

Modern Teens in a Mad World: Curbing Risk and Promoting Healthy Choices

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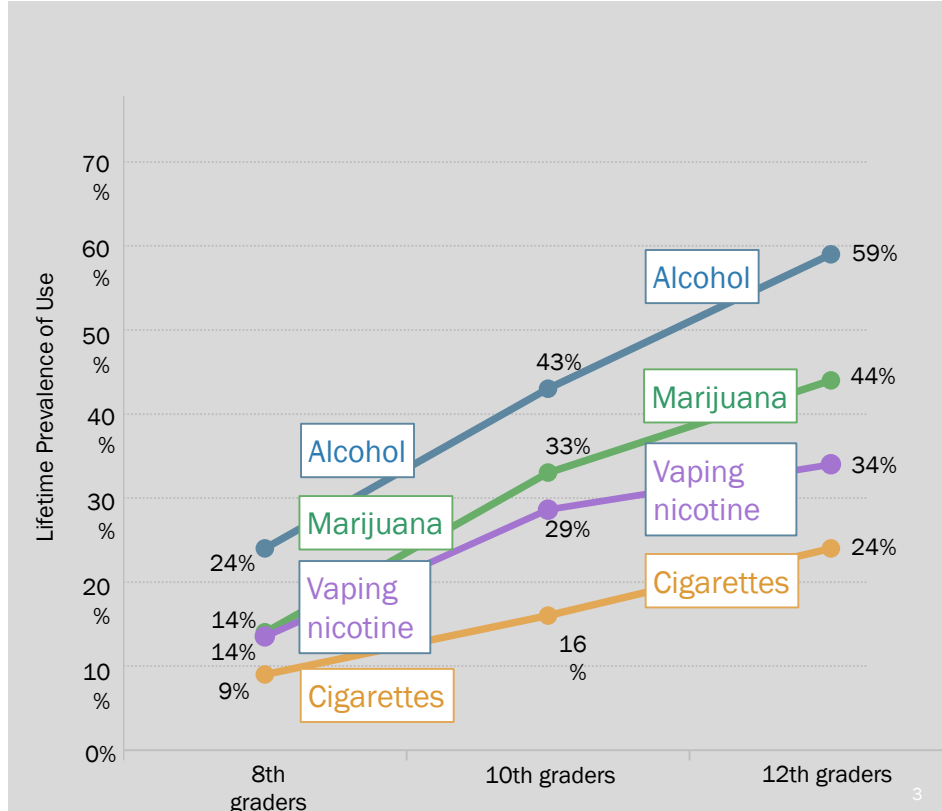
Research funded by NIAAA AND NIDA
CHOICE: R01AA016577
CHAT: R01AA021786
MICUNAY: R01AA022066
AWARE: R34DA034813
FREE TALK: R01DA019938



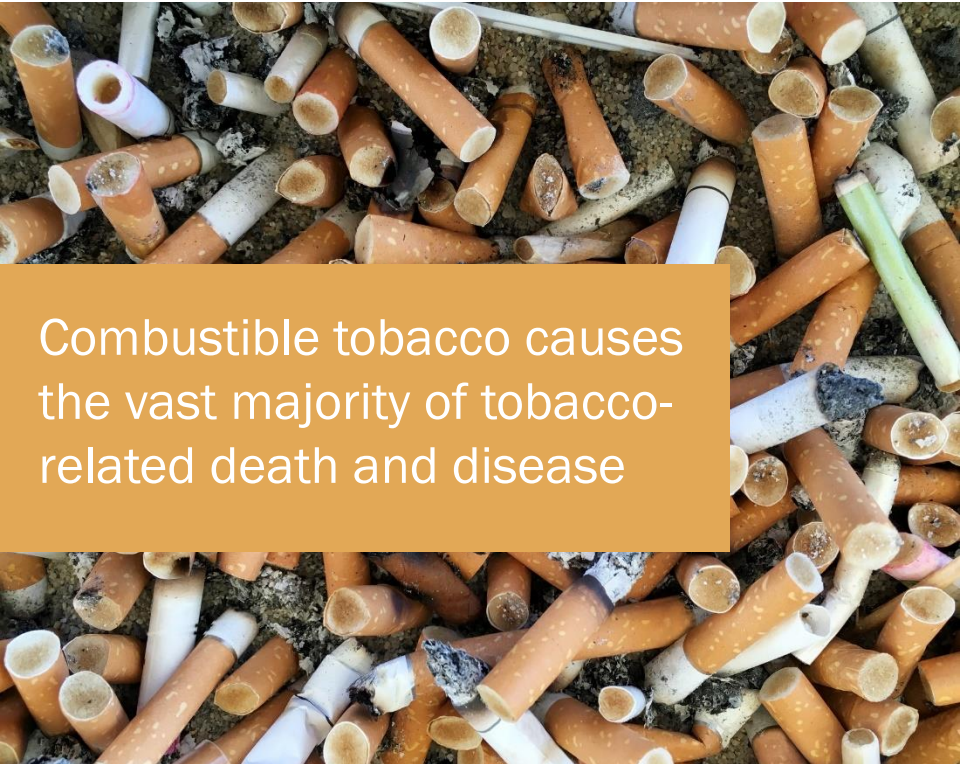
Outline

- Adolescent alcohol and other drug use - what does it look like?
- Addressing policy for e-cigarettes and marijuana
- Interventions targeting diverse youth
- Thinking outside the office

Alcohol and other drug use during the teen years – lifetime use



E-cigarettes have raised hopes about reducing tobacco-related harm



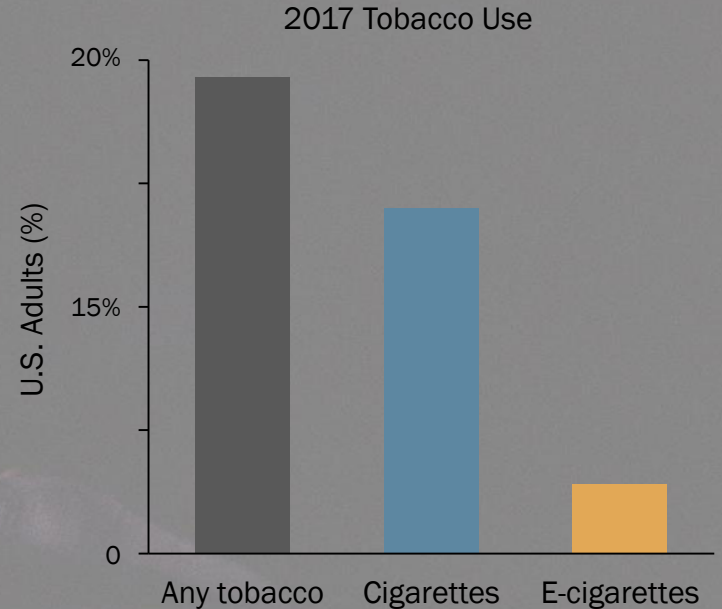
Combustible tobacco causes the vast majority of tobacco-related death and disease



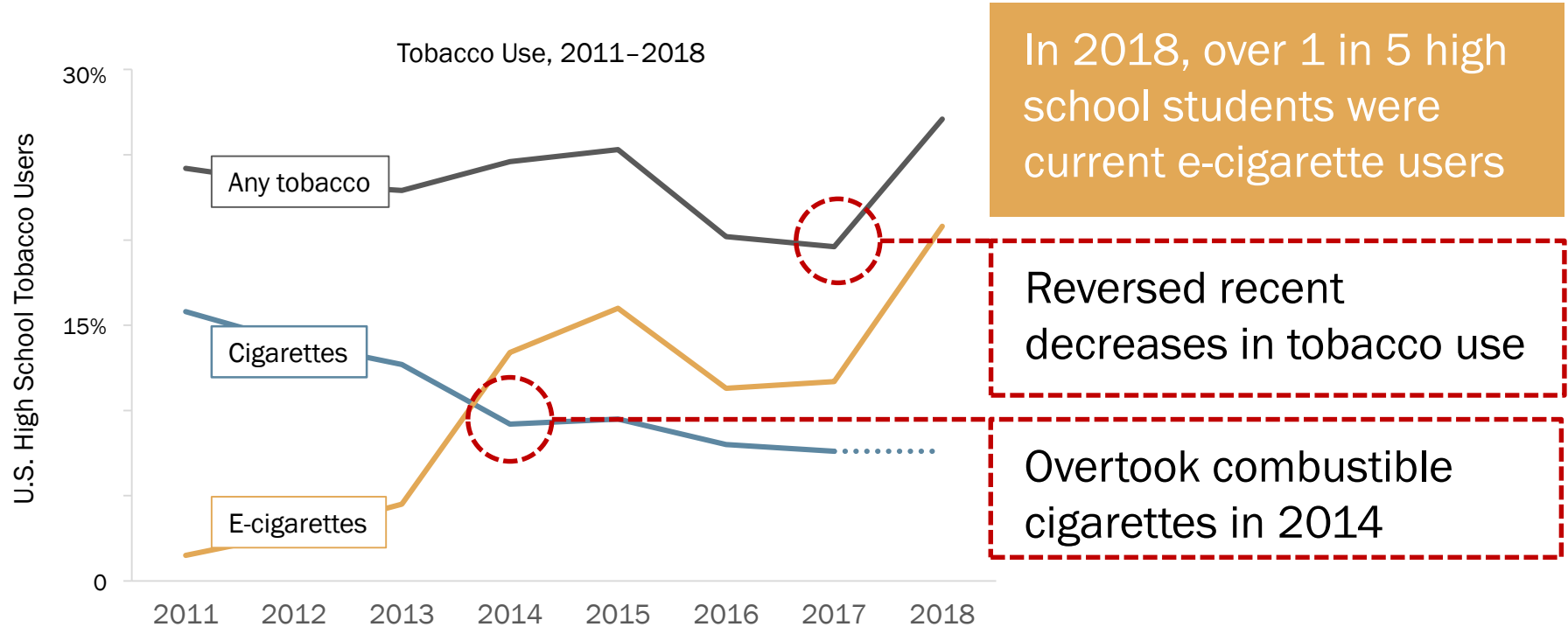
Will e-cigarettes help further reduce tobacco use—and tobacco-related harm?

Thus far, e-cigarettes have not radically “transformed” tobacco use among adults

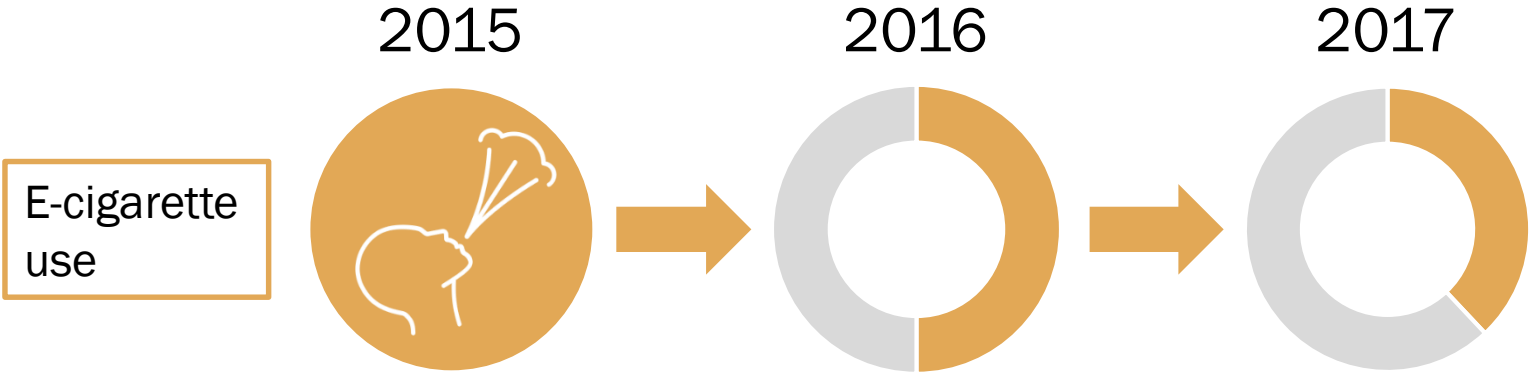
- Cigarettes remain the most popular tobacco product
- Most adults who use e-cigarettes are also current cigarette smokers
- Most smokers who use e-cigarettes to quit smoking... don't



But among teens, e-cigarette use has reached epidemic levels

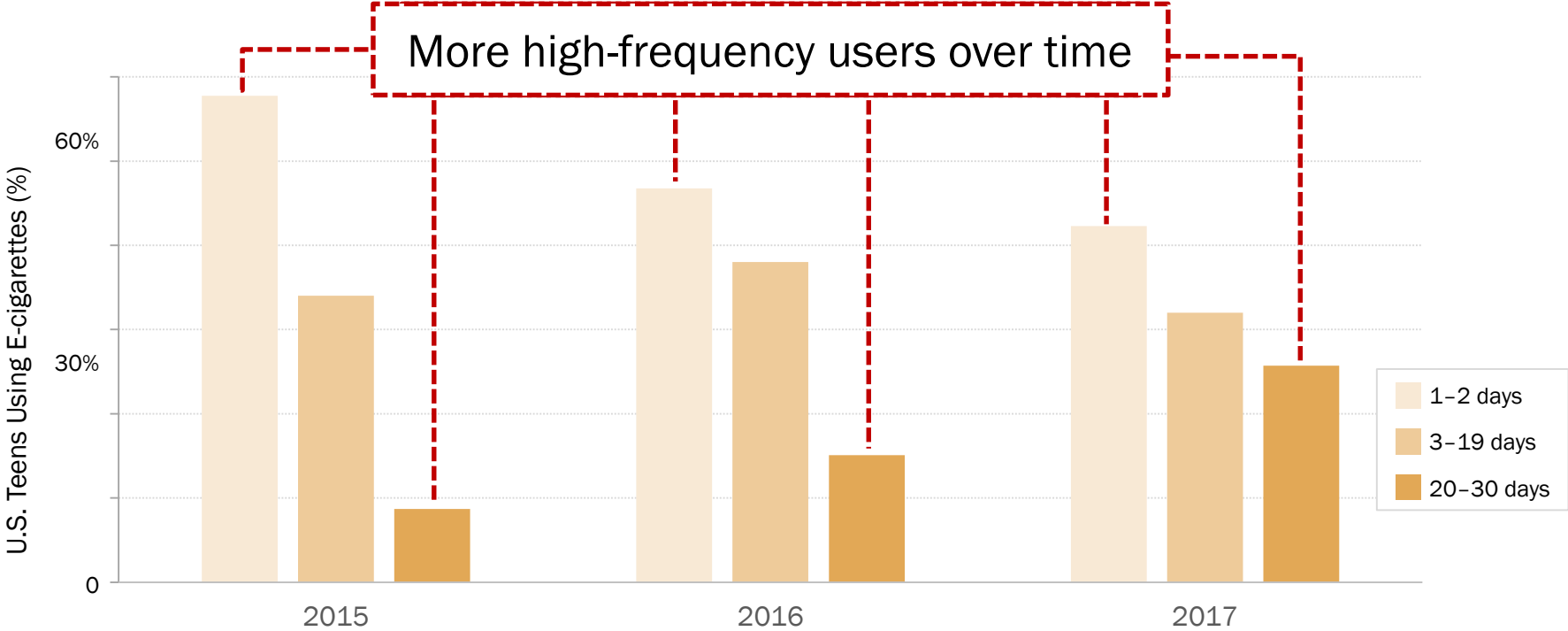


Addressing policy: E-cigarettes

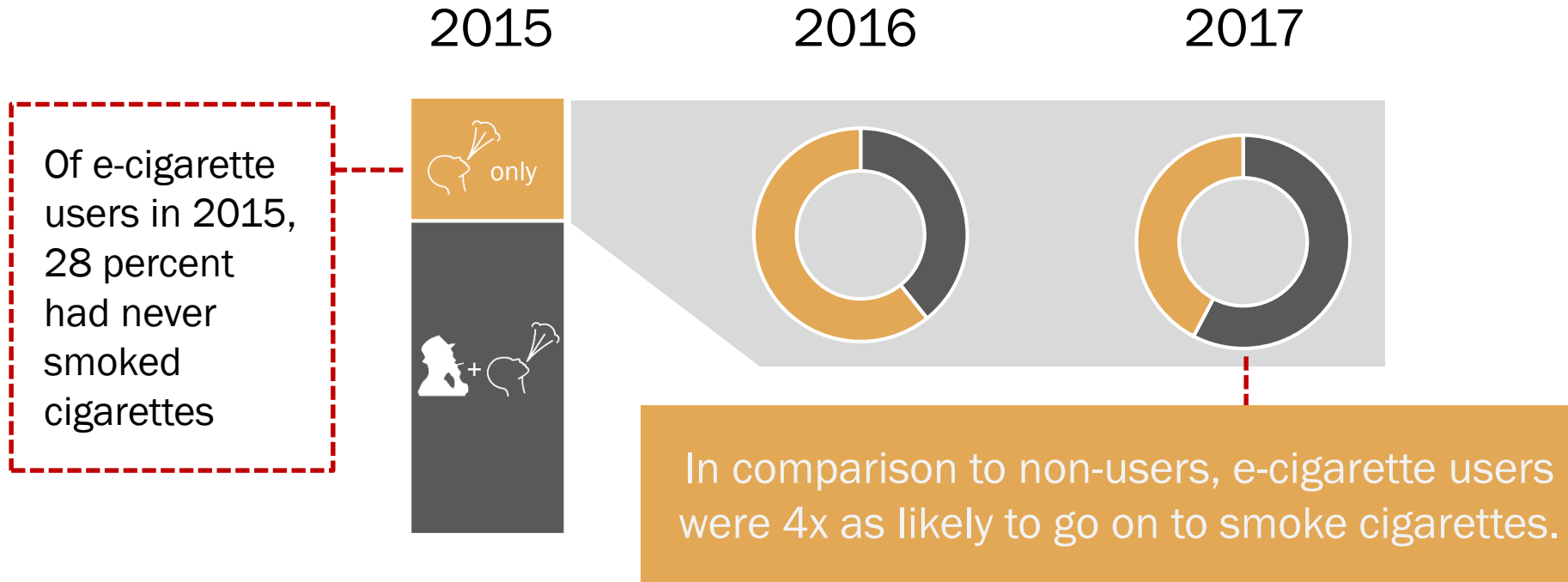


Not all who use e-cigarettes are just “experimenting”: many continue to use over time

And high-frequency use becomes more common over time



For initial never-smokers, vaping e-cigarettes increases likelihood of smoking cigarettes in the future



Addressing policy: Marijuana

Changing landscape of how marijuana is used/viewed

How is advertising affecting adolescent use?

We surveyed 4,946 teens from 2010-2017 and assessed their exposure to advertising, marijuana use, cognitions, and consequences



Addressing policy: Marijuana

Greater exposure to medical marijuana advertising was significantly associated with:



Greater marijuana use

Stronger intentions to use one year later

Stronger positive beliefs about marijuana

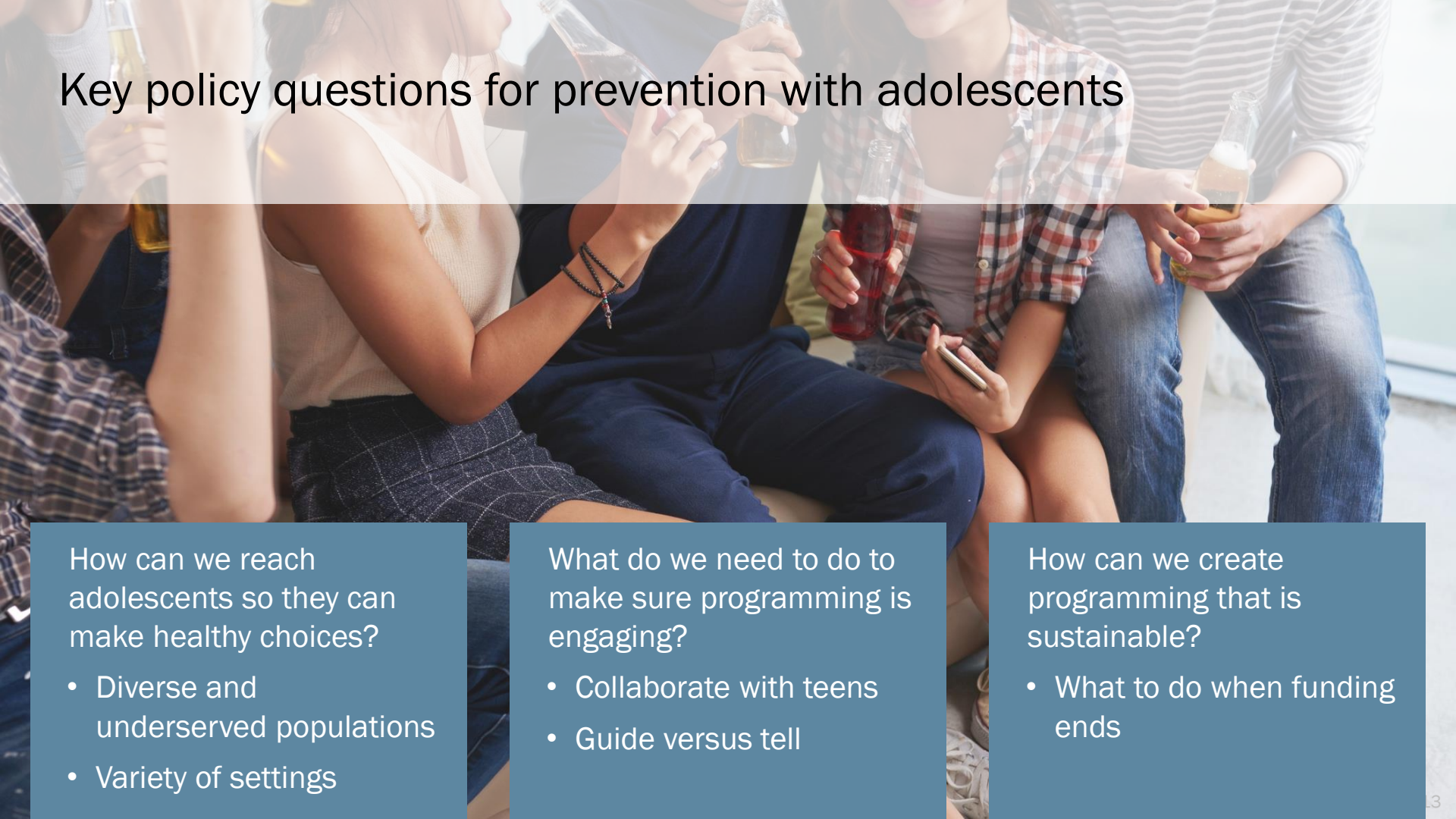
Experiencing more marijuana consequences

Addressing policy: Marijuana



ORDINANCE NO. 185607

An ordinance restricting commercial advertising of cannabis, cannabis products, and cannabis activity on signs.



Key policy questions for prevention with adolescents

How can we reach adolescents so they can make healthy choices?

- Diverse and underserved populations
- Variety of settings

What do we need to do to make sure programming is engaging?

- Collaborate with teens
- Guide versus tell

How can we create programming that is sustainable?

- What to do when funding ends

Key factors of influence

Peer approval



Best friend use



Adult use



Sibling use



Advertising



Interventions targeting diverse at-risk youth



- Young teens (middle school, ages 11-14)
- After school
- Cycles during school year

- Teens (ages 14-18)
- Primary care screening
- 15-minute intervention

- Urban Native American teens (ages 14-18)
- Cultural focus
- Three workshops

- Homeless young adults (ages 18-25)
- Drop-in centers
- Four workshops

- Teens (ages 14-18)
- Teen Court
- First time AOD offense

Interventions targeting diverse at-risk youth: CHOICE

The logo for CHOICE features the word "CHOICE" in a bold, dark blue, sans-serif font. The letter "O" is replaced by a stylized icon consisting of a green circle on the left and a yellow circle on the right, with a white crosshair shape in the center.

Voluntary after school program

Five 30-minute group sessions:

- ✓ Norms
- ✓ Coping with feelings
- ✓ Preparing for risky situations

Sessions cycle over the school year

CHOICE sample

	Control (%) N=4689	Intervention (%) N=4243
Gender		
Female	50	51
Male	50	49
Race/ethnicity		
Non-Hispanic White	14	17
Non-Hispanic African-American	3	4
Hispanic	56	52
Asian	16	17
Other	11	10
Grade		
6 th	31	34
7 th	32	34
8 th	37	32
Education		
Mother (> high school)	42	48
Father (> high school)	37	43

CHOICE outcomes one year later



Initiation



Resistance/
Self-efficacy



Social message
spread



Cost



Interventions targeting diverse at-risk youth: Project CHAT



Screening in four primary care settings

- ✓ Screened 1,573 youth
- ✓ 1 in 5 was “at risk”

At-risk teens randomized to CHAT or brochure

Follow-up surveys with youth at 3, 6, and 12 months

CHAT Sample

	Overall N=1573 Mean (SD) or N (%)	Age 12-14 N=498 Mean (SD) or N (%)	Age 15-18 N=1075 Mean (SD) or N (%)
Age	15.5 (1.9)	13.2 (0.8)	16.6 (1.1)
Gender			
Male	662 (42.5%)	235 (48%)	427 (40.1%)
Female	894 (57.5%)	255 (52%)	639 (59.9%)
Race/ethnicity			
White	232 (14.7%)	78 (15.7%)	154 (14.3%)
Black	420 (26.7%)	166 (33.3%)	254 (23.6%)
Hispanic	808 (51.4%)	209 (42%)	599 (55.7%)
Other/multiracial	113 (7.2%)	45 (9%)	68 (6.3%)
Prevalence: Past year use			
Alcohol use	655 (41.7%)	66 (13.3%)	589 (54.9%)
Heavy alcohol use	347 (22.1%)	24 (4.8%)	323 (30.1%)
Marijuana use	575 (36.6%)	77 (15.5%)	498 (46.4%)
Heavy marijuana use	302 (19.3%)	38 (7.7%)	264 (24.7%)
Prevalence: DSM-5 diagnosis			
Alcohol use disorder	61 (3.9%)	4 (0.8%)	57 (5.4%)
Cannabis use disorder	211 (13.6%)	23 (4.7%)	188 (17.8%)

Project CHAT outcomes one year later



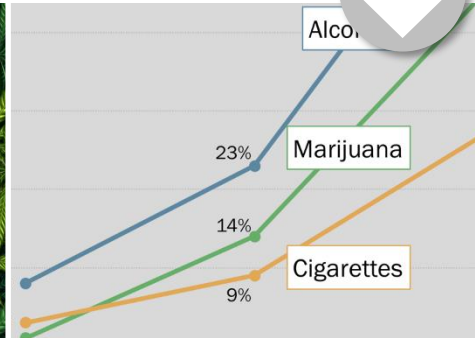
Alcohol
consequences



Marijuana
consequences



Norms



Time spent around
teens who use



Interventions targeting diverse at-risk youth: MICUNAY



Integrates traditional healing approaches with motivational interviewing

Three workshops on healthy choices for body, brain, spirit

Randomized to two cultural programs (no “control” group)

3- and 6-month surveys



Workshop Format

Each of the 3 workshops is 2 hours in length

Workshops begin with:

- Opening prayer (smudging)
- Establishing and reviewing ground rules
- Establishing and reviewing confidentiality
- Review of agenda

1-hour group MI session is followed by a 1-hour cultural activity

(except for Workshop 1, where the beading activity is started first to allow for more beading time)

Workshops are:

- Interactive
- Education-focused
- Introductory in nature

MICUNAY community wellness gathering



2 hour community event, held over dinner hour

Event begins with opening prayer

Focus on drumming, dancing, beading, story telling

Discussion of making healthy choices



All Nations powwow group

MICUNAY sample demographics (N = 185)

	N	Percent
Age		
14 years old	51	28
15 years old	38	21
16 years old	44	24
17 years old	31	17
18 years old	19	10
Sex		
Male	90	49
Female	95	51
Race/Ethnicity		
Hispanic/Latino(a)	83	45
AI/AN	150	81
Asian/Asian American/Pacific Islander	8	4
Black/African American	21	11
White/Caucasian	32	17
Other	8	4
Education		
Mother (> high school)	120	80
Father (> high school)	94	73

MICUNAY outcomes one year later

Alcohol, marijuana
use stabilized



Culturally centered
programming



Work needed with
underserved
population



Innovative youth interventions effectively reached youth across settings with minimal cost



- 15% population participated
- \$20 per student



- 15-minute intervention
- Continued effects after 1 year



- 2-hour cultural event
- Stable use over 6 months vs. increased use

Thinking outside the office...



Identify key community leaders for increased dissemination



Benjamin Hale
(Navajo)



Kurt Schweigman
(Oglala Dakota)



Janet King
(Lumbee)



Dr. Carrie Johnson
(Wahpeton Dakota)



George Funmaker
(Ho-Chunk/Dakota)



Kamilla Venner
(Ahtna Athabaskan)

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JUL 21, 2017 7:53 PM EDT



APRIL 4, 2015 www.time.com AOL Keyword: TIME

INSIDE: BINGE DRINKING AMONG WOMEN

TIME



NEWS STORIES

How parents across LA are talking about weed with their kids

Written by Michell Eloy • Sep. 21, 2018



Kymberly Stewart and Luis Rosario (Photos by Michell Eloy)

ScienceDaily

Science News from research organizations

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Adolescent alcohol, marijuana use leads to poor academic performance, health problems

Date: June 14, 2016
Source: RAND Corporation

Summary: Adolescents who use both marijuana and alcohol during middle school and high school are more likely to have poor academic performance and mental health during high school, according to a new study that followed a group of students over a seven-year period. However, the study found marijuana use was predictive of poorer functioning across more areas, including lower academic functioning, being less prepared for school, more delinquent behavior and poorer mental health.

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By Michael S. Dunbar and Elizabeth J. D'Amico
Updated 2:19 PM ET, Mon December 17, 2018



OP-ED OP-ED OP-ED

Keep marijuana ads a football field (or two) away from your kids

By ELIZABETH J. D'AMICO JUN 18, 2018 | 4:15 AM



Photo advertising in Santa Monica. (Richard Vogel / Associated Press)

Get the word out... to EVERYONE!

Briefed Senate and House Committees



Cited by the FDA commissioner



The Food and Drug Administration

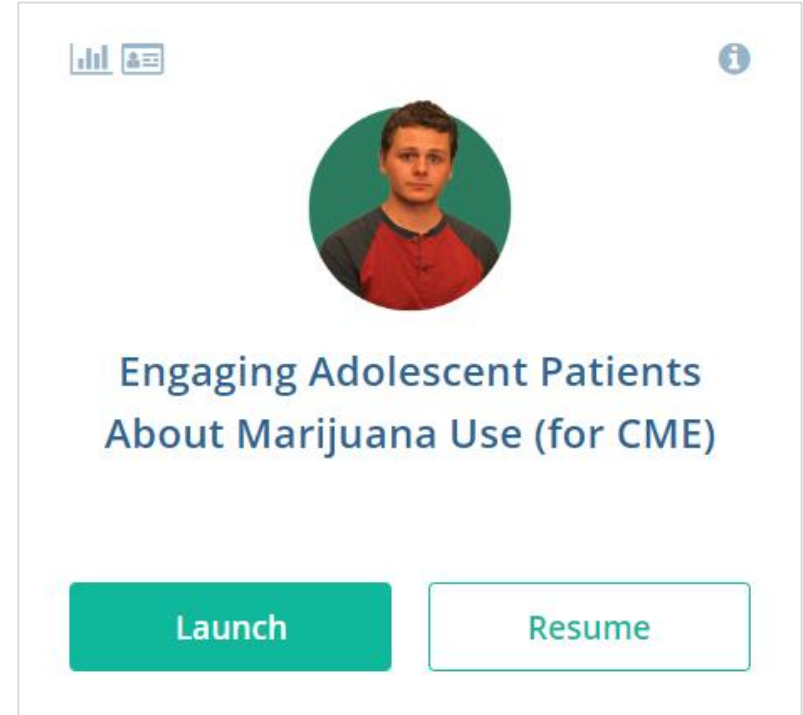
Informed policy for state legislature and LA county



To bridge the gap between research and practice, programming must be available and accessible



The screenshot shows the homepage of the Group MI for teens website. At the top left is the logo "GROUP MI for teens" with an icon of three people. To the right are links for "LOGIN/REGISTER" and "HELP". Below the logo is a navigation bar with "HOME", "ABOUT US", "PROGRAMS", "RESOURCES", and "FAQ". The main content area features a large circular image of a diverse group of teenagers sitting outdoors. To the left of this image, the text "motivational interviewing" is displayed in a large, white, sans-serif font. Below this, a paragraph reads: "Welcome to Group MI for Teens! Here you'll find guidance on facilitating our motivational interviewing-based interventions in group settings with adolescents. Register to view training videos, download intervention materials, get continuing education credits, and explore MI resources – all free of charge." A play button icon is followed by the text: "See how MI can help teens make healthy choices about alcohol and drug use." At the bottom, there are three light blue boxes: "CHOICE" (a voluntary, five-session group MI prevention and intervention program for middle school youth), "VIDEOS" (Watch videos on group MI as well as the CHOICE and Free Talk interventions. Get continuing education credits and download program materials.), and "freetalk" (Free Talk is a six-session group MI intervention developed for at-risk youth ages 14-18 with a first-time alcohol or drug offense).



The slide features a circular portrait of a young man with short brown hair, wearing a red and black baseball-style shirt, set against a green background. Above the portrait are two small icons: a bar chart and a person icon. In the top right corner, there is a small blue circle with a white 'i' icon. Below the portrait, the title "Engaging Adolescent Patients About Marijuana Use (for CME)" is written in a large, blue, sans-serif font. At the bottom, there are two buttons: a solid teal button labeled "Launch" and a white button with a teal border labeled "Resume".

Bridging the gap also involves implementation in different settings

Schools and
community settings



Primary care clinics



Underserved
metropolitan areas



Where do we go from here?



Questions?

