



**Youth Tobacco, Alcohol, and Drug Prevention
Adult Focus Group Report
Adams County, Ohio**

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Introduction

During SFY17 and 18, Adams County Medical Foundation was one of two data mini-grantee communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative^[1]. As part of the SPF-PFS project needs assessment process, each community completed listening sessions/focus groups on underage drinking with parents of youth in the community. Two sessions were held: one in West Union where seven attended and a second in Manchester where ten attended. This report synthesizes the results of Adams County's Adult listening sessions and provides details about how the listening sessions were conducted. These listening sessions were designed to provide information on local/community conditions that are contributing to the problem of underage drinking in Adams County.

Method

Guiding Questions

The focus groups were designed to capture information relating to four intervening variables as required by SAMHSA. As such, the guiding questions for each focus group were:

1. How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?
2. What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?
3. What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?
4. What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

Interview Protocol

For each listening session, the research team utilized a standard, open-ended group interview protocol to facilitate the group. Patton (2002) advocates the use of an interview guide for the following three reasons: (a) the limited time in an interview session is optimally utilized; (b) a systematic approach is more effective and comprehensive; and (c) an interview guide keeps the conversation focused. The facilitation guides (Appendices A-B) included questions designed to elicit responses regarding the questions guiding the evaluation.

Participants

Information from key informants (i.e., parents/guardians) guided this listening session report. To collect information from the informants, we conducted two focus groups with parents of youth ages 12-18.

The Coalition Coordinator invited informants to participate in the focus groups, scheduled the interviews, and coordinated the times and locations with the informants and the focus group team. In order for Adults to participate in the focus group, they completed a consent form (Appendix F). At the beginning of each focus group, the focus group team

^[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

read a script which clearly stated that informants were participating voluntarily and had the option to refuse to answer any of the questions. Through the course of the project, two group sessions were completed and a total of seventeen (17) individuals participated. For their participation in the study, adults in one group received light refreshments and in the other group they received pizza.

Data Analysis

Qualitative data analysis techniques were used to analyze the data collected from the group interviews. Content analysis was used to analyze responses to the open-ended items. Patton (2002) describes content analysis as “searching for recurring words or themes.” Text was analyzed to see what phrases, concepts, and words are prevalent throughout the informants’ responses. During this stage of the analysis, coding categories were identified. Through this coding process, data was sorted and defined into categories that were applicable to the purpose of the research. Codes were defined and redefined throughout the analysis process as themes emerged. At the end of the analysis, major codes were identified as central ideas or concepts (Glesne, 2006). These central ideas were assembled by pattern analysis for the development of major themes. From the major themes, we drew conclusions (Patton, 2002). To ensure credibility of both the procedures and the conclusions, we used analyst triangulation. Patton (2002) defines analyst triangulation as “having two or more persons independently analyze the same qualitative data and compare their findings.” Teamwork, as opposed to individual work, is likely to increase the credibility of the findings (Lincoln & Guba, 1985).

Results

The following sections describes what informants perceived as the local conditions affecting perceived parental perceptions, peer perceptions, family communication, and risk/harm. These include personal risk and protective factors as well as potential strategies for enhancing prevention efforts in our community. Risk and protective factor-focused prevention is based on the work of Hawkins, Catalano, and Miller (1992). Risk factors are factors that increase the likelihood of adolescent substance abuse, teenage pregnancy, school drop-out, youth violence, and delinquency (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Protective factors provide the counter to risk factors; the more protective factors that an individual has present, the less risk for unhealthy behavior (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Research-based *risk factors* are frequently divided into four domains: community, family, school, and individual/peer risk factors (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Research has also identified four personal characteristics as *protective factors*: gender, a resilient temperament, a positive social orientation, and intelligence (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Because these factors are largely innate, we will focus on two additional protective factors described by Hogan et al.: bonding and healthy beliefs/clear standards.

Guiding Question #1: How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?

For this section, we focus on the personal risk and protective factors related to substance use and abuse that include family factors and bonding (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Family factors can include the way parents and children relate and interact as well as the level of parental supervision (HHS Publication No. (SMA) 10–4120).

Overall adults who participated in the listening sessions were concerned that other adults were contributing to underage drinking by hosting and by purchasing for their teens. The participating adults mentioned that many other adults who are their peers, had an attitude of, “at least it’s not drugs,” or, “that’s what we did.” They were concerned that they were not talking with their teens in ways that would keep them from drinking while underage. Most who participated in the listening sessions felt they had communicated their feelings about alcohol to their teens and that they had an open dialogue with them. A few mentioned that their teens felt ostracized because they did not drink. One parent talked about a situation where her teen went to a friend’s house, “she went to her friend’s house and the mother let them drink. Well, I caught wind of it and I blew up. And I’m like, you’re not going back.”

Personal Risk Factors

A risk factor for students is their home environment. Most participants had experienced other family environments that treat underage alcohol use as normal and facilitated it so young people are not drinking out in the community; “at home with supervision” is seen as safer by some parents. Other participants noted, I really don’t think that a lot of these parents talk to their kids...because they don’t think they’re gonna do that.”

Another risk factor is the attitude that “we did that when we were teens,” or where drinking is seen as a rite of passage. Many adults mentioned that homes where a family member is an alcoholic see drinking as normal. For instance, one person said, “her father is an addict, and she’s been exposed to about everything. At my house she hasn’t been but she’s been exposed to it all.” They also talked about parents and adults thinking alcohol is a safer alternative to drugs, “it’s just alcohol.”

Personal Protective Factors

Personal protective factors for teens included open communications, clear rules and guidance, and strong relationships with teens. Most participants believed that communication between parents and teens, both their own children and communicating expectations with other parents’ children was a way to counter peer pressure to drink. Parents stated that they talk to their teens, but they want guidance on what to say or do. One parent related a conversation with her daughter. She said, “when she turned 16, I was just honest with her. I told her what I did. And I told her that it’s really not fun. I asked her what happens when you wake up the next morning and you’re vomiting or you don’t remember what you did? It’s not fun.” However, during one session a parent related, “I wanted to come and do this to get tips on how to handle it ‘cause my son, hasn’t to my knowledge.”

Clear rules and guidance

Parents stated that they do set clear rules for their teens but peer pressure to drink is very powerful. One person related that their child told them she thought “it’s not cool to drink” but she related that the teens who don’t drink don’t have a large network of friends. Another parent supported the previous statement by saying that her son “had a few select friends that, no matter what, kinda still stood by him, but he just didn’t partake in it. And it was - it was a struggle for him, because of that.”

Participants felt that having a strong relationships with teens helped counter drinking, especially when they shared their own experiences. Most parents stated they have an “open door” to talk with their teens; however, “kids do what they want and don’t think ahead to the consequences of their actions.” Other parents stated that good kids make bad choices as

a part of life. One stated that she told her child, “Yes, Dad did it but he learned from his mistakes. And I don’t want you to follow that.”

Guiding Question #2: What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?

This section will focus on personal risk and protective factors in the following domains: school, individual/peer, and healthy beliefs/clear standard. These risk and protective factors are related primarily to peer relationships which affect youth’s individual and environmental factors (HHS Publication No. (SMA) 10–4120).

Many of the adults talked about students who participate in sports or cheerleading being the teens who participated in underage consumption the most. They felt these students did not have enough consequences when coaches were aware of parties and that there was little to no accountability. One said and many others agreed, “I think that if you know and you know as a coach or a parent who hears this stuff and the kids were all at the party and they’re all on the basketball team, then why are they playing...there’s no accountability.”

In one listening group, there were unexpected comments about the relationships students who are in dual credit program (College Credit Plus where they are attending college classes), formed with college students. In some cases, these college-aged students are purchasing alcohol for underage people and they are inviting them to parties where alcohol is available. Other parents agreed; the conversation was:

The facilitator asked, “So you’re saying is that you basically feel like these, the exposure to the older college kids is where they’re getting their alcohol.”

I know for a fact it is,” an adult responded. And another parent stated, “Right now, most of our college kids are best friends with our high school kids. Both boys and girls who are underage are frequently dating college-age people.” Another parent stated that his daughter, “went to college as a junior. She lost her friends in high school ‘cause all her stuff was done at college.”

Personal Risk Factors

School. Students have relationships with college-aged students who invite them to parties and who purchase alcohol for them. Some students who participate in extracurricular activities engage in underage drinking with few consequences and little accountability, although it is thought that adults are aware of their activities. Teens use alcohol with other products so that it is undetectable, “energy drinks with the vodka, ‘cause you can’t taste the vodka or smell it on a kid.” Also, it is not detected through drug testing, only by smell. See comments and quotes above.

Individual/peer. Older teens and young adults purchase and encourage underage alcohol use in some cases. Beer or other alcohol is easy to purchase; according to one parent, “They (store employees) do not card the way they’re supposed to. They (underage purchasers) get to walk right in and get it.” Teens pay people to buy people to buy their alcohol, “older cousins, older siblings.” This was supported in the student listening sessions where they stated that alcohol was easy to get either by sneaking it out of their parents’ supplies or by having others purchase it. The students also noted that employees of convenience stores frequently do not ask for identification.

Parents of one group identified undiagnosed mental health problems as a possible reason for underage drinking. In many instances, there are underlying issues with alcohol use such as mental health issues. “If we [as adults] talk to them,

we might see, hey this kid drinks because when he goes home his dad is beating his mom to death or something.” Another noted, “Some of these kids are like some adults. They are drinking because they have other underlying issues. There’s mental health issues...that we’re not catching, whether it is depression, bipolar, they’ve been abused, they’ve been exposed to trauma. They’re doing it because they are fighting something that no one is aware of.” The parents of one group agreed that mental health professionals need to be in the schools and they need to be available for students, “there is an FRS counselor at one school two days a week; it was five days a week but there was a funding problem so the time was cut.”

Personal Protective Factors

Adults in the listening sessions related that teens working together and offering a peer or buddy system so they could talk with each other about problems might be more effective than teens talking with adults. For example one said, “...I would think that if I had a problem, or I was going through peer pressure and wanting to drink because of that, wouldn’t it also be my peers who I would want to turn to and talk to about it? Is there any type of peer groups that could be established in a school?” Another said, “...all kids are different but if my son were to get in trouble...I would think that he would be more open to talking up here [meaning at school] about it than he would be open to talking to me,...he’s not gonna think, ‘well, mom’s gonna understand; I’m just gonna be punished.’” Another parent mentioned his step-daughter, whose biological father is an alcoholic, having a different story. “Her real father is the picture-perfect alcoholic. She doesn’t want to be like that. We don’t have to do too much talking to her, you know, she doesn’t have hardly any friends, because anybody that has anything to do with...alcohol, she doesn’t like ‘em.”

Guiding Question #3: What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?

This guiding question sought to identify personal risk and protective factors in the following domains: family, bonding, and healthy beliefs/clear standards. In addition to the aforementioned, family factors also include unity, warmth, and attachment, and contact and communication between parents and children (HHS Publication No. (SMA) 10–4120).

All but one of the participating adults are parents. They related that they had conversations with their teens about drinking and about consequences. They are trying to keep the lines of communication open but they feel they do not have enough information to be effective communicators. Most participants in both groups felt giving youth examples of consequences and telling them of their own experiences had an impact with their teens and any of their teens’ friends who heard it. Some adults in one group related that they did not engage in underage drinking because they didn’t want to “disappoint” their parents and they felt their children did not engage in drinking for the same reason.

One of the adults was not a parent. He had been arrested for underage drinking as a young teen. While relating his experience, he indicated his parent was not upset that he had been arrested instead, she was angry that he told the truth to police that he had gotten the alcohol from her. He agreed with other adults in the group who were parents that youth should learn about the consequences of underage drinking from people who are close to their age, that “they should watch a court session and that they should experience a jail.”

Personal Risk Factors

Family. Adults in both groups indicated peer pressure may have as much influence over teens as family. Teens want to be liked and considered “cool” within their peer groups. Many parents in both listening sessions mentioned or referenced alcoholism in teens’ families; therefore, teens see alcohol use on a daily basis so it is seen as normal. Other adults noted that Manchester is the only village that has bars and for many years, it was the only place in the county to purchase alcohol, “...’cause I didn’t grow up in Manchester. I grew up in West Union. And that was the trip to Manchester, every Friday or Saturday night was the thing, you know...who are we gonna get to buy us beer or whatever.” Some adults noted that if parents engage in daily drinking or in risky behaviors as a result of drinking, their conversations about the dangers of alcohol will not be taken seriously by teens. One adult observed and others agreed, “...maybe they were raised in an atmosphere where drinking was just no big deal. You know, it was just a daily thing.”

Personal Protective Factors

Bonding. Parents love their children and have conversations about alcohol but they want more education on how to be effective. Several parents talked about their own experiences with underage drinking and the negative consequences of their actions. One parent related, “...my oldest daughter is 13 and I’ve already had the conversation with her, telling her that alcohol isn’t allowed but if she does get in that situation, she needs to call me or a neighbor, someone...to let her know there’s a better way than driving home or something like that.” Another parent noted, “to say ‘you’re not going to drink alcohol,’ that doesn’t go very far.” Other adults stated, “...one of the reasons I wanted to come and do this was to get tips on how to handle” the situation if my child does make a bad choice.

Healthy beliefs and clear standards. A few parents mentioned that church attendance didn’t guarantee that teens stayed away from alcohol. Many parents mentioned that strong morals were important to teach to their teens but that adults can’t be blind and say, “we go to church; my kid is in the band; they do this and they do that so they’re not gonna drink...I know for a fact one parent that says this. Their child drinks like crazy. They have no clue.” Parents in both groups indicated they had opened the conversation about not drinking with their teens and they had tried to guide them about what to do if they needed to get out of a situation where alcohol was involved.

Guiding Question #4: What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

The Center for Substance Abuse Prevention (CSAP) has identified six strategies that comprise a comprehensive prevention program: information dissemination, prevention education, alternative activities, community-based process, and environmental approaches (CSAP, 1993).

The participating parents felt it would be helpful for them to have education about how to have conversations about alcohol use. They wanted to see prevention programs in the schools beginning in third or fourth grades about the harm alcohol does and possible consequences.

Information dissemination.

Parents and a non-parent in one of the groups suggested that students watch a court trial to see the real consequences. Parents in both groups suggested the sheriff’s department should work with alcohol retailers to strictly enforce the laws regarding the sale of alcohol. They suggested employees should receive training to spot fraudulent identification, to frequently request proof of age and to educate them about the consequences of selling to minors.

Parents in both listening sessions felt they needed support through educational programs and information sharing to make sure they were framing the conversations about drinking in ways that would “get through” to their children. As noted, parents from both groups indicated they are using examples from their own experiences with underage drinking to discourage it by their children but they related that they worried whether this is an effective method. One adult related, “I got out of a car with a guy one time that wrecked and killed two people...I would have rode with that particular friend going home and I use my life experience, more than anything.” Parents in both listening sessions indicated it would help them if the schools would merge drug and alcohol education into the classroom curriculum in the early grades, perhaps as early as fifth and sixth grades.

Prevention education. Parents believe that students needed education programs as early as fifth or sixth grade. One parent asked why the survey was focusing on seventh through twelfth grade students and said, “I think you’re missing the boat.” Another spoke up and said, “you should be startin’ in the kindergarten.” This theme continued to resurface throughout the listening session when another parent stated, “a program in the schools, startin’ early...you’re wasting your time in high school.” The idea of teens talking to elementary kids was suggested and supported by the majority of the participants. One parent suggested, “if you can get your teens to talk to other teens, and then those teens could go to the elementary school and talk – the buddy system for the elementary kids, as well.” Another parent stated that her son was in the sixth grade and did a buddy system before they moved to Adams County and, “they did things together . . . they’re like this is cool.” “Even to younger than seventh grade, starting sixth grade/fifth grade, they’re gonna be more apt to listen to them, then they are to me.”

Alternative activities.

Adults in both listening sessions were dismayed there were few activities in the county for all teens. “Yes, there needs to be activities. When we were teenagers, we’d cruise town and you know, did whatever. And if there wasn’t something to do that’s when we went and drank. If they actually had something...yeah they don’t have really anything to do.” After the listening sessions as people were leaving but still engaged, they pointed out that there are activities for high-performing students (Beta Club), for students whose families had resources that allowed them to participate in sports and for students whose families supported them in 4H but there were not activities focusing on all students, for example a teen club that had dances and bands. Some parents want to find ways for communities to offer alternatives. One parent said, “But there needs to be a place that they can truly go. I think an activity center. But if you’re a ten year old kid and your mom doesn’t get home until 10 at night...you can’t go.”

Community-based process.

Adults in one group suggested that schools and courts determine a next step for kids who get into trouble so that they have a positive support system instead of just punishment. They also noted that teachers can have a positive impact on students, “Cause that one teacher says that right word that one day or says, you know, the right thing to a kid, and they’re like, ‘you know what, someone really is listening to me...I do think the teachers make more of a difference than they realize they do.’” One of the male participants mentioned groups in other counties that have a, “tremendous relationship with the court system” and here when students get expelled they are just at home, “giving them more reason to drink.” “So now they’re sitting at home and still not getting’ the help they need.”

Environmental approaches.

Adults in both groups felt that laws governing purchasing alcohol are not being enforced, for example students are not being carded at stores and restaurants; both the adult groups and both the student groups talked about this. Students

from the standpoint of alcohol being easy to acquire either from their parents or from convenience stores. One adult noted, “I do think the law needs to be a little more strict. And, as someone that’s been raised in Adams County, no, I did not drink as a kid, as a teenager but my friends would go right in and buy it, and the kids still do—they do not card the way they’re supposed to.” Both adult groups stated there needed to be more information and awareness of Ohio’s hosting laws and of the liability associated with providing underage teens with alcohol, [laws to deter underage drinking include] “liability of the parent or the person holding the party...I mean, that should scare more of ‘em because they will lose everything.”

Problem identification and referral.

There were no findings in either adult listening session.

Conclusion

In both adult listening sessions, the most consistent themes were: the lack of alternative activities for teens, the actions of parents who host teens, the ease of access to alcohol, the need for mental health services that target teens in the schools and parents’ desire for information and education about talking with their teens in effective ways to discourage underage drinking. The Manchester adult group cited the cultural acceptance of alcohol consumption in its community as more of a risk factor than the West Union group. Manchester, since the repeal of Prohibition, was the only community in Adams County where alcohol could be legally purchased until recently.

Adults felt that every village needed alternative teen activities, especially around prom, ballgames, and graduation. They acknowledged there were clubs and activities for students with high grades and for students whose families had sufficient financial resources for them to participate in sports or 4H but there were no clubs that welcomed everyone.

They also thought that teen mentors or a buddy system for younger students is needed, starting early around fifth or sixth grade. Most of the parents in one group thought that peer support systems would be more effective in decreasing underage drinking and would offer students more support with other problems. This would take the form of peer support either in groups or with trained peers. These teens could help others address problems at home, address problems with other teens or they would just be a friendly person to talk through issues. Both groups identified programs that incorporated “listening teams” of students for students that were present when they were teens but are currently not present. They related that students at the time, were minimally trained in listening skills and in helping others but that at least there were peers that understood.

All the adults stated that students with mental health problems needed to receive additional attention and that there is a need for mental health professionals and for social workers in the schools. They identified a need for social workers and for mental health professionals, both of whom could visit families, if there were identified problems with students, especially regarding substance use or abuse.

Some adults felt uncomfortable or inadequate talking with their children about alcohol use and suggested a program for parents that would teach them how to effectively address underage drinking with their children. They were focused on helping their kids, keeping them safe and helping kids learn how to handle situations where there was underage drinking occurring. They also felt it would be beneficial for parents to understand hosting laws and for store employees to be trained in asking for identification and about the liability of selling to underage teens.

A non-parent who had been arrested for underage drinking felt that being confronted with the consequences of that decision and having contact with the justice system made a difference. He advocated showing teens a court session,

and the jail, and having young people who had negative experiences while drinking underage talk with them were effective ways to communicate information about the consequences. Some adults mentioned that existing programs, such as the Summer Recreation program needed to incorporate prevention education (it does).

Finally, the Manchester group identified dual credit opportunities for students which allow them to attend college classes as a way that teens were introduced to drinking and as a way teens could easily access alcohol. No solutions for this were identified.

Note: Manchester is the only community in Adams County where alcohol has been sold legally since the repeal of Prohibition and most adults who were raised there experienced a community where alcohol was consumed openly, many times publicly, and its use is culturally accepted. Other areas of Adams County only recently have been able to sell alcohol. This decision is made by townships voting to approve its sale; as a result, not all townships in the county allow alcohol sales.

References

- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3rd ed.). New York: Addison Wesley Longman, Inc.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, *112*, 64-105.
- Hogan, J. A., Gabrielsen, K. R., Luna, N., & Grothaus, D. (2003). *Substance abuse prevention: The intersection of science and practice*. Boston, MA: Allyn & Bacon.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Boston, MA: Allyn & Bacon.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Substance Abuse and Mental Health Services Administration, Focus on Prevention. HHS Publication No. (SMA) 10–4120. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Revised 2017

Appendix A: Underage Drinking – Parents/Guardians Interview Guide

Ohio's SPF-PFS Needs Assessment Process: Listening Sessions
Underage Drinking – Parents/Guardians

Guiding Questions:

1. How do young people form their perceptions of parental permissiveness or disapproval regarding underage drinking? What cues do they follow to know that their parents are more or less restrictive with alcohol?
2. What kind of social cues are young people using to gain approval or disapproval from peers regarding underage drinking? What strategies can be put in place to increase positive peer influence?
3. What is the tone, demeanor, and perceived effectiveness of family conversations around underage drinking? How can these conversations be made more meaningful and impactful for youth?
4. What are the strategies that most youth perceive as effective to decrease the harmful effects of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?

Hello. Thank you for letting us to talk with you this morning/afternoon. My name is _____ and I am a part of the Adams County Medical Foundation. This is _____ and she/he will be assisting with the group today. We hope this discussion can help us gain insight into awareness, perceptions, and access surrounding underage drinking as it relates to youth in our community. The data will then be used to drive local grant funded underage drinking prevention strategies. How many of you have participated in focus group before? [If yes, ask them to explain what it was like.] How would you describe what a focus group is?

One important thing to remember during our conversation is that everyone's ideas are important, and they should be allowed to freely express their thoughts and feelings. Your experiences and observations are important to us because, as residents, you know the needs and services – what is available, what is needed, and what could be managed better – first hand. The ideas expressed here may be personal and should not be used against anyone inside or outside of this meeting. From time to time we may interrupt to allow someone to speak who may not have said anything for a while. Also, we may have to interrupt someone to move on to another question because of a time limit under which we are working. We apologize in advance if this happens.

The discussion will be digitally recorded. The recording will be used for our reference only and will be erased once the research report is complete. In addition, _____ of the Adams County Medical Foundation will be facilitating the process by taking notes. Our reports to the research team will not include actual names of participants, so your individual comments will be strictly confidential. Should you feel uncomfortable at any time during the discussion, remember that you do not have to contribute to the discussion. Does anyone have a concern about this procedure? (Wait for responses) If not, then let us begin.

Introductory Questions

As I mentioned earlier, the purpose of the group today is to talk about underage drinking issues and how they affect youth in our community. To begin, I am going to ask you some general questions about your perceptions of underage alcohol use.

1. How big of a problem is UAD in our community?
 - a. What information led you to make this assertion?
 - b. Do a lot of youth in our community drink alcohol?
 - c. What kinds of alcoholic products do you see youth in our community drinking?

- d. What kinds of alcoholic beverages do youth in our community drink that are the most dangerous?
- e. What kinds of alcoholic beverages do youth in our community drink that are the least dangerous?
- f. What circumstances make it more acceptable for youth to drink alcohol? Less acceptable?
- g. How do you feel about your children drinking alcohol?

2. How did you make the rules about underage drinking for your children? What laws and/or policies exist in our community that deter underage drinking?
 - a. What laws or rules exist or could be put into effect that, with better enforcement, would make a difference?

Transition Questions

3. We talked about the problem of underage drinking in our community. Now, generally speaking, what do you think are some of the reasons youth in our community drink alcohol?
 - a. How do you think that youth feel about drinking alcohol?
 - b. Do you think that youth encourage each other to drink? Discourage each other to drink?
4. How do you think that youth in our community are obtaining alcohol?
 - a. Probe for:
 - i. Where are they getting the alcohol?
 - ii. From whom are they getting the alcohol?
5. How easy do you feel it is for youth in our community to obtain alcohol from friends or peers?
 - b. How about from their parents?
 - c. What about from other sources? (probe for other sources that they mentioned above in 4ii)

Key Questions

Thank you for telling me about some of the reasons you think youth are drinking and where they are getting alcohol. Now I'd like to discuss your feelings about the risks of underage drinking and how you talk to your children about those risks.

6. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do youth risk harming themselves when they drink underage?
 - a. What are some of the possible risks/consequences of underage drinking?
 - b. What are some of the circumstance sunder which underage drinking would not be too risky?
 - c. What are some of the circumstances under which underage drinking would be considered high-risk?
7. We know that a primary source for youth learning about drinking is from their parents. How do you talk to your children about alcohol?
 - c. What kinds of conversations do you and your children have?
 - d. What do you say?
 - e. How could conversations about underage drinking with your children be more productive for you?
8. Tell us the most recent experience you have had talking to your children about alcohol.
 - f. How did you feel about this conversation?
 - g. What did you talk about?
9. If you had to explain to your child the dangers of underage drinking what would you say?
 - h. What would be the greatest risk of underage drinking that you would discuss?
 - i. How would you communicate your perception of underage drinking to your child?
10. What prevention programs/services are available to address underage drinking for youth in our community?
11. What assistance/support programs are available for youth in our community for UAD?

(this includes any program that offers assistance from education to finances to food to child care etc. that would be considered a supportive factor in their lives)

Closing Questions

12. Thank you for all your time and feedback so far. As we continue working on addressing underage drinking in our community, what resources would best help you, as parents to assist in talking to your children about the risks of underage drinking?

Earlier I explained that the data from focus groups as well as other sources will be used to drive prevention strategies in our community, to end our discussion today I would like to provide some time for you to ask any questions that you may have.

13. As we wrap up this time, was there any question that you came prepared to answer that I didn't ask?
14. Was there any question that you had that you wanted to pose to the group?

This concludes our listening session. Thank you for your time and thoughts today. As mentioned at the beginning of the group, please keep everything that you heard at this group confidential and we will do the same.

Appendix B: Adult Consent Form

Dear Participant,

You are being asked to participate in a listening session as part of the Strategic Prevention Framework Partnerships for Success (SPF-PFS) program funded by Substance Abuse and Mental Health Services Administration (SAMHSA). The focus of this listening session will be to determine how youth perceive underage drinking or prescription drug use and misuse in our community. Our project overall aims to create change at the community level that will lead to measurable change at the state level over time. This project is a team-led initiative in partnership with the Ohio Department of Mental Health and Addiction Services (Ohio MHAS), Ohio's SPF-PFS evaluation Team (OSET), Ohio's Coaching and Mentoring Network (OCAM), the SPF-PFS Evidence-Based practices workgroup, The State Epidemiological Workgroup (SEOW), and the Committee for Diversity Inclusion. This project is led in our community by the Ohio Coalition.

Your participation in the listening session is completely voluntary and you may choose to discontinue participation at any time. Participating in the listening session is unlikely to cause any harm. Should you disclose personal information to Ohio Coalition staff or a community member that indicates that you or someone else is in imminent danger, the staff will make appropriate referrals.

Personal health or mental health data will not be collected. No identifiable data or information will be made public; all data will be reported in aggregate. All evaluation data will be securely stored at the servers at the Ohio ADAMHS Board. Only assigned project staff who have signed a confidentiality agreement including awareness of secure data management protocols are granted access.

This form requests your consent to participate in the recorded listening session.

By signing the consent signature page, you indicate your consent to participate in the recorded listening session.

If you have questions regarding this evaluation, please contact Sherry Stout, Executive Director, Adams County Medical Foundation, 230 Medical Center Drive, Seaman, OH 45679, 937.386.3701.

Thank you again for your participation.

Sincerely,

Sherry Stout, Executive Director
Adams County Medical Foundation

Consent Signature Page
Listening Session for Ohio SPF-PFS

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks to you and they have been explained to your satisfaction.
- you understand Ohio Coalition has no funds set aside for any injuries you might receive as a result of participating in this study
- you are 18 years of age or older
- your participation in the listening session is completely voluntary.
- you understand that data collected through the listening session will be used for the Ohio SPF-PFS project.
- You are being asked to participate in a listening session. Participation in this activity is completely voluntary.
- You may leave the session at any time. If you decide to stop participating in the session, there will be no penalty.

I have read the informed consent letter. By signing the consent signature page, I agree that my data, information and feedback will be used in the listening session.

(Name of Participant)

(Signature)

(Date)