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Engaging Parents and Caregivers in Substance Use Disorder Prevention and Recovery Webinar presentation by the President of the Partnership for Drug-Free Kids and Center on Addiction, Fred Muench, PhD

Susan M. Halpin M.Ed. *University of Massachusetts Medical School*

Ft al.

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Engaging Parents and Caregivers in Substance Use Disorder Prevention and Recovery

Presenter - Fred Muench, PhD President of The Partnership for Drug-Free Kids and Center on Addiction





This Webinar is being recorded.

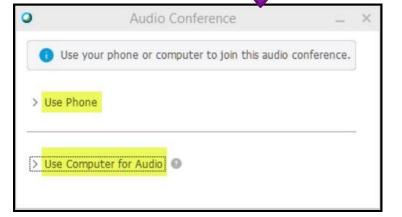
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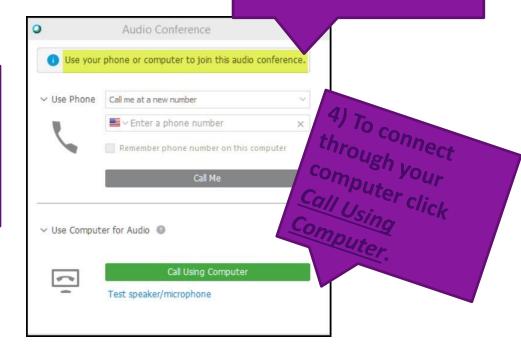
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About Today's Webinar

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Your Webinar Host



Susan Halpin, M.Ed.

susan.halpin@umassmed.edu

NNLM NER, Education & Outreach

Coordinator

University of Massachusetts Medical School

Worcester, Massachusetts





Who is Joining Us Today?

Introduce Yourself Using the Chat Box ("chat" to "all participants")

Name?

Where are you located?

What do you hope to learn today?



About National Library of Medicine (NLM)

https://www.nlm.nih.gov/



Physical library is Bethesda, MD part of the NIH campus.

Largest biomedical library in the world

One of the federal government's largest providers of digital content

The library is open to everyone

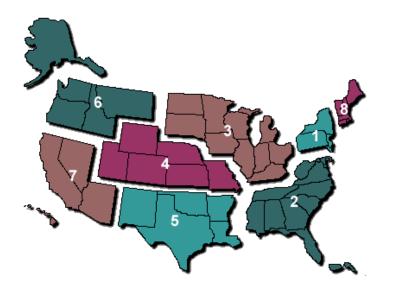
NLM's mission

Advance the progress of medicine and improve public health by making biomedical information accessible to everyone.



NLM Outreach Program

NLM Carries Out its Mission Through the National Network of Libraries of Medicine (NNLM) https://nnlm.gov/

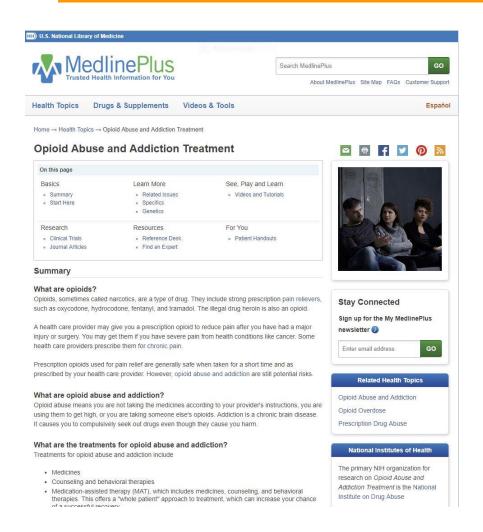


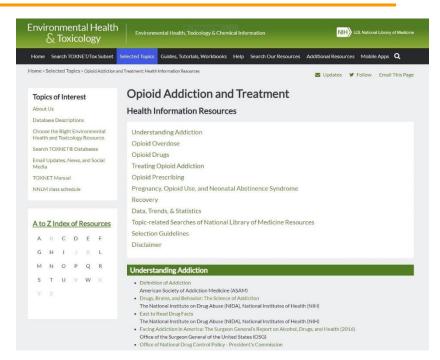
- Nationwide network of health sciences libraries, public libraries & information centers
- Each region has a partnership with a regional medical library
- Outreach provided through
 Free access to online health & medical resources
 Free Training & Professional Development
 Grant funding opportunities for your community

77,000 people received training from NNLM last year!



NLM Online Resources for Substance Use Disorder





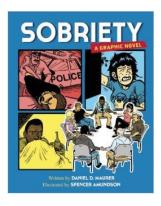
https://envirotoxinfo.nlm.nih.gov/opiate-addiction-and-human-health.html



Looking for Programming Tools Related to Health and Wellness?

Consider borrowing one of our Graphic Medicine Book Club Kits featuring Sobriety: A Graphic Novel!





From the publisher...
"Through rich illustration and narrative, Sobriety: A Graphic Novel offers an inside look into recovery from the perspectives of five Twelve Step group members, each with a unique set of addictions, philosophies, struggles, and successes while working the Steps."

To Request a Kit: www.nnlm.gov/ner/kits

For Questions or Information Sarah Levin-Lederer at

Sarah.LevinLederer@umassmed.edu



Fred Muench, PhD President of the Partnership for Drug-Free Kids and Center on Addiction



Engaging Parents and Caregivers in Substance Use Disorder Prevention and Recovery

Frederick Muench, Ph.D.
President
Center on Addiction

Partnership for Drug-Free Kids



Agenda

- Why Families
- How We Serve
- Theoretical Underpinnings
- Programs
- Who is Seeking Help
- Preliminary Outcomes
- Resources
- Vaping
- What you can do



Collaborators and Contributors

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Denise Mariano

Entire Team!

Jeff Foote & Ken Carpenter (CMC)

Sarah Bagley & Alicia Ventura (BMC)



Center on Addiction / Partnership for Drug-Free Kids

Center on Addiction is the merger of the Partnership for Drug-Free Kids and the National Center on Addiction and Substance Abuse. We are a national nonprofit dedicated to:

- Supporting Families to Prevent and Overcome Addiction Through a Suite of Digital and Human Support Tools
- Shaping Public Policy by Partnering with Families to Share Their Stories and Change the Conversation
- Improving Quality of Care By Involving Families In Treatment for Young People and Enhancing Treatment for All
- Changing Culture and Stigma Through Media and by Empowering Families to Prevent and Treat Addiction in their Communities



Substance Use

- Substance use among adolescents and young adults.
- By the time they are seniors in high school in their lifetime:
 - 50-70% of teens have tried alcohol at least once (about 13% past month)
 - 45-50% of teens have taken an illicit substance (about 15% past month)
 - 40% of teens have smoked a cigarette / vaped (4% and 27% past month)
 - 20% of teens have used a prescription drug for a nonmedical reason (3-5% past month)
- Young adults (ages 18-25) have the highest rates of past year use of alcohol, cigarettes, smokeless tobacco, cocaine, heroin, hallucinogens, LSD, MDMA, marijuana, tranquilizers and non-therapeutic use of pain medication, sedatives and stimulants.

MTF, 2017; MTF 2018; Swendsen et al., 2012; Center for Behavioral Health Statistics and Quality, 2016



How Many Young People Vape?

Report vaping in past 30 days in 2019

- 27.5% of high school students (4.1 million) (CDC)
 - 32% increase from 2018
- 10.5% of middle school students (1.2 million) (CDC)
 - 114% increase from 2018

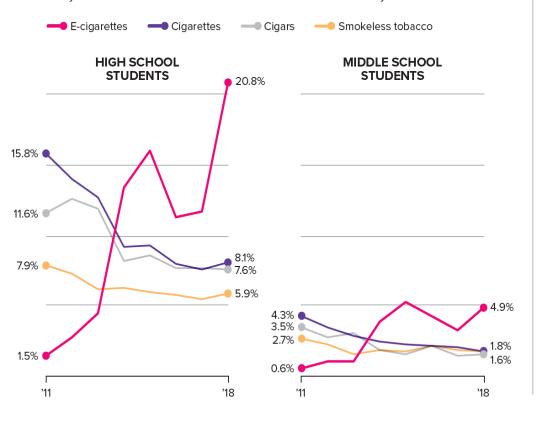
- 7.6% of young adults aged 18-24 (CDC)
 - 46% increase from 2017

- 3% of adults (the intended audience) in 2018 (NHIS, ages 18 and older)
 - 14% increase from 2017



Prevalence among U.S. middle- and high-school students

Estimated percentage of students who currently use e-cigarettes and other tobacco products, based on CDC, FDA and National Cancer Institute analysis of data from 2011-2018 National Youth Tobacco Surveys.



Note: Smokeless tobacco is defined as chewing tobacco, snuff, dip, snus and/or dissolvable tobacco products.

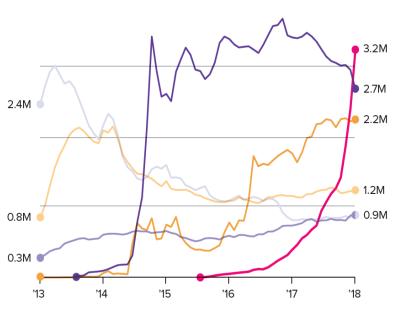
Total e-cigarette sales in the U.S.

CDC analysis does not distinguish the age of the purchasers. Estimates may include products obtained by youth.

Unit sales from the following tobacco companies (product in parentheses):



UNIT SALES





A Critical Time for Intervention

- Adolescent and young adult brains are particularly vulnerable to substance exposure as they are not fully developed until the age of 25
- 90% of Americans who meet the medical criteria for addiction started smoking, drinking or using other substances before age 18
- 1 in 4 adult Americans who began using any substance before age 18 current meet criteria for an SUD, compared to 1 in 25 who started using at age 21 or older



https://www.blueprintsprograms.org

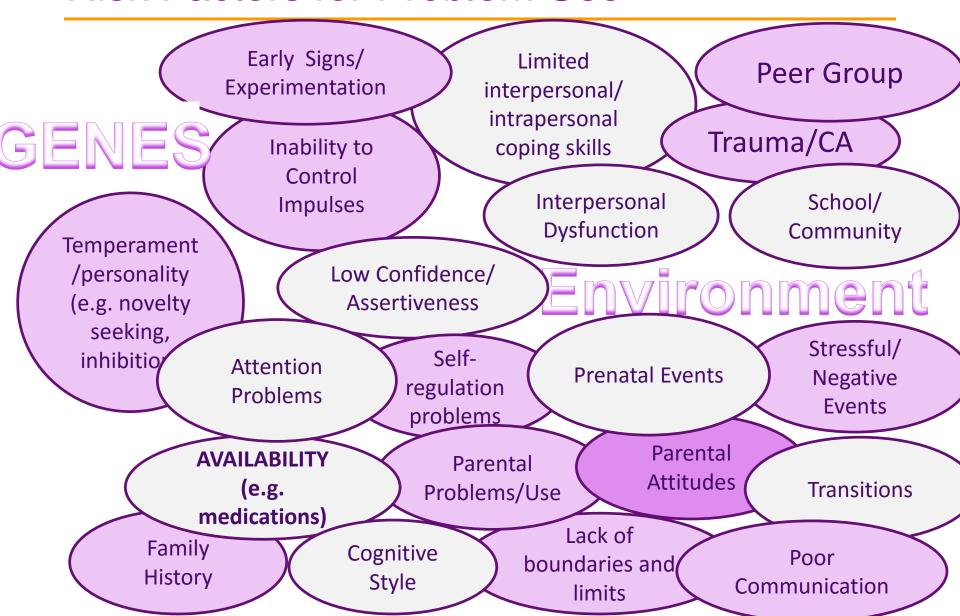
intps.//www.biacpinitsprograms.org					
+ AGE		<u>PROGRAM</u> ►	<u>RATING</u> ▲	BENEFITS AND COSTS	IMPACT
+ GENDER					Close Relationships with Parents,
+ RACE/ETHNICITY		MULTISYSTEMIC THERAPY® (MST®)	Madal Dlug	BENEFITS	Conduct Problems, Delinquency and Criminal Behavior, Externalizing, Illicit Drug Use,
PROGRAM SPECIFICS		PROGRAM TARGET FUNDING STRATEGIES	Model Plus	MINUS COSTS	Internalizing, Mental Health - Other, Positive Social/Prosocial
+ PROGRAM TYPE					Behavior, Prosocial with Peers,
+ PROGRAM SETTING					Violence
+ CONTINUUM OF INTERVENTION		NEW BEGINNINGS (FOR CHILDREN OF DIVORCE)	Model	BENEFITS MINUS COSTS	Antisocial-aggressive Behavior, Close Relationships with Parents, Externalizing, Internalizing, Mental
RISK AND PROTECTIVE FACTORS Protective factors are conditions that buffer a		PROGRAM INFORMATION TARGET POPULATION FUNDING STRATEGIES	Model	MINUSCOSIS	Health - Other, Reciprocal Parent- Child Warmth, Sexual Risk Behaviors
person from exposure to risk by either reducing the impact of the risks or changing		GROUP TEEN TRIPLE P - LEVEL 4			
the way that one respond to risks.		PROGRAM TARGET FUNDING INFORMATION POPULATION STRATEGIES	Promising	BENEFITS MINUS COSTS	Close Relationships with Parents, Conduct Problems
Risk factors are conditions that increase the		INFORMATION POPULATION STRATEGIES			
problem behavior or developing a disease or		INCREDIBLE YEARS® - PARENT			Antisocial-aggressive Behavior, Close Relationships with Parents,
injury (e.g., smoking increases the chance of developing lung cancer).		PROGRAM TARGET FUNDING STRATEGIES	Promising	BENEFITS MINUS COSTS	Conduct Problems, Depression,
+ INDIVIDUAL		INTORNATION POPULATION			Externalizing, Internalizing, Positive Social/Prosocial Behavior
+ PEER		PROSPER			Alcohol, Close Relationships with
- FAMILY		PROGRAM INFORMATION TARGET POPULATION FUNDING STRATEGIES	Promising	BENEFITS MINUS COSTS	Parents, Conduct Problems, Delinquency and Criminal Behavior, Illicit Drug Use, Tobacco
Risk Factors		STRENGTHENING FAMILIES 10-14			Alcohol, Antisocial-aggressive
Age of mother at first live birth		PROGRAM TARGET FUNDING INFORMATION POPULATION STRATEGIES	Promising	BENEFITS MINUS COSTS	Behavior, Close Relationships with Parents, Illicit Drug Use,

What doesn't work in prevention and early intervention?

- Stand-alone events
- Strictly knowledge-based programs
- Lack of tailoring of a program to the specific group
- Delivery primarily through lecture
- Strictly one-off media-based approaches without accompanying support
- Fear tactics



Risk Factors for Problem Use



Parents/Caregivers Matter

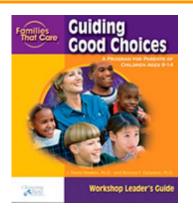
- A parent or family member is going to be invested in the successful outcome of the young person in a way different from a school or treatment team.
- Parents or other family members have known the young person the longest and have a longitudinal perspective to inform decisions based on what has worked (or not worked in the past).
- Family members have the unique perspective on identifying risk factors and warning signs for use and relapse in a young person's natural environment and can intervene early with proper training and support.



Family-Focused Prevention Programs

Guiding Good Choices

This program uses a multimedia approach to support parents in communicating with their children lovingly and supportively, and therefore decrease their chances of using substances.



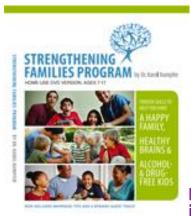


Operation Prevention

DEA and Discovery Education created this program to educate students about opioids, and it includes classroom and parent resources.

Strengthening Families Program

SFP provides family skills training to strengthen the relationships within the family through a curriculum for both parents and children.





Family and Caregiver Treatments for ASU

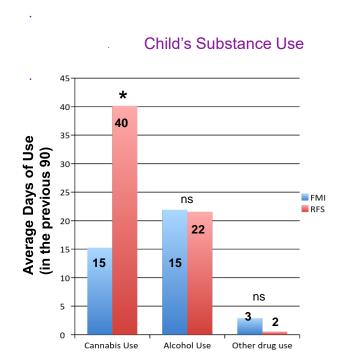
Family therapy is the most effective form of care for adolescent substance misuse.

- Functional family therapy
- Multidimensional family therapy
- Brief strategic family therapy
- Behavioral/Motivational Family Interventions
- Community Reinforcement and Family Training (CRAFT)*

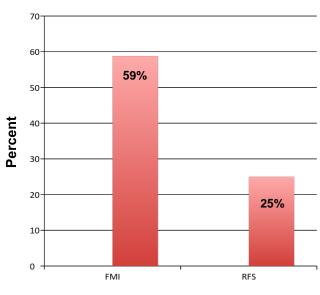


Family Motivational Intervention with Co-Occurring Disorders

(FMI; Smeerdjik et al., 2012; Psychological Medicine)



Complete abstinence from cannabis over 3-months

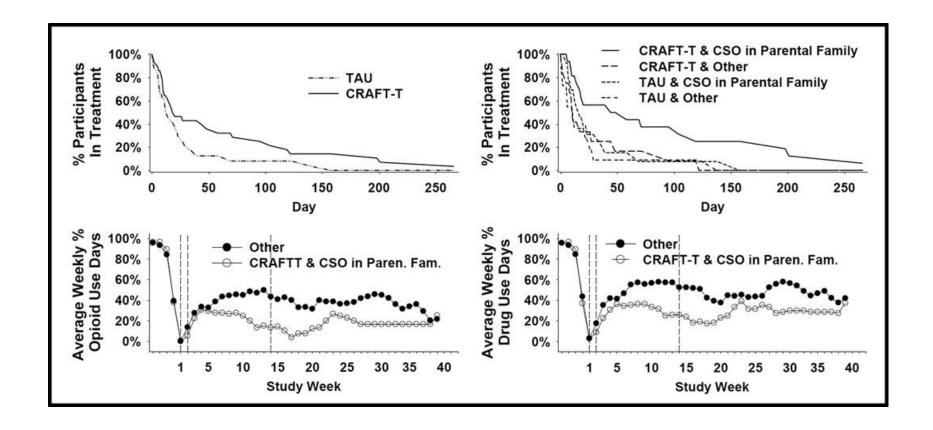


Trend: (X2=3.07; p=.08)



CRAFT-T: A component for the treatment of Opiate Use Disorders

(Bringham et al 2014)





Caregivers Often Don't Engage in Help

Stigma

- The <u>stigma</u> against substance use causes many family members resist seeking help for their loved one out of fear of the discrimination and the judgment from others, against themselves as parents and against their children.
- Unaware of the resources / Cost
 - Not knowing about the resources available to them, effectiveness of resources, or the financial barriers to care
- Belief that it will get better (both young person and parent)
 - While parents might be aware of problems or potential problems, we often hope it will get better.
- Too Much Effort in Busy Lives
 - Too much effort and burden given overwhelming lives



Limited Options When They are Ready

- Family therapy and training/supporting parents, caregivers and influential others is not used by most programs due to lack of financial incentives for family training despite outcomes.
- Families are rarely engaged in care as systems not have the infrastructure despite the value add to improving outcomes and cost reduction.
- Barriers to attending care restrict implementation even with the best of intentions.
- Remote digital family services and community and provider training can close these gaps by empowering the supporters of those in need.



How We Help

- We run a free, national Parent and Caregiver Helpline (via phone, SMS, Facebook Messenger, chat or email) to help parents and caregivers prevent and overcome addiction for their children and loved.
- We have a National Parent Coaching program with over 300 volunteers.
- We have an automated Parent Assessment Triage and Messaging system to hold caregivers hands on their journey
- We have a family targeted website for addiction with over 5 million visitors a year.
- We have a robust technical assistance program to train providers on family and caregiver interventions.



Toolkits for Adolescent Substance Use: Core Elements of Family Therapy Training and Implementation System (Hogue, Bobek, Dauber, et al.)

Measurement Training and Feedback System

Pragmatic web-based therapist training system that features therapist self-report, video modeling, observational coding, and measurement feedback on fidelity

Engaging Families in SUD Services: A TIP 39 Training

A Train the Trainer Curriculum for SUD providers including video modeling and experiential exercises, along with an ongoing Learning Collaborative and emergent quality assurance procedures



CRAFT Technical Assistance

- Funded today through multiple contracts with NYS OASAS
 (Office of Addiction Services and Supports) to train providers on
 empirically support care for families (Neighbors, Lisio,
 Daugherty, and colleagues). Select Programs Include:
- Medication Assisted Treatment Training (General)
- CRAFT (Community Reinforcement and Family Training)
 dissemination and implementation training certifying clinicians in
 assisting concerned significant others to engage treatment refusing individuals struggling with substance use to enter
 treatment. Online training coming soon.





Provider Prescribing Education and Tools





Family Services

Helpline

- € 1-855-DRUGFREE
- Text
- Facebook Messenger



Help & Hope

- Evidence-based skills via text
- Personalized guidance and support
- Adaptive to changing circumstances



Community Education

Parent Coaching

Guidance from someone

Peer-to-peer support

who's "been there"

- · Workshops and presentations
- Documentary screenings



Drugfree.org & Social Media

- In-depth resources / support
- · Articles, ebooks
- vParent blog
- Parent skills videos
- eLearning Modules



Online Support Groups

- Specialist and peer support
- Education and skill development





Our Service Mission Statement

- To provide whatever support a CSO (Concerned Significant Other) needs to help themselves or their loved ones prevent or overcome addiction while enhancing their quality of life and life goals.
- Meet the help-seeker where they are on their journey when based on their needs, goals and readiness and adapt to those needs over time
- Allow a help-seeker to begin/sustain a conversation with us via their preferred medium of communication (eg. SMS, email, phone, chat, FB messenger)
- Allow a help-seeker to begin and sustain the conversation with us via their preferred method of communicating (eg. web/download, automated proactive, automated reactive, automated interactive, asynchronous, synchronous)
- Allow a help-seeker to adapt their program and join other programs in real time via user-based multi-medium assessments
- Deliver communications/interventions in the most effortless and salient but impactful – manner.
- Tailor communications/interventions to the help-seeker's cognitive, behavioral and emotional capacity.



Theoretical Foundation

- Motivational Interviewing
- Transtheoretical Model of Change
- CRAFT: Community Reinforcement and Family Training
- Harm Reduction
- Acceptance and Commitment Therapy
- Invitation to Change
- Social-Cognitive Learning Theory
- User Experience Design and Implementation Frameworks

MAKE IT EASY AND SALIENT



Curating the Journey

Multi-channel Engagement



Engage (re-engage) via phone, email, chat, message

Assessment



Personalization Engine

Personalize to each parent and child's unique needs and goals

Adaptation



Adapt through ongoing assessment that changes the program with the changing needs of parents and loved ones.

Automated Digital, Specialist & Peer Support









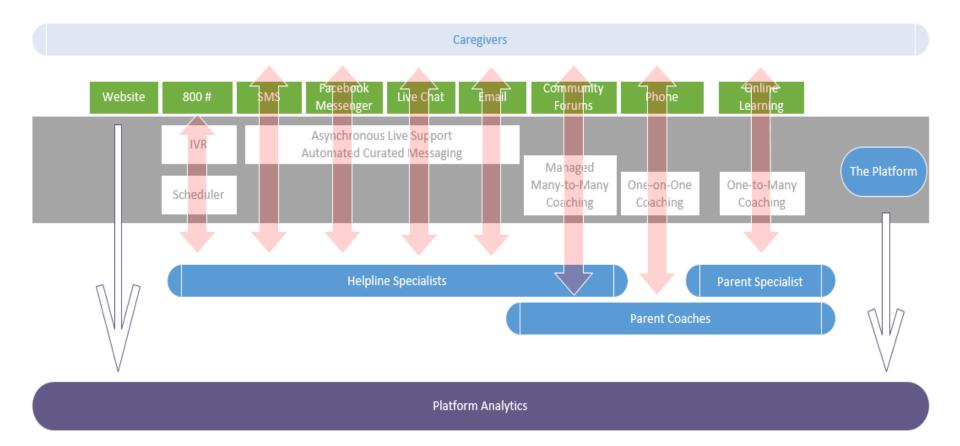


Helpline: Digital and Phone Support

- Dedicated to responding to direct requests for information and support through phone, text, email, Facebook Messenger and live-chat (Beta).
- Will serve 10,000 families with one-on-one connections in 2019, many over multiple days/months.
- Staffed by 13 Helpline Specialists who are trained in substance use, family dynamics, mental health, and intervention.
- We are not a crisis line.
- 7 bilingual (Spanish/English) Specialists working in both English and Spanish
- Open M-F from 9:00am ET 12:00am ET and Weekends from 12:00pm ET – 5:00pm



Open Engagement

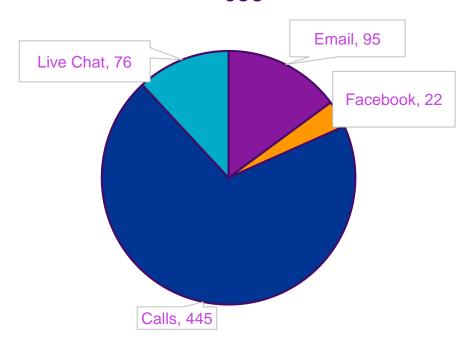




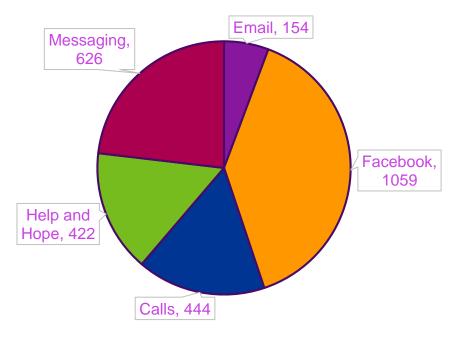
Why Omni-Channel Matters

115,000 messages sent in the last 6 months

Families Served Oct-Nov 2017: **638**



Families Served Oct-Nov 2018: **2283 (+422)**





Assessment/Evaluation & Personalization

Baseline, Real-time Interaction, Follow-up, Analytics

1. What is the **primary drug** that your child is using?*

A Heroin

Prescription pain
pills (such as
Oxycontin, Percocet
or Vicodin)

c Other



7. How motivated is your child to change/get help?

A Not at all/Very little

B Somewhat/Moderately

c Very/Extremely

9. Does your child have any of these higher risk factors that you know of? (select all that apply)

Choose as many as you like

My child has overdosed before.

My child is
administering
drugs
intravenously (IV).

The majority of my child's peer group is also using















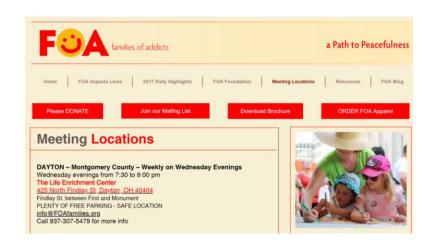
Personalized Feedback

- Provide immediate personalized feedback to take immediate action.
- Give resources and options for further reading.
- Begin the process of change while waiting for a specialist.





Curating Credible Resources & Content



Home = Parent Blog = 6 Steps to Find Addiction Treatment For Your Son or Daughter If You Don't Have Insurance

6 Steps to Find Addiction Treatment For Your Son or Daughter If You Don't Have Insurance

OCTOBER 31, 2017 BY MARY ANN BADENOCH, MASTER ADDICTIONS COUNSELOR



Your entire family is thrown into a crisis when your son or daughter needs treatment for drug or alcohol addiction. And that crisis is magnified if you don't have the money or insurance to get help.

Although it may take work and patience finding affordable treatment for your son or daughter, it is possible. Here are six steps you can take to help you find low cost or free treatment options.



1. Research Your Options

Heroin, Fentanyl & Other Opioids Understanding to Action



Heroin and other opioids are ravaging communities across America. Deaths from heroin increased 328% between 2010 and 2015, and drug deaths from fentanyl and other synthetic opioids are now seeing a sharp rise as well. More Americans die from drug overdoses than in car crashes, and this increasing trend is driven by Rx painkillers.

The time to take action against this epidemic is now.

Jump to: Understand I Protect You Access Con Connect wi





Most Common Intervention Targets

- Spotting Signs of Substance Use/Misuse/Relapse
- Understanding
 Substance Use and Risk
- Communication Skills & Motivational Strategies
- Setting Limits & Monitoring Behavior
- Natural Consequences
- Positive Behaviors
- Social Engineering

- Positive Reinforcement
- Self-Care
- Empowerment & Hope
- Risk/Harm Reduction
- Navigating Treatment
- Treatment Options
- Paying for Treatment
- Continuing Care/Sustained Growth
- Local Support/Peer Support
- MUCH MORE





Parent Coach Support

The Partnership and our clinical training partners the **CMC** Foundation for Change has trained over 300 parents who have either lost a child due to addiction (30%) or have a child in recovery (70%).

- Training is a 3-day intensive workshop on evidence-based concepts such as community reinforcement and family training (CRAFT), acceptance and commitment training (ACT), and motivational interviewing(MI).
- Training includes ongoing support and supervision.
- Coaching takes place on the phone over the course of about five calls – during approximately a six-week period providing:
 - Support and empathy, Parenting skills, Resources



Coaching Outcomes

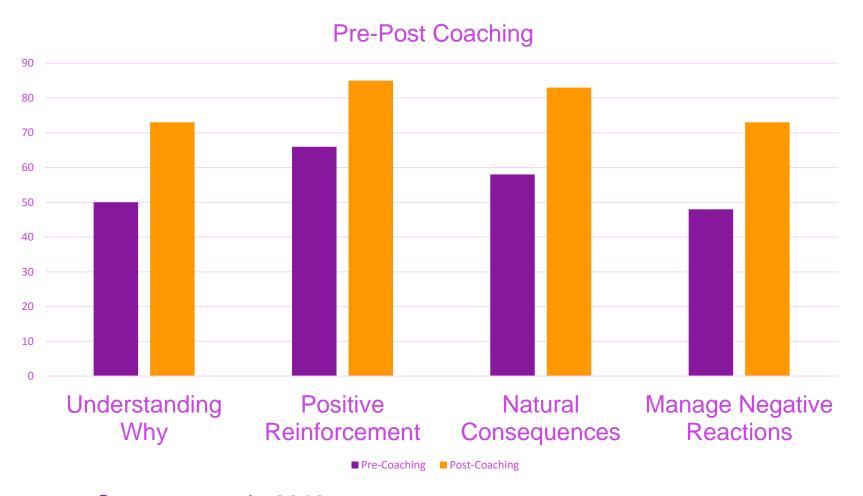
- Over 600 parents have been coached since 2015
- Carpenter and colleagues conducted a survey a sample of coached parents following specialist support
- Demographics:
 - 121 completed surveys before and following coaching
 - Over 90% of callers are female, nearly 90% were moms
 - 80% were calling about their sons
 - 23% called about teens (13-17) while 77% called about a young adults (18-30)
 - The majority (64%) had their loved one living at home
 - 50% marijuana, 30% opioids, 10% alcohol, 10% other
 - Following specialist support, callers asked to complete a preand post-survey on knowledge, confidence and hope.



Survey Process

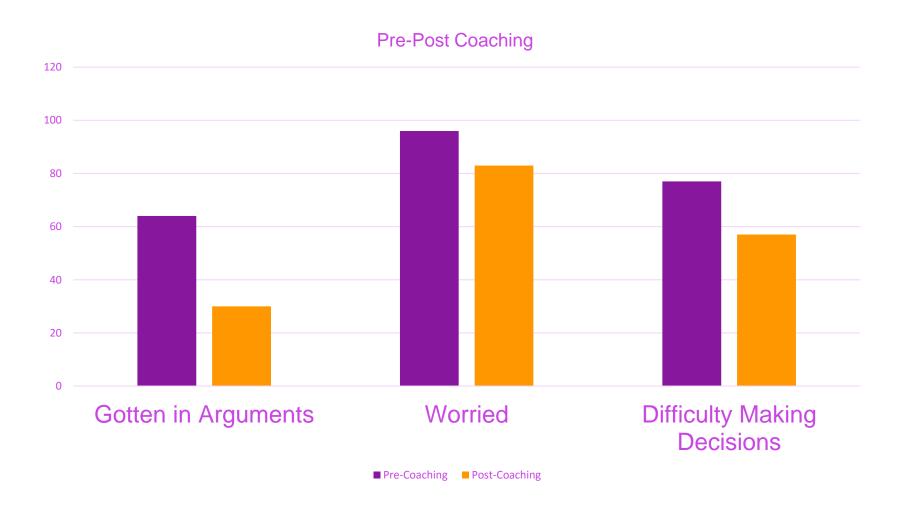
- Callers asked to complete a pre- and post-survey regarding their experiences with their children (eg communication) and their own cognitions and behaviors (eg hope).
- Response categories included "none", "a little", "somewhat", and "a lot". For purposes of presenting results, responses were collapsed into two buckets: none/a little or somewhat / a lot
- Note: The pretest was AFTER helpline specialist contact so the baseline levels are high as individuals had already engaged in some change processes



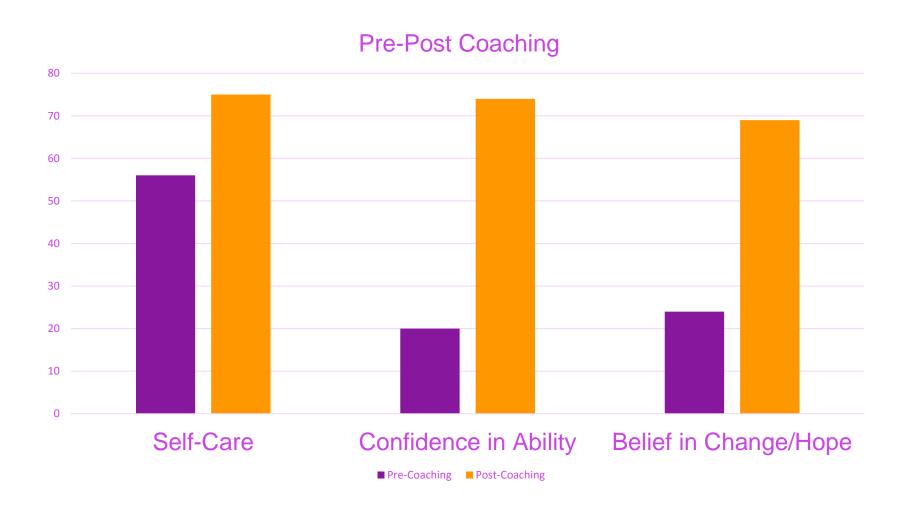










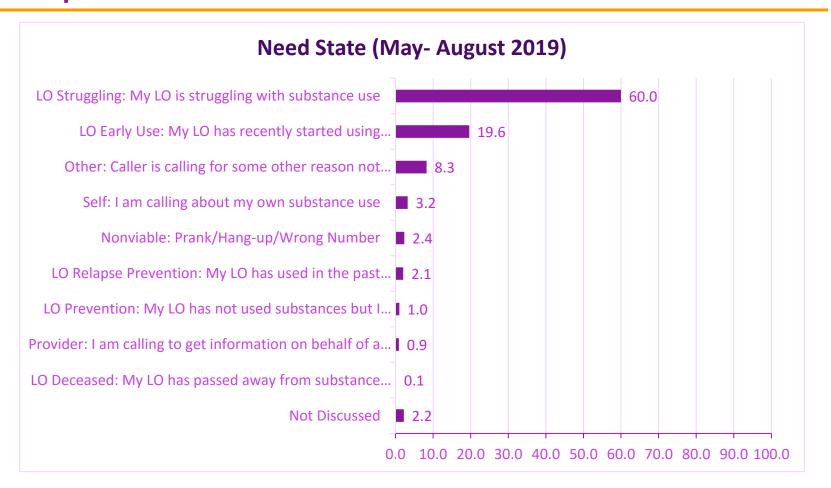




Who is Coming to the Helpline?

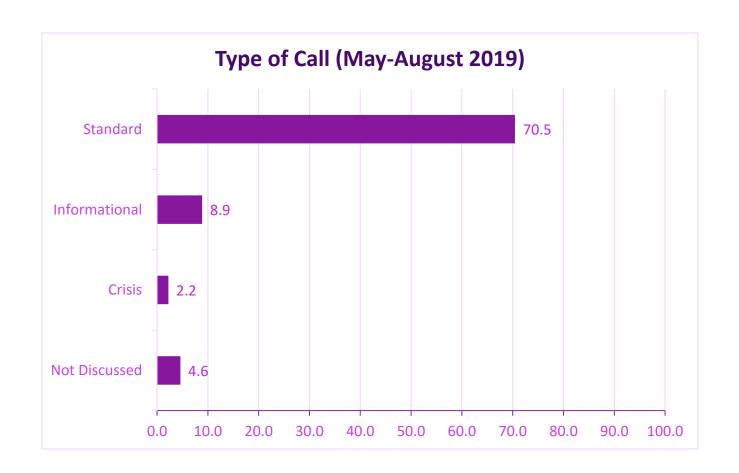


Helpline Calls: Need State



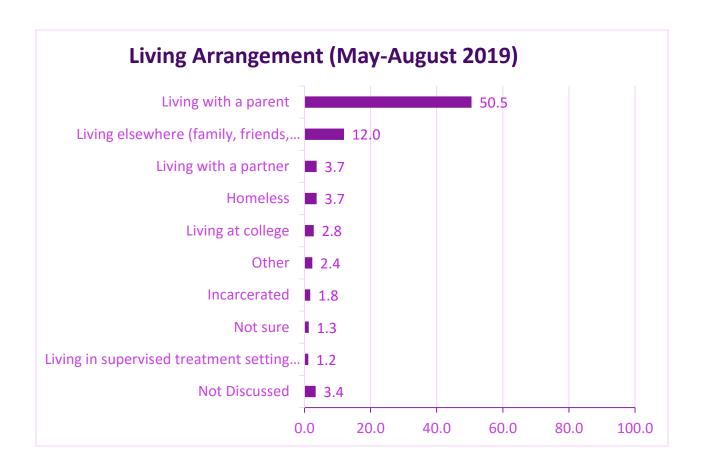


Helpline Calls: Type of Call





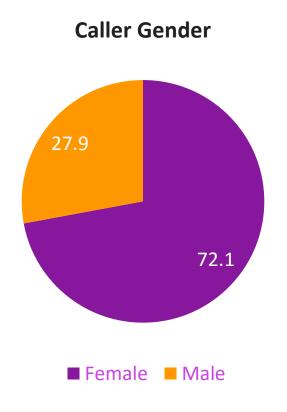
Helpline Call: Living Arrangement



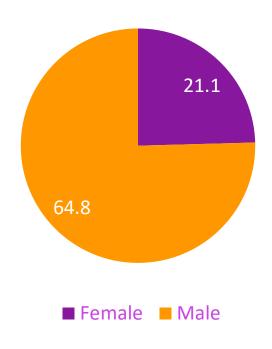


Helpline Calls: Gender

May-August 2019

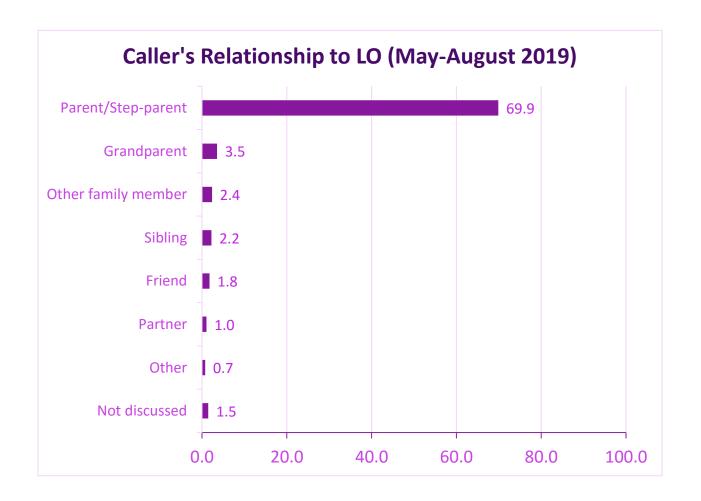


Loved One Gender



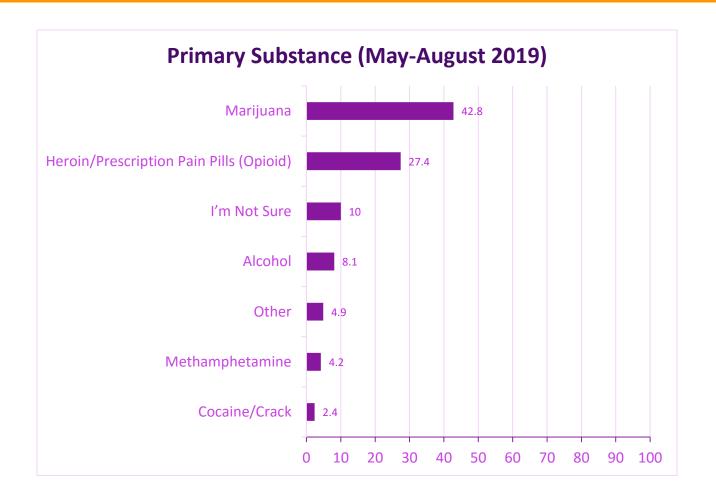


Helpline Calls: Caller's Relationship to Loved One



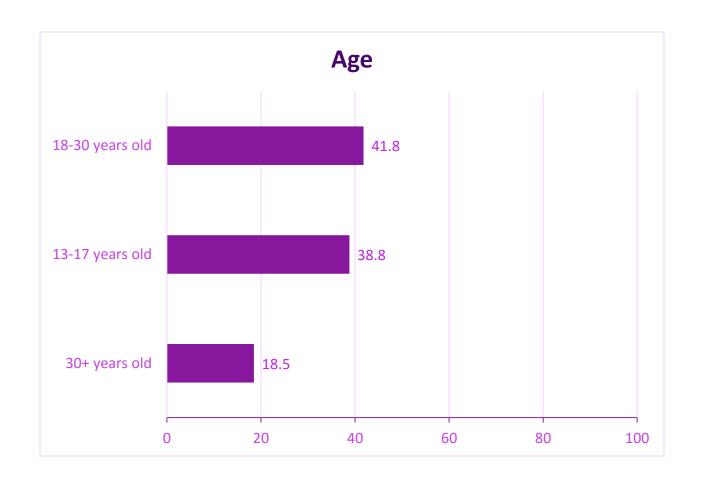


Helpline Digital: Primary Substance





Helpline Digital: Loved One's Age

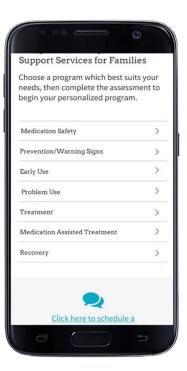




Help and Hope: Tailored Messaging







Text "JOIN" to 55753



Who is Coming to the Help and Hope Opioid and What Do They Want?



Help and Hope Opioid Program (N=722)

Concerned Carer

Concerned About

Male	23%
Female	77%

Male/Son	64%
Female/Daughter	36%

Heroin	50%
Prescription pills - opioids	26%
Other	25%

Living with me	47%
Living elsewhere (with family, friends,	
roommate(s), along, etc.)	30%
Living elsewhere in a supervised setting (tx	
center, recovery housing, jail/prison, etc.)	13%



Help and Hope Opioid Program: Needs

Help motivating my child/loved one	91%
Speak with parents who have similar experience	87%
Understanding substance use disorders better	70%
Help with communication	86%
Help with stress and burn out	90%
Help with overdose risk	48%
Help communicating with partner	37%



Help and Hope Opioid Program: Risks

Peer group is also using substances.	60%
Trauma or loss.	40%
Recent relapse.	37%
Overdosed before.	36%
IV use.	33%
Recently detoxed from drug use without tx.	26%
Recently incarcerated/released with no tx.	24%



Help and Hope Opioid Program: Barriers

Do not have money or insurance	43%
Do not know right type of treatment	43%
Waitlists/no beds.	33%
Stigma going to treatment	16%
Other	10%



Quick Overview: What is Vaping?

- The act of inhaling and exhaling the aerosol produced when using an electronic vapor product
- Not combustible and does not produce tobacco smoke, tar, or many of the other toxic ingredients associated with smoking
- BUT, the term 'vaping' is misleading vaping doesn't produce harmless water vapor
- Vaping produces an aerosol, which consists of many toxic chemicals and dangerous particles



Why Be Concerned?

- Nicotine itself is harmful
- The chemicals in the aerosol are harmful
- 4 times increased risk of cigarette smoking
- Dual use both vaping and smoking is common
- Highly addictive, hard to quit
- Link to other substance use and addiction
- Link to mental health disorders
- Recent spate of illnesses and deaths



How Do Youth Get Them?

- U.S. law prohibits e-cigarette sales to anyone under 18
- Some cities & states set a minimum legal sale age of 21
- Retail outlets Age limits not well enforced by stores
 - 74% of teens who use JUUL get them from stores
- Family or friends Older kids give or sell to younger kids
- Online Age limits are easily bypassed
 - 94% of purchase attempts by 14-17 year olds were successful
- Students find them easy to access
 - 46% of 8th graders, 67% of 10th graders, 81% of 12th graders say they are "fairly or very easy to get"
 - One in four teens in a recent Center on Addiction survey said they can get them within one day or less, if they chose to do so



Motives for Use Reported by Adolescents

- Friend or family member vapes (39%)
- Flavors (31%)
- Less harmful than other forms of tobacco use (17%)
- To try to quit other tobacco use (8%)
- Discreet, can be used anywhere (7%)
- Easier to get than other tobacco products (5%)
- Cost less than other tobacco products (3%)
- Famous people use them (2%)

(CDC, 2016)



Helpful Messages for Teens

- Don't fall for it
 - Don't let big businesses take advantage of you, ruin your health, make you dependent
 - It's not cool to be addicted to and dependent on a drug
- Don't be fooled by celebrity and social media promotions
 - There's money behind them, not your best interests
- Don't contribute to environmental damage
- Make smart and healthy choices
 - Vaping really is dangerous
 - You only have one brain and body and they're in pretty great condition right now – why mess up your health?



Vaping Drugs

- 40% of students who used e-cigarettes in past 30 days vaped marijuana (CDC, 2016)
- Marijuana vaping products look like JUUL, come in youth-friendly flavors, are odorless and difficult to detect
- Enters bloodstream quickly
- Vaping one THC cartridge = 3-4 marijuana joints
- Highly potent levels of THC; high risk of overuse, addiction, psychiatric effects
- Earlier and more frequent use of high-THC marijuana puts adolescents at risk of poor school performance, substance use disorders, mental health issues
- Other substances that are vaped: Alcohol, Synthetic Marijuana, Bath Salts, Opioids, Psychedelics





Helpful Vaping Resources

- Centers for Disease Control and Prevention (CDC): <u>https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm</u>
- Stanford's Tobacco Prevention Toolkit: https://med.stanford.edu/tobaccopreventiontoolkit/E-Cigs.html
- Truth Initiative's quitting resources:
 https://truthinitiative.org/thisisquitting
- Partnership for Drug-Free Kids' guide Vaping: What You Need to Know And How to Talk With Your Kids About Vaping: https://drugfree.org/parent-blog/how-to-talk-with-your-kids-about-vaping-guide/
- Center on Addiction's Expert Views on E-Cigarettes: https://www.centeronaddiction.org/e-cigarettes



Concluding Thoughts

- Make it easy for parents/families to engage in prevention and intervention programs.
- Focus on non-specific user experience factors like effortless salience of messages in ones life (emails, text messages, social media posts).
- After effortless salience, the most important intervention target for families regardless of prevention or intervention is honing communication skills.
- Focus on individual differences to personalize interventions.
- Use external resources (e.g. Partnership Vaping Guide/20 Minute Guide by CMC) but localize it to your community needs (e.g. drug use patterns, culture, etc.)
- Make it easy



Co-Branding & White Labeling to Localize

Pilot project with Delaware to provide family services to their constituents



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Opioid Epidemic About Us

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Help is Here Delaware

Finding help can be overwhelming. If you need help for yourself or a family member, Help is Here Delaware makes it easy to find Local Treatment and Recovery Programs and Services for Families. The State also provides a hotline to assist you in your search.

Call us at 800-652-2929 in New Castle or 800-345-6785 in Kent and Sussex counties. The lines are staffed 24 hours a day, every day.





There is no one-size-fits-all approach and each family is unique. Specialists will propose a personalized cours of action, offering the best tools and resources to help you help your child, yourself and your family.







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Thank You

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