



Jessica Goldberg:

Hello, and welcome everyone. And thank you so much for joining us for today's webinar, Effective Responses to Emerging substance Use Issues. My name is Jessica Goldberg, and it's a pleasure to welcome you here to the webinar. We're opening our virtual room up a little early today just to give folks time to get acclimated to our platform that we're going to be sharing our webinar materials with you in today. And also to have folks start the session off by reflecting a little bit about their own experience in the work of prevention and share some answers around what are the new or emerging substance use trends that you're seeing in your community. So if you look to the top center of your screen, you'll see a poll box where you can write your response to that question. I already see a response having come in. So thank you very much for that.

Jessica Goldberg:

And we'll just be asking folks to share their thoughts there in the interim as we wait for others to join us. We are expecting a large group to join us today and looking forward to having everyone's participation and involvement in the webinar. And so as others come into the room, we'll be sure to welcome them. But in the interim, I'll start debriefing some of these responses that we are seeing to the poll. So in terms of the new or emerging substance use trends that we're seeing around our region, we see answers coming in like vaping, increasing vaping, and marijuana use remaining an issue. Marijuana use, vape use, someone who's saying there's also more drinking that they're seeing as an emerging trend or a continuing trend in their community. Underage drinking. Seeing things already emerging here around both marijuana use and vaping of nicotine. It looks like so lots of themes are already emerging, but we'll ask as folks are joining that they also put their responses to this question in the chat box.

Jessica Goldberg:

Great to hear what's going on, and also to get sort of real time picture of some of the issues going on in their part of the world and across our region, region two of the Prevention Technology Transfer Center Network that includes New York, New Jersey, the US Virgin Islands and Puerto Rico.

Jessica Goldberg:

So as we let additional answers roll in, I'll just say welcome again to those that have just joined us for today's webinar. We're so glad to have you here as part of this conversation. We'll be exploring some ways that prevention can respond more effectively to emerging substance use issues, something I know is at the forefront of folks' mind out in the field. And that's why we're hoping to start the session off with hearing from you about what you're seeing as some of those new trends. Some of these trends that are coming in are new in the last several years, new in the last few years, or things that we've dealt with in different iterations over time. We've seen different waves of certain substances that we address as a field collectively, responding to one wave just in time for another way to start, a little bit different, but the same problem that requires new creative thinking and different approaches to address.

Jessica Goldberg:

So I'll debrief some of the additional answers that are coming in before we get started with today's presentation. Seeing definitely vaping of THC, different ways that people that use electronic vapor products hide them. I'm imagining the youth that are using these products are finding more effective ways to conceal their use. More drinking, as we had said before. Coming up as answers, different strains of marijuana that you're seeing in your community, the legalization of marijuana, and the way that that's affected the perception of harm of marijuana as a substance, changing how that's perceived,



particularly among youth. A lot of CBD products that are unregulated. This whole new changing environment related to marijuana legalization creating new issues for us to address. Increase of cigarette smoking among youth is another response that's coming in. So you can see, as I had said a moment ago, that there's quite a few themes that are already emerging, that we are painting a picture of some of these challenges that are arising in the field and across our region. The use of vape Puff Bars, I saw come up with another response. It's something we're going to talk about a little bit during today's presentation as we think about those different ways of substance use priorities as more moving targets that we have to be able to be nimble and creative in our responses to.

Jessica Goldberg:

So looking at some of these other responses, and I see some have gone into our main chat at the bottom left of the screen as well. So K2 and Spice coming in, vaping competitions coming in as another potential emerging trend. And vaping here, as well, being endorsed as another serious and ongoing issue.

Jessica Goldberg:

All right, so we're getting near the top of the hour. So we want to welcome you all. Again, if you're just joining us for today's webinar, Effective Responses to Substance Use Issues. My name is Jessica Goldberg. We're about to get started. And if you haven't had the chance yet to share your perspective in our poll question around new and emerging substance use trends that you're seeing in your community, please feel free to do that by writing your answer in the poll box that you see at the top of the screen.

Jessica Goldberg:

Just looking through to see if there's other responses that I can highlight here. Marijuana edibles being mentioned, juling, including THC additives. You're hearing all of these similar issues. And it's wonderful to hear that the topic of today's conversation will be so timely for folks on the line. We designed this webinar knowing that these were real issues and trends within our region. So hopefully, you'll find that what we share today will be of use to you in thinking about how not only to continue the work that you're doing to address these new or emerging trends in your community, but how we can distill down some lessons learned to the next priorities that will be coming down the pike for us in prevention.

Jessica Goldberg:

And so now I think we're at the top of the hour. So I'm going to hand this over to our facilitator, Clara McCurdy-Kirlis, to get us started for today's webinar. So Clara, over to you.

Clara McCurdy-Kirlis:

Thank you very much, Jess. Great to be here. Thank you for walking us through that poll, and thank you for all of your responses. It looks like a lot of similarities and some differences that we will definitely be talking through today. So thank you all. Welcome to the webinar, Effective Responses to Emerging Substance Use Issues.

Clara McCurdy-Kirlis:

We would like to ask you if you happen to be sharing a computer with someone else, please have that person type in their name into the chat. That way they can receive credit for participating. And we'll know that you're also here if you weren't able to log in yourself. So please, we ask that you do that if you're sharing the computer. And welcome to all.



Clara McCurdy-Kirlis:

My name is Clara McCurdy-Kirlis, and I'll be introducing myself more in a moment. And I'm joined by my colleagues, Jessica Goldberg, Ivy Jones-Turner, and Diane Litterer. And we will get to know them all in just a few minutes. So welcome to our presenters.

Clara McCurdy-Kirlis:

A little bit of technical information before we get started. This webinar is being recorded, and we will be making the recording available to all webinar participants after today's presentation. We will be sharing our presenters contact information at the end of the presentation so if questions or concerns arise after the fact, you can feel free to reach out. But we also do invite you to ask your questions throughout the conversation today. And we have a chat where folks are saying hello, which is wonderful. Also, if you have any specific question that maybe came to your mind about something that we've talked about several minutes before, you can go ahead and write any questions that you have in the pod you see underneath the slides. So it says, write any questions you have here. If you have more than one question, you can separate your questions with a comma, and we'll be sure to get to them.

Clara McCurdy-Kirlis:

So I see one person actually asked, how do we continue substance misuse prevention during these times, which is a wonderful question. And that's exactly what we're going to be touching upon today. And in conversations in the coming weeks. So thank you for that. And that is the purpose of that chat. So feel free to post questions there or in the everyone chat.

Clara McCurdy-Kirlis:

Again, if you have any questions, you can contact the webinar facilitator, which I will share at the end of this webinar, that information.

Clara McCurdy-Kirlis:

I will give me just a little brief introduction about the Prevention Technology Transfer Center Network, also known as the PTTC. So the PTTC network is charged with providing training and technical assistance services to the substance abuse prevention field to improve implementation and delivery of effective substance abuse prevention interventions. So that's a little kind of tidbit. This is year two of PTTC. So you may already be familiar with some of the work that we've done.

Clara McCurdy-Kirlis:

So again, my name is Clara McCurdy-Kirlis, and I am your facilitator for today. I work with Education Development Center as a training and technical assistance coordinator. And I support the work that we do in the field of substance misuse prevention through instructional design, training and technical assistance support, creating tools and promotional materials related to substance misuse prevention, and working with our clients to meet their prevention needs in collaboration with my team at EDC, and of course, Rutgers University.

Clara McCurdy-Kirlis:

We will be talking about these kinds of objectives today, and our hope is that you'll walk away from this webinar feeling more competent than you were before about meeting these objectives and being able to understand. So just to walk through the four objectives here we'll be describing current data trends



associated with emerging substances in the US, listing sources of local state jurisdiction and national data to inform new prevention priorities, describe data informed planning process to select appropriate prevention strategies, and finally, apply lessons from past prevention efforts to new prevention priorities, which is much of the kind of bulk of our conversation today as well. So hopefully you will feel more comfortable after this webinar in understanding these objectives.

Clara McCurdy-Kirlis:

So without further ado, I'd like to introduce our wonderful presenters we will be hearing from today. So first of all, Jessica Goldberg, she is a training and technical assistance specialist with nearly a decade of supporting prevention efforts at the national, state, regional and local levels. First with Massachusetts State Technical Assistance System, and then with the Center for the Application of Prevention Technologies, or known as the CAPT. And now she is working with the PTTC as a training and technical assistance specialist.

Clara McCurdy-Kirlis:

We also have Ivy Jones-Turner. She has been providing organizational capacity assistance on health promotion and prevention for over 20 years in the field of substance abuse, suicide, violence, injury, and mental health with nonprofit and community based organizations, as well as state and faith based agencies and school districts. Her capacity building skills include program evaluation, training and technical assistance in program design and implementation, organizational development, partnerships and collaborations, and grants management. She is a certified prevention specialist and holds an MPA from Harvard University's Kennedy School of Government.

Clara McCurdy-Kirlis:

And then finally, we have Diane Litterer, who is our kind of a guest with us today. We were so great to have her as well. And Diane is the CEO of the New Jersey Prevention Network, which is a public health organization that promotes best practices and strategies and provides technical assistance and training to a network of regional coalitions that serve all counties in New Jersey, and leads the Tobacco Free for Healthy New Jersey initiative that implements a comprehensive approach to reduce all tobacco use, including vaping. So we will be hearing from her. She has over 30 years of experience working on the community, regional, and state levels. And she brings hands on experience to her discussions. So welcome to all of our presenters. I'm so excited to have you here today. And so without further ado, I'd like to hand it over to Ivy to get us started in talking about emerging substances in the United States.

Ivy Jones-Turner:

Thanks so much, Clara. And welcome again, everyone.

Ivy Jones-Turner:

As Clara has noted, today's webinar is really going to focus on responding to some of these emerging substance use issues. You may ask why emerging substance abuse issues. What's the role of prevention at this point? Specifically, what we want to do is talk about the role of prevention in terms of responding to substance abuse issues as they're developing, or just beginning to arise. Whether it's a new drug such as maybe oxycodone was a number of years ago, methamphetamine, or even crack, a number of years ago, were to the landscape of substances. Or it may be a new way of taking a substance. And for many of you, we've already seen today, the issue of vaping as a significant new way that you're seeing as an emerging substance.



Ivy Jones-Turner:

As prevention professionals, our goal is to really prevent or reduce the next drug epidemic. And that means identifying substance use as it develops before it becomes a problem. So of course, that means at this point, given that we are early on in our phases, we'd like to think of this maybe as an approximate method, but throughout today's webinar, we'll also share a number of best practices and effective strategies that we've learned over the decades that will help you with more clearly and more specifically identifying what might be an emerging substance abuse issue.

Ivy Jones-Turner:

Because of course, we know that prevention is not exact in this case. I believe physicist, Niels Bohr, said it perfectly here. It is difficult to determine exactly what's coming next. And while we may make educated guesses, they are exactly that. Of course, that also means that while we might not be able to exactly predict the next drug on the horizon, we can be keen observers, both gathering and analyzing the information and indicators that will help us to understand both those early clues and signs that we see as conditions may develop.

Ivy Jones-Turner:

So what is it that we can learn from the information we review? We'll spend a fair bit of time today talking about both what are some of those key points that we can learn, as well as where and how to use that data, where and how to use that information that you're collecting. But by paying keen attention, prevention can play a key role in addressing substance abuse early. And we would even say it's actually very well situated to do this, very similar to an early warning system.

Ivy Jones-Turner:

Now, today, we're not going to go into a whole lot of detail about this particular point, but I just want to highlight Jonathan Caulkins has identified three stages of a drug epidemic. Very often, the first stage is identified as a stage of experimentation. It's when increasing numbers of individuals begin to experiment with the drug. We know that some portion of this group then move into the second stage and continue to use that substance. They become regular users of the drug. We might call that a prevalence stage. That third stage is when members of the group that have been regularly using the drug begin to develop an addiction or encounter problem use on problem consequences with using the drug. As preventionists, we're especially aiming to reduce the number of new experimental users, both the number of people in that first stage, as well as preventing people from moving through each of those three stages.

Ivy Jones-Turner:

So we can't tell for each new drug trend whether an increase in the number of new or experimental users will automatically develop or emerge as an epidemic, but we can begin observing and tracking that context early. So what we'll do right now is take a look at a couple of examples of how that might take place.

Ivy Jones-Turner:

So here we see on your screen of recent drug trends between 2012 and 2018. We've seen several things develop. We've seen an increased cocaine supply within the United States, and in particular that has grown from the Colombian cocaine production experiencing a threefold increase to about 910 metric tons, and that's an annual production rate. We've also seen the average level of purity increase and the



price per gram decrease from roughly \$215 to \$165 during this timeframe. And what this has meant is that during this timeframe, the overall use by the adult population only increased from 1.8% to 1.9%. But we saw that young adult use increased from 4.6% to 5.6%, according to NIDA, which is a survey we'll talk a little bit about later. And we also saw a significant increase in the use of cocaine by females between ages 18 and 25, from 3.2% to 4.8%.

Ivy Jones-Turner:

Now we've also seen some continued high levels of opioid use. Much of that has been showing up as a shift in synthetics like fentanyl and carfentanil. And as many of you might remember, in an attempt to reduce oxycodone abuse, we reformulated the drug and monitored prescription access through our prescription drug monitoring programs. So we saw a number of users switch to heroin, which became the second phase of the opioid epidemic. And now we're seeing the increased introduction of these synthetics, such as fentanyl and carfentanil into the opioid supply, which is part of that third phase, or that third wave, of the epidemic.

Ivy Jones-Turner:

And unfortunately, as at the end of this timeframe in 2018, we saw 67% of opioid involved deaths included use of a synthetic opioid. And so we also saw during this timeframe, a reemergence of methamphetamines. It has also seen a significant increase in purity from 85% to about 93%, which we know is a formidable change and will have significant impacts on those percentages of people who go from casual or experimental users to beginning to develop either prevalence or disorders.

Ivy Jones-Turner:

We also saw an increase overall in the use of stimulants, such as cocaine. And then we saw an expansion in the number of states that have been relaxing their cannabis laws. And that has taken various forms from expansion or the allowance of both medical marijuana, as well as a allowance for recreational use of cannabis by adults.

Ivy Jones-Turner:

So what has that meant? That means that we have also seen, in the more recent times from 2018 to today, we've also seen a significant increase in the continuing use of stimulants. The fact that folks are now using more combination of cocaine and methamphetamine, and then of course, including those stimulants with, or combining those stimulants with opioids, which also turns into our fourth wave of the opioid epidemic, the polysubstance use.

Ivy Jones-Turner:

So what that means is that we're seeing a number of things happening. Some of these will sound very familiar to you. And many of you have noticed these, in particular during the poll questions, noting and highlighting the role of vaping, as well as use of vaping products to smoke or to imbibe or to take marijuana and cannabis.

Ivy Jones-Turner:

In particular, as you know, there are also the concerns with the drug trend of increasing maternal and adolescent youth. So of course, by paying attention to this data, we can keep track and begin to identify how this might have some implications for both the ongoing, as well as what may become an emerging and burgeoning substance use issue.



Ivy Jones-Turner:

And so here, we'll note here, just a couple of things with regards to the latest drug trends, in particular with cannabis legislation. I think as many of you may know or have seen in your local community, that there's been a significant switch. We started out with only about 20% of the American population living in a state which allowed any type of recreational or medicinal marijuana use. And as recently as 2020, we have significantly increased that so that now almost 60% to 80% of the American population lives in a community or lives in an area where the adult-

PART 1 OF 4 ENDS [00:25:04]

Ivy:

Community or living an area where the adult use of marijuana or cannabis has been relaxed. And so we know that that will have some significant implications for not just adult use, but also how it affects the access, how it affects the perception of harm and how it also affects the potential for youth access and use of marijuana. So these are things that we want to pay close attention to, and it's more than just thinking about how these data points might have some general implications, but paying very close attention and being able to track this information over time so that we can assess and get a sense of where and how the trends, in terms of both the substance use and the methods of use might be changing.

Ivy:

And so to take us a little bit further into thinking about how we might look at data, how we might want to also think about the process by which we can track and we can monitor the impact of changing drug trends, I'm going to turn it over to Jess who's going to take us into a section where we'll talk a little bit more about what this might look like and where the role of prevention might be most powerful. Jess.

Jess:

Thanks so much Ivy. And just as you said, what is prevention's role in addressing emerging substances? We're about to introduce a little theory and a model for thinking about our role as preventionists and responding to new substance use problems as they arise. And then we're going to walk through the model and apply it to the recent experience in addressing the rise of vaping across the country, to try to distill some lessons that can be applied to the emerging priorities of the future. Since we know we're not at the very beginning of this epidemic, but if it's still new enough that the experience is still really relevant for us.

Jess:

So to that point, we first want to start this section off with a poll and ask you to tell us a little bit about what the vaping trends that you're seeing in your community are. And so you've already answered the question of what are the new and emerging substances that you're seeing in your communities, but now we want to know kind of what are the trends you see specifically around vaping. So we'll bring up that poll question so you can share your responses with us there. And I just want to say that these can be either positive or negative trends around vaping. So maybe as an example of a positive trend, maybe you've seen some more policies being put into place on restricting vaping in public areas. Or on the negative side, maybe it's the increasing use rates are higher consequence rates relating to vaping.

Jess:



So we'll ask you to put some of those newer trends that you're seeing in the poll box that see at the top of your screen, and we'll be highlighting them again as they come in. So already seeing things that you'll hear as themes coming up in today's webinar. So now that the flavored pods are illegal, that you see the increasing use of disposable vaping products, right? And this is something that we'll talk about, puff bars and others that are similar. Not knowing what's in the vaping products, right? Initially that's been ongoing and having the concern that we do about what materials, what ingredients, what chemicals are actually in these products. In high school, rates are still rising in some areas. Continued use and increasing use of vaping THC with adolescents, right?

Jess:

Lots of different trends coming in and seeing if there's any positive trends. I see someone has shared that they're working on prohibiting smoking and vaping anywhere on their campus, which is great. Some cities are passing ordinances banning the sales of e-cigarettes, and even total bans on tobacco products sales. Schools are seeking information, right? So partners coming to the table to try to work collaboratively in addressing this issue. I see increasing rates quite a bit. What is a puffball? We're going to get into that a little later in the presentation, but this is a new type of disposable, or not new, it's been on the market for some time, but a type of disposable electronic cigarette that is not exempted with the partial federal flavor ban on e-cigarettes.

Jess:

So just looking, flavored vapes, THC and vapes, misunderstanding of the amount of the product that's in each cartridge or in each pod. Lots of answers coming in on these similar themes. The emergence of disposables, vape clothing, vape watches that help you to conceal the behavior even further. So some folks who've had success in banning e-cigarette devices. Middle school youth rates are declining in some areas. So you see we have both these positive and negative trends to report on.

Jess:

So this is a great wealth of knowledge about what's going on in your areas across our region and across the country. So thank you for sharing. We're going to pull up our main slides again and leave this poll layout. But if you have other ideas around trends that you're seeing relating to vaping, please do feel free to put them in our chat box, which we'll have up for the duration of the presentation, but just want to make sure we get to all of the content that we're hoping to cover.

Jess:

So just to frame the conversation to come, understanding how to respond to emerging substances can be tricky because we don't have a lot of information or experience necessarily to draw from specifically related to that substance. For example, there's often a dearth of evidence-based practices available that are applicable to a new substance when it's first on the scene because we haven't had time to conduct the type of implementation and evaluation that's needed to support their efficacy.

Jess:

But what we do have, and the good news is, we have a very long history in prevention more generally, meaning that we know a lot about what works in prevention, and we can draw on that broad strokes experience to deal with new crises as they arise. But as we walk through the model, I'm about to introduce on the next slide, I just want you to be thinking back to any work you've done in the field to address various priorities over the years. Or if you're someone who's newer to prevention, think back



about what you heard or saw happening with the drugs that rose to the top of our collective consciousness as a society because this is going to help us make the model more dimensional.

Jess:

So this model is an attempt to understand the trajectory of a substance misuse problem from its first appearance or onset there is increasing prevalence of use in populations, during which time prevention has a particularly important role to play. So think about an emerging substance or prevention priority as though it were a wave in the ocean. Not thinking about those types of waves that we see in terms of sub-problems and drug academics, the like Ivy has just described, but sometimes in the ocean, we can see a wave forming the distance, you don't know what shape it will take. So what can we do at preventionists to influence the shape of the wave so that it doesn't crash, or better yet, doesn't even crest at all? How can we identify the problem earlier, be looking for information from other parts of our states or our country that can give us clues as to what might be coming down the line for us and therefore being more prepared for it?

Jess:

So I'm thinking back to the experience of watching states like Washington and Colorado and dealing with legalized marijuana use. And I know some states and communities were very aware of what was going on on that side of the country so that they could then be prepared. And so how do we do this? How do we coordinate sooner and mobilize more quickly in response to emerging needs?

Jess:

So first, it's necessary to identify and name the steps in the process by which the emerging substance actually emerges. So the model you see on the screen is something we've been developing with input from prevention practitioners that have been on the front lines of many drug epidemics. And it's also based on the work of that researcher that Ivy mentioned earlier, Jonathan Caulkins at Carnegie Mellon, whose work really shows us that prevention's role is important across all of these stages, but can be most impactful in the early stages of the epidemic.

Jess:

So to walk through this model, onset is really when populations affected are beginning to initiate user experiment with a new substance. You see the drug spreading, it's starting to take off. And this is when we as preventionists are starting to feel its presence in the field. And you start to hear people talking about it, and there's a lot of anecdotal data available. You hear people saying things like, "We keep finding these empty cartridges around the school." This is also when prevention can have the most impact because we have this chance to affect the size and the duration of the whole epidemic by discouraging initiation.

Jess:

As the problem becomes more prevalent in society, now we see people who've started to experiment become those more current or regular users. And in this stage, you'll see this greater awareness and perception of the problem, right? You'll hear your partner saying things like, "We keep seeing this." At this point, different sectors are usually touched individually. So police, fire, social services, and people may be starting to address their piece of the problem, so there may be information sharing among sectors, but there's not a lot of coordination of efforts.



Jess:

And at this stage we know it's a problem, but we don't necessarily know what to do about it. So here, you also tend to see proactive steps being taken to strengthen surveillance and data collection activities, adding survey questions relating to the new substance or augmenting qualitative data collection, as well as implementation of certain prevention strategies, so information dissemination and messaging campaigns, for example, to educate the public about the dangers of the new drug.

Jess:

Over time, we then begin to see consequences becoming documented, right? Use rates are going up. Mortality rates might be going up or hospitalization or treatment emission rates are climbing. And now we have access to the data that bear this out. Eventually more information also becomes available about the problem, right? We have some promising practices that emerge. We might know more about who's being impacted by the problem most or discover regional variations and user consequence rates.

Jess:

We also may be learning more about the industry tactics. And by industry, I really mean any industry, from the pharmaceutical companies, flooded the markets with painkillers, to illicit industries and the methods that they use to ensure a constant supply of their drug is available to meet growing demand. Over time, you're going to see, what you will see, the clear picture or clear understanding about what the problem is, it's scope and other characteristics that in turn make it possible for the field to mount a more coordinated and evidence-informed response.

Jess:

But at some point in the process, there's often a change agent that steps in at some level. This could be locally, state level, federally. And this idea that change agent can really be a variety of things, an individual or an organization with resources to recognize the problem and intervene. It could be the passage of state or federal level policies or an event that precipitates the sudden shift in public perception. Maybe the mayor's son gets a DUI and hits a pedestrian, or it could be maybe even the coming to light of particular information that will galvanize the call for a coordinated response. Whatever form the change agent takes, it needs to be some entity with enough social capital to demand change.

Jess:

So I had a colleague share her experience in working in HIV prevention in the early part of her career tell me that she was in the work and everything changed when Magic Johnson announced he was HIV positive. After that, her ability to engage stakeholders and to get into spaces where outreach and education were needed, had been closed off to her prior to that announcement, had completely changed.

Jess:

And so then, finally, after we as a field respond to an issue, sometimes we experience what many of you have seen time and time again, and have mentioned in our chat questions today, which is that the problem becomes a moving target, meaning the ways in which the substance is used, accessed or obtained, or how it's formulated or delivered requires us to go back to the beginning and walk through this process again.



Jess:

And thinking about the vaping epidemic, we've seen this problem is a moving target for some time, for shifting from the first generation e-cigarettes to Juul-like products, and now the disposable products. So let's take a moment and walk through vaping as an example of how the model plays out for this specific substance use problem.

Jess:

All right. So the first wave, or first products, at the onset of the vaping epidemic or e-cigarettes. They entered the market in the U.S. in the mid-2000s, but it's a little tough to say precisely when because these products weren't regulated or marketed the same way that other commercial tobacco products were. They were marketed as a quit smoking device. Users inhaled an aerosol whose addictive ingredient is the same as regular cigarettes, nicotine. And there's been several generations of e-cigarettes since which have come down in price over time and become more widely available.

Jess:

So marketing and sales of e-cigarettes grew steadily through the end of the 2010s, and we saw a gradual increase in current youth use of e-cigarettes between 2011 and 2015. At the same time, we saw a decrease in combustible tobacco product use according to the National Youth Tobacco survey. But then rates of use in e-cigarettes generally declined among youth between 2015 and 2017, which may have had to do with the way the questions were worded on youth surveys and youth not necessarily equating e-cigarette use with cigarette use. And early prevention efforts here were really limited due to the lack of regulation and restriction early on.

Jess:

So then Juul entered the U.S. market in 2015. And from 2017 to 2019, current e-cigarette use by high school students increased, as we know, at alarming rates from 11.7% to 27.5%. the use of flavored e-cigarettes increased as well, as did the frequency of use. So how many times a user vapes in a day or in a month, indicating that users aren't simply just experimenting or in that first stage of a disease model and initiation, but were actually starting to use them habitually. And I should say that the rates didn't just rise among youth. Like youth, young adults aged 18 to 24 were also using the cigarettes at increasing rates between 2012, 2018. Although e-cigarette use has remained relatively low and stable on that among adult users.

Jess:

So the National Youth Tobacco survey study authors hypothesized the dramatic increase and e-cigarette use among youth can be attributable to the youth of the USB flash drive-like e-cigarettes, like Juul, that have high nicotine content, appealing flavor, are relatively cheap and easily concealed and used discreetly. I remember hearing teachers talking about Juul devices being used among kids in schools, inside bathrooms, classrooms at the very beginning. And I remember one focus group I led a few years ago and a participant, who was a teacher, saying something along the lines of, "There's just nothing I can do. I turn around and I see this cloud of vapor disappearing, but I can't find the pens and can't figure out who is doing it."

Jess:

And so another issue that also emerged as a perception of vaping as the problem increased was cannabis vaping. So THC vaping existed in the U.S. for some time, but only became more common when



marijuana oils came along and the market grew exponentially. There's also been this void of regulation and research and enforcement as states legalize marijuana use in different forms, but it remains illegal at the federal level, which raises concerns about the health and safety standards and has created this vast, lower cost oversupply of marijuana that's caused prices fall and significant increase in the use of cannabis and e-cigarettes among youth.

Jess:

So some concerns that emerged early once these rates started to appear in our surveillance were around the proliferation of labors, the low perception of harm among youth, thing you've already noted today in our polls, the lack of information about ingredients and the way that these products are produced. And also watching the big tobacco players add these types of products to their product lines. As far as our prevention efforts looked, those with experience in tobacco prevention knew what worked from the very beginning, because the industry always follows a similar playbook, but it had been a long time since it had to manage crisis communications, right? There was a lot of concern out there in the field from parents and educators, bathrooms being locked, vapor detectors being installed, school assemblies on the topic, but it would still be a while until there was research and curriculum developed. So early on, people did what they felt they needed to do.

Jess:

Engaging using campaigns also presented a challenge because where some youth didn't mind being identified as being against the tobacco industry, with the number of people using vape products, it's harder because many of their friends might be vaping. So early prevention messages had to go back to basics and educate stakeholders that these products were really dangerous, and even though they don't look or smell anything like tobacco products.

Jess:

So then we start seeing the consequences of these behaviors, right? Well, many of the flavorings and ingredients used in e-cigarettes have been approved by the drug administration for oral consumption, the problem is they haven't been approved for inhalation. So thus their health consequences aren't really well known when they're consumed this way. And recent studies have shown the e-juice in Juul-like e-cigarettes contains a wide variety and differing amounts of chemicals, depending on which brand you use, many of which can be carcinogenic or cause other health problems.

Jess:

And so flavors really cut the harshness of the tobacco, and young people were inhaling more deeply and getting higher levels of nicotine in their lungs than they would have necessarily with a cigarette. And this can be because for concern as well because the adolescent brain we know is still developing and can become addicted to substances more quickly. And in some cases, this can cause other long lasting health and behavioral effects, like attention or learning problems, increased impulsivity mood disorders.

Jess:

And studies also find the teens that use e-cigarettes have an increased risk of trying combustible cigarettes, as using one nicotine product can they renormalize tobacco products in general. So we know also in September, 2019, the CDC, FDA, state and local health departments and others are investigating the national outbreak of e-cigarette or vaping product use associated lung injury. And as a February, 2020, there were a total of 2,807 hospitalized cases of these types of lung injury from all 50 states with



between 100 and 200 cases reported from New York and New Jersey each. And from Puerto Rico in the U.S. Virgin islands, between one and 10 cases have been reported.

Jess:

60 deaths have been confirmed, including in New Jersey, New York, Puerto Rico in the USVI. And many of these cases, but not all, were from users who reported the use of THC-vaporized products. CDC has also identified vitamin E acetate as a significant concern in these lung injuries. Some of the other health effects may include chronic cough, cough, bronchitis, asthma, higher susceptibility to viral and bacterial infections. But something key here to note is we really don't know and won't know the longterm health effects of these products for several years.

Jess:

So then more information becomes available, right? We know more about this problem. We've strengthened our surveillance practices and data collection efforts, consequences of the problem have garnered attention from a variety of stakeholders. And so the data really tells us about that scope of the problem, including our regional differences in prevalence rates, where are there hotspot areas of youth, and we as prevention stakeholders need to understand this how far a potential epidemic has progressed in our area and recognize the key needs of our community or our region, and adjust our approach is necessary to best serve our area.

Jess:

And so at this point, you're likely to see, again, the emergence of some promising prevention practices specific to the problem, some of which may have arisen from modifying or adapting evidence-based practices from other substances to this new issue because we had this playbook from previous tobacco prevention efforts. We changed our surveillance efforts. Our policy efforts had to adapt all of our language, had to be reflective of the new product line, that we were implementing campaigns again to educate people, and address the culture of norms really that had developed around e-cigarette use. And then curriculum, like Catch My Breath for example, came on the scene that was e-cigarettes specific.

Jess:

And at this stage, we also learn more about industry tactics. At the beginning, this generation's e-cigarette manufacturers appeal to the idea of not being Big Tobacco, positioning themselves as something safe and upfront. And though now that they've used many of the same strategies Big Tobacco has used for decades, and in late 2018 Altria, Phillip Morris's parent company, actually purchased a 35% stake in Juul for \$12.8 billion, so making the vaping industry virtually indistinguishable from the tobacco industry. So Dr. Brian King of the CDC office of smoking and health coined the language that you see on your slide on the screen, that advertising will bring a horse, in this case young people, to water. The flavors will get them to drink and nicotine will keep them coming back for more.

Jess:

So we know that exposure to the product advertising and tobacco and through different retail stores, the internet and television and other sources can cause you to start using tobacco products. And that exposure on social media was strongly associated with positive expectations of e-cigarette use. And we know that Juul spent millions of dollars to market this product on the internet and paid higher social media influencers to promote the product. And we start to understand at this stage how all of these different factors come together, how ineffective regulation allowed for the proliferation of the cigarette



products, how the packaging, marketing, price promotions targeting youth, all of these campaigns really help to create the situation that we're in now and how the saturation of flavored products really changed the perception of harm and the social norms around use.

Jess:

And so it's important to acknowledge that everything that happens prior to the prevention to our field announcing our coordinated response is essential for informing the process. Eventually we do have enough information to advocate for the right mix of evidence-based strategies, to know who and at what level of society to target our efforts and to be able to think about the cultural appropriateness of our actions and whether we expect them to be sustainable.

Jess:

So at the very beginning of the epidemic, we have this window, if we have a coalition structure or other prevention infrastructure already, to bring this issue to the table and bring our prospective collaborators together in a proactive way. And further along in the process, we have our collaborators at the table and can offer one of our greatest tools, the strategic prevention framework, or other data-informed prevention planning process as an organizing structure for our efforts, make sure that we're engaging our partners in multiple strategies across different settings, targeting the appropriate populations of focus.

Jess:

And what is the change agents in this case? Well, I'd argue that it's the various legal and policy initiatives undertaken by organizations and physicality states, and most recently the federal government, from states announcing litigation or investigations against Juul marketing practices, or health claims to hundreds of localities prohibiting the sale of flavored tobacco products, or governors that have used emergency executive powers to temporarily ban in store, or online sales of these cigarettes, to the new partial flavor band that's just been implemented and went into effect in February at the national level. All of these things together, taken on mass can quickly change the landscape around vaping, such that some of the communities I work with have had.

PART 2 OF 4 ENDS [00:50:04]

Jess:

... it's the landscape around vaping, such that some of the communities I work with have had to rethink their planned strategies as much of their efforts and resources were going to be devoted to bringing about these types of changes that have been instigated by the policies.

Jess:

And then here we go again, right? So a little bit like a whack-a-mole situation, there's this perennial push/pull between prevention and the industry. And they're going to figure out ways to get around new laws or policies or strategies that we've used to limit access, right? And because the industry has to change continually and be creative at getting new products on the market quickly, we need to have that constant vigilance and surveillance that Ivy was describing. So our efforts are a little bit, one step behind the market. We had Juul pull most of the flavored pods off the market in October 2019, but many teens had already moved on to this newer array of disposable vape products that had appeared earlier that year.



Jess:

Many of the popular ones are Puff Bar, Ezzy, Viigo, and designed for one time use and then thrown away. And so they get around that partial flavor ban since there are loopholes in that language. And there will be other issues that emerge over time with vaping, most likely, right? Product lines will continue to evolve. The lack of regulation on new products will continue to create accessibility, menthol, which the industry has lobbied heavily for will continue to be an issue. So it's our work really to address the availability of disposables and putting other policies in place to address some of these issues proactively and anticipate them before they arrive. And so we want you just as an exercise to think about what are those early action steps that you can take in prevention to help position ourselves, position yourself, to be ready to intervene.

Jess:

And so some of the things you can do are thinking about who should be at the table again and get them to the table, who will have kind of knowledge of an epidemic as it's arising, all of your partners are important, but law enforcement has a role early on because police will often see the emergence of a new drug on the street and can help stall the early drivers of the trend. Your partners also can really help you get more information as we do our ongoing needs assessment that the strategic prevention framework calls for and make sure our tracking and surveillance is up to standard. And we have to be thinking about identifying additional data sources and collection methods to figure out how big the problem is, how severe it is and its consequences are, and who's most affected by them. And that helps us then to put more effective messaging out and communicate with our partners, with our communities, our collaborators, about emerging substances.

Jess:

And then as the problem becomes more prevalent and perceived, we want to be assigning roles among our community level prevention practitioners to help lessen the burden. I'm picturing some of those early multi organization overdose response teams here. If we have the opportunity to stockpile resources, whether they're financial, human, organizational, problem specific, thinking about the work communities did to obtain and disseminate overdose reversal drugs, and provide education comes to mind as an example of that. And we want to be early adopters and innovate to reach and engage our populations most effected and build that practice based evidence of our field in monitoring our policy environment as well, to educate the public about particular policy initiatives.

Jess:

So to that end, from the very beginning of the epidemic, we need to be positioning ourselves for our response. And these are some of the pre actions we can take before implementing actual prevention strategies, which we're going to discuss a little later in the presentation. And it's just a little bit about what prevention role looks like across the life cycle of an emerging substance and how it looks specifically with vaping. But now I'm going to turn this over to Ivy, to talk a little bit more about how data can inform our prevention planning process.

Ivy:

Thanks, Jess. And thanks so much for laying out the real foundation or maybe part of why we find that the data is such an important part of helping to identify the trends. So since we know that we have a couple of really key things that you've just heard from Jess, I'm going to kind of highlight a couple of those as we go into this next section. So in particular, want to talk a little bit more about using data



informed strategies to support your prevention planning in particular, thinking about identifying the trends. What we'd like for you to do and I know that there are a couple of polls on your screen right now. What I'd like for you to do is to use maybe the chat to the very far left of your screen, just to share a couple of examples of where you currently go to find data about new substances.

Ivy:

What's the data that you use to guide your planning? What data are you going to begin with? What are the sources that you're using? So I see a number of responses coming in. So you're looking at your mental health and recovery board. You're using information from them. I see a number of people are highlighting some of the key surveys, whether it be the YRBS or the Healthy Kids, some of those types of surveys. It looks like some folks are also using information from... Definitely Monitoring the Future is another key survey, but then you're also using, looks like some information and data from SAMHSA and some other national places. So what's really great about this is that I'm seeing a lot of examples that are both national data sources that you're using, but also a couple of things that are very local to your communities and we'd love to hear you share maybe a little bit more, a couple of those. So please feel free to keep typing those into the chat.

Ivy:

I think some of your colleagues will also ask you to just explain maybe a few of those such as the Catch My Breath. I'm expecting that that is one of the tobacco surveys. And I see that there are, I think a couple of individual school surveys that have been shared. So great to hear that. So what we want to do is just kind of highlight, there are multiple levels that you have already exemplified in your responses in terms of where to go for your data sources. And we want to just highlight a couple of things. There's the important role of collecting your local data. And very often that's where you're going to maybe collect data that is going to start with some of the anecdotal information.

Ivy:

As just noted, that's where we first hear from our teachers, our parents and others saying, "Hey, there's this funny thing going on and can you help me understand that?" And so that's where some of, whether it be a written survey or some of the qualitative or anecdotal data, great to hear and see that you're collecting that. I think it's also very important and I think one of the first couple of responses was also thinking about some of your key informants, where are your school administrators or your law enforcement and first responders? Who are some of those key informants that you may want to use? For many of you that may even take the place of the the qualitative data collection, such as through your focus groups. And then you'll see that there are a couple other examples that we highlight here. And this is truly an opportunity to both build as well as collaborate effectively with some of your partners in terms of sharing data.

Ivy:

I see there's some great responses that are continuing to come in. I see that Tiara has noted that she's actually collected a lot of anecdotal data directly from the students. We'll have a chance to talk a little bit more about that either today, as well as hopefully next week during our next follow up to this webinar. So I'll just highlight that in addition to some of these key local data sources that are going to really help you to understand what's happening in your local community, what's happening in your particular context, there's also going to be the state or jurisdiction level data. And there are a number of



items or a number of examples that are highlighted here. I'll just point out one that I think might be very much of interest to you, would be the high intensity drug trafficking area data.

Ivy:

And that is data that's collected by the Drug Enforcement Administration, representing 28 communities throughout the United States, as well as several new jurisdictions and tribal communities, that are identified or have been identified as areas of high drug trafficking. And what's beneficial about looking at that data is that that data can span across our city or town, our county, or even maybe some of our state jurisdictions. And so those different entities are collaborating across those levels. And so there's information that they're sharing with one another and then making that available at some level to the public. And so again, you have already highlighted a number of your state level data that's being collected, maybe through some of your youth surveys. I see a number of people highlighted that OASIS is a key source of some of your survey data. Some of you are also of course, using your state data that might be the statewide RBS or the countywide RBS.

Ivy:

I see Lindsey has noted the county level for Monroe County. And of course this is where going back to some of these key data sources is really important. Then of course, as Jeff noted, thinking about this data also on the national level. Where and what are the data sources at the national level beyond some of the surveys that you're already familiar with that might help you to identify and set a context for what's happening across your state, as well as your local level? I think there are a couple of things that I'll just highlight here. One is that there's definitely the advantage that you have with looking at and collecting the data across all three of these strands that allows you to, again, set a context and understand how your community compares. Is there a higher or lower percentage of youth who are reporting use or frequency of use, or age of initial use?

Ivy:

In addition, another thing is to think about how the national surveys in particular Monitoring The Future, the YRBSS, and the National Survey on Drug Use and Health, or NSDUH, can be informative about how changes may be happening in drug use. We'll talk a little bit more about this in just a minute, but many of you might consider looking at those surveys and probably are already doing that as a way of helping you to identify a phrasing or the phrasing for the questions so that you can have a better sense and with more detail track your local data. And then finally, I'll just kind of throw this out, is a question of, has anyone ever used your national data to understand the potential trends you may be seeing the beginning of, based on your local anecdotal or your quantitative data? Or maybe even how local use might change or be changing similarly to national data.

Ivy:

And often I've heard some communities share how they reviewed the national data, not just in terms of saying, "Okay, here's where we compare to the national trends" but also how the information that we're gathering from the national trends helps us to understand, "Oh, that's a trend in drug use that we're beginning to see here in our local community." And so that information then might be fruitful or helpful in terms of helping you to understand both what questions you may want to ask as part of your focus groups, as well as thinking about some of that more detailed information. I'll just highlight here a couple of slides that we have, just in terms of thinking again, about some of the national data. In particular you'll see, as just noted, the change in the phrasing on the national surveys, moving from any tobacco



product, to thinking more about how do we ask students specifically about use of name brand e-cigarette and then moving in 2015 to very generally e-cigarettes, with an overview or a brief description at the beginning of the surveys of what we mean by those particular products.

Ivy:

I think what's really interesting to note in the national data, excuse me, according to the slide to your left, is that the solid line, the solid black line, as well as the blue dots, really represents how students responded to national surveys in terms of any tobacco use or use of any tobacco products. You'll note that the black dash line and the blue dash line represents, when asked specifically about e-cigarettes, whether it was specific name brands, or just e-cigarettes in general, you'll see that there's an opportunity there because the questions asked more specifically to get more, very detailed data about how e-cigarettes were actually effective and driving the use. You'll see that also represented in the slide to the right where even though overall e-cigarette use has increased, you can see obviously that there's one key population that's really driving that increase.

Ivy:

Just want to highlight, here's an example of how in the state of New Jersey, they use the New Jersey Youth Tobacco survey to reflect and share on very specific state level data. And then in particular, just want to highlight again, one of the benefits of looking at some of your local data is that it helps you to really identify both the risk and protective factors that you might find at the local level. And we know that those risk factors include some of the categories that you'll see appearing on your screen. I think what's really key about this as Jess has highlighted and outlined in terms of the model that we shared, is that looking at data across all of these local, state or jurisdiction, and well as national level, gives you an opportunity to conduct a needs assessment that helps you to understand what's the context, and what's the issue that's going on.

Ivy:

For many of you, you might be familiar with that process as part of your strategic prevention framework, as one of the initial steps. And so this is where it's important to just put that all in context. And so just want to highlight again, this is the process that we're encouraging to think about in terms of finding your data, starting with that anecdotal data, starting with what you're hearing from your teachers, from your students, from your parents. As Linda has noted, key informants, who are those key informants and those local people who have information and data that you can share back with and use to begin to also begin laying a foundation for collecting the quantitative data that will help you to assess over time how the trends are changing and how that information may be informative in terms of helping to both document and engage and to share with as part of the model. Sharing with some of your partners and sharing with others, what are the steps and what are the strategies that we want to begin to use this data to help us to understand as well as develop our next step plan.

Ivy:

And so with a couple of examples to share about that, I'm going to turn this over at this point to Diane Litterer, who's going to share some really excellent examples about how in New Jersey, they have done this by using anecdotal and qualitative data then moving into quantitative data, as well as looking at some of the state and local level data in comparison to the national data, to begin thinking about strategies as well as what the trends are. So Diane?



Diane Litterer:

Great. Thank you very much, Ivy. Thank you for having me and I'm excited to talk about the good work that we've been doing in New Jersey and really bringing to bear the information, not only that Ivy's been sharing, but Jess prior to that, and really looking at that framework and how we've rolled out and succeeded in a variety of different levels of work that we're doing.

Diane Litterer:

So, from the perspective of the need, we clearly were successful in the past in reducing our traditional tobacco use among our youth. Back when states were receiving money from the master settlement dollars, we were able to have about \$30 million set aside for a very comprehensive response to the tobacco trends that were happening at the time. We were able to develop a statewide youth engagement project, called Rebel, significantly reduced the tobacco use among that population to single digits. Implemented a smoke-free indoor air law. That was the movement at the time. Right now, it seems more unusual to walk into a restaurant and have any smoking and so forth, but at the time it was really the more norm. So really implementing multiple level comprehensive programming we had some successes. Recently, when there was newly set aside dollars for tobacco prevention, we were able to look at that same idea of a comprehensive response.

Diane Litterer:

A lot of our work does need to not only reflect the research that has come before us and that we really use to guide our work, but then we also have to look at our past experiences and successes that we've found and go through all of those pieces. If you're a new coalition or new prevention folks that don't have much experience know that there is a path, even with the new drug trends that exists, there is those core elements of best practice. So when we look at tobacco the CDC, there is a best practice book that was created in 2014 that really frames out the research that guides a lot of the tobacco prevention work that we do, that's done across the country. Looking at the past successes that fed into the development of these best practices and the research that shows implementing programs in a very comprehensive way is really the best strategies to utilize.

Diane Litterer:

And Jess had mentioned briefly about the importance of coalition work. And I think that that's really a key to both our success in New Jersey and what we see across the country in not only addressing this issue, but all substance use issues that we work with. I think one of the reasons it's effective is as what's been discussed in identifying sort of those new trends that you're seeing often it's at that coalition setting, where people are bringing to the attention things that they're seeing in their community, which then drives the conversation to looking into the data that Ivy was talking about and really seeing what is happening both in your community and investigating and seeing what's happening sort of broadly across the country and seeing how that's translating to the local communities. And I think it also allows for that various perspectives that are happening to really look at these new drug trends.

Diane Litterer:

If you're police officer is at your coalition and they're seeing some things in the community that should be addressed, they may be the first one that's able to see what's happening and start discussing it. If you have school representatives at your coalition, they may be seeing some trends that are happening in your schools and it's brought to the attention of the coalition. And then that can activate all of the different steps that have been talked about through this webinar and the importance of that work. That



really is often the driving part to these new drug trends and really making sure that the communities are addressing, really in the early phases of the issue.

Diane Litterer:

So when we in New Jersey, were getting tobacco prevention work, vaping was on our landscape of really looking at how are we going to be addressing the vaping initiatives. Some people were thinking that's all we should be addressing and so we then drilled into what the data was talking about in both our state, as well as the national trends. We were seeing that in indeed a lot of the work that we had done over the years focused on tobacco, needed to be updated and including vaping in the language and so forth. But we couldn't leave behind the fact that there were still pockets of communities and youth in our state that were still using other tobacco products. Sometimes what happens is the trends come up and they're the new shiny object that everyone is looking at, but we don't want to forget that there is a broader scene of tobacco use that we need to address.

Diane Litterer:

We can't just shift all of our energies to that new shiny object, but also looking at all of the different elements. For example, when vaping started coming through, vape shops started coming out, they were really coming and opening up in the suburban communities. Use in the communities that were you've had more access to dollars because the vape products were expensive to purchase and our more low income communities, those other tobacco products, the flavored cigarillos and others were still used much more prominently than vaping. So when these trends start coming into your community, you really need to look at what's the same from using and pulling together current information with past experiences, as well as what's different.

PART 3 OF 4 ENDS [01:15:04]

Diane Litterer:

... as well as what's different. You also really have to look at what the current policies and current activities that are happening in your state and in your communities are. As was mentioned, there's federal policies that are happening, there's state policies that are happening, and then there's local ordinances and trends that are happening. So really to be able to get a handle on what is the movement with the policy changes and the recommendations, and where that is impacting your community, and where are the gaps that might exist with those policies? Where are those products that may not be filling, fitting those criteria of the policies that are being mentioned? And really doing an analysis of that as well. So what are the products that kids are using? How is that fitting into the policies that are coming out?

Diane Litterer:

Also, how youth are communicating. When we looked back at how we were really engaging youth in the past, it's really youth education, peer-to-peer education, where we were educating our youth leaders on the trends and the information that needed to be shared with their peers, and it was classroom. It was changing the culture of the school. That all is still very relevant, but looking at the efforts of the tobacco industry and promoting to our youth, it's really through social media. So we had to then look at that, sort of, piece. That new method of communicating youth to youth, and really start impacting and changing the way kids are communicating and providing health communication through social media. So that's an example of we know that that youth-to-youth education is much more effective than adult-to-



youth education, but then exactly how that education and information is being shared is unique now, and new.

Diane Litterer:

So we also then have to take all of that knowledge of what the current landscape is in the community and translate that to looking at the best practices that exist in recommendations, like I mentioned in the CDC comprehensive tobacco best practice manual. And what we know to be the case, and what has been mentioned here is really the policy changes. All of the educational initiatives, which often is sort of that step that communities take when a crisis or a new trend starts bubbling up is education. We need to tell our youth, and our community, and our parents that vaping is dangerous. And that is extremely important. If that's all we did, then the next generation of kids would be in the same situation because you have to continue to educate, continue to educate. So we have to not only start educating the community about this new trend that's coming up as we're speaking about vaping, but we also need to support that education with policy changes.

Diane Litterer:

So in New Jersey, we really looked at what was happening in the communities, and where the gaps were. And we had actually, working with Rutgers, had created an environmental audit, a retail audit. So we were going in our community. Members were going into the retail environment and really looking to see what some of the challenges were and how tobacco products were being promoted, both vaping and other tobacco products. And we had identified early on flavor issues were the way that folks were interested in the products and utilizing the products. We also looked at the fact that in New Jersey we were 19 age of sale. And so the movement towards Tobacco 21 was being looked at. And also the vape shops that were popping up were not licensed. So these were some of the point-of-sale issues that were being identified that we wanted to address.

Diane Litterer:

And in a comprehensive way, we're able to not just say we think this is the problem, but using these retail audits really tracking what the common threads were in the community, and then providing recommendations as to what were some of the policy changes that should be happening in the community. And so in New Jersey, we have the ability to pass local ordinances as it relates to these different topics. And so that really helped us generate interest in movement in getting key stakeholders informed about these topics and these policies that would really help reduce access to the products for our youth.

Diane Litterer:

And we were successful in starting that momentum with local ordinance changes. And so those often, and in several of the situations and cases that I'm referring to have built up, and we became the third state in the country to pass Tobacco 21. And as you are aware, that has since become a federal law. So for us in New Jersey, the story of that ordinance is community groups and youth groups got together and educated their local policymakers to the importance of changing the age of sale to 21. We had generated that to about 50 different ordinances, and one of those communities were the state capital of Trenton, which got the attention of state legislators. And our local folks were also educating their state legislators at the same time about the importance of Tobacco 21, and were able to get that state policy passed.



Diane Litterer:

We also had that movement with the flavor bans and have had some success in New Jersey in passing the flavor bans. And that's a new landscape, an important one, and sort of sorting through what the federal regulations are and what they're banning and what they're not banning, and our state regulations, and what they're banning in regards to flavors, and what the gaps are. And what we're finding is that they are banning... We have e-cigarette flavor bans, but it's not including all cigarettes. So we have traditional cigarettes, no flavors, we have e-cigarettes, no flavors, but we have this gap of other tobacco products that still can be flavored. So it's working through that gap and sort of sorting through what laws are already in existence and how we're going to then target those gaps in service, and policy is important.

Diane Litterer:

So drilling down to even the more local level, some coalitions, some preventionists don't want to get involved with the ordinance policy changes and the federal policy changes, state policy changes, but what you can change is organizational policies. And what we did was working with the schools, which obviously are the focus of youth, and kind of where you can capture the youth. And we also saw a trend as it relates to vaping where a lot of schools were responding in a very punitive response where there was at-home suspensions for up to 10 days. Really, the schools were responding of how can we catch the kids vaping and then punish them for it. So we really, knowing best practice, that that's not the best solution. That the best solution is if kids are caught vaping or other drug use is that there would be an intervention. An educational intervention, a supportive intervention.

Diane Litterer:

So we created a best practice policy toolkit that helps schools start including vaping in their tobacco policy, as well as giving them alternatives to suspension. So as a resource that is available to everybody, MD Anderson Cancer Center has created ASPIRE, which is an interactive educational program about vaping and other tobacco product use. And so we're encouraging schools to use that as an alternative to out of school suspension. So that's one piece. We also have a youth engagement component where we're recruiting youth to be a voice in their schools about tobacco and vaping prevention, and it's called Incorruptible.us. We've also created a Don't Get Vaped In curriculum which, again, addresses that issue of educating youth, school personnel, parents about the dangers of vaping, and all of that content.

Diane Litterer:

We encourage our youth to engage with all of the community prevention work that I had just mentioned in the previous slide and highlighted. And really making sure that schools are not just thinking one silver bullet solution. That it really needs to be multiple strategies in order to not only address the issue immediately, but to be able to address it in the longterm. That would take much longer than I have, but one of the connections we've made as it relates to vaping and some of these behaviors is that that often is identifying kids that need assistance. Not only potentially for their nicotine addiction, but the behavior of vaping may be really pointing out that the child needs some additional supports.

Diane Litterer:

And so really, rather than the schools addressing both the opiate issues and the vaping issues really as sort of separate whack-a-mole solutions to the problem, but really identifying the kids that are experiencing or experimenting with these, whether it's the sort of traditional substances or these new



trending substances, may actually need additional support. So we're really encouraging schools to not necessarily look at this sort of in a single, very focused perspective, but taking a step back and saying that these different behaviors really could be addressed in a more supportive, responsive way to be really more effective from the broader good of that child and not just to the purpose of eliminating vaping.

Diane Litterer:

And that philosophy is really what research shows is the strongest response to these issues. So I think, sort of, in kind of wrapping it up and being able to pass it over to Jess, the idea that as much as we have to be ahead of the curve with new drug trends that are occurring, we also have to take a bigger step back to put it in the context of the broader prevention initiatives that we're working on, and making sure that we're learning from all of those other experiences, and bringing the best research and practice together because there's not enough prevention and funding to go around. And so everything we do needs to have that broader purpose so that we're moving kids to healthier behaviors and using the tools that we have in hand to be doing the most effective job that we can. So I'm going to thank you. And I talk fast, but all of you are from the Northeast, so you can follow my quick talking. I'm going to turn it over to Jess.

Jessica Goldberg:

Thanks, Diane. Yes. So that was wonderful. It's so good to hear about some of the real direct work going on on the ground to prevent vaping in New Jersey, how that work's grown over time, and I see a lot of the themes that you mentioned being reflected in the chat box right now. So thanks for that dialogue in the chat box as well. So just a quick... a few thoughts as we wind down the webinar on some ideas around innovation and adaptation. With new problems, we prevention practitioners aren't always able to rely on evidence-based programs like we know, but it doesn't mean that we don't have some good options to consider. So practice-based evidence is something that grows out of what has worked in the real world. And in the case of an emerging substance, we might be able to look to existing programs or strategies for other substances and adapt it to fit the new substance.

Jessica Goldberg:

So we're not going to get into a lot of the detail about adaptation here today, but a few thoughts are if you're... It's natural to think about looking to tobacco strategies to combat vaping, but what we want to make sure to consider is are those factors that put people at risk for this behavior the same across these substances? So first, we want to draw on what works for substances that share similar risk or protective factors. So we know, for example, that underage drinking is associated with availability. When you were reduce availability, you reduce underage drinking. We can draw on that knowledge for other substances too that might also be similarly impacted by availability. So the key here is to really drill down and understand our risk factors. Who, from who, when, where these things are happening, and find those risk factors that are most relevant.

Jessica Goldberg:

And sometimes we have to implement prevention strategies with limited evidence. And so in those cases, it's really important to evaluate our approaches with the most rigorous methods possible. We don't want to spend those limited resources Diane just mentioned on programs that don't work or have, worse, potentially negative effects. So we'd have to be conducting lots of evaluation and assessment along the way, and then also documenting our story and our modifications. So what components did we



add? What did we decide to leave out, and why did we decide that? And what are our expected outcomes going to be? And if you're not an experienced evaluator like many of us, try to build our own professional development in these skills. Take advantage of student evaluators. Local universities are full of students looking for thesis and dissertation projects, and evaluation such an up and coming field that a lot of graduates are looking for that experience. So we want to think about contacting those that can help us.

Jessica Goldberg:

And if you have evaluation data on a program that's designed to address an emerging substance, be sure to share it. Publish it, present it at conferences, write a blog or offer others copies of your prevention reports. Our field is really under-resourced, and we've seen that come up as a theme today in the chat. And so we have a responsibility to keep others from duplicating efforts. And if you are planning adaptations, we want to just give the plug of being sure to be consistent with evidence-based principles. So making sure that our adaptations are consistent with the science, retain the core components of the original intervention, and that we're adding elements rather than distracting because that's more likely to make it effective. If you're not sure which elements are core, you can talk to the program developer, you can talk to an evaluator, an environmental strategy specialist, and they might be able to also tell you how well the intervention has been adapted in the past and how well those adaptations have worked.

Jessica Goldberg:

So those are just a few quick ideas around adaptation, and we're going to recap what we've covered today in the interest of time. And so we want to hear some of your... So here are some of the things we want you to keep in mind that we had the greatest impact on the problem's trajectory of a new substance use priority problem by addressing it early in its life cycle. And that addressing an emergent trend, it's really not that different than what we do in prevention in terms of our process, but we have to think really carefully about the certain aspects of our process and consider how we do them.

Jessica Goldberg:

And so starting early with our anecdotal data on the needs assessment side, moving to stronger qualitative data collection efforts, and anticipating our quantitative data collection needs are really important ways of takeaways that you can see thinking about strengthening your surveillance and needs assessment processes. And then some of what we just went through on the strategy selection side quickly around focusing on those share factors with other substances in order to make sure that we're addressing things that are relevant to our new substances with evidence-based types of approaches. Being consistent with that science in terms of how we adapt things, but really bringing in our experts, consulting with your evaluator, documenting the modifications make, and sharing your work broadly with the field. So very quick by way of recap. And now I'll hand it over to you, Clare, to wrap things up.

Clare:

Thank you very much, Jess. Wow, great. A lot of information. Thank you to Jess, Ivy and Diane for walking us through all of that. And I know that there've been a lot of questions coming up in the chats that I think some folks have been kind of responding to one another, and we've had Diane and Ivy and Jess also chiming in. So in the interest of time, we will be taking note of all of your questions, and in future services we'll be able to address them. So thank you for the excellent feedback and questions.

Clare:



I'd like to just quickly share some tools and resources. And I believe somebody, Carolina, already has given a reference, the tobacco prevention toolkit from Stanford University. So there are some general resources here, as well as some recordings that are available for everyone from the peer sharing calls that we had on policy change in... last year. So since you'll be getting the slides after the webinar, you can feel free to check out these resources that will help you in informing your prevention efforts.

Clare:

And then for the interest of time, I won't spend too much time going through each of these, but these are some great tools and resources that were shared from the New Jersey Prevention Network. So great resources and direct links to some of the tool kits and forms that would help with kind of walking through, addressing if it's vaping or tobacco sales in your communities. So with that, we would like to give you a few minutes to please be sure to take a brief survey. It's very important for us to get your feedback. And so I'm going to go ahead and put this in the chat, as well as directing folks to the survey.

Clare:

And we really value all of your feedback for today. I'd like to also give a quick reminder that we will be having a peer sharing call next week on April 1st that will be a continuation of this conversation. So if you haven't already, please do register for that, and we can continue the conversation in a more informal way, and we'll have some folks sharing their experiences with us. And again, I'd like to thank Jessica Goldberg, Ivy Jones Turner, and Diane Litterer for sharing their expertise with us today, as well as Kristen Powell and Clare Neary from Rutgers for making all of this possible.

Clare:

So thank you very much to all the participants for your questions, your comments, and the interaction among all of you as well. And I will go ahead and leave the room open for several minutes so you can take the evaluation link. Also, we have Jessica Goldberg's information here. As I mentioned at the very beginning, we will be able to reach out to her if you have any questions, comments, anything like that. So feel free to reach out to Jess. And again, thank you very much for your participation. Have a great rest of your day, and best of luck.

PART 4 OF 4 ENDS [01:36:56]