the last 30 days obtained the marijuana from a friend (not at a party).



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

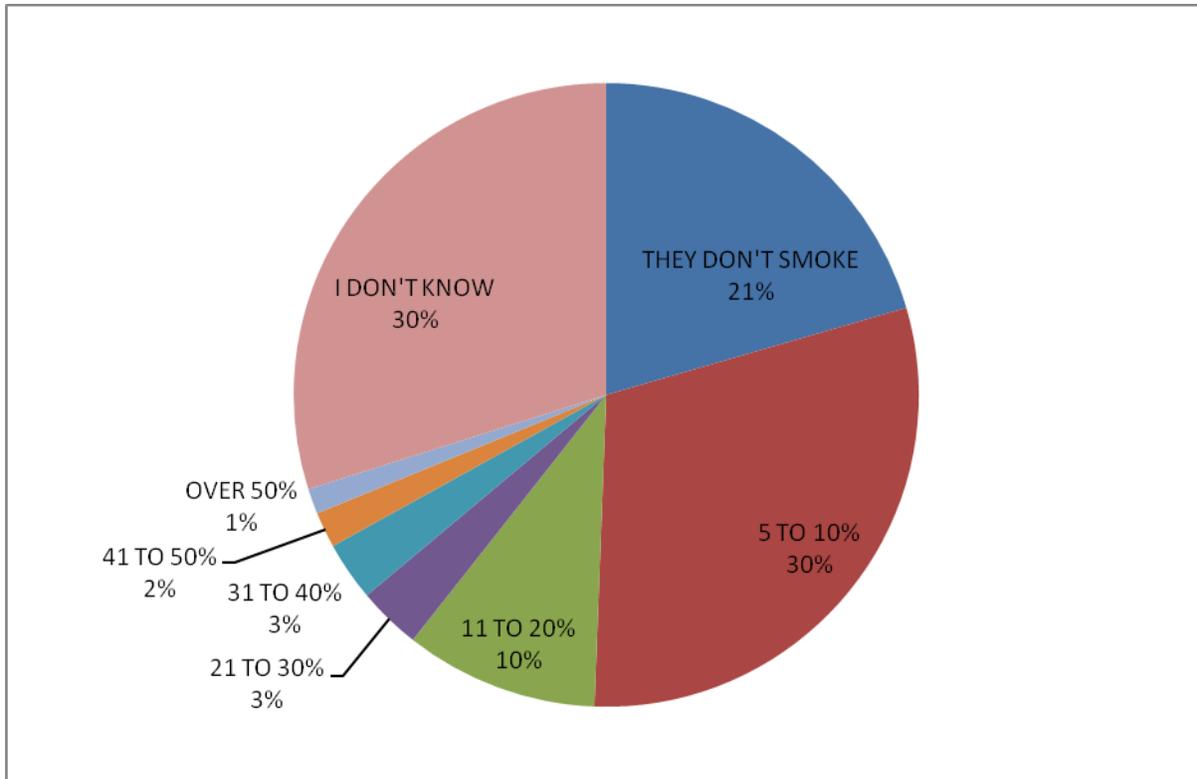
Forty-three percent indicated it would be sort of or very easy.

Prescription Drugs

How often have you used pills or other pharm 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?

91% indicated never using and of those who do use, most started using at 10 years of age or younger.

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

98% said no.

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

Almost 89 percent indicated moderate or great risk.

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

88% said friends would disapprove or strongly disapprove.

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

Over 96 percent said parents would consider it wrong or very wrong.

If you wanted to get some pills, how hard or easy would it be? 15% said it would be sort of or very easy.

Portsmouth Key Informant Interviews 2014

Five adult key informants were interviewed for this report. They were selected for their knowledge, expertise and experience locally with youth and substance abuse issues. Personal information about these individuals is kept confidential and all data is reported anonymously, so as to allow key informants to speak openly without any concerns about loss of privacy. **Key to substances:** T=Tobacco/cigarettes; A=Alcohol; MI=Marijuana; Rx= Prescription drugs not prescribed by a doctor.

QUESTIONS

1. Do you think Portsmouth Youth use tobacco products? Drink Alcohol, smoke marijuana, abuse prescription drugs etc.? What percentage uses each of these?

Tobacco

- Yes, varies on all of these questions in 1
- Yes, 25%
- Yes, 40%
- Yes, 20-30%
- Yes, 15%

Alcohol

- Yes/varies
- Yes but doesn't see it happening- hears from parents/20%
- Yes/40%
- Yes/40-50%
- Yes/30-70%

Marijuana

- Yes/varies
- Yes/youth culture promotes it, older youth are very open about marijuana; Use-10%
- Yes/ 50%
- Yes; 40-50%
- Yes-40%

Rx Drugs

- Yes/varies
- Yes/10%
- Yes-20%
- Yes/40%
- Yes/25%

Other Drugs:

- No
- No
- Cocaine- some
- Inhalants, Cocaine, Cough medicine, Meth
- Cocaine/Molly

Summary: Overall agreement that youth in Portsmouth are using all the substances mentioned, but some variation in the rates of use anticipated by key informants. Tobacco use estimates varied from 15% to 40%; alcohol use varied from a low of 20% to a high of 70%, with the median falling around 40-50%; Marijuana use varied from 10% to 40-50%, which the majority of KIs expressed. Prescription drug use estimates of use varied from 10% to 40%. Two KIs did not think there were any harder drugs being used, while three others mentioned cocaine. Inhalants, cough medicine (for codeine, etc.), meth and molly were mentioned.

2. How old are most Portsmouth youth when they start using tobacco/ alcohol/marijuana/Rx drugs/other?

- T: 12/15/15/11-12/14 (ages cited)
- A: 15-16/15-16/16/13/14 (ages cited)
- MJ: 13/15-16/16/12-13/15 (ages cited)
- Rx: 13/15-16/17/15/17 (ages cited)
- Other: Oxy & heroin 18 and up/Bath Salts-16/16/17-18 (ages cited)

Summary: KIs generally expressed agreement on age of onset for the use of different substances, though one did think that marijuana and prescription drug use began earlier, (age 13) than did the others. These estimates of ages of onset align rather well with the student survey results.

3. How often do Portsmouth youth use tobacco, alcohol/MJ/Rx ?

- T: daily/daily/varies from daily to weekends/daily-3 times a week/daily
- A: weekly/ weekends/weekends but depends on who they hang out with/1-3x week/1-2x week
- MJ: some daily/weekends/ daily or multiple or not at all/2-3xweek/3-4x wk
- Rx: weekly mixed with Alcohol/not sure/weekly/2-3xmonth/weekly
- Other: ??/?/2-3xmonth/weekly

Summary: KIs were somewhat in agreement when estimating frequency of use for tobacco, alcohol, and marijuana, with less clarity about prescription drug use and harder drug use.

4. How are Portsmouth youth getting tobacco, alcohol, MJ, Rx, etc. ?

- T: steal it and older kids give it to them/peers-older kids-convenience stores/friends-older kids-bum them-steal from parents
- A: Steal it from home/adults buying it-parents liquor cabinets without adults present/taking it from liquor cabinets at home-at parties stealing it/older friends-stealing it form parent's liquor cabinets/older friends and siblings, stealing from parents supplies
- MJ: Buying it off other students/peers/ friends-buy it themselves-some parent's supply some not aware they are stealing it from them /kids selling it-medical marijuana card holders selling excess/parents who have medical marijuana cards-some give –some steal form p's stash/ buying it on the street-from friends and other kids
- Rx: Medicine cabinets/medicine cabinets inside and outside the home/friends- and at home in medicine cabinets-others selling them in school/medicine cabinets at homes- other kids pushing it/anywhere
- Other: ??/?/other kids/?

Summary: KIs expressed agreement about tobacco and alcohol access from home, stealing from parents. liquor cabinets, or older peers or siblings buying for them. Marijuana access was described in a variety of ways, including buying from peers, stealing from their parent's supply, cardholders selling to kids, buying on the street and from friends. Prescription drugs were mostly from home medical cabinets, some from other kids pushing or selling their own prescription meds. Not sure about harder drugs - one thought they were obtained from other students.

5. Where do Portsmouth youth go if they want use tobacco, alcohol, MJ, Rx other drugs?

- Parties, cars, beaches, parking lots etc./unattended homes where parents are not home or do not check for all these substances/ outside of school buildings/Ft. Butts/ sleepovers/Sandy Point Beach/secluded areas in town/football games/parties, parties, parties!

Summary: A variety of locations or venues were identified as possible places where youth might go to use substances in Portsmouth. Most frequent mentioned were parties, sleepovers, parking lots, cars, Ft. Butts, private homes with no adult present, just outside the school property, Sandy Point Beach, football games (sporting events), other secluded places.

6. What reasons do you think Portsmouth youth have for using Tobacco, Alcohol, MJ, RX and other drugs?

- T: emulate older people, siblings/to be cool/stress relief, image, to fit in, for the buzz/segue into other drugs, boredom, not involved in structured activities, not enough other outlets for kids in Portsmouth that aren't into sports or arts/peers
- A: the buzz/social, peer driven, to be one of the cool kids/experimentation, fitting in with the right crowd, escape stress, like feeling of being out of control/blow off steam, have fun, boredom, maintenance drinking in some cases/recreational and peer driven acceptance
- MJ: peers suggestion and little social stigma to it now/ experimentation, word of mouth, peer pressure/it's natural, legal, medicinal, relaxing, relieves anxiety, makes them better drivers, mellows them out/weekend fun, wake and bake, a way of coping with life, makes the day go by more rapidly/recreational and peer pressures
- Rx: a better high, more intensive high/see how high they can get, a buffer from reality, social use/mood altering/to alter their reality/curious, they know specific drugs deliver specific highs, they are looking for something specific fro a specific high, testing themselves,/recreational and at some parties

Summary: The reasons most often provided by KIs for students to begin to use substances were: social use, peer pressure, to appear to be more adult, to become high or drunk, and for recreational/fun/relaxation.

7. How do Portsmouth parents feel about youth using tobacco, alcohol, MJ, Rx and other drugs?

- T: Opposed/ not sure/discourage the use of it/don't want it as many of their parents have stopped using it/that is a no no-parents think it is disgraceful
- A: opposed to younger children but accepting as a rite of passage for older children/either they don't want them to use it or they do not know their children are using/some see it as a rite of passage, allow it home, most do not want it being used by their kids/not the younger kids but it's going to happen with older kids, not as concerned about it/kids will be kids
- MJ: some parents feel it is the lesser of two evils, nothing you can do about it, all kids smoke it/don't want them to use it/most parents do not know the consequences of using the drug, some parents smoke themselves and feel it is OK, lesser of the evils with alcohol/current state laws and media coverage make it not as bad as alcohol/it's accepted or not, it's safer than alcohol
- RX: opposed to it but do not know what is going on with this issue/very much against it/it raises more alarm bells than the others/very concerned/ horrified and frightened
- Other: Frightened and uniformed/not sure/not sure/highly concerned,/not sure

Summary: Generally KIs perceive parents as being opposed to their children using substances. Some suggest that there is a passive acceptance of or ignorance demonstrated by some parents about the use of alcohol and marijuana. Parents seem to be perceived as very opposed to non-medicinal use of prescription drugs, and most to any use of tobacco products.

8. What do you think should happen to Portsmouth youth who use tobacco products, drink alcohol, MJ, RX and other drugs?

- T: Parents notified/reprimands and educated about health consequences/ conversations with parents and 1 page listing of health consequences of using tobacco/education on the effects of smoking/disciplinary action and education
- A: parents informed 1st time. 2nd time juvenile hearing board/3rd time arrested and charged and sent to family Court/punitive graduated actions and professional help and counseling ordered/family connection needed, discuss with family, arrested if in school or on school/protocol and procedures explained to parents/Juvenile Hearing Board involved and treatment or assessment ordered, impose tighter stricter legal sanctions as the offenses go up or repeat/positive punishments and more restrictive as the seriousness progresses and professional help ordered
- MJ: legal citation and parents notified, juvenile hearing board involvement as police and jail for larger amounts/progressive action and parental involvement/juvenile hearing board, the current system imposes a **\$150** fine and there is no follow through for treatment, education about the harmful consequences to using this drug/ professional help when needed, more education
- RX: concern, criminal charges/seems worse and a direct line to harder drugs/education, referrals for treatment always offered, same process as others/professional services ordered

Summary: The KIs interviewed seemed to be very knowledgeable about how the school handles substance abuse issues that arise. The need for more education for youth to understand the consequences and ramifications of substance abuse was mentioned on multiple occasions.

9. What existing programs/services are in place to help Portsmouth students avoid using tobacco, Alcohol, MJ, RX and other drugs?

For all these substances: Portsmouth Prevention Coalition, not sure of school programs, DARE and School resource officers are not involved at all/PPC and don't know/SADD groups, student wellness club, Chemical Health Policy, some programs? And PPC
Sandra Ox-health teacher, Student Assistance, guidance, individual supports/Project Purple, PPC, Student Assistance

Summary: KIs demonstrated sufficient knowledge about what existing program and services were available locally to students. Lack of a middle school student assistance counselor was mentioned.

10. What other ideas could the PPC try to keep students from using these substances?

- Larger funding, more programs to have kids work with the police like basketball games, athletic events other events/ more information, more prom night activities that keep kids occupied, peer support programs/ find more ways to reach students like through the plays, utilize student advisory periods better, have a topic a week focused on from the entire week, one week a year devoted to conversations in all of the schools, use videos, music, more awareness for the consequences of use and form youth viewpoints/have more activities for youth, the town needs to provide more youth opportunities like Boys & Girls Club or a "Y" or youth center, more mentoring/ more uniformity in disciplinary consequences, justice evenly rationed out, encourage kids to help their fellow students and not rat them out, reward those students who end up helping another kid.

Summary: Two strands of ideas seem to emerge: one related to creating additional opportunities for after school and out of school time activities with a broader scope beyond sports, and to provide more information about substance abuse and its consequences during the school year for different grades. Getting more students involved in constructive activities during free time and providing multiple ways for them to become more informed and enhance their knowledge base about the consequences and negative impacts of substance use were main themes.

11. What's happening in Portsmouth Schools to educate students about tobacco products, alcohol, MJ, RX and other drugs?

- Don't know, needs to be better communication between school & police/don't know, PPC involvement/don't know/don't know/ don't know.

Summary: KIs were unaware about the efforts being currently provided in health classes to students about substance abuse.

12. What programs/services do you think Portsmouth parents need to address and reduce the use of tobacco, alcohol, MJ, Rx and other drugs?

- Educate parents as to what is really going on with their kids/don't really know, but maybe peer education counseling with other parents, speakers, youth talking to parents, have the panel again at the beginning of the school year like Portsmouth used to do with the principals, chief of police, prosecuting attorney, PPC etc./ more prom alternative activities, and feed them/discussion groups/learn how to talk to kids, many parents don't know what to do and are frightened of the subject and do not know the signs to watch out for, bring the panels back!

Summary: Parent education about substances and basic parenting skills like about setting boundaries and positive role modeling were the main issues discussed. Getting more community leaders involved and providing more resources to parents seems to be important

13. What do you know about RI's Medical Marijuana laws, how this law impacts marijuana use by youth. What do you know about marijuana growers that grow for those who have medical marijuana cards? What if anything do you know about Greenleaf Dispensary?

- Very familiar with all of this, it's made things much more difficult and increased drugged driving/familiar with it, don't know if it has increased access or not as it's always been available, adequate knowledge of growing situation and feels that Greenleaf is very well regulated, very secure and well monitored/Really has made MJ more available to kids, they think it's legal and it's natural so how can it be bad, the decriminalization means it is legal to them, some parents and friends have medical marijuana cards and they get really good weed from Greenleaf/ 1st step towards legalization, cards are issues for legit and bad purposes just for the processing fees like the center the state opening up just for the processing/This while process has proceeded too fast, not thought out, Greenleaf has only been open for a year and decriminalization as well, anybody can get it, much more driving while drugged, police are handicapped in enforcing laws.

Summary: KIs possessed substantial knowledge about the issues pertaining to the RI Medicinal Marijuana laws and the Greenleaf Dispensary now open in the town.

14. What do you know about RI Marijuana Decriminalization Law? How has this law impacted youth consumption in Portsmouth? Is it easier to get marijuana now than it was in the past? If so why do you think that is?

- Yes, for all the reasons mentioned in the last question/ the law was a good thing and yet it has increased the use and availability by perception in the public's eye/ yes as answered in the previous question/ It has increased the use by lessening the perception of risk and harm/it definitely has increased the use and availability of the drug in Portsmouth.

Summary: Though KIs were mixed about the impact of decriminalization, they did seem to agree that the law has lowered students perception of risk of use, since many mistakenly think it is now legal.

15. What do you know about synthetic marijuana or bath salts? Are you aware of any Portsmouth stores that sell these?

- Yes and there are no stores that sell it in Portsmouth/ yes, no one sells that crap in Portsmouth/ yes but don't see it much anymore, there are no stores that sell it in Portsmouth/ no, none sell it here.

Summary: General agreement that synthetic marijuana is bad, and that it is not being sold in Portsmouth.

16. Do you think hookah bars should be allowed to open in Portsmouth?

- NO, in past experience, every hookah bar entered there was marijuana and hash oils being smoked/no/no-kids are now using hookah pens in school to smoke pot /No/ No

Summary: KIs were unanimously opposed to any hookah bars opening up in Portsmouth.

17. Why do you consider the leaders in Portsmouth for substance abuse prevention?

- Portsmouth Prevention Coalition, Ray Davis, school officials, Portsmouth Police/PPC, Ray Davis/PPC, Student Assistance, guidance, teachers, school committee/ PPC, schools, Police, parents/Ray Davis, Police, Schools

Summary: KIs seemed well-informed about the work of the Portsmouth Prevention Coalition and identified school officials, the police department, and parents as other important leaders in local prevention activities.

18. Anything else??

1. Additional resources need to be put into Prevention or we will lose a whole generation of youth;
2. Any program we develop should be non-punitive and more benevolent regarding addictions with understanding, helpful and respect;
3. Leadership in the schools is an issue, there needs to be a procedure for when students are found to be under the influence within the school;
4. Marijuana attitudes are changing, there is a lot more use and we need to be open to the possibility of legalization/ Don't Give Up!

Overall Summary: Key informants were well aware of the extent and issues pertaining to youth substance in Portsmouth. They were generally in agreement about the need for more resources to be put into prevention efforts that might impact youth substance abuse, including more education for youth at all ages and their parents, continued expansion and diversification of after school and out of school time activities, and more local awareness for all citizens about the importance of paying closer attention to these issues as they pertain to all young people as well as the adult population.

FOCUS GROUP SESSIONS

a. Portsmouth MS and HS Parent Focus Group Results

Two focus groups were held with parents of Portsmouth students who attend the Portsmouth middle school (PMS) and the Portsmouth high school (PHS). Several parents reported having students in attendance at both school. The results below represents a summary of the key findings from these two groups. The PMS parent group was held on April 11, 2014 at the middle school in an administration meeting room (8 parents) and the PHS parent group took place on May 19, 2014 in the high school auditorium (11 parents).

1. Do you think Portsmouth youth use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs? What percent use each of these?

Tobacco

MSP: Not a problem/8th grade has bigger issues with weed and alcohol/ more issues at high school where kids can use cars to smoke in; less than 20% have tried.

HSP: Yes, 25-30%, 15%, Higher than 50-60%, Baseball has influence on spit tobacco with son, we see it a lot

Alcohol

MSP: Drinking is popular, but not much in 7th grade; 5-10% of 8th graders drink they hang out together and get it from older brothers or sisters when no supervision is present. HS students are drinking vodka because it is easier to hide smell and carry with them in water bottles. Harder for kids to get alcohol than marijuana.

HSP : 40%-70% starts in 9,10, peaks 11 & 12th grades

Marijuana

MSP: Accessible more at the high school; kids go from locker to locker asking to get some; it has become more accessible and cheaper; estimates that 10-15% of MS students smoke it, maybe more have tried. At HS 60% have tried it, "the bathrooms at the HS smell like weed" /one girl caught making a bong in pottery class (shaped of an elephant)

HSP: 50% and higher they think, it increases as they get older, kids rationalize their use- think it is legal or soon will be.

Prescription Drugs

MSP: Not much heard of reported at middle school; maybe 1 or 2 kids; less than 5%.

HSP: 20% use them and its pain meds, oxys, Adderall was new to them as a drug used for study aides

Other Drugs

MSP: Molly mentioned (at colleges) but not at MS/ one spoke of heroin at the high school, (second-hand info from other parents); last year's graduating class had someone using LSD.

HSP: Heroin use was questioned about being used in the school, some discussion around date rape drugs in Providence clubs. One parent mentioned a student last year who was caught with LSD at the high school.

SUMMARY: Middle school parents were concerned that start up of alcohol and marijuana use seemed to occur mostly at 8th grades. High school parents were more aware of marijuana use and alcohol. General belief that marijuana is easier to get than alcohol.

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

Tobacco

MSP: 7th or 8th grades/some chewing tobacco use, with baseball players, overall not much

HSP: 7-8th grade, 12 years old starting and up

Alcohol

MSP: Mainly in 8th grade

HSP: Ages spanned 12-13-14-15 years old for when it starts

Marijuana

MSP: 8th grade, maybe younger/ seems to be getting younger/ a lot of the girls try it/ much has to do with presence of older siblings, and "maturity," different developmental stages for boys and girls.

HSP: Most agreed that as early as 6th grade and definitely in middle school

RX Pills

MSP: Mostly done by older students in high school

HSP: Later grades in high school- obtained from older siblings

Other Drugs

MSP: Mostly much older experienced students.

HSP: Late high school

SUMMARY: General agreement that age of onset for tobacco, alcohol and marijuana likely begins in middle school (12-14 years of age) for some but gains much more interest at the high school. Harder drugs seem to be confined in their perception to older students or graduates from high school. Pill use is perceived as an attraction to older experienced students.

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

Tobacco

MSP: Weekends

HSP: Daily. Some smoke cigs to inhale pot deeper into their lungs, They see a lot of young kids smoking:

Alcohol

MSP: Weekends

HSP: Weekends, binge drinking, weekly, some daily- ASK WHY??_Some kids are alcohol dealers in the school, Vodka is preferred in perfume bottles, soda bottles , energy drinks and water bottles

Kids are stressed out, self-medicating; girls are stressed; drinking is a social anxiety reliever

Marijuana

MSP: Weekends for middle school, many think it is daily at the high school

HSP: Daily smokers, some on weekends- very normal

Rx Pills

MSP: Before tests times at the high school (Adderall, Ritalin)

HSP: weekends

Other Drugs

MSP: Heard about Molly being used at raves or music parties.

HSP: N/A

SUMMARY: Tobacco use for those addicted was a daily occurrence, alcohol seems to be perceived as a weekend, party or sporting event activity.

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

Tobacco

MSP: From older siblings, taking it from parent's without knowledge, stealing . it's become harder to get

HSP: Some stores sell it, older siblings, parents

Alcohol

MSP: Parents have it at home, stealing, siblings, some parents give it to them; "little bottles found all over Middle Road"

HSP: Friends, older kids the discussion got off track at this point

Marijuana

MSP: From brothers and sisters, adult neighbors who are "stoners," One related story about a mother who smoked MJ with kids at her house; some parents have prescriptions for medicinal marijuana; partying; it's in the news a lot - kids think that it is better than smoking cigarettes, they do not recognize the consequences.

Rx Pills

MSP: Friends, from medicine cabinets at home, from somebody who has a prescription.

HSP: Friends, at home, older kids and adults, some parents give them to their kids or unknowingly do so by not securing them in the home

Other Drugs

MSP: From dealers or older siblings who use drugs

HSP: No comments, though one thought heroin was available from dealers

SUMMARY: Much agreement in both groups that older siblings and friends were a primary source for many substances, with kids likely to steal from home more than from stores. Lack of secure storage for many substances in homes was perceived as very important.

5. Where do Portsmouth youth go if they want to use tobacco products? Drink Alcohol? Smoke Marijuana? Take Prescription drugs?

Tobacco

MSP: Anywhere, on way to school, in woods

HSP: In cars, on the corner by Education Lane, Ft. Butts, Indian Hills, playgrounds

Alcohol

MSP: Unsupervised houses, concealed places, Elmhurst park and ride

HSP: In homes, woods, Melville Pond areas, McCory's Lane, Sandy Point Beach, the Glenn, Indian Hill, they know when police looking in other ways, in cars

Marijuana

MSP: Anywhere where there are no adults; Ft. Butts, beaches, in the woods

HSP: Same as above- in cars- some said to regularly bring in the drug-sniffing dogs, it is so rampant in the school they thought

Rx Pills

MSP: Can be done anywhere, easy to hide, most likely at home

HSP: Anywhere- easy to conceal, at parties

SUMMARY: Both groups were able to identify several specific local places where kids went to use substances or be in a secluded area. Some remembered same places from their student times. Cigarette smoking can take place anywhere, and use of pills was also seen as taking place anywhere, since they are easy to hide.

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

Tobacco

MSP: To fit in, to try it, because their parents do it

HSP: Someone else convinces them to try it, baseball image with chewing and spit tobacco, the image of being older, to be "cooler," etc.

Alcohol

MSP: To fit in, they see it at home too much. Like effects, mostly a social substance

HSP: Social lubricant-just like adults modeling the behavior, insecurity/ adults model the behavior with drinking at all fundraisers and events in town, binge drinking to get drunk, some cultural and religious reasons. Rite of passage- but parents did agree, that "It is NOT alright to do it."

Marijuana

MSP: Same as for alcohol - to have fun while stoned, think everything is funny, stress-related, some have depression/ Belief that "stoned kids get better grades" /lack of other things to do, boredom, too much free time, whole (sports) teams are participating together...

HSP: Peer pressure, anxiety, depression, addictive, stress/too many expectations upon them/academic pressure is too much

Rx Pills

MSP: Claim to focus better, others to get to the next level of (substance) use

HSP: They are easy to get, experimentation/it's not visible/personal RX too many and abused/to focus and get better grades and study

SUMMARY: Main points seemed to repeat themselves - use based on a need to "fit in," to feel "cool," as a social lubricant, to have fun, relieve stress. rite of passage, academic pressures. Use of Adderall for studying and getting better grades was mentioned.

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

Tobacco

MSP: There are many parents who smoke, some are "closet smokers." Parents likely do not know/ Kids know how bad tobacco is for them.

HSP: Most do not know, would disapprove, but some smokers don't care or pretend not to know.

Alcohol

MSP: "It's part of the package"/ Some parents see drinking as a "rite of passage," drinking is seen as more acceptable; some do not want their kids to go to college without some experience drinking

HSP: Some think it is a "rite of passage," not many really know but will allow kids to drink at house but not drive

Marijuana

MSP: Parents often have personal issues. They may have smoked as students, or else maybe still do. It is more acceptable now to smoke marijuana than it was in the past.

HSP: Many are unaware, or feel that it is the lesser of two evils (vis-a-vis alcohol)/ also some rite of passage talk, one felt that marijuana should be legalized, that this would get rid of the stigma.

Rx Pills

MSP: No one would approve, this is considered very dangerous. Most don't know

HSP: No one would approve but some are just unaware.

SUMMARY: Much of discussions focus on parent's lack of awareness or passive acceptance of substance abuse, in particular for alcohol and marijuana. Prescription drugs were considered very dangerous, but again a lack of awareness and general belief that it is "not my child, but others" who do these things. One parent did say that she approved of the legalization of marijuana, since it would keep people out of prison and keep kids from getting a police record.

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

MSP: Parents are notified, and police might be if it is bad enough. Kids get suspended if caught on school grounds, in school or at the bus stop - but it is not an automatic suspension. Parents thought there should be more in-house suspensions, that students should still have to come to school, and that any direct interventions should include parents.

HSP: Parents seemed to have a limited knowledge about how the system worked. Discussion was broader and then partially distracted by a parent who had a personal agenda and did not allow others to speak.

SUMMARY: Parents did not think that suspensions were useful way to reach, and some discussion of community service and counseling with parent involvement were seen as important.

9. What existing programs/services are in place to help Portsmouth students avoid using Tobacco/Alcohol/ MJ/ Pills/ Other Drugs?

MSP: Guidance counselors, social workers in house, school psychologist mentioned both in middle school and high school. Need to have a program for out of school suspensions, with community service, and make them work hard. Make parents responsible. One parent pointed out that there was a Student Assistance Counselor at the high school, and none in the middle school

HSP: Need for Police Officer in the school

SUMMARY: Parents in the middle school focused on what services were available at both schools, while high school parents thought that the biggest concern was lack of a full time school resource officer.

10. **What other ideas could the Portsmouth Prevention Coalition try to keep students from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? Tobacco/Alcohol/ MJ/ Pills/ Other Drugs?**

MSP: Need a counselor at the middle school

HSP: No additional suggestions - school resource officer again mentioned.

SUMMARY: Limited discussion - parents at the middle school focused on need for a counselor to work with the kids, while high school parents talked about the need for a school resources officer.

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

MSP: They talk about it with the kids all the time/ start in kindergarten/ need faith formation classes/ Chris Herren talk was impressive for some/ have more speakers at the schools/ "There needs to be an avenue for kids who have friends who are using."/ Start in 4th grade with education

HSP: Need more education around these drugs and what they can do to focus on student's healthy behaviors

SUMMARY: Neither group knew what the school curriculum for health covered or how much was involved with substance use. Some mention that 9th grade was the only time that students got any substance abuse education at the high school level. Both groups agreed that more education is needed for a longer period of time.

12. **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? Tobacco/Alcohol/ MJ/ Pills/ Other Drugs**

MSP: Parents have opportunity to attend social host program, but few actually show up - and those who should be there aren't. Need to reach out and educate parents who do not go to meetings. Develop updates to distribute on new drugs, trends in community,

HSP: More parent groups and education needed for all.

SUMMARY: More suggestions were made about what is needed rather than what is already available. Issue about getting to the people who really need help was stressed. No suggestions were made

13. **What do you know about RI's Medical Marijuana Law? How has this law impacted marijuana use by youth? What do you know about marijuana growers that grow for those who have medical marijuana cards? What, if anything, do you know about the Greenleaf Dispensary?**

MSP: No direct knowledge. One parent had some understanding but no one gave accurate information.

HSP: Very little knowledge of the RI marijuana laws impact- some did not know where the dispensary was or how one gets into it etc. Little knowledge of Greenleaf operations

SUMMARY: Parents are largely unaware of what medicinal marijuana is all about, but everyone seems to have some indirect knowledge about a neighbor or another person who has a MM card.

14. What do you know about RI Marijuana Decriminalization Law? How has this law impacted youth consumption in Portsmouth? Is it easier to get marijuana now than it was in the past? If so, why do you think that is?

MSP: Not much knowledge about the law, only that it would get someone a "ticket" if they were caught.

HSP: A lengthy discussion took place about this issue, some supported legalization but as more factual information came out about MJ and youth those attitudes shifted a bit. Parents had little idea of how easy it is to get MJ in Portsmouth and where it was coming from. Some favored legalization but as the discussion got more factual some attitudes started to shift a bit.

SUMMARY: Very limited knowledge about this - only that violators 'get a ticket'

15. What do you know about synthetic marijuana or bath salts?

MSP: No one had any clear knowledge about this. Knew about Florida story of addict eating off face of homeless man.

HSP: Heard of it but little knowledge- they knew some the places where this was sold on the island

SUMMARY: Very little knowledge about synthetic marijuana or bath salts.

16. Do you think hookah bars should be allowed to open in Portsmouth?

MSP: One knew there was a hookah bar in Newport, but unaware of what that was.

HSP: Not very knowledgeable about them

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

MSP: Did not answer this question

HSP: Ray Davis, Police, School

18. Other Comments

MSP: Inundate kids with the messages via social media

SUMMARY:

Themes that emerged from parent focus groups:

1. Parents don't know what the school's disciplinary process and rules are;
2. Parents apparently know very little about the strength, accessibility and abundance of marijuana that is available today;
3. Parents know very little about the RI medical marijuana laws and how that is affecting the supply and the perceptions of youth;
4. Parents want more and better health curricula around substance abuse taught at all grade levels;
5. Parents asked for more workshops and forums of information;
6. Parents were supportive of the "Life of An Athlete" presentation;
7. Parents want the town and schools to provide more and varied after school activities for kids besides sports;
8. Parents knew very little about the prevention efforts or the work of the Coalition in Portsmouth.

Name of Group

Portsmouth Middle School Parents (MSP)

Portsmouth High School Parents (HSP)

Gender

M = 0 F = 8 Totals= 8

M = 3 F = 8 Totals= 11

Grade Composition for Children

6th=0; 7th=3; 8th=5 (5 w/HS students)

10th = 4; 11th= 2 ; 12th= 5

b. STUDENT FOCUS GROUPS

Three student focus group sessions were held, one at the Portsmouth middle school with 7th and 8th grade students, the other two at the Portsmouth high school with 9th and 10th graders and with 11th and 12th graders, respectively. Students were asked to join groups with similar ages and selection was based on adult perception (teacher, counselor, etc.) that the student had a good knowledge of the school, was socially active, and would be willing to discuss what they knew openly. All groups were held in confidence, and all students will remain anonymous in this report and any presentations that are given. Letters were provided to the school to send out to grant parents the right to give passive consent for their child not to take part in the focus groups.

Portsmouth MS/HS Student Focus Group Results

1. Do you think Portsmouth youth use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs? What percent use each of these?

Tobacco

FG-MS: Yes, range of responses from 20% to 40%

FG-HS1: Smoking viewed as negative, estimates ranged between 5% to 25%

FG-HS2: Estimate that about 50% smoke cigarettes or use dip. Dip use estimated at 10-15%. E-cigarettes are also becoming more popular.

Alcohol

FG-MS: Yes mostly in 8th grade. Estimates from 40% to 70%

FG-HS1: Quite a few like to drink - estimates from Over 50% to 80%. Students believed that younger students were doing it earlier, and were going to more parties with older students to get access to alcohol.

FG-HS2: Most students drink - estimates were from 60-70%. Hard liquor like vodka is popular. One female student said "Vodka on weekdays, beer on weekends." Freshmen and sophomores do nips (little shot bottles).

Marijuana

FG-MS: Yes. Estimates varied from 60% to 80%. More thought to smoke marijuana than drink.

FG-HS1: Students thought MJ use was the same as alcohol, if not a little more. Estimates ranged from 60% to 70%

FG-HS2: Agreement that most kids smoke weed. Estimates that at least 80% smoke. "Even freshmen smoke pot." Some said they started in middle school. Very common statement: "it's everywhere." One mentioned THC 'pads'. Hash oil, butter with marijuana, and other edibles especially brownies, cookies, candy bars and lollipops were discussed.

Prescription Drugs

FG-MS: Very few if any, at most 5% to 10%

FG-HS1: Very negative attitude towards prescription drug use. This is done by "losers." Estimates were less than 5%.

FG-HS2: Not too bad here. Most popular drugs are Adderall or Benzos. No many painkillers - but lots of seniors use ADHD drugs for studying, some have prescriptions and share them with others or sell them

Others:

FG-MS: None that they are aware of. One student mentioned that there are parties like the movie "Project X," which depicted a large out of control party where alcohol, drug use and improper sexual behavior were rampant.

FG-HS1: Students mentioned K2 (synthetic marijuana), mushrooms (psilocybin), and meth, but in very low numbers, if at all. Cough syrup (Robatussin) was identified - one student mentioned "a tanker with a codeine cough syrup" Another said she heard a kid in the hallway at school yell out that he was 'selling Meth'

FG-HS2: Some cocaine, salvia, mushrooms, K2 and SPICE are available in Newport at Indian store. Heroin is available but not done in high school, usually those who dropped out or were druggies. They knew about bath salts, mostly the story of Florida man. Estimated that a smaller group (10%) of students experiment with harder drugs. Molly is used mostly in clubs in Providence, but not so much this year.

SUMMARY: Use of marijuana is becoming an accepted practice, and is perceived by students to be as high as alcohol consumption. Cigarette/tobacco use remains very low for younger grades, but seems to be picking up with older students, in particular use of "Dip." Prescription drug use is mostly considered for academic enhancement, rather than as a substance to abuse.

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

Tobacco

FG-MS: Age range from 11 to 13 years old

FG-HS1: Grade range 14-15 years old - in 8th grade

FG-HS2: As early as 10 years old to 13 years old- grades 6,7,8 - but most start up in high school

Alcohol

FG-MS: Age range from 12 to 15 years old

FG-HS1: Grade range 14-15 years old - in 8th grade

FG-HS2: If one has older friends, then it is available at any age. One said 11 years old. Others said in 9th or 10th grade mostly. It depends on the group and who you socialize with.

Marijuana

FG-MS: Age range of 11 to 13 years old. One student noted that it is getting younger, citing his 10 year old brother who had a friend caught smoking marijuana.

FG-HS1: Grade range 14-15 years old - in 8th grade

FG-HS2: In middle school it starts, but it's way easier to get in high school. A lot of people just smoke and don't drink very much. But they will smoke weed every day. No problem with hangovers. Many kids do drink and smoke weed together. Others just smoke. Not many just drink.

Prescription Drugs

FG-MS: Age range of 14 to 17. This is seen as something for older students.

FG-HS1: Older - more likely in 9th or 10th grades

FG-HS2: Can get it and start in middle school, but mostly happens in high school is it abused. Kids have prescriptions, or get them from parent's prescriptions. Most popular is use of Adderall around testing times.

Other Drugs

FG-MS: None perceived use of harder substances at middle school.

FG-HS1: One mentioned a kid who had tried to snort crushed up "Smarties" at the middle school last year. Another mentioned that a few kids used inhalants (like whipped cream or hairspray).

FG-HS2: Only a small number of kids, mostly juniors and seniors.

SUMMARY: Age of onset for cigarettes, alcohol and marijuana seems to be for some students in 7th or 8th grades but for most students in 9th grade. Prescription drug use is seen as something limited to older more experienced drug users or older students who want to use them for study purposes. Very little if any discussion of hard drugs.

3. How often do Portsmouth youth use tobacco products? Drink alcohol? Smoke marijuana? Abuse Rx drugs?

Tobacco:

FG-MS: Regular smokers smoke at least once a day, some smoke once a week.

FG-HS1: Certain groups do it, like before dances, at parties. Weekends for some, or every day for those who regularly smoke.

FG-HS2: Those who smoke do it daily, multiple times a day.

Alcohol

FG-MS: Every weekend there is an opportunity - some times more than once.

FG-HS1: Need a social activity, like a party. People will drink anything they can get their hands on at a party - beer, wine, alcohol like vodka most popular, Hennessy brand, etc.

FG-HS2: Weekends mostly, some drink daily, No one really cares what others are doing - unless you make a big deal out of it.

Marijuana

FG-MS: Every week for some, some say every day, some just once a month. Estimates that 10%-20% of students smoke every day and yes some come to school high.

FG-HS1: "Wannabe" gang members smoke "minis." Some students smoke weed every day, estimated that about 70-80% of those who smoke do it every day.

FG-HS2: Every day, before and after school. Not much in school, some hash oil. Kids prefer to buy weed that is grown locally, will stay away from imports. One used the term "cruise and bake" to smoke in the car while driving. ODBC mentioned. Some share it while others buy. The weed has been getting better and is more available in the last few months than it was last year.

Prescription Drugs

FG-MS: Not very often, only if they are available.

FG-HS1: "The Crackheads" - a very small number of kids, live in group homes "rehab" types - not common

FG-HS2: Day time it is available - mostly when school testing is going on.

Other Drugs

FG-MS: None discussed

FG-HS1: Estimated 15-20% have tried prescription drugs or others at parties. Some kids brag about being "really high" - tell crazy stories that are sometimes funny and sometimes stupid. Drunken parties.

FG-HS2: Not much around - usually those not in high school.

SUMMARY: Students reported that a small number of their peers smoke cigarettes, but that the ones that do smoke on a daily basis. Alcohol use is confined mostly to weekend gatherings with friends or house parties, with a very small number drinking during the week. Marijuana use has become more acceptable and many students consider daily use not in excess. Little evidence for prescription drug abuse except for academic purposes.

4. How are Portsmouth kids getting tobacco products? Alcohol? Marijuana? Prescription drugs?

Tobacco:

FG-MS: Older siblings, parents without knowledge, 7 students knew someone who smokes daily.

FG-HS1: Can buy cigarettes at some stores. Some of the girls go to Providence hookah bars -more are starting to do this

FG-HS2: Many just buy them - about half of senior class is 18 or older. There is a store near the school that sells, not difficult to get. If not there, then they can go to any store in Newport.

Alcohol

FG-MS: Older siblings or friends, at friend's home, raiding the refrigerator or liquor cabinet.

FG-HS1: Can ask friends to get it. One older person gets it for them, like an older friend or they get it from someone who has some already.

FG-HS2: It's harder to get alcohol. Mostly from older uncles, cousins, older friends, siblings and other relatives. Maybe 5% of parents will buy it for you.

Marijuana

FG-MS: Really easy - people that they know have a connection; some parents are growing marijuana in their homes (some with Med MJ cards, some without)

FG-HS1: It's very easy to get - Just need to ask the right people. Most people think it is OK - Since it is decriminalized, it is not seen as anything serious to get caught with weed. It is at every party.

FG-HS2: People more likely to have and buy weed - it's so easy to find and get. Can go from locker to locker and someone will have something available.

Prescription Drugs

FG-MS: Parents medicine cabinets. Most don't share ADHD meds, though some kids will sell theirs.

FG-HS1: Steal them from parent's supply. Some kids will sell their meds, or give them to you free. Most popular are Adderall, Xanax. Percs (Percoset) and Vicodin. "Candy bowl parties" were popular a few years ago but not much anymore.

FG-HS2: Only done by a few kids - often from friends who have doctor's prescription.

Other Drugs

FG-MS: No responses

FG-HS1: These are harder to get- need to know a real drug dealer. Don't see much of this. Those that have these drugs won't always sell to kids but to adults - they can get in more trouble.

FG-HS2: One needs to hunt down hard drugs. Some fear because three people have died due to heroin (1 suicide)

SUMMARY: Access to tobacco seems to be via older friends or students, with some students stealing from parents. Some students claim to buy for local vendors. Alcohol access is reported to come from other students, parents home, or other family members, though it was considered something that needed to be planned, and not so easy to really obtain. Marijuana on the other hand, seems to be readily accessible to all students, especially for high school aged students. Pills are accessed either at homes from medicine cabinets or unused prescriptions, or from those who are getting them prescribed from a doctor.

5. **Where do Portsmouth youth go if they want to use tobacco products? Drink Alcohol? Smoke Marijuana? Take Prescription drugs? (LOCATION)**

Tobacco:

FG-MS: Houses, back yards, in basements, in the woods.

FG-HS1: Go outside somewhere, at night anywhere.

FG-HS2: Just walk out of school - many go to the parking lots or in their cars. No one cares. No hiding.

Mr. A..... mentioned as one person who cared.

Alcohol

FG-MS: At people's houses both with and without a parent present. One student talked about attending a party where the parent was drinking with kids,

FG-HS1: Parties mostly, in houses - in the summer outside somewhere.

FG-HS2: Parties, at house or at concerts

Marijuana

FG-MS: Parks, basement, in the woods, at the beach.

FG-HS1: House parties - or in cars. Smoking out on the street is very rarely done - look for somewhere secluded and open

FG-HS2: People smoke most anyplace they can be secluded. IN cars, or have special 'spots' they go to, e.g. the Fort. Many smoke while driving. "Fishbowling"

Prescription Drugs

FG-MS: At the house - not at school.

FG-HS1: This can be done easily in school - snorting or swallowing. One kid takes them in school for back pain.

FG-HS2: Kids who do pills don't care where they do it. "Different labels, different levels of use."

Other Drugs

FG-MS: No discussion

FG-HS1: No discussion

FG-HS2: Crack and heroin use are perceived very negative.

SUMMARY: Those who smoke cigarettes seem to be able to smoke most anywhere, even at times on school property. Alcohol use seems to be done mostly at people's homes or in secluded places outside, such as the park and the beach. Marijuana use is reported in many venues, especially at homes, in the woods, in cars, or in other secluded places. Those who use pills feel free to use them anywhere, though are most likely to do so at someone's home. Very few students reported knowing of anyone who would dare do any substances during school hours, but many report getting high before school and doing it again directly after school is over.

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

Tobacco:

FG-MS: Depression; peer pressure; fun; especially if they know that there won't be any consequences; to ease pain, for problems at home, tobacco is thought "to be cool"

FG-HS1: To be cool, some are addicted, stressed out - a lot of kids try to get them but can't.

FG-HS2: Stress; family fights or issues; because they want a negative image; many get addicted.

Alcohol

FG-MS: Mainly fun - people get together to drink, often 5-15 people at a party together, it is easier to hide.

FG-HS1: Socializing is the main reason given. If someone is sad, they will do anything. Some peer pressure - others do it just for fun

FG-HS2: Fun, social- don't have to just sit around the house; some people are upset and use alcohol to feel better; some are depressed and drink to forget problems.

Marijuana

FG-MS: Most everyone smokes weed -it's fun, herbal, better than drinking alcohol, has all the chemicals like THC that are good for you. Some of it cures cancer.

FG-HS1: Want some love, get upset, looking for false happiness, to fit in, self-medication, many songs are related to kids about smoking weed - and that leads to other stuff.

FG-HS2: Mainly to relax, get high, there is nothing else to do. To get high is not a big deal to anyone. There are no negative impacts from weed - people who get high drive slower and are safer, or think they drive more carefully. Some get paranoid while driving, think others know.

Prescription Drugs

FG-MS: Depression, drug addicts

FG-HS1: People who don't care about themselves - Xanax mentioned by one who knows someone who is addicted.

FG-HS2: Adderall is the most popular Rx drug - done for academics by some of the smartest people. Some who do not drink alcohol will do a pill because it helps them focus on their work.

Other Drugs

FG-MS: None

FG-HS1: Done after kids have built tolerance to other drugs

FG-HS2: Molly - done out of school, by a certain crowd - tried it at concerts or clubs. It is much safer than meth.

SUMMARY: The main reasons given for smoking cigarettes were to look cool, to address stress or familial problems, or as a way to address depression. Similar reasons were given for alcohol and marijuana use, though fun, to party, and as social lubrication seem to also be related to both of these substances. Some students actually think using marijuana may be good for them, since it is used as medicine, is 'organic,' and is being legalized. Prescription drug use had more negative reasons, and is seen as something done by people who are depressed or into heavy drug use. The one exception seems to be the use of Adderall, which is not seen as a dangerous drug, but instead as one that helps them to focus better. One girl did mention use of Adderall for dietary reasons (i.e. to lose weight). Hard drug use is generally condoned by most students and limited to those who are seen as losers or 'druggies.'

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

All Drugs

FG-HS1: Some parents think their kids are angels who don't do anything -they blame others even when their kid gets caught. Some parents do know and don't care or just do not want to believe. This is particularly true for alcohol and marijuana.

FG-HS2: Some care about this but most say they would prefer you do it at home, (alcohol) \. Many parents care about weed, but most smoke when they were young, and don't try to stop us. Some still smoke and try to hide it. They would not like anyone to do pills.

Tobacco:

FG-MS: They don't know, or don't really care. Living with someone who smokes can really create the opposite. No one wants to smoke if their parents are smokers.

Alcohol

FG-MS: Drinkers don't care as much. If it is a one-time thing, it's not bad. But if it was done more than that, the reactions would be different.

Marijuana

FG-MS: Some (1 or 2) grow it and give it away. One girl said " a lot of parents smoke weed. My dad is a drug dealer." There are also specific groups of adults that do it - the "Portsmouth Potheads" Most said that their parents would be angry if they tried it - or would 'kill them"

FG-HS1: Parents are concerned about marijuana because it is a gateway drug to harder stuff.

FG-HS2: See above

Pills

FG-MS: Using pills would be seen as negative by parents - a bad thing to do.

FG-HS1: Some are addicted - will use Xanax, Klonopin (Clonazepam)

FG-HS2: See above

Other Drugs

FG-MS: No discussion

FG-HS1: No discussion

FG-HS2: No discussion

SUMMARY: Parents are generally perceived to be against all types of substance abuse. However, there are some exceptions. People who smoke appear to students to be more likely not to disapprove of cigarette use. Some parents think of youth alcohol use and marijuana use in terms of their own use as a teenager, and either justify it as a rite of passage, or look the other way and try to remain ignorant of the situation. Some parents are truly unaware of what is going on, whether by choice or in order to protect themselves from the real issues. Overall, most students did express the belief that if they did any of these substances and were caught, their parents would in some way punish them for this behavior.

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

FG-MS: Students talked about in-house suspension rather than out of school suspension (It just gives them more chance to party). Punishment for selling should be harsher than just in possession. Some are treated differently if caught (mentioned high school football team) Parents care called. Parents should be called to scare kids, unless it is off school grounds. Discussion became more general - some thought that those who do it in school were ruining their lives, others do it to see what might happen to them. One boy said "weed is addictive" - he knows many kids who get high every day more times a day, and can't quit using it.

FG-HS1: Suspensions - for cigs or any other drugs. For drugs or alcohol may get full 10 days suspension, parents are notified. Police should be notified if they are selling.

FG-HS2: Needs to have different consequences. People who sell and get caught - they should call the police and be arrested. Mostly they are suspended for a week or 10 days, one had it in his locker. One student suggested they use breathalyzers at all events, before and after. Policy is not enforced equally. Some students get big penalties, others get nothing. Need to punish everyone equally. School generally does a good job of keeping track of issues. Police are harsh and will arrest everyone even when they didn't do anything.

SUMMARY: Students did seem to feel that the school handles most situations in a fair and strict way, but some did feel that certain students gain some privilege based on their status as an athlete or good student, which may lead to a less forceful consequence than might be administered to another student. Out of school suspensions were not seen to be positive, and students preferred that in-school suspension was more widely used. There was some interesting discussion about having different levels of punishment, dependent on if someone was clearly selling drugs or 'just' using them. Students seem to have some fear of the police, but for the most part expressed little concern that they would get caught for doing something they should not be doing.

9. What existing programs/services are in place to help Portsmouth students avoid using Tobacco/Alcohol/ MJ/ Pills/ Other Drugs?

FG-MS: One student said he had Chris Herren as a neighbor and knows what happened to him. Teachers. Friends are best. All agreed that they would try to help someone that had a problem if it was a friend; though only one student said the he would tell his parents. Another said it would be better just to change friends.

FG-HS1: Substance abuse counselor, KODAK, Chris Herren. Detention should be given only when it is out of control

FG-HS2: NO DISCUSSION

SUMMARY: Very little student awareness of what programs or services were available locally that might be able to help someone with a substance abuse issue.

10. What other ideas could the Portsmouth Prevention Coalition try to keep students from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs? Tobacco/Alcohol/ MJ/ Pills/ Other Drugs

FG-MS: No responses

FG-HS1: Chris Herron back again. Make sure kids who get out of control do time, reinvestigated caring and rehabbing

FG-HS2: More education - most kids don't know much of what can go wrong, in particular long term addiction or health problems. More activities to keep kids busy outside of school hours.

SUMMARY: Education, contact to individuals who have "been there," and making sure that punishments are enforced were considered keys to any student prevention efforts. Some discussion about the need for more activities that students who did not do sports could get involved in, and that would meet diverse interests.

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

FG-MS: Health class/Chris Herren lecture/CCD class at St. Barnabas/ would be helpful to get more addicts who are trying to quit to talk to them.

FG-HS1: One student said "Dad, don't do it!" - in health they see one movie on drunk driving

FG-HS2: Some mention about health class, but no one seemed to remember what it was. One said that he got "two days in health class in 9th grade and a movie in 11th grade that no one watched."

SUMMARY: Guest speakers with real life experiences seemed to interest students most, classroom efforts least - though older students did mention that there was a real lack in accurate information about the consequences of substance use, especially marijuana, not presented in their classes.

12. 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? Tobacco/Alcohol/ MJ/ Pills/ Other Drugs

FG-MS: None identified.

FG-HS1: None. Let them know it is around. Parents who accuse others think all kids did it, when it is only their kid.

FG-HS2: None identified. Mention that parents need to have more core information about the impact of substances on their kids, and how they should talk to them about this issue.

SUMMARY: Not much for students to offer on this question. Some felt that parents just did not really know much about what was going on, while a few others didn't care. However, it seemed, overall, that students felt their parents did care but sometimes did not know what to do or say about preventing substance abuse, for various reasons.

13. What do you know about RI's Medical Marijuana Law? How has this law impacted marijuana use by youth? What do you know about marijuana growers that grow for those who have medical marijuana cards? What, if anything, do you know about the Greenleaf Dispensary?

FG-MS: Two people knew someone with MM cards. One girl seemed very knowledgeable about the process and the law. She said : "In the last month it has become easier to get a card for marijuana." Most of the students thought marijuana should be legalized, but a few thought it should not. One boy said "Drugs ruin your life. If it were to be legalized, people would be smoking it even more."

FG-HS1: Clearly students did not know about the law. They did know that medicinal marijuana was used for AIDS and other auto-immune diseases and for pain and cancer.

FG-HS2: One girl was very knowledgeable about the law, others not at all.

SUMMARY: Students demonstrated very limited, if any, clear understanding of RI Medicinal Marijuana laws

14. What do you know about RI Marijuana Decriminalization Law? How has this law impacted youth consumption in Portsmouth? Is it easier to get marijuana now than it was in the past? If so, why do you think that is?

FG-MS: Students had no real knowledge. Most thought it meant legalized.

FG-HS1: No students had any knowledge of the law.

FG-HS2: Were aware but thought that it was legal. One student did say they give out tickets sometimes.

SUMMARY: It was interesting that students did not demonstrate much knowledge about this law change.

15. What do you know about synthetic marijuana or bath salts? Are you aware of any Portsmouth stores that sell synthetic marijuana or bath salts?

FG-MS: Only one student knew about it. She said that it was available in Portsmouth at a store. Same girl mentioned that there were different types of bath salts but they were all dangerous. Other students had no knowledge.

FG-HS1: It's crazy - turns people into zombies, eat people's faces. One student knew about K2 and said it was used with hookahs

FG-HS2: Mentioned that it was available in Newport still. Great fear - everyone knows about guy who ate face off homeless man.

SUMMARY: Very little knowledge about either of these substances, mostly second hand information.

16. Do you think hookah bars should be allowed to open in Portsmouth? Why or why not?

FG-MS: All said No - many were aware that there was a hookah bar in Newport. Unsure if all the students knew what a hookah is.

FG-HS1: Most knew what a hookah was and knew there was a bar in Newport. They all said No to having one located in Portsmouth

FG-HS2: They knew about bar in Newport and in Providence. Some of the older girls go to Providence 'clubbing' and will visit hookah bars.

SUMMARY: Students unanimously agreed that hookah bars were not good places for students to hang.

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

FG-MS: No responses given

FG-HS1: Mr. Herren, the school, "Project Purple", basketball team coach, some teachers

FG-HS2: None identified.

SUMMARY: Student had limited knowledge and were not very clear, but one made it clear that they needed relationships with teachers like parents, who will listen more closely to them.

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

FG-MS: Should do drug testing (but it can be forged)/ should test before and after dances/ Dogs would scare people, but should do locker searches anyway. Students don't know what marijuana does to you - they learn more about other drugs - need to learn more about why it is bad. There is not much to do in Portsmouth; everyone has to go to Newport. Need more activities that they can do in Portsmouth. Kids need more understanding about what can happen to you if you get addicted to any drugs or alcohol. One student mentioned getting "little Chris" to talk.

FG-HS1: Drugs are bad - need to tell kids why. Try much repetition; say it over and over again so that they don't forget. Get more people to come in and tell their personal stories, especially other young people

who are addicts. Show scary information - really bad graphic depictions of people on meth, or other drugs. Realize that some will still just want to try everything, just to do it.

FG-HS2: None identified - ran out of time. Earlier student suggested breathalyzers, more education for youth and parents, and equal enforcement of consequences to all students.

SUMMARY:

STUDENT PARTICIPANTS

Code	Name of Group	Males	Females	Total	Place	Date
FG-MS	PMS 7/8	2	8	10	PMS	4/11/2014
FG-HS1	PHS 9/10	3	4	7	PHS	2/12/2014
FG-HS2	PHS 11/12	3	4	7	PHS	4/4/2014

Conclusion

Like every other communities in Rhode Island, Portsmouth is challenged with the issue of youth substance abuse. The data in this report were collected over the past two years from student surveys, key informants, and focus groups with students and parents. It was fully supported by the Portsmouth Prevention Coalition, the Portsmouth School Department, the Portsmouth Police Department, the Portsmouth School Committee, and the Portsmouth Town Council. The results provide rather compelling evidence that, after two years of study, we can clearly state that there are young people who are drinking alcohol and smoking marijuana at levels that are too high. Some would say that any level is too high, but others might think that these results are to be expected.

Conversely, the data findings suggest that most parents and school officials seem to be doing a relatively good job at getting the message out, and keeping their students safe, for the majority of Portsmouth students are not using substances. However, the fact that there are a significant number of students starting in the middle school and becoming more numerous at the high school who are using tobacco, alcohol, marijuana and a few other substances at rates higher than some people might expect, and for reasons that we have, unfortunately, heard before.

The new issue that is emerging is related to the use of marijuana. For some reason, students who understand the dangers of cigarette smoking, and of using prescription drugs not prescribed to them by a doctor, have been influenced by the media, the Internet and peers that marijuana is a 'safe' drug with little negative impacts. Actions taken at the state level that have led to the legalization and sale of medicinal marijuana, the licensing of a local marijuana dispensary, and decriminalization of marijuana last year are being misinterpreted by many young people, as well as some adults, as reasons to think that marijuana use is a "good, safe thing to do." This is a serious matter that can only lead to more problems, as marijuana user rates continue to rise, and first time users become younger and younger. Research shows that young people are still developing neurologically well into their twenties, and that any use of substances that might impact healthy brain development can create lifelong problems, ultimately leading to lower IQ levels as well as other issues that we have yet to scientifically determine. Yet this message is not getting out to young people, or to their parents.

Similarly, the issue of underage drinking, especially for older students in Portsmouth, seems to be a "rite of passage" issue that can lead to other results. Research into adult alcoholism clearly relates to factors that include early and heavy use of alcohol in teen years as potentially leading to lifelong substance problems. But there are no easy answers for either of these issues. Good research and a strong national media campaign has led to fewer people smoking cigarettes, yet cigarette smoking still is the leading cause of deaths in the country. Many young people seem to believe that non-medicinal use of prescription drugs is bad - yet those willing to try them are growing at alarming rates across the country.

Some of the key factors that will need to be considered in making constructive use of the data presented in this report are already given by those who stand to gain the most from the town's willingness and successful efforts to support prevention, intervention, and treatment that addresses core causes of substance abuse. These include:

1. Commitment to a solid, well-funded community-supported prevention effort that supports evidence-based solutions and strategies, monitors effective use and implementation of these strategies, and tracks emerging trends for all substances and segments of the population on an annual basis;
2. Continuous education about substance use and abuse, from the earliest years into adulthood and parenthood. Using various sources of presentation techniques and media, these messages should be based on clear research-based information about the potential deleterious impacts caused by substance abuse, and provide alternative paths for individuals and families who wish to lead successful, healthy fulfilled lives;
3. Community commitment to providing a variety of adult supervised extracurricular opportunities outside of school time that are attractive to all young people at every grade level, as well as those who are no longer in school, and include family involvement;
4. Strong local policies and enforcement efforts that address potential substance-related social, land use, and political issues that are proactive, reactive, applicable to everyone, and enforceable.
5. Determined local leadership and active community members willing to step forward and take charge by leading community-wide efforts that promote healthy youth development and family support via protective factors that lead to widespread health and wellness for all local citizens.
6. Provision of easy access to social services, intervention and treatment for those individuals and families who are challenged by risk factors that make them more susceptible to substance abuse and other negative behaviors.

These suggestions are the composite of the ideas and discussions held with several local people, youth and adults, over the past two years, who have voluntarily and graciously provided information that has formed the core of this report. The author is grateful to them all, as well as to Mr. Ray Davis and the members of the Portsmouth Prevention Coalition. In addition, the support received from people who provide services at the schools, the police department and in other local offices have been most useful in making this report a viable document for future planning purposes.

Portsmouth has many wonderful assets and opportunities that it can draw upon to address the challenges and issues raised in this data report on youth substance abuse. Commitment to a better healthier, substance free future for all citizens is certainly something that everyone in Portsmouth can agree to cooperate to champion. Youth substance abuse is a sad legacy of a society that continues to promote via mass media substance use and abuse as a panacea for all its problems. The state of Rhode Island has been missing the mark on too many issues of this kind. It now falls into the hands of local leaders and communities like Portsmouth to remain strong and do the right thing. The recent commitment to "Project Purple" shows clearly that the people of Portsmouth are willing to take on these challenges.

APPENDICES

- 1. PORTSMOUTH HS HEALTH AND WELLNESS SURVEY (2013-14)**
- 2. PORTSMOUTH MS AND HS PASSIVE PERMISSION LETTER TEMPLATE**

PORTSMOUTH HS HEALTH AND WELLNESS SURVEY (2013-14)

The following questions will ask you about your opinions and behaviors regarding several health and wellness related choices that face students in Portsmouth. Answering these questions is entirely voluntary, but we hope that you will answer them honestly so that we can share the results with you and better understand what is important to you. **Please circle only the appropriate response.**

1. Have you ever smoked a cigarette?

1. Yes 2. No

2. If you have smoked a cigarette, how old were you when you first smoked?

1. I have never tried any 2. 10 years old or younger 3. 11 years old 4. 12 years old
5. 13 years old 6. 14 years old 7. 15 years old 8. 16 years old 9. 17 years old
10. 18 years old or older

3. If you have smoked, how frequently have you smoked over the past 30 days?

1. Not at all 2. Less than one cigarette per day 3. 1-5 cigarettes per day times
4. about 1/2 pack per day 5. about one pack per day
6. about one and one-half packs per day times 7. two packs or more a day

4. In your opinion, what percentage of the students at your school smoke cigarettes?

1. They don't smoke 2. 1-10% 3. 11-20% 4. 21-30% 5. 31-40%
6. 41-50% 7. over 50% 8. I don't know

* For all questions asking about amounts of alcohol use, a "drink" is defined as a 12 oz. beer, approximately 5 oz. Of wine, approximately 1 oz. of "hard" alcohol (vodka, rum, gin whiskey) or a "mixed drink" with approximately 1 oz. of "hard" alcohol and a mixer such as juice or soda, a wine cooler, a "hard lemonade" or other such equivalent

5. Have you ever taken a drink of an alcoholic beverage?

1. Yes 2. No

6. If you have tried an alcoholic drink, how old were you when you first had more than one sip or two of beer, wine, or hard liquor (for example, vodka, whiskey or gin)?

1. I have never tried any 2. 10 years old or younger 3. 11 years old 4. 12 years old
5. 13 years old 6. 14 years old 7. 15 years old 8. 16 years old 9. 17 years old
10. 18 years old or older

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

1. I don't drink alcohol 2. 0 times 3. 1-2 times 4. 3-5 times
5. 6-9 times 6. 10-19 times 7. 20-39 times 8. 40 times or more

8. In your opinion, what percentage of the students at your school drink alcohol?

1. They don't drink 2. 1-10% 3. 11-20% 4. 21-30% 5. 31-40%

6. 41-50% 7. over 50% 8. I don't know

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

1. I don't drink alcohol 2. 1-2 drinks 3. 3-4 drinks 4. 5-6 drinks
5. 7-9 drinks 6. 10+ drinks

10. How many drinks* do you think other students at your school have when and if they drink alcohol?

1. They don't drink alcohol 2. 1-2 drinks 3. 3-4 drinks 4. 5-6 drinks
5. 7-9 drinks 6. 10+ drinks 7. I don't know

11. Have you ever smoked or used marijuana in any way?

1. Yes` 2. No

12. If you have smoked marijuana, how often have you smoked it in the past 30 days?

1. I have never smoked marijuana 2. 0 times 3. 1-2 times
4. 3-5 times 5. 6-9 times 6. 10-19 times
7. 20-39 times 8. 40 times or more

13. In your opinion, what percentage of the students at your school smoke marijuana?

1. They don't smoke 2. 1-10% 3. 11-20% 4. 21-30%
5. 31-40% 6. 41-50% 7. over 50% 8. I don't know

14. If you have smoked marijuana, how old were you when you first smoked it?

1. I have never tried any 2. 10 years old or younger 3. 11 years old 4. 12 years old
5. 13 years old 6. 14 years old 7. 15 years old 8. 16 years old 9. 17 years old
10. 18 years old or older

15. Have you ever used a prescription drug (a pill) not prescribed to you by a doctor?

1. Yes 2. No

16. If you have used pills or pharmaceutical drugs not prescribed to you by a doctor in the past 30 days, how often have you used it?

1. I have never taken pills illegally 2. 0 times 3. 1-2 times 4. 3-5 times
5. 6-9 times 6. 10-19 times 7. 20-39 times 8. 40 times or more

17. In your opinion, what percentage of the students in your school take pills or use other pharmaceuticals not prescribed to them by a doctor?

1. They don't take any 2. 1-10% 3. 11-20% 4. 21-30% 5. 31-40%
6. 41-50% 7. over 50% 8. I don't know

18. If you have used pills or pharmaceutical drugs not prescribed to you by a doctor for health reasons, how old were you when you first used it?

1. I have never tried any 2. 10 years old or younger 3. 11 years old 4. 12 years old
5. 13 years old 6. 14 years old 7. 15 years old 8. 16 years old 9. 17 years old
10. 18 years old or older

19. Do you think it is okay to regularly smoke cigarettes?

1. Yes 2. No

20. How much do you think people risk harming themselves (physically or in any other way) if they smoke one or more packs of cigarettes every day?

1. No risk 2. Slight risk 3. Moderate risk 4. Great risk

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

1. Yes 2. No

22. How much do you think people risk harming themselves (physically or other ways) if they take one or two drinks of an alcoholic beverage nearly every day?

1. No risk 2. Slight risk 3. Moderate risk 4. Great risk

23. Do you think it is okay to regularly use marijuana?

1. Yes 2. No

24. How much do you think people risk harming themselves (physically or in any other way) if they smoke marijuana every day?

1. No risk 2. Slight risk 3. Moderate risk 4. Great risk

25. Do you think it is okay to regularly use pills (pharmaceuticals) not prescribed by a doctor to get high?

1. Yes 2. No

26. How much do you think people risk harming themselves (physically or in any other way) if they use pills (pharmaceuticals) every day?

1. No risk 2. Slight risk 3. Moderate risk 4. Great risk

- 27. How would your closest friends feel if you smoked cigarettes on a regular basis?**
1. strongly approve 2. approve 3. not care 4. disapprove 5. strongly disapprove
- 28. How would your closest friends feel if you had at least five or more drinks once or twice each weekend?**
1. strongly approve 2. approve 3. not care 4. disapprove 5. strongly disapprove
- 29. How would your closest friends feel if you smoked marijuana once or twice each weekend?**
1. strongly approve 2. approve 3. not care 4. disapprove 5. strongly disapprove
- 30. How would your close friends feel if you used pills (pharmaceutical drugs) not prescribed to you by a doctor, once or twice each weekend?**
1. strongly approve 2. approve 3. not care 4. disapprove 5. strongly disapprove
- 31. How wrong would your parents feel it is for you to smoke cigarettes?**
1. very wrong 2. wrong 3. just a little wrong 4. not wrong at all 5. don't know
- 32. How wrong would your parents feel it would be for you to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly? (Regular use of alcohol is defined as one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day)**
1. very wrong 2. wrong 3. just a little wrong 4. not wrong at all 5. don't know
- 33. How wrong would your parents feel it is for you to smoke marijuana?**
1. very wrong 2. wrong 3. just a little wrong 4. not wrong at all 5. don't know
- 34. How wrong would your parents feel it is for you to use pills (pharmaceuticals) not prescribed to you by a doctor to get high?**
1. very wrong 2. wrong 3. just a little wrong 4. not wrong at all 5. don't know
- 35. If you have had a drink of alcohol, how did you usually get the alcohol you drank?**
(please check all appropriate answers)
1. I did not drink alcohol in the past 30 days
2. I bought it in a store, such as a liquor store
3. I gave someone else money to buy it for me
4. I got it from a sibling
5. I got it from my parents/guardians home without their knowledge
6. I got it from my parents/guardians home with their knowledge
7. I got it from a friend (not at a party)
8. I got it at a party when an adult was in the house
9. I got it at a party where no adult was in the house
10. Other (please describe) _____

36. During the past 30 days, if you smoked marijuana, how did you get the marijuana you used?

(please check all appropriate answers)

- 1. I did not use marijuana in the past 30 days
- 2. I bought it from a stranger
- 3. I gave someone else money to buy it for me
- 4. I got it from a sibling
- 5. I got it from my parents/guardians without their knowledge
- 6. I got it from my parents/guardians with their knowledge
- 7. I got it from a friend (not at a party)
- 8. I got it at a party when an adult was in the house
- 9. I got it at a party where no adult was in the house
- 10. Other (please describe) _____

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

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

38. If you wanted to get some beer, wine or hard liquor (vodka, whiskey, etc.), how hard or easy would it be for you to get some?

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

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

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

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

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

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

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

42. 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?

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

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

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

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

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

45. How hard or easy would it be for you to buy alcohol a bar or package store without a fake ID?

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know

46. If you wanted to get some pills (pharmaceuticals) not prescribed to you by a doctor, how easy would it be for you to get some?

1. very hard 2. sort of hard 3. sort of easy 4. very easy 5. I don't know
-

QUESTIONS ABOUT YOU (please circle your response)

What is your gender? Male Female

What grade are you in? 7th 8th 9th 10th 11th 12th

What is the zip code at your home address? 02871 02837 other: _____

Did you answer all the questions on this questionnaire honestly?

1. Yes 2. No 3. Mostly

Do you think other students in your school answered all the questions on this questionnaire honestly?

1. Yes 2. No 3. Mostly 4. I don't know

Are either one or both of your parents/guardians members of a branch of the U.S. military or retired from a branch of the military?

1. Yes 2. No 3. I'm not sure

Do you have any comments or thoughts you would like to share?

THANK YOU!!!

Please reformat on MS/HS letterhead and distribute to PARENTS of students in grades 9-12.

Date: (Fill in the date of distribution.)

Student's Name:

INTRODUCTION

Portsmouth Middle/High School is working with the Portsmouth Prevention Coalition (PPC), to understand more about underage drinking and other unhealthy behaviors in Portsmouth, and to help us prepare to apply for a federal Drug Free Communities grant. Your child is being invited to participate in the Portsmouth Health and Wellness (HW) Survey as one key element of these improvement efforts. This survey is designed to help us understand how our students feel about underage drinking and how they make healthy lifestyle choices. In addition, it will help us to meet federal reporting requirements for these grants and enable us to qualify and apply for other federal grant funds that will further improve our schools. No data collected from individuals are identified in the HW Survey data reports; rather, the data helps us understand the impact of our prevention strategies and programs and determine what impact local prevention efforts are having on the student population. We would greatly appreciate if you would permit your child to take part in this survey. It is important that as many students as possible participate for us to fully understand how we are doing and how we can continue to improve in making our school a healthy place for learning. Your child's participation is entirely voluntary. All survey results will be reported in the aggregate form only. Student survey responses will be made anonymously and be kept confidential.

ADMINISTRATION OF STUDENT SURVEY

The 46 survey questions will take about 15-20 minutes to complete. In the survey, your child would be asked questions about such topics as:

- Feelings about individual and peer use of tobacco, alcohol, marijuana and other drugs;
- Feelings about one's own experience at school and about one's self;
- Habits, conditions, and attitudes that affect the child's health at school – for example, cigarette smoking, drug and alcohol use, and how safe students feel at school.
- Other questions pertaining to the protective and risk factors that may impact a child's attitudes or responses to peer pressure.

ALTERNATIVES TO TAKING THE SURVEY OR ANSWERING ANY QUESTION

If there are any questions your child does not wish to answer, he or she may simply skip those questions. Students may also decide they want to stop answering and quit the survey at any time. Students who do not take part in the survey, or who stop answering the survey after they have begun, will be given an appropriate alternative activity while the survey is being taken. Teachers will remind students of these rights before administering the survey.

Survey Administration Date(s)

Students will be asked to complete the survey on **DAY February XX, 2014** . If you do not want your child to participate in the Portsmouth HW Survey, please complete the form at the bottom of the page, sign it, and return it to the school office no later than **DAY Month XX, 2014** You may also withdraw your child from the survey at any time before or during the survey by notifying the school office.

If you wish to view the Portsmouth Health and Wellness Survey you may arrange to do so here at school. If you would like to view the survey, please call Mr. Ray Davis, PPC Coordinator, at 401-682-2789.

Thank you for your prompt attention to this request.

(Fill in the principal's name), Principal

Portsmouth Health and Wellness Student Survey

Parent or Guardian Refusal Form

If you do **not** want your child to complete the survey, please return this form to the office of the **(Fill in the name of your school)** school no later than **(Fill in the "return by" date.)**.

_____ I do **not want** my child to participate in the Portsmouth Health and Wellness survey.

Student's Name: _____

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

Telephone Number (Home): _____ (Work): _____

Comments or Questions: