

medical education related to tobacco and cannabis education and interdisciplinary care provide opportunities for improvement in tobacco cessation in this population.

**Conclusions:** This is the first study to specifically focus on providers' perspectives about approaches to tobacco cessation among young adult tobacco-cannabis co-users with HIV. Increasing rates of tobacco use among PWH aged 18-24 necessitates integration of interdisciplinary care and rapid interventions focused on consistent, but tailored tobacco cessation discussions based on client HIV control, mental health comorbidities, and use of additional substances while also factoring in social determinates of health.

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#### THE STANFORD VAPING INFORMATION, SOLUTIONS, AND INTERVENTIONS TOOLKIT (VISIT) FOR HEALTHCARE PROVIDERS

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**Purpose:** Adolescent and young adult (AYA) vaping remains a significant public health issue, with over 1 in 5 high school students and 5% of middle school students having used an e-cigarette in the past 30 days. Many youth use e-cigarettes daily and are nicotine dependent, highlighting the threat of hooking a new generation on nicotine and other tobacco products, including combustible cigarettes. E-cigarettes are associated with numerous significant health consequences, including cardiovascular and respiratory impacts; nicotine harms and addiction; toxic effects of flavors; and psychological, social, and educational outcomes. Unfortunately, few evidence-informed resources exist to help healthcare clinicians prevent and stop youth from vaping, and fewer exist using a community-based participatory research (CBPR) approach.

**Methods:** Using CBPR, we conducted two focus groups with 15 healthcare clinicians, and identified themes and resources they found most important and needed in a new vaping prevention Toolkit for healthcare clinicians. Using these themes and a review of the literature, we drafted the new Toolkit, Vaping Information, Solutions, and Interventions Toolkit (VISIT) for Healthcare Clinicians, which was then given to 20 healthcare clinicians to provide feedback. VISIT revisions were made based on the feedback.

**Results:** Focus group clinicians represented public, private, academic, and HMO health systems. All clinicians agreed that they need help to better screen for vaping/e-cigarette use, as well as a better understanding of how to effectively intervene with those youth who are using e-cigarettes. The new VISIT Toolkit (<https://med.stanford.edu/visit.html>) is a free, online set of information, scripts, and resources to help providers. The goals of VISIT are to provide AYA Healthcare Clinicians with (1) the most up-to-date and relevant information on vaping; (2) information to screening, counsel, and support young people who are using e-cigarettes/vapes; (3) easy-to-share resources for young people ready to quit and families wanting

to support them; and (4) youth-friendly printouts for the clinical setting. VISIT provides essential information to teach clinicians about vaping, information specific to the clinical encounter including What to ask, How to ask about vaping, and What to do if the patient screens positive for vaping. Resources include information on motivational interviewing, prescribing nicotine replacement therapy, and how to ensure a confidential visit. VISIT has been disseminated to healthcare providers in a few states and hospitals. Early evaluations suggest that VISIT is acceptable and feasible. Clinician feedback emphasized the need for clinically relevant information, interactive website components, and clear intervention strategies. Additional data are being collected and will be presented. VISIT is now being further disseminated and evaluated.

**Conclusions:** VISIT is an evolving, innovative Toolkit based on the needs of health-care providers that provides key information to providers. The initial evaluations show that the materials are effective, and that developing tools with input from clinicians is ideal. Further development of VISIT will include recommendations for treatment of nicotine dependence, referral support, and continuing medical education.

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#### TESTING THE FEASIBILITY OF DELIVERING A VALIDATED, WEB-BASED ALCOHOL INTERVENTION TO COMMUNITY COLLEGE STUDENTS BASED ON SOCIAL MEDIA ALCOHOL REFERENCES

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**Purpose:** Community college (CC) students are at risk of hazardous drinking. Previous studies have demonstrated the effectiveness of Web-BASICS (Brief Alcohol Screening and Intervention for College Students), a validated, online alcohol intervention, among college students. Gaps remain in identifying community college students with hazardous drinking and delivering interventions. This study tested the feasibility of delivering Web-BASICS to community college students based on displayed alcohol references on Facebook and Instagram.

**Methods:** This feasibility study included students from 3 Midwest and 2 Northwest CCs. Eligible students were age 18-29 years with current alcohol and Facebook use. Participants completed an online survey upon study enrollment. Facebook and Instagram profiles were evaluated every 30 days for 9 months to observe alcohol references. Alcohol reference displays, such as a participant's first or frequent alcohol references, were defined based on previous research and used as prompts to deliver Web-BASICS to participants by email. Those who completed Web-BASICS received additional survey requests after 1 and 6 months. Descriptive statistics were calculated to assess feasibility, including the proportion of students who displayed social media alcohol references and completed study follow-up activities.

**Results:** Out of 254 eligible students, 187 (73.6%) enrolled in this study; the majority were female (81.7%) and White (82.4%). Most participants (n=176, 94.1%) completed the first online survey. Over two-thirds (n=122, 69.3%) displayed an alcohol reference on social media prompting intervention delivery. Over a third of these displays