HOWJ The Human Occupation & Wellbeing Journal

Article

An Educational Program for Residential Staff to Enhance Confidence in Supporting Substance Use Prevention and Reduction Among Foster Youth

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Dates:
Received: 30/04/2026
Accepted: 08/06/2026

Article citation:
Ferraro, A., Morin, A., & Anderson, J. (2026). An Educational Program for Residential Staff to Enhance Confidence in Supporting Substance Use Prevention and Reduction Among Foster Youth. *The Human Occupation & Wellbeing Journal. 2(2)*
https://doi.org/10.18552/fzjgd836

Conflict of interest: The authors declare no conflict of interest.

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ABSTRACT

Background: Foster youth encounter various challenges such as adverse childhood experiences (ACEs), which increase their prevalence of developing substance use disorders (SUDs). The importance of implementing trauma-informed care techniques and harm reduction approaches in residential settings for foster youth was highlighted. The literature emphasizes a clear need for residential staff and care partners to understand and apply trauma-informed strategies and harm reduction approaches. Implementing these evidence-based strategies while also enhancing foster youth's protective factors can strengthen resiliency among foster youth, ultimately improving their overall well-being and life outcomes. The impact of stress and burnout among residential staff and care partners of foster youth is also addressed. An educational program for residential staff working with foster youth at-risk for or experiencing SUDs was developed and implemented to address current gaps in care. **Methods:** A descriptive single-group pretest-posttest approach, integrating quantitative and qualitative data, was used. Eight residential staff participated in a six-week educational program (one, 30–45-minute session each week for six weeks). Sessions included topics such as trauma-informed care (TIC), ACEs, harm reduction, protective factors, resiliency, leisure, sleep, coping skills interventions, and managing staff burnout. **Results:** Results found participants' confidence levels increased when implementing TIC, harm reduction techniques, and providing youth with coping skills to utilize in the moment or to add to their repertoire. **Conclusion:** Foster youth have a higher prevalence of experiencing trauma, resulting in a risk for developing a SUD. Results indicate education on TIC, harm reduction approaches, and coping skills can increase residential staff's immediate self-reported confidence when assisting youth. Successful integration and continued carryover of these approaches will require ongoing staff support to sustain the program and ensure it can be carried forward by future staff.

Keywords: Trauma-informed care, substance use disorders, foster youth, residential staff, educational program

INTRODUCTION

The foster care system, also known as the child welfare system, focuses on ensuring children's overall well-being and safety, including protecting them from all forms of abuse and neglect (Child Welfare Information Gateway, 2025). Each State has child welfare organizations that are supported financially and legislatively through the federal government. A child may enter the child welfare system after experiencing adverse childhood experiences such as abuse (physical, sexual, emotional), neglect and/or violence (Helder et al., 2026). As of 2024, 55% of children entered the child welfare system due to parental and/or caregiver neglect (Child Welfare Information Gateway, 2025). Children and youth can enter the system from infancy and remain until 18 to 21 years old, depending on the state (Ahn et al., 2021). The goal of each state's child welfare system is to prevent child abuse and neglect, provide forms of safe shelter, and assist with either reuniting children with their family members when removed or finding permanent living situations with positive supports for children who are unable to return to their families (Child Welfare Information Gateway, 2025). As of September 2024, there are 505,682 children who were entering and/or being assisted in the child welfare system in the United States (US) (Child Welfare Information Gateway, 2025).

Foster youth are a vulnerable population who are more susceptible to substance use disorders when compared to youth not in the child welfare system due to their trauma history (Beal et al., 2023; McCurdy et al., 2023). Approximately 90% of youth in residential care have experienced exposure to trauma, which can include but is not limited to: violence, maltreatment, sexual abuse, physical abuse, and/or neglect (Hodgdon et al., 2023; Tyler et al., 2019). Exposure to trauma and adverse childhood experiences leads to an increased risk of developing a substance use disorder (Beal et al., 2023; McCurdy et al., 2023). A background study by Lehmann et al. (2020) focused on the impact trauma can have on the foster youth population. Foster youth aged 11-17 years were administered the Child and Adolescent Trauma Screen and the foster parents completed the Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED) Assessment interview. Over half of the participants reported trauma symptoms at or above the clinical cutoff (Lehmann et al., 2020, p. 6). Individuals also sought out maladaptive coping strategies/behaviors, placing them at risk of substance use disorders or physical harm. Throughout this age span, one in five youth aged 13-18 years old in the child welfare system met the criteria for a substance use disorder (McCurdy et al., 2023). Common substances foster youth utilize include marijuana, alcohol, and tobacco because they can access them easily. Placement instability, caregiver inconsistency, and lack of positive relationships are also risk factors for foster youth developing substance use disorders (Beal et al., 2023).

Despite the high risk of foster youth developing a substance use disorder, there are less than 10% of foster youth who receive substance use prevention or treatment services, and many who are not being routinely assessed for substance use disorders (Braciszewski et al., 2018). While there are interventions available for foster youth with substance use disorders, services are not openly offered to them. This is often due to mistrust of staff and/or care partners, continuity of care, and fear of negative consequences for having a substance use disorder (Braciszewski et al., 2018). However, when

services are offered, they are limited and focused on one diagnosis rather than addressing potential comorbidities. Services are not considering that substance use can be a trauma response for this population and without trained professionals being aware of trauma-informed care; this can lead to this population being misunderstood. This results in an unmet need for foster youth with substance use disorders because such trauma-informed services need to address all aspects that affect their daily functioning.

Staff working with foster youth within residential programs are well positioned to address gaps in care related to substance use disorder prevention and reduction. There is an insufficient amount of trauma-informed care provided by staff, residential programs, and therapists who are offering resources to foster youth (Tyler et al., 2019). Staff may lack education on how to best assist foster youth with managing substance use disorders (Hodgdon et al., 2023). Implementing trauma-informed care practices with foster youth would allow residential staff to better serve this population (Arenson & Forkey, 2023). Staff who do not understand the importance of trauma-informed care cannot fully target each individual's needs. A physically safe and emotionally supportive environment, aided by trained staff members, positively impacts foster youth's mental, emotional, and physical health. Given this population's trauma history, they may not have positive social support present. Therefore, providing staff with the necessary skills to provide trauma-informed care and education to assist youth with substance use prevention and decreasing use may enhance foster youth's ability to develop positive social supports and relationships. Many youth do not seek help or support because they have no trusted adults, and it is critical that they have a role model or mentor present (Braciszewski et al., 2018). There is limited research on residential staff and care partners implementing trauma-informed care treatment when guiding foster youth. Direct care staff in residential programs require a minimum of a high school degree or a general equivalency degree (GED). Staff are required to receive specific onboarding training for their roles at one general orientation prior to their start date. This results in the need for residential staff to be equipped with trauma-informed care education to assist youth with attaining their full potential. Staff also need to be aware of and be able to implement various techniques related to substance use disorder prevention and ways to expand foster youth's occupational repertoire.

The purpose of this project was to develop and implement a six-week educational program through an occupational therapy lens for residential staff working with foster youth at a non-profit organization. The goal was to educate staff and care partners on trauma-informed care, harm reduction techniques, coping skills interventions, and ways to expand foster youth's occupational repertoire to prevent and reduce substance use disorders. This program correlates with occupational therapy due to it addressing core concepts of the profession such as trauma-informed care. By teaching staff how to implement such strategies and assist youth with building healthy alternatives, the program aimed to support staff in promoting foster youths' well-being and longer-term outcomes. Addressing staff burnout was also an aim of this program, and education on how to manage work-related burnout was provided to assist them with best serving youth. Increasing staff knowledge and confidence may assist in the overarching goal of reducing substance use disorders as well as creating a safe, healthy environment for foster

youth to learn how to cope with trauma and other symptoms from being in the foster care system. This project also demonstrated occupational therapy's role in developing educational training programs for residential staff to support their efforts in preventing and reducing substance use disorders, along with teaching healthy alternatives for youth to engage in to promote their well-being and quality of life (QoL).

METHODS

A descriptive single-group pretest-posttest approach, integrating quantitative and qualitative data, was used at a non-profit community-based organization serving children and families. Specifically, residential staff at four residential children and youth programs were targeted. Approval from the Institutional Review Board at Western New England University (#295) was obtained. Convenience sampling was used, and a verbal script was used to recruit residential staff participants within each residential program, and they were also provided with a flyer that had electronic access to the consent form. Inclusion criteria included residential staff 18 years and older across various positions, including direct care and clinical roles, who were employed by the agency working with at risk youth. It is important to note that the investigators and developers of this educational program did not participate in this study.

Consented participants engaged in an occupational therapy-led educational program once per week for 30-45 minutes for a total of six weeks at three residential program locations within the non-profit organization. This was a reasonable amount of time for the length of sessions, as this program was provided during the residential staff's workday. Given their job responsibilities, this timeframe allowed them to still be able to perform all aspects of their job, including providing care and services to support youth while at the program. One main topic was dedicated to each week and included the following: trauma-informed care overview, trauma-informed care principles and adverse childhood experiences, harm reduction, protective factors, resilience, leisure and sleep, coping skills and interventions, and managing burnout for staff. Each week, participants were provided with education on the topic, strategies they can use with youth related to the week's theme and engaged in experiential application activities to assist with comprehension of the content and confidence in clinically applying the learned strategies.

Participants were also provided with a workbook that included educational materials for each week. The development of this workbook was guided by content experts and current literature including, the United States Centers for Disease Control and Prevention (2026), Crisis Prevention Institute (2021), Substance Abuse and Mental Health Services Administration (2026), and scholarly articles such as McCurdy et al. (2023). Participants were able to keep their workbook for future reference to support their efforts in implementing newly learned strategies.

Data Collection

Researcher-designed pre-surveys were administered in February 2026, and post-test surveys were administered at the beginning of April 2026. The surveys were developed using current literature and clinical knowledge as well as content experts within this organization. Evidence-based practice (EBP), examination of current literature, and content knowledge experts were all utilized for relevance and accuracy when developing the surveys. The educational material was developed at an introductory level for individuals such as residential staff who may not be aware of these topics. This was to ensure

each participant was able to fully understand each session and the resources provided. The pre-survey obtained quantitative data at the start of the first session, using Likert scale questions to assess staff's confidence and understanding of implementing and explaining substance use disorder prevention and reduction techniques such as trauma-informed care, harm reduction approaches, and various coping skills to expand youth's occupational repertoire. The pre-survey also collected qualitative data through open-ended questions to acquire additional information related to staffs' current confidence levels and knowledge on a variety of substance use disorder prevention and reduction techniques. The participants attended six occupational therapy-led educational programs with topics on trauma-informed care, adverse childhood experiences, harm reduction strategies, protective factors/resilience, leisure and sleep, coping skills interventions for youth, and staff burnout management. Once the six educational programs concluded, participants were asked to complete a post-survey at the end of the sixth week session. The post-survey assessed participants' changes in confidence in implementing substance use disorder prevention and reduction techniques using both qualitative and quantitative questions. Both pre- and post-surveys were confidential, and participants generated a unique code on both surveys. This was used to compare the data gathered from each participant to determine a change in confidence levels when implementing these techniques.

Data Analysis

Quantitative data from the surveys were descriptively analyzed in Microsoft Excel using frequencies and means to summarize key findings. This allowed the investigators to determine the preliminary changes in self-reported confidence levels regarding the education provided. Qualitative data were analyzed utilizing a thematic analysis approach guided by Clarke et al.'s (2015) approach. Responses were reviewed several times by investigators to become familiar with the data. Recurring patterns were grouped to determine common themes.

RESULTS

A total of eight (n = 8) female staff consented to participate in this study and completed both pre- and post-surveys. Male staff were present at the organization; however, they did not consent to participate. Job title varied among participants; four out of eight participants were residential counselors, two out of eight participants were occupational therapists, and two out of eight participants were clinicians. With different job titles, varying levels of education came as well. Three out of eight participants had a high school degree/GED, one out of eight had a bachelor's degree, and four out of eight had a master's degree. Please see Figure 1 for additional information on participants' demographics.

Table 1: ***Participant Demographics (n = 8)***

Level of Education	High school degree/ GED: 3 Bachelor's degree: 1 Master's degree: 4
Years of Employment	5+ years: 2 3-4 years: 1 2 years:3 0-1 year: 2
Age Range	18-25 years old: 1 26-35 years old: 4 36-45 years old: 1 46+ years old: 2
Gender Identity	Female: 8
Job Title	Residential counselor: 4 Clinician: 2 Occupational therapist: 2

Quantitative Data

Findings from the educational program suggest a positive change in residential staff's confidence related to implementing SUD prevention and reduction approaches with youth. There was an increase from three out of eight participants to six out of eight participants feeling "confident" when implementing trauma-informed care (See Figure 1). The pre-survey mean was four, corresponding to "confident," whereas the post-survey mean increased to 4.5, indicating a shift towards "very confident."

All participants either remained unchanged or reported an increase in confidence levels while implementing harm reduction approaches. One out of eight participants reported feeling "very confident" implementing harm reduction approaches in the pre-survey. In the post-survey, four out of eight participants reported feeling "very confident" in implementing harm reduction approaches. The pre-survey mean was 4.1, showing "confidence," and increased to 4.5 revealing a trend towards "very confident." Although there is a smaller increase, this still demonstrates an improvement in confidence levels in implementing harm reduction techniques (See Figure 2).

There was an increase from one out of eight participants to four out of eight feeling "very confident" in providing coping skills interventions to prevent and reduce substance use disorders. Similarly, the pre-survey mean was 4.1, showing "confident," and the post-survey mean increased to 4.5, demonstrating progress towards "very confident." The percentage change was 9.76%, again, showing an improvement in confidence levels based on the difference in means and positive percentage change (See Figure 3).

On the pre-survey, seven out of eight participants reported feeling a sense of burnout "sometimes," and one out of eight reported "often." After attending the program dedicated to managing burnout and learning various coping skills, four out of eight participants reported feeling "very confident" in the ability to manage and cope with burnout. This suggests an improvement in confidence levels in managing burnout as well as understanding how to implement various coping skills for self-care. Participants provided examples of coping skills learned during the program to implement when experiencing burnout, such as "setting boundaries," "separating work from home," and "taking mini mental breaks." Finally, participants also reported feeling "confident" or "very confident" when managing burnout using various coping skills provided by the program.

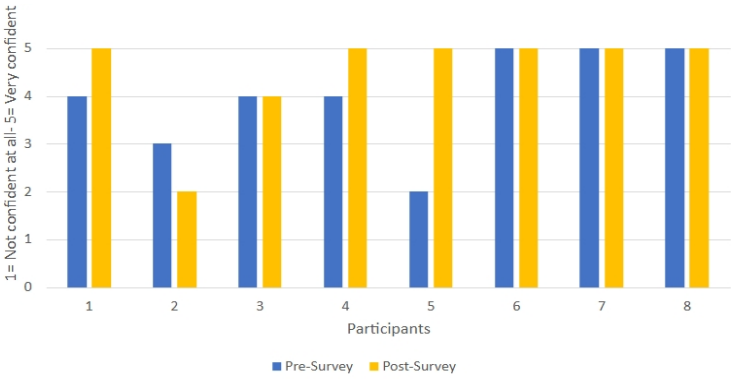

Figure 1: ***Confidence Implementing Harm Reduction Techniques (n = 8)***

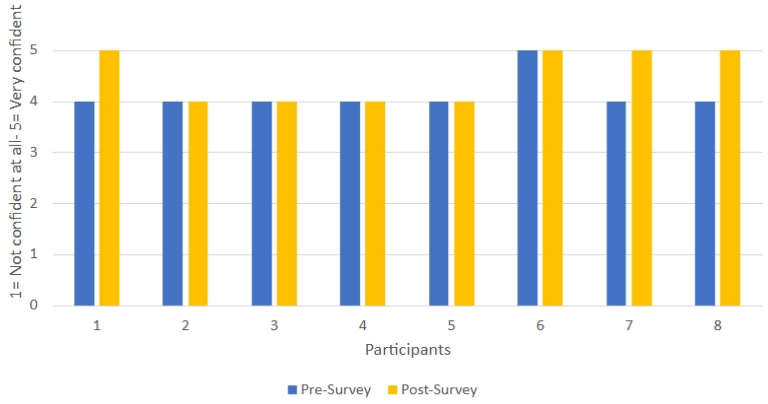

Figure 2: ***Confidence Implementing Harm Reduction Techniques*** **(n = 8)**

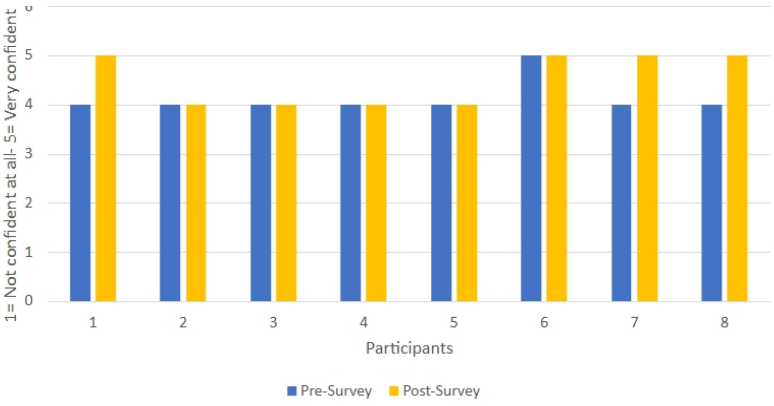

Figure 3: ***Confidence on Providing Coping Skills and Interventions for substance use disorders (n = 8)***

Qualitative Data

The following two themes emerged from the open-ended questions on the post-survey: learning the importance of implementing different strategies to build rapport with youth and understanding how to teach coping skills tailored to each youth. Participants reported learning different strategies to use when working with youth, such as trauma-informed care, harm reduction, and strengths-based approaches, and recognized that no single strategy was appropriate for every youth. Participants also reported learning how to educate youth on various coping skills and interventions to use in moments of dysregulation. Participants indicated strengths gained from this program, including being patient, learning to take breaks, and having a better understanding of certain approaches that can be utilized. These results help support the addition of staff training on SUD prevention and reduction to help enhance overall QoL and well-being for the foster youth population.

DISCUSSION

Based on the literature and findings, there is an evident gap in care for this population related to educational programs equipping residential staff with the necessary strategies to support youth at risk of substance use disorders. Assessing substance use disorders is an area often neglected among the foster youth population, thus leading to gaps in care related to interventions for the prevention and management of substance use disorders (Braciszewski et al., 2018). Providing foster youth with education, meaningful/leisure activities, and resources is critical for this population who are at risk of or are experiencing a substance use disorder. One primary objective of this program included educating care partners and residential staff on strategies to implement with youth to assist with substance use prevention and reduction. The results may indicate that staff who have higher education levels are more likely to show higher levels of confidence implementing these topics. This shows a clear need for staff working in these organizations to receive additional training on how to best support vulnerable populations such as foster youth. Training that equips staff to recognise and build on strengths, resilience, and protective factors rather than focusing primarily on limitations and barriers may support more responsive and affirming practice. Trauma-informed care provides a foundation that supports resilience and limits stress in foster youth (Duffee et al., 2021). Based on the literature, implementing additional trainings on trauma-informed care can increase youths' overall QoL and wellbeing (Tyler et al., 2019). However, this program aimed to implement various strategies to promote youths' wellbeing by combining multiple gaps in education into one program. There are limited studies implementing harm reduction techniques with this population; however, literature shows the significance of utilizing harm reduction approaches when assisting foster youth (Braciszewski et al., 2018; Jenkins et al., 2017; Winer et al., 2022). The

findings of the educational program align with the current literature supporting the feasibility of implementing additional trainings on trauma-informed care (Tyler et al., 2019), harm reduction techniques Braciszewski et al., 2018; Jenkins et al., 2017; Winer et al., 2022), and educating staff with coping skills and interventions to use with youth to help prevent and reduce substance use disorders in the foster youth population. Ensuring care partners and staff are prepared to implement principles of trauma-informed care in their work with foster youth may allow staff to build rapport with foster youth to assist them with reducing substance-related harm and supporting safer coping. Understanding how to build rapport utilizing trauma-informed care and crucial elements of how to aid youth in finding meaningful activities are critical steps in reducing and preventing unhealthy coping mechanisms such as substance use. This program served as an educational tool for residential staff emphasizing trauma-informed care, harm reduction approaches, focusing on protective factors to build resilience, and limiting stress and burnout for staff and care partners. The program results correlate with current literature examining the importance of adding evidence-based practice techniques such as trauma-informed care and harm reduction strategies to prevent and reduce substance use disorders in the foster youth population (Arenson & Forkey, 2023; Tyler et al., 2019).

Limitations

While positive outcomes of this program were noted, there are several limitations to this study worth mentioning. One notable limitation was the inconsistent buy-in from staff. For example, staff members' demanding and time-consuming schedules hindered engagement, ultimately contributing to a small sample size in this study. The varying levels of staff education may also have contributed to difficulty understanding the value of participating in this educational program. This posed challenges for both initial participant recruitment and maintaining consistent participation. Additionally, the program and session timeframe were shorter in length, only lasting six weeks with each session lasting 30-40 minutes, which did not allow for data collection on long-term carryover of strategies. Future studies should include longer-term follow-up. Finally, staff were recruited from one non-profit agency within one geographical location of the state of Massachusetts, which decreases the generalizability of the results.

Implications

It is recommended that these educational trainings be formally integrated into future onboarding for incoming staff in residential settings. Ideally, this training would be conducted by an occupational therapy practitioner and would showcase the profession's value in facilitating educational programs during the onboarding process at non-profit agencies serving individuals with mental health conditions. By adding this training to residential settings, this would position occupational therapy practitioners as trainers across a non-traditional setting. Additional research on the carryover and effectiveness of adding this program to onboarding training would be beneficial.

Implementing evidence-based practices in residential settings can enhance youths' occupational repertoire by providing vital strategies to prevent and reduce substance use disorders. Overall, this training can address the occupational needs of foster youth by implementing crucial strategies for emotional regulation, safety, creating healthy relationships, and enhancing QoL. This also

facilitates multi-disciplinary collaboration between varying professions.

It is necessary to advocate for the role of occupational therapy in residential settings due to the limited knowledge on the role occupational therapy practitioners play. Occupational therapy strives for collaborative approaches. Therefore, educating and working with other disciplines such as residential counselors, clinicians, and program directors can improve the carryover of education.

CONCLUSION

Based on current literature and evidence, there is a significant need for additional training to prevent and reduce substance use disorders for foster youth at risk or currently experiencing a substance use disorder. Foster youth have a higher prevalence of experiencing trauma early in life, thus resulting in a higher risk for developing a substance use disorder. Results indicate further education on trauma-informed care, harm reduction approaches, and coping skills can increase residential staff's confidence levels when assisting this vulnerable population. Although trauma-informed care is a common topic, harm reduction, coping skills, and implementing substance-use prevention and harm-reduction interventions. Integration and continued carryover of these strategies and approaches will require additional support from staff to ensure this training is sustained and provided to future staff.

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