CHPA CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Transcript: Q&A at the "Inside the Teen Brain: Is There an App for That? Forum

EMILY SKOR: We are going to open it up to Q&A. Are there any individuals in the room who have an initial question? If not, I have a few myself.

ANGELA McKEOWN: Emily, from your perspective, what are the three biggest insights from the research?

EMILY: That's a very good question. Maybe I'll answer and then I'll have my colleagues answer as well. We've done a tremendous amount of research to inform this campaign, and maybe I should say a word or two about that. W we made the decision we wanted to educate teens... We had been educating parents for about five years, and we thought, OK, more has to be done because abuse rates aren't going down fast enough. And so when we made the commitment to work with Partnership on Educating Teens, admittedly the companies, who are very good marketers, were very nervous about this effort. Wow! We are marketing to 13-year-olds. God forbid we screw something up. What if we deliver a message, and there's an unintended consequence? They take that message and they take an action that we didn't foresee, that we don't want them to do? So we did almost double the amount of research that you would typically do because we were so sensitive on we want to only target the people who we know are looking for this behavior, and when we meet them, we want to make sure that they understand the messages, that there's a message pull-through, that what they do with that message is the right action, not an unintended action. So that process has been quite a learning experience. I think some of the insights that I gleaned from the initial work and then throughout would be, one, Sean made this point earlier, the fact that they don't want judgment in the messaging. That was very important. We cannot judge the abuser. They will not judge the abuser. They'll judge the outcome of that abuse and the consequence. So we had to work very carefully that we wouldn't be negative toward the person taking these actions. That's something we've tried to stay true to throughout. I have learned, working with Tribal, the speed with which teens are constantly evolving their use of technology is astounding. And I'm going to ask Kenney to talk about that. We started on Facebook in 2012. Well, we had to move because you know what? Parents, you wrecked Facebook for the teens. I hate to say it. We have really tried to follow the teen in terms of their platform, how they want content served up to them. We're making some changes right now even to our website, "What is DXM," because

we've learned how you tee up the information, we can improve that. So that's been another insight. But maybe why don't I ask Sean if you have any favorites.

SEAN CLARKIN: Yeah, I think you've hit on the right points that came out of the formative research that was done. We haven't talked a lot about it, in part just from the declining prevalence, some of the results we've seen from the campaign. And frankly, to me the two kind of surprising things were, first of all, we came into this with a certain amount of apprehension because, given that low prevalence, you ask yourself, "How low is low?" I mean, how much can you drive down, you know, a 5% behavior? And frankly we've been incredibly gratified by the fact that, I think, this strategically right creatively brilliant kind of messaging and engagement with teens has actually been able to do that. And that's been surprising to me. And sort of I think underlining that, when we do the evaluative research on the messaging, you know, one of the key metrics we looks at is intent to use, intent to abuse among the kids who are exposed to the campaign. And there's a large body of research actually indicating that intent to use correlates pretty closely with ultimate use, with eventual use. And we've seen exposure to the campaign really driving down intent to use on a pre-post basis among the target kids, among the fence-sitter kids who are really in the bull's eye of our target. So those results, I think, from the evaluative research I think have been most kind of surprising and gratifying to me.

EMILY: Kinney, do you want to talk a little bit about the evolution of the teen in the digital space?

KINNEY EDWARDS: Sure. You know, teens are ever-evolving, and as we all know technology being a part of teens' lives and so prevalent is evolving at an even faster pace. It seems every year there's something that's bigger, faster, brand-new, and when it comes to teens and their access to technology, it's tricky. Google just recently made it even harder for any site that has information that is not up to spec to actually show up in search results. So we actually have to go back in and retool the site to make sure that when users get to the site, they're finding the answers, they're finding the information that they were looking for. Not just what we want to say, but it is actually paying off because that's what Google's actually measuring these days, so if teens can't find the information or if it's not up to their standards, that actually will hurt us in being able to reach the next teen. So I find that very interesting. I also think we live in much

more of a world where the one-to-one conversation is really, really important. And you have to be able and flexible to tailor your message and tailor the experience to the individual while still keeping the overall integrity of your message in its application. So, it's a very challenging space, and teens are more capable than ever and they're smart, and I think one of the things that we learned coming out of last year's work was that we have to have and raise the bar in terms of our level of respect in what teens are capable of, because they're very smart and very capable and they're aware, they're very aware of when you are trying to message to them and when you're trying to influence them. And they have the ability to retort or to respond to your messaging very quickly through several social channels, which overnight can have an impact on any kind of a campaign. So we have to be very respectful and keep an eye on what we say and how we do it.

EMILY: I would add, it's been a balance for us in terms of balancing answering their questions with knowing there are some questions that we don't want to answer. So when you look at the analytics behind what they're searching and discussing and the specificity with which they're asking about abuse, abuse at what level? How much should I take? What kind of high will it produce? And so we have really pushed ourselves. We've worked with our scientists to make sure that the answers are factual, they're defensible in terms of the scientific literature. But we have to give them some information because if we don't, they will not find us a resource that is helpful and they will immediately turn away from us. So we really kind of pushed our comfort level. There's some things we still won't give them answers to. We will not give them a calculator for weight times amount of medicine and equates to a certain high. There are other websites, however, that provide that information and frankly, that's our competition. So our competition out there in the digital space is the websites that gives them the formula for abuse, so we have to get as close as we possibly can with our content, and then recognize we won't have a calculator on What Is DXM.

MONICA SAKALA: ...teens viewing as their information sources. Who are those trusted sources? Is it us parents, friends, websites? And what does a parent do with that?

KINNEY: I mean, in some cases it's parents, sure. And probably in more cases than parents are themselves aware parents are trusted sources. But often it's peers and online sources. And when Emily talked about, you know, the online competition, you know, sites like Erowid

and places like that are where kids who are interested in this behavior. And that's, again, not the whole universe of kids. But kids that are very interested in this behavior are going to be able to find that kind of information online.

EMILY: Darby, did you have a perspective on who is a trusted source for the teen?

DARBY FOX: A trusted source for the teen is most likely one of their friends, someone that has some experience. Unless we as parents have grown up talking to our kids and asking them questions... Kenney touched on something really important--that they have to trust that we're not just going to judge them and that we respect their ability to process and kind of make a decision. And we don't do a great job of that. So when we're looking for them to trust us, if we are just acting as a punitive person in their lives, they're not going to come to us. So I would say they would go to their peers, and that's why it's critical that your information is really targeted at that group.

EMILY: Kareemah, do you want to add anything?

KAREEMAH ABDULLAH: At CADCA we train thousands of young people annually, and every time at our engagement do have conversations about where they get their information and who they trust. And their number-one answer is generally, really is they trust their peers, except in the cases where the social development strategy is working at its best and you are engaging young people as I spoke about a little earlier. Then when they're bonded to caregivers, then those caregivers become their trusted sources. When they're bonded to their parents, their parents become their trusted sources. When we're looking at young people who are engaging in problem behavior, the high majority of them, their trusted sources are other young people who are engaging in the problem behavior.

EMILY: I have got a question for Jennifer. "Where shall I encourage my readers or friends to go to find more information about teen cough medicine abuse? What information sources do you trust online?" So this is a parent resource. Well, I'll answer initially. Stopmedicineabuse.org. That's quite self-promotional, but that is a resource. We also, very intentionally we have information on stopmedicineabuse.org, but we also feature guest bloggers and other expert opinions. So one thing that we try very hard to be up front about is

we know a lot about our medicines, but we need partners who understand how teens work, how the parent-teen relationship works, what happens out in the abuse world, what happens out in the teen marketing space. So we try to feature our partner voices on stopmedicineabuse, but I open it up to our other panelists for additional resources for parents.

SEAN: Sure. I think stopmedicineabuse is going to have deeper content on the behavior of dex abuse, but again, self-promotionally I'll direct folks to drugfree.org where parents, educators can get information on what to do about this and what to do about it in the context of other substance abuse and teen behavior generally. So I think that's maybe a good combination.

KAREEMAH: I would add that in the coalitions that CADCA support, parents are a very critical component of those coalitions. And for more coalition-focused information, preventrxabuse.org is a trusted source and the National Medicine Abuse Awareness Month, there's lots of information that will be going out and CADCA can be contacted again at 1-800-54CADCA.

EMILY: Great promotion, panel.

SEAN: One more. Since we're covering the waterfront, let me mention the Partnership of Medicine Abuse Project, which actually addresses prescription medication abuse and over-the-counter abuse and which zeroes in a little more narrowly on that behavior.

EMILY: So a lot of resources, parents. I'm going to add a statistic...this is one of the first pieces of data that really hit home with me when I started this effort for CHPA four and a half years ago. It is a Partnership statistic. Teens whose parents talk to them about drugs are half as likely to abuse. Parents, you have the power. When we focus grouped with parents and we threw out this piece of information, what they came back to us with is, the more you empower me to feel like I can play a constructive role in the teen, the more likely I will try to play a constructive role and have these tough conversations. So, Darby, you want to expand on that?

DARBY: I do want to expand on that because that is the most important piece. And what I want to urge the parents is, once you get the information, that's not enough. It's not enough to keep the information and then wait and punish your child after they've done something. You need to have that conversation with them about are you aware of this? Do you know who else is doing

it? Let's watch this...watch the "what is dxm" app, look at the robots, go through it with them, and help them process it. And that is the most important piece you can do is show your kids that you're aware of what is going on, what is out there, and thinking through how to prevent it. And that gives them security. They still are very young and they don't know, even though they act very cool, and they then get this sense that you actually trust them and they can have a conversation with you. If you have an open communication and a trusting bond with them, we're a lot less likely to see any kind of abuse.

EMILY: Darby, I'm going to push you a little bit deeper on that. If a parent is wondering, OK, but when do I have the conversation? Is it at the dinner table? Is it in the car on the way to soccer practice? Is it before they go out Saturday night? If you were to give parents some tips in terms of how to actually broach that conversation, what would you suggest?

DARBY: I feel the best time is when you're lying around on a Sunday afternoon watching TV or you're catching up on your iPad and they're watching a football game--sort of make it very natural, but "look what I came upon," "what do you know about this?" Have an open conversation, not a lecture. So if you're lecturing at the dinner table or if you're telling them right as they're about to go out on a Friday night, they don't hear it. You got to remember, they are thinking, what am I going to do tonight? How much fun is it going to be? They're not thinking, what's the risk? They're thinking, OK, Mom, be quiet, I got to go, and they're getting texts and people are raining in. They are not paying attention to you. So you want to have it in a really open-ended way at a time when it seems like it's a natural conversation and not a lecture.

MONICA: I was sort of wondering, and this might be repetitive, but when you're talking about the messaging of consequences, Sean, do you they want to hear that from parents when you position it as the outcome? Are they receptive to that? Or is that the kind of thing that they most want to hear from the app or their peers? Right? I mean, I'm thinking of the mechanics of these conversations you're having--is the consequences language viewed by teens from their parents as not preachy?

SEAN: I'm going to say it depends I think on...particularly a behavior like this where I think what we learned from the qualitative was that the consequences that are meaningful in this

context are the short-term consequences: getting sick, looking like a jerk among your peers. And that's a consequence that they're only I think going to absorb in a peer-to-peer context, which is why we've tried to make the messaging feel very kind of peer-to-peer and reach them on their level. I think sometimes where, frankly, the risks of abuse are more serious, you know, prescription pain relievers, meth, go down that list... I think there may be a greater receptivity to hearing about longer-term consequences or serious physical consequences from a parent. It doesn't mean the parent shouldn't be talking about all of these behaviors, but I think, again, what makes these consequence messages credible is that they align to some degree with what the kid observes in their social surrounding. Is that responsive to your question?

DARBY: And I would like to add to that if possible. In working with drugs or any kind of behavior, even working with children--I have a lot of adolescents with ADD, whatever. We don't tell them what it is, what actually is--the piece I spoke about the brain, where things happen and what's going on. A teenager really wants to know that you're not just saying "don't do that." There's a consequence. That means nothing. If they can grasp, OK, that makes sense. This cough medicine, if it suppresses my cough, oh, my God, that's kind of scary, then my heart rate is lower. Then they have this ability to start the process and make a decision. We need to give them the actual facts, and then they have an ability to start to adjust, and that's really important. They do have the intellectual ability.

EMILY: I would say, Darby, what you're saying, we're seeing so much of that reflected in some of the digital information that we're gathering. They want to know, they want specific answers, so we have to be prepared to give a more intellectual and robust answer, as opposed to, "Well, it will make you sick."

SEAN: And when I said "aligning with their sort of experience," I think often to be able to point to examples, um, of older peers, older siblings, family members who have, you know, encountered difficulty with substance abuse over time, can help--and not in an accusatory way, but that's what we're talking about when we say, "This can have consequences that you may not immediately understand, but look at that."

ELLEN WILLIAMS: I think this is mainly directed to Kareemah. How do you mobilize the teen leaders to get involved? How do you gain, how do you go in and gather these kids to do this and get them involved in their communities?

KAREEMAH: Thank you very much for the question, Ellen. Fortunately we are a nation of community coalitions, and our coalitions, particularly those who are funded by the Drug-Free Community Support Program, are required to have 12 sectors as members of their coalitions with youth being a very critical key sector. So our adult coalition advisors are looking for opportunities to develop the skills of the young people who work within the coalition construct. And when they come to our--we have two main events annually: the National Leadership Forum which is held every February here in Washington, D.C., and then the Midyear Training Institute, which is a comprehensive four-day training experience that moves around the nation--young people come with their coalition advisors to those training events. We also go to communities where we're invited because young people are interested in getting the skills to become change agents in their local communities and working with their coalitions. We also go to a lot of events and talk to young people, share what we do, and they become interested. Word of mouth has been tremendous for us. For young people who have come, received the training, then they go back, they talk to their peers, and as a result, we have repeating young people who have been coming to our events since they were 12 or 13, and now they're graduated from Georgetown with a law degree.

ELLEN: So this is something that students or schools that are interested, can get your contact information and contact you and say, "We want to be a part of this. How can we pull you in? How can you pull us in?"

KAREEMAH: Absolutely. Absolutely.

EMILY: Do you have any additional questions?.

ATTENDEE: More to do with the app. I find that so intriguing. Are there other drug prevention groups that have taken this approach of using an app to promote their message?

KENNEY: ...(indistinct, away from mike) Sorry, I was mikeless. We haven't seen an app take on the same approach just yet, I think. So we were able to find a unique niche to fall into and be a first.

EMILY: Are there any other questions? I'm going to kind of turn to the panelists. We have just a few minutes left. Are there any closing thoughts you might have individually that you want to expand upon? Anything that we've talked about in the past hour and a half?

KENNEY: I'll give you one.

EMILY: OK. Thank you, Kenney.

KENNEY: I just can't stress enough that behavior is something that's really powerful, and I think, as parents, as peers, as community leaders, we have to make sure that we're paying attention to the behavior and what's happening in our communities, in our homes. And don't just keep that to yourself. You know, share it with others. If you are seeing certain behaviors or things that seem out of place, it's important to share that, it's important to share that knowledge because I think collectively the sharing of knowledge makes us all stronger and better equipped to handle anything like this.

EMILY: I would expand on that a little bit, but thank you, Kenney. That's a good point. We talked a lot about the importance of peer-to-peer influence among teens. That is as powerful among the parent community. So we did a lot of research in terms of what are the most influential sources for parents on this topic of teen decision making and abuse. Well, it's fellow parents, it's people like you. So on our educational efforts on the parent side, we complement that with engaging other parents so that you can hear from someone who has previous experience, some first-hand experience of "my teen went through this, and this is what it was like for me." So much of what we try to do is empower parents and then get them not only to talk to your teen but talk to one another as well because that can be very effective. Any other thoughts?

KAREEMAH: I would say, stepping outside of my responsibilities at CACA and just speaking of the mother of four adult daughters who are all drug-free, if I were to answer the question "Is

there an app for that?" I would say absolutely there's an app, and the app is engaging young people in a way where they're strong and powerful and being parents who are seekers of information but also users of what they find so they can engage with their young people in such a way that they're able to help them navigate the context, the social constructs within their community and within the environment in which they live so that they can make the decisions and at the same time recognizing that each person, each young person is different and that we must be able to identify those characteristics and those things that trigger them to make the kinds of decisions and the choices that they make is a really important role. Sometimes as parents we try to make our children be who we are or be like us, and the prophet Kahlil Gibran says that our children don't live in the past. They live in the future, in a place that we cannot even imagine in our dreams. So, while we seek sometimes to make us more like us, we have to seek sometimes to be more like them, being able to help identify the attributes that make them the best they are. So, I really am a champion for the things that parents can do to have a positive impact on the way their young people interact and navigate the difficult times, recognizing also that there's a change in the generations. I think it's important right now for parents to understand what motivates the millennium child, what motivates their teen. So the research that CHPA has been doing around this, making sure that they're basing their actions on informed data, is really, really critical, so I hope that parents reach out and get what they need to help them in their roles so that we all can be the best we can be.

EMILY: I don't think I can top that. We're going to end on that high. I have to say, I've been working on this campaign for 4.5 years. I am almost more inspired at this moment, then--wow, that was impressive. Thank you. I, in the past hour and a half, have a newfound respect for the teens, so when my 5 and 7-year-old are a little bit older, I'm going to tap into that as a parent. I can't thank my panelists enough. This has been truly a wonderful experience. Thank you to our audience--our virtual audience, our live audience. I hope you've found us worthwhile and walked away with one or two little nuggets of information. So with that, I think we'll conclude our morning. Thanks, everyone.

(applause)