

Substance Use Prevention Communications TOOLKIT



YOUTH 12-18

*Evidence-informed guidance for creating, delivering, & disseminating messages to **prevent onset or escalation of substance use in youth and build community support and readiness** for substance use prevention.*

Acknowledgements

A Division for Advancing Prevention & Treatment (ADAPT) is funded by the National High Intensity Drug Trafficking Area (HIDTA) Program to serve as a substance use prevention training and technical assistance provider for HIDTA communities. This toolkit was created in response to inquiries by individuals and organizations across the nation seeking guidance on how to best communicate with youth to prevent onset or escalation of substance use.

ADAPT convened a **HIDTA Prevention Communications Council** comprised of subject matter experts in the fields of health communications and prevention science to serve as an advisory body for the development of this toolkit. ADAPT and the Washington/Baltimore HIDTA sincerely thank the following Council members for generously sharing their knowledge and expertise:

Name and Role	Organization
Shaun Adamec, MA President	Adamec Communications
Pamela Buckley, PhD Principle Investigator	Blueprints for Healthy Youth Development
Jeanne Casey, MA, MCHES Health Communications Specialist	Center for Substance Abuse Prevention Substance Abuse and Mental Health Services Administration
Clara Gibbons, BA Principal Strategist	FrameWorks Institute
Michael Haines, MS Director	Social Norms Consultation
Robert LaChausse, PhD Professor Board of Directors	Department of Public Health Sciences California Baptist University National Prevention Science Coalition
Stacy Lu, MS Technical Writer/Editor	Communications Branch National Institute on Drug Abuse
Flannery Peterson, MPH, PMP Director	Practice Improvement & Consulting National Council for Mental Wellbeing
Alexandra Plante, MA Director	Communications National Council for Mental Wellbeing
Robin Rinker, MPH Chief of Communication Branch	Division of Overdose Prevention Centers for Disease Control and Prevention

We also extend a special thank you to the numerous external reviewers, discussion group participants, and youth whose input shaped the contents of this toolkit!



Table of Contents

Introduction ... 1

Orientation to the Toolkit ... 2

PART I

CONVERSATIONS WITH YOUTH

Quick Start Guide ... 4

General Communications Guidance ... 5

Understanding Social Norms ... 10

Conversational Frames for Youth ... 12

Frames to Avoid ... 15

Beyond the Message ... 16

Role-Specific Playbooks

- Educators & Caregivers ... 17
- Public Safety ... 18
- Healthcare Professionals ... 19
- Prevention Professionals ... 20

PART II

MASS COMMUNICATIONS GUIDANCE

Quick Start Guide ... 21

Upstream Prevention Communications ... 22

Preparing Communities for Prevention ... 24

General Communications Guidance ... 25

Understanding Social Norms ... 30

Static Frames for Youth ... 33

Frames: Changing Mindsets/Building Support ... 36

Frames to Avoid ... 40

Beyond the Message ... 41

Selecting Communication Channels ... 42

Mass Communications Campaigns ... 45

Evaluation ... 47

Accessing Positive Social Norms ... 50

Resources ... 52

References ... 53

Introduction

YOUR VOICE COUNTS when it comes to preventing substance use in youth. This toolkit teaches effective ways to communicate and make your voice heard. As educators, caregivers, public safety professionals, healthcare professionals, and prevention professionals, **we all have a role in preventing onset and escalation of substance use in youth aged 12-18.**

Fortunately, we have much to be hopeful about as most youth across our nation are making healthy choices to not use substances (i.e., nicotine, alcohol, marijuana, misuse of prescription drugs, and illicit drugs). At the same time, there is great concern about the harms coming to those that do. Studies show that 9 out of 10 adults who develop a substance use disorder started using substances before age 18, and often much earlier in adolescence. If youth wait to use any substance until after they turn 21, their chance of having problems with substances dramatically decreases.¹⁻²

Preventing substance use is multifaceted and requires multiple strategies. One way we can prevent substance use is through the words we use and the messages they send. By making sure our conversations and messaging line up with the best available strategies in prevention communications, we can steer our communities toward greater wellness.

The purpose of the Substance Use Prevention Communications Toolkit is to help you learn how to use evidence-informed communication strategies to prevent onset or escalation of substance use in youth aged 12-18.



Join us in an effort to **MIND THE MESSAGE** by taking these next steps:

PLEDGE to communicate with youth about substance use prevention using the evidence-informed strategies shared in this toolkit.

USE that positive norm in a frame when communicating with youth.

LEARN one positive social norm for substance use in your community.

SHARE this toolkit and Call to Action with others who interact with youth.

Make YOUR pledge today!

EVERY VOICE CAN MAKE A DIFFERENCE.

Make sure your voice is heard. We must work together to promote substance use prevention in our communities.

Orientation to the Toolkit

This toolkit was created in response to inquiries by individuals and organizations across the nation seeking guidance on how to best communicate with youth to prevent substance use. The toolkit summarizes the best available evidence from the current science of upstream substance use prevention communications. This evidence has been reviewed by content experts and combined into this guide to support you in applying the best available communications science for upstream substance use prevention.

A Focus Upstream

This toolkit focuses on “upstream” communication strategies. Upstream approaches work to enhance protective factors that contribute to wellness and address underlying, or root, causes of problems to prevent them from happening or getting worse “downstream.”³

The WAY you say WHAT you say MATTERS.

How we present, or frame, information can shape how people think, feel, and act. The science points to specific frames that can be used to promote upstream prevention. These frames serve one of two goals:

1. **Preventing or reducing substance use, or**
2. **Changing mindsets and building support for substance use prevention.**

Frames for preventing or reducing substance use in youth can be used across communication channels, from interpersonal conversations to mass communications. Frames for changing mindsets and building support are intended for mass communication.

Let's work together to **Be Strategic and Do No Harm.**

The field of health communications offers guidance that individuals and organizations can use to prevent substance use. Understanding the nuances of substance use prevention communications will help you build the most effective plan and create influential messages. This toolkit offers effective strategies that will help you develop and share your message, avoid commonly used strategies that don't work or could be harmful, and encourage opportunities to promote protection of youth.

As you move through the toolkit, remember – **message, message, message.** For communication strategies to meet their goal, it's critical that high quality messages that are of value to youth be presented repeatedly. This helps counter pro-substance use messages youth are exposed to.

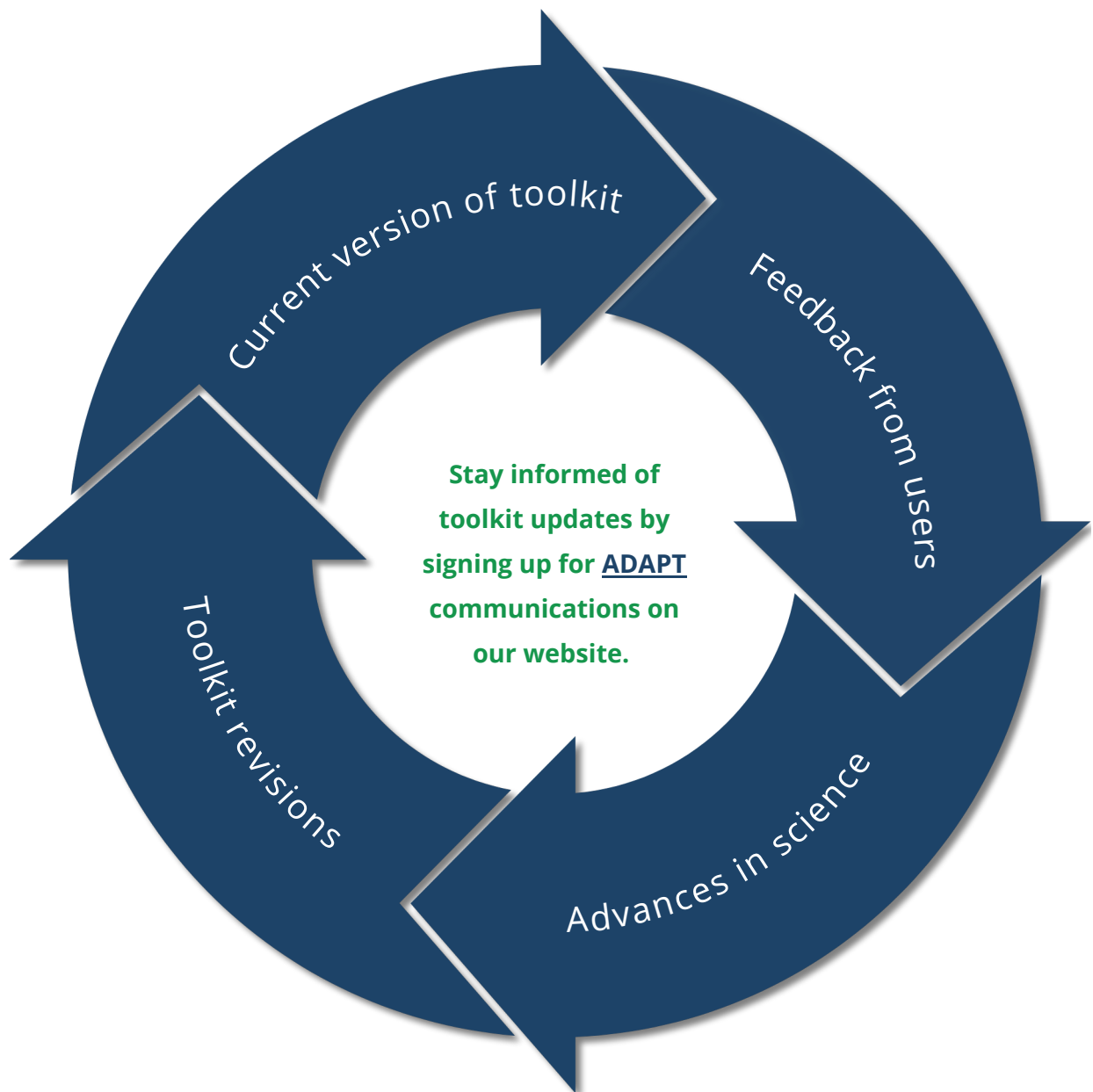
To protect youth from substance-endorsing messages, prevention messaging needs to come from multiple sources – through regular everyday conversations with youth and through high exposure to mass media channels. For this reason, the toolkit is organized into sections that align with these two types of communication – individual conversations and mass communications.

- **Part I: Conversations with Youth.** This section offers ready to use strategies for having individual and group conversations. Role-specific guidance will support educators, caregivers, public safety professionals, healthcare professionals, and prevention professionals to use these strategies.
- **Part II: Mass Communications Guidance.** This section will help inform a planned approach to mass communications (i.e., social media, radio, posters, and billboards) that is one part of a broader prevention strategy. Guidance is offered to support community mobilization for upstream prevention, developing and implementing a communication plan, creating messaging, and evaluating the impact of communications.

Orientation to the Toolkit

We hope you find this toolkit useful in supporting your substance use prevention communications. While the toolkit summarizes the best available evidence on this topic, the science is growing. As new evidence becomes available, the toolkit will be updated to reflect the most current guidance from the field.

Make your voices heard. We encourage all toolkit users and those involved in generating further evidence on this topic to share your feedback and updates. Let us know how this resource is working for you and share your outcomes from your conversations and mass communications.

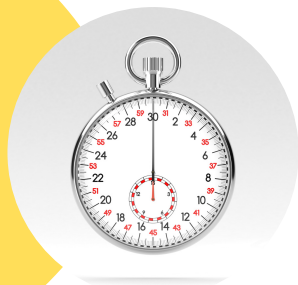


PART I

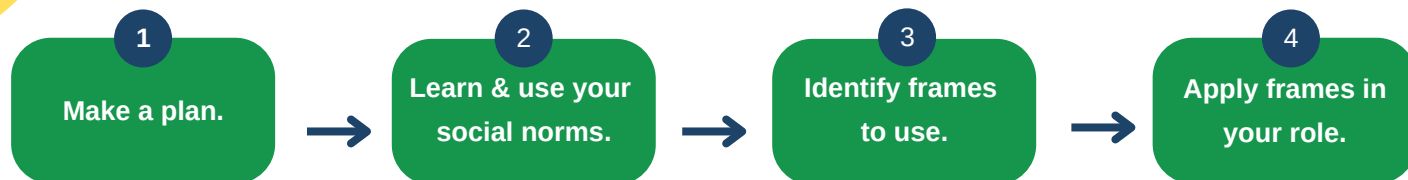


CONVERSATIONS WITH YOUTH

Quick Start Guide



This toolkit supports upstream communications with the goal of preventing onset and reducing existing substance use in youth 12-18.



Make a plan.

1. **Identify your goals.** Decide what knowledge, attitudes, or behavior you are seeking from your audience.
2. **Know your audience.** Take time to understand your audience(s) to create the most effective plan for reaching and relating to them.
3. **Be strategic.**
 - a. Set the stage for a productive conversation.
 - b. Have frequent, small conversations.
 - c. Time the conversation for when youth are not distracted and more likely to engage.
4. **Do no harm.** Avoid strategies that do not work or could be harmful.
5. **Evaluate and adjust.** Check in to see if your conversations are having an impact.

Learn and use your social norms.

Both youth and adults overwhelmingly overestimate the number of 12-18 year olds who use substances (especially alcohol, nicotine, and marijuana). They believe that substance use is more common than it actually is (e.g., *everyone drinks, most caregivers let their kids drink*). The truth is that most youth make healthy choices and do not use substances. Get started by learning the true social norms of your intended audience and building that into your messaging. Follow these steps:

1. Identify the true, positive norm of your audience. What percentage of youth are **not** using a particular substance?
2. Communicate that norm (and its credible source) to correct misperceptions. *Looking at the annual high school survey, it looks like 9 out of 10 kids in your grade are making healthy choices and not drinking or smoking.*
3. Repeatedly reflect that norm in different ways through ongoing conversations to promote and reinforce attitudes and behaviors for healthy choices.

Identify frames to use.

Review the frames that are helpful in promoting substance use prevention. Add those themes into your conversations to strengthen the impact of your communications.

Apply those frames in your role.

Review the role-specific playbook(s) later on in Part I of this toolkit for ideas on when to talk with youth about substance use and for promoting engagement and selecting frames for your unique role(s).

Keep reading for additional guidance on each of these steps!

General Communications Guidance

1

Make a plan.

1. Identify Your Goals

Decide what knowledge, attitudes, or behavior you are seeking from your audience. Ask yourself, *what do I want out of this conversation? How do I want my intended audience to be impacted?* In other words, identify what you want to happen as a result of your conversation with youth.

2. Know Your Audience

Take time to understand your audience(s) to create the most effective plan for reaching and relating to them.

- Start by identifying who needs to receive the message in order to achieve your goal. Is it a youth, their peers, their caregivers, and/or others?
- Then determine how you would like that audience to act as a result of the conversation.
- Consider the factors that make it more or less likely that your audience will behave in the desired way.
- Lastly, come up with a plan for how you will get your message to your audience in a way that increases the chance they will acknowledge and receive it.

Consider these examples.

If you are a caregiver wanting to support substance use prevention with your child, the goal of having a conversation is to help them know how to avoid and refuse offers of alcohol, nicotine, marijuana, and other drugs. Identify how you can help them be prepared to do this.

If you are a school administrator or prevention professional wanting to support substance use prevention in community middle- and high-schools, the student body is the group who should avoid substances to meet the prevention goal. Your audience may also include teachers and staff who can help support these efforts through conversations and teaching evidence-based interventions.

Is your goal to...

- Make your audience more aware of substance use as a social problem?
- Have them think differently about substance use?
- Encourage healthy choices and refusal of substances?
- Generate peer-to-peer conversations about substance use prevention?

Messenger credibility

...is important for prevention communications to be effective. The good news is that youth report caregivers, public safety professionals, healthcare professionals, and educators as some of the most credible sources for substance use-related information.^{4,5}

Questions to ask:

- What person or group of people needs to act to achieve the goal?
- How must they act to achieve the goal?
- Why would this audience behave in the desired way?
- Why aren't they behaving in the desired way currently?
- What do they need to know, trust, or believe to act in the desired way?
- From who or what source do they trust to get their information from?

General Communications Guidance

3. Be Strategic

Take time to prepare for your conversation. Gather information from your intended audience(s) when you can.⁶ Ask about what matters to them and how they feel about substance use and prevention.⁴ This helps you create messaging that's more relatable and impactful.

Set the Stage for a Productive Conversation

How a conversation is had with a young person is just as important as the content discussed. Whether talking with one person or a group of people, take steps to set the stage for that conversation. It will increase the likelihood that your audience will participate and receive the intended message.

Use principles of Motivational Interviewing (MI) in your conversations. MI is a collaborative, goal-oriented approach to conversations designed to strengthen motivation for and commitment to a goal.⁷ Four key principles of MI that can be integrated into your approach to talking with others include:

Partnership. Make the conversation collaborative. Acknowledge that while you may have useful and valuable information, the person you're talking with is the expert in their own life.

Acceptance. Take a non-judgmental approach. Acknowledge strengths, express empathy, and respect a person's autonomy and freedom of choice.

Evocation. Engage people in a respectful and curious way. Use open-ended questions to draw information out of them. Try not to approach the conversation with the goal of educating and giving what seems to be lacking (e.g., knowledge, skills).

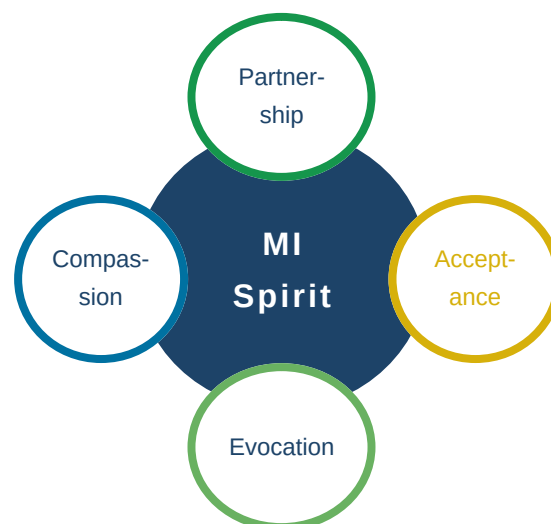
Compassion. Act in the best interest of a person in a way that prioritizes and promotes their growth and wellbeing.⁷

Questions to ask:

- Does my message speak to my audiences' natural motivations to act?
- Does my message ease or dismiss natural barriers to act?
- Do my messages give my audience what they need to know, trust, or believe in order to act?
- Do my messages appeal to – or at least not alienate – my audiences' trusted circle of influencers?

Tips for an effective conversation:

- Take time to establish rapport and trust. It is critical to the outcome of the conversation.
- Keep your approach respectful and collaborative.
- Show you care and respect youth autonomy to make their own choices. Acknowledge them as the expert in their own life.
- Start with active listening, then use OARS (open-ended questions, affirmations, reflections, and summaries) to build engagement and connection.



General Communications Guidance

Use effective communication skills.

Actively listening is the first, and most important, communication skill. Active listening means to engage closely with what a speaker says, both verbally and nonverbally, in a nonjudgmental way. Listening in this way allows the listener to understand a person's perspective, concerns, and ambivalence, all of which help to more strategically guide the conversation.

One set of communication skills that help guide a conversation are referred to as OARS, or open-ended questions, affirmations, reflections, and summaries.⁷ In communications, these OARS help push people forward, toward action.

Open-ended Questions

- Draw out a person's experience and engage them in the conversation by requiring more than a simple yes/no or a head nod.
- Start with words such as, "How...", "What...", "Tell me about...", and "Describe..."

Affirmations

- A compliment or statement of appreciation and understanding used to highlight strengths, praise positive behaviors, and support a person as they describe difficult situations. Affirmations support and promote self-confidence.
- Examples include: "I appreciate you bringing this up with me even though you're worried about getting into trouble," "This is hard work you are doing," and "You're a very resourceful person."

Reflections

- Statements that offer your interpretation of what someone is saying. Reflections are used to express empathy and show that you're present and paying attention.
- Examples include "It's been a really tough week and you're feeling stressed with what's going on," or "You can't imagine not hanging out with your friends and at the same time you're worried they're going to pressure you."

Summaries

- Longer reflective statements that highlight important parts of the conversation.
- Can be used to shift the direction of a conversation that has veered off course or gotten stuck.
- "Let me see if I got this right..." then summarize the key points.

Using the principles of MI and effective communication skills will set the stage for a real, honest, and direct conversation around substance use. They will also help build rapport and support the process of engagement.

Youth are more likely to listen to people they have bonded with or trust.

In their *Getting Candid: Framing the Conversation Around Youth Substance Use Prevention* guide, the National Council for Mental Wellbeing offers many ideas for building trust with youth when having conversations about substance use.⁴

- Build rapport by starting the conversation with an exploration of topics your audience cares about.
- Help them feel comfortable and safe in the space where you're having the conversation by being trustworthy and respecting boundaries.
- Be authentic by being honest and showing you care.
- Keep the conversation informal. While you may have talking points for what you want to say, let them flow naturally rather than in a scripted way.
- Pay attention to nonverbal cues such as body language. Nonverbal cues that signal collaboration (e.g., eye contact, leaning in, being on the same physical level as opposed to standing over someone) will help them feel more comfortable during the conversation.

General Communications Guidance

Have Frequent, Small Conversations

Communications will not move the needle on how people think and act if a message is heard only once. Here are two reasons to **have frequent, small conversations**.

- Waiting to have the “one big conversation” is likely to be uncomfortable for both youth and messenger. Instead, integrate substance use communications into everyday conversations about health and wellness. This will reduce discomfort in talking about substance use.
- Youth are highly exposed to pro-substance use messaging through mass media and other sources. Frequent pro-health and wellness conversations help to counter this influence.

Time the Conversation

A strategic approach to timing substance use prevention conversations includes:

- Allowing for open discussions during everyday activities (e.g., family walk, sports physical, class presentation)
- Being prepared for natural unplanned opportunities to dive into conversation (e.g., when youth reach out to you, at sporting or other community events, seeing youth at your workplace or home, etc.).
- Having conversations when both messenger and listener are engaged and focused.
- Avoiding conversations during moments of crisis or when emotions are high.

4. Do No Harm

Take time to prepare for your conversation. Gather information from your intended audience(s) when you can.⁶ Ask about what matters to them and how they feel about substance use and prevention.⁴ This helps you create messaging that’s more relatable and impactful.

- Avoid strategies that do not work or could be harmful. See **Frames to Avoid**.
- Avoid stigmatizing language. Use language that reduces harmful stigma related to substance use.
 - Use person-first language to describe what a person has instead of what a person is. For example, rather than using highly stigmatizing words like “user” or “addict,” put the individual before the problem by referring to them as “a teen who uses substances.”⁸
 - Avoid words like “vulnerable,” “high-risk,” and “underserved.” Instead, try phrases like “individuals with elevated risk” and “priority populations”.⁹
 - Communicate about prevention using positive, collaborative words instead of terms with a violent connotation. Instead of using words like “tackle” and “fight against,” describe prevention efforts using words like “engage,” “collaborate,” and “prevent.”⁹

Additional Resources on Non-Stigmatizing Language

1. [Health Equity Guiding Principles for Inclusive Communication](#)
2. [Words Matter: Preferred Language for Talking About Addiction](#)
3. [Addictionary](#)

General Communications Guidance

5. Evaluate and Adjust

Prevention communications can be evaluated for both intended (and unintended) effects.⁶ There are many different ways to see if your conversations are having an impact.

For situations in which a messenger has limited access to youth, or for messengers engaging more frequently in one-to-one conversations, measures of reach and exposure may include verbal and nonverbal responses of engagement (e.g., eye contact, head nods, warm expressions). Impact measures may include hearing the youth use language and demonstrate behavior that promotes healthy activity engagement and refusal of substance use.

Do you have access to a larger number of youth?

Consider evaluating whether youth would be more likely to avoid alcohol and other drugs based on newly implemented prevention conversations with, for example, law enforcement officers, educators, and/or healthcare professionals. One strategy could be to survey a random sample of the intended audience (e.g., 9th and 10th graders) in a school or community. The survey could include a brief demographics section (gender, age, race, ethnicity) and questions about whether or not they have had a conversation with any or all of the above persons (and how many times), the topic discussed, changes in behaviors (e.g., avoiding risky situations), career aspirations or optimism for the future, or changes in taking part in non-risky behaviors (e.g. after school sports), and changes in actual substance use behaviors.

Best practices for determining the impact of prevention conversations would be to collect data at baseline (i.e., before the communication intervention) and at a pre-determined follow-up time point. A common standard is to collect follow-up data six to 12 months after an intervention has been initiated. There are multiple ways to do this:

1. Survey the same individuals (e.g., students, parents, healthcare professionals) at baseline and follow-up, using the exact same survey questions.
2. When tracking the same set of individuals is not feasible, survey a random sample of individuals from the same target group at baseline and follow up. For example, collect baseline data from a random sample of 9th graders at the beginning of the school year and randomly sample that same cohort of students again 6-12 months later.

With both approaches, keep in mind that substance use rates are likely to increase from year to year as use rates grow incrementally between the ages of 12-18.¹⁰ Having a comparison group of youth who are not exposed to the communication intervention will help in determining if any changes you observe are the result of the conversations had with youth or simply occurred by chance.

How to Know if Your Conversations Are Working

Common metrics for determining if your conversations are working are 1) reach and exposure, and 2) impact.

Reach and Exposure refers to the number of youth you've had an opportunity to talk with, and how often. Experts agree that repeated exposure to positive norms-based messages will increase the chances of shifting perceptions, attitudes, and behaviors about substance use.

Impact refers to changes in perceptions, attitudes, and behaviors as a result of your conversations.

Identifying some way of monitoring outcomes will prepare you to adjust your conversational approach and/or message in order to increase the effectiveness of your communications.

Understanding Social Norms

2

Learn & use your social norms.

Both youth and adults overwhelmingly overestimate the number of 12-18 year olds who use substances (especially alcohol, nicotine, and marijuana). They believe that use is more common than it is (e.g., everyone drinks, most caregivers allow their kids to drink).^{11,12} The truth is that most youth make healthy choices and do not use substances.

The research shows that a growing percentage, and the vast majority, of American youth are choosing not to use any substances.^{13,14}

When people think substance use is the norm, they are more likely to make choices that align with that misperception (i.e., acceptance or promotion of alcohol use).^{15,11,16} However, when youth are exposed to messages that explain positive, true norms that most youth make healthy choices and engage in prosocial activities, they are more likely to take part in those positive behaviors.^{17,18,19}

When those who are not using substances learn that they are part of the majority and are not alone in their opposition to use, they can be more confident in speaking out against use and in acting as active bystanders to discourage the use of others.

Benefits of Integrating Social Norms into Your Conversations with Youth

- Across all communication strategies, social norm approaches have the strongest evidence base for upstream prevention communications. This includes preventing first use in youth and preventing escalation of use in those who may be experimenting.²¹⁻²⁵
- While social norms approaches usually use mass communication strategies, experts agree that integrating norm-based prevention messages into conversations will amplify the impact of these messages. Why? Youth are exposed to pro-substance use messaging in high frequency. Pairing norm-based messaging via multiple channels (mass communications and conversations) will increase the chances of shifting perceptions, attitudes, and behaviors about substance use.²⁶⁻³⁰

How to Build Positive Social Norms into Your Conversations

1. **Identify the true, positive norm of your audience.** *In other words, what percentage of youth are not using alcohol, nicotine, or other drugs?*
 - *Most norms on substance use are presented as a percent or proportion of youth who are using a substance (e.g., alcohol, nicotine, marijuana, all of the above).*
 - *Once you have the percent of how many youth **are** using a substance (e.g., 15%), calculate the percent who are **not** using the substance (e.g., 85%). This number represents the true **positive** norm, or percent of youth who are making healthy choices and not using substances.*

Understanding Social Norms

Where to Find Social Norms Data

- The bi-annual **Youth Risk Behavior Surveillance System (YRBSS)** provides estimates of substance use for 9th - 12th grades at national, state, territorial, tribal, and local school district levels.
- The annual **Monitoring the Future (MTF)** survey offers national estimates of substance use and related attitudes among 8th, 10th, and 12th graders.
- Regional substance use estimates might also be available in a community health assessment (sometimes called a community health needs assessment).
- Reach out to your local substance use coalitions or school district offices and ask if student substance use data is available.

See the **Accessing Positive Norms** section for step-by-step guidance on how to find your norms through these sources. If you would like to conduct your own survey or would like further support in identifying your community norms, reach out to **ADAPT**.

The importance of identifying solutions that contribute to positive norms.

When looking for a social norm, it's also important to understand how those norms exist. Ask "when and how are most of the teens in my district making the decision not to use alcohol or nicotine?" The answer to this provides a "solution," or how your audience is making the choice to not use any substances. These health-oriented solutions can be integrated into social norms messages to promote preventive decision-making.

2. Communicate the positive norm (and its source) to youth to correct misperceptions.

- Integrate positive norm-based messages into your discussions. Keep in mind that social norm messages should be delivered as facts, absent of emotion or judgment, and based on credible evidence.

3. Regularly build positive norms into your conversations. Youth need to hear positive norm-based messages frequently to shift their perceptions, attitudes, and behaviors. This is because the spread of pro-substance use communications pushes the misperception that most youth are using substances.^{26,29,31}

Youth may initially reject a message about the positive norm or describe it as not true or not believable. This reaction is to be expected, especially among people who have strong misbeliefs about the true norm among peers. Effectiveness comes with time, clarity of the true, positive norm based on credible evidence, and ongoing discussion and reflection by youth after high exposure to the positive norms.

Example of pairing a norm with a solution

After surveying all 10th graders, it looks like 9 out of 10 kids in your grade choose to have fun on the weekends doing healthy activities like X and Y and did not use substances.

Youth are more responsive to messages they see as credible. Rather than phrasing a social norm using generic language (e.g., "most of the kids in this town"), provide the specific norm and cite the source of this information. For example, "This year's school survey found that 8 out of 10 kids in your grade didn't use nicotine, alcohol, or drugs last year."

Can social norms messaging be effective with youth who are starting to use substances?

Yes! Social norms communications have been effective at stopping use in those who are experimenting. Youth using substances experimentally often do so because they think it's the norm. Therefore, when presented with the true positive norm, they respond towards reduction of use.

Using the same positive norm-based message, in slightly different ways using many sources of evidence and communication channels, are key ingredients to the success of social norms approaches in preventing substance use.

Conversational Frames for Youth

Framing refers to how information is presented and the choices we make in what we say and how we say it. These choices – like what to highlight, explain, and leave out – affect how people understand the messages we express. There are many ways we could talk about substance use prevention, but what we know from the framing science is that there are certain choices we can make as communicators that will better influence how youth audiences think and act. These frames are shown below.

In addition to the social norms frame, five other frames are also described. These frames can be used one at a time or together. A particularly impactful approach would be to pair a social norms frame with another one of the frames as a way of adding value and appeal to the intended audience.



Youth preferences for how to use these frames

A sample of youth offered input on how to use these frames. Here are some of their recommendations.

DO

- Take time to build rapport and genuinely engage.
- Personalize the message.
- Present social norms as facts.
- Focus on immediate, short-term goals and aspirations.
- Offer resources to youth who may need extra support.
- When using social norms, simply state the facts.

DON'T

- When using social norms, avoid divisive "us vs. them" language.
- Imply causal (if-then) statements when talking about goals/aspirations and risk of addiction.

A note about 'Choice'

Several frames and examples in this toolkit highlight the choice to use or not use substances. Using the word "choice" in this context is recommended related to upstream prevention communications. The goal of using the word "choice" in this context is for the youth hearing the message to feel a sense of agency and autonomy in their ability to freely make a choice to start or not start using substances for the first time.

At later stages of substance use, the concept of choice no longer applies in the same way.

To use the word "choice" at later stages of use could be stigmatizing to the individual and reinforce the belief that addiction is an individual problem.

CONVERSATIONAL FRAMES FOR YOUTH 12-18

SUBSTANCE USE PREVENTION COMMUNICATION

Frame	Description	Examples
<p>Social Norm <small>32, 11, 15, 23</small></p> <p>+</p> <p>Solution <small>33</small></p>	<p>1) Both youth and adults overwhelmingly overestimate the number of 12-18 year olds who use substances (especially alcohol, nicotine, and marijuana). They believe that use is more common than it is (e.g., everyone drinks, most caregivers allow their kids to drink).^{11, 12} The truth is that most youth make healthy choices and do not use substances. When people think substance use is the norm, they are more likely to make choices that align with that misperception (i.e., acceptance or promotion of alcohol use).^{15, 11, 16} However, when youth are exposed to messages that explain positive, true norms that most youth make healthy choices and engage in prosocial activities, they are more likely to take part in those positive behaviors.^{17, 18-20, 34, 35}</p> <p>2) Highlight solutions by giving examples of how youth are making the choice to not use any substances. This promotes the healthy choices most youth are making instead of using substances.</p>	<p><i>After surveying all 10th graders, it looks like 9 out of 10 kids in your grade choose to have fun on the weekends doing healthy activities like X and Y and did not use substances.</i></p> <p><u>Law Enforcement Example</u> Giving a presentation to youth: "As an officer, we find that most students here at ABC protect themselves by making healthy choices to avoid alcohol and drugs. Your safety is important to people like me. If you find that you are struggling to make these choices, we are here to help."</p> <p><u>Educator Example</u> To the whole class: "When you look at information from expert sources, you'll see that the overwhelming majority of students your age (9 out of 10) has made the choice to avoid vaping, drinking alcohol, and using marijuana. Why do you think they made those choices?"</p>
<p>Agency/ Self-Affirmation <small>4, 36</small></p>	<p>Agency refers to the feeling of being in control of their choices and actions. Self-affirmation means being respected for your agency and autonomy. When talking with youth about healthy choices, triggering self-affirmation can help gain their respect and attention. During adolescence in particular, messages that tap into one's sense of agency and autonomy increase the chance of influencing behavior.</p>	<p><i>"You respect yourself and want to make decisions that are best for you and your health. Maybe that's why so many of you are sticking by your choice to avoid drugs and alcohol."</i></p>
<p>Aspirations/ Future Goals <small>4</small></p>	<p>An aspiration is a hope or ambition of achieving a goal. A goal is a specific objective that someone is trying to achieve. An orientation towards aspirations and future goals resonates with youth. Messages using this frame are more effective at impacting behavior when the content is seen as personally relevant. This frame can be especially helpful when communicating broadly with young people (e.g., via social media or advertising) since this frame resonates across a wide range of middle/high school ages.</p>	<p><u>Educator Example</u> <i>"You are worried about the health of the planet and care for your friends. Maybe that's why so many of you have chosen to avoid alcohol and other drugs. Keep up the good work. You make us proud."</i></p> <p><i>"You are committed to graduating next year, limiting the challenges that could interfere with that goal. Maybe that's why so many of you have chosen to avoid alcohol and other drugs. Keep up the good work. You make us proud."</i></p>

CONVERSATIONAL FRAMES FOR YOUTH 12-18

SUBSTANCE USE PREVENTION COMMUNICATION

Frame	Description	Examples
Risks of Addiction 4	The impact of substance use on the growing adolescent brain, awareness of how hard it can be to change addictive behavior, and the negative impacts of addiction on life goals is a strong frame for youth. Activating the risk of addiction frame helps bring awareness to youth about how substances can harm their body and mental health, and over time, make it hard for them to meet their goals and be in control of their choices and behaviors.	<i>"93% of the students at ABC highschool are making the healthy and important choice to avoid drugs and alcohol. Unlike adults, young people have a brain that is still growing, and the science is clear that drugs interfere with that growth. The brain does not grow normally in the presence of alcohol or other drugs. I am impressed by the healthy choices you're making to protect yourself."</i>
Relationships 4	Adolescents are heavily motivated and influenced by relationships with those who matter most to them, including caregivers, friends, teachers, coaches, and mentors. For middle school-aged children, there is a stronger tendency to care more about not disappointing people in their lives. However, high school-aged students are more worried about making the people they care about proud. Framing conversations around substance use that tap into these relational considerations can be helpful.	<p><i>For middle school: "There are people in your life who matter to you and care about you. You try hard not to let them down. Maybe that's why 88% of you at ABC middle school are choosing not to use alcohol or drugs."</i></p> <p><i>For high school: "You work hard to make those that care about you proud. Maybe that's why 88% of you at ABC high school are choosing not to use alcohol or drugs."</i></p>

Can frames be paired together?

Yes. The social norms frame can be included with all the other frames. In fact, the pairing of social norms with other frames can add value to the message by making it more appealing. Other combinations of frames can also be built into a conversation if those frames relate to the purpose of the communication and are relevant to the audience.

How do I make sure my conversation starter doesn't sound scripted?

For messaging to have an impact, it must be seen as conversational and authentic. Strategies include thinking through how you might apply the messaging frames with words you are comfortable using and personalize the frame to make it relevant to the person you are speaking with. Setting the stage for the conversation by spending some time developing or strengthening rapport can also be helpful.

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers guidance on how to have conversations with youth through their "Talk. They Hear You." campaign materials.

FRAMES TO AVOID IN CONVERSATIONS

SUBSTANCE USE PREVENTION COMMUNICATION

Avoid using these frames in your conversations. They are ineffective at preventing substance use and cause lower understanding and support for solutions related to substance use. The first two frames shown below have also been found to be harmful by either increasing substance use or reducing support and understanding for substance use prevention.²⁸

Frame	Example of What We Often Say	Why It's a Problem
Avoid Individualism and Otherism <small>37</small>	<p>Every year, roughly 3,600 babies in the US die suddenly for unknown reasons. Researchers estimate that if pregnant moms would just quit smoking, we could prevent 800 of those deaths.</p>	<p><i>Individualizing a problem means the solutions must also be individual. These frames lead people to think the outcomes we experience from substance use and misuse are because of the effort and drive we have as individuals. It frames substance use and its effects as the result of an individual's motivations and choices. This leads to zero-sum thinking: more for any person or group, by definition, means less for me and mine. The logical solutions from this mindset are for individuals to "try harder" and "make better decisions."</i></p>
Avoid Fatalism and Fear <small>37</small>	<p>800 people have died of overdoses in our state. You could be next. This problem is never going away. There's nothing we can do about it.</p>	<p>Fear is a destabilizing emotion. While it may trigger a sense of outrage and short-term behavior change, that effect does not last and may cause a deeper sense of fear that nothing can be done to solve the problem.</p>
Avoid describing assessment of substance use risk as "screening" <small>38</small>	<p>Screening for adolescent substance use has been shown to be an effective strategy that allows for early intervention and treatment before substance use becomes a problem.</p>	<p>The word "screening" in a healthcare context is understood by some as an intrusive, medical exam such as a screening for disease or biological disorder. In the case of substance use prevention, think about using "identifying risk" or "having a conversation about substance use" instead. These alternatives are better descriptors and tend to avoid alarming reactions to the term "screening."</p>

Beyond the Message

**NOW
WHAT?**

Positive norms-based conversations can work as preventive interventions. Effective prevention is more than just reducing risk, however. It is also important to **grow protections and build strengths**. Following conversations with youth, messengers have the chance to further promote upstream prevention and healthy youth development through several strategies. A few of these are shown here.

Strategy	Action
<p>Ongoing prevention-related communications: Talking about prevention doesn't need to end at one conversation. It's recommended that youth be exposed to frequent, small conversations about substance use prevention.³⁹ While some of these conversations may offer ongoing affirmative messaging and praise for healthy choices to not use, others may introduce youth to related concepts, such as peer pressure, and teach specific skills to stand up to this pressure.</p>	<p>One way to help youth respond to peer pressure</p> <ul style="list-style-type: none"> • Acknowledge that peer pressure is real and can leave someone feeling conflicted about what to do. • Help youth develop a plan for how they will respond in those situations. • One of the most effective interventions is to teach youth how to use assertive communication to refuse substances by planning how they would respond if they were offered a substance and then having them practice that response aloud.
<p>Healthy activity scheduling: Youth, like adults, use substances for both the positive reinforcement (i.e., they feel good, they're doing it with their friends) and negative reinforcement, or relief (e.g., reduced stress, calmer nerves).⁴⁰ Adults can actively encourage youth and their peers to take part in activities that provide opportunities for positive reinforcement that don't involve substances. Many of these activities naturally provide enjoyment and support reductions in poor moods, stress, and anxiety.⁴¹</p>	<p>For younger adolescents, create opportunities for them to connect with each other and demonstrate how to celebrate and have fun without using substances.</p> <p>Older adolescents can be supported by planning and hosting fun activities and events for their friends, like events at school or a themed party at home.</p>
<p>Plan for high-risk situations. For caregivers in particular, plan for what a youth might do if they find themselves in an uncomfortable situation with substances. A common strategy is to use a code word or emoji that the youth can send to signal they need an "out" or a way home.</p>	<p>Create a plan for how to safely get out of risky situations. Develop a code word or signal that can be communicated when help is needed.</p>
<p>Acknowledge and talk about instances of substance use, then move on. If messengers have created open and honest conditions for talking about substance use, youth will be more likely to share if they've engaged in substance use.</p>	<ul style="list-style-type: none"> • Affirm the courage it took for them to share this with you and talk through what happened. • Use open-ended questions to elicit their experiences – what went well and what didn't. • Reflect on their choices and reactions to those choices. • Help them plan for how they will respond the next time that situation comes up.
<p>Connect youth to resources. During conversations, it may become apparent that some youth may benefit from extra support or resources for either substance use or emotional health. It's helpful to know where they can find support services if needed. Offer to help them get connected to that resource. Commonly available resources within communities may include school counselors, healthcare professionals, and community mental health clinics.</p>	<p>The Substance Abuse and Mental Health Services Administration (SAMHSA) offers an online tool to support people in finding treatment resources in their local communities. Access that tool HERE.</p>



PLAYBOOK: Educator / Caregiver



*This playbook summarizes the opportunities a sample of **educators and caregivers** identified to talk with youth about substance use prevention. Included are their ideas for engaging more effectively, messaging frames they might start with, and special considerations.*

OPPORTUNITIES TO TALK WITH YOUTH

1. When transporting youth to activities.
2. Spontaneous opportunities during day-to-day activities with youth and their peers.
3. When presenting survey results such as the Youth Risk Behavior Surveillance System, Monitoring the Future survey, and others.
4. When mapped to essential competencies and integrated into specific courses within a curriculum. Common courses include health, science, and others based on the competency.
5. During planned events: Presentations at schools or youth clubs, community trainings, newsletters or communications to caregivers, social media, or video content for events.

PROMOTING ENGAGEMENT

1. Consider the time of day, energy level, and mindset of the youth. Timing is everything.
2. Give opportunities throughout the day for youth to think and verbalize. Allow for tangents.
3. Enter the conversation with an authentic desire to learn from youth. Introduce a topic and recognize they are the experts in their lives.
4. Rather than giving advice, ask them what they think their solution is and provide guiding support.
5. Give them the opportunity to create something new and wild. The substance-free life has to be fun. Help them identify their “natural highs.”
6. Planning fun activities for groups of youth can help to cement their relationships simultaneously with youth and their peers. Create fun through humor, games, music, food, etc.

STARTING FRAMES

- Relationships – the influence of their peers and trusted adults can be “miraculous” at informing decisions and shaping behavior.
- Future Goals – explore how substance use might impact near-term goals (sports, grades, others).
- Risk of addiction – describe substance use in the context of adolescent brain development and immediate goals.

SPECIAL CONSIDERATIONS

- Avoid fear-based messaging, lecturing, or “just giving advice.”
- Caregivers: Do not worry about having all the answers or about what your behavior may have been at that age. A family is “all navigating this together, on the same boat.” Focus on “we are going to figure out everything together.”
- If you choose to disclose previous substance use, stick to basics and avoid sharing details that could reinforce benefits of use. For households where legal substances are used, clearly distinguish that use as permissible for adults and not yet for youth their age.
- You will know youth are engaging when they are making eye contact and asking questions. [This varies by culture].



PLAYBOOK: Public Safety

*This playbook summarizes the opportunities a sample of **public safety** professionals identified to talk with youth about substance use prevention. Included are their ideas for engaging more effectively, messaging frames they might start with, and special considerations.*

OPPORTUNITIES TO TALK WITH YOUTH

1. Look for spontaneous opportunities to engage with youth, such as at parks or around the neighborhood.
2. Engage with youth during extracurricular activities/clubs (sports teams, Boys and Girls Clubs, Scouts, etc.) and at community events.
3. Host caregiver academies, listening sessions with a coach, or participate as a mentor role model.
4. Offer supportive resources to teens when working with caregivers engaging in substance use.
5. Lead or participate in evidence-based substance use prevention programs in schools.
6. A school resource officer could create a food pantry or other school resource and use the opportunity to engage youth in conversation.

PROMOTING ENGAGEMENT

1. Talk *with* youth. Listen. Have a positive demeanor. Recognize it takes time to build trust.
2. To build rapport, describe a recent event and ask for their thoughts on the event.
3. Keep the conversation simple.
4. Focus on the youth's inner strength and leadership.
5. 'Ask. Share. Ask.' Ask permission to talk with the youth. Share an example, story, or anecdote. Ask if the youth has any questions.

STARTING FRAMES

- Agency – have conversations about what leadership looks like and about what respecting yourself and others looks like.
- Social norms – share the positive social norms in your community to reinforce that most youth are not using alcohol, nicotine, marijuana, and other drugs.

SPECIAL CONSIDERATIONS

- Demeanor and presence are important in how youth perceive public safety professionals.
- Younger youth may find professionals in uniform fascinating. Older teens may associate the uniform with discipline and authority.
- Pay attention to body language. Shift the message if the youth is not engaged.
- Avoid lecturing such as “do this, do that”.
- Avoid fear-based messaging.



PLAYBOOK: Healthcare Professional

*This playbook summarizes the opportunities a sample of **healthcare** providers identified to talk with youth about substance use prevention. Included are their ideas for engaging more effectively, messaging frames they might start with, and special considerations.*

OPPORTUNITIES TO TALK WITH YOUTH

1. Natural opportunities for brief conversations with youth occur during physicals, such as when taking a social history or reviewing behavioral health screening results.
2. Caregivers may ask you to initiate conversations about substance use with their youth.
3. Consider other opportunities such as during sports games, health fairs, youth programs, and school events.

PROMOTING ENGAGEMENT

1. Establish rapport and trust. Ask questions such as *'What is your favorite sports team?'*, *'What do you like to do for fun?'*, or *'What kind of music do you enjoy?'*
2. Remind the youth about what is (and is not) confidential.
3. Normalize the discussion of substance use as part of a health assessment.
4. Use standard questions, such as validated screening tools, to assess substance risk.
5. Request permission from the youth before educating about substance use. *'Ask. Share. Ask.'* Ask permission. Briefly share information. Ask *'What questions do you have?'*
6. Tailor messages to what the youth identifies as important to them.
7. Use current data from local, regional, or national surveys such as the Youth Risk Behavior Surveillance System and Monitoring the Future survey to inform discussions.
8. Use developmentally appropriate language and materials.

STARTING FRAMES

- Relationships – consider who is most important to that youth and link their choices to that relationship.
- Social norms – share accurate social norms about substance use among youth in the community.
- Risk of addiction – the adolescent brain is still growing so offer education on how substances affect them in different ways than adults. Share *"As a healthcare professional, I can't tell you what to do. I can give you information so you can make informed choices."*

SPECIAL CONSIDERATIONS

- Think about how you present yourself to the teen. A white coat can be intimidating. Get on a similar eye level and maintain eye contact to build rapport.
- Tailor messages based on the continuum of substance use risk.
- Avoid fear-based messaging and medical jargon.
- Practice having substance use prevention conversations to gain comfort talking about this topic.

* Additional guidance for healthcare professionals talking with youth can be found in the National Council for Mental Wellbeing's guide titled [*Getting Candid: Framing the Conversation Around Youth Substance Use Prevention*](#).



PLAYBOOK: Prevention Professional

*This playbook summarizes the opportunities a sample of **prevention professionals** identified to talk with youth about substance use prevention. Included are their ideas for engaging more effectively, messaging frames they might start with, and special considerations.*

OPPORTUNITIES TO COMMUNICATE WITH YOUTH

1. Engage with youth coalitions.
2. Conduct youth discussion or focus groups on substance use prevention topics.
3. Support student-led forums, peer-led campaigns, or youth presentations in schools.
4. Obtain permission to disseminate messages in community spaces that youth frequent, such as school cafeterias, movie theaters, sports facilities, and others.

PROMOTING ENGAGEMENT

1. Use current events as conversation starters.
2. Present facts from reliable sources.
3. Engage youth in the research of substance use and the related risks to position themselves as the experts.
4. Utilize peers as credible messengers. Engage a youth subcommittee or representative and train them to deliver prevention messaging.
5. Prompt youth to generate their own ideas of how they would get out of an uncomfortable situation.
6. Engage with communications and social media experts to learn best practices in reaching and appealing to youth.

STARTING FRAMES

- Relationships – youth decision-making is heavily influenced by those they care about, and a desire to make those individuals proud of them.
- Future Goals – suggest a time travel scenario and ask youth to picture what life looks like at 18, 21, or 25. Have them think through what needs to happen to achieve that goal.
- Risk of Addiction – describe substance use in the context of adolescent brain development and immediate goals.
- Agency and Autonomy – activate a sense of self-efficacy to make decisions that are best for oneself.
- Social Norms – offer positive, actual substance use norms from your community to reinforce that most youth are not engaging in substance use.

SPECIAL CONSIDERATIONS

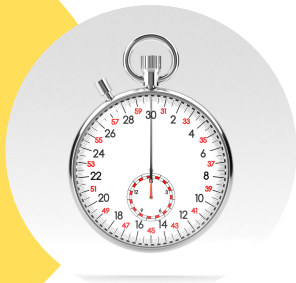
- Redirect your efforts as needed and remain flexible to your community and your community's needs.
- Avoid fear-based messaging and exaggeration of health consequences.

PART II

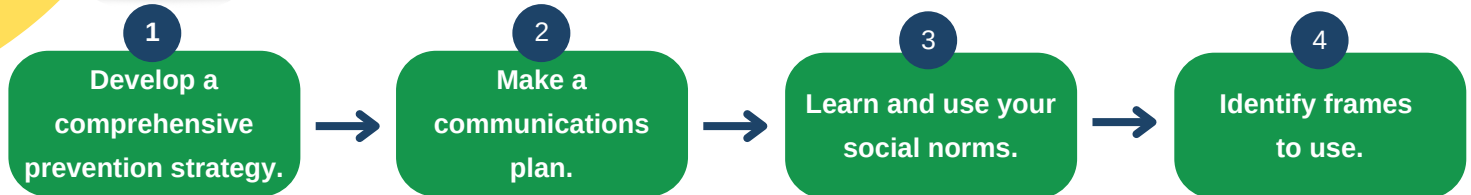


MASS COMMUNICATIONS GUIDANCE

Quick Start Guide



This toolkit supports upstream communications with the goal of preventing onset and reducing existing substance use in youth 12-18.



(1) Develop a comprehensive prevention strategy. Prevention communications are most effective when implemented as part of a larger prevention approach supporting a community.

- a. Use the Strategic Prevention Framework (SPF)⁴² or another planning framework to get started.
- b. Build community readiness for prevention and prevention communications. Check out the Community Readiness Model (CRM)⁴³ to guide this process.

(2) Make a communications plan.

- a. **Identify your goals.** Decide what knowledge, attitudes, or behavior you are seeking from your audience.
- b. **Know your audience.** Take time to understand your audience(s) to create the most effective plan for reaching and relating to them.
- c. **Be strategic.**
 - i. Learn persuasive messaging strategies.
 - ii. Use best practices in creating message content.
 - iii. Carefully select mass communication channels and platforms.
- d. **Do no harm.** Avoid strategies that don't work or could be harmful.
- e. **Evaluate and adjust.** Check in to see if your communications are having an impact.

(3) Learn and use your social norms. Both youth and adults overwhelmingly overestimate the number of 12-18 year olds who use substances (especially alcohol, nicotine, and marijuana). They believe that substance use is more common than it is (e.g., everyone drinks, most caregivers let their kids to drink). The truth is that most youth make healthy choices and do not use substances. Get started by learning the true social norms of your intended audience and building that into your messaging. Follow these steps:

- a. Identify the true, positive norm of your audience. What percentage of youth are **NOT** using a particular substance?
- b. Communicate that norm (and its credible source) to correct misperceptions. Looking at the annual high school survey, it looks like 9 out of 10 kids in your grade are making healthy choices and not drinking or smoking.
- c. Repeatedly reflect that norm in different ways through ongoing messaging to promote and reinforce attitudes and behaviors for healthy choices.

(4) Identify frames to use. Review the frames that are helpful at promoting substance use prevention. Add those themes into your messaging to strengthen their impact.

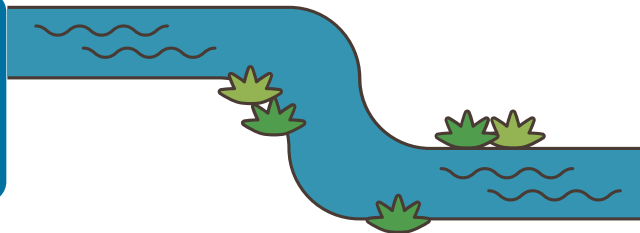
Upstream Prevention Communications

1

Develop a comprehensive prevention strategy.

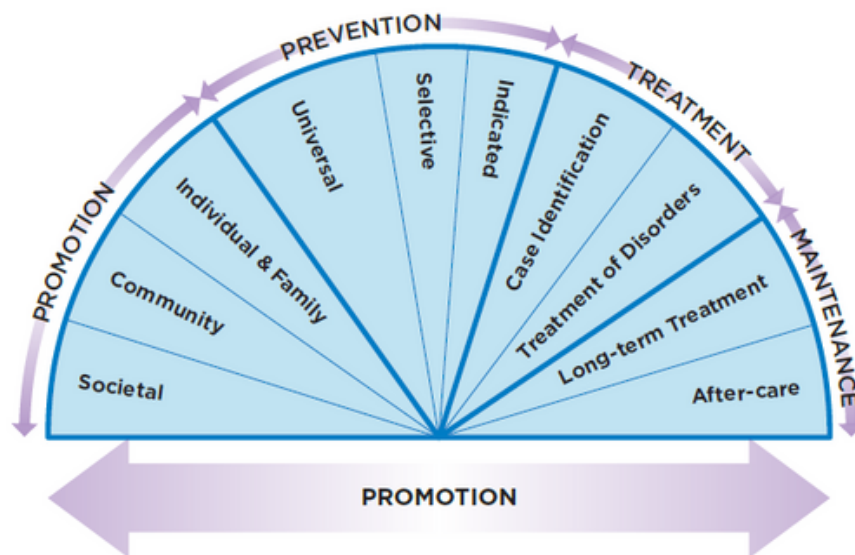
Prevention communication strategies can be used across the continuum of substance use risk, from nonuse to harmful use to overdose prevention. As prevention messengers, your communication goals and intended audience will inform the selection of communication strategies, which differ across the continuum of substance risk. **This toolkit is designed to support upstream communications to help prevent the onset and escalation of substance use in youth aged 12-18.**

“Upstream” prevention approaches function to enhance protective factors that contribute to health and address underlying/root causes of problems to prevent them from happening or getting worse “downstream.”³



Prevention communications are most effective when used as part of a larger prevention strategy.⁴⁴

The Institute of Medicine (IOM) offers a framework when thinking through a comprehensive prevention approach that addresses varying levels of substance use risk.⁴⁵



Understanding the full spectrum of prevention and levels of risk for experiencing substance use and its consequences can help address the range of needs within a community. The four areas in this framework are: *promotion*, *prevention*, *treatment*, and *maintenance/recovery*. Prevention can be broken down into universal, selective, and indicated domains.

Upstream Prevention Communications

- **Promotion** aims to enhance developmentally appropriate health and safety behaviors. These lead to healthy, productive communities. Goals may be to acquire a positive sense of well-being, maintain healthy relationships, and develop resilience.
- **Prevention** refers to strategies and interventions intended to prevent a problem or negative health and safety consequences.
 - *Universal* prevention strategies focus on an entire population (including healthy individuals). They aim to prevent the onset of substance use and include community laws, policies, and substance use prevention programs in schools.
 - *Selective* prevention strategies aim to reach people with higher risk for substance use. This includes brief motivational interviewing for high school students who are at high-risk for substance use.
 - *Indicated* prevention strategies aim to identify people exhibiting problem behaviors. They offer interventions that prevent worsening conditions or associated problems. Examples include support services for young adults who violate school drug policies.
- **Treatment** is for people who have had problems or been diagnosed with a substance use and/or mental health disorder. These strategies often include evidence-based therapy and medication.
- **Maintenance** and recovery strategies are for people who have finished or are going through treatment with the goal of improving health and wellness and achieving personal goals. These include peer and community supports, vocational (job) rehabilitation programs, and other supports that address social determinants of health.

The communication strategies in this toolkit align with the areas of promotion and prevention. To maximize the impact of substance use communications, build your communication interventions into a comprehensive prevention strategy that advances promotion and upstream prevention. Additional guidance on this is offered in the next section.

Prevention communications have the greatest impact when they fit within a larger context of prevention interventions supporting a community's individuals, families, schools, and/or neighborhoods.

For information about prevention programs that have been tested and have strong evidence of working, visit evidence-based registries such as:

- [Blueprints for Healthy Youth Development](#)
- [What Works Clearinghouse](#)

For additional program registries and resources, please visit ADAPT's [Prevention Intervention Resource Center](#).

Preparing Communities for Prevention

Educators, caregivers, healthcare professionals, public safety professionals, prevention professionals, and others have a unique role in preparing communities for upstream prevention.

Preventing substance use requires a multi-faceted approach, and multiple strategies are usually integrated when developing a comprehensive prevention strategy. Planning for comprehensive community-based prevention efforts starts with understanding attitudes, knowledge, resources, and activities currently happening in your community.⁴³ The Strategic Prevention Framework (SPF) offers a well-tested and user-friendly planning approach.⁴² The SPF is a 5-step process that includes assessment of strengths, needs, and assets, capacity building, planning, implementation, and evaluation. Principles of cultural competence and sustainability are integrated throughout each step.



- **Assessment:** identify substance use and related risk and protective factors, resources, and community readiness. In this step, **community readiness** is assessed.
- **Capacity Building:** build local resources and readiness, with strategies informed by interested parties/groups.
- **Planning:** prioritize risk and protective factors to select interventions.
- **Implementation:** put the plan into action.
- **Evaluation:** identify what is working, and what isn't, to get to desired outcomes.

Community readiness is “the degree to which a community is willing and prepared to take action on an issue”.^{43(p4)}

Community is defined in broad terms, ranging from schools and neighborhoods to counties and states. Communities will vary in their readiness for upstream prevention activities. A full review of strategies to support community mobilization extends beyond the purpose of this toolkit. As a starting point, we introduce one model that may be helpful in preparing communities for prevention.

The Community Readiness Model (CRM) is a multi-step process that begins with identifying the stage of readiness of a community to act and use strategies to bring about community change. Readiness is described along a continuum ranging from ‘no awareness’ of substance use in the community to ‘community ownership’ where the intervention and plan have become woven into the community.⁴³ Strategies are developed to match awareness and readiness levels to start the process of mobilizing community members.

When a community has reached a level of readiness to engage in prevention activities, prevention messaging strategies will be more effective. At the same time, communications play a vital role in changing mindsets and making community members receptive to upstream prevention.

This toolkit presents several messaging strategies to support the process of shifting community mindsets and building support for upstream substance use prevention.

General Communications Guidance

2

Make a communications plan.

These five steps below will guide you through the process of getting started in thinking through and implementing your prevention messaging. The Centers for Disease Control and Prevention provides a **Communication Planning** resource and toolkit that can support development of a comprehensive prevention strategy.

1. Identify Your Goals

Decide what knowledge, attitudes, or behavior you are seeking from your audience. Ask yourself, *what do I want out of this communication? How do I want my intended audience to be impacted?* In other words, identify what you want to happen as a result of your prevention communications.

2. Know Your Audience

Take time to understand your audience(s) to create the best plan for reaching and relating to them.

- Start by identifying **who** needs to receive the message in order to achieve your goal. Is it youth, their peers, their caregivers, and/or others?
- Then determine **how** you would like that audience to act.
- Consider the factors that make it more or less likely that your audience will behave in the desired way.
- Lastly, come up with a plan for how you will get your message to your audience in a way that increases the chance they will acknowledge and receive it.

The answers to these questions help identify your audience. In addition, the answers identify how to best persuade them to act in a way that supports your communication goals.

Consider this example. If you're a prevention professional wanting to support substance use prevention in community middle- and high-schools, your initial audience may include school administrators, teachers, and staff. These individuals need to support your prevention goal and allow access to the student body. Your next audience may be the middle- and high-school students who must act by abstaining and refusing offers of substances in order to achieve your prevention goal. It will be important to identify the factors that make their refusing substances more or less likely and tailor your intervention to address those influences.

Is your goal to...

- Make your audience more aware of substance use as a social problem?
- Have them think differently about substance use?
- Encourage healthy choices and refusal of substances?
- Generate peer-to-peer conversations about substance use prevention?

Messenger credibility

...is important for prevention communications to be effective. The good news is that youth report caregivers, public safety professionals, healthcare professionals, and educators as some of the most credible sources for substance use-related information.^{4,5}

Questions to ask:

- What person or group of people needs to act to achieve the goal?
- How must they act to achieve the goal?
- Why would this audience behave in the desired way?
- Why aren't they behaving in the desired way currently?
- What do they need to know, trust, or believe to act in the desired way?
- From who or what source do they trust to get their information from?

General Communications Guidance

3. Be Strategic

Take time to prepare for your communications. Gather information from your intended audience(s) when you can.⁶ Ask about what matters to them and how they feel about substance use and prevention.⁴ This helps you create messaging that's more relatable and impactful.

Consider this example that puts together the first three steps in the planning process. Evidence shows that adolescents with conversational family communication patterns are more likely to have higher psychological adjustment, a protective factor against substance use.⁴⁶

Questions to ask:

- Does my message speak to my audiences' natural motivations to act?
- Does my message ease or dismiss natural barriers to act?
- Do my messages give my audience what they need to know, trust, or believe in order to act?
- Do my messages appeal to – or at least not alienate – my audiences' trusted circle of influencers?

Best practices in family conversations are for caregivers to have regular, frequent conversations about substance use rather than one big conversation.³⁹ When these conversations start early in adolescence, and expectations are clear that substance use is not acceptable for children of any age, they are less likely to use substances.⁴⁷ A strategy that aligns goals, audiences, methods, and messages and is informed by evidence will help families in supporting their children. Therefore:

Example

Goal:

- Help families adopt conversational family communication patterns and set expectations around substance use through your communications.

Audience:

- Who needs to act to achieve the goal? *Caregivers*
- How must they act to achieve the goal? *Have regular conversations with their kids about substance use.*
- How? *Focus on positive norms that most youth are making healthy choices and not using substances, and most caregivers want to act in ways to support these healthy norms.*

Strategy:

- Why would this audience behave in the desired ways? *It will help their children lead healthier lives.*
- Why aren't they behaving in the desired way currently? *They don't know how to start these conversations or worry these conversations may have unintended consequences.*
- What do they need to know, trust, or believe to act in the desired ways? *They need to know there are proven, evidence-based ways in which these conversations can take place, trust that they can do it and believe their children will engage in the conversations.*
- Who or what do they trust to get their information? *Other caregivers, education professionals (teachers, principals, etc.), media, and peers*
- Where can we find them? *Community events, social media channels, caregiver-teacher conferences*

General Communications Guidance

Preparing Mass Communications

Mass prevention communications come in many forms, from flyers and websites to billboards and mass media campaigns. As mass messaging is a one-way form of communication, it must be carefully crafted and disseminated to meet its communication goal. There are several strategies that will support you in developing and delivering effective prevention messaging.

Tips for preparing mass communications:

- Use persuasive messaging strategies.
- Use language that is simple, relatable, and empowering.
- Cite credible sources.
- Reach as much of your audience as possible by carefully selecting communication channels.

Use persuasive strategies.

Mass communications are typically designed to persuade a person to think or behave in a certain way. Further, building support for prevention almost always requires persuasion. The EQUIP model of persuasive message development outlines five evidence-based message features for successful persuasion.⁴⁸

1

Engage: Capture and maintain the attention of your audience. This can be done by pairing strong messages with attractive message sources. The result is that viewers are prompted to think about your message.

2

Question (the belief to be changed): Raise the question in the receiver's mind about the validity of the established belief your message is targeting. The goal here is not to change the belief just yet, but to create uncertainty about it. Uncertainty helps to create ambivalence, leaving the receiver thinking and feeling two ways about a topic. This lowers resistance to a new way of thinking about the topic.

The EQUIP Model of Persuasive Message Development

E Engage
Q Question
U Undermine
I Inform
P Persuade

3

Undermine (the belief to be changed): Present a new way of thinking about the topic. People do not always believe what they are told in substance use prevention messages. Destabilize existing attitudes by presenting information in a way that is difficult to counter.

5

Persuade: Get buy-in and commitment to act. Use positive social norms to activate the belief that the message is important and relevant. Highlight the natural incentives for acting.

4

Inform: Provide credible alternatives to the previously held belief. Activate a sense of interest, or belief that the new way of thinking or acting is important and relevant to one's wellbeing.

General Communications Guidance

Below is an example of a message from the Truth Campaign which effectively reduced tobacco use in youth.⁴⁹⁻⁵² Consider the elements of the message against the EQUIP model.



“Heck, we love everybody. Our philosophy isn’t anti-smoker or pro-smoker. It’s not even about smoking. It’s about the tobacco industry manipulating their products, research and advertising to secure replacements for the 1,200 customers they ‘lose’ every day in America. You know, because they die.”⁵³

E	Engage. The message content (words and visuals) capture and maintain attention and was found to appeal to its intended audience, youth.
Q	Question. The message effectively raised the question about the tobacco industry’s role in influencing consumers.
U	Undermine. The message appealed to its audience’s (i.e., youths’) dislike of being manipulated or feeling as if they are being controlled.
I	Inform. The message informs the receiver of the tobacco industry’s role in influencing personal choice and the subsequent impact on wellbeing by citing a tobacco-related death statistic.
P	Persuade. The message suggests a natural incentive for not using tobacco – life.

Use best practices in creating messaging content.

Increase the receptivity and impact of prevention communications by checking to see if your messages are:

- Clear, targeted, and easy to understand.^{6,32}
- Engaging and pleasant (i.e., avoid activating unpleasant emotions such as fear, disgust, and outrage).⁴⁸
- Focused on the positive rather than the negative (i.e., describe the benefits that come with the choice not to use substances rather than the consequences of using them).⁴⁸
- Use language and images that promote autonomy and choice.⁵⁴
- Seen as believable and valuable.⁵⁵
- Memorable and repeatable.⁵⁶

Appealing to and Engaging Youth through Mass Communications

- Both messenger and selected communication channel must be seen as trustworthy.⁵⁷
- Engage youth as messengers. They engage better with messaging delivered by peers rather than organizations.⁵⁸
- Keep messages short, informal, and interesting.⁵⁹
- Appeal to the social interests of your intended audience to grab their attention.⁶⁰
- Use multiple channels, including purchased ads, to bring attention to your message.
- Provide an opportunity for feedback.

General Communications Guidance

Carefully select mass communication channels and platforms.

Communication channels need to reach the intended audience and offer repeated exposure. See the **Selecting Communication Channels** section below to identify the channels that will help you meet your communication goal.

4. Do No Harm

- Avoid strategies that do not work or could be harmful. **See Frames to Avoid.**
- Avoid stigmatizing language. Use language that reduces harmful stigma related to substance use.
 - Use person-first language to describe what a person has instead of what a person is. For example, rather than using highly stigmatizing words like “user” or “addict,” put the individual before the problem by referring to them as “a teen who uses substances.”⁸
 - Avoid words like “vulnerable”, “high-risk”, and “underserved”. Instead, try phrases like “individuals with elevated risk” and “priority populations”.⁹
 - Communicate about prevention using positive, collaborative words instead of terms with a violent connotation. Instead of using words like “tackle” and “fight against,” describe prevention efforts using words like “engage,” “collaborate,” and “prevent.”⁹

4. Evaluate and Adjust

Prevention communications can be evaluated for both intended (and unintended) effects.⁶ There are many different ways to see if your communications are having an impact.

Identifying some way of monitoring outcomes will prepare you to adjust your approach and/or message content in order to increase the effectiveness of your communications.

Further guidance on evaluation is provided in a later **Evaluation** section.

Additional Resources on Non-Stigmatizing Language

1. [Health Equity Guiding Principles for Inclusive Communication](#)
2. [Words Matter: Preferred Language for Talking About Addiction](#)
3. [Addictionary](#)

Understanding Social Norms

3

Learn & use your
social norms.

Both youth and adults overwhelmingly overestimate the number of 12-18 year olds who use substances (especially alcohol, nicotine, and marijuana). They believe that use is more common than it is (e.g., everyone drinks, most caregivers allow their kids to drink).^{11,12} The truth is that most youth make healthy choices and do not use substances.

The research shows that a growing percentage, and the vast majority, of American youth are choosing not to use any substances.^{13,14}

When people think substance use is the norm, they are more likely to make choices that align with that misperception (i.e., acceptance or promotion of alcohol use).^{15,11,16} However, when youth are exposed to messages that explain positive, true norms that most youth make healthy choices and engage in prosocial activities, they are more likely to take part in those positive behaviors.^{17-20,34,35}

When those who are non-users learn that they are part of the majority and not alone in their opposition to use, they can be more confident in speaking out against use and in acting as active bystanders to discourage the use of others.

Benefits of Integrating Social Norms into Your Communications

- Across all communication strategies, social norm approaches have the strongest evidence base for upstream prevention communications. This includes preventing first use in youth and preventing escalation of use in those who may be experimenting.²¹⁻²⁵
- While social norms approaches usually use mass communication strategies, experts agree that integrating norm-based prevention messages into conversations will amplify the impact of these messages. Why? Youth are exposed to pro-substance use messaging in high frequency. Pairing norm-based messaging via multiple channels (mass communications and conversations) will increase the chances of shifting perceptions, attitudes, and behaviors about substance use.²⁶⁻³⁰

How to Build Positive Social Norms into Your Communications

1. **Identify the true, positive norm of your audience.** *In other words, what percentage of youth are not using alcohol, nicotine, or other drugs?*
 - Most norms on substance use are presented as a percent or proportion of youth who are using a substance (e.g., alcohol, nicotine, marijuana, all of the above).
 - Once you have the percent of how many youth **are** using a substance (e.g., 15%), calculate the percent who are **not** using the substance (e.g., 85%). This number represents the true **positive** norm, or percent of youth who are making healthy choices and not using substances.

Understanding Social Norms

Where to Find Social Norms Data

- The bi-annual **Youth Risk Behavior Surveillance System (YRBSS)** provides estimates of substance use for 9th - 12th grades at national, state, territorial, tribal, and local school district levels.
- The annual **Monitoring the Future (MTF)** survey offers national estimates of substance use and related attitudes among 8th, 10th, and 12th graders.
- Regional substance use estimates might also be available in a community health assessment (sometimes called a community health needs assessment).
- Reach out to your local substance use coalitions or school district offices and ask if student substance use data is available.

See the **Accessing Positive Social Norms** section for step-by-step guidance on how to find your norms through these sources. If you would like to conduct your own survey or would like further support in identifying your community norms, reach out to **ADAPT**.

The importance of identifying solutions that contribute to positive norms.

When looking for a social norm, it's also important to understand how those norms exist. Ask "when and how are most of the teens in my district making the decision not to use alcohol or nicotine?" The answer to this provides a "solution," or how your audience is making the choice to not use any substances. These health-oriented solutions can be integrated into social norms messages to promote preventive decision-making.

2. Communicate the positive norm (and its source) to youth to correct misperceptions.

- Integrate positive norm-based messages into your discussions. Keep in mind that social norm messages should be delivered as facts, absent of emotion or judgment, and based on credible evidence.

3. Regularly build positive norms into your communications. Youth need to hear positive norm-based messages frequently to shift their perceptions, attitudes, and behaviors. This is because the spread of pro-substance use communications pushes the misperception that most youth are using substances.^{26,29}

Youth may initially reject a message about the positive norm or describe it as not true or not believable. This reaction is to be expected, especially among people who have strong misbeliefs about the true norm among peers. Effectiveness comes with time, clarity of the true, positive norm based on credible evidence, and ongoing discussion and reflection by youth after high exposure to the positive norms.

Example of pairing a norm with a solution

After surveying all 10th graders, it looks like 9 out of 10 kids in your grade choose to have fun on the weekends doing healthy activities like X and Y and did not use substances.

Youth are more responsive to messages they see as credible. Rather than phrasing a social norm using generic language (e.g., "most of the kids in this town"), provide the specific norm and cite the source of this information. For example, "When looking at this year's school survey, it found that 8 out of 10 kids in your grade didn't use nicotine, alcohol, or drugs last year."

Can social norms messaging be effective with youth who are starting to use substances?

Yes! Social norms communications have been effective at stopping use in those who are experimenting. Youth using substances experimentally often do so because they think it's the norm. Therefore, when presented with the true positive norm, they respond towards reduction of use.

Using the same positive norm-based message, in slightly different ways using many sources of evidence and communication channels, are key ingredients to the success of social norms approaches in preventing substance use.

Understanding Social Norms

Youth may initially reject a message about the positive norm or describe it as not true or not believable. This reaction is to be expected, especially among people who have strong misbeliefs about the true norm among peers. Effectiveness comes with time, clarity of the true, positive norm based on credible evidence, and ongoing exposure to the positive norm.

Using the same positive norm-based message, in slightly different ways using many sources of evidence and communication channels, are key ingredients to the success of social norms approaches in preventing substance use.

Example of a Multi-Channel Social Norms Application

Consider a school that identified the prevailing social norms in their high school and posted normative messages via posters throughout campus as part of a substance use prevention campaign. In addition to this mass communication, teachers received in-service training to prepare them for how to respond to questions and start conversations about the campaign materials. Some teachers wore buttons labeled '86%' to serve as conversation starters and signify the norm that 86% of the students at that high school were making healthy choices and not using substances. Postcards were also sent home to caregivers with guidance on how they could use the 86% norm to start conversations with their kids.

Can social norms messaging be effective with youth who are starting to use substances?

Yes! Social norms communications have been effective at stopping use in those who are experimenting. Youth using substances experimentally often do so because they think it's the norm. Therefore, when presented with the true positive norm, they respond towards reduction of use.

Resources are available to guide you through the development and implementation of a comprehensive social norms approach. Two approaches that offer step-by-step guidance on developing, testing, implementing, and evaluating positive social norms messages are below:

- **Guide to Marketing Social Norms for Health Promotion in School and Communities**
- **Seven-Step Montana Model to Positive Community Norms**



Static Frames for Youth

Framing refers to how information is presented and the choices we make in what we say and how we say it. These choices – like what to highlight, explain, and leave out – affect how people understand the messages we express. There are many ways we could talk about substance use prevention, but what we know from the framing science is there are certain choices we can make as communicators that will better influence how youth audiences think and act. These frames are shown below.

In addition to the social norms frame, five other frames are also described. These frames can be used one at a time or together. A particularly impactful approach would be to pair a social norms frame with another one of the frames as a way of adding value and appealing to the intended audience.



Youth preferences for how to use these frames

A sample of youth offered input on how to use these frames. Here are some of their recommendations.

DO

- Take time to build rapport and genuinely engage.
- Personalize the message.
- Present social norms as facts.
- Focus on immediate, short-term goals and aspirations.
- Offer resources to youth who may need extra support.

DON'T

- Frame norms in a way that implies a social comparison.
- Imply causal (if-then) statements when talking about goals/aspirations and risk of addiction.

A note about 'Choice'

Several frames and examples in this toolkit highlight the choice to use or not use substances. Using the word “choice” in this context is recommended related to upstream prevention communications. The goal of using the word “choice” in this context is for the youth hearing the message to feel a sense of agency and autonomy in their ability to freely make a choice to start or not start using substances for the first time.

At later stages of substance use, the concept of choice no longer applies in the same way.

To use the word “choice” at later stages of use could be stigmatizing to the individual and reinforce the belief that addiction is an individual problem.

STATIC FRAMES FOR YOUTH 12-18

SUBSTANCE USE PREVENTION COMMUNICATION

Frame	Description	Examples
<p>Social Norm 32, 11, 15, 23</p> <p>+</p> <p>Solution 33</p>	<p>1) Both youth and adults overwhelmingly overestimate the number of 12-18 year olds who use substances (especially alcohol, nicotine, and marijuana). They believe that use is more common than it is (e.g., everyone drinks, most caregivers allow their kids to drink).^{11,12} The truth is that most youth make healthy choices and do not use substances. When people think substance use is the norm, they are more likely to make choices that align with that misperception (i.e., acceptance or promotion of alcohol use).^{15,11,16} However, when youth are exposed to messages that explain positive, true norms that most youth make healthy choices and engage in prosocial activities, they are more likely to take part in those positive behaviors.^{17,18-20,34,35}</p> <p>2) Highlight solutions by giving examples of how youth are making the choice to not use any substances. This promotes the healthy choices most youth are making instead of using substances.</p>	<ul style="list-style-type: none"> • How do you compare to most students? 60% of students in ABC county haven't had any alcohol during the past 30 days. • 72% of ABC students choose healthy options other than drinking when they're with their friends. Support your friends' healthy choices. Make a plan together not to drink. Leave parties and events together if there's drinking. Stand your ground - together. <p>Note: Draw attention to the positive norm in the message by bolding or increasing the size of that text, as shown in the examples above.</p>
<p>Agency/ Self-Affirmation 4,36</p>	<p>Agency refers to the feeling of being in control of their choices and actions. Self-affirmation means being respected for your agency and autonomy. When talking with youth about healthy choices, triggering self-affirmation can help gain their respect and attention. During adolescence in particular, messages that tap into one's sense of agency and autonomy increase the chance of influencing behavior.</p>	<p>You are a powerful generation. You protect the environment. You make your own way. You choose to avoid alcohol, nicotine, and other drugs!</p> <p>85% of students here at ABC high school act on their own personal choices to not use nicotine.</p>
<p>Aspirations/ Future Goals 4</p>	<p>An aspiration is a hope or ambition of achieving a goal. A goal is a specific objective that someone is trying to achieve. An orientation towards aspirations and future goals resonates with youth. Messages using this frame are more effective at impacting behavior when the content is seen as personally relevant. This frame can be especially helpful when communicating broadly with young people (e.g., via social media or advertising) since this frame resonates across a wide range of middle/high school ages.</p>	<p>Did you know that 95% of students at ABC middle/high school avoid alcohol and drug use? They say they do not want it to interfere with their friendships and school success.</p>

STATIC FRAMES FOR YOUTH 12-18

SUBSTANCE USE PREVENTION COMMUNICATION

Frame	Description	Examples
Risks of Addiction 4	<p>The impact of substance use on the growing adolescent brain, awareness of how hard it can be to change addictive behavior, and the negative impacts of addiction on life goals is a strong frame for youth. Activating the risk of addiction frame helps bring awareness to youth about how substances can harm their body and mental health, and over time, make it hard for them to meet their goals and be in control of their choices and behaviors.</p>	<p>People your age are smart. They know that avoiding or at least waiting to try alcohol or other drugs protects their developing brain and body.</p>
Relationships 4	<p>Adolescents are heavily motivated and influenced by relationships with those who matter most to them, including caregivers, friends, teachers, coaches, and mentors. For middle school-aged children, there is a stronger tendency to care more about not disappointing people in their lives. However, high school-aged students are more worried about making the people they care about proud. Framing communications around substance use that tap into these relational considerations can be helpful.</p>	<p>Most (8 out of 10) teens in our community avoid vaping, alcohol, and other drugs. Join your friends. They care about you as much as you care about them.</p>

Can frames be paired together?

Yes. The social norms frame can be included with all the other frames. In fact, the pairing of social norms with other frames can add value to the message by making it more appealing. Other combinations of frames can also be built into your messaging if those frames relate to the purpose of the communication and are relevant to the audience.

Frames for Changing Mindsets & Building Support

Research shows that our culture understands substance use and prevention in very specific ways.³⁸ In order to be more intentional with our messaging and maximize impact, we must understand these trends. For instance, it's common for people to think about substance use as a personal choice, ignoring the system, environment, or outside influences. Unless we interrupt that individualistic mindset and give people a different way of thinking about substance use, they may not accept the solutions we offer. In this section, we'll show you some messaging frames to help navigate audiences around unproductive ways of thinking about substance use prevention.

The frames presented below can also be useful in shaping the public's understanding, prompting them into action, and advocating for policies around substance use prevention. As you get ready to change thoughts around substance use prevention, it's helpful to first think through how people in your community view and think about youth substance use. It is common for communities to view adolescence as a time of irrational risk-taking, emotional upheaval, limited understanding of how the brain is still developing, and tendency to downplay the positive role of peers and the environment in influencing behavior.

Stemming from these unhelpful mindsets are beliefs that undermine community support for upstream prevention programs and policies designed to help youth thrive. These include beliefs that:

1. All adolescents can be successful if they work hard and give effort,
2. Adolescence is an inherently dangerous time,
3. It is OK for youth to experiment with substances, and
4. Peer relationships serve as an important, yet corrupting, influence.

Maintaining these beliefs lead to solutions designed to protect youth from potential danger, rather than focusing on solutions that encourage support, engagement, empowerment, and a sense of agency, all of which are protective factors against substance use.^{61,62}

Reframing messages can help move the public and policymakers towards a more current understanding of adolescent development while building support for upstream prevention policies and programs that promote adolescent health and well-being.⁶² One way of doing this is to **frame adolescence as a time of opportunity**, highlighting skill development, relationship building, and discovery of passions. Emphasizing that the brain is rapidly growing, and learning can cue more productive thinking about adolescent development. Providing examples of youth contributing to their communities can further support a more accurate understanding of adolescent development.^{63,64}

Another strategy is to frame youth substance use as a social issue, rather than as a personal issue, and point to specific practices, programs, and policies that the community can take part in to support prevention. Highlight the role that all members of the community play in substance use prevention. Adolescents are influenced by a range of people beyond their peers, including caregivers, educators, mentors, community members, and other role models. Contrary to the tendency to focus on the negative influence of peers, peers can serve as positive influences. Furthermore, caregivers are the most influential people in a youth's life.^{62,63}



Many adults hold mistaken beliefs that youth substance use is the norm. When misperceptions of norms are reflected in adult language and expectations, youth are more likely to use substances.

The specific frames presented below will help to reframe the narrative around adolescent development and substance use prevention.

FRAMES FOR CHANGING MINDSETS & BUILDING SUPPORT

SUBSTANCE USE PREVENTION COMMUNICATION

Frame	Description	Example
<p>Evoke responsibility. 65</p>	<p>The value of moral responsibility (paired with explanations of the effects of youth substance use) helps people see substance use as a matter of collective concern and increases support for evidence-based policies. Help identify who has a responsibility, not just who is affected.</p>	<ul style="list-style-type: none"> • <i>It's up to us to provide a healthy environment for adolescents.</i> • <i>Our community must take responsibility for providing safe environments for youth.</i> • <i>We have a moral obligation to keep teens safe. Early use of nicotine, alcohol, marijuana, and other drugs can be harmful - and so, we have a shared responsibility to prevent and reduce substance use among adolescents.</i> • <i>As a society, we have a moral responsibility to take care of our young people. This means we have an obligation to support adolescents by having health care professionals like doctors and nurses address the use of alcohol and other drugs among adolescents. Health care professionals can identify adolescent substance use early and take steps to prevent problems from developing, so they can help us meet our responsibility to promote adolescents' healthy development. By taking steps to reduce the use of alcohol and other drugs among adolescents, we can fulfill our collective obligation to care for our young people.</i>
<p>Highlight solutions. 33, 67</p>	<p>Highlight solutions and give examples of how they improve outcomes to counter the strong tendency to think negatively when presented with social problems. This strategy is powerful on a wide range of issues - from housing to child abuse and neglect. Examples that show what effective interventions look like show people who aren't familiar with a problem what solutions exist. Without examples, people may come up with solutions that don't match the problem or think nothing can be done and disengage. Point to solutions that are concrete, collective, causal, conceivable, and credible. Provide specific solutions that clearly show the need for public support, link cause and effect, are feasible, and are presented in a neutral way to avoid debate.</p>	<p><i>Schools have a responsibility to support the physical and mental health of their students. Research tells us that when families and schools engage with each other in a regular and ongoing way, children are more likely to succeed academically— and are less likely to use dangerous substances like alcohol and nicotine. To improve students' health and education outcomes, schools must make sure families have opportunities to be involved in their children's education. For example, schools can reduce barriers to participation in caregiver-teacher conferences by providing services like babysitting and transportation or offering conferences during a range of hours before and after school to accommodate caregivers' work schedules.</i></p>

FRAMES FOR CHANGING MINDSETS & BUILDING SUPPORT

SUBSTANCE USE PREVENTION COMMUNICATION

Frame	Description	Example
<p>Frame towards systems.</p> <p>33</p>	<p>Individualism is a cultural mindset which focuses on the concerns of a single person. Fairness frames help move from they to we and individual to collective. Explaining how systems work to create social problems is a good way to shift mindsets from thinking substance use is the result of a personal choice instead to a systemic problem that needs systemic solutions. Similarly, messengers should shift focus away from solutions that focus on changing personal decisions - and towards support for a more comprehensive and preventative framework. A focus towards more comprehensive prevention frameworks improves willingness to fund systemic/structural interventions.</p>	<ul style="list-style-type: none"> • <i>We need to ensure that everyone has access to what they need to be healthy and well. This means recognizing and supporting specific needs—health is not one-size-fits-all. Everyone should have a fair shot at being healthy, no matter where they live, work, or play. This means we need to address the conditions that weaken the health of some groups of Americans.</i> • <i>A just society ensures that no person is exposed to things we know are harmful. To live up to the ideal of justice for all, we must tackle unhealthy conditions and barriers to good health that affect some communities more than others. The health of some affects the health of all.³³</i>
<p>Frame your data and include a solution.</p> <p>67</p>	<p>The prevention field frequently uses data to show the scale and severity of the substance use problem. In communications for non-expert audiences, however, the numbers can be confusing, easily misinterpreted, or so negative that they deflate any sense of efficacy. It's important to repeatedly offer interpretive cues and solutions to discourage the dread that pervades public thinking about big social problems.</p>	<p><i>Many young people underestimate the impact of early use of nicotine, alcohol, and other drugs on the development of later problems. Studies show that 9 out of 10 adults who develop a substance use disorder started using substances before age 18, and often much earlier in adolescence. Fortunately, 84% of middle and high school students in our town spend their free time in activities that do not involve substances. For youth who are using, evidence-based strategies exist to prevent further use.</i></p>
<p>Focus on future benefits.</p> <p>65</p>	<p>Emphasize the future benefits for young people, families, and communities when everyone can reach their full potential. This future-orientation builds self-efficacy and keeps audiences focused on what is possible, and not feeling overwhelmed by the scope of problems and what can be lost because of things like substance misuse.</p>	<p><i>As part of our mission to transform lives and help our community members thrive, [state agencies] work with our partners to leverage limited resources to help communities with fewer resources. By investing in best practices and our state's prevention workforce, we support communities in creating sustainable, healthy changes.</i></p>

FRAMES FOR CHANGING MINDSETS & BUILDING SUPPORT

SUBSTANCE USE PREVENTION COMMUNICATION

Frame	Description	Example
<p>Use metaphors to make context a character in the story. <small>65, 68</small></p>	<p>Metaphors are powerful tools to focus attention on the importance of context, giving people a stronger sense that what's around us and shapes us. Strong metaphors take something that is familiar and relates it to something that is less familiar.</p> <p>Upstream/Downstream: This metaphor helps explain the role of prevention in maintaining community health. It helps both the public health and community professionals recognize the need to work upstream to prevent problems. This metaphor also helps to reduce individualistic thinking about substance use.⁶⁷</p> <p>Boiling over: This metaphor relates how environmental changes turn up the heat on a stove to affect youth substance use and its risks.⁶⁵</p> <p>Construction: This metaphor compares wellbeing to the construction of a house.⁶⁵</p> <p>Reward dial: This metaphor for the brain's dopamine risk-reward system and its role in addiction is used to counteract the ideas that substance use disorder is inevitable, incurable, and the result of a lack of willpower.⁶⁸</p>	<ul style="list-style-type: none"> • <i>We all live downstream from a range of conditions that affect our health and safety and that we can't control on our own. We need policies and systems in place to pay attention to what happens upstream.</i> • <i>By creating environments that "turn down the temperature" for youth, we can prevent early substance use entirely or keep it from boiling over into a more serious problem.</i> • <i>Just as building a strong house requires certain materials, building wellbeing requires community resources, social relationships, and opportunities to thrive. When these materials are not available, people and communities may have difficulty weathering life's storms.</i> • <i>We all have a reward dial in our brains. The dial controls the pleasure we get from our experiences. Substance use un-calibrates the brain. It can be recalibrated, but it takes time and technical expertise – and the sooner it's addressed, the easier it is to do.</i>

Check out this brief [Communicating Prevention in Ways that Work](#) video for an overview of how to apply the concepts of *Be Strategic* and *Do No Harm* to communications aimed at changing mindsets and building support for substance use prevention.

FRAMES TO AVOID IN MASS COMMUNICATIONS

SUBSTANCE USE PREVENTION

Avoid framing communications using any of these methods. These frames are ineffective at preventing substance use and cause lower understanding and support for systemic solutions related to substance use. The first two frames shown below have been shown to be harmful by either increasing substance use or reducing support and understanding for substance use prevention.³⁷

Frame	Example of What We Often Say	Why It's a Problem
Avoid Individualism and Otherism <small>37</small>	<p>Every year, roughly 3,600 babies in the US die suddenly for unknown reasons. Researchers estimate that if pregnant moms would just quit smoking, we could prevent 800 of those deaths.</p>	<p><i>Individualizing a problem means the solutions must also be individual. These frames lead people to think the outcomes we experience from substance use and misuse are because of the effort and drive we have as individuals. It frames substance use and its effects as the result of an individual's motivations and choices. This leads to zero-sum thinking: more for any person or group, by definition, means less for me and mine. The logical solutions from this mindset are for individuals to "try harder" and "make better decisions."</i></p>
Avoid Fatalism and Fear <small>37</small>	<p>According to the World Health Organization's latest estimates for 2015, psychoactive drug use is responsible for more than 450,000 deaths per year. The drug-attributable disease burden accounts for about 1.5% of the global burden of disease, and injecting drug use accounts for an estimated 30% of new HIV infections outside sub-Saharan Africa and adds significantly to the epidemics of hepatitis B and hepatitis C in all regions.</p>	<p><i>Fear is a destabilizing emotion.</i> While it may trigger a sense of outrage and short-term behavior change, that effect does not last and may cause a deeper sense of fear that nothing can be done to solve the problem.</p>
Avoid describing assessment of substance use risk as "screening" <small>38</small>	<p>Screening for adolescent substance use has been shown to be an effective strategy that allows for early intervention and treatment before substance use becomes a problem.</p>	<p>The word "screening" in a healthcare context is understood by some as an intrusive, medical exam such as a screening for disease or biological disorder. In the case of substance use prevention, think about using "identifying risk" or "having a conversation about substance use" instead. These alternatives are better descriptors and tend to avoid alarming reactions to the term "screening."</p>

Beyond the Message



Positive norms-based communications can work as preventive interventions. Effective prevention is more than just reducing risk, however. It is also important to grow protections and build strengths. This is why prevention communications are most effective when they represent one part of a larger prevention strategy in a community.

Communities should work together to develop and implement prevention messages. Prevention and community professionals can also work together to find other opportunities for substance use prevention interventions in their community. The Strategic Prevention Framework (SPF) described earlier in the toolkit provides one approach to understanding a community's prevention needs and planning to implement and evaluate preventive interventions.

There are also resources available to support communities in finding effective substance use prevention interventions. Registries of evidence-based programs can help you find best practices and programs that have been externally reviewed and found to be effective.

A list of registries can be found on **ADAPT's Prevention Intervention Resource Center**.

SELECTING COMMUNICATION CHANNELS FOR SUBSTANCE USE PREVENTION

Many communication channels and platforms are available. However, channels will not be equally effective due to unique purposes and different intended audiences. The channels shown here will support you in thinking about how the most common communication channels might align, or not align, with your purpose and resources.

Interpersonal Channels	Advantages	Implementation Considerations
Interpersonal Channels 69–72	<ul style="list-style-type: none"> • Messaging becomes part of everyday conversation • Messengers often seen as credible sources of information • Interactive dialogue supports greater engagement • Can be motivational and supportive in nature • Allow for more personalized messaging • Can change attitudes, emotions, and behaviors more quickly 	<ul style="list-style-type: none"> • May not be confident in what to say • Costly and time-consuming to identify and prepare messengers • Limited audience reach
Caregivers 73–75	<ul style="list-style-type: none"> • Highly accessible • Can be highly influential at shaping health attitudes and decision-making 	<ul style="list-style-type: none"> • Youth may not want to talk with caregivers about the topic of substance use (and vice versa) • Caregivers need to be knowledgeable about how to effectively talk with youth about substance use prevention
Healthcare Professionals 76–78	<ul style="list-style-type: none"> • May have established, caring relationships with youth • Experienced in talking to youth about substance use in the context of adolescent development • Conversations are confidential (unless there is an immediate risk) 	<ul style="list-style-type: none"> • Time constraints on messengers
Educators 79–80	<ul style="list-style-type: none"> • Highly accessible • Know how to speak to youth on their level • Prevention messaging can often be built into existing education 	<ul style="list-style-type: none"> • May be uncertain as to how to build prevention messaging into lessons • Time consuming for prevention educators to get support for presenting to students
Public Safety 81	<ul style="list-style-type: none"> • Opportunities to connect with youth in the community • Serve as positive role models 	<ul style="list-style-type: none"> • Some youth might feel intimidated by public safety officers

SELECTING COMMUNICATION CHANNELS FOR SUBSTANCE USE PREVENTION

Organizational & Community Channels	Advantages	Implementation Considerations
Schools 79	<ul style="list-style-type: none"> Offers opportunities for high exposure to dynamic and mass prevention messaging School-based health communication can be effective 	<ul style="list-style-type: none"> Funding and education needs must match substance use prevention goals
Extracurricular Activities 73-75	<ul style="list-style-type: none"> Structured afterschool activities prevent substance use initiation Sports clubs are effective venues for delivering health interventions 	<ul style="list-style-type: none"> Limited opportunities in some communities and neighborhoods
Mass Media Channels 69, 82	<ul style="list-style-type: none"> Highly accessible Can be repeated to increase exposure Serve as strong forums for shaping public perceptions of social problems 	<ul style="list-style-type: none"> Multi-media approaches are necessary to have an impact Can be costly
Newspapers 82, 83	<ul style="list-style-type: none"> Can quickly share health-related information Available in print and digital formats Messages can be saved for future reference 	<ul style="list-style-type: none"> May reach adult audiences more readily than younger audiences Exposure is limited often to a single day unless ads are purchased Hard for audience to engage with the message
Music Channels	<ul style="list-style-type: none"> Strong medium for health communication Can air messages frequently Opportunities for dynamic and mass communications Available in multiple formats (radio, streaming services, etc.) 	<ul style="list-style-type: none"> Can be costly to run messages frequently and during high volume listening times Any given channel will have a specific intended audience which can limit reach
Television 84, 85	<ul style="list-style-type: none"> Can reach a large and wide audience Allows for more engaging audio-visual ads People who learn health information via television tend to be more health-oriented 	<ul style="list-style-type: none"> Very costly Television viewership is shrinking; often turning to online media to retain viewership

SELECTING COMMUNICATION CHANNELS FOR SUBSTANCE USE PREVENTION

Organizational & Community Channels	Advantages	Implementation Considerations
Internet Tools (websites, online tools, ads, email lists, etc.) <small>86-93</small>	<ul style="list-style-type: none"> • Health promotion efforts through digital technologies have the potential to promote behavior changes through unique features including customization, interactivity, and convenience • Convenient for users • Low-cost digital options are available 	<ul style="list-style-type: none"> • Intended audience uncertainty as to what is credible information • Requires regular access to Internet • Intended audience must be proactive or messengers must use significant efforts to increase exposure • Requires ongoing monitoring of dynamic tools
Social Media <small>88, 94</small>	<ul style="list-style-type: none"> • Accessible and used by many young people • Opportunities for interaction • User-friendly • Social media campaign tools are available for a cost 	<ul style="list-style-type: none"> • Not accessible to those with limited internet access • Requires monitoring of information exchanges • Users of these sites may feel information overload and may limit engagement with health-related content
Billboards <small>95, 96</small>	<ul style="list-style-type: none"> • Can generate awareness via high visibility to a broad audience • May stimulate web traffic if web links are posted on the billboard • May work best for reminding and reinforcing information than teaching something new 	<ul style="list-style-type: none"> • Costly • Geographically limited in reach • Questionable impact as information may be misremembered due to brief exposure to the message
Other: Educational Bulletins <small>97-99</small>	<ul style="list-style-type: none"> • Easy to distribute via multiple media channels • Can be an effective way to educate an audience • Relatively low-cost method of educating a large audience 	<ul style="list-style-type: none"> • Credibility of the content may vary by author agency and source disseminating the information

Mass Communications Campaigns

Mass communications, such as television, radio, billboards, and multi-media campaigns can be powerful tools for spreading substance use prevention messaging. These communication channels are designed to reach a wide audience often with the purpose of promoting awareness and/or behavior change. Mass communication interventions are quite common for promoting and preventing health-related behaviors and can also be effective when following guidelines and practices of successful campaigns.¹⁰⁰

Most effective campaigns are comprehensive and part of larger prevention strategy. These approaches rely on a number of strategies that work to raise awareness, increase knowledge, provide resources and skills, evoke short-term behavior change, and/or aspire toward long-term behavior change. Positive social norms campaigns have also been effective at preventing tobacco, alcohol, and marijuana use in youth and college students, both as stand alone interventions and as part of a larger prevention strategy.²¹⁻³⁰

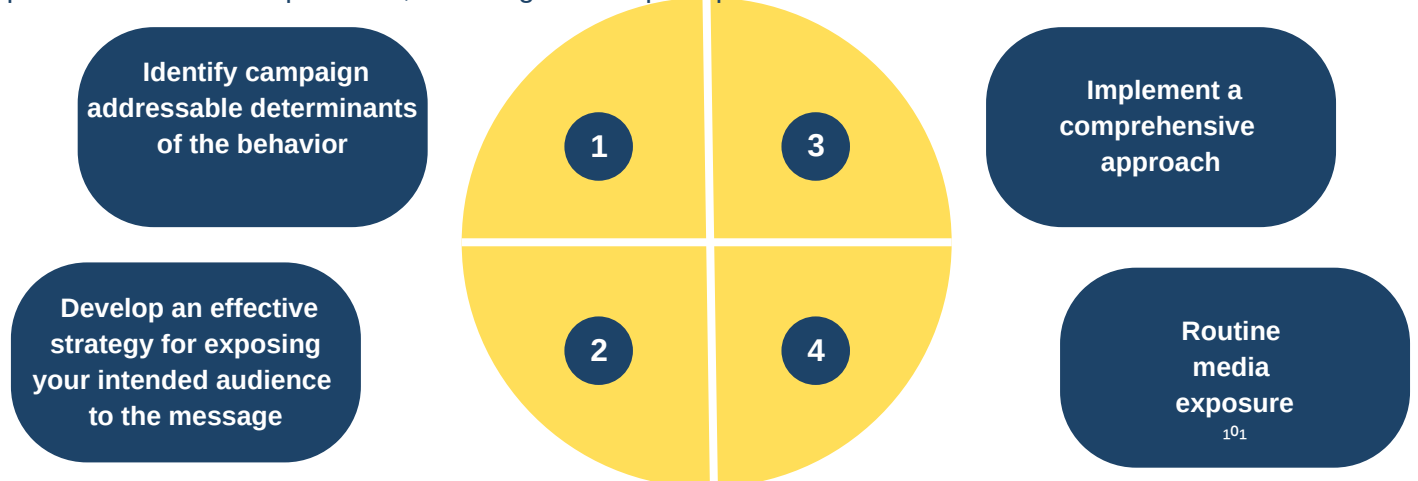
Studies on effective substance use prevention media campaigns have identified common features in message content. These include:

- Activating a sense of agency and unwillingness to be manipulated or controlled, either by an industry or by a substance^{102,104}
- Using persuasive strategies and highlighting the likely short-term incentives for not using^{48,108,109}
- Using design elements that appeal to the intended audience and engage their attention¹⁰⁸
- Maintaining engagement over time by creating multiple versions of your message¹⁰⁸

Examples of campaigns that have WORKED for youth!

- [The Truth Initiative](#)⁵³
- [Real Cost Campaign](#)¹⁰²
- [Be Under Your Own Influence](#)¹⁰¹

Some campaigns can do more harm than good, including those that accidentally increase the misperception that substance use is more common than it really is among a peer group. This can lead to normalizing substance use instead of preventing it. Because campaigns can have negative impacts, it is important to follow best practices, including the five principles laid out below.¹⁰¹



Mass Communications Campaigns

Identify determinants of the behavior. Identify the individual or community-level attitudes and/or beliefs that will promote prevention of youth substance use. Look to the research to find what factors, or combination of factors contribute to prevention that can be addressable by a campaign (e.g., social norms that most youth are not using, perceptions about harm or risk, caregiver conversations about substance use).




Develop an effective message. Develop messages that focus on the determinants. For social norms messages, report the positive norm and cite a credible source. For other message types with more complex language and/or design, test the message on a sample of the audience to see if the content is understood as intended.

Expose your audience to the message. Create a strategic plan for exposure. The standard in media campaigns is repeated exposure using multiple messengers and channels that your group follows regularly, and over an extended period. Behavior change through media can be a slow process and costly endeavor. Lower-cost Internet and social media channels can be good alternatives. However, impacts on behavior may be short-term and it is difficult to assure repeated exposure to your intended audience(s) with these channels.

A comprehensive communications approach. Youth are bombarded by pro-substance use messages through media and interpersonal channels. Consider a communication strategy that also appeals to those who have interpersonal influence over youth (e.g., caregivers, educators). These audiences can be effective at shaping youth knowledge, attitudes, and behavior.¹⁰⁹

Routine media exposure. When considering all media sources of health information, media campaigns represent only about 1% of the total volume of information to which people are exposed. For this reason, it is advisable to work towards inclusion of your prevention messaging into multiple channels that provide access to your audience(s).

Ask yourself questions that will help you tailor your message for your audience.

	<p>Identify your goals.</p> <ul style="list-style-type: none"> • What problem am I trying to solve? • If this communication strategy is successful, what will have changed (e.g., prevent onset of use, reduce harm, etc.)?
	<p>Know your audience.</p> <ul style="list-style-type: none"> • What intended audience(s) needs to be reached? • What media channels do they use most often and when? • How do I need to encourage them to act? • What must I understand about them to activate them into action? • Know your audience's most relevant identity/affiliation and tailor the message to increase relevance?
	<p>Be strategic.</p> <ul style="list-style-type: none"> • What language, content, and media channels will most effectively reach the intended audience? • How do I capture and keep the attention of the intended audience without offending them or turning them off?

Evaluation



Key Takeaways

- Evaluation provides input on whether changes or improvements to the communications approach are needed.
- Be thoughtful in identifying measures for the impact of your prevention communications.
- Mass communications measures include process (reach, exposure, fidelity) and outcome measures.
- Simply measuring whether people saw your message or if they liked it doesn't explain whether it made a difference. Outcome measures should assess changes in awareness, attitudes, and substance use behavior.

To determine your communications effectiveness, you will want to measure the effects and changes that resulted from the communication – the outcomes in your audiences that came about because of your messaging strategies and activities.

There are two main types of evaluation: **Process** and **Outcome**. Both are important in determining the effectiveness of prevention communications.

- Process evaluation gives us information about what interventions were done. For example, the number of conversations educators have with youth, the number of posters placed at local schools, or the number of people who saw or heard a campaign message. Process evaluation also provides critical information about how well a prevention communication was delivered.
- Outcome evaluation tells us whether the prevention communication had an impact. Were there changes in awareness, perceived norms, knowledge, and/or behaviors? Was there an increase in how often caregivers talked with their child about drug use? Was there a change in how many students started using substances?

Documenting what and how much was done (i.e., process) and whether it made any difference (i.e., outcome) is important in determining what needs to change to improve or justify continuation of a communication strategy.

Evaluating Mass Communications

To evaluate mass communications, there are several things you'll want to measure. These include items such as: reach, exposure, fidelity, and impact. Table 1 on the next page offers definitions and examples. It's important to remember that planning for an evaluation of mass communications needs to happen early in the planning process to make sure resources (such as time, money) are appropriately allocated to evaluation activities.

Evaluation

Table 1. Examples of Evaluation Measures

Reach To what extent have your communications reached the intended audience(s)?	Exposure How many times have your messages been seen/heard?	Fidelity To what extent was your communication strategy implemented as planned?	Impact / Outcome Did the communication make a difference?
<ul style="list-style-type: none"> • Number of communication materials distributed (e.g., posters, brochures, radio ads, social media messages) • Number and percentage of places where the communication was implemented (e.g., names of towns/counties/jurisdictions) • Number of times the communication is mentioned in the mass media or on the internet • Number of posts and tweets, and number of followers for each of these channels (e.g., followers of twitter user, blog poster) 	<ul style="list-style-type: none"> • Number of times a person has seen/heard message. • Number of hits, views, likes, shares, retweets, etc. • Website views (e.g., frequency; visits per unique user; page views per visit; percent of visits that complete a specific action on the website; new vs. returning unique visitors; time spent on the website; number of downloads of videos) • Number of times message was seen/heard • To measure accuracy of recall, number of times seen/heard a fictitious message 	<ul style="list-style-type: none"> • Number of planned activities delivered • Number of unplanned activities delivered • Extent to which logic model was followed • Number and type of adaptations that were made to communication plan or message • Number of evidence-based characteristics followed • Number of people who understood the message 	<ul style="list-style-type: none"> • Changes in awareness and knowledge about the message • Changes in attitudes towards substances • Changes in perception of social norms surrounding substance use • Changes in number and percentage of people that followed-up on a call to action • Change in intentions to adopt a call to action (e.g., seeking information about substance use, talking with others about substance use) • Changes in the initiation or frequency of substance use

It's important that objective measures be used for assessing each of the variables being measured. Often, measures of reach and exposure are easily available from website analysis or by documenting the number, place, type, and duration of each communication event.

Evaluation

Best practices for determining the impact of prevention communications would be to collect data at baseline (i.e., before the communication intervention) and at a pre-determined follow-up time point. A common standard is to collect follow-up data 6 to 12 months after an intervention has been initiated. There are multiple ways to do this:

(1) Survey the same individuals (e.g., students, parents, healthcare professionals) at baseline and follow-up, using the exact same survey questions.

(2) When tracking the same set of individuals is not feasible, survey a random sample of individuals from the same target group at baseline and follow up. For example, collect baseline data from a random sample of 9th graders at the beginning of the school year and randomly sample that same cohort of students again 6-12 months later.

With both approaches, keep in mind that substance use rates are likely to increase from year to year as use rates grow incrementally between the ages of 12-18.¹⁰ Having a comparison group of youth who are not exposed to the communication intervention will help in determining if any changes you observe are the result of your communications or simply occurred by chance.

For example, if a communication campaign was aiming to encourage caregivers of students in grades 6-12 to talk to their kids about substance use, an evaluation strategy must include collecting data on a sample from that population by sending home a survey (or link to an online survey) to the caregivers of students in your designated area schools. Be sure to include a unique identifier (e.g., student ID) that would allow matching of pretest and posttest data. Since communication campaigns often have small effects, consider a larger sample size (e.g., 150-300 students). You should also consider collecting survey data from students and caregivers that wouldn't be exposed to the communication campaign (i.e., a comparison group). This could be from a group in a city or town on the other side of the county or state. This comparison will help you see if there have been changes in outcome variables like awareness, perceptions of social norms, or behaviors, and whether they were caused by your campaign or simply happened by chance. After all data are collected, they can be entered into a database for analysis. Descriptive statistics can be used to determine how much change happened by calculating percentages or averages. Statistical tests that compare the means of 2 or more groups, like t-tests or ANOVAs, can be used to determine if these changes were real or just due to chance.

Identifying some way of monitoring outcomes will prepare you to adjust your approach and/or message in order to increase the effectiveness of your communications.

Professionals planning for mass communication campaigns should identify evaluation support during the campaign planning process. Evaluators can often be found through local academic institutions or through professional associations, like the American Evaluation Association. You can also reach out to [**ADAPT**](#) to help you find evaluation support.

Accessing Positive Social Norms

Accessing Data in the Youth Risk Behavior Surveillance System (YRBSS)



View 2019 YRBS national, state, and local school district results.



Access 2019 YRBS national, state and local school district data.



Explore 2019 YRBS national, state, and local school district data via tables and graphs.



View trend data on health behaviors and experiences among U.S. high school students.

(1) Start at the YRBSS Results tab.

- a. You can view by High School or Middle School participation.
- b. Click on "Participation Map". This allows you to see if your state, tribal government, territory, or local school district participated in the YRBSS for the most recent year.

(2) Click on either the "Youth Online Middle School Results" or the "Youth Online High School Results".

- a. In the purple tabs, select the data you want to pull, including question type, location, and other indicators relevant to your search.
- b. Data can be further filtered by demographics (race, ethnicity, grade)

(3) Information will appear in this format.

- a. The first number in the top row (2.3) is the percent of students who endorsed that question.
- b. The remaining numbers refer to the confidence interval (1.3-3.9) and total number of survey responses for that item (1,492).

2.3 (1.3-3.9)
1,492

NOTE: If your state, county, tribal government, territory, or local school district does not participate in the YRBSS, you may use the same questionnaire to conduct your own survey. Directions may be found here: <https://www.cdc.gov/healthyyouth/data/yrbs/faq.htm>. See the purple bar "Conducting Your Own YRBS" for directions on how to proceed with this.

School districts, regions, and states may conduct independent surveys on youth substance use trends. To identify these resources, search 'substance use trends' and the name of your town, county, district, state, etc.

Accessing Positive Social Norms

Accessing Data in the [Monitoring the Future \(MTF\) Survey](#)



- (1) Start with the most recent survey results and expand the option. Click on the + sign. From here, you can choose what resources to explore (these are listed below).
- (2) Data from in-school surveys of 8th, 10th, and 12th grade students allows you to choose which drug(s) you want to explore. Prevalence trends (i.e., the proportion of a specific population with a particular condition during a specific time) are provided from 1975-the year of selection.
 - a. Choose a drug by clicking on the hyperlink. This will open a new page with a graph of prevalence by grade and a table with additional data.
 - b. You can choose the specific time (Lifetime, 12 month, 30 day, Daily, Ever Daily for Month) to show on the graph; the table includes all of these options by year (when available) from 1976-2021.

NOTE: MTF survey data are at a national level. For positive social norms approaches, consider getting more local or regional data.

Accessing Community Health Needs Assessment Data

Charitable Hospital Organizations 501(c)(3) are required to complete a Community Health Needs Assessment (CHNA) every 3 years.

The CHNA must include the following steps:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health (e.g., local health department, healthcare professionals, education sector, general public).
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

To access your local hospitals' CHNA, you will likely need to search for "Community Health Needs Assessment" and your local city or county.

Resources

General Health Communication Planning

- Centers for Disease Control and Prevention: [Communication Planning](#)
- Centers for Disease Control and Prevention: [Gateway to Health Communication](#)

Social Norms Approaches to Substance Use Prevention

- Haines, Perkins, Rice, & Barker (2005). [A Guide to Marketing Social Norms for Health Promotion in School and Communities](#)
- The Montana Institute: [Seven-Step Montana Model to Positive Community Norms](#)

Substance Use Prevention Communication Strategies and Tools

- Creating Persuasive Substance-Use Prevention Communications: [The EQUIP Model](#), by Crano, WD, Alvaro, EM, & Siegel, JG 2019.
- National Council for Mental Wellbeing: [Getting Candid: Framing the Conversation Around Youth Substance Use Prevention](#).
- Substance Abuse and Mental Health Services Administration: [Talk. They Hear You.](#)
- Drug Enforcement Agency and Discovery Education: [Operation Prevention & Operation Prevention Parent Toolkit](#)
- Drug Enforcement Agency: [Get Smart About Drugs](#)
- Centers for Disease Control and Prevention Office on Smoking and Health: [Media Campaign Resource Center](#)
- Partnership to End Addiction: [Parent Talk Kit](#)

Inclusive, Non-Stigmatizing Language

- Centers for Disease Control and Prevention: [Health Equity Guiding Principles for Inclusive Communication](#)
- National Institute on Drug Abuse: Words Matter: [Preferred Language for Talking About Addiction](#)
- Recovery Research Institute: [Addictionary](#)

Comprehensive Prevention Strategy Planning

- Substance Abuse and Mental Health Services Administration: [Strategic Prevention Framework \(SPF\)](#)
- [Community Readiness Model \(CRM\)](#)
- ADAPT Prevention Intervention Resource Center: [Registries of Evidence-Based Programs](#)

Additional Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA): [Behavioral Health Treatment Services Locator](#)

References

1. The National Center on Addiction and Substance Abuse. Adolescent Substance Use: America's #1 Public Health Problem. Columbia University; 2011:419. <https://drugfree.org/wp-content/uploads/drupal/Adolescent-substance-use-americas-no-1-public-health-problem.pdf>
2. National Institute on Drug Abuse. Principles of Adolescent Substance Use Disorder Treatment. National Institutes of Health. Published 2014. <https://nida.nih.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/director>
3. Amaro H, Sanchez M, Bautista T, Cox R. Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*. 2021;188:108518. doi:10.1016/j.neuropharm.2021.108518
4. National Council for Mental Wellbeing. Getting Candid: Framing the Conversation Around Youth Substance Use Prevention. Published online 2021. <https://www.thenationalcouncil.org/wp-content/uploads/2021/11/National-Council-Message-Guide-Getting-Candid-WEB.pdf>
5. Sheppard MA. Sources of Information About Drugs. 1984;6. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/sources-information-about-drugs-drug-abuse-foundation-psycho-social>
6. Acosta J, Ramchand R, Becker A. Best Practices for Suicide Prevention Messaging and Evaluating California's "Know the Signs" Media Campaign. *Crisis*. 2017;38(5):287-299. doi:10.1027/0227-5910/a000446
7. Miller WR, Rollnick S. Motivational Interviewing: Helping People Change, 3rd Edition. Guilford Press; 2013:xii, 482.
8. National Institute on Drug Abuse. Words Matter: Preferred Language for Talking About Addiction. National Institute on Drug Abuse. Published 2021. <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
9. CDC. CDC's Health Equity Guiding Principles for Inclusive Communication. Centers for Disease Control and Prevention. Published August 2, 2022. https://www.cdc.gov/healthcommunication/Key_Principles.html
10. National Center for Drug Abuse Statistics. Drug Use Among Youth: Facts & Statistics. NCDAS. Published 2020. <https://drugabusestatistics.org/teen-drug-use/>
11. Zhao X, Sayeed S, Cappella J, Hornik R, Fishbein M, Ahern RK. Targeting Norm-Related Beliefs About Marijuana Use in an Adolescent Population. *Health Commun*. 2006;19(3):187-196. doi: 10.1207/s15327027hc1903_1
12. Perkins HW, Craig DW. The Imaginary Lives of Peers: Patterns of Substance Use and Misperceptions of Norms among Secondary School Students. In: *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass; 2003:209-223.
13. Levy S, Campbell MD, Shea CL, DuPont CM, DuPont RL. Trends in Substance Nonuse by High School Seniors: 1975–2018. *Pediatrics*. 2020;146(6):e2020007187. doi:10.1542/peds.2020-007187
14. Levy S, Campbell MD, Shea CL, DuPont R. Trends in Abstaining From Substance Use in Adolescents: 1975-2014. *Pediatrics*. 2018;142(2):e20173498. doi:10.1542/peds.2017-3498
15. Perkins JM, Perkins HW, Jurinsky J, Craig DW. Adolescent Tobacco Use and Misperceptions of Social Norms Across Schools in the United States. *J Stud Alcohol Drugs*. 2019;80(6):659-668. doi:10.15288/jsad.2019.80.659
16. Wambeam RA, Canen EL, Linkenbach J, Otto J. Youth misperceptions of peer substance use norms: A hidden risk factor in state and community prevention. *Prev Sci*. 2014;15:75-84. doi:10.1007/s11121-013-0384-8
17. Litt DM, Lewis MA, Linkenbach JW, Lande G, Neighbors C. Normative Misperceptions of Peer Seat Belt Use Among High School Students and Their Relationship to Personal Seat Belt Use. *Traffic Inj Prev*. 2014;15(7):748-752. doi:10.1080/15389588.2013.868892 .amepre.2009.01.020s/NBK338335/

References

18. Hansen WB, Graham JW. Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus establishing conservative norms. *Prev Med.* 1991;20(3):414-430. doi:10.1016/0091-7435(91)90039-7
19. Perkins HW, Linkenbach JW, Lewis MA, Neighbors C. Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addict Behav.* 2010;35(10):866-874. doi:10.1016/j.addbeh.2010.05.004
20. Haines MP, Barker G, Rice RM. Using social norms to reduce alcohol and tobacco use in two midwestern high schools. In: *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians.* Jossey-Bass; 2003:235-244.
21. Borsari B, Carey KB. Descriptive and Injunctive Norms in College Drinking: A Meta-Analytic Integration. *J Stud Alcohol.* 2003;64(3):331-341.
22. Miller DT, Prentice DA. Changing Norms to Change Behavior. *Annu Rev Psychol.* 2016;67(1):339-361. doi:10.1146/annurev-psych-010814-015013
23. Perkins HW. *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians.* Jossey-Bass/Wiley; 2003.
24. Perkins HW. Misperception is reality: the “Reign of Error” about peer risk behaviour norms among youth and young adults. In: *The Complexity of Social Norms.* Springer; 2014:11-36.
25. Perkins HW, Perkins JM. Using the social norms approach to promote health and reduce risk among college students. In: *Promoting Behavioral Health and Reducing Risk among College Students.* Routledge; 2018:11-36.
26. Perkins HW, Craig DW. The Hobart and William Smith Colleges Experiment: A Synergistic Social Norms Approach Using Print, Electronic Media and Curriculum Infusion to Reduce Collegiate Problem Drinking. In: *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians.* Jossey-Bass; 2003:35-64.
27. Perkins HW, Craig DW. A Successful Social Norms Campaign to Reduce Alcohol Misuse Among College Student-Athletes. *J Stud Alcohol.* 2006;67(6):880-889. doi:10.15288/jsa.2006.67.880
28. Turner J, Perkins HW, Bauerle J. Declining Negative Consequences Related to Alcohol Misuse Among Students Exposed to a Social Norms Marketing Intervention on a College Campus. *J Am Coll Health.* 2008;57(1):85-94. doi:10.3200/JACH.57.1.85-94
29. Vallentin-Holbech L, Rasmussen BM, Stock C. Does Level of Received Intervention Dose Have an Impact on the Effectiveness of the Social Norms Alcohol Prevention Program The GOOD Life? *Front Public Health.* 2019;7. <https://www.frontiersin.org/articles/10.3389/fpubh.2019.00245>
30. Hembroff LA, Martell D, Allen R, Poole A, Clark K, Smith SW. The long-term effectiveness of a social norming campaign to reduce high-risk drinking: The Michigan State University experience, 2000–2014. *J Am Coll Health.* 2021;69(3):315-325. doi:10.1080/07448481.2019.1674856
31. Perkins HW, Craig DW, Perkins JM. Using social norms to reduce bullying: A research intervention among adolescents in five middle schools. *Group Process Intergroup Relat.* 2011;14(5):703-722. doi:10.1177/1368430210398004
32. Haines MP, Perkins HW, Rice RM, Baker G. *A Guide to Marketing Social Norms for Health Promotion in Schools and Communities.* Published online 2005. <http://www.socialnormsresources.org/pdf/guidebook.pdf>
33. Kendall-Taylor N. 3 Narratives that Stymie Social Change and What We Can Do About It. EPIC. Published June 4, 2019. <https://www.epicpeople.org/3-narratives-that-stymie-social-change/>
34. Linkenbach JW, Perkins HW. Most of us are tobacco free: an eight-month social norms campaign reducing youth initiation of smoking in Montana. In: *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians.* Jossey-Bass; 2003:224-234.

References

35. Vallentin-Holbech L, Rasmussen BM, Stock C. Effects of the social norms intervention The GOOD Life on norm perceptions, binge drinking and alcohol-related harms: A cluster-randomised controlled trial. *Prev Med Rep.* 2018;12:304-311. doi:10.1016/j.pmedr.2018.10.019
36. Pei R, Kranzler EC, Suleiman AB, Falk EB. Promoting adolescent health: insights from developmental and communication neuroscience. *Behav Public Policy.* 2019;3(1):47-71. doi:10.1017/bpp.2018.30
37. FrameWorks Institute. How Is Culture Changing in This Time of Social Upheaval? Published online 2022:49.
38. FrameWorks Institute. Reframing adolescent substance use and its prevention: A communications playbook. Published online 2018. https://www.frameworksinstitute.org/wp-content/uploads/2020/06/reframing_adolescent_substance_use_playbook_2018.pdf
39. Substance Abuse and Mental Health Services Administration. Report to Congress on the Prevention and Reduction of Underage Drinking. U.S. Department of Health and Human Services; 2020:177.
40. Dow SJ, Kelly JF. Listening to youth: Adolescents' reasons for substance use as a unique predictor of treatment response and outcome. *Psychol Addict Behav J Soc Psychol Addict Behav.* 2013;27(4):10.1037/a0031065. doi:10.1037/a0031065
41. Hopko DR, Robertson SMC, Lejuez CW. Behavioral activation for anxiety disorders. *Behav Anal Today.* 2006;7(2):212-232. doi:10.1037/h0100084
42. Substance Abuse and Mental Health Services Administration. A Guide to SAMHSA's Strategic Prevention Framework. Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration; 2019. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>
43. Tri-Ethnic Center for Prevention Research. Community Readiness for Community Change. Colorado State University; 2014. https://tec.colostate.edu/wp-content/uploads/2018/04/CR_Handbook_8-3-15.pdf
44. National Academies of Sciences. Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda.; 2019. doi:10.17226/25201
45. Institute of Medicine (US) Committee on Prevention of Mental Disorders. Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. (Mrazek PJ, Haggerty RJ, eds.). National Academies Press (US); 1994. <http://www.ncbi.nlm.nih.gov/books/NBK236319/>
46. Jahromi A, Mahmoudian M, Samani S. Adolescent Adjustment: Investigating the Predictive Role of Family Communication Patterns. *Int J Sch Health.* 2020;7(4):20-24. doi:10.30476/intjsh.2020.85948.1064
47. Nash SG, McQueen A, Bray JH. Pathways to adolescent alcohol use: family environment, peer influence, and parental expectations. *J Adolesc Health.* 2005;37(1):19-28. doi:10.1016/j.jadohealth.2004.06.004
48. Crano W, Alvaro E, Siegel J. Creating Persuasive Substance Use Prevention Communications: The EQUIP Model.; 2018.
49. Dunlop SM. Talking "truth": Predictors and consequences of conversations about a youth antismoking campaign for smokers and nonsmokers. *J Health Commun.* 2011;16:708-725. doi:10.1080/10810730.2011.552000
50. Farrelly MC, Nonnemaker J, Davis KC, Hussin A. The Influence of the National truth campaign on smoking initiation. *Am J Prev Med.* 2009;36(5):379-384. doi:10.1016/j.amepre.2009.01.019
51. Richardson AK, Green M, Xiao H, Sokol N, Vallone D. Evidence for truth®: The young adult response to a youth-focused anti-smoking media campaign. *Am J Prev Med.* 2010;39:500-506. doi:10.1016/j.amepre.2010.08.007
52. Holtgrave DR, Wunderink KA, Vallone DM, Heaton CG. Cost-utility analysis of the National truth campaign to prevent youth smoking. *Am J Prev Med.* 2009;36(5):385-388. doi:10.1016/j.amepre.2009.01.020
53. Truth Initiative. Published 2022. <https://truthinitiative.org/>

References

54. Reynolds-Tylus T. Psychological Reactance and Persuasive Health Communication: A Review of the Literature. *Front Commun.* 2019;4. <https://www.frontiersin.org/articles/10.3389/fcomm.2019.00056>
55. Baek EC, Falk EB. Persuasion and influence: what makes a successful persuader? *Curr Opin Psychol.* 2018;24:53-57. doi:10.1016/j.copsyc.2018.05.004
56. Simons-Morton BG, Donohew L, Davis Crump A. Health Communication in the Prevention of Alcohol, Tobacco, and Drug Use. *Health Educ Behav.* 1997;24(5):544-554. doi:10.1177/109019819702400503
57. Corner A, Roberts O, Chiari S, et al. How do young people engage with climate change? The role of knowledge, values, message framing, and trusted communicators. *WIREs Clim Change.* 2015;6(5):523-534. doi:10.1002/wcc.353
58. Percy-Smith B, Burns D. Exploring the role of children and young people as agents of change in sustainable community development. *Local Environ.* 2013;18. doi:10.1080/13549839.2012.729565
59. Kortelainen T, Katvala M. "Everything is plentiful—Except attention". Attention data of scientific journals on social web tools. *J Informetr.* 2012;6(4):661-668.
60. Thorngate W, Liu J, Chowdhury W. The Competition for Attention and the Evolution of Science. *J Artif Soc Soc Simul.* 2011;14. doi:10.18564/jasss.1868
61. Kendall-Taylor N. Shifting the Frame to Change How We See Young People. *J Adolesc Health.* 2020;66(2):137-139. doi:10.1016/j.jadohealth.2019.11.297
62. Busso DS, Pool AC, Kendall-Taylor N, Ginsburg KR. Reframing Adolescent Development: Identifying Communications Challenges and Opportunities. *J Res Adolesc.* doi:10.1111/jora.12690
63. Kendall-Taylor N, Ginsburg KR. Framing Strategies to Shape Parent and Adolescent Understandings of Development. *Pediatrics.* 2021;148(3):e2021050735. doi:10.1542/peds.2021-050735
64. Kendall-Taylor N, Haydon A. Using metaphor to translate the science of resilience and developmental outcomes. *Public Underst Sci.* 2016;25(5):576-587. doi:10.1177/0963662514564918
65. Trester AM. Changing the Conversation about Prevention: Taking every Opportunity to Reframe. Presented at: All Provider Meeting; 2019. https://theathenaforum.org/sites/default/files/public/all_provider_summit_-_nov_4.pdf
67. FrameWorks Institute. Reframing Primary Prevention and Opioid Use Reduction in the Construction Industry. 2020:27. https://www.cpwr.com/wp-content/uploads/Reframing_Primary_Prevention_Opioid_Use_Reduction_Construction.pdf
68. Pineau MG. Finding the Right Frame: Building Public Understanding of Adolescent Substance Use. Presented at: 2019. https://theathenaforum.org/sites/default/files/public/fwi_for_wahca_may_29_webinar_mgp.pdf
69. U.S. Department of Health and Human Services. Making Health Communication Programs Work. National Institutes of Health, National Cancer Institute; 2004:251. <https://www.cancer.gov/publications/health-communication/pink-book.pdf>
70. de Negri B, Brown LD, Hernández O, Rosenbaum J, Roter D. Improving Interpersonal Communication Between Health Care Providers and Clients. Published online 1997:284.
71. Dahm MR, Cattanach W, Williams M, Basseal JM, Gleason K, Crock C. Communication of Diagnostic Uncertainty in Primary Care and Its Impact on Patient Experience: an Integrative Systematic Review. *J Gen Intern Med.* Published online September 20, 2022. doi:10.1007/s11606-022-07768-y
72. Koerner AF, Fitzpatrick MA. Family Communication Patterns Theory: A Social Cognitive Approach. In: *Engaging Theories in Family Communication: Multiple Perspectives.* Sage Publications, Inc; 2006:50-65. doi:10.4135/9781452204420.n4
73. Sapp AJ, Hooten P. Working with families impacted by the opioid crisis: Education, best practices, and providing hope. *Arch Psychiatr Nurs.* 2019;33(5):3-8. doi:10.1016/j.apnu.2019.08.013
74. Baiocchi-Wagner EA, Talley AE. The role of family communication in individual health attitudes and behaviors concerning diet and physical activity. *Health Commun.* 2013;28(2):193-205. doi:10.1080/10410236.2012.674911

References

75. Ford CA, Cheek C, Culhane J, et al. Parent and Adolescent Interest in Receiving Adolescent Health Communication Information From Primary Care Clinicians. *J Adolesc Health*. 2016;59(2):154-161. doi:10.1016/j.jadohealth.2016.03.001
76. Ha JF, Longnecker N. Doctor-Patient Communication: A Review. *Ochsner J*. 2010;10(1):38-43.
77. Fentiman IS. Communication with Older Breast Cancer Patients. *Breast J*. 2007;13(4):406-409. doi:10.1111/j.1524-4741.2007.00449.x
78. Maguire P, Pitceathly C. Key communication skills and how to acquire them. *BMJ*. 2002;325(7366):697-700. doi:10.1136/bmj.325.7366.697
79. St Leger L. Schools, health literacy and public health: possibilities and challenges. *Health Promot Int*. 2001;16(2):197-205doi:10.1093/heapro/16.2.197
80. Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promot Int*. 2000;15(3):259-267. doi:10.1093/heapro/15.3.259
81. International Association of Chiefs of Police, Office of Juvenile Justice and Delinquency Prevention. *The Effects of Adolescent Development on Policing*. Published online 2018.
82. Institute of Medicine. *The Future of the Public's Health in the 21st Century*. National Academies Press (US); 2002. Accessed September 22, 2022. <http://www.ncbi.nlm.nih.gov/books/NBK221239/>
83. Vargas L, Pyssler B. U.S. Latino Newspapers as Health Communication Resources: A Content Analysis. *Howard J Commun*. 1999;10(3):189-205. doi:10.1080/106461799246816
84. Dutta MJ. Communicating About Culture and Health: Theorizing Culture-Centered and Cultural Sensitivity Approaches. *Commun Theory*. 2007;17(3):304-328. doi:10.1111/j.1468-2885.2007.00297.x
85. Gollust SE, Fowler EF, Niederdeppe J. Television News Coverage of Public Health Issues and Implications for Public Health Policy and Practice. *Annu Rev Public Health*. 2019;40(1):167-185. doi:10.1146/annurev-publhealth-040218-044017
86. Cassell M, Jackson C, Chevront B. Health Communication on the Internet: An Effective Channel for Health Behavior Change? *J Health Commun*. 1998;3(1):71-79. doi:10.1080/108107398127517
87. Neuhauser L, Kreps GL. Rethinking Communication in the E-health Era. *J Health Psychol*. 2003;8(1):7-23. doi:10.1177/1359105303008001426
88. Rains SA. Health at High Speed: Broadband Internet Access, Health Communication, and the Digital Divide. *Commun Res*. 2008;35(3):283-297. doi:10.1177/0093650208315958
89. Kross E, Verduyn P, Demiralp E, et al. Facebook Use Predicts Declines in Subjective Well-Being in Young Adults. *PLOS ONE*. 2013;8(8):e69841. doi:10.1371/journal.pone.0069841
90. Taggart T, Grewe ME, Conserve DF, Gliwa C, Roman Isler M. Social Media and HIV: A Systematic Review of Uses of Social Media in HIV Communication. *J Med Internet Res*. 2015;17(11):e248. doi:10.2196/jmir.4387
91. Bernhardt JM, Lariscy RAW, Parrott RL, Silk KJ, Felter EM. Perceived Barriers to Internet-Based Health Communication on Human Genetics. *J Health Commun*. 2002;7(4):325-340. doi:10.1080/10810730290088166
92. Roland D. Social Media, Health Policy, and Knowledge Translation. *J Am Coll Radiol*. 2018;15(1):149-152. doi:10.1016/j.jacr.2017.09.009
93. Moock J. Support from the Internet for Individuals with Mental Disorders: Advantages and Disadvantages of e-Mental Health Service Delivery. *Front Public Health*. 2014;2. <https://www.frontiersin.org/articles/10.3389/fpubh.2014.00065>
94. Moorhead SA, Hazlett DE, Harrison L, Carroll JK, Irwin A, Hoving C. A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. *J Med Internet Res*. 2013;15(4):e85. doi:10.2196/jmir.1933

References

95. Fortenberry JL, McGoldrick PJ. Do Billboard Advertisements Drive Customer Retention? *J Advert Res*. Published online January 24, 2019. doi:10.2501/JAR-2019-003
96. Gantz W, Fitzmaurice M, Yoo E. Seat belt campaigns and buckling up: Do the media make a difference? *Health Commun*. 1990;2:1-12. doi:10.1207/s15327027hc0201_1
97. Fendler KJ, Gumbhir AK, Sall K. The impact of drug bulletins on physician prescribing habits in a health maintenance organization. *Drug Intell Clin Pharm*. 1984;18(7-8):627-631. doi:10.1177/106002808401800717
98. Short CE, James EL, Plotnikoff RC, Girgis A. Efficacy of tailored-print interventions to promote physical activity: a systematic review of randomised trials. *Int J Behav Nutr Phys Act*. 2011;8:113. doi:10.1186/1479-5868-8-113
99. Martinez Monterrubio SM, Noain-Sánchez A, Verdú Pérez E, González Crespo R. Coronavirus fake news detection via MedOSINT check in health care official bulletins with CBR explanation: The way to find the real information source through OSINT, the verifier tool for official journals. *Inf Sci*. 2021;574:210-237. doi:10.1016/j.ins.2021.05.074
100. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *Lancet*. 2010;376(9748):1261-1271. doi:10.1016/S0140-6736(10)60809-4
101. Allara E, Ferri M, Bo A, Gasparrini A, Faggiano F. Are mass-media campaigns effective in preventing drug use? A Cochrane systematic review and meta-analysis. *BMJ Open*. 2015;5(9):e007449. doi:10.1136/bmjopen-2014-007449
102. Farrelly MC, Duke JC, Nonnemaker J, et al. Association Between The Real Cost Media Campaign and Smoking Initiation Among Youths — United States, 2014–2016. *Morb Mortal Wkly Rep*. 2017;66(2):47-50. doi:10.15585/mmwr.mm6602a2
103. Young B, Lewis S, Katikireddi SV, et al. Effectiveness of Mass Media Campaigns to Reduce Alcohol Consumption and Harm: A Systematic Review. *Alcohol Alcohol Oxf Oxf*. 2018;53(3):302-316. doi:10.1093/alcalc/agx094
104. Vallone DM, Perks SN, Pitzer L, et al. Evidence of the impact of a national anti-tobacco prevention campaign across demographic subgroups. *Health Educ Res*. 2022;36(4):412-421. doi:10.1093/her/cyab025
105. Allen JA, Duke JC, Davis KC, Kim AE, Nonnemaker JM, Farrelly MC. Using Mass Media Campaigns to Reduce Youth Tobacco Use: A Review. *Am J Health Promot*. 2015;30(2):e71-e82. doi:10.4278/ajhp.130510-LIT-237
106. Office of National Drug Control Policy. Above the influence. Published online 2012. https://obamawhitehouse.archives.gov/sites/default/files/page/files/ati_fact_sheet_6-26-12.pdf
107. Department of Mental Health, Division of Behavioral Health. Be Under Your Own Influence. Published 2022. <http://myowninfluence.org/>
108. Palmgreen P, Donohew L. Effective Mass Media Strategies for Drug Abuse Prevention Campaigns. In: Sloboda Z, Bukoski WJ, eds. *Handbook of Drug Abuse Prevention*. Handbooks of Sociology and Social Research. Springer US; 2006:27-43. doi:10.1007/0-387-35408-5_2
109. Atkin C. Reducing Underage Drinking: A Collective Responsibility. In: *Media Intervention Impact: Evidence and Promising Strategies* National Academies of Sciences, Engineering, and Medicine. The National Academies Press; 2004. <https://www.nap.edu/read/10729/chapter/31>
110. Institute of Medicine. *The Science of Health Communication: Guiding Principles for Population Health Campaigns*. National Academies Press (US); 2015. <https://www.ncbi.nlm.nih.gov/books/NBK338335/>