

**Connecticut's Partnerships for Success (PFS) 2015  
No Cost Extension  
Final Evaluation Report**

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**Developed by:**

**Emily Melnick, MA  
Research Associate**

**Nina Chanana, MPA  
Research Associate**

**Bonnie Smith, MPH, CPH, CPS  
PFS 2015 Evaluation Coordinator, UConn Health**

**Jane Ungemack, DrPH  
Principal Investigator, UConn Health**

**and Alyssa Gilbert, MPH  
Research Assistant, UConn Health**

**with support from the Center for Prevention  
Evaluation and Statistics (CPES)**

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**Connecticut's Partnerships for Success (PFS) 2015  
No Cost Extension Final Report**

**EXECUTIVE SUMMARY**

On September 30, 2020, Connecticut's Partnerships for Success 2015 (PFS 2015) initiative completed its planned five-year implementation of the Strategic Prevention Framework (SPF). A three-month no cost extension period from October 1 through December 30, 2020 was granted to allow for an assessment of how underage drinking and related risk factors have changed since the COVID-19 pandemic began in Connecticut, in March of 2020. The Connecticut Department of Mental Health and Addiction Services (DMHAS) contracted with the Center for Prevention Evaluation and Statistics (CPES) in the Department of Public Health Sciences at the University of Connecticut Health Center (UConn Health), the evaluator for PFS 2015, to conduct the assessment. To assess alcohol and other drug use among Connecticut youth in grades 6-12 during the pandemic, the evaluation team proposed collecting data through virtual youth and parent/guardian (parent) focus groups. Data gathered from this process will be utilized to support state prevention efforts, with a focus on planning and implementation of media campaign messaging, targeting youth and adults.

CPES enlisted the help of two members of CPES' Local Evaluator Workgroup with expertise in community level data collection, and strong relationships with communities statewide. The evaluators along with the evaluation team at CPES identified communities with the aim of collecting data from youth and parent groups that varied both regionally and by community type (i.e., urban core, urban periphery, suburban, rural, and wealthy). In total, the evaluation team conducted 18 youth and ten parent focus groups, with representation from each community type. Overall, 134 youth from 16 communities and 57 adults from nine communities participated in the focus groups. Demographic data were collected in an online pre-survey. Youth participating in the groups were diverse with respect to their race and ethnicity (64% white, 23% Black, 10% Asian, 23% Latinx), while parents were predominantly white and non-Hispanic. In addition, the evaluation team conducted several focus groups that represented special populations at increased risk for health disparities, including two for LGBTQ youth, one for parents of LGBTQ youth and two Spanish-language parent groups.

The findings from the focus groups with regard to underage drinking showed many youth believed alcohol use among their peers had increased during COVID, while others believed that social distancing restrictions and less in-person partying led to an overall decrease in drinking

among themselves and their peers. In the focus group pre-survey, six percent of youth indicated increased alcohol use since COVID restrictions began. Youth believed both their own and their peers' use of alcohol resulted, in part, from it being more easily accessed at home compared to other substances. Many youth reported that because their parents were drinking more at home, alcohol was more readily accessible to them, with or without their parent's permission. Several youth commented that they were drinking, not as they did pre-COVID for "partying," but at home, often alone out of "boredom."

In most communities, during COVID, vaping nicotine (as opposed to marijuana/THC) appears to have decreased. Many youth believed vaping nicotine was "going out of fashion." Some youth reported that their peers quit vaping during COVID due to restricted access caused by changes in school models and school rules. Conversely, youth reported increased use of marijuana among themselves and their peers as a coping mechanism to combat increased stress and anxiety experienced during COVID. Many perceive marijuana use to be a safe, commonly used means to reduce stress among both youth and adults. During COVID, access to marijuana via social media has increased, while access through school has become more difficult.

Like youth, parents were not clear if underage drinking had increased or decreased during COVID but recognized that their high school-aged children and their children's peers had widespread access to alcohol. A number of parents identified vaping by youth as a widespread concern, however most did not think their children were vaping or using marijuana. Parents were concerned that marijuana use among teens in their communities increased during COVID due to increased stress and societal acceptance. Fewer parents reported discussing their family's rules and expectations of adolescent marijuana use, compared to alcohol use, with their children. Parents noted they were not typically communicating about vaping with their children during COVID but had done so before when it first emerged as a "really common" concern.

In terms of mental health during COVID, youth widely reported feeling isolated and bored because they were disconnected from their peers and without access to typical extracurricular activities. Social isolation, combined with remote learning challenges, and the inability to physically be with peers for support, has created an "on-going, no end in sight" situation for many adolescents. This has left many feeling "stressed, depressed, lacking motivation and worried about their future." Pre-survey data indicated that 76% of youth felt "a

little more or a lot more” anxious and 68% felt “a little or a lot more” sad or depressed because of COVID restrictions altering their lives.

Parents conveyed that due to COVID restrictions they are feeling more stressed, anxious, and depressed, as though they are in “survival mode.” Strikingly, many parents said that they are drinking alcohol more, but typically did not feel their use was negatively impacting their lives or their children. Few parents seemed to realize that they were modeling behavior that might impact their children’s own use when they themselves increased their alcohol (or marijuana) use during COVID to cope.

Parents and youth both reported that during COVID, to mitigate its negative effects, youth exhibited positive coping strategies. This included connecting with friends virtually via video and online gaming platforms, being outside, exercising, and accessing mental health supports. In fact, 23% youth in the pre-survey reported “a little more or a lot more” access to mental health supports since COVID restrictions began. In contrast, 16% of youth reported “a lot less or slightly less” access to mental health supports.”

Overall themes from the focus groups were consistent with youth substance use data from state and national sources collected prior to the COVID-19 shut-down. Alcohol and marijuana remain the substances of choice for youth, and youth perception of harm related to marijuana appears to be decreasing. Youth reported more alcohol use when they are alone, rather than in social settings, compared to before COVID-19. Youth also indicated that drinking is often a means of coping with depression, anxiety and boredom. Parents reported drinking more alcohol themselves but did not make the connection that their increased drinking can negatively impact their children through modeling behavior that may promote their children’s use of alcohol.

Parents and youth consistently identify increased mental health concerns as a consequence of the COVID-19 shut down and described feelings of depression, anxiety and loneliness. On a positive note, more families may be talking about mental health issues and seeking resources to address them. However, both parents and youth continue to report that stigma and affordability remain a barrier to youth accessing mental health supports.

Youth perspectives on prevention messaging to support them and their peers in reducing and preventing underage drinking and other substance use included the following: 1) focusing on mental health, well-being, realistic situations and positive coping strategies; 2) highlighting the risks, harms, and negative consequences around substance use; and 3) incorporating strong

visuals and “scare tactics.” Youth also suggested using peers as prevention messengers, that is, a “peer-to-peer” approach. Parents echoed similar prevention messaging suggestions, but also recommended highlighting coping skills and wellness, as well as how substance use can prohibit youth from obtaining future success. Overwhelmingly, youth and parents agreed that social media was the best platform to reach youth with prevention messaging including Instagram, TikTok, Snapchat and YouTube, while Facebook is best for reaching parents.

It is important to note that these data are not representative of all youth and parents in Connecticut. Focus groups do not allow for quantification about the prevalence of youth underage drinking and other substance use. However, the qualitative data collected through the discussions with youth and parents did permit the evaluators to get a sense of the directionality of youth substance use, the context of alcohol and marijuana use, and perceptions about drinking and other substance use overall.

The COVID-19 pandemic is altering the ways in which Connecticut youth and their parents typically engage in everyday activities. As a result, COVID restrictions impact current – and potentially future – mental health and substance use of Connecticut youth and their families. CPES, along with state and community partners, will continue to monitor the potential consequences related to how COVID impacts affect youth and adults’ substance use, access to alcohol and other drugs, changing social and community norms, as well as mental health and other related risk factors.

## **INTRODUCTION**

On September 30, 2020, Connecticut's Partnerships for Success 2015 (PFS 2015) initiative completed its planned five-year implementation of the Strategic Prevention Framework (SPF) which aimed to: 1) Reduce the prevalence of underage alcohol use and alcohol-related consequences at the state and community levels for 12 to 20-year-olds, and 2) Expand prevention efforts to reduce the onset and progression of prescription drug misuse or abuse in 12 to 25-year-olds. A three-month no cost extension period from October 1 through December 30, 2020 was granted to allow for an assessment of how underage drinking and related risk factors have changed since the COVID-19 pandemic began in Connecticut, in March of 2020. Data gathered from this process will be utilized to support state prevention efforts with a focus on planning and implementation of media campaign messaging targeting youth and adults.

## **METHODOLOGY**

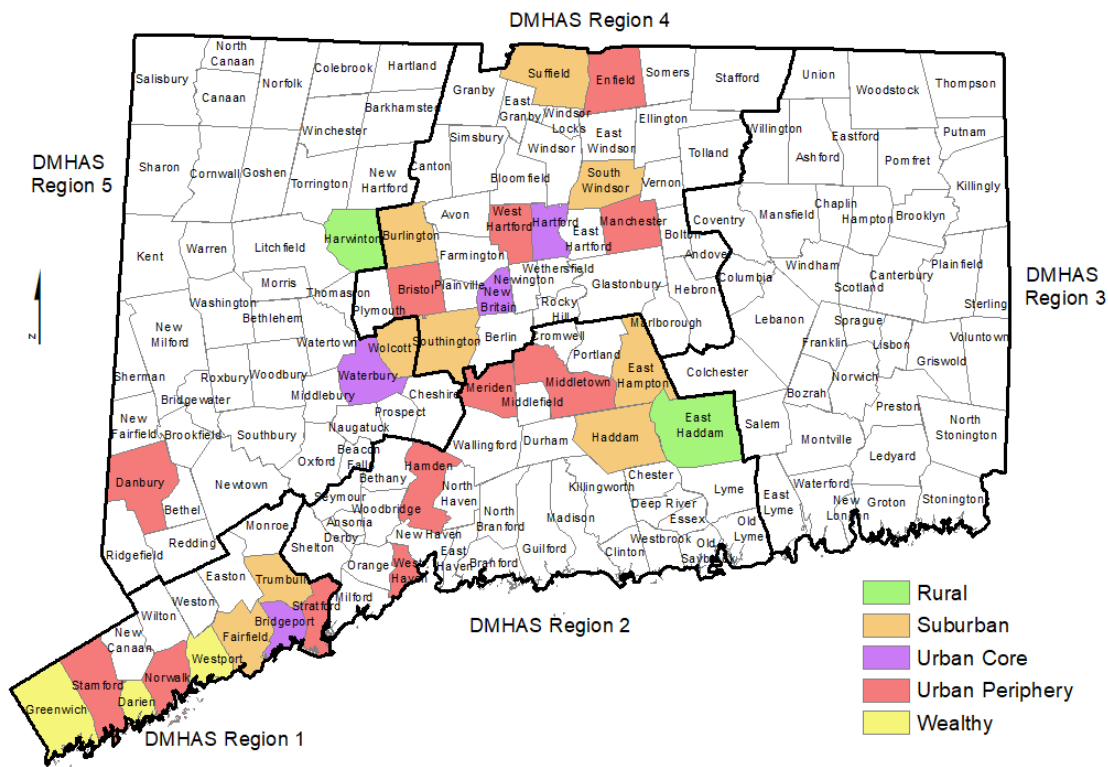
The Connecticut Department of Mental Health and Addiction Services (DMHAS) contracted with the Center for Prevention Evaluation and Statistics (CPES) in the Department of Public Health Sciences at the University of Connecticut Health Center (UConn Health), the evaluator for PFS 2015, to conduct the three-month assessment. In order to assess alcohol and other drug use in Connecticut youth in grades 6-12 during the pandemic when direct access to school surveys and in-person interviews were not feasible, the evaluation team proposed collecting data through virtual youth and parent/guardian (parent) focus groups.

Within the short timeframe available to complete the assessment, the evaluation team decided to purposively target communities to participate in the study that members of the evaluation team had pre-existing relationships with from prior evaluation work. They sought to collect data from youth and parent groups that varied both regionally and by community type. The evaluation staff used the "Five Connecticuts" community type designations, developed by Levy et al. at the Connecticut State Data Center in 2004 (updated in 2014). These town designations include urban core, urban periphery, suburban, rural, and wealthy, and were used to identify different types of communities that varied by population size, density and socioeconomic status.

In total, the evaluation team implemented 18 youth and 10 parent focus groups. Each of the Five Connecticuts community types were represented and are illustrated in the map in Figure

1. While the evaluation team was successful in enrolling participants from a variety of communities across most of Connecticut, no communities in the Eastern region of the state could be recruited. However, the team was successful in conducting several focus groups that represented special populations at increased risk for health disparities, including two for LGBTQ youth, one for parents of LGBTQ youth and two Spanish language parent groups.

Figure 1. “Five Connecticuts” Community Type Representation by Participants’ Town of Residence



Beginning in early October 2020, CPES staff engaged Connecticut’s prevention infrastructure to support recruitment and coordination of the 21 community-based and high-risk youth and parent focus groups. Partners in recruitment included the Regional Behavioral Health Action Organizations (RBHAOs), health departments with opioid prevention funds, and local federally- and state-funded prevention coalitions including PFS 2015 and SPF PFS, Connecticut Strategic Prevention Framework Communities (CSC), and Drug Free Communities (DFC) grantees. Partners from the Hispanic Health Council in Hartford collaborated as well to coordinate a Spanish language group for interested parents. To support community engagement,



an informational email was sent out by the prevention listserv managed by the Connecticut Clearinghouse, one of DMHAS' prevention Resources Links. Community-based organizations within towns and cities considered likely to participate were sent a Frequently Asked Questions (FAQ) document which provided background on the project, purpose, statements of the voluntary and confidential nature of the approach, an overview of what to expect within the focus groups, information about the participants' pre-survey to collect demographic information, and details on the financial incentives for participants. Financial incentives were electronic gift cards to either Amazon or Walmart in the amount of \$15 for youth and \$25 for parents (see FAQ form in Appendix A).

In early October, the evaluation team developed the focus group protocols, consent and confidentiality procedures. A protocol was developed for each focus group population (youth and parent) (see Appendix B). Youth and parent focus groups were oriented around the parallel goals of understanding the impact of COVID-19 related specifically to: 1) how participants (and for parents' how their children) have been faring under COVID with particular attention to both positive and negative coping strategies; 2) what participants have observed among peers and within their families regarding alcohol, vaping, and marijuana use; 3) youth access to alcohol, vaping, and marijuana; 4) ideas about what prevention messages targeting youth and adults would be most well received and influential to reduce and prevent underage drinking; and; 5) where prevention messages are best disseminated for each target population. Participants were also asked what resources were most needed in their community to support youth and families during the pandemic.

### **Participant Recruitment**

To recruit sufficient numbers of participants in such a short period of time, partnering organizations' approaches to recruiting participants primarily occurred via two methods: 1) recruitment of youth or parents from existing local youth committees or prevention coalitions, and 2) recruitment of youth or parents with a direct connection to a peer, friend, or colleague in an existing youth committee or prevention coalition. As a result, and a noted limitation of this model, a significant number of the participants, especially among the youth, had relatively high exposure to substance use prevention efforts in their communities. Our community partners were

provided with an editable electronic flyer (see below) or they were able to create their own recruitment materials that aligned with their local branding to support their recruitment efforts.

Figure 2.



In some communities, recruitment occurred directly within existing civic or prevention groups and in other communities recruitment was more broad-based, utilizing community-wide social media posts to encourage youth and parent participation. From the start of evaluation team’s recruitment efforts, response from community-based organizations and residents was positive and the team was able to surpass the initial goal of 21 total groups, for a final count of 28 completed groups.

### **Focus Group Logistics**

Coordinating partner organizations sent a virtual meeting link (via Zoom) to registered participants. At the start of each focus group, a CPES facilitator and a CPES note taker requested that participants complete the anonymous online demographic pre-survey, which also included questions about the impact of COVID-19 on their lives via a link accessed in the Zoom chat screen. Surveys questions are found in Appendices C and D. Data seen in the figures throughout this document were obtained from these surveys. Participants were informed by the moderators that the session would be recorded to allow for a review of automated transcripts only. Focus group participant rules and expectations were reviewed. Facilitators had the ability to remove participants from the group if what they were stating or allowing others to view, via their camera, was deemed inappropriate or disruptive. Utilization of this feature was not necessary. Due to

school policies, when a youth group was organized as part of a school program, the CPES team was not permitted to record the session. No adults, other than facilitators, participated in the youth groups to maintain confidentiality and support participants' comfort in speaking, without concerns that a representative from their school or community was monitoring their responses.

Where applicable, the CPES note taker documented diversions from the standard procedures, or additional prompts used by the facilitators. Examples of additional prompts include questions about local prevention messaging campaigns, or references to community specific issues or resources. The note taker monitored the Zoom written chat and observed participant body language to maintain an awareness of personal dynamics and interject via a personal chat if a participant was not talking much or if they appeared troubled by the content of the discussion. For all participants, state and local resources for mental health, substance use and problem gambling were mentioned and contact information or links were provided via the chat feature. At the conclusion of each session, participants had the option to access an online form via a link in the chat to enter their email to receive the electronic gift card incentive.

## **PARTICIPANT DEMOGRAPHICS**

Overall, 134 youth from 16 communities and 57 adults from nine communities participated in the focus groups. Demographic data were collected from an online pre-survey participant completed at the beginning of each focus group by accessing a link to the survey in the Zoom chat. The survey showed that for both youth and parent groups, participants were disproportionately female (71.5% for youth; 89.5% for parents) (Figure 3). Youth participating in the groups were diverse with respect to their race and ethnicity; 22.8% of youth self-identified as Hispanic/Latinx, and racially, 22.8% were Black, 10% were Asian, and 64% were white (Figure 4). Parents were less racially and ethnically diverse than the youth (80% white), but still had representation from racial and ethnic minorities including 5% Hispanic/Latinx, and 16% Black (Figure 5). Although youth in grades 6 through 12 were represented in the groups, most (85.3%) were in high school, including 34.2% in 12<sup>th</sup> grade (Figure 6). Parents on the other hand, reported having children spread relatively equally across the grade range, with slightly more parents reporting having children in 6<sup>th</sup> grade (34%) (Figure 7).

Figure 3. Gender of Youth and Parent Participants

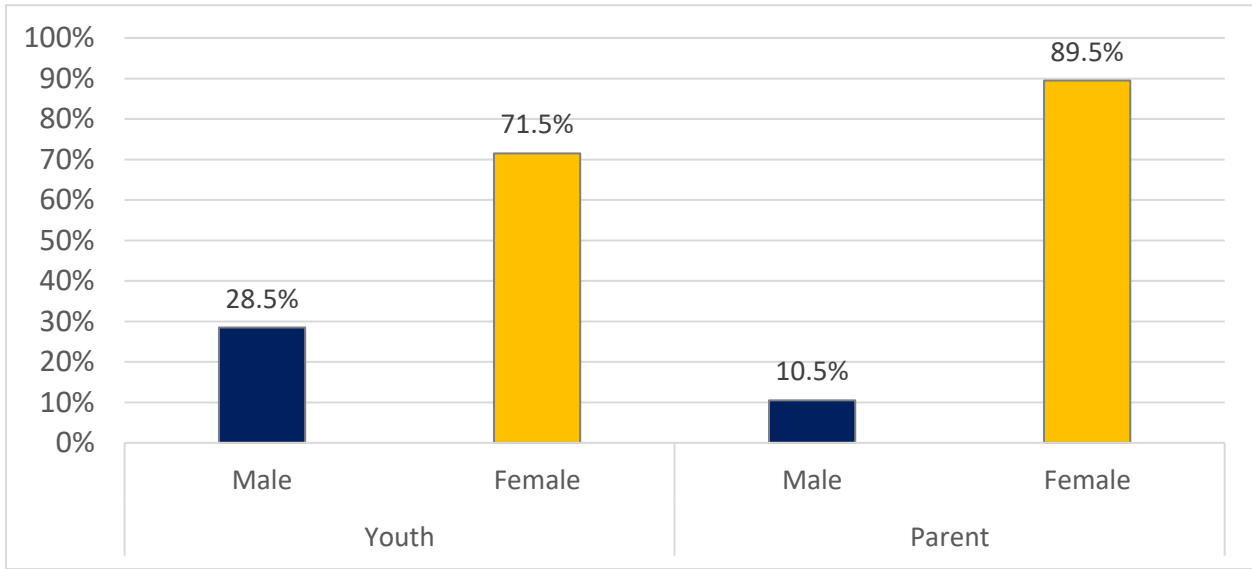


Figure 4. Race and Hispanic Ethnicity of Youth Participants

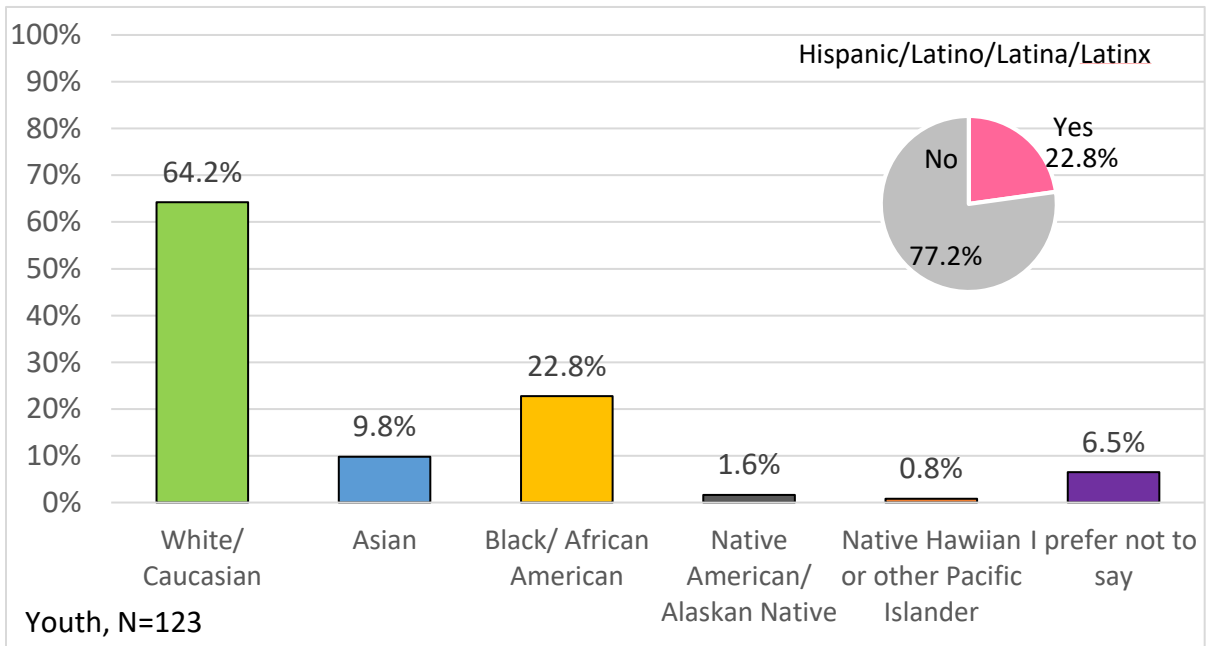
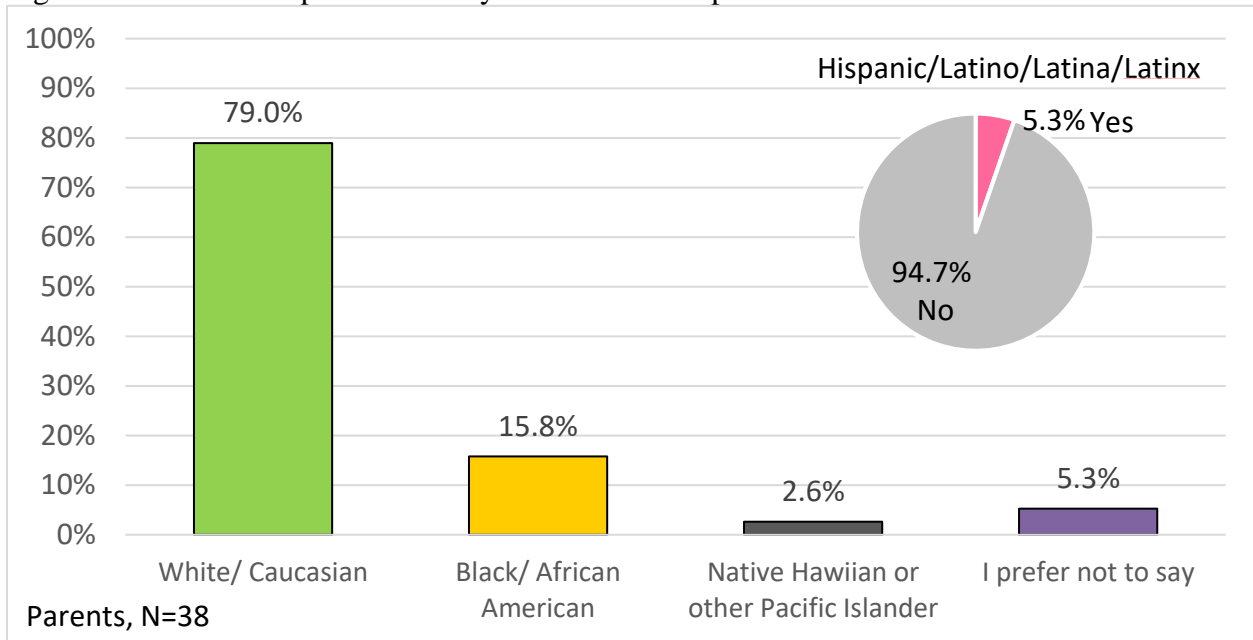


Figure 5. Race and Hispanic Ethnicity of Parent Participants



No respondents self-reported Asian or Native American/Alaskan Native

Figure 6. Grade Level of Youth Participants

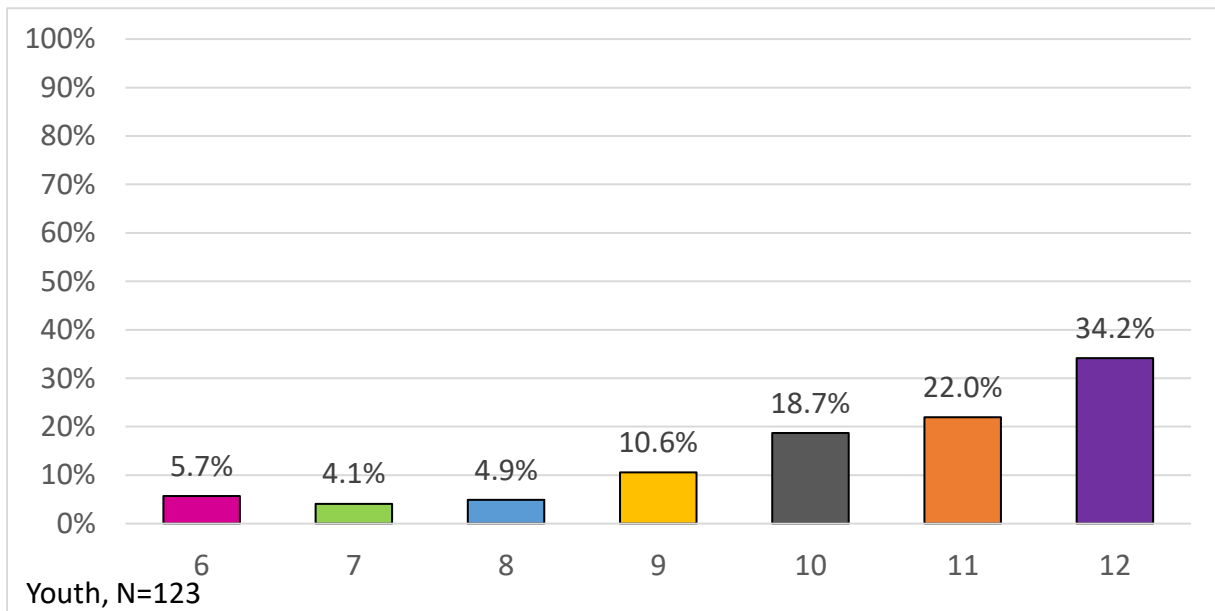
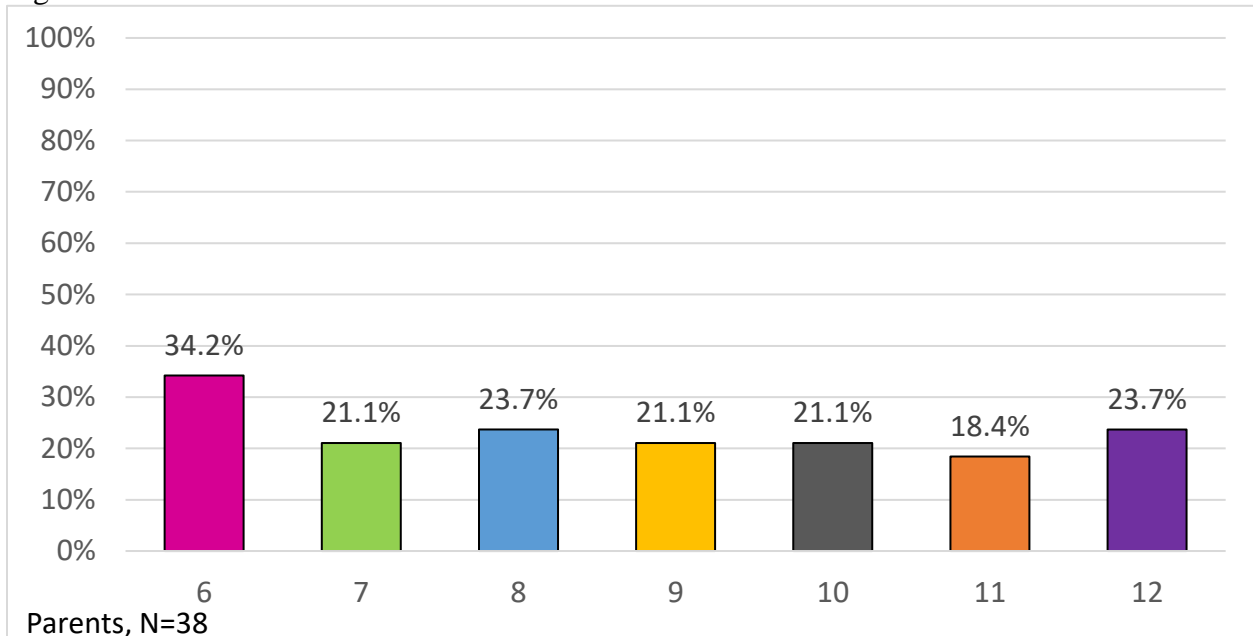
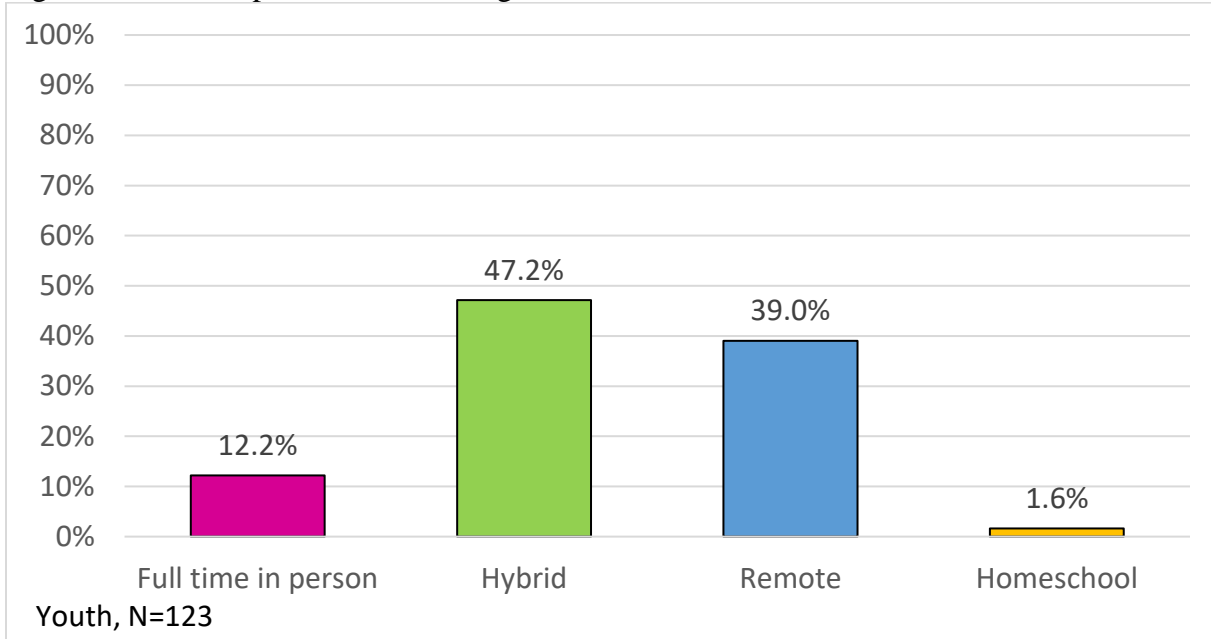


Figure 7. Grade of Parents' Children



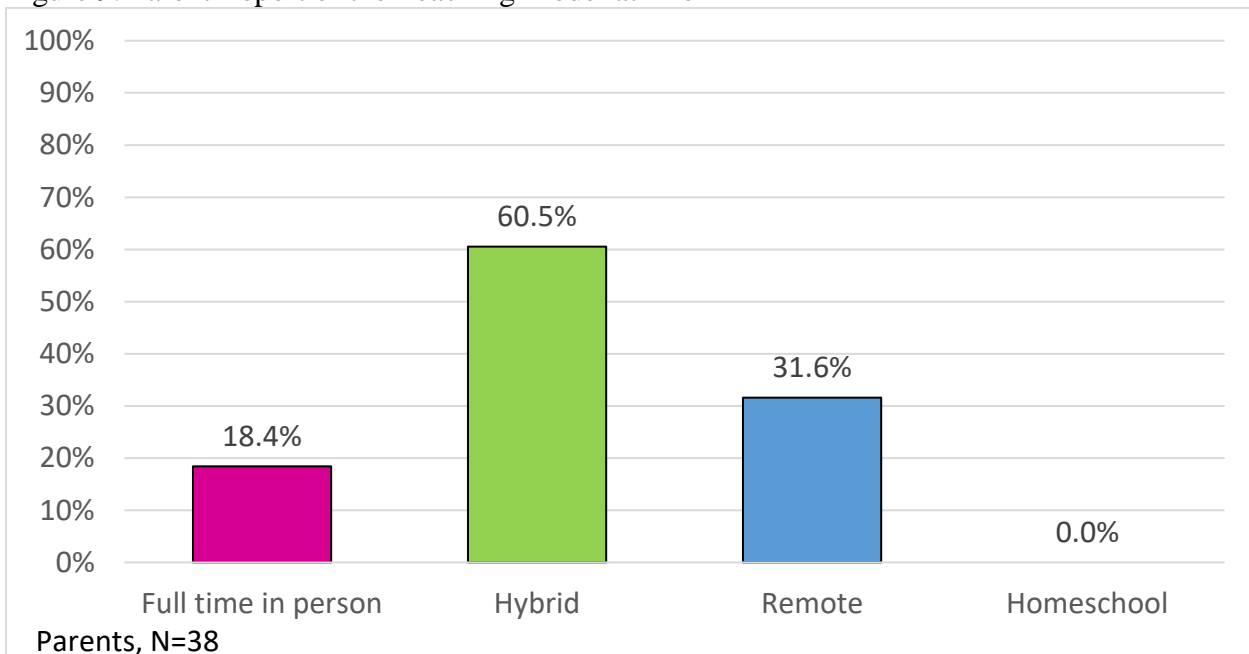
In Connecticut, different teaching models have been adopted by the school districts to maximize learning and continued youth engagement, as well as to reduce the spread of the virus and safeguard youth and their family members' health. A single teaching model (e.g., full remote, hybrid, or full in-person) was not advocated or mandated by the State, and each of the 154 school districts in the state had the discretion to choose its own approach. Given the significant differences in learning and socializing opportunities that these different models entailed, the evaluation team asked the youth and the parents what model their school used at the time of the focus group. It was expected that these different models could have a meaningful impact on youth and their families' well-being and substance use. As the data in Figures 8 and 9 show, more of the school districts in the participants' communities had opted for hybrid models, followed by remote learning only models, at least for children in grades 6-12. Almost half (47.2%) of youth said they were learning in hybrid learning environments where they split their time between in-school learning and remote learning. Thirty-nine percent of youth participants said they only did remote learning. More adults (60.5%) said their children were in hybrid learning environments, with slightly less (31.6%) reporting remote learning. Given that the COVID-19 pandemic entered a second surge period in Connecticut during the fall and winter, it is not surprising that relatively little full-time in-person learning was taking place at the time of the focus groups.

Figure 8. Youth Report of the Teaching Model at Their School\*



\* Model being used at the time of the Focus Group

Figure 9. Parent Report of the Teaching Model at Their Children's School\*



\* Model being used by the school at the time of the Focus Group

## FOCUS GROUP FINDINGS

### YOUTH FOCUS GROUPS

#### Youth Mental Health

*"I don't talk to many friends anymore because I can't see them. I slowly stopped texting them. They are all still my friends, but we talk and hang out a lot less since COVID started."*

All youth focus group participants were asked to describe how they and their peers were faring as a result of the impact of COVID on their lives. For most youth, this impact meant a greatly increased amount of free, unstructured time due to the cancellation of extracurricular activities, including most sports, less in-school time and social distancing restrictions to being with peers. In response, a large number of high school youth and some middle school youth reported feelings of boredom, little to no motivation, loneliness, stress, anxiety and depression.

*"I see a lot more people having mental health issues, not having people to talk to, being cooped up inside your room. It's different than when you're in school interacting. People have depression because of it, or had to go to hospitals to get help because of this. Hard not being able to talk to people in person, having that face-to-face interaction."*

*"People are feeling discouraged with school online, everyone wants to be in bed all day and not do anything."*

Youth reported feeling disconnected from their peers due to shifts to remote or hybrid school learning models. Social isolation and the inability to physically be with peers for support has left many youth feeling "stressed, depressed, lacking motivation and worried." Youth talked about how easy it was to dwell on negative emotions when they could not see their friends in person. Others expressed concern about friends who they no longer saw or heard from. Youth also found it confusing and stressful to navigate peer interactions and differing and changing family and community rules around social distancing, reporting that that it is hard to know "what's safe and what isn't" when making decisions about how to fill their time. Some youth felt confused, anxious and angry when learning about their peers who were not following current social distancing guidelines or norms.



Social isolation combined with remote learning challenges, has created an “on-going, no end in sight” stressful situation for many participants. Some expressed worry about their future and whether pre-pandemic life as they knew it might ever return. Many youth expressed worsening fear and feelings of hopelessness that “things are never going to get better” as the pandemic continues. Youth highlighted that the loss of their ability to participate in most of their typical extracurricular activities left them with an overall sense of “loss of purpose or motivation.” High school seniors, in particular, lamented their lost rites of passage (e.g., prom, graduation, a dedicated senior lounge at school) while 9<sup>th</sup> graders spoke of the difficulties, both socially and academically, of starting at a new high school virtually and/or with social distancing restrictions in place.

*“I’m a senior, not getting to see my friends. We’re not getting recognized as seniors .... We lost everything, ... we have literally nothing. It’s a lot and we feel they should at least acknowledge and try to do something for the seniors.”*

Many youth of all ages - and their parents, - noted a worrisome decline in their (and their peers’) academic achievement. Remote learning was widely viewed as a difficult adjustment that

*“As for school, I haven’t really done this bad in a really long time. Coronavirus has completely ruined my motivation to do everything I liked to do -- all my hobbies and school work. I just don’t have any motivation anymore.”*

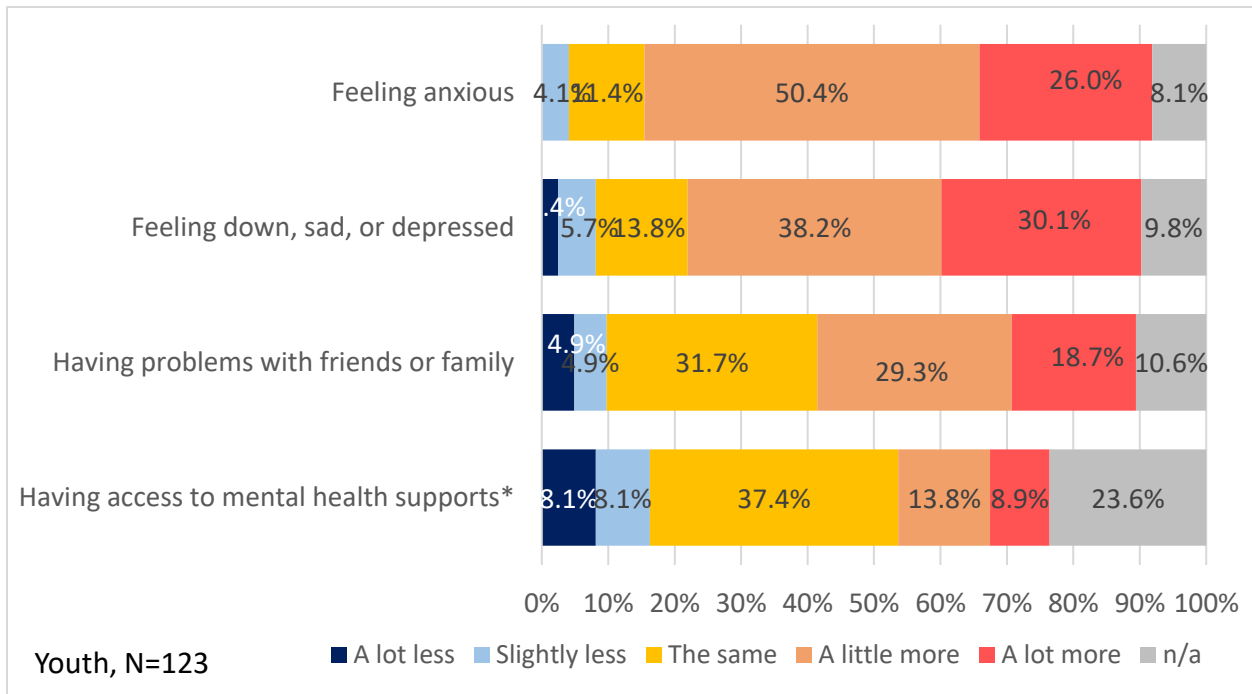
has ultimately been an insufficient substitution for in-person learning. Many youth have significantly more free, unstructured time and are struggling with safe ways to fill it. The amount of screen time required during the school day has left youth wary of spending more screen time to socialize or participate in extra-curricular

activities. Even when offered a hybrid model some youth choose to stay in remote distance learning to mitigate the stress of alternating days learning online and in-person, as well as the fear of contracting COVID at school. At the same time, a smaller, though notable number of youth reported feeling that “school was easier and less stressful” during COVID. Some of the youth said they felt less anxious than during previous typical academic years and preferred remote or hybrid learning to their typical school schedule.

When asked in the pre-survey to quantify how COVID-19 had impacted their feelings, behaviors and well-being, overwhelmingly youth reported that the epidemic had negatively affected their mental health (Figure 10). More than three-fourths (76.4%) of youth said that they felt more anxious and 68.3% said they were feeling more depressed. Almost half (48%) reported that they were more likely to have problems with friends or family members since COVID

began. Almost one-in-four (22.7%) said that they had less access to mental health supports. This question did not specify either informal or formal supports, but one can surmise that these adolescents were especially missing the supports typically available from their peers.

Figure 10. How COVID-19 has affected youth feelings, behaviors, and wellbeing



\*ex. Counselors, therapists, etc.

Note: N/A refers to “Not applicable- I have not experienced this”

### Youth Coping Strategies

*“At the beginning of quarantine, I had so much time on my hands it hurt my mental health. I didn’t feel useful because ‘not doing anything’. I was doodling on anything.”*

Youth reported a wide range of both positive and negative coping strategies to mitigate the impact of COVID on their lives. Most youth had significantly more free, unstructured time and reported a range of strategies and activities to fill this time. Some reported struggling to find safe ways to structure their time and fill their day. Conversely, other youth valued the change in typical pace and structure and appreciated having more free time to

*“I’m connecting with friends more than how we were in school. We Facetime almost every day and we’re able to come together and do fun stuff. We have a shared account where we post videos on and we’ve bonded. Since we’re home we’ve gotten fun ideas to do (and I’ve) been more creative.”*

enjoy a range of activities, including connecting with peers. Below we provide a list by domain of commonly cited positive and negative coping strategies. (Please note that substance use as a coping strategy is detailed in a separate section below.)

*"I enjoyed staying home, I didn't like going to school often. I like staying home and doing the things I have to do, I'm pretty productive at home, I don't usually get distracted. I felt like I needed to take a break from all the things I've been doing. Quarantine allowed me to understand myself and the things I want to do, look at my motivation and all that stuff. I've genuinely enjoyed quarantine this year.*

### **Positive Coping Strategies:**

- Family Centered Activities
  - Movie nights
- Outside Activities
  - *"Going outside is really important, walking to the dog, going for a drive. It's easy to stay inside all day, and let the day pass away without getting any fresh air."*
  - *"We're lucky enough to have a town where we can go to the beach, ... sit on the beach and watch the sunset."*
  - *"I've done a lot of hikes with friends."*
  - Biking
- Inside Activities
  - *"Move around at home [a lot during the day] since being in same place all day is suffocating!"*
  - *"Bought a new gym membership."*
  - On-line volunteering
  - On-line school clubs
- Entertainment
  - Listening to music (especially when feeling down or stressed)
  - Listening to podcasts
  - Watching TV shows and movies
  - Online Gaming-with girls reporting this as a new form of entertainment
- Creating Daily Structure:
  - *"I'm trying to keep myself on a schedule, and staying disciplined with school work, so I can have a good balance of school and life outside of school."*
- Maintaining Peer Connections
  - Online:
    - Snapchat with friends.

- *“My friends have been facetimeing or ... one of us shares our screen so we can watch a movie together and stay connected/ keep in touch with each other.”*
  - In Person:
    - *“We built a structure outdoors in a friend’s backyard that we could hang out in.”*
    - *“Once a month we go to New Haven and try to taste all the pizzas there.”*
- Accessing Mental Health Supports
  - Therapists
  - Support/Youth groups (e.g LGBTQ, church, scouts)

### **Negative Coping Strategies**

- Stress eating
- Binge eating
- Hair picking
- Ignoring social distancing
- Online time: social media/screen time/ gaming

### **Youth Substance Use During COVID**

#### **Overall Trends**

A significant amount of time during the focus groups was centered on discussion and reflection of youth experiences and perception of personal and peer use of alcohol, marijuana, vaping and prescription drugs during COVID, focusing specifically on whether substance use had changed during this time. Below, we provide an aggregate description reflecting indications of increased personal and peer youth use of alcohol and marijuana (including vaping of marijuana) and a decreased use of vaping nicotine.

*“On... Snapchat stories more people are posting partying with drinking and smoking since there is “nothing” else to do.”*

*“I see [drinking] more, it’s not as hidden, I don’t know if that’s because we’re seniors and growing up. Not sure if it’s because of the pandemic or not. Some people might be using as a way to cope or mask emotions because of the pandemic.”*

Use (and change of use) of non-prescription drug use was perceived as minimal or non-existent among most participants.

It is important to note that while many participants believed increased use was related directly to the impact of COVID, there was also acknowledgement, especially among older

*“A lot of my friends (sophomores’) parents are surprisingly okay with smoking, vaping, drinking overall. And it’s definitely had an impact on them. Because of their parents’ lenience they’re definitely using a lot of substances more. Friends have been caught with a vape or weed or alcohol and their parents kind of just brush it off.”*

teens, that increased use may be a function of community and personal norms related to the acceptance of older teen use, specifically for those ages 16 and above, as well as the overall increasing community acceptance of marijuana.

In addition, youth use and access was directly impacted by the phases of quarantine and the youth’ current school learning model. Some youth mentioned that the absence of participating in school sports meant they did not have to sign school sport “no-use contracts” and, in turn, may have led to an increase in substance use among youth.

*“Yes, people are [using]. I think it relates to COVID, because when I’ve asked someone who [uses], they said they were bored and had nothing to do. And a lot more people are bored and having nothing to do because of COVID, I think that plays a role in it.”*

Many youth reported that they and their peers were aware of the risks of using and that while they did not condone substance use among their peers, they struggled with how to

*“The beginning of quarantine was the worst mentally. I was in a low spot because I was cut off from society and never experienced that before...I had too much free time to think about things [which] brought my mood down... and I started using [substances.]...It wasn’t the right thing to do but I had the time...I saw [use] among his friends too... drinking, smoking marijuana and vaping nicotine.”*

effectively intervene or encourage substance use prevention.

*“Sometimes with my friends I feel like it’s not my place so I usually don’t say anything, I don’t know if that makes me a good friend or bad friend, not explaining the risks. But I don’t know if me saying anything would influence their decisions at all. I think with high schoolers it’s hard to be the one to say “yo, stop, it’s not good for you.”*

## Youth Focus Group Findings by Substance Type

### Alcohol

#### Use

Alcohol continues to be the most widely used substance by youth during COVID (Figure 11).

Youth understood both their own and their peers use of alcohol, at least in part, due to it being most easily accessed at home, as compared

to other substances. Alcohol use, for example, was frequently identified as an activity borne from boredom. Also, since they lacked their typical commitments,

*"It's hard to tell ..., but in general, I don't think it's decreased. It's either stayed the same or gone up. Despite COVID restrictions, high schoolers are having a lot of house parties and they drink heavily at those. I know there's still a lot of drinking going on."*

youth could "drink without worry about next day consequences." Several youth commented that they were drinking, not as they did pre-COVID for "partying," but at home, often alone "to cope." High school youth, predominantly those in 11<sup>th</sup> and 12<sup>th</sup> grade, reported using alcohol "alone in their rooms" and with their peers either during online get togethers or in person. In some communities, despite COVID restrictions, youth reported they were continuing to get

*"I think [drinking is] a little less, in general. People aren't going out as much. They aren't together as much compared to last year because most people are pretty concerned about coronavirus...Because people aren't getting together socially, they're drinking less."*

*"I saw drinking go up a lot in the spring, that's how people were coping. [Now] people have found better coping mechanisms."*

together, "even at house parties" and using alcohol. Some younger high school youth reported drinking for the first time during COVID. No middle school youth reported use themselves or among their peers.

Overall, the majority of focus group

participants reported not drinking, while still others reported the same use patterns among themselves and peers during this time. Many youth believed alcohol use had increased during COVID, in particular during the initial spring phase, while others believed that social distancing restrictions and less partying meant an overall decrease in drinking among themselves and their peers.

## **Access**

Youth reported accessing alcohol through the same mechanisms during COVID as pre-COVID (e.g. at home (with or without parent permission), and from older siblings and friends).

*“Some people get it from their parents depending on how strict they are, and that’s sadly a regular thing in their lives.”*

Of note, however, is that many youth reported that because their parents were drinking more at home, alcohol was more readily accessible to them, with or without their parent’s permission. Several youth also commented that it was easier to buy alcohol wearing a face mask as few retailers required removing it to ensure a face-id match.

## **Peer Norms**

Youth varied on whether they believed the amount of alcohol use changed during COVID and the reasons for this perceived change. While, in general, youth were drinking less together, many were, for the first time, drinking by themselves or with small

*“I think people mainly used substances at parties, but there have been a lot less parties during COVID and so less substances are being used.”*

*“A lot of people are saying there’s nothing else to do, bored of everything. Drinking by themselves-. Previously they would only drink if there was a party. ... there haven’t been any parties at all. So now people are drinking by themselves or with one or two friends.”*

groups of their friends over the phone. There was also the widespread belief among peers and their parents that as young people age, they will drink more, and as such, increased use was to some extent seen as related to this perceived norm.

However, several youth reported being distressed by either their own or their friends’ use. Several reported attempting to discourage their peers from further use. In addition, some youth reported friends offering them alcohol or encouraging them to drink either for the first time or in greater amounts. Lastly, while there was no discussion of harm brought up regarding alcohol, there was mention among youth in a few groups of a car fatality involving high school youth during the summer that involved alcohol. Not only did youth reflect on the impact the death of a peer has had on them but also the difficulty they have had in processing the accident.

*“There’s been so many times where I’ve tried to say you have to stop. You said that the last drink was the last one or ..., or stop taking alcohol from your parents. And they say ‘okay,’ but then you see them drinking .... So I don’t think what I say has an effect on them.”*

### ***Family Norms/Role Modeling***

Youth report a very wide range of family norms regarding youth alcohol use during and pre-COVID. Family rules, permissiveness and overall acceptance vary widely both within the same community and across Connecticut. Some parents supply alcohol to their children, while others strictly forbid it. Many parents were viewed as not condoning alcohol use, but instead giving their children “the leeway, and if you make a bad decision then there’s obviously consequences.” Several youth noted that their parents had told them negative stories about what happens when you drink or drink too much.

Other parents are perceived as ignoring underage drinking, yet fully aware it occurs. In fact, most youth think most parents accept that underage drinking is inevitable, particularly in the last two years of high school. A sizeable number of youth stated that their parents allow them to drink at home and even encourage them to do so before they leave for college. This way the high school youth can “practice drinking more safely” to get used to the effects of alcohol while still living at home.

*“We’re almost 18, almost adults. Our parents understand that we’re going to college soon, they’re going to have to let us go and they have to start trusting us sometimes, so they may as well start trusting us earlier. So they know when you’re on your own you’re not abusing alcohol.”*

During COVID, some youth reported that their parents preferred that they drink at home because it was “safer,” versus going to parties where social distancing rules would not be followed. Youth also noted that during COVID, their parents were drinking more alcohol at home because they “have nowhere to go” or because they don’t have to go out at night and “they can drink safely.”

*“My mom has a lot of trust in me, so she doesn’t mind if I do these things. I’ve learned to be more responsible with it. It’s inevitable that it’s going to happen, alcohol is around, it’s going to be there, and so a parent neglecting that and thinking their kid isn’t going to get involved in that creates a scenario where people will abuse it because they’re so restricted. More honest relationship would be a better way to prepare people for college.”*

Perhaps because so many of their parents and their friends’ parents are permissive or ignore underage drinking, many youth believe this is, in fact, the best approach for parents to take with their children. They believe these practices encourage youth to take responsibility for

their actions, including decisions related to alcohol and substance use. This trust also facilitates better parent/child relationships where children feel encouraged to communicate with and seek



out their parents if they “make a bad [drinking] decision” and need their parents help. In fact, many youth reported talking to their parents about alcohol use and felt this was fairly common among their peers. When asked if it would be helpful if parents set stricter rules about youth alcohol use, many youth felt that might backfire and encourage teens to “want to [drink] more and end up abusing [alcohol] because they want to go against their parents.”

### **Community Norms**

Youth perceptions of their community norms around youth drinking also varied widely. COVID impacted these norms primarily as it relates to varying rules adhering to social distancing guidelines and whether students still socialized in groups or indoors with their peers during this period. In many communities, youth believed that parents, in general, know their high school aged children are drinking, though perhaps “not the extent.” In other communities, parents seemed to ignore alcohol because they were “not willing to accept that their kid is doing something wrong.”

In some communities, students believe that parents “set their own age limits for their children which isn’t 21.” Younger high school youth have to hide their drinking from their parents, but by the time they are age 16 or in the 11<sup>th</sup> grade, their parents allow them to drink and in some cases host parties where “they know there’s drinking.”

Finally, many youth believe that parents in their communities are resigned to the inevitability that high school drinking occurs. They are “not okay with [underage drinking], but that they have zero control about it.” Instead, like in their own families, these students felt other parents “have trust in their kids and want to instill in them personal responsibility for their actions.” Parents in general believe their children are “being good for the most part and if they’re doing something bad, they’re hoping that they’re making the right decision and being safe.”

## Vaping

### *Use, Access and Norms*

In most communities, during COVID, vaping nicotine (as opposed to marijuana/THC) in

*“Starting to get away from [vaping] because our friend group pushes against that. I think that’s the only scenario I’ve seen with that.”*

particular appears to have decreased. Many youth believed vaping was “going out of fashion,” and was no longer seen as “the cool new thing to do.” Many youth cited popular social media sites such as TikTok

“portraying vaping poorly.” Also they had seen “the damages of vaping on the internet which has helped people lean away.” Further, many youth had learned about the negative healthy consequences of vaping, and as a result, more are starting to see vaping “as gross.” Unlike other substances, where youth report fear that “If someone does come out and talk about it, they’re labelled as a snitch,” focus group youth reported actively encouraging their friends to stop vaping.

*“We try to stay away from these things and be positive. We all come from families where we want to strive to be the best we can, so it’s kind of upsetting to see a friend [vaping nicotine]. ...We told him we really care about his future and want him to do well.”*

Some youth reported their peers quitting vaping during COVID due to changes in school models and school rules. That is, youth “used to buy at school and this source was cut off.” Access to school bathrooms, where many vaped pre-COVID, are now restricted. There was also concern that vapes were still widely accessible, even to middle school youth who may be vaping at increasing numbers, while their older high school peers are vaping less. In several communities, youth thought vaping was increasing during COVID and noted that peers as young as 12 were vaping. In these same communities, while youth were not sure “how people access vapes...it seems easier.” Some youth reported that they were “seeing a lot more peers vaping more and selling vape [because] it is posted on Snapchat.”

There were several youth who are concerned that some of their peers are addicted to vaping nicotine and unable to quit. Some youth reported knowing peers that had previously quit but started vaping again or who started vaping the first time during COVID; they felt “spending all that time alone and in your room, it’s a distraction. It gives you a temporary good feeling when you can’t be with your friends since we’re not really out doing anything.” Youth also believe that kids [who are addicted] are increasingly vaping by themselves during COVID.

Most youth reported that their parents do not allow them to vape, and if they had vaped, they had hid their use from them. As one youth said about her parents, “vaping is a ‘total no go.’ They are totally disgusted by it.”

Youth also reported that during COVID, peers seemed to be vaping more marijuana, and less nicotine due to concerns about the relative worse health effects of nicotine compared to marijuana, and that marijuana would more effectively ease their stress.

*“Based on what people post, I see vaping with the wax pens with THC oil or marijuana itself, has become more popular with high schoolers... They prefer marijuana to nicotine. They prefer the high.”*

*“Getting more popular in general and getting easier to access, than getting actual marijuana, you can get the oil in the pen.”*

## **Marijuana**

### ***Use, Peer Norms and Perception of Harm***

Many youth reported increased use of marijuana among themselves and their peers during COVID. While some felt that marijuana use was “not as normalized as vaping among teens in terms of social media or snapchat posts,” “it is on a path to getting there.” Youth reported that high school aged use is “significant.”

While youth believe their peers use marijuana because they are “looking for escapes and can’t leave their house,” alcohol use was more frequently identified as an activity borne from boredom, compared to marijuana use being

cited as a coping mechanism for stress and anxiety. Teens drew the connection between stress and anxiety levels increasing due to

*“I’ve had trouble with anxiety increasing over quarantine and kids I know had the same issue. Marijuana is an easy outlet for many kids who know how to handle their anxiety; it’s there and access to it is easy. “*

COVID and “new influxes of

people...considering starting marijuana and edibles [because] they...need something to help them cope.” They are increasingly “looking to get high to get away from this, depression and anxiety.”

As noted above, many youth reported that vaping marijuana was more common than nicotine vaping. “I think people are using marijuana in their vape because it calms them down more than just the normal vape would.” In addition, “alcohol is seen as more social and people smoke marijuana on their own and now that they have more time alone.”

There is also an increasing sense that marijuana use is safe and a common means to

reduce stress. Some youth discussed smoking marijuana at night so it wouldn't interfere with their daily activities. One high school youth recommended to a middle schooler in the same focus group that "if they are going to use drugs, they should do marijuana." There was also acknowledgement by some that teens "don't always think about how [use] will impact us later in life."

### ***Access***

Youth throughout Connecticut communities report marijuana is widely and easily accessible. During COVID, in fact, access to marijuana via Social Media- specifically peers selling it on Snapchat- has increased, though COVID has made it harder to access to marijuana through school. Teens living in, or near, communities with marijuana medical dispensaries cited them as another example of community availability.

### ***Parent and Community Norms***

Some youth perceived their parents as permissive around marijuana use. Some also believe, for example, that there may be more conversations with parents around "the dangers of alcohol use than around weed." Other youth reported that they have "heard parents and people say weed isn't that bad and it doesn't have a [negative] effect on your body." They also "know so many parents that smoke" and "see parents at parties using it." Additionally, youth reported having seen their parents use marijuana as a method to relieve pain.

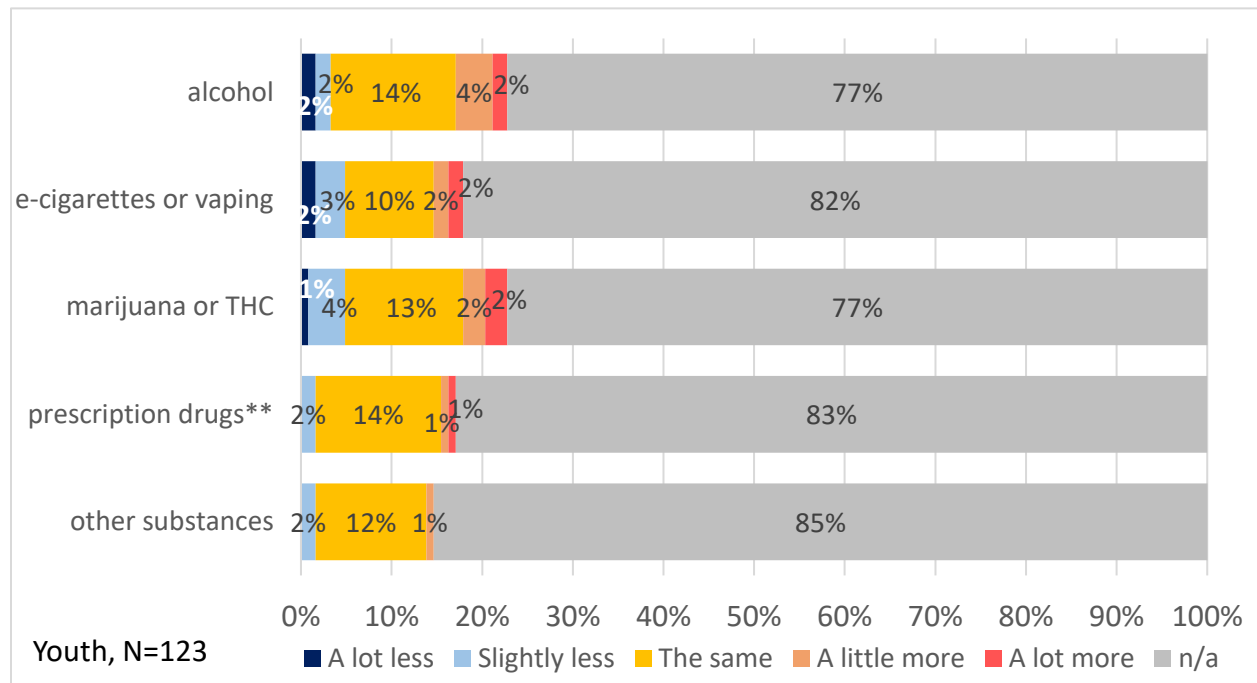
Youth, in general, mentioned that they hear a lot about marijuana being legalized. Those teens living in, or near, communities with marijuana medical dispensaries cited them as an example of community acceptance of marijuana use. They also believed that "medical use of marijuana has pushed people to use marijuana more. "

### ***Misuse of Prescription Drugs***

While not widespread, typically at least one high school youth in each group reported knowledge of some type of misuse of prescription drugs among peers. A few youth thought that misuse had "gotten worse during COVID" because of "the lack of social stimulation" and "widespread anxiety" among their peers. One youth characterized their community in general as "a big spot for opioids." Several youth cited seeing peer use being posted online.

Figure 11 (below) shows data from the pre-survey of how youth substance use has been affected by the pandemic. When asked to quantify their use of alcohol and other substances, the impact of COVID on youth use seemed somewhat less pressing than their subsequent remarks suggested. Less than one-fourth (23%) of the youth admitted to using alcohol during the epidemic, 18% reported use of e-cigarettes or vaping, and 23% admitted to marijuana use.

Figure 11. COVID-19 Effects on Youth Substance Use



\*\*for the purpose of getting high or to feel good  
 Note: N/A refers to “Not applicable- I don’t use/have not experienced this”

## PARENT FOCUS GROUPS

Parents reported on both their own and their children’s well-being, positive coping strategies to mitigate COVID restrictions, and what, if any, adverse behaviors they engaged in during this time. Family rules, expectations, and communication around youth substance use was also broadly discussed. Below is a distillation of key findings related to Connecticut parents’ widespread concerns about the impact of COVID on both their own and their middle school and high school-aged children’s mental health and substance use.

## Parent Perspectives on Youth Mental Health

*“There has been a tremendous impact this pandemic is having on emotional well-being of kids. Can see it over Google meets, interactions are different, can see looks on kids’ faces. Devastating to watch. Long-term effects of COVID we do not even understand yet. ”*

Parents throughout Connecticut reported that due to COVID restrictions, their children are experiencing high levels of stress and anxiety due to 1) social isolation from peers, 2) their schools’ hybrid or remote learning models, and 3) the inability to participate in team sports and other typical extracurricular activities. Trying to successfully navigate peers not following standard social distancing guidelines, as well as “sitting in a classroom [while] another [student] gets pulled out of class for exposure” were also highlighted as ongoing, everyday stressors. In sum, long-term social isolation, the complexity of successfully navigating remote, hybrid and variations in school learning models, as well as the constant fear of contracting COVID, has had a significant negative impact on the overall mental health well-being of Connecticut teens. The tension between being in school or with peers and the potential negative health consequences of COVID exposure vs. the deleterious effects of isolation on their children’s mental health caused many parents and their teens to struggle with which school model to opt into.

*“[COVID) has had an emotional impact. [My daughter] has felt trapped in the house, which affects her moods and enthusiasm.”*

*“There are times when I thought about letting [my 8<sup>th</sup> grader] go back [to school in person]. It’s a constant battle. Do I risk (the health of my other immune compromised child)? Is that worth it? Or do I deal with potential mental illness?”*

Parents cited numerous positive coping strategies their children were either engaging in or being strongly encouraged by their parents to do, such as exercising outside, participating in “craft projects in the garage” with friends, “virtual cookie decorating parties”, or “online dance and karate.” At the same time, a significant number of parents said that their children were frequently engaging in negative behaviors such as excessive screen time, including increased gaming and stress eating.

*“The (kids) cope by watching more and more TV. We are not used to that. When the state first closed, I don’t think my kids saw other people for 2 months.”*

*“I am worried that this (gaming) addiction could be a gateway to other negative behaviors. But they can’t pull themselves away from it. Physically (my sons) can’t remove themselves from the games. So hard for them to stop.” - Parent*

Many others commented that either there just was not enough for their children to do and/or their children lacked interest in the COVID-safe or online activities that were available.

## **Parent Perspectives on Youth Substance Use**

Many parents reported that either their children and/or teens in their community were using alcohol, marijuana and vaping. While some parents noted or suspected an increase due to COVID, other parents believed that substance use for students during COVID was consistent with pre-COVID use. Overall, there was consensus that, during COVID, youth were more open about their use “because they are home more.” Some parents reported seeing youth in their communities “using these substances.” Below are additional details on parents’ perspectives on Connecticut youth use by substance type:

### **Alcohol**

#### *Use and Access*

*“We found a bottle of vodka in my daughter’s room (empty), and we don’t have any alcohol in the house, so we asked her where she got it from. We wanted to know from which friend and which house.”*

*“I didn’t allow my (high school daughter) to go to a big Halloween party. [Instead] she was allowed to have her friend over... and I found vodka in the basement that they had been drinking.”*

Many parents reported that their high school-aged children and their children’s peers had widespread access to alcohol, and particularly for older high school students, believed they had peers who were drinking and might be drinking themselves. Other parents reported that their children, as young as 6<sup>th</sup> grade, had peers who were beginning to drink. For those parents who knew that their children were drinking, they reported that these youth typically drank with their peers and gained access to alcohol through those friends, those friends’ parents, or older siblings.

*“I found out that [my 10<sup>th</sup> grader] started to drink over the summer. I’m not sure if it’s typical 10<sup>th</sup> grade or the pandemic, but we have seen a change in behavior. She told me she started drinking...a handful of times since the summer. I was taken aback. I was expecting her to be sneaking, if anything. She said, ‘everybody does it so you shouldn’t really be surprised’.”*

*“I recently noticed alcohol missing. My (10<sup>th</sup> grader) did fess up to it. She gets on Zoom calls with friends and brings alcohol to the call. I now have an inventory (of my alcohol) which I never had to do before.”*

Several parents knew or suspected that their children drank, yet had “no idea” how they were able to access alcohol.

Some parents attributed or suspected an increase of youth alcohol use to be as a result of COVID. Many of these parents acknowledged that despite social distancing restrictions their children were still socializing (and drinking) with peers. Some parents thought their children

*“My [12<sup>th</sup> grade] daughter has been drinking during COVID. She’s the only one [in our family] who drinks. [It’s okay because its] not privately, not alone, not a bottle of vodka. She drinks with her friends in a little COVID bubble. I don’t think COVID has influenced this behavior, more that they’re seniors now. .. I kind of feel like I’m resigned to it, she’s going to be in college in August.”*

were drinking more now than prior to COVID because of the “pent up anxiety” and or “lack of structure” in their lives. At the same time, other parents attributed an increase in use to typical community alcohol norms (e.g., “what always happens”) that occur as

children getting older. For example, one parent reported that she had a friend whose high school-age child snuck out of their house this summer for the first time and there was alcohol involved. She was not sure if it was normal experimentation or tied to COVID.

### ***Family Rules***

A significant number of parents expected their children to wait to drink until they are 21. A few of these parents stated that they restricted drinking because they were concerned about the health risks to

*“A lot of our worries are the physical things, that they’re not mature enough and that their brains aren’t fully formed. It causes more damage, they’re growing, the frontal lobe, all that.”*

their children. Moreover, many of these parents felt they were setting rules for their children that were different than their peers who allowed their older teens in particular to drink.

*“[Our children] know we’re the strict ones. It comes down to “you’re breaking the law, and if we gave it to you we’re breaking the law, and we’re not willing to risk our house and home and life and freedom for this. Then we get the eye rolls, like we’re the only parents who do that.”*



At the same time, many parents acknowledged allowing, and even encouraging, their children to drink “small amounts” of alcohol at home at dinner. Some of these parents believed that by normalizing drinking at home, they could prevent misuse outside the home or later in life. A few parents also discussed that while they may allow their own children to drink at home, they did not

*“I let [my middle school-age children] take sips of wine... I want [drinking] to be seen as something that can be controlled ... Teens will abuse it if they think it is taboo.”*

*“I try not to make it taboo [for my high school senior] who is defiant.”*

*“If she wants to try at dinner with me that would be fine. I want to take the mystery out of it.”*

allow other teens to do so. One parent cited Connecticut’s Social Host Law and reported that while she “knows kids this age are going to parties, I have learned that you don’t serve minors,

*“I encourage my children to try substances at home in a safe setting and not on the street.”*

*“I’ve said to my (8<sup>th</sup> and 10<sup>th</sup> grade children) that if they want to try alcohol, they can with me. I do not advocate for them to go drinking with friends.”*

because you’re liable and if the cops show it’s a felony or something, it’s severe! You can’t do that!”

Other parents did not allow drinking at home, but knew their children were drinking elsewhere. For the most part, these parents were unsure how or where their children accessed alcohol. As one parent said, “I do wonder where [my daughter and her friends] get it, because they all look very young. Maybe an older brother?” Other parents cited rules aimed at helping their children deal with peer norms that “everyone uses.” “I tell my children that their friends can use substances, that doesn’t mean they have to try it.” Finally, some parents who did not condone drinking felt that this influenced their children to drink less. As one parent said, “I think [my high school-age child only drinks] a small amount, because we are so condemning in general.”

## Parent and Child Communication

*"I talk to my kids regularly.... [To] my 12<sup>th</sup> grader, maybe I mention it once a month, or when she's going out. It's kind of the base rule for this house. We don't serve alcohol. We don't drink alcohol. We don't condone kids drinking alcohol. We frown on my [older] son drinking alcohol at college. It's something we talk about. We're not 'nudge nudge, wink wink' parents."*

*"I am open and honest about our beliefs and what we want from them. We can't control it. We try to keep an open chain of communication. We want them to talk to us. We want them to call us to stay safe if drinking and driving. Luckily it is not happening now, we hope in the future they will make the best decision."*

*"I definitely talked to my 10<sup>th</sup> grader about alcohol since she started drinking, but I think I talked to her about it before too. She has team members who are older, and she's hung around these girls in social situations, she has seen it in the older girls. We've talked about it and she's witnessed discussions with her older sister. I guess we're pretty open about talking about it."*

Most parents of high school students reported discussing family rules, expectations, and beliefs around underage alcohol use with their children. While a few parents were "surprised their children openly communicated with them about drinking," most said it was fairly common for their children to talk to them about their own or their peers' underage drinking. Many parents assumed their children are drinking and said they talked to their children about substance use because they "would rather know what (my child) is trying or using." Parents of middle school students were less likely to discuss their family's rules and expectations, though many of them had done so, especially during COVID when they were spending more time together and their children were, in many cases, seeing them drink more frequently.

*"Parents need to talk to kids about drugs and alcohol and try to explain [the risks to] them... If you start young, it destroys brain cells."*

Parents who allowed their children to drink discussed needing to have conversations about their expectations regarding the amount of alcohol use they were okay with their children having. "My daughter goes to parties where there is alcohol. [We] have discussed that it is fine if she is having a little bit in moderation, 'stay in control, have friends there, and if parents are picking up, it is okay'."

*"I have talked to him when other kids get caught using and used that as a moment."*

To prevent misuse, some parents focused on the importance of their children understanding the harms and negative consequences of alcohol misuse. Further, many parents

*“The death over the summer scared me and my kids to death. Those experiences are important to learn from.”*

*“I talked about the (summer fatality) and how and why that happened. [I also] let her watch Cobra Kai- to see downslide of substance use.”*

reported trying to scare their children as an effort to effectively persuade them to avoid alcohol use as part of these conversations. In addition, some parents used personal or community incidents as an opportunity to discuss alcohol use with their teens. For

example, a summer incident involving a fatal car accident and teen alcohol use was brought up by parents several times as the catalyst to conversations about youth drinking.

*“I tend to scare them. I try to tell my kids about dangers around binge drinking when you go off to college.”*

### **Role Modeling**

*“I have completely stopped drinking myself, because it was adding to the anxiety.... My kids have noticed that I stopped too, so we’re trying to have open conversations about why. I don’t know if that’s impacted them. I’ve always felt it’s a little hypocritical saying I can drink and you can’t. Do what I say, not what I do. But if we’re out to dinner as a family and we have a glass of wine and then we get in the car and drive home... it feels hypocritical.”*

Other parents focused on teaching and/or role modeling for their children how to drink responsibly. In fact, many parents acknowledged their own drinking increased during COVID and discussed the importance of being a role model, and in turn, talking with their children about their own use. When drinking, some parents made sure to discuss with their children the alcohol content of their drinks, the consequences of drinking too much at one time, and the importance of not drinking and driving.

*“My wife is a social drinker. We talk to the kids about the responsibility of that. And the importance of understanding alcohol is an addictive substance... I am always intertwining the negative effects of alcohol on kidneys and health.”*

*“Yes, we definitely talk to our kids around it and we think modeling is important. My kids have been around adults drinking.”*

## Community Norms

*“I don’t know one parent who would say out loud it’s cool to serve kids alcohol. Yet [I know from the community] survey that kids are getting [alcohol] in their house. I guess there’s a difference between whether you come down hard on your kids because they [drink] or whether you supplied it to them in the first place.”*

*“I know a lot of families, but I don’t know a parent who would say they gave teenagers alcohol in the house. None of them would say its legal or it’s a good idea, but the kids are saying it’s coming from parents. What is going on here?”*

While some parents noted that their close friends “are teaching their kids similar things about alcohol,” there was widespread consensus that community norms regarding youth alcohol use varied and had not likely changed or been impacted by COVID. For the most part, parents typically believe they are as strict or stricter than their neighbors about letting youth and, in particular, older high school students drink alcohol. Some parents were surprised that unlike them, other parents in their community did not restrict access to youth drinking. Some parents felt constrained by community norms to restrict their communication with other parents about their children’s use. In addition, parents discussed having had conversations with other parents about the relative value (or harm) of exposing teens to alcohol before going to college. Still others sought support about “how do we help teach our kids that drinking in high school or in college isn’t inevitable?”

*“There’s a lot of different opinions that parents have (about serving alcohol to minors). Maybe the pandemic has lessened some of their rules? I hope not.”*

*“[My 10<sup>th</sup> grader] said her friend’s parents gave [alcohol] to them. My husband and I didn’t expect that. I’m surprised parents would do that. I didn’t follow up with the parents because then my daughter was terrified, she was worried it would ruin her relationship with her friends.”*

## Marijuana

### Use and Access

It was clear that most parents thought their children were not using marijuana. However, parents in several communities reported that their children were using, and many more noted their perception that marijuana use among teens in their communities had increased during COVID. Several parents attributed this increase as a reaction to the stress and boredom caused by COVID. Others pointed to increased societal acceptance of marijuana use and noted that youth were more likely to be open about their “normal teen use.” Others believed “some kids

were getting edibles so no smell [and] it looks like they are eating candy.” Finally, a number of

*“The youth are more open and not scared to express their substance use. More drinking, smoking marijuana and using edibles. They are trying to find their way through COVID, meanwhile trying to find their way as teenagers.”*

*“Kids seem to act like there is nothing to do, like sports so they smoke marijuana.”*

parents identified vaping use by youth as a widespread concern but were unsure if marijuana (or nicotine) was being vaped.

Parents confirmed the use of marijuana by teens in public places throughout their community. Marijuana was also being sold “at the corner stores” and children in their community were buying it “from kids from other towns.” Parents said their children “talked about peers smoking cigarettes and pot” and cited examples of students of all ages getting caught at school vaping marijuana.

### ***Family Rules, Communication and Community Norms***

Most parents in the focus groups did not condone teen use of marijuana. At the same time, fewer parents seem to have talked to their children about their family’s rules and expectations of adolescent marijuana use compared to alcohol use. Some parents who had talked to their children, warned their children about the negative health effects of marijuana. One parent

*“I tell my kids that while ‘marijuana is being debated around the country whether it is acceptable or not, it is not okay for you! And they could be getting contact highs from being near it at the park.”*

said she talked to her child about “the use of marijuana as an athlete, and that ...you need to respect your bodies and it could lead to harsher drugs.” Other parents acknowledge that changing societal norms may be playing a role in youth

marijuana use. As one parent said, “They know that we really don’t approve of it. But I would imagine in adults [use has] gone way up.” Finally, one parent of a middle schooler noted that he “disagrees with marijuana being classified as an illicit drug,” as well as “school programs such as DARE which label marijuana in that way.”

## **Vaping**

### ***Use, Access and Communication***

While some parents reported that their children vaped or were unsure if they were vaping, most parents had not noticed a change in vaping usage during COVID. Some parents had heard

*“It’s easy to get vaping stuff at [the middle] school. It’s shared with friends and stores are selling (it to them). The laws are not stopping [kids] from getting access.”*

from their children that kids were vaping in the middle and high

school bathrooms. Others noted that some of their children’s middle and high school-age friends were vaping, even though their own children were “anti-vape.” Ease of access was still perceived as widespread, though many parents were unsure how children could afford to buy it.

Most parents were strongly against their children vaping. However, they were not typically communicating about vaping with their children during COVID. Specifically, parents of older children reported talking to their children about vaping more prior to COVID, when vaping had first been “really common and their children were surprised at how many of their peers were vaping.” Most parents of younger middle school-age children had never discussed vaping with their children. Although one parent of a 6<sup>th</sup> grader reported they had begun the general substance use discussions which included “definitions and some terms” related to vaping.

*“Certainly, the message is loud and clear that it’s not acceptable. Vape is sneaky. They have their own bedrooms, so I couldn’t say that it hasn’t happened, but I wouldn’t condone it happening and I would punish it if it did.”*

## **Prescription Drug Misuse**

Parents were asked about youth misuse of prescription drugs, but very few reported any insight around this issue. One parent said she talked to her children about drug “look alikes” and “has the sense that there are [college age] kids abusing Adderall as a study drug.” Another parent knew of a situation where a local teen had died from a Fentanyl and Percocet overdose during COVID.

## **Parent Mental Health**

*“The stress level for adults has gone up hugely...in our house and I think society in general. People are looking for ways to escape. Unfortunately, a lot of the things you’d previously do like go to the gym or the movies, any of those ways to let the steam off, aren’t there anymore. I walk my dogs 6 times a day sometimes.”*

Parents described how they were faring as a result of the impact of COVID on their lives and provided a myriad of examples of positive coping and negative behaviors. Parents reported

*“My son said we are ‘living in a fire drill’. You never know what the day is going to bring. I am trying to manage technology issues around zoom school. There are layers of issues.”*

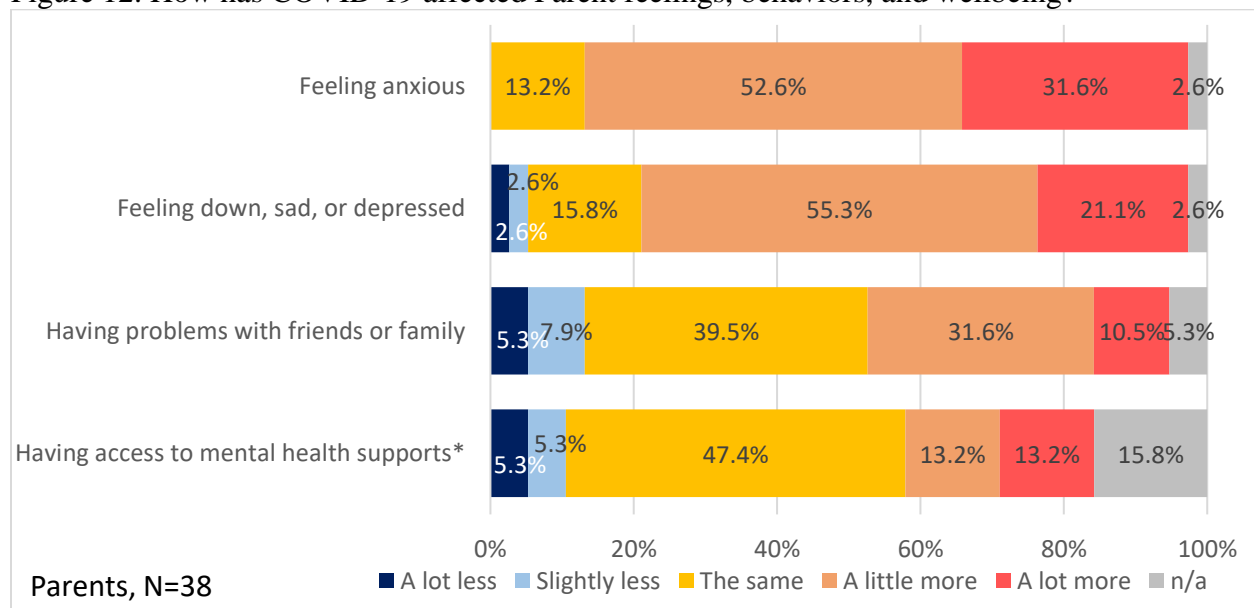
being more stressed, anxious and depressed as a direct result of COVID. Specifically, parents cited examples of panic attacks, weight gain and hair loss. They described increased stress related to juggling work, home and their children’s schooling. “Every day I wake up and feel like I’m failing at this.” Parents lamented having “less personal time and more demands in the current school, work and

*“‘Hard to juggle emotionally’ and manage what is going on with all of them. Hard to manage what is going on at home and working. Everyone’s emotions are ‘up here’.”*

social environment.” Parents described being in “survival mode” or, as one said, “I am spinning plates.”

These sentiments are supported by data from the pre-survey, shown in Figure 12 below. Almost all parents completing the survey admitted they had experienced anxiety and depression during COVID, as well as problems with family or friends. A majority (84.2%) of parent respondents reported an increase in anxiety, 76.4% reported an increase in depressive symptoms, and 42.1% reported more problems with friends and family. About 10% of adults indicated that they were accessing mental health supports less.

Figure 12. How has COVID-19 affected Parent feelings, behaviors, and wellbeing?



\*ex. Counselors, therapists, etc.

Note: N/A refers to “Not applicable- I don’t use/have not experienced this”

Most parents are very concerned about their children's current and long-term well-being,

*"They can't even watch sports or be on school grounds after school ... How will this affect them mentally? I hate it when it rains, it is grey and sad. "*

which in turn, greatly effects their own well-being. Specifically, parents felt great concern about their children's loss of typical activities and ability to spend time with friends, and were unsure how they could best help them cope. As a

*"Feeling worn out over the whole thing, about the way it is being handled, is there a light at the end of the tunnel? ... How will this effect kids? I can't imagine growing up around this."*

result, many parents felt conflicted about whether they are "either too lenient or too strict" in letting their children socialize.

*"I am very saddened for her (daughter). I see that she is missing out on (the events of) the last 2 years of high school which is such a big part of the natural progressions of becoming an adult. She won't be able to learn through these experiences the way she should. I feel grief about this."*

## Positive Coping Strategies

Parents highlighted a range of positive coping activities and behaviors they had engaged

*"I force myself to read more. Walk more with friends. I'm doing gym classes with daughter."*

in, including enjoying having more time to do things together as family, exercising more and

eating healthier. Several parents also mentioned they had stopped or were avoiding drinking during COVID.

## Parent Alcohol Use

*"For a while I was having an alcoholic drink at dinner time, I normally don't do that. I don't think it has negative impact on kids. My reaction to alcohol is not being belligerent or mean. My kids ask if "Mommy wants her special seltzer."*

*I am drinking more...everyday; It turns 5 pm and I have a drink...In the past it was around 2 days per week and not every day (like now) because it 'gets you through the night.'*



A significant number of parents reported that both they, their spouses and other parents in

*"My husband is drinking a lot more -- at least a bottle a night. He is functional but it is a lot."*

their community are drinking more during COVID. Many parents commented that they use to primarily drink

*"Parents joke (online) that its 12 o'clock on Wednesday, never too early to start happy hour."*

outside the home, so during COVID they were drinking at home much more than normal. Also, many parents said that prior to COVID they were exclusively social drinkers but were now drinking most days and often by themselves.

While many parents downplayed their use as inconsequential, some parents were concerned that they or their spouses were, in fact, drinking too much alcohol. Parents who were drinking more alcohol were asked if they felt their substance use influenced their children, and/or

*"I used to only drink when I go out socially...I definitely do drink more than I used to. Not a big deal. I am giving (kids) the attention they want. I limit myself to one or two. It does not affect (my kids). It does not bother them."*

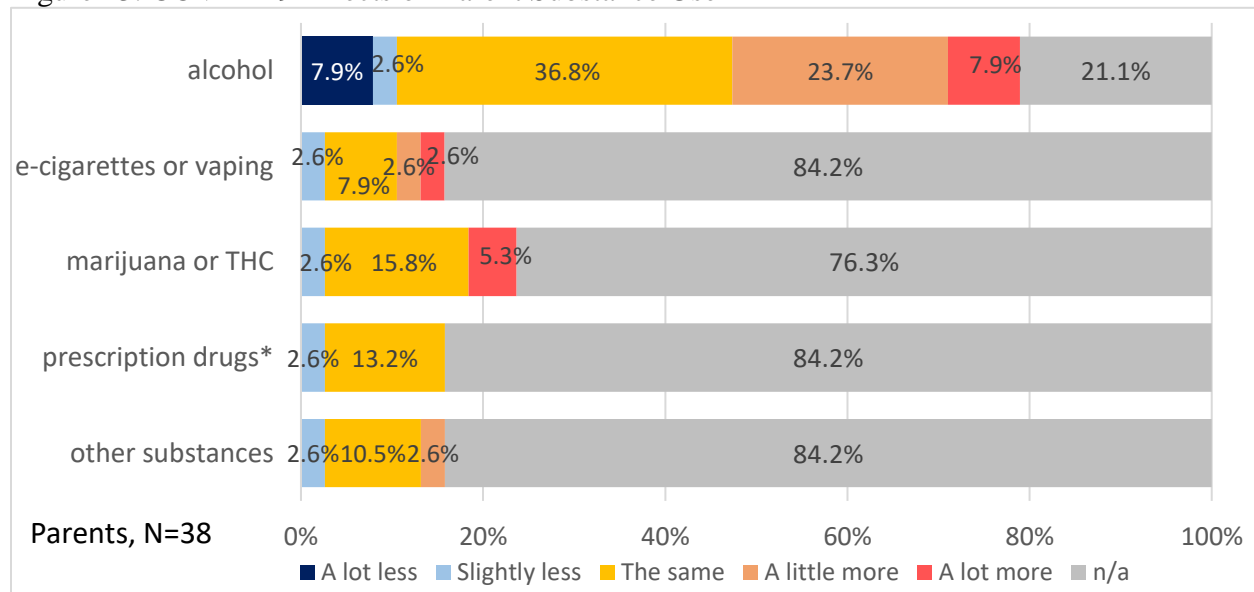
*"Kids are not impacted (by my drinking). They don't have any idea. I'm not falling down drunk."*

*"My kids are not seeing me drunk, but they do see me loosening up."*

if their kids noticed their increased use. In response, most parents thought that even if their children were noticing it, they felt that their increased use did not seem to be affecting their children.

Figure 13 below shows data from the pre-survey on how COVID-19 has impacted parent substance use. Approximately four out of five parents who responded to the online survey indicated that they were drinkers. Almost one-third (31.6%) of parents reported an increase in alcohol use, though nearly 36.8% reported alcohol use being about the same. A little more than 5% of parents reported an increase in e-cigarette use, and about 5.3% reported an increase in marijuana use.

Figure 13. COVID-19 Effects on Parent Substance Use



\*for the purpose of getting high or to feel good  
Responses indicating "N/A" are not shown.

## PERSPECTIVES ON PREVENTION MESSAGING

### Youth

In response to DMHAS' interest in developing media campaign messaging focusing on preventing underage drinking during COVID-19, youth focus group participants were asked to discuss their views on both effective messaging topics and strategies. Specifically, youth responded to the following questions: 1) What messages do you suggest we include in this campaign? 2) What messages do you think would work for this type of campaign? and 3) What content might jump out at you if you saw it within a prevention message?

As a result, the following themes emerged:

#### Highlight the risks, harms, dangers, and negative consequences around substance use.

- "Real consequences would be powerful." and "Focusing on the potential negative consequences of their behavior."
  - Show "the effects on getting a license, going to college, playing a sport (getting kicked off)."
  - "(Using) is potentially destroying their future. Let them know they actually have a future. Most kids don't think they will do anything beyond high school."
  - "Need to show kids that it's real and it's true."
- "Discuss harmful things it can do to young people."
  - "Need to see the effects of it like cancer and how it impacts how I will look."

- “We could talk more about dangers of vaping and alcohol more broadly beyond health.”
  - “I [think the messages shown on] ‘The Real Cost’ on TV about smoking ...have an impact because it shows what the consequences are and it’s kind of scary.”
  - “[show] car accidents, [results from] bad decisions - what could go wrong if you do these things.”
- “[Using] can ruin your life; you will become addicted.”
- “Why do people start [using] and why you should not.”
- “Address the misunderstandings (for example) that vaping is fine.”
- “list some of the long-term effects in terms of alcoholism and how it can be crippling to your life.”
- “I don’t think saying ‘just don’t do it’ is going to work.”
- “Use statistics in the ad to have an impact on teens.”

**Focus on mental health, well-being, realistic situations and positive coping strategies.**

- “Center (message) around the average teen experience.”
  - “I find it relatable (to see) a teenager that does not appear to be reading lines or acting. Ads don’t do it for me to make me think I should stop doing things.”
  - “Address why kids are using (bored and need alternative activities or aren’t coping well and need mental health supports).”
- “Focus on positive coping in the ad.”
  - “It’s important to let kids know there are other ways to cope. With vaping and drinking it’s a coping mechanism.”
  - “Grotesque images have been common with anti-drinking and drug campaigns and it definitely catches the eye but trying to instill fear in kids (that this is the worst thing that could happen), kids brush it off because it’s not going to happen to them, they don’t think they’re going to die from drinking, they don’t think it’s realistic.”
- “High schools (should) promote mental health more and send [the] message that it is okay to go see a therapist/counselor.”
  - “A campaign about... having a place to reach out to and talk to somebody. (To combat the COVID related isolation has been the worst.)”
- “Don’t make a permanent solution to a temporary problem. Using dangerous substances that you can get addicted to isn’t worth it in this temporary situation that will get better.”
- “Explore why teens turn to drinking in the first place. What’s the point? What are you benefitting from? (Emphasize that there are) better things to do, (e.g. that) healthy coping mechanisms are going to make you feel a lot better than drinking.”
- “Incorporate content that doesn’t look like an ad as it will be more relatable and capture people’s attention.”

**Incorporate strong visuals and scare tactics.**

- “Use visual images (e.g., failed liver of prolonged exposure to alcohol, lungs filled with smoke.) I think those are still pretty effective. No one wants to think about their organs turning into a big black ball or looking like mud.”

- “Scary/shocking imaging works, like what happens to your body on drugs. Striking image and put your facts in there.”
- “Something shocking or something that catches you off guard. The beginning of the video catches your attention, may not even relate to the topic, and then at the end it shows how this connects back to the first couple things.”
- “Show how they used JUUL and stuff started happening to their body- skin flaking, breathing harder.”
- “Scare them with facts and real-life examples without traumatizing them (give them a story with all the details).”
- “Scare...by telling the ingredients; (for example with cigarettes – show the lungs; vaping – popcorn lung) to get them to pay attention.”
- Maybe in the beginning it could start out gray with the substance abuse, with the coping mechanisms you could use facts about better ways to cope, and as the video goes on it gets more vibrant and colorful as those coping mechanisms work.”
- “the way the (vaping by the Truth Campaign) ads start always catches your attention and is effective.”

#### **Focus on harm reduction.**

- “Instead of ‘don’t do drugs’ focus on what you can do to help yourself if you do end up using.”
- “Get message out not to do it, but it is inevitable that people will do it. Spread the message about drinking and driving and discuss what not to do if you are going to drink.”
- “Abstinence messages have not been very effective. Tell them how to do it safely.”

#### **Highlight personal stories around substance abuse.**

- “School assembly where a mother talked about her son overdosing was impactful.”
- “Hear from someone who has personally experienced the negative effects of alcohol and vaping and that really understands would get someone’s attention.”
- “Have people tell the story of something bad that happened to them.”
- “Show documentaries based on people that overdosed on drugs.”

#### **Prevention ads are not always seen as effective.**

- “I don’t think ads work, [users are] just gonna make fun of it and do it more.”
- “My friends who vape or smoke or drink send those ads in the group chat and they’ll laugh at that. They think it’s stupid and it doesn’t really impact their decisions or change the way they act.”

#### **Personal consequences are seen by some as more effective than prevention messages.**

- “I don’t think that anything will really stop them other than themselves facing the consequences themselves. Or if a parent or older sibling or mentor tells them to stop. More restrictions.”
- “There are kids who are vaping in the bathroom at school and the school just covers it up. Instead the school should tell everyone what happened to those kids... so that other people aren’t attempting to do it.”

- “I have no idea if there’s any way, besides personal and serious action being taken with their parents or something. I’ve been to assemblies where smokers and alcoholics are talking or people who do hard drugs, and they talk about how dark and hard the path was, and everyone falls asleep and they’re not paying attention. I wish they would pay attention. If parents can’t take responsibility for their kid and they can’t confront them, or the person can’t confront themselves, I don’t know what will work.”

#### **Peers as effective messengers.**

- “I think people need to learn from their mistakes. But I do think as far as people go, friends would have the most impact.”
- “Peer pressure but for the opposite. Pressure people to think smoking or drinking is uncool.”
- For middle school youth in particular, “Instead of saying ‘drugs are not cool,’ try ‘if you do drugs you are a TRY HARD.’ ... Use bullying tactics to impact youth choices (around ‘bad’ things); just need to phrase it right. Middle school kids think substance use is taboo so if they use it makes them cool. We need to take that away from them. Turn it into a joke for them. “
- “Put kids in the ads.”

#### **Target youth in late elementary school/early middle school.**

- “Prevention should definitely come earlier with kids. It has become so common among our generation so it kind of goes in one ear out the other. And teaching people how to stop or stay away from that stuff when they’re younger would help.”

#### **Parents**

Parent focus group participants were also asked to discuss their views on both effective messaging topics and strategies. Specifically, parents responded to the following questions: 1) What messages do you suggest we include in a campaign targeting youth? and 2) If you could give other parents advice on how to prevent underage drinking, what would you say to them that you feel they would respond positively to?

As a result, the following themes emerged when considering messages targeting youth:

#### **Highlight addiction and abuse.**

- Several parents felt it was important to help youth see and better understand the addictive effects of drugs and alcohol over time. Specifically, this messaging would focus on how even casual use can turn into addiction and detail the consequences of addiction.

#### **Focus on the future.**

- “Youth feel invincible and it’s important to focus on their future lives.”
- “For me as a parent, anything that will stop kids from being successful in the future is a deterrent. My kids want to be successful; this deters them.”

**Keep messaging positive.**

- “What can we teach them? How can they handle situations? It is okay to make mistakes.”  
“I want them to be educated at school on pros and cons and how to handle things if you make a bad decision.”

**Use scare or fear tactics.**

- “I feel that it is most effective because they can then know what could happen to them.”
- “I tend to scare them. I try to tell my kids about dangers around binge drinking when you go off to college. The death over the summer [of Fairfield teen] scared me and my kids to death. Those experiences are important to learn from.”

**Focus on positive coping and wellness.**

- “How to take care of yourself, where to get help, and ways to create positive habits (to help with stress, etc.).”
- “Show youth how to handle a situation if someone makes a bad decision and that it is ‘okay to make mistakes.’”

**Address community norms.**

- “Counter community and family norms that allow kids to drink ‘safely’ at home before heading to college and preparing them to be a grown up. Instead, (message should be) ‘The way to be a grown up is showing kids there are ways to walk through the adult world and social life without having to please others and without having to drink.’ Help them navigate these situations, instead of accepting that it’s a rite of passage.”
- “It’s important to let youth know that using drugs and alcohol should not be the norm.”

**Focus messaging to localities.**

- “Reference local statistics or resources, as opposed to generic messaging.”

**Do not utilize one uniform message.**

- “There is a need for different types of messages for different types of kids.”

**Peers/young adults in recovery as effective messengers.**

- “Youth are receptive to hearing stories from young adults who are sober and those in recovery. Its more effective if the messages come from peers, popstars, or young adults in recovery versus parents.”
- “Community groups where children go either as volunteers or participants could incorporate messaging” such as the CT Junior Republic where they utilize peer-to-peer education techniques.

**Target messaging to parents.**

- Highlight the Social Host Law
- “Cut and dry, minimal words with bold statement that attracts parents.”

## MESSAGE PLATFORM SUGGESTIONS

### Youth

*Where do youth believe a campaign targeting youth would best reach their peers?*

Most youth report using social media platforms, including Instagram, TikTok, Snapchat and YouTube and believe prevention messaging should be focused there. Teens felt that billboards were not effective, “we don’t pay attention to billboards; we’re usually on our phones.” One did mention that they noticed a ‘Don’t Drink and Drive’ billboard in bright yellow and black in their town. They also agreed that they do not pay attention to print ads. Another teen said she liked the lawn signs in her town with messages of encouragement (COVID-19 related), while a couple of others thought TV ads would be effective.

Several youth felt that prevention speakers brought into school that shared their personal stories were effective. A few youth thought prevention messaging should be included in school health education and programming. One youth noted that “they need to get some new material. We’ve been watching materials from the 1900s and they’re old and outdated. Even about mental health.”

Youth made the following noteworthy suggestions for targeting messaging via social media sites:

#### **TikTok and Instagram:**

- Youth-created ads.
  - “You know which ads are not created by youth and it will turn other youth off.”
  - “Have younger people make TikToks and post them on Instagram to spread messages.”
  - “Elementary school kids are watching TikTok now.” (Younger age should be a target (see below).

#### **YouTube:**

- Post people’s personal stories.
  - “The YouTube Channel does post interviews with drug addicts showing their process of getting sober. They also show the before and after.”

#### **Keep ads engaging and short:**

- “Videos need to be engaging and short so that they capture the audience’s attention quickly, especially as many ads can be skipped after the first few seconds.
- “Youth have short attention spans so keep clips short.”

**Include humor:**

- “Ads should be relatable, funny and hip to the Gen Z population.”
- “It is important to share facts in a funny, relatable way.”

**Use influencers or celebrities:**

- “People are more likely to listen to someone they know of and respect like Beyonce and Robert Downey Jr, he can talk to that experience. Bobby Brown. The Voice actors.”
- “Need someone that has attention of the public that we can relate to. We can look up to them and better ourselves.”

**Parents*****Where do parents believe a campaign targeting youth should be implemented?***

The majority of parents reported that targeting youth via social media platforms was the most effective method to reach them. Instagram, Snapchat, TikTok and YouTube were specifically highlighted.

- “Post on sites that (youth) already utilize and go through a known host, that they might already follow, such as their school.”

In addition, parents suggested several alternatives to reaching youth including:

- “A text messaging program would be an effective way to reach youth who are not on social media platforms and provide “support for those who are trying to quit or need support or something else. Can enroll and easy to use.”
- “Messaging incorporated into school curriculums that is “fun and interactive.”
  - Several parents mentioned the positive influence the DARE program had on their own lives and/or on their children.

***Where do parents believe a campaign targeting parents should be implemented?***

Parents identified social media sites that are best used to reach them including Facebook, Instagram and Twitter. In addition, one parent mentioned an Ad Council radio ad that caught their attention, and another wondered if commercials like “It’s 9 PM, do you know where your kids are?” could be effective. Parents also felt that information needed to be placed in locations where parents frequently go, such as grocery stores. Finally, a parent noted that interactive forums reaching both youth and their parents are helpful (e.g. community film screenings such as ‘Screenagers’).



## COMMUNITY SUPPORT SUGGESTIONS

Youth and parent focus group participants were asked how their local community and state leaders and decision-makers could best support them related to their personal, family, social, and community needs. In response, they identified a wide range of community supports that they felt could be offered to help support prevention and mitigate the effects of COVID.

Below is a summary of participant cited supports by domain:

### Mental Health Intervention

- Free services, including therapy
- Parents of teens
- Teen self-care guidance (how-to)

### Substance Use Intervention

- Nicotine addiction services

### Academic Supports

- School Counselors
- Tutors
- Advisory groups in school

### Recreational Activities (*in person, socially distanced*)

- Geared toward high school youth in particular
- Youth-serving organizations (e.g., Boys and Girls Club)

### Online Recreational Activities

- Digital music
- Baking
- Coding
- Paint night
- Movie night

### Youth Peer Support

- Peer-to-peer groups (e.g., TurningPointCT)
- Quit line text for vaping
- Teen platform to discuss topics anonymously

### Health Class Curriculum Enhancements

- Substance use prevention
- Mental health coping strategies

## LGBTQ

- Schools highlighting something similar to a “pride meter” for those in the college application process.
- Community and schools taking the lead in countering LGBTQ stigma through regular school and/or community email blasts.

## Volunteering/Community Activity

- A community challenge with prizes (e.g., trash pickup, encourage exercise related to number of steps completed)

## Parent Supports

- Parent-to- parent outreach within communities.
- Help focused on “How to look for signs that their kids are abusing substances.”
- Single parent supports
- Assistance to families creating dedicated study areas in the house

## RECOMMENDATIONS

Overall, when considering the impacts of COVID-19 on youth and their parents in terms of mental health, wellness and substance use there are several immediate and long-term recommendations that emerge from this assessment data. These recommendations come in the form of supports, interventions, activities, and strategies. As noted in the Community Support Suggestions above, we have included an itemized list based on participant recommendations.

Expanding on that list, there is a clear need across all communities when considering immediate and long-term mental health supports for youth and parents. Teens who are looking for appropriate mental health therapy do not always have access to these services. Almost all the youth we heard from did not feel that their school counseling departments had the capacity to support them in dealing with mental health issues and cited concerns over confidentiality, availability, and competence of staff. Several parents mimicked concerns around finding appropriate mental health providers for their teens especially with challenges around finding the ‘right fit.’ Although many youth were comfortable discussing their own or their peers’ mental health needs, many did identify the concern about stigma that is associated with any mental health issue and therapy. Recommendations to address issues of stigma and access included:

- Community and school-based campaigns to de-stigmatize utilization of mental health services.
- Utilization of school-based counselors to accommodate students with immediate mental health needs.

- Publicize available resources for finding mental health supports in communities for teens.
- Provide information to youth and parents on what to expect when seeking mental health supports from the first phone call to the initial in-person or virtual visit.

Many teens indicated that they were providing support to their friends and peers around mental health issues and substance use, however, there is a concern that they do not have the proper information or resources to do so properly. Communities should consider whether they have the appropriate mechanisms in place to support a peer-to-peer model. Several youth reported confronting their friends around their substance use and feeling frustrated by their inability to effectively influence their friend’s decisions.

- Provide youth appropriate training to implement strategies in prevention and intervention.
- Engage youth as prevention messengers (e.g., *“Youth Ambassadors could be effective, reaching out to friends for support is effective. But there are some things friends can’t help with or don’t know how.”*)
- Provide and publicize appropriate peer-to-peer supports in the community.

Parents indicated that they are looking for parent-to-parent outreach opportunities within their own communities in terms of managing the challenges tied to COVID. When considering substance use, it was clear that many parents are ‘dancing around’ their teen actions and behaviors and end up adopting a more permissive parenting style. Some indicate that they do not know how to handle conflicting norms when they come from their child’s friends’ parents or find it easier to ‘turn the other cheek’ when faced with circumstances around substance use. It was also clear based on our conversations with youth that access to alcohol from homes is one of the most common ways youth obtain alcohol and that this has become easier during COVID. Lastly, parents and youth made recommendations for prevention efforts that involve positive messages and alternative activities, although many in both groups also endorsed the use of “scare tactics” to prevent youth substance use, a strategy that has not been proven to be efficacious.<sup>3</sup>

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<sup>3</sup> SAMHSA, Using Fear Messages and Scare Tactics in Substance Abuse Prevention Efforts. <https://www.riprc.org/wp-content/uploads/2018/04/fear-messages-prevention-efforts.pdf>

As a result of these findings, several strategies to support youth substance use prevention are suggested:

- Provide and publicize opportunities for parents to join support networks within their children's schools or larger communities.
- Continue to offer or expand community and school events related to substance use and remind parents to use those opportunities to discuss family norms, expectations, rules and consequences.
- Educate parents about how to frequently and effectively have conversations about substance use with their kids.
- Educate youth and parents about effective prevention strategies and give them opportunities to support the planning of these to enhance their buy-in.
- Promote messaging about the social host law and consequences of underage drinking targeting parents.

One immediate and no or low-cost step schools and communities can take to support youth includes acknowledging the losses they are experiencing. This is especially true for high school seniors. These gestures and communications do not have to be large or complex but can provide the youth in the community with support that acknowledges the difficulties COVID has brought to all aspects of their lives.

## **LESSONS LEARNED**

This process for expedient qualitative data collection proved to be fruitful and impactful. Hosting virtual focus groups as a result of a pandemic provided many lessons for groups that may want to replicate this approach during COVID and when life becomes more normal. The following is a summary of these lessons.

### **Recruitment**

- Virtual groups may facilitate increased participation because transportation, childcare and overall time commitments are not barriers. [For example, parent participants were able to tend to household tasks such as folding laundry, making dinner, or attending to their children as needed while actively participating in the groups.]

- Capacity to implement Spanish-speaking (and other English language learner) groups was limited by the availability of external Spanish language facilitators. CPES and other entities within the prevention infrastructure should consider ongoing plans to enhance their capacity to ensure non-English speaker participant inclusion. This also applies to the need for translation of all documents, surveys and protocols into the native language the group is being conducted in.
- One-hour sessions may be insufficient for certain groups, such as native Spanish speakers. Consider ninety to one hundred and twenty minute sessions for non-English speaking groups and larger groups.
- Incentives are a key component to effective recruitment efforts, not only for youth but for adults as well. The ability to offer the participants electronic gift cards in this project enhanced the recruitment efforts that were made in the short time period that was available.

### **Facilitation**

- Flexibility to create an alternative virtual focus group. In a few cases, some focus groups at onset had mixed youth and adults entering the same virtual space. As such, CPES staff permitting, last-minute additions of online meeting rooms were necessary to facilitate the separation to youth-only and parent-only groups. In addition, there were a couple of instances where the decision was made to divide a large group of over 20 participants into a second separate group. Having back-up facilitators and note takers is necessary when this occurs.
- More than eight participants may not allow sufficient time for each participant to speak during a one-hour session. Typical in-person focus group sizes can be modified when conducting groups virtually. It became apparent over the course of the project that conducting smaller groups with only three to four participants was as enriching as conducting in-person groups with eight to ten participants.
- Directly asking each participant for their thoughts encouraged otherwise quiet participants to contribute more to the conversation. When conducting focus groups, it can be effective to call on participants who have not been participating. As the virtual platform can be a barrier for some to have an opportunity to speak, it was sometimes

effective for facilitators to call on participants by their first name to give them an opportunity to speak when there was a pause.

- Providing community and statewide mental health, suicide and substance use intervention resources, as well as local community prevention coalition contacts ensures that participants have access to resources for themselves as well as others in their lives, if need be.
- School email addresses may not be able to accept e-mail from outside the school system in which case an alternative email must be provided to receive an e-gift card.
- Parents and guardians were eager to participate and were unexpectedly open about their own and their children's mental health and substance since the COVID-19 time of social isolation began. It appeared to facilitators that parents enjoyed having this opportunity in this unprecedented time to share their thoughts and feelings with other parents and would likely be willing to participate in other such groups on various topics.

## **Conclusion**

Overall themes from focus groups were consistent with youth substance use data from state and national sources collected prior to the COVID-19 shut-down. Alcohol and marijuana remain the substances of choice for youth. According to the 2019 Connecticut School Health Survey<sup>1</sup> (CT's YRBS), 25.9% of high school students reported using alcohol in the past month, and 21.7% reported using marijuana in the past month. Youth perception of harm related to marijuana appears to be decreasing which is consistent with trend data from the National Survey on Drug use and Health (NSDUH). According to the NSDUH<sup>2</sup>, perceptions of great risk from smoking marijuana among Connecticut youth 12-17 declined from 23.5% in 2009-2010 to 19.0% in 2018-2019.

Youth reported that more alcohol use is occurring when adolescents are alone than in social settings and drinking is often a means of coping with depression, anxiety and boredom. Parents reported drinking more alcohol but did not feel as though this negatively impacted their children. Parents did not make the connection that their own increased drinking can impact their

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<sup>1</sup> Connecticut Department of Public Health, 2019 Connecticut School Health Survey (CSHS).

<sup>2</sup> SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

children through modeling behavior that influences family norms. Encouraging news is that youth focus group participants reported less use of vape products among their peers, less peer approval of “vaping,” and increased perception of harm.

Parents and youth focus groups consistently identified mental health issues as a consequence of the COVID-19 shut down and described feelings of depression, anxiety and loneliness. On a positive note, more families are talking about mental health issues and acknowledging them within their families. However, both parents and youth continue to report that stigma is a barrier to accessing mental health supports.

### **Limitations**

Focus groups do not allow for quantification and clear statements about the state of youth underage drinking and other substance use. Facilitators were able to get a sense of the directionality of youth substance use patterns and perceptions overall, however, these data are not representative of all youth in the state and certainly not of all parent perceptions.

While efforts were made to have representation geographically and by community type, there were no groups represented from Connecticut’s eastern region. Additionally, many of the focus group participants were connected to youth and adult prevention groups in their community providing them more of an understanding of substance use prevention strategies than would be seen through broader recruitment efforts. In terms of demographics, parent and youth groups had more representation from females than males. Also, fewer parents completed the pre-survey than actually participated in the groups, resulting in less quantifiable data on parent demographics and perceptions related to the impact of COVID.

Focus group participants primarily viewed and understood the impact of COVID-19 on their lives in four stages of the COVID-19 epidemic (e.g., initial, summer, early fall and the late fall/early winter surge in cases). This classification of four stages emerged based on participant descriptions of their experiences since the COVID-19 shut-down. Based on their comments in the groups, each stage distinctively impacted personal and community norms and behaviors, had varying effects on typical activities, and impacted participants’ perception of their overall well-being and use of substances.

## **Next Steps**

### **Ongoing Data Collection**

The COVID-19 pandemic continues to alter youth and adult socialization and as a result impacts mental health and substance use. CPES, along with state and community partners, will continue to assess how the COVID-19 pandemic and time of social distancing and isolation impacts underage drinking and other youth substance use, as well as related risk factors such as mental health and access to alcohol and other drugs. Substance use data collected during this time and in years to follow will need to be considered in the context of COVID impact.

### **Data Dissemination**

Data from this report will be made available to external community groups and organizations via the full report, info briefs and PowerPoint presentations. These documents can be made available on the DMHAS website and the Connecticut SEOW Prevention Data Portal. In addition, local community partners will receive summaries of the outcomes of their focus groups, as an appendix to the report, for use in local prevention planning. Other groups such as the SEOW, the Connecticut Alcohol and Drug Policy Council, State Suicide Advisory Board, RBHAOs, health departments, hospitals, treatment organizations and local prevention councils and coalitions will also be able to utilize the aggregate data for needs assessments and prevention planning.



## Appendix A: FAQ

### Partnership for Success (PFS) 2015 No Cost Extension (NCE) COVID IMPACT Focus Group Project Information and Materials

The following information is intended to support community partners who may be interested in coordinating a separate focus group (s) of **middle or high school youth** or **parents/guardians of middle and high school youth**. These focus groups will support PFS 2015 NCE's efforts to learn more about the impact of COVID-19 on youth underage drinking and other substance use.

Please carefully review the information below.

If you have questions please connect with the partner who shared this material with you or contact Bonnie Smith, Research Associate, UConn Health at [bsmith@uchc.edu](mailto:bsmith@uchc.edu).

#### Included in this document are the following:

1. Frequently Asked Questions (FAQ)
2. Consent Language Template
3. Ground Rules
4. Resources
5. Process to Receive Gift Cards

#### 1. FAQs:

##### What is the PFS COVID Impact Focus Group project?

The Connecticut Department of Mental Health and Addiction Services (DMHAS) received a grant to collect information about how COVID-19 has impacted CT families and youth regarding mental health and substance use. To accomplish this, DMHAS will host up to 21 separate focus groups via Zoom for youth in grades 6-12, and parents across the state in November and December 2020. This is occurring through a partnership with UConn Health Department of Public Health Sciences. UConn Health research staff will coordinate, facilitate and create reports on the outcomes of the focus groups.

##### Who is eligible to participate in the PFS COVID Impact Focus Groups?

1. Youth in grades 6-12, and
2. Parents and guardians of youth in grades 6-12.

##### Will I be expected to share personal information if I participate?

Youth and adults are able to either share personal experiences OR describe what they are seeing and hearing in their community, regarding how their peers are coping with the impacts of COVID-19 overall and as it relates to anxiety, depression, alcohol and other substance use.

##### How do I participate?

Youth who agree to participate must have their parent or guardian provide consent to the organization in their community that is organizing the focus group, allowing them to participate. For some groups, a parent or guardian may passively “opt them in” by reviewing information about the focus groups. If the organization requires active consent, parents or guardians would need to sign a form allowing their child to participate.

### **What should I expect during the focus group?**

When a participant enters the virtual focus group, they will be asked to complete an anonymous survey to collect information on their age/grade, gender identity, race/ethnicity and town of residence. They will also be asked a few questions about how COVID-19 has impacted their lives.

Within the survey, and verbally before the focus group begins, participants will be reminded that and asked to confirm their understanding of the following:

1. The virtual session will be recorded.
2. Participants will not share information provided by another participant outside the focus group.
3. There are no right or wrong answers, only differing points of view.
4. One person will speak at a time.
5. Only first names, initials or pseudonyms will be used during the session, participants names will not be recorded in the notes, no identifying information will be collected.
6. Participants must let others speak and will listen respectfully as others share their views.
7. We want to hear from everyone who is comfortable sharing, if participants prefer to send the facilitator their response in the chat, they will be able to do so.
8. Participants may choose not to respond to a question at any time.
9. Participants may exit the focus group at any time if they feel uncomfortable.
10. No personal information will be shared by participants.
11. Participants who are not following ground rules will be dismissed from the meeting by the facilitator.

At the end of the focus group, participants will be asked to complete a short online form which will ask for a first name and e-mail address in order for UConn Health staff to disseminate an electronic store gift card to thank them for participating. Youth will receive gift cards for \$15 and adults will receive \$25 gift cards.

### **How can I receive a gift card if I participate?**

Participants can complete an online form before leaving the virtual meeting, that will ask for a first name and email address. This information will allow UConn Health to send an electronic gift card to thank them for their participation within 10 business days. We ask youth

participants to use an e-mail address other than what is issued by their school. This is because school e-mail systems often do not allow those outside their system to send an email to students.

Participants may use someone else's email address with permission. They can also have the e-gift card e-mailed to a contact at the organization which organized the focus group. Remember any information shared in the group will not be connected directly to the participants, the e-mail is only collected to send the electronic gift card.

**What if I do not have a computer/laptop/phone/Internet connection?**

If access to technology limits a person's ability to participate, they should contact the organization coordinating the focus group in their community to see if they have technology or Wi-Fi they can access at the time of the focus group.

**How will the information collected in the focus groups be used?**

Information collected will be aggregated or combined and no information will be collected that ties information back to individual participants. Names of participants will not be connected to the statements made. Recorded sessions will be used to create a transcript, or written documentation, of what was said in the group. The transcript will be used to create a summary report to share with the sponsoring organization to help plan local programming. The summary report will be put together, or aggregated, into one report which represents all focus groups conducted across the state. This aggregated report will be submitted to DMHAS in January 2021, to help guide the development of behavioral health and substance use prevention initiatives moving forward.

**What if I don't wish to be recorded in the session?**

Agreeing to be recorded is a requirement of participation. If you don't wish to be recorded, you will be unable to participate.,

**2. Consent Language for Focus Group Coordinating Partners:**

*Note: Select items here will be reflected in the online pre survey and stated by facilitators at the start of all focus groups.*

**Partners, please use and modify the consent language below to fit the requirements of your organization. Items highlighted in yellow, should be completed with your organization's name and information.**

**Purpose**

You have been invited to participate in a focus group sponsored by [name of your organization or group, department, or program] in partnership with Connecticut Department of Mental Health and Addiction Services (DMHAS) and the UConn Health Department of Public Health Sciences. The purpose of this focus group is to understand how COVID-19 has impacted families

and youth regarding mental health and substance use. The information gained through this focus group will be used to support local and state level planning of resources and services for youth and families.

### **Procedure**

You will participate in a virtual group on the Zoom meeting platform with 6 – 12 other individuals. When you enter the virtual session, you will be asked to complete an anonymous online survey to collect information on your age/grade, gender identity, race/ethnicity and town of residence. You can also choose to answer a few short questions on how COVID-19 has impacted your life.

During the virtual focus group, a moderator will facilitate the discussion and a note-taker will be present. This virtual session will be recorded. Individual responses are confidential, and no names will be included in the final report. You can choose whether or not to participate in the focus group, and you may stop at any time during the session. To be eligible for the gift card, you must complete a short survey at the end of the focus group.

There are no right or wrong answers to focus group questions. [Name of unit, department, or program] want(s) to hear the many varying viewpoints and would like for everyone to contribute their thoughts. Out of respect, please refrain from interrupting others. However, please be honest even if your experiences or opinions are different from other group members.

### **Benefits and Risks**

Your participation may benefit you, other [name relevant groups] and The Department of Mental Health and Addiction Services by increasing information about the impacts of COVID-19 to youth and families allowing for increased and focused resources and supports. However, no risks are anticipated beyond those experienced during an average conversation.

### **Confidentiality**

Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the session. Participants can choose to provide initials or a pseudonym on their screen to allow for increased confidentiality. Researchers from UConn Health Department of Public Health Sciences will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports. Meetings will be recorded in the Zoom meeting platform to allow for transcripts to be created of the session. Names will not be connected to responses provided within the transcript. The Zoom meeting platform will be protected with encryption, and only participants with meeting access codes will be permitted to enter. The host will be able to expel a participant at any time for not following rules and expectations stated at the start of the group.

### **Contact**

If you have any questions or concerns regarding this study, please contact:

[Name and Contact of Person in Organization]

Or

Bonnie Smith, MPH

Research Associate

UConn Health Department of Public Health Sciences

[bsmith@uchc.edu](mailto:bsmith@uchc.edu)

### 3. Understanding Confidentiality and Discussion Ground Rules:

1. The virtual session will be recorded.
2. Participants will not share information provided by another participant outside the focus group.
3. There are no right or wrong answers, only differing points of view.
4. One person will speak at a time.
5. Only first names, initials or pseudonyms will be used during the session, participants names will not be recorded in the notes, no identifying information will be collected.
6. Participants must let others speak and will listen respectfully as others share their views.
7. We want to hear from everyone who is comfortable sharing, if participants prefer to send the facilitator their response in the chat, they will be able to do so.
8. Participants may choose not to respond to a question at any time.
9. Participants may exit the focus group at any time if they feel uncomfortable.
10. No personal information will be shared by participants.
11. Participants who are not following ground rules will be dismissed from the meeting by the facilitator.

### 4. Resources:

Within the concluding survey the following resources will be shared with participants in the event something has come up for them during the focus group. The sponsoring organization may have local resources they wish to share with participants, in addition.

Crisis text line: Text **HOME** to **741741**

National Suicide Prevention Lifeline: **1-800-273-TALK**

Mental Health Resources: <https://www.preventsuicidect.org/>

Substance Use Resources: <https://www.drugfreect.org/>

Opioid Resources: <https://liveloud.org/>

Problem Gambling Resources: <http://www.ccp.org/get-help/helpline/> or Text CTGAMB to 53342.

CT COVID-19 Information and Resources: <https://portal.ct.gov/Coronavirus>

National COVID -19 Information: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Not sure what you need: Call 2-1-1 or visit <http://www.211.org/>

## **5. Process to Receive Gift Cards:**

At the end of the focus groups, the following links will be posted in the chat. One link is for adult participants and the other is for youth. These surveys request first name, and email address (not a student email as outside e-mails to school e-mail addresses are often blocked). Gift cards will be sent to the e-mail address entered within 10 business days of the focus group by UConn Health staff.

## Appendix B: Parent and Youth Focus Group Protocols

### PARENT GROUPS

**Introduction:** Welcome! My name is [        ], and I will be the group leader for today’s discussion. Let me start by thanking you for participating in this project. Today/This Evening, we are talking to parents and guardians in [Town/City] about your observations and experiences concerning youth alcohol and other drug use during COVID-19. We also want to check in with you and see how you and your family are doing with all the restrictions that have been put into place since the COVID-19 shut down began.

Before I begin, I would like for you all to complete a quick questionnaire that will give us some general information about who we are talking to. Please take a few minutes and complete the survey link that I have placed in the chat box. Please answer honestly, as no one will know what you have said specifically – just what the people in the group reported. It will allow us to record a general profile of the group, so we will know how the group broke down in terms of your ages, gender, race and ethnicity.

**Ground Rules:** At this time, I would like to set some ground rules. First, everyone’s opinion is important, and we will respect what each person has to say. Second, my purpose here is to ensure everyone gets a chance to talk and that we get to talk about all the topics. You can choose to not to respond to a question if it makes you feel uncomfortable. Finally, it is important that we agree that “what is said here stays here”. During the discussion people in the group may say things about themselves that they would not want repeated outside of the group. It is important that you all understand and agree with these rules before we can begin.

**Facilitator:** Ask to see thumbs up, to ensure approval from all

**Demographics:** Provide instructions to complete the survey – a Survey Monkey link will be included in the Chat feature at this time.

#### Facilitator:

Has everyone completed the survey?

Please check the name you entered in Zoom, you may enter a false name if you chose, please also include your pronouns (They, Ze, He, She)

Here is a quick reference chart to support this process:

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

<https://transstudent.org/graphics/pronouns101/>

### **Facilitator /Note Taker Reminders:**

Facilitator: Do not offer the chat as means to respond unless seems needed

Note Taker Role: Take notes (detailed for the first several groups until we feel transcription is reliable), monitor the chat, inform the facilitator if items in the chat need to be addressed, privately message participants to engage them if needed, copy and paste chat into notes before closing the session

### **Questions:**

1. How are you feeling today?  
(PROMPT: How is your current level of stress and/or anxiety?)
  - a. How are feeling now re: stress/anxiety compared to before COVID restrictions were put in place?
  - b. How are you currently managing work/life/family balance? (PROMPTS: working at home while children are remote learning, etc.)
  
2. How are you coping?
  - a. What are examples of **your** current coping techniques that are **helping** you?  
(PROMPTS: exercise; connecting with friends outdoors or virtually; cooking/eating; other types of self-care.
  - b. What, if any, are examples of **your** strategies/behaviors that you are concerned about or would like to reduce?  
(PROMPT: lack of exercise, substance use, eating habits, not taking time for self-care)
  - c. Have any of these behaviors or the amount of these behaviors (**POSITIVE OR NEGATIVE**) changed since COVID restrictions were put in place?

*NOTE: If alcohol use comes up in previous questions, use as segue to this. If not, just shift into this statement.*

***Data have indicated that alcohol sales and adult alcohol consumption have increased since COVID has greatly impacted our lives.***

3. Have you seen this in your own lives or in the lives of your friends and family?

***Shifting gears to underage drinking, at this time we have no way to know if underage drinking and other drug use has increased. We would like to get some feedback from you.***

4. What have you seen and heard in your community related to underage use of alcohol?  
(PROMPT: Increase/Decrease etc.)
  
5. How do you think youth are accessing alcohol?
  - How has this changed since COVID restrictions have been put in place?



6. What about other youth substance use such as vaping, marijuana, prescription drugs or other substances, what have you seen and heard in your community about this?
  - Has this changed since COVID restrictions have been put in place?

*Note: for the following question, ask about specific substances, based on response to previous question*

7. How do you think youth are accessing vaping products, marijuana, or other drugs?
  - Has this changed since COVID restrictions have been put in place?

*Note: Regarding changes to SUBSTANCES NOTED ABOVE-ASK IF INCREASE OR DECREASE-if no change, SKIP*

8. Why do you feel these changes have occurred with underage drinking and/or other drug use?

***Thank you so much for sharing your observations so far. Connecticut Department of Mental Health and Addiction Services (DMHAS) would like to establish some public health messaging, shared through a media campaign, around preventing underage drinking, that is responsive to what is happening in the community in this time of COVID restrictions.***

9. What messages would you suggest be included in such a campaign?
  - PROMPT for Adult Target Audience: If you could give other parents advice on how to prevent underage drinking, what would you say to them that you feel they would respond positively to?
  - PROMPT for Youth Target Audience: If you could give youth advice about underage drinking, what would you say that you feel they would respond positively to?

10. Where do you feel a campaign targeting parents would best reach them?  
(PROMPT: Facebook, Instagram, Newspaper, Website, Billboards etc.)

11. Where do you feel a campaign targeting youth would best reach them?  
(PROMPT: SnapChat, TikTok, Billboards, Schools, YouTube)

*[Allow 1 or 2 additional questions here if local communities need specific information for their prevention planning/work]*

END ALL GROUPS WITH:

12. How can your local community better support you? If you wanted to let state leaders/decision-makers know how best they can support you, what would you say?
  - PROMPT: Are your needs being met via family, social, community, professional supports?

## Youth Groups

**Introduction:** Welcome! My name is [        ], and I will be the group leader for today’s discussion. Let me start by thanking you for participating in this project. We are talking to teens in [Town/City] about your observations and experiences during COVID-19 and all the restrictions that have been put in place. We want to check in with you and see how you and your friends are doing. During today’s [this evening’s] discussion, we will be touching upon areas that include the impact of COVID-19 on mental health and use of alcohol and other drugs.

Before I begin, I would like for you all to complete a quick questionnaire that will give us some general information about who we are talking to. Please take a few minutes and complete the survey link that I have placed in the chat box. Please answer honestly, as no one will know what you have said specifically – just what the people in the group reported. It will allow us to record a general profile of the group, so we will know how the group broke down in terms of your ages, gender, race and ethnicity.

**Ground Rules:** At this time, I would like to set some ground rules. First, everyone’s opinion is important, and we will respect what each person has to say. Second, my purpose here is to ensure everyone gets a chance to talk and that we get to talk about all the topics. You can choose to not to respond to a question if it makes you feel uncomfortable. Finally, it is important that we agree that “what is said here stays here”. During the discussion people in the group may say things about themselves that they would not want repeated outside of the group. It is important that you all understand and agree with these rules before we can begin.

**Facilitator:** Ask to see thumbs up, to ensure approval from all

**Sample Ice Breaker:** *I think it would be nice to do a quick ice breaker if possible. Could be as simple as, what flavor ice cream would you be and why? Could include a list in the chat if needed. ALSO Jeopardylabs.com & Word Plays*

**Demographics:** Provide instructions to complete the survey – a Survey Monkey link will be included in the Chat feature at this time.

**Facilitator:** Has everyone completed the survey?

Please check the name you entered in Zoom, you may enter a false name if you chose, please also include your pronouns (They, Ze, He, She)

Here is a quick reference chart to support this process:

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

### **Facilitator /Note Taker Reminders:**

Facilitator: Do not offer the chat as means to respond unless seems needed

Note Taker Role: Take notes (detailed for the first several groups until we feel transcription is reliable), monitor the chat, inform the facilitator if items in the chat need to be addressed, privately message participants to engage them if needed, copy and paste chat into notes before closing the session

### **Questions:**

1. Tell me a little about how you and your friends have been doing since COVID-19 restrictions started?
  - a. How are you and your friends managing stress, unease, negativity, anxiety?  
(PROMPT: Coping strategies both healthy and not so healthy)
  - b. How is this different since COVID started?  
(Prompt: Increased, decreased, the same)
  
2. What have you seen among friends and/or your peers in terms of drinking? Has it changed since COVID restrictions were put in place? (Prompt: Increased, decreased, the same)
  
3. What about getting access to alcohol? Among peers or friends that do drink, has it become easier, more difficult since COVID restriction have been in place?
  - a. Where are youth in your community getting alcohol?  
(Prompts: from home (with or without permission), older siblings or friends, at parties)
    - Have you seen a change since COVID restrictions have been in place?
  - b. Where are they using?  
(Prompts: at home, at parties, outside spaces, cars)
    - Have you seen a change since COVID restrictions have been in place?
  
4. What about vaping? Has use changed since COVID restrictions were put in place?  
(Prompt: Increased, decreased, the same)
  - a. What is being vaped?  
(PROMPT: flavored liquids, nicotine, marijuana, something else?)
    - Have you seen a change since COVID restrictions have been in place?
  - b. Where are your peers who vape getting it?
    - Have you seen a change since COVID restrictions have been in place?  
(PROMPT: Is it easier or harder to get VAPE products? Are the ways your peers get vape products different, ie. More online purchasing, more purchasing at the local store?)
  
5. What about marijuana use? Has use changed since COVID restrictions were put in place?  
(Prompt: Increased, decreased, the same)

- a. Has access changed? (PROMPT: Is it easier or harder to get marijuana products?)
- b. Where are your peers who use marijuana getting it?
  - Is this different since COVID restrictions have been in place?

*Note: If there is time include the NMUPD question:*

- 6. What about non-medical use of prescription drugs? Here I am referring to taking more than is prescribed OR taking someone else' prescription drug to get high or feel good. Has use among your peers changed since COVID restrictions were put in place? (Prompt: Increased, decreased, the same)
  - a. Has access changed? (PROMPT: Is it easier or harder to get prescriptions drugs for the purpose of getting high or to feel good?)
  - b. Where are your peers who misuse prescription drugs getting them?
    - Is this different since COVID restrictions have been in place?

***Connecticut Department of Addiction and Mental Health Services (DMHAS) would like to establish some public health messaging disseminated through a media campaign around preventing underage drinking that is responsive to what is happening in the community in this time of COVID restrictions.***

- 7. What messages would you suggest be included in such a campaign?
 

PROMPT: If you could give youth advice about underage drinking, what would you say that you feel they would respond positively to?
- 8. Where do you feel a campaign targeting youth would best reach them?

[Allow 1 or 2 additional questions here if local communities need specific information for their prevention planning/work]

END ALL GROUPS WITH:

- 9. Are there any supports that your school/community could offer to teens and their families?
 

PROMPT: If you had the opportunity to talk to local and state leaders what would you want to tell them? Is there anything you feel youth need?

## Appendix C: Youth Survey

### UConn Health COVID Impact Focus Group Pre Survey-Youth

1. Which of the following best describes you?

- I identify as female
- I identify as male
- I prefer not to say
- I prefer to self-describe

2. Are you Hispanic/Latino/Latina/Latinx?

- Yes
- No
- I prefer not to say

3. What race or races do you consider yourself to be? (Select all that apply)

- Asian
- Black/African American
- Native American/Alaskan Native
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- I prefer not to say

4. Town of Residence:

5. What grade are you in?

- 6
- 7
- 8
- 9
- 10
- 11
- 12

6. Please select which best describes your school structure right now.

- Fulltime - in person
- Hybrid - some time in person and some time learning remotely

All remote (online only) learning

Home school

\* 7. In what ways has the COVID-19 pandemic affected your feelings, behaviors, and well-being?

	Not applicable-I don't use/Have not experienced this	A lot LESS	Slightly LESS	No change/the same	A little MORE	A lot MORE
Feeling anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having problems with friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having access to mental health supports (ex. Counselors, therapists etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using E-cigarettes or vaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana or THC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription drugs for the purpose of getting high or to feel good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please be sure you have reviewed these:

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3. There are no right or wrong answers, only differing points of view.
4. One person will speak at a time.
5. Only first names, initials or pseudonyms will be used during the session, participants' names will not be recorded in the notes, no identifying information will be collected.
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7. We want to hear from everyone who is comfortable sharing, if participants prefer to send the facilitator their response in the chat, they will be able to do so.
8. Participants may choose not to respond to a question at any time.
9. Participants may exit the focus group at any time if they feel uncomfortable.
10. No personal information will be shared by participants.
11. Participants who are not following ground rules will be dismissed from the meeting by the facilitator.

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## Appendix D: Parent/Guardian Survey

### UConn Health COVID Impact Focus Group Pre Survey-Parent/Guardian

1. Which of the following best describes you?

- I identify as female
- I identify as male
- I prefer not to say
- I prefer to self-describe

2. Are you Hispanic/Latino/Latina/Latinx?

- Yes
- No
- I prefer not to say

3. What race or races do you consider yourself to be? (Select all that apply)

- Asian
- Black/African American
- Native American/Alaskan Native
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- I prefer not to say

4. Town of Residence:

5. Please select the grades of your child(ren) in middle or high school? (Select all that apply)

- 6
- 7
- 8
- 9
- 10
- 11
- 12

6. Please select which best describes your child(ren)'s school structure right now. (Select all that apply)

- Fulltime - in person
- Hybrid - some time in person and some time learning remotely
- All remote (online only) learning
- Home school

\* 7. In what ways has the COVID-19 pandemic affected your feelings, behaviors, and well-being?

	Not applicable-I don't use/Have not experienced this	A lot LESS	Slightly LESS	No change/the same	A little MORE	A lot MORE
Feeling anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having problems with friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having access to mental health supports (ex. Counselors, therapists etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using E-cigarettes or vaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana or THC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription drugs for the purpose of getting high or to feel good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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