

Town of Bristol
Health Equity Zone (HEZ)
5th Grade Focus Groups

Final Report



prepared by: John Mattson, Evaluation Consultant

April 21, 2017

TABLE OF CONTENTS

I.	Introduction ^[1] _[SEP]	2
II.	Methodology ^[1] _[SEP]	3
III.	Questionnaire Framework	5
IV.	Summary of Focus Group Results	6
V.	Key Points	9
VI.	Conclusion ^[1] _[SEP]	10
	Appendices	
	Demographics of Focus Groups	11
	Focus Groups - Abbreviated Transcript	11-16

Bristol HEZ Elementary Focus Groups

I. Introduction

The purpose of this project was to collect perception, knowledge and attitudinal information from 5th grade elementary students who attend schools in the Bristol/Warren Regional School District, who are impacted by activities supported by the State of Rhode Island Health Equity Zone (HEZ) grant awarded to the Town of Bristol.

Students were tentatively selected to participate as focus group members by school administrative staff members at the Hugh Cole and Guiteras Elementary schools. Active permission letters with parental consent forms were sent home to the parents of students, and returned with a signature granting permission to participate by a parent or guardian prior to the scheduled session.

The scope of the questions posed was to ascertain what levels of knowledge, experience or exposure the children have had to substance use in the community and potential consequences of use, in particular involving tobacco, alcohol, marijuana and nonmedical use of prescription drugs. Students were informed that they did not have to answer any question that they did not wish to respond to, that there were no right or wrong answers, to not use any names of people who they thought might be using a substance, and that all information collected would remain anonymous and be aggregated and reported in a manner to ensure student confidentiality.

Mr. Chris Kinder, School Psychologist at Hugh Cole ES, and Ms. Cindy Saddler, Principal of the Guiteras ES were present throughout the focus group sessions held at their schools. Mr. John Mattson, an experienced local substance use evaluator, who has worked for several years with the substance abuse prevention coalitions in Warren and Bristol, facilitated the two focus groups. Ms. Ann Marie Roy, the Bristol/Warren Prevention Coalition Coordinator, and Mr. Michael Carbone, a longtime local educator and former principal of the Kickemuit Middle School, assisted with note taking. No recording devices were used; responses made by students were recorded by hand on note taking templates only, which were later used by the evaluator to inform the transcriptions and then destroyed.

The findings of the two focus group sessions were transcribed, aggregated and analyzed by the evaluator, and are provided in section IV below. Summarized transcripts of the notes taken during the sessions that do not identify any student or person by name are provided in the appendices. A total of 15 5th grade students, 6 males and 9 females, participated in the two focus group sessions.

II. Methodology

Bristol/Warren elementary students in the fifth grade were targeted to take part in two separate focus groups on Thursday March 30, 2017. Prior to this date, Ms. Roy had worked closely with school personnel to identify and select potential student participants. Mr. Mattson, an evaluation consultant who has worked in Rhode Island for over 30 years, was contracted to develop the questions and protocol for the focus group sessions, which he based on data collection templates of a federally-approved student survey instrument. He also facilitated both the groups with note taking assistance from Ms. Roy, Bristol Prevention Coalition coordinator and Mr. Carbone, who serves as the chairperson of the Warren Prevention Coalition.

Ms. Roy met with the Bristol Warren Regional Superintendent of Schools, who agreed to allow the focus groups to take place provided three provisions were met: 1. No recording equipment would be used; 2. The groups would not interfere with school day activities, and 3. That active letters of consent would be sent home and signed by parents or guardians to allow student participation.

The focus groups were held on Thursday, March 30, at the respective schools. The first group met at the Hugh Cole elementary school at 12:30 pm. Seven students (2 males and 5 females) showed up to participate in the group. One male student scheduled to attend was absent from school. All participants provided active letters of consent signed by parents to the assistant principal. The second group was held at the Guiteras Elementary School at 1:30 pm and was composed of 8 students (4 males and 4 females). All of these participants had provided active letters of consent to the principal. The first session lasted approximately 45 minutes and the second session about 1 hour and 10 minutes. Students received pizza and donuts as a reward for their participation.

At the onset of each session, the facilitator reviewed the purpose of the groups, asked participants not to reveal any names of others, and to keep what they heard during the group private. Mr.

Mattson, Ms. Roy and Mr. Carbone took hand written notes during the sessions using a question template, to comply with school regulations that prohibited electronic recording devices with students. Mr. Mattson collected the notes at the conclusion of the sessions to create the data transcriptions included in this report. A copy of the questionnaire framework used to inform the development of the note-taking template is provided below.

Data collected from both groups was entered into an Excel spreadsheet and analyzed using a coding process designed by Berkowitz (see *Analyzing Qualitative Data*, 1997). The focus group protocol was guided by the work of Krueger and Casey (see *Focus Groups: A Practical Guide for Applied Research*, 3rd ed., 2000), which suggest using the most appropriate means possible at the moment to determine how participant responses would align to research needs. In this instance, with only two focus groups, we summarized the responses made by both groups by note takers on the questionnaire templates and then used color coding to identify duplicate responses and uncover emerging themes. Once the notes were transcribed and checked for accuracy by comparing the notes from different note takers, they were destroyed to ensure security. The Excel database was encoded and maintained on a password protected storage device, to further protect the data. A table of emerging themes based on precedes the data findings below.

III. Questionnaire Framework

Question Type	Interview Questions
Perception of Peer Use	<ul style="list-style-type: none"> • What do you know about older kids using tobacco products? Drinking alcohol? Smoking marijuana? Using prescription drugs not given to them by a doctor?
Age of Onset	<ul style="list-style-type: none"> • How old do you think most kids are when they first start using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?
Perception of Risk or Harm	<ul style="list-style-type: none"> • What do you think might happen to young people who use tobacco products? Drinks alcohol? Smokes marijuana? Abuses prescription drugs?
Accessibility	<ul style="list-style-type: none"> • How do you think older kids are getting tobacco products? Alcohol? Marijuana? Prescription drugs?
Location of Use	<ul style="list-style-type: none"> • Where do you think older kids go if they want to use tobacco products? Drink alcohol? Smoke Marijuana? Take Prescription drugs?
Reasons or Motivations for Use	<ul style="list-style-type: none"> • Why do you think people use tobacco products? Drink alcohol? Use marijuana? Use Rx pills not given to them by a doctor?
Perception of Parental Attitude	<ul style="list-style-type: none"> • How do you think your parents would feel if they caught you or an older brother or sister using a tobacco product? Drinking alcohol? Smoking marijuana? Abusing a prescription drug?
Possible Consequences	<ul style="list-style-type: none"> • What do you think should happen to someone under 18 years old who uses a tobacco product? Drinks alcohol? Smokes marijuana? Abuses a prescription drug?
Possible Solutions	<ul style="list-style-type: none"> • What do you think might help to keep young people from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

IV. Summary Findings of Focus Group Responses

1. What do you know about older kids using tobacco products? Drinking alcohol? Smoking marijuana? Using prescription drugs not given to them by a doctor?

A majority of students at both elementary schools have contact to a person or people who smoke cigarettes or are using e-cigarettes or vaping devices. Most of their contacts are adults, either family members or family friends, though a few younger students (age 15) were identified. Alcohol use was also identified as something for adults, but a few high school aged students were identified as users of alcohol. Beer, wine and hard liquor were identified as the likely drinks of choice by older drinkers. Some of the comments included: "Mostly teens drink either beer or wine or whatever they can get."/ "People drink on special occasions"/ "My brother drinks alcohol, and he's only 15."

2. How old do you think most kids are when they first start using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

Students in both groups cited a range from about 12 to 18 years old for first time smokers with the median at 15 or 16 years of age. The range for alcohol use varied from 12 to 21 years old, with a median age in both groups of 18, 19 or 21. The range for first time marijuana use was from 13 to 28 years old, with 18 as the median in both groups. Onset for nonmedical use of prescription drugs differed in the two groups; it ranged from 14 to 31 in one group, but only 19 to 21 in the other. In the first group, median response for start up was 20, and in the second group it was 16.

3. What do you think might happen to young people who use tobacco products? Drinks alcohol? Smokes marijuana? Abuses prescription drugs?

Students in both groups were well-versed in the potential consequences of smoking tobacco. Most frequently cited negatives were that use of tobacco "causes your lungs to get black," makes one "get holes in your lungs," "causes cancer," "changes your voice," "makes teeth yellow" and "lowers your life expectancy." They seemed to know less about the potential consequences for alcohol use. They cited for alcohol that people often do things that they do not mean to do, makes your breath smell and teeth to fall out, get drunk, puke or do not recall what you did the next day. Many were aware that there were behavioral consequences for drinking and driving, but they did not seem to be as aware of specific physical/physiological consequences, such as liver cirrhosis, brain damage or alcoholism. There was a similar lack of knowledge about the physical consequences of marijuana use. Most of the responses were related to changes in behavior, such as getting high, acting dumb, becoming addicted, "see things that are not there." Other personal consequences were identified, like going to jail or spending lots of money on marijuana. No connections were made to potential brain or lung damage. Finally there was very little knowledge about the impact of prescription drugs, other than it could kill you or cause heart damage. Students in the second group cited Prince and Michael Jackson as people who died from prescription drug use.

4. How do you think older kids are getting tobacco products? Alcohol? Marijuana? Prescription drugs?

Students in both groups were able to provide a variety of ways that older students might access tobacco, such as stealing from their parents or getting others to buy for them. Similarly for alcohol

they thought students would access alcohol by getting older individuals to buy it for them, use a phony ID to try and buy it for themselves or steal it from their parents or friend's parents. They were less likely in both groups to have any idea as to how marijuana was accessed, though one student talked about buying it on the street from someone who had it, like a drug dealer, and others talked about getting it from friends or older siblings. They were aware of people who had medicinal marijuana cards, but did not know why. A few also reported knowing someone who they believed grows it himself or herself, but there was little they could say or do to substantiate this statement. Most of the students had very little idea about substance accessibility. This was similar for prescription drugs, though students in both groups were able to talk about getting medication from their parents or grandparents, or buying from someone who obtained them legally.

5. Where do you think older kids go if they want to use tobacco products? Drink alcohol? Smoke Marijuana? Take Prescription drugs?

Students had little information to share about the locations where substances are being used. Tobacco use was thought by HC students to happen most likely at homes, in basements or in cars. Only one student responded in the second group, and shared that people who smoke try to hide it from others. Both groups had similar opinions about alcohol use: that it was most likely to occur at homes, at friend's homes or at parties. Marijuana use was also viewed as occurring at parties, in cars or in the woods, though two students mentioned knowing people who smoked "in the basement." Very little was known about prescription drug use, only that it could happen anywhere, including at home or in the bathroom. A few students mentioned knowing students in their school who go to the school nurse to get prescription drugs prescribed by a doctor.

6. Why do you think people use tobacco products? Drink alcohol? Use marijuana? Use Rx pills not given to them by a doctor?

In response to the question why people would want to use specific substances, students in the two groups gave similar responses. Factors cited by students for students using tobacco included: stress, peer pressure, depression, "to be cool" and to be popular. Many students reported knowing someone who used e-cigarettes or vaping devices, mainly adults who were attempting to quit smoking. Alcohol use was perceived as a social activity (for partying) for teenagers, and often shared by them on social media. Some students cited other reasons, such as depression, to forget one's problems, and to impress others. Marijuana use was perceived more positively as a way to address stress or depression, address pain, to stay calm, to have fun, or to act silly. Students in both groups reported that marijuana use is something done by "everyone," and is more popular among older students than alcohol. The main reasons cited for nonmedical use of pharmaceutical drugs were to overcome depression, "because it tastes good," and "to want to die." Very few students had any comments or opinions to share about prescription drug use and could not identify any use besides getting rid of pain and calming people down.

7. How do you think your parents would feel if they caught you or an older brother or sister using a tobacco product? Drinking alcohol? Smoking marijuana? Abusing a prescription drug?

Based on the aggregated responses from students in both groups, there was consensus that parents strongly disapproved of the use of any substance by their children. This was particularly stressed

for the use of tobacco, alcohol and marijuana. Students responded that their parents would "kill me"/"ground me forever"/"send me to military school"/"send me to a home for addiction" received agreement from many students in both groups.

8. What do you think should happen to someone under 18 years old who uses a tobacco product? Drinks alcohol? Smokes marijuana? Abuses a prescription drug?

Both groups were in strong agreement about the need for punitive measures for offenders. Students from HC were more likely to say that parents had to be informed about the situation, that offenders should be separated from bad influences, and that suspensions or expulsions were justified. Students at GU were even harsher in the level of punishments that they suggested. This included hitting them on the head or cutting their throats; fining them \$1200; make them see a therapist; and making them deal with police and court or spend time in jail.

9. What do you think might help to keep young people from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

Finally, each student was asked to identify strategies that might keep young people from using substances. Essentially they described a variety of strategies which included: use of refusal skills, giving students information on possible fatal consequences, providing examples of people who did not use (grandpa, older youth, etc.), having them avoid negative advertising and messages, providing monetary rewards or incentives for good behaviors, monitoring students behavior (with hidden cameras or microphones, etc.), and punishment by removing privileges (grounding them, loss of access to cell phones, FaceBook, etc.). A few students mentioned to just have them say no or to tell them not to do it.

Some students shared very personal stories. One girl spoke about her aunt who drinks and smokes. A boy talked about his older brother (who is 14) using alcohol). Another shared that he had overheard older kids talking about going to smoke marijuana. One girl talked about how social media is a major influence on her and her friends including Facebook, Instagram and SnapChat. Other students agreed. Another student shared how someone had once tried to make her drink alcohol and how she now tries to avoid having contact to this person.

V. Key Findings by Topic

Perception of Peer Use: Most 5th grade students have contact to at least one adult who uses tobacco, often a family member or neighbor, and mostly as cigarettes. E-cigarettes and vaping devices were perceived as used by adults who are trying to quit smoking. Alcohol use among teens was thought to be a high school activity. Use of marijuana was perceived as more widespread and pervasive, though personal contact to users was lower. Only a few students had a person they knew who used marijuana. Very few knew someone using pharmaceuticals, and these were mostly due to prescriptions from a doctor.

Age of Onset: Students from Guiteras ES were more likely to cite younger ages for onset of all substances than the students from Hugh Cole ES. Overall, the most likely perceived ages (medians) for start up of first time use of any substance was 15 or 16 years old.

Perception of Risk or Harm: Students knew more about the negative health effects associated to tobacco than any other substance. They related negative behaviors with alcohol and marijuana use, but not as many health risks. Very few offered any thoughts or opinions about prescription drug use. One boy did know that Prince and Michael Jackson had died due to use of painkillers. Prescription drug use was most often associated to death or addiction.

Accessibility: The most often mentioned ways of accessing substances were by stealing from parents, getting an older friend or sibling to buy for you, or getting it at a party or celebration.

Location of Use: The most likely places of usage cited across substances were at home, at a friend's house or at a party or celebration.

Reasons/Motivations for Use: The main motivations for tobacco use cited were stress, peer pressure, and to be cool/ popular. Alcohol use was perceived as a social activity, or something one shares with others. Marijuana use was perceived as a way of calming down, handling stress or just because everyone is doing it. Prescription drug use was viewed as something to try out, as a way to handle depression, or (even more troubling), as a way to kill yourself.

Perception of Parental Attitude: Students perceived level of parental disapproval for any substance use was very high. Students talked about possible dire consequences/punishments they might face if caught using any substance by their parents (they would kill me, send me to military school, send me to a hospital for addicts, etc.)

Possible Consequences of Use: Guiteras ES students offered more dramatic consequences for use (hit them on the head, fine them, send them to jail, etc.) than Hugh Cole students (tell parents, block off communication with bad influences, suspension or expulsion, etc.)

Possible Solutions: Students from both schools propose interesting solutions to youth substance use. Hugh Cole students offered solutions such as "tell them not to do it," "learn from older dudes," or "tell them Grandpa doesn't do it." Guiteras student responses included: "bribe them," "take away a family privilege (e.g. Smart phones, video games, FaceBook access, etc.)," "observe them closely" or "ground them."

VI. Conclusion

After reviewing the collective responses to the questions provided by the 15 students who participated, some general conclusions were reached. First, students have likely had contact to adults of different ages who use some form of substance, mostly likely tobacco (cigarettes or vaping) or alcohol; a smaller number have known about people who use marijuana, while it is unlikely that many had contact to people who used prescription drugs without a doctor's prescription.

Second, 5th grade students in these communities are apparently are closely watching the behaviors of and listening to the discussions about substances coming from the adults who are in their lives. Whether close family members, neighbors, friends of their parents, or teachers, they pay close attention to what is being done and said by the adults who are in their lives, and base many of their opinions about substance use on what they see, hear and experience from the adults in their lives.

Third, the use of tobacco products and prescription drug use are perceived as the more unhealthy forms of substance abuse, with alcohol and marijuana perceived as "bad" to a lesser extent. Students have gotten the message that tobacco causes cancer, and that pills can kill. But they were more aware of the behaviors that might result by those using alcohol (makes you do things you don't want to do, etc.) and marijuana (acting dumb, see things that aren't there, etc.) rather than the long term physical effects. Many were aware that there were behavioral consequences associated to drinking and driving, but they did not seem to be as aware of specific physical/physiological consequences, such as liver cirrhosis, brain damage or alcoholism. Fewer negative physical consequences could be cited for marijuana use, and some students did know people who use marijuana as "medicine."

Fourth, student perceived high levels of parental disapproval, even those who shared that their parents either smoked cigarettes or drank alcohol. They perceived the use of e-cigarettes and vaping as aids used by adults to stop smoking. They shared exaggerated stories about possible parent reactions or punishments they might face if ever caught using. Fifth, alcohol and marijuana use were perceived as social activities by many students, often done with others together at parties or at celebrations, while tobacco use and prescription drug use were linked to individual users. Across substances, the main reasons given by students for use were related to stress, depression, addressing pain in some form, or as a means of getting the attention of others.

Finally, students shared that they had received mixed messages about substance use from the adults in their lives or from social media. Few mentioned any influences from television or radio advertising, but they did share that they had seen older students who posted pictures of themselves drinking or using substances on social media sites. The students presented several ways to address these issues, some related to punishment but others to educating people about the harm that can be caused.

We are very grateful to all the 5th grade participants from both schools and to their parents for allowing their children to participate. The students were very thoughtful, considerate and polite throughout the sessions, and took their participation quite seriously. We also wish to thank the principals and staffs of both Hugh Cole and Guiteras for allowing us access and providing private spaces at the schoolsto conduct the groups. The students certainly appreciated the pizza and donuts!

Appendices

A. Student Demographics

NOTE: All students were in the fifth grade class in their respective schools.

	Male	Female	Total
Hugh Cole	2	5	7
Guiteras	4	4	8
Totals:	6	9	15

B. Transcript Notes of Focus Group sessions

1. What do you know about older kids using tobacco products? Drinking alcohol? Smoking marijuana? Using prescription drugs not given to them by a doctor?

Tobacco

HC: Students reported that they knew lots of people who smoke, mostly family members and friends of their parents/ "One boy was caught using tobacco in school"/ It happens in my neighborhood/ A majority of kids (7) know someone who smokes cigarettes, often a parent, neighbor or older sibling/ One boy said: "A person who lives in my house (tenant) smokes in my basement."/ A female student reported: "People are smoking in the basement at my house too. / A male student shared that "Adults mostly use e-cigarettes or vapes to stop smoking."

GU: Everyone knows someone who smokes or vapes/ Lots of Dads are smokers/ Many students reported knowing someone who is over 18 who smokes./ All the students knew about E-cigs and vaping.

Alcohol:

HC: Some older kids have tried wine or beer. /"Mostly teens drink either beer or wine or whatever they can get."/ "People drink on special occasions"/ "My brother drinks alcohol, and he's only 15."/ One student reported that a teenage neighbor was using alcohol/ Many students reported being aware of parents and older siblings who use alcohol.

GU: A few students reported that they had tried alcohol. Everyone knew a family member or someone who drinks. When asked what the people they know drink, students responded beer, wine champagne, shots of whiskey.

Marijuana:

HC: One student reported "a neighbor is growing marijuana illegally in their back yard."/ One girl declared: "My aunt uses it for medication." Another student reported: "I have a 14-year-old neighbor who smokes marijuana in the neighborhood every day." " There's lots of smoking in basements." Students reported knowing older siblings and neighbors who smoke weed. One boy reported that he has a brother who has a medicinal marijuana card and who uses prescription drugs.

GU: Three students reported knowing someone who uses marijuana. One for medicinal purposes, and two others illegally. Some use it for recreation.

Prescription Drugs:

HC: One student revealed: "My brother gives out/sells pills he gets from his doctor."/ Two students reported that members of their families (a brother and an aunt) use some form of prescription pills but couldn't make them. Students generally have a negative perception of their peers using any prescription drugs.

GU: Three or four kids know someone who uses pills. May be for medicinal reasons. One said that pills are "tough on life."

2. How old do you think most kids are when they first start using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

Tobacco:

HC: Range of responses from 12 to 18 years old. Median response was 15 or 16.

GU: Range of responses from 13 to 18 years old. Median response was 16 years old.

Alcohol

HC: Range of responses from 15 to 22 years of age. Most frequent responses were between 19 and 21.

GU: Range of responses from 12 to 21 years of age, with the median of 18 years old.

MJ

HC: Range of responses from 16 to 22 years of age, with most frequent response being 18 years old.

GU: Range of responses from 13 to 28 years of age with median responses of 15 and 18 years old.

Rx Drugs

HC: Range of responses from 19 to 21 years of age, with 20 the most frequent response.

GU: Range of ages from 14 to 31 years of age. Median response was 16.

3. What do you think might happen to young people who use tobacco products? Drink alcohol? Smoke marijuana? Abuse prescription drugs?

Tobacco:

HC: Their lungs get darker than normal/ It makes their voice change/ They get yellow teeth from smoking/ voice gets deeper/ Your body starts to change/ It takes 10 seconds off your life/ It lowers your life expectancy/ It can cause brain cancer/ One boy shared: "My dad smokes in the car, and it makes me cough. He leaves all the empty packs on the floor."

GU: Lungs get cancer/ Heart disease, which makes you die/ You get holes in your lungs/ lungs turn black/ It gets harder to breathe/ Lungs clog up/ Voice changes, gets real rough.

Alcohol

HC: It makes your breath smell/ People who drink lose teeth/ If you drink a lot you will get drunk/ You shouldn't drive a car.

GU: Get drunk/ Do things you don't want to do/ Get arrested for DUI/ Puke up/ Have suicidal or bad thoughts/ Don't know what you are doing - punch people or steal/ Don't remember what happened the next day/ One student told about his brother who drank too much then found his hamster dead the next day, because he did "a stupid think"

MJ

HC: Users get addicted to it/ You might need to go to the hospital with an overdose/ You can't stop using it/ You act dumb/ You act out of character/ Cost a lot of money/ They like to use it more and more/ Some people go to jail for using it

GU: Get high/ See things that are not here/ Get dizzy/ Think that you walk on sunshine/ Feel numb.

Pills

HC: Eventually you will die/ you get addicted/ you need to go to the hospital emergency room.

GU: You die like Michael Jackson or like Prince/ Talk differently, really slow/ You can die/ Pass out or slur your words/ Cause damage to your heart/ Can make you die or get addicted

4. How do you think older kids are getting tobacco products? Alcohol? Marijuana? Prescription drugs?

Tobacco

HC: Ask parent for money then use it to buy cigarettes/ Get it from their parents or other relatives/ Some can buy it/ Get it from friends or family members/ kids lie about doing it, and steal from their parents/ Ask someone else who is older to get it for them.

GU: Get someone older to buy for them/ Steal from their parents/ Some parents let the kids smoke.

Alcohol

HC: Some older kids will try to buy it at a store/ Take it from their parents/ Get alcohol out of the refrigerator that belongs to parents/ get it at a party or friend's house when no parents are home.

GU: From a friend at a party/ During a celebration, like a wedding/ Get it from parents supply/ Try to buy it in a store with a fake ID

MJ

HC: Most kids go to buy it from people on the street or from people they know who sell it.

GU: Most do not know. One student says they get it from a friend or brother. Some people grow it then give it away or sell it. Drug dealers.

Pills

HC: Get pills from their parents/ some get pills from kids who have them

GU: Most not sure. One boy says from a parent or grandparent who takes them/ another said his friend takes pill but he gets them from his doctor,

5. Where do you think older kids go if they want to use tobacco products? Drink alcohol? Smoke marijuana? Take prescription drugs?

Tobacco

HC: People smoke anywhere/ in the basement or back yard/ in their cars.

GU: Anywhere they can hide it from other people.

Alcohol:

HC: They drink at home/ Some will drink at a friend's houses.

GU: At parties, at people's houses, at friend's houses.

MJ

HC: Our tenant smokes in the basement/ At parties/ Out in the woods.

GU: Somewhere alone/ Some people do it in cars/ At parties.

Pills:

HC: Anywhere/ In the bathroom/ At home.

GU: Not sure/ Some in school when nurse gives it. At home.

6. Why do you think people use tobacco products? Drink alcohol? Use marijuana? Use Rx pills not given to them by a doctor?

Tobacco

HC: Peer pressure/ People get stressed/ Smokers get addicted to it/ To calm you down/ If friends are doing it then they will do it/Kids do it to be cool / They do it to be more popular.

GU: Stress/ grief/ depressed/ because others do it/ to be cool/ "Some people use vapes to stop smoking, like my Dad."/ E-cigarettes because best friends are doing them.

Alcohol

HC: Teens do it with their friends./ Some post their "selfie" pictures on Facebook or SnapChat drinking something/ To act cool/ They need someone to impress./ One girl shared: "Someone tried to get me to drink a drink once. Now I have to avoid her."

GU: Depression/ To forget about their problems/ To party or celebrate.

MJ

HC: To calm them down/ It helps people with pain/ Gets people to stay calm/ To get high and act silly.

GU: To get stress-free/ To calm down/ Because everyone does it.

Pills

HC: To try it out/ Because they taste good/ To want to die/ They are depressed.

GU: For pain/ To not be sad anymore.

7. How do you think your parents would feel if they caught you or an older brother or sister using a tobacco product? Drinking alcohol? Smoking marijuana? Abusing a prescription drug not prescribed by a doctor?

FOR ALL SUBSTANCES

HC: Get mad/ kill me (several agreed with this)/ Be disappointed with me/ Never talk to me again/ Send me to a home for addiction.

GU: Parents would ground me (several agreed with this)/ Send me to military school/ Put me outside in the cold to pick up trash in the yard/ Kill me/ Give me a spanking with a big paddle.

8. What do you think should happen to someone under 18 years old who uses a tobacco product? Drinks alcohol? Smokes marijuana? Abuses a prescription drug?

HC: Need to tell their parents/ Call parents and have a big talk/ Go to a foster home/ Block off communication with other people who are doing it/ Suspension or expulsion.

GU: Hit them on the head/ Fine them \$1200/ Make them see a doctor/ See a therapist (2)/ Go to court/ Make them deal with the police and court/ Cut their throats/ Make them spend time in jail

9. What do you think might help to keep young people from using tobacco products? Drinking alcohol? Smoking marijuana? Abusing prescription drugs?

HC: Tell them to stop it/ Try to make them stop/ Say no I am not going to do it/ Tell them if they say yes they are making a bad choice/ Avoid people who are doing bad things/ Learn from older dudes/ Tell them things like " Grandpa never smoked."/ Avoid advertisements on TV for cigarettes or on social media.

GU: Tell them about the risk of death/ Keep people away from them/ Stop them from doing it again/ Tell them to stop being reckless/ Bribe them to stop doing it (give incentives)/ Ban them from family privileges/ Keep them away from people who get in trouble/ Give rewards for good behavior/ Keep them away from people who do it/ Call SWOT or police/ Put cameras in the alleys to watch people/ Tell them not to use cigarettes/ Put a microphone on them for security/ Observe what they are doing all the time/ Tell people to say NO!/ Ground them/ Take away their video games or smart phones/ delete their Facebook or Instagram page.

Students shared several personal stories. One girl spoke about her aunt who drinks and smokes. A boy talked about his older brother (who is 14) using alcohol). Another shared that he had overheard older kids talking about going to smoke marijuana. One girl talked about how social media influences her and her friends, including Facebook, Instagram and SnapChat. Others agreed.