DMHAS 2022-23 Youth and Parent Focus Group Initiative: Substance Use, Mental Health, and COVID-related Effects on Connecticut's Youth

July 2023

Developed by the DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health

Acknowledgements

The DMHAS 2022-23 Youth and Parent Focus Group Initiative was conducted with funding support from the Connecticut Department of Mental Health and Addiction Services (DMHAS) Prevention and Health Promotion Unit, through SAMHSA Substance Abuse Prevention and Treatment (SAPT) COVID Supplemental Block Grant dollars.

CPES would like to thank the organizations that participated in the process of organizing the focus groups and key informant interviews, and the youth and parents that participated.
CPES would also like to acknowledge the prevention partners that facilitated linkages, provided guidance, and informed the process.

Department of Mental Health and Addictions Services (DMHAS) Prevention and Health Promotion (PHP) Unit

Regional Behavioral Health Action Organizations (RBHAOs)
Region 1: The Hub: Behavioral Health Action Organization for Southwestern CT
Region 2: Alliance for Prevention and Wellness
Region 3: Southeastern Regional Action Council (SERAC)
Region 4: Amplify, Inc.
Region 5: Western CT Coalition

CPES Local Evaluator Workgroup (LEW)

Governor's Prevention Partnership (GPP)

CT Youth Advisory Board (CTYAB) and Youth Peer Advocates

Prevention in Connecticut Communities (PCC) initiative

This report was developed by the Focus Group Team at the DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health

Contributors include:

Megan O'Grady, Ph.D., *Director*
Jennifer Sussman, B.A., M.F.A, *Coordinator*
Janice Vendetti, M.P.H., C.P.H., *Research Associate*
Alversia Wade, M.P.H., *Research Assistant*
Adekemi Suleiman, M.P.H., *Graduate Assistant*
Yang Liu, M.P.H., *Graduate Assistant*
Steffany Gomes, M.P.H., *Graduate Assistant*
Ashley Connors, B.S., *Graduate Assistant*
Antoinette Thuillier, B.S., *Graduate Assistant*

Please contact Jennifer Sussman at cpes@uchc.edu for more information regarding this report or the focus group initiative. None of the information presented in this report should be interpreted to represent the views of any of the participating organizations.

Table of Contents

Executive Summary ____ 5
Background ____ 6
Methodology ____ 7
- Literature Review ____ 7
- Outreach ____ 7
- Conducting Focus Groups ____ 8
- Analyzing the Data ____ 8

Focus Group Reach ____ 9
- Communities Reached ____ 9
- Connecticut Youth & Parents Reached ____ 9
  - *Youth Participants* ____ 10
  - *Parent Participants* ____ 11

Results: Youth Perspectives ____ 13
- Mental Health & COVID-19 Impacts ____ 13
- Substance Use ____ 13
  - *Alcohol* ____ 14
  - *Cannabis* ____ 16
  - *Electronic Nicotine Delivery Systems (ENDS)/Vaping* ____ 18
  - *COVID-19-related Impacts on Substance Use* ____ 19
  - *Motivations for Substance Use* ____ 20

Results: Parent Perspectives ____ 22
- Family Norms & COVID-19 Impacts ____ 22
- Substance Use ____ 22
  - *Alcohol* ____ 22
  - *Cannabis & Vaping* ____ 23
  - *Having Conversations with Children About Substance Use* ____ 23

Results: Recommendations for Support ____ 24
- Suggestions for School Support ____ 24
  - *Mental Health Support* ____ 24
  - *Educational Outreach* ____ 25
  - *Addressing Substance Use in School* ____ 25
  - *Parent Suggestions for School Support* ____ 25
- Suggestions for Community Support ____ 26
  - *Youth Suggestions for Community Support* ____ 26
  - *Parent Suggestions for Community Support* ____ 26

Discussion ——— 27
- Mental Health & COVID-19 Pandemic-related Impacts ---- 27
- Substance Use ---- 27
- Suggestions for Support in Schools & in the Community ---- 28
- Limitations ---- 29

Conclusions & Next Steps ——— 30

Appendices ——— 32
- Appendix I: Literature Review Bibliographic References ---- 32
- Appendix II: Youth Focus Group Interview Guide ---- 36
- Appendix III: Parent Focus Group Interview Guide ---- 38

Executive Summary

This report summarizes the results of the focus group initiative conducted by the Connecticut Department of Mental Health and Addiction Services' (DMHAS) Center for Prevention Evaluation and Statistics (CPES) at UConn Health. This initiative was funded by the federal government's COVID-19 Substance Abuse Prevention and Treatment (SAPT) Supplemental Block Grant and was carried out by CPES to collect information about how COVID-19 has impacted behavioral health among youth in Connecticut (CT).

This initiative was informed by the Partnership for Success (PFS) 2015 focus group initiative, which collected preliminary data on the impact of the pandemic on youth substance use. The target population and data collection methods were based on a review of the PFS 2015 initiative, regional priority reports and other state behavioral health data collected during the COVID-19 pandemic. To collect data from the determined target population(s), CPES staff collaborated with DMHAS and other prevention partners at the state, regional, and local levels, to host separate youth and adult focus groups across the state, virtually and in-person. The objective of these focus groups was to assess how the COVID-19 pandemic potentially impacted the behavioral health of youth and families in CT; accessibility to alcohol and other drugs; changing social, family, and community norms; and mental health and other related risk factors.. The focus groups were guided by these evaluation questions

1. What do youth feel are the key mental health issues and concerns for CT youth?
2. How have family behaviors and norms evolved over the course of the COVID-19 pandemic?
3. What is the current state of alcohol, cannabis, vaping/ENDS use among CT youth regarding prevalence, access, and norms?
4. What is the effect of legalization of adult cannabis use on peer norms regarding perception of risk, harm, and acceptability?
5. What are the drivers of youth substance use/misuse?
6. What do youth perceive as the COVID-19 impacts on youth substance use?
7. What are barriers and facilitators of family communication about substance misuse?
8. What substance misuse prevention and mental health promotion strategies are needed for youth at the community level?

Across 15 communities in CT between March 2023 and June 2023, CPES conducted 14 youth focus groups, 2 parent focus groups, 4 key informant parent interviews, and 1 in-depth youth interview. Common themes across youth perspectives and parent perspectives were identified through rapid qualitative analysis.

Youth participants articulated that anxiety, stress, and depression were the biggest mental health-related issues among their age group. They identified the pressure to meet social standards, school (e.g., academic performance, workload), and uncertainty about the future as stressors contributing to these issues. The COVID-19 pandemic had varying impacts on youth mental health: some expressed how COVID-19 exacerbated these stressors and added new ones, such as social isolation, a loss of social skills, and transitioning between in-person learning and online learning. Some youth reported improvements in mental health because they were spending more time with family and saw improved social interaction upon returning to in-person learning.

In regard to substance use and across most communities, vaping was the most common form of substance use, followed by cannabis use and then drinking alcohol. Youth were getting these substances from family members (e.g., older siblings, parents with and without permission), peers, older friends, and stores (e.g., smoke shops that do not check identification or by using a fake I.D.). Most parents felt comfortable talking to their kids about substance use, but there was no consensus about the right age to start these conversations and if they should be started at school or at home. Both youth and parents suggested support from the school systems and community in the forms of designated mental health counselors, educational talks and community events, and supportive recovery programs in schools for youth who are using substances and want to quit.

The methodology, results, limitations of this process, and suggested next steps are detailed further in this report.

Background

During the COVID-19 pandemic, many individuals experienced various challenges, including contracting the illness, and restrictions on physical gatherings that limited social interactions. These challenges contributed to stress due to financial concerns, changes in personal routines, contracting COVID-19, and uncertainty about how long social distancing requirements would last [1]. In addition to higher rates of stress, higher rates of anxiety and depression were observed among individuals living in the US and Canada during the COVID-19 pandemic [2].

Data regarding changes in youth substance use and mental health due to the COVID-19 pandemic are continuously being compiled and analyzed as the pandemic is coming to an end, so the extent of the pandemic's impacts is still not fully understood. Furthermore, much has changed since the focus groups of the PFS 2015 initiative were conducted. Since then, most restrictions have been lifted and students have returned to in-person learning. Therefore, with the change in landscape and increase in social gatherings, youth substance use may also have changed. This highlights the need for data that demonstrate COVID-19 pandemic-related impacts on substance use and mental health conditions, specifically among youth in CT.

The objective of these focus groups was to assess how the COVID-19 pandemic potentially impacted the behavioral health of youth and families in CT; accessibility to alcohol and other drugs; changing social, family, and community norms; and mental health and other related risk factors. The focus groups were guided by these evaluation questions:

1. What do youth feel are the key mental health issues and concerns for CT youth?
2. How have family behaviors and norms evolved over the course of the COVID-19 pandemic?
3. What is the current state of alcohol, cannabis, vaping/ENDS use among CT youth regarding prevalence, access, and norms?

[1] Park, C.L., Russell, B.S., Fendrich, M. et al. (2020). Americans' COVID-19 Stress, Coping, and Adherence to CDC Guidelines.

[2] Turna, Zhang, J., Lamberti, N., Patterson, B., Simpson, W., Francisco, A. P., Bergmann, C. G., & Ameringen, M. V. (2021). Anxiety, depression and stress during the COVID-19 pandemic: Results from a cross-sectional survey.

4. What is the effect of legalization of adult cannabis use on peer norms regarding perception of risk, harm, and acceptability?
5. What are the drivers of youth substance use/misuse?
6. What do youth perceive as the COVID-19 impacts on youth substance use?
7. What are barriers and facilitators of family communication about substance misuse?
8. What substance misuse prevention and mental health promotion strategies are needed for youth at the community level?

Methodology

Literature Review

At the start of this initiative, a literature review was conducted to gain a better understanding of current literature regarding the COVID-19 pandemic's impact on the mental health of youth, substance use among youth, and how changes during the COVID-19 pandemic have influenced substance use among youth. The literature review also aided in identifying at-risk populations that were targeted for outreach. A bibliography of the research cited in the literature review can be found in Appendix I.

Outreach

A data driven framework was developed comparing community types and demographics of the towns and DMHAS regions throughout CT. This framework served as a reference during the outreach process to ensure that focus groups were representative of the CT population. Using this framework and the literature review, high need and underserved communities were prioritized using a variety of metrics (e.g., higher incidence of liquor permit violations, larger Hispanic populations, and/or high COVID-19 burden). After consulting with local evaluators and DMHAS partners, 35 communities were selected to conduct outreach.

The outreach process included contacting local prevention partners within the selected communities. Other community partners that were contacted included the Prevention in Connecticut Communities (PCC) grantees, CPES Local Evaluator Workgroup (LEW), Regional Behavioral Health Action Organizations (RBHAOs), Drug Free Communities (DFC), and state and/or federal prevention coalitions.

Leaders and staff within the identified organizations were contacted via email with the following information:

- A Frequently Asked Questions (FAQ) document;
- Informational graphics and presentation that provides the background, purpose, statements of the voluntary and confidential nature of the project;
- An overview of what to expect within focus groups;
- Demographic information to be collect about participants through a Qualtrics survey for;
- Details on receiving a token of appreciation for participation, in the form of an e-gift code.

Organizations who were interested in hosting focus groups were asked to conduct the following steps:

1. Identify naturally existing groups from which to form focus groups;
2. Identify groups of 5 to 8 participants from these groups that are Connecticut residents, English speakers, and are either youth in 6th to 12th grade, or the parent of a child in 6th to 12th grade;
3. Obtain informed consent from parents and assent from youth using the language provided by the CPES team;
4. Schedule 60- to 90-minute focus groups, using scheduling windows provided by the CPES team;
5. Send an e-mail to participants containing the WebEx meeting link provided by the CPES team;
   a. OR provide a space for in-person focus groups if the organization is unable to host focus groups virtually;
6. Send a reminder email to participants the day before the focus group;
7. Attend the first 5 minutes of the meeting to do a 'warm hand-off,' which included; introducing the focus group facilitators; confirming inform consent and parental approval, if applicable; and reiterating the importance of participation

Conducting Focus Groups

WebEx was utilized as a virtual platform due to its security and data encryption. To make participants feel more comfortable speaking without concern that a representative from their school or community would be monitoring their response, only the facilitator and notetaker were present during the question portion of the focus group. In rare circumstances, the coordinator was permitted to stay if it aided discussion and did not breach the confidentiality of the participants. Participants were given a walkthrough of WebEx to familiarize themselves with the platform. Before starting the focus groups, participants agreed to a set of ground rules. Participants were then asked to complete an anonymous demographic Qualtrics survey using a generated QR code and/or URL before the focus group began. During the focus group, participants were asked to share observations and perspectives from their community regarding youth substance use, mental health, and the COVID-19 pandemic impacts on behavioral (see the Appendix II and III for the interview guide). All focus groups were recorded with the permission of the participants to facilitate transcription. After the focus group was complete, participants were provided another QR code and/or URL to fill out a form which enabled them to receive an e-gift card ($25 for youth and $30 for parents) as a token of appreciation for their participation on behalf of CPES. In addition to focus groups, four parent key informant interviews were conducted to expand reach and gain additional perspectives. These key informant interviews followed the same procedure as the focus groups.

Analyzing the Data

Once the focus groups and interviews were completed, audio recordings were sent to a third-party organization who cleaned and de-identified the transcripts. Then, transcripts from the focus groups and key informant interviews were analyzed [OA1] using rapid qualitative analysis to identify themes across communities. This involves using a template approach to summarize key domains from each data collection episode. These summaries are then placed in matrices for analysis and identification of themes. The summarization of the State Youth Advisory Board (YAB) focus group was completed together by all CPES staff who were involved in the initiative to serve as a reference[OA2] [AW3] for analyzing future summarizations. The rest of the summarization for each focus group and key informant interview were completed by CPES staff in pairs to make sure the summaries were accurate.

Focus Group Reach

Communities Reached

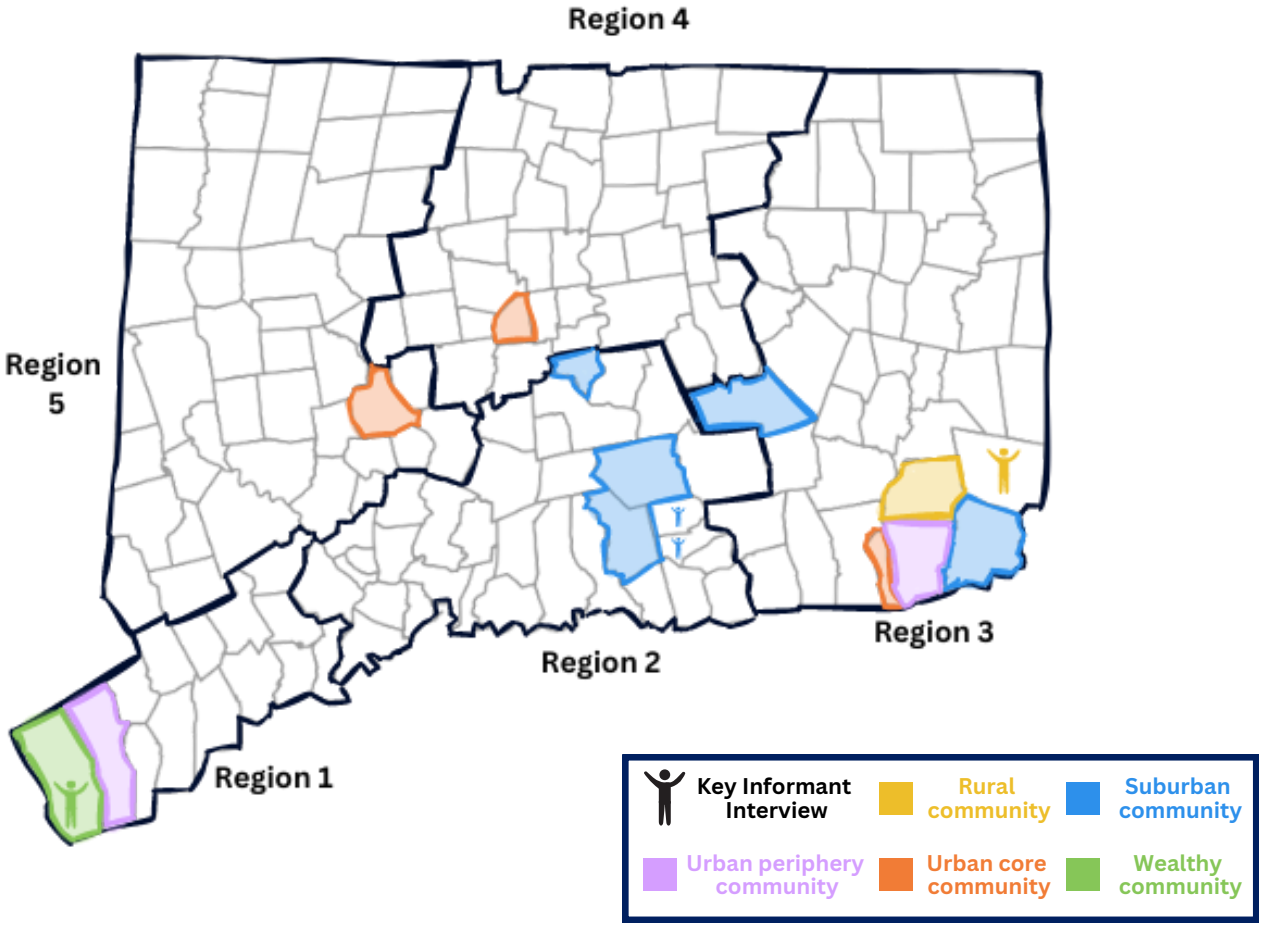

Figure 1. Map of the five DMHAS regions in Connecticut depicting the focus group and key informant interview coverage.

Across 12 communities in Connecticut, 14 youth, and 2 parent focus groups were conducted from March to June 2023. One youth focus group was conducted as an individual in-depth interview because only one participant attended the focus group. Key informant interviews with parents were conducted in 4 communities (Figure 1).

Connecticut Youth and Parents Reached

Overall, 96 youth and 13 parents participated in the focus group interviews. All 13 parent participants completed the demographic survey; 91 (95%) youth participants completed the demographic survey. Analysis of data from the demographic survey implemented as part of the focus groups provides a sense of the reach of youth and parent focus groups. The results are described below.

Youth Participants

The majority of the youth participants (62%) were female, 5% chose to self-describe, and 2% chose not to disclose. Most of the youth participants were high schoolers (76%) between the ages of 13-17 years old (75%). Most youth participants identified as White/Caucasian (50%), 21% identify as Black/African American, 9% as Asian, 2% as Native American/Alaska Native, and 2% as Native Hawaiian or other Pacific Islander, 9% report more than one race, while 8% opted not to disclose their racial identity (Figures 4 and 4a). Of these participants, 29% were Hispanic (Figure 2).

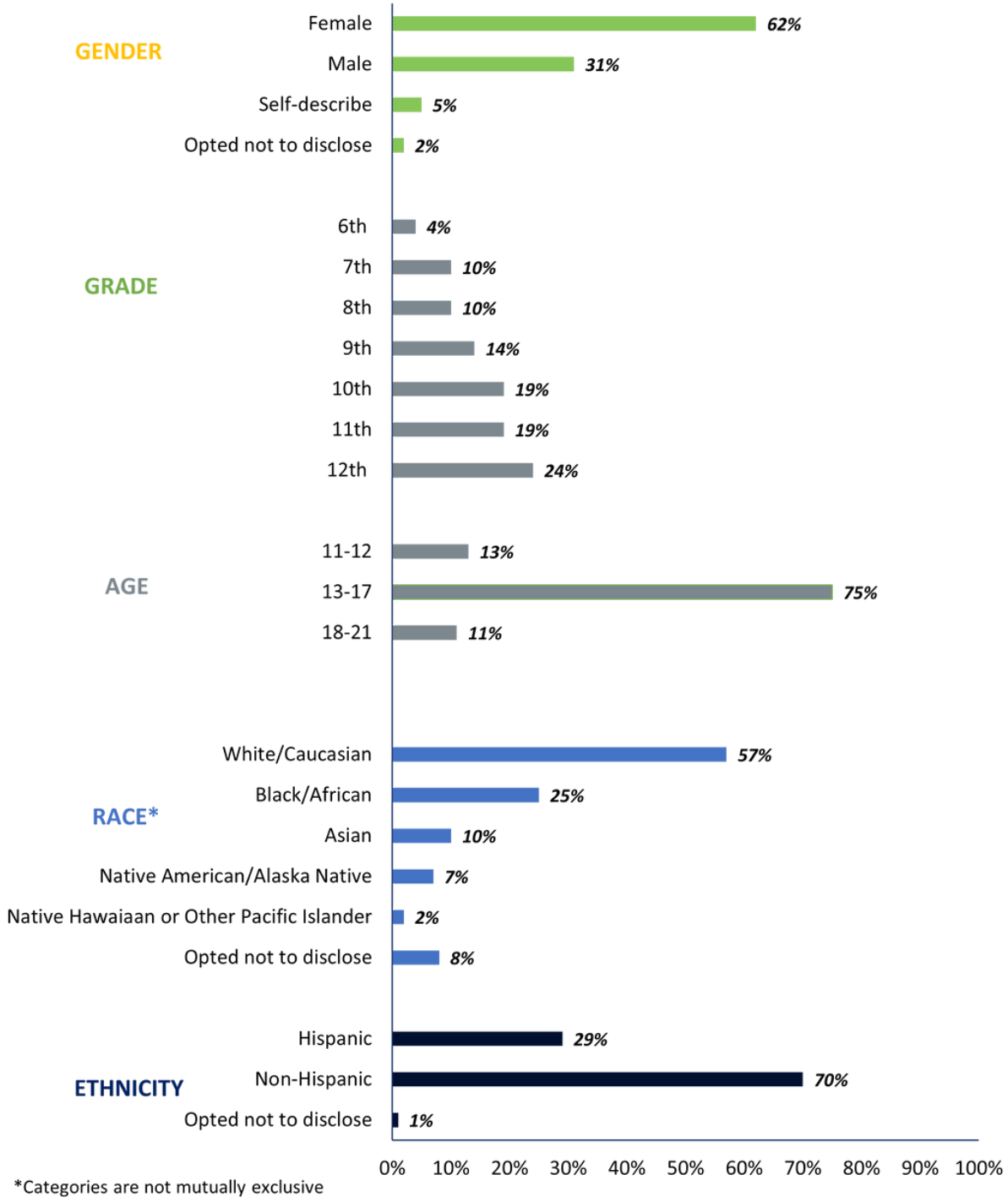

Figure 2. Youth Participant Demographic Characteristics (n=91).

Parent Participants

Similar to the youth participants, the majority of the parent participants were female (77%). Most parent participants identified as White/Caucasian (62%), with 38% identifying as Black/African American, and 15% as more than one race. One participant opted not to disclose their race. 15% identified as Hispanic. The parent participants had children in grades 6 to 12, with the majority of parents having children in grade 8 (54%) (Figure 3).

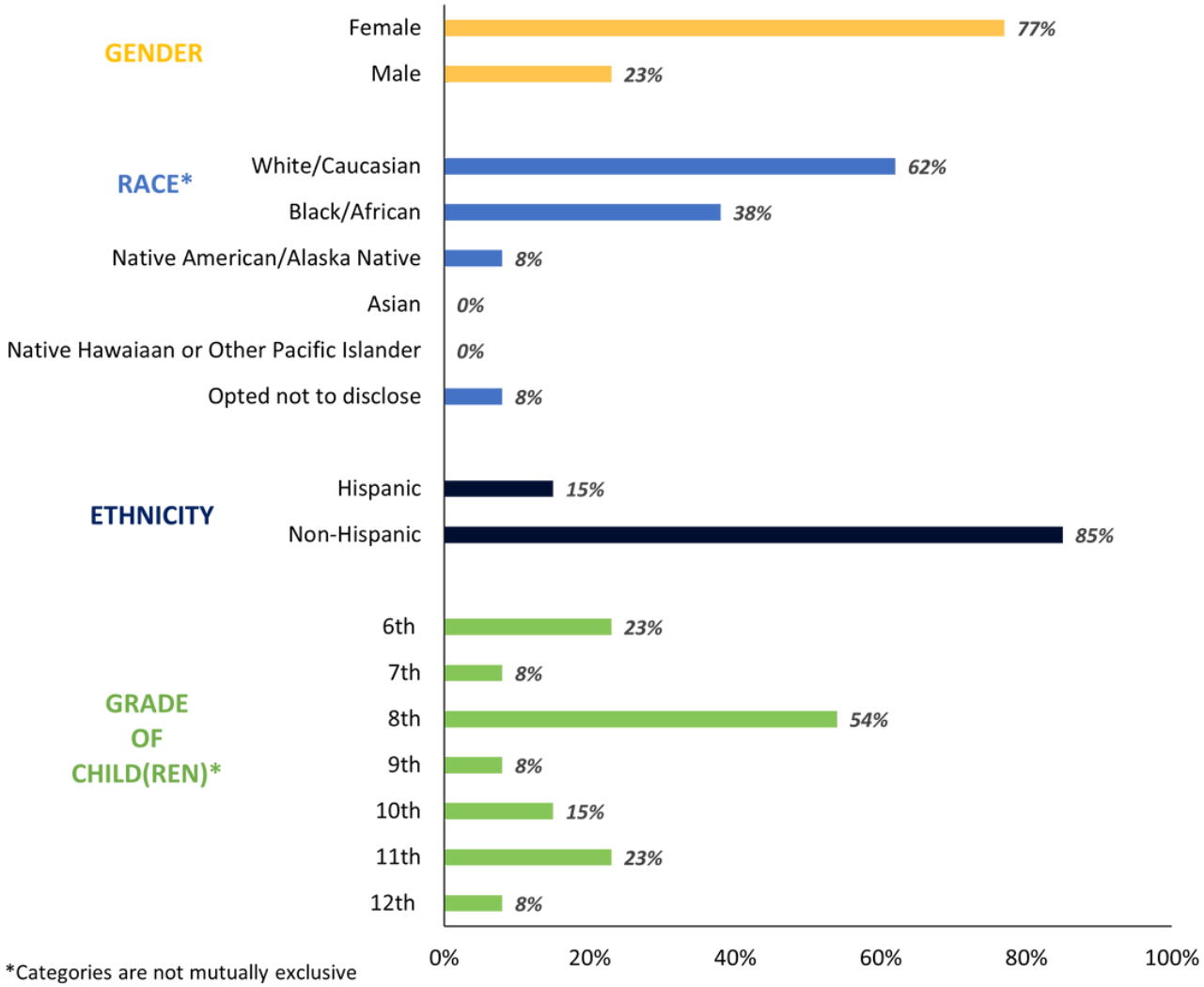

Figure 3. Parent Participant Demographic Characteristics (n=13).

Youth and parent focus groups had a higher proportion of females to males, higher percentage of non-white participants (including Black/African American, Hispanic, Native American/Alaska Native, Asian, etc.) and a lower percentage of Whites than the state.Given the importance of choosing a representative sample of participants, the demographic data for the focus groups is compared with the demographic data of the Connecticut population in Table 1.

Table 1. Comparison of the demographic characteristics of the Connecticut population, the youth participants, and the parent participants.

Demographic Characteristics	CT	Youth Participants *n= 91*	Parent Participants *n= 13*
Gender*			
Female	50.9%	62.0%	77.0%
Male	49.1%	31.0%	23.0%
Race**			
Asian	5.1%	9.0%	0.0%
Black/African American	12.7%	21%	23%
Native American/Alaska Native	0.7%	2.0%	0.0%
Native Hawaiian or other Pacific Islander	0.1%	2.0%	0.0%
Two or more races	2.6%	9.0%	15.0%
White/Caucasian	78.8%	49.0%	54.0%
Ethnicity			
Hispanic	17.7%	29.0%	22.0%

*Some of the data collected for gender demographics could not be compared due to a lack of equivalent CT-level data.
**8% of youth participants and 8% of parent participants opted not to disclose their racial identity.

Results: Youth Perspectives

Mental Health & COVID-19 Impacts

Youth focus groups began with participants being asked what the biggest mental health issue is for youth in their communities. Across focus groups, youth identified anxiety, depression and stress in general as the major mental health-related issues among their peers.

Major stressors included: school (academic performance, workload); school transitions (e.g. middle school to high school, high school to college); social standards (meeting social media, society, peers, and parental expectations; friend group expectations; appearance (how you look, act); aptitude (what are you good at?); and the future (e.g. career decisions; college preparation; uncertainty about future).

The COVID-19 pandemic exacerbated these stressors, as well as created new ones. There was a general sense that COVID-19 resulted in a greater prevalence of mental health issues. According to youth, the COVID-19 shutdown and shift to online learning increased social isolation, exacerbating depression, contributing to what one youth called "separation anxiety."

Youth also identified increased social media use and reliance during COVID-19 as having a negative impact on mental health. Youth noted that comparing themselves to others, and social media's unrealistic standards, worsened their anxiety.

For most youth, the return to in-person learning, and the pressure of the in-school environment (teacher expectations, skill deficits as a result of online learning, and pressure to catch up on core learning, as well as social pressure) was a major stressor, resulting in anxiety and in some cases depression.

While a few youth described a decrease in social anxiety during COVID-19 due to removal from the in-school environment, several middle school youth viewed that removal as a stressor. Some youth identified COVID-19 as a time in their life where they would have utilized the in-person school environment as a place to learn and practice social skills they would rely on in high school. School shutdown during COVID-19 and the move to online learning removed that proving ground, resulting in a stunt in socialization skills, which put them at a disadvantage upon return to school. With the return to school (and in some cases a whole new school) increasing social anxiety for many, the insufficiency of practiced social skills to navigate the social landscape at school resulted in additional social anxiety.

> *I mean socially COVID made a really big impact. Like not necessarily on upper high school but you can see it in freshmen and sophomores even. Like their social skills are so not where they would've been if COVID hadn't been a thing. They never learned friendship. Like all that building time was taken away. So a lot of them are still – like a freshman acts like a 7th grader 'cause they're 3 years behind mentally. So I think that stuff is hard on people because they don't know how to cope with it. And like – because they never learned how to do it.*

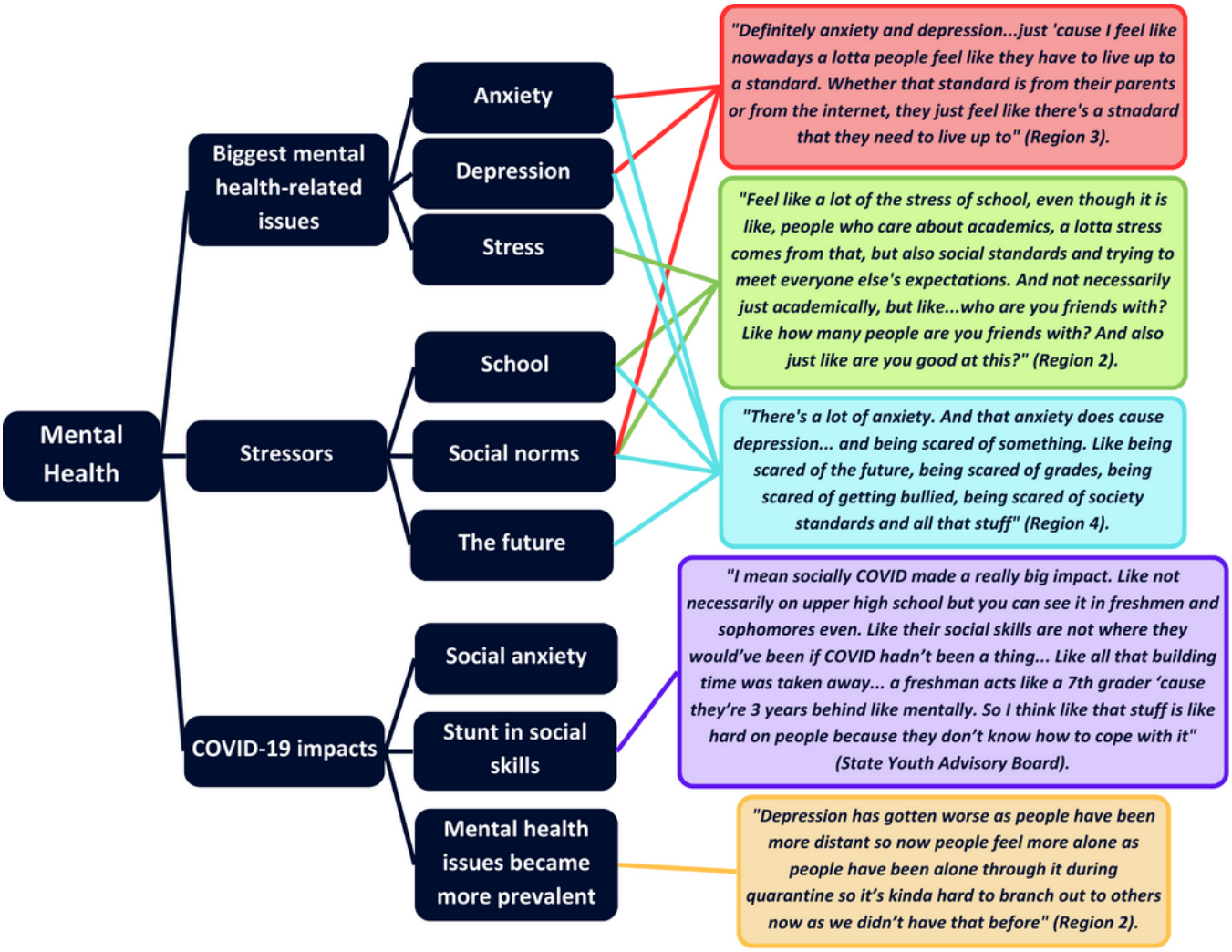

Figure 4. A thematic mind map of the biggest mental health issues, stressors, and the COVID-19 pandemic's impacts on mental health that were identified by youth participants. Exemplary quotations by youth from the indicated DMHAS region are included.

Substance Use

Alcohol

When asked to describe alcohol use among their peers, there was a sense among youth focus group participants that alcohol use was more common among high school students than middle school students, and while alcohol use was common among high school students, it was less common than vaping nicotine or smoking marijuana, especially as a daily practice.

Most youth agreed that access points for alcohol were largely social: at home, from parents, with or without parents' permission, or from other relatives, including siblings; from older friends; or at parties. Youth also pointed to retail access, with liquor stores that don't ID (or with a fake ID) still being viable source of alcohol.

> *"I don't really know a lot of people that like drink daily, because it can be expensive, it affects how you are like when you present to people, you can very easily tell if someone's been drinking a lot and it's something that's not very easy to hide. I think a lot of other substances, for example, are used daily because they're easy to hide."*

For some, alcohol is perceived as harder to obtain than cannabis or nicotine and Electronic Nicotine Delivery Systems (ENDS) devices: ***"I would say [alcohol] is a less common form of substance use among people our age because I feel like it's harder to get than nicotine or marijuana. Or people don't use alcohol as much as they used to 'cause they have things that are stronger than that now that are real easy to get access to."***

Locations of use included at home, including tasting at family gatherings; at friends' houses (parties, sleepovers); and outdoors (some specific examples were a local cemetery and a skate park), including parties and gatherings with friends, and to a lesser extent at school (vaping and cannabis use are more common in school settings). In general, youth viewed alcohol use as more of a social activity**: *"Alcohol is more of like something you think of on occasions like parties or get-togethers, things like that,"*** in comparison with vaping and cannabis use, which were viewed as more universal (individual use as well as social use with friends).

Youth focus group participants seemed to perceive alcohol more negatively than either cannabis or vaping, based on indirect experiences of negative effects on others. Participants recognized and explicitly mentioned alcohol's negative effects on physical and mental health, but there were differences of opinion among participants and focus groups regarding whether alcohol was ultimately the most harmful of the three substances.

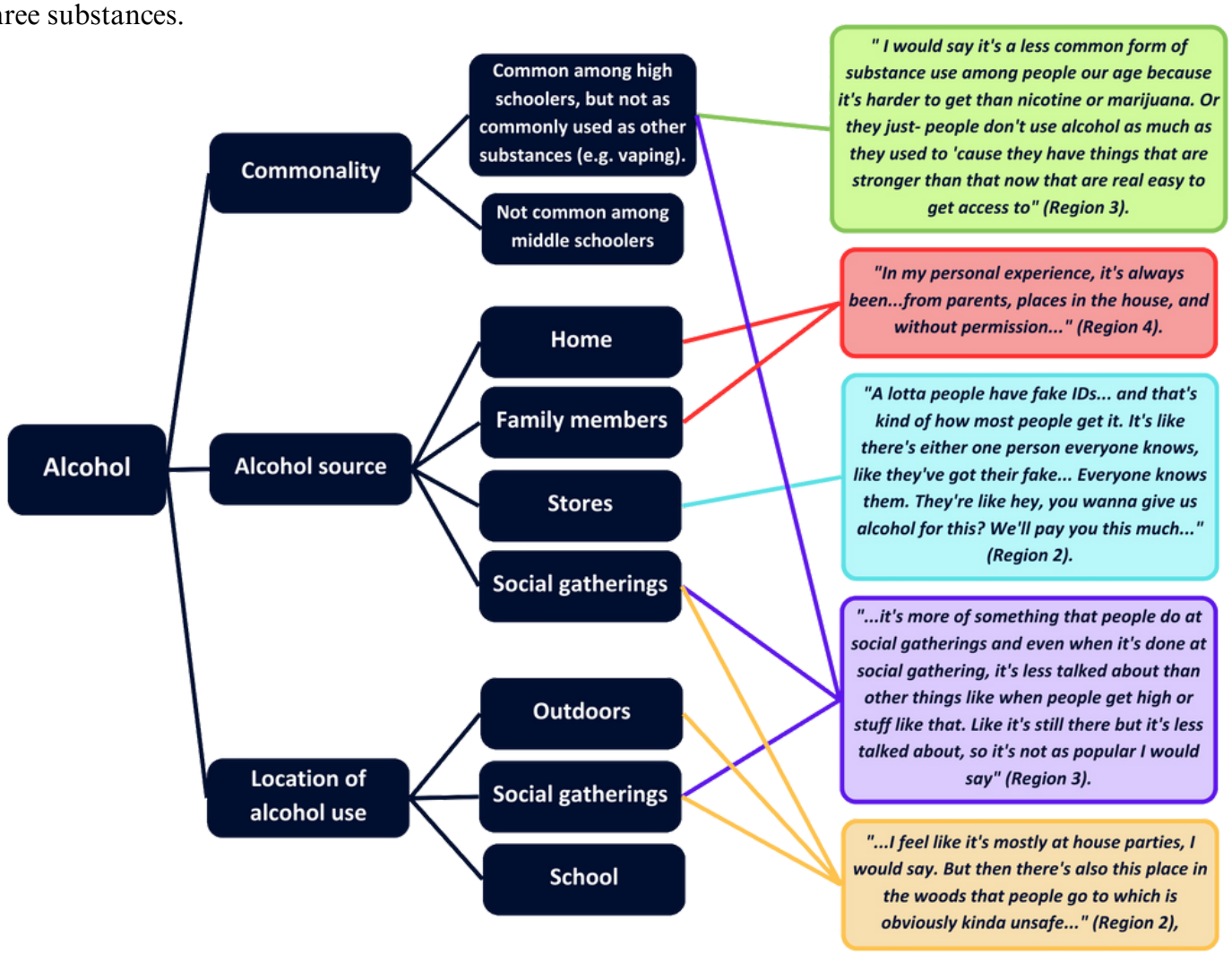

Figure 5. A thematic mind map displaying the common themes among youth responses to questions about alcohol use. Exemplary quotations by youth from the indicated DMHAS region are included.

Cannabis

Cannabis use was viewed as very common among youth, more common than alcohol use but less common than vaping. Like alcohol, cannabis was reported as used more among high school students than middle school students, although the distinction between middle school and high school was less pronounced for cannabis than for alcohol. Youth felt that middle school students were more likely to vape cannabis (e.g. cartridges or "carts," and "weed pens" or dab pens) than use it in other forms, while there was a sense that high school age youth used cannabis in various forms, including: smoking ("rolls," "flower"); vaping; and edibles, including gummies and baked goods (brownies, cookies, cupcakes). Respondents in region 1 referred to the use of "grabba," a form of tobacco leaf used as a rolling paper or ground up with marijuana, and believed to increase the quality of the smoking experience or high.

When asked what motivates youth to use cannabis, focus group participants gave several possible reasons: youth use cannabis because their friends do it; as a coping mechanism; and to increase satisfaction with other activities they enjoy. Another motivator reported by youth is low perception of risk, one reason being that cannabis is used for medical purposes so seems less harmful. Finally, youth noted that social media influences youth cannabis use through media portrayal of cannabis use (e.g. South Park, Snoop Dogg). Since participants cited youth desire to "grow up" as motivation for using cannabis, taking their cues from adults, high profile media icons like Snoop Dogg and others using cannabis have an impact.

Sources of cannabis included social access points, (giving, sharing, selling) via peers, siblings, friends, other students, and those older, which some saw as resulting in the expansion of use. According to one youth, ***"I feel like it's honestly more widespread just because I feel like the freshmen and sophomores are more likely to like vape or smoke weed that the older kids are giving to them."*** Retail access was also widely noted, in the form of stores and smoke shops, many of which sell to minors or don't check identification (I.D). Home access via parents, with or without their permission, was another source youth identified throughout the focus groups.

> *"It's so easy to get now. There're so many people that like sell it and – or like give it away or there's just like – like people have like older siblings that could go get it for them and it's just so easy to get your hands on. So that's definitely a big thing…*

> *I feel like weed is harder to get than like a vape or alcohol for kids, so I doubt it's gonna be used a lot. And also, it's just like hard to get away with because of like the weed smell."*

It was noted that social media was one novel means of obtaining cannabis, with dealers selling on Snapchat using the story feature, coded keywords or emojis, and both personal accounts and separate accounts set up for selling. There were differences of opinion on how easy it is to obtain and get away with using cannabis.

Youth shared that locations of cannabis use were varied, ranging from inside school buildings (e.g., bathrooms and hallways) to outside on school grounds, and outside in general (e.g., backyards, playgrounds, basketball courts, outside buildings and restaurants, and in youth-designated "smoke spots"). Participants reported both social and individual use, including use at parties.

With regard to perception of risk/harm of cannabis, youth expressed that lack of education about the risks of cannabis, and the belief that it is viewed to be natural, contribute to low perception of harm relative to other substances. With regard to the effects of legalization of adult use cannabis on youth,

there was mixed opinion of whether legalization has increased use among youth. There was, however, a fairly widespread sense that legalization has decreased, or could decrease, stigma and perceptions of risk/harm. As one youth shared: ***"I think I've seen maybe a little bit of just people thinking there's less repercussions because of it, like it's less dangerous since it's legal for like older age, I guess."*** Another youth echoed: ***"Well, people might think that the symptoms are not severe if it's legalized or whatever. Cause now they legalized it, so people will think that oh, since they legalized it, nothing will happen to me."*** Moreover, since participants cited youth desire to "grow up" as motivation for using cannabis, taking their cues from adults, it makes sense that legalization of adult use cannabis, which legitimizes adult use, would increase acceptability, and exacerbate that motivator.

Some other youth didn't see the legalization affecting perception of acceptability as much: ***"In terms of the perception of its use, I really don't think it has changed a lot just because in school I feel like we're kind of like, taught about the legalization of marijuana in that political and a social justice sense I guess? So, I feel like we don't have those more negative feelings towards the legalization of marijuana."*** A small cadre of youth saw positive impacts of legalization, in the form of increased access to information and education about cannabis use, including risk of harm, and benefits. Of note, in at least two focus groups, some youth were unaware of what the legal age of cannabis youth is in Connecticut, or believed it to be 18. This indicates the need for increased education and awareness building regarding adult use cannabis policy.

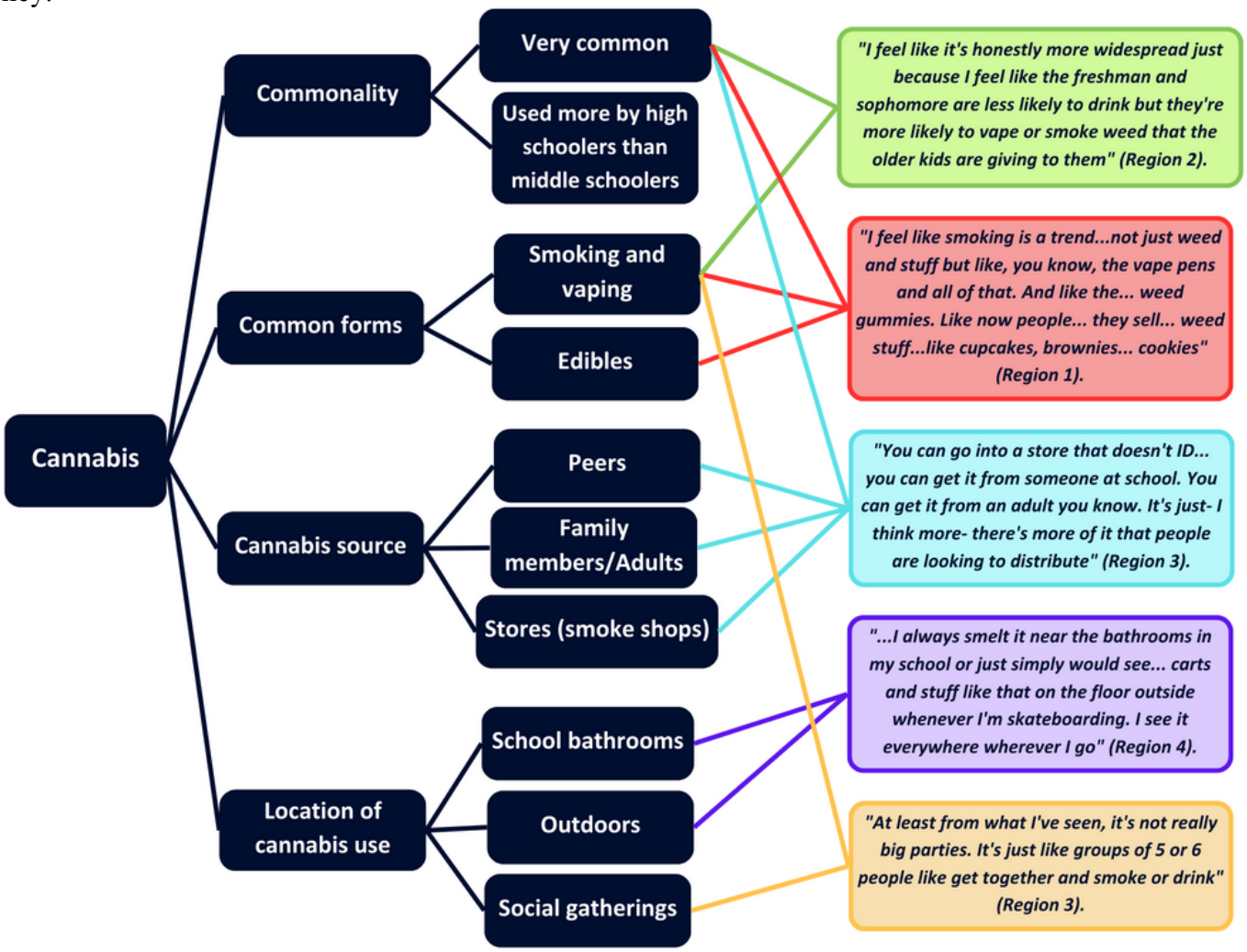

Figure 6. A thematic mind map displaying the common themes among youth responses to questions about cannabis use. Exemplary quotations by youth from the indicated DMHAS region are included.

Electronic Nicotine Delivery Systems (ENDS)/Vaping

Among youth focus group participants there was a general sense that ENDS use (commonly referred to as vaping) by youth was more common than alcohol use, and to some extent cannabis use, although whether ENDS use or cannabis use was more common depended on the focus group/community. According to one participant, ***"I feel like vaping is definitely pretty common. Like whenever you walk in bathroom, you'll probably find people in there vaping. And I know at parties, people always have vapes on them. Not everyone but a lotta people do. So I definitely think it is a common thing."*** It is important to note, however, that there was less certainty and knowledge among focus group participants about what youth are using in their vaping devices, since vaping devices are a delivery device for various substances. How much more common ENDS use may or may not be remains partly unclear due to overlap between responses regarding the distinction between cannabis use alone and vaping cannabis or other substances.

Focus group participants reported that vaping is occurring among both middle school and high school students, with more middle school youth vaping than drinking, and vaping among middle school youth increasing more recently. Youth are using flavored liquids, nicotine, and cannabis, via use of various forms of vape pens and cartridges ("carts").

Focus group participants pointed to marketing that targets youth, via ads on social media and vaping flavors that appeal to youth, as one key motivator for use by youth. Low perception of risk from vaping was another. Youth also explained that ease of use/access is also a motivator for youth to vape versus drink, as vapes are more portable, less detectable, easier to hide, and easy to obtain, so youth can easily buy another one if taken away, and users do not have to replenish supply, they can just charge battery. Sources of vaping devices and materials spanned retail and social access sources. Youth reported key access points as smoke shops and corner stores that do not check IDs or by using fake IDs, online via websites and social media, for sale or shared by peers and older friends, and from parents and older siblings, with or without their permission.

Focus group participants reported that vaping takes place individually and in groups, in a wider variety of locations than alcohol or cannabis. According to focus group participants, vaping takes place at school events such as football games, at home and at friends' houses, at parties, and at parks, in parking lots, on golf courses and other outdoor locations.

The most notable location of vape use is at school. Across focus groups, youth identified school bathrooms as a major hub for vaping behavior. Youth noted that some students also vape in other school locations, such as locker rooms, stairwells, and even in the classroom during instruction, often undetected. Focus group participants generally felt that schools' responses and disciplinary policies to address student vaping, which ranged from locking bathrooms and confiscating vapes to detention, suspension, or expulsion, were punitive but not particularly effective.

> *"Oh, they just be smokin' in the bathrooms and then they get checked or their bags and stuff like that and they just keep getting in trouble over and over again. And the school, they don't really do anything effective like check their mental health status. They just get them in trouble so they just keep doin' the same things and they get better at hiding it."*

With regard to perception of risk or harm, youth focus group participants noted that perception of risk differs among youth, and that knowledge of vaping device contents and effects greatly affect perception of risk. Some youth perceive vaping as

"just air" or water vapor, so there is little perceived risk in vaping, while those who know about nicotine's effect on the brain, or who worry about the other harmful chemicals and contaminants (local fentanyl contamination in one brand of vape was alleged in one focus group) perceive vaping as very harmful. Media campaigns against vaping have also contributed to vaping being viewed as more dangerous than cannabis.

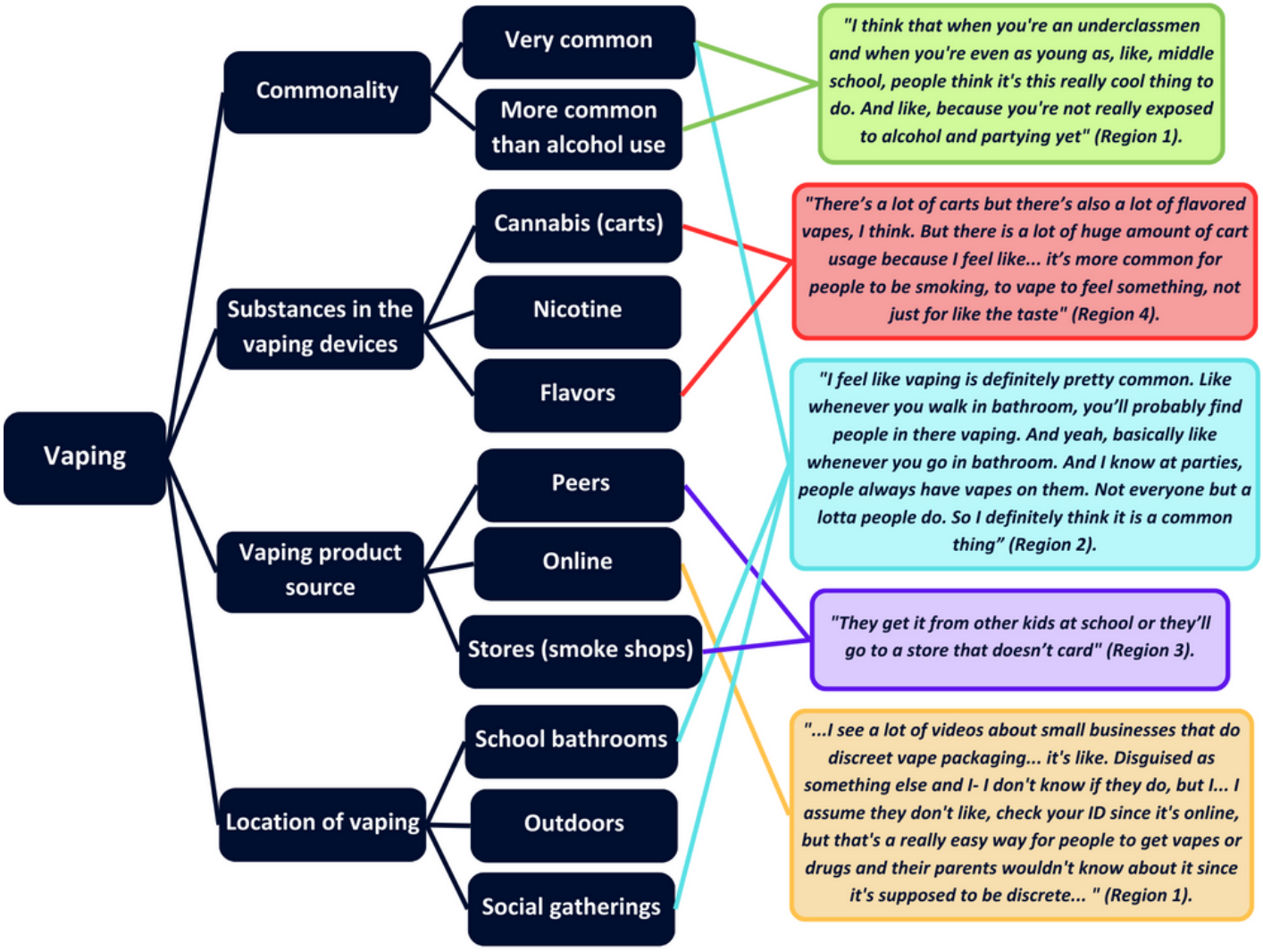

Figure 7. A thematic mind map displaying the common themes among youth responses to questions about vaping. Exemplary quotations by youth from the indicated DMHAS region are included.

COVID-19-related Impacts on Youth Substance Use

There were differences of opinion among both youth and parents about whether the COVID-19 pandemic affected the amount and frequency of substance use among youth. What emerged more clearly from the focus groups was a sense of the way norms and dynamics may have changed as result of COVID-19 lockdown.

It was clear through the focus groups, and not at all surprising, that home and family played a key role in the tenor of youth's experience during COVID-19, with the experiences and impacts of home and family differing from youth to youth.

Changes in access to substances at home was one widely identified effect of the COVID-19 lockdown, as result of youth and families being home more. It was difficult to tease out whether access ultimately increased or decreased, as that result often depended on the substance being discussed and individual family norms around use and parental monitoring. Additionally, there was a sense that family dynamics, both the healthy and troubled aspects, were each amplified by families being stuck at home together, and that family issues may have resulted in an increase in substance use. As one participant shared, ***"[substance use] either skyrocketed or dropped depending on your family."***

Boredom at home was also recognized as something that increased during the COVID-19 lockdown. Youth perceived this increase in boredom as a reason for potential increase in substance use by youth during the COVID-19 lockdown. An increase in youth substance use as a coping mechanism to deal with mental health issues was also recognized, as mental health issues such as anxiety and depression were widely perceived to increase during the pandemic, due to increased stressors and social isolation. Cannabis and vaping were the substances more commonly associated with this behavior. While drinking was largely viewed as a social/group activity by those in the focus groups, the recognition of boredom and stressors during lockdown, combined with potentially increased access to alcohol at home, lends credence to the possibility of an increase in youth drinking as a coping mechanism or response to boredom.

Moreover, substance use was identified as a coping response to post-COVID-19 stressors, such as the shift from online learning to a physical school environment, and all that shift encompassed.

Peer relationships and social norms were another area of COVID-19-related impact identified in youth focus groups as impacting youth substance use behaviors. Because alcohol use was widely regarded as something youth engage in socially, there was a general sense that alcohol use may have decreased as result of youth being unable to congregate. Social isolation from peers and a shift to social media as a main means of connection (and the pressure of social dynamics online) were identified stressors during COVID-19, suggesting that youth may have increased other substance use to cope, or turned to solo drinking, as discussed above. Youth widely perceived that upon return to school and face-to-face interaction post-COVID-19, their peers used substances (alcohol and cannabis, and to a lesser extent vaping) as supports to re-integrate and feel more comfortable in social situations.

Motivations for Substance Use

Focus group youth were asked what they feel is contributing to youth substance use. The thematic results are described below.

When asked about what contributes to youth to use substances in general, focus group participants pointed to social norms-related pressures most often, including peer pressure, social pressure, the desire to fit in, and the "cool factor." These motivators were identified for substance use in general, but also specifically for alcohol and cannabis. Some youth also identified use of substances, particularly alcohol and cannabis, to help with socializing, or as a means of making friends.

> *My parents, like I said, they both smoke, so that kind of influenced me, 'cause, you know they're always happy and chill. And when they're upset, like 'I need a smoke.' So seeing that makes me think, especially as a kid, that it's ok for me to do it.*

Youth also pointed to use by someone they looked up to as a motivation for using.Taking cues from adults, including parents, was a specific reported motivator for cannabis use.

Another widely reported contributing factor for youth substance use, including alcohol and cannabis use, was mental health-related issues, such as depression and anxiety, generalized, school, or home/family stress. Youth identified substance use as a coping mechanism to deal with these issues, as well as a means to feel more relaxed and to sleep easier.

Boredom and curiosity/experimentation were motivators identified by several youth, for substance use in general, and specifically for alcohol use and cannabis use.

In terms of external contributing factors, youth pointed to low perception of harm generally, noting that misinformation and lack of adequate education on risks/harms drive this to some extent, as well as advertising on social media and TV, and marketing to youth specifically, as in the case of vaping products. A few youth pointed to their parents' views on substance use, including their views on the relative acceptability of one substance in relation to another, as having an impact on their decisions on whether and what to use.

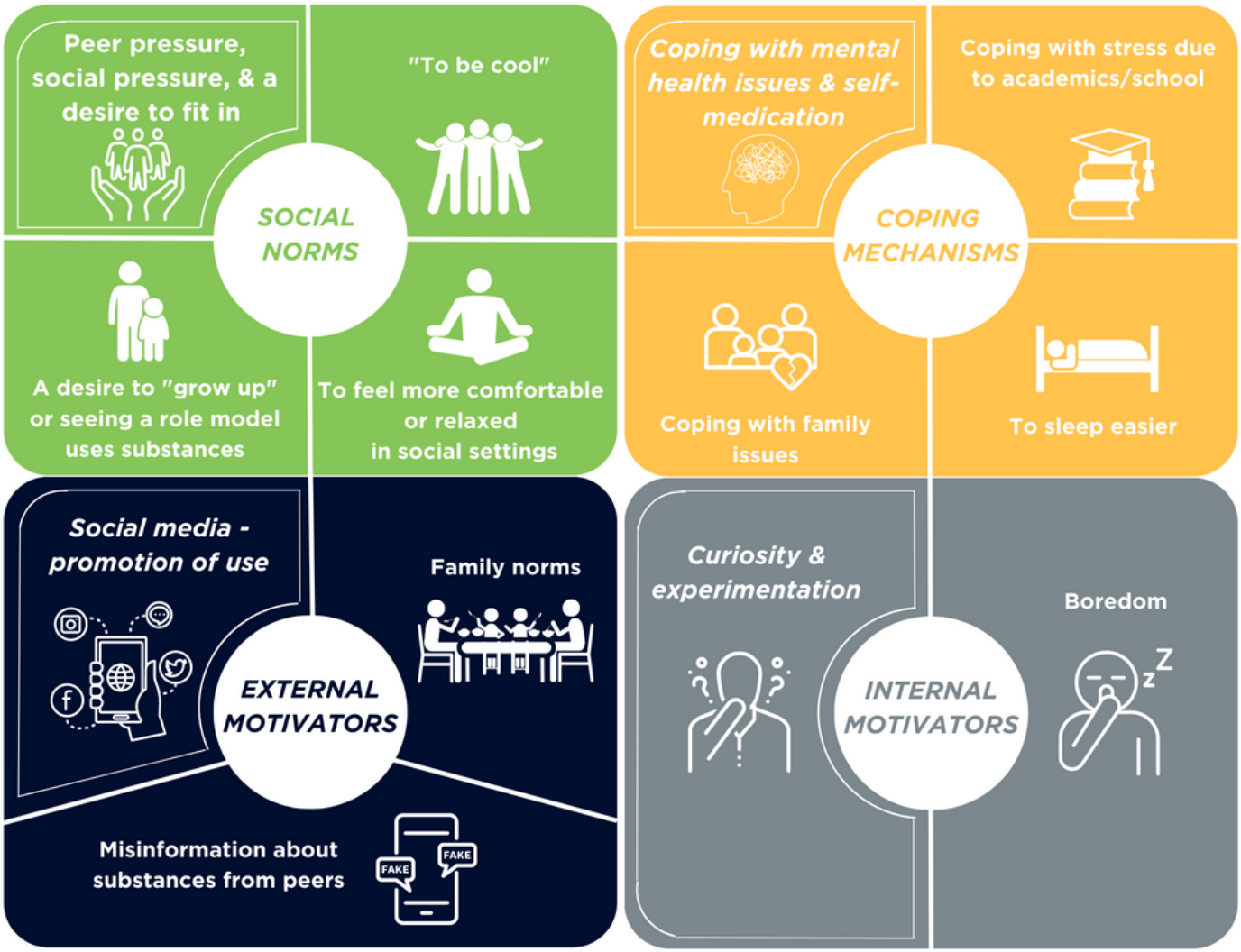

Figure 8. Motivations for substance use among youth. The most frequently reported reasons for using substances are outlined in white for each grouping (e.g., peer pressure for social norms and promotion of use on social media for external motivators).

Results: Parent Perspectives

While the number and breath of parent perspectives was more limited than youth, parent perspectives served to support and in some cases illuminate youth perspectives by providing context.

Family Norms & COVID-19 Impacts

Like youth, parents shared varying accounts of home life during the COVID-19 pandemic. While some parents identified life changes during the pandemic, others noted that life did not change substantively for them, logistically at least, as in cases where parents did not work, worked from home, remained predominately at home, or continued to work outside the home during the pandemic (as in the case of one healthcare worker).

Parents collectively described the negative effects of pandemic uncertainty and fear of COVID-19 transmission on themselves and their families, resulting in increased uneasiness, caution, vigilance, and desire to isolate in the home. Negative physical and emotional effects for some parents included exhaustion, unhealthy habits related to eating and exercise, increase in alcohol or cannabis use, relationship issues (i.e., conflict, divorce).

Other parents, however, identified either no change in norms or positive effects on the family during the pandemic. Positive changes included the opportunity to spend more time with family, ability to work from home, increase in healthy habits, more time spent outside doing physical activities, and more physical activity in general. One parent described thriving during the pandemic, due to a decrease in anxiety, and another described the opportunity to work even though disabled, as the result of the increase in telework opportunities.

Regardless of parents' personal experience of the pandemic, there was a pervasive sense of concern among parents about COVID-19-related effects on their children, especially surrounding their health, remote learning and both in person social interaction and the effects of social isolation. Parents seemed to agree that while some youth adapted to remote learning, others did not, and keeping them focused and on schedule was a challenge. Parents also noted the negative effects of social isolation (inability to socialize with friends) on their children, in the areas of mental health (anxiety), grades, and social skill development for younger youth. Parents also recognized that social media played a significant role for youth during COVID-19 quarantine, both positive and negative.

Substance Use

Alcohol

Most parents reported not seeing or knowing of alcohol use in their communities, and no parents reported that their children drink alcohol. In fact, one parent reported that youth in that community are not actually drinking, but are saying so to "act cool" and "fit in."

However, there were differing opinions as well. Parents in one region 2 community confirmed that drinking occurs among older youth, specifically high school seniors. In region 1, a parent key informant reported that drinking is pervasive, and that drinking occurs among some middle schoolers in addition to high school students, but that, as youth noted, it is not as prevalent as vaping. One region 1 key informant parent, who reported on a wealthy community an urban periphery community, noted that there is a culture of drinking in region 1 (southwest CT) communities, with the culture especially pronounced in region 1's wealthy communities. Regarding alcohol use, the parent shared ***"It's just part of the backdrop, it's not even taboo. There's not even like a whisper when you say, it's just yeah, sure. So it's commonplace. If you don't, that's odd. It's unusual to have a gathering that doesn't include it."*** There was a belief that most alcohol use occurred at house parties and small gatherings at home and that the culture is more pervasive, youth alcohol use more condoned by parents and more of a family norm, in wealthy communities than in urban periphery and perhaps other community types in the region.

Cannabis & Vaping

In line with youth, parents felt cannabis use was more common than alcohol use, but less common than vaping, but there is noted overlap between cannabis use and vaping, with vaping THC the most common form of cannabis use in several regions. In the region 1 urban periphery community, smoking marijuana was reported as more common than vaping THC, but that was the only instance in which that distinction was made. Cannabis use was not reported as common for region 1's represented wealthy community, according to the key informant parent from that region.

Parents acknowledged a lack of knowledge about ENDS and vaping devices. The biggest concerns fr parents about vaping were marketing to youth, health risks, and youth taking cues to use from other youth who vape.

Having Conversations with Children About Susbstance Use

On the subject of family communication about substance use, most parents agreed they felt comfortable talking to their kids about this topic. Specific to cannabis, parents did not feel that legalization of adult use cannabis use had any impact on the conversations parents were having or would have with their children about cannabis. Parental use of substances, however, was felt to affect the conversations, as parents who use may not tell their kids that use of a substance is bad because they use it.

In general, one key challenge that parents faced is the need to control the flow of information, making timing, education, and preparedness important factors in successful communication about substance use. There was no consensus about the right age to start conversations about substance use. Some parents felt that discussions about substance use at home should occur prior to substance-related programming at school (such as DARE in 5th grade), while others felt the conversation should begin at school and be continued at home. Parents felt that youth's demonstrated awareness and potential exposure to substances (via personal access to substances or social media exposure) should be taken into account.

Parents generally felt that it is easier now than it was to talk to youth about substance use, as youth are more open now to communication than in the past. Interestingly, one stated parental support for these conversations included the internet and social media, sources parents and youth also attributed with the

power of misinformation. Parents noted going to the internet, and even TikTok, for information to initiate or answer questions, and parenting advice to support communication.

Focus group and key informant parents suggested the following to facilitate conversations with youth: use life examples to begin the conversation; be present and clear, both in presenting information and perceptions; promote a dialogue, encouraging youth to share their insights; be open and not judgmental, and be transparent about parents' own experiences; have conversations regularly over time; and be ready/prepared for anything. One parent offered the following: ***"You have to be ready for whatever comes at you, because that whole 'kids say the darnedest things' is real. You know you've got to love them whatever they say, its not about that. It's about being present. It's harder than you think."***

> *I learned [that] through the internet.... on TikTok, I got parenting advice, on following through and not actually getting mad when you say you're not and why you shouldn't. So the kids might have their social media but we have it too and we can use it as well.*

Results: Recommendations for Support

Youth shared various suggestions on how their school and community could better support substance use prevention and mental health promotion for youth in their communities. Parent suggestions supplement those provided by the youth.

Suggestions for School Support

Mental Health Support

Across focus groups, youth expressed a desire for schools to have a better support system to promote mental health and address the mental health concerns of students. Typically, youth are referred to guidance counselors to discuss their mental health issues even though counselors are more equipped to manage career counseling rather than mental health counseling. Multiple youth proposed having a designated professional in their school to go to for mental health issues. Furthermore, youth have limited access to guidance counselors because, ***"…sometimes the therapists (or counselors) aren't able to get to like everyone..."*** or youth are barred access, ***"… sometimes they won't let you go to the guidance counselor even if you absolutely need it. There's a couple of times where I needed to go to the guidance counselor, and I wasn't able to because we were having a test, or I needed to know this information before I left…"***. Youth conveyed that they would like more access to their guidance counselors and increased confidentiality with their counselor so that they could share their concerns honestly without worrying about getting reported to their principal.

Youth also shared a desire to shift focus from schoolwork to a prioritization of mental health. Youth commonly felt over overwhelmed with their school workload and would have an easier time managing their mental health if schoolwide policies were implemented that advocated for their mental health. For example, one focus group mentioned implementing a seven-day policy that allows students to submit late work up to seven days past their due date without any repercussions. One youth elaborated on this policy saying, ***"… it kind of incentivized kids to do their work but it didn't put so much pressure on them to like have it done right on time like if they were really struggling with something… So, I think that specific policy was really helpful in alleviating stress…"***. While this policy was instituted during the COVID-19 pandemic, youth are calling for it to be permanent.

Educational Outreach

Youth also suggested that educational talks surrounding the topics of substance use be given by known and trusted adults, professionals or therapists from the community. These talks could be a place to address substance misuse, correct misinformation about substance use, and share personal testimonies about overcoming issues with substance use. Youth highlighted that these talks would be more impactful if they were done by older individuals who have similar backgrounds/demographics to the youth. Moreover, youth felt that health classes should provide more education on cannabis and vaping to aid youth in making informed decisions and provide students with more mental health information to promote healthy coping mechanisms. Youth would also prefer if this information was shared with students at a younger age.

Addressing Substance Use in School

Some youth expressed that there should be stricter and consistent but constructive repercussions for being caught using substances in school.

> *"I feel like the in-school suspension and notifying parents are really good but like also maybe while in school suspension … they should give 'm something to research about the negative effects of whatever or something. Just like educate them while still like punishing them…"*

Additionally, multiple youths advocated for one-on-one conversations between school staff and youth who are caught using substances, so that staff could provide them with tailored resources and services that will lead to sustainable changes. In one youth's words, school personnel should, ***"…hold meetings with people, try to get closer to the students who you can obviously see are doing it [using substances] ...and try and get closer. You don't even have to contact their parents 'cause it could be a profile one-on-one type a thing".***

Other youth suggested that schools offer on-site support groups, recovery programs, and mentorship for youth who are using substances. Additionally, youth advocate adapting 504 plans to support those that who are recovering from substance misuse. Normally, a 504 plan is utilized by the school to provide support for students with a disability so that they can learn in a regular classroom. A 504 plan would allow youth who are dealing with substance use to adopt healthy coping mechanisms, such as going for walks or leaving class a bit early when they feel stressed and feel tempted to use a substance to cope. Also, youth said that there should be a room that they can go relax in when they feel stressed and overwhelmed.

Parent Suggestions for School Support

Similar to youth suggestions, parents echoed the importance of having more counselors in school, and education on substance misuse and mental health (especially for younger children). Parents also, advocated for more constructive and positive school programs (e.g., programs provide opportunities for socialization or teach life skills) to pull students' focus from substances and promote healthy development). Parents stressed that schools should promote healthier work-life balance. One parent elaborated, ***"…there's some homework that I think is good but I feel like when they get to middle school age, they start throwin' all this work at them and… when you're an adult, it would be unhealthy to take your work home, would it not, and not get paid for it? And I feel like it just it's toxic in that way. And I feel like***

their homework should be more based on mental health if that makes sense. Like I – like kinda like what they did during COVID, like meditation…" Parents also expressed wanting schools to maintain open communication about how triggering situations (in regard to mental health) and substance use-related issues are addressed.

Suggestions for Community Support

Youth Suggestions for Community Support

Some youth suggestions on ways in which their community could better support substance use prevention and mental health promotion for youth include: ensuring that smoke shops are checking IDs, providing youth with positive mentors, hosting support groups for the families of youth who misuse substances, and providing community resources that engage youth (i.e. gym, yoga, etc.). Additionally, youth highlighted some suggestions for addressing misinformation on substance use in the community, such as: having inclusive community centers with up-to-date educational resources, having more campaigns like "the Truth" and "the Real Cost", having commercials and other online content with celebrities and influencers talking about substance misuse, and using youth friendly methods to share information (e.g., music or spoken word poetry). Moreover, youth advocated for more programs and resources that support mental health. One youth also mentioned that in conversations about mental health, ***"…there's also a lot of underlying tones of mental health is really important but not as important as school, not as important as sports…"***. Therefore, youth encouraged community conversations with youth, families, and schools to better prioritize mental health above academic success. Lastly, youth recommended that more should be done in the community to address bullying to protect youth mental health.

Parent Suggestions for Community Support

One parent also expressed concern on how isolation due to the COVID-19 pandemic stunted youth's social intelligence and made them more aversive to interacting with others. Therefore, the parent advocated for more community opportunities, such as the free summer school offered during the COVID-19 pandemic, which provided youth with a chance to socialize and grow socially, emotionally, and intellectually. Additionally, one parent shared that they would like more community events that educate residents on alcohol and other substance use, and NARCAN training for community members.

> *"…those opportunities to get enrichment, socialization… Like interacting with other kids… Those kinds of things help offset the, um, interruption related to development, social development, intellectual development, but really social development. Because I think the learning, the academic stuff happens. But the social thing is not easy, especially with all the technology…"*

Discussion

Mental Health & COVID-19 Pandemic-related Impacts

Depression and anxiety were the most common mental health issues reported by focus group youth. According to CSHS, feelings of sadness and hopelessness are reported by 35.6% of high school students, and almost a third (28.5%) of high schoolers in CT report their mental health "not being good"[3]. Academic and school-related stress was another mental health issue frequently shared by youth. Stressors were often external to the individual, such as social standards dictated by social media, society, peers, parents, and life changes (e.g., transition between different stages of school, making decisions about the future). Even the stressor of aptitude (i.e., the ability to acquire certain skills and knowledge) was related to living up to a certain standard. There was an overall consensus that COVID-19 increased the prevalence of mental health issues and exacerbated stressors for mental health issues (e.g., social media, social isolation/separation, increased workload upon returning to in-person learning, loss of social skills, etc.).

However, positive attitudes towards the impact of the COVID-19 pandemic on mental health were also reported. Some youth felt that their mental health improved during the pandemic due to spending more time with family because of quarantine and social restrictions. Furthermore, they felt an improvement in their personal interactions with peers upon returning to in-person learning because the pandemic allowed them to reflect on their relationships.

Substance Use

Focus group results suggest that overall substance use was more common among youth in high school than those in middle school. Use of Electronic Nicotine Delivery Systems (ENDS) vaping (including flavored liquid, nicotine, and THC) was perceived to be the most common substance use behavior among youth. While prevalence of cannabis use within individual communities seemed to vary, cannabis use (e.g., smoking, edibles, weed/dab pen) was often perceived as more common than use of alcohol. This finding differs from the Connecticut School Health Survey (CSHS) results, in which reported past 30-day use of alcohol (17.5%) among high school students surveyed was higher than past 30-day marijuana use (11.1%) and reported past 30-day use of ENDS (10.6%)[3]. When interpreting focus group results it is important to note that focus group questions did not directly measure participant use (prevalence), and youth often relied on their indirect (and possibly subjective) experiential knowledge in discussing substances.

Differences in relative commonality of the three substances were evident in Region 1, with alcohol being the most used substance according to focus group youth and adults. Unlike other regions, youth in Region 1 described alcohol use as more socially acceptable and the most commonly used substance within their community. These findings are not surprising. According to the 2022 Community Readiness Survey (CRS 2022), 29.8% of key stakeholders in Region 1 identified alcohol as the substance of greatest community concern for 12–17-year olds [4]. Youth alcohol use is a necessary focus of prevention efforts in Region 1, where a "culture of alcohol use" has historically been recognized by prevention practitioners, especially in the wealthy communities in the region.

[3] Connecticut Department of Public Health. (2021). 2021 Connecticut School Health Survey.
[4] Department of Mental Health and Addiction Services & Center for Prevention Evaluation & Statistics. (2022). 2022 Community Readiness Survey Results: Region 1 South West The Hub.

Despite the differences in perceived commonality between vaping, cannabis, and alcohol, points of access were largely the same. Older family or peers were often points of access for youth. Smoke shops or other retail outlets that do not check ID or the use of a fake ID at these stores was another common way youth accessed these substances. There was also a largely social aspect regarding access to these substances. Youth reported instances of sharing or selling vapes or cannabis with peers and sharing substances at parties. However, online markets on social media or the internet seemed to only exist for obtaining vapes or cannabis. On the other hand, youth pointed to alcohol as being the only substance that could commonly be obtained from home with or without parental permission.

Youth reported the locations of use for cannabis and vaping were the same. School bathrooms were the most frequently reported location of use. Cannabis use and vaping also occurred in more public places compared to alcohol use which may be due to the ability to hide use and the mobility of vapes. The location of use for alcohol differed in that youth rarely used alcohol at school or in public places and use was often done at parties or at home.

Motivators of youth substance use typically fell into four categories: social norms (e.g., peer/social pressure), coping mechanisms, external factors (e.g., social media) and internal factors (e.g., boredom, curiosity). Peer pressure and social pressure, which youth used almost interchangeably, was a very common motivator. Several youth identified an implicit desire to fit in rather than a push by peers to use substances. Substances were also used as a form of self-medication or escape, to cope with mental health-related issues (e.g. stress, anxiety, depression). While general promotion of use on social media (i.e., seeing their peers/friends use) was common for all substances, marketing on social media, often targeted to young people, was specific to vaping.

The COVID-19 pandemic affected the motivation of youth to use substances in various ways. While being at home during the pandemic increased boredom which may have influenced internal motivators to use, it also eased access to certain substances (e.g., alcohol) kept at home. The stress of the pandemic was also noted as a motivator for increased substance use among youth. A few youth felt that substance use went down among youth during the pandemic, but that was not the norm across focus groups.

Suggestions for Support in Schools & the Community

Support recommendations by youth and parents centered on mental health advocacy in school and providing resources to those in recovery from substance misuse. Youth called for direct changes to school policies and procedures that allow them increased access to individuals that can provide help (e.g. guidance counselors, therapists, designated mental health professional). Parents echoed this concern and voiced a desire for increased and transparent communication between school and parents regarding potentially triggering situations. In the community, parents and youth advocated for more community resources in the form of compliance checks, discussion, ad campaigns targeting misinformation about substance use, community-wide events, and support groups.

Limitations

This initiative is subject to limitations. Although the overall outreach approach identified specific communities and priority populations for outreach, certain populations and subgroups (such as, LGBTQIA+ youth, tribal youth, etc.) were not adequately represented in the focus groups. In addition, youth and parent participation inclusion criteria included speaking English, which may exclude those who speak English as a second language or those who don't speak English entirely. Despite several efforts included to ensure intersectionality and inclusivity, additional outreach and identification of organizations and partners servicing underrepresented youth populations should be considered for future projects.

Another limitation is a significant number of the participants, especially among the youth, had relatively high exposure to substance use prevention efforts in their communities, which may have resulted in less experiential and peer exposure to substance misuse, more disapproval of substance use, and opinions that align with prevention messaging. With few exceptions, focus group participants were perceived to have less reported use and fewer close peers that used, but this perception was not systematically tested or confirmed. Furthermore, outreach efforts were targeted at youth who were in school and or engaged in their local community at some level (e.g. youth coalitions, youth action councils, after-school programs). Perspectives of youth who are not community-engaged or who do not attend school regularly (e.g., students with chronic absences) may not be adequately represented in the data. While significant effort was made to ensure a representative sample, a limited number of focus groups were conducted in each DMHAS region, so it is difficult to say whether the perspectives shared are truly representative of the state.

Other limitations include issues common to focus group methods, especially those held virtually. For example, within each individual focus group, the comfortability level and overall wide-range of personalities could have affected some youth's comfort in actively participating. For example, some youth with more reserved or introverted dispositions may not have shared as much as others with more extroverted temperaments. Further, most focus groups were virtual, presenting potential accessibility or connectivity issues, since not all youth participants may have access to high-quality internet, electronics, or privacy. However, virtual focus groups also offer some potential advantages. For example, youth may be comfortable sharing thoughts or reactions via the chat feature, keeping cameras/microphones off, and/or expressing with emoticons, allowing less vocal participants to share their views. Finally, transcription of focus group recordings is more challenging given the multiple speakers. Even though audio recordings were transcribed by a third-party company, there were some inaudible segments for various reasons (e.g., background noise, multiple voices, etc.). However, the team took detailed notes during each focus group to address this limitation.

Finally, rapid qualitative analysis was conducted to ensure that a thorough and efficient analysis was completed in the available timeframe. This approach does not involve line by line coding of the data nor extensive interpretation of the data but instead relies on templated summaries and analysis of matrices. However, research on this analysis method indicates that results are very similar to those when more intensive coding and analysis procedures are used, with a huge advantage in the shorter amount of time it takes.

Conclusions & Next Steps

The focus group initiative described in this report is a fitting follow-up to the mid-pandemic focus group efforts implemented through Partnership for Success 2015 (PFS 2015) funding. It is also a strong step forward in a post-pandemic effort to understand youth substance misuse, mental health and COVID-related effects on the behavioral health of youth in Connecticut communities.

Focus group findings suggest a need for expansion and integration of mental health promotion approaches in schools, especially post-pandemic, to provide much needed support to youth navigating academic, social and behavioral health challenges compounded by the effects of the COVID pandemic and shutdown. Furthermore, opportunities exist to utilize training approaches (Question, Persuade, and Refer (QPR), suicide first aid, etc.) with teachers, staff, and youth to develop a network of support that students can access as needed.
Integration of therapeutic approaches into schools' disciplinary responses to substance use is also needed based on focus group findings, including changes in disciplinary policy for students caught vaping or using cannabis in school. Youth also called for consistent enforcement of meaningful consequences that include substance education, treatment, recovery support, and a partnered approach between schools and parents. Moreover, school policy changes to better integrate these elements into 504 planning and other support mechanisms would benefit students' behavioral health and academic performance.
Focus group findings also highlight the need for social marketing approaches to combat the abundance of misinformation on social media that promotes use, as well as the proliferation of marketing of vape devices to youth. DMHAS has already implemented a campaign utilizing social media influencers to raise awareness about the dangers of vaping, but complimentary approaches at the community level, perhaps utilizing this content, should be explored.

The findings in this report provide some confirmation that SPF-guided prevention strategies in place in prevention-mobilized communities may be well-aligned with the stated needs of Connecticut's youth, such as social marketing and education to address social norms that promote use as well as raise perception of harm, and enforcement (e.g., compliance checks) to prevent sales to minors. These approaches, and others, should continue to be strengthened and adapted, informed by the youth and families in those communities. Findings also suggest several opportunities for action for substance misuse prevention and mental health promotion providers. Examples are expansion of enforcement efforts such as compliance checks to address the issue of retail access to ENDS, vaping products, and cannabis products by youth, and educational approaches to clarify retail regulations related to the legalization of adult use cannabis.

Further qualitative and quantitative data collection is needed going forward to unpack the lasting effects of the COVID shutdown period. Connecticut School Health Survey (CSHS) 2023 data, once it is released, will be extremely useful to begin to follow trends in youth behaviors with these focus groups as a base.

Future data collection initiatives could do a deeper dive into mental health, examining the effect of COVID-19 on youth mental health, especially on anxiety-related disorders such as Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD) and Post-traumatic Stress Disorder (PTSD), as data on this subject is also limited nationwide.

Additionally, key informant interviews with prevention partners and other youth-serving stakeholders would provide useful informed adult perspectives to address the gap in substance misuse knowledge identified in parent focus groups, as well as gain a broader adult perspective than was captured in this initiative. Outreach to underserved populations such as LGBTQIA youth, urban youth, Black and Latinx youth, and youth from Connecticut's tribal communities to conduct focus groups or group interviews would address other identified gaps in youth representation in these focus groups. Through the focus group outreach process, valuable contacts were identified and relationships with prevention partners were strengthened. These assets will be useful in future efforts to engage adults as well as youth for other data collection efforts.

Appendices

Appendix I: Literature Review Bibliographic References

Baillargeon, Polychronopoulou, E., Kuo, Y.-F., & Raji, M. A. (2021). The Impact of Substance Use Disorder on COVID-19 Outcomes. Psychiatric Services (Washington, D.C.), 72(5), 578–581. https://doi.org/10.1176/appi.ps.202000534

Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G., & Patton, G. (2007). Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. Journal of adolescent health, 40(4), 357-e9.

Brener, N. D., Bohm, M. K., Jones, C. M., Puvanesarajah, S., Robin, L., Suarez, N., Deng, X., Harding, R. L., & Moyse, D. (2022). Use of Tobacco Products, Alcohol, and Other Substances Among High School Students During the COVID-19 Pandemic - Adolescent Behaviors and Experiences Survey, United States, January-June 2021. MMWR supplements, 71(3), 8–15. https://doi.org/10.15585/mmwr.su7103a2

Callinan, Livingston, M., Room, R., & Dietze, P. (2016). Drinking Contexts and Alcohol Consumption: How Much Alcohol Is Consumed in Different Australian Locations? Journal of Studies on Alcohol and Drugs, 77(4), 612–619. https://doi.org/10.15288/jsad.2016.77.612

Castaldelli-Maia, Segura, L. E., & Martins, S. S. (2021). The concerning increasing trend of alcohol beverage sales in the U.S. during the COVID-19 pandemic. Alcohol (Fayetteville, N.Y.), 96, 37–42. https://doi.org/10.1016/j.alcohol.2021.06.004

Cepeda, A., Valdez, A., Kaplan, C., & Hill, L. E. (2010). Patterns of substance use among hurricane Katrina evacuees in Houston, Texas. Disasters, 34(2), 426-446.

Chaffee, B. W., Cheng, J., Couch, E. T., Hoeft, K. S., & Halpern-Felsher, B. (2021). Adolescents' substance use and physical activity before and during the COVID-19 pandemic. JAMA pediatrics, 175(7), 715-722.

Clare, Aiken, A., Yuen, W. S., Upton, E., Kypri, K., Degenhardt, L., Bruno, R., McCambridge, J., McBride, N., Hutchinson, D., Slade, T., Mattick, R., & Peacock, A. (2021). Alcohol use among young Australian adults in May–June 2020 during the COVID-19 pandemic: a prospective cohort study. Addiction (Abingdon, England), 116(12), 3398–3407. https://doi.org/10.1111/add.15599

Czeisler, Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic - United States, June 24-30, 2020. MMWR. Morbidity and Mortality Weekly Report, 69(32), 1049–1057. https://doi.org/10.15585/mmwr.mm6932a1

Czeisler, Lane, R. I., Wiley, J. F., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2021). Follow-up Survey of US Adult Reports of Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, September 2020. JAMA Network Open, 4(2), e2037665–. https://doi.org/10.1001/jamanetworkopen.2020.37665

Daly, M. (2022). Prevalence of Depression Among Adolescents in the U.S. From 2009 to 2019: Analysis of Trends by Sex, Race/Ethnicity, and Income. Journal of Adolescent Health, 70(3). https://doi.org/10.1016/j.jadohealth.2021.08.026

Dumas, Ellis, W., & Litt, D. M. (2020). What Does Adolescent Substance Use Look Like During the COVID-19 Pandemic? Examining Changes in Frequency, Social Contexts, and Pandemic-Related Predictors. Journal of Adolescent Health, 67(3), 354–361. https://doi.org/10.1016/j.jadohealth.2020.06.018

Ettman, C. K., Abdalla, S. M., Cohen, G. H., Sampson, L., Vivier, P. M., & Galea, S. (2020). Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. JAMA Network Open, 3(9). https://doi.org/10.1001/jamanetworkopen.2020.19686

Graupensperger, Fleming, C. B., Jaffe, A. E., Rhew, I. C., Patrick, M. E., & Lee, C. M. (2021). Changes in Young Adults' Alcohol and Marijuana Use, Norms, and Motives From Before to During the COVID-19 Pandemic. Journal of Adolescent Health, 68(4), 658–665. https://doi.org/10.1016/j.jadohealth.2021.01.008

Grossman, E. R., Benjamin-Neelon, S. E., & Sonnenschein, S. (2022). Alcohol consumption and alcohol home delivery laws during the COVID-19 pandemic. Substance abuse, 43(1), 1139-1144.

Pollard, Tucker, J. S., & Green, J. (2020). Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. JAMA Network Open, 3(9), e2022942–e2022942. https://doi.org/10.1001/jamanetworkopen.2020.22942

Hawes, M. T., Szenczy, A. K., Klein, D. N., Hajcak, G., & Nelson, B. D. (2021). Increases in Depression and Anxiety Symptoms in Adolescents and Young Adults during the COVID-19 Pandemic. Psychological Medicine. https://doi.org/10.1017/S0033291720005358

Hamel, K., Kearney, R., Kirzinger, A., Lopes, L., Muñana, C., Brodie, M.,. (2020). Kaiser Family Foundation Health Tracking Poll- July 2020. https://www.kff.org/report-section/kff-health-tracking-poll-july-2020-methodology/

Kaiser Family Foundation Health Tracking Poll, July 27, 2020. https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/

Kreslake, J. M., Simard, B. J., O'Connor, K. M., Patel, M., Vallone, D. M., & Hair, E. C. (2021). E-cigarette use among youths and young adults during the COVID-19 pandemic: United States, 2020. American journal of public health, 111(6), 1132-1140.

Melnick, E., Chanana, N., Smith, B., Ungemack, J., & Gilbert, A. (2021). Connecticut's Partnerships for Success (PFS) 2015 no cost extension final evaluation report.

Miech, R., Patrick, M. E., Keyes, K., O'Malley, P. M., & Johnston, L. (2021). Adolescent drug use before and during US national COVID-19 social distancing policies. Drug and alcohol dependence, 226, 108822.

National Institute on Alcohol Abuse and Alcoholism (2022). Alcohol Facts and Statistics. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics

Racine, N., Cooke, J. E., Eirich, R., Korczak, D. J., McArthur, B. A., & Madigan, S. (2020). Child and adolescent mental illness during COVID-19: A rapid review. In Psychiatry Research (Vol. 292). https://doi.org/10.1016/j.psychres.2020.113307

Sinha, R., Fox, H., Hong, K. et al. Enhanced Negative Emotion and Alcohol Craving, and Altered Physiological Responses Following Stress and Cue Exposure in Alcohol Dependent Individuals.Neuropsychopharmacol 34, 1198–1208 (2009). https://doi.org/10.1038/npp.2008.78

Taylor, Paluszek, M. M., Rachor, G. S., McKay, D., & Asmundson, G. J. . (2021). Substance use and abuse, COVID-19-related distress, and disregard for social distancing: A network analysis. Addictive Behaviors, 114, 106754–106754. https://doi.org/10.1016/j.addbeh.2020.106754

Vahratian, A., Blumberg, S. J., Terlizzi, E. P., & Schiller, J. S. (2021). Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. MMWR Surveillance Summaries, 70(13). https://doi.org/10.15585/mmwr.mm7013e2

Appendix II: Youth Focus Group Interview Guide

1. How are you feeling today?

2. What is the biggest mental health issue for people your age now?

Probe:
-How has this changed over the past 3 years?
PROMPT: Mental health issues - anxiety, isolation, depression, trauma, suicide

Alcohol

Shifting gears to another topic. We would like to hear your thoughts about alcohol use among people your age.

3. How would you describe the alcohol use among people your age in your community?

Probes:
-How common would you say people your age drink?

-What are the most common places where your friends or other peers in your community are getting alcohol?
PROMPT: from home [with or without permission]; older siblings or friends; at parties?

-Where do they drink most often?
PROMPT: at home [with or without parents' knowledge/approval]; friends' houses; outside parties

Cannabis

Now I'm going to ask you about cannabis use among people your age. When we say cannabis, we mean THC in all its forms (marijuana [weed/ Kush-Kush/Za?], edibles, vaping [dabbing, carts or cartridges], liquid, etc.).

4. How would you describe the cannabis use among people your age in your community?

Probes:
-How common is it for people your age to use cannabis?

-What is the most common form(s) of cannabis people your age are using?
PROMPT: weed/smoking; edibles; oil/liquid in vape devices; other forms, etc.)

-What are the most common places where your friends or other peers in your community are getting cannabis?
PROMPT: from home [with or without permission]; older siblings; friends; at parties; buy it?

-Where do they most often use cannabis?

5. How has the legalization of cannabis use for adults changed how you and people your age think about cannabis use?

Probes:
-How has it changed perception of the risks/harm of using it?

-How has it changed the acceptability of using it?

Vaping
Now I'm going to ask you some similar questions about vaping among people your age.

6. How would you describe vaping among people your age in your community?

Probes:
-How common is it for people your age to vape?

-What do people your age in your community use in their vaping devices?
PROMPT: flavored liquids, nicotine, THC, something else?

-What are the most common sources of vaping products and devices for your friends or other peers?
PROMPT: online; local stores; friends; sharing; someplace else?

-Where do they most often vape?
PROMPT: at home [with or without parents' knowledge/approval]; friends' house; outside parties

7. What do you feel is contributing to substance use amongst people your age in your community?

PROMPT: boredom, stress, peer pressure, need to feel more comfortable around others/loosen up; media influence

8. How would you say drinking, using cannabis, and/or vaping may have changed over the course of the COVID-19 pandemic?

Probes:
-Why do you think it has changed or why not?

Closing

9. How can your school or community better support the prevention of substance use/misuse prevention and mental health promotion for people your age in your community?

PROMPT: social marketing, mentoring, better enforcement, school policy changes?

10. Are there other questions we should be asking about substance use and mental health among youth that we haven't touched on?

11. Are there special considerations for minority groups that you can think of?

Appendix III: Parent Focus Group Interview Guide

1. How are you feeling today?

2. How have you and your family's health habits changed over the past 3 years?

Alcohol

Shifting gears to another topic. We would like to hear your thoughts about alcohol use among youth. By youth, we mean 6th to 12th graders.

3. How would you describe the alcohol use among youth in your community?

Probes:
-How common would you say it is for them to drink?

-What are the most common places where youth in your community are getting alcohol?
PROMPT: from home [with or without permission], older siblings or friends, at parties?

-Where would you say they usually drink?

Cannabis

Now I'm going to ask you about cannabis use among youth. When we say cannabis, we mean THC in all its forms (marijuana, edibles, vaping, liquid, etc.).

4. How would you describe the cannabis use among youth in your community?

Probes:
-How common is cannabis use?

-What is the most common form(s) of cannabis that youth in your community use?
PROMPT: weed/smoking; edibles; oil/liquid in vaping devices; other forms

-What are the most common places where youth in your community are getting cannabis?
PROMPT: from home [with or without permission], older siblings or friends, at parties, buy from someone?

-Where do youth in your community usually use cannabis?

Vaping

Now I'm going to ask you some similar questions about vaping among youth. By vaping, we mean the action of inhaling and exhaling vapor containing nicotine, cannabis oil, and/or flavoring using an e-cigarette or electronic nicotine delivery system (ENDS) designed for this purpose.

5. What is the biggest concern about youth vaping in your community?

[**Examples**: Additive to chemicals in vaping products? Gateway to other substance use? Health concerns? Way of marketing to youth? etc.]

6. During this focus group we talked about various substance use amongst youth. How would you say drinking, using cannabis and/or vaping, may have changed over the course of the COVID-19 pandemic amongst youth?

Probes:
-Why do you think it has changed or why not?

7. How comfortable would you say you are with having discussions with your children about substances (alcohol, cannabis, vaping, etc.)?

Probes:
-Has the legalization of cannabis use for adults impacted how you talk to your children about cannabis?

-What would make it easier for you to have these conversations?

Additional/alternative questions
(if parents don't have extensive knowledge of substance use in their community)

-What do you feel is most harmful (ranking)? (alc., cannabis, vaping)

-What are you most concerned about regarding alcohol/cannabis use in your community?

-Where would you say the problem is occurring (home, school, community, etc.)?

-What do you feel is the biggest influence on youth re: substance use?

General:

-What is the biggest problem or issue facing youth in your community?

-How knowledgeable do you feel about substance use- alcohol, cannabis, vaping.

Closing

8. How can your community better support the prevention of substance misuse and promotion of mental health among youth in your community?

PROMPT: social marketing, mentoring, better enforcement, school policy?

9. Do you have any other concerns relating to youth substance use which have not yet been mentioned?