

Prevention Research Collaborative Meeting
Wednesday, September 4, 2024
10:35 am – 1:30 pm PST
<https://washington.zoom.us/j/98302797386>

AGENDA

10:35 – 10:50	Welcome & Introductions
10:50 – 11:05	Impromptu Networking
11:05 – 12:05 (40-minute presentation with 20-minute discussion)	LCB Research Team Overview What we're learning and working on Nick Glodosky, PhD Washington State Liquor and Control Board
12:05–12:20 (15 minutes)	Break
12:20-1:00 (Discussion)	Wisdom of the Elders Lessons from prevention efforts and reflections on steps ahead Kevin Haggerty and David Hawkins, Emeritus Professors of Prevention, School of Social Work, UW Laura Hill, Professor Emerita, Department of Human Development, WSU
1:00 – 1:15 (15 min)	Acknowledging Kevin Haggerty Time for thanks and kudos here
1:15 – 1:25 (10 min)	Chatterfall: updates from the prevention community
1:25 – 1:30 (5 min)	2024 Meeting – and theme for December? <ul style="list-style-type: none">Wednesday, December 11: 10:35 a.m.-2 p.m.

Introductions

- **WSU:** Clara Hill, Brittany Cooper, Elizabeth Weybright, Jessica Willoughby, AnaMaria Diaz Martinez, Laura Hill, Louise Parker, Mya Houghten
- **UW:** Kevin Haggerty, Christine Lee, Nicole Eisenberg, Margaret Kuklinski, Bia Carlini, Blair Brooke-Weiss, J. David Hawkins, Jim Leighty
- **DBHR:** Sarah Mariani, Sonia Pipek, Jaymie Vandagriff, Rebecca Ruiz, Codie Garza, Harrison Fontaine, Alexis Schmierer
- **HCA Communications:**
- **OSPI:**
- **WA DOH:** Liz Wilhelm
- **WA DSHS RDA:** Grace Hong, Irina Sharkova
- **WA LCB:** Kristen Haley, Nick Glodosky, Jim Vollendroff
- **WSIPP:** Amani Rashid
- **WASAP:**
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:**
- **King County Dept of Public Health:**
- **Washington Traffic Safety Commission:**
- **Cannabis Observer:** Gregory Foster
- **Balmer Group:**

Announcements:

(22 present)

Today is a special meeting – Kevin Haggerty’s formal last day as co-chair of the PRC. We’ll take some time in this meeting to thank Kevin for all his contributions. And Margaret Kuklinski is taking on Kevin’s role as co-chair.

Kuklinski shared that, as everyone on this call, it’s sad to see Kevin leave and hopes for wonderful times in retirement. It’s been wonderful to attend these meetings with Kevin and Brittany as co-chairs. Kuklinski is also following Haggerty into the leadership of SDRG. This group is unique as far as she knows. Kevin, thank you for all you have done for the prevention world, PRC and of course SDRG.

Impromptu networking

Brittany Cooper invited participants to consider, ‘What is something personally or professionally that you have done or accomplished in the last year that you are proud of or makes your heart happy?’ and discuss with each other in breakout rooms.

Some comments people brought back from this discussion:

Lots of excitement in our breakout room about the LCB's new research unit!

Weybright: Shout out to Margaret because a project funded by CDC did a reverse site visit, evaluating CTC and impact on handgun carrying. Highlighting that communities in CTC compared to controls demonstrated lower rates of handgun carrying in grades 7-12, 24% reduction.

Here's the paper: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2803249>

Brooke-Weiss: Just a point here about the power of prevention: although reducing handgun carrying was not a direct objective of the CTC study, it’s a kind of testament to what we all do, working from the level of risk and protection. Because we know that these risk and protective factors are related to several problem behaviors, it’s actually not surprising to see impacts in other outcomes.

Carlini: Proud of successfully organizing our 2024 Sep 19th Symposium <https://adai.uw.edu/cerp/symposium-2024/>

(25 present)

LCB Research Team Overview

Nick Glodosky, PhD

Washington State Liquor and Control Board

(please see slides from this presentation, attached)

Congrats to Nick for graduation from WSU and joining the LCB shortly thereafter.

Who we are (LCB Research Program)

LCB Research Program is a non-partisan and transparent resource focused on public health and safety outcomes related to products, policy, and regulation of alcohol, cannabis, tobacco, and vapor. They do through literature reviews, research projects and collaboration, science-backed information, and streamlined data collection processes and transparency.

Goal is to provide accurate and unbiased research through lens of psychology and public health and to share results, whether the results support current policies or not.

Research program is officially 1 year old; staff are all new.

- Introduced research team: Okey, Watson, Glodosky
- Work is just getting started.

Part of the year has focused on starting up the research program at LCB. Have published standard operating procedures on their 3 main deliverables: research briefs, research reports and more (SEE slides).

Research briefs (literature briefs) (see slide)

- Short 2-3-page summary of literature, govt reports, other credible sources. Goal is to make the research more accessible. Hope to inform policy decisions, develop directions for research and basis for support
- Currently have 4 research briefs on their website: [Research Briefs | Washington State Liquor and Cannabis Board](#)
- If you have an idea for a research brief, let us know!

1. Flavored cannabis vape products. See slide. Flavored products can appeal to youth but also can be helpful for cancer patients. Require flavors derived from natural sources; restrict use of artificial flavoring
2. Cannabis packaging. We can learn from others. Canada has the most comprehensive system of requirements for packaging (simple, black and white, etc.).
3. Alcohol outlet density. Consistent link between greater density and greater harms – violence, complaints, DUI. BUT research points to less clarity about causation and how researchers measure alcohol density. Complex topic.
4. Alcohol product placement – putting products on aisle end caps increases exposure and use by at-risk populations, and accidental purchase and consumption is a rising concern. Have similar or nearly identical packaging and labeling, e.g. ‘hard Mt Dew’. Increase theft and can be used to bypass ID checks. Strategies: use separate dedicated areas for alcohol and clear signage.

Foster shared: WSLCB Research Specialist Tyler Watson provided an overview of these four research briefs to the WSLCB Board on August 20th, after a presentation by Research Manager Sarah Okey on an external report about cannabis licensure opportunities in WA: <https://cannabis.observer/observations/88511-wslcb-board-caucus-august-20-2024-research-updates/>

Research projects (see slide)

1. Cannabis consumer survey: take-away is that cannabis users want to learn more about products they are using, e.g. where it's grown, pesticides, etc. Labeling and bud-tenders are two most used avenues for info.
2. Liquor license equitable premise: major lesson is streamlining data collection and make it more easily accessible. Will present full results soon at an LCB conference.
3. Social equity stakeholder engagement for second round of license applications: could modify some reviewing protocols; learned that effective engagement is a key factor in research. Survey required over 200 respondents in a week by reaching out through partnerships. Collaboration is key and we can meet stakeholders where they are.

Research collaborations (see slide)

1. Alcohol delivery study for young adults – during pandemic, many states relaxed alcohol sales protocols. Documented how ID's were checked, how this increased exposure to advertising
2. U of Waterloo annual survey of cannabis users (intl cannabis policy study)
3. Healthy Youth Survey – LCB assists with this with DOH and OSPI. Recording of Watson presentation on the LCB website.
4. Key take-aways: substance use for 10th graders is down by 50% from pre-pandemic, increased perception of harm, access has increased. Preventing youth access and use is critical. Check out their dashboard once it's public.
 - a. Foster: Here is Watson's HYS presentation from the July 9th caucus:
<https://cannabis.observer/observations/87129-wslcb-board-caucus-july-9-2024-healthy-youth-survey/>
5. Whitney economics cannabis license viability: results provide some insights in current state of market. Producers can already produce more than demand; processor licenses offer best opportunity

Sharing out (see slide)

Outreach slide – webpage, conference presentations, etc.

Take-aways from cannabis consumer survey

Streamlined data collection (internal) is a major goal

- See slides with details e.g. internal workgroups, current projects, soon to be published
- Data dashboard workgroup to start next week – goal to develop and streamline data collection and processing
- Listening sessions with public health and prevention held last month
- Pilot data dashboard based on cannabis policy study
- Hope to have dashboard online soon so people can use it and contribute to the conversation

Dashboard walkthrough! Nick showed the group the dashboard which is soon to go public.

International Cannabis Policy Study, WA report 2023

- Survey reached over 3,000 participants in WA
- Interactive dashboard
- 5 pages, 1st three have results for cannabis users, other two pages other respondents

- Dashboard has filters to show different variables

Second page: cannabinoids and flavored vape products

- People general are unable to report how much THC was in the product they last used
- Also, info on types of flavors used (fruit flavors and desert flavors most popular)

Reasons reported for using

- Most often: to reduce stress/relax
- Treat anxiety and depression
- Consequences (self-reported): most report they've never had others express concern, or other consequences
- Adverse reaction; panic is most common followed by feeling faint or dizzy

Retail access: most take about 8 minutes to get to nearest store

- Retail is most common source for cannabis

Illegal market

- Most reported that legal cannabis is higher quality
- Reason to purchase illegally: higher prices

Lessons learned in first year

- Research is slow
- See slides on lessons learned for three challenges and possible mitigation strategies

Next year (see slide)

How to collaborate (see slide)

Comments and Discussion

Haggerty: is the THC in flowers higher than in edibles?

Answ: For flowers it's reported in percentages and edibles in milligrams

- Glodosky imagines that people who use more regularly are more familiar on the concentrations they are using and may be more tolerant of higher doses
- Foster: Also 25.2mg THC is 2.5x higher than the legal single serving size

Vandagriff: would be so interesting to see this vs the THC percentages that are available and sold in stores.

E.g., is it that there's not much low-THC to select from? Are budtenders attentive to the amounts folks want? Or are people wanting this high THC%?

Haley: Jaymie! 😊 all questions on the docket for the Research Program! This is what we've been exploring with licensee surveys and to some extent our high THC listening sessions. And purchase data, which comes from a different data set than this dashboard is pulling from.

Cooper: @LCB research team, the call for papers for the Society for Prevention Research should come out soon. That would be a great place to present this work! And the conference will be in Seattle this year :-)

Haggerty: LCB has an amazing opportunity that not many do. Can roll out policies in different areas and look at potential impact of that policy. E.g. more info on cannabis in retail outlets (in half of the outlets) and look at the impact. Can even randomize who the policy rolls out to. Encourage group to consider these type of real-time studies like this; can be faster than what we do in academic world. Also interrupted time series.

Haggerty: wondered about using the term 'recreational' vis a vis substance use. Skiing is recreational; drinking is not recreational why do we say smoking pot is recreational. Do we do that with other drugs? Maybe use the term 'retail' or 'non-medical'.

Foster: 'adult use' is another term worth considering

Glodosky: huge fan of experimental design so loves the ideas. Also interested in resources about language

Carlini: Netherlands are doing quasi experimental designs concerning possible impact of legalizing cannabis. Not as fast as they'd like because had to do a lot of negotiations. Also 'recreational' is a term to avoid as it makes assumptions about why people are using it. Also replace 'marijuana' with 'cannabis'. Happy to share papers from Netherlands work.

Fontaine: outside of presentations like this, is there a plan for a public facing resource or part of website?

- Ans: yes, starting on making dashboard public after internal pilots

Other question: as you dive into this info esp. re cannabis, any thoughts of looking at retail vs medical use concerning making policy recommendations? As field evolves, can imagine making claims of potential harms/benefits of emerging products? Should same standards be provided for policies for retail vs. medical uses?

- Ans: such a big question. Probably could be a difference in standards in cases for instance where product recalls might be needed. Looking at medical benefits would require pretty high bar to be able to say cannabis is helpful for a particular medical condition.

Vollendroff: there is so much here, so many questions to investigate, interested in collaborations, maybe do grant proposals together to grow this research team. As board member for the past two teams, has been asking why don't we have a research team? Excited about making LCB data more accessible and also the possibility to layer data (e.g. health, traffic safety). This is also about how do we make public policy decisions that are effective? Specific example: Responsible Vendor Program (only on the alcohol side) – is this producing the intended outcomes? If it's successful, why not also do it on the cannabis side? Does it make sense?

Haggerty: if do implement that responsible vendor program in the cannabis world, consider rolling it out in a randomized way. Could use a wait-list structure, etc.

Mariani: @Jim - would you also consider vaping?

- Ans: tobacco not exactly the same kind of licensing process but it is intriguing.

Mariani: It is very exciting to see this now! Great resource

Haley: RE: Harrison's question--we also need to keep DOH's medical cannabis program at the table for any exploration of benefits/harms to medical patients. We have hopes to collaborate on a survey with their team in the future to explore patient use patterns to help make sense of other data sets.

Weybright: I appreciate how thoughtfully you all are starting this work. Even seeing standard operating procedures about what your products look like is super interesting. It's exciting to see the progress so far and how intentional you all are being.

Carlini: In our qualitative work with budtenders they bring the point that cannabis stores are not a place for consumption. So, they cannot educate people making assumptions about how/who will use the products they are selling, for instance, how to approach a pregnant person in a cannabis store? Should they assume the person is purchasing for their own use?

- our study is Carlini, B. H., Garrett, S. B., Firth, C., & Harwick, R. (2022). Cannabis Retail Staff ("Budtenders") Attitudes Towards Cannabis Effects on Health and Experiences Interacting with Consumers - Washington State, USA. *Journal of psychoactive drugs*, 54(1), 34–42. <https://doi.org/10.1080/02791072.2021.1900628>

Vandagriff: this is interesting given that some budtenders are instructed to ensure that the folks are purchasing for their own use, and not others' use, since they are not allowed to purchase for someone else

Cooper: encourages the group to continue these kinds of collaborations which is one thing this group has produced.

Break

(24 participants)

Wisdom of the Elders

Lessons from prevention efforts and reflections on steps ahead

Kevin Haggerty, Laura Hill, David Hawkins

Last PRC meeting we discussed 'other ways of knowing' and one of them is listening to the elders.

Cooper invited special guests Hawkins and Hill

Cooper led a discussion with the elders, considering the roses, thorns and buds for our prevention work.

Roses: Successes, what's going well? What should we as a field feel most proud of?

Hawkins: The most important thing we've done is that we've proven that prevention works! And that was not the case when he started. At that point, there had only been 9 trials of prevention programming and none of them worked and now there are LOTS. We can have broad effects on mental health outcomes, economic outcomes, decreasing disparities, substance use outcomes, less suicide ideation/attempts. Cutting suicide in half. Prevention has broader implications than we ever expected.

Hill: Professor Emerita at WSU. Hawkins' point is biggest one. We've figured out good ways to demonstrate that prevention works even at the national level. From the 1970's to now can see dramatic decreases. To add: at the state level, this group's collaboration is unique and spectacular. The SDRG/WSU connection that has developed and strengthened over the years. It benefits all of us that both universities and HCA are working together in this way. This has benefited Washington but also serves as a model.

The thorn is that we don't have more of this in more states in the US. For example, the Idaho director of public health is suing the atty general for malfeasance in their treatment of public health in that state.

Haggerty: start by reading something he never thought he would read. A press release from MTF: past-month drinking all remained at steady lows and have decreases from 10 years before. We see lower rates of binge drinking and regular drinking. Seeing nationally huge shifts. We should be shouting this from the mountain tops!! Teenage pregnancy is down, delinquency is down to historic lows. 45 years ago, in WA state we had 5 public institutions housing delinquent young people and now we have 2 (maybe should have kept the 3rd one open). The bow wave of the cost savings on reduced teenage pregnancy alone is amazing.

Thorn: Challenges, what's not working? What do we think our most daunting challenges are now or coming up?

Hawkins: the funding scene hasn't really changed as a result of the demonstration of effectiveness of prevention. Law enforcement and treatment are funded 10 times as much as prevention. It's important to have treatment, but the budgets haven't changed to support prevention and its ability to prevent the need for treatment. That's because we haven't cultivated the policy makers that we really need to do. We didn't establish those personal relationships as trusted allies over time. Prevention funded at the level it deserves given the evidence we've established. Really communicating the advances to policy makers who can really use that.

Vandagriff: More translational research! And crowing to the legislators! That's what members of this Prevention generation (us) are charged with :)

Hill: in WA, our prevention workforce could still be more diversified gender-wise and color-wise. We also need to do a better job of supporting people of color who enter the prevention workforce given the whiteness of that environment and to be more conscious of their experience. Thinking about the Fellowship. That points to other structural inequalities. The ways of knowing, listening to elders, for researchers to listen to practitioners more carefully and giving that way of knowing more respect.

Cooper: Many of these issues (e.g., translation/communication with policymakers, diversifying the workforce in terms) are a focus of SPR's strategic plan too. <https://preventionresearch.org/about-spr/mission-statement/>

Haggerty: Disconnect between public health and our prevention. Public health doesn't have a good foundation in prevention science, a bit of disconnect in language and the way we approach things. Wilhelm agrees, has seen that. So, as we continue to build this prevention field, we need to ensure we're integrated with other disciplines e.g. treatment, public health, focus on integration as a field.

Vollendroff: wants to give more credit. As former direction of King County recovery division. King county has a large initiative called Best Starts for Kids which was founded on the research from this group. And now, look at the size of Sarah's team. This does show evidence of success in working with legislature and policy makers here in WA. Also believe there need more resources to prevention than currently have.

Haggerty: 2 big successes. FYAH/First Years Away from Home has been funded for entering freshmen around the state! About 40,000 students and their families have been involved. Juvenile delinquency prevention program: WA state has continued to fund this program and are going to legislature this year to get more funding. So, there is receptivity to fund what works. And creativity to get some funding streams to keep these going.

Clara Hill: <https://hd.wsu.edu/first-years-away-from-home/> Update: I believe that from 2022-2024, we have reached about 43k families across 9 universities.

Common elements to get these taken up: connections with this group and with key leaders in the state system.

Bud: Potential, what could we try? What do you see as our most exciting but uncharted next frontier?

Hawkins: Real opportunity to integrate evidence-based prevention with the health care system. E.g. Family medicine and pediatrics, primary care. Where families with children who are growing into the challenging years when kids can get off track. We know that parents are key, but we don't really get a lot of parenting skills in our official places. We could focus on healthy parenting as part of families' primary care experiences. Keep the bonds strong. Do think that health

care providers are still trusted by parents and they could be vehicles to provide this information. This should be a reimbursable preventive service. (Ruiz: annual wellness visits).

Hill: Agree with Hawkins. Since I'm retired and have this retirement supplemental insurance plan, impressed with how focused they are on prevention – they'll pay me to take a fall prevention class, buy compression socks when I go traveling. This makes me think that a great opportunity we have is to integrate across the medical system and lifespan to integrate prevention into the way we do medical business. Young adult, middle age, older adults.

Ruiz: Health educators at pediatric offices, coaching and ebp programming available ... seeing pediatric clinics as a school-type setting where it becomes the secondary place parents/caregivers receive information

Vandagriff: and equitable across insurance/healthcare providers/

Haggerty: We are not having as good success is 35-55-year-olds. [Cannabis and hallucinogen use among adults remained at historic highs in 2023 | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

Prevention across the lifespan is a budding area.

Another budding area: addiction to screens, gaming, etc. we are seeing schools ban phones, but we don't have the science to support that. Kind of like alcohol – some people get addicted but others don't. Similar for screens/gaming etc. When we were working on consolidate research on RP Factors, it took years. We could use AI to help consolidate the science to help identify/kickstart on identifying some issues. BUT need to be careful because in his use of AI he's noticed some things are wrong.

Cooper: the focus on this year's SPR conference will be how to leverage data, including AI and various ethical concerns. This year's SPR conference is in Seattle.

Cooper: As part of our new NWPTTC funding, we are planning on offering a 'Prevention Across the Lifespan' webinar series.

Diaz Martinez: That's great, Brittany. Using a lens to also address what prevention across the lifespan looks like in relationship to how communities practice culturally relevant and resilient prevention across the lifespan.

Other comments/questions:

Vandagriff: thanks to all wise owls for coming! Awesome nerd moment. Being able to be a part of the Prevention Science PhD program then work at HCA to apply this information. This is inspiring.

Mariani: there have been huge strides. We have taken the frameworks on built on them. It is making a difference in communities. CTC and EBPs and the underlying research even when EBPs aren't available. The field of prevention owes this group here gratitude for the pioneering work this group has done. Now we're working on paving the trailblazing path you have built. NPN and SAMHSA advisory council meetings to see where we've come from and where we're going is built on the foundation you've built. Thank you all for all your work.

Group also offered kudos to Mariani for her leadership.

Vollendroff: would like to see more research in the area of kindness and hope and how it adds to young people's ability to deal with their lives. Being of service to others, and gratitude. Another one is around harm reduction. Believes in harm reduction on the treatment side of things, but have a different approach to harm reduction being used inappropriately with people who are living with a substance use disorder. Would like to see it used more from a prevention perspective. Think about it from a parent's perspective and middle ground what do I do if my kid is already using and isn't willing to stop, how to mitigate the harm. What is the role of harm reduction in prevention?

Ruiz: [prsc_brief_harm_reduction_and_prevention_published_5.10.24.pdf \(theathenaforum.org\)](#)

Haggerty: yes, harm reduction does have a place in prevention. Prevention in its essence is a harm reduction model, that's what harm reduction is -- risk reduction.

Diaz Martinez: Related to Vollendroff's comments. What I'm seeing on the ground ... collecting stories from families that have participated in these EBP parenting programs. E.g. a mother who as a youth took an EBP and now has a child in the program as well. When you see it on the ground and generational changes in parenting that are prevention focused. And to have the next generations come through and to see the impact in those families. The stories help us to see the impact in a human way and it's inspiring. And on the other hand, can see another family that might be struggling with opioid misuse and can also see there is hope and there are options.

Mariani: Technology piece is interesting. There are folks moving into that space coming from private/for-profit and moving faster than we are. On the one hand, glad they are doing that as they are looking at how do we modernize delivery of services. On the other hand, the outcomes are more about satisfaction rather than impact. But they come from an industry that is grounded in marketing so they are getting picked up regardless. And we want to be sure that things that are marketed as prevention have evidence to that effect. Also don't want massive resources that are intended for prevention to have a null effect. Recent conversation with a NIDA colleague about a Dr. Becky who does an on-line service without evidence. Seems like a good resource. So, question becomes is there a way for us to evaluate/promote/be more nimble AND have the evidence behind it. All the parents I've talked to love Dr. Becky.

Haley: Dr. Becky taught me how to better manage my BFK (Big feeling kid) via IG! 😊 And I'm in prevention... that says a lot. Love your point, Sarah.

Haggerty: love her book, has listened to her podcast. Could feel a bit that there are no boundaries supported, looks permissive, have to dive deeper into the content to really pull that out.

Hill (Clara): Such an interesting point, Sarah! Dr. Becky is indeed the resource passed around among my working parent friends.

Vandagriff: So few parents have the time / headspace to dive fully in to these kinds of resources too 🤔

Kudos for Dr. Haggerty

As this was the last PRC meeting that Kevin Haggerty will attend (yes, he really is retiring!), PRC members took some time to share their appreciations for Kevin, his career in prevention and his impact.

Chatterfall: Updates from the Prevention World

28 present

Haggerty: NWPTTC was funded for a new round! Brittany Cooper will be the PI, working with UW/SDRG and the University of Nevada/Reno.

Please send other prevention announcements to Brittany Cooper at: Brittany.cooper@wsu.edu

2024 Meetings – and theme for December?

- Wednesday, December 11: 10:35 a.m.-2 p.m.

Theme for December meeting? – some possibilities:

- Revisit vision and mission for this group?
- NPN update/recap
- SPR update?