Technical Information



This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order. Reference # 1H79SP081018.

For training use only.

Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



This webinar is now live.



It is being recorded.





Welcome

Central East PTTC Webinar

Preventing Youth Vaping, Cannabis, and Tobacco Use Part 2: Strategies and Recommendations for the Field of Prevention

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Oscar Morgan Executive Director



Deborah Nixon Hughes Project Director

Central East Region

SAMHSA REGION 3





The use of affirming language inspires hope. LANGUAGE MATTERS. Words have power. PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



```
ethnicity spirituality
          orientation
          normalize practices expression
     Ethnic stories terror race share injustices Centity
       standard create
               care Matter shootings
      change
             education
    Racial`
    space
seem normal
   powerful
  NASW self Black
gender affected Lives hate
         Diversity advocacy huncertainty
         sexual
         religious competency
```



PTTC Mission





Services Available





Technical Assistance



Training







Facilitate Prevention
Partnership &
Alliances



Research Learning Collaborative







Literature Searches





Research Publication



Other Resources in SAMHSA Region 3



Central East (HHS Region 3)



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



Central East (HHS Region 3)



Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Preventing Youth Vaping, Cannabis, and Tobacco Use Part 2: Strategies and Recommendations for the Field of Prevention

Josh Esrick

PTTC Prevention Specialist; Chief of TTA, Carnevale Associates Olivia Stuart

Research Assistant, Carnevale Associates

May 30, 2024





Presenters



Josh Esrick



Olivia Stuart



Mentimeter Activity







Validating...



How to participate:

- Scan the QR code from a mobile device OR
- Click on the link in the chat OR
- Go to menti.com and enter the code at the top of this slide.

Learning Objectives

- Recognize the importance of providing evidencebased culturally responsive youth vaping, cannabis, and tobacco use prevention strategies
- Describe evidence-based behavioral strategies for preventing youth vaping, cannabis, and tobacco use
- Describe evidence-based environmental strategies for addressing social determinants of health relevant to youth vaping, cannabis, and tobacco use
- Explain how to ensure cultural responsiveness in youth substance use prevention programs



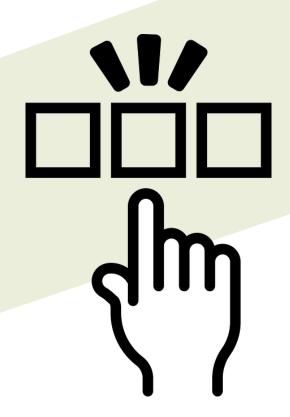
The Importance of Using a Culturally Responsive Evidence Base





Why Evidence is Important in Prevention

- Part I discussed the continued need for youth vaping, cannabis, and tobacco use prevention services
- Ensure that the interventions we implement have the greatest likelihood of success
- Strength of evidence varies significantly
- Many EBPs for youth substance use prevention exist
- EBPs be designed/adapted to ensure cultural relevance





Why Cultural Responsivity is Important in Prevention

- Culture shapes every interaction we have, intentionally or not
- Prevention professionals work in different settings with individuals from diverse cultures in many capacities
- Demographics are shifting and we are becoming more culturally diverse
- Significant disparities remain in substance misuse and substance use disorder prevalence across a variety of factors



Substance Use and Inequity

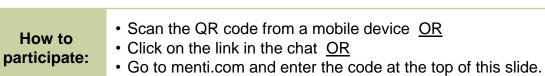
- Structural racism and discrimination has been linked to an increased risk of substance use and overdose
- This contributes to SUD disparities through:
 - Biases and stigma deeply-rooted in institutions that impact lived experiences
 - Effects of racism-related stressors on wellbeing and functioning
 - Conscious and unconscious behaviors directed at people of color
 - A lack of culturally competent care



Mentimeter Activity

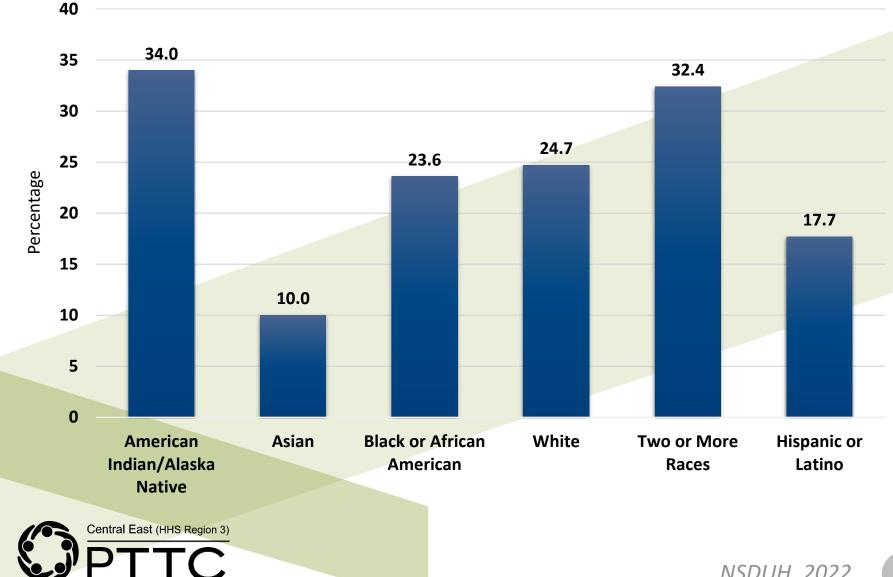


SCAN ME





Past-Month Vaping (12+)



Evidence-Based Behavioral Strategies for Vaping, Tobacco, and Marijuana





Environmental vs. Behavioral Strategies

- Environmental strategies seek to change the environment and context away from supporting use
 - E.g., Requiring valid identification for online retailers to ensure they are not selling to youth
- Behavioral strategies seek to impact individuals' knowledge, skills, and behaviors related to their risk of substance use
 - E.g., A course that teaches life skills to high school students to reduce substance use







LifeSkills Training (LST)

- Classroom-based universal prevention program for ages 12-14
- Intended to reduce alcohol, tobacco, and cannabis use, & reduce violence
- Primary implementers are teachers; should attend a 15-hour training and obtain program materials
- Among other outcomes, found to:
 - Significantly reduce cigarette smoking and cannabis use at 3-year follow-up
 - Slow growth rates in cigarette initiation in 5-year follow-up
 - Significantly reduce lifetime cannabis use





Blues Program

- Designed to engage high school-aged youth with symptoms of depression/those at risk of developing major depression
- 6 weekly 1-hour group sessions with 4-8 teens plus home practice assignments
- Focuses on increasing teen's involvement in prosocial activities, practicing cognitive restructuring techniques, and building resiliency to life stressors
- In addition to reductions in depressive symptoms at follow-up, teens also report reductions in substance use, including tobacco and cannabis use





Positive Action

- School-based social emotional learning program for grades K-6 and 7-8
- Implemented by teachers, along with school administration and other school stakeholders
- Among other outcomes, found to significantly reduce rates of a combined measure of all forms of substance use, including cannabis
 - Students in schools that implemented Positive Action in Chicago were 20-39% less likely to use tobacco, alcohol, or cannabis





Project Towards No Drug Abuse

- Classroom-based program for high school students at risk of drug use and violent behavior
- Includes 12 40-minute interactive sessions over a 3-week period taught by teachers or health educators
- Focuses on motivation activities to not use drugs, exercise self control, improve communication, and strategies for effective decision-making
- Evaluation studies found significant reductions in tobacco use and hard drug use, as well as problem behaviors (e.g., weapon carrying, victimization)





smokeSCREEN

- Video game geared towards adolescents aged 10-16
- Can be implemented in schools, youth programs, or at home
- Evidence demonstrated:
 - Improved beliefs about nicotine vaping and cigarette smoking
 - Improved knowledge about nicotine vaping and cigarette smoking





CATCH My Breath

- School-based program developed to prevent nicotine vaping and tobacco use among students in 5th-12th grades
- Program resulted in:
 - Reductions in nicotine vaping use (both lifetime and within the past 30 days)
 - Increases in nicotine vaping knowledge
 - Increases in positive perceptions of a vape-free lifestyle
 - Reductions in overall tobacco use





This Is Quitting

- Text message program developed by the Truth Initiative
- Designed for teens and young adults (13-24) to quit nicotine vaping
- 61% of participants said they had reduced their use of vaping devices or quit altogether at 2weeks after enrollment
- At three months:
 - 25% said they had not vaped in the past seven days
 - 16% said they had not vaped in the past 30 days



Evidence-Informed and Promising Programs

- A Stop Smoking in Schools Trial (ASSIST)
- Communities That Care
- Coping Power
- Good Behavior Game
- Healthy Futures
- KEEP SAFE
- Learning Together
- Not-On-Tobacco (NOT)

- PROSPER
- Raising healthy Children
- RealTeen
- SPORT Prevention Plus Wellness
- Strengthening Families 10-14
- Strong African American Families (Teen) Program
- You and Me, Together Vape Free



Which of the strategies we covered are you interested in learning more about or have already implemented?



SCAN ME

Content



Design



Settinas

smokeSCREEN

CATCH My Breath

This is Quitting

Project Towards No D



Help & Feedback



How to participate:

Blues Program

Scan the QR code from a mobile device OR

Positive Action

- Click on the link in the chat OR
- Go to menti.com and enter the code at the top of this slide.

LifeSkills Training

Promising Program for NHOPI Youth

Ho'ouna Pono Drug Prevention Curriculum

- Classroom-based substance misuse prevention program for NHOPI adolescents in rural Hawai'i
- Curriculum developed within the socio-cultural context of substance use among NHOPI youth
- Video vignettes of Hawaiian youth were shown in realistic substance-related situations for their community
- Prevalence of recent cigarette/e-cigarette use dropped from 4.3% to 3.5%



Environmental Strategies for Vaping, Tobacco, and Marijuana





Environmental Strategies

Policy change

Public education

Media campaigns



Environmental Strategies, I

- Target both societal and community level influences to reduce substance use
- Seek to restrict access to substances, can mandate tracking/training/data collection activities, and work to limit distribution and promotion
- Under the SDOH framework, it's important to understand how the environment around us influencing risk of substance use
- Developing environmental strategies can require a diverse network of stakeholders



Environmental Strategies, II

 Studies estimate that clinical care impacts only 20 percent of county-level variation in health outcomes, while SDOH affect as much as 50 percent

Interventions at the environmental level can be

effective at reducing substance use





Examples of "Big Picture" Strategies

- Supportive housing to individuals with chronic health conditions
- Public benefit programs such as providing food assistance to families in need
- Non-emergency medical transportation (NEMT) to improve access to preventative services

Research on direct impacts of these strategies is still being developed, but it is known that they can help reduce factors that are associated with many forms of substance use.



Using Policy as an Environmental Strategy

Zoning policies

 Reduces youth access to products and decreases outlet density

Price policies

- Increasing the price of tobacco products is known to be one of the most effective tobacco control interventions
 - 22 states have imposed a tax on e-cigarettes





Using Policy as an Environmental Strategy, II

Regulatory policies

- Requiring health warnings, child-resistant packaging
- Restricting internet sales; requiring ID/proof of age
- Prohibiting self-service and vending machine sales in places where youth frequent
- Requiring FDA authorization of new or changed products
- 5 states and over 375 localities have passed restrictions on the sale of flavored tobacco products



Mentimeter Activity



SCAN ME



How to participate:

- Scan the QR code from a mobile device OR
- Click on the link in the chat OR
- Go to menti.com and enter the code at the top of this slide.

Public Education and Media Campaigns

- Can reach a large audience
- CDC estimates that they need to reach 75% of their target audience to create changes in behavior and attitude

Example: truth® Campaign

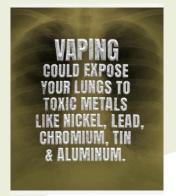
- National mass media campaign focused on the prevention of youth and young adult tobacco use
- Greater exposure to the campaign is associated with reduced intentions and likelihood of smoking.

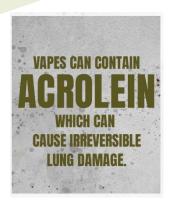


Real Cost Campaign

- Run by the FDA for youth aged 12-17
- Uses TV and streaming video ads, digital ads, social media, and a youth-targeted website
- Educates at-risk youth about the harmful effects of tobacco use
- "High exposure" to campaign advertisements associated with a 30% decrease in risk of beginning smoking among youth







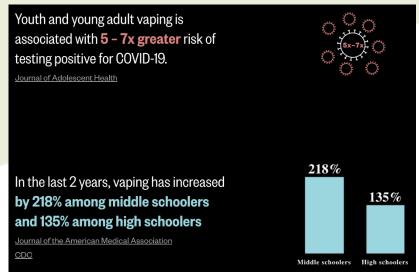


Flavors Hook Kids

- Public education campaign website ran by the California Department of Public Health
- Includes:
 - Fast facts about vaping
 - California vaping policy map
 - Opportunities to engage in advocacy
 - Comprehensive guide for parents
 - Other resources







Other Examples of Public Education

Escape the Vape

Vanish the Vape

Generation FREE

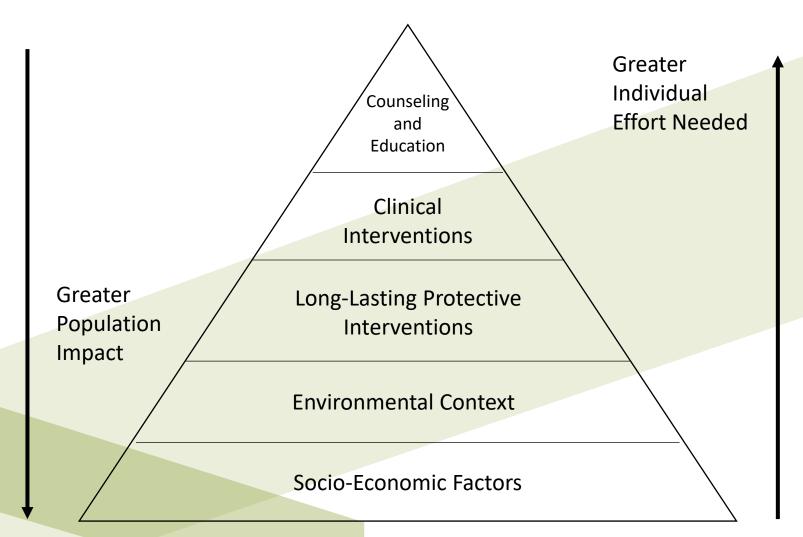
Health Canada

E-Cigarettes and Teens: A Guide for Parents and Educators

What You Need to Know and How to Talk to Your Kids
About Vaping



Having a Comprehensive Approach





Case Study: Tobacco Prevention (Frieden, 2010)

- Socio-Economic Factors
 - High poverty rates associated with higher smoking rates
- Environmental Context
 - Excise taxes; smoke-free workplaces
- Long-Lasting Protective Interventions
 - Graphic anti-smoking ad campaigns created a "social immunization" against the idea of smoking
- Clinical Interventions
 - Smoking cessation medications; encourage healthy diet and exercise to reduce stress
- Counseling and Education
 - Education about the risks of smoking





Cultural Responsivity





Applying the Core Tenets of Cultural Humility to Prevention



1. Life-long commitment to selfreflection



2. Actively seek to address power imbalances



3. Develop non-paternalistic, mutually beneficial partnerships with communities



6 Principles for Increasing Prevention's Cultural Responsiveness (SAMHSA)

- 1. Sustain community partnerships and involvement
 - 2. Let the community define themselves
- 3. Prioritize culturally appropriate prevention approaches (and adaptations)
 - 4. Employ evaluators who are culturally competent
 - 5. Ensure program staff reflect the communities they serve
 - 6. Include people in the target population in prevention planning ("nothing about us, without us")



Mentimeter Activity









How to participate:

- Scan the QR code from a mobile device OR
- Click on the link in the chat OR
- Go to menti.com and enter the code at the top of this slide.

Adapting Programs to be Culturally Responsive

Look inwards

Work outwards

Solicit the expertise of those with the lived experience

Follow the principles of cultural competence



Example of an Adapted Program – Keepin' it REAL

EBP

- Classroom-based, videoenhanced prevention program originally designed for urban settings in the Southwest US
- Six core components
 - Communication competence
 - Narrative-based knowledge
 - Social norms education
 - Social learning of life skills
 - Drug-resistance strategies
 - Local social context



ADAPTATION

- Adapted to Rural Schools in OH & PA
- Hired community liaisons to build relationships, manage logistics, and work with program designers throughout
- Six step iteration process
 - Formative interviews with youth
 - Focus groups with teachers
 - Teen Advisory Group (TAG) created
 - New video development
 - Lesson development and adaptation
 - Feedback and revision

Conclusion

- Many potential EBPs to address youth vaping, cannabis, and tobacco use
- Need to use strategic planning to determine which are best fit for your needs
- And select EBPs that can fit together into a comprehensive approach
- This involves weighing the evidence behind strategies, understanding your own capacity, and analyzing the needs of the community





Josh Esrick and Olivia Stuart jesrick@danyainstitute.org
ostuart@danyainstitute.org





Contact Us



a program managed by



Central East PTTC website: www.pttcnetwork.org/centraleast

Danya Institute website: www.danyainstitute.org

Deborah Nixon-Hughes, Director: dhughes@danyainstitute.org

Danya Institute email and phone: <u>info@danyainstitute.org</u> (240) 645-1145

Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

