BROOME COUNTY
YOUTH PREVENTION PARTNERSHIP
State Incentive Cooperative Agreement (SICA) Project

Comprising the School Districts of:
Binghamton
Johnson City
Maine-Endwell
Union-Endicott

YOUTH FOCUS GROUP REPORT

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Introduction

Funded by the Office of Alcoholism and Substance Abuse Services State Incentive Cooperative Agreement (SICA), the Broome County Youth Prevention Partnership (BCYPP) is a coalition of community organizations that is coordinating the implementation of research-based substance abuse prevention programming using the Communities That Care® (CTC) model. CTC is an over-arching methodology developed in order to address several critical aspects of community prevention planning and programming. First, CTC provides a procedure to facilitate the identification of empirically derived risk and protective factors for substance abuse. Second, it offers a system for the selection and subsequent implementation of research-based prevention programs linked to those factors. Third, CTC emphasizes quantitative assessment, determining risk/protective factors via student self-report surveys, which provides an informed basis for prevention program selection, the outcome of which is also quantitatively assessed.

The BCYPP undertook a multidimensional needs assessment that included both the CTC student self-report surveys and an independent evaluation through student focus groups and parent surveys for the purpose of providing complementary information. It is hoped that both additional approaches, focus groups and parent surveys, will inform and guide future community programming decisions. In the case of the student focus groups, these qualitative data are intended to communicate unique characteristics about the

Broome County community that may not be illustrated via quantitative means. What follows are the findings from the Broome County youth focus groups.

Method

Between March and May 2001, focus groups were conducted in all four school districts involved with BCYPP: Binghamton, Johnson City, Maine-Endwell and Union-Endicott. A total of 20 groups were conducted and at least one high school and one middle school were covered per school district. Maine-Endwell school district had the highest representation with 8 groups, and Union-Endicott was represented by the fewest, 3. A total of 144 students participated. Focus groups were conducted by two graduate students in the Clinical Psychology Doctoral program at the State University of New York at Binghamton. A structured protocol (Appendix A) and set of questions (Appendix B) were used to conduct the groups. All groups were tape-recorded and transcribed by Broome County Mental Health SICA Support Staff.

Eight questions were developed to tap themes that would complement those comprising the CTC youth survey, which had been administered several months earlier. Using these questions as a guide, focus groups comprising typically 4-8 students each, met one time each for approximately 45 minutes, though ranging from 30 - 70 minutes. Topics discussed included students' perceptions of which substances are causing problems within their schools, and what form these problems take; what risk factors for substance use exist; what the least effective current prevention techniques are; and whether or not school activities, community involvement, peer use, and parental opinion affect substance use.

The responses to the eight questions were scored by a member of the BCYPP Information Specialist Team using a procedure consistent with suggestions from Krueger (1988) and similar to that used by Brandon and Lisman (1995). The procedure for scoring included reading all focus group member responses, selecting apparent themes that appeared in multiple groups, and then reassessing the prevalence of group response patterns to test thematic "hypotheses". If an apparent theme was less prominent than it initially appeared, it was rejected. Equally, if a previously unrecognized theme became apparent during reassessment, it was similarly tested. Themes were designated as such if they were represented in multiple groups or if the representation across a few groups was highly homogeneous in nature.

The results are presented below in two sections. Both sections describe focus group responses to each question, but the first summarizes answers that have been aggregated from all school districts, while the second section presents responses that are specific to each school district. In each school district, teachers, administrators and counselors selected the students who participated in each focus group and also determined the number of focus groups. The Information Specialist Team requested that selection procedures include the broadest diversity of students, e.g., those not involved in school activities as well as athletes and student body leaders. The Information Specialist Team also requested that the focus groups within each district represent both middle and high school students.

Proviso

Qualitative data from sources such as focus groups are subject to various limitations. One of the most significant limitations is the possibility that the individuals in

the groups are not representative of the larger student bodies, conveying instead experiences that are biased in a particular direction. Nor can it always be clear that students in the focus group are accurately depicting the experiences of their peers, even when they try to do so. Contradictions in reports are not infrequent, which makes it even more difficult to understand or to interpret issues in a particular school environment. For example, in one focus group, one individual commented regarding Ecstasy, "It's very common" and another stated, "I don't think there are many who do it".

Another limitation is that the content discussed in a focus group is highly interactive. That is, the characteristics of the students voicing an opinion and the content of their opinion often affects what other students say. For example, if one particularly opinionated student strongly asserts a point of view or articulates a particularly cogent example, other individuals in the group may agree although this may not represent their primary opinion or that of the student body. This was illustrated when two different focus groups were discussing whether student activities play a role in preventing substance use. Because of the salient examples provided, each group asserted that peer pressure would certainly exert an effect, *but in opposite directions*.

Despite these limitations, a substantial number of students participated and their opinions were voiced. As such, both countywide trends, appearing across all of the focus groups were identifiable as well as unique district characteristics. The impact of the aforementioned limitations are reduced by the substantial number of focus groups conducted; the larger the number of focus groups assessed, the less effect individual comments have relative to larger themes. For this reason, we tried to depict the relative prevalence of an opinion by specifying the number of groups in which it was expressed.

And for similar reasons, we urge that readers consider themes present across all Broome County focus groups as more robust and meaningful than those that emerge from individual school districts. In these latter cases, themes or characteristics might best be taken with the metaphorical "grain of salt".

<div align="center">**Findings: Broome County Aggregate**</div>

Question #1: Which substances do you think are particularly problematic in --------- ------- school?

Several themes were evident in the students' responses to this question. Alcohol, tobacco and marijuana were consistently reported as being problems, irrespective of school district. In addition to these drugs, a variety of other substances were reported as being problematic. However, predominantly high school students reported additional substances, whereas middle school students tended to report only the three primary substances. Other substances reported as problematic were extremely broad, including cocaine/crack, hallucinogens (LSD/ psilocybin mushrooms), opium, and a multitude of prescription drugs (Ritalin, Vicodin, Adderall, Percocet, Darvocet, Codeine, Oxycontin, Zoloft, Birth control medication, and appetite suppressants). While the substances reported were extremely heterogeneous, they were also apparently affected by locale. For example, a comment was made in a Binghamton focus group on the prevalence and ease of procurement of crack cocaine, while students at high schools in Maine-Endwell and Johnson City reported greater illicit usage of prescription medication. This suggests that even local environmental factors may play a role in adolescent substance use/experimentation. Also of note, irrespective of geographic differences, substantial Ecstasy use was reported at all 4 area high schools and, while described as rare, 3 area

middle schools. Further, students at these schools commented that Ecstasy use is widespread, steadily increasing, and that schools do not know how to efficiently combat its use.

**Question #2: What do you see as problems associated with substance abuse in --------
----- school?**

Students' responses to this question were very heterogeneous, but included similar themes, specifically, addiction, problems with personal hygiene/aesthetics, academic/intellectual difficulties, dangerous activities/violence, and peer/social influence. Responses of high school and middle school students were more similar for this question than for others, suggesting that deleterious aspects of substance use have been successfully communicated to this group.

Academic/intellectual difficulties were very frequently reported as problems of substance use. Students' comments ranged from reports related to academic performance, such as, "It affects their schoolwork" and, "Problems with grades" to comments on intellectual functioning, such as, "They get stupid" and, "Memory is not as sharp". Comments related to this theme were reported in half of the school focus groups. However, in counterpoint, was a report in one focus group that some drugs can aid concentration on tests.

Although similar to a perceived negative impact on academic/intellectual functioning, a distinct theme of substance-induced apathy was also apparent in student responses. This was expressed in a variety of comments ranging from direct identification of apathy as a problem, to reports of students becoming increasingly lazy or drained of

energy, and losing interest in other activities or goals. As one student succinctly put it, "They get into a routine of doing nothing". Opinions such as these were expressed in 40% of focus groups.

The theme of addiction was articulated in several ways. These ranged from direct identification of students being at risk for addiction per se, to more oblique allusions to addictive behavior, such as initially doing it for "the fix" and then "getting hooked" or becoming "immune" to it and needing to smoke more. Some component of addiction was also referred to in 40% of the focus groups.

Students also identified involvement in violent or dangerous situations as a problematic consequence of substance use. The two primary forms that were expressed were those of physical fighting and drinking and driving. Most prominently, students associated substance use with the likelihood for a short temper and an increased risk of fighting and violence in general. In terms of the latter, students at one school commented that substances provide a false sense of competence when driving under the influence and that it becomes "normalized" when no repercussions ensue. Comments related to violent or dangerous situations were evident in 30% of the focus groups.

The deleterious effects of substance use in terms of personal hygiene or aesthetics was a common theme. Among the comments made were references to smokers/tobacco chewers having yellow teeth, marijuana/tobacco smokers having a bad smell, as well as explicit references to substance abusers having poor hygiene in general. This theme was present in 25% of the focus groups.

Despite the above reported problematic effects of substance use, a small but nonetheless present trend was the perception that not all individuals who use substances

experience deleterious consequences. Included in these reports were statements such as, "There are a lot of people who are good students, like athletes or performers that drink, but it doesn't affect them" and, "Sometimes there are no problems that a student may have". Whether this reflects an underestimate of negative consequences, or the reality that recreational/experimental adolescent substance use may not always have negative consequences, is not clear. Comments of this sort were reported in 20% of the groups.

A final response theme of interest is that of the role of peer/social influence. While all of the other "problems associated with substance abuse" were consequences, peer pressure was the only problematic *antecedent* consistently raised. Students commented that individuals use substances to try to "fit in", to gain acceptance by their peers, or simply as a result of succumbing to peer pressure. As the only variable consistently expressed as a problem preceding substance abuse, these responses may be interpreted as reflective of the substantial weight adolescents give peer/social influence. Reports of this sort were expressed by 25% of the groups.

Question #3: What factors do you think put students at risk for using substances?

The students participating in the focus groups identified a surprisingly consistent group of risk factors despite differences in geography (urban or suburban) and age (middle school or high school). The themes of their responses were related to the following issues: peer/social influence, parental influence, images in society, boredom/curiosity, and negative life circumstances. In addition, some students made interesting comments about school prevention programs that they believe have paradoxically increased substance use.

The most consistently identified factor that puts students at risk was peer pressure. Often, comments were made directly referencing peer pressure as a factor, but social influences were also indirectly referred to; for example, "You see everyone else doing it". "Popularity" and "coolness" played a prominent role in describing this factor, and several individuals reported that people are motivated to use substances in trying to be popular or "trying hard to be so cool". Peer pressure or some sort of social influence was reported in 85% of the focus groups.

Interestingly, the role of parenting was raised as contributing both to individuals' risk for as well as their protection from substance abuse. These attributions appeared to reflect 2 sides of the same coin. That is, numerous comments were made that described parental substance use as a risk factor, as well as the potentially positive influence of good "morals" in the home. In addition, parenting roles provided a rubric which included a variety of factors reported as influencing risk; for example, the availability of substances, or the induction of a negative environment via parental substance abuse, divorce, physical abuse or neglect. Parental influence was reported in 70% of the focus groups.

Contrary to these relatively distinct factors in which an individual's environment contributes to risk, two nonspecific variables were identified: societal images and boredom/curiosity. In the first case, students frequently commented on being inundated by images influencing their decisions, including advertisements, movies, songs and the behavior of professional athletes, musicians, or rappers. Regarding the media, one student insightfully commented, "I know people don't think of it as a big thing, but you can't deny that it is." This element was reported in 35% of the focus groups.

In the second case, a combination of boredom and curiosity about substances was reported to facilitate experimentation. Students reported that the current community programming, such as "teen nights" are "stupid", and in some cases directly stated that curiosity was an influence, especially if friends are experimenting. These variables were brought up in 30% of the focus groups.

The aforementioned two factors, media influence and curiosity, appear unfortunately to coincide in the case of certain prevention programs in which images are intended for the purpose of reducing usage, but seem paradoxically to incite further curiosity. Students identified this to be the case for Project DARE, among other programs, and one student poignantly commented "[Prevention movies] are made so you don't want to use it, then it ends up promoting it, like the one on Ecstasy. Ecstasy was the best drug I ever used; it was great and I'm still alive."

Question #4: What do you think is the silliest thing adults do to try to prevent substance use?

Students' responses to this question were very heterogeneous, however three themes were apparent: the failure of traditional prevention programs, hypocrisy on the part of their parents and teachers, and excessive rigidity. Regarding traditional programs, students were particularly critical in their remarks about Project DARE, providing a wealth of criticisms, including that it was repetitive, ineffective, and, in one case, disturbing due to the officers being armed. In addition, various other forms of prevention such as educational lectures or films, or health class were described as being ineffective.

Sixty percent of the focus groups made negative comments about DARE or other traditional forms of prevention.

Regarding hypocrisy, students reacted most strongly to parents or teachers who instructed them to avoid substance use but used substances themselves. One student commented that adults "don't have to be perfect role models." Hypocrisy on the part of either parents or teachers was a complaint in 60% of the focus groups.

The third theme of excessive rigidity is similar in some ways to complaints regarding hypocrisy: students reported that simply being told what *not* to do or forbidding an activity is not effective. An example of this theme was the policy of one school to remove the doors to the bathrooms to discourage smoking. According to one student, this "enraged" the student body, and rather than discouraging smoking, simply provoked people to smoke elsewhere.

In terms of more effective solutions, the students in these focus groups did not provide many suggestions. However, several students did suggest engaging speakers with whom they could identify, such as upperclassmen, or individuals in their 20's who had made mistakes. In addition, students urged that others not just categorically tell them not to use substances, but show them why.

Question #5: Some claim that when kids are involved in school activities, they are less likely to use substances. What do you think?

Students' responses to this question also were highly varied in a non-systematic fashion. However, the prevailing answer was, "it depends". That is, students explained that any possible protective benefits of school activities depend on variables such as the

type of activity (sports, clubs, band) and the behavior of the other participants, again alluding to a powerful influence of peer pressure. A frequent comment was the description of a specific group well known for substance use in a school, for example a sports team. Students also endorsed conventional wisdom regarding extracurricular involvement, that participation reduces unsupervised free time, provides goals incongruent with substance abuse, and provides contingencies if students are caught. Nevertheless, it was clear that the relationship between school activities and substance use is not perceived as necessarily a positive one.

Question #6: Some claim that when kids are involved in their community, they are less likely to use substances. What do you think?

The participants in the focus groups tended to respond to this question in a fashion similar to the previous one, but more negatively. The overall response pattern was that of disagreement with the claim that community involvement reduces substance use. Students cited cases of individuals who were involved in the community but also used drugs, and numerous comments were made that the community has relatively few activities in which to participate. Similar to the responses noted to Question #5, a few participants offered a qualified endorsement of the idea that community involvement was a protective factor. The qualification was that any such involvement must be voluntary, and that protective benefits would be a likely outcome only in certain situations, such as interning in the sheriff's office or a hospital. Overall, even though some students agreed that certain forms of community involvement could, under certain circumstances, reduce the risk of substance abuse, most did not agree that community involvement is influential.

Question #7: Some claim that when your friends are using substances that you are more likely to use those substances. What do you think?

The large majority of students agreed with this statement, and in a number of groups, 100% of the group agreed. The prevailing sentiment was the relative import of peer behavior during adolescence and how powerful an influence it can be. The term "peer pressure" was often directly identified. Disagreement tended to come in the form of suggestions that an individual would not *have* to conform, or that it would depend on whether the group of friends exerted pressure on them. Nonetheless, it was implicit that the weight of peer pressure was substantial and if exerted, would be a significant factor.

Question #8: Some claim that how your parents feel about using substances affects how likely you will use substances. What do you think?

The strength of the response to this question was similar to the previous one, in that the majority of the participants tended to agree that parental influence does affect teen substance abuse. Responses tended to reflect the ideas voiced earlier during the discussion of risk factors (see Questions 3 and 4). Again, parental neglect or hypocrisy was seen as having a negative influence, and positive parenting behavior was suggested to be protective. Even those participants who expressed some qualifications (e.g., one must consider the role of particular parents) were in substantial agreement about the effect of parental influence. Of note and relevant to one of the potential limitations in the Proviso, groups tended to cluster together either voicing unanimous agreement, disagreement or ambivalence. It is unclear as to whether this reflects simple agreement by

the group with the first answer voiced or actually was the shared experiences of the individuals in that group.

Conclusions

Student focus groups and parent surveys comprise two forms of multidimensional data collected by Broome County Youth Prevention Partnership that are intended to complement the quantitative data collected in the CTC® youth survey of the BCYPP school districts. This report provides a distillation of the responses of these 20 student focus groups conducted in the 4 school districts participating in this project.

The findings include consistent reports of alcohol, marijuana, and tobacco as being prevalent in these schools, with a variety of other drugs reportedly being used on the high school level. Other drugs appear to be influenced by availability based on geography, with the exception of Ecstasy, which is reported as generally "burgeoning" (student's quote). The perceived problems associated with substance use include intellectual and behavioral deficits, addiction, and association with violent or dangerous behavior. In addition, multiple groups responded that social identification and peer pressure were central to substance use initiation.

The role of peer pressure was also evident when students were asked about the factors that put students at risk. Indeed, it was the most frequently identified factor across schools, including various explanations that individuals want to "fit in", be "popular", and be "cool." Other factors described by the students included a functional/dysfunctional family system, images of substance use in the media, and boredom/curiosity. Students even reported that certain prevention programs have, in part, fuelled this curiosity. When

students were asked the "silliest" things adults use to prevent substance abuse, formal prevention programs, especially Project DARE, were not evaluated well. In addition, students were highly critical of what they perceived to be overly rigid or hypocritical approaches to substance use.

When asked about the influence of specific variables that have been identified by research, focus group responses varied. Students often did not agree that participation in school activities or community activities had any necessary relationship to reducing substance use. Conversely, students strongly endorsed the influential role of their friends and peers and, to a slightly lesser extent, parents.

Taken together, these findings complement the quantitative data from the CTC youth survey, and offer considerations for future initiatives. In particular, addressing the role of peer pressure and parental influence, two recurring themes of these focus groups, may be fruitful directions.

Findings: Individual School Districts

The second section of this report provides an interpretation of data collected from the 20 focus groups on the level of the individual school district. As mentioned in the Proviso that preceded the aggregated focus group findings, qualitative findings such as these may be significantly compromised, i.e., reduced in their reliability and validity. Themes and commonalities that emerge from a survey of 20 groups are significantly more robust than those from e.g., several groups from a single school district. In addition, as mentioned, the comments of an opinionated few can substantially color the views reflected on an individual group level. For these reasons, the data from a single school

district should be interpreted with caution and in the context of how it was collected: even the school district with the most focus groups had only 8, which were further divided between middle school and high school. Therefore, in order to highlight this important contextual information, we have indicated the number of school focus groups with each district's report.

<u>Binghamton School District</u>

<u>Focus Groups</u>
High School: 2
Middle School: 3

Question #1: Which substances do you think are particularly problematic in school?

Binghamton Schools uniformly described alcohol, tobacco and marijuana as being problematic substances, with the exception of one high school group commenting on ecstasy and cocaine/crack cocaine being a problem.

Question #2: What do you see as problems associated with substance abuse in school?

Focus Groups from these schools reflected the following themes in terms of perceived problems associated with substance use: potential for addiction, induced apathy, dangerous/violent behavior, hygiene/aesthetics, and academic/intellectual deficits. No differences were apparent between middle and high schools. Of note, one high school group articulated the belief that some people can use substances and perform normally.

Question #3: What factors do you think puts students at risk for using substances?

All Binghamton focus groups included peer/social influence as a contributor. Following this perceived risk factor, the presence of negative life circumstances such as stress or family problems was reported in four groups and the influence of the media's portrayal of substance use were identified by three groups. Finally, boredom/curiosity was brought up in two groups and an isolated comment about parental modeling was made.

Question #4: What do you think is the silliest thing adults do to try to prevent substance use?

Binghamton Schools provided very heterogeneous responses to this question. However, the insufficiency of traditional programs, such as lectures or Project DARE, was reported in four of the five groups. In addition, reports of adult hypocrisy or excessive rigidity were made.

Question #5: Some claim that when kids are involved in school activities, they are less likely to use substances. What do you think?

Binghamton focus groups neither uniformly agreed across groups, nor within groups on the role of school activities. Although some students articulated that being involved does reduce interest in drugs and the time available to use them, it was also voiced that many school groups are renown for using substances, especially sports teams. Opinion on this question was essentially split down the middle.

Question #6: Some claim that when kids are involved in their community, they are less likely to use substances. What do you think?

Opinions about community involvement reducing substance use ranged from heavily qualified agreement to outright disagreement. In a similar fashion to the previous question, a student commented that individuals involved in the community both had the time and did use substances. It was also commented that there are not many community activities to be involved in.

Question #7: Some people think that when your friends are using substances, you are more likely to use substances. What do you think?

Responses to this question were divided. The two high school focus groups primarily agreed, with some qualification, whereas the middle school groups tended to assert that it depended on the friends involved. Although admittedly speculative, one explanation of these differences may be experiential. That is, the high school students may have experienced peer pressure to use in substances setting first hand, whereas the middle school students may view this circumstance as a hypothetical and subject to more ambiguity.

Question #8: Some claim that how your parents feel about using substances affects how likely you are to use substances. What do you think?

The large majority of responses agreed with this statement, with the only variation being that any parental impact depends on the consistency between parents' attitudes and

their behavior. High school students tended to qualify the effect of parental attitudes more than did those in middle school, acknowledging that negative parental attitudes can actually increase substance use behavior.

<div align="center">Johnson City School District</div>

Focus Groups
High School: 3
Middle School: 1

Question #1: Which substances do you think are particularly problematic in school?

All focus groups concurred that alcohol, tobacco and marijuana were problematic substances in their schools. In addition, three of four focus groups reported problems with Ecstasy, and one focus group reported abuse of pharmaceuticals, specifically Ritalin, appetite suppressants, and Zoloft.

Question #2: What do you see as problems associated with substance abuse in school?

Problematic outcome themes of risk for addiction and induced apathy prevailed within these four focus groups. In addition, one group commented that peer pressure was an antecedent problem of substance abuse.

Question #3: What factors do you think put students at risk for using substances?

The theme of peer/social pressure was reported as a factor for putting students at risk in three of the four focus groups in Johnson City. Less prominent were isolated

reports of increased risk because of negative life circumstances, parental influence and boredom or curiosity.

Question #4: What do you think is the silliest thing adults do to try to prevent substance use?

Each focus group conducted in Johnson City provided surprisingly consistent reports of the hypocrisy and failure of traditional programs, (e.g. Project DARE, didactic presentations). In addition, criticisms of excessive rigidity in prevention approaches were made.

Question #5: Some claim that when kids are involved in school activities, they are less likely to use substances. What do you think?

Johnson City focus groups were split down the middle on this issue, using arguments similar to those voiced in Binghamton schools: some students perceived activities as being protective against substance use, but an equal number cited groups (e.g., teams or organizations) within each school that were known for substance use.

Question #6: Some claim that when kids are involved in their community, they are less likely to use substances. What do you think?

Responses to this question were very heterogeneous. One group uniformly agreed, another uniformly disagreed, and two others were characterized by heavily qualified agreement. These responses tended to be determined by the interpretation of the question. For example, the group that uniformly agreed cited peer pressure as the motivation for

this response: if one is involved in a community activity in which substance abuse is frowned upon, this will reduce substance abuse. Conversely, the groups who were ambivalent about the utility of community involvement tended to interpret the question more concretely and cited specific activities, such as paper routes or mentoring roles as differentially affecting substance use.

Question #7: Some people think that when your friends are using substances, you are more likely to use substances. What do you think?

Response to this question tended to suggest that peer pressure was a factor, but that it was dependent on various other factors such as parental role, discipline and the role of personal choice. However, the trying to seem "cool" and "overriding" parental models by peers were also acknowledged.

Question #8: Some claim that how your parents feel about using substances affects how likely you are to use substances. What do you think?

The large majority of students agreed that parents play a large role in adolescent substance use, both positive and negative. Students in these focus groups also articulated that the impact of parents' feelings about substance use very much depends on the total family environment.

Maine-Endwell School District

<u>Focus Groups</u>
High School: 4
Middle School: 4

Question #1: Which substances do you think are particularly problematic in school?

All groups agreed that the use of alcohol, tobacco, and marijuana are problematic in Maine-Endwell, excluding one middle school in which only tobacco was reported. In addition, all four high school focus groups reported that a variety of pharmaceuticals were being abused, including Ritalin, Adderall, pain killers (Vicodin, Percocet, Darvocet, Oxycontin and Codeine), appetite suppressants, birth control pills and Viagra. In addition, these focus groups included isolated reports of Ecstasy, cocaine, opium, heroin, and hallucinogens.

Question #2: What do you see as problems associated with substance abuse in school?

Problems described by Maine-Endwell focus groups had the following themes: academic/ intellectual deficits, hygiene/aesthetics, induced apathy dangerous/violent behavior, and peer/social pressure was identified as an antecedent problem. Addiction was reported also, but only in two middle school groups. Finally, one group commented that sometimes a student's substance use may not be associated with any problems.

Question #3: What factors do you think put students at risk for using substances?

Peer/social influence and parental influence were robustly reported in Maine-Endwell schools (7 of the 8 focus groups). Negative life circumstances were mentioned

as a risk factor (6 groups), and to a lesser extent, boredom/curiosity and media images were also reported in this district. No distinctions between middle school and high school could readily be detected.

Question #4: What do you think is the silliest thing adults do to try to prevent substance use?

Hypocrisy was the most commonly reported shortfall by the part of the Maine-Endwell focus groups. Following hypocrisy, the failure of traditional programs was recurrently discussed, including a program called One to One and Project DARE. Criticisms of the rigidity of the programs were also voiced in 2 groups.

Question #5: Some claim that when kids are involved in school activities, they are less likely to use substances. What do you think?

Responses tended to range between "it depends" and "disagree". High school students tended to be more emphatic in their disagreement, whereas middle school students reported that protection against substance use depended on the activity. Once again, references were made to sports team membership as being conducive to substance use.

Question #6: Some claim that when kids are involved in their community, they are less likely to use substances. What do you think?

Maine-Endwell focus groups provided the gamut of responses to this question. These responses ranged from agreement based on a reduction in free time to outright

disagreement. Of note, a distinction could be seen between middle school and high school students in that the former tended to agree more that community involvement could reduce substance use.

Question #7: Some people think that when your friends are using substances, you are more likely to use substances. What do you think?

Focus groups almost uniformly agreed with this statement, making comments like, "That's how it really works", and that "you feel that your friends won't like you anymore". No differences were evident between middle school and high school students.

Question #8: Some claim that how your parents feel about using substances affects how likely you are to use substances. What do you think?

The majority of students in Maine-Endwell focus groups tended to disagree that parental opinions are important, this being the prevailing sentiment in 6 of 8 groups. In addition, comments were made that rebellion against parents is sometimes the exact reason for students using substances. However, comments were also made to the effect that the impact of parents' feelings about substance use depended on the relationship between parent and child.

Union-Endicott School District

Focus Groups
High School: 2
Middle School: 1

Question #1: Which substances do you think are particularly problematic in school?

All of the focus groups concurred that alcohol, tobacco, and marijuana were problematic. In addition, a high school and a middle school focus group reported cocaine as being problems, and both high school groups reported pharmaceutical abuse (Ritalin, painkillers). These focus groups also included isolated reports of psychedelic mushroom and LSD use.

Question #2: What do you see as problems associated with substance abuse in school?

Union-Endicott focus groups prevailingly reported academic/intellectual deficits and dangerous/violent behavior. In addition, peer/social pressure was reported as a problem preceding substance use. Induced apathy was reported in one high school focus group.

Question #3: What factors do you think puts students at risk for using substances?

Although no single risk variable was identified in all three Union-Endicott focus groups, peer/social influence and parental influence were reported in two of the groups. In addition, there was an isolated report that negative life circumstances influence likelihood of substance use.

Question #4: What do you think is the silliest thing adults do to try to prevent substance use?

Criticisms of traditional programs such as lectures and SADD (Students Against Drunk Driving) were voiced in all three Union-Endicott school focus groups. In addition, comments regarding adult hypocrisy and excessive rigidity were made, although with lower frequency.

Question #5: Some claim that when kids are involved in school activities, they are less likely to use substances. What do you think?

All of Union-Endicott focus groups disagreed that involvement in school activities reduced risk of substance use, citing sports team usage, significant free time outside of extracurricular activities, and a lack of activities in which to participate.

Question #6: Some claim that when kids are involved in their community, they are less likely to use substances. What do you think?

In a fashion similar to the responses of Johnson City focus groups, Union-Endicott students both agreed and disagreed with community involvement acting as a protective factor. This situation again appeared to reflect the interpretation of the question: one group uniformly disagreed, citing friends as the most influential, and another uniformly agreed, noting that some abstain in order to remain as part of the peer group.

Question #7: Some people think that when your friends are using substances, you are more likely to use substances. What do you think?

The vast majority of students in the three Union-Endicott focus groups agreed with this statement. Students commented that cliques develop in high school, that students experiment in groups, that "if your friends are doing it, why not do it", and that some people wouldn't be friends if not for their drug use. However, students also commented that substance use has been known to damage friendships, and that in the same way that some students use drugs, other groups develop that eschew drug use.

Question 8: Some claim that how your parents feel about using substances affects how likely you are to use substances. What do you think?

Students in the three Union-Endicott focus groups both agreed and disagreed that parental opinions mattered regarding substance abuse. Opinions ranged from disregarding parental opinions "since they are from the 60's and 70's", and generally rebelling against any parental mandate, to acknowledging that parental behavior does affect adolescent use.

Conclusions

In the first section, the larger themes identified were derived by reviewing all the focus groups conducted in Broome County. By virtue of this analysis, these same themes will often also exist on a district level, and even on the level of the single group. For example, the use of alcohol, tobacco, and marijuana were reliably identified on a county, district, and individual level. However, unique response patterns were also evident when

the focus groups were assessed on a district level. This section of the report will describe these district-specific characteristics.

When interpreting these findings, one must question whether any apparent differences are truly a reflection of something unique to a particular school district, or to a specific student, or simply reflect one of the various limitations of qualitative data? For example, comments regarding crack cocaine were made in only one single focus group. This may mean that crack cocaine is more readily available at that high school, or it may be inaccurate, or it may mean that an individual is reporting a circumstance unique to him or herself. These caveats noted, what follows are the unique focus group differences between school districts in Broome County.

In terms of problematic substances in schools, the theme of alcohol, tobacco and marijuana were robustly represented. In terms of district variations, Binghamton included the aforementioned reference to crack cocaine, Johnson City reported a greater prevalence of Ecstasy, and both Maine-Endwell and Johnson City included more reports of pharmaceutical abuse.

No differences were apparent across school districts in terms of problems associated with substance use (Question #2), with each group providing a smattering of the multiple problems enumerated in the aggregate county section. Similarly, there was little variation in terms of risk factors for substance use (Question #3), as peer pressure was reliably reported across counties and no other responses uniquely characterized any one district.

The insufficiency of traditional programming was the most commonly identified "silly" thing adults try to do in Johnson City, Binghamton, and Union-Endicott, whereas

adult hypocrisy was most frequently reported in Maine-Endwell (Question #4). As to the claim that being involved in school activities decreased the likelihood of substance use (Question #5), both Johnson City and Binghamton groups were split, whereas Maine-Endwell and Union Endicott groups tended to disagree. In addition, a generally split-decision as to whether community activities protect against substance use was reported in all districts, except Binghamton, in which disagreement prevailed (Question #6).

Finally, considerable variation was reported regarding whether parental or peer attitudes modulate substance use. Groups from Johnson City and Binghamton offered a divided opinion over peer pressure, but clear agreement on the strong role of parents; those from Union-Endicott offered opinions that were divided over parents but strongly supported peer roles; and those from Maine-Endwell revealed disagreement about a parental role, but endorsement of the role of peer influence (Question #7 and #8).

These qualitative data provide some distinctions between communities as well as information for the county as a whole, in the hope that these distinctions may be useful in directing district-specific initiatives. For example, in districts in which students dismissed the role of parents, efforts to increase parental influence might be adopted, such as a parent-training curriculum offered through the school.

It is also interesting to consider the correspondence between some of the students' comments and current research findings. For example, their opinions that the formal programming in which they have participated to date (e.g. Project DARE, One to One, or didactic presentations) are "silly" is consistent with an accumulating literature noting the negligible benefits from these approaches. However, conversely, students also were quick to dismiss other risk or preventive factors with substantial research support as

unimportant simply because they personally knew of an individual or situation that provided a contradictory example. Perhaps programmatic efforts could address students' tendencies to rely excessively on personal testimony or experience as the only evidence of which variables affect their behavior.

Information gleaned from focus groups has the potential to facilitate the development of hypotheses for further testing by examining quantitative data, conducting experiments, or by extending the qualitative examination itself. However, again it is stressed that these qualitative data contain the potential for misrepresentation of trends and characteristics and that, in the opinion of the writers of this report, it is important to keep in mind the potential for problems of reliability and validity. It is recommended that when possible, collateral information be used or sought out to support initiatives based on these data before proceeding with programmatic or administrative change.

Appendix A: Focus Group Protocol

Date: _____

Individual(s) conducting focus group: _____

School staff present: _____

Number of members in group (not including staff): _____

Introduction

I'm working on a project in Broome County regarding substance abuse prevention. In October, some of the teachers in your school distributed a survey for students to complete. You may or may not have completed one yourself. Today I'd like to gather more information that couldn't be covered in a questionnaire format.

- We'll use the information you provide today to help us interpret the results of the survey and then decide how to prevent substance abuse.

- Of course, we won't identify who you are by name.

- What I'd like to do is discuss your opinions regarding substance use in _____ (name of school).

- By substances, I mean alcohol, tobacco, and other drugs.

- Please do not provide any information about your <u>personal</u> history with respect to using substances. I am not trying to gather information about <u>your</u> specific usage. But we are interested in each of your opinions.

- Of course, there are no right or wrong answers.

- Begin with Question #1

Appendix B: Focus Group Questions

1. Which substances do you think are particularly problematic in _____ (school)?

2. What do you see as the problems associated with substance use in _____ (school)?

3. What factors do you think put students at risk for using substances?

4. What is the silliest thing adults do to try to prevent substance abuse?

What things do adults do that causes a complete loss of credibility?

5. Some claim that when kids are involved in school activities, they are less likely to use substances. What do you think?

6. Some claim that when kids are involved in their community, they are less likely to use substances. What do you think?

7. Some people think that when your friends are using substances, you are more likely to use substances. What do you think?

8. Some claim that the how your parents feel about using substances affects how likely you are to use substances. What do you think?

References

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