

The 2019-2020 Hawai'i Student Alcohol, Tobacco, and Other Drug Use Survey

*Selected Hawai'i State &
County Level Results*

University of Hawai'i at Mānoa
JABSOM Department of Psychiatry

In partnership with the Hawai'i State
Department of Health Alcohol & Drug
Abuse Division

Presented to:
**Hawai'i State Epidemiologic Outcomes
Workgroup**

May 25, 2022

Jane Onoye, PhD · Tai-An Miao, PhD ·
Susana Helm, PhD · Deborah Goebert, DrPH

Acknowledgments & Disclosures

The 2019-2020 Hawai'i Student Alcohol, Tobacco and Other Drug Use (ATOD) Survey was funded by the Hawai'i Department of Health Alcohol and Drug Abuse Division (ADAD) and conducted in partnership and approval by the Hawai'i Department of Education.

Current dissemination activities are supported by the University of Hawai'i Department of Psychiatry and the Queen's Medical Center.

The findings from the ATOD Survey disseminated here are solely the views presented by the authors and do not necessarily represent the views of the sponsoring or partnering agencies.

Unless otherwise indicated, all data presented utilize findings from the Data Source: University of Hawai'i Department of Psychiatry, 2019-2020 Hawai'i Student ATOD Survey.

Mahalo nui loa to John Valera, AICP and Dr. Jared Yurow, PsyD from ADAD for their support and collaboration.

Mahalo nui loa to the ATODS Team for their immense effort and dedication to this project.

We wish to extend our greatest appreciation to all the school administrators, staff, and students who participated in the survey – their support made this project possible.

For further information from the ATOD Survey State and Regional Level Reports please visit:

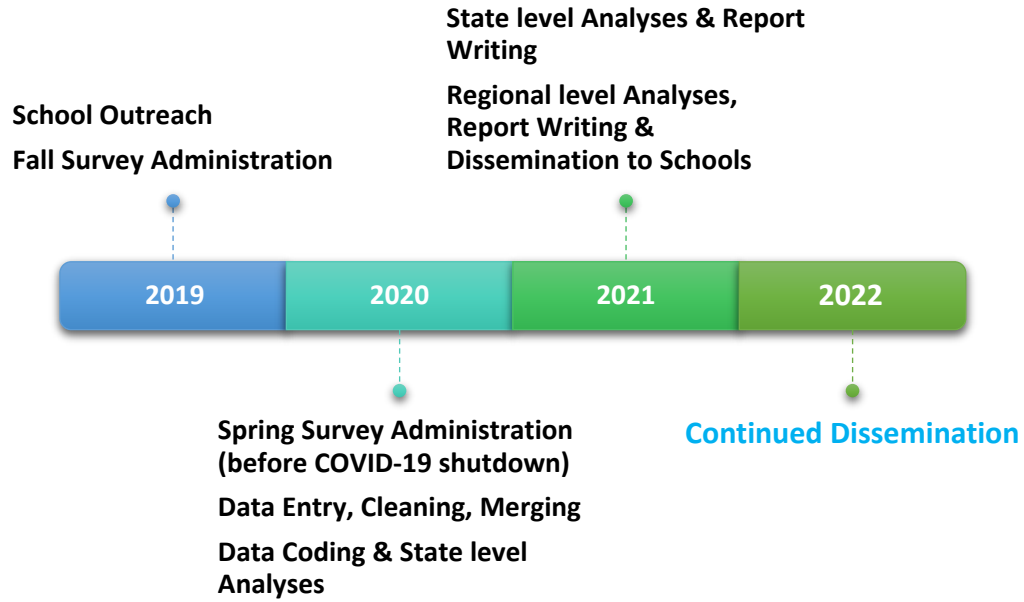
<https://health.hawaii.gov/atod-survey/>



2019-2020 Hawai'i Student Alcohol, Tobacco, and Other Drug Use (ATOD) Survey

- Statewide school-based youth needs assessment conducted by UH JABSOM Department of Psychiatry for DOH Alcohol and Drug Abuse Division, in collaboration with Hawai'i DOE
- Examine substance use treatment and prevention need and related risk or protective factors for Hawai'i middle and high school students

Timeline

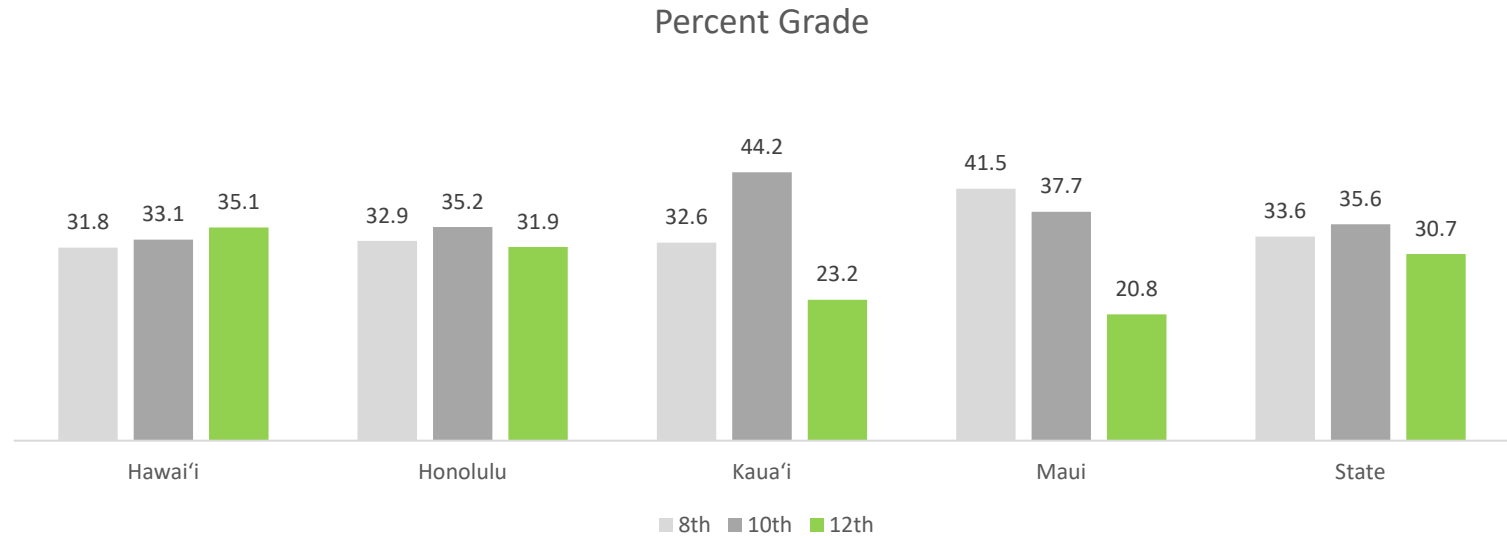


Methods

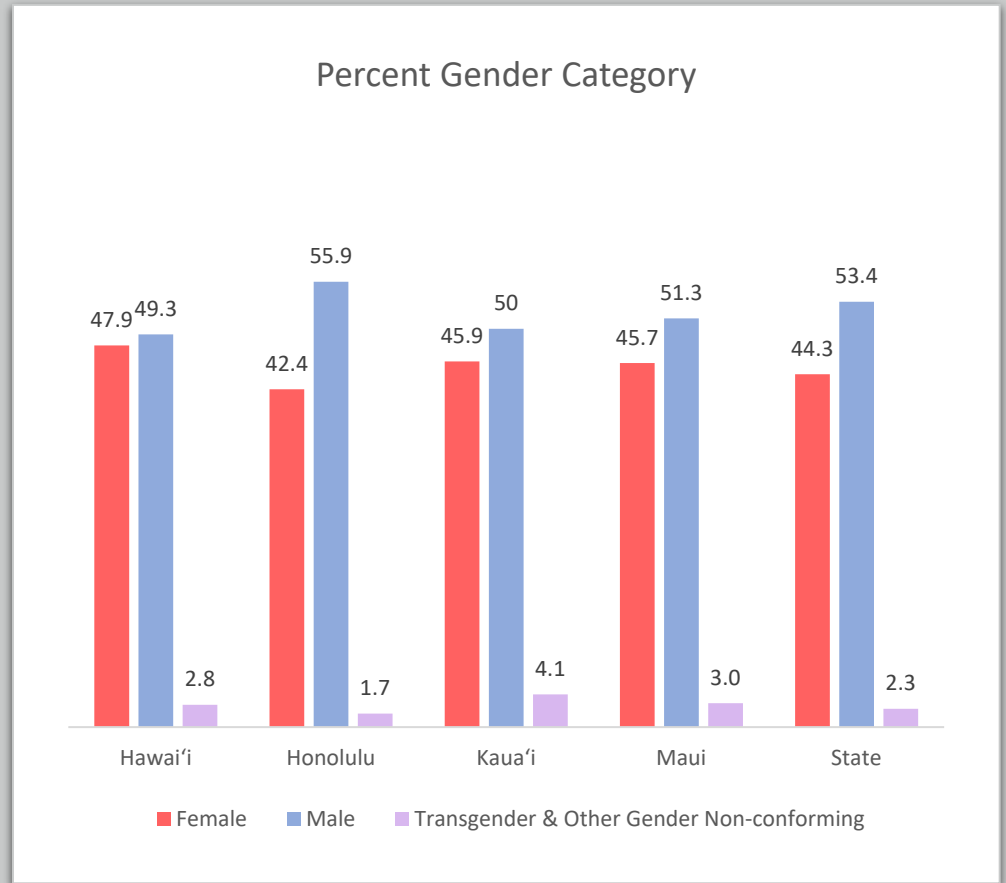


- Student survey data with weighted statewide sample (n=8,225)
- Public middle and high schools (8th, 10th, 12th grades)
- Sampled schools at community region level for island representation including high-need but under-resourced; sampled classes for 8th, 10th, and 12th grades in Fall 2019-Spring 2020 (SY 2020)
- Community-based field site coordinators, primarily online survey administration resulted in overall 88.5% participation rate
- Descriptive, Chi-square Analysis & Modeling by Substance, Ethnicity, Grade, Gender Group, Risk & Protective Factors
 - CRAFFT screener: Risk + Probable Substance Use Disorder
 - Alcohol, Cigarettes, Vaping/E-cigarettes, Marijuana

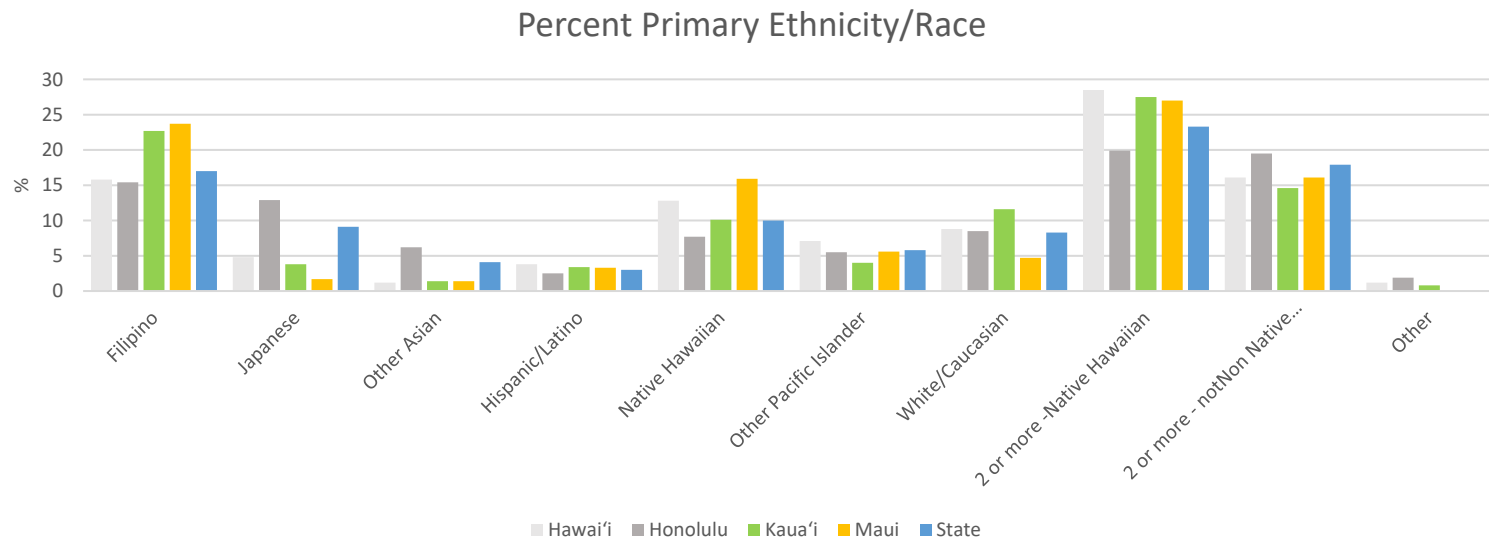
County & State Demographics: Grade



County & State Demographics: Gender

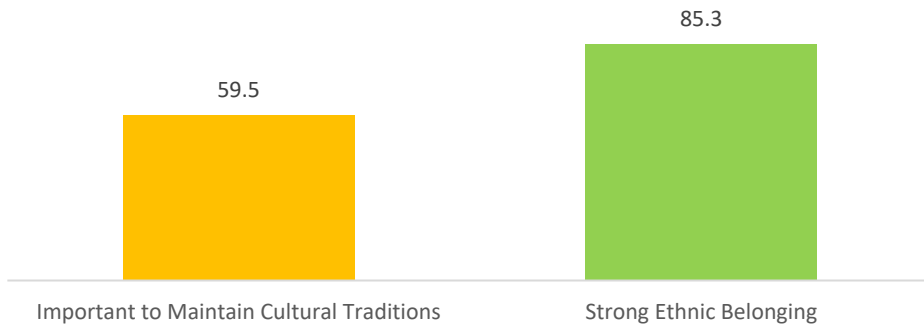


County & State Demographics: Primary Race/Ethnicity

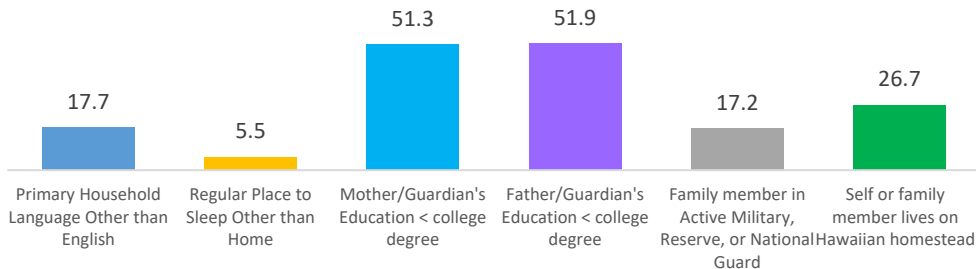


State Profile

Importance of Culture (%)



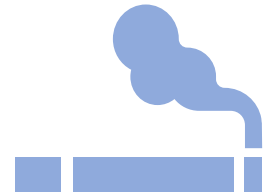
Other Demographics (%)



Statewide Estimate for Probable Substance Use Disorder (11.1%)*

More than **1:10**

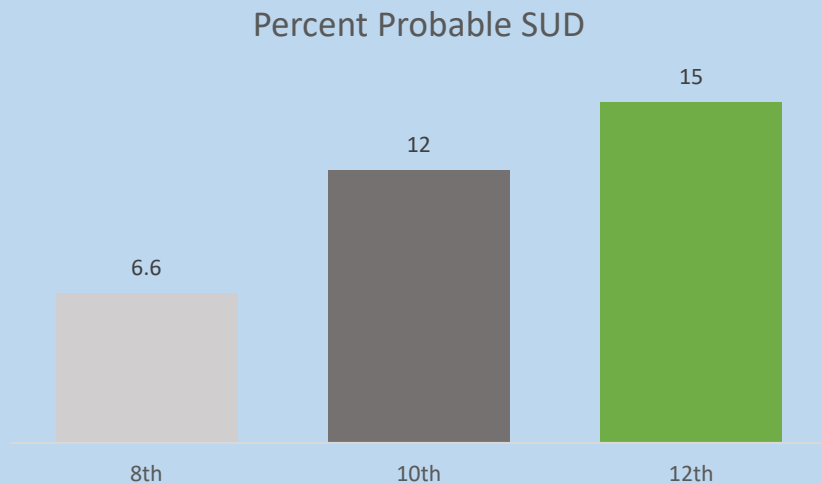
Middle and High School students have a probable substance use disorder



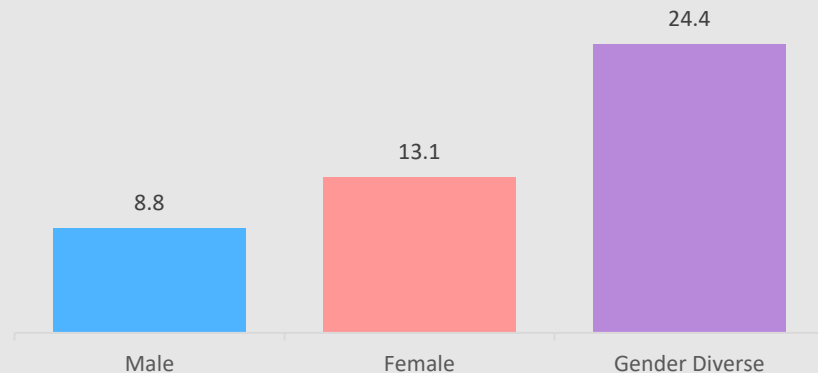
*Based on the CRAFFT Screening Tool (Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med. 1999 Jun;153(6):591-6. doi: 10.1001/archpedi.153.6.591. PMID: 10357299).

Screening for a Probable Substance Use Disorder

More than doubles
from middle to high school



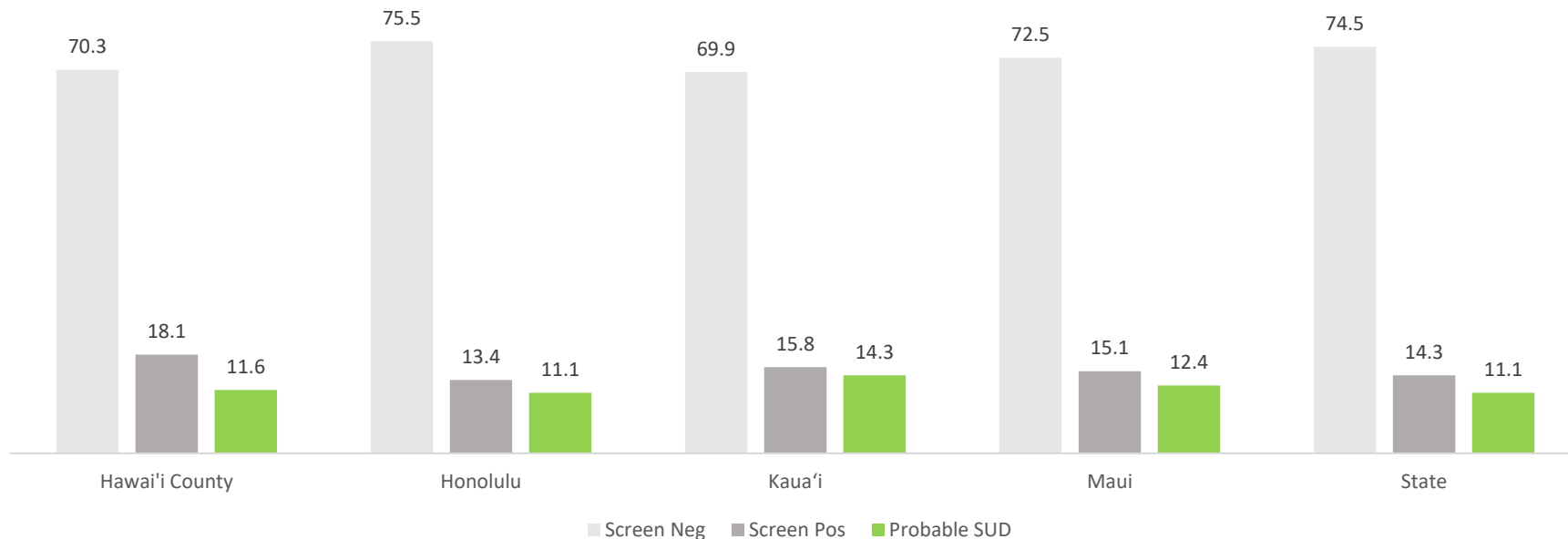
Percent Probable SUD



Gender Diverse students
are more likely
to have a substance use disorder

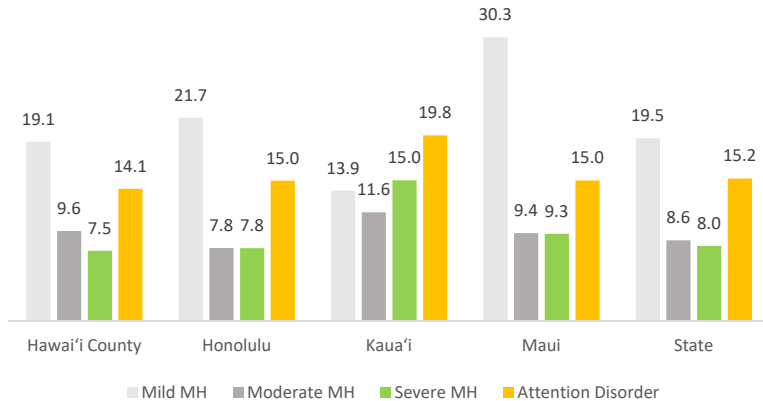
County & State – Substance Use Treatment Need

Estimated Treatment Need % CRAFFT Screen

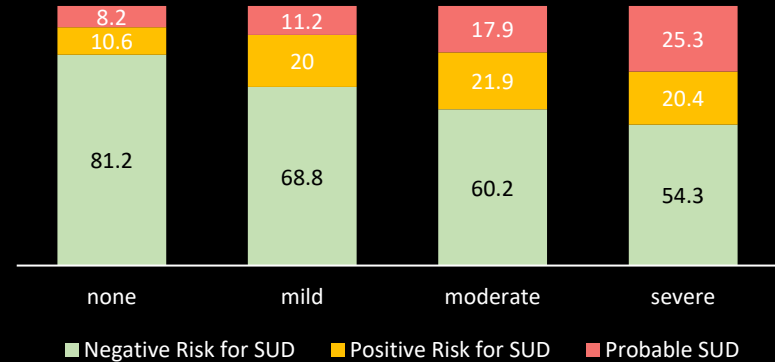


Mental Health & Attention Screen

Mental Health (PHQ-4¹) & Attentional Disorder (PSC-Attention²) Screening (%)



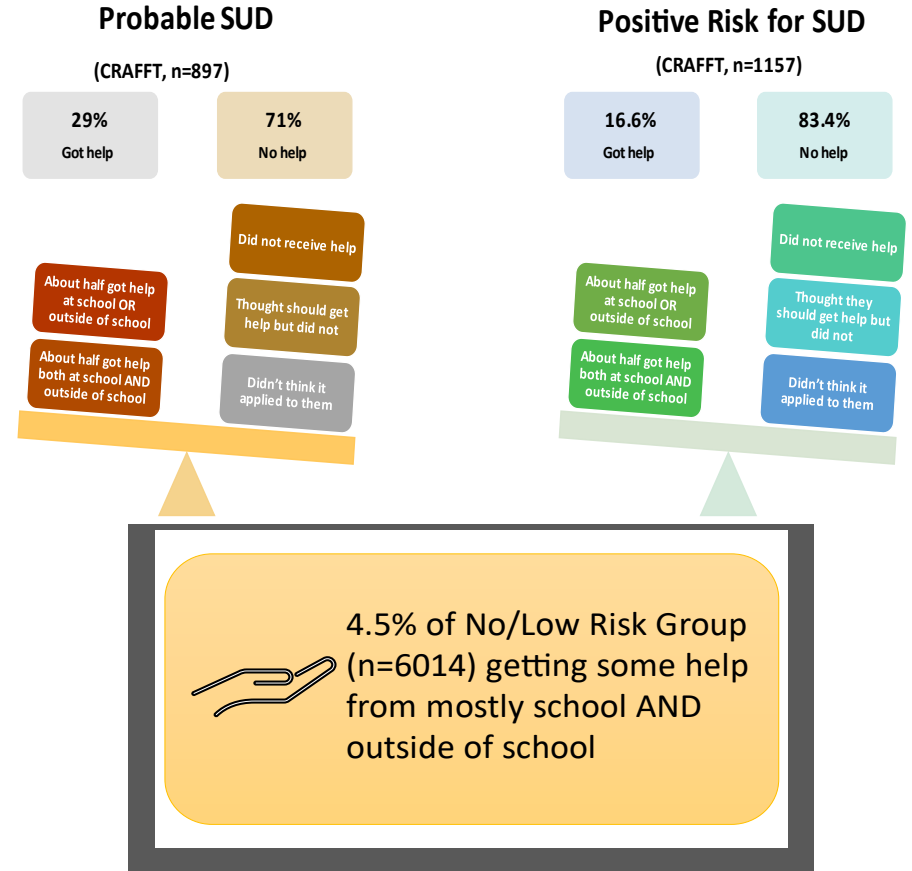
CRAFFT Screen % by Mental Health Distress Severity



¹Löwe B, Wahl I, Rose M, Spitzer C, Glaesmer H, Wingenfeld K, Schneider A, Brähler E. A 4-item measure of depression and anxiety: validation and standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. J Affect Disord. 2010 Apr;122(1-2):86-95. doi: 10.1016/j.jad.2009.06.019. Epub 2009 Jul 17. PMID: 19616305.

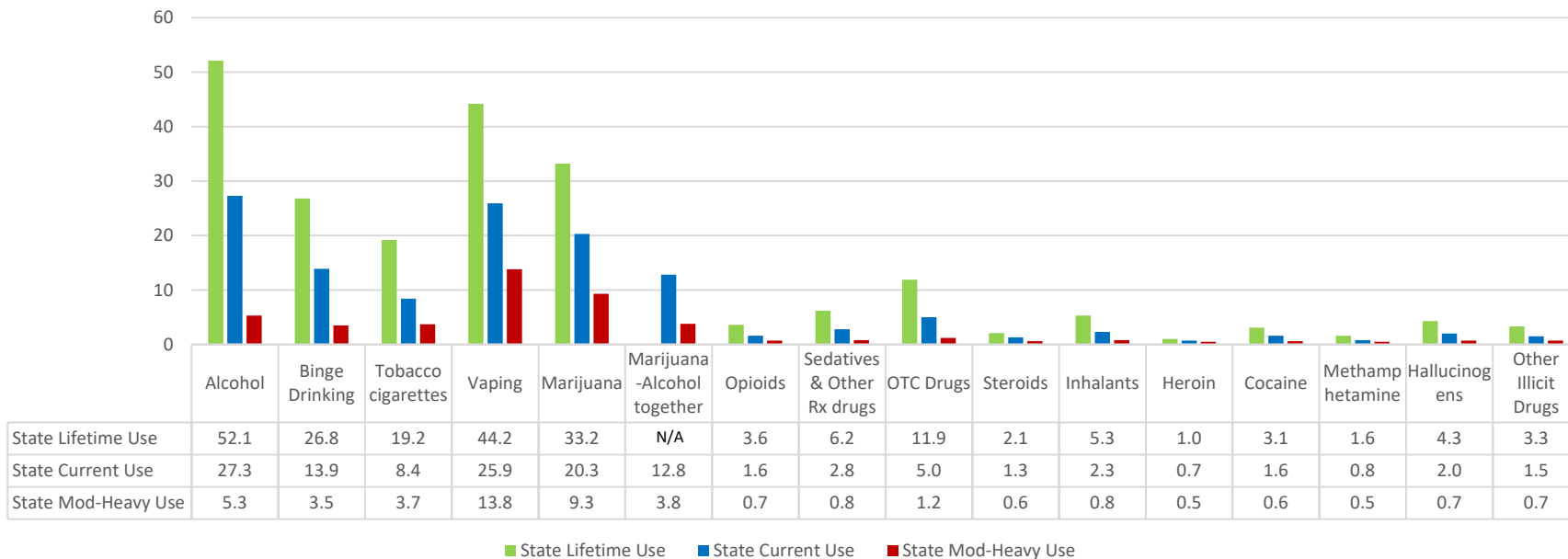
²Gardner W, Murphy M, Childs G, et al. The PSC-17: a brief pediatric symptom checklist including psychosocial problem subscales: a report from PROS and ASPN. Ambulatory Child Health. 1999;5:225-236.

Alcohol or Drug Treatment Need vs. Utilization



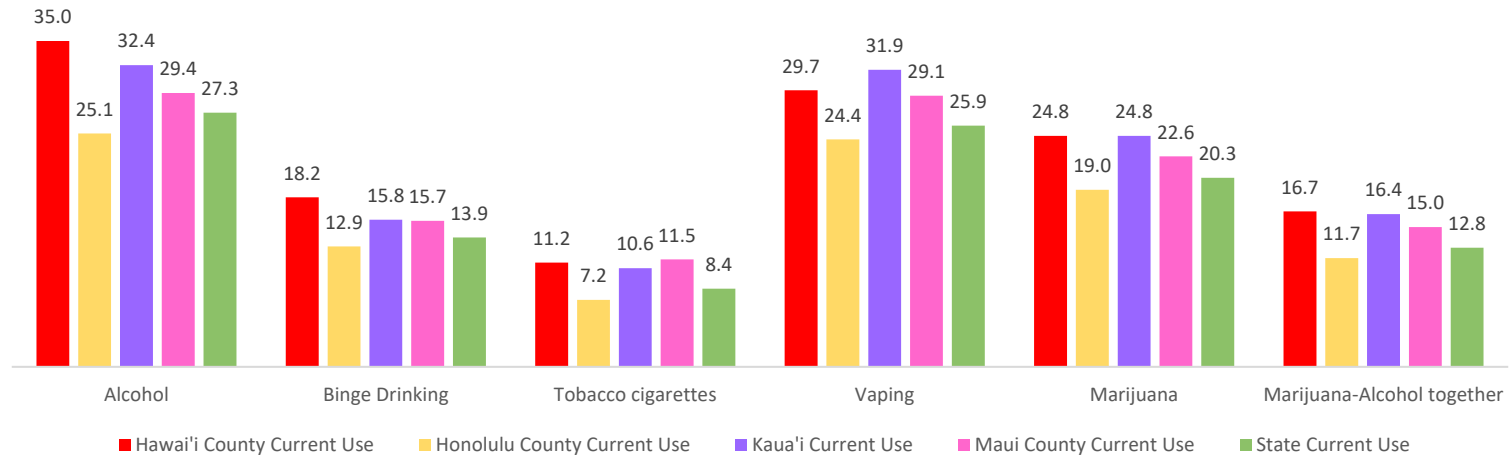
Statewide Lifetime, Current & Moderate-Heavy Use

Overall Lifetime, Current (Past 30 days), & Moderate-Heavy (Past 30 days) Use (%)



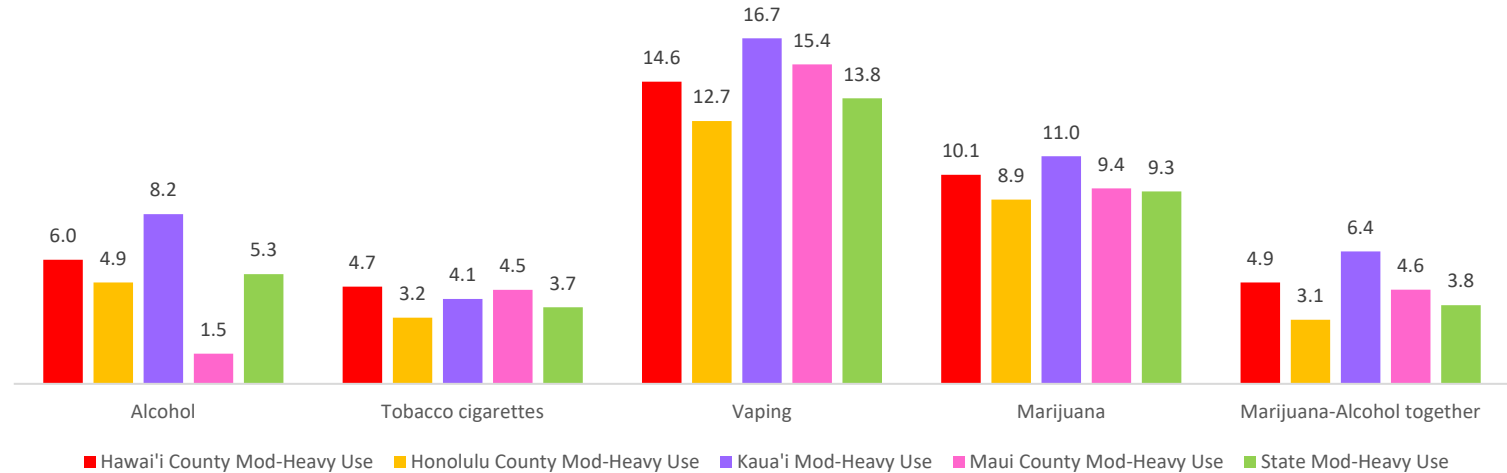
County & State - Current Alcohol & Substance Use

Current Alcohol & Substance Use in the Past 30 days (%)



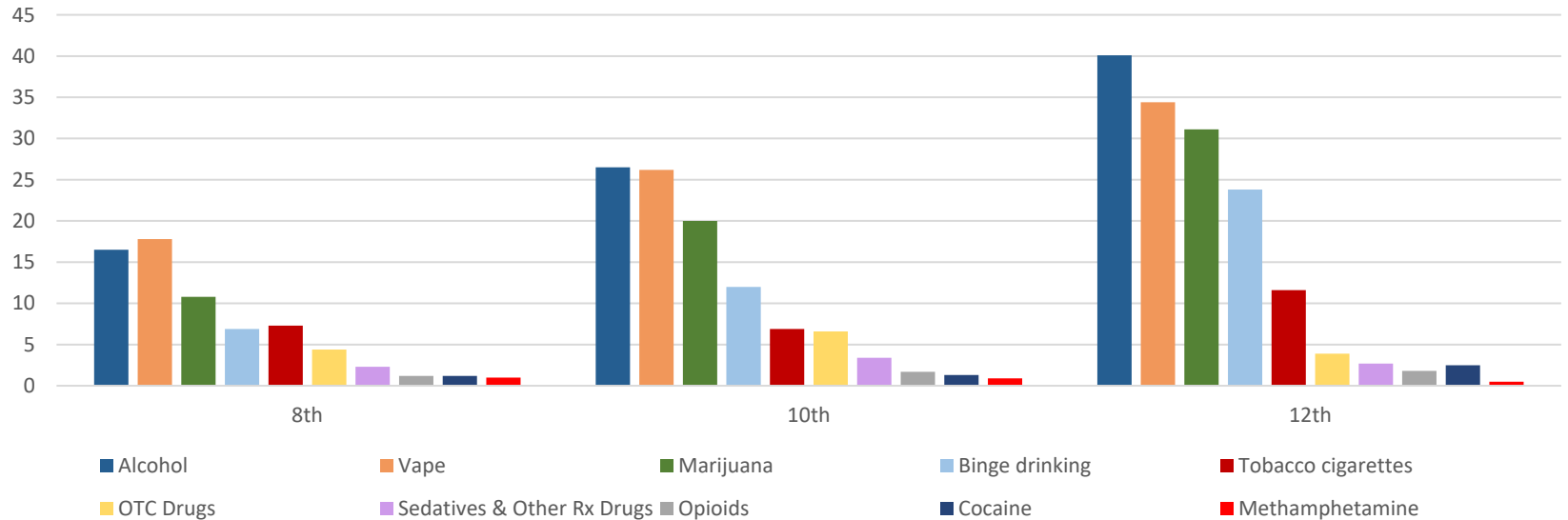
County & State – Moderate-Heavy Alcohol & Substance Use

Mod-Heavy (6+ times) Alcohol & Substance Use in the Past 30 days (%)

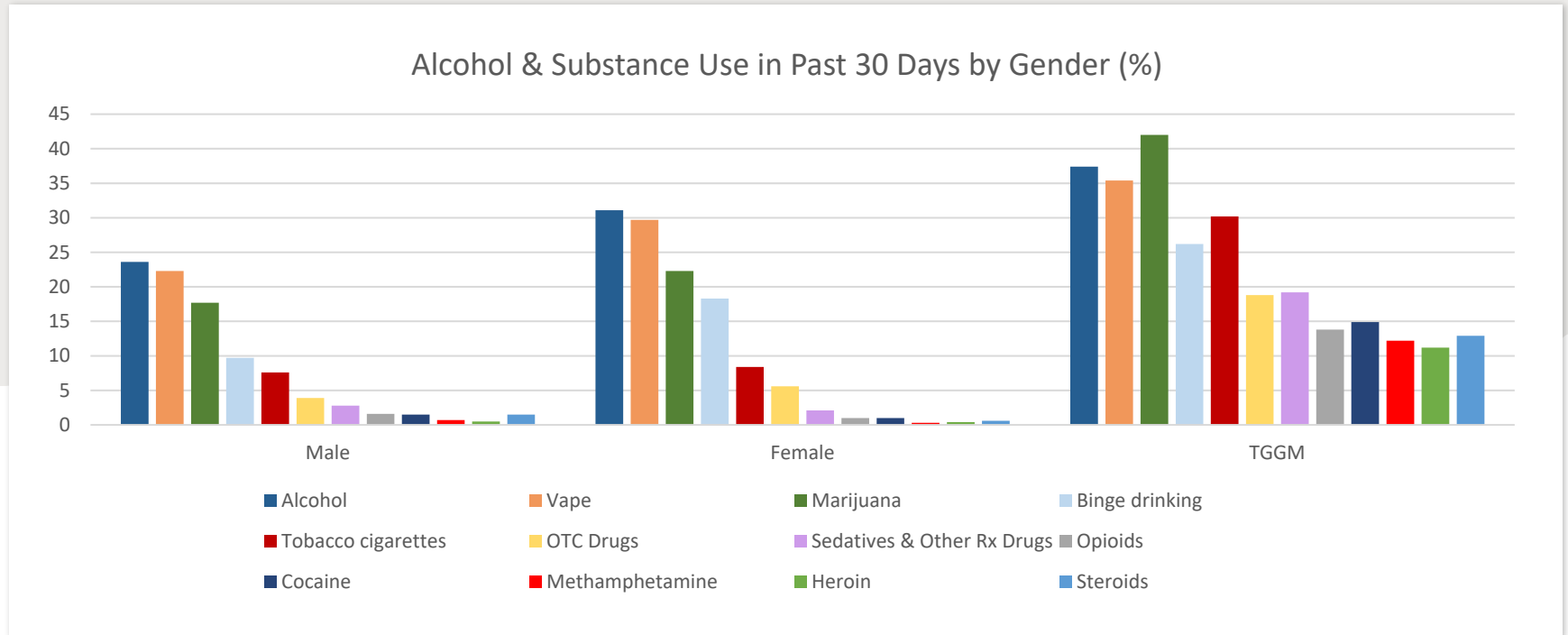


Statewide Current Alcohol & Substance Use by Grade

Alcohol & Substance Use in the Past 30 Days by Grade (%)

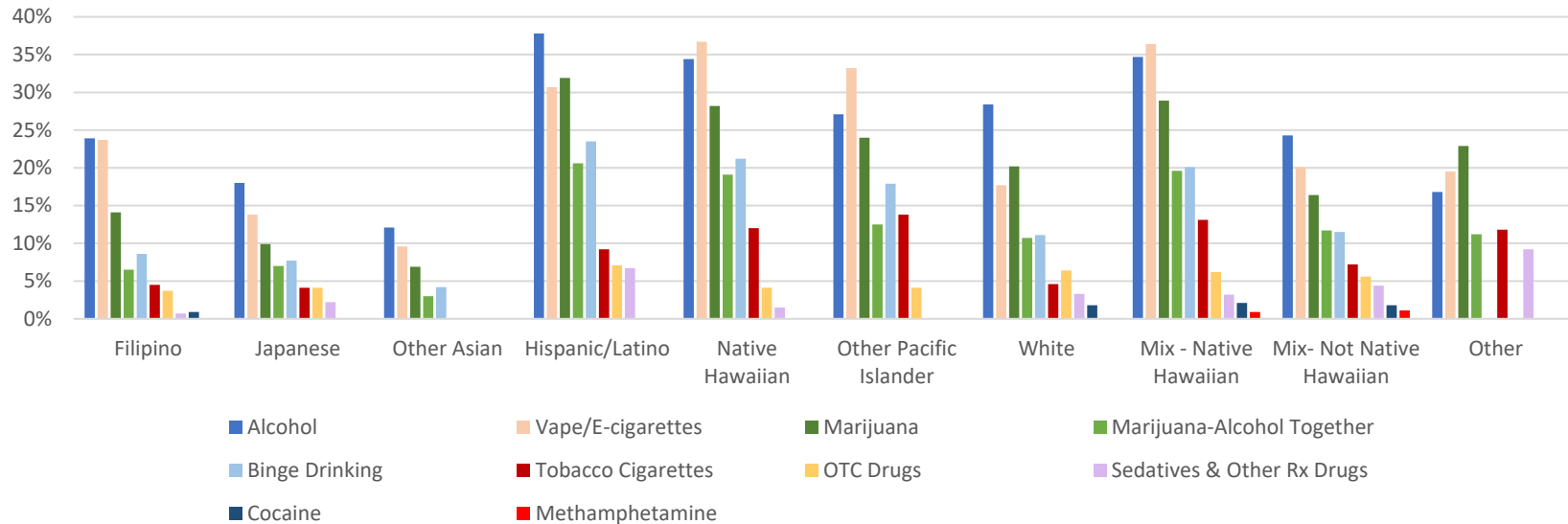


Statewide Current Alcohol & Substance Use by Gender



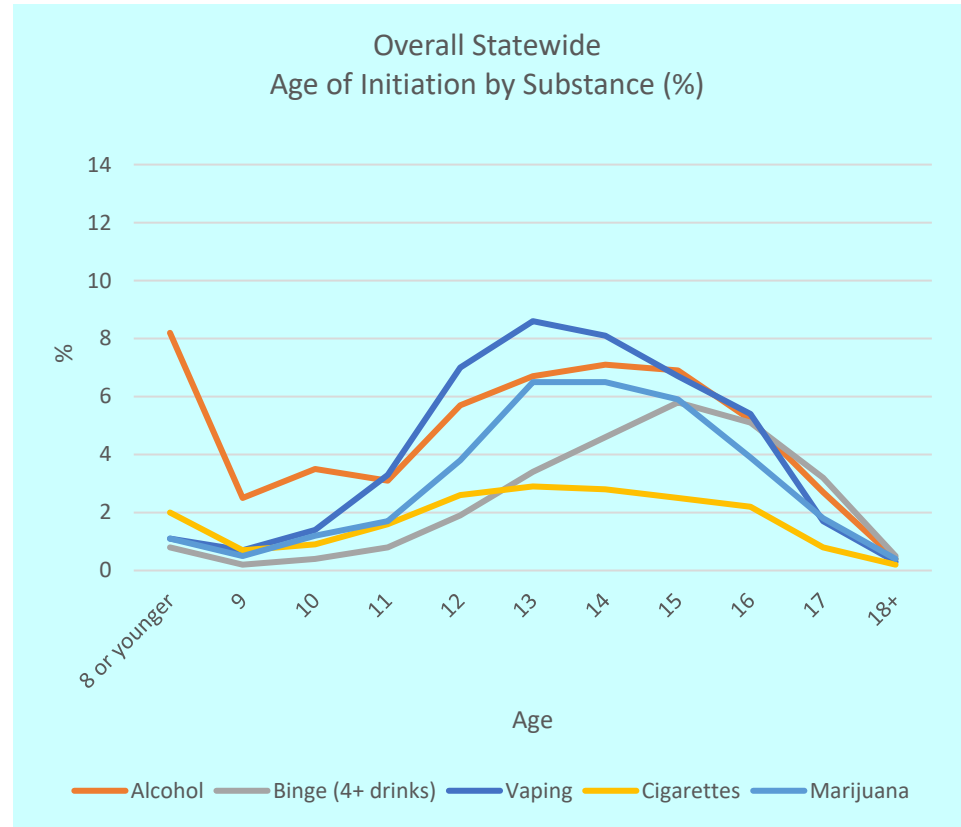
Statewide Current Alcohol & Substance Use by Primary Race/Ethnicity

Alcohol & Substance Use in the Past 30 days by Primary Ethnicity/Race (%)



Early Initiation of Substance Use

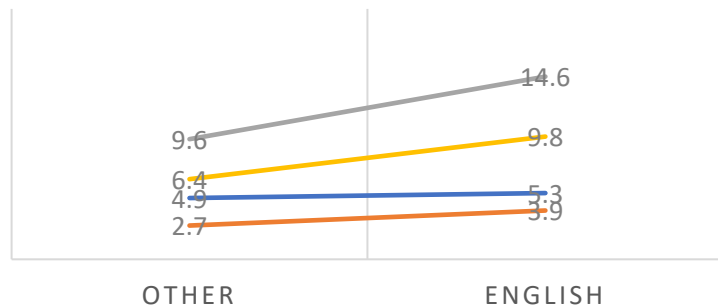
- “Early initiation” to refer to a person's first use of a substance occurring at age 13 or younger
- Alcohol, vapes, and tobacco cigarettes more often reported as being first used at \leq age 13
- Early peak for first alcohol use and continues throughout adolescence
- Vaping, marijuana, tobacco cigarettes peak around age 13 (middle school)
- Binge drinking peak around ages 15-16 (high school)



Cultural Factors & Statewide Moderate-Heavy Use

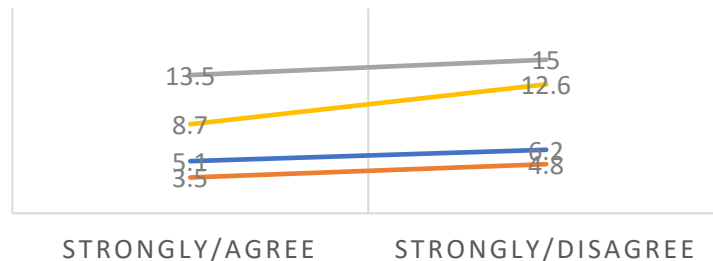
MOD-HEAVY USE BY PRIMARY HOUSEHOLD LANGUAGE (%)

— Alcohol — Tobacco cigarettes
— Vape — Marijuana



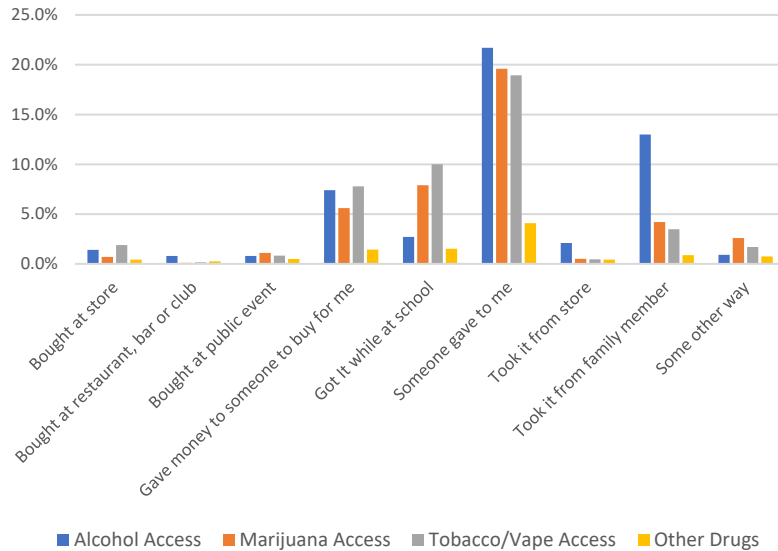
MOD-HEAVY USE BY STRONG SENSE OF ETHNIC BELONGING (%)

— Alcohol — Tobacco Cigarettes
— Vape — Marijuana

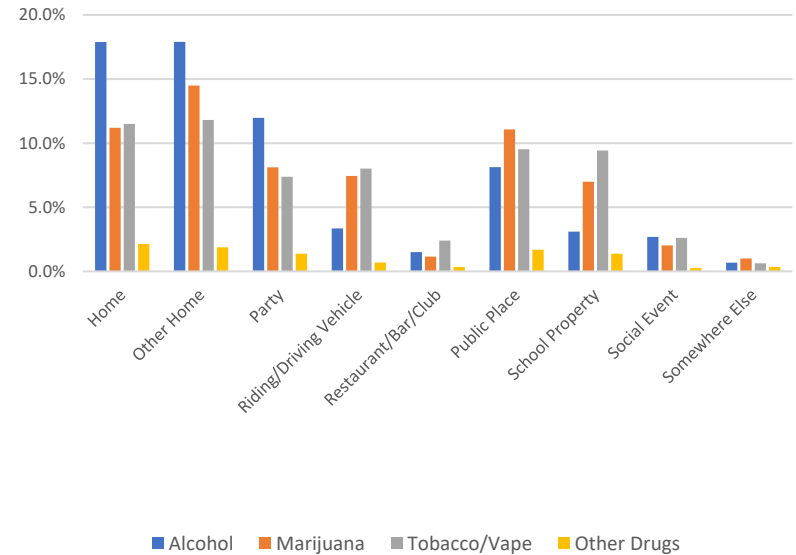


Statewide Access to Alcohol/Substances & Location of Use

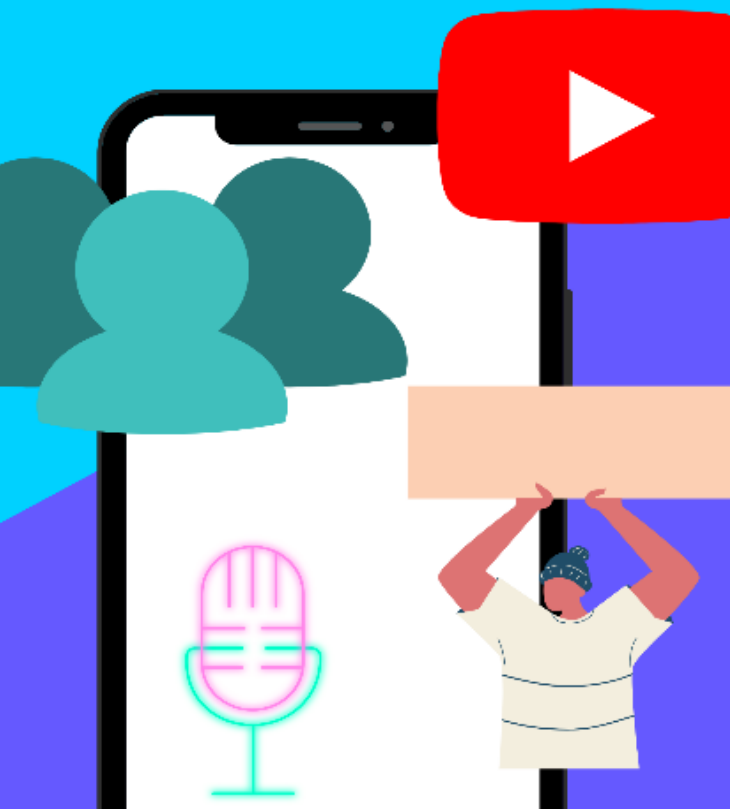
How Usually Get Substances in Past 12 Months (%)



Where Usually Use Substances in Past 12 Months (%)



Prevention education & messaging



Statewide Prevention Education & Messaging

- 85.7% reported having received some type of prevention education, primarily from family (69.8%) or at school (67.8%)
- 84% reported having viewed or heard some kind of public awareness messages
 - TV/internet channels (56.8%)
 - Social media apps (58.8%)
 - Ads on device (51%)
 - Printed media like posters/signs (45.9%)
- Almost 10% of students thought it was safe for a woman to drink regularly (daily, weekly) and including occasionally (monthly), during pregnancy

Social-Ecological Modeling-Informed Important Factors

Protective Factors

Community

44.2% Encouragement
69.4% Positive social norms for youth
(non)use of alcohol

School

47.3% Climate/Enjoyment

Peer

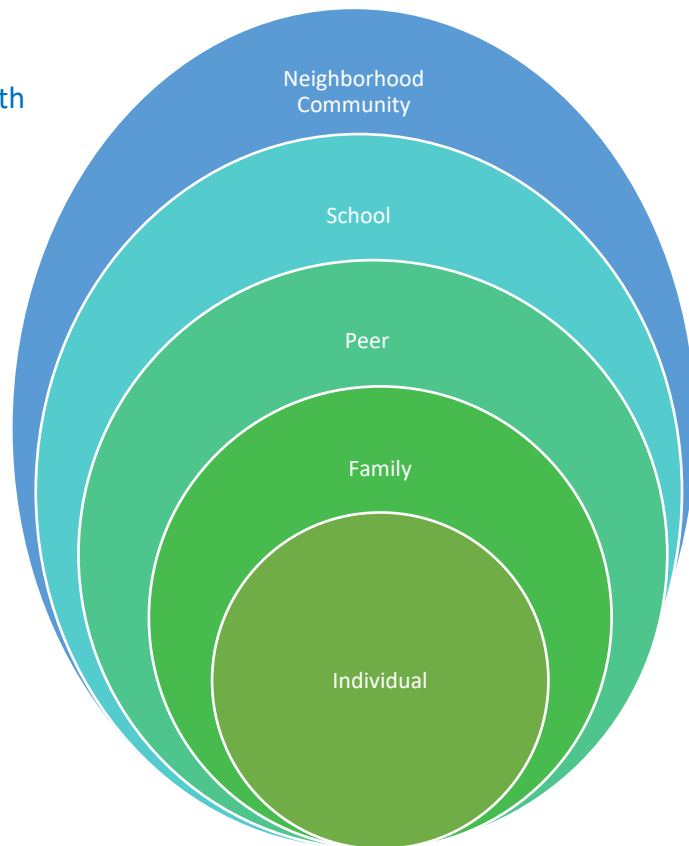
41.1% Friends enjoy school

Family

66.4% Talking to family about a
problem
90.6% Clear rules & consequences
about using alcohol & drugs

Individual

86% Disapproval of substance use
73.9% Academic achievement



Risk Factors

Community

55.8% Ease of access to substances
31.4% Neighborhood substance use
19.8% Neighborhood crime/drug selling

Peer

42.3% Close friends offer alcohol/marijuana
37.8% Peer exposure to alcohol/marijuana use
13.3% Close friends approve of
alcohol/marijuana

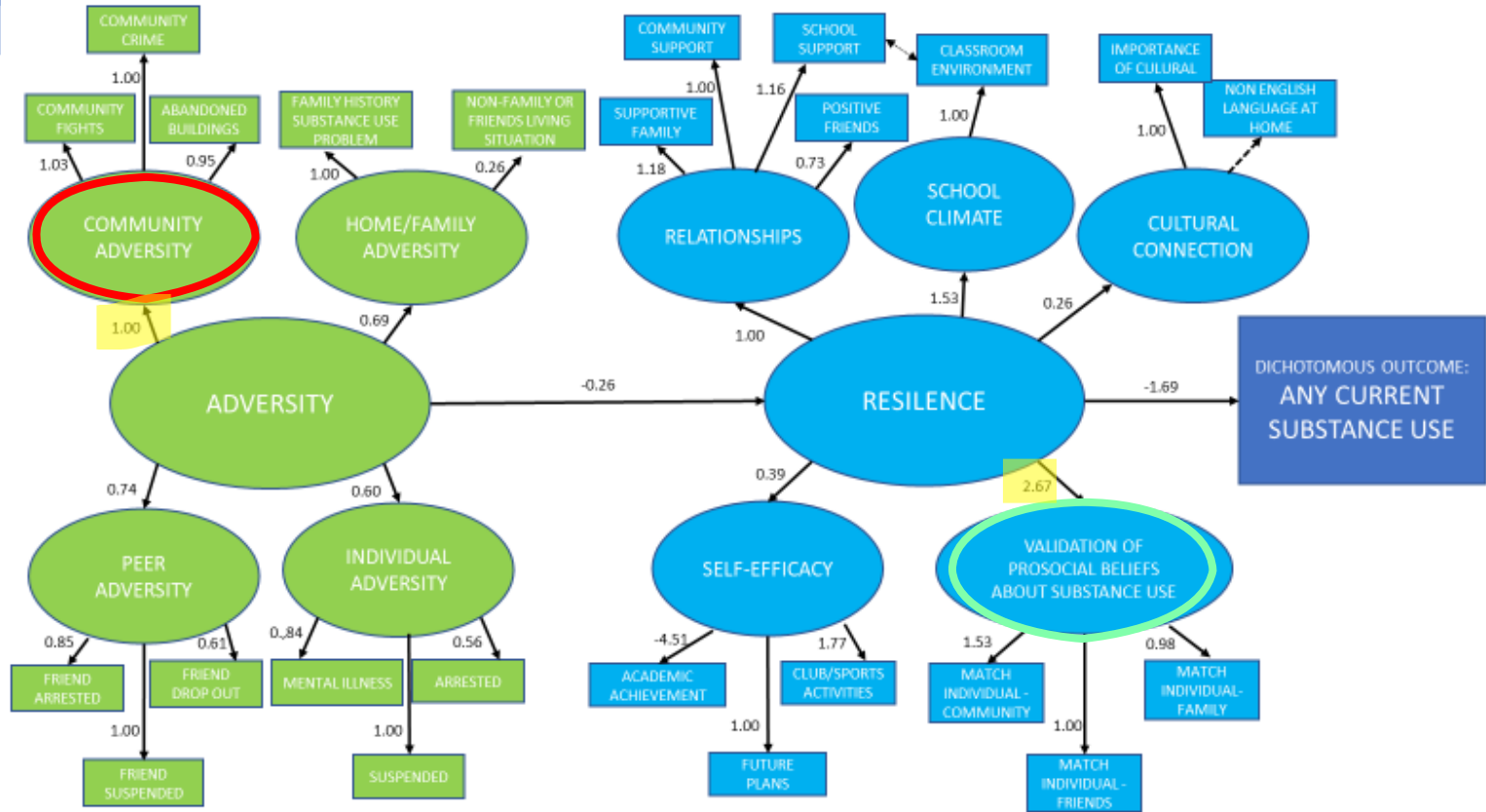
Family

20.3% Exposure to parent alcohol use
6.7% Relative marijuana use
29.2% Lived with someone with a substance
use problem

Individual

21.8% Suspension or expulsion
19.9% Skipping class
43.3% Done something crazy
40.9% Depression

Resilience Model for Any Substance Use



Key Takeaways

- Overall ~11% screen as PSUD, and 14% additional for positive risk
- Treatment need more than doubles from middle to high school
- Gender diverse students are smallest proportion but at highest risk
- Students who primarily identify as Pacific Islander, Native Hawaiian (including 2 or more ethnicities), Hispanic/Latino more likely to have a PSUD and also to use alcohol/vape/marijuana
- More than 1/3 of students endorse mental health distress, which is associated with having a PSUD
- Less than 1/3 of students in PSUD range receiving help (school or outside of school)
- Alcohol, vaping, and marijuana most used substances in the past month – also substances that students more often try before age 13

More Key Takeaways

- Students most commonly acquire alcohol, tobacco/vape, and marijuana from being GIVEN to them, giving money to buy for them, while at school, or taking (alcohol) from a family member
- Common places where student use alcohol, tobacco/vape, and marijuana are their or someone else's home, public places, and at school or when riding/driving in a vehicle (vape and marijuana)
- Large majority of students receive substance use prevention education and messaging from family, school, TV/internet channels, social media, device ads, and printed media
- Risk factors in all domains contribute to adversity, but resilience factors like community validation of prosocial beliefs, school climate, relationships, self-efficacy & cultural connection are important for reducing likelihood of substance use

Potential Implications for Practice & Prevention

- School and community resources for addressing vape use
- Outreach or monitoring for transgender/other gender minority students at higher risk
- MH screeners and behavioral health integration in schools and community settings to address co-occurring mental health issues and substance use
- Prevention efforts for alcohol and other substances in early initiation, including education and awareness around prenatal alcohol use
- Integrating culturally-based approaches into prevention and treatment for enhancing resilience and improving care

Mahalo!

Contact: Jane Onoye, PhD onoyej@dop.hawaii.edu
