

# One Choice Prevention Webinar – Q&A

Webinar Date: February 15, 2022

Presenters: Caroline DuPont, MD, Corinne Shea, and Nancy Pasquale

## 1. Question: What year is this data?

Answer: The study published on the close connection of substance use (alcohol, cigarettes, marijuana) for youth 12-17 used data from the 2014 National Survey on Drug Use and Health (NSDUH), published in 2018.

## 2. Question: Is the no use of drugs and alcohol still going in an upward trend during this pandemic era?

Answer: Great question! The non-use trend data presented came from the Monitoring the Future (MTF) Study from 1976-2019. Our research team has been investigating the impact of vaping on substance non-use and found that in 2020 substance nonuse declined. (The 2020 MTF was pre-pandemic data). Interestingly, we found that vaping negatively affects rates of nonuse by youth but mostly in the 8th grade and to a lesser extent in the 10th and even less in the 12th. Vaping at all grade levels is associated with very high levels of substance use. As substance use (regardless of vaping) increases by grade level, the difference between vapers and non-vapers declines.

As we look at the 2021 MTF data collected during the COVID-19 pandemic, we now expect non-use to have increased once again because there were significant declines in substance USE: <http://www.monitoringthefuture.org//pubs/monographs/mtf-overview2021.pdf>

## 3. Question: Is past month use from the entire population or the portion of the population that has reported some prior use?

A: In the NSDUH data graphs, we compare youth aged 12-17 who used one specific substance in the past month to their peers who did not use that one specific substance in the past month. And then we compare those two groups (e.g., non-marijuana users and marijuana users) on their *other* substance use in that same past month period.

In the MTF data graph of non-use trends, the “Past Month” trend line tracks the percentage of 12th graders who did not use any alcohol, cigarettes, marijuana, or other illicit drugs in the past month. That group may have used one or more substances in the past, but not in the past month. In the same graph, the “Lifetime” trend line tracks the percentage of 12<sup>th</sup> grade students who never in their lifetime used any alcohol, cigarettes, marijuana, or other illicit drugs.

## 4. Question: Can you talk about the heightened focus on "Harm Reduction" as an important prevention focus from SAMHSA?

Answer: Very relevant question! There are essential roles for harm reduction in our approach to substance use, but there are also big differences between addressing use by adults and youth, for whom substance use is inherently riskier due to the vulnerability of the developing brain. Substance use for youth is also illegal, which has other risks associated with it in terms of well-established long-term social determinants of health.

The work of the American Academy of Pediatrics (AAP) has been very helpful in describing the goals of brief interventions for young patients who use substances. Take a look at the AAP Clinical Report, Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT): <https://publications.aap.org/pediatrics/article/138/1/e20161211/52568/Substance-Use-Screening-Brief-Intervention-and>

We have been developing a list of key lessons from harm reduction to inform our work in youth prevention. Among them:

- Even as we meet youth where they are, we can keep the health standard of non-use clear as the longer-term goal
- Recognize when an individual shifts from non-use or some use with no disorder to mild/moderate use (see AAP SBIRT Clinical Report)
- Use person-first language
- Welcome all youth to prevention leadership space – every day is an opportunity to make One Choice, and that is more likely to happen when youth get actively involved in the work of prevention
- No prevention message should stigmatize young people who have used substances or are currently using substances
- Underscore that substance use is a health issue, not a moral issue

**5. Question: When you say "Drugs," are you referring to prescribed and OTC medications?**

Answer: "Drugs" include alcohol, nicotine, marijuana/cannabis (the three most widely used substances by youth), and illicit drugs – as well as medications and OTC medications when used nonmedically (e.g., prescribed for someone else, using more than prescribed, in ways not intended [snorting, smoking], etc.) Drugs have the potential to impact the brain's dopamine pathways.

**6. Question: Have there been any issues with youth who have "slipped up"? What are you doing to help them with a second, third chance? Youth have the tendency to be very unforgiving at times.**

Answer: When we say One Choice is for everyone, we mean that in earnest. This isn't a "purity pledge", it's rooted in the science about the health of the developing brain. And youth who may have tried substances in the past but want to make a healthier choice in the future, can benefit from the support of connecting with peers who are choosing to be drug-free, and youth prevention groups benefit as well. These are topics for rich conversation with young people trying to manage real-life situations that come up for themselves and their friends.

For these reasons, One Choice is framed for anyone to adopt on a given day. Analogous to other choices youth make for their health, just because you didn't wear your seat belt yesterday doesn't mean you can't choose to wear your seat belt today. We want to empower youth to take charge of their physical, mental, emotional, and behavioral health (MEB) - and we want to offer them the protective factor of connection to peers who can support one another in making healthy choices.

**7. Question: Do you have any experiences that you can share of One Choice being implemented within Latin communities?**

Answer: Our growing One Choice Community (<https://onechoiceprevention.org/one-choice-community>) is made up of prevention coalitions and groups that serve youth and families from different communities. We are happy to connect you to two groups who may be of help in sharing their own experiences: the North Coastal Prevention Coalition in California and Ossining Communities That Care in New York.

Since One Choice is not a program but a message, it can be weaved into activities and initiatives in ways that are culturally responsive and appropriate for individual communities.

**8. Question: How is this program funded overall?**

Answer: The data presented today was analyzed by the Institute for Behavior and Health (IBH), a 501(c)3 non-profit organization. IBH created the One Choice Prevention Toolkit and materials with RyeACT Coalition which are free to use and adapt to your needs.

**9. Question: In response to your request for feedback from us. Haven't looked at the tool kit yet - Have you considered adding a QR code to the One Choice tri-folds for parents (and at some point, youth) to gather feedback or collect info on how effective it is in reducing use in youth?**

Answer: Great suggestions! We are also planning to host a couple meetings for youth prevention leaders to gather input from them about what would be helpful to them, their parents, their peers, etc. This is definitely something to include in those discussions.

**10. Question: Are these PSAs gathered on a common YT channel or your website?**

Answer: All the PSAs are gathered on the One Choice Prevention website on the resources page – see: <https://onechoiceprevention.org/resources/#section-videos>. These are the videos developed by RyeACT and North Coastal Prevention Coalition for their specific communities. We encourage you to challenge your youth leaders to create their own – and please know we love to feature their work to inspire others!

**11. Question: I like all your materials. The only question I have is the Myth and Facts information. I understand this strategy can back-fire since the "Myths" may be the information retained rather than the "Facts." Would you comment? We are trying to use only evidence-based programs, practices and approaches.**

Answer: Great question! Many of you are familiar with NIDA's "Shatter the Myths" campaign that they promote during National Drug and Alcohol Facts Week. This campaign was created by our RyeACT Youth Action Team specifically as part of that national observance.

We had a conversation about this precise topic when creating the design. In this instance, the youth themselves felt strongly that the "fact" only made sense in the context of contrasting it with the "myth." They "field tested" the message with some of their peers, and the feedback they received confirmed that most of their peers thought the message made more sense when sharing both.

In this instance, I decided a compromise position was important because of the tremendous ownership the students took in the work-and in "testing" their theory with peers to see if it held up. You'll notice that the "FACT" is highlighted - the "myth" is smaller and less prominent. This was a particular situation in which supporting our youth leaders' ownership of the work, and the "local data" they collected about clarity of the message warranted that compromise.

**12. Question: Are the mosaic tiles displayed in plastic sleeves?**

Answer: The One Choice tiles for the mosaic wall: RyeACT printed the tiles onto 6" x 6" card stock and had students fill them out. We then mounted the tiles on posterboard (standard, flexible poster board that students use for school projects). A 22" x 28" board will fit 12 tiles. We then ran the posters through one of our school district's large laminating machines to protect them. If you don't have access to a large laminator, places like Staples can do laminating-- check with your local printer or Staples print center for the best options.

**13. Question: If available, it would be great to see information on the Parenting for Prevention program you mentioned! What a great resource!**

Answer: The Essentials of Parenting for Prevention is a resource originally created by RyeACT Coalition, as part of a Parent University event for which IBH President Dr. Robert DuPont was the keynote speaker. The content was written by child psychologists and social workers from RyeACT's Health and Wellness Action Team. These infographics, which span 5 ages/stages of development from grades K-12+, provide tips and tools for parents/guardians that frame the One Choice prevention message within the context of positive, proactive parenting and youth health and well-being. They make great handouts for parent presentations or for tabling events at things like "Back to School Night" or PTA/PTO meetings.

The infographics can be found on the Resources tab of the One Choice Toolkit under "printable materials" and can be customized to include your coalition's logo (we can help with this!). See: <https://onechoiceprevention.org/resources/#section-printable-materials>

**14. Question: I am on the website for onechoice. Where exactly is the social media campaign links?**

Answer: Social media tiles can be found on the Resources page of the Toolkit under "social media" – see: <https://onechoiceprevention.org/resources/#section-social-media>

**15. Question: Is there a One Choice FB page?**

Yes! Please check us out at: @OneChoiceYouth, <https://www.facebook.com/OneChoiceYouth>

**16. Question: Did we receive the email address for our presenters?**

Answer: Email addresses are on the last page of the slide deck, but are also included here: [OneChoice@IBHinc.org](mailto:OneChoice@IBHinc.org) and [RyeActCoalition@gmail.com](mailto:RyeActCoalition@gmail.com)

**17. Question: Will we receive the email for the Mosaic Tiles?**

Answer: Mosaic tiles are also customizable - we can add your coalition logo. If you can do that yourself, you can download the tiles directly. Like the other items noted already, they are available on the Resources page of the Toolkit under "printable materials." They can be printed on cardstock (we printed them on 6" x 6" cardstock) - even on paper, if needed. See: <https://onechoiceprevention.org/resources/#section-printable-materials>