

LGBTQ Youth and Substance Use Prevention Report

Region 1: Southern Providence County

Cranston · Johnston · North Providence · Scituate · Smithfield

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Cranston, Johnston, North Providence, Scituate, Smithfield

Grantee: Tri-County Community Action Agency

Report developed by John Snow, Inc. (JSI)

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Terminology, Glossary, and Acronyms

Terminology

The glossary below provides definitions for words or terms used in the report. The authors recognize that these terms continue to evolve with cultural trends and that the LGBTQ community refers to broad groups that are diverse with respect to gender, sexual orientation, race/ethnicity, and socioeconomic status. The authors also recognize the importance of the distinct groups, each with its own health-related concerns and needs.

Except for research or other specific citations, LGBTQ (to stand for lesbian, gay, bisexual, transgender, and queer/questioning) and the term LGBTQ community are used throughout this report to provide consistency and lessen confusion.

Substances is used to indicate alcohol, marijuana, tobacco, prescription drugs including opiates, club drugs (such as Ecstasy), synthetic marijuana (such as K2), and use of electronic cigarettes (vaping/Juuling).

Students, youth, adolescents, and teens are used interchangeably and refer to ages 12-17.

Glossary

Bisexual—A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.

Cisgender—A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

Coming out—The process in which a person first acknowledges, accepts and appreciates their sexual orientation or gender identity and begins to share that with others.

Discrimination—Occurs when members of a more powerful social group behave unjustly or cruelly to members of a less powerful social group. Discrimination can take many forms, including both individual acts of hatred or injustice and institutional denials of privileges normally afforded to other groups. Ongoing discrimination creates a climate of oppression for the affected group.

Gay—An attraction and/or behavior focused exclusively or mainly on members of the same sex or gender identity; a personal or social identity based on one's same-sex attractions and membership in a sexual community.

Gender identity—One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth, and can change or evolve over time.

Gender nonconforming—A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

Lesbian—Used as a sexual orientation identity by women whose sexual attractions and behaviors are exclusively or mainly directed to other women.

Non-binary—A term used to describe people whose gender identity falls outside the male-female binary; can also describe persons who identify as both male and female (bigender), don't identify with any gender (agender), or identify as a mix of different genders (e.g., male, female, and agender on different days).

Queer—An inclusive, unifying sociopolitical, self-affirming umbrella term for people who are gay, lesbian, bisexual, pansexual, transgender, transsexual, intersexual, genderqueer, or of any other non-heterosexual sexuality, sexual anatomy, or gender identity. Historically, a term of derision for gay, lesbian, and bisexual people.

Sexual identity—How a person identifies physically: female, male, in between, beyond, or neither. This identity can change or evolve over time.

Stigma—Relative powerlessness that society collectively assigns to individuals and groups that are associated with various conditions, statuses, and attributes.

Transgender—A person who lives as a member of a gender other than that expected based on anatomical sex at birth. Sexual orientation varies and is not dependent on gender identity.

Vaping—Use of electronic cigarettes or electronic nicotine delivery systems (ENDS). Also called Juuling after the name of a popular electronic cigarette brand (Juul). Vaping was declared by the US Surgeon General as a youth epidemic in 2018.

Acronyms

ENDS	Electronic nicotine delivery systems
GSA	Gender and Sexuality Alliance or Gay Straight Alliance
KII	Key informant interview
RIDE	Rhode Island Department of Education
RIDOH	Rhode Island Department of Health
RISS	Rhode Island Student Survey
SAGA	Sexuality and Gender Awareness
SUD	Substance use disorder
SU/M	Substance use/misuse

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Key informant interviews with community stakeholders and student focus groups were conducted with the individuals and organizations/programs listed below. We would like to thank everyone for providing valuable information, feedback, and their time.

Key Informant Interviewees / Community Stakeholders

- Mark Cardarelli, B. Comm., Recovery Coach, Jim Gillen Anchor Teen Recovery Center
- Daniel Fitzgerald, MPH, Network Coordinator, Tobacco Free Rhode Island
- Dave Martins, MAPT, Center Manager, Jim Gillen Anchor Teen Recovery Center
- Astrid Meijer, MEd, Diversity and Inclusion Trainer and Consultant, Unified Insight Consulting
- Dennis Morrell, MEd, Principal, Johnston High School
- Andrea Paiva, PhD, Behavioral Health Researcher/Professor, University of Rhode Island
- Will Giordano-Perez, MD, Assistant Professor of Family Medicine, Warren Alpert Medical School of Brown University; Family Practice Physician, Tri-County Community Action Agency Health Center
- Elana Rosenberg, MS, Executive Director, Youth Pride Inc.
- Nicole Sabetta, BA, Cranston Gay Straight Advisor, Cranston High School
- Jaye Watts, LICSW, Transgender Care Coordinator, Thundermist Health Center

Student Focus Groups and Advisors

- Cranston High School East: 16 students
Nicole Sabetta, GSA Advisor
- Johnston Senior High School: 6 students
Natarcia Pursche, SAGA Advisor
- North Providence High School: 10 students
Deanna Parillo, GSA Advisor
- Scituate High School: 6 students
Mark Reed, GSA Advisor
- Smithfield High School: 3 students
Ryan Burns, GSA Advisor

Executive Summary

Rhode Island is deeply concerned about health equity and the racial, ethnic, cultural, and socio-economic health disparities, which affect social determinants of health. The lesbian, gay, bisexual, transgender and questioning (LGBTQ) population often face social stigma, discrimination, harassment, violence, and other challenges not encountered by heterosexual and cisgender populations. These issues are exacerbated in adolescence. LGBTQ youth are at greater risk of not successfully completing developmental milestones associated with substance use/misuse protective factors including developing a positive self and social identity, having peer acceptance, and developing healthy relationships with adult role models and family members. Because of these and other stressors, LGBTQ youth are at increased risk for various physical and behavioral health issues including substance use and misuse.

Early results from the 2018 Rhode Island Student Survey (RISS) indicate that substance use rates for Region 1 high school students who identify as LGBTQ are twice as high as their heterosexual and gender conforming peers. This statistic is on par with Rhode Island statewide findings as well as national trends - for which there is a considerable body of evidence leading to the need to address LGBTQ youth health equity and social disparities. The significance of this statistic for Region 1 is that this small and mostly hidden subgroup of youth have the greatest need for substance use prevention support, messaging, and resources which to date have largely gone unattended.

To address this gap, the Region 1: Southern Providence County Prevention Coalition conducted a substance use prevention targeted assessment of LGBT youth (ages 12-17) which includes:

1. RISS data analysis: demographics, substance use consumption patterns, and select risk and protective factors
2. Identification of key issues/substance use risk factors faced by youth
3. Youth and provider attitudes and ideas about underage drug or substance use/misuse among students and peers, in and out of school
4. Youth and provider opinions as to whether or not underage substance use/misuse is more or less of a problem in the LGBTQ community than with straight, gender-conforming or non-transgender youth
5. Identification of substance use prevention protective factors
6. Youth participation in local substance use prevention activities and exposure to messaging regarding the dangers of substance use and where to get help
7. Assessment of LGBTQ “friendliness” of local underage substance use prevention ads/messaging/services
8. Recommendations related to policy, provider training, substance use prevention outreach, communication and messaging, and
9. Comprehensive resources available.

The targeted assessment was implemented through a formative research approach that utilized the following qualitative and quantitative methods:

1. A literature review and background research on information, data available in the public domain, and key resources pertaining to LGBTQ youth-specific health disparities, risk and protective factors for substance use, and programs that provide support services.
2. A review of select data from the 2018 RISS including two analysis meetings with Andrea Paiva, PhD, Behavioral Health Researcher/Professor, University of Rhode Island. Variables analyzed included gender and sexual orientation; substance use over the past 30 days: alcohol, marijuana, prescription drugs, and electronic nicotine delivery systems (ENDS) by students according to sexual orientation and gender identification; perception of safety and observations about weapons and school environment; and being bullied or bullying.
3. Ten key informant interviews (KIIs) with community stakeholders from the following disciplines: education (high school), youth substance use recovery, behavioral health, family medicine, community health, community education/support/advocacy programs and health research.
4. Five focus groups with youth affiliated with the Gay Straight Alliance/Gender and Sexuality Alliance (GSAs) at the five Region 1 area high schools.

Summary of findings

The data show higher substance use rates by LGBTQ youth.

- Region 1 students who responded to the 2018 RISS survey and identified as LGBTQ were twice as likely to use substances compared to their straight/cisgender peers in the prior 30 days.
- Statewide, students who responded to the 2018 RISS survey and identified as LGBTQ were also twice as likely to use substances compared to their straight/cisgender peers in the prior 30 days.
- Local substance use rates reported by youth who identify as LGBTQ are suspected to be underreported given some youth choose not to identify as LGBTQ on surveys, do not answer all questions, or select “other” in instances when they prefer not to be categorized by sexuality or gender. Since sexuality and gender identity is fluid and spans a diverse spectrum, it often makes it challenging for youth (and adults) to identify in predetermined categories.
- Nationally, according to 2013 - 2015 data from the National Survey on Drug Use and Health, lesbian, gay, or bisexual adults were more than twice as likely as heterosexual adults to have used any illicit drug in the past year. Youth identifying as LGBTQ were 90% more likely to use substances than their heterosexual peers. Bisexual youth were three times more likely to use substances, and female bisexual youth were four times more likely to use substances.

Risks are greater and protective factors are fewer for LGBTQ youth.

- Students from the Gender and Sexuality Alliances/Gay Straight Alliances (GSAs) indicated that they feel misunderstood by adults and largely rejected and discriminated against by their peers, adults, and systems that should support them. They also feel mostly invisible to society at large.
- Students are in need of supportive and safe spaces in the community and schools to socialize and receive services. They also need positive role models from the LGBTQ community to support them with the transitions of self acceptance.
- Particularly for most gay male teenagers, the right of passage into adulthood inextricably involves socializing and dating through the bar scene where sex, alcohol, and drugs are readily available. This is not necessarily the case for heterosexual male teens who have access to considerably more dating and socialization outlets.
- Race and geographic location may impact substance use risk and protective factors. If youth are isolated, they may drink and use substances while alone. LGBTQ youth who live in unsafe neighborhoods, or are homeless, or are not as social as their peers, are at higher risk.
- The influence of social media in romanticizing substance use, particularly vaping, drinking alcohol and marijuana use cannot be underestimated.
- LGBTQ students are interested and want to be part of the conversation when it comes to planning substance use prevention strategies for their community.

Training and education, supportive and safe spaces, and protective policies can help to abate LGBTQ youth substance use.

- Providing LGBTQ affirming information and training to parents, caregivers, and service providers can help to increase awareness, educate, and change negative and unaccepting attitudes and behaviors toward LGBTQ youth.
- The creation of safe community spaces offering inclusion or specialty services can help LGBTQ youth to achieve healthy growth and development thereby reducing substance use risk factors.
- Prevention coalitions' use of LGBTQ inclusive language and imagery will help to attract LGBTQ youth to prevention messaging.

Protective policies can have a positive pervasive impact on the LGBTQ youth community.

- Including more information on gender and sexuality to health education curriculum can support LGBTQ youth development.
- Requiring providers to use LGBTQ language would increase youth service utilization (medical, psycho-social, etc.), improve physical and mental health, and reduce social isolation and other risk factors.
- Requiring an outward display of LGBTQ friendly signage in places like schools, health systems, community services and other public areas would increase chances of youth feeling comfortable and accepted.

- Funding more drug free community programs with LGBTQ youth friendly promotions would increase the chances that they would attend.
- Adopting an important tenet of the Human Rights Campaign can help to prevent LGBTQ youth substance use: “Families, professionals and policymakers can help prevent substance abuse by supporting all young people - and ensuring LGBTQ teens have equal access to support.”
- Promoting the LGBTQ Safe Zone Program Certification can help to provide more LGBTQ youth inclusion opportunities.

Section I: Background and Purpose of the Report

Rhode Island is deeply concerned about health equity and the racial, ethnic, cultural, and socio-economic health disparities which impact social determinants of health. The lesbian, gay, bisexual, and transgender (LGBTQ) population often face social stigma, discrimination, harassment, violence, and other challenges not encountered by heterosexual and cisgender populations. These issues are exacerbated in adolescence. LGBTQ youth are at greater risk of not successfully completing developmental milestones including developing a positive self and social identity, having peer acceptance, and developing healthy relationships with adult role models. As a result of these and other stressors, LGBTQ youth are at increased risk for various physical and behavioral health issues including substance use.

Many research initiatives have only recently started to ask about sexual orientation and gender identification in their data collections. Thus far, evidence continues to document that LGBTQ youth are twice as likely to use substances (alcohol, marijuana, tobacco, prescription drugs, opiates, and vaping) compared to their straight and non-transgender peers. This includes both experimental and heavy substance use.

Early results from the 2108 Rhode Island Student Survey (RISS) reveal that substance use rates and risks for LGBTQ students in the five towns (Cranston, Johnston, North Providence, Scituate, and Smithfield) that are a part of this assessment and the state overall are on par with national trends. The significance of this is that this small and mostly hidden subgroup of youth have the greatest need for substance use prevention support, messaging, and resources.

The purpose of this report is to provide a summary of select RISS data, a summary of risk factors which contribute to the substance use related health inequities within the LGBTQ youth (ages 12–17) community, as well as protective factors. The report also offers recommendations for action and provides resources (Rhode Island-based and national) that may be of interest to youth, caregivers, advocates, and service providers. These findings can be assessed for wider utilization, for example, by other Rhode Island regional youth substance use prevention coalitions (prevention coalitions) throughout the state and by other organizations involved in health equity planning for youth.

Due to multiple risk factors, LGBTQ youth are at increased risk for various physical and behavioral health issues including substance use.

LGBTQ youth are a small and mostly hidden subgroup of youth who have the greatest need for substance use prevention support, messaging, and resources.

Section II: Methodology

John Snow, Inc. (JSI), a Providence-based public health and health care research and consulting firm, was engaged during September - October 2018 to conduct a targeted assessment of the substance use related health inequities faced by LGBTQ youth living in the five towns surrounding Providence that are represented by the Region 1: Southern Providence County Prevention Coalition (Cranston, Johnston, North Providence, Scituate, and Smithfield). The Rhode Island regional prevention coalition network is comprised of seven regions covering the state. The prevention coalitions represent parents, youth, law enforcement, schools, healthcare, businesses, government officials, and community leaders. They assess the region's substance use challenges and work together to develop policies, programs, and evidence-based practices. The targeted assessment consisted of the following four components.

1) A literature review and background research on information, data, and key resources pertaining to LGBTQ youth-specific health disparities, risk and protective factors for substance use, and programs that provide support services.

2) A review of data from the 2081 RISS and two discussion meetings with Andrea Paiva, PhD, Behavioral Health Researcher/Professor, University of Rhode Island.

3) Five qualitative focus groups with 41 students that are affiliated with the Gay Straight Alliance/Gender and Sexuality Alliance (GSA) groups at each of the five high schools represented by the Region 1: Southern Providence County Prevention Coalition.

- Cranston High School East: 16 students
- Johnston Senior High School: 6 students
- North Providence High School: 10 students
- Scituate High School: 6 students
- Smithfield High School: 3 students

Each GSA was invited to participate in a focus group through communication between their faculty advisor and the project lead, Patricia Sweet, Director of Prevention for the Region 1: Southern Providence County Prevention Coalition. Students self-selected, and those who participated gave verbal consent for their involvement. Focus groups were held on-site at the schools, were conducted by two JSI staff, and each lasted approximately 60 minutes. As an incentive students were offered a \$25 gift card (distributed at the conclusion of each session).

A focus group question guide was developed and questions focused on their views about underage substance use/misuse as a problem in and out of school; their opinions regarding the more widely used drugs/substances that their peers use; their thoughts on prevention activities and whether messaging and communication is inclusive, an overview of GSA activities and discussion topics; and recommendations for their school and community to ensure that LGBTQ youth can be reached and supported to help prevent underage substance use problems. See Appendix C for the question guide.

Note: All student comments and quotes used in this report are included anonymously in order to protect the identity of students involved. It should be understood that the opinions and

experiences of these select participants do not necessarily reflect the totality of LGBTQ high school students in the five towns that make up the Region 1: Southern Providence County Prevention Coalition.

4) Qualitative key informant interviews (KIs) with 10 community stakeholders with knowledge of risk factors faced by local LGBTQ youth and those living throughout Rhode Island. Each stakeholder was invited to participate in an interview through communication with Patricia Sweet. Some stakeholders provide services directly to LGBTQ youth while others offer inclusion programs. Stakeholders represented the following: education (high school), youth substance use recovery, behavioral health, family medicine, community health, community education/support/advocacy programs, and health research. (See the Acknowledgements section.) Interviews were held in-person, and each lasted approximately 60 minutes. A key informant interview guide was developed. Stakeholders were asked their role in working with or serving LGBTQ youth; services or programs they provide and understanding of the LGBTQ youth population; their thoughts on the best ways to develop substance use prevention messages and communicate to LGBTQ youth; and recommendations on support systems and resources to provide to LGBTQ youth, their caretakers, advocates, and service providers. See Appendix D for the interview guide.

Section III: Key Findings

A. Literature Review and Background Research

Substance Use Trends and the Adolescent Brain

Substance use remains a significant public health concern nationally, and rates of use and disorders among LGBTQ youth remain disproportionately high compared to their heterosexual peers.

Substance use remains a significant public health concern, and rates of use and disorders among LGBTQ youth remain disproportionately high compared to their heterosexual peers.

When looking at trends,

LGBTQ teens are two times more likely to be bullied, excluded, or assaulted at school than their non-LGBTQ peers. And they're nearly 40 percent less likely to have an adult in their family who they can turn to for help and support. So it's not a surprise that they are twice as likely to experiment with or misuse substances. Additionally, when compared to their non-LGBTQ peers, young adults who are lesbian, bisexual or queer have 1.3 times the odds of heavy alcohol use, 1.6 times the odds of marijuana use, 2.9 times the odds of injection drug use, and 3.3 times the odds of cocaine use. Girls who identify as LGBTQ are more likely to be at risk of substance use than boys who identify as LGBTQ, but boys are more likely to use drugs and alcohol overall. These are concerning trends.

The science of the adolescent brain indicates that even moderate substance use is not appropriate for teens. The brain develops rapidly throughout the teenage years and continues until around age 25. Brain structures that control judgement and self-control develop last which

is why teens who excel with academic studies can make surprisingly irresponsible choices—including for example not making a good decision about how much to drink or not driving under the influence of alcohol or drugs. Research indicates that teen’s substance use can lead to cognitive impairment, particularly on tests of attention, when compared to people who waited until adulthood.

Health Disparities among LGBTQ Youth

In addition to substance use, the following health disparities have been identified among LGBTQ youth, and they are often at a higher rate than their heterosexual counterparts:

- Anxiety and depression
- Homelessness
- Negative body image
- Smoking
- HIV and sexually transmitted infections
- Obesity (females)
- Suicide ideation and suicide attempts
- Verbal, physical and sexual abuse
- Limited access to LGBTQ-welcoming environments, including health care.

Eliminating these disparities and enhancing efforts to improve LGBTQ health are necessary to ensure that LGBTQ youth and adults can lead long, healthy lives. The many benefits of addressing these health concerns and reducing disparities include reductions in disease transmission and progression, increased mental and physical health and well-being, increased quality of life, reduced health care costs, and increased longevity.

Substance Use and Risk Factors

There are a number of risk factors that increase a teen’s risk for substance use and adverse outcomes. Additional risk factors that involve prejudice and societal acceptance weaken LGBTQ teens’ support systems, and this increases the pressure for them to use substances. See Chart 1.

Risk factors that involve prejudice and lack of societal acceptance weaken LGBTQ teens’ support systems, and increase the pressure for them to use substances.

Protective Factors

Protective factors are the characteristics, conditions, and behaviors that directly improve positive health outcomes or reduce the effects of stressful life events and other risk factors. Although all young people face challenges as they grow up, LGBTQ youth have the added struggle that they might not be accepted as a result of their sexual orientation. Many are bullied, kicked out of their homes, and suffer from depression. Obstacles they face include poverty, homelessness, and mental health issues from their lack of acceptance from family, peers, teachers, and others.

Parents and caregivers play an important role in the self-esteem of any child; their support is integral to the well-being of LGBTQ youth. While some LGBTQ youth may not receive support and positive reinforcement from parents and/or caregivers, the support they receive for example

Chart 1. Substance Abuse Risk Factors for Teens and LGBTQ Teens

Risk factors that increase a teen’s risk of substance use and adverse outcomes	
Family history	Family history of substance use disorders is the single greatest predictor of a person’s risk for substance use.
Behavioral health disorders	Teens with mental or behavioral health problems (e.g., depression) are more likely to use drugs.
Trauma	Teens who have been physically or sexually assaulted, or who have witnessed violence, are more likely to develop a substance use disorder.
Impulse control problems	Adolescents who have trouble controlling their impulses and behavior are especially likely to abuse substances.
Peer influence	Peer pressure from friends can have a large impact on decisions that teens make including substance use. In many cases, teens feel an intense pressure to fit in.
Additional risk factors for LGBTQ teens for substance use and adverse outcomes	
Bullying and harassment	Bullying puts youth at increased risk for substance use and can affect depression, suicidal ideation, risky sexual behavior, and academics as well. LGBTQ youth and those perceived as LGBTQ are at an even higher risk of being bullied.
Family conflict and rejection	The family response to disclosure of an LGBTQ identity can have a profound and long lasting effect. Negative responses (avoidance, rejection, abuse) often have a devastating effect for youth who often do not have well-developed coping strategies, resources to be on their own, or other forms of social support.
Minority stress	Most LGBTQ teens experience some form of minority stress because of their socially stigmatized identity. It often manifests as chronic levels of stress even if their family and friends are supportive. The most well understood causes of minority stress are interpersonal prejudice and discrimination.
Gender stereotypes	Gender stereotyping can limit the development of the natural talents and abilities of LGBTQ youth.

from one staff person at a local agency (possibly a manager, facilitator or program director) can positively affect their outcomes.

To help manage their life experiences, the following protective factors can help LGBTQ youth deal more effectively with substance use and/or prevent substance use.

- A strong sense of self and self esteem and engagement in school and community activities
- Family acceptance, engagement, and support
- Positive and caring adults and peers
- Safe schools
- Discussing expectations
- Monitoring
- Positive reinforcement

Note that family support, caring adults, and safe schools are essential, and in some cases, life changing to help support the healthy and drug free development of LGBTQ teens.

B. Review of Rhode Island Student Survey Data

In 2018 for the first time the RISS began collecting key data from high school students on gender identification and sexual orientation. The interpretation and analysis of this information is vital to understanding the attitudes, behaviors and experiences of RI youth who identify as LGBTQ. With a particular focus on data selection related to Region 1 and youth substance use risk and protective factors, the LGBTQ youth and substance use prevention targeted assessment set out to address these primary questions:

1. How do Region 1 high school students who identify as LGBTQ respond to RISS survey questions related to substance use risk and protective factors compare to responses from their heterosexual and cisgender peers?
2. How do Region 1 high school students who identify as LGBTQ compare to statewide trends overall on issues related to substance use risk and protective factors?
3. Are LGBTQ students at greater risk of substance misuse in Region 1 and statewide?

Relevant RISS data was provided by and reviewed with Andrea Paiva, PhD, Behavioral Health Researcher/Professor, University of Rhode Island through the RI Department of Behavioral Health Care, Developmental Disabilities and Hospitals. It should be understood however that there are several caveats to the analysis and findings:

- The data available is limited given small sample sizes, and caution should be exercised in making generalizable assumptions about the LGBTQ student population. However the analysis provides the best possible insights into this important youth subgroup for which little has been known/understood to date.
- Given the small sample size, school level data is not reported in order to protect the identity of RISS survey respondents. Instead regional aggregate data is provided.
- Comparative analysis against other relevant datasets could not be conducted since there are no other reliable larger pools of quantitative data available.

Summary of Region 1 Key Findings

Gender and Sexual Orientation

Percent of students who responded to the relevant RISS questions

1. 1.6% (n=70) identify as transgender
2. 1.8% (n=77) are unsure if they are transgender
3. 2.2% (n=93) identify as gay or lesbian
4. 6.7% (n=93) are bisexual
5. 6.2% (n=265) are unsure of their sexual orientation

Region 1 gay and lesbian students use substances at rates more than double the rates for gay and lesbian students statewide, with marijuana use and vaping almost four times higher.

Substance Use Rates

6. Transgender students are more than twice as likely to use substances compared to non-transgender students.
7. Marijuana is the leading substance being used by youth overall followed by vaping and alcohol.

Statewide Comparison

8. Region 1 gay and lesbian students use substances at rates more than double the rates for gay and lesbian students statewide, with marijuana use and vaping almost four times higher.

Risk Factors

9. For the two primary measures of perception about school safety, 85% of non-transgender students felt safe compared to only 45% of transgender youth.
10. Transgender youth, whether they identify as heterosexual, gay, lesbian, or are questioning their sexual identity, were more than twice as likely as cisgender youth to carry a weapon or not go to school due to perception of lack of safety.
11. LGBTQ youth were more likely to bully and be bullied, experience violence, be the victim of mean peer behavior, and face school disciplinary action.

Response Tables

Gender and Sexual Orientation

1. How many Region 1 high school students who answered the 2018 RISS survey identified as transgender or were not sure/questioning their transgender identity? (Table 1)
 - Of the 4,331 responses to the gender identification question, 147 or 3.4% of the students indicated that they were either transgender (n=70, 1.6%) or uncertain/questioning (n=77, 1.8%).
 - *Forty-four students who indicated that they were transgender chose to respond to the gender question. Among these 44 students, 14 students identified as male, 4 students identified as female, and 26 students classified themselves as “Other”, which could reflect their choosing non-binary, gender non-conforming, or possible discomfort in choosing one of the options.*
2. How many Region 1 high school students who answered the 2018 RISS survey identified as gay, lesbian or bisexual or were unsure of their sexual orientation? (Table 2)
 - Of the 4,331 Region 1 participants 75 students (1.7%) chose not to answer this question. 643 students (14.8%) of the students indicated that they were either gay or lesbian (n=93, 2.1%), bisexual (n=285, 6.6%) or uncertain (n=265, 6.1%).

Table 1. 2018 RISS—Region 1: High School Student Gender Identification

	Frequency	Percent	Valid Percent
No, I am not transgender	4024	92.9	94.7
Yes, I am transgender	70	1.6	1.6
I am not sure if I am transgender	77	1.8	1.8
I do not know what this question is asking	77	1.8	1.8
Total	4248	98.1	100
Missing	83	1.9	
Total	4331	100	

Table 2. 2018 RISS—Region 1: High School Student Sexual Orientation

	Frequency	Percent	Valid Percent
Heterosexual	3613	83.4	84.9
Gay or Lesbian	93	2.1	2.2
Bisexual	285	6.6	6.7
Not sure	265	6.1	6.2
Total	4256	98.3	100
Missing	75	1.7	
Total	4331	100.0	

Table 3. 2018 RISS-Region 1: High School Student Transgender by Sexual Orientation

	Hetero- sexual	Gay or Lesbian	Bisexual	Not sure	Total
No, I am not transgender	3508	53	236	197	3994
Yes, I am transgender	12	18	26	14	70
I am not sure if I am transgender	22	19	15	21	77
I do not know what this question is asking	40	3	3	31	77
Total	3582	93	280	263	4218

3a. What is the sexual orientation of transgender students (N=70)? (Table 3)

- 12 students responded that they were heterosexual
- 44 students identified as lesbian, gay or bisexual
- 14 students were unsure of their sexual orientation

3b. What is the sexual orientation of uncertain/questioning students (N=77)? (Table 3)

- 22 students responded that they were heterosexual
- 34 students identified as lesbian, gay or bisexual
- 21 students were unsure of their sexual orientation

Substance Use

4. How do the prior 30-day substance use rates compare between transgender and non-transgender youth in Region 1? (Table 4)

- While transgender youth only make up 2% of the population surveyed, their substance use rates were more than double the rates of non-transgender youth. This is an estimate and should be considered preliminary due to the small number of transgender students, but this is still an indication that warrants greater attention from the Youth Substance Use Prevention Coalition Region 1.
- The GSA perceptions of substance use problems described later in this report indicate that vaping and alcohol are the top two issues of concern for youth in general. This RISS survey data indicates that marijuana is the leading substance being used by transgender youth (for the past 30 day measure) followed by vaping and alcohol.
- While GSAs did not perceive tobacco or prescription/opioid use to be problematic, RISS data indicates that in fact it is: 28.6% of youth identifying as LGBTQ had used marijuana in the past 30 days, and 17% had used one or more prescription drugs not prescribed to them.

Table 4. 2018 RISS—Region 1: High School Student Past 30 Day Substance Use by Gender

		Alcohol	Marijuana	Tobacco	Prescrip. Drugs	ENDS/Vaping
Non-Transgender	4024	8.5%	9.0%	1.3%	2.0%	12.6%
Transgender	70	21.4%	28.6%	14.3%	17.1%	27.1%

5. How do 30-day prior substance use rates for students in Region 1 schools compare to the state overall between non-transgender versus transgender students? (Table 5)
- Overall, 22,294 students responded to the RISS in 2018 with 4,133 coming from Region 1. Since students were allowed to skip questions, sample sizes for each substance varies.
 - Caution needs to be exercised with data interpretation given low sample sizes, particularly for youth identifying as transgender (range n=15-20).
 - *The percentage calculation is from total the number (n), not from those who have ever used substances.*
 - Consistently transgender students reported using substances at higher rates than non-transgender youth in both Region 1 and statewide.
 - *Transgender student alcohol and marijuana use rates were more than double non-transgender users.*
 - *Transgender student rates for tobacco and prescription drug use in some instances were 10 times higher than non-transgender users.*
 - *Only for statewide ENDS use (vaping) was transgender student substance use 77% higher than for non-transgender students.*

Table 5. 2018 RISS—Region 1: High School Student Past 30 Day Substance Use by Non-Transgender vs. Transgender

	Non-Transgender Region 1 (n=4024) State (n=20589)		Transgender Region 1 (n=70) State (n=374)	
	Frequency	Percent	Frequency	Percent
Alcohol				
Region 1	341	8.5%	15	21.4%
State	2234	10.9%	83	22.2%
Marijuana				
Region 1	364	9.0%	20	28.6%
State	2346	11.4%	100	26.7%
Tobacco				
Region 1	54	1.3%	10	14.3%
State	470	2.3%	48	12.8%
Prescription Drugs				
Region 1	82	2.0%	12	17.1%
State	372	1.8%	59	15.8%
ENDS (Vaping)				
Region 1	508	12.6%	19	27.1%
State	2878	14.0%	93	24.9%

6. How do 30-day prior substance use rates for students in Region 1 schools compare to the state overall between high school students that identify as heterosexual versus lesbian, gay or questioning? (Table 6)

- In general Region 1 gay and lesbian students use substances at rates more than double the rates for gay and lesbian students statewide, with marijuana and ENDS use almost 4 times higher.
- Region 1 gay and lesbian student use rates were 75-200% higher than heterosexual students for all substances. If questioning students are added to gay and lesbian student use rates, gay/lesbian and questioning student substance use rates more than double for all substances.
- These statistics confirm student focus group perceptions that the top three substance issues are vaping, marijuana and alcohol use.

Table 6. 2018 RISS—Region 1: High School Student Past 30 Day Substance Use by Heterosexual vs. Homosexual/Questioning Youth

	Heterosexual Youth Region 1 (n=3613) State (n=18194)		Homosexual Youth (Gay/Lesbian) Region 1 (n=378) State (n=2242)		Questioning Youth Region 1 (n=265) State (n=1411)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Alcohol						
Region 1	314	8.7%	51	13.5%	13	4.9%
State	2234	12.3%	83	6.7%	96	3.8%
Marijuana						
Region 1	320	8.9%	70	18.5%	14	5.3%
State	2346	12.9%	100	4.5%	128	9.1%
Tobacco						
Region 1	42	1.2%	24	6.3%	7	2.6%
State	470	2.6%	48	3.1%	53	2.8%
Prescription Drugs						
Region 1	79	2.2%	20	5.3%	8	3.0%
State	372	2.0%	59	2.6%	54	3.8%
ENDS (Vaping)						
Region 1	462	12.8%	75	19.8%	17	6.4%
State	2878	15.8%	93	4.1%	120	8.5%

Protective Factors

7. Considering the following twelve protective factors from the 2018 RISS related to school safety, support and student/teacher interaction, all transgender students consistently ranked lower on all measures, indicating a greater substance use risk than their cisgender peers. (Table 7)

- Caution needs to be exercised with data interpretation given low sample sizes. The numbers (n) are listed in prior tables.
- Non-transgender students' school safety perception rates exceeded 75% in 7 of the 12 measures.
- School safety perception rates for non-transgender students who were unsure of (questioning) their sexual identity exceeded 75% in 9 of the 12 measures.

Table 7. 2018 RISS—Region 1: High School Protective Factor Assessment by Transgender vs. Non-transgender and Heterosexual vs Gay, Lesbian or Questioning

Protective Factor	Transgender Heterosexual	Transgender Gay/Bisexual	Non-transgender Heterosexual	Non-transgender Gay/Bisexual	Transgender Questioning	Non-transgender Questioning
I feel safe at school.	36.4%	37.5%	80.6%	67.6%	50.0%	77.7%
I feel safe going to or from school.	54.5%	52.5%	89.6%	82.1%	71.4%	89.1%
In my school, students have lots of chances to decide things like class activities and rules.	27.3%	46.2%	52.9%	43.1%	35.7%	48.1%
Teachers ask me to work on classroom projects.	45.5%	67.5%	85.1%	81.3%	71.4%	81.3%
My Teacher(s) notice(s) when I am doing a good job and let me know about it.	36.4%	35.0%	68.8%	58.2%	42.9%	75.4%
There are lots of chances at school for me to get involved in sports, clubs, and other school activities.	63.6%	66.7%	90.8%	86.4%	50.0%	84.6%
There are lots of chances for students in my school to talk with a teacher one on one.	45.5%	41.0%	80.3%	74.4%	69.2%	78.6%
The school lets my parent(s) know when I have done something well.	27.3%	20.0%	39.3%	27.2%	35.7%	43.7%
My teachers praise me when I work hard in school.	18.2%	33.3%	50.7%	43.9%	42.9%	61.5%
I have lots of chances to be part of class discussions or activities.	54.5%	41.0%	87.6%	81.4%	42.9%	85.6%
Rules are enforced fairly.	27.3%	30.8%	67.2%	55.7%	50.0%	76.5%
Students of all races and ethnic groups are treated equally.	45.5%	38.5%	81.6%	70.0%	50.0%	80.9%

Risk Factors

8. In all instances except one (carrying a weapon on school grounds) transgender youth, whether they identify as heterosexual, gay, lesbian or are questioning their sexual identity, indicated that they either carried a weapon or did not go to school due to perception of lack of safety at rates more than double those of heterosexual students. (Table 8)

Table 8. 2018 RISS—Region 1: High School Risk Factor Assessment by Transgender vs. Non-transgender and Heterosexual vs Gay, Lesbian or Questioning

During the past 30 days, on how many days did you... For one or more days?	Transgender Heterosexual	Transgender Gay/Bisexual	Non-transgender Heterosexual	Non-transgender Gay/Bisexual	Transgender Questioning	Non-transgender Questioning
Carry a weapon, such as a gun, knife, or club?	36.4%	18.4%	6.6%	7.8%	28.6%	3.8%
Carry a gun?	27.3%	15.8%	1.9%	2.6%	14.3%	2.2%
Carry a weapon, such as a gun, knife, or club onto school property?	0.0%	15.8%	1.7%	3.0%	14.3%	1.1%
Not go to school because you felt you would be unsafe at school or on your way to or from school?	20.0%	31.6%	6.7%	12.7%	35.7%	8.8%

C. Focus Groups with Students

The GSA groups ranged from well established alliances which have been functioning for several years to a group having only met three times prior to being interviewed. Initially the groups were called Gay Straight Alliances and are now more commonly referred to as Gender and Sexuality Alliances. One school refers to their group as Sexuality and Gender Awareness (SAGA). For the purposes of this report GSA is used to reference these groups.

Function of GSAs

GSAs are student clubs that allow students to meet to discuss common interests and plan activities. They can take on the role of support group, social group, or even educational/advocacy group

to help make schools safer and more comfortable for all students. According to the American Civil Liberties Union of Rhode Island, all too often LGBTQ students face discrimination and harassment. While the GSAs can be made up of students of any sexual orientation or gender identity, most but not all of the students interviewed identified as LGBTQ. While LGBTQ identification was not directly asked or discussed, generally students openly volunteered whether or not they identified as LGBTQ. GSAs are protected under the 1984 federal Equal Access Act which requires that any school that permits non-curriculum related student groups must provide equal access to all student groups. (Equal access means that GSAs must be afforded all the same rights and privileges as other student groups to use the facilities at the school for meetings and communications.)

Several GSAs as well as community key informants expressed concern and advised against attempting to assign stereotypes to LGBTQ youth as a way to simplify understanding of this vulnerable population. To do so does not recognize the micro-groups and diversity that exists within their social world, lifestyles, and community.

“There are so many micro-groups, even within the LGBTQ community. It’s important to recognize the diversity within the overall community.” – GSA student

GSA participants self selected their involvement in GSAs based on individual voluntary interest. The LGBTQ students involved were “out” to their peers and faculty advisor in their school GSA and comfortable participating in the group. This suggests that these students may have a strong degree of confidence and positive self concept, a substance use/misuse protective factor. However, based on the information shared by a majority of GSA members during the focus group sessions, it was clear that students are also experiencing considerable struggles stemming from the lack of acceptance with their LGBTQ identity by family, peers, and community. This lack of acceptance is a substance use/misuse risk factor.

Focus group findings described here represent a broad range of information related to GSA participant perceptions and opinions as well as their personal experiences. The full list of questions asked are included in the focus group moderator’s guide in Appendix C.

It is important to not assign stereotypes to LGBTQ youth as a way to simplify understanding of this vulnerable population. To do so does not recognize the micro-groups and diversity that exists within their social world, lifestyles, and community.

Perception and ranking of youth substance use/misuse

Each of the five GSAs were asked about their views on underage substance use/misuse and to rank their perception of how much of a problem alcohol, marijuana, prescription drugs/opioids, and smoking/vaping/juling was in their school or their communities at large (not necessarily among their LGBTQ peers). See Chart 2 for the numerical ranking.

Overwhelmingly and consistently all five GSAs talked predominantly and with specific detail about the problem of vaping particularly on school grounds, in the classrooms, and bathrooms. The students expressed how bothersome vaping was to them and how powerless and ineffective they felt their teachers were in trying to control or address their peers' behaviors. They expressed the need for better school policies to address the problem. Students also described hearing about and on a few occasions seeing first hand how their peers add other substances and extra nicotine to vaping devices, including marijuana, CBD oil (Cannabidiol, a chemical compound in marijuana), alcohol/liquor/beer and highly caffeinated "energy" drinks like Monster and Red Bull), in order to get a quick buzz or pick me up. One GSA described how this was particularly a morning practice that students did in order to wake up.

Overwhelmingly and consistently all five GSA school groups interviewed talked predominantly and with specific detail about the problem of vaping particularly on school grounds, in the classrooms, and bathrooms.

Vaping and alcohol misuse were voted as the most important substance use issues for four of the five GSAs. One GSA indicated that they estimated that at least 50% of their high school population has at least tried vaping and that a large percentage of the student body vapes on a regular basis and is addicted. Marijuana was ranked most important for one of the GSAs and overall ranked third on the list of problem importance.

Prescription drugs/opioid use was perceived as the least prevalent problem for youth in the GSAs and their local communities. However the students did acknowledge their understanding of how much of a sweeping problem opioid use is across the nation, and they suspected it was so in Rhode Island as well. In fact, according to the Centers for Disease Control and Prevention, RI currently ranks among the top ten states for drug overdose deaths in the nation (Chart 3).

Chart 2. Perception of Youth Substance Misuse Ranked by GSAs

High School	Alcohol	Marijuana	Prescription Drugs/Opioids	Smoking/Vaping/Juuling
Cranston	1	3	4	2
Johnston	2	1	3	4
North Providence	2	3	0	1
Scituate	1	3	2	4
Smithfield	2	3	4	1

Rank legend: 1= most important problem, 4 = least important problem

Chart 3. Top 10 States With the Highest Drug Overdose Deaths 2017

Rank	State	Drug Overdose Death Rate*	Deaths
1	West Virginia	58	974
2	Ohio	46	5,111
3	Pennsylvania	44	5,388
4	Kentucky	37	4,627
5	New Hampshire	37	467
6	Delaware	37	338
7	Maryland	36	2,247
8	Maine	34	424
9	Massachusetts	32	2,168
10	Rhode Island	31	320

*The number of deaths per 100,000 total population.

Consistent findings across all groups

All of the GSAs reported that they had never previously discussed the issue of substance use/misuse in their groups. However, when the issue was addressed as a question, students unanimously agreed that they would like to have these discussions at the GSA level. When prompted for their perceptions regarding substance use/misuse within the youth LGBTQ community all groups asked to be provided with statistical information in order to raise their awareness and increase their understanding of the issue.

Students reported that generally LGBTQ youth feel misunderstood by adults; they also thought that they are more misunderstood than their non-LGBTQ counterparts.

“I don’t think adults know how to talk to us about certain things. They think that they are right (and that our perspective doesn’t matter or is wrong).” – GSA student

While substance use in general, not necessarily by LGBTQ youth, is a problem in local communities, interventions seem ineffective to the youth participating in the GSAs.

“Substance use is a problem in this school, but the way that it is addressed does not work.” – GSA student

Substance use is a coping strategy used by straight and LGBTQ students and youth alike. Generally, students feel safer using substances outside of school because of rules on school grounds. GSA groups typically described substance use, except vaping, being more of a problem in their communities rather than at schools.

Students indicated that in order to address substance use prevention effectively, solutions need to come from “kids who are experiencing it, otherwise it will not work.” (GSA student)

Consistent with KII results, GSAs also indicated that it is difficult to know if substance use is more prevalent among LGBTQ students than their heterosexual or cisgender peers because it is difficult to tell which students identify as LGBTQ, even within the GSAs. Students both in and out of the GSAs don't always clearly state their identities especially since coming out is such a unique and fluid process that is different for everyone. This makes it tricky for even students to identify other LGBTQ students.

Students suggested that in order to learn about prevention, they wanted to experience something real—and have someone who is recovering from substance use share their story. They also cautioned against sending the same person in recovery to come repeatedly to meet with students. Their story of struggle and recovery becomes too well known, and it loses its effect to help influence.

***“It has to come from the kids who are experiencing it, otherwise this will not work.”
—GSA student***

Both students and KII's alike thought that GSAs should be established in the middle schools to support youth preparation for the transition years between adolescence and adulthood.

Other significant findings

Students from at least two GSAs indicated that they believe that their peers underestimated the problem of substance misuse because they are “only” vaping and drinking alcohol. They stated this often translates into their peers thinking that the problem is less serious than it actually is. In one school GSA participants believed that since so many students have “positive experiences” with substance use (i.e., they feel good and feel accepted), prevention work is not taken seriously. To counter this, students thought that not until one of their peers experiences a deleterious impact from substance use, could they really have the opportunity to learn. Note: unfortunately, negative impacts are typically associated with heavier substance use which leads to addiction. It also appears however that, based on what these students are saying, they believe that they would be more open to teachable moments when real scenarios involving peer vulnerabilities are processed.

Youth are typically exposed to information/messaging about substance use online, particularly through social media. Snapchat, school administration run blogs, student run class web pages, and student listserves are communications methods utilized by GSA members and other students. A caveat described by one GSA group however is that “Youth don't act like themselves” on school based communication channels. They present a sanitized version of themselves and only depict or reveal their true personality on non school run communication channels.

The impact of social media's romanticization of substance use cannot be underestimated as an undue influence on youth.

The impact of social media's romanticization of substance use cannot be underestimated. Students described the romanticization of vaping, smoking, and alcohol use at every turn when they are on their phones or on line. They indicated that they are constantly being barraged by apps (computer applications) with images of peers and other youth at parties in a vape cloud with drinks in their hands. Students described the difficulty they face of not falling into the

substance use trap as a result of social media influence. There are also certain dangers associated with online chat rooms like [Omegle](#) for example which immediately connects the user to a stranger by video chat or video. Youth in GSAs interviewed specifically listed the following apps as their “go to” sources for social information and indicated that they see a lot of alluring content related to sex, drugs, marijuana, vaping and alcohol: YouTube (which was cited as having prolific pro-substance use advertisements), Snapchat, Instagram, Twitter, and Tumblr.

Students understand the inextricable link between substance use and mental health and are fully aware of the relationship between oppression, bullying, lack of familial and social acceptance has on depression, anxiety, suicide risk, and an increased risk of substance misuse.

GSA activities and discussion topics

Students were asked about GSA activities and discussion topics. The Smithfield High School GSA stated that the goal of their group is to raise awareness about LGBTQ topics in school and to make school a safe space for students who are not straight and/or cisgender. Their activities include:

- Advocating to obtain rainbow stickers for teachers’ windows to visually signify safe spaces for LGBTQ students. Note: this LGBTQ safe space identification concept was also raised in several of the key informant interviews.
- Drafting emails to send to teachers to raise their awareness around LGBTQ topics, issues, and needs.
- Exploring how to secure trainings for teachers; this was also recommended in the key informant interviews.
- Participating in and promoting national observance days that raise awareness about the LGBTQ population like a Day of Silence.

Similar goals and activities were mentioned in the other GSAs.

Across all the focus groups, the following are GSA discussion topics:

- GSA member opinions, attitudes and ideas about underage drug or substance use/misuse among students and peers, in and out of school
- Ranking of these substances most used by underage students: alcohol, marijuana, prescription drugs and opioids, and smoking, vaping (Juuling)
- GSA member participation in local substance use prevention activities and exposure to messaging on the dangers of substance use and where to get help
- Assessment of LGBTQ “friendliness” of local underage substance use ads/messaging/services
- Recommendations for reaching LGBTQ youth with effective underage substance use prevention messages.

D. Key Informant Interviews with Community Stakeholders

The perspectives and information from the stakeholders were important in order to capture the voices and experiences of community members and their organizations. They all indicated that they were passionate about their work and the community they serve.

All stakeholders unanimously agreed that substance use among LGBTQ youth was a major concern, when provided with preliminary data that indicated substance use rates for LGBTQ youth in the five communities addressed by this report. The majority were however not surprised that RI community LGBTQ youth substance use rates mirrored national rates and in some cases thought that local rates might have been under-reported. Additionally there is no data from homeless youth.

All stakeholders agreed that there was a need for both specialty services for LGBTQ youth such as GSAs, safety zone certified clinics and greater inclusivity (i.e., LGBTQ friendly) in general services and resources. All agreed that more work should be and can be done to support LGBTQ youth in an effort to promote healthy life transitions and decrease the risk of substance use.

Five main themes emerged from the analysis of the interviews: family and home support; safe space and community; LGBTQ role models; representation of LGBTQ community through the use of language, messaging and communication; and isolation due to race, geography, and sexual orientation.

Family and home support

Interviewees stressed that family support for LGBTQ youth matters tremendously. The coming-out moment can play a pivotal role in young people's mental health. As there can be a lot of fear and stress associated with coming out, support from parents and family is critical. Adolescence is already an especially critical time for LGBTQ teens, and those who lack family support are at increased risk for use of substances, depression, and suicide.

***“A lot of these kids have very complicated family situations and may not feel supported. Family acceptance is, I think, the biggest risk factor [for LGBTQ youth substance use].
—Jaye Watts, Thundermist Health Center***

“A kid has 16 years to decide if they're LGBT. He/she will share it with their mom, who has 16 seconds to handle it. If that explodes and doesn't go well, that kid has been irreparably damaged. If that kid runs away or moves out, that can be life changing. It's not fair to the child, and it's not fair to the mother either.” —Dave Martins and Mark Cardarelli, Jim Gillen Anchor Teen Recovery Center

All stakeholders interviewed agreed that there was a need for both specialty services for LGBTQ youth such as GSAs in schools, safety zone certified clinics and greater inclusivity (i.e., LGBTQ friendly) in general services and resources.

LGBTQ youth are also at an increased risk for dropping out of school and becoming homeless when they receive a negative reception when coming out. This can in turn affect teens' current and future economic and housing situations, educational prospects, and future employment. Since coming out is an event that is happening increasingly earlier in life, before youth are able to live independently, family support at that time and in the future years matters more than ever.

“In RI, there are no programs to help in the first year of coming out in regards to creating supportive environments for these kids. We react, rather than trying to solve the problem up front. And we should fix this.” —Jaye Watts, Thundermist Health Center

Negative outcomes for many LGBTQ youth can be prevented or reduced if parents, families, and caregivers can turn to a knowledgeable source for guidance, accurate information, and support such as social workers and guidance counselors at schools.

Safe space and community

Interviewees also stressed that for LGBTQ youth to thrive in their schools and communities, they need to feel socially, emotionally, and physically safe and supported. Whether it's a school, a community-based organization, a health care provider's office, or other settings, the importance of safe space for LGBTQ youth can't be overstated. In the school system, unless LGBTQ youth are involved in LGBTQ activities, or in the case of several transgender youth who made themselves known by their parents and a letter about their transition to administration, they can be hidden and for the most part unknown to peers, teachers, and administration. If LGBTQ youth are hidden/not "out", due to social ostracism and bullying, they can not be helped and accepted if no one knows who they are.

Whether it's a school, a community-based organization, a health care provider's office, or other settings, the importance of safe space for LGBTQ youth can't be overstated.

“Everyone has a right to come to school and feel safe, and nobody has a right to stop them.” —Dennis Morell, Johnston High School

In regards to bullying whether it's online or not, one interviewee mentioned that when kids go after a gay youth they go after them for being gay, not for other things that kids get bullied or teased about (for example, weight or appearance). In the interviewee's experience, being gay supersedes all other issues for youth on youth bullying. Additionally, LGTBQ youth are not only the ones that get bullied. The RISS data show that they are also likely to initiate bullying which may stem from the victim trying to take control by attacking before getting attacked or in an effort to prevent getting attacked.

LGBTQ teens need safe space in their community in order to develop self-esteem, increase social connectedness and resilience, and to decrease their risk for substance use and other health disparities. A variety of community-based organizations that provide safe space are housed in settings that create safe environments, offer support and allow youth to be their wholeselves within the space. They don't have to compartmentalize their various identities in order to fit in or feel safe. Depending on the program, services can include development of leadership

skills, event planning, opportunities for community engagement, and are designed based on various positive youth-related models. For example, Blue Cross Blue Shield of Rhode Island has an LGBTQ-friendly certification program (LGBTQ Safe Zone Program) for clinics and hospitals.

“When we do LGBT 101 and talk about being an ally, I push people to be more than just friendly. You need to be verbally and visibly supportive. Proactive visibility is important. It doesn’t need to be subtle, it can be overt. Overt support makes spaces healthier and safer for everyone, not just LGBT youth.” –Elana Rosenberg, Youth Pride Inc.

“Having a GSA is a great support—even that they exist.” –Dan Fitzgerald, Tobacco Free Rhode Island

LGBTQ role models

The need for and the importance of positive, “out” LGBTQ role models to help guide, support and mentor youth, especially through self acceptance, was expressed across the majority of the interviews.

“It’s imperative that we raise up and highlight role models...it is so difficult for these kids to find people who they can look up to and admire.” –Jaye Watts, Thundermist Health Center

LGBTQ youth can feel shame for being who they are because they are not part of and do not follow the mainstream or majority gender and sexual identification norms. They are looking for role models, but for some, especially male gay teenagers, gay bars offer the most accessible socialization opportunities which come with exposure to a culture of sex, drugs and alcohol. This is not necessarily the case for non-gay male teens who have access to more dating and socializing outlets. A positive role model serves as an example—inspiring youth to live meaningful lives. Role models show young people how to live with integrity, optimism, hope, determination, and compassion. They play an essential part in the positive development of a youth.

“I didn’t have that role model (when I was coming out); so it’s something I need to be.” –Dan Fitzgerald, Tobacco Free Rhode Island

LGBTQ youth can feel shame for being who they are because they are not part of and do not follow the mainstream or majority gender and sexual identification norms. They are looking for role models, but for some, especially male gay teenagers, gay bars offer the most accessible socialization opportunities which comes with exposure to a culture of sex, drugs and alcohol.

Representation of LGBTQ community: use of language, messaging, and communication channels

All interviewees expressed the need for more inclusivity of LGBTQ youth through the use of language, development of appropriate messaging, and dissemination of affirming communication through various channels. Language that is used is paramount for LGBTQ teens to feel included—from preferred names and pronouns, to inclusive manners of speech. LGBTQ-informed language includes asking LGBTQ youth the pronoun that they prefer to go by. Messaging and communication should be direct, and content development should come from the LGBTQ community itself. Additionally, the LGBTQ community is made up of different types of people or subgroups that needs to be reflected.

“Youth, especially LGBTQ youth, just want to be included. They just need to feel the same.” —Dave Martins and Mark Cardarelli, Jim Gillen Anchor Teen Recovery Center

“LANGUAGE is the most important action item. It’s something so easy to train everyone in.” —Dr. Perez, Tri-County Community Action Agency Health Center

Regarding substance use-specific messaging, many youth are turned off by and uninterested in prevention messages that promote complete substance use abstinence, given in the real world they are trying to figure out how to for example drink alcohol responsibly.

Isolation due to race, geography, and sexual orientation

When interviewees were asked about race, geography and sexual orientation, and their effects on substance use, interviewees indicated that rural communities in the state can lead to isolation and increased risk of substance use. Being a person of color compounds risks further still.

Many youth are turned off by and uninterested in prevention messages that promote complete substance use abstinence, given that they are trying to figure out for example how to drink alcohol responsibly in the real world.

Section IV: Recommendations for Action

The recommendations listed below come directly from student focus group participants and key informant community stakeholders as well as from the assessment team based on their general expertise and the findings from the literature review and background research. They are organized into the following categories: Awareness, Education and Training; Welcoming and Safe Spaces; Messaging, Communication and Channels; and Protective Policies. While the recommendations are directed towards the Region 1 prevention coalition (and the six other regional prevention coalitions statewide), there are several that are applicable to other audiences such as schools, community organizations, and state agencies.

Most importantly, students want to be understood, accepted, and have access to safe spaces. LGBTQ support should be palpable and not subtle.

There is a significant need to increase understanding and awareness to help change biases and discrimination of the LGBTQ youth community.

Awareness, Education and Training

Prevention coalition audience

- Plan a Region 1 LGBTQ Youth Substance Use Prevention Summit and enlist consultation by programs like [Youth Pride](#), the [Thundermist Trans Health Access Program](#), Region 1 GSA student leadership, [Jim Gillen Teen Center](#) and [Tri-Town Community Action Agency](#) to provide LGBTQ training programs for Region 1 audiences.
- Increase understanding and greater awareness to help change biases and discrimination of the LGBTQ youth community. In order to increase protective factors and reduce risks, the prevention coalitions should initiate supportive LGBTQ youth awareness and education campaigns.
- Programs like the [Thundermist Trans Health Access Program](#) are available for training and should be more fully utilized by Region 1 programs including the prevention coalition. From their website: “[The Trans* Health Access Team](#) is a group of medical, behavioral health, and allied service professionals working to improve access to culturally and clinically competent healthcare for the trans* community.”
- Prevention coalitions should talk to providers in the field to explore further the issue of responsible use versus complete abstinence - in an effort to try to understand what youth are thinking and what influences them.
- Training and education programs regarding substance use risks for LGBTQ youth should incorporate curriculum related to:
 - *Mental health, societal vulnerability and resilient communities*
 - *Awareness and understanding of non-binary/nonconforming, gender neutrality*
 - *How to be an ally*
 - *Substance use statistics in Region 1, statewide and nationally, ensuring to include differences for LGBT youth*

LGBTQ youth audience

- Distribute and be more open with the resources available for LGBTQ youth. Education around substance use should start earlier-- more serious or formal lessons should start in middle school, because by the time students have reached high school, it is too late.
- Provide GSAs with data on LGBTQ youth substance use locally and nationally as a means to increase awareness and understanding of the issue. (See Protective Policies section below.)
- The following ideas can be mirrored/adapted by schools and prevention coalitions:
 - Write emails to teachers regarding youth substance use topics and include information and statistics about LGBTQ youth risk and protective factors.
 - *The Smithfield GSA is working on writing LGBTQ informational emails to teachers, distributing rainbow stickers, developing trainings and promoting awareness days.*
 - Distribute rainbow stickers for teachers' windows, to visually signify safe spaces for LGBTQ students (protective factor).
 - Participate in and promote national LGBTQ awareness days to take advantage of including substance use/misuse prevention messaging, for example:
 - *National GLBT Health Awareness Week (last week of March)*
 - *LGBTQ Pride (every June)*
 - The North Providence GSA attends the 8th grade open house and hosts a GSA carnival to fundraise. They've also established a rainbow day where they invite the entire school to wear rainbows to show solidarity for the LGBT school students, parents and faculty.

General public audience

- Take advantage of National Bullying Prevention Month (every October) and other national prevention months to create awareness and provide education among the general public.

Health care provider audience

Given substance use prevention does not happen in a vacuum, providers need to consider the youth, family, peer network, and community as a whole. Additionally, greater awareness is needed regarding health disparities, including health risks and health-related behaviors that disproportionately affect LGBTQ youth.

- Increase provider knowledge and skills in LGBTQ inclusive health. Mechanisms could include medical school education and continuing education programs.
 - Educate about LGBTQ language, including gender pronouns.
 - Train providers in the implementation of substance use and gender and sexual identity screening tools which are available from the National LGBT Institute and other local sources like the [Thundermist Trans Health Access Program](#) and the [Tri-Town Community Action Agency](#).
 - Educate providers to screen youth privately (without parents) to assess substance use, gender and sexual identity and sexual activity.

“Conversations about sexual health often lead into conversations about substance use.” –Dr. Perez, Tri-County Community Action Agency Health Center

Welcoming and Safe Spaces

Community Outreach and Involvement

- Highlight role models so that LGBTQ youth can find people they can look up to and admire.
- Encourage health care and service providers and advocates to visually indicate safe zones and get LGBTQ training. For example, Blue Cross Blue Shield of RI offers a [LGBTQ Safe Zone Program](#).



[For health care institutions], “confirm that you have patients rights hung up, that gender neutral bathrooms are provided, and front desk staff are prepared to deal with new pronouns, genders, etc.” –Dr. Perez, Tri-County Community Action Agency Health Center

Access to Safe Spaces

- Fund and create more safe spaces for youth to socialize and have access to affirming adults, caregivers and educators. Develop curricula focusing on youth in their first year of coming out.
- Since family acceptance is one of the most significant protective factors for LGBTQ youth, provide familial support and education for parents and caregivers.
- Further examine the development of LGBTQ youth specialty programs.
- Further explore what is needed to increase LGBTQ inclusivity in public programs.

Messaging, Communication and Channels

Messaging Content

- The two primary substance use areas to address with prevention messaging, based on student perception of the problems, are vaping and alcohol.
- Determine if more attention needs to be given to the message of responsible use versus abstinence for youth. Consider teaching about the range of choices and right and wrong.
- Students want messaging, but not necessarily targeted messaging. Rather, communication should be inclusive, not focused on just the LGBTQ community. A focus on inclusive messaging lets youth know that they are welcome, and that who they are matters.

“Addiction affects us all.” (GSA Student)

- In order to achieve a potentially higher level of reach/ impact, involve LGBTQ youth in substance use/misuse prevention message planning and campaigns. Allow them to review and provide input on content, images and display planning.
- What doesn’t work in prevention communication is negative message saturation. Students described seeing and ignoring the substance use warning posters in the school. Even those developed by youth were described as the least impactful way to communicate a substance use prevention message. This is crucially important given the education and public health dollars that are spent on marketing and promotions through posters and poster campaigns—which the students deemed ineffective.

A focus on inclusive substance use prevention messaging lets youth know that they are welcome, and that who they are matters.

What doesn’t work in communicating to youth about substance use prevention is negative message saturation.

Communication Channels and Strategies

- Any initiatives for LGBTQ youth must be organized by people within the LGBTQ community.
- Almost all of the student focus groups indicated that the best prevention strategy is for them to hear real stories from real people about their experiences with substance use, addiction, and recovery—this makes a big impact. They want to hear from a variety of people, not the customary presenter(s) that are in the speaker’s bureau now. Youth telling their story would make an even bigger impact and an adult or youth identifying as LGBTQ would have a greater impact still. Posters do not really work for youth, in-person discussion does.
 - A caveat with this recommendation however is the overuse of presentations by any particular adult in recovery, which at least two student focus groups discussed. They indicated that when particular recovery stories become more widely known and repeated—the message loses its impact.

- Through collaboration with school administrators and GSA programs, the Rhode Island regional prevention coalition leaders can take advantage of school-based communication opportunities to reach all youth, not just youth who identify as LGBTQ. For example, these channels can be explored: school blogs, youth run web pages, youth listservs, social media channels, school newspapers including working with youth to write articles about substance use/LGBT issues.
 - *The Smithfield High School GSA suggested the development of a youth group to help improve substance use/misuse prevention messaging campaigns which are perceived to be ineffective. “A youth group dedicated to working with messaging could be a useful and effective initiative for fixing this.”*
- Public health experts need to figure out a way to offset the visual assaults experienced by our youth through social media by perhaps looking for collaboration opportunities with major mobile app developers. For example the Snapchat Newsroom reached out to a federal project, HIV.gov, in advance of World AIDS Day 2017 to identify and promote people who had “stories” that could be made public. Featured stories ranged from getting tested, to taking medication, to promoting the work of community programs and educators. Snapchat created special zip code based geofilters to target users in selected communities.
- [The Truth Campaign](#), a site dedicated to exposing big tobacco’s tactics at targeting youth was cited as a reliable, effective and engaging source of information that appeals to youth. This communication format, messaging strategy, and content could be adapted by the prevention coalitions.

Protective Policies

Rhode Island Department of Education (RIDE)

- RIDE has been progressive with respect to developing a protective transgender and gender nonconforming policy for schools. The policy was developed in 2016 and needs to be updated. Since some schools may implement the policy better than others, technical assistance should be provided to help schools in need of support so that consistent access to safe school environments is available to all students in Region 1 and throughout the state. For more information, please read the [Guidance for Rhode Island Schools on Transgender and Gender Nonconforming Students](#).
- Review teacher substance use/misuse trainings and add content related to LGBTQ youth risk and protective factors. In the absence of clear policy and training, some providers/teachers are taking it upon themselves to educate themselves on how to help LGBTQ youth. Additionally, training needs to be available not only for GSA advisors and teachers but for other professionals who work with youth (for example, nurses, counselors, members of Parent Teacher Associations).
- Develop and improve school policies that address vaping on school property.

GSA in schools have been a prime missed opportunity to reach LGBTQ youth with substance use/misuse prevention messaging.

High Schools and Middle Schools

- GSAs have been a prime missed opportunity to reach LGBTQ youth with substance use/misuse prevention messaging. Given that RISS data indicates that LGBTQ youth are twice as likely to participate in underage substance use or misuse, **GSAs are a critical resource for sharing prevention messaging and education.** Expand the GSA support models to middle schools for youth that are coming out earlier in their lives.

Rhode Island Department of Health (RIDOH)

- Since it is vital for LGBTQ youth to have exposure to adults, professionals and caregivers that they can identify with and admire, it behooves the RIDOH to recruit and hire staff from the LGBTQ community or with lived experience. Other special population subgroups like women, minorities, veterans and the disabled have benefited from affirmative action employment policies. Implementing a policy like this would help to ensure that an LGBTQ perspective is involved in decision making for LGBTQ youth service models and provisions and to address health equity considerations.
- One way to increase public awareness and education about LGBTQ youth and their needs is for the RIDOH to make statistics which impact them routinely and easily available. Note: all student focus groups made this request.
- The RIDOH and RIDE can consider other ways to provide on-going statements and measures of support to the LGBTQ youth community to help decrease discrimination and societal isolation.

Community Organizations

- Community organizations can connect and collaborate with the [RIDOH Sexual Orientation and Gender Identity Equity Group](#). The group is a large multidisciplinary team which is working to improve LGTBQ public health policies, systems, and environmental change.
- Continue with efforts to rephrase terminology in schools, in healthcare, and the community at large. Language that is used is paramount for LGBT teens to feel included—from preferred names and pronouns, to inclusive manners of speech. LGBT-informed language includes asking LGBTQ youth the pronoun that they prefer to go by.

“Keep the conversation going; keep ensuring these kids know that they’re important.”

—Elana Rosenberg, Youth Pride Inc.

Appendix A: Resources

The following resources were gathered from a variety of sources including the community stakeholders, student focus group participants, and a customized literature and google search. The list includes local, state, and national resources that may be helpful to those interested in locating support services for LGBTQ youth, their service providers, advocates, and family/caregivers. Also included are education and training opportunities for professionals. Resources should be checked periodically for accuracy given that changes may occur. This list is not meant to be comprehensive, and resources listed do not imply an endorsement.

Except where noted, resources in each category are listed in alphabetical order.

Rhode Island Resources

Brown University LGBTQ Center

Providence, RI

401-863-3062

www.brown.edu/campus-life/support/lgbtq

The Center provides a comprehensive range of education/training, cultural, social and educational programming, support services and advocacy services to the entire Brown Community.

Comprehensive Community Action Program (CCAP)

Cranston, RI

401-467-9610

www.comcap.org

CCAP is one of Rhode Island's largest organizations dedicated solely to fighting the war on poverty. Their professional staff provide a wide spectrum of services designed to help those in immediate need and empower anyone desiring to become more self-sufficient.

Jim Gillen Teen Center

Providence, RI

401-632-4077

www.teenanchor.org

Rhode Island's first recovery center designed specifically for teens struggling with addiction. The Jim Gillen Anchor Teen Recovery Center provides access to age-appropriate recovery supports for young people, and connects them with peers to establish a network of friends who are understanding and supportive. The staff of the Jim Gillen Teen Center enjoy the lived experience of long term recovery, and are certified Peer Recovery Coaches.

LGBTQ Protection Project (a specialized unit within Rhode Island Legal Services)

Providence and Newport, RI

401-274-2652 (Providence) • 401 846-2264 (Newport)

www.rils.org

The LGBTQ Protection Project provides competent and compassionate legal services to the LGBTQ community with a primary goal to provide services to individuals and families who have survived domestic violence and other instances of violence, victimization, exploitation, and discrimination.

Options News Magazine

Providence, RI

401-217-3939

www.optionsri.org

Rhode Island's LGBTQ community magazine. News, resources, and events.

PFLAG

www.pflagprovidence.org

PFLAG, formerly known as “Parents, Families and Friends of Lesbians and Gays,” is a national support, education and advocacy organization for lesbian, gay, bisexual, transgender and genderqueer or non-conforming (LGBTQ) people, their families, friends and allies.

Rhode Island Coalition for Children and Families (RICCF)

Providence, RI

401-632-4639

www.riccf.org

To promote the safety, health and success of children and youth from infancy to adulthood. To accomplish this RICCF advocates for a comprehensive and effective network of social, emotional, health, educational, and economic supports and services for Rhode Island's children, youth and families.

Rhode Island Department of Education, Creating a Safe School Environment for LGBTQ Youth Tutorial

<https://learn.aero.und.edu/pages.asp?PageID=212225>

This self-paced online tutorial is part of the RI Coordinated School Health Program and is designed to provide educators with the resources and skills in creating a safe, welcoming, and inclusive learning environment for all students, even those who self-identify as lesbian, gay, bisexual, or transgender.

Rhode Island LGBT 2017-2018 Pink Pages

https://issuu.com/kpmedia/docs/17ppweb_ri

The Pink Pages list services and businesses that welcome the LGBT community.

Rhode Island Pride

Providence, RI

401-467-2130

www.prideri.org

The mission of Rhode Island Pride is to create opportunities for integrating and promoting visibility for the lesbian, gay, bisexual and transgender community; promoting equal rights and diversity through public education and the arts; provide safe opportunities and venues for people to come out with the ability to express and celebrate their sexual identities.

TGI Network of RI

Providence, RI

401-441-5058

www.tginetwork.org

TGI Network of Rhode Island is the only statewide organization providing support, education, and advocacy for the transgender, gender diverse, and intersex (TGI) community in Rhode Island and surrounding areas.

Thundermist Health Center

Woonsocket, RI

401-767-4100

www.thundermisthealth.org

Thundermist Health Center's goal is to bring healthcare to the people who need it most. They have grown and developed new programs to meet patient demand. Thundermist patients struggle with transportation challenges, substance abuse disorders, homelessness, unemployment or underemployment, and many other issues.

Tri-County Community Health Center

Johnston and North Providence, RI

401-519-1940

<https://tricountyri.org/services/health-centers-lab/>

To provide accessible, quality, and comprehensive social, educational, health, prevention, and other services to people in need, while empowering them to achieve the highest possible level of self-sufficiency and quality of life.

Tri-County Community Health Center is a proud participant of the Blue Cross Blue Shield Rhode Island (BCBSRI) LGBTQ Safe Zone Program. More information about this program (and other medical, mental health, and dental providers that are proud participants) can be found at: www.bcbsri.com/safezones.



Youth Pride

Providence, RI

401-421-5626

www.youthprideri.org

Youth Pride, Inc. is dedicated to meeting the unique needs of youth and young adults impacted by sexual orientation and gender identity/expression while working to end the homophobic and transphobic environments in which they live, work and play.

Other State and National Resources

Bullying Violence Network

Washington, D.C.

www.stopbullying.gov

StopBullying.gov provides information from various government agencies on what bullying is, what cyberbullying is, who is at risk, and how you can prevent and respond to bullying.

CenterLink: The Community of LGBT Health Centers

Ft. Lauderdale, FL

954-765-6024

www.lgbtcenters.org

CenterLink develops strong, sustainable LGBT community centers and builds a thriving center network that creates healthy, vibrant communities. Serving over 200 LGBT community centers across the country in 45 states, Puerto Rico and the District of Columbia, as well as centers in Canada, China, and Australia, CenterLink assists newly forming community centers and helps strengthen existing LGBT centers, through networking opportunities for center leaders, peer-based technical assistance and training, and a variety of capacity building services.

Family Acceptance Project

San Francisco, CA

fap@sfsu.edu

<http://familyproject.sfsu.edu>

The Family Acceptance Project is a research, intervention, education and policy initiative that works to prevent health and mental health risks for lesbian, gay, bisexual and transgender (LGBT) children and youth, including suicide, homelessness and HIV—in the context of their families, cultures and faith communities.

Frameline Youth in Motion

San Francisco, CA

www.frameline.org

Frameline's mission is to change the world through the power of queer cinema. As a media arts nonprofit, Frameline's programs connect filmmakers and audiences in the Bay Area and around the world.

Gay Lesbian & Straight Education Network

New York, NY

212-727-0135

www.glsen.org

The mission of GLSEN is to create safe and affirming schools for all, regardless of sexual orientation, gender identity, or gender expression through educator resources, an educator network, professional development, programming, and research.

Gay Straight Alliance (GSA) Network

Oakland, CA

415-552-4229

www.gsanetwork.org

GSA Network is a next-generation LGBTQ racial and gender justice organization that empowers and trains queer, trans and allied youth leaders to advocate, organize, and mobilize an intersectional movement for safer schools and healthier communities.

Gender Spectrum

510-788-4412

www.genderspectrum.org

Gender Spectrum helps to create gender sensitive and inclusive environments for all children and teens through events, resources, and provision of trainings at workplaces.

GLBTQ Legal Advocates & Defenders (GLAD)

Boston, MA

617-426-1350

www.glad.org

Through strategic litigation, public policy advocacy, and education, GLBTQ Legal Advocates & Defenders work in New England and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation.

Go Ask Alice!

New York, NY

www.goaskalice.columbia.edu

Alice! is not one person, but a team. The Go Ask Alice! site is supported by a team of Columbia University health promotion specialists, health care providers, and other health professionals, along with a staff of information and research specialists and writers.

It Gets Better Project

info@itgetsbetter.org

www.itgetsbetter.org

The It Gets Better Project is a nonprofit organization with a mission to uplift, empower, and connect lesbian, gay, bisexual, transgender, and queer youth around the globe.

Suicide Prevention Resource Center (SPRC)

Waltham, MA and Washington, DC

www.sprc.org/populations/lgbt

SPRC provides consultation, training, and resources to enhance suicide prevention efforts in states, Native settlements, colleges and universities, health systems, and other settings that serve populations at risk for suicide

Teaching Tolerance

Montgomery, AL

www.tolerance.org

Teaching Tolerance provides free resources to educators—teachers, administrators, counselors and other practitioners—who work with children from kindergarten through high school. Educators use our materials to supplement the curriculum, to inform their practices, and to create civil and inclusive school communities where children are respected, valued and welcome participants.

The Trevor Project

West Hollywood, CA

310-271-8845

www.thetrevorproject.org

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to LGBTQ young people under 25.

TransYouth Family Allies (TYFA)

Holland, MI

888-462-8932

www.imatyfa.org

TYFA empowers children and families by partnering with educators, service providers and communities, to develop supportive environments in which gender may be expressed and respected.

Welcoming Schools

www.welcomingschools.org

Human Rights Campaign Foundation's Welcoming Schools is the nation's premier professional development program providing training and resources to elementary school educators to welcome diverse families, create LGBTQ and gender inclusive schools, prevent bias-based bullying, and support transgender and non-binary students.

Health / Medical Resources

Tri-County Community Health Center

Johnston and North Providence, RI

401-519-1940

<https://tricountyri.org/services/health-centers-lab/>

To provide accessible, quality, and comprehensive social, educational, health, prevention, and other services to people in need, while empowering them to achieve the highest possible level of self-sufficiency and quality of life.



Tri-County Community Health Center is a proud participant of the Blue Cross Blue Shield Rhode Island (BCBSRI) LGBTQ Safe Zone Program. More information about this program (and other medical, mental health, and dental providers that are proud participants) can be found at: www.bcbsri.com/safezones.

Center of Excellence for Transgender Health

San Francisco, CA

<http://transhealth.ucsf.edu>

The mission of the Center of Excellence for Transgender Health is to increase access to comprehensive, effective, and affirming health care services for trans communities.

Fenway Health

Boston, MA

617-267-0900

www.fenwayhealth.org

The mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual and transgender community and all people in MA neighborhoods and beyond through access to the highest quality health care, education, research and advocacy.

National LGBT Health Education Center at Fenway Health

Boston, MA

617-927-6354

www.lgbthealtheducation.org

The Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, and cost-effective health care for LGBT people.

Project HEALTH

San Francisco, CA

415- 901-7108

www.project-health.org

Project HEALTH is a project of San Francisco's Lyon-Martin Health Services, providing an innovative, comprehensive program that expands access to healthcare for transgender individuals. This includes Transline, an e-consultation service to keep providers up to date.

Hotlines for Support, Referrals

LGBT National Help Center, Youth Talkline

Toll-free: 800-246-7743

www.glbthotline.org

Serving youth through age 25. Peer counseling, information and local resources.

LGBT Peer Listening Line (25 years and under)

617-267-2535

Toll-free: 888-399-PEER

Hours: Monday-Saturday, 5:00 – 10:00 pm

www.fenwayhealth.org/care/wellness-resources/help-lines

Based out of Fenway Health in Boston, MA, callers can receive help, information, referrals, and support for a range of issues. Talk to trained volunteers about safer sex, coming out, where to find gay-friendly establishments, HIV and AIDS, depression, suicide, and anti-gay/lesbian harassment and violence.

National Suicide Prevention Lifeline

800-273-TALK (8255)

888-628-9454 for Spanish

www.suicidepreventionlifeline.org

The Lifeline is a national network of local crisis centers that provides free and confidential support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. They are committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

Trevor Helpline Crisis Intervention for LGBTQ Youth

Toll-free: 866-488-7386

Trained counselors are available 24/7 for any young person in crisis, feeling suicidal, or in need of a safe and judgement-free place to talk.

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Appendix C: Student Focus Group Question Guide

Introduction

Hello, my name is Ann Marie Rakovic, I'm a social worker, and this is my colleague Hannah. We both work with, JSI, a research company in Providence.

We've been asked by the Tri-Town Community Action Agency to talk with students from five local high schools to discuss underage substance use specifically within the youth LGBTQ community.

So I thank you for taking the time to meet with us today. Your voices are important to our project. We'll only take about 30-40 minutes of your time to go through about 8 or 9 questions, and spend about 3 minutes on each.

_____ will be taking notes but we won't quote anyone specifically. Everything you say will be anonymous and you don't have to answer every question. Your participation is voluntary, and a \$25 gift card will be offered to each student who does participate.

At the end of talking to everyone, we're going to write a report that summarizes what people have told us about underage substance use and the youth LGBTQ community. We will write our findings based on a summary of all of the student groups that we talk to.

I may from time to time move us along in our conversation just to make sure that we can get to all of the questions. So forgive me now if I interrupt. If there's anything else that you'd like to tell us, you can always get a message to us through your student advisor.

Just a reminder:

- What you tell us will be anonymous. We won't quote you.
- You don't have to answer every question.
- We're not asking you about yourself personally, we want to know what you think about LGBTQ youth and underage substance use in general.

Are there any questions before we start?

Questions

1. Can you tell us more about the kinds of activities that your group plans and the kind of things you discuss?
 - a. Who plans your meeting agendas and how are topics decided?
 - b. Have you ever discussed, or do you think about, underage drug or substance use among other students or your peers, in and out of school?

2. If I asked you to vote on what you think the top three drugs/substances that underage students or your peers use, what would you say is the first, second and third most used substances?
 - a. Alcohol
 - b. Marijuana
 - c. Prescription drugs and opioids (for the interviewer - in case of questions: Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others).
 - d. Smoking and vaping or juuling, especially with other substances like marijuana
3. Do you think underage substance use is a problem in your community in any way?
 - a. If so, how?
 - b. If not, why?
4. Do you think that youth who identify as LGBTQ or gender non-conforming use substances any more, less or the same than straight, gender conforming or non-transgender youth?
 - a. Can you explain why?
5. Have you participated in any of the local youth substance use prevention activities or seen ads with messages about the dangers of underage substance use, what you can do or where you can go for help?
6. Do you think that the current underage substance use ads, notices and activities are LGBTQ youth gender non-conforming friendly?
 - a. If yes, what works?
 - b. If not, what is needed to make them friendly?
7. What recommendations do you have for your school, the community you live in and the state health department to ensure that LGBTQ and gender non-conforming youth can be reached and supported to help prevent underage substance use problems
8. Do you have anything else that you would like to share with us today?

Appendix D: Key Informant Interview Guide

1. Introduce interviewers

- a. JSI Providence is a research and consulting firm with extensive experience in community assessment work and a commitment to health equity work

2. Describe project

- a. Contracted by Tri-County Community Action Agency Regional Prevention Coalition
- b. Small time-limited project funded by Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
- c. 5 town focus: Cranston, Smithfield, Johnston, North Providence, and Scituate
- d. Conducting LGBTQ youth assessment on the risk and protective factors related to their substance use and prevention. We are specifically interested in use of alcohol, opioids, prescription drugs, cigarettes/vaping and marijuana. Focus: 12-17 year olds
- e. We are meeting with various stakeholders in the community and will hold several youth focus groups with the schools based GSA programs.
- f. Ultimately we plan to synthesize what we've learned:
 - i. *Develop recommendations and share our findings with the RI Department of Health and the youth substance use prevention coalitions in the state.*
 - ii. *Our hope is to raise awareness about what we learn and to propose actionable ideas for consideration as part of our future health equity planning.*

3. Describe interview process

- a. We have a series of open-ended questions that we would like to ask about your work and thoughts on health equity issues, specifically focused on substance use and prevention experienced by queer youth.
- b. We will plan to talk for 60 minutes, and Hannah will be taking notes. Is that okay?
- c. We are trying to gather general information from key stakeholders. Can we list your name in our report as someone that we have talked to?
- d. While we will not associate specific interview content with specific interviewees, if by chance something you say would be an instructive pithy quote for our report, would you allow us to quote you with your permission? No, is fine.
- e. Do you have any questions before we get started?

4. **Questions Specific to Role, Organization and Programming**

- a. Can you tell us a little more about yourself and your role and how you connect with queer and trans youth?
- b. Can you tell us about your organization and the programs you offer, related to queer and trans youth and substance use or prevention?
- c. Do you or your organization/program administer any screenings/surveys that address LGBTQI+ substance use consumption and risk and protective factors?
 - i. *For health care providers: do you screen for substance use as part of routine check-ups for youth/adolescents? PHQ-9*
 - ii. *For health care providers/support: do you perform mental health assessments?*
 - iii. *If yes, is the assessment language queer inclusive?*
- d. Do you or your organization/program track LGBTQI+ youth participation in program/services?
 - i. *In your experience, what do you see/think about the similarities or differences between queer youth and their non-queer peers related to who is more or less likely to use drugs?*
 - ii. *What do you think are the primary reasons/risk factors LGBTQI+ youth use or experiment with substances that is different from their non- LGBTQI+ peers?*
 - iii. *Does age, race, ethnicity or geographic location impact either of these groups and their substance use risk and protective factors?*
 - iv. *Do you have access to any data that you draw your opinions from?*

5. **Question Specific to Substance Use Prevention /Treatment Services and Recommendations**

- a. What measures or programs do you or your organization/program use to help prevent/treat youth substance use?
- b. What measures, if any, have you taken or are you aware of others taking to address the potential for online mean behavior or bullying or animosity among community members?
- c. What do you think are the best support system/resources for LGBTQI+ youth in Southern Providence County?
- d. What recommendations would you make to the SPCRC, other regional coalitions and the state to help abate LGBTQI+ substance use?

6. Questions Specific to Communication and Messaging

- a. Do you publish and disseminate substance use prevention and educational materials for queer youth and their caregivers/parents?
 - i. If yes, can you share your resources with us? Have they been effective? How do you measure your communication/messaging effectiveness?*
 - ii. If no, do you direct LGBTQI+ youth to other resources in the area that do offer this support?*
- b. In general do you think that LGBTQI+ youth are exposed to substance use prevention messaging that is inclusive (in language, content and imagery), in the SPCRC area, Providence and in Rhode Island at large?
- c. Who/which organization communicates best around substance use prevention messaging?
- d. What can the SPCRC, other youth substance use prevention coalitions and the state do to be more inclusive with programs and messaging directed toward LGBTQI+ youth?

7. Do you have any data or instruments that you would be willing to share with us?

About the Report

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