



EAST BAY REGIONAL NEEDS ASSESSMENT

Qualitative Data Report

September 2017

Organization:

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FOCUS GROUP & KEY INFORMANT INTERVIEWS

Demographics

Five focus groups and eight key informant interviews were conducted in the East Bay region from April 30, 2017 through August 29, 2017. Table 1 provides information about the topics discussed, sectors represented, and number of participants for each session.

Table 1. Focus Groups & Key Informant Interviews

Type of Data Collection	Date	Topics Emphasized	Sectors Represented	Number of Participants
Key Informant Interview	May 30, 2017	Substance Use Prevention Mental Health Policy	 	1
Key Informant Interview	June 5, 2017	Substance Use Prevention Mental Health Policy		1
Key Informant Interview	June 12, 2017	Substance Use Prevention Mental Health Policy		1
Focus Group	June 14, 2017	Substance Use Social Norms Community Resources		6
Focus Group	June 15, 2017	Substance Use Prevention Mental Health Policy		5
Focus Group	June 15, 2017	Substance Use Prevention Mental Health Policy Community Resources		6
Key Informant Interview	June 19, 2017	Substance Use Prevention Mental Health Policy		1
Key Informant Interview	June 21, 2017	Substance Use Prevention Mental Health Policy		1
Focus Group	June 22, 2017	Mental Health Suicide Risk Anxiety & Depression Community Resources	    	8
Key Informant Interview	June 26, 2017	Substance Use Prevention Mental Health Policy		1
Focus Group	June 27, 2017	Substance Use Prevention Mental Health Policy		5
Key Informant Interview	July 24, 2017	Substance Use Prevention Mental Health Policy		1
Key Informant Interview	August 29, 2017	Substance Use Prevention Mental Health Policy	 	1

Key	
Youth	
Parents	
Business	
Education	
Community/family supports	
Safety	
Medical/Health	
Government	

youth were more likely to use prescription medications. In addition, respondents reported that disposing of prescription medications could be challenging.

- “Predominantly females use prescription drugs”
- “I have heard the girls talking about [prescription medications], they talk about taking pills and selling pills”
- “Adderall and Anti-depressants and even pain killers are still out there... a lot of that comes from maybe families that are being careless about how they are disposing of their medications “
- “I think the harder thing is to get rid of the prescription drugs once people don’t know about it... disposing of drugs properly is a little more difficult”

A few participants described the progressive nature of opiate addiction and reported that overprescribing from doctors is a contributing factor to prescription medication abuse:

- “The pharmaceuticals over prescribing prescription drugs that leads to addiction”
- “Instead of figuring out how to cure the pain they prescribe to reduce the symptoms”
- “Well, I think one leads to the other, you get the prescription medications, doctors pull them off don’t ween them off, some people are hooked and they are trying to find an avenue they can supplement”

“I think the pharmaceutical industry is the big problem”

Although traditional cigarette use has decreased, more youth are using electronic delivery systems. Youth participants reported that older adolescents purchase electronic cigarettes online or in stores and sell them to younger adolescents to make a profit.

- “Everyone gets that cigarettes are bad for you”
- “Traditional cigarettes are not that popular...chewing tobacco not prevalent”
- “I don’t see that many kids who use cigarettes... I know that older kids are smoking electronic cigarettes”
- “When I drive the school parking lot everyone is juuling”
- “18 year olds will buy [electronic cigarettes] for younger youth ... there’s a high demand”

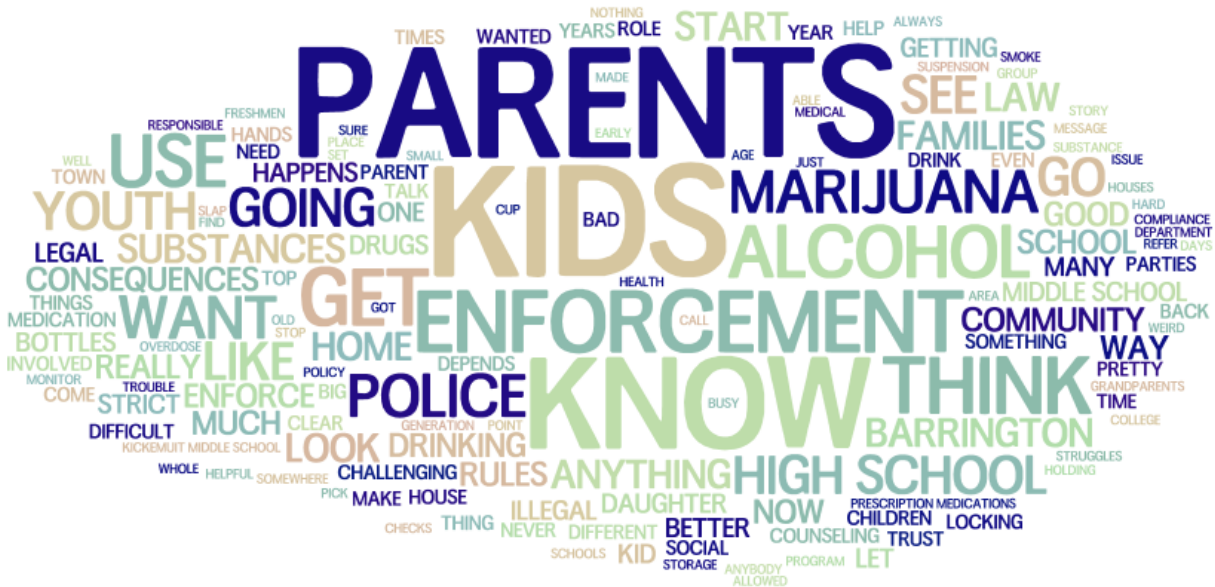
“E-cigarettes are big too”

Perceptions of risk or harm for electronic cigarettes varied across participants. Some participants were concerned that other substances could be used in the electronic delivery systems. While other participants reported that electronic cigarettes are better than traditional cigarettes.

- “Recent prevalence of e-cigarettes...not sure if they are used for tobacco or marijuana ”
- “Sometimes it marijuana...you can put anything in there”
- “They know tobacco is bad, vaping they don’t understand the same dangers”
- “If you are using one of these vape pens that is just giving nicotine, I’m all about that especially if it used as a gateway out of traditional cigarettes”
- “Vape pens can’t be as bad as the damn cigarettes”

- “When you get to middle school your life kind of changes you’re all in one school, the class schedule changes, kids are starting to look for something to help them get through the day”
- “Some can start at 13 or 14 because they have no guidance. If there is guidance they could start 18 or 19 because of self-esteem...to be accepted”
- “Different communities have different rates of ages”

What kinds of rules do you enforce about illegal substances?



Overall, participants reported that police enforcement was challenging for various reasons. Some noted the changes to marijuana legislation as a barrier for enforcement.

- “Very challenging and difficult to be enforced because it seems like where or how do you find people doing it”
- “I think the medical marijuana and decriminalization has made marijuana use more difficult to enforce”
- “Maybe they just don’t want to deal with it, they come by to discourage it”
- “Will enforce for older youth that are under 21 more than underage youth...a lot of the youth know the police and have relationships”
- “When people uses marijuana it is more secretive so I don’t think cops would be able to do anything”
- “They know it’s going on and they don’t do anything about it”
- “They used to say dump out the red cup and now they say butt out the joint”

“I don’t know how they do it unless it is blatant”

Additionally, some participants discussed the new role of law enforcement to supply and administer narcan in various communities:

- “Using narcan on ride arounds on a daily basis now”
- “Police officers spend a lot of their time tracking down distributors and administering narcan...so that forces the focus to be reactive instead of

proactive”

- “Apparently there is not much you can do...administer narcan, send them to the ambulance...what happens is under the good Samaritan law they can't charge anybody”

Participants discussed parental roles and responsibilities in enforcement and punishment of youth who use and abuse substances. Perceptions of parental enforcement varied across interviews and groups:

- “Unfortunately, parents can have a policy but kids will do it any way and that is heart breaking”
- “I think there are many parents who have protocols who store from young children. But for teens, I don't think parents are locking it up”
- “I don't think that parents do a whole lot”
- “45% of the families have pretty strict and clear expectations, 75% have expectations but then when it is their kid they want to take care of their kid and want to curtail consequences”
- A youth participant reported that “there are parents that supply and drink with their kids”

“This is a clear mixed message for the kids”

Respondents, especially parents, discussed the importance of talking with kids and providing education, clear expectations, and understood consequences:

- “It all starts with communicating and getting to know your kid...you have to educate them at home”
- “You have to address it you have to let them know what the consequences would be”
- “I educated my children early... I wanted them to be somebody, I wanted them to go to college, I wanted them to be decent adults”

Some participants stressed the importance of counseling and referring to additional services while suggesting that these steps be made a part of enforcement efforts:

- “There should be some type of mandatory counseling outlet that is teaching consequences of use to youth who are exhibiting use and have them instead of giving a fine mandate that they go these services”
- “Illegal substances in schools resulted in suspension. I really didn't want to suspend...it would be better if they could go somewhere to work through the issues”

Some participants noted that electronic cigarettes are “new” and therefore youth are interested in experimenting with them. This also makes enforcement from parents, officers, and school personnel more challenging.

- “It's so new that kids are interested in trying out”
- “Because it is so new, I don't think adults know what to do or even what they look like”

For alcohol, there was more ambiguity regarding access with some participants reporting that prevention efforts have been more effective for alcohol and thus less access. However, some respondents still considered alcohol to be one of the easiest substances for youth to obtain.

- "I'm assuming that over time, prevention coalition efforts keep liquor stores honest"
- "Compliance checks are positive and efficient"
- "Ironically I think that alcohol is a little bit more difficult to get... my sense is there is not a lot of underage selling or purchasing"
- "People don't take alcohol from home they get their own"
- "Everyone thinks its way too obvious to take their parents... They get it from kids with fakes, older people, older siblings"
- "Alcohol is easier than marijuana"

"Alcohol is widely used but harder for youth because they need an ID"

Prescription medications were overall considered more difficult to obtain when compared to alcohol and marijuana.

- "[Prescription medications and opiates] are not impossible but harder. I heard that someone was selling Percocet for 5-8 dollars a pill"
- "That would be harder to get, there would need to be a big effort to get that maybe someone with a prescription that doesn't use theirs"
- "People are more cautious about who they tell and sell to for prescription medications"

However, some participants who thought that youth are more likely to obtain substances from their home considered prescription medications and alcohol easy to obtain.

- "From their parent's medicine cabinet or their friend's parent's medicine cabinet"
- "The things that are available in the homes [are easy]... alcohol and prescription drugs"
- "Prescription drugs and alcohol are readily available in homes"

Predominantly, respondents reported that more illicit substances were more difficult to access:

- "Prescription drugs, cocaine, any of the other substance like heroin and crack...I would have no idea how to get that"

It is important to note that having access to money was discussed in relation to accessing substances. For instance, participants reported that youth who have money could easily obtain any substance they desire. Similarly, the more costly the substance, the harder it can be for a youth to access it.

- "Substances follow the money pattern"
- "There are kids that will pull 50 to 100 dollars out of their pocket. They are looked at differently when they have that kind of cash. Adults will imply that they are dealing"

Where do youth get information that they find credible about drugs?



Predominantly, participants reported that youth are more likely to get information that they would consider credible from peers, close friends, older peers, and older siblings.

- "I am tempted to say their friends"
- "They get information from their friends, especially if they are 2 or 3 years older from them. They listen to them as the credible person"
- "Peers can tell cautionary tales"

Conversely, participants reported that they are less likely to consider information credible that comes from the media, their parents, or teachers. However, there were some caveats such as building a strong bond that would make information coming from adults more credible.

- "Then at school if they develop a relationship with a staff or teacher"
- "School teachers are very influential kids really look up to them when there is a lot of trust"
- "Parents who have lost kids. The stories that they relate are very heart wrenching that are very impactful"
- "Kids listen to people when they value their opinion"
- "When they are being taught things, it's the way it's said to a kid...if you don't stop and take the time to make sure they are understanding it"
- "Kids have to know that you have had experiences, encounters with certain things"

"I just think it needs to be open and honest"

In addition, the internet was discussed as a primary source of information including social media, google, YouTube, etc.

- "That information is everywhere they can get it on the internet"
- "They use these names right on Facebook"

However, it was discussed that there is a lot of misinformation on the internet that is starting to effect perceptions of credibility.

- “There is mixed information on everything and they are trying to figure out who to believe”

Furthermore, participants discussed recommendations and improvements for future information dissemination:

- “Bring people in that know what they talk about, experience is a great teacher”
- “Where academics are really important, talk about how they might not get into college that could change the narrative”
- “Because they are impulsive we don’t give them enough credit because they are smart so I think connecting the outcomes to their wants would be more successful”
- The terrible health effects of long-term use. If they are starting that young, they need to learn more. Like what they did with cigarette campaigns. It’s not just about crashing your car it’s your body that they are ruining
- “We need to teach the parents. We need adult education on substance use. We need to talk about anxiety and depression younger”

In a youth focus group, participants suggested specific topics to explore more thoroughly:

- “They would need to bring in something like Chris Herron, people really respected him and got his message. They need to hear it from a real story, someone they can relate to”
- “Maybe more info about the juuls, people don’t realize that there is nicotine in them. There should be more information or research on them”
- “Make it more based on vaping and alcohol. Cigarettes are irrelevant”

In addition, a youth participant reported that efforts should be “more community targeted to figure out what’s the problem there”. This feedback was echoed by various adult participants, which suggests an important recommendation moving forward.

- “There are different messages for different substances and then different messages for each community but somehow the message needs to be consistent”

Various programs in schools were discussed by adult participants. One key informant recommended expanding collaborations between treatment and prevention sectors

“There’s got to be a better way for integration and collaboration between prevention and treatment or intervention settings, we have to make it as seamless as we can ... I realize there is not a lot of resources to do this but that is all the more reason to do it because we could potentially make these resources go further”

- “The pressure on what schools they are going to...puts a massive amount of pressure on the youth”
- “School anxiety is huge...they don’t have any clues on how to deal with anxiety”

Most participants reported that mental health issues are related to substance abuse.

- “I think anxiety and depression could lead to the use of gateway drugs or alcohol to address the pain”
- “Kids are self-medicating”
- “They think that substances will help deal with it better”
- “Isolation, loneliness, depression can result to drugs and alcohol”
- “Once a substance is their coping mechanism, it’s that much harder to get them to stop”

Youth focus group participants reported various social problems that attribute or cause mental illness in the East Bay including:

- School related stress
- Divorce
- “Low self-esteem”
- “Being compared to siblings”
- “Parents who have substance abuse issues”
- “If your parents are stressed”
- “If your parents are intense, mean, aggressive; like wicked strict parents”
- “When parents have issues or tensions between them”
- “Social media”
- “Friend issues”

*“Parents perpetuate it,
Schools perpetuate it”*

Specifically, the youth focus group discussed friend issues as a particularly difficult problem that can affect a youth’s mental health:

- “We rely on our friend group so much, if something happens it can be really hard”
- “Really difficult friend drama can knock someone off”
- “If your alone at school your completely isolated and that can affect your mental health”
- “Not having support can be really difficult, not having the network outside of school”
- “When you feel like an outcast that is really hard”

Mental health resources were discussed by some participants who reported that navigating the health/medical system can be challenging to access services.

- “My concern is how we can get the people that need help to the service. It’s not an availability/access issue more of an identification and connection”
- “The school psychologist is only in the school for two days. Kids will go try to see the school psychologist and she wasn’t there”
- “For kids there are very few resources. They might talk to their guidance counselor or SAC but if they don’t have a match or there isn’t success then they won’t go back”

Mental Health Focus Group

A separate mental health geared focus group was facilitated with participants from the communities who represented various sectors of the region including safety, medical/health, education, and community/family supports. Members of this focus group corroborated that there were significant mental health issues in the East Bay region including depression and youth suicide. Specifically, the participants reviewed some root causes for mental health concerns including socioeconomic status, poverty, biological imbalances, and addiction.

- “At any given time 25% of the population is struggling with mental illness”
- “Because of the status of who has what...the competition is through the roof”
- “Depression is something that people are more likely to self-medicate”

Participants discussed certain sub-populations of kids, who are more likely to feel depressed and be at risk for suicide, including:

- Youth who identify with LGBTQ community
- Youth who transfer into different high schools or are transient
- Youth of non-English speaking families
- Youth of high achieving parents
- Youth who have nonverbal learning disabilities or are on the spectrum
- Youth who struggle with eating disorders
- Youth who feel like they do not fit in or are isolated

With that said all focus group participants agree that programs and strategies need to broaden rather than narrow in on particular subsets of youth.

Participants discussed the parent perceptions of youth depression and suicide in the region and suggested that there is a lack of awareness among parents.

- “Physical illnesses give you less choice [parents] have to do something. Mental health and substance use disorders, [parents] have trouble absorbing, accepting, and doing something about it”
- “They think It doesn’t happen a lot because it doesn’t get recorded a lot”

In addition, respondents reported that parents often have a negative or cynical perspective regarding mental health issues.

- “People don’t think that this gets better”
- “Need to explain the difference between occurrence and persistent...they think they are always supposed to be up but it’s okay to have periods of time that are melancholy. There are a lot of rainy Tuesdays in life”

“The message has to be positive”

Respondents reported various strategies to reduce depression and youth suicide among youth in the East bay region including:

- Education
- Raising awareness
- Opening the conversation
- Earlier treatment
- Better coping skills

“We need to get the message out. Acknowledge our community has needs. There are a lot more success stories than we know”

If you ever had a problem with drugs like marijuana or prescription medications, who would you approach to talk about it?



From the youth perspective, participants reported that they would talk to someone they trusted and felt they could be honest with. Youth responses suggested that the people they share information with would need to have or maintain the following characteristics:

- “Trust”
- “Not a stranger”
- “They don’t want to get you in trouble”
- “They have to keep your confidence”
- “That they would still be their friend afterwards”
- “Understanding”
- “Take it seriously”

“Friends for support, parents for help”

Youth participants predominantly reported that they would most likely talk to parents or friends. Some suggested that they would talk to both for different reasons. For instance, one youth summarized, “Friends for support, parents for help”.

- “I would talk about it with my friends first”
- “I think my parents would try to help me but it depends on their family situation”
- “If I told my parents they would make it into a big deal like a major situation so I would need to talk to my friends first”
- “I think I would lose trusty but [my parents] would be happy”

A minority of youth reported potentially approaching a counselor or siblings for assistance:

- “Younger siblings can’t really help but depending on relationships with older siblings they can help”
- “If I didn’t have anybody I could go with, I could go to the guidance counselor, they’re nonjudgmental and get you help”

Middle School Youth Focus Group

A middle school youth focus group was facilitated with one student from the 6th grade, two students from the sixth grade and three students from the eighth grade. Students were asked about their perceptions of youth substance use, social norms, perceptions of harm, and access or availability of substances.

When students were asked if various substances were a serious problem, most reported that alcohol, marijuana, and tobacco were used the most in the middle school and high school while prescription drugs and other drugs were less prevalent.

- Tobacco
 - "I think that some kids do vape"
 - "No one smokes cigarettes"
- Alcohol
 - "Mostly 8th graders probably"
 - "Parents supervise 6th and 7th graders more"
 - "Maybe around 20% in middle school"
 - "40-50% in high school"
 - "Drink a lot in one sitting"
 - "The ones that are drinking have older brothers and sisters"
- Marijuana
 - "20-30% in middle school"
 - "50-60% in high school"
 - "A lot in high school"
 - "Oh god, I know some people that do it once or twice a day"
 - "People post pictures of them rolling weed or smoking weed"
- Prescription Drugs
 - "0% in middle school"
 - "Less than 5% in high school"
 - "Nobody tells anybody so it's hard to tell"
- Other Drugs
 - "I don't think that anybody gets that serious at the middle school"
 - "Maybe only in the high school"
 - "5-10% at the high school"

"95% of the reason why they get drunk is because they are at parties"

When discussing consequences of substance use participants reported physical consequences of smoking cigarettes, social consequences of using alcohol, addiction concerns with marijuana, and fatality concerns for prescription medications.

- Tobacco
 - "Lung cancer", "Die early", "Worse cough"
- Alcohol
 - "Angry drunk...you could beat someone up"
 - "Hangover...you could lose your job"
- Marijuana
 - "There could be addiction"
 - "They always want to get it...that's why their called pot heads"
- Prescription Drugs
 - "Death", "Overdose"

The middle school youth reported various ways to obtain substances including access through older peers, their homes, and dealers or friend connections.

- Tobacco
 - “Older people would buy”
- Alcohol
 - “Steal from their parents”
- Marijuana
 - “Just text somebody and you can get it in a second”

“Easier to get marijuana than alcohol”

When asked how they would help a peer if they were using substances, some youth reported that they would talk to them or approach a counselor however, there was fear that a parent would find out.

- “Tell somebody”
- “Talk to them about it”
- “Tell the school counselors”
- “If you tell anyone their parents would find out”