



**Youth Tobacco, Alcohol, and Drug Prevention
Adult Focus Group Report
Lawrence County OH**

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Submitted by:

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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, Lawrence County River Hills Prevention Connection was one of ten 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. This report synthesizes the results of Lawrence 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 Lawrence 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 12-17.

The Coalition Coordinator, Susan Heald, 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 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 12 adult individuals participated. For their participation in the study, each adult received a \$20 gas card to Speedway and light refreshments

^[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).

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).

Personal Risk Factors

Family. According to adults in the listening group parental supervision may be lax. The parent respondents in the listening group are aware that alcohol is accessed by youth by two key ways: from the family/friend refrigerator and asking someone in the store parking lot who is willing to buy for a minor. Parents in the listening session said that they don’t approve that their child is drinking alcohol, but if they are going to partake, do it at home or stay all night with a friend and/or have a designated driver. One parent did comment that their child is not prepared to “handle it” because of his developmental disability, but is old enough to be inquisitive.

Personal Protective Factors

Bonding. In general, parents want to protect their child from the harms of alcohol as they shared in the listening sessions, but are hesitant to have conversations except for telling them that underage drinking is bad. Parents participating in the listening session want their youth to know how devastated they would be if they were killed, responsible for the life of another, parental responsibility, alcohol poisoning. Participants generally felt that talking to their kids is awkward because they may have consumed alcohol at a young illegal age. One parent in the listening group shared “on New Year’s Eve I received a phone call that my daughter wrecked the car and was killed”. For many years he said “I blamed myself because I was the one that allowed her to drink at the house”

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).

Personal Risk Factors

School. Respondents know that the youth think it is ok to experiment with alcohol and then talk about it at school supporting each other. Parents responded that peer pressure, being popular and that the media glamorizes alcoholic beverages. Students are creating fake Instagram accounts to communicate and boast to peers about their drinking activities, so that parents etc can’t follow them.

Individual/peer Those who answered, agreed that underage drinking is common, there is easy access and that youth think it is the social norm. Recognizing that peer pressure can be a driving force for youth to experiment

Personal Protective Factor

Healthy beliefs and clear standards. Parent respondents want what is best for their children. However, most parents agreed that it is difficult to answer the question: “If I am old enough to go to war, why can’t I drink alcohol?”

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).

Personal Risk Factors

Family. One adult participant spoke and most agreed that they do not have the education/knowledge to have an effective conversation with their young family member about underage drinking. Their demeanor may be interpreted as passive and careless as they spoke about what they did when they were younger, which they are not real willing to share with their kids.

One respondent said in reference to why youth drink alcohol, “they got nothing better to do”.

Personal Protective Factors

Bonding. Parents may not be paying a lot of attention and need to engage with their youth at home more. One adult respondent said that “kids are left by themselves a lot”.

Healthy beliefs and clear standards. Parents have difficulty communicating about drinking especially if they drink themselves. Conversations with youth about underage drinking is not common. Just random reminders about not to drink and drive.

One parent respondent shared dialogue with their youth, I said “Underage drinking is illegal” and he goes, “yeah, so is speeding but people still do it”. One parent adult respondent indicated that they do not have alcohol in their home, but makes it clear that if she wants to have a drink during dinner at a restaurant and as an adult, that is OK for her to do that. “You’re not going to see me get drunk” she tells them.

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).

Information dissemination. Participants in the listening session agreed that providing ongoing and constant reminders of the risks of underage drinking through PSAs and media campaigns would be beneficial. Two respondents in the listening session commented individually: “I don’t know the laws actually myself” and “I don’t think that parents are aware of the laws”. Parents need to know more about the laws regarding underage drinking.

Prevention education. Parent participants indicated that accessing more prevention education is a must from the “schools as well as from the parents” (and that they need education) Parents also mentioned the negative consequences of underage drinking could also involve “sexual assault”, “poison” and “drunk driving”, but don’t discuss at length. (out of their comfort zone)

Respondents are aware of programs and listed “Impact Prevention” “Highway Patrol” and “Car Teens

Alternative activities. Respondents in one of the listening sessions were in agreement that there is a need for more free events in the community and at school. A listening session participant shared that our town needed a “community center type facility” for families. Teens could spend time there as an alternative to drinking alcohol.

Community-based process. Adult listening group participants said that they were aware of activities that include organizing prevention activities and coalition development. The adults said that they would like to get involved in that process and said “please let me know when the next coalition meeting is”

Environmental approaches. Parents indicated that they need to have more knowledge on the laws regarding underage drinking. One respondent in the listening group said that law enforcement is more focused on drugs and not underage drinking. Retail alcohol outlets could place signs on shelves reminding shoppers that it is against the law to purchase alcohol for a reminder. A male participant said, “I know adults that purchase alcohol for their kids”

Problem identification and referral. No findings from either adult listening session included information relevant to problem identification and referral

Conclusions from 2 Adult Listening Sessions

Parents of youth in Lawrence County believe that underage drinking is common and socially accepted by the community. Underage drinking starts with adults freely giving it to youth and community adults that youth may be associated with purchasing it for youth. Adults in the listening session said that youth are experienced in obtaining alcohol. Adult participants reported that youth are often given alcohol by adults, as well as seeing parents drinking. If parents drank as a youth and drink now, youth think that it is ok for them to also. Adult respondents indicated that this reinforces the idea that drinking is acceptable to youth. Parents agree that youth don’t know all of the dangers of alcohol. Some parents do not want to be held accountable and are not clear on laws. Thus parents do not have meaningful conversations with their youth.

Adults participating in the listening sessions say that they (the parents) understand that there are risks associated with underage drinking, including death. Parents acknowledge that being honest with their youth is important while discussing if they were to discuss underage drinking risks and legalities.

All agreed that there needs to be free activity opportunities for youth in the community so that alcohol may not be of much interest.

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Ohio's SPF-PFS Needs Assessment Process: Listening Sessions
Rx Drug Abuse/Misuse - Parents/Guardians

Guiding Questions:

1. How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?
2. What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? 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 using prescription drugs? 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 using prescription drugs? What negative consequences of prescription drug misuse 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 [Insert Coalition/Group name]. This is _____ and she/he will be assisting with the group today. We hope this discussion can help us gain insight into awareness, perceptions, access, and mis-use surrounding prescription drugs as it relates to youth in our community. The data will then be used to drive local grant funded prescription drug misuse 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. Additionally, _____ of the [Insert Coalition/Group name] 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 prescription drug issues and how they affect youth in our community. To begin, I am going to ask you some general questions about your perceptions of prescription drug misuse.

1. When I say, "prescription drugs" what medications do you think of?
 - a. What if I say, "prescription pain medicine"?
 - b. What prescription drugs do youth misuse that are the most dangerous?
 - c. What prescription drugs do youth misuse that are the least dangerous?
2. How do you feel about youth in our community using prescription pain medications that are not prescribed for them is a problem among youth in our community?
 - a. What circumstances make it more acceptable to use prescription pain medications without a prescription? Less acceptable?
 - b. How do you feel about your children misusing prescription pain medications?

3. How do you feel about youth in our community using prescription medications such as sedatives (like Xanax and Valium), Stimulants (such as Ritalin and Concerta), and Sleeping Medications (Such as Ambien) that are not prescribed for them?
 - a. What circumstances make it more acceptable to use these prescription drugs without a prescription? Less acceptable?
 - b. How do you feel about your children misusing these prescription drugs?

Transition Questions

4. We talked about how you feel about youth using prescription drugs in our community. Now, generally speaking, what do you think are some of the reasons youth in our community misuse prescription drugs?
 - a. How do you think that youth feel about misusing prescription drugs?
 - b. Do you think that youth encourage each other to misuse prescription drugs? Discourage each other to misuse prescription drugs?
5. How do you think that youth in our community are obtaining prescription drugs?
 - a. Probe for:
 - i. Where are they getting the prescription drugs?
 - ii. From whom are they getting the prescription drugs?
6. How easy do you feel it is for youth in our community to obtain prescription drugs 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 5ii)

Key Questions

7. Thank you for telling me about some of the reasons you think youth are using drugs and where they are getting those drugs. Now I'd like to discuss your feelings about the risks of using prescription drugs without a prescription and how you talk to your children about those risks. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do you think youth risk harming themselves when they misuse prescription drugs?
 - a. What are some of the possible risks/consequences/dangers of misusing prescription drugs?
 - b. When are the times when using prescription drugs without a prescription are more dangerous? Tell me about those times.
8. We know that a primary source for youth learning about misusing prescription drugs is from their parents. How do you talk to your children about prescription drugs?
 - a. What kinds of conversations do you and your children have?
 - b. What do you say?
 - c. How could conversations about prescription drug use with your children be more productive for you?
9. Tell us the most recent experience you have had talking to your children about prescription drug use.
 - a. How did you feel about this conversation?
 - b. What did you talk about?
10. If you had to explain to your child the dangers of prescription drug misuse what would you say?
 - a. What would be the greatest risk of prescription drug misuse that you would discuss?
 - b. How would you communicate your perception of prescription drug misuse to your child?

11. What rules have you enacted on your household regarding the use/misuse of prescription drugs?
 - a. How did you come up with those rules?
 - b. Are you aware of the rule printed on each prescription bottle that the prescription is not to be shared with anyone for whom it is not prescribed?
 - i. What other laws and/or policies exist in our community that deter prescription drug misuse?
 - a. What laws or rules exist or could be put into effect that, with better enforcement, would make a difference?
12. What prevention programs/services are available to address prescription drug misuse for youth in our community?
13. What assistance/support programs are available for youth in our community for prescription drug misuse?
(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

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

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. As we wrap up this time, was there any question that you came prepared to answer that I didn't ask?
2. Was there any question that you had that you wanted to pose to 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 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 [Insert Coalition/Group name]. 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. Additionally, _____ of the [Insert Coalition/Group name] 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.

15. 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?

16. 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?
- What laws or rules exist or could be put into effect that, with better enforcement, would make a difference?

Transition Questions

17. 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?
- How do you think that youth feel about drinking alcohol?
 - Do you think that youth encourage each other to drink? Discourage each other to drink?
18. How do you think that youth in our community are obtaining alcohol?
- Probe for:
 - Where are they getting the alcohol?
 - From whom are they getting the alcohol?
19. How easy do you feel it is for youth in our community to obtain alcohol from friends or peers?
- How about from their parents?
 - 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.

20. 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?
- What are some of the possible risks/consequences of underage drinking?
 - What are some of the circumstance sunder which underage drinking would not be too risky?
 - What are some of the circumstances under which underage drinking would be considered high-risk?
21. We know that a primary source for youth learning about drinking is from their parents. How do you talk to your children about alcohol?
- What kinds of conversations do you and your children have?
 - What do you say?
 - How could conversations about underage drinking with your children be more productive for you?
22. Tell us the most recent experience you have had talking to your children about alcohol.
- How did you feel about this conversation?
 - What did you talk about?
23. If you had to explain to your child the dangers of underage drinking what would you say?
- What would be the greatest risk of underage drinking that you would discuss?
 - How would you communicate your perception of underage drinking to your child?
24. What prevention programs/services are available to address underage drinking for youth in our community?
25. 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

26. 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.

27. As we wrap up this time, was there any question that you came prepared to answer that I didn't ask?
28. 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 Ohio Coalition Director Jane Chardonay (999-999-9999) or Ohio Coalition Co-Director Joe Sixpack (777-777-7777).

Thank you again for your participation.

Sincerely,

Jane Chardonay & Joe Sixpack
Ohio Coalition

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)