



Partnerships for Success II Focus Group Report

Prepared for
The Maine Office of Substance Abuse
and Mental Health Services
by
Hornby Zeller Associates, Inc.
May 2014



Department of Health
and Human Services

*Maine People Living
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Table of Contents

INTRODUCTION.....	1
Purpose of the Report.....	1
Methodology	3
MAJOR FINDINGS	5
Social Access and Availability.....	5
Social/Community Norms	7
Perceptions of Harm	8
Perceived Risk of Being Caught	9
Prevention Messages and Policies.....	10
CONCLUSION AND RECOMMENDATIONS.....	13
APPENDIX.....	15



Cover Photo © 2014 Donna Wentworth

INTRODUCTION

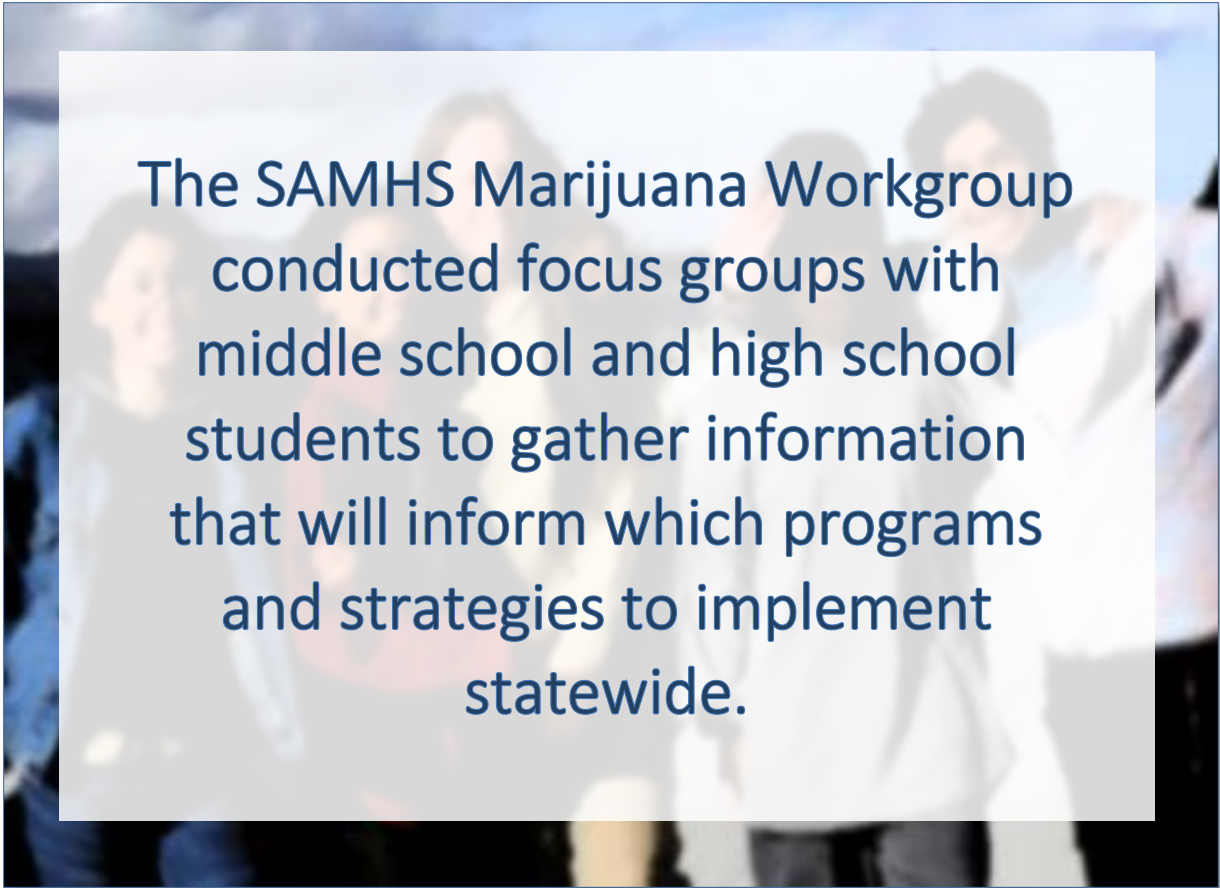
In 2012, the Maine Office of Substance Abuse and Mental Health Services (SAMHS) received funding from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Partnerships for Success II (PFS II) program in Maine. One of the prevention priorities SAMHS chose to address *is reducing marijuana use among 12-25 year olds by implementing strategies through Healthy Maine Partnerships (HMPs)*, local coalitions that have been working on substance abuse prevention initiatives since 2007. Previously, only certain coalitions were working to prevent marijuana use; and the PFS II grant presented the first opportunity to implement marijuana prevention strategies statewide.

SAMHS selected two strategies known to be effective: use of mass media to increase public concern about marijuana use and to change normative perceptions of marijuana use, and the use of community coalitions to affect change. To advise the implementation of the first strategy, SAMHS formed the Marijuana Workgroup in March 2013. The Workgroup is staffed by the PFS II Project Director and is made up of coalition staff interested in participating, including a representative from the Maine Alliance for the Prevention of Substance Abuse (MAPSA), a representative from Ethos (the firm contracted to develop marketing materials for SAMHS), and the evaluator.

Taking a social marketing approach, the Workgroup identified two primary target audiences: parents of teens and teens. In the first year of the grant, the group developed messages targeting parents about keeping youth and young adults safe, healthy and successful. The messages were based on scientific evidence and were informed by previous parent focus groups. SAMHS then developed print materials and a power point presentation that HMPs use to disseminate the message to parents. In year two of the grant, the Workgroup set out to develop messages targeting teens.

Purpose of the Report

SAMHS engaged Hornby Zeller Associates, Inc., an evaluation and social research firm, to conduct focus groups with middle school and high school students to gain an understanding of youth perceptions of marijuana as part of this “formative” assessment phase. The purpose of this report is to present the findings from these focus groups to the SAMHS Marijuana Workgroup as they determine which media messages and informational campaigns to implement. This information will help ensure that the Workgroup identifies prevention strategies that are a good fit with the current opinions, perceptions, beliefs, and attitudes of Maine’s teens.




The SAMHS Marijuana Workgroup conducted focus groups with middle school and high school students to gather information that will inform which programs and strategies to implement statewide.

Methodology

HZA conducted a total of nine focus groups during April, 2014 with middle school and high school students. The groups were held with students at the following schools:

- eight students at Buckfield Senior High School (five females and three males: two seniors, four sophomores, one junior and one freshman);
- six junior students at Buckfield Junior High School (three females, three males);
- six students at Fort Kent Community High School (four females, two males);
- four students at Madison Junior High School (three females, one male: all eighth graders);
- nine high school students at Maine Central Institute (four males, five females);
- eight middle school and high school students at Maliseet After School Program (five females, four males);
- 13 Sanford High School students (four females, nine males);
- ten middle school students at Warsaw Middle School (five females, five males; all eighth graders);
- nine students at York High School (three females, six males).

In total, 73 students participated in the focus groups. The SAMHS Marijuana Workgroup developed the questions with guidance from Hornby Zeller Associates; they asked students about common language, beliefs, and perceptions involving marijuana at their schools and in their communities. A complete focus group protocol can be found in the appendix to this report.



"The easiest way to find someone who smokes weed is to look for someone who never shuts up about it; also [look for] people who post about it on Facebook."

MAJOR FINDINGS

The following sections provide information gleaned from the focus groups. The findings are organized into the relevant intervening variables identified in *Substance Abuse Trends in Maine: State Epidemiological Profile 2013*:

- Social Access and Availability (e.g., getting drugs and alcohol from friends or family members);
- Social/Community Norms (e.g., parental/community attitudes and beliefs);
- Perceptions of Harm (e.g., individuals' belief that using a substance is harmful);
- Perceived Risk of Being Caught (e.g., individuals' belief that s/he will be caught by parents or police).¹

Students also provided information on where they thought prevention messages should be placed so that students would see/hear them. Each section reports on common themes and highlights notable differences, either within groups or between middle school students and high school students.

Social Access and Availability

Across the nine focus groups conducted, whether high school or middle school students, there was overwhelming agreement that marijuana is very easily accessible; more than one group reported that if they wanted it, they could have marijuana before the end of the current school day. The most common stated mode of access for students was friends, older students in their school, and stealing or being given it by family members, including parents.

Students in all groups agreed that if a student was not getting marijuana from friends, the marijuana was most likely coming from an older sibling or parent. The students interviewed agreed that in these cases, the marijuana was mostly stolen from parents, but in a few cases some said that parents didn't care and just warned them not to get caught.

In their own words...

"Deals happen on school property consistently. They happen when a teacher steps out of a classroom – they use empty Axe cans [deodorant spray] to hide the product..."

"My parents would rather I smoke pot than take pills. My Dad smokes weed."

"High school students go to Bangor and come back with pot for sale. [There are] lots of postings on Facebook with photos and information about pot for sale when they get back from Bangor."

Youth talk
about
ACCESS and
AVAILABILITY

¹ Maine Office of Substance Abuse and Mental Health Services. (2013). *Substance Abuse Trends in Maine: State Epidemiological Profile 2013*. Accessed April 18, 2014.
<http://www.maine.gov/dhhs/samhs/osa/pubs/data/2013/SEOWEpiProfile2013FINAL.pdf>

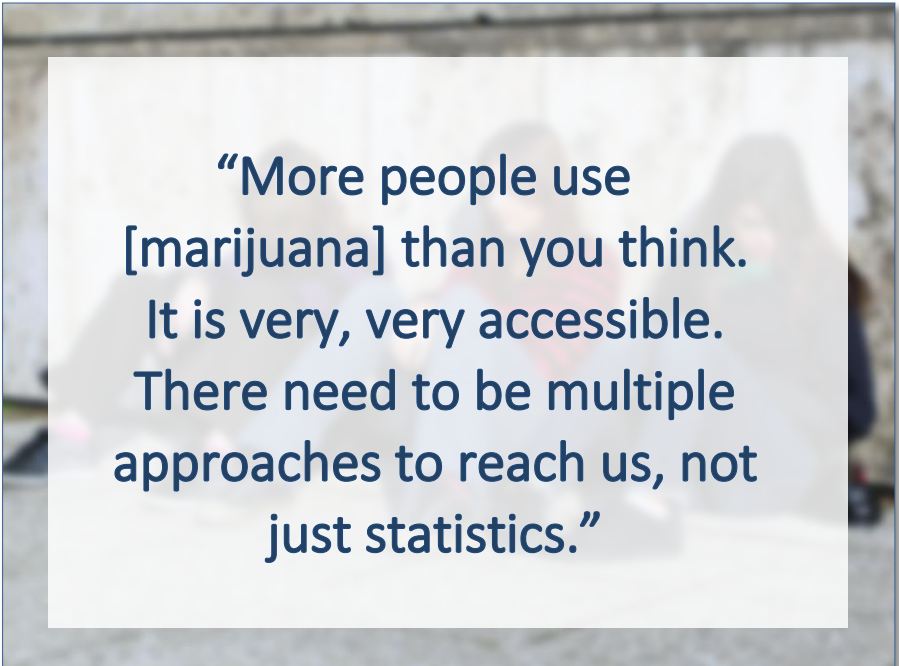
All students agreed that if the marijuana was “sitting around,” they were more likely to use it, than if it were hard to find in the home. Some students also mentioned that medical marijuana was a source of marijuana stolen from family members.

Among middle school students, older high school students were a common source of marijuana, while high school students reported that dealers, or older siblings and parents, were a more common source of marijuana for their group.

The theme of drug deals occurring among students on school property came up frequently in high school focus groups. According to these students, deals usually occur when teachers step out of the room for a moment, when students are passing in the halls, or when students are outside.

High school students reported that marijuana was very accessible and available to them at parties and that there were far more parties happening than parents realized—parents only heard about a few of them.

All groups agreed that medical marijuana was easily accessible in their communities, with many situations of misuse occurring: students reported that friends with parents who have prescribed marijuana frequently steal it from their parents, share it with friends, or sell it for profit. A few students reported that they had heard of other students selling their parent’s excess medical marijuana for profit with the permission of their parents. The diversion of medicinal marijuana is contributing to diversion and increased availability of marijuana to communities.



**“More people use
[marijuana] than you think.
It is very, very accessible.
There need to be multiple
approaches to reach us, not
just statistics.”**

Social/Community Norms

There was agreement across all focus groups that “pot” and “weed” were the most commonly used terms used in reference to marijuana. Other words used for marijuana or the administration of it included: Kush, ganja, joint, doobie, Mary Jane (or MJ), green, bowl, hookah, can, gas mask, bong, munchies, green bud, reefer, spice, medicine, doobie, dank, and dope.

Terms used to describe the act of getting high were: being baked, being baked by the pie, being roasted, tripping out, 4:20 blaze it, taking a hit, toking, and smoking a joint.

Middle school students’ perceptions of the percentage of students in their school who had ever smoked marijuana ranged from one percent to 65 percent, whereas they perceived past 30 day use as ranging from one percent to 50 percent.

High school students’ perceptions of the percentage of students in their school who had ever smoked marijuana ranged from 25 percent to 90 percent, whereas they perceived past 30 day use among students as ranging from 20 percent to 85 percent.

A theme occurring throughout all of the groups was that students use marijuana most commonly to:

- deal with stress at home or in school,
- cope with depression,
- cope with anxiety,
- fit in,
- rebel,
- deal with boredom, and
- escape the problems in their lives.

In their own words...

“My parents don’t know that I know they used to smoke pot. When they yell at me, I just think – well you used to do it too!”

“People do [smoke marijuana] to have fun, and because they are bored. It helps to pass the time.”

“Students do it at parties to have more fun and to rebel.”

“If it was legal, I think people who are using [marijuana] to rebel would stop.”

“My Mom would kill me if I used [marijuana]!”

Youth talk about
SOCIAL and
COMMUNITY
NORMS

In their own words...

“My brother does [marijuana] – he used to be a fun person, but when he started doing drugs he started doing risky things, he also sits in his room alone, and when he’s with friends he’s a completely different person. He’s not stupider, but he doesn’t try to think.”

“It [marijuana] leads to harsher drug use. It’s a gateway drug.”

“It is mentally addictive.”

“Cigarettes are a lot more addictive, you have to smoke a lot more marijuana for it to affect your lungs.”

Youth talk about HARM

On the other hand, a recurring theme across focus groups was that for students who do not use marijuana, it was because these students:

- did not want to disappoint their parents or friends,
- wanted to keep their brains healthy,
- played sports,
- did not want to be mocked by friends who disapproved of marijuana use,
- did not want to be different than who they are normally,
- did not want to waste their money, and
- did not want to get addicted to a drug.

Among the most rural communities where focus groups were conducted, it was common to hear students express that they felt that at least 50 percent of their town smoked marijuana. As one student said, “It’s common in our town, 50 percent of our town smokes pot because we have a lot of people from the hippie generation who moved here and still do it.”

Perceptions of Harm

There was a clear understanding among high school students that smoking marijuana could physically damage a user’s lungs and brain cells as well as negatively affect a user’s overall physical health. Some students noted that for people who are long-term, frequent users, personal hygiene was negatively affected. Students also agreed that it causes sleepiness, hunger, and slows down motor skills. On the other hand, students felt it could be fuel for creativity and help with depression, although there was agreement that this would be only a short-term solution.

In general, middle school students reported more on negative physical effects than mental or emotional ones. They agreed that marijuana could cause increased anxiety and paranoid thoughts, make asthma worse, and damage lungs. There was some disagreement about whether using marijuana could inhibit sports performance.

Among all focus groups, when asked about the effects of marijuana on mental health, middle school students were unsure of its impact when compared to high school students. High school students agreed that it helps one mentally escape life's problems, slows down the mind, relaxes the user, makes one forgetful, stops anxiety, and could lead to a cycle of addiction. Specifically, if it is used to alleviate depression or anxiety the user feels a need to smoke again after the effects have worn off.

The effect of marijuana on one's emotional health was a more commonly understood topic. A theme commonly occurring throughout the focus groups was that marijuana affects moods. Happiness was the most reported effect, but some also agreed that it affected different individuals differently and could make people angry, aggressive, emotionally unstable, as well as paranoid.

Confusion about the difference between medical marijuana and marijuana used for recreational purposes was common throughout all of the groups. Students in all groups were misinformed about the content and purpose of medical marijuana and how it differs from recreational marijuana.

For example, several students believe that medical marijuana is regulated and therefore safer to use because it does not contain toxic pesticides or harmful added drugs or because the "dose" is the same in all medical marijuana. Other students believe that doctors prescribe medical marijuana in specific doses, so the user knows exactly how much to use for medicinal purposes. Some believed that tetrahydrocannabinol (THC) had been removed from the plants and therefore a "high" was not possible. Many expressed confusion when trying to understand how marijuana was bad, addictive, and harmful to your health when medical marijuana could cure diseases and help people with health problems.

Perceived Risk of Being Caught

Students' perceived risk of being caught by parents, law enforcement, and/or school authorities is linked with social norms around the acceptability of marijuana use. In communities where marijuana use among youth is not frowned upon, the perceived risk of being caught by parents or school authorities is low. In addition, in towns with little to no law enforcement presence, the perceived risk of being caught was very low or not present at all.

In their own words...

"We don't need to worry about getting caught by the law in this town, there is like one cop that would catch you – it just doesn't happen."

"I don't want to be kicked off my sports team."

"My Mom would kill me if I did drugs. She is a nurse."

"[Marijuana] is illegal; if you get caught it's on your permanent record!"

Youth talk
about RISK OF
BEING CAUGHT

In their own words...

“Put information in places where people HAVE to look and listen: urinals, the back of bathroom stall doors and Pandora commercials!”

“We don’t really care about the ads that are sensational and trying to shock us – that’s not effective.”

“It’s hard to use when trying to be a good role model.”

“It prevents me from being myself.”

“It’s illegal – I don’t want to have that on my permanent record”

“It’s trashy; it ruins your reputation.”

“I don’t want that lifestyle.”

Youth talk about
PREVENTION

For example, in a town where there was only one police officer who covered the whole town and surrounding areas, a student expressed that the risk of being caught was so low that it was not a deterrent for teens not to smoke marijuana.

A few students mentioned that they did not feel that enforcement of their school’s substance abuse policy was effective; in particular, that out-of-school suspensions were really just viewed as vacations and did not have a permanent impact on the problem. Importantly, some students mentioned that if they thought there was a good chance students would get caught, fewer students would use marijuana.

In addition, in one particular school, students expressed that their teachers seemed to feel powerless to enforce drug free rules in their school due to recent changes in the school’s drug free policy. These changes require photographic or video evidence to back up all accusations against a student. Students report that the difficulty of producing this evidence has made it easier for drug deals to happen on school property, which was clearly not the policy’s intention.

Prevention Messages and Policies

Students clearly expressed that the most effective place to post prevention messages would be in highly trafficked areas like bathrooms, cafeterias, grocery stores, drug stores, Dunkin’ Donuts, and Walmart, as well as ads on school buses. They also agreed that using social media as a resource for prevention would be effective. There was unanimous agreement that Facebook, Twitter, and Pandora were commonly used sites among students at their schools. Students agreed that if a person uses the free version of Pandora, he or she has to listen to periodic advertisements, and that students might listen to advertisements placed here.

High school students also agreed that speakers at school assemblies were not always effective, but the messages from speakers that stayed with them were presented in a format where speakers spoke openly about how their lives had personally been negatively affected by drugs.

They agreed that there would always be the students who laughed off this type of presentation [in front of his or her peers], but suggested that those students might benefit from meeting one-on-one with the school substance abuse counselor to discuss what the speaker had said and reinforce the message without their peers around. However, students in rural areas expressed concern that speaking with a school counselor might not remain confidential, as everyone knows each other in these smaller communities.

Students also agreed that prevention messages should start at an earlier age, and that starting in middle school might in fact be too late. They suggested that parents of younger children should be part of the prevention framework and that parents should receive awareness and risk education when their children are very young (elementary school age or younger).


In addition, all of the focus group participants agreed that too many parents assume that their teen is *NOT* using marijuana. They suggested that parents should be more educated about what to look for if their child is using marijuana, to remain open-minded, and keep conversations going with their child about marijuana and drug use.

Importantly, students shared what commonly keeps them and their peers from using marijuana, despite the fact that it is easily accessible and socially accepted. The majority of students identified the following:

- having parents who maintain an open dialogue with their children, where the children feel free to talk openly with their parents;
- having involved parents who clearly express their expectations to their children about not doing drugs and set boundaries around these expectations;
- living in a home where parents have created an environment that eliminates access to illegal substances and minimizes risk factors for substance abuse (such as availability of marijuana in the home, lack of communication between parent and teen with regard to marijuana use, and a stressful home environment);
- having a desire to stay healthy and not damage their brains;
- having a group of friends who also want to stay drug free; and
- being involved in extra-curricular activities such as sports or clubs where participation is based on being drug free.

When students spoke on the reasons NOT to use marijuana, clear themes emerged. Students said:

- they do not want marijuana use to get in the way of reaching their personal goals;
- they want to be role models for friends and younger family members;
- they fear being caught by law enforcement and parents;
- they do not want to harm their health;
- they want to keep the respect of their friends and family; and
- they do not want to feel out of control and not “who they are, like themselves.”



“This is a small town—it will ruin your reputation and it will be hard to get a job.”

CONCLUSION AND RECOMMENDATIONS

Among all the students involved in this formative study, some common themes emerged and are reiterated below:

Access and Availability. Ease of access to marijuana is a pervasive, statewide issue that is common throughout rural and urban Maine families, schools and communities. Youth in all focus groups report that marijuana is everywhere and very easy to access.

- **Recommendation:** There are several contributing factors to access and availability of marijuana to youth, an important one being its presence in the home. Medical marijuana is licensed to adults and there is an opportunity for a “lock it up” campaign among this population. Prevention messages could be available via dispensaries and any pamphlets medical marijuana patients receive.

Social and Community Normalization of Marijuana Use. Many students expressed the opinion that more than half of their community smoked marijuana, that the media shows it as normal, if not acceptable, and that it is the socially cool thing to do.

- **Recommendation:** There are clear perceived normalizations of peer attitudes and behavior that could be addressed by applying a social norms intervention, which focuses on peer influences, highlighting what a student *perceives* his/her peers as doing versus what his/her peers are *actually* doing. By presenting correct information about peer group norms in a believable fashion, perceived peer pressure is reduced and individuals are more likely to express pre-existing attitudes and beliefs that are health promoting (National Social Norms Resource Center (<http://socialnorm.org/> Accessed April 30, 2014.)

Education as Prevention. There is a clear lack of education and a misperception about the long-term effects of marijuana use on developing brains. In addition, students clearly expressed that parents lacked education on the true risks and facts surrounding marijuana, and students felt parents should be educated earlier in their child’s life about these risks.

- **Recommendation:** Incorporate a consistent evidence based curriculum across the grades that include education targeted towards parents of students as well as the younger student population. Educational messages on risk associated with marijuana use and brain development could be placed in areas of high use by parents, such as supermarkets, gas stations and their pediatric doctors’ offices.

For specific medical marijuana messaging, see below.

Medical Marijuana. There is common misunderstanding among all students about the definition, regulation, components and use of medical marijuana. With the existence of abuse of the medical marijuana system, and the misperceptions that students have surrounding all aspects of medical marijuana, there is a clear need for better education and information dissemination surrounding this issue for youth and the communities in which they live.

- **Recommendation:** Medical marijuana education is still in the formative stages in Maine. Consistent curriculum needs to be developed that addresses the misperceptions and confusion that exists among Maine students. Educational messages targeted towards community members could be placed in high use areas in the community, such as gas stations, cafes, community centers, supermarkets, and community centers.

Leveraging Peer and Parent Groups for Prevention. Schools are uniquely situated to educate youth and parents about marijuana and the short and long term risks associated with its use. They also provide a place where early intervention can take place.

- **Recommendation:** Peer groups can be used to foster and grow the desire that students expressed about not wanting to let their friends down or lose their reputations. Students, who find it hard to speak with their own parents about drugs, might find it easier to speak with their own peers about the questions and concerns regarding marijuana and its use.

Prevention Messages. Focus group participants' results provided some ideas about placement of prevention messages that should be considered in conjunction with other research on how to reach youth.

- **Recommendation:** Youths mentioned that some messages could be put up in Dunkin' Donuts, Walmart, local cafes, and Reny's; popular local businesses frequented by students and their families. Leveraging community business owners and other community partners, such as downtown business associations and community health networks, to participate in delivering prevention messages might be one approach in correcting the perception of marijuana use as a social and community norm.

APPENDIX

Middle School and High School Focus Group Protocol

1. *Introductions/Ice Breaker:* if you were stuck on a desert island and could bring one thing with you, what would it be?
2. In your school and community what words do people your age use when they talk about marijuana or using marijuana?
3. How many students in your school do you think have ever used marijuana (%)?
4. How many students in your school do you think have used marijuana in the past 30 days (%)?
5. How do you think students in your school get marijuana?
6. Why do you think people use marijuana?
7. Why do you think people DON'T use marijuana?
8. What does marijuana do to a person's health?
 - a. *Physical*
 - b. *Mental*
 - c. *Emotional*
9. Where are places that teens and young people can find information about marijuana?
10. If it was up to you, how would you get messages about marijuana out to the public?
11. What is the difference between medical and marijuana used for other reasons?
12. What are some reasons not to use marijuana?
13. Is there anything about marijuana that you think adults or your parents should know?