Guam

Needs Assessment 2021

Table of Contents

Foreword 4
Introduction 4
Guam's History of Alcohol, Marijuana, and Tobacco Use 5
WestCare Foundation, Inc. & WestCare Pacific Islands, Inc. 6
Thrive Coalition 7
Maolek Na Lina'la (MNL) (Life is Good) Program 8
Scope of Work 9
Methodology 10
Population and Demographics 11
Employment and Unemployment 13
Age Structure 13
Student Enrollment 14
Demographic Strengths and Challenges 14
Strengths 14
Challenges 14
Morbidity and Mortality 15
Underage Alcohol Use 15
Alcohol: Consequences 16
Health Consequences 16
Socio-economic Consequences 16
Policy and Impact on Alcohol Consumption 17
Marijuana Use 17
Marijuana: Consequences 18
Health Consequences 18
Socio-economic Consequences 19
Policy Impact in Response to Marijuana Use 19
Tobacco Use 20
Perception of Harm 21
Policy Impact on Tobacco Consumption 21
The Synar law and cigarette purchases by youth 22
The Natasha Protection Act (smoke-free public places) and youth tobacco use on school property 22

Tobacco: Consequences 22
Electronic Vapor Products: Consequences 23
Risk Factors 23
Mental Health 23
Suicide 23
Suicide Ideation and Attempts 24
Other Suicide Risk Factors 24
STDs, HIV and Birth Rate Among Youth - Adolescents 25
Treatment Services 26
Substance Use Disorder Treatment & Prevention Services 26
Mental Health Treatment Services 28
Morbidity and Mortality: Strengths and Challenges 29
Strengths 29
Challenges 30
Gaps 30
Community Perception 31
Community Perception Survey Results 31
Alcohol 32
Marijuana 33
Tobacco 34
Community Recommendations for Reduction of Use Amongst Youth 35
Focus Groups and Key Informant Interview Results 36
Youth Focus Group 36
Parent/Caregiver Focus Group 37
Partner Focus Group 41
Key Informant Individuals Interviews 45
Community Observations 50
Environmental Scan Results 50
Key Considerations and Summary 57
Summary 57
Priority Setting 58
Conclusion 58

Foreword

WestCare Foundation (WC Foundation), WestCare Pacific Islands (WPI) Thrive Coalition and Maolek Na Lina'la (MNL) program, in partnership with Guam Behavioral Health & Wellness Center (GBHWC), aims to address the multiple substance use and misuse issues faced by youth and families by bringing together the collective resources of service providers to strengthen and facilitate resilient family units. WestCare Foundation, WPI, Thrive Coalition, and MNL are committed to meeting the goals of this mission by providing technical assistance to build the capacity of our island to effectively prevent substance use among youth. As a first step, WestCare Foundation, WPI, Thrive Coalition, and MNL conducted this island-wide Needs Assessment and actively contribute expertise, human resources, and social capital to GBHWC's Substance Abuse Prevention Treatment Block Grant (SAPT Block Grant).

Introduction

The U.S.'s unincorporated Territory of Guam in the Western Pacific distinguished local beaches, ancient latte-stone pillars, and hospitable villages have a distinct history and character. The tropical island, located approximately 3,806 miles west of Hawaii, 1,500 miles south of Japan, and 1,500 miles east of the Philippines, is the largest and southernmost island of the Mariana archipelago and the westernmost possession of the United States since 1898. Guam's closest neighboring islands are the Commonwealth of Northern Marianas Islands, which comprise of Rota, Tinian, and Saipan. Situated in the Western Pacific, Guam is the largest of more than 2,000 islands scattered between Hawaii and the Philippines across the international dateline. The island is approximately 30 miles long and has a width varying from 8 miles in the north, to 4 miles at the center, to 11.5 miles in the south. The island is surrounded by vibrant reefs and 12 small uninhabited limestone islands[1].

Guam is governed by an elected governor, lieutenant governor, and a 15-member legislature. Guam elects one non-voting delegate to the United States House of Representatives. Additionally, people born in Guam are U.S. Citizens not permitted to vote in U.S. presidential elections. The island is divided into 19 villages, which mayors and vice-mayors oversee. According to the 2010 U.S. Census, 41% live in the north, 43% live in the central area, and 16% live in the south. Most of the population lives in the northern village of Dededo (28%). The island is predominantly Roman Catholic, with 85% of the population identifying as such[2].

Guam's economy is primarily supported by tourism, along with military and government spending. In the fiscal year 2019, Guam received 1.63 million visitors, marking it as the best fiscal year to date for the island's tourism industry[3]. The island's economy relies heavily on tourism; whereas service exports, mainly spending by foreign tourists while on Guam, amounted to $1.036 billion in 2017 and comprised 18% of GDP (Gross Domestic Product)[4].

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[1] Guam Department of Public Health and Social Services (DPHSS) Office of Research and Statistics, Territorial Epidemiologist.

[2] DPHSS, Office of Research and Statistics, Territorial Epidemiologist

[3]https://www.researchgate.net/publication/341337374_Circular_economy_principles_and_small_island_tourism_Guam%27s_initiatives_to_transform_from_linear_tourism_to_circular_tourismCircular economy principles and small island tourism, *Journal of Global Tourism Research*, Volume 5, Number 1, 2020.

[4] Guam State Epidemiological Profile 2018

Guam serves as a leading economy and destination within Micronesia and the rest of the Pacific and Asia because of its air links with nearby countries and islands. Because much of the economy depends on tourism, the policy and program environment, especially tobacco and alcohol, is influenced by perceptions of acceptability by the tourist market[5]. By reviewing the cases of substance abuse and its association with crime rates in the community, Guam's negative perception as a safe tourist destination can negatively impact the island's tourism markets can adversely affect the livelihood of economic growth and sustainability in our communities.

Guam's History of Alcohol, Marijuana, and Tobacco Use

It is not known when the introduction of alcohol, marijuana, and tobacco into the island may have occurred. The use of these substances was not officially reported until the prevalence of substance abuse started to negatively impact the community with increased crime such as driving while intoxicated or possession of illegal substance use such as marijuana. As widespread use and abuse of alcohol, marijuana, and tobacco occurred, the quality of life of individuals addicted to substance use deteriorated. As a result, the individual's impact, including family relationships and health effects, resulted in the demand for prevention and treatment services.

The history of marijuana on Guam is likely to date back to the Vietnam War; however, tracked data on marijuana use is only available for the years 2011-2013, 2016-2018[6]. Guam became the first U.S. territory to pass medical marijuana legislation in 2014. Five years later, recreational use of marijuana was legalized, which allows those 21 years or older to possess up to an ounce of marijuana and grow up to 6 plants for personal use. People will not legally buy or sell marijuana until rules are finalized by the Cannabis Control Board and approved by the legislature. The Cannabis Control Board (CCB) was created by the Guam Cannabis Industry Act of 2019 to regulate cannabis for public health, welfare, safety, and taxation purposes. The CCB is responsible for regulating all who buy, sell, produce, possess, transport, or deliver any cannabis items within Guam except for the personal cultivation of cannabis as allowed by Guam law. More recently, the CCB has recently released its proposed rules and regulations for the recreational cannabis industry in Guam.

The creation of Guam policies was a response to prevent and mitigate the continuing rise in alcohol-related cases. The "Safe Streets Act" was created in 1993 to define driving offenses and impose harsher penalties involving alcohol and controlled substances in response to the rise of traffic accidents involved with driving under the influence of alcohol. In response to the early prevalence of drugs within the schools in Guam, the establishment of "Drug-Free School Zones" was enacted into law in 1996, with the intent to mitigate drug problems and for students to enjoy a safer learning environment in their schools. In 2009, Public Law 30-65 was passed, which authorized the Department of Parks and Recreation director to designate areas within the Guam Territorial Park System as "Alcohol-Free Zones". A year followed, and Guam raised its legal drinking age from 18 to 21 through the "*Ramon Someros Oberiano Act*." That same year (2010), Public Law 30-154 was enacted to reduce the hours of sale of alcoholic beverages. In 2013, the

[5] Guam State Epidemiological Profile 2018
[6] Guam State Epidemiological Profile 2018

Guam Social Host Act was created and passed into law, prohibiting anyone 21 years or older to make alcoholic beverages accessible to anyone under 21 years.

The island plays a significant role in the movement of alcohol, marijuana, and other drugs into and from the island, as well as a regional hub for drug trafficking because of its geographic location[7]. The drug problem in Guam continues based on patterns and trends obtained from existing resources. Historically, alcohol and marijuana were the primary drugs available in the territory. Eventually, heroin was introduced and became a drug of choice by intravenous drug users; however, crystal methamphetamine has become more prominent in Guam over the past decade.
In 1970, the Community Mental health Center (CMHC), presently known as the Guam Behavioral Health and Wellness Center (GBHWC), was established. By 1974, drug and alcohol treatment were added to the center's core set of services to address the needs of individuals and families affected by substance abuse and addiction[8]. GBHWC is in the village of Tamuning, a central region of the island, next to the Guam Memorial Hospital, the island's only government hospital. Prior to 1983, mental health services were provided by the Guam Memorial Hospital. With the passage of Public Law 17-21, the Department of Mental Health and Substance Abuse was created.[9]

WestCare Foundation, Inc. & WestCare Pacific Islands, Inc.

WestCare Pacific Islands, Inc. (WPI) is a subsidiary of the national non-profit organization WestCare Foundation, Inc. (WC Foundation). *Uplifting the Human Spirit* for almost four Decades, WestCare Foundation and its family of non-profit subsidiaries began in Las Vegas, Nevada in 1973 as a small organization called Fitzsimmons House which was renamed WestCare in 1988. The initial program served male heroin addicts and soon expanded to include services for men and women abusing alcohol and other drugs. Since that time, WestCare continued to expand its services and locations now encompassing eighteen states and three U.S. Territories. Much of this growth is the result of partnering with like-minded, community-oriented programs which focus on providing the highest quality of service possible.

WPI was incorporated in Guam in 2009 as a broad-based non-profit human services provider. WPI has projects and offices in Guam and the Republic of Palau. Although WPI was established formally in 2009, the relationship with WC Foundation began in 2004 when WC Foundation began providing training and technical assistance to local non-profit organizations on the Pacific Islands that served adolescents at-risk for substance use/misuse and other high-risk behaviors. WC recognized that Guam, Palau, and other areas in the Pacific struggle to provide essential services in the community because of a lack of resources and struggling economies. Today, WC and WPI assist in the spirit of "*inafa maolek*" and remain committed to help fill the gaps in services and bring new resources to the islands through funding, training, and community awareness at both the local and national level.

WPI has successfully developed, implemented, administered, managed, and numerous local and federal grants with partners such as the Office of Minority Health, US Department of Health and Human Services Administration for Children and Families, Guam Department of Public Health

[7] USDOJ, Guam Drug Threat Assessment 2003
[8] A History of Health on Guam, Robert L. Haddock
[9] https://gbhwc.guam.gov/department/about-gbhwc

and Social Services, Office of Women's Health, and US Department of Veterans Affairs, to name a few.

Most notably, in May 2021, WPI was issued a Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation based on a survey conducted on March 22 and 23, 2021. The three-year CARF Accreditation, extended through November 30, 2023, applies to following WPI programs: Rapid Rehousing and Homelessness Prevention Program, Outpatient Treatment: Integrated: SUD/Mental Health (Adults), Prevention: Family Services (Children and Adolescents), and Prevention: Psychosocial Rehabilitation (Adults). The report states:

> "On balance, WestCare Pacific Islands, Inc. demonstrated substantial conformance to the standards. WestCare Pacific Islands is committed to the provision of responsive, quality programs and services to child, adolescent, veteran, and adult participants through outpatient treatment, prevention services, and the rapid rehousing and homelessness prevention programs. The organization has established a solid track record of facilitating successful outcomes for participants, and participants are benefiting from its programs and serves. Among the organization's many strengths are its effective, highly seasoned leadership; skilled, dedicated staff members; strong team ethic; and solid administrative infrastructure that provides a firm foundation for the programs and services provided. Leadership and staff members build on each other's strengths and consistently strive to upgrade all aspects of the organization's operations. The organization proactively enters into partnerships with other organizations and entities that benefit the participants. Participants, community partners, the community at large, and other stakeholders expressed a high level of satisfaction with and appreciation for the organization, services, and staff members. An opportunity for improvement exists in the consistent identification of the needs/desires of the participants through goals expressed in their own words. The receptivity and enthusiastic response of the leadership and staff members to the consultation and other feedback provided during this survey instill confidence that WestCare Pacific Islands possesses the willingness and capacity to bring it into full conformance to the standards."[10]

Since 2009, WPI has been delivering programs focused on youth leadership development in the Pacific region with sites in the island of Guam and the Republic of Palau. With a strong emphasis on prevention, WPI's programs have equipped youth with tools to make informed and positive choices that impact their present and future paths. WPI's programs utilize evidence-based approaches while adapting strategies that are attuned to the unique cultural values and traditions of our island communities. WPI also recognizes that family involvement is critical to any successful intervention with youth; this integration of the family unit is a cornerstone of all our endeavors.

Thrive Coalition

Funded by the Center of Disease Control and Prevention (CDC) Drug-Free Communities (DFC) grant, The Thrive: Coalition for a Drug-Free Dededo (Thrive Coalition) was created in early 2017 to address the increased drug use in the village. Several factors drove its creation: 1) WPI's internal

[10] CARF Accreditation Report for the Pacific Islands, Inc. Three-Year Accreditation May 2021

data analyses identified the increased risk factors contributing to youth substance use and the increased need for prevention and education; 2) The Guam State Epidemiological Profile (2016) and the most recent Youth Risk Behavior Surveillance System (2017) confirmed WPI's findings for the need for education and prevention; and 3) The Guam Behavioral Health and Wellness Center acknowledged that drug education and prevention is the most under-funded and under-developed program in Guam. Coalition development has been met with many challenges. Among them are: (1) Proving the true urgency of the need. Most adults/parents lack the understanding of the mental, physical, and societal damages resulting from youth substance use and misuse; (2) Demonstrating the efficiency, effectiveness, and cost savings of pooling resources. There have been many turf issues among the community; and (3) Inconsistent active community participation, resulting in a lack of knowledge among the community at large of the value and societal impact of education and prevention. But despite these challenges, the impact of the Coalition is evident by the development of a successful, likeminded partnership within the community. The Coalition's coordinated efforts played an important part in bringing the issue of youth substance use to the forefront and opened the door for honest conversations about the need for substance use and misuse education and prevention on the island.

The mission of Thrive Coalition is to reduce youth substance use and misuse through education, prevention, and leadership, by creating an environment that supports the ability of individuals, families, and the Village of Dededo to withstand challenges. The Thrive Coalition aims to decrease the use and misuse of alcohol, marijuana, and tobacco among youth in grades 7 through 12 by decreasing risk factors and increasing protective factors related to substance use and misuse. The coalition **comprehensively works together** with the community to bring about these changes. Over the **long term,** the Thrive Coalition aims to decrease substance use and misuse by methodically increasing community awareness through education of youth and their parents regarding substance use and specific problems and challenges faced by youth residing in the community. Thrive Coalition will address how people think, feel, and act by focusing messaging and activities on areas of influence such as individuals, families, and communities. Thrive Coalition's mission statement is reflective of the work to be accomplished in the community because that work focuses on creating community-level change through coordinated efforts that share information and tools across service systems that, over time, will prevent and reduce substance use and misuse in the Village of Dededo and the island of Guam. In addition, the Thrive Coalition includes representation from 12 different sectors as defined by the Drug Free Communities Act (Youth, Parents, Law Enforcement, Schools, Businesses, Media, Youth-serving Organizations, Religious and Fraternal Organizations, Civic and Volunteer Groups, and Healthcare Professionals). Coalition meetings and workgroup meetings occur monthly.

Maolek Na Lina'la (MNL) (Life is Good) Program

In collaboration with the Thrive Coalition, another WPI program that assisted with this Needs Assessment is the Maolek Na Lina'la (MNL) (Life is Good) program. MNL was funded in 2020 by the Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMSHA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF) – Partnerships for Success (PFS). MNL's purpose is to reduce and prevent alcohol and marijuana use among youth ages 10-18 on Guam. MNL intends to accomplish its goals in a broad approach expanding community prevention strategies through comprehensive needs assessment, capacity assessment and environmental scans and incorporating input from the

community-at-large. Working with a cross-sector coalition including the Mayor's Office, schools, key leaders, and community stakeholders, and accessing the resources of the Prevention Technology Transfer Center, the program will work to modify and change policies that enable underage drinking and marijuana use while increasing social support for substance-free lifestyles through the community-wide Champion Campaign, which will coincide with National Awareness Month in September. A key strategy is enlisting the participation of youth through training five (5) Peer Leaders each year from among the targeted populations to assist in the development and implementation of messaging, public awareness, and media campaigns. Concurrently, MNL will deliver the evidence-based curriculum *Positive Action* within the community to 250 unduplicated middle and high-school youth per year, conduct parent-directed communication campaign (PSAs; Middle and high school youth that includes the evidence-based *Talk. They Hear You*, pre-graduation events, Parent – Teacher Organization meetings, and other related events). Environmental strategies will include signage at "mom 'n' pop" stores and public gathering spaces. All program components will be delivered to enhance and reduce barriers in a multicultural, multilingual approach that is compatible with the unique cultural composition of Guam. Through this multipronged strategy, families, and adults over age 26 will also receive important messaging regarding substance use and prevention, thereby effecting positive change throughout the community.

Through this program, WPI and community partners including the Department of Education, Department of Youth Affairs, Guam Behavioral Health and Wellness Center, Mayor's Council; Payu-Ta, Office of Catholic Education, will expand the work and effectiveness of the State Epidemiology Work Group and the Thrive Coalition. To accomplish the overall target reduction in alcohol and marijuana by 2025, as measured by the Youth Risk Behavior Survey and focus groups. Ultimately, this program plans on achieving the target outcomes of substance use reduction and prevention, and change attitudes, norms, and youth behavior regarding substance use.

Scope of Work

Through the SAPT Block Grant administered by GBHWC, WestCare Foundation, in conjunction with WPI's Thrive Coalition and MNL program, conducted this Needs Assessment to better understand the current situation as it relates to alcohol and drug use; identify gaps in education, care, and services; and gauge community awareness and perception of youth substance use and misuse. The Needs Assessment, in turn, will result in a strategic plan to address the findings, including using media to deliver and implement a prevention campaign to address substance use and misuse among youth.

WestCare Foundation, in collaboration with WPI's Thrive Coalition and MNL program, utilized the Strategic Prevention Framework (SPF) Model to guide its activities. This model, promoted by the Substance Abuse and Mental Health Administration (SAMHSA), uses coordinated, comprehensive, data-driven planning and accountability. The resulting plan builds on knowledge and experience over time and leads to measurable outcomes and system improvements to prevent and reduce the misuse of alcohol, marijuana, and tobacco.

The first step of the SPF is to conduct a comprehensive needs assessment. This assessment consists of three primary elements:

- Identifying and understanding the population's needs
- Determining necessary resources and their availability
- Assessing community readiness

The SPF model provided guidance on how to conduct a needs assessment. This guidance includes developing a plan for assessing needs, describing the community, collecting information, conducting focus groups and community surveys, using archival data, analyzing the information, and presenting the needs assessment.

The primary aims of the Needs Assessment are to quantify and communicate the impact of the previous prevention campaigns implemented in Guam with special focus on underage drinking, tobacco, and marijuana use. In addition, the Needs Assessment identifies currently available resources as well as gaps in existing prevention campaigns. With this information, the WestCare Foundation, in collaboration with WPI and the Thrive Coalition, is better equipped to effectively capitalize on existing resources and utilize them to facilitate improvements in prevention messaging.

Finally, the Needs Assessment identified priorities, providing a focus for the Thrive Coalition, MNL, and GBHWC to serve as the foundation for developing a community prevention campaign. The goal of the Needs Assessment is to effectively guide the Thrive Coalition and MNL's efforts to make the most positive impact to reduce substance use amongst youth; to generate community awareness, interest, and support; and to increase the availability and access of services.

Methodology

WestCare Foundation, with the assistance from the WPI's Thrive Coalition and MNL program, used numerous strategies to collect its data in the following areas:

- Describing the population
- Describing the current picture of alcohol and drug use on the island
- Describing the community's awareness and perception of and attitude toward alcohol and drug use
- Identifying community prevention campaigns available
- Identifying gaps in communicating prevention campaigns
- Evaluating strengths, challenges, and barriers

A. Archival data included federal sources such as the U.S. Census Bureau, the Center for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Administration (SAMHSA). Local archival data resources included the Guam Behavioral Health and Wellness Center, Guam State Epidemiological Outcomes Workgroup (SEOW), Guam Department of Education, Department of Public Health and Social Services, Guam Police Department, and Juvenile Drug Court. In addition, social media analytics from community organizations were included.

B. Quantitative data included distribution of an electronic Community Perception Survey utilizing the Survey Monkey weblink. The survey was distributed via email to any community member across all villages in Guam and the data collected was anonymously. Only the Evaluator had access to the password protected Survey Monkey account and conducted the analysis. No personal information was collected.
C. Qualitative data collection methods included focus groups with youth, parents/caregivers, and community partners providing youth substance use prevention, key informant individual interviews, and listening sessions in smaller communities of place, interests, and experiences.
    a. Focus Groups and Key Informant Interviews were conducted online via Zoom with 3-4 participants of defined groups. Focus groups and interviews were facilitated by WestCare Pacific Islands Research Assistants. A passive informed consent form was distributed to participants before a scheduled focus group or interview, detailing the purpose of the focus group as well as any risks or discomforts related to participation. Participation was voluntary.
    b. Virtual Setting: WestCare Pacific Islands staff used its dedicated Zoom account to create a secure virtual conference room for each group and interview. A unique passcode was created and implemented for each scheduled session. This passcode and additional login information was distributed to the confirmed participants to access the virtual room. Settings for this virtual room was limited to audio recording only. Names, thumbnails, and videos of the participants were not included in the final file.
    c. Audio was recorded and transcribed by research staff. Focus Group and interview questions included discussing experiences and observations on youth use of alcohol, tobacco, and marijuana. Only the program and evaluation staff had access to identifiable information. Participants were identified by a number that only the program and evaluation staff can link to the identity of the participant. These records were kept in an electronic file that is password protected and encrypted that only the program and evaluation staff could access.
D. Environmental Scans included observations of the design and promotional methods of substance use prevention campaigns (signage, placement, content) and presence across all 19 villages within the community of Guam within one-mile radius of each public school.

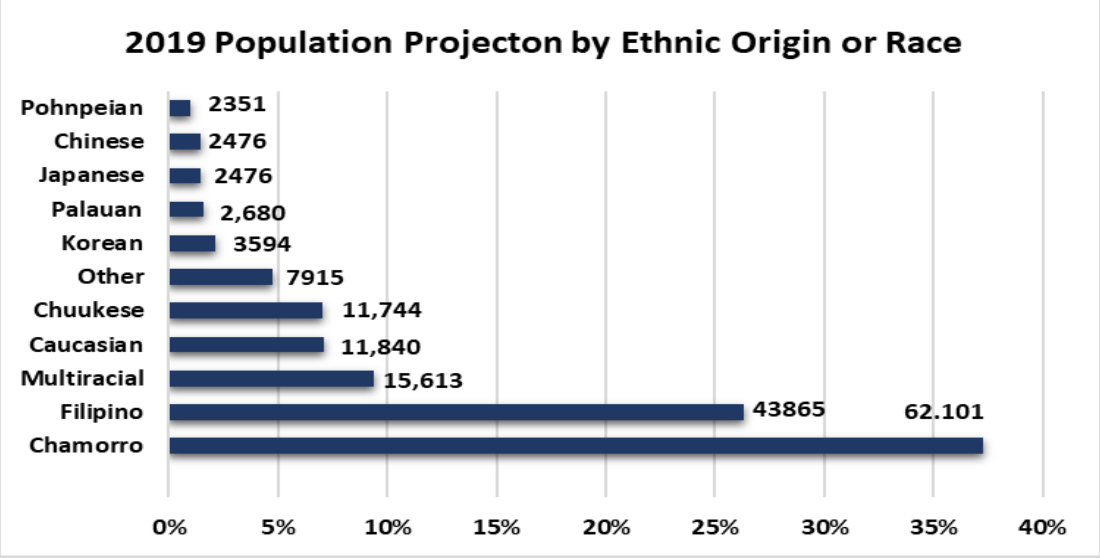
Population and Demographics

The estimated Population in Guam was 165,177 in 2018 and 166,658 in 2019, a very slight increase[11]. The population is multi-ethnic, comprised of the indigenous people of Guam, CHamorus at 37.3%; 26.3% Filipinos; 5.9% other Asians; 7.1% Chuukese (from the Federated States of Micronesia); 7.1% Europeans/Caucasian; 5.0% other Pacific Islanders (mainly other Micronesians) and 11.3% other groups. Guam has a slightly higher proportion of males (51%) than females (49%). English is the most spoken language, with a least six other major languages and numerous dialects. 2010 U.S. Census data reports that 44% of the population only speaks English at home, whereas 56% speak other languages other than English. Guam's military population

[11] Bureau of Statistics and Plans, A Report to Our Citizen's F.Y., 2019.

estimate for 2018 is approximately 15,000; however, other military personnel is being deployed elsewhere and come to Guam for short stays in transit.

The following chart depicts the 2019 population projection by ethnic origin or race:[12]



The following table depicts the number of people who live in each village:

Population by Election District[13]	
Village	**Population Number**
Agana Heights	3,940
Agat	5,656
Asan-Maina	2,137
Barrigada	8,875
Dededo	44,943
Hagatna	1,051
Inalahan	3,052
Mangilao	15,191
Merizo	2,152
Mongmong-Toto-Maite	6,825
Ordot-Chalan-Pago	6,822
Piti	1,666
Santa Rita	7,500
Sinajana	2,853
Talofofo	3,215
Tamuning-Tumon-Harmon	19,685
Umatac	903
Yigo	20,539
Yona	6,484
TOTAL POPULATION (estimated)	163,489

[12] BSP, 2018 Guam Statistical Yearbook; Department of Labor: in guam.gov/; BLS Home Page, Employment Indicators, June 2018; March 2019 Preliminary Statistics; The Unemployment Situation on Guam: June 2018 & September 2019.
[13] Bureau of Statistics and Plans, Government of Guam, 2021

Employment and Unemployment

As of September 2017, there were 72,510 people in the civilian labor force, of whom 69,360 were employed. Most of the labor force is employed in services (30%), trade (24%), and the public sector (24%). In 2010, the year for which the latest data is available, there were 44,664 households in Guam. Median household income increased from 2008 to 2010. In 2010, 19.9% of Guam's households lived on $14,999 or less per year. This was from 2008 when nearly 20% of households made $14,999 or less per year. The most impoverished families comprised 7% of all households in Guam and lived on less than $3000 per year. In contrast, 11.6% of households made more than $100,000 per year[14].

Employment Status	2018	2019
Population	165,177	166,658
Employment	63,230	65,220
Unemployment	2,790	2,580

In 2018 and 2019, unemployment remained between 4-5%[15]. By 2020, unemployment increased due to the COVID 19 pandemic. The Guam Department of Labor reported the unemployment rate rose to 17.3% in June 2020, up from 4.6% the year before. Nine months later, the COVID-19 pandemic tore a hole into the Guam economy; the once-promising economy is stalling, leaving thousands out of work, and threatening to push thousands more — particularly women and immigrants — out of the labor force entirely. "It's the highest rate since the bureau began collecting and reporting unemployment statistics in 1974," said Gary Hiles, chief economist of the Guam Department of Labor. The June unemployment rate also reflected an increase in the number of people unemployed, up from 6.1% six months prior[16].

Age Structure

Guam's population is young, with 41% of the entire population under 25 years old. Slightly more than one quarter (26%) are ages 0-14, and 15-24 years old make up 16% of the population, with a near equivalent ratio of males to females.

Demographic composition of Guam population, sex by age, 2010*

Age Category	Total	Male	Female
Under 5 Years	**14,289**	**7,345**	**6,944**
5 -9	**13,984**	**7,200**	**6,784**
10-14	**15,046**	**7,777**	**7,269**
15-19	**14,407**	**7,473**	**6,934**
20-24	**12,379**	**6,678**	**5,701**
25-29	**10,746**	**5,431**	**5,315**
Total	**80,851**	**41,904**	**38,947**

[14] Guam State Epidemiological Profile 2018
[15] 2018 Guam Economic Report, Regional Center for Public, Policy, University of Guam, School of Business and Public Administration, Ruane, Maria Claret.
[16] https://www.guampdn.com/story/news/local/2020/12/13/guam-department-labor-covid-unemployment-worsen-women-immigrants/6501377002/

Student Enrollment

Guam's total school enrollment has remained consistent at around 39,610 (mean) students between SY2014 - SY2017. Public school students have indicated a slight pattern of decrease by nearly 2%. In contrast, the total student enrollment in private schools has increased 1.6% in those same years. DoDEA (Department of Defense Education Activity) students have maintained a consistent percentage of student enrollment[17].

On March 14, 2020, the Governor of Guam declared a public health emergency due to the first three (3) confirmed COVID-19 cases. As the COVID-19 pandemic impacted the island, community pandemic-related restrictions disrupted normal school operations throughout the remaining 2019-2020 school year and prohibited face-to-face instruction during the first half of the 2020-2021 school years. Students during these restrictions were learning either online or through the distribution of hard-copy materials. There were also thousands of "missing" students who never participated in classes this school year and who cannot be contacted"[18]. As a result, schools island-wide ceased operations for the remaining school year until the end of December 2020 due to the surge of new COVID 19 infections throughout 2020. At present, with COVID 19 cases stabilizing and as the vaccination rollout continues, schools re-opened face-to-face instruction starting in January 2021.

Student enrollment data is available for the following School Years:

School Year	2017-2018	2016-2017	2015-2016	2014-2015
Total School Enrollment	**39,386**	**39,696**	**39,523**	**39,836**
Private Schools	**7,624 (19.3%)**	**7,188 (18.1%)**	**7,048 (17.8%)**	**7,077 (17.7%)**
DoDEA	**2,252 (5.7%)**	**2,264 (5.7%)**	**2,168 (5.4%)**	**2,139 (5.3%)**
GDOE	**29,510 (74.9%)**	**30,244 (76.1%)**	**30,307 (76.6%)**	**30,620 (76.8%)**

Demographic Strengths and Challenges

Strengths

- Fairly equal proportions of males and females make up the population (ages 10-19).
- Most of the population resides in the Northern and Central villages of Guam.
- CHamorus are the largest ethnic group.
- Consistent student enrollment rates before COVID-19 pandemic.

Challenges

- The racial and ethnic composition of the Northern and Central villages is highly diverse.
- English as a second language is prevalent as almost half of the population speaks another language other than English – language barriers.
- The majority of families with children under 18 years old live in poverty.
- Almost half of the population is under the age of 25.

[17] Guam State Epidemiological Profile 2018
[18] Pacific Daily News, February 7, 2021

- The unemployment rate is high, with the household per capita income at the poverty level.
- Unknown enrollment during the school year 2019-2020 due to schools' closure because of COVID 19 pandemic.
- Guam's total population is based on the 2010 U.S. Census Report, and a projected population was used for 2021.

Morbidity and Mortality

Underage Alcohol Use

According to Guam State Epidemiological Outcomes Workgroup (SEOW) Report, the youth substance use problems in the community revealed that over half (51%) of Guam adults reported first using alcohol between the ages of 18 and 24. In comparison, one-third (32%) tried alcohol first between the ages of 13 to 17. 4% of the adults surveyed reported trying alcohol for the first time before the age of 12 years[19].

The underage alcohol use trend appears to be increasing for Guam. In 2015, 16% of high school students in Guam reported that they had their first alcoholic drink before 13 years, while 11% of middle school students stated they had their first drink of alcohol before the age of 11 years. There was a total of 326 juvenile arrests in 2019 compared to 55 juvenile arrests in 2018. Alcohol-related juvenile offenses in 2019 have significantly increased by 191% when compared to 2018[20]. Alcohol-related offenses in juvenile cases remain as the highest cause of arrest. It is unclear what factors resulted in this significant increase from 2018 to 2019.

In 2016, 46 liquor law violations were reported amongst juvenile offenses, whereas 122 cases were reported in 2017, indicating an increase of three times compared to the previous year. Liquor law violations in 2017 comprised 36% of the total juvenile offenses reported for that year, which is the highest recorded compared to 2013-2016 reports[21]. More recent data proves that liquor law violations are continually rising within the youth population. In 2019, GPD reported the highest number of juvenile drunkenness cases. The total number of juvenile drunkenness cases from 2013-2017 is 3 for all 4 years, whereas 50 cases were reported in 2019 alone. In addition, the highest number of liquor law violations in Guam was reported in that same year at 148 cases, as compared to an average of 76 cases from previous years (2013-2017)[22].

The correlation of alcohol use amongst community behavior was also explored in the YRBS reports. In 2019, 25.9% of high school students reported riding with a driver drinking alcohol[23]. 8.2% of high school students reported driving a vehicle after drinking alcohol and is more predominant in the male population. 8.2% reported that they were currently binge drinking or consuming 4 or more alcoholic beverages 29.4% reported that they usually obtained the alcohol they drank by someone giving it to them, and with a slightly higher percentage in females. In

[19] Guam State Epidemiological Profile 2018
[20] 2019 2018 Juvenile Arrest Charge Summary, Guam Police Department
[21] 2019 Uniform Crime Report, Guam Police Department
[22] 2019 Uniform Crime Report, Guam Police Department
[23] 2019 Youth Risk Behavioral Surveillance System (YRBS)

addition, 19.9% reported having consumed alcohol or drugs before their last sexual intercourse, which also showed higher prevalence in females (22.7%) as compared to males (15.8%).

Alcohol: Consequences

Health Consequences

Alcohol directly contributes to cancer, the 2nd leading cause of death in Guam[24]. Alcohol is implicated in some types of heart disease, stroke, suicide, and accidents. Chronic alcoholism can worsen the prognosis of persons with pneumonia, septicemia, and diseases of the digestive system (liver cirrhosis).

Alcohol is a major risk factor for liver cancer. Liver cancer has risen in rank from being the 5th cause of cancer death in Guam in 2003-2007, to being the 2nd in 2008-2012. Previously, liver cancer accounted for 7% of cancer deaths; however, in 2008-2012, it comprised 11% of all cancer deaths. In 2008-2012, Guam had a liver cancer incidence rate (age-adjusted rate = 16.72 per 100,000) that was more than double the U.S. rate (7.3 per 100,000). The mortality rate from liver cancer in Guam (age-adjusted rate = 13.13 per 100,000) was also more than twice the U.S. rate (5.9 per 100,000). The liver cancer mortality rate for Micronesians in Guam was nearly five times higher than the U.S. rate[25].

Socio-economic Consequences

Driver's physical and mental condition is impaired by alcohol and a significant contributor to Guam's traffic accident problem. An inebriated driver may not show marked physical symptoms or appear drunk, yet he may be “under the influence” as legally defined and constitute an unsafe driver. What is even more dangerous is that individuals insist on driving, not realizing the extent of their impairment. Two of the 12 (17%) traffic fatalities for 2016 were alcohol related. Alcohol-related arrests comprised 19% of all cleared offenses in 2016[26]. In 2018, there were 4 out of 23 (17%) traffic fatalities. Trends of driving under the influence (DUI) include a consistent rise in DUI arrested persons from 2015-2018. In 2017, 258 cases of DUI arrested persons were reported, which more than doubled the following year to 532 cases. Crash incidents involving DUI have also increased tremendously, reporting more than double the cases in 2018, a total of 137 cases as compared to 64 cases reported in 2017. Though juvenile offenses of DUI arrests remained at low levels between the years 2013-2019, liquor law violations among youth increased significantly within those years. It must be recognized that the increasing cases of juvenile drunkenness and liquor law violations correlate with DUI cases. There have not been any cases of youth fatalities in relation to DUI; however, the number of adult cases prove that further prevention efforts for Guam’s youth population should be provided to deter youth from such incidents.

[24] DPHSS, Cancer Facts and Figures 2008-2012: Guam State Epidemiological Profile 2018
[25] DPHSS, Cancer Facts, and Figures 2008-2012: Guam State Epidemiological Profile 2018
[26] Guam Police Department, Uniform Crime Report, 2015; Bureau of Statistics and Plans, 2016; Guam Statistical Yearbook, 2017: Guam State Epidemiological Profile 2018

Policy and Impact on Alcohol Consumption

In 2010, the minimum legal age for alcohol consumption was raised from 18 to 21 years. These policy milestones were accompanied or followed by significant declines in youth current alcohol use and binge drinking. Of note, the youth current alcohol use and binge drinking rates were rising steadily from 1995 to 2001; this upward trend was reversed after the increase in alcohol taxes in 2003[27].

Policy and Impact on Alcohol Consumption		
Public Law (P.L.)	**Policy**	**Impact**
P.L. 30-154	An on-sale licensee shall not sell or serve any person alcoholic beverages ***between the hours of 2:00 a.m. and 8:00 a.m.***	Updated hours of sale of alcoholic beverages.
P.L. 30-155	Contingent on the severity of any violation, the Board may use its discretion and suspend or revoke the license of any licensee found guilty of violating any of the provisions.	Established penalties for licensees.
P.L. 30-156	Prohibits any person under twenty-one (21) years of age from consuming, accessing, obtaining, or publicly possessing alcohol.	Prohibits minors from obtaining alcohol.
	Guam's local indicates the blood content alcohol for person under the age 21 = 0.04%.	Establishes Blood Content Alcohol for person under the age 21, and laws on possession of opened container.
	No person shall drink any alcoholic beverage or consume a controlled substance while driving a motor vehicle.	No person shall drink any alcoholic beverage or consume a controlled substance while driving a motor vehicle.
P.L. 32-001	No person under 21 years or older shall knowingly give or otherwise make available any alcoholic beverage to a person under the age of twenty-one (21) years.	Establishment of the Guam Social Host Act and penalties for any person in violation.
PL30-65	Designates areas within Guam Territorial Park System as "Alcohol Free Zones".	Establishment of an Alcohol-Free Zone and fines for any person in violation.
11GCA Title 11 Chapter 3	No person under eighteen (18) years of age shall enter an establishment where alcoholic beverages are consumed *unless* such establishment is a public eating place.	Establishments that sell alcoholic beverages to host social events for persons under 18 years of age.

Marijuana Use

Marijuana is considered a Schedule I drug by the DEA (Drug Enforcement Administration) and under the U.S. Controlled Substance Act; however, many states have legalized marijuana (cannabis) for personal or medical use. In Guam, marijuana was legalized for medicinal use in 2014 and more recently for recreational use in 2019. SEOW reported that 50% of youth had tried marijuana at least once in their lifetime, and 33% reported using marijuana within 30 days of the

[27] P.L. 30-156 https://www.peaceguam.org/substance-abuse-prevention/alcohol/guam-laws .

survey. According to the 2019 YRBS, nearly half of all high school students 44.5% had tried marijuana, with 14.5% trying it before age 13 and 25.9% using marijuana within 30 days of the survey[28]. The YRBS also reports that 1 in 4 high school students in Guam is a current user of marijuana. Among middle school students, 20.5% had tried marijuana at least once. Guam high-school student lifetime use of marijuana (49.2%) exceeds the U.S. high-school student lifetime use of 38.6%. Yet, adults' perceived risk of harm from marijuana use is declining sharply. According to the updated 2018 SEOW, those perceiving "no risk" more than doubled from 10.5% in 2011 to 25.3% in 2016, while those perceived "great risk" declined by nearly half (from 49.7% in 2011 to 28.2% in 2016).

Trends from the 1999-2019 YRBS reports also identify that male students were more likely to report marijuana use, but the gender gap has been narrowing[29]. It is expected to continue as medicinal and recreational use of marijuana are legalized. In 1999, the number of males recorded as active users of marijuana (31.8%) was nearly twice as much as females (19.6%). In 2019, the YRBS recorded 28% of males are active users and 23.9% of females, which is an extension of the continuous trend of the gender gap narrowing in more recent years.

Marijuana use is highest among CHamoru youth and lowest for Filipino youth[30]. CHamoru youth are more than thrice likely to use marijuana than Filipinos and 40% more likely to use marijuana than other Micronesian youth. When compared to adult use, CHamorus and Asians (except Filipinos) had the highest rates of use in the past 30 days. Filipinos had the lowest.

In 2019, a significant increase in drug abuse violations was reported amongst juvenile offenses at 107 cases, whereas only 6 cases were reported in 2018 and 63 cases in 2016[31]. 2019 was also the same year that marijuana was legalized for recreational use for adults 21 years or older in Guam. 36.2% of high school youth reported being offered, sold, or given an illicit drug by someone on school property. According to the 2016 Judiciary of Guam Annual Report, there were 200 juvenile drug court cases. The following year (2017) recorded the highest number of juvenile delinquency/drug court cases at 286. In 2018, the number of cases dropped by nearly a hundred with a total of 196 and showed a very slight increase in 2019 with a total of 202 cases[32]. The overall marijuana prevalence among youth has remained unchanged, and current and lifetime use rates were notably higher in Guam than in the U.S.[33]

Marijuana: Consequences

Health Consequences

Marijuana is mostly prescribed for pain, but it's rarely tested against other pain relief drugs, such as ibuprofen. Marijuana legalization advocates argue that its use reduces opiate use[34]. A paper in

[28] 2019 Youth Risk Behavior Surveillance System (YRBS)
[29] GDOE, YRBS 1999-2019; CDC, YRBS 1999-2019
[30] Guam State Epidemiological Profile 2018
[31] 2019 Uniform Crime Report, Guam Police Department
[32] 2016 – 2019 Judiciary of Guam Annual Report
[33] GDOE, YRBS 1999-2019; CDC, YRBS 1999-2019
[34] Association of Medical and Adult-Use Marijuana Laws With Opioid Prescribing for Medicaid Enrollees (nih.gov)

the American Journal of Psychiatry last year showed that people who used cannabis were almost three times as likely to use opiates three years later, even after adjusting for other potential risks[35].

Scientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, pain relief, control of nausea and vomiting, and appetite stimulation; smoked marijuana, however, is a crude THC delivery system that also delivers harmful substances[36]. The psychological effects of cannabinoids, such as anxiety reduction, sedation, and euphoria, can influence their potential therapeutic value. Those effects are potentially undesirable for certain patients and situations and beneficial for others. In addition, psychological effects can complicate the interpretation of other aspects of the drug's effect. A distinctive marijuana withdrawal syndrome has been identified, but it is mild and short-lived. The syndrome includes restlessness, irritability, mild agitation, insomnia, sleep disturbance, nausea, and cramping.

Socio-economic Consequences

Marijuana prevalence among youth remained unchanged, and current and lifetime use rates were notably higher in Guam than in the U.S. In 2018 almost 22% of active users reported first using marijuana between 13 to 17 years old[37]. Another 4% stated they first used marijuana at the age of 12 years or younger. Altogether, one-fourth (26%) of active users started using marijuana before 18 years old. These findings support the relatively immediate and considerable population impact of policy change, particularly among youth, who are considered a vulnerable population for substance abuse. It will be critical to track future consumption concerning the recent legalization of marijuana for medical and recreational use.

The United Nations Office on Drugs and Crime (UNODC) World Drug Report in 2018 ranked Guam as the third-highest jurisdiction for adult marijuana use in the world, at 18.4%[38]. From 2006 to 2018, drug seizures involving marijuana and methamphetamines have increased in Guam[39]. 2018 recorded the highest number of marijuana seized on Guam, with a total of 15,249 grams, which almost doubled the previous record high of 8,873 grams from 2015. In Guam, arrests for drug-related offenses increased in 2015 by 29% from 2014[40]. The rate for drug-related arrests increased from 1.0 per 1,000 people in 2010 to 3.0 per 1,000 people in 2015. Of persons arrested for drug abuse violations in 2017, 5% were under 18 years old, and 79% were males.

Policy Impact in Response to Marijuana Use

The Governor of Guam has signed into law the recreational use of marijuana on the U.S. Island territory. Public Law 35-5 allows people ages 21 years and older to legally possess up to one ounce or 28 grams. The law enables growing as many as six plants for personal use. It prohibits people from using marijuana in public or driving under the influence. Since the passing of P.L. 35-5, the impact on youth ages 10-18 years is unknown.

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[35] Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States | American Journal of Psychiatry (psychiatryonline.org)
[36] Institute Of Medicine Report, Marijuana and Medicine - Assessing the Science.pdf (nurturingnature.com)
[37] Guam State Epidemiological Profile 2018
[38] The United Nations Office on Drugs and Crime (UNODC) World Drug Report in 2018
[39] Guam State Epidemiological Profile 2018
[40] Guam State Epidemiological Profile 2018

A listing of Guam Public Laws created in response to the impact of marijuana use are listed below:

Public Law (35-5) 11 GCA, Chapter 8	**Policy**
§ 8105. Public Consumption Banned, Penalty.	It is unlawful to consume cannabis openly and in public
§ 8106. False Identification, Penalty	A person who is under twenty-one (21) years of age may not present any written or oral evidence of age that is false, fraudulent, or not the person's own
§ 8110. Rulemaking.	the Cannabis Control Board shall prescribe forms and adopt such rules and regulations necessary to include: requirements to prevent the sale or diversion of cannabis and cannabis products to persons under the age of twenty-one (21);

Guam Controlled Substance Act 9 GCA, Article 1, Chapter 70	**Policy**
§ 70.44.4 Possession of Cannabis by Persons Under Twenty-one (21) Years of Age.	Any person under twenty-one (21) years of age possessing cannabis *shall* be guilty of a petty misdemeanor and subject to a One Hundred Dollar ($100.00) fine and suspension of their driver's license for twelve (12) months.
§ 70.53 Intoxication of persons Under the Age of Twenty-One.	No person twenty-one (21) years or older *shall* knowingly give or otherwise make available alcoholic beverages or cannabis to a person under the age of twenty-one (21) years.

Public Law (35-5) 11 GCA, Chapter 9	**Policy**
§ 9107. Duties of Board.	**§ 9107. Duties of Board.** (k) regulating and prohibiting any advertising of cannabis items by newspapers, letters, billboards, radio, television, or otherwise; (m) adopting separate regulations feasible for the public display and use of cannabis items at exhibitions promoting cannabis
§ 9109. Cannabis Control Fund, Created.	Sixty percent (60%) of all funds *shall* be appropriated to the Guam Behavioral Health and Wellness Center for the following purposes: Twenty percent (20%) *shall* be used for cannabis prevention and education programs for those under twenty-one (21) years of age
§ 9110. Licensing Prohibition for Establishments Near Schools.	The Board *shall* not issue a license for a cannabis establishment located within a distance of one thousand (1,000) feet from any public or private school and other places or facilities where youth generally congregate

Tobacco Use

The local PEACE[41] Council reported in 2011, almost 6 out of 10 high school students in Guam have tried smoking tobacco. One in five currently smoke, and 1 in 10 of those who do smoke are heavy smokers. Thirteen percent have been daily smokers at some point in their lives. Seventeen percent smoked their first cigarette before the age of 13 years. In 2015, male high school students

[41] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org

in Guam had a significantly higher smoking rate than females with smoking evenly distributed across grades 9 to 12 in Guam.

The use of smokeless tobacco products with or without betel nut (areaca nut/betel quid) is less prevalent than cigarette smoking among Guam's youth. However, while the actual number of users are small, the rate of smokeless tobacco use is increasing among both high school and middle school youth[42].

Youth are also using electronic vapor products (e-cigarettes and other electronic nicotine delivery systems). Lifetime use of these products was 59.9% among high school and 38.5% among middle school youth. One in three of high school youth and nearly one in four middle school youth reported current use. Males were more likely to report current use compared to their female counterparts[43].

Perception of Harm

In 2015, over half (52.1%) of high school students believed people greatly risked harming themselves by smoking one or more pack of cigarettes per day[44].

In 2017, almost 6 in 10 (57.0%) of youth ages 13 to 15 years reported that they noticed anti-tobacco messages in the media. More than 5 in 10 (53.7%) notice tobacco advertisements or promotions when visiting points of sale. And almost 2 in 10 (18.4%) had something with a tobacco brand logo on it[45].

Over half of youth (57.5%) surveyed reported that they thought other people's tobacco smoking is harmful to them. Of these youth surveyed, 39.8% reported that they were exposed to tobacco smoke at home, and 47.1% were exposed to tobacco smoke inside enclosed public places[46].

Policy Impact on Tobacco Consumption

Youth tobacco use in Guam is responsive to policy changes. Large declines in youth smoking prevalence coincide or follow the establishment of evidence-based tobacco control policies. SYNAR inspections started on Guam in 1999, tobacco taxes were increased on Guam in 2003, and a sustained tobacco control program was launched by the GBHWC since 2003. In 2005, Guam's Natasha Act, making public places smoke-free, was enacted. In 2007, the Governor's Executive Order mandating all GovGuam premises and vehicles to become 100% tobacco free came into effect, and the DPHSS Quitline was established. Tobacco taxes were raised further in 2010, from $1.00/pack to $3.00/pack; to date, this represents the largest single tax increase among all US States and Territories. Guam's smoke-free public places policy was expanded in 2013[47].

[42] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org
[43] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org
[44] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org
[45] DPHSS Global Youth Tobacco Survey (GYTS), 2017
[46] DPHSS Global Youth Tobacco Survey (GYTS), 2017
[47] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org

The Synar law and cigarette purchases by youth

Guam initiated its annual unannounced tobacco vendors' inspections in 1999, in compliance with the Synar law. Compliance rates reached federal targets in 2003 and have remained better than the target since then. Guam's retail violation rate went below 5% in 2013 and remained below 5% in 2016.

The YRBS provides information on youth smokers who purchase their cigarettes from stores[48]. The data indicates that 6.5% of high school smokers and less than 5% of middle school smokers purchased cigarettes from a store in 2015. The percentage of high school smokers who bought their cigarettes from a store has been declining since 2001, but the middle school percentage rose from 2007 to 2013, despite low retailer violation rates during the annual tobacco retailers' inspection. The middle school rate decreased in 2015.

These data highlight the importance of consistent enforcement of the Synar law and the need and effectiveness of a comprehensive approach to tobacco use prevention among youth, utilizing both price and non-price measures to reduce demand for tobacco products, to complement the restriction in youth access to tobacco.

The Natasha Protection Act (smoke-free public places) and youth tobacco use on school property

The YRBS queried students about smoking and the use of smokeless tobacco products on school property within the past 30 days in 2013. Both Guam and the US had declining rates of students smoking on school property over time. The percentage of Guam students smoking on school property remained consistently higher than that of the US mainland from 2001 to 2013[49].

Tobacco: Consequences

Four of the top ten causes of death – diseases of the heart, malignant neoplasms (cancer), cerebrovascular disease (stroke) and diseases of the respiratory system – are directly caused by tobacco. An additional two – pneumonia, and septicemia – are worsened by tobacco use[50].

In relation to cancer, the Guam Comprehensive Cancer Control Program of the Department of Public Health and Social Services (DPHSS) released cancer registry data from 2008-2012. All the top causes of cancer death in Guam are tobacco-related[51]. Lung, colon, and liver cancer are related to smoking. Secondhand smoke exposure has been implicated as a risk factor for breast cancer. Lung cancer is now the major cause of cancer mortality in Guam for both males and females. Thus, cancer mortality data highlight the critical importance of further reducing tobacco use among Guam's people. Because secondhand smoke also raises cancer risk, interventions to curb tobacco use will protect not only the tobacco users, but also all others who would have been exposed to tobacco smoke[52].

[48] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org
[49] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org
[50] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org
[51] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org
[52] Guam State Epidemiological Profile August 2018 at http://www.peaceguam.org

In the Village of Dededo specifically, there are five (5) high schools. For the 2019-2020 academic year, there were 401 youth charged with "Use/Possession/Distribution of Tobacco Products," which is a 16.5% decrease from the 2018-2019 academic year, 480 to 401 youth respectively[53].

Electronic Vapor Products: Consequences

To date, there has been one recorded case of traumatic injury due to an exploding electronic cigarette in Guam. The patient sustained severe injuries to his eyeball, face and hand and required facial reconstructive surgery to repair the damage[54].

Reports from the Guam Department of Education indicate that there were at least 2 known cases of e-cigarettes exploding, leading the GDOE to request the Guam Police Department to handle and dispose of all e-cigarettes and vape paraphernalia confiscated at the schools from students[55].

Risk Factors

Mental Health

Mental illness is closely linked to substance abuse and suicide. SAMHSA found that 8.8 million young adults reported having a mental illness. 42% of those with mental illness went untreated. In addition, 5.1 million young adults reported having a substance use disorder, with 87% being untreated[56]. Persistent sadness is an indicator for depression. Depression prevalence may increase significantly higher among youth in Guam[57]. There appears to be less discrepancy of the prevalence of depressive symptoms among the youth of different ethnicities[58].

A history of mental illness and the use of tobacco, alcohol, and illicit drugs may increase the risk of suicidal ideation and attempts[59]. In Guam, alcohol and mental illness have been associated with suicide deaths. Reporting sadness or hopelessness was higher among youth in Guam than the U.S. by above 10%. This suggests that depression screening and early referral to mental health professionals should be conducted routinely among all high school youth as a mental health and suicide prevention intervention. In Guam, alcohol and mental illness have been associated with suicide deaths.

Suicide

In 2016, there were 50 suicide deaths in Guam, resulting in a crude suicide rate of 30.7 per 100,000. Age adjustment to the U.S. standard population raised the suicide rate to 36.6 per 100,000. This

[53] Guam Department of Education, Student Support Services Division, 2018-2020
[54] Pacific Daily News, August 2016
[55] Personal communication with GDOE Chris Anderson, February 2018
[56] Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health
[57] GDOE, YRBS, 2001-2015
[58] GDOE, YRBS, 2001-2015
[59] Guam State Epidemiological Profile 2018

represents an increase from previous years[60]. Guam's suicide mortality remains significantly higher than in the United States. The crude suicide death rate decreased considerably for the first time in six years, from 18.8 per 100,000 to 15.6 per 100,000 in 2012, but it has been rising progressively since then. The 2016 rate represents the steepest increase yet[61].

In Guam, when suicide deaths are disaggregated by age, the great majority are seen to occur in young adults and youth, but in 2016, the peak rate shifted from those aged 20-29 to those aged 30-39. The age range for suicide deaths in 2016 ranged from 11 to 74 years[62].

For the years 2009-2018, 16% of suicide cases involved alcohol use, which is a higher percentage of those who had a history of previous mental illness at 12% or involved the use of drugs at 5%.

Collectively, about 56% of all suicide deaths in Guam from 2000-2016 occurred in those younger than 30 years. Thus, deaths by suicide in Guam occur predominantly among young people[63].

Suicide Ideation and Attempts

Guam surpasses the United States average in all four indicators, signifying an elevated likelihood of suicidal ideation and suicide attempts among Guam youth. However, suicidal ideation decreased among Guam youth in 2015. These data indicate that suicide prevention interventions should include youth[64]. More specifically, females in Guam are more likely to think about suicide, make a plan to suicide, and attempt suicide[65].

Other Suicide Risk Factors

The scientific literature indicates that sexual history, physical violence, a history of mental illness, and the use of tobacco, alcohol and illicit drugs may increase the risk of suicidal ideation and attempts[66].

Sexual violence among Guam high school students is significantly higher than the United States averages. The proportion of high school students reporting having been forced to have sex was almost twice the United States median in 2013 and 2015. Micronesians have the highest rates[67].

Bullying and physical violence may also be linked to an increased likelihood of suicide[68]. Addressing sexual and physical violence and bullying should be integral to suicide prevention efforts among youth in Guam[69].

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[60] Office of the Chief Medical Examiner, DPHSS Office of Vital Statistics and Bureau of Statistics and Plans, 2016
[61] Office of the Chief Medical Examiner, DPHSS Office of Vital Statistics and Bureau of Statistics and Plans, 2016; U.S. Center for Disease Control and Prevention (CDC), National Suicide Statistics at a Glance, as reported in http://www.cdc.gov/violenceprevention/suicide/statistics/trends02.html
[62] Office of the Chief Medical Examiner and Bureau of Statistics and Plans, 2016
[63] Office of the Chief Medical Examiner, 2016
[64] GDOE, YRBS 1999-2015
[65] GDOE, YRBS 2015
[66] GDOE, YRBS 2001-2015
[67] GDOE, YRBS, 2001-2015; US CDC Youth Online at http://apps.nccd.cdc.gov/youthonline
[68] GDOE, YRBS, 2015
[69] Guam State Epidemiological Profile 2018

Almost 8% of Guam adults reported being told they had depression in 2018[70]. In 2016, mental illness symptoms were more prevalent among Micronesians, those with lower income and lesser education. Amongst the youth population, persistent sadness among Guam high school students is significantly higher than the U.S. median.

STDs, HIV and Birth Rate Among Youth - Adolescents

Alcohol and substance use is also associated with sexual behaviors that put young people at risk for HIV, sexually transmitted disease (STDs), and pregnancy. According to the 2015-2017 CDC STD Surveillance Report, Guam ranked number five in the nation as compared to all 50 states and outlying territories for Chlamydia infection[71]. While HIV infection remained low in Guam, youth and adolescents continue to engage in unsafe practices that also resulted in unplanned pregnancies. According to the Guam Department of Public Health and Social Services, from 2015 to 2017, there were a total of 331 STDs among adolescents aged 14 to18, making up 10% of all STDs reported. Chlamydia and gonorrhea were the two most reported STDs. 33% of female adolescents with an STD were also pregnant. More than half of all adolescents with an STD reported having no symptoms. In 2015, the teen birth rate (births per 1,000 females aged 15-19) Guam exceeded the U.S. rate. Guam females aged 15-19 years birth rate was at 38.3 per 1,000 vs. U.S. at 22.3 per thousand[72].

Substance use screenings are included during STD prevention counseling sessions with youth. Based on 2016 – 2020 data, the total of clients 10-18 years of age accessing services totaled 646. Of the total 646 clients, 107 or 16% reported using alcohol before sex, and 66 or 10% reported using drugs (marijuana captured as a type of drug) within the past 12 months[73].

As a result of the growing need to improve public health services to adolescents on the island, the Northern Regional Community Health Center, located in Dededo, established a Public Health Reproductive Health Clinic. It is the only free walk-in clinic that offers free STD/HIV and family planning prevention and treatment services to anyone under 18 years old without parental consent.

In 2020, a total of 41 or 16% age group 15-19 years old accessed the Northern Regional Community Health Center (NRCHC) Family Planning Services for reproductive health services to include STD/HIV/family planning counseling and testing services[74]. Questions on substance use are part of the screenings. Information on alcohol and marijuana substance abuse are distributed, such as pamphlets including resources/referrals to local substance abuse programs are also provided when necessary.

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[70] Guam State Epidemiological Profile 2018
[71] CDC STD Surveillance Report, https://www.cdc.gov/nchhstp/newsroom/2016/2015-std-surveillance-report.html
[72] HHS.gov, Office of Adolescent Health, U.S. Department of Health & Human Services, Guam Adolescent Reproductive Health Facts (https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/guam/index.html)
[73] STD/HIV/Viral Hepatitis Program, Counseling, Testing Data, 2016-2020
[74] 2021 STD/HIV/Viral Hepatitis Program, Bureau of Communicable Disease, Guam Department of Public Health and Social Services

Treatment Services

Substance Use Disorder Treatment & Prevention Services

The SAMHSA website lists four (4) treatment centers for substance use disorders in Guam, with only one primary location in Tamuning village. Of these four (4) treatment centers, only two (2) provide services to adolescents or young adults, Sanctuary Inc. and Salvation Army Lighthouse Recovery Center. Both centers offer outpatient and residential treatment services, but neither offer medically assisted treatment (MAT) services. A listing of substance use disorder treatment and prevention services available to the youth population in Guam are listed below:

Substance Use Disorder Treatment and Prevention Services		
Organization	**Division/Program**	**Services**
Guam Behavioral Health and Wellness Center	Child Adolescent Services Division (CASD) • I' Famagu'on-ta	Wrap-around services Outpatient treatment programs
	Drug and Alcohol Treatment Division • New Beginnings	Strive to improve, enhance, and promote the physical and mental well-being of adults suffering from the effects of alcohol and drug abuse or dependence.
Superior Court of Guam	Juvenile Probation Office • Juvenile Probation	The supervision of these minors runs from when the Judiciary of Guam receives a petition from the Attorney General's Office until the minor has completed all of his/her probation terms, and the case is closed.
	Juvenile Probation Office • Juvenile Drug Court	Suppose that the minor is found to have a drug dependency, adequate intellectual ability, and is willing to participate in the program. In that case, the minor will enter the Juvenile Drug Court. Intensive & Non-intensive Treatment Tracks
Office of the Attorney General	Family Division • Helping Empowering Restoring Overcoming (HERO) Program	It is an alternative program for low-risk youth offenders which diverts them out of the court system, but also ensures that they are held accountable and receive the proper treatment and services for rehabilitation.

Guam Department of Education	Student Support Services Division	GDOE has a substance use program for students identified with substance issues based on referrals. Once a student is referred and disciplined for substances, the student is sent to the school counselor's office to be assessed using evidence-based screeners to determine the appropriate level of support. Suppose the student scores from low to the moderate risk level of substances. In that case, counselors provide 3 to 5 small psycho-educational groups that focus on the impact of using substances, making informed decisions, and healthy relationships. If the student scores high, the student is referred to the school-based behavioral health services (SBBH) for a substance use assessment.
Department of Youth Affairs	Division of Youth Development	Immediately identifying risk-level, determining risks of reoffending and supervision services, which better assists in formulating clinical/rehabilitative treatment plans, case management, and further programs and services inclusive of supportive assistance from DYA's partner agencies and organizations.
	Division of Youth Development • Youth Resource Centers	Positive activities, program, and services for all the island's children, youth, and families, including at-risk youth and youth involved in the juvenile justice system. Oversee all juveniles court-ordered to participate in the aftercare programs.
Sanctuary (non-profit)	Supportive Services / Counseling Groups • Intensive Outpatient Groups (High Hopes) & Outpatient Groups (Pathways)	Treatment topics include alcohol, tobacco, and other drug education; physiological and psychological effects of alcohol and drugs on the individual and their family support system; the physical and psychological recovery process; relapse prevention; medical aspects of addiction; introduction to twelve steps; social/legal consequences; mindfulness; and self-care.
Manelu (non-profit)	Alcohol Prevention Program	Positive Action Curriculum geared towards elementary and middle school students to help pr and deter students from alcohol, tobacco, and other drug use.

WestCare Pacific Islands (non-profit)	Drug and Alcohol Prevention Program Thrive Coalition for a Drug-Free Dededo	Community collaborations to help identify needs and risk of youth with alcohol and tobacco use.
	School-based Mental Health and Trauma Treatment Malak Na Ha'ani	Mental health counseling, trauma treatment, individual and group counseling, crisis intervention within three Guam Department of Education school sites.
	Mental Health Treatment Uplift Counseling Services	Family therapy, trauma treatment, adult substance use treatment.
	Drug and Alcohol Prevention Program Maolek Na Lina'la "Life is Good"	Reduce and prevent alcohol and marijuana use among youth ages 10-18 on Guam. MNL intends to accomplish its goals in a broad approach expanding community prevention strategies through comprehensive needs assessment, capacity assessment and environmental scans and incorporating input from the community-at-large. They are committed to building prevention and intervention strategies on Guam through various programs and outreach events in the community using evidence-based curricula such as *Positive Action* for the youth and for parents, *Talk. They Hear You.*

Mental Health Treatment Services

The SAMHSA website identifies only one (1) agency that provide mental health treatment services, Guam Behavioral Health and Wellness Center. This agency is in Tamuning, and only provides outpatient services. Services are provided to not only adults and young adults but to children and adolescents as well.

The Guam Behavioral Health and Wellness Center (GBHWC) provides comprehensive mental health, alcohol, drug prevention & treatment programs, and related services for the people of Guam. GBHWC serves as a point of care entry. Individuals seeking services undergo an intake and assessment process by screening staff, then referred to appropriate programs available. Cases are referred to the GBHWC by either the courts, the child's school, or a non-profit organization. Without a referral, individuals can also seek services directly.

Guam Behavioral Health and Wellness Center Child Adolescent is the only treatment facility in the island for youth 17 years old and below. According to the GBHWC website, Famagu'on-ta is an integrated, community-based outpatient service for children and adolescents who are high risk and those with serious emotional disturbances (SED) and their families[75].

[75] https://gbhwc.guam.gov/services/child-adolescent-services

Project Tulaika, a newly established program also provides similar services. Both programs currently are both housed under GBHWC available for adolescents 17 years old and below who have substance use disorder and need mental health treatment. Parental consent is required to access these programs due to underlying conditions that may require interventions or supportive care by mental health specialists or providers.

WestCare Pacific Islands also provides counseling and mental health support and treatment services through *Uplift* and *Ma'lak Na Ha'ani* (MNL). Uplift Counseling Services provides compassionate and meaningful care that empowers individuals and families to overcome barriers and significant life challenges. Services include for those seeking support in personal growth, relationship difficulties, major life challenges, family issues, stress & anxiety and individuals challenging drug & alcohol abuse. Counseling services are available to individuals, couples, families, and groups. In collaboration with the Guam Department of Education, MNL aims to provide critical mental health support and treatment services, such as therapy or counseling, through school and community site-based programming.

Morbidity and Mortality: Strengths and Challenges

Strengths

- Drinking among adults in Guam remains comparable to the United States rates.
- From 2003 to 2010, youth alcohol consumption – current and binge drinking – dropped markedly following policy milestones.
- In 2016, 75% of Guam adults aged 18-24 years have never smoked.
- Decreases in smoking also occurred after direct temporal association with key policy initiatives.
- Various government agencies and non-profit organizations have created programs in response to the need for youth substance abuse prevention and intervention services.
- Intergovernmental relations between agencies are well established and work in tandem to provide the necessary services and referrals.
- The recent environmental interventions through sound policies for substance abuse prevention has played a pivotal role in Guam[76].
- Minors (18 years old and below) can access the only free and walk-in Sexual Health Reproductive Clinic at public health. Substance abuse and mental health screenings are also provided upon entry to the clinic.
- Strong partnerships exist between youth-serving agencies and the only free sexual health and reproductive clinic housed under public health.
- Substance use and disorder treatment services and programs are in the Northern and Central villages of Guam.

[76] Guam State Epidemiological Profile 2018

Challenges

- Limited information is collected and reported for the individual Villages on Guam. Therefore, most of the data utilized is specifically for Guam's island and not specific to the 19 villages.
- Unsafe alcohol use – binge drinking and heavy drinking – is higher in Guam for adults.
- Despite the reduction in tobacco and alcohol use for Guam youth in recent years, Cannabis prevalence remained unchanged. Rates for current and lifetime use is notably higher in Guam than in the United States.
- Tobacco use remains high, and despite declines, smoking prevalence for youth are significantly higher than the United States median prevalence rates.
- The health burden in relation to tobacco-related noncommunicable diseases (NCD) like cancer is already being manifested in rising disease incidence and premature mortality due to many years of elevated tobacco consumption.
- Smokeless tobacco use is nearly double the United States rate.
- Suicide rates are rising even after a brief drop in the crude death rate.
- Depression appears pervasive among youth.
- The highest groups at risk are: CHamorus and other Micronesians have higher smoking and binge drinking prevalence, and in turn, have higher rates of tobacco and alcohol-related cancer mortality, and the likelihood of committing suicide[77].
- Identifying marijuana or alcohol as a gateway drug to other illegal substances for youth was not determined.
- The source of where or how youth obtained marijuana was not identified.
- The villages of residence of individuals participating in various substance use disorder services were not provided.

Gaps

- More information on youth substance use needs to be collected for Guam's island (i.e., What are the problems and related behaviors? Which populations experience them most? How often are they occurring? Where are they happening?).
- There is a need for a relatively quick and considerable population impact of policy change for youth in terms of Cannabis use and recreational legalization with the home growing of up to (six) 6 trees per person. Specifically, with the recently enacted medical Cannabis act that legalizes Cannabis use for medical reasons, Cannabis consumption needs to be tracked.
- Smokeless tobacco, including e-cigarettes and other electronic nicotine delivery device usage, use needs to be carefully monitored.
- Suicide prevention remains a critical public health priority and needs specific strategies to reduce suicide in Guam. Strategies such as:
    - 1) Targeting suicide prevention efforts towards youth and young adults, especially Micronesian Islanders, Japanese, and CHamorus;
    - 2) Preventing and controlling alcohol and other drug abuse.
    - 3) Aggressively screening to recognize and treat mental illness and depression, including within the schools.

[77] Guam State Epidemiological Profile 2018

- 4) Building community capacity to recognize the signs of impending or possible suicide and training families, community members, and first responders to effectively intervene to bring individuals at risk of suicide to professional attention.
- 5) Training emergency room personnel and other hospital personnel to do brief interventions and referral to GBHWC for all cases of attempted suicide; and
- 6) Skills training in developing healthy relationships, avoiding physical and sexual violence, and countering bullying.

- Depression screening and early referral to mental health providers should be conducted routinely among all high schools.
- No data was available for special population groups, such as, the LGBTQ community or out-of-school youth in the Department of Youth Affairs.
- Youth in private schools and the military are not covered by the current surveillance mechanisms[78].
- There is no detoxification or crisis stabilization services for children and adolescents on the island.
- Medication-assisted treatment availability for adolescents is not available in Guam.
- Guam has limited shelters and transitional housing.
- Parental consent is required for youth ages group 10-17 years of age to access substance abuse disorder and mental health treatment services.
- Services among prevention providers can be better coordinated, and island programs consider moving forward to develop early intervention and comprehensive wellness programs for adolescents. Avoid duplication of efforts.
- The data compiled did not identify the economic status of the family of juvenile delinquents.
- The educational performance of juvenile delinquents was not identified.
- No data of violations on social host laws were obtained.
- The data information did not obtain measurements of re-admission after completion of a substance use program.

Community Perception

Understanding the community's perception is an essential and key element to understand the full impact of substance use. To obtain this information, WestCare Pacific Islands and the Regional Director of Research and Evaluation for WestCare Foundation, with the assistance from the Thrive Coalition and MNL program, developed and administered a quantitative Community Perception Survey and conducted qualitative Focus Groups and Key Informant Interviews.

Community Perception Survey Results

A Community Perception Survey was administered in August 2021 to assess the community's knowledge of alcohol, marijuana, and tobacco drug use amongst youth, perception of risk, consequences, and community action against use. The survey was administered to community members, business owners, community partners, and stakeholders. Those that completed the survey included those with lived experience.

[78] Guam State Epidemiological Profile 2018

There were one-hundred and forty-nine (149) community members (87.1%), community partners (7.9%), WPI staff members (3.0%), board member (1.0%), and consortium member (1.0%) who completed the Community Perception Survey, which consisted of thirty-six (36) questions.

Of the 19 villages, a little over one-quarter of the surveys (26.9%) were completed by those that live in Dededo, which was the largest number of all the villages. The remaining individuals surveyed were from Mangilao (12.8%), Tamuning-Tumon-Harmon (11.4%), Mongmong-Toto-Maite (8.1%), Yigo (6.7%), Barrigada (5.4%), Santa Rita (4.7%), Yona (4.0%), Inalåhan (3.4%), Chalan Pago-Ordot (3.4%), Talofofo (2.7%), Umatac (2.7%), Sinajana (2.0%), Agana Heights (2.0%), Agat (2.0%), Merizo (1.3%), and Asan-Maina (1.0%). There were no surveys collected from individuals who live in the villages of Piti (0%) or Hagåtña (0%).

Most survey respondents identified as female (79.1%), with 21.0% identifying as male and 0% identifying as transgender male or female. Most of the survey respondents were adults 18 years or older (97.0%). CHamoru (61.1%) and Filipino (38.3%) were the top race/ethnicity of the survey respondents.

When asked, "how much do you know about Social Host Laws in your community," over 90% of respondents reported that they knew nothing about them.

Alcohol

When asked, "how do most people in your community view youth under the age of 18 using alcohol," respondents reported that it is "not accepting," "prohibited," "illegal," "discouraging," "frowned upon," "not healthy or safe," "disrespectful," "dangerous," "normal," "socially acceptable," "rite of passage," and "negatively."

When asked, "what role does law enforcement play for youth under the age of 18 using alcohol," respondents reported that it is "bare minimum," "get fined," "nothing," "not so strict," "arrest," "not enforced enough," "enforcement," and "not enough manpower."

Alternatively, when asked, "what roles would you like law enforcement to play for youth under the age of 18 using alcohol," respondents reported "actively enforce," "be firm," "provide more awareness and education," "hold parents accountable," "fine and rehabilitation," "promoting more active and enjoyable recreation," "prevention," "more restrictions and enforcement," and "community outreach."

When asked, "what are the chances of youth under the age of 18 getting caught while using alcohol on a scale of 0 (low) to 100 (high)," respondents reported an average of 39.6. Therefore, on average, respondents thought the chances of getting caught were low.

When asked, "how do you think youth under the age of 18 obtain alcohol," most of the respondents (51.8%) reported "a family member or older sibling," 31.7% from "a friend," 13.0% "from someone within the community," 2.2% "buys it themselves," and 1.4% "from someone at school."

When asked, "how accepted is the use of alcohol by youth under the age of 18 on a scale of 0 (not acceptable) to 100 (acceptable)," respondents reported an average of 31.9. Therefore, more respondents thought youth using alcohol was not acceptable.

When asked, "how accessible is alcohol to youth under the age of 18 on a scale of 0 (not accessible) to 100 (accessible)," respondents reported an average of 51.7. Therefore, respondents thought it was fairly easy for youth to obtain alcohol.

When asked, "what are the dangers associated with youth under the age of 18 using alcohol," respondents reported "harmful," "addiction," "impaired judgement," "physical and mental health effects," "death," "overdose," "brain damage," "violence," "car accidents," "poor decision making," "crimes," "lead to other drug use," or "reckless."

When asked, "why is it acceptable for youth under the age of 18 to use alcohol," respondents reported "it is not acceptable," "rite of passage," "differences in households and families," "peer pressure," "culture," "underestimate the impact" or "parents don't have control of their children." When asked, "what makes alcohol accessible to youth under the age of 18," respondents reported "family," "friends," "adult enablers," "people willing to sell for a profit," "home parties," "irresponsible businesses selling to underage drinkers," "older siblings," or "culture."

Marijuana

When asked, "how do most people in your community view youth under the age of 18 using marijuana," respondents reported that it is "not accepting," "prohibited," "illegal," "discouraging," "frowned upon," "not healthy or safe," "disrespectful," "dangerous," "normal," "socially acceptable," "rite of passage," and "negatively."

When asked, "what role does law enforcement play for youth under the age of 18 using marijuana," respondents reported that it is "bare minimum," "get fined," "nothing," "not so strict," "arrest," "not enforced enough," "enforcement," and "not enough manpower."

Alternatively, when asked, "what roles would you like law enforcement to play for youth under the age of 18 using marijuana," respondents reported "actively enforce," "be firm," "provide more awareness and education," "hold parents accountable," "fine and rehabilitation," "promoting more active and enjoyable recreation," "prevention," "more restrictions and enforcement," and "community outreach."

When asked, "what are the chances of youth under the age of 18 getting caught while using marijuana on a scale of 0 (low) to 100 (high)," respondents reported an average of 39.7. Therefore, on average, respondents thought the chances of getting caught were low.

When asked, "how do you think youth under the age of 18 obtain marijuana," a larger number of respondents (32.9%) reported "a friend," 22.6% "from someone within the community," 17.5% "a family member or older sibling," 15.3% "from someone at school," and 11.7% "buys it themselves."

When asked, "how accepted is the use of marijuana by youth under the age of 18 on a scale of 0 (not acceptable) to 100 (acceptable)," respondents reported an average of 38.0. Therefore, more respondents thought youth using marijuana was not acceptable.

When asked, "how accessible is marijuana to youth under the age of 18 on a scale of 0 (not accessible) to 100 (accessible)," respondents reported an average of 58.5. Therefore, respondents thought it was fairly easy for youth to obtain marijuana.

When asked, "what are the dangers associated with youth under the age of 18 using marijuana," respondents reported "harmful," "addiction," "impaired judgement," "physical and mental health effects," "brain damage," "car accidents," "poor decision making," "crimes," "lead to other drug use," or "reckless."

When asked, "why is it acceptable for youth under the age of 18 to use marijuana," respondents reported "it is not acceptable," "rite of passage," "medical reasons," "differences in households and families," "peer pressure," "culture," "stress relief," "less harmful than other substances," or "better than youth drinking."

When asked, "what makes marijuana accessible to youth under the age of 18," respondents reported "family," "friends," "people grow it themselves," "drug dealers," "home parties," "older siblings," or "culture."

Tobacco

When asked, "how do most people in your community view youth under the age of 18 using tobacco," respondents reported that it is "not accepting," "prohibited," "illegal," "irresponsible," "frowned upon," "not healthy or safe," "disrespectful," and "negatively."

When asked, "what role does law enforcement play for youth under the age of 18 using tobacco," respondents reported that it is "get fined," "nothing," "not so strict," "fines and arrests," "not enforced enough," and "monitoring."

Alternatively, when asked, "what roles would you like law enforcement to play for youth under the age of 18 using tobacco," respondents reported "actively enforce," "be firm," "provide more awareness and education," "punishment," "fine and rehabilitation," "promoting more active and enjoyable recreation," "prevention," and "more restrictions and enforcement."

When asked, "what are the chances of youth under the age of 18 getting caught while using tobacco on a scale of 0 (low) to 100 (high)," respondents reported an average of 43.9. Therefore, on average, respondents thought the chances of getting caught were moderate.

When asked, "how do you think youth under the age of 18 obtain tobacco," a larger number of respondents (42.1%) reported "a family member or older sibling," 19.3% "a friend," 16.4% "from someone within the community," 11.4% "buys it themselves," and 10.7% "from someone at school."

When asked, "how accepted is the use of tobacco by youth under the age of 18 on a scale of 0 (not acceptable) to 100 (acceptable)," respondents reported an average of 31.8. Therefore, more respondents thought youth using tobacco was not acceptable.

When asked, "how accessible is tobacco to youth under the age of 18 on a scale of 0 (not accessible) to 100 (accessible)," respondents reported an average of 55.1. Therefore, respondents thought it was fairly easy for youth to obtain tobacco.

When asked, "what are the dangers associated with youth under the age of 18 using tobacco," respondents reported "bad for their health," "addiction," "physical and mental health effects," "cancer and unhealthy lungs," "habit forming," "poor decision making," or "not good."

When asked, "why is it acceptable for youth under the age of 18 to use tobacco," respondents reported "it is not acceptable," "differences in households and families," "peer pressure," and "culture."

When asked, "what makes tobacco accessible to youth under the age of 18," respondents reported "family," "friends," "cheap," "stores don't check ID," "parents or members of household leave cigarettes around," "older siblings," "no supervision," or "culture."

Community Recommendations for Reduction of Use Amongst Youth

When asked, "what type of action at the community level needs to be taken to help reduce the use of alcohol, marijuana, and tobacco by youth under the age of 18," respondents reported:

- "anonymous system/phone number we can call to report these instances as well as to send a picture proof"
- "separate alcohol sales from all other sales"
- "stricter enforcement, and laws (change these for greater punishment)"
- "raise awareness of real-time experiences of using alcohol, marijuana, and tobacco and how it has affected individuals and families"
- "accountability for consumption, regulation, and education to know when it is appropriate for use by an adult"
- "outreach education on what effects are and how it is against the law"
- "education and outreach in schools"
- "have small stores, gas stations, etc. be more strict with checking I.D. on alcohol purchases"
- "increase the spread of health and wellness programs and nutrition programs"
- "do not create a sense of a "safe environment" for consumption. Express the importance of waiting for the appropriate age of consumption. Have a higher consequence within the household."
- "more community based events. Peer counseling. Sports!"
- "productive organization for youth programs, sports, agriculture, building parks"

- "parents have to be more involved with their kids and explain to them the responsibilities of their action"
- "change the perception of how these substances affect youth development"
- "make less accessible"
- "don't advertise for alcohol"
- "more interventions using social media or media campaigns"
- "more ID checks"
- "raise the price or taxes of tobacco"
- "random testing or searches at schools"
- "more community members should report stores or the parents who buy these products for kids"
- "have affordable after school programs for kids"
- "Guam government needs to invest in an Olympic-size swimming pool, skate park, and sports complexes in a central location as well as northern one"
- "#StopSmoking movement for EVERYONE"

Focus Groups and Key Informant Interview Results

Youth Focus Group

There was one youth focus group conducted via Zoom virtual platform***** on August 28, 2021 that lasted 40 minutes. The focus group was semi-structured with 14 open-ended questions asked. There were 3 youth who participated.

Please Note: *Initially, the focus group was to be conducted in-person; however, due to an Executive Order the Governor announced 3 days prior to the day the focus group was scheduled, the focus group was conducted virtually. This reduced the number of focus group participants.*

The following are the responses by question:

Questions	Responses
1. What do you usually do in your free time during the week and on the weekends?	- Play games - Playing video games with their friends - Listen to music and just draw - Hiking
2. What do you like best about your school?	- "Talking to friends" - "Having fun. (Facilitator asks for the participant to share what part of school is fun) [Like school] activities or PE" - "I like meeting new people"
3. What do you like least about your school?	- "Homework" - "Spanish [because] it's confusing" - "I also don't like homework"
4. What are the biggest problems among kids your age?	Participants shared the same response by stating mental health was the biggest problem that they were experiencing. Participant 2 mentioned anxiety specifically.

5. What are reasons why kids your age drink beer or other alcohol?	- "As an unhealthy coping mechanism" - "Peer pressure" - "The[y']re broken hearted"
6. Where do you think kids your age get beer or other alcohol?	- "They probably have older siblings or friends that might give them it." - "They might see where their parents have it and they get it from there"
7. What are reasons why kids your age smoke cigarettes/cigars, vape or use other tobacco products?	- "It could be from media pressure/influence because sometimes its seen as normal/cool. (Facilitator asked participant expand on what media) Social media like Instagram" - "If the group forces the kid or known as peer pressure" - "Because their family does it"
8. Where do you think kids your age get these tobacco products?	- "They could probably get it from older siblings, family, friends, etc. or be pressured to do so" - "Sometimes kids get these items from free sources or social. (Facilitator asked for participant to explain free sources) [Like] usually other kids." - "I'm not sure"
9. What are reasons why kids your age smoke or use marijuana (weed)?	- "Kids could be pressured to do so or because they like the feeling. (Facilitator asked the participant to share a story relating to the feeling) I don't have a story about it but I just thought that could be an answer" - "They might have seen people smoke on Instagram or other media" - "Peer pressure from friends who does it"
10. Where do think kids your age get marijuana (weed)?	"This could be from friends, but [as to] where they got it from [they] have no clue"
11. Think about the kids your age who use alcohol, tobacco, or marijuana. Which substance is the most used?	- "I say all three items" - "I think I see more teen[s] use like vapes more than alcohol and marijuana" - "I've seen teens use tobacco more than alcohol and marijuana"
12. What do you think would influence kids your age to stop (or not even start) using alcohol, tobacco, or other drugs?	- "The side effects of alcohol, tobacco and drugs. (Facilitator asked what side effects) Like the warning pictures on cigarette boxes" - "I'd say if they knew the long-term effects on their bodies" - "I think to just force the kid[s] to stop doing it"
13. Who do you think has the most influence on your decisions about using alcohol, tobacco, or marijuana?	- "Teens" - "Our peers and people around us" - "My parents"
14. What do you think should/could happen in your community to get rid of problems with alcohol, tobacco, or marijuana?	- "Parents should remind the kids not to indulge" - "Increase the tax for the items for the kid not to buy it"

Parent/Caregiver Focus Group

There was one parent/caregiver focus group conducted via Zoom virtual platform***** on August 28, 2021 that lasted 68 minutes. The focus group was semi-structured with 45 open-ended questions asked. There were 4 parents/caregivers who participated.

****Please Note:*** *Initially, the focus group was to be conducted in-person; however, due to an Executive Order the Governor announced 3 days prior to the day the focus group was scheduled, the focus group was conducted virtually. This reduced the number of focus group participants.*

The following are the responses by question:

Questions	Responses
1. What do your child(ren) usually do in their free time during the week and on the weekends?	- Quick nap after school - Go on electronics (e.g. iPad) to play games, etc. - Swimming - Hanging out or chatting with friends - Snacking - Reading (not on e-reader or anything electronic) - Lounge on weekends for brain break activities (e.g., play cards, legos) - Family time (e.g. Watching Netflix together) - Drawing - Watching TV - Playing outside - Play with puppy
2. What do you think your child(ren) like best about their school?	"They like their teachers." "The teacher has the most impact on their education." "[They] cling more to the teachers that are really invested in their students" "They love the face-to-face interactions with their classmates and friends" "[They also like] Meeting new friends since they['ve] been in the house for months" "[They like] the social atmosphere they receive [at school]." "They like learning […] and showing off their skills afterwards. […]" One example mentioned by a participant was "finishing [their] homework."
3. What do you think your child(ren) like least about their school?	- "They expressed that they don't get fed enough. It's only snack or lunch during the day." "If they did not rush [to the cafeteria in time to beat the long lunch line], they would have very little or no time to eat." "[They] wish that breaks were just little bit longer [for time to eat and digest their food]." - "[They dislike] getting stressed with too much homework" "Long wait [at the] bus stop"
4. What are the biggest problems among kids in Guam?	"[They are] exposed to and [can] easily access things and topics that are too mature [for] them. They take more mature topics as jokes which causes them to be insensitive when they [talk to a person that is going through it]." An example shared by a participant was how their child has a friend that would post videos that may have sexual suggestions on Tik Tok and "it seems to be the norm [to them]." - Participants shared examples of what is lacking. "[The] lack of funding in the public schools." "The lack of special needs [services for youth]." "They do not have [mental health] supports within the school […] to have an outside person, trained professional, accessible to them to be able to process their feelings that they can't or [feel too] uncomfortable sharing with close family or friends." Lastly, "[the] lack of program for kids that they can go and volunteer and be a part of a community." - "Peer pressure with some kids."
5. Who is drinking alcohol (within the youth population)? What ages?	- "The Junior and Seniors in high school (age range: 16 -18)" - "Those who already have access to a license, who are driving." They also added, youth "who have friends that are older who are able to drive, or old enough to buy drinks." "14 and up"
6. What types of alcohol are being consumed?	"Beer" (Facilitator asked to expand why they think it is beer) Participant 1 shared "it's normalized in family gatherings" and Participant 2 mentioned it is "cheaper to bring [and] coolers are filled with them." "It is accessible [and] shown at family parties."

7. Where do you think kids get beer or other alcohol?	- "Family members" [or] "from adults who are able to purchase" - "[from the] store [or grocery]" (Facilitator asks participants how kids would get it through the store). Participant 1 shared that "not all stores card." Participant 3 said, "[kids] asked adults that have an ID to buy it." Participant 4 adds, "some kids look mature [and] that's why they can get it."
8. Where/when are they drinking?	- "When they are hanging out with their friends [on the weekend or at their family/friends homes unsupervised]." Participant 2 elaborated that they can be drinking in "discreet public places" and using a "drink holder" like a Yeti to hide it. - "When they are broken hearted"
9. Why do you think kids drink beer or other alcohol?	- Participants shared that kids drink alcohol out of "curiosity," or "experimentation" - "The need to feel older" and shared their experience on how family would pressure kids to try, "Are you man enough? Take a sip." - "[Kids drink because they are] wanting to fit in"
10. What consequences do we see with underage drinking?	- "[If drinking] becomes a habit […], it hinders their intellectual growth." - "The irresponsibility [of drinking and having access to a vehicle can lead to] a loss of life, jeopardizing other friends while with them [through reckless driving]." - "[Kids mentally perceived] it's okay to drink [alcohol] thinking they are adult" - "[Kids are] not developing healthy coping mechanisms to deal with the curve balls that life throws [at them]."
11. What are some laws in place related to alcohol are you familiar with?	- "[Drinking age] changed from 18 to 21" - "Increased tax on tobacco and liquor"
12. What is your perception of enforcement of these laws in our community?	- "[The laws or the responsibility are sometimes] not enforced. You'll see commonly at the mom and pop stores don't card" - "Families [continue] to allow these high school students to drink at gatherings"
13. What are the norms that you see in our community related to alcohol use?	- "Beer is a staple at [social or family] gatherings"
14. What is your attitude towards alcohol use for yourself?	- "For adults it is fine, if done in moderation and responsibly"
15. What is your attitude towards alcohol use for your youth?	- "Don't do it until you are old enough [and understand the responsibilities]"
16. Do you take a "harm reduction" approach – e.g. alcohol use in a controlled environment?	- "[In the household, the alcohol is] in areas where [the kids] can't reach it." There is an understanding from the kids that "they know not to touch it or else [their parents] will be really mad." "[It is also] letting them know and understand why they shouldn't touch it and they are not old enough or responsible enough without putting them down" - "I can't relate because my daughters are not drinking"
17. Who is smoking cigarette/chewing tobacco/vaping (within the youth population)? What ages?	- "[The youth that are using tobacco are] high school students [age range: 14-18]" - "For vaping, I think 15 [year old]"
18. What is the most common method our youth use tobacco (chewing, smoking, vaping)?	- "Vaping"
19. Where or how do you think kids get tobacco products?	- "Older friends and family that purchase for them." - "Mom and pop stores [are] not carding" "[They] do not card for e-cigarettes"

20. Where/when are they using tobacco?	- "[Relating to vaping] indoors, in their rooms" "Anywhere hidden" - "At school on breaks"
21. Why do you think kids use tobacco?	- "Curiosity" and "Experimentation" - "[Kids are wanting to] fit in" - "It looks cool [to] them." "[Social media], YouTube videos, and music videos make it seem cool." "They use it as an effect [in the videos]."
22. What consequences do we see of youth using tobacco products?	- "[The consequence of tobacco can lead to] health issues" - "Health habit forming" - "Legal and school consequences" - "[After getting caught at school,] the consequences lay on how their family decides to deal with it, which is unknown to others"
23. What are some laws in place related to tobacco use are you familiar with?	"Not as much as alcohol aside from selling to minors." "I don't think there are any stringent laws in terms of catching a minor using tobacco."
24. What is your perception of enforcement of these laws in our community?	- "Aside from being caught on school campus, that's all parents would know" - "In terms of GPD catching them smoking, I don't think there is enough enforcement"
25. What are the norms that you see in our community related to tobacco use?	"Throughout the generations, it has been decreased in terms of smoking cigarettes from adults for kids to watch, however, now the norm has actually [shifted] to [using] e-cigarettes and vaping"
26. What is your attitude towards tobacco use for yourself?	- "[Tobacco use and/or vaping] is a hard habit to stop" - Shared that they were a teen smoker, and it was an early habit that formed. Their attitude was "it is bad for you." "[They] understand that as early as 15 or 16 it has become a hard habit to stop"
27. What is your attitude towards tobacco use for your youth?	- "[Similar to alcohol,] wait till you're old enough" - "Just don't do it, don't start"
28. Do you take a "harm reduction" approach – e.g. tobacco use in a controlled environment?	- "[Similar to alcohol, tobacco products are out of the way] and the kids know [not to] touch it [or use it]." - "[They] don't vape around [their] kids. [They] acknowledge [to themselves and their kids] that [they] know the harm [it does to their] health, and share [to their kids] that it's a hard habit to kick."
29. Who is using marijuana (within our youth population) What ages?	"High school students (age range: 14 and up)"
30. What is the most common method our youth use marijuana?	- "E-pens" - Adds on to e-pens, "it's kind of like an e-cigarette with oil but then it's THC or CBD." "[It's] more commonly used because there's no residue. Older kids can use it and you can't really smell it on them versus a normal joint." - "Smoking it as a joint"
31. Where or how do you think kids get marijuana?	"[Most kids are getting marijuana from] family and older friends"
32. Where/when are they using marijuana?	- "On campus [after school or during breaks]" - "At home [unsupervised or in their rooms]" - "[At] parties"
33. Why do you think kids use marijuana?	- "[Similar to the previous substances, kids use marijuana out of] curiosity/experimentation." "Social pressure/norms to fit in" - "Immediate physiological affects [of marijuana] that allows them to escape. Escapism from their current growing issues."
34. What consequences do we see of youth using marijuana?	- "[The] Irrational behavior, irresponsibility, and clouded thinking [while experience marijuana]" - "They depend on it"

35. What are some laws in place related to marijuana use are you familiar with?	- "[Minors] should not do it, [or be allowed to use it]." - "There is a lot of discussions about the legalities of [marijuana]" - "[Marijuana is] not for distribution. May have a plant at home"
36. What is your perception of enforcement of these laws in our community?	"Aside from dealing, the use of it is not as stringent at all"
37. What are the norms that you see in our community related to marijuana use?	"[It is] somewhat accepted [but] not for youth." "[It is] more open now for health benefits."
38. What is your attitude toward marijuana use for yourself?	- "I don't use it frequently. I do once in a while for anxiety, like once a year." - "I occasionally consume" - "I don't use it. [The use of marijuana for] medical purposes [is] fine."
39. What is your attitude towards marijuana use for your youth?	- "Should not be used by youth until they're old enough." - "[The exception for use of marijuana is unless it is recommended by a medical professional] for medical uses."
40. Do you take a "harm reduction" approach – e.g. marijuana use in a controlled environment?	- "Being able to talk to [their] kids openly about it based on what [they] know." "Explain it to them in the way that they can understand without hiding the truth from them." - "Like alcohol and vape, [they] put [it] away and made [it] clear [for their kids] not to touch (on the rare occasions [they] have edibles)"
41. Think about the youth who use alcohol, tobacco, or marijuana. Which substance do you think is most used by our youth?	"Tobacco and vaping"
42. What is probably the next most used substance used by our youth?	"Alcohol"
43. What do you think would influence our youth to stop (or not even start) using alcohol, tobacco, or other drugs?	- "[Positive] peer mentors or notable individuals in the community that they look up to spreading awareness." - "Encourage them to do sports or any activity" "[Provide] more activities for youth" - "What would influence them to stop, is actually seeing one of their friends being affected in the worst way by these substances."
44. Who has the most influence on your child(ren)'s decisions about using alcohol, tobacco, or marijuana?	- "[For child(ren) who are younger,] it would be family [members] or [themselves] as a parent. [For older child(ren)], it would be incline to follow their friends"
45. What should/could happen in your community to get rid of problems with alcohol, tobacco, and marijuana?	- "More education from their eco map school, home and providing" - "[To provide] more activities, [education and preventative awareness] for our youth [in the schools and at home]." - "Stricter enforcement"

Partner Focus Group

There was one community organizations focus group conducted via Zoom virtual platform***** on August 28, 2021 that lasted one hour and 45 minutes. The focus group was semi-structured with 17 open-ended questions asked. There were 4 partners who participated.

****Please Note:*** *Initially, the focus group was to be conducted in-person; however, due to an Executive Order the Governor announced 3 days prior to the day the focus group was scheduled, the focus group was conducted virtually. This reduced the number of focus group participants.*

The following are the responses by question:

Questions	Responses
1. What do youth usually do in their free time during the week and on the weekends?	- Hanging out with each other and trying to have fun - Playing a lot of video games - Attending community events or family gatherings - Going on social media to interact with each other - Engaged in some sport or outside activity
2. What do you think youth like best about their community?	- "[What youth like best about their community] is having the opportunity to have fun and connect with each other [via their shared interests and on things they like to do]." - "[Youth like engaging more in] sports, and activities [or events catered to youth]" - "In terms of what they like best about their island community, [is] what makes their experiences here unique to those they might see on social media" (e.g., accessibility to the beach, different values) - "[Youth like best is] culture [and] hospitality. [It is a safety net for a lot of kids]." - "Emergence of cultural pride." "Opportunity to voice their concerns [in social and political matters.]"
3. What do you think youth like least about their community?	- "[What youth like least about their community is] the limitations" such as: - Lack of disposable income - No access to free public transportation - No access to programs - Lack of recreational areas of interests to do more healthy/active activities - Uncertainty of their voice, and where they stand in the community - Pandemic restrictions - Limited role models/mentors for LGBTQ youth - Limited LGBTQ activities for youth (most are adult-related events) - Island too small, may lead to boredom
4. What are the biggest problems our youth in Guam face?	- "One of the biggest problems that youth on Guam face is, [the pull between two contrasting sets of values/cultures.]" "It puts youth in a unique situation [of looking out and developing themselves (individualistic value) vs. looking out for one another and putting your family first (collectivists value) and trying to find a balance.]" - "Acceptance amongst each other [and everything]." "Being acknowledged [and feeling like they are important.]" - "Their relationship with their parents, [and their voice in their community and in their family.]" - "Substance misuse, use, [and] addiction, and how that causes family instability, relational problems." "[The] over-connectedness that the world is in [produced a degree of anxiety in youth]." "If there was behavioral health issues, [there may also be substance use followed after.]"
5. Who is using alcohol, tobacco, or marijuana (within the youth population)?	- "Youth who find it necessary [or peer pressured] to fit in with their social group" - "[Youth living in a] household with no supervision or they view [certain substances as a norm and socially acceptable]" - "[Youth] who find it difficult to cope with their current life situation" - "[Youth who have] accessibility [to the substances]" - "[Youth] who are currently [or have] already [been] exposed to the substances."

6. Where do you think kids get alcohol, tobacco, or marijuana?	"[Youth get substances from] those who already have access (e.g., family, extended family, older friends.)"
7. Where/When are they using alcohol, tobacco, or marijuana?	- "[Youth use substances] at school at any given time [and anywhere not seen by adults]" - "[Youth use substances at] home, unsupervised" - "[Youth use substances at the] bus stops]" - "[Youth who use it as a coping mechanism use it] during stressful times"
8. Why do you think youth use substances like alcohol, tobacco, or marijuana?	- "[Youth use substances because they use it] as a coping mechanism [to deal with life stressors and mental health issues]." - "[They use it to] fit into [their] social groups" - "[Youth tries substances because they are] thrill seeking (wanting to experiment) and bored." - "Family history of [substance] use," and it "becomes socially and morally accepted among certain families."
9. What consequences do we see of alcohol, tobacco, or marijuana use?	- "It has negative impacts on their social groups [or relationships] outside of the ones they might be using it to fit into. [Causing their] level of anxiety [to worsen in terms of their connections with family or friends]" - "[Substance use affects the youth's growth in their brain's] developmental stages." "They are not focusing on school, family, having fun as a youth, being a youth [instead] they are dealing with other stressors (like why their body is feeling this way)." - "[It also has a] negative impact [on their] school [like academic obstacles]" - "[In a social relationship standpoint], they are relating to groups that are negative relationships. [They are not encouraging each other to be successful in positive ways.] "Withdrawals [after long term use]" - "Risk to addiction as an adult" "When youth engage in substances at such as young age, it increases the risk for adult use." E.g., risk for addiction, increase visits to the emergency room because of cardiovascular issues, poor educational outcomes, criminal conduct, risk of suicide, etc."
10. What is your perception of enforcement of laws related to alcohol, tobacco, and marijuana in our community?	- "[Enforcement is] limited" "[For those who do not perceive the harm of youth using substances,] they may not enforce [or contradict] the laws." - "It is not as strict as it should be." "The community needs to work on as a whole." "Not enough manpower [to enforce the laws]" "Enforcement is not taken seriously." Enforcement is selective with who you know and whether you are a part of a minority or not." - "Enforcement needs to [consider our] culture." "The people that youth use [substances] is their own families." "The difficulty of having more enforcement having more damage with families."
11. What are the norms that you see in our community related to substance use?	- "[When an adult] turns a blind eye [when they see youth using substances] for fear of retributions" - "The social acceptance [of these substances]." "Alcohol has been embedded in [our] social life." "Culturally, the acceptance of alcohol to [celebrate] things in our lives." - "[Substances are marketed by big companies that have big influences]. Their marketing strategy [includes advertisement at sports events.]" - "Alcohol companies have become allies of LGBTQ movement" - "Vaping is marketed as a lifestyle [and is seen as a healthy alternative]" - "There's this false sense of protection that families have. [The sense that they rather have their child drink at home than to be drinking outside because they have sensed a security/control.]" - "People use substances as a coping mechanism" "Ironically, it just creates additional stressors"

12. Think about the youth who use alcohol, tobacco, or marijuana. Which substance do you think most of these youth use?	- "Alcohol" - "Tobacco/vape products"
13. Besides _____ (commonly listed substance from the previous question), what is probably the next most used substance used by youth?	- "Tobacco/vape products" - "Alcohol"
14. What do you think would influence youth to stop (or not even start) using alcohol, tobacco, or marijuana?	- "[If there was more available] access to social services [prevention/intervention] programs that do work" Participant 3 added especially intervention, like Trauma Informed care, that focuses on the individual themselves and meeting the youth where they are at. - "[Having the youth] be leaders [and giving them the space to demonstrate real leadership and be a part of addressing youth substance use issues within our community in a way that's not punitive]" - "To get the [youth] involved and connected into social groups that do not use [substances]" "[They would] discourage the use [of these substances]." "If their own peer groups, family members and friends are the enforcement, that is what would influence youth to stop or not even start [any of these substances]" - "Another individual would be a very strong and powerful tool to assist in trying to influence our youth to stop or to not even start with using [these substances]" - "[Provide] families to tools [or the support] necessary to address whatever [substance-related issues] within the family"
15. Who has the most influence on youth's decisions about using alcohol, tobacco, or marijuana?	- "[Their] immediate family [especially their parents]" - "Their peer group" - "[The influences from the] government and social services"
16. In your capacity as a service provider, what are some of the barriers or gaps in services in our community that create a challenge to effectively address substance use among our youth?	- "We [as a community] need to find ways to bring prevention programs to youth, as opposed to having prevention programs that we expect youth [would somehow] make their way to" "[Especially,] providing services that are free and easily accessible, including transportation." - "Partnering [up with other community/service providers] and not working in silos [to create a level of wrapped around services to include intervention and post-intervention]" - "[One barrier or gap is] funding [for these programs]" - "[Another barrier is the] family's mindset about services]" "[Some] don't see the importance of these services [or they are not interested or educated about them]" - "Issue of priority in the community" "It is not seen as a health priority [so funding is not allocated to support these services that do help the community]"
17. In your capacity as a service provider, what should/could happen in our community to get rid of problems with alcohol, tobacco, or marijuana?	- "Change people's mindsets [and behaviors] about the use [of these substances]. If we can change how people perceive it [and] how harmful it is for themselves [and their kids, family members and friend groups]" - "Constant community awareness [and education to show that it is a true concern and a health priority]" - "[The] whole prevention should focus on the family system" "[Having] hopeful, good leadership [that engages in addressing prevention]"

Key Informant Individuals Interviews

There were five key informant individual interviews (i.e., community representatives) conducted via Zoom virtual platform* from September 8 to 14, 2021 that lasted from thirty to sixty-seven minutes. The interviews were semi-structured with 17 open-ended questions asked. All participants were community representatives from organizations or agencies that provide substance abuse prevention and/or treatment services to youth directly.

Please Note: *Initially, the interviews were to be conducted in-person; however, due to an Executive Order the Governor announced, the interviews were conducted virtually. This reduced the number of participants.*

The following are the responses by question:

Questions	Responses
1. What do youth usually do in their free time during the week and on the weekends?	- Things they have access to (e.g., spend time on social media) - Playing video games - Participating in organized sports - Hanging out with their friends (or peers) - Dependent on what the families are doing (e.g., spending time in the weekends) - Dependent on their activities or involvement in school
2. What do you think youth like best about their community?	- "The sense of belonging." "If they feel like they belong to a certain community or if they fit in with a certain group, they are going to spend more time with those people and doing the things that the group does" - "[Youth] are not thrilled about a lot of things [in the community]." "There is a lack of interest [and no motivation] (e.g., free community activities would usually be offered, but no takers)" - "It is dependent on their activity in the community or with their families. Depending on their family dynamic, one group [may like closeness of the community or cultural practices/belief], and what their families are able to do [together]." - "It is dependent on where they live." "[Youth] who live by family and friends enjoy spending time with them regularly" - "Their friends"
3. What do you think youth like least about their community?	- "Youth in general don't like being told what to do." "[When they feel like the community is against them] or they feel threaten by the community they are within. [It] can trigger a lot of negative behavior." - "There are limited activities to do as far as available areas of [in-person] congregation" - "It could be the negative experience being around family and friends all the time." "The lack of access to do extracurricular activities [especially now with COVID]." - "Restrictions given to them"
4. What are the biggest problems our youth in Guam face?	- "[The] lack of proper guidance, [support and options for youth and parents]" - "Trying to figure out who they are [and where they fit in especially with Guam being a melting pot of different cultures with multi-generational homes, and lots of influences]" - "[The lack of] parent involvement is really high [due to work and their children go unsupervised]." - "The lack of access to structured, positive, extracurricular activities, and the lack of parental support [that would lead to use of substances]" "Access of the

	internet can be good and bad. [Youth are exposed to misinformation and cyber-bulling]" - "There is not enough focus on their education." "Lack of self-discipline" Explained that the biggest problems may also be cultural. An example given was how the roles male and females when they hit puberty.
5. Who is using alcohol, tobacco, or marijuana (within the youth population)?	- "[Youth] that come from [low income] background, and those [who have access to money to pay someone to get substances for them]" - "Economic background does not determine who uses the [substances]." "There's [only] a difference in how it is used [or perceived]" (e.g., some stable families may accept use of substance in a controlled environment)" - "Definitely [youth] in the high school level [and] it's emerging in the middle school level." - "It isn't isolated to any particular group of youth. It is widespread because [of the] accessibility and familial acceptance or lack of supervision." - "Starts at the middle school age, but it could start as early as late elementary school" "[it is] used by both genders" "Also, it spans the socio-economic [status]" - "[Generally] male" "Starts in elementary, but they don't get [caught] until middle school." "Chamorro has higher marijuana usage [primary use is alcohol]"
6. Where do you think kids get alcohol, tobacco, or marijuana?	- "[Youth in low-income backgrounds would get substances through] family [or the people that immediately surround them]" versus "[youth in higher income background sees] the value placed on [substances that may only be accessed by elitist]" - "[Youth obtain substances where it is accessible, such as] at home, [family/neighborhood] parties, [and] friends who have accessibility." - "[Youth on Guam] share [substances]. [Origin of these substances are from] mom and dad's leftovers (e.g., substances accessible in the fridge)" "[Youth] would sell things [to obtain substances]." [This example is of youth] following the same behaviors as their parents" - "[Youth can get substances from a] trusted adult within the household, or a family friend, at school from friends." - "They get it in the community more so than the school level" Facilitator asked who do you think the youth are getting the substance from. "They get it by borrowing [applied as stealing] money and asking [someone else] to purchase."
7. Where/When are they using alcohol, tobacco, or marijuana?	- "Youth use it at any time they have access to it [or when they have the opportunity to.]" "Before school, on the way to the bus stop, after school, they are hiding behind big trees, walking home." "They are getting caught more in school" - "At parties [where there is adult supervision, and it is a socially accepted behavior]" - "It is happening in the home [with or without parental supervision]" - Shared a story that they are aware where marijuana is within the village.
8. Why do you think youth use substances like alcohol, tobacco, or marijuana?	- "They see [their family doing it as a stress relief.]" "They don't think it's wrong because it is [already perceived as] normal. It's normal because it happens at home. - "[Youth do it because of] peer pressure" or some "use it [to experience] the effects of [the substances] (e.g., feeling high, disconnected or as a coping mechanism)" - "There is nothing else [that peaks their] interest." "[Most] families do not know how to do [activities with one another] anymore. [Youth are not being given activities to do to occupy their time]." - "Two main reasons are lack of activities to keep them busy, accessibility, and lack of coping skills or positive outlets" - "[Youth do it out of] curiosity" - "The most common answer you would get [from youth is] boredom"

9. What consequences do we see of alcohol, tobacco, or marijuana use?	- "The use of one substance can lead to the use of other substances, and addiction develops" - "There's not enough [educational] consequences that are known to hinder youth from using substance. [They know what the substance will affect, but not how it affects their health]" - "[Regards to the legal aspect,] there is not enough enforcement to be considered as a consequence. "If they get caught, [the mindset is that it is not a big deal. It will be on their juvenile record but will not affect them once they reach legal age.] - "Suicide. Crime becomes part of [the youth who use substances] culture (e.g., if they cannot sell things to get it, they may steal)." - "The consequences are not that great in terms of [the legality aspect] violation is dependent on whether or not it is a drug-free school zone." "Consequences for you for consumption, or possession [of substances] often times start with those lesser infraction because there [not] harshly punished but more of a rehabilitated approach as far as the Juvenile Justice System" "it increases their likelihood to engage in riskier behavior" "The consequences the community faces [is that] it increases a climate of distrusts, instability [and fear] where residence no longer feel safe in their own homes." - "Developmentally, it is not good thing for [youth]." "It [creates] negative habits at an early age. It [impairs] their judgment when they are still trying to form their [opinions/thoughts] in this world. It puts them in danger [especially when they engage in risky behavior related to substances]" - "[The consequences in the use of substances affects youth significantly] health-wise and [developmentally]." "[Another consequence is how it affects their education] in school." "[Substances] alters their self-regulatory skills. They are not able to manage their emotions adequately."
10. What is your perception of enforcement of laws related to alcohol, tobacco, and marijuana in our community?	- "There is not a [consistency] of resources or services [for the youth to help in their continuum of care.]" e.g., different judges, probation officer, agencies have different approaches "[There is] a less of rehabilitation approach, instead punitive approach." - "There is almost no enforcement" "It's just a slap on the [wrist]" "Most teens are not afraid of law enforcement [and if they are, they will find their way out]" - "Since marijuana has been legalized, there hasn't been a strong sense of agency collaboration to form any enforcement. With the right stakeholders, we would be able to put something together where there is frequent enforcement, more personnel and resources are dedicated to the prevention and enforcement." - "[There is only] enforcement for when they get caught not when they are using it in the community" "[There are a lot more people] getting away with it than being caught. Facilitator asked to expand on their statement. "If it's happening at home [or controlled space where they would not attract attention, they would not get caught]." - "When it comes to the school level, they are on top of it." "It doesn't occur too much in the community." "When [there is an] alcohol related arrest in the community its conjunction with another crime." "Families are less likely to turn their kids in."
11. What are the norms that you see in our community related to substance use?	- "[We] don't shut down the behavior. We see the behavior; we allow it to continue. It's not something that we're constantly trying to correct." - "[In the aspect of marijuana,] the group that is using is encouraging the behavior [and] the economic aspect of use." (e.g., legalization encourages that it is okay to use) - "It is common for substances to be used in the household, students used substances freely in public, youth would go as far as selling things [to obtain substances]."

	- "It depends based on culture. In the Micronesian culture, there is sort of a rite of passage for the male juveniles [being peer pressured by] the older male adults [to drink alcohol]." - "With marijuana being more accepted, there's a lot of support of legalization." "[With regards, to other drugs like] Methamphetamine, [it] is really bad in Guam. It's not even hidden anymore, there is no fear to have it on them or using it." - "No active intervention" - "When it comes to high schoolers, sometimes [substances] can be seen as condoned. It is dependent on [what] substance [and if the parent/relative uses it or not]." "It is sort of [perceived as] a rite of passage" - "[An example of normalized behavior in the community related to substances use] is predominantly Chuukese, alcohol-related"
12. Think about the youth who use alcohol, tobacco, or marijuana. Which substance do you think most of these youth use?	- "[Youth in general would use more] alcohol" Facilitator asked the participant what substance is most used between the youth they mentioned earlier: low-income household vs. high income household. "I think [low-income household youth] would use alcohol." "[High income household would use] more marijuana." - "Tobacco" - "Alcohol and Tobacco because they go hand and hand" - "Tobacco / Vaping"
13. Besides _____ (commonly listed substance from the previous question), what is probably the next most used substance used by youth?	- "[Youth in general would then use] marijuana then tobacco" - "Marijuana" - "Alcohol" - "Tobacco products"
14. What do you think would influence youth to stop (or not even start) using alcohol, tobacco, or marijuana?	- "The biggest influence would be their peers [their friends]" Facilitator asked would there be something in the community that would influence them to stop or even start? "If [we, as a community] highlight and focused on the benefits of not using [substances]." e.g., showing the example of a drug-free lifestyle, investing in the youth to do good." - "Offering alternatives to alcohol, tobacco and marijuana. Take a good survey of what teens prefer, or the latest good thing in their lives. Create programs and activities around those preferences to keep them occupied and engaged." - "If we had dedicated program, and more extracurricular activities to keep them busy [and follow through of the school and community]" - "Prevention at a very young age [starting in the elementary school levels]. Also, more education for parents, especially on the consequences of [laws, but also] the development of their kids." - "[The prevention of substances use] comes from the family. If they would set limits, [and start] education at an early onset [and] continuing to push education [within] the home." "[Their] peer group they hangout [with]"
15. Who has the most influence on youth's decisions about using alcohol, tobacco, or marijuana?	- "[The big influencer is] their friends. "Peer pressure is high on this list. Teens involved in these substances almost have no regard for authority." - "[Aside from the youth's peers,] their family, and role models [on social media]" Facilitator asked to expand on what family member had the most influence? "The person who is around them more [it doesn't necessarily have to be a family member]" - "[Youth has the most influence form their family members at] at home." - "[The most influential] is the youth themselves"

16. In your capacity as a service provider, what are some of the barriers or gaps in services in our community that create a challenge to effectively address substance use among our youth?	- "The community doesn't place a big enough importance to this issue as far as prevention. […] If they are strengthened, then we [as service providers] don't have to spend so much on treatment." Facilitator asked what resources can help with prevention efforts in the community? "Buy-in from the community through organizations. If they are constantly holding activities that engage [the youth]. So that [the youth] don't have the opportunity to focus or be influence by substance use." - "The lack of real support from professionals. There are many trained government employees and organizations focused on providing prevention services. Let's put our money and our trained professionals to good use by implementing various services in the communities. These teens need something relative to their current lifestyle or something that is even more interesting than what they currently experience to get their attention. Gone are the days where teens attend anything because the parent says so. So, it behooves the community to provide necessary services and guidance for these teens." - "Consistency, personnel, funding and resources" - "The lack of prevention island-wide at an early age. Also, the lack of access of positive, extracurricular activities. When it comes to working with parents, [there can be a] language barrier." - "Cultural issues [such as understanding the cultural groups that are unique. What is okay in another home is different for others]" "As far as treatment is concerned, [the procedures or services] seems to be mirrored from the adults. [They use similar procedure and apply to youths]." "[Some] literature [used in applying services is not working within Guam's community." "[There is no training/certification] and standards for substance abuse counselor [aside from having a high school diploma" "[Most service and diagnosis ends] at the completion of treatment."
17. In your capacity as a service provider, what should/could happen in our community to get rid of problems with alcohol, tobacco, or marijuana?	- "Events promoting a lifestyle without the use of substances, education, more substance free campaigns" - "Not all are willing to offer the extra help to their communities, but this is where the rest of the government and other NGOs come in to support those villages that lack services. Mayors are not mandated to offer any of these services, but if they were supported by the professionals and those organizations whose mission it is to prevent and educate, I am confident we will see positive results on our island." - "[Realistically,] we are never really going to get rid of the problem, but we can reduce the numbers through education, outreach in schools and the community." [Increase] the level of technology and get on social media where youth prefer." "More enforcement" "[Get law makers involved] to require something to be done or some type of program be made [because once the players in office change the law will always be same.]" - "[Culturally appropriate] education for the parents/guardians and families, especially [on] providing access to these substances and the effects that it can have [on their kids]. (e.g., hosting community workshops in different languages)" - "One very effective way to curve [substance use] is to raise the price [or not have it available]" - "To improve the providers, [with regards to certifications and licenses]" - "Focus on individual care versus group care."

Community Observations

Combing the island of Guam and observing the design and promotional methods of substance use and presence within a one-mile radius of each public school (e.g., locations on the island where there is more of a youth presence) is also an essential and key element to understand the full impact of substance use. To obtain this information, WestCare Pacific Islands and the Regional Director of Research and Evaluation for WestCare Foundation, Thrive Coalition, and MNL program developed and administered an island-wide Environmental Scan.

Environmental Scan Results

WestCare Pacific Islands, Inc, specifically, the CDC DFC Thrive Coalition, and the SAMHSA CSAT PFS-SPF Maolek Na Lina'La (MNL) program completed an island-wide Environmental Scan that included the 16 villages that have public schools (3 villages do not have any public schools). Within each of the 16 villages, 41 public schools were identified as the locations of interest. Volunteers were recruited and trained to conduct observations within a one-mile radius of each of the locations of interests. The observations included organized data sheets with four specific categories:

1. Advertising
   • Billboards (not applicable in Guam) • Retail ads on buildings • Banners • Posters • Neon signs in windows

2. ATOD-related Establishments
   • Bars (including coffee shops selling alcohol) • Restaurants • Liquor stores • Convenience & Grocery Stores • Marijuana dispensaries • "Head" shops

3. Behaviors
   • Law Enforcement – patrol • Law enforcement – action • Public intoxication • Drug dealing, public drinking, smoking marijuana, or tobacco

4. Other
   • Abandoned buildings/Closed stores • ATOD-related garbage • Graffiti Please see the attached Annual Evaluation Report for Environmental Scan results

The following table lists each of the locations observed by village:

Table 1: Locations by Village

Village	Locations
Agana Heights	Agana Heights Elementary School
Agat	Career Tech High School
	J.P. Torres Success Academy
	Marcial Sablan Elementary School
	Oceanview Middle School
Asan-Maina	None

Barrigada	Carbullido Elementary School
	Guahan Academy Charter School (GACS)
	P.C. Lujan Elementary School
	SIFA Learning Academy Charter School
	Tiyan High School
Dededo	Astumbo Elementary School
	Asumbo Middle School
	J.M.G Elementary School
	Liguan Elementary School
	Maria A. Ulloa Elementary School
	VSA Benavente Middle School
	Wettengel Elementary School
Hagatna	None
Inalahan	Inalahan Elementary School
	Inalahan Middle School
Mangilao	Adacao Elementary School
	George Washington High School
	Price Elementary School
Merizo	Merizo Elementary School
Mongmong-Toto-Maite	J.Q. San Miguel Elementary School
Ordot-Chalan-Pago	Agueda I. Johnston Middle School
	Ordot Chalan Pago Elementary School
Piti	Jose Rios Middle School
Santa Rita	Harry S. Truman Elementary School
	Southern High School
Sinajana	C.L. Taitano Elementary School
Talofofo	Talofofo Elementary School
Tamuning-Tumon-Harmon	Chief Brodie Memorial Elementary School
	John F. Kennedy High School
	Lyndon B. Johnson Elementary School
	Tamuning Elementary School
Umatac	None
Yigo	D.L. Perez Elementary School
	Machanaonao Elementary School
	Upi Elementary School
	Francisco Baza Leon Guerrero Middle School
	Simon A. Sanchez High School
Yona	M.U. Lujan Elementary School

The Guam population is 163,489 (World Population Review, 2021)[79]. Of the 19 villages, the most populated are Dededo (27.5%; 44,943), Yigo (12.7%; 20,539), Tamuning-Tumon-Harmon (12.0%; 19,685), and Mangilao (9.3%; 15,191).

Across the 16 villages with public schools, there were 1,483 items observed. Per capita, Agana Heights (5.3%), Dededo (4.0%), Agat (3.2%), and Merizo (2.4%) had the highest number of drug and alcohol observations. The remaining villages were 1.5% or below (most 1.0%) per capita.

79 World Population Review (2021, September 13). Guam Population Density Map. Retrieved from https://worldpopulationreview.com/countries/guam-population

It would make sense that Dededo and Agat had higher percentages per capita as they had the higher numbers of school locations, 7 and 4 respectively. For Dededo, there was an average of 85 items per school location, while Agat had an average of 46 items per school location. However, for Agana Heights and Merizo, villages that only had 1 elementary school location each, there were still a high number of items within a one-mile radius of Agana Heights (n=56 items) and Merizo (n=51 items) elementary schools. All in all, Dededo had the highest alcohol and drug items observed per school location on average compared to all other villages.

The following table includes population size, number of items observed per category, and per capita percentage:

Table 2: Population, Locations, Items, and Per Capita by Village

Village	Population #	# of Locations	Advertising Item #	ATOD Item #	Behaviors Item #	Other Item #	TOTAL # of Items	% Per Capita
Agana Heights	3,940	1	42	4	0	10	56	5.3%
Agat	5,656	4	23	14	2	143	182	3.2%
Asan-Maina	2,137	0	0	0	0	0	0	0%
Barrigada	8,875	5	1	18	2	3	24	<1.0%
Dededo	44,943	7	38	44	7	505	594	4.0%
Hagatna	1,051	0	0	0	0	0	0	0%
Inalahan	3,052	2	2	6	2	7	17	1.0%
Mangilao	15,191	3	33	20	0	37	90	1.0%
Merizo	2,152	1	2	0	0	49	51	2.4%
Mongmong-Toto-Maite	6,825	1	4	5	0	9	18	<1.0%
Ordot-Chalan-Pago	6,822	2	41	4	0	2	47	1.0%
Piti	1,666	1	5	4	3	13	25	1.5%
Santa Rita	7,500	2	4	2	0	53	59	1.0%
Sinajana	2,853	1	15	5	0	0	20	1.0%
Talofofo	3,215	1	3	3	3	17	26	1.0%
Tamuning-Tumon-Harmon	19,685	4	27	42	1	6	76	<1.0%
Umatac	903	0	0	0	0	0	0	0%
Yigo	20,539	5	13	12	2	151	178	1.0%
Yona	6,484	1	14	4	0	2	20	<1.0%

The results of Table 2 fall in line with the "culture" of each village, and the alcohol and drug items that were found (see Table 3).

Dededo is in the north and has more of a city feel (e.g., tight housing spaces, higher population, lots of activities like malls, convenient stores, restaurants). Dededo is located next to the tourist village of Tamuning-Tumon-Harmon. Historically, Dededo is also known to house more immigrant families who relocated to Guam as skilled construction laborers after typhoons and other natural disasters. Additionally, Dededo is known for their "gangs" and activities associated with gangs. Overall, all these factors may explain the number of items associated with advertisements, retail shops, graffiti, and trash.

Agat is in the south, on the opposite side of the island as Dededo, and has a completely different culture. Agat is the "gateway to the other southern villages" which do not have their own immediate site or source for shopping; thus, Agat is the closest village for those living in the south to shop for groceries, supplies, etc. Agat is known for their "old neighborhoods" with lots of land (e.g., more country areas), but like a major city where there is a divide between "rich" and "poor." The "rich" live in this part of the island because of the phenomenal views. Additionally, Agat is also known for their "gangs" and activities associated with gangs. However, historically, Agat is also known for single family dwellings that were built for immigrant Filipino skilled construction workers that relocated to Guam to rebuild structures. Overall, all these factors may explain the number of items associated with advertisements, retail shops, graffiti, trash, and abandoned cars, buildings, etc.

Agana Heights is the adjacent village to Hagatna, which is considered the business epicenter of the island. Agana Heights is the third smallest village in relation to area size. It's a small community with its own elementary school, public park, and church. It also has several small convenience stores located throughout the neighborhood as it is primarily a residential area. Overall, these factors may explain the number of items associated with advertisements.

Merizo is the southernmost village and is like Agat in that there are larger properties with country space and "old neighborhoods." There is also "The Pier" which is used as a dock to travel to other close islands or as entertainment (e.g., boat cruises, night markets, fiestas, swimming, to jump off, etc.). Overall, these factors may explain the number of items associated with graffiti, trash, and abandoned cars, buildings, etc.

What is interesting to note specifically about the southern villages mentioned (Agat and Merizo) is that they do not have any landfills or junkyards near them; all landfills and junkyards are in the northern villages. Also, solid waste is only collected if it is 3 feet from a public road, and for many of the properties in Agat and Merizo, residents do not live off a public road. Also, more recently, due to budget cuts (to provide more money to the University's sustainability initiative for the island), the mayor's offices have had their funds reduced which allows regular collection of the junk cars in their respective villages. Moreover, the larger villages, like Dededo, Tamuning-Tumon-Harmon, and Yigo, have the same funding amount as the smaller villages. This may explain the number of abandoned cars, various forms of heavy trash, etc. that were observed in the south, particularly in Agat and Merizo, as residents may be too far from landfills to dump their own trash or too far from junkyards to tow their nonoperative vehicles. Also, in the southern villages, gang activity is known, and this may explain the graffiti observed in these areas specifically.

Other interesting notes are that for some of the villages, like Mangilao and Tamuning-Tumon-Harmon, the schools only occupy a small portion of the village as the school locations are very close to one another. Therefore, during the Environmental Scan, only a small portion of these villages were covered. Perhaps, however, this is a good thing, in that, the youth are only spending time in certain areas of the villages. For instance, Mangilao has the second highest reported crime on the island, and if the schools are bunched up together in one area, perhaps, monitoring crimes against children or where children are located is more manageable. Also, specifically for Tamuning-Tumon-Harmon, there are many bars and restaurants where adults frequent to "go out"

and have fun. This area is farther than one mile from any school site; therefore, this may be a positive thing, so youth are not present while adults are participating in alcohol or other drug activities.

Table 3: List of Items by Category and Village

Village	Advertising Items	ATOD -related Establishments Items	Behaviors Items	Other Items
Agana Heights	-Alcohol ads -Alcohol neon sign -Tobacco ads	-Convenience stores		-Abandoned fridge -ATOD-related garbage -Cigarette boxes -Cigarette butts -Old cars -Shack (tin) -Trash -Trash alcohol cans -Shack (tin)
Agat	-Alcohol ads -Alcohol posters -Alcohol neon sign -Tobacco ads -Vape products -UFC banner with alcohol at a home	-Gas stations -Convenience stores -Restaurants -Vape shop	-Tobacco smoking	-Massage Parlor -Empty alcohol bottles -Abandoned cars -Abandoned bldg. -Abandoned houses -Abandoned bus stop -Abandoned container -Graffiti bus stop -Construction wire -Trash -Trash electronic -Trash appliances -Trash white goods -Trash tin -Trash tires -Trash plastic -Trash toys -Trash metal -Trash wood -Trash trailer -Trash furniture -Blocked road
Asan-Maina	N/A	N/A	N/A	N/A
Barrigada	-Delivery Truck with Alcohol Ad	-Convenience stores -Bars/lounges -Gas stations -Restaurants	-Smoking -Truck selling tuba	-Trash alcohol cans
Dededo	-Tobacco ads -Alcohol ads -Cannabis wraps -ATOD-related posters -ATOD-related banners -ATOD-related neon signs	-Vape shop -Gas stations -Convenience stores -Karaoke lounge -Restaurants -Bar -Smoke shop	-Men drinking and fixing a vehicle -Kids playing on abandoned vehicles -Domestic dispute near a store	-Massage parlor -Gun store -Bakery -Trash -Trash large, tin container -Trash in vehicles -Trash in yard/house/road -Trash beer cans -Trash white goods

				-Trash tin -Trash pipes -Trash burned -Poorly maintained park (broken swings, seesaw, basketball hoop) -Graffiti walls -Graffiti bus stop -Graffiti mailboxes -Graffiti abandoned houses -Abandoned houses -Abandoned cars -Abandoned boat -Cigarette butts -Flies -Sketchy dead end -Property under construction -Broken down structure -Trucking company -Large, steel container -Buried petroleum pipe -Sickly dog at a bus stop -Pitbulls roaming -Teen/Adult males roaming
Hagatna	N/A	N/A	N/A	N/A
Inalahan	-Alcohol banners -Tobacco banners	-Convenience stores	-Individuals chewing tobacco	-Abandoned cars -Abandoned buildings -Graffiti bus stops -Run down school/building
Mangilao	-Beer -Cigarette	-Convenience stores -Restaurants -Bar -Vape shop		-Trash -Trash white goods -Trash beer cans -Graffiti -Abandoned cars
Merizo	-Alcohol poster -Tobacco poster			-Burning trash -Raising chickens (cock fighting) -Blocked roads -Abandoned houses -Abandoned cars -Abandoned container -Abandoned buildings -Abandoned bus -Abandoned boat -Trash -Trash appliances -Trash furniture -Trash tires - Graffiti

Mongmong-Toto-Maite	-Alcohol ads	-Convenience stores		-Graffiti power boxes -Graffiti power poles -Graffiti playground/ballpark -Abandoned cars -Unused container -Trash beer cans -Bus stops with beer cans -Bus stops with tobacco container
Ordot Chalan Pago	-ATOD-related neon sign -Alcohol ads -Tobacco ads	-Game room -Convenience stores		-Abandoned vehicle -Trash ATOD-related
Piti	-Alcohol ads -Delivery truck with beer sign	-Restaurants -Gas stations -Convenience stores	-Ambulance -Police cars -People yelling	-Shooting range -Unused pavilion -Graffiti on power box/pole -Graffiti signs -Abandoned lounge -Abandoned cars -Trash beer cans at cemetery -Trash beer bottles at bus stops -Cigarette butts
Santa Rita	-Alcohol -Tobacco	-Convenience stores		-Trash beer cans -Abandoned cars -Abandoned buildings -Graffiti bus stops
Sinajana	-Alcohol ads -Alcohol neon signs -Tobacco ads	-Convenience store -Gas stations		
Talofofo	-Alcohol signs -Tobacco signs	-Convenience store -Liquor store	-Tobacco use -Public intoxication	-Vandalized signs -Public nudity -Abandoned cars -Abandoned buildings -Abandoned housing -Trash -Trash ATOD-related -Graffiti -Graffiti bus stops -Graffiti in private property -Shuttered houses -Dumped machines -Shoes hanging on poles
Tamuning-Tumon-Harmon	-Retail ads -Posters	-Bars/clubs -Convenience stores -Restaurants / Cafe -Gas stations -Game room	-Public intoxication	-Abandoned building -Abandoned things -Trash ATOD-related
Umatac	N/A	N/A	N/A	N/A

Yigo	-Alcohol poster -Alcohol neon sign -Tobacco poster	-Restaurants -Convenience stores	-Public intoxication -Police (Active)	-Laundromat -Baseball field -Skate Park -Trash -Trash white goods -Trash beer cans -Trash tires -Trash appliances -Trash wood -Trash furniture -Abandoned cars -Abandoned bus -Abandoned truck -Abandoned house -Abandoned boat -Closed stores -Graffiti -Graffiti poles -Graffiti school building -Graffiti bus stops
Yona	-Alcohol ad -Alcohol neon sign -Tobacco ad	-Convenience stores -Gas stations		-Trash ATOD-related

Key Considerations and Summary

Summary

Youth, parents/caregivers, stakeholders/community partners, and key informants alike agree that alcohol, marijuana, and tobacco are dangerous and damaging to developing youth, meanwhile these substances remain accessible, sometimes culturally acceptable, and have little to no law enforcement and monitoring. Of particular focus should be youth attending schools in Hagatna, Dededo, Agat, and Merizo as these villages had the highest number of drug and alcohol observations per capita. Ultimately, there is a significant need for culturally appropriate, youth substance use and misuse education and prevention services as there is a high prevalence of detrimental social economic, and health consequences arising from alcohol, marijuana, and tobacco use and misuse (Guam's State Epidemiological Workgroup, 2018). There is a significant disparity between the availability of education, prevention, and treatment services for persons with alcohol and drug use and misuse disorders and the demand for services. Substance use and misuse prevention has been identified as a major public health priority for the island by the Guam Behavioral Health and Wellness Center. Unfortunately, for youth living in Guam, education prevention and early intervention remains one of the most under-funded and under-developed parts of the continuum of substance abuse services. Historical events that have impacted substance use and misuse among Guam youth are reflected in the significant cumulative shifts in culture, demographics, and attitudes. Events or changes include poverty, unemployment, blurring gender roles and loss of ancestral language and religion, all which Guamanian youth experience as a loss.

Such life pathways can lead negatively towards a reduced capacity to respond to life events, which and lead to adverse social outcomes[80].

Priority Setting

The Thrive Coalition will continue to set priorities for the village of Dededo. The Thrive Coalition is addressing advancements in the use of tobacco, underage alcohol, and marijuana, amongst youth for the next 5 years. The strategic plan priority setting for the Thrive Coalition includes addressing perception of harm of tobacco, alcohol, and marijuana, prevention, and access to care including an overlay of addressing gaps in services in all areas, as well as building appropriate intervention programs and resources to address the problems. Collaborations, networking, and group planning has been a huge strength in the village of Dededo as evidenced by documentation of meetings and accomplishments. The Thrive Coalition remains ready to provide support, resources, and tools to other villages to establish their village-based coalition to address youth substance use and misuse in their communities.

Additionally, the MNL program seeks to increase community collaboration on the island of Guam to support prevention efforts and capacity to reduce youth substance use. An objective of the program is to expand the work and effectiveness of the State Epidemiology Workgroup (SEOW) and the Thrive Coalition in efforts to enhance knowledge of the local laws, policies, practices, and cultural norms that create barriers to youth substance misuse (resiliency) as well as those that promote youth substance misuse (risk factors). MNL will set priorities to serve the thirteen (13) northern and central villages in Guam through various strategies. The strategic plan priority setting includes enhancing the leadership skills of the community and modifying and changing policies. A change in consequences shall provide incentives for change and a change in physical design shall target social host laws to deter adults from promoting alcohol use with youth. In addition, enhancing skills, providing information, support, and accessibility will be implemented using the Strategic Prevention Framework.

MNL will conduct educational presentations using the evidence-based curriculum *Positive Action* with the community and 250 unduplicated middle- and high-school youth and conduct parent-directed *Communication Campaign* to 125 parents of middle- and high-school students. MNL will also develop and conduct training to 5 peer leaders per year focused on the development of messaging. In addition, MNL will develop and conduct training for the Thrive Coalition on data collection and report results to collaborate to improve community resources surrounding youth substance use.

Conclusion

Guam villages are communities impacted by alcohol, marijuana, and tobacco use among youth. The needs assessment described the extent of use and patterns, identified contributing risk factors and consequences, evaluated the accessibility and availability of services, and identified gaps. While some service systems exist, they lack adequate funding to provide comprehensive services and recruit a quality workforce. Limited housing options and high poverty have exacerbated the

[80] WestCare Thrive Coalition, Needs Assessment 2020.

ability to fully address consumers' needs, workforce, and programming. Despite these challenges, the villages have a strong network of dedicated partners working together to address the service gaps and needs. Planning is continuous, and the search for funding is ongoing[81].

[81] WestCare Thrive Coalition, Needs Assessment 2020.