



Noreen Burke:

This is a full policy in preventing substance misuse. This is part one of two of a two part series. And today, we're going to be talking about identifying and implementing policy best practice for alcohol and prescription drugs. It's so wonderful that everybody is joining us today. My name is Noreen Burke, and I'm a Training and Technical Assistance Provider in substance misuse prevention at EDC, Education Development Center. We are working today with the Northeast and Caribbean Prevention Technology Transfer center, which is the group hosting this webinar that is coordinated out of Rutgers University School of Social Work Center for Prevention Science.

Noreen Burke:

Want to draw your attention to the poll question on your screen, and ask you to share your thoughts and get you thinking about today's topic. What youth substance misuse prevention policies exist in your community? So, on the alcohol side, this could be things like alcohol advertising restrictions, billboards signs. It could be around location and density of alcohol beverage outlets. On the non-medical use of prescription drugs side, it could be about policies around patients declining prescriptions of an opioid medication by a clinician. It could be about the prescription drug monitoring program, the Good Samaritan Law, which would just, for a person seeking medical assistance for their selves or experiencing drug related overdose.

Noreen Burke:

So, on either side, if you could put some of your ideas up here. Thank you so much. I'm already seeing standard HUD statement requirements, sociable ordinances, great, and responsible beverage server training. Wonderful to hear that Ohio recently passed Tobacco 21. Very good. Keep those answers coming. And while you're looking at the answers there, I'd like to put the orient to our virtual room. On the left you'll see our attendee list. Right below that is the chat box. Again welcome everybody. We're asking if you didn't register, please enter your name in the chat box. This is just so we can keep track of who is in the room and also to make sure you receive your certificates of attendance after this event.

Noreen Burke:

Okay let's get started. And I want to just give a shout out and a thank you to our technical support, Clara McCurdy-Kirlis, who is joining us and making this virtual service happen for us behind the scenes. If we could move to the main layout now, please Clara, that would be great. And thank you for those lobby poll answers. Welcome again to the webinar, "Understanding the Role of Policy in Preventing Substance Misuse". This is Part One of two "Identifying and Implementing Policy Best Practice".

Noreen Burke:

I'm Noreen Burke. I'm joined by my colleagues, Ivy Jones-Turner, and Tracy Desovich, who I will introduce to you all in just a moment. Just on the technical side, the webinar's being recorded and we'll be making the recording available to all of you after today's presentation. We'll also be sharing a main point of contact at EDC at Education Development Center, Jess Goldberg. So if you have any concerns or questions, after the fact, you can reach out to her. Please take a moment to note the question pod below the main PowerPoint slides. This is for you to anonymously ask any questions you may have. We will likely not have time today to address all questions during the webinar, but we will be sure to follow up on the questions in future services. You can also write your thoughts in the check bar on the far left. And we will be, as I said, sharing out the presentation materials...with everybody after today's event.



And Part Two of the webinar is "Identifying and Implementing Policy Best Practices for Marijuana, Tobacco, and Vaping". And that will be held one week from today, from 1:00 to 2:30.

Noreen Burke:

I'd like to share a little bit about the Prevention Technology Transfer Center initiative as you'll see the map on your screen; also known as the PTTC. This 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. It's a relatively new system. So you can expect that PTTC to provide prevention skills trainings and technical assistance services that are tailored to meet your needs that are based in prevention, science and use evidence-based and promising practices. We hope to leverage the expertise and resources available across HHS regions across the United States and the PTTC Network. Again, as you can see in the Northeast, the Caribbean prevention and technology trends for sure is hosting today's webinar in our. And we are coordinating the meeting today with our colleagues at Rutgers University School of Social Work Center for Prevention Science.

Noreen Burke:

Again, my name is Noreen Burke. I'm a training and technical assistance provider with the Northeast and Caribbean Prevention Technology Transfer Center. And my organization Education Development Center is collaborating with and providing training and technical assistance support to Rutgers on this initiative. Today, I'm working in collaboration with my colleagues here at EDC, Ivy Jones-Turner and Tracy Desovich. Just a word about the two presenters.

Noreen Burke:

Ivy Jones-Turner for over 20 years has provided organizational capacity assistance on health promotion, prevention and substance abuse. Suicide, violence, injury, and mental health with nonprofit and community-based organizations. Stays in 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, collaboration and grant management. Ivy is a certified prevention specialist and holds an MPA from Harvard University's Kennedy School of Government. Ivy, would you like to say hello?

Ivy Jones-Turner:

Thanks Noreen. And hello everyone.

Noreen Burke:

My other wonderful colleague is Tracy Desovich. Tracy has over 30 years of experience in substance abuse prevention and public health. Currently Tracy provides technical assistance services for Massachusetts prevention grantees. Prior to this, she directed prevention services on the college campuses of the University of Connecticut and the Massachusetts Institute of Technology. Her expertise includes policy systems, practice change, community health assessment/evaluation and leadership development. Tracy holds an MPH from the University of Connecticut Health Center. Tracy, would you like to say hello?

Tracy Desovich:

Good afternoon, everyone. Great to be with you.



Noreen Burke:

Just to review our learning objectives for today. As you can read on the screen, 'describe policy as a critical component of a comprehensive substance use misuse prevention plan'. So it's part of your strategic plan in simple terms. Describe community conditions that support successful policy change efforts. This is driving at what needs to happen. What's the preparation at the community level to successfully launch a policy change effort? Number three the third bullet talks more specifically about alcohol policies and nonmedical use of prescription drug guidance and resources. And finally, we will have some open discussion at the end about articulate solutions to common challenges associated with policy change efforts. So we will submit the feedback and ideas from you on that one. On that I am turning this over to Ivy to set the stage for policy change. Ivy, handing to you.

Ivy Jones-Turner:

Thanks again, Noreen. And I'd like to say welcome again, everyone. I know we've had a number of folks join and the opening portion. And because we'd like to make sure that we are able to get back in touch with you and to be able to provide you with your certificate, we're going to ask if you have not registered, please be sure to type your first and last name and your organization in the chat. And we'll use that in order to provide your certificate back to you. So thanks so much for doing that.

Ivy Jones-Turner:

We're also excited, I think, as Doreen has laid out for today's conversation to really do this real rich discussion about policy. In particular, as we move forward with the conversation, we'd really like to make sure that in fact, I think one of the things we'd like to do is just invite you whether you've registered or not, to go in and type your name and your organization name into the chat. Because we're going to be pulling that information back in and integrating it as part of our discussion. And kind of sharing and inviting you to share a little bit more of both where you are and some of the policy work that you're doing within your local context.

Ivy Jones-Turner:

So it looks like we've got a number of responses coming in. Great, thanks everybody. As Doreen has outlined for today's webinar, we're really focusing on policy as a critical element of comprehensive substance abuse and substance misuse prevention plan. We really recognize that policy is not just a strategy but that it can be a really effective and really beneficial strategy. But of course, because we as preventionist, may not be as familiar with policy and using policy, sometimes it can raise a lot of questions for us. Might be questions like where do I begin? What's some evidence based policy that I should start with? What will make a policy effective or successful and what might not make it that?

Ivy Jones-Turner:

We're going to really cover some of these by beginning to acknowledge what we see and experience in terms of policy every day. And policies are really all created to address a very specific challenge or question such as youth substance use. Let's go to our poll question and talk a little bit about what does current youth substance use look like in the U.S. And so, as you see, we have four questions here on the screen. We'd like for you to share with us, what are your interpretations, or how would you answer for each of the questions. What percentage of youth may use alcohol, prescription drugs in a nonmedical manner, using marijuana or may use cigarettes? And in particular, we're looking at the last 30 days.

Ivy Jones-Turner:



And so it looks like folks are bringing in, typing in those responses. Great. Look forward to hearing and seeing some of your ratings in terms of what the numbers look like. Yes, I see. And looks like some good thinking that's going on and some real knowledge from the group. The last thing I want to do is share with you what the specifics say, if you know what I'm reading I'll share with you the data from the R B S survey. In particular, the 2017 survey found that we know that young people have reported in the past 30 days that they have used alcohol at 28 to 29.8%. 29.8% of young people between the high school ages have used alcohol within the last 30 days. For the use of nonmedical drugs, we can see that we've got some responses that are a little bit all over the map. In the wire BS, youth were asked, have you ever taken a prescription pain medicine without a doctor's prescription or used it differently than how a doctor has told them use it?

Ivy Jones-Turner:

And we don't have that for the specific last 30 days, but overall we have 14% of young people who said that they have misused a prescription medicine in some way. In terms of marijuana use, we have 19.8% of youth who report having used marijuana in the past 30 days. And in terms of cigarettes, we have 8.8% of youth who report having used the cigarette in last 30 days. And very interestingly, we have 42.2% of you who report ever had to use an electronic vapor product in their lifetime. So as you can tell, we've got some concerns in terms of the high rates of misuse of substances. And so that's part of why we really want to use policy and consider policy as a strategy to address this problem and to address the consequences.

Ivy Jones-Turner:

As we close our polls at this point, just want to highlight that one of the advantages for use in policy is that it supports our approach as preventionist and as a society as a whole, to reinforce our collective responsibility of keeping you safe and healthy so that they can thrive in the environment. And really making sure that those environments support that safe, healthy, and thriving lifestyle. As prevention practitioners, we're going to work in a comprehensive way, thinking and developing comprehensive plan, as well as mobilizing our community to really approach/address this and using policy as one of the key strategies.

Ivy Jones-Turner:

But what do we mean when we say policy? Here you'll see we've defined policy as the standards for behavior that are really formalized and they are embodied in rules, regulations, and procedures. But of course, what that also means is that these are our way of highlighting the values and principles, changing the practices and processes that we may use as groups of people to moderate our behavior, both as a large group and to moderate the behavior of individuals. And so what we see is that a policy, we use as an environment strategy. I'll just note that environmental strategies or environmental prevention strategies are those strategies that really help to change the context in which individuals make decisions. They do that by changing community standards, changing how the institutions, the structures and the attitudes of groups of people may operate within a particular context. What's so beneficial about policy as an environmental strategy is that it really helps to change not only the condition around each person, but the conditions around people as a whole.

Ivy Jones-Turner:

It's much easier for folks to make healthy choices and choose things that may help be decisions in terms of their attitudes and their actions when the conditions are now in cultural, the social, and



environmental context really support that. Part of what we also like about policy is that it brings us a number of different strategies or it brings us a number of different advantages I should say. Policy strategies provide a broad and efficient reach so that we're no longer working on what an individual or 1000 individuals may do within a community, but we're setting a context and an environment that supports all 1000 people at the same time. It also establishes a condition, whether it be a cultural attitude or behaviors and expectations or norms that really reinforced non-use. In addition, it provides an opportunity for lasting long-term impact, by the fact that, once a policy has been established, that is something that can continue in existence for a group and for a community for a long period of time.

Ivy Jones-Turner:

It's also cost effective because they're very often using communication strategies and it's sustainable. I just want to highlight for you, of course, one of the advantages with policies is that it can be created anywhere across this continuum. Whether it be at the global perspective and work its way down to the local community. Or it can also start at the local community and work its way right up to a global perspective. You've experienced this in terms of how we have changed over the years, our policies around smoking.

Ivy Jones-Turner:

And not only the sales of tobacco and tobacco products, but also the age of purchase for tobacco. And that's changed not only on a local level, but that's moved all the way up to a global perspective. And so we have that advantage of really bringing all this together. And some of these advantages just kind of shared one or two examples of how policies may have been developed on a local level and brought up to a global level. We'd like to hear from you a little bit about some of the changes that you've seen in your community as a result of policy. And I'm going to bring Noreen back in for this part of the conversation. Noreen.

Noreen Burke:

Thanks Ivy. Thanks for doing such a great job there, setting the stage for policy change. I was just going back to the list actually of what people developed in the first poll and to ask those on our call, what changes have you seen already in your community as a result of the policy change? Could we please bring up the layout for that poll? Thank you. So we had some really good ones and I know that a policy change can sometimes take time for the long-term changes, but we're just trying to brainstorm here on some of these Tobacco 21 or school policies in the realm of school policies, restrictions on teens from vaping. They work in Ohio and other places with social ordinances that people, if you folks could have some feedback, that would be great.

Noreen Burke:

Watching this, have you seen either in the short-term are the longer term depending on how long your policy has been in place? We'll give you a minute here. We have a couple minutes. If folks want to have a little more time. Thank you. Reduce social access to alcohol with fewer youth reporting, obtaining alcohol from their homes. Excellent. That's exactly what we're driving at

Noreen Burke:

And if there are a couple of indoor smoking vans. Yes. And restaurants, schools, and other public spaces reduced tobacco rates in Ohio. Thank you, Ohio. No vape devices permitted in school settings. Thank you. Responsible server beverage training. And Jersey is also relating about tobacco 21 and the decrease



in the amount of high schoolers using cigarette products. More children implicating their parents as breaking the rules. Interesting. That is excellent. Public service announcements. Thank you. Thank you for all those for that list of changes and how impactful policy is. This is really helpful? And I'm going to, if there are one or two more ones we want to get out here, but this is a really good list.

Ivy Jones-Turner:

Noreen?

Noreen Burke:

I'm gone now. [crosstalk 00:22:43] Yes. Sorry I did, go ahead.

Ivy Jones-Turner:

I was just going to say that the very first response I see up there about enforcement. So penalties and fines the store owners who sell vaping devices.

Noreen Burke:

Yes. Excellent. And we're going to hear more about that enforcement consideration from Tracy in a moment. Thanks Ivy.

PART 1 OF 4 ENDS [00:23:04]

Noriane:

Consideration from Tracy in a moment. Thanks Ivy for calling that one out. Okay with that, I am going to turn this over to Tracy Daszkiewicz. Tracy is going to talk more about the considerations for policy development that get us to some of these outcomes, Tracy.

Tracy Daszkiewicz:

Okay. Thank you so much Noriane and Ivy. So you can see from some of the poll questions and the answers, some of the benefits of being able to work in the policy domain. And some of the outcomes that we're actually seeing that are affecting youth, so it's great. And thank you all for being able to type that in. I'm grateful to be working with you today. My hopes after these next sections are that you'll be able to leave here seeing how policy fits into the great work that you're already doing.

Tracy Daszkiewicz:

Whether you're working on the national level, the state, county or local level. I'm hoping that this will be helpful to those of you who have not dipped your toe into working in policy area before, but also be helpful to those of you have done some of the policy work, which obviously some of you have, but I'm hoping to be able to share with you some consideration frameworks. So that, you can look globally at what you've done in your conferenceplanning, prevention planning, maybe inventory, see what you've done, identify some gaps in your work and other areas where there's opportunities, and some other policies you haven't thought about in the past.

Tracy Daszkiewicz:

So let's jump right into some considerations. I want to start with five different considerations that we're going to talk about. So the first one is probably, you're all excited to see a logic model when we're



talking about doing comprehensive prevention planning, one of our best tools that all of us have strategic prevention framework, which I'm sure all of us are familiar with and the benefits that we get from using a plan process. But one of the considerations that I want to say we policy works. If he continue to use the FPF, the planning process, and how does LSE fit in with the strategic prevention framework and the planning that we do when you're looking at this logic model here, the first column across in this visual that I presented is your basic logic model. It organizes the prevention work that we've been doing in the community.

Tracy Daszkiewicz:

If you look at that middle bubble on strategy, that's where we're encouraging you to kind of fit policy work in. So continue to do what we know how to do in prevention planning, continue to do it. It works right. So if you're new to policy work, we're saying, do what we know with prevention planning, identify using data, what the problem is in your community. Go a little bit deeper, dig through what are those driving factors? Why are are, what are the risk factors and why are the youth using. And then consider, instead of just the regular strategies that we've put in place sometimes are on the individual level to consider putting a policy strategy in place, continue to think what are the short term outcomes? What are the results of the risk factor being changed and a longterm outcomes?

Tracy Daszkiewicz:

So an example, if we're going to use it applied to the work that we're talking about with substance use, you've got underage drinking is your problem. Too many youth in your community are using alcohol. You found from your SPF planning and your data that many of your youth are getting it from retail access. Meaning they are getting access through a liquor store or a restaurant.

Tracy Daszkiewicz:

So you know that your strategy now needs to match and you need to organize your action around your risk factor. So a policy strategy to address easy retail access would be something like mandating across your whole town or your state that, that servers or sellers have responsible server beverage training. So that that's consistent across all it's mandated and so all need to do it. So that would be an example how we're saying, just put policy in place and then continue to do what we need to do with evaluation, tend to measure that. So the take home messages, make sure your risk factor matches your, your, your policy strategy that you're putting in place.

Tracy Daszkiewicz:

Second consideration is using multiple Strat, multiple policies across multiple domains. When we're doing prevention work, we're familiar with the socio ecological framework. One strategy alone, just doing responsible beverage server training alone is not going to give us the bigger impact that we want, which is reducing underage drinking. You need multiple strategies. You often need multiple policies, and we want to make sure they still get implemented across these different domains.

Tracy Daszkiewicz:

There's policies in the individual for individuals, there's policies around families and the relational, there's policies for in your community. And there's also policies on the societal level. So I just want to review this and remind us, keep doing what we're doing, but we need multiple policies across these multiple domains. Third consideration Noriane alluded to this. Is talking about enforcement. Enforcement policy are related to policy alone, but not by enforcement. If Latin men, isn't going to deter



people to say something that they might be accompanied by significant penalties. They must be enforced through surveillance, community, policing and arrest. If you think about it, a lot more people would speed if speeding tickets only cost \$5, or if police didn't use radar guns. So instead drivers who might otherwise speed are deterred by the possibility of being pulled over or receiving a big fine in insurance penalties. So it's the application of the penalties that make the difference. So the point here is that we're showing how enforcement and policy need to be interconnected.

Tracy Daszkiewicz:

The other thing we wanted, the other point I want to make here is if you feel that your policy can't be enforced, you may want to consider in the development phase. Is it the policy we want to adopt at all? If you don't have the enforcement, because we know right, that policy enforcement are designed and implemented by two different systems. When you're implementing a policy, that's your policy makers in your community, but there's a whole different group of people that are enforcing it, which is usually your public safety and the police. So there's a lot of work that needs to go in here. If you don't have both working together that, that you might be considering not taking that policy to work with. So, so the third consideration, again, this is what we know in our, our overall prevention planning. We know with all of our prevention strategies, that there's a continuum of how much research we have that shows whether or not that strategy or policy is going to get the outcomes that we want.

Tracy Daszkiewicz:

So we know that there's, the continuum can have very well researched and very strong research studies with control groups and comparison groups that show, if you do this, you're going to get these results, same with policy. And we also know there's some on the other end of the continuum that has been done in practice in the field might not have been studied as rigorous, rigorous, rigorously in a university setting, but there's also some promising practice, promising practices there that show how these policies get implemented actually in the community. So consider that when you're looking at what policies you're going to pick, how much evidence is there, does it match with their risk factors that you're trying to, trying to get to, and the outcomes that you want. And then being able to really go back to your research and see what's shown. So really you want to pick where you're going to get your biggest bang for your buck.

Tracy Daszkiewicz:

So the fifth consideration here. This is a framework I want to put forth for you. I'm kind of calling it the tri bubble framework. It's got three pieces in it, which is looking at what policies do we have that prevent the supply? What policies do we have that prevent demand? And what policies do we have that prevent harm? So I'm going to explain what we mean by each of these, the framework that I'm presenting is again, a way for you to kind of step back, to visualize everything that you got in your bigger point for your community. And to make sure that you've got colleagues at each of these bubbles, because if you're only putting policies in one of bubbles, we're not going to get to our bigger outcomes, whatever that might be. Outcomes like reducing underage drinking. So we need to be thinking comprehensively.

Tracy Daszkiewicz:

So supply, what do we mean by supply? When you think about supply, we're thinking about access we are thinking about availability. Where's the drug coming from? This is going to be different for every





community. But you'll still need to go back to your own planning process and figure out what the sources are.

Tracy Daszkiewicz:

Availability can be broken down a little bit more to retail availability. Are they getting it from stores? Can be broken down to social event availability. Some of you mentioned that, that you were doing work here and getting it from older siblings. Are you getting it from sharing, sharing with friends, from family, from parties? The supply can also be broken down into economic availability. How cheap is the substance or perceived availability? How easy do young people think it is to actually get it right? So that's what we're talking about in this whole domain of the, the, the supply bubble, moving over to the demand bubble. What policies did we have? I like to think of demand as the norms. What are the norms that youth are getting? What messages are they getting from your community? Norms reflect what our society or community thinks and does. Norms are societies acceptance or rejection of various behaviors, attitudes, and beliefs about whatever the issue we want to impact. Alcohol, alcohol, tobacco, other drugs norms are usually unstated and reflect what most people in the community think is okay.

Tracy Daszkiewicz:

So an example for this is what are most people in the community considered normal? Expected? What do we expect that young people do we expect that young people will drink and adults will have, we'll just automatically be drinking at the fall fairs that are going on, that we're seeing the beer gardens spring up, and what messages are youth getting from the adults in the community about alcohol? So those are opportunities to think about how are we having policies around the demand.

Tracy Daszkiewicz:

Harm, harm is the third bubble. So when I think about harm, I think about this is where we're thinking, okay, you may already be using. What policies do we need to put in place to prevent the harm that they would get from actually using that substance?

Tracy Daszkiewicz:

Probably some examples here would be driving under the influence for alcohol, right? So if someone is using, what kinds of policies do we put in place to prevent, car fatalities and driving under the influence and what are the policy opportunities there for NNU PD, it might be thinking about somebody that's using opioids. How can we put policies in place to prevent them from having more harm? So that might be making sure that they have Naloxone or that other folks that are active users carrying Naloxone so that they can reverse an overdose if they need to. So just wanted to set the framework for that. When we go into alcohol and NNU PD, we're going to use the same framework to look at some of the policies for each of those substances and talk about them a little bit more.

Tracy Daszkiewicz:

So those are your five considerations, and now I am going to turn things over for a discussion to, I think it's. Yeah. Yes.

Ivy Jones-Turner:

Thanks, Tracy. I think it's really been interesting to hear some of the considerations that Tracy's highlighted for us in this previous section. And so what we'd like to do is really provide you an opportunity to share a little bit more about what you think are going to be some of the key steps, key



activities that need to happen before a policy can be adopted, what needs to be in place for a policy to be adopted? What's the role of the prevention practitioner? Some of you, I think may have some suggestions and we've heard a number of examples of policies that are happening in your communities, in your state. What have you found to be a critical first step or maybe a key step as you've launched policy efforts?

Ivy Jones-Turner:

And we'll invite you to, I know a number of you are available on the phone lines, for those of you who'd like to go on and type into the chat, please do that. You'll see the screen has changed so that you can type in what needs to be in place for a policy to be adopted. But then also thinking about what's the role of the prevention practitioner. Ah, number of responses coming in. So yes, I see a number of folks have really highlighted one of your first couple of key points, Tracy, the fact that the community and other stakeholders need to really buy in. I see readiness and needs assessment being noted as well. So that first consideration, right, right there, front and center. Also. Great, good point of determining what the existing policies are, as well as identifying who might be working on those and why they may be paying attention to that.

Ivy Jones-Turner:

I'm going to switch over for just a few seconds to the second question of what's the role of the prevention practitioner and see a number of responses there as well. Key role of being an informer, educating your community, increasing their awareness, providing education and data, correcting misperceptions, and really showing what the value of the policy is. Great example. Oh, I see someone else is noting keeping stakeholders engaged, really making sure that they're part of not only the beginning, but also it sounds like throughout the process.

Ivy Jones-Turner:

Someone's just typed in building the relationship as well as the skills and the information in the community to really help guide and advocate for the change. Oh, I see another interesting one of building bridges across systems. So really the point of collaboration and not just engaging individual stakeholders, but really bringing them together, really making sure that there is a collaborative and a group effort there. Great. Tracy, I see a number of really great examples here that reflect some of the considerations that you've highlighted and you know what I think I'm going to turn this over to you to give this, give you a little bit more time to chat about some of the responses that we're seeing here.

Tracy Daszkiewicz:

Thank you, Ivy. That's great. And I think this is such a key piece of actually, can we advance the story? So I think it's great that we're able to have this conversation. It's such a key piece of doing the work, right? It's not as simple as taking a policy from the neighboring, from your neighboring town and trying to adopt it in your town. There's so much pre-work that needs to go in to this as prevention practitioners that we need to do to really kind of, till that the soil and get things ready. To be able to have the policy actually adopted. And I think it's wonderful that, that we're all announcing that and that's, put forth some of these things. And so if we can go to neglecting you, hold on. Excuse me. So the next slide. So just to summarize some of the things that you've already mentioned in the slides that we really need to take into account the work starts much earlier than just picking a model policy and adopting it.

Tracy Daszkiewicz:



You really do need to do your homework, right? You need to know the history of the community. Was this a strategy that was, that was tried, five years ago and you're a new coordinator and didn't even realize it was tried five years ago to, I don't know, ban or to, to prevent the sale of alcohol and supermarkets for instance. And you come along and that was tried five years ago and you didn't realize it. So there's, you already know there's not going to be the community support and there's lots of lessons to be learned there. Someone else I saw in the, in the comments mentioned community trauma, which I think is also another really like vital piece for us to understand about our communities, to see if we're trying to bring a policy in place. We don't want to re-traumatize the community. So understanding the psyche kind of, of that community and what the different initiatives you're bringing in and how that fits very, very important for the history.

Tracy Daszkiewicz:

I also want to highlight a piece on here. That's, that's a recent article from Rutgers that talks about all of your role and how important it is, to... The article from Rutgers highlighted the policy change, that policy change efforts in New Jersey found that having effective leadership within your coalition or organization can also support policy efforts and ensure that coalition members have opportunities to participate in meaningful policy change work. So excellent. Right? That acknowledges. And now there's research to back it that your role leading community, organizing community, giving them opportunities to participate and to be meaningful participants in the policy change initiative is vital. And now there's research to support that. So that's another essential ingredient we know to move community readiness.

Tracy Daszkiewicz:

That's work that we do. We have skills to do that as prevention practitioners, the community needs to be aware and they need to understand why this policy's happening and, and be behind it and kind of be able to support, support that. I think of all the work that we do in all of our prevention work, not just policy. I think readiness probably should be the most taught issue that we deal with. Because a lot of times we have good intentions and we don't realize that the readiness is not there for communities to, to be with us and to be going along with us. And there's work that we can do to kind of, till that soil, as well. Hand in hand goes with the political will, so we're talking about community members supporting different policy changes, but if our politicians don't support it for reasons, sometimes unbeknownst to us from the work I've been doing the local in Massachusetts.

Tracy Daszkiewicz:

I hear from my prevention youth, that there's things that come up that they're really important policy, but I didn't realize that some of the policymakers have relatives that own some of the establishment, so there's an economic peace fair that if this policy change goes into place and restricts some of the mixed restrictions on some of their restaurant establishment, there may be some economic hindrances. And so all of that, all those pieces, you need to understand and know your political landscape and know who's bought in and work on around those, those pieces.

Tracy Daszkiewicz:

Engaging the right partners at the right time. Another essential ingredient I think is a vital skill that we have as prevention practitioners, right? Our work is so strategic where you start matters. Do you start with the politicians? Do you start with the community? You know, and I think that, this is, this is all local and you know this, but it's an essential ingredient to know where to start. One quick story I can tell you is that when some of our communities in Massachusetts wanted to work on alcohol policy, but we found



that our politicians were working so much with the opioid crisis and everything that's happening with marijuana, alcohol wasn't really on their radar.

Tracy Daszkiewicz:

And so where do you start? Do you start with increasing the capacity of those politicians to know, kind of, what policy initiatives we might be bringing forth? Or do you start with the community? Cause you want your politicians to have the capacity to know. The last time we updated our alcohol policies was five years ago, and here's what we have on the books now, some of them might not even be familiar with that. So maybe if you start with them to increase their capacity, that would really be working to get your whole community working cohesively. If the pressure is put on by the constituents to change alcohol policy before your politicians even know, what's on the books, you've got to as a prevention pack.

PART 2 OF 4 ENDS [00:46:04]

Tracy Daszkiewicz:

... know what's on the book. As a prevention practitioner, you know best what your partners know, how to engage them on the right partners at the right time, and to do all that. Those are some of the essential ingredients and things that we need to be taking into consideration.

Tracy Daszkiewicz:

Let's go deeper a little bit now into alcohol policy, and talk a little bit about when we're working on alcohol policy specifically. Each of us are going to have different problem statements that we know and different risk and protective factors to address. And we know that research is showing us some specific guidelines for what effective alcohol policy is out there.

Tracy Daszkiewicz:

So I wanted to summarize this. We can't go really deep. We could have hour and a half seminars on both alcohol and on NMUPD and marijuana and tobacco. So I thought I'd just give a few slides to highlight some of the important points to know. The research that showed us with effective policy, that we know that a policy to hold accountable are kind of where we focus on most of our work.

Tracy Daszkiewicz:

What do we mean by that? So an example of that might be like with keg registration, might be an alcohol policy. Laws that require retailers to tag, sticker, and engrave an identification number on kegs that exceed a specified capacity. That helps the law enforcement to identify that liable adult that purchased the keg that may have been used in underage drinking situations. So you can see, this is what the research is saying. If you can make policies that are holding the adults accountable, that's where we want to go.

Tracy Daszkiewicz:

Price is the second one that we know from the research, has lots of impact. Probably one that's been researched more thoroughly says if you can increase the price of alcohol through excise taxes, that's been associated with effectively reducing consumption. The number of times used, the amount actually consumed. But we also know that it's got research backing it that shows reductions in motor vehicle fatalities and driving while intoxicated. So that one's been researched very thoroughly.



Tracy Daszkiewicz:

Providing deterrence to use alcohol or incentives not to use, also. Things like suspending driver's licenses of persons under 21 following a conviction for any alcohol or other drug violation, is very effective to increase compliance with minors in possession. Setting the BAC limits to zero or to 0.02 for young people under 21 has also been shown to reduce BAC levels for minors. It's usually paired with a variety of driving restrictions that are then gradually lifted. So this has been shown to reduce traffic deaths among young people. So you're going to get real big bang for your buck if you're working there.

Tracy Daszkiewicz:

Restricting the use and sale of alcohol, another place where we found effective strategies on the policies. Prohibiting advertising that targets minors, associated with fewer youth alcohol-related single-vehicle and driver traffic fatalities. If you have bans on alcohol advertising, it's also been shown to reduce alcohol consumption and binge drinking. So some real good outcomes there.

Tracy Daszkiewicz:

The last point is that we do need to educate the public about these increased enforcement efforts and policy their help. The public must know what policies they are expected to follow, and the extent to which penalties for violating these policies are appropriately severe and swiftly and consistently applied.

Tracy Daszkiewicz:

That's what we're talking about when we're talking about some of the evidence that we have. Price, restricting the youth, and restricting advertising are some strong areas where you can organize your efforts.

Tracy Daszkiewicz:

So now I'm bringing this back to the tri-bubble supply demand harm frame that we were talking about. I'm not going to go deep into any of these policies specifically, but I was trying to put some in the category supply again, reminding you as your inventorying, what you have in your community and your comprehensive planning. These are some of the strategies that fall under supply.

Tracy Daszkiewicz:

Limiting the alcohol density, get a lot of bang for your buck there. Price, happy hour restrictions, responsible beverage server training. These are some of the things. Probably wouldn't be surprised that most of your policies are in this bubble around alcohol demand when we organize them this way. Again, this is, what are we doing in our communities that are giving youth the idea that it's normal?

Tracy Daszkiewicz:

So, alcohol advertising. When watching the NFL games this weekend, and like, it's all about the beer advertising. And I completely forgot that alcohol ads weren't banned on national television, like that still is. Alcohol restrictions at community events. Social host liability laws, these are the things that fall in this domain. And then using this same frame, when we're thinking about what harm strategies do we have? This is the BAC limits for the minors, the graduated driver's license laws.

Tracy Daszkiewicz:



The take home point for here is, think about what you presently have in your community, what laws you have, and you might be able to use this as an inventory to say, "Wow, we don't have anything in the harm bubble. We need to be buffing up some of the policies there," or, "We don't have much in the demand. All of our policies might be in the supply. But this gives you a frame to kind of step back, look at what you have, organize an inventory, and see what other areas that you could move into.

Tracy Daszkiewicz:

So lastly, we want to ask you what policies you'd like to learn more about. And I think this is... Who am I passing the baton to here? Is this to Noreen?

Noreen Burke:

Yes, yep.

Tracy Daszkiewicz:

So, we're going to do a little bit of a poll. Noreen, do you want to lead us through this poll?

Noreen Burke:

I believe... Ivy, is this your poll? This is Ivy's poll.

Tracy Daszkiewicz:

Oh, sorry. So we've got a poll up on the screen. I see some of you are starting to fill that out. This poll is about some of those policies that were organized, and we realized that there's probably some that you'd love to go deeper and to know more about. So we're just asking you to kind of vote here and see which policies you'd like to go deeper for the future as we're doing our planning, if we wanted to have further conversations about any of these that you might want to know more about.

Ivy Jones-Turner:

So it does look like there's definitely some interest in the supply, but maybe a little bit more interest in some of the demand and the harm policies. In particular, I think we see alcohol advertising restrictions, for example, or restrictions at community events. Oh wow. Over half of the group is interested in hearing more about some of those policies.

Ivy Jones-Turner:

And then we also have some strong interest in, how do we address the harm area of minors who possess alcohol? What are the laws, our policies around that? As well as the responsible beverage server and the social host liability laws. I imagine a number of communities have implemented those already. And we can definitely cover with the resources that will be shared afterwards, just some information about where to find some more examples of that.

Ivy Jones-Turner:

That sounds great. I think in particular, at this point, we want to switch over to our next section, and talk a little bit about in NMUPD, or non-medical use of prescription drugs.

Noreen Burke:

Thanks, Ivy.



Ivy Jones-Turner:

Mm-hmm (affirmative).

Noreen Burke:

Wonderful. Thanks to Ivy and Tracy. This is Noreen again, and now we're going to shift our lens to the non-medical use of prescription drug policies. And a few good examples, if we could shift to the poll, please, I'm going to talk about what NMUPD policies already exist in your community. Please shift to that layout. Thank you.

Noreen Burke:

You all brought up some really good ideas before. Really good examples, rather, ER policy that does not give narcotics during an ED visit, the prescription drug monitoring programs, the information on how to dispose of unused medications on all pharmacy bags. So different levels, local, state and federal policies. But we wanted to give you an opportunity here to talk about these types of policies that exist already in your own communities.

Noreen Burke:

The person who's writing about the HUD requirements, that would be interesting to hear a little bit more about that. What are those kinds of requirements for affordable multifamily projects? Thank you. PDMP. very good, which we've already mentioned, and drug take backs. Be interesting to hear more about the housing one.

Noreen Burke:

All right, so in the interest of time, thank you all for those answers. Tracy is now going to take us through that framing she did around the alcohol policies for the non-medical use of prescription drug policies. Tracy, I'm turning it over to you.

Tracy Daszkiewicz:

Excellent. Thank you. So I want to just ground us again, before we jump into the frameworks, about the definition of NMUPD, mainly because it's an abbreviation and there's a lot in it, and different people have different definitions. So I just want to give you a definition here so we're all grounded and coming from the same place.

Tracy Daszkiewicz:

NMUPD, the non-medical use of prescription drugs, is the intentional or unintentional use of a prescribed medication in a manner that is contrary to directions, regardless of whether a harmful outcome occurs. So that's one of the definitions. That's from [Hertz and Night 00:58:13], 2006.

Tracy Daszkiewicz:

Also, when we're thinking about non-medical use of prescription drugs, it can be broken down into four categories. I think a lot of times when we're thinking about it, people are thinking about opioids and pain relievers, because we're in the middle of a national crisis, but really we're thinking even broader than that. We're talking about categories of drugs such as pain relievers, like opioids, but also stimulants, and tranquilizers and sedatives, because these are other prescription drugs that are being abused and misused.



Tracy Daszkiewicz:

So I just want to put that definition out there. Pain relievers, we're talking about opioids, commonly prescribed for the management of chronic pain, including post-surgical pain. Stimulants, prescribed for attention deficit hyperactivity disorder, ADHD, narcolepsy, depression that does not respond to typical medication. I know I've heard people talking about that on the college campuses, and how that's getting diverted. Tranquilizers and sedatives both fall under the category of central nervous system depressants classes of drugs, commonly prescribed for sleep problems, anxiety, panic disorders, seizure disorders.

Tracy Daszkiewicz:

I'm giving you these definitions because I think it also reminds us of who's getting these drugs, what are they using them for? That might be sources of where we need to be thinking about how we're working with those folks and what kinds of policies we need to have.

Tracy Daszkiewicz:

So just wanted to ground us in that, and want to thank you all for talking about it. It sounds like there's some really excellent work that's already happening.

Tracy Daszkiewicz:

Noreen was talking about the fair housing requirement. I hadn't heard about that before. I'm reading from [M. Dane 00:14:17]. For people recovering from addiction and the medical expenses, you can find some people who are in addiction based on what they're claiming in their prescriptions. Oh, that's really interesting.

Tracy Daszkiewicz:

The best experts here in the room are your colleagues. So we always learn the most from each other. And we are going to have opportunity to be sharing some of those best practices. And here's one of them already. So let's move now, going back to our tri-bubble, harm, supply and demand framework that we're looking at as we're thinking about organizing what we're doing and what some of the different policies are. So again, doctor supply, where are people getting access to these different prescription drugs, and what are some of the potential policies that have been put in place?

Tracy Daszkiewicz:

This is not a comprehensive list. This is just giving you some ideas. We're going to share with you some places that you can get some more comprehensive lists with the research that shows how effective they are, but wanted to just start today with highlighting some of the policies that we've seen put in place, and some of you have already talked about.

Tracy Daszkiewicz:

Mandating the use of the PDMP, the prescription drug monitoring program. In some states and some counties, or some local folks have put in place, how doctors need to go and look at the prescription drug monitoring program before they're actually prescribing. And that's mandated. and some of the kinks have been worked out with how that's affecting practice. So there's a lot that we can learn from each other and from different states when you're mandating that, and making that into practice that everybody has to use and how it might be tied to renewing licenses and things like that.





Tracy Daszkiewicz:

Restricting internet access to prescription drugs. Another area, delisting prescription drugs from the formulary. Canada has an excellent example, that they actually took Oxycontin right off their formulary. So the whole country of Canada on a national level will be without Oxycontin, and that cannot be prescribed. And then the outcome from that you can imagine, very excellent results from that.

Tracy Daszkiewicz:

Doctor shopping laws. So these are some of the laws that you can be putting in the supply when we're thinking about what we're doing with NMUPD. Demand patient education. So maybe some of us have done some things where you're trying to educate patients one-on-one to different pediatrician offices, but to move it into a policy opportunity, how can there be a mandate across a whole state or your whole county, or in your local town, that maybe pediatricians are mandated to give out information to parents about how addictive some of these prescriptions are that they're they're providing. Or to dentists, if they are mandated to give out that after kids have had their teeth pulled. So really think about maybe you're doing things, you're educating prescribers and patients, but how can you have it be mandated so that it has that larger reach that we're talking about?

Tracy Daszkiewicz:

Direct to consumer advertising restrictions. This is talking about pharmaceutical companies that might be advertising directly to the consumer, and really changing the norms for that. People think it's just normal to go on those pain relievers or stimulants or ADHD, whatever the drugs might be. So policies in those domains.

Tracy Daszkiewicz:

And then the third area is the harm. How are we mandating harm reduction training for law enforcement across the whole town for people that aren't treatment ready, and aren't just ready to go into recovery, what else can law enforcement folks do? Where can they refer them to, how can they help these people that aren't treatment ready?

Tracy Daszkiewicz:

State Naloxone access laws. People are starting to think about, how are we mandating ways that all first responders, all fire departments, all police have access to Naloxone. So anytime someone pulls up to an overdose situation that all police will have access, and everybody that has an overdose can get Naloxone right on the spot. So those are some of the areas that we can start working in.

Tracy Daszkiewicz:

These three bubbles need to be balanced. So we need to make sure that there's some overlap in each. I wanted to highlight this one, because in our work we're always doing no harm. So some of the benefits of being able to work in the supply is to prevent people from getting certain prescription drugs. We've seen people reducing prescription drugs. So there's benefits for that. So you're maybe getting less of a dose instead of, we always hear that you go to the dentist, get your wisdom teeth, and got prescribed, a 30 day supply. So then that supply of the meds are in the medicine cabinet.

Tracy Daszkiewicz:



Now they're putting the limits on that. So maybe it's a three day supply. Reducing the dose, so then that's reducing the chance of the drugs being diverted. Also, the benefit is it reduces the risk of dependency and overdose because it's not as available.

Tracy Daszkiewicz:

The caution with reducing the access though, is that there are people that legitimately may need pain pills and pain reduction. So then it's harder for them to get access for that. And the other caution that really needs to be taken into consideration is, if you're cutting people off that are already addicted, what does that in fact doing? And we see lots of insurance companies now providing incentives to their prescribers to provide less, but we need to also be thinking about, what can a prescriber do for people when they ask us?

Tracy Daszkiewicz:

So the good thing is the benefits there. You're not getting new people hooked. But for people that may be addicted and they are cut off from their supply of pain relievers or opioids, did that push them to the street into a supply that now they're getting, that we all know is tainted with fentanyl and other things. And so is that actually increasing the use of illicit drugs?

Tracy Daszkiewicz:

So there's a lot to be thinking about. There's a lot for us to be strategic about. These three bubbles need to be balanced in anything that we're doing, so that we're doing no harm. Again, when we're doing NMUPD planning comprehensively with our prevention, we still go back to the basics. We're still going back to what I talked about in the beginning. We need multiple strategies and multiple domains. We need to be thinking about the risk factors in each of these domains. And then we need to be thinking about a policy that goes in each of these.

Tracy Daszkiewicz:

So this is really just a slide that is illustrating kind of what we want your comprehensive plan to look like, and your [seeming 01:07:51] to look like, so that you've got multiple strategies, multiple policies, multiple domains linked up with the risk factors that you know that you've picked out from your data that's specific to your local community.

Tracy Daszkiewicz:

And it kind of puts it into those bubbles too. There's a policy in the societal domain. It's working on demand. You've got a mix of demand, a mix of supply. You've got a mix of the harm in here. And so you've really got a comprehensive plan. And that's the ideal that we're asking you to work toward.

Tracy Daszkiewicz:

So I wanted to also now step back. We've talked about alcohol, talked about some of the policies that you can pick, talked about NMUPD. How do you actually select these policies? And this is a little bit of review, but I just want to make sure. It's not as simple as just picking things off a list and saying let's implement it. We all know that's not very realistic. And we go back to the basics that we know when we're doing prevention planning. Fit, impact, readiness, feasibility, funding.

PART 3 OF 4 ENDS [01:09:04]



Tracy Daszkiewicz:

Tips, impact, readiness, feasibility, funding, right? These are all the things that we know from when we do regular planning, that we still need to take into consideration. Just because we're not doing policy work, doesn't mean that we abandon all those basic fundamentals that we know to do good prevention work. Again, fit, does this policy align with your strategic plan? Is it a policy that is from your data, that shows this is the problem, this is the risk factor, and it aligns with the risk factor. Make sure that's tight in your logic model. Did we pick a policy or multiple policies that together, collectively, they're going to have the greatest impact and get us to that long-term outcome of reducing youth using prescription drugs or alcohol and reducing those rates that we have? Readiness, this goes back to what do we need to do? What's all that work that we need to do?

Tracy Daszkiewicz:

And is that in place, before actually pick and select a policy? All that pre-work that we talked about. The community ready, are politicians ready? Are we ready as a collective group moving forward and are our communities organizing to really move that forward. And do we have the enforcement? We then have the feasibility to implement on given your resources, maybe there isn't funding to pay for the police officers to be doing those compliance checks. And we've come this far and we've got the policy, but we don't have the feasibility. It's not feasible to be able to, we don't have the funding there yet. So we might not be able to pick that strategy right away. And then sometimes your funding has restrictions on it for your grant for specific federal funding. So you need to put that into consideration when you're actually selecting what is going to be the most effective strategy.

Tracy Daszkiewicz:

So while something might seem like in the research, there's lots of research that shows if these other pieces aren't in place, it might bump that strategy down and you might have to wait till there's other readiness in place. So that's the strategy that you're working on. So I hope that that gives you some things to consider when you're going back home and thinking about what you have in place right now, for policy, where to start, things that you need to consider before you get started, or if you've done some policy work, it gives you an inventory to think other areas that you might want to grow in or other areas that you need to be tilling that soil to get ready so that you can do this more effectively and collectively we can get to all the outcomes that we want.

Tracy Daszkiewicz:

So I am now going to turn it over so that we can start hearing from you about what some of the common challenges you're facing in actually doing this work. Because we can talk academic, but we know the real work happens when you go out and try it and share with each other what we did wrong because those are the best lessons for how we can teach each other. "Don't go down this track, and be aware of this, or what worked for you and what some of your successes were. So I'm going to now turn it over so we can have that open dialogue. Thank you.

Ivy Jones-Turner:

Thanks Tracy. And thanks for setting that up so perfectly, we do want to hear from you about what have been some of your lessons learned, what have been some of the challenges, as well as some of the strategies that you've had to revise and update in terms of implementing policies within your local community. We're all aware or we've seen about a policy, that's not been as successful as hoped. And so we'd like to talk a little bit more about what are some of the reasons or the challenges that were



encountered and then what steps could have been taken to avoid these challenges. So we're going to open the floor now for discussion of these challenges and potential solutions, and we're going to change our layout so that we can see and hear from you as you share some of your experiences and what you've seen in a local or in your community.

Ivy Jones-Turner:

I know we've had a couple of good questions come in, that we're going to be dealing with and addressing in just a few minutes. So we definitely want to hear a little bit more about some of the challenges that you've encountered or challenges that you've seen programs and groups encounter as they've tried to implement a policy. Please feel free to go on and type in your responses. I think I see one, that's going to allude to, that we're going to talk a little bit more about. In terms of enforcement what to do, how do we make sure that enforcement is a key part of policy? Or maybe folks who express challenges with maybe... Okay, great. Looks like some of the challenges have been getting the community interested and engaged and the community maybe not just being there yet. So what does your, what are some of the responses that folks have used to address community readiness, community interests, community buy-in?

Ivy Jones-Turner:

Oh, great response. Getting the 12 sectors of community members. So making sure to go back to some of your prevention strategies and really identify who are those community sectors, who might not be involved, who might not have been part of the discussion, and really helping them to identify what are the consequences and what are the problems that they're seeing. Great, great example. Another person's noted getting elected officials and city employees on your side has been difficult. Many people don't want to point out the issues that the community is having. How many of folks think that maybe engaging the 12 sectors might help to address some of those kinds of challenges with officials, whether they be city employees or elected officials?

Ivy Jones-Turner:

I see some of the other comments that have come in, there's a great one in terms of really highlighting getting the political will together and really understanding and helping people to understand how a specific policy can benefit the whole community. And so that really hearkens back to what we've talked about from the beginning of this session, which is really that as a society, it's our responsibility, our collective responsibility to create an environment that promotes health and safety and an opportunity for our young people to thrive. So really great opportunity to really bring people back around that frame in terms of how we talk about prevention and how we promote prevention. Great.

Ivy Jones-Turner:

Recognizing that yes, there is red tape. And so there may be some strategies that some of your colleagues have. How do you deal with red tape? What are some of the strategies that you've used to get around, maybe, the multiple steps? Again, that might be where part of both educating and making sure that all 12 sectors of the community are engaged. So that there's a clear understanding of multiple areas within the community being affected either by the consequence of substance use, as well as the challenges that are encountered with substance use.

Ivy Jones-Turner:



And that might also help to address the tailgating comment that's noted here for a high school known for their football games, they allow tailgates, which encouraged or allowed under age drinking. Yes. So, it sounds like there've been some challenges with trying to engage the school to change their policy and not allow alcohol on school premises. And those were rejected and seemed to burn bridges. So definitely a key part of knowing and understanding that before going back to have some conversations about what are some of the other strategies and policies. Maybe part of the question is also understanding what's the need or the risks factor to be addressed there. So great comments that are coming in from folks. Yeah, definitely continue to look at some of these and maybe even encourage you if you have solutions for some of the challenges that you see noted, go on and continue to type those in this poll or in the chat. And we can make sure that those are available as you look at the recording afterwards. I'm sure your colleagues will enjoy reviewing and learning from some of your lessons and some of your sharing.

Ivy Jones-Turner:

At this point, I'm going to go in and switch to our next slide which is really addressing, what are some of the common challenges? We know that common challenges have been, we know, and many of you have highlighted these, you know the policy that you needed to get past in terms of addressing the risk factors, but really getting stakeholders on board. And I think we've heard some great examples of both engaging the 12 sectors of the community, but also then turning right back around and having conversations, helping people from the different sectors to see the impact of the problem on the broader community.

Ivy Jones-Turner:

We've also got an example here of getting a champion on board, getting policies passed, but then how do we make sure that enforcement happens? How do we make sure that our elected officials or our city and other enforcement partners are part of the process in terms of enforcing the policy? I think for a number of us, we know that some of the strategies might be to call attention to both engaging those partners in the enforcement, and then also sharing that information with the broader community. What's the impact of having the policy, and what have been the results of having the policy not be enforced?

Ivy Jones-Turner:

I think one of the great examples that we have here in my community, and this happened before I moved here, but we had young people who were protesting and highlighting through public means of the failure of businesses to card young people when they were trying to purchase tobacco products. And so young people held press conferences and noted, "Here it is, we have these policies, but yet here it is, here are the challenges that we still have in terms of not having these policies enforced." And having young people engaged in that process really great example of being able to bring that back around. And then of course, recognizing that sometimes there is an issue with resources being available to implement the policy. And in those cases, what are some of the strategies that you might use? Maybe that you need to rethink the policy that has been selected, maybe it's also an opportunity to look back at who has been involved as either a stakeholder or champion, or just engaging the broad community, are all of those who need to be involved in helping to implement the policy truly involved.

Ivy Jones-Turner:



How do you build some of the capacity? With more members of the community, excuse me, community in order to ensure that the policy is implemented as written. What training needs to happen, who needs to build their skills or their knowledge as a loop in terms of training? I think those are great examples that we've heard from you both in terms of some of the challenges that you've encountered, as well as some of the challenges that you've seen and some of the lessons that you've learned from that. Again, I think this really also goes back to really making sure that we are linking back to those key steps that Tracy has highlighted in this webinar today.

Ivy Jones-Turner:

Making sure that we are conducting the assessments, that we're aligning our strategies and making sure that our strategic plan fits with both the identified risk and protective factors, but also identify that we've engaged the right partners at the right time, having the simultaneous conversations as needed. And then of course, making sure that we're using the opportune times and really building on those. Identifying when concern is high and really being able to build that in. So really some great examples here. I'm going to turn it back over to Noreen. Who's going to take us into the final portion of our webinar today. Noreen?

Noreen Burke:

Thanks, Ivy, for that. You did a great, great job there, bringing together some of the common and challenges and the level of complexity we could spend much more time and probably a whole other webinar on that. I wanted to ask Tracy, if you wanted to try to answer any of the questions. Was there anything that jumped out for you, Tracy? If not, I will say a couple of things, but I wanted to defer to you.

Tracy Daszkiewicz:

Thanks, Noreen. Could somebody... I just need to, I know there were two questions in the chat is what Noreen's alluding to and we still have a few minutes. I just want to make sure I see it in front of me. They were great, great questions, and thank you for whoever put those up. I just need to see it in front of me. Oh, okay. So here's one. Oh shoot. Sorry.

Noreen Burke:

One of them was about the enforcement organization-

Tracy Daszkiewicz:

Enforcement, yup.

Noreen Burke:

And the other was about the micro populations, the subpopulations, the kind of cultural competency piece. But I'm glad to take one if you want to take another one, yeah.

Tracy Daszkiewicz:

[crosstalk 01:24:32] The micro populations. I think it's a excellent question. And to really be thinking for me as a prevention practitioner, I always say, "All prevention is local." And so, the more micro that you can get and break down your populations and really be able to tailor, I think that's where you're going to see so much effectiveness. So I think it's awesome that you're thinking that way to really look at



different populations and different communities within. And then the question is talking about their level of... sorry, their different... Sorry, I'm having a hard time with, here we go. Their difference in knowledge of addiction and addictive substances. Their cultural attachment to certain events are there best practices and building policies for non white non middle class populations. And I love where you're going with this work.

Tracy Daszkiewicz:

And with addiction, we found that so many people don't understand what addiction is and how it plays out with micro populations. Even the law enforcement with healthcare folks as micro populations, you're talking here more about non white non middle class. I think we go back to our best practice in just doing any prevention work. One of my first things is like identifying who's your champion, who's your ally who has trust with those populations? How are you building capacity in a couple of those people to give them the information and to go back and to help them spread that knowledge of addiction, addictive substances, right? Because you're going to, the micro populations are going to be able to hear that more from people they trust.

Tracy Daszkiewicz:

So as a prevention leader that's our job to figure out. Who are those people? How can we capacity build them and how can we continually support them so they're working with those populations to be able to build that capacity, to help them understand addiction, to... A lot of times what's happening here, what I found is that people get frustrated and don't understand why are people continuing to still use when they've overdosed 10 times. And so there's a frustration. And then the people that are using aren't even getting support from their family members and others. So how are we able to work with family members to increase their capacity to understand how addiction works, to understand what addiction is, and so that the person that's using also has that support?

Tracy Daszkiewicz:

I think that's kind of where the question was going. So I would say one best practice is to identify our champions, to identify where there's trust capacity to build them, and to continue to support them to get those messages back in. There may be other people here in the chat that want to also answer that from your experience doing the work, what works. And I also want to give Noreen, because I think you wanted to chime in on the other question about the enforcement.

Noreen Burke:

Yeah.

Tracy Daszkiewicz:

Go ahead, Noreen.

Noreen Burke:

In the, yeah, in the interest of time, we will follow up with the person on the enforcement question was interesting as well. And just with a couple of minutes left, I wanted to just say a couple of other things. If you have any questions or concerns after today's webinar in advance of next week's presentation, please feel free to reach out to our PTTC colleague, Jess Goldberg and Jess's contact information is on here.



Noreen Burke:

Part two of our series, understanding the role of policy and preventing substance misuse related to marijuana, tobacco, and vaping. And some of you brought up really good examples on those topics already that will be covered next week a week from today, 1:00 to 2:30 PM Eastern time. I also want to briefly mention or ask you to reflect on what you learned today that you didn't know before this webinar. Share any reflections that come to mind there's a minute or so to do that. And I want to just say, thank you, we had a resources page as well, which we'll come back to in one second. And I'm going to say, thank you very much to Tracy and IVY for sharing their expertise with us today. And thank you for all of you who joined and really participated in the call. We look forward to reconnecting with you on the next presentation in the series, and just so you know, an evaluation survey will follow at the end of the second part of this series of webinars.

Tracy Daszkiewicz:

I just want to add, I know some of you are looking, I know some of you are looking for some resources and we will be sending that out to you via email. So there's some resources where you can get some other information about the policies and things that we were alluding to earlier.

Noreen Burke:

Yeah. And any lingering questions you could pop those now as well into the chat box, and we will have those as well to consider as we finalize our next presentation. Ivy, Tracy, any last words?

Tracy Daszkiewicz:

Thank you, Noreen. That was great. It was wonderful. And I'd love to continue working with you. And we know this was just kind of scratching the surface on some of these things. So we hope that there were pieces that you were able to take and apply back to your work. That's really the main point of all of this. Thank you.

Ivy Jones-Turner:

Yeah. Thank you everyone for joining and sharing your feedback and lessons learned as well. Take care.

Noreen Burke:

And with that, thank you Ivy, with that we would like to conclude our webinar for today. Have a lovely rest of the day and stay tuned for the next webinar in the series. Bye, bye everyone. Take care.

Automated:

The meeting is now over. All the partic-

PART 4 OF 4 ENDS [01:31:30]