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- Lessons from the Field -

The Facts About Student Vaping and Approaches to Prevention

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Transcript

Cindy Carraway-Wilson: Good afternoon, everyone. And again, I welcome you to our webinar, the Facts About Student Vaping and Approaches to Prevention. On behalf of the U.S. Department of Education, we're pleased to have you with us today and in fact, over 1700 people have registered for this webinar, so we are going to be expecting more people to come in and join us very soon. We'll also acknowledge that the majority of the folks who are joining us today are coming in from our school support personnel such as nurses and counselors, and we have a great diversity of other folks also from schools, from the community, from law enforcement, and we welcome each and every one of you to our webinar today.

This webinar is part of our Lessons from the Field webinar series. This series highlights effective tools, techniques, and strategies employed by everyday practitioners in our schools to address hot topics that are on the topic of educators' minds. You can access recordings of these webinars from the series on the webpage that's now being shared with you in chat.

Today's webinar provides up-to-date information on the impacts of vaping, and we will hear about approaches being used in communities and schools to help engage students in conversations around vaping to facilitate prevention and also to help young people stop vaping. If you have additional strategies that are working in your community, please reach out to the bestpracticesclearinghouse@ed.gov to share. As always, we know that our work together is better when we share our strategies together. Please note that this presentation does not necessarily represent the policy or views of the U.S. Department of Education, nor does it imply endorsement by the U.S. Department of Education.

My name is Cindy Carraway-Wilson, and I'm a training specialist at the National Center on Safe Supportive Learning Environments or NCSSE. NCSSE is funded

by the Office of Safe and Supportive Schools within the Office of Elementary and Secondary Education. Please visit our website to learn more about NCSSLE and to access the wide range of resources that address school climate and conditions for learning. To give you just a sense of what our website looks like, on the right is a picture of our homepage and on the left are some images of resources that are commonly accessed on our web page. Please know that we also share resources and events coming out from the field via our social media. So do follow us.

This webinar is being recorded and all materials you see today, including the slides, referenced resources, and the recorded version of the webinar will be available on the event webpage within this website. In fact, some items such as the slides and the speaker bios have already been posted to the site. Please also note that you can access previous lessons from the field sessions by visiting the webinar series webpage, which is also listed here and posted in the chat.

I'd like to quickly show you our plan for the day so that you know where we're going to be going through this webinar. We will be moving into our welcome shortly, and then after that you'll have two brief presentations that will provide those facts that we mentioned about vaping and give you the latest information about its impacts. Then we'll move into our practitioner and subject matter expert panel, and in that panel, we'll learn about those approaches that are taking place in communities and schools nationwide. Then we will close the formal information sharing portion of the webinar and move directly into our live Q&A at the end.

We have a great lineup of speakers today and a wonderful selection of panelists. The three speakers who will be starting us off are listed on this slide, and we encourage you to go to the link that's currently being posted in chat to read their full bios. Now it's my pleasure to welcome Ms. Helen Hernandez, the Assistant Director of Drug-Free Communities in the Office of National Drug Control Policy. Ms. Hernandez.

Helen Hernandez:

Excellent. Well, once again, welcome and thank you all for your interest in today's webinar. My name's Helen Hernandez, and I am the Assistant Director here at the White House Office of National Drug Control Policy, also known as ONDCP. At ONDCP I oversee the implementation of the Drug-Free Community Support Program and the CARA local drug crisis grant programs across the country. The DFC program is the nation's leading effort to mobilize communities to prevent youth substance use and the focus of our DFC grant recipients is to implement evidence-based prevention strategies for both middle school and high school-aged kids.

Adolescents, as you all I'm sure, are very well aware, is a critical risk period for substance use initiation and for adverse outcomes related to that substance use. Data from the National Survey on Drug Use and Health, also known as NSDUA, shows that a rapid escalation of drug use associated with an increase in age, particularly among our ages of 12 to 19. And so what this data tells us is that this trajectory, it speaks to the need to understand what drives youth drug

use and to identify what those current and emerging trends are and to match programs and policies with those local conditions so that we can effectively reduce youth substance use.

Now, we know that youth substance use is also often accompanied by other factors such as low academic attainment, health related issues, mental health diagnoses, involvement in risky sexual behavior, involvement with the juvenile justice system and overdoses. And so I think learning more about what's taking place among our youth with vaping is critical. And so I want to thank not only the Department of Education and specifically NCSSE for convening this informant training session, but I want to thank our panelists and most importantly, I want to thank you all, the over 500 participants that are here today to learn more about this important substance and vehicle, for substance use that we're seeing across the country more and more amongst our young people, but also for the important role you play in the lives of our young people.

Thank you for all that you do, and we have a great lineup here for you today. We hope you find this webinar to be helpful. And of course, if you have any other questions, you always have contact information for all those participants here today that can help you locally on the ground to be more effective. Thank you all for your time.

Cindy Carraway-Wilson: Thank you so much for that warm welcome, Helen. We appreciate ONDCP's work on these important topics and that valuable partnership with the Department of Education. Now it's my great pleasure to welcome Randi Tolstyck. She is a public health analyst from the Centers for Disease Control and Prevention, and she's going to provide us some information about vaping and the impacts as we know them today.

Randi Tolstyck: Thank you very much, Cindy, and a good afternoon from a rainy Atlanta, Georgia. Today I will talk about the facts and e-cigarettes when we talk about youth use. First I want to mention there is no safe tobacco product. It is also important to recognize that when we are talking about tobacco, we're talking about a lot of different kinds of commercial products. There are combustible products, smokeless products, e-cigarette products, heated products, and dissolvable products. When we talk about combustible products, these are such things as cigarettes, cigars, cigarillos, and little cigars.

As you may know, the tobacco product landscape is changing and shifting and sometimes it's quite rapidly, with new things coming onto the market all the time. And each of these products can shift and change. And with nicotine, how it's formulated and produced has also shifted somewhat. For example, many e-cigarettes contain nicotine salts or synthetic nicotine. The Food and Drug Administration, known as FDA, and CDC analyzed data from the 2022 National Youth Tobacco Survey to estimate the current, in the past 30 days, use of eight tobacco products among US middle school and high school students.

Over 3 million US youth reported using commercial tobacco products in 2022. And over 2.5 million youth today are using e-cigarettes. Since 2014, e-cigarettes

have been the most commonly used tobacco product among US youth. In 2022 e-cigarettes continue to be the most common tobacco product. I just mentioned over 2.5 million students currently used e-cigarettes in 2022. This includes 2.14 million high school students. Among both middle and high school students who currently use e-cigarettes, the most commonly used device type was disposables, followed by prefilled or refillable pods or cartridges, and tanks or mod systems. And the most commonly reported usual brand was Puff Bar, followed by Vuse, JUUL, SMOK, NJOY, Hyde, and blu. And approximately one fifth of current e-cigarette users reported some other brand as their usual brand.

So e-cigarette use among US youth is driven by multiple factors, including advertising, flavors and products with high levels of nicotine. More than eight out of 10 middle and high school students who currently use e-cigarettes use a flavored product. And the most commonly used type of flavor includes fruit, candy, dessert, sweets, mint, and menthol. Nicotine exposure during adolescence can harm the developing brain, which continues to develop until about the age of 25. Using nicotine in adolescents can harm the parts of the brain that control attention, learning, mood, and impulse control. Using nicotine in adolescents may also increase risk for future addiction to other drugs. And youth show signs of dependence quickly, sometimes before onset of regular or daily use.

The reasons youth start to use e-cigarettes, or continue to use them, are complex and may be related to advertising, social norms, availability of flavors, and nicotine dependence. The most common reason for trying an e-cigarette reported by US middle and high school students who ever used, was because a friend used them, followed by curiosity. And the most commonly reported reason for continuing to use were feelings of anxious, stressed or depressed, followed closely by to get a high or a buzz from nicotine. This connection to youth mental health is particularly concerning. Youth e-cigarette and cigarette use have been associated with mental health symptoms such as depression. Quitting smoking cigarettes is associated with lower levels of anxiety, depression, and stress, as well as improved positive mood and quality of life. Scientists are still learning about the effects of quitting vaping and mental health.

Over the past several decades, we have developed many strategies which can reduce tobacco use. One, establishing comprehensive clean indoor air policies that de-normalized tobacco use and protect persons from exposure to secondhand smoke and e-cigarette aerosol. Only 28 states and the District of Columbia have comprehensive smoke-free laws and 17 states include e-cigarettes in these policies. We know that these policies also reduce youth tobacco use initiation because of the de-normalization of tobacco use.

Second, hard-hitting media campaigns that warn about the dangers of tobacco product use. Third, raising the price of tobacco products. Fourth, ensuring access to effective cessation or quitting treatments. Additional strategies to protect youth in retail environments include reducing youth access to tobacco

products, including enforcement of the federal 21 policy against retailers who violate the law. Did you know you that people need to be 21 to buy any type of tobacco product? Second, prohibiting the sales of flavored tobacco products including e-cigarettes. Third, implementing retail licensure for stores that sell tobacco products. And fourth, decreasing advertising and displays in stores.

What I would ask is that you keep the conversation going. Whether you're in a classroom or the counselor's office, have conversations with your students about tobacco use. Remember about underlying root causes, support those trying to quit, and don't give up on kids that are struggling. Keep partnering with parents, health systems and public health in your communities to raise awareness and put resources into play to help kids, particularly those at disproportional risk. Remember that prevention is critical in youth and any tobacco use in this population is an urgent issue. You have the skills and resources to make a difference in these young lives. Everyone has a role in addressing youth tobacco use. Let's keep up the good fight together. Thank you.

Cindy Carraway-Wilson: Thank you so much, Randi, for those comments and those and remarks that you provided as well as the information. I know when we get to our live Q&A that there have already been questions hitting our Q&A section about the resources that folks might be using to have these conversations with young people. Now it's my pleasure to welcome Dr. Ruben Bayler from the... He's a health scientist from the National Institute of Health, National Institute on Drug Abuse. He's going to share some additional information about vaping and the impacts of vaping on brain development and other aspects of development. Dr. Baler.

Ruben Baler: Thank you so much for the invitation. It's a pleasure to collaborate with NCSSE again and talk about the youth prevention and in this case about vaping. So this is the title of the talk, the Effects of Vaping on our Students. And what I will emphasize first is the "our students" part of this title and then I will go on into the vaping. Because I still believe very strongly that to keep this conversation going, as Randi was saying before, I want to pick up on that theme. I think that it's very important to understand why and to explain to our kids why we care so much about this process that we call brain development. We really have to start talking about that process and to explain to them why is it that we tell them not to do this, not to do that, yes, to do that, or to do this, and what is this process of brain development?

We don't spend enough time going to the roots of this, what this window of vulnerability really means at this age, and then we can definitely talk about all the different dangers, the different forms that risks take in the world of adolescents. So just to give you a brief analogy and to keep that dialogue, that conversation going with real information that can be used by parents, teachers, and adolescents. I think it's very important to understand a little better what we mean by brain development, which is a process that is very active from childhood to young adulthood as we all know from these epic studies that were done decades ago at the National Institute of Mental Health.

This process of brain development, one good analogy that I keep using and I find very powerful and empowering to all the parties involved is to think about this process that goes on so actively during adolescent as a programming of the computer, of a brain. And this process of programming sits on two pillars. One of the pillars is a process that involves short-range connections. These are the connections that are continuously being formed and destroyed between the neurons, the cells in the brain.

And then the second pillar is a process that has to do with long-range connectivity. This mainly involves white matter, which is those cables, those bundles of fibers that connect different parts of the brain with other parts of the brain, sometimes at long distances to increase the connectivity and the information processing. So these are the two processes that are involved in this programming of a young brain. One analogy that I like to use is to think about the short-range processes as if it were... It's similar to this, the construction, the constant evolution in our social networks. As we connect to people, create new connections and destroy all connections, this network takes different shapes and keeps evolving. This continued addition and subtraction of connections is there to ensure the optimal connectivity, that the network really has the optimized connectivity for our individual purposes.

The second pillar, as I mentioned before, is this long-range connectivity process that is very similar to the laying down of these cables that connect our homes to the cable provider. And this process that enables us to process information more and more effectively as we grow older, is a process that is the objective. The goal here is to increase bandwidth, and there is actual an increment of 3000-fold during adolescence of the ability of the brain to process information, the bandwidth, that is the amount of information that we send back and forth per unit of time.

So this is what happens during this brain development, this famous brain development process that is driven by experience. Everything we do and everything we are exposed to symbolized, illustrated here by this red circle or input and output that is constantly happening. And here to illustrate that, how this is happening, I will put a couple of images of a baby that is constantly poking a mother's nose or poking a mother's eyes. And this ping pong, this constant playing around, this constant repeated activity is constantly shaping and reshaping both the neuronal circuitry at the local level, at the short-range connectivity that improves the meaningful connectivity of those networks, as well as increasing the bandwidth. This constant reshaping of these neural networks is in response to everything that happens to us and everything that we do and are exposed to.

So if I were able to expand on this analogy of a brain development as brain computer programming, I like to suggest or to present to my audience, this analogy of this keyboard that is the keyboard that an adolescent is constantly clicking away and coding, translating every piece of experience into lines of code, behavioral code there is. So if we think that this is the keyboard that adolescent is using for programming his or her brain, we can imagine that every

toxic influence that happens to that person, whether it be vaping, bullying, sleep deficit, of course, a major one, any substance use, physical abuse, emotional neglect, malnutrition, and so many others, the impact of these toxic influences would be like scrambling the letters of that keyboard that the young person is using to program his or her brain. Of course, the effects of keyboard scrambling by the impact of these influences will be time dependent. If a person scrambles the keyboard once the program is written, when you are 25, 26, 27 years of age, the type of error that you receive will be something like this. An error has occurred, please try again later.

But if you scramble the letters of the keyboard before the program is finished, when you are 13, 15, 17, the type of error that you receive will be fundamentally different. It will be more like an error has occurred. Try reinstalling the program. And this time dependence explains why adolescence is the peak time for clinical onset of most mental illnesses. In fact, one in five adolescents has a mental illness that will persist into adulthood whatever mental illness you care to discuss from ADHD and conduct disorders all the way to substance abuse and or any mental illness. And this connects to the vaping issue as well because we've known for a long time, as Randi mentioned, that there is this connection disassociation between vaping and cigarette and depression. And this secondary analysis of the monitoring the future study clearly shows that there is vaping alone can also be associated with increases of depression.

In this case, eighth grade adolescents with depressive symptoms have a display and increased odds of vaping nicotine with and without cigarette use. And this is important because it's suggests even though we may not know the direction of whether this is a causal relationship, is already telling us that as vaping prevalence increases clinician assessment of adolescent vaping, should concomitantly acknowledge potential mental health correlates. And also that vaping may be a market for a broader constellation of adolescent health concerns including mental health. So this is not a surprise because we know that there are receptors for nicotine in very important parts of the brain, basically everywhere in the brain that, as Randi mentioned before, really regulate key functions in the prefrontal cortex decision making memory in the hippocampus reward processing between the VTA and the Nucleus accumbens, emotional processing in the amygdala. All these regions, key regions of the brain are powerfully influenced by reactivity of these receptors for nicotine.

And it's important to know and also explain to our adolescents that evolution has designed our brains through compromise. That evolution has decided that there are minimum and maximum values of nicotinic receptor activation that are reasonably predictable based on human evolution. And the brain will be robust if we maintain nicotinic receptor activation within that range. That evolution decided, compromise, that is the predictably reasonable range. But every time we move either below or above that robust range, we may run into trouble. And this is particularly true for the adolescent brain. Now this is also the case for cannabis. By the way. Vaping is not only vaping of nicotine as you all know, THC, which is the active ingredient of marijuana, is also commonly used

through vaping devices. And here also we have cannabinoid receptors throughout the brain regulating a whole host of functions that are very important for academic performance, for memory, for learning, and even for brain development.

So what's wrong with vaping? Well, one of the things that is wrong is that we've been in this decades long drop in tobacco using among US high school students. And now all of a sudden due to this epidemic of the JUUL beginning in the mid 2010, 2011, we are now began to reverse that trend of that was very promising and very positive trend down downward trend in tobacco exposure among adolescents. The reason for that is obviously this is a trend. This is a phenomenon that was very cool, very popular, and was marketed very smartly by the companies, by the vaping companies. And the behaviors associated with the use of the devices also can be perceived as very cool. Look at just at this vaping hoodie where the adolescent can vape through this, the cord of the hoodie, these are behaviors that we can understand why some adolescents can gravitate towards them.

These devices, obviously one of the dangers is that the liquids with which there are these cartridges can be charged, could be addictive themselves, already mentioned nicotine also THC can be present, but there are other vehicle or other compounds like vegetable glycerin, flavorings, or other compounds that we don't really know, don't have the data yet what would happen after long-term exposure of the exposure to these compounds and to the secondary byproducts of these compounds interacting with the electronic coils that heat up the compound. Of course, we mentioned the flavorings, I don't want to stop there. This also makes these devices very attractive to kids. And we've heard in 2019 as say one example of the potential harm that can be caused by these unknown compounds, this EVALI phenomenon, the e-cigarette or vaping product use associated with lung injury that turned out to be the result of vitamin E acetate that was added to the vehicle in some pots in some cartridges.

So what's happening epidemiologically, due to this rise since the beginning of the emergence of this phenomenon, if we zoom into this rise in that began with the Juul epidemic, there has been an apparent plateauing of the phenomenon in the past year in 2020, during the pandemic. If we zoom in into this plateauing area, there indeed appear to be a further decline after that plateauing in 2021. Although this could be a mirage and a false negative or a false trend that we need to keep monitoring what's happening. In fact, the latest CDC numbers showed that this may be a short-lived this drop and that the prevalence may have increased in 2022 by 25% or so in high school.

So vaping is a bad idea. I'm going to leave you with a couple of slides that you can go back to for all sorts of reasons that you can pick and choose to use as a discussion points with your son or daughter. These are just three of those elements. Nicotine is addictive, it slows the brain development and it can affect memory, concentration, learning, self-control, attention and mood as I already mentioned. And it can increase the chance of using other drugs. That's for sure. There are many reasons for vaping. I'm not going to go through the entire list,

but you can pick and choose again depending on the type of adolescent that you have at home. There are reasons for money, health effects, performance at school, real brain risks, risks, the brain and to the health in general. You can go through this list and pick and choose any argument that you may want to develop as a discussion point with your kids.

If your kid is scientifically oriented, you can use this particular experiment that shows that four months of physical exposure does not induce lung inflammation, but it does cause this increase in lipid accumulation within the immune cell types within the lung. These are alveolar macrophages that are very important for immune function, defensive function in the lung. And this is not due to the nicotine in the vaping device, but due to the vehicle just vehicle, vaping, the vehicle which is independent of the type of drug or flavoring that you have, will have this effect of filling up the macrophages with these lipid vacuoles, these bags of lipid. And secondary to that, you will have a decrease in the surfactant protein, which is a very important protein that ensures optimal respiratory function as well as reduction in the expression of genes that are very important for natural immunity.

Because of this effect of the vehicle, not just the drug, but the vehicle that we use in these vaping devices, we can show in animal experiments that animals, rodents, exposed to e-cigarette can show a much worse outcome once they are exposed to the influenza virus, for example. They survive at much, much lower rates.

So the bottom line message of these couple of last slides is the e-cigarettes alter the physiology of lung cells and president immune cells and promote poor response to an infectious challenge. If your kid is sports-oriented, this is something that you may want to discuss with them, for example. Finally, what can you do as a parent or a caregiver? You can talk to your child or teen about why e-cigarettes are harmful for them. It's never too late. You can set up a good example by being tobacco-free at home and learn about the different shapes and types of e-cigarettes and the risks of e-cigarettes used for young people at the CDC website on e-cigarettes. I find this particular portals particularly useful with a lot of very good information. The no safe vape site from Dartmouth University. The NIDA Teens also has a site dedicated to vaping devices. And This is Quitting from the Truth Initiative of course, that we'll hear about more later. It's also an excellent site to learn more about this phenomena. Thank you for your attention and I hope that I didn't over overdue with my time and lets you all go on with the program. Thank you very much.

Cindy Carraway-Wilson: Excellent. Thank you so much for that. All those comments and that information. You provided lots of interesting ins to start those conversations with young people and I think that any one of those might be useful for certain young people. Now I'd like to go ahead and welcome in our panelists. I'd like to welcome Ms. Lee Anne Dodge from South Portland, Maine. Her colleague, Ms. Kara Tierney, who's also from South Portland, she's a social worker. Mr. Robert Ostbye from Florida Department of Health, Ms. Alexandra Parks from the Truth Initiative. And Mr. Thomas Ylioja, and I apologize on the last name again,

Thomas. Dr. Thomas Ylioja is coming in from the National Jewish Health folks who also developed some curricula. And I'd love for us to begin our conversation today kind of with a little bit of that reflection on what we just heard from CDC and from Dr. Baler as well. And I'd like to hear from each of you a little bit about what you are seeing in your communities or your schools around young people and vaping. Are you seeing these increases? Are you seeing disruptions? What's going on? And what trends are you noticing? And I'd like to start with Lee Anne or Kara.

Lee Anne Dodge:

Great. Hi everybody. So we'll start. Kara and I are fortunate I guess to actually work inside the high school. So we have hands-on experience with this topic. And yes, it is on the increase. We've seen younger students starting in middle school, definitely during COVID. Some students have started in 2019 and now they're in the high school and they're like sophomores and they can't stop. And so one of the things we know, and it's so great to hear more about the brain, but that typically when someone becomes addicted to nicotine, they crave it every 20 minutes. And we have 80 minute blocks for our classes. So that means if you're good at math four times a class, someone is craving nicotine and probably your teacher's not going to let you go to the restroom four times. And so students, when you talk about withdrawal from nicotine, anxious, irritable, not focused, so learning is difficult.

And we also know that it's affecting students who don't use, and we have, in the beginning it was freshmen saying, "I don't feel comfortable going to the bathroom at all, so I don't go all day." And now we're hearing seniors saying, "I just don't go to the bathroom at all." So it's impacting the community, not just the user themselves. And we're also seeing an increase in students vaping THC. So that's also very concerning because some folks are really experiencing the mental health issues from that as well, like hallucinating and anxiety. So I'm going to turn it over to Kara because she actually gets to meet lucky her with students who are struggling. So I'll pass it to Kara.

Kara Tierney:

I'll just add on that the students I meet with actually are really admittedly struggling and they have less defense about their use and are really asking for help and support. And we have many students that are repeat as you may say, offenders in terms of their violations. So that's a sign that this problem is increasing and we have to continue to find creative and clinical ways to respond to our students who are showing up in our office spaces. And I know we're going to talk more about that, but we used to send these students home and we realized we can no longer do that if we really want to make an impact and change behavior and work for an intervention that's helpful.

Cindy Carraway-Wilson:

Excellent. Thank you so much. And you're right, we will be going into a little bit more detail onto the approaches in just a moment. Robert, what would you like to add to this?

Robert Ostbye:

Absolutely. Yeah. So in my role as a statewide policy coordinator, I mean I can't speak necessarily to what I'm seeing in our schools, but just looking at our statewide numbers, I can say that for the last five years, youth vaping age 11 to

17 have gone down by about 35% from 19.1 to 12 and a half. But that's not really telling the whole story because 12.5% is still an entirely unacceptable number of youth who are smoking. When you consider that there are more than 2 million students who go to school in the state of Florida, those numbers start to get big fast. And so we're still at a place where we may not be actively increasing at the rate we were when things like JUUL were coming out and vaping was at the height of its popularity among youth. But we are absolutely still in an epidemic.

And I think that the disruptions in learning are very clear. Last year we were able to gather perspectives from youth who vape through the work of our excellent youth advocates, Students Working Against Tobacco. And one of the things that they realized was almost everyone that they talked to, a lot of these youth, they weren't able to get through a whole school day without vaping. And so it was a matter of were they able to get out of class to go to the bathroom and to vape? So I would say even though I'm not personally seeing it firsthand, I think it's hard to deny that there are disruptions to learning.

Cindy Carraway-Wilson: Yes, absolutely. And I think it's important to keep the eye on the state level, that state level and national level information because I appreciate that you're saying that the numbers can be falsely reassuring. A small number doesn't mean a small number of young people. And we're talking about young people now who are going to be adults and are they still going to be vaping, right? Thank you so much for that. Alex, would you like to jump into the conversation?

Alexandra Parks: Yes, definitely. Very similar to what Lee Anne and Kara mentioned earlier. Part of what we do at Truth Initiative is we go out into the schools and work with community based organizations, hear from young people on what they're experiencing, what they're being faced with. And not surprisingly, vaping is a social activity for many young people. And now that they're back in school back with their peers, they are more likely to be either peer pressured or going back to what they were doing pre pandemic. We are also hearing that we are seeing a lot of our younger middle schoolers, even late elementary, so fifth grade sixth graders also using vapes, either getting them from older siblings or older students as well. And so there's been that sort of shift where once it was really a high school issue, but now has also become very much a middle school elementary issue.

One of the things that we've been hearing lately is I think for many of our young people, they're really struggling with the addiction component to it. So they started off with a couple of hits here and there, and now that they've become fully addicted to it, they just can't seem to really be able to quit. And they're really struggling with how addictive this product has been. So it's important for us to be able to support these students who are obviously struggling with these addiction, but then be able to give them the tools and resources to also make informed choices to not start in the first place.

Cindy Carraway-Wilson: Yes, absolutely. Being able to work both sides, and especially after those presentations that we just heard from Randi and from Dr. Baylor, all those brain

receptors who just, they're just glomming on to the nicotine and other things in these vapes, absolutely. And Thomas, would you like to add to the conversation?

Thomas Ylioja:

Sure. So yeah, we're hearing from school personnel from all over the country asking for support through My Life, My Quit program. So My Life, My Quit is a remote coaching program for helping youth with quitting nicotine products, which is delivered from our contact center here in Denver, Colorado. Very cold here today, but it's available in 23 states across the country through contracts with our state health departments, generally through their tobacco control program. So this means that we're generally hearing about youth, sort of like our colleagues here in Maine who are talking about youth who are already potentially dependent on nicotine and are struggling to get the product out of their life.

The number of young people who have been reaching out for support through our program has continued to increase since we launched in July, 2019, despite the pandemic disruption where we did see a decrease as social lockdowns were coming into force, but as young people become more aware of the program as a resource for quitting, they are reaching out. Of course, our reach is a function of promotion and which is primarily run by the state health department, but over the past year or so we've been working with rescue Agency to develop digital media campaigns to really reach young people and let them know that there are resources out there to help with quitting. Since 2019, we've enrolled about a little bit more than 5,000 young people in our coaching program by text chat and in our online services as well.

Cindy Carraway-Wilson:

Excellent. So it's kind of a double edged sword though, isn't it? I mean, it's sad and concerning that you're seeing the increase, but it's good that they're reaching out and that they're getting good quality services. Thank you so much for that. Now I'd like to hear a little bit more about the approaches that each of you are taking to either prevent the starting of vaping or to intervene and help young people stop the vaping. So please tell us what you're doing to address it. And Robert, I'd like to start with you on this one.

Robert Ostbye:

Great. Yeah, so in my role as a policy coordinator with the Bureau of Tobacco Free Florida, we work towards adopting and implementing comprehensive tobacco free school policies in every school district throughout our entire state. We do that by operating community-based partnerships, which support tobacco prevention policy initiatives such as this one. We maintain chapters of Students Working Against Tobacco in every county. That's SWAT, who also actively participate in tobacco prevention interventions. And with the support of our partnerships in SWAT youth, we are able to strengthen tobacco appreciable policies, or at least that's what we are attempting to do in every district within our state. So that is kind of our broad overall goal. We are adopting, but also focusing on sound implementation of these policies. And one of our keys for as far as having a strong policy is to make sure that you're enforcing it appropriately, that when a student is addicted to nicotine, that they are not just basically booted out of school, whether permanently or for a set number of

days, because frankly, that doesn't necessarily address the underlying issue of addiction.

So we also are taking kind of a secondary approach. We have a resource that we make available to any school district throughout the state. These are free online courses. We kind have two different types. So we have adult professional development courses. These courses are available to Florida educators or teachers or school nurses in the state of Florida. They're big courses, 30, 60 hour courses, 20 hour courses for the nurse edition. But this actually allows educators, school nurses, people who interact with students on a daily basis to really gain the knowledge that they need to have productive, impactful conversations with those youth. And also as part of taking those courses, they can get continuing education credits for doing that. So credits that can help renew your teaching or your nursing license in the state. The student option is an alternative to suspension. So this is a free online interactive web course that's available to any school district around the state of Florida who would like to use it.

There are three different course categories, elementary, middle, and high school. And just kind of based on hearing what some of my fellow panelists said on the previous question, we only just added this elementary school course this year out of necessity because we weren't really seeing as many infractions at the elementary school level. And we are now, despite some of the decreases I was talking about earlier statewide. And so we are offering those and we also now have a repeat offender course available too. So that's currently what we're doing, the whole picture of it. But I'm happy to answer any questions about those later on.

Cindy Carraway-Wilson: Absolutely. Thank you so much, Robert. I know that there are questions coming in asking about whether or not those are available outside of the state of Florida, so I'm not sure if you can quickly address that now or we can do that during the Q and A.

Robert Ostbye: Sure, yeah, because these are online web-based courses, they can absolutely be accessed and utilized outside the state of Florida. But we have, I think the continuing education credit. If you are an educator or a nurse, I don't think that would apply outside the state of Florida. In fact, I think we need to work with each of our individual school districts to make sure teachers can get the credit that they need, right? Yes, you can take the course, but I don't think it'll come with all the benefits if you're out of state.

Cindy Carraway-Wilson: Thank you so much for that. Now I'd like to move over to you, Ms. Alex, if you want to add to the conversation from the Truth Initiative.

Alexandra Parks: Yes, thank you. One of our ways that we approach prevention and cessation among youth is to really be able to give young people the information and facts to have them make informed choices. In 2020, when we had the biggest spike on vape use among high school or middle schoolers, we decided to develop our vaping Know the Truth curriculum, which is a national youth prevention

curriculum for high schoolers and middle schoolers. It is free, no cost. It is four lessons. Each lesson's about five to 10 minutes each. Roughly, if you want to complete the entire course, it's about 30 to 40 minutes. It's self-led, so anyone that is starting the course can start today. If they did were not able to complete it in one sitting, they can continue the next day or the following week. I think what makes this curriculum unique is that it is a peer-to-peer approach.

Again, it's narrated by a young person. There are real stories from young people who were former vapers to talk about their experience, how they started vaping, what they did to quit, sort of the challenges around vaping. It's an interactive course, so it's just not lecture type. The young person is able to answer questions, play games, mix, match, so it's able to be really interactive. There's also direct access to This is Quitting, which is our text-based cessation program. Again, it's obviously important to provide preventative measures, but we have so many young people who are already vaping and we want it to be able to offer them with a resource to do this. Again, this is a tech-based program that is, again, free for anyone who in the ages of 13 to 24, you don't need an app.

If your parents are not of you aware of using a vape, you can just text and be enrolled and they provide you with lots of information to be able to set you up for a quit date or just give you information on how to even start thinking about quitting. Vaping Know the truth is really easy to use. Teachers can just log in and able to access the course. There are both discussion guides and facilitators guides, so teachers can be able to introduce the topic. If there are students who really become passionate about addressing vaping in their schools and the communities, there are activities that they can get involved with to continue addressing this issue outside of the school or within the school, as well.

As you can see here, these are the lesson topics that are being covered. Everything from why this became an issue, to nicotine addiction, and refusal skills. Then because we know that there are so many young people that are vaping because they want to be able to cope with stress, or mental health, or anxiety, we have a whole module dedicated on self-care. What are some ways that you can take care of yourself? What are some ways that you can manage those stress, those anxiety instead of picking up a vape. I would highly recommend you all to opportunity to visit our website, learn more about the course, and if interested, be able to have access to it, as well.

Cindy Carraway-Wilson: Excellent. Thank you. I do recall you mentioning that whole self-care module, and I was really pleased to hear that. Because we do know that a lot of folks use things like vapes to deal with stress, and anxiety, and what have you. Excellent. Thank you so much. Thomas, would you like to jump in here? Tell us a bit about what you're doing.

Thomas Ylioja: Yeah, so the My Life My Quit program is a coaching program for quitting any form of commercial tobacco product, about 80% of which is vaping, electronic nicotine, along with other forms like cigarettes or smokeless forms of tobacco. About 25% of our youth who enroll in the program are using more than one

form of nicotine. Most often it's vaping along with combustible cigarettes. These have not gone away. They are still out there. But the program was really developed because we were hearing from youth that the traditional Quitline programs didn't resonate with them, but they were looking for a tailored program that looked like a Quitline but with a focus on digital access, like text or online services. Today, youth can enroll in our My Life My Quit program by texting a short code or signing up online at mylifemyquit.com or giving us a call and a toll-free number. There are still youth who are willing to talk on the phone and they get to work with one of our coaches for free.

All of our coaches are tobacco treatment specialists, and then they have additional training in adolescent cognitive and psychosocial development so that they're prepared to work with youth. Our coaching is really motivational interviewing based. It's an intervention that focuses on uncovering the internal motivation that someone might have for wanting to quit. They're starting with understanding their health goals and exploring how nicotine use may be conflicting with their personal goals. We help youth develop a quit plan and we actually use plan as an acronym and it really outlines our approach, which includes helping youth to pick a quit date or really setting a goal. Then they're letting others know, and they're engaging their social support networks from helpful or trusted adults or their peers.

They're anticipating the barriers to quitting, like nicotine withdrawal symptoms or triggers to returning to using nicotine. For adults, the end was nicotine replacement therapy. But we repurposed it to say that we were working with youth on their new you. Really thinking about what their future looks like and how a nicotine free life may work with that. It's all live coaching. They do have self-help or self-guided ways to do the program, as well, online. But we really encourage them to engage with one of our coaches because we know that is the best way to get help is to actually work with another person, be able to role-play different ideas. Or have conversations with their parents, and maybe they don't know how and they want to practice those conversations, or how to engage their support networks. Those are all really important components of the program.

Cindy Carraway-Wilson: Excellent. Thank you so much. I do recall you talking about how when you took that initial adult kind of product to the young people, they're like, "No, no, no." I love that you went to them and you let them guide that development process. Again, it's the importance of that buy-in by involving young people in that piece. That live coaching element is a wonderful boost, also to the relational aspect. Excellent, thank you. We're move over to Lee Anne and Kara.

Lee Anne Dodge: Great. I wonder if you could bring up our slide or our picture of our policy.

Cindy Carraway-Wilson: Yes.

Lee Anne Dodge: I'll walk us through it really quickly. One of the things we know is that in 2018 we changed our whole school district policy to be more a clinical approach to

substance use and to use a restorative process rather than suspending students outside of school.

In the beginning before we changed the policy, students were suspended for seven to 10 days outside of school. I remember chief of police at the time said to us, "When they're suspended, they're not just sitting at home, they are out and about." That was just powerful moment to go, "Oh, you're right." Our superintendent also was the one that said, "We need to treat this as a clinical issue when students are violating the policy." Here's our policy. I'll talk to it really quickly that if a student gets caught using substances or they have paraphernalia on them, when that happens, they do meet with the assistant principal, they get a wellness check from the nurse to make sure if they are impaired. Then their parents are called and they have to come get them, but they return the very next day to school, and they meet with Kara, who's here, and really does that assessment.

"Are you just fooling around in the bathroom? This is your first time you've ever vaped or has this been going on since 2019 and you started in seventh grade?" It's a clinical issue for some of these students, for sure. From that, we also have a full-time in-school restorative practice coordinator. Students will spend a one to two days in his classroom and the student needs to take accountability for their actions. People might be familiar with the restorative process of, "What were you thinking at the time? What happened? What have you thought about since, who did you harm? It might just be yourself or maybe you were vaping in the back of a classroom or an athletic team, and what can you do differently?" From that, the student might also have... We created a one hour vaping intervention. We also continue to use, we have a 12 hour intervention, which is the Prime For Life curriculum, people might be familiar with in some of your states.

Really looking at what are some interventions and the student needs to take accountability for their actions. Again, they return, they don't fall back behind academically. The other key thing is we have a voluntary piece to this policy so you can come forward before you even get caught. We've had students hand over their vaping devices to the school resource officer and said, "I don't want to use anymore." Were like, "That's a police officer." I wanted to tell Tom, one of these students does use My Life My Quit and reported back, it's working. She again started back in 2019. The other key thing is we also changed her athletic code, where kids now don't get kicked off of athletic teams. They can still practice, go to meetings, they can't play in games for a period of time, like 10 days.

But in some schools you can get in trouble once as an athlete. The second time you're banned from sports for all four years. You think, "Well this is the one thing for some students, the only thing keeping them in school was athletics." Again, using this caring approach, but also having kids be held accountable. When we first brought it up to students, they said, "I think we'd rather be suspended." It's not just like a hug and say you're sorry, get on back to class. But

it's really a restorative piece. Think about for yourself, when's the last time you looked someone in the eye and took accountability or apologized? It's not fun.

I'll turn it over to Kara, but also to say multiple strategies in multiple settings. We also teach peers the program called Sidekicks, which is here in Maine, might be in others, but it's what folks we're talking about. We trained students on how to talk to your peers about really tough topics. They learn motivational interviewing skills. We know that most peers, young people will go to other students first, before they go to an adult. Let me stop talking and turn it to Kara for a minute because she's talking about what approaches we're using here in South Portland.

Cindy Carraway-Wilson: Thank you. Kara?

Kara Tierney: I think you really covered it, Lee Anne. For the most part, I am a clinical social worker, so I do have that lens of being a clinician and trying to see what are the underlying issues behind the use and using a cognitive behavioral approach and motivational interviewing to connect with that student, particularly if they're in my office for the first, second or third if it's the second or third time. Lee Anne often says that connection is the opposite of addiction. I think we are lucky in our school system that we take this approach, and there's an opportunity to meet with the social worker, and actually establish an ongoing potential relationship of support that addresses, sometimes, more than just the use and can get underneath some of that behavior at the same time.

Cindy Carraway-Wilson: Excellent. Thank you so much for that. Yes. You, in South Portland and also in Florida, Robert's program, were both great examples of those alternatives to suspension, which were questions that were coming in from our audience members as they were registering. Some kind of comments or questions about that. That's wonderful to hear more detail. Now, I'd like to move on to another prompt. I'd like each of you to briefly talk to us about other things that you are doing. Some of our audience members might be at higher level where they're ready to pull in whole big programs and make a big alternative to suspension approach or what have you. Whereas others are here to just learn how to start to have those conversations. Tell us about the first one or two steps that you've taken, either to develop your product if that's what you're doing, or to implement in a school or with young people in your communities. For this one, I'd like to begin with Alex.

Alexandra Parks: Yes, thank you, Cindy. One of the things that we have really started to develop is the importance of messaging and communication. Most young people understand or know that vaping causes health issues. However, that may not be a trigger enough to do some type of behavior change or attitude change. What we need to understand is what is young people's passion points? What is going to resonate with them in terms of messaging and communication? What we know is that vaping not only affects your health, but it also affects the environment. For some young people, especially for those who may not be vaping, they may say, "Well if I'm not a vapor, how does it affect me?" But I care

about the environment. I know that vape products are toxic. I know that if you dispose of them, it can affect the animals, the plants, the soil.

For them, they may be more willing to do something about it if they know that it affects the environment. For some other young people, we've also mentioned how vaping and tobacco is a social justice issue. If you're looking at what are the communities that are being targeted and that are being marketed to these products, we're looking at low income, we're looking at communities of color, we're looking at LGBT youth. Again, this broadens the idea of vaping beyond a public health issue, but also a social justice issue, which nowadays young people can really resonate with that, and really want to make an impact and change around that. We can get a lot of support with young people to address this issue. Then lastly, mental health. As I mentioned before, there is this sort of misconception that tobacco or vaping, specifically, helps with the stress or anxiety, but in all we are seeing, studies are showing that it can actually amplify those feelings, especially if you are going through withdrawal.

What is the intersectionality between mental health and vaping? What are some other things that you can do instead? These three intersections, sort of activism agendas have really become our platform to get youth to become engaged. I would say another important piece of it is you should also be able to work with youth in partnership with them to develop these programs. It is so important to hear from them, to have them tell their stories. Someone mentioned in the call, the peer-to-peer interaction is just so much more stronger and powerful. So really being able to put them at the forefront to any type of intervention or conversation is crucial to addressing vaping.

Cindy Carraway-Wilson: Absolutely. You're getting lots of head nods on that one for sure. Thank you so much for that. Thomas, I'd like to go ahead over to you and hear more about some of the steps that you would initially suggest.

Thomas Ylioja: Yeah, and I'm glad that Alex made that point about engaging youth. Certainly, that's been a theme throughout this conversation today and is a big part of how we developed the youth program. When we went out and we asked youth, "Why don't you use the Quitline?" They said, "The Quitline is for adults who are quitting smoking, we're youth who are quitting vaping," and so there's just not a lot of resonance. We really built the program with that in mind, that it needed to be what youth were looking for from the beginning, from every public face of "Does your website have images of youth? Is it youth friendly? Does it have something that resonates with them?," and testing those messages with them. But I also want to talk a little bit about the adults and how educators and school professionals, in particular, are key to helping young people think about and take steps towards quitting.

First of all, you are a trusted source of information for youth. It's important that you have the most up-to-date information that you can about nicotine and vaping, like the information that we've learned today in the webinar. That way if a young person is asking you about tobacco or vaping or seems interested in quitting, you can help guide that conversation with them. For example, that

nicotine addiction happens very quickly and that all tobacco products, including vaping devices, contain nicotine and therefore are addictive, letting them know that vaping has the same nicotine as other forms of tobacco. It has the same addictive properties, whether they're smoking cigarettes or using e-cigarettes, vaping or using other forms of commercial tobacco. The longer they use it, the more likely they are to get addicted to it, and the more they use it, the harder it will be to stop.

I wanted to also just really quickly mention medications that we know are effective for helping people quit using tobacco products like cigarettes. We haven't seen that they've been really proven effective with teens. If a teen does ask about quit medications, we always recommend have them talk to their healthcare professional who can really do the risk and benefit ratio for them to decide whether it's right for them. It's also important to remember that quitting, it takes a long time.

Anybody who's tried to change a behavior knows that you have to do it over and over and over to establish a new routine. As part of that slipping is part of the natural process of change. It's important for adults to not get discouraged when they see somebody go back to using nicotine. It's also important to let that team know that you understand that there are situations that may lead back to tobacco use, coming up with a plan on how they might avoid that in the future, and continue providing support, don't burn out on it. Help them, encourage them to try again. You can't force behavior change on anyone, but you can support a plan that they're using. Ask them what they need from you, how you can help show that you care that you're ready to listen and that you want them to succeed.

Cindy Carraway-Wilson: Excellent. Excellent thoughts there, Thomas. I really appreciate that you brought up head on that relapse, that's a very real thing for anybody trying to change any behavior, let alone something as addictive as nicotine, and to be honest and upfront about that. I appreciate all those suggestions and I'm going to bounce over to Lee Anne and Kara again.

Lee Anne Dodge: I would just say a couple quick things is in starting out your process of working on this is to definitely work with youth and to use Jamboard like you are today. We used it during Covid. We have a youth committee that started with three students back in 2016. We now have had over a couple hundred students in the group, and it's not the narc tattling club and we don't have people sign a code of no use. In fact, we asked them, "Do you guys want to sign a code?"

They're like, "No. No, thank you." But so this group has been so helpful during Covid. We did assessment with them through Jamboards asking, "What are students using? Where do they use it? What should parents know?" I think if we had done it in person, it would've been like, "Nothing. I don't know." But because it was anonymous, we got zillions of those stickers saying what's going on with people, so assessment is important. Also, some other key parts in this is, again, that multiple strategies. We offered a 37 and a half hour course to staff on restorative practice and we really got some naysayers to take it. It was that

same kind of benefit of like, "You might get up the salary increase for doing your contact hours," and these were some people going, "They should be expelled and it's a privilege to be an athlete."

They took this course and really learned about the importance of using this policy and this athletic code, and to really listen to young people saying when you kick someone off a sports team, they don't come back. There's a lot of secrecy. Really thinking about using involving peers. I will say the coolest part and why most of our high school students got involved in our group is because they go down to the middle school and present to them. Middle schoolers think high school kids are the coolest thing ever. You might remember that as a little kid, like "Wow, high school kids." Really involving that cross pollination, and we've had kids in our group now that have had younger brothers and sisters now in the group passing down. Again, kind of being that healthy not tattling club, but to really get youth involved in this work, because they are essential to making change. I'll pass it to Kara for some additional comments about that.

Kara Tierney:

I would just add that it really can be very empowering for youth to have their voices heard and what often can sound and feel like an adult social problem being diagnosed onto our youth. I like some of the ideas that were mentioned by the other panelists as ways of motivating, but really in general, just we solicited input directly from youth wherever we could. I'm a parent of two teenagers as well, so my role has been dual, and that's been really useful to understand the lingo that's used and to really check myself at the door as an adult and a educator and clinician, and be as real as possible in trying to understand the impact and the social ramifications and all that goes into language of dependency and addiction and just checking that a little bit at the door and hearing from the youth why it's important to them. And we had a pretty significant crisis in our school system around substance use that was devastating, on our sports team about seven or eight years ago right when the vaping behavior started.

And we used that as an opportunity for students who may have otherwise not had a lot to say about vaping and use to come forward, because they did care how their community was perceived and they wanted to make some changes around this. So that's been really an important thing. And we continue, I think, to do a really good job of always checking in with our youth. We meet every other week and we're asking what they think all the time, and that's really important.

Cindy Carraway-Wilson: Thank you.

Lee Anne Dodge:

Cindy, I'll just add that South Portland is about to pass the flavor ban ordinance on tobacco. And one of the key things at those meetings, city council, is we had students come and speak and that's the only people the city council wanted to hear from, was from young people. And that was powerful. And it's soon to pass and south Portland would be the fourth city in Maine to pass the tobacco ban, flavored tobacco.

Cindy Carraway-Wilson: Excellent. Thank you so much. And that was another question that were people were bringing up about what do you do about these flavored tobaccos and the bans and such. Robert, I'd like to hear about the first one or two steps that you would suggest. And again, I'm really interested particularly because you're looking at that whole statewide approach.

Robert Ostbye: So some excellent comments from my fellow panelists. Looking at my approach, from my perspective looking at the entire state, we're hoping to get every school district in our state with a comprehensive policy, one that also provides prevention resources and cessation resources for students and staff who need it. And so our steps and our approach is going to involve building those relationships and partnerships both with stakeholders inside the school, so within your community, who may have some influence in those schools. And honestly, that's a pretty easy thing to do when you're talking about youth and addiction and you're actually seeing the levels of vaping and vape use that we are seeing now, even though they have come down over the last few years. I think in terms of engaging with youth individually, I think our interviews that I discussed or that I mentioned a little bit earlier, I think shed some really interesting light on that too.

Another one of the really common themes that struck across many of those interviews was peer influence. And not necessarily peer pressure, I was pressured into doing it. It's just the age old concept of, well it seems like everybody's doing it so I'm going to try it out too. And then by the time they realize they're addicted, it's too late. And so I think a lot of Kara's comments were fantastic about really meeting those students where they are and checking your adult credentials at the door. That's very key. But also realizing that if you're speaking with one youth, there's a good chance that it's not just peer influence that cause them to start vaping, it may also be peer influence preventing them from stopping at the same time. And how do you really address that and cut out the core motivations, the personal motivations, that might lead them to make that all important quit attempt.

Cindy Carraway-Wilson: Thank you so much for the great comments. I'm going to actually pause us for a moment. I want to move into a close of the formal content delivery side so that we can go into some responses from the Q and A. So we're going to bring the slides back up in just a moment. And I do want to start by thanking all of our speakers and our panelists who are going to be right back with us in just a moment, but also thanking everyone in the audience for being here. We want to remind you that you can go to the Nestle website to gain the information on this webinar. All of the resources that were mentioned, the links will be posted on the website so you can access them, and the recording will be up in a day or two. We also encourage you to continue to share your ideas and things that are working in your community at that best practices clearinghouse address there.

Also in January, the beginning of that new year, we're going to be launching webinars on the topic of fentanyl, and that is in development at the moment. We expect that these webinars are going to provide us some information on the impacts of fentanyl, including fake pills and things that communities and schools

are trying and approaches people are taking to try to educate students about the dangers of fentanyl. I also want to thank each and every one of you for being here and that we hope that you can stay for the last 15 minutes for our live Q and A. We'll be pulling questions from that Q and A feature to bring to our panelists and our speakers, so if you haven't yet posted your question, please do. We also have a feedback form. We would love to hear from you, your responses and your reactions to the information given here today and the topic and the speakers, and also any suggestions you might have for future events.

We take your feedback very seriously and really are excited to hear what you have to say on that feedback form, and the link is also being posted in chat for you to access. So thank you so much for that. We will go ahead into our live Q and A now, and some of the questions that have come in that people are curious about are also the kinds of questions that we as a team discussed when we were planning for the event. I'd like to invite Dr. Baylor and Randi to come back on if you'd like, to participate in the Q and A. One of the questions that really intrigued me that came in as a question from the audience was, what's the earliest grade that makes sense to begin having these conversations? Some of you were talking about elementary, a lot of the conversation was around that adolescent area. So folks are wondering, can you have conversations with first and second graders? And if so, what might they look like? Does anybody want to take that one on?

Ruben Baler:

Well, you probably know what I'm going to say. For me, my focus is really universal prevention. I'm not so surprised about the fad of the moment, not so focused on the next phenomenon because it keeps changing, so we're chasing our tails if we pay too much attention on the latest fad. So I think that we should, you probably know this, focus on preparing the kids to be resilient and that includes knowing about their brain, knowing about what it does, how it does it, and how important it is for their future wellbeing. So neuroscience can be taught at every conceivable level. The underlying phenomenon of behavior, why we behave the way we do, what is empathy, what is resilience, all these concepts really have a place in a universal prevention program. So probably not surprising, I'm not so focused on the vaping thing or on the fentanyl thing. These are all symptoms of a much deeper phenomenon in our society and I would like the audience to keep that in mind as we discuss ways to avoid these and future threats to the wellbeing of our kids.

Cindy Carraway-Wilson:

Absolutely. And you're really talking about providing information and skills building that are protective factors for a variety of things, which is so important, and you make it age appropriate for those little ones for sure. Thank you. Does anybody want to add to that? Excellent. Another question that's come up in the Q and A area is a question about is there any research on how many times an adolescent can use a vape before an addiction actually develops? Is it a one time use? Is it a couple times? Is it multiple times? Anybody want to address that question?

Ruben Baler:

Well, again, from the scientific point of view, there is no way to predict how many times it will take. There are so many individual differences. This applies to

both young people and adults and older people as well. There is environment, there are genes involved, there are personalities, temperament, attitudes, risk-taking, underlying vulnerabilities like mental illness, diagnosed or undiagnosed. All these factors come into play when it comes time to decide or to determine what is the risk of a one-time use to really evolve faster or more slowly into a full-blown addiction. It's impossible to predict, so this is why I call it a Russian Roulette. Once you start these behaviors, you really never know where it's going to end up.

Cindy Carraway-Wilson: I think many of us have heard that concept of the Russian Roulette around addiction because we don't know. It can be once, it could take multiple times. I want to come back to a question that we spoke about in the planning phase. There are all kinds of different people in our webinar today. Everyone from the federal and state levels and community organizations, to people who are in classrooms and even doing other things in schools like driving buses and other roles. Can you name, and maybe we can go around here, quick round drop in here, one everyday act or action or statement that people can use to engage a young person or to educate them around vaping prevention. And would anybody like to kick this one off?

Robert Ostbye: Go ahead Lee Anne.

Lee Anne Dodge: I'll just say it really fast. I wrote it on a sticky once that we asked our youth about this, what should we do about it? Put up flyers in the bathroom? And they're like, "No, kids are going to tear them down." And one student just said, "I can help you through this." And I just love that.

Cindy Carraway-Wilson: So being that person.

Lee Anne Dodge: Yeah, instead of, "You're an idiot, don't you know it's bad for you?" But just I can help you through this.

Cindy Carraway-Wilson: Excellent, thank you. Thomas.

Thomas Ylioja: I was going to say, start with a question. What are you hearing? What are you seeing? What are you learning? What have you read? Open up the conversation and don't come in with a lecture.

Cindy Carraway-Wilson: Excellent. Very similar stance. Absolutely. Anybody else want to add? An everyday action statement behavior that you might display to young people.

Robert Ostbye: Well, you never know when you're going to be called into action, but if you can mentally prepare yourself to offer support instead of condemnation, I think that can set you up for success. And if you're a funny person, memes are great for communicating with youth audiences.

Cindy Carraway-Wilson: Absolutely. Thank you. Anybody else care to jump in on this one?

Alexandra Parks: I would also suggest to have frequent conversations. I think as adults we feel like we bring one topic up one time and we're like, "All right, great. I did that. I brought it up. It's done with, it's over with." And I feel like the more dialogue that you have with young people, either as a parent or a teacher or school administrator or counselor, whoever it may be, you just have the opportunity to really have a real, natural conversation as opposed to just a one time interaction. So I would just recommend or suggest or encourage to just have frequent communication check-ins or listen more than talk. Just really be able to understand and learn and hear what they're going through.

Cindy Carraway-Wilson: Excellent. Thank you. Anyone else?

Robert Ostbye: Pay attention to the news because things are constantly changing. Whether it's newer products or outcomes that we didn't understand previously, just try to maintain your awareness if possible.

Cindy Carraway-Wilson: Excellent. And you just brought up the word outcome, which segues me into the next question perfectly. One of our audience members asks about recommendations or practices that a school might use to evaluate how effective their intervention or prevention efforts are and how to identify areas for growth, and I know that many of you have been researching your approaches or have that kind of a background. What might you suggest for folks to evaluate the effectiveness of their efforts?

Alexandra Parks: I can jump in quickly, just with the curriculum in itself, we included pre and post questions. So you're able to see if there's been any knowledge gain, but also any shifts in behavior and attitude. So again, very simple. A couple of questions before, a couple of questions after, able to monitor if there's any type of changes. I think also gathering any focus groups or any forums with young people to have some open conversations around how this is working, what are some things that we may be able to modify or adjust, giving them an opportunity to be able to provide and be part of the solution instead of us coming up with solution, is I think, a very powerful tool as well.

Cindy Carraway-Wilson: Excellent. Thank you.

Lee Anne Dodge: I would just add, our whole school climate has changed because we use a restorative approach. So before when teachers would look away and go, "Well, maybe she's just tired, because I know if I bring it up, this student's going to be out of my classroom for two whole weeks, so I'm not going to say anything." And also those students that had required to see our social worker, licensed alcohol drug counselor, 70% of them continued to see her even though they didn't have to anymore. So having those moments. Or to have students giving their vaping devices to a police officer, that is when you know climate has changed in a community and that parents don't have an adversarial relationship with the school anymore, they want to be partners in this. That's huge. From them being like, "Great, my kid's kicked out for two weeks., No, they're here. They're not falling behind academically. So looking at the positives of it might

not be your kid stopped vaping, but all these other parts are improving, and that they're getting the help that they need.

Cindy Carraway-Wilson: So, you're capturing the behaviors as you see them, you're capturing the stories of things like those vapes being turned in, et cetera. So that's definitely good. And kudos to you Kara, that you have people continuing to see you even when they don't need to. That's all about that relationship development, just key. Excellent. Now there was a question about dabbing that came into our question piece, our Q and A. And the person wasn't really clear exactly what they wanted, but they just said, what about the dab pens, especially the ones that have tampered with cartridges. Can anybody tell us a little bit more about that? And Ruben, I know that you also put a link into the jam boards and we'll get that link into the chat for folks, but does anybody want to say a little bit about these dabbing pens?

Ruben Baler: Well, that link has a lot of information from the NIDA perspective. As far as I know, dabbing is almost exclusively used for preparations that are used to refill some of these cartridges, specifically with high THC concentration resins or oils that are prepared with dangerous materials in ad hoc labs. And that's the first danger, the preparation itself, of these high concentrates of the THC resins that involves organic solvents. So that's a physical danger. And then the exposure of these vaping devices that exposes kids or any other vapor to high condition of THC, is the secondary danger, is the real danger of the very highly addictive or psychotic bouts that can result from these high levels of THC. The problem with the high levels of THC in general is that the epidemiology that we have, all the history of marijuana research, doesn't really tell us much about the impact or the influence of any exposure to these extremely high levels of THC that result from behaviors like dabbing, for example. We have much more information on the website, the link to which I provided earlier.

Cindy Carraway-Wilson: Yes, thank you so much. And we did just put that link out to everybody in the chat for your use. We only have a couple more minutes left. I was wondering if anybody wanted to address the question about any challenges that you may have had that you had to overcome and how you did it? Just super brief on that. Does anybody want to jump into that conversation?

Lee Anne Dodge: I'll say it really quick. I know you're going to mute me shortly, but I'll just say it in 20 seconds. So we kept seeing all these students re-offending the policy and they were in ninth grade. We'd never seen that before. We were in a panic going, what are we going to do? So we modified the policy to add some new pieces where now students are required to do community service. And not picking up trash in an orange jumpsuit, but they have to do it at a youth serving agency like the Boys and Girls Club or the teen center. So that's a key new piece where we want them to be... Maybe another healthy adult in their lives could be influential. And then also, on their third offense, they need to meet with a behavioral health liaison from our police department who is a former graduate from South Portland High School. And again, more people, not less.

Cindy Carraway-Wilson: So, you're increasing the exposure to healthy adult supports. Excellent, thank you. Anybody else want to jump in about any challenges that you've had to face and overcome? We have two minutes. Go ahead, Thomas.

Thomas Ylioja: Really quickly here, certainly letting young people know from a treatment perspective about resources that are available and the importance of quitting and why they should even be thinking about quitting is a challenge. And so promotion is really key. I do want to just really quickly touch on the alternative to suspension component. We know that a lot of schools use My Life My Quit as a treatment program, as an alternative suspension. And I just want to address really quickly that if schools are using it, I know not every state supports using that type of an approach, but it's really important to have some sort of a reward at the end of that. So not just to say, now that you've done that, you can come back to school, but look at removing the infraction from their permanent record. Give them some real motivation to want to engage in behavior change and not just to have to participate in a program that nobody wants to have to do, is just really important. It sounds like that's some of the work that is the restorative framework, but also just thinking through that really critically.

Cindy Carraway-Wilson: Taking it a little step further. And there is a question in the queue actually Thomas, about how a district or school could get My Life My Quit into states that don't already have it.

Thomas Ylioja: So, My Life My Quit program, it's delivered under contract through state health department. So we generally work directly at the state level so that we can deliver it across the state and then that way it's always free. Always happy to have conversations with folks who are looking for ways to bring it into their state. They can certainly reach out to me and I'm happy to have more conversation.

Cindy Carraway-Wilson: And we'll make sure also that his email address is in the materials for everybody's use. And that brings us to 4:30. The conversation's just getting hot, we could keep going. Again, I want to thank all of you for being with us today and for the 328 people who stuck with us to the bitter end, we really hope that you all have gotten some techniques that you might use immediately and some ideas for full-blown, full school approaches to reducing vaping and building those protective factors. As Dr. Baler said, it's not just about vaping, this is about other healthy behaviors. Thank you all very much for being here today and we hope to see you at our next lessons from the field webinar. Have a wonderful rest of the day.