Social networks and violence among male youth in marginalized communities

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Statement of Purpose Male youth residing in low-resource neighborhoods experience high rates of violence. Prior research in marginalized communities suggests that a singular adult presence may not universally confer protection amidst high levels of community violence. This study aimed to describe adolescent-adult support network structure and quality and analyze associations between network properties and violence exposure among male youth in low-resource neighborhoods.

Methods/Approach 45 male youths, ages 13–21, completed social network surveys as part of a community-based violence prevention study in Pittsburgh, PA to define family-, school-, and community-based adult supports and past 30-day violence exposure (operationalized as any/none). Logistic regression examined associations between 1) perceived strength of overall emotional and instrumental support, 2) strength of social support type, 3) network size, and violence exposure. Wilcoxon rank-sum tests examined associations between network density and violence exposure.

Results Mean participant age was 17.6 years (SD=1.5); 77.8% were African American. In the past 30 days, 84% reported witnessing violence, 60% perpetrating violence, and 69% being victimized. Increased immediate and extended family support were associated with significantly higher odds of witnessing violence (OR: 4.91, 95%CI: 1.25–19.63; OR: 3.99, 95%CI: 1.23–13.01, respectively). Mean number of adult supports was 4.8 (range: 1–14). Increased number of adult supports was associated with higher odds of witnessing violence (OR: 2.17, 95%CI: 1.01–4.66). Network density (Median=0.50) was significantly inversely associated with witnessing violence (z=2.32, p=0.02).

Conclusion Findings highlight complex associations between adolescent-adult support network structure, relationship quality, and violence. Associations between family support and witnessing violence may reflect families providing increased support to help youth navigate community violence. Inverse associations between network density and violence exposure suggest that network connectivity may act as a protective factor against witnessing violence.

Significance/Contribution to Injury and Violence Prevention Science Results can guide interventions to leverage adult support networks and protect youth from violence.

Policy efforts in substance use and abuse

TRENDS IN CANNABIS USE, HEALTH EFFECTS, AND CRIMINALIZATION PRIOR TO CANNABIS LEGALIZATION IN MICHIGAN

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Statement of Purpose In 2018, Michigan was the 10th state to pass a recreational cannabis law. The purpose of this report is to provide insight into cannabis-related indicators before recreational cannabis laws were enacted, and serve as the baseline for future evaluations following cannabis legalization in Michigan.

Methods/Approach Existing data were compiled across areas (e.g., use, hospitalizations, legal charges, etc.) that potentially affect the public’s health and well-being. The report notes key findings, highlights data limitations, and elaborates priorities for tracking cannabis-related trends over time.

Results An estimated one in nine Michigan residents (11.6%) used cannabis in the past month, which has increased by over 60% from 2002–2003 to 2016–2017. Overall, the rate of annual fatal motor vehicle crashes per 100 million vehicle mile traveled decreased from 1.04 in 2004 to 0.92 in 2017, while the number of drug tests administered to drivers of fatal crashes doubled simultaneously. The rate of hospitalizations for cannabis poisoning increased from 2010 (2.5 per 100,000 persons) to 2017 (3.7 per 100,000 persons). Cannabis-related legal charges increased by 2.4% from 2012 to 2018, peaking in 2016. However, the percentage of cannabis-related convictions out of all criminal convictions was highest in 2014 (4.2%) and lowest in 2018 (3.2%).

Conclusions Cannabis use prevalence is higher in Michigan than in the Midwest and the United States. Better characterization of the potential involvement of cannabis in driving-related outcomes is needed. Data on cannabis-related hospitalizations highlight the need for prevention programs focusing on reducing poisonings, especially as higher potency cannabis-containing products become available. Changes in cannabis-related criminal justice data warrant monitoring over time.

Opioids: epidemiology and interventions

DEVELOPMENT OF AN EVIDENCE-BASED ONLINE TOOLKIT TO IMPROVE OPIOID SAFETY

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Statement of Purpose A randomized clinical trial demonstrated efficacy of an Emergency Department-based Motivational Interviewing-based (MI) intervention reducing opioid overdose risk. We sought to develop a user-friendly online toolkit (OPT-IN), to aid translation of the intervention combined with naloxone distribution. As part of an iterative development process we completed stakeholder interviews to inform toolkit development. The current presentation details toolkit feedback received in qualitative end-user interviews.

Methods/Approach We conducted n=15 qualitative interviews lasting about 30 minutes with staff at varied clinical settings and non-profits to obtain feedback on feasibility of toolkit