

**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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## 188.

### 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

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**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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## 189.

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

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**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-

demographic factors. Pandemic experiences were assessed via the COVID-19 Exposure and Family Impact Survey (CEFIS) for AYA. The CEFIS exposure scale (range: 0–32) is the sum of COVID-19 related social and economic stressors, including direct COVID-19 experiences in family members. The CEFIS impact scale (range: 1–4) assesses the mean impact on personal, emotional and physical wellbeing and family interaction. Logistic regression was used to assess the association between past 12-month cannabis use and COVID-19 related exposure, impact, and distress, adjusting for age, sex, ethnicity, household composition, anxiety and depression. Analyses were performed on the total sample, and after stratifying the sample into general adolescent and subspecialty care groups given the potential for the pandemic to differentially affect AYA with underlying chronic conditions.

**Results:** Our sample was comprised of N=458 participants, including n=203 adolescents seen at an urban adolescent medicine clinic and n=255 youth with chronic medical conditions (YCMC), including type 1 diabetes, inflammatory bowel disease, and rheumatic disease, seen at specialty clinics. The mean score for CEFIS exposure was 9.2 (SD 3.9), CEFIS impact score was 2.9 (SD 0.6), and CEFIS distress score was 5.9 (SD 2.3). The average age of study participants was 19.3 years (SD: 1.6), 69% were female and 58.0% were white non-Hispanic. Compared to non-cannabis users, youth reporting past year cannabis use were older (19.7 vs 19.0,  $p<0.001$ ), reported more past year alcohol use (90.7% vs 38.8%,  $p<0.001$ ) and were more likely to screen positive for potential major depressive disorder (i.e PHQ-2 score  $\geq 3$ ; 25.8% vs 12.7%,  $p<0.001$ ) and anxiety disorder (i.e GAD-2 score  $\geq 3$ ; 34.1% vs 21.7%,  $p=0.003$ ). In unadjusted models, past 12-month cannabis use was significantly associated with the CEFIS impact (OR 1.75 95%CI: 1.25–2.46) and CEFIS Distress scale (OR 1.10 95%CI: 1.01–1.19) in the combined sample. When adjusting for covariates, the CEFIS scales were no longer significantly associated with past 12-month cannabis use. Past 12-month cannabis use was significantly associated with CEFIS impact among YCMC (adjusted OR 1.76 95%CI: 1.01–3.08), but not among AYA in the general adolescent medicine cohort (AOR 1.07 95%CI: 0.63–1.82).

**Conclusions:** Past year cannabis use was associated with the impact of the pandemic in YCMC but not in a general adolescent clinic population. Findings raise questions about whether the disruption in specialized treatment during the pandemic increased the potential for YCMC to use cannabis in an attempt to alleviate disease symptoms or side effects.

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## 190.

### WHAT DO YOU CONSIDER MARIJUANA USE? LIMITATIONS OF CURRENT SURVEILLANCE SYSTEMS TO MONITOR ADOLESCENT MARIJUANA USE

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**Purpose:** Adolescent health surveillance systems are critical for understanding patterns of marijuana use and generating data to evaluate changes in use following marijuana legalization and during the COVID-19 pandemic. The wording of survey questions may be misaligned with adolescents' language about marijuana use and the ways they consume it. Our objectives were to compare terminology

and prevalence of marijuana use between data from a local surveillance system and from a participatory research study.

**Methods:** To understand marijuana use trajectories over the course of adolescence/young adulthood, we conducted the "Model Building with Adolescents on Peers, Partners, and Substance Use" (MAPPS) study. MAPPS was IRB-approved and included participatory group model building (GMB) with youth in Baltimore City. MAPPS participants were recruited from a health clinic and through community partners. Participants' marijuana use was assessed with the eligibility screener, an enrollment survey, and through GMB exercises that were conducted over the course of four two-hour workshops. GMB exercises included structured activities with youth, including behavior over time graphs and documenting their mental models in real time. Two independent reviewers interpreted youths' graphed estimates of marijuana use. Lifetime and past 30-day marijuana use prevalence estimates from MAPPS were compared to estimates from the Baltimore Youth Risk Behavior Survey (YRBS), which is conducted in partnership with CDC's National YRBS program.

**Results:** MAPPS participants (n=20) had an average age of 18; 7 (35%) were male and 19 (95%) were Black. MAPPS participants almost exclusively used the terms weed and blunts for marijuana, whereas the Baltimore YRBS used the term marijuana, and mentioned that it was also called "pot, weed, or cannabis." Results from MAPPS revealed several discrepancies between different assessments of marijuana use; 100% reported lifetime use during GMB activities, whereas 50% (n=10) reported lifetime use on the eligibility screener and 60% (n=12) reported lifetime use on the enrollment survey. Collectively, MAPPS participants estimated that 86% of Baltimore 16-year-olds use marijuana, whereas data from the Baltimore YRBS indicate that 30.2% of eleventh graders report past 30-day use. MAPPS participants perceived that there was a high frequency of use among youth who use and explained that youth who "hit a blunt" off someone else, but who do not buy marijuana themselves, would be unlikely to self report as having used marijuana.

**Conclusions:** Our participatory research with urban, Black youth suggests that the terminology they use for marijuana (i.e., weed, blunt) differs from terms used in local surveillance (e.g., marijuana, pot). We also found that they would consider prevalence estimates from surveillance studies to be underestimated because youth who consume peers' blunts would not characterize themselves as having used marijuana. Therefore, surveillance questionnaires may be misestimating marijuana use due to discrepancies in terminology in questions versus in spoken language, and because collective use is not considered. Misestimations of use limit effective prevention programming, and bias studies that quantify changes in marijuana use following policy changes or during the pandemic. A more comprehensive understanding of patterns of marijuana use is an important step for improving surveillance, evaluation, and clinical assessment.

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## 191.

### IMPACT OF COVID-19 RISK MITIGATION INTERVENTIONS ON DRUG OVERDOSE IN THE EMERGENCY DEPARTMENT AMONG ADOLESCENTS AND YOUNG ADULTS IN ST. PETERSBURG, FLORIDA

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