A Prevention Guide for Hawai‘i’s Keiki Ages 8–11
Middle childhood, the period between ages 8–11, is a time when children are beginning to navigate the world independently of their families. This newfound freedom is a necessary step toward maturity, but also exposes children to more risks at a time when they may be confused by the dramatic changes taking place in their bodies and minds. Because children this age can be emotionally out of sync with their physical and intellectual development, they actually require increased supervision at a time when they are most likely to be left alone. While it is rare for children this age to use drugs, the success or failure of this transition into adolescence can affect the drug-related decisions boys and girls will make later during their teen years.

**Developmental Characteristics of Middle Childhood**

- Boys and girls are similar in height, weight, strength, endurance, and motor skills before puberty.
- Although the rate of development differs for each child, biological changes related to the onset of puberty usually occur around age 8 for girls and age 9 for boys.
- Girls reach their adult height earlier than boys, but boys are first in reaching sexual maturity.
- Girls may initiate smoking or using drugs to lose weight commonly gained before the adolescent growth spurt.

- Children experience rapid brain development that increases their ability to plan, reason, and control impulses. However, they still lack the ability to predict the consequences of their actions.
- Children’s thinking is rigid; they see things as either good or bad with no middle ground. For this reason, they may question why drinking alcohol is OK for adults but not for them.
- Children often become “experts” in the things that hold their interest, making this a perfect time for mastering new skills. Children who feel competent in something they enjoy are less likely to experiment with drugs.
- Children who experience any type of failure at school may give up on academics altogether, making them more susceptible to the drug culture.

- Children are easily influenced by their peers; drug experimentation sometimes occurs because friendship, popularity, and feelings of belonging are so important.
- Children who have difficulty forming friendships are at risk for mental health problems, delinquency, and school failure—all factors that increase the likelihood of drug and alcohol use.
- Children who are different than their peers may try drugs in order to fit in.
- Boys may give in to challenges from friends to try drugs because they don't want to appear weak.
- Girls may turn to drugs to alleviate feelings of depression or a poor body image.
Research on drug abuse prevention has shown that certain risk factors present in children, or in their friends, family, school, or community, make it more likely that they will become involved with drugs, underage drinking, and other risky behaviors. On the other hand, protective factors act as a buffer, and reduce the likelihood that children will engage in these risky behaviors. No single risk or protective factor can predict an individual child’s outcome. Rather, it is the accumulation of multiple risk factors that places children at greatest risk, and the presence of multiple protective factors that can provide resilience despite overwhelming difficulties. Adults can boost children’s resistance to drugs by increasing the number and quality of protective factors present in their families, schools, and neighborhoods.

### Risk Factors

- Easy access to alcohol and drugs
- Lack of safe places to play
- Early or late onset of puberty
- Eating disorders and body image dissatisfaction
- Poor academic performance
- Low school commitment
- Misperception that alcohol and drugs are harmless
- Lack of parental rules forbidding alcohol and drug use
- Exposure to alcohol, tobacco, and other drug use in the family and community
- Exposure to media messages that support substance use
- Family chaos and disharmony
- Poor family supervision
- Poor relationship with parents
- Moving to new schools or neighborhood
- Not having friends or having anti-social friends
- Problem behaviors that start in the elementary-school years
- Depression, anxiety, and uncertainty about the future
- Thrill-seeking personality

### Protective Factors

- Availability of after-school programs
- Sports, exercise, and other physical activities
- Lessons such as music, dance, theater, or martial arts
- Parents’ involvement in school
- School activities that are meaningful, challenging and fun
- Educational plans for the future
- Clear rules, expectations, and consequences from parents, coaches, and teachers
- Family members that model a drug-free lifestyle
- Families with high levels of love and support
- Children share responsibilities
- Adults praise children’s accomplishments
- Predictable living arrangements
- Children believe in a moral code of conduct
- Children’s friends disapprove of substance use
- Adult mentors available in addition to parents

Adapted from Hawkins and Catalano Risk and Protective Factors Framework
Keeping children drug-free requires an ongoing community effort. Talking to children about the dangers of drugs is only one step in the process. Children this age need supervision to keep them out of harm’s way. They need access to wholesome activities that are fun and will keep them engaged. They also need support and guidance from adults to build their character and develop a strong sense of self worth that will prevail when they are tempted to experiment with tobacco, alcohol and drugs. It may not be possible to change every circumstance that places children at risk for using drugs, but many things can be done to build children’s resilience and their ability to cope with the multiple challenges they face at this stage of their lives.

**WHAT ADULTS CAN DO**

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<tr>
<th>Physical</th>
<th>Intellectual</th>
<th>Social</th>
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<td>• Plan fun family activities that help children burn off energy, such as biking, swimming, hiking, or canoe-paddling.</td>
<td>• Be very clear with children about the dangers of drug use and underage drinking.</td>
<td>• Be engaged in children's lives; eat meals together several times a week.</td>
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<td>• Help children understand that the changes they are experiencing are a normal part of growing up.</td>
<td>• Encourage children's questions and involve them in solving everyday dilemmas.</td>
<td>• Ask lots of questions; know children's friends and their favorite music, movies, games, and activities.</td>
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<td>• Provide opportunities for children to take lessons in areas of interest such as carpentry, music, or martial arts.</td>
<td>• Support children's intellectual development by providing challenging activities at school and at home.</td>
<td>• Listen when children express their feelings and concerns.</td>
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<td>• Create a safe home environment: don’t leave children home alone—enroll them in after-school activities instead.</td>
<td>• Form partnerships between teachers and parents to monitor school progress and provide support as needed.</td>
<td>• Teach children how to express fear or anger without resorting to verbal abuse or physical violence.</td>
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<td>• Show children that mistakes can be opportunities for learning.</td>
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People across the State of Hawai‘i are concerned about the terrible impact that drugs, especially crystal methamphetamine (“ice”), have on our communities. To help solve this problem, we should focus our prevention efforts on young children. Cigarettes, inhalants, alcohol, and marijuana are the substances most frequently used during middle childhood and adolescence. Early experimentation with these substances increases the likelihood of using more dangerous drugs such as “ice” later.

**CHILDREN AND DRUGS IN HAWAI‘I AND THE U.S.**

- Even moderate amounts of alcohol can disrupt important brain development in a child, causing permanent damage in the areas of memory, concentration, and decision-making.\(^1\) The average age of first use for alcohol is 12 years, and for marijuana it is 14 years.\(^2\) Many children start even younger.

- The earlier in life people first try drugs, the more likely they are to become addicted.\(^3\) Children who start using drugs and alcohol before age 15 are five times more likely to become addicted than those whose first exposure is at age 21 or older.\(^4\)

- Almost 8% of Hawai‘i’s 6th graders reported in 2003 that they had tried drugs at least once in their lifetime, and about 4% had used drugs within the previous 30 days.\(^5\)

- About 13% of Hawai‘i’s 6th graders reported in 2003 that they had tried alcohol at least once in their lifetime, and almost 4% said they drank alcohol within the last 30 days.\(^6\)

- Drug use among adolescents in the United States has been on a downward trend except for inhalant abuse, which increased 14% between 2002 and 2003.\(^7\) In Hawai‘i in 2003, 4% of 6th graders reported ever having used inhalants.\(^8\)

- Girls use substances for reasons different than boys, such as for alleviating depression or losing weight. Girls also are more vulnerable to substance abuse and addiction, and they get hooked faster than boys.\(^9\) Boys are more likely to experiment with substances as a thrill.

- In Hawai‘i, a higher percentage of girls than boys smokes cigarettes.\(^10\) A recent study of childhood experimentation with tobacco shows that trying even two cigarettes by 5th grade triples the odds of becoming a daily smoker by age 17.\(^11\)

- The potency of marijuana has increased 50% since 1985, leading to a higher rate of dependence and increased emergency room visits for adverse reactions such as anxiety, agitation, delusions, amnesia, confusion, and hallucinations.\(^12\)

- The Internet is a source of almost unlimited access to controlled prescription drugs with no mechanisms in place to block children from purchasing these drugs.\(^13\)
Endnotes:

References:

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