

Results: The majority of participants self-identified as White (88.5%), males (51%) and worked at least part time (81.8%). The most common discrimination experiences were 'people act as if they think you are not smart' (22.4%), 'being called names or insulted' (18.4%), and 'people act as if they are better than you are' (18.4%). Participants more frequently perceived that they were being discriminated on the basis of ethnicity (33.3%), gender (33.3%) and sex (28.6%). Approximately 14.3% participants reported discrimination for having COVID-19 or related symptoms. During the pandemic, some participants started to use or used more alcohol (22.9%), followed by smoking (14.6%) and other drugs (12.5%). Compared to before the pandemic, about half (51.1%) of participants reported any MHRO changes and 14.9% reported positive MHRO changes during the pandemic. There was no statistically significant association between discrimination experiences and outcome variables [DV1(OR= 1.3; 95%CI=0.4, 4.4.), DV2(OR= 3.0; 95%CI= 0.9, 10.2)].

Conclusions: Results suggest a tendency for adverse COVID-19 MHRO and greater substance abuse among Hispanic youth who experience discrimination. Small sample size (only 25% of expected sample enrolled), might explain why $p > 0.05$ for both associations. It is important to address discrimination when considering MHRO in ethnic minorities, such as Hispanics. Further research is required to provide insights into coping and resilience factors in this population.

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SUBSTANCE USE BEHAVIORS AMONG LGBTQ YOUTH OF COLOR: APPLYING A NOVEL METHOD IN TWO LARGE SAMPLES TO IDENTIFY INTERSECTING SOCIAL POSITIONS BEARING THE GREATEST BURDEN

Marla E. Eisenberg, ScD, MPH¹, Amy Gower¹, Ryan Watson², Nic Rider¹, De'Shay Thomas¹, Stephen Russell³

¹University of Minnesota; ²University of Connecticut; ³University of Texas.

Purpose: The global COVID pandemic, social uprisings, and a wave of discriminatory policy proposals have highlighted the ways in which structural oppression contributes to health disparities facing youth of color and those identifying as LGBTQ. Young people living at the intersection of multiple types of oppression face the greatest burden, yet also have unique strengths and supports. Existing research has demonstrated persistent substance use disparities across sexual orientation, gender identity, and racial/ethnic groups – as individual categories. However, very little research has examined substance use among those with multiple stigmatized identities. Capitalizing on two very large datasets and a novel analytic technique, this study seeks to identify groups with the highest prevalence of past 30-day alcohol, e-cigarette, and marijuana use. This first step in a larger project will determine key intersecting identities for qualitative interviews regarding interpersonal and community supports that can reduce health disparities.

Methods: Data come from the 2019 Minnesota Student Survey and the 2017-2019 California Healthy Kids Survey, two surveillance programs with a combined sample of 892,664 students in grades 6-12.

Data were harmonized across sources to create compatible variables including race/ethnicity (non-Hispanic Native American, Asian/Pacific Islander, Black/African/African American, White, Multiracial; Latina/x/o), sexual orientation (straight, gay/lesbian, bisexual, questioning, something else [e.g. pansexual, queer]), gender identity (cisgender, transgender/gender diverse [TGD], questioning), sex assigned at birth (male, female), state, and past 30-day substance use (yes/no for alcohol, e-cigarettes, marijuana). Exhaustive Chi-square Automatic Interaction Detection (CHAID) analysis, a decision tree approach, was used to examine all interactions among social positions with the goal of identifying distinct groups with significantly different rates of substance use behaviors (Bonferroni adjusted $p < .05$). The groups with the highest prevalence for each substance were examined.

Results: The overall prevalence of past 30-day substance use was 10.4% for alcohol, 9.7% for e-cigarettes, and 9.7% for marijuana, with substantial disparities across intersecting groups. For example, although 10.5% of Latina/x/o-identified youth and 20.8% of TGD-identified youth reported drinking alcohol, Latina/x/o TGD youth were among those with the highest prevalence of use, particularly those who also identified with a newer sexual orientation label (e.g. pansexual, queer) and were assigned male at birth (26.2%) or Latina/x/o TGD youth who did not indicate their sexual orientation (31.7%). This pattern was also evident for e-cigarette and marijuana use. Similarly, Black TGD youth had significantly higher rates of alcohol (26.9%), e-cigarette (29.2%, in California), and marijuana use (24.4%, straight-identified; 29.5%, missing sexual orientation).

Conclusions: Using the power and diversity of large population-based datasets and an innovative analytic technique specifically recommended for studies of intersectionality, we found significant disparities in substance use, with the burden varying by unique intersecting marginalized identities. This approach is recommended to examine disparities in groups often treated as homogeneous, as a precursor to developing relevant and appropriate prevention strategies. Further research is needed to identify structural factors contributing to these high rates. Clinicians, educators, and others working with youth should address intersecting types of stigma and oppression that may contribute to substance use.

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ASSOCIATION BETWEEN CANNABIS USE AND COVID-19 EXPOSURE, IMPACT AND DISTRESS AMONG ADOLESCENT PATIENTS

Joe Kossowsky¹, Machiko Minegishi¹, Rachele Cox¹, Alexandra Chretien¹, Elissa Weitzman¹

¹Boston Children's Hospital.

Purpose: In 2020, schools and businesses shut down and people were encouraged to remain at home due to the COVID-19 pandemic. This study assessed whether different types of COVID-19 pandemic exposures were associated with cannabis use by adolescents and young adults (AYA) seen at general and specialty care clinics.

Methods: Between March 2020 and May 2021, electronic surveys were administered to AYA enrolled in an ongoing longitudinal cohort study that drew on AYA receiving care in either a general adolescent or a specialty care chronic illness setting. AYA reported about past year cannabis use, pandemic experiences, mental health, and socio-