



- Ivy Jones-Turner: Hello and welcome, everyone. We'll get started in just a second.
- Clare Neary: Is that too loud, Peter? Is that okay?
- Ivy Jones-Turner: No, you're actually fine. We're going to probably mute all of the lines in just a minute, and in particular, if you do have background sounds, we will ask that you mute your line, but we will leave the option open so that you can unmute yourself, because we definitely would like to engage you in conversation during today's presentation. So welcome, everyone, as you join today's session. We'll get started in just about a minute or so, but we have a lobby question that we would love to get your response to, and please just simply type your responses into the chat. We look forward to seeing your thoughts. The question is on your screen: What substances or substance misuse problems are you focusing on in your community? We're looking forward to hearing your thoughts and seeing the comments from the group, and it looks like we have folks who are beginning to type in your response ...
- Ivy Jones-Turner: Hi, everyone. Thank you for joining today's session. I believe I may not have been heard fully just a minute ago, but I'd like to welcome you to today's session on Untapped Potential: Addressing Polysubstance Use in our Communities. We're going to get started in just a minute, but as part of our discussion, we'd really like to open the floor and invite you to respond to the lobby question that appears on screen. What substance or substance misuse issues and substance misuse-related problems are you focusing on in your communities? We see that there have been a number of responses so far, and it's great to see some of and learn a little bit more about what's happening in your local communities.
- Ivy Jones-Turner: I think we see some very common responses of marijuana, opioids, and alcohol for many of our communities. Definitely see for a number of you, you're noting that youth is of concern, and as well, quite interesting, I see nicotine for several folks. It's been a couple of years since we've been talking about vaping in particular, but yes, nicotine and vaping continue to be a popular substance of use in particular for young people also. So, it's great to see these responses. We know we have quite a few people in today's session, and so we're going to invite everyone to share in the chat your responses for the substances or substance misuse-related problems you're focusing on in your local communities. I see there are responses that include amphetamines, and I see also that someone has noted that vaping, both of tobacco as well as cannabis, have been big issues in your local communities.
- Ivy Jones-Turner: Looks like in some places, methamphetamines is making a comeback or may not have totally disappeared. I see Rosie has noted from California, Palmdale, California in particular, you're focusing on all substances from youth marijuana



to opioids, benzodiazepines, methamphetamines, but also and especially alcohol outlet density and tobacco outlet. So Rosie, we'll definitely look forward to hearing a little bit more of how you're addressing all of these substances in use within your community. I see a couple of other folks noting, again, nicotine definitely is ongoing and continuing substance abuse, along with marijuana in many communities. I think we've seen some of our local as well as state elections have resulted in a relaxation and changes in attitudes or acceptance of marijuana or cannabis use. I see a couple of folks noting as well alcohol use, particularly for youth, and look forward to hearing a little bit more in terms of your comments and feedback on whether alcohol use has become an even greater issue with COVID, and maybe some of the state policy relaxation or changes with regards to alcohol home delivery or alcohol sales directly to homes and online alcohol sales.

Ivy Jones-Turner: Looks like we also have a couple of comments about vaping. Yes, vaping still as an issue, and I see that from Jenny, you're noting that vaping detectors are being requested by a number of schools within your local community in terms of including and installing those vaping detectors in bathrooms. Kim has also noted that vaping continues to be a big issue and that adult alcohol use has become a bigger issue with COVID. Thanks so much for sharing that, Kim, and we definitely look forward to hearing a little bit more about some of these issues as we discuss today's session.

Ivy Jones-Turner: What I'd like to do is go on and move to our next slide, where we'll actually move into some more of the next stage of our conversation today. So as we move to our next slide, I'd like to welcome you to today's webinar, which is entitled Untapped Potential: Addressing Polysubstance Use in our Communities. And I just want to note that we really believe here, and part of why we've named this session with this title is because we believe that there's really an opportunity to understand more and address polysubstance use at the community level, so we're really looking forward to hearing more about some of your comments as well as your questions, and what strategies you may have used to learn about both educating yourself as well as your partners to address this issue. And with that, we're going to move into our next slide.

Ivy Jones-Turner: Let me ... Looks like I'm having a little bit of technical delay with switching the slides forward, so if you just give me a few seconds. What I'd like to do is go on and at least introduce you to our session today and announce that this is being hosted by the Northeast and Caribbean PTTC. We are one of 10 regional centers in the PTTC or the Prevention Technology Transfer Center Network. Each state and territory is covered by one of the PTTCs, and you'll see here that there are two national centers in addition to each of the regional centers. We're so excited to have participants here today from across our PTTC network, and this



PTTC, the Northeastern Caribbean PTTC, in particular focuses on serving community and state agencies focused on substance misuse prevention in New York, New Jersey, the US Virgin islands and Puerto Rico.

Ivy Jones-Turner:

And so with this ... Yes, I notice that the slides are not changing. I think it's just a technical delay on my side. So if you will please bear with me, I'm going to just cover a couple of housekeeping items that are part of our presentation today. In particular, I'd like to let you know who our presenters today will be. Just as we bring up the slides, you'll be able to see their pictures in just a second, but I'd like to at least introduce to you who our presenters are. Our presenters today include Clare Neary, who is the project director of the Northeastern Caribbean Prevention Technology Transfer Center, and she's a staff member of the Rutgers University School of Social Work Center for Prevention Science. Clare has been working in prevention for almost a decade, particularly focused on coalition based training and technical assistance, with a specific emphasis and interest on highlighting the use and promoting the use of the strategic prevention framework, data collection, as well as analysis and the development of evaluation protocol. So, I'd like to welcome Clare as one of our presenters today.

Ivy Jones-Turner:

Our second presenter today is Jess Goldberg. She is a training and technical assistant specialist supporting prevention efforts at the national state regional and local levels, as is Claire. And in addition to Jess' role as a technical assistance and training provider with the PTTC, Jess has also served as a TA provider with the Massachusetts State Technical Assistance System. She's also worked nationally and with a number of states, jurisdictions and local prevention professionals with the Center for the Application of Prevention Technologies or the CAPT. In particular in her role with the PTTC, Jess provides TA on the Massachusetts Department of Elementary and Secondary Education, Social and Emotional Learning and Mental Health Academy. So I noticed that there are several participants here at today who are very interested in working with and collaborating with your schools. This, I think, will definitely be of interest in terms of our conversation today.

Ivy Jones-Turner:

And then I am Ivy Jones-Turner. I'm your facilitator for today's session. I also am a training and technical assistance provider for the Northeast and Caribbean PTTC. In particular, my areas of interest are program implementation and evaluation, and in particular, I will be facilitating today's conversation and looking forward to engaging you in discussion throughout today's session. I will note that today's session is being recorded. This will be provided for those this recording, and the slides will be provided for those who've registered for today's session. We will also post these to the PTTC website, so we hope that you'll be able to share these with your colleagues as well. And then, of course, any



comments or questions that you have regarding the recording or today's sessions as well as contacting any of our presenters, we will have that information on how to contact us at the very end of today's slides, but please don't hesitate to contact us. We look forward to speaking with you and talking with you more about this very timely topic.

Ivy Jones-Turne...: As we move forward with our next slide, I'd like to highlight today's learning objectives. In particular, our goal for today's conversation is really focusing on polysubstance use and recognizing and discussing a little bit more of both the similarities across some of the past as well as the current definitions of polysubstance use, how we're thinking about it as a field now, really reviewing some of the challenges that you may have encountered, as well as what we anticipate many of your organizations have encountered over time in terms of collecting data on polysubstance use. We'll also spend a little bit of time identifying some of the risk factors for polysubstance use and describe a number of strategies for address through use of a data-informed prevention planning process to address polysubstance use throughout your local communities.

Ivy Jones-Turner:: And so with that, let's get into a little bit more of the discussion in terms of some of the past and current definitions of polysubstance use. So as we move to our next slide, let's talk a little bit about setting the stage. What I'd like to just know, and please feel free to type into the chat as we're talking about this, when we've been introduced historically within the field of prevention around substance misuse, what's the usual substance of first use that we talk about? I think many of us would type into the chat right away, "It's nicotine. It's alcohol," particularly when we're talking about young adults and youth, but also with adults as adults develop or maybe encounter substance misuse issues. We often discuss and talk about those substance misuse issues having started with nicotine, alcohol and then progressing to other substances such as marijuana, maybe even some misuse of prescription drugs or other illicit substances such as opioids, heroin, as well as benzodiazepines, methamphetamines as folks have noted.

Ivy Jones-Turner: But the usual assumption and expectation is, exactly as Lori has posted in the chat, it being a gateway, and we anticipate that maybe someone starts with one substance and progresses onto additional substances. Well, as we move to our next slide, I think some of the recognition that we have developed over the last several years is a recognition that substance use behaviors are much more complicated than our initial assessments. It may be, and what we're discovering is that there may be an initial use or misuse use of a substance, but very often we find that participants or folks may move to use of multiple substances. It may be as well that substances are not necessarily begun with one substance at



a particular age range, i.e. in youth starting with with tobacco or alcohol and then progressing into adulthood, But it may be that, and we find that substance misuse may begin with any of a number of substances, as well as maybe even multiple use of substance simultaneously.

Ivy Jones-Turner: That's part of what we'll be talking about today is really understanding a little bit more of what this trajectory and the progression or the process of substance misuse and how we get to polysubstance use might look like in the course of adulthood, as well as youth. And so with that, I'm going to turn it over to our first presenter, Clare Neary, who will speak a little bit more about defining what exactly we mean by polysubstance use. Clare?

Clare Neary: Thank you, Ivy. Thank you for that really interesting beginning and thank you to everyone else who is here today with us. We really appreciate you taking the time, and we hope to provide a session that you will find interesting and informative and useful in your practice going forward.

Clare Neary: So the first thing we want to talk about is I'm going to be talking about what is, defining polysubstance use. So defining polysubstance use, or sometimes referred to as polydrug use, and just going to talk a little bit about what are we thinking of when we think of it for purposes up today. Sorry, thank you. The next slide. On the next slide, we're going to get started as we try to do and we like to do by engaging you in a conversation about how would you define polysubstance or polydrug use, just to get a sense of what are we all thinking about when we think about it? So, you can just type your answer into the chat. So what images or what definitions come to mind when you think about polysubstance use? Do you think illicit substances? Do you think nicotine? And when maybe when you saw what today's topic was, what were you hoping would be covered or what did you think it was going to be about?

Clare Neary: So use of multiple substances and active and ongoing use of multiple substances, including illicit and legal substances. That's a pretty comprehensive definition or base. So using more than one on a semi-regular basis like opioids, but also getting high on cocaine. Yes, thank you. These are great answers. Use of multiple substances, legal and illegal. All drugs in general. Yeah. Excellent. Thank you. Thank you very much. Mixing substances about the same time, using one after another, using one together. Right. Thank you so much. Thank you for participating and thank you for all that feedback.

Clare Neary: So on the next slide, we'll start to talk about some definitions. For those of you, as we read through what people's perspective was on what is polysubstance use or if you weren't really sure when you were asked that question, like, "What am I thinking?" You probably won't be surprised to find out that the definition is evolving, and it's actually a little on the broad side when you think about trying



to do data-informed prevention work. So historically, polysubstance drug use has been defined as the use of three or more substances, excluding caffeine and nicotine, with no single substance dominating, so that's sort of like the in the literature, historical perspective. This is so interesting, because nicotine we know is an addictive substance, so interesting that historically nicotine was not included.

Clare Neary: If we look at the next slide and look at a current working definition, so a current working definition by leading public health organizations are moving to a broader view. So the CDC describes it as exposure to more than one drug, with or without a person's knowledge. When you think about that, you think about things where potentially people consuming adulterated illicit substances, so when we get information in the news and through other sources that people who are using heroin are really using more than heroin, because the substance that they're consuming has been adulterated with potentially cocaine or fentanyl or something else is technically, in a very technical sense, a polysubstance use.

Clare Neary: The WHO says that use of more than one drug at the same time or sequentially, so thinking about what all of you had answered previously, at the same time or sequentially. The WHO thinks about it like this: "with intention to enhance potentate or counteract the offense effects of another substance," so interesting that their perspective is about almost a really knowledgeable use of all these things, and the CDC says with without your knowledge. And today also, there still continues to be variance on whether to include tobacco and nicotine products.

Clare Neary: So if we could look at our next slide ... So this is called The Drugs Wheel, and it's used by a group called The Drug Watch, and you all may use it sometimes in your work. I liked it, and we included it because it's such a really nice representation of how broad substance use options could be. The Drugs Wheel is an awareness raising tool, and it provides us with an at a glance about some of the many options which could be meant by drug or substance use. So the outer ring, cannabinoid, stimulants, and pathogens, these are the wide-based categories that we are largely familiar with. Then the next ring is substances we're accustomed to, that we've heard for many years about and most of us know about, so heroin, methadone, alcohol, PCP. These are things that many of us are already familiar with.

Clare Neary: But then that inner circle starts to show you the even newer combinations and chemicals that have been created and are beginning to be consumed by people. So include this representation just to say that when you talk about polysubstance use, the options are just ... It's a very, very broad world that we're talking about.



- Clare Neary: A world that we're talking about. And this is not exhaustive or complete is what I wanted to say, but it is a really nice representation of sort of, it's a big continuum and it's probably going to be evolving. So when we think about poly substance use, it's something to keep in mind. And if we could move on to the next, thanks. I want to take a moment now and ask all of you, when you think about poly substance use in your community, do you collect any data that might provide insights or sheds some light on what it looks like in your community?
- Clare Neary: And I'm going to take a look at the chat and yes. So, folks are... So let's look. Some folks don't. Lots of folks saying no, we don't. There is some use, there's some data collection with the developmental asset survey for use substance. That's great. Some information on overdose data through the health department and you collected your own on alcohol and vaping. That's great. Informal reports, but nothing formal. So thank you. That's very interesting. And the reason, one of the reasons we ask this question is, it is true that the way in which the common data collection tools, that or sort of our mainstays in prevention, many of them don't get to this question of poly substance use as a question specifically. And I'll speak more to that in just a moment. So let me just take one last look here.
- Clare Neary: Ooh, we're looking, you just conducted one and it's being compiled. Well, we're interested in hearing about that very much. And all right, thank you so much. And if we could have the next slide? So research on poly substance use is... There isn't the kind of research on poly substance use that we have on, for example, under use of alcohol, that kind of thing. So what we do know, I'm going to talk for a little bit about what we do know. What we do know is that poly substance use is common. And SAMHSA says that research shows that if a person is having problems with one substance, they're likely using and maybe having problems with other substances as well.
- Clare Neary: And the EMCDDA, which is the European union's agency that is similar to SAMHSA. It's the European monitoring center for drugs and drug addiction. They say that among people who use drugs, polydrug consumption is common, but challenging to measure getting back to our previous question, and individual patterns of use range from experimental to habitual and dependent consumption. And so when we think about developing a community plan, this is a challenge, right? It could be... It's hard to measure. The range is big and the current tools that we have that do measure things, don't usually kind of get to the right question.
- Clare Neary: And if we could go to the next... If we could go to the next line.
- Jess Goldberg: Oops, oh, sorry, Claire. I'm going to figure that out right now.



- Clare Neary: Thanks. All right. Well, I'm going to say something else then, while we're here. Speaking about the consideration regarding what we do measure today. So when we think about in prevention, we utilize, there's some mainstay, so there's the [inaudible] we use monitoring the future, if you're looking at national data. So most of these ask about one kind of substance use at one time. So there'll be a question about, for example, what is 30 day use? What is 12 month use? But, there's not one that says, in the last 30 days, please list every one of these substances that you have consumed. And so it can... Well, some of the data might be there for people who are not... Don't have statisticians and epidemiologists equally built. It can be... I would say the statistical tools are available to make some determinations, but the ways in which the data is collected and studied currently, doesn't drive towards an easy measurement that is available to all of us.
- Clare Neary: So for us, for example, when I think about it, I think about that, we can get reports, back to what a few of folks have contributed in the chat that the health department will provide information about certain kinds of overdoses. You can get some information from law enforcement often when there is a large... You can get some information from law enforcement about the nature of the illegal substances that they have been able to, intraduct and get and measure. But if you don't have a mechanism for the analysis of all of those substances, and if there isn't an adverse event, it is difficult to determine what substances are involved.
- Clare Neary: So I'm going to continue. I'm so sorry we're having so many technical... It's like, I don't know, full moon. So, is this my slide? This is my slide, yes. So I'm going to just look, this is going to be some snippets. So this is just sort of an overview of the current landscape. It's not exhaustive and it is not conclusive, but it gives you a sense of the barometer. All right. So the NSDUH, so the national survey and drug use and health, which is an annual telephone survey that some of you may have participated in. Certainly we'll use the information. It's showing us that among respondents with a substance use disorder, 11.5% report using illicit drugs and alcohol. So that's one component of the story. Also tells us that among pregnant women who report alcohol use, 40% of those folks also used other substances. And most often it was tobacco and marijuana. Each year, the drug enforcement agency, the DEA, provides a drug threat assessment report. The most current analyzed trends in one kind of poly substance use related death shows that deaths due to cocaine and synthetic opioids increased 5000% from 2010 to 2018.
- Clare Neary: So that's a significant increase and it's a significant consequence to substance use. And we can try the next slide. Thank you. Thank you so much. So I'm going to... This slide, another way that we can look at data on poly substance use is





through treatment admissions. We borrow this infographic from our colleague, Jess Esctric the Central East PTTC. And recently they did a session on preventing poly substance use in primary care settings. So looking at this data, what this tells us is that, looking at treatment data, almost 43% of those who entered treatment were poly substance users. So if you think of all the folks who seek and are able to get into treatment, 43%. So almost half of those folks are poly substance use users. And alongside that, we know that over 80% of people in need of substance use treatment, don't receive it.

Clare Neary:

And when you take these two together, you can say well, we probably have... The prevalence of poly substance use is unknown, but it may be even higher than what we do know of current people seeking treatment. And if we could have the next line. And I'm just going to say, just a quick look at youth. Okay. So this is from monitoring the future, the 2020 monitoring the future data. So the 2020 report told us that the percentage of 12th graders who responded yes to having consumed alcohol in the past month was 33.6%. The percentage of 12th graders who responded yes to using a marijuana or cannabis in the last month was 21.1%. And the percentage who answered yes to any illicit drug in the last 30 days was 22.2%. But when we think about poly substance use and had a, doing interventions in our community that are based on data and based on the realities, what we want to know, and if we could click... What we really want to know, right? Is the intersection.

Clare Neary:

We want to know what is the percentage and who are the folks that are that intersection. And we can't know that right now. So, I'm going to now, if we do one more slide, just a quick look at selected consequences. Again, this is not exhaustive and it's not complete, but when we think about doing prevention work in our communities, right? What are we thinking about? Substance use prevention work is about either limiting or eliminating the negative consequences of substance use. It's about taking the harm away, right? So each substance and, we think about alcohol use, long term use of marijuana or nicotine or an opioid based substance. We all know sort of what's the trajectory of negative consequence and what's the continuum, right? Alcohol, it could be a car accident. It could be negative consequences to important relationships. Long term, it could be serious health implications like liver failure. But when we start to mix things, then we can have more intense and unpredictable responses.

Clare Neary:

So what we're looking at here in this slide is we're seeing the risk of taking multiple types of drugs is unpredictable. And that further complicates both drug use treatment, and then also prevention. So some examples are, when folks mix a stimulant and a stimulant, these are some selected consequences. They can have serotonin syndrome, they can have psychosis, anxiety, or panic attacks. They can have heart problems. Serotonin syndrome is like, you have heart



palpitation, you can have arrhythmia. You can have... There's a host of, you can have muscle problems. There's a host of physical ailments that go along with that. If you mix two depressants, it increases the likelihood of accidents or injury, fatal and non-fatal overdose. And when you mix a stimulant and a depressant, you can have heart problems, respiratory issues, dehydration, kidney failure. So these are just some selected consequences.

Clare Neary:

And we think back to the drug wheel, there's so many options. So poly substance use, I think what we can say here is, it's an important issue because it has the potential for a lot of negative impacts in our communities and to individuals and to families. And so I'm going to start to, now we're going to talk about... I'm going to now send you over to my colleague, Jess Goldberg, who is going to talk a little bit more about risk factors, and then how we can go about addressing poly substance use, given sort of this landscape of broad definition and data that's not the way we want it to be to be able to implement the kinds of interventions that we're accustomed to.

Jess Goldberg:

Thanks so much, Clare. And hi everyone. And so now we're going to spend just a few minutes first looking at what puts people at risk of poly substance use. And so on the next slide, we'll share something that may look very familiar to you, which is this idea of risk factors and protective factors. And so this will be a quick review for you and if you're not familiar, we're going to introduce this concept because basically substance misuse related problems of any kind that communities face are so large and so complex that we can't impact them directly in our prevention work so we need to work through these other factors that influence them, either factors that drive the problems that we see or that mitigate them. And those are called risk or protective factors. And so what maybe you know and might find interesting is that risk factor theory is actually not a new science.

Jess Goldberg:

It began with Dr. Thomas Dober, who was the first director of the Framingham heart study. And that's one of the most important research projects of the 20th century. And so Dober led that study from the late 1940s to the mid 1960s and found links between vascular diseases, which is the leading cause of death in the United States, and diet, blood pressure, obesity, exercise, smoking. And he coined the term risk factor in 1961 and now that term has been applied to other diseases, disorders, circumstances and events. But it wasn't until the eighties really that the doctors David Hawkins and Richard Catalano from the university of Washington started compiling risk and protective factors for substance misuse and other problems occurring in adolescents. And so, there are whole compendiums of risk and protective factors that have been verified by research that drive substance misuse related problems across different developmental periods, like adolescents, young adulthood, older adulthood, and then also



across different domains that affect us all as individuals, as members of peer groups and families and communities and within our broader society.

Jess Goldberg:

And so you can see that a risk factor is a characteristic that exists at the biological, psychological, family community or cultural level that precedes and then is associated with a higher likelihood of problem outcomes. And so biological and psychological here really refer to sort of our individual level characteristics. And some general examples of risk factors, and this is for youth substance use include having a family history of substance use, having favorable peer or parental or community attitudes towards substance use behavior, having easy access to substances within a community. And then also having poor parental monitoring, generally both of substances in the home and then of the behavior of the youth in the home. And so on the next slide, you'll see the definition for a protective factor, which is quite similar. It's a characteristic that exist at the individual family or community level associated with a lower likelihood of developing a problem outcome.

Jess Goldberg:

Some general examples are having strong and positive family bonds, connectedness to trusted adults that are outside the family, having that high level of parental monitoring of a child's activities and their peer group, and having clear rules of conduct really that are consistently supported and enforced within the family. And then also community norms that are unfavorable to or use. And a few things that are important to note here is that protective factors can reduce the negative impact of risk factors, but it's not always the case that the opposite of a risk factor is a protective factor, though sometimes that is the case. And so resilience simply defined as the ability recover from or adapt to adverse events, is protective in and of itself. So anything we can do to build resilience or support or promote resilience is protective, and our cultures can be a protective factor.

Jess Goldberg:

So you can see on the screen that this definition, it comes from the same place that the definition before it came from, this in Institute of medicine report. Not that recently, way back when. And it doesn't include cultural level here, but for people that are kind of well versed in this report, they believe that, that might have just been an oversight because we know that cultural can be protective and having strong ties to a cultural identity group or to specific practices within that culture, around things like family expectations and norms and beyond, related to using substances can be very protective. And so, since we know that prevention's not just about eliminating negative behavior, it's also about supporting protective factors and striving to optimize wellbeing. And so, we know some factors put people at risk or protect them from developing more than one type of behavioral health issue.



- Jess Goldberg: And so addressing those kinds of factors or factors shared between different substance misuse behaviors, either by reducing risk for those or bolstering protection from those can be a really efficient way to address poly substance use. And so, if I know that low parental monitoring, for example of substances in the home, puts youth at risk of accessing and using not only alcohol, but also marijuana and prescription drugs, then my efforts to educate parents and change their monitoring and safe storage behavior with substances in the home can have an impact across all of those substance misuse behaviors and problems. And that would be one way of using a focus on shared risk factors to reduce poly substance use. And so on the next slide, we will introduce, I think, another discussion question, and we really want to hear from you about this and learn from you in terms of what is going on for you in your community.
- Jess Goldberg: So we're going to ask you to reflect on what you know about risk and protective factors in your own community. And specifically, we want you to reflect on the priority substances that you've identified. You've already shared those with us, and you're addressing these through your prevention efforts, and so thinking about those top two or three that you're focusing on right now, and what you know about what drives or provides protection related to them. Are there any factors that overlap across these substances? So any risk or protective factors that you know are also, are driving use for more or mitigating use for more than one of the substances that you're focusing on? So I'll give you a moment to think about that and put any thoughts that you have, or put your ideas and examples in the chat. And just again, to recap, shared risk and protective factors are those that have been found to influence multiple substance misuse related outcomes.
- Jess Goldberg: And so, we know that if we tailor our prevention efforts around shared factors, they're more likely to have a greater impact. So they have the potential to improve multiple outcomes. So now we're just looking to hear, or from you and I see some responses coming into the chat. So thanks very much for those early responses that untreated mental health issues, lack of mental health supports in the community are a risk factor for multiple substance misuse related issues. Parental disapproval is protective across multiple substances, and then parental approval of substance use is risk across multiple. So parental usage of substances themselves can influence potentially and maybe have overlapping impact. These are great. So high levels of parental involvement can be protective. Parental approval can be risk. Incarceration, food scarcity, mental health issue, the lack of support system. So mental health understandably coming up quite a bit here, which makes a lot of sense. Or the lack of general support systems, having community acceptance or norms related to certain drugs.



Jess Goldberg: Again, not enough services or clinicians can really increase risk. And so having parental non exceptions of a gender identity or parental approval of marijuana, lack of resources. So lots of themes that I see, in your experience that you found quite a few seem like they relate to parental attitudes, parental behavior, potentially. I see other responses around stigma in the recovery and treatment field, but also in mental health supports easy availability as a risk factor and then culture or religion potentially as protective factors, absolutely. And perception of harm that, marijuana isn't that dangerous versus alcohol. So I think that's a great point.

Jess Goldberg: Also all of these are great examples. And this final point that I see in the chat right now is really... Risk factors are really, they not only overlap, but they sort of can impact one another, right? When there's one substance on the scene might actually change the perception related to other substances in terms of the perception of risk and harm. And so they're related and they influence not only the problems that we see in our communities, but they influence other risk factors as well. So delivery and its impact on perception of harm. Absolutely. And then also social norms.

Jess Goldberg: Its impact on perception of harm absolutely, and then also social norms coming up as a potential risk and/or protective factor driving or mitigating use across substances. So thank you all for sharing. We actually were really curious to hear what was coming up for you in your communities, what you are seeing. And we're going to spend a lot of time actually, devote a fair amount of time next time we meet next week during our follow-up session to this webinar thinking about shared factors and working together to build a logic model to address polysubstance use using that shared factor approach. So we're going to walk through an exercise to develop that logic model together and identify some factors shared across different substance misuse behaviors from the research literature. And so just going to plug that for you same time, same place next Monday, and we'll hope to see you there if you're able to join us for that session.

Jess Goldberg: Okay. So, great. And I just see one last message in the chat. So it's a difficult problem because risk factors are increasing and not decreasing. Absolutely. I think that can be really, really challenging, especially if you're seeing kind of multiple risk factors increasing over time despite the efforts that you're making. And we can talk certainly more about that throughout today's session and then in next week's session because it's kind of midcourse evaluation about what's happening? What's changing in your community that can be so valuable to help us thinking about as we're planning to either continue current strategies or abandon some strategies that may not be as effective as we'd like them to be in favor of other ones that we think might have a better impact. But it is difficult



when you're seeing the rates of different risk factors rising or the rates of use rising despite all of your efforts to create the opposite situation.

Jess Goldberg:

So I'll just move us on now to what we know about risk factors for polysubstance use. And these risk factors are specifically for youth polysubstance use, some of which are from our CDC. And you can see that early substance use elevates a person's risk of developing a polysubstance use problem. And this is by far one of the ones that we saw endorsed most often. Use of any one substance increases risk. And so early use of the substance increases risk. So does any... And then also having unmet mental health concerns, as we just heard in our last discussion question. That includes anxiety and depression and other types of mental health related concerns. And some people may turn to using one or more substances of the coping strategy in light of this, in light of these experiences. And then also being involved with the juvenile justice system and actually having a lower grade point average also increased risk among students.

Jess Goldberg:

We found studies that identified other risk factors like impulsivity as increasing risk for polysubstance use. One study found that impulsivity was greater among tri-substance users of alcohol, cigarettes, and cocaine than among mono-substance users. Another study found that high school youth with peers that supported their substance use or had perceptions favorable toward use were also at higher risk of polysubstance use than other students. Makes sense. The social expectations of peers and pressure to fit in may also really factor into increasing risk. And then unsurprisingly, there's also a genetic component, potentially a predisposition toward polysubstance use. It's been widely studied and well-documented that genes certainly play a role in addiction, whether it's to one or to multiple drugs.

Jess Goldberg:

So on the next slide, you'll see there's not actually that much known in the research literature about specific protective factors for polysubstance use. So what you see on this slide are some examples of protective factors for substance misuse generally, not specific to individual substances, but so would apply across many substances that idea of shared factors. The four that are... There were some that were asterisked here but the asterisks did not make it over into this version of the PowerPoint, but the ideas of family support, parental monitoring and disapproval and school connectedness are evidence-based protective factors for preventing polysubstance use. So I'll just say them again because they're not listed on this slide. Family support, parental monitoring and disapproval of substance use, and then school connectedness are evidence-based protective factors for preventing polysubstance use. There's still a lot of work to be done to identify additional protective factors at the



individual and societal level and more across the board both within the family dynamics and within our communities as well.

Jess Goldberg: And so on the next slide, we're going to spend a few minutes talking about how polysubstance use can be addressed either by preventing it or treating it. And so we're more experts in the prevention piece. So we'll cover that in closer detail. Typically, in prevention we tend to focus in on specific priority substances and populations. So underage drinking, opioid misuse among young adults, for example, and we're not always focusing in on identifying and addressing polysubstance use behavior, even though we're doing that by addressing priority substances in more targeted and individual way. So this is really interesting direction for us to be taking our field, to be thinking about our work, to be considering and exploring. And like we said in the title of the presentation, this is an area of really untapped potential for prevention.

Jess Goldberg: And so I'm going to just catch up in the chat because I know there's been a few comments that have come in real quick. And so just like I was just saying, we do tend to address substance misuse in substance related silos. Preferring to address the individual substance in a reality, it's not what's happening. It may be very much a preference and it may also be the way in which our funding is handed down to us, expectations of those funders, and just a different way of thinking about it to be building that evidence based, to be building kind of our theory, our base of theory and knowledge in the field about what to do to try to address multiple substances concurrently. But I think a great observation.

Jess Goldberg: And then the social expectation for youth is really key. Many of the misuse challenges, right? So the Benadryl challenge, hand sanitizer challenge, they're all chasing sort of that fame on social media, which I think is a really important point and leads directly back to that piece around kind of social expectations as one of the potential drivers of polysubstance use. And then I think education regarding substance use disorder and drug interactions can be protective factor. Absolutely. The more information is out there, particularly in the hands of adults whose brains are fully developed and who are charged with helping to shepherd young people into adulthood parents, caregivers, trusted adults in the communities, the more that they understand the risks and are able to set those expectations and impart that to the young people that they raise and mentor and support I think would be huge myself as well.

Jess Goldberg: So I'm absolutely going to keep my eye on the chat, but I want to ask this question too because we learn so much from you around shared factors. And now just curious if you can think to your action plan and tell us if there are any particular strategies that you're implementing right now, if any are effective in addressing multiple substance misuse issues. So anything that is hitting more than one of your desired outcomes or maybe each of your programs or



strategies is dedicated to addressing a single issue. Let us know that too. We just really want to get a sense from you on the ground in prevention, whether... Wherever you're practicing about how you're devoting your time and your resources toward your identified priority problems. So let us know what that's looking like in your community and whether any of the strategies that you're currently implementing address more than one substance misuse related issue. So we'll give you a second to just catch up and let us know what you're doing in your community.

Jess Goldberg:

I see a couple other comments. I'll just debrief. So through harm reduction with an emphasis on the subject that cause the individual to lose the most. So thinking about the relationship in our work and prevention with a more harm reduction approach in helping people understand the effects of their multiple drug use on themselves, on their lives and thinking about which ones maybe are having the most severe consequences in their life. I see a strategy as reducing stigma. So not shaming people for using multiple substances and providing resources to reduce harm or stop using. Absolutely. I think that's brilliant. I think these are great comments coming in.

Jess Goldberg:

So the education piece again. So many times folks are surprised to learn about how use of opioids or benzos, alcohol multiply the risks of overdose. So people really don't necessarily know. I think it's a really important point. And then we are in that position as the holders of information to try to spread that information as far and wide as we can to prevent those incredibly severe and devastating outcomes related to them. So it's about kind of being that turnkey of the knowledge to our partners, to our stakeholders so that they're prepared and armed with the information that we need. I think that that's absolutely great. And then, especially with youth, we discuss why they use, kind of what the pro is for them using and then work to teaching alternative coping strategies, right? So some of that may be motivational interviewing approach, right? So what is it that you're getting out of this and are there other ways to achieve that same feeling, that same relief, that same excitement that are more healthy, that are more prosocial and don't relate or don't have anything to do with actually using substances?

Jess Goldberg:

So these are great, really thoughtful responses, and I really appreciate you sharing. So we promote it at our events, depending on the event using life skills it looks like, making use of Too Good for Drugs curriculum in second through seventh grade, addressing all the gateway drugs, but also teaching the core needs in youth being successful through life. So goal setting, decision making. So those social, emotional competencies that we all need to learn to be able to grow and achieve the outcomes and milestones that we'd like to. And then we also utilize Project ALERT that focuses on alcohol and marijuana and your





community coalition is also working on reducing stigma in all areas of use. So these are great answers. And you're actually anticipating some of what we're going to focus on in our next slide or slides.

Jess Goldberg: So if we could advance to the next slide. Thank you so much. So first I think that we've already made the case for why addressing polysubstance use is important, but just in case you needed a quick thumbnail or sound bite as to why this is an important area of focus, why do we focus our efforts here? For one, those that misuse multiple substances are at higher risk of experiencing adverse consequences. And Claire gave a really nice example of some of those physiological consequences of multiple substance use, but they can also create co-occurring or exacerbate co-occurring behavioral health disorders, cognitive problems. And we see this coming up in communities that have historically experienced discrimination and systemic racism and oppression.

Jess Goldberg: And because of this, polysubstance use may be a health disparity in your community or in a community. And that's a particular type of health difference that's closely linked with socioeconomic and environmental disadvantage. So I'm sure many of you know the definition of health disparities, but just in case anyone could use a refresher, health disparities really tend to adversely affect groups of people who have systematically experienced greater obstacles to health based on their membership in a particular cultural or identity group, based on their racial or ethnic group, their religious group, their socioeconomic status, their gender identity, their age, their mental health status, a cognitive sensory or physical disability, sexual orientation, geographic locations, or a whole other host of characteristics that are historically linked to discrimination or exclusion. And as preventionists, we know we're uniquely positioned to help address health disparities by virtue of our expertise in our roles within the community. And so if we are addressing this problem and the disparities around it, we'll create better health outcomes, healthier communities, and reduce inequities. And those are some of our nearest and dearest goals I know through our prevention efforts.

Jess Goldberg: And specifically, we know that youth, particularly youth using multiple substances are at high risk for very particular adverse physical and psychological outcomes. And some of these are also so lower life satisfaction, higher sensation seeking throughout the lifespan, lower perceived harm related to substance use, poor grades, more disciplinary problems. And then the younger you begin using multiple substances in youth, the higher the risk to developing an intravenous drug use habit later in life. And so anything we can do here to prevent polysubstance use may potentially save individuals from a lifetime of related problems.



- Jess Goldberg: And so just one more click on this slide. And it's an aside, but it's an important one. Here again, this graphic comes from that wonderful tool that Claire mentioned earlier created by our colleagues at the Central East, PTTC, that serves the HHS Region 3. And it explores the role of primary care providers in preventing polysubstance use. So we want to give it a shout out here to let you know that we're happy to share out the length of this resource to anyone who's registered for today's session. It really beautifully describes the need for partnership between primary care and prevention and the way that we can work together to address this issue. And it actually helps to identify some of the entry points for beginning that collaboration with your healthcare partners.
- Jess Goldberg: And so on the next slide, we're going to get into some of our specific prevention strategies. And so we know that those risk and protective factors manifest early in life, and that's when our prevention efforts really should start. I know I'm not telling you anything that you don't know or that you don't already do, but prevention with school-aged children looks different than with older youth and young adults or middle or older adults. And it's very effective in delaying the age of onset of substance use or potentially eliminating it entirely.
- Jess Goldberg: And so a lot of what we do at this age may be family-based programs, we might be you doing some of those curricular programs that help to bolster protective factors that are shared across multiple substances or multiple substance use use outcomes, and therefore would impact polysubstance use behavior later in life. Some of those focus on building the individual and interpersonal skills that we've talked about, those social-emotional competencies like a focus on self-management and focus on social awareness, self-awareness, relationship skills, responsible decision making. And then other programs of this nature improve or focus on improving family management by enhancing parenting skills, parent-child communication, and family bonding.
- Jess Goldberg: So on the next slide, we want to also think about looking at data to identify who is specifically at risk in your community? What's driving that risk? And this is another really important strategy. And it only goes so far to know what the research says, right? Risk factor theory that has been researched by experts in the field is a great place to start, but what is really important obviously is figuring out which factors are present in your community and who they are affecting and then tailoring your prevention efforts toward addressing those. And so we need to take that research and see what holds true for us and applies within our own unique contexts.
- Jess Goldberg: And so the identifying of those at risk or that are experiencing polysubstance use is really likely going to involve thinking differently about how we do our surveillance. So are youth with mental health issues also experiencing polysubstance use behaviors in your community? Finding that out might involve



working with your evaluator to add some questions or a question to a student survey, or it might be conducting some qualitative data collection through focus groups or key informant interviews until our survey instruments can be updated or our next survey administration rolls around, right? Which may have very likely been delayed or might be so soon that it would be impossible to change or add questions for this go around at this point.

Jess Goldberg:

And so talking to youth directly would likely give you a solid starting place for understanding polysubstance use within that group and it would allow you to get real time information to guide your efforts. So what are the substances most commonly used? What are the most common combinations and how and where and when are they used? Specifically, how does vaping factor in at this point? And similarly, ask them why. Why are kids using these drugs? And listen for any reasons shared across those substances. And for reasons that may be distinct or specific to one drug and not another, this information is really crucial if you're going to add addressing use of multiple substances concurrently to your logic model and hope to create a kind of comprehensive approach that aligns the problems and the factors influencing them with the appropriate and corresponding strategies. And we really should be focusing in on those shared factors in my opinion to maximize our efficiency. It's better for our level of effort, it returns the most possible positive outcomes for our investment, and it leverages our resources wisely and responsibly, right?

Jess Goldberg:

So on the next slide, shared factors can really serve as a catalyst for partnerships between substance misuse prevention and other fields. So it leads to a more comprehensive approach to improving behavioral health of individuals across the board. And as with all prevention efforts, a team approach is the best and only way to do our work well. So doctors can screen patients for polysubstance use disorder. Educators can learn to recognize the signs of substance use among students and conduct brief interventions with those students to help connect them with help. And faith leaders are uniquely positioned to support individuals within their communities around this issue by providing the kind of safe and trusting and supportive space where people who may be struggling with the polysubstance use behavior can find help and support.

Jess Goldberg:

And then finally, we can collaboratively plan and implement and evaluate our comprehensive mix of strategies and looking for that biggest return on our investment. And that to my mind is really about implementing programs like life skills, which we heard mentioned earlier, or positive action, or guiding good choices or strengthening families. Any of these types of protective factor focused interventions that, again, help to increase positive behavior, that help to increase positive coping skills, improve social-emotional competencies, address school climate, things that we know can really help both at individual



level and then across the environment. These are not substance specific curriculum. They build strengths. We mentioned some refusal skills, social skills, self-management and efficacy, and those are also important for helping youth to refrain from engaging in substance related behavior across the lifespan.

Jess Goldberg:

And then those strategies that change environment. So creating that positive school and community climate, positive school and community norms that do not embrace substance use, educating community members about the risks of polysubstance use like someone had said earlier in the chat, normalizing it, trying to destigmatize the use of multiple substances. One of the earliest comments was if it's three or more legal or illicit substances, there are millions and millions of people that would technically fit that criteria to a greater or lesser extent, right? Maybe not to the level of a disorder, but certainly manifesting the behavior, right? And so if we educate community members about that, try to destigmatize it and normalize it while also trying to limit the availability of an access to substances in our community, these are effective means of preventing use of individual substances, and that would likely positively impact use of multiple substances simultaneously as all of our siloed efforts do roll up to preventing use of multiple substances across the board.

Jess Goldberg:

So that's just a little bit of prevention theory, abuse of the polysubstance use. And on the next side, we'll talk a little bit about some treatment approaches at a very high level, not being treatment provider myself or ourselves, but we know that once a person is diagnosed with any type of substance use disorder, including polysubstance use disorder, that's when prevention effectively stops and treatment begins. Whatever type of treatment a person receives or doesn't receive since many, many people don't engage in conventional treatment modalities as we think of them, and many of those individuals go on to achieve long-term recovery without participating in traditional forms of treatment. But effective treatment in general needs to get to the root cause or causes of substance misuse that individuals experience, the why of why are individuals using multiple substances?

Jess Goldberg:

So people that enter treatment for multiple substance use might have a complicated withdrawal experience given the different interactions and interplays of those substances. So it makes sense for any detoxification to be medically monitored in those cases. There may also be instances where individuals need medication for alcohol or opioid use disorder and it may need support and tapering down off of other substances. And that can all be overseen potentially by a professional treatment provider and by medical practitioners as well if that resource is available to the individual in need. And as far as treatment modalities, cognitive behavioral therapy is often used in treating these types of use disorders. So it's a kind of therapy that focuses on-



- Jess Goldberg: ... these types of use disorders. So it's a kind of therapy that focuses on the behavioral and thought patterns that are involved in substance misuse, so helping to modify thoughts and thereby change behaviors. It's most effective when it's tailored to individual needs. So, that's a really important piece, that it's not a one-size-fit-all kind of approach. And ideally, co-occurring mental health issues would be identified early in treatment, so that the entire person, the whole person, would be effectively cared for, instead of just their substance use or polysubstance misuse issue. And so, some of these particulars are more complex, obviously, with polysubstance use; but this is just a quick overview of what might go into treating this kind of disorder. And again, it's most effective when customized to the individual's needs and experiences. So what one person might encounter via treatment could look very different from what another person might.
- Jess Goldberg: And so, on the next slide, as we begin to wrap up, I know we uncovered probably more questions than we answered for you. And this is certainly a topic of real importance and relevance to our field, even with the many gaps that exist in our understanding. So we just want to suggest a few areas where further search is needed, to better understand the issue. So obviously, better surveillance, better data on multi-substance consumption and consequence rates, as well as risk and protective factors that specifically relates to polysubstance use, so we can better understand what might elevate risk for that, or protect people from it. And then, research and effective prevention strategies that are specific to polysubstance use.
- Jess Goldberg: And if anyone is wondering where to start, with bringing a polysubstance lens to prevention efforts, we have a few thoughts on this as well. Certainly talking about polysubstance use, normalizing that experience, trying to help ensure there isn't stigma attached, or break down some of that stigma attached to the experience, and let people know that they're not alone if they're one of the many people struggling with or experiencing polysubstance use. Teaching stakeholders and partners to generally recognize signs and symptoms of substance use among community members or their circle of influence, and then build their capacity to have empathic conversations with people about their substance use. And then, also educating them about what the available treatment and recovery support services and resources are, so that they can share that information with others, and connect community members in need of support with those resources.
- Jess Goldberg: And you can also think about augmenting your data collection efforts, to find out more about this issue in your own community; not only the rates of use, but the factors influencing use, any consequences of use that might exist. And be sure to engage with an expert before changing any validated data collection



tools, if at all possible. And you can always feel free to reach out to the PTTC if you'd like support around this. And we'd love to have a conversation with you, and follow up with you. So, if you know that something you're interested in, and you want to pop your email into the chat right now, you can feel free, and we can follow up with you, and contact with you to talk more. So there's so much more to discuss here, but we just wanted to leave you with some ideas to take with you. And now, I think I'm going to turn this back over to Ivy help wrap us up. Ivy?

Ivy Jones-Turner:

Hi everyone. So, at this point, we would love to hear more from you. In particular, we'd love to hear your thoughts, in terms of both comments, as well as questions from today's session. We know that there were a number of great comments that were shared through the discussion, highlighting both some of the multiple substances you're seeing at use, and misuse issues within your local communities, as well as substances that you've been concerned about. Maybe even thinking in terms of how to address polysubstance use regarding some of those particular substances.

Ivy Jones-Turner:

So at this point, we'd really love to hear from you, what questions or comments you might have at this point. So, I'm going to invite you to both share any comments or questions in the chat. And I know that there are certainly a few people who have comments or questions that they'd love to ask verbally. And so, I'd like to invite you to unmute your line, and share any of those comments or questions that you might have as well. And you can also feel free, I'll note, to raise your hand, and I can definitely call on you and unmute your line as well, if you'd like to do it that way. So I see Dr. Frances Sheerer has raised her hand. So would you like to go on and speak?

Frances:

Yes. Thanks. I was just saying, one of the big issues I work in the Newark, New Jersey area, and one of the big issues for access, actually, generally, when people say access, they say, "How the youth is getting it, either the home or stuff." But we are finding in the environment, COVID has brought access down to what's now available at retailers. So the fact that some of the alcohol-based or alcohol included items are now available in supermarkets and at the convenience stores, at the gas stations, and at the 7-Eleven. Because those are places we tend to think that the older users, it's fine.

Frances:

If you see somebody at, if you see a nine, 10, you're running to the seven 11, you think coffee well, where you think sodas or slushies, or, but at least at some seven elevens, they're selling CBD gummies and they're selling some of the Delta products. So access it's now become necessary to really look at the retailer partnerships we have, because even things like alcohol, the hard seltzers that now are available in the supermarket. So it's not just a place where 21 and



over, or a strict carding thing can happen. All those, and it's less alcohol than a drink, but it's cumulative.

Ivy Jones-Turner: Thank you so much, Dr. Francis Sheerer. That is exactly. I think what a number of communities have expressed, particularly during COVID is this change, the significant change in access. I'd like to bring in Jess and Claire to add anything.

Jess Goldberg: Sure. Thanks Ivy. And I'll just jump in Clare. I'm sorry to steamroll you, but if you want to add anything, I'll be quick. No, I think of such a great observation. So thank you so much for making that. And I think what we're going to find is we're still waiting for a lot of the data. I think we can anticipate around how substance misuse has been impacted by the policy related changes during COVID, we have a lot, a real strong sense of what we're seeing, what we're observationally, anecdotally. Maybe through some qualitative data collection that we're doing, but those hard number data are still lacking for many of us. And so, it's almost with trepidation, not a small amount of trepidation that we're anticipating seeing the changes in use rates related to that increased availability, what it's doing to our perception of harm to our community norms, to have substances so freely available at these retailers, like you mentioned, that are associated with very harmless things by and large, Starburst and Twizzlers and everything else.

Jess Goldberg: But so, I think the challenge is where... We actually are planning a series of sessions with our colleagues from region three in October on using data to tell story your community story of substance misuse. And the way that we framed that that series of events was really telling the story after COVID because when we started planning it six months ago, you can see Ivy smiling. I'll put on my video. So you can see me laughing too. If I can figure out how to turn my video on that, we thought we'd be telling a very different, having a very different conversation October of this year than we are currently having. And so that session is really going to focus on thinking about some of the data collection tools that we have at our disposal. Some of the challenges that we know communities are facing in this place and time that we sit within the pandemic and try to provide some strategies about getting some data sooner, rather than later, to help at least guide your planning efforts before some of that additional quantitative data is available.

Jess Goldberg: And then using all of the information that we do have access to, to be able to put together a cohesive story of how our communities have been impacted during the pandemic and where to go from there. So I mentioned in response to your comment, which is brilliant, but then also as a plug, because we'd love to have everyone on the line, join us for that conversation to get your insights, hear your experience and be able to share a little of our thinking about the



importance of getting that data to tell your story. Claire, would you add anything here?

Clare Neary: I was trying to un- and hi. No, I won't, I can't improve on it. That's why I won't add anything. It was great. And thanks for the question, Dr. And looking forward to that session in October.

Ivy Jones-Turner: So I'd love to add maybe a follow up to that comment and discussion. And that is what are of the strategies that we find are more effective in addressing such polysubstance use issues? I think we started to talk about some of those earlier today, hearing some of the strategies that folks are using and would love to open up both the floor as well as any responses.

Clare Neary: Ivy. Can I jump in and just say one thing about housekeeping?

Ivy Jones-Turner: Yes.

Clare Neary: Usually we present a gpra link to everybody to be able to ask you to review the session. And it's such a great conversation. I don't want to interrupt it, but I do want to ask everyone, we'll send you an email if you, if you can't stay here with us now, if you would please utilize the gpra link when we send it to you for response regarding the feedback on the session are funders SAMSA or, oh, you did it. Thank you so much. Our funders are very, very interested in hearing feedback regarding all the sessions for the PTTC and your feedback, your honest feedback. There is no bad feedback. All feedback is good feedback, and it really helps us a lot to plan the sessions and prepare much materials that are helpful to the work that's getting done out there.

Ivy Jones-Turner: No. Great point, Claire, and I think what I'll also invite, and this is actually part of my talking points for the gpra is that we'd love not only for you to complete the gpra, but also to highlight for us as you emails from us, any additional questions and comments that you'd like for us to address. This is where the gpra is so important and so helpful. And I do see that Julie has responded in terms of noting that some of the strategies that are really important or the proactive age appropriate education as well as strategies such as motivational interviewing. So thanks so much great to hear from you, Julie, of some of the strategies that you're using.

Ivy Jones-Turner: And I do recognize that number of folks are either private messaging us or sending in the chat, the note that they are having to leave for some other obligations. And so while we do have the gpra up, as Clare has mentioned, we really would appreciate your feedback. If you have a chance to complete it now, that'd be great. And we will also send the link out to you. And we'd love to get your back on and comments on today's session. The other thing I'll just note for





you is that this is our contact information. Please don't hesitate to let us know if you have any questions, feedback, other thoughts, et cetera.

Ivy Jones-Turner: We really appreciate not only hearing from you, but also hearing some of the strategies and ideas that you might have either for this session or for future sessions. And Sarah, I do see your question of whether the next session, which will be held next Monday, will be at the same Zoom link. You will actually receive a Zoom link on next Monday with that correct link. And so we hope that you'll be able to join us then. For those of you who are not able to access the chat, I'm going to just flip back to the gpra and please feel free to use your trustee cell phone and just take a scan of the screen. And that will also pop up the link for you.

Ivy Jones-Turner: So thanks so much, everyone. We really appreciate hearing from you, both your comments and questions in today's session, and we look forward to seeing as many of you next week as possible. And we look forward to getting your feedback as well to the gpra survey. Thanks so much everyone for joining us. And thanks again also for your patience as we started this session. With the technological issues, it's definitely such a commitment, such a level of commitment that you've displayed today. So thanks so much. Take care and have a great rest of your Monday.

Clare Neary: Thanks everyone. Thank you.

Ivy Jones-Turner: Thank you. Bye bye. Just for those of you who are still online, I'm going to remain online for about another 30 seconds or so, so that you have an opportunity to access the gpra survey either by the link that's in the chat or by the QR code that's on your screen.

Clare Neary: I can't even, the gpra link, nothing's working the way it's supposed to. It's like gremlins, gremlins, gremlins. I can't get the gpra link to launch either in the chat.

Jess Goldberg: Oh really?

Ivy Jones-Turner: Oh, bummer.

Jess Goldberg: It's launching on my end.

Clare Neary: Really? Good. It's all me everything. All right.

Ivy Jones-Turner: No, it's not you, I've seen that. We definitely had technological issues across the country today, so we will make sure to include the gpra link along with the slides and the recording and the resource from the on polysubstance use from region



three PTTC. So please definitely join us and looking for that email as soon as we send that out.

Toya: Guys you did a great job today.

Ivy Jones-Turner: Thanks so much Toya.

Toya: And I look forward to these webinars because I get a lot of great information from you all. So again, thank you very much.

Ivy Jones-Turner: Oh, thank you. Thanks for the feedback, and please feel free Toya to let us know, whether it's in the chat or by email, any questions or suggestions that you might have as well.

Toya: Well, I have one quick question before I log off, all three of you all just, this is you don't have to answer this, but you know how, I'm 66 years old. And I go back to the old saying it takes a village. So when we talk about polysubstance use, how much are we incorporating that village in terms of, because I personally don't think it could be an issue that's we resolved by one entity because we're dealing on multiple levels in multiple generations. And so how much are we reaching out to the family, that community family, as a means of helping to resolve these issues? Because in my opinion, because we're not doing as much outreach, it feels like we are backpedaling. So that's all I wanted to say.

Ivy Jones-Turner: I'm going to say it's a perfect point that you're making as well as a question. I think this is so much of what we saw in the comments from several of your colleagues today. And that is, I think bringing us back to the environmental strategies and the importance of environmental strategies, recognizing that not every intervention should be aimed just at the individual level, but we really need to think about again, how do we bring in the entire community to be part of this? How do we educate the entire community to be aware of it? I see Rebecca has also typed into the chat, the importance of our prevention code of ethics and reminding us that the principle is on non-discrimination as well as-

Jess Goldberg: Nature of services.

Ivy Jones-Turner: Yes. Nature of thank you. The importance of engaging the population that we're interested and committed to working with as part of the solution. Yeah.

Toya: Okay. Thank you ladies.

Ivy Jones-Turner: Yeah.

Clare Neary: All right everybody. Thanks a lot. I have to go.



Toya: Goodbye.

Clare Neary: All right? See you next week.

Ivy Jones-Turner: Bye bye everybody.