

Adult Familial Influences on Rural Native Hawaiian and Pacific Islander Youths' E-Cigarette Use

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Keywords: • Native Hawaiians • Pacific Islander Health • Indigenous Youth • Substance Abuse
• Prevention

Indigenization Statement

I am a Native Hawaiian scholar and researcher, living and working on the Indigenous homelands of my Kānaka 'Ōiwi (Native Hawaiian) ancestors on the east side of Hawai'i Island in the moku of Hilo. I was born and raised on the United States continent as part of the vast Hawaiian diaspora, and had the privilege of returning to my ancestral lands as a youth to live on land continuously inhabited by my family for six generations. I am an Assistant Professor in the Thompson School of Social Work & Public Health at the University of Hawai'i at Mānoa, and as a Native Hawaiian researcher, I am passionate about addressing health disparities and pursuing health equity for indigenous populations and elevating the voice of Indigenous perspectives.

Abstract and Presentation Overview

Recent surveillance data has indicated that 18% of all middle school youth in the state of Hawai'i currently use an electronic vapor product (e.g., e-cigarette), ranking first nationally among all states in the U.S. collecting data on middle school youth (Rosario et al., 2023).

Substance use is the second most identified issue related to health disparities in rural Hawaiian communities, and youth substance use has been identified by rural Hawaiian communities as a major health concern in need of services (Withy et al., 2007). Rural Native Hawaiian and Pacific Islander (NHPI) youths are particularly at risk because they reside in areas with elevated rates of use and they are exposed to high-risk social environments, including exposure to family offers to use substances and the normalization of marijuana use (Okamoto et al., 2014; Rosario et al., 2023; Wills et al., 2019). Studies have shown that Native Hawaiian youths are exposed to

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substance use offers from cousins, parents, and other adult family members significantly more than their non-Hawaiian peers (Okamoto et al., 2014), and given the significant influence that familial relationships exert in the lives of rural Native Hawaiian youths, there is an urgent need to examine family factors in multiple contexts (e.g., family parties, at home) that may influence the substance use behaviors of these youths.

However, research has lagged in terms of addressing these drug prevention needs. As the rates of NHPI youths' substance use remain disproportionately high, there continues to be a research and practice need for interventions for these youths, including those that are culturally responsive to the unique needs and circumstances of rural NHPI families. Decades of research have indicated the need for substance use prevention programs focused on NHPI youths (Mayeda et al., 2006; Nishimura et al., 2013; Wong et al., 2004), yet few promising programs have been developed specifically for these youths (Durand et al., 2015; Edwards et al., 2010; Okamoto et al., 2014; Saka et al., 2014).

The study described in my presentation examined adult familial influences on rural NHPI youths' decisions to engage in e-cigarette use, in order to inform the co-adaptation of a culturally grounded substance use prevention curriculum (Ho'ouna Pono) to address tobacco product use. Students (N=69) from eight public schools in low-income, rural communities on Hawai'i Island participated in 1 of 17 gender-aligned focus groups. A semi-structured interview schedule focused on NHPI youths' social and cultural context of e-cigarette use guided the discussion. Two family-related themes emerged from the data—parental substance use permissiveness and family normalization of e-cigarette use. Two subthemes for parental substance use permissiveness were lack of parental monitoring and lack of parental support in health decision making. Focus group participants described how these themes contributed to their contemplation

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or use of e-cigarettes in their homes, schools, and communities. The findings have strong implications for co-adapting existing substance use prevention curricula in rural Hawai'i with schools and communities to include family-specific content. Further, the findings suggest that family-focused interventions can complement school-based drug prevention efforts as part of a multi-level approach in rural Hawai'i.

This study contributes to the gap in the social work and prevention literatures specific to the cultural context of NHPI youths and their families. Given the significant influence that familial relationships exert in the lives of rural NHPI youths, school, family, and community-based prevention efforts should be explicit in incorporating content focused on their familial and relational context of substance use. This includes ways in which NHPI youths can effectively refuse substances while preserving important familial relationships.

Acknowledgements

I would like to acknowledge the following individuals, who played pivotal roles in the project discussed in this presentation: Saladino, P. A., An, K. J., Song S. D., Stephens, T. A., Carson, A. B., Chin, S. K., Okamura, K. H., Subica, A. M., Pokhrel, P., Kaholokula, J. K., & Okamoto, S.K.

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