



Ivy Jones-Turner:

And hello, and welcome. Thanks for joining us today for the webinar discussion: Effective Responses to Emerging Substance Use Issues. We're going to begin in about two minutes. But as you join the room, we invite you to type into the chat box on your screen, both your name, your full name, and your email address at the bottom of the screen.

Ivy Jones-Turner:

And we'd love for you to respond to the poll question at the top of your screen. We'd love to hear a little bit more, if you'll share your name, your organization, or your role, and what you're hoping to share or discuss or learn from your partners and colleagues today. So we'll get started in just about another minute or so. And this looks great.

Ivy Jones-Turner:

We see a number of folks typing in your names and your emails. Great. Welcome everyone. And it looks like we also have a number of great responses that are coming into the poll at the top of your screen. We have folks who are interested in learning a little bit more about some of the different experiences, particularly Molleigh, who is noting herself as new to the field.

Ivy Jones-Turner:

So welcome to the field, Molleigh, and we're glad to have you joining. And we look forward to hearing other responses. Thanks everyone for joining us today. We're going to begin in let's say maybe about another five seconds. I'm going to let you have some time to type your name and respond to the poll question at the top of the page.

Ivy Jones-Turner:

We are really excited to hear both what's interesting and what you're interested in learning or sharing, or even discussing with your colleagues today. It looks like we have a number of folks from throughout the region of New York, New Jersey, Puerto Rico, and the U.S. Virgin islands. And it looks like we even have some colleagues calling from further afield. So thanks.

Ivy Jones-Turner:

And at this point, I'd like to go on and begin today. Thank you so much, everyone, for joining us. We are very excited to host today's webinar discussion on Effective Responses to Emerging Substance Use Issues. I'd like to thank you for joining us here with the Northeast & Caribbean Prevention Technology Transfer Center.

Ivy Jones-Turner:

And we're going to begin by first changing our layout so that we can begin to show some of our initial slides. If you haven't had a chance to type your name and your email address at the bottom of the screen, please continue to do so. We'll leave that up for a few minutes so that we can both track everyone who's in attendance so that you can receive your certificates.

Ivy Jones-Turner:

And as we get started, I'd like to just say that we're really excited with the Northeast & Caribbean Prevention Technology Transfer Center to host today's session. Today is part two. It's the peer sharing



and peer presentation for this series on the role of prevention in addressing emerging substance use issues.

Ivy Jones-Turner:

In this series, we've had a chance to review a number of lessons learned, both highlighting what prevention has done and can do in helping to stem the tide or reduce vaping and e-cigarette use among youth and young adults. Today's conversation will have an excellent opportunity to hear from some of your colleagues in the field and share and learn from their work.

Ivy Jones-Turner:

As we get started, I'd like to just note for you that today's webinar is being recorded. We will be using it in creating a brief summary of strategies, resources, and tips that you share with one another in today's conversation. If you have any questions, please do contact us if you have concerns. But we will be making the recording available for yourself and your colleagues to share afterwards.

Ivy Jones-Turner:

And then I'd like to just note for you that today's webinar is sponsored and hosted by the Northeast & Caribbean Prevention Technology Transfer Center, which is serving region two, which represents Puerto Rico, the U.S. Virgin islands, New York and New Jersey. The Northeast PTTC is directed by the Center for Prevention Science at Rutgers University.

Ivy Jones-Turner:

And it looks like we've got quite a group of folks who are joining us today. So we're really excited to be able to foster conversation of prevention specialists and prevention professionals within our region, as well as those who are joining us from across the country. So what I'd like to do at this point is introduce your facilitators for today.

Ivy Jones-Turner:

I'll start with my colleague, Jessica Goldberg. Jess is a training and technical assistant associate with nearly a decade of supporting substance abuse prevention efforts at the national, the state and local levels. Many of you will remember Jess as the facilitator of the Northeast & Caribbean PTTC webinars from last year.

Ivy Jones-Turner:

And so we're excited to have Jess facilitating with me this morning. And then also, my name is Ivy Jones-Turner. I'm also a training and technical assistant associate in prevention. I've worked in prevention issues across a number of behavioral health topics at both the local and the national level.

Ivy Jones-Turner:

And again, Jess and I are really excited to lead today's peer sharing session as an opportunity to hear from our colleagues, who've been working in their communities of both Puerto Rico and New York to address vaping as has merged locally in their context. I'll just note that one of the things that we're really excited about with today's conversation is that this is an opportunity to follow up the webinars that we hosted as part one last week.



Ivy Jones-Turner:

And so we just encourage you, if you have not had a chance to take a listen to that, we will be posting the recording for both of these webinars and you'll have an opportunity to hear and learn more about that. And so now that I've kicked us off, I'd like to go on and turn it over to my colleague, Jess, who will get us started with the next section. Jess?

Jessica Goldberg:

Thanks so much Ivy. And thanks everyone again for being here, those that were able to join us last week on our webinar and those joining us for the first time to discuss this topic today. So on last week's webinar, we focused in on trying to distill some very concrete and tangible action steps that prevention practitioners working in community could take based on their past experiences in addressing new substance misuse priorities.

Jessica Goldberg:

And then see if we could figure out how to apply them moving forward to emerging substances. As a quick tap here, we're going to run through the model that we introduced last week and share some of those takeaways again, to reinforce them for anybody that was able to join us last week and then to provide a shared grounding for anyone that wasn't able to attend last week's webinar.

Jessica Goldberg:

And so to start us off, we are going to ask you a question. And we asked this question last week, but we think it bears repeating since we have a different group of people assembling together for today's call. And we want your help to identify some of these substances or substance misuse related behaviors or problems that are trending in your communities.

Jessica Goldberg:

So ideally, you'll be able to see your own experience and the experiences of others on the line. And so I think we're going to bring up a layout, thanks so much, and see if we're going to see the same type of themes emerge today as we did last week. So the question is, what new or emerging substance use trends are you seeing in your community? And you can feel free to put your answer into that poll box at the top of the screen.

Jessica Goldberg:

And something we also wanted to ask is, if you would like, be as detailed as you like. And you can always change your answer or add more detail to your answer by just editing your response in that little response box that you see at the top of the pole, especially if the problem that you've identified is not strictly speaking a new problem, but maybe one that's changed or evolved over time.

Jessica Goldberg:

One of the examples we shared last week was how the recent partial flavor ban effecting JUUL-like refillable electronic vapor products has given rise to increasing popularity of disposable vapes like puff sticks or bars. Maybe this is something you're seeing in your community. But if you're currently grappling with a new twist on a problem that you've seen before, or maybe you've been addressing for some time, feel free to share that in your response so we can get that level of detail that I think would be really helpful to everyone.



Jessica Goldberg:

So I'm going to start debriefing some of the answers, and I already see one. I wasn't even looking at my screen when I gave that as an example of vaping puff bar since they don't fall under the flavor ban in New York. Exactly. So I see vaping coming up a lot. Vaping everything. So different substances: vaping marijuana, vaping nicotine, and maybe others as well.

Jessica Goldberg:

Non-prescription Adderall use is on the rise in at least one community here. The probability of legalizing adult use recreational marijuana. So sort of looking forward prospectively and seeing that coming down the line. I'm still looking through some of these responses. Lots of themes like we had last week emerging.

Jessica Goldberg:

I see methamphetamine also being mentioned. THC vaping. The marijuana use via vape and edibles. Edibles coming up several times for folks. Opioids. And that may be in part just because when we think new and emerging, even though the opioid epidemic has gone through multiple ways and we maybe were not thinking about it in the same way as emerging substance, but one that we've been addressing for some time.

Jessica Goldberg:

Vaping, dab pens, marijuana vaping coming up quite a bit. And then some of those disposable vapor products. So just looking through quickly since we want to move forward in the interest of time. But lots of really great examples. And actually, I think a lot more... Not synergy, but a lot more uniformity in some of the responses here today than we had last week, where I think we saw maybe because it was a larger group, a larger array of different emerging substances.

Jessica Goldberg:

So this is great. I think we can go back to our main slides. And we'll run through this model very quickly since some of you would have seen it with us last week. So it's an attempt to understand basically the trajectory of a substance misuse problem from its first appearance or its onset, on the left of your screen, through its increasing prevalence of youth.

Jessica Goldberg:

And during this time is when really in prevention we have a particularly important role to play. So what steps can we take as preventionists to try to identify problems earlier and mobilize more quickly and effectively? So we developed this model with input from career prevention practitioners that have been on the frontlines of many drug epidemics. And it's also based on the work of a researcher named Jonathan Caulkins from Carnegie Mellon.

Jessica Goldberg:

And he really studied the role of prevention across all of these different stages of a drug epidemic and found that we have the ability to be most impactful in the earliest stages of the epidemic. So to quickly walk through the model, onset is really when populations affected are beginning to use or experiment with a new substance and when we, as preventionists, start seeing or are starting to feel its presence in the field and you hear people starting to talk about it.



Jessica Goldberg:

So there's often a lot of anecdotal data available. It's also when we can have the most impact in part because when we do what we do best, we have the chance to affect the size and duration of the whole epidemic by discouraging initiation. And so at this stage, we can be using our skills as conveners, as facilitators and collaborators, to get key players to our table, or to go to their table and talk about what's happening.

Jessica Goldberg:

And they can help you to be finding information and data that will allow you to see these emerging trends as they develop. And by knowing what's going on in your community early on at this stage, knowing what the problems are, will enable you to communicate more effectively and more quickly and put messaging out there to reach those that are being impacted by the problem.

Jessica Goldberg:

As the problem becomes more prevalent in society, you'll see this greater awareness and perception. You'll hear your partner saying, "We keep seeing this." At this point, there are different sectors that are touched individually and there may be information sharing among the sectors, but there's not a lot of coordination of efforts.

Jessica Goldberg:

And so sometimes at this stage, we know that it's a problem, whatever it is, vaping or other emerging trends, but we don't necessarily know what to do about it. And here is where some of the steps that we can take are strengthening our surveillance and data collection activities as well as certain prevention strategies like information dissemination, messaging campaign so we're able to educate the public as to the dangers of the new drugs.

Jessica Goldberg:

And we in prevention can be particularly useful doing things like assigning roles for our partners to play in the response to these emerging substances, identifying specific programmatic actions that might lessen the burden of the epidemic, stockpiling resources or innovating with evidence-based practices that exist for other substance misuse problems. And then monitoring the policy environment and educating policy makers and the public about different policy initiatives.

Jessica Goldberg:

So over time, we begin to see consequences being documented. We see rates going up. We see hospitalization and we see treatment admission rates climbing, things like that. And now we're starting to have the data that bears this out based on all of our previous efforts. And eventually, we get more information about the problem itself, right?

Jessica Goldberg:

We see promising practices start to emerge that might be effective in addressing it. We also might know more about who's being impacted by the problem most, discovering different regional variations and user consequence rates, things like that. And we also start learning or maybe learning more about industry tactics, whether it's the pharmaceutical companies that flood the market with painkillers or illicit industries that make sure that the supply of their drug is available in our communities over time.



Jessica Goldberg:

We eventually develop this clearer understanding about what the problem is. And then we are better positioned at some point to have a coordinated response, an evidenced informed and coordinated response as a field. At some point, there's a change agent that often will come into the picture at some level, either locally, at the state level, or federally. It can be a variety of things, individuals or organizations with social capital and resources to recognize the problem and intervene.

Jessica Goldberg:

It could be the passage of state or federal level policies, events that precipitate sudden shifts in public perception, or even just the coming to light a particular information. And whatever one of these things may manifest in the course of a drug epidemic will galvanize the call for the coordinated response.

Jessica Goldberg:

And then after the field has responded to the issue, sometimes we experience what many of you have seen time and time again. What we heard in the poll just now is that sometimes the problem becomes a moving target. And we mean by that, that the way the substance is used or accessed or how it's formulated or delivered changes and then requires us to go back to the beginning and walk through the process again.

Jessica Goldberg:

And so we learn from our data-informed prevention planning processes, like the strategic prevention framework on the screen, that we should be doing ongoing needs assessment to determine what is going on in our communities. So surveillance tracking, detecting things as they start to emerge is very important when we're talking about addressing new prevention priorities.

Jessica Goldberg:

For example, in 2018, there were lots of stories of marijuana smokers discovering fentanyl in their marijuana cigarettes and ending up in the hospital overdosing when they didn't even realize they were smoking fentanyl. So that's just an example of the type of surveillance that you do can be so important in the early stages of an epidemic.

Jessica Goldberg:

And there's also this need to identify additional data sources and collection methods to determine how big the problem is, how severe are its consequences and who are most effected by them. Our overall needs assessment process doesn't necessarily change, but we have to change our frame to the process.

Jessica Goldberg:

We need a process for when we collect information about new trends. And obviously, while it exists, we want to review available data, particularly trend data, and look for changes and anomalies over time. But when those data do not exist, we want to identify and create additional data sources and then increase our surveillance of that substance more generally.

Jessica Goldberg:

And so last week we introduced this approach to the early needs assessment process as it relates to identifying emerging substances, starting with anecdotal data. So who might you speak to in your



community to find out more about what's going on? And from there, you then may be able to collect additional qualitative data and be really thoughtful about the type of qualitative data you need.

Jessica Goldberg:

Maybe it's around risk and protective factors. Not only what those factors are, but can you drill down to really understand them? So if access is an issue in your community with regard to this particular substance, where or how is the population of focus access in the drug? From whom? And based on what you find out from these conversations will tell you the type of quantitative data you need to find or collect.

Jessica Goldberg:

And so let's say a community is hearing anecdotal reports of young adults vaping THC laced with fentanyl and requiring Naloxone to be administered. Who might you speak to in your community to find out more about what's going on? Starting places might be EMTs, police, bystanders, or people who use drugs to figure that out, or maybe fellow preventionists in your community or in other communities to see if they're hearing about this too.

Jessica Goldberg:

What are some of the questions you could be asking in your qualitative data collection? Again, how big or severe is this problem? What's the scope? Did it start recently or is it growing? And who's at risk and is most affected by it? Is anyone else out there talking about this and who might be able to help you figure this out?

Jessica Goldberg:

And then in terms of the types of questions that you could add to quantitative data collection, you're looking at use rates, consequence, risk factor related questions. So maybe it's about the perception of risk of harm, the social norms, the peer or parental permissiveness or disapproval, if that population of focus is youth.

Jessica Goldberg:

And then sources of access and perceived ease of access are some places you could start. So early on in an epidemic, it is all about getting the information you need to be able to understand the problem at hand in a multidimensional way. And so now I think I'm going to turn this over to Ivy to introduce our first guest speaker. He'll speak a little more on this. So Ivy?

Ivy Jones-Turner:

Sure. Thanks so much, Jess. And at this point, I'm really excited to bring in our first guest speaker, Katiana Perez-Torres. She is the executive director with the Alianza... Sorry. Let me just move the slides ahead. She's the executive director with the Alianza Para un Puerto Rico, Sin Drogas, which is the alliance to prevent drug use in Puerto Rico.

Ivy Jones-Turner:

Katiana has been with the alliance since 2017. And I think one of the great things that we have in such a diverse skillset with Katiana is that she actually is an attorney and has worked with the U.S. Office of



Drug Control, both in Puerto Rico and in United States, serving with various prison institutions. And she has been a prosecutor in the domestic violence sexual offenses and child abuse unit.

Ivy Jones-Turner:

So she brings a wealth of experience and just knowledge about prevention and substance abuse across a number of different contexts. What we'd like to do to share with you Katiana's experience in Puerto Rico is to highlight our discussion as an interview. So I will read off a number of questions for Katiana and you'll hear her response.

Ivy Jones-Turner:

So the first question that I'd like to have you answer, Katiana, is if you could briefly share the organizational mission and the type of activities that the Alianza or the Alliance does there in San Juan.

Katiana Perez-Torres:

Hello Ivy. Hello everyone. As Ivy said, my name is Katiana and I am the executive director of the Alianza Para un Puerto Rico, which is a private sector coalition established 1993. It's a nonprofit organization. Our mission is to promote experiences of social transformation and prevention of use and abuse of controlled substances that allow improving healthy decision making and character development in children, youth, and Puerto Rican community.

Katiana Perez-Torres:

Our social transformation strategies are demand reduction training and social marketing as a location on media campaign. And we have a partnership for success plan as I know many of you also follow the strategic prevention plan. The Alliance has identified prevention models that promote tools to empower children and youth to face life's challenges successfully. These models are positive youth development on the 10 life skills promoted by the World Health Organization. Ivy?

Ivy Jones-Turner:

Thanks, Katiana. So the next question I'd like to hear you respond is just to share a little bit of how the Alliance first began to hear about youth vaping in Puerto Rico.

Katiana Perez-Torres:

Of course. Vaping or JUUL-ing, as the youth call it, is a trend that started in Puerto Rico time after it was a concern in the main land. I remember one afternoon on my way to my house this big cloud of smoke coming out of a car window. And I thought, "Oh my God, there must be 10 people smoking in that small car."

Katiana Perez-Torres:

My surprise was that I saw only two young adults inside. And this was early 2017. Around that time, a friend called me coincidentally, because she was having problems with her 13-year-old son and she suspected that he was consuming drugs. She also mentioned that she found in his bedroom a charger of some kind that she couldn't identify.

Katiana Perez-Torres:



We checked by the brand name and it was a JUUL, which is a vape product charger. I noticed he has the same age as my niece, I decided to ask my niece about it. And to my surprise, she said that she knew some kids that were vaping. And we're talking about 13 years old. I start asking questions to my professional peers and friends who had teenagers to find out more about the trend.

Katiana Perez-Torres:

One of our board directors is a psychiatrist. And during the meeting that we had that semester, she also mentioned that we have to be vigilant of a new vaping trend. So Alliance's staff, all of us started noticing the trend of youth vaping in Puerto Rico simultaneously by several sources. We noticed an increase of stores selling very attractive and colorful vape-related products that attracts young people in open air areas like near schools, parks or inside the cars using vapes.

Katiana Perez-Torres:

Soon after, we read newspapers and online articles about the increase of this trend, along with health related articles about purchases of low quality cartridges. Also it was a conversation so big, Ivy, in more than one of the meetings that we had with other prevention initiatives.

Ivy Jones-Turner:

Okay. Thanks, Katiana. So wow, starting in 2017 is when you began to notice this in Puerto Rico Were there other groups who were also discussing this new trend of youth vaping? What is it that they were seeing?

Katiana Perez-Torres:

Yes, Ivy, there were other groups, and we contacted them, psychiatrists and psychologists. They were talking about an increase in patients and clients respectively, reporting the user vape and THC. NGO's that are participants of the grand strategic prevention framework partnership for success that are located in six different towns in Puerto Rico were discussing the topic also in their meetings.

Katiana Perez-Torres:

There is a governmental agency in Puerto Rico, which we are part of their meetings through the Puerto Rico Administration of Mental Health and Anti-Addiction services and the topic was brought up. We also have a coalition in Caguas, which is a town in Puerto Rico. They represent 12 different community sectors.

Katiana Perez-Torres:

In the media, they also talk about the topic of vaping. So generally the discussion in those meetings was about the increase in the youth use of vape, the lack of education about the health consequences, the access to the products, and if the tobacco laws were or are applicable. We also go to the schools and the school directors and the social workers in schools mention vaping as one of the risk factors most frequently observed in their school.

Katiana Perez-Torres:

We also noticed that social media artists, models, they all make videos and games with the smoke from the vapes and also talk about how the vapes help them quit smoking, giving the impression that if you vape, you're cool.



Ivy Jones-Turner:

Wow. That's great. That's really interesting to hear from your funders to your schools and to your mental health partners. What data have you begun to collect on vaping?

Katiana Perez-Torres:

So after our school data was collected, which we to have by interviews with family members, friends, professional peers, school personnel, conversations with the ones I've raised, informal conversation, we started to gather qualitative data. Some we acquire intentionally or there was unintentional.

Katiana Perez-Torres:

Researching was the big part of it. Also, our organization develops prevention programs for thousands of children and youth each school semester in Puerto Rico. In the school prevention initiative, our first interview is to the director and school social worker. That includes a written profile of the school with questions based on a list of risk factors and we start asking about vaping those questions.

Katiana Perez-Torres:

Most of our initiatives are evaluated by independent evaluators, and the evaluation include what is unlimited interviews with parents, school staff and participants before, during and after the program. Written surveys are given to the student participants as pre and post it. At the end of the programs, we do what we call a pre-production, which is a focus group where the participants discuss a topic already selected and lead by a professional.

Katiana Perez-Torres:

After that, a TV digital ad is produced on film by the students. And we do the same thing for radio ads and print ads. While we are not intentionally collecting that on vapes in the SPF-PFS grant initiative that we are part of because it's more about alcohol prevention use. The observations showed vaping use among age, customers at bars, and this information was collected on the notes of the informants.

Ivy Jones-Turner:

Wow, that's great to hear the welfare of both qualitative and quantitative data that you're collecting. What type of data are you collecting now?

Katiana Perez-Torres:

Well, after our ongoing efforts to gather qualitative data, which can be summarized as research, research, research, evaluate information that you're already gathering and adapt it to include the vapes in youth trends. Use multiple ways, rules, written surveys, the population of interest, data collection from other venues such as hospitals, health professionals, academic professionals and field observation.

Katiana Perez-Torres:

Now we started going for the numbers, quantitative data. So we're collecting data in schools for the research partner of the year SPF-PFS grant. Vaping questions began to be included in the survey for the period of 2018-2021. The Alliance is part of the efforts to collect the data in the schools and also discuss the outcomes and the need to improve the current questionnaires.

Katiana Perez-Torres:



Even though it's still an ongoing survey as of today, a non-governmental agency reported preliminary results about vaping. They said that 22% of middle and high school students from public and private schools have used vape with some synthetic marijuana. The data collected now includes questions about age, gender, age they use vape for the first time.

Katiana Perez-Torres:

When was the last time they used a vape or e-cigarettes, and what products they used in the vape. We are adjusting our questionnaires for the focus groups and in each of these participants, because we want to add more questions about vapes so we can collect more quantitative data.

Ivy Jones-Turner:

Thanks, Katiana. So I guess then really you've explained a lot of the data that you've collected initially, a lot of the data you're collecting now. What new data would you like to collect?

Katiana Perez-Torres:

Well, we would like to collect data from hospitalizations and/or deaths in hospitals related with the use of vaping. Even though there's a project upending law or approval in Puerto Rico to ban the use of vapes, they request that the hospitals now are required to provide to the government any death or physical injury related to vaping as far as also collection of data to see if they have proved a lot.

Katiana Perez-Torres:

A lot of deaths are a sign of respiratory arrest or illness that are related to the use of vape, but it's not included in the death certificate note because it was not the final cause of death. At the same time, we know that it's hard in Puerto Rico to have the Mexican quantitative data in that issue, but it's something that is happening now.

Katiana Perez-Torres:

The mental health professionals that we would like to have data about because they're serving patients with big issues regarding the use of vapes, especially because they are using it with THC marijuana. And we have learned about rehabilitation referrals for addiction caused by the use of vape through THC. Due to the confidentiality of the matter, we usually desist of pursuing that venue of data.

Katiana Perez-Torres:

But if we can develop another evaluation instrument that does not affect the confidentiality of the patients, we know for sure that we can collect invaluable data in that area. Also, the comparison between private and public school. It will be important to identify risk and protective factors. Most of the vapes got are bought through the internet by youth.

Katiana Perez-Torres:

And that means that underaged kids having access to credit cards and can buy all the vape flavors and equipment that they want. And we would like to know more about it. We would like to ask our focus groups where they buy their products and what criteria they use to choose between brands and models like price, quality of the brand.

Katiana Perez-Torres:



What is their favorite flavor? What consequences, if any, you think has the use of vape? Because I know most of them are clueless and they're either using it marijuana. And states that have medical marijuana legalized like Puerto Rico, they are under the impression that marijuana is harmless. Most of our prevention initiatives include orientation through the parents.

Katiana Perez-Torres:

So it is important that they learn about vapes and its consequences. We've learned that a lot of parents are clueless about the topic. Our next efforts with abuse will be orientation clips that we posted online on the main social media. All our interventions are selected based on the risk factors done on the data collected in interviews and field observation.

Katiana Perez-Torres:

We have to take into consideration, Ivy, that this product has not been on the market long enough, not even in the state. That's why we need to keep collecting data if we want to simply eradicate the product. In a video from the Times that I was watching a few days ago, titled The New American Addiction, revealed that the vapes or e-cigarettes industry spent \$38 billion in making the product to appeal to teens.

Katiana Perez-Torres:

Something that we should remember that happened with alcohol and also with tobacco. They're appealing through the smells and the flavors, et cetera. It also said that for every adult that quit smoking with JUUL, 80 kids become users.

Katiana Perez-Torres:

And then I also saw, and I would like to mention to all of you an ad had that impressed me because it was a young girl smoking a vape with a quote from, this was an ad from stillblowingsmoke.org, that it's the next generation cigarettes for the next generation of addicts. That really hurt me as a prevention worker. This is becoming to be the new big wave to substance abuse. So prevention now is more important than ever.

Ivy Jones-Turner:

Thanks so much, Katiana. I think that was a great example of hearing both how you have addressed and even watched the development and the emergence of vaping there in Puerto Rico, whether it be vaping of tobacco or vaping of marijuana. So thanks so much for sharing a little bit about how you've been looking at data and data collection over this time.

Katiana Perez-Torres:

Thank you for the opportunity.

Ivy Jones-Turner:

No, thank you. What we'd like to do is bring other people into the conversation. And so we have appearing on your screen the question of, as these new problems have emerged, what information do you wish you had had earlier or sooner in order to respond to these issues? And so we just want to invite folks to join the conversation at this point.



Ivy Jones-Turner:

I think we've heard some great examples from Katiana in terms of how they've used quantitative and qualitative data, doing focus groups, as well as her plans to use data from the hospitals and getting a sense of that. As well as continuing to collaborate with their partners who were in the substance abuse treatment side and learning a little bit more of that.

Ivy Jones-Turner:

Now, it looks like we have folks who are saying some very similar responses. You definitely would love to hear more about the consequences. But then also having some consistency in terms of your survey data. Yes, that's a very important issue. We do know that it does take a while. And someone has noted, in order to get both consequence data, as well as survey information.

Ivy Jones-Turner:

So that's great to be thinking about. Maybe, what are some of the other examples that as Katiana has shared, that were other sources of data. Great. And what I'd love to do is just encourage you to continue typing in a couple more responses there. What we're going to do is we're going to go on a transfer over to the next section of today's presentation, and you'll have an opportunity to hear from some of our other presenters. Thanks again.

Jessica Goldberg:

Thanks so much, Ivy. And thank you, Katiana. That was wonderful. And so just moving us along and now segwaying away from assessment to selecting strategy. You know prevention at its best operates from a place of enough information and your responses to this past poll really highlight how challenging that can be early on in this drug epidemic.

Jessica Goldberg:

But when we have enough information, we're able to advocate for that right mix of strategies to know to whom and at what level of society to target our efforts. And we're able to think about the cultural appropriateness of our actions and whether we expect them to be effective and create sustainable change.

Jessica Goldberg:

So at the very beginning of the drug epidemic, there's this window of opportunity we talked about if there's a coalition structure or other prevention infrastructure already in the community to bring this issue to a table and the prospective collaborators to the table in a proactive way. So along in the process, when we have our collaborators engaged, we can offer our greatest tool.

Jessica Goldberg:

One of our greatest tools are data-informed planning process, our spiff, or some other organizing structure to help coordinate our efforts and make sure that we're engaging our partners in those multiple strategies in the variety of settings, targeting the appropriate populations of folks. And for emerging issues, we have to be really thoughtful about whether and how we adapt existing strategies from other substance use problems.

Jessica Goldberg:



And we shared some tips on this during our webinar, but we need to make sure that we're only doing this in consultation with experts like the specific program developers, our evaluators, or other environmental or evidence-based strategy specialists. We also have to be consistent with principles and implementation fidelity and ensure we're addressing risk or protective factors that are salient for our new problem of focus.

Jessica Goldberg:

And of course, then document and share our work to further the evidence base of our field. And now we're going to hear from a couple of more voices from the field. And it's my pleasure to introduce our next two speakers, Alyssa Evans and Kim Favro, both student assistant counselors from Rensselaer County, New York, and team members with Rensselaer County Mental Health.

Jessica Goldberg:

And they both have considerable experience and expertise in prevention and have been gracious enough to offer to share some of their experience with us, with regard to addressing the vaping epidemic within their communities. And so, with no further ado, I'm going to turn this over to you, Alyssa and Kim.

Alyssa Evans:

Hi everyone. Thank you, Jessica. I'm just going to start with why we're kind of here to talk to you guys and really to talk about our experience in addressing this issue of vaping that has emerged and evolved over the last four years, and very quickly went from youth use of nicotine to marijuana concentrates, for sure.

Alyssa Evans:

So just to get a little context about what our role is and what we do. We'll talk a little bit about that. And we're hoping that some of the strategies maybe are things that you could use in your work. And then also, how do we look at this for other emerging trends in substances? And can we apply some of these same things, like Jess said before, as that target keeps moving.

Alyssa Evans:

Substances never go away. We know that what is trending just happens to go in and out, and how that kind of changes in the world, whether it be potency and purity, access and means, what's popular, laws, things like that. So Kim and I, we are prevention counselors and educators, and we are employed by Rensselaer County under the Department of Mental Health and Prevention Services.

Alyssa Evans:

But we're embedded in schools in our community and we have different counterparts that are doing the same. So we're providing classroom push-in with evidence-based programming at the middle school and high school level. We're doing student assemblies, training and presentations for staff and parents, and community members.

Alyssa Evans:

We're implementing environmental strategies, tabling events, really helping to inform and develop policies having to do with these things and providing supportive counseling to students. So we kind of



split this up in a then and now. So there was really like a year one and two of this, and then a year three and four.

Alyssa Evans:

So they're, like we said, that evolution of things. So when this first started, as we first started seeing this problem with vaping entering the school, is really adults and administrators were looking for kind of one-stop-shop solutions, 40-minute assemblies with students, follow-up with the kids who got in trouble. So really just kind of checking boxes in the very beginning, I think as it was new.

Alyssa Evans:

At this time, there was very limited information and resources. So we were doing a lot of things on our own to like Google and find out information. There wasn't a lot; what there was came from reputable resources, which were good. And we're really kind of creating our own things with the facts that we found like posters and things to use for environmental strategies.

Alyssa Evans:

Really kind of coming up with things, because it didn't exist. We were educating in silos, like just covering like, all right, we're going to cover the topic of nicotine. We're going to cover the topic of vaping, nicotine or e-juice. And then really treating marijuana separately initially. And then as you started doing both very quickly, that started to change.

Alyssa Evans:

The focus in the beginning was the youth were doing it. Let's educate the youth. And then after was really, we need to educate the staff. They need to know you can't stop what you can't see. So really it was doing that in the schools so teachers knew if they saw something or our security staff and those kinds of things.

Alyssa Evans:

I would say year two was really when we started getting parents on board and educating them. At this time, this information was not in the EDPs that we were using. So we were having to adapt what we were educating students on. So when we were doing our EDPs... I think at first with like our tobacco unit, that I was adding stuff having to do with vapes of e-juice and nicotine products there, and not really touching the marijuana piece.

Alyssa Evans:

You can't take away from the EDPs, but you can add to it. So we were mindful of that. And we were integrating within health classes, our SADD groups, those kind of things, really kind of based on what we saw the kids doing. There was no data at this time. So really at the time it was all anecdotal and observational.

Alyssa Evans:

And really what we were asking kids like, what are you using? What are you seeing your peers use? And we maybe have some data around how many kids were getting in trouble with these things. Those kinds of things at the school level. The national kind of surveys that are done like monitoring the future,



prevention needs assessment, YDS, those things were not a part of these questions and have really just become a part of those surveys and data that we get.

Alyssa Evans:

Communication and collaboration were key parts from the beginning. Kim and I are fortunate enough to work with a lot of staff who are doing these things in different schools in our area. So we're able to like... We meet regularly and communicate regularly and are able to be like, what are you seeing? How are you addressing this? So we could kind of anticipate some things that were coming our way if it didn't hit our school yet.

Alyssa Evans:

And really collaborating with our security, OUR administration, our SROs, which also have information on what's going on, on the legal end and what they're seeing in the community for sure. So relationships were always very important from the get.

Kim Favro:

Hi, everyone. This is Kim here. And speaking of what Alyssa was talking about with that communication and collaboration, we were lucky in the early stages when we were seeing this trend that our school resource officer came to myself and administration when confiscating the vape that, one, what we need to watch, and two, the substance looks suspicious, meaning it didn't look like e-juice.

Kim Favro:

And he was able to get testing kits and test right there on the spot at school while we had the student available. And it would come back positive for THC. So that was a pretty quick shift for us, with looking at devices, seeing if they were tampered with at all or hacked or looking at the new vaping products that were specific to marijuana.

Kim Favro:

So we were able to really talk to each other and start educating on the THC vaping trend fairly early. So that was lucky for us. In terms of policy, we explore a lot of different options. I know many of you probably have gone through that with your districts in terms of how long are students going to be out for suspension related to this.

Kim Favro:

The JUUL pod cap, do they count as contraband? Was anything being tested for THC, because that's going to shift the suspension and the psychoeducation piece. I know I'm jumping ahead to year three and year four, but we were navigating that in those early stages and trying to figure out what would be the best approach.

Kim Favro:

And our school has finally landed on utilizing VapeEducate, which is a six module program. It's well-done. It takes several hours for the students to complete. And because we have incorporated this now, most of them are taking advantage of it. I'd say 90% of the students, it doesn't matter if they're invested in school or not.



Kim Favro:

They really are engaging in this program and that reduces their suspension. So it has sort of a restorative justice piece in terms of not pushing kids out and a psychoeducational piece, which I think is a really positive thing for a district to have. And we also offered it as professional development for our teachers and staff that they could actually see the program, see the modules and what the kids were experiencing, the one was more education for them and more of that builtin buy-in.

Alyssa Evans:

And kind of funnily enough, Kim and I had with this identification and testing as we really kind of played off one another at this time at the same time in my school is that I had talked to our SRO and security and they were showing me what kids were kind of being caught with and some of the contraband.

Alyssa Evans:

And then I looked at it and I was like, "I don't think this is e-juice." And really looking, they were dab pens. The kid had just said, oh, they were smoking e-juice, because that's what the administrator had assumed it was. And Kim in my conversation she was like, "We actually just tested one, and then we connected our SROs with one another for both of our schools to start testing these."

Alyssa Evans:

And then schools working with admin, because they have to talk to lawyers and the monetary aspect for buying tests. What are we testing? It's not cost effective to test everyone. And then you get into the discipline and consequences. Of course, part of that is Kim and I and our counterparts is any student who gets in trouble for a substance related issue, they have a mandatory follow-up with us.

Alyssa Evans:

So that's really where we get into the assessment and counseling piece of things. So I would say in the beginning we were assessing things around their use. But then we also started asking them, no matter what they got in trouble for, are you also vaping marijuana concentrates? And we very quickly had to get very specific about the questions we were asking because a lot of times we're using the same language to talk about very different things.

Alyssa Evans:

And they gave us the best kind of temperature of what was going on with youth and in our school community. And we were asking about, what are the deterrents? We want to gather information about that, because it's going to be different for different people. So we wanted to make sure we were educating on all of those things, because what's going to stop you and what's going to stop me is going to be very different.

Alyssa Evans:

So some of them it was a fear of consequence or the health concerns, financial reasons, death. They don't want to be duped. I think that's the biggest one is the science does get them and they don't want to feel like they're being duped by a company, for sure. So we were quickly trying to educate on all those things.

Alyssa Evans:



So year three and four, really focusing on repeat messaging. A lot of times we're getting the same kids that we're educating over and over again. I'm in the middle and high school, so I'm getting seventh graders, eighth graders, and high school students. So after a couple of years, they're talking to me about the same things and I'm pushing another class about the same thing. So how am I addressing this in a different way and keeping it new?

Alyssa Evans:

And we also are seeing them up in different areas. So not just the classroom, not just assemblies. We're going to meet the coaches nights, the brochures that are going out and the pamphlets for sporting events. Lots of different things that we're going to talk about. So we've progressively done more each year and this has certainly evolved, keeping it fresh and hitting them up in different ways for sure.

Alyssa Evans:

In the classroom, where you're trying to make education more hands-on, even turning activities into, all right, true or false. And you're going to move on this side of the room and that side of the room, or we're going to get in teams and make it a competition. We're going to look up the ingredients and what is your response to what these chemicals are really for.

Alyssa Evans:

Or these are advertisements tactics. Can you pick those out in these ads you see for these products. Year three and four, we're educating everyone over and over again. So that's our staff, that's our youth, that's the community, that's our parents, increasingly more parent education. And not only face-to-face and assemblies, but putting things on school websites or posting presentations or social media campaigns.

Alyssa Evans:

We're hitting them up in different ways and you'll see more of that. Now we're always educating together, not in silos. When we educate about tobacco, we're talking about vaping of e-juice and we're talking about vaping of marijuana. This is another shift that people talked about edibles. I don't talk about marijuana without talking about vaping and also talking about edibles, not just kind of green leaf marijuana.

Alyssa Evans:

They're starting to become more increased availability of information and resources, certainly. We're just beginning to change some of the questions in like the PNA and monitoring the teacher. So we're just starting to get more of those specific questions to get data. EDPs are starting to include some of this stuff, mostly with nicotine.

Alyssa Evans:

I haven't seen a lot of changes with marijuana, although some. But it's starting to get incorporated into EDPs. And we're really kind of collaborating more with our coalitions, SADD agencies and other agencies in the area for sure. So for our collaboration, we've had a local coalition called No Opiates committee since 2015.

Alyssa Evans:



But really in the last few years, it's become very cohesive with our SADD group. And a lot of times our committee members will come to our SADD meetings and then our SADD students will go to our No Opiates community meetings. It's really mutually, beneficial because they want to hear the youth voice. They want to fundraise for us.

Alyssa Evans:

They want to get the word out and they have those connections. And we, of course, bring that youth voice and perspective and what's going on and obviously vaping has been high on our agenda. And so they're helping us plan safe and sober activities in the community. It's really been a wonderful collaboration and they also join us for our parent workshops now. And our SRO also joins us.

Alyssa Evans:

So it's really been a great collaboration. And we also have students that graduated that are now part of No Opiates and come back and talk to our SADD students about this is all the great stuff I've been learning. This is what No Opiates has opened for me in terms of lobbying and tabling. So it's been really great in terms of that buy-in and the success there. I know we've had... Oh, sorry. Kim, go ahead.

Kim Favro:

Go ahead.

Alyssa Evans:

We had Capital District Tobacco-Free Communities, which is another agency in our area, come in and work with our SADD students. And we had an interactive tabling event and it was the SADD students who ran that event. And there was like a pledge behind the event that kids could do. And it was very visual and outside the lunchrooms.

Alyssa Evans:

There was like a claw machine where kids could... The kids were asking other kids and providing them with information having to do with this stuff. So really that peer to peer education, we're trying to get more creative with it as we go. Year one, when we did it, we just did nicotine. And then I incorporated marijuana stuff this last year. So really that peer to peer education and that collaboration that we have.

Kim Favro:

And for the environmental strategies as well. Talking about those parent workshops. You'll get a handful of parents that come in for those actual events, even though you fundraise so that you can have raffles and things like that going on. So now we're thinking of doing it as a Facebook Live event, and especially considering the current conditions of what's going on, we're going to really have to adapt.

Kim Favro:

So we were already looking at doing that anyway. And so we're probably going to utilize that. And that came from a conference that I went to in terms of an idea. We also did a video series that was part of our school resource officer. He had a website on the school district website and it was different video series. And we popped in. I went and did that with our SADD president. We talked about the vaping trend. We had actual products.



Kim Favro:

And that got out to all parents in the district and we had a lot of great feedback. And just doing them, pushing in with presentations that are kind of already there. Using Screencast-O-Matic. That is a great app that is free. If you use it under 15 minutes, you can create videos that I've used that have gone out through grades 9 through 12, and did one in the fall just on vaping specifically and it went over really well. So it's just in terms of that. Increased reach and utilizing the technology in a little savvier way.

Alyssa Evans:

So just some considerations and lessons learned I'd like to go over here at the end is really kind of combating misinformation. And as you continue to do that, it eventually gets in the youth, have them started giving off. Know the information now, because we've just kind of hammered it over the head with them.

Alyssa Evans:

We're educating and training everyone. We got to keep up with the ever changing world in information, giving repeat messaging in different ways. That's supposed to say reinvent the wheel. We really are continually reinventing the wheel, trying to make things as hands on as possible, meeting learners where they're at.

Alyssa Evans:

So getting more tech heavy with this. And continuing that communication and collaboration. I think peer to peer education is important. They would much rather hear it from the up here and that's going to be much more meaningful than myself, for sure. And continue with the positive social norming, hitting those different deterrents.

Alyssa Evans:

And then also what changes them, giving them tools to quit or reduce. And there's a lot of apps nowadays to do that. I think a lot of the ongoing and future issues have things that our audience have already kind of typed in to things that they're seeing and thinking about in the work that we do.

Kim Favro:

And really just hitting on that, the misconception piece, I think that kids are finally now, this year, have really noticed connecting that link, making a clear connection between misinformation that was fed to them on vaping and big tobacco and the same messaging that's unfolding by big marijuana and marijuana legalization.

Kim Favro:

So really seeing that, as Alyssa was saying, they don't want to be duped. They don't want to be misled. And so finally this year, even though we've been discussing this link for several years now, they're really making that connection like, "Aha, okay, I see how this is connected." And this is the same kind of messaging that went out that got people hooked on vaping. And it's the same messaging that's coming out with marijuana.

Ivy Jones-Turner:



Wonderful. This is amazing. Thank you so much, Alyssa and Kim, for sharing all the work that you have been doing. It's so exciting to have the opportunity to bring you on and highlight your work. And I think you've done such a great job of describing both the progression of your efforts and the evolution that your approaches have taken over time.

Ivy Jones-Turner:

So just keeping eye on the time. We know we're wrapping up the session. But there's a couple of questions, Kim and Alyssa, in the chat that I just want to call to your attention. If you don't mind responding in the main chat box on the left of the screen. So folks just want to make sure they caught the name of that app that we mentioned, Screencast-O-Matic, and make sure they have that right.

Ivy Jones-Turner:

And there was another question a few moments ago from Alicia who asks, about how much time your school's allowed for all of these different types of presentations and activities and whether or not they're deliver it through the health classes, because there are some schools that continue to push back on students losing any academic time.

Ivy Jones-Turner:

And so just in the interest of time, and I know folks may have to jump off. So if you're able to stay, we're going to keep our room open and we're going to wrap up our webinar. But if you have to jump off, we also want to ask you to fill out our evaluation survey that we're going to make available to you in a second in the chat box.

Ivy Jones-Turner:

That way we can get your feedback, even if you have to head to a two o'clock Eastern meeting. So for those that can stay, we'll just wrap up. And we are going to ask you to reflect on a final question. And if you have a moment, we'd like to bring up the layout just for those that can stay on for a few more minutes, just to say that now we want you to have the opportunity to share your experience too with each other and ask you to share any innovative or unexpected strategies that have had a positive impact in your community.

Ivy Jones-Turner:

We've just heard from Katiana, from Kim and Alyssa, some great approaches to both data collection and strategy selection. So for those that can stay and remain on with us, let's hear from you so we can get a nice compilation of other things going on in our region. So feel free to write your responses in the poll box at the top of the screen, and let us know sort of the other things that are going on.

Ivy Jones-Turner:

While we give folks time to do that, we're going to just move on and also encourage if you there are final questions that you have, to put them in the chat box. Ideally, folks will be able to stay on the line and we can crowdsource some responses in real time. But we can also follow up on questions that we don't have time to get to today.

Ivy Jones-Turner:



So we don't want to lose them. If there are other questions that you're having on your mind that are lingering for you, be sure to put them in the chat box so either folks can respond right now or we can make every effort to follow up with you after the fact. I see some of the answers coming in in terms of sort of innovative or unexpectedly successful strategies coming in.

Ivy Jones-Turner:

So pen pal letters. Oh my gosh, that sounds so cool. Back and forth with youth. Vaping presentations for staff at the school. And escape the vape toolbox, which sounds wonderful. A few districts pitching up in the chat, as answers are coming in, to coalitions teaming up with youth and compiling resources and information.

Ivy Jones-Turner:

And then an online resource located on a scannable business card. Oh, great. I love that. Youth responsive to SPECT brain scan. Yes. Kind of seeing what the actual impact on their brains can be. And what a conversation provoking and stimulating experience that can be. these are wonderful examples. So if you have a chance to scroll through them, definitely do.

Ivy Jones-Turner:

Youth-led discussion groups about tough subjects. I think that definitely reinforces this piece around peer education. And so many other great examples that we'll be sure to go through and compile and share back in our notes. So as the other questions come in, please feel free to respond, if you have responses to them in real time.

Ivy Jones-Turner:

We do, again, want to encourage you to fill out our evaluation. So if we could maybe place that evaluation link in the chat again. I know the conversation has been so robust that the chat box has been moving quickly, but we promise we won't lose anything that's been posted there. And we do take your responses very seriously and use it to try to improve our virtual training offerings in the future.

Ivy Jones-Turner:

So if you could take a moment and let us know what you thought of today's session, we'll be sure to incorporate your feedback in the future sessions to come. And just winding down, I want to say thank you. Thank you to everyone who's joined us today. We are so grateful for you being here. We will be sharing out follow-up materials from today's sessions shortly, and we hope to see you on a future services. We're hoping to be.