

Ages 11-17: Understanding the Social Drivers of Early Substance Use Through Interactive Cases

Submission ID	3004054
Submission Type	Workshop
Topic	Cultural Competency including Implicit Bias
Status	Submitted
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SUBMISSION DETAILS

Workshop Summary Yearly, about 48.5 million Americans suffer from substance use disorder (SUD), with teenagers and young adults having the greatest prevalence. Long-term addiction, psychiatric comorbidity, involvement with the criminal justice system, housing instability, and poor educational performance are all closely linked to early substance use. The structural and socioeconomic factors that influence vulnerability and treatment access are frequently not sufficiently addressed by prevention and early intervention initiatives, despite growing awareness.

This interactive workshop uses national epidemiologic data and immersive case-based learning to examine how social determinants of health influence early substance use trajectories. Using our findings from more than 1.1 million treatment admissions from the Treatment Episode Data Set – Admissions (TEDS-A), participants will explore associations between age of first substance use and education, housing instability, employment, insurance access, and criminal justice involvement. The focus of our workshop will be on audience participation, systems thinking, and practical application. In order to understand how structural disparities affect drug use risk, treatment engagement, and long-term results, participants will participate in menti polls, cooperative problem-solving exercises, and small-group discussions.

Attendees will analyze the effects of stigma and systemic injustices, identify common obstacles to prevention and care, and investigate trauma-informed and access-centered intervention solutions for vulnerable populations through interactive learning labs. Additionally, participants will work together to create community-based intervention, preventative, and advocacy strategies that may be applied in clinical, educational, and public health contexts.

Workshop Interaction and Engagement Methods Skill-Building Exercises – incorporating tools such as hands-on training, quizzes, toolkits, worksheets, facilitated small group discussions or breakouts., Digital Interactivity and Audience Response Systems - We encourage engagement using polling and audience response systems. Please inform AAP staff prior to your workshop if you

wish to use one of these methods for learner engagement., Case Discussion - Use of cases to engage the audience in brainstorming about diagnosis, treatment planning, clinical issues.

Interactive Plan Description Throughout the workshop, immersive, case-based, and collaborative learning techniques will be used to engage the audience and encourage active involvement and real-world application. To estimate substance use risk based on socioeconomic variables such as housing instability, exposure to trauma, education, and involvement in the judicial system, participants will first evaluate fictitious cases through a polling exercise. After that, participants will take part in "Choose the Next Step" case simulations, in which the audience votes on intervention tactics at crucial junctures and watches as various clinical and social outcomes unfold in response to their selections. In addition, participants will take part in "Barrier Bingo," an interactive activity designed to identify enduring structural barriers as they appear throughout the cases, such as stigma, transportation limitations, a lack of workers, and a lack of culturally acceptable therapy. In the "Intervention Design Sprint," small groups will develop strategies for community partnerships, screening, prevention, and advocacy for specific community situations, including vulnerable populations. In a thoughtful "What Would You Change Tomorrow?" exercise at the end of the session, participants will choose one specific clinical or systems-level change that they can really apply in their own practice or community environment. Every 7-10 minutes, interactive activities will take place to keep participants interested and promote interdisciplinary dialogue. Interactive exercises, audience engagement, and moderated conversation will take up around 70% of the program. A targeted didactic presentation that provides epidemiologic background, important findings, and evidence-based frameworks to support the experiential learning activities will make up 30% of the total.

Writing Educational Learning Objectives

Please list at least three (3) brief learning objectives below.

Learning Objective 1 Identify key social determinants of health associated with early substance use initiation and adverse long-term outcomes.

Learning Objective 2 Develop practical prevention, advocacy, and community-based intervention strategies to address inequities related to early substance use.

Learning Objective 3 Integrate national epidemiologic findings into clinical, educational, and community-based practice to improve prevention and engagement efforts.