The Voice of New Hampshire's Young Adults:

Results of the 2015 Young Adult Needs Assessment

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BACKGROUND AND OVERVIEW

Why Focus on Young Adults?

"I honestly think that it's pretty surprising that they are concerned with how young adults feel about their futures. But I'm glad they are because it is important since we are the future leaders. So, I'm glad the current leaders are taking action in trying to help better our futures to make the world a better place to live in."

Young adulthood, also referred to as "emerging adulthood," represents a unique developmental stage that bridges the late adolescent to early adulthood years. The young adult years, spanning 18 to 30, are often represented by an extended period of independent exploration and instability. "To be a young American today is to experience excitement and uncertainty, wide open possibility and confusion, new freedoms and new fears" *(Arnett 2014)*.

Common features of the emerging adulthood developmental stage include: identity exploration; instability; self-focus; transition; and transformation possibilities. Young adults flex their independent thinking and strive to make their own choices about what to believe and what to value. They seek to find balance between "living the kind of life they want and treating others as they wish to be treated" *(Arnett 2014)*.

According to Arnett, emerging adulthood "is a time of rising optimism and well-being for most people". It is a time of looking forward. However, this transitional time is also filled with uncertainty and anxiety. There are numerous opportunities for individuals to make decisions that may come with adverse consequences.

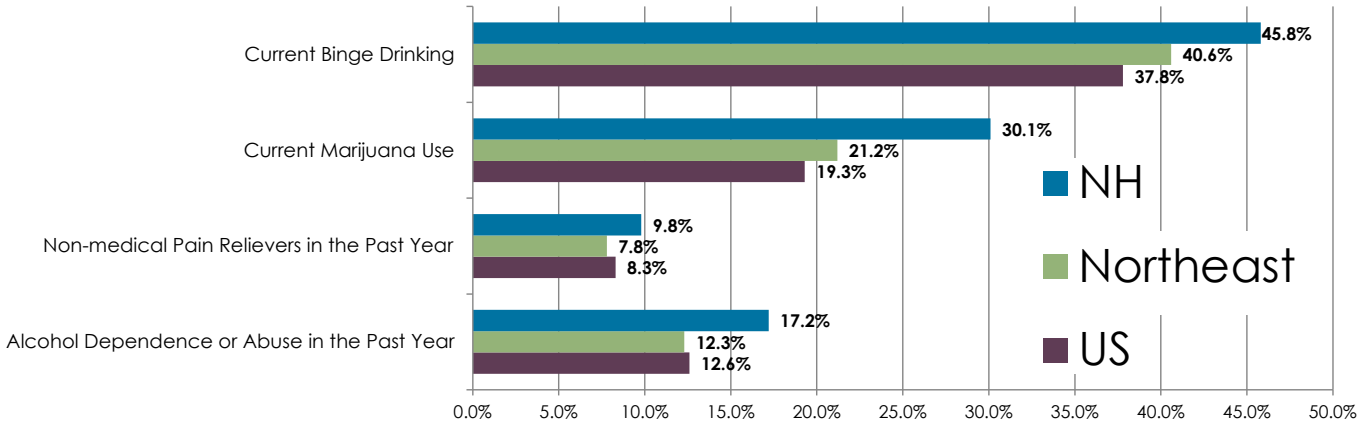
Young adults in New Hampshire between the ages of 18 and 25 have the highest rates of alcohol and drug misuse when compared to young adults nationally. Figure 1 below depicts young adult substance use rates in New Hampshire compared to average rates in the northeast and nationally (*NSDUH 2014*).

The percentage of individuals in the United States with past year illicit drug dependence or abuse was highest among young adults between the ages of 18-25. Past month heavy alcohol use was highest among individuals 21-25 *(SAMHSA 2014)*. According to the National Survey on Drug Use and Health (NSDUH), young adults in NH (18-25 years of age) are using prescription painkillers non-medically at higher rates (9.8%) than other states in the northeast region[1] (7.8%) and the rest of the nation (8.3%).

New Hampshire young adults also have a higher rate of illicit drug dependence and abuse (8.2%) than other states in the northeast region (7.6%) and the rest of the nation (7.0%). Non-marijuana illicit drug use among young adults is significantly higher in NH (11.4%) than the region (6.5%) or the rest of the nation (6.6 %).

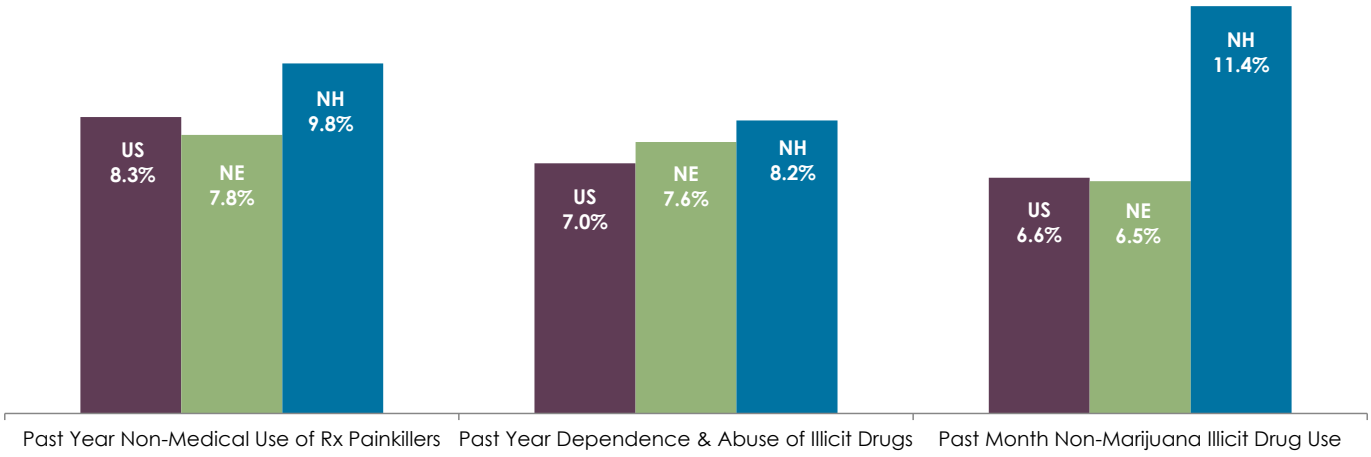
NH young adults also have a higher rate of illicit drug dependence and abuse (8.2%) than other states in the northeast region (7.6%) and the rest of the nation (7.0%).

Figure 1: CURRENT AND PAST YEAR SUBSTANCE USE AMONG 18-25 YEAR OLDS *(NSDUH 2014)*



[1] Northeast Region includes: CT, MA, ME, NH, NJ, NY, PA, RI and VT.

FIGURE 2: YOUNG ADULT USE AND DEPENDENCE BY LOCATION (NSDUH 2014)



Non-marijuana illicit drug use among young adults is significantly higher in NH (11.4%) than the region (6.5%) or the rest of the nation (6.6 %).

Other New England states also rank in the top five of states nationally for young adult substance use indicators, which may mean that there are similar factors in neighboring states that contribute to higher rates of use and abuse. In general, young adults use and abuse alcohol and other drugs at rates higher than other age groups because of a range of factors: they are often living independently for the first time, with less parent or other adult guidance or mentoring; they were or are approaching the legal age to drink, increasing access to alcohol and possibly other drugs; they are at a stage when risk taking is part of asserting independence and self-identity; and they may have more free time and more risk-taking peers and environments *(Raskin White 2004)*.

> "This is what young adults do. This is what they've always done."

As a person moves toward young adulthood, there are increased number and range exposure opportunities to various substances. With immediate communication and the World Wide Web available on smart phones, young adults can easily advertise party locations, text for an illegal drug or underage alcohol buy, or post images or comments that glorify or trivialize the harmful outcomes of alcohol and drug misuse that may exacerbate these risks.

> "Young adults are our most important work force."

There are limited data on factors that influence young adults even though they have high rates of substance misuse and abuse. While there are data sets that allow us to assess and measure substance use and risk factors among high school aged youth in the state, there is a lack of similar data for young adults aged 18-25. Gaining a better understanding of this population matters as young adults are the new talent, the emerging leaders, the innovators of our growth and economic diversity. Reducing the misuse of alcohol and other drugs with this age group is a win-win not only for their well-being and long-term health outcomes, but also for the business industries, art & music, technology, culture, environment, and other growth areas of our state to which they do and will contribute.

Emerging and young adults can also offer a unique perspective on the opioid crisis and help provide insight into the best strategies and response that may help their peers.

Assessment Approach

> "I think this survey is great and I'd like to say that so many adults don't understand us young adults."

In order to develop a plan to address the adverse risks inherent in the young adult years, it is imperative to engage the young adults themselves in the conversation. This population is typically more difficult to assess because they are diverse and cannot be found in a common setting where data is routinely collected in a

standard and consistent manner. They may be enrolled in a college or training program, working in a variety of industries, serving in the military, and/or parenting. Young adults are also highly mobile without a consistent permanent address. Nevertheless, given that there are indications of a high level of substance misuse among this group there is a need to understand how, where, when and why this population is misusing substances.

At the request of the NH Department of Health & Human Services (NH DHHS) Bureau of Drug and Alcohol Services (BDAS), JSI Research & Training Institute Inc./Community Health Institute (CHI) — the state contractor for the New Hampshire Center for Excellence (the Center) — coordinated with the state's regional public health networks (RPHNs) to participate in a comprehensive assessment of young adults. The focus of the assessment was on the risk behavior, perceptions, and attitudes as they related to binge drinking, prescription drug misuse, and illicit opioid (heroin) use among young adults.

Goals of the Young Adult Assessment

The following are the goals of this assessment.

1. Identify opioid misuse prevalence among 18-20 and 21-25 year olds to define baseline numbers and to use for evaluation of future program implementation.
2. Identify alcohol misuse (binge drinking) prevalence among 18-20 and 21-25 year olds to define baseline and use for evaluation of future program implementation.
3. Identify factors related to use of opioid use and binge drinking that could inform strategy development.

The participating RPHNs or designated network partner agencies were asked to host and co-facilitate at least one (1) young adult focus group by September 30, 2015, with additional focus groups completed through the end of the year. Each region was expected to conduct four to six focus groups with different groups of young adults (college students, working, minority, etc.). RPHN engaged one to two people to serve as the facilitator and note-taker, who participated in at least one hour of training before the first focus group on how to facilitate a focus group, take effective focus group notes, and record/report responses using an online data entry tool. Eleven of the thirteen regions were able to facilitate at least one focus group during that time.

In addition to these focus groups, the Center, in collaboration with the Pacific Institute for Research and Evaluation (PIRE), developed a web-based survey for young adults aged 18-30. The survey was promoted mainly through the use of a Facebook ad which targeted New Hampshire residents in the anticipated age bracket. In addition, the RPHNs were given posters and postcards to post or distribute at locations where young adults are known to gather. A total of 4,334 surveys were completed. This data was then weighted using regional 2010 census data so that the data presented was representative of all young adults across the state. *(A detailed description of the sampling and methodology for both the focus groups and survey can be found in the Methods section at the end of this report.)*

The facilitated focus groups engaged young adults across the state in discussions about their experiences living, working, or going to college in New Hampshire; their experiences and perceptions of alcohol, prescription drug misuse, and illicit substances; factors that influence their sense of hope or hopelessness; and what strategies they think would be best for addressing the needs of fellow young adults. The findings of the focus group assessment informed diverse stakeholders on substance misuse behavior and patterns among young adults to assess targeted prevention strategies and interventions for this age group. In complement to the focus group, the web-based NH Young Adult Assessment Survey sought to similarly assess perceptions and attitudes on drug and alcohol use in the state.

Regional Focus Groups

During the months of September 2015 through January 2016, RPHN and partner agency coordinators conducted 57 focus groups among 18-25 year olds throughout the thirteen public health regions of the state. Focus group participants were recruited by coordinators from various venues such as bookstores, coffee shops, vaping lounges, tattoo parlors, or laundromats. A total of 366 individuals participated across the 57 focus groups.

TABLE 1: FOCUS GROUPS CONDUCTED BY PUBLIC HEALTH REGION

PUBLIC HEALTH REGION	# OF FOCUS GROUPS
Capital Area	4
Carroll County	4
Central NH	4
Greater Derry	7
Greater Manchester	7
Greater Monadnock	1
Greater Nashua	0
Greater Sullivan	0
North Country	7
Seacoast	7
Strafford County	4
Upper Valley	8
Winnipesaukee	4
STATEWIDE	**57**

Several regions conducted more than the required number of focus groups while others were not able to reach the target number of groups for various reasons.

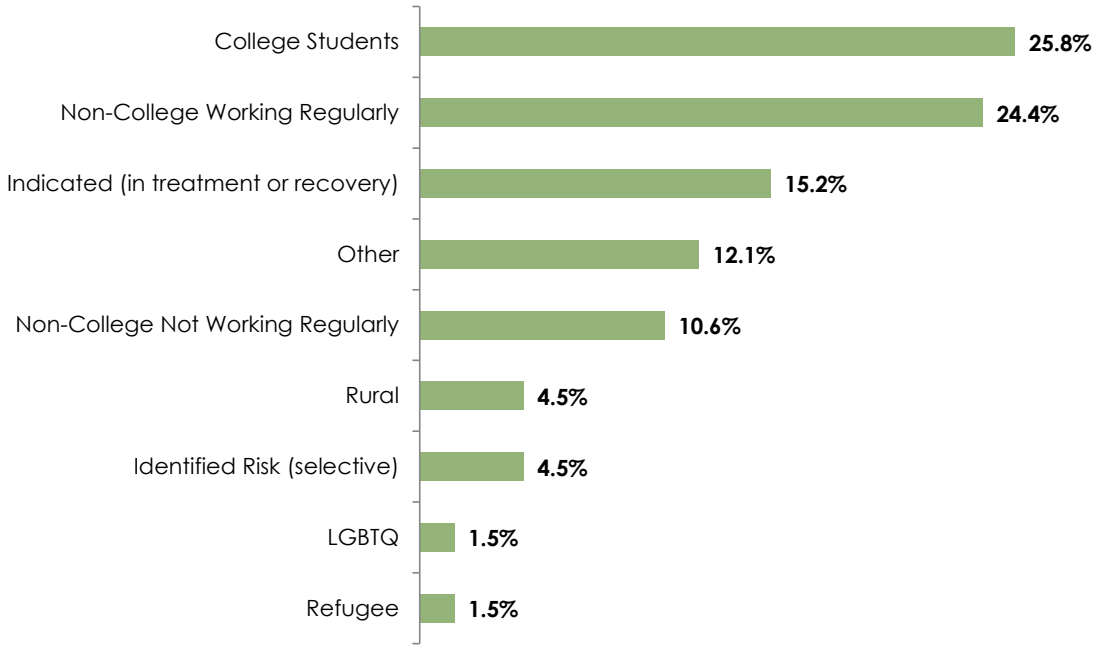
The regions with the highest number of focus groups were the Upper Valley RPHN (n=8). Greater Derry (n=7), Greater Manchester (n=7), North Country (n=7), and Seacoast (n=7), while the Capital Area (n=4), Carroll County (n=4), Central NH (n=4), Winnipesaukee (n=4) and Strafford County (n=4) each had four focus groups. Greater Monadnock (n=1) held one focus group.

Demographics

Focus Group Participants

In order to capture different views and experiences from young adults in New Hampshire, facilitators from the regions recruited participants from different socioeconomic statuses and a range of educational backgrounds, employment statuses, etc. The major groups identified as participants included: college students, non-college working regularly, non-college not working regularly, identified risk (justice-involved, substance use in family, vulnerable families, homeless, etc.), indicated (in treatment or in recovery), minority, refugee, rural, military, and LGBTQ. Nearly fifty percent of the young adult participants were non-college working regularly (25.8%) and college students (24.4%). Fifteen percent (15.2%) were considered to be *Indicated* (in treatment or recovery). Non-college not working regularly was 10.6%. The remaining groups included rural (4.5%), identified risk (4.5%) and LGBTQ and Refugee, each at 1.5%. Other groups identified comprised of 12.1% of respondents[2] (See Figure 3).

FIGURE 3: YOUNG ADULT FOCUS GROUP TARGETED POPULATION



[2] Other: High School Seniors, Religious Group, High School/ Non-College Working Regularly, Mixed between college students and non-college working regularly, Residents at In-treatment facility, Utilizing Employment Group at Local

There were a total of 366 participants ages 18-25 in the 57 focus groups that were conducted between September 2015 and January 2016. Most (95%) of the participants completed a demographic survey that was collected at the end of the focus group.

Ninety-four percent (93.8%) of participants identified New Hampshire as either their current residence or their home state. Over three quarters (77.2%) stated that they had attended high school in the state. Further information on educational attainment is available in Table 2. Roughly 43% were enrolled at a university, college, or other school at the time of the focus group.

TABLE 2: FOCUS GROUP PARTICIPANT CURRENT EDUCATION LEVEL

	COUNT	%
College	111	33.3
Non-College	189	56.8
Other Type of School	33	9.9
TOTAL	**333**	**100.0**

Across the 57 focus groups, participants were 50% male and 50% female. The majority (86.5%) of participants identified themselves as heterosexual, with an additional 10.3% identifying as either: gay, lesbian, bisexual, or unsure. Furthermore, the majority (87.9%) would describe themselves as white, 4.4% as black or African American, and 4.7% as either: Hispanic/Latino, Asian or Pacific Islander, or American Indian, Alaskan Native. three percent (3.0%) described themselves as bi-racial, multi-racial, or other.

Table 3 provides information regarding the employment status of focus group participants. Three quarters (74.5%) of participants identified themselves as being employed; this included those who were self-employed, or employed for full- or part-time wages.

TABLE 3: FOCUS GROUP PARTICIPANT EMPLOYMENT STATUS

	COUNT	%
Employed for wages full-time	128	38.4
Employed for wages part-time	111	33.3
Self-employed	9	2.7
Not employed and looking for employment	56	16.8
Not employed and not looking for employment	29	8.7
TOTAL	**333**	**100.0**

Young Adult Survey Respondents

The web-based young adult survey was distributed primarily through Facebook and was available to 18-30 year olds living in New Hampshire. In order to have a complete picture of survey respondents, demographic information such as gender, sexual orientation, and employment status, among others, was collected. Data collected were weighted against the 2010 state census data in order to ensure that the percentages provided are representative of the entire state of New Hampshire. Values appearing in a count format (N) are unweighted, meaning they reflect the actual number of survey responses received for each demographic variable.

As seen in Table 4, roughly an equal number of men and women engaged in the web-based survey, with slightly higher male participation. Thirty-three individuals identified themselves as either transgender or elected not to answer, accounting for less than 1% of the population. Of these individuals, 21-25 year olds were mostly likely to respond to the survey with 39.1% of respondents representing that age bracket. This was followed by those aged 26-30 years old, which accounted for 34.4% of responses received.

TABLE 4: SURVEY RESPONDENT DEMOGRAPHICS	N (UNWEIGHTED)	PERCENTAGE (%)
AGE RANGE	*N=4,334*	
18-20	814	26.6
21-25	1639	39.1
26-30	1881	34.4
GENDER	*N=4,334*	
Male	1154	50.4
Female	3147	48.7
Transgender or other	23	.6
Prefer not to say	10	.2
SEXUAL ORIENTATION	*N=4,324*	
Heterosexual	3539	82.8
Gay or Lesbian	173	5.4
Bisexual	382	7.5
Unsure	61	1.4
Prefer not to say	119	3.0
RACE	*N=4,331*	
White	4012	91.9
Black or African American	23	.6
Hispanic or Latino	93	2.4
Asian or Pacific Islander	56	1.4
American Indian, Alaskan Native, or Native Hawaiian	23	.5
Bi-Racial or Multi-racial	91	2.3
Other	33	.9
CURRENT EDUCATIONAL ENROLLMENT	*N=4,334*	
Yes, in college or vocational school, full-time	846	22.1
Yes, in college or vocational school, part-time	335	7.6
Yes, in high school or a GED program	127	4.4
Yes, in some other type of school	81	1.7
No	2913	63.5
Prefer not to answer	29	.8
CURRENT EMPLOYMENT STATUS	*N=4,331*	
Employed for wages, full-time	2450	54.2
Employed for wages, part-time	1061	26.1
Self-Employed	182	4.5
Not employed, looking for work	342	8.3
Not employed, not looking for work	296	6.8

The diversity among the state was represented in the survey through both race/ethnicity identifiers and sexual orientation. Over 13% of survey respondents chose to identify as a sexual orientation other than heterosexual. Additionally, 4.9% of respondents identified as a person of color, which was considered to include black or African American, Hispanic/Latino, Asian or Pacific Islander, or American Indian, Alaskan Native, or Native Hawaiian. An additional 3.2% of respondents reported themselves to be bi-racial or multi-racial, cumulatively resulting in 8.1% of respondents identifying as a race other than white.

Typically, young adults are considered to be either enrolled in post-secondary education, a member of the workforce, or a member of the armed forces. Four percent (4.3%) of respondents were considered to have veteran status due to their current or past membership in the United States Armed Services. This membership included those who served in active duty, reserve, or the National Guard.

The majority (63.5%) of respondents were not enrolled in school at the time of the survey. Of those who were currently enrolled, 29.7% were enrolled in a college or vocational school, with an additional 6.1% enrolled in

a high school, GED program, or some other type of school. The majority of young adults who responded to the survey were currently employed at 84.8%. This included respondents who were employed both full- and part-time as well as those who identified as self-employed. This finding suggests that most of the respondents to this survey have both a social and professional perspective of the state which they were able to share through the young adult survey.

How to Read This Report

The *Voices of New Hampshire Young Adults Assessment* report is organized based on the themes and discussion threads that came out of the focus groups and the survey results. Eleven major themes were identified and summarized into the following sections:

1. Community
2. Physical Environment
3. Communication Approaches
4. Job Opportunities and Growth
5. Generational Differences
6. Sense of Hope or Optimism
7. Perception of Substance Misuse
8. Substance Use
9. Consequences of Substance Misuse
10. Stress Coping Mechanisms
11. Key Strategies

Embedded in each section is a summary of the qualitative data collected during the focus groups as well as related quantitative data analyzed from the online survey responses. Each section begins with a word cloud that reflects the phrases and words used by the young adult participants. This visual representation of the qualitative data is followed by a brief overview of the theme and its relevance to young adults as well as the sub categories that were gleaned from the focus group discussions. The survey responses provided reflect the representative statewide sample of emerging and young adults between the ages of 18-30. Where appropriate, the researchers provide analysis and results by three age groups: 18-20, 21-25, and 26-30. Relevant quantitative data are integrated into the discussion to reinforce or expand on the voices of the young adults to the generalized young adult population across the state.

COMMUNITY

The above word cloud illustrates the most frequently used words within the responses to questions about community. While the words themselves do not encapsulate the entire content and context of what was being expressed, they capture young adults' expression of communities in New Hampshire.

The most prominent word within this theme was "people". Here are some examples that demonstrate how the word "people" was used. For the purpose of contextualizing its use, optimistic perspectives included quotes like the following:

> "All parts of the New Hampshire are relatively safe. People have each other's back around here; there is a sense of community."

In contrast with responses such as:

> "People aren't seeing different parts of the world; there isn't much going on culturally."

Community and the characteristics, dynamics, and functions of a community play an essential part in the lives of young adults. It is their environment, their network of personal relationships, and, fundamentally, it is their home. Before proceeding with discussing the responses that centered on this concept, it is crucial to provide an accessible definition and understanding of the term "community".

The term "community" has been consistently recognized as one that is difficult to define and conceptualize. A community is a system that comprises many parts necessary for it to operate, sustain, and grow. Academic literature has explored the concept of community, with Chavis & Lee defining community as "both a feeling and a set of relationships among people. People form and maintain communities to meet common needs. Members of a community have a sense of trust, belonging, safety, and caring for each other. They have an individual and collective sense that they can, as part of that community, influence their environments and each other" *(Chavis & Lee 2015).*

Green and Mercer define community as "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" *(Green & Mercer 2001).*

Of course it can be challenging to make communities sufficiently tangible for our own understanding, and there is variability in community size and demographics in New Hampshire. These challenges in conceptualizing community are universal, irrespective of the context in which community is being defined, explored, or scrutinized.

The Relationship Between Young Adults and Their Communities

"New Hampshire is such an amazing state to live in. Of course we have issues a lot of states have but I'm very proud to live in this one."

The importance of the environment – or, in this case, community – in influencing, guiding, and supporting the lives of young adults, is broad in scope. An abundance of research exists that is devoted to this intricate relationship, exploring both the positive and negative influences of community. On the one hand, there is the notion that positive community connectedness (i.e., participation in community-oriented activities/events) not only acts as a positive force for the community itself, but also for the participant, and there are proven associated health benefits from such engagement.

Established community ties, for example, or high-perceived levels of community connectedness, have been correlated with lower blood pressure levels, lower levels of stress hormones, and better immune responses *(Uchino, et al., 1996)*. On the other hand, a lack of social connectedness has been identified as a risk factor for the onset of chronic diseases, such as obesity, diabetes, cancer, and higher blood pressure *(Cacioppo & Hawkley, 2003)*.

There is also the increased likelihood of engaging in health-risk behaviors, such as increased tobacco and alcohol use, not to mention a reduction of healthy behaviors such as healthy eating and exercising *(Institute of Medicine, 2001)*. In short, the ability for young adults to have a positive engagement in their communities can result in extensive beneficial outcomes for young adults and their respective communities.

"I have a lot of hope for New Hampshire because I feel like we are working on creating a 'new', revitalized New Hampshire together."

What was asked?

Tell us about your likes and dislikes as young adults living in NH.

- What are you and other young adults living in NH excited about?
- What is frustrating to you and other young adults living in NH?

In order to elicit young adults' thoughts and feelings regarding their communities they were asked to reflect on their likes and dislikes about the state of NH. Analyzing the focus group data with a specific concentration on *community* yielded four common sub-themes: *Family or friend support; Availability of wellness activities; Availability of opportunities;* and *Politics/culture/law/religion*, as depicted in the figure below.

Figure 4: Community Threads

Family or Friend Support

The mention of support from friends and family by young adults occurred frequently throughout the focus groups and, indeed, there is a considerable body of evidence that reinforces the notion that strong support networks from friends and, more importantly, family can have a distinctly positive effect on young adults' emotional health and well-being.

More specifically, it has been demonstrated that young adults perform better academically and engage in fewer health-risk behaviors when their parents are actively involved in their lives *(Centers for Disease Control and Prevention 2012)*. With this in mind, it was interesting to hear echoes of this from the young adults participating in the focus groups. The following quotations, for example, are encouraging corroborations:

> "Support from my family, friends are a huge source of hope."
>
> "[I] have a great support system of friends and family at my fingertips."

This is, of course, a great source of hope, and it is reassuring to hear that there are a reasonable number of young adults who feel that they can turn to friends and family for support in times of need. The following quotation sheds light on the reciprocal element of this relationship with young adults in recognition of this support, stating that they don't want to "let down" their family and or/friends:

> "Knowing [I am] appreciated gives [me] the encouragement to push forward through work, school, or a difficult situation…When others say 'good job', it feels good. [I] like when others notice the 'small things', like to have support from family and friends... I think of the hard times [my Dad] has gone through; don't want to let [him] down. I look up to [my] siblings and do not want to let them down."

It is absolutely crucial, however, to ensure that those who simply do not have a solid network of family and friends for support are not overlooked.

Survey respondents validated the focus group discussion about the role of friends and family in providing support. Respondents were asked "If you wanted to talk to someone about a serious problem, which of the following people would you turn to?" A majority indicted they would turn to friends (62.8%) or a significant other (56.1%).

> "[People are] more likely to go to a friend because you're afraid of disappointing family."

Table 5 illustrates that young adults generally prefer to turn to friends/peers over parents when they are experiencing serious personal problems. However, over half (51.3%) of all respondents selected "parent or guardian" as who they would talk to about serious problems. The key message here is that family and friend support is instrumental to the health and well-being of young adults.

TABLE 5: WHO TO TALK TO ABOUT SERIOUS PROBLEMS…

	N (UNWEIGHTED)	%
Friends	2572	62.8
My significant other	2550	56.1
Parent or guardian	2134	51.3
Other family member	1245	29.3
Some other person	787	19.1
There is nobody I can talk to	177	4.8

Availability of Opportunities

Wellness activities

Young adults indicated that their communities lack wellness activities. Why is this important? There is a substantial body of evidence to show that ease of access to sports facilities and activities that foster wellness/fitness/physical health/exercise can contribute significantly towards reducing the likelihood of young adults engaging in health-risk behaviors/substance abuse *(Nelson & Gordon-Larsen, 2006; Terry-McElrath, O'Malley, & Johnston, 2011)*. There were at least some participants who mentioned that their communities lacked such resources. In addition, affordability can be a barrier to accessing what sports facilities and activities that do exist in young adults' communities:

> "Recreation options: even [a] basketball hoop or tournament, or something; there is nothing affordable to do."

It is important to be mindful of the presence of physical education and sports programs and initiatives that are embedded within school systems across New Hampshire. The New Hampshire Interscholastic Athletic Association (NHIAA) is an example of a well-established initiative that prioritizes engagement in sports and sports education for improved wellbeing and health of New Hampshire's young adults. Beyond the arena of organized sports in school curricula, however, what options are available to young adults? This concern was expressed by a few of the focus group participants, as encapsulated in the following quotation:

> "It is hard to find organized sports after graduating high school."
>
> "Kids need to have opportunities within their communities to get involved whether that be sports, clubs, taking up a musical instrument or doing work for the community."

Other Opportunities

In contrast to the stated lack of wellness activities, it is worth drawing attention to the fact that some young adults from these focus groups simultaneously believe that their communities also offer quite a few opportunities for activities. While it is challenging to provide a concise and satisfactory definition of what these "opportunities" comprise, there was some insight offered by the participants; some of whom realized the potential for opportunities in the state, with an emphasis on economic growth:

> "The community has a potential. Some people are moving back to jump-start the economy."
>
> "[I'm] excited about development in Portsmouth/Seacoast."

And there were those who favored what New Hampshire is presently providing, with regard to business opportunities:

> "[New Hampshire is an] entrepreneurial [and] friendly state. [It's] friendly for business opportunities."

There are data to signal economic and business growth in New Hampshire. At the close of 2015, for example, the rate of unemployment was 3.1% – which was down from 3.9% at the close of 2014 *(Current Population Survey – Bureau of Labor Statistics, US Department of Labor, 2015)*. Furthermore, New Hampshire's 2014 economic growth of 4.3% was up from the 2013 level of 1.6% *(Bureau of Economic Analysis, 2014)*.

There is exploration later in this report into more specific job and education opportunities. This particular sub-theme, however, is more focused on the opportunities that the community itself provides and, in conjunction with the above theme, facilitates a broader understanding of what does and doesn't appeal to young adults in their community as well as what does and doesn't function in their community.

> "I am optimistic that New Hampshire is moving towards a greener state which is my biggest concern for my children's future. Economic growth is visible and I have been fortunate enough to be able to take care of my family on primarily one income while in school full time."

Politics/Culture/Law/Religion

"For [a] rural state, there's more culture than expected."

Politics/culture/law/religion is undoubtedly the broadest in scope of the sub-themes. Conceptually and semantically, they are, of course, independent within the realm of *community*. However, within the context of the conducted focus groups, they are sufficiently related to warrant categorizing as a sub-theme of *Community*.

This sub-theme represents the attitudes, beliefs, and culture of NH communities as perceived by young adults. It offers insight into how young adults believe their communities function and operate, as well as what they believe to be the collective community conscience.

Politically, New Hampshire is a relatively bipartisan state. Although in the past decade, the leaning has been marginally Democratic based on the voting breakdown between 2004 -2012 *(homefacts.com, 2016)*. Prior to 2004, there was an evident streak of a Republican voting preference extending back to 1968. With the 2016 presidential election on the horizon, which has brought with it an eventful primary process underway during the data collection process, the young adults were keen to express their views, opinions, and beliefs about the current political climate in their state:

"[I] get hope from new elections and the idea of political change."

"Activism in New Hampshire, which, hopefully, will change things. [There is a] political environment that engages people."

Aside from the omnipresence of pre-election activity, young adults also expressed concern about prevailing negative attitudes that are present in their communities. For example:

"There is a lot of closed-mindedness, such as racism [and] sexism."

"They are very set in their ways, and they don't want to respect that people have a different opinion than them."

"There are a lot of 'red-neck' views from people in NH, so they can be very racist or [they] dislike [the] younger generation."

"I find the reaction to Islam discouraging. A lot of people that I see say things that I perceive as ignorant. They can't separate the difference between Islam and terrorists."

"I get discouraged about what upsets people in America, and what they riot over. When a sports team loses people freak out, but when certain bills get passed noone notices."

Despite the negativity directed towards existing perceived attitudes and beliefs, there were a number of participants who favored elements of New Hampshire's differentiating political culture, some of which took root in the state's overt motto: "Live free or die."

"The"Live free or die – [you] don't have to wear a seatbelt. I guess that is not really the best thing, but you have choice."

"[I] identify with 'Live free or die.'"

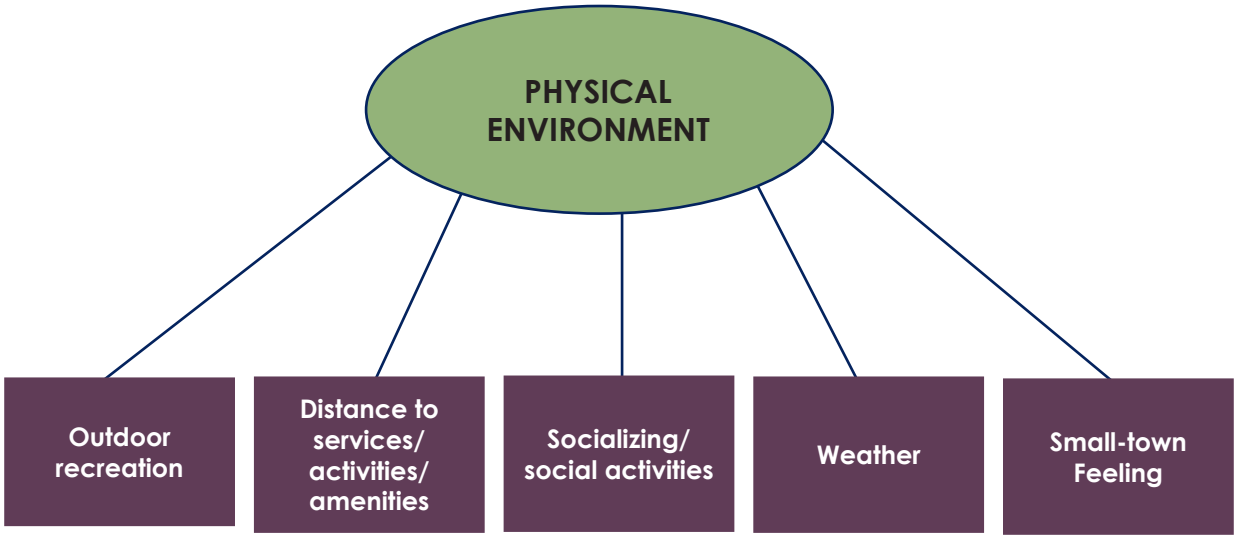
PHYSICAL ENVIRONMENT

The word cloud from participant responses constructs a sense of the geographical makeup, and the features of New Hampshire. Key facts about NH include:

- Mean travel time to work (minutes; workers age 16 years+, 2010-2014): 26.6 minutes (National: 25.7 minutes) *(United States Census Bureau, 2016)*;
- Number of state forests: 117; number of state parks: 41 *(visitnh.gov, 2016)*, number of lakes greater than 10 acres in size: 959; and
- At least 76% of New Hampshire residents participate in outdoor recreation each year *(outdoorindustry.org, 2016)*.

Where the "Community" theme is more concerned with the intangible aspects of and the relationships with New Hampshire– according to young adults – the "Physical Environment" theme, as its name suggests, is more concentrated on the tangible features and characteristics of the state. There are five areas the focus groups identified: *Outdoor recreation, Distance to services/ activities/amenities, Socializing/social activities, Weather*, and *"Small-town feeling"* (Figure 5).

Figure 5: Physical Environment Threads



Outdoor Recreation

Outdoor recreation and pursuits were referenced frequently by young adults throughout these focus groups. With New Hampshire being a predominantly rural state, coupled with the typically snowy winters and warm summers, these characteristics lend themselves favorably to outdoor recreation. A large proportion of participants are engaging in outdoor activities.

> "Living in the White Mountains, there is always something to do outside. It's nice to be in a small town with a homey feel."

This is especially vital given the sizeable body of research that endorses engaging in sports and outdoor activities as a significant contributing factor in mitigating the risk of developing health-risk behaviors *(Taliaferro, Rienzo, & Donovan, 2010; Pate, Trost, Levin, & Dowda, 2000).*

> "New Hampshire is good for individuals who enjoy outdoor activities."
>
> "[There are] more forests and park areas than some states."
>
> "[There are] lots of mountains for hiking and skiing."

There is, naturally, variation among related responses. There were vocal criticisms of unsuitable and/or unavailable alternatives from those who do not necessarily prefer to engage in outdoor activities; and this is a potentially vulnerable population. Some of these shortfalls regarding recreation have already been explored above regarding the community's lack of wellness activities. As stated by the focus group participants:

> ""Some people feel indoor activities are limited."
>
> "There isn't much for the 18-25 age-group to do."
>
> "There isn't much to do inside."
>
> "[There's] nothing to do, [except] sit around, get drunk together."

While there is promising evidence to indicate that young adults in New Hampshire are engaging in outdoor activities, there are noticeable discrepancies with regard to (affordable) indoor activities (in both summer and winter), as well as alternatives to outdoor recreation, not only for those who prefer not to engage in outdoor activities, but also for during the winter months:

> "There's not much to do in NH, so that's why most of the state does drugs."
>
> "[It's] hard to take my dog and kid for a walk to the pond when I find used drug paraphernalia floating in the water across from my house."

Across the range of responses regarding opportunities for outdoor recreation in New Hampshire there were two overriding patterns of responses. On the positive side, many young adults were keen to embrace outdoor living in New Hampshire, and the activities associated with this lifestyle. Conversely, this was interspersed with comments regarding a lack of activities that they considered interesting. The challenge then is to alleviate the perception of limited availability of activities and increase engagement, knowing that it can be a contributing factor towards engaging in risky behaviors *(Scientific American, 2007).*

> "Drinking can stem from boredom, which might be why NH has a high rate of drinking, because there isn't much else to do."

Distance to Services/ Activities/Amenities

The analysis of responses regarding outdoor recreation in New Hampshire came down to relative proximity to, not just outdoor activities, but services and amenities. With New Hampshire being a rural state, the distances to services are typically far and are inaccessible if an individual has limited access to transportation. This is supported by a number of responses..

> ""[I have to] travel long distances to do something. I enjoy dance, but I have to travel to Boston – [I] haven't found any communities that offer dance. Even shopping is limited."

While a small number of respondents stated that they felt they were reasonably close in proximity to services, activities, and amenities, these were outnumbered by contrasting responses. Participants expressed that they like, for example, the convenience of proximity, especially to the beach, mall, and mountains:

> "The transportation is easy and everything is close-by, and in one spot."

However, they were also critical of having limited resources, including the challenges of accessing those available resources in the state:

> "Having only Walmart as our supply of fresh fruits and vegetables in this region is difficult."
>
> "You can't go anywhere unless you have a bike or a car, or a friend with a car."

The frustration regarding transportation was of particular concern to those in more remote areas of the state:

> "Being here in Carroll County puts me at a disadvantage because of distance and no transportation options."
>
> "We are really lucky to have the Advanced Transit with no fees, but [it's] not helpful if you live more rurally and far away."

Socializing/Social Activities

This sub-theme is embedded in many of the existing themes discussed in this report. Nevertheless, it strongly qualifies as a theme in its own right, and there are contrasting perspectives from young adults, with both sides providing a unique insight into what New Hampshire does and does not offer within this domain. Young adult respondents indicated interest in social activities with friends and larger groups of peers; however, many also expressed limited options for social experiences:

> "[There is] nothing to do, [except the] same old stuff every weekend – going to local hangouts and doing nothing every night/weekend leads to partying and kids doing stupid things."

Social networks and relationships undoubtedly yield great influence on young adults, and there is a formidable body of evidence that portrays social networks as a positive force for the cultivation of healthy lifestyles (Gallant, 2003; Reblin & Uchino, 2008), as well as a powerful negative force for steering young adults toward health-risk behaviors and, potentially, substance misuse (Becci, Brook, & Lloyd, 2015). Respondents provided statements that support these research findings. On the positive side, for example, comments included the following:

> "Do things to get your mind off things (go see a friend) that won't hurt you."
>
> "Exercising, hanging with friends, going for activities, drive around."

This can be mirrored with the following:

> "People still hold 'skittle parties', where people bring all of their prescriptions and take them at random."
>
> "[I have] no friends left here, even though I'm [in college] now."

Climate and Weather

Based on the responses from young adults regarding their physical environment, there are contrasting perspectives regarding the New Hampshire climate, and the effect that it has on their lives. For example, comments included the following:

"I'm excited about winter. I like winter."

"I do not like to shovel snow."

There was evidence to suggest that certain weather conditions enabled them to pursue their favorite outdoor activities (e.g., snow for skiing), but by the same token the same weather conditions were perceived by others as disabling (e.g., snow resulted in hazardous driving conditions). Both perspectives were evenly present throughout the focus groups.

Positive perspectives included the following:

"Four seasons [are] good for different activities."

"The lakes in the summer and skiing in the winter."

Negative perspectives included:

"[The] weather gets in the way of work."

"It gets very cold in the winter and most people stay in. I hate the driving conditions in NH in the winter months."

"In New Hampshire, people drink, mainly because it's negative 20 six months out of the year."

"Small-Town Feeling"

Similar to other sub-themes within the physical environment theme, there was a polarity of responses with regard to the concept of young adults' communities embodying a "small-town feeling". Some respondents perceived this feeling as warm and welcoming (49 references), while others perceived this feeling as isolating and limiting (69 references). Regardless of the perspective, this theme occurred frequently enough to justify the creation of its own sub-theme as it appears to play a role in young adult perceptions of the broader theme of community. Positive comments in this sub-theme included the following:

"It's nice to be in a small town with a homey feel."

"[New Hampshire has] friendly people, non-judgmental, who will talk to you even if they don't know you."

This is contrasted with negative perceptions that included the following:

"There is a depressive atmosphere; it does not feel as if the region is thriving."

"I have to force my friends to come visit me, because other parts of the state view us as backward and behind."

In light of these perspectives, and given the nature of the sub-theme, what's the significance of small towns from a health-risk-behavior standpoint? Naturally, health-risk behaviors exist in both urban and rural areas, but there is evidence to suggest that health-risk behaviors are slightly more prevalent in rural areas than urban areas, particularly for binge-drinking and 30-day cigarette smoking among high school seniors *(Cronk & Sarvela, 1997; NH YRBS 2015).*

"I like to think about getting out of the small town I have lived in for 18 years, and away from the influences, both good and bad, that I am constantly surrounded by. I have hope to strike out on my own and do something with the talents I have."

JOB OPPORTUNITIES AND GROWTH

The above word cloud illustrates a diverse array of words that were embedded in the responses within the theme of job opportunity and growth. The most strikingly prominent word is "College" which was featured 350 times (3.5% of all coded words within job opportunities and growth).

Young adults are at a pivotal time of their lives; some are engaged in higher education, others are developing early experiences and foundations in trade, industry, and professions all while trying to navigate through social and developmental challenges of young adulthood. What does New Hampshire have to offer with regard to employment as well as personal growth and development from the perspective of these young adults?

Before we explore the coded responses from these young adults, it is important to provide some geographical and economic context. In New Hampshire, 92% of people aged 25+ years have completed high school, or higher (national: 86.3%), and 34.4% of people aged 25+ years have attained a bachelor's degree or higher (national: 29.3%) *(Census.gov, 2016).*

To lay the foundation for this theme, here are some contrasting statements provided by the participants:

> "It costs more to go to college and it is harder to get accepted or go through the admissions process."
>
> "I'm really excited because I finished school. I have a nice lineup of things I put in for. My dream goal is getting closer and closer."

Extending from the theme, Job Opportunities and Growth, three sub-themes emerged: *Education (high school/college); Job opportunities;* and *Salaries/pay/benefits.*

Figure 6: Job Opportunities and Growth

Education (High School/ College)

"I have hope that it will become more affordable for high school graduates to attend college so they can get a higher education and find careers based on what they are passionate about. I believe this will help young adults to stay away from drugs. Extreme tuition costs are in my opinion what gets in the way of many young adults of having brighter future."

The young adult perspective of educational preparation and opportunities is helpful in understanding the circumstances and the complexity of access to education, especially college. However, many of these factors are not immediately apparent in the responses from young adults. Examples of these influencing factors include the variability of financial aid across schools and states; significant variation with respect to individual schools' admissions processes; and other individual circumstances.

Nearly one-third of young adult respondents (29.7%) are enrolled in a college or vocational school at least part time. Another six percent (6%) were in highschool, a GED program or other type of school. The largest group, 63.5% of young adults in NH, is not enrolled in an educational program and may be either in the workforce, unemployed or in transition.

There is a considerable body of evidence extolling the virtues of remaining in school and, if possible, attending higher education. While this does not necessarily guarantee enduring individual career gains, there is evidence to show that college graduates have lower smoking rates, more positive perceptions of health, and lower incarceration rates when compared to individuals who have not attended college *(CDC 2014)*. Nevertheless, there were statements provided by the young adults in this survey that tacitly conveyed that a reasonable number acknowledge the gains to be made from attending college. For example, comments included the following:

"I'm excited about higher education and that opportunity."

"Being in college gives [me] hope and optimism."

"My sense of hope lies in my education and the education of other young adults in New Hampshire."

There is consensus, however, regarding the difficulty with accessibility to higher education, coupled with the perception that there is a great deal of pressure to attend college. These quotations from young adults express their thoughts and feelings regarding this educational journey and the anxieties that some experience relative to the process. The following statements express these thoughts and feelings:

"I would have to pay for college myself, and it is a struggle."

"College is no longer a viable option."

"It's a very big thing (to their parents) that they graduate high school and go to college. It's expected of them."

TABLE 6: STUDENT STATUS

	N (UNWEIGHTED)	%
Yes, in college or vocational school, full-time	846	22.1
Yes, in college or vocational school, part-time	335	7.6
Yes, in high school or a GED program	127	4.4
Yes, in some other type of school	81	1.7
No	2913	63.5
Prefer not to answer	29	.8
TOTAL	**4334**	**100.0**

In addition to traditional four-year colleges, trade and vocational schools offer many young adults with opportunities to further their education and training after high school. In New Hampshire there are over 70 approved career schools covering a broad spectrum of potential vocations *(New Hampshire Department of Education, 2016)*, and this potential pathway was mentioned by the young adults:

"High school students in [my town] have access to career training, like nursing, automotive, and welding."

Job Opportunities

As of May, 2016, the unemployment rate for the state was 2.7% and ranked second lowest in the U.S. *(www.nhes.nh.gov)*. However, a higher percentage of young adult comments reflected a perceived lack of job opportunities. Fewer young adults provided a positive perspective regarding job opportunities in New Hampshire.

Although NH's unemployment rate is only 2.7%, according to 2013 data from Governing.com *(Bureau of Labor Statistics)*, youth unemployment was recorded and stratified as follows: Age 16-24 = 13.4%; 16-19 = 17.1%, and; 20-24 = 11.6%. These rates are still relatively low when compared to corresponding national rates of 16.1%, 24.1%, and 13.1%, respectively *(U.S. Bureau of Labor Statistics, 2013)*.

Why is the relationship between young adults and employment important? There is a compelling body of research that has examined the relationship between extended periods of unemployment and mental and physical health risk *(e.g., Hammarström, 1994; Hammarström & Janlert, 2003, and; Hammarström, Janlert, & Theorell, 1988)*. Therefore, understanding the employment and unemployment experiences and perceptions are helpful to understanding and addressing health risks in this population. Examples of young adult comments regarding employment challenges include the following:

"[It's] difficult to find consistent employment that pays enough to be stable. Seasonal employment makes it hard to get by. [It's] difficult to move out and live independently because [of] not making enough."

"There is no opportunity for my field of study, so I will not be returning to the region to live after college."

"Right now, our state is in a position where it doesn't matter how hard you work or how bright you are: there are no spots open. When a full-time individual retires in my field, the position is often split into two or more part-time spots so that the organization doesn't have to pay benefits. It is beyond discouraging."

"I am a business owner with endless possibilities, but my heroin addiction keeps me down, keeping me broke all the time, and stopping my business from excelling."

"If you don't have experience, you cannot get a job in our area."

"I love the community, but [there's] not a lot of opportunity."

Some young adults did express optimism regarding job opportunities in New Hampshire:

"I moved to New Hampshire because it was my future. Moving here gave me hope."

"Social media provides more opportunities; [it's] easier to get yourself out there (scouting for jobs [for example])."

"[There are] opportunities for young people because of [the] aging population."

"[There are] choices in careers, and choice in where you can go to school."

Although the predominant focus of this sub-theme was on job opportunities, there was mention of a lack of resources for finding out information about the job market and for discussing job prospects/opportunities, as exemplified by the following quotation:

"Graduating college has given me hope about jobs, but I feel like there aren't enough resources or information to finding jobs that interest me. I also don't know what I want to do when I graduate."

Concern with job resources is a key aspect for consideration, especially because effective resources in this specific domain can support young adults by helping to bridge the gap between their employment goals and the opportunities that will help them realize those goals.

A majority (84.8%) of the survey respondents indicated that they were either self-employed or employed full- or part-time. This is significant because it corroborates the focus group perspectives that were categorized as reflecting that there are other opportunities for young adults in the state.

TABLE 7: EMPLOYMENT STATUS

	N (UNWEIGHTED)	%
Employed for wages, full-time	2450	54.2
Employed for wages, part-time	1061	26.1
Self-Employed	182	4.5
Not employed, looking for work	342	8.3
Not employed, not looking for work	296	6.8
TOTAL	**4331**	**100.0**

Low Salary/Pay/Benefits

Closely aligned with job opportunities are concerns regarding job salaries and benefits. Relevant state and national data relative to salaries and wages may provide helpful context for understanding the young adult perspective:

- In New Hampshire, the median household income is $65,986 (national: $53,482).
- The annual per capita income in 2014 dollars is $33,820 (national: $28,555).
- The percentage of the population living in poverty is 9.2% (national: 14.8%).
- The number of persons without health insurance, under the age of 65 years, is 10.8% (national: 12.0%) *(Census.org 2016)*.

Focus group comments in this arena reflected the impact of deficiencies caused by low salaries and limited job benefits.

"I find it sad that there is no way for me to live independently, yet I work full time, have two Bachelor's degrees and am pursuing a Master's degree. It seems like I work 35+ hours a week so I can afford to go to school and buy essentials like food and clothing."

"The new prison workers turn around every two years. This is a challenge in creating community."

"The fact [is] that jobs no longer come with pensions."

"[The] minimum wage [is] too low to live on."

"We need more options for full-time employment for positions that pay a fairly basic but living wage."

"[I'm] never going to be able to retire. What you pay in, at 65, you're not going to live off that."

"I work as hard as I can, but the money is already gone. I can't work 9-to-5. [There's] not enough to cover expenses."

GENERATIONAL DIFFERENCES

The prominent role of parents, family structure and the tensions being faced by these emerging and young adults are evident in the word cloud above. Despite the technological and educational advancements in our society, young adults are facing economic and social barriers today that impact physical, family, career and economic success. Recent Pew Research Center findings reported that millennials (youths and young adults) are more likely to be burdened by financial hardships than any previous generations; however, they remain optimistic about their future *(Pew 2016)*.

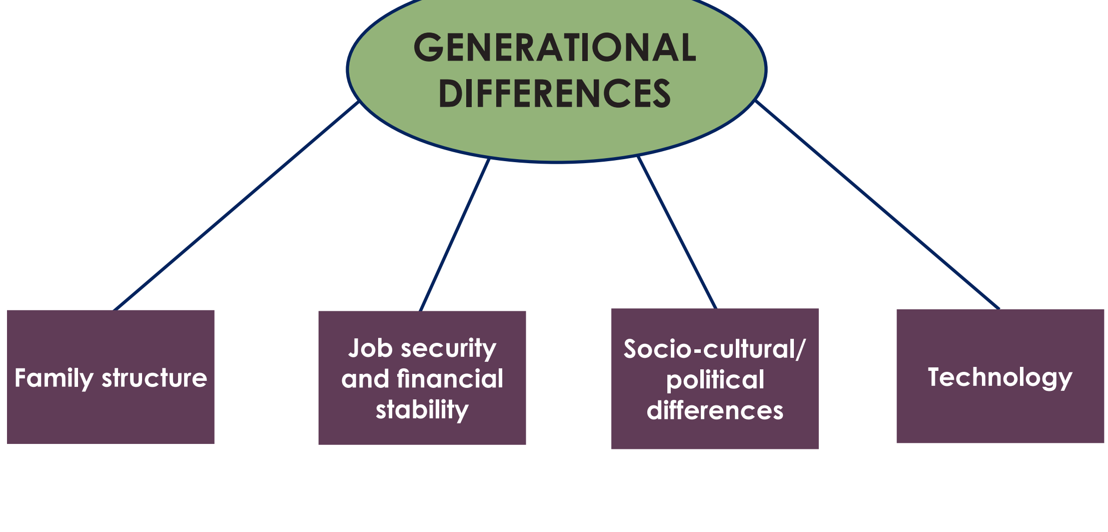
New Hampshire young adults mentioned similar challenges and noted that they are an entirely different population than their parents were at their age. In this section, generational differences are explored as the main theme while highlighting components related to the sub-themes of F*amily structure, Job security and financial stability, Socio-cultural and political differences*, and *Technology.*

What was asked?

How do your own challenges different from your parents experiences at your age?

"Now student loans are more available but harder to pay back. Jobs are not available that can pay for living and loan repayment."

Figure 7: Generational Differences



Family Structures

Across most cultures, family structure has been considered a close-knit system for members. In this assessment of young adults, the majority highlighted the importance of family rules and structure while growing up. Several comments indicated a perception that being raised in a stable and structured home instilled them with discipline and morals.

> "I was luckily brought up right and understand how to say 'no'. That's the biggest problem, being afraid to say 'no' and standing up for what's right. That's not 'cool'."
>
> "My parents were a lot like me, they graduated from high school and went away for college and they came back to raise their family."

Some young adults also expressed concerns regarding a shift in family dynamics. One focus group participant indicated, "I would love to raise a family and find a man who provides but that doesn't really exist anymore… family dynamics have completely changed." Two participants from another focus group noted that they do not have any form of support from their parents. Some of the participants echoed similar perceptions:

> "The divorce rate is so high; most of my patients don't have parents who are still married. Not really many examples of healthy relationships."
>
> "Back in the day they were raised with rules/structure. Kids don't have structure."

In spite of changes to family structure, New Hampshire young adults do indicate they would trust their parent (51.3%) or another family member (29.3%) in case of a serious problem. They also report relying on their significant others (56.1%) and friends (62.8%) in difficult situations. (See Table 5).

Job Security and Financial Stability

In the United States, the young adult population has the highest rate of unemployment with an average of 25.8% among 16 to 19 year olds, and 15.5% among 20-24 year olds in 2010, reporting unemployment during the recession period *(Pew 2015)*. Although the recession has stabilized and the economy has improved significantly, many young adults face difficulties in job security and financial stability. In New Hampshire, a 2013 report indicated that the unemployment rate for young adults ages 16 to 24 was 14.0% while the average young adult makes approximately $3,000 less per year than young adults did in 2005 *(Young Invincibles 2013)*.

More recently, young adults have reported that jobs are difficult due to the cost of living rising rapidly. One young adult stated, "It's hard to get your own place, more difficult to get a good paying job, health insurance." Moreover, the cost of living expenses are high according to young adults. "We have so [many] expenses today: gas, college, etc." Furthermore, young adult focus group participants expressed that tuition costs in public and private colleges are unreachable. Despite accessibility to scholarships and student loans, more youth are graduating with higher debt and low-paying jobs, and they are finding it increasingly difficult to find education-level appropriate jobs *(Peralta 2014)*.

> "I would like to own a house and have children, but I'm concerned my wages will not be enough/increase enough to facilitate that. I know that it will take longer to obtain those things compared to my parents."

Due to increasing financial burdens, more youth and young adults are returning back home in shared living arrangements with parents, friends or spouses.

> "Can't get a house, if you want a house you need a big down payment. Renting a house is difficult. The minimum wage for parents, basic cable, phone and house, and now we have cell phone bills, laptops, schools."

As indicated by statewide findings, over half of NH's young adults (52.8%) are living in a house or apartment with friends, or a spouse or partner. One-third of NH's young adults who are not in college live with a parent or guardian. Young adults shared what they felt were unreachable life goals due to limited employment and wages, including getting married, moving out on their

own, owning a home, pursuing college, and finding meaningful employment – all ingredients to a vibrant community and state economy.

"[I'm] scared that I might need to go live back at home."

The following table reflects young adult living arrangements. The largest percentage of young adults (43.9%) reported living with a spouse or partner, followed by 30.1% reporting living with a parent or guardian.

TABLE 8: CURRENT LIVING ARRANGEMENT- PERSONS NOT IN COLLEGE OR VOCATIONAL SCHOOL

	PERCENTAGE
House or apartment with parent or guardian	30.1
House or apartment alone	8.6
House or apartment with friends	8.9
House or apartment with spouse or partner	43.9

Financial instability was one of the most consistent concerns voiced by young adults in the state. They appeared to be well aware of its impact on their opportunities for success and growth.

Socio-Cultural/Political Differences

Currently, the millennial generation is one of the largest populations and the most diverse group in the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic status, religious beliefs, class, and other characteristics. This generation is more likely to self-identify as liberals and are more accepting of individuals regardless of their racial or ethnic background or sexual orientation *(PEW 2010)*. Similarly, NH young adults have identified as a unique, independent, optimistic and accepting community.

"I have a true sense of hope for the future as my generation starts the journey of young adulthood. As our society shifts and molds into new ideals and beliefs, the younger generations are witnessing the backlash of old morals, targeting people of color, LGBTQ+ people, people with low income, Muslims, the mentally disabled, and people with a mentally disabling addiction to drugs. I hope that we as a society can continue in the path of going against the generations who raised us and continue to accept and understand humans as a race."

Some NH young adults shared that the state is losing its sense of community in these modern times. For example, one stated, "there used to be community baseball, local mini marts and more people…Everyone used to come to watch ball games, Prom Walk, and other youth activities." Similar concerns included the sense that they are not able to trust their neighbor like they used to and that people "don't help each other out."

"Parents used to let kids ride bikes to the park or play football but now you drive past and don't see that."

"What gets in the way is my generation not really caring about issues and letting older outdated people decide what is best."

In addition, there is high societal and economic pressure to enroll into higher education such as colleges and universities for better employment prospects. Young adults felt that there are high expectations to succeed in high school, enroll in college and find a well-paying career to improve their lives physically, emotionally, and financially.

"We feel more pressure to be perfect, go to college, and succeed."

"High expectations are unrealistic for us, there is no time for me."

"Young adults are being forced to find their own ways to cope with stress and anxiety."

Young adults in NH felt that in the past youth could get a well-paying job after completion of high school and that their parents did not need a college education in their generation to have be successful. Young adults also expressed concern about a diminishing focus on vocational and trade schools.

"Parents didn't need to go to college to be sustainable. Now people basically have to go to college to get any sort of job."

"To be competitive you need a Masters; before a bachelors was OK. [There is a] lost appreciation for vocational education."

Research supports their intuition. According to Recovery Report done by Georgetown University, 65% of jobs in New Hampshire in 2020 will require a post-secondary education *(Recovery Report 2014)*. Similarly, NH young adults stated that "society puts so much stress on you for going to school, but no one realizes how hard it is for people to go and be able to afford it, and it creates this stigma towards people who cannot afford to go to college." Therefore, better and affordable financing options for youths are needed to ensure that they can enroll in and afford college.

It is clear from the perspective of NH young adults that they need to have diverse and ample opportunities to pursue their passions and career development without significant financial burden.

Technology

The 2013 White House Report on millennials conveyed that the millennial generation is the only generation to have internet access during their formative years (WH Report 2013).

"I believe that now-a-days children growing up are more technologically advanced due to some of the newest products such as iPhones, tablets, etc."

This unique generational marker is seen as a benefit by NH young adults, who reported that access to technology is integral and beneficial in their communication, research and ability to stay informed and engaged. The ease of access to technology is widely recognized as a significant benefit for the current generation of young adults. A majority of NH young adults agreed, stating:

"My life is easier because I can have everything in the palm of my hand, but I connect with my friends on a screen more than with them in a face-to-face, unlike my parents."

"Research was more difficult for them. Much easier now."

"News media isn't what it was, people aren't watching it anymore, so majority of information comes from Facebook or Twitter."

The statewide survey findings reported that almost 95% of NH young adults found out about the survey through access to social media while the rest through friends or a community newspaper. This emphasizes the importance of technology in the daily lives of the young adult population in the state.

Although expanded access to technology has been demonstrated to promote connectivity and collaboration, this is not always the case; there can be detrimental effects including limited interaction and communication among young adults.

"Technology has its benefits; it [also] creates problems when they don't communicate well with one another."

Furthermore, NH young adults cited difficulties with technology creating a communication barrier with older generations. Young adults expressed feeling burdened having to educate parents and the older generation regarding technology. Young adults clearly articulated the generational differences due to technology:

"They weren't in the era of technology; they don't understand our world."

"Technology is making us lazier and less empathetic than our parents."

In addition, young adults recognized that technology access has resulted in unintended consequences including cyber bullying, cyber stalking, and direct loss of jobs.

"Current technology leads to cyber bullying issues."

"Parents didn't have social media and ways to publically embarrass other people."

Overall, NH young adults have noted that technology use can be detrimental if not used properly but have also noted the many successes of technology in improving life and making it efficient.

"I feel as though technological progress will be the great savior for not only my generation but for the world over. Advances in science and medicine are necessary to move forward in life both as individuals and as a community."

SENSE OF HOPE OR OPTIMISM

School and substance use were central to the theme of hope, optimism or discouragement in the word cloud generated from the comments of the focus group participants. The stressors faced by young adults that contribute to substance use were also cited as being sources of hope and optimism.

It is broadly recognized that young adults with a sense of purpose are psychologically healthier than their peers *(Shek, 1993; Crumbaugh & Maholick, 1967; Kish & Moddy, 1989)*. Convinced of the positive role purpose plays in healthy development, researchers have increasingly begun to call for fostering purpose among young people (Benson, 2006; Damon, 2009). Having a sense of purpose and hope are directly linked to a sense of well-being (Bronk 2009). Hope and optimism are identified as character strengths and represent a focus on future aims and are directly related to having a sense of purpose.

"[I am discouraged by] the lack of working for what you have these days, my parents made me work for everything I had, but my friends get a new car and their parents pay for college. So they are free-loading it. People don't actually grow up knowing what they should do."

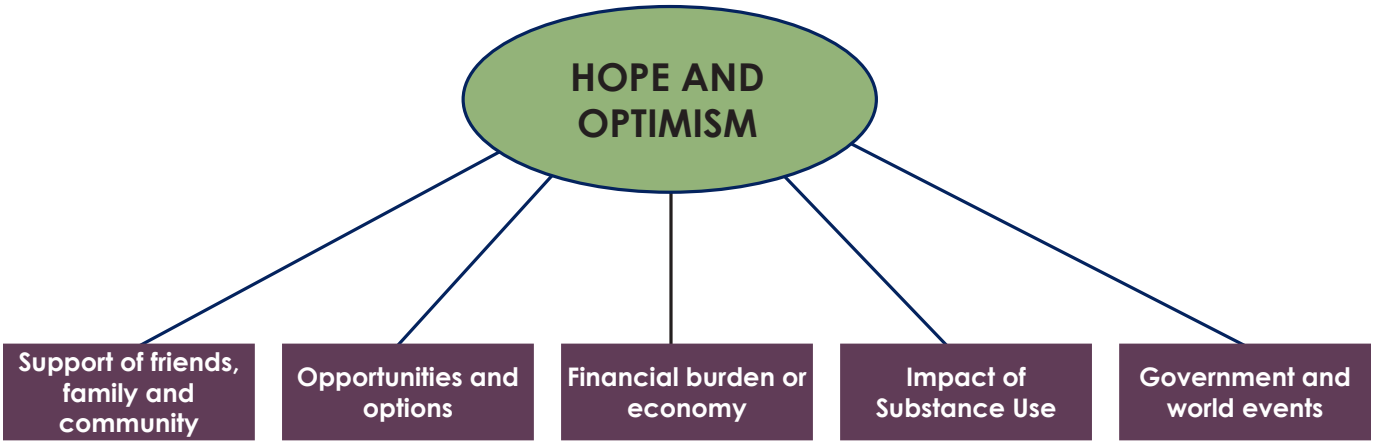
The focus group participants were asked about what gives them hope or optimism and what discourages them. There were four elements related to hope and optimism that were mentioned by the groups: *Support of Friends, Family and Community; Opportunities and Options; Financial Burden or Economy; Impact of Substance use* and *Government and World Events*.

What was asked?

What gives you hope or optimism?

What discourages you?

Figure 8: Hope and Optimism



MOST COMMON SOURCES OF HOPE:	MOST COMMON SOURCES OF DISCOURAGEMENT:
• Friends, family and community • Opportunities for growth and learning • Seeing others succeed • Sense of control over one's life	• Economy or finances • Poor work ethic and immaturity of their generation • Government, politics and world events • People disrespecting each other

Support of Friends, Family and Community

A majority of group members stated that support from their family and friends gives them hope and optimism. Family, in particular, plays a key role in providing young adults with hope and encouragement. For example, one individual mentioned his dad and the hard times he has gone though and that he doesn't want to let his dad down. Other individuals mentioned looking up to siblings or other mentors and not wanting to let them down.

Overall, the strongest sources of hope expressed across the focus groups were friends, family and community – specifically being supported or involved in the community. This was echoed in the sentiments about being encouraged by seeing others succeed.

> "Watching other people grow- seeing progression in friends, seeing them overcome things. Helps you feel not alone or that there is no way out."

Having an impact on others in a positive way gives young adults hope: "impacting others so they can impact others." This was expressed by a young adult who works in the field of early childhood education and after school programs who has been able to work with families to help them navigate away from negative behaviors. "The things that we can do can have an impact on others." Participants mentioned that doing community service work also gave them hope. The theme of giving back to the community was repeated by almost half of the groups. Participants felt that they could have a positive impact on the youth in their community through being positive examples.

> "Support from my family, friends are a huge source of hope, seeing others get through hard times gives you hope."

In one particular focus group, respondents were most optimistic about "the good people" in their small towns. According to the group facilitator, the participants were aware of negative aspects of their town; however, they also recognized that the caring of neighbors was a very positive influence. One participant stated what gives her hope is "the possibility of everyone working together; the fact that things can be different. There are so many possibilities."

When asked what gives them hope or optimism, focus group respondents mentioned "feeling appreciated." Knowing they are appreciated gives them the encouragement to push forward through work, school,

or a difficult situation. One individual mentioned when others say "good job" it feels good and that they like it when others notice the "small things".

On the other hand, it was also shared that sometimes the support they have is not positive but that there is no one else to turn to. "There are lots of parents who are heavy drinkers and their kids who witness this grow up to drink."

> "All of my friends do Percocets, Adderall, suboxone. I don't see hope. I don't even want to be friends with them but they're all I've got."

One group shared the lack of community between people from different backgrounds as discouraging. "People seem to stick with their own class and don't see what's going on outside of their own world. Having more gets you more out of the system." They felt the system favors those whose parents "gave them a voice".

> "Our generation struggles with emotional issues more openly than my parents."

Opportunities and Options

Being in college was a common theme for what gives young adults hope and optimism. Specifically, meeting many different people at school, being on track to earning a degree, and plans on getting a job after school gave them hope and optimism. The perception is that there are opportunities and options aligned with a general sense of control over one's life and a general expression of optimism about life.

> "I have a say in my future, there are choices beyond high school that are not just college, there are resources to help people when they need stuff like heat or food, choices in careers and choice in where you can go to school."

Not having to stay in New Hampshire for the rest of their life and having the option to leave New Hampshire was another common sentiment. Participants state the desire to move to bigger cities, better job markets and more opportunities outside of New Hampshire.

One group member stated that the job competition is discouraging and that "we could be wasting four years and spending an insane amount of money to not be able to get a job once we graduate." When asked what was contributing to the lack of jobs, technology was often cited as a culprit. "There are fewer jobs because of advances in technology."

Other group members stated that balancing school and social life can be discouraging. One group member stated that "There isn't enough time to do everything you want to do. You have to choose one thing or another." One group member added to this by sharing the term "FOMO" which stands for "Fear Of Missing Out," which drives many young adults to over extend themselves.

Boredom was mentioned as a source of discouragement but the majority of young adults felt that there are a lot of opportunities to better themselves or to enjoy the state as a whole. It should be noted that those who felt that they had things to do also expressed more hope for their future.

The Impact of Substance Use on Hope

Being able to access treatment was a source of hope for many focus group participants who indicated they had a substance use problem. Among the survey respondents, 5.2% indicated that they personally tried to find treatment for problems with alcohol or other drugs. Of those who tried to find treatment, 59.8% were able to get the care they needed.

> "I am an addict/alcoholic and will always be one. I'm blessed to have joined a rehab and then a 12-step program that has kept me clean sober and happy for 16 months since then. There is hope for everyone."
>
> "Not all kids party – when I meet someone who doesn't party, I feel like we are standing up for morals and beliefs."

Many of the participants indicated that they were discouraged by the amount of alcohol and drug use and how indifferent people are to the consequences of using. "[There are] not many places to go that do not have drinking or smoking." Many expressed frustration with the amount of use and how many of the people they know who binge drink or use drugs.

"The drug epidemic is really discouraging along with all the shootings and acts of terrorism."

Participants wished they had more solutions to address the binge drinking problem. One individual stated, "People can't do anything about the issue, and it won't ever stop." Another individual stated, "Personally, I don't think there is a solution. People will always drink and do stupid stuff." While a common rationale for alcohol use expressed was boredom, young adults also reflected there is more driving the use than boredom alone. One person observed that, "they have to drink every night… it isn't just because they don't have something to do, it's more than that."

"I feel that the current problems with youth escapism is using drugs can be directly linked to hopelessness regarding their future. Right now we are underrepresented where our economic rights meet our education. We cannot attempt to afford the things we want because we have become so burdened by our education that many simply stop trying and find it easier to escape their problems then to face them as there is no assistance."

The stigma and fear of being judged was a motivating factor to discourage use. When asked what keeps individuals from seeking help, participants mentioned that individuals may be afraid to go to people to ask for help, or are afraid to tell important people in their life that they may have an issue. They are discouraged by the stigma associated with substance use disorders, embarrassment, being judged by others, and generally not knowing how to tell someone or seek help for the issue.

Financial Burden or Economy

When asked about what discourages them, a majority of focus group participants mentioned financial strains: specifically the cost of college, college loans, paying off debt, low wages, and cost of healthcare. One participant summarized this idea by saying they were discouraged by:

"Feeling like I have to do everything on my own and thinking about the future and thinking how am I going to do this. How will I proceed in life without any, I do have support but not to do things like applying for college or financial aid or what have you."

Other focus group participants noted that the lack of financial resources and guidance on obtaining the resources that exist can create a sense of confusion and isolation. This concept is seen in the response of one participant, who said:

"I have crushing student loans. I work full-time and cannot get ahead. My husband lost his job last year and I had to pay my bills on credit cards. Now I have over $30,000 in credit card debt on top of $95,000 in student loan debt. I often feel like giving up. There seems to be no way out from all this debt."

One participant felt skeptical about ever being able to retire, stating: "what you pay in, at 65 you're not going to live off that." Another participant expressed skepticism in being able to save money for the future, noting that, "you make enough money but by the end of the week there is nothing left."

Many focus group participants expressed frustration and hopelessness with their financial outlook. One respondent stated that there was not a whole lot that gave him hope. "You have to work – can't not work. You used to be able to start a farm, you can't just start a farm now --- you can't sell a head of lettuce for $18. Raising the minimum wage will increase cost of living. We're in a failing system." These feelings of hopelessness were also expressed with regards to the financial outlook of their communities and the country as a whole.

"I think sometimes it is hard to be hopeful, the government isn't working, jobs don't pay well, it is hard if you are from a rural community, you have to be able to afford to live in the city you want to find a job first, that can be hard."

"[What gives me hope is] advancement in my career and growth of my community in positive directions, specifically around sustainable choices that will both support the local economy for years to follow. What gets in the way of this hope is the economic setbacks of the country & the growing necessity to gain further debt on top of the looming debt that was a result of education and advance to a success in careers."

Government and World Events

As noted earlier, there were several poignant discussions highlighting that government and world events impact young adults' sense of hope. General themes revolved around changes in our country; crime; political stalemate; and environmental issues not being seriously considered or addressed. These sentiments are illustrated by the following participant quotations:

"I get discouraged about what upsets people in America and what they riot over. When a sports team loses people freak out but when certain bills get passed no one notices."

"The principles and ideals of the United States government in regards to public education, climate change, civil rights, the food industry, prescription drugs, etc., stand in the way of my success and my dreams of a positive future."

"Seemingly insurmountable global issues inspired by hate gets in the way of hope."

"Human aid and connection, kindness, spirituality all give me hope. What gets in the way of this is seeing mass murders, genocide, bombings, racism, and general hatred all over the world. Feeling helpless."

Young adults state that they are also frustrated by being under-valued or discouraged by people around them. There were frequent statements about "close-minded" people and a lack of respect for one another. "[Some people] are very set in their ways and they don't want to respect that people have a different opinion than them." This individual was told by a guidance counselor that they would not get in to any colleges, when the individual eventually was accepted to all the schools to which they had applied.

Observed generational differences are discouraging to respondents. For example, they mentioned the experience of being "surrounded by wealthy kids who are upset when they don't get the newest car for their birthday, but when you step off campus, there are a lot of homeless people and a lot of poverty." Young adults expressed a sense that people tend to be self-involved instead of focusing on helping others and addressing disparities.

"Our generation's focus is 'what's trending'- hottest celebrities, etc."

"Our generation expects the same level of living after moving out of parents' home. [They are] whiny and are not appreciative of what they have. [They] do not want to work hard or earn things."

PERCEPTION ABOUT SUBSTANCE USE IN NH

It is broadly accepted that as a person ages they will experience changes in their own use and related attitudes and beliefs about alcohol and other substances. As young adults move away from family homes and experience more independence, they are at the same time faced with easier access to alcohol and other drugs. New relationships are formed while responsibility and personal accountability increase. "When adolescents become young adults they often leave the family home and the influence of parents on their children's friendships decreases" *(Andrews 2002)*.

Factors that influence substance use have been established in research. For example, where an individual lives and her/his personal perceptions about substance use as a problem play a key role in the actual use of substances. The 2010 Monitoring the Future study reported on the various ways social context influences the likelihood of using substances. "The environment can provide social modeling of, and social norms regarding either use or abstention from use. It can also influence the availability of drugs (through friends and friends' contacts) and bring about an awareness of new drugs (knowledge of their existence and potential for altering mood and consciousness)" *(Johnston 2010)*.

> "If you keep drinking, it's easier to do drugs too because you aren't thinking clearly. Taking pills is dangerous because you don't know what you are getting, it's safer to drink."

There have been significant changes in the social acceptability of substance use among young adults. Attitudes and perception of substances as a problem in the community may predict rates of actual use by young adults. For example, a theme that came from the focus groups was that binge drinking is very common and generally accepted on college campuses while, comparatively, it was less socially acceptable in the general community. This is reflected in the actual rates of binge drinking by college-going young adults which were higher than their non-college working peers.

What was asked?

Do you think there is a problem with binge drinking, prescription drug use or heroin in your community?

- If yes, in what way is binge drinking a problem? If not, why not?
- If yes, in what way is prescription drug use a problem? If not, why not?
- If yes, in what way is heroin use a problem? If not, why not?

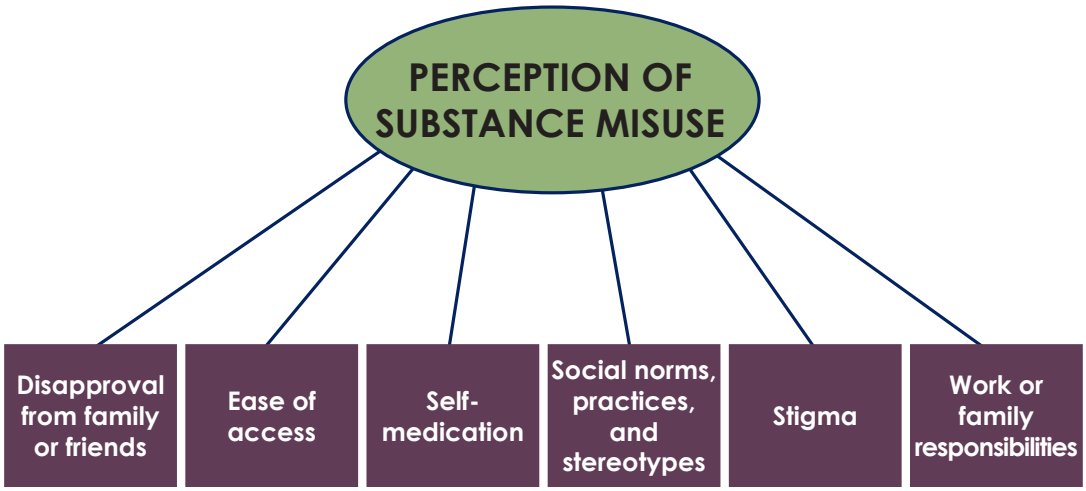
What do you see as the top reasons young adults binge drink?

- Why do you think some people your age don't binge drink?

What do you see as the top reasons young adults misuse pain medication? (misuse means using pain pills not prescribed to them, or misusing their own pain medication in a way not as prescribed).

- Why do you think some people your age don't misuse prescription drugs or heroin?

Figure 9: Perception of Substance Misuse Threads



There were six themes that emerged from the discussions about perception of use in the community and the reasons a young person may choose to use, or avoid, a substance. The themes identified include: *Disapproval from family or friends; Ease of access; Self-medication; Social norms, Practices, and stereotypes; Stigma;* and *Work or family responsibilities.*

The young adult discussion focused on whether the participants felt that there is a problem with binge drinking, prescription drug use or heroin in their community. Over eighty percent of the focus groups reported that one or more of these substances were a major problem in their community. Binge drinking was rated as a problem by 84% of the groups.

Binge Drinking

It was generally accepted that it is normal for adults, parents, siblings, friends, and peers to binge drink.

> "Everyone including my parents drink heavily and often here in [my] area."

Participants felt that youth and young adults are exposed to binge drinking at earlier ages. One participant said, "Boredom is the primary reason for drinking. Many teens just want friends and to fit in, so they start drinking. Drinking helps you relax." Boredom, stress-relief, and peer pressure were the most common reasons given as to why young people choose to binge drink.

Focus group participants also suggested that many young adults assume that substance use, specifically binge drinking, is a source of entertainment. One participant stated, "Kids grow up to think that they need to drink to have fun." Another participant said that, "they think that it's cool to be more drunk than somebody else at a party." Possible reasons for excess drinking in the collegiate social setting include less parental supervision; wanting to impress friends/opposite sex; as a coping mechanism or to escape from reality; or as a rite of passage for older youth and the college experience. The general attitude was that binge drinking is normal and is simply part of growing up. One-third of the focus groups (32.8%) indicated that drinking was a social norm. One participant noted that, "it's been the social norm for so long."

Although young adults shared perceptions that binge drinking was less harmful than other drugs, it was recognized as problematic. Even the groups that indicated binge drinking was not common in their community agreed that the consequences resulting from binge drinking were a problem. This sentiment is summarized by the following quote:

> "Binge drinking is a problem because they will often say that they will not drink too much and they end up doing [it] which causes individuals to do dumb stuff which they may regret, blacking out, and/or throwing up. It also interferes with homework and other activities."

Further, focus group participants reported perceiving that young adults do not consider the behavior to be worrisome or as having potential legal implications. Focus group participants expressed very little regard for it as a problem and used phrases including social acceptance, boredom, entitlement (especially college

students), and rushing to grow up to describe the young adult attitude toward drinking. One participant said:

> "Drinking isn't that much of a problem, it's the heroin. It's ok to drink, but if you are drinking every day, then that is too much. Most of the people I know just party on weekends. They are hung over; it's just what happens."

Prescription Drug Misuse

When asked about prescription drug use, 81% of the groups indicated that it is a problem. The general consensus was that prescription drugs are very easy to get and always available. Over one-third of the groups (34%) mentioned it being easy to get prescription medication from a doctor, friends, or a home medicine cabinet. One participant stated, "If someone gets hurt they automatically get a prescription for pain. That's where my addiction started, with a bad knee. I had no idea I was an addict until I started taking medication."

The most common prescription drug mentioned was Adderall. Diversion of prescribed Adderall was discussed, particularly in school settings. One participant said, "People in school who have them were giving them out and I started doing them. If it wasn't for friends or peers having them, then I never would have started doing them." Peer pressure was also mentioned as playing a key role in exposure to and use of prescription drugs. One focus group participant even went so far as to say:

> "Being out of school relieves a lot of pressure NOT to do it."

While prescription drug misuse was identified as problematic by some participants, there was a portion of the focus group participants that had heard of such misuse but had not experienced it firsthand. One participant said:

> "I hear about parties where they share drugs. I guess if you hang out with kids like that you would see it, but no one I know is doing drugs."

Heroin

The path from prescription drug use to heroin was mentioned by a few as inevitable. One participant said, "Prescription drugs lead more directly to harder drugs, and going to cheaper options [like] heroin." Another added, "Trying something once can change you forever." Many individuals stated that they know someone directly affected by misuse or addiction. Most also feel that heroin has become a bigger problem in the last few years compared to when they were younger.

> "[I] can't believe the number of people that are found overdosed. It feels too common."
>
> "I am really afraid for the new set of teenagers, the drug epidemic is getting worse. I'm terrified for my son when he becomes my age."

The rise in heroin use was a major topic of conversation among focus group participants. The age of onset for heroin was of primary concern, with one participant stating that heroin is "getting to younger generations, is easy to get ahold of, and cheap." Some participants suggested that they thought people can be more easily influenced to use heroin if they have a personal relationship with someone that uses it. This was echoed in sentiments about the social norming of heroin use and that using is very common.

> "It is a culture. There are people living in apartments together and using together and living their lives together to get more drugs. It's sad and it's sick but they will never take help unless they think they need it."

Heroin is, according to the respondents, becoming a fad and just a normal thing to do. One participant said, "In [my town] it is easier to get heroin than to get pot; people are switching over."

> "Half my friends use heroin, they are 60 pounds now [including] my best friend that I grew up with. I don't talk to her anymore."

"I saw a newspaper front headline say 'Drug Dealers paradise, why Heroin is $200 in Mass but $50 in NH'. That is awful publication and it promotes the idea that heroin drug dealing is a job."

The low price of heroin was mentioned as a reason for heroin being such a problem. Nearly one quarter of the groups (24.1%) shared comments related to heroin being the cheaper alternative to prescription drugs. One respondent stated, "The cheap price made me think that I was getting more out of it and higher from using heroin, when really I didn't even know what's in it."

Heroin and drug addiction are traditionally not dealt with well according to the participants. The problem was discussed in the context of criminalization versus treating it as a health issue. Consensus was that drug use should not be criminalized because it is a health matter.

"[I am] in favor of methadone clinics, people should be able to have medically monitored weaning (methadone or heroin), [you] can't just stop prednisone so shouldn't do that with heroin or drinking."

In the focus group discussions, the reasons expressed for not wanting to use or to limit the consumption of alcohol focused on family, peers, and stigma.

Table 9 shows that the top three reasons for limiting drinking given by survey respondents were related to driving, interfering with other activities, and cost. Of note is the finding that "My friends don't drink" was the least common reason provided for limiting use among the survey respondents. This may be a reflection of young adults' choices and actions being relatively independent of the influence and behaviors of the peers.

TABLE 9: REASONS FOR AVOIDING OR LIMITING DRINKING BY AGE GROUP

IF YOU CHOOSE NOT TO DRINK AT ALL OR TO LIMIT YOUR DRINKING, HOW IMPORTANT IS EACH OF THE FOLLOWING REASONS FOR YOU?	18-20	21-25	26-30	ALL
I'm not old enough to drink legally	67.3%	--	--	--
I'm going to drive *	45.1%	**57.0%**	55.8%	**53.2%**
It interferes with my school, work, or fitness activities	**38.7%**	33.8%	34.0%	**35.2%**
It costs too much money *	29.4%	**41.3%**	33.2%	**35.0%**
People in my family have had alcohol problems **	**38.0%**	33.4%	31.6%	34.0%
It is bad for my health	**35.0%**	30.7%	33.3%	32.9%
I don't like the taste / I don't like the way it makes me feel	25.8%	**26.4%**	24.7%	25.6%
I don't want to disappoint someone I care about*	**19.6%**	11.4%	13.9%	14.6%
Drinking is against my values *	**17.9%**	8.4%	5.4%	10.0%
My friends don't drink*	**7.2%**	3.2%	2.1%	3.9%
Some other reason*	9.4%	17.9%	17.3%	15.3%

**p <.0001*
*** p<.05*

Disapproval from Family or Friends

Across the focus groups there was also a consensus that having a strong support network of family, friends, and co-workers helps deter use. Quite a few stated that they do not use drugs because parents instill good values about not doing drugs. When asked the reasons they choose not to drink at all or to limit their drinking, 14.7% of the statewide survey respondents stated that they did not want to disappoint someone they care about. Focus group feedback indicated that those who do not binge drink make that choice because they are motivated by something else, such as education, career or family. The most common reason for not drinking was summarized in the following quote:

> "I have never drank in high school. When I had sips, I felt guilty because of how I was raised. It served no purpose for me to drink."

Family and friends were most often referred to as protective factors and reasons not to use a substance. Family history of addiction or genetics was cited in half (50.9%) of the groups as the top reason for not binge drinking. Comments from participants revolved around not wanting to disappoint or burn bridges with family and friends. There were many comments about not wanting to repeat family history or make mistakes they have seen others make.

On the other hand, participants who did drink provided family as a rationale for why they did choose to drink. For example, one participant stated, "Alcohol is legal and family traditions are around alcohol." Focus group participants also mentioned genetics or the disease of addiction as a contributing factor in their drug use behavior.

> "I had two parents who loved me, and the next thing I knew I chose to go down that path to get high. If someone doesn't have the genetics, someone can pick it up and put it down. I have the phenomenon of craving. I have overdosed a number of times and the love of my mother will not stop me from getting high. Once you cross the line of addiction you have lost the ability to choose."

As seen in Table 9, peer use of alcohol was the least common reason provided for not using or limiting alcohol intake. According to Andrews, et al, "Socialization by peers can be viewed both as a risk factor leading to an increase in the substance use of the young adult, or conversely, as a protective factor leading to a decrease in use" (Andrews, 2002). Through the lens of social learning theory it is understood that an individual typically models the behavior of those people they value. Friends and peers they admire can have a strong influence on the young adults' use or avoidance of substances.[3]

Half of the groups indicated that the reason young adults binge drink was for socialization or as a way to get attention. People start drinking at a younger age as an act of rebellion. They think "everyone is doing it" and support each other's bad choices by making it acceptable to drink and get drunk." Peer pressure or that "everyone is doing it" was the third most common reason for binge drinking (43.9%) provided.

> "Most would consider themselves social drinkers because they only drink with their friends. But, that means everyone is a social drinker here at [my college]."

Similarly to social acceptance associated with drinking, young adults expressed that people may be more easily influenced to use heroin if they have a personal relationship with someone that uses it. People care what others think and want to be thought of as a member of that group; thus young adults are strongly influenced by positive peer pressure. For example, one participant spoke of his best friend in this way: "He told me he didn't like how I was acting and what I was doing. I was mad at him at first, but then I realized he was right and I needed help."

[3] This correlation was not as strong when looking at illicit drug use which may relate to hard drug use being more intrapersonal (Andrews).

Many young adults gave reasons for not asking for help that included being afraid to "make a fool out of themselves," afraid of their "mistakes" showing up on social media, and not wanting to get caught. However, as one participant noted, "[Your] friends know anyway."

Ease of Access

Young adults provided several reasons why they feel alcohol is easy to access for underage youth. One participant echoed this after saying, "There are so many stores down town to get alcohol: [within] walking distance." They also noted that it is easy to get it at home, and it is normal for parents and siblings to drink in front of youth. Young adults expressed ease of access because it is a legal substance for friends, siblings or acquaintances that are 21 or older. Easy access to prescription medications was mentioned by nearly every group.

> "Kids use [medicines] because they are accessible. Just go to a medicine cabinet."
>
> "Finding any drug is very easy. But getting help is very hard."
>
> "Some drugs are easy to get, you don't have to buy them on the street, like Adderall, just tell your doctor you can't focus and boom, you got it."

Respondents also suggested that alcohol is more difficult to obtain than other drugs due to age restrictions for purchasing in stores. Participants thought that there is more access to drugs and that it is harder to get alcohol if you are under 21.

> "[It is] harder to get alcohol due to age. Easier to get drugs. Drugs are cheaper."

Survey respondents were also asked about ease of access in obtaining prescribed medications without a prescription or accessing other drugs. Most felt that the substances listed are somewhat or very easy to access (Table 10). Alcohol is considered by many to be harder to get than prescription medication. One participant reported, "[It is] easier to get drugs [than alcohol]. Drugs are cheaper." Prescription stimulants were perceived as being somewhat or very easy to get by 76.6% of the young adults in the state. Heroin or fentanyl was perceived as easier to get in comparison to prescription pain relievers or sedative/tranquilizers.

Young adults were also asked where they received prescription stimulants in the past year. Table 11 shows that the most common way young adults get the prescription medicines they use is from a friend or relative for free (55.9%) or they buy it from a friend or relative (27.0%).

TABLE 10: EASE OF ACCESS TO DRUGS OR MEDICATIONS WITHOUT A PRESCRIPTION*

	PRESCRIPTION PAIN RELIEVERS	PRESCRIPTION SEDATIVE/ TRANQUILIZERS	PRESCRIPTION STIMULANTS	HEROIN OR FENTANYL
Very easy	20.8	18.8	**38.4**	34.5
Somewhat easy	**44.3**	**40.3**	38.2	**34.9**
Somewhat difficult	27.9	31.3	18.0	22.1
Very difficult	7.1	9.6	5.5	8.5
Total	**100.0**	**100.0**	**100.0**	**100.0**

**How easy do you think it is for persons your age in your community to obtain the following…*

Some stated that parents are providing the drugs and alcohol to high school students. One participant explained, "When I was 16, I told my dad that my [back] hurt, and he said 'try this' and I had his Vicodin. I think a lot of parents give their prescriptions to their kids – loosely given." Focus group participants mentioned problems with over-prescribing and "doctor shopping". One participant said, "Experimenting is normal and easy. Doctor's offices don't respect that you have an addiction, and they will fill a script for more than you need or even want." They believe that there are poor prescribing practices by medical professionals and no restrictions.

"Doctors hand out these prescriptions like someone giving out candy on Halloween."

"Substances are readily available- it's everywhere, easy to get Rx drugs given out freely. Easy stepping stone to heroin."

Participants perceive the misuse of prescription drug use as being the result of the availability and ease of access from friends and doctors. Some suggested that even in recovery it is difficult to not be prescribed pain medication.

"I know I can manipulate the doctor and get meds – I'd walk out and go sell them for my heroin."

"[It is] so easily accessible – they just throw it at you at the doctor's office."

One focus group participant stated she works at a pharmacy and sees narcotics being prescribed as a first line of treatment or being over prescribed for smaller things such as headaches. Similar stories were shared in multiple focus groups, including a common anecdote about athletes getting injured, being prescribed opioids, developing dependence, and then starting to misuse them. Then, finding them too costly, begin to use heroin.

Two out of ten focus group participants knew people who sold Adderall. Additionally, every participant in one particular group had been given Vicodin for some reason while in high school or middle school.

"My friend gave her friends her ADD medicine to win friends," said one young mother.

Their friends or peers misuse pain medication and stimulant medications because it is easy to get. The problem was described as doctors are too quick to prescribe pain medicine.

TABLE 11: PAST YEAR PRESCRIPTION STIMULANT SOURCE

	N (UNWEIGHTED)	%
Got from a friend or relative for free	**184**	**55.9**
Bought it from a friend or relative	79	27.0
From just one doctor	22	6.7
Bought it from a drug dealer or other stranger	14	5.2
From more than one doctor	3	1.5
Took it from a friend or relative without asking	2	.7
I don't remember	7	2.3
Some other way	2	.8
Total	**313**	**100.0**

"If you have surgery, you are given the pills, but you don't use them. Too many teens are on ADD medicine like Adderall."

Another young mother reported, "My husband was given Vicodin after a bike accident, and he washed them down the toilet. He muscled through the pain. But then his friends came over and asked if they could buy the Vicodin." It is widely accepted that young people sell prescribed drugs to make money." But because it is expensive people often turn to heroin.

"When people want more of a high and cannot afford marijuana, they turn to heroin as a cheaper/easier to get a supply of highs."

Heroin is considered to be a major problem by the young adults. Young adults, in addition to perceiving that heroin is less expensive than prescription medication, also considered it to be easier than dealing with doctors.

"Once you get hooked it's a low life lifestyle and you get stuck in it."

"Heroin: it's a problem in every way; it's very bad in [my town]. Are you kidding me?! …You don't start with heroin, its pills you steal from your mom's cabinet, these guys (dealers) are your neighbors, its crazy right now."

"They are finding people everywhere that have OD'd. I heard that sometimes the needle is still in their arm. I heard someone from our high school died from heroin. Scary, you must really be bad off to do heroin. I've never seen it, but hear that it is easy to get."

Self-Medication

Young adults reflected on why they or their peers abuse alcohol or other drugs. Among young adult college students, participants felt that drinking is a way for them to de-stress. They felt it gives them a "break from school" and allows them to be "care-free" for the weekend.

They indicated that their stress level for the week will dictate the amount of alcohol they will drink the following weekend. The top reason they gave for binge drinking, given by 61.4% of the groups, was as a coping mechanism to handle stress or escape.

"I feel that it is underestimated how important the correlation is with regard to those who abuse substances and a personal trauma history. Most people who have dealt with trauma end up self-medicating their issues. If there were free mental health service in NH, more people might seek treatment and avoid continuing abuse of medication."

"I have only used Adderall a dozen or so times in the past year as a way to combat my anxieties as well as be more productive at work. I've considered getting a prescription for myself."

Social Norms, Practices and Stereotypes

Young adult perceptions offer contrasting attitudes toward substance misuse. On the one hand, many feel the issue is a grave concern for their generation while in other respects substance misuse seems to have been normalized for this generation. Such perceptions are important in that peer norms and perception of peer use are said to be among the strongest influences on student drinking behavior. Specifically, research has established that the more socially integrated a student is in college campus life the more they tend to drink *(Perkins 2002)*.

"Everyone likes the people who drink and party."

"You're almost the odd one out if you're not drinking."

"Binge drinking is a problem because it is socially acceptable. Most people do it."

"Many teens just want friends and to fit in, so they start drinking. Drinking helps you relax."

According to the focus group participants, binge drinking is considered to be socially acceptable in both college and community settings. People do it to appear older, to have fun, fit in with peers, cope with stress, and some do it for attention, out of boredom or as a way to meet new people. One individual cited that hearing stories shared by adults about good times they had while drinking with friends was the reason they wanted to try drinking.

Although young adults expressed more concern for the other drug misuse, they did share concerns about binge drinking among their peers:

"[There are] definitely problems, especially at college. Lots of kids drink and smoke. It can be scary when you don't know everyone. They do jello shots or brownies...you don't know how much they are doing. I think they are so glad to get away from their families and all the rules that they overdo it and just let go."

"Kids run around and get drunk all the time, people drink to get drunk and they don't care about the consequences, people drink secretly so you don't always know how to reach out because they are hiding it. It's a problem because it's illegal."

Although young adults recognized the problems associated with binge drinking, they also felt that there was little else to do if they did not want to feel socially excluded or isolated. One individual stated "if you don't want to be alone, that is all there is to do sometimes. There are so many parties; otherwise you just have to be ok with being alone." This last statement underscored the high number of focus group participants who stated the reason for a lot of alcohol and drug problems among young adults in NH is the lack of alternative and affordable activities.

"[There's] not much to do other than to drink – a social thing. Not much else to do."

"Binge drinking: it's what kids do in high school sports. You win, you celebrate by drinking; you lose, you drown your sorrows. If you don't participate, you are left out of the popular group."

In addition to the assumption that "everyone is drinking" there were many statements that indicated that youth are initiating drinking at younger ages. "[Drinking is] socially acceptable because there is an age limit – kids want to be seen as older." It was also suggested that people should "stop making alcohol a big deal—the forbidden fruit."

Regarding ease of access for prescription drug use: "not as wide spread, of course it is all in who you know." Many participants knew someone with a prescription drug use problem. "Using pills is common." Much of this is fueled by the sentiment that "Prescription pills are especially okay because they are not illegal substances." There is the Illusion that prescription drugs are "safe.

"Athletes that get injured and then get prescribed opiates, get hooked and then start abusing them. They then find them too costly and move on to heroin."

"Percocet leads to heroin. [You can] save money doing heroin."

When asked about the social norms associated with heroin, one person shared, "I haven't actually seen it myself but it is on the news a lot." Some participants indicated that the media can influence the "cool factor" and make it more appealing to use substances.

"[A] big influence is media-- in all forms of media drinking, alcohol is seen as normal activity."

"There are a lot of adults that give pro legalizing messages all the time. They are not helping the situation. It doesn't make them cool or smart; [it] makes them look stupid."

The stigma expressed through social norms play a direct role in what motivates young adults to use substances. "Judgement is harsh—you are labeled as being weird if you don't drink or do drugs," said one participant. Another said that people who use drugs have more friends and more of a social life.

> "I get picked on by my sister for not doing drugs. She will drop a friend if she/he will not do drugs."

Relative to the influence of judgment, some participants felt that if marijuana was legal or punishments weren't so severe, it would be used in moderation more and be safer. For some, the illegality makes them want to try it even more. Others expressed that it shouldn't ruin their future if they are caught drinking or using drugs in moderation and that education is key.

Stigma

When asked what keeps individuals from seeking help, one group mentioned that individuals may be afraid to go to people to ask for help and they are afraid to tell important people in their life that they may have problem. They don't seek help because of the stigma of having a substance use disorder, embarrassment about being judged and generally not knowing how to tell someone or seek help for problematic alcohol or drug use.

There is stigma around seeking help for alcohol than for drugs. It is considered and "old person problem" while drugs are "the new thing".

> "Some people are too embarrassed to get help. Help would disclose their problems."
>
> "What keeps them from getting help? It's embarrassing to say that I have a problem with binge drinking. They fear judgement. They don't think that they have a problem. They think they can cope with it their own way. They don't see the effect on the family that it has. They are blind-sighted."

The consequences of stigmatizing use are very real. Participants mentioned being judged by teachers, for example, one stated, "[teachers] talk about them. The kids lose their drive. They drop out of extra-curricular activities and sports." The following quote demonstrates the difference in stigma from one substance to another:

> "Socially alcohol misuse is more accepted: 'Oh, that kid parties a lot.' Whereas if it is drug use it is seen as more serious: 'Stay away from that kid, he's a druggie'."

Work or Family Responsibility

Over one-third (35.2%) of the young adults in the state indicated that a reason they choose to abstain or limit their drinking is because it interferes with their school, work, or fitness activities. Work performance was mentioned numerous times as a problem. One mentioned that they had coworkers calling out sick "all the time" which resulted in difficult work environments. Some also indicated they avoid alcohol or drug misuse because they have seen other people impacted by it. Others indicated that affordability and focusing on goals and responsibilities as reasons they do not use.

> "Addiction ruins relationships, and makes you lose your money."

SUBSTANCE USE

Current Use (past 30 days)

As presented in Figure 1 on page 2 of this report, New Hampshire's young adults reported higher rates of binge drinking in the past 30 days then the northeast region or the country as a whole *(NSDUH 2014)*.

> "I think they are so glad to get away from their families, and all the rules, that they overdo it and just let go."

Over one-third (34.5%) of survey respondents stated that they have had 5 or more drinks of alcohol in a row, within a couple of hours in the past 30 days. Of those, half (50.6%) expressed that they had 5 or more drinks of alcohol in a row on 1-2 days out of the past month (table 12)[4].

TABLE 12: NUMBER OF DAYS BINGE DRINKING (PAST 30 DAYS)

	N (UNWEIGHTED)	%
0 days	15	1.3
1-2 days	**693**	**50.6**
3-5 days	291	23.5
6-9 days	143	12.3
10-19 days	79	7.8
20 or more days	45	4.5
TOTAL	**1266**	**100.0**

Over half of the respondents (51.3%) indicated that they had not used any of the substances listed below in Table 13 during the past month. However, 34.6% reported using tobacco and 28.6% reported using marijuana in the past month. Five percent (4.9%) indicated they had used a prescription drug without a doctor's orders in the past month.

TABLE 13: SUBSTANCE USE (PAST 30 DAYS)

	N (UNWEIGHTED)	%
Tobacco	1268	34.6
E-cigarettes	355	11.2
Marijuana (non-medical purposes)	1040	28.6
Synthetic drugs	6	.2
Inhalants	8	.3
Cocaine	86	2.5
Club drugs	62	2.3
Prescriptions drugs (without doctor's orders)	177	4.9
Other illegal drugs	18	.5
I have not used any of these	2389	51.3

College students continue to stand out as having a relatively high rate of binge drinking (Johnson 2011). When looking at patterns of use by age, the respondents in the 21-25 age group reported significantly higher rates of binge drinking and cocaine use, while the 18-20 year olds reported higher rates of e-cigarette and marijuana use (Table 14).

TABLE 14: CURRENT SUBSTANCE USE BY AGE GROUP

	18-20	21-25	26-30	P-VALUE
	%	%	%	
Binge Drinking	31.2	40.2	30.7	*p<.0001*
Tobacco	34.2	35.7	33.7	*ns*
E-cigarettes	15.4	10.2	9.0	*p=.0002*
Marijuana (non-medical purposes)	34.0	27.7	25.4	*p=.0004*
Cocaine	2.0	3.0	2.4	*p=.0004*
Club drugs	3.5	2.0	1.8	*ns*
Prescriptions drugs (without doctor's orders)	4.5	4.9	5.3	*ns*
I have not used any of these	48.5	50.8	54.2	*ns*

[4]A complete set of aggregate data tables for all respondents between the ages of 18-30 are included in Appendix III. Data tables by age group (18-20, 21-25, 26-30) are included in Appendix VI.

When looking at recent use of prescription drugs, 4.9% of the young adults indicated that they used at least one time in the past 30 days. However, when looking at a longer period of time (past year), young adults between the ages of 21-25 are the largest user groups of medications for non-medical use. Statewide, 6.4% of the young adults indicated they had taken pain relievers, 4.5% used sedatives and 8.8% used stimulants without a prescription. Pain relievers were reported to be misused more often in the 26-30 age group, while stimulants were more likely to be misused by the 21-25 age group. The most common source for obtaining prescription medication without a doctor's orders was primarily through a friend or relative (Table 15).

TABLE 15: PRESCRIPTION DRUG MISUSE AND SOURCE (LAST 12 MONTHS)

	PAIN RELIEVERS		SEDATIVES		STIMULANTS		METHADONE/ BUPRENORPHINE	
	N	%	N	%	N	%	N	%
Past year misuse	250	6.4	177	4.5	319	8.8	85	2.3
Past Year Prescription Source								
From just one doctor	38	14.0	21	8.0	22	6.7	17	14.5
From more than one doctor	3	.6	1	.5	3	1.5	-	-
Got from a friend or relative for free	**103**	**38.9**	**93**	**49.4**	**184**	**55.9**	17	23.4
Bought it from friend or relative	36	14.1	21	15.2	79	27.0	**23**	**26.5**
Took it from friend or relative without asking	13	4.9	11	8.3	2	.7	1	1.5
Bought it from drug dealer or other stranger	36	18.2	13	9.2	14	5.2	**22**	**28.5**
I don't remember	10	5.2	8	7.0	7	2.3	3	5.1
Some other way	9	4.1	4	2.4	2	.8	1	.5

As seen in Table 10, respondents indicated it was fairly easy to access prescription medications. Most focus group participants indicated they knew someone with a prescription drug use problem. "Using pills is common," shared one participant. In addition, well over two-thirds (69.4%) indicated that it was somewhat or very easy to obtain heroin or fentanyl in their community. Three percent (2.7%) of survey respondents reported having used heroin or fentanyl in the past year. There was a significant difference in rates of use when looking at the three age groups with the 26-30 year olds reporting the highest rate of use (3.5%).

Difference in College/Non-College Use

According to SAMHSA, illicit substance use among young adults is higher among those who do not attend or complete college as compared to those that do *(NSDUH 2014)*. However, it is widely accepted that binge or heavy episodic drinking and non-medical use of prescription drugs is a critical problem among the U.S. college student population *(NSDUH 2014; CDC 2012; NIAAA 2015)*.

College and non-college young adults differ in how, where, and why they use substances *(SAMHSA 2015)*. Non-college young adults tend to have significantly lower rates of binge drinking and higher rates of tobacco use than college students. According to a study on prescription drug misuse across workers and students *(Miller 2015)*, the industry groups with the highest rates of heavy drinking, illicit drug use, and substance use disorders are in which young adults most often are employed:

- Construction,
- Manufacturing,
- Finance, Insurance & Real Estate, and
- Mining.

Workplace culture can strongly influence the substance use among working young adults. College students may be at higher risk for substance use and misuse due to their affiliation with fraternities and athletics. Students participate in misuse as a way to fit in or to cope with increased stress *(NSDUH 2014)* and are exposed to high-risk life events such as transitioning to college; celebrating special occasions like a 21st birthday; attending alcohol-oriented activities, or participating in drinking games.

Although age-related trends in use are informative, it is also essential to consider the various lifestyle choices that young adults make – such as starting a family, going to college, relocating away from family and friends – when developing strategies to address substance misuse.

CONSEQUENCES OF SUBSTANCE MISUSE

The consequences of high-risk drinking have been widely researched and documented. In addition to the risk of addiction, the consequences include: death; unintentional injury; assault; sexual assault; and work or academic problems. Student drinking, in particular, can result in quality of life issues for others including safety issues and sleep/study disruptions; tarnished public perception; and lower student academic achievement and retention *(NIAAA http://www.collegedrinkingprevention.gov)*. One participant stated:

> "Binge drinking is dangerous not only for you but other people around you. You could do something while drunk to harm others."

Understanding young adults' perception of the risk of harm as well as their awareness of the consequences of substance misuse is central to developing strategies and policies that directly respond to the population most at risk.

What was asked?

What negative impacts of alcohol or drug misuse do you see among people your age?

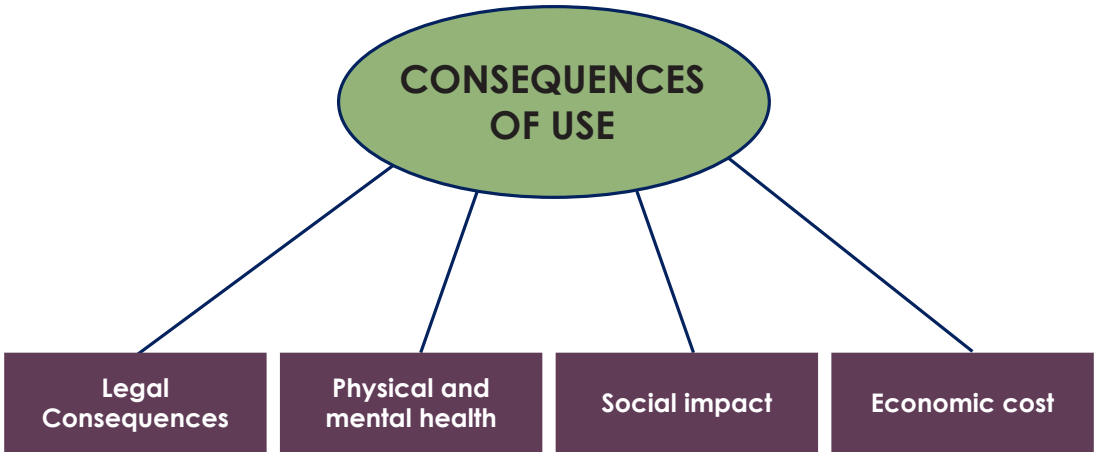
- Is it different for alcohol misuse compared to prescription drug misuse?

Think about yourself or someone you know who may need help for alcohol or drug problems. Who have they turned to for help?

- How have they sought help??

There were four sub-themes that emerged from the focus group discussions about the negative impacts of alcohol or drug misuse: *Legal consequneces; Physical and mental health; Social impact;* and *Economic cost.*

Figure 10: Consequences of Use Threads



Survey respondents were asked if they had experienced specific consequences while under the influence of alcohol or other drugs in the past year. While nearly half (47.2%) of those who reported using alcohol or drugs indicated they had not experienced any of the listed consequences, twenty percent (19.7%) reported having unprotected sex, 16.1% drove under the influence and 15.2% rode in a car driven by a person under the influence (Table 16).

TABLE 16: CONSEQUENCES UNDER THE INFLUENCE (LAST 12 MONTHS)

DURING THE PAST 12 MONTHS, HAVE YOU DONE OR EXPERIENCED ANY OF THE FOLLOWING UNDER THE INFLUENCE OF ALCOHOL OR OTHER DRUGS:	N (UNWEIGHTED)	%
I have not used alcohol or other drugs	767	18.8
I have used alcohol or other drugs, but none of these apply to me	1992	47.2
Had unprotected sex	687	19.7
Driven while under the influence	580	16.1
Ridden with a driver who was under the influence	569	15.2
Had difficulty with school, work or home responsibilities	315	8.9
Physically injured yourself	177	5.3
Someone had sex with you without your consent	50	1.2
Physically injured another person	29	.9
You had sex with someone without their consent	4	.1

Legal Consequences

> "Everyone knew someone who has died of an overdose. Dealers are greedy and are cutting heroin with other drugs. Friends are losing everything, going to jail, and dying. An addict's personality changes and they lie and steal from the people they love the most."

The young adult age group (18-24) commits the greatest number of liquor law violations according to data from National Incidence Based Reporting System (NIBRS)[5] that was provided by the New Hampshire Department of Safety. In addition, this age group has the greatest number of arrests for public drunkenness; driving under the influence; drug/narcotic violations; disorderly conduct; and destruction/damage/vandalism of property. The Collective Action Issue Brief #6 on Impaired Driving, released in 2014 by the New Hampshire Center for Excellence, spotlights the potential legal consequences related to driving under the influence. In that report, it states is that the rate of driving under the influence and of fatal crashes due to DUI are highest among young adults between the ages of 21-25.

There was broad recognition by the young adults of the legal consequences that can result from the misuse of alcohol or other drugs. One participant stated that he had a "buddy who was operating a boat and drinking with his friends when his best friend fell overboard. His friend died and now the boat operator is still in jail and will be for life." Many young adults shared stories about family or friends who had gotten into legal trouble as a result of alcohol or drugs. There was also a lot of discussion about the way that substance misuse changes a person and leads them to having trouble with the law. One participant stated that, "people completely change

[5]Arrest data from the 2008 National Incidence Based Reporting System data presented includes data from 148 local police departments and the New Hampshire State Police, representing 65.5% of law enforcement agencies.

who they are when they do drugs or drink. They do bad academically, get bad grades, and get kicked off sports teams. [It] ruins their reputation; they get into trouble at school, have trouble with police."

> "[Drinking and driving] is a big problem, I've had friends make it, some arrested and some died."

Physical and Mental Health

There were two themes about health that emerged from the focus group discussions: those related to physical health and those related to mental health. Young adults are aware of the health consequences of substance misuse as evidenced in the perception by most that there is moderate to great risk of physical or other harm as a result of misuse (Table 17).

In the September 2016 issue of the New Hampshire Drug Monitoring Initiative Drug Environment Report it was stated that the age group with the largest number of opioid-related emergency department visits is 20 to 29 years of age 2016 *(NHDMI September 2016)*. In addition, individuals 21-30 years of age were administered Narcan (Naloxone) the most often during the months of July, August and September 2016.

The analysis of the focus group discussions found that the most frequently mentioned consequences for substance misuse were:

1. Side effects/detox;
2. Death/overdose/suicide;
3. Addiction;

One of the focus group facilitators reported that a student at a participant's school got very drunk and was hit by a car and died causing people to reconsider whether they wanted to get drunk all the time.

Participants commented on the "scare factor of overdosing, if you don't know what you are taking and what could happen." Direct personal experience or awareness of side effects from use was mentioned 110 times across the focus groups and described as the biggest deterrent to use. For example, "My brother smoked pot laced with heroin or PCP and he landed in the ER not responding. It was his first time trying drugs."

> "They felt "invincible" because drinking made them feel good but they did not know their limits resulting in feeling sick or have "close calls" with alcohol poisoning."

Fear of death or overdose was mentioned frequently as a deterrent to use. As one facilitator noted, "they are sick of watching their friends die." One young man shared that the side effects he experienced was why he no longer used. He stated, "This is why I no longer do dope. I had a very bad high."

Participants also shared the following:

> "You could die from binge drinking [or taking] Rx drugs/heroin."
>
> "I have tried binge drinking and I am afraid of how it made me feel, I felt bad."
>
> "Alcohol takes a long time to kill you and drugs are more immediate and can kill you instantly, they both depend on the level of use and how addicted someone is. Misuse is misuse it's the same no matter what it is."

Beyond the physical consequences, depression was mentioned as the most common mental health consequence of substance misuse. As discussed below in the section looking at stress and coping, depression and stress are major contributing reason individuals said they used substances.

TABLE 17: PERCEPTIONS ABOUT RISKS FROM ALCOHOL AND OTHER SUBSTANCES

MODERATE OR GREAT RISK HARMING THEMSELVES (PHYSICALLY, OR IN OTHER WAYS)	N (UNWEIGHTED)	%
if they have five or more drinks of an alcoholic beverage once or twice a week	2737	59.8%
if they take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders	3843	87.8%

"You hear about deaths. The police department came in to talk about it. It doesn't involve high school kids. You hear about it from parents or in the paper or in school."

According to one group, "the biggest negative impact is people becoming addicted." Participants cautioned that a person is at risk of addiction, "if your family has a history, you could have a lower tolerance and easily get addicted to it."

"Some Rx drugs are highly addictive and if that's what you need to move around you happen to get addicted and you have to take it to live your life and now this other thing happens. Some drugs are more addictive and stronger than others."

"Some people don't know exactly why they do it, they want to party, they are alcoholics and they don't know it, their family drinks with them, alcoholism through generations."

Social Impact

The social impact of substance misuse often drives a cause-and-effect response from young adults. Social influences can play a causal role in the development and sustainability of substance misuse behaviors, with peer pressure and boredom/loneliness being the most commonly-cited causes. On the other hand, there is potential for social impact resulting from substance misuse itself. This polarity of social impact recurred frequently across the responses from the young adults.

"Young adults binge drink from peer pressure. The larger the group then the more pressure to fit in by drinking. [For example,] college parties."

"[There is] pressure from school, family, friends…"

Young adults initially desire and wish for "social acceptance" among their peer groups – and, thus, engage in health-risk behaviors to hopefully satisfy this desire. As one participant stated, young adults are motivated by "wanting to fit in; wanting to be cool."

However, what can result is social isolation if these behaviors manifest as destructive substance misuse behaviors. The devastating range of this social impact – from the relatively innocuous effect of the "fear of being judged" all the way through to death due to overdose – formed a significant backdrop to the stories told by the young adults participating in these focus groups.

"A lot of people lose their family, so they don't get help."

"Family members are ailing due to continuous binge-drinking."

"People are overdosing on heroin all the time in my community; the percentage of people using it is going up. It's deadly; people are losing their friends and their family over using it, there are kids younger than me using it."

Closely related to the social impact is the stigma, shame, or embarrassment that an individual may experience from substance misuse. All three of which can have a crippling impact on social relationships. As one participant said, "people with addiction are scared, embarrassed, and there is stigma from being 'outed' as an abuser."

"There is really dirty awful stigma around heroin, and people don't want to be associated around the drug or using the drug. I wish a lot of people could see that the only thing that separates you from them is a feeling."

"New Hampshire is bad with rehab stuff, but kids won't turn to rehab for help because of the social stigma. There is stigma from both the recovery community and people not addicted to drugs, and from the drug community that wants you to keep using drugs. They don't want you to quit; it's like you lose everyone."

Economic Cost

Engaging in substance misuse was broadly recognized as a barrier to "getting ahead in life." As reported on by National Institute on Drug Abuse *(NIDA 2016)*, the abuse of tobacco, alcohol, and illicit drugs comes with a price tag of more the $700 billion annually for costs related to crime, lost productivity, and health care. The healthcare costs related to alcohol abuse alone is over $25 billion annually (Table 18).

TABLE 18: COSTS OF SUBSTANCE ABUSE

	HEALTH CARE	OVERALL
Tobacco	$130 billion	$295 billion
Alcohol	$25 billion	$224 billion
Illicit Drugs	$11 billion	$193 billion

Related to the social impact and isolation that can occur as a consequence of substance misuse is the loss of jobs or dropping out of high school or college. The financial impact of addiction, regardless of the substance, cannot be overlooked. There is a direct correlation between addiction and personal debt, homelessness, repossession of a house, and unemployment *(Forbes, 2011)*. One individual stated that people who abuse drugs often end up "dropping out of school because they can't keep up".

> "Drinking and drugs can get out of control; you can lose everything. Like dropping out of school, not going to college."
>
> "I knew someone who started losing their job and car, and they needed to make life changes."

In terms of the hard costs of substances, there is a significant body of evidence detailing the transition from opioid analgesics to heroin, with low cost and ease-of-access to heroin often being cited as a strong causal factor *(Dasgupta et al. 2014, Longo, Compton, Jones, & Baldwin 2016, and Pollini et al. 2011)*. Prescription pain medication costs $20 to $60, while heroin costs $3 to $10 a bag *(Partnership for Drug-Free Kids, 2012)*. Participants provided the following statements about the actual cost of alcohol and drugs:

STRESS-COPING MECHANISMS

Stress is a natural, universal bodily function. It is a physical and mental reaction to a stimulus that can disrupt or alter our sense of equilibrium. It brings about a certain mental and physical preparedness in our bodies, as a responsive reaction to this stimulus.

There is an abundance of academic literature devoted to the phenomenon of stress, and there is reasonable consensus detailing the positive facets of experiencing temporary and manageable stress, as well as negative – and potentially harmful – consequences of profound and prolonged stress *(Iwata, Ota, & Duman, 2013; Krantz, Thorn, & Kiecolt-Glaser, 2013, and; Ong, Bergeman, Bisconti, & Wallace, 2006)*. Both of these perspectives are particularly salient when the subject matter is stress among a population of young adults.

Stressors are seemingly omnipresent within the lives of today's young adults, and each individual – not just young adults – has their own stress threshold and coding system for interpreting their own stressors, as well as their own strategies and coping mechanisms for being able to effectively and safely cope with this stress.

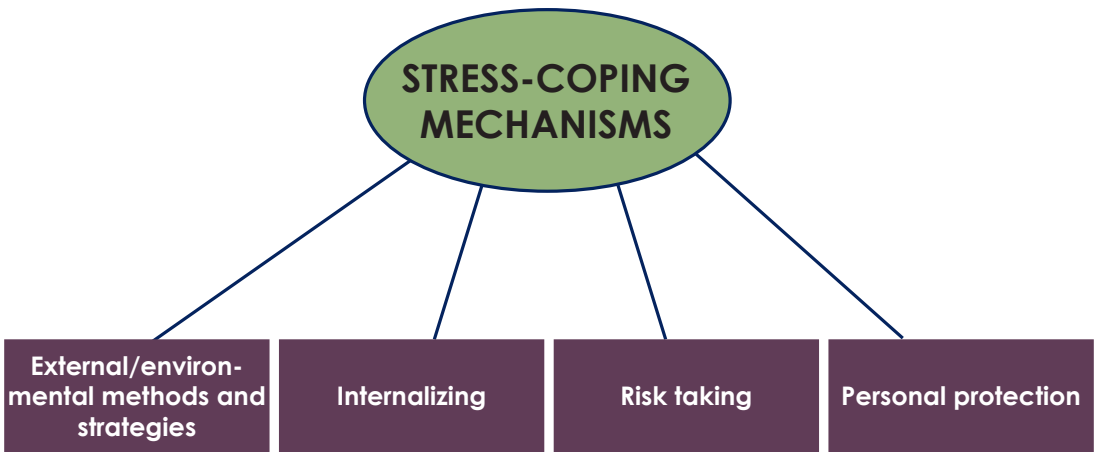
What was asked?

How do you cope with stress?

- How has this changed since high school?

Based on the focus group responses, the following sub-themes were identified: *External/environmental methods and strategies; Internalizing; Risk taking;* and *Personal protection.*

Figure 11: Stress and Coping Threads



The relationship between stress and substance use is reflected in the responses by focus group participants. For example;

> "People may cope with stress by drinking, or [they] use drinking as a reward for finishing something."
>
> "Stress during the week is alleviated by drinking on the weekends."
>
> "Adding alcohol only compounds stress."
>
> "[Being] at sober house and local support groups, the sense of community is a stress reliever."

A few participants indicated that there was an increase in stress over time as they transitioned from high school to young adulthood. One individual stated, "What we thought was stress in high school was nothing compared to now. [It was] more drama than stress." It was suggested that "presenting ideas on how to cope with stress – [at the] beginning of high school, especially – would be good to know."

External/Environmental Methods and Strategies

Young adults in New Hampshire have their own approaches for trying to relieve the stresses in their lives. Stress relieving activities mentioned include: sports/fitness; socializing/social activities; TV/music/video games/other media; other outdoor activities; and miscellaneous home-based tasks/activities.

The following quotations represent the range of responses about the external strategies used by young adults:

> "I deal with stress by running, going to the gym, eating, and laughing. I like to get outside when I am stressed. I binge-watch Netflix."
>
> "When I'm doing it right, I exercise; doing it wrong I eat. I [also] do some wood-working."
>
> "I watch Netflix in order to take my mind off of things, and to give time and distance from a situation."
>
> "I utilized counseling to talk about my anxiety to prevent me from taking un-prescribed meds, particularly surrounding healthy coping skills."

Young adults incorporate both active and sedentary activities to cope. There is a body of research about the relationship between hobbies and physical health, including a study by Saihara, et al., (2010), that found that enjoying hobbies was linked to healthier cardiovascular activities. Hobbies and leisure were also found to facilitate the reduction in stress.

Internalizing

Where external/environmental methods and strategies look at the ways in which young adults relieve stress by external means, internalizing refers to the way in which young adults resort to methods of stress relief that are more inwardly-projected. For example, "learning through recovery to take care of my whole self; having a balanced life; pausing when agitated." One participant stated that "Optimism is a personal choice." Others provided the following insights and techniques:

> "[I have] learned coping mechanisms; I remind myself it could be worse."
>
> "Work[ing] on emotions can get to [the] root of stress; prepare plan of action, focus on solution; get more exercise."
>
> "[I use] mindfulness techniques."

This concentration on mental health, or individual psychological techniques, are often overlooked and dismissed in spite of the fact that there are known and reported mental health and well-being benefits to be gained from adoption of such strategies *(Corliss, 2014)*. There is a growing body of research that advocates mindfulness, meditation, and psychological techniques as an effective method of stress relief – thus potentially aiding in reducing engagement in health-risk behaviors *(Grossman, Niemann, Schmidt, & Walach, 2010; van de Weijer-Bergsma, Langenberg, Brandsma, Oort, & Bögels, 2012)*.

Risk Taking

Despite there being evidence that young adults are aware of the inherent risks and dangers associated with the substances that they use/misuse, they nevertheless gravitate towards these substances as a source of stress relief. The academic substance misuse literature unanimously confirms this *(e.g., Sinha, 2007; Sinha, 2008, and; Uhart & Wand, 2008)*.

It is helpful to gain a qualitative insight into these behaviors – as well as the particular substances that are being used/misused. A few individuals shared their decision-making for the selection of one substance over another. For example:

> "[I chose] alcohol, pot, spice and cigarettes over harder type drugs."
>
> "[I] cope with stress by smoking marijuana."
>
> "[I] cope with stress by vaping, and using nicotine; smoking weed."
>
> "People do what they feel most comfortable with or what their preference is. If they don't have pot or booze, they go for something else."

In addition, there were those who made the choice to use at a later age: "[I] didn't start drinking/[doing] drugs until college." And others still used a substance for no other reason than to get high.

> "There was a point in my life when I just wanted to get high, and I didn't care what drug it was – I just wanted to get high."

Personal Protection

When an individual is experiencing prolonged and unmanageable stress, any use/misuse of a substance that subjectively provides psychological respite or protection from the stressor can fuel justification for continued use/misuse in order to further protection from the external stressor. This is an instrumental component of addiction that can work in tandem with an addictive substance, and in addition to the statements shared by the participants, there is a sizeable body of research that elaborates on this process further *(Hassanbeigi, Askari, Hassanbeigi, & Pourmovahed, 2013; Halim & Sabri, 2013)*.

> "[They] do it to run from something; a rite of passage for older youth and college [-age youth]."
>
> "I have noticed a correlation between tough childhood and drug use. Most of the friends I have lost to drugs have had a rough childhood and parents who aren't very supportive or helpful to them growing up."

It is important to acknowledge the reciprocal relationship between stress and depression *(Dunkley et al., 2016; Dumont & Provost, 1999)*. Twenty-five percent of New Hampshire's young adults reported that they felt sad or hopeless for two weeks in the past year, and 12.5% report that they considered suicide in the past year.

TABLE 19: SADNESS AND SUICIDE

DURING THE PAST 12 MONTHS, DID YOU EVER	N (WEIGHTED)	%
Feel so sad or hopeless every day for 2 weeks or more in a row that you stopped doing some usual activities	1060	25.0
Seriously consider attempting suicide	488	12.5

Aside from this psychological element, there is a more grounded phenomenon that has its origins in medical conditions/complications. For individuals experiencing pain – resulting from injury, surgery, or disability – for example, there is the protective element that is afforded by taking either prescribed or non-prescribed pain medication. Within this particular study, there were elements of these phenomena that were detected in the accounts of the young adults participating in the focus groups.

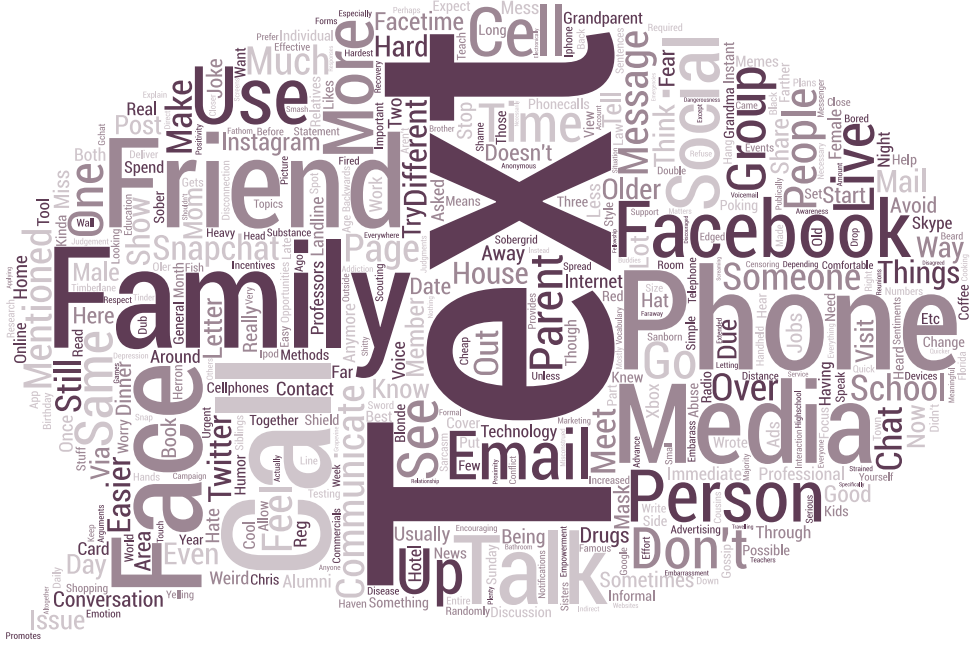
"[They] might have misused [their] own prescription because they were in pain."

"People don't know how to deal with pain."

"[They're] not wanting to feel the pain that they have been masking; resurface of pain."

"[They do it] to cope with anxiety and depression, and other issues that may happen day-to-day."

COMMUNICATION



Communication among peers and parents is essential in promoting shared thoughts, ideas and knowledge among the youth and young adults. By encouraging open communication among young adults, this creates positive relationship building and understanding within families and communities at large. In recent years, communication has been influenced by the influx of modern technology resulting in a variety of communication channels.

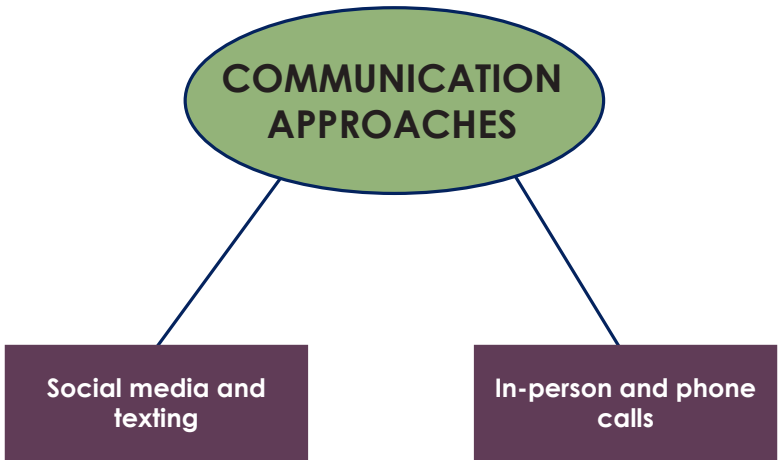
> "I think it's a good idea. I'm glad the ad was put on Facebook because I think a lot of young adults still use it. I don't know if there is any sort of focus group or face-to-face portion of this, but I think young adults would also enjoy open discussion about the topic."

Focus group participants were asked how they communicate with their friends and family. The following themes highlight major communication approaches by youth and young adults: *Social media & texting* and *In-person & phone calls*.

What was asked?

What is the best way to reach young adults with information about the problems associated with binge drinking or prescription drug or heroin use?

Figure 12: Communication Thread



Social Media and Texting

In the era of fast and modern technology, youth and young adults are more connected with peers, friends and family through social media and texting. Social media and texting are considered an integral component in the daily lives among youth and young adults in the United States. According to PEW statistics, an estimated 92% of youth in the United States have indicated that they will go online daily and approximately 75% of youth have access to a smart phone *(PEW 2014)*. This is indicative of the generation that was introduced to internet technology during their formative years *(WH Report 2013)*.

In New Hampshire, the findings on modern communication are comparable to the United States. The majority of the young adults will communicate with peers and parents using social media, texting and face-to-face. The findings of the focus groups indicated that New Hampshire young adults prefer using social media and texting while engaging with their friends. The most frequently used communication tools include: Facebook, Snapchat, Texting, Instagram, Twitter, and email.

Focus group participants mentioned that:

> "It's truly sad that the abuse of drugs has taken over our generation. I hope this survey helps - it also made me glad to see it up on Facebook."
>
> "I think it's very important to get this survey out more. Put it on Facebook more, make sure small town adults are taking this not just the cities."

Focus group participants indicated that communication with friends and family vary. With friends they are more likely to use Facebook, texting, FaceTime, all social media, and snapchat. Family communication usually relies more on in-person, text messaging (only from two participants). One responded, "My mom likes calls."

Texting is the main mode of communication among the youth and the young adults. On the contrary, talks and calls were mentioned significantly less often. In addition, approximately 90.5% of respondents used a smartphone while the rest used either a tablet or a laptop or desktop.

TABLE 20: PLEASE TELL US WHAT KIND OF DEVICE YOU ARE USING TO DO THIS SURVEY?

	PERCENTAGE
Smartphone	90.5
Tablet	4.3
Laptop or Desktop	4.0

The analysis of survey responses highlighted that social media was the primary means of communication among the young adult population about the survey. Of those who took the survey, 93.6% indicated they saw an ad on Facebook. Only 3.5% of individuals indicated that they were informed by a friend or a family member about the link while the rest indicated other sources as a means of discovery.

In-Person & Phone Calls

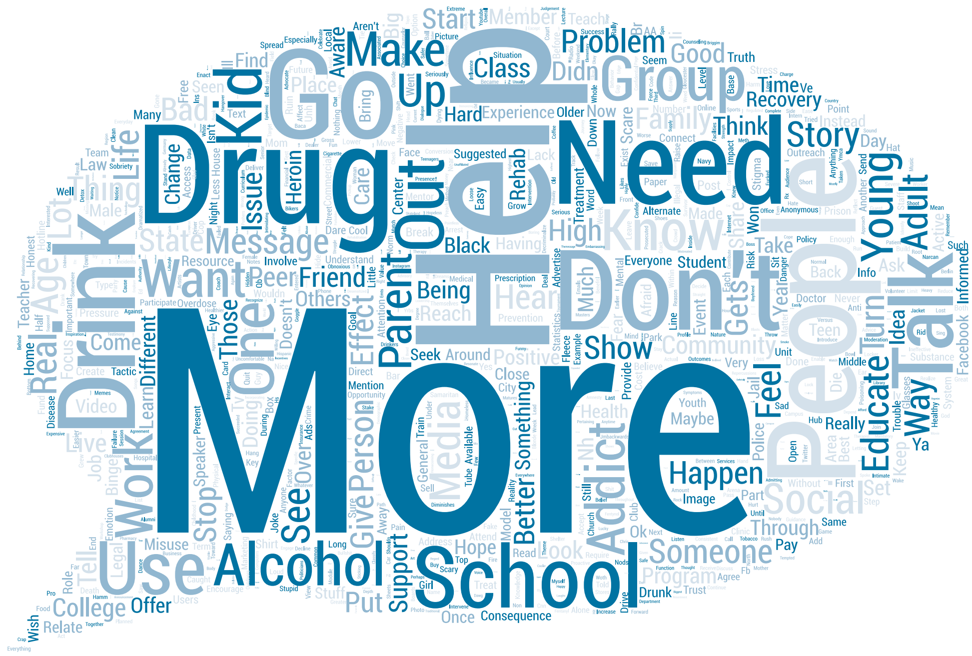
Although social media and texting is the most common form of communication, face-to-face communication and phone calls are still considered modern forms of communication especially when contacting older generations such as parents or guardians. Young adults in New Hampshire are more likely to contact parents through face-to-face interaction, FaceTime, Skype, and phone calls since the older generation are less familiar with texting and social media. One participant indicated, "I talk on the phone a lot with my family, sisters." Another participant mentioned that communication with family is: "mostly in person, talking, Sunday night family dinner at grandparents, work with my mom." Phone calls are also considered efficient as one focus group attendant mentioned that, "Calling gets quicker responses."

However, there seems to be a declining use of cell phones to make phone calls and a rise of social media as more favorable means of communication. The Chicago Tribune reports that the average American will spend approximately 26 minutes per day texting and only 6 minutes on voice calls (Shropshire, 2015). The declining use of cell phones and face-to-face interaction is considered somewhat detrimental in relationship building. For example, focus group participants noted, "people are becoming more introverted and lacking people skills," and one group mentioned that in confrontational matters, they are more likely to use technology such as texting since they seem more comfortable than face-to-face interaction. One focus group participant mentioned, "I avoid phone calls as much as possible," and the majority of focus group participants prefer texting rather than calling someone or talking in person.

Statewide findings demonstrated the popularity of social media and the majority of young adults believe that social media may play a pivotal role regarding implications in youth substance misuse. While majority of youth believe that community is a significant factor, the rise in social media allows young adults to connect not only to friends but also non-profit organizations including recovery and treatment programs. One participant indicated, "Kids will be more likely to read on their phones," and "Commercials about tobacco and cigarettes work for me!" Similarly, another participant mentioned employing social media as a means to promote positivity, reduce judgements, and teach empowerment in an effort to change perceptions of the disease of addiction.

Due to the increasing social media presence among the youth and young adult community, we recommend integrating programs of substance misuse using social media to reach the young adult population. In the growing epidemic of substance misuse, communication is essential in identifying problems and addressing solutions to reduce the dramatic rates of substance use in the state.

KEY STRATEGIES



Substance use among youth and young adults remains significant and a major public health problem (SAMHSA, 2015). According to Substance Abuse Mental Health and Services Administration (SAMHSA), NH residents aged 18-25 reported higher rates in past month of illicit drug use than any other state *(SAMHSA Behavioral Health Barometer, NH, 2014)*. Early onset use of alcohol and drugs can result in addiction and a myriad of health complications in later years and can delay treatment substantially in these young lives.

What was asked?

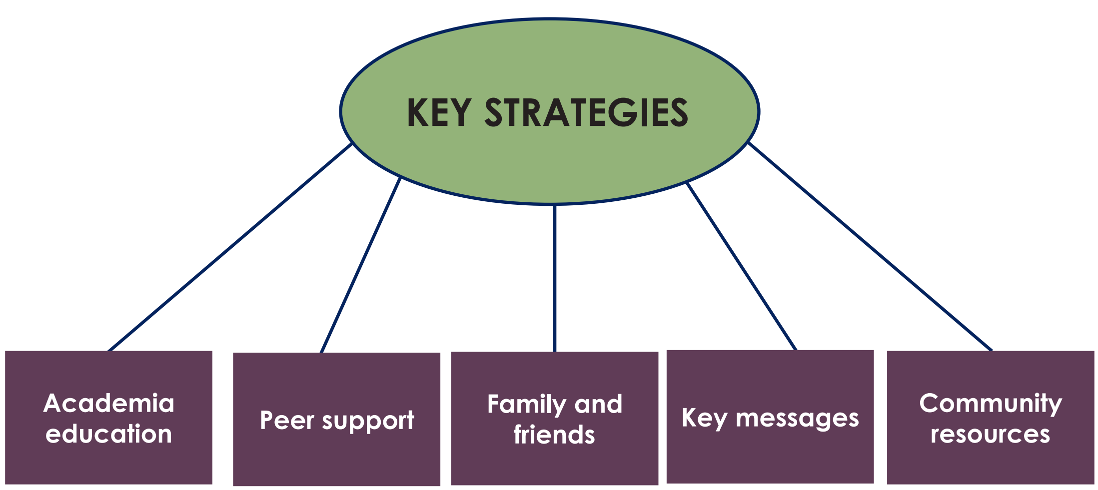
What do you think young adults like you can do to help address problems like binge drinking, prescription drug abuse and heroin use?

- What do you think the community could do better around this issue for young adults?

The participants discussed key strategies and proposed recommendations to address the substance use epidemic in the state. The following discussion threads were explored: *Academia education; Peer support; Family and friends; Key messages;* and *Community resources.*

> "[I am] Glad these (focus) groups exist, educating, helping. It's wicked important to feel like my opinion matters. I can give the inside perspective; I don't have to lie."

Figure 13: Key Strategy Thread



Academia Education

Academia education is considered an integral part of a child's upbringing and, therefore, it remains highly important to require academic institutions to educate and inform students regarding substance use and its consequences. SAMHSA recommends instituting programs at an early age.

> "Mental health should be included as part of a total wellness program."
>
> "Early intervention, messages about how it could affect their future."

The focus group participants mentioned that K-12th grade needs to incorporate evidence-based programs in the academic curriculum that address alcohol and other drug use among the youth. Young adults emphasized the importance of introducing substance misuse education in elementary school while strengthening the current health curriculum in NH middle and high schools. One person mentioned that education about misuse should start young and be treated more like sex education which starts in sixth grade. "[They should] be more thorough and not just saying "don't drink or do drugs".

A majority of focus group participants identified weaknesses and drawbacks associated with the current health education classes, particularly in substance misuse education in middle and high schools. A common theme was that once students try alcohol and nothing bad happens, they think adults lied to them about it. Young adults noted that there is also a need to do a better job of talking about consequences.

> "Most people who binge drink are unaware that they are binge drinking, and most likely do not see it as a problem."
>
> "When we first got away with drinking or using drugs and we did not die, we began to think that everything else we were told about alcohol and drugs did not apply to us. I got an A+ on a test after smoking marijuana; I felt like I was in control."
>
> "We were told we would die if we drank or did heroin."

It was suggested that the discussions and education need to start in grade school and go through the high school years. It was also mentioned that the discussion should reflect both sides of drugs – the medical side and the misuse side—in Civics, Health, Biology, and other classes. Integrating an effective and age-appropriate substance use program into the academic curriculum by faculty is widely-encouraged for middle and high school students to understand the broad implications of alcohol and other drug use. Focus group participants echoed these statements:

> "Health classes were too generic; they made it sound like you were all going to die if you used it. We saw people using it and still getting good grades,"
>
> "[We should] learn the ins and outs of alcohol, by having to attend a mandatory training on alcohol within a school system."

Although substance misuse education is the overarching theme, the focus group participants mentioned that there is an overemphasis on alcohol while education on other substances remains neglected in the academic health curriculum.

> "System issues within the schools… schools mostly do alcohol education only, and we need more education about the true consequences of drug and alcohol misuse. We hear about drunk driving, but we do not hear about drug overdoses."

Participants recommended a comprehensive approach regarding the substance misuse education in middle and high schools.

> "Middle to high school kids should have a bi-yearly education about drugs and alcohol. The most helpful to me when I was that age was a visual (wrecked car from drunk driving, pictures of accidents, discussions about the kids that age who died due to the drugs/ alcohol, hearing from family members of the deceased)."

Overall, promoting an informative and targeted age-appropriate academic curriculum in substance misuse was identified as fundamental in addressing substance misuse among the young adults in New Hampshire.

Peer Support

Peer-to-peer education is an integral component in ensuring that academic education plays a pivotal role in addressing substance misuse among the youth in New Hampshire. Focus group participants indicated that either one-on-one or peer approach can be really successful:

> "We need to have people going through the recovery journey talking about that journey. The new advisory groups are very helpful for teens dealing with stress and emotions."

Peer involvement can be useful in changing perceptions and attitudes regarding substance misuse and its associated consequences. However, many focus group participants stressed the importance of a real person behind the story, evidenced by the following quotations:

> "I like having talks from former addicts. It is real. Especially if they are our age."
>
> "Hearing about someone's lived experience."

Although peer involvement can be an important strategy in deterring alcohol, and other drug use, peers can ultimately influence fellow peers to engage in alcohol and other drug use. Peer pressure, driven by the desire to fit in among a group of friends, can potentially increase chances in first-time use of alcohol and/or other drugs. Research shows that most adolescents are likely to initiate and experiment with alcohol and other drug use due to influence by peers *(Pradeep and Perera, 2016)*.

> "If it wasn't for friends or peers having them then I never would have started doing them."
>
> "It's a social thing-they don't want to be missing out."
>
> "Supporting each other's bad choice making it acceptable."
>
> "It's what kids do in high school sports: you win you celebrate by drinking. You lose you drown your sorrows."

Some participants mentioned that: "Friends and peers can do very little to help address problems like binge drinking, prescription drug abuse and heroin use." For those who seek assistance from fellow peers: "Most people turn to friends for help with a problem, but usually when it is too late for friends to help." Therefore, peers need to consult supportive friends when seeking assistance regarding substance misuse. Focus group participants expressed similar concerns:

> "I think the state should get more people in this age range involved with the fight against drug use. Young adults are usually more responsive to people their own age."

As indicated earlier in the statewide survey findings, 62.8% of young adults reported that they would consult a friend if they needed to talk to someone about a serious problem, whereas only 51.3% of young adults would consult either their parents or guardians about a serious problem. These findings indicate that the youth are more likely to consult their peers in time of need. Similarly, focus group participants indicated greater trust among friends and one participant stated, "I tend to listen more to my peers. If peers outreached to other peers, I am more apt to pay attention to what kids my age say." Focus group participants reiterated that they felt that the friends they trust would say if there was a problem or concern with the misuse of alcohol or drugs.

Overall, the majority of focus group participants reinforced the importance of peer involvement as an integrative and proactive approach in identifying and addressing problems and solutions in substance misuse.

Family and Friends

Family members and friends play an essential role in identifying and providing support and assistance to young people with substance misuse. Substance misuse impacts families differently depending on the family structures. Focus group participants indicated that a strong support system of families and friends can potentially result in reduced involvement and engagement in substance misuse. Focus group attendants indicated that, "I talk to my mom now, much more- she has more value to me than before. I wouldn't talk in

high school and now I talk her ear off," The statement indicates a drastic shift in the relationship structure as the participants transitioned from high school age to young adult age. Another focus group participant emphasized the importance of family support indicating, "...but stems from the family you grow up with, education for families." In addition, National Institute of Health (NIH) indicates that family support may play an important role in strengthening and prolonging treatment for young adults with substance use disorders *(NIH 2016)*.

Most participants have highlighted the importance of family support:

> "Parents or close family connection. Even tough addicts all go to mommy when they need help."
>
> "It makes me fear for my younger siblings. Fortunately, I don't think they would do any drugs (aside from smoking pot, I could see that given the availability and recent legalization in some states). But hope is not a strategy and I am always sure to encourage them to have fun in different ways!"

Focus group participants mentioned that too much parental strictness may prompt them to deviate and be involved with alcohol and other drugs.

> "I do not want to be a constant let down to their family and friends."

Furthermore, stigma can create a psychological burden preventing individuals from seeking recovery and treatment while promoting negative attention by community members at the same time. One focus group participant stated that lack of support from parents is a problem, identifying that, "even her own mum doesn't say anything". It is critical to create safe spaces within the community allowing individuals to share resources and get any kind of assistance thus eliminating the present stereotypes of substance misuse:

> "I think more kids, teenagers and adults all need to know that there is someone out there in the world that's willing to listen to them about problems, be it a friend, parent or therapist... Support is one of the best things humankind can offer one another, and just because I didn't have a strong support system doesn't mean that the next person shouldn't."

Key Messages

Communication strategies that are designed to specifically reach young adults are central promoting effective prevention messages. Focus group participants were asked what messages about binge drinking or drug use might make a difference in binge drinking or drug use among young adults. Key messages supported by focus group participants included: peer involvement, use of social media, and commercials.

Peer Involvement

As mentioned previously, peer involvement is highly important in portraying the consequence of substance misuse in real time. Young adults see value in hearing from people who have experienced struggles with substance misuse. "More needs to be done in educating our youth about the consequences not just the risks. When I was in school, a group of recovered/recovering adults came and spoke to us at an assembly and their words still echo in my mind today. Hearing from people who have actually dealt with it is much more powerful than just from a teacher who has never struggled with addiction themselves. More programs like this should be available."

> "Need to hear real life stories, motivational speakers that have actually walked the walk,"
>
> "Having motivational speakers- not how it will be but how it did affect them," Messages from only those who have been there, not instructional,"
>
> "Be a better friend, be proactive in prevention."

Social Media

In these modern times, social media has emerged as one of the primary modes of communication that connects individuals directly to conversations happening across the world. People are most likely to get information such as news from Facebook, Twitter, Instagram or Snapchat. Young adults are more likely to visit social media sites at least once or twice a day and are more likely to own a smartphone. Social media is, therefore, relevant as a primary communication channel for addressing substance misuse among their young adult population.

"Spread awareness. They said more education and discussion and advertising everywhere, especially social media, showing the dangerousness of these drugs would be best."

"YouTube and Facebook videos about the real side effects of drug and alcohol abuse with teens and young adults talking to young adults would be great."

Commercials

Commercials can also be an important communication channel for the young adult population. Before you watch a favorite television show or Youtube video, users are prompted to watch an advertisement.

"Scare factor works."

"Commercials about tobacco and cigarettes work for me!"

"Did you ever see those before and after pictures? That's why I don't do it…"

Community Resources

Community involvement is essential in promoting a collaborative approach from community members, family members, teachers, and parents to address the rampant opioid epidemic in the state. By involving the diverse stakeholder's, core community sectors are encouraged to learn more about alcohol and drug misuse and take action to lower our rates of substance misuse. Government, Law Enforcement, Education, Health and Medical, Business, and Community and Family Support organizations each have a role to play.

"We need to get into schools and educate young students about the life altering effects drugs can have and cut the drugs off at the source. Community outreach should be done to educate people on the benefits of counseling and addiction treatment centers so more people encourage them to be built and used. I don't want my hard work and the other hard working members of my generation to be clouded by drug use."

"I would love to see money put into NH prevention programs. Prevention is the best way to stop problems. I went through one in NH. (NH Teen Institute) and it completely changed my perspective and saved me from doing drugs."

Government

The local and state government can support and implement legislation to address alcohol and other drug misuse. Some focus group participants mention that there needs to a comprehensive approach by government officials in the response of the substance use epidemic in the state. Focus group participants believe it is imperative for a collaborative approach by the government and its citizens in solving this current epidemic in the state.

"Young people need to know where there are places to go for help that will keep them from turning to drugs and alcohol for an 'escape' from their problems. This should start in the home and filter down to our schools and government."

"It would be nice if the government joined forces with the common man with a common message."

Law Enforcement

Participants noted that law enforcement should be involved in the community discussion about substance misuse: "Parents, educators and cops need to know how much their actions and their silence contribute to the problem." Overall, focus group participants agreed that we need to educate police officers and ensure they do sensitivity training on drug addiction. Who delivers a message or education matters. "It's hard to trust a cop if you are using illegal substances (threat of jail)."

Education

Education needs to incorporate revised academic curriculum on substance misuse education while supporting peer-to-peer informational sessions for a comprehensive strategy in dealing with substance misuse. It remains critical to include mental health in the curriculum: "Mental health should be included as a part of a total wellness program." While physical and emotional health is important, it is necessary to equip students with wellness programs to strengthen mental health education.

"SAP programs are essential in middle and high school when dealing with substance misuse among youth."

Overall, support systems by peers, faculty, and parents are vital to ensure successful substance misuse education among youth and adolescents.

Health and Medical

Health and medical professionals can collaborate in clinics and hospitals to assist individuals with substance misuse disorder. The emergency room setting and personnel have been critical in introducing naloxone (Narcan) when individuals have an opioid overdose subsequently saving lives of many individuals. Health and medical professionals are also trusted by the youth as they may comply with confidentiality laws creating a trust-based model with the professionals who can provide referrals to rehabilitation or treatment facilities if applicable.

"I walked straight to the hospital, I was not willing to tell my family but I could at least go there."

Business

Focus group participants indicated that there needs to be a drastic shift in regards to how we approach substance use disorder as "public health rather than criminalized." One participant noted that if employers are more aware, they can be a resource for help. One participant stated that "his employer will help get the person through treatment if they are honest."

Overall, businesses need to implement work place policies and programs to assist employees with substance use issues and disorders.

Community-and Family-Based Supports

Community-and family-based partners provide support opportunities to family members and youth in the state. In regards to substance misuse, community-and family-based supports should incorporate wellness-based social activities. Focus group participants highlighted that: "We are seeing steps to stop demonizing drug users in NH and community-based drug education is imperative."

Many focus group participants noted that there are limited social activities in the community resulting in increased consumption of alcohol and other drugs as a means to engage in fun:

"[We need] community activity, baseball game every Friday night, things to look forward to, alternatives to do."

"You need significant resources and small towns and remote areas just don't have them so you are not doing the same thing over and over again, like museums and different cultural events."

Recovery support and treatment services are essential for individuals with substance misuse or dependence. Support groups provide comfort and are considered more acceptable than rehabilitation facilities. In terms of recovery, the participants felts that the state does not have enough rehabilitation facilities or recovery options prompting individuals to seek out-of-state services.

Overall, focus group participants summarized the importance of community-based support. They called for "***more resources offered, more community outreach, exposure to side effects, more in-patient programs, get more help in NH, more resources on college campuses for people who don't use drugs or alcohol, more counseling services in schools, peer mentors, provide connections with people who have lived experience, phone apps with positive messages, etc.***"

DISCUSSION/NEXT STEPS

The specific challenges and barriers to getting ahead are summarized below. Transportation is often cited as the primary limiting factor, and although it was a common theme in the discussions about accessing services and resources in their community, transportation was not the biggest struggle. There were four primary themes that emerged with regard to frustrations and challenges to getting ahead in New Hampshire: *Finances/Money; Limited resources or services; Transportation; Lack of diversity.*

Finances/Money

Money was the most common challenge mentioned among the focus groups and was interwoven into many of the responses to questions about their sense of wellbeing, opportunities for job growth and generational difference. There was a general sense that things are more expensive now. One person stated that "[before] you could actually pay for college with a job. College was more within reach. College [is] no longer a viable option."

Embedded in many of the points made was a lack of jobs, or opportunities to get ahead which contributed to financial strain. Other issues mentioned included increases in the cost of living, paying rent, college tuition, and the inability to save money for the future. There was also a general concern about their ability to get ahead if they remain in the state and how this plays into their sense of hope and purpose.

> "I never felt like I would be able to accomplish anything while living there, in part to economy/money, and not being able to reach other cities/lack of public transport…"

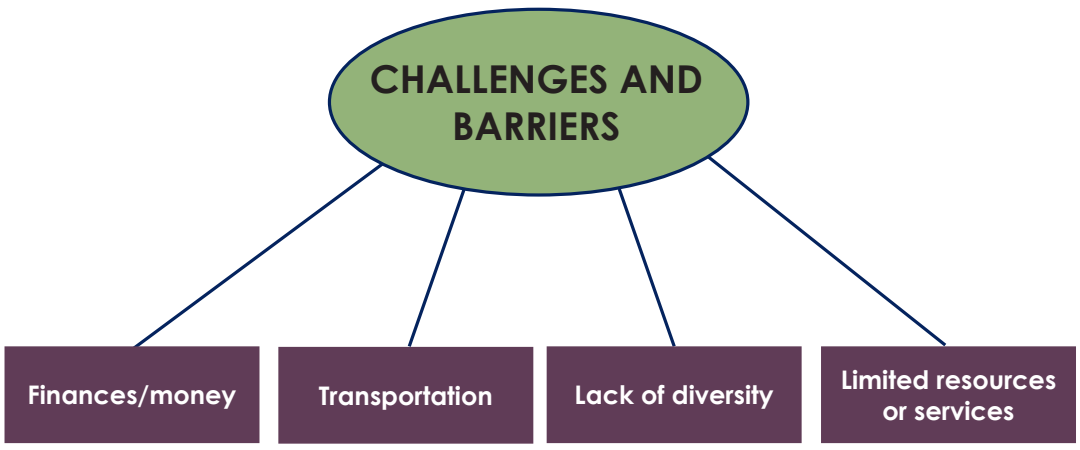
Day-to-day money issues are a source of stress for many young adults who are working or are college students. One person simply stated, "you can go for any dream but [it's] expensive."

The limitation, number and types of jobs was a recurring theme and this was seen to contribute to holding people back from financial and emotional health. For example, "[If there were] more job opportunities, people would have to go to work instead of drinking." This last comment points to another underlying concern expressed and that is the lack of resources and access to commerce.

> "Hope is lost when you call the only resource number the state has and they can't even direct you where to go that doesn't cost money…"

But many also mentioned that even if they can find a resource, they still cannot afford to access the services. The request was made to make rehabilitation and treatment services more affordable. Many expressed concern about individuals they know who are in need of help but either don't want to ask for help or don't know where to turn. "NH treatment is too expensive and complicated to access."

Figure 14: Challenges and Barriers Threads



"You would be surprised at the number of people wanting help but [are] unable to access [it]."

"I had to go to Massachusetts to get services to help detox and rehabilitate from heroin. I feel let down by the state of NH."

Transportation

The vital role that transportation plays in accessing service, however, cannot be understated. It is a recurring theme that has been identified as a limitation in the state. It is broadly accepted that transportation is a primary barrier to accessing services. As one participant put it, "I am far more concerned about the rapidly shrinking public transportation system that I depend on (something that could decrease drunk driving by the way)."

"More trains please. Rail service from Concord to Boston would be incredible, and would, in my mind, drastically increase tourism revenue and would make commuting into the city easier and more viable, further bringing more money into the state."

Lack of Diversity

In addition to finances, transportation and access to services, there was a common discussion thread that speaks more broadly about the culture of New Hampshire. Many expressed concerns about the lack of diversity in the state and how this manifests in discrimination and racism across the state.

"Access to other cultures and experiences, at my school everybody's the same. If you go off, you will experience culture shock. Everyone is practically white, so you don't get that diversity. There isn't diversity in religion or backgrounds. People aren't seeing different parts of the world. There isn't much going on culturally."

Specifically mentioned were racism/bigotry, harassment, having limited understanding for differences, low social acceptance, treating each other with disrespect, and closed-mindedness. "There is a lot of closed-mindedness, such as racial or sexuality." It was expressed by a few people that without much diversity it can be "hard to get things going creatively."

"Discrimination specifically toward those who dress differently or come from other countries....not necessarily because of the color of their skin, more about where they are from, how they speak and how they look (attire)."

Limited Resources or Services

This lack of "culture" then circles back onto the challenges with limited finances, transportation and a sense that they are restricted and with limited options. Although, developmentally, this may be a healthy expression of emerging adults seeking to explore their community and their place in it.

That being said, the young adults in New Hampshire are facing challenges and strains that are potentially putting them at increased risk for substance misuse, addiction and other preventable health issues.

"As for the access for individuals with substance abuse and want help, it's hard to find proper and appropriate help when you want to get sober but you have no health coverage and no money to get yourself into proper treatment: and even worse when you're looking for after care treatment."

"Being a person with mental health issues, I can honestly say that if you fix the health care and make it more affordable, the amount of people using illegal drugs will go down."

Where Do We Go From Here?

A sense of hope and optimism, closely related to purpose, should inform the development of strategies and recommendations for young adults.

The type and timing of support or resources needs to align with the individuals' level of motivation and sense of purpose. Theoretical research points to a possible positive correlation between purpose and subjective well-being. When looking more broadly at the goal of interventions targeting young adults, large-scale changes in social norms do happen but they tend to take place slowly. Therefore, another route to improving life satisfaction might be to be more attentive to the timing and types of supports for purpose offered during the life-course *(Bronk 2009)*.

The voices of New Hampshire's young adults are consistent and strong, reflecting both the advantages and challenges of young adult life in New Hampshire. They have a positive perspective of the state, but think there are not enough activities for them or that activities and opportunities are out of reach due to cost, transportation or other factors. There are jobs available for this generation, but they do not pay enough to meet basic needs. Young adults feel supported by friends and family, but there is a lack of services and resources they need. The unique perspectives of the emerging and young adults echo the challenges being faced by many in the state.

Overall, the assessment determined that there is a high rate of binge drinking and illicit drug use among New Hampshire's young adults as well as a sense of hopelessness relative to the broader factors of financial stability, national politics and geopolitical factors. It is recommended that this information be used, in concert with the quantitative data, to facilitate discussions among key stakeholders, leaders, community sectors, and young adults themselves about strategies and approaches to addressing the needs of young adults in the state.

"I'm glad to see that NH is working to understand this issue and make improvements."

"I honestly think this survey is an amazing and brilliant way to reach out and get thoughts, opinions and ideas on what needs attention and to give people a voice. I figured it had to do with the growing drug epidemic but this last page I hope brings light to the battles that we are facing. Thank you very much for putting this on social media and I hope it helps this state turn itself around."

"NH is a great state, it's just needs a little work from all of us."

METHODS

Purpose

While there are data sets that allow us to assess and measure substance use and risk factors among high school aged youth in the state, there is a lack of similar data for young adults aged 18-25. This population is typically more difficult to assess because they are diverse and cannot be found in a common setting where data is routinely collected in a standard and consistent manner. They may be enrolled in a college or training program, working in a variety of industries, serving in the military, or are busy being parents. Young adults are also highly mobile without a consistent permanent address. Nevertheless, given that there are indications of a high level of substance misuse among this group there is a need to understand how, where, when and why this population is using substances.

At the request of the NH Department of Health & Human Services (NH DHHS) Bureau of Drug and Alcohol Services, JSI Research & Training Institute, Inc./ Community Health Institute (CHI), the state contractor for the NH Center for Excellence (The Center), is coordinating the effort of the state's regional public health networks and their fiscal agents to participate in a comprehensive assessment of young adults. The focus of the assessment is on the risk behavior, perceptions, and attitudes as they related to binge drinking, prescription drug misuse and illicit opioid (heroin) use among young adults.

Goals of the Young Adults Needs Assessment

1. **Identify opioid misuse prevalence among 18-20, 21-25, and 26-30 year olds to define baseline numbers and to use for evaluation of future program implementation.**
2. **Identify alcohol use (binge drinking) prevalence among 18-20, 21-25, and 26-30 year olds to define baseline and use for evaluation of future program implementation.**
3. **Identify factors related to use of opioid use and binge drinking that could inform strategy development.**

The participating regional public health networks or designated network partner agencies were asked to do the following activities:

- Engage 1-2 people to serve as the facilitator and notetaker who would participate in a one-hour training before the first focus group on how to facilitate a focus group, take effective focus group notes, and record/report responses using an online data entry tool;
- Host and co-facilitate at least one (1) young adult focus group by September 30, 2015, with additional focus groups completed through the fall. Each region was asked to conduct up to six focus groups (four minimum) with different types of young adults (college students, working, minority, etc.);
- Support other data collection as needed, which included distribution, collection and submission of paper survey and/or posting of web links to electronic surveys for young adults in the region;
- Identify and engage young adults from the community to assist the region in the young adult assessment data collection activities;
- Participate in all young adult assessment-related communications, meetings, activities and other interactions required by the assessment protocols during September and on-going;
- Purchase and provide financial incentives for data collectors and survey participants by September 30, 2015, and on-going; and
- Enter focus group data into a web-accessible data file in a timely manner throughout the data collection period.

Survey Design and Methods

The New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services (BDAS) conducted an assessment using focus groups and an online survey in the fall and early winter of 2015. The findings of the assessment were used to assist in identifying the substance use behaviors and beliefs of young adults in New Hampshire and to help inform prevention programming and services.

New Hampshire residents aged 18 to 30 were recruited through community newsletters, postcards, and other local methods. It is important to note that the survey findings did not necessarily reflect behaviors and beliefs of the total young adult population of New Hampshire.

Sample size calculation (for the survey)

The focus was on statewide estimates, in terms of power and sample size. Regional estimates (and by employment status or other demographics) were computed based on the resulting data. This meant that there would be less power to identify differences across groups regionally than at the state level, and the margin of error for key statistics would be wider at the regional than state level.

In order to perform the calculations, it was further assumed that the survey would explore binge drinking, use of illicit drugs, and non-medical use of prescription pain medication. The power of different sample sizes to estimate these values accurately could then be estimated.

Preliminary data for calculation:

1. **According the 2013 American Community Survey, there are 142,190 people aged 18-25 in NH.**
2. **According to the National Center for Education Statistics IPEDS Fall Enrollment survey (accessed through www.higheredinfo.org) 35.4% of New Hampshire's 18-24 year olds are enrolled in college. Thus, an estimate of those not enrolled is 64.6%.**
3. **According to SAMHSA's NSDUH, the national prevalence of binge drinking (past month) is 49%, and of non-medication use of prescription pain medications is 10.5%; the use of illicit drugs (excluding marijuana) is also about 10%.**

Assuming 95% confidence to estimate these prevalence statistics, we set the margin of error at 3% and 5% (i.e., +/- 3 points or 5 points) to compute the required sample size. A software package called nQuery+nTerim 3.0 was used. Sample sizes are provided in table below:

TABLE 21: SAMPLE-SIZE ESTIMATES

MEASURE	MARGIN OF ERROR 3%	MARGIN OF ERROR 5%
Binge drinking (pop est. 49%)	1,067	384
Illicit drug use (pop est. 10%)	385	139

A sample size of 385 seemed to be a sensible choice, in order to provide margins of error in the 3-5% range for probably all questions on the survey (including the three key measures) and some ability to do stratified analyses by demographic factors.

The tables in this report show the range of responses for all close-ended items in the survey, except a few items that had very low variability. The values in each table are the weighted (upscaled) percentages. Also shown are the original number of responses from which the percentages are based.

The statistical significance of analyzed relationships are also shown at the bottom of the table (p-value). A (probability) value of less than .05 traditionally means that there are differences that are very unlikely to have occurred by chance (i.e., "statistically significant."). These values are for the overall pattern of differences shown in the table, rather than differences for any specific response option (for items offering more than just two options). Significance probabilities (p-values) for tables containing zero responses in any cell of the table could not be calculated and, therefore, are not reported.

In some instances, response options for certain items in the survey have been combined, in order to help avoid showing percentages that are based on very small numbers of respondents, and to make the tables easier to interpret. Percentages based on fewer than five respondents (and sample sizes fewer than five) have been suppressed, and are not shown, in the interest of data protection and confidentiality.

Four sets of items that asked respondents to check "all that apply" for each item were included in the survey. In the tables for these items, the responses are labeled as either "Checked" or "Not-checked".

Please note that some items within these Checked/Not-checked sets are worded as a negative. For example: "I have not used alcohol or drugs in the past 12 months." If at least one response within the set logically should have been checked by the respondent but none of them were, the responses for all of the items in the set were set to missing values and excluded from the tables.

Focus Group Design and Methods

Each young adult focus group was intended to include 7-10 young adults between the ages of 18 to 25. The first group could comprise the full age range (18-25), but subsequent groups could be separated into two age groups: 18-20 or 21-25. This was largely being done to address dynamics that could influence responses, such as being under the legal age, or just out of high school (18-20), versus being of legal drinking age and a working parent (21-25).

If feasible, incentives were also used in encouraging people to attend. CHI brought $25.00 Irving and/or Target gift cards to each of the focus groups that were conducted before September 30th, 2015. After September 30th, each region was responsible for purchasing and providing incentives, as appropriate for the target group.

After the focus groups

The Young Adult Focus Group Field Notes Data Collection Sheet was used to record summary notes and key themes. These data were then added to a Survey Monkey form link provided to each region to submit the summary of the notes.

Focus group data analysis

Once the data had been collated, cleaned, and organized, the dataset was imported into NVivo (v.9) for qualitative analysis. The data were peripherally analyzed for the purpose of identifying patterns within the data, as well as top-level themes. The next stage of analysis was undertaken once consensus had been reached for the initial main themes.

The second phase of analysis was more rigorous and meticulous in its approach, expanding upon these initial themes and developing causally-related child nodes (sub-themes), where appropriate. Again, this process was collaborative and was achieved through frequent group consensus. The number of identified themes/sub-themes progressively grew, as did the number of coded references, which grew exponentially.

The research team met frequently to discuss findings, refine the analysis strategy, reach consensus and understanding, and to discuss the overall direction of the analysis, in alignment with the aims and objectives of the report. The refinement and amalgamation of nodes/themes occurred throughout the process, in order to conclude the analysis with a clearly-defined network and arrangement of themes and sub-themes.

Upon completion of the thematic analysis, various word queries were performed using NVivo, for the purpose of laying the foundations for the discussion components of this report.

APPENDIX

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DATE OF FOCUS GROUP: _/_____/_____ **REGION:** _____

TIME: _____ **LOCATION:** _____

_____

FACILITATOR: _____ **NOTETAKER:**_____

_____

YOUNG ADULT GROUP BASED ON RECRUITMENT STRATEGY:

- ❑ College Students
- ❑ Non-college working regularly *(e.g., particular industries of work, such as tourism, hospitality, construction, etc.)*
- ❑ Non-college not working regularly
- ❑ Identified risk (selective) *(e.g., justice-involved, substance use in family, vulnerable families, homeless, transient, low education, etc.)*
- ❑ Indicated *(in treatment or recovery)*
- ❑ Minority
- ❑ Refugee
- ❑ Rural
- ❑ Urban
- ❑ Military
- ❑ LGBTQ
- ❑ Other sub-populations identified in region _____

Age Group: ❑ 18-20 ❑ 21-25

Number of Participants: _____

Number of Demographic Surveys Collected: _____

Introductions/Overview

Thank you for your time today. We have brought you together in this focus group as a response to the rise in those who are being affected by binge drinking, prescription opioid or heroin addiction, and overdose death in the state. The knowledge and experiences you've had are valuable in terms of determining strategies that will help to prevent this progression. We will use what you tell us today to identify and implement the most appropriate strategies to address this public health issue.

It should take about an hour and a half to get through all of the questions we'd like to ask you. I'm going to just go over some of the expectations and ground rules:

- There are no right or wrong answers. Your honest opinion and perspective is what we want to hear. Every opinion is valid and will be treated with equal respect.

- Anything you say here is confidential. We are taking notes on what you say, but all your comments will be documented without identifying who you are. They are used only for research purposes only. If there is something you want kept "off the record" just say so, and we won't record it.

- It is my job to make sure we hear from everyone in the group. So, I may need to redirect to keep us focused and on topic. Please be respectful of one another with one person speaking at a time and do not cut each other off. We will make every effort to hear what each of you wants to share.

- If you need to step out of the room, please do so without disrupting the discussion.

You will receive a gift card at the end of this focus group in recognition of your time.
What questions can I answer before we get started?

You have a unique perspective on the issues and challenges that young adults are facing in New Hampshire. We want to hear from you about your hopes for the future and what may be helping or hindering reaching your goals. We will also focus in specifically on substance misuse *(binge drinking, prescription drug use, and heroin use)* and how the community and state could respond to this issue.

I. First, a few questions about things you and your peers may be thinking about.

1) Tell us about your likes and dislikes as young adults living in NH?
    a. What are you and other young adults living in NH excited about?
    b. What is frustrating to you and other young adults living in NH?
2) How do your own challenges differ from your parents experiences at your age?
3) What gives you hope or optimism?
    a. What discourages you?
4) How do you communicate with your friends?
    a. How about with your family?
5) How do you cope with stress?
    a. How has that changed from when you were in high school?

II. Now I want to ask you some questions about substance use/misuse, the root causes and impacts of misuse among young adults.

6) Do you think there is a problem with binge drinking, prescription drug use or heroin in your community?
    a. If yes, in what way is *binge drinking* a problem? If not, why not?
    b. If yes, in what way is *prescription drug use* a problem? If not, why not?
    c. If yes, in what way is *heroin use* a problem? If not, why not?
7) What do you see as the top reasons young adults binge drink?
    a. Why do you think some people your age don't binge drink?
8) What do you see as the top reasons young adults misuse pain medication? (misuse means using pain pills not prescribed to them, or misusing their own pain medication in a way not as prescribed).

a. Why do you think some people your age don't misuse prescription drugs or heroin?

9) What negative impacts of alcohol or drug misuse do you see among people your age?

a. Is it different for alcohol misuse compared to prescription drug misuse?

10) Think about yourself or someone you know who may need help for alcohol or drug problems. Who have they turned to for help?

a. How have they sought help?

b. What keeps them from seeking help?

III. Reflecting back on the discussion we have had so far, let's talk about what could make a difference for young adults.

11) What do you think young adults like you can do to help address problems like binge drinking, prescription drug abuse and heroin use?

a. What do you think the community could do better around this issue for young adults?

12) What is the best way to reach young adults with information about the problems associated with binge drinking or prescription drug or heroin use?

13) What messages about binge drinking or drug use might make a difference in binge drinking or drug use among young adults?

a. From whom?

14) Do you have any other thoughts or suggestions for us as we look at these issues and try to think about strategies to use to help young adults?

NH YOUNG ADULT ASSESSMENT SURVEY DATA TABLES

Demographic Information:

1. Please tell us what kind of device you are using to do this survey:

Device used to complete survey		*n (unweighted)*	*%*
State-wide	Smart phone	3915	90.5
	Tablet	204	4.3
	Laptop or Desktop Computer	168	4.0
	Other	45	1.2
	Total	4332	100.0

2. What is your age? (If no age is entered or age is outside the range of 18 to 30)

Age		*n (unweighted)*	*%*
State-wide	18	284	9.4
	19	247	7.9
	20	283	9.2
	21	290	7.2
	22	276	6.5
	23	338	8.1
	24	359	8.4
	25	376	8.9
	26	376	6.6
	27	391	6.8
	28	379	7.1
	29	410	7.4
	30	325	6.4
	Total	4334	100.0

3. What is your gender?

Sex		*n (unweighted)*	*%*
State-wide	Male	1154	50.4
	Female	3147	48.7
	Transgender or other	23	.6
	Prefer not to say	10	.2
	Total	4334	100.0

4. What is your sexual orientation?

Orientation		*n (unweighted)*	*%*
State-wide	Heterosexual	3589	82.8
	Gay or Lesbian	173	5.4
	Bisexual	382	7.5
	Unsure	61	1.4

	Prefer not to say	119	3.0
	Total	4324	100.0

5. How do you usually describe yourself (race)?

Race/ethnicity		*n (unweighted)*	*%*
State-wide	White	4012	91.9
	Black or African American	23	.6
	Hispanic or Latino	93	2.4
	Asian or Pacific Islander	56	1.4
	American Indian, Alaskan Native, or Native Hawaiian	23	.5
	Bi-Racial or Multi-Racial	91	2.3
	Other	33	.9
	Total	4331	100.0

6. Are you currently or have you been a member of the United States Armed services (active duty, reserve, or National Guard)?

Current/past member of US Armed Services		*n (unweighted)*	*%*
State-wide	Yes, and I have deployed	49	1.7
	Yes, but I have no deployed	81	2.6
	No	4200	95.7
	Total	4330	100.0

Age	*Current/past member of US Armed Services*	*n (unweighted)*	*%*
18-20	Yes	.	3.3
	No	.	96.7
	Total	812	100.0
21-25	Yes	.	4.1
	No	.	95.9
	Total	1638	100.0
26-30	Yes	.	5.3
	No	.	94.7
	Total	1880	100.0
$p = 0.171$			

7. What is your employment status?

Employment status		*n (unweighted)*	*%*
State-wide	Employed for wages, full time	2450	54.2
	Employed for wages, part-time	1061	26.1
	Self Employed	182	4.5
	Not employed, looking for work	342	8.3
	Not employed, not looking for work	296	6.8
	Total	4331	100.0

Age	Employment status	n (unweighted)	%
18-20	Employed	.	76.0
	Not employed, looking for work	.	12.8
	Not employed, not looking for work	.	11.2
	Total	813	100.0
21-25	Employed	.	87.3
	Not employed, looking for work	.	7.5
	Not employed, not looking for work	.	5.2
	Total	1637	100.0
26-30	Employed	.	89.1
	Not employed, looking for work	.	5.8
	Not employed, not looking for work	.	5.1
	Total	1881	100.0
p <.0001			

8. Are you a student?

Student status		n (unweighted)	%
State-wide	Yes, in college or vocational school, full-time	846	22.1
	Yes, in college or vocational school, part-time	335	7.6
	Yes, in high-school or a GED program	127	4.4
	Yes, in some other type of school	81	1.7
	No	2913	63.5
	Prefer not to answer	29	.8
	Total	4334	100.0

Age	Student status	n (unweighted)	%
18-20	In college or vocational school (full time)	.	46.3
	Other type of student	.	24.8
	Not a student	.	28.9
	Total	801	100.0
21-25	In college or vocational school (full time)	.	20.7
	Other type of student	.	11.4
	Not a student	.	67.9
	Total	1629	100.0
26-30	In college or vocational school (full time)	.	5.8
	Other type of student	.	7.9
	Not a student	.	86.4
	Total	1875	100.0
p <.0001			

9. Living Arrangement

What is your current living arrangement? (College or vocational school students)

Current living arrangement		n (unweighted)	%
State-wide	At home with parent/guardian	368	33.3
	Campus residence hall	216	22.3

Current living arrangement		n (unweighted)	%
	Fraternity or Sorority House	7	1.3
	Other college or university housing	40	4.3
	Other off campus housing	264	21.4
	Other	289	17.5
	Total	1184	100.0

Age	Current living arrangement	n (unweighted)	%
18-20	At home with parent/guardian	.	38.0
	Campus housing or fraternity/sorority house	.	46.6
	Other	.	15.4
	Total	448	100.0
21-25	At home with parent/guardian	.	34.4
	Campus housing or fraternity/sorority house	.	14.2
	Other	.	51.5
	Total	496	100.0
26-30	At home with parent/guardian	.	13.0
	Campus housing or fraternity/sorority house	.	.
	Other	.	86.4
	Total	240	100.0
p <.0001			

What is your current living arrangement? (persons not in college or vocational school)

Current living arrangement		n (unweighted)	%
State-wide	House or apartment with parent or guardian	773	30.1
	House or apartment alone	269	8.6
	House or apartment with friends	343	12.8
	House of apartment with spouse or partner	1587	43.9
	Transitional housing or shelter	12	.4
	Residential program or facility	*	.2
	Other – please describe	130	4.0
	Total	3120	100.0

Age	Current living arrangement	n (unweighted)	%
18-20	Housed	.	94.0
	Unhoused/Transitional	.	6.0
	Total	353	100.0
21-25	Housed	.	95.6
	Unhoused/Transitional	.	4.4
	Total	1133	100.0
26-30	Housed	.	95.6
	Unhoused/Transitional	.	4.4
	Total	1634	100.0
p = 0.4252			

11. Zip code

H4: Perceptions about Ease of Access to Alcohol and other Substances

12. How easy do you think it is for persons your age in your community to obtain prescription pain relievers, such as OxyContin, Percocet, Vicodin, without a doctor's prescription?

Ease of obtaining prescription pain relievers without prescription		*n (unweighted)*	*%*
State-wide	Very easy	965	20.8
	Somewhat easy	1937	44.3
	Somewhat difficult	1126	27.9
	Very difficult	285	7.1
	Total	4313	100.0

Age	*Ease of obtaining prescription pain relievers without prescription*	*n (unweighted)*	*%*
18-20	Very easy	.	16.8
	Somewhat easy	.	40.7
	Somewhat difficult	.	33.0
	Very difficult	.	9.4
	Total	809	100.0
21-25	Very easy	.	20.9
	Somewhat easy	.	46.3
	Somewhat difficult	.	27.2
	Very difficult	.	5.5
	Total	1633	100.0
26-30	Very easy	.	23.6
	Somewhat easy	.	44.7
	Somewhat difficult	.	24.7
	Very difficult	.	7.0
	Total	1871	100.0
p <.0001			

13. How easy do you think it is for persons your age in your community to obtain prescription sedatives/tranquilizers, such as Xanax, Valium, or Ambien, without a doctor's prescription?

Ease of obtaining prescription sedatives/tranquilizers without prescription		*n (unweighted)*	*%*
State-wide	Very easy	891	18.8
	Somewhat easy	1784	40.3
	Somewhat difficult	1269	31.3
	Very difficult	362	9.6
	Total	4306	100.0

Age	*Ease of obtaining prescription sedatives/tranquilizers without prescription*	*n (unweighted)*	*%*
18-20	Very easy	.	15.1

Age	Ease of obtaining prescription sedatives/tranquilizers without prescription	n (unweighted)	%
	Somewhat easy	.	33.3
	Somewhat difficult	.	36.6
	Very difficult	.	15.0
	Total	809	100.0
21-25	Very easy	.	18.4
	Somewhat easy	.	43.4
	Somewhat difficult	.	30.6
	Very difficult	.	7.6
	Total	1631	100.0
26-30	Very easy	.	22.3
	Somewhat easy	.	42.2
	Somewhat difficult	.	27.9
	Very difficult	.	7.6
	Total	1866	100.0
p <.0001			

14. How easy do you think it is for persons your age in your community to obtain prescription stimulants, such as Adderall or Ritalin, without a doctor's prescription?

Ease of obtaining prescription stimulants without prescription		n (unweighted)	%
State-wide	Very easy	1622	38.4
	Somewhat easy	1687	38.2
	Somewhat difficult	761	18.0
	Very difficult	240	5.5
	Total	4310	100.0

Age	Ease of obtaining prescription stimulants without prescription	n (unweighted)	%
18-20	Very easy	.	43.5
	Somewhat easy	.	34.7
	Somewhat difficult	.	15.0
	Very difficult	.	6.8
	Total	811	100.0
21-25	Very easy	.	41.1
	Somewhat easy	.	37.9
	Somewhat difficult	.	17.2
	Very difficult	.	3.8
	Total	1633	100.0
26-30	Very easy	.	31.2
	Somewhat easy	.	41.2
	Somewhat difficult	.	21.2
	Very difficult	.	6.5
	Total	1866	100.0
p <.0001			

15. How easy do you think it is for persons your age in your community to obtain heroin or fentanyl?

Ease of obtaining heroin or fentanyl		*n (unweighted)*	*%*
State-wide	Very easy	1553	34.5
	Somewhat easy	1510	34.9
	Somewhat difficult	911	22.1
	Very difficult	333	8.5
	Total	4307	100.0

Age	*Ease of obtaining heroin or fentanyl*	*n (unweighted)*	*%*
18-20	Very easy	.	31.8
	Somewhat easy	.	30.8
	Somewhat difficult	.	26.3
	Very difficult	.	11.1
	Total	812	100.0
21-25	Very easy	.	34.3
	Somewhat easy	.	38.4
	Somewhat difficult	.	20.2
	Very difficult	.	7.1
	Total	1633	100.0
26-30	Very easy	.	36.8
	Somewhat easy	.	34.1
	Somewhat difficult	.	20.9
	Very difficult	.	8.2
	Total	1862	100.0
p <.0001			

H5: Perceptions about Risks from Alcohol and other Substances

16. How much do people risk harming themselves (physically, or in other ways) if they have five or more drinks of an alcoholic beverage once or twice a week?

Risk of harm from binge drinking 1-2 times per week		*n (unweighted)*	*%*
State-wide	No risk	212	6.2
	Slight risk	1377	34.1
	Moderate risk	1866	42.0
	Great risk	871	17.8
	Total	4326	100.0

Age	*Risk of harm from binge drinking 1-2 times per week*	*n (unweighted)*	*%*
18-20	No risk	.	6.7
	Slight risk	.	31.8
	Moderate risk	.	42.7
	Great risk	.	18.8
	Total	814	100.0

Age	Risk of harm from binge drinking 1-2 times per week	n (unweighted)	%
21-25	No risk	.	5.8
	Slight risk	.	36.6
	Moderate risk	.	41.5
	Great risk	.	16.0
	Total	1637	100.0
26-30	No risk	.	6.3
	Slight risk	.	32.9
	Moderate risk	.	41.9
	Great risk	.	19.0
	Total	1875	100.0
$p = 0.2594$			

17. How much do you think people risk harming themselves (physically or in other way) if they take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?

Risk of harm from prescription drug use without prescription		n (unweighted)	%
State-wide	No risk	45	1.5
	Slight risk	436	10.8
	Moderate risk	1367	33.0
	Great risk	2476	54.8
	Total	4324	100.0

Age	Risk of harm from prescription drug use without prescription	n (unweighted)	%
18-20	No risk	.	1.7
	Slight risk	.	10.4
	Moderate risk	.	31.5
	Great risk	.	56.5
	Total	814	100.0
21-25	No risk	.	1.3
	Slight risk	.	10.5
	Moderate risk	.	34.5
	Great risk	.	53.7
	Total	1637	100.0
26-30	No risk	.	1.5
	Slight risk	.	11.4
	Moderate risk	.	32.3
	Great risk	.	54.8
	Total	1873	100.0
$p = 0.8189$			

H6: Behaviors and Experiences

18. Considering all types of alcoholic beverages, during the past 30 days have you had 5 or more drinks of alcohol in a row, that is, within a couple of hours?

Past month binge alcohol use		*n (unweighted)*	*%*
State-wide	Yes	1274	34.5
	No	3040	65.5
	Total	4314	100.0

Age	*Past month binge alcohol use*	*n (unweighted)*	*%*
18-20	Yes	.	31.2
	No	.	68.8
	Total	811	100.0
21-25	Yes	.	40.2
	No	.	59.8
	Total	1634	100.0
26-30	Yes	.	30.7
	No	.	69.3
	Total	1869	100.0
p <.0001			

a. If you have had 5 or more drinks of alcohol in a row in the last 30 days, on how many days did you have 5 or more drinks?

Number of days binge drinking in past month		*n (unweighted)*	*%*
State-wide	0 days	15	1.3
	1-2 days	693	50.6
	3-5 days	291	23.5
	6-9 days	143	12.3
	10-19 days	79	7.8
	20 or more days	45	4.5
	Total	1266	100.0

Age	*Number of days binge drinking in past month*	*n (unweighted)*	*%*
18-20	1-2 days	.	50.5
	3-5 days	.	23.5
	6-9 days	.	16.6
	10 or more days	.	9.3
	Total	218	100.0
21-25	1-2 days	.	50.6
	3-5 days	.	24.4
	6-9 days	.	12.3
	10 or more days	.	12.7
	Total	544	100.0
26-30	1-2 days	.	52.9

Age	Number of days binge drinking in past month	n (unweighted)	%
	3-5 days	.	23.1
	6-9 days	.	9.4
	10 or more days	.	14.6
	Total	489	100.0
p = 0.2687			

b. If you choose not to drink at all or to limit your drinking, how important is each of the following reasons for you? (select all that apply)

i. Drinking is against my values

Drinking is against my values		n (unweighted)	%
State-wide	Checked	255	10.0
	Not checked	2785	90.0
	Total	3040	100.0

Age	Drinking is against my values	n (unweighted)	%
18-20	Checked	.	17.9
	Not checked	.	82.1
	Total	586	100.0
21-25	Checked	.	8.4
	Not checked	.	91.6
	Total	1084	100.0
26-30	Checked	.	5.4
	Not checked	.	94.6
	Total	1370	100.0
p <.0001			

ii. People in my family have had alcohol problems

Family members have alcohol problems		n (unweighted)	%
State-wide	Checked	1063	34.0
	Not checked	1977	66.0
	Total	3040	100.0

Age	Family members have alcohol problems	n (unweighted)	%
18-20	Checked	.	38.0
	Not checked	.	62.0
	Total	586	100.0
21-25	Checked	.	33.4
	Not checked	.	66.6
	Total	1084	100.0
26-30	Checked	.	31.6
	Not checked	.	68.4
	Total	1370	100.0
p = 0.0398			

iii. I'm not old enough to drink legally

Abstain/limit drinking because... not old enough		n (unweighted)	%
State-wide	Checked	414	18.9
	Not checked	2626	81.1
	Total	3040	100.0

Age	Abstain/limit drinking because... not old enough	n (unweighted)	%
18-20	Checked	.	67.3
	Not checked	.	32.7
	Total	586	100.0
21-25	Checked	.	.
	Not checked	.	99.8
	Total	1084	100.0
26-30	Checked	.	.
	Not checked	.	99.9
	Total	1370	100.0
p <.0001			

iv. I'm going to drive

Abstain/limit drinking because... going to drive		n (unweighted)	%
State-wide	Checked	1668	53.2
	Not checked	1372	46.8
	Total	3040	100.0

Age	Abstain/limit drinking because... going to drive	n (unweighted)	%
18-20	Checked	.	45.1
	Not checked	.	54.9
	Total	586	100.0
21-25	Checked	.	57.0
	Not checked	.	43.0
	Total	1084	100.0
26-30	Checked	.	55.8
	Not checked	.	44.2
	Total	1370	100.0
p <.0001			

v. It costs too much money

Abstain/limit drinking because... costs too much		n (unweighted)	%
State-wide	Checked	1114	35.0
	Not checked	1926	65.0
	Total	3040	100.0

Age	Abstain/limit drinking because... costs too much	n (unweighted)	%
18-20	Checked	.	29.4

Age	Abstain/limit drinking because... costs too much	n (unweighted)	%
	Not checked	.	70.6
	Total	586	100.0
21-25	Checked	.	41.3
	Not checked	.	58.7
	Total	1084	100.0
26-30	Checked	.	33.2
	Not checked	.	66.8
	Total	1370	100.0
p <.0001			

vi. I don't like the taste / I don't like the way it makes me feel

Abstain/limit drinking because... do not like taste or effect		n (unweighted)	%
State-wide	Checked	822	25.6
	Not checked	2218	74.4
	Total	3040	100.0

Age	Abstain/limit drinking because...do not like taste or effect	n (unweighted)	%
18-20	Checked	.	25.8
	Not checked	.	74.2
	Total	586	100.0
21-25	Checked	.	26.4
	Not checked	.	73.6
	Total	1084	100.0
26-30	Checked	.	24.7
	Not checked	.	75.3
	Total	1370	100.0
p = 0.7465			

vii. My friends don't drink

Abstain/limit drinking because... friends do not drink		n (unweighted)	%
State-wide	Checked	109	3.9
	Not checked	2931	96.1
	Total	3040	100.0

Age	Abstain/limit drinking because... friends do not drink	n (unweighted)	%
18-20	Checked	.	7.2
	Not checked	.	92.8
	Total	586	100.0
21-25	Checked	.	3.2
	Not checked	.	96.8
	Total	1084	100.0
26-30	Checked	.	2.1
	Not checked	.	97.9

Age	Abstain/limit drinking because... friends do not drink	n (unweighted)	%
	Total	1370	100.0
p <.0001			

viii. I don't want to disappoint someone I care about

Abstain/limit drinking because.. .do not want to disappoint anyone		n (unweighted)	%
State-wide	Checked	409	14.6
	Not checked	2631	85.4
	Total	3040	100.0

Age	Abstain/limit drinking because...do not want to disappoint anyone	n (unweighted)	%
18-20	Checked	.	19.6
	Not checked	.	80.4
	Total	586	100.0
21-25	Checked	.	11.4
	Not checked	.	88.6
	Total	1084	100.0
26-30	Checked	.	13.9
	Not checked	.	86.1
	Total	1370	100.0
p <.00001			

ix. It is bad for my health

Abstain/limit drinking because... it is unhealthy		n (unweighted)	%
State-wide	Checked	1050	32.9
	Not checked	1990	67.1
	Total	3040	100.0

Age	Abstain/limit drinking because...it is unhealthy	n (unweighted)	%
18-20	Checked	.	35.0
	Not checked	.	65.0
	Total	586	100.0
21-25	Checked	.	30.7
	Not checked	.	69.3
	Total	1084	100.0
26-30	Checked	.	33.3
	Not checked	.	66.7
	Total	1370	100.0
p = 0.2205			

x. It interferes with my school, work, or fitness activities

Abstain/limit drinking because... it interferes with school, work, etc.		n (unweighted)	%
State-wide	Checked	1045	35.2
	Not checked	1995	64.8

Abstain/limit drinking because... it interferes with school, work, etc.		n (unweighted)	%
	Total	3040	100.0

Age	Abstain/limit drinking because...it interferes with school, work, etc.	n (unweighted)	%
18-20	Checked	.	38.7
	Not checked	.	61.3
	Total	586	100.0
21-25	Checked	.	33.8
	Not checked	.	66.2
	Total	1084	100.0
26-30	Checked	.	34.0
	Not checked	.	66.0
	Total	1370	100.0
$p = 0.1188$			

xi. Other - please describe: _____

Abstain/limit drinking because... other response		n (unweighted)	%
State-wide	Checked	518	15.3
	Not checked	2522	84.7
	Total	3040	100.0

Age	Abstain/limit drinking because...other response	n (unweighted)	%
18-20	Checked	.	9.4
	Not checked	.	90.6
	Total	586	100.0
21-25	Checked	.	17.9
	Not checked	.	82.1
	Total	1084	100.0
26-30	Checked	.	17.3
	Not checked	.	82.7
	Total	1370	100.0
$p < .0001$			

19. Have you used any of the following substances in the past 30 days? (Check all that apply)

i. Tobacco (cigarettes, tobacco from a water pipe or hookah, cigars, little cigars, clove cigarettes, smokeless tobacco)

Past month tobacco use		n (unweighted)	%
State-wide	Checked	1268	34.6
	Not checked	2935	65.4
	Total	4203	100.0

Age	Past month tobacco use	n (unweighted)	%
18-20	Checked	.	34.2
	Not checked	.	65.8

Age	Past month tobacco use	n (unweighted)	%
	Total	785	100.0
21-25	Checked	.	35.7
	Not checked	.	64.3
	Total	1595	100.0
26-30	Checked	.	33.7
	Not checked	.	66.3
	Total	1823	100.0
$p = 0.6254$			

ii. E-cigarettes

Past month e-cigarette use		n (unweighted)	%
State-wide	Checked	355	11.2
	Not checked	3848	88.8
	Total	4203	100.0

Age	Past month e-cigarette use	n (unweighted)	%
18-20	Checked	.	15.4
	Not checked	.	84.6
	Total	785	100.0
21-25	Checked	.	10.2
	Not checked	.	89.8
	Total	1595	100.0
26-30	Checked	.	9.0
	Not checked	.	91.0
	Total	1823	100.0
$p = 0.0002$			

iii. Marijuana for nonmedical purposes (pot, weed, hashish, hash oil)

Past month non-medical marijuana use		n (unweighted)	%
State-wide	Checked	1040	28.6
	Not checked	3163	71.4
	Total	4203	100.0

Age	Past month non-medical marijuana use	n (unweighted)	%
18-20	Checked	.	34.0
	Not checked	.	66.0
	Total	785	100.0
21-25	Checked	.	27.7
	Not checked	.	72.3
	Total	1595	100.0
26-30	Checked	.	25.4
	Not checked	.	74.6
	Total	1823	100.0
$p = 0.0004$			

iv. **Synthetic drugs (also known as Spice Herbal Smoke Blend, Genie, Skunk, K2, or Eclipse, bath salts)**

Past month synthetic drug use		*n (unweighted)*	*%*
State-wide	Checked	6	.2
	Not checked	4197	99.8
	Total	4203	100.0

v. **Inhalants (glue, solvents, gas)**

Past month inhalants use		*n (unweighted)*	*%*
State-wide	Checked	8	.3
	Not checked	4195	99.7
	Total	4203	100.0

vi. **Cocaine (crack, rock, freebase)**

Past month cocaine use		*n (unweighted)*	*%*
State-wide	Checked	86	2.5
	Not checked	4117	97.5
	Total	4203	100.0

Age	*Past month cocaine use*	*n (unweighted)*	*%*
18-20	Checked	.	2.0
	Not checked	.	98.0
	Total	785	100.0
21-25	Checked	.	3.0
	Not checked	.	97.0
	Total	1595	100.0
26-30	Checked	.	2.4
	Not checked	.	97.6
	Total	1823	100.0
$p = 0.0004$			

vii. **Club drugs, like crystal meth, ice, or crank, hallucinogens (LSD, PCP), MDMA (Ecstasy or Molly), or GHB, Ketamine, or Rohypnol**

Past month club drug use		*n (unweighted)*	*%*
State-wide	Checked	62	2.3
	Not checked	4141	97.7
	Total	4203	100.0

Age	*Past month cocaine use*	*n (unweighted)*	*%*
18-20	Checked	.	3.5
	Not checked	.	96.5
	Total	785	100.0
21-25	Checked	.	2.0
	Not checked	.	98.0
	Total	1595	100.0
26-30	Checked	.	1.8
	Not checked	.	98.2

Age	Past month cocaine use	n (unweighted)	%
	Total	1823	100.0
p = 0.1008			

viii. Prescription drugs without a doctor's orders

Past month prescription drug misuse		n (unweighted)	%
State-wide	Checked	177	4.9
	Not checked	4026	95.1
	Total	4203	100

Age	Past month prescription drug misuse	n (unweighted)	%
18-20	Checked	.	4.5
	Not checked	.	95.5
	Total	785	100.0
21-25	Checked	.	4.9
	Not checked	.	95.1
	Total	1595	100.0
26-30	Checked	.	5.3
	Not checked	.	94.7
	Total	1823	100.0
p = 0.7483			

ix. Other illegal drugs, like methamphetamine

Past month other illegal drug use		n (unweighted)	%
State-wide	Checked	18	.5
	Not checked	4185	99.5
	Total	4203	100.0

x. I have not used any of these substances in the past 30 days

Have not used any of the substances listed in the past month		n (unweighted)	%
State-wide	Checked	2389	51.3
	Not checked	1814	48.7
	Total	4203	100.0

Age	Have not used any of the substances listed in the past month	n (unweighted)	%
18-20	Checked	.	48.5
	Not checked	.	51.5
	Total	785	100.0
21-25	Checked	.	50.8
	Not checked	.	49.2
	Total	1595	100.0
26-30	Checked	.	54.2
	Not checked	.	45.8
	Total	1823	100.0
p = 0.0577			

20. Within the last 12 months, have you taken pain relievers (e.g., OcyContin, Vicodin, Codeine) that were not prescribed to you or in a way other than how your doctor prescribed them?

Past year prescription pain reliever misuse		*n (unweighted)*	*%*
State-wide	Yes	250	6.4
	No	3961	92.6
	Don't know or not sure	35	1.0
	Total	4246	100.0

Age	*Past year prescription pain reliever misuse*	*n (unweighted)*	*%*
18-20	Yes	.	4.3
	No	.	95.7
	Total	780	100.0
21-25	Yes	.	7.0
	No	.	93.0
	Total	1596	100.0
26-30	Yes	.	7.4
	No	.	92.6
	Total	1835	100.0
$p = 0.026$			

a. When you used this prescription medication, how did you obtain it? If you got it in more than one way, please choose the answer that is true most of the time.

Past year prescription pain reliever source		*n (unweighted)*	*%*
State-wide	From just one doctor	38	14.0
	From more than one doctor	3	.6
	Got from a friend or relative for free	103	38.9
	Bought if from a friend or relative	36	14.1
	Took it from a friend of relative without asking	13	4.9
	Bought it from a drug dealer or other stranger	36	18.2
	I don't remember	10	5.2
	Some other way	9	4.1
	Total	248	100.0

Age	*Past year prescription pain reliever source*	*n (unweighted)*	*%*
18-20	From one or more doctors	.	29.7
	Other source	.	70.3
	Total	27	100.0
21-25	From one or more doctors	.	13.5
	Other source	.	86.5
	Total	92	100.0
26-30	From one or more doctors	.	11.6
	Other source	.	88.4
	Total	119	100.0
$p = 0.0594$			

21. Within the last 12 months, have you taken sedatives (e.g., Xanax Valium) that were not prescribed to you or in a way other than how your doctor prescribed them?

Past year prescription sedative misuse		n (unweighted)	%
State-wide	Yes	177	4.5
	No	4043	94.9
	Don't know or not sure	20	.6
	Total	4240	100.0

Age	Past year prescription sedative misuse	n (unweighted)	%
18-20	Yes	.	4.1
	No	.	95.9
	Total	787	100.0
21-25	Yes	.	4.9
	No	.	95.1
	Total	1599	100.0
26-30	Yes	.	4.4
	No	.	95.6
	Total	1834	100.0
$p = 0.694$			

a. When you used this prescription medication, how did you obtain it? If you got it in more than one way, please choose the answer that is true most of the time.

Past year prescription sedative source		n (unweighted)	%
State-wide	From just one doctor	21	8.0
	From more than one doctor	1	.5
	Got from a friend or relative for free	93	49.4
	Bought it from a friend or relative	21	15.2
	Took it from a friend or relative without asking	11	8.3
	Bought it from a drug dealer or other stranger	13	9.2
	I don't remember	8	7.0
	Some other way	4	2.4
	Total	172	100.0

Age	Past year prescription sedative source	n (unweighted)	%
18-20	From one or more doctors	.	.
	Other source	.	96.1
	Total	29	100.0
21-25	From one or more doctors	.	9.1
	Other source	.	90.9
	Total	63	100.0
26-30	From one or more doctors	.	13.0
	Other source	.	87.0
	Total	72	100.0
$p = 0.2544$			

22. Within the last 12 months, have you taken stimulants (e.g., Ritalin, Adderall) that were not prescribed to you or in a way other than how your doctor prescribed them?

Past year prescription stimulant misuse		n (unweighted)	%
State-wide	Yes	319	8.8
	No	3900	90.8
	Don't know or not sure	11	.4
	Total	4230	100.0

Age	Past year prescription stimulant misuse	n (unweighted)	%
18-20	Yes	.	8.7
	No	.	91.3
	Total	789	100.0
21-25	Yes	.	10.4
	No	.	89.6
	Total	1597	100.0
26-30	Yes	.	7.1
	No	.	92.9
	Total	1833	100.0
p = 0.038			

a. When you used this prescription medication, how did you obtain it? If you got it in more than one way, please choose the answer that is true most of the time.

Past year prescription stimulant source		n (unweighted)	%
State-wide	From just one doctor	22	6.7
	From more than one doctor	3	1.5
	Got from a friend or relative for free	184	55.9
	Bought it from a friend or relative	79	27.0
	Took it from a friend or relative without asking	2	.7
	Bought it from a drug dealer or other stranger	14	5.2
	I don't remember	7	2.3
	Some other way	2	.8
	Total	313	100.0

Age	Past year prescription stimulant source	n (unweighted)	%
18-20	From one or more doctors	.	8.1
	Other source	.	91.9
	Total	59	100.0
21-25	From one or more doctors	.	10.7
	Other source	.	89.3
	Total	147	100.0
26-30	From one or more doctors	.	4.6
	Other source	.	95.4
	Total	100	100.0
p = 0.3707			

23. Within the last 12 months, have you taken methadone or buprenorphine (e.g., Suboxone, Subutex) that were not prescribed to you or in a way other than how your doctor prescribed them?

Past year prescription methadone or buprenorphine misuse		n (unweighted)	%
State-wide	Yes	85	2.3

Past year prescription methadone or buprenorphine misuse		n (unweighted)	%
	No	4130	97.5
	Don't know or not sure	5	.1
	Total	4220	100.0

Age	Past year prescription methadone or buprenorphine misuse	n (unweighted)	%
18-20	Yes	.	1.1
	No	.	98.9
	Total	791	100.0
21-25	Yes	.	2.4
	No	.	97.6
	Total	1591	100.0
26-30	Yes	.	3.2
	No	.	96.8
	Total	1833	100.0
p = 0.030			

a. When you used this prescription medication, how did you obtain it? If you got it in more than one way, please choose the answer that is true most of the time.

Past year prescription methadone or buprenorphine source		n (unweighted)	%
State-wide	From just one doctor	17	14.5
	Got from a friend or relative for free	17	23.4
	Bought it from a friend or relative	23	26.5
	Took it from a friend or relative without asking	1	1.5
	Bought it from a drug dealer or other stranger	22	28.5
	I don't remember	3	5.1
	Some other way	1	.5
	Total	84	100.0

Age	Past year prescription methadone or buprenorphine source	n (unweighted)	%
18-20	From one or more doctors	.	.
	Other source	.	93.1
	Total	8	100.0
21-25	From one or more doctors	.	.
	Other source	.	86.0
	Total	26	100.0
26-30	From one or more doctors	.	18.6
	Other source	.	81.4
	Total	47	100.0
p = 0.6380			

24. Within the past 12 months, have you used, even once, any form of heroin or fentanyl?

Past year heroin/fentanyl use		n (unweighted)	%
State-wide	Yes	92	2.7

Past year heroin/fentanyl use	n (unweighted)	%
No	4072	97.3
Total	4164	100.0

Age	Past year heroin/fentanyl use	n (unweighted)	%
18-20	Yes	.	1.1
	No	.	98.9
	Total	782	100.0
21-25	Yes	.	3.2
	No	.	96.8
	Total	1574	100.0
26-30	Yes	.	3.5
	No	.	96.5
	Total	1808	100.0
p = 0.0120			

25. During the past 12 months, have you done or experienced any of the following under the influence of alcohol or other drugs? (Check all that apply).

i. I have not used alcohol or other drugs in the past 12 months

Have not used alcohol or drugs in past year		n (unweighted)	%
State-wide	Checked	767	18.8
	Not checked	3222	81.2
	Total	3989	100.0

Age	Have not used alcohol or drugs in past year	n (unweighted)	%
18-20	Checked	.	30.3
	Not checked	.	69.7
	Total	757	100.0
21-25	Checked	.	13.2
	Not checked	.	86.8
	Total	1512	100.0
26-30	Checked	.	16.2
	Not checked	.	83.8
	Total	1720	100.0
p <.0001			

ii. Driven while under the influence of alcohol or other drugs

Driven while under-the-influence in past year		n (unweighted)	%
State-wide	Checked	580	16.1
	Not checked	3409	83.9
	Total	3989	100.0

Age	Driven while under-the-influence in past year	n (unweighted)	%
18-20	Checked	.	14.4
	Not checked	.	85.6
	Total	757	100.0

Age	Driven while under-the-influence in past year	n (unweighted)	%
21-25	Checked	.	17.6
	Not checked	.	82.4
	Total	1512	100.0
26-30	Checked	.	15.6
	Not checked	.	84.4
	Total	1720	100.0
p = 0.2091			

iii. ***Ridden with a driver who under the influence of alcohol or drugs***

Ridden with driver who was under-the-influence in past year		n (unweighted)	%
State-wide	Checked	569	15.2
	Not checked	3420	84.8
	Total	3989	100.0

Age	Ridden with driver who was under-the-influence in past year	n (unweighted)	%
18-20	Checked	.	15.3
	Not checked	.	84.7
	Total	757	100.0
21-25	Checked	.	16.0
	Not checked	.	84.0
	Total	1512	100.0
26-30	Checked	.	14.1
	Not checked	.	85.9
	Total	1720	100.0
p = 0.5252			

iv. **Someone had sex with you without your consent**

Had sex w/o your consent while under-the-influence (past year)		n (unweighted)	%
State-wide	Checked	50	1.2
	Not checked	3939	98.8
	Total	3989	100.0

Age	Had sex w/o your consent while under-the-influence (past year)	n (unweighted)	%
18-20	Checked	.	2.3
	Not checked	.	97.7
	Total	757	100.0
21-25	Checked	.	1.2
	Not checked	.	98.8
	Total	1512	100.0
26-30	Checked	.	0.4
	Not checked	.	99.6
	Total	1720	100.0
p = 0.0002			

v. **You had sex with someone without their consent**

Had sex w/o their consent while under-the-influence (past year)		*n (unweighted)*	*%*
State-wide	Checked	4	.1
	Not checked	3985	99.9
	Total	3989	100.0

vi. **Had unprotected sex**

Had unprotected sex while under-the-influence in past year		*n (unweighted)*	*%*
State-wide	Checked	687	19.7
	Not checked	3302	80.3
	Total	3989	100.0

Age	*Had unprotected sex while under-the-influence in past year*	*n (unweighted)*	*%*
18-20	Checked	.	18.8
	Not checked	.	81.2
	Total	757	100.0
21-25	Checked	.	23.1
	Not checked	.	76.9
	Total	1512	100.0
26-30	Checked	.	16.4
	Not checked	.	83.6
	Total	1720	100.0
$p = 0.0011$			

vii. **Physically injured yourself**

Physically injured yourself while under-the-influence in past year		*n (unweighted)*	*%*
State-wide	Checked	177	5.3
	Not checked	3812	94.7
	Total	3989	100.0

Age	*Physically injured yourself while under-the-influence in past year*	*n (unweighted)*	*%*
18-20	Checked	.	7.5
	Not checked	.	92.5
	Total	757	100.0
21-25	Checked	.	6.0
	Not checked	.	94.0
	Total	1512	100.0
26-30	Checked	.	2.7
	Not checked	.	97.3
	Total	1720	100.0
$p < .0001$			

viii. **Physically injured another person**

Physically injured another while under-the-influence in past year		*n (unweighted)*	*%*
State-wide	Checked	29	.9

Physically injured another while under-the-influence in past year		n (unweighted)	%
	Not checked	3960	99.1
	Total	3989	100.0

ix. Had difficulty with school, work or home responsibilities

Had difficulty with responsibilities while under-the-influence in past year		n (unweighted)	%
State-wide	Checked	315	8.9
	Not checked	3674	91.1
	Total	3989	100.0

Age	Had difficulty with responsibilities while under-the-influence in past year	n (unweighted)	%
18-20	Checked	.	10.3
	Not checked	.	89.7
	Total	757	100.0
21-25	Checked	.	9.6
	Not checked	.	90.4
	Total	1512	100.0
26-30	Checked	.	7.0
	Not checked	.	93.0
	Total	1720	100.0
p = 0.0515			

x. I have used alcohol or other drugs in the past 12 months, but none of the above apply to me.

Have used alcohol or drugs in past year but none of the problems apply		n (unweighted)	%
State-wide	Checked	1992	47.2
	Not checked	1997	52.8
	Total	3989	100.0

Age	Have used alcohol or drugs in past year but none of the problems apply	n (unweighted)	%
18-20	Checked	.	34.6
	Not checked	.	65.4
	Total	757	100.0
21-25	Checked	.	49.8
	Not checked	.	50.2
	Total	1512	100.0
26-30	Checked	.	54.0
	Not checked	.	46.0
	Total	1720	100.0
p <.0001			

26. During the past 12 months, did you ever feel so sad or hopeless every day for 2 weeks or more in a row that you stopped doing some usual activities?

Felt sad/hopeless for two weeks in past year		n (unweighted)	%
State-wide	Yes	1060	25.0
	No	3100	75.0
	Total	4160	100.0

Age	Felt sad/hopeless for two weeks in past year	n (unweighted)	%
18-20	Yes	.	32.2
	No	.	67.8
	Total	782	100.0
21-25	Yes	.	23.0
	No	.	77.0
	Total	1573	100.0
26-30	Yes	.	21.8
	No	.	78.2
	Total	1805	100.0
p <.0001			

27. During the past 12 months, did you ever seriously consider attempting suicide?

Considered suicide in past year		n (unweighted)	%
State-wide	Yes	488	12.5
	No	3672	87.5
	Total	4160	100.0

Age	Considered suicide in past year	n (unweighted)	%
18-20	Yes	.	19.5
	No	.	80.5
	Total	781	100.0
21-25	Yes	.	10.8
	No	.	89.2
	Total	1573	100.0
26-30	Yes	.	9.0
	No	.	91.0
	Total	1806	100.0
p <.0001			

28. Have you personally tried to find treatment for problems with alcohol or other drugs in the past 12 months (not counting cigarettes)?

Sought alcohol/drug treatment in past year		n (unweighted)	%
State-wide	Yes	195	5.2
	No	3960	94.8
	Total	4155	100.0

Age	Sought alcohol/drug treatment in past year	n (unweighted)	%
18-20	Yes	.	4.6
	No	.	95.4
	Total	779	100.0
21-25	Yes	.	4.7
	No	.	95.3
	Total	1572	100.0
26-30	Yes	.	6.1
	No	.	93.9
	Total	1804	100.0
$p = 0.293$			

29. If you tried to find treatment were you able to find the treatment that you needed?

Found needed treatment		n (unweighted)	%
State-wide	Yes	120	59.8
	No	77	40.2
	Total	197	100.0

Age	Found needed treatment	n (unweighted)	%
18-20	Yes	.	50.8
	No	.	49.2
	Total	37	100.0
21-25	Yes	.	64.2
	No	.	35.8
	Total	68	100.0
26-30	Yes	.	61.1
	No	.	38.9
	Total	92	100.0
$p = 0.462$			

30. If you wanted to talk to someone about a serious problem, which of the following people would you turn to? (Check all that apply)

i. There is nobody I can talk to about serious problems

Who to talk to about problems...Nobody is available		n (unweighted)	%
State-wide	Checked	177	4.8
	Not checked	3965	95.2
	Total	4142	100.0

Age	Who to talk to about problems... Nobody is available	n (unweighted)	%
18-20	Checked	.	5.3
	Not checked	.	94.7
	Total	779	100.0
21-25	Checked	.	4.3
	Not checked	.	95.7
	Total	1571	100.0

Age	Who to talk to about problems... Nobody is available	n (unweighted)	%
26-30	Checked	.	4.9
	Not checked	.	95.1
	Total	1792	100.0
p = 0.6580			

ii. **My mother or father or guardian**

Who to talk to about problems...Parent or guardian		n (unweighted)	%
State-wide	Checked	2134	51.3
	Not checked	2008	48.7
	Total	4142	100.0

Age	Who to talk to about problems... Parent or guardian	n (unweighted)	%
18-20	Checked	.	54.9
	Not checked	.	45.1
	Total	779	100.0
21-25	Checked	.	53.4
	Not checked	.	46.6
	Total	1571	100.0
26-30	Checked	.	46.0
	Not checked	.	54.0
	Total	1792	100.0
p = 0.0002			

iii. **My significant other**

Who to talk to about problems...Significant other		n (unweighted)	%
State-wide	Checked	2550	56.1
	Not checked	1592	43.9
	Total	4142	100.0

Age	Who to talk to about problems... Significant other	n (unweighted)	%
18-20	Checked	.	43.4
	Not checked	.	56.6
	Total	779	100.0
21-25	Checked	.	56.1
	Not checked	.	43.9
	Total	1571	100.0
26-30	Checked	.	65.9
	Not checked	.	34.1
	Total	1792	100.0
p <.0001			

iv. **Other family members**

Who to talk to about problems...Other family members		n (unweighted)	%
State-wide	Checked	1245	29.3

Who to talk to about problems...Other family members		n (unweighted)	%
	Not checked	2897	70.7
	Total	4142	100.0

Age	Who to talk to about problems... Other family members	n (unweighted)	%
18-20	Checked	.	28.0
	Not checked	.	72.0
	Total	779	100.0
21-25	Checked	.	29.2
	Not checked	.	70.8
	Total	1571	100.0
26-30	Checked	.	30.3
	Not checked	.	69.7
	Total	1792	100.0
p = 0.5921			

v. My friend(s)

Who to talk to about problems...Friends		n (unweighted)	%
State-wide	Checked	2572	62.8
	Not checked	1570	37.2
	Total	4142	100.0

Age	Who to talk to about problems... Friends	n (unweighted)	%
18-20	Checked	.	65.7
	Not checked	.	34.3
	Total	779	100.0
21-25	Checked	.	63.4
	Not checked	.	36.6
	Total	1571	100.0
26-30	Checked	.	59.9
	Not checked	.	40.1
	Total	1792	100.0
p = 0.0413			

vi. Some other person or persons

Who to talk to about problems...Other		n (unweighted)	%
State-wide	Checked	787	19.1
	Not checked	3355	80.9
	Total	4142	100.0

Age	Who to talk to about problems... Other	n (unweighted)	%
18-20	Checked	.	22.2
	Not checked	.	77.8
	Total	779	100.0
21-25	Checked	.	17.7

Age	Who to talk to about problems... Other	n (unweighted)	%
	Not checked	.	82.3
	Total	1571	100.0
26-30	Checked	.	18.3
	Not checked	.	81.7
	Total	1792	100.0
$p = 0.0377$			

H7: Wrap-Up Questions

31. Where did you first find out about this survey?

How did you hear about the survey?		n (unweighted)	%
State-wide	A notice I received in the mail	40	.8
	A community newsletter or announcement	34	.8
	An ad on Facebook	3867	93.6
	A friend or family member told me about it or sent me the link	147	3.5
	Other	49	1.3
	Total	4137	100.0

Age	How did you hear about the survey?	n (unweighted)	%
18-20	Facebook	.	93.6
	Other	.	6.4
	Total	779	100.0
21-25	Facebook	.	93.9
	Other	.	6.1
	Total	1566	100.0
26-30	Facebook	.	93.3
	Other	.	6.7
	Total	1792	100.0
$p = 0.8463$			