

Town of Bristol
2018 HEZ Focus Group Results
Final Report



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INTRODUCTION

In support of the evaluation efforts of the 2018 Bristol HEZ grant, three focus group sessions were conducted in the spring of 2018. Two student groups and one adult group with faith-based representatives were completed involving 22 individuals. Four students (1 male and 3 females) participated in the middle school group, which took place in a Warren coalition meeting room provided by the Kickemuit middle school. All middle school students selected for the group were in the 8th grade. The Mt. Hope high school group was held at the Warren Youth Center, located in the basement of the Warren Town Hall. Seven students participated (2 males and 5 females) in this group. Six of the high school participants were in 10th grade and one student was in the 12th grade.

A third group was facilitated with 11 adult representatives (2 males and 9 females) from local churches that serve the Bristol/Warren region. This was held at St Michael's Parish House in Bristol, across from St. Michael's Church. Questions were altered for this group to better suit the audience and the time restraint faced. However, the adult questions remained aligned with the student's questionnaire. A copy of this questionnaire is provided in the appendix.

Students were asked to respond to 18 questions with a focus on four substances – tobacco (including use of popular nicotine delivery systems), alcohol, marijuana (both leaf and edible forms) and nonmedical use of prescription drugs (NMUPD). At the beginning of each of the three groups, participants were provided with information about the purpose for the group, and given a verbal instruction that all information would be kept confidential, for them to refrain from using names of people while answering questions, and that all data would be reported in aggregate form with no personal identification. They were also asked to not share the comments made during the discussion with others who were not in the room. Each student who participated had returned an active permission slip signed by their parents prior to participating in the group. Faith-based adult participants were asked similar questions, but the questions were slightly altered to better fit this audience. The faith-based group had a limited time allowance, thus fewer questions were asked and the discussions focused on a smaller number of questions broader in scope than those that were asked to youth groups.

The results of this report may be gender-biased, since over three-quarters (77.3%) of the focus group participants were female while just under one-quarter (23.7%) were male. The information presented herein is not to be taken as representative of the perceptions or experiences of any other Bristol/Warren students or adults other than for those who attended the focus groups.

Bristol HEZ Focus Groups Question Response Summaries

Social Norms

- 1. Is tobacco use/underage drinking/marijuana use/ prescription drug use a serious problem in the community? Probe: If yes, why? If no, why not?**

This question was asked to participants in all three groups

Tob: Students agreed that tobacco use was not a major issue, though vaping has become very popular at the high school, especially use of the JUUL device, similar to a thumb drive. The adult group agreed that there was some smoking, but that vaping devices were much more popular, and often more with female students.

Alc: Underage drinking was not on the radar screen with the middle school students. Mt. Hope high school students talked about underage drinking at parties on weekends as somewhat popular, but not as popular as vaping or marijuana use. Alcohol is most popular during the football season, at vacation times, and at small house parties on weekends with no parents at home. The drinks of choice mentioned most often were vodka, done mostly as shots, Fireball (cinnamon whiskey) and “Hennies” (Hennessy Brandy). Outside of school, nips are more popular, which coincides with a trend favored by many local college students. The adult group concurred, and mentioned that: “At RWU nips are popular.” “The University has an impact.” “I have seen 5-8 nip bottles along the sidewalk to the high school.”

MJ: Only one female middle school student knew of any of her peers who used marijuana, but many had contact to or knew adult users, whether as medicinal or recreational users. High school student though all agreed that weed (marijuana) was the drug of choice for their peers and was easily accessible. Many people smoke on weekends, while a smaller number smoke every day, often multiple times a day. To purchase it, kids will text their “connection” during the school day and plan to meet with a connection after school to purchase it. Most students believe it is fine to drive while high. Some students reportedly smoke during school by leaving the building and going into the woods. Faith-based adults agreed that marijuana is often being presented to the kids as “something safe.” Another problem mentioned was that students don’t get any information about how to get off of it.

RX: Both student groups agreed that the nonmedical use of prescription drugs (NMUPD) was not often seen. A small number of high school students were identified who were frequent substance users and most likely users of pharmaceuticals, especially Xanax (at parties) and Adderall (for study purposes). The adult group identified Oxycontin, Adderall, and Xanax as possibly the most popular drugs among the few high school students who used prescription drugs. A few adult members suggested that there might be some use of opioids, but they were not certain. One woman share an experience, about how she saw on

a regular basis, cars idling near her home at the end of school day on Wood Rd. that often disappear once police shift starts. She assumed they were drug dealing to students.

2. Do all youth engage in using tobacco/underage drinking / marijuana use/ prescription drug use or is it just a few? (Probe: What percentage of students do you think use tobacco/drink alcohol/ use marijuana/ use prescription drugs not prescribed by a doctor?)

This question was asked only to the two student group participants.

Tob: There was a huge discrepancy between the number of students perceived to be cigarette smokers (less than 5% have tried) to those who have tried vaping (70% or more). Neither middle school or high school students equate smoking tobacco with vaping. But they are aware that it may not be good for them to do, but that at present no data exists to prove otherwise. In essence, tobacco is harmful and bad, while vaping is new and not bad (maybe?).

Alc: Middle school students estimated that about 30% of their peers had at least tried alcohol and that 10% drank on a monthly basis. High school students placed the range of monthly drinkers at 30% to 40%, mostly done socially on weekends and at parties.

MJ: Middle schoolers believed that only a small percentage of their peers (less than 5%) had tried marijuana, and those likely got it from an older sibling or friend. They agreed that it was much more likely to occur at the high school. But they also hear a lot about vaping, at the high school, and that the different flavors are very popular. “Younger kids just do things to be cool.” Some of the students report knowing adults who use medicinal marijuana. Mt. Hope High School students concurred with this, predicting that as many as 60-70% had at least tried marijuana and that over 30% smoked on a weekly if not daily basis. A small number of students, roughly 10% were perceived as users of edibles or are known to be “dabbing “ (i.e. using a marijuana derivative like hash oil). **RX:** Middle schoolers perceived no one using prescription medications illegally among their peers, but that a small number of high school students were doing some NMUPD. The high school students agreed that only about 5% or less of their peers were likely to be nonmedical users of prescription drugs, and this most likely being Xanax or Adderall. These were students were perceived as those who either had problems at home or were more heavily into substance abuse.

RX Drugs: None of the middle school participants reported having any knowledge of nonmedical use of prescription drugs going on at their school or within their peer group, though they suspected that some of it goes on with older students at the high school. But even at the high school there was “not too much and not very frequently, only when it is available and easy to get.” Participants in both groups suggested that less than 5% of high school students have ever tried to take a medication not prescribed to them by a doctor.

3. How often do you believe kids use tobacco/drink alcohol/ use marijuana/ use prescription drugs for nonmedical purpose?

Tob: Smoking and vaping are perceived as daily activities by those who practice them, and often done multiple times a day. Cigarette smoking however, remains very unpopular with students at both schools.

Alc: Alcohol was not perceived as a major issue with middle school students, though they did mention that conditions change once in the high school. Any middle school students who might drink would likely do so very infrequently. High school students, on the other hand, view underage drinking as a norm that is often conducted during weekends as a way to socialize and relax with friends.

MJ: Marijuana use among students was perceived as very low at the middle school, though it does occur. Students guessed that 5% of their peers have tried. The high school students openly talked about peers using marijuana, especially on weekends and at parties. Estimates ranged from 70-90% have tried it, and that 30% or more use on a regular basis if not daily. Students turn to social media to access marijuana, in particular SnapChat. Those who are selling it post what they have available and how much it cost. A few students mentioned having contact to people with medicinal cards who sell their product, or who were growing marijuana themselves.

RX: Middle school participants did not perceive that anyone was using pharmaceuticals illegally at their grade levels. But they did believe that “some of the older kids” at the high school do use them on occasion. High school participants perceived that there were a small number of users, and they likely only use when the drugs were made easily available. Xanax and Ritalin were mentioned as possible choices. Two students suggested that they believed that Mt Hope students were getting prescription medications from students who attend school in Barrington, or who had graduated from Barrington high school. A handful of students (5 or 6) were thought to be using hallucinogenic drugs like LSD (acid or mushrooms); HS participants suggested that student use of hallucinogenic drugs was becoming more popular.

4. What are the main reasons you think kids at your school use tobacco/ drink alcohol/ smoke marijuana/ use RX drugs?

This question was asked only to participants in the two student group.

Tob: Reasons cited for tobacco use were: to be cool, peer pressure, to address stress, and due to the influence of family members who smoke. Similar responses were made by middle and high school students. High school added another reason – fun. Some students think it might be fun to smoke cigarettes. Vaping, however was perceived as extremely popular for all high school students. Faith based participants recognized the same reasons given above, and added some additional reasons: kids are not exposed to people who get sick from smoking; thrill-seeking or risk-taking behaviors are exciting; students have no

fear of consequences. In addition, weight control, a means to handle stress, and “it takes the edge off” were reported as potential reasons.

Alc: Middle school students perceive peers who drink as mostly influenced by their parents or older siblings who drink. They also believe that it is still viewed as cool and fun. High school students talked about the social aspects of drinking, that many view drinking alcohol as a normal way to hang out with friends on the weekend and party. A few kids might be using for depression or stress, but they are not in the majority. “People drink to get buzzed (drunk). At every party there are three or four kids who often get “hammered.” (very drunk). The adult group seemed to also be familiar with this type of youth culture. The reasons they cited for underage drinking were: peer pressure, it’s easy to get (alcohol), it goes together with watching games, risky, easily available socially, drinking “games,” and peer influence to drink until you pass out.

MJ: Though middle school students reported that their peers do not smoke marijuana, they do say they are in contact to adults who are users, some for medical reasons, others for recreational. “A lot of high school kids smoke weed to be cool or get high. It depends on where you live and who you are.” High school students were much more accepting of the use of marijuana by their peers. “People smoke weed because they like to get high, feel more relaxed, and escape for a while. They think that it makes things better, or at least gets rid of anxiety.” Using marijuana is also viewed as a social matter, one that some students believe is less harmful than alcohol. One male student talked about his friend who has grown dependent on using marijuana. A female student said that some kids brag about their use of marijuana to others, by “taking pics of themselves and post themselves using it on SnapChat or Instagram,” which makes it public to all of their “friends.” “SnapChat” was discussed as the social media site of choice, because posting “go away soon after.” The adult group believed that teen marijuana use had similar reasons as drinking: it is used as an escape, to self-treat anxiety, from boredom, “It is what their peers are doing when they get together,” teens willingness to try new things, and “to get amped for a better fix.”

RX: Nonmedical use of pharmaceuticals was not something that middle school students recognized in their peers, but they did think it was an issue with older high school students and college-age students. As one student profoundly noted: “People who start with marijuana will eventually try pills. Usually it starts with something else then goes to pills.” High school students tended to agree with this sentiment. One reflected: “Not many kids use these things. It’s mostly people who have been using drugs for a long time.” The adult group was more uncertain in their responses, with the few who responded citing reason such as “It’s different,” “It’s what’s availability,” and “It is what’s popular today.”

5. Are there certain groups (sub-populations) of kids who are more likely to drink alcohol/ use marijuana/ use RX drugs in this community?

This question was asked to participants in all three focus groups.

Both student groups were asked if there are any groups or cliques of kids who are more likely to be using each substance. The middle school students were in agreement that

young people who are “into pop culture” were the most likely candidates to try anything. One girl mentioned that “trashier people, who have dirty mouth and act raunchy” are more likely to become substance users. Groups cited were students who have older siblings who are doing it. Mt Hope high school students tended to echo these perspectives. Comments included the following: “Some kids are always getting suspended or are in trouble. The same kids do all the drugs.” “Certain cliques use common substances, kids in the lower or basic classes who don’t want to be in school. They go and sit in the bathroom stalls and get high or smoke.” However they also openly reported that “everyone smokes weed, all kinds of people.” “There is much more weed than alcohol.” “Groups smoke together but also people smoke individually when alone.” Many students congregate in groups with friends and acquaintances who use JUULs and are trading pods “like baseball cards” so that they can try different flavors.

The faith-based adult group was asked an alternative question: “What role can the Church play in reducing substance use among local youth?” Their responses varied somewhat, but were mostly pro-active. “Tie them to the pews,” “Stop treating kids as kids but instead find out what they are good at and get them involved,” “Influence the family,” “Notice changes in behavior, and know what to do.” “Provide training in identification of use,” “Build relationships, and give them a safe place to belong - a place to connect with others, get information for them and distribute it.” “Surround kids with a circle of adults who come around the child and care as they get older,” and “Positive adult relationships.”

Perceptions of Harm

6. What are the potential consequences of using tobacco/ underage drinking/ marijuana use/ RX drug use?

This question was asked only to participants in the two student group.

Tob: Both groups generally agreed about the health consequences of using tobacco -lung damage, cancer, etc. However, students in the high school group were more interested in discussing the use of vaping devices, which they described as “an epidemic.” “Vapes are considered safe, with no harm or risk involved.” “People think it is full of “natural things” and don’t really know what it is.” “They are attracted to the many flavors of vape pods.” “Most kids who vape have never smoked a cigarette.” “Everyone vapes. People do not care about consequences.” Popcorn lung was mentioned by one female, but most students said that they had not heard the term and did not know what it was.

Alc: Middle school students listed that the most harmful consequences of drinking were “get addicted” or to become dependent. The high school students listed some of the impacts of drinking, like getting sick, acting bad or becoming violent. But they did not seem to really take it too serious. “No one cares. Everyday users especially don’t care.” “People know more about alcohol because we hear it in health class.” “People like to drink to get buzzed.”

MJ: Kickemuit MS students believed that marijuana leads to these issues: “Makes you stupid,” “Become forgetful,” “Have a loss of brain cells” and “You become not interested in anything.” Mt Hope HS high students described few negative impacts for marijuana use, and instead offered these comments about marijuana use: “You can always tell when someone was smoking weed – they act funny;” “Most kids have no idea if weed is good or bad. Most think it causes no harm at all;” and “We don’t learn anything about weed in health class.” Students in both groups exhibited little knowledge about the high THC content in today’s marijuana or about the varied levels of potency for different marijuana products. It was interesting to hear that the middle school students identified more risk factors for marijuana than the high school students, who had little to say about any associated risk to marijuana use. One student pointed out that it was used medicinally, so it “can’t be all that bad.”

RX: The middle school group offered these risk factors for nonmedical use of prescription drugs (NMUPD): “You can die;” “Overdosing; and “It has a negative effect on relationships with other people.” The high school participants had nothing much to say about NMUPD. They knew it could be harmful and addictive, but no one could identify any specific health risk or mental harm that would result from improper use of prescription drugs.

7. Do you think using tobacco/underage drinking/marijuana use/ RX drug use is harmful? If so, how?

This question was asked only to the two student group participants.

Both student groups were aware that long term health problems are threatened when one uses tobacco. However, the high school group generally agreed that for all substances, most of their peers “don’t give any thought to those issues.” Those who do just think “Well, I am young and I can quit anytime I want to. I will just do it once.” The middle school students reached consensus that alcohol was not always bad for you, but that “maybe over time if you drink a lot, it can hurt you.” One male student commented: “It can be good if you drink a little especially for circulation of blood. It depends on what kind of alcohol – red wine is supposed to be really good for you.”

The responses about marijuana were surprising. Middle school students agreed that, in the long term, there can sometimes be problems with frequent marijuana use. But one student insisted: “It has many good properties, like it stops cancer.” Another student supported this view: “It is good for medical reasons, because it kills cancer cells off, and it’s not addictive.” A third student added: “You can make things out of it, so it can be helpful.”

High school students were convinced that there were few consequences associated to marijuana use. A sample of their comments included: “No one thinks that marijuana is addictive;” and “Some people believe that is actually healthy, helps people overcome stress, or fight cancer.” They were much less willing to share any potential negative impacts related to marijuana use and were more focused on the positive effects of marijuana use.

Neither group had much to share about NMUPD. One middle school student, who seemed to have more knowledge about substances than her peers, commented: "It causes overdoses, and it is just not a good idea. You don't know what it might do." The only high school comment came from a male student: "Some people are trying to sell their drugs to make money." Generally it does not appear that students in either group had much knowledge or experience regarding nonmedical use of prescription drugs.

8. What do you think should happen to a kid who is caught using tobacco/ drinking alcohol/ smoking marijuana/ using RX drugs?

This question was asked only to the two student group participants.

When asked about the possible consequences if a student gets caught using a substance, both groups were surprisingly unsupportive of punitive actions.

Tob: When specifically asked about nicotine delivery devices called JUULS, now very popular among young people, one middle school female offered: "If a kid is using a vape they should not get into trouble. It all depends on what they are using." The high school group was similarly opposed to any punishments for the use of JUULS as well as for any substance use. A sample of their comments from this discussion: "Suspensions don't work! It just provides more opportunities to use stuff;" "Taking away a JUUL means nothing, because you can just buy another one or borrow one from a friend for the rest of the week;" "Punishment doesn't matter to anyone who is using;" and "Kids get into fights over JUULS in school." These comments reveals a cultural acceptance of and tolerance for the use of JUULS, which students did not share when asked about the use of cigarettes or other tobacco products.

Alc: Both groups exhibited less tolerance to alcohol use, especially if it occurred in school. But there was agreement that parents should be notified if it happened in the course of the school day. High school students were more lenient to alcohol use that occurred outside of school, pointing out that "some parents will drink with their kids." Middle school students on the other hand, were in agreement that "no one should drink before they are 21," The suggestion was made by one student to "just get them to stop it."

MJ: Middle school students related regular marijuana use to possible use of other substances in the future, i.e. as a "gateway" drug. "If a kid is using marijuana, eventually he might be using pills or heroin. Coke or crack can cause even more problems." "Richer kids can get affected more because they can buy marijuana more easily. It is less likely for poor kids." "Some get into trouble but some are fine." "Both rich and poor kids sell marijuana to make themselves more popular." High school student opinions were less critical of marijuana use. It seemed as though by the time students reach high school, their level of tolerance for marijuana use among their peers has evolved. The high school students did not want to discuss punitive actions for those who were caught, but more relay some messages from their culture of acceptance for marijuana use. The more direct quotes we captured included: "Some parents smoke weed with their kids;" "4/20 is a big day for

smoking weed;" and "Lots of kids brag about their usage on social media." There was a common perspective shared that adults, teachers and police officers do not seem to care anymore about marijuana use. One student told us that when police caught an acquaintance of his who was using marijuana, all they did was take his marijuana away from them.

RX: Neither student group had experience with peers using prescription drugs, so that they had no comments to share about what potential consequences a student should face if caught with or under the influence of a prescription drug.

Parental Monitoring

9. How do local parents feel about their kids using tobacco/drinking alcohol/smoking marijuana/ using Rx drugs? (QU for Faith-based: Do you think parents understand the seriousness of the tobacco/alcohol/marijuana/ prescription drug/opioid use problem?)

This question was asked to all three groups.

Tob Both student groups and the adult group shared similar opinions about how parents react to youth tobacco use. One middle school student summarized for this group with this critique: "It depends on the parents. Some don't care and buy it themselves, others will tell you "you're grounded!" If parents don't care it is more likely that kids will do it. But kids who smoke often smoke in the house, they take cigarettes from parents." High school students offered similar sentiments: "Parent either don't know or don't want to know or don't care." "Kids like to brag about using and will show it on social media, and they don't care who sees it."

The adult group shared these opinions, related to all forms of youth substance use: "It depends mostly on the parents. Some are less stable." "Parents can give out mixed messages if they smoke." "Some parents do not understand the risks, or that it is more complicated than they think." "Kids often live in a stress filled environment."

Alc Middle school students were in agreement that early alcohol use is often tied to the attitude that parents project. Some of their comments: "Again it all depends on parents." "Dad might give me a sip of his beer to try it, but no more;" and "Most parents care, but still kids will do it due to stress." High school students agreed with the sentiments of one female, who pointed out the messages parents give to their kids: "They (parents) don't want them (kids) to drink, but many just don't care because they drink themselves."

MJ Youths perception of parental disapproval for marijuana use varied between groups. Middle school students felt that most parents would not condone their kids using marijuana under any circumstance. A male student replied firmly: "Most parents

will say no way.” A female student, who reported being around an aunt and a parent who used medical marijuana, citing the medicinal needs of the adults in her life, shared that: “Some parents and other relatives use medicinal marijuana for disease, but they do not give it to the kid.”

Mt Hope HS students tended to perceive parental disapproval quite differently: “A lot of parents smoke weed at home in front of their kids or sometimes with their kids.” “Other parents think it (marijuana) is the lesser of two evils, rather weed than alcohol.”

RX Students in both groups strongly agreed that every parent would disapprove of a child using prescription drugs not prescribed by a doctor.

10. If kids are using tobacco/ drinking alcohol/using marijuana/ using Rx drugs, how likely do you think it would be that people would find out? (Probe: Who? Parents? Family members? Neighbors? Police? Teachers?)

Rather than separate out a particular identifier by substance, responses to this question were made more generically about who would discover a youth using any substance. Middle schoolers agreed that most likely a neighbor or a friend would find out first. They did not think it would be any school-based staff, because as one student reported: “No one does anything in school, except for kids with problems, so schools would not catch anyone. But people do like to use outside of school.” The one exception was vaping, which middle school students perceive as a high school behavioral norm: “Vaping is done in the high school by everyone, but not often in the middle school.” “Kids use JUULs a lot, and a lot of the time. It is not possible to see it.” “90% of high school students use JUULs, at every grade level.” “They trade them with kids for other flavors.” “One hit of a JUUL is like smoking 10 cigarettes.”

The high school students openly shared that vaping and marijuana use were major issues at their school, including during the school day. “A lot of kids will snitch on users.” But they had a more specific perspective on other substances: “Mostly it is not a teacher or parent who will catch someone.” “Teachers are not educated about what to look for or what to do.” “More likely a neighbor or friend.” “Everyone is doing something. Kids in CP classes (remedial or basic) do not care if they are caught. Kids in AP classes try to hide it more.” One student said he knew others who were in the National Honor Society who were big marijuana smokers, “real stoners.” “But National Honor Society will kick you out.” If they find out.

Access/Availability

11. How do most kids in your community get tobacco/ alcohol/ marijuana/ Rx drugs?

This question was asked only to the two student group participants.

Tob

Tobacco was identified again by the middle school students as the least favor substance to use. “Really no one wants to use tobacco, when they can get marijuana.” “It is easier to get weed at the high school, and not nearly as expensive;” “You will get tar in your lungs if you smoke cigarettes.” They identified parents and older siblings who smoke as the main sources for middle school students to get cigarettes. None of them had ever tried to obtain a cigarette, though one admitted that he had tried vaping with a friend.

High school students offered a broader array of options for obtaining cigarettes. These included: “Buy from a friend;” “Ask a senior to buy them for you.” “Just go to a convenience store or gas station that you know will sell.”

Alc

Access to alcohol was perceived as not difficult for high school students, but more problematic for middle school students. Middle school students suggested that getting it at home was probably the only option for people their age who wanted to drink. Their comments included: “Everyone has it in the house.” “It’s too hard to get outside of the house.” and “It’s harder to get alcohol than it is weed.” High school students found access to alcohol relatively easy, though still they agreed that it was easier for them to purchase marijuana. Some students spoke about getting access directly from friends, older peers or stores, whether using a fake ID or a personal contact. Others revealed how social media is being used more to find a potential purchaser. Their responses included: “A lot of fake IDs are out there.” “Go to clubs in Providence.” “Many kids know someone who works in a liquor store (in Bristol) who will sell it to them, like seniors.” “Certain stores in Bristol will sell to anyone.” “Get a college student to buy it for you.” “Parents have alcohol at home, just take some and fill the bottle up with water.” “SnapChat opens up the possibilities to a bigger community of contacts. Just ask someone to get it.” “Some use texting or group chats to ask someone to get it for them.” “It is easy to hide these things on SnapChat.”

MJ

The consensus opinion reached in each student group was that marijuana is the easiest substance to access. It mainly involves having someone in your circle of acquaintances or friends who knows someone (called a “plug”) who might know someone else who is selling it. Middle school comments included: “You just need to know someone.” “It is easier to get weed than alcohol. It is more available.” “But it just depends on who you are and who you know.” Students complained that they did not know enough about the consequences of using marijuana or vaping and that

they were not satisfied with what they were learning in school. One student commented: "There's not enough education on weed or JUULs. We need to know more." "Some teachers will show videos in class, but no one pays attention." "Some teachers will tell us to watch but they don't ask any questions and there is no discussion. We get to do a paper." "Many kids continue to think that smoking weed is healthier and safer than using tobacco."

High school students were even more direct in telling us how easily they can obtain marijuana and marijuana accessories if they so wanted. "Many people sell weed." "Anyone can buy bong in some local stores. Some have cartoon characters on them." "You can get other stuff from smoke shops." "It is easy to learn from YouTube videos how to ask people or how to get it." "Kids smoke out of an apple." "Kids go into the woods or to Paul Park to smoke, and just hang out. No one cares."

RX There was no substantive discuss in either group about nonmedical use of prescription drugs, primarily because students lacked any experience with or knowledge about its use or access by peers.

12. How easy would it be for kids to get tobacco/ alcohol/marijuana/Rx drugs from those sources?

This question was asked only to the two student group participants.

Middle school students confirmed that it is hard for them to access tobacco or cigarettes, but easy to get a vape pen. "On the street people might offer to give you a cigarette." "Small businesses do not check for IDs. They admitted that to get alcohol outside of the house was difficult, but it was easy to get it at home if parent were drinking. Marijuana was perceived as easy to access, both in leaf and in edible forms. "Weed is the easiest to get from friends, so are vapes." "Edibles and dabs are available at the high school. Brownies and gummi worms are the most popular." They had no idea about the accessibility of prescription drugs. One response was that "they are only done at the high school." No one had heard about if from other kids at the middle school.

Mt Hope high school students, on the other hand, shared with us that it would be "extremely easy" for to get cigarettes or any other tobacco product if they wanted, especially vapes. One student suggested: "The more intensive the drug, the harder it is to get. But it is getting easier to get everything." More than one student shared that his peers often get cigarettes and vapes from older siblings. Alcohol was rated as "mostly easy" to access, either by getting it from home or by asking older friends or acquaintances to buy it for them. They re-confirmed that marijuana was "very easy" to get. Students disclosed that many people are selling it or know someone who grows or has a card. Purchases are often arranged via texting, Instant Messaging or Snapchat, and are made after school. Some students felt it was easier to access marijuana from older siblings or from a parent's supply at home, especially if they had access to a medicinal marijuana card holder. Access to prescription drugs was not perceived as easy but also not so difficult. "Getting it out of

the medicine chest” was mentioned as the easiest way, followed by “There are dealers everywhere who will sell the stuff.”

These comments suggest is that awareness of and access to illegal substances begins in the middle school grades, but not much actual usage. However, when a student enters high school, access to and the potential to use certain substances, particularly alcohol and marijuana, increases almost immediately.

13. Where do kids go when they want to use tobacco/ drink alcohol/use marijuana/ use Rx drugs?

This question was asked only to the two student group participants.

Tob: Students were asked where a substance user might go to use without being detected. Middle school students thought that cigarette use occurs at home so it would likely occur “In the backyard, in the basement, or in my room by a window. The high school student responses were more open: “Anywhere.” “No one will stop them because no one cares.”

Alc: Locations considered likely places for the use of alcohol were similar for both groups. Underage drinking of alcohol seems to be an activity that most likely occurs in someone’s home during a celebration, at a friend’s house, or at a party with no parent present. One high school male shared: “Drinking takes place inside, in someone’s house.”

MJ Marijuana consumption seems to take place in a broader range of potential locations. Students in both groups agreed that marijuana can be used anywhere, primarily because kids are not afraid of being caught, i.e. they have very low perception of risk or harm. Middle school students mentioned that when it is done at home, it will be done in the bathroom or bedroom by an open window. High school students were more interested in how easy it is to access and use edibles, which have become more popular over the past few years. One student explained: “A lot of people are using edibles now. Those that are selling them will give out free samples of brownies or candy. It is so easy you can do it anywhere.”

Neither group could describe a distinctive location for the nonmedical use of prescription drugs. However, one female high school student mentioned: “If you do it at home it doesn’t take effect until you get to where you want to be.”

Outreach/Programs

14. Are you aware of local resources that can help students with tobacco-, alcohol-, marijuana- or prescription drug-related problems?

This question was asked only to the two student group participants.

Students in both groups showed much compassion and empathy to people who have become addicted to substances, but most did not have any idea about services available to help them. The middle school group were not able to name any services, and reported that they would rather turn directly to friends or parents of the user. They did not show much trust to school officials or counselors, since they believed that this would get them into trouble due to “guilt by association.” Some of the comments from the middle school students included: “They have to want to get help.” “Mostly I would look to friends for help.” “There is no rehab for tobacco.” “It is best not to tell guidance counselors, they will not help and you can get into trouble.” “Maybe tell the parents of the kid who is using, but it depends on who the parents are.”

High school students were more interested in how not to offend a person they might have a relationship with who had a substance abuse problem. “It’s tough, a lot of people are struggling, and we do not want to offend them.” One student mentioned how he made a PowerPoint for a friend who was using LSD, to try and influence him to stop using it. “People use all the time.” An example was offered by one female student of a party she attended, held for the Lacrosse team, at which alcohol and marijuana were openly used. The student who reported this went on: “Most people who do it don’t believe it is harmful.” Only one student said she knew that there was a Student Assistance Counselor in school. No one else had any idea.

15. What’s happening in the community to educate people about youth tobacco use/ underage drinking/ marijuana use/ prescription drug use?

This question was asked only to the two student group participants.

When asked about the need to educate people, particularly parents, about youth substance abuse, the students were not keen on responding, “Some parents want to understand more, and become involved.” “It depends on what the parent is doing and the relationships they have.” Instead they started a discussion about what was going on at the high school that they felt there was no one reacting. “There are lots of people doing vapes and edibles and dabs at the high school.” “Dabs and vapes look the same. Brownies and cookies are basically easy to get at any time at the high school.” There was general agreement that parents not only do not know what was going on, but that some did not really care or did not want to know.

High school students expressed similar views that adults and peers were apathetic to these matters. One student surmised: "People just ignore it is going on. No one really cares." Other students thought it would be more important for students to better understand the consequences themselves, and receive better information at school. "We need more information in health classes." "Open the classes up so kids can talk about weed and alcohol. All they talk about is cigarettes." A male student shared his perception that "Stoner kids believe that "weed kills cancer cells" and must be healthy. They make up what they want to believe."

16. How effective do you think the police are at enforcing laws against tobacco use underage drinking/marijuana use/ Rx drug use?

This question was asked only to the high school student group participants.

Students offered the following insights about police enforcement activities for substance use:

1. "Some police are friends with people who they know use."
2. "Parents and cops know kids are smoking weed but neither one cares."
3. One student mentioned having a "friend" whose boyfriend was arrested but nothing happened to him.
4. "At times two or three cops see kids vaping but don't do anything, it's too much bother."

17. What ideas/strategies/ programs do you think should the Task Force support to try to keep students from using tobacco/ drinking alcohol/using marijuana/using Rx drugs?

This question was asked to all three groups. The suggestions made are listed below by group.

Middle School suggestions:

1. Have more student focus groups.
2. Put more posters on the walls in school with a substance abuse prevention message.
3. Have interactive speakers come to school. People need to understand why people are doing it./ Finding a way to help people with their problems./Do it now before the teachers in high school are here. Try to keep people who haven't tried to not to do it at all.

High School suggestions

1. More education about marijuana, about how it is harmful.
2. More education about everything.
3. Start a campaign to connect use of JUULs to cigarettes and the cigarette industry.
4. Educate teachers and students together.
5. Scare them with real life truthful initiatives.

(Probe: What to do to attract more parents to be involved?)

1. Let them know how many kids are actually using substances.
2. Use the kids to target the parents, show them examples of bad outcomes.
3. Check the bathrooms, this is a big place for vaping and smoking weed.

Faith Based Adults suggestions

1. Resources are there but they are not being used well, we need to help people get there!
2. Parent support groups for people over 50; many grandparents are raising their grandchildren.
3. Address the stigma of getting involved with services and taking advantage of what is available.
4. There are not a lot of healthy homes, too many adults have stress in their own lives (which distracts from them paying attention to their children's needs)
5. They need to want to be healthy and to see drugs and alcohol as bad for their health. Body image is big, but obesity is off the charts, which creates a lower self-image.

18. Other ideas or comments

One comment by a high school student about student assistance: "Not many kids ever go to the Student Assistance Counselor. Mrs. Lane is a popular social worker who kids trust – she is super involved.

Students in the high school group were not aware of the current student assistance counselor. No middle school students had additional comments to share at the end of the group.

Summation

We would like to extend our gratitude to all 22 participants who took part in the three focus groups. The candidness and openness of the responses from the students of Kickemuit Middle School and from the Mt. Hope high school were remarkable, as were the comments and discussions shared by the faith based adults group in the St. Michaels Rectory meeting room.

In summation, what we have learned is:

1. Cigarette use and tobacco use in any form is frowned upon by students and most parents. This helps to reinforce the importance of the health education and personal family experiences that students have had about tobacco use. Parents who smoke are more likely to influence use offer easy access to their children, whether directly or indirectly. Vaping, on the other hand, has become widely popular, especially among high school students. Yet there is very little knowledge being presented to students about the potential consequences of vaping.
2. Alcohol use begins most likely when the student enters high school and begins to go to parties that are unsupervised by adults. A very small number of students start at middle school, and usually only when alcohol is present at home and offered by a sibling or parent. Alcohol is often accessed at home or during the weekend at a party or private gathering. Students expressed good basic knowledge of potential risk or harm resulting from alcohol use, especially over a long period of time. Drinking is perceived by high school students as a social activity. Students tend to drink on weekends at parties with their peers and do so to get drunk. This is also the venue in which they may be introduced to other substances, such as marijuana or pills. Older students access alcohol from older friends or other students, or may use fake IDs and personal connections to purchase alcohol in local stores.
3. Marijuana use is pervasive among local youth and perceived by youth and adults as easy to access at any time. It is being used more than any other substances, (according to youth), which contradicts survey data that has suggested that alcohol is more likely used on a last 30-day basis than marijuana. We heard students claim that youth as young as 6th grade are now trying marijuana. Students seem very unaware of the negative consequences associated to marijuana use. It has become a social norm. Many students link marijuana use to medicinal purposes, and have accepted hearsay that marijuana use can cure diseases or is even a healthy practice. The use of marijuana appears to have become an acceptable cultural norm for students, and one that many parents also seem to accept.
4. The nonmedical use of prescription drugs was not seen as a problem for most students, and is limited to a very few older students who are more heavy into substance use. None of the students and most of the adults had little to offer about potential misuse of pharmaceuticals, though everyone was aware that they could lead to addiction, overdose, and potentially death. However, overall NMUPD is not at

this point a major concern for students. The exception to this seems to relate to the use of Xanax to relieve anxiety and for Adderall or Ritalin, which is being considered a “study drug” that helps students do better studying for tests. There was some mention of the use of hallucinogenic drugs, such as LSD and “shrooms” becoming more important, but this seems to be very limited. Heroin and other opioids were viewed with fear, and did not seem to be present in student culture, though they were aware of the potential problems that might result from opioid use. Some students did suggest that use of marijuana might be a gateway to the use of harder drugs.

5. Some parents are stricter than others when it comes to their children using alcohol or marijuana. Most students perceive that parents are more acceptable of the use of these substances than they are of tobacco and NMUPD. There is some concern voiced by the faith-based adults that younger parents in particular are using alcohol and marijuana in front of their children, and lack good parenting skills to monitor their kids, since they are involved with and confronted by their own behaviors and addictions.
6. More education about substance use and its consequences at all ages was suggested by all three groups. Students receive information about some substance use, but do not have time to process it or discuss it often in a classroom setting. They suggested that they are often shown movies, or told not to use substances, yet want to know more about why this is not a healthy practice.
7. It was often suggested by students that people were using a substance often times to address personal problems, the burden of stress, relationship problems, or school performance demands. This might also include additional familial stress caused by poor family dynamics, parental substance abuse and economic pressures. Yet very little was known by students about available counseling services in school or in the community. More direct contact to service providers at an earlier age would be a way to address this shortcoming.
8. Finally, there seems to be a need to reinforce adult-student relationships at the middle and high school. Some students at both schools could name one or two people they might approach for advice or assistance, but many did not trust counselors. They fear getting in trouble if they seek help on handling a substance abuse issue. Very few knew whom to go to and where to ask if they wanted advice.

Hopefully, the information provided in this report will prove useful to the Bristol HEZ and the Bristol Prevention Coalition in planning for future strategic interventions that will lower the rates of youth substance abuse in Bristol, and eventually, in the adult population.

Appendix A

Bristol/Warren Focus Group

Student Questionnaire

Social Norms

1. **Is tobacco use/underage drinking/marijuana use/ prescription drug use a serious problem in the community? Probe: If yes, why? If no, why not? (PERCEPTION OF YOUTH SUBSTANCE ABUSE BY SUBSTANCE)**
2. **Do all youth engage in using tobacco/underage drinking / marijuana use/ prescription drug use or is it just a few? (Probe: What percentage of students do you think use tobacco/drink alcohol/ use marijuana/ use prescription drugs not prescribed by a doctor?) (PERCEIVED LEVEL OF USE)**
3. **How often do you believe kids use tobacco/drink alcohol/ use marijuana/ use prescription drugs for nonmedical purpose? (FREQUERNCY OF USE)**
4. **What are the main reasons you think kids at your school use tobacco/ drink alcohol/ smoke marijuana/ use RX drugs? (CAUSES)**
5. **Are there certain groups (sub-populations) of kids who are more likely to drink alcohol/ use marijuana/ use RX drugs in this community? (SUBGROUP HEALTH RISK)**

(Faith-Based Group Alternative)

What role can the Church play in reducing local tobacco use/alcohol/ marijuana/ NMUPD/ opioid use?

Perceptions of Harm

6. **What are the potential consequences of using tobacco/ underage drinking/ marijuana use/ RX drug use? (PERCEPTION OF RISK)**
7. **Do you think using tobacco/underage drinking/marijuana use/ RX drug use is harmful? If so, how? (PERCEPTION OF HARM)**
8. **What do you think should happen to a kid who is caught using tobacco/drinking alcohol/ smoking marijuana/ using RX drugs? (PUNITIVE OR CORRECTIVE ACTIONS)**

Parental Monitoring

9. How do local parents feel about their kids using tobacco/drinking alcohol/smoking marijuana/ using Rx drugs? (PARENTAL DISAPPROVAL)

(FB Group Alternative): Do you think parents understand the seriousness of the tobacco/alcohol/marijuana/ prescription drug/opioid use problem?
10. If kids are using tobacco/ drinking alcohol/using marijuana/ using Rx drugs, how likely do you think it would be that people would find out? (Probe: Who? Parents? Family members? Neighbors? Police? Teachers?) (PERCEPTION OF BEING CAUGHT)

Access/Availability

11. How do most kids in your community get tobacco/ alcohol/ marijuana/ Rx drugs? (ACCESSIBILITY)
12. How easy would it be for kids to get tobacco/ alcohol/marijuana/Rx drugs from those sources? (EASE OF ACCESS)
13. Where do kids go when they want to use tobacco/ drink alcohol/use marijuana/ use Rx drugs? (LOCATION OF USE)

Outreach/Programs

14. Are you aware of local resources that can help students with tobacco- , alcohol-, marijuana- or prescription drug-related problems? (SERVICES)
15. What's happening in the community to educate students (parents) about youth tobacco use/ underage drinking/ marijuana use/ prescription drug use? (KNOWLEDGE)
16. How effective do you think the police are at enforcing laws against tobacco use underage drinking/marijuana use/ Rx drug use? (LAW ENFORCEMENT)
17. What ideas/strategies/ programs do you think should the Task Force support to try to keep students from using tobacco/ drinking alcohol/using marijuana/using Rx drugs?
18. Other ideas or comments not captured earlier?

Appendix B

Focus Group Demographics

CODE	Males	Females	Total	Grades	Date
KMS	1	3	4	1 7 th grade/ 3 8 th graders (Kickemuit Middle School)	4/8/18
<u>MHS</u>	<u>2</u>	<u>5</u>	<u>7</u>	6 10 th graders/1 12 th grader (Warren Town Hall Youth Center)	3/9/18
TOTAL	3	8	11		
<u>FAB</u>	<u>2</u>	<u>9</u>	<u>11</u>	11 adults	5/7/18
TOTAL	5	17	22	(at St. Michael's Parish House)	