The Coalition for Addiction and Life Management

Wayne County Substance Use Assessment





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We have no known conflicts of interest to disclose.

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Abstract

The Wayne County Substance Use Assessment (WCSUA) aimed to provide a thorough understanding of substance use behaviors in Wayne County, North Carolina. Conducted to inform local initiatives and address the needs of individuals engaged in substance use, the assessment utilized a purpose-built instrument with tailored questions for substance users and non-users. Robust community support produced 625 responses and meticulous analysis reveal a wealth of information critical for community intervention. Key findings include the prevalence of alcohol, tobacco, marijuana, over-the-counter medications, and cocaine among substance users, challenging prevailing perceptions of the prevalence of "harder" substances. The study highlighted the early initiation of substance use, particularly with alcohol, indicating concerns about underage and illegal usage. Surprisingly, participants reported minimal negative impacts from substance use, raising awareness concerns. The underreporting of harder substances, attributed to potential health and legal consequences, underscored the need for future research, particularly on incarcerated individuals' perspectives. The study's insights emphasize the importance of targeted interventions addressing prevalent substances, early initiation factors, and the discrepancy between perceived and actual consequences, forming a foundation for informed community strategies.

Keywords: Substance use, community intervention, risk factors

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About the Coalition for Addiction and Life Management (CALM)

Since 2018, CALM boosts efforts within Wayne County, North Carolina to address addiction and life management concerns within our community. Our mission is to provide prevention resources, support recovery, and promote healing for those impacted by substance misuse disorder through community engagement and collaboration. Ultimately, it is our desire to offer prevention education and assist with connecting anyone struggling with addiction and life management concerns to the appropriate and effective resources. With a vision to bridge gaps of service and support for healthy, drug free communities, CALM breaks the chain of addiction by keeping its hands on the pulse of what is happening within our community through outreach efforts, collaborative programs and more.

Being a 501© (3) nonprofit organization, CALM is a community coalition that is set to be the leader within our region. Our Board of Directors and membership represents many community members and stakeholders. Therefore, CALM takes a leadership role in identifying gaps of services and encouraging as well as assisting with implementing new resources while supporting existing resources through collaborative programs and outreach.

Executive Summary

The Wayne County Substance Use Assessment (WCSUA) was conducted with the primary objective of shedding light on substance use behaviors and perspectives within Wayne County, North Carolina. The overarching goal was to provide up-to-date data to inform substance use initiatives within the county and to meet the needs of individuals engaged in substance use. To achieve this objective, a purpose-built instrument was designed, addressing the key questions identified by community stakeholders. The WCSUA was structured into two distinct sections, each catering to the unique perspectives of substance users and non-users. Participants, categorized based on their substance use status, were presented with tailored questions while targeting similar information. Substance users responded to a comprehensive set of 32 questions covering demographics, substance experiences, and beliefs. Conversely, non-substance users answered 12 questions related to demographics, familiarity with substances used in the community, and reasons for abstaining from substance use.

The assessment garnered substantial community support, resulting in a total of 625 responses that underwent meticulous analysis. Robust sample sizes were observed across most questions and demographic categories. However, some community demographics were underrepresented and warrant further investigation. Specifically, the Latino(a)/Hispanic population did not participate in numbers representative of the demographic makeup of Wayne County and should be explored in more detail to draw meaningful conclusions on risk factors and behavior specific to racial identity.

Key finding: Most common substances

The findings of the WCSUA revealed a wealth of information, leading to diverse conclusions on several variables. Within the scope of this research, reported substance use

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prevalence was notable in both gender categories, all age groups, and each racial identity with sufficient representation for in-depth analysis. Notably, among individuals reporting previous substance use, five substances emerged as the most common: Alcohol, tobacco, marijuana, overthe-counter medications, and cocaine. Alcohol, tobacco, and marijuana exhibited pervasive usage, consistently ranking as the most utilized substances across all demographics. This finding contrasts with prevailing public opinions on the impact of so-called "harder" substances, like methamphetamine and heroine, noting that while these substances are impactful, their usage in Wayne County does not compare to that of alcohol, tobacco, and marijuana. Interestingly, these same substances were also identified as the most prevalent by non-substance users, providing perceptual support for the reported behaviors of substance users. Notably, non-users reported the prevalence of hard substances at a higher rate than the substance users who participated in this study. This is an important consideration for the current assessment and for future research, as it may indicate that those harder substances were underreported in the present study. The authors posit that this may be due to the consequences of harder substances, which have a greater chance of producing adverse health conditions and legal ramifications that require medical treatment or incarceration. This study did not actively pursue the perspectives of incarcerated individuals, which may be an area of future research that outlines the impact of these harder substances.

Also, notable within the scope of this research, reported substance use prevalence was notable in both gender categories, all age groups, and each racial identity, ensuring sufficient representation for in-depth analysis.

Key finding: The first substance use experience

One noteworthy discovery from the Wayne County Substance Use Assessment (WCSUA) pertains to the age of substance use initiation among participants. It was found that the majority of users reported their initial substance use experience between the ages of 15 and 16 years old. Importantly, this age range exhibited no discernible differences across various demographics studied.

The predominant substance chosen for the first experience was alcohol, with tobacco and marijuana trailing behind by a substantial margin. Notably, both alcohol and tobacco are legal in the state of North Carolina; however, they are subject to age restrictions higher than the reported age of first experience. This suggests that these substances are often accessed and consumed illegally during the initial period of experimentation.

Furthermore, the accessibility of alcohol and tobacco emerged as a significant factor in these initiation patterns. The data revealed that most initial substance use experiences occurred in settings such as a friend or relative's house, or within the confines of the participant's own home where the substances were easily accessible. This aligns with the notion that the availability of these substances in familiar environments contributes to their early and accessible use.

These findings underscore the importance of considering not only the substances used but also the context in which initiation occurs. The prevalence of alcohol and tobacco as initial substances, coupled with the ease of access, raises pertinent concerns regarding underage and potentially illegal usage. These insights can inform targeted preventive measures and interventions, such as education campaigns and safe storage practices, aimed at addressing the root causes of early substance initiation within the community.

Key finding: Perception of minimal negative impact among substance users

A noteworthy insight of the Wayne County Substance Use Assessment (WCSUA) is the intriguing finding that substance users, as per their self-perception, reported minimal negative impacts resulting from their substance use. A substantial majority of participants indicated that

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they had not experienced adverse physical or mental health outcomes due to their substance use. Moreover, participants conveyed that their social relationships remained largely unaffected.

These findings carry significance, particularly in light of the well-established knowledge that substance use can have profound effects on physical health, mental well-being, and social connections. The apparent lack of awareness among participants regarding potential negative consequences raises concerns, especially in terms of the long-term health implications of their substance use.

Remarkably, participants also reported a perceived absence of economic or legal hardships associated with their substance use. However, it is essential to acknowledge that the concerns raised earlier regarding the non-participation of incarcerated individuals and those using harder substances may have influenced this information. Despite these potential limitations, the findings suggest that a considerable number of substance users believe they can avoid negative repercussions in key life domains.

These insights prompt a critical reflection on the need for targeted education and awareness initiatives, as individuals may be underestimating the potential risks and consequences associated with substance use. Understanding the factors contributing to this perception is crucial for developing effective intervention strategies that address the root causes and promote a more accurate understanding of the impacts of substance use on various facets of life.

Summary conclusion

The Wayne County Substance Use Assessment (WCSUA) offers a comprehensive snapshot of substance use patterns in Wayne County, North Carolina. The assessment, backed by robust community support, identified alcohol, tobacco, marijuana, over-the-counter medications, and cocaine as the most common substances among users. Notably, the study highlighted the early initiation of substance use, particularly with alcohol, raising concerns about underage and potentially illegal usage. Surprisingly, substance users reported minimal negative impacts from substance use, revealing a potential gap in awareness. However, the underrepresentation of certain demographics, such as the Latino(a)/Hispanic population, warrants further investigation. The findings emphasize the need for targeted interventions addressing prevalent gateway substances like alcohol, tobacco, and marijuana, early initiation factors, and the discrepancy between perceived and actual consequences, forming a basis for informed community strategies.

Wayne County Substance Use Assessment

Introduction

The study of substance use trends within regional contexts constitutes a critical facet of public health research, offering insights into the intricate interplay of socio-economic, cultural, and demographic factors that shape community health outcomes. This report undertakes a rigorous examination of substance use trends and perspectives in Wayne County, North Carolina, aiming to contribute to the scholarly discourse surrounding substance use disorders, their implications for community well-being, and help with the development of targeted interventions that will benefit the community. While state, regional, and national assessments of substance use provide critical information on broader behaviors and trends, these trends may or may not apply to a specific locale. As such, it is important to understand the local implications by gathering data on local perspectives and activities and ensuring that state and national best-practices are applicable to Wayne County before significant investments are made.

This research endeavors to move beyond surface-level observations by directly engaging the perspectives of those directly and indirectly impacted by substance use in this specific community. Examining these perspectives will illuminate the complexities inherent in the etiology of substance use in within Wayne County and help develop programs that meet the needs of residents.

While the analysis of historical data on substance use is a fundamental aspect of a community intervention, understanding the current state of use in the country provides the opportunity to target immediate areas of concern for investigation. This information allows community stakeholders to make informed decisions based on current trends and perspectives, rather than relying on information that may have experienced significant shifts in recent years.

In the academic pursuit of knowledge, it is imperative to recognize the broader socioeconomic determinants that influence substance use trends. This study acknowledges the intricate interplay between economic disparities, educational opportunities, healthcare accessibility, and community dynamics, all of which contribute to the nuanced portrait of substance use within Wayne County. A scholarly examination of these determinants seeks to identify the multifaceted nature of substance use, moving beyond reductionist perspectives to capture the complexity inherent in public health phenomena.

Furthermore, the demographic composition of Wayne County serves as a crucial focal point of analysis. Understanding how age, gender, ethnicity, and socio-economic status intersect with substance use patterns is imperative for designing targeted and effective interventions. This study aims to contribute empirical evidence that informs policy and intervention strategies, grounded in a nuanced comprehension of the diverse and dynamic demographic landscape of Wayne County.

According to the Wayne County 2021-2022 Community Health Needs Assessment, substance abuse ranks second for factors impacting Quality of Life in Wayne County. Within Wayne County, Law Enforcement data shows 114 overdose events from July 2021 to June 2022. This is a decrease from the previous year, in which 215 overdose events were recorded. However, overdose events increased between July 2021 and June 2023, with 159 events reported.

As substance abuse continues to increase and present health care burdens within the United States, it is important for local political and health care leaders to understand the substance use practices of their communities. Despite this, communities often have gaps in their knowledge of substance use due to a lack of effective and valid assessment. These knowledge shortfalls often lead to gaps in community programs aimed at prevention and intervention (Green et al., 2016).

The Substance Abuse and Mental Health Services Administration (2022) has acknowledged the importance of community assessment in developing effective policies and prevention/intervention strategies, with a particular focus placed on risk and protective factors. While there are a number of national and state assessments, Wayne County does not currently assess residents for population-specific substance use information. The purpose of this assessment is to gain a nuanced understanding of substance use behaviors in the local area to better inform community outreach and intervention.

Background and Context

In order to formulate evidence-based policies and interventions, it is imperative to understand the intricate interplay between substance use and demographic factors within our county. This report aims to provide a detailed analysis of demographic trends, emphasizing the significance of this information in developing targeted strategies to combat substance abuse. To provide this substantive assessment, it is first important to identify the underlying demographics of Wayne County to inform the applications of this report.

In the most recent census conducted by the United States Census Bureau in 2020, Wayne County, North Carolina, emerged as a community with distinctive demographic characteristics, shedding light on various aspects of its population and socioeconomic landscape. The total population of Wayne County is reported at 117,333 people, reflecting the diverse makeup of this community. Delving into economic indicators, the median household income stands at \$55,588. Notably, this figure falls below the median income for the entire state of North Carolina, which is recorded at \$67,481. These economic metrics underscore potential challenges faced by

residents in terms of financial well-being and highlights disparities when compared to the broader state context.

Examining educational attainment within Wayne County, 18.3% of the population holds a bachelor's degree or higher. While this is a notable proportion, it lags behind the statewide average of 35.9%. This discrepancy in educational achievement suggests potential disparities in access to higher education and opportunities for skill development within the county.

In terms of employment, the employment rate for Wayne County is reported at 53.5%. This metric provides insight into the proportion of the working-age population currently engaged in the workforce. However, it is imperative to consider the broader economic context and factors contributing to the overall employment landscape.

Healthcare access is a notable concern, as 11.7% of Wayne County's population lacks access to healthcare services. This finding underscores potential challenges in healthcare coverage and emphasizes the need for initiatives that address gaps in access to medical services within the community.

Socioeconomic disparities are further evident in the poverty rate, with Wayne County reporting a rate of 18.9%. This surpasses the state poverty rate of 12.8%, indicating a higher prevalence of individuals and families living below the poverty line within the county.

Within the diverse demographic landscape, 109,739 individuals identify with a single race. The predominant racial group is comprised of 62,452 individuals who identify as White alone, constituting 56.9% of the population. Following closely, the Black or African American alone demographic accounts for 35,795 individuals, representing 32.6% of the total.

A smaller but distinct segment of the population includes 682 individuals who identify as American Indian and Alaska Native alone, constituting 0.6% of the population. The Asian alone demographic is represented by 1,580 individuals, making up 1.4% of the total. In contrast, the Native Hawaiian and Other Pacific Islander alone category is the smallest, with 77 individuals contributing to 0.1% of the population. Noteworthy is the presence of 9,153 individuals who identify as some other race alone, reflecting the rich diversity within the community and constituting 8.3% of the total population. Furthermore, 7,594 individuals identified with two or more races.

The demographic narrative of Wayne County, North Carolina, provides a comprehensive overview of the community's racial, economic, educational, and healthcare landscape. This information serves as a crucial foundation for policymakers, community leaders, and stakeholders, enabling them to develop targeted interventions and support systems that address the unique socioeconomic needs of Wayne County residents. Through a nuanced understanding of these demographics, efforts can be directed towards fostering economic resilience, enhancing educational opportunities, and improving access to vital healthcare services.

Methodology

Research Questions

The Wayne County Substance Use Assessment was designed to address eight primary research questions:

- 1. What are the substance use behaviors of Wayne County?
- 2. What are the most common substances used in Wayne County?
- 3. At what age does substance use begin in Wayne County?
- 4. Are there any gateway substances that lead to further substance use in Wayne County?
- 5. What are the socioeconomic and health implications of substance use?

Definition of substance use

For the purpose of this survey, the term "substance use" refers to the consumption of alcohol, tobacco products, illicit drugs, prescription medications, over-the-counter medicines not taken as directed, and household products not intended for consumption. Substance use becomes a concern when it leads to substance abuse or dependence, which can have negative consequences on an individual's health, relationships, work, and overall well-being. Substance use disorders involve a pattern of problematic use of a substance, leading to clinically significant impairment or distress. The severity of substance use can range from mild to severe, and treatment may be necessary for individuals struggling with substance-related issues (United States Department of Health and Human Services, 2022).

Procedures

To provide insight into these questions, the study utilized a quantitative anonymous nonexperimental descriptive cross-sectional survey design, chosen for its effectiveness and safety in reaching the target population of Wayne County. As described by Leary (2017), this research design examined behaviors, attitudes, and beliefs of a group of participants at a specific moment in time. The study employed the Wayne County Substance Use Assessment (WCSUA), a survey specifically designed in consultation with community leaders to gather the requested information. To ensure accessibility, the WCSUA was administered through collaborations with community organizations. Participants had the option to complete an anonymous online survey via a provided link or QR code, or a paper survey for those without online access.

To ensure the validity of the results and protect participant confidentiality, no personally identifying information was collected in this study.

Upon obtaining informed consent, participants proceeded to complete the WCSUA and submit their anonymous responses. Regardless of completion, all participants received a resource

guide provided by Coalition for Addiction & Life Management and other community partners, offering contact information and support opportunities in various health, social, and financial domains should participants wish to seek assistance.

By employing a survey method, the study aimed to comprehensively assess the current and past substance-use behavior of the participants. The quantitative nature of the study enabled the documentation of descriptive information about the population, facilitating quick visualization and aiding in the formulation of evidence-based policy decisions.

Participants

The participant selection for this study was confined to individuals residing in Wayne County, North Carolina, with a deliberate focus on capturing the perceptions and experiences of county residents. This community-centered approach aimed to glean insights that would directly inform targeted interventions and decision-making processes at the county level. Consequently, the study intentionally excluded the perspectives of non-county residents, as their viewpoints fell outside the purview of the project's objectives.

Inclusion of youth participants

In addressing the goal of examining a diverse population, particular emphasis was placed on soliciting the perspectives of individuals deemed most at risk of substance use. A primary focus was to assess the substance use of youth residents. With the aim of addressing potential concerns, a waiver for parental consent was requested and granted for this study from the supervising institution's Institutional Review Board (IRB), who is charged with oversight of ethical human subjects research. The grounds for this waiver included practical necessity, minimal risk to participating youth due to voluntary and anonymous participation, no impact on youth welfare, the potential for negative repercussions from family members if responses were

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known, and the opportunity for youth to make their own informed decision on participation. Recognizing the significance of parental rights, the study navigated the delicate balance between respecting these rights and acknowledging the potential impact of parental consent on the candidness of youth responses. Substantial deliberation, discussion, and research informed this decision. In alignment with North Carolina state law, which permits minors to consent to certain medical treatments, including substance use treatment, without parental consent (NC § 90-21.5), the study operated under the premise that information gathering should be exempt from such consent requirements in this instance, with the significant potential for parents and youth benefits in the future.

Instrumentation

The Wayne County Substance Use Assessment (Appendix A) stands as a purpose-built instrument, meticulously crafted through collaborative efforts with community partners. This comprehensive assessment aims to gather specific information critical for informing community decision-making and interventions related to substance use in Wayne County, North Carolina. The assessment is thoughtfully divided into two distinct categories: individuals who have engaged in substance use and those who have not. This intentional division is designed to capture valuable insights into the perceptions of substance use within Wayne County from both populations.

The assessment begins with 10 demographic questions, providing a foundational understanding of the participants' backgrounds. A divider question follows to categorize participants into the appropriate group based on their substance-use engagement. For those who have engaged in substance use, an additional 22 questions delve into their substance use history and perceptions, offering a detailed exploration of their experiences. Conversely, participants who have not engaged in substance use answer two questions, providing insights into their perceptions of substance use.

Prior to deployment, a pre-assessment analysis indicated that the estimated time required to complete the full assessment was approximately 4 minutes. This strategic design aims to minimize fatigue effects, ensuring participant engagement and maximizing accessibility across diverse populations. Focus groups also provided insights into question wording to ensure that the intended purpose of each question was clearly and effectively communicated.

The primary method of administration was facilitated online using Alchemer Survey Software, a user-friendly platform that enhances efficiency and data management. Recognizing the importance of inclusivity, paper copies of the assessment were also made available for distribution to individuals without internet access. Moreover, to address linguistic diversity, a Spanish translation version of the assessment was also available online and in-print.

The Wayne County Substance Use Assessment serves as a dynamic tool, meticulously designed to gather nuanced insights into substance-use behaviors and perceptions within the community. Its structured format, efficient administration, and inclusionary features make it a valuable descriptive tool for informing evidence-based interventions and fostering a comprehensive understanding of substance use dynamics in Wayne County.

Results

In the course of this research study, a total of 808 responses were collected. However, 99 responses were deemed ineligible as participants self-reported non-residency in Wayne County, North Carolina. Subsequently, the analysis focused on the data provided by the remaining 709 respondents. Among these respondents, a significant subset of 625 individuals successfully completed all essential questions on the survey, indicative of a high level of participant

engagement and comprehensive data coverage. Upon examination, the data analysis process identified no systemic answering errors, affirming the reliability and accuracy of the responses received. These findings underscore the robustness of the data collection process and contribute to the overall validity of the research outcomes.

Demographics

A comprehensive demographic analysis revealed that the majority of participants, constituting 71.1% identified as female, while 27.7% identified as male. A small percentage, specifically 0.6%, listed their gender as "other," and 0.5% preferred not to disclose their gender. Additionally, a negligible number of participants, five in total, did not answer the gender-related question.

Regarding age distribution, the study captured a diverse range. Notably, 7.2% of participants fell within the age group of 13 to 17, 37% were aged between 18 and 20, 14.7% were between 21 and 30, 8% were in the 31 to 40 age range, 11% were between 41 and 50, 12.6% were aged between 51 and 60, and 8.8% were 61 or older. A minimal proportion of participants, constituting 0.4%, chose not to respond to the age demographic question.

The self-reported racial identity data collected in this study is reflective of the broader racial demographics of the county. Among the participants, 141 individuals (22.6%) identified as African American/Black, 8 (1.3%) identified as Asian American/Pacific Islander, 378 (60.5%) identified as Caucasian/White, 32 (5.1%) identified as Latino(a)/Hispanic, 3 individuals (.5%) identified as Native American/Indigenous, and 6 participants (1%) indicated their racial identity as "other." Additionally, 54 participants (8.6%) reported having two or more racial identities. A minimal proportion, specifically 3 individuals (.5%), opted not to respond to the racial identity question.

Parental education levels were provided by 621 participants, with a negligible proportion of 4 individuals (0.6%) choosing not to respond to the question. A diverse range of educational attainment among participants' parents was reported. A minimal percentage of 1.4% reported that either their mother or father had obtained less than a middle school education, while 2.4% reported completion of middle school. A significant portion, 32.6%, indicated that their mother or father had completed high school or obtained a GED. Furthermore, 18.2% reported that their parent had completed a two-year college degree, and 21.4% reported completion of a four-year college degree. Another noteworthy group of participants, constituting 20.3%, indicated that their parent had completed a graduate degree or higher. A small fraction, 18 individuals, reported not being aware of their parental education level.

Educational attainment among participants demonstrated slight variation from their reported parental education levels. Notably, no participants reported leaving school before completing middle school. A small fraction, 2.4%, identified middle school as their highest level of educational attainment, while a more substantial cohort of 311 participants reported high school/GED as their highest level.

Further analysis revealed that 13.8% of participants had earned a two-year college degree, with an additional 17.4% having achieved a four-year college degree. A noteworthy portion, comprising 15.8%, reported obtaining a graduate degree or higher. A minimal percentage of 0.6% did not know their highest level of educational attainment, and a singular participant chose not to respond to this particular question.

In this research study, perceptions of childhood family income were provided by 622 participants, with only 3 individuals (0.5%) opting not to respond to this specific question. Participants' estimations were diverse, reflecting various childhood family income categories. A noteworthy portion of 24.6%, equivalent to 154 participants, perceived their childhood family income as lower income. The majority, comprising 64.6%, estimated their family income during childhood as moderate income. Additionally, 8.6% of participants, totaling 54 individuals, perceived their childhood family income as high income. A smaller subset of participants, 10 in total, described their childhood family income as unknown.

Family presence during childhood, a descriptor of the family members who were more prevalent in the home, was reported by a substantial cohort of 625 participants. Notably, there was significant overlap between the reported categories, indicating a dynamic and multifaceted family structure for many participants.

A total of 454 participants reported the presence of their father in the home during childhood, highlighting a significant paternal influence. Furthermore, 587 participants reported that their mother was present in the home during childhood, underscoring the central role of maternal figures.

Siblings were a prevalent family presence, with 474 participants reporting their presence in the home during childhood. Grandparents were reported as present by 207 participants, illustrating the importance of intergenerational family connections. Additionally, 144 participants reported the presence of extended family members in the home during childhood, further emphasizing the broader familial network.

Additional demographic information displayed in table 1.

		Count
What is your gender?	Female	441
	Male	172
	Other	4
	Prefer not to say	3
To which age group do you	13 - 17	45
belong?	18 - 20	231
	21 - 30	92
	31 - 40	50
	41 - 50	69
	51 - 60	79
	61+	55
With which race do you	African American/Black	141
identify (select all that apply)	Asian American/Pacific Islander	8
	Caucasian/White	378
	Latino(a)/Hispanic	32
	Native American/Indigenous	3
	Other	б
	Two or more races	54
What is the highest level of	Less than middle school	9
education obtained by your	Middle school	15
mother or father?	High school/GED	204
	Two-year college degree (Associate degree)	114
	Four-year college degree (Bachelor's degree)	134
	Graduate degree or higher (Master's degree/Doctorate)	127
	Unknown	18
What is the highest level of	Less than middle school	0
education you have obtained?	Middle school	15
	High school/GED	311
	Two-year college degree (Associate degree)	86
	Four-year college degree (Bachelor's degree)	109
	Graduate degree or higher (Master's degree/Doctorate)	99
	Unknown	4
How would you describe	Lower income	154
(estimate) your family income during childhood?	Moderate income	404
and of the sector	High income	54
	Unknown	10

Table 1: Study demographics

Note: This table displayes the general demographics of study participants.

What are the substance use behaviors of Wayne County?

A total of 625 participants were surveyed with regard to their involvement in substance use, as defined in alignment with the parameters outlined in this report and consistent with the criteria established by the Wayne County Substance Use Assessment. The respondents were posed the question, "Have you ever engaged in substance use?" The results indicate that 298 individuals, constituting 47.8% of the participant pool, responded affirmatively, acknowledging their involvement in substance use. In contrast, 325 participants, accounting for 52.2% of the total respondents, reported that they had not engaged in substance use. This information is presented in table 2. 2 individuals abstained from the question. Of the 298 individuals who reported previous substance use, the number of substances ranges from 1 to 14 substances in total, with an average of 2.7 substances used (Male = 2.93, Female = 2.58).

Table 2: Substance use amount participants

		Count	Column N %
Have you ever engaged in substance use, as defined	Yes	298	47.8%
above?	No	325	52.2%

Note: This table displays the breakdown of participants who reported previous substance use and those who did not.

Substance use by gender demographic

Among female participants, 204 individuals, accounting for 46.4%, acknowledged engagement in substance use, while 236 individuals, constituting 53.6%, did not report such involvement. In the male demographic, 89 individuals, representing 51.7%, reported substance use, while 83 individuals, comprising 48.3%, reported no substance use. It is worth noting that gender categories beyond male and female, as well as participants who chose not to identify their gender, presented negligible sample sizes, each comprising four participants or fewer. Consequently, these groups are not considered in the detailed breakdown due to the limited statistical significance derived from their sample sizes.

Substance use by age demographic

In the context of age-based segmentation, a detailed examination of substance use patterns reveals distinct trends across various age groups. Among participants aged 13 to 17 years, 28.9% reported engagement in substance use. The prevalence of substance use increased to 45.9% among those aged 18 to 20 years and further elevated to 52.2% for the 21 to 30 years age bracket.

Among participants aged 31 to 40, half reported previous substance use (50%), while a higher proportion of individuals aged 41 to 50 (58%) acknowledged substance use. For those aged 51 to 60, 48.1% reported substance use, and a slightly higher percentage, 49.1%, among participants aged 61 or older reported engagement in substance use.

Substance use by race demographic

Analyzing the data by racial demographics, distinctive patterns emerge in reported substance use among the surveyed participants. Among African American/Black participants, 39.7% reported previous substance use. In the Caucasian/White demographic, 50.5% acknowledged engaging in substance use. For Latino(a)/Hispanic participants, the reported prevalence of substance use was 43.8%, although caution is warranted in interpreting these findings due to the low sample size within this demographic.

Participants identifying with two or more races demonstrated a substance use prevalence of 53.7%. It is important to note that the sample sizes for Asian American/Pacific Islander, Native American/Indigenous, and those identifying as "other" were insufficient for a meaningful statistical analysis, emphasizing the need for cautious interpretation.

Substance use by personal and parental education

Examining substance use in relation to educational attainment, notable trends emerge across different levels of educational achievement. Among individuals who personally completed high school or obtained a GED, 46.3% reported substance use. Those with a two-year college degree exhibited a slightly higher prevalence, with 51.2% reporting substance use. For individuals with a four-year college degree, 45% reported engagement in substance use. Of those who earned a graduate degree or higher, 55.6% reported substance use. It is noteworthy that no participants reported educational attainments below middle school, and the sample sizes for those with middle school education or unknown educational attainment were insufficient for a meaningful analysis.

Turning to parental educational attainment, substance-use patterns among participants reflect distinct percentages based on their parents' educational achievements. Among those reporting that their parents completed high school or earned a GED, 52% indicated substance use. For individuals with parents holding a two-year college degree, 43% reported substance use. Participants with parents who earned a four-year college degree reported a substance use prevalence of 44%, while those with parents holding a graduate degree or higher reported prevalence at 52.7%.

Substance use by estimated family income during childhood

Analyzing substance use in relation to estimated family income during childhood sheds light on notable trends within the surveyed population. Among individuals reporting a lower family income during childhood, 41.6% engaged in substance use. The prevalence of substance use increased among those who reported a moderate family income, with 50.7% acknowledging substance use. Interestingly, among participants who reported a high family income during childhood, 42.6% reported substance use. It is important to note that the sample size for those reporting an unknown family income during childhood was insufficient for a meaningful statistical analysis, emphasizing the need for caution in interpreting findings related to this specific demographic category.

Substance use by family history

Among the 298 participants who openly acknowledged previous substance use, 296 respondents provided insights into their living environment through the question: "Have you lived with anyone who has had a problem with drinking or using drugs, including prescription drugs?" The responses revealed that 41.6% of participants acknowledged residing with someone grappling with a substance use issue. Notably, within this subset, 17.8% identified their father as the individual with a substance-use problem, marking a substantial disparity compared to the second and third-highest responses. Specifically, the prevalence of fathers as individuals with substance-use issues was more than three times higher than responses identifying mothers (5%) and siblings (5%) with similar issues.

This response pattern is particularly salient as it sheds light on the familial dynamics surrounding substance use within the surveyed population. The elevated frequency of fathers identified as individuals with substance-use problems underscores the significance of paternal influence in households where substance-use concerns are present. These findings contribute to the understanding of the familial context of substance use and emphasize the potential impact of parental behaviors on the substance-use experiences of individuals within the studied community. Additional details are presented in table 3. Table 3: Study demographics by substance use

		Have you ever engaged in substance use, as defined			defined above?
		Yes		No	
		Count	Row N %	Count	Row N %
What is your gender?	Female	204	46.4%	236	53.6%
	Male	89	51.7%	83	48.3%
	Other	2	50.0%	2	50.0%
	Prefer not to say	1	33.3%	2	66.7%
To which age group do you	13 - 17	13	28.9%	32	71.1%
belong?	18 - 20	106	45.9%	125	54.1%
	21 - 30	48	52.2%	44	47.8%
	31 - 40	25	50.0%	25	50.0%
	41 - 50	40	58.0%	29	42.0%
	51 - 60	38	48.1%	41	51.9%
	61+	27	50.0%	27	50.0%
With which race do you	African American/Black	56	40.0%	84	60.0%
identify (select all that apply)	Asian American/Pacific Islander	2	25.0%	б	75.0%
	Caucasian/White	191	50.5%	187	49.5%
	Latino(a)/Hispanic	14	43.8%	18	56.3%
	Native American/Indigenous	2	66.7%	1	33.3%
	Other	3	50.0%	3	50.0%
	Two or more races	29	53.7%	25	46.3%
What is the highest level of	Less than middle school	3	33.3%	б	66.7%
education obtained by your	Middle school	7	46.7%	8	53.3%
mother or father?	High school/GED	106	52.2%	97	47.8%
	Two-year college degree (Associate degree)	49	43.0%	65	57.0%
	Four-year college degree (Bachelor's degree)	59	44.0%	75	56.0%
	Graduate degree or higher (Master's degree/Doctorate)	67	52.8%	60	47.2%
	Unknown	7	38.9%	11	61.1%
What is the highest level of	Less than middle school	0	0.0%	0	0.0%
education you have obtained?	Middle school	5	33.3%	10	66.7%
	High school/GED	144	46.3%	167	53.7%
	Two-year college degree (Associate degree)	44	51.2%	42	48.8%
	Four-year college degree (Bachelor's degree)	49	45.4%	59	54.6%
	Graduate degree or higher (Master's degree/Doctorate)	55	55. 6%	44	44.4%
	Unknown	1	25.0%	3	75.0%
How would you describe	Lower income	64	41.8%	89	58.2%
(estimate) your family income during childhood?	Moderate income	205	50.7%	199	49.3%
arang cimanooa.	High income	23	42.6%	31	57.4%
	Unknown	4	40.0%	б	60.0%

Note: This table displayes the demographics of substance users and substance non-users.

What are the most common substances used in Wayne County?

A primary objective of this research study was to identify the predominant substances used in Wayne County, North Carolina. Among the 298 participants who reported engaging in substance use, the study revealed distinctive patterns in the prevalence of various substances. Notably, alcohol emerged as the most commonly reported substance, with 93% of participants indicating its use. Tobacco, inclusive of vaping products, ranked as the second most used substance, with 64.4% of participants reporting tobacco use. Marijuana followed as the third most commonly used substance, with 53.7% of participants reporting its use.

Over-the-counter medications, encompassing cough syrups, allergy medicine, pain relievers, and similar products, emerged as the fourth most common substance, with 16.8% of participants acknowledging its use. Cocaine rounded out the top five most commonly used substances, with 8.4% of participants reporting its use. More details are provided in table 4.

		Have you ever engaged in substance use? Yes		
	-			
		Count	Column N %	
Alcohol	Not Used	21	7.0%	
	Used	277	93.0%	
Tobacco (including vaping products)	Not Used	106	35.6%	
	Used	192	64.4%	
Marijuana	Not Used	138	46.3%	
	Used	160	53.7%	
Cocaine	Not Used	273	91.6%	
	Used	25	8.4%	
Heroin	Not Used	293	98.3%	
	Used	5	1.7%	
LSD	Not Used	290	97.3%	
	Used	8	2.7%	
MDMA (Ecstasy)	Not Used	289	97.0%	
	Used	9	3.0%	
Methamphetamine	Not Used	289	97.0%	
•	Used	9	3.0%	
Fentanyl, Carfentanyl	Not Used	292	98.0%	
	Used	б	2.0%	
Benzos (Xanax, Klonopin, Valium, etc.)	Not Used	290	97.3%	
	Used	8	2.7%	
Codeine, Morphine	Not Used	287	96.3%	
•	Used	11	3.7%	
OxyContin, Percocet	Not Used	280	94.0%	
	Used	18	6.0%	
Stimulants (Adderall, Ritalin, etc.)	Not Used	282	94.6%	
	Used	16	5.4%	
Household products (Hair spray, glue, paint, etc.)	Not Used	289	97.0%	
·····,,	Used	9	3.0%	
Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)	Not Used	248	83.2%	
, Particular era, 6(6.)	Used	50	16.8%	
Other	Not Used	298	100.0%	
	Used	0	0.0%	

Table 4: Substances used by those reporting previous substance use.

Note: This table displays which substances were reported by those with previous

substance use.

Most common substances by demographics

This section delineates notable demographic differences concerning the most commonly used substances. A detailed analysis of substance use patterns reveals distinct characteristics across various demographic categories.

Alcohol

Alcohol, the most commonly used substance overall, displayed no discernible age, racial, or personal or parental educational attainment, or childhood family income differences in its usage among the study participants despite a large sample size of users overall. This finding indicates that alcohol is a pervasive substance used across demographic variables that is in need of further exploration. It is important to note that some demographics responded in insufficient numbers for meaningful analysis. Further information is presented in Table 5.

Table 5: Demographic breakdown of alcohol use

		Have you ev	er engaged in sub:		dermed above
			Ye Alco		
			sed		Used
		Count	Row N %	Count	Row N %
What is your gender?	Female	188	92.2%	16	7.8%
	Male	84	94.4%	5	5.6%
	Other	2	100.0%	Ő	0.0%
	Prefer not to say	1	100.0%	0	0.0%
To which age group do you	13 - 17	12	92.3%	1	7.7%
belong?	18 - 20	98	92.5%	8	7.5%
	21 - 30	47	97.9%	1	2.1%
	31 - 40	24	96.0%	1	4.0%
	41 - 50	37	92.5%	3	7.5%
	51 - 60	36	94.7%	2	5.3%
	61+	22	81.5%	5	18.5%
With which race do you	African American/Black	51	91.1%	5	8.9%
identify (select all that apply)	Asian American/Pacific Islander	1	50.0%	1	50.0%
	Caucasian/White	177	92.7%	14	7.3%
	Latino(a)/Hispanic	14	100.0%	0	0.0%
	Native American/Indigenous	2	100.0%	0	0.0%
	Other	3	100.0%	0	0.0%
	Two or more races	28	96.6%	1	3.4%
What is the highest level of	Less than middle school	3	100.0%	0	0.0%
education obtained by your	Middle school	6	85.7%	1	14.3%
mother or father?	High school/GED	94	88.7%	12	11.3%
	Two-year college degree (Associate degree)	46	93.9%	3	6.1%
	Four-year college degree (Bachelor's degree)	57	96.6%	2	3.4%
	Graduate degree or higher (Master's degree/Doctorate)	65	97.0%	2	3.0%
	Unknown	б	85.7%	1	14.3%
What is the highest level of	Less than middle school	0	0.0%	0	0.0%
education you have obtained?	Middle school	4	80.0%	1	20.0%
	High school/GED	130	90.3%	14	9.7%
	Two-year college degree (Associate degree)	41	93.2%	3	6.8%
	Four-year college degree (Bachelor's degree)	46	93.9%	3	6.1%
	Graduate degree or higher (Master's degree/Doctorate)	55	100.0%	0	0.0%
	Unknown	1	100.0%	0	0.0%
How would you describe	Lower income	57	89.1%	7	10.9%
(estimate) your family income during childhood?	Moderate income	194	94.6%	11	5.4%
and a function of the second sec	High income	21	91.3%	2	8.7%
	Unknown	3	75.0%	1	25.0%

Note: This table displays those who reported alcohol use broken down by demographics.

Tobacco (including vaping products)

Tobacco usage exhibited variations across age groups, with the highest prevalence among those between 13 and 17 years old (76.9%), followed by individuals 61 years of age or older (74.1%), and those between 21 and 30 (72.9%). However, caution is warranted in interpreting the information related to 13 to 17-year-olds due to the low sample size. Intriguingly, tobacco usage was highest among Caucasian/White individuals (68.1%), surpassing other demographics with sufficient sample sizes. There were no significant differences in tobacco usage in relation to personal educational attainment. However, tobacco usage was highest among those whose parents' highest level of educational attainment was a two-year college degree (75.5%), followed by those whose parents obtained a graduate degree or higher (65.7%) and highschool/GED (65.1%), respectively. Tobacco use was highest among those whose estimated childhood family income was lower income (73.4%), followed by moderate income (62.9%), and high income (56.5%), though the sample size for the high income group was low, and the findings should be interpreted with caution.

Marijuana

Marijuana usage demonstrated distinct age-related patterns, with the highest prevalence among those aged 21 to 30 (64.6%) and those aged 31 to 40 (64.0%), followed by the 18 to 20 age group (56.6%). The African American/Black population exhibited the highest prevalence of marijuana usage (64.3%), surpassing other demographic categories. There were no significant differences in marijuana usage in relation to personal educational attainment. However, Marijuana usage was highest among those whose parents' highest level of educational attainment was a four-year college degree (62.7%), followed by those whose parents obtained a graduate degree or higher (55.2%) and a two-year college degree (51.1%%), respectively among those with sufficient sample size for analysis. Marijuana use was highest among those whose estimated childhood family income was lower income (57.8%), followed by moderate income (53.7%), and high income (47.8%), though the sample size for the high income group was low, and the findings should be interpreted with caution.

Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)

Over-the-counter medication usage was most common among those aged 21 to 30 (27.1%), followed by the 18 to 20 age group (17.9%), and those aged 41 to 50 (12.5%), within age demographics with sufficient sample sizes. Caucasians/Whites reported the highest over-the-counter medication usage at 17.3%. There were no significant differences in over-the-counter medication usage in relation to personal educational attainment. However, usage was highest among those whose parents' highest level of educational attainment was a graduate degree or higher (29.9%), which was significantly higher than the next highest usage reported for those whose parents had obtained a four-year college degree (15.3%). Over-the-counter medication use was highest among those whose estimated childhood family income was lower income (20.3%), followed by high income (17.4%), and moderate income (16.1%).

Cocaine

Cocaine usage displayed minor variations by age, but the restrictive sample sizes necessitate caution in drawing conclusions. Similarly, no discernible racial differences in cocaine usage were observed, though this conclusion should be approached with caution due to the low sample size of cocaine users. There were no significant differences in cocaine usage in relation to personal educational attainment. However, cocaine usage was highest among those whose parents' highest level of educational attainment was a graduate degree or higher (14.9%). Interestingly, despite a sample size of 59 individuals, just one participant (1.7%) whose parents had obtained a four-year degree reported cocaine use. Cocaine use was highest among those whose estimated childhood family income was moderate income (10.2%), followed by high income (8.7%), and low income (3.1%), though the sample size of cocaine users in general was low, and the results should be interpreted with caution.

Current substance use and drugs of choice

Within the cohort of 298 participants who disclosed prior substance use, 295 participants responded to the query "Do you still use drugs today?" Notably, 34.2% of respondents acknowledged current drug use (table 6.). Delving into the specifics of current substance use, the primary substance of choice within this subgroup was alcohol, representing 54.9% of the respondents, followed by tobacco at 23.5%, and marijuana at 19.6%.

Table 6: Current substance use

		Count	Column N %
Do you still use drugs today?	Yes	102	34.6%
	No	193	65.4%

Note: This table displays the current substance use among those who have reported previous substance use.

Conversely, a substantial portion of individuals with a history of substance use, comprising 64.8%, reported that they no longer engage in substance use. Among this group, the median duration since last usage was 30 months, with a mode of 24 months. These findings highlight the dynamic nature of substance use patterns within this population, emphasizing both ongoing engagement and successful cessation. The insights provided by these statistics contribute to a more nuanced understanding of the current status and temporal aspects of substance use experiences among individuals with a history of substance use in the studied community.

Indicators of tolerance

Within the 298 individuals acknowledging prior substance use, 295 participants responded to the question, "Have you ever increased the amount of substance consumed to achieve the desired effects?" Significantly, 43.3% of respondents affirmed having augmented their substance consumption to attain the desired effects, suggesting a phenomenon commonly associated with the development of tolerance to their chosen substance.

This finding underscores the prevalence of tolerance within this population, reflecting a notable aspect of substance use dynamics. The acknowledgment of increased substance consumption to achieve the desired effects provides valuable insights into patterns of use and contributes to a more intricate understanding of the evolving relationship individuals have with substances over time within Wayne County.

At what age does substance use begin in Wayne County?

The investigation into the onset age of substance use is a crucial aspect of this research study. Among the 293 participants who reported engaging in substance use, responses to the question "How old were you when you had your first alcohol and/or drugs?" varied across a spectrum spanning from 0 to 30 years old. The average age at which participants reported their initial substance use experience was 15.59 years old. The breakdown by age is presented in figure 1.

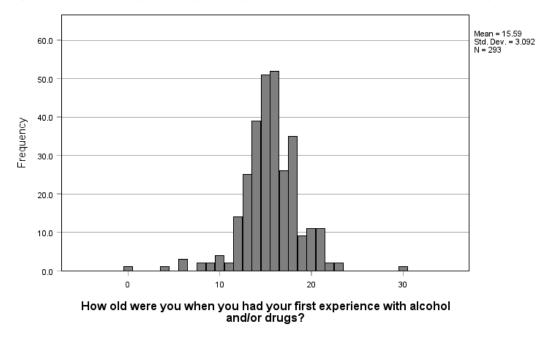


Figure 1. How old were you when you had your first experience with alcohol and/or drugs?

Notably, no discernible differences in the age of first substance use were identified across various demographic factors. Specifically, there were no observed distinctions between male and female participants, different age categories, racial identities, levels of educational attainment, or estimated family income during childhood. This uniformity in the age of initiation across diverse demographic groups enhances the reliability and generalizability of findings, contributing to a more comprehensive understanding of the commencement of substance use within the studied population.

Are there any gateway substances that lead to further substance use in Wayne County?

The examination of initial substance-use experiences reveals that the predominant substances reported were alcohol (65.4%), tobacco (23.8%), and marijuana (7.4%). This observation suggests that these substances may function as primary gateways to subsequent engagement with other substances or continued use through the lifespan. This information is presented in figure 2.

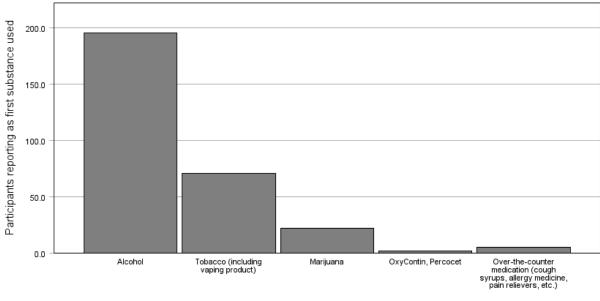


Figure 2: What was the first substance you tried?



An intriguing aspect of this finding is the legal context surrounding these substances in North Carolina. While only one of these substances, marijuana, is illegal under current state law, both alcohol and tobacco are subject to age restrictions. Despite these regulatory constraints, it is noteworthy that the average age of first exposure is significantly below the legal age for each respective substance.

This disparity between the average age of initial exposure and legal age restrictions underscores the importance of examining factors contributing to early substance initiation, especially given the legal frameworks in place. The prevalence of alcohol, tobacco, and marijuana as the primary substances in initial experiences emphasizes the potential role of these substances in shaping subsequent patterns of substance use within the studied population.

Participants who reported previous substance use were also asked about the factors that prompted them to try the substances. Among the 294 participants who responded to this question, the most prevalent response was being in a friend or relative's house where the substance was used (33.9%). 18.5% indicated peer pressure as a motivating factor, while 16.1% reported that the substance was easily accessible in their home. Additionally, 15.1% mentioned actively seeking out the substance themselves.

This insight into the motivators behind initial substance-use experiences underscores the diverse influences contributing to individuals' decisions to engage with substances. The prevalence of being in a social setting, experiencing peer pressure, the accessibility of substances at home, and self-initiated curiosity collectively illuminate the multifaceted nature of the factors influencing individuals' decisions to try substances.

What are the socioeconomic and health implications of substance use?

Understanding the socioeconomic and health implications of substance use within Wayne County, North Carolina is paramount for informed public health planning and intervention strategies. The empirical information derived from these questions gives insight into the perceptions of those who have previously reported engaging in substance use and the impact that it has had on their lives. This information can inform intervention strategies and aid in healthcare and economic planning, ensuring the availability of adequate supports within the community.

Understanding the economic and legal consequences of substance use is integral to the comprehensive examination of its societal impact and the perceptions of those who engage in substance use. This knowledge facilitates resource allocation and policy development, enabling policymakers to strategically direct funding toward prevention, treatment, and rehabilitation programs. Simultaneously, recognizing the legal implications of substance use is imperative for shaping fair and effective policies within the criminal justice system, ensuring that legal responses to drug-related offenses align with societal goals of justice and rehabilitation. It also serves as a foundation for designing targeted prevention and education programs, leveraging

insights into potential financial and legal repercussions to deter substance use and promote informed decision-making.

Physical, mental, and social health

In examining the health ramifications of substance use within the 298 individuals who acknowledged previous substance use, 296 participants provided responses related to their

physical and mental well-being. Notably, 21.6% of substance users reported a perceived negative

impact on their physical health, while a smaller subset, comprising 6.4%, indicated that their substance use prompted them to seek medical treatment. In parallel, 24.3% of respondents cited adverse effects on their mental health, with 9.7% reporting a resultant pursuit of mental health treatment. An additional 20.6% reported that their substance use had negatively impact their social relationships. Further information is provided in table 7.

		Count	Column N %
Has substance use negatively	Yes	64	21.6%
impacted your physical health?	No	232	78.4%
Has substance use negatively	Yes	72	24.3%
impacted your mental health?	No	224	75.7%
Has substance use negatively	Yes	б1	20.6%
impacted your social relationships?	No	235	79.4%

Table 7: Impact of substance use of health and social relationships

Note: This table displayes the reported impact of substance use on physical health, mental health, and social relationships.

These findings underscore a noteworthy aspect of the data: a considerable proportion of substance users, constituting 78.4% for physical health, 75.7% for mental health, and 79.4% for social relationships, did not perceive a negative impact from their substance use. Furthermore, a significant majority did not seek physical or mental health treatment, indicating an overall perception that substance use did not yield enduring consequences. The juxtaposition of these

perceptions with the well-established long-term health risks associated with alcohol and tobacco use raises concerns about the potential underestimation of the impact of substance use on overall health within our studied population. This information highlights a need to better inform the public of the potential consequences of substance use.

Economic and legal considerations

Examining the impact of previous substance use on economic and legal outcomes, our findings reveal a noteworthy pattern. Just 2.7% of respondents reporting previous substance use noted any adverse effects on their ability to secure and maintain employment. Similarly, 2% of participants indicated that substance use had influenced their ability to secure and maintain housing. Furthermore, a small subset of 16 individuals, comprising 5.4% of respondents, acknowledged negative consequences with law enforcement, with 8 individuals disclosing spending time in a detention center due to their substance use.

These data illuminate a distinct mindset prevalent among individuals with a history of substance use in Wayne County. The overwhelmingly low percentages indicating economic or legal repercussions underscore a prevailing perception that substance use has not led to significant negative consequences in these aspects of participants' lives. This aligns with the broader themes observed in health and social outcomes, illustrating the unique perspectives held by Wayne County residents with a history of substance use. This understanding contributes to a comprehensive picture of the complex interplay between substance use and various life domains within this specific community context.

Supplemental findings

In addition to the primary analysis, this study undertook a supplementary investigation to identify the types of support services accessed by individuals with a history of substance use. To achieve this objective, a comprehensive examination of community support programs was conducted, and participants were asked about their past utilization of these services. This secondary analysis aims to provide valuable insights into the landscape of support services available within the community and the extent to which individuals with a history of substance use engage with these resources. By gauging the utilization patterns, the study endeavors to contribute perspectives on the perceptions and accessibility of community support programs in addressing the needs of individuals grappling with substance-use issues.

A variety of support programs were included in this study. Intriguingly, 70.5% of the 296 respondents with a history of substance use and 72.5% of current substance users reported nonutilization of the identified support programs. This observation aligns with the preceding analyses, where substance users exhibited a perception of limited physical, mental, economic, or legal consequences attributable to their substance use. The prevailing trend of not seeking support suggests a notable perspective among individuals with a history of substance use, highlighting a potential disconnect between the availability of support services and their perceived need within this specific community context.

Counseling or therapy services were the only support program that experienced significant use, with 23.2% of those with a history of substance use having sought assistance in the past. Furthermore, 22.5% of those who reported current substance use had utilized this resource. Support groups (3.7%), Hotlines or helplines (1.7%), Rehabilitation centers or treatment facilities (1.3%), Online resources or forums (4.0%), Social services (2.0%), Medical Assisted Therapy (1.0%), and other programs (1.0%) were all reported with minimal usage among the study participants.

Perceptions of non-users

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In recognition of the importance of capturing a comprehensive spectrum of perspectives, this study extended its scope to include individuals without a history of substance use. Deliberately seeking their insights, the study posed inquiries on two significant fronts: First, participants were prompted to share their observations regarding the substances they had witnessed in use within the community. Second, respondents were invited to identify the reasons underpinning their decisions to abstain from engaging in substance use throughout their lives.

By soliciting the perspectives of non-substance users, the study aspires to enrich its findings with a holistic understanding of community dynamics surrounding substance use. This dual exploration not only broadens the scope of the research but also contributes valuable insights into the factors influencing both substance-use patterns and abstinence decisions within the studied community. The intentional inclusion of non-substance users acknowledges the diversity of experiences within the community and enhances the inclusivity of the research endeavor.

Familiarity with substances used in the community

In a bid to encompass a comprehensive array of perspectives, this study actively sought the input of participants without a history of substance use. Among the 325 respondents who affirmed non-engagement in substance use as per the study's definition, a focused inquiry was made regarding the substances they had observed or were familiar with in the community. Respondents, on average, reported that they had seen or were familiar with an average of 3.33 substances utilized in the community. The findings revealed that the most commonly identified substances included alcohol (85.5%), tobacco (72.6%), marijuana (55.1%), over-the-counter medications (27.4%), and cocaine (14.8%). Notably, these top five substances align closely with the substances reported by individuals who have engaged in substance use, suggesting a shared awareness of prevalent substances within the community.

Moreover, the exploration unearthed additional substances that were recognized by nonsubstance users in significant proportions but were not similarly identified by those with a history of substance use. Stimulants (12.3%), OxyContin/Percocet (10.8%), household products (9.8%), Heroin (8.9%), Fentanyl/Carfentanyl (8.0%), Codeine/Morphine (7.1%), and Methamphetamine (7.1%) emerged as substances known to the community by more than 7% of respondents. Further information is presented in table 8. Table 8: Familiar substances to non-users in the community.

			ngaged in substand use?
Which substances have you seen other people using or are you			No
familiar with?		Count	Column N %
Alcohol	Have Not Seen Used	47	14.5%
	Seen Used	278	85.5%
Tobacco (including vaping products)	Have Not Seen Used	89	27.4%
	Seen Used	236	72.6%
Marijuana	Have Not Seen Used	146	44.9%
	Seen Used	179	55.1%
Cocaine	Have Not Seen Used	277	85.2%
	Seen Used	48	14.8%
Heroin	Have Not Seen Used	296	91.1%
	Seen Used	29	8.9%
LSD	Have Not Seen Used	311	95.7%
	Seen Used	14	4.3%
MDMA (Ecstasy)	Have Not Seen Used	318	97.8%
	Seen Used	7	2.2%
Methamphetamine	Have Not Seen Used	302	92.9%
-	Seen Used	23	7.1%
Fentanyl, Carfentanyl	Have Not Seen Used	299	92.0%
	Seen Used	26	8.0%
Benzos (Xanax, Klonopin, Valium, etc.)	Have Not Seen Used	305	93.8%
	Seen Used	20	6.2%
Codeine, Morphine	Have Not Seen Used	302	92.9%
-	Seen Used	23	7.1%
OxyContin, Percocet	Have Not Seen Used	290	89.2%
	Seen Used	35	10.8%
Stimulants (Adderall, Ritalin, etc.)	Have Not Seen Used	285	87.7%
	Seen Used	40	12.3%
Household products (Hair spray, glue, paint, etc.)	Have Not Seen Used	293	90.2%
	Seen Used	32	9.8%
Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)	Have Not Seen Used	236	72.6%
_	Seen Used	89	27.4%
Other	Have Not Seen Used	321	98.8%
	Seen Used	4	1.2%

Note: This table displayes the substances that non-users had seen used or were familiar with in the

community.

The revelation that community members are more cognizant of certain substances than reported by individuals with a history of substance use raises the possibility of underreporting within the latter group. This discrepancy may be attributed to various factors. Individuals with a history of using these substances may have encountered more pronounced consequences, such as incarceration or health issues, which could have deterred their participation in this study. The potential deterrent effect could emanate from a combination of trust issues, apprehensions regarding social repercussions, or the fear of legal consequences, rendering their engagement with the study more challenging. This finding underscores the importance of considering the potential barriers faced by individuals with a history of substance use in research participation, shedding light on the complexities that may influence the accuracy and completeness of reported substance use patterns.

Reasons for abstaining from substance use

Upon exploration of the reasons for abstaining from substance use, participants articulated a diverse array of motivations, with many individuals indicating multiple reasons for their choice. This multifaceted decision-making process underscores the complexity of the considerations influencing abstention. Notably, 64.9% of participants highlighted that they refrained from substance use due to witnessing its potential impact on an individual and their life. Additionally, 62.5% cited a deliberate choice to avoid associations with a particular crowd as a reason for abstaining, while 46.8% expressed fear of potential health consequences.

These responses provide insightful contrasts between the perspectives of substance users and non-users. Although 62.5% of individuals asserted that they do not associate with substance users, the study's sample size and the prevalent use of substances suggest a likelihood that such associations may exist, even if unknowingly. This observation becomes particularly salient when considering the reported lack of impact on employment and social relationships by substance users. It is also intriguing to note that a substantial percentage of non-users expressed fear of health consequences associated with substance use, in stark contrast to substance users who reported minimal physical or health repercussions. This discrepancy may illuminate that individuals who have refrained from substance use have a heightened awareness of the internal consequences associated with substance use, offering potential insight on the varying motivations that shape decisions regarding substance use within the community.

Recommendations

To understand substance use behaviors within Wayne County, North Carolina, the Wayne County Substance Use Assessment (WCSUA) was undertaken with the overarching objective of informing local initiatives and meeting the specific needs of individuals engaged in substance use. Executed through a purpose-built instrument featuring tailored questions for substance users and non-users alike, the assessment garnered substantial community support, culminating in the meticulous analysis of 625 responses. However, a notable observation emerged during the analysis, revealing a conspicuous underrepresentation of certain demographics, most notably the Latino(a)/Hispanic population. This apparent gap underscores the imperative for a dedicated investigation to elucidate the factors contributing to this disparity, thus enhancing the study's comprehensiveness and ensuring a complete understanding of substance use dynamics across diverse racial identities. This may be accomplished through collaborative efforts with local Latino(a)/Hispanic community organizations, leaders, and advocacy groups. Establishing partnerships with trusted entities within the community can facilitate outreach, enhance credibility, and provide insights into the best strategies for engagement.

Moreover, the study's revelations challenged prevailing perceptions surrounding the prevalence of substance use, particularly in relation to so-called "harder" substances. While alcohol, tobacco, marijuana, over-the-counter medications, and cocaine emerged as the most common substances among users, the study contradicted prevailing public opinions on the comparative impact of these substances. Importantly, the findings indicated a surprising alignment on the most common substances, but a discrepancy on the prevalence of harder substances, underscoring the need to address potential underreporting of "harder" substances within the substance-user population. In addition, the study accentuated the necessity of future research initiatives actively pursuing the perspectives of incarcerated individuals, a demographic not explored in the current assessment. This expansion of research focus aims to provide a more comprehensive understanding of the impact of substance use, particularly "harder" substances, within the incarcerated population.

A primary concerned outlined in this study is the early initiation of substance use, notably with alcohol, indicating potential concerns of underage and illicit use. This revelation calls for strategic preventive measures, such as education campaigns and targeted interventions, to address the root causes of early substance initiation within the community. The accessibility of substances in familiar environments, such as friend or relative's houses or the home, emerged as a significant factor influencing initiation patterns, highlighting the need for context-specific interventions. This may include educational campaigns promoting safe storage practices, similar to medicinal lock-boxes, which would make accessing these substances more challenging. This may also require educational training for adults that outlines the findings of this report and the consequences of early engagement with substances. Furthermore, implementing age-appropriate, evidence-based substance use prevention programs in schools and community settings should be

a priority. Starting prevention education at an early age, prior to the average age of initiating outlined in this report, may build a solid foundation of knowledge and resilience against substance use.

The study further uncovered a paradoxical perception among participants, wherein substance-users reported minimal negative impacts from their use. This perception, particularly regarding physical, mental, economic, and legal consequences, raises critical awareness concerns. Therefore, the next steps in this research trajectory involve the development and implementation of targeted education and awareness initiatives to bridge the perceptual gap and foster a more accurate understanding of the long-term implications associated with substance use. Launching comprehensive and targeted education campaigns to disseminate accurate information about the short-term and long-term consequences of substance use may be an effective strategy. Utilizing various channels, including social media, digital media, community events, and educational institutions, may help these initiatives to reach a broad audience. Furthermore, real-life stories and testimonials from individuals who have experienced the negative consequences of substance use may be powerful in conveying the human impact of substance misuse. These strategies have been effective in smoking-cessation campaigns at the national level.

The Wayne County Substance Use Assessment serves as a pivotal starting point for research and evidence-based interventions. By addressing the identified gaps and leveraging the insights gleaned from this assessment, Wayne County can cultivate a more informed, targeted, and community-driven approach to substance use initiatives, fostering the overall well-being of its residents.

Summary

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The Wayne County Substance Use Assessment (WCSUA) sought to comprehensively understand substance use behaviors in Wayne County, North Carolina, with the goal of informing local initiatives and meeting the needs of individuals involved in substance use. Utilizing a purpose-built instrument with tailored questions for both substance users and nonusers, the assessment received robust community support, and the meticulous analysis of 625 responses unveiled the underrepresentation of specific demographics, notably the Latino(a)/Hispanic population and justice-involved individuals, warranting further exploration. Noteworthy findings challenged prevailing perceptions of "harder" substances, revealing the prevalence of alcohol, tobacco, marijuana, over-the-counter medications, and cocaine among substance users in Wayne County. The study highlighted concerns about early initiation, particularly with alcohol, suggesting potential issues of underage and illicit use. Surprisingly, participants reported minimal negative impacts from substance use, prompting awareness considerations. The observed underreporting of harder substances, attributed to health and legal concerns, accentuated the necessity for future research, especially on the perspectives of incarcerated individuals. The study's insights underscore the significance of targeted interventions addressing prevalent substances, early initiation factors, and the disparity between perceived and actual consequences, laying the groundwork for informed community strategies.

References

Green, B., Lyerla, R., Stroup, D. F., Azofeifa, A., & High, P. M. (2016). A tool for assessing a community's capacity for substance abuse care. *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, 13, 1–10. https://doi.org/10.5888/pcd13.160190

 Substance Abuse and Mental Health Services Administration. (2022). Community engagement: An essential component of an effective and equitable substance use prevention system (Publication No. PEP20-06-01-005) [Report]. National Mental Health and Substance Use Policy Labratory. https://store.samhsa.gov/sites/default/files/pep22-06-01-005.pdf

United States Census Bureau. (2023). *Wayne County, North Carolina: Profile* [Data set]. https://data.census.gov/profile/Wayne_County,_North_Carolina?g=050XX00US37191

Wayne County Health Department. (2023). *The 2021-2022 Wayne County community needs assessment*. https://www.wayneunc.org/app/files/public/07f4f487-b3ff-430b-a3b5-07ca80de32b0/pdf-wayne-Tax%20Year%202021-

2022%20Community%20Health%20Needs%20Assessment.pdf

Appendix A

The Wayne County Substance Use Assessment (WCSUA)

Thank you for participating in this survey on substance use in Wayne County, North Carolina. The information gathered will be used better to understand people's experiences and attitudes toward substance use and to develop more effective programs and resources for substance users. Please answer the following questions honestly and to the best of your knowledge. Your responses are completely anonymous and cannot be traced back to your individual identity in any way.

**For the purpose of this survey, the term "substance use" refers to the consumption of alcohol, tobacco products, illicit drugs, prescription medications, over-the-counter medicines not taken as directed, and household products not intended for consumption.

Section One: Demographic Information

The following questions relate to your demographics and will give us a better understanding of your background.

2) Do you live in Wayne County, North Carolina?	
() Yes	
() No	

3) What is your gender?

- () Male
- () Female
- () Other
- () Prefer not to say

4) To which age group do you belong?

- () 13 17
- () 18 20
- () 21 30
- () 31 40
- () 41 50
- () 51 60
- () 61+

5) With which race do you identify (select all that apply)

- [] African American/Black
- [] Asian American/Pacific Islander
- [] Caucasian/White
- [] Latino(a)/Hispanic
- [] Native American/Indigenous

[] Other - Please specify:

6) Which of the following best describes your religious beliefs/affiliation?

- () Christian
- () Islamic
- () Jewish
- () Hindu
- () Buddhist
- () Atheist
- () Agnostic
- () Other Please specify:
- () Prefer not to say

7) What is the highest level of education obtained by your mother or father?

- () Less than middle school
- () Middle school
- () High school/GED
- () Two-year college degree (Associate degree)
- () Four-year college degree (Bachelor's degree)
- () Graduate degree or higher (Master's degree/Doctorate)
- () Unknown

8) What is the highest level of education you have obtained?

- () Middle school
- () High school/GED

- () Two-year college degree (Associate degree)
- () Four-year college degree (Bachelor's degree)
- () Graduate degree or higher (Master's degree/Doctorate)
- () Unknown

9) How would you describe (estimate) your family income during childhood?

- () Lower income
- () Moderate income
- () High income
- () Unknown

10) Which figures were most present (lived with you) during your childhood? (Select

all that apply)

[] Father

[] Mother

[] Siblings

[] Grandparent(s)

[] Extending Family (cousin, aunt, uncle)

[] Other - Please specify:

Page entry logic: This page will show when: #1 Question "Giving of Consent" is one of

the following answers ("I consent to participate in this research project")

Life Experience and History

The following questions relate to your life experiences and substance use. For the purpose of this survey, the term "substance use" refers to the consumption of alcohol, tobacco products, illicit drugs, and prescription medications not taken as prescribed.

Logic: Show/hide trigger exists.

- 11) Have you ever engaged in substance use, as defined above?
- () Yes
- () No

Logic: Hidden unless: #11 Question "Have you ever engaged in substance use, as defined above?" is one of the following answers ("Yes")

- 12) Which substances have you used? (select all that apply)
- [] Alcohol
- [] Tobacco (including vaping product)
- [] Marijuana
- [] Cocaine
- [] Heroin
- [] LSD
- [] MDMA (Ecstasy)
- [] Methamphetamine
- [] Fentanyl, Carfentanyl
- [] Benzos (Xanax, Klonopin, Valium, etc.)
- [] Codeine, Morphine

[] OxyContin, Percocet

[] Stimulants (Adderall, Ritalin, etc.)

[] Household products (Hair spray, glue, paint, etc.)

[] Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)

[] Other - Please specify:

Validation: Must be numeric

Logic: Hidden unless: #11 Question "Have you ever engaged in substance use, as

defined above?" is one of the following answers ("Yes")

13) How old were you when you had your first experience with alcohol and/or drugs?

Logic: Hidden unless: #11 Question "Have you ever engaged in substance use, as defined above?" is one of the following answers ("Yes")

14) What was the first substance you tried?

() Alcohol

() Tobacco (including vaping product)

() Marijuana

() Cocaine

() Heroin

() LSD

() MDMA (Ecstasy)

() Methamphetamine

- () Fentanyl, Carfentanyl
- () Benzos (Xanax, Klonopin, Valium, etc.)
- () Codeine, Morphine
- () OxyContin, Percocet
- () Stimulants (Adderall, Ritalin, etc.)
- () Household products (Hair spray, glue, paint, etc.)
- () Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)
- () Other Please specify:

Logic: Hidden unless: #11 Question "Have you ever engaged in substance use, as

defined above?" is one of the following answers ("Yes")

15) What led you to try the substance?

- () It was easily accessible at home.
- () It was at a friend/relative's house when I used it.
- () I was pressured by my peers or someone to use it.
- () Someone gave it to me and I did not know that the substance was included.
- () A relative/friend obtained the substance for me.
- () I obtained the substance myself.
- () Other Please specify:

Logic: Show/hide trigger exists.

16) Have you lived with anyone who has had a problem with drinking or using drugs, including prescription drugs?

() Yes

() No

Logic: Hidden unless: #16 Question "Have you lived with anyone who has had a problem with drinking or using drugs, including prescription drugs?" is one of the following answers ("Yes")

17) If you answered yes to the previous question, who?

() Father

- () Mother
- () Spouse
- () Siblings
- () Children
- () Grandparent(s)
- () Extended family (cousin, aunt, uncle)
- () Friend or acquaintance
- () Other Please specify:

Logic: Show/hide trigger exists. Hidden unless: #11 Question "Have you ever engaged in substance use, as defined above?" is one of the following answers ("Yes")

18) Do you still use drugs today?

() Yes

() No

Logic: Hidden unless: #18 Question "Do you still use drugs today?" is one of the following answers ("No")

19) If you answered "no" to the previous question, approximately how long has it been since your last used?

Logic: Hidden unless: #18 Question "Do you still use drugs today?" is one of the following answers ("Yes")

20) If you answered "yes" to the previous question, what is your primary substance of choice today?

() Alcohol

() Tobacco (including vaping product)

() Marijuana

() Cocaine

() Heroin

() LSD

() MDMA (Ecstasy)

() Methamphetamine

() Fentanyl, Carfentanyl

() Benzos (Xanax, Klonopin, Valium, etc.)

() Codeine, Morphine

() OxyContin, Percocet

() Stimulants (Adderall, Ritalin, etc.)

() Household products (Hair spray, glue, paint, etc.)

() Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)

() Other - Please specify:

Logic: Hidden unless: #11 Question "Have you ever engaged in substance use, as defined above?" is one of the following answers ("Yes")

21) Have you ever increased the amount of a substance consumed to achieve the desired effects?

() Yes

() No

Page entry logic: This page will show when: #11 Question "Have you ever engaged in substance use, as defined above?" is one of the following answers ("Yes")

Impact and Perceptions of Resources

The following questions relate to the impact that substances have had on your life and your perception of resources.

22) Has substance use negatively impacted your physical health?

() Yes

() No

23) Has substance use negatively impacted your mental health?

- () Yes
- () No

24) Has substance use led you to seek medical treatment?

- () Yes
- () No

25) Has substance use led you to seek mental health treatment?

- () Yes
- () No

26) Has substance use negatively impacted your social relationships?

- () Yes
- () No

27) Has substance use negatively impacted your ability to gain and maintain employment?

() Yes

() No

Logic: Show/hide trigger exists.

28) Has substance use negatively impacted your ability to gain and maintain housing?

- () Yes
- () No

Logic: Hidden unless: #28 Question "Has substance use negatively impacted your ability to gain and maintain housing?" is one of the following answers ("Yes")

29) If you answered "yes" to the previous question, are you currently homeless?

- () Yes
- () No

Logic: Show/hide trigger exists.

30) Has substance use led to negative consequences with law enforcement?

- () Yes
- () No

Logic: Hidden unless: #30 Question "Has substance use led to negative consequences with law enforcement?" is one of the following answers ("Yes")

31) If you answered "yes" to the previous question, have you ever spent time in a detention center (jail, prison, etc.)?

- () Yes
- () No

32) Have you ever sought support from or used these resources? (select all that

apply)

- [] Counseling or therapy services
- [] Support groups (e.g., Narcotics Anonymous, SMART Recovery)
- [] Hotlines or helplines
- [] Harm reduction programs (e.g., needle exchange programs)
- [] Rehabilitation centers or treatment facilities
- [] Online resources or forums
- [] Social services (e.g., housing, employment assistance)
- [] Medical Assisted Therapy (MAT)
- [] None of the above
- [] Other Please specify:

Page entry logic: This page will show when: #11 Question "Have you ever engaged in

substance use, as defined above?" is one of the following answers ("No")

Perceptions of non-users

These questions are for those who do not have a history of substance use.

Logic: Hidden unless: #11 Question "Have you ever engaged in substance use, as defined above?" is one of the following answers ("No")

33) Which substances have you seen other people using or are you familiar with?

(Select all that apply)

[] Alcohol

- [] Tobacco (including vaping product)
- [] Marijuana
- [] Cocaine
- [] Heroin
- [] LSD
- [] MDMA (Ecstasy)
- [] Methamphetamine
- [] Fentanyl, Carfentanyl
- [] Benzos (Xanax, Klonopin, Valium, etc.)
- [] Codeine, Morphine
- [] OxyContin, Percocet
- [] Stimulants (Adderall, Ritalin, etc.)
- [] Household products (Hair spray, glue, paint, etc.)
- [] Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)
- [] Other Please specify:

34) What has prevented you from engaging in substance use? (Select all that apply)

- [] I do not hang out with that kind of crowd
- [] I have seen what substance use can do to a person and their life

- [] My mother/father/guardian are/were strictly against using
- [] My schedule is full of other activities
- [] I am afraid of the health consequences
- [] I am afraid of the legal consequences
- [] I do not have the financial means
- [] Other Please specify:

Appendix B

List of tables and figures

Table 1: Study demographics

		Count
What is your gender?	Female	441
	Male	172
	Other	4
	Prefer not to say	3
To which age group do you	13 - 17	45
belong?	18 - 20	231
	21 - 30	92
	31 - 40	50
	41 - 50	69
	51 - 60	79
	б1+	55
With which race do you	African American/Black	141
dentify (select all that apply)	Asian American/Pacific Islander	8
	Caucasian/White	378
	Latino(a)/Hispanic	32
	Native American/Indigenous	3
	Other	б
	Two or more races	54
What is the highest level of	Less than middle school	9
education obtained by your mother or father?	Middle school	15
mother of father?	High school/GED	204
	Two-year college degree (Associate degree)	114
	Four-year college degree (Bachelor's degree)	134
	Graduate degree or higher (Master's degree/Doctorate)	127
	Unknown	18
What is the highest level of	Less than middle school	0
education you have obtained?	Middle school	15
	High school/GED	311
	Two-year college degree (Associate degree)	86
	Four-year college degree (Bachelor's degree)	109
	Graduate degree or higher (Master's degree/Doctorate)	99
	Unknown	4
How would you describe	Lower income	154
(estimate) your family income during childhood?	Moderate income	404
arang ammood:	High income	54
	Unknown	10

Note: This table displayes the general demographics of study participants.

Table 2: Substance use amount participants

		Count	Column N %
Have you ever engaged in	Yes	298	47.8%
substance use, as defined above?	No	325	52.2%

Note: This table displays the breakdown of participants who reported previous substance use and those who did not.

Table 3: Study demographics by substance use

		Have you ev	er engaged in sub:	stance use, as	defined above?
			Zes		No
		Count	Row N %	Count	Row N %
What is your gender?	Female	204	46.4%	236	53.6%
	Male	89	51.7%	83	48.3%
	Other	2	50.0%	2	50.0%
	Prefer not to say	1	33.3%	2	66.7%
To which age group do you	13 - 17	13	28.9%	32	71.1%
belong?	18 - 20	106	45.9%	125	54.1%
	21 - 30	48	52.2%	44	47.8%
	31 - 40	25	50.0%	25	50.0%
	41 - 50	40	58.0%	29	42.0%
	51 - 60	38	48.1%	41	51.9%
	б1+	27	50.0%	27	50.0%
With which race do you	African American/Black	56	40.0%	84	60.0%
identify (select all that apply)	Asian American/Pacific Islander	2	25.0%	б	75.0%
	Caucasian/White	191	50.5%	187	49.5%
	Latino(a)/Hispanic	14	43.8%	18	56.3%
	Native American/Indigenous	2	66.7%	1	33.3%
	Other	3	50.0%	3	50.0%
	Two or more races	29	53.7%	25	46.3%
What is the highest level of	Less than middle school	3	33.3%	б	66.7%
education obtained by your	Middle school	7	46.7%	8	53.3%
mother or father?	High school/GED	106	52.2%	97	47.8%
	Two-year college degree (Associate degree)	49	43.0%	65	57.0%
	Four-year college degree (Bachelor's degree)	59	44.0%	75	56.0%
	Graduate degree or higher (Master's degree/Doctorate)	67	52.8%	60	47.2%
	Unknown	7	38.9%	11	61.1%
What is the highest level of	Less than middle school	0	0.0%	0	0.0%
education you have obtained?	Middle school	5	33.3%	10	66.7%
	High school/GED	144	46.3%	167	53.7%
	Two-year college degree (Associate degree)	44	51.2%	42	48.8%
	Four-year college degree (Bachelor's degree)	49	45.4%	59	54.6%
	Graduate degree or higher (Master's degree/Doctorate)	55	55. 6%	44	44.4%
	Unknown	1	25. 0%	3	75.0%
How would you describe	Lower income	64	41.8%	89	58.2%
(estimate) your family income	Moderate income	205	50.7%	199	49.3%
during childhood?	High income	23	42.6%	31	57.4%
	Unknown	4	40.0%	б	60.0%

Note: This table displayes the demographics of substance users and substance non-users.

		Have you ever engaged in substar use?	
		Count	Yes Column N %
Alcohol	Not Used	21	7.0%
	Used	277	93.0%
Tobacco (including vaping products)	Not Used	106	35.6%
. ,	Used	192	64.4%
Marijuana	Not Used	138	46.3%
-	Used	160	53.7%
Cocaine	Not Used	273	91.6%
	Used	25	8.4%
Heroin	Not Used	293	98.3%
	Used	5	1.7%
LSD	Not Used	290	97.3%
	Used	8	2.7%
MDMA (Ecstasy)	Not Used	289	97.0%
	Used	9	3.0%
Methamphetamine	Not Used	289	97.0%
	Used	9	3.0%
Fentanyl, Carfentanyl	Not Used	292	98.0%
	Used	б	2.0%
Benzos (Xanax, Klonopin, Valium, etc.)	Not Used	290	97.3%
	Used	8	2.7%
Codeine, Morphine	Not Used	287	96.3%
-	Used	11	3.7%
OxyContin, Percocet	Not Used	280	94.0%
	Used	18	6.0%
Stimulants (Adderall, Ritalin, etc.)	Not Used	282	94.6%
	Used	16	5.4%
Household products (Hair spray, glue, paint, etc.)	Not Used	289	97.0%
	Used	9	3.0%
Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)	Not Used	248	83.2%
	Used	50	16.8%
Other	Not Used	298	100.0%
	Used	0	0.0%

Table 4: Substances used by those reporting previous substance use.

Note: This table displays which substances were reported by those with previous

substance use.

Table 5: Demographic breakdown of alcohol use

		Have you ev	er engaged in sub:		dermed above
			Ye		
		Alcohol Used Not Used			Head
		Count	Row N %	Count	Row N %
What is your gender?	Female	188	92.2%	16	7.8%
	Male	84	94.4%	5	5.6%
	Other	2	100.0%	Ő	0.0%
	Prefer not to say	1	100.0%	0	0.0%
To which age group do you	13 - 17	12	92.3%	1	7.7%
belong?	18 - 20	98	92.5%	8	7.5%
	21 - 30	47	97.9%	1	2.1%
	31 - 40	24	96.0%	1	4.0%
	41 - 50	37	92.5%	3	7.5%
	51 - 60	36	94.7%	2	5.3%
	61+	22	81.5%	5	18.5%
With which race do you	African American/Black	51	91.1%	5	8.9%
identify (select all that apply)	Asian American/Pacific Islander	1	50.0%	1	50.0%
	Caucasian/White	177	92.7%	14	7.3%
	Latino(a)/Hispanic	14	100.0%	0	0.0%
	Native American/Indigenous	2	100.0%	0	0.0%
	Other	3	100.0%	0	0.0%
	Two or more races	28	96.6%	1	3.4%
What is the highest level of	Less than middle school	3	100.0%	0	0.0%
education obtained by your mother or father?	Middle school	6	85.7%	1	14.3%
	High school/GED	94	88.7%	12	11.3%
	Two-year college degree (Associate degree)	46	93.9%	3	6.1%
	Four-year college degree (Bachelor's degree)	57	96.6%	2	3.4%
	Graduate degree or higher (Master's degree/Doctorate)	65	97.0%	2	3.0%
	Unknown	б	85.7%	1	14.3%
What is the highest level of	Less than middle school	0	0.0%	0	0.0%
education you have obtained?	Middle school	4	80.0%	1	20.0%
	High school/GED	130	90.3%	14	9.7%
	Two-year college degree (Associate degree)	41	93.2%	3	6.8%
	Four-year college degree (Bachelor's degree)	46	93.9%	3	6.1%
	Graduate degree or higher (Master's degree/Doctorate)	55	100.0%	0	0.0%
	Unknown	1	100.0%	0	0.0%
How would you describe	Lower income	57	89.1%	7	10.9%
estimate) your family income luring childhood?	Moderate income	194	94.6%	11	5.4%
and a control of the	High income	21	91.3%	2	8.7%
	Unknown	3	75.0%	1	25.0%

Note: This table displays those who reported alcohol use broken down by demographics.

Table 6: Current substance use

		Count	Column N %
Do you still use drugs today?	Yes	102	34.6%
	No	193	65.4%

Note: This table displays the current substance use among those who have reported previous substance use.

Table 7: Impact of substance use of health and social relationships

		Count	Column N %
Has substance use negatively	Yes	64	21.6%
impacted your physical health?	No	232	78.4%
Has substance use negatively	Yes	72	24.3%
impacted your mental health?	No	224	75.7%
Has substance use negatively	Yes	б1	20.6%
impacted your social relationships?	No	235	79.4%

Note: This table displayes the reported impact of substance use on physical health, mental health, and social relationships.

Table 8: Familiar substances to non-users in the community.

			ngaged in substand use?
Which substances have you see	en other people using or are you	No	
familiar with?		Count	Column N %
Alcohol	Have Not Seen Used	47	14.5%
	Seen Used	278	85.5%
Tobacco (including vaping products)	Have Not Seen Used	89	27.4%
	Seen Used	236	72.6%
Marijuana	Have Not Seen Used	146	44.9%
	Seen Used	179	55.1%
Cocaine	Have Not Seen Used	277	85.2%
	Seen Used	48	14.8%
Heroin	Have Not Seen Used	296	91.1%
	Seen Used	29	8.9%
LSD	Have Not Seen Used	311	95.7%
	Seen Used	14	4.3%
MDMA (Ecstasy)	Have Not Seen Used	318	97.8%
	Seen Used	7	2.2%
Methamphetamine	Have Not Seen Used	302	92.9%
-	Seen Used	23	7.1%
Fentanyl, Carfentanyl	Have Not Seen Used	299	92.0%
	Seen Used	26	8.0%
Benzos (Xanax, Klonopin, Valium, etc.)	Have Not Seen Used	305	93.8%
	Seen Used	20	6.2%
Codeine, Morphine	Have Not Seen Used	302	92.9%
	Seen Used	23	7.1%
OxyContin, Percocet	Have Not Seen Used	290	89.2%
	Seen Used	35	10.8%
Stimulants (Adderall, Ritalin, etc.)	Have Not Seen Used	285	87.7%
	Seen Used	40	12.3%
Household products (Hair spray, glue, paint, etc.)	Have Not Seen Used	293	90.2%
	Seen Used	32	9.8%
Over-the-counter medication (cough syrups, allergy medicine, pain relievers, etc.)	Have Not Seen Used	236	72.6%
	Seen Used	89	27.4%
Other	Have Not Seen Used	321	98.8%
	Seen Used	4	1.2%

Note: This table displayes the substances that non-users had seen used or were familiar with in the

community.

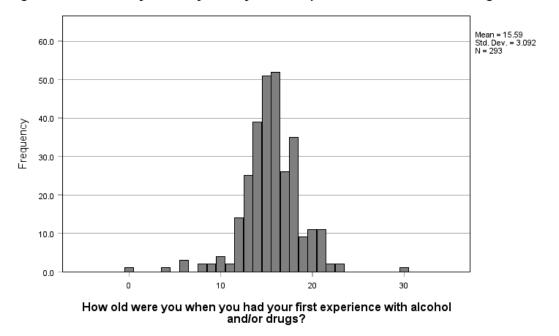
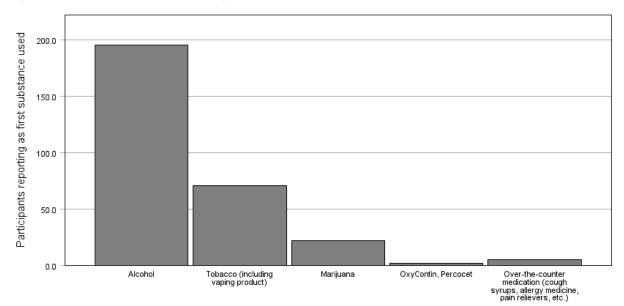


Figure 1. How old were you when you had your first experience with alcohol and/or drugs?

Figure 2: What was the first substance you tried?



What was the first substance you tried?