

**UCLA**

**Community Engagement and Social Change Minor Capstone  
Papers**

**Title**

PROPOSAL FOR INVESTIGATING ADVERSE COMMUNITY INDICATORS AS A CONTRIBUTING  
CAUSE FOR MARIJUANA AND OTHER SUBSTANCE MISUSE DISORDERS AFFECTING  
COMMUNITIES OF COLOR

**Permalink**

<https://escholarship.org/uc/item/8kk2z31d>

**Author**

Sakthi, Chandni

**Publication Date**

2022-06-07

Peer reviewed

**A PROPOSAL FOR INVESTIGATING ADVERSE COMMUNITY INDICATORS AS A  
CONTRIBUTING CAUSE FOR MARIJUANA AND OTHER SUBSTANCE MISUSE  
DISORDERS AFFECTING COMMUNITIES OF COLOR**

Chandni Sakthi

Community Engagement and Social Change Minor

CESC 191AX Seminar

Dr. Bemmy Maharramli

January 26, 2022

### **Abstract**

In 2016-2018, alarmingly, the opioid epidemic ravaged communities of color. Forty percent of the African American national population misused opioids, which subjected them to unjust labels of “drug user.” The pattern of racially labelling African American communities as “drug users” was not only driven by implicit discrimination, but also carried over to this community’s current abuse rates of marijuana. This pattern of bias have been shown to understand the prevalence of marijuana mis-use rates. However, previous studies have not unearthed how marijuana abuse education and initiative creation have contributed to marijuana abuse prevention in CA. In partnership with South Central Prevention Coalition(SCPC), this research gap is addressed by applying a community engagement research lens to implement effective marijuana education and safe drug disposal programs that can steer marginalized individuals towards marijuana abuse prevention. Through mixed methods data collection, next steps include conducting focus group interviews and devising program evaluation surveys to better understand substance user/non-substance users perception on types of programming available in their community as well as the effectiveness of the programming in bringing awareness to marijuana abuse prevention. Final implications will inform the dangers of marijuana mis-use through effective community prevention program efforts and further call for a decrease in marijuana outlet production/accessibility to youth communities of color in South Central LA.

Keywords: Opioid Epidemic, Implicit Bias, Marijuana Abuse, Community Stability indicators, Community Engaged Research Approach, Marijuana Abuse recovery programs, Mixed Methods Data Collection, Marijuana Abuse Prevention

### **Problem Statement/Literature Review**

Substance-use disorders afflict marginalized communities of color, specifically the African American and Latinx communities at alarming rates. The attention towards the deleterious impacts of substance-use disorders stemmed from the opioid epidemic in which 10.3 million people within the United States misused prescription opioids and heroin in 2018. Out of 10.3 million individuals affected by the opioid epidemic, 2 million individuals in the U.S. had developed a form of opioid use disorders (SAMHSA, 2018). According to Substance Abuse and Mental Health Services Administration, focus on epidemic hones in on “White and suburban rural communities,” while less attention was given to “African American communities” that experienced increased drug overdose rates. In 2015-2016, around opioid misuse rates of 40% were attributed to the population which traversed the opioid misuse rates of White ethnic groups nationally (SAMHSA, 2018). Additionally, according to the Substance Abuse and Mental Health Services Administration, in the year 2019, 6.5 million African Americans suffered from a mental illness or substance use disorder (SUD) with an increase of 10.1% in cases for both SUD and mental illness. Kids who were 12 years old or older faced consistently high rates of opioid misuse: around 3.4% out of 7% of the African American population within the United States (SAMHSA, 2019). During the same time period, African Americans misused synthetic versions of opioids and crack cocaine which called for a national outcry towards restoring these communities' mental health outcomes and developing drug-use prevention services to prompt drug detoxification. However, an opposite phenomenon incurred in which African American drug users were incarcerated unjustly which shattered many families livelihoods and fueled their mistrust towards reforming power structures. Behind this phenomenon, a substantial healthcare disparity can be observed in that not only was the label of “drug user” pinned on African

American populations leading to elevated incarcerated rates within this population, but also physicians implicit disbelief of pain felt by African American communities prompting them to deny legal opioid prescription provision to African American patients. As healthcare providers denied legal opioid prescription to these communities, this treatment by these providers upended these communities' illicit procurement of these opioids and subsequent mis-use.

During this opioid crisis, implicit bias and patterns of discrimination exuded by these healthcare institutions and individual healthcare providers may have not only contributed to their pattern of labelling which further promulgated distress within these communities, but also served as a proxy for these communities to procure as well as mis-use manifolds of lethal substances. A source states that 40.0% of Latinx women and 45.1% of Latinx men were engaged in the use of illicit drugs for 12 months(ACLU, 2018).

Currently, one substance that has been mis-used upon its legalization in the United States is marijuana. Connecting to this, racial disparities are a leading factor in marijuana possession arrests in which African American individuals are 3.64 times more likely to be incarcerated for marijuana nationally and individual states in comparison to white individuals (ACLU, 2018).” Not only does this community experience higher rates of drug use, but also they are more likely to be incarcerated due to a powerful bias that attaches the label of “drug user” on the African American community in comparison to white communities. Additionally, previous studies have demonstrated that the frequency of marijuana mis-use was the highest among marginalized African American and Latinx youth aged 4-14 (Homel et. al., 2014).

With this, Latinx men and women are more likely to be over-criminalized due to their increased percentage of marijuana use and labels delineating them as drug users which causes racial profiling/subsequent discrimination. Although African American communities and Latinx

communities have distinctions in community drug rate use as well as types of drugs being used, a similarity is seen in the form of a trend: both communities are over-criminalized and discriminated against by power structures as their implicit bias demarcates them as formidable drug users and overlooks drug misuse as being perpetrated by racist power structure beliefs.

The presence of discrimination and lack of awareness to over-criminalization of Latinx individuals are a few factors that constitute social disorganization within communities. Socially disorganized communities are characterized as communities that indulge in maladaptive social and organizational behaviors such as substance use encouragement, construction of alcohol outlets, lack of control over suppressing the presence of crimes, and over-criminalization of communities as “drug mis-users.” These factors fostered increases in marijuana mis-use rates amongst adolescents as these factors perpetrated increased access to these substances as well as discrimination/racial profiling that fuels their marijuana mis-use (Goldstick et.al., 2016). Mis-use in this study was defined as frequent as well as the over-use of marijuana by adolescents.

Additionally, the pattern of increased alcohol outlet development in South Central LA is now expanding to include the rise in marijuana outlet and dispensary development near middle/school schools in South Central LA. Although marijuana consumption is legal with the legal age to purchase marijuana being 21, this is problematic because outlet increases near youth/adolescent concentrated areas/institutions confers them with easy access to purchase marijuana through others who have attained the legal age as well as mis-use of marijuana at a young age. With the development of marijuana outlets being labeled as an adverse social community organization indicator according to Goldstick, youth aged 8-12 have not only been inclined to obtain marijuana but also this age bracket has been statistically shown to consume/smoke marijuana more than other age groups. Therefore, investigating South Central

LA resident's perception behind the contributing causes to increased marijuana mis-use rates by adolescent communities of color can not only prompt an advocacy platform for decreasing the prevalence of marijuana outlet construction in urban/school areas, but can also instigate a call for stable social community organization through the introduction of educational programming and "Drug Take Back" day-like events for communities in promoting marijuana disposal/mis-use prevention practices."

With this, community structures and indicators of stability have been shown to understand the prevalence of substance mis-use rates amongst marginalized African American and Latinx youth. However, previous studies have not unearthed the correlation between the community stability indicator of marijuana mis-use education/prevention program awareness development and the effectiveness of these programs in expelling substantial information about the adverse impact of marijuana-misuse to observe reductions in rates of marijuana mis-use amongst marginalized youth, presenting a gap in existing research. To mend this gap, exploration of this topic is necessary: how marginalized communities of color such as African American and Latinx communities are more prone to drug misuse due to the presence of unstable community indicators such as implicit bias presence or community labellings such as "drug misusers." Additionally, the question of whether educational programming can spur awareness of this topic and whether this tool can be used to dismantle the effects of unstable community indicators as well as increase marijuana mis-use prevention must be addressed.

I hope to bridge these gaps by using a community-engaged research approach, which will prompt me to implement community education initiatives and safe medication disposal programs which emphasize substance misuse prevention to determine whether these programs are effective in steering marginalized individuals towards substance misuse prevention or recovery programs.

Mending these gaps will not only clearly define the “mis-use term,” but will also unveil whether the increased presence of marijuana outlets is perceived as pernicious for the health/education related to adolescents of color.

One study conducted by Damon evaluated perspectives of participants who use drugs excessively through a community-based participatory research lens. Fourteen participants with persistent substance mis-use were interviewed about their experiences using a community-based participatory research framework, however participants had negative afterthoughts after these CBPR principles were employed due to the superficial implementation of research methods. Results further elucidated that CBPR was implemented inconclusively within marginalized communities(Damon, 2017) . The use of CBPR in order to investigate participant experiences of implicit bias exuded by healthcare institutions as well as societal stigmas, wasn't deemed as effective as CBPR didn't include marginalized participants from non-urban settings as well as low income neighborhoods. Additionally, community based participatory research centralized on sampling marginalized participants as well as evaluating their experiences with substance mis-use, posed ethical challenges in which there is an absence of an identifiable community and research about their particular drug use patterns in terms of community engagement(Souleymanov et.al, 2016). CBPR on the topic of substance mis-use doesn't account for mobilizing communities of marginalized individuals who harness historical engagements in substance mis-use, therefore it is recommended that community engaged research framework be utilized within this topic to mobilize marginalized communities into becoming attuned to substance misuse patterns as well as actively preventing these patterns through researcher's collaboration with substance mis-use community organizations.



An example of a community organization that resides in South Los Angeles and propounds development of universal services for marginalized residents impacted by substance misuse is [South Central Prevention Coalition\(SCPC\)](#). SCPC fosters educational development and primary prevention strategies to inform youth/ marginalized adults on the risks and dangers related to substance misuse as well as encourage individuals to be cognizant of educational programming which can provide them resources for scouting out and advocating for recovery/prevention programs in their area of residence. Community-engaged research tools devised would align with South Prevention Coalition Prevention partnership efforts to decrease marijuana use among youth, decreasing meth use among youth and adults, and decreasing drug misuse among youth/adults by reducing unlawful and lawful access to opioid drugs.

Types of community-engagement tools cultivated to address the research inquiry as described above would be developing educational curricula on marijuana/opioid misuse awareness for faith-based organizations as well as low-income communities housing middle schools, gleaning a focus group cohort who will relay their experiences with their community's current state of substance mis-use programming/whether they know of adverse community indicators that contribute to the patterns of drug-misuse behavior that they observe, and creating program evaluations for a Drug Take Back event in efforts to understand the African American/Latinx current perceptions of substance mis-use as well as promote means to safely dispose prescription drugs to further educate public about substance mis-use. All of these community engagement tools will be created to cull qualitative research methods. Qualitative data within this research approach aligning with this research inquiry is collected by learning from the faith-based African American and Latinx participants sampled from the focus group, rather than imposing the researcher's standpoint onto participants through questionnaires and

interview sessions(Creswell, 2003). While, quantitative data is collected from the advancement of the research question stated above through development of surveys and post-event evaluations measuring participant agreement with written statements regarding their current experiences with substance mis-use prevention programs.

The topic of exploration that is situated in this proposal is investigating how marginalized communities of color, specifically African American and Latinx communities are more susceptible to drug misuse which can be attributed to maladaptive community indicators such as implicit bias, “drug-misuse labeling,” as well as lack of community programming/tools cultivated to bring awareness to drug mis-use/spur advocacy towards substance mis-use prevention endeavors. A community engaged research approach alongside SCPC’s collaboration will be utilized to address the inquiry of whether program evaluation, and focus group interviews can unravel current community organizational awareness of substance misuse disorders as well as whether educational curricula development can curb the progression of unstable community indicators that lead to elevated substance mis-use. Specific community engagement research strategies that align with SCPC’s methodological approaches of primary prevention strategies and collaborative learning strategies, include the development of substance mis-use educational curricula, focus group interviews involving faith-based community members that presentations were delivered to, and program evaluation surveys administered after the completion of Drug Take Back day. The importance of this work resides in that contributing factors to substance mis-use disorders affecting adolescents and adults of color will be clarified as well as the relationship between faltering community stability indicators and substance mis-use disorders will be substantiated through qualitative data collection.

### Summary

The focus of this community engagement research project was to investigate the contribution of community indicators and risk factors on marginalized youth's development of marijuana misuse. Additionally, the sub-focus of this project was to measure the effectiveness of organized community indicators such as marijuana mis-use prevention program creation, perceptions of implicit bias permeated by hegemonic power structures, and educational resources as well as its propensity to mitigate instances of marijuana mis-use. These focuses were investigated through a community engagement research approach in which I devised and presented substance mis-use educational curricula for faith based communities as well as high schools in low-income areas within SPA-6. Upon presentation of these materials, a focus group interview qualitative data tool was utilized to record participant positive or negative perceptions of healthcare disparity educational material and programming disseminated by their community. Post presentation surveys were created for participants to evaluate presentation effectiveness in addressing current substance mis-use substances, advocacy for substance mis-use prevention, as well as whether these resources should be implemented in their community to actively resist substance mis-use. In alignment with SCPC SLAM Coalition, I participated in Drug Take Back Day by creating post event surveys which measured participant perceptions on the effectiveness of Drug Take Back Day in disseminating safe prescription disposal practices as well as promoting substance mis-use treatment resources.

## Methodology

### Background

[South Central Prevention Coalition \(SCPC\)](#) is located in South Central Los Angeles, California. This organization's mission is to "provide an array of comprehensive services" that will cultivate a healthy South Los Angeles especially for residents who are battling with substance use disorders as well as implement "evidence-based prevention programs" in efforts to primarily educate marginalized youth on the pernicious impacts of substance misuse disorders. The strategies that this organization utilizes to develop these services are employing "primary prevention strategies that promote healthy, positive lifestyle choices" in conjunction with "coalition-building efforts" that "under-gird resilience as well as agency" within these communities. This organization has devised three different types of prevention programs to protect youth from experiencing the dangers of substance mis-use: Substance Use Prevention Programs, Campaigns, and Workgroups. The programs that I closely worked with are the Substance Use Prevention Program and the SCPC Slam Coalition alongside my supervisors Shavon Moore-Cage and Erika Tate. As the executive assistant to the City Mayor and Senior Outreach coordinator, she will finetune my educational curricula as well as recruit participants for a focus group interview. As the chief operating officer of SCPC, I will work with Erika closely during my creation of SLAM coalition Drug Take Back Day pre/post event surveys. Below is a table that links each type of available program with the program description.

In establishing rapport with SCPC, the guiding principles of partnership can be followed to further collaboratively act on goals as well as ensure communication between both parties is fortified throughout the duration of the partnership. In alignment with the elements for an

authentic partnership, partnerships serve a “specific purpose” and mutual “agreement” about roles between both parties can result in trust being formed (Community-Campus Partnerships for Health, 2018). Another important element in building trust between SCPC and myself would be “balancing power” among partners as well as sharing resources effectively through communicatory measures. By implementing these measures in my partnership with SCPC, a shared community transformation goal can be achieved in which “community capacity building” within marginalized youth and adolescent communities can be formed (CCPH Health, 2013).

With devising salient data collection materials as a SCPC student partner, it is imperative to maintain trust between participants and those involved in SCPC by “protecting the anonymity of individuals” in survey research as well as not fabricating information uncovered by the participant. The data was anonymized and managed securely. Additionally, when communicating with SCPC staff, another way that trust was embedded was through a stream of ideas proposed by both parties that addressed the SCPC program goals. Seeking the input of SCPC in all stages of data collection, I ensured that reciprocal and critical reflective trust was embedded during the collaboration and subsequent review stages of presentation materials, interview guides, and program evaluation measures. Ultimately, by respecting SCPC clientele, SCPC staff as well as being reciprocally respected, there was also an establishment of trust that allowed me to produce project deliverables for the organization and to utilize these project deliverables as tools needed in investigating my research inquiry.

As a student who is a person of color but does not identify as an individual in African American or Latinx communities, I have established my positionality with cultural humility in this project to be an Indian American woman of color who is advocating for marginalized youth and adolescents and their battles against implicit bias as well as discrimination which fuels their

mis-utilization of substances. Although I have not faced the same drug mis-use experiences nor discriminatory experiences that the aforementioned communities have encountered, I acknowledged the harrowing nature of these experiences on these communities and seek to provide educational solutions that work towards conferring relief from these experiences to these communities. Substance mis-use, especially, marijuana mis-use is an extremely sensitive issue that may mentally trigger audiences that attend the presentations, therefore exuding empathy and mindfulness as I present these presentations allowed me to advocate for compassionate prevention practices that protect marginalized youth from depleting mental, physical, and professional capabilities. I intended to create these materials for the lifestyle betterment of the youth in South Central Los Angeles in collaboration with SCPC through community engagement activity planning. As I advocate for marginalized youth and adolescents that are affected by substance mis-use as well as healthcare institution bias/discrimination, I ensured that their voices are amplified against institutional discrimination and that they were cognizant of their inclusion in effective educational/presentation opportunities disseminated by community engaged organizations.

### **Procedures for Data Collection**

By initially utilizing data from the Rural Health Information Hub, I was able to delve into social service agency data as well as the effectiveness of “treatment, counseling, and recovery support services” for marginalized youth that are currently present in the South Central Los Angeles area(Rural Health Information Hub, 2022). With this, I was able to identify the types of services that were effective in the South Los Angeles area and devise preventional education presentations that are tailored to the comprehension capacities of youth(SAMHDA, 2022). SCPC partner feedback was implemented to identify which areas within Service Planning Area 6 do not

utilize beneficial educational healthcare disparity programming, especially substance mis-use programming. As part of the community engagement process, I collaborated with SCPC to ensure that presentation materials was tailored to bolstering cognizance on substance mis-use disorders within marginalized populations in high schools/faith based communities as well as integrated my observations on the pre-selected target audience/their potential experiences within post-presentation survey production.

The overall method that was used to substantiate the aforementioned topic was devising substance misuse presentations and focus groups interviews conducted for 6-12 individuals who are present at all presentations, constituting program evaluation measures for effectiveness of community programming on various substance misuse(Writing Strategies and Ethical Considerations,65). Once this presentation was completed and presented to marginalized youth communities aged 4-14 through a video recording format as well as focus group participants.

With this, SCPC and I were able to conduct a focus group which is a qualitative method of program evaluation. According to the CDC, a focus group is a “group interview where 6-12 people who share the same racial, socio-economic, or ethnic “characteristics” was interviewed and subsequently evaluated on their point of views on substance misuse topics(CDC evaluation brief, 2018, p.1-2). With this, in alliance with SCPC, the roles of “facilitator, note-taker, and technician” were implemented in a focus group to respectively “keep track of discussion, note commentary/observe body language inflections, and record the group session.” Six to twelve individuals who are consistently present during the manifolds of substance mis-use presentations were asked if they would like to participate in one focus group interview. Given the choice to participate, SCPC social media team promoted calls to find a focus group interview panel on Instagram and Twitter. Participants who were interested were selected based on African

American/Latinx racial status as well as ages ranging from 13-50, in which the selection process will be spearheaded by Shavon Moore-Cage. Upon participant consent to be involved in the focus group, a small incentive representing a token of gratitude was offered to them. In speaking with the SCPC prevention Coordinator, Shavon Moore-Cage, these focus group interviews can be incentivized to bolster participation as well as thoroughness of responses. Incentives that were to be funded by SCPC included \$15 gift cards to the participants(CDC incentives, 2018, p.1-2).

Prior to the interview, the marijuana mis-use presentation was presented to the participants. Interviews took place for 60-90 minutes with preformulated questions that were tailored to specific age levels. Questions were listed in the form of an interview guide ranging from presentation effectiveness questions as well as questions related to presentation effectiveness on influencing participants to substance mis-use treatment or recovery services. Due to the COVID-19 pandemic, these interviews took place on zoom to accommodate multiple people sharing their views for each question.

To represent qualitative data, a focus group methodology was utilized to address the preliminary question: What are the contributing causes for increases in marijuana mis-use amongst adolescents within communities of color? Do these causes inherently hinder marijuana mis-users from seeking out forms of marijuana mis-use prevention programs and recovery services? The focus group interview consisted of 8 individuals whose age ranged from 29 years to 72 years old and who identified with the African American/Black race. Before the focus group interview was initiated, a 20 minute marijuana mis-use presentation was executed, touching on topics such as what is marijuana, short/long term effects of marijuana mis-use, misconceptions about marijuana mis-use, statistics pertaining to the prevalence of marijuana mis-use in high school age groups, as well as the lack of awareness about marijuana mis-use recovery



programs/prevention educational programs. Following this presentation, an opening question was asked which was “What did you think about the marijuana mis-use presentation in terms of content, statistics, and additional resources listed? Please provide some reflections on this.” In conducting the main focus group interview session, participants were asked to reflect on these following guiding questions:

Does your community have marijuana mis-use prevention programs that you are aware of? If so, explain your experiences. Have you previously lived in or currently reside in LA county where there are an abundance of marijuana outlets and dispensaries? Knowing that these are present, do you know of anyone who felt inclined to purchase marijuana from these outlets. Do you think that educational curricula development can be useful to bring awareness to marijuana mis-use? Can it help people be directed to prevention/treatment resources? Have you ever been racially profiled as a marijuana mis-user or someone who could casually use marijuana? How did this make you feel?

The group was assigned an order in which each individual was asked to answer the question of interest, before moving onto the next set of questions. Based on participant responses to these questions, the prevalence of marijuana-misuse alongside the mindsets behind marijuana mis-use and the bereftness of community program development/education on marijuana mis-use were discussed thoroughly.

As I interviewed substance mis-users' perception of prevention programs on their substance mis-use behaviors, I practiced ethical research by protecting participant privacy and confidentiality when interview sessions are conducted and notes acquired from sessions are collected. In performing interviews, I was cognizant of “informed consent” in which I informed the participant about the project goals and reason that this data is being collected before the

interview process starts as well as conferred them with the “right to participate voluntarily” for this research inquiry(Creswell, 66).

Program evaluations are defined as a form of documentation and assessment of program implementation. In the form of google form survey, I utilized SCPC’s post Drug Take Back Day program evaluation which prompted me to develop questions about participant viewpoints on program milestones and to analyze participant responses with a logical model framework in a report. The logical model framework reflected on relationship building between implementation of the program and desired outcome, but SCPC’s program evaluation design evaluated the desired program outcomes through the collection of participant views on the effectiveness of the program in disseminating awareness for substance mis-use. Participants who attended this Drug Take Back day event were given a choice to complete these program evaluations in the form of surveys. Simplified question language encompassed rhetoric familiar to all age level participants and biased language was not applied to the survey questions. To retain authenticity of participant answers, falsifying or fabricating participant answers was prohibited. Factors that may jeopardize validity and generalizability were considered. As survey questions were devised in the form of a post event survey, privacy and confidentiality of participant responses will be enforced(Creswell, 65).

### **Procedures for Data Analysis**

Qualitative data in the form of focus group interviews and program evaluation was measured using self-reported health status which allowed participants to provide their own perceptions of a health condition. However, the data that I collected will further utilize the SRHS framework in that participants will be asked to self-report their perceptions on the effectiveness of programming for Drug Take Back day, describe the effectiveness of substance mis-use

education programming that they were exposed to, as well as their current views on substance mis-use affecting them as a marginalized person of color. Program evaluation data analysis was conducted through describing and summarizing Drug Take Back Day attendee responses. These descriptions were written in the style of an evaluation report which includes a summary of findings.

Upon completion of the focus group interview, responses were compiled and transcribed utilizing qualitative data coding.

In alignment with Charmaz's framework into qualitative data coding, the following initial questions were considered: "What is going on? What is this person saying?" Subsequently, analysis was performed to "produce a detailed and systematic recording of themes" as well as socioeconomic indicators that were touched upon during the focus group interview. Connecting with this analytical framework, an "exhaustive category system" was created to ascertain common themes and viewpoints during the interview(Charmaz, 2006). General themes within the transcripts that coalesce with Burnard's Stage Two analysis and that were gleaned from open coding practices included reactions when comprehending marijuana mis-use statistics amongst youth knowing that the pattern of alcohol outlet development is translatable to marijuana outlet development, discussions on marijuana mis-use due to unstable community indicators, unanimous agreement on the absence of marijuana mis-use prevention educational measures, as well as common realizations that marijuana mis-use education is missing from youth concentrated communities in South Central LA.

## **Results**

The term mis-use was defined by participants as frequent and over-use of marijuana due to the increased presence of marijuana outlets. Upon performing data analysis as mentioned above, the major themes extricated were general reactions on marijuana mis-use presentation materials, marijuana mis-use due to unstable community indicators, perceptions on current marijuana mis-use prevention educational measures, marijuana promotion, and lacking education on this issue which can be mitigated by community development tools which can steer users to marijuana mis-use recovery. Subheadings for each theme included the following respectively: shocked and not shocked reactions upon reacting to marijuana outlet concentrations, increased accessibility to marijuana due to marijuana outlet increase, participants have never heard of recovery programs through education/visuals, commercialization of marijuana, as well as ideas for community programming development towards elementary/middle school students.

Utilizing interview transcript analysis and open coding principles, it was found that four individuals elicited a shocking reaction through their reflections when visualizing higher marijuana mis-use rates amongst high school individuals, while the remaining 4 individuals elicited an unsurprised reaction through their reflections on the overly concentration distributions of marijuana outlets. Additionally, all 8 individuals deduced the contributing causes of marijuana mis-use to be attributed to the increase in dispensaries in urban areas and high schools as well as increased marijuana accessibility due to legalization of marijuana. All of the participants in this focus group interview stated that they have not heard of or seen visual marijuana mis-use prevention posters within their respective communities which posed as unnerving concern to them. Four out of eight participants stated that they had/have lived in a community where there is/was an abundance of marijuana outlets, including Crenshaw, Melrose, and the Redlands. Participants also agreed that the commercialization of marijuana accounted for youth of color as

well as adults of color to go into dispensaries. Lastly, all eight participants proposed that restoring education that is lacking in their communities would be key to reducing prevalence of marijuana mis-use rates alongside steering mis-users to seek out recovery programs. These findings that were extricated, substantiated the topic of focus: a discussion surrounding the prevalence of marijuana mis-use amongst youth and adults of color in South Central LA due to lacking community educational interventions as well as whether the implementation of organized community indicators such as marijuana mis-use prevention program creation within their community/increased educational resources has the potential to curb instances of marijuana mis-use amongst high schoolers.

After participants were asked to listen to the marijuana mis-use presentation prior to the conduct of the focus group interview, they were asked to reflect on the strengths and weaknesses of the presentation as well as the effectiveness of this resource as a proxy for audiences to unpack the contributing causes of elevated marijuana mis-use disorder rates. As responses were transcribed for a question concerning their reflections on the presentation material and comprehensibility, a major theme emerged which was that participants felt mixed emotions when internalizing the statistical content of the marijuana mis-use presentation. In devising this theme, an open coding process was applied in this following sequence, aligning with Burnard's method of interview transcript analysis. Burnard's first 10 stages of analysis were prompted during the open coding process of this theme. After Stage 2 of Burnard's analysis was applied in determination of this theme, transcripts were thoroughly re-read and transcriptions that aligned with the theme were further placed into a table. In deciphering this theme, the open coding process involved delving into the participant's words to unravel common sentiments that they stated regarding marijuana mis-use presentation content as well as platforming these sentiments

as a “freely generated category.” Continuing Burnard’s stages up until Stage 10, it was imperative that I utilized the “dross” process to cut down “unnecessary fillers” as well as retain the main subject matter of participant statistical perceptions upon registering the impact of the presentation (Burnard, 1991, pp. 461-463). As more data was added to this theme, I created the subheadings of “Participants were shocked seeing these statistics reflect the youth accessibility of marijuana and subsequent mis-use” and “participants were not shocked seeing these statistics reflect the youth accessibility of marijuana and subsequent mis-use” to fit both the surprising and not surprising sentiments that were stated by the participants.

As stated by 29 year old participant Janice, “So the numbers in the stats were pretty shocking to me, especially for the age of the eighth graders.” Another participant named Monica stated “I see the effects of the increased marijuana use some, especially among young people. And I've seen how marijuana has changed over the years. So what is going on with it now, kind of alarmed me.” These interview quotes serve as evidence that participants elicited shocked or alarmed reactions to the presentation statistics which highlighted the emerging prevalence of marijuana mis-use amongst 7th and 8th graders. On the other hand, a participant named Rhoda stated that “Unfortunately, the statistics, it's not surprising, but it's very sad.” Along similar lines, a participant named Arthur seconded that “I wasn't surprised when I looked at the statistics.” Another participant named Soriyah stated that “I'm not surprised by the statistics.” These responses corroborate the development sub-heading in that participants elicited sentiments of not being startled by the presence of alarming statistics as they realized that deficits in educational programming tailored to the youth and dispensary production increases underlie the creation of these statistics. These shocking and non-shocking sentiments were important to note because it

demonstrated how educational content within the presentation allowed them to grasp salient statistics as well as all of the participants to comment on the context behind these statistics.

Halfway through the focus group interview, participants were asked to reflect on the reasons behind elevated marijuana mis-use rates amongst youth high school students of color as well as what they believe unstable community indicator examples are for the prevalence of marijuana mis-use in South Central LA. As participants described their experiences visiting or not visiting marijuana dispensaries in their community as well as elucidated their line of reasoning behind why students of color have recently gained more access to marijuana, this substantial theme arose: marijuana mis-use amongst youth and adults of color within South Central LA have augmented due to increased marijuana accessibility and increase in the presence of marijuana outlets. In extricating this theme, it was discovered that the theme paralleled the research question initially posited which was “Do marginalized communities of color such as African American and Latinx communities experience more marijuana use due the presence of unstable community indicators such as marijuana dispensary abundance near schools and lacking communal forums that respond to marijuana mis-use prevention advocacy?” The development of this theme not only fit in Burnard’s open coding interview transcription analysis, but also affiliated with Dornfield’s live coding process of qualitative interview responses. Specifically, Stage 1 to Stage 10 sections were added to participant response transcription corresponding to this particular theme, however, I incorporated the live coding process due to the theme reinforcing the main research question(Burnard, 1991, pp. 461-464). The live coding process included finding “main ideas” within the transcription that contained the same keywords as the research question. Subsequently, a list of codes were grouped into categories which converged to form this theme(Dornfeld, 2015). Under Burnard’s stages of transcriptional analysis, the

terminology “dross” was applied to the transcript in cutting out unnecessary words that act as filler or deviate from the central idea of the statements relating to marijuana outlet abundance and accessibility within the transcript which constituted data refinement (Burnard, 1991, p. 463). In applying dross to the transcriptions, two subheadings developed which were “increased accessibility and outlet/dispensary increase.” When more transcripts were added under these subheadings, the theme expanded to marijuana outlet concentrations in urban areas due to cultural promotion and medicinal recreation popularity. The following data residing under the subheading of marijuana accessibility supports this theme. Diana stated that “All over, you see the big billboards and marijuana can be delivered to your home.” Maria stated that “you can use marijuana for medicinal purposes in the fact these uses are so it's so easy to get permission for.” Soriyah stated that “They seek marijuana as well and that for medical reasons, but I also think they do it for enjoyment also.” Additionally, data was recorded which aligned with the subheading of marijuana outlet/dispensary increase which further corroborated the theme development. Janice stated that “I live fairly close to Western Avenue and Crenshaw and I see all these green pluses, I used to think they were churches. But as far as outlets and dispensaries, I'm assuming I once upon a time I saw one look like a beautiful department store up near Melrose. And so someone you know, jokingly asked me if I wanted to go shopping.” Diana stated that “I do know a few people that go to the dispensaries. And I have actually gone into the one on Melrose. It's huge, and it's amazing to see all of the stuff that's in there. I don't smoke marijuana. But I used to.” Lastly, Monica stated that “Marijuana was heavily regulated here in the Inland Empire almost to death. Until you know, folks started seeing the potential to make money and then they opened it up, but I do see it in more urbanized areas of the Inland Empire as opposed to like Redlands, I don't know very many in Redlands. So if I look in the geographical areas, they'll



concentrate them in sort of urbanized areas, and not like in suburbs of the Inland Empire.” These subheadings with respective data not only substantiated the theme, but also prompted affirmation of the research topic which is investigating marijuana accessibility and outlet produce as a contributing cause to marijuana mis-use rate increases amongst youth of color.

Based on the advancement of the focus group interview, the next theme devised was perceptions on current marijuana mis-use prevention education measures, connecting to the “effectiveness of educational tools in redirecting individuals to marijuana use recovery programs” component of the topic. Similar to the development of the aforementioned themes, a combination of Burnard’s interview transcript analysis and Dornfeld’s live coding analysis was utilized to extract keywords and splice these keywords into subheadings. Major subheadings included “participants have never heard of recovery programs through education” and “participants have never heard of recovery programs through visuals” as well as substantiated the theme. First, data was collected and placed into the “participants have never heard of recovery programs through education” subheading. Examples of this data included the following. Diana stated “And matter of fact, when you're saying that they had some types of rehabilitation. I was like, Wow, no, that's good. But that was the first time I had ever heard of it.” Elena stated that “So you really have to seek and then even, you know, at the doctor's offices, they don't say too much about it. So it will be very hard if you know, if you don't know anyone to kind of find out about it, because it's not something that's just made readily available and unheard of often in our community.” Soriyah stated that “Okay. I don't know of any. I'm just saying that there's not a lot of messaging on it because it's not seen as a problem.” Mikayla stated that “No one thinks there's anything wrong with marijuana use. So no, I haven't seen any programming for it.” Under the “participants have never heard of recovery programs through education” subheading, the

following data was collected. Elena stated that “Oh, no, I haven't been aware of these types of programming. I've seen posters, but they've been mostly for mental illness.” Monica stated that “I haven't even seen any posters regarding marijuana mis-use recovery.” The data collected under these respective sub-headings corroborate the theme in that these responses explore whether the presence of educational curriculum have made individuals aware of these slightly obscure marijuana mis-use recovery programs and showcase participant reactions on the availability of marijuana mis-use education/programming tools within their community.

The last theme created in parallel with Burnard's stages of transcription was that “participants believed that education on this marijuana mis-use is missing in communities now, but there are other community development tools which can reduce the prevalence of marijuana mis-use by safely steering users to treatment options or recovery programs.” Two subheadings resided under this theme, but equally linked the theme with the research topic. The two subheadings formed were “participants believed that there should be presentations/educational curriculum targeted towards elementary/middle school students” and “participants believed that community programming development would be effective in underscoring the implications of marijuana mis-use.” The data collected for the first subheading not only substantiated the theme development, but also the research topic subcomponent of proposing stable community indicators in communities for creating community/youth awareness on marijuana mis-use. Data included quote transcriptions from 3 out of the 8 participants. Janice stated that “The education curriculum. I just think that it has to be started at a young age because they need to know about it because it's everywhere.” Elena stated that “I also agree about starting at a younger age, I typically work with youth at a high school age. But I also think that elementary school is where

you start because when they go to middle school, they have the pressures of trying to fit in. So I also think that it will help people and direct people towards prevention and treatment resources.” Jared stated that “Education is useful, young users tend to err on the side to focus on what is perceived as benefits.” Under the second sub-heading, a salient quote was extracted from Jared which was “creating maybe some drama classes, music, and art and stuff like that for youth” are great examples of effective educational tools for youth.” The theme encapsulates both data sets within respective sub-headings in that participants acknowledged gaps in effective educational tools tailored towards marijuana mis-use prevention and proposed ways in which marijuana mis-use education can be engaging for youth of color.

### **Discussion**

As aforementioned, the research question was “What are the contributing causes for increases in marijuana mis-use amongst adolescents within communities of color? Have communities within South Central LA purported effective educational programming/community tools which spurs awareness of these topics and creates platforms for marijuana mis-use prevention advocacy, especially for youth of color?” Focus group methodology and program evaluation were included in the data collection tools to address these questions.

When the marijuana mis-use presentation was given prior to the focus group interview, participants expressed that they were either unaware or aware of statistics that alluded to higher marijuana mis-use rates amongst high school youth communities of color. This suggests that there is a general lack of educational programming in the form of presentation and statistical information dissemination for marijuana mis-use within South Central LA. The underdevelopment of these resources represent a unstable community indicator which indirectly fosters acceptability, subsequent consumption of marijuana, and mis-use within youth

communities of color. Corroborated by Goldstick's argument about the presence of socially disorganized communities as well as these communities formation of unstable organizational behaviors may be categorized as a social disorganization factor which drives maladaptive social/organizational behaviors including marijuana mis-use overconsumption rates in South Central LA as well as individual investment in marijuana outlets to further promote unsafe messages on marijuana mis-use impacts on short/long term health(Goldstick, 2016). This connection between findings and Goldstick's argument, addresses the primary research question in that the lack of educational programming was discussed in association with reflections on marijuana mis-use rates as well as a solicitation for increased education development to reverse the marijuana outlet development/misuse behaviors was established.

Additionally, during the focus group discussion, all respondents relayed their own experiences as well as affirmed the abundance of marijuana outlets near high schools/urban areas such as Crenshaw, Melrose, and the Redlands. With this, respondents agreed that marijuana accessibility upon legalization increased due to profuse numbers of dispensaries near high schools/urban areas as well as stated that the easy access to marijuana represents a contributing cause to the increase in marijuana mis-use. These experience based results tie in with the proposed problem of youth access to marijuana and implicate that respondents may have exposure to the socially disorganized indicator of marijuana outlet presence within their area of residence or county. In South Central LA, this result further highlights that the increased presence of marijuana outlets poses a threat to the well being of the youth in that marijuana becomes not only more accessible to them, but also subjects them to mis-use marijuana in the long run which can unfavorably impact their educational pathway as well as their perceptions of their own health. Similar to Goldstick's argument regarding the construction of alcohol outlets in

urban areas within Michigan which led to adolescents engaging in “polysubstance use,” findings delineate that increased density of marijuana outlets alongside other social disorganization indicators such as high level of crime are noted to further foster frequent marijuana substance mis-use and detrimental “behavioral comorbidities” within adolescents(Goldstick et al., 2016). Contrera examined the correlation between presence of marijuana dispensaries as well as crime rate violence in LA and concluded that the study literature model revealed the increase in crime rates due to marijuana outlet density(2017). This result aligns with Contreras finding in that the concentration of marijuana outlets may not only drive the execution of crime which is a social disorganization indicator(Goldstick et al., 2016), but also may influence youth of color to access marijuana alongside their demonstration of violent behaviors. Juxtaposing Lankaneu’s argument that there is no correlation between “density of marijuana outlets and frequency of marijuana use amongst adolescents in LA,” result findings alternatively suggest that individuals who resided in South Central LA witnessed a pattern of high schoolers mis-using marijuana due to increased density of marijuana outlets near schools(2017). This finding is not only supported by Goldstick’s and Contrera’s argument, but also connects to the research which is that indicators of social disorganization such as marijuana outlet development near schools may serve as a contributing cause to increase marijuana mis-use rates amongst high school students in CA.

To continue, when participants were asked about whether or not they have noted marijuana recovery programs within their counties or the state, they responded that they have not heard of marijuana recovery programs nor have they seen visual representations/advocacy associated with these programs. Because the respondents conveyed that they were unaware of marijuana recovery programs within South Central LA, this finding suggests that the existence marijuana use recovery programs have been obfuscated not only due to the acceptance of

marijuana legalization, but also due to ineffective community educational programming tailored to the promotion of marijuana recovery programs in South Central LA. It was implied that more visual flyers and media promotion must be available to shed light onto current highly regulated community educational programming directed towards marijuana mis-use prevention/recovery strategies. In alignment with Goldstick's argument, education in the form of disseminating "health outcomes" is crucial in informing decision making/intervention strategies. Dissemination of health outcomes through increased production of visual aids may establish presence of these interventions, while reinforcing their benefits in lowering marijuana dependency. It can also be inferred that ineffective community educational programming may not only hinder the development of these intervention strategies, but also may create nebulosity around substance mis-use recovery program compilation as well as subsequent dissemination (Goldstick et al., 2016). For adults, the implementation and uncovering of medical marijuana education programs, assisted in the reduction of adult marijuana mis-use instances, in comparison to loosely regulated marijuana prevention programs (Williams, 2017). Consequently, the presence of tight marijuana educational programming, whether its medical marijuana education or marijuana mis-use prevention, can be beneficial in lowering youth ingestion of marijuana alongside decreasing their inclination to access marijuana within outlets. With this study finding bolstered by Goldstick's and Lemstra's argument as well as supported by Williams, it further coalesces with the research question: "can effective educational programming spur awareness on marijuana mis-use rates amongst adolescents of color, while emphasizing the presence of marijuana mis-use recovery initiatives amidst the indoctrinating marketing behind marijuana outlet formation and decreasing youth consumption of marijuana?"

Towards the end of the focus group discussion, respondents provided their opinions on types of community educational programs which could be beneficial towards educating youth communities of color on the dangers of marijuana mis-use as well as challenge the effects of social disorganization factors such as lacking educational programming materials which could prompt increases in marijuana mis-use rates. Specifically, respondents proposed that increased community intervention programming, related to long-term deleterious effects of marijuana as well as marijuana outlet development prevention, that are implemented in middle schools and high schools may steer youth from mis-using marijuana. These programs that were suggested by respondents were also said to be effective in encouraging middle/high schoolers to turn to marijuana recovery programs if addiction behaviors prevail. This finding suggests that effective educational programming in the form of informative presentations with subtopics such as short/long-term effects of marijuana, perceptions behind marijuana use, as well as statistics that show target groups mostly affected by marijuana use, can not only educate youth on marijuana mis-use prevention, but also it can prevent marijuana outlet construction and sensationalized marketing towards youth. Continuing this, according to a systematic review conducted by Lemstra, researchers unraveled that school-based marijuana prevention programs helped adolescents reduce marijuana usage per month by 7 days(Lemstra, 2010). This result is validated by Lemstra's argument and further implicates that effective educational curricula development tailored to youth attunement on marijuana mis-use can potentially attenuate the likelihood of youth accessing marijuana outlet concentrations within South Central LA.

When I attended Drug Take Back Day in South Central LA, SCPC volunteers and I encouraged event attendees to fill out a survey that asked them to strongly agree or disagree with statements related to the effectiveness of these events as a means to shed light on increased

substance mis-use practices. Ninety percent of survey respondents who participated in active prescription drug disposal and who filled out the survey agreed that safe drug disposal events are beneficial for the community. This result suggests that the creation of events, similar to the engaging Drug Take Back Day event, can be developed to not only incorporate marijuana mis-use education/safe substance prevention practices in South Central LA, but also empower attendees to resist adverse drug marketing/outlet construction community indicators. Ultimately, this ties into the research inquiry presented above in that this finding provides support for whether the effectiveness of educational programming in a community event format can dismantle substance mis-use behaviors spurred by social disorganization indicators.

### **Limitations**

Within the study data collection tools and methodology, study limitations were identified. During the focus group interview, eight individuals participated in this interview and received a monetary award for their participation. To strengthen evidence for the research question as well as effectively seal the gaps presented in the literature review, the focus group interview could have included a total of 12-15 individuals and more focus group interviews could have been conducted if time permitted. Additionally, the decreased quantity of focus group interviews tailored toward the exploration of increased marijuana mis-use as well as contributing causes to marijuana mis-use amongst adolescents, posed as a limitation to this community engaged research. This study utilized one focus group interview session that spanned 2 hours, however, if more focus group interviews were conducted with different sets of 12 participants each, then the credibility of the results as well as the application of the results to the research goals could have been improved. By including a few more participants and focus group interview sessions, more



responses to the questions asked could have been analyzed and validated the use of the data tools in corroborating research goals as well as the overarching research question.

Lastly, during the Drug Take Back day event, program evaluation surveys were devised and administered to participating individuals within South Central LA. With only nine participants filling out the Drug Take Back Day survey pertaining to the disadvantages and advantages in holding the Drug Take Back Day structured event, this small sample size overall alongside limited outreach about the event to community members may present another limitation to this community engaged research project. Therefore, increasing the sample size from 9 to around 50 participants may authenticate participants responses to questions pertaining to whether the Drug Take Back day event goals/practices or events similar to this were beneficial as well as may substantiate whether general perceptions suggest that more events similar to Drug Take Back day construction will sideline the historically based propulsion of substance outlet development.

### **Future Research**

Future research that could be undertaken would be creating surveys before and after marijuana mis-use presentation materials to further record whether participants agreed with statements regarding marijuana mis-use before/after the presentation as well as evaluate whether they were/are aware of the information presented. Additionally, the responses from these surveys can be used to substantiate community programming/marijuana prevention programming development within South Central LA. Further research can also investigate strategy based proposals in regards to reducing the prevalence of marijuana outlet presence/development in South Central LA. Data collection tools that may be used for this would be focus group

interviews, participant observation, and literature tables which can be coined to highlight current perceptions on marijuana outlet presence in middle school/high school areas as well as review policy rhetoric that underscores marijuana outlet development permissibility. Lastly, as the open-coding process was completed and yielded substantial themes for discussion, a few themes were omitted from the study as they weren't affiliated with the research topic nor did they directly contribute to the addressal of the gap. Themes from this study that could be further explored through outlet density mapping and interviewing are: pop culture promotion and commercialization of marijuana.

### **Next Steps**

Next steps include further collaborating with my community partner to contest potential data limitations by setting up more focus group interviews with disparate respondent choice, creating program evaluation surveys for Drug Take Back day which consists of multiple questions regarding program structure areas of strengths/weaknesses instead of just 1-2 questions for a larger audience, and generating eclectic substance mis-use education materials which address substance use misconceptions/community social disorganization causes. Ultimately, these steps can be enacted to ascertain which programming materials have the potency to combat historically known causes that propel substance mis-use and whether these materials can effectively implore individuals to abstain from substance use/refer individuals to substance prevention programming.

### **Recommendations**

Reducing the presence of these outlets alongside implementing effective marijuana mis-use curricula within South Central LA will not only allow youth to maneuver their efforts

away from marijuana consumption and intended effects, but also will prompt youth to educate themselves on the dangers of mis-using marijuana as well as prevent them from harnessing serious mis-use behaviors throughout their education.

### **Conclusion**

Historically, the opioid epidemic shaped the development of many substance and alcohol related outlets in low-income urban areas/schools in the United States. Recently, the California legislation passed a law that legalized marijuana consumption and purchase at the age of 21. Due to the prevalence of marijuana outlets near schools, high school adolescents of color have been noted to have increased use of marijuana which reinforces the historical pattern of substance outlet development that promoted marijuana use. As seen by the results through focus group methodology, program development similar to Drug Take Back Day and increased effective educational curricula creation were noted by respondents to be favorable in steering youth individuals of color towards looking into substance mis-use recovery programming alongside creating advocacy platforms to challenge contributing causes to marijuana use such increased marijuana outlet density.

**Works Cited:**

ACLU Research Report. (2018). A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform.

[https://www.aclu.org/sites/default/files/field\\_document/marijuanareport\\_03232021.pdf](https://www.aclu.org/sites/default/files/field_document/marijuanareport_03232021.pdf)

Burnard, P. (1991). A Method of Analyzing Interview Transcripts in Qualitative Research. *Nurse Education Today*, 11(1), 461–466. Retrieved from:

[https://bruinlearn.ucla.edu/courses/129353/files/9353290?module\\_item\\_id=5043057](https://bruinlearn.ucla.edu/courses/129353/files/9353290?module_item_id=5043057)

CCPH Board of Directors. (2013). Position Statement on Authentic Partnerships. Community- Campus Partnerships for Health.

<https://ccphealth.org/partnering/principles-of-partnering/>

Centers of Disease Control and Prevention. (2018). Data Collection Methods for Program Evaluation: Focus Groups. <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf>

Centers of Disease Control and Prevention. (2018). Data Collection Methods for Program Evaluation: Questionnaires. <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief14.pdf>

Centers of Disease Control and Prevention. (2018). Using Incentives to Boost Response Rates.

<https://www.cdc.gov/healthyyouth/evaluation/pdf/brief22.pdf>

Charmaz, K. (2006). *Constructing Grounded Theory*. Sage Publications.

Cresswell, J. (2003). Research Design Qualitative, Quantitative, and Mixed Methods Approaches. *Sage Publications, Inc.* pp. 64-66. Retrieved from

[https://bruinlearn.ucla.edu/courses/74571/pages/overview-3?module\\_item\\_id=4009227](https://bruinlearn.ucla.edu/courses/74571/pages/overview-3?module_item_id=4009227).

Contreras, C. (2017). A Block-Level Analysis of Medical Marijuana Dispensaries and Crime in the City of Los Angeles. *34*, 1-10.

<https://www.tandfonline.com/doi/full/10.1080/07418825.2016.1270346?scroll=top&needAccess=true>

Damon, W. et. al. (2017). Community-based participatory research in a heavily researched inner city neighborhood: Perspectives of people who use drugs on their experiences as peer researchers, *176*,85-92. Retrieved from

[https://www.sciencedirect.com/science/article/pii/S0277953617300345?casa\\_token=hG4COLRqotAAAAAA:652ivXnybGHJYo1xap9Q1HGjbWWfLOZ0xoIFNGFTreKDi8Z1rpdRQZcTrA\\_9DtJYM0x0HHZv41c](https://www.sciencedirect.com/science/article/pii/S0277953617300345?casa_token=hG4COLRqotAAAAAA:652ivXnybGHJYo1xap9Q1HGjbWWfLOZ0xoIFNGFTreKDi8Z1rpdRQZcTrA_9DtJYM0x0HHZv41c).

Dornfeld, T. [A Guide To Coding Qualitative Data]. (2015, November 1). *194W Fall 2015 Coding*[mov]. Retrieved from <https://www.youtube.com/watch?v=OxYaKM3C4mo>.

Goldstick, J.E., et al. (2016). Characteristic substance misuse profiles among youth entering an urban emergency department: neighborhood correlates and behavioral comorbidities. *The American Journal of Drug and Alcohol Abuse*. *42*(6), 671-681.

<https://www.tandfonline.com/doi/full/10.1080/00952990.2016.1174707?needAccess=true>

Institute of Education Sciences. (2022). Program Evaluation Toolkit: Quick Start Guide. *Regional Educational Laboratory Central*, 1-15. Retrieved from

[https://drive.google.com/drive/folders/1ku3P\\_xUJOK4\\_Mi-pZwSpU4YYZ2Etq5wc](https://drive.google.com/drive/folders/1ku3P_xUJOK4_Mi-pZwSpU4YYZ2Etq5wc)

Lankenau, S.E., et al. (2019). Density of Medical Marijuana Dispensaries and Current Use among Young Adult Marijuana Users in Los Angeles. *54*(11), 1862-1874.

<https://www.tandfonline.com/doi/epub/10.1080/10826084.2019.1618332?needAccess=true>

Lemstra, M., et al. (2010). A systematic review of school-based marijuana and alcohol prevention programs targeting adolescents aged 10-15. *Addiction Research & Theory*. *18*(1), 84-96. <https://www.tandfonline.com/doi/pdf/10.3109/16066350802673224?needAccess=true>

Maxwell, J. (2008). *Designing a Qualitative Study*, 214-240.

07-Bickman-45636:07-Bickman-45636

*South Central Prevention Coalition Home*. (2020, Jan 1). South Central Prevention Coalition. <https://www.southcentralprevention.org>

*PolicyMap My Data*. (2022, Jan 1). Policy Map. <https://www.policymap.com/newmaps#/>

*Rural Health Information Hub: Rural Prevention and Treatment of Substance Use Disorders Toolkit*. (2022, Jan 1). Rural Health Information Hub. <https://www.ruralhealthinfo.org/toolkits/substance-abuse/5/data-collection>

Substance Abuse and Mental Health Services Administration. (2018). *The Opioid Crisis and The Black/African American Population: An Urgent Issue*.

[https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP20-05-02-001\\_508%20Final.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf)

Substance Abuse and Mental Health Services Administration. (2019). 2019 National Survey on Drug Use and Health: African Americans.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt31099/2019NSDUH-AA/AfricanAmerican%202019%20NSDUH.pdf>

*Substance Abuse and Mental Health Data Archive PDAs and RDAs.* (2022, Jan 1).

SAMHDA. <https://www.datafiles.samhsa.gov/analyze-data>

Souleymanov, R. et.al. (2016). The ethics of community-based research with people who use drugs: results of a scoping review, 1-13. Retrieved from

<https://link.springer.com/content/pdf/10.1186/s12910-016-0108-2.pdf>

Williams, A.R., et al. (2016). Older, Less Regulated Medical Marijuana Programs Have Much Greater Enrollment Rates Than Newer ‘Medicalized’ Programs. *Health Affairs.* 35(3), 1-9.


<https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2015.0528>

## Appendix A

### Work Plan

A personal work plan in collaboration with SCPC was created to complete tasks prior to the conduction of focus group interviews which were data analysis tools that were necessary to answer the research question addressed above. With a community engagement lens, the majority of the tasks that were completed aligned with the timeline demarcated by the work plan, however projects such as “Project Sticker Shock” were not able to be completed due to time constraints.

**Table A1**

| Date    | Task  | Explanation  | Due Date                              |
|---------|---|--|---------------------------------------|
| 2/17/21 | Attend a SLAM Coalition Committee Meeting                   | Ericka or Chelsea can Expound upon this  | March Meeting                         |
| 3/20/20 | Create Marijuana Prevention Presentation catering to youth. |  | March 20, 2022                        |
|         | Marijuana Presentation to Churches:                         |  | March 30, 2022                        |
|         | Participate in Drug Take Back Day                           | The National Prescription <b>Drug Take Back Day</b> aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.  | April 23, 2022                        |
|         | Marijuana Presentation to Students at Mary B Henry:         |  | Between April 25, 2022 & May 30, 2022 |
|         | Create & Facilitate a Focus Group                           | This Focus group is one of the training components that will be utilized in providing our intern Chandni Sakthi with Community engagement experience. It will be conducted utilizing churches along with other community members of various age groups and demographics. We will be identifying and discussing Adverse Community Indicators that lead to adolescent drug, alcohol and controlled substance prescription drugs use, abuse and dependency. I am working closely with our intern . I will be guiding her through this process. She will be taking a survey along with the Zoom Meeting registration to create an opportunity to collect data and begin to produce some deliverables for her internship. | May 22, 2022                          |
|         | Project Sticker Shock Canvassing                            |  <p>During this project, various locals liquor stores are visted and the goal is to make sure their liquor licenses are valid. Also, to make sure that they are not selling alcohol to minors. And lastly, permission is requested to place stickers in visible locations</p>   | May 27, 2022                          |



**Appendix B**

**Study Info Sheet**

**SUBSTANCE MISUSE DISORDERS AFFECTING COMMUNITIES OF COLOR: INVESTIGATING ADVERSE COMMUNITY INDICATORS AS A CONTRIBUTING CAUSE**



Community-Engaged Capstone Research Project conducted by Chandni Sakthi, an undergraduate researcher, in partnership with South Central Prevention Coalition

**AT A GLANCE**

**Statistics highlighting the issue**

- African American individuals are 3.64 times more likely to be incarcerated for marijuana nationally and individual states in comparison to white individuals (ACLU, 2018).
- Substance use encouragement, construction of alcohol outlets, and over-criminalization of communities as "drug mis-users" have been shown to contribute to marijuana mis-use rates amongst communities of color (Goldstick et al., 2016).

**Project Purpose**

- To investigate how marginalized adult/youth communities of color, specifically African American and Latinx communities, are more susceptible to marijuana misuse due to increases in marijuana outlets, marijuana accessibility, and lack of marijuana prevention programming development.
- To analyze data responses to propose effective community tools that could promote education on marijuana mis-use/foster their propensity to engage in marijuana mis-use prevention.

**COMMUNITY-ENGAGED PROJECT**

Through a community-engaged research approach, this question will be addressed: how increases in marijuana outlets, parental acceptance of marijuana to youth, and marijuana mis-use programming impact perceptions of substance mis-use within adult/youth faith-based organizations in in South Central LA. Qualitative data collection will further highlight whether educational curricula development/discourse spaces on marijuana-misuse can decrease the effect of these three contributing factors to marijuana mis-use.

**SOUTH CENTRAL PREVENTION COALITION**

SCPC fosters educational development and primary prevention strategies to inform youth/ marginalized adults on the risks and dangers related to substance misuse as well as encourage individuals to be cognizant of educational programming which can provide them resources for scouting out and advocating for recovery/prevention programs in their area of residence.

**RESEARCH METHODS AND ETHICAL CONSIDERATIONS**

Marijuana mis-use educational curricula, focus group interviews involving marginalized students/faith-based community members that presentations were delivered to, and program evaluation surveys administered before/ after the completion of Drug Take Back day are main qualitative research methods. In conducting focus group interviews, "informed consent" is practiced in which participants will be informed about the project goals and reasons why this data is being collected. All focus group and survey questions possess accessible language. Additionally, when participant answers are collected through these tools, their privacy is protected, their answers are confidential, and the data is managed securely. Actively, participant answers are anonymized during the transcription process.

## Appendix C

### Open Coding Analysis of Interviews

As part of my personal open coding process, categories and subheadings pertaining to mindsets revolving around marijuana mis-use, were created. General categories that were extricated are highlighted in yellow and subheadings are highlighted in various colors other than yellow.

#### Categories(Highlighted in Yellow)

##### Subheadings(Highlighted in various colors)

General Reactions on Marijuana Mis-use presentation materials:

Marijuana Presentation - Shocking seeing these statistics reflect the youth accessibility of marijuana and subsequent mis-use

Marijuana Presentation - Not shocking seeing these statistics reflect the youth accessibility of marijuana and subsequent mis-use

Marijuana Mis-use due to unstable community indicators:

Increased accessibility Subheading

Outlet increase/Dispensary Increase

Perceptions on current marijuana mis-use prevention educational measures:

Have never heard of recovery programs through education

Have never heard of recovery programs through visuals

Marijuana Promotion

Commercialization

Pop Culture

Education on this issue is missing in communities now, but there are other community development tools which can the prevalence of marijuana mis-use by safely steering users to treatment options or recovery programs.

Presentations/educational curriculum targeted towards elementary/middle school students

Ideas for community programming development

Table C1

| Interview Transcript   | Open Code  |
|--|--|
| <p>“So the numbers in the stats were pretty shocking to me, especially for the age the eighth graders.”</p> <p>“I see the effects of the increased marijuana use some, especially among young people. And I've seen how marijuana has changed over the years. So what what is going on with it now is is kind of alarmed me.”</p>  | <p>Marijuana Presentation - Shocking seeing these statistics reflect the youth accessibility of marijuana and subsequent mis-use</p> <p>General Reactions on Marijuana Mis-use presentation materials:</p>   |
| <p>“unfortunately, the statistics, um, it's not surprising, but it's very sad.”</p> <p>“I wasn't surprised when I looked at the statistics”</p> <p>“I'm not surprised by the statistics.”</p>  | <p>Marijuana Presentation - Not shocking seeing these statistics reflect the youth accessibility of marijuana and subsequent mis-use</p> <p>General Reactions on Marijuana Mis-use presentation materials:</p>   |
| <p>Dispensaries everybody's getting part of the whole marijuana game right now.</p> <p>All over, you see the big billboards and, and they can deliver it to your home.</p> <p>the same things as easily access, you can now you know, get it delivered to your home. But also, because it's not seen as a drug per se, people are doing it as family.”</p> <p>“you can use marijuana for medicinal purposes in the fact that these these uses are so it's so easy to get permission”</p> <p>“They seek marijuana as well, and that for</p> | <p>Easy access to marijuana via traditional delivery methods, recreational/medicinal forms, and dispensary locations. Also cultural promotion of marijuana as a norm and as cool.</p> <p>Marijuana Mis-use due to increased accessibility, abundance of marijuana dispensaries(unstable community indicators):</p> |

|  |   |
|--|---|
| <p>medical reasons, but I also think they do with it for the enjoyment also.”</p>  |   |
| <p>“I am totally unaware.”<br/>         And matter of fact, when you're saying that they had some types of rehabilitation. I was like, Wow, no, that's good. But that was the first time I had ever heard of it. “</p> <p>“you do have to search, you really have to search is not something that's, that's really obvious. So you really have to seek and then even, you know, at the doctor's offices, they don't say too much about it. So it will be very hard if you know, if you don't know anyone to kind of find out about it, because it's not something that's just made readily available and unheard of often in our community.”</p> <p>“Oh, no, I haven't been aware. I've seen posters, but they've been mostly for mental illness.<br/>         “All the energy is by marijuana. Not that a program like that for marijuana. So no, I haven't seen anything for a community program that helps people.”</p> <p>“I haven't even seen any posters.”</p> <p>“Okay. I don't know of any. I'm just saying that there's not a lot of messaging on it because it's not seen as as a problem.”</p> <p>“No one thinks there's anything wrong with it. So no, I haven't seen any programming for it.”</p> | <p>Does your community have marijuana Misuse Prevention programs that you are aware of? And if so, explain your experiences</p> <ul style="list-style-type: none"> <li>- 8/8 participants agreed that they have not hear of or seen visual representations for Marijuana Misuse prevention advocacy</li> </ul> <p>Perceptions on current marijuana mis-use prevention educational measures:</p> |
| <p>“I live fairly close to Western Avenue and it seems like just a cruise I've been down there and Crenshaw that I see all these green pluses I used to think they were churches. But as far as outlet and dispensaries I'm assuming I once upon a time I saw one look like a beautiful department store up near Melrose. And so</p>   | <p>Have you previously lived or currently, or do you currently reside in a community where there are an abundance of marijuana outlets and dispensaries?</p> <p>-not a lot of participants were inclined to go into a dispensary, even if it looked like a normal store from the outside</p>  |

|  |  |
|--|--|
| <p>someone you know, jokingly asked me if I wanted to go shopping.”</p> <p>“I do know a few people that go to the dispensaries. And I have actually went into the one on Melrose. It's It's huge, and it's amazing to see all of the stuff that's in there. I don't smoke marijuana. But I used to.”</p> <p>“ I live near Crenshaw. So Crenshaw is a very popular street so I think there's one that just popped up not long ago and I've known people who wanted to invest in though so I'm familiar with them.”</p> <p>It was heavily regulated here in the Inland Empire almost to death. Until you know, folks started seeing the potential to make money and then they've opened it up, but I do see more in urbanized areas of Inland Empire as opposed to like Redlands, I don't know very many in Redlands. So if I look in the geographical areas and they'll concentrate them in sort of urbanized areas, and not not like in suburbs of the Inland Empire.”</p> | <p>-Crenshaw seems to have a concentration of dispensaries</p> <p>-Urban areas seem to be the place with high numbers of dispensaries</p> <p>Marijuana Mis-use due to increased accessibility, abundance of marijuana dispensaries(unstable community indicators):</p> |
| <p>“McDonald's effect where they're just everywhere and they have the most like, fun looking, you know, establishments like how we'll make almost had the whole place pin with the glass so that you can see inside like, it's going to be like that, and yet again, fancier and fancier.</p> <p>“This commercialized it and it's no longer like to say illegal, it's not a problem.”</p> <p>“And they've made it commercial, and they turned it like cigarettes, and basically being poisoned and put it in it and inner cities.”</p> <p>When he was around 14 to 16, when you have the rap hip hop industry, when you have a Snoop Dogg out there.”</p>  | <p>-Commercialization of marijuana makes some participants inclined to go into these stores</p> <p>Pop culture and commercialization of marijuana:</p>   |
| <p>“The education curriculum. I just think that it</p>   | <p>Education on this issue is important<br/>-education on this issue is failing right now</p>  |

|   |   |
|---|---|
| <p>has to be started at like in a at a young age because they need to know about it because it's everywhere.</p> <p>And I also agree about starting at a younger age, I typically work with youth at a high school age. But I also think that elementary school is where you start it because when they go to middle school, they have the pressures of trying to fit in. So and I also think that it will help people and direct people towards prevention and treatment resources.”</p> <p>“education, education is useful, young users tend to conduct more research than many scientists, the issues is that they tend to err on the side to focus on what is perceived as benefits.”</p> | <p>Education on this issue is missing in communities now, but there are other community development tools which can the prevalence of marijuana mis-use by safely steering users to treatment options or recovery programs.</p>   |
| <p>Maybe some drama classes and stuff like that, their music, they take an art out of the school, say taking music out of the school.”</p>  | <p>Education on this issue can be improved through these community programs</p> <p>Education on this issue is missing in communities now, but there are other community development tools which can the prevalence of marijuana mis-use by safely steering users to treatment options or recovery programs.</p> |

This table is organized with the interview transcript category on the left and an open code category on the right. Within the interview transcript category, major raw quotes as stated by the participants were copied and pasted into this space. Dross was applied to these quotes in order to eliminate non-relevant information and to preserve important information discussed by the participants. After dross was employed in this category, as per the open coding procedure, general themes were created to capture similar discussion points made by many participants. Following this, subheadings were developed to highlight specific nuances within each theme as

well as addressing participant's slight deviations from similar discussion points that were mentioned.