

targeted strategies that inform interventions aimed at promoting well-being among this population. We conducted a qualitative study to understand the needs and barriers of African American adolescents with a substance-abusing parent in Baltimore.

Methods: We conducted 60 to 75 minute in-depth interviews (N=29) with three participant types: parents with a history of drug use, young adults (18–24yo) who had a biological parent with a history of drug use and youth providers who had experience working with families affected by drug use. Participants completed a demographic questionnaire prior to the interview. All participants were African American and either lived or worked in Baltimore city. Interviews were digitally recorded and transcribed by a professional transcription company. Atlas.ti 8.0 was used as a data management system. Five research team members developed a code book, double coded all transcripts and analyzed inductively using a qualitative content analytic approach. Techniques such as constant comparisons, memo writing, and peer review were used to ensure credibility. Any discrepancies in coding were reconciled with the entire research team. All study procedures were approved by the Johns Hopkins Institutional Review Board.

Results: Participants were consistent in their assessment of the primary needs of youth affected by parental drug use: stability, safety and support. Basic needs such as stable housing, food and money were described as being unmet. Access to and awareness of safe spaces were identified as challenges for young people. Finally, participants noted that emotional support often left youth in these families feeling unloved, misunderstood and lacking guidance to make healthy decisions. Due to the complexity of families affected by drug use, consistent support from people, continued connections to resources and collaborations across systems were identified as strategies to offset the potentially negative influence of parental drug use on youth.

Conclusions: Parental absence due to drug use creates more opportunities for negative, risky behaviors to occur among youth. Findings from the study deepen the understanding of how to support the well-being of youth impacted by parental drug use. Our findings highlight the value of including the voices of vulnerable families in research and exploring community-based strategies for addressing their needs. Furthermore, the needs and strategies described may be used to advance the research and practice of others who are investigating ways to mitigate the negative effects of childhood adversity.

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65.

INTIMATE PARTNER VIOLENCE VICTIMIZATION HISTORIES AND THEIR ASSOCIATION WITH ALCOHOL USE PATTERNS AMONG COLLEGE STUDENTS

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Purpose: Researchers have consistently demonstrated a link between physical intimate partner violence (IPV) victimization and alcohol use among adolescents and young adults. Less is known about how other

forms of IPV are associated with alcohol use. We sought to examine how lifetime experiences with specific types of partner violence, including sexual IPV, physical IPV, stalking, and cyber dating abuse (CDA), are associated with alcohol use patterns among college students seeking care at campus health centers (CHCs).

Methods: Students (aged 18–24 years) seeking care at CHCs across 28 college campuses in Pennsylvania and West Virginia completed online surveys. Lifetime IPV victimization was our primary predictor, assessed 4 ways: sexual IPV, physical IPV, stalking, and CDA. Our outcomes included the following drinking patterns: frequency of drinking in the past year (<1 time/month, 1–3 times/month, 1–2 times/week, 3+ times/week); average number of drinks when drinking in the past year (1–2, 3–4, 5–6, 7+); and frequency of drinking and binge drinking in the past 30 days. We used multinomial logistic regression and Poisson regression models to test the associations between each IPV victimization variable (in separate models) and alcohol use outcomes.

Results: Participants (n=2,291) were mostly 18–21 years old (81.4%), white (67.6%), female (72.3%) college students. 81% consumed alcohol in the past 12 months; 69.8% in the past 30 days. 21.2% of our sample experienced lifetime sexual IPV, 11.4% physical IPV, 14.7% stalking, and 38.8% CDA. Female participants had higher odds of sexual IPV (3.4), physical IPV (1.6), stalking (2.0), and CDA (1.2) as compared to male participants (p<0.05). Adjusting for age and gender, exposure to any type of IPV was associated with both infrequent (less than once per month; ORs range: 1.75–2.20) and frequent (3+ times per week; ORs range: 1.38–3.04) drinking over the past year, with associations increasing in magnitude at higher alcohol consumption levels. We observed a similar pattern of association for average number of drinks when drinking over the past year (1–2 drinks ORs range: 1.54–2.71; 7+ drinks ORs: 1.61–3.73). Experiences with physical IPV, stalking, or CDA (but not sexual IPV) were significantly associated with increased frequency of drinking (incidence rate ratios range: 1.15–1.38) over the past 30 days.

Conclusions: Lifetime IPV and alcohol use are highly prevalent among college students seeking care at CHCs. Exposure to different types of IPV (sexual, physical, stalking, CDA) was associated with both infrequent drinking and binge drinking during the past year. These results strengthen emerging evidence that other forms of IPV beyond physical violence victimization are also strongly linked to alcohol use. In addition, these results further demonstrate that IPV is not only associated with heavy drinking patterns, but also occasional alcohol use. CHC healthcare providers should be assessing all adolescent and young adult patients for relationship abuse and problematic alcohol use, offering universal education, resources, and harm reduction counseling. While this study brings to light new associations, longitudinal data are needed to further disentangle the temporal association between alcohol use and IPV.

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66.

TO QUIT OR TO START? THE EFFECT OF E-CIGARETTES USE ON SMOKING TRADITIONAL CIGARETTES AMONG YOUNG PEOPLE IN SWITZERLAND

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Purpose: The aim of this research was to study trajectories of use of electronic cigarettes (EC) over time among youths distinguishing between EC only and dual users (EC + traditional cigarettes) and to

assess reasons to use EC. Particularly, we aimed to observe whether ECs were a gateway to traditional cigarettes (TC) and if they effectively helped in quitting smoking.

Methods: Data came from the GenerationFree survey, a longitudinal study on youths' lifestyles (15–24 years at baseline [T1]) in the canton of Fribourg, Switzerland. Participants (N=1437, mean age 16.7; 51.8% females) were divided at T1 in 4 groups according to their current smoking status: TC-only smokers (N=378, 26.3%; 51.5% females), EC-only (N=42, 2.9%; 27.3% females), dual users (N=97, 6.7%; 39.6% females) and non-smokers (N=920, 64%; 53.4% females). Additionally, participants in the EC-only and dual groups at T1 reported the reasons for EC use. Finally, we determined the trajectories between T1 and T2 (2016 and 2017) by observing in which of the 4 categories EC-only and dual users at T1 were at T2.

Results: Males outnumbered females in the use of ECs, alone or dually. Among current EC (alone or dually) users at T1, 79.9% responded having used it to "try", 13.8% to "smoke where TCs were not allowed", 12.8% to "reduce tobacco use" and 8.4% to "stop smoking". Regarding group trajectories, among EC-only users at T1, 23.7% became TC-only smokers, 20.1% remained EC-only users, 4.6% became dual users and 51.5% non-smokers at T2. Among dual users at T1, 68.7% became TC-only smokers, 1.1% EC users only, 17.9% dual users and 12.2% non-smokers at T2. Moreover, the percentage of quitters among dual users was lower than among TC-only users at T2 (12.2% vs. 16.4%). Among dual users indicating wanting to quit as a reason to use ECs, 15.3% effectively quit smoking, while among those indicating to smoke when TCs were not allowed, none stopped smoking a year later.

Conclusions: The vast majority of youths used ECs "to try", suggesting that the aggressive marketing campaigns that target them work. Furthermore, ECs seem to be a gateway to smoking and have little impact on helping to quit. Among EC-only users at baseline, about half maintained their smoking habits a year later implying that ECs are attractive for youth and a gateway to TCs for almost a third of them. As dual users at baseline reported the lowest quitting rate at T2, it suggests that using both products may make it more difficult to quit rather than making it easier, for example allowing to smoke where TCs are prohibited. There is a need to protect youths from the marketing of products that are presented as an alternative to traditional tobacco use with no evidence to support it among young people. It is important to include ECs in prevention counseling, as they may be a gateway to smoking traditional cigarettes.

Sources of Support: The survey was financed by the Programme Intercantonal de Lutte contre la Dépendance au Jeu (PILDJ) and the Canton of Fribourg.

RESEARCH POSTER SYMPOSIA: REPRODUCTIVE HEALTH

67.

TRAINING FOR PEDIATRIC RESIDENTS ON PREGNANCY OPTIONS COUNSELING

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Purpose: The purpose of this study was to evaluate the effectiveness of a roleplay-based training on pregnancy options counseling (POC) skills for first-year pediatric residents. The American Academy of Pediatrics recommends that pediatricians should be prepared to

provide comprehensive POC to pregnant adolescents. There have been no previous published studies evaluating the efficacy of a roleplay-based training on POC among pediatric residents.

Methods: We developed a two-hour, resident-led, small group simulation-based curriculum including short didactic and role-plays among first-year pediatric residents (n=35). The role-plays included a simulated patient and facilitator covering 6 different case scenarios involving POC. One case addressed conscientious objection. Our primary outcome was knowledge and confidence regarding POC before and after training, and our secondary outcome was comparison of these measures between trained first-year residents and untrained senior residents (second-year and above). Outcomes were assessed with pre- and post- online surveys. Data were analyzed using Chi-square and Wilcoxon signed-rank tests.

Results: 35 first-year residents completing a training, and 34 completed pre/post surveys. 33 senior residents completed a survey but not training. On knowledge-based questions, first-year residents and senior residents initially scored 44% and 45% correct respectively (Chi-square = 0.2, P=0.91), while trained PGY-1 residents improved to scoring 81% correct (pre/post Chi-square = 27.85, p<0.00, trained first-year/senior Chi-square = 25.95, P<0.00). 90% of PGY-1 residents improved in their self-rating of their ability to discuss and refer for abortion (Z=-4.569, P<0.00), while 97% and 93% reported similar improvement regarding adoption (Z=-4.652, P<0.00) and parenting/prenatal care (Z=-4.671, P<0.00). Trained interns also more positively rated their abilities in these areas than untrained seniors for all options (Abortion: 93% vs. 33% positive self-rating, Chi-square=33.509, P<0.00); Adoption: 100% vs. 58% positive self-rating, Chi-square=51.56, P<0.00; Parenting/prenatal care 100% vs. 34% positive self-rating, Chi-square = 40.81, P<0.00). In addition, only 20% and 22% of PGY-1 and senior residents positively rated their knowledge of referral options before the training, while 97% of trained PGY-1 residents positively rated their knowledge of referrals (pre/post Chi-square=117.39, P<0.00, trained first-year/senior Chi-square = 116.71, P<0.00). The training was rated highly by participants in terms of importance (3.93/4) and usefulness (3.84/4) on Likert-type scales.

Conclusions: We demonstrate a novel approach to training pediatric residents in comprehensive POC as recommended in the most recent AAP policy. Untrained interns and senior residents performed similarly on assessments of knowledge and confidence in skills, suggesting that residency experience alone is not providing training in this skillset. PGY-1 interns significantly improved in knowledge an confidence after training and outperformed their seniors. Our intervention yielded increased knowledge regarding pregnancy options and self-reported ability to discuss parenting, adoption, and abortion, including self-rated ability to refer to appropriate resources. In addition, the training was rated highly by participants in terms of importance and usefulness. By improving resident knowledge, comfort, and resource provision in the setting of pregnancy, we hope to improve the quality of care to delivered to pregnant adolescents.

Sources of Support: None.

68.

HPV VACCINE EFFECTIVENESS WITH DIFFERENT DOSING SCHEDULES IN A COMMUNITY SETTING

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