



Noreen Burke:

Good afternoon everybody [crosstalk 00:00:02]

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Audio recording for this meeting has begun.

Noreen Burke:

Good afternoon everybody. Welcome to today's webinar, Understanding the Role of Policy in Preventing Substance Misuse. This is part two, Identifying and Implementing Policy Best Practices for Tobacco, Marijuana, and Vaping. Last week, if you remember, we did alcohol and non-medical use prescription drugs. This is the continuation.

Noreen Burke:

It's really wonderful to have everybody on the webinar today on this beautiful end of summer/early fall day. My name is Noreen Burke and I'm a Training and Technical Assistance Coordinator with the Northeast and Caribbean Prevention Technology Transfer Center, or PTTC for HHS Region Two, which is the group hosting this webinar, coordinated out of Rutgers University School of Social Work, Center for [crosstalk 00:00:59]

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Noreen Burke:

After that mouthful, I would like to direct you to the lobby poll on the question on your screen. If we could have the layout on that? Just to get us grounded here into our topic for today, if you all could start jotting down what's happening in your community around these substances or behaviors with respect to tobacco, marijuana, and vaping. That would be wonderful.

Noreen Burke:

And again, welcome to everybody. I want to just give a quick shout-out and thank you to our technical supports, Clara McCurdy-Kirlis and Shannon Cassidy, for making this virtual service happen for us behind the scenes. Thank you both very much.

Noreen Burke:

And, I... "Propose flavor ban." Good. The answers are starting to pop up here in our chat. What's happening in your community around the substances of tobacco, marijuana, and vaping? Thank you all for continuing to add to that list.

Noreen Burke:

My deep apologies that we started a little bit late than planned. I'm going to try and consolidate some of these early slides so that we can get to the rich content that Ivy Jones-Turner and Tracy Desovich, my colleagues here at EDC, will be providing today. And I will introduce you to Ivy and Tracy in a moment.

Noreen Burke:



This webinar is being recorded and we'll be making the recording available to all of you after today's presentation. We'll be sharing our main point of contact at Education Development Center. Her name is Jessica Goldberg, so if you have any concerns or questions after today, you can feel free to email Jessica with those questions or concerns.

Noreen Burke:

So, just asking those who are joining to please take note of the question here. What's happening in your community around the substances of tobacco, marijuana, and vaping? And some great answers coming in here.

Noreen Burke:

"Residents don't seem to think of marijuana as smoking for some reason. Also, conflict between legal local, and illegal federal." Indeed. "Task forces. Vaping coalitions. Prevention services. Community education." Sounds like there's a lot of really good things going on in that community. "Propose flavor bans." And the vapings, yes, "Suspensions are happening in schools if youths are caught vaping."

Noreen Burke:

Thank you. We are going to... So that's just our title slide. And the presenters today, it's the same team that presented last week. The webinar is being recorded. I'm just going to skip through this pretty quickly. We also talked about the PTTC Center initiative, and the different regions throughout the country. And I also mentioned that this PTTC is out of Rutgers University School of Social Work, Center for Prevention Science. And this is Region Two, in blue on the map here on the screen, for those of you who are really interested to know.

Noreen Burke:

My name is Noreen Burke. I'm a Technical Assistance Provider based here at Education Development Center in Waltham, Massachusetts. And I primarily work with Massachusetts communities.

Noreen Burke:

Just to say a quick word about Tracy, has been in this field for up to 30 years and has much experience with substance abuse prevention and public health. Tracy holds her master's degree from the University of Connecticut Health Center.

Noreen Burke:

Similarly, Ivy Jones-Turner has been doing organizational capacity on a whole bunch of important public health issues: substance abuse, suicide, violence, injury, mental health. In community settings, at the state level, working with faith-based, for over 20 years. Ivy is a certified prevention specialist, and she holds her master's in public administration from the Harvard University Kennedy School of Government.

Noreen Burke:

Ivy, would you like to say hello today?

Ivy Jones-Turner:

Hi, thanks, Noreen. And welcome everyone.



Noreen Burke:

And Tracy, would you like to say hello to our audience today?

Tracy Desovich:

Good afternoon, everyone. Glad to be with you again.

Noreen Burke:

Great. Thank you both.

Noreen Burke:

Here are our learning objectives for the afternoon. We're going to identify evidence-based policies to prevent youth substance use/misuse. And talking here about reviewing the elements of policies, particularly around marijuana and vaping, for example, with the particular focus on evidence-based.

Noreen Burke:

And, as you remember, and Tracy is going to give us a review in a moment of some of those considerations around the evidence. Tracy and Ivy.

Noreen Burke:

We're going to describe policies on tobacco, marijuana, and vaping in a changing, and might I say, rapidly changing, community or political context. Basically, how when the laws change, or the social context and the norms change so quickly, especially around marijuana and vaping.

Noreen Burke:

Finally, today we're going to articulate solutions to common pitfalls and challenges in policy change efforts. And we're going to engage all of you, similar to what we did last week, with coming up with some of those pitfalls, those challenges that you encounter. And to the extent possible we will answer some of them, time permitting on the call today.

Noreen Burke:

And now I am going to turn it over to my wonderful colleague, Tracy Desovich, to do a little policy change and prevention review. Tracy.

Tracy Desovich:

Thanks, Noreen.

Tracy Desovich:

Welcome everybody. We thought we'd start the conversation off by just reviewing a little bit, and doing another poll to get you to think. When you're thinking about policy, and you hear the word policy, what are some of the words that come to mind, or concepts that come to mind? If you could type those in the chat, that would be great.

Tracy Desovich:



We're just trying to get the juices flowing here. So if you could just type into the chat, when you hear the word policy, what comes to your mind? What are you thinking? We'll give you a few minutes to do that. Is that poll up there for people? Are people typing into the chat?

Tracy Desovich:

So, some of the things that come to mind... Well, actually, I'm just going to start. I think we're not doing a poll. Sorry about that. So think in your own mind different things that come to mind when you're thinking about policy, just to get your thoughts flowing. It might be laws, regulations, ordinances, things like that. Different policies that you can think of that are happening in your community.

Tracy Desovich:

Now we did previously last week do a policy webinar, and I'm just going to go over kind of some of the fundamentals with you that we talked about last week. Just to keep everybody grounded as we're talking again today, but looking more at vaping, marijuana, and tobacco.

Tracy Desovich:

So, really three things that we wanted to review. Policy as an environmental strategy. Policy using the socio-ecological model, which we all know from prevention, and if we don't I can quickly review that. The third piece is sticking to what we know with good, sound, comprehensive prevention planning. And not abandoning everything we know from the strategic prevention framework, but thinking about how policy gets plunked in there kind of as the strategy that we're doing, and all the good work that we know how to do.

Tracy Desovich:

Let me start with the first one. Policy as an environmental strategy. What are we talking about when we say, "environmental strategy?" We're thinking about, instead of changing person by person, the action is organized around changing the context that is around the people. Changing that environment. Changing the culture. And we're also then working with populations instead of just individuals.

Tracy Desovich:

So when we're talking about environmental strategies, those are strategies that are designed to change the environment or the context in which populations make decisions. Just so that we all know what we're talking about with environmental strategies.

Tracy Desovich:

Specifically talking about policies, we're thinking about influencing community standards. What do we know are the standards for how we're supposed to behave? What are the institutional structures that are in place? The practices that are in place? And how are we influencing them as a way of influencing how populations make decisions.

Tracy Desovich:

What are some of the community attitudes out there that we can actually influence? Some of the norms that actually drive behavior of the collective individuals, and the community as a whole? So when we're talking policy of an environmental strategy, we're seeing policy as being able to influence that context.



Tracy Desovich:

You may be familiar with other environmental strategies. Some of you have been using social norms marketing campaigns. Raising public awareness. Changing community norms. Marketing is an environmental strategy. Law enforcement. Things like that. So that's what we're talking about when we're talking about environmental strategies.

Tracy Desovich:

The second piece I want to ground you on that we talked about last week, is thinking about the socio-ecological model. We know that when we're doing prevention work, we want to make sure that we have policies in all the domains. So it's not one policy you're going to pass and that's going to have the long-term outcomes that we're trying to achieve, which is less kids using tobacco, less kids vaping, using marijuana, NMUPD, whatever the drug is. But one policy change alone isn't going to get us to that.

Tracy Desovich:

We need a collective group of policies and other strategies together that will get us to that outcome, and then looking in the different domains. So the domains, I mean, the individual level. The family level, where there's relationships happening. The community level, with different norms and policies there. And then the societal level.

Tracy Desovich:

Usually policy kind of gets put, today we're going to be talking more in the broad setting of the community and the societal level. But we want you to remember for a comprehensive prevention plan, we need multiple policies across those multiple domains to achieve that long-term outcome that we're looking for.

Tracy Desovich:

The third piece I want to ground you in is comprehensive prevention planning. We're not saying abandon everything we know now that we're doing policy work. We're saying keep doing what we're doing, keep doing good prevention planning using your strategic prevention framework. Assessing your needs, building capacity, making a plan with your community where you've built that kind of collaboration. Implementing your plan with some fidelity. Evaluating it, doing it with cultural confidence and making sure it's sustainable.

Tracy Desovich:

Those are what we know from the plan. And when we're doing the comprehensive prevention planning with policy, same thing. Just policy is going to be the strategy.

Tracy Desovich:

The other thing we talked about as a concept from last week to ground you with some fundamentals, is when you're thinking about the drivers, what are the risk and protective factors, always the things on the assessment phase that we need to dig a little bit deeper on to understand how we're getting down to the root causes, we put up a framework where we were organizing things in three bubbles, if you were on the call. If you weren't, here's the three bubbles. Supply, demand, and harm.

Tracy Desovich:



So be thinking, when you're designing your program, not only to do multiple domains, and multiple policies, but the drivers and the risk and protective factors can be organized by supply. Meaning, the availability. The social access. Where are kids getting these substances? How are we making it available? What's the retail access? Are they getting it from certain stores? Are they getting it over the internet? What's the social access? Are they getting it from older siblings? What's the perception of the access? They might think it's easy to get, and so how does that influence, and what are we doing there?

Tracy Desovich:

So, that's all in the supply domain. And when you're doing your assessments, you really need to figure out what are those drivers for your community? I can't tell you what they are, you've got to use your data and figure that out and that's why we do this work.

Tracy Desovich:

The demand side is really thinking about the norms out there that give off some perception of what's normal here and then they influence people to what to use. So some of the norms might come from advertising that are put out there that, I think I gave the example last week with alcohol. If you have lots of density alcohol outlets, liquor stores, package stores, that are advertising at eye level for kids on their way to school, every day they're seeing those alcohol ads. It's giving off a norm to them that consuming alcohol is normal. So, that's the other domain we want you to think about.

Tracy Desovich:

The third domain is harm. And that bubble we were talking about, thinking about things, maybe someone's already using a substance, and what are we doing to make sure that we're preventing the consequences of that use.

Tracy Desovich:

Those three bubbles need to be balanced. There needs to be policies and strategies in all of them. If you just block the access and haven't done anything to the norm, the kids are just going to find the next place after we block that access to get it. Because there's still that desire and still that demand for the substance.

Tracy Desovich:

So that's basically what we wanted to talk about in terms of some of the fundamentals.

Tracy Desovich:

Why policy, was another piece that we were getting at. What are some of the benefits of working in the policy domain? We're able to be comprehensive, use this environment approach. We're able to focus broadly on the community and societal level. Let me advance this here.

Tracy Desovich:

We're creating those environments to support non-use and the reduction of use. We've got sustainable efforts. It's not like we're doing programming that we have to keep waiting for an audience to come back to teach them. We've built it into the fabric of society and it continues on to have the effect, so it's efficient.



Tracy Desovich:

And then, you're also setting up systems, when you're doing a policy, that you can add new substances on. I love thinking about school policy, right? Maybe there's a school policy already in place for tobacco, and now you've got all different ways that we're going to talk about today that people are using tobacco. Maybe you use that existing policy and you can just amend it instead of starting from scratch.

Tracy Desovich:

So that's some of the benefits of being able to use policy, in addition to it being cost-effective, efficient. I think all of you are bought into why policy, it's nice to move in that direction.

Tracy Desovich:

What are we talking about when we're defining policy? Ivy and I, were designing this, talked a lot about the big P policy and the small P policy. When we're talking about the big P policy, we're talking more about things like your written and official laws, and things that are on the books. Voted on by elected officials or appointed officials, boards of health, city councillors, selectmen, whatever your form of government might be. There's a broad power of enforcement, applies to everyone to ensure that there's some adherence. So enforcement is a piece of this big P policy that we're talking about.

Tracy Desovich:

When we're talking about the small P policy, you might also think about things like, principles that are guiding behaviors. They may or may not be written. There might be just ways that you've always done things and it feels like a protocol or a policy. And the power of the enforcement usually is within that setting. So those are usually more organizational, like a business policy, for instance. And then the enforcement comes there for maybe a workplace policies and procedures you have in place.

Tracy Desovich:

What we're about today, we're kind of focusing more on the big P policy here. But we wanted to make sure that people were aware that there's different types of policy that we could be focused on.

Tracy Desovich:

The last piece I want to leave you on, just with grounding for some of the stuff we talked about the last time, this goes back to... Here's a logic model. Don't panic. We're not going to be teaching logic models today. But we just wanted to ground you in where policy sits from the work that you're already doing.

Tracy Desovich:

So as we know, a basic logic model in the strategic prevention framework says, "Figure out what your problem is. Dig a little deeper when you're doing your assessments. Figure out those risk and protective factors that are driving them. Put an intervention in place, because you want your action and your interventions to be organized around those root causes, which are your risk or protective factors. Then look where your short-term outcome is, to make sure when you're evaluating, that you're getting the results you want. And then make sure that there's some contribution to that bigger outcome."

Tracy Desovich:



Let's do an example here with vaping. When you see that darker blue column, basically the intervention column is we're saying where to plunk in your policy. Usually you put a strategy there, but for this, we're talking about policy and that domain. So let me take this across with vaping.

Tracy Desovich:

Vaping is the problem you found in your community. Many of us have that problem. When you dig a little bit deeper, you found that there's a perception, just in the community as a whole, that maybe vaping is a safer way. It's been marketed to people that are already smoking to vape instead. Like with e-cigarettes, that that's a way of kind of tapering off.

Tracy Desovich:

But that message now has created a norm in the community that vaping is safer, so even kids that haven't been using before may be starting now. That's your risk factor that you've uncovered.

Tracy Desovich:

Now you're going to think, "What's the policy strategy that I can put in place?" And you might amend some of your non-smoking policies and have age limits for sales. Different things like that. So you're going to put a policy in place that matches that risk factor. Then you're going to see that fewer youths are actually initiating on vaping, and then you'll have decreased vaping.

Tracy Desovich:

So the take-home message from this is not, know how to do logic models by heart. But really it's to say, keep doing what you're doing. Use your logic model. Your intervention now is a policy, and you want to make sure your policy matches those risk factors that you've determined. Either on a local level, your county level, or state level, to make sure your policy matches those risk factors.

Tracy Desovich:

So I'm not going to turn it over to Ivy, who will be talking about selecting some best practice for a policy. Thank you.

Ivy Jones-Turner:

Well, thanks so much, Tracy. And in particular, as we talk about selecting some of the best practices for policy as a strategy, I know that after hearing the recap from Tracy of how policy is such a beneficial evidence-based intervention strategy, I'm sure you're ready to forge right ahead in terms of thinking about policies, and maybe even crafting some policies.

Ivy Jones-Turner:

But before we do that, we really want to highlight several best practices for implementing policies. Especially as you're developing your prevention response to new substances, new drugs, or new forms or methods of using substances. As Noreen mentioned in the very beginning, we've got a lot of ever-changing attitudes and laws on substances that we're experiencing right now throughout the country. And so we want to talk a little bit more about how to use the best practices for implementing policy so that that is a successful evidence-based strategy.

Ivy Jones-Turner:





And so in particular, what we want to highlight is that policy development really involves a few of the best practices, many of which you've just heard Tracy remind us of. You're starting with your risk and protective factors. You're really looking at, not only what's the data that you've collected, but also what are the overall risk and protective factors for youth in your state, or your town.

Ivy Jones-Turner:

Likely you can incorporate a lot of that information from your needs assessments that were developed as you created your prevention plan. And you may even conduct some new needs assessment or some new data collection, if there have been significant changes in your community, such as other legislative changes.

Ivy Jones-Turner:

Of course, you want to keep in mind that you keep your focus on policy intervention at the community and the societal level as an environmental strategy. Those interventions that really are focused on the individual, or family and peer levels, those will be addressed through other methods or other intervention in your strategic plan. But policy will give you an opportunity to have interventions that really provide a focus on setting the environment that promotes safety, making safe and healthy choices, and making healthy choices the easy way.

Ivy Jones-Turner:

Now, of course, you also want to think about what is the assessment that you've identified in terms of readiness, or the political will. What's the support, and where are your community, your business, or elected officials, in terms of both the knowledge of this as a problem or a consequence, and the effective evidence-based strategies. Do they even see, maybe it's numbers or percentages of youth using tobacco, or marijuana, or vaping? Do they see those issues as a problem?

Ivy Jones-Turner:

You also want to think about, what's the history? What's been done before in terms of policy on these issues? And what kind of education has been occurring with your audiences? Of course, you also want to think about how to engage your champions. Where are they? How have you discussed or even attempted to engage them before, along with key partners and others? Making sure that you identify the right time to engage all of these key audiences in a collaborative way.

Ivy Jones-Turner:

And then, of course, you want to think about monitoring and evaluating what policies you implement. That's not just doing something in this fifth process, but really thinking about how are you evaluating the process and the outcomes. Of course, all of these fit together, and are so important to the process of policy.

Ivy Jones-Turner:

These are really talking about many of the how, the steps to take, starting with development, enactment, implementation and monitoring, and enforcement. And of course we'll cover this in more detail later, but we just want to remind you of some of these best practices.

Ivy Jones-Turner:



Now that we've covered broadly some of the "how" of policy, let's talk a little bit more of what types of policies we know work. We're going to speak about these in a very broad perspective across a number of substances for young people.

Ivy Jones-Turner:

So, in particular we know that evidence-based policies that are affecting the access, or the ability for youth to access substances, whether by retail or social access. In addition, their ability to purchase in terms of age. We also want to think about the price, or the level or the amount of taxes on a product.

Ivy Jones-Turner:

We want to think about what are the limits to advertising and promotion, so that there is less of a social normal norm encouraging or promoting use of a substance. And then, of course, thinking about media literacy, or even education for young people around how substances may be advertised. And then, of course, paying attention to enforcement of laws for sales, where they're used, who is able to use them, and even the advertising.

Ivy Jones-Turner:

What you see here are some of the evidence-based strategies that have been proven to prevent substance use across a variety of substances. We spoke about a number of these last week when we spoke specifically around alcohol and non-medical use of prescription drugs.

Ivy Jones-Turner:

So now that we've talked about a lot of these issues, let's move on to our next section and really think a little bit more about some of our specific substances, starting with tobacco. And I'm going to turn it over to Tracy for this. Tracy?

Tracy Desovich:

Thank you, Ivy. We thought we'd open a little bit with a poll. We are doing a poll this time. And wanted to just get you thinking about tobacco, and thinking about what conditions in your community actually contribute to tobacco use in your community. The second part of the question is, are there disparities regarding who is most at risk for tobacco use?

Tracy Desovich:

In the chat, if you want to type... There's two different boxes, you can type some answers in. So thinking about what conditions contribute to youth using tobacco in your community. What messages are being given off from the community? Are there community norms out there, community attitudes that are making it permissive to use? Thinking about that, and then to think about the disparities, which I think is a real important piece to be thinking about, for who's most at risk for tobacco use. That one you might need to think a little bit deeper.

Tracy Desovich:

So we got some people typing in the chat. I'm going to start with what conditions contribute. "Parental attitudes." Interesting. Okay, so there's attitudes that parents have that they're giving off that may influence youth. "Easy access." It's easy to get tobacco. "Easy access and peer pressure." Going back to the good old days that their friends are... Being influenced by their friends and the peer pressure.



Tracy Desovich:

"Community attitudes." "Easily available." "Ease of access." "Sales on Seneca territory." I'm not sure... That must be something specific to where you're living. If someone wants to write more in about that one to help us understand that.

Tracy Desovich:

"Limited supervision." "Positive role model support." Kids are seeing other people role modeling. "Purchase and access from parents." Some of the typical answers.

Tracy Desovich:

So going into the disparities. "Low income neighborhoods." We're seeing that there's some kids that are higher risk from low income neighborhoods. Maybe because of advertising, or whatever those contributing factors are. Some of the other populations are the "LGBTQ population." "African American." "Socio-economic status." "Education level." "Youth of parents who use tobacco." Again it's going back to that role modeling on youth who's parents use, so those are at higher risk.

Tracy Desovich:

So, great. That gets us kind of thinking about tobacco as we're moving into the next section. And Ivy's going to continue the conversation that you're already sparking off on some of the risk factors from the research that we see. Thanks, Ivy.

Ivy Jones-Turner:

Yeah, thanks Tracy. And thanks everyone for your responses here. You've actually answered, and in fact provided all of the information on the next slide, which is really to highlight what are some of the risk factors for tobacco.

Ivy Jones-Turner:

We heard you mention having parents in particular who smoke. But then also having a peer group that using substances, maybe it's LGBTQ youth populations. It's, of course, also as you've mentioned, having access to the tobacco products. Whether it be exposure in terms of the local community, but also the ability to purchase.

Ivy Jones-Turner:

We've also put down a number of other demographic categories that have been identified in terms of risk factors for tobacco use. Now, what you'll notice with these is that, of course, there are a number that are very individually oriented, and then there are also a number that are more societal, or group, oriented.

Ivy Jones-Turner:

Great example of highlighting those examples from your local communities. And we just want to remind you that as you think about addressing, and developing a plan for addressing, tobacco use through policy, is that you're paying attention to those societal levels. That you're paying attention to the environmental factors. And so, what we've noted here are a number of risk factors and policy strategies that really focus on that broader environmental level.



Ivy Jones-Turner:

So for those of you who noted, whether it be maybe, and I'm thinking it might be the Seneca territories that folks were talking about. Where because it's a tribal community, there's a different standard for some of the tobacco sales and availability. So really addressing that through, still, what are the access limits that we can include? What are maybe some additional price increases, primarily through taxation because we know that young people have much less disposable income. And then also maybe location limits. Where are people allowed to or able to, not only purchase, but also use tobacco?

Ivy Jones-Turner:

In addition, think very strategically about policies that address the risk factors of exposures to smokers in a social environment. Maybe that's where you think about limiting location, again, where substances, whatever substance in terms of whatever method people may use tobacco, can be used.

Ivy Jones-Turner:

That might mean that we create or prohibit smoking in certain settings. I think we've seen over the numbers years that tobacco, smoking, has been prohibited in many of our public locations, whether it be a bowling alley or even offices. Being able to limit those kinds of use of tobacco in those locations.

Ivy Jones-Turner:

And then also thinking very strategically about how do we use promotion policies to reduce exposure. So maybe we encourage adults not to smoke around children, and we set up policies that reinforce that kind of exposure, as well as maybe even the advertising and the placement of tobacco within retail establishments.

Ivy Jones-Turner:

And then, of course, last, in particular in this case, we'll highlight young people who may have experienced a stressful event. We know that that may apply to a number of specific populations. Whether you are in a low income area where maybe there's a higher level of community level violence. Or maybe you belong to a particular group that has been marginalized and therefore had experienced community violence.

Ivy Jones-Turner:

You want to think about maybe promotion as a policy, and that would be to encourage, as many of your school districts may have already done. To encourage education programs that address in a universal way, and provide an opportunity for young people to be taught some of the skills and some of the media education strategies that will really support reducing and withstanding the response, or developing a stronger response to, the promotion of tobacco use that may be seen within communities.

Ivy Jones-Turner:

Of course, what we haven't specifically mentioned here is the enforcement approach. And the role of enforcement. Of course, enforcement will be important and critical to the ability for each of these policies to be effectively implemented. It's embedded as a key aspect of the implementation for each of these policies, both to ensure that the policies are followed as required, but also that there are consequences when there's a violation.



Ivy Jones-Turner:

That enforcement might look like, in terms of confirming that youth are not able to purchase tobacco through whatever retail or maybe family or other access route. And that might be that you are using a way of testing, or youth testers, who go into retail establishments to test if tobacco will be sold to underage populations. Then as well, of course, ensuring that there is a prohibition on maybe purchasing large amounts of tobacco for maybe hidden market sales. And so just want to highlight a couple of those.

Ivy Jones-Turner:

I think a number of you have not shared just yet, but we'll welcome you to continue to type in to the chat to the left of your screen any other common tobacco prevention policies that you're using in your local communities. We've listed a number here in most of our states. And in most of our jurisdictions, we are seeing that minimum ages for tobacco use have been increased. Maybe moving from an age of 18 to age 19 or even 21, to purchase tobacco and tobacco products.

Ivy Jones-Turner:

Many of you've also seen some licensing requirements. I will talk a little bit more about some of these, but we invite you to just type in to the chat to the left of your screen any of those kinds of tobacco policies that you've seen in your community.

Ivy Jones-Turner:

And I'm going to turn it over to Noreen, who will talk a little bit more about some of those tobacco policies that you're seeing in your community.

Noreen Burke:

Thank you, Ivy. And we're going to bring up the poll here. Thank you, Clara, Shannon. What tobacco policies exist in your community? Ivy gave us such a nice list there, so I don't want to spend too much time on this poll in the interest of time and because we got started a little bit late because of some technical difficulties. Is there anything else that you could add here that you would like to contribute?

Noreen Burke:

I was just thinking of some of things Ivy said around the minimum age increases. Tobacco at 21, which we talked about last week. The licensing requirements. The location limits of stores, and the density of these outlets in communities.

Noreen Burke:

If anybody has anything else? Also, Ivy mentioned education programs in schools to young people around media literacy. It could be in schools or after school settings. But in the interest of time... Thank you very much for that person who wrote, "Tobacco 21."

Noreen Burke:

In the interest of time, I am going to move it forward, turn it back to Ivy actually, so that we can cover all the rich content here in a timely way. Ivy?

Ivy Jones-Turner:



Okay. Thanks, Noreen. And I think what we wanted to do here is just highlight some of the tobacco policies that we've seen implemented in your local communities. In particular, the Tobacco Free for a Healthy New Jersey group has really been working to promote a number of strategies to address tobacco use with young people.

Ivy Jones-Turner:

Whether it be requiring the sale of e-cigarettes and other nicotine delivery systems as a way of reducing and regulating that, so that it's not just available in any particular retail establishment, but really kind of focusing locations for sales. As well as restricting the sales of particular flavored products. We know that that's a big issue in terms of promotion and targeting particular populations. And then last, really thinking about content-neutral advertising laws.

Ivy Jones-Turner:

So if you're interested in looking at some of these specific policies, you can after today's webinar. Once you receive the recording and slides, you'll be able to click on the hypertext and review the website for Tobacco Free for a Healthy New Jersey.

Ivy Jones-Turner:

We also have seen in some of your states, in particular in New Jersey and New York, have instituted a Tobacco 21 policy, so that there is a really much more... Excuse me. That there is a reduction in the early initiation of youth access to tobacco. And then, of course, Puerto Rico has really done a yeoman's job in terms of prohibiting indoor e-cigarette and tobacco use. And then, of course, with the US Virgin Islands, that you've been instituting more retail... Excuse me. More retail licensure requirements in order to sell, whether it be e-cigarettes or tobacco. Great examples of tobacco work that's happening in your states already.

Ivy Jones-Turner:

So, what we'd like to do is, as we move forward in the next section, we recognize that tobacco's been around and we've been instituting a number of policies to prohibit youth tobacco use for, actually at this point, a couple of decades now. But what do you do when there is a new substance or new policies that you are trying to implement?

Ivy Jones-Turner:

So we're going to transition to marijuana policies and talking about, how do you apply policies to marijuana when there's such a changing landscape where many states are relaxing the regulations? And so we'd like to talk a little bit more about that now. I'm going to turn it over to Tracy.

Tracy Desovich:

Okay, thanks Ivy. We're going to do a quick poll here. Again, same questions that we had with tobacco. Just if you can type in a little what some of the conditions are that are contributing to youth using marijuana? And what some of those disparities are with who's most at risk? So, we're just going to do this quick to make up a little bit of time here.

Tracy Desovich:



Anybody can think of what's contributing to youth using marijuana in your community? Okay, "Low perception of risk." It's not harmful, right? We've decriminalized it now. "Easy access." "Easy retail access." "Legalization." "Mental health." All these things. "Change in community attitude." Big change. Probably the biggest one we've seen in a long time.

Tracy Desovich:

Yes. What about disparities that you're seeing? Who's most at risk for marijuana use? So, we're seeing disparities. "Low income. Mental health." Other disparities that we're seeing with marijuana? "Youth." Yup. Same kinds of things.

Tracy Desovich:

I think that on this first getting us thinking, I think if we're always... These are the questions that we should always be asking ourselves when we're doing good prevention planning, right? What are the contributing factors? And what are the disparities? "Low income." "Pre-teens and teens." Yeah, the pre-teens now. "Distribution as sources of income." Interesting. "People using to sell." "Low income, lack of knowledge." "Family members using." "All the same role models." A lot of the same issues coming up.

Tracy Desovich:

So, just to keep us moving along here, I'm going to turn it back to Ivy, who's going to start with some of the risk factors that we have from the research. Ivy.

Ivy Jones-Turner:

Thanks, Tracy. And everyone, I really want to thank you again for your responses on the poll just now. You've actually answered so many of the risk factors that we've identified from the research.

Ivy Jones-Turner:

As you've noted, there's a perception of the positive consequences of marijuana use. I think I saw several people who noted that mental health or some other kind of use of marijuana in terms addressing another challenge. That it's a safer option. There's that perception. So great example. Of course, there's also availability. And we know that retail sales of marijuana may be legalized for adults, that that, of course, availability will be a big issue.

Ivy Jones-Turner:

The community norms, yes. There is very much an issue with the community norms in terms of peer pressure. And then, of course, sensation seeking, which we know are both risk factors for young people. And then, of course, where there are permissive school level norms, we also see higher rates of marijuana use. And, of course, also exposure to violence, which also builds on some of the mental health issues.

Ivy Jones-Turner:

So, of course, just like with tobacco, we're starting, as Tracy noted, with the risk factors. Really identifying what those are, and then identifying, particularly obvious risk factors, which of those that most affect or are affected by our society or large groups of people. And that's where there's an option for us to really think strategically, again, about where and how we use policy to address each of these.



Ivy Jones-Turner:

If we switch over to our risk factors and policy strategy slide, you'll note here that when we talk about a risk factor of availability, this is where policies addressing access limits, price, or taxation rates, and then also location. Where can retail establishments be hosted or reside? Maybe they're not allowed in residential communities. As well as the location element of, where is marijuana use allowed?

Ivy Jones-Turner:

There are a number of communities, in fact, here in Boston, which is where I am, there are a number of our residential communities that have actually expanded their no smoking policies to include no marijuana in residential units and in housing. So that's one way that location can apply, not just to the retail sales, but also to the use.

Ivy Jones-Turner:

And then, of course, paying attention to the community norms. What are some strategies for addressing community norms through anti-promotion policies. Maybe that's, for your communities, advertising and thinking about advertising, as well as how maybe retail establishments may be even identified. Many states that have relaxed their policies on adult marijuana use have established retail locations that are non-descript, that cannot in any way indicate that it is a cannabis or a marijuana shop.

Ivy Jones-Turner:

As well, of course, paying attention to enforcement. And very specifically, we're noting enforcement there, but we're also going mention that enforcement applies across all of these, just as it does with the permissive school level norms and then, of course, those with the risk factors of exposure to violence. Paying attention to the promotion policies, again.

Ivy Jones-Turner:

Maybe in these cases, for those, as someone had noted, mental health can be a significant risk factor and reason that individuals or groups of individuals may choose to use marijuana. This is where ensuring that there is access to mental health services can be an effective strategy as part of your policy, and ensuring that there is that option for those individuals.

Ivy Jones-Turner:

So, again, starting with the risk factors. And then noting which risk factors have a societal or a community wide impact for which policy can address and be responsive to some of those risk factors.

Ivy Jones-Turner:

I'll also note, one of the great things that we're seeing right now with our field, is that as the body of research, in terms of marijuana prevention, is being deepened and broadened, as additional research is being conducted, the policies are, of course, being added to. And so we'll have more information in the future. But, even right now, we know that these policies that have been identified based on the risk factors, can be immediately instituted and implemented in your local communities.

Ivy Jones-Turner:





And so we'll continue to follow how the research based on the evaluation of your youth and implementation of policy strategies will contribute to that body of information and research. So, thanks, everyone.

Ivy Jones-Turner:

What we want to highlight here are a number of the common marijuana prevention policies that states are implementing. For many of our states that we've seen relax their marijuana use for adults, we're seeing that age of purchase, setting higher age of purchase levels. And then also, of course, restricting access, so that anyone under the age of 21 is not only not allowed in the retail stop, but that there are also very strict requirements around home storage. And I think just recently I've heard some new policies that have been implemented in both Colorado and in Massachusetts, where this has been incorporated as part of their policies.

Ivy Jones-Turner:

As well, we see price and taxation rates. We see advertising and promotion limits or bans, a couple that I've mentioned already. There are also a number of policies around limitations on packaging, labeling, flavors, dosages, or the amount sold. So in particular, a number of states have instituted a requirement that each dosage is required to be individually sold or individually packaged. And not, let's say, if there were one dose could come in a serving that looks like it could serve 20 people, or something along those lines. So I just want to highlight a number of these kinds of examples.

Ivy Jones-Turner:

And then, of course, there's also the enforcement on ban of sales to minors. In particular, one of the things that I've heard recently about a policy strategy is that each of the marijuana items that are sold in retail establishments, must be barcoded so that each sale can be traced back a particular purchaser and a particular retail location. And that way as enforcement is ensured, or as law enforcement works to ensure that there's enforcement of prohibitions on youth access to marijuana, there's a way to track back and identify where there may have been violations of those policies.

Ivy Jones-Turner:

I'll just also, again, note, as we've talked about already, the limitations on maybe retail shop locations, even licensing requirements. The density levels that may be allowed in communities, in terms of maybe no more than one retail establishment within a certain number of feet or miles area. And then, of course, limitations on ownership so that there is more of a reduction in the ability for a promotion and repeated sales of marijuana in various locations.

Ivy Jones-Turner:

I'll also just note one last thing as we begin to look at our last substance today, which is, throughout this conversation, we've been noting in particular or referring to it as marijuana. We can also refer to it as cannabis. I think one of the things that we just want to highlight for you is that we recognize that there are differences that may be in our various communities in terms of the language that is used.

Ivy Jones-Turner:

We do also want to highlight for you that there are some additional challenges with whatever language is used. And that you, as preventionists want to reinforce, that regardless of whether the language or



terminology that's used is marijuana or cannabis, that no matter what, it's still illegal for those under the age of 21 to access and to use.

Ivy Jones-Turner:

So just want to highlight that, recognizing that there a number of controversies or concerns that we have as preventionists with language and with just moving forward with the conversation.

Ivy Jones-Turner:

So I'm going to turn it over to my colleague now. I think Tracy's going to take on this poll or just maybe invite you to share again, for those of you where marijuana may be allowed for adult recreational use or even medicinal use in your community, what are some of the policies that exist there.

Noreen Burke:

Great, Ivy. Thanks. This is Noreen. We're just going to bring up the next poll. Marijuana or cannabis, thank you Ivy, prevention policies in your community.

Noreen Burke:

Again, in the interest of time, Ivy gave us such a great list there to start with that fits so nice into that tri-bubble framework that we had last week, respective to policies for supply, harm, and demand. So, are there any marijuana prevention policies? And again, recognizing that in some states and jurisdictions this infrastructure is still being developed at the state level. But Ivy gave us a nice list to start with around age of purchase and restricted access.

Noreen Burke:

Thank you all for contributing. "Location limitations." Great. "Disallowing cannabis dispensaries in municipalities." Yes, good one. Thank you.

Noreen Burke:

Great. And so in the interest of time... "Location limitations." "Advertising limits." Yes, indeed. "Zoning regulations." Those are definitely coming to the fore as well in local municipalities. When we talk about the big policy P and the small policy P, we're certainly going to have a mix of those on the marijuana issue.

Noreen Burke:

Thank you all for those answers. In the interest of time, I now get to turn it to Ivy, back... Yeah, back to you, Ivy. Thank you.

Ivy Jones-Turner:

Sure. Thanks, Noreen, and thanks for your responses everyone. It's really great to see how experienced you are with so many of these topics.

Ivy Jones-Turner:

And so now we move into talking about vaping. We recognize, again, just like with marijuana, and just as Noreen noted as we opened this webinar, there are so many changing conditions in our landscape of substance use, substance misuse, and substances that exist. We know that vaping, whether we call them



electronic nicotine delivery devices, or e-cigarettes, or just vaping tools, they all are relatively new on the scene for substance use.

Ivy Jones-Turner:

We know that they were developed as a way to reduce the use of tobacco in adults. However, they've morphed, and have been used for a variety of ways and with a variety of substances. So, as Noreen noted, we want to be responsive as preventionists to such rapid changes within the context of our communities. And so that's where today, as we talk a little bit about vaping and vaping policies, how do you think about applying these kinds of policies for preventing youth substance use in such a changing conversation?

Ivy Jones-Turner:

Our next question for you is really thinking about what factors drive youth use of electronic vapor devices in communities, and then how do you know? So we're going to pull up those polls for this, and we'd love for you to just type in, how do you know what the factors are that are driving use of electronic vapor devices in your community? And if you have more than one response, please separate your answers with a comma.

Ivy Jones-Turner:

So we see, "Perceived sense of safety." And then, of course, "The flavors." Yes. "Ease of access," as well. Definitely flavors for young people is a big driver, and the ease of access. "That they're easy to purchase online." There are supposed to be policies and regulations about that, but we know that that has not always been enforced at this high level that we need.

Ivy Jones-Turner:

We also see some responses that, "Easy access drives use." Yes. You're seeing "Strong or high levels of youth use of flavored e-cigarettes." Yes, so lots of great examples coming in. I see someone's also noted the fact that they're. "More secretive." Or they seem to be a less obvious way of participating in substance use by young people. And, of course, that it's been "Glamorized."

Ivy Jones-Turner:

Thanks so much for your responses there. As we transition to our next slide, just want to highlight that yes, these are all examples of some of the factors that are driving young people to either consider using or their high levels of use with e-cigarettes and e-vaping.

Ivy Jones-Turner:

So, how do we think about what the risk factors are for vaping? In some ways, is the research bench as deep as with tobacco? No. But we know that some of the risk factors for vaping are going to mirror the risk factors with our other substances.

Ivy Jones-Turner:

We can start looking at tobacco risk factors. Of course, as you've already noted, availability, the social norm, and the peer pressure, or that it's a common behavior, or the perception of a common behavior. And then, of course, we know that there's also another risk factor for tobacco which also is shared with vaping, as in having experienced distressful event.



Ivy Jones-Turner:

Are those the only risk factors that we can look at? No, we can also consider marijuana risk factors, and how they also are applied to vaping. Why? Because we also know that in many states, and I think most of us have heard of the recent news of the extreme lung conditions that are being faced by a number of e-vaping device users, is that young people are not just using tobacco or nicotine or flavored water in these products. They're also using marijuana.

Ivy Jones-Turner:

And so we want to look at what the risk factors are for marijuana and incorporate these as part of our strategies for addressing policy with vaping devices. And those, again, availability, very similarly to tobacco. The community norms. As well as, we know the sensation-seeking. The permissiveness in terms of norms. And then, of course, exposure to violence.

Ivy Jones-Turner:

So, how do we apply these strategies or these risk factors... Excuse me. How do we apply policy environmental strategies to these risk factors for vaping? Well, let's take a look, looking at both tobacco and marijuana.

Ivy Jones-Turner:

If we look at availability and access, which appears on both of these charts of risk factors, we can address those by focusing our policies on access, on price, and on location. And again, when we refer to location, we're referring to, not just where sales may take place, but also where use may take place.

Ivy Jones-Turner:

We can also pay attention to the norms. Whether for tobacco, it's referred to as, "The level of exposure to smokers in the social environment," or it's a community norm. We know that location and promotion policies are effective policies for addressing and preventing e-cigarette use.

Ivy Jones-Turner:

And then, of course, also thinking about young people for whom whether tobacco or marijuana has been a tool for, or a means of, addressing mental health or other stressful events. We can think about promotion policies, whether we're addressing them through schools or through other settings. And then, of course, as we've noted, enforcement, in particular with marijuana. And, as we've noted already, enforcement throughout with each of these policies. Being attentive to enforcement.

Ivy Jones-Turner:

Hopefully that makes sense as you think about the risk factors. And again, the risk factors may vary based on your local community, but just making sure that you're paying attention to what the risk factors are for each of the substances that are in use in your community, and how your community responds to risk factors.

Ivy Jones-Turner:

So what are some of the policies that have been used for vaping prevention with young people? There've been, again, very similarly, policies addressing the age as well as the use of these products in terms of sales or use.



Ivy Jones-Turner:

And for many states, they've also expanded that to include the supplies, or products that are used in combination with the e-cigarette. Maybe it's the nibs or the... Sorry, I'm blanking on the word. For many of the states, they've incorporated policies that address, not only the product themselves, but also the products that are accompanying that particular substance.

Ivy Jones-Turner:

In addition, paying attention to the taxation and the price rates. And then also addressing the advertising, where and how the product is advertised, as well as bans on the promotion, or the level of sales and the level of promotion, and where those promotions can happen. We also see that there's the enforcement issue on bans of sales to minors. And then, of course, licensing and limitations for the access to e-vaping products.

Ivy Jones-Turner:

I think for many of your states, you may have seen, and I think we've also noted this already, that there are limitations on, not just the sale of the product itself, but, again, the products accompany the substance. And then, of course, limitations on the location for use.

Ivy Jones-Turner:

So just want to invite you to use the chat to the left of your screen to think about any additional policies that you've already seen implemented in your communities to prevent vaping, and youth use of vaping products.

Noreen Burke:

Great, thanks, Ivy. And again, so the poll here is, the question is, "What vaping prevention policies exist in your community?" And again, Ivy gave us such a nice list there. And again, the one said, policies to prevention supply of vaping devices and vaping products. Policies to prevent demand. And policies to prevent harm around decreasing the consequences of use. So if anybody has any vaping prevention policy ideas that they'd like to put in the answers, that would be great.

Noreen Burke:

There's a current "Statewide ban." Yes, indeed. In Massachusetts, and probably other states by now. Any others that anybody can think of? With respect to the vaping? Ivy also mentioned age of sales, price, taxation rates. Advertising. Limitations on location. Yeah the, "HUD, described in the last session." Thank you, as well as the age limitations. "Advertising electronic cigarettes prohibited on New Jersey Transit." "Banning of flavored e-cigarettes." Thank you all.

Noreen Burke:

Okay so, moving on. I'm now going to turn it back over to Ivy.

Ivy Jones-Turner:

So, thanks, Noreen. And as we continue to talk a little bit about this, this is where we want to invite you to continue the conversation, starting with a couple of additional questions. What's made your policy successful? What challenges have you faced in implementing your policies? And then, of course, what might be some next steps from today's discussion on policy implementation?



Ivy Jones-Turner:

We'd like for you to just expand this across any of the substances that we've talked about today, as well as last week. So that could be alcohol, non-medical use of prescription drugs, tobacco, marijuana, and vaping products. What has made some of your policies successful in these areas?

Ivy Jones-Turner:

We know, of course, that there are also challenges. I think most of us would very easily and very quickly identify the fact that, even despite the policies that young people are not to be able to be sold vaping or tobacco products, we still find that there are high numbers of young people who have access.

Ivy Jones-Turner:

And I think as Noreen alluded to, here in Massachusetts, just two days ago our governor and public health department instituted a moratorium on all vaping sales for four months, in order to conduct additional research to learn more. So, enforcement is going to be a significant part of that policy ban.

Ivy Jones-Turner:

But they've also, I think one of the great things that we were talking about earlier, Noreen and I were talking about, is the fact that the public health department has stepped up and provided a lot of rich information on alternatives to vaping products for those who are interested in reducing their tobacco or their nicotine use. And so, really promoting, and increasing their promotion of their stop smoking strategies.

Ivy Jones-Turner:

So, I see a number of responses are coming in now. In terms of making policy successful, yes, getting those key leaders or stakeholders behind the effort. Making sure that you're spending time on education and building community support and buy-in. So, really some of those initial steps to establishing a policy. Great examples there.

Ivy Jones-Turner:

We know that there are still some challenges, and a couple of the challenges that are noted are very much some of those early challenges in terms of "Community resistance," as well as, "Getting stakeholders to the table." Someone's also noted that it's been, "Hard to enforce or there's not enough law enforcement engaged," to enforce or ensure compliance with the policies. Okay.

Ivy Jones-Turner:

So I think there are some great examples that folks have shared earlier today, and just speaking about some of the strategies that have been used. We'll definitely encourage and welcome you to share. Maybe if you have found a particularly successful way of addressing community resistance, or engaging others in addition to law enforcement, as part of the enforcement process. We'd love to have you share some of those examples.

Ivy Jones-Turner:

And then, of course, just moving on to the next one, some of your next steps from today's discussion. Folks are thinking about "Moving away from zero-tolerance policies." Great. That's a key part of



educating around what is an effective strategy. And we know that zero-tolerance policies are actually not very effective. Great example, and I'm so glad to see how up-to-date you are with the research.

Ivy Jones-Turner:

We also see that someone's noted a next step is, "Working on marijuana policies and strategies since there has been some strong push for legalization." So, we'll just encourage you to also think about, what are some policies from today's conversation that you may want to begin implementing prior to legalization? Love to hear some thoughts that folks have on that. And I'll also invite Tracy and Noreen to jump in and just share any examples that you also are aware of that you might want to encourage folks to think about.

Ivy Jones-Turner:

I'll just in the meantime note that we've got some other responses that are coming in, in terms of next steps. "Getting feedback from youth who vape, and the negative impact." So, the consequence information. So, part of both the education around consequences, as well as education and anti-promotion. Great.

Ivy Jones-Turner:

Another example that could be shared there is also, maybe some strategies in terms of vaping is to reset or educate young people around what the actual social norms are. I think here in Massachusetts, there is a group that has actually established themselves as anti-tobacco, anti-vaping. And I believe they call themselves, is it the 85 Initiative? Noreen [crosstalk 01:12:50]

Noreen Burke:

84.

Ivy Jones-Turner:

The 84.

Noreen Burke:

Yeah.

Ivy Jones-Turner:

And that represents the 84% of young people who do not smoke or use vaping products. So, great example.

Tracy Desovich:

Hi, it's Tracy. I just wanted to also, I think that we had an interesting comment about how to engage the stakeholders and get them involved. Because without them we cannot move forward, it's hard to enforce. I think that's a real important one.

Tracy Desovich:

I've found from working with some folks on the local level, that sometimes preventionists, when you're working with government officials and municipalities and policy decision-makers, it's really important, first, to educate ourselves about how policy changes in the community, and what the process is for that,



and who all the players are. And then even understanding a little bit about what their stances are before you're even moving a policy, to kind of be very strategic about this.

Tracy Desovich:

So, I think that could be a whole 'nother workshop in and of itself. Which is, making sure that you understand the policy procedures that happen in your community. I just wanted to say a quick word on that. Because I know we don't have much time, but I think it's a really important point someone made there. Thanks.

Ivy Jones-Turner:

Actually, Tracy, that was a perfect setup for our next slide. Which is really speaking to, again, what are some of those best practices for implementing policies?

Ivy Jones-Turner:

And some of these you covered last week, and we just want to kind of remind folks that you're starting with the risk and protective factors, and addressing those. Looking at your data. But you're also thinking about, how do you identify those risk and protective factors, those intervening variables that really focus on the community and the societal level? And then use policy as an environmental strategy to support your other interventions and strategies as part of your strategic plan.

Ivy Jones-Turner:

The fact that you're using a comprehensive environmental approach, means that it's much more effective, because it's going to be combined, again, with those other interventions. But you're, as Tracy just noted, really thinking about collaboration and partnership, engaging and really focusing on how you are building community readiness, that you're educating the community, and that you're identifying and engaging those who can be key stakeholders and leaders, which is great.

Ivy Jones-Turner:

And, of course, ensuring that you are following the process of development of a policy, enactment, implementation, and, of course, monitoring and enforcement. So critical. And then, of course, looking at evaluating your efforts for both process and outcome.

Ivy Jones-Turner:

So here's just a nice way that we thought of highlighting for you the policy-making process, and really noting, you're starting with enactment, you're moving on to... Excuse me. You're starting with development, moving on to enactment, implementation, and monitoring and enforcement. And evaluation is part of that entire process.

Ivy Jones-Turner:

So with that, we want to turn it over to Noreen, who's going to take us out in our final slides for today. Noreen?

Noreen Burke:

Thanks, Ivy and Tracy, for weighing in there. Yeah, we just wanted to ask you if you had any lingering questions that you feel were not answered. We would invite you to write them in the chat box now,





please. So, any lingering questions that we have not covered today in our discussion of policy for tobacco, marijuana, and vaping?

Noreen Burke:

"Where is the funding for policy development?" Great question. Does anybody want to take a minute, of my colleagues, Ivy and Tracy. This is the only one I see here in the lingering questions department. Does anybody want to say a word, Tracy, about funding? What's your quick thoughts about that? And we may have to continue it after the webinar ends as we're coming right to time.

Ivy Jones-Turner:

Yeah, I'd love, just so that we can get a better understanding, is to have the person who typed that question, type a little bit more into the chat so then we can get back to everyone on that afterwards. Does that sound okay?

Tracy Desovich:

While we're waiting for that typing, I think... I'm just reading into this a little, but we also need to always consider where our funding's coming from. And when we're doing policy work, how we're being careful to not being going into the lobbying kind of space, but really staying in our education space, where we're educating stakeholders and policy-makers.

Tracy Desovich:

So I don't know if that's some of where the question was stemming from. But I think we can, if you write a little bit more in there, we can continue to answer the question, because we're coming close to close time. Thanks.

Noreen Burke:

Thanks, Tracy and Ivy. So, we are at time. We started a little bit late. If you can indulge me for a couple of more minutes. Just a few final things that we would like to say.

Noreen Burke:

I think people already did a nice job of identifying their successes, their challenges, with policy development. If anybody has anything else to say there, we're going to move on. Just I want to mention, Jess Goldberg, her contact information is here if you have further questions.

Noreen Burke:

And we would be ever so grateful... The goal of these webinars is to encourage higher participation in these endeavors. And this survey will only take you one to three minutes. These webinars all come free to us because of the generous funding of SAMHSA. And we would like to ask you, on behalf of PTTC, to say "yes" to follow-up questions, among the questions in the survey.

Noreen Burke:

We want to thank you in advance. We're going to leave the room open for the survey, so you can click on that. And I want to thank you in advance, on behalf of my colleagues, Ivy, Tracy, and our technical support team, Clara and Shannon.



Noreen Burke:

We will conclude our webinar for today. Have a great rest of the day. And stay tuned for future webinar series as we go forward with discussions like these. Thank you all.

Automated:

The meeting is now over. All the participants have been disconnected.

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(silence)