



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

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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 youth in the community. This report synthesizes the results of Lawrence 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 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., students) guided this listening session report. To collect information from the informants, we conducted two focus groups with 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 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,

[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).

two group sessions were completed and a total of 20 youth participated. For their participation in the study, each youth were compensated for their participation with pizza, pop, and fidgets in the evaluation.

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. A female student respondent reported that she had the impression from family members that it is okay to drink, as long as they are doing so safely i.e. that she was in a safe place, or had a designated driver. And a male respondent said “I think there is always a great risk no matter where you are drinking it”.

A male youth participant said “my parents drink alcohol and it is in the refrigerator and available, this leads me to think it must be permitted”.

A general consensus shared was that there isn’t much said or little emphasis on the subject of underage drinking and then drinking unless something happens i.e. accident, sickness, injury, effecting your reputation. A student respondent chimed in and said “Don’t just say it’s bad, show us why it’s bad”

Personal Protective Factors

Bonding.

A few of the students responded that they believe that parents should provide guidance, with more education about alcohol consumption before attempting to have awkward conversations. One youth reported that having his “older brother talk to me about it (drinking) instead of them (parents). Because he’s done it. He’s been through it” An honest relationship between parents and youth would be helpful in discussing underage drinking. No students reported having helpful, open and honest conversations about the risks of underage drinking.

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. A few of the high school respondents in the listening session agreed that it is ok to experiment with alcohol. They went on to say that it seems to be popular to talk about it at school or share on fake social media accounts

Individual/peer. A female respondent shared that boredom leads to underage drinking. She went on to say that there are not a lot of cues in the community that discourage underage drinking, just drinking and driving. Most of the time at our “friends” parties alcohol is served. Alcohol is served at parties and there is peer pressure from those who are experienced to experiment. In the community, among youth, underage drinking is accepted, normal, appropriate. Another respondent in that group said that they do hear from parents and others to not drink and drive.

Personal Protective Factors

Healthy beliefs and clear standards. One student shared that there really isn’t a clear message or cues in the community. Don’t drink and drive is promoted at school and at prom time especially. A student commented, “our parents should set limits, understand (the issue of underage drinking with us and encourage an “open door” policy at home”. While a few youth respondents said of their peers’ underage drinking: “is none of my business”,

“it’s not good”, “I really don’t mind it” another said clearly: “I don’t think it’s okay because our brains aren’t developed all the way yet, so it has an affect on us”

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. A few of the youth respondents said that adult/parents do not have enough education regarding underage drinking to have meaningful conversations. The conversations are usually passive (uncomfortable) and then parents come off as authoritative. A boy respondent in one of the listening sessions would like parents to talk about the risks and harm of underage drinking openly with them. In doing so, the point of not drinking alcohol under age may be better understood by them.

Personal Protective Factors

Bonding

No evidence of parent involvement with youth at home and community was evident through the listening sessions. Most positive involvement and support was heard with report of school activities (sports and otherwise) and programming to encourage leadership among youth i.e. Impact groups.

Healthy beliefs and clear standards. Youth respondents believe that their parents want them to be safe and would like for them to also know that there are risks involved. Another respondent said that a parent can allow or “give in” to alcohol consumption at home under supervision and/or for celebrations, but they should know this behavior can have a negative impact on their life. The group agreed that an open discussion will reinforce honest conversations about underage drinking.

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. Students in the listening sessions concurred that there could be more public service announcements and advertisement campaigns: TV, radio, social media that don't just say "don't drink and drive". Assemblies at school that provide information regarding underage drinking so that students can make appropriate decisions, in regard to health and safety, would be helpful. Posters in school hallways with clear messages would be very effective.

Prevention education. Students seem to want to know more about harm to them physically and other consequences that can affect them, friends, family and the community. In addition, legal consequences need to be brought to the forefront and parents and students need the facts regarding hosting and purchasing for example. They indicated that they think that more youth involvement in schools and community would be helpful and not to use scare tactics.

Alternative activities. Most respondents said that our community does not have enough particularly free activities for youth to participate in. They proposed free admission to school events. A respondent in a youth listening group says: "I feel like since there's nothing to do in this area, that kids think that that (drinking) is all there is to do" Participants suggested that having a "hang out spot" would provide them with alternatives to drinking and would decrease underage drinking in the community. "Somewhere to go". "A place to just have activities on weekends". One respondent shared that "I think that just reminding our friends that we can have a good time without it (alcohol)"

Community-based process. Students agreed that they are aware of youth led school prevention teams like Impact in Lawrence County. They know how to get involved through structured school activities promoting leadership to make positive changes in their school and community

Environmental approaches. It was apparent from most youth respondents, that they know how to obtain alcohol at anytime. Parents should be aware of laws and sellers should be aware that these transactions are taking place on their property i.e. parking lot

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

Conclusion from 2 Youth Listening Sessions

Youth in Lawrence County have the impression from their parents that is acceptable to drink alcohol as an underaged individual if they are in a safe place or have a designated driver. Students report not having honest conversations about underage drinking with their parents at all. Most youth participating in the listening sessions commented that they are getting explicit messages from ad campaigns and school programs. Prevention messaging that is focused on the major potential consequences related to underage drinking, specifically drinking and driving. They understand that but eluded to the fact that most do not know about life threatening health risks associated with alcohol consumption.

Peer pressure and underage drinking being the norm both influence drinking. They are experienced in obtaining alcohol but they don't know all of the dangers of alcohol. Students would welcome more conversations regarding underage drinking and would like to hear more from older youth.

All agreed that if there were more free opportunities for youth at school and in the community where they can be involved and safe places to "hang out spot" that alcohol may not be of as much interest.

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

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

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 use 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. In this focus group, we are going to be asking you questions about your thoughts and feelings regarding taking prescription drugs without a prescription. This information will be used for my research. I'm trying to learn more about what youth think about prescription drug misuse, so your honest answers are really 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 prescription drug issues and how they affect people your age in our community. To begin, I am going to ask you some general questions about what you think of prescription drug use.

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 people your age misuse that are the most dangerous?
 - c. What prescription drugs do people your age misuse that are the least dangerous?
2. How do you feel about others your age using prescription pain medications that are not prescribed for them?
 - a. When is it 'okay' for people your age to use prescription pain medication without a prescription? Tell me about those times.

3. How do you feel about others your age using other prescription medications like sedatives (like Xanax and Valium), Stimulants (such as Ritalin and Concerta), and Sleeping Medications (Such as Ambien) that are not prescribed for them?
 - a. When is it 'okay' for people your age to take these types of medications without a prescription? Tell me about those times.

Transition Questions

4. How do you think that people your age get prescription drugs that they use without a prescription (I.e. not from a doctor)?
 - a. Probe for:
 - i. Where are they getting the prescription drugs that they use without a prescription?
 - ii. From whom are they getting the prescription drugs that they use without a prescription?
5. Now that you've told me a bit about how people your age are getting prescription drugs, let's discuss how easy it is for them to get the prescriptions. How easy do you feel it is for people your age to get prescription drugs 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 4ii)
6. 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 using prescription drugs?
 - a. If you had to explain to a friend the dangers of taking a prescription that was not prescribed to them what would you say?

Key Questions

7. We've had a great discussion about the kinds of prescriptions that people your age might be using and where they are getting those drugs. Now let's talk about how your parents talk to you about prescription drugs. Do you have these kinds of conversations with your parents? How do your parents talk to you about prescription drugs?
 - 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?
8. 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 use prescription drugs without a prescription?
 - 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.
 - c. What are some of the times when people your age using prescription drugs would not be too risky?
 - d. What are some of the times when people your age using prescription drugs would be very risky?
9. What kinds of messages do you see in the community that help stop people your age from misusing prescription drugs?
 - a. How effective do you think that these messages are?
10. What kinds of programs are there in the community to help stop or prevent people your age from misusing prescription drugs? 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

11. We are working on addressing prescription drug misuse 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.

12. What would you do to solve the prescription drug problem?
13. 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 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 [Insert Coalition/Group name]. 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.

14. 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?
15. How do you feel about others your age drinking alcohol?
 - b. When is it ‘okay’ for people your age to drink alcohol? Tell me about those times.

Transition Questions

16. How do you think that people your age get alcohol?
 - d. Probe for:
 - i. Where are they getting the alcohol?
 - ii. From whom are they getting the alcohol?
17. 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?
 - e. How about from their parents?
 - f. What about from other sources you mentioned? (probe for other sources that they mentioned above in 3ii)
18. 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 dangers of underage drinking?
 - a. If you had to explain to a friend the dangers of underage drinking what would you say?

Key Questions

19. 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?
20. 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?
 - e. What are some of the possible risks/consequences/dangers of people your age drinking alcohol?
 - f. When are times when people your age drinking alcohol are more dangerous? Tell me about those times.
 - g. What are some of the times when people your age drinking alcohol would not be too risky?
 - h. What are some of the times when people your age drinking alcohol would be very risky?
21. 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?
22. 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

23. 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 [insert coalition name].

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 [insert coalition name] 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 [insert coalition computer location]. 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 [insert coalition project director or contact information].

Thank you again for your participation.

Sincerely,

[insert contact name]

[insert coalition name]

**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 [insert coalition name] 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)