



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

**February 2018**

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## **Acknowledgements**

Many individuals contributed to the success of this project, and we are most grateful for the support and assistance of each and every one of them.

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Most importantly, we offer our sincerest appreciation to the providers, parents, and youth who participated in the process. Without you, this report would not have been possible.

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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<sup>[1]</sup>. As part of the SPF-PFS project needs assessment process, each community completed listening sessions/focus groups on underage drinking with youth in the community. This report synthesizes the results of Adams County's Youth 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., students) guided this listening session report. To collect information from the informants, we conducted two focus groups with youth ages 12-18.

The Project 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 youth to participate in the group interviews, they had to have a signed parental consent form / student assent form (Appendix C). At the beginning of each focus group, the focus group team 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

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[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).

completed and a total of twelve (12) youth participated. Students received no incentives for their participation in the study.

### **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.

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#### **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?**

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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).

The Adams County Team held two student focus groups. The first group was held at the Ohio Valley Career Center with five student participants and the second group was held at Manchester High School with seven student participants. Overall, the majority of students formed their perceptions of parents’ permissiveness based on their conversations with their parents and based on whether parents allowed underage drinking in their homes.

#### **Personal Risk Factors**

The majority of students in both focus groups spoke about some “families allowing underage drinking in their homes.” Students stated that “they believe the parents do this to protect their kids from the dangers of drinking and driving.” However, another point that most of the students made is “they (parents) drink and they don’t care if their kids do.” Several students pointed out that kids who drink “get their alcohol from their parents” and that it is easy to get alcohol because their “parents are careless.” One student said that students “take alcohol from their homes in small amounts” so their parents don’t notice it is missing. Another aspect pointed out by several students is that “drinking is seen as normal” in many homes. Several of the students spoke about family members who are alcoholic and how they “see the negatives” of alcohol use first hand in their homes.

**Family.** The students all knew families that allowed underage drinking or hosted underage teens. One said, “I feel like it’s based on how often it is around your life and how, like me, how often you see it and how normal it is to you...but if it’s like, out of control then that could shape your form. Like if you have an alcoholic parent but then, my parents drink occasionally and it’s common in my life so I just see it as another drink.” In both groups there were students who said they, “have friends that their parents let ‘em drink with ‘em, and that’s mainly because the parents are used to it.”

### **Personal Protective Factors**

The majority of the students in the focus groups, both male and female, have talked with one of their parents about underage drinking and they feel that their parents “want them to have a better life.” One male student stated that “he got mad if his parents thought he would drink” and another male student stated that “he would be hurt if his parents thought he drank.” Another male student said “Some parents have allowed a taste” of alcohol during these conversations about underage drinking. A female student responded that the “taste is awful but felt their taste would change when older.” A female student stated that her parents talked against alcohol but that her brother “was supporting her to drink.” An interesting twist about student’s conversations with their parents about underage drinking came from one young lady who said she felt “pressured to pick a parental side, drink or have religion.” .

### **Bonding.**

Overall, males and females from both sessions said they were, “glad that their parents cared enough to talk with them” about the issue of underage alcohol use. Students related that their parents conversed with them about their feelings on underage drinking and warned them of its risks. One student related, “It’s two-way. You know, I let them know that I am listening and that I am paying attention. And I just try and comfort them and let them know, you know, this isn’t really affecting me. You know, I’m still listening. I’m still not gonna make those decisions, but it’s not something that I really worry about.” Other students talked about parents sharing their experiences with alcohol, for example, “My mom’s told me that like-and my dad, too, but, like, they’ve both said they’ve done stupid stuff in high school and stuff. They said they want us to have a good life, and they don’t want us to end up being a bad kid when we get older.”

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**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?**

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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).

The participants in both groups communicated that if teens want to drink they will despite peer input. They communicated that among their peers, there were only a few who engaged in underage drinking with regularity but there

were more who participated during parties or social events. “One reason they do it-it makes ‘em feel like they’re actually gonna be accepted, stuff like that. Though you may have someone that’s bullying you to-and them making peer pressure against you to make you drink to try it.” Another students said, “It’s like whiskey, when you get drunk, you’re 10-foot tall and bulletproof but that ain’t the case in real life.

## **Personal Risk Factors**

### **School.**

Student participants in both groups talked about peer pressure to “be cool” which meant drinking alcohol at parties and after school events. Most drinking occurs on “the weekends.” When asked about prevention efforts, participants in both groups who had an opinion thought information about consequences and prevention information should be introduced in either fifth or sixth grades.

### **Individual/peer.**

A female student talked about how her boyfriend influenced her decision not to drink. He told her alcohol would “ruin her life; you never know what will happen.” This student talked about being undecided about drinking due to her boyfriend’s influence and to her brother’s influence; her brother is an advocate of alcohol consumption. A male student in the first group stated that if he drank, his female friend would say “never do that again.”

The teens in both groups related that they were concerned that their parents would be disappointed if they participated in underage drinking. They did not think that peer pressure had as much of an impact unless people were at a party. They talked about being at parties and witnessing drinking at parties where, “everybody’s being crazy.”

## **Personal Protective Factors.**

Responses from participants in both sessions stated they “want to please their parents” and feel the pressure to be “responsible.” There was no difference in male verses female attitudes on this measure or between the groups in the different sessions.

### **Healthy beliefs and clear standards.**

The majority of the students, both male and female, talked about the dangers of underage alcohol use. They used the following words and phrases when describing the dangers of underage drinking, “stupid; hurt someone else; one party can affect your entire life; not really you when you drink; and one wrong move will change your life forever.” One female student expressed the opinion that it would be okay to drink, “if they had a person supervising the drinking such as a trusted, mature friend or a sibling.”

The students related that the feelings of boyfriends or girlfriends toward drinking had impact on their actions. When questioned about people who had talked about the dangers of underage drinking, one young woman related that her boyfriend had talked with her, “He’s really religious and he’s really against it. And he’s –he’s 19. So, he is very, like-that it just could ruin your life and the effects you’ll never know what will happen.”

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**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?**

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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).

Teen responses to family communication around alcohol were mixed. Some teens related they were offended their parents would bring up the subject of underage drinking as though they had participated. Others said they appreciated the conversation because it made them feel their parents cared. One boy related, “It made us feel like they actually cared and showed that they are willing to give you time to pay attention to ya.” In some instances, they said parents had shared what happened when they had engaged in underaged drinking. Several students referred to having conversations where their parents shared their experiences with underage drinking and they stated they appreciated their confidences. One student related a conversation with her mom, “she used to drink when she was in college and ...she went through some, like, bad times with it, and she doesn’t want me to go through that. So she’ll talk to me about what happened to her and how she wants to prevent it for all her kids. I take it like, I don’t want my life to be, just around alcohol. Like, ‘cause people spend so much money on it and there’s no good effects to it either.”

**Personal Risk Factors**

**Family.** Many teens felt parents were showing they cared by talking with them but they also said they felt “pressured to be responsible.” Another said, “My dad-my mom ...hasn’t really talked about it but she doesn’t drink that often. My dad does pretty often but he’s-I feel like my dad would be okay with it, as long as I’m of the ages. But, until then, I’m still his little girl and he doesn’t want anything to happen.” The students also said, “Whenever parents pressure you, that’s usually what leads kids to try it, and then they start liking it, and that’s what leads to it. ‘Cause kids think, ‘Oh, this is so rebellious,’ ‘cause their parents have talked about, all their life, about not drinking and doing stuff like that and not to do it, they’re pressuring ‘em not to do it, but at the same time their friends have some, and then they’re like, ‘Oh, hey, let me try it.’”

**Personal Protective Factors**

**Bonding.** Most of the teens in both groups voiced respect for parents who related their own experiences with alcohol. They listened. One student said, “It made us feel like they actually cared and showed that they are willing to give you time to pay attention to ya, stuff like that, and try and warn you about things that could ruin your life or like, ruin someone else’s.”

**Healthy beliefs and clear standards.**

Some teens mentioned that parents telling kids the risks and consequences more than a couple times became ineffective, as though parents were badgering them with the message. They made the same comments about prevention programming at school even mentioning that posters and constant messaging was annoying. “Just don’t say it too often, ‘cause then the kid will wanna do it, because they don’t listen. Just be kind of, every once in awhile, just put it in there, but don’t do it all the time.” They suggested that peers or people closer to their ages should teach prevention programs.

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**Guiding Question #4: What are the strategies that most youth perceive as effective to decrease the harmful effects**

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## **of underage drinking? What negative consequences of underage drinking are perhaps being neglected by youth?**

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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).

Students in our conversations indicated that stories and related experiences were more powerful messaging than someone just telling them about the risks and consequences. They also indicated that the threat of juvenile court or juvenile detention was not a deterrent but they did indicate that jail had more impact. All mentioned that teens typically do not think about the consequences or they think it won't happen to them, "Like, I think they think...they don't think anything's bad gonna happen to me."

### **Information dissemination.**

The students of both groups agreed that beginning information programs in the fifth or sixth grades as kids begin becoming independent, was the best time. Many remembered the DARE program but could not share specific information about what they learned, just that it was about drugs and alcohol. They felt high school is too late for information programs. A female student in the Career Center session, stated that she has seen "seventh graders bringing in moonshine."

### **Prevention education.**

The students in both groups suggested using actual people's stories to illustrate consequences. They also agreed that speakers who are close to students' ages have more influence and that their stories have more impact, "I feel like kids are gonna listen to peers so maybe if we could look into something that's taught by kids to kids, you know." In both groups they related that signs or posters are not effective and that programs should be used only once during a school year. Otherwise, students said they were just annoying and preachy. Students mentioned remembering the DARE program but did not credit it with having an effect.

### **Alternative activities.**

Students of both groups thought graphic videos of car accidents and other consequences of drinking have more impact than lectures or group sessions. One said, "When I went to driving school, our teacher showed us these videos of teenagers drinking and driving and how messed up they were. And some of them got killed. It was a very graphic video." They also indicated having people close to their ages who have experienced negative consequences of underage drinking had more impact than adults' instructions.

### **Community-based process.**

Messages from the community included perceived endorsement of underage drinking from parents who hosted or shared alcohol with youth, and the general perception that drinking was normal. Students also reported that most of their parents had spoken to them about potential consequences of underage drinking, which made students feel connected and cared for by their parents, though the effectiveness of these conversations seemed to vary. One student indirectly identified the faith-based sector as being against underage drinking. And students participating in the focus groups acknowledged an awareness of prevention messaging, as well as different prevention tactics, such as a teacher showing a graphic video of the consequences of drinking and driving. The effectiveness of prevention messaging was mixed, with many students reporting that too much messaging had the opposite effect, serving as a catalyst for teens to act rebelliously and to try drinking.

### **Environmental approaches.**

Students thought that workers at liquor stores and convenience stores did not care enough about their jobs to stop underage purchases of alcohol, “Honestly, some places, the workers don’t even care. At places you can purchase alcohol, like, they don’t even care.”

**Problem identification and referral.**

Students did not provide any information.

**Conclusion**

Based on the listening sessions, students felt teens engaged in the risky behavior of drinking more to fit in at parties and social events. If there were fewer teens in the group, they were more likely to engage in more positive activities. In fact, some students talked about trying to encourage peers not to drink and a couple even said “I worry about friends who drink.” Students also said beer was the easiest to get due to many parents who have it in the house and to it being easily purchased from lax employees. “. . .their parents got alcohol, they take little bits at a time so they don’t notice. It can be from the back of the fridge.” They also related, in regards to having people buy for them or from lax employees, “They have people over the age of 21 that if they are a bad influence, some go buy it for ‘em. . .or they have fake IDs. We have some people in my grade that look like they could be over 21 that could have a fake ID, walk in and then walk right back out.” Students were asked what youth drink most, “There’s people that, like, most of the guys will drink like Bud Light, stuff like that. But most of the girls, whenever you see ‘em, if they do, either they drink Smirnoff’s and sometimes they’ll drink a little bit of Bud Light but not much.”

Parents who talked with the students about alcohol and who related their own experiences were taken seriously and the students felt they cared enough to talk with them but they didn’t like feeling that their parents were talking with them because they thought they were drinking. Teens realized that parents who abetted underage consumption, who hosted parties or who did nothing to stop it are part of the problem and are, in a sense, advocating that behavior, “‘cause, like, the parents that buy their kids alcohol obviously don’t care. So I’m glad my parents are the ones that care and want me to do well and want other kids to do well. And I’m glad my parents have trust. Ours is just a hope/trust thing.”

Teens placed value on hearing stories about actual consequences from peers or people close to the same age about their personal experiences with alcohol. “You know, ‘cause they’re gonna listen more to kids their age, versus an adult. Or maybe the people who’ve experienced this, like, come in every so often, just, like, say their story. . .but it would be a real story. They understand that people can easily become addicted to alcohol and they realize that some people may have other problems that lead them to like the feeling they get from drinking.

Although many of the adults cited a lack of activities for teens as a reason for underage drinking, that comment wasn’t made by the students who participated in the groups. The teens identified fifth and sixth grades as when prevention education should start because that is when children are becoming more independent. Although they identified the DARE program, most stated that it had no real impact on behavior, although one student did say, “I remember most of the stuff though.”

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## **Appendix A: Underage Drinking – Youth Interview Guide**

**Ohio's SPF-PFS Needs Assessment Process: Listening Sessions**  
**Underage Drinking – Youth**

**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. In this focus group, we are going to be asking you questions about your thoughts and feelings regarding people your age drinking alcohol. This information will be used for my research. I'm trying to learn more about what youth think about underage drinking, so your honest answers are important to me.

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?

Focus groups are just like conversations. I'll ask some questions for you all to respond to. It's ok to also respond to each other's statements and ideas – in fact, it makes for a better conversation if you do. At times throughout this focus group, I'll also pause and let you each record some of your thoughts before sharing them with the group. Sometimes this allows us to give more thoughtful answers.

There are a few rules, however, to help make sure things go smoothly. First, we only want one person to talk at a time. If multiple people speak at once, it's hard to hear each other and it's really hard to record the conversation. It's also important that we are respectful of each other's ideas - everyone's ideas are important, and they should be allowed to freely express their thoughts and feelings. Everyone has their own opinion and I want to hear each unique opinion. It's also important to remember that no one has to talk. If you feel uncomfortable at any time during the discussion, remember that you do not have to answer every question. Finally, it's important that what is said in this room, remains in this room. That means when we leave here, we aren't going to tell people what other individuals said. That applies to me and to you so anything that is recorded won't have any of your names on it and anything that you hear in this room won't be repeated by any of you. Does that sound good to each of you?

Introductory Questions

As I said earlier, the purpose of the group today is to talk about people your age drinking alcohol and how drinking affects young people in our community. To begin, I am going to ask you some general questions about what you think of underage drinking.

1. When I mention the phrase, “underage drinking” what kinds of alcoholic products do you think of?
  - a. Do a lot of people your age drink alcohol?
  - b. What kinds of alcoholic products do you see people your age drinking?
  - c. What kinds of alcoholic beverages do people your age drink that are the most dangerous?
  - d. What kinds of alcoholic beverages do people your age drink that are the least dangerous?
2. How do you feel about others your age drinking alcohol?

a. When is it 'okay' for people your age to drink alcohol? Tell me about those times.

### Transition Questions

3. How do you think that people your age get alcohol?
  - a. Probe for:
    - i. Where are they getting the alcohol?
    - ii. From whom are they getting the alcohol?
4. Now that you've told me a bit about how people your age are getting alcohol, let's discuss how easy it is for them to get the alcohol. How easy do you feel it is for people your age to get alcohol from friends or peers?
  - b. How about from their parents?
  - c. What about from other sources you mentioned? (probe for other sources that they mentioned above in 3ii)
5. Tell us the most recent experience you have had where someone either at school, work, home, or in the community has talked to you about the dangerous of underage drinking?
  - a. If you had to explain to a friend the dangers of underage drinking what would you say?

### Key Questions

6. We've had a great discussion about the kinds of alcohol that people your age might be drinking and where they are getting the alcohol. Now let's talk about how your parents talk to you about drinking alcohol. Do you have these kinds of conversations with your parents? How do your parents talk to you about drinking and using alcohol?
  - a. What kinds of conversations do you have?
  - b. What do your parents say?
  - c. How do these conversations make you feel?
  - d. How could these conversations be better for you?
7. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do people your age risk harming themselves when they drink alcohol?
  - a. What are some of the possible risks/consequences/dangers of people your age drinking alcohol?
  - b. When are times when people your age drinking alcohol are more dangerous? Tell me about those times.
  - c. What are some of the times when people your age drinking alcohol would not be too risky?
  - d. What are some of the times when people your age drinking alcohol would be very risky?
8. What kinds of messages do you see in the community that help stop people your age from drinking alcohol?
  - a. How effective do you think that these messages are?
9. What kinds of programs are there in the community to help stop or prevent people your age from drinking alcohol? What kinds of assistance/support programs are available in our community for people your age?  
(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

10. We are working on addressing underage drinking in our community, what resources would you suggest to help address this issue?

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.

1. What would you do to solve the underaged drinking problem?
2. Was there any question that you had that you wanted to ask the group?



This concludes our focus group. 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: Parent Consent / Youth Assent Form**

Dear Parent/Guardian,

You are being asked to allow your child 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 Adams County Medical Foundation.

Your child's participation in the listening session is completely voluntary and (s)he may choose to discontinue participation at any time. Participating in the listening session is unlikely to cause your child any harm. Should your child disclose personal information to Adams County Medical Foundation staff or a community member that indicates that (s)he 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 Adams County Medical Foundation. Only assigned project staff who have signed a confidentiality agreement including awareness of secure data management protocols are granted access.

This form requests parental/guardian consent and all participating youth assent to participate in the recorded listening session.

Parent/Guardian: By signing the consent signature page, you indicate your consent for your child to participate in the recorded listening session.

Youth: By signing the assent signature page, you indicate your assent 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 - Parent/Guardian**  
**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 your child and they have been explained to your satisfaction.
- you understand Adams County Medical Foundation has no funds set aside for any injuries your child might receive as a result of participating in this study
- you are 18 years of age or older
- your child's 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.
- your child is being asked to participate in a listening session. Participation in this activity is completely voluntary.
- your child may leave the session at any time. If your child decides to stop participating in the session, there will be no penalty to your child.

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

Name of Youth: \_\_\_\_\_

\_\_\_\_\_  
(Name of Parent / Guardian)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Assent Signature Page - Youth  
Listening Session for Ohio SPF-PFS**

By signing below, you agree that:

- you have read the attached consent form letter and have been given the opportunity to ask questions.
- known risks to you have been explained to your satisfaction.
- 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 these activities is completely voluntary.
- you may change your mind and stop participation at any time without penalty or consequence.

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

\_\_\_\_\_

(Name of Participant)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)