

Center for the Application of Prevention Technologies (CAPT)
National Webinar Series

Preventing Substance Use Disorders Among College and “Non-College” 18- to 25-Year-Olds: Young Adults in the Workplace

July 15, 2015

Facilitator: Rachel Pascale, CAPT Project Coordinator

Presenters: Joel Bennett, PhD, Organizational Wellness and Learning Systems; Deborah Galvin, PhD, SAMHSA's Division of Workplace Programs; Eric Goplerud, PhD, National Opinion Research Corporation; Rebekah Hersch, PhD, ISA Associates; Georgia Karuntzos, PhD, SAMHSA's Prevention of Prescription Drugs in the Workplace Technical Assistance Center; Chuck Klevgaard, BSW, CPS, SAMHSA's CAPT; and Ted Miller, PhD, SAMHSA's Prevention of Prescription Drugs in the Workplace Technical Assistance Center

CHUCK: I'm going share with you in just a moment a little bit about all the names that you see here. We'll do that introduction in just a moment. I do want to let you know that today's webinar is a unique collaboration between two of SAMHSA's program. You SAMHSA's CAPT, which is the Center for the Application Prevention Technologies. You also have in collaboration today SAMHSA's Prescription Drug Abuse in the Workplace Technical Assistance Center. So you see both groups represented in this joint collaboration today. We are recording today's webinar so we'll be able to—if you miss part of it or you want to share this with a colleague, we'll be able to make that available to folks along the way.

The audience for today's webinar is largely SAMHSA's grantees -- so Substance Abuse and Mental Health Services Administration—again, a whole variety of grantees representing states, tribes and jurisdictions, as well as who they fund at that level—so sub-recipient communities in the various ways that folks define the community-level groups that they may be working with in their audience.

So, with us today—that is me on your left. I'll be your, sort of, moderator moving in and out, introducing folks. Also today we have a great variety of rich expertise representing expertise from the field, from the field of research and data. And we also have folks who have direct experience in the implementation of programs with young adults in the workplace. So, on your right there you're seeing Ted Miller. Ted comes to us with about 18 years of experience designing, implementing, and evaluating workplace substance use disorder prevention early intervention programs. He is the PI for SAMHSA's Prevention of Prescription Drugs in the Workplace TA Center and is the director of the Public Services Research Institute at PIRE.

Also with us today, presenting and interacting in a variety of ways, is Deborah Galvin. Deborah is Principal Social Scientist with SAMHSA's Division of Workplace Programs. She's led a broad portfolio of SAMHSA's work related to the prevention of substance use disorders and related concerns—in particular, SAMHSA youth in the workplace demonstration program. Deborah currently leads SAMHSA's Preventing Prescription Drug Misuse in the Workplace

TA Center.

On the right there you see Joe Bennet, who is the President of Organizational Wellness and Learning Systems, a consulting firm specializing in evidence-based wellness and e-learning technologies promoting organizational health and employee well-being. In addition, Dr. Bennet co-authored the book, “Preventing Workplace Substance Abuse beyond Drug Testing to Wellness.”

Finally, rounding out our panel of experts today we have Eric Goplerud, who is in fact a Senior Vice President, Director of Public Health Research Department at NORC—the National Opinion Research Corporation. Dr. Goplerud directed major programs to integrate behavioral health into acute primary care settings, led efforts to improve the ability of managed behavioral health plans to serve young workers; train military health and behavioral health professions; and screen and treat primarily young military personnel with risky alcohol behavior.

In addition, right there in the middle you’re going to see Rebekah Hersch. She’s a Senior Research Scientist and Vice President of ISA Associates, been conducting workplace-based health promotion and substance abuse disorder prevention research and development for over twenty-five years. Dr. Hersch is currently working and focusing on the application of multi-media technology to help behavior change theory and science to address behavioral health problems, including the young adults in the workplace project, to improve the effectiveness of health promotion and substance use prevention.

And finally, rounding out the panel is Georgia Karuntzos, a Senior Scientist at RTI International. Her research experience encompasses more than 20 years serving as Project Director and Senior Advisor and several substance use disorder evaluation studies. Dr. Karuntzos supports SAMHSA’s Prevention of Prescription Drugs in the Workplace TA Center and led SAMHSA’s Young Adults in the Workplace Cross-site Evaluation.

We will, from here forward, be referring to these folks as Eric, Rebekah, Georgia, Deborah, Ed, and so on. The objectives for today, and you’ll see this is, in fact, how the webinar is going to be organized. We’ll be taking this in segments. We’ll start out with looking at the scope and importance of preventing substance use disorders among this population of eighteen to twenty-five year olds not attending college. We’ll move right into the middle section—we’ll be identifying approaches for engaging employers in preventing substance use disorders. And finally we’ll round out the latter part of the webinar with the discussion about examples of evidence-based, innovative strategies, interventions for the prevention of substance use disorders among this population in the workplace.

This unique collaboration that we have across two of SAMHSA’s TA centers today will also allow us to be able to share examples from research with regarding—specifically regarding the prescription drugs in the workplace kinds of expertise from that TA center. So, kind of, framing this foundation for you, which I’ll do at the beginning of each section—why focusing on this population we certainly are well aware of high rates of substance misuse and abuse from a lot of consequence data. We have challenges and some data gaps with regards to looking at consumption data, you know, at the state, tribe, jurisdiction, and local levels all over the place.

I think that in addition to these issues we know that primary data collection is important and a useful way to fill in this gap, and that folks are learning a great deal about how to do that.

Finally, there's real challenges in accessing this population, in terms of being able to reach them in that they are both in the community and in the workplace in various sort of ways. Finally, this landscape with this population is really evolving and evolving quickly in significant ways—you know, changes in both racial and ethnic makeup, as well as immigration, social and economic kinds of impact depending on where you are in the country. It's important to think regionally, geographically, about some of the issues that are represented here.

Finally, from a developmental stage, we kind of kicked off today's webinar thinking about some of the features of adulthood unique to this point in time. They're not quite an adult and you're figuring out identity and various possibilities in both the community and work. It's the nature of instability and certainly the most self-focused, sort of, time in our lives. And, again, that sort of in-between or in-transition is essential with this group—neither being an adolescent or an adult quite yet.

And, finally, the age of possibilities, in terms of, when hope can really flourish. An opportunity to really transform your life as you move into young adulthood. So, we're certainly talking about reaching 18- to 25-years-olds, not in college, again as I mentioned a moment ago living in our communities and in a workplace with today primarily focusing on the workplace and looking at possibilities there. We are, again, on this call as I mentioned, the audience is SAMHSA and our grantees are familiar with the Strategic Prevention Framework. So we will, in fact, be focusing, and again, kind of bringing back around, the way in which we use this Strategic Prevention Framework as a planning and a model for focusing our work both today and moving forward.

So, in terms of this first piece—again, I mentioned we'll start with looking at scope and importance looking at prevention with non-college, eighteen to twenty-five years olds, and we will transition to Ted.

TED: Okay, so we're going to start with a poll here, asking you to make a choice as to which industry group do you think has the highest rates of heavy drinking. And then we're going to do the same thing after that with the highest rates of illicit drug use, I believe. No, I'm sorry. We're taking them together: heavy drinking, illicit drug use, and substance use disorders. The choices are accommodations and food; construction and manufacturing; arts and entertainment; information management; finance, insurance, and real estate; health care; education; and mining. And, it looks like pretty much everybody has voted construction is in the lead, followed by arts and entertainment and recreation, followed by accommodations and food services, and then health care.

Move forward to look at the results. I think we need to go back to—can you take this back to full screen please? You see here that construction is the right answer and that more than thirty percent of construction workers have heavy drinking problems, the red bar. The blue bar shows that they have illicit drug use problems and the green bar shows that almost forty percent of them have a substance disorder—also very high is manufacturing, finance, insurance and

real estate. Mining has very high drinking problems and substance disorders but not much use, at least in this age group, of drugs and this is illicit drugs. This is all data run from the National Survey of Drug Use and Health. It does not include prescription drug use in this particular slide.

Another occupational group at risk is the military. They're seeing an increase in prescription drug use and alcohol misuse, a decrease in tobacco and illicit drug use. And if we look at past-month alcohol use of workers versus students, you have to look separately at ages 18 to 20 and 21 to 25, because the twenty-one minimum drinking is really effective. What you see is that there's a slight difference with workers having a little bit more alcohol use ages eighteen to twenty but it equalizes at 21 to 25. If you look at drug misuse, in terms of statistically significant, there isn't any real significant difference there except for maybe in prescription pain relievers.

Now, I'm sure you're saying to yourself, "But, wait, don't some workers also go to school?" And so I looked at that and I used prescription drug misuse to illustrate that, and these are relative risk ratios here. The red in one is the employed nonstudent and relative (inaudible) prescriptive drug misuse. The risk of the employed student in blue is .87 and the unemployed student about .91, which isn't statistically significantly different for one.

The big problem group is the unemployed non-student and when you look at them you see a little bit of a different picture where both the employed and unemployed—the employed students and non-students both have a low risk. Students who are not employed have a higher risk and the highest risk, again, is for those people who are neither in the workplace nor in school and they're a group that I don't really know how to address. Let me turn it back to Chuck.

CHUCK: Thank you so much, Ted. What a great foundation to get it kicked off into thinking about this. I'd like to remind folks that you can ask questions. They'll be a Q&A opportunity at various times today so you can type questions in at multiple points and I will direct those back to our presenters along the way.

So, we're ready to move into this next section, where we're going to look more directly at engaging 18- to 25-years-olds and their employers—that really being a process and, again, bringing us back to the Strategic Prevention Framework. So we think of building capacity as really involving both increasing resources as well as improving readiness. So, you'll hear from a variety of experts in just a moment about how we can begin to do that. I'd like to engage you first in a poll and so I'll ask you a question in just a moment about where you might find yourself currently with regard to how you might be as prevention professionals engaging employers in the work that you do.

So, on the very low end is no involvement—you're not doing much with them at all, but may be curious about it. The next level is networking. We're kind of sharing information at the first level. We're talking about things. We're beginning to share information about what we're doing with employers, asking what they're doing. So cooperation, more in the middle, is more direct support of each other's programs meaning that I invite employers to support the prevention work that's going on in the community and I might share information about what

they're up to in the same way that we cooperate.

Coordination is really more of a partnership. We're working together on implementing something. We're planning an event together. We work on implementing community workplace programs together. Finally, collaboration. We have a more formal arrangement. Prevention is very intertwined, braided into workplace programs. We might even have formal agreements, or MOUs, in the way that we work with employers around prevention in my community. So, as we get this section kicked off with those definitions in mind, share a little bit about where you see yourself in your community with regard to those levels of collaboration between prevention and employers.

CHUCK (continued): I'm encouraged by this. I'm seeing lots of folks again with the biggest numbers being folks networking and sharing information, finding out what employers are doing, how they can support community prevention effort in that same way so that there's communication happening. I think that for the folks who (inaudible)—again that's a substantial number in this group. You've heard me say that I credited this group clearly with being curious about what else can be done, what are the ways that I can partner. So I may not have a whole lot of formal involvement but I am absolutely interested and curious about how I can more effectively engage employers and employees in the work that I do. A number of folks who are doing cooperation and coordination and, again, a nice little group of folks who are all the way up to collaboration. So thank you again for participating and this launches us into our next section, so I will turn this over to our next facilitator presenter, Deborah.

DEBORAH: Apparently, my microphone had been turned on. I just wanted to say to you good afternoon and it's been a pleasure to be with you today. From SAMHSA, I want to take the opportunity to welcome you also. We appreciate your participation. We've heard an excellent introduction to the issues of young adult in the workplace. SAMHSA supports prevention-based workplace programs and their evaluation, and some time ago, in 2001 to 2009, we funded the Young Adults in the Workplace Program. And we had both grantees and a cross-site evaluation, and learned a lot. And today we have some of those people who have been grantees and cross-site evaluators with us, and also others who have continued to work with us in this area.

The YIW, the Young Adults in the Workplace program, developed an empirical database documenting employers experience with intervention aimed at preventing substance abuse among their young adult employees. And since the YIW there's been a growing need for these programs and community participation with the workplace has also grown at this time. I think it was very important and interesting that Ted Miller shared with us that there was a great problem of the unemployed young adults who are not in school. And what we're seeing today since the YIW is a much greater number of those people who have not been able to get jobs. Where when we had the YIW we had more people—the employment rate was higher at that time. So, I am looking forward to listening to our experts and I would like to ask the first question which is: How does workplace culture fit into the picture? And to begin this discussion I'd like to turn to Joel who is an expert in this area. Joel?

JOEL: Thank you, Deborah. Can you all hear me okay? I'm assuming you can so I'll just

talk. So, yeah, culture fits into the picture. Actually, for the people who are on the call who are familiar with the Strategic Prevention Framework, there's an emphasis on capacity building. And I think it's important, knowing how difficult it is to bring employers to the table—for those who are on the call who are trying to network with or have no involvement with businesses, it's a question of understanding language. So before I talk specifically about culture, I think it's important to claim that many of you, because you know about capacity building, already know about culture. And you know that capacity building requires having multiple touch points in order to grab the interest of your clients or your prospects in the community.

So, I want to mention that before we get into this in more detail that there is a great deal of interest around what's called the culture of health, or culture of well-being, or employee engagement. There's a great deal of interest around those things in the workplace currently. In fact, we're seeing it not just in the workplace but also in prevention. The Robert Wood Johnson Foundation has a new initiative on culture of health. As I mentioned, there's corporate wellness initiatives, Society for Human Resource Management, National Businesses for Health.

A lot of what's happening, in terms of employee wellness, employee well-being initiatives, is there's a growing recognition that (just) programmatic efforts prevention efforts don't necessarily work without also making an effort to create a culture of health and well-being. I just want to encourage everybody on the call, if you know about capacity building, you will also know about culture. Because it takes a long time to build enormous values, beliefs, symbols, and practices to make a culture work.

And so that for the workplace, if you're having difficulty with entering into the workplace culture, think a little bit outside the box and think about how the workplace interfaces with the community, and the neighborhood. And how small businesses, in particular, interact with the local business—with the local community—and how potentially higher education, vocational schools, community colleges, high schools—there are many young adults who are embedded in those neighborhoods, and schools, and communities. And if you have anybody on your Board of Directors, or anyone you know that is an affiliate with a local business association, those are all people who are going to be interested in you helping them out with a healthy culture. And that is the key to engaging employees. And that's not only key to engaging employees—millennials want that. They want to have meaningful work. They want to have a place that pays attention to their needs and doesn't just drive them to work hard. So, there's a lot to say about this but those are just some general comments, Deborah. I would refer to my other colleagues to continue that conversation.

GEORGIA: Hi Joel? This is Georgia.

JOEL: Yes.

GEORGIA: Joel, thank you for those comments. I can't emphasize myself how much understanding the environment that young professionals work in influences what their behaviors are. We've put a lot of emphasis on what the needs are of the younger workforce and how they interact and operate socially. And we'll continue to talk more about that in the

subsequent slide. I think this is also a good place to reinforce how the workplace, particularly for the young workforce, is a learning environment as well. So they learn from those around them what is acceptable and not acceptable. It's important as we think about culture to think about cross-cutting norms, as well as norms amongst a peer group. And you know, those of us that are not in the millennial generation, you know, have experienced the workplace in a different way. And perhaps we're even evolved our expectations of what we think the work environment should be. But I think we need to remember that we also model for the generation below us what is an acceptable culture, and the ideas and the communications that we have set a learning foundation for the next generation down. So I just want to highlight that that it's not only about focusing on what the next generation responds to but also how that generation responds to the people above them—particularly if they're in a leadership position.

REBEKAH: This is Rebekah. I just want to add one additional thing. It's really, again, a lot will depend on the size of the organization, but for management, for other people to really understand what the culture is. They may actually think there's one culture in their workforce and there may be multiple. They may not understand, sort of, what's happening in different work groups. They think understanding that, being able to identify key stakeholders, that they are aware of various constituencies, primarily in a large organization. But not always. Very large organizations, too, sort of understand what the different cultures are. If you have different workgroups within a large organization because there can be, sort of, niche kinds of culture. And you may think as a manager that there's one thing going on and there may be other things going on.

DEBORAH: Rebekah, that's a really important point because the emerging adult population may have their own sub-culture and their employer may not know how to be sensitive to that.

REBEKAH: Right.

DEBORAH: So this is a very important point of relevance here. That with prevention programs—what we call prevention and you can call specialized wellness programs—with this particular population and provide a service that is generally not provided because of our ability to be more sensitive to the unique subculture of this age group.

ERIC: This is Eric Goplerud. We did some analysis looking at the power of culture in the military and one of the things that we found was that we did a comparison of Hispanic and non-Hispanic active duty personnel. We found that far more powerful than ethnicity was what service you were in. The prevalence of heavy and reckless drinking among the Marine Corps is about three times that of the Air Force. The Coast Guard is intermediate. Navy is somewhat higher, about ten percent. Overall, the rates of heavy and risky drinking are about nine percent. But, for the Marine Corps it's nearly seventeen percent. The power of the culture swamps out the power of ethnicity at least in this particular analysis that we've done. And I think you also find it in the power of the culture and workforce environment that distinguishes between, for example, construction or manufacturing—where you have very different norms in cultures and also very different levels of supervision of the workforce by superiors.

CHUCK: We're in a bit of a transition here and I'm seeing a question in the queue and I would

direct it to anyone of the panel members who could speak to this I invite you in. The question from a participant is: Do we know where—what fields most non-college, 18- to 25-years-olds are employed? You shared some data earlier about what those fields represent, in terms of risk around use, but I think this question is more about where are they? Do we know what kind of fields they're in?

DEBORAH: The research I just read, which is from 2013—and Ted may have more updated data—was that we have a lot of young folks in retail and they've moved over from some of the other fields to retail to get jobs because some of the other fields didn't have as many jobs where they used to be employed. And then construction, and other services as well as the military. And I think Ted might have other statistics to add to this.

TED: Well, I think the first thing I'd tell you is the Department of Labor managed not to distinguish retail from wholesale when it published its latest employment statistics. It managed not to distinguish some of the other categories that you would want to distinguish, as well.

DEBORAH: Good point.

TED: So it's hard to have great employment data. They have, by far, the most workers working retail and wholesale followed by the leisure—entertainment and recreation—industries, health and education which they combined. After that, professional services and those are the. . .

ERIC: Restaurant and call centers are a growing area those, kind of, direct service, customer service.

DEBORAH: Part of that leisure and entertainment category that's up there at the top. And also not necessarily, also not necessarily, I'm sorry. Also not necessarily represented in those statistics are people who work from home, who don't necessarily get counted in. And small businesses—that kind of thing. It doesn't necessarily get counted and some of those are high tech and all kinds of agriculture. They're all over the board and don't necessarily get in these statistics.

TED: Well actually, they'd be counted in the number of employees by industry. But it wouldn't break out whether people are working from home or working in a workplace. Surprisingly, among the younger workers, ages 16 to 24 in the Department of Labor data, less than five percent of them are in construction. It's not one of the big occupational areas in that age group.

JOEL: I'd like to follow-up on Eric's comments, which are about the topic of culture, and just mention that we did a six-year project with the National Guard. They implemented and adapted our team awareness program called, "The Team Readiness" and, well, you didn't mention the Guard. I don't know if you had data on them, but the—and this kind of also brings in Georgia's comments about socialization and learning. In a particular occupation or culture of any kind it's very important, that is, newcomer's socialization. How the young adults or emerging adult gets oriented into the workplace, into the norms and values of that particular workplace and it's subculture had a major impact on, or influence, on risk related behaviors.

So, to Eric's point, certain branches of the military have a different type of drinking culture than other branches of the type of military. In a similar way, different organizations or businesses have different types of health-related cultures that may or may not entail drinking as much as other types of behaviors that might be risk related. And so I just want, from a prevention perspective, people to know that we had a major impact in the Guard by paying attention to this socialization factor. That, is making sure that training is sensitive to the young adults' or emerging adults' own risks for substance abuse, and how those risks could be activated or moderated depending on the culture. So it's a very important time in the life of—in the life of jeopardy of a worker—and that's why I think we're doing this. We've just got to remember why we're doing this webinar is that it's such an important and vulnerable time and if the business is sending a particular message of tolerance, or a particular message of culture that supports more unhealthy behaviors, that can have an important impact.

So, I just wanted to come and circle back around to both Eric's and Georgia's comments and mention that we can think about these industry differences that had—and Deborah just highlighted—and it does come down to the local culture even within the industry.

CHUCK: Great conversation with this first question with our panel. I want to say that we should move on. There was one cluster of questions that's sitting in with participants that has to do with a little bit of follow-up for Eric. Do we know any more about active duty versus deployed National Guard? Do we know much about the differences within different branches or even young adults who leave the military and enter the civilian workforce? So, kind of, those transition periods or, well, just generally the, sort of, deployed versus. . .

ERIC: Right. There's quite a bit of information that is out. The Research Triangle Institute does considerable research with the Department of Defense. From the health-related behavior survey they find, for example, that Air Force personnel, about four percent of them report heavy alcohol use. In the Marine Corps it's seventeen percent. In the Coast Guard it's slightly under eight percent. In the Navy, it's nearly ten percent—and these figures, while fairly consistent over time—really are the only way that we're defining what a work—you know, what the work force culture is—what branch of the service are they in.

Heavy use among National Guard members is high—nearly a third of the Guard and one in ten of their spouses reports drinking heavily and in ways that it impacted their jobs, their families, and their health. This is according to an IOM study. Twenty-seven percent of army troops returning from Iraq and Afghanistan have high-risk drinking behaviors, and domestic violence in which alcohol plays a role is up over fifty-four percent between 2006 and 2011—clearly showing the significance. And we're seeing excessive alcohol use which is really the most common substance abuse in the military related to a great variety of work, family, social harms. And that persists over when they come back and go into civilian life.

So, clearly it's becoming an issue for employee assistance programs and for HR as they try to figure out how to integrate Guard and Reserve back into the workforce and veterans.

DEBORAH: Thank you very much and I think now we're going to move onto our next

question which is, you know, related to what we've just been talking about, which is: What motivates employers engage with these kind of programs and want to work with us on these issues?

REBEKAH: I'll start off that. My colleagues will have a lot to say. This is Rebekah. For community coalition people, in particular, we need to figure, you know, if you don't have people/employers that you're working with, you know, what would motivate them? What are the arguments that you need to make to get employers to engage with this issue? And for those who already are, you know, what allows them to continue to engage with the issue of substance use prevention?

We talk a lot. We've been working with workplaces throughout the country, large and small, and it's really clear to us to make the business case for substance abuse prevention. What I mean by that is that there are clear solid economic reasons to engage in substance prevention. Lawyers are running businesses. They want to do things that are in their economic best interest and we know and there's lots of data out there. The substantial cost to employers. You know, there are certainly personal costs for employees and their families, friends of employees, who engage in substance use and substance abuse. There are real economic costs to employers, as well. There is absenteeism. There are, you know, accidents. Health care utilization costs. These are real dollars to employers. And there's also reputation costs. Any organization that you can name that is in the news where an accident—you can think of excellent examples where an accident has been shown to be caused by someone that has misused substances. That's a real stain on the reputation of an employer and is a real cost-driver for that employer. So there are real economic reasons.

There's also—and this is not new—but there's been a real push and Jill talked a little bit about the way that employers are engaged in their community. But, the issue of social responsibility or what's called in Europe often, “duty to care,” that when making decisions to engage in substance abuse prevention, this social responsibility to the community or this duty to care about their workforce, their workforces family, are salient to workplaces. Social responsibility acknowledges that workplaces are part of a larger community by engaging in substance use prevention. The company is contributing positive with the larger community. They're helping their employees with substance misuse, avoiding accidents, injuries that could impact the larger community. There's, you know, an emphasis on health and making—allowing employees and their families to lead helpful, productive lives.

It is true, if an employee has access to alcohol and drugs on the job, you know, if there's a drinking culture and somebody leaves that workplace and gets into their vehicle and causes an accident in the community on the way home—well, that personal choice by the employee becomes a big problem for that workplace. It's true, for example, the prescription drug misuse work that we're doing—work that we're doing in a large hospital system, you know, access to prescription drugs, diversion of prescription drugs by hospital workers, and then subsequent access that can be caused by that, is a real issue for that employer. And that employer in that community. So those are two ways to make the business case for substance, you know, misuse prevention among employers. And then, Joel, we've talked a lot about this. You can speak to this, the stigma, and stigma being a big consideration in workplaces.

JOEL: Well, yeah, I mean it dovetails with what you were just talking about. Stigma and a culture that doesn't support healthy life styles go hand and hand, in that, you know, there's social stigma and there's self-stigma. And the research suggests that substance abuse risk is related to both. That is, if I am in a workaholic environment or I'm being on-boarded or socialized into a workaholic, highly efficient, get the work done, no time for yourself environment, that sends a message that it may not be okay to reach out for help. And, we've actually done research that suggests that EAP utilization, Employee Assistance utilization, is lower in organizations that have a higher workload as part of their culture. Plus, if there's stigmatization of not only the EAP, but a nuanced understanding of alcohol and mental health risk, you know, one case in point is, I might be, I've done a prevention training with managers and they, I've heard the comment go, "Oh, well here comes the shrink." You know, that may seem like a small point but it does reflect on a general stigmatization of what we're doing.

So, over the past ten or fifteen years, whether you use the word "stigma" on the risk factor side or strength-based openness to use needed services on the positive psychology side, you are needing to address that barrier in order to better engage and motivate employees. And, in doing so, you're not just motivating them around these issues of health but around productivity, as well—because a culture that is negative and stigmatizing is also one that is less likely to be productive.

DEBORAH: Eric did you have some issues that you wanted to bring up?

ERIC: It's been well covered, sorry.

DEBORAH: Okay, fine. So we'll move on to the next slide and question, which is how can I successfully achieve buy-in from employers?

GEORGIA: Hi Deborah, this is Georgia. So this is a question that's very related to the previous conversation, but I do want to distinguish it so we can understand. What you're going to engage with workplaces, you need to know that there are multiple steps, and multiple stakeholders, and multiple levels of buy-in that are required. The first and foremost is we're getting the attention of the workplace, or the organization, or the key stakeholders, or the single person who would, you know, be sanctioning the efforts that we want to put in place. And, Rebekah and Joe covered a lot of the important considerations so that's the first step. How do you motivate an organization to get involved in prevention signs, prevention services? I will add to that that workplaces also who look to their best practice metrics, it's organizations like the Management Associations and HR Associations, often sanction different types of programs. And those are often influencing factors for motivating employees and employers to get engage in something. Particularly workgroup leaders—maybe even department or plant-level management—that need to actually implement what you're talking about.

And our research has shown that it's important to personalize the impact, kind of, coin that term, but it's make it local, make sure that whatever reference you have to the importance of health and wellness moves from national estimates to what's happening in your community. What's happening with local trends that are going to be influencing how productive your

workforce is going to be? So, I want to make sure that we reinforce that point as we think about engagement with employers and buy-in with employers.

The other consideration that I've personally, you know, found to be very successful is to try and understand how introducing a new program like a prevention program adds value to the current list of things that are on these busy people's table already. So, how can we help them analyze the information, know more about their particular workforce, you know bring in, you know, people from the community that have already had successful experiences and have them, you know, bring best practices to the organization? So localize it and add value. I think those are two very important buy-in considerations for employers.

CHUCK: I think an interesting question that kind of crosses the previous conversations we've been having about culture is the question from a participant about how might we engage employers who may have an EAP program but also have a strong culture of getting the work done and then maybe inadvertently maybe devaluing their EAP in the process?

DEBORAH: That's a great question. I think that's what Joel was getting at in his comments earlier. It's important that not only we, you know, organizations, put in the resources that should be made available to individuals. But also to create a culture for engaging those productively, and to de-stigmatize access to those services as a, you know, weakness or a deficit for someone who actually needs those services. And Joel, I'm going to toss this back up to you because I think this is your area to speak to.

JOEL: Well, you know, I wish I could have a conversation. I mean it's really a—it's the big, big, big question. I will say that growth in the area of workplace well-being, and I use that differently than wellness, tends to have a greater focus on "value on investment" rather than "return on investment"—that the entire way that these kinds of services have been looked at by the workplace have come out of a procurement and chief financial officer or financial function. And like, why should we do this? What's going to give it to us? What are we going to get out of this? You know, why should I spend the time doing prevention? And, value on investment, if you google that—there's not enough time to go into that but the value-added once we can move things away from just thinking about how this is going to add to the bottom line and move toward how are we going to create a healthier environment. When we have more unproductive employees, then you can start addressing those types of workaholic norms. But I will say, it is still a very, very big question. It takes the capacity building that I talked about earlier. You can map the entire SAMHSA Strategic Framework onto this question. And it's just not been done. We need to move into the workplace. We need to take SAMHSA into the workplace and it's—people have so many skills to address this very question by consulting with organizations that are driving people to drink.

ERIC: Joel, if I could. This is Eric Goplerud. If I could, kind of, build on that just a bit. And maybe this is the voice of bloody experience, which is that engaging employers is really tough. And if you're out there and you're trying to get in to talk to workplaces about prevention, and have had a difficult time, you're the norm. It is tough. We've developed a couple of tools that might be helpful. One, as Georgia was saying, you've got to personalize it. We've developed, using the National Survey on Drug Use and Health data, an online calculator that can be used

by EAPs and preventionist, to estimate the prevalence of risky alcohol use and drug use including prescription opioid misuse in workplaces of various characteristics. Where we have it normed by state or by major metropolitan area and by industry, so that you can project what not only the prevalence of substance use disorders are in that work place but also what it's likely costing that employer, in terms of absenteeism, injury and other problems associated with workplace productivity. So that's out: alcoholcalculator.org/fub.

The other—someone was asking about, you know, how do you integrate employee assistance programs? There's a lot of material that has been put up online in a multi-year effort that we have facilitated with the entire employee assistance program industry in the United States and Canada. And when I mean the entire industry, I mean ranging from employers and business coalitions thru EAPs to the professional associations, the unions, and other consumers, as well as, sort of researchers and smart guys and women. It's called the "BIG Initiative," which stands for the brief intervention group. And if you take a look online you can find it. We have lots and lots of materials about how you can connect through the EAP and use that as a way of surveillance and of doing interventions with employees including, you know, young employees in workplaces through the EAP.

REBEKA: You know Eric, I'm confident we can share more resources. I do think it's worthy of mentioning the Chestnut Health System work that they're doing. They've done a very good job introducing our Return on Investment calculator, as well. Another colleague of ours, Rick Lenox, has been doing some really good work with workplace outcomes that really is all focused on measuring the impact of EAP on workplace performance and I would encourage folks to look those up.

DEBORAH: Thank you. We could probably have a whole webinar on this issue. And what we're going to do is, following this webinar we will gather these resources for you and we'll definitely send out the websites and the resources, how you can get to them at the end of the webinar. So, my next question is: What is unique about prevention working with 18- to 25-year-olds?

ERIC: This is Eric. Let me lead off by saying that those things that are motivators for millennial are going to be very different than for other age groups. AARP did an analysis of working with the multi-generational workforce. And the characteristics that they talked about that millennials resonate with are not going to be ones that you can hit them over the head and say, "You've got a drinking problem," or "Watch out for drug problems." Or, you know, "Stay away from gambling." Rather, the kinds of interest are in—the things that are going to resonate with are things like health, relationship problems, credit card and finance problems, the issues of forming pair bonding and raising young families, the stress of managing your boss. EAPs are workplace program that resonates around these issues. And then, they also have as part of their access or their presentation . . . and alcohol and drug use may interfere with your managing your relationship problems with your boyfriend or your kids, has much more resonance than hitting people over the head.

Also, one of the things that we found in looking at EAP materials that were put out is that none of them looked like young workers. They all were old people. And it's not surprising that the

rate of young workers who were accessing EAPs are fewer than three per thousand young workers. They got lots of problems but they don't see workplace wellness and employee assistance programs as places for them to go.

Let me turn to some of the other experts and get their take because we've all touched this elephant from different places.

REBEKAH: This is Rebekah. Thanks Eric. I think that's exactly right—particularly the issue of making them. . . see, I only have two young people . . . that they can look at information and say that that looks like me, that sounds like me, that relates to me. So, I think that is a big issue. We've also talked about both of the things you've talked about, you know, sort of hammering them over the head with substance abuse prevention or even, sort of, health. There are better motivators including just, you know, like really wanting to be on the top of their game and a better chance to get ahead in your job if you engage in certain practices among others. And there's a whole variety of health practices but certainly avoiding substance use. And Georgie and I also talked about this.

We're definitely moving into the area of using technology for young people and providing information tools through the Web, and also really through mobile applications or mobile websites. That is, websites that are best viewed on a mobile device. Because everyone is, sort of, walking around with a computer in their hand and they can engage in health-related tools, substance use prevention-related tools, you know, with the equipment that they have with them all the time.

ERIC: That's certainly the case. Any others who want to comment on those issues? Some of the messages that motivate younger workers are such as: You'll be working with other bright, creative people. You and your co-workers can help turn this company around. You can be a hero here. Engaging around motivations, optimism, ability to multi-task, their technological savvy—and around areas where they see themselves either having challenges or having capacities. It's around there that you can, you know, best connect with them.

Why don't we go on to the next slide. So, how do you work with employers to engage? Let me ask the panel here, what are the messages that you found work, or perhaps through experience have found you're not going to do that one again? Go ahead.

REBEKAH: We use the issue—we've talked about this already—we use the issue of health. We use the issue of health and safety. And so we embed substance abuse, prevention messages into broader health safety. Corporate culture. We've talked about optimism, you know, relationship, whatever it might be. So if you're going to, you know, talk to employers about, you know, one employer is going to say, "Well I don't want to talk about, you know, substance abuse prevention." Well, you don't have to. You can embed that information into other topics that are of issue, safety programs, you know, stress management, relationships. And then you talk about, you know, substance abuse as interfering with those things, you know, with safety issues, as you said Eric, relationship issues. We've talked about stress management and people use substances as a way of managing their stress—and it's a terrible stress management tool in the long term. And so there are better and more helpful strategies that you can use. I think we

want to be able to give employers materials, programs, interventions that they find appealing and that also address these issues.

ERIC: Joel you've done a lot being inside of business. What works or doesn't work so well?

JOEL: Well there's a lot to this. I'll try and be real quick at both the global employee/ employer relationship level and then specifically for the 18- 25-year-olds. I will direct people to Society for Human Resource Management—in April came out with their job satisfaction and engagement report, which was a well done research study. You can get it online from the Society for Human Resource Management. And one of the general trends—and Eric I'll get to your question—but one of the general trends that we're seeing is these are the top employee engagements. What helps people feel engaged in the workplace? One, I am confident I can meet my work goals and I am determined to accomplish my work goals. So, anything that builds confidence and commitment.

We also see the conditions of top employee engagement conditions are relationships with co-workers (and Eric, you've already talked about that) and also meaningfulness of the job. So, in addition to confidence and commitment, we're also seeing community and what we call "center" or "meaningfulness." I will say that in the YIW initiative that Deborah mentioned at the beginning, we focused on resilience for the emerging adult is specifically getting them to talk about themselves. Emerging adults like talking about themselves and they like talking about themselves with each other. And that was something that Chuck mentioned at the beginning—this issue of self-focus.

So what we do to engage young adults is to get them talking about themselves, in terms of, those different qualities of resilience: community, commitment, confidence and centering. And that generally gets them open to talking about those issues that prevent them from being more engaged and meaningful.

ERIC: So Joel, you're being kind of sly there. You're getting to problems that they have by emphasizing strengths and capabilities.

JOEL: Exactly.

ERIC: You're not saying, "You guys are weak." You are saying, "You, we know you've got strength. Let's talk about that."

JOEL: Exactly. And get them to, sort of, like in a motivational interviewing, sort of, way realize that they are not invincible which is a major . . . I know for me at that age, you know, I had to come to the realization that I wasn't invincible, right. But when they do it with each other in a friendly framework, with a conversation, they generally end up coming to these conclusions on their own. Yes, sneaky, sneaky.

ERIC: Thanks very much. Maybe we should go on to the next topic, Deborah? Hello?

DEBORAH: Yeah. I think we're turning it over to Chuck right now.

CHUCK: Here we go. As I mentioned in the beginning, we're going to do this in three parts. So we've talked a lot about some of the issues. We've, kind of, moved through looking with engaging 18- to 25-year-olds and employers, so we're moving on to some evidence-based innovative workplace programs and strategies to, kind of, round us out in this conversation.

So, for this last section many of you participated in a registration poll and shared with us information about the kinds of interventions you're implementing in the communities where you all work. So a lot of your answers and responses are centered around information-sharing educational programs that you all are seeing implemented, are aware of, or actually helping to promote, as well as environmental strategies around enforcement. Not necessarily all workplace-specific. EAP programs seem to be, again, a very popular response in what you all talked about in those polls, as well as social norms kinds of campaigns that we're operating both in the community and in the workplace.

So, with that in mind, I want to invite the rest of you, what are examples of young adult, workplace prevention programs that you've heard about or have implemented? So in the same way, let's take another quick poll to engage you all and this time it'll be a short answer poll. So instead of selecting an answer, you'll be able to type your answer in, right at the top of your screen where it says, "type your answer here." So again, this could be something you've heard about as a workplace program for young adults, or something that you're implementing yourself, or even thinking about implementing. Again, you can type in a couple of words or a short phrase in that "type your answer" box.

I see lots of stuff coming in, a lot of folks feeling like they want more to learn—more to learn with regards to the types of examples or programs. Everything from wellness, kind of, programs. There's softball and active kinds of exercise programs. Interesting . . . again, lots of responses early on about EAPs and a whole theme there. Similarly, "lunch and learn" brown bag programs are very much a cluster here . . . coping with stress. Again, I love the, sort of, earlier-on distinction about wellness and the ways to frame the work that we're doing as promoting resilience was clearly a theme throughout much of this webinar today.

So, with all of that in mind, I think we'll turn this last piece over and say that I'm hearing that most of the audience is involved in a couple of things. But more of them—the majority of folks—want to learn more. The answer is that we are not sure what to implement. We want to learn much more about that. So, as we move into thinking about selecting workplace interventions so, again, a quick reminder of, sort of, the way we think about the Strategic Prevention Framework and that guidance from SAMHSA and the SPF—or the Strategic Prevention Framework—thinking about effectiveness. In particular, is this intervention effective for this target population? And again, remember we're talking about young adults 18 to 25 years old—think about conceptual fit or influence the selective risk factor, and what's going on, in terms of, what's driving that problem with people in my community. And finally, is there a practical fit? Is it feasible for the workplace? Again, those are some of the major, sort of, ways to think about this issue as we move into this last section. I'll turn it back over to Ted who, again, will frame some of what we know about workplace programs and strategies.

TED: The National Survey on Drug Use and Health looks at four kinds of strategies. They look at having a drug-free workplace program in place. And what I'm showing here is risks of having substance abuse of a worker relative to having no programs in place. So, in maroon the drug-free workplace program is a substantial reduction of marijuana use correlated with that. Simply having an EAP in place, having education programs in place that the employees are aware of, and having drug testing in place—all independently and controlling for one another are associated with less marijuana use.

Significantly, and this is among 18- to 25-year-olds, significantly none of them are associated with less problem drinking in that age group. They are associated, the drug-free workplace program and the EAP, with less prescription drugness use. The other two are not significantly associated. And when you get to opioid pain relievers, none of them are associated with a reduction in opioid pain reliever use among young adults. So, they are more associated among older adults. Now, let me turn it back to you Chuck.

DEBORAH: Okay, the next question is what are examples of either research based, evidence based, or innovative workplace prevention programs, and how do they vary with big businesses or small businesses? Can small businesses afford these things? So what do we know? What's out there? Where do we go?

REBEKAH: I can take this. This is Rebekah. You know, I think there are a number of things out there. I mean, we know there are evidence-based programs and practices that are listed in, you know, SAMHSA's National Registry of Effective Programs and Practices—the NREPP website. And you can certainly type in particular information and you will get some evidence-based programs. And, so we've talked about some of those and we'll continue to talk about some of those. Some of those are also not in there and there are emerging technology-based programs, for example, Web-based programs, that you can answer some questions and get some feedback regarding, for example, your drinking practices and how they compare to other people that are like you. Normative feedback. So, you know, you may think everyone around you is drinking at the same level that you are and it turns out actually they're not if you're a problem drinker. Most people are not problem drinkers and that's where your testers work and the drinkers check-up.

RTI International looked at the use of two technology-based programs. Alcohol Savvy, a program that we had developed and that we adapted for the military as it compared to the drinkers checkup. And it turns out that they were differentially effective. The Alcohol Savvy was designed to address substitute prevention among a much broader audience of those people that were not yet problem drinkers—drinkers check-up will be able to reduce drinking among people who had more problems drinking.

So that's some of, I think, some of the innovative programs. Again, we'll be using technology.

Those programs are available. What's nice about it is they're available anytime, place. They may or may not be very expensive and so, for example, Deborah, you know, small businesses can provide information on how to access those programs for their employees. They can share that information again, about the culture of the drug use is something all employers can

practice, regardless of their size. I know, Joel, you've obviously done a lot of work in small businesses—in particular in restaurants.

JOEL: Yeah, thanks. And also just as a shout-out to SAMHSA, we received funding to develop a small business wellness initiative. And if people are interested they can go to <http://sbwi.org/>. It doesn't really cost a lot. It's just a question of changing the norm and the small business owner's mindset. That's a whole other discussion. I think for the emerging adult we do have an NREPP evidence-based program called *Team Resilience*. And thank you, Rebekah, we did that in restaurants. We did publish critical trial work through the efforts of SAMHSA, and RTI, and Georgia and Ted. Those papers are out there. They have shown we have reduced problem drinking in this age population, and risk for substance abuse, risks for job-related substance abuse, but very quickly we also reduce stress.

And what's important is that we did the trial in such a way, again, thanks to RTI and the complication there from Jeromy (Brey), we combined what's called a longitudinal and cross-sectional study. And what that allowed us to do is to assess the impact of the team resilience intervention on workers who were not even employed at the time of the intervention but were there twelve months later. And what we found is, even if you are not exposed to this type of team-based, culture-based intervention—this is so important—even if you're not directly exposed to it, you can benefit from it because of social dissemination. Which goes back to Eric's comments about, you know, the socialized aspects of this age group.

I just want to let everybody know that these could be very efficiently done. If done well, you can lead to water, grouped by working with social dissemination, social network, social communication, co-action to create that culture that allowed ongoing risk reduction beyond the original intervention.

REBEKAH: Right. And let me just also add to that that SAMSHA is, you know, hugely important here. Because not only do they support the work that we've done but that's a great resource to go to directly for evidence-based programming and hyperlinks to any variety of other programs that might be available in the community. So, I want to make sure that folks recognize that you can go straight to SAMHSA, as well, for lots of great information.

JOEL: I also want to make a note that people who are asking questions that they're not being able to be answered—I'm doing my best to chat with you directly. If you haven't gotten your question answered, we're all going to try to answer your questions. So please make sure that you pay attention to your chat box.

GEORGIA: Also, Eric, I think you have some information related to this issue that you might share with us about online and interactive training of health professionals.

ERIC: Sure, thank you. Something that we have been working on and a number of people have been working on is the development of avatar-based interactive training programs on screening and brief intervention that can be used by preventionists. It can be used by health professionals. One that we just launched three weeks ago is an online interactive training program for military health professionals and behavioral health professionals worldwide, which will train them to

screen active duty personnel for risky alcohol use. A civilian version of this is available out online at expert mentor. But this is only one of many online tools that are out—heck, there must be a hundred, two hundred YouTube videos that show various techniques of motivational interviewing, and screening and brief interventions. The real challenge that we found is not so much the training tools, it is actually getting people to raise the question in the first place and just doing it. You won't find out about risky drinking or drug use if you don't ask. And, we find that many people are uncomfortable about asking.

JOEL: I want to add, Eric, that SBIRT is such an important tool that hasn't even begun to have the impact it could possibly have. So, I just want to give Eric a shout-out for trying to bring that to the workplace. I think that should be emphasized.

ERIC: Thank you.

DEBORAH: Okay. One of the things that I wanted to add to what Eric was talking about is the up and coming, and more and more usage of apps. I know that we've developed an app for fitness of duty. The first one was developed for the military by RTI for younger people and there were a lot of alcohol, and other drug screeners in there, and other resources for early intervention. We don't have all the results of how well these apps work but it's a growing usage as we move on with health reform and other issues in this country to use apps and definitely in this field. Joel, did you have more that you wanted to add?

JOEL: No, I thought Eric might.

ERIC: Yeah just one other brief thing is that we have . . . one of the issues that we've seen often is that people come out of their either undergraduate or graduate programs in social work, nursing, counseling, never having been taught how to bring up the questions about risky alcohol use, or drugs, or prescription medication use—and especially not how to talk to folks who they may see as their peers, I mean, people the same age, people who are drinking like they are. We have a program that we just started with sixty schools of nursing and social work to help infuse adolescent substance use screening and treatment education into their undergraduate and graduate curricula. We think it's really important to get into the training programs that are bringing out the main workforce for our health and behavioral health by helping them get comfortable with asking their patients who may be coming in for, as kind of what Joel was saying, could be for any of a variety of issues or strengths. And just saying, "Hey, do you think maybe your drinking may be an issue here?" So, anybody that's interested, again, we'll send out some resources.

DEBORAH: Thank you. That was an excellent discussion. So, the next question is: So, what should folks be considering when adopting or implementing programs or initiatives with this group?

GEORGIA: Deborah, Hi! This is Georgia. I think this is a good question maybe to use as a wrap up of this really great discussion we're having because, at the end of the day, it's all about how do we get it into a program that can be used. I think that there were some very important points that were made throughout the discussion; some may be obvious, but some need to be

reinforced.

This is clearly a high tech, high touch group—technology is part of the world that young adults live in, and we need to communicate with them in those ways. With that said, it's also important to consider the workplace culture, in terms of, how communication is shared, how are messages delivered, how are expectations set, and how do other health and wellness messages get disseminated in the workplace. So having a full understanding of the cultural context in which these programs are going to be implemented is going to be important. I'll highlight by saying, for example, bringing in a multi-day program that might have strong evidence in organizations that can support that type of initiative may not in fact work in the organization that doesn't have the ability to actually implement that kind of program. So it's important to really pay attention to what's feasible.

You mentioned mobile technologies, Deborah, and the need to leverage those to the extent that prevention messages can be implemented in some kind of social context. I think that's also very important. We've seen that, you know, in many of the conversations we have in workplaces. So that brings me to, you know, an area that we don't talk too much about, which is when you're implementing a program—whether it's in a small workplace, a large workplace—and you take into consideration what are the appropriate kinds of mechanisms—be it a formalized big training program, or a brown bag lunch seminar, or a brown bag lunch conversation—where people just, you know, talk over informal time periods about the importance of performance-based prevention.

Whatever that is, it's important to understand that there's a push and a pull for that, and the push part is those of us that are part of this bringing programs to the work place. Work places are offering trainings. They're offering programs that people can participate in, but there's a pull side as well. And, the pull side is where you begin the conversation and you have young adult champions and other persons in the organization that start the buzz word, right, and they start talking about how this is helping them be successful. That's done through whatever social media connectivity that makes sense in that workplace. It doesn't even have to be in a technology-based forum. It could just be in the context of conversations that have to do with how do you perform your job well.

It's also important to contextualize the message into every day. So, as supervisors or managers are giving feedback to employees about performance, integrating the concepts of overall health and wellness, and safety, and introducing the concepts of being resilient in your workplace improves performance. That message gets parsed differently than if you're just going to a training program. So, those are the kinds of considerations that I think are going to be important for us to bring the message together and I'll open it up to the rest of the group to chime in.

DEBORAH: Well, we have a summary statement that we'd all developed. But instead of doing that, I think it might be nice if each person that was a panelist chime in. Georgia has said a number of good summarization kinds of things to this slide and to the whole webinar, but can each person give us a statement of what you feel the audience should walk away with that are critical issues in this area? And, Georgia, since you just spoke maybe I'll set it on you to say the first statement and we'll see what other people say following.

GEORGIA: Well, I think I reinforced the importance of being holistic in your understanding of prevention. I think that if you're going to do it you need to look at multiple levels and you need to have really a push/pull strategy.

DEBORAH: That's excellent. Okay, Joel, do you want to share what are some of the critical things we should walk away with?

JOEL: I think the value on investment piece this comes from Dr. (Keltner) from the Greater Good Science Center in Berkley. He talks about making that transition from asking the questions, "What's in it for me?" Instead of asking the question, "How can I bring out the best in you?" I think that workplaces are starting to wake up to the fact that millennials really want to focus on the latter question and not just follow the ROI. And so I would encourage people who are listening to start to learn how to help answer that very question because if you go into the workplace and you can say, "I can help you, business owner, bring out the best in your employees" they're more likely to potentially partner, and collaborate, and network with you. So, I would just focus on that value that you can add.

REBEKAH: I'll just stay very brief because I know we're running right up against the end of our time. I think there are ways to talk about making the business case to employers—some of the things, Joel, you just spoken to that, in terms of why they want to engage and then to make sure we understand young adults and the things that motivate them. Eric, you and I both talked about those things, you know, addressing your relationships, their work performance, you know, how they can do their job better, you know, what are the things that motivate them and then to wrap substance use around the Trojan horse approach. Explaining and making the connection between substance use and not being able to meet the goals that they want to make.

DEBORAH: Thank you. Eric?

ERIC: Yeah, one last thing. Joel and others have made this point terrifically, which is motivational interviewing skills work extraordinarily well not only with clients and young adults but they also work well with employers. So, if we're—rather than going in and telling them that we have something that will fix them, rather go in in respectful, problem-solving mode and figure that they've got a lot of the strengths already and you're trying to bring them out. It's a whole different approach and works a whole lot better.

DEBORAH: Thank you. Ted?

TED: Yeah. I'm just going to say that this is tough. There are a lot of resources out there. When we send the resource list we'll also send a lot of resources about working on prescription drug misuse and all the fact sheets on prescription drug misuse are available with your organization's name, and logo, and address added if you want if you email me. We also have a free weekly listserv on prescription risk use and we'll include it in the resources how to sign up for that.

DEBORAH: This is Deborah. I just want to thank the CAPT contract and all of the people

there, and Carol McHale here at SAMHSA, for all their work. And I want to turn it over to Chuck now.

CHUCK: Alright, and thank you very much, all the presenters and Deborah in particular. We also acknowledge we couldn't have done this without the Prevention of Prescription Drugs in the Workplace TA Center and the richness of both your expertise. And, again, your valuable on-the-ground experience with this population and these kinds of interventions. I'm hearing lots of themes today. There was a lot of great discussion, great ideas, and tremendous interest.

I want to acknowledge that, again, for folks to hang out on a webinar for an hour-and-a-half in the afternoon, in the hundreds, suggest that this interest is alive and well and that we will keep this dialogue going. Some of you express an interest in pitching prevention, in addition to some of the resources Ted mentioned. The CAPT will continue to do additional webinars. We have one on pitching prevention that addresses much of those, sort of, "cheat sheet" issues folks were mentioning in the chat, in terms of learning about how to develop their talking points, as well as, part two on this population dealing more directly with the college side—the college population of young adults in early October. Watch for that information.

I want to finally remind folks that, again, in addition to those resources coming out, if you have questions you can contact Molly Ferguson and her contact information is here. And then finally, again, we will invite you all to participate in an evaluation. You can click directly as we wrap this up in the next few seconds. You can click on this Survey Monkey link right here and fill out the application—I mean the evaluation process immediately.

So, again, we value your feedback and appreciate everybody's time—in particular all the presenters who shared, again, their valuable experience. And invite you all to have a fantastic afternoon and please take a few moments and share your feedback.