Youth Substance Use Prevention

Pierce County Needs Assessment

April 2025

Tacoma-Pierce County Health Department

Healthy People in Healthy Communities

Executive summary

Purpose

Tacoma-Pierce County Health Department's Youth Substance Use Prevention (YSUP) team, in partnership with Pierce County Prevention Collaborative (PC2), conducted a needs assessment to identify resources and needs to improve youth substance use prevention in Pierce County.

This assessment was a requirement of the Youth Cannabis and Commercial Tobacco Prevention Program grant from Washington State Department of Health (DOH). DOH only requires us to focus on cannabis and commercial tobacco including vaping; however, with their approval, we added alcohol to this assessment to align with our YSUP programming.

This assessment will inform and improve strategies and collaborations to decrease youth substance use and associated harms across Pierce County. The report increases understanding of:

- Community strengths and assets related to youth substance use prevention and effective harm intervention.
- Prevalence and scope of youth substance use in Pierce County.
- Impacts of youth substance use on Pierce County youth and communities.
- Factors that contribute to youth substance use and associated harms.
- Youth and community-desired solutions.

Participatory process

We used a community-based participatory process where we shared planning, data collection, and decision-making with external community partners. Because of time constraints, we worked primarily in partnership with PC2 partner organizations.

We hosted 2 assessment partner meetings open to all partners and youth to offer a low-barrier, low-time commitment way for partners to co-lead the assessment. We also offered multiple ways to engage in the assessment process from June to December, building off many pre-existing meetings to limit barriers for community partners to participate. Various community partners including youth determined data collection methods, gave detailed feedback, recruited youth for focus groups, and prioritized results and next steps.

Methods

Best practices in community engagement and data equity are to lead with community voice, with qualitative data, as the community has asked us to do. This assessment uses a wide array of both quantitative and qualitative data, leading with community voice (focus groups and community survey) and supplementing with numbers from established data sources. Data sources include:

- 9 focus groups with 80 youth across Pierce County.
- Community survey with 73 respondents (30% youth/young adults and 70% adults).

- Asset mapping with PC2 priority population leads and YSUP staff.
- Washington State Healthy Youth Survey (HYS).
- American Census, Washington Office of Superintendent of Public Instruction, Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) hospital data, and Washington Poison Center (WPC) data.
- Landscape analysis of 2018–2024 published reports and needs assessments in Pierce County.

Key findings

Youth substance use remains a critical and pressing issue among Pierce County youth and adults who love and support them. It negatively impacts the health and well-being of all youth—whether they use or not—every day, especially at school.

This report describes a web of connections between youth substance use in Pierce County and a variety of factors, conditions, and consequences. These include mental health, injuries, social and familial relationships, academic achievement, school learning environment, perception and knowledge of harm, and industry targeted marketing.

Youth substance use does not happen in a vacuum. It is strongly connected to current and historical systemic privilege and oppression and inequitable social, economic, and environmental (SEE) conditions.

While it is difficult to determine causal relationships between these variables and conditions, understanding these connections allows us to identify strategies to increase support and decrease stressors and barriers. Key variables described in this report include:

- **Mental health**: Youth are facing a mental health crisis reporting elevated levels of stress, anxiety, and depression. Mental health challenges are a reason youth use substances, and substance use can also exacerbate mental health symptoms. Youth need strategies to reduce stress, increase healthy coping skills, and improve access to resources and treatment.
- **Connections and relationships**: Peers and family members, especially parents, influence youth decision-making. Trusted adults, social connections, cultural programming, and teen spaces are all critical protective factors that youth want to see more of.
- **Policy and systems**: Lack of industry regulation and limited systems of support at school shape a local environment which encourages and enables youth substance use. Youth want to see more systems of support and accountability at school and policies that regulate the industry, making products harder to access and less attractive.

Next steps

We synthesized findings from this report and worked with our PC2 partners to identify the most important needs and the appropriate action steps YSUP should take to address those needs. Many

of the identified needs and community-desired solutions from this assessment closely align with YSUP's current activities and workplan for 2025. For example:

- Community grant funding supports teen spaces and programming and provides partners with flexible funding for community-based prevention.
- Escape the Vape 2.0 campaign planned for early 2025 will provide education and resources to middle school aged youth about the harms of vaping.
- Keep Talking 2.0 campaign planned for 2025 will offer resources to parents and caregivers to talk to their youth about substance use.

Other needs and community-desired solutions offer an opportunity for YSUP and other community partners to shift priorities and add action steps to meet new and emerging community needs. For example, we recommend adding these action steps to the YSUP workplan in the next year:

- Create a healthy coping guide for youth by youth.
- Increase partnerships, technical assistance, and funding for schools to increase school-based systems of support.
- Empower partners and local networks to provide education to their local communities through training, an updated toolkit, fact sheets, and presentations available on our website.
- Increase involvement with the Washington Liquor and Cannabis Board.
- Increase outreach and partnership with priority population organizations, youth, and leaders.

Acknowledgements

Thanks to the dedication, expertise, and wisdom of Pierce County Prevention Collaborative (PC2), community partners, youth, and internal partners who helped complete this assessment. Special thanks to PC2 partners who participated in our assessment process and youth who trusted us with their stories and insights.

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Washington State Department of Health

- Youth Cannabis and Commercial Tobacco staff.

PC2 partners and youth

- Lakewood's Choice.
- South Puget Sound Boys and Girls Club leadership and youth.
- Bonney Lake High School students.
- Asia Pacific Cultural Center staff and youth.
- Buckley Youth Activity Center.
- Big Homie Program, Serving Our Community.
- Oasis Youth Center.
- Red Barn Youth Center.
- Foundation for Multicultural Solutions.
- Answers Counseling.
- PC2 youth leaders.
- Innovative Change Makers.
- Franklin Pierce Youth First Coalition.

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Introduction

This assessment will inform and improve strategies and collaborations to prevent or lessen youth substance use and associated harms across Pierce County. It represents and serves multiple stakeholders and will inform program planning, grant-seeking, community planning, and policy recommendations. Results will inform and drive the work of:

- Tacoma-Pierce County Health Department's (Health Department's) Youth Substance Use Prevention (YSUP) team.
- Partnering organizations, advocates, and youth leaders including those within Pierce County Prevention Collaborative (PC2).
- Other collaboratives addressing intersectional issues like opioid use, behavioral health, youth resilience, etc.
- Washington State Department of Health (DOH) which provides funding and support to YSUP.

This assessment specifically focuses on youth use of alcohol, cannabis (i.e., marijuana), and nicotine vapes in Pierce County. We have traditionally prioritized prevention of youth use of commercial tobacco and nicotine products (including vapes) and cannabis.[1] This assessment includes alcohol to align with current YSUP programming. Like commercial tobacco and cannabis, alcohol is an easily accessible, highly marketed substance legal for adults over age 21. We discuss some other substances that have intersecting harms, risks, and protective factors.

This assessment increases understanding of:

- Community strengths and assets related to youth substance use prevention and effective harm intervention.
- Prevalence and scope of youth substance use in Pierce County.
- The impacts of youth substance use on Pierce County youth and communities.
- Factors that contribute to youth substance use and associated harms.
- Youth- and community-desired solutions.

Assessment guiding questions

1. What community assets, resources, and programs help keep youth healthy and less likely to use substances like tobacco, cannabis, vapor products, and alcohol?
2. How big is the problem of youth substance use and how does community describe it?
3. How does youth substance use impact our communities?
4. What are the protective and risk factors for youth substance use in our communities?
5. What solutions do youth and adults believe will help and want to see?

[1] Cannabis refers to all products with tetrahydrocannabinol (THC) or cannabidiol (CBD)—in other words, anything that contains cannabinoids. We switched our language from marijuana to cannabis to reflect the increase of cannabis products and changes in legalization. We recognize community and youth largely use terms like "marijuana" or "weed," so we did not change community vernacular when it appears in this report.

This assessment strived to elevate youth and community voices as critical stakeholders. Youth and their supporting adults have directly shared their experiences, perspectives, needs, and interests.

Framing a holistic approach: moving beyond abstinence-only prevention

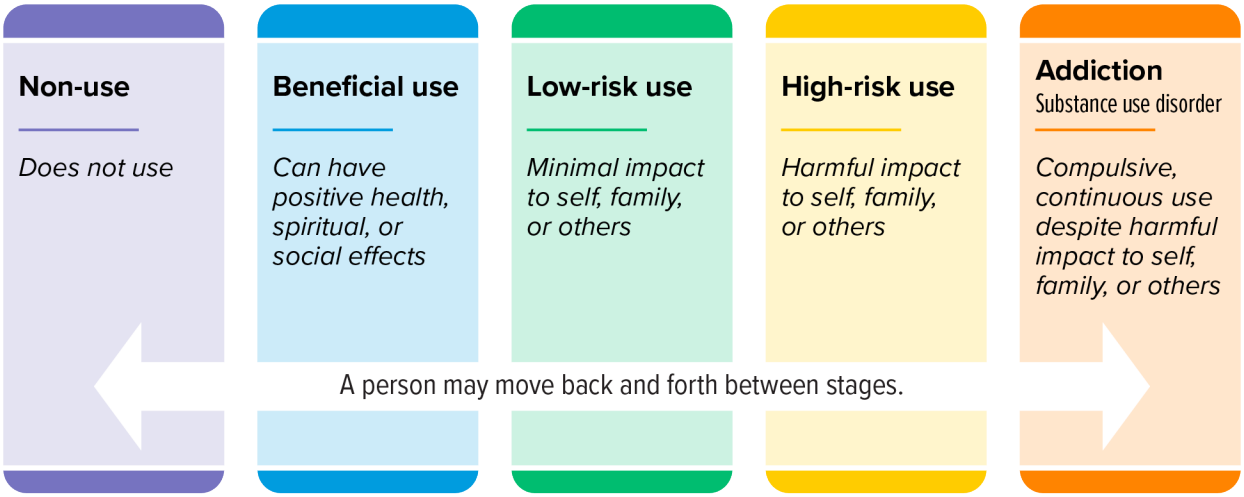
We envision a community where Pierce County youth thrive—where they reach their greatest state of overall health and well-being and can cope with stress without the use of substances. However, we know some youth may continue to use substances.

Use does not always mean dependency or addiction. Youth and adults use substances for different reasons including personal enjoyment, religious or ceremonial purposes, medical needs, or to cope with stress, trauma, or pain. Everyone experiences substance use differently.

Substance use occurs on a spectrum with different stages of benefits and harms. A person may move between stages over time. Youth may experience these benefits and harms differently depending on their intersectional identities and contextual factors. Benefits may be real or perceived. For example, youth may feel they are more comfortable in social situations if they use alcohol or cannabis. Or they may feel that nicotine eases their anxiety. These subjective benefits may be outweighed by objective health risks.

However, these perceived benefits impact youth decision-making. These benefits are also impacted by societal factors. For example, lack of accessible, affordable, and culturally relevant mental health resources may lead youth to use substances in an effort to address mental health challenges. Figure 1 shows the spectrum of use stages.

Figure 1: Substance use spectrum[2]



[2] Adapted from Government of Canada: canada.ca/en/health-canada/services/publications/healthy-living/substance-use-spectrum-infographic.html.

Understanding the spectrum of use and the wide range of reasons youth use substances helps us to tailor prevention and intervention strategies to target different youth populations. Prevention messaging and strategies for youth along the spectrum of use are different if they have never tried substances, are currently experimenting, or dealing with dependency.

Applying scare tactics and abstinence-only prevention does not reflect the reality of the daily experience of youth. It also isolates youth who may be experimenting with substances or struggle with dependency. Acknowledging the spectrum of use and the reasons youth use is essential to effective and inclusive engagement with youth.

A holistic approach is critical to meet the needs of all youth in Pierce County. We should strive to decrease youth substance use and its associated harms while also working to improve overall youth well-being. For example, we envision a combination of tailored interventions to help youth access cessation resources along with broader efforts to increase protective factors for youth in Pierce County, like access to supportive adults, after-school activities, and mental health support. This report helps us better understand the web of factors and conditions connected to youth substance use in Pierce County and will help create more effective strategies to support youth.

Intersectional and bi-directional relationships

Harms commonly associated with youth substance use may not be directly caused by youth substance use. These harms may co-occur or have intersectional or bi-directional relationships Understanding the complexity of these relationships helps us to apply prevention strategies focused on the overall well-being of Pierce County youth.

Harms may be intersectional where substance use may be 1 factor among many that contribute to the issue, or it could be a sign of other difficulties or factors. For example, cannabis use may contribute to lower academic achievement but limited access to food, absenteeism from school, or trauma may also contribute to the issue or even be the primary cause of the issue.

Harms may be bidirectional, like mental health challenges and substance use. Mental health challenges are often identified as both a risk factor for initiating substance use and a possible consequence of substance use. This relationship is bidirectional because mental health challenges can impact substance use behaviors and substance use behaviors can also impact mental health challenges. These factors are related, but one does not necessarily cause the other.

While there is a strong connection between mental health challenges and substance use, facing mental health challenges does not necessarily mean that a youth will use or is using substances. However, given the strong connection, prevention efforts must also address youth mental health.

Pierce County Landscape

Geography and demographics

Pierce County is the state's second-most populous county, with 928,696 residents. The county contains a mix of rural, urban, suburban, and tribal areas.

The county's population is mostly non-Hispanic white, accounting for 64.8%. Hispanic residents make up 11.2% of the population, followed by non-Hispanic Black/African American residents, who represent 7.2%.

Residents 5–14 years old make up the largest age group in Pierce County (13.8%), followed by the 25–34 years old age group (13.6%).

Table 1: Demographics, Pierce County, 2020[3]

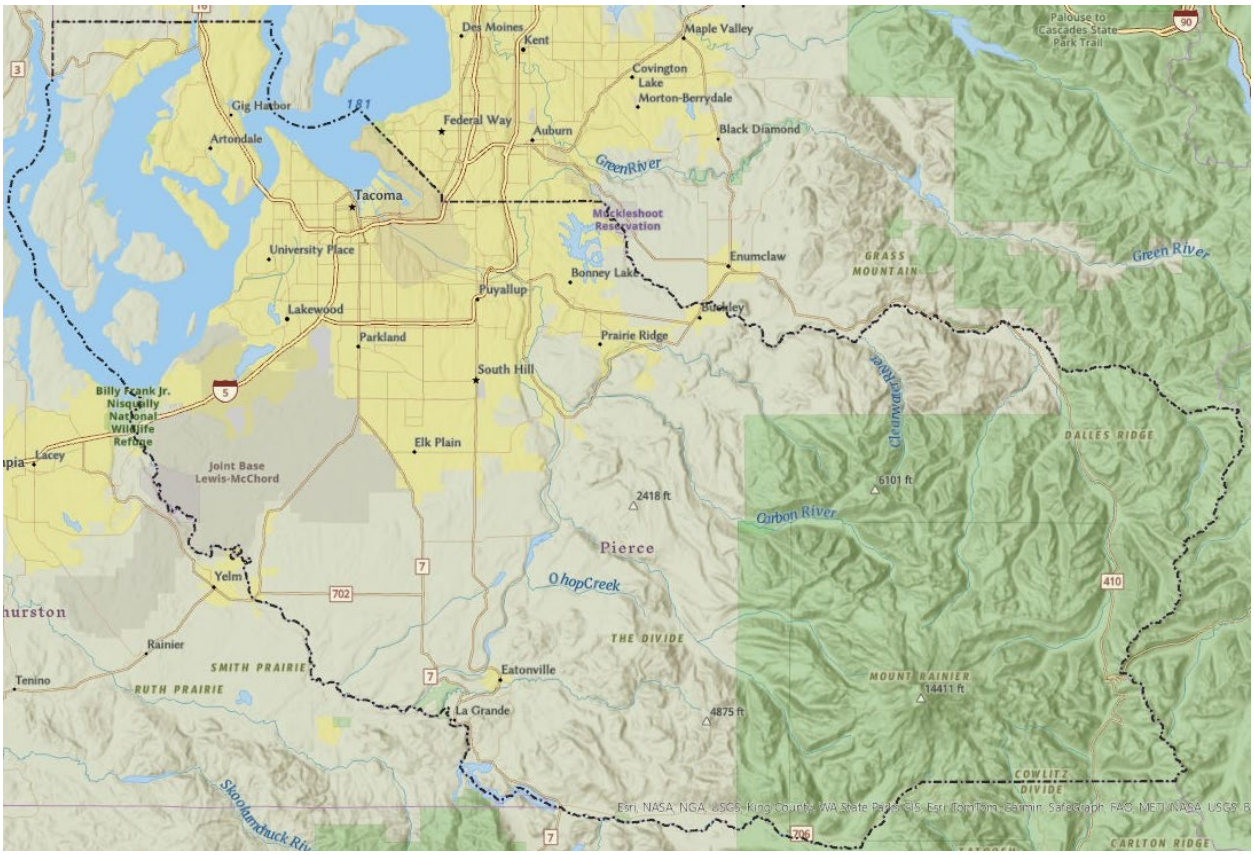
Race	Count	Percent
White	583,955	64.8%
Black	65,024	7.2%
American Indian/Alaska Native	9,941	1.1%
Asian	65,809	7.3%
Native Hawaiian/Other Pacific Islander	14,551	1.6%
Multiracial	60,603	6.7%
Hispanic (as race)	100,817	11.2%

Sex assigned at birth	Count	Percent
Female	458,635	50.9%
Male	442,065	49.1%

Age (years)	Count	Percent
Younger than 1	12,001	1.3%
1–4	48,030	5.3%
5–14	124,181	13.8%
15–24	110,344	12.3%
25–34	122,187	13.6%
35–44	116,552	12.9%
45–54	111,208	12.3%
55–64	116,733	13.0%
65–74	87,099	9.7%
75–84	38,099	4.2%
85 or older	14,266	1.6%

[3] Washington Office of Financial Management.

Figure 2: Map of Pierce County, Washington



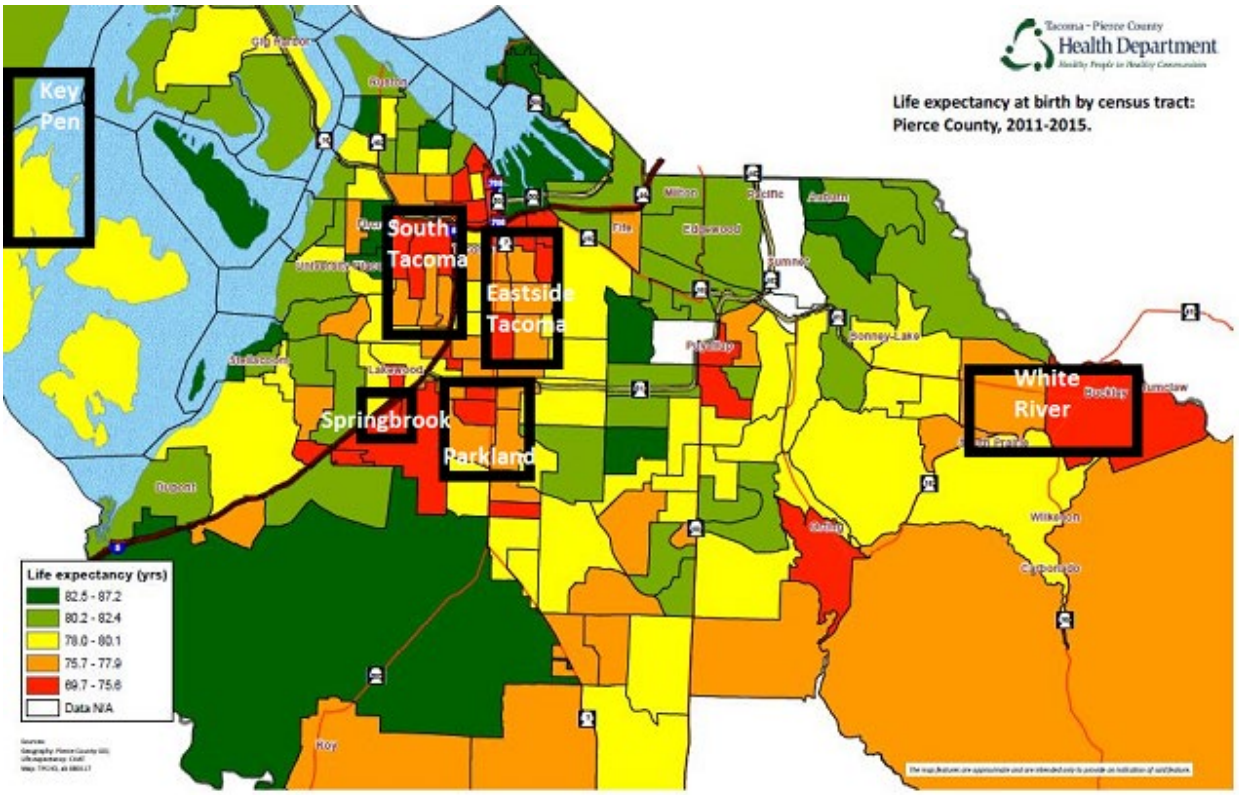
Communities within the community

Understanding Pierce County's diverse communities is critical to address youth substance use and provide equitable resources.

While YSUP focuses on populations over geographies, much of YSUP's priority populations—including Black/African American, Asian/Pacific Islander, Native American/Alaska Native, Latinx, rural, and LGBTQIA+—tend to reside within the Health Department's health equity Communities of Focus (see Figure 3):

- East Tacoma.
- Key Peninsula.
- Parkland.
- South Tacoma.
- Springbrook.
- White River.

Figure 3: Tacoma-Pierce County Health Department's Communities of Focus



Social, economic, and environmental conditions

Current and historical social, economic, and environmental (SEE) conditions[4] influence the risk of substance use and associated harms. SEE conditions include places people live, their income, and education. SEE conditions have enormous impacts on levels of power, opportunity, and resources that people and communities need to thrive. Structural racism and other discriminations are the greatest reasons for inequitable SEE conditions.

Local Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) show who is and is not benefiting from inequitable SEE conditions. For example:

- Violence and discriminatory practices like redlining, inequitable generational wealth access, and displacement have led to Black, Indigenous, and People of Color (particularly Pierce County's Black African Americans and Native youth) experiencing more inequitable SEE conditions.

[4] tpchd.org/healthy-people/health-equity

- People most greatly impacted by inequitable SEE conditions are more likely to experience lower income,[5] fewer educational and cumulative wealth opportunities, poorer health,[6] and lower life expectancy.[7]
- Additional forms of structural discrimination have increased the likelihood that Pierce County youth identifying as LGBTQIA+ are more likely to experience both adverse childhood experiences (ACEs) and inequitable SEE conditions with potentially fewer educational and employment opportunities, and poorer physical and mental health.

Participants in the Health Department-sponsored participatory policy-making project in 2020 identified key policy areas (see box to the right) that impact health and well-being by addressing inequitable SEE conditions.[8] They provide Pierce County with a strategic high-level policy roadmap for improving the holistic health and well-being of communities and residents, including youth. We collaborate with partners to address these policy areas in tandem with substance use prevention and intervention programming.

Key policy areas participants identified in the 2020 participatory policy-making project

- Behavioral and physical healthcare access.
- Early childhood development.
- Economic stability.
- Education access.
- Food affordability and accessibility.
- Healthy community planning and built environment.
- Housing affordability and accessibility.
- Social connectedness.
- Youth behavioral health.

Environmental landscapes

The physical and social environments within Pierce County play a significant role in shaping youth substance use behaviors. Major influences include the availability and proximity of substance retailers and barriers to accessing essential mental and behavioral health resources.

Retailer density and youth exposure

Research consistently shows that the presence of tobacco, alcohol, and cannabis retailers near schools can increase the likelihood of youth initiation and use (see Figure 4). In Pierce County we see:

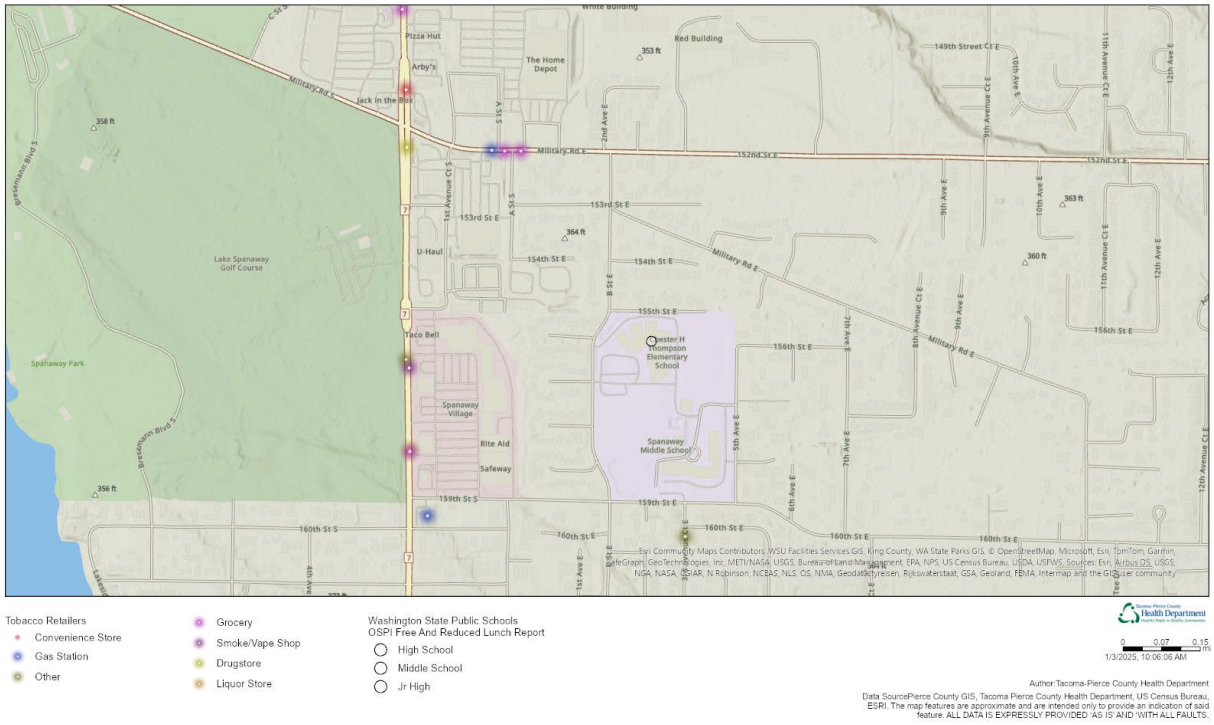
- High concentration of retailers near schools.

[5] For example, Pierce County Native Hawaiian or Other Pacific Islander children are nearly twice as likely to experience poverty as white children.
[6] For example, Pierce County Black, Indigenous, and People of Color (BIPOC) residents disproportionately experience more asthma, heart disease, and diabetes. American Indian/Alaskan Native residents have the highest rates of youth asthma and suicide.
[7] For example, life expectancy is worse for Pierce County American Indian/Alaska Native residents (74.7 years) and Black/African American residents (76.1 years) compared to other race/ethnicity groups.
[8] tpchd.org/wp-content/uploads/2023/12/CoLab_Policy-Areas-for-Health-Equity.pdf

- For example, 8 tobacco retailers are within walking distance of Spanaway Middle School, with the closest just a 3-minute walk from campus.

- Wide availability of tobacco products at convenience stores, gas stations, grocery stores, drug stores, and specialized smoke and vape shops.
- Limited cannabis retailer data which prevents accurate mapping.

Figure 4: Tobacco retailer locations in school neighborhoods, Spanaway, Washington



Barriers to accessing youth mental and behavioral health services

Effective youth substance use prevention relies on strong mental and behavioral health support. However, Pierce County faces significant challenges in this area:

- Shortage of mental health providers leading to long wait times and limited availability of services.
- Inadequate school-based resources.
- Systemic barriers like geographic disparities and transportation challenges, especially in rural areas.

Policy landscape

The Health Department has been a leader in local and state policy development. Pierce County regulations include:

- **Tacoma-Pierce County Environmental Health Code, Chapter 8**: Prohibits smoking in public places across the county including workplaces and places where children congregate.
- **Tacoma Pierce County Environmental Health Code, Chapter 9**: Restricts the use of Vapor Products in public. Aligns regulations with smoking regulations in public places, including retailer locations.

Washington State regulations include:

- **Preemption**: Washington is 1 of only 5 states with broad preemption of local commercial tobacco regulations, which prohibit or restrict cities and counties from enacting stricter laws than state or federal standards. This prevents local governments from addressing community-specific needs, like banning flavored tobacco products, restricting the locations of tobacco retailers, and implementing other measures.
- **Tobacco and vapor 21 law**: Prohibits the sale of tobacco and vapor products to anyone under the age of 21.
- **911 good Samaritan overdose law**: Protects anyone, including minors, from civil liabilities if they assist someone in a medical emergency.
- **Student discipline policies**: Eliminates the zero-tolerance approach for substance use at school, reduces exclusionary discipline, and implements proactive/restorative behavioral supports.

Pierce County prevention program

The Health Department has a long history of prevention work. In 2016, we received our first 5-year grant from DOH to focus on youth cannabis prevention and education. In 2020, the Marijuana Prevention and Education program and Tobacco program merged and joined the Behavioral and Emotional Health program. In 2023, we added alcohol programming and became the Youth Substance Use Prevention (YSUP) program.

The YSUP program focuses on policies, evidence-based practices, healthy coping, youth engagement and prevention, and leveraging combined funding opportunities. For the past 2 years, we have worked to align prevention efforts for alcohol, cannabis, tobacco, and vaping.

Pierce County Prevention Collaborative

Washington legalized the use of recreational cannabis for adults 21 years or older in 2012. The Health Department received DOH funding in 2016 to focus on youth cannabis prevention and education. A requirement of this funding was to build a network of community partners. This is how Pierce County Prevention Collaborative (PC2) started.

PC2 PIERCE COUNTY PREVENTION COLLABORATIVE

Any community partner interested in youth substance use prevention is welcome to join PC2. Members include community organizations, cultural centers, prevention coalitions, health workers, school staff, youth, and others. We host quarterly PC2 meetings to collaborate, share prevention

work, and hear updates on Health Department efforts, like Secure Your Cannabis, Escape the Vape, YSUP community grants, focus groups, and more.

PC2 is an equity-centered collaborative with 6 priority populations across Pierce County. Each priority population has a lead who receives compensation to meet monthly and represent their community. Part of their role is to promote messages in their community, review workplans, make budget decisions, and more.

Methods

Commitment to equity

We commit to equity in this assessment by:

- Applying an equity lens to each part of the assessment.
- Using meaningful participatory engagement strategies.
- Gathering qualitative data and stories to elevate youth and community voices.
    - Throughout this report, we indicate direct quotes from youth or community members with **“this formatting.”**
- Offering multiple options for feedback and closing the feedback loop back to stakeholders.
- Compensating youth and community members for their work and insights.
- Focusing on priority populations experiencing the greatest health disparities.

Participatory process

We used a community-based participatory process where planning, data collection, and decision-making was shared by external community partners and our YSUP team. Because of time constraints and limited partner capacity, we hosted 2 assessment partner meetings open to all partners and youth instead of a traditional steering committee.

The first meeting focused on planning the assessment, the second on interpreting results. This strategy offered a low-barrier, low time commitment way for partners to co-lead the assessment. We also offered multiple ways to engage in the assessment process from June to December. We built onto many pre-existing meetings to limit barriers for community partners to participate. Various community partners including youth:

- Finalized the assessment questions.
- Brainstormed and determined data collection methods.
- Gave detailed feedback on data collection tools.
- Recruited youth for focus groups.
- Discussed interpretations of findings and prioritized results and next steps

We also worked extensively with internal partners including Behavioral and Emotional Health staff, and Assessment, Evaluation, and Epidemiology staff.

See *Appendix A: Participatory process steps* for a more detailed description of our participatory process.

Data sources

We collected and analyzed data from an array of sources to understand the resources and needs to improve youth substance use prevention in Pierce County. We synthesized data from all sources into findings which answer the guiding questions. Data sources include:

- Nine focus groups with 80 youth across Pierce County.
- Community survey with 73 respondents (30% youth/young adults and 70% adults).
- Asset mapping with PC2 priority population leads and YSUP staff.
- Washington State Healthy Youth Survey (HYS).
- Quantitative data from the United States Census, Washington Office of Superintendent of Public Instruction (OSPI), hospital records from the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), and Washington Poison Center (WPC).
- Landscape analysis of 2018–2024 published reports and needs assessments in Pierce County.

Best practices in community engagement and data equity are to lead with community voice, as the community has asked us to do. We are leaning into best practices and honoring community requests by leading this assessment with community voice—focus groups and community survey—and supplementing with numbers from established data sources. See *Appendix B: Methods* for more info about youth focus groups and the community survey.

Community assets and resources

Community assets reduce the risk of youth substance use and associated harms while building on supports for youth well-being. Assets include characteristics, policies, programs, and funding.

We asked partners and staff to identify assets and resources that support Pierce County youth, including those who identify with 1 or more priority populations:

- American Indian/Alaska Native.
- Asian American/Pacific Islander.
- Black/African American.
- Hispanic.
- LGBTQIA+.
- Rural.

See Table 2 for details.

Table 2: Pierce County community assets and resources

✦ Indicates a partner or youth identified this resource or asset

Funding opportunities ✦ Puyallup Tribe funding. ✦ Tacoma Creates funding. ✦ Health Department funding like community grants and youth celebration mini grants. An important aspect of this funding is the ability to pay for staff time, food, and incentives.	**Community events** ✦ Tacoma Pride. ✦ MOSAIC (formerly Ethnic Fest). • Puyallup Tribe Pride. • Paint and Vibe. • Hilltop Street Fair. • Bethel ABC Days. • Oceania Youth Summit 2024. • Hilltop Carnival resource fair.	**Partnerships and collaboration** ✦ Creative partnership between agencies and organizations. For example, Mustard Seed Project's senior center loaning their shuttle to Red Barn for youth field trips. • PC2 partnerships. • PC2 priority population leads.
Youth spaces, resources, and programming • Eastside Community Center. • Camp Rosey, Wild Grief, and Mary Bridge Bridges child bereavement programs. • Beyond The Bell and Club B. ✦ Hilltop Artists. ✦ Tacoma Creates. ✦ Puget Sound Boys and Girls Clubs. ✦ After-school programming that is accessible and limits cost barriers. ✦ Oasis Youth Center. ✦ Red Barn Youth Center. ✦ Buckley Youth Center. ✦ Teen Mental Health First Aid training. ✦ Coffee Oasis including Port and Loft Centers, youth drop-in, and shelter. • Innovative Change Makers. • People's Center. • Big Homie Program. • Fab Five. • ACT Program. • Reach Center.	**Community and family resources (food, healthcare, etc.)** ✦ GoodRoots food lockers. ✦ Eloise's food cooking pot. ✦ Food Backpacks 4 Kids. • Family Resource Centers. ✦ Multicultural Child and Family Hope Center. ✦ Parenting classes. • Black Infant Health. ✦ Intergenerational prevention programs. ✦ AIDS Health Foundation. • Planned Parenthood. • Life Skills and Triple P parenting classes. • El Camino Foundation for Multicultural Solutions.	**Religious and cultural organizations, values, and traditions** ✦ Faith based organizations and youth programming. • Prevention programming focused on cultural connection. ✦ Organizations including Tacoma Ministry Alliance, Tacoma Urban League, NAACP, People's Center, Black Collective, Mission Africa, Peace Worker's, Rise Center, UNCF, Tahoma Indian Center, Chief Leschi School, and the Puyallup Tribe. • Asian-Pacific Cultural Center. ✦ Local herbalists/health sovereignty programs. ✦ Cultural knowledge and intangible and tangible wealth.

How big a problem is youth substance use in Pierce County?

It is difficult to understand the full scope and trends of use, harms, solutions, and successes solely based on numbers.[9,10] Some data sources lack representation from communities at greatest risk of substance use and harms—youth who identify as LGBTQIA+, Native American/Alaska Native, Native Hawaiian/Other Pacific Islander, etc. Disruptions in data collection because of COVID-19 also limit our ability to look at trends of use over time (see *Appendix D: Limitations and learnings*). Without trend analysis, we need community voice to understand the full picture of youth substance use in Pierce County. For this reason, this assessment leads with community voice—focus groups and community survey—and supplements with numbers from established data sources.

What does community tell us?

Pierce County youth and adults feel that youth substance use is a big problem, especially vaping.

Youth substance use remains a critical and pressing issue among Pierce County youth and the adults who love, engage, serve, and support them. Both focus group and survey participants agreed that youth substance use is a **"big problem,"** using words like **"everywhere"** and **"rampant"** to describe the issue. "It's honestly at an all-time high, it's everywhere," said a youth survey respondent.

When asked how they know it is a **"big problem,"** participants primarily talked about how youth substance use is a daily and disruptive occurrence in schools. Many focus group participants described that youth can't or don't want to use the bathroom because of peer use in bathrooms.

Youth commented that students are primarily vaping nicotine in the bathrooms, but some students also smoke cannabis. One youth shared **"[it's] invasive every time you go to the bathroom."**

Repetition of the words **"every time,"** **"every day,"** and **"daily"** indicates how common youth and adults feel the issue is. One adult survey respondent, who works at a school, echoed youth sentiment and said, **"Every day, students are caught vaping and/or using marijuana on school property and providing it to others."**

[9] See *Appendix B: Methods* and *Appendix D: Limitations* and learnings for more info about data sources and limitations.
[10] For example, school closures during COVID-19 and limited capacity to meaningfully engage community.

What does Healthy Youth Survey tell us?

Washington HYS is Pierce County's best quantitative data source for understanding youth perceptions, attitudes, and experiences. According to 2023 HYS participants, most Pierce County 8th- to 12th-graders don't use substances. Among students that reported substance use:

- Alcohol, cannabis, and nicotine vaping were the most reported substances (see Table 3).
- Across substances, lower grades reported lower use while higher grades reported higher use. 12th-graders reported highest use.

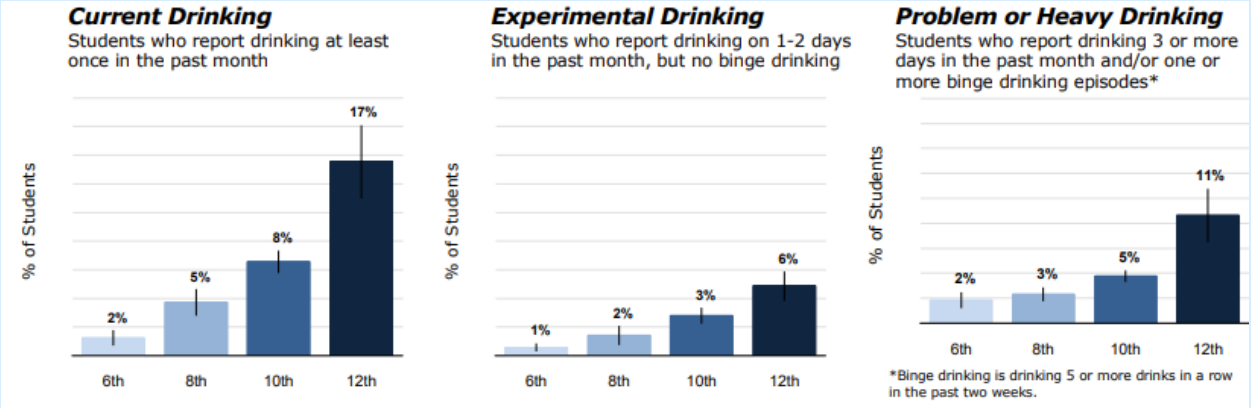
Table 3: Reported current use (past 30 days) in Pierce County, by grade and substance, 2023[11]

	8th grade	10th grade	12th grade
Alcohol	5%	8%	17%
Cannabis ("marijuana" in HYS)	4%	10%	17%
Vaping	5%	10%	15%

Alcohol

Youth focus group participants felt that alcohol use among their peers was less a problem than other substances like vaping or cannabis. However, they also said that drinking was common at parties. According to 2023 HYS, among all students[12] reporting alcohol use, the percentages of current use, experimental use, and problem-drinking consistently rose by school grade (see Figure 5).

Figure 5: Self-reported frequency and intensity of alcohol use among Pierce County students by grade, 2023[13]



[11] 2023 HYS, retrieved September 2024.
[12] All HYS participants are included in overall numbers. Some demographic groups (e.g., students who identify as LGBTQIA+, Asian American/Pacific Islander, and Native American/Alaska Native) have too few participants to stratify and disaggregate individually. Small numbers of participants in a demographic group can be from small numbers of students and/or small numbers of HYS participants.
[13] 2023 HYS, retrieved September 2024.

Students who identify as Asian, LGBTQIA+, Native American/Alaska Native, and Native Hawaiian/Other Pacific Islander had low HYS participation on questions about alcohol use. Among demographic groups ***with high HYS participation***[14] who also report alcohol use:

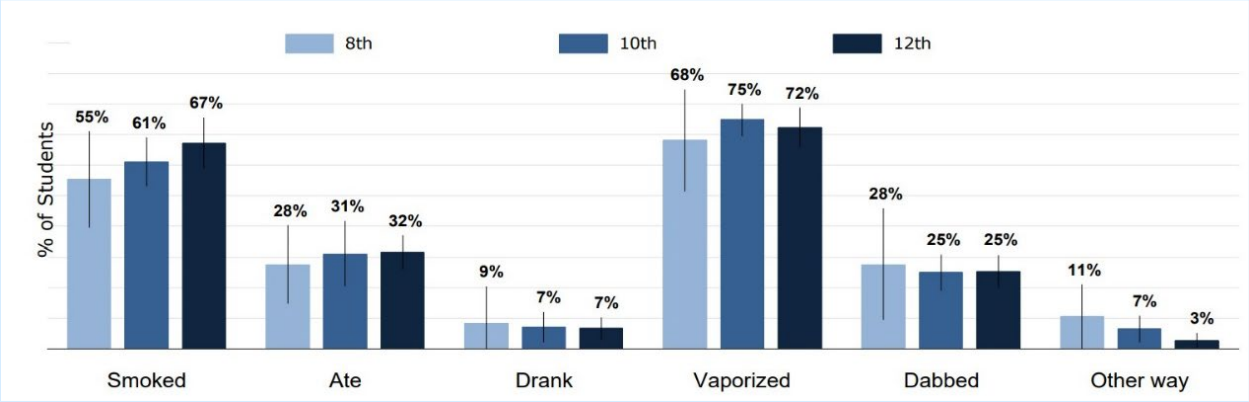
- 8th-graders reported lowest alcohol use among grades. 8th-graders who identify as Black/African American, Hispanic, multiracial, and white were the most likely to report alcohol use.[15] White 8th-graders reported using alcohol the most.
- 10th-graders reported more alcohol use than 8th-graders but less than 12th-graders. Among them, alcohol use was more equally distributed across race/ethnicity groups.

Cannabis[16]

Youth focus group participants said peers use cannabis in a variety of forms including vaping, smoking, and edibles. Participants disagreed about whether smoking or vaping is more popular.

2023 HYS data showed a similar mix of cannabis consumption. Both 8th- and 10th-graders reported vaping and/or smoking as the most common form of cannabis use (see Figure 6).[17]

Figure 6: Self-reported cannabis (marijuana) forms of use[18] among Pierce County students[19]



Pierce County students who identify as Asian, LGBTQIA+, Native American/Alaska Native, and Native Hawaiian/Other Pacific Islander had low HYS participation on questions about cannabis

[14] All HYS participants are included in overall numbers. Some demographic groups (e.g., students who identify as LGBTQIA+, Asian American/Pacific Islander, and Native American/Alaska Native) have too few participants to stratify and disaggregate individually. Small numbers of participants in a demographic group can be from small numbers of students and/or small numbers of HYS participants.
[15] 2023 HYS, retrieved Nov. 22, 2024.
[16] Cannabis refers to all products with THC or CBD—in other words, anything that contains cannabinoids. We switched our language from marijuana to cannabis to reflect the increase of cannabis products and changes in legalization. We recognize community and youth largely use terms like "marijuana" or "weed," so we did not change community vernacular when it appears in this report.
[17] 2023 HYS, retrieved Nov. 22, 2024.
[18] Self-reported students might use more than 1 form of use (e.g., vaping and eating).
[19] 2023 HYS: askhys.net/SurveyResults/FactSheets, retrieved Nov. 1, 2024.

use. Among Pierce County demographic groups ***with high HYS participation*** who also report using cannabis:

- 8th- and 10th-graders who identify as white were among the least to report cannabis use (3% and 9%, respectively). Among 10th-graders, students identifying as Black/African American, Hispanic, or multiracial were the most likely to report cannabis use (11%, 11%, and 13%, respectively).
- Overall, reporting cannabis use increased by grade. A greater percent of 12th-graders reported smoking and vaping cannabis than 8th- or 10th-graders.
- Among the grades, more males reported cannabis use than females; however, the rate of female use increased more dramatically by grade than the rate of male use.[20]

Nicotine vaping

Focus group participants ranked vaping as the biggest issue, followed by cannabis, and then alcohol, citing high frequency of use in school spaces. Youth use the word *vaping* to refer to nicotine vapes, while describing cannabis vaping as **"dab pens"** or **"vape pens,"** specifically. Among vape use, participants told us that peers were primarily vaping nicotine, followed by some cannabis **"vaping"** or "**dabbing."**

2023 HYS survey data aligns with their perception and experience. Among Pierce County 10th-graders who reported vaping in the last 30 days, 71% reported vaping nicotine, 58% reported vaping THC (cannabis), and 17% reported unknown substance. The unknown category for Pierce County 8th-graders was higher than 10th-graders (24% and 17%, respectively).

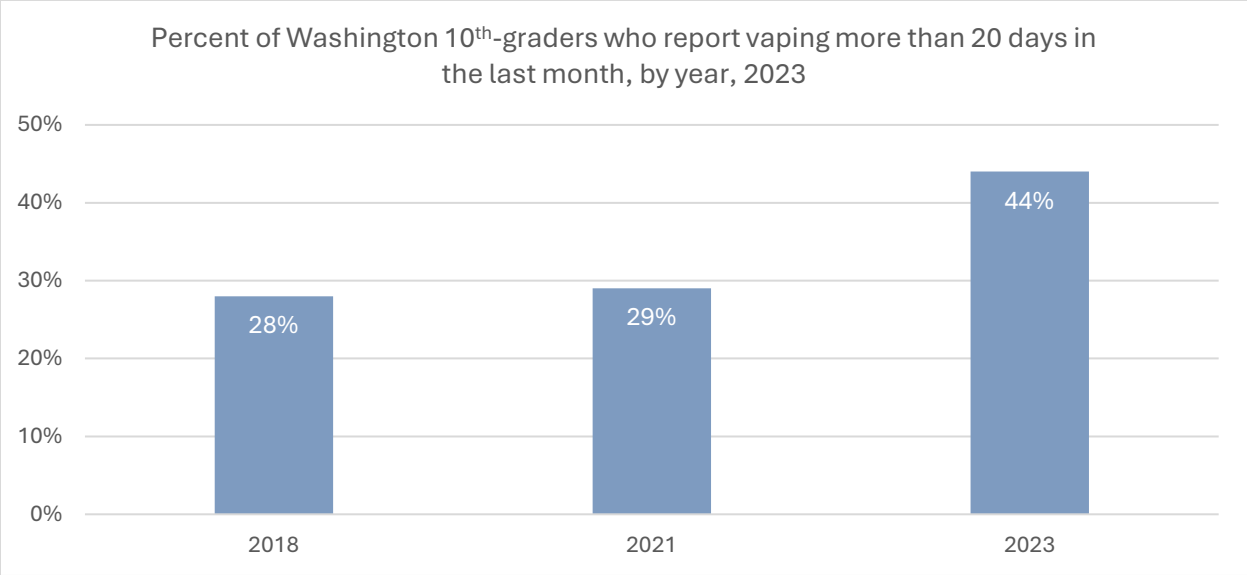
Youth who vape may be vaping more frequently

The 2024 National Youth Tobacco Survey (NYTS) indicates that, while fewer youth report vaping, frequency of use continues to be concerning and those who do vape may be vaping more often.[21] More than 1 in 4 youth who use e-cigarettes reported daily use. More than 1 in 3 reported using at least 20 of the last 30 days.

2023 HYS Washington state-level data show a similar trend. More frequent use likely indicates greater dependence on nicotine. Washington Breathes' Figure 7[22] shows the percentage of students who reported both vaping at school and vaping 20–30 days in the last month. 44% of 10th-graders who said they vaped at school also said they had 20–30 days in the last month.

[20] 2023 HYS: askhys.net/SurveyResults/FactSheets, retrieved Nov. 22, 2024.
[21] United States Food and Drug Administration and Centers for Disease Control and Prevention (CDC), 2024 NYTS: fda.gov/tobacco-products/youth-and-tobacco/results-annual-national-youth-tobacco-survey#2024%20Findings%20on%20Youth%20Tobacco%20Use.
[22] Washington Breathes: washingtonbreathes.org/priorities/support-healthy-youth/#HYS.

Figure 7: Percent of Washington 10th-graders who report vaping more than 20 days in the last month, by year, 2023[23]



These data are not available at the local level; however, youth voices align with both state and national data. Youth focus group participants and youth and adult survey respondents agree nicotine vaping at school is a daily occurrence and nicotine dependence exacerbates youth nicotine vaping. Research also shows that nicotine is one of the most addictive and difficult substances to quit, especially for people who started using it as youth.[24]

Increased teen nicotine pouch use: a new trend to watch

It's important to track sales, targeted marketing, teen use, and the associated harms of nicotine pouches. National Youth Tobacco Survey (NYTS) reported that for the first time, nicotine pouches have become the second most common currently used tobacco product among youth (after e-cigarettes).

Although only 2.4% of United States high school students reported using nicotine pouches in 2023, overall national market sales have skyrocketed.[25] The most common reported brands were Zyn, on!, Rogue, Velo, and Juice Head ZTN. Some focus group participants talked about the rise in popularity of Zyn, while other participants had never heard of Zyn.

Other drugs

While other substances are not YSUP's focus, we know some youth who use cannabis or alcohol may also use multiple substances. Alcohol and cannabis can increase risk of overdose from other

[23] 2023 HYS, retrieved September 2024.
[24] National Institute of Drug Abuse: nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/nicotine-addictive.
[25] Nicotine pouches do not include tobacco leaf. Some contain nicotine made from tobacco plants. Some contain nicotine made in a lab. These pouches may be referred to as synthetic nicotine or non-tobacco nicotine (NTN) products and may be marketed as "tobacco-free."

drugs, among other harms.[26] About 3% of Pierce County 10th-graders reported using various illicit substances outside of alcohol, cannabis, or vaping. These substances were mostly prescription drugs not prescribed to them (e.g., stimulants, sedatives, pain medications, attention-deficit/hyperactivity disorder [ADHD] medications). As described in this report's data limitations, use of narcotics and other controlled substances might be underreported among students. More strikingly, 10th grade use of over-the-counter drugs and medications, like cough syrup or allergy medication, for non-medical purposes was twice that of 10th-graders reporting use of illicit drugs (6% and 3%, respectively). Use of over-the-counter medications for sedation and/or self-harm among Pierce County teens is also noted in WPC data.

Several focus groups discussed other substances popular among high school- or college-age youth:

- Drink/drug cocktail called **"lean"** made with cold medicine.[27]
- Synthetic THC called **"K2"** or **"spice."**[28]
- Fentanyl and stimulants (e.g., methamphetamine).
- Various prescriptions (likely not prescribed to them) described as **"pills"** (e.g., opioid painkillers, ADHD medications).
- Inhalants including nitrous oxide, also known as **"Galaxy Gas," "laughing gas,"** or **"whippets"**).[29]

How does youth substance use impact our youth and communities?

Both Pierce County youth and adults talked about impaired decision-making (e.g., drunk driving), lower grades, poor attendance, missing opportunities and activities, lower skill development, and brain development.

Injury and death

Impaired driving

Focus group participants and survey respondents talked about impaired decision-making, specifically drunk driving, as an important impact of youth substance use. According to Washington

[26] CDC: cdc.gov/alcohol/about-alcohol-use/other-drug-use.html.
[27] Lean, also known as purple drank, sizzurp, barre, and Texas tea, is a mixture of cough syrup, soda, hard candy, and sometimes alcohol.
[28] United States Drug Enforcement Agency: dea.gov/factsheets/spice-k2-synthetic-marijuana.
[29] Galaxy Gas is a highly commercialized brand of whipped cream chargers marketed in colorful cylinders with flavors like mango smoothie and vanilla cupcake. While it is a culinary item, there are concerns about targeted marketing for recreational use. While Galaxy Gas is one of many nitrous oxide brands, its name has become a catchall term for nitrous oxide products. See injury.research.chop.edu/blog/posts/dangerous-trend-galaxy-gas.

Traffic Safety Commission,[30] 60% of all traffic fatalities in Pierce County in 2023 involved impairment of a driver, pedestrian, or bicyclist. Traffic fatalities remain one of the leading causes of death in Pierce County for people under 18.

HYS asks youth if students have driven impaired and whether they have ridden in the car with an impaired driver, see Table 4. While reports of 10th- and 12th-graders driving impaired with alcohol and cannabis is low, riding knowingly with an impaired driver was much higher. We also see a jump with 12th-graders and cannabis. 12th-graders report the highest percentage of driving impaired with cannabis (9%) and riding with impaired driver (18%).

Table 4: Self-reported driving impaired and riding with someone impaired among 10th- and 12th-graders, Pierce County, 2023[31]

	Alcohol		Cannabis	
	Drove impaired	Rode with an impaired driver	Drove impaired	Rode with an impaired driver
10th grade	2%	13%	4%	13%
12th grade	4%	13%	9%	18%

Toxicity: Emergency room visits and poison center calls

Adverse reactions happens when a person takes too much of a substance or a combination of substances, at a level that is toxic to their body. Adverse reactions from acute toxicity might lead someone to seek immediate medical care. Symptoms of acute toxicity from alcohol, cannabis, and/or nicotine vaping can include vomiting, altered mental status, fast heart rate, chest pain, and abdominal pain.

Symptoms from either alcohol or cannabis toxicity can include lethargy. Adverse reactions of acute toxicity can be more harmful or deadly when combined with other substances like opioids, sedatives, stimulants, etc.[32]

From January 2023 to September 2024 in Pierce County, few youth overdose (drug poisoning) emergency room visits involving an opioid or stimulant also involved alcohol or cannabis (22 combined visits). However, many youth emergency room visits included adverse symptoms of acute alcohol and/or cannabis toxicity (3,335 combined visits). These symptoms were largely vomiting, altered mental status, fast heart rate, chest pain, and abdominal pain. Statewide, a high volume of WPC calls involves suspected acute alcohol, cannabis, or nicotine vape toxicity.

Alcohol

WPC listed the state's top 10 substances in exposure calls in 2023.[33] Among all age groups, teens 13–19 years old were the only age group that listed alcohol within the top 10. Among January 2023–September 2024 Pierce County emergency visits involving alcohol:

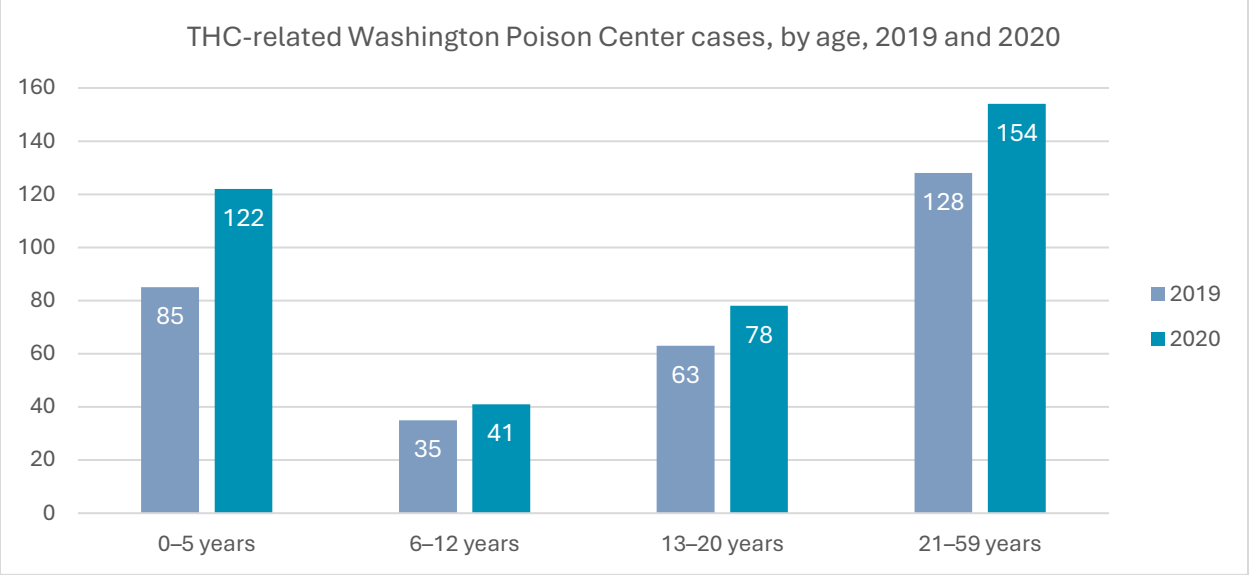
[30] Washington Traffic Safety Commission, Target Zero dashboard: wtsc.wa.gov/dashboards/tz-performance-dashboard.
[31] 2023 HYS, retrieved September 2024.
[32] CDC: cdc.gov/alcohol/about-alcohol-use/other-drug-use.html.
[33] WPC: wapc.org/wp-content/uploads/Top-Ten-for-2023.pdf.

- 57% of 389 visits among teens 12–19 years old reported suspected acute alcohol toxicity.
- 46% of 699 visits among young adults 19–24 years old reported suspected acute alcohol toxicity.

Cannabis

THC is the main contributor to cannabis intoxication. Cases of suspected THC exposure reported to WPC show a statewide increase in unintentional THC exposure in young children and intentional THC exposure in adolescents[34] (see Figure 8).

Figure 8: THC-related Washington Poison Center cases, by age, 2019 and 2020[35]



Among January 2023–September 2024 Pierce County emergency visits involving cannabis:

- 43% of 921 visits among teens 12–19 years old reported suspected acute THC toxicity-related adverse reactions.
- Less than 10 of 1,362 visits among young adults 19–24 years old reported suspected acute THC toxicity-related adverse reactions.
- Most common physical symptoms of suspected acute THC toxicity were vomiting and abdominal pain.
    - Suspected acute THC toxicity can include a group of symptoms known medically as cannabinoid hyperemesis syndrome (CHS).[36]

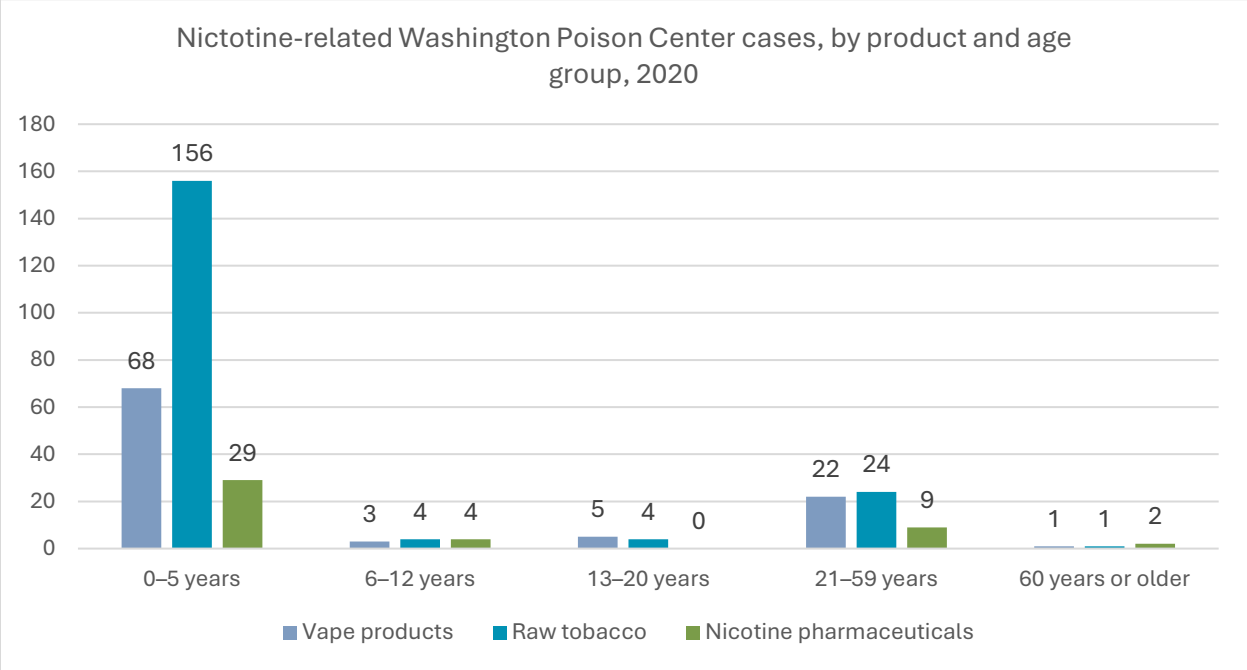
Nicotine vapes

Statewide, WPC case data show most nicotine-involved exposure calls involve young children ingesting a nicotine product[37] (see Figure 9). About one-third of all nicotine vape product exposure

[34] WPC: wapc.org/wp-content/uploads/COVID-Snapshot-6_Cannabis.pdf.
[35] WPC: wapc.org/wp-content/uploads/COVID-Snapshot-6_Cannabis.pdf.
[36] CHS symptoms include nausea that doesn't respond to medication, intense vomiting episodes, and abdominal pain. While this syndrome was previously rare, CHS cases have become more common in the last decade. University of Washington Addictions, Drug, and Alcohol Institute, 2024.
[37] WPC: wapc.org/wp-content/uploads/COVID-Snapshot-5_Nicotine.pdf.

calls across ages involved flavored liquids—most of which were in children 0–5 years old.[38] There were no identified Pierce County emergency room visits involving nicotine vaping toxicity among teens 13–19 years old.

Figure 9: Nicotine-related Washington Poison Center cases, by age group, 2020[39]



Relationships and mental health

Youth focus groups talked about peers experimenting/using alcohol, cannabis, or vapes for socialization and connection, yet they also saw impacts on relationships. **"It affects how they interact with each other"** said an adult survey respondent. Youth shared examples of loss and strains in relationships like **"broken promises"** and **"broken relationships."**

Youth focus groups also talked about impacts on mental health (e.g., increased symptoms of depression, anxiety, addiction) despite peer perception that these substances provide stress reduction and mental health support.[40]

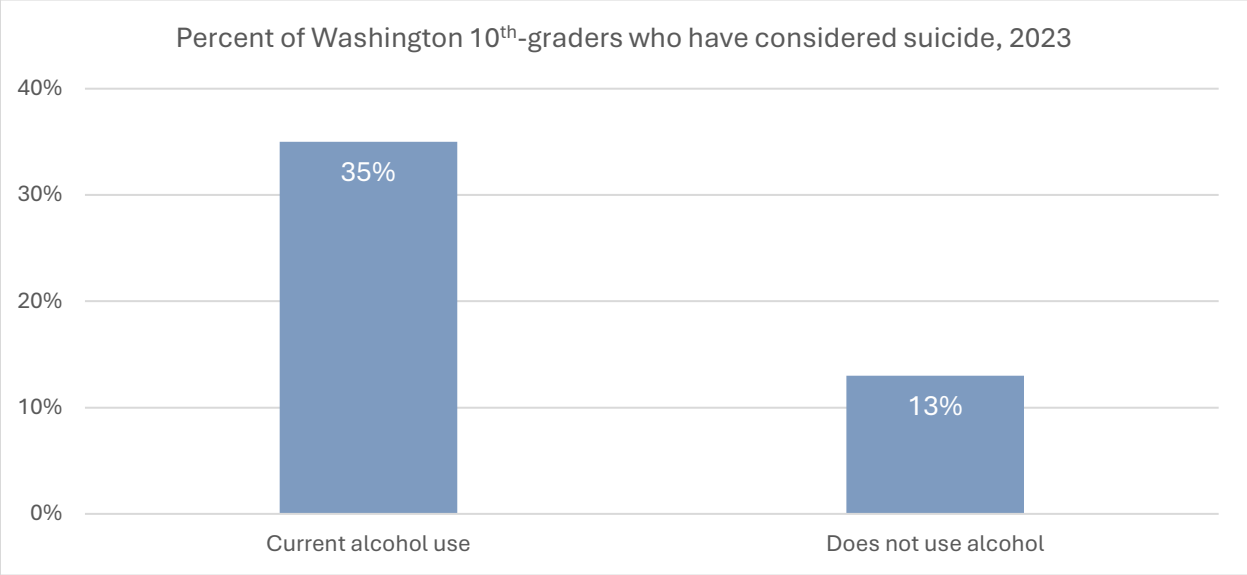
In some situations, substance use can cause mental health challenges. In other situations, mental health challenges might prompt substance use as an attempted means of coping (see *Framing a holistic approach: moving beyond abstinence-only prevention* section and *Pierce County landscape* section).

[38] WPC: wapc.org/wp-content/uploads/COVID-Snapshot-5_Nicotine.pdf.
[39] WPC: wapc.org/wp-content/uploads/COVID-Snapshot-5_Nicotine.pdf.
[40] University of Washington Addictions, Drug, and Alcohol Institute: adai.uw.edu/wadata/MJsurvey.htm.

Suicidality and mental health crises

Statewide, more 10th-graders who report drinking alcohol in the last 30 days have also seriously considered suicide in the last 12 months than those who did not drink (35%) (see Figure 10).

Figure 10: Relationship between considering suicide and current alcohol use among Washington 10th-graders, 2023[41,42]



The same is likely true for Pierce County. While the numbers of Pierce County HYS participants are far less than HYS participants statewide:

- Between 36% and 47% of Pierce County 10th -graders who reported using cannabis have also seriously considered suicide in the last 12 months.
- A review of Pierce County hospital visits January 2023–September 2024 shows 23% of visits exclusively involving alcohol among youth 12–24 years old also included reports of depression, anxiety, or suicidality.
- 19% of Pierce County hospital visits exclusively involving cannabis among youth 12–19 years old also included reports of depression, anxiety, or suicidality.
    - Young adults 19–24 years old were twice as likely to report depression, anxiety, or suicidality than youth 12–18 years old.

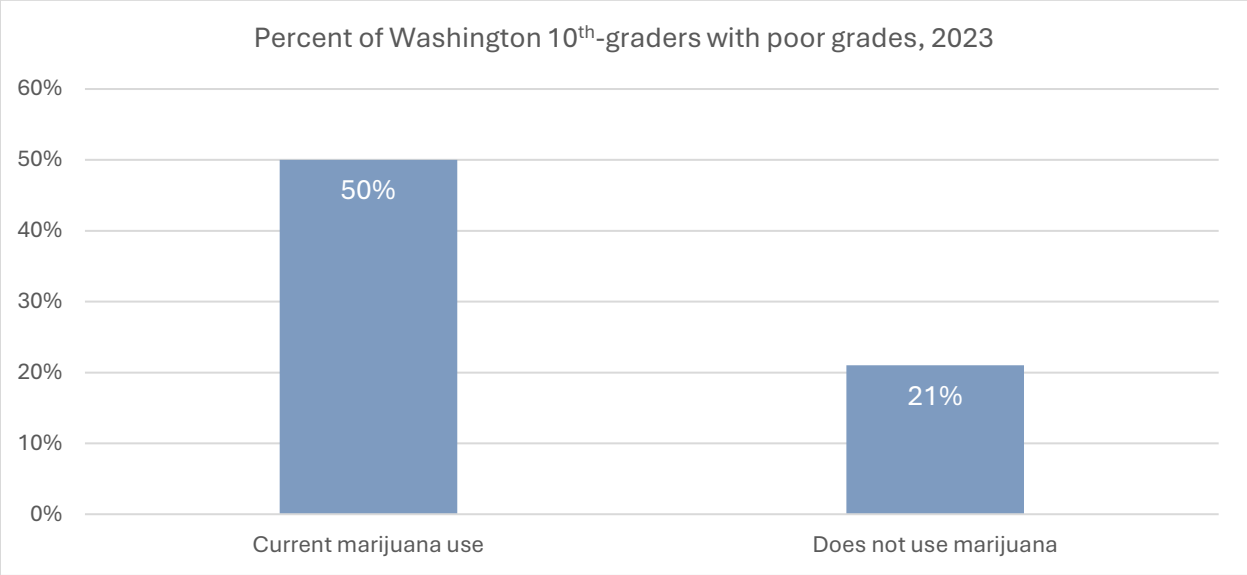
Risk of lower academic achievement

National studies show alcohol, cannabis, and other substance use among youth may cause learning and memory problems. In Washington, substance use is also concurrently present with poor grades (see Figure 11). However, use may not be an actual cause of poor school performance but rather a concurrent sign of other difficulties outside of the school environment (e.g., limited access to food, discrimination-related stress). See *Pierce County landscape* section for more info.

[41] Current alcohol use is defined as having used alcohol in the last 30 days.
[42] 2023 HYS, retrieved September 2024.

Other concurrent signs of difficulties among students reporting use include perceived lack of a safe and conducive learning environment (e.g., bullying, racial discrimination). Additionally, Pierce County students described the impacts of other students' use on their learning environment.

Figure 11: Relationship between poor grades and current marijuana (cannabis) use among Washington 10th-graders, 2023[43,44]



Pierce County youth want a healthy, safe, and supportive learning environment at school

Youth and adult voices were clear that youth substance use at school, especially vaping in the bathroom, is common and disruptive to school experience and learning. Substance use at school leads to closed bathrooms, frequent fire alarms, and fear of punishment and peer retribution. These issues negatively impact youth physical and psychological safety at school. One youth said, **"I avoid the bathrooms altogether [and] tell younger students not to come into bathrooms."**

Focus group participants were divided on whether there was punishment for getting caught and if it was fair. Some felt it was **"not a big deal"** with no consequences, while others were unsure if there were consequences. Some thought punishment was suspension. A few said it is the same unfair punishment for being caught with any substance, whether it is cannabis or ibuprofen.

Youth also shared you could get in trouble for just being in the bathroom even if they aren't using. One participant shared that students don't tell adults at school about students using at school **"because it will impact your safety,"** meaning students will face retaliation from peers. Some youth talked about how this environment negatively impacts school culture and image. One student described how their school seems **"bad because kids are always high, drunk, or fighting."** Some youth internalize this feeling.

[43] Current marijuana (cannabis) use is defined as having used in the last 30 days.
[44] 2023 HYS, retrieved September 2024.

Youth want both increased accountability and increased support for students, including mental and behavioral health resources. Youth want consequences or accountability for use at school, although they feel suspension is extreme. Current school-based resources are limited, and students don't know about them. In some cases, students do not trust existing resources because of fear of punishment or a perception of hostility from school staff towards students trying to quit.

What are factors that prevent or enable youth substance use and associated harms?

Protective factors are characteristics or strengths that prevent or mitigate the risks and harms of youth substance use. ***Risk factors*** are characteristics that precede and are associated with a higher likelihood of negative outcomes.

Both protective and risk factors may be characteristics at the biological, psychological, family, community, or cultural level. These factors include things like individual and community impacts of inequitable policies and resource allocation, and access to equitable, trauma-informed systems and supports.

Contributing factors are variables that contribute to the issue or offer insight on why or how youth substance use is happening.

When youth have more protective factors, they are more likely to thrive. Healthy relationships and environments—fostered at home, school, and in the community—are the building blocks of youth physical and emotional growth. SEE conditions also influence the likelihood of various protective and risk factors.

Priority factors in Pierce County

We summarized protective and risk factors from national research and this assessment in Table 5. We also included contributing factors. PC2 partners prioritized these factors. We also compared these factors to the key policy areas identified in the Health Department-sponsored participatory policy-making project in 2020 (see *Social, economic, and environmental conditions* section).[45]

[45] Pierce County policy priorities come from a 2020 Health Department-sponsored participatory policy-making project: tpchd.org/wp-content/uploads/2023/12/CoLab_Policy-Areas-for-Health-Equity.pdf.

Table 5: Priority factors in Pierce County that influence youth substance use

✦ indicates PC2 partner priority. ⭘ indicates Pierce County policy priority.

Protective factors	Risk factors	Contributing factors
• Supportive adults✦ • Parents talk to youth✦ • Parental monitoring/rules✦ • Healthy coping skills • Perception of hope • School connection⭘✦ • Academic achievement • Youth activities & teen spaces⭘✦ • Cultural connection⭘	• Peer attitudes and norms • Low perception of harm • Family history • Parent and caregiver attitudes • Mental health and stress⭘✦ • Community resources (economic)⭘ • Availability of retailers✦ • Proximity of retailers to schools✦ • Easy access at stores and at home • Lack of knowledge (adults & youth)✦	• Peer pressure • Social media trends • Ads (online and in the community)✦ • Product placement in stores • Peers selling products at school • Product cost • Unclear or inconsistent systems or policies at school✦ • Lack of supportive resources at school • How addictive nicotine is • Flavored products✦

Factors identified by youth and community

Youth and adults identified community factors that influence youth's decisions to use or not use substances. Figure 12 visualizes how these factors contribute to youth substance use in Pierce County. One important factor is knowledge and perceptions of the harms of substances. Table 6 compares youth perceptions of health harms across substances.

Figure 12: Youth- and community-identified factors that contribute to youth substance use

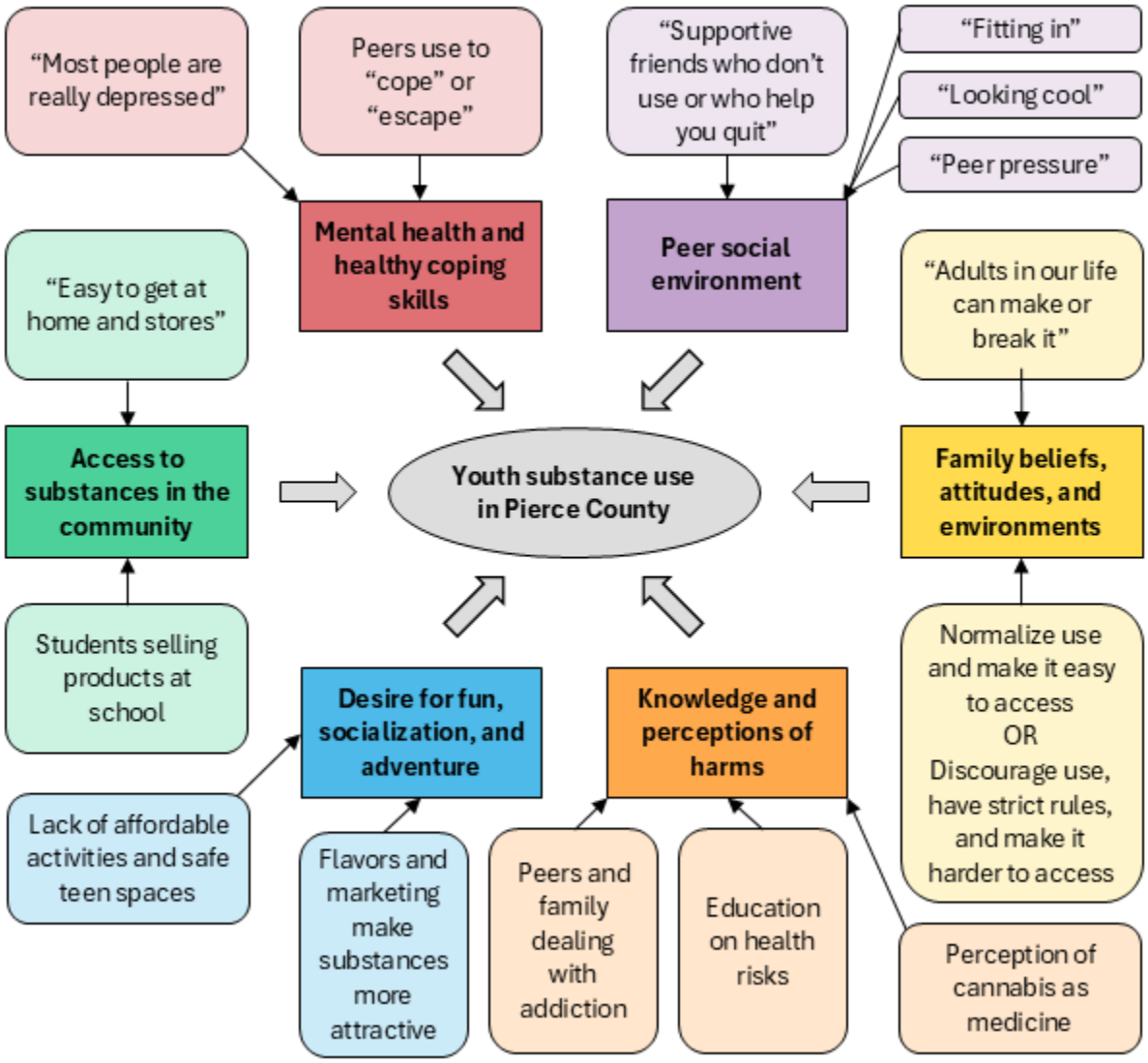


Table 6: Perception and health harms identified by youth focus group participants

Cannabis	Nicotine Vapes	Alcohol
• Associated with stress and coping. • Perception that it's **"just a harmless plant"** or you **"can't get addicted."** • Perception of cannabis as medicine. • Some youth know about the health harms of lung damage and mental health.	• Associated with stress and coping. • Perception that vaping **"looks cool."** • Flavors increase appeal and enjoyment. • Some youth know about health harms of lung damage and toxic chemicals.	• Associated with escaping. • Associated with parties and fun. • Perception that alcohol is **"mostly fine with family and friends."** • Some youth know about health harms to liver, memory loss while under the influence, and risks of driving while impaired.

Factors identified by Healthy Youth Survey

2023 HYS asked 8th-graders and 10th-graders about their mental health, trusted adults, safety, and prosocial activities.

Depression and anxiety

- 31% of 8th-graders and 32% of 10th-graders in Pierce County felt so sad or hopeless for 2 weeks or more that they stopped doing their usual activities.
    - 38% of Pierce County 12th-graders felt so sad or hopeless for 2 weeks or more that they stopped doing their usual activities.
- 27% of 8th-graders and 30% of 10th-graders in Washington felt so sad or hopeless for 2 weeks or more that they stopped doing their usual activities.
    - In Pierce County, 10th-grade females were more likely than 10th-grade males to report depression (39% and 21%, respectively).
    - Pierce County 10th-grade students who identify as bisexual were twice as likely to report depression than their heterosexual 10th-grade peers (57% and 24%, respectively).
    - Depression was highest among Pierce County 10th-graders who identify as Native Hawaiian/Other Pacific Islander (estimated between 32% and 44%) or Native American/Alaska Native (estimated between 38% and 52%).
- 58% of Pierce County 12th-graders were unable to stop or control worrying in the past 2 weeks, compared to 45% of 8th-graders.

Safety at school

- 20% of Washington 8th-graders and 18% Washington 10th-graders reported feeling unsafe at school.
- In Pierce County, 21% of 8th-graders and 19% of 10th-graders reported feeling unsafe at school.
    - 31% of Pierce County 8th-grade Black/African American students reported feeling unsafe at school, compared to 20% of Pierce County Black/African American 10th-graders.
    - In Pierce County, 28% of 10th-graders who identify as Native American/Alaska Native and 27% of 10th-graders who identify as an unlisted race/ethnicity reported feeling unsafe at school.
    - White Pierce County 10th-graders were less likely to report feeling unsafe at school (17%) than any other race/ethnic group.

Trusted adults

- 81% of Washington 8th-graders and 83% of Pierce County 8th-graders reported having a trusted adult to talk to when distressed.
- 84% of Washington 10th-graders and 84% of Pierce County 10th-graders reported having a trusted adult to talk to when distressed.

- Among race/ethnic groups, Pierce County 8th-graders who identify as white or multiracial were most likely to report having a trusted adult (13% and 14%, respectively).
- 28% of Pierce County 8th-graders who identify as Black/African American reported not having a trusted adult to talk to when distressed.

Prosocial activities

- Prosocial activities include clubs, sports, youth groups, after-school programs, and other activities and opportunities for youth to have fun, be social, and develop.
- About 70% of Pierce County 8th-, 10th-, and 12th-graders reported having access to prosocial activities tied to sports, recreation, or service and activity clubs (67%, 71%, and 70% respectively).
    - 8th-, 10th- and 12th-graders with less access to an adult who they can talk to when distressed were less likely to have access to prosocial community activities than those with an adult (60%, 63%, and 62%, respectively).
- 10th-graders were slightly more likely to report participating in after-school activities than 8th- and 12th-graders (64%, 62%, and 61% respectively).
- Pierce County 10th-graders who identify as Hispanic, Latino, Latina, Latinx, or of Spanish descent were least likely among racial/ethnic groups to participate in after-school activities (53%).
- Other Pierce County 10th-graders who were least likely to report participating in an after-school activity:
    - Those who are part of a migratory working family (56%) versus those who are not (65%).
    - Those who have a disability (61%) versus those who do not (66%).

Community-voiced solutions and priorities

It is critical to understand not only how youth and adults in Pierce County view the issue of youth substance use, but also what solutions they want to see and what they believe would be effective. Effective solutions to improve youth well-being must be driven by youth and community voices. They are experts on what is going on in their communities, deeply invested in change, and know what likely will or won't work.

Table 7 lists the top 8 youth and community-voiced solutions to prevent youth substance use and improve youth well-being in Pierce County and the stakeholders who endorse this solution. To create this list, we compared and synthesized community-voiced solutions from multiple sources and validated these solutions with PC2 partners.

Table 7: Community-desired solutions and stakeholder support

Solution	Who is asking for it			
	Youth	Adults	PC2	Previous assessments
Mental and behavioral health support	●	●	●	●
Teen spaces, activities, and programming	●	●	●	●
Support in schools	●	●	●	
Education for youth	●	●		
Parent and caregiver engagement	●		●	
Nicotine cessation support	●			
Product regulation	●	●		
Flexible funding for community-based prevention			●	

Enhancing community engagement and importance of flexible funding

We asked youth and adult survey respondents how we can increase participation in prevention programs and events. Both youth and adults talked about the importance of the following items.

Awareness and advertising

- Respondents suggested YSUP and PC2 promote not only online through social media, but also build relationships, be in the community, and be present at community events.

Accessibility

- Events and programs should be at convenient times, vary in size, be at locations that are safe and easy to access, or have transportation options.
- Respondents also talked about having online and in-person options, multiple modes of engagement, and providing transportation options.

Fun and engaging activities

- Respondents want to see fun and engaging events with hands-on activities.
- Some suggested providing education, stress-free workshops, and personal sharing of stories of consequences and strategies to stop using substances.

Incentives or benefits for participants

- A common response was to offer a meal or free food.
- Respondents also suggested offering resources for families, giveaways, or incentives like gift cards.

Youth specifically mentioned community involvement in events or programs. They suggested we talk to them, get more groups and communities involved, or start in locations like schools.

Strategies to improve community and youth engagement are not possible without flexible funding that allows organizations and schools to cover staff time, incentives, food, fun activities, and

resources for families to help them attend, like transportation. Funding restrictions are a barrier that many PC2 organizations face in trying to enhance prevention programming.

YSUP grant funding for community solutions

To recognize the efficacy of local and community-voiced solutions, YSUP offers community and school grant opportunities. This funding is made possible through funds received from DOH and the Puyallup Tribe of Indians. Grant funding is flexible and can be used to cover staff time, incentives, and food, provided the organization's own regulations do not prohibit these expenses.

In 2024, we expanded our funding impact and built new partnerships through our community and school grants. We:

- Awarded $202,200 in grants in 2024, compared to $124,500 in 2023.
- Increased individual grants from $10,000 to $15,000.
- Increased the number grants awarded from 11 in 2023 to 14 in 2024.
- Received 24 grant applications—15 from organizations that had never applied before. Of the 14 applications funded, 9 were new partners—demonstrating our success in diversifying the organizations with which we work.

What projects are community organizations and schools trying to fund?

Examining grant applications provides another data point to help understand what community-driven solutions organizations are already working on or hope to start working on. Grant applicants could focus on different strategies. Of the applications we received:

- 42% focused on youth leadership and development.
- 31% focused on healthy coping and protective factors.
- 13.5% focused on community outreach and engagement.
- 13.5% focused on school-based education and engagement.

About one-third of applicants focused on healthy coping—a strategy strongly aligned with solutions we heard about in focus groups and the community survey.

Many applications and funded projects focused on youth leadership and skill development. Many solutions desired by youth and adults are deeply intertwined with youth leadership, including wellness programs, peer education, mentorship, and teen spaces.

Future grant opportunities provide a way to intentionally fund projects aligned with the needs and gaps in Pierce County identified in this assessment, in particular school-based education and support and healthy coping skills.

Conclusions

Youth substance use remains a critical and pressing issue among Pierce County youth and the adults who love and support them. Most youth in Pierce County do not use substances. We have assets and strengths in the community, including our youth, that help youth make healthy choices and get the support they need to not use substances.

However, some youth in Pierce County still report using substances. Community and youth voices tell us that youth substance use is a **"big problem"** impacting the well-being of all youth—whether they use or not—every day, especially at school. While not all youth substance use indicates addiction or dependency, any reported use represents an opportunity to continue to decrease the harm youth experience due to substance use, including harms due to their peers' use, and to improve overall youth health and well-being.

A combination of qualitative data from youth and adult community voices and quantitative health data describes the web of connections between youth substance use in Pierce County and a variety of factors, conditions, and consequences. These include mental health, injuries, social and familial relationships, academic achievement, school learning environment, perception and knowledge of harm, and industry targeted marketing.

While it is difficult to determine causal relationships between these variables (see *Framing a holistic approach: moving beyond abstinence-only prevention* section), understanding these connections allows us to identify strategies to increase support and decrease stressors and barriers. Participants repeatedly mentioned 3 variables as critical to addressing the harms of youth substance use:

- **Mental health**: Youth are facing a mental health crisis, reporting elevated levels of stress, anxiety, and depression. They need strategies to reduce stress and increase healthy coping skills and access to resources and treatment.
- **Connections and relationships**: Peers and family members, especially parents, influence youth decision-making. Trusted adults, social connections, cultural programming, and teen spaces are critical protective factors that youth want more of.
- **Policy and systems**: Lack of industry regulation and limited systems of support at school shape a local environment that encourages and enables youth substance use. Youth want to see more systems of support and accountability at school and policies that regulate the industry, making products harder to access and less attractive.

Youth substance use does not happen in a vacuum. It is strongly connected to current and historical systemic privilege and oppression and inequitable SEE conditions.

Youth and communities with different intersectional identities experience youth substance use harms differently. Systemic forces also impact the risk and protective factors that predict youth substance use and well-being. Understanding these differences, applying targeted approaches, and empowering communities through funding and technical support to initiate their own strategies is critical to ensure we support all youth in Pierce County, especially priority populations.

Best practices in community engagement and data equity are to lead with community voice and supplement with numbers from established data sources. This assessment is the first time YSUP has been able to engage in a participatory process that allowed us to do this.

This approach allowed us to gather rich and detailed insights to guide our future programming and share decision-making with invested community partners. This participatory process is critical because effective solutions to improve youth well-being must be driven by youth and community

voices. They are experts on what is going on in their communities, deeply invested in change, and know what likely will or won't work.

Many voices in Pierce County are not represented in this report. We had 6 months to complete the assessment which had cascading effects on our participatory process and data collection. This tight timeline limited our outreach to PC2 partners and youth already connected to youth-serving organizations. Lengthy and complex contracting processes and limited time also prevented us from contracting with community partners to take ownership of data collection components. This would have increased reach, especially with populations we struggle to reach because of language, culture, physical distance, or broken trust. See *Appendix D: Limitations and learnings* for more info.

Despite these limitations, our participatory process was successful in producing a robust report and involving many partners and youth. We look forward to building on this success for future assessments, ensuring there is time, funding, and technical assistance to increase community participation and ownership of data collection components.

Next steps

We synthesized all findings from this report and worked with our PC2 partners to identify the most important needs and the appropriate action steps YSUP should take to address those needs. We summarized this info in detail in *Appendix C:Assessment overview and action steps*.

Many of the identified needs and community-desired solutions from this assessment closely align with YSUP's current activities and work plan for 2025. For example:

- **Community grant funding** supports teen spaces and programming and provides partners with flexible funding for community-based prevention. This funding is often used for programming related to healthy coping, parent outreach, and culturally relevant education.
- **Escape the Vape 2.0 campaign** planned for 2025 will provide education and resources to middle school-aged youth about the harms of vaping. The campaign will include targeted social media video ads and a suite of educational resources.
- **Keep Talking 2.0 campaign** planned for 2025 will encourage parents and caregivers to talk with their youth about substance use. The campaign will include targeted media ads, workshops for parents, and a suite of educational resources including conversation guides and fact sheets.

Other needs and community-desired solutions offer an opportunity for YSUP and other community partners to shift priorities and add action steps to meet new and emerging community needs. For example, we recommend adding these action steps to the YSUP workplan in the next year:

- Create a healthy coping guide for youth by youth.
- Increase partnerships, technical assistance, and funding for schools to increase school-based systems of support.
- Empower partners and local networks to provide education with training, an updated toolkit, fact sheets, and presentations available on our website.
- Increase involvement with Washington Liquor and Cannabis Board.
- Increase outreach and partnership with priority population organizations, youth, and leaders.

Appendix A: Participatory process steps

Date	Event/activity	Who was involved	What was done
June 2024	Pierce County Prevention Collaborative (PC2) regional meeting	• 25+ community partners attended.	• Provided an overview of assessment requirements. • Brainstormed what partners would like to learn from the assessment and possible data collection methods.
July 2024	Assessment partner meeting #1	• 8 adult community partners. • 2 youth leaders. • 3 Youth Substance Use Prevention (YSUP) staff members.	• Finalized the assessment questions. • Determined data collection methods. • Brainstormed questions for focus group and survey.
August 2024	Materials review	• 3 adult community partners. • 1 YSUP staff member. • 2 additional partners contributed via email.	• Reviewed & revised outreach survey and focus group questions. • Incorporated feedback received via email from 2 additional community partners.
September–October 2024	Focus group recruitment	• 5 community partners. • 1 youth leader.	• Community partners and 1 youth leader recruited youth for 8 focus groups. • Partners coordinated the groups, YSUP staff facilitated.
November 2024	Priority population leadership meeting	• 2 priority population leads (community partners). • 3 staff members. • 3 additional leads contributed via email.	• Asset mapping activity to identify strengths and assets across Pierce County and for specific priority populations.
November 2024	Assessment partner meeting #2	• 4 adult community partners. • 1 youth leader.	• Discussed assessment results and interpretations. • Prioritized the most important findings.
December 2024	PC2 regional meeting	• 40+ community partners attended including 5 youth.	• Presented assessment findings and proposed action steps for the health department. • Partners provided feedback on action steps.

Appendix B: Methods

Youth focus groups

We conducted 9 focus groups with 80 youth across Pierce County. Youth ranged in age from 13 to 20. Participants held diverse and intersecting racial, ethnic, and gender identities. Focus groups took place in various locations across the county including Buckley, Bonney Lake, Lakewood, East Tacoma, and South Tacoma.

We recruited participants through community partners. They hosted focus groups at schools and community organizations in spaces where youth feel welcome and comfortable. We contacted specific community partners to hear from youth in our target priority populations. Because of time constraints, we were unable to host focus groups in every priority population. We heard from diverse youth including Pacific Islander, Black/African American, rural, and those involved in the juvenile justice system.

Focus groups took 60 minutes. All youth received a $25 gift card for participating. We asked youth to discuss:

- Their perceptions of peer substance use.
- Harms from substance use.
- What they think contributes to the issue.
- Ideas they have to increase support for youth well-being in Pierce County.

Health Department staff collected and analyzed focus group notes. 2 staff members simultaneously used coding to identify emergent themes. Staff used inductive coding to look for patterns across substances and across focus groups.

Community survey

We created an online survey for both youth and adults to hear from a broader audience. The survey had different questions for youth than adults. Youth had 13 questions and adults had 15. Questions were a mix of multiple-choice Likert scale and open-ended questions. The survey was in English and Spanish. We hosted the survey on Microsoft Forms and emailed community partners a link to the survey and a flyer with a QR code. Community partners then sent the survey to their networks.

We also did in-person outreach at 2 community events including ABCD Day at Bethel High School and Innovative Change Maker's Paint and Vibe event at the People's Center in Tacoma.

73 people responded to the survey. All survey responses were in English. We did not receive any responses in Spanish, likely due to insufficient outreach to Spanish-speaking partners and at community events. Respondents were primarily adults. 50 respondents (69%) were adults 26 years or older, while only 4 (6%) were 18–25 years old and 18 (25%) were 13–18 years old.

Survey respondents represented a mix of racial/ethnic identities. 24% of respondents identified as LGBTQIA+. 20% of respondents were from the Bethel School District area.

We analyzed community surveys' Likert scale responses for frequency. We coded open-ended responses for themes using inductive coding and looked for patterns in responses and similarities in differences between adults and youth.

Appendix C: Assessment overview and action steps

Need	Community voices					Community-desired solutions	Current activities	New action steps
	Youth	Adults	PC2	Previous assessments	YSUP			
Mental and behavioral health support	●	●	●	●		• Healthy coping skills. • Access to counselors, therapy, and support groups. • Programs focused on holistic well-being for youth and adults.	• Healthy coping skills workshops for youth. • Promote and fund healthy coping opportunities.	• Healthy coping guide for youth by youth. • Tips/guide for talking to friends about substance use.
Teen spaces, activities, and programming	●	●	●	●		• Affordable, accessible, safe, and welcoming programs and spaces. • Religious and cultural programming.	• Continue community grant funding.	• Offer mini grants for youth celebrations in 2025.
Support in schools	●	●	●			• Increased accountability for use at school. • Increased support at school, including education, mentorship, support groups, offering resources at school, and ways to relieve stress at school. • Increased funding and technical assistance for schools to address systems of support.	• Outreach to schools around alternatives to suspension.	• Increase partnerships with schools. • Focus on systems of support within schools. • Support and fund school- and youth led initiatives.

Need	Community voices					Community-desired solutions	Current activities	New action steps
	Youth	Adults	PC2	Previous assessments	YSUP			
Education for youth	●	●				• Peer education and mentorship. • Storytelling and hands-on activities. • Education for younger kids. • Includes health harms and industry tactics.	• Escape the Vape 2.0 campaign. • Updated toolkit with all substances. • Trainings for PC2 partners and youth.	• Peer education and mentorship. • Empower local networks to provide education with accessible and downloadable materials.
Parent and caregiver engagement	●		●			• Culturally and linguistically appropriate education. • Workshops on how to support youth. • Events for caregivers. • Ads geared toward parents. • Programming for the whole family.	• Keep Talking 2.0 campaign. • Workshops for parents.	• More outreach to parents and caregivers.
Nicotine cessation support	●					• Locally available cessation support beyond a hotline phone number.	• Youth cessation brochure.	• Quit kits. • Education for healthcare providers.

Product regulation	●	●				• Regulation on products, ads, and sales:
						  ○ Ban flavors.
						  ○ Increase taxes.
						  ○ Limit online and in-person ads.
						  ○ Stricter IDing and security in stores.
						  ○ Restrict product placement and proximity to schools.
							• Legislative tracking and talking points to our lobbyist.
							• Voluntary signage for cannabis retailers.
							• Local environmental health codes.
								• Increase involvement with Washington Liquor and Cannabis Board.
								• Consider outreach strategies with vaping retailers.

Need	Community voices					Community-desired solutions	Current activities	New action steps
	Youth	Adults	PC2	Previous assessments	YSUP			
Flexible funding for community-based prevention			●			• Increased flexible funding that covers staff time, incentives, food, fun activities, and resources for families, like transportation.	• Continue community grant funding.	• Share data from assessments and evaluations with partners to help them apply for funding.
Info and partnership around other substances and new products					●	• YSUP team identified this need in response to assessment data around youth use of substances other than alcohol, cannabis, and nicotine and the rise of new products.	• Update toolkit with all substances.	• Fact sheets about substances and new products. • Strengthen partnership with Opioid Task Force. • Consider restarting a newsletter quarterly or bi-annually.
Address disparities and gaps in Pierce County					●	• YSUP team identified this need to strengthen our priority population model and focus.	• Continue using priority population lead model. • Continue using metrics focused on health equity to score grant applications.	• Increase outreach and partnership with priority population organizations, youth, and leaders.

Appendix D: Limitations and learnings

Engaging communities

This assessment does not represent many organizations and youth and adult voices in Pierce County. We were unable to do necessary outreach because of time and capacity constraints. We had 6 months to complete the assessment which had cascading effects on our participatory process and data collection:

- Primarily Pierce County Prevention Collaborative (PC2) partners were the only groups able to participate in our planning process.
- Partners did not collect their own data for the assessment.
- They had little to no time and capacity to do this work on such short notice.
- We were unable to reach certain populations in Pierce County due to language, culture, physical distance, and broken trust.
- Outreach for data collection was limited to organizations and people connected to PC2 partners.
- Youth who participated in focus groups were already connected to a youth serving organization because, due to time constraints, partner organizations recruited youth for focus groups. This means we did not hear from youth who may be less connected.
- Survey respondents were primarily from 2 in-person events we attended. We did not have time and capacity to do additional outreach in-person.
- We collected all data in English. While we had a version of the community survey available in Spanish, we were unable to get any responses in Spanish because of limited outreach.

Internal and institutional barriers

- Internal Health Department policies and procedures made it difficult to quickly contract with partners to complete pieces of the assessment.
- Accessing specific data sources takes time and funding to pay for relevant data that we can format for a report. Our original assessment budget did not include funding for data.

Data limitations

Many data sources lack robust response and quality representation. This is especially true among those impacted by structural racism and other forms of discrimination (e.g., BIPOC, LGBTQIA+). COVID-19 exacerbated the situation by impacting almost every data system, including census. Among data sources, many measures show odd results during and initially the pandemic.

Healthy Youth Survey (HYS) is the only survey that hears from most youth, however:

- It is not currently possible to do trend analysis. Both 2021 and 2023 have lower participation than 2018, due to COVID-19-related disruptions, survey changes, and less privacy. Data

from entire schools and populations are not represented. Larger geographies (e.g., Washington state) tend to have larger response rates and are more likely to be stable.

- Of all the HYS mental health topics, substance use is one of the least reliable. Info about substance use by subpopulation tends to be very sparse. Pierce County HYS tends to have more responses for 8th and 10th grade, compared to 6th and 12th grades.
- Since HYS is self-reported, youth might underreport types or frequency of use (even though it is anonymous). Local surveyed adults and youth focus groups confirmed this, stating it is due to perceptions that the survey isn't anonymous or that they need to lie to protect themselves.

Lessons for the next assessment

- We need at least 1 year is to complete a community participatory assessment. Increasing from 6 months to 1 year would allow for greater community outreach and time to contract with community partners.
- If we want to hear from all our priority populations and truly have a participatory assessment, we need to contract with community organizations and provide training. This will empower them to drive the assessment and collect data.
- Compensation is critical to ensure the community can participate in assessments.
- In-person data collection is most effective. In-person focus groups provide a wealth of info. In-person outreach for our community survey at community events was the best way to get people to take the survey.
- We should focus on qualitative data. Surveys should be short and collect mostly quantitative data. We should consider including more qualitative data collection methods instead of another survey as local and state survey data is readily available.
- To hear from communities that speak languages other than English, we need to contract with partner organizations and collect qualitative data.