



Lessons Learned from SPF-Rx Addendum:

Amplifying the messages of the Boot Camp Translation with sexual and gender minority (SGM) teens and young adults

A Practitioner-Relevant Document

Ashley Simons-Rudolph, PhD

Associate Research Scientist

Pacific Institute for Research and Evaluation (PIRE)

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Executive Summary

The SPF-Rx Addendum sought to amplify the messages of the SPF-Rx-funded Boot Camp Translation with sexual and gender minority youth. This paper documents our experiences and provides the lessons learned from our pilot project. Through secondary analysis of adjacent work with youth, our pilot project demonstrated direct engagement with youth in prevention and coalition work. Working with the Bernalillo County Health Equity Council (HEC), an OSAP-funded community, youth created their own opioid prevention messages to resonate with high-risk groups.

The project showed us the importance of private online spaces to youth with intersecting marginalized identities. Our work suggests an approach to push inclusive messaging into mainstream spaces where youth gather rather than pulling LGBTQ+ youth into spaces that adults deem “safe.” We learned that in-school interventions and resources may lack the privacy youth need to reach out for help. Yet youth want and need to engage online with certain teachers and counselors that they trust in real life. Youth affiliated with HEC are engaging on Instagram and Tik Tok rather than Facebook and Twitter currently used in the community’s programming. Through this addendum, they asked us for the skills and resources to correct misinformation online and provide prevention-related messages directly to their peers. They want to engage humor (even dark humor) to reach youth that may be resistant to traditional public health messaging. They seek social media that is relevant and want to be the curators and creators of meaningful messaging.

The pilot project was successful in engaging the larger community through Instagram. While the spread is limited by the short timeline, the project demonstrated the interest and possibilities of youth creating opioid prevention messaging “for us, by us.”

Background

The SPF-Rx Addendum was funded from July 1, 2020-June 30, 2021 to answer the following questions:

1. What are the best means to engage youth directly in prevention and coalition work as well as intervention implementation?
2. What concerns and possibilities do lesbian, gay, bisexual, transgender, and queer (LGBTQ+) and sexual and gender minority (SGM) youth have related to stigma and privacy of the intersecting issues of identity and substance use?
3. What are the common strengths and resources upon which prevention science can build among LGBTQ+ people (especially youth) in Bernalillo County?
4. How do youth already seek help and what are the perceived and actual barriers to accessing help?
5. What are some key recommendations for best policies and practices for prevention work with LGBTQ+ youth?
6. How can community prevention programming and OSAP best communicate substance-abuse related health messaging to LGBTQ+ youth?

To answer these questions, we proposed a four-prong approach:

Prong #1: Leverage existing PIRE data from non-OSAP funded, but related projects to inform current prevention efforts targeting LGBTQ+ youth.

Prong #2: Draw upon and build insights gained from BootCamp translation conducted with area LGBTQ+ youth for BCCHC to develop opioid prevention related messaging.

Prong #3: Employ Community Based Participatory Research Approach to Engage LGBTQ+ Peer Leaders in Spreading Awareness of Opioid and Poly Substance Use and increase Help-Seeking Behaviors.

Prong 4: Disseminate Lessons Learned from Prongs 1-3.

We discuss Prongs 1-3 in turn with an eye towards that which will be most helpful for practitioners hoping to implement this successful program.

Activities

Prong #1: Leverage existing PIRE data from non-OSAP funded, but related projects to inform current prevention efforts targeting LGBTQ+ youth.

Description

A PIRE colleague, Dr. Daniel Shattuck, co-led two other projects around stigma and LGBTQ+ youth in New Mexico. Data from these two projects were examined for additional insights related to our work. A description of the secondary analysis and the implications for this work are below.

Data for this secondary analysis were drawn from two studies based in New Mexico. The first study, “Supporting At-Home Sexual and Gender Minority Youth Study (SASY): A Response to the COVID-19 Pandemic (PIs: Shattuck and Gunderson),” was conducted in the summer and early fall of 2020 to assess the impact of the ongoing COVID-19 pandemic and associated public health guidelines (e.g., social distancing and remote learning) on LGBTQ+ youth’s mental health and substance use. Data included results from a quantitative survey of 379 self-identified LGBTQ+ SGM youth in NM, as well as qualitative interviews with 15 LGBTQ+ youth, six family members, seven behavioral health providers, and six school-based professionals. Participants were not asked for their specific location in the state, so identifying individuals within the data who resided in Bernalillo County was not possible. However, findings from these data are likely still relevant because they represent youth in both urban and rural areas, both of which are environments found in Bernalillo County.

The second study from which data are drawn, the “Implementing School Nursing Strategies to Reduce LGBTQ+ Adolescent Suicide” (RLAS) study (PIs: Willging and Ramos), is a five-year project to implement strategies in schools to create more safe and supportive environments for LGBTQ+ youth with the hope of reducing suicide and other risk behaviors and negative health outcomes for that population. For this study, Gunderson and Shattuck conducted semi-structured interviews and focus groups with personnel in NM schools and school-based health centers about social and structural supports for LGBTQ+ youth. Data drawn from this study only included interviews and focus groups with school personnel located within Bernalillo County. In total, this secondary analysis included 78 individual interviews and 21 small group interviews, from nine schools (out of a possible 42 school sites enrolled in RLAS), across four annual cycles of data collection.

These studies explored the need for peer-to-peer communication including engaging allies to

What we Learned: Peer-to-peer communication serves as informal psychological supports. These friends and allies could encourage help-seeking behavior when more formalized health care avenues were not seen as accessible or welcoming.

What we Did: Explored ways that youth could access reliable, accurate information about where to access LGBTQ+ -friendly substance misuse-related services in Bernalillo County.

serve as informal psychological supports to their friends and encouraging help-seeking behavior from more formalized health care avenues. These spaces are routinely online and are often closed to health care providers and adults more generally. The data could be mined to better understand the dynamics within these spaces and the possibilities for engagement through a peer-to-peer model. The SASY study is particularly instrumental in gaining youth voice (no youth were interviewed as part of the RLAS study) and the data could help in identifying strengths and risks associated with substance use (consumption measures only included alcohol and marijuana) and mental health during the early part of the COVID epidemic, as well as help-seeking behaviors and recommendation on how to

support resiliency.

Below the major qualitative findings are summarized. In the pages that follow, relevant qualitative and quantitative findings from interviews and focus groups from both SASY and RLAS and the SASY survey are outlined with example quotes. Qualitative findings include several themes relevant to the current project including how young people conceptualize their identify and peer groups, how they think about drugs, access and usage, outreach among peers and adults, the roles of schools, barriers to accessing help, and the role of online support. Quantitative findings focus on patterns in substance use, social support, and use of virtual platforms, including differences between urban and rural settings.

Summary of Qualitative Themes

Conceptualization of Identity and Definition of Peer Groups: Most youth interviewees reported an intersectional understanding of their own identities, with LGBTQ+ identity being one component of many aspects of who they are. For most, LGBTQ+ identity did not seem to be a primary way they identified, characterized, or thought about themselves. At the same time, multiple youth pointed to the “community” of the LGBTQ+ community as a source of pride.

Conceptualization of Drugs: Conceptualizations and perceptions of substance use varied among interviewees from something they would likely abstain from to marijuana being “not a big deal.” Potentially permissive messaging from parents contribute to perceptions that some types of substance use is acceptable.

What we Learned: SGM Youth see LGBTQ+ as one component of their identity, but not necessarily the primary one.

What we Did: Rather than seek to create “safe spaces,” we relied on self-disclosure of identity, we focused on how to influence supportive messages to a broader audience.

Usage and Access to Substances: Youth ranged in their substance usage. Most said they had not used drugs or alcohol, a couple mentioned drinking alcohol and a couple mentioned use of

marijuana. Further, they had a variety of experiences with family members (including siblings and parents) using or providing substances.

Outreach to and from Peers: The youth interviewed indicated that most outreach to and from peers focused on social interactions and providing emotional support during times of distress. None spoke about engaging on substance use issues. None spoke about peers reaching out to them to talk about substance use.

Outreach to and from Adults: Parent knowledge of usage ranged from confidence that their child abstained, to not knowing, to being aware of their child's substance use (alcohol and marijuana). School-based supporters and behavioral health therapists engaged with youth via video chat, texting, phone calls, and social media.

Role of Schools: Besides peers, youth reported that adults within schools tended to be the folks they would talk to about emotional and psychological distress. None reported confiding in these individuals about substance use. School staff pointed to peer-to-peer programs and specialized substance use counselors as resources for youth, but none of the youth interviewed indicated these as resources they use.

Barriers to Help: Privacy and facilitation to supports were the main barriers for youth interviewed. For those that had been accessing school-based supports such as a school-based health center, they were unsure of it services were still provided or how to access them. Several youth had strategically scheduled interviews so that others in their homes would not overhear (times that parents or siblings were outside of the home). Concerns around privacy extended to accessing counseling or therapy online, with a couple youth suggesting chat-based services as being beneficial.

What we Learned: School-based health centers are associated with privacy and accessibility concerns.

What we Did: Prioritize private, online spaces.

Online Support and Technology: All youth interviewed engaged with peers online in some capacity. Some have actively sought help, others have found support in online communities including learning more about LGBTQ+ identity, and others simply use virtual spaces to talk with friends. Not all youth have access to all technology (i.e., not all youth have phones). Recommendations for engagement tended toward recommending Instagram and TikTok (clear recommendations against Facebook). One youth mentioned that professional opinions or assurances that information was actually correct were important.

Summary of Quantitative Findings

- The majority of youth did not consume alcohol or use marijuana during the three months prior to the survey.

- Some LGBTQ+ youth continued to experience bullying, harassment, and abuse during the pandemic. It is not possible to compare these data with pre-pandemic data sets and the majority of youth did not experience these problems, but the numbers are still concerning.
- Youth generally felt safer at home than they did at school, with feelings of safety increasing slightly during the pandemic. However, gender identity and sexual orientation were among the top reasons youth felt unsafe in both spaces.
- There was a decline in supports overall for LGBTQ+ youth, but online support was the source of support with the least difference in usage between urban and rural youth.
- LGBTQ+ youth in the survey reported on their mental health in the three months prior to the survey. Over half had purposefully hurt themselves without suicidal intent, over 80% had felt sad or hopeless, almost half had considered suicide, about a third had made a plan for suicide, and roughly 12% had attempted suicide at least once.
- Approximately 5% of youth surveyed reported usually sleeping somewhere other than in the home of a parent or guardian during the past 30 days.

What we Learned: There was a decline in supports overall for LGBTQ+ youth, but online support was the source of support with the least difference in usage between urban and rural youth.

What we Did: Focused on online engagement versus print, 1:1, or some other form of engagement.

Further Information on Relevant Qualitative Findings from SASY and RLAS

Conceptualization of Identity and Definition of Peer Groups

- Most youth interviewees reported an intersectional understanding of their own identities, with LGBTQ+ identity being one component of many aspects of who they are. For most, LGBTQ+ identity did not seem to be a primary way they identified, characterized, or thought about themselves. At the same time, multiple youth pointed to the “community” of the LGBTQ+ community as a source of pride.
- When prompted to describe themselves, about a third of youth interviewed did not include mention of LGBTQ+ identity. For example, one young person said “So I’m going into ninth grade this year. I’m attending [school]. I play Viola and I sing in a choir. I have one older sister and I have a three year old standard poodle.” Another young person said: “I’m the youngest of X children. I am half Hispanic from my mom’s side. She is half not she’s more than half Hispanic. She is only like quarter white. Her mom is full Mexican and her dad is half. My dad is predominantly white. He’s native, Indian, and several types of like English, Irish, that kind of stuff.”
- Youth identify in multiple, diverse, and evolving ways within the LGBTQ+ umbrella. For example:
 - “I identify as transgender FTM and then I’m also bisexual.”
 - “So I’m cisgender female and I identify somewhere on the bisexual pansexual scale. I’m still kind of figuring out, you know, how do I describe that? Cause they’re kind of, the overlap is weird and terms change so frequently within the community. So I’m still just kind of leaving it out there as a multi gender attraction.”

- “Okay. Well, I identify as female for a while. I not for awhile, but like a few years back, I thought I was trans like that I was a trans guy.... Turns out I was just attracted to it. I confused them cause I was like 10, 11. So I realized, I was like, Oh, I'm not trans. I'm just, you know, I like guys. So then I just like kind of went back to using my, my name and went back to using she, her pronouns when it comes to sexuality, I kind of knew I was bisexual for awhile. That was a little more easier to understand for me. Cause I started questioning when I was around like 10, I think. Cause I just thought liking girls was normal. I thought like, that's just like it's everywhere in media and stuff. So I just, it was normal. It was normal for girls to like girls and stuff like that. And then grew up, got ahold of the internet, looked up some terms. I was like, Oh, there's a term for that and bisexual. So I started identifying with that.
- “It's, to me, it's kinda like, we're just regular people, just like, you know, straight people or cis people, any, any kind of people. We're just, we're just, just like them. We're people, you know? Cause it shouldn't be all special that we like somebody of our same sex or like, you know, I just think we're regular people, but that's the whole thing is that we have to fight to be regular people.”
- “I just think that the community is very accepting.”
- “I think there's a really strong kind of connection with other people in the community because they're different kind of shared experiences.”
- When asked to describe their peer groups, most youth explained that their associations with peers through school, in their communities, and online are based on common interests or activities. Sharing LGBTQ+ identity seemed to be a result of common interests rather than youth actively seeking out that kind of community.

Conceptualization of Drugs

- Conceptualizations and perceptions of substance use varied among interviewees from something they would likely abstain from to marijuana being “not a big deal.” Potentially permissive messaging from parents contribute to perceptions that some types of substance use is ok.
- Most youth interviewees reported never having used or sought help for alcohol or other substance use. Responses ranged from a simple “no” to responses like the following from one young person: “No, I don't want to do that ever in my life. Maybe probably the alcohol that I will drink would be wine. Nothing else.” Some youth gave more detail as to past experiences within their families of substance use and negative consequences: “I used to have two sisters. Rachel is the older sister. And then I had another sister named Julie, who she actually died a little bit before we moved here because she was, she was dealing with drug problems and stuff and she was in rehab for a little while. She went to a halfway house. She packed up all of her stuff in her car and then just took like a whole bottle of Valium.”
- One young person appeared not quite sure what was meant by “alcohol and drugs” when asked about their use by the interviewer. They explained: “For a while I did

confide in like taking ibuprofen a lot and then that type of stuff, I did a little bit of that here like beginning of the year now I don't, because I've had friends who have nearly overdosed. I've had family members who've done it. Like, so I got, so after I had learned about that, I kind of freaked out and was like never again. Nope, not doing it again." The interview data did not include whether the young person had used other drugs to clarify "that type of stuff" but the mention of overdosing leads me to believe that maybe they had used other prescription medications. They had recently had surgery and may have had access.

- For some youth, marijuana was reported on casually, indicating that it was not a controversial topic for them. When asked if they had ever sought help for alcohol or other substance use, one youth said "No, because I don't, I don't drink and I only smoke weed like once a month." Another young person explained that they had started using marijuana in the sixth grade and that their conversations with their parents around it had gone smoothly mostly because their parents also used. For this young person, their marijuana use had increased during the pandemic as a coping mechanism.
- One parent spoke about her daughter's marijuana use in casual terms: "She smokes marijuana sometimes like with her older brother. I mean, but I, I don't think she liked it. She tries it and she's like, eh, we'll see if it changes. And then she's like, mm, okay. So some kids say that it helps with anxiety."
- In talking about friends' substance use one youth explained different perceptions of substance use. They explain that one friend had been more or less shut out of their friend group: "Yeah. So, like she leaves us on read a lot and also like she'll post on her Snapchat snap story. Like a lot of times when she's like drinking or like doing drugs and stuff like that. And so, I mean like, like in other chats we'll talk about like, what should we do to help her?... I don't know if it makes, like, she thinks she's cool for doing that, but all of us are like, she's not cool for doing those things." In contrast when asked if their current friend group mostly abstained from substance use, this young person explained: "I mean like one of my friends, so one of my closest friends, her parents are like really like open about that. Like they've told her if you want to do drugs and like talk to us 'cause we want to make sure it's safe for you. They're more concerned about her safety and like putting all these rules on her. So, I mean, like, I think she drinks a little bit, but it's always responsively."

Usage and Access to Substances

- As explained in the previous theme, youth ranged in their substance usage. Further, they had a variety of experiences with family members (including siblings and parents) using or providing substances.
- Parents or family provide alcohol. "I did have a little bit of a problem with, self-medicating not much not too long ago... [I'd be] at my sister's house and she had alcohol in her home... but essentially I've resolved that now because I'm back home and there's no alcohol here."
- Besides one young person who talked about their parents using marijuana, a few other youth talked about their parent or siblings substance use negatively.

- “My mom has various medical issues. She's had medical issues since she was a baby. And you know, that includes mental health and she's had bouts of depression and anxiety, mostly anxiety now. And she has a real strong resistance to medication, which is obviously not convenient when you're on a lot of medications already. So she had to take pretty high doses of things. And what would happen is she would take something and she wouldn't feel the effects of it. So she'd take more than was prescribed. And eventually she would be not overdose per se, but it would be more than would probably be recommended by a doctor. And she would kind of be out of it for a couple hours... You know, there she, one time she came out in the kitchen and she was really shaky and I'm sitting on her feet and I took her back into her bedroom, thankfully, the first floor bedroom. And she just like passed out like face first on the bed. So I had to call my dad home cause I was like, if he stopped breathing, I don't know what to do. So she switched off of those medications and onto medical marijuana, which is better, but she still has the occasional kind of where it'd be too strong for her. And she would be able to study on her feet. She's fallen a couple times. One time she actually broke her red, which was not fun. She didn't remember which she came out and she was like, my side really hurts.”
- “I think my dad was an alcoholic, so I, and I personally, don't like the taste of alcohol.”
- Access to alcohol may have shifted during pandemic. Although the SASY survey only asked about alcohol, there is an obvious absence of public events and spaces as sources of alcohol, but youth reported still getting alcohol from peers, families, and stealing.

Outreach to and from Peers

- The youth interviewed indicated that most outreach to and from peers focused on social interactions and providing emotional support during times of distress. None spoke about engaging on substance use issues. As mentioned elsewhere, one youth provided an example of not knowing what to do regarding a friend who was drinking and using drugs.
- There is very limited data on engagement beyond socialization.

Outreach to and from Adults

- Parent knowledge of usage ranged from confidence that their child abstained, to not knowing, to being aware of their child's substance use (alcohol and marijuana).
- One teacher explained that in working with youth regarding substance use, she found it most helpful to provide examples of both long term and short-term recovery. “If somebody is just getting off the drug, who do they want to talk to somebody who's 30 years sober or somebody who's got 30 days? The kids need to see all the different steps in survival.”
- Support from school-based behavioral health providers is potentially inconsistent. See section on Roles of Schools for more information.

Role of Schools

- Besides peers, youth reported that adults within schools tended to be the folks they would talk to about emotional and psychological distress. None reported confiding in these individuals about substance use.
- Multiple youth reported talking to a counselor or therapist connected to a school-based health center, others reported speaking with teachers or club sponsors about emotional or psychological distress.
- When not physically present in schools, adults worried about how best to reach out to youth. The most effective ways were through social media and texting.
- Two school staff mentioned difficult relationships with families and in navigating how best to support students. First, for many families that have multigenerational poverty and historic trauma, the school system is seen as potentially punitive. Engagement from the school counselors or social workers is seen as tied to disciplinary action that could escalate to involving CYFD or police. Second, school counselors are not supposed to engage youth in traditional counseling and, according to one interviewee, are limited in their ability to make sure they follow up on referrals to services. “And I see where the, the counselor's hands are tied in addressing issues of alcoholism, abuse, domestic violence, et cetera, et cetera. And if I don't know what kind of a reaction I'm going to get from the parent, I mean, first of all, if it's very protective parent and I don't blame parents for being protective, there've been see me as the enemy and the problem.”
- Several school staff mentioned that their schools had crossroads counselors, school counselors that specialized in substance use. However, it appears that these counselors are mostly accessed when a student is caught with substances on campus or is being disciplined. No youth interviewed mentioned these types of counselors as supports.
- Some schools have peer-to-peer programming to help support youth mental health, but the data only include staff perceptions of their effectiveness. Youth perceptions of these programs remain a question.
- During the pandemic in particular, youth were unsure of what services remained active through schools. Specifically they did not know how to access school-based health centers.
- Most school staff worried about disengagement of youth and therefore their disconnection from their ability to facilitate access to other supports.
- Under “normal” conditions, accessing school-based health supports is difficult. When speaking about the summer, one school-based therapist explained: “It is challenging. And I mean, we offer of course, like crisis numbers that they can call. We have other clinics where there's like therapists. We have a clinic in [town name redacted] and [town name redacted] where they know they can go. But honestly, maybe just one or two agree to continue over the summer with somebody. And I guess they're the ones there. Their parents are aware that they're coming and then they know that they will be able to continue. But, but it definitely impacts the access to services when they're not physically here.”

Barriers to Help

- Privacy and facilitation to supports were the main barriers for youth interviewed. For those that had been accessing school-based supports such as a school-based health center, they were unsure of if services were still provided or how to access them. Several youth had strategically scheduled interviews so that others in their homes would not overhear (times that parents or siblings were outside of the home). Concerns around privacy extended to accessing counseling or therapy online, with a couple youth suggesting chat-based services as being beneficial.
- One youth reported that although they had expressed interest in seeing a counselor or therapist, their mother shrugged it off saying “you’ll be fine.” Another young person reported that when they asked to see a therapist, their parents did not want to help with no further explanation.

Online Support and Technology

- All youth interviewed engage with peers online in some capacity. Some have actively sought help, others have found support in online communities including learning more about LGBTQ+ identity, and other simply use virtual spaces to talk with friends. Not all youth have access to all technology. Recommendations for engagement tended toward recommending Instagram and TikTok (clear recommendations against Facebook).
- Multiple youth reiterated the fact that messages on social media were important to them. That they were absorbing messages even if they did not engage, react, or respond.
- “No, I need, so this is kind of, kind of like a weird story, but so I don't have a phone, but I have, I have an iPad which I use, so I couldn't really like, even if I wanted to like call the suicide, like hotline or stuff, but they have like a website where you can like wait online to like text a person and I've gone on that.”
- When asked about their suicidal thoughts and resources to help one youth said :
“Lately I've been feeling like it on and off, and I think as long as I have access to a pen, some paper, my phone and the internet in the event that it gets so bad I have to contact the Suicide Prevention Hotline thing I believe I have the resources.”
- “Cause a lot of support groups on like Instagram for people who are like me, who aren't exactly are their families or like just need support in this type of stuff. I, so I mainly use that and I also have gotten into like the Trevor project. There's like, there's this specific YouTube where I know like I, who I've been watching, who my friend also watches and he donates all his ad revenue like charities. And so we're gonna send him like a box full of stuff. And we're going to ask him to donate his ad revenue to the Trevor project.”
- “So I definitely think like social media is a huge resource. You know, you can interact with anyone in any part of the world, as long as they have access to some sort of computer, you know, during pride month this year there was something called. It was like, it was, I think it was like pride fall. And it was an online attack on LGBT

people on social media. So people would like hack into accounts, steal, personal information, posts like addresses of people. And I think there was a real sense of fear for that month, but people, you know, on Instagram and on other social media platforms, creative places where, you know, you could report that or you could get support if you were scared about something. So there was a kind of, there's been a real effort online from what I've seen to provide support, especially for people, you know, going into possibly abusive or unsupportive home situations where you don't have the option to kind of get out of it. There's been a real kind of effort on the part of people who are in good situations to reach out to those people and to keep them afloat during the kind of weirdness of all.”

- Referring to online communities and youtubers: “They helped me a lot because I, whenever I think of like a male presence, I think of like muscular or like tall and I'm very much not that I am a small skinny kid who is very, just like thin. So I like, I have always been very, just worried about that type of stuff. And whenever I like started joining these groups and I started talking about it, they were like, not all men are tall and muscular... And I just, it's a very great because they always help a lot with like how to deal with like dysphoria and stuff like that.
- A therapist talked about the use of cameras and the vulnerability their use entails, beyond privacy concerns: “If you want to show yourself to me, I'm cool with that too. I'm never going to force you into that situation because I think that the, the physical exposure, even within this form online is still the really vulnerable, really sensitive to that exposure that somebody looking at them and clocking them, scares my kids immensely... The older kids are much more sensitive to being seen. And so there will be days where we have session and they're like, Nope, not using the camera today. Okay. I've had clients where I've had sessions for months where the camera was not an issue. And then all of a sudden it's like, Nope, I can't, I can't do it today. Okay... I respect that. Let's just talk. And then I've had clients who started out with no camera who I didn't even know what they look like for the first like four or five sessions. And then at one moment, I'm just happy, you know, talking to my little light on the camera and then boom, there they are. And to me, that's a huge shift in the trust and the, the therapist rapport, it tells me that they now feel safe enough to even allow this kind of exposure to let themselves be seen a little... So I think for, I don't think it's ever been a question for anybody, not within the LGBT community, no one else has, has utilized the camera in that way. So to me, it's very obvious that it's very within that, that aspect of the vulnerability, the being able to be seen to be judged kind of thing.
- When asked about recommendations for engaging youth via virtual channels one youth said: “Yeah. Like Instagram, stuff like that. I would just wouldn't even bother with Facebook because no, no, no. Yeah. No young kids who use Facebook religiously. Like I really wouldn't bother with that. I mean, that's just seems like a waste of money. Like my siblings, my siblings are in their late twenties and they're like religious Facebook users. Cause you know, when they were kids, that was like the new thing. But now a lot of kids my age and even there's a little bit older, nobody uses Facebook really. I mean Facebook is where you go to talk to your elderly

aunties.”

- Another youth talked about using influencers and existing accounts: “Oh, okay. So there's a lot of like LGBT accounts on like social media, like Instagram or Tumblr or wherever. And there's like a lot of brand deals like you can do. So I think if people like that reached out to like LGBT accounts, I have a lot of people that they like contact I guess. And they recommend this good therapy service. Maybe people will be interested.”
- Another youth talked about TikTok as a tool for engagement: “Like look up also tick tock, tick tock, I would say is also a big resource. I completely forgot to mention TikTok. Yeah. Yeah. We spent, I think a lot of my friends started to spend most of their time on TikTok. Everyone I know spends most of their time on TikTok. Oh my God. Yeah. You could see so much, like you could get resources on there because a lot of the people on there, like teens, you can relate to them because it's like a teen platform.”

Relevant Quantitative Findings from SASY Survey

Substance Misuse

During the past 30 days, on how many days did you have at least one drink of alcohol?		
	#	%
0 days	196	65.11628
1-2 days	59	19.60133
3-5 days	28	9.302326
6-9 days	11	3.654485
10-19 days	6	1.993355
20-29 days	1	0.332226
All 30 days	0	0
Total	301	100

During the past 30 days, how did you usually get the alcohol you drank?		
	#	%
I did not drink alcohol during the past 30 days	192	64.64646
Bought at a store	1	0.3367
Bought at a restaurant, bar, club	0	0
Bought at a public event	0	0
Gave someone else money to buy	7	2.356902
Someone gave it to me	40	13.46801
Took it from store, family member	39	13.13131
Some other way	18	6.060606
Total	297	100

During the past 30 days, how many times did you use marijuana?		
	#	%
0 times	205	68.10631
1-2 times	32	10.63123
3-9 times	23	7.641196
10-19 times	6	1.993355
20-39 times	9	2.990033
40+ times	26	8.637874
Total	301	100

What we Learned: About 35% of LGBTQ+ Youth drank alcohol in the last 30 days and most report that someone gave it to me or that the stole from a store or family member. About the same number of youth (32%) used marijuana.

What we Did: With similar findings from NMCS (but with a mostly older population), we discussed access in the youth focus group.

Violence and Victimization

During the past three months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)		
	#	%
Yes	97	32.55%
No	201	67.45%

What we Learned: Almost 1/3 of youth have been electronically bullied.

What we Did: We discussed ways to create innocuous spaces that are welcoming, but don't require personal identification as substance misusing or as members of LGBTQ+ community.

During the past three months, how many times did someone you were dating or going out with physically hurt you on purpose?		
	#	%
I did not date anyone	181	59.15%
0 times	109	35.62%

1 time	10	3.27%
2-3 times	3	0.98%
4-5 times	1	0.33%
6+ times	2	0.65%

During the past three months, how many times did someone IN YOUR FAMILY physically hurt you on purpose?		
	#	%
0 times	238	78.03%
1 time	17	5.57%
2-3 times	35	11.48%
4-5 times	6	1.97%
6+ times	9	2.95%

During the past three months, how many times did anyone force you to do sexual things that you did not want to do?		
	#	%
0 times	271	89.14%
1 time	16	5.26%
2-3 times	12	3.95%
4-5 times	3	0.99%
6+ times	2	0.66%

Participants were asked if they had ever felt unsafe in their schools or home (pre and post covid) for any of the listed reasons.			
	% who endorsed		
	School	Home (Pre-covid)	Home (current)
Safe	14.7%	42.1%	50.3%
Unsafe due to:			
Race/ethnicity	14.8%	1.0%	1.4%
Sexual Identity	65.4%	39.3%	34.0%
Gender Identity	32.7%	13.4%	15.6%
Gender Expression	40.8%	28.2%	21.2%
Disability	10.1%	4.4%	5.1%
Religion	13.4%	9.7%	7.8%
Body	56.2%	20.5%	18.0%
SES	17.7%	6.4%	5.1%
Academic performance	31.7%	23.8%	16.0%
Citizenship	3.3%	0.7%	1.4%

What we Learned: Many LGBTQ+ youth feel unsafe and school-based efforts are less likely to be successful when youth already feel unsafe in this environment.

What we Did: We decided not to directly engage the school community, but rather known LGBTQ+ teacher/staff allies within specific high schools.

Mental Health

During the past three months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?		
	#	%
0 times	110	37.04%
1 time	38	12.79%
2-3 times	69	23.23%
4-5 times	32	10.77%
6+ times	48	16.16%

During the past three months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?		
	#	%
Yes	246	83.39%
No	49	16.61%

During the past three months, did you ever seriously consider attempting suicide?		
	#	%
Yes	135	45.76%
No	160	54.24%

During the past three months, did you make a plan about how you would attempt suicide?		
	#	%
Yes	97	32.88%
No	198	67.12%

During the past three months, how many times did you actually attempt suicide?		
	#	%
0 times	261	88.47%
1 time	27	9.15%
2-3 times	6	2.03%
4-5 times	1	0.34%

6+ times	0	0.00%
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If you attempted suicide during the past three months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?		
	#	%
Did not attempt suicide	241	
Yes	4	7.69%
No	48	92.31%

What we Learned: Many LGBTQ+ youth have serious unaddressed mental health needs.

What we Did: We decided that any reaching out needs to be done with sensitivity to fact that teens and young adults go online to meet mental health needs.

Housing

During the past 30 days, where did you usually sleep?		
	#	%
In parent or guardian's home	285	96.94%
In the home of a friend, family member, or other person	3	1.02%
In shelter/emergency housing	0	0.00%
In a motel/hotel	0	0.00%
In a car, park, campground, or other public place	0	0.00%
I do not have a usual place to sleep	0	0.00%
Somewhere else	6	2.04%

Social Support

Kinds of Support Received in Past Three Months			
	Yes	No	Not sure
Someone from school has reached out, not about schoolwork	60.8%	31.3%	7.9%
Involved in GSA, pre-COVID	22.6%	41.3%	36.1%
GSA still active	9.1%	36.7%	54.2%
Support from faith-based community, pre-COVID	16.0%	80.6%	3.5%
Support from faith-based community, during COVID	11.1%	84.4%	4.5%
Support from online community, pre-COVID	54.9%	37.8%	7.3%
Support from online community, during COVID	46.7%	43.5%	9.8%

Support from mental health provider, pre-COVID	59.6%	37.5%	2.9%
Support from mental health provider, during COVID	36.7%	60.9%	2.5%

What we Learned: Peers and online communities bring the most support to the LGBTQ+ youth surveyed.

What we Did: We worked to combine the power of peers and online vehicles to bring most accessible support.

Urban/Rural Differences in Support

Support from online community, pre-COVID	Yes	No	Not sure
Large City/Suburb	48.2%	41.1%	10.7%
Small City	55.9%	32.4%	11.8%
Town/Rural	58.2%	36.4%	5.5%

Support from online community, during COVID	Yes	No	Not sure
Large City/Suburb	47.3%	40.0%	12.7%
Small City	41.2%	47.1%	11.8%
Town/Rural	45.5%	44.6%	10.0%

Support from faith-based community, pre-COVID	Yes	No	Not sure
Large City/Suburb	19.6%	76.8%	3.6%
Small City	20.6%	79.4%	0.0%
Town/Rural	13.6%	83.6%	2.7%

Support from faith-based community, during COVID	Yes	No	Not sure
Large City/Suburb	16.1%	80.4%	3.6%
Small City	14.7%	82.4%	2.9%
Town/Rural	10.9%	85.5%	3.6%

Support from mental health provider, pre-COVID	Yes	No	Not sure
Large City/Suburb	72.2%	22.2%	5.6%
Small City	56.3%	43.8%	0.0%

Town/Rural	54.1%	45.0%	0.9%
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Support from mental health provider, during COVID	Yes	No	Not sure
Large City/Suburb	50.9%	45.5%	3.6%
Small City	43.8%	56.3%	0.0%
Town/Rural	33.0%	66.1%	0.9%

Prong #2: Draw upon and build insights gained from BootCamp translation conducted with area LGBTQ+ youth for BCCHC to develop opioid prevention related messaging.

Mine BCT Data with a Different Purpose

During the process of BootCamp translation (BCT), LGBTQ+ youth robustly discussed issues adjacent to the primary goal of developing social media ads for the prevention of prescription opioids. For example, participants talked about newer social media spaces and how messages might be employed through youth ambassadors. Notes from the 8-week BCT were revisited to further understand and develop how to better reach LGBTQ+ youth with prevention messaging and support through peers. We used what we learned to develop the questions for the focus groups.

Conduct Focus Group with BCT Youth

Because teens and young adults have busy schedules, we offered two, after-school opportunities to participate in a focus group. Participants of the August 2020 Boot Camp Translation were invited to participate in a one-time, 90-minute focus group. Of the ten initial participants, seven responded affirmatively to the invitation. Focus Groups were conducted April 22 and 28th, 2021.

Our Focus Group questions and recruitment materials were deemed exempt by the PIRE IRB. While not required, we provided consenting information to the potential participants in advance of the Focus Groups and confirmed their receipt verbally before beginning the Focus Group questions. Since some of our participants were under the age of 18, we sent the potential participants copies of the consenting information that they could share with their parents. We did not require a signature of either participants or parents because it was not required and is not deemed best practice in many research studies with LGBTQ+ youth who may or may not be “out” to their parents. You can find a copy of the consenting documents in Appendices A-B. You can find a copy of the Focus Group questions in Appendix C.

Prong #3: Employ Community Based Participatory Research Approach to Engage LGBTQ+ Peer Leaders in Spreading Awareness of Opioid and Poly Substance Use and increase Help-Seeking Behaviors

Purpose

Between the Focus Groups, 2 youth emerged as particularly engaged in opioid prevention work and excellent communicators. We approached these two youth to assess their interest in a 4-week

paid internship with responsibility to become peer to peer behavioral health social influencers. As peer influencers they would:

- Become further trained in substance use topics in order to counter misinformation online;
- Become trained in best practices as social media influencers;
- Employ a social media strategy in a new medium such as Instagram or TikTok;
- Develop a list of recommendations for those using environmental strategies for substance harms prevention, especially opioid-related as they relate to youth and especially LGBTQ+ Youth.

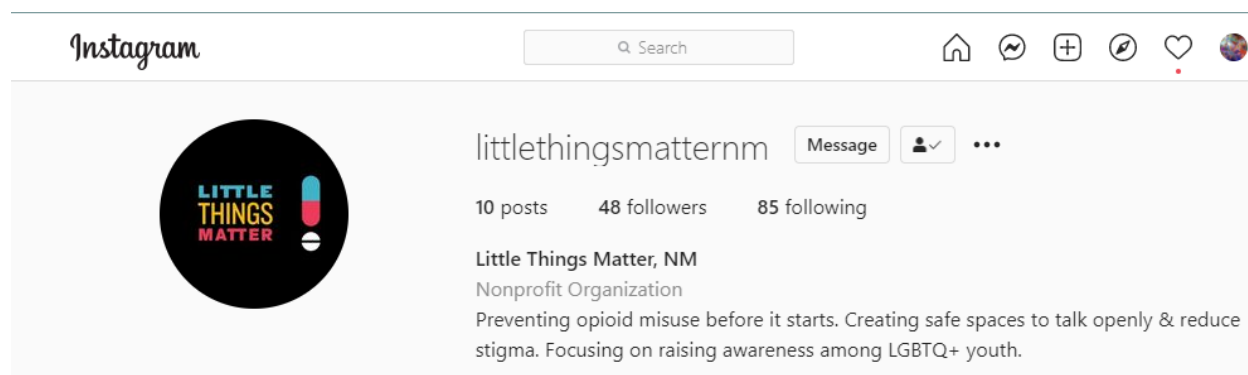
The materials that we used to explain the position to them are included in Appendix D.

Once the youth were selected and agreed to participate, we scheduled a 4-week internship between BCCHC/HEC, PIRE, and Media Desk, a New Mexico-based communications company with whom we worked on the initial BCT. Together, we determined an outline (Appendix E.) where we established goals to:

- Develop a specific, measurable, actionable, realistic, and timely (SMART) dissemination plan for the Little Things Matter materials developed during the initial BCT but not fully utilized since.
- Better understand LGBTQ+ stigma as it intersects with opioid use and determine ways to reach SGM youth in spaces they are already accessing and trust.
- Develop ways to connect youth activists with specific and reliable information about opioid prevention and treatment services that are LGBTQ+ friendly and accessible to them.
- Create a sustainable plan that could continue after the supplement ends and potentially grow to other communities with additional funding.

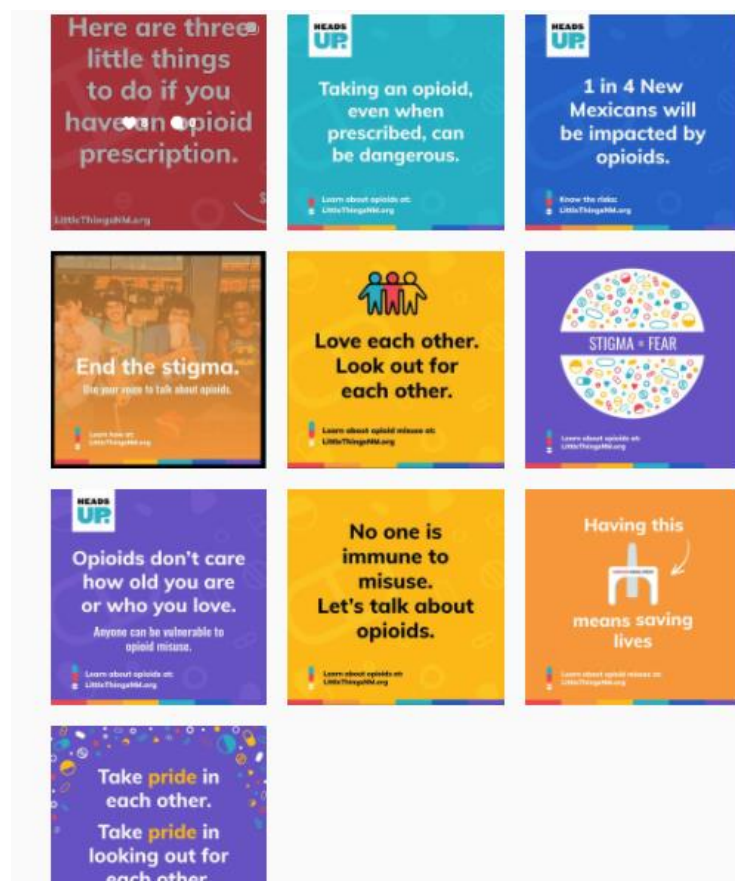
Results

The 4 week-long internship met for three hours per week (2 on Mondays, and 1 on Fridays) between the weeks of June 21 and July 19, 2021, taking a break the week of the July 4th holiday. Interns were expected to work approximately 7 additional hours each week and had social media-related assignments to complete and discuss at the next meeting. The two interns, Shalom (a queer-identifying Latina woman who self-discloses physical and cognitive disabilities and is starting her senior year of high school), and Jaden (a queer-identifying African-American woman starting her first year of college) decided to engage LGBTQ+ youth ages 12-25. The Health Equity Council split these youth up into two groups called “youth”(ages 12-17) and “young adults” (ages 18-25). YOUPA concluded on 7/26/21 and the interns created several social media materials as well as an Instagram account (littletingsmatternnm) that at this writing already has 10 posts, 42 followers, and 85 links with individuals and organizations doing related work around New Mexico. One person not known to us has already reached out via the site to ask about local availability of Narcan.



Landing page of littlethingsmatternm

In the short time of the implementation of the addendum, the new Instagram account drew 17,589-impressions. From June-July-31, we engaged 48 followers and 9,800 non-followers. As of August 10, 2021, 31 of the 48 regular followers have engaged at least one time with us meaning that they have written a message to us, liked our post(s), or shared our materials.



Sample posts from littlethingsmatternm

Among the non-followers (people who have seen our site, but not chosen to affiliate with it), 81 people have liked our posts. Shares of our posts are higher than likes suggesting that even while stigma may prevent people from formally associating their accounts with opioid prevention efforts, they have found the information helpful enough to share with others.

Lessons Learned

Building a Social Media Site Takes Time

While the interns are not required to do so, both indicated interest in engaging with the Instagram site after the paid internship was over. In the project debrief, both wished that

they had more time to actively observe the metrics and make changes to their approach accordingly. The team agreed that consistency in important for engagement and that occasional

paid ads can push up engagement when needed. In terms of content, the team agreed that more intersectional (gender, race, class, substance misuse, etc.) content is needed as this approach is not reflected in most other websites. We also agreed that expansion could include outreach beyond Bernalillo County.

Successful Campaigns Need Paid Ads

Some of what we learned through the SPF-Rx Addendum is directly transferable to other efforts around the State of New Mexico hoping to reach a similar audience. As is our experience using Facebook and Instagram with another project, the New Mexico Community Survey, our prevention messaging tends to reach more women than men. We also found that our prevention messaging “naturally” got support (without any paid ads) from other organizations as well as preventionists in the community. Yet, our target audience were LGBTQ+ youth. We were successful in reaching that age range through paid ads starting at just \$10.00 per campaign.

Within the 3-weeks during the internship where we ran paid ads, 79% of our profile visits were from paid promotions. We ran three ads total at \$30.00 each during the internship. To keep up the momentum built in the internship, the Health Equity Council decided to fund additional promotional ads promoting our site. They ran the following campaigns in August and September.

Campaign 1: \$10 day for 3 days

Campaign 2: \$10 day for 7 days

Campaign 3: \$20 day for 5 days

We learned that promotions were successful up to 7 days at which they got waning attention and engagement. We also learned not to overlap promotions as they likely competed among people who viewed.

Successful Campaigns are Thoughtfully Timed

We know from other sources (<https://blog.hubspot.com/marketing/instagram-best-time-post>) that the “best” time to post to Instagram in terms of getting views and engagement is generally 10am-3pm, but varies by sector. We found that Wednesdays and Fridays were particularly good times to post for youth views with the interest generally piquing around Friday at 10am local time. If we also want to reach healthcare workers and preventions, we discovered that Tuesday at 8am is a good time to access these groups through Instagram.

We Need a Clear(er) Association with Our Target Audience

When we better know the LGBTQ+ youth that we wish to engage, we can more easily tailor our materials and link to people, places, and things with which they already engage. Future work could define “Who exactly are LGBTQ+ youth in Bernalillo County?” by asking some of these questions: What do they like? Where do they shop? What music do they listen to? What brands do they follow online? Who inspires them? What do they watch on TV? What sports do they engage in? Where do they turn for advice about substance use?

Conclusion

While the interns are not required to do so, both indicated interest in engaging with the Instagram site after the paid internship was over. In the debrief, both wished that they had more time to

actively observe the social media metrics and make changes to their approach accordingly. The team agreed that consistency is important for engagement and that occasional paid ads can push up engagement when needed. In terms of content, the team agreed that more intersectional (gender, race, class, substance misuse, etc.) content is needed as this approach is not reflected in most other websites. We also agreed that expansion could include outreach beyond Bernalillo County.

We found this short project to be interesting and fruitful with many lessons that can be shared with other preventionists in New Mexico. We also learned that continued engagement with social media requires sharp and consistent focus. Truly “meeting LGBTQ+ youth “where they are” requires constant training about the ever-changing social media platforms. Similarly, algorithms change all the time and maximizing views and engagements requires a deep understanding unknown to most outside of the marketing field. Engaging successfully in social media is to continuously engage in an active learning process. Youth work requires a careful balance of structure and “getting out of the way.” We sincerely hope to be able to extend this project with additional funding and potentially replicate it with other populations and in other OSAP-funded communities in New Mexico.

Appendices

Appendix A. Consenting Documents for the Focus Groups

Hello!

I hope that this email finds you well in this time of historic struggle and change. We wanted to let you know that even though things slowed with COVID, the work that you did together with the Bernalillo County Community Health Council to create messages to reach and educate LGBTQ+ youth and young adult community members about prescription opioid misuse is still moving forward. The State of New Mexico was very impressed by your work and has set aside a small amount of money to see if we can take your ideas further.

We would like to update you on what has happened since we last met and to conduct a one-time, 90-minute focus group to answer these questions:

1. What are the best ways to engage youth directly in prevention and coalition work as well as in implementing programs?
2. What are the strengths and resources among youth in Bernalillo County upon which prevention messages can be built?
3. How do youth seek help and what are the perceived and actual barriers to accessing help?
4. How can community programs best communicate substance-abuse prevention messaging to youth and young adults?

Your time and expertise is valuable to us. We would like to offer you a \$50 gift card to compensate you for your time and participation in the focus group.

Can you please **respond to this email by 3/14** by selecting one or more of the options below:

- ☐ I can attend via Zoom on Friday, March 19, from 7-8:30 pm
- ☐ I can attend via Zoom on Tuesday, March 23, from 5-6:30 pm
- ☐ I cannot attend either time but wish I could participate.
- ☐ I am not interested in participating at this time.

Thank you again for your help in creating effective messages for youth and young adults in Bernalillo County!



Onward and forward,
Kim Zamarin, Marissa Elias & Ashley Simons-Rudolph

Appendix B. Letter Sent to Parents of Focus Group Participants less than 18 years old

Hello Parents!

We are reaching out because your child has expressed interest in participating in a shared project between the Bernalillo County Community Health Council (BCCHC) and the Pacific Institute for Research and Evaluation (PIRE) funded by the New Mexico Office of Substance Use Prevention (OSAP). Your child participated in an 8-week project called the Boot Camp Translation (BCT) in the fall of 2020 for which you gave consent. We are reaching out to you to ask if we may meet one more time with your child in a 90-minute focus group,

Who is facilitating this Focus Group?

PIRE is facilitating this focus group with the same youth that participated in the BCT to talk about the anti-stigma campaign that we created and reflect on any thoughts that they may have had since then to help us get the anti-stigma message out to the public. We also will ask them their opinions about a youth health ambassador program that we hope to create in the future.

What will my child be asked in this Focus Group?

We are interested only in your child's opinion about stigma around drug and alcohol use and how to get anti-stigma and alcohol and drug prevention messages out to youth. We will not ask and will remind the youth participating not to share anything personal about drug or alcohol consumption of anyone in their family or community. We acknowledge that people use drugs for all kinds of reasons, and that our purpose is not to shame people for drug use in any way. It is our hope that your child's opinions will help us in our purpose to keep people healthy and out of harm's way in all kinds of circumstances.

If you allow your child to participate, we will also ask your child for their "assent" meaning that they get to choose whether or not they participate too. If your child assents to participate, your child can refuse to answer any question or leave the focus group at any time without penalty.

As a token of our appreciation, your child will receive their choice of either a \$50 Amazon gift card or \$50 Walmart gift card following the focus group. There are no other direct benefits to you or your child.

Recording the Focus Group

We would like to record the focus group to make sure we hear everything that is said and make good notes. Only people at PIRE who are working on this project will ever hear/see any of the recordings or read the notes we take. Nothing your child says will ever be reported in any way where anyone could tell who said what.

Questions about the Focus Group

If you have any questions about the Focus Group, please contact Dr. Ashley Simons-Rudolph at asimons-rudolph@pire.org.

For Youth Focus Group Participants less than 18 years old

We are reaching out because you have expressed interest in participating in a shared project between the Bernalillo County Community Health Council (BCCHC) and the Pacific Institute for Research and Evaluation (PIRE) funded by the New Mexico Office of Substance Use Prevention (OSAP). You participated in an 8-week project called the Boot Camp Translation (BCT) in the fall of 2020 for which you gave your permission or “assent.” We are reaching out to you because you expressed interest to meet with us one more time in a 90-minute focus group.

Who is facilitating this Focus Group?

PIRE is facilitating this focus group with the same youth that participated in the BCT to talk about the anti-stigma campaign that we created and reflect on any thoughts that you may have had since then to help us get the anti-stigma message out to the public. We also will ask your opinions about a youth health ambassador program that we hope to create in the future.

What will I be asked in this Focus Group?

We are interested only in your opinion about stigma around drug and alcohol use and how to get anti-stigma and alcohol and drug prevention messages out to youth. We will not ask and do not want you to share anything personal about drug or alcohol consumption of anyone in your family or community. We acknowledge that people use drugs for all kinds of reasons, and that our purpose is not to shame people for drug use in any way. It is our hope that your opinions will help us in our purpose to keep people healthy and out of harm’s way in all kinds of circumstances.

If you choose to participate, you can refuse to answer any question or leave the focus group at any time without penalty.

As a token of our appreciation, you will receive your choice of either a \$50 Amazon gift card or \$50 Walmart gift card following the focus group. There are no other direct benefits to you.

Recording the Focus Group

We would like to record the focus group to make sure we hear everything that is said and make good notes. Only people at PIRE who are working on this project will ever hear/see any of the recordings or read the notes we take. Nothing you say will ever be reported in any way where anyone could tell who said what.

Questions about the Focus Group

If you have any questions about the Focus Group, please contact Dr. Ashley Simons-Rudolph at asimons-rudolph@pire.org.

For Focus Group Participants 18+

We are reaching out because you have expressed interest in participating in a shared project between the Bernalillo County Community Health Council (BCCHC) and the Pacific Institute for Research and Evaluation (PIRE) funded by the New Mexico Office of Substance Use Prevention (OSAP). You participated in an 8-week project called the Boot Camp Translation (BCT) in the fall of 2020 for which you gave your permission which we called your “consent” (if you were over 18 years old at that time) or your “assent” (if you were younger than 18 years old at that time). We are reaching out to you to ask if we may meet one more time with you in a 90-minute focus group.

Who is facilitating this Focus Group?

PIRE is facilitating this focus group with the same youth that participated in the BCT to talk about the anti-stigma campaign that we created and reflect on any thoughts that you may have had since then to help us get the anti-stigma message out to the public. We also will ask your opinions about a youth health ambassador program that we hope to create in the future.

What will I be asked in this Focus Group?

We are interested only in your opinion about stigma around drug and alcohol use and how to get anti-stigma and alcohol and drug prevention messages out to youth. We will not ask and do not want you to share anything personal about drug or alcohol consumption of anyone in your family or community. We acknowledge that people use drugs for all kinds of reasons, and that our purpose is not to shame people for drug use in any way. It is our hope that your opinions will help us in our purpose to keep people healthy and out of harm’s way in all kinds of circumstances.

If you choose to participate, you can refuse to answer any question or leave the focus group at any time without penalty.

As a token of our appreciation, you will receive your choice of either a \$50 Amazon gift card or \$50 Walmart gift card following the focus group. There are no other direct benefits to you.

Recording the Focus Group

We would like to record the focus group to make sure we hear everything that is said and make good notes. Only people at PIRE who are working on this project will ever hear/see any of the recordings or read the notes we take. Nothing you say will ever be reported in any way where anyone could tell who said what.

Questions about the Focus Group

If you have any questions about the Focus Group, please contact Dr. Ashley Simons-Rudolph at asimons-rudolph@pire.org .

Appendix C. Focus Group Guide Questions

Welcome

Consent

This focus group is being conducted by Pacific Institute for Research and Evaluation (PIRE). PIRE is working with the Office of Substance Abuse Prevention for the State of New Mexico to talk about the anti-stigma campaign that was created in the Boot Camp Translation in which you participated and any thoughts that you have had since then that might help us create a youth health ambassador program in the future. Youth Health Ambassadors could work with Bernalillo County and throughout the state to share information about substance use, stigma, and health related resources.

This Focus Group will last for no more than 90 minutes – we will end by (time). You will receive a \$50 Amazon or Walmart gift card at the end to thank you for your time. There are no other direct benefits to you.

Participation is voluntary. You can refuse to answer any question or leave the focus group at any time without penalty. Even if you refuse to answer any questions or leave the Focus Group, you can still be involved in activities with the BCCHC without penalty. There is a chance that a peer in this group could share what you say outside of this group. Please do not share anything personal that you would not want others to know.

We would like to record the focus group to make sure we hear everything that is said and make good notes. Only people at PIRE who are working on this project will ever hear any of the recordings or read the notes we take. The recording and notes will be kept on a password protected computer on a secure cloud-based server. Nothing you say will ever be reported in any way where anyone could tell who said what.

Even though we are discussing drug and alcohol use, we are not interested in your personal experiences with these drugs as much as about what you think happens in your community, and how people in general speak and think about drugs. Remember when we talk about ‘drugs’ we are focusing on opioids most of all, which can include drugs prescribed to you from a medical provider or drugs obtained through illicit sources like a dealer or a friend (such drugs include anything that contains opioids – from Hydrocodone, Oxycodone to Fentanyl and heroin). We acknowledge that people use drugs for all kinds of reasons, and that our purpose is not to shame people for drug use in any way. It is our hope that you help us in our purpose to keep people healthy and out of harm’s way in all kinds of circumstances.

You were given a copy of your rights as a research participant via email at the same time that we got your parent/guardian consent (for youth < 18 years old) and your own consent (if you are over 18 years old). Does anyone need an extra copy?

Do you have any questions before we begin? Do you have objection to our recording this focus group?

Update on the social media messages (show them again on screen) and distribution.

We've learned a lot from the Boot Camp Translation work you did last Fall with the Bernalillo County Community Health Council and will share some of these lessons later when we talk. But we'd also like to hear what you've been thinking about since your work together with the Health Council.

Transition to this project

The State of New Mexico was very impressed by your work and set aside a small amount of money to see if we can take your ideas further. We want to know:

5. The best ways to engage youth directly in prevention, coalition, and similar organizing efforts.
6. Strengths and resources found among LGBTQ+ people (especially youth in Bernalillo County) that can inform best prevention practice.
7. How youth already seek information, support or help and what are the perceived and actual barriers to accessing help.
8. How community-based prevention programming can best communicate substance-abuse related health messaging to LGBTQ+ youth.

Any questions so far?

OK, we have talked about the work that you did in the last focus groups. Now we will talk about what we learned in the other study with NM youth. We will tell you what we learned and then ask you questions if this has been your own experience or how you might describe things differently. There are no right or wrong answers: we care about what *you* think.

Focus Group Questions

1. We learned how important it is for youth to talk to other youth about opioid use.
 - a. What happens when youth your age confidently decline drug use? What words are used? What is the context?
 - b. Do your peers communicate about the dangers of drug use to one another? What harms do you or they see? How do they talk about it?
 - c. What are the social media spaces that cultivate safe space for LGBTQ+ teens?
 - d. Do people use words like 'addiction'? What words do they use?
2. We learned that talking about substance use with peers can be hard and youth might not have a safe space to talk and ask questions.
 - a. What types of things are needed to create an environment where talking about drugs is easier to do? Less stigmatized? What would or does that space look like?
 - b. What information do people need to have those conversations?

- c. Where and in what circumstances do people seem to feel safe or comfortable talking about issues like drugs, mental health, addiction?
 - d. Can you tell us a story about someone helping a peer navigate a situation related to substance use? What do you think made that interaction easy? What do you think made it hard?
- 3. We've learned that many youth who consider themselves LGBTQ+ do not identify with this label or identity – meaning that they may be less inclined to look for information through more formal venues that are outwardly 'queer' for lack of a better term.
 - a. How do we create a message that reaches and connects with them?
 - b. What would that message look like? Or Sound like (words)?
 - c. What kinds of messages would reach youth who are at risk of having problems with substances or mental health but may not feel comfortable identifying as LGBTQ+.
- 4. We have heard a call to incorporate professional or scientific knowledge about mental health and substance use into media or virtual spaces like Instagram and Snapchat that are normally private for teens.
 - a. What is the best way to get professional/scientific knowledge into closed spaces?
 - b. What else can be done to improve access to professional, scientific knowledge in these virtual spaces where youth interact? Who should it come from? How could they present sound information in a way that youth will hear it? Do you have examples of what not to do?
 - c. How do you see that health-related misinformation is corrected on social media?

Next Steps

We are intrigued by something you said last time about people being a “safe space.”

- 5. How do you promote safe spaces on social media?
- 6. Who do you pay attention to on social media and why?
- 7. What kinds of posts catch your attention?
- 8. How have you seen people successfully deal with trolls that make fun of health messages on social media?

Appendix D. Information about the YOUPA Position

Youth Opioid Use Prevention Ambassador (YOUPA)

Providing the Bernalillo County Community Health Council with Technical Assistance Relevant to Prescription Opioid Use/Misuse with LGBTQ+/SGM Youth builds upon a 4-year project (*Strategic Plan and Educational Awareness on Prescription Drugs in Bernalillo County, New Mexico*) to address the particularly high rates of opioid misuse and overdose among lesbian, gay, transgender, queer, and other sexual and gender minority youth (henceforth LGBTQ+) in the county. We seek to answer:

- What are the best means to engage youth directly in prevention and coalition work as well as intervention implementation?
- What concerns and possibilities do LGBTQ+ youth have related to stigma and privacy of the intersecting issues of identity and substance use?
- What are the common strengths and resources upon which prevention science can build among LGBTQ+ people (especially youth) in Bernalillo County?
- How do youth already seek help and what are the perceived and actual barriers to accessing help?
- What are some key recommendations for best policies and practices for prevention work with LGBTQ+ youth?
- How can community prevention programming and OSAP best communicate substance-abuse related health messaging to LGBTQ+ youth?

Building upon the success of the Boot-Camp-Translation process used earlier in the project, we will employ a community-based participatory research approach to engage LGBTQ+ peer leaders in spreading awareness of opioid and poly substance use and increase help-seeking behaviors.

Two participants of the Boot Camp Translation will be selected as Youth Opioid Use Prevention Ambassador (YOUPA)s. YOUPAs will participate in a paid 4-week internship with responsibility to become peer to peer behavioral health social influencers. As peer influencers they will:

- Become further trained in substance use topics in order to counter misinformation online;
- Become trained in best practices as social media influencers;
- Develop and employ a social media strategy in a new medium such as Instagram or TikTok;
- Develop a list of recommendations for those using environmental strategies for substance harms prevention, especially opioid-related as they relate to youth and especially LGBTQ+ Youth.

The Bernalillo Health Equity Council and PIRE will team up with MediaDesk, a New Mexico-based media strategy company to provide training on opioid use and substance use prevention as well as ways to engage other youth via social media. Schedules will be set with the YOUPAs but a typical week might include:

Monday	Tuesday-Thursday	Friday
1 hour content training on opioids	5 hours to engage using social media. YOUPAs will provide copies of posts and metrics for analysis	1 hour debrief with PIRE and Technical Assistance from Media Desk
1 hour social media training from Media Desk	Support from PIRE and Media Desk as needed	

YOUPAs will work an average of 8 hours per week at a rate of \$25 per hour, not to exceed \$800. The internship will run four weeks: June 21-July 23 with a one week break from July 5-July 9.

Appendix E. Outline for YOUPA

	Beginning of Week	End of Week
Week 1 June 21-25	<p>Welcome to YOUPA (ASR)</p> <p>Introductions</p> <p>Fun get to know you game (Marissa)</p> <p>What we want to get out of our time together (Christine)</p> <ul style="list-style-type: none"> - Frame: content for them and portfolio for them -Overall goal (get in front of eyeballs, pilot project), get to know you, norm setting of this being a strategic partnership and non-hierarchical, roles on this workgroup <p>10 min blurb (Daniel)</p> <p>Where are the BCT pieces now? (LittleThingsMatter) (Christine)</p> <ul style="list-style-type: none"> -Dynamic process-Need to tweak/update -Where should it go? Personal accounts? HEC? Etc. -Where are the appropriate sites for our BCT media pieces? Youth material? Parent material? Doctor material? <p>60-minute Media Desk Training</p> <p><i>Potential Week Goal: How might we adapt/update and post BCT messages</i></p> <p><i>SMART Goals</i></p>	<p>Debrief</p> <p>Project Team and Media Desk</p> <p>WHO is audience and what are your goals</p> <p>Success metrics</p> <p>Who are influencers</p>
Week 2 June 28- July 2	<p><i>Topics: Anti-stigma</i> (Potential speaker: Larry)</p> <p>60-minute Media Desk Training</p> <p><i>Potential Topics: tagging, identifying and using appropriate social media metrics</i> <i>-way we use language; how we talk about substance</i></p>	<p>Debrief</p> <p>Project Team and Media Desk</p>
Break July 5-July 9		
Week 3 July 12-	<p><i>Topics: Narcan and harm reduction</i></p> <p>60-minute Media Desk Training</p>	<p>Debrief</p> <p>Project Team and Media Desk</p>

July 16	<p><i>Potential Topics: Appropriate use of humor in prevention work, how to create and share memes, avoiding partisanship while promoting health</i></p> <p>60 min-Potential speakers: Tia -slides, Narcan</p>	
Week 4 July 19- July 23	<p><i>Topics: Online Community Organizing around LGBTQ+ and online hate</i> (potential speakers: Wyatt from TGRC & Jesse from Coop and Daniel-findings)</p> <p>60-minute Media Desk Training</p> <p><i>Potential Topics: Dealing with trolls, next steps</i></p>	Debrief Project Team and Media Desk

Alternate Topic: Cyberbullying Video: <https://www.youtube.com/watch?v=KhgqtAhSM8s>