

NFSTAC PRESENTS

Marijuana

What Parents, Schools, and the Healthcare Workforce Need to Know to Help
Protect Children, Teens, and Young Adults

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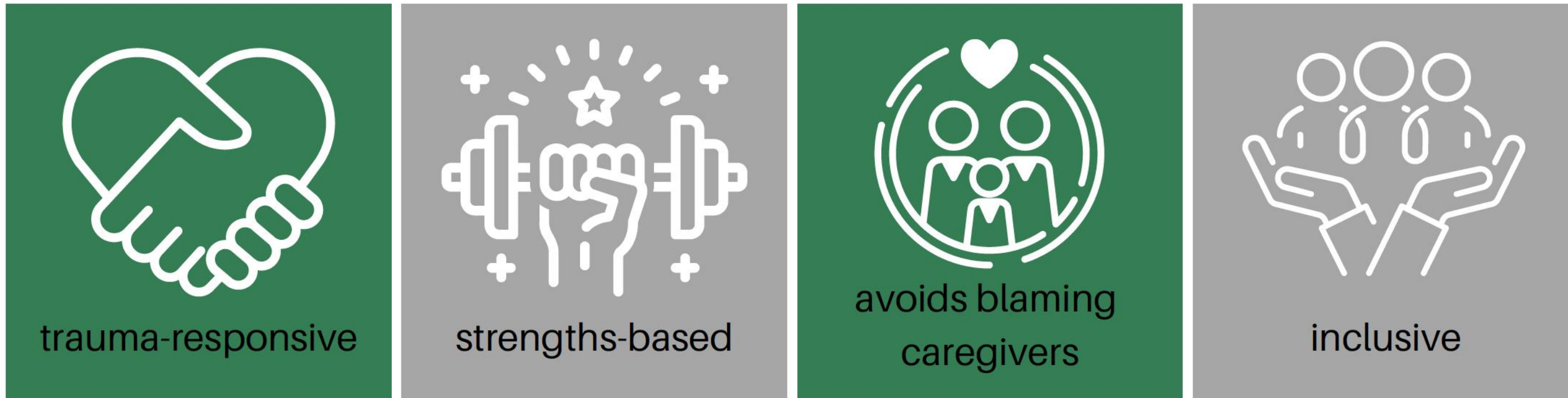
May 17 2023

2:00-3:30 ET

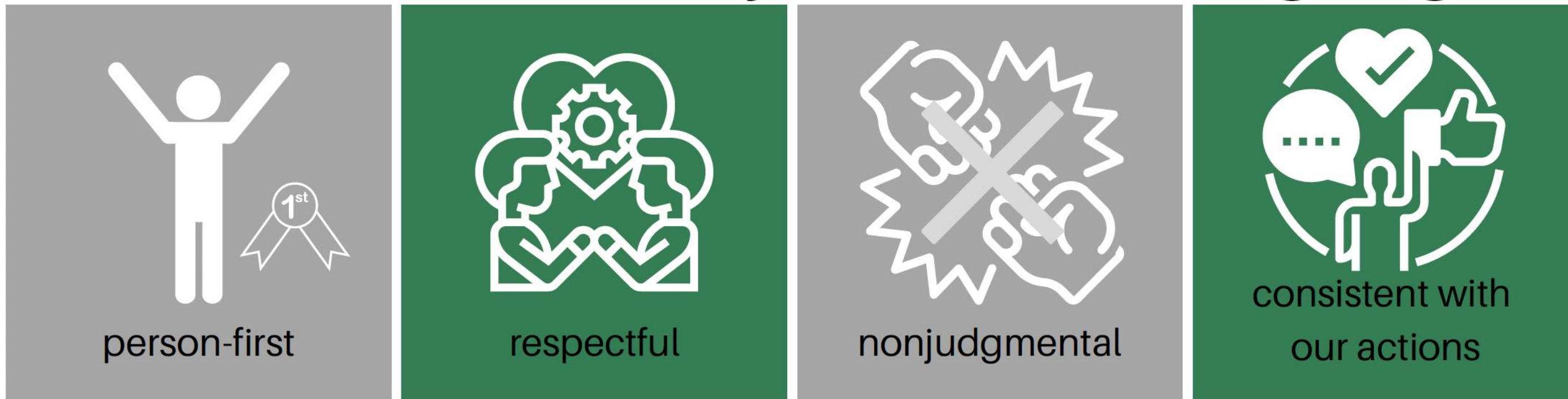
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The National Family Support Technical Assistance Center of Excellence (COE) Grant #1H79F6000160-Fam-CoE is supported by SAMHSA of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award with 100% funding by SAMHSA/HHS.

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NFSTAC uses family-centered language!



What to know about youth marijuana use

- Marijuana basics
- How many young people use marijuana?
- Why do young people use marijuana?
- Marijuana policies and laws
- Why be concerned?
- Safeguarding young people: parents, schools, health care providers



Edwin Remsberg /The Image Bank via Getty Images

What is marijuana?

- A mixture of dried, shredded flowers and leaves from the cannabis sativa plant (hemp), which contains roughly 400 chemicals
- Its most commonly used by-products are hashish and marijuana
- The main psychoactive chemical in marijuana is THC (delta-9-tetrahydrocannabinol)
- Also referred to generally as cannabis
- Delta-8 THC is another ingredient in the cannabis plant and concentrated amounts of it are also used for psychoactive purposes
- CBD comes from the same plant but is not psychoactive

Modes of use

- **Smoked:** inhaled via a joint (rolled in paper), a blunt (rolled into tobacco leaves), a bong (glass pipes), a bubbler (a mini bong) or a hookah pipe
- **Vaped:** devices with liquids or cartridges that contain high doses of Tetrahydrocannabinol (THC – the psychoactive ingredient in marijuana) and other chemicals
- **Dabbing:** Waxy concentrated high THC marijuana - hash oil – that, when heated, creates an aerosol that is inhaled
- **Edibles:** Dried cannabis or oil concentrates baked or infused into snacks and candy products – often in high THC doses



Clockwise: Cappi Thompson/Moment via Getty Images; Richard T. Novik/The Image Bank via Getty Images; Shanecottee/iStock via Getty Images; Utkarsh Sharma/iStock / Getty Images Plus via Getty Images



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Synthetic marijuana

- Also known as spice or K2
- Dried plant matter that has been sprayed with a man-made psychoactive substance chemically similar to THC
- Newer versions, such as THC-O, are synthetic cannabis compound derived from hemp that are 2-3 times more potent and psychedelic than delta 9-THC
- Use of synthetics can lead to unpredictable and severe effects, including extreme anxiety, paranoia, vivid hallucinations, rapid heart rate, vomiting, violence, and suicidal thoughts



Busliq via Shutterstock

How many young people use marijuana?

- Marijuana is the most widely used drug among teens and young adults
- In 2022, among 8th, 10th and 12th graders combined, 24.4% reported use in their lifetime, 19.4% in the past year, 12.3% in the past month, 3.2% daily
 - 9.6% reported vaping marijuana in the past month
- In 2021, among young adults aged 19-30, marijuana use reached historic highs with 29% reporting use in the past month, 11% daily
 - 12% percent vaped marijuana in the past month
- The majority (60.3%) of people who reported using marijuana for the first time in the past year were under 21 years old

Why do young people use marijuana?

- **Peer influence:** Having drug-using peers is one of the strongest predictors of a young person's likelihood of trying a drug
- **Misinformation:** Society tends to glorify marijuana use and downplay its harms.
 - The availability of medical marijuana and efforts to legalize recreational marijuana contribute to youth perceptions that marijuana is harmless
 - In a survey of teens, 33% reported that their main source of information about drugs is social media, other teenagers or the internet – largely unreliable sources
 - Misinformation leads youth to think that marijuana is harmless

Why do young people use?

- **Adults' attitudes and behaviors:** Young people are more likely to use marijuana if caregivers are lenient about marijuana use, model unhealthy drug-related behaviors, allow youth to use with them or in the home, and do not communicate openly and honestly about the risks of use or their expectations that children should not use at all
- **Mental health problems and stress (“self-medication”):** Some young people think marijuana will help relieve feelings of depression, anxiety or stress. To the contrary, marijuana can make existing mental health problems worse, and heavy long-term use increases risk for schizophrenia and suicidality and worsens symptoms of other mental health challenges
- **Sleep:** Some young people believe marijuana use will help them sleep. In fact, research shows that heavy use increases

Marijuana policies and laws

Federal law:

- The possession, sale, and cultivation of marijuana is illegal under federal law
- Classified as a Schedule I substance by the DEA, meaning it is viewed as highly addictive with no currently accepted medical use
- Decriminalized on the federal level

State laws:

- As of May 2023, 22 states, 2 territories and DC have legalized marijuana for adult, personal, nonmedical use
- 38 states, 3 territories and DC have legalized medical marijuana
- 31 states and DC have decriminalized low-level marijuana possession offenses
- ~~All states allow the use of some form of cannabidiol (CBD)~~

What does legalization mean for young people?

- Normalizes use, reduces perceptions of harm, and eases access
- In states that have legalized, rates of initiation of use among adolescents are higher than the national average in this age group
- Legalization is associated with:
 - increased rates of adolescent marijuana use,
 - increased rates & intensity of young adult marijuana and other substance use,
 - Increased risk for marijuana use disorder among youth and increases in pediatric unintentional exposures/poisoning leading to hospitalization
- ~~False sense of security of safety of THC-containing products – most are not well regulated~~

Commercialization targets youth

- In the U.S., legalization of addictive substances takes the form of commercialization
- Allows profit-driven industries to produce, package, advertise, and sell marijuana at the expense of public health
- We have repeatedly seen how industries selling addictive substances that are legal for adult use (i.e., alcohol, cigarettes, vaping products) have targeted youth through product design, marketing, and placement of retail outlets and advertisements
- The marijuana industry, which includes many of the same players as the tobacco and alcohol industries, is already using similar tactics to target young people
- Products available in sweet flavors, packaged in ways that appeal to youth, infused in candies and other snacks, labeled with health claims, marketed as cool and fun, endorsed by celebrities

Youth perceptions of risk & harm



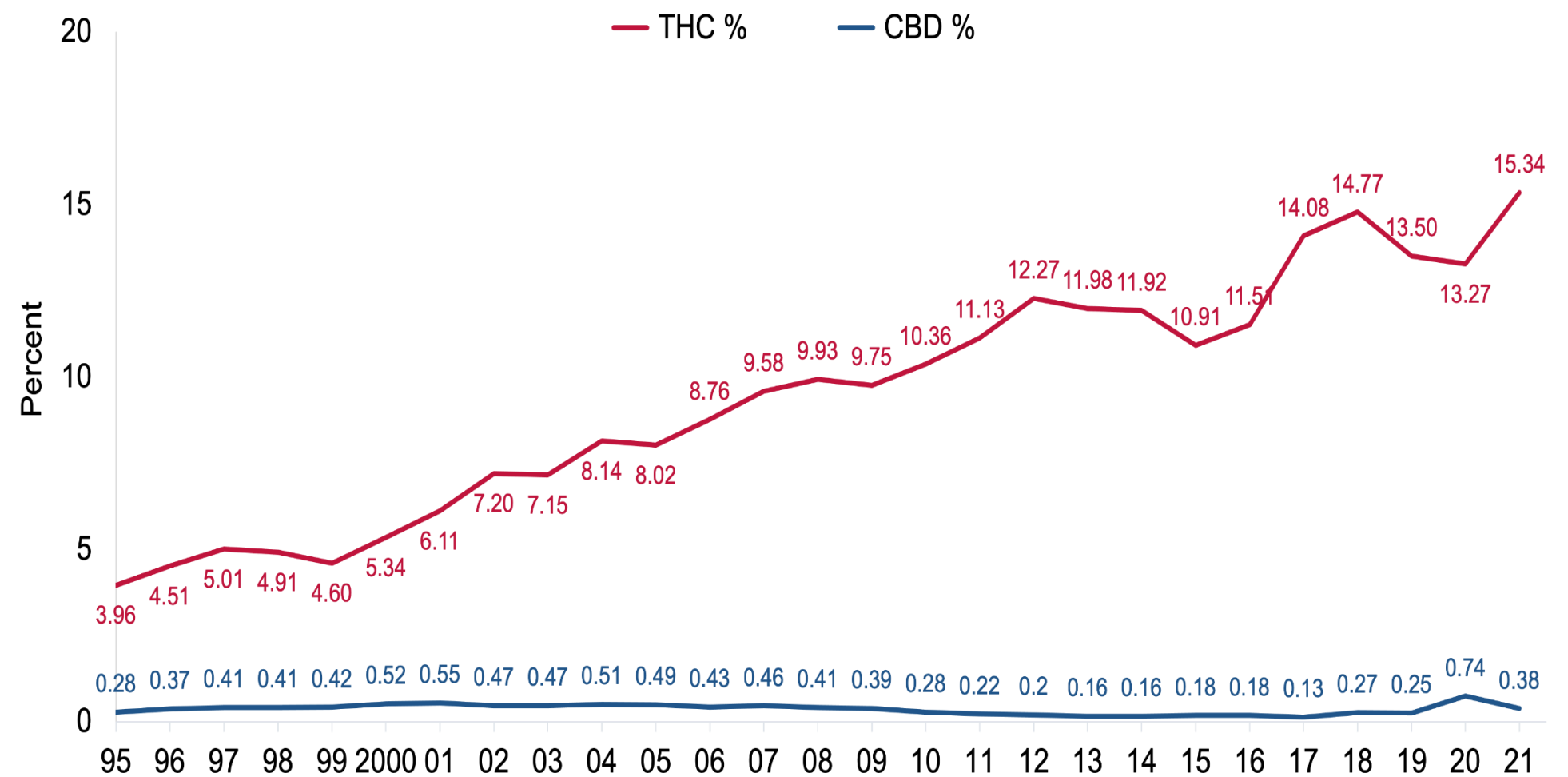
| | 8 th Grade | 10 th Grade | 12 th Grade |
|--|-----------------------|------------------------|------------------------|
| Would be “fairly easy” or “very easy” to get | 26.7% | 47.5% | 69.6% |
| See “great risk” in: | | | |
| Using marijuana once or twice | 18.8% | 16.9% | 10.0% |
| Using marijuana occasionally | 28.2% | 22.6% | 12.7% |
| Using marijuana regularly | 51.6% | 41.0% | 21.6% |

Why be concerned?

THC potency:

- Increased steadily over past 25 years, nearly quadrupling (from ~4% to ~15%)
- Marijuana products favored by young people (i.e., concentrated in vapes & edibles) have upwards of 90% THC
- Higher concentration of THC associated with increase in marijuana-related ER visits
- High potency marijuana associated with increased risk of addiction, psychosis,

Percentage of THC and CBD in Cannabis Samples Seized by the DEA, 1995-2021



SOURCE: U Miss, Potency Monitoring Project

Why be concerned?

Harms brain development:

- Adolescents and young adults are the most vulnerable to the effects of marijuana
- Directly interferes with brain development, especially the parts of the brain responsible for decision making, memory, attention, impulse control
- The use of any addictive substance during this developmental period significantly increases lifetime risk of other substance use and addiction

Unpredictable effects:

- Can affect people differently, making it hard to predict the reaction that any one individual will have
- Can produce effects similar to a depressant, a stimulant or a hallucinogen, depending on the THC dose and individual differences

- Effects can be amplified and more dangerous when combined with

Why be concerned?

Impairs driving:

- Like alcohol, marijuana causes disorientation and impairs judgement, lane tracking, reaction time, and general motor skills
- Drivers involved in car crashes with high levels of THC in their blood are 3-7 times more likely than drivers not under the influence of alcohol or drugs to have been responsible for the crash
- The number of drivers found to have marijuana in their system now surpasses the number who tested positive for alcohol

Used with alcohol:

- Many young people use both alcohol and marijuana – dangerous because judgment is more impaired and it can make it easier to drink until high blood alcohol levels are reached, as the body defense of vomiting when drunk may be muted by marijuana

Why be concerned?

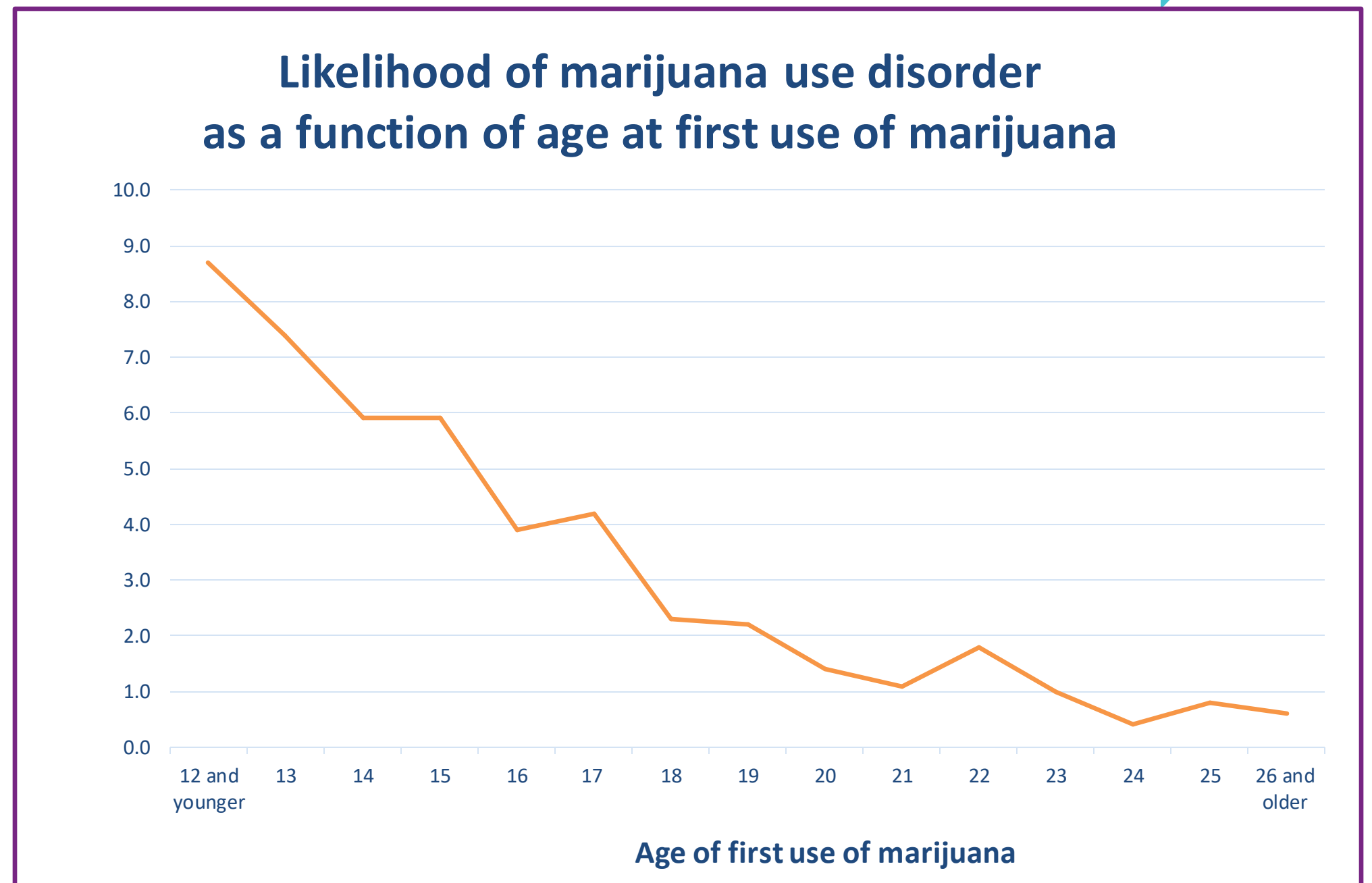
Physical and mental effects:

- Smoking marijuana may increase the risk of chronic cough and bronchitis and worsen symptoms of asthma
- Increases risk for cannabinoid hyperemesis syndrome (CHS) – uncontrolled vomiting and abdominal pain that can last weeks – mostly affecting youth who use frequently and use high potency THC products
- Impairs learning, concentration, memory, attention → affecting school performance
- Can magnify the effects of anxiety and depression, including panic attacks
- Increases the risk of schizophrenia or other psychoses, with highest risk among frequent and long-term users, especially in genetically predisposed individuals

Why be concerned?

Early use increases risk of addiction:

- Individuals in late adolescence and early adulthood who use marijuana are at the highest risk of developing a marijuana use disorder/addiction
- People who begin use before age 18 are 4-7 times more likely to develop a marijuana use disorder than those who



Why be concerned?

Added risk of vaping marijuana:

- Vaping THC does not produce the telltale smell that emerges when smoking marijuana; therefore, can be used discreetly, escaping the notice of adults, and used more frequently throughout the day
- Most marijuana vapes have higher concentrations of THC than smoked marijuana

Laced marijuana:

- Many marijuana products are not well regulated
- Laced samples of marijuana have been found to include a variety of dangerous and toxic additives that can cause seizures and damage to the brain and lungs

EVALI (E-cigarette or Vaping product use Associated Lung Injury):

- Severe lung injuries and deaths associated with vaping laced or very high THC products

• Symptoms include shortness of breath, weight loss, night sweats, fatigue, gastrointestinal problems, low oxygen levels and in severe



How Parents Can Help Protect Children, Teens, and Young Adults

How parents can safeguard youth

Know the facts:

- Stay informed with valid, up-to-date information about the risks of marijuana, how it is used, and what puts some young people at increased risk
- Be prepared to answer young people's questions honestly and credibly and listen more than you talk
- We want kids to go to trusted adults with questions rather than seeking information from less reliable sources like friends or social media

Talk early and often:

- Take opportunities to bring it up in conversation – e.g., when hearing news stories, seeing ads, seeing someone use marijuana or smelling it in public
- Listen to your child, understand their perspective, and avoid

- Focus on health and safety, not threats and punishment

How parents can safeguard youth

Try to understand their why:

- Young people use for different reasons - social pressure, curiosity, to cope with stress, anxiety or depression - ask why they use or are considering using marijuana
- Discuss other healthier ways of meeting those needs or managing those feelings

Reality check:

- Challenge their perceptions of what is 'normal' – many young people (and parents) overestimate the number of young people who use marijuana, which increases the risk of use

Convey expectations:

- Be clear about expectations that they will not use, but also that their health and safety is of primary concern

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- It's important they know that you'll always be there for them if they're in an unsafe situation or want to get help or cut back

How parents can safeguard youth

Have realistic consequences and offer positive reinforcement:

- If you choose to set consequences for use, make sure they are not overly harsh, punitive, or long lasting and be sure to follow through
- Be consistent with partner
- Try to encourage healthier choices and reward your child for taking advantage of other means of having fun and alleviating stress

Be a positive model:

- If you have a cavalier attitude about marijuana use, they will too
- If you model using marijuana or other substances to relieve stress, as a coping mechanism, or to have fun, your children will get the wrong message
- If you do use, keep all drugs and paraphernalia out of your child's sight and reach

How to talk about marijuana

Conversation tips:

- Find a relaxed time (that is limited) and a comfortable setting – a car ride, a walk, while having a snack – rather than calling a formal meeting
 - Start from a position of objectivity and openness, rather than judgment and blame
 - Take your child's perspective – marijuana is highly normalized nowadays and use may be common among their peers
 - Talk the way you'd want to be spoken to; stay calm; convey attentiveness, curiosity, respect, understanding
 - Listen, don't lecture
 - If it's not going well, end it and try again another time
 - Keep conversations brief, but have them often (not a one-time thing)
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- Explain the importance of delaying use for as long as possible to allow for healthy brain development

How to talk about marijuana



Marijuana Talk Kit

What you need to know
to talk with your teen
about marijuana

Partnership
to End Addiction

How to talk about marijuana

Your teen says: “I know, I know. You’ve talked with me about this before.”

YOU CAN SAY

HERE'S WHY

“I know we’ve had conversations about drugs before, and I’m sorry if you feel like I’m being a nag.”



Taking responsibility and acknowledging a teen’s feelings is an effective way to reduce resistance.

“I want us to be able to discuss topics because I love you and I want to help during these years when you’re faced with a lot of difficult choices.”



This statement shows compassion for what they are going through.

“My concern is that things are changing quickly with some states legalizing marijuana, and that’s why it’s important that we talk about it. Would that be okay?”



Asking permission is essential to open communication, and makes your teen feel empowered within the dialogue. Be prepared for a possible response of “NO, I don’t want to talk.” If this happens, ask why. Then have them suggest a time when they would be willing to talk.

How to talk about marijuana

Your teen says: [nothing]

YOU CAN SAY

“What do kids at your school say about marijuana?”

“Who do you know at school who smokes pot? What did they say about it?”

“Why do you think tobacco companies want to get into the marijuana business?”

“Have you ever been offered marijuana?”



HERE'S WHY

If you find it hard to get your teen to start talking, try asking questions about their friends or classmates. It may be easier for them to open up about someone other than themselves. This can lead them to share their thoughts with you.

If they don't want to talk, remind them that you're there for them when they have things on their mind.

How parents can safeguard youth



If concerned about use, look for signs:

- Set the stage early for open and honest communication
- Be aware of your child's feelings and behaviors so you can intervene effectively
- Be alert to negative changes in appearance, mental health, behavior, social relationships, academic or work functioning, as well as signs of money problems, odor on clothing or belongings, changes in eating patterns, inappropriate laughter
- Even children who seem healthy and fine socially and academically can be using marijuana – try not to take the 'not my kid' or 'good kid' stance
- Instead of resorting to testing, be awake and aware when a child

comes home from a social event to monitor changes in appearance, demeanor or behavior and have conversations when not in the heat

How parents can safeguard youth



If your child is using:

- Find a calm, quiet time to discuss it and understand their motivations
- Address reasons for use and how they might be addressed through healthier means
- Clearly reinforce your expectations and enforce previously determined consequences
- If it is affecting your child's health, relationships, academics, work or daily functioning, or if it is becoming routine, seek professional help
- If you're not sure where to turn or what kind of treatment might be needed, ask your child's doctor or search a reliable resource, such as the federal government's: www.findtreatment.gov or www.FindSupport.gov

• To get support for addressing a loved one's use,

How parents can safeguard youth

What not to do:

- Do not dismiss it as typical youth behavior – most young people do not use
- Do not assume it's a phase that your child will grow out of or that it's a harmless rite of passage – 90% of people who become addicted began use during adolescence
- Try not to admonish or punish your child – marijuana use is a health problem and should be addressed as you would any other risk to your child's health or safety
- Try not to let the discussion dissolve into a useless standoff – choose the right time to talk, when everyone is calm and the conversation can be productive
- Try not to make your child feel that they're bad – understanding the 'why' is essential to helping your child stop using – and 'good kids' use

- Don't blame yourself – families are up against many forces when it



How Schools Can Help Protect Children, Teens, and Young Adults

How schools can safeguard youth



Start early and offer comprehensive, age-appropriate, health-based prevention:

- Schools are optimally situated to offer effective prevention throughout a child's development and academic career – that's where young people spend the most time
- The earlier prevention efforts begin and the more comprehensive they are, the more effective they will be
- Prevention should target the personal and environmental characteristics and circumstances that contribute to a student's later risk
- Research-based tools and programming should be utilized
- Prevention should go hand-in-hand with promotion of social and emotional skills

• Youth substance use should be addressed primarily as a health and safety issue rather than a disciplinary issue

How schools can safeguard youth

Educate and inform students (and faculty and parents):

- Students should see their school as a credible and honest source of information about marijuana and other substances
- Information can be shared with students through:
 - formal evidence-based substance use prevention programming,
 - integrating it into lessons within the academic curriculum – including science, health, history and literature – and in extracurricular clubs, programs and public service engagement,
 - peer education and support,
 - educating parents and other caregivers in the community to ensure consistency between messages students get at school and those they get at home

How schools can safeguard youth

Set and communicate clear expectations and policies:

- Involve trained, qualified counselors and other developmental, substance use and mental health experts in establishing policies and in planning monitoring, intervention, and support strategies
 - Policies and practices should be based in research and science
 - Focus on policies that support student health, social development, and academic achievement rather than those geared toward punishment
- Clearly communicate to students, faculty, staff, and families the school's substance-related policies and available supports for those in need of help
- Consistently and fairly implement the school's policies across all

students

How schools can safeguard youth

Reduce exposure and access:

- Advocate for community regulations to restrict youth access to marijuana
- Educate students and families about the dangers of unintentional exposures and poisonings related to marijuana in childhood; encourage parents and other caregivers to store marijuana products out of sight and out of reach of children if these products are kept in the home
- Reduce opportunities to use on school grounds or at school events

Reduce marijuana's appeal:

- Offer opportunities for 'natural highs' – engaging school, after-school and weekend activities and safer 'risky' or challenging activities
- Enhance opportunities and incentives for students' civic

engagement and volunteering to give a sense of purpose, belonging and future-orientation

How schools can safeguard youth



Address risk factors:

- Screen for and address students' mental health and behavioral problems
- Reduce school stress
- Identify and address changes in academic performance and school attachment
- Identify and address instances of student victimization, bullying, and trauma
- Identify and provide services for students who have experienced repeated or frequent moves or other disruptive life transitions

How schools can safeguard youth



Foster and promote protective factors:

- Ensure each student has a trusted, positive adult role model (mentoring program)
- Facilitate students' ability to spend more quality time with family by encouraging family participation in school assignments, activities and school-community events
- Teach and promote effective time management and study skills
- Incorporate social-emotional learning into daily activities to help develop impulse control, coping skills, executive functioning skills and social-emotional competence
- Offer media literacy training so students can be critical consumers of pro-marijuana marketing, news and entertainment media

-
- Advocate for community efforts to sustain safe neighborhoods and reduce crime

How schools can safeguard youth



Engage families and community:

- Collaborate with families and community partners to encourage healthy behaviors:
 - Provide information and education to parents about youth substance use, how to reduce their child's risk, signs of use, and how to respond
 - Develop a list of resources that families can access
 - Involve parents in school activities when possible
 - Facilitate consistent communications via meetings, newsletters, emails
- Work with community organizations to provide healthy, fun, substance-free activities that are supervised by adults
- Be a trusted resource for referrals to effective, affordable counseling

How schools can safeguard youth



Foster peer-to-peer support:

- Young people often respond better to guidance from their peers than from teachers or other adults
- Peer-to-peer intervention can help successfully sway youth attitudes about marijuana use and can help to promote protective strategies among students

Collect data and adjust programming as needed:

- Collect data on the types of addictive substances students are using
- Track trends in use to help inform schools' intervention efforts and policies
- Address emerging trends and adjust policies and practices to meet student needs

How schools can safeguard youth

Know the signs of student marijuana use:

- Changes in mood or affect (increased irritability, indifference, paranoia)
- Physical changes like bloodshot eyes, lack of coordination, slow movement
- Loss of interest in academics, extracurricular activities, friends, hobbies, sports
- Lack of focus, poor class attendance, low grades, failure to fulfill responsibilities at school
- Conduct problems, unusual aggression, disregard for school rules
- Teach students these signs so they can be aware of signs of risk

in themselves or their peers and know to seek help

How schools can safeguard youth



Address student substance use from a health perspective:

- Instead of testing, detention, suspension or expulsion, offer support and counseling and involve families whenever safe and possible to help ensure students feel comfortable coming forward to seek help from trusted adults
- Harsh consequences only address the student's outward behavior and not the underlying reasons for use
- Ensure school counselors are trained in prevention and intervention
- Implement screening, brief intervention, referral to treatment for students thought to be using marijuana or who show signs of a problem

How schools can safeguard youth



Connect students to services:

- Don't wait for impairment/dysfunction to emerge before intervening
- Maintain confidentiality
- Involve parents and other trusted caregivers, if it would not endanger the child
- Address the reasons why students use – stressors associated with home life, academics, social relations, mental health problems
- Offer mentorship, after-school programs and connection to professional services
- Establish and maintain linkages with appropriate community-based support agencies and qualified, affordable mental health and addiction treatment providers
- Students' mental and physical health and safety should be protected and respected and interventions should aim to educate



How Health Professionals Can Help Protect Children, Teens, and Young Adults

How health professionals can help



Start early & offer comprehensive, age-appropriate education and intervention:

- Educate and guide parents about managing early risk factors
- Educate about risks/consequences throughout development
- Be a credible, reliable source of accurate information for caregivers and children
- Offer practical guidance for prevention, risk reduction
- Be a trusted source for interventions and treatment options

How health professionals can help



Know the facts:

- Marijuana use has more severe health consequences for youth than for adults, including the heightened risk of addiction
- Know patients' family medical and social history, whether they have co-occurring mental health disorders, and how marijuana is used and talked about in their homes
- Understand how mental health problems increase risk of use and how use can exacerbate mental and physical health problems

How health professionals can help



Consider the potential role of marijuana use in presenting behavioral and physical health symptoms:

- Mental health conditions, including depression, anxiety, irritability, aggression
- Behavioral problems
- Poor sleep patterns
- Excessive vomiting and stomach pains
- Respiratory problems (coughing, asthma, wheezing)
- Other substance use – most youth who use marijuana use other substances as well

How health professionals can help

Conduct routine screening:

- Screen regularly for risk factors, for co-occurring mental health conditions, and for use
- The age at which to begin screening varies based on the screening instrument used and, more importantly, the risk profile of the child and family
- Explain confidentiality policies to patients and their caregivers
- Screening tools generally include questions on personal use, friends' use and family members' use, as well as questions to assess risk
- Screening tools may be more sensitive at identifying use than biological drug screens, especially for infrequent use
- Given the high frequency of co-occurring mental health and substance use problems among youth, screen for substance use

How health professionals can help



Intervene if patients screen positive:

- For patients who screen negative, provide encouragement and reinforcement of healthy behaviors
- For patients who screen positive, determine the appropriate level and frequency of the needed intervention
- Use brief intervention techniques in the clinical setting and be familiar with motivational interviewing techniques for patients who do not need immediate referral to treatment
- Family-based interventions should be incorporated when possible
- Consult screening, brief intervention, and referral to treatment (SBIRT) resources for physicians, such as guidelines published by the American Academy of Pediatrics

How health professionals can help



Offer or refer to treatment:

- Treatment involves age-appropriate psychosocial therapies, such as cognitive-behavioral therapy, motivational enhancement therapy, and family interventions
- There are currently no Food and Drug Administration (FDA)-approved medications to treat marijuana use disorder
- Involve family in treatment whenever possible, as family-based therapies are most effective for treating youth substance use disorders
- Facilitate treatment access to quality and affordable treatment in the community
- Support patients throughout their treatment and provide

How health professionals can help

Be an advocate for reducing marijuana exposure, access, and use among youth, for improving treatment access, and for reducing stigma:

- Be an expert and trusted voice in supporting and advocating for policies that protect youth from marijuana use, such as:
 - Regulations that ban flavors, high THC products, youth-oriented packaging, unsupported health claims
 - Expanded insurance coverage for universal screening and interventions
 - Improved youth-focused treatment access and quality
 - Funding for quality research into effective prevention and intervention services

• Use non-stigmatizing language

• Advocate for policies that address social determinants of health,



www.drugfree.org
Irichter@toendaddiction.org

Partnership's Marijuana Resource Center:
www.drugfree.org/marijuana-resource-center

Partnership's Personalized Support:
www.drugfree.org/get-support/

Resources for families and communities:
Be a Part of the Conversation:
www.conversation.zone

Follow Up and Next Steps

In our follow up email, within 3-5 business days, look for:

- A link to the recording of today's presentation
- Today's presentation slides
- Invitations to upcoming events
- Additional resources
- Ways to stay connected with us

www.nfstac.org



Upcoming event announcement



We'll be back in September!

Feedback Survey



Thank you for joining us!

Please complete the SAMHSA-required Feedback Survey you will be directed to when the webinar ends.

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Thank you for joining us!