NAADAC

Advances in Technology, Part 3: Social Media-Based Interventions for Addiction

August 6, 2021

TRANSCRIPT PROVIDED BY

CAPTIONACCESS LLC

support@captionaccess.com

www.captionaccess.com/

*****

This transcript is being provided in rough-draft format.
Communication Access Real-time Translation (CART) facilitates communication accessibility and may not be a totally verbatim record of the proceedings.

*****

>> JESSIE O'BRIEN: Welcome to Advances in Technology in the Addiction Profession, Part III: we will start right 12 Eastern

Hello everyone, welcome to Advances in Technology in the Addiction Profession, Part III: Social Media-Based Interventions for Addiction, presented by Dr. LaTrice Montgomery and Shapree Dixon. My name is Jessie O'Brien training and professional develop and contact manager at NAADAC Association for addiction professionals I am going to be your facilitator for this training experience a permanent homepage for NAADAC webinar is NAADAC.org/webinars make sure you book work to stay updated on the latest.

Check your most recent confirmation email or our chat box for the link to use closed captioning.

We are using Zoom webinar today a little different than go to webinar I want to bring your attention to a couple features we use heavily we have the chat box great you are here I see you coming to us live from different states I saw Wisconsin in there, and we have the Q&A box in the Q&A box is for your questions to the presenters for the end of the presentation is a great feature you can write your own questions or if you see someone else's questions, you like you can thumbs up and that will voted up to the top of the Q&A box a great way to curate.

Handout if you need a copy of the slides, it will be posted in the chat box as well so take a look there a user-friendly instruction guide how to access the online CE quiz as well.

After this is done you can earn your CE certificate.

And every NAADAC webinar has its own webpage with all the information you will need for that particular webinar as soon as this is over you can go to the webpage to register for this webinar and you can see a link for online CE quiz as well as user-friendly instructional guide how to access your certificate.

If you have ever done that you can use the instructional guide to go through and if you need your certificate to say live take the CE quiz in the next 24 hours so your certificate will say live on it.

Let us get to our presenters Dr. LaTrice Montgomery

LaTrice Montgomery, PhD, is a Research Associate Professor and licensed clinical psychologist in the Center for Addiction Research/Addiction Sciences Division of the Department of Psychiatry and Behavioral Neuroscience at the University of Cincinnati (UC) College of Medicine.

She received her Doctorate degree in Clinical Psychology from the University of Cincinnati and completed her internship in the Division of Substance Abuse at the Yale University School of Medicine.

Her research focuses on cannabis and tobacco use and co-use, medical marijuana, and racial disparities in the prevention and treatment of substance use disorders.

She currently has a career development award (K23) from the National Institute on Drug Abuse to develop and pilot test a Twitter-based intervention designed to promote cannabis use reduction among young adults, who frequently smoke blunts.

Shapree' Dixon is a fifth-year clinical psychology Doctoral candidate at the University of Cincinnati.

Currently, she is a graduate research assistant in the Center for Addiction Research/Addiction Sciences Division of the Department of Psychiatry and Behavioral Neuroscience at the University of Cincinnati College of Medicine.

Prior to pursuing her Doctoral degree, she worked as a licensed social worker providing therapeutic intervention to at-risk youth and their families in Montgomery County, Ohio.

Her research interests include exploring the intersection between substance use and mental health, prescription drug misuse (PDM), and cannabis use among racial/ethnic minorities.

I think Dr. Montgomery will kick this off I will go ahead and stop sharing my screen and Dr. Montgomery I will hand it off to

>> LATRICE MONTGOMERY: Thank you Jessie.

Thank you so much for your introduction thank you for the opportunity to present today I am excited to present research we were working on for a while regarding social media-based intervention for addiction, it is a very exciting field and as I present there are many different challenges and things to think about and if you are in a space where you are considering doing social media intervention or ways you can integrate it into the work you do in the clinic this is the place for you, we will present some examples and show you different things we are working on to think about it if this is an area interesting to you.

Our objectives is talk about the prevalence of social media usage and why it might be a good fit the addiction field and discuss some strengths and limitations as well as best practices, this is a fairly new field so we are learning new things everything will day but there are things we have learned helpful to share if you're thinking about doing something like this.

Before I jump in and ramble on and on about fun things we do I want to see how many social media platforms people are using, there is a poll and if you could check all that apply

>> JESSIE O'BRIEN: I have launched the poll so clearances in you should see the poll pop-up on your screen. I see votes coming in here.

I will give it about five more seconds which social media platforms do use, multiple, and I will close it

>> LATRICE MONTGOMERY: This is different than that I thought a lot of people are on YouTube of course typically Facebook always wins, I'm glad to see there is a switch because I personally love YouTube, we have YouTube, Twitter, Instagram, others, there are other social media platforms that are fairly common, this is, I like this poll because can see how many people use social media and which platforms, but one of the things interesting in social media world is there is a debate as to what is considered social media.

We know platforms such as Facebook and Twitter and Instagram are the big ones, but when you think about things like Pinterest or other platforms there is a question of, is it really a social media in the sense or even YouTube because a lot of it, YouTube even though it has the chat feature and people interact, it is a question of a lot of it is more videos people are watching often they may not interact.

Is up for debate, but fun to see what people are doing.

Another reason I like to do this poll it gives us thinking about we use social media so often in our lives, integrated into our everyday experiences we often times, in some places it has replaced the newspaper and other things we used in the past to get news and staying up-to-date on things so when you think about addiction, and about the patients we treat often times they may come in and sit with us for maybe 30 minutes or an hour talking about whatever issues are going on but outside that that is when life is happening, so it is good to have a connection or something some positive content and helpful content aware around helping with relapse someone is existing experiencing craving as clinicians we can help guide people through that, if we can leverage a tool that people are using in their lives it can be very helpful.

I like to provide some prevalence data if you are interested wondering who was using social media by different demographics, Pew Research Center is a credible source publishes that information every year and they publish it for social media usage overall as well as by different demographic groups.

If we take a look at this example social media uses by age, over the years mostly 18-29-year-olds or predominant group, but as you note across each age group, 30s, 50-64, the prevalence is pretty high, I like to show this because in my area focuses on young adults I spent a lot of time thinking about developing interventions for that group but I know there are colleagues who have great work with older adults and social media and sometimes I think there is an assumption we may have that younger folks are using social media but older adults are on there as well when you think about certain support groups and things of that nature, the rates could even higher in certain subpopulations.

Keep that in mind using social media.

They also breakdown by race, as you see there is not much division in terms of the lines between whites Blacks and Hispanics, where we do see differences is looking at certain social media sites, I will show you an example with my work with Twitter, there are some differences some cultural differences in terms of types of content produced

when we look at social media usage by gender, slightly higher among women, again that is also driven by the social media platform because some platforms are used more by women than men but for the most part it is pretty equal rates and usage by gender.

Another one is of interest is social media usage by income and of course one issue has to be acknowledged talking about social media interventions is that income and the divide of technology and who has access to cell phones and laptops things that provide access to social media, we know that can be impacted by the amount of income you have, the good news here is you will see that even among individuals, making less than $30,000 a year social media rates are still high, social media can who wants could not be reached,.

There's a lot of work to do in the space but it is encouraging to see social media usage can be pretty similar among all income groups.

One a look at which social media platforms are most popular you see that Facebook tends to be pretty high in terms of number of US adults using it, but you also notice YouTube is relatively I and for some parts research, this gets to the point I was making before, they just recently added YouTube as a social media platform to the survey so you don't see the data from the other years, but you see from 2018-19 usage is pretty I even more so than Facebook.

Certain things to keep in mind thinking about your particular population trying to engage people you work with and understanding which platforms are used and which are the most popular and why.

Switching gears a little bit I want to provide an example, and before I jump into the type of research I do I want to mention I will be talking specifically about social media interventions and usage for actual interventions, whether prevention or treatment or people are engaging with the content in the same way they would in a traditional treatment bait face-to-face treatment.

There are so many ways you can use social media so me and several colleagues have made a content analysis so if you go on certain websites certain social media platforms there are naturally occurring discussions people are having, say in my example, cannabis, people are naturally talking about cannabis use and when we think about surveys we may have given in the clinic or surveys in other spaces, people may not be as open for whatever reason to talk about it but when you think of social media you see a little bit of everything, you see people smoking, pictures of them smoking online, it is very different type of world and also it is naturally occurring, when we think of things we may be doing face-to-face with people in research we are asking people to do something for is whether fill out a survey or answer questions we are asking.

On social media these are naturally occurring conversations, so social media has been used see what is the talk of the town, in terms of addiction and certain field, what are the popular topics coming up and those kinds of things inform the prevention and treatment interventions we may engage with, there are certain topics and issues, people know that craving is a problem or there is withdrawal, that kind of information is important to know because at it is something we need to talk about in our actual interventions.

Social media can be used to collect data, so we have our naturally occurring conversations but there is also survey data so if you want to collect data regarding the prevalence that will use marijuana because that is my field, if I want to learn more about marijuana among young adults and if I know that young adults are there, getting a survey going you can get social media ads, so that is a whole other conversation on that, there are many ways you can use social media in the addiction field and there are some great examples Arthur.

For the purposes I will focus on intervention.

Providing some context around my work, my research is in cannabis particularly recreational cannabis use, and I have done some medical cannabis issues, I am developing a Twitter-based intervention or young adults, a quick overview of what is cannabis, I am preaching to the choir but giving some context because some of the things I will mention in this brief introduction will have relevance to some of the considerations when designing a better bet Twitter-based intervention.

As you can see the figure Indica and sativa have different properties thinking about the medical use, you can see people have anxiety and depression etc. they may want to get something that will boost their energy and they may consider cannabis as a potential treatment.

Think about cannabis you hear about THC, which is the psychoactive component and cannabis the component that gets you high and CBD, you have seen or heard commercials, CBD oil here, CBD is found in someone things nowadays, these are the two most commonly discussed, most,

no, it's but important to note there are hundreds of other cannabinoids these are just two we happen to know the most about even though that research is limited but we know the most about these two.

Another thing, it is the most widely used federally illicit drug in the United States.

One thing I want to point out and this is relevant to some of the interventions I will be talking about is there are many different ways in which you can consume cannabis.

What you see here are capsules, traditional pills and these are used among medical patients.

Edibles, anything you can consume, tees, brownies, cookies, you can place THC into these products and you can ingest it in that way.

There are tinctures, these alcohol-based tinctures you put them under your tongue and do a drop of cannabis.

There are also creams and lotions people use in patches and things, THC can enter through the skin.

This also dabs, this is relatively new compared to some other methods of consumption where people are heat it up, you see this a lot with this machine but people put cannabis and the idea was it provides dismissed so you inhale the best, not like a traditional joint where it is combustible, the idea was it's more of a vapor so with a vapor it is supposed to be less harsh to your throat and lungs, ideally, but because of the way it is set up it can get pretty high on this because the THC content can be 90% or more in some cases.

It is a dangerous thing to do, definitely not recommended for people just starting off using cannabis because you can get very high levels of THC.

There is a vape cans may be familiar with, and you see this, the idea was it is supposed to be safer than traditional joints even though that is up in the air and for debate the idea was the same, the differences dabbing THC can be much higher relative to vaping.

This is Old Faithful; we tend to think about joints and it is this white translucent paper wrapped around marijuana and rolled up and smoked.

The area I focus on his blunts, it is very different I have a slide I will talk about the differences, between a blunted joint, or overview, notice that the brown paper is a tobacco product so it is a LCC, cigar cigarillo, people replace the tobacco with cannabis and they rolled up and smoke it and that is the research of my focus and I will talk specifically about what I used and why interventions are needed for this particular product.

In my research I pulled some tables from studies I recently published from the national survey on drug use and health which you are all familiar with a survey done to assess health and drug use in particular among US noninstitutionalized individuals.

My shoulders because I want to show some demographic data around blunt use so you see aggregate let use and current blunt use which is past 30 days what use.

You see some among men, among younger adults, and those of lower income.

You see that among both adults in the first table and the same pattern among adolescents.

This is important, I want to talk specifically about the use blunts among African-Americans, because rates are higher in their very important reasons should be noted here.

One thing to point out is oftentimes there is a discussion of rates of cannabis use generally higher among African-Americans and depending on which survey you look at maybe somewhat higher in some cases but one thing I was curious about his wanting to learn more about why this is or what exactly is driving this issue, and further investigation found that when you look at consumption method and directly blunts you see the rates are higher, and why are they higher?

If you go back to what I was discussing earlier blunts are tobacco, made from tobacco products, those LCC, we think about how menthol has been advertised to African-Americans, LCC products are marketed the same way if you go to a corner store in a black community you are more likely to see cigars and cigarillos to four dollars, you name it I have a picture in the next slide you can see those products are pushed to the black community in the same way that menthol products are pushed.

Another thing tobacco industry was well aware of is often times they are not being used for the tobacco, so what the tobacco industry is done is they know people are taking the tobacco out and replacing it with marijuana so they have created perforated lines on the sides of the LCC products so if you get an LCC product you may notice a line there created and makes it easy to open a product of.

It is not there by random chance it is done pacifically because they know how these products are being used.

Same with resealable pouches and the pouches are set up with the packaging of the LCC product so what happens is people role blunts and have access cannabis it makes it easier to put the cannabis inside the pouch, hold for the next one.

The tobacco industry spent a lot of time in the space so they know what they're doing in this aggressive marketing and targeting two young black adults is so prevalent and people in the tobacco industry, their job is literally to focus on Blacks and make sure LCC products are pushed out in black communities, and they have close to where to place his product so I can go on about that all day but emphasized the point of focusing specifically on young black adults and thinking about blunt use.

I have some more data about the problems you see it is higher among black individuals found across a few surveys and part of the reason things I just mentioned, and of

course there is also flavors, flavors drives a lot of the interests and appeal particularly among younger adults.

When you think about the combination of a flavored LCC product with cannabis it can be articulated attractive because cannabis can sometimes be very harsh when it goes down so having a product that helps with that and helping the flavor takes away some of the harshness can be appealing for those products.

This is another figure from one of my colleagues' studies showing high levels of blunt use have been found in many different types of settings studies done, among young adults particularly those with young black adults in studies.

This, I wanted to show a visual, in terms of differences between a blunt in a joint, they are two combustible methods of consuming cannabis very popular but the difference is with blunts you have tobacco peace and you have to take into consideration and often times our research does not always do that and even clinically when we ask about marijuana use you may not always ask but products are being used with how you are consuming it but it is important to do that and something I always advocate for is understanding how people are using marijuana use and motivations for use.

All those have implications for treatment.

The blunt to see here, blunts or named after that product, but you will see, oftentimes you will see at the bottom is a cigarillo tipped and tips, typically on tipped cigarillos are used to make blunts so these are a visual of what the product look like.

Very quickly, talking some about mentioning blunts in this interaction between marijuana and tobacco, what we found in the research and this is especially why I focus specifically on blunt use, is because there is more research which is limited but more research on marijuana and tobacco in the use of those products separately, typically when talking about marijuana and tobacco may think about a person smoking a joint and smoking a cigarette, call that person co-user but what we don't know and need to know more about his thinking about the fact these products are, blunts for example you are exposed to cannabis and tobacco at the same time so you will notice here, I like to show this figure to show when we think about the prevalence by group that the co-users of tobacco and marijuana it is higher the prevalence is higher than just among marijuana only and tobacco only users, that is emphasizing the importance of thinking about tobacco and marijuana use together.

It also when you think about the point of it before, like an adult in particular and high rates of blunt use when you look at the figure below, you see high rates of blunt use especially what is driving that is the blunt use another reason is important to know specifically how people are consuming these products.

Just to say, these impacts of these adverse health consequences combining these products, makes them much more risky than just the use of marijuana alone or abuse of tobacco alone.

There have been problems when these two are combined and mixed and that is exactly why this area is so important.

One of the things that really drove my case, there's not that many studies that focusing on blunt use in particular, there was a review done in 2017 where only 34 studies were identified and when you think about all the studies and marijuana available, that is very small number compared to the overall literature available on marijuana.

When we think about treatment for both cannabis and tobacco, young black adults are less likely to engage in traditional evidence-based treatment so even though we have motivational interviewing, cognitive behavioral therapy, we have all these great interventions but they don't always work well for every group, and it also, having those interventions relies on the fact that people are coming to us to get those interventions that is not always the case with young adults and it is always up case with cannabis use, there is not definitely have had people with cannabis use disorder but oftentimes people shrug it off and say it is not a big deal it is just marijuana, not something they think any treatment for.

Dealing with a very sensitive and different relatives to some of the other substances out there.

For these reasons I felt like I wanted to first of all bring more attention to blunt use, and among black adults and think about ways in which we can engage young black adults in a platform where they are already expecting people to come to us for treatment or prevention interventions.

That is what led me to thinking about how we might best leverage social media to do this.

That leads me to Twitter-based intervention.

What is twitter? We are familiar with it an American microblogging social networking service uses post and interact with messages known as tweets.

People can post, like, retweet, we share, it was created and launched in 2006, it is relatively new platform, and as we know initially it started off with 140 characters but now an increase to 280 characters per tweet.

One thing about social media, it changes every day, one of the things it makes an exciting field but also very nerve-racking, when I initially wrote this grant a few years back twitter was very popular, particularly among young adults and young black adults, rates were high, even if you look at the you see that among 18-29-year-olds will the black Internet Twitter usage was higher among Blacks and whites, and also there was more discussion around black Twitter, where issues that are relevant and resonate with the black community were brought up and discussed on Twitter, so there were natural conversations happening on these great things and there is still some of that to an extent but it has changed so even since when I first wrote the grant to do this to now,

social media platform have changed and I have people asking why don't you do Instagram or Snapchat, so there is that so you have to think about that aspect of doing interventions and social media.

At the time it was very popular, really excited I'm still excited but I wanted to point that out because it is something that comes up.

In migrant I have three different names, and this was designed to set up so we could begin to think about ways we can intervene and blunt use among young adults so the first thing was talking to young black adults about blunt use, understanding the norms and attitudes towards treatment, particularly social media-based interventions because it's a different ballgame that some of our traditional treatments.

Developing a pilot-based Twitter intervention to speed is a workable people,

and conduct a small trial and compare what I was talking about before.

If you remember, when I was going through the different ways in which cannabis can be consumed, one thing I am interested in is seeing if we need to have a separate intervention or something separate for blunt use relative to other methods of consumption so we will have an intervention focusing on blunts, and another talking about marijuana broadly to see if there are differences there.

Here are the inclusion criteria for my intervention between the ages of 18-29, self-identify as African-American or black, self-report daily or near daily lunch used in the past month, ready to set a goal to reduce or quit blunt use, and the goal could be whatever it is they wanted to be, not something we specify, and an active social media user.

We have mostly defined as having on one platform, using it at least once a month, so very loose, we didn't want to make it, constrain it too much because we don't want to lose people.

The idea was people have some familiarity with using social media site and won't need that much training to get up going to engage the intervention.

The first aim was semi structured interviews, heavy blunt smokers, folks that smoked very often, average age was Tony five, some high school graduates, you see the number of blunts smoked, number per day, but I want to draw your attention to is rarely are people just consuming blunts, people also report consuming joints, pipes, bongs, keep that in mind as I go through my intervention because it is important to think about.

I will go through this pretty quickly, a lot what came up that we are trying to make sure we integrate into the intervention's is thinking about participants prefer to refer to blunts as joints, and this is a common theme in the addiction world where the terms we use in the profession do not always match up to what is happening outside of our profession. in terms of different terminology, we want to understand how people are using and understanding the use of blunts, so this has implications if you think about our

assessments asking people have you smoked a blunt today and people who know what it is but may not necessarily endorse it because they think of it as, I use joints, that is my traditional mode I called a joint not a blunt.

Another thing that came up is participants described the quality of cannabis impacts how blunts are made and smoked, of course, another reason that blunts are so popular is they are said to hold more cannabis than a traditional joint, they can also burn a bit longer, so the common assumption among researchers, people are smoking blunts they consume more cannabis because people are putting more in because they know the product all the more, but that is not always a safe assumption, because if people have just regular cannabis they may put more in there, but if they have a higher potency like Kush, they may not necessarily need a blunt of cannabis.

Again, this is a reminder to not necessarily assume it is always asked, in the marijuana field we are trying to figure out how to get exact measurements we have not exactly figured it out but do not assume.

In particular relating to this intervention we discussed norms and how blunts are spoken groups, because there's been research done several years ago around when our blunts consumed and how are they smoke and usually it is in groups, that is something to note, when I thought about developing interventions and social media, I thought it would be perfect place to do a group because this is often where blunt smoking is taking place and another reason why it is so attractive is, one person can kind the LCC or the cannabis and it is a lot of different activities you will engage in in addition to just smoking a blunt

Knowing that kind of information and understanding the social context has some implications for the intervention designed for this particular Twitter-based study.

That leaves me to a lot of the things, where I spent the bulk of the time in addition to getting some of those themes, what are the areas most helpful to people trying to cut back or reduce blunt use altogether.

These are the issues, I want to show them here to get a sense of what was discussed, you see reasons to quit, we are some data about tobacco, not specific to blunt so that is something I hope to change in this field one thing is to think about starting to see, is it this in your throat or long lungs, oftentimes those reasons don't resonate with the populations you are working with especially in my case young adults, it might be a feeling of these things I don't happen to me or if they have been smoking for long time and have never experienced the things why should I care, I don't have any of that or don't anticipate getting any of that, so it is not going to stop me smoking a blunt today so you have to think about what are the reasons why people that resonate with people, a lot of people talk about having kids that say, I want you to stop smoking that is better motivator, or having a really good job that does drug testing, that is motivator, really understanding those reasons to quit, and having some messages or having some things, this is a special support group I am developing, and having those kinds of

conversations integrating those questions to give people an opportunity to be able to talk about the reasons to quit and get the encouragement from other people, as well as coping with stress and stress management is another huge reason why people are using smoking blunts, and another thing to point out is something really surprising to me, is around education and health issues, there was some discussion among some young adult I spoke with, around wanting to know more specifically about blunts so I have integrated within twitter intervention, a link to articles and summaries of those articles and I decided to leave that it because initially I thought, I'm a researcher, to I want to get on there today? There are so many details but they were very excited to see these articles and learn more about the studies, so I kept that part in to allow people to have a conversation about what the studies are showing.

I will give you an example, one tweet is about a study published by so my colleagues and what it showed was when you look at products, the ones I mentioned, commonly used to make blunts they found a quantifiable level of nicotine in the wrapper, even removing all the tobacco, so another misconception is if you remove all the tobacco you should be just fine, for the most part a lot of young adults understand tobacco is linked to cancer, so they felt like they were in the clear by consuming blunts and removing the tobacco, but there is some nicotine in the wrapper, so having those conversations with him adults that was eye-opening for a lot of them, so keeping that information in their to give people a sense of what we do know, about plants, and talking about all these issues in this group.

I will am talking more about the layout and format of the intervention, and this been changed a little bit it is not verbatim, but if your goal is to quit or are dealing with stress not necessarily involving blunt use, sharing with the group what their goal is, getting and using those anchors I mentioned in the previous slide as points to mention in the intervention.

What exactly is allowed in the intervention?

An automate 30 day intervention, all this takes place on Twitter, we create a twitter account for them, and I will talk about why that is the case, we create these interventions for them, his twitter pages for them, this is a private group so only the people involved in the study, the 20 people, have access to the group, participants are told they can put as much or as little information on the profile as they like to do not have to put their picture or name or any of that, they will receive a survey and a tweet and a link at the beginning and the end it collects some basic data around assessment inventions and things like that, and every day they will receive a tweet going out at the same time and they will receive, the tweets focus on those issues I mentioned, and they also will be text messages they will receive every single day, we may very it to see what works, what that we will do and what that email do is remind participants of the intervention so if they are participating in the 24 hours, we are glad to hear from you, if they did not participate it will say, we missed you, love to hear from you tomorrow.

Keeping people engaged because we know with the social media interventions that like face-to-face, there tends to be drop off after a while so we want to keep people engaged and excited about being in the group.

Because this is a pilot study our primary outcome is average number of participants tweets, to get engagement, and accept ability, and of course our secondary measures are the reductions in blunt use, and increase in readiness to use and self-advocacy in their belief they can actually achieve their goal.

Basically, all the, everything in the survey mention, demographics, the traditional reliable and valid scale news for our work, getting data from folks.

I thought about issues in this work, because right now we are currently still in the pilot phase, I will put in a shameless plug for anyone, especially in the Ohio area because I will talk about that piece, or patience, who would like to be involved in the study, one thing we had to think about, social media has a huge reach, as part of the drama is we reach people all over the world, but, when I am doing certain interventions and focusing on marijuana, I think about legalization, even in the United States, knowing what state you're in so for the pilot we decided to limit our numbers to just Ohio participants, so I can get a handle, because I have a better sense of what is happening in Ohio, even as I analyze the data, that gives me some point to work with.

In the large study we will expand and consider with social media you have to consider that it can go many different places which can be good but also be prepared, there are issues come up, laws are different, depending on what state you're in, things to consider.

Recruiting young adults who are ready to quit as a mention, everyone in the study will be ready to quit so you have to give in mind that is not always realistic because people enter treatment with different levels of thinking about the quitting, so we've adjusted to open it up to everyone.

We also have a screening survey following with participants after the intervention to see what works and what didn't to see what we can do better and how we can improve the intervention.

And we will be discussing shortly is, getting people trickling in for the study is how to keep it is been interested because as you know it is a group, you can't start intervention until you have a group of people ideally 20 in this case, we have to keep people engaged throughout the process so that way at the beginning of the month we get somebody ended the end of the month we get our 20 people how do we ensure those people who said they are excited at the beginning of the month are still excited at the end.

Playing around with different ideas and have different thoughts about that.

Handling inappropriate behavior, this came up a lot in my study, what do you do if somebody starts selling blunts in the group, or saying inappropriate things, what I like to, particularly when we think about face-to-face intervention, think about the same thing you do in a group which is always my first thing, what would you do if this was face-to-face?

You try to reach out to talk to the patient and redirect them to the purpose of the goal of the groups and of course they can continue to not do that and there reduce them from the group and that's part of the reason for quitting Twitter accounts for them in the event we have someone who was inappropriate we can remove them from the group without there being any issues, and hoping we won't have to worry about that but always be prepared for that.

And remaining sure the group remains private, we have measures in place and created a list work with technology company to make sure things are as private as possible but of course it is social media so they get into the question of who own the data so if Twitter stressed out today what does that mean for the study or for the data I have on there, those are questions we don't have a clear answer to.

And researcher involvement, how engaged or not should I be, the idea is to be a stand-alone intervention, but we will be in their me in my research assistant Shapree, in their everyday making sure things are going smoothly, but no immediate plans to engage unless we have two.

And want to mention other cannabis use things I talked about, you see what I did the individual interviews with people, there were many other ways people weren't consuming cannabis outside of so how do I incorporate that into the intervention, in the future we may think about what exactly does that mean or do we talk – is the success of people stop using blunts but continue to smoke joints, just issues like that.

This is in the pilot phase now, actively recruiting and so what I would like to do is turn it over to my amazing wonderful graduate assistant, Shapree Dixon, she has been so helpful throughout the process and helping me navigate all the fun times since Twitter can be interesting at times so I really appreciate her and want to turn it over to her because I want her, I talk a lot about Twitter and cannabis but I want her to provide other examples from some of my colleagues in the area working with other drugs and other types of platforms.

So, I turn it over to Shapree

>> SHAPREE DIXON: Thank you for that direction, hello everyone I am excited to be here, I will be out lightning two different interventions.

The first study I will go through is a development study have a social media-based intervention to Dr. Raymo targeting cigarette smoking and episodic drinking among young adults.

Smoking tobacco and drinking intervention's target cigarette smoking and heavy episodic drinking among adults ages 18-25, so heavy episodic drinking is considered four or more drinks for women and five more winks for men during one occasion, outlining three of in stages including an exploratory phase which will entail focus groups with the target population on Facebook, is also develop in phase based on prior research conducted by the facilitators as well as outcomes from those Facebook groups to ensure they are crating the intervention with the most effective target population and usability testing phase including the pilot testing of the intervention to view the outcome for the implementation of the intervention with the target population.

The exploratory phase yelled ability for young adults was Facebook at least 100 cigarettes within their lifetime, be a current smoker at least four days a week and engage heavy drinking within the past 30 days.

For this exploratory phase, there were three online focus groups conducted for 90 minutes at a time in the facilitators outlined in that focus groups were helpful because they bring really rich qualitative data to the design process of intervention so having the opportunity to get feedback and input from the maybe potentially engaging in this intervention they felt would be really helpful and also felt it was a more collaborative approach to facilitator and participant so they can ensure they were meeting the needs of the participant in the intervention.

During the phase electric survey was ministered to each participant including a number of different things including sociodemographic variables, age ethnicity income, they also asked about smoking and drinking behaviors, age of initiation, how long have they been engaging in smoking and drinking, were they ready to quit, have they had barriers prior to attempting to quit.

There was also qualitative data collected in the form of open-ended question and the questions came from a 43 question focus group guide created by the facilitators prior to development of intervention so they asked about tobacco and alcohol use and co-use social media use and how are they using social media, and intervention preferences to really get a good read and how these individuals would envision an intervention being effective for them.

At the end of the process, they were offered $20 incentive for their participation.

Moving into the development phase, participant eligibility remain the same however there was an exception that they added that predicaments needed to use Facebook for at least three days a week on a regular basis, this criteria came during development phase because going into the implementation of the intervention they wanted to make sure the participating were willing to be active and engaged during the process.

Baseline assessment provided in the exploratory phase was provided in this specific phase, however, she smoking was heavily focused on, because in prior research the facilitators found that individuals reported they were more willing to stop smoking versus stopping drinking altogether so at times individuals would say I am willing to quit smoking but only willing to reduce my alcohol use.

That is why the stage of change for smoking was determined to put individuals into their groups on the Facebook intervention.

After creating or completing that assessment, they were put into two different private Facebook groups based on that readiness to quit so ready, or not ready, and participants were prompted to respond to three daily posts for 30 days during iteration of intervention for example of the content, question asking, what are some of your favorite personal qualities or, what are your values, how does smoking or drinking aligned with that image of you or not align with the values you have?

There are also open-ended questions about the design and content of the intervention to make sure they were gathering as much data as possible to make sure it was most effective for the target population.

A follow-up survey was ministered during the process as well, asking questions about the usability of the intervention, how easy was the intervention to use Titi feel engaged, any barriers, and also post study assessment administered, similar to the baseline assessment, this to be sure date on changes was collective that arose during the presents in terms of behavior during their participation.

At the end of the phase were offered a $20 incentive for active participants only, slightly different than the focus group process, active participants were considered to be those that responded to two out of the three posts for the 30 days.

Lastly data extraction was completed so they wanted to ensure that after completing this phase they were collecting data on anything that was flagged any negative comments from participants, I didn't like this content or you should have asked this question evenly, ensuring they were collecting the data and making sure they can make the appropriate changes.

Because focus group information was used too informative element of intervention these teams were reviewed during the development phase, one of the big, young people often said they had the most difficulty with abstaining from alcohol or tobacco use when they were in social settings, the often reported being at a frat party and offered a cigarette or having a drink and being used to having a cigarette in accompaniment with the drink so social settings made it more difficult to abstain from the behavior.

Behavior change was also common theme individuals reported they had a temporary times when they had a tented to stop smoking or drinking, however in the social settings it became more difficult watching individuals engaging alcohol tobacco increasing their

desire, these two common themes outlined how social environment and peer influence really impacts young adults decisions to engage in abuse or mark motivating the Facebook invention came up quite naturally, individual reported having some mixed feelings about joining an online intervention specifically targeting substance use, not really having a high level of comfort with sharing their personal experiences with other people who they are unfamiliar with.

And questions about effectiveness of an online intervention, not feeling that it would be helpful, one person reported they were willing to participate but it won't change me – that came up as well.

Lastly privacy, another theme in preventing Facebook directions where individuals felt they were self-incriminating by talking about their substance use behaviors online and I can imagine for those individuals that were below the legal age for engaging alcohol or tobacco they may be felt they were self-incriminating by discussing this engagement and prohibited behaviors at the rate.

There was some intervention feedback so individuals reported while they were receiving daily posts within the intervention, they prefer to have daily posts targeting tobacco and alcohol separately, a lot of the content that was provided you with visuals focused on co-use and the reported they would prefer to have separate posts for each type of substance use.

The majority of participant's express they would like conjunction with the intervention to have live sessions with the counselor for 20 or 30 minutes so they could get continue to work on the journey.

Considering the themes that emerged from the focus groups, intervention was finalized, 90 post group were created for the ready and not ready group and taking into consideration the focus group results less than 25% chose target and co-use of alcohol tobacco so what to make sure they took the feedback into consideration make sure it was effective for the book for the ready group is post focused on a plan for quitting or preventing

Continuing those individuals on a trajectory to a successful recovery.

For those in the net ready group was post focused on assessing and enhancing motivation to quit so they wanted to target the ambivalent who are not quite sure if they were ready to stop engaging in increase motivation to change

for the alcohol content That content really focused on targeting health and social relationship impacts from drinking, for a lot of individuals they really were not willing to stop drinking but reduce, they wanted to outline the potential benefits of cutting back so one of the questions posed have you ever gotten into a physical or verbal altercation while drinking that could've been avoided and how might you have handled it differently so trying to encourage prisons to reflect on how those values have for the relationships, how it may or may not align with alcohol.

Secondly the tobacco content, a lot of individuals expressed a greater readiness to reduce smoking or stop smoking altogether so for example in the ready group they focused a lot on helping participants identify and implementation strategies to help them stop smoking, and lastly, based on feedback from the focus groups visuals were used for the post so a lot of individuals reported instead of just having words for each post they would prefer to have a visual to keep them engaged throughout.

Authors used stock photos from online sources, for example a young adult engaging in healthy behaviors, they noted that they make sure to avoid use of cigarettes or alcohol to avoid triggering.

For these ability phase 66 eligible partisans were identified, 37 completed the baseline survey and were invited to participate.

29 individuals made it to the intervention and 21 were the not ready group and eight in the ready group.

At the end of these ability phase there was a follow-up survey administered so 8/21 of those individuals were considered to be active participants, those were individuals that responded, posted two out of three days during that 30-day duration.

16 out of the one of those completed the follow-up survey.

For the ready group 5/8 commented on two thirds of the post and 7/8 received payment for completing the follow-up survey.

For these ability, the overall, the majority of respondents completed the follow-up survey and rated the intervention as being easy to understand, also majority of those individuals reported they felt they intervention was of sound advice and recommended friends and family to participate in Susie 2% of those individuals rated the post as helpful with 70% of those not only participating by clicking on information links embedded within the post to receive additional information on tobacco and alcohol.

This was another intervention that used digital photography so you can review the slides and they also included the title as well you can read the studies if you're interested but really I want to outline some benefits of social media-based intervention so accessibility as we know for social media is foreign wide, I can be 5000 miles from here and logon to a social media-based invention if the permissions allow me so, and also with lack of resources prevents them from receiving the treatment they deserve so there is no insurance required it really increases the opportunity for individuals to have access to some type of treatment they may not be able to based on financial constraints and we have opportunity for engagement social support that there received through having a social media-based platform, some people go to social media for support from Spears, but reminders, with social media-based interventions, having the opportunity to have trigger participation, having the opportunity to get the reminder on my phone I can jump onto my social media-based intervention and reply or engage were as with traditional approaches I may not have that opportunity if I miss my schedule time.

And social benefits, virtual sense of community being around with individuals on the same journey, as I stated in intervention there were embedded links so we all have in our cell phones and that information at our fingertips in social media-based intervention increases our opportunity to do so and lastly it provides communication, so for some people using electronic device is an easier way of communicating and it decreases distractions that may otherwise be present in more traditional approaches.

The limitations of social media-based interventions there are privacy concerns, that is something that comes up and one of the options I have seen facilitators offer is for individuals to create an alias that is not attached to their name or a totally different Facebook account so it is not connected to friends and family so they won't know they are produced bedding and intervention

>> LATRICE MONTGOMERY: Just think about those kinds of things, and also determine overall incumbent level stakeholders realizing that not only are participants but if you involve other stakeholders or providers however you might think of providing are they comfortable with it because again he mentioned some of the limitations around privacy we didn't even get into some of the ethical issues that come up there are things we are still learning, there are things we learned things we don't making sure everyone is on board with these interventions and seeking feedback constantly throughout the process that only from presidents but also from other stakeholders making sure they are costly checking in to see are these aspects of the intervention resonating with the group, consider intervention costs, I didn't talk about it too much but for example if your recruiting and social media a social media add, they can cost but oftentimes it can be less expensive than a clinical trial or something for face-to-face bringing people in, so it can be less expensive relative to other interventions but there are costs.

I also work for the technology company you know Twitter is a platform., But the technology comedy help the Twitter automated so I use code so I don't have to manually send a tweet or a day, a set of codes so once we enter in the parliament text messages it will automatically generate and send to each of the users' phones.

Those kinds of things make intervention go more smoothly but again it costs.

There is a privacy and confidentiality which talked about in the studies, on social media users we all we think about putting things on social media or things land in terms of privacy and confidentiality in less than at least ethical considerations, if you think back to the example I gave about social media used among researchers, one thing we do is content analysis, we may go on social media see where people are talking relating to marijuana but is that really ethical because if I am publishing and data people have put out on social be a platform they don't necessarily sign up to be in a study that they wanted dated to be used in my study, so what measures is a researcher to I have to take to ensure we don't use verbatim tweets so, you have to say this person is using the exact same tweet you can just Google it and that person will pop up so you have to

think about those things, in the ethics of whose data is it innocently goes wrong who was at fault is it the researcher the platform, so many different things to consider, but many of these limitations that we struggle with, the good outweighs the bad, I can say that it is a challenging field but it is one that very helpful and can help answer some questions and some issues we struggle with in addiction.

With that I will turn back over to Jessie and curious to your questions

>> JESSIE: let me get that started, we have quite a few here, let me turn my camera back on.

The first question.

Does social media engagement tend to be higher during a specific time of day?

>> LATRICE MONTGOMERY it varies based on the platform in the population so one of the things I am trying to do in my study is determine exact answer to that question, in study I referenced from a mentor she had at the doubt every morning with the idea that people are waking up and rolling over in bed before they even get up and checking to see what is happening, that tended to work, one thing I will do in this pilot is very so we may have some started the morning and also some that start in the afternoon to see when people are more likely to respond.

Those are the kinds of things you have to pilot and see when people are more likely to engage

>> What are the basic rules or regulations you have them in the group and how you enforce it on social media

>> LATRICE MONTGOMERY: it can be hard because even as a researcher the rules change for me in terms of with Twitter and what they allow and don't allow from day-to-day so me keeping up with the roles is hard enough and trying to make sure participants are keeping up can be difficult, that is why is many things as possible we try to take it to our hands to avoid an issue so creating a Twitter account, that was something we have done so we can help to ensure only the individuals and groups are following each other.

We want this to be a private group so ensuring no one else can commit to the group but just as individuals who were in there and of course we share the general rule like you would a face-to-face crew, even in the consent process before we jump in mining people to be respectful, there is confidentiality, the same general rules but more

platform related things we try to take as much of that in our hands as possible so we can control it to the extent we can.

>> JESSIE O'BRIEN: what is the time commitment for social media intervention? Whether specifically for the present or the person moderating?

>> LATRICE MONTGOMERY: It depends on the perspective so for this project for my study, the grant is for five years, part of it is a lot of formative work, individual interviews, also take into account my took longer because there was COVID so we run into delays, and also working with technology, it's great but sometimes they are not in the same space, or other things working on as well, you have to factor in that time for

and the piloting one day I might want certain, Aspects to look one way and then I find out that's not the best way so you just and it varies, really that is the answer to a lot of this is because it is new it varies in terms of how far along if you're doing the cognitive behavioral dimension, you know the content and of cognitive behavioral therapy we can put it online and pile it and see if it works, whereas this is an intervention not only the social media aspect but the content was new, it took time to get both content and platform up and running, it's a little bit different than maybe putting in established intervention online.

>> JESSIE O'BRIEN: this is a tough question, this question has been asked and nobody has good answer because there isn't a good resource but if we ask enough – is there some way to find a list of social media resources that are out there, or interventions that have been somewhat vetted that people like and can use?

>> LATRICE MONTGOMERY: I am on a grant where we will be at that exact thing so we should be able to get it seems we have something from the group as soon as we have that I will be sure to send it to you, Jesse, and distributed, another thing because I'm also in the space is self-approved for me to have the resource, I go to, other resources I might have so social media, marijuana, there are some really good reviews available on the use of social you platforms for diction so I can share those with you if that would be helpful.

But a specific use of social media for specific substances you can play around in databases and get that information – I would say in terms of a credible source something like that to get information

>> JESSIE O'BRIEN: there is so much interest in this obviously whether a small intervention or supplement like you spoke about other forms of intervention one of our first speakers was from NIDA -- we were asking him, he also said, you can see studies and NIDA put there was an essential resource for the type of intervention so we are looking forward to getting your list what you get and so definitely keep us posted on that.

We are running out of time so I will get to the export and thank you so much Dr. Montgomery and Shapree for being here that was so helpful we loved hearing about your research and people are interested in incorporating this into their treatments so thank you for being here overnight a reminder,

Everything you need to know for this webinar is on the website where you registered including the link to the CE quiz and instructional guide on how to access the CE so you can check that out as soon as this is done, this is a list of upcoming webinars we have in the next one hour free webinars on August 11 treating the heart of addiction with Kenneth Martz, you can join if you are interested in advances in technology series is on August 13 with just Montgomery the art and science of protecting recurrent.

You can register for our annual conference October 28-30, you can save $151 registering before September 15 so fully you will join us and we have good presenters in addition we have three preconference days, you can choose from one or all on-demand you can get six CE's for each day you attend.

The website is at the bottom of the slide.

And few have not joined us hopefully you can for the third part in our advancing awareness in LGBTQ series, the third is on August 20, working with LGBTQ2S+ Native American clients.

We also have as you are aware that the technology series, we had a wellness and recovery addiction profession series, six-part series available on demand if you want to check those out as well, the website is at the bottom of the screen and reminder of the many benefits for joining NAADAC, if you are not a member hope you'll join us and become one.

Check out the website here on the bottom of the screen to check at all the benefits.

Otherwise, that is all we have for you today thank you so much for being here and thank you again Dr. Montgomery you guys are great and I hope everyone has a wonderful weekend and we will see you next week!