Great Lakes (HHS Region 5)

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Transcript: The Risk Factors for Youth Substance Misuse

Presenter: Kris Gabrielsen
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REBECCA BULLER: Morning. Again, good morning. And we will get started in just one minute. Welcome, everyone, to the Risk Factors for Youth Substance Misuse with Kris Gabrielsen.

This presentation was prepared for the Great Lakes PTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration or SAMHSA. The opinions expressed in this webinar are the views of the speakers and do not reflect the official position of the Department of Health and Human Services or SAMHSA.

The PTTC believes that words matter and uses affirming language in all activities. I'm so glad you're here with us, and let me share a few housekeeping items. If you have technical issues during the webinar, please reach out individually to Rebecca Buller or Jen Winslow in the chat section at the bottom of your screen and we'll be happy to assist you. If you have questions for the speaker, please put any questions into the Q&A section, also found at the bottom of your screen, and we'll help Kris see them and answer them.

You will be directed at the end of the webinar to a short survey, and it's really important that you complete that survey for us. It's information our funder needs and it helps us to continue to provide free webinars to people all over our region and country. Certificates of attendance will be sent out via email to all who attend the full session, and it can take up to two weeks to receive those certificates. If you would like to know more about what we're doing or information on upcoming events, please see our social media pages.

And now, I'd like to introduce our presenter. Kris Gabrielsen is the Co-Director of the Great Lakes Prevention Technology Transfer Center. She has worked in the substance misuse prevention field for over 30 years. Kris was the Associate Director of the Western Center for the Application of Prevention Technologies. She co-authored the first substance abuse prevention specialist training curriculum and co-authored the textbook, Substance Abuse Prevention, The Intersection of Science and Practice.

As a consultant, she has worked with states and communities across the nation to build-- to bridge the gap between research and practice, assisting prevention professionals in maximizing their effectiveness. Thanks for being here, and Kris, take it away.

KRIS GABRIELSEN: Great. Thank you so much. Welcome, everybody. It's great to be here with you all. I see folks have started doing some introductions in the chat, which is great. And what I'd love for you to do-- and I saw a few folks already do this at the beginning-- thank you to those who did, go ahead and put in your location, your role and position-- or position, and the best professional development book you've ever read. I'm going to go ahead and post mine in the chat right now.

I like to throw these questions in because I love to learn from one another what kind of great books are out there, and we can learn from one another. So if you want to go ahead and do that. And while you're doing that, I'm going to go ahead and move to the next slide with our path for today.

So, what are we going to do in the next hour and a half? We are going to talk about, of course, risk factors. So we're going to do an introduction to risk factors. We're going to do a deep dive then into each risk factor that we're going to discuss today. So I want to make sure there's a real thorough understanding of what these risk factors truly are. Then, of course, we want to talk about and think about putting your knowledge into action. So how are we going to put this information into action?

All right. Just a little bit of foreshadowing here, be forewarned that there are some pop quizzes coming your way. So if you are-- I want to make sure you aren't surprised even though pop quizzes are supposed to be a surprise, but I wanted to let you know, those are coming your way. We're going to do that via the polls.

All right. So let's jump into this. First of all, there is a workbook that comes with this webinar. This was emailed to you all yesterday of late, so it should be in your inbox. Unless you happened to register first thing this morning, then it wouldn't be. Jen also just put the Box folder link in the chat, so you can go to that link and download it as well. I highly encourage you, if you do have a printer available, to go ahead and print it out so that you can jot down some notes as we're going along during the webinar.

All right. And I'm going to go ahead and move forward with a question-- another chat question for you. I know people are still introducing themselves, so we're going to switch over from introductions to, what are you most excited to learn about today? So I'd love to hear as you are-- oh, there's a box covering the right side of the screen.

OK, thank you for sharing that. Somebody did that-- I have a feeling that's because I'm using the Share Screen mode instead. Let's see. Oh, I bet-- I wonder if it's the chat box. I bet it is. Hmm. All right. Thank you for-- I want to make sure everybody can see. I don't want to block it out. So I'm going to go ahead and stop sharing, and I'm going to share in a different way. It's going to be a little bit more clunky when I play the videos, but I think it might work better. I want to make sure I'm not throwing things off the whole time.

OK. Can somebody share now if you still see the box in the-- what was that, Rebecca?

REBECCA BULLER: We do still see it.

KRIS GABRIELSEN: You do still see it? OK. Boy, this is something new and fun with Zoom that Zoom always throws out. So I'm guessing if I close that out, is it gone now?

REBECCA BULLER: Yes.

KRIS GABRIELSEN: Yep. So it is showing-- if I pull the chat box up, it's showing that.

REBECCA BULLER: We'll watch the chat for you. And there's also a box at the top where you would have your toolbar.

KRIS GABRIELSEN: This one right here?

REBECCA BULLER: Yep.

KRIS GABRIELSEN: I don't know why Zoom's doing this to us. And I'm not sure I can get rid of that bar. If I put it down on the bottom, is that better?

REBECCA BULLER: It's better.

KRIS GABRIELSEN: OK. I don't think there's a way I can get rid of it. I'm sorry, everybody.

JEN WINSLOW: I'd actually leave it at the top. I think that's probably--

KRIS GABRIELSEN: OK. OK. All right. I think Zoom has done some kind of an update that is throwing this off. So I apologize, everyone.

JEN WINSLOW: Kris, somebody said in the chat-- and this has been true for me, too, that if you're using two screens, it's kind of--

KRIS GABRIELSEN: I'm just doing one screen. Yeah.

JEN WINSLOW: The chat box is back up again, though.

KRIS GABRIELSEN: Because you said-- somebody said in the chat box, so I clicked on it. OK, everybody. I will resist doing that, and Rebecca and Jen, if you could help me with the chat, that would be great.

All right. So what are you excited-- most excited to learn about today? Hopefully folks have been putting that in the chat as we've done all this. Jen or Rebecca, could one of you read off a few of the things folks are saying?

REBECCA BULLER: I feel like with a generation-- with each generation, there are risks that persist and new ones as our culture evolves. Technology, vaping. So I guess just sort of learning from each other what new things are out there. How to engage youth, new ideas for doing that. Any tools to help youth, because her area-- or yes, does not think that there's a problem. Everyone's looking for new ideas and tools. Learning about special challenges when working with youth and to better support them. How to prioritize engagement tools, which ones are going to work best.

Review of RNP factors. Expand knowledge and address risk factors. Culturally responsive prevention strategies for families and rural American Indian communities. Always looking for tools and resources to best serve our youth.

KRIS GABRIELSEN: All right, great. That sounds a good example of what's in the chat. Sounds like much of that is in line with what I have to share with you today. The one point about looking for strategies, we won't be moving into strategies much today. We're going to be looking more at the risk factors that underlie what's going on within the substance misuse issues in our communities, but we won't be moving much into the strategy's part. I will share some resources of how to get there, but that's not going to be the point of-- or the main content of the session. But it sounds like the rest of those that were right on target with what I have ready to present, so this is good to hear.

All right. So before we get started too far, though, I know that typically in these webinars-- we have quite a few folks on today-- we have people of a variety of backgrounds. We have the substance misuse prevention folks as well as folks along the rest of the continuum. So I want to make sure you all understand the perspective or the lens I'm going to be talking through or with today. And it is this definition that I really like to keep in mind in terms of what we are trying to do in substance misuse prevention, and it's the lens I'm going to use today.

So it's the proactive process of empowering individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. So when we talk about prevention, I'm talking about moving upstream. So not taking care of folks once they're already have substance misuse issues. Very important to do, but that's not what we're going to be talking about today. We're talking about moving upstream before substance misuse issues have happened.

So a similar analogy would be, in terms of our computers, antivirus software is a lighthouse beams out the light to prevent ships from ever having a wreck. Lighthouses aren't there to fix them once they've had a wreck, it's to avoid it. Sunscreen is a good example of a preventive-type tool, that you want to

prevent sunburns before they ever happen, not taking care of it after it happens. And of course, immunizations is a great example of prevention. You're going to do something before a disease ever occurs, you aren't just treating it afterwards.

So that's our lens today, and that's why we're going to be talking about risk factors today, because we want to figure out, how can we move upstream? How can we do that prevention effectively so that we can prevent things from ever occurring in the first place? So that will be our focus for today.

When I say the words risk factors, what I'm meaning are those factors that increase the likelihood of substance misuse occurring. So it increases likelihood. I have a video to show you. I'm going to go ahead and stop sharing here and going over to the video. It's a great summary of the science of risk factors. OK.

And we'll go ahead and stop there. So this-- as you saw the video, is specific to Communities That Care, which is a method through which communities can plan to address risk and protective factors, but if you use the strategic prevention framework as your planning framework, this works very well within that, too. So just to let that that is-- it's not specific to the Communities That Care framework.

All right. So let's go ahead and jump back into a few more slides here. We're going to cover a few things that were mentioned during the video. One is, although we will be talking about risk factors today, please know, it's only half of the picture. It's the half of the picture we need to reduce risk factors, and the other half is we need to increase protective factors.

About a month ago I did a webinar on increasing protective factors. If you didn't see that, I encourage you to go back and look at that one. It is on our website, and in your workbook, there's a link to that webinar. So these two webinars go hand-in-hand with the Risk Factors and Protective Factors webinar, because we need to address and look at both.

Be a cautious consumer, I say here. There are many, many lists around of lists of risk factors for substance misuse prevention as well as other problems. Some are research-based, others are not. So you want to be sure you look at how the list was created, what criteria was used for inclusion on the list, et cetera. So just a quick reminder about that.

The list that we're going to use today is the one I've developed by Doctors Rico Catalano and David Hawkins and their colleagues at the Social Development Research Group at the University of Washington. They conducted a literature review. So some people are like-- they went out and did the research-- no, they didn't go out and do the research. They have done research. They do quite a bit of research. But to develop this list, they did a lit

review of existing research that was out there to be able to identify which things actually place-- increase the risk of substance misuse.

The criteria they used for inclusion on this list of risk factors is had to be shown-- a risk factor to be shown in multiple studies. So not just one study saying this was a risk factor, but multiple studies. And the studies needed to be longitudinal and predictive. So it means that they looked at kids who are not misusing substances, and then they followed them a long time in the years going by, and looked at whether or not substance misuse issues appeared.

And so in that way, the information they collected, they could see that what was going on in the kids' lives actually predicted or made an impact in the future. This is very different than taking, for example, a group of folks who are currently in treatment and having them reflect back on their lives, which a lot of research that does that retrospective kind of analysis of what people have experienced.

However, by doing a retrospective study, it's going to be not as accurate of information because you are having to go through the filter of a person's mind. Like if you took me and say, well, what was your childhood like? My childhood at this point in my life, I have different glimpses of it. I do not have the full picture in my mind, and I probably would not give you the details that would be important for a research study.

So, that's why having multiple longitudinal predictive studies, by having all three of those criteria met, you're going to be much more likely to have really solid, good information that leads you to understanding that these are truly risk factors.

All right. A few things to keep in mind. Risk factors are not causal. Just because these risk factors are in somebody's life does not mean it dooms them to substance misuse. These are their predictive. Increases the likelihood, but they are not causal. As was mentioned in the video, risk factors exist in multiple contexts. So we're going to be looking at the community, family, school, and individual peers today.

And the impact of risk factors is exponential. This is interesting to think about. So for example, if a child has one risk factor in their life-- and there's one exception I will talk about a little bit later, but in general, if a child has one risk factor in their life, very unlikely to impact them and increase their likelihood of substance misuse. If they have two, it's going to start easing up there in terms of having possible some impact, but once you get four, six, eight, the increase and likelihood of substance misuse will go up exponentially.

So again, that is why our work in prevention, if we can start reducing the number of risk factors within our community, within our children's environments, that will have the preventive impact.

All right. This is in the last page of your workbook. I know that this is-- will look very small on many people's screens. So please know that you have this in the last page of your workbook, so it'll be easier to see. But I wanted to point out a few things. This is the list that we're going to go over today. And what you'll see at the top right-hand side are not only substance abuse-- or what we are now saying the substance misuse, of course, but delinquency, teenage pregnancy, school dropout, violence, and depression and anxiety.

What we find is many of these risk factors increase the likelihood of not only substance misuse, but these other problem behaviors as well. Which I think, in many ways, is great news, because that means we could be working across what might be silos in our community to address the same issues in order to impact-- to have preventive impact in all of these different areas. So a great way to really create that collaboration across groups within our communities, across efforts.

Another point with this, what you'll see is, for example, in some cases like in family management problems, you will see that there's dots in every category in terms of family problems, if they exist, increase the likelihood of all of those different areas. Whereas in some, like availability of drugs, research has shown to be impacting substance misuse and violence only.

So one thing to think about, though, is the absence of a does not mean that it's not a risk factor for that area. It could be that there's just not been the research done in that area. So an absence of dot doesn't mean it is not. It just-- it's likely that the research hasn't been done.

All right. So pop quiz number 1, here we come. Rebecca, would you like to go ahead and put up the first poll? I am curious to see what folks think. Risk factors what? Do they determine if someone will use drugs? Increase the likelihood of drug use? Exist only at the individual level? Or are causally related to substance abuse?

REBECCA BULLER: Hey Kris, why don't you move your--

KRIS GABRIELSEN: Did it pop up in the middle of the--

REBECCA BULLER: Yep.

KRIS GABRIELSEN: Thank you.

REBECCA BULLER: You could still see it, but maybe off to the right. There you go.

KRIS GABRIELSEN: OK. Thank you. All right, we have about half of you participated. 60% now. A few more coming in. Give you about 10 more seconds. All right. Let's go ahead and close it out. Rebecca, would you mind

sharing the results? All right. So 92% of you got an A-plus. Risk factors increase the likelihood of drug use.

So again, a few folks said determine if someone will use drugs. Not really. I mean, it increases the likelihood, but when they don't in and of themselves determine if someone will use drugs. And they are definitely not causally related, so again, just because risk factors are in somebody's life does not doom them to substance misuse. So that's the term causally related. I may have tripped you up by using those wordings.

All right, well done. Thanks, everybody. OK, so let's move on to the next part. Let's start jumping into the community domain risk factors. All right. So we got in this domain availability of drugs, community laws and norms favorable toward drug use, media portrayals of drug use, transitions of mobility, low neighborhood attachment and community disorganization, and extreme economic deprivation. So these are the perspectives we're going to go into one by one.

And in your workbook, I have each of these risk factors listed along with space next to each one for you to be able to jot down some notes. So what I encourage you to do if it's your learning style is to take some notes on the key points about each of the risk factors.

All right. So let's start with availability of drugs. A couple of things to think about with availability of drugs. I'm going to get a drink here. All right. One is , the more available drugs are, the more use. No surprise there. I'm guessing most of us know that, but it's something that we need to keep reminding our communities about. The more liquor stores there are, the more easily-- the more available they are in terms of if they're available in-- only liquor stores or if they're also available in grocery stores or different places. If there's drive-thru places where they can get the alcohol, et cetera, there's going to be more use.

A key thing with availability is also the perception of availability has an impact. So if kids just think drugs are easily accessible, that will increase the likelihood of there being more substance misuse.

So when we think about availability, I'm going to break this down a little bit more even. So there are two types of availability. There's social availability, meaning kids are getting it from their friends or family members, and there's retail availability, stores are bars. And so as we're thinking about these risk factors within our communities, we're going to, in the strategic planning process, which we're going to revisit towards the end of this, we are going to look at which-- examine the data to find out which risk factors are most prevalent within our community.

And if we found, for example, availability of drugs is a risk factor that's prevalent within our community, then we will want to dive deeper into, OK,

well what-- where is the availability going on? Is it social access or is it retail access? And so that's finding out, OK, in the broad spectrum of risk factors, what's prevalent? If we find out availability is prevalent, a prevalent respect within our community, then we want to dive into which type of availability.

So when we're thinking about that, the reason why it's important is we need to start thinking about strategies once we know which risk factors are prevalent. I'm not going to do this for every risk factor, but I just want to create a process at this point. So don't worry, we won't be here for the next five hours. All right. In the chat box, I would like folks to put in the chat box if you are aware of strategies that-- or what strategies you are aware of, I should say, what specific strategies you're aware of that would address retail availability?

So to reduce the risk factor of retail availability, what strategies have been shown to be effective? And I'm going to go ahead and pull up my chat box. I know it's going to be a black box there, but just hang tight with me. All right, yep. So compliance checks. I need to slow down-- here we go. Vendor education, absolutely. Retail access. Lots of people said compliance checks.

Increased taxes. Allison, bonus point. Increase taxes. Guess what happens when you increase taxes? It becomes less available, because people don't have as much money to pay for it. So yes, absolutely, Allison, that is a great example of reducing availability. All right. Great. You all have excellent ideas and many examples of ways to address retail availability.

All right. So now let's switch to social availability. If you knew that social-- through social access that kids were getting their, let's say, alcohol in particular, what kind of strategies could you use to address social access for availability? So I'm seeing parent education, parent classes. Social host laws. That's a big one, absolutely. Health education consequences. We aren't getting as specific to that social availability. I would say let's get more specific.

So-- and some of these I'm not familiar, so I can't speak to them. But again, we're looking at what things will reduce people-- friends and family-- from giving alcohol or other drugs to youth? So the strategies we're looking for in terms of that. So again, remember, we're going back to we're looking at our community, if we find that the risk factor of availability of drugs is very prevalent, we want to see if it's through retail access that kids are getting it or through social access more likely-- which is more likely.

And then by looking at those, we can define which strategies-- and you guys have a bunch of them in there, which is fantastic. Which strategies will actually address either social access or retail access? All right, and the third one is perception of availability. So let's think about this a little bit. So kids think that alcohol and other drugs are available. What can we do to change perception of availability? And I think I saw it-- and the last one was social availability? Somebody had an example of what was in my mind. There we go, Kelly, that's what I was thinking of. Andy, yep, social norms campaigns.

So social norms campaigns look at how-- they actually assess what's really going on within a community and try to correct those misperceptions. So that's an example-- a great example of a way to shift perceptions. All right. So I'm going to pause for a moment and see, does anybody have a question regarding how to think about looking at our community, what's most prevalent in our community in terms of risk factors, and then start drilling down to figure out what kind of strategies we will use to address them? Any questions before I move on?

All right. And I will close this out so the box goes away. All right. I'm not seeing any yet coming up. So I'm going to go ahead and let's move on, and I'm going to go-- start going a little faster through these risk factors now that I've laid out the framework here. Oh, there is something in the Q&A. I know the box popped up, sorry.

More access equals more use, but in some countries such as Portugal that have decriminalized drugs, problematic use has decreased. HIV and hepatitis have decreased, lethal overdoses have decreased, and incarceration has increased. What are your thoughts? This is-- I'd love to have that conversation with you, Misty. I think we could talk about it for quite a while

I would say that what we're looking at in there is a real shift in community norms. And so if the community norms shift happens along with these things, then I think they can have a great impact. And obviously with in terms of looking at HIV, hepatitis, and those kinds of things, that could be a great shift.

Although I'm the Co-Director of the Great Lakes PTTC, I'm located in Oregon, and we essentially decriminalized most drugs-- when was it? About two years ago now, a year and a half ago now? So we're in the middle of an experiment similar to this, and I'll be very eager to see how it goes. So far it has not gone well because we have not been able to increase the infrastructure to have more treatment options, more ways to get people into the systems to address the problems that they need addressed.

So it's not working too well yet here, but it's still in the early stages. So just my thought. All right. And can I please elaborate on social or community norms campaigns could look like? You know what? I bet-- could somebody put in the chat box a link to the social norm campaign website? I think it's-- I'm not going to remember it offhand. I bet you somebody has it on the tip of their fingers, if somebody could put that in the chat for him. If not, I can get that to you a little bit later.

All right. Let's go ahead and move along. So let's look at community laws and norms favorable toward drug use. This goes right into the last question we were just talking about. So thinking about community laws and policies, these impact our use, and of course, the consequences of use. So what laws on our books-- are on our books around alcohol and other drug use?

What's is very interesting, if we think about it, is obviously our social norms are reflected in these laws. So if our social norms are very open and accepting of alcohol and other drug use, then our laws and policies are going to be reflected in that.

We can have laws on the books, but also community norms must support the enforcement, and of course, when we get into enforcement, we get into some other challenges in terms of how equitably they are being enforced and if they are being used to enhance systematic racism, which we of course do not want to be doing. But we have to look at what is going on within our community in terms of the laws that exist and the norms that are embedded within those laws.

Another risk factor is media portrayals of drug use. Portrayals of drug use increase the likelihood of subsequent substance use. No surprise there, right? But have you all noticed-- I have definitely noticed in the last-- especially, oh, I don't know, even-- a year or more, many more portrayals of drug use than there were for quite a while. And I haven't-- I went to try to find some studies of more current studies and I haven't seen them yet, but it sure seems like there's been an increase in the portrayals of drug use in the media-- in all kinds of media. I have a video that I want to show you right around this issue. So I'm going to go ahead and switch over here.

All right. So this was back in 2020. So this is-- at one point, hopefully you caught-- it goes kind of fast, but-- oops. I did not get that turned off. There we go. So they said back in 2020-- or I'm guessing the research was probably 2019. They said in the past year that the number of incidents of media portrayal of alcohol and other drug use had doubled at that point.

And I have to say, just anecdotally, it sure seems like there's been even more since then. And thank you, Jen, for reminding me, my video is off. All right. OK, so let's jump in to the next risk factor. I'm going to go back to my PowerPoint slides here. And the video links are in your workbook. So if you wanted to see that again, look in your workbook, I have links to all the videos we're showing today.

All right. Next risk factor transitions of mobility. A couple of things going on here. A couple of very distinct things. One is it's transitions between schools. So that transition between elementary school and middle school and the middle school to high school, those are times of increased risk. So right there, prime opportunity for strategy to be in place to help buffer the impacts of those transitions.

Now you can't obviously do away with them. Well, you could if you had a kindergarten through 12th grade school, but wouldn't recommend that. But again, to help figure out what kind of strategies you need in your community, that can be a prime opportunity, because we know that is a risk factor. All

right. Another piece when we talk about transitions of mobility are transitions are mobility within the community. And this could be a few different things. Either a lot of people are moving into a community, a lot of people are moving out, or it could be that it's a commuter community. Kind of like that's why the picture of a lot of people driving on a freeway.

If in a community, a lot of people leave for the day to go somewhere else to be-- to work, then there's not that attachment within the community of what's going on and there's not the adults there to see what's going on, et cetera. So, transitions include not only transitions within the community, as well as between schools. And I should say, transitions also within families. So if a family in and of itself is moving lots of different places, that is considered a risk factor as well.

Many people say, well, what about people in the armed forces? They're having to move a lot. Absolutely true. But what is fascinating is I've talked with people in the armed forces who have experienced this, they have talked about how many essentially protective factors that are built up within those moves. So as they move from community to community, they're immediately pulled within the community, they get entrenched within the community, there's structures and people to help assist in those transitions and real soft landings.

All right. Another risk factor in the community domain, low neighborhood attachment and community disorganization. So, this is the kind of thing. Let's say I go up to one person's door, I knocked on the door and say, how do you like living here? They might say, I love it here. It's great. I know my neighbors. Everybody's around here. It's great. I know if I need help, I could go to them and I could get help, et cetera, et cetera.

You go to another neighborhood and knock on the door. How do you like living here? Hate it. Stuck here, can't do anything about it, I wish I wasn't here, I don't know anybody around here. I asked my neighbor for some eggs and they just yelled at me, whatever it might be. So those would be the difference between a neighborhood where there's attachment and probably organization within that neighborhood, as well as an example of not having that attachment.

So, the risk factor here is that people don't like where they're living, but the important note here, and why I put a picture of some very nice houses, is this is independent of economics. This has nothing to do with the economic level of a community. There can be high attachment in a community that of lower economic levels and there could be very little attachment in high economic areas. So independent of economics.

Extreme economic deprivation, last risk factor in the community domain. Important point with this. There's really mixed research on substance misuse and the respective of economic deprivation and extreme economic deprivation. Again, the challenge with this is, thinking back to availability,

those-- you have to have the money to get-- to be able to buy these things in many cases.

So this is a hard one, and I have to say that working with prevention coalitions and organizations throughout the years, this is also, of course, a risk factor that's very difficult for the prevention community to address because it's very-- for us to address the economic levels of a community. So, this one's a challenging one, but I just want to make sure that it's on your radar that this does exist. There's some mixed research, but poverty alone is not necessarily a risk factor, but it's typically the poverty combined with other risk factors within that community.

All right. Pop quiz number 2, ready or not. Rebecca, if you could go ahead and pull that up. So-- I probably just-- there we go. Hopefully everybody can still see it. True or false, reducing the prevalence of the community-- domain risk factors in your community can decrease the likelihood of youth substance misuse. True or false? And the box of mine is off my screen. So Rebecca, if you could let me know when we're at about 75% of folks chiming in.

REBECCA BULLER: We are about there, and we are at 100% true.

KRIS GABRIELSEN: All right. Very good. So that's exactly right. Nicely done. All right. So we're going to switch gears now and I'm going to-- this is very weird. Can you all see my-- are you still seeing my PowerPoint slides?

REBECCA BULLER: Yes. We see family domain risk factors.

KRIS GABRIELSEN: Thank you. Zoom is just testing me today. I tell you. It popped up as I clicked to go to the next slide, it popped up the poll of my full screen. I've never seen that before.

REBECCA BULLER: Kris, before we move on, there are three questions in the Q&A. I don't know if you want to look at them now, but-- actually, there are four now

KRIS GABRIELSEN: All right. Let me guess. I will cover a few of these, and I know my box is up here but hopefully everybody is OK with that for a little bit. Are video games generally understood as media portrayal? Yes, Michael. I don't believe there's as much research in that area, but yes, that would be true. What about lack of mobility? Amanda, I'm not quite sure what you're asking about with that. If you can maybe tell me a little bit more about what you're thinking with that.

And Michelle, in neighborhoods with low attachment and low population, what are some strategies for prevention messaging? So are you thinking like a rural community, perhaps? Is that what you're thinking? So again, with prevention, if there's low attachment-- the risk factor that's prevalent within your

community is low neighborhood attachment. Then you want to look at what strategies can increase that neighborhood attachment.

So you don't necessarily need specific prevention messaging that would happen within that. You'll be looking at, how can you address and reduce that risk factor of low neighborhood attachment? How can you increase attachment within the community? So that would be the driving force behind which strategy you would select. Any research on urban versus rural on economic deprivation? James, that is a fantastic question. I do not know the answer to that. I would love to know about that. I don't know. Great question.

REBECCA BULLER: And Kris, there's one more in the chat that said, can we revisit the risk factors of substance misuse in excessive poverty?

KRIS GABRIELSEN: I'm not sure what the question is.

REBECCA BULLER: Bronson, can you clarify? I'm not seeing a response.

KRIS GABRIELSEN: OK. Yeah, and feel free-- if anybody wants to follow up with me afterwards, I am happy to follow up with you by email. I think at this point, we need to keep moving so I can get through all of them, but I'd be happy to follow up with you afterwards. All right, family domain. We got three-- four risk factors in the family domain. Family history of drug use, family management problems, family conflict, and favorable parental attitudes toward drug use. So let's go ahead and dive into each one of these.

When we're talking about family history of drug use, we're talking both about environment as well as heredity. So we know there is a component that with DNA, with the heredity that you can be born with a higher risk of substance misuse, but also, of course, the environment in which you are raised in can have an impact. So probably no surprises there for you all.

Family management problems. This one is a really intriguing one for me as I have raised two teenagers-- well, they're now teenagers. They did not start out that way. But I did trainings on risk factors before I even had kids and I thought, oh, yeah, this is also clear. It's much harder in real life, isn't it, for those of you who are also parents.

All right. So family management problems. What we're talking about here are guidelines, monitoring, and consequences. So we need to have within our families clear guidelines for appropriate behavior-- what's OK, what's not OK. We need to have consistent monitoring of the behavior. And we need to have consistent and not excessively harsh, of course, consequences, but the consequences also go into celebrations-- so a positive consequence as well as a negative consequence, but you want to celebrate child's successes.

So if a family is lacking these things, that's when the risk factor starts rearing its head. So that's when it's going to increase the likelihood of substance

misuse. And just-- if you're wondering on the list of risk factors, if you say-- you don't see where child abuse and neglect are, it's within family management problems. It's extreme forms of family management problems. So this risk factor includes child abuse and child neglect.

Family conflict. So family conflict risk factor includes extreme conflict between parents and/or extreme conflict between parent and children or parent and child. We have extreme in there because, I don't know about you, but I don't think any household can have any conflict and it's probably not good to have some level of conflict. But we're talking about extreme levels of conflict.

Favorable parental attitudes. Parents involving children in their own use. I know this was mentioned in the video, the first video we talked about. So this is parents asking the kid to get the beer from the fridge, for them to light the cigarette, et cetera. Parents involving children in their own alcohol or other drug use.

Another example of favorable parental attitudes is the kids will be kids attitudes of ah, No big deal, I did it when I was a kid, I was fine. They're all going to do it anyway, might as well have them over at my house and have-- know where they are, those kind of things. Those are-- to have those attitudes are going to increase the likelihood that the kids are going to be using. All right. So just those attitudes, the things that we say so casually and many times have such an impact on our kids.

I would love for you to put in the chat, what kind of things have you heard caregivers-- and I know we talk about parents, and technically the risk factor has to do with parental attitudes, but I would include it broader to be all caregivers. What caregiver attitudes have you heard regarding substance use and misuse? So as you're doing your prevention work, what kind of things have you heard parents say, other community members say? Curious to see what folks are saying.

Yep. Everyone does it. It hasn't bothered me, so it's OK. Yep. As long as they do it in front of me, it's no problem. Everybody does it. Yep. So these are countering and addressing these parental attitudes is so important. Yep. Unsure of how to begin conversations of the community norm. Yep. That can be challenging. And I have to say, I've done this-- I've addressed-- I've had this conversation with some good friends of mine, that I remember one friend of mine who's in recovery, he was an alcoholic and he's been in recovery for a long time-- 15, 20 years.

Has a teenage daughter. And I remember him saying something about his 16-year-old of, he-- it was a-- well, just use it responsibly kind of message to her. And I was like, oh wait, no, don't do that! And I'll talk about it more later. The importance of having kids wait until they are older to start-- and I should say to, til adults-- is so important to do. So even in our casual conversations at a potluck or something can start impacting those community norms.

And don't tell me what to do is another great one. Thanks, Bill. Yep. Exactly. So, I see all of you have-- or many of you have heard similar messages around this and so important that we start addressing these parental attitudes, because they have such an impact on our kids. All right. Thank you. All right, ready for pop quiz number 3? True or false, divorce is an example of a risk factor in the family domain. All right. True or false. We're up to about 65% of you all chime in. About five more seconds.

All right. Rebecca, go ahead and end the poll, and if you don't mind sharing the results. All right. 83% true, 70% false. This was a bit of a trick of a question because I didn't address it yet. But it's actually a false statement. Divorce is not an example of a risk factor in the family domain. Nowhere did I say that divorce was a risk factor.

So I tricked you and I apologize for doing that, but I wanted to make it a point with this, that divorce in and of itself is not a risk factor for substance misuse. What happens is what else is going on within the whole setting of what's going on within the divorce. And I'm going to talk about that a little bit more. A little later we're going to talk about what things are not risk factors, but divorce in and of itself is not a risk factor. So just wanted to make sure I made that point.

All right. School domain. Let's jump into school domain. And I'm going to see how I'm doing with timing. Yep, let's keep moving along. There is one question. Let's see. Oh, and that's when we're still waiting for clarification. OK. So let's jump into school risk factors. The school domain, we have just two risk factors in this domain. One is academic failure beginning in late elementary school and the second is lack of commitment to school. So let's look at each of these one at a time.

Academic failure beginning late elementary school. This is really important to understand and it gets tricky. And I know as I've talked about this, I want to be really clear about-- that we're talking about prevention strategies. So we're talking about if kids are falling behind for any reason, grades four through six or later-- that's the definition of this risk factor. And the reason why if-- and I'm sorry, I'm stopping myself because "or later" is not really as important as what we want to look at is fourth or sixth.

So I actually-- can you go ahead and strike "or later" off of there? Because that's not typically what's on there. I'm not sure why I put that. Go ahead and strike those words. So falling behind for any reason by grades four through six are key grades. And the reason why is because if by fourth through sixth grade they are failing, that label a failure gets stuck, essentially.

So ingrained within who they think they are, who they are-- they don't see themselves as academically inclined, that I will never be successful in school, those kind of things. So before grade four, if they are failing before grade four,

there is time to essentially unstick that label. We can take care of that, we can get them to be more successful, and then it doesn't have that impact for the rest of their school career.

So when we're thinking about prevention, we want to address academic failure when? We want to address it before grade four if at all possible. So again, it's not that if kids are failing after that that we don't want to address that, obviously. But if we're wanting to address this risk factor, we need to do that before grade four, ideally. Hopefully I was clear with that. If I wasn't, please put a question in the Q&A.

All right. The second risk factor in the school domain is lack of commitment to school. And these are the kids who don't have any goals oriented towards academia, they don't expect to go to college. That in and of itself is not a problem, except that it's more that they then view school as not being important for them. So they're the kids who are like, yeah, no big deal. I go because I could see my friends, those kind of things, but they really have no interest in the academia piece.

There's an inverse relationship between time spent on school activities and drug use. So the more time that kids are spending on school activities-- that's included both extracurricular as well as time in school, clubs, all different things as well, the more time they spend on those, the less substance misuse we see. The less they're involved in those things, the more substance misuse we see. So that commitment, that attachment to school, that involvement in school is so important in terms of the preventive piece of it.

All right. School domain is pretty short. Just the two. So let's do another pop quiz. Rebecca, if you could go ahead and pull that up. An ideal time to address the risk factor of academic failure is any time before the end of high school, in middle school, any time an elementary school, grade three or earlier, or all of the above.

OK. Let's see. And Rebecca, I don't see the choice of D on there. Is grade 3 or earlier, it doesn't look to be a choice?

REBECCA BULLER: I'm sorry, I don't know what happened.

KRIS GABRIELSEN: I think we messed you all up, because that's actually the answer.

REBECCA BULLER: Oh no!

KRIS GABRIELSEN: That's OK. Go ahead and end the poll and share the results. I think we-- sorry about that, everybody. I think the majority of you were trying to get to the right answer, but any time an elementary school is of those answers, it's the best answer by far. But again, so there's quite a few folks. 43% of folks said that all of the above would be good.

If we are looking to address the risk factor of academic failure, because that label of failure gets stuck by fourth through sixth grade, if we want to address that, we need to address that risk factor before grade four ideally, or any time an elementary school would be useful. All right.

Any questions about that? I am a little concerned. I obviously did not convey that well because so many folks voted for that I'm going to go ahead and pull up the chat here. I know the box will show up on your screen, but any questions about that or concerns about that? Because I think that message didn't get through well. Oh, Kathleen, I fell for the old test that does-- that if you choose all the above, it's usually right. Nicely done. I like it. OK, thank you, Misty. Go ahead, Rebecca.

REBECCA BULLER: Sorry. There was a question earlier. Do you know how the pandemic academic loss delay for many students may impact their risk for substance misuse?

KRIS GABRIELSEN: That is a great question, and unfortunately, I have not seen any answers yet. I think the latest information is they're just simply figuring out what the academic impact has been. I don't believe I've seen any research yet on that linking up with substance misuse. So great question. I don't think we have the answers yet.

REBECCA BULLER: There's also a question about, any research on home school versus public school?

KRIS GABRIELSEN: You know what? These are fantastic questions. I do not believe I have seen anything on that. That's a great question. Yeah, especially-- I don't, but yes, that would be-- great question.

REBECCA BULLER: Yeah. One more was, Michelle was a child that moved a lot as a child-- can it be addressed later in a case like that? Michelle, maybe we need some clarification?

KRIS GABRIELSEN: Yeah, I'm not quite understanding that. Let's see. I'm going to pull up the Q&A.

REBECCA BULLER: Cynthia said moving a lot as a child made family connection more important for me. So maybe there's a protective factors looking at a different-- you know what I mean.

KRIS GABRIELSEN: Exactly. Yeah. So it sounds like the family did a great job at creating that protective factor to buffer the impact of those transitions, which is beautiful. That's great. Great example of you can't necessarily avoid all these risk factors, but you can build up the protective factors to help buffer the impacts of them. So great.

All right. And Melissa says, how often do you hear schools talk about this last portion? I feel like in all my years I haven't heard it. I would also be interested on if this applies to the rise in alternative school settings. I'm not sure if that applied to the rise of alternative school settings. I'm not sure about that. But how often do you hear schools talk about this last portion?

So I'm thinking-- are you thinking of the risk factors? I know that the folks who work with schools, many people I've worked with that they will talk about this, but I'm not sure like schools as a system how much they've talked about it. An alternative comment was home school versus district schools. I'm not sure about that. Not sure about that, Melissa. Again, great question, though. You all, I love these questions. Get me thinking. So I'll have to do some research after this.

All right. I think we have better move on, because I want to make sure to get to this last domain of risk factors. And then also, we have a few more things to talk about after that in terms of putting this information into action.

All right, individual peer domain risk factors. So we have early and persistent antisocial behavior rebelliousness, gang involvement, friends who use, favorable attitudes toward drug use, early initiation of drug use and constitutional factors. So we've got quite a few, so I'm going to keep moving along. Hopefully you have your pen and your workbook there to keep taking notes as we move along at a rapid pace.

All right. Early and persistent antisocial behavior. Two things going on here. Early and persistent, let's divide those into two. So early, we're talking about boys. Boys in kindergarten through third grade-- so this is specific to boys. The research has been done with girls, but they have not seen the same thing-- same impact on girls. So boys in grades can grow through a third who are showing this early signs of antisocial behavior-- so they're often very shy and withdrawn, and then they explode in anger is an example of some of the ways that we see this playing out with these boys.

So those boys, kindergarten through third grade, showing this early antisocial behavior. Again, that is increasing the likelihood of substance misuse later. The persistent piece of this risk factor are both boys and girls, and this includes, as it says here, truancy, shoplifting, fighting, theft, et cetera. So it's moving more into the criminal-type activities. And that's beyond the K through 3. That's the older middle school, high school typically more so.

Rebelliousness. These are those kids who do not feel connected to society at all. They value nonconformity. So they do not value what the majority culture values. And they also-- they do not see a place for themselves in society. So these are the kids who just don't feel like they belong in any way to their community. There are not those connections.

So again, thinking about how this relates to protective factors, that would be very hard for them to be able to access those protective factors if they are not feeling connected in any way to their community. So it could be a double whammy going on for these kids. So rebelliousness increases risk of substance misuse. Gang involvement, no surprise here. More likely to use alcohol or other drugs and don't engage in delinquent or violent behavior if involved with gangs.

Friends who use. Want to pause with this one a little bit, because if a kid is hanging around with friends who use, this is the one risk factor where if they only have one risk factor in their life, it is-- it can be predictable of substance misuse. So things may be going on great within the community, within family, within school, but they are hanging around kids who are using, this can have an impact on them.

Now if it's the only one that's going to be less likely that-- still that will carry out because there be likely to be protective factors going on in the other areas, but this is the strongest predictor of substance misuse.

Favorable attitudes toward drug use. So what's interesting with this one is we see the changes in attitudes as kids are going from elementary school to middle school, from middle school to high school. That in middle school-- or elementary school, you go to a group of kids, like, so what do you think about drugs? Oh yeah, they're horrible, they're bad. That's kind of typical response you get.

And then middle school, you ask that same group of kids when they're middle school, so what do you think about drugs? Well, I would never do it, but I know someone who tried marijuana and they were just fine. Nothing happened to them kind of thing. And then high school it's like, yeah, yeah, no big deal. So we see those shift and attitudes as kids get older.

And the important piece here is that initiation of drug use is preceded by favorable attitudes toward youth. So what I mean here is a change in attitude precedes a shift in behavior. So our-- and this is a general statement about our human being behavior. That we need to have that shift in attitude that it's a good thing, it's a favorable thing before we see that behavior starting to happen.

So just impacting the attitudes can have a preventative impact with substance misuse. If we can keep-- obviously it's going to be hard to keep the ooh, yuck, drugs are awful kind of statements from elementary school, but if we could even prolong those, that can be very helpful. All right. OK, early initiation of drug use. Those who drink start drinking-- alcohol, obviously, we're talking about-- before age 15 compared to after 19 are more than twice as likely to misuse drugs. Like the two sheep or twice as likely. Because I was getting a little punchy at this point when I was selecting pictures.

But it really emphasized, twice as likely to misuse drugs. if we can just wait, have those kids from 15 to 19, delay the onset of substance misuse-- or substance use until 19, we're going to have a great preventive impact. So going back to my friend who was like-- was a recovering alcoholic and saying to his kid, well, drink, but drink responsibly kind of thing when she was 16 at the time, I'm like, no, you have to wait until at least 19! Because it can have a great preventive impact by delaying that.

Constitutional factors. These are the physiological, physical, biological factors within us that increase the likelihood of substance misuse. So I put some examples here. Things like brain trauma, fetal alcohol syndrome are examples of brain trauma, or it could be from an accident. Low basal rate, attention deficit and hyperactivity disorder, low impulse control. All of those things are examples of constitutional factors that can increase the likelihood of substance misuse. So a catchall for what's going on within our bodies.

All right, last pop quiz. Here we go. So, the strongest fact-- or the risk factor that is the strongest predictor of youth substance use is family history, availability of drugs, low commitment to school, or friends who use drugs. All right. Give about 10 more seconds. All right. And we'll go ahead and close it out, Rebecca, and share the results. Thank you.

All right. 79% of you get gold stars. Yes, it is friends who use. That is the one risk factor that if just that one risk factor is present in a kid's life, we see the impact of it. The increase in likelihood. So remember, at the very beginning I talked about the exponential effect of risk factors, that typically if one risk factor is in a kid's life, it won't have an impact? And I said there was one exception? That's the exception. So, exponential except for that one exception.

All right. Well done, 79% of you. All right, let's go ahead and move into-- I'm not saying anything in the Q&A, so I'm going to just jump along to the next section, because I want to make sure we talk about things that are not risk factors. So we already talked about divorce a little bit, but also, there are two other things that are not risk factors. Boredom is not a risk factor and low self-esteem has not been shown through research. So not just that-- there hasn't been the research done. But research has been done and shown that these are not risk factors.

So, boredom. What is important here is when a kid is bored, what other risk factors are present? So if a kid is bored hanging around with a group of friends with nothing to do and the kids use, then that is going to have the impact. It's the hanging around the friends who use. Or they are bored and they have-- the parental attitudes are kids will be kids. The community norms are, again, kids will be kids, it's easily accessible and available. If those risk factors are present, then yes, they're going to be likely-- much more likely to misuse substances. So it's what else is going on when they're bored? It's not the boredom in and of itself.

So many times over the years-- yeah, I've been in prevention for over 30 years. So many times I've heard community groups say, we just need to have the kids have something to do. We just-- they're just bored. We just need to have-- no. Yes, it's important to have kids involved in productive activities, but solving boredom, just addressing boredom in itself is not going to do the trick. We need to look at what other risk factors are present.

All right. We already talked about this a little bit. Divorce in and of itself is not a risk factor, it is what else is going on. What other risk factors are co-existing with a divorce? So for example, in some cases, if there's high levels of family conflict before divorce, and then a divorce happens, and that conflict is reduced significantly, then there's actually less risk in that situation. We've reduced the risk in that situation.

Now things like family management problems, those can be harder when you're divorced, if you have two sets of parents trying to parent and trying to have consistent monitoring and consequences and all those things. So that could increase the likelihood. But it's the family management problem risk factor that is an issue, it's not the divorce. So it's getting back to, how can we address that? We want to address found management problems. We don't want people to get married again just to reduce-- that's not going to solve it.

And then not a risk factor, low self-esteem. So for many years, there were many programs focused solely on increasing kids' self-esteem. They found that those programs-- it says here, designed to raise self-esteem did not show a preventive effect for substance misuse. In fact, analyzing the self-esteem of active drug users, they actually found that in significant number of cases, they actually have very high self-esteem at that point. That they were doing great, they were functioning well, they could do anything, those kind of things. So just working on low self-esteem in and of itself is not going to be a preventive activity.

REBECCA BULLER: Kris, can I interrupt you really quick--

KRIS GABRIELSEN: Yes.

REBECCA BULLER: --on the divorce topic? Somebody asked, a divorce isn't-- and this came up in the chat earlier, too. But it says, a divorce is an ACE. How can it not be a risk factor?

KRIS GABRIELSEN: Oh, an ACE, like an Adverse Childhood Experience, ACE? All right. So I-- OK, I'll just put this out there. I have some challenges with ACEs, because ACEs are-- the research done on ACEs for purely correlational. So they can be indicators of possible impacts, but they are not in and of themselves-- they have not had the longitudinal predictive studies to show that by reducing those things, that you can have a preventive impact.

I know that's counter to what many people are saying right now, but the research I've done on it, there's just not the multiple longitudinal predictive studies to show that they are actually risk factors increasing the likelihood. So when you're looking at strategies to reduce, my personal opinion is I would not look at the list of ACEs as a way to create prevention strategies within our community-- to select prevention strategies within our community.

So I may have just made some enemies on here, but that's my perspective on this. So I can understand-- I appreciate you bringing that up, because that can be very confusing as to why I said what I said and why it's on the list of ACEs, so thank you. Anything else, Jen or Rebecca, that I missed before I jump on to the next section?

REBECCA BULLER: Well, just in regard to the self-esteem, somebody put in the chat, too, that damaged self-worth is a risk factor, self-esteem is not. Just related to what you were saying.

KRIS GABRIELSEN: Yeah. I mean, you think about what-- if damaged self-worth, what else is going on that damaged their self-worth, I'm guessing it's like what's behind that were definitely things that it could be-- that if they had the academic failure, for example, or if they had the family management problems or child abuse and neglect. There's the different things going on that impact that self-worth. So I'd dig a little deeper behind that to figure out what's going on.

All right. So now that we have this information, what do we do with it? There is this video. We are running out of time. It is in your workbook. So I encourage you to watch it at a later date. It is five minutes long, so I encourage you to watch it later. And in that video, it just is a reminder that we need to both enhance protective factors and reduce risk factors to have maximum effect.

And for those of you who use the Strategic Prevention Framework within your strategic planning, want to make sure that you're thinking about that-- risk factors, we think about risk factors within the assessment, that we're going to be collecting data on risk factors in order to identify which ones are prevalent within our community.

We are going to look at risk factors again when we are in the planning step. That's when we prioritize which ones to address within our community. And then we select evidence-based strategies that will impact those prevalent risk factors. And implementation, obviously, we're going to be work at implementing to reduce the risk factors. And we're going to evaluate whether or not we successfully reduced those risk factors within-- after implementing those strategies.

All right, so just a reminder that these are embedded within the whole Strategic Planning Framework. It's not just kind of arbitrary, let's pull out on these things of, I think this is what's going on in my community, so we're going

to start addressing that. No. You need to do it as part of your assessment process where you're collecting the data and analyzing the data to inform which ones are most prevalent and which ones you want to address-- need to address in your community.

Reminder that we need to address the risk factors at appropriate developmental stages. Again, thinking back to some of those, especially some of the risk factors are very age-specific, like if it's early antisocial behavior, that's boys, kindergarten through third grade. So you want to address that pre-K-- at the very latest, K through 3. If we are looking at academic failure, that's fourth or sixth grade, so we want to address that before then. Again, how we're going to address favorable attitudes will change along with developmental stages. So just keep those things in mind.

Comprehensive efforts needed. Again, we want to ideally address multiple risk factors with multiple strategies that are designed to increase multiple factors. I think that-- I apologize that's not said quite well, but what I was trying to say is that you want to have multiple strategies that will address risk factors that both decrease risk factors and increase protective factors.

A way to help identify which strategies have been shown to be effective at reducing risk factors is by using some of the online registries for evidence-based programs and practices. This, again, is a link is in your workbook to this document. It is an excellent document that has-- describes the different online registries that exist and what kind of information is within each of those registries.

So you can go-- in several of those registries, you could go in and click in the criteria which risk factors that you're wanting to address or needing to address, and then it will pull up those programs or strategies that have been shown to be effective at doing that. So highly recommend that you search for that if you haven't seen that yet.

So, my suggestion for you is to think about what can you do within the next 24 hours to put this information into action. What we find is that people close out the webinar and move on to the next thing. And, I'm very guilty of this, it's out of my mind, it's gone. It's like, there are so many things fighting for our attention that it's just gone.

So I highly encourage you to make a commitment to doing something within the next 24 hours to apply this information. And I have a few suggestions for you. You could have a water cooler chat with a colleague for perhaps 15 minutes to share what you learned during the webinar. And these water cooler chats can be virtual. I've had many of them. So if you are still remote, you can do them virtually.

Examine the list of risk factors your organization or coalition uses to identify if they're research-based. So if you have been using the list, find out where it

came from. Review your needs assessment. If you already have a needs assessment that was completed, review it to identify what data shows to be the most prevalent risk factors in your community.

Explore at least one prevention strategy your community is implementing to see if it's addressing one or more risk factors identified as prevalent. So perhaps you did that needs assessment, identified prevalent risk factors, but did you actually start implementing strategies designed to reduce those prevalent risk factors? If you didn't see the protective factors webinar, you might think about watching that recording.

And one other thought is you could explore the online registry-- an online registry of evidence-based strategies using risk factors as a search variable. So in your workbook, I have these lists of suggestions. You can put a check mark next to those you're committed to doing if you like. And what I would like you to do is I would like you to write in your workbook what action you will commit to within the next 24 hours. And then there's this Google Form that's going to be put in the chat, a link in the chat that I would love for you to put what you're committing to do. So what action are you coming in to do?

And if you would like a follow-up email saying, hey, how did it go? Kind of a reminder, did it actually happen? Go ahead and put your name and email in there. That's completely optional, though, if you want to do that or not. So go ahead and take a moment to do that. And if you have any questions about those, let me know. And of course, you don't have to do any of those that I said. It could be something completely different if there are other actions that you're willing to take.

All right. And as you're doing that, I'm going to do the last few slides here. I encourage you to stay current on what the Great Lakes is doing. You can do that-- one way is through our Facebook page if you are a Facebook person. If you go to our Great Lakes Prevention technology Transfer Center Facebook page, you can click Follow and Like, and that way, our posts will pop up in your news feed if you are interested in that.

And I did put up a post around this training, because some folks work with older populations. And so I put up a great resource on older adults' risk factors. So if you want to go to this Facebook page, you'll find that information there, and you'll also find a link to a webinar we're going to do on working with older adults and substance misuse issues. So you might check that out if you're a Facebook person.

Some upcoming trainings. Virtual SAPST. We are doing one in July and September. The one for July is now full. So if you're interested, we are doing the next one in September. We prioritize those who live in the Great Lakes states. You can be put on a wait list if you are from outside our region, but please know that we are prioritizing those in our region.

Great Lakes (HHS Region 5)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

We have our Nexus series. We have a couple more coming up, one on the nexus between substance misuse prevention and problem gambling, and then with mental health promotion. As I mentioned, we're doing an older adults' substance misuse trends and prevention strategies on July 27, and then girls and women substance misuse trends and prevention strategies that's in August.

All right. Please, please, please take some time to answer a couple of questions. Our post training feedback, as Rebecca mentioned, this is important for us to give to our funding agency. And as well as our own information. And once you finish GPRA, you will be connected to a second survey, which, of course, is optional, but that's where you could give us more qualitative information about what worked well for you with this training or not.

The first set of the information with those, it just doesn't give us much. It's like, OK, well people said that, but we have no idea why. The second set of questions really gives us an idea of what worked well and what didn't and why. So if you can take a couple more minutes to do that that would be fantastic. All right. And I believe that is it. Rebecca or Jen, do you have anything else to add before we close out?

REBECCA BULLER: I'm just-- I'm going to put the Google Form link and the Commitment to Action one more time in the chat for people. That is where you can put your emails, too, correct, Kris?

KRIS GABRIELSEN: It's the Google Form, yes.

REBECCA BULLER: Yes.

KRIS GABRIELSEN: The Google Form is where you can put your email and name if you want me to do a follow-up with you to say how's it going with the action you committed to taking.

JEN WINSLOW: Yep. And so that is where you put-- some people who are putting it in the chat. So just click that Google Form. And also, the survey link that she was just referring to, you will be automatically redirected as soon as we close this training.

REBECCA BULLER: And I just want to let you know, I did capture those few emails that are in the chat and I'll share them with Kris. The email addresses.

KRIS GABRIELSEN: OK, great. Thank you.

JEN WINSLOW: All right. Thank you, everyone.

KRIS GABRIELSEN: Thank you, all. Yes, I appreciate you all being here.