

THE VOICE OF NEW HAMPSHIRE'S YOUNG ADULTS:



RESULTS OF THE
2019
YOUNG ADULT
NEEDS
ASSESSMENT



TABLE OF CONTENTS

CONTENTS

TABLE OF CONTENTS	1
LIST OF TABLES	3
BACKGROUND AND OVERVIEW	5
<i>WHY CONTINUE TO FOCUS ON YOUNG ADULTS?</i>	5
<i>ASSESSMENT APPROACH AND GOALS</i>	7
New Hampshire's YOUNG ADULTS	8
<i>YOUNG ADULT SURVEY RESPONDENTS</i>	8
<i>RECURRING THEMES</i>	12
<i>WHAT YOUNG ADULTS IN NH ARE EXCITED ABOUT</i>	13
Physical Environment and Local Activities	14
Politics and Social Policy	14
Emerging Adulthood	15
Community and Social Support	15
Demographic Differences	15
<i>WHAT YOUNG ADULTS ARE FRUSTRATED ABOUT</i>	16
Money and Education	16
Physical Environment and Local Activities	17
Epidemic of Addiction in NH	18
Politics and Social Policies	19
PERCEPTIONS ABOUT SUBSTANCE USE IN NH	20
<i>PERCEPTION OF HARM RELATED TO SUBSTANCE USE</i>	20
PERCEIVED NEGATIVE CONSEQUENCES OF SUBSTANCE USE	23
Addiction	24
Loss: Weakened Social Support and Decreased Job Security	24
Health Consequences	25
Impaired Judgement and Regretful Decision-Making	26
EMERGING SUBSTANCE USE ISSUES	28
Vaping/Juuling/Vape Pens	28
Heroin	29
Marijuana, Methamphetamines, and Cocaine	29
No New Trends Observed	30
IMPACT ON PEERS AND SOCIAL GROUPS	30
YOUNG ADULT EXPERIENCE WITH SUBSTANCE USE	32
<i>LIFETIME and CURRENT USE</i>	32
<i>DECISION MAKING ABOUT USE</i>	39
HEALTH AND WELLBEING	40
<i>PERCEPTION OF PHYSICAL HEALTH</i>	40
<i>MENTAL HEALTH</i>	44
SOCIAL SUPPORT	46
<i>HOPE</i>	48
WHAT GIVES A SENSE OF HOPE	48
Community and Social Support	49

Money and Education	49
Politics and Social Policy	50
BARRIERS	51
OBSTACLES TO REACHING GOALS	51
Money and Education	52
Physical and Mental Health	53
Innate Barriers	54
MESSAGING AND MEDIA CAMPAIGNS	55
<i>THE DOORWAY-NH</i>	55
<i>BINGE-FREE 603: WHAT'S YOUR REASON?</i>	58
DISCUSSION/NEXT STEPS	60
<i>YOUNG ADULTS ROLE IN ADDRESSING SUBSTANCE MISUSE IN NH</i>	60
Communication and Relationship-Building	61
Prevention and Education	61
Treatment and Resources	62
Personal Responsibility	63
<i>WHERE DO WE GO FROM HERE?</i>	64
METHODS	66
<i>SURVEY DESIGN AND METHODS</i>	66
QUANTITATIVE DATA ANALYSIS	66
Post-Stratification Weights	67
QUALITATIVE CODING AND DATA ANALYSIS METHODS	68
<i>SOCIAL MEDIA DESIGN AND METHODS</i>	68
Social Media	68
Google Search	69
<i>Survey Panels</i>	69
<i>Post Cards</i>	69
<i>Email Marketing</i>	70
APPENDIX	73
<i>APPENDIX A: YOUNG ADULT ASSESSMENT SURVEY</i>	73

LIST OF TABLES

1 Survey Responses by County	5
2 Survey Respondent Demographics	6
3 Current Student and Employment Status	6
4 Highest Level of Education Completed	7
5 Personal Financial Situation	7
6 Current Living Arrangement	8
7 Risk of Harm Regarding Certain Substance Behaviors (Weighted)	17
8 Perceived Great or Moderate Risk of Harm by Age Group (Weighted)	18
9 Perceived Great or Moderate Risk of Harm by Gender Group (Weighted)	19
10 Perceived Great or Moderate Risk of Harm by Race Group (Weighted)	19
11 Effect of Alcohol or Drug Use on Peers	27
12 Great Impact of Alcohol or Drug Use on Peers by Age	28
13 Great Impact of Alcohol or Drug Use on Peers by Gender	28
14 Great Impact of Alcohol or Drug Use on Peers by Race	28
15 Prevalence of Substance Use, Lifetime and Recent Use (Weighted)	29
16 Combinations of Substances Currently Used, Among Ever Users (Weighted)	30
17 Demographics of Alcohol Use (Weighted)	31
18 Demographics of Binge Drinking (Weighted)	31
19 Demographics of Vaping (Weighted)	32
20 Demographics of Marijuana Use (Weighted)	33
21 Demographics of Illicit Drug Use (Weighted)	33
22 Percent Whose Age of First Use of Substances Was Less Than 15 Years Old (Weighted)	34
23 How Much Has Alcohol or Other Drug Use Affected Your Peers or Social Group? (Weighted)	35
24 Self-Reported Perception of Health by Age Group	37
25 Self-Reported Perception of Health by Gender	38
26 Self-Reported Perception of Health by Race (Weighted)	39
27 Self-Reported Perception of Health by Financial Status	40
28 Mental Health Symptoms (Weighted)	41
29 Depression Symptoms by Gender	42
30 Depression Symptoms by Financial Status	42
31 Depression Symptoms by Age	43
32 Depression Symptoms by Race	43
33 Sources of Support	43
34 Someone to Talk to by Race	44
35 Someone to Talk to by Gender Identity	44
36 Someone to Talk to by Financial Status	44
37 Doorways Campaign Location	73
38 Doorways Campaign Exposure by Age	74
39 Doorways Campaign Exposure by Gender Identity	74
40 Doorways Campaign Exposure by Race	74
41 Doorways Campaign Exposure by Financial Status	74
42 Doorways Campaign Exposure by Substance Use	75
43 Binge-Free 603 Campaign Location	76
44 Binge-Free 603 Campaign Exposure by Age	77
45 Binge-Free 603 Campaign Exposure by Gender Identity	77

46 Binge-Free 603 Campaign Exposure by Race	77
47 Binge-Free 603 Campaign Exposure by Financial Status	77
48 Binge-Free 603 Campaign Exposure by Substance Use	77

BACKGROUND AND OVERVIEW

WHY CONTINUE TO FOCUS ON YOUNG ADULTS?

Considering young adults as a unique population of study recognizes their risk and their promise. Young adults are our future leaders, parents, entrepreneurs, tradespeople, and workforce; yet they also engage in risk behaviors at a higher rate than those younger or older and are often a measure of the health of our communities. Understanding the roots of their behaviors and perspectives can shed important light on the driving forces for social, economic and physical well-being. What are they concerned about? What is motivating them? What challenges them?

Five years ago the NH Department of Health and Human Services conducted a first-of-its kind landmark assessment of the state of young adults living, studying and working in New Hampshire. The results of that study into the behaviors and perceptions of our 18 to 30 year olds reinforced the need for concern while revealing root causes of the stressors and risks that youth face as they transition into adulthood.

In the 2015 assessment, *The Voice of New Hampshire's Young Adults: Results of the 2015 Young Adult Needs Assessment*, released in August of 2016, we learned that young adults lacked opportunity – they felt marginalized by an economic downturn that impacted their ability to find meaningful employment, by the high cost of basic needs such as housing and education that were out of reach or unsustainable, and by a lack of basic health care and specialty care. While they expressed gratitude for the state's assessment of their well-being, they revealed that their futures were uncertain, lacking hope, clarity of purpose, and opportunity. Yet optimism was evident in the closeness many felt to their family and friends and in the positive connection they felt to the natural world and to their small town communities and neighborhoods. Dichotomies that may be related to education, urban versus rural environments, or socio-economic status were also in evidence. For example, some of our young adults felt politically engaged while others sensed a great degree of “close-mindedness”. Some felt there were a lack of activities for young adults while others reported enjoying the outdoors in their free time.

However diverse their experiences, young adults today are in a defining stage of their lives as they transition from adolescence and dependence to adulthood and independence. We know from brain research that they are still developing physically, psychologically and socially through the age of 25, with the most complex executive functioning forming in late adolescence just as they are leaving home, attending college, considering trades and careers, and forming lasting friendships.¹

Young adults are also the products of our school systems, they have been raised amid New Hampshire's cultural norms, and some join our communities for post-secondary education or employment. With the advances of technology in the internet era, the current generation of young adults also exists in a virtual world of interconnectivity and real time information exchange, affected by and contributing to a broader culture and landscape every minute of every day.

This developmental stage is also a time when several psychiatric conditions reveal themselves and when risk behavior appears to peak. Their heightened risk behavior compared to other age groups is in evidence across multiple risk categories, including alcohol, tobacco and other drug use and emotional and mental health problems. According to the most recent data available from the National Survey on Drug Use and Health

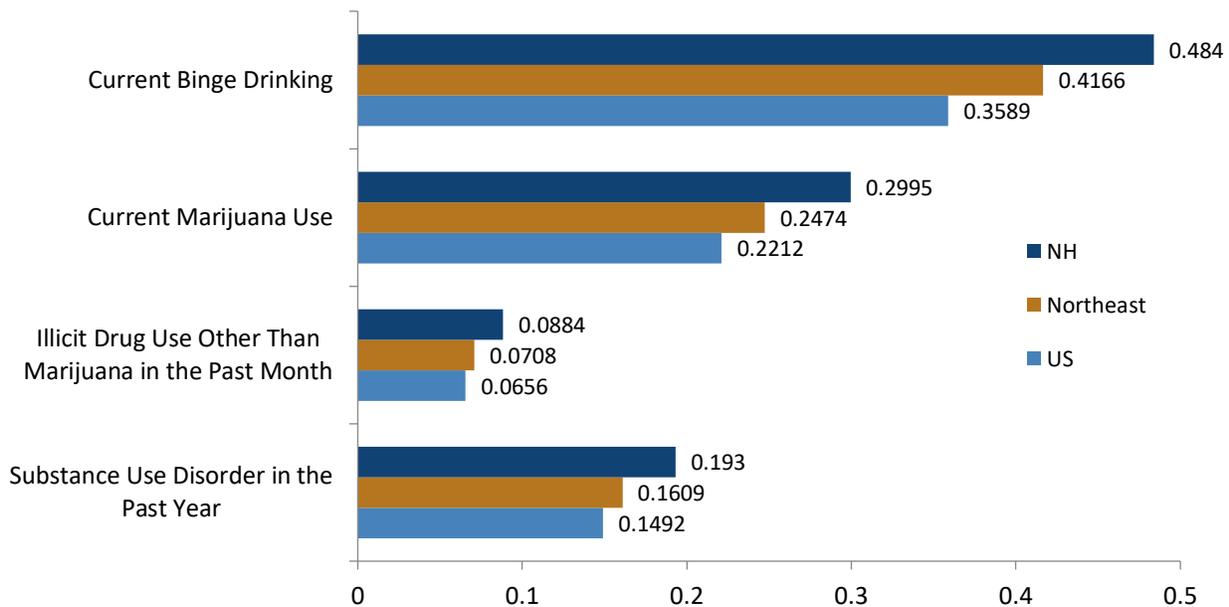
¹ Jaworska, Natalia and Glenda MacQueen. “Adolescence as a unique developmental period” *Journal of Psychiatry Neuroscience*. 2015 Sep; 40(5): 291–293 accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4543091/>

(NSDUH)², the risk behavior of New Hampshire’s young adults outpaces national averages in several categories. Specifically, in the Granite State young adults reported monthly binge drinking, marijuana use, illicit drug use, and annual cocaine use as well as signs of alcohol and other substance use disorders[3]³ at rates that are statistically significantly higher than national averages. New Hampshire’s young adults also experience major depressive episodes, other mental illness and have serious thoughts of suicide at rates that are higher than other age cohorts.

The most recent state-level data provided by the 2018 NSDUH report reveal that New Hampshire young adults (18 to 25 year old) remain the age group reporting the highest rates of alcohol and other drug misuse, and substance use disorders, consistent with prior years. Across several categories of substance misuse, New Hampshire also remains statistically significantly higher than national averages.

Figure 1 below depicts young adult substance use rates in New Hampshire compared to averages rates in the northeast and nationally (NSDUH 2018).

FIGURE 1: CURRENT AND PAST YEAR SUBSTANCE USE AMONG 18-25 YEAR OLDS (NSDUH 2018)



Other New England states also rank in the top five of states nationally for young adult substance use indicators, which may mean that there are similar factors in neighboring states that contribute to higher rates of use and misuse. In general, young adults use and misuse alcohol and other drugs at rates higher than other age groups because of a range of factors: they are often living independently for the first time, with less parent or other adult guidance or mentoring; they were or are approaching the legal age to drink, increasing access to alcohol

² <https://www.drugabuse.gov/opioid-summaries-by-state/new-hampshire-opioid-summary>

³ Alcohol Use and Substance Use Disorders are defined as meeting criteria for alcohol/other drug dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

and possibly other drugs; they are at a stage when risk-taking is part of asserting independence and self-identity; and they may have more free time, more risk-taking peers and environments (*Raskin White 2004*).

The stark contrast between the vitality and promise that young adults hold, the risk behaviors they engage in, and the behavioral health challenges that they endure call for us to understand their journey. What are the root causes of these contrasts? Do the majority feel hope or despair? Do they feel a sense of belonging in their communities or marginalization? Does social media expand their horizons or diminish them? There is no one answer that sums up a generation, but inviting them to share their stories and experiences will help our state develop programs, policies and practices that recognize their unique position in their individual journeys and in the fabric of our communities.

As we listen to their stories from the most recent state-wide assessment, their thoughts and perspectives remind us that young adults are our future. That they are exposed to factors that increase their risks of harm and behavioral health problems is worthy of our attention, our study, and our action.

ASSESSMENT APPROACH AND GOALS

The NH Center for Excellence Addressing Alcohol and other Drugs at the Community Health Institute/JSI Research & Training Institute was contracted through the NH Department of Health & Human Services (NH DHHS) Bureau of Drug and Alcohol Services (BDAS) to complete a follow up to the initial 2015 assessment focusing on the young adults between the ages of 18-30, residing in NH.

Similar to the 2015 iteration, the focus of the 2019 assessment was on the attitudes and opinions about living in NH as a young adult, opinions about protective factors and risk behavior, perceptions, and attitudes as they related to substance use/misuse in the state. Many of the assessment questions remained the same in order to study potential trends or changes in the attitudes and behaviors of the young adult population. The assessment, however, was not designed to serve as an impact evaluation of strategies or initiatives embarked upon across the state over the past few years. The results discussed below offer a snapshot in time and an indication of the priorities and beliefs of the young adults in New Hampshire in 2019.

A full description of methodology and sampling strategies can be found in the Methodology Section toward the end of this report. In summary, an electronic survey was developed in consultation with BDAS and other experts in the field. The survey was promoted and distributed through the following channels:

- social media platforms (such as Facebook, Instagram, Google);
- email lists and list serves managed by community-based prevention specialists, coalitions, providers and secondary schools, and large employers;
- postcards and flyers with a URL and QR code distributed to partners across the state; and
- two young adult online survey panels contracted to promote and collect surveys from their young adult members.

The data collection period was October to December 2019. The criteria for being included in the survey was the respondent had to currently reside in NH and be between the ages of 18-30. A total of 2,694 survey responses are included in the results discussed in this report.

The goals of the 2019 assessment are to:

1. Identify substance use prevalence among 18-20, 21-25 and 26-30 year old young adults;
2. Identify attitudes related to misuse of alcohol, marijuana and other substances that could inform a strategic response by the state and other stakeholders; and
3. Understand factors that influence beliefs and behaviors of young adults in New Hampshire.

In order to have a complete picture of survey respondents, demographic information such as gender, sexual orientation, and employment status, among others, was collected. The demographics presented in the following section (Young Adult Respondents) are based on the 2,694 responses received (unweighted data). Subsequent sections present findings using weighted data so that the results more proportionately reflect the young adult population in the state. Values are presented as a weighted percentage, meaning they reflect an adjusted number of respondents based on the expected distribution of demographic characteristics in the state. Data were weighted against the 2017 American Community Survey five-year estimates based on county, age, and gender identity.⁴

⁴<https://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes/2017/5-year.html>

NEW HAMPSHIRE’S YOUNG ADULTS

YOUNG ADULT SURVEY RESPONDENTS

Young adults between 20 and 29 make up approximately one eighth (12.7%) of the total population in New Hampshire. Survey recruitment strategies and targeted promotion were used to ensure that respondents were from every region of the state. The geographic distribution of the sample comes close to matching the proportion of young adults in each county (Table 1).

TABLE 1 SURVEY RESPONSES BY COUNTY				
County	Survey Responses in each County		Young Adults in Each County	
	N	%	N	%
Belknap	141	5.2%	6,190	3.7%
Carroll	93	3.5%	4,143	2.5%
Cheshire	145	5.4%	10,413	6.2%
Coos	62	2.3%	3,369	2.0%
Grafton	193	7.2%	13,300	7.9%
Hillsborough	819	30.4%	52,645	31.2%
Merrimack	344	12.8%	18,231	10.8%
Rockingham	501	18.6%	34,155	20.2%
Strafford	291	10.8%	21,890	13.0%
Sullivan	105	3.9%	4,508	2.7%
Total	2694	100%	168,844	100%

1

As seen in Table 2, the response rate increased with age. Those who are 26-30 years old were most likely to respond to the survey (37.8%). This was followed by those aged 21-25 years old, who accounted for 34.2% of responses received.

A majority of respondents were cisgender⁵ females (73.2%). About a quarter were cisgender males (22.9%) and nearly four percent (3.9%) identified as a gender minority. Gender minority includes transgender male/trans man/ female-to-male (FTM), transgender female/trans woman/ male-to-female (MTF), and genderqueer, neither exclusively male nor female.

A majority of the respondents identified their race as white (89.7%), 6.2% percent as a person of color (POC), and 4.1% percent identified as multi-racial. POC includes American Indian or Alaska Native, Asian, Black or African American, and Native Hawaiian or Other Pacific Islander.

⁵ Cisgender—pronounced “sis-gender”—refers to a person whose gender identity matches the sex they were assigned at birth.

TABLE 2 SURVEY RESPONDENT DEMOGRAPHICS	FREQUENCY (N)	PERCENTAGE (unweighted %)
Age Range		
18-20	753	28.0%
21-25	922	34.2%
26-30	1019	37.8%
Gender Identity		
Cisgender Male	495	22.9%
Cisgender Female	1585	73.2%
Gender Minority	85	3.9%
Race		
People of Color	161	6.2%
White	2335	89.7%
Multi-Racial	108	4.1%

2

As Table 3 shows, the largest group of respondents said they were working full time or were self-employed (38.5%). Another 9.7% said they were working part time. Almost a quarter of the respondents said they were working and going to school (23.7%) and only 11.3% solely indicated that they were students.

TABLE 3 CURRENT STUDENT AND EMPLOYMENT STATUS	FREQUENCY (N)	PERCENTAGE (UNWEIGHTED %)
Student	304	11.3%
Student & Working	637	23.7%
Working FT/SE	1034	38.5%
Working PT	261	9.7%
Not Student, Not Working	338	12.6%
Not Student, Unknown Working	112	4.2%
<i>*Composite of two questions: What is your employment status? Are you currently a student?</i>		

3

A majority of the respondents had completed high school (26.2%), some college (29.9%), or an associates or bachelor’s degree (27.8%).

TABLE 4 HIGHEST LEVEL OF EDUCATION COMPLETED	FREQUENCY (N)	PERCENTAGE (UNWEIGHTED %)
Less than High School Diploma	239	9.1%
High School Diploma or Equivalent	686	26.2%
Some College or Secondary Education	785	29.9%
Associates or Bachelor’s Degree	728	27.8%
Masters or Professional Degree	184	7.0%

**What is the highest degree or level of school you have completed as of today?*

4

When asked to describe their personal financial situation, almost two-thirds of young adults (61%) indicated they were either living comfortably or able to meet their needs with a little left over (Table 5). Another 28.3% indicated they were just meeting their basic needs. As many as 10.7% reported they are not able to meet their basic expenses. These results are important to keep in mind as financial status and money are prominent in the responses young adults provided to open-ended questions. This will be explored further in later sections of the report.

TABLE 5 PERSONAL FINANCIAL SITUATION*	FREQUENCY (N)	PERCENTAGE (UNWEIGHTED %)
Live comfortably	724	28.0%
Meet needs with a little left	854	33.0%
Just meet basic expenses	732	28.3%
Do not meet basic expenses	277	10.7%

**Considering your own income and the income from any other people who help you, how would you describe your overall personal financial situation?*

5

Over half of survey respondents (54.4%) indicated they were housed independently; meaning they are living in a house or apartment with a roommate, spouse or on their own Table 6). One third (34.9%) were living in the house or apartment of a parent or guardian. Another 7.3% percent lived in college or school-related housing, and 3.4% indicated that they were currently homeless.

TABLE 6 CURRENT LIVING ARRANGEMENT*	Frequency (n)	PERCENTAGE (UNWEIGHTED %)
House or apartment with parent/guardian	828	34.9%
Housed (independent)	1290	54.4%
Transitional/Temporary Housing or Homeless⁶	81	3.4%
School/College Housing	172	7.3%
<i>*What is your current living arrangement? (Select the one that option matches where you live most of the time)</i>		

6

Where appropriate throughout the report, we will discuss the responses to many of the questions by looking at differences by age, gender, race or financial status. Keeping this sample profile in mind, we now turn to looking at the broad recurring themes that were recognized in the open-ended responses.

⁶ It should be noted that the electronic format and recruitment strategies of this survey may have resulted in a sample that is underrepresented by the highest risk populations: namely those in transitional (temporary) housing or homeless.

“I think a lot of people my age, including myself, would like to be excited about finding and buying a home in NH, but there are significant logistical and cost barriers for this demographic. I choose to live in NH, and plan to continue living here, in large part because of the close-knit communities, the feel of a small town while also having access to many desirable amenities, and of course, our access to beautiful natural resources. However, after hearing from many friends about their home buying process, I am more inclined to continue renting. I am also excited to see many more young people running for, and winning elected office in NH, and otherwise doing really cool things to contribute to the vibrancy of our state.”

PHYSICAL ENVIRONMENT AND LOCAL ACTIVITIES

Overwhelmingly, respondents were excited about the natural environment that surrounds them in NH, including mountains, beaches and lakes, parks, and the weather and seasonal changes. Mostly, they were excited about the outdoor recreation this environment offers, especially hiking and skiing/snowboarding.

- “The freshness of New Hampshire air and the mountains surrounding us.”
- “The natural resources we have (mountains, beaches, lakes, ocean), the outstanding trail systems to walk and explore.”
- “We also (of course) are excited to start the winter season by hitting the slopes at ski mountains around the state.”

While some lamented a lack of activities, most others were excited about the variety of activities and events available in NH, including social activities, cultural events, and outdoor recreation. Having financially accessible activities was also of importance.

- “Going to the beach and using the hiking trails. Going to concerts or sporting events. Hanging out in restaurants and having great meals together.”
- “There is always something to do here—plenty of restaurants and activities. It's a great place to live.”
- “Excited about free things that you are able to do like dog parks, hiking trails, [and] swimming holes.”

POLITICS AND SOCIAL POLICY

Respondents shared a wide range of reasons for excitement about politics and social policy. While there were differing views, many young adults spoke about political leadership and societal changes that the future may hold. They were excited about their voices being heard by political leaders, their participation in government and politics, and NH's unique role in federal politics. Overall, they were excited about “the possibility of changing the future” and “leaving the world in which we live better than we found it”.

- “I like being around other people who want to make a difference and NH has lots of opportunities for us to work together and improve things.”
- “Creating a more sustainable future, electing leaders who can create a tomorrow.”
- “[New] laws for the betterment of society and the environment.”
- “I am also excited to see many more young people running for, and winning elected office in NH, and otherwise doing really cool things to contribute to the vibrancy of our state.”
- “We are excited about the upcoming election. It will be an amazing opportunity for our voices to be heard through the form of a vote for the first time in our lives.”
- “Getting more people of color into positions of power in the state.”

EMERGING ADULTHOOD

Young adults in NH feel excitement about “growing up” and becoming independent and “successful” adults. For some this means participating in all levels of education and seeing the value in earning a degree. Others are excited to be entering a time of independence which affords them the opportunity to start their own families, buy a home, and grow in their careers. Many spoke about job opportunities to increase their earnings and financial stability, and the growing industries in NH that bring new and varied opportunities to the state. Overall, there is a general feeling of excitement for what the future might hold and the prospect of accomplishing personal goals.

- “I’m excited for what awaits my future. I’ll be a lot happier and I’ll hopefully be doing what I love. I’m excited for college.”
- “My friends and I have bachelor’s degrees in varying topics, and now we have first-time adult jobs, which make us feel very proud.”
- “I’m excited to buy a house some day and start a family - I think other young adults may be excited about the same things.”
- “Making it on our own and showing our elders that we don’t need to be coddled. Raising our own families and making a mark on the world. Working hard and being successful.”

COMMUNITY AND SOCIAL SUPPORT

Young adults in NH were excited about a variety of relationships in their lives, including friends, families, and children. Many respondents noted their excitement for the support from and time with family, as well as growing their own families through marriage and children.

- “Family is what keeps us in NH. If we were to leave, we’d lose our support system.”
- “I’m honestly not that excited to live in NH any longer. If my family wasn’t here I don’t think I would stay.”
- “I am excited about growing my family and seeing everyone’s accomplishments.”
- “Making memories with my family, watching my kids grow, buying a house, careers.”

Several young adults spoke about their excitement for being involved and fostering connections in the community, building new friendships, and spending time with already established friends. Some mentioned the financially-accessible opportunities to socialize in NH.

- “I am excited about my community theater and the people I get to interact with on a daily basis there is so much community and good people up here.”
- “I am excited about the feel of NH and how welcoming everyone is.”
- “I enjoy the small town community aspect, I live in [name of town]. I like the rural and outdoor aspect of this area. I enjoy the educational and career advancement opportunities.”
- “Community is huge as well. My friends and I love being involved in our town and activities the community puts on.”
- “Going out with friends and being able to have fun without spending a lot of money.”

DEMOGRAPHIC DIFFERENCES

Young adults of all ages overwhelmingly cited the natural environment and local activities as sources of excitement. Those ages 18-20 more often spoke about local activities and events, while those ages 21-30 found excitement from both local activities and the natural environment, especially outdoor recreation. Those ages 18-20 were more often excited about adulthood and future job opportunities, while those ages 21-30 identified excitement for future social and political changes. All youth also spoke about social support and community as sources of excitement.

Cisgender males and cisgender females were most excited about local activities and the natural environment. Gender-minority youth (GMY) mentioned this less, and when it was mentioned it was mostly in regards to local

Manchester, NH is \$1,390. The minimum wage should allow anyone working in NH to live comfortably but with the prices of rent you cannot even afford an apartment. NH is failing every single one of its citizens.”

- “...not being able to live somewhere safe and comfortable because the cost of living is too high. Comfort and safety has become a luxury.”
- “Although there are jobs here not found in other local economies (MA, Portland ME, VT), I have found they simply do not pay as well or have as redeeming of a culture. I work in MA, like many southern NH residents do, and I try to spend my money primarily in NH, especially at local businesses. I hope to one day move deeper into the state, away from the border towns, and find a way to take advantage of the tourist economy (I am an artist). The culture of NH, regardless of politics, is well worth growing.”

Economists are recognizing the “wealth divide” that is characterizing the Millennial and post-Millennial/Generation Z population across the U.S. Researchers have established that “the wealth of the typical Millennial, defined by the median household with half of families above and half below, is much lower than would be predicted based on the wealth accumulated by previous generations at the same ages [leaving] Millennial families feel[ing] burdened by debt, disillusioned by the eroding social contract, and frustrated that the promise of the American Dream and financial stability seem out of reach⁷.”

A key factor in the wealth divide is the high cost of college. For NH young adults, college tuition, even in-state NH tuition, was another clear challenge. Some cited college as being financially inaccessible, and therefore they are not able to access higher paying jobs. Yet even those with a college degree voiced difficulty in finding jobs in their field or that pay a livable wage when considering the high cost of living and their monthly student loan payments.

- “Education after high school is basically unaffordable, and a degree does not guarantee you a job that isn't minimum wage. The rent to income ratio is vastly skewed and it's hard to find housing local to where people work. There's a lot of gentrification as well with many apartments turning into Air B&Bs or vacation rentals. The minimum wage is still very low. Most full time jobs, even if they pay above minimum wage, still don't pay enough to provide a decent living or with any decent benefits. Affordable public transportation, especially in rural areas is nonexistent or scarce.... Furthermore we are paying taxes for Social Security we will never receive due to it going bankrupt and that makes folk my age lose incentive to work. How can we make a good life for ourselves anymore with all these obstacles?”
- “The cost of living is extremely high and in-state tuition is honestly criminal. That's why young people leave the state and never come back.”

PHYSICAL ENVIRONMENT AND LOCAL ACTIVITIES

While local activities and the natural environment provided a source of excitement for many young adults in NH, several others referenced New Hampshire’s location and weather as common sources of frustration. Respondents mentioned the cold, lack of sunlight, and the remoteness of the state as frustrations with the natural environment. Some also mentioned the lack of attention to the global issue of climate change as a source of frustration.

- “I don't know about you, but it's NE, we have a lot of weather...”
- “The cold. Not the snow. Just the bitter cold.”
- “Feeling of being left out because we are sort of in the middle of nowhere. I'm from the city so I miss the loud noises and busy city streets.”

⁷ Cramer, Reid, et al. “The Emerging Millennial Wealth Gap.” *New America*, 29 Oct. 2019, www.newamerica.org/millennials/reports/emerging-millennial-wealth-gap/.

- “The lack of acknowledgement and action in our government on climate change and going in the opposite direction. Pollution and plastic waste need to be regulated.”

Several young adults also spoke about their frustrations with a lack of activities and culture in NH, especially if you do not participate in outdoor recreational activities like skiing, snowboarding or hiking. The lack of activities sometimes was linked to difficulty building new relationships, and young adults spoke about how easy it is to become isolated in a smaller state such as New Hampshire. This was especially true with more young adults moving out of state to pursue opportunities elsewhere and trying to maintain those established friendships.

- “I know that lots of young adults my age are frustrated over the fact that NH is a small town. I feel like there's not many possibilities here and I'm just waiting for the chance when I can leave.”
- “It feels like there are very limited cultural and social opportunities. If I go to a community event I'm often the only young person there.”
- “There needs to be more ways to get children into music and sports when they can't afford them. As a child, I couldn't afford the gear to ski or snowboard or even to join a sports team because my parents couldn't even drive me there let alone afford the equipment.”
- “Not having as many connections as people from bigger states in more populated areas.”
- “It's hard to meet people and challenging to stay in touch with friends who have become spread out geographically as we have gotten older. It can be really easy to become isolated. This seems to become worse with a lack of daylight. Also, the lack of diversity is frustrating and there are ways race, class and gender still play a big role in our everyday lives but that's frequently not addressed.”
- “There really aren't very many younger people in NH which has made it difficult to find a community. With not many other people in their 20s it's a lot harder to make friends, never mind dating as most of my friends are in their 30s and primarily already married.”

EPIDEMIC OF ADDICTION IN NH

Young adults in NH voiced frustration with the epidemic of addiction in the state and a lack of laws and resources to address the problem. Several young adults also mentioned being frustrated that recreational marijuana is not legal in NH. Others point out the interplay between the low wages/high cost of living in NH and high rates of drug misuse among young adults in the state.

- “Our hard drug problems have been rampant for way too long and I feel like nothing dramatic enough has happened.”
- “What frustrates me is that heroin is flooding the city but marijuana is still illegal. They need to get people off suboxone because these addicts just get addicted to that. Opioids need to stop being prescribed and if they're going to give it to people. Keep them under observation.”
- “This state seems held back by an older legislature and ideas that are stuck in the past - e.g., cannabis as a gateway drug.”
- “The drug rate has increased so much. It affects where I choose to live and where I feel my children are safe.”
- “Lack of significant state investment in building treatment capacity to address the opioid and substance misuse crisis.”
- “Funding for the epidemic is going to arresting users instead of helping them. Please my generation is dying, we are desperate.”
- “Our drug epidemic is a huge issue, which often leads to the many homeless people who need support and shelter, especially during these winter months quickly approaching.”
- “Living wage is not livable. We barely make enough to survive, but then can't get health insurance through the state because we then 'make too much'.... Medical expenses are BEYOND ridiculous, forcing us to turn to illegal substances to survive pain/depression/anxiety.”

POLITICS AND SOCIAL POLICIES

Unlike the excitement that some young adults in NH feel about future changes in social policies and political leadership, and their increasing involvement in the political sphere, other young adults voiced frustration with the general climate of partisanship and distrust in politics currently. They also spoke about more specific frustrations with political leaders and policies failing to actually help and protect people in NH. Policies mentioned include: the age to purchase tobacco, bail reform, marijuana legalization, healthcare access, and discriminatory policies based on race, sexual orientation, or gender identity.

- “The economic and political climate. Lots of uncertainty and mistrust for the ones in charge.”
- “Everyone fights over political beliefs rather than setting aside differences to fix bigger problems within the communities.”
- “How the bail reform was supposed to be 'equal' for everyone but, now, they let sex offenders and people who miss court multiple times out so easily but keep drug addicts incarcerated instead of getting them treatment.”
- “Folks who are in the LGBTQIA community can still be discriminated against at work and from businesses and the few workers’ rights there are, are diminishing more and more every year. Trans people have a difficult time seeking medical help and are kept from legally identifying as their gender.”

There is a perception among many young adults that generational differences drive the need for policy reform and that new, younger voices in government will help bring about positive change.

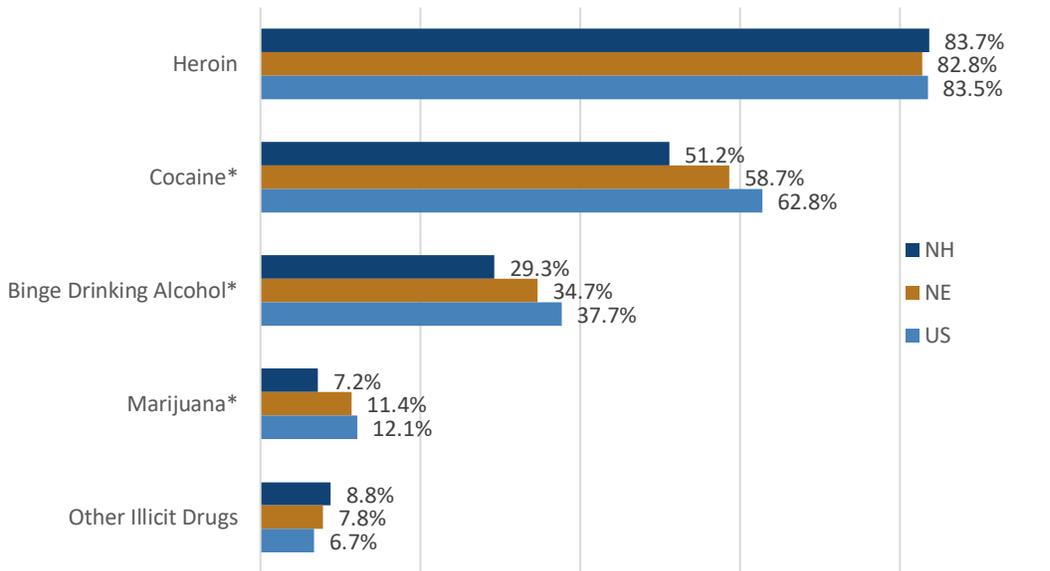
- “Pressing environmental and social problems that older generations are ignoring. It's hard to find hope and meaning when the world is dying but politicians only care about money rather than solving the systemic issues that are making life impossible.”
- “If I were to generalize, I would say what frustrates young adults in NH is something that frustrates young adults all over the country - politics. Again, generalizing, but the older generations seem to have a disregard for the younger generations and what they will do once they get to a retirement age and etc. It's frustrating that young adults are trying to preserve the country and it seems like a lot of other generations have a complete disregard for all of it.”
- “Progression towards an equal and sustainable future cannot continue with them [the older generation] stuck in their ways. Climate change is real. Alcohol is also a drug. Marijuana has the power to change people's lives and it is still classified in the same drug category as heroin. This is not okay.”

PERCEPTIONS ABOUT SUBSTANCE USE IN NH

PERCEPTION OF HARM RELATED TO SUBSTANCE USE

It is well established in the field that there is a correlation between perception of harm and substance use behavior. According to the 2018 NSDUH data, NH young adults have a lower perception of great risk of harm from use of alcohol, marijuana and cocaine, than their peers in the northeast states and nationally.

FIGURE 2 | Perception of Great Risk of Harm Related to Substance Use
(2018 NSDUH: Age 18-25)



Among the young adult survey

respondents, the highest percentages perceived great or moderate harm related to use of synthetic marijuana (76.2%), binge drinking alcohol (67.5%) and the use of electronic vaporizing products (64.3%).

Table 7 | Risk of Harm Regarding Certain Substance Behaviors (weighted)

Substance	Great Risk	Moderate Risk	Slight Risk	No Risk
one or two drinks of an alcoholic beverage (including beer, wine, or liquor) nearly every day	14.2%	32.4%	35.4%	18.0%
five or more drinks of an alcoholic beverage once or twice a week (n = 2520)	27.6%	39.9%	23.1%	9.5%
use marijuana (including pot, weed or cannabis) regularly (n = 2516)	9.1%	18.0%	37.1%	35.8%
use synthetic marijuana (including Spice Herbal Smoke Blend, Genie, Skunk, K2, etc) nearly every day n = 2515	49.1%	27.1%	12.8%	11.0%
use electronic vapor products regularly (n = 2520)	33.2%	31.1%	23.4%	12.3%

PERCEPTION OF HARM BY AGE

When looking at the perception of harm results by age, we see that respondent’s age may have played a role in how harmful they perceive daily alcohol use, regular marijuana, and synthetic marijuana use to be. Perception of risk for daily alcohol and regular marijuana goes down as they age, while risk of harm related to synthetic marijuana increases with age.

Table 8 | Perceived Great or Moderate Risk of Harm by Age Group (weighted)

Substance	Age Group			p-value
	18-20	21-25	26-30	
one or two drinks of an alcoholic beverage (including beer, wine, or liquor) nearly every day	54.2%	46.5%	41.7%	.0001
five or more drinks of an alcoholic beverage once or twice a week (n = 2520)	68.7%	69.4%	64.6%	ns*
use marijuana (including pot, weed or cannabis) regularly (n = 2516)	32.3%	26.7%	24.3%	.0129
use synthetic marijuana (including Spice Herbal Smoke Blend, Genie, Skunk, K2, etc) nearly every day n = 2515	70.1%	76.3%	79.9%	.0011
use electronic vapor products regularly)n = 2520)	67.6%	63.8%	62.7%	ns*

**not a statistically significant difference at p= <.05 threshold*

8

PERCEPTION OF HARM BY GENDER

A respondent’s gender appears to play a role in their perception of harm of specific substances. Cisgender females had the highest perception of harm almost across the board (all substances except binge drinking). While Cisgender males typically had the lowest perception of harm. Those respondents in the gender minority identity group had the lowest perception of harm from marijuana use.

Table 9 | Perceived Great or Moderate Risk of Harm by Gender Group (weighted)

Substance	Gender Group			p-value
	Cisgender Male	Cisgender Female	Gender Minority	
one or two drinks of an alcoholic beverage (including beer, wine, or liquor) nearly every day	39.9%	52.4%	47.2%	<.0001
five or more drinks of an alcoholic beverage once or twice a week (n = 2520)	60.9%	74.6%	78.2%	<.0001
use marijuana (including pot, weed or cannabis) regularly (n = 2516)	22.3%	31.7%	15.9%	<.0001

use synthetic marijuana (including Spice Herbal Smoke Blend, Genie, Skunk, K2, etc) nearly every day n = 2515	76.7%	77.9%	71.7%	ns
use electronic vapor products regularly)n = 2520)	57.0%	72.5%	61.1%	<.0001
<i>*not a statistically significant difference at p= <.05 threshold</i>				

9

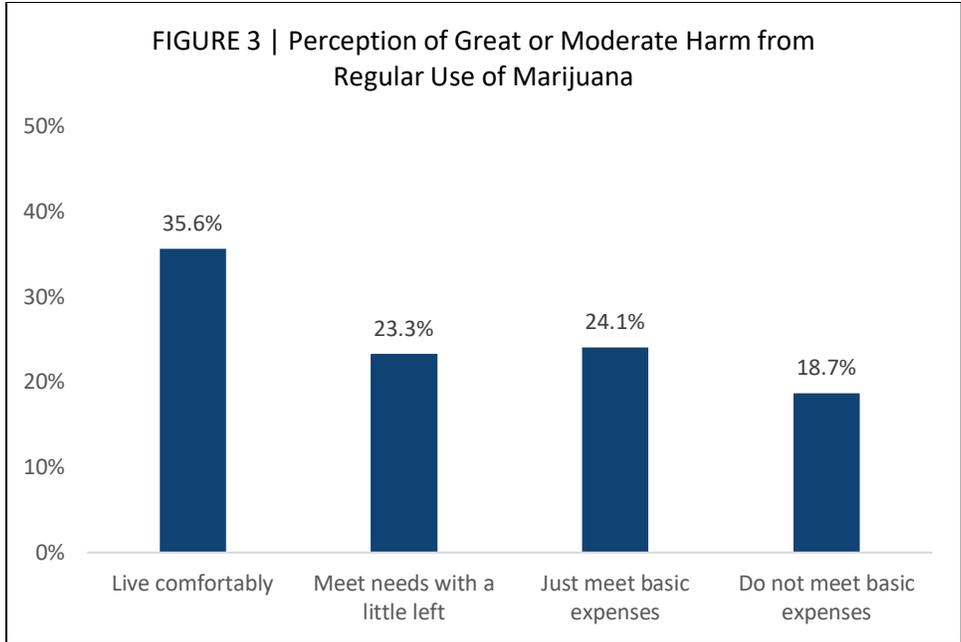
PERCEPTION OF HARM BY RACE

A respondent’s race may play a role in their perception of great or moderate harm from the use of alcohol nearly daily and regular marijuana use, with persons of color indicating the highest perceived risk almost across the board.

Table 10 Perceived Great or Moderate Risk of Harm by Race Group (weighted)				
Substance	Race Group			p-value
	Person of Color	White	Multiracial	
one or two drinks of an alcoholic beverage (including beer, wine, or liquor) nearly every day	62.3%	44.9%	50.8%	0.0008
five or more drinks of an alcoholic beverage once or twice a week (n = 2520)	70.5%	67.2%	67.1%	ns*
use marijuana (including pot, weed or cannabis) regularly (n = 2516)	45.3%	35.4%	31.7%	0.0001
use synthetic marijuana (including Spice Herbal Smoke Blend, Genie, Skunk, K2, etc) nearly every day n = 2515	74.5%	76.3%	75.0%	ns
use electronic vapor products regularly)n = 2520)	67.9%	63.7%	66.1%	ns
<i>*not a statistically significant difference at p= <.05 threshold</i>				

10

Other factors reviewed include the respondent’s financial status which revealed a correlation between lower financial stability and lower perception of regular marijuana use.



PERCEIVED NEGATIVE CONSEQUENCES OF SUBSTANCE USE



Respondents were asked about the negative impacts of alcohol or substance misuse that they see among people their age. Four major themes emerged from their responses, including:

1. addiction;
2. loss, especially evident in weakened social supports and decreased job security;
3. health consequences; and
4. impaired judgement and decision-making.

While these four themes are described separately below, it is important to mention the interrelated and cyclical nature of the impacts of substance misuse. For example, impaired judgement while misusing substances can lead to the loss of financial security and relationships. An unfortunately common outcome of these losses is social isolation and homelessness, sometimes leading to further negative impacts of mental and physical health concerns, which then fosters ongoing substance misuse.

Some young adults voiced the need to turn our focus from the consequences of substance misuse to addressing the root causes, such as financial instability and lack of access to healthcare.

“The overdose rate is climbing at an alarming rate. I don't know anyone personally who has died from an overdose, but hardly a day goes past where I don't see someone on a social media site who has lost a friend or family member. I also see an alarmingly high number of my peers with mental health issues self-medicating with marijuana and alcohol rather than seeking professional help. Lack of access to treatment, stigma surrounding mental health professionals, and rising costs of healthcare are all major contributing factors as far as I can see.”

ADDICTION

A negative consequence of substance use that many young adults mentioned was the path to addiction, often starting with social use in college. Marijuana, vaping, and binge/heavy drinking were mentioned as having an especially high risk of addiction and negative consequences.

- “So many young people [are] actually addicted to nicotine, never being able to let their Juul out of their hand. Also alcohol use is so out of control, since when did it become [so] casual to drink every single night?”
- “I see so many young people addicted to drugs in their young 20s and unable to beat the addiction and become dependent on the substance to the point it takes over their life.”

Interestingly, some young adults felt that the amount of use determines the severity of consequences, suggesting that slight or moderate substance use might be acceptable.

- “When people my age drink alcohol or take drugs, I see that their mental and sometimes physical state changes. It depends on how much they take, and when they take it. If someone drinks alcohol and takes drugs regularly, taking large amounts of it, they change drastically. If someone drinks alcohol and takes drugs not regularly, taking small amounts of it, they change but not as drastic as if they were to take large amounts of alcohol and drugs.”
- “The people I know are mostly responsible, but sometimes they misjudge their limit and get sick.”
- “The majority of the time if used too often it starts to take over your life. I'm 18. So like it's not a huge deal. If I can pick up a gun and kill someone while in the armed forces I can get drunk within the confines of my own home. As long as I don't leave and it's not a regular thing that becomes out of hand.”

LOSS: WEAKENED SOCIAL SUPPORT AND DECREASED JOB SECURITY

Loss is a major impact of substance misuse and is especially pervasive in relationships and the workplace. Young adults spoke about changes in social support because of substance misuse, including arguments, distrust, and

physical or emotional abuse. This often led to conflict and strain in the relationship, and many times to the ultimate loss of family, friends, and children.

- “The start of drug use at a young age made me lose my friends. All due to my changed behavior. I was very bitter and had a nasty outlook on life.”
- Loss of trust, total abandonment of family or friends, children get taken away or put into foster homes, jail, prison or rehab. I have had almost all of this happen and so much more.”
- “It not only has a negative effect on relationships, but also on personal view. It causes arguments, misunderstandings, and strains among friendships and families.”
- “Strained relationships, for example, my husband and I for a while after our friends' wedding avoided going to their house because the bride on her wedding day was black-out drunk and high on Adderall, and was verbally abusive to me.”
- “Also, it [marijuana] can degrade family and friend relationships if someone smokes but their friends/family don't. It can be alienating or at least divisive.”

Several young adults also commented on the financial impact of alcohol and drug misuse, mentioning effects on job security, including difficulty in finding and keeping jobs because of poor performance, lack of motivation, and/or drug testing.

- “Impacts on work performance are most prominent, such as losing a job when subjected to randomized screening or poor performance at work.”
- “I work at a treatment facility and I've seen countless people my age struggle to maintain relationships, jobs, to provide for themselves and many even pass away.”
- “People are sad and unhappy. They can't get or keep a job. They can't find a long lasting relationship without interference from drugs or alcohol.”
- “I work in healthcare and see how drug and alcohol misuse can negatively affect a person's social life, including loss of job, loss of friends, loss of family, as well as the health issues that go along.”
- “I know many teens to young adults who are alcoholic or have addiction to a number of substances. Many young people's education, friendships, jobs and lives are cut short due to addiction.”
- “People have ruined their careers and destroyed their families.”

HEALTH CONSEQUENCES

Young adults mention various mental and physical health consequences that can occur as a result of substance misuse. Many voiced concern that they see friends and family using substances to cope with mental health, stress, and trauma instead of seeking support or when support is not available. This often then leads to greater mental health impacts such as depression, anxiety, and suicidal ideation and attempts.

- “I have friends who use drinking as a coping mechanism and social crutch, which has added to their depression and a huge financial burden to them.”
- “I see a lot of people my age using alcohol and drugs as an emotional crutch, to ignore the pain and stress they are experiencing in their lives. Unfortunately, these quick 'cures' do not help long term and often cause more distress..”
- “I see a real normalizing of alcohol and drug use, but particularly of alcohol use among friends and peers my age (late 20s, early 30s). I think so many young people feel a sense of comfort and escape as a result of using substances, and the appeal can be hard to deny. I am sad to hear friends say they struggle to address their relationship with alcohol because they believe they don't have an alternative that will provide the same relief they feel when they consume it. I imagine this is similar for those who use other substances, and it contributes to a general sense of hopelessness. Alcohol use is particularly normalized by society, which makes it even more difficult to accept the very real health consequences. I think alcohol and drug misuse may be more prevalent among this demographic because of the daily chaos,

stress, trauma, loneliness, advertising and messaging we are subject to, and I think many of us feel we haven't been equipped with the tools to cope with these things.”

- “Isolationism is rampant in my generation. This isolation is only compounded by self-medicating/substance abuse that speaks to a greater mental health issue in NH, more over the nation.”

Several young adults also remarked on the physical impacts of substance misuse, such as the effects on brain development and memory, weakened immune system, changes in appearance (e.g., weight gain), and long-term illness such as lung cancer and liver damage.

- “It has created memory loss, and loss of interest in activities that once were enjoyed. It also makes people care a lot less.”
- “[I] know someone who drinks a lot of alcohol regularly and has gone to the emergency room on several occasions from drinking too much alcohol.”
- “I have seen many people on my campus get arrested for disorderly conduct while under the influence of alcohol, and many more rushed to the hospital due to injuries related to being intoxicated.”
- “I know people that spend all of their paychecks on marijuana, or vape products. Many high school freshmen risk getting popcorn lung, they bring in their devices and are always running to the bathroom.”

There were also many responses related to injury, violence, and death caused by substance use. Many young adults have witnessed or experienced physical and emotional harm (either to themselves or others) while under the influence. Common were references to rape and sexual assault, as well as death because of actions when using substances, such as overdose and driving while under the influence.

- “Weakened immune system, vicious cycle of anxiety and dependence, violence when drunk, apathy, carelessness, and meanness when high on weed or drunk on alcohol...”
- “First of all, it affects your health. Secondly, a lot of bad things may happen because of being drunk/under drugs. You can accidentally harm or even kill someone. People are being raped, kicked out of school, etc.”
- “It changes people's attitudes, my once non aggressive friend now is very aggressive and we are no longer friends.”
- “Frequent alcohol/drug use just simply makes me uncomfortable to be around, as I worry about my safety.”
 - “A lot of friends and family members are becoming highly addicted to street drugs. Have been to more funerals than I have weddings.”

IMPAIRED JUDGEMENT AND REGRETFUL DECISION-MAKING

Several young adults spoke to the effect of substance misuse on judgement and decision-making given that dependency often drives decision-making, such as spending money to purchase substances and drug-influenced crimes like stealing and prostitution. One young adult eloquently expressed this impact: *“Being in active addiction makes it hard for someone to do the things you need to do to continue to grow as a person. Drugs or alcohol becomes the focus and people are kind of stuck there until that's no longer true.”* Poor decision-making also relates to impaired judgement while under the influence, such as reduced ambition and productivity in school and work, and decisions that can lead to legal consequences such as driving while intoxicated and disorderly conduct.

- “The negative impacts of alcohol or drug misuse that I have seen of people my age are significant. I have witnessed people in my high school go from bright and promising students to shells of what they used to be. I see those that are misusing drugs and alcohol making bad decisions daily and putting themselves in more danger than any sober person would.”
- “Alcohol and drugs both pose a huge risk. I have friends my age who have one or more DUIs under their belt. I know people who have seen others die from heroin and still choose to do drugs or heroin. They

use up all of their money for that stuff, going out and getting more, negative thinking, no care or remorse drug wise.”

- “Alcohol and drug misuse can lead to being more distracted and less motivated to work to achieve things that were possibly once desired. Personal health may become less of a priority. Misuse of substances can lead to acting in financially irresponsible ways.”
- “It’s consuming their lives. They think to have fun they need to do all these drugs and get drunk. They’re getting less engaged in school and getting more engaged with partying. People my age are in the stage of experimenting so they are wanting to try new drugs often while under the influence so they’re not making rational decisions.”
- “I have gotten DWI’s and have lost jobs and relationships but am now in recovery. I believe many people my age are in the same boat”

A few young adults spoke to the compounded effects of impaired judgement and decision-making. This includes the ripple effect on family and friends, as well as the long-term consequences related to justice system involvement and recovery.

- “Obviously drug misuse has a huge impact - I know of many people who have drug-related charges on their records, up to felony level and having spent time in jail for it. It also has a hugely negative aftermath - even when they are no longer selling or using, it seems like the state and community in general has branded them and they struggle harder to be part of society like everyone else, which I believe leads to a greater risk of backsliding and getting involved in drugs again. There needs to be a much greater effort to assist and include rehabilitation, not just for recovering drug addicts, but recovering alcoholics, drug traffickers, and for children and families affected by drugs and alcohol.”
- “I have also seen some people make mistakes while abusing substances that has had consequences on themselves or people close to the individual who is misusing.”

- “Vaping is HUGE now. I had never seen or heard of it until this past summer (2019), and now I have friends and colleagues who can't go a few hours without smoking, even when they are made aware of the risks.”
- “Vaping is becoming a big problem, people who do not vape or smoke are starting to do it just because other people are and because of the social stigma.”
- “I've been seeing many people use JUUL's and vapes. People are saying their[sic] not bad for you, but their [sic] just as bad as smoking.”
- “People using shi**y THC pods black market which could be tainted with vitamin E etc. because it's not legalized.”
- “I feel like more people are having health problems related to vaping.”
- “Vape pens are killing people.”

HEROIN

Heroin use continues to be a prominent issue in the community. Some young adults spoke about how it is now being addressed, while others noted that fentanyl and meth are becoming “replacements for heroin”. Some also spoke about an increase in overdose deaths.

- “I haven't seen any new ones, heroin has been a problem for a while but it seems like it is just now being addressed.”
- “Heroin has been a very big deal around the town I'm in and it seems everyone is using it.”
- “People using meth to stop using heroin and it's making things worse not better.”
- “Fentanyl has pretty much replaced heroin in NH at least, so that is scary. Luckily, I only see heroin/fentanyl use with people I do not personally know at work.”
- “Fentanyl [sic] everywhere and people getting high from it and dying [sic].”
- “More heroin addicts are dying”

MARIJUANA, METHAMPHETAMINES, AND COCAINE

While mentioned less frequently than vaping and heroin use, several young adults brought up marijuana, methamphetamines, and cocaine as well. In terms of marijuana, several people noted that the frequency of use was increasing and the danger of laced marijuana oil in dab pens.

- “Many people I know use marijuana (dab pens specifically) and there has [sic] been traces of heroin, k2, cocaine, meth, and other drugs laced into the marijuana oil. Besides heroin, I see that the largest emerging substance would really just be laced marijuana, which can be really scary.”
- “Where it's legal people smoking too much and hurting themselves. I smoke over three times a day and am done, but I know people who smoke ten plus times a day and it has had a serious negative impact one their life.”
- “My job involves working with people who have substance use disorders. Meth is a huge problem and is causing a lot of psychiatric problems, too.”
- “Crystal Meth is everywhere. And fentanyl. It is destroying young adults”
- “Cocaine is a lot more common than I thought and is quickly becoming a big problem on college campuses. That along with the use of Adderall to stay up late to do school work.
- “People are doing cocaine all the time and it's hard to show up for work on time.”

NO NEW TRENDS OBSERVED

Many participants noted that they had not observed any new or emerging trends. Several remarked that they were seeing the “same old” substances and issues, primarily heroin; however, bath salts and Adderall were also mentioned.

- “The opioid crisis is still a full-blown epidemic, nation-wide, but certainly in our state of New Hampshire. This isn't new, but it seems like the way it is being dealt with by those with power is constantly shifting, not always for the better. More and more of my peers are using substances as a means of self-medication, as our health-care system is proving itself inadequate.”
- “No new issues. It's the same issue that people are addicted to heroin. NH has a big problem.”

Other young adults spoke about not seeing new issues because they don't hang around people who use substances and, therefore, don't know about emerging trends.

- “None, I do not associate with people like that any longer.”
- “Personally I am not associated with many people that do a lot of drugs in general- though I am almost 30. Aside from the news, I have not seen anything in my surroundings.”

A few young adults mentioned that there were no new substances or issues necessarily, but did note changes in substance use or its impact as they get older.

- “My friends are getting to the age where they are putting down any drug habits holding them back. I'm not seeing any new issues, I'm seeing people deal with their issues.”
- “Not sure if anything 'new' comes to mind, other than the fact that as I get older these issues have become more apparent and weigh a little more heavily as I see people my age struggle.”

IMPACT ON PEERS AND SOCIAL GROUPS

Almost one third of young adults said that there has been no effect of alcohol and other drug use on their peers or social group (30%). Just over half of the respondents reported that alcohol and other drug use has had a little bit or somewhat of an effect on their peers (52.8%), and 17.5% report that the use of substances has had a large impact on their social groups.

This finding that almost 1 in 5 young adults have witnessed great effects of alcohol and other drug use is concerning, yet not surprising when contextualized by the qualitative findings. Several young adults spoke about the loss of friendships, witnessing friends with legal consequences, and a large amount of death in their social circles because of substance misuse.

As one young adult noted, *“I lost at least 20 people or more since 2009 to drug overdoses. I lost my childhood best friend to heroin 3 years ago. It destroys families and relationships”*.

Not At All	30.0%
A Little Bit	28.0%
Somewhat	24.8%
A Great Deal	17.5%

11

There were no significant differences in the great impact of substance use on peers when looking across age, gender identity, or race.

TABLE 12 | GREAT IMPACT OF ALCOHOL OR DRUG USE ON PEERS* BY AGE

	18-20 years old	21-25 years old	26-30 years old
No	83.8%	84.3%	79.8%
Yes	16.2%	15.7%	20.2%

**How much has alcohol or other drugs affected your peers or social group? No=Not at all, a little bit, and somewhat; Yes=A great deal.
Rao-Scott Chi-Square=5.41; p=0.0667*

12

TABLE 13 | GREAT IMPACT OF ALCOHOL OR DRUG USE ON PEERS* BY GENDER

	Cisgender Male	Cisgender Female	Gender Minority
No	83.3%	81.4%	89.2%
Yes	16.7%	18.6%	10.8%

**How much has alcohol or other drugs affected your peers or social group? No=Not at all, a little bit, and somewhat; Yes=A great deal. Rao-Scott Chi-Square=3.18; p=0.2038*

13

TABLE 14 | GREAT IMPACT OF ALCOHOL OR DRUG USE ON PEERS* BY RACE

	People of Color	White	Multi-Racial
No	81.8%	83.0%	76.9%
Yes	18.2%	17.0%	23.1%

**How much has alcohol or other drugs affected your peers or social group? No=Not at all, a little bit, and somewhat; Yes=A great deal.
Rao-Scott Chi-Square=2.13; p=0.3448*

14

YOUNG ADULT EXPERIENCE WITH SUBSTANCE USE

LIFETIME AND CURRENT USE

The vast majority of young adults have used alcohol (87%), and most (60%) recently used it, in the past 30 days. Other substances have a different pattern in which substantial percentages reported having used a substance but not currently. For example, 67% reported ever having a binge drinking episode (5 or more drinks of alcohol in a row), but only 29% reported one recently. Similarly, 54% had vaped, but only 23% were currently vaping; 63% had ever used marijuana and 31% were recently using it.

While the prevalence of any one illicit substance was low, combined prevalence was relatively high at 40%. However, very few (11%) reported currently using illicit drugs.

Table 15 | *Prevalence of Substance use, Lifetime and Recent Use (weighted)*

Substance	Current User	Past User	Never User
Alcohol (n = 2601)	63.0%	24.0%	13.0%
Binge (n = 2582)	28.5%	38.9%	32.6%
Vape (n = 2575)	23.3%	30.5%	46.3%
Marijuana (n = 2573)	31.4%	31.5%	37.2%
Illicit Drug (n = 2573)	10.6%	29.4%	60.0%
Synthetic marijuana	2.7%	15.7%	81.6%
Other synthetic Drugs	1.0%	10.8%	88.2%
Inhalants	0.7%	7.6%	91.7%
Cocaine	2.9%	17.9%	79.2%
Club drugs	2.3%	21.9%	75.8%
Methamphetamine	1.7%	5.3%	93.0%
Non-prescription use of prescription drugs	4.5%	20.4%	75.0%
Heroin	1.4%	5.1%	93.5%

15

On average, young adults reported using about 3.2 substances lifetime (95% confidence interval 3.1 to 3.3) and about 1.3 substances currently (95% confidence interval, 1.2 to 1.4). The most commonly reported combinations

of substances used were: Alcohol only (43%), Alcohol and Marijuana (15%), combinations of three or more substances (12%), and alcohol, marijuana, and vaping (10%).

Table 16 Combinations of Substances Currently Used, Among Ever Users (weighted)	
Combination of Substances	Percent
Alcohol only	43%
Alcohol and Marijuana	15%
Alcohol, Vape, Marijuana	10%
Alcohol, Vape	8%
Vape only	3%
Marijuana only	5%
Other combinations of 1 or 2 substances	5%
Other combinations of 3 or more substances	12%

16

DEMOGRAPHICS OF SUBSTANCE USE

The rates of substance use varied significantly by age, gender identity, race, and financial status. The demographic patterns differed somewhat for each substance.

For both alcohol use and binge drinking, the youngest people, age 18-20 years, were less likely to be users (current or past)/more likely to be never users. The relationship between gender identity and alcohol use was non-significant, but binge-drinking was less likely among cis females than among cis-males and gender minorities. Persons of color were less likely to use alcohol or binge drink/more likely to be never users compared to whites and multi-racial people. People who considered their financial status as comfortable were less likely to report current or past binge drinking/be never bingers.

Alcohol Use by Selected Demographics

Table 17 Demographics of Alcohol Use (weighted)				
Demographic characteristic	Current User	Past User	Never User	Rao-Scott Chi-square p-value (<.05 is significant)
Age Group				0.0001
18-20 years	42%	31%	27%	
21-25 years	72%	18%	10%	
26-30 years	67%	26%	7%	
Gender Identity				0.3177
Cis male	65%	22%	13%	

Cis female	64%	25%	11%	
Gender minority	65%	24%	11%	
Race				0.0001
Person of color	42%	32%	26%	
White	66%	22%	12%	
Multiracial	52%	39%	9%	
Financial Status				0.0001
Comfortable	56%	23%	21%	
Meet needs, a little left over	71%	22%	7%	
Just meet needs	65%	25%	10%	
Do not meet needs	61%	30%	9%	

17

Table 18 Demographics of Binge Drinking (weighted)				
Demographic characteristic	Current User	Past User	Never User	Rao-Scott Chi-square p-value (<.05 is significant)
Age Group				0.0001
18-20 years	20%	27%	53%	
21-25 years	34%	37%	30%	
26-30 years	28%	49%	23%	
Gender Identity				0.0001
Cis male	35%	37%	29%	
Cis female	24%	41%	35%	
Gender minority	22%	47%	31%	
Race				0.0001
Person of color	9%	33%	59%	
White	30%	39%	30%	
Multiracial	23%	44%	33%	
Financial Status				0.0001
Comfortable	26%	31%	43%	
Meet needs, a little left over	31%	43%	26%	
Just meet needs	30%	42%	29%	
Do not meet needs	28%	48%	25%	

18

Electronic Vaporizing Product

Vaping was more frequently reported among younger age groups (30% among 18-20 year olds, 17% among 26-30 year olds). Cis-gender females were less likely to have vaped/more likely to never have vaped compared to cis-gender males and gender minorities. The relationship between vaping and race was not significant. The rate of vaping (current or past) increased with decreasing financial status.

Table 19 Demographics of Vaping (weighted)				
Demographic characteristic	Current User	Past User	Never User	Rao-Scott Chi-square p-value (<.05 is significant)
Age Group				0.0001
18-20 years	30%	28%	48%	
21-25 years	26%	30%	45%	
26-30 years	17%	33%	51%	
Gender Identity				0.0001
Cis male	28%	31%	40%	
Cis female	19%	28%	53%	
Gender minority	25%	43%	31%	
Race				0.1514
Person of color	18%	25%	57%	
White	24%	31%	45%	
Multiracial	21%	31%	48%	
Financial Status				0.0001
Comfortable	18%	27%	55%	
Meet needs, a little left over	22%	34%	44%	
Just meet needs	28%	29%	43%	
Do not meet needs	32%	34%	34%	

19

While 18 to 20 and 21-25 year olds tended to have similar patterns of marijuana use, older young adults – 26-30 years old – tended to report past rather than current or never use. Current marijuana use tended to be higher among people who are gender minorities. Marijuana use was lower/never use was higher among persons of color compared to whites and multiracial people. Decreasing financial status was associated with increasing rates of marijuana use (particularly current use).

Table 20 Demographics of Marijuana Use (weighted)				
Demographic characteristic	Current User	Past User	Never User	Rao-Scott Chi-square p-value (<.05 is significant)
Age Group				0.0001

18-20 years	32%	25%	43%	
21-25 years	34%	27%	40%	
26-30 years	29%	41%	31%	
Gender Identity				0.0007
Cis male	34%	29%	37%	
Cis female	27%	35%	38%	
Gender minority	47%	32%	21%	
Race				0.0001
Person of color	19%	16%	65%	
White	33%	33%	35%	
Multiracial	30%	35%	35%	
Financial Status				0.0001
Comfortable	21%	30%	49%	
Meet needs, a little left over	31%	34%	36%	
Just meet needs	38%	33%	29%	
Do not meet needs	50%	29%	22%	

20

Illicit Drug Use

The youngest people, aged 18-20 years, were less likely to be users (current or past)/more likely to be never users of illicit drugs, as were cis-females. People who are gender minorities were more likely to report use of illicit drugs (15% current use, 50% past use, 35% never use). There were no significant differences in illicit drug use by race. Decreasing financial status was associated with increasing use of illicit drugs; 23% of those who did not meet current expenses were current illicit drug users.

Table 21 Demographics of Illicit Drug Use (weighted)				
Demographic characteristic	Current User	Past User	Never User	Rao-Scott Chi-square p-value (<.05 is significant)
Age Group				0.0001
18-20 years	9%	17%	74%	
21-25 years	12%	31%	57%	
26-30 years	10%	36%	54%	
Gender Identity				0.0001
Cis male	13%	33%	55%	
Cis female	7%	27%	66%	
Gender minority	15%	50%	35%	
Race				0.1425

Person of color	11%	20%	69%	
White	10%	30%	60%	
Multiracial	15%	32%	53%	
Financial Status				0.0001
Comfortable	7%	21%	72%	
Meet needs, a little left over	8%	30%	62%	
Just meet needs	13%	38%	50%	
Do not meet needs	23%	37%	40%	

21

AGE FIRST BEGAN USING SUBSTANCES

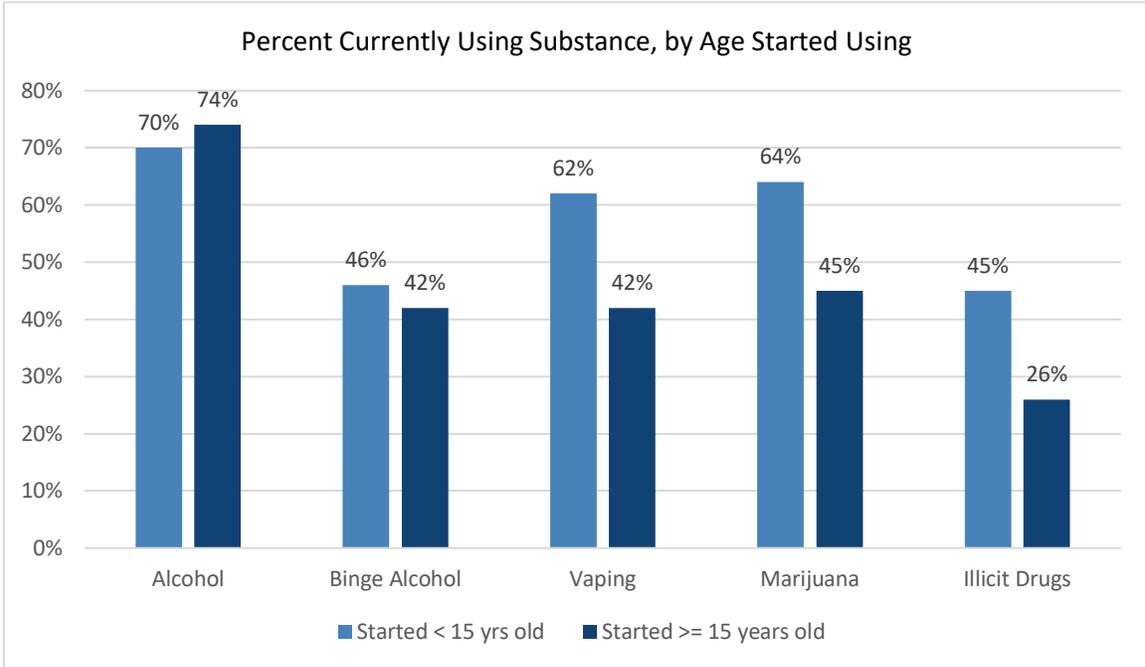
Among ever users, we examined the age respondents began using substances. Alcohol and marijuana had a significantly higher proportion of those who started using before the age of 15 (23% and 25%, respectively). Inhalants, while more rarely used, were also trending toward earlier use (27%).

We examined whether those who started using at a younger age were more likely to be current users than those who started at an older age. This was not the case for alcohol nor for binge drinking. However, those who used marijuana, or vaped, or used an illicit drug were more likely to be currently using if they started before the age of 15.

Table 22 Percent whose Age of First Use of Substances was Less than 15 Years Old (weighted)	
Substance	Weighted Percent Who were < 15 Years when First Started Using
Alcohol	23%
Alcohol binging	10%
Vaping	5%
Marijuana	25%
Any Illicit Substance	16%
Inhalants	27%
Other Synthetic Drugs	14%
Methamphetamine	12%
Synthetic Marijuana	11%
Heroin	7%
Cocaine	5%

Club Drugs	5%
<i>Note: Statistically significant difference in age for vaping, marijuana, and illicit drugs.</i>	

22



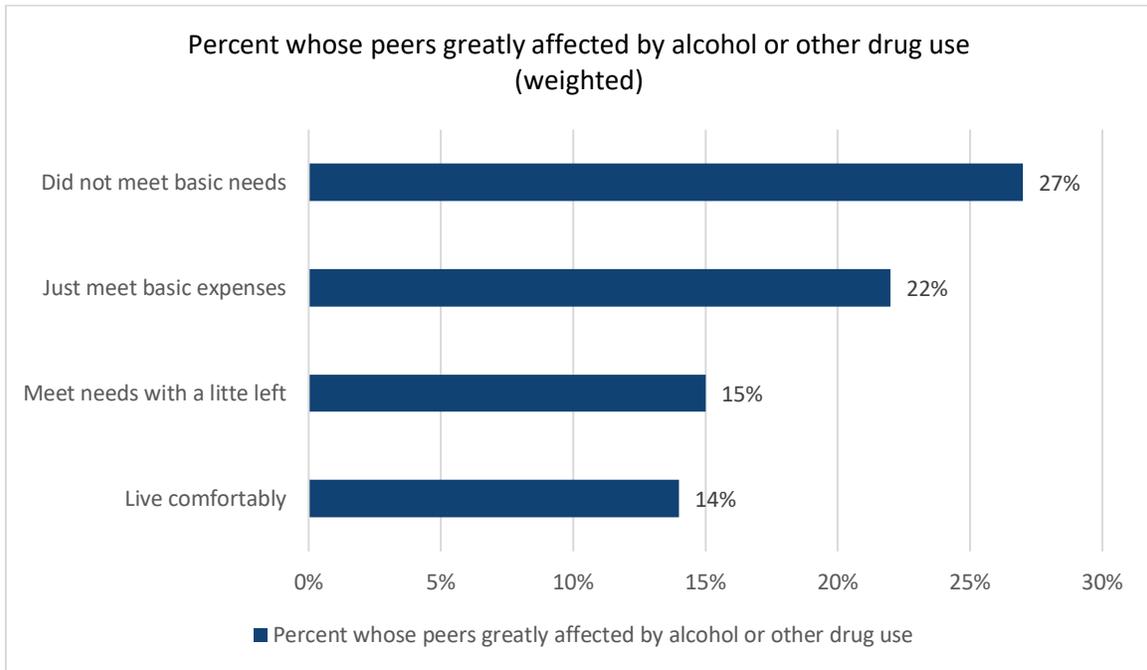
IMPACT OF SUBSTANCE USE ON PEER/SOCIAL GROUPS

When asked about the impact of alcohol and other substances on their peers or social group, most noted little, if any impact. However, substantially, 18% noted a great impact on their peers. Among those for whom there was a great impact, the impact did not vary by age, gender identity, or race. However, it did vary by financial status; those who were able to just meet expenses or who were not able to meet expenses were significantly more likely to have peers impacted by substance use (22% and 27%, respectively).

<i>Table 23 How much has alcohol or other drug use affected your peers or social group? (weighted)</i>	
Amount of Impact	Weighted Percent
Not at all	30%
A little bit	28%
Somewhat	25%
A great deal	18%

Note: The combined category of “somewhat” and “a great deal” of impact on peers did not have an association with age, gender identity, race, or financial status.

23



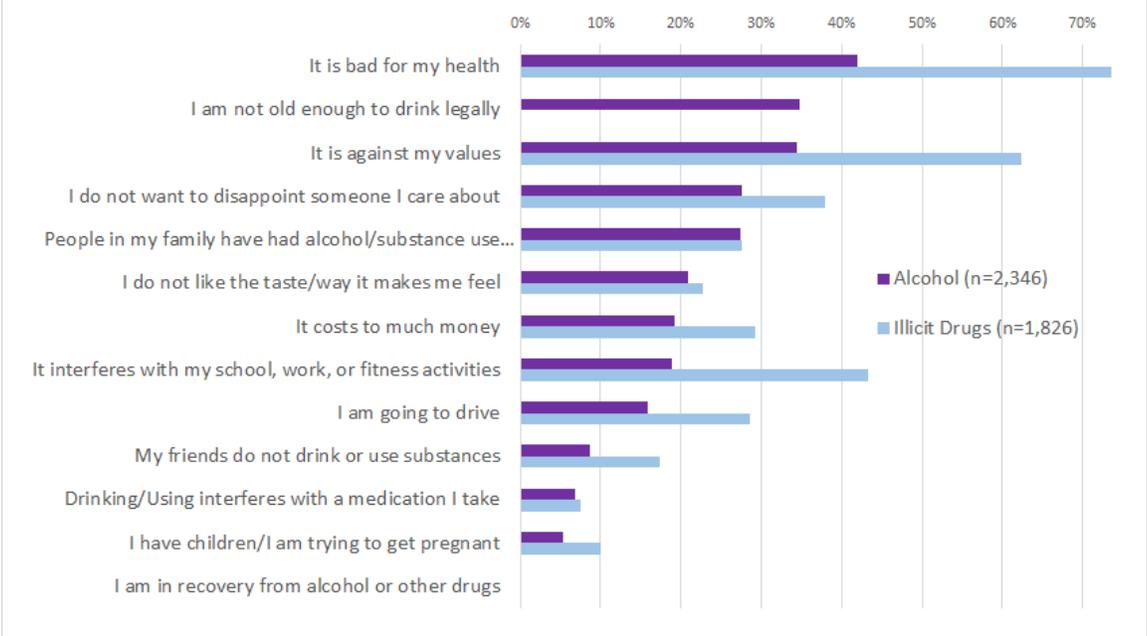
DECISION MAKING ABOUT USE

ABSTAINERS

It is informative to consider the reasons an individual chooses not to use alcohol or illicit drugs. The survey contained a list of 12 plausible reasons for abstaining from alcohol, and repeated the same list for abstaining from illicit substances. The alcohol list had an additional reason of being under the legal drinking age. There were 838 respondents who never used marijuana or illicit substances, who provided reasons why they never tried these substances. Similarly, 348 respondents provided reasons for never trying alcohol (Figure 4).

When looking at the other reasons given for abstaining, almost twice the amount of respondents said that it was against their values to use illicit drugs compared to alcohol (62.3% versus 34.4%), or that it will interfere with school, work, or fitness activities (43.3% versus 18.8%). A little over a quarter of young adults report that they do not drink alcohol because either they do not want to disappoint someone they care about (27.6%) or people in their family have had alcohol problems (27.4%). A similar percentage report family members having substance use problems as a reason for not using illicit drugs (27.6%). However, a greater number of young adults choose not to use illicit drugs because they don't want to disappoint someone they care about (37.9%). Interestingly, very few young adults report that their friends abstaining from substances is a reason why they choose not to use alcohol (8.6%) or illicit drugs (17.3%). It may be that peer influence is greater for use of substances than abstinence. Less than 1% indicated their reason for not using was because they were in recovery.

Figure 4 | Reasons For Not Using Alcohol or Illicit Drugs (weighted)



HEALTH AND WELLBEING

PERCEPTION OF PHYSICAL HEALTH

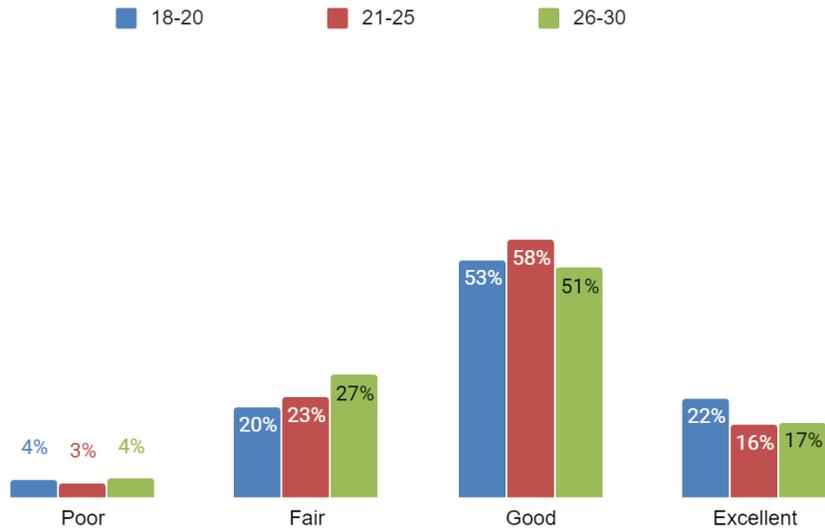
Self-rated health can be used as a proxy for overall well-being. Overall, a majority of young adults (72.1%) felt good or excellent about their general health. About a quarter (23.8%) rated their health as fair, and only 4% felt that they had poor health. Research has linked poor perception of health with higher rates of morbidity and mortality. When we look at the distribution of responses by age, we are able to see that self-reported health declines with age. A significantly higher percentage of those aged 26-30 report fair health when compared to those aged 18-20 (27.4% versus 20.3%, respectively).

TABLE 24 SELF-REPORTED PERCEPTION OF HEALTH* BY AGE GROUP			
	18-20 years old	21-25 years old	26-30 years old
Poor	4.2%	3.4%	4.4%
Fair	20.3%	22.6%	27.4%
Good	53.2%	57.7%	51.3%
Excellent	22.3%	16.4%	16.9%

*How would you rate your health in general now?
 Rao-Scott Chi-Square=15.47; p=0.0169

24

Self-Reported Health by Gender



It is not uncommon for women to rate their health as slightly poorer than males. A number of studies have shown that women, especially younger women, experience their health as poorer than men do. We see those trends in these data as well⁹. Cis-gender males are significantly more likely to report their health as excellent compared to cis-gender females (22.6% versus 14.4%, respectively). It is important to note that those who identify as a gender minority perceive their health as significantly worse. In fact, 13% of gender minority youth felt that their health was poor compared to only 4% among both cis-gender males and cis-gender females.

TABLE 25 | SELF-REPORTED PERCEPTION OF HEALTH* BY GENDER

	Cisgender Male	Cisgender Female	Gender Minority
Poor	3.5%	3.8%	12.5% (n=12)
Fair	21.5%	23.8%	42.0% (n=34)
Good	52.4%	58.0%	37.4% (n=30)
Excellent	22.6%	14.4%	8.0% (n=6)

*How would you rate your health in general now?

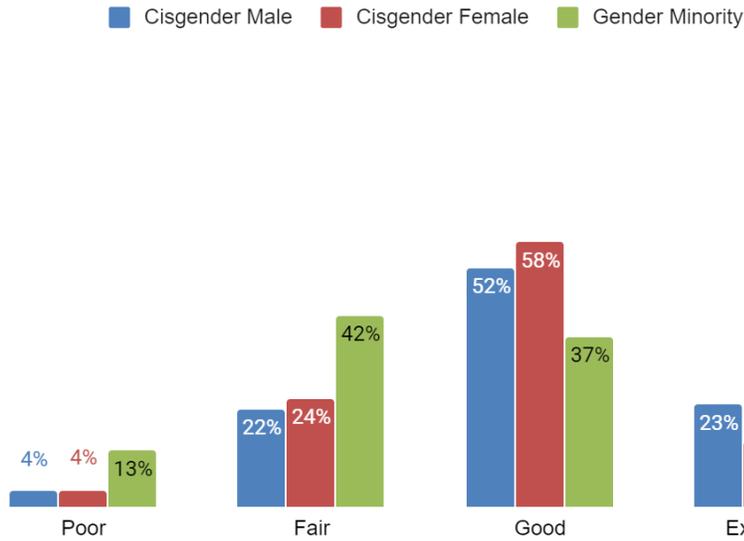
Rao-Scott Chi-square=37.11; $p < .0001$.

25

⁹ Ingeborg Eriksson, Anna-Lena Undén, Stig Elofsson

International Journal of Epidemiology, Volume 30, Issue 2, April 2001, Pages 326–333,
<https://doi.org/10.1093/ije/30.2.326>

Self-Reported Health by Gender Identity



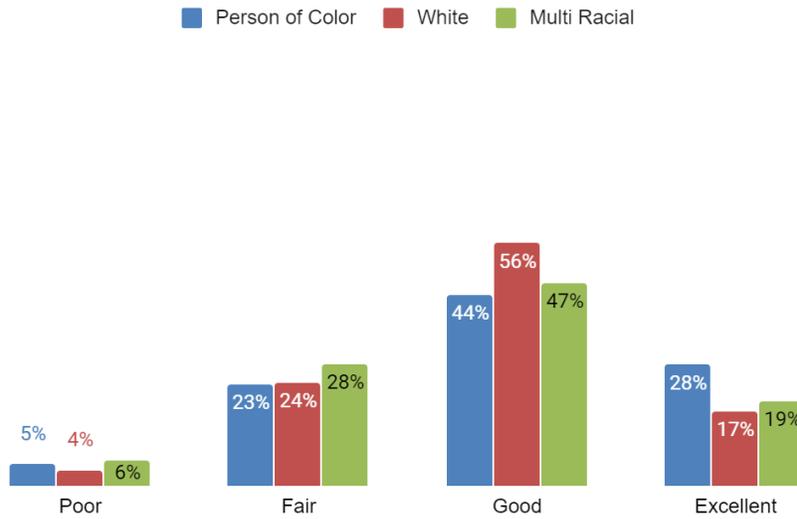
While there is not a statistically significant difference in self-reported health by race, people of color (POC) have a better perception of their health compared to both those who are white and multi-racial. In fact, 27.8% of POC felt that their health was excellent compared to just 17.1% those who identify as white and 19.4% of those who identify as multi-racial.

TABLE 26 SELF-REPORTED PERCEPTION OF HEALTH* BY RACE (WEIGHTED)			
	Person of Color	White	Multi-Racial
Poor	5.0% (n=6)	3.7%	6.1% (n=11)
Fair	23.3%	23.7%	28.0%
Good	43.8%	55.6%	46.5%
Excellent	27.8%	17.1%	19.4%

**How would you rate your health in general now?*
Rao-Scott Chi-Square=11.40; p=0.0768

26

Self-Reported Health by Race



There is a notable and statistically significant difference in perception of health by financial status. A positive perception of health increases with financial security. Among those who live comfortably, 31% report excellent health compared to 14% of those that meet needs with a little left over, 12% of those who just meet basic expenses, and only 8% of those who do not meet basic expenses. In other words, young adults who live comfortably are almost four times as likely to report excellent health compared to those with financial insecurity.

TABLE 27 | SELF-REPORTED PERCEPTION OF HEALTH* BY FINANCIAL STATUS

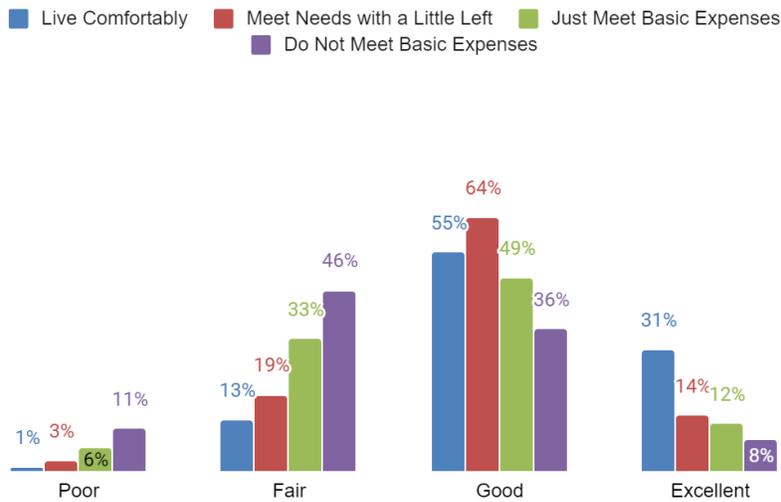
	Live Comfortably	Meet Needs with a Little Left	Just Meet Basic Expenses	Do Not Meet Basic Expenses
Poor	1.1%	2.6%	6.0%	10.8%
Fair	13.0%	19.3%	33.3%	45.6%
Good	55.2%	64.0%	48.7%	35.8%
Excellent	30.7%	14.1%	12.0%	7.8%

**How would you rate your health in general now?*

Rao-Scott Chi-Square=187.06; p<.0001

27

Self-Reported Perception of Health by Financial Status



MENTAL HEALTH

An individual's mental health is directly connected with their sense of wellbeing. Overall, about a third of young adults report little interest or pleasure in doing things (32.6%) and feeling down, depressed or hopeless (33.9%) on several days in the past two weeks. Notably, close to 10% of young adults report persistently poor mental health (nearly every day). Almost one in five (17.1%) reported having seriously attempted suicide during the past 12 months (data not shown).

Table 28 | Mental Health Symptoms (weighted)*

	Not at all	Several Days	More than half the Days	Nearly Every Day
Little interest or pleasure in doing things	45.3%	32.6%	13.2%	8.9%
Feeling down, depressed or hopeless	43.2%	33.9%	12.0%	11.0%

**Over the past 2 weeks, how often have you been bothered by the following problems...*

28

These two questions about mental health symptoms (having little interest/pleasure in doing things and feeling down, depressed or hopeless) make up the Patient Health Questionnaire (PHQ-2), a self-administered screening tool commonly used by healthcare professionals. The authors identify a cut-off score of three for screening for depression (range = 0-6 for two questions combined). About one quarter of young adults reported depression symptoms according to this cut-off. This score was used in the stratified analysis of depression by age, gender identity, race, and financial status.

Gender minorities were significantly more likely to report depression symptoms when compared to their cisgender peers. In fact, gender minorities were twice as likely to report depression symptoms as cis-gender males (47% versus 22%, respectively).

TABLE 29 | DEPRESSION SYMPTOMS BY GENDER

	Cisgender Male	Cisgender Female	Gender Minority
No	77.6%	71.9%	53.2%
Yes	22.4%	28.1%	46.8%

**Yes=combined score of 3 or more on PHQ-2.
Rao-Scott Chi-Square=17.83; p=0.0001*

29

There is a statistically significant difference in depression symptoms by financial status in that depression symptoms increase with financial insecurity. Over half (52%) of young adults who do not meet their basic expenses reported depression symptoms. This is in stark comparison to 17% of those that live comfortably and 22% of those that meet their needs with a little left.

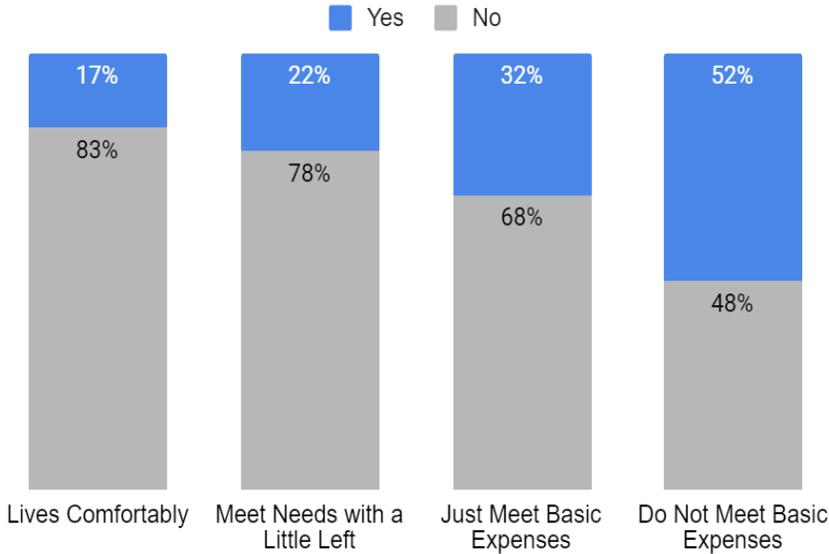
TABLE 30 | DEPRESSION SYMPTOMS BY FINANCIAL STATUS

	Lives Comfortably	Meet Needs with a Little Left	Just Meet Basic Expenses	Do Not Meet Basic Expenses
No	82.9%	77.7%	67.6%	47.9%
Yes	17.1%	22.3%	32.4%	52.1%

**Yes=combined score of 3 or more on PHQ-2.
Rao-Scott Chi-Square=82.13; p<.0001*

30

Depression Symptoms by Financial Status



No significant differences in depression symptoms were found by age or race.

TABLE 31: DEPRESSION SYMPTOMS BY AGE

	18-20 years old	21-25 years old	26-30 years old
No	71.6%	74.5%	74.6%
Yes	28.4%	25.5%	25.4%

**Yes=combined score of 3 or more on PHQ-2.
Rao-Scott Chi-Square=1.44; p=0.4859*

31

TABLE 32: DEPRESSION SYMPTOMS BY RACE

	People of Color	White	Multi- Racial
No	73.8%	74.1%	71.2%
Yes	26.2%	25.9%	28.8%

**Yes=combined score of 3 or more on PHQ-2.
Rao-Scott Chi-Square=0.39; p=0.8241*

32

SOCIAL SUPPORT

When prompted about who they would turn to if they needed to talk to someone about a serious problem, 6.6% of young adults reported having no one. The most common source of social support reported by young adults are friends (58.7%), followed by a significant other (51.3%), and a parent/guardian/caregiver (44.5%). Thirty-one percent of young adults who reported having no one to talk to had serious thoughts of attempting suicide, compared to 13.2% of young adults who did have someone to talk to.

Table 33 | Sources of Support

Parent/guardian/caregiver	44.5%
Significant other	51.3%
Other family members	28.2%
My friends	58.7%
Some other person	23.4%

**If you wanted to talk to someone about a serious problem, which of the following people would you turn to?*

33

Age, however, did not appear to impact young adults' connections to social supports. Across the age groups of 18-20, 21-25, and 26-30, the percentage of respondents who had someone to talk to about serious problems ranged from 90.1% to 91.8%. Similarly, gender identity does not appear to have significant impact on social

connectedness, with 89.2% of cisgender males, 91.2% of cisgender females, and 94.3% of gender minorities reporting that they have someone to talk to.

While not quite significant, race did appear to have some impact on how supported young adults feel. Those who identified as People of Color or Multi-racial were more likely to express that they had nobody to turn to if they wanted to talk to someone about a serious problem with 14.7% of People of Color and 14.0% of Multi-racial people compared with 6.2% of White people.

Table 34 Someone to Talk to by Race			
	People of Color	White	Multiracial
Have somebody	83.7%	92.3%	84.5%
Have nobody	14.7%	6.2%	14.0%
<i>*If you wanted to talk to someone about a serious problem, do you have someone to turn to?</i>			

34

Table 35 Someone to Talk to by Gender Identity			
	Cis-Gender Male	Cis-Gender Female	Gender Minority
Have somebody	89.2%	93.0%	94.3%
Have nobody	9.2%	5.6%	4.8%
<i>*If you wanted to talk to someone about a serious problem, do you have someone to turn to?</i>			

35

Table 36 Someone to Talk to by Financial Status				
	Live comfortably	Meet needs with a little left	Just meet basic expenses	Do not meet basic expenses
Have somebody	93.4%	96.3%	87.4%	79.2%
Have nobody	6.0%	2.8%	9.9%	19.0%
<i>*If you wanted to talk to someone about a serious problem, do you have someone to turn to?</i>				

36

Financial status had a significant impact on how supported young adults felt, with a p-value of <.0001. As respondents became less financially secure, they were more likely to indicate that they had nobody to turn to, with 6% of those who indicated that they live comfortably having nobody to turn to and 19% of those who indicated that their current financial situation does not meet basic expenses having nobody to turn to.

COMMUNITY AND SOCIAL SUPPORT

Young adults mentioned children and family most often relative to their sense of optimism. Most young adults generally mentioned children as a source of hope, but some spoke of them as the next generation for whom the world would be better. They noted a desire to provide their children with a good life, and their children providing the motivation to “do better”. When young adults spoke of feelings of hopelessness or difficulty, it was often their children who helped them to “keep going”.

- “My 1 year old son. He is the next generation and I'm hoping things will be better for him than how things are right now.”
- “I want to become a nurse. And my kids are a big part in my life choices. I want to have a good job and be successful for them.”
- “My children give me hope that I'll be able to work through what I need to. Everyday seems to get better.”
- “Honestly not very much. Basically just my son. Getting to see him grow up is the only thing that keeps me going.”

When referencing family, young adults spoke of the support from their current family, especially parents and partners/spouses, as well as their dreams of a future family.

- “My husband and child. I know my husband won't fall down a bad path and I know our child will have a bright future and we will do everything we can to prevent and protect them.”
- “My family believes I can do whatever I set my mind to.”
- “My new marriage gives me a sense of hope about the future. We want to build a family together and that gives me hope.”
- “Knowing that I have someone to help me through the future no matter what it may be.”

Some young adults also spoke of the support they receive from friends and their participation in their communities.

- “Continuing to perform well at work, in my education and having great family and friends.”
- “Meeting new friends and doing well in school always gives me a sense of hope.”
- “When I'm connected to young people in my community who do exciting things.”
- “Working together as a community for the greater good.”

MONEY AND EDUCATION

Many young adults mentioned hope for increased job opportunities and satisfaction after graduating college, ultimately leading to more independence, financial security, and moving along a career pathway.

- “I am finally in college and have a good job that allows me to work full time and go to school full time. When I graduate I'll be able to look for a better job.”
- “Leaving the schooling system and beginning my own life with a hopeful sense of income and a chance to live my own life and not deal with school deadlines.”
- “I'm excited about graduating and getting a job so I can support myself.”
- “Being in college and being able to start the career I want and do what I love.”

Still, there is an overwhelming feeling of financial stress and hopelessness related to student debt and low wages.

- “Business is picking up thanks to the economy...leading to more flexible income, and the possibility I'll be able to pay my student loans while managing a mortgage payment at the same time.”
- “Not much honestly. It's very hard to make a living when you are trying to pay back loans from a degree and still only making just above minimum wage.”

- “I am worried I am going to be paying off my student loans for the rest of my life. Unfortunately, I do not have much hope, but I always have my fingers crossed.”

POLITICS AND SOCIAL POLICY

For many young adults, the prospect of future political and social change provides a source of hope. They are particularly hopeful for changes in political leadership, youth activism, and questioning the status quo of older generations. They spoke about involvement in government among young people in general, as well as mentioning specific young adult activists that they admire. Selective changes mentioned often include an increased attention to environmental issues, healthcare access, and a rise in social justice.

- “Knowing we as citizens can affect change, that our leaders hear and can address our concerns, the idea that we're all working towards bettering our futures.”
- “The generation that I am a part of holds different values and thinks differently about our world than the generation currently 'running the show' does. This gives me hope for a change in the current status quo of the way things are being done. Mainly, I hope to see policy and lifestyle changes pertaining to the way our society prioritizes and deals with sustainable development and natural resources. I'm hopeful that racism will become a thing of the past with my generation moving into the driver's seat. I am hopeful that other people in my generation are also hopeful and are willing/wanting to work to make changes in our world that will lead it to manifesting our own visions of the future, a world that aligns with our (and humanity's) values and needs.”
- “Even when they are misguided and/or too radical, my peers do not seem content to let things be 'the way they've always been.' Anything is up for question, criticism, or debate - sexuality, drugs, diet, economics, etc.”
- “The only thing that really gives me a sense of hope about the future is that my generation is wanting to make changes and wanting to make the world better than it currently is. We have the drive and the initiative to make things better. It's all just a matter of putting that into action.”
- “Seeing young activists, much like [young environmental activist], care for the earth and the animals that inhabit it.”
- “When I see young people accomplishing difficult tasks and standing up for what they believe in. I also love when a group of people can come together peacefully and make a positive change.”
- “The old people controlling our country leaving office and young people with new ideas fixing our collapsing society.”
- “I love that we are one of the deciding states for the future of our country when it comes to voting. I love that so many of my like-minded friends are frustrated by the status of our state and issues that it faces. I have high hopes that things will change for the better if we work to help it occur.”
- “A sense of hope may be that more and more young people like me are speaking up for what they think is right and I think that's going to make a big impact on society and the world in the future if people keep speaking up.”

While there is hope, many young adults voiced concern and a feeling of hopelessness because of the political climate, lack of diversity and tolerance, and insufficient attention to creating a sustainable future. In these times, some young adults spoke about calling on their faith or their own motivation for a sense of hope for the future.

- “Honestly not much. There are a lot of bad things happening in the world and it's hard to find hope that things will change for the better.”
- “There is no hope. The planet will adapt and survive, but it'll kill us to do it. On top of that the 'leaders' are killing the rest of us slowly anyway.”
- “To be honest I have very little hope. Things are changing far too rapidly in this country to the point where there is no stability. People need to stop pushing their ideology and beliefs on other people.”

2. physical and mental health; and
3. innate barriers.

While these are explained in greater detail below, there were several additional barriers mentioned less often but are worth noting, including: discrimination around race, class, and gender identity; the political climate and lack of attention to environmental issues; and relationships (or lack thereof) with parents, boyfriends/girlfriends, and children. Of particular interest are barriers mentioned among those in recovery, including shame, fear of relapse, and efforts to maintain sobriety. As one young adult said, “the shame of my addiction keeps me from sharing my story, which I believe I could use to help others”.

MONEY AND EDUCATION

Overwhelmingly, young adults spoke about “*not making enough money*” as a barrier to reaching their goals. Most mentioned low salaries, a lack of job opportunities, high cost of living, and insufficient affordable housing in New Hampshire. Young adults voiced frustration with living month-to-month, noting the difficulty in “getting ahead” financially because of monthly bills and past debts for education and healthcare. Access to affordable housing for the young adult workforce has been identified by several state initiatives over the last several years, including the New Hampshire Housing Finance Authority¹⁰.

- “Lack of money, not having a job, and feeling like I want to give up sometimes.”
- “What is blocking me from reaching my future goals is my pay. It is difficult to find a job that pays well. To be given a job that pays well requires specific experience, and to receive that experience there are barriers to that as well- like more experience!”
- “It all comes down to financial problems. I have a degree, and yet cannot find work that includes benefits and pays over \$15.00 an hour.”
- “The only thing blocking me from reaching some of my goals currently is my salary. I feel like it is impossible to save money with what I am making at my current job with all the bills I have to pay.”
- “Not being able to live in the town I was born and raised in because the rent in New Hampshire in the town I’m from, which is the most convenient location for me to get to my job in Massachusetts, is way too high. I may never be able to live completely on my own without a roommate or a significant other and I work a full time job. I will have to pick up a second part time job to move out of my father’s home, and I will not be able to further my education because I will be working 60+ hours a week. So in short, if anyone reads this, the rent is not sustainable for young adults. A two bedroom apartment in the town I live in is over 2,000 dollars a month not including utilities.”
- “Low pay and high cost of living. I’m a single mom and three quarters of my take home pay goes to daycare for my son yet somehow the state tells me I don’t qualify for daycare assistance, food stamps, or housing. Apparently there are plenty of apartments available for only \$300 a month according to them because that’s all I have left after I just pay daycare. That doesn’t count food, gas, electricity or any other daily essentials.”
- “Money. A complete lack of money. I work full time at a well-paying job and I am still living paycheck to paycheck.”

For many young adults, a large source of this financial strain is from “*crippling student loan debt*”. They cite loan repayment as a barrier to reaching future financial goals such as owning a home or starting a family. Other young adults mentioned that the cost of college makes it unattainable and, therefore, a barrier to reaching future goals. New Hampshire has one of the highest in-state tuition costs, due in part to low state investment in public higher education. In 2016, state support for higher education was \$93 per person, far behind the next-

¹⁰ New Hampshire Housing, 2019, Annual Report for Fiscal Year 2019.

lowest state, Pennsylvania, which allocated \$139 per person for higher education and in stark contrast to the national average of \$289 per person¹¹.

- “I feel the immense cost to go to college and the increasing cost of living push back my goals of owning a home and becoming independent.”
- “I feel like I am limited by where I can find the jobs that I'm trained for but my biggest obstacle to my goals of being financially secure and owning a home is that I have a huge amount of student debt. Despite making good money at a good job I still don't feel financially secure because I already pay nearly half my monthly income to loan payments and will be doing so for another 7 years making it nearly impossible to save any money for the future.”
- “...Even with education, it costs so much that the pay I am making now at my job is barely getting me through life, because I am throwing it back on all of my student loans.”
- “Student loan debt! I'm lucky to have gone to a local commuter university, but I'm still unable to afford a better vehicle or save for retirement or family planning with my current debt burden.”
- “Also, college and university is too expensive and sets young people back because everyone ends up with enormous debt. I would go to college if it was more affordable or free.”
- “I have no idea what I want to do so I'm just working really hard in a general sense. Depending on how much school I get, money will definitely be a huge issue school wise.”
- “I have a lot of stress around how I will finance my future education and living situation.”

A few young adults remarked on the pressure they receive from others to go to college in order to “succeed” in life, even if that path is not the right one for them.

- “The push to go to college no matter what makes me feel like my future is being inhibited. Whether because of money or social reasons or political reasons, college is not for everyone and I hate feeling like I'm 'wrong' or 'not going to succeed' because I am choosing at this point in my life to work full time instead of going to college.”
- “A failed public educational system that favors a robotic and conforming society over one where you pave your own path. It is ingrained into your head from a very young age that you must go to college and get a degree, or else you're permanently doomed from having a good paying job and are destined to be a bum. But this is far from the truth, as most college graduates are stuck with thousands of long term debt that keeps stacking up over the years. Chances are, the job they get severely underpays, meaning that debt is still there. I think we need a complete overhaul of public education and encourage kids to follow dreams and not be pressured into going to college and overpaying thousands for a topic that you could learn more about by yourself, for free.”

PHYSICAL AND MENTAL HEALTH

Mental health is a common barrier for many young adults, especially anxiety and depression. New Hampshire young adults expressed concerns mirrored by their peers nationally. According to an analysis of NSDUH data, “more U.S. adolescents and young adults in the late 2010s, versus the mid-2000s, experienced serious psychological distress, major depression or suicidal thoughts, and more attempted suicide¹²,” a trend not seen in

¹¹ Carson, Jessica A., "Mapping the Food Landscape in New Hampshire" (2019). The Carsey School of Public Policy at the Scholars' Repository. 372.

¹² “Mental Health Issues Increased Significantly in Young Adults Over Last Decade.” 14 Mar. 2019, www.apa.org/news/press/releases/2019/03/mental-health-adults.

older populations. In the NH, young adults also mentioned physical health limitations, such as chronic illness and physical disabilities as concerning. A lack of access to affordable healthcare exacerbates these issues for many.

- “I am having a hard time with my cannabis use disorder and with my mental health. While I'm doing well overall (and I'm safe and generally stable) my mental illness never stays the same for long which is exhausting, frustrating, and demoralizing.”
- “I believe that stress, anxiety, depression, and personal health challenges are making it more difficult to reach some of my goals.”
- “I have severe anxiety and depressive episodes that have prevented me from fulfilling my responsibilities in the past.”
- “Along with neglect, my seizure medications cause rapid decay of my teeth related to a loss of enamel via the way the meds break down in my body, so where I once had a beautiful smile, there are now missing teeth and that keeps me from seeking out opportunities to meet new people.”
- “I would like to go back to school- I am doing so slowly, as it is expensive. My spouse and I are considering starting a family soon. He suffers from chronic migraine, though, and recovery and treatments are hard to come by. A revamping of the healthcare system would allow us to go to the doctor several times a year without having to pay upwards of \$500/month.”

INNATE BARRIERS

Several young adults identified most with innate barriers, such as a lack of motivation, goals, and self-discipline, as standing in the way of reaching their goals. Many young adults specifically spoke about self-esteem as an innate barrier, including self-confidence, fear of failure, and cautiousness.

- “Myself. I need to give myself more ambition.”
- “Lack of self-motivation and not knowing where to start. And being afraid of not seeing results.”
- “The fear of failure. Because we live in a society that is hard to be successful if you have ever struggled in the past. It is nearly impossible for kids our age to start life easily.”
- “Myself. My head. I tend to overthink, compare myself to others and put myself down.”

Similarly, some young adults spoke about personal agency and self-control in responding to hardship as the key to determining whether or not you reach your goals. These youth often responded by saying that there are no barriers to reaching goals or that the only barrier in life is oneself.

- “I see my future as within my control. Bad things will happen, I will experience setbacks but it's how I respond to those that will allow me to reach my goal or not. Not the setback itself.”
- “All limits are only in your head. And that would be stupid from me to block myself :)”
- “The only thing that can block someone's future is themselves [sic]. No one else can stand in the way.”
- “Nothing. I will work hard to graduate from college with a job lined up so I can live on my own with my other and be able to support myself and my family.”

MESSAGING AND MEDIA CAMPAIGNS

THE DOORWAY-NH

The 2019 young adult assessment included a few questions on the degree to which media campaigns targeting public awareness of the state’s new Doorway program to address substance use disorders had reached young adults. The main goal of the Doorway Campaign is to inform the NH public that the nine NH Doorways are established throughout the state of NH and are available to assist in identifying and connecting people to needed services.

Core messages of the media campaigns included:

- People are not alone; other people have experienced addiction and have found recovery;
- Recovery is possible and there are many ways to get there;
- Addiction can happen to anyone;
- Substance use disorder is a disease; and
- Anyone can ask for help by visiting a Doorway or by dialing 2-1-1.

JSI/CHI created documentary-style ads and backstories with real NH residents who were in recovery that had messages of hope for others. The primary audience for the Doorway media campaign included NH Residents 18 and older. JSI/CHI utilized “geo-targeting” to provide greater media traffic to the east, west, and northern regions of New Hampshire (e.g. Berlin, Keene, Dover) early in the campaign, and then expanded the targeting to include campaigns for each Doorway location. The Facebook Doorway-NH ad campaign launched on February 11, 2019, using television, radio, newspaper, cable and streaming ads launched in July 2019, and continuing on various media platforms through June 30, 2020.

Key Performance Indicators for the campaign include the following:

- Reactions, comments, and shares on social media advertisements;
- Impressions and click through rates from digital and social advertisements;
- Campaign landing page site traffic;
- Video views/completion rates; and
- Campaign materials ordered.

Overall, nineteen percent (18.9%) of respondents indicated they had seen the Doorways campaign at least one time in the six months prior to completing the survey. Among those who recalled seeing the campaign, the most common location of the ad was on social media platforms.

TABLE 37 DOORWAYS CAMPAIGN LOCATION	PERCENTAGE (%)
Where did you see this ad?	
Social Media	30.1%
Television	28.0%
Internet	23.1%
Poster	20.5%
Streaming	10.3%
Bus Stop/ Shelter	8.8%
In a Bus	5.3%
Newspaper	4.5%
Other	9.8%

**Answers will not add up to 100% as respondents could select all that apply*

37

The target audience for the Doorway ads were NH residents over the age of 18 who are struggling or know someone who is struggling with drug or alcohol issues.

When looking at the exposure to the Doorway campaign ads by demographic groups, such as age or gender, we can begin to better understand the relative access in reaching the target populations.

TABLE 38 | DOORWAYS CAMPAIGN EXPOSURE BY AGE

	Total	18-20 years old	21-25 years old	26-30 years old
Yes	18.9%	18.5%	20.3%	17.7%
No	81.1%	81.5%	79.7%	82.3%

38

While reach of the Doorways campaign was quite similar across age groups, it showed more, yet still not significant variation across gender identity. Only 25.1% of those who were part of the Gender Minority category had seen the Doorways Campaign, only 20% of Cis-Gender Females and 16.9% of Cis-Gender Males had seen it.

TABLE 39 | DOORWAYS CAMPAIGN EXPOSURE BY GENDER IDENTITY

	Total	Cis-Gender Male	Cis-Gender Female	Gender Minority
Yes	18.7%	16.9%	20.0%	25.1%
No	81.3%	83.1%	80.0%	74.9%

39

The only variable that showed significant differences was race, with a p-value of 0.0316 and 29.2% of Persons of Color having seen the Doorways Campaign while only 22.7% of Multi-racial respondents and 17.8% of White respondents having seen the campaign.

TABLE 40 | DOORWAYS CAMPAIGN EXPOSURE BY RACE

	Total	White	Person of Color	Multi-racial
Yes	9.9%	17.8%	29.2%	22.7%
No	81.1%	82.2%	70.8%	77.3%

40

Exposure to the Doorways Campaign while not significant across financial status, did vary slightly, with those who meet needs with a little left showing the highest exposure.

TABLE 41: DOORWAYS CAMPAIGN EXPOSURE BY FINANCIAL STATUS

	Total	Live comfortably	Meet needs with a little left	Just meet basic expenses	Do not meet basic expenses
Yes	18.9%	15.6%	21.7%	18.7%	19.9%
No	81.1%	84.4%	78.3%	81.3%	80.1%

41

Comparison of substance use and perceptions by those who recalled seeing it with those who did not.

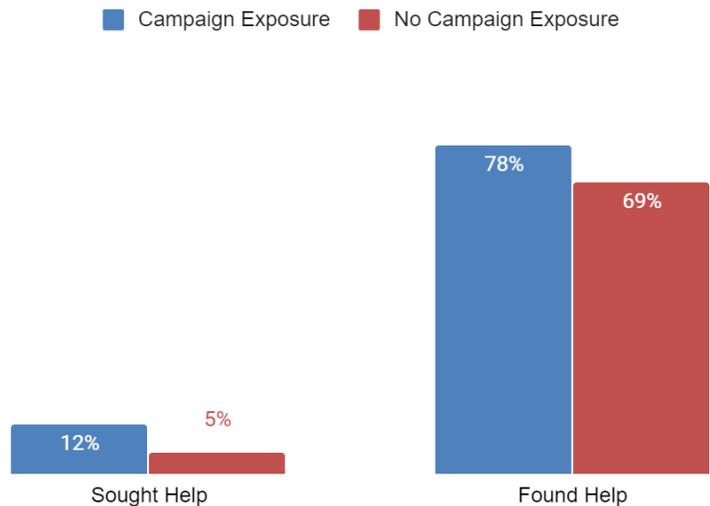
TABLE 42: DOORWAYS CAMPAIGN EXPOSURE BY SUBSTANCE USE				
	Total	Current	Past	Never
Binge Drinking				
Yes	19.1%	18.5%	20.5%	17.6%
No	81.9%	81.5%	79.5%	82.2%
Drink Alcohol				
Yes	19.9%	19.6%	20.1%	14.2%
No	81.1%	80.6%	79.9%	85.8%

42

Access to Care

The relationship between accessing care and awareness of the Doorways Campaign was explored with the expectation that those who have exposure to the campaign would be more likely to seek and receive the help they need. Young adults were asked about seeking help for problems related to alcohol or other drugs in the past 12 months and whether they were able to find the help they needed. Overall, 7% of young adults sought help for problems with alcohol or other drugs in the past 12 months (not counting cigarettes or e-cigarettes). Of those seeking help, 72% were able to find the help they needed. There was a significant difference in seeking help based on whether young adults were exposed to the Doorways Campaign: 12% of those that saw the campaign sought treatment for a problem with alcohol or other drugs while only 5% of those that did not see the campaign sought treatment in the past 12 months. While there was no significant difference in finding help among those who sought it, there was variation in the results with 78% of those that were exposed to the campaign finding help compared to only 69% of those not exposed to the campaign.

Relationship Between Doorways Campaign Exposure and Access to Care



BINGE-FREE 603: WHAT'S YOUR REASON?

The first phase of the Binge-Free 603 campaign (Phase 1: Country Local Campaign) launched on February 26, 2018 and ran through June 30, 2018. The primary audience for the initial campaign, *Binge-Free 603: What's Your Reason?*, were NH young adults ages 21-25 who are interested in hiking, fishing, hunting, agriculture, country music, skiing, motorsports, and other outdoor recreation activities, and are or may be at risk for binge drinking behaviors.

Building off of the initial campaign, JSI/CHI relaunched the campaign in July 2019 and ran advertisements through March 2020. Phase 2 of Binge-Free 603 featured a mixture of new characters and stories as well as updated stories from the first phase of the campaign. Decisions to create new materials and update previous campaign materials were based on focus group and survey feedback. In Phase 2, two new character stories, Justin and Bree, were created to reflect storylines not fulfilled in the previous campaign, including 1) experiences in the military/service and 2) raising a child.

In November of 2019, JSI/CHI launched messaging to address decisions made about short-term sobriety, often referred to as “sober curious.” These messages described taking a short break from drinking for a month, in line with trends like Dry January and Sober October. Organic and paid Sober Curious content was placed on Binge Free platforms through March 2020. The Sober Curious ads were targeted toward two sub audiences: younger adults (ages 21-34) and “older” adults (ages 35-50).

The following are key performance indicators of how audiences interact with a campaign:

- Reactions, comments, and shares on social media advertisements
- Impressions and click through rates from digital and social advertisements
- Campaign landing page site traffic

TABLE 43 BINGE-FREE 603 CAMPAIGN LOCATION	PERCENTAGE (%)
Where did you see this ad?	
Social Media	35.6%
Television	27.4%
Internet	30.4%
Poster	11.6%
Streaming	10.5%
Bus Stop/ Shelter	1.4%
In a Bus	2.2%
Newspaper	4.0%
Other	6.5%
<i>*Answers will not add up to 100% as respondents could select all that apply</i>	

43

There were no significant differences by age for those who had seen the Binge-Free 603 Campaign versus those who had not. Gender, however, did show significant differences with a p-value of 0.0078 and those who identified as Gender Minority showing the highest rate of exposure, similar to the results of the Doorways Campaign exposure.

TABLE 44 BINGE-FREE 603 CAMPAIGN EXPOSURE BY AGE				
	Total	18-20 years old	21-25 years old	26-30 years old

Yes	16.2%	18.8%	15.0%	15.9%
No	83.7%	81.2%	84.9%	84.1%

44

TABLE 45 | BINGE-FREE 603 CAMPAIGN EXPOSURE BY GENDER IDENTITY

	Total	Cisgender Male	Cisgender Female	Gender Minority
Yes	16.4%	19.0%	12.9%	23.6%
No	83.7%	80.9%	87.1%	76.2%

45

Race and Financial Status also did not show significant differences in exposure to the Binge-Free 603 Campaign.

TABLE 46 | BINGE-FREE 603 CAMPAIGN EXPOSURE BY RACE

	Total	White	Person of Color	Multi-racial
Yes	16.1%	15.3%	22.7%	20.8%
No	83.9%	84.8%	77.4%	79.2%

46

TABLE 47 | BINGE-FREE 603 CAMPAIGN EXPOSURE BY FINANCIAL STATUS

	Total	Live comfortably	Meet needs with a little left	Just meet basic expenses	Do not meet basic expenses
Yes	18.9%	15.6%	21.7%	18.7%	19.9%
No	81.1%	84.4%	78.3%	81.3%	80.1%

47

Neither the Binge Drinking nor the Drinking Alcohol variable caused any significant differences between those who had seen the Binge-Free 603 Campaign.

TABLE 48 | BINGE-FREE 603 CAMPAIGN EXPOSURE BY SUBSTANCE USE

Binge Drinking	Total	Current	Past	Never
Yes	16.4%	34.9%	33.5%	32.3%
No	83.6%	28.9%	40.2%	31.0%
Drink Alcohol				
Yes	16.3%	67.8%	21.6%	10.6%
No	83.7%	63.4%	24.5%	12.0%

48

COMMUNICATION AND RELATIONSHIP-BUILDING

Young adults gave many suggestions about how to help those struggling with substance misuse. A large portion spoke about the importance of communication, including speaking up and talking with friends and family who may be struggling, being a safe space to listen if a friend needs to talk, and parents having more open discussions about substance use with their children.

- “Individually talk to people who I think may have a problem and encourage them to get help (micro level approaches).”
- “Check in more with friends and family to make sure they are doing okay and not getting themselves in a situation where they end up using some of these substances that are more severe.”
- “Create a safe environment to openly talk about the issues that we are facing. If we stay silent and pretend that it's not a problem, then nothing will change and the problem will continue to get worse.”
- “The best thing we can do is keep an eye on our friends and offer support and resources if and when there is indication of a struggle with any substance. Making sure that they can trust enough to share and being supportive when they do is essential.”

Additionally, young adults spoke about the importance of encouraging community connection and relationship-building so that people feel less isolated. They felt that this would help reduce the stigma around substance use and seeking treatment, ensuring that those who are struggling know that they are not alone or being judged.

- “Be open about our experiences, and try to let there be less stigma and more compassion to people. Help rather hurt.”
- “Talk about the issues more. Bring awareness. Make people know that they aren't alone and shouldn't be ashamed of asking for help for their issues.”
- “Help end the stigma of addiction and help those in need by seeing the humanity in them.”
- “I think there needs to be more of an old school community approach, where we all come together. Where everyone knows everyone and no one falls through the cracks or feels lost or unknown.”

Several young adults voiced a need to change the parenting culture around drinking and encourage parental responsibility to educate and raise children who do not use substances.

- “Discuss it more openly with our children, to prevent them from becoming a statistic.”
- “Begin to normalize not drinking alcohol at every social gathering. Modeling good behavior for their kids - it's concerning how many people think it's okay to get drunk and smoke pot in front of their small children (and joke about their kids using substances, too).”
- “Rework education and parental culture towards substance use and misuse.”

PREVENTION AND EDUCATION

Education was mentioned often as a way to address substance use. Young adults gave several suggestions for education/prevention strategies, including starting in schools at younger ages; marketing, public health campaigns and education that provide facts and statistics rather than scare tactics about substance misuse and its harmful effects; peer education and sharing of personal experiences; and increasing knowledge about the connection between addiction and mental health.

- “I think an increase of education at a younger level is important. And an open conversation about substance abuse and mental illness.”
- “Be more educated. We need to know all the terrible, messy, and horrendous things drugs and alcohol can do to us. If people knew just how bad it was, then maybe they wouldn't try it. We need to let people know that there is so much more you can get out of life without it.”
- “Become educated and frankly scared...be honest about what happens to people. Use statistics (everyone thinks the worst won't happen to them, but it easily could).”

- “There are so many misconceptions about what is safe and what is low risk when it comes to substance use, the best thing to do is get the information about there, you can't argue with science.”
- “Looking out for and educating our peers and the younger generation may be the best way. Hearing from someone my age about something like substance abuse seems more realistic than hearing about it from someone much older than me.”
- “I think one of the most powerful and important things young people can do is to talk with their friends and peers about their own relationship with substances. Particularly if you've received treatment for substance misuse, you can act as a peer support provider, which brings more legitimacy to those conversations.... We should also work to minimize the stigmatization of people with substance misuse issues so that people feel more open to these kinds of conversations and don't feel alienated.”
- “To have platforms to tell our stories, to show that we do recover and to help educate the common everyday misconceptions about the recovery process and what the options are.”
- “Tell our story. I was a pain pill and heroin user six years ago. And with the help of a love one I became clean. I quit cold turkey. I have been clean six years without hiccups.”
- “More mental health awareness at a younger age. More drug education. If I knew that pain killers were similar to heroin I may have been more careful.”

Several young adults also spoke about the importance of supporting affordable alcohol and drug free activities in the community, and encouraging these healthy alternatives among friends.

- “Make it known that it's okay to not participate when it comes to drugs or alcohol, that self-values and boundaries are a great thing to have, and true friends will respect the boundaries you have for yourself.”
- “Promote acceptance of abstinence among peers so people feel less pressured to drink or use just to be accepted socially.”
- “Educate their peers. Speak up against drug and alcohol misuse. Stop fearing the opinions of others and stand up for what they believe is right.”
- “Finding affordable alternatives. There are very few alcohol and drug free activities to do as a young adult. An example would be a dance club that does not serve alcohol, or cheap roller blading. Money creates this stigma that the only cheap and quick way to have fun is to be under the influence.”
- “I think providing more evening/night hang-out spaces would be nice. Maybe like board game cafes, or even regular cafes or libraries that stay open later. Right now (at least in central/northern NH) there are hardly any options to choose besides bars or domestic isolation where drug use is more tempting.”

TREATMENT AND RESOURCES

Several young adults mentioned the need for additional and affordable services and programs in the community to address substance misuse, including addressing the underlying issues of mental health services, job opportunities, and affordable housing. Peer support was also provided as a promising practice to help young adults. Some young adults mentioned harm reduction strategies such as safe injection sites.

- “We need to start looking at why people in our society turn to drugs. Some people use drugs to escape the despair of life, we need to start addressing the job market and also take the time to listen to people who are addicts who deserve more than one chance to become better. Throwing a heroin addict in prison for having heroin changes nothing but makes them a felon, why change at that point?”
- “I believe they should take care of their mental health first instead of resulting in habits that mask the problems. By taking care of their mental health, they won't need the crutch of substance abuse.”
- “Stop criminalizing drug offenses. ALL drug offenses, it's a mental health problem!”
- “Help heal childhood trauma and increase mental illness services to allow help to be available.”
- “Question 'why' your friends and family are using or abusing substances - and seek to address those causes.”

- “Get more programs available for teenagers with drug problems. Make options available instead of people needing to jump through hoops.”
- “Support groups for teens and young adults to educate them on the true dangers of drugs. And peer support. Awareness.”
- “Young adults who have recovered from substance abuse working with addicts to show them tips to overcoming addiction , and to provide an example of a positive outcome after addiction.”
- “Give us safe ways to use them, it's not going away and they aren't going to stop might as well make it safe for us.”
- “Keep the conversation going to help break the stigma, educate youth on the dangers of substance use and ask our representatives to support safe injection sites.”

Several young adults also spoke about the importance of getting involved in the community and advocating for services, as well as being aware of the signs of substance use and promoting resources in the community to help friends/family who may be struggling.

- “Be open with friends and family you think may be misusing substances and educate yourself on available resources that could help them, so that you can walk through the process with them. Participate in non-substance related activities. Follow or get connected with local coalitions and groups that promote substance misuse prevention, treatment and recovery and share their messages, resources and information.”
- “Be educated and understanding when it comes to addiction. Know where help can be found and do what you can to make sure people can find it.”
- “Know what options are available (rehab, therapy, etc.) and encourage people to use them; help normalize/remove stigma surrounding treatment options.”
- “Educate themselves about the realities of drug use in this country and advocate for solutions to these issues as issues of community and support. The opposite of addiction isn't sobriety, it's relationships and connection.”
- “Be a voice for those who don't have one.”
- “Advocacy; specifically, supporting organizations well-equipped to battle substance misuse.”
- “Boycotting of harmful substances that are legal to obtain such as JUUL/e-cigarettes.”

A few young adults spoke about the importance of educating our political leaders to raise awareness and affect policy change to create programs and services that address the root causes of substance misuse.

- “Have an open, honest conversation with policy makers about what our (young adults) reality and relationship with drug-use actually is, and what this means to us as well as understand what this means to them (the policy makers/public health officials). I think some decision makers might not have the most clear understanding on contemporary drug use.”
- “Elect people to power that want to fight the issues. Educate themselves and others, so they can offer knowledge and programs.”
- “Speak with their votes. Pass common sense legislation that focuses on the specific problem. I.E. stiffer sentencing for dealers, more rehab and education.”

PERSONAL RESPONSIBILITY

Several young adults felt that you cannot help someone who doesn't want to help themselves. These young adults mentioned that there is not much to do about other people's substance use. Instead, it is based on individual will power, motivation, and personal responsibility to make better decisions and choices. They also spoke about the importance of surrounding oneself with peers who do not use substances.

- “There isn't much you can do, you can advertise, you can get people in rehab but if they don't want to get away from it they won't. You can't force someone to quit.”
- “Well no one can change a person's mindset. You have to do it all yourself. You have to be twice as smart. But not all people have the same mindset... 'you are your own boss' . You need to live it, learn it, believe it, etc.
- “Our voices are too small to make a large impact in this world. I know from first-hand experience that there's nothing anyone can do to stop this crisis. The only people that can make a change are the people suffering from SUD themselves.”
- “People make their own choices regardless of help they receive. They have to want to get better and get clean, otherwise you're just forcing them or doing it for them. Basically, just letting people know you're there if they need you.”
- “It's okay to experiment but don't actively participate and surround yourself with people who are heavily involved in substance misuse.”

WHERE DO WE GO FROM HERE?

“It's incredibly frustrating to see initiatives pop up here and there because of grant funding only to be a Band-Aid for a few years and then go away. Instead, we need some serious root cause analysis and, with that, an attitude and state funding that addresses the core issues, not the symptoms. We're not good at prevention in this country, but NH could be a leader in this way if we only sustainably fund evidence-based prevention efforts and retrained people's brains to understand the importance of prevention. We're too busy putting out fires that aren't going to stop until we address the root of the issue.”

Now that we have asked young adults about their experiences, impressions living in New Hampshire communities, we have the opportunity and responsibility to respond to their story. At the beginning of this report, we articulated a hope that the assessment data collected would help us understand what young adults are concerned about, what is motivating them, and what challenges them. We have learned that they enjoy the outdoors and close-knit communities, that they enjoy their friends and family, and that they have a desire to work, to launch businesses, and to play a more impactful role in politics and state leadership. These are areas to continue to invest in to support young adults in their livelihoods.

We have also learned that young adults continue to be challenged by the high cost of housing and higher education that lead to their migration to neighboring states. We have learned of the significant limitations to their progress and promise due to low wages; problems accessing affordable health care; continuing alcohol, tobacco, vaping, marijuana, opioid and other drug problems; and a sense of hopelessness related to environmental threats and political discord.

By and large young adults are motivated by connection -- to communities, to geo-political causes, to decision-making, to friends and family, to the natural world, and to each other. By sharing their experiences and perceptions, young adults have provided information that may be used by leaders, policy makers, service systems, and stakeholders to develop policies, practices and programs to improve wellness and opportunities for young adults to have a high quality of life and sense of wellbeing. Our call now, along with young adults themselves, is to build a future with them that, among other outcomes, will increase their educational opportunities and financial stability, engage them meaningfully in policy and politics, support their families, provide accessible and affordable health care and housing, address multiple substance misuse and mental health problems, protect the environment and natural resources, and recognize and channel their innate strength and sense of responsibility.

By doing so we will honor the survey participants who represented their peers well in their detailed, genuine and eloquent responses, reflecting thoughtful commitment to their futures. Our state will do well to give their

responses more meaningful reflection and committed action to improve their promise and their vitality in every walk of life and in every community.

METHODS

SURVEY DESIGN AND METHODS

The goals of the 2019 assessment were to:

1. Identify substance use prevalence among 18-20, 21-25 and 26-30 year old young adults;
2. Identify attitudes related to misuse of alcohol, marijuana and other substances that could inform a strategic response by the state and other stakeholders; and
3. Understand factors that influence beliefs and behaviors of young adults in New Hampshire.

An online survey was developed in consultation with BDAS and other experts in the field and administered through Survey Gizmo. The survey was promoted and distributed through the following channels, explained in greater detail in the “Social Media Design and Methods” section below:

- social media platforms (such as Facebook, Instagram, Google);
- email lists and list serves managed by community-based prevention specialists, coalitions, providers and secondary schools, and large employers;
- postcards and flyers with a URL and QR code distributed to partners across the state; and
- two young adult online survey panels contracted to promote and collect surveys from their young adult members.

The data collection period was October to December 2019. The criteria for being included in the survey was the respondent had to currently reside in NH and be between the ages of 18-30. A total of 2,694 survey responses are included in the results discussed in this report. Two \$50 Visa gift cards were given to respondents via lottery weekly while the survey was being fielded, and two \$250 Visa gift cards were given via lottery at the end of survey data collection.

QUANTITATIVE DATA ANALYSIS

Except for the description of the demographics of the sample, all analyses are weighted, and performed using SAS 9.4. Since most variables in the data set are categorical, the primary analyses were weighted frequency distributions and cross tabulations. Weighted 95% confidence intervals were computed around percentages (Wald type, normal approximation); although not frequently shown in the report, the confidence intervals were used to help identify important distinctions in the data. For cross-tabulations the Rao-Scott Chi-square test of association was used, which adjusts for the weighted design. A limitation of the Chi-square test is that it only identifies whether there is a relationship between two variables and does not specify where the difference lies. Thus, we took a descriptive approach of pointing out clearer differences (e.g., greater than 3-5%) in cross-tabulations (e.g., substance use and demographics).

There are many ways to examine bivariate associations between categorical variables and key issues like substance use, social media exposure, etc. Prior to the start of the quantitative data analysis, the team determined that the focus of stratified analyses would be on four key demographics: age, gender identity, race, and financial status. A priori selection removed the possibility of “cherry picking” significant findings and made analysis more efficient.

POST-STRATIFICATION WEIGHTS

Using similar methods to those used in the 2015 NH YAA, post-stratification sampling weights were calculated using age (age groups included 18-20, 21-25, and 26-30), gender identity (adjusting for cis-gender male, cis-gender female, and non-binary), and county to improve representativeness of the NH YAA sample to the NH young adult population.¹³ Given that only binary gender categories were available for our population-level estimates, weights were adjusted to account for those with non-binary gender identities in the 2019 YAA sample. Specifically, the following was used to calculate the post-stratification weights (repeated for each county):

Population counts for each county:

- N11 (age 18-20, gender cis-male)
- N12 (age 18-20, gender cis-female)
- N21 (age 21-25, gender cis-male)
- N22 (age 21-25, gender cis-female)
- N31 (age 26-30, gender cis-male)
- N32 (age 26-30, gender cis-female)
- Sample sizes for each county:
- S11 (age 18-20, gender cis-male)
- S12 (age 18-20, gender cis-female)
- S13 (age 18-20, gender non-binary)
- S21 (age 21-25, gender cis-male)
- S22 (age 21-25, gender cis-female)
- S23 (age 21-25, gender non-binary)
- S31 (age 26-30, gender cis-male)
- S32 (age 26-30, gender cis-female)
- S33 (age 26-30, gender non-binary)

The weights are calculated as:

	Cis-Gender Male	Cis-Gender Female	Non-Binary
18-20	$wt11 = (N11/S11)*adj1$	$wt12 = (N12/S12)*adj1$	$wt13 = (N11 + N12)/(S11+S12+S13)$
21-25	$wt21 = (N21/S21)*adj2$	$wt22 = (N22/S22)*adj2$	$wt23 = (N21 + N22)/(S21+S22+S23)$
26-30	$wt31 = (N31/S31)*adj3$	$wt32 = (N32/S32)*adj3$	$wt33 = (N31 + N32)/(S31+S32+S33)$

$$adj1 = ((N11 + N12 - (wt13*s13))) / (N11 + N12)$$

$$adj2 = ((N21 + N22 - (wt23*s23))) / (N21 + N22)$$

$$adj3 = ((N31 + N32 - (wt33*s33))) / (N31 + N32)$$

¹³ For population-level estimates we used the following: <https://census.missouri.edu/population-by-age/>

QUALITATIVE CODING AND DATA ANALYSIS METHODS

The survey included seven open-ended questions that provide context to the quantitative analysis. These seven questions included:

1. What are you and other young adults living in NH excited about?
2. What is frustrating to you and other young adults living in NH?
3. What negative impacts of alcohol or drug misuse do you see among people your age?
4. What, if any, new or emerging substance use issues are you seeing around you?
5. What gives you a sense of hope about the future?
6. What, if anything, is blocking you from reaching your future goals?
7. What do you think young adults like you can do to help address problems with substance misuse?

All open-ended responses were imported into Qualitative Data Analysis software - NVivo 12 (QSR International) - for data analysis. All closed-ended responses remained linked to the qualitative data in NVivo in order to complete subgroup analyses based on demographic data or other areas of interest. Two coders initially independently coded the first 20-25 responses for each question. This process ensured reliability between coders and informed a preliminary codebook that included inductive codes that emerged from the data. An additional 20% of the responses for each question was divided between the two coders (n=298 to 364 responses). Inductive, open coding was used at this stage and responses were allowed to fall into more than one code. In order to reduce bias and increase reliability, the two coders met regularly to review memos that included coding questions and other emerging insights.

Next, the coders condensed the codebook by removing or re-coding any codes that were used infrequently. They then began to identify relationships among the open codes, grouping common codes to create conceptual categories. The final step in the coding process included focused coding to validate the final codes and coding structure. Every tenth response for each question was coded until reaching the end of all responses. In this way, another 10% of the responses for each question was coded (n=119 to 146 additional responses). In total, an average of 469 responses were coded per question.

After this stage both coders agreed that they had reached saturation and began data analysis. Thematic analysis was used in an iterative process to identify major themes for each question. A series of matrix queries were run for each question to discover how conceptual categories and subcategories related to each other. We also looked across questions to explore the underlying, most salient topics that young adults in NH voiced throughout the survey.

SOCIAL MEDIA DESIGN AND METHODS

JSI/CHI utilized various digital and traditional marketing strategies during the recruitment phase of the 2019 Young Adult Assessment (YAA) project. Both digital and traditional marketing methods were used to reach as many NH young adults as possible for the limited budget and timeframe.

The platforms used to reach our intended audience were Facebook, Instagram, Google Search, Survey Panels, Postcards, and Email Marketing.

SOCIAL MEDIA

JSI/CHI chose to advertise the YAA survey on Facebook and Instagram due to its popularity among the intended audience as well as the cost efficiency of advertising on these platforms. According to 2019

data from Pew Research, 79% of adults age 18-29 use Facebook, and 67% use Instagram, making these the most popular social media channels for this age group after YouTube.¹⁴

One of the main indicators of cost effectiveness of social media advertising campaigns is CPM (Cost Per Mille). This is the amount it costs to show an advertisement 1,000 times, or generate 1,000 impressions. The average CPM of Facebook advertisements in 2019 according to Hubspot was \$9.82, and \$8.62 on Instagram.¹⁵ These are much lower than the \$11.43 CPM for YouTube advertisements, making Facebook and Instagram the most cost efficient choices from the top three most used social media platforms for our intended audience.

GOOGLE SEARCH

CHI chose to use Google Search advertising to reach young adults in New Hampshire due to its dominance of the search engine market as well as the amount of forecasted impressions generated during CHI's keyword research process. Best practice always recommends pairing a social media advertising campaign with a search engine campaign to reach audience members who may not be on social media, but are still interested in your product or service.

Advertisements on the Google Search platform show up when a user in the marketer's intended audience enters search terms (referred to as keywords) related to the marketer's product or service. For this campaign, our keywords were related to online survey taking so that the YAA survey would show to NH young adults that were already online on Google and searching for paid online surveys.

Keyword research performed by CHI during the research phase showed that there were over 200 searches in New Hampshire for the keyword "Paid Surveys" each day.

SURVEY PANELS

CHI utilized two survey panel companies, Centiment and Survey Gizmo, to recruit young adults to take the YAA Survey. We chose to use survey panels as they provide a set amount of verified, complete responses for a fixed cost per response. The team at CHI also wanted to ensure that we were reaching the most diverse population of NH young adults; the survey panels offered the ability to target individuals down to a county level which was very helpful at the end of the recruitment period when we were trying to fill geographical gaps in the data.

POST CARDS

The project team wanted to ensure that we reached members of the intended audience that had limited internet access and whom, therefore, may be unlikely to see a digital advertisement. In order to reach this unique segment of NH young adults, CHI leveraged our partnerships with the public health networks in order to distribute postcard throughout their communities containing the survey URL.

¹⁴ <https://www.pewresearch.org/fact-tank/2019/04/10/share-of-u-s-adults-using-social-media-including-facebook-is-mostly-unchanged-since-2018/>

¹⁵ <https://cdn2.hubspot.net/hubfs/4350015/Benchmark%20Report/Q3%202019%20Paid%20Media%20Benchmark%20Report.pdf>

CHI printed and distributed 3,000 postcards throughout the state containing the survey URL as well as a scannable QR code that quickly takes users to the survey after being scanned with a mobile phone.

EMAIL MARKETING

The last recruitment method used during this phase of the project was Email marketing in the form of an email blast sent to NH young adults that included the survey URL. The team decided to purchase a tailored email list during the end of the recruitment period in order to ensure a diverse sample of survey respondents for various geographical locations in NH. The project team purchased an email list from Exact Data of young adults in NH locations that were underrepresented in the data until that point.

Digital Marketing Terms

Impressions: The number of times an ad was displayed.

Click through rate: Percentage equal to the number of impressions divided by the number of clicks.

Cost Per Mille: The average cost per thousand impressions

Engagement: How audiences are interacting with your content, which included likes, clicks, shares, video views, etc.

Organic: Exposure generated without spending money on advertisements.

Reach: The number of people who were exposed to an advertisement.

Facebook/Instagram Advertising

Advertisements placed on Facebook generated 333,070 impressions and 3,545 link clicks over the course of the recruitment campaign. This breaks down to a 1.06% click through rate, which is above average for the platform. The average benchmark for all advertisements on Facebook in Q3 of 2019 was .80% according to Hubspot.¹⁶

Impressions	333,070
Clicks	3,545
CTR	1.06%

In order to determine which versions of our ads would generate the most clicks to the survey URL CHI used a marketing testing method called A/B testing. A/B testing is a fast and efficient way to determine which advertising creative results in more engagement. It is done by segmenting the audience on the given platform into two groups and serving each group a different version of the ad. After a given period of time, usually a week or more, the data is analyzed and the creative with the most engagement is determined to be the most effective ad and should be run again.

¹⁶<https://cdn2.hubspot.net/hubfs/4350015/Benchmark%20Report/Q3%202019%20Paid%20Media%20Benchmark%20Report.pdf>

Advertisement A

NH Center for Excellence
Sponsored · 🌐

Take our survey and be entered to win up to \$300!

NH YOUNG ADULTS

▶

LET YOUR VOICE BE HEARD

SURVEYGIZMO.COM/NHYOU...
NH Young Adult Assessment

Advertisement B

NH Center for Excellence
Sponsored · 🌐

Take our survey and be entered to win up to \$300!

NH YOUNG ADULTS

▶

LET YOUR VOICE BE HEARD

SURVEYGIZMO.COM/NHYOUNG...
NH Young Adult Assessment
This survey is completely anonym...

In our A/B test, we tested two different ad creatives, a static image and a GIF, to see which one generated more link clicks.

Advertisement “A” outperformed Advertisement “B”, generating 210 link clicks compared to 171 clicks generated by Advertisement “B”, and was the advertisement that was run on this platform for the duration of the campaign.

Advertisement	Impressions	Clicks
A	23,809	210
B	24,588	171

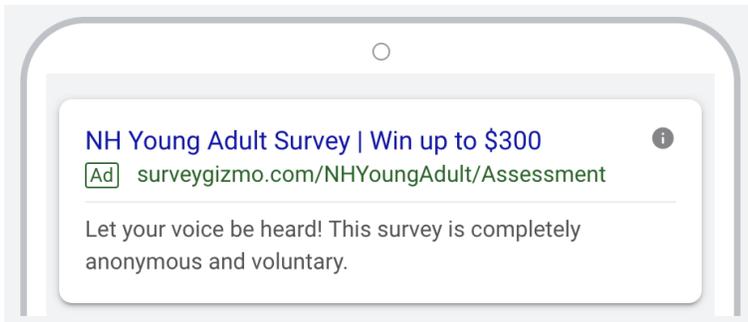
Google Search Advertising

Advertisements placed on Google Search generated 64,307 impressions and 1,889 clicks to the survey URL, resulting in a 2.9% click through rate. This is much higher than the 2.35% average click through rate cited by Hubspot.¹⁷

Impressions	66,307
Clicks	1,889
CTR	2.9%

Google Search Advertisement

¹⁷<https://cdn2.hubspot.net/hubfs/4350015/Benchmark%20Report/Q3%202019%20Paid%20Media%20Benchmark%20Report.pdf>



Survey Panels

Together, both Centiment and Survey Gizmo’s panels resulted in 1775 completed survey responses. Centiment’s survey panel had a 88% completion rate compared to a 79.1% completion rate for Survey Gizmo.

	Completed Surveys	Completion Rate
Centiment	770	88.0%
Survey Gizmo	1,005	79.1%

Conclusion and Lessons Learned

Over all, CHI’s recruitment campaign for the 2019 Young Adult Assessment resulted in 399,377 digital impressions and 2,648 unique, completed surveys.

The most cost effective recruitment methods were the two purchased panels, which resulted in over half of the total completed surveys. In future survey recruitment campaign, CHI will definitely utilize survey panels such as Centiment and Survey Gizmo.

CHI will also explore other social media advertising avenues that are steadily climbing in popularity such as Snapchat, Tik Tok, and YouTube.

APPENDIX

APPENDIX A: YOUNG ADULT ASSESSMENT SURVEY

2019 NH Young Adult Assessment Survey

Introduction:

Welcome to the New Hampshire Young Adult Survey! We value your opinions and appreciate your participation. This survey was designed for New Hampshire residents between the ages of 18 and 30. The survey takes about 10-15 minutes to complete. The purpose of the survey is to understand the behaviors and perceptions of young adults living in New Hampshire relative to a specific health issue in the state, including the use of alcohol, prescription medication, and other drugs. The information you provide will be used to help decision-makers in the state to develop and support health, wellness and substance misuse prevention programs for youth and young adults.

Important Information for Respondents (Please read before proceeding)

This survey is **completely anonymous** and does not record any personally identifying information. Please answer all questions truthfully. The information from the survey will be released in summary form only.

The survey is being **conducted by the Community Health Institute**, which is a non-profit organization contracted by the New Hampshire Department of Health and Human Services. No one from the Department of Health and Human Services will have access to your individual responses.

Cash Prizes:

At the end of the survey you will be able to **enter a drawing for cash prizes**. At the end of each week that the survey is active, people who sign up will be eligible for one of two drawings a week for a \$50 visa card. There will be two drawings per week for up to six (6) weeks. In addition, anyone who submits an entry for the weekly drawing will be automatically entered to win one of two \$250 grand prize. Your contact information for the drawing will be saved in a separate location and can never be linked to your survey data. You may only enter the drawing once; duplicate entries will be discarded and proof of age and New Hampshire residence will be required to receive a prize.

The survey is completely voluntary. You may choose to skip any question and no longer participate at any time. Other than your age and current zip code, you may skip any questions you are not comfortable answering.

NOTE: Partially completed surveys may be disqualified from the raffle drawings.

First, we have a few questions about you.

Item #	Question	Response Options
1.	I AM NOT A ROBOT	<input type="checkbox"/> Check here if you are not a Robot
2.	What is your age?	____ Numerical, whole numbers only
3.	Do you currently live in NH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	What is your current 5-digit zip code?	_____ Five digit numerical answer
5.	Do you think of yourself as...? (Check one)	<input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Choose not to disclose
6.	What is your current gender identity? (Check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male/Trans Man/ Female-to-Male (FTM) <input type="checkbox"/> Transgender Female/Trans Woman/ Male-to-Female (MTF) <input type="checkbox"/> Genderqueer, neither exclusively male nor female <input type="checkbox"/> Another gender category (please describe: _____) <input type="checkbox"/> Choose not to disclose
7.	What sex were you assigned at birth? (Check one):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
8.	Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	What is your race? (Select one or more responses)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

		<input type="checkbox"/> White
10.	Are you a parent or guardian of children or youth under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please tell us about your work, education and living situation

11.	Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?	<input type="checkbox"/> No/Not applicable <input type="checkbox"/> Separated or retired from the Armed Forces, Reserves, or National Guard <input type="checkbox"/> Yes, in the Armed Forces/Reserves/National Guard <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know
12.	What is your employment status?	<input type="checkbox"/> Employed for wages (full-time) <input type="checkbox"/> Employed for wages (part-time) <input type="checkbox"/> Self Employed <input type="checkbox"/> Not employed, looking for work <input type="checkbox"/> Not employed, not looking for work
	10a. If employed, within which industry do you primarily work? <i>(Please select one)</i>	<input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Computer and Electronics Manufacturing <input type="checkbox"/> Other Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Publishing <input type="checkbox"/> Software <input type="checkbox"/> Telecommunications <input type="checkbox"/> Broadcasting <input type="checkbox"/> Information Services and Data Processing <input type="checkbox"/> Other Information Industry <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Real Estate, Rental and Leasing <input type="checkbox"/> College, University, and Adult Education <input type="checkbox"/> Primary/Secondary (K-12) Education <input type="checkbox"/> Other Education Industry <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts, Entertainment, and Recreation <input type="checkbox"/> Hotel and Food Services <input type="checkbox"/> Government and Public Administration <input type="checkbox"/> Legal Services

		<input type="checkbox"/> Scientific or Technical Services <input type="checkbox"/> Homemaker <input type="checkbox"/> Military <input type="checkbox"/> Religious <input type="checkbox"/> Other Industry (please specify)
13.	Are you currently a student?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
	11a. If currently a student, are you in...	<input type="checkbox"/> Graduate school <input type="checkbox"/> College or vocational school, full-time <input type="checkbox"/> College or vocational school, part-time <input type="checkbox"/> High-school or a GED program <input type="checkbox"/> Some other type of school (Specify _____)
14.	What is the highest grade or year of school you have completed as of today?	<input type="checkbox"/> No schooling completed <input type="checkbox"/> Nursery school <input type="checkbox"/> Grades 1 through 11 <input type="checkbox"/> 12th grade—no diploma <input type="checkbox"/> Regular high school diploma <input type="checkbox"/> GED or alternative credential <input type="checkbox"/> Some college credit, but less than 1 year of college <input type="checkbox"/> 1 or more years of college credit, no degree <input type="checkbox"/> Associates degree (for example: AA, AS) <input type="checkbox"/> Bachelor’s degree (for example: BA, BS) <input type="checkbox"/> Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Professional degree beyond bachelor’s degree (for example: MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Doctorate degree (for example, PhD, EdD)
15.	Considering your own income and the income from any other people who help you, how would you describe your overall personal financial situation? Would you say you:	<input type="checkbox"/> Live comfortably <input type="checkbox"/> Meet needs with a little left <input type="checkbox"/> Just meet basic expenses <input type="checkbox"/> Don’t meet basic expenses <input type="checkbox"/> Prefer not to say
16.	What is your current living arrangement?	<input type="checkbox"/> House or apartment with parent/guardian <input type="checkbox"/> House or apartment alone <input type="checkbox"/> House or apartment with friends <input type="checkbox"/> House or apartment with spouse or partner

		<input type="checkbox"/> Transitional housing or shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Residential program or facility <input type="checkbox"/> Campus residence hall <input type="checkbox"/> Fraternity or Sorority house <input type="checkbox"/> Other college/university housing <input type="checkbox"/> Other off campus housing <input type="checkbox"/> Another arrangement (please describe: _____)
--	--	---

Next we are going to ask you questions about what motivates you and other young adults.

17.	What are you and other young adults living in NH excited about?	Open ended
18.	What is frustrating to you and other young adults living in NH?	Open ended

These questions ask for your perceptions about the risk of using certain substances

19.	How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?	<input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk
20.	How much do people risk harming themselves (physically or in other ways) if they have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk
21.	How much do you think people risk harming themselves (physically or in other way) if they use marijuana (also called pot, weed or cannabis) regularly?	<input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk
22.	How much do you think people risk harming themselves (physically or in other ways) if they use synthetic marijuana (also known as	<input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk

	Spice Herbal Smoke Blend, Genie, Skunk, K2, etc.) nearly every day?	
23.	How much do you think people risk harming themselves (physically or in other way) if they use electronic vapor products regularly ? Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, such as JUUL, Vuse, MarkTen, and blu.	<input type="checkbox"/> No risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Great risk

Now a few questions about substances you may have used

24.	Have you ever used any of the following substances?	A. 5 or more drinks of alcohol in a row, that is, within a couple of hours B. Alcohol [regular use] C. Electronic vapor products (JUUL, Vuse, MarkTen, and blu. This also includes e-cigarettes, vapes, vape pens, ecigars, e-hookahs, hookah pens, and mods.) D. Marijuana for non-medical purposes (pot, weed, hashish, hash oil) E. Synthetic marijuana/cannabinoids (also known as Spice Herbal Smoke Blend, Genie, Skunk, K2, Eclipse, Spike, Arizona, Black Mamba, or Bombay Blue, etc.) F. Other synthetic drugs (bath salts, hallucinogens, PCP) G. Inhalants (glue, solvents, gas) H. Cocaine (crack, rock, freebase) I. Club drugs (LSD, Psychedelic Mushrooms, MDMA, Ecstasy, Molly, GHB, Ketamine, or Rohypnol, etc.) J. Methamphetamine (ice, crank, chalk, crystal) K. Prescription drugs (without a doctor's prescription) L. Heroin M. Other (please specify)
25.	For each substance chosen: How old were you when you first used this substance?	8 years old or younger

		<p>9-11 years old</p> <p>12-14 years old</p> <p>15-17 years old</p> <p>18-20 years old</p> <p>21-23 years old</p> <p>24 years old or older</p>
26.	For each substance chosen: Have you used this substance in the past 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	[If no use] If you choose not to drink at all or to limit your drinking, which of the following are the reasons you choose not to drink? (select all that apply)	<p>Drinking is against my values</p> <p>People in my family have had alcohol problems</p> <p>I'm not old enough to drink legally</p> <p>I'm going to drive</p> <p>It costs too much money</p> <p>I don't like the taste/ I don't like the way it makes me feel</p> <p>My friends don't drink</p> <p>I don't want to disappoint someone I care about</p> <p>It is bad for my health</p> <p>It interferes with my school, work, or fitness activities</p> <p>I have children/am trying to get pregnant</p> <p>Drinking interferes with a medication I take</p> <p>I am in recovery from alcohol or other drugs</p> <p>Another Reason - please describe:</p>
28.	If you choose not to use illicit drugs, which of the following are the reasons you choose not to use drugs? (select all that apply)	<p>Using drugs is against my values</p> <p>People in my family have had substance use problems</p> <p>I'm going to drive</p> <p>It costs too much money</p> <p>I don't like the taste/ I don't like the way it makes me feel</p>

		<p>My friends don't use substances</p> <p>I don't want to disappoint someone I care about</p> <p>It is bad for my health</p> <p>It interferes with my school, work, or fitness activities</p> <p>I have children/ am trying to get pregnant</p> <p>Using substances interferes with a medication I take</p> <p>I am in recovery from alcohol or other drugs</p> <p>Another Reason - please describe:</p>
29.	How much has Alcohol or other drug use affected your peers or social group?	<p>A great deal</p> <p>Somewhat</p> <p>A little bit</p> <p>Not at all</p>
30.	What negative impacts of alcohol or drug misuse do you see among people your age?	Open ended
31.	What, if any, new or emerging substance use issues are you seeing around you?	Open ended

These next questions are about your health and wellbeing.

32.	How would you rate your health in general now?	<p>Excellent</p> <p>Good</p> <p>Fair</p> <p>Poor</p>
33.	Over the last 2 weeks , how often have you been bothered by the following problems? Little interest or pleasure in doing things Feeling down, depressed or hopeless	<p>Not at all (0)</p> <p>Several days (1)</p> <p>More than half the days (2)</p> <p>Nearly every day (3)</p>
34.	During the past 12 months, did you ever seriously consider attempting suicide?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

35.	If you wanted to talk to someone about a serious problem, which of the following people would you turn to? (Check all that apply)	<p>There is nobody I can talk to about serious problems</p> <p>My parent/guardian/caregiver</p> <p>My significant other</p> <p>Other family members</p> <p>My friend(s)</p> <p>Some other person or persons - please describe:</p>
-----	---	--

Leaders in NH are interested in understanding how young adults think about their future.

36.	Please comment about what gives you a sense of hope about the future?	Open ended
37.	What, if anything, is blocking you from reaching your future goals?	Open ended
38.	Have you personally tried to find help for problems with alcohol or other drugs in the past 12 months (not counting cigarettes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No [?] Skip to 39] <input type="checkbox"/> Not Applicable, I have not have any problems with alcohol or other drugs in the past 12 months [?] Skip to 39]
39.	If yes, were you able to find the help that you needed (such as self-help group, recovery center, treatment center, counseling, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

These questions are about selected advertisements you may or may not have seen.

40.	In the past 6 months, about how often did you see the Doorway-NH advertisement about getting help for drug or alcohol problems by visiting a Doorway or calling 2-1-1?	<p>Never [?] Skip to 45]</p> <p>Less than 1–2 times per month</p> <p>1–2 times per month</p> <p>Once a week</p> <p>2–3 times per week</p> <p>Daily</p>
-----	--	--

41.	Where did you see this ad?	TV Streaming Internet Social Media (like Facebook, Instagram, YouTube etc.) Newspaper Bus stop/shelter In a Bus A Poster Other [fill in]
42.	In the past 12 months, about how often did you see the Binge-Free 603: What's Your Reason? advertisement about reasons NH young adults have for not overdoing it when they drink (i.e. binge drinking)?	<input type="checkbox"/> Never [Ⓜ Skip to 46] <input type="checkbox"/> Less than 1–2 times per month <input type="checkbox"/> 1–2 times per month <input type="checkbox"/> Once a week <input type="checkbox"/> 2–3 times per week <input type="checkbox"/> Daily
43.	Where did you see this ad?	<input type="checkbox"/> TV <input type="checkbox"/> Streaming <input type="checkbox"/> Internet <input type="checkbox"/> Social Media (like Facebook, Instagram, YouTube etc.) <input type="checkbox"/> Newspaper <input type="checkbox"/> Bus stop/shelter <input type="checkbox"/> In a Bus <input type="checkbox"/> A Poster <input type="checkbox"/> Other [fill in]

These last two questions are your chance to share anything else you think would help people understand what you and other young adults in NH are thinking these days.

44.	What do you think young adults like you can do to help address problems with substance misuse?	Open ended
	Is there anything else you'd like to tell us or add regarding the issues we have asked about today, or about your experience taking the survey?	Open ended

