



Executive Summary, Partnerships for Success 2015, No Cost Extension Focus Group Project

Prepared by The Center for Prevention Evaluation and Statistics (CPES) at UConn Health

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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.

For the full report see: <https://portal.ct.gov/DMHAS/Prevention-Unit/Prevention-Files/PFS-2015>