

# East Bay Regional Prevention Coalition

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## Partnerships for Success Needs Assessment Update



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*Prepared by*  
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*On behalf of the*  
East Bay Regional Prevention Coalition

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# Acknowledgement

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**This initiative was made possible by the Rhode Island (RI) East Bay Regional Coalition (EBRC) with funding from the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH). Key informant interviews (KII) with community stakeholders and focus groups with students and university leadership were conducted with individual participants and organizations/programs representing various disciplines. We would like to thank each contributor for providing their time, valuable information, and feedback, which supported the keen insights presented in this report.**

# Overview and Purpose

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The RI EBRC engaged JSI Research and Training Institute, Inc., (JSI) a Boston-based public health consulting firm with an office in Providence, RI, to conduct a targeted needs assessment update for their Partnerships for Success (PFS) grant. Between April and May of 2024, JSI conducted a series of semi-structured KII's with community members, and focus groups with local young adults between the ages of 18 and 25 to gather information about young adults substance use, particularly among members of the LGBTQIA+ community. The EBRC is composed of municipal prevention coalitions and community stakeholders representing these four towns: Barrington, Bristol, East Providence, and Warren. In addition, Roger Williams University (RWU) served as a key planning collaborator, participated in staff interviews, and helped to recruit students for focus groups. Preliminary findings were shared with each prevention coalition and the RWU staff in order to garner further anecdotal analysis and insights.

## **PRIORITY PROBLEM**

The RI PFS 2023 regional program is part of the Strategic Prevention Framework (SPF) which addresses current gaps in alcohol and marijuana use prevention among young adults ages 18-25. It also focuses on reducing the onset and progression of underage and problematic alcohol and marijuana use in RI young adults and those who identify as LGBTQIA+.

## **PURPOSE OF THE NEEDS ASSESSMENT**

This report provides an analysis of the extent of underage and excessive alcohol and cannabis use, factors influencing young adults behaviors and attitudes toward substance use, and the unique needs and experiences of LGBTQIA+ young adults in the region. The key findings and recommendations are intended to guide strategic planning and inform the selection of appropriate evidence-based intervention programs to the region.

The primary objective of this targeted needs assessment update is to provide a preliminary understanding of substance use among 18-25 year olds and LGBTQIA+ young adults in the East Bay region. By identifying the extent of use, influencing factors, and unique needs, the coalition aims to develop and enhance targeted, evidence-based interventions and support strategies to reduce substance use and its associated harms.

## **PLANNED OUTCOME**

A key goal of the EBRC is to reduce underage and hazardous alcohol use in young adults and to further understand their use of cannabis. Through the selection of evidence-based intervention strategies tailored to the focus population and with input from each of the municipal coalitions, the EBRC will reduce underage and excessive alcohol and cannabis use in young adults age 18-25 years old, and reduce the disparities in underage and excessive alcohol and cannabis use among LGBTQIA+ young adults age 18-25.

- The needs assessment update sought to identify and explore these three key areas:
- The extent of underage and excessive alcohol and cannabis use.
- The factors which influence young adults behaviors and attitudes towards alcohol and cannabis use.
- The unique needs and experiences of LGBTQIA+ young adults regarding alcohol and cannabis use.

# Methodology

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The needs assessment update methodology was guided by the BHDDH guidance for conducting community needs assessments in collaboration with the EBRC team. Data were collected through a combination of secondary data analysis (RI Young Adult Survey, National Substance Use Data), qualitative interviews, and focus groups. Participants included LGBTQIA+ young adults, Roger Williams University leadership, and East Bay community members, ensuring a diverse range of perspectives.

The qualitative data collection timeframe coincided with the May/June end of year student activities including final exams and school release. The available data is limited given small sample sizes, and caution should be exercised in making generalizable assumptions about the study population. However the analysis provides the best possible current insights into these important subgroups.

## DATA SOURCES

### Quantitative

The following data sources were reviewed:

- The National Survey on Drug Use and Health (NSDUH) 2022: Alcohol and cannabis use in the past month, 18-25 year olds
- Rhode Island Young Adult Survey (RIYAS) 2020 and 2022
  - Regional Report
  - Past 30 day alcohol and cannabis use
  - Past 30 days, underage alcohol use (underage cannabis use not available)
  - Hazardous drinking and hazardous cannabis use
  - Alcohol and Cannabis Use Disorders
- Roger Williams University Alcohol Conduct Violations, 2020-2023
- Alcohol.edu course impact report, 2021-2022

**Qualitative** The focus group selection process was collaboratively determined with guidance from EBRC and input from the RWU PFS planning team. Six focus groups were conducted with 15 RWU staff and students in three cohorts: RWU leadership, the general student population, and LGBTQIA+-specific focus group sessions. Key Informant Interviews (n+7) were conducted with law enforcement, school personnel, and community leaders in each of the municipal prevention coalition towns and cities (East Providence, Bristol, Warren, Barrington). See Appendix 1 and 2 for a list of the focus group and KII questions.

**Participant demographics and focus group composition** Focus groups and Key Informant Interviews were conducted virtually by Zoom. Focus group participants were recruited from RWU student groups and the larger student body. Participants completed an online form to register for a 90-minute focus group session and were eligible to receive a \$30 gift card for their participation. Due to the sensitivity of the focus group topics, which included discussions of underage alcohol and cannabis use, and the small focus group session sizes, to protect participants' identities and keep the sessions confidential, no names or identifying information was collected. Participants could self-select if they attended a focus group for the general student population group or a focus group intended for LGBTQIA+. Information on the purpose of the focus groups and the needs assessment were included in the registration forms, as well as details regarding the focus population for each focus group so that participants understood that the general focus group was intended for the broader student body and the LGBTQIA+ focus group was intended for participants who identify as LGBTQIA+. Both focus group registrations provided informed consent that participants needed to agree to, as well as a question that they agreed they are between the ages of 18-25. Participants who registered for the LGBTQIA+ focus group were asked to consent that by participating in the group, they agreed they identified as LGBTQIA+. Additional details about key informants and focus group participants can be found in Appendix 5.

**Coalition Engagement** Four community debriefing sessions were conducted with regional Municipal Coalitions for Barrington, Bristol, Warren, and East Providence, as well as the RWU PFS planning group. The RWU team represented various disciplines including: the Associate Dean/Title IX Coordinator, the Director of the Counseling Center, the Directors for Institutional Diversity Equity and Inclusion, Student Health Promotion and Wellness Education, Public Safety, and Student and Family Assistance. During these sessions, preliminary findings were presented and participants had the opportunity to discuss results, ask questions, and in several instances provide further insights into results. Key outcomes of these engagement sessions were added to the analysis sections of the report.

The four community debriefing meetings held with the regional Municipal Coalitions and the RWU PFS team reinforced the key findings from the focus groups and KII's. Important feedback highlighted concerns around funding to implement evidence based interventions and community activities deemed essential to address the identified needs. Additional focus areas included the need for further assessment opportunities which incorporate a broader study population the represents local 18-25 year olds that are not enrolled in a college or university. It was noted that the prevention coordinators and program alumni should also be included in further assessments. Finally, the RWU team generated a variety of solution based responses to issues raised by students. Some of the ideas that the team proposed include using existing resources to: 1. promote their BIPOC and LGTQIA+ personnel in order to increase student awareness, 2. utilize the RWU social media interns to take over health related communications, 3. create content for the RogerWell newsletter that responds to assessment findings and 4. target health and wellness messaging to students by academic year.

A final regional coalition meeting was held which brought together representatives from each of the Municipal Coalitions and the RWU planning group. A community stakeholder with lived experience was also present from the 18-25 year old population. The meeting provided participants with a comprehensive review of the completed needs assessment with updated results and an opportunity for discussion and questions. In sum, participants supported the findings and explored further, some of the issues presented. There was a consensus that if a future needs assessment update were possible, it should incorporate a broader base of the general 18-25 year old population.





# Summary of Key Findings

This section is organized into subsections as follows 1. Overall summary, 2. Alcohol use and misuse, 3. Cannabis use, and 4. Impacts of Alcohol and Cannabis use on the LGBTQIA+ population. Additional findings from the assessment of secondary data and qualitative data collected can be found in Section 5:

## OVERALL SUMMARY

JSI conducted an analysis of secondary state-level data on alcohol and cannabis use among 18-25 year olds and a thematic analysis of focus groups and qualitative interviews. Through this analysis, and with input from EBRC, three overall key findings related to LGBTQIA+ alcohol and cannabis use emerged from this needs assessment:

- There is a **higher prevalence of underage and excessive alcohol use among LGBTQIA+** young adults compared with cisgender and heterosexual young adults, with significant health impacts and a need for harm reduction strategies.
- **LGBTQIA+ young adults are increasingly engaging in underage and excessive cannabis use**, underscored by their perception that it is less harmful than alcohol, and suggesting a need for more education on risks.
- **LGBTQIA+ young adults have higher substance use rates compared with cisgender and heterosexual young adults** suggesting a need for tailored support services and mental health resources.

These findings highlight significant alcohol and cannabis use issues and underscore the need for tailored interventions and support services among young adults, with a focus on the LGBTQIA+ community in the East Bay region.

## Underage and Excessive Alcohol Use

The following findings emerged based on our analysis:

- **High Prevalence:** Alcohol use is prevalent among LGBTQIA+ young adults, particularly among freshmen who experiment with alcohol as they adjust to college life. However, excessive drinking often leads to serious behavioral issues such as assaults, including sexual assault and harassment, and damage to school property.
- **Health Impacts:** The health impacts of alcohol use include physical and mental health related issues such as weight gain, addiction, developmental issues, and risky behaviors.
- **Need for Harm Reduction Interventions:** There is a clear need for harm reduction strategies that address the reality of alcohol use while mitigating its negative effects.

These findings suggest a greater need for education on the health risks associated with alcohol use, with tailored messaging for LGBTQIA+ young adults.



**Underage and Excessive Cannabis Use** Throughout focus group discussions and in secondary data analysis, a notable prevalence of cannabis use among LGBTQIA+ young adults emerged. The Following are key findings:

**Increasing Use:** Cannabis use among LGBTQIA+ young adults is increasing, with many students viewing it as less harmful than alcohol. The normalization of cannabis use, partly due to its legalization, has reduced its stigma and increased its acceptability.

**Health Impacts:** Frequent cannabis use can lead to respiratory issues, psychological dependence, and other long-term health consequences.

**Self-Medication:** Cannabis is often used as a form of self-medication for stress, anxiety, and other mental health issues. Students frequently turn to cannabis to cope with the pressures of academic life and personal challenges.

**Need for Harm Reduction:** Comprehensive education on safe usage practices and harm reduction strategies is crucial to addressing the realities of cannabis use among young adults.

**LGBTQIA+ Specific Needs:** EBRC has chosen to focus on alcohol and cannabis use among LGBTQIA+ young adults in their PFS grant. Some of the key findings from the analysis that emerged include:

**Acknowledgment of Higher Substance Use Rates:** LGBTQIA+ young adults have higher rates of substance use due to unique stressors and mental health challenges. The minority stress theory helps explain this disparity.

**Social Acceptance:** Substance use is often socially accepted within LGBTQIA+ young adult communities, and the lack of non-alcohol-centric social spaces impacts their behaviors.

**Elimination of Barriers to Support:** There are significant barriers to accessing support services for LGBTQIA+ young adults, including stigma and lack of culturally competent counselors.

**Need for Tailored Services:** There is a critical need for tailored support services and mental health resources that address the unique needs of LGBTQIA+ young adults. Programs like AFFIRM<sup>1</sup> can provide the necessary coping skills and interventions.

<sup>1</sup> <https://www.affirmativeresearch.net/>





# Assessment

## PRIORITY PROBLEM: UNDERAGE AND EXCESSIVE ALCOHOL USE, GENERAL AND LGBTQIA+, 18-25

### Secondary Data Analysis:

To understand the extent of underage and excessive alcohol use among young adults in the East Bay region, JSI analyzed data from both regional and national sources. [The National Survey on Drug Use and Health \(NSDUH\) 2022](#) provides a baseline for comparison (**Table 1**). The regional data indicates that alcohol use among young adults (age 18-25) in Rhode Island is higher than both the national and Northeast averages, highlighting the need for targeted interventions in this area.

Table 1. National, regional, and state level data on alcohol use, 2022

Location	Alcohol use in the past month, 18-25 year olds*
Total U.S.	50.57%
Northeast	55.65%
Rhode Island	56.84%

\*NSDUH

Statewide and RI regional data collected and reported by BHDDH through the RIYAS provide more information on the current state of alcohol use among young adults within the state and also within the East Bay region.

**Table 2** highlights key metrics from the 2020 and 2022 RIYAS reports, along with the percentage change across the 2 year period.

Table 2. Key Data Comparisons in RIYAS 2020 and 2022 reports - Statewide

RIYAS Metric	2020	2022	Percent change
Past 30 day alcohol use*	53.1%	60.5%	7.4% ↑
Past 30 days, underage alcohol use*	44%	38%	6% ↓
Hazardous drinking	16.3%	16%	0.3% ↓
Alcohol use disorder	3.7%	8%	4.3% ↑

\*RIYAS, 2020 and 2022

Table 3. Key Data Comparisons in RIYAS 2022, statewide and East Bay Region

RIYAS Metric	Statewide	East Bay
Past 30 day alcohol use	60.5%	56%
Hazardous drinking	15.7%*	14.2%

\*Data based on 2022 RIYAS Regional Report varied compared to 2022 RIYAS full report.

There has been a significant increase of 7.4% in past 30-day alcohol use among 18-25 year olds in RI from 2020 to 2022. This upward trend is concerning and suggests that alcohol consumption is becoming more prevalent among young adults. While the overall rate of underage drinking has decreased, it remains a significant issue. Notably, sexual and gender minority young adults continue to have higher rates of underage drinking. Based on the 2022 RIYAS report, 42% of sexual and gender minority young adults reported engaging in underage drinking in the past month. Hazardous drinking remains prevalent, particularly among cisgender heterosexual men and sexual and gender minorities. Based on RIYAS data, in 2020, hazardous drinking rates were higher among cisgender males and heterosexual young adults, with lower rates among gender minorities. By 2022, the rates for risk of alcohol use disorder had increased, especially for cisgender heterosexual males, while sexual and gender minorities continue to be at high risk. The risk of alcohol use disorder has more than doubled over the two-year period, underscoring the need for focused prevention and intervention efforts, particularly for cisgender, heterosexual males. Based on RIYAS data, in 2020, individuals who identify as neither male nor female were the largest group to exhibit alcohol dependence at 7.4%. In 2022, sexual and gender minorities continued to be a group at high risk for developing alcohol use disorder, with 8% exhibiting alcohol dependence. When comparing the RI statewide rates of alcohol use in the past 30 days and hazardous drinking, the rates for the East Bay region are slightly lower (**Table 3**).

Looking at data collected by RWU, conduct violations for possession or use of alcohol under the legal drinking age have decreased over the past three years, possibly indicating improved enforcement or shifts in behavior (**Table 4**). RWU also collects additional data through a required course on alcohol and drug misuse prevention, called Alcohol.edu. Notable data from the Alcohol.edu course impact reports showed that spikes in average number of drinks are seen during Halloween. Also noted was that rates of abstainers and nondrinkers decreased between the pre- and post-course surveys, highlighting a possible need for continuous awareness and messaging about the risks of alcohol use.

Table 4. Roger Williams University Alcohol Conduct Violations, 2020-2023

Conduct Violation	2020-2021	2021-2022	2022-2023
Alcohol - Possession or use of alcohol under the legal drinking age	212	186	101

\*RWU Conduct data

The thematic analysis reveals that the most common themes around prevalence of alcohol are related to its health impacts and the risks associated with excessive consumption. Although large parties among upperclassmen are common settings for heavy drinking, one key informant observed that these occurrences have decreased since the COVID-19 pandemic.

Social Determinants of Health (SDOH)

There are numerous factors that contribute to underage and hazardous alcohol use in the community. In focus groups, participants cited the normalization of alcohol consumption on a college campus, linking this behavior to both longstanding tradition as well as coping with the stressors associated with being a student. In the neighborhoods in which our informants reside for at least part of the year, we heard about “carding” procedures at local package stores and bars. While these strict measures are effective at stopping underage persons from purchasing directly, they have continued to foster a system in which those of legal drinking age (21+) will buy alcoholic products for their younger peers. For those who are of legal drinking age, there was also a noted lack of spaces to gather that were not directly tied to alcohol consumption (i.e., a bar). This was especially relevant for queer students who did not seem satisfied with the gathering spaces on campus (e.g., LGBTQ Resource Center) and discussed a lack of “sober queer spaces” off campus. In general, it seemed that students were aware of campus health services related to substance use counseling and prevention, but are often dissatisfied with both the availability of appointments and the lack of diversity in staffing.

In terms of both availability and quality of educational resources related to substance use, focus group participants did not cite specific pitfalls in the current system beyond a lack of follow-up on substance use education that is typically administered before matriculation into undergraduate educational programs. Because we did not collect demographic or economic information from our participants, it is impossible here to link specific indicators to associated outcomes in alcohol use.

**Risk and Protective Factors** The factors contributing to underage and hazardous alcohol use within the community are multifaceted and deeply embedded in the social and cultural fabric of college life. The normalization of alcohol consumption on college campuses is a significant risk factor, as it is deeply intertwined with the tradition and the coping mechanisms students develop to handle academic and social pressures. This normalization is particularly challenging to address because it is both pervasive and entrenched in student culture.

We can see from compliance check data that the number of stores selling alcohol to minors has decreased over the last year. Additionally, while strict “carding” procedures at local establishments are effective in preventing direct alcohol purchases by underage individuals, they have inadvertently created a workaround system where legal-age peers purchase alcohol for their younger counterparts. This indirect access maintains the availability of alcohol to minors, perpetuating the cycle of underage drinking. The lack of non-alcoholic social spaces further exacerbates this issue. For queer students, the scarcity of “sober queer spaces” both on and off campus leaves them with few alternatives to alcohol-centered socializing. This gap in social infrastructure contributes to higher rates of hazardous drinking within this group. Moreover, students’ dissatisfaction with the availability and diversity of campus health services presents another significant barrier. While students are aware of these services, the perceived inadequacies in appointment availability and staff diversity deter many from seeking the help they need. On the protective side, the enforcement of strict carding procedures at local businesses is a positive step toward reducing direct access to alcohol for underage individuals. Additionally, the initial substance use education provided to students before they begin their undergraduate programs lays a critical foundation for awareness and prevention.

However, the lack of ongoing education and follow-up means that this initial knowledge may not be sufficient to sustain long-term healthy behaviors. Awareness of available health services, even if they are not fully utilized, represents a potential protective factor that could be strengthened with improved service delivery and better communication. Community and peer support networks, such as LGBTQ Resource Centers, also offer protective benefits by providing students with emotional and social support that can help mitigate the risks associated with substance use.

By understanding these risk and protective factors, the coalition can better tailor its interventions to address the unique challenges faced by LGBTQIA+ young adults and create a more supportive and health-promoting environment.

### **Qualitative Data Insights: Alcohol**

In addition to the quantitative data, qualitative insights from RWU leadership, focus groups with LGBTQIA+ and general population students, as well as input from law enforcement and community leaders provide a deeper understanding of the context and impacts of alcohol use among young adults in the region. The thematic analysis conducted reveals key themes around the prevalence of alcohol use, health impacts, motivators and influences, and the need for harm reduction strategies.

### **Prevalence of Alcohol Use:**

Freshmen at RWU often dive into the social scene, enjoying their newfound freedom, which includes experimenting with alcohol. However, as they get older and more focused on their studies, many reduce their drinking, although some continue to drink heavily on weekends. This excessive drinking is not without consequences. It often leads to serious issues such as assaults, including sexual assault and harassment, and damage to school property, as discussed in the focus group with RWU leaders. Similar themes also emerged in interviews with community members regarding young adults and their drinking patterns tapering as they get older.

### **Motivators and influences:**

The analysis highlights what may influence behaviors like underage drinking. Many students drink to fit in, influenced by their social circles and the desire to be perceived as cool. Underage drinking often starts in middle school and increases during high school, with a significant rise during the first year of college.

*“The age where I see them more start would be probably seventh grade. And eighth grade it gets a step up, and then in high school, it’s predominant by ninth, tenth and eleventh grade. Senior year, they seem to lay back a little bit on it.” – KII participant*

**Incidents of excessive drinking:**

Excessive drinking, defined as consuming 4 or more drinks on an occasion; or heavy drinking, defined as 8 or more drinks per week, is closely linked to specific events and settings. Halloween, reading days, long weekends, and senior week are noted for high levels of alcohol consumption. These events provide opportunities for heavy drinking, often resulting in problematic behaviors.

*“Halloween always has a bunch of parties.” – Focus Group participant*

*“We’ll have reading days and people party, especially on long weekends.” – Focus Group participant*

**Common settings for alcohol consumption:**

The settings for alcohol consumption vary, but sports teams (particularly men’s wrestling, or other contact sports) and dormitory events are common places where students gather to drink. Off-campus parties and house parties are also popular, especially in areas with limited bar access. The COVID-19 pandemic has shifted some drinking behaviors to more private settings, but the desire to connect, make friends, and socialize remains strong.

*“Being on a sports team gives you a guaranteed place to go on the weekends. Others have to wait to see if something happens.” – Focus Group participant*

*“Bristol is small so people go to Newport or Providence. This leads to dorm or house parties.”  
– Focus Group participant*

*“I know there are a lot of house parties on the weekends and then also a lot of like meeting up in certain areas in the woods or at parks where there’s a lot of underage drinking.” – KII participant*

**Health Impacts of Alcohol Use:**

Alcohol consumption has significant health impacts, both physical and mental. Students noted weight gain, addiction, and developmental issues as major concerns. Based on focus group discussions and key informant interviews, participants described that, for many students, college is their first time engaging with alcohol and learning their tolerance for substances, which can lead to risky behaviors and potential long-term health consequences.

*“Definitely weight gain, tolerance, withdrawals, and cravings.” – Focus Group participant*

*“Harms from being too drunk, blacking out, addiction down the line, and brain development issues.” – Focus Group participant*

These health impacts underscore the need for better education and support systems to help students manage their alcohol consumption more responsibly.

**Need for Harm Reduction:**

There is a clear need for harm reduction strategies that address the reality of alcohol use while helping to mitigate its negative effects. Many students recognize the severity of substance use issues and the importance of ongoing support and education. Programs like [InShape](#) can play a vital role in helping students reflect on their drinking habits and set healthier goals.

## PRIORITY PROBLEM: UNDERAGE AND EXCESSIVE CANNABIS USE, GENERAL AND LGBTQIA+, AGE 18-25

### Secondary Data Analysis:

To understand the extent of cannabis use among young adults in our region, JSI analyzed data from both regional and national sources. The regional data indicates that cannabis use among young adults (age 18-25) in Rhode Island is higher than both the national and Northeast averages.

Table 5. Cannabis use in the past month, 18-25 year olds

Location	Cannabis use in the past month, 18-25 year olds*
Total U.S.	25.27%
Northeast	27.66%
Rhode Island	31.14%

\*NSDUH

Rhode Island's numbers are notably higher than both the national and Northeast averages, indicating a significant challenge with cannabis use in our area.

Table 6. Ever used cannabis

	2020	2022
Ever used cannabis	53.4%	46%

\*RIYAS, 2020 and 2022

Although there has been a decrease in the percentage of young adults who have ever used cannabis, the frequency of use remains high among current users. **Table 7** shows since 2021 there has been a decrease in conduct violations related to drugs on RWU campus. One factor may be that public safety and policies during the COVID-19 pandemic limiting the gathering of students and frequent room checks in response to violations of this policy caused an increase in the number of drug possession violations if cannabis or other substances were found during room checks.

Table 7. Roger Williams University Drug\* Conduct Violations, 2020-2023\*\*

Conduct Violation	2020-2021	2021-2022	2022-2023
Drugs - Purchase, possession or use of illegal drugs	41	22	26

\*Note: All drug offenses were related to cannabis, with the exception of 1 related to prescription drugs.

\*\*RWU Conduct data Note, RWU policy states: "The use, possession, distribution, sale or cultivation of marijuana remains prohibited for all students on and off campus via the RWU Student Handbook and the Student Code of Conduct. However, students who possess a lawfully issued medical marijuana card and use marijuana for that purpose in private, off-campus residences will be exempt from University policy in that regard."

### Frequency of cannabis use:

In 2020, 27.8% of respondents to the RIYAS said they used cannabis in the past month. Among those who used cannabis in the past month, 48.3% said they use between 1-10 days a month. In 2022, among the 46% of respondents who said they have used cannabis, more than a quarter (28%) said they use 4+ times a week, while 46% said once a month or less.



**Hazardous cannabis use and Cannabis use disorder (CUDIT scores):** In 2020, gender minority young adults were the largest demographic currently using cannabis, followed by sexual minority, or non-heterosexual young adults. In 2022, those same groups were among the largest to exhibit hazardous cannabis use as well as the highest group for cannabis use disorder.

### **Social Determinants of Health (SDOH)**

In the East Bay Region, and at the RWU campus specifically, cannabis is generally accepted as a less harmful substance with fewer negative health and social implications than alcohol. In the social context of the area, cannabis use is both prevalent and normalized, and there seems to be a greater social acceptance (both among peers and within families, according to focus group data) for use, especially in the context of recent recreational legalization. With the East Bay's close proximity to Massachusetts, where recreational cannabis is both legal and sold widely at dispensaries across the state, access to cannabis, and especially legally purchased cannabis, is convenient. While we again did not collect specific demographic data points for our informants, it was noted by both students and community leaders that perhaps a greater investment in early education around substance use and a contemporaneous investment in support systems (e.g., mental health services) for young folks could be beneficial in preventing both underage and harmful cannabis use in the community. Similarly, without demographic or economic information from our participants, it is impossible here to link specific indicators to associated outcomes in underage and hazardous cannabis use. Further needs assessments might consider exploring how outcomes differ among and between those with differential economic backgrounds, especially considering the differential purchasing streams that have become more relevant with recent legalization.

When it comes to accessing health care for cannabis use treatment, our informants described a landscape in which many people do not seek out services for cannabis use specifically. Students and community members alike expressed being generally unaware of cannabis specific treatment options and services, both on campus and in the community. In general, risk factors for cannabis use were similar to those of alcohol, with informants citing both accessibility and social norms for use as factors that contribute to use that may turn excessive/hazardous. Stressful environments (e.g., school) and a perceived lack of alternative coping mechanisms also factor into risk for underage and excessive use. While some educational resources and behavioral health services were noted by our informants, it seemed as though their effectiveness as protective factors were minimal due to lack of use and an aversion to such services as previously discussed.

### **Risk and Protective Factors**

In the East Bay Region and specifically on the RWU campus, cannabis use is widely accepted as less harmful compared to alcohol, with fewer perceived negative health and social implications. This normalization of cannabis use is influenced by the recent legalization of recreational cannabis and the prevalent social acceptance among peers and within families. The proximity to Massachusetts, where recreational cannabis is legally sold, makes access to cannabis convenient, further contributing to its normalization and widespread use.

The lack of early education and support systems, such as mental health services, was highlighted as a significant risk factor. Investment in these areas could be beneficial in preventing both underage and hazardous cannabis use. The need for more robust educational initiatives and support systems is critical, especially considering the current gaps in ongoing education and the availability of targeted mental health services.

A major risk factor is the general unawareness of cannabis-specific treatment options and services among students and community members. This lack of awareness leads to underutilization of available resources, which could otherwise provide crucial support for those struggling with cannabis use.

Stressful environments, such as the academic pressures faced by students, and a perceived lack of alternative coping mechanisms also contribute to the risk of underage and excessive cannabis use. These factors underscore the importance of developing comprehensive support systems that offer alternative ways to manage stress and mental health issues.

Despite these risks, there are several protective factors that can be leveraged to mitigate the impact of cannabis use. The regulatory environment created by the legalization of recreational cannabis provides a controlled framework that can help manage the risks associated with illegal cannabis use. Additionally, the availability of educational resources and behavioral health services, even if currently underutilized, presents an opportunity to build more effective support systems.

The social acceptance of cannabis use within the community can also serve as a protective factor by reducing stigma and encouraging open discussions about safe use practices. This acceptance can foster a more supportive environment where individuals feel comfortable seeking help and discussing their substance use.

Investing in early education around substance use and enhancing behavioral health services can provide a solid foundation for preventative measures and targeted interventions. By understanding these risk and protective factors, the coalition can develop strategies that address the unique challenges faced by the community and promote healthier behaviors regarding cannabis use.

## Qualitative Insights

**Prevalence of Cannabis Use:** Through focus groups and key informant interviews, cannabis use was observed to be very common among young adults in the region, with significant accessibility contributing to its prevalence. Many students obtain cannabis from family members, peers, or local sources. The normalization of cannabis use, partly due to its legalization, has reduced its stigma and increased its acceptability.

*“I think that a lot of them obtain it from either family members or from other people that are sort of selling it quote unquote off the street or either selling or that are of legal age but still very young.” – KII participant*

*“The number of students... that are then turning around and reselling it. We had a big problem with that where students will come to school with like a whole backpack full of cannabis and are selling it to other students in the bathroom.” – KII participant*

**Motivators and Influences:** Cannabis use among young adults is often driven by social norms and the desire to fit in. Many young adults view cannabis as less harmful compared to alcohol, perceiving it as a safer alternative for relaxation and stress relief.

*“It’s just such a social norm to be excessively drinking or always using cannabis that it’s not out of the norm for anyone to be doing that. So no one really notices unless it’s to an extreme extreme level.” - Focus Group Participant*

*“I feel like that’s also a norm, like it’s not really frowned upon or like a rarity on campus. I feel like more often than not people are mixing.” - Focus Group Participant*

**Perceptions of Alcohol and Cannabis Use:** Young adults generally perceive cannabis as less dangerous than alcohol, believing it causes fewer problems and is more controllable. This perception is reinforced by the cultural portrayal of cannabis as a benign substance.

*“I feel like compared to alcohol anyway it causes a lot less problems.” - Focus Group Participant*

*“I think some students believe that cannabis use is more controllable than alcohol use.”  
- Focus Group Participant*

*“It’s definitely changed. People don’t look at it the way they used to as like you know a scary drug that can kill you. People are more open and susceptible to it.” - KII P*

**Health Impacts of Cannabis Use:** While many young adults view cannabis as a relatively safe substance, it still poses health risks. Frequent use can lead to respiratory issues, psychological dependence, and other long-term health consequences.

*“I think like cannabis isn’t addictive. However, people can be psychologically addicted to it and feel like they always need it. And that’s why when people use it so frequently, it’s hard to stop.” - KII participant*

*“I know some people for the respiratory health reasons and just like brain fog.” - Focus Group Participant*

*“One of the only main consequences I think people talk about is how much they spend on it. And again, they’re coughing a lot, like their lung health and they’re hacking up or something.”  
- Focus Group Participant*

**Cannabis for Self-Medicating:** Cannabis is often used as a form of self-medication for stress, anxiety, and other mental health issues. Young adults frequently turn to cannabis to cope with the pressures of academic life and personal challenges.

*“I hear a lot about stress. It helps my stress. It helps my anxiety. It helps me sleep.” - KII participant*

*“LGBTQ people that are prone to mental illness will use it to cope with their anxiety or their depression, especially I think.” - KII participant*

*“Anxiety being probably the biggest one. Like the stress of school is pretty big so after your classes it’s really nice to come home and like smoke.” - Focus Group Participant*

**Need for Harm Reduction:** There is a strong need for harm reduction strategies that address the realities of cannabis use while helping to mitigate its negative effects. Young adults recognize the importance of harm reduction and the need for comprehensive education on safe usage practices.

*“Young people are going to do things no matter what, so harm reduction and prevention strategies are really important.” - KII participant*

*“They should be collecting all kinds of data [regarding cannabis]. They should be handing out data sheets for people to self-assess, recommend they do their usage in groups of two with someone who’s not under the influence so they can find out if it’s a physical esoteric, is it paranoia-driven? ...There are no safe protocols to follow.” - KII participant*

## **PRIORITY PROBLEM: UNDERAGE AND EXCESSIVE ALCOHOL AND CANNABIS USE, LGBTQIA+, AGE 18-25**

### **Secondary Data Analysis Highlights: Alcohol LGBTQIA+ Specific Findings:**

- In 2022, RIYAS data shows 42% of sexual and gender minority young adults reported engaging in underage drinking in the past month.
- 2020 RIYAS data show hazardous drinking rates were higher among sexual and gender minorities, with 8% exhibiting alcohol dependence in 2022.
- In 2020, individuals completing the RIYAS who identify as neither male nor female were the largest group to exhibit alcohol dependence at 7.4%. By 2022, sexual and gender minorities continued to be at high risk for developing alcohol use disorder.

### **Qualitative Data Insights: Alcohol Use**

**Normalization and Social Acceptance:** LGBTQIA+ students discussed the normalization of alcohol consumption on college campuses, linking it to longstanding traditions and as a coping mechanism for stressors associated with student life.

*"Maybe I'd say like the end of high school is like when I've from what I've heard people say it when they get started maybe getting into certain things... cause it's like changing times like you're graduating going somewhere else. And then more in freshman year college is when you like you have more like freedom." - Focus Group Participant*

**Health Impacts and Risks:** Alcohol use among LGBTQIA+ young adults often leads to serious health and social issues, including physical and mental health problems, assaults, and damage to property.

*"The habit of continually you know engaging in a substance always has repercussions but I think that separately alcohol I think it's more sudden sometimes. So like if you're excessively drinking in one night...I think that I've seen you know that really takes a toll I think on how you feel physically and mentally... and that can have long-term effects but it seems to me like marijuana is more like yeah it's stretched over time like a longer-term effect if that makes sense." - Focus Group Participant*

**Social Spaces and Substance Use:** The lack of non-alcohol-centric social spaces for LGBTQIA+ young adults contributes to hazardous drinking behaviors.

*There need to be other queer safe spaces that don't involve being a bar or place that people will use [substances] so like a queer coffee shop or something. We need to have more like stores that have like safe space, Safe Zone certified on their door. Things like that, I think are good for that community because otherwise you feel isolated. We have kind of this social isolation." - KII participant*

**Barriers to Accessing Support:** Students are aware of campus health services related to substance use counseling and prevention but are often dissatisfied with the availability of appointments and the lack of diversity in staffing.

*Students were aware of campus health services related to substance use counseling and prevention, but are often dissatisfied with both the availability of appointments and the lack of diversity in staffing.*

## Secondary Data Analysis Highlights: Cannabis LGBTQIA+ Specific Findings:

- Based on the 2020 RIYAS, gender minority young adults were the largest demographic currently using cannabis, followed by sexual minority young adults.
- By 2022, these same groups exhibited the highest rates of hazardous cannabis use and cannabis use disorder.

## Qualitative Data Insights: Cannabis Use Normalization and Social Acceptance:

Cannabis is generally accepted as less harmful than alcohol, with fewer negative health and social implications. This normalization is influenced by recent recreational legalization and social acceptance among peers and families.

*Cannabis use is both prevalent and normalized, and there seems to be a greater social acceptance (both among peers and within families) for use, especially in the context of recent recreational legalization.*

**Health Impacts and Risks:** While cannabis is perceived as less harmful, frequent use can lead to long-term health consequences. The availability of legally purchased cannabis from neighboring Massachusetts contributes to its widespread use.

*With the East Bay's close proximity to Massachusetts, where recreational cannabis is both legal and sold widely at dispensaries across the state, access to cannabis, and especially legally purchased cannabis, is convenient.*

**Lack of Awareness of Treatment Options:** Many LGBTQIA+ students and community members are unaware of cannabis-specific treatment options and services, leading to underutilization of these resources.

*Students and community members alike expressed being generally unaware of cannabis specific treatment options and services, both on campus and in the community.*

**Stressful Environments and Coping Mechanisms:** Stressful environments, such as academic pressures, and a lack of alternative coping mechanisms contribute to the risk of underage and excessive cannabis use.

*Stressful environments (e.g., school) and a perceived lack of alternative coping mechanisms also factor into risk for underage and excessive use.*

**Support Systems and Resources:** While educational resources and behavioral health services exist, their effectiveness as protective factors is minimal due to lack of use and an aversion to such services.

*Some educational resources and behavioral health services were noted by our informants, but their effectiveness as protective factors were minimal due to lack of use and an aversion to such services as previously discussed.*



# Detailed Key Findings

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**LGBTQIA+ SPECIFIC FINDINGS** We conducted focus groups with young adults at Roger Williams University to gain insights into their perceptions of substance use on campus and the associated risk landscapes among college-aged students in general. In addition to focus groups with the general student population, we also conducted focus groups among LGBTQIA+ self-identifying students on campus as well to gain an understanding of how their experiences might differ from those of the general student population.

From qualitative data, we found that in general, focus group participants have observed a higher prevalence of cannabis use among LGBTQIA+ individuals. This data is consistent with data from both 2020 and 2022 RIYAS reports, as well as more recent YRBS data which shows similar patterns among LGBTQIA+ high school-aged students.

## Substance Use Disparities

**Alcohol and Cannabis Use among LGBTQIA+ Young Adults vs. Cisgender Peers** Qualitative findings indicate that LGBTQIA+ young adults engage in alcohol and cannabis use at higher rates compared to their cisgender and heterosexual peers. Secondary data from the RIYAS 2020 and 2022 reports also confirm that there are noticeable differences in young adult alcohol and cannabis use among cisgender and heterosexual peers compared with LGBTQIA+ young adults. This can be attributed to the unique stressors and mental health challenges faced by sexual and gender minority individuals, which are often explained through the minority stress theory.<sup>2</sup> Sexual and gender minority individuals experience a disproportionate degree of mental health conditions in adolescence, early adulthood, and even through late adulthood, as compared with heterosexual and cisgender individuals. This places sexual and gender minorities at greater risk and likelihood of engaging in substance use as a means of coping.

## Qualitative Data Insights

In focus groups, LGBTQIA+ young adults shared their personal and peer experiences with alcohol and cannabis. Many students indicated that college was often the first time they engaged in substance use, driven by newfound freedom and the opportunity to experiment with new boundaries while living independently. Cannabis use was frequently mentioned as being more prevalent among LGBTQIA+ young adults compared to their heterosexual peers.

*“Maybe I’d say like the end of high school is like from what I’ve heard people say when they get started maybe getting into certain things... cause it’s like changing times like you’re graduating going somewhere else. And then more in freshman year college is when you like you have more like freedom.” - Focus Group Participant*

Significant life transitions, such as graduating from high school and starting college, create opportunities for experimentation with substance use. Marijuana consumption was noted to increase in college, while alcohol use was perceived as more common in high school.

*“I’ve seen a lot more marijuana consumption versus like I think alcohol is just somewhat more common in high school for certain people.” - Focus Group Participant*

Social activities, such as bonfires, or secluded and wooded areas behind campus were common settings for underage cannabis use. Participants also mentioned that cannabis use was common in pavillions.

*“I know a lot of people do like bonfires and go over there because it’s kind of you know hidden in a way. So that is definitely part of the probably underage element.” - Focus Group Participant*

<sup>2</sup> Meyer, I. H., & Frost, D. M. (2013). Minority stress and the health of sexual minorities. In C. J. Patterson & A. R. D’Augelli (Eds.), *Handbook of psychology and sexual orientation* (pp. 252–266). Oxford University Press.

**Perceived Risks and Benefits of Substance Use** The perceived risks and benefits of alcohol and cannabis use among LGBTQIA+ young adults varied. Alcohol was seen as having more immediate and severe consequences, while cannabis was viewed as having longer-term but less immediate effects.

*“The habit of continually you know engaging in a substance always has repercussions but I think that separately alcohol I think it’s more sudden sometimes. So like if you’re excessively drinking in one night...I think that I’ve seen you know that really takes a toll I think on how you feel physically and mentally... and that can have long-term effects but it seems to me like marijuana is more like yeah it’s stretched over time like a longer-term effect if that makes sense.”*  
- Focus Group Participant

The legal system and public safety leniency in dealing with illegal substance use, such as underage drinking and cannabis use, does not appear to deter future use, as the consequences are perceived to be minimal. Many focus group participants mentioned not taking the threat of violations seriously or knowing that they may be able to get away with certain behaviors due to leniency of RA’s.

*“Nothing really happens when you know we do send them to court...whether it’s cannabis or alcohol. You know the kids might get community service 20 hours you know it’s there’s not a lot of consequences from the court system that kind of deters them from doing it again.”* - KII participant

### **Social Acceptance of Substance Use among LGBTQIA+ Young Adults**

Substance use is often socially accepted within LGBTQIA+ young adults communities, contributing to its prevalence and normalization. Harms associated with alcohol use are rarely discussed, leading to a casual attitude towards drinking.

*“Honestly I don’t think harms around alcohol use are really discussed at all... doesn’t seem like...queer students really care that much. It just doesn’t really cross their minds. Especially around long-term use.”* - Focus Group Participant

### **Discrimination and Stigma**

Stigma around seeking help for substance use was discussed in focus groups and in key informant interviews, shedding light on these challenges.

*“I feel like there is a stigma a lot of the times around someone receiving such services or someone receiving sort of therapy for anything that is sort of taboo... I think maybe slowly that stigma is changing a bit for the better.”* - Focus Group Participant

The intersection of substance use with trauma within the LGBTQIA+ community indicates a higher risk for these individuals.

*“Our population [LGBTQIA+] is not liked by everyone. We’re seen as other. And because sex is such a high commodity with drugs use and in the gay culture initially and in the bar rooms, a lot of people have the preconceived notion that every person who’s in the rainbow community is a drug addict or a sex fiend. I’m a serial monogamous person. But I’ve got 25 years sober. I very much would have probably turned into any of the people who are like that had I not gotten intercession and help and committed to the fellowship.”*  
- KII participant

### Intersectionality of Substance Use and LGBTQIA+ Identity

The lack of non-alcohol-centric social spaces for LGBTQIA+ young adults impacts their substance use behaviors, often leading them to spaces where alcohol is prevalent.

*“For example a lot of queer people when they go out they’re going out to a bar. It’s a queer bar is like really the only like safe space that they have in the community. There need to be other queer safe spaces that don’t involve being a bar.” - KII participant*

Visible safe spaces, such as stores with Safe Zone certification, can help reduce isolation and potentially prevent substance use.

*“We need to have more like stores that have like safe space safe zone certified on their door. Things like that I think. Are good for preventing in that community because otherwise you feel isolated.” - KII participant*

The period of self-discovery and independence in college often coincides with substance use as students explore their identities and connect with peers.

*“And things involving substance use being the place to go to and a lot of the time the 1st time you’re you know expressing yourself and is like in college, independent of your parents, of your family, that’s where folks realize their identity and connect with others and I think that that’s a time when a lot of people use substances too.” - KII participant*

### Support Systems and Resources

There is a notable gap in targeted support systems and resources for queer students. Existing services are perceived as generally accepting but not specifically tailored to their unique needs.

*“I don’t think there’s anything like specific for queer students, there just kind of like the people there seem to be like generally accepting. More or less, I haven’t really heard much about it honestly.” - Focus Group Participant*

Counselors often lack the specialized training needed to effectively address the unique challenges faced by LGBTQIA+ students.

*[Speaking about counseling services at school]: “I think they are supportive and welcoming but I don’t think that they necessarily have like the expertise of like dealing with...Transphobia, homophobia things like that.” - Focus Group participant*

### Barriers to Accessing Support and Resources

Family attitudes and home environments can act as significant barriers to accessing support.

*“There aren’t a whole lot to be honest with you. There’s not a lot of barriers. A lot of it comes from home.” -Focus Group participant*

Fear of getting in trouble and lack of awareness about available services are additional barriers.

*“I feel like definitely the fear of getting in trouble. It’s like I said, I feel like they touched on services and support like once during our freshman orientation and it’s never really talked about again.” - Focus Group participant*

### Suggestions for Interventions/Prevention Programs

Participants suggested early intervention strategies, such as involving diversion officers, to prevent substance use issues from escalating.

*“Having a diversion officer in each junior high and high school could help. If there were some type of drugs or alcohol involvement on the school they were sent to the diversion officer who would try to stop them from getting further involved.” - KII participant*

Peer support and group discussions were also highlighted as valuable methods to address substance use issues.

*“Using group dynamics to discuss drug and alcohol issues in a safe forum can break some of the isolation.” - KII participant*

### Effectiveness of Existing Support Systems

There are gaps in the availability of specific recovery programs for cannabis use, although general support services are available.

*“I don’t think there are any cannabis recovery programs in particular that I’m aware of. You know East Bay Recovery Center will take anyone who’s struggling.” - KII participant*

This needs assessment overview of LGBTQIA+ specific findings highlights the nuanced experiences and challenges faced by LGBTQIA+ young adults regarding substance use, the barriers they encounter in accessing support, and the community’s role in providing effective interventions. By understanding these detailed insights, the coalition can develop targeted strategies to address the unique needs of this population.



# Recommendations

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**IMPLEMENTATION STRATEGIES AND RECOMMENDATIONS** The recommendations outlined herein are reflective of both historic and ongoing evidence-based program implementation, as well as the suggestions of numerous stakeholders that participated in the key informant interviews and focus groups. These recommendations are intended to work in conjunction with one another to foster an understanding of the substance use landscape for young adults, and especially LGBTQIA+ young adults, in the East Bay Region and promote prevention and harm reduction among this population.

## 1. PROGRAM RECOMMENDATIONS:

### Implement Evidence-Based Intervention Programs Tailored to Community Needs

Introduce programs like **InShape** and **AFFIRM** to help students reflect on their substance use behaviors and set healthier goals. BHDDH has selected InShape, a nationally recognized evidence-based health and wellness program, as a required initiative to be implemented. InShape engages young adults in a multistep process through which they assess their current state of health and wellbeing overall and as it relates to substance use and then asks students to set goals and create action plans based on such goals. This program is notably flexible and adaptable and might be integrated into existing health and wellness programs at the college level. Student focus group participants noted the presence of education and programming early on in their college experience around substance use and its relationship to often unfavorable outcomes, however expressed that there was a lack of follow-up on such programming and few opportunities to reflect on their substance use behaviors later in their education. As students progress through their education, it may be advisable to require engagement with the InShape program. Some focus group participants suggested the program might be a good match as a pre-graduation requirement to allow for students to reflect on their experiences with substance use thus far and goal set for the future. Additional targeted outreach could be done among high-risk sports teams who were identified as one student group at RWU that engaged more frequently in excessive substance use.

For LGBTQIA+ students specifically, BHDDH has named **AFFIRM**, an evidence-based training program specifically tailored to meet the unique needs of LGBTQIA+ persons as they are related to mental health, as a required program to be administered through the Coalition. AFFIRM training teaches coping skills with the intention of reducing mental health issues and mitigating behavioral risks endured by LGBTQIA+ young adults specifically. Similar to InShape, this course is structured through a series of modules and is flexible and easily adapted to be integrated into various pre-existing settings. With both young adults- and adult-focused interactive workshops, the AFFIRM model invites professional trainers to both affirm the identities of LGBTQIA+ individuals and their unique struggles while teaching coping strategies and delivering informed interventions. Perhaps most importantly, and with likeness to the InShape program, AFFIRM teaches its participants to engage in ongoing assessment and evaluation of interventions through time. Along with InShape, the administration of this program through the East Bay Regional Coalition should follow any initial intervention and educational programming in order to allow young adults to reflect on their successes and challenges with substance use behavior and continue the iterative process of goal setting and maintenance.

**The Safe Zone Project (SZP)** an open-source and volunteer-led initiative, provides free online training curricula and activity-based learning for educators and learners, especially for the broader East Bay Community, around sexuality, gender, and content relevant to protecting and including LGBTQ+ individuals. While not evidence-based by virtue of its evolving curriculum and reactive changes to frequent cultural shifts and participant feedback, the team at SZP assures that the program remains *evidence-informed* as it evolves through time. With programming and activities that aim to educate participants about LGBTQIA+ identities and experiences, this project could be implemented to deepen contextual understandings for those providing both education and services related to substance use prevention to LGBTQIA+ individuals. Students who complete the AFFIRM training may be ideally situated to provide assistance to SZP.

In addition to the programs mentioned, the East Bay Regional Prevention Coalition team will explore implementing the **BASICS** program with RWU staff counseling center. RWU has previously implemented the BASICS program and East Bay Regional Coalition team will assist with providing support and training for staff.



**2. ENHANCE OUTREACH, EDUCATION, AND PROMOTION** Utilize social media platforms like TikTok and Instagram for effective outreach and engagement with students. Pair substance use education with popular activities to increase promotion of alcohol and cannabis prevention and increase community participation. Data from our needs assessment suggest that there are opportunities for improvement in overall outreach and education as it relates to substance use for young adults, and especially young LGBTQIA+ adults. It was clear from responses, especially those of students, that another email or “another thing to be completed online” will not effectively reach students. Students are consuming information through various channels that may or may not be affiliated with their university including various social media platforms. TikTok and Instagram were noted as primary sources through which students engage with content related to their health and wellbeing, with varying levels of trust for the accuracy of content presented on these platforms. While students also mentioned more “traditional” methods of outreach and advertisement, including tabling events on campus and posters in common areas such as residence and dining halls, reaching students through online platforms seems to be preferred by the target audience. For example the student-led Instagram page “RWUpeermentors” includes Wellness Wednesdays and FAQ Fridays. It has appealing graphics and memorable/attention grabbing content which is focussed on offering student support and sharing key information, resources and activities, which in turn helps students to adjust to university life and reduce stress (a protective factor). Popular RWU hashtags on TikTok include: #collegeparties, #parties, #partytime, #fyp (For You Page) and #campuslife. Students are already posting here and enjoying the benefits of virtual social connection. One post on RWU Starbucks coffee has a reach of over 45K viewers, which indicates its extensive social media impact. Another post by RWU social media interns on Spring 2024 Bloopers is fresh, fun and interactive. The social media interns have tremendous potential for being health influencers on Tik Tok and other online social media formats.

Student focus group participants also highlighted the popularity of incentivized programming offered through the university wherein students would receive something (e.g. food) in exchange for their attendance. Programming that proves consistent with student interests was also mentioned, where substance use education programming might be paired with other activities. Ideas mentioned included thrifting for clothing and environmental sustainability focused events. It will also be important to provide education for those age 21+ and social hosting liabilities that come with purchasing and distributing substances to underage individuals.

### **3. HARM REDUCTION APPROACH**

Several informants suggested the need for further steps to be taken in harm reduction around substance use in the East Bay Region. Working with RWU to provide more education on current trends related to cannabis use among 18-25 year olds may help bring awareness, recognizing the current perceptions students have about cannabis use and some possible messaging to increase education harms associated with cannabis use.

### **4. IMPROVE SUPPORT SYSTEMS**

Support Systems: Enhance the accessibility and effectiveness of support services by providing more training and support for RAs. Increase diversity among counseling staff to better meet the needs of LGBTQIA+ students. While students generally do have access to various support systems on campus, sentiments expressed by students point to a need to further meet students where they are at when it comes to providing behavioral health services. Students might not be aware of specific services available to them regarding substance use offered through the university counseling center. There appeared to be even less awareness about community resources that might be available to students for the same purposes. Behavioral health services at the university level, while comprehensive, might still miss the mark in terms of reaching specific student groups. It was noted by several student informants that there is an overarching lack of diversity on campus, reflected both in the student body and the staff, faculty, and administration at RWU. For LGBTQIA+ students especially, there was an expressed interest in seeing themselves reflected in the services providers (i.e., sharing lived experiences with someone you might turn to for support). Further needs assessment measures should be conducted to understand the landscape of services offered through behavioral health at RWU and to prioritize the needs of diverse student populations. Based on input from RWU leadership through JSI and EBRC’s presentation of these needs assessment findings, RWU was responsive and committed to promoting more diversity among BIPOC and LGBTQIA+ staff in their Roger Well newsletter to increase awareness among students.

## 5. ADDITIONAL RECOMMENDATIONS TO PARTNER WITH RWU AND EAST BAY COMMUNITY-AT-LARGE:

### **Create Inclusive Social Spaces:**

Develop more queer-friendly social spaces that do not revolve around alcohol or drugs to reduce substance use and promote a sense of community.

### **Training and Support for Residential Advisors:**

Focus group findings also indicated the need for further training and support for residential advisors in dealing with cases of substance use and enforcement of policies related to underage use on campus.

### **Collaboration with Community Organizations:**

Through coalition input and feedback during JSI's presentation of the needs assessment findings, there appears to be various opportunities to partner with local community organizations who may already be connected with the community or offering programming specific to LGBTQIA+ youth. Some examples of partnerships to explore might include increased collaboration with local Health Equity Zone (HEZ) programs, or United with Pride - a local LGBTQIA+ community initiative based in Barrington.



# Conclusion

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**Data Collection Challenges:** Participation in data collection was negatively impacted by the timing of the grant award, which coincided with Roger Williams University finals and graduation periods.

**Ideas for Future Assessment and Research:** Future focus groups and KII's should include participation from Resident Advisors (RAs). The RAs play a key role in documenting incidents of substance use on campus and their perspectives on cannabis use would be valuable. They should also Include RA participation in focus groups to gain insights into their perspectives on substance use, particularly cannabis use.

Further needs assessments should include added measures to understand the landscape of behavioral health services offered through university counseling centers, with a focus on meeting the needs of diverse student populations. It should also focus on non-college attending 18-25 year olds.

**Next Steps: Collaboration Opportunities:** Explore potential collaboration opportunities with local organizations, community leaders, and educational institutions to implement the recommended programs and strategies.

**Monitoring and Evaluation:** Establish a framework for ongoing monitoring and evaluation of the implemented programs to assess their effectiveness and make necessary adjustments.

By addressing the unique needs and challenges of LGBTQIA+ young adults, the East Bay Regional Prevention Coalition can develop targeted interventions that promote healthy behaviors, reduce risks, and provide the necessary support for young adults in the community. This approach will help create a safer and more inclusive environment for all students.

## Appendices

1. Focus group interview questions
2. Key Informant interview questions
3. Outreach email
4. Data slides
5. Additional tables on coding and themes

# Appendix

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## Appendix 1: Focus Group Discussion Guide

### Youth Focus Group Questions

#### Social Norms

How would you describe underage drinking/excessive alcohol use among RWU students? To clarify, when we mean excessive alcohol use, we are referring to binge drinking, defined as consuming 4 or more drinks on an occasion, or heavy drinking, defined as 8 or more drinks per week. Probe: Would you consider it a serious problem?

What about cannabis use among RWU students? To clarify, when we refer to cannabis, we mean products derived from the cannabis plant. This includes both high-inducing products containing THC, and products that solely contain Cannabidiol (CBD).

Probe: Would you consider it a serious problem?

Probe: Do you think cannabis is being used responsibly by those using it, or do you think there is significant underage or excessive use?

*Define excessive cannabis use if necessary: Daily or more frequent use, up to and including dependency*

What about poly-substance use? How often do you think peers are mixing alcohol and cannabis use?

How has your perception of underage drinking changed from high school vs. college?

How old do you think most of your peers were when they started drinking alcohol or using cannabis?

How often do you believe RWU students drink alcohol or use cannabis?

Probe: What do you think are the most common forms of cannabis use among your peers, including CBD?

Delta-8 THC is a relatively new cannabinoid available on the market, with a growing number of young adults using it. If you could raise your hand, how many are aware of Delta-8 THC?

How aware do you believe students are of Delta-8 THC? Where do most students get their information about it?

Probe: Do you think there is adequate educational material available on campus about the effects and legal status of Delta-8 THC?

What are the main reasons you think RWU students drink alcohol or use cannabis?

Probe: Do you feel as though there are certain activities/cultural norms that encourage alcohol consumption and/or cannabis use?

How do you perceive the role of campus culture in influencing alcohol and cannabis use among students? Are there specific events or traditions that promote these behaviors?

Probe: Do you see it as a problem?

Can you describe how peer pressure might affect decisions to use or avoid alcohol and cannabis?

Probe: Are there differences you notice among different student groups or social circles?

In your opinion, are there specific groups of students on campus who tend to drink alcohol or use cannabis more frequently than others? For example, based on things like their background or where they live?

In discussions about alcohol and cannabis use, do you feel that the experiences and voices of LGBTQ+ students are represented? What can be done to improve this?

How do mental health issues intersect with alcohol and cannabis use among RWU students? Do you think students use these substances as a form of coping with stress or mental health challenges?

## Perceptions of Harm

What are the risks when it comes to underage drinking and/or cannabis use?

Probe: What are the potential consequences?

Probe: Are the risks different for alcohol and cannabis use? What circumstances may increase or decrease risks?

Do you think most students would be able to recognize the signs of excessive use of these substances?

Probe: Do you think peers would know how to respond? If not, what could be done to help students feel more prepared?

What do you think happens to a peer or young adult who is found to be drinking alcohol or using cannabis under the age of 21, or in excess by RWU/local law enforcement?

Probe: Do you think the response from RWU or local law enforcement is appropriate? Why or why not?

What impact do you believe social media has on attitudes towards alcohol and cannabis use among students?

Are there particular challenges or risks faced by LGBTQ+ students regarding substance use that might not be as prevalent among other student groups?

## Administrative Monitoring

If people who are underage in your community drink alcohol or use cannabis, how likely do you think it would be that others would find out?

If people in your community who are 21 and older drink alcohol or use cannabis excessively, how likely do you think that others would find out?

## Access/Availability

How do you think most underaged students get alcohol and cannabis?

How easy would it be for underaged people to get alcohol or cannabis from those sources?

Where do you think underage students go when they want to drink alcohol?

What about for any students using cannabis?

For individuals who may wish to seek support or treatment for substance use, such as alcohol and cannabis, what do you think might be some of the barriers to accessing these services in your community/on campus?

Probe: Are there any cultural, religious, or other beliefs that might prevent people from accessing these services?

How do you view people in the community who seek substance use treatment for alcohol or cannabis use?

Probe: Do you think there's a negative or positive response in the community towards people seeking substance use services for alcohol or cannabis?



## Outreach/Programs

What's happening at RWU to educate students about alcohol and cannabis?

Do you think there are RWU students that want to stop or reduce their alcohol and/or cannabis use? If so, do you think there are many, or just a few?

What existing programs/services are in place to help students avoid drinking alcohol or using cannabis?

Do you feel that substance use prevention efforts on campus adequately address the needs of diverse groups, including the LGBTQ+ community? Why or why not?

Are you aware of local resources that can help students with alcohol and cannabis-related problems?

Probe: If not, what are some ideas or strategies for raising awareness that you can think of?

What types of support networks or safe spaces exist for LGBTQ+ students who might be struggling with substance use? How accessible are these resources?

How effective do you think RWU and the larger community are at enforcing laws against underage drinking and cannabis?

Probe: How effective are current outreach programs and services in addressing the specific needs of LGBTQ+ students? Can you provide examples of what works well or what might be lacking?

I'm just going to ask a few more questions about how the East Bay Regional Prevention Program can improve its messaging and marketing.

One program that the EBRC provides is called InShape, which is a program designed to encourage wellness among young adults and also help address substance use. The program addresses current health habits and awareness of wellness behaviors, awareness of how substance misuse can impact health goals, and how to set a goal plan.

How relevant do you find the program to your personal health and wellness goals? Do you think the program addresses issues that are important to you or your peers?

What do you think about the way the program is currently presented and communicated? Is there anything confusing or unclear about it?

Where do you usually receive information about health and wellness programs? Which communication channels do you think would be best for promoting the InShape PPW program?

What other ideas/strategies could the East Bay Regional Prevention Coalition try to keep students from drinking alcohol or using cannabis underage or excessively?

What specific actions or programs would you suggest to better support LGBTQ+ students in relation to substance use prevention?

## Questions for Law Enforcement

How would you describe the prevalence of underage drinking and cannabis use in the community?

Probe: Do you view either as more prevalent than the other? Can you share specific challenges when dealing with underage users, particularly from the LGBTQIA+ community?

What do you think are the main reasons young adults may engage in underage and excessive alcohol or cannabis use?

What do you think are the challenges to enforcing laws regarding sales of alcohol to minors?

Probe: What about enforcing laws regarding adults supplying alcohol to minors?

What specific measures are being taken in your community to enforce laws regarding underage cannabis use?

What do you think are the challenges to enforcing laws regarding adults supplying people under 21 with cannabis?

How effective do you think those measures are at enforcing laws regarding underage cannabis use and/or alcohol? What would help make them more effective?

What specific measures are being taken in this community to enforce laws against underage drinking? Excessivedrinking?Conductingpartypatrols?Othermeasures?

How effective do you think those measures are at enforcing laws against underage drinking? Excessive drinking? What would help make them more effective?

*“Health disparities adversely affect groups based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”*

Are there certain sub-populations who are more likely to smoke cannabis in this community? Do you think certain populations are more adversely affected by cannabis use or laws surrounding it? Are there certain sub-populations of kids or adults who are more likely to drink alcohol in this community?

What do you think about the legal consequences of underaged cannabis use?

Probe: do you think there are alternative deterrents?

Do you think judges and the juvenile justice system are doing a good job with respect to youth cannabis violations?

Probe: If yes, why? If no, why?

What is your opinion about the legal consequences of underage drinking? Excessive drinking?  
Driving under the influence?

Do you think judges and the juvenile justice system are doing a good job with respect to  
underage drinking violations?

Probe: If yes, why? If no, why not?

Do you think judges and the courts are doing a good job with respect to DUI violations?

Based on your view of this community, how acceptable is underaged cannabis and/or use? Is  
the answer different between alcohol and cannabis? In what ways?

Where do you think people under the age of 21 in this community get alcohol? Over the age of  
21?

Where do you think people under the age of 21 in this community drink alcohol? Over the age  
of 21?

Where do you think youth in this community get cannabis?

Where do you think youth in this community use cannabis?

How do you think cannabis adult legalization has impacted the community? How do you think it has  
impacted youth specifically?

What do you feel are barriers to accessing alcohol use services in the community?

Probe: Are there any cultural, religious, or other beliefs that our care system does not respect?

How do you view people in the community who seek alcohol use services?

Probe: Do you think there's a negative response in the community towards people  
seeking alcohol use services?

What do you feel are barriers to accessing cannabis use services in the community?

Probe: Are there any cultural, religious, or other beliefs that our care system does not  
respect?

How do you view people in the community who seek cannabis use services?

Probe: What could we do to change that?

In discussions about alcohol and cannabis use, do you feel that the experiences and voices of LGBTQ+ youth are  
represented?

Probe: What can be done to improve this?

Probe: What support is tailored to them?

How do mental health issues intersect with alcohol and cannabis use among youth?

# Questions for School Based Personnel/Educators

How would you describe underage drinking/excessive alcohol use in this community?

Probe: Would you consider it a serious problem? If not, what are some reasons why?

Probe: Do all youth engage in underage/excessive drinking or just some? How frequently do you think youth drink underage or excessively?

Probe: What do you think are the main reasons youth drink alcohol, underage or excessively?

How would you describe underage/excessive cannabis use in this community?

Probe: Would you consider it a serious problem? If not, what are some reasons why?

Probe: What do you think are the main reasons youth use cannabis?

Probe: Do all youth use cannabis or just some? How frequently do you think youth use cannabis?

How do you think cannabis adult legalization has impacted students in the community?

*“Health disparities adversely affect groups based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”*

Are there certain sub-populations of kids who are more likely to drink alcohol in this community?

Are there certain sub-populations who are more likely to use cannabis in this community? Do you think certain populations are more adversely affected by cannabis use or laws surrounding it?

Where do you think people under 21 in this community obtain cannabis? Where do you think they obtain alcohol?

How does your school handle underage drinking?

Probe: Are there any formal policies in place? How are they enforced?

Probe: Does your school have a mechanism in place for identifying and assisting students who may have an alcohol problem?

How do students learn about the risks of alcohol and underage drinking at your school?

Probe: Is alcohol education a part of the curriculum?

Probe: What about extra-curricular activities?

How does your school handle underage, inappropriate, or excessive cannabis use?

Probe: Are there any formal policies in place? How are they enforced?

Probe: Does your school have a mechanism in place for identifying and assisting students who may have problems with cannabis?

How do students learn about the risks of cannabis and underage use at your school?

Probe: Is cannabis education a part of the curriculum?

Probe: What about extra-curricular activities?

What forms of media do you think influence cannabis and/or alcohol use among people under 21 in this community?

What do you think parents think about underage drinking in your community?

Probe: Do you think parents understand the seriousness of the underage drinking problem?

What do you think parents think about cannabis use in your community?

Probe: Do you think parents understand the seriousness of the cannabis problem?

What role do you think teachers and counselors can play in reducing underage drinking?

What is the most effective way to keep underage youth from drinking alcohol?

What role do you think teachers and counselors can play in reducing youth cannabis use?

What is the most effective way to keep underage youth from using cannabis?

What do you feel are barriers to accessing alcohol use services in the community?

Probe: Are there any cultural, religious, or other beliefs that our care system does not respect?

How do you view people in the community who seek alcohol use services?

Probe: Do you think there's a negative response in the community towards people seeking alcohol use services??

What do you feel are barriers to accessing cannabis use services in the community?

Probe: Are there any cultural, religious, or other beliefs that our care system does not respect?

How do you view people in the community who seek cannabis use services?

Probe: Do you think there's a negative response in the community towards people seeking cannabis use services?

In discussions about alcohol and cannabis use, do you feel that the experiences and voices of LGBTQ+ students are represented?

Probe: What can be done to improve this?

Probe: What support is tailored to them?

How do mental health issues intersect with alcohol and cannabis use among students?

Probe: Do you think students use these substances as a form of coping with stress or mental health challenges?

Probe: What integrated support systems are available for students dealing with both mental health issues and substance use?

# Questions for Community Leaders, Public and Elected Officials

How would you describe underage drinking/excessive alcohol use in this community?

Probe: Would you consider it a serious problem? If not, what are some reasons why?

Probe: Do all youth engage in underage/excessive drinking or just some? How frequently do you think youth drink underage or excessively?

Probe: What do you think are the main reasons youth drink alcohol, underage or excessively?

In your opinion, what do you think are the most effective laws to reduce underage drinking?

Probe: What additional laws would need to be passed to reduce underage drinking?

How would you improve underage drinking legislation in this state? How would you improve local laws, policies or procedures related to underage drinking?

What do you think the public or your constituents think of underage drinking laws and regulations?

Probe: Do you think they are aware of these laws and regulations?

Probe: How would you improve awareness?

How would you describe cannabis use in this community?

Probe: Do you think underage or excessive cannabis use is a serious problem?

Probe: What do you think are the main reasons youth use cannabis?

Probe: Do all youth use cannabis or just some? How frequently do you think youth use cannabis?

In your opinion, what do you think are the most effective laws to reduce underage or excessive cannabis use?

Probe: What additional laws would need to be passed to reduce underage or excessive cannabis use in your community?

How aware do you think the public is of current cannabis laws and regulations? What do you think the public or your constituents think of current cannabis laws and regulations?

How do you think cannabis adult legalization has impacted the community? How do you think it has impacted youth specifically?

How would you improve cannabis legislation in this state? How would you improve local laws, policies or procedures related to cannabis use?

What is the role of public and elected officials in reducing underage drinking?



In reducing underage cannabis use?

What do you feel are barriers to accessing alcohol use services in the community?

Probe: Are there any cultural, religious, or other beliefs that our care system does not respect?

How do you view people in the community who seek alcohol use services?

Probe: Do you think there's a negative response in the community towards people seeking alcohol use services?

What do you feel are barriers to accessing cannabis use services in the community?

Probe: Are there any cultural, religious, or other beliefs that our care system does not respect?






How do you view people in the community who seek cannabis use services?

Probe: Do you think there's a negative response in the community towards people seeking cannabis use services?

In policy discussions, how are the voices of diverse groups, including LGBTQ+ youth, represented? What steps are taken to ensure inclusivity?

Probe: Could you provide examples of how feedback from these groups has shaped substance use policies or programs?

### Appendix 3: Key Informant Outreach Email

<b>To</b>	 Person  Person  Person
<b>Cc</b>	 Person
<b>Bcc</b>	 Person
<b>Subject</b>	Invitation to Participate in Key Informant Interview for Substance Use Prevention Insights

Hi [Name],

I hope this message finds you well. I am reaching out on behalf of the Rhode Island East Bay Regional Prevention Coalition to invite you to participate in a key informant interview. Our goal is to gather in-depth insights into the substance use trends and prevention needs among college students, particularly focusing on young adults aged 18-25 and inclusive of the LGBTQ+ community.

Your expertise and perspective are invaluable to us. JSI Research & Training Institute, Inc. will be conducting these interviews, seeking your detailed input to improve substance use prevention strategies.

**Details of the Interview:**

Scheduled at Your Convenience: Please select a time that suits you via our online scheduling tool here: [Insert Link to Scheduler].

Duration: The interview will last approximately 60 minutes.

Format: Interviews can be conducted via telephone or video call, according to your preference.

Confidentiality: We assure you that all discussions will be confidential. Although the session will be recorded for accuracy, all data will be de-identified to maintain privacy.

We highly value your time and are eager to learn from your experiences. Your insights will play a critical role in shaping effective prevention initiatives within our community. If you have any questions before the interview or need further information, please do not hesitate to contact me directly.

Thank you for considering this opportunity to make a significant impact on our community's health and wellness strategies. We look forward to engaging with you soon.

Best,

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# East Bay Regional Prevention Coalition

Partnerships for Success Needs Assessment  
Data and Findings

June 26, 2024

## JSI Team

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Project Manager/Lead Researcher

## Assessment

## Key Data Comparisons in RIYAS

*RIYAS Key Measures, 2020 and 2022*

RIYAS Metric	2020	2022	Percent change
<b>Alcohol Use</b>			
Past 30 day alcohol use	53.1%	60.5%	7.4% ↑
Past 30 days, underage alcohol use	44%	38%	5% ↓
Hazardous drinking	16.3%	16%	0.3% ↓
Alcohol use disorder	3.7%	8%	4.3% ↑
<b>Cannabis Use</b>			
Ever used cannabis	53.4%	46%	7.4% ↓

**Additional Findings from RIYAS:**

- In 2022, 42% of sexual and gender minority youth reported engaging in underage drinking - higher than cisgender and heterosexual peers
- Hazardous drinking continues to be high for cisgender, heterosexual males (18%) and sexual and gender minorities (17%)
- In 2022, hazardous cannabis use appears to be highest among sexual and gender minorities (26%)

## Methodology and Design



Focus groups conducted with RWU staff and students. Three cohorts: RWU leadership, general student population, and LGBTQ+-specific focus group sessions. Total of 15 focus group participants

Key Informant Interviews conducted with law enforcement, school personnel, and community leaders in each of the municipal prevention coalition towns and cities (East Providence, Bristol, Warren, Barrington). Total of 7 participants.

## Purpose of focus groups and key informant interviews:

1. Gauge the extent of underage and excessive alcohol and cannabis use.
2. Explore factors influencing youth behaviors and attitudes towards substance use.
3. Identify unique needs and experiences of LGBTQIA+ young adults regarding substance use.



## Findings

## Alcohol Use and Associated Behaviors

### Prevalence and Patterns:

- Decreased interest in "organized drinking" events.
- College freshmen and younger adults exhibit higher levels of excessive drinking, which declines in later years.
- Regular drinkers tend to go out every weekend.
- Alcohol consumption associated with sports teams as well as traditions, breaks, and holidays.

### Associated Risks and Behaviors:

- Problematic behaviors, such as assaults and property damage, are often linked to binge drinking.
- Alcohol associated with club culture, toxic masculinity, and rape culture.
- Risks identified include damage to one's body, distorted perceptions, and sexual assault.

## Access to Alcohol

### Peers and Friend Groups

- Underage students may obtain alcohol through older friend groups.
- Sports teams and peer groups were associated the most with excessive drinking.

### Common Settings

- Underage young adults (18-20) with fake IDs may go to local bars, or parents may sometimes permit drinking at home.
- Excessive drinking may occur at RWU on-campus events or at house parties.

## Cannabis Use and Perceptions

### Prevalence and Patterns:

- Vaping (tobacco and cannabis) has significantly increased.
- Cannabis use is frequent on campus but not associated with reckless behavior.
- Cannabis use is not allowed on campus, so students use vape pens or edibles.
- Legalization seems to have reduced certain stigma and increased overall acceptability.

### Perceptions of Risk:

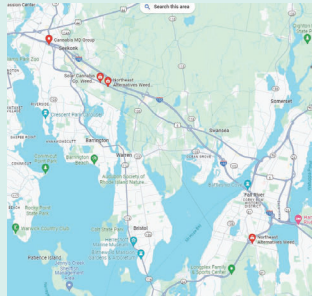
- Cannabis seen as a stress reliever, sleep aid, and social facilitator.
- Perceived as less harmful and more socially acceptable than alcohol.
- Risks include "brain rot" and dangers associated with self-medication.
- Increased cannabis use observed as a coping mechanism for anxiety and stress related to school and personal challenges.

## Access to Cannabis

### Cannabis Access:

- Underage students likely obtain cannabis from older peers.
- RWU policy prohibits on-campus cannabis use, including medical marijuana.
- Limited awareness of Delta-8 THC; past issues with synthetic cannabis causing psychotic episodes.
- Cannabis dispensaries are in close proximity to East Bay region (in MA)

Dispensaries located near East Bay region



## Poly-Substance Use and Social Influences

### Mixing Substances:

- Common at parties but less so in bars.
- Regular cannabis users are more likely to mix substances.

### Influence of Social Circles:

- Peer pressure is often indirect, stemming from a desire to fit in.
- Personal boundaries generally respected among close friends.

### Social Media Impact:

- Platforms like TikTok and Instagram glamorize substance use.
- Influencers and peers sharing their nightlife experiences create FOMO.

## LGBTQ+ Specific Findings

## Substance Use Patterns:

Participants repeatedly mentioned that cannabis use is more common than alcohol use among LGBTQ+ students.

LGBTQ+ students often use cannabis to cope with anxiety from unaccepting home environments.



## Support Systems:



LGBTQ+ student groups act as resources for substance use.



Discord server used by LGBTQ+ students for support and socializing.



Counseling services available but may not feel accessible to all groups due to lack of LGBTQ+ and BIPOC representation.



A queer living learning community exists, but resource availability is limited.

## Mental Health and Substance Use

### Intersection of Mental Health:

- Poor mental health linked to increased substance use.
- Substance use seen as a way to manage stress and anxiety.
- Recognition of substance overuse is common, but reluctance to seek support due to normalization and social integration.

### Support Services:

- Focus group and KII participants aware of some resources, but not aware of LGBTQIA+-specific resources.
- Importance of integrated support systems for mental health and substance use.



## Community Building and Messaging:

Stronger sense of community (i.e. connections, community events) could provide an alternative to activities focused on alcohol and cannabis use

Use of TikTok and relatable creators suggested for health and wellness communication.



## Balancing Perspectives

### Harm Reduction Approach:

- Acknowledge community perceptions that cannabis is less dangerous than alcohol.
- Educate on both the risks and benefits of substances to foster informed decisions.
- Implement harm reduction strategies to complement prevention efforts, focusing on minimizing negative impacts.



## Coalition and Community Feedback

### Coalition Presentations

- Some concerns about evidence-based interventions being implemented that are not adaptable to the East Bay community
- Lack of sufficient funding/resources to put on community events needed for programs
- Recommendation for future needs assessments to include input from prevention coordinators, alumni of local programs, and 18-25 year olds not enrolled in college/university

### RWU Input

- Plan to leverage existing resources and promote them more extensively
  - Increase awareness about BIPOC and LGBTQIA+ Wellness Center Staff
  - Utilize Social Media interns to take over health related communications and messaging on social and other platforms
  - Create content for RogerWell newsletter that addresses assessment findings
  - Target health and wellness content to students by academic year

## Recommendations for Implementation Strategies

### InShape

- Engages young adults in a multistep process through which they assess their current state of health and wellbeing overall
- Flexible and adaptable and might be integrated into existing health and wellness programs at the college level

### AFFIRM

- Teaches coping skills with the intention of reducing mental health issues and mitigating behavioral risks endured by LGBTQIA+ youth
- teaches its participants to engage in ongoing assessment and evaluation of interventions through time

### The Safe Zone Project

- Evidence-informed curriculum and reactive changes to frequent cultural shifts and participant feedback
- Aim to educate participants about LGBTQIA+ identities and experiences

## Recommendations for Outreach, Education, and Promotion

### Social Media

- Leverage platforms like TikTok and Instagram
- Pair alcohol and cannabis use messaging with more engaging and popular activities to improve participation

### Community Events

- Community building activities to assist with promoting alcohol and cannabis use messaging
- Coordinate popular activities (e.g. thrifting, art marketplace) to pair messaging with

### Harm Reduction

- Work with RWU and community leaders from each municipality to raise awareness of current trends among 18-25 years olds, particularly for cannabis use

## Conclusion

### Initial Reactions

What are your initial thoughts on the findings presented?

### Preferred Strategies

Which strategies or interventions do you believe would be most effective? How might they be adapted to fit the needs of the East Bay region?

### Implementation Barriers and Resources

What are some potential barriers to implementing strategies? What existing resources can be leveraged?



Appendix 5: Focus Group and Key Informant Details

