

Hawai'i Strategic Framework Partnerships for Success Community Health Assessment

EXECUTIVE SUMMARY

The Hawai'i Strategic Framework Partnerships for Success (HI-SPF-PFS) project aims to strengthen the substance use prevention systems in all four counties in the State of Hawai'i. The project will target the state's top substance use concerns and focus on underserved communities where disparities and service gaps are most notable. The PFS leadership team is composed of the State of Hawai'i Department of Health (DOH) Alcohol and Drug Abuse Division (ADAD) staff and subcontractors who have worked together to create this community health assessment.

The most current epidemiologic profile—the *2021 Hawai'i State Epidemiologic Report and County Profiles*,¹ published September 12, 2022—was used to inform this assessment along with updated analyses for available datasets. The State Epidemiological Outcomes Workgroup (SEOW), led by the University of Hawai'i Office of Public Health Studies Epidemiology Team, produces and updates the epidemiologic profiles and regularly conducts descriptive and inferential analyses. The profile includes drug and alcohol indicators from various data sources. Data sources include the Hawai'i Youth Risk Behavior Survey (HI-YRBS), the Hawai'i Behavioral Risk Factor Surveillance System (HI-BRFSS), the Pregnancy Risk Assessment Monitoring System (PRAMS), and the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Survey on Drug Use and Health (NSDUH). As identified in this assessment, the priority consumption for the State of Hawai'i is alcohol, nicotine/tobacco, and cannabis/marijuana, as they are the most common substances used during both adolescence and early adulthood. The target populations are underserved communities including Native Hawaiians, the LGBTQ+ community, emerging adults 18–25 years old, and those in rural areas. The overall priority for these four population groups is to reduce alcohol, cannabis, and nicotine use for underage youth and problematic use for emerging adults. Some of the identified risk factors are: ease of access to substances; friends who engage in substance use; family rejection of sexual orientation and/or gender identity; family history of substance use; favorable parental attitudes and involvement in substance use; lack of parental supervision; adverse childhood experiences (including abuse, neglect, and household dysfunction); early and persistent antisocial behavior; academic problems and delinquency; and constitutional factors (e.g., impulsivity). Some of the identified protective factors are: local and state policies that support healthy norms; connectedness to school and family; positive parenting style; and life skills and social competencies.

1. SUBSTANCE USE IN HAWAI'I

Substance use persists as a major national public health concern in the United States, including Hawai'i. According to the 2019 NSDUH,² approximately 1 in 7 Hawai'i residents aged 12 and over (13.8%) experienced a substance use disorder (SUD) in the past year, similar but slightly lower than the national U.S. average (16.53%). One in 10 with a substance use disorder were between 12-17 and 1 in 5 between the ages of 18-25, again similar to national averages. Based on 2021 NSDUH state breakdowns, Hawai'i is typically close to the national average for a number of substance use indicators.² However, for illicit drug use in the past month, 18-25 year olds tend to be a bit higher in the state than the national average along with higher methamphetamine use in the past year for 12-17 and 18-25 year olds.²

¹ HI-SEOW (2022).

² SAMHSA (2023).

In Hawai'i, between 2018 to 2022, the number of emergency room discharges where substance use was noted in discharge records was highest with alcohol (62%) and nicotine (51.6%).³ There was also a high number associated with stimulants including methamphetamine (11.3%).³ Substance use and misuse, including alcohol, cannabis, nicotine, and illicit drugs, along with mental health continue to be substantial concerns in Hawai'i. Usage patterns can begin in adolescence and peak in young adulthood.^{4,5} Some individuals may continue these patterns into later stages of life,⁶ leading to problematic use.⁷

According to the 2017, 2019 and 2021 HI-YRBS,⁸ the highest reported substance to have ever been used at least once in their lifetime by public middle school students in Hawai'i was alcohol (23.5%, 22.6% and 20.8%, respectively). Next came marijuana (11.9%, 10.6%, and 5%, respectively), followed by prescription pain medication without a prescription from a provider (6.8%, 10.6%, and 6.6%, respectively), cocaine (3.3%, 2.8%, and 0.8%, respectively), and methamphetamine (2.1%, 3.7%, and 1.7%, respectively). Moreover, 0.8% of public middle school students in Hawai'i reported having ever injected illegal drugs in 2021, which was down from 2019 (5.1%) and 2017 (7.1%). However, all data for the period of 2020-2021 should be interpreted in context of the COVID-19 pandemic and lockdowns. The 2021 numbers for substance use have tended to show lower prevalence trends compared to 2017 and 2019 and further monitoring of 2023 will be imperative.

For public high school students in Hawai'i, the highest reported substance to have ever been used at least once in their lifetime for 2017, 2019, and 2021 (HI YRBS)⁸ was alcohol (49.0%, 44.9% and 40.3%, respectively) across nine different substances. Marijuana use was also high at 31.1% in 2017, 29.9% in 2019, and 21.2% in 2021. Prescription drug use followed at 12.2%, 14.4%, and 10.8%, respectively, while the other substances, including cocaine, heroin, methamphetamine, and ecstasy, had ever-usage rates lower than 10% for all three time periods. Based on HI-YRBS 2021,⁸ high school students reported current use in the past 30 days at 16.6% for alcohol use, 3.0% for smoking cigarettes, 14.8% for vape products, and 12.0% for marijuana, which were similar to national averages (22.7%, 3.8%, 18.0%, and 15.8%, respectively).

In comparison to lifetime use, for current use in the last 30 days,⁸ 6.4% of middle school students in Hawai'i reported using alcohol, 1.9% used cigarettes, 6.7% used e-cigarettes, and 2.8% reported using marijuana in the past 30 days. Additionally, in regards to public high school students' current use in the past 30 days,⁸ 16.6% reported using alcohol, 14.8% reported e-cigarettes use, 12% reported using marijuana, and 3% reported current cigarette use.

Based on data from the HI BRFSS 2021,⁹ adults aged 18 years and older reported higher use of alcohol compared to other substances as well, with 49.1% of adults who reported current alcohol use in the past 30 days, and 16.6% reported binge drinking within the past 30 days. In comparison, 5.6% of adults reported prescription drug overuse in the 2018 HI BRFSS.⁹ Additionally, in 2021, 35.3% of adults in Hawai'i were reported as ever-smokers with 24.7% of adults reporting ever-usage of e-cigarettes. For current adult smokers, there were 10.1% and for current e-cigarette use it was 7.2%.

According to NSDUH 2019-2020 data 28% of Hawai'i adults aged 18-25 reported using marijuana in the past 30 days, 40% reported using marijuana in the last year, 63% reported using alcohol in the past 30 days, and 36% reported binge drinking in the last 30 days. 17% of young adults aged 18-25 in Hawai'i reported using a

³ State of Hawai'i Behavioral Health Dashboard (n.d.). <https://bh808.hawaii.gov/substance-use/>

⁴ Ruggles et al. (2023).

⁵ The Williams Institute, UCLA (2020).

⁶ Chen & Jacobson (2012).

⁷ Gray & Squeglia (2018).

⁸ HDDW, HI-YRBS (2024).

⁹ HDDW, HI-BRFSS (2024).

tobacco product within the last month, 15% reported using cigarettes within the past month.¹⁰ Thus, the priority for the State of Hawai'i has been focused on alcohol, nicotine/tobacco, and marijuana consumption for youth and emerging adulthood in the state.

1.1 Alcohol

Based on the 2021 HI-YRBS,⁸ among Hawai'i public high school students, alcohol had the highest reported lifetime use at 40.3% out of all reported substances, and 1 in 6 (16.6%) reported drinking alcohol in the last 30 days with close to 1 in 12 (8.6%) reporting recent binge drinking in the last 30 days. According to recent NSDUH 2019-2020 data for Hawai'i,¹⁰ 45.10% of all adults aged 12 and over reported using alcohol in the last month, with 7.62% of individuals 12-17 years of age and 53.41% young adults 18-25 years of age reported alcohol use in the last month. Additionally, among those 12 and over in the state, 21.46% reported binge drinking in the last month, 3.55% of those 12-17 years of age, 30.47% of those 18-25 years of age, and 23.6% of those 18+ reported binge drinking within the last month.¹⁰ According to HI-YRBS 2021 data,⁸ 13.9% of high school students and 18.2% of middle school students in Hawai'i reported that they drank alcohol before the age of 13, which has remained consistent for middle schoolers across the 2017, 2019, and 2021 HI-YRBS results.⁸ Recent alcohol use reported in the HI-YRBS for both high school and middle school students in 2021 was lower than in past years, but this was during the COVID-19 pandemic. These trends may rise to pre-pandemic levels and thus trends should be carefully monitored.

1.2 Nicotine/Tobacco

In the most recent report from the Hawai'i Alcohol, Tobacco, and Other Drugs Survey (HI-ATODS),¹¹ researchers found 8th, 10th, and 12th graders use of cigarettes in the past 30 days to be 7.3%, 6.9%, and 11.6%, respectively; however, for vaping, the numbers were substantially higher at 17.8%, 26.2%, and 34.4%, indicating a concerning trend for Hawai'i youth. Additionally, the HI-ATODS found 19.6% of emerging adults (18–25) currently using e-cigarettes and greater than 50% of emerging adults for lifetime vaping use. According to NSDUH 2019-2020 data,¹⁰ 15.52% of those 12 and over in the Hawai'i reported using a tobacco product (such as cigarettes, smokeless tobacco, cigars, etc.) in the last month, with 1.73% of those 12-17 years of age, 14.76% of those aged 18-25, and 16.76% of adults 18 and over. Similarly, current cigarette use among high school students was 3.0%, and 1.9% among middle school students in Hawai'i, according to the 2021 YRBS data;⁸ however, current e-cigarette use was 6.7% among middle schoolers and 14.8% among high schoolers; thus, trends in e-cigarette use will need close attention for prevention efforts.

1.3 Marijuana

According to NSDUH 2019-2020 data,¹⁰ an estimated 15.2% of Hawai'i's population ages 12 and over reported using marijuana within the last year, with 13.73% of those 12-17 years of age, 34.11% of those 18-25 years old, and 15.37% of all adults 18 and over. Additionally, an estimated 11.7% of those ages 12 and over reported using marijuana within the past month, 7.49% of those 12-17 years of age, 23.66% of those ages 18-25. Of all adults 18 and over in the state, 12.10% reported using marijuana within the last month. According to HI YRBS 2021 data,⁹ 21.2% of Hawai'i high school students reported ever using marijuana, close to 1 in 8 (12%) reported using in the past 30 days, and 5.8% of high school students in Hawai'i reported using marijuana before the age of 13. One in 20 (5%) middle school students in Hawai'i reported ever using marijuana, 2.8% reported using in the last 30 days, and 3.9% reported using marijuana before the age of 13.⁸ Similar to national trends, Hawai'i has seen higher prevalence for youth and emerging adults, e.g., in 2021 just over 1 in 3 (37.2%) young adults between the ages of 18 to 25 used marijuana in the past year.²

¹⁰ SAMHSA, NSDUH (2019-2020).

¹¹ Onoye et al. (2021).

2. RISK AND PROTECTIVE FACTORS

Important factors, identified in the HI-ATODS report, were used to examine problem substance use categories and found risk and protective factors generally associated with the likelihood of a probable substance use disorder based on the screener. Thus, HI-SPF-PFS will implement prevention interventions that bolster the identified protective factors and increase resilience against the identified risk factors. For this needs assessment, the HI-ATODS was heavily relied upon to identify the risk and protective factors that contribute to and reduce likelihood of substance use.

2.1 Risk Factors

The HI-ATODS¹¹ assessed risk factors of probable substance use disorder (SUD), assessed using the CRAFFT screener, within the social-ecological model. Community risk factors included: ease of access to substances (16.2% probable SUD), neighborhood use of substances (20.6% probable SUD), and neighborhood crime/drug selling (22.1% probable SUD). Interpersonal risk factors included: peer approval of alcohol and cannabis use (20.1% probable SUD), friend offers of alcohol or cannabis (22.3% probable SUD), and exposure to friends' use of cannabis or alcohol (37.3% probable SUD). Family risk factors included: exposure to parent alcohol use (17.1% probable SUD), living with someone with a substance use problem (21.6% probable SUD), and exposure to relative's cannabis use (32.1% probable SUD). Finally, individual-level risk factors of probable SUD included: depression (16.2%), done something crazy (19.9%), suspension or expulsion (25.5%), and skipping class (27.0%).

Adverse childhood experiences (ACEs) have also been well-established risk factors for substance use. Based on recent SEOW analyses and presentation of results using data from the 2020 HI BRFSS.¹² Adults with four or more ACEs had over 8 times the odds of recent poly-substance use of alcohol, nicotine/tobacco, and cannabis in the past 30 days.

2.2 Protective Factors

One societal-level protective factor was identified: **local and state policies that support healthy norms** since 69.4% of respondents agreed that their communities promoted positive social norms for youth not to use alcohol. One community-level protective factor was identified: **connectedness to school** as 47.3% strongly agreed that they enjoyed being in school, and 41.1% strongly agreed that their friends enjoy school as well. Two interpersonal protective factors were identified: **connectedness to family** and **positive parenting style** as 66.4% reported that they felt they had family support from at least one adult and 90.6% reported that their family provided clear rules and consequences about alcohol and drug use, and they would be in trouble if they were caught using alcohol. One intrapersonal protective factor was identified: **life skills and social competencies**, as 86% reported disapproval of substance use and think using alcohol, marijuana, or vaping is wrong.¹¹

3. HIGH-RISK POPULATION GROUPS

Hawai'i is known for its diverse population, with significant cultural and ethnic influences from Asia and the Pacific Islands. The 2020 Census Diversity Index¹³ breakdown at the county level was: Hawai'i (77.7%), Maui (77.1%), Kaua'i (76.6%), and Honolulu (73.6%). In 2020, for the state,¹⁴ 27.1% Hawai'i residents identified as Native Hawaiian and Other Pacific Islander (OPI) alone or in combination, 10.5% as Native Hawaiian and OPI alone, 37.2% Asian, 22.9% White (non-Hispanic), 25.3% two or more races, 9.5% Hispanic/Latino, and

¹² Thompson et al. (2023, July).

¹³ U.S. Census Bureau. (n.d.).

¹⁴ U.S. Census Bureau (2021, August 25).

1.6% Black/African American. Hawai'i residents foreign born was 18.2%. The American Community Survey 2020⁴ estimated that, of the 1.4 million Hawai'i residents, 10% were children under 9 years old, 11% were children 9-17, 10% were emerging adults 18–25, 49% were adults 25–64, and 20% were older adults 65+; 11.5% of the residents were living in poverty.¹⁷ The LGBTQ+ community is calculated to be 5% of the population aged 13 and older in 2020, based on the estimate published by the Williams Institute, UCLA.⁵

To identify high-risk population groups for substance use, an exploration of available data for substance use by various sub-populations within the state was conducted. Based on this exploration of state epidemiological data, the underserved communities greatly impacted by substance use and SUD were: rural communities; Native Hawaiian/part-Hawaiian communities; emerging adults 18–25 years old; and the LGBTQ+ communities. Based on estimates from the American Community Survey, there were 292,266 people aged 9-25 in 2021—the population of focus for this needs assessment.⁴ Of this population, 41,197 (14%) were living in rural areas, 50,726 (17%) were self-identified as Hawaiian or part Hawaiian, 136,120 (47%) were emerging adults 18-25 years old. The estimation for the LGBTQ+ persons 9–25 years old was not available. The total priority population with at least one of the three characteristics is 187,096, representing 64% of the population of focus.

3.1 LGBTQ+

LGBTQ+ and other gender minority students had the highest rate of current alcohol use (37.4%) and binge drinking (26.2%).¹⁵ These trends are similarly observed across all major substances, where LGBTQ+ students had the highest proportions of current vaping (35.4%), tobacco use (30.2%), cannabis use (42.0%), marijuana-alcohol co-use (26.9%), and moderate-heavy use of the following: cigarettes (17.6%) and vaping (20.4%), cannabis (15.1%), and cannabis-alcohol co-use (19.9%). Moreover, gender minorities had the highest rates of early initiation across all substance across the state, including alcohol (45.9%), cigarettes (30.8%), vaping (36.8%), and cannabis (33.7%), as well as lifetime use (61.1%, 42.2%, 59.5%, and 48.6%, respectively), compared to their cisgender counterparts.¹⁸

3.2 Native Hawaiians

For students identifying primarily as Native Hawaiian or two or more ethnicities including Native Hawaiian as one, all reported current use of alcohol at elevated prevalence compared to the state average.⁸ Comparatively to their Asian or Pacific Islander peers, the prevalence of Native Hawaiian public high school students who reported current alcohol use was double or greater at a significant level.⁸ This was similar for combustible cigarettes and vape use (state averages, 8.4% and 25.9%, respectively), with higher rates for students identifying primarily as Native Hawaiian (12%, 36.7%), mixed-race/ethnicity with Native Hawaiian as one (13.1%, 36.4%), or OPI (13.8%, 33.2%), and moderate-heavy vape use in the past 30 days ranging from 16.8% to 20.2% for these vulnerable groups. There was elevated marijuana use in the past 30 days ranging from 24% to 31.9% for these groups, with past 30-day use around 12% compared to the overall state (9.3%). Subica and Wu¹⁶ used YRBS data from 1991–2015 to explore low numbers of Native Hawaiian and OPI adolescents; they found Native Hawaiian and OPI, compared to White (non-Hispanic), had higher prevalence for several illicit substances (e.g., marijuana), depressed mood, and suicidal ideations and attempts. In addition to students, for Native Hawaiian adults, close to 50% of state-funded admissions for substance use was for methamphetamine, 27% for marijuana, and 13% for alcohol use.¹⁷ According to the 2021 HI-YRBS data,⁸ 20.2% of Native Hawaiian high school students in Hawai'i reported using alcohol within the last 30 days and 10.2% of Native Hawaiian middle school students reported using alcohol within the last 30 days. In addition, 17% of

¹⁵ Saka et al. (2021).

¹⁶ Subica & Wu (2018).

¹⁷ PHAC (2022).

Native Hawaiian high school students reported using marijuana in the past 30 days and 21.3% of Native Hawaiian high school students reported using e-cigarettes within the last 30 days. Furthermore, Native Hawaiian students reported early ages for their initial drink of alcohol with 18.7% reporting drinking before the age of 13.⁸

3.3 Emerging Adults

In Hawai'i, the prevalence of past-year SUD among emerging adults aged 18–25 from 2017-2019 was 16%, slightly higher than the national average of 14.7%.¹⁸ For emerging adults aged 18-24 surveyed via the HI-BRFSS in 2021, 50.5% had at least one alcoholic drink in the past 30 days, with 22.7% reporting binge drinking in the past 30 days, higher than the state average of 16.6% and higher than the national average of 15.3%. Marijuana use prevalence in the past 30 days was 17.4%, higher than the state average of 10.8%. Worth note, prevalence for Native Hawaiian emerging adults 18-24 was 22.6%.⁹ Although only 6.9% of emerging adults reported having smoked at least 100 cigarettes in their life and who report smoking some or everyday (compared to the state average of 10.1%), emerging adults have the highest ever-tried e-cigarette prevalence among adults at 53.8% which is significantly higher than the overall prevalence of 24.7%.⁹ Additionally, emerging adults also have the highest current usage prevalence of e-cigarettes among adults at 25.1%, which is significantly higher than the overall state prevalence of 7.2%.⁹ According to data analyses conducted by the SEOW from the 2020-2022 HI-BRFSS, 16.1% of emerging adults co-use some combination of alcohol, nicotine/tobacco, and cannabis, including 10.7% that co-use nicotine/tobacco and cannabis, 13.0% that co-use alcohol and cannabis, and 18.8% that co-use nicotine/tobacco and alcohol.¹⁹ Moreover, the analyses indicated that 9.2% currently use all three of these substances. According to 2019-2020 NSDUH data, 28% of Hawai'i adults ages 18-25 used marijuana within the past 30 days, and 40% reported using marijuana within the last year. 63% of Hawai'i adults ages 18-25 reported using alcohol within the past 30 days, and 36% reported binge drinking within the last 30 days.¹⁰

3.4 Rural Populations

Much of the state of Hawai'i is rural (93.9%), with all counties being over 94% rural, with the exception being Honolulu County (63.6%), based on the 2010 Census. According to the 2019 NSDUH and the *National Survey of Substance Abuse Treatment Services*,²⁰ adult alcohol use exceeded the state average in all rural counties, with Hawai'i County having the highest binge drinking rate (19.4%).. In the 2021 Hawai'i BRFSS,⁹ adults reported the highest combustible cigarette use in Hawai'i County (12.0%) in the state. Also, there were higher proportions of adults currently using cannabis in Hawai'i (15.4%) and Maui Counties (15.6%) compared to the state average (10.8%).

These findings were consistent with YRBS data,⁸ which showed higher current cannabis use among both middle and high school students in Hawai'i County (18.1% & 4.2%) and Maui County (15.0% & 3.7%) in 2021. Also based on data from the 2021 YRBS, the number of high school students who reported using alcohol in the past 30 days was higher for rural counties. 26.6% of high school students on Hawai'i island reported using alcohol in the past 30 days, 25.8% of Maui high school students, 24.4% of Kauai high school students, and 17.7% of Honolulu county high school students reported using alcohol in the past 30 days. Data also indicated that Hawai'i County reported the highest rates for current alcohol use (21.0%) and binge drinking (11.6%) among high school students in 2021. Students in rural counties also reported using alcohol at younger ages. 19.2% of high school students in Hawai'i island reported having their first drink before the age of 13 years old, 14.8% of high school students on Maui, 14.5% of high school students on Kauai, and 12.5% of high school students in Honolulu County reported having their first drink of alcohol before the age of 13.⁸ Trends were similar for e-

¹⁸ SAMHSA (2020a).

¹⁹ Phillips et al. (2023, July).

²⁰ SAMHSA (2020a).

cigarette use, with 21.5% of high school students in Hawai'i island reported using e-cigarettes in the past 30 days, 18% of high school students on Maui, 16% of students on Kauai, and 12.6% of high school students in Honolulu County reported using e-cigarettes in the past 30 days.

Substance use was not only more prevalent among rural high school students compared to urban areas, but also among middle school students, according to the HI-YRBS.⁸ In 2021, 10.1% of Hawai'i Island middle school students used e-cigarettes in the past 30 days, 6.6% of Oahu middle school students, 8.3% of Kauai middle school students, and 8.1% of Maui middle school students reported using e-cigarettes in the past 30 days.⁸ Similarly, 4.2% of middle school students on Hawai'i Island reported using marijuana in the past 30 days, 2.1% of Oahu middle school students, 3.6% of Kauai middle school students, and 3.7% of Maui middle school students reported using marijuana in the past 30 days.⁸ The number of students who reported using marijuana in the past 30 days in 2021 is lower for all counties than in past years (possibly due to factors related to the pandemic). However, the YRBS 2021 data demonstrates that marijuana use is more prevalent among high school and middle school students on the more rural islands of Hawai'i, Kauai, and Maui than among students on Oahu.

Between 2016 and 2018, Maui County overall had the highest reported unmet need for treatment among individuals 18 and older, while Kaua'i County had the highest reported discrepancy for unmet need for treatment regarding alcohol use and Hawai'i County for illicit drug use.¹⁰ Rural counties have higher reported needs for treatment along with higher rates of depression, suicidal thoughts, and deaths by suicide. According to the *2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, the proportion of adults ever diagnosed with depression was highest in Hawai'i County (14.7%). Similarly, a higher proportion of high school students in Kaua'i (35.7%), Hawai'i (36.5%), and Maui (36.5%) counties reported feeling so sad or hopeless that they stopped engaging in usual activities during the past 12 months. Rural counties also had significantly higher age-adjusted rates of suicide deaths (13.0% in Kaua'i, 17.6% in Maui, and 20.9% in Hawai'i Counties).

4. CONCLUSION

HI-SPF-PFS will provide a comprehensive and data-driven approach to address the pervasive issue of underage substance use and overall misuse in the State of Hawai'i. By targeting priority populations, including underserved communities such as Native Hawaiians, the LGBTQ+ community, emerging adults aged 18–25, and those in rural areas, the project aims to bridge service gaps and reduce disparities in substance use. The community health assessment, informed by the SEOW analyses and profile along with state dashboards for health indicators, alcohol, nicotine/tobacco, and marijuana were identified as the primary substances of concern and are also the most widely available substances. The prevalence of substance use, particularly among high-risk groups like LGBTQ+ individuals, Native Hawaiians, emerging adults, and residents of rural areas, underscore the urgency of the HI-SPF-PFS initiative. Through collaborative efforts led by ADAD and its partners, there is a tangible opportunity to implement targeted interventions and preventive measures that can positively impact the well-being of these communities and contribute to the overall public health of the state.

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