



2022 HIDTA PREVENTION SUMMIT

Mind the Message:

Equipping Communities with
Evidence-Informed Communication Strategies
for Youth Substance Use Prevention

RESOURCE SUPPLEMENT

OCTOBER 6, 2022





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RESOURCES

Welcome and Opening Remarks & National Drug Priorities

Office of National Drug Control Policy

National HIDTA Program

A Division for Advancing Prevention & Treatment





PRESENTER BIO

Dr. Rahul Gupta



Dr. Rahul Gupta is the first medical doctor to serve as the Director of National Drug Control Policy and lead the Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President. ONDCP coordinates the nation's \$40 billion drug budget and federal policies, including prevention, harm reduction, treatment, recovery support, and supply reduction.

Through his work as a physician, a state and local leader, an educator, and a senior leader of a national nonprofit organization, Dr. Gupta has dedicated his career to improving public health and public safety.

A board-certified internist, Dr. Gupta has been a practicing primary care physician for more than 25 years, and has served in private practice and public health in towns as small as 1,900 residents and cities as large as 25 million. He has served as a local public health official and as the West Virginia Health Commissioner under two governors, where he brought together public health, law enforcement, healthcare,





Dr. Rahul Gupta, cont.

faith-based, business, and other community partners to solve local problems in novel and innovative ways. As the state's Chief Health Officer, he led the opioid crisis response and launched a number of pioneering public health initiatives, including the Neonatal Abstinence Syndrome Birthscore program to identify high-risk infants, and the groundbreaking statewide Social Autopsy, which examined the lives of overdose victims to determine the factors that led to their deaths and what services could have prevented their deaths. This led the state to expand access to naloxone as well as treatment services including those for incarcerated individuals in order to save lives and help people transition back into society. He supported the expansion of harm reduction programs to more than a dozen sites across the state. He was also instrumental in expanding state-of-the-art, comprehensive and integrative medical and behavioral health programs for pregnant and postpartum women.

His lifelong commitment to educating the next generation of physicians and policymakers has led him to hold academic appointments throughout his career including as a clinical professor in the Department of Medicine at Georgetown University School of Medicine and as visiting faculty at the Harvard University T.H. Chan School of Public Health. Additionally, his passion for global health led him to join the March of Dimes as Chief Medical and Health Officer and Senior Vice President, where he provided strategic oversight for the organization's domestic and global medical and public health efforts.

The son of an Indian diplomat, Dr. Gupta was born in India and grew up in the suburbs of Washington, D.C. At age 21, he completed medical school at the University of Delhi followed by subspecialty training in pulmonary medicine. He earned a master's degree in public health from the University of Alabama-Birmingham and a global master's of business administration degree from the London School of Business and Finance.

He is married to Dr. Seema Gupta, a physician in the Veterans Administration for over a decade. They are the proud parents of identical twin sons, Arka and Drew.



PRESENTER BIO

Shannon Kelly, MA



Shannon Kelly currently is an Assistant Director with the Office of National Drug Control Policy (ONDCP), and the National High Intensity Drug Trafficking Area (HIDTA) Director. Ms. Kelly has been with the HIDTA Program since 2012 and, from 2015 through 2018, served as its Deputy Director. Prior to joining the National HIDTA Program, Ms. Kelly spent two years on assignment to the Office of the ONDCP Director where she oversaw the Delivery Unit, a team charged with implementing the National Drug Control Strategy and monitoring the progress on more than 140 action items. Ms. Kelly previously worked as a policy analyst in ONDCP's Office of Research and Data Analysis where she oversaw numerous research projects and led interagency initiatives focused on emerging drug-related threats.

Ms. Kelly has more than 21 years' counterdrug experience and worked previously for the U.S. Department of Justice, National Drug Intelligence Center as a liaison to the Drug Enforcement Administration and ONDCP. She earned a BA from the University of Pittsburgh at Johnstown and an MA degree from the University of South Carolina.





PRESENTER BIO

Jayme Delano, MSW



Jayme A. Delano, Deputy Director for the HIDTA program at the Office of National Drug Control Policy, has experience spanning years working in public health and public safety. She is characterized in multiple areas to include oversight of Federal grant programs; subject matter expert supporting interagency task forces and work groups; leader of daily operations of alternative to incarceration programs for substance use disorder population; hiring manager and supervisor of management teams that worked with organizations to affect the culture and climate necessary for programmatic success; developer and overseer of research activities; provision of technical assistance and training to criminal justice agencies; therapist in community-based clinics; and private practitioner treating people with varied mental health diagnoses.

Ms. Delano is an adjunct professor at Ottawa University and Rio Salado Community College. She holds an MSW from New York University, and a BA in Criminal Justice from Long Island University, C.W. Post Campus.





PRESENTER BIO

Thomas H. Carr, MA



Director Carr has served as the executive director of the Washington/Baltimore HIDTA since its formation in 1994. He also serves as the executive director of the Center for Drug Policy and Prevention at the University of Baltimore. Director Carr designed and implemented over 150 drug task forces, 18 drug treatment/criminal justice, and five drug prevention initiatives during the last 26 years.

As chairperson of the HIDTA Program's Performance Management effectiveness of drug law enforcement, treatment, prevention and criminal intelligence initiatives, Director Carr worked with ONDCP and nine other HDTAs to develop an Opioid Response Strategy.

He also led the development of the Overdose Detection Mapping Application Program (ODMAP), a real-time overdose surveillance system used to identify spikes in fatal and non-fatal drug overdoses.





PRESENTER BIO

Lora Peppard, PhD, DNP, PMHNP-BC



Dr. Lora Peppard is the Deputy Director for Treatment and Prevention for the Washington/ Baltimore HIDTA and the Director of ADAPT in the Center for Drug Policy and Prevention at The University of Baltimore. Prior to her appointment with HIDTA, she was an Associate Professor at George Mason University and Project Director for several federally funded substance use and behavioral health prevention grants funded by SAMHSA and HRSA.

Dr. Peppard is committed to translating and integrating substance use prevention programs, practices, and strategies into communities. She has almost 20 years of clinical experience as a psychiatric nurse practitioner in emergency, inpatient and outpatient settings. She has developed innovative, system-wide programs to address the unmet substance use and behavioral health needs of people who are underserved, in the military, or have a serious mental illness (SMI). Dr. Peppard serves as a community, state, national, and international consultant on substance use and behavioral health prevention. She has authored several peer-reviewed publications on her work.



Housekeeping

- General Zoom operations
- Navigating your screen
- Logging on to each session
- Resource & Speaker Supplements
- Evaluations
- CEs & Certificates



ADAPT's Mission

To advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of strategies informed by the best available evidence into HIDTA communities.

Primary Goal: Provide essential training and technical assistance (TTA) services in the identification, implementation and evaluation of substance use prevention strategies.



Why Prevention Communications?

July 2021 - present

Technical Assistance Requests
for Prevention Messaging

October 2021

2021 HIDTA Prevention Summit
"Framing for Substance Use Prevention"
FrameWorks Institute



March 2022

HIDTA Prevention Communications Council

January – February 2022

Framing Fundamentals Campaign

- Email and social media
- 4 virtual workshops



The way you say what
you say matters.

October 6, 2022

HIDTA PREVENTION SUMMIT

- Substance Use Prevention Communications Toolkit
- "Mind the Message"

Summer 2023

Substance Use
Prevention
Communications
Microcredential

What can you expect from today's Summit?

1. Updates on national drug priorities and advances in the field of substance use prevention science.
2. Inspiration and a framework for solving problems before they happen.
3. A summary of the best available evidence for communicating to and with youth about substance use prevention.
4. A toolkit and ideas from various roles to help you get started.
5. A Call to Action 😊



Integrate the best available evidence today into your communications with youth.



PLEDGE to communicate with youth about substance use prevention using evidence-informed strategies.

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

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

SHARE this Call to Action with others, who interact with youth.



INTRODUCTION

The Public Health/Public Safety Framework highlights and synergizes continuous efforts of stakeholders and community partners while synchronizing public health and safety programs and initiatives, aimed at combatting illicit drug use and its availability across the United States.

VISION

This Framework aims to build a stronger, healthier, drug free society by drastically reducing the number of Americans losing their lives to drug addiction.

MISSION

Through coordinated, systematic effort, the mission of this framework is to reduce drug use, manufacturing and trafficking; drug-related crime and violence; and drug related health-consequences. To achieve this mission, ONDCP – through the High Intensity Drug Trafficking (HIDTA) Program – will bolster the following programs in support of drug prevention, treatment and recovery, and reducing availability of illicit drugs:

Overdose Detection Mapping Application Program (ODMAP)

- Provides real-time overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdoses.
- Links users to a mapping tool that tracks fatal and nonfatal overdoses (including naloxone administration) in order to stimulate real-time response and strategic analysis.

Naloxone Training and Distribution

- Focused on providing naloxone kits to all emergency personnel (including police and fire departments) to reduce opioid deaths in each regional HIDTA.

Overdose Response Strategy (ORS)

- The ORS is implemented by state teams made up of Drug Intelligence Officers (DIOs) and Public Health Analysts (PHAs), who work together on drug overdose issues within and across sectors and states. By sharing information across sectors, the ORS is growing the body of evidence related to early warning signs and prevention strategies.
- The mission of the ORS is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.

The National Marijuana Initiative (NMI)

- A national education initiative focused on advancing factual knowledge on marijuana and the various impacts of its legalization.
- Supports all regional HIDTAs to carry out the National Drug Control Strategy by providing information and presentations to law enforcement, policymakers, drug abuse prevention coalitions, and other community groups regarding the changing landscape of marijuana policies.

National HIDTA Prevention Strategy

- Promotes and supports the integration of innovative evidence-based strategies to reduce substance use in our Nation's communities by serving as a prevention infrastructure that facilitates cross-sector collaboration among its partners, as well as training and education among all HIDTA regions.
 - Supported by **A Division for Advancing Prevention and Treatment (ADAPT)**:
 - Mission: To advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of evidence-based strategies into HIDTA communities.
 - Provides technical assistance in nine domains: 1) identification of evidence-based strategies, 2) training, 3) implementation, 4) evaluation, 5) finance/budgeting, 6) sustainability, 7) early response, 8) prevention messaging, and 9) systems development.



Public Health/Public Safety Framework

NATIONAL MARIJUANA INITIATIVE (NMI)



The NMI is an educational platform which strives to dispel misconceptions about marijuana and raise awareness of issues surrounding the drug, so that citizens and policymakers can make well-informed choices regarding marijuana use and regulations.

PREVENTION/ADAPT



A Division for Advancing Prevention and Treatment (ADAPT) supports the National HIDTA Prevention Strategy by using a coordinated approach to integrate innovative evidence-based and evidence-informed prevention strategies into the synchronized efforts of federal, state, local, and tribal law enforcement and community partners.



ODMAP

The Overdose Detection Mapping Application Program provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts to mobilize an immediate response to an overdose spike.



NALOXONE DISTRIBUTION

Naloxone Distribution programs are focused on providing naloxone kits to all emergency personnel (including police and fire departments), as well users, their friends and families, in order to reduce opioid deaths.



OVERDOSE RESPONSE STRATEGY (ORS)

With support from the ONDCP and the Centers for Disease Control and Prevention (CDC), the ORS focuses on reducing fatal and non-fatal drug overdoses by improving information sharing across agencies and supporting evidence-based interventions.



The Public Health/Public Safety Framework highlights five intersecting initiatives focused on substance abuse prevention, treatment and recovery, as well as reducing the availability and use of illicit drugs.



National HIDTA Prevention Strategy

BACKGROUND

The National HIDTA program funds initiatives that support evidence-based and evidence-informed prevention strategies focused on stopping drug abuse before it begins. HIDTA prevention initiatives accomplish this by building community coalitions and partnerships that bring together law enforcement, educational, social service, and community organizations to provide science-based prevention programs. These programs are conducted in schools, communities and in partnership with community coalitions, civic organizations, and faith-based organizations across the country. Information sharing sessions, symposiums, public forums, and prevention conferences are held for law enforcement professionals and their coalition partners to improve prevention practices within their respective communities. The National HIDTA Prevention Strategy will synchronize these efforts and afford greater support and outcomes to the National Drug Control Strategy and the federal, state, local, and tribal partners.

MISSION

The National HIDTA Prevention Strategy promotes and support integration of innovative evidence-based and evidence-informed strategies to reduce substance use in our Nation's communities.

VISION

The National HIDTA Prevention Strategy seeks to serve as a prevention infrastructure that facilitates cross-sector collaboration and communication among its stakeholders. The Strategy functions as a catalyst for the development, implementation and evaluation of prevention programming, unique to the needs of HIDTA communities.

GOALS

1. Establish prevention strategies in all HIDTA regions.
 - a. Prevention experts provide education and training to HIDTA personnel
 - b. Partnerships encouraged with public health and public safety personnel
2. Use assessments and research to guide prevention efforts.
 - a. Select appropriate strategies to address the top priority needs within the HIDTA regions
3. Sustain Prevention strategies in all HIDTA regions.
 - a. Creation of National HIDTA Prevention Initiative
 - b. Evaluate and report outputs from each HIDTA region prevention programs

PARTNERS

Federal: United States Department of Agriculture · Department of Defense (National Guard Bureau) · Department of Education · Department of Health and Human Services · National Institute of Health · Department of Homeland Security · Department of Justice · Department of Labor · Department of Transportation · Department of Veteran Affairs

State & Local: Youth · Parents · Businesses · Media · Schools (Universities & Community Colleges) · Youth-service organizations · Law Enforcement · Religious/Fraternal Organizations · Civic/Volunteer Groups · Healthcare Professionals · State/Local/Tribal Governments · Not-for-Profit Organizations · Other organizations involved in reducing substance abuse and misuse.

ADAPT: A Division for Advancing Prevention & Treatment

Mission

The mission of ADAPT is to advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of strategies informed by the best available evidence into communities.

Goals

1. Advance substance use prevention strategies through essential training and technical assistance services and resources.
2. Promote public health and public safety partnerships in substance use prevention.
3. Prepare the future public health and public safety workforces through student engagement in ADAPT operations and projects.

HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention strategies within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings, technical webinars, and other resources to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.

Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

- | | |
|--|-----------------------------|
| 1. Identification of the Best Available Evidence in Substance Use Prevention | 6. Sustainability |
| 2. Training | 7. Early Response |
| 3. Implementation | 8. Prevention Communication |
| 4. Evaluation | 9. Systems Development |
| 5. Finance/Budgeting | • Infrastructure |
| | • Assessment |

Learn More

Visit us at <https://www.hidta.org/adapt/> to learn about our technical assistance services, event and training announcements, resources, and more!

Contact Us

For more information, email us at **adapt@wb.hidta.org** or reach out to Lora Peppard at **lpeppard@wb.hidta.org**.

Connect with Us

For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.



Like our Facebook page today @

<https://www.facebook.com/ADAPT-100681361632663/>



Follow our LinkedIn Company page for the latest insights and updates @

<https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment>



Follow us on Twitter @

https://twitter.com/ADAPT_CDPP



Subscribe to our YouTube channel for informative video content @

https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/

To be notified of upcoming webinars, products, events,
and our quarterly newsletter, subscribe below:

SUBSCRIBE



ADAPT

A Division for Advancing
Prevention & Treatment

CULTIVATING PREVENTION



YOUR VOICE COUNTS when it comes to preventing substance use in youth.

As caregivers, educators, healthcare professionals, public safety professionals, prevention professionals, and other community members, **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. **Let's strengthen this foundation by using evidence-informed strategies to inform what we communicate and how.**

Join us in an effort to **MIND the MESSAGE** and begin to integrate these strategies into your conversations with youth and prevention work.

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.

EVERY VOICE CAN MAKE A DIFFERENCE.

Make sure yours is heard as we work together to advance substance use prevention in our communities through our messaging to and with youth.

Make YOUR pledge today!



ADAPT

A Division for Advancing
Prevention & Treatment

CULTIVATING PREVENTION

PREVENTION INTERVENTION RESOURCE CENTER

Access e-learning courses, evidence-based program registries, & other resources to support you in advancing evidence-based prevention programming in your community.



<https://www.hidta.org/adapt/prevention-intervention-resource-center/>

COME LEARN WITH US!

Announcing the

HIDTA PREVENTION LEARNING MANAGEMENT SYSTEM



adaptlms.hidta.org

GET STARTED!

Substance Use Prevention Fundamentals Course

- Designed to help you understand the field of substance use prevention.
- Defines key prevention concepts and connects HIDTA's mission with the goals of substance use prevention.
- Introduces critical targets for prevention, explores the ways prevention exists in multiple contexts, and shares what works (and what doesn't) in substance use prevention.

UPCOMING WEBINARS

Winter 2022-Spring 2023

Advancing Understanding and Application of Social Norms Approaches for Substance Use Prevention

- **Part 1:** Preparing to implement a positive social norms approach: Campaigns and conversations
- **Part 2:** A positive community norms approach to substance use prevention

Part 1 of this series will share the process of implementing and evaluating positive social norms approaches as standalone interventions. Part 2 will introduce a model for building social norms interventions into an upstream comprehensive community approach for substance use prevention.

How to Have Conversations with Youth for Substance Use Prevention

This webinar will offer guidance on how to talk with youth about nicotine, alcohol, marijuana, and other drugs. Strategies for how to engage, educate, and support youth at different development stages will be reviewed.

Using Evidence-Based Registries to Identify Substance Use Prevention Interventions

In partnership with **Blueprints for Healthy Youth Development**, this webinar will introduce steps to navigating the Blueprints registry to find evidence-based interventions based on community needs. Attendees will also learn how interventions are certified as either model plus, model, or promising designations.

Best Practices for Drug Education

This webinar will review principles for effective drug education in school and communities. **The distinction will be made between drug information, education, and prevention.** Strategies that work (and don't) in drug education will be shared.

Primary Prevention of Substance Use in Youth Mini-Series

Primary prevention aims to prevent onset and reduce further use of substances. This mini-series will review effective strategies for preventing substance use in youth, considerations for matching interventions to community needs, and offer guidance for developing, implementing, and evaluating primary prevention activities.



FUNDING AVAILABLE

Combating Overdose through Community-level Intervention

Help build the evidence base for overdose prevention strategies that focus on innovative, multi-sectoral collaboration.

Funding will support:

Innovative solutions that move beyond traditional health and law enforcement policies.

Proposals must focus on:

Opioid-involved overdoses or overdoses involving stimulants, or poly-drug overdose reduction in the regions of the United States with the highest rates of fatal and non-fatal overdoses.

Strategies must:

- ✓ Support and promote collaboration between public safety and public health agencies.
- ✓ Use evidence-based or promising approaches to implement or enhance new or on-going community-based programs.
- ✓ Evaluate the community-based efforts once implemented to assess their impact on reducing overdoses and other harms associated with (mis)use.

**Applications due
November 7, 2022.**



**Learn More
HERE!**

Funding Agency:

Office of National Drug Control Policy, in partnership with the Center for Disease Control and Prevention

Administered by:

Center for Drug Policy & Prevention @ The University of Baltimore



RESOURCES

State of the Science for Substance Use Prevention

Carlos Blanco, MD, PhD

Director

Division of Epidemiology, Services, & Prevention Research
National Institute on Drug Abuse





PRESENTER BIO

Carlos Blanco, MD, PhD



Carlos Blanco, M.D, PhD is the Director of the Division of Epidemiology, Services, and Prevention Research at the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health.

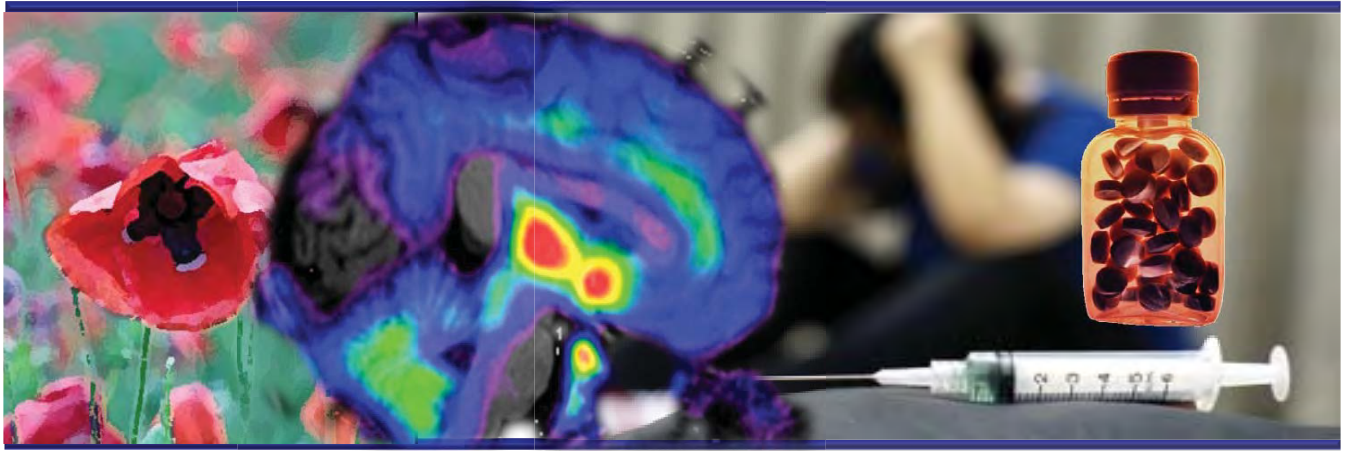
Dr. Blanco is a national known expert in the epidemiology and treatment of addictive disorders. Prior to joining NIDA, Dr. Blanco was Professor of Psychiatry at Columbia University Medical Center and a Research Psychiatrist at the New York State Psychiatric Institute.

He is a graduate of Universidad Autónoma de Madrid (Spain) and completed his psychiatry residency at Columbia University, where he also completed a research fellowship.

Dr. Blanco has authored over 350 peer-reviewed publications.



State of the Science for Substance Use Prevention



Carlos Blanco, M.D., Ph.D.

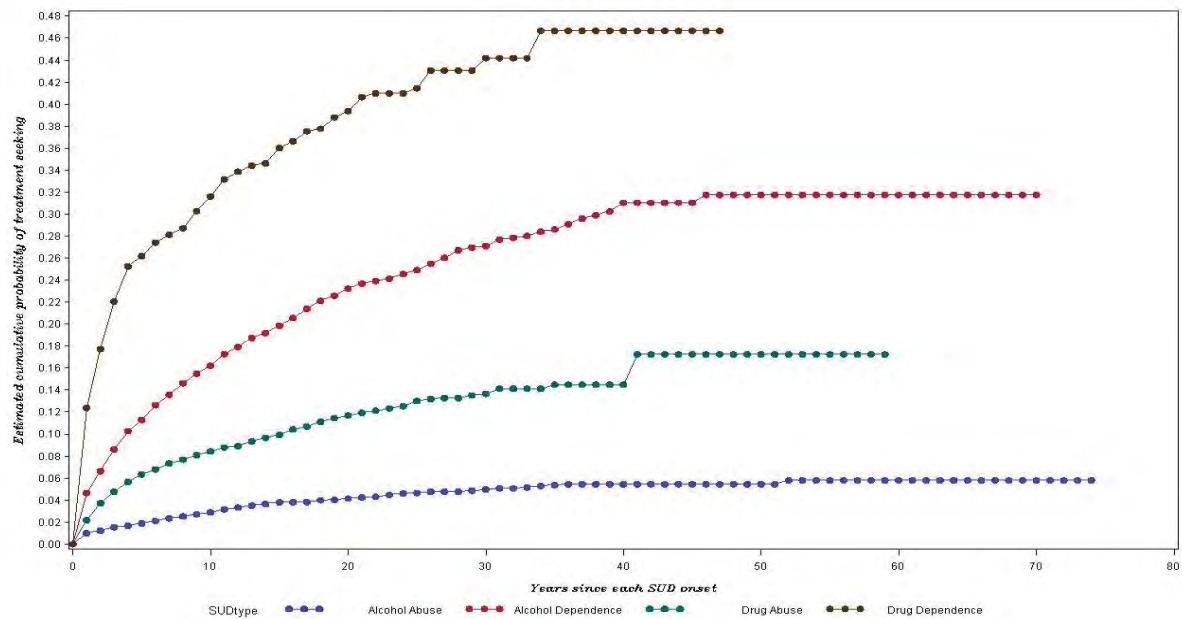
Director, Division of Epidemiology, Services and
Prevention Research
National Institute on Drug Abuse



What do we know?

- **Treatment is not enough**
- **Risk factors**
- **Course of Disorders**
- **Intervention Efficacy**

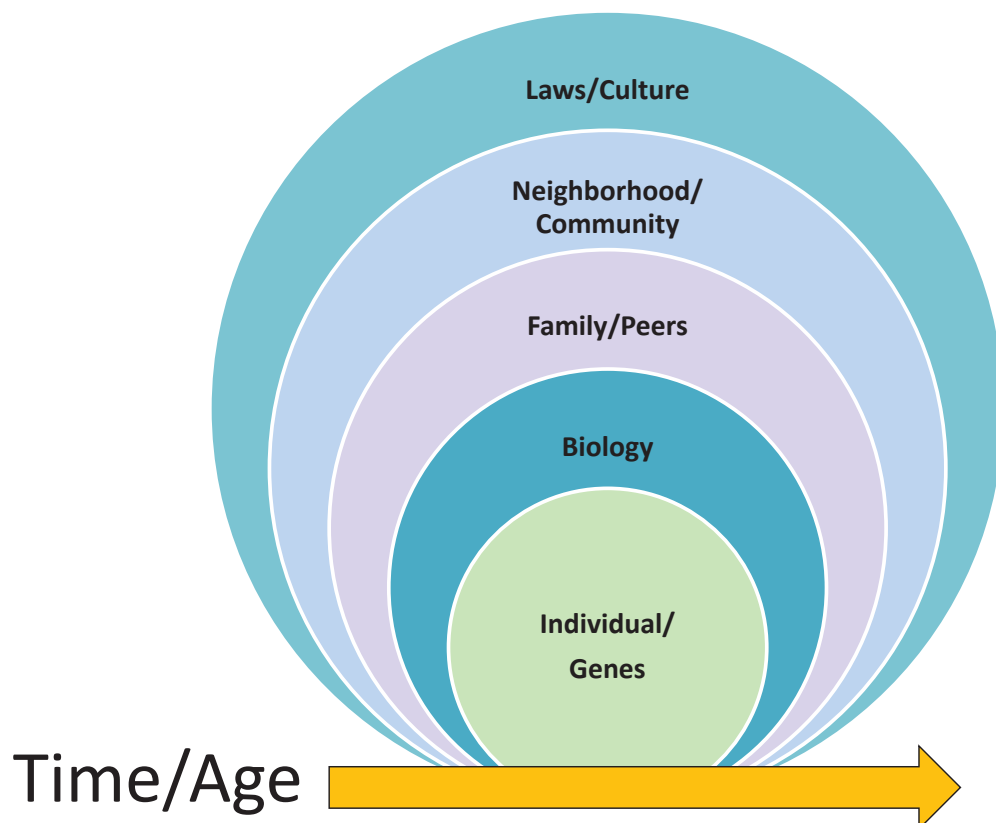
Cumulative Probability of treatment for SUD



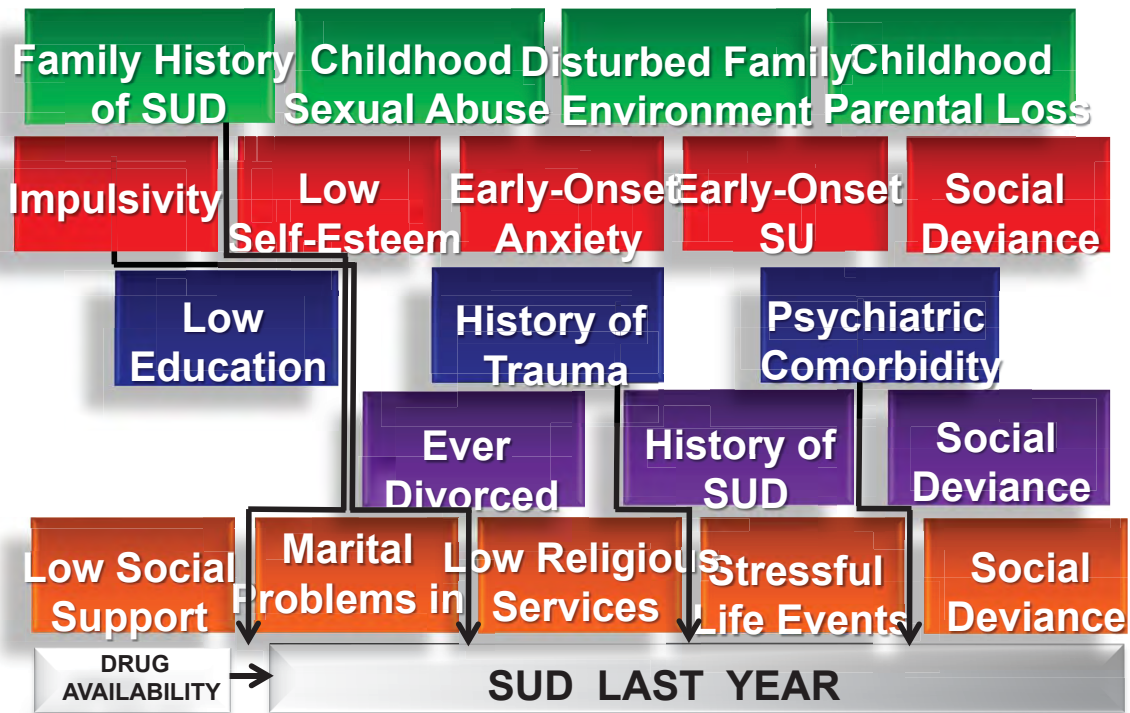
Blanco et al., Drug Alcohol Depend, 2015

3

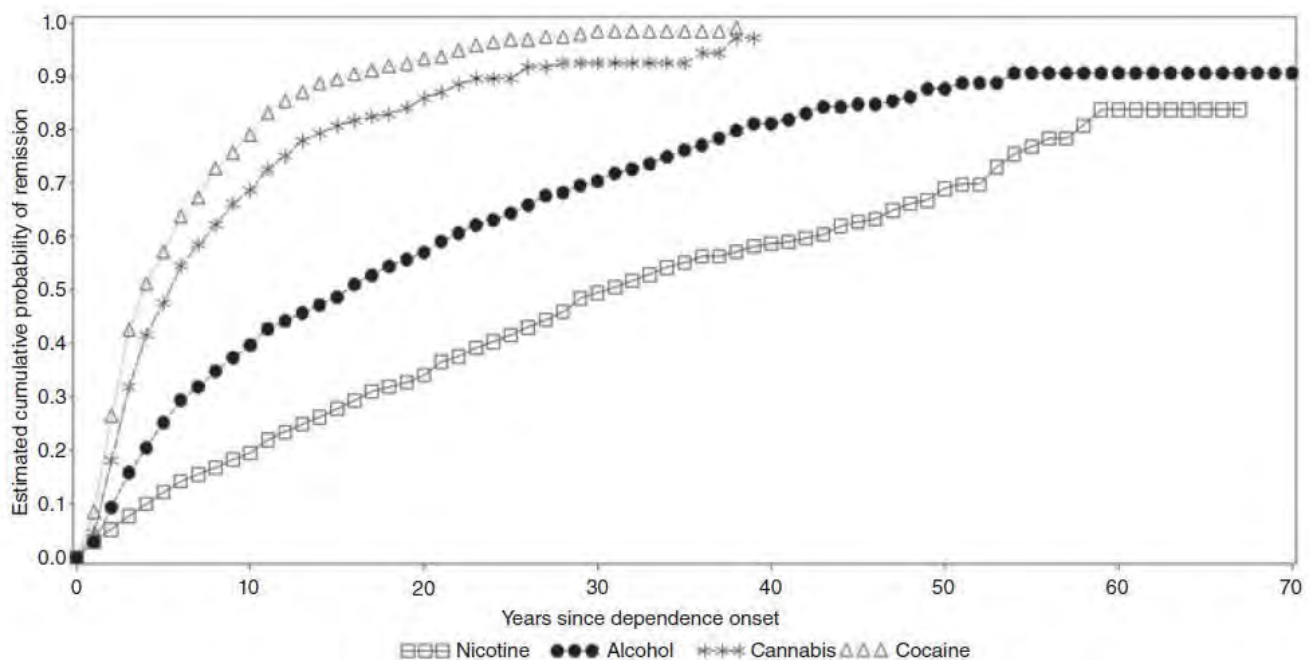
There are Multiple Risk Factors



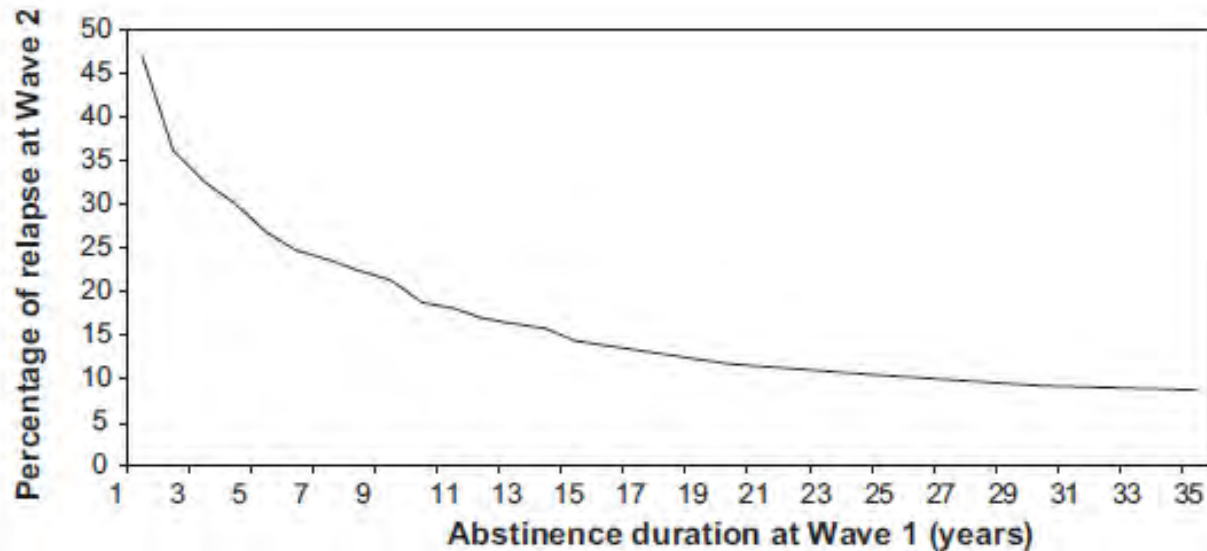
RISK FACTORS FOR SUBSTANCE USE DISORDER



Natural course of remission for four substances



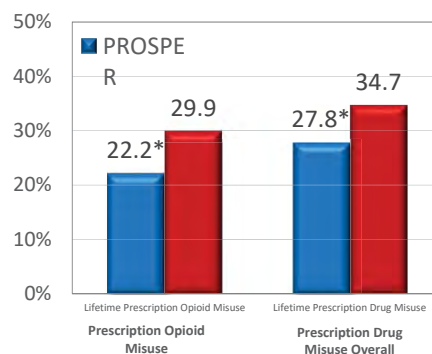
Course of relapse of smoking



Garcia-Rodriguez et al., Drug Alcohol Depend, 2013

7

Example from PROSPER Community Prevention Delivery System—Young Adult Outcomes of Middle School Programs

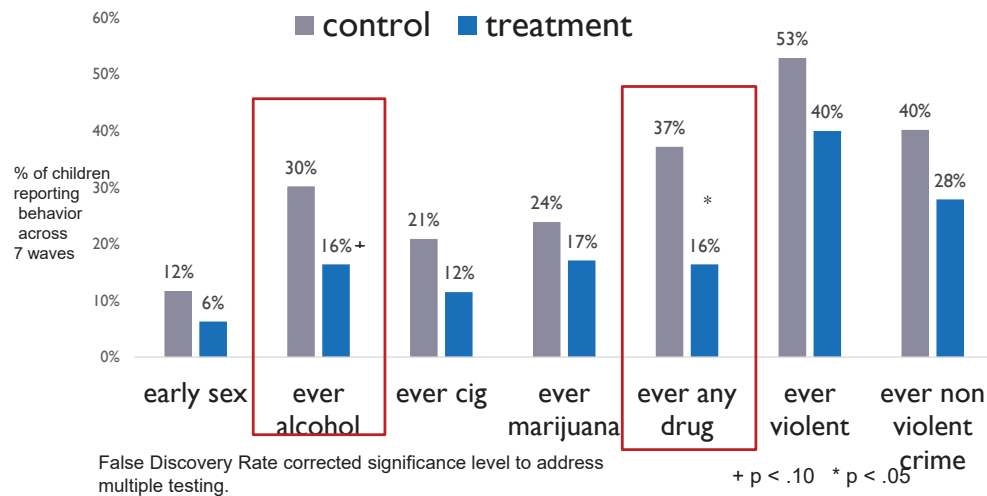


Note: *p<.05, RRRs=20-26%

Source: R Spoth et al. *American Journal of Public Health* 2013.

PROSPER vs. control differences are practically significant: For every 100 misusers in non-PROSPER communities, there would be about 20-26 fewer in PROSPER communities.

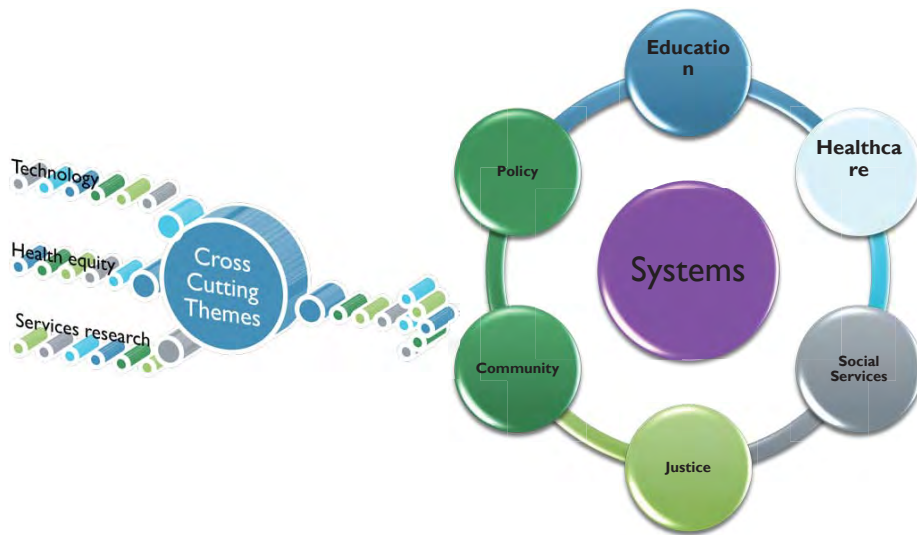
----- Parents who were in the SSDP intervention in childhood grow up to have children with **lower youth self-reported alcohol and drug onset** (ages 6 -18 years)



Areas of Opportunity

- **Efficacy and effectiveness research** to examine intervention effects on initiation and progression of use
- Strategies to **reduce harm**
- Interventions to advance **health equity** and address upstream **social determinants of health**
- Research that develops and tests strategies, frameworks or tools to **disseminate, implement, and sustain** evidence-based interventions
- **Fundamental science** for intervention development

TARGET SYSTEMS



Challenge: limited prevention funding

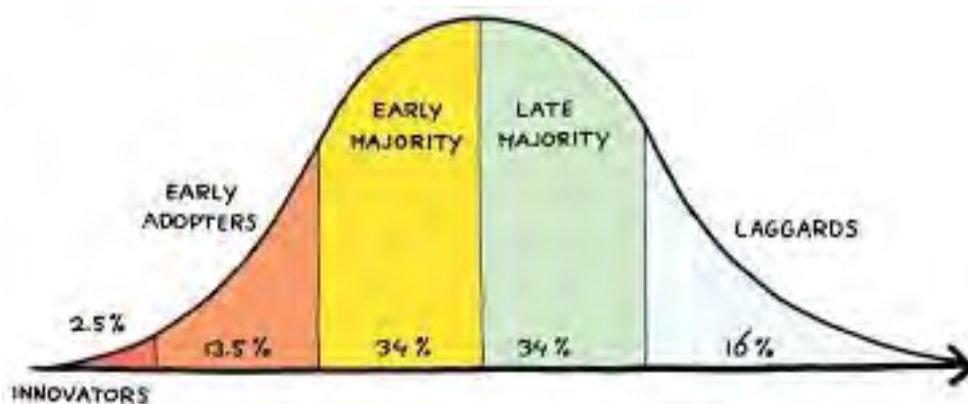


Solution: fund research grounded in strong partnerships with end-users to design economical and sustainable interventions

Building partnerships with stakeholders/end users

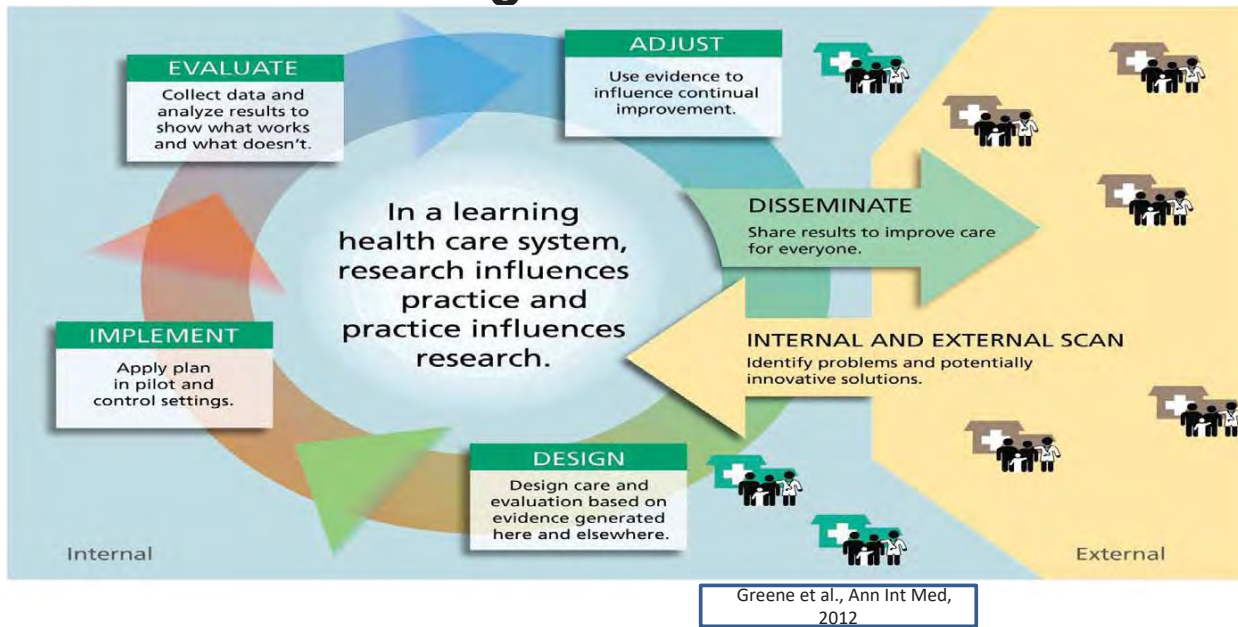
- Potential partners to facilitate transition from research to practice:
 - ACF/ASPE – potential funding through Family First Preventive Services Act
 - HRSA/FQHCs – informed HEAL FY23 RFA
 - SAMHSA – block grants, discretionary funds, Prevention Technology Transfer Centers; Office of Prevention Innovation
 - Department of Justice
 - CMS/CMMI
 - Department of Education
 - Indian Health Service
 - CDC
 - Others?

Traditional View of Innovation: Top Down

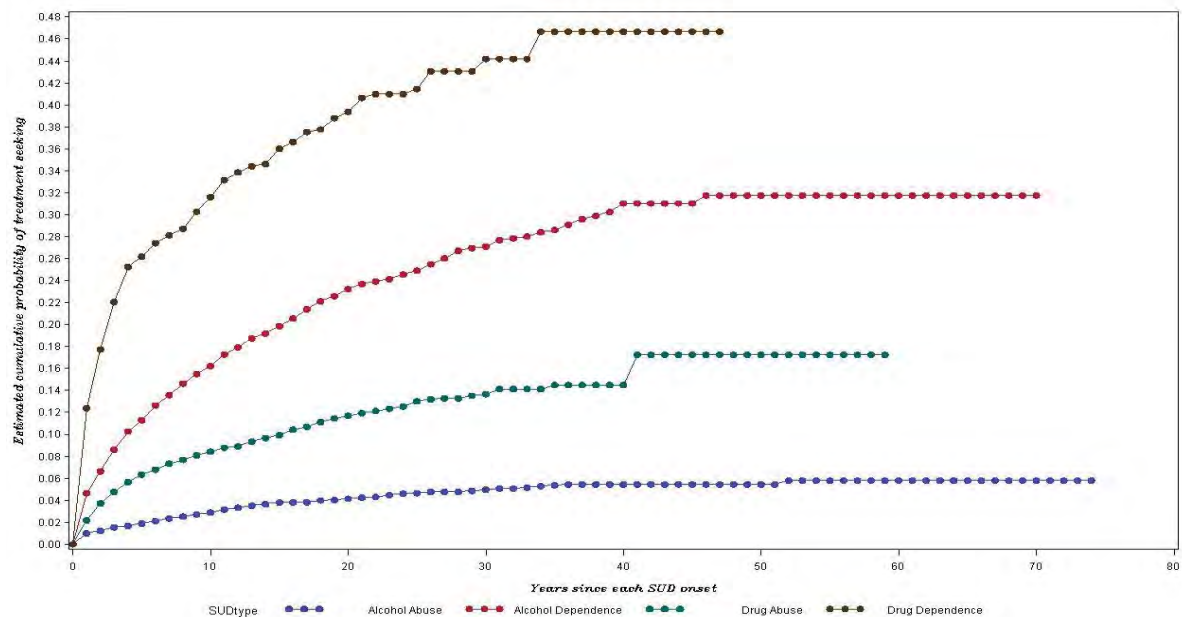


Rogers, 1962

LHS : Dialogue and Iteration



Cumulative Probability of treatment for SUD





RESOURCES

Upstream: Solving Problems Before They Happen

Dan Heath

New York Times Bestselling Author





PRESENTER BIO

Dan Heath



Dan Heath is the co-author, along with his brother Chip, of four long-running bestsellers: *Made to Stick*, *Switch*, *Decisive*, and *The Power of Moments*. The Heath brothers' books have sold over three million copies worldwide and been translated into 33 languages.

Mr. Heath's new book *Upstream: The Quest to Solve Problems Before They Happen* was an instant Wall Street Journal bestseller, and it was included on "best books" lists from Apple, Amazon, the Financial Times, and others.

Mr. Heath is a Senior Fellow at Duke University's CASE center, which supports entrepreneurs who fight for social good. He is an entrepreneur himself, having founded Thinkwell, an innovative education company that next year will celebrate its 25th anniversary. He was named in 2013 to the Thinkers 50, a ranking of the world's 50 most influential management thinkers, and also to Fast Company magazine's list of the Most Creative People in Business.





Dan Health, cont.

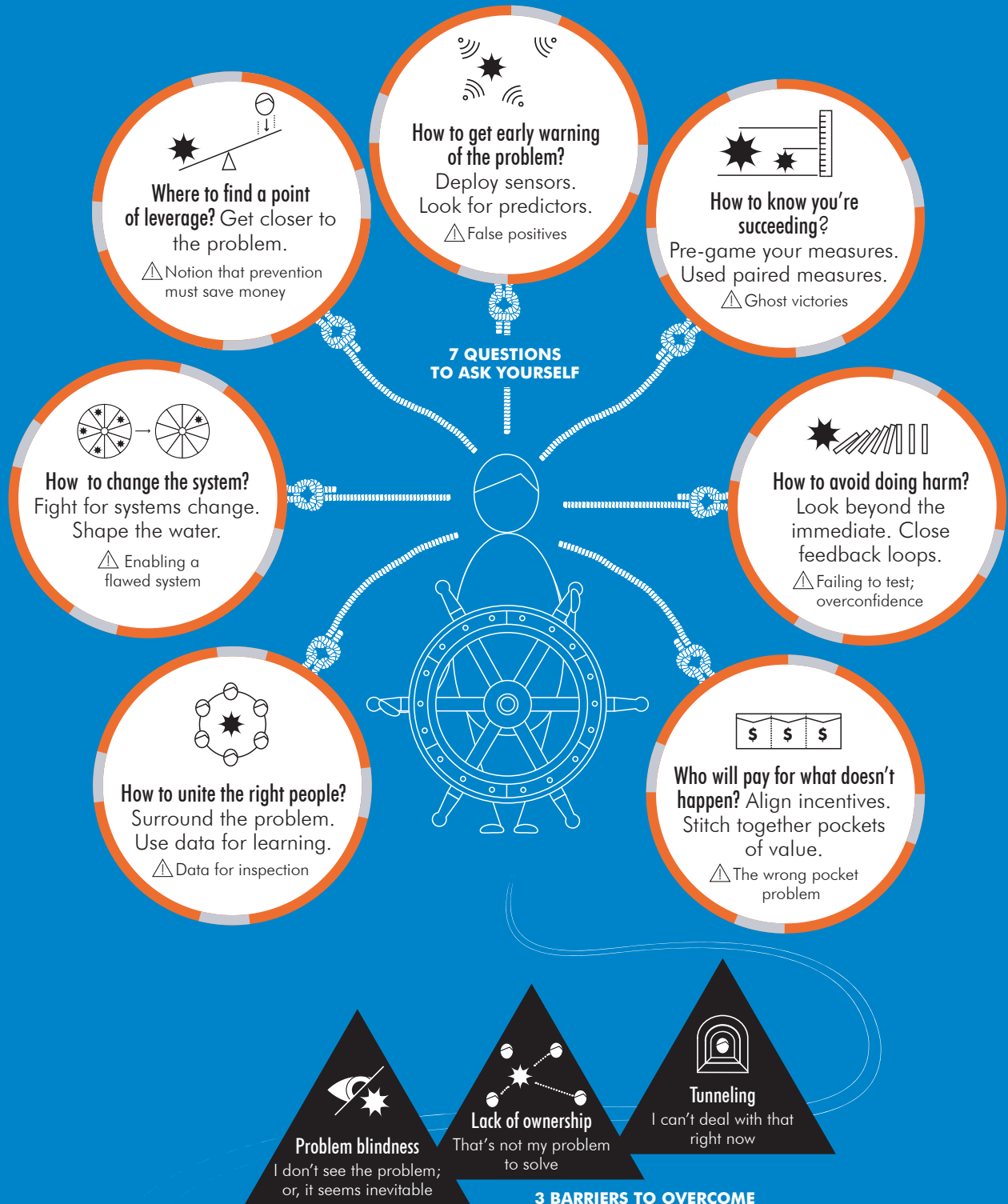
He has spoken to teachers, police chiefs, U.S. senators, interior designers, Navy admirals, health care leaders, marketers, ministers, and countless executive teams, across 26 countries on 6 continents. (He's still waiting for that invitation from Antarctica).



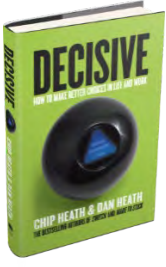

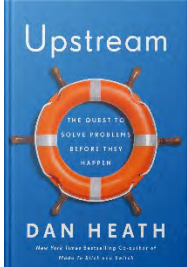
Mr. Heath has an MBA from Harvard Business School and a BA from the Plan II Honors Program at the University of Texas at Austin. One proud geeky moment for Mr. Heath was his victory in the New Yorker Cartoon Caption Contest, beating out 13,000 other entrants.

He lives in Durham, NC.

"So often we find ourselves reacting to problems, putting out fires, dealing with emergencies. We should shift our attention to preventing them."

Summary of
UPSTREAM
by DAN HEATH



				
<p>MADE TO STICK (2007) <i>Why some ideas survive and others die</i></p>	<p>SWITCH (2010) <i>How to change things when change is hard</i></p>	<p>DECISIVE (2013) <i>How to make better choices in life and work</i></p>	<p>THE POWER OF MOMENTS (2017) <i>Why certain experiences have extraordinary impact</i></p>	<p>UPSTREAM (2020) <i>The Quest to Solve Problems Before They Happen</i></p>
<p><i>New York Times</i> bestseller</p> <p>Amazon: 4.6/5.0 ★★★★☆ 2,371 ratings</p>	<p><i>New York Times</i> bestseller</p> <p>Amazon: 4.6/5.0 ★★★★☆ 2,594 ratings</p>	<p><i>New York Times</i> bestseller</p> <p>Amazon: 4.6/5.0 ★★★★☆ 962 ratings</p>	<p><i>New York Times</i> bestseller</p> <p>Amazon: 4.7/5.0 ★★★★☆ 1,586 ratings</p>	<p><i>Wall Street Journal</i> bestseller</p> <p>Amazon: 4.7/5.0 ★★★★☆ 775 ratings</p>
<p>Book in one word: COMMUNICATION</p>	<p>Book in one word: CHANGE</p>	<p>Book in one word: DECISIONS</p>	<p>Book in one word: EXPERIENCES</p>	<p>Book in one two words: PREVENTING PROBLEMS</p>
<p><i>Top audiences for the book:</i></p> <ul style="list-style-type: none"> - Marketing & sales - Entrepreneurial leaders - School leaders 	<p><i>Top audiences for the book:</i></p> <ul style="list-style-type: none"> - Health care - Business of all kinds - Education & government 	<p><i>Top audiences for the book:</i></p> <ul style="list-style-type: none"> - Financial services - Gov't & education leaders - Senior executives 	<p><i>Top audiences for the book:</i></p> <ul style="list-style-type: none"> - Anyone in service industry - Health care - HR 	<p><i>Top audiences for the book:</i></p> <ul style="list-style-type: none"> - Senior executives - Health care & public health - Education & government
<p><i>Listen for:</i> sharing vision, alignment, storytelling, messaging, sales</p>	<p><i>Listen for:</i> change, transition, transformation, innovation, behavior, alignment</p>	<p><i>Listen for:</i> agility, experimentation, discipline, pains of “consensus”</p>	<p><i>Listen for:</i> customer or patient experience, culture, employee engagement, motivation</p>	<p><i>Listen for:</i> quality, operations, proactive vs. reactive, improvement, sustainability</p>
<p>Reliable material and as relevant today as in 2007!</p>	<p><i>Switch</i> keynotes seem to work for every single audience.</p>	<p><i>Decisive</i> works best for analytical, left-brain audiences.</p>	<p>Like <i>Switch</i>, this material seems to work for every group.</p>	<p>The freshest material. And speaks to the times.</p>



RESOURCES

Selecting & Implementing Upstream Interventions within a System of Prevention

Karl Hill, PhD

Director, Prevention Science Program

Professor, Psychology & Neuroscience

Institute of Behavioral Science, University of Colorado Boulder

Pamela Buckley, PhD

Senior Research Associate

Institute of Behavioral Science, University of Colorado Boulder

Principle Investigator, Blueprints for Healthy Youth Development





PRESENTER BIO

Karl Hill, PhD



Dr. Karl G. Hill is director of the Prevention Science Program, Co-Principal Investigator of the Blueprints for Healthy Youth Development registry, and Professor of Psychology and Neuroscience at the University of Colorado Boulder. Dr. Hill's work over the last thirty years has focused on understanding two questions: What are optimal family, peer, school and community environments that encourage healthy youth and adult development? And how do we work with communities to make this happen?

Prior to CU Boulder, he worked for 23 years at the University of Washington as a professor and prevention scientist where he sought to understand the development and consequences of prosocial outcomes as well as antisocial behaviors such as drug use and dependence, crime, and gang membership, and the mechanisms of continuity and discontinuity in these behaviors across generations. In addition, his work has focused on developing and testing interventions to shape these outcomes, and on working with communities to improve youth development and to break intergenerational cycles of problem behavior.





PRESENTER BIO

Pamela Buckley, PhD



Dr. Pamela Buckley is a senior research associate in the Institute of Behavioral Science at the University of Colorado Boulder. She is also Principal Investigator of Blueprints for Healthy Youth Development, a globally recognized registry of experimentally proven interventions promoting rigorous scientific standards for certification that serves as a resource for governmental agencies, foundations, community organizations, and practitioners seeking to make informed decisions about their investments in preventive interventions.

Her expertise is in testing social programs designed to prevent antisocial behavior and promote a healthy course of youth development. She has extensive knowledge of the prevention science literature and expertise in the design and implementation of evaluation research projects.

A former school psychologist, she also has considerable experience consulting in classrooms with teachers, students, families, and communities.





Selecting and Implementing Upstream Interventions within a System of Prevention

Karl G. Hill

Professor, Psychology & Neuroscience

Director, Prevention Science Program

CU Boulder

Karl.Hill@Colorado.edu

Talk Overview

- My Background
- Basic Prevention Principles
(relevant to Community Based Prevention)
- Community Based Prevention
- Discussion





Selecting and Implementing Upstream Interventions within a System of Prevention

Karl G. Hill

*Professor, Psychology & Neuroscience
Director, **Prevention Science Program**
CU Boulder*

Karl.Hill@Colorado.edu

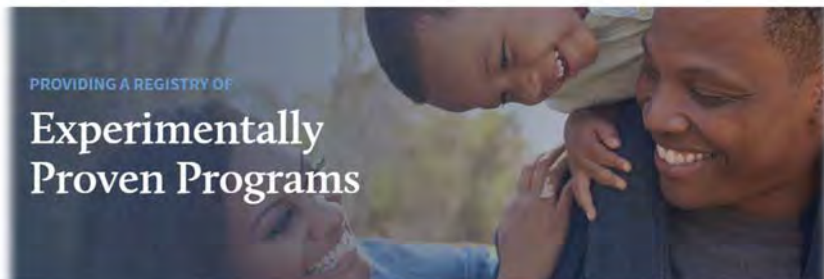
About 75 people
working across 10
projects



Co-Director Blueprints for Healthy Youth Development



[FIND PROGRAMS](#) [BLUEPRINTS CERTIFICATION](#) [NEWS & EVENTS](#) [FAQS](#) [ABOUT BLUEPRINTS](#)



A web-based registry of *experimentally proven programs* (EPPs) promoting the most rigorous scientific standard and review process for certification.



The Blueprints for Healthy Youth Development mission is to promote interventions that work. We do this by providing a comprehensive, trusted registry of evidence-based interventions (programs, practices and policies) that are effective in reducing antisocial behavior and promoting a healthy course of youth development and adult maturity. We also advocate for evidence-based interventions through and maintain a growing coalition on the importance of sustaining

www.blueprintsprograms.org

My story: from treatment to prevention

I started my career in the 80s in treatment. It was a fabulous and important job, but over time I became frustrated because no matter how good a job I did, I was not stopping the pipeline of new people through my door.

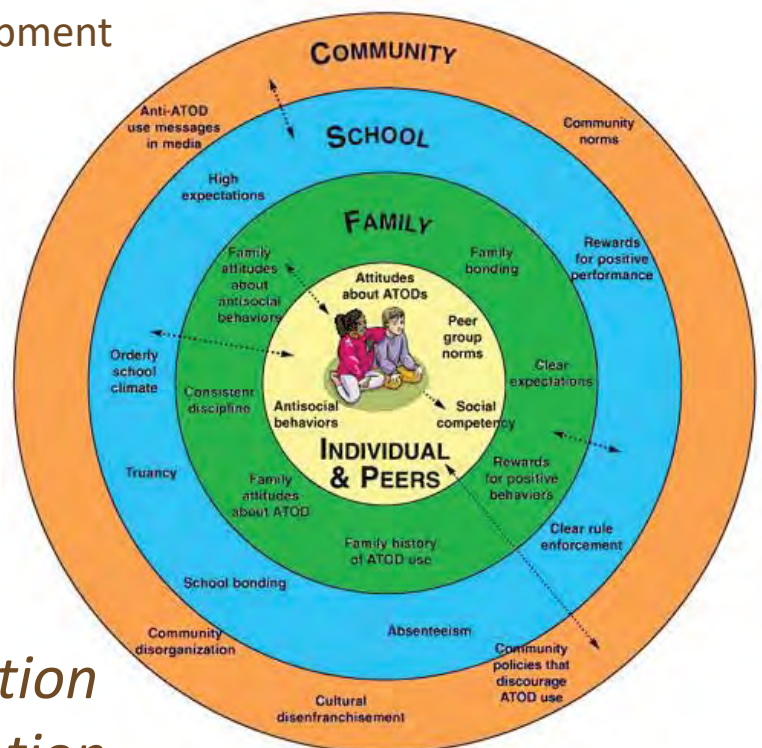


I became convinced that we needed to work upstream on youth development and problem prevention to prevent kids from getting involved in drugs and crime in the first place.

Doctorate in Boston (1991)
Life-Course Social Development

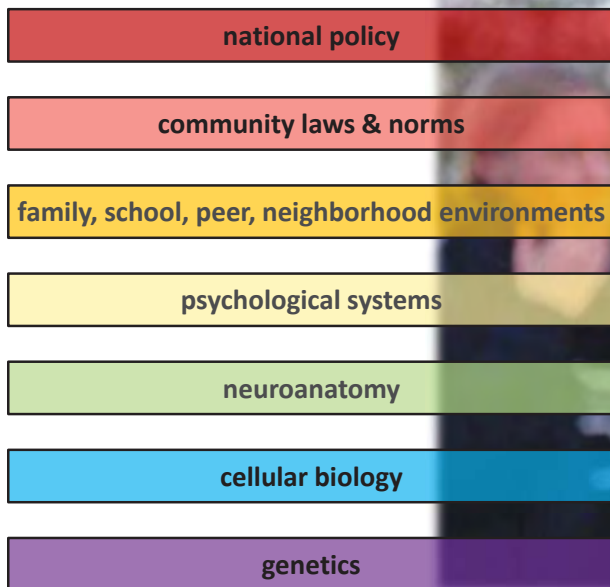
Social
Development
Research Group
1994-2017
Seattle, WA

J. David Hawkins
Richard F. Catalano
Kevin Haggerty



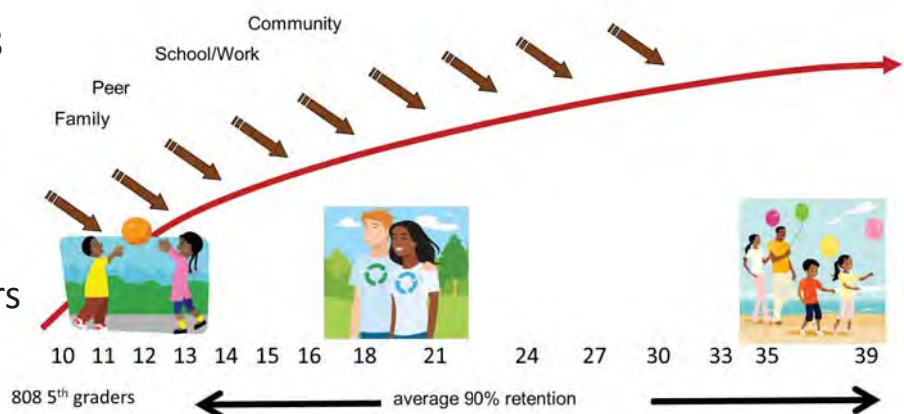
*Problem Prevention
& Health Promotion*

All of these factors influence this teen's addiction.



Seattle Social Development Project followed 808 kids from elementary school into midlife (still ongoing)

For 23 years I ran a longitudinal study of 808 kids followed from elementary school into adulthood, exploring the family peer, school/work and neighborhood factors that affected their development.





We moved to CU
Boulder in 2017



Karl G. Hill, PhD
Director, Prevention Science Program
Co-Principal Investigator, *Blueprints for Healthy Youth Development*
Professor Psychology and Neuroscience
Institute of Behavioral Science
University of Colorado Boulder

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What is Prevention Science



Karl G. Hill, PhD
 Director, Prevention Science Program
 Co-Principal Investigator, *Blueprints for Healthy Youth Development*
 Professor Psychology and Neuroscience
 Institute of Behavioral Science
 University of Colorado Boulder

400-350 BCE
 Aristotle
 Biology, Physics, Astronomy,
 Geology
 Hippocrates - Medicine



Think about it.
 Other sciences
 like biology,
 physics,
 astronomy,
 geology,
 medicine, etc.
 have been around
 for 2400 years!



That's a long time
 to develop
 knowledge.

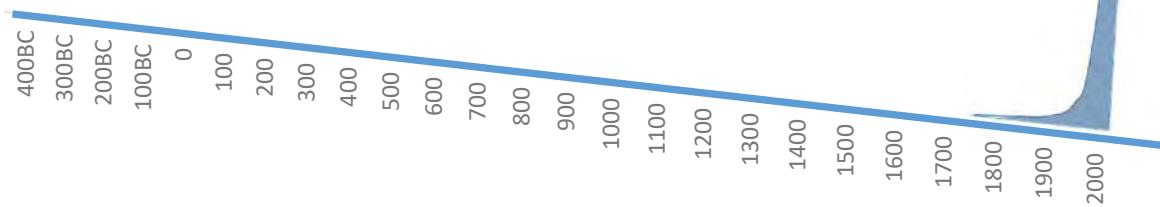
400BC
 300BC
 200BC
 100BC
 0
 100
 200
 300
 400
 500
 600
 700

1800
 1900
 2000

Prevention Science is a new field

1991
Society for Prevention Research

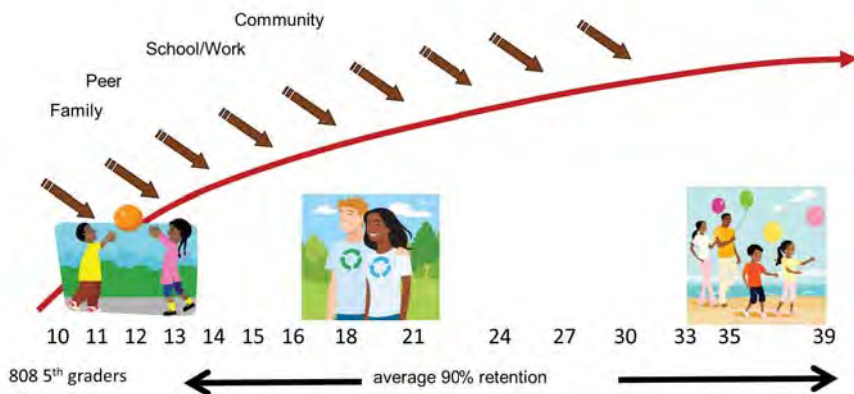
Research in the Science of Prevention rose in the late 1980s early 1990s.



What are the root causes of addiction and related problems?

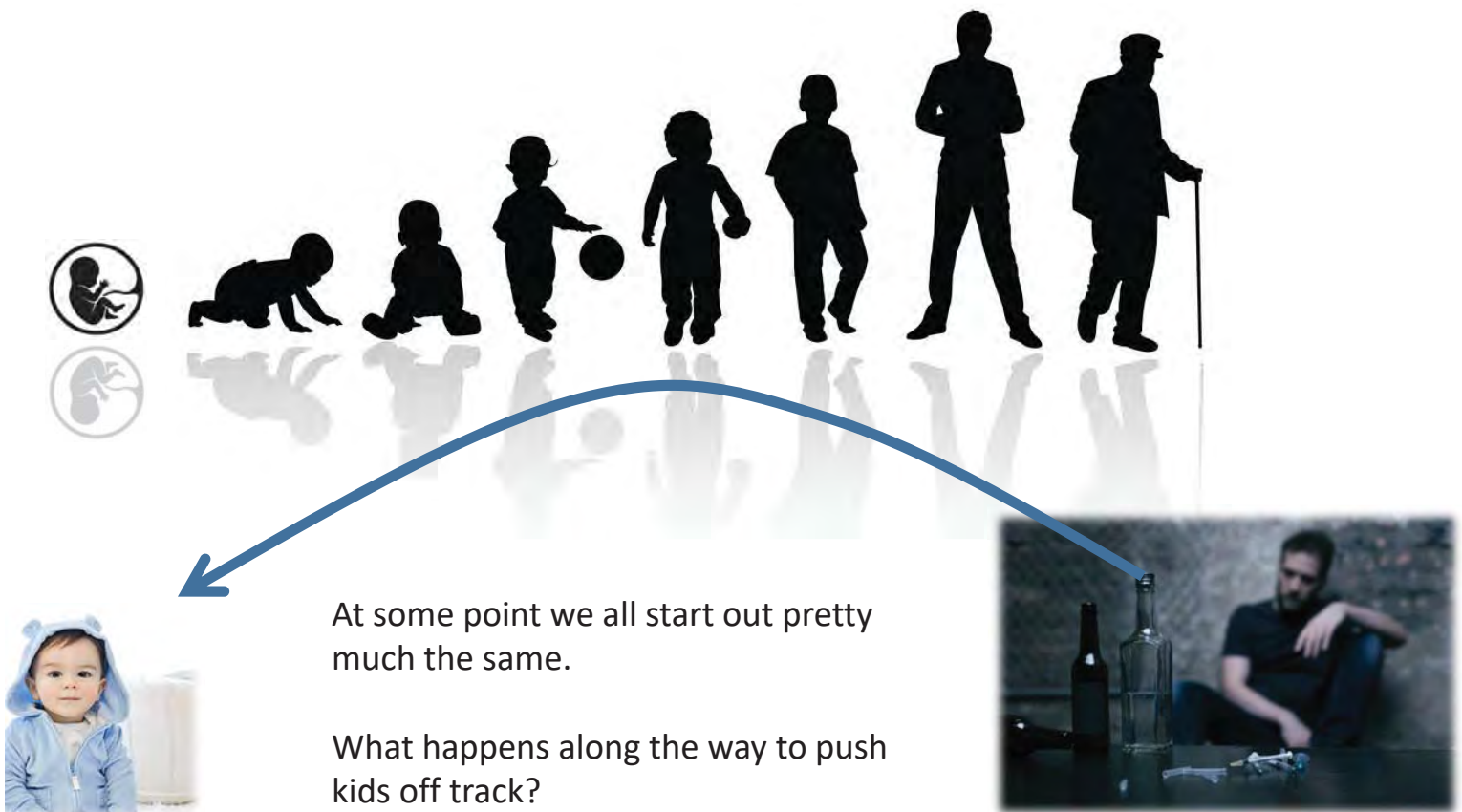


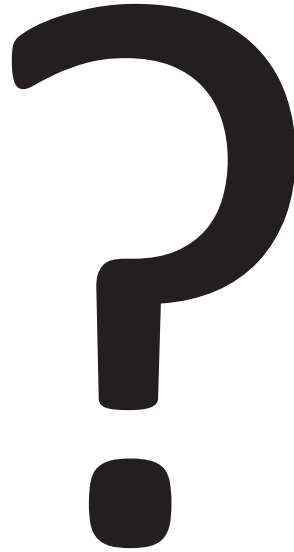
Seattle Social Development Project followed 808 kids from elementary school into midlife (still ongoing)



Using data from our longitudinal studies we can “turn the clock back” and see what their childhood and adolescence was like.

What distinguished who went down which pathway?





What are the one or two big causes that we can focus on to reduce addiction?



The root causes of prosocial and problematic development reach across all domains.

Family

School

Individual
Peer

Community



Root Causes

Risk and protective factors exist across every area of life: family, peer, school, neighborhood and individual characteristics.

Hawkins, Catalano & Miller (1992)

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
<ul style="list-style-type: none"> • Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage 	COMMUNITY	<ul style="list-style-type: none"> • Opportunities for prosocial involvement in the community • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour 	FAMILY	<ul style="list-style-type: none"> • Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Academic failure (low academic achievement) • Low commitment to school • Bullying 	SCHOOL	<ul style="list-style-type: none"> • Opportunities for prosocial involvement in school • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement 	PEER / INDIVIDUAL	<ul style="list-style-type: none"> • Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers



Substance Use
& Abuse
(including opioids)

Violence

Suicide

Educational
Attainment

Family

School

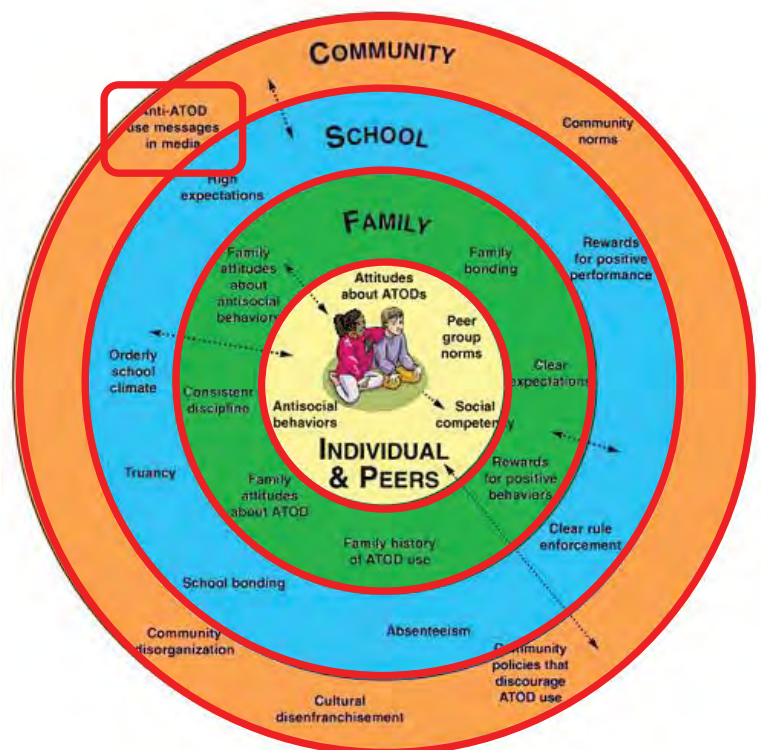
Individual
Peer

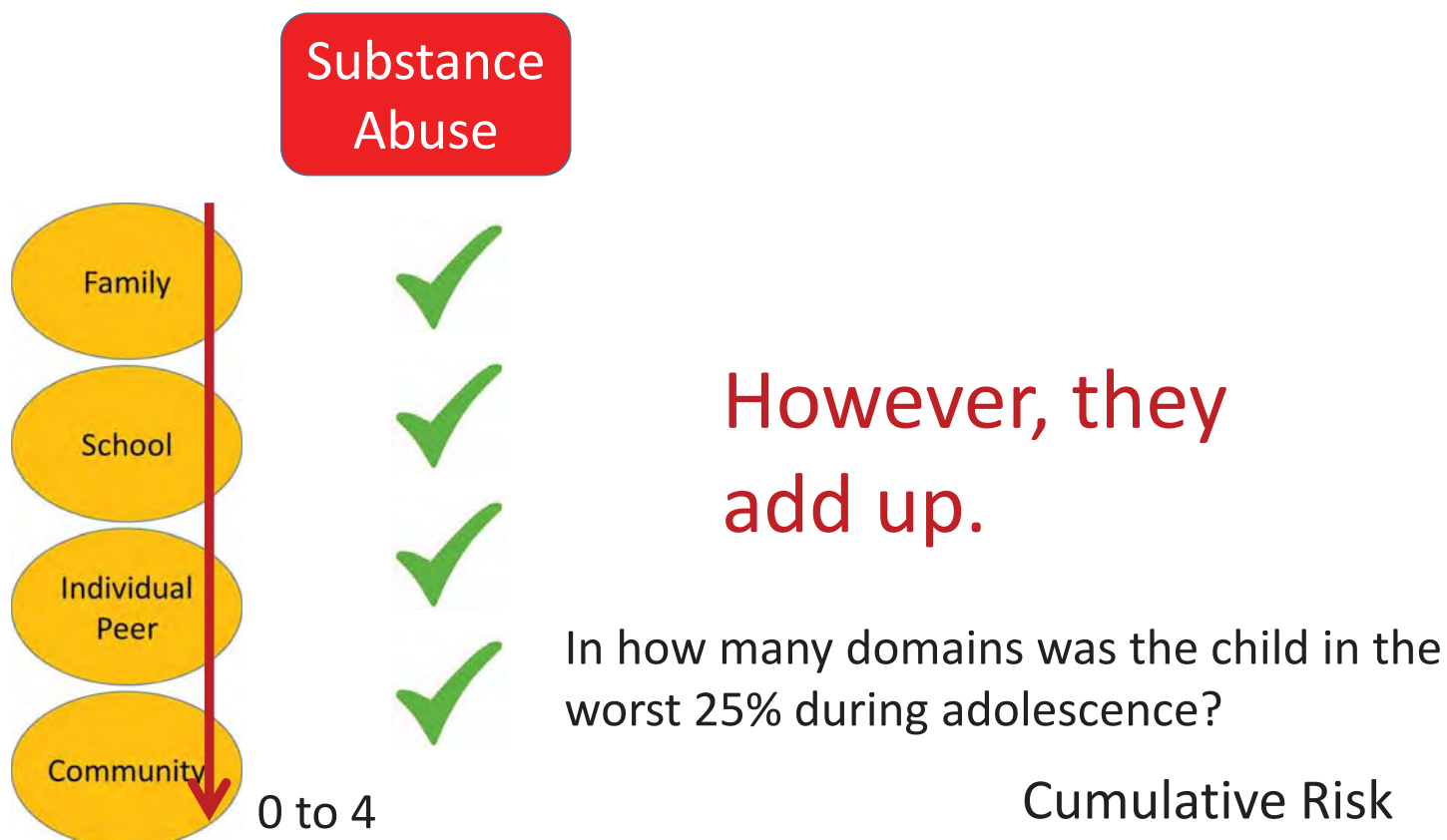
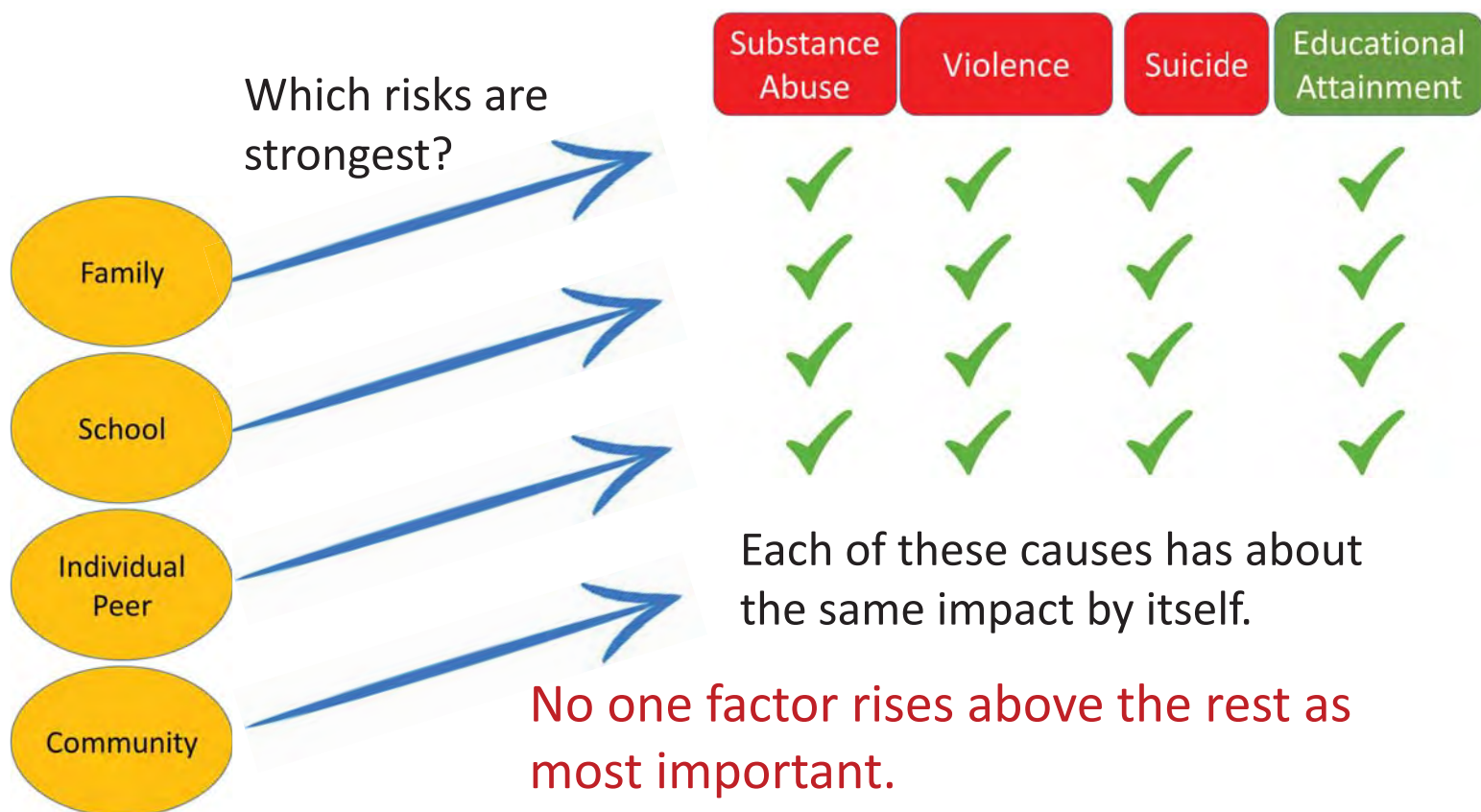
Community

Implication:
Interventions that address the
root causes will have benefits
across a wide range of
outcomes, not just addiction.

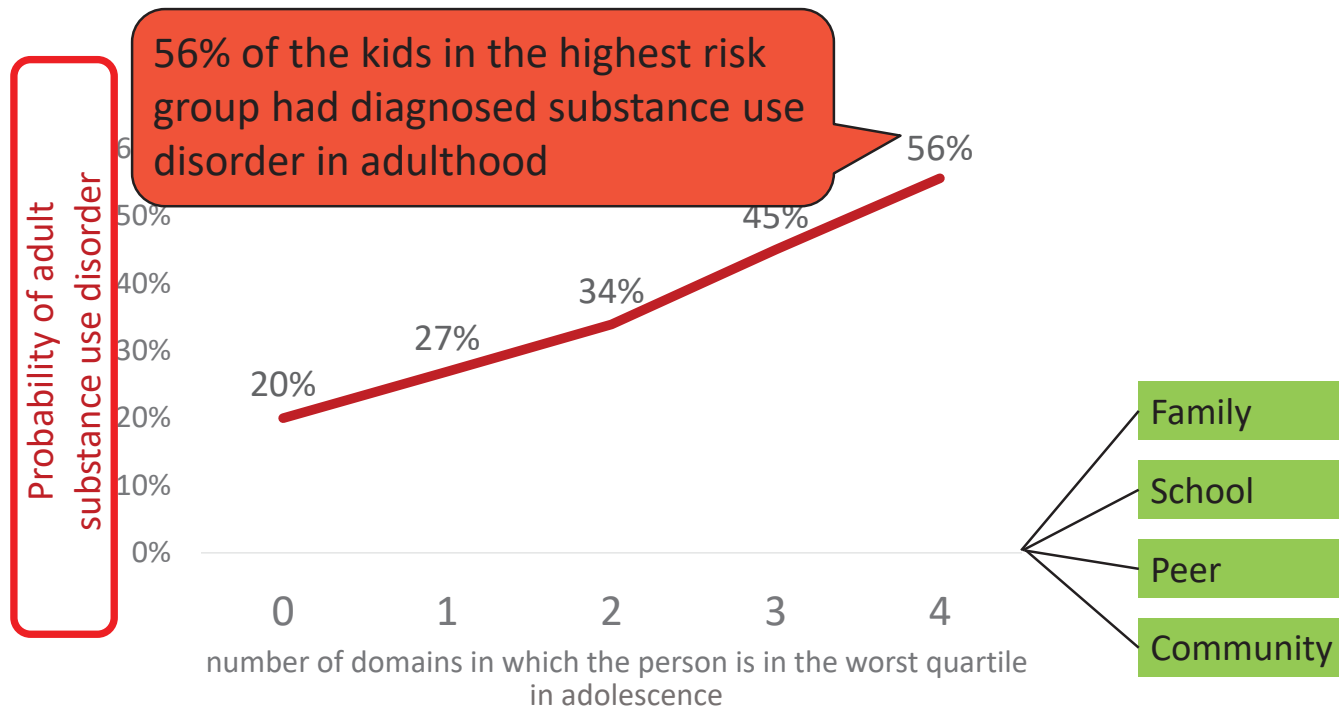
Anti-Drug Educational
Campaigns are important, but
alone are not sufficient to
prevent use and addiction.

These campaigns need to be part
of a **comprehensive strategy** to
address the root causes of
addiction across multiple
domains.

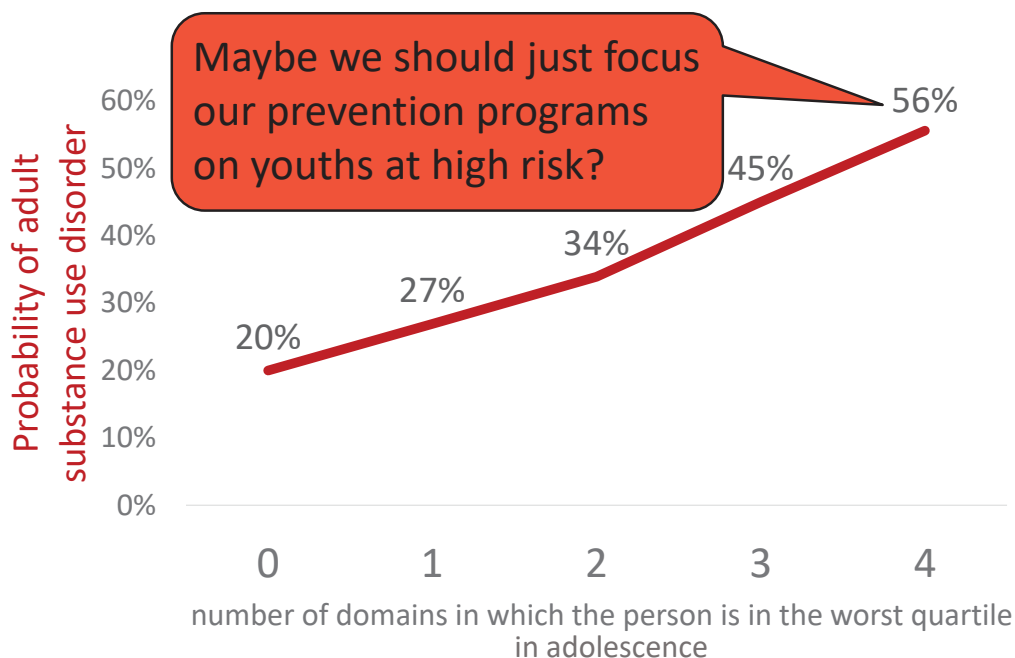




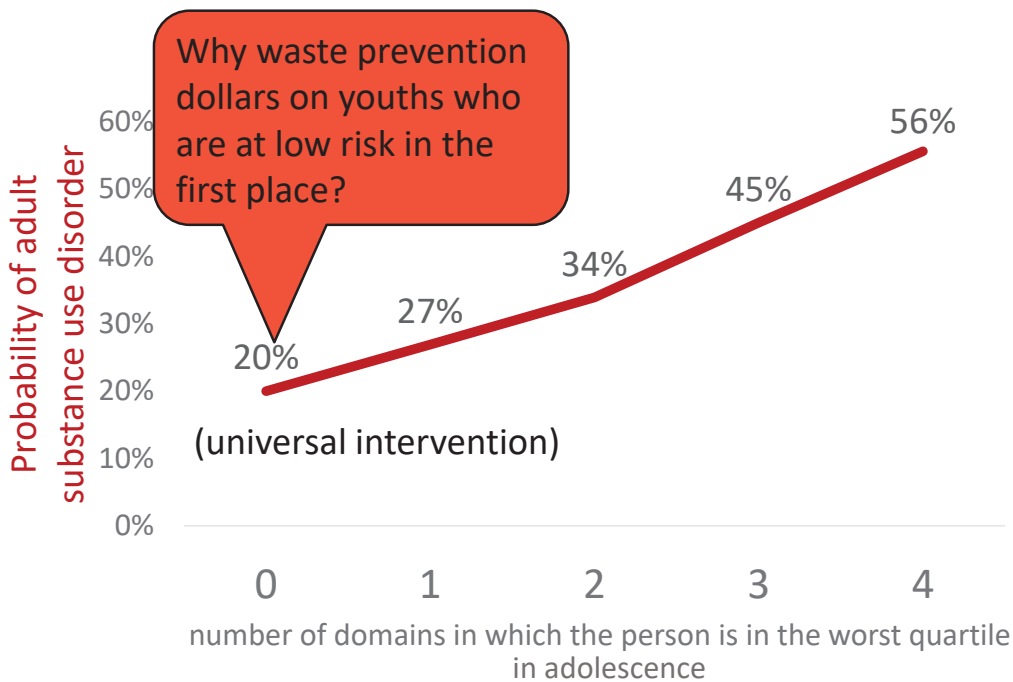
Predicting Substance Use Disorder in Adulthood from Adolescent Risk



Predicting Substance Use Disorder in Adulthood from Adolescent Risk

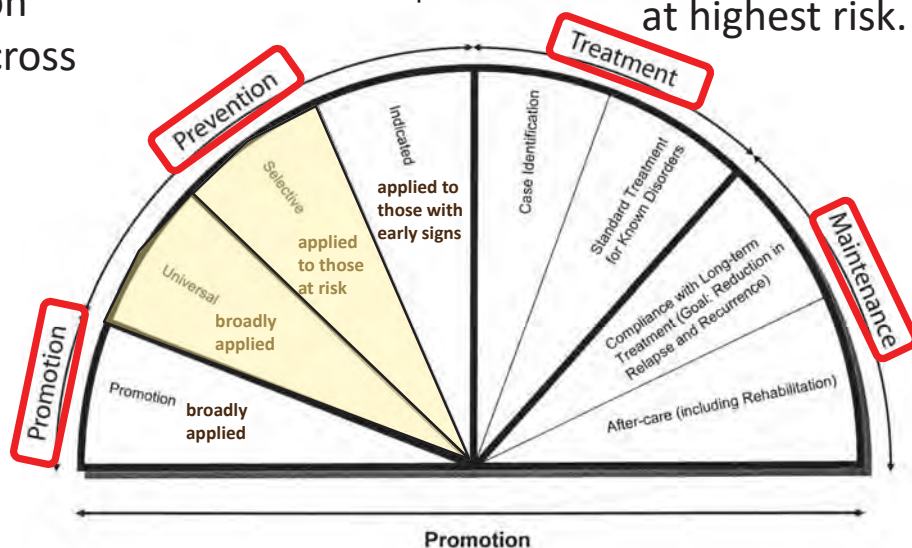


Predicting Substance Use Disorder in Adulthood from Adolescent Risk



Universal interventions apply the prevention program broadly across the population.

Intervention Spectrum



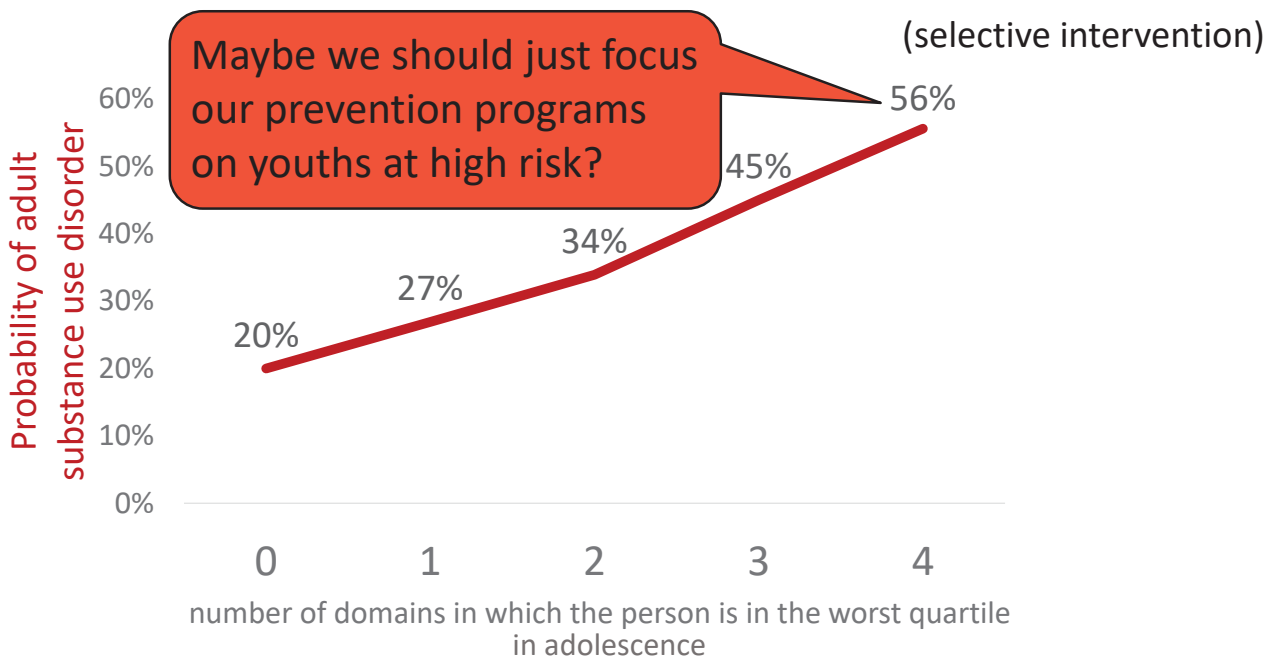
Selective interventions only apply the prevention program to those at highest risk.

Source: Institute of Medicine (2009). Preventing Mental, Emotional and Behavioral Disorders Among Young People. O'Connell, Boat & Warner (eds.) Washington DC: National Academy Press

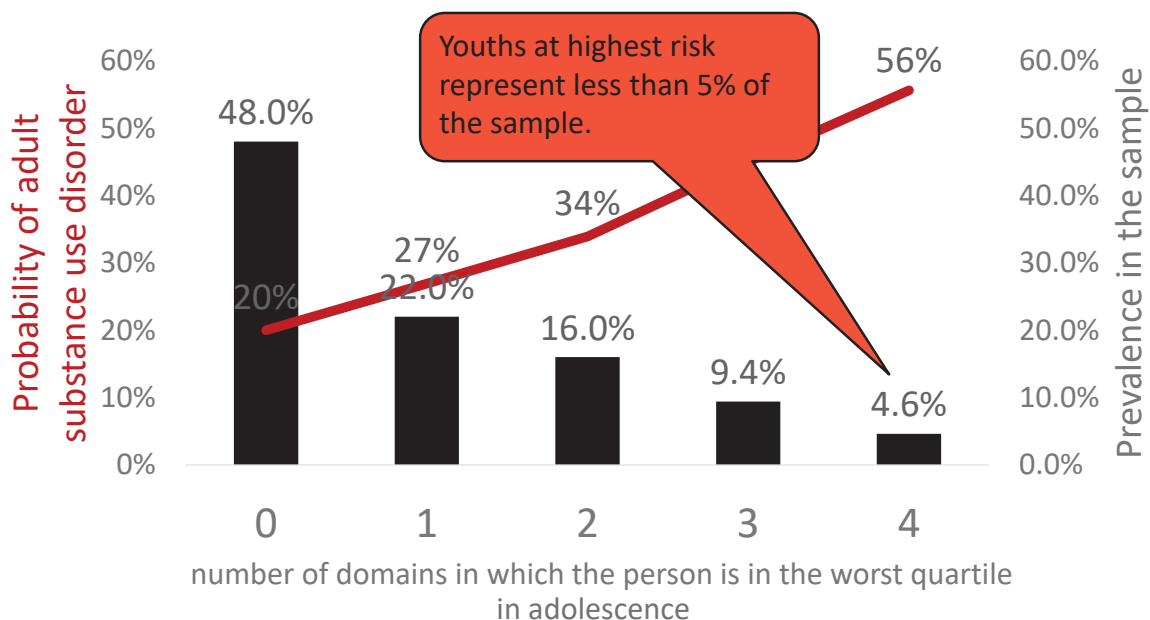
A prevention strategy that **focuses only on youth at high-risk will fail** to “move the needle” on substance use disorder in a community.



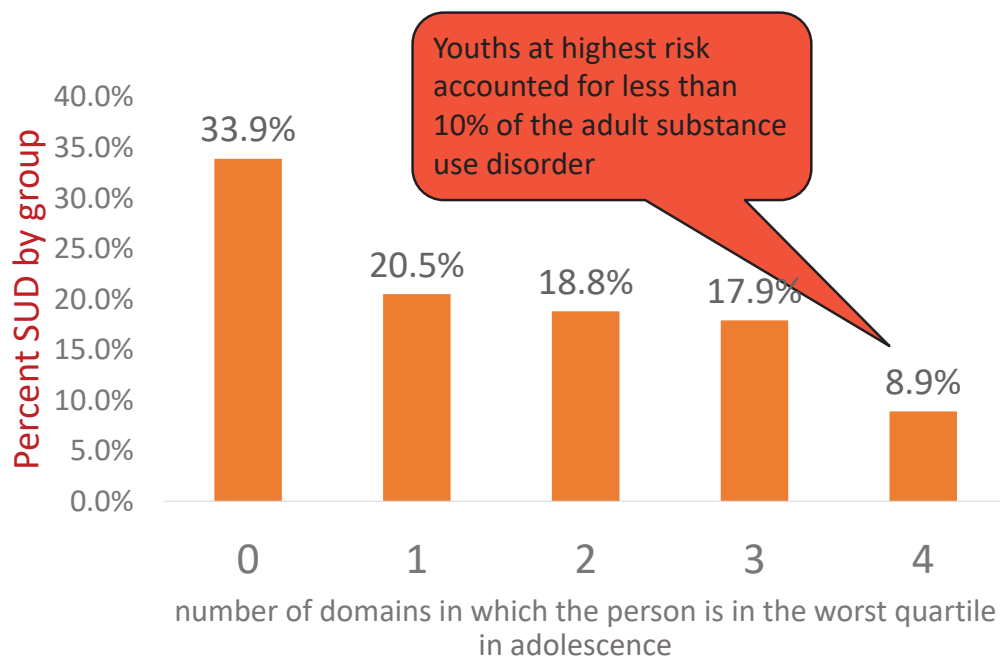
Predicting Substance Use Disorder in Adulthood from Adolescent Risk



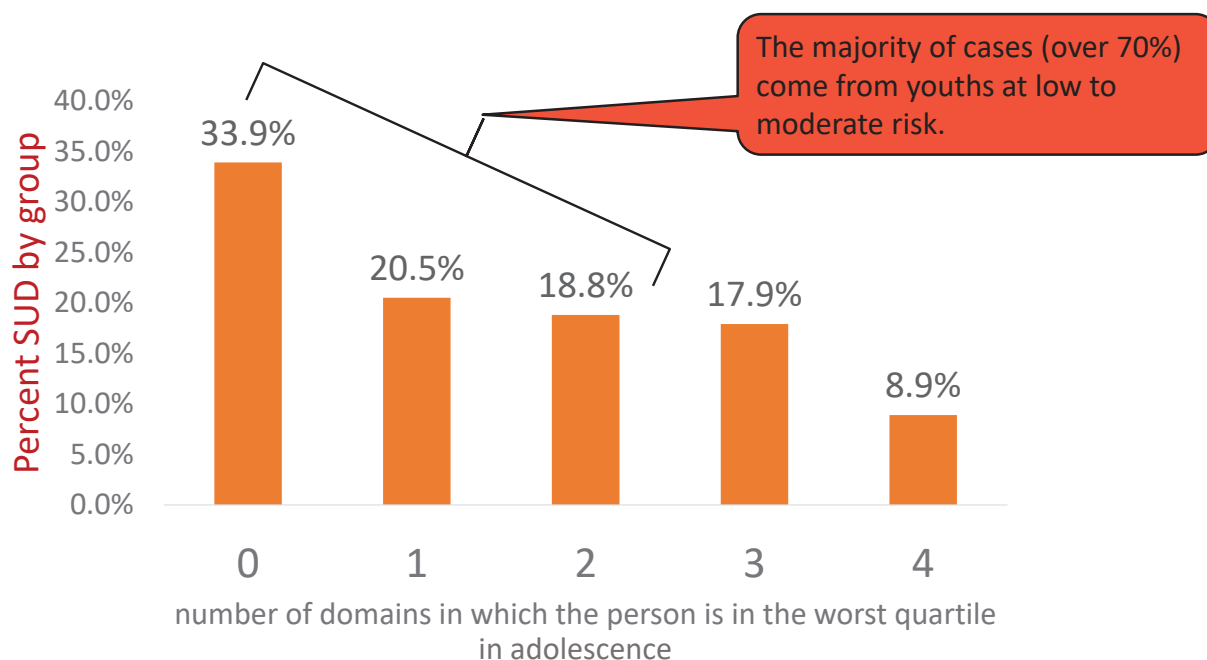
Predicting Substance Use Disorder in Adulthood from Adolescent Risk



Predicting Substance Use Disorder in Adulthood from Adolescent Risk

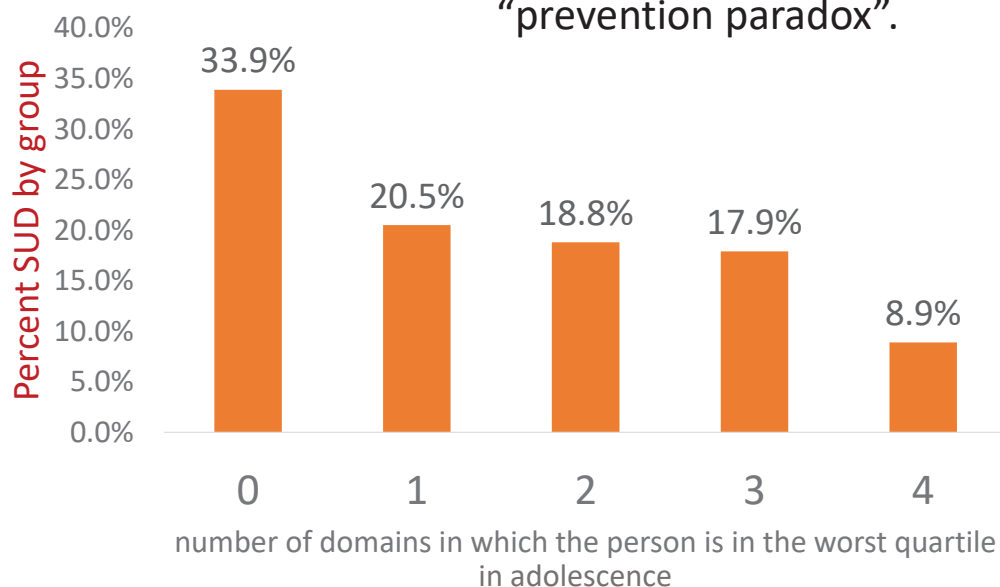


Predicting Substance Use Disorder in Adulthood from Adolescent Risk



Predicting Substance Use Disorder in Adulthood from Adolescent Risk

This is what has been called the “prevention paradox”.



Rose Theorem:

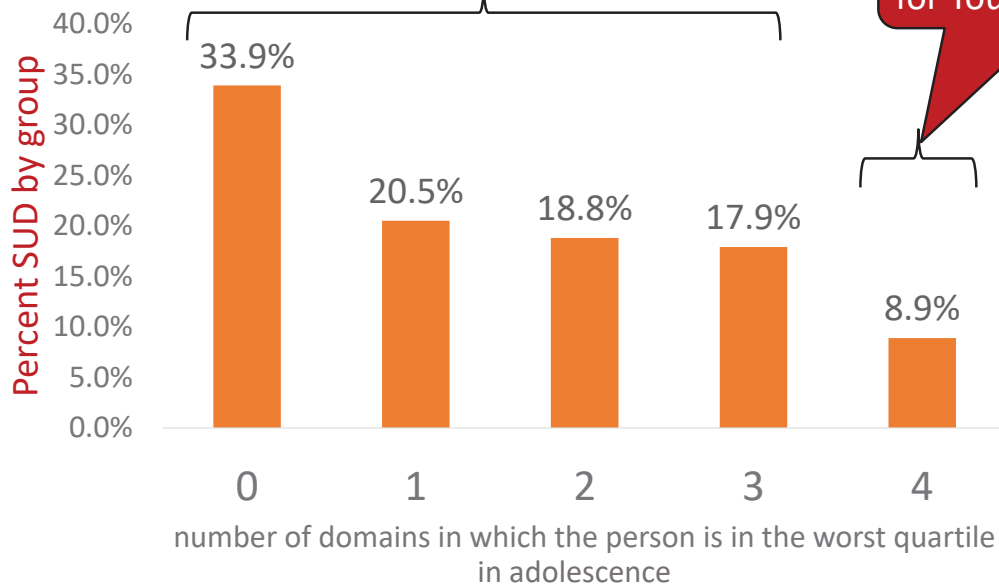
A large number of people exposed to a small risk may generate many more cases than a small number exposed to a high risk.

(Rose, 1992:24).

My own research on current science



Embedded within
Universal Prevention to
Move the Population Needle



Selective Intervention
for Youths at High Risk

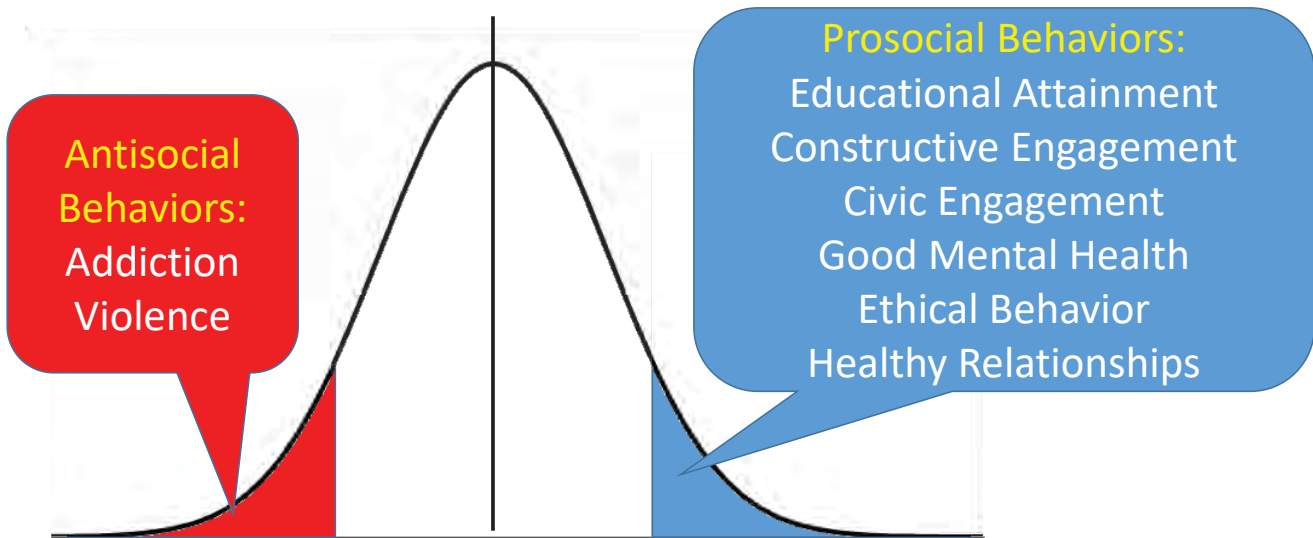


With “selective” or
“indicated” interventions
you try to identify those
individuals who are at
greatest risk of addiction.

In Universal Prevention, we
seek to turn down the heat.

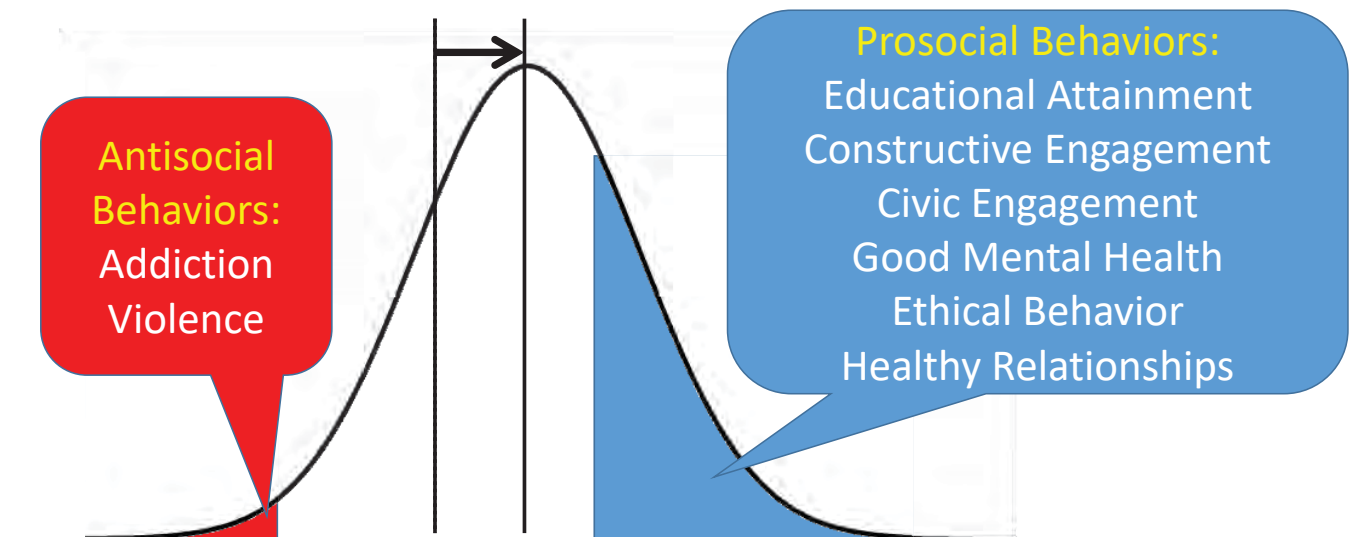


Shifting the Curve



Distribution of problems in a population of youths.

Shifting the Curve



Small shifts in the population result in large changes in the “tails”.

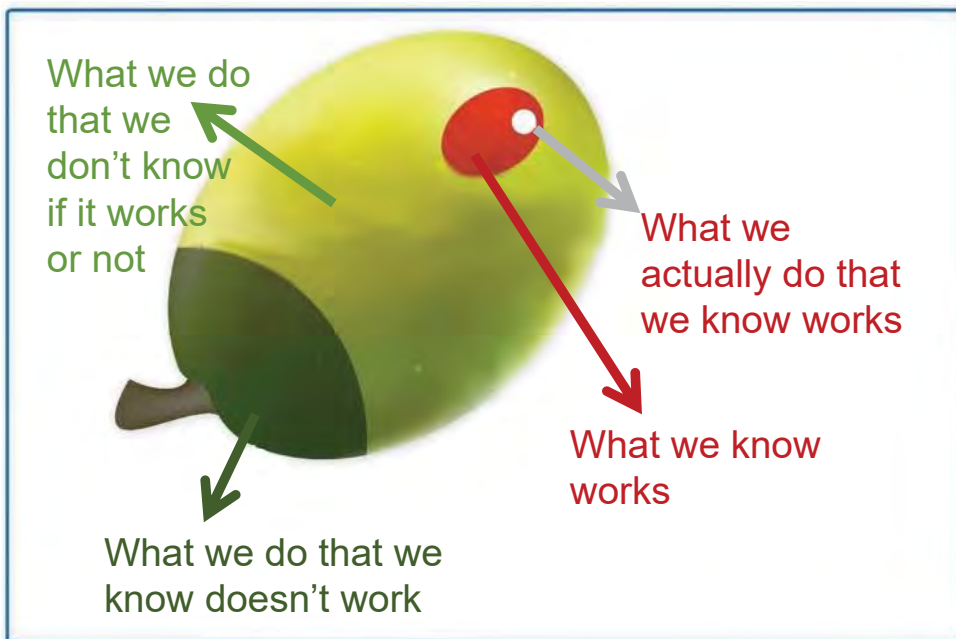
What have we learned in the last 30 years?

1. The causes of disordered and of positive development reach across all areas of influence: family, school, peer, community, individual.
2. These same factors affect a wide range of outcomes.
3. Each of these causes has about the same impact, however together they have a large cumulative impact.
4. For a number of reasons (e.g., the prevention paradox & shifting the curve) a strong community prevention strategy embeds a selective intervention within a universal strategy. If funds are limited, do not neglect Universal.
5. Getting communities to select and implement tested, effective interventions takes planning, but we have many successes.

Talk Overview

- Basic Prevention Principles
- Community Based Prevention
- What do we still not know?

The Olive of Prevention



Unfortunately, most of what has historically been implemented in communities to prevent substance abuse and other problems has little to no evidence of effectiveness.

Community-Based Prevention

Two general sorts of community-based prevention strategies

- 1) Population Strategies
- 2) Community Mobilization



Community-Based Prevention

Two general sorts of community-based prevention strategies

1) Population Strategies

Seek to **change features of communities** as a whole, for example:

- Policy changes: smoking/vaping/cannabis laws
- Improving access to health care
- Improved access to recreational spaces
- Community wide health initiatives

Changes in tobacco marketing
example: point of sale display bans

The “Power Wall”



Changes in tobacco marketing

example: point of sale display bans

The “Power Wall”



Global evidence on the effect of point-of-sale display bans on smoking prevalence

Yanyun He,¹ Ce Shang,² Jidong Huang,³ Kai-Wen Cheng,^{1,2} Frank J Chaloupka^{1,2}

ABSTRACT

Background Since Iceland became the first country to impose a ban on point-of-sale (POS) tobacco product displays in 2001, 20 countries have implemented POS display bans as of 2016. This study examined the effect that POS display bans have on smoking prevalence.

Methods Data were sourced from Euromonitor International and the WHO MPOWER package for 2007–2014 from 77 countries worldwide. generalised linear models with country and year fixed effects were estimated to analyse the effect of POS display bans on smoking prevalence.

Results Having a POS display ban reduced overall adult daily smoking, male smoking and female smoking by about 7%, 6% and 9%, respectively.

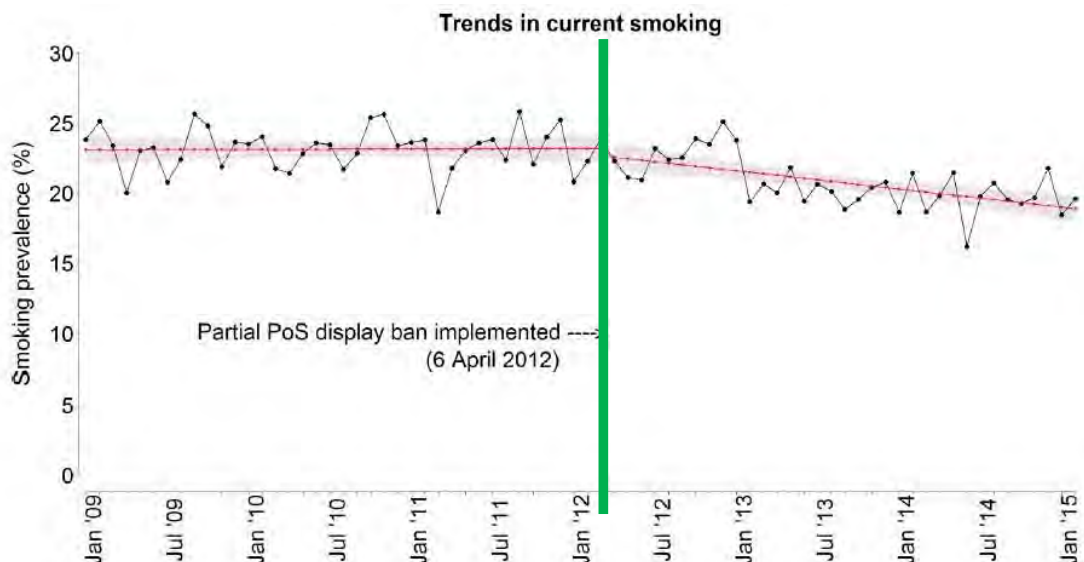
Conclusions Having a POS display ban is likely to reduce smoking prevalence and generate public health benefits.

He, Yanyun, Shang, Ce, Huang, Jidong, Cheng, Kai-Wen, & Chaloupka, Frank J. (2018). Global evidence on the effect of point-of-sale display bans on smoking prevalence. *Tobacco Control*, 27(E2), E98-E104. doi:10.1136/tobaccocontrol-2017-053996

Changes in tobacco marketing

example: point of sale display bans

Example: Scotland

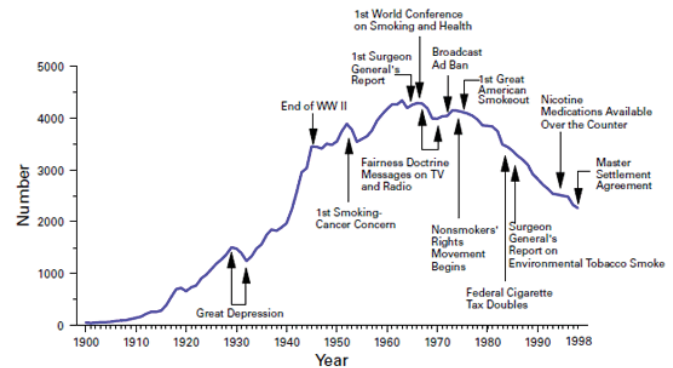


Population Strategies to Reduce Smoking

Smoking restrictions

- Point of Sale Displays
- In restaurants
- On airplanes
- Vending machines
- Labeling
- Advertising constraints
- Taxation

FIGURE 1. Annual adult per capita cigarette consumption and major smoking and health events — United States, 1900–1998



Sources: United States Department of Agriculture; 1986 Surgeon General's Report.

Community-Based Prevention

Two general sorts of community-based prevention strategies

1) Population Strategies

2) Community Mobilization

Population Strategies can be effective, but are not sufficient to get a handle on addiction.

Seek to **change features of communities** as a whole, for example:

- Policy changes: smoking/vaping/cannabis laws
- Improving access to health care
- Improved access to recreational spaces
- Community wide health initiatives

Seeks to **involve members of the community** in the planning, development, implementation, and evaluation of programs and strategies.

Actual interventions may be at any level: individual, family school or community

Community Mobilization



- *You're not necessarily mandating laws across a whole community.*
- *You're mobilizing communities to work together to implement tested, effective prevention programs.*

Communities That Care (CTC)

www.CommunitiesThatCare.net



CTC is NOT an intervention.

It is a strategy to guide communities through the steps of science-based prevention.

Community Mobilization: Example Communities that Care (CTC)

<https://www.youtube.com/watch?v=pl3mh7GE5NA>

(5 minute overview video of CTC)

Communities That Care (CTC)

www.CommunitiesThatCare.net



CTC is NOT an intervention.

It is a strategy to guide communities through the steps of science-based prevention.



Mayor



Superintendent



Key Leaders



Community Members

Champions



Children's Services



CTC Community Coordinator



Juvenile Court



Police Chief



CTC Board



Community Youth



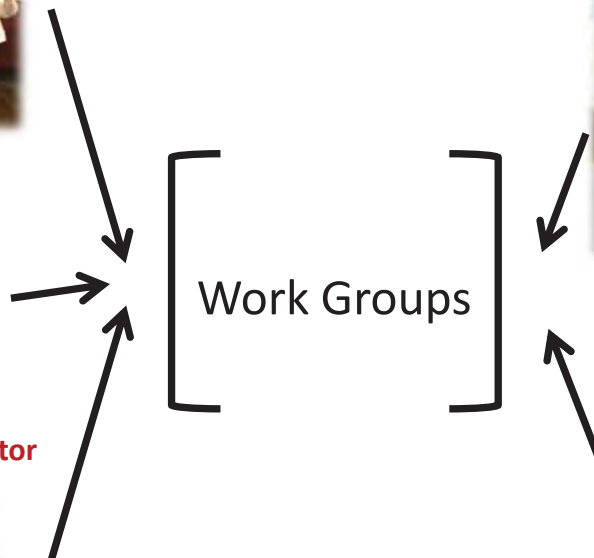
Key Leaders



CTC Community Coordinator



CTC Board



Community Members



Community Youth



**communities
that care**

Strong Communities, Successful Kids

VISION FOR HEALTHY COMMUNITY Process



Phases

1

Get Started

2

Get Organized

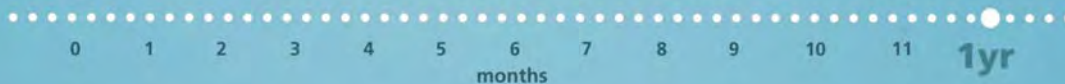
3

Develop Community Profile

4

Create a Plan

- Activate catalysts
- Community ready?
- Identify key community leaders
- Invite diverse stakeholders



**communities
that care**

Strong Communities, Successful Kids

VISION FOR HEALTHY COMMUNITY Process



Phases

1

Get Started

2

Get Organized

3

Develop Community Profile

4

Create a Plan

- Form coalition
- Learn about prevention science
- Write vision statement
- Organize work groups
- Develop a timeline





**communities
that care**

Strong Communities, Successful Kids

VISION FOR HEALTHY COMMUNITY Process



Phases

1

Get Started

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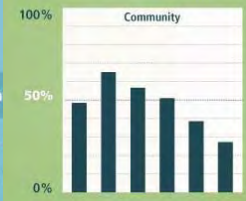
Develop Community Profile

4

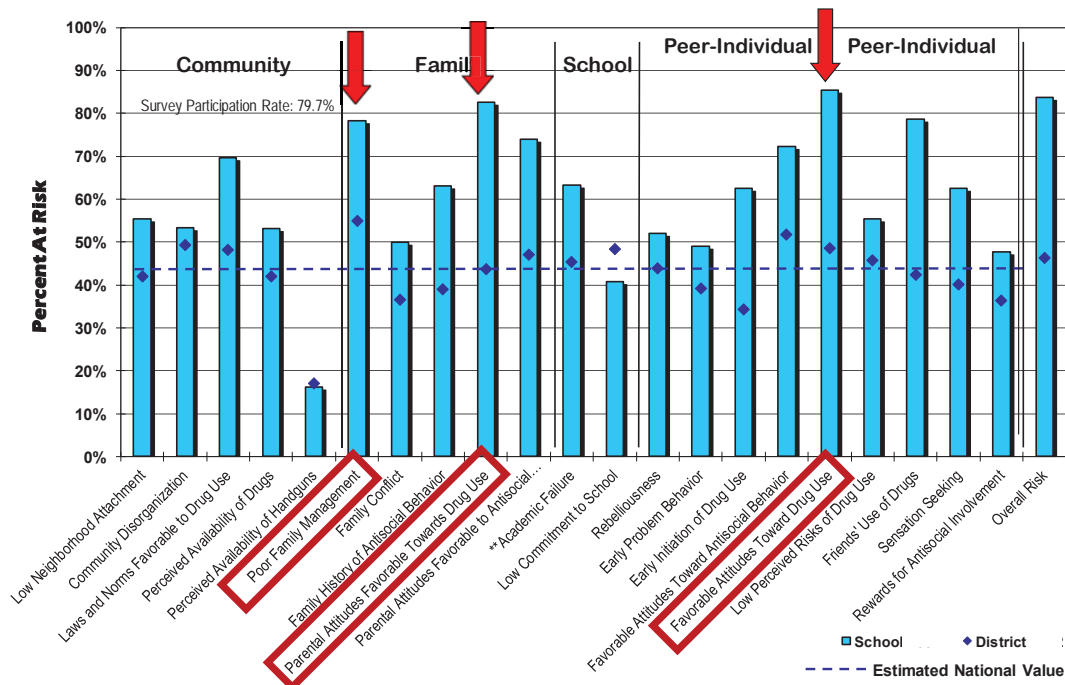
Cre...

- Conduct community youth survey
- Prioritize risk and protective factors

Risk Factor Profile



Community Risk Profile 10th Grade





**communities
that care**

Strong Communities, Successful Kids

VISION FOR HEALTHY COMMUNITY Process



Phases

1

Get Started

2

Get Organized

3

Develop Community Profile

4

Create a Plan

- Conduct community youth survey
- Prioritize risk and protective factors
- Identify existing resources and gaps



**communities
that care**

Strong Communities, Successful Kids

VISION FOR HEALTHY COMMUNITY Process



Phases

1

Get Started

2

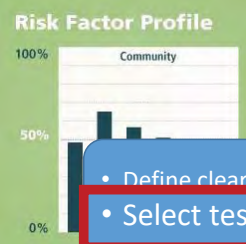
Get Organized

3

Develop Community Profile

4

Create a Plan



- Define clear, measurable outcomes
- Select tested, effective policies and programs





communities
that care

Strong Communities, Successful Kids



How do
community
members
know what
works?

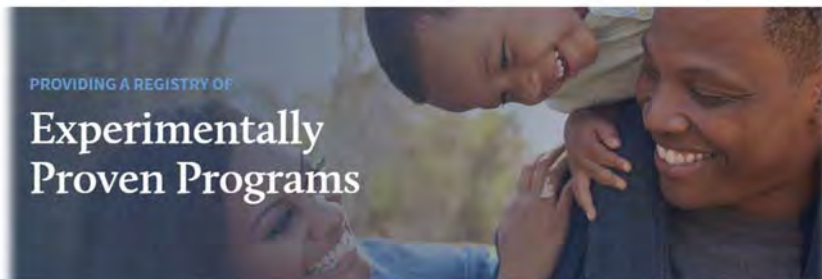
- Define clear, measurable outcomes
- Select tested, effective policies and programs

Blueprints
FOR HEALTHY YOUTH DEVELOPMENT

Blueprints!

Blueprints
FOR HEALTHY YOUTH DEVELOPMENT

FIND PROGRAMS BLUEPRINTS CERTIFICATION NEWS & EVENTS FAQs ABOUT BLUEPRINTS



A web-based registry of *experimentally proven programs* (EPPs) promoting the most rigorous scientific standard and review process for certification.



The Blueprints for Healthy Youth Development mission is to promote interventions that work. We do this by providing a comprehensive, trusted registry of evidence-based interventions (programs, practices and policies) that are effective in reducing antisocial behavior and promoting a healthy course of youth development and adult maturity. We also advocate for evidence-based interventions through and network, and provide technical assistance on the importance of selecting

www.blueprintsprograms.org



What is Blueprints for Healthy Youth Development?

Goal:

To provide communities with a trusted guide to interventions that work.

www.BlueprintsPrograms.org



Each Certified Intervention has a Fact Sheet including

- Program Name and Description
- Developmental/Behavioral Outcomes
- Risk/Protective Factors Targeted
- Risk/Protective Factors Impacted
- Contact Information/Program Support
- Target Population
- Program Rating and Effect Size
- Operating Domain: Individual, Family, School, Community
- Logic/Theory Model
- Program Costs: Unit Costs, Start-Up, Implementation, Fidelity Monitoring, Budget Tool
- Cost Benefit/Return On Investment (When Available): Net Unit Cost-Benefit, Benefits
- Funding Overview, Financing Strategies
- Program Materials
- References

Programs with little or weak evidence have been, and still are, very popular.



Sloboda and colleagues (2009) found that Taking Charge of Your Life (The new DARE) participants had worse outcomes than control group participants who did not receive the program.

Programs with little or weak evidence have been, and still are, very popular.


Military Schools and Boot Camps in Colorado State

Home - Military Boarding Schools for Troubled Boys

Military Boarding Schools for Troubled Boys near Greeley, CO

Military Boarding Schools for troubled boys of Greeley, CO are and viable alternatives to boot camps or wilderness therapy programs. Military boarding schools utilize a focus on discipline, physical training, military science (leadership training), and academics. Military boarding schools for troubled boys are designed to redirect and restore the lives of the struggling teens. Restoring Troubled Teens represent the top therapeutic programs throughout the country.

For immediate help researching military boarding schools options in Greeley, CO please contact our Educational Consultants. We can help you find the perfect military style program option. We have coached thousands of parents, supporting them through their decision making process. Our staff are standing by to help you assess your situation. Our job is to save you thousands of dollars and years of heartache. Call 866-452-6016



Various Military Camps	Coed	13-17	Wilderness Program
DETAILS			

“Correctional” military style boot camps when evaluated showed no effect on crime or substance use.

Programs with little or weak evidence have been, and still are, very popular.

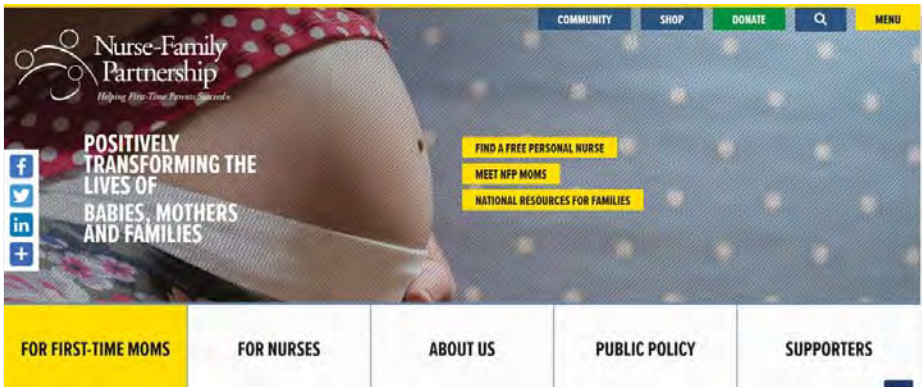
- Information Dissemination (telling kids about the dangers of drugs)
- Boot Camps
- D.A.R.E.
- Scare Tactics & Moralistic Appeals
 - "Scared Straight" "This is your brain on drugs"
- Punitive and Zero Tolerance Approaches
- After school activities with limited supervision and absence of more potent programming
- Delinquent Group Peer Counseling and Mediation
- Gun Buyback Programs
- Firearm Training

Howell, James C. (2003) "What Doesn't Work in Preventing and Reducing Juvenile Delinquency." In *Preventing and Reducing Juvenile Delinquency: A Comprehensive Framework*. Thousand Oaks, CA: Sage Publications., 130-147.

Programs with little or weak evidence have been, and still are, very popular.

Communities must work together to implement programs that have been proven to work!

Like what?



- Nurse-Family Partnership
- Prenatal through age 2yrs
- Selective
- Parent training for first-time, low-income Moms

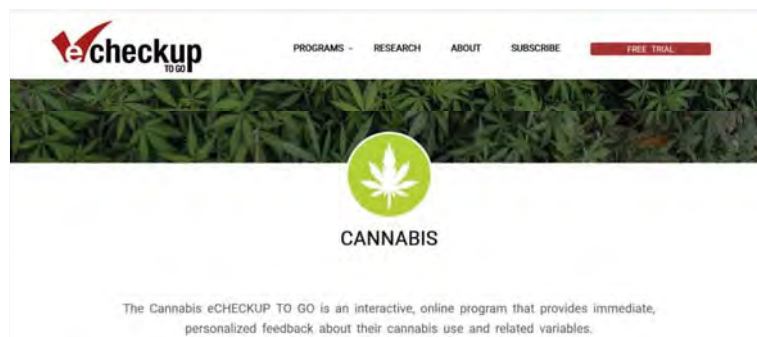


- ParentCorps
- Preschool
- Universal
- Parent training





- Botvin's Life Skills Training
- Middle School
- Universal
- Teacher/Child training

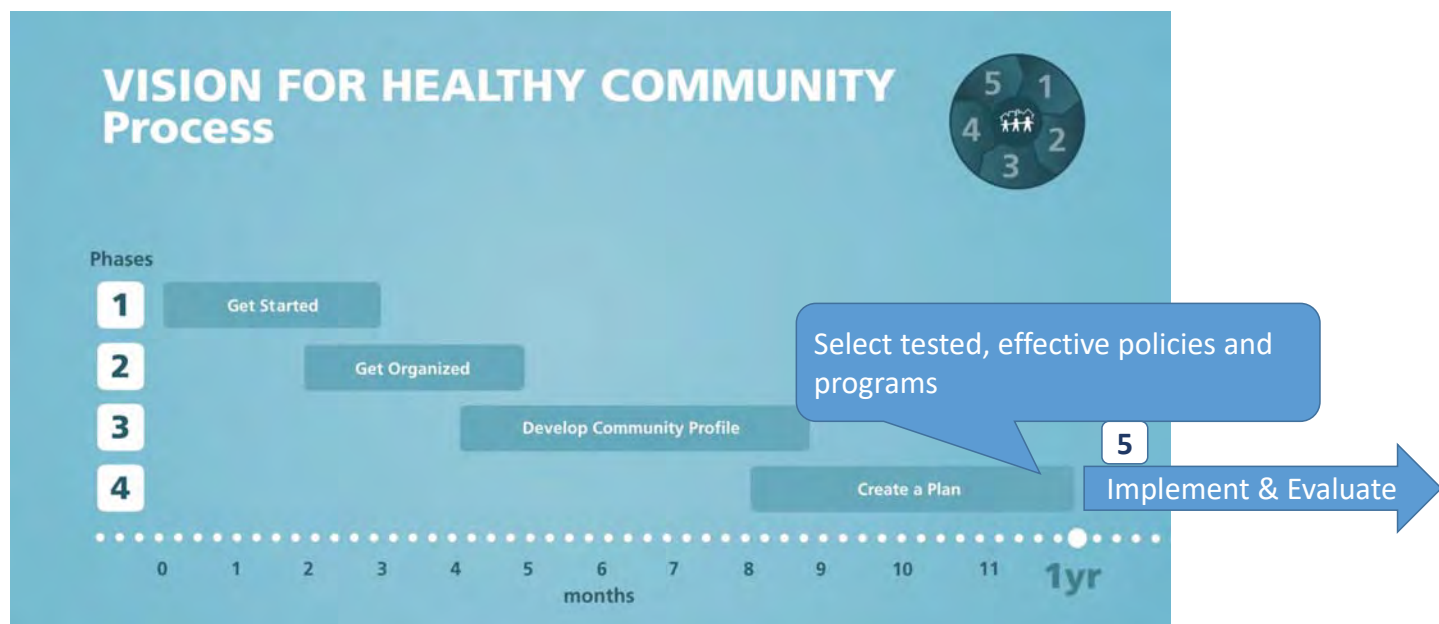


- Cannabis eCheckup to go
- Early Adult
- Universal



Regarding **opioid & other illicit drug prevention** specifically, the Blueprints Registry lists 24 certified prevention programs that have shown positive reductions in illicit drug outcomes.

The screenshot shows the Blueprints Registry search interface. On the left, a sidebar contains various filters. The 'Illicit Drugs' filter is selected and highlighted with a red box. Below it, the 'TARGET POPULATION' section is visible, with 'Age' filters including 'Adult', 'Early Adolescence (12-14) - Middle School', 'Early Adulthood (19-22)', and 'Early Childhood (3-4) - Preschool'. On the right, a text box explains the interactive search functionality. Below this, a summary bar shows '24 Programs' (highlighted with a red box), with 'Model & Model Plus: 8' and 'Promising: 16' (both highlighted with red boxes). The main content area displays a table of programs, including 'Functional Family Therapy (FFT)' and 'LifeSkills Training (LST)', each with a 'Blueprints Certified Model Plus Program' seal.



CTC is Scaling Up Across the US and Globally



CTC is currently successfully operational in

- over 130 communities in the US
- dozens of communities around the world...
- including Germany, Sweden, Denmark, The Netherlands, the United Kingdom, Croatia, Austria, Switzerland, Canada, Mexico, Colombia, Chile, Panama and Australia

www.CommunitiesThatCare.net


Talk Overview

- Basic Prevention Principles
- Community Based Prevention
- Discussion

If we have effective interventions for youth development...

and registries documenting what works...

why aren't they being used?

A photograph of a man standing in a cornfield at sunset. The sky is a mix of blue and orange, with the sun low on the horizon. The man is in the lower left, looking towards the right. Overlaid on the image is the text 'If you build it, they will come' in a large, white, serif font. A red horizontal line is drawn across the words 'they will come'.

If you build it,
~~they will come~~

*they will say it probably doesn't
work*




If you build it,
~~they will come~~

they will say they already have one



If you build it,
~~they will come~~

*they will get lost trying to use it
and give up*

A photograph of a cornfield at sunset. The sun is low on the horizon, casting a warm glow over the field. The sky is a deep blue with wispy clouds. A red horizontal line is drawn under the text.

If you build it,
~~they will come~~

they will say it's not feasible

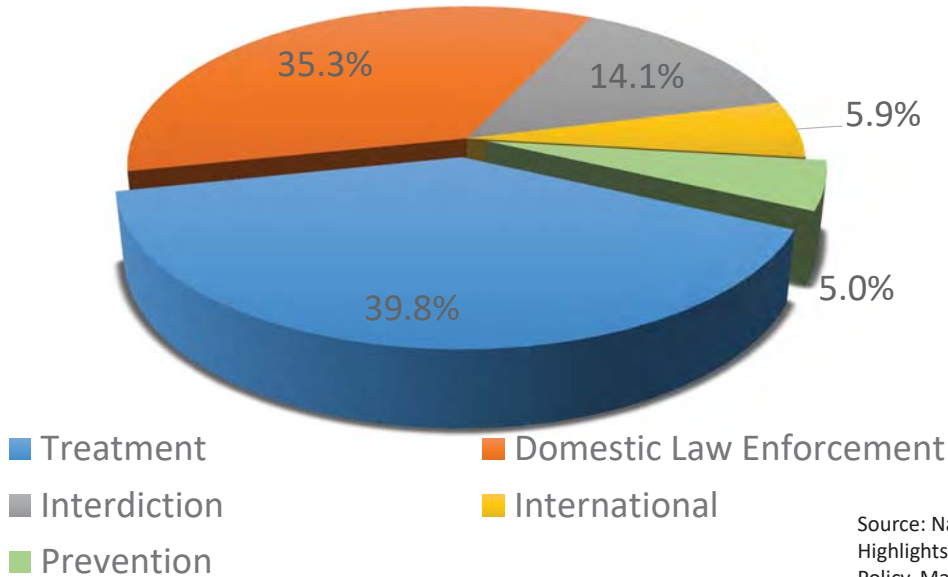
A photograph of a cornfield at sunset, identical to the one above. The sun is low on the horizon, casting a warm glow over the field. The sky is a deep blue with wispy clouds. A red horizontal line is drawn under the text.

If you build it,
~~they will come~~

they will say it's too expensive

Spending Priorities

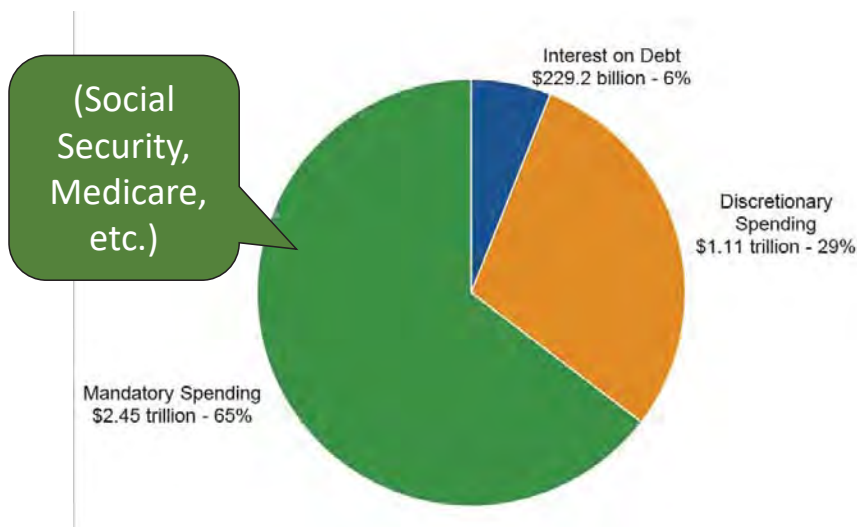
US Drug Control Spending



The US is spending less on prevention than any other drug control strategy.

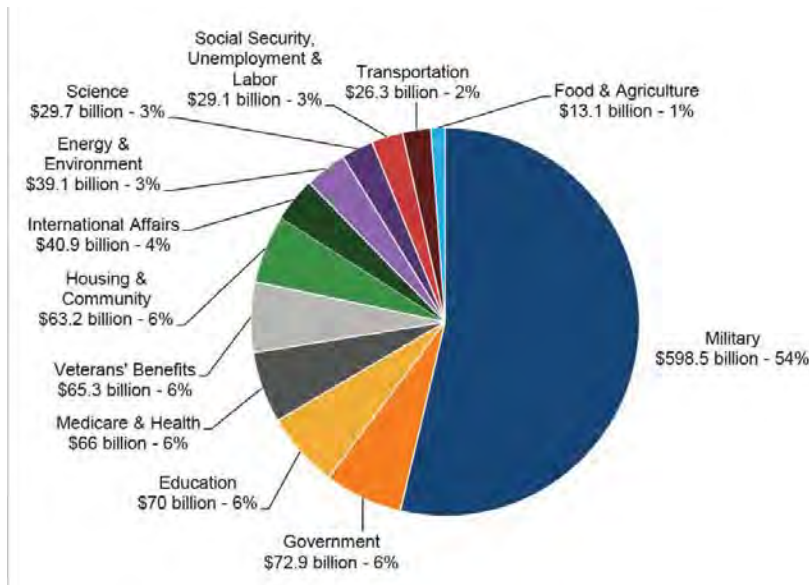
Source: National Drug Control Budget: FY 2023 Funding Highlights. Washington, DC: Office of National Drug Control Policy, March 2022.

Spending Priorities



29% of the Federal Budget goes to Discretionary Spending

Spending Priorities



Over half of US discretionary spending goes to the military.

Spending Priorities (my own 2¢)



In accumulated wealth, the US is the richest country on earth.

We should prioritize creating healthy places for kids to grow up and live.

A photograph of a cornfield at sunset. The sun is low on the horizon, casting a warm glow over the field. The sky is a mix of blue and orange. The text 'If you build it, they will come' is overlaid in white, with a red line underlining 'they will come'.

If you build it,
~~they will come~~

*they will probably not know that
it exists*

Current Prevention Challenge:
Dissemination (Marketing)

- Local
- State
- National
- International
- Publications
- Press
- Social Media



Great Chicago Fire, 1871 – 17,000 buildings destroyed



Great San Francisco Fire, 1906 – 30,000 buildings destroyed

Following major devastating fires in America we established a fire-prevention infrastructure.





In America, our house is on fire.



We need to develop a prevention infrastructure in America.



Shapiro, V. B., & Bender, K. (2018). Seven Action Steps to Unleash the Power of Prevention. *Journal of the Society for Social Work and Research*, 9(4), 499-509. doi:10.1086/700395

Take-home points for today

- 1) Addiction and related outcomes develop through a range of family, peer, school and neighborhood influences.
- 2) These influences span from prenatal to late life.
- 3) To get ahead of the curve and actually prevent addiction and related problems before they happen we must focus on upstream prevention.
- 4) Most of what is currently implemented in America as “prevention” either doesn’t work or is untested.
- 5) Registries of “what works” exist and should be used.

Take-home points for today

- 6) These preventive interventions are cost-effective: more than paying for themselves in reduced arrest, adjudication, incarceration & treatment costs, and improved academic completion and occupational functioning.
- 7) Community Mobilization strategies such as Communities That Care also exist to guide communities through the prevention planning and implementation process.
- 8) Collectively, collaboratively, we can cost-effectively improve the lives of people in our communities.



By working together, we can prevent substance abuse and related problems before they happen.



Selecting and Implementing Upstream Interventions within a System of Prevention

Karl G. Hill

Professor, Psychology & Neuroscience

Director, Prevention Science Program

CU Boulder

Karl.Hill@Colorado.edu

Thanks!



RESOURCES

The Importance of Social Norms in Substance Use Prevention

H. Wesley Perkins, PhD

Professor of Sociology, Hobart & William Smith Colleges

Project Director, Alcohol Education & Youth Health & Safety Projects

Michael Haines, MS

Director

Social Norms Consultation





PRESENTER BIO

H. Wesley Perkins, PhD



Dr. Perkins is a Professor of Sociology at Hobart & William Smith Colleges and Project Director of the Alcohol Education and the Youth, Health and Safety Projects, initiatives providing research, educational resources, and strategies to reduce risk-related and problem behaviors among youth and young adults. This Project has received multiple national awards from the U.S. Department of Education as a Model Prevention Program. Dr. Perkins has published extensive research on promoting health and well-being and numerous publications on prevention of violence and substance abuse among youth. He developed the theory underlying the social norms approach to preventing risk behavior and edited a book on The Social Norms Approach to Preventing School and College Age Substance Abuse.

Dr. Perkins has delivered over 400 guest lectures, keynote addresses, research presentations, and workshops for universities, secondary schools and professional conferences and has consulted with hundreds of secondary schools, institutions of higher education, and community health agencies about social norms interventions throughout the United States, Canada, England, and Scotland.





PRESENTER BIO

Michael Haines, MS



Michael P. Haines is a private consultant and former Director of the National Social Norms Resource Center. Mr. Haines and his staff implemented the first successful use of the Social Norms Approach to reduce heavy alcohol use. The effort was chosen as an Exemplary Program by the U.S. Department of Education, a national model by the New York Times, and featured in the Chronicle of Higher Education and USA Today.

Mr. Haines is a Fellow of the American College Health Association, was a developer of their National College Health Assessment for which he received their Hitchcock Award.

Mr. Haines was honored with the Northern Illinois University Presidential Award for Excellence and the Outstanding Service Award for National Drug Abuse Prevention from the U.S. Department of Education.

Currently, he is a consultant to the state of Maine, the National Social Norm Institute, and programs in Georgia, and Illinois.



The Importance of Social Norms in Substance Use Prevention Messaging

H. Wesley Perkins, PhD

Professor of Sociology

Hobart and William Smith Colleges

Geneva, New York

perkins@hws.edu

www.AlcoholEducationProject.org

www.YouthHealthSafety.org

The Social Norms Approach

- What is it and how does it differ from other approaches to substance abuse prevention among youth?
- What are the basic principles of the approach?
- Is there clear evidence of effectiveness in prevention interventions using this approach?

Current Theoretical Models for Risk Behavior Prevention

- Health Education
- Health Terrorism
- Asset Based Resistance
- Social Control
- Social Norms

Starting Point for Social Norms Approach

Humans are group oriented.

**We are largely influenced by
and conform to peer norms.**



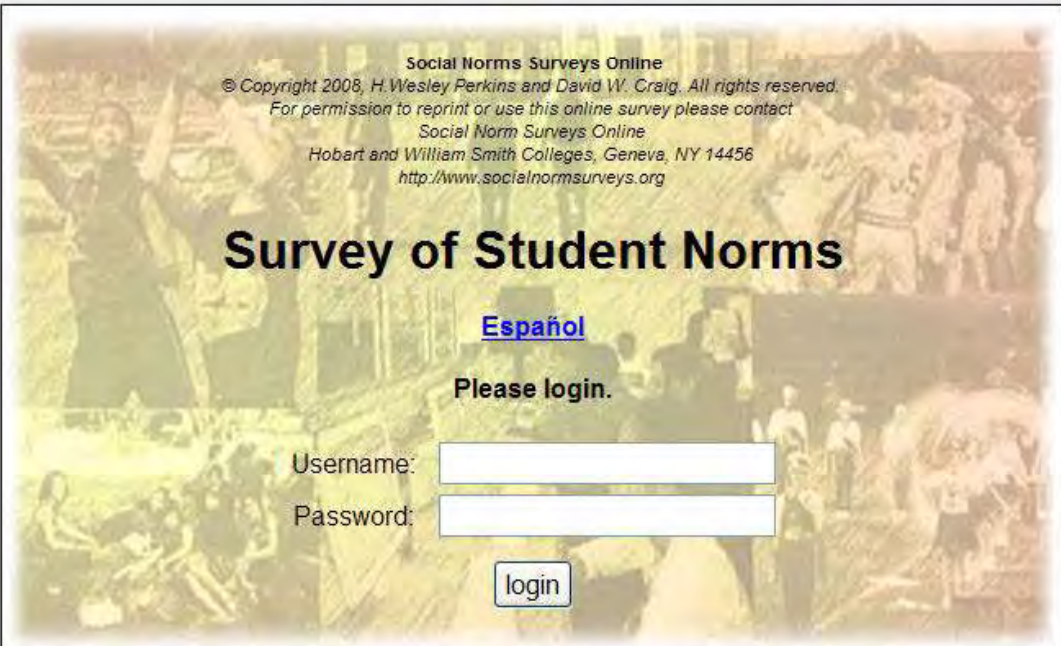
Long Tradition of Theory and Research on Peer Influence and Conformity to Peer Norms

What about Perceptions of Peer Norms?

Two indisputable findings in the research literature:

1. The peer norm is one of the strongest predictors of personal behavior.
2. Peer norms about substance use and other risk behaviors are grossly misperceived in the direction of overestimated behavior and permissiveness in attitudes.

Web Surveys Online



Social Norms Surveys Online
© Copyright 2006, H. Wesley Perkins and David W. Craig. All rights reserved.
For permission to reprint or use this online survey please contact
Social Norm Surveys Online
Hobart and William Smith Colleges, Geneva, NY 14456
<http://www.socialnormsurveys.org>

Survey of Student Norms

[Español](#)

Please login.

Username:

Password:

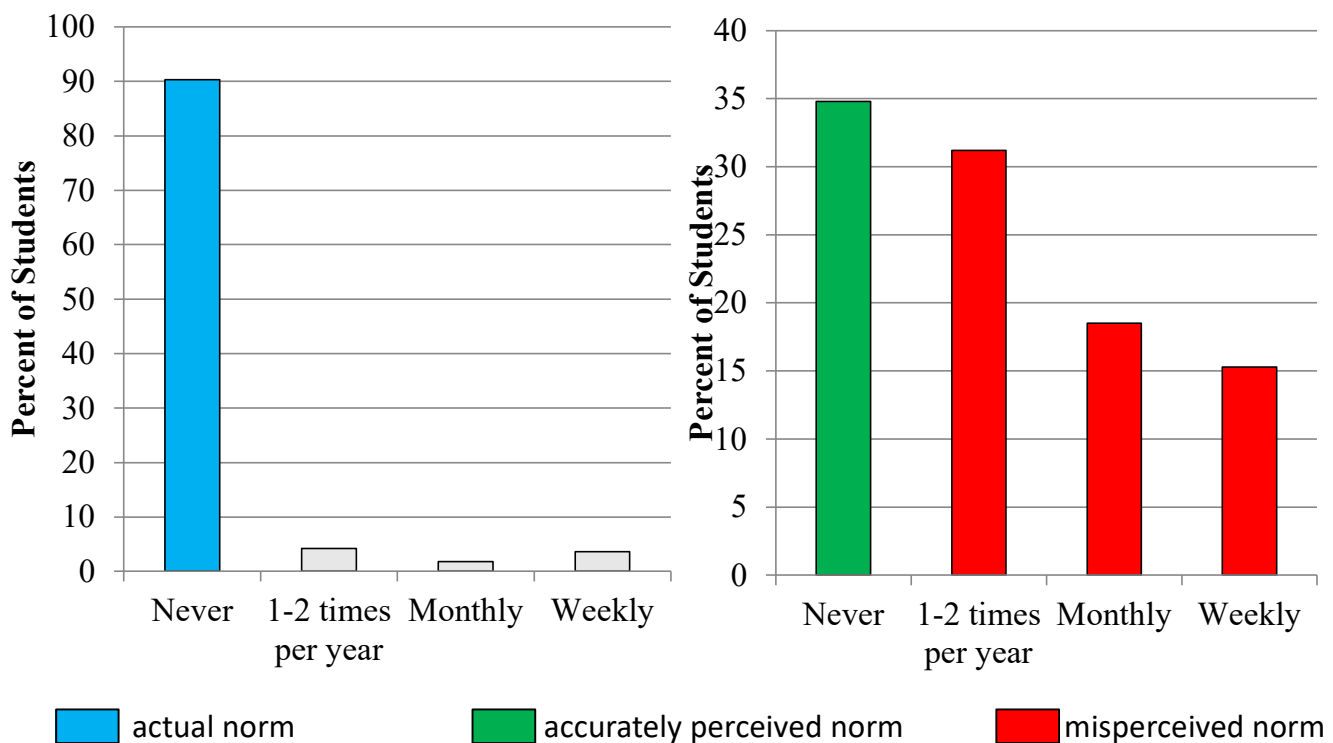
Sample Secondary School Data

119 School Cohorts Surveyed
Grades Ranged from 6 -12
12 States across the USA
52,462 Respondents

Source: HW Perkins and DW Craig, www.YouthHealthSafety.org

Grades 6 - 8

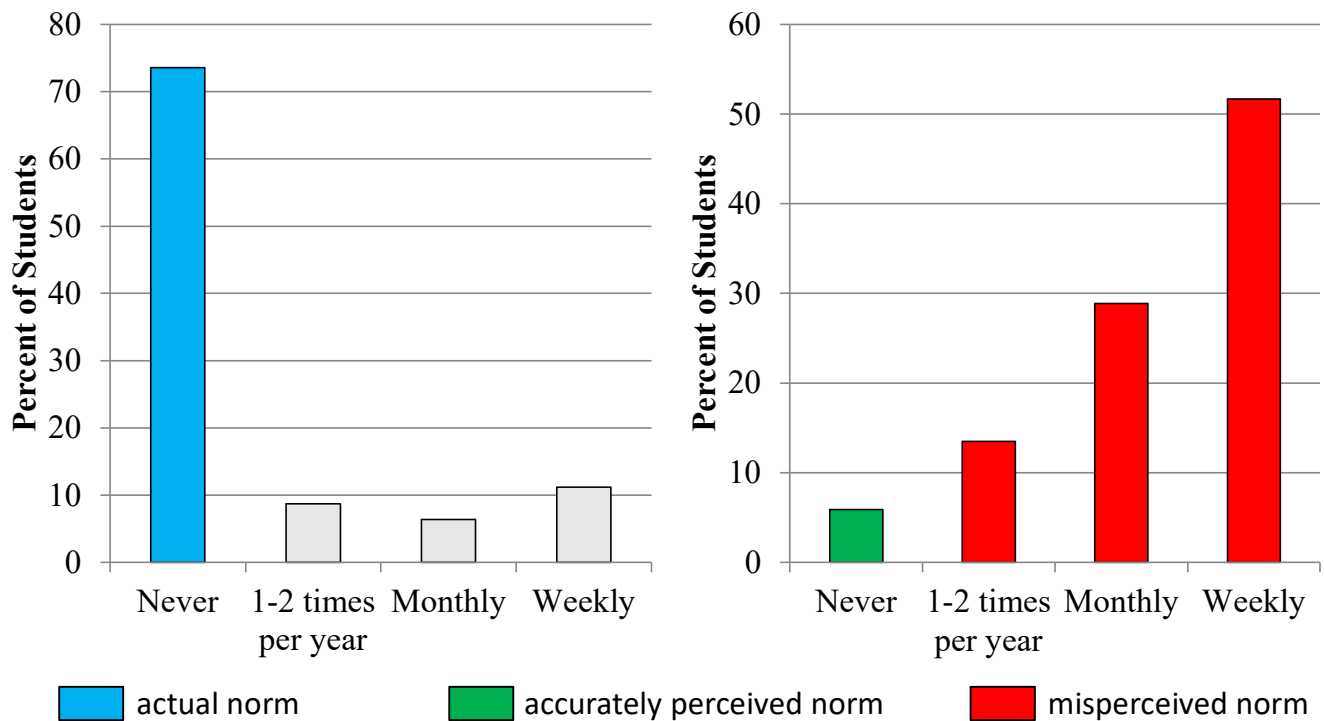
Personal Tobacco Use and Perceived Norm



Source: HW Perkins and DW Craig, www.YouthHealthSafety.org

Grades 9 - 12

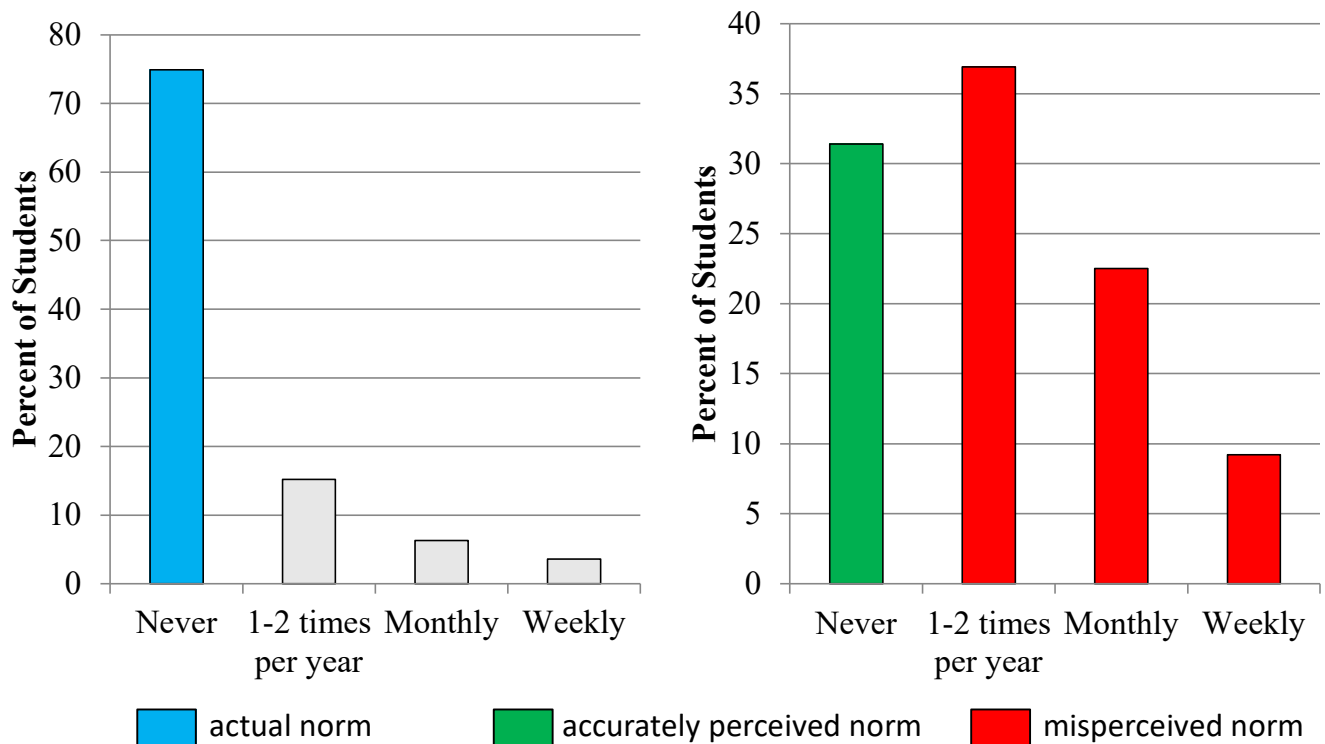
Personal Tobacco Use and Perceived Norm



Source: HW Perkins and DW Craig, www.YouthHealthSafety.org

Grades 6 - 8

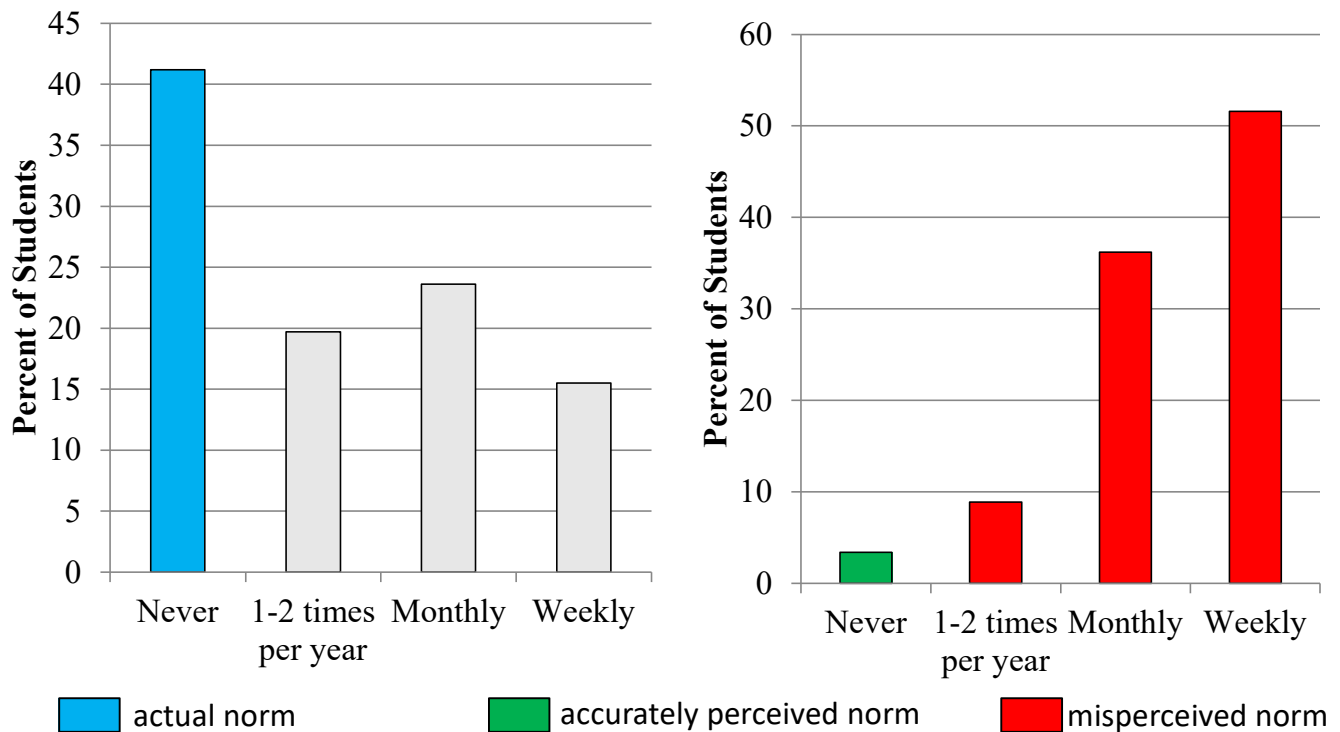
Personal Alcohol Use and Perceived Norm



Source: HW Perkins and DW Craig, www.YouthHealthSafety.org

Grades 9 - 12

Personal Alcohol Use and Perceived Norm



Source: HW Perkins and DW Craig, www.YouthHealthSafety.org

Research Shows Misperceived ATOD Norms Exist

- In All Types of Schools (Countries, Size, Programs, Actual Norms, Age Levels)
- Across Subpopulations of Youth
- For Attitudes, Use, Policy Support, and Protective Behaviors
- For All Types of Drugs

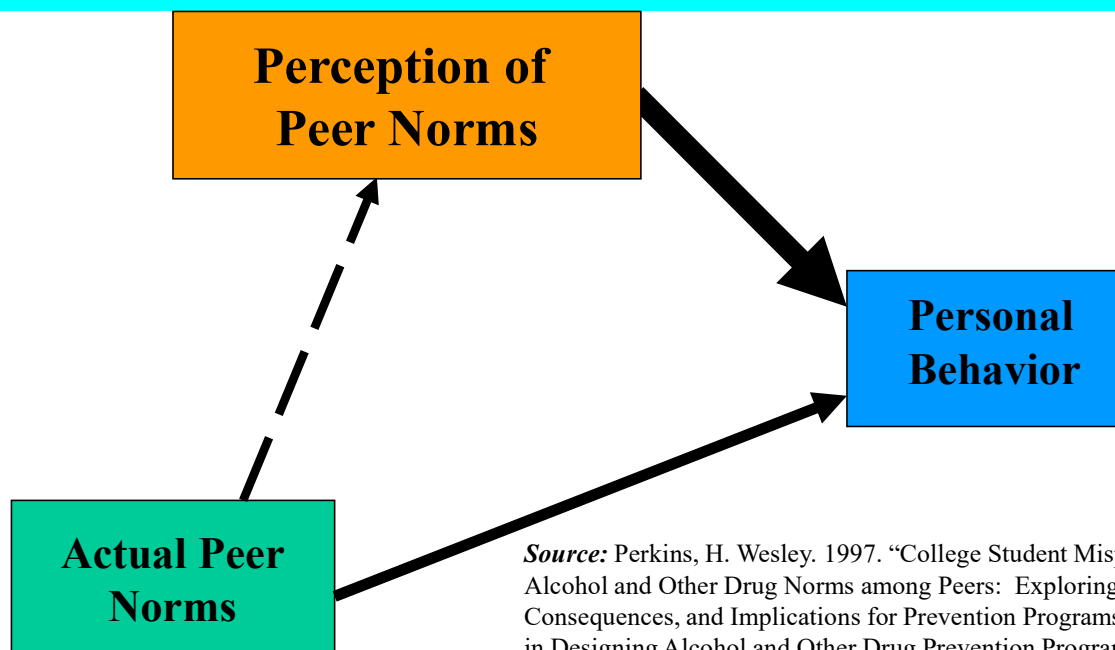
Source: Perkins, H. W. (2014). Misperception is reality: the “Reign of Error” about peer risk behaviour norms among youth and young adults. In M. Xenitidou & B. Edmonds (Eds.), *The Complexity of Social Norms* (pp. 11-36). Springer.

Cause of Misperceptions

- **Psychological - mental attribution processes**
- **Social psychological - memory and conversation patterns**
- **Cultural – entertainment, advertising, news and health advocacy media**

Source: HW Perkins, “Social Norms and the Prevention of Alcohol Misuse in Collegiate Contexts,” *Journal of Studies on Alcohol*, 2002.

Peer Influence on Personal Substance Use Behaviors



Source: Perkins, H. Wesley. 1997. “College Student Misperceptions of Alcohol and Other Drug Norms among Peers: Exploring Causes, Consequences, and Implications for Prevention Programs.” Pp. 177-206 in Designing Alcohol and Other Drug Prevention Programs in Higher Education: Bringing Theory into Practice. The Higher Education Center for Alcohol and Other Drug Prevention, U.S. Department of Education.

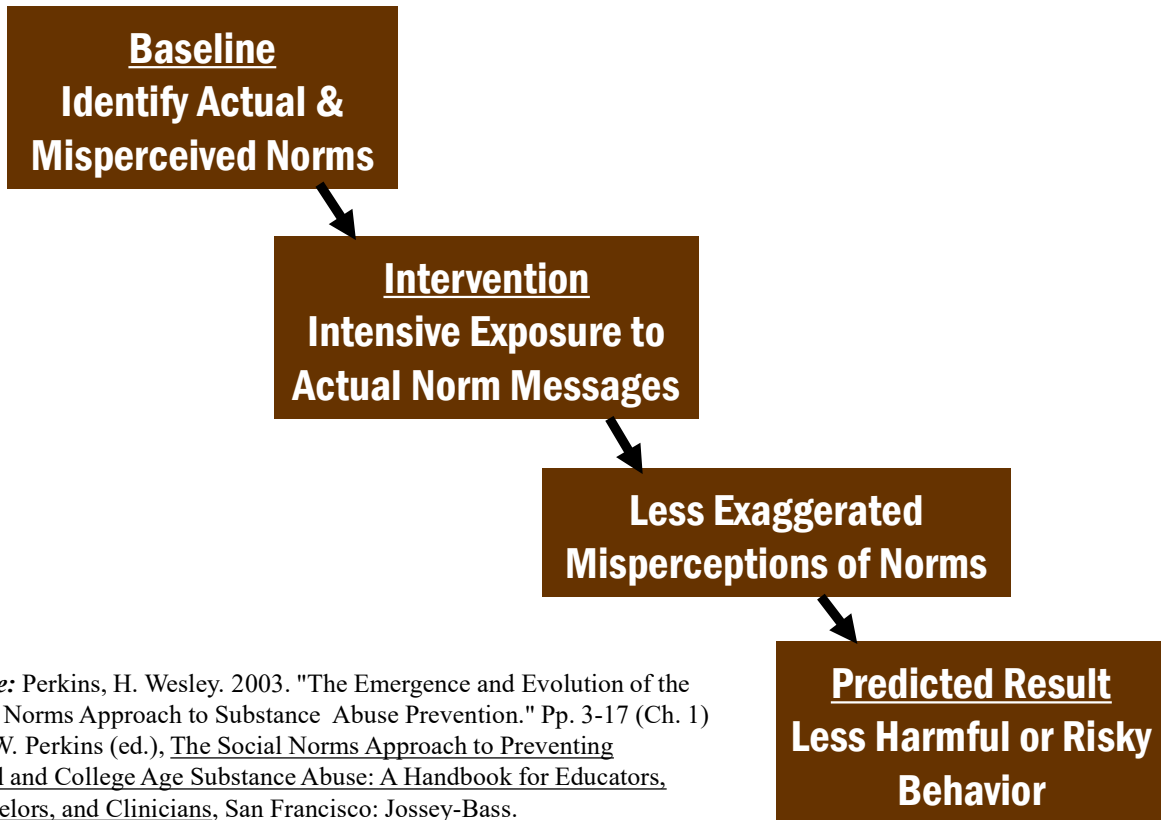
Consequences of Misperceptions

- **Definition of the situation produces a “Reign of Error”**
- **Actual Use and Abuse Increases**
- **Layers of Misperceptions Compound**
- **Opposition is Discouraged from Speaking**
- **Intervention by Others Declines**
- **“Carriers” of Misperception Add to Problem**

Source: Perkins, H. Wesley. 1997. “College Student Misperceptions of Alcohol and Other Drug Norms among Peers: Exploring Causes, Consequences, and Implications for Prevention Programs.” Pp. 177-206 in Designing Alcohol and Other Drug Prevention Programs in Higher Education: Bringing Theory into Practice. The Higher Education Center for Alcohol and Other Drug Prevention, U.S. Department of Education.

Translating Social Norms Theory
into Prevention Strategies

The Social Norms Model



***A HEALTHY Dose
of Reality...***



Examples of Strategies to Reduce Misperceptions and Strengthen Positive Norms

- Print media campaigns
- Peer education programs and workshops for targeted risk groups
- New student orientation presentations
- Counseling interventions
- Curriculum infusion
- Electronic multimedia (digital signage and social media messaging)

UNITED

*Most of Us
Most of Us Are Healthy
Most of Us Don't Drink
Most of Us*

4 OUT OF 6

DeKalb & Sycamore Study, DCP/SAFE, (N=1172, 2001)

The Facts!

Funded in whole or in part by IDHS and the Center for Substance Abuse Prevention

8 out of 10 don't smoke!



Health tools to share:

1. Leave places where people are smoking
2. Say "No thanks" if someone offers you tobacco
3. Avoid places where people are smoking

DeKalb & Sycamore Study, DCP/SAFE, (N=654, 2000)

Funded in whole or in part by IDHS and the Center for Substance Abuse Prevention



MOST of us

MOST [70%] Montana teens are tobacco free.

MOST of us
MONTANA SOCIAL NORMS PROJECT
WWW.MOSTOFUS.ORG

DESIGNED BY THE MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

STAYING SAFE SOURCE: MONTANA SOCIAL NORMS PROJECT, 2000

A graphic of a person jumping over a bicycle wheel, symbolizing freedom from tobacco.

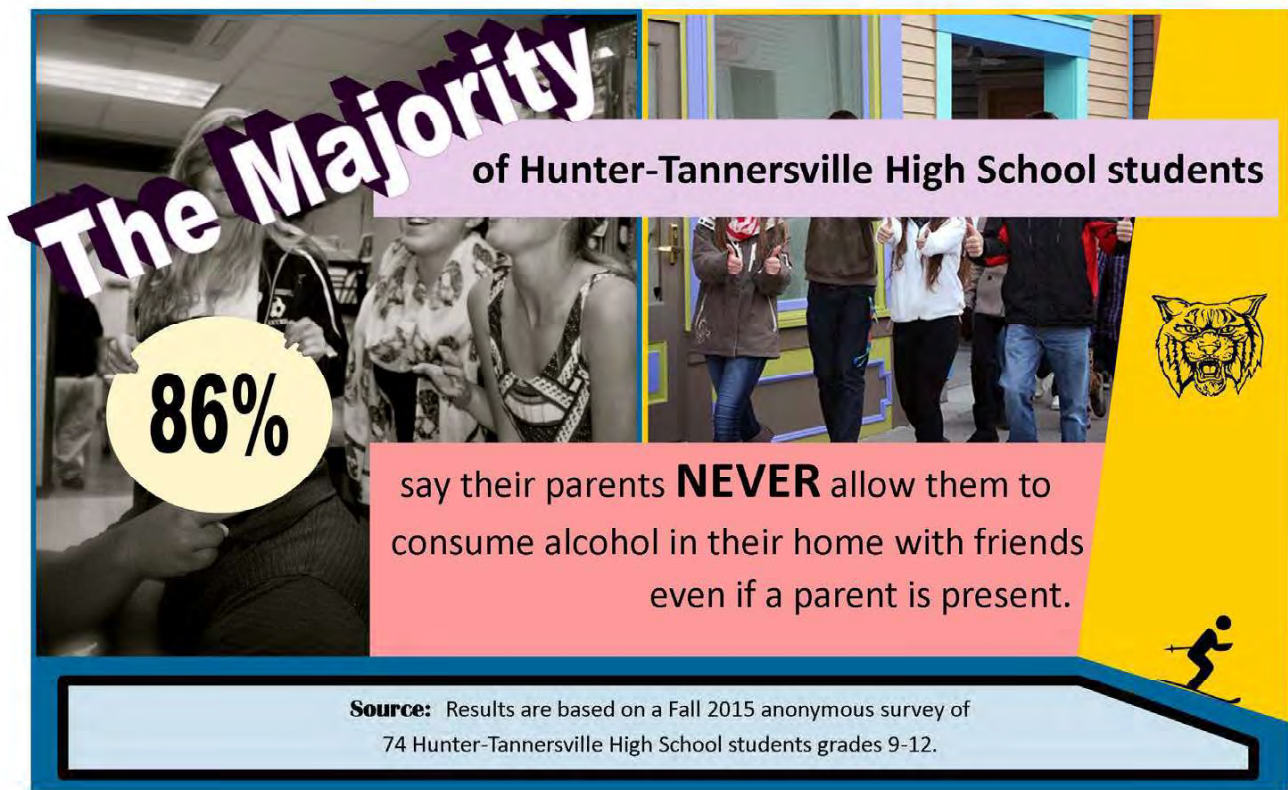


JUST THE FACTS:

When Hunter-Tannersville High School students were asked about their last 30 days in a Fall 2015 anonymous survey, the **MAJORITY**—

- ...had **NOT** used tobacco **(93%)**
- ...had **NOT** used alcohol **(78%)**
- ...had **NOT** used marijuana **(88%)**.

Source: Results are based on a Fall 2015 anonymous survey of 74 Hunter-Tannersville High School students grades 9-12.



Example Social Norm Messages for Delaware County Students

Source: Data based on the 2019 Pennsylvania Youth Survey conducted anonymously among 12,490 students from 6th, 8th, 10th and 12th grades in Delaware County.

When asked about the last 30 days:

4 out of 5 10th graders (**79%**) had NOT consumed any alcohol.

MOST 12th grade students (**64%**) had NOT consumed any alcohol.

OVER 95% of all 6th, 8th, 10th, and 12th grade students had NOT smoked cigarettes.

4 out of 5 10th graders (**80%**) and **7 out of 10** 12th graders (**72%**) had NOT used e-cigarettes/vaping.

The **MAJORITY** of 6th graders (**99%**), 8th graders (**94%**), 10th graders (**85%**), and 12th graders (**74%**) had NOT used marijuana.

Example Social Norm Messages for Delaware County Students

Source: Data based on the 2019 Pennsylvania Youth Survey conducted anonymously among 12,490 students from 6th, 8th, 10th and 12th grades in Delaware County.
(continued)

Other messages:

99% of 10th grade students and **98%** of 12th grade students have NEVER used cocaine in their lifetime.

97% of 12th grade students did NOT drink alcohol and drive in the last year.

4 out of 5 6th, 8th, 10th, and 12th grade students believe it is “wrong” for someone their age to use prescription drugs that are not prescribed to them.

Example Evidence of Positive Effect of Interventions

Research on Effects of Perceived Norms and Social Norms Intervention Programs

- Longitudinal pre/post case studies of school populations (including research on effects by degree of exposure)
- Experiments with intervention and quasi control sites
- Experiments with randomly assigned intervention and control conditions for individuals, classrooms, and schools

Similar Initial Effects in Rates of Heavy Drinking Reduction at Different Schools Over 2 Years

- Hobart & Wm. Smith Colleges, NY -21%
- University of Arizona -21%
- Western Washington University -20%
- Rowan University, NJ -20%
- Northern Illinois University -18%

Source: H. W. Perkins (ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse*, 2003.

Six Years of Declining Negative Consequences Related to Alcohol Misuse Among Students Exposed to a Social Norms Intervention at U of Virginia

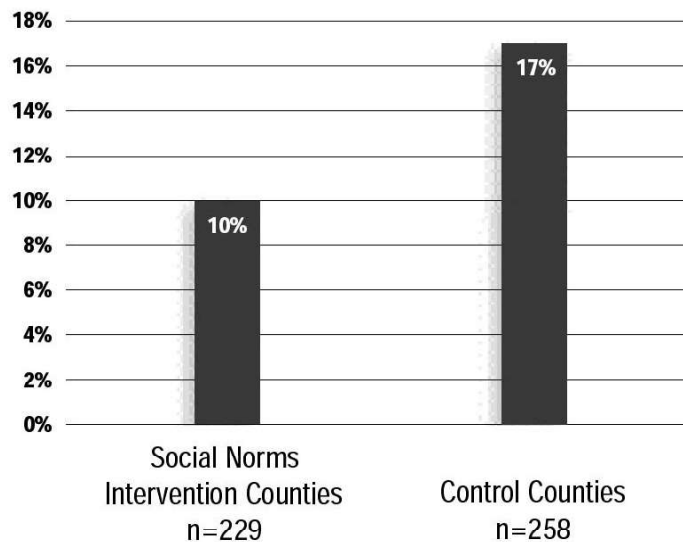
	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
% No Consequences	33	38	44	46	48	51
% Multiple Consequences	44	40	36	34	31	26

Source: Turner, J., Perkins, H. W., & Bauerle, J. (2008). Declining negative consequences related to alcohol misuse among students exposed to a social norms marketing intervention on a college campus. *Journal of American College Health*, 57(1), 85-94.

“Most of us are tobacco free: an eight-month social norms campaign reducing youth initiation of smoking in Montana.”

Source: Linkenbach, J. W., & Perkins, H. W. (2003). In H. W. Perkins (Ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass.

Montana Youth Trying Smoking For the First Time between 2000 and 2001

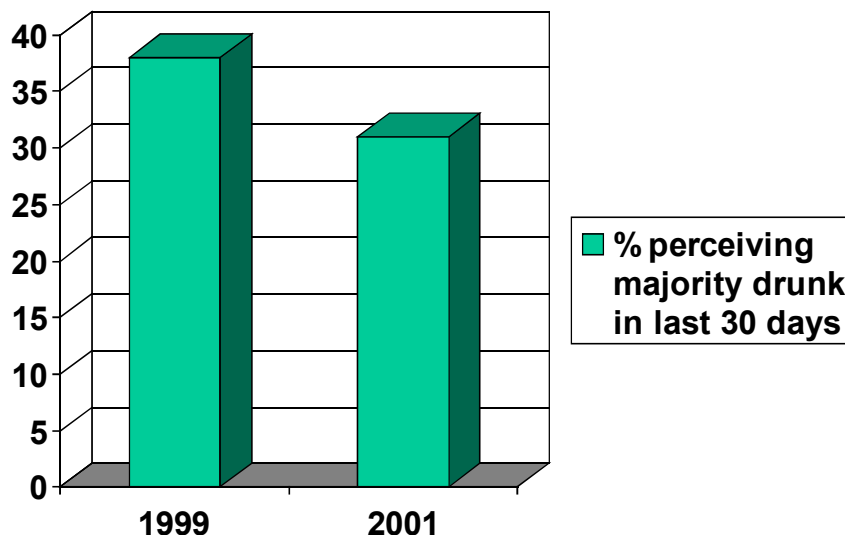


*Significant difference between intervention and control groups at $p < .05$

“Using social norms to reduce alcohol and tobacco use in two midwestern high schools.”

Student Perceptions

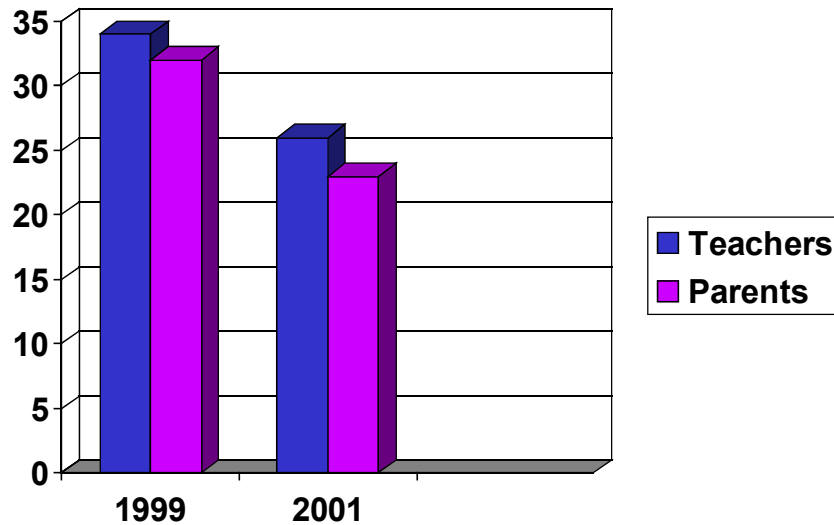
Perceptions of student intoxication in last 30 days



Source: Haines, M. P., Barker, G. P., & Rice, R. (2003). In H. W. Perkins (Ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass.

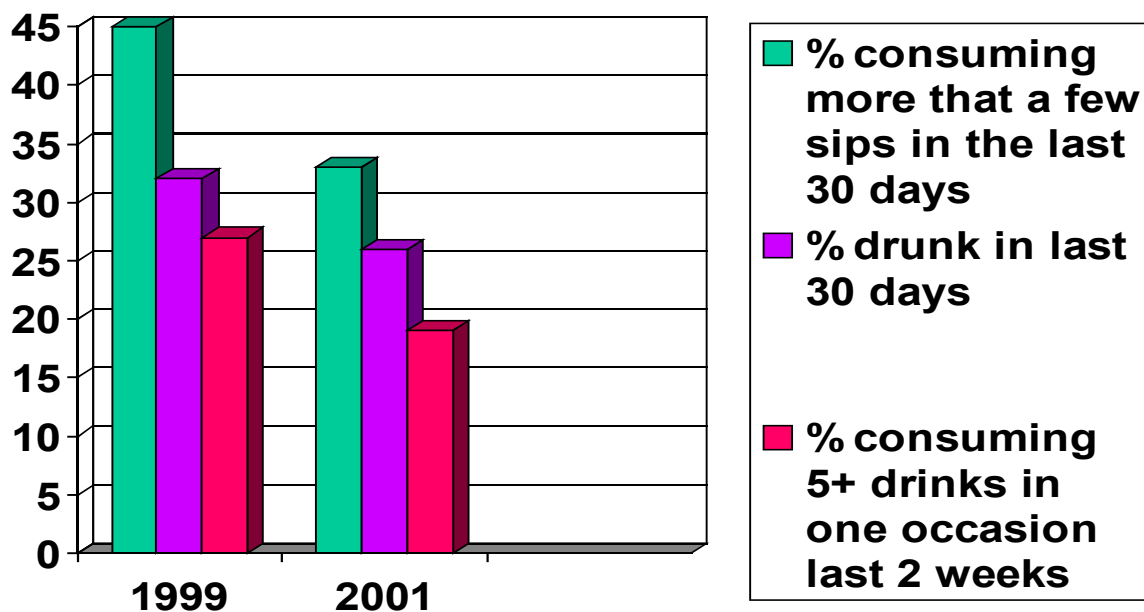
Parent and Teacher Perceptions

Perceived % of Student having 5 or more drinks in last two weeks



Source: Haines, M. P., Barker, G. P., & Rice, R. (2003). In H. W. Perkins (Ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass.

Student Alcohol Use



Source: Haines, M. P., Barker, G. P., & Rice, R. (2003). In H. W. Perkins (Ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass.

“Effects of the social norms intervention *The GOOD Life* on norm perceptions, binge drinking and alcohol-related harms: a cluster-randomised controlled trial.”

Sample of 1,355 students (age 13-17) from 38 schools in southern Denmark participated in matching pre- and post-surveys resulting in:

- 1) Intervention group was only half as likely to overestimate peers' lifetime binge drinking and only two-thirds as likely to personally report two or more alcohol-related harms compared to those in the control group in post results.
- 2) Permissive drinkers in the intervention group (pupils stating it would be OK if they drank more) were only about one-third as likely to binge drink frequently compared to permissive drinkers in the control group in post results.

Source: Vallentin-Holbech, L., Rasmussen, B. M., & Stock, C. 2018). *Preventive Medicine Reports*, 12, 304-11.

When is the Social Norms Approach Most Effective?

- **Clear positive norm messages**
- **Credible data**
- **Absence of competing scare messages**
- **Dosage is high (ongoing and intense social marketing of actual norms)**
- **Synergistic delivery strategies**
- **Broad student & community population receives message along with high-risk target groups**

The Importance of Social Norms in Substance Use Prevention Messaging

H. Wesley Perkins, PhD

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Geneva, New York

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www.AlcoholEducationProject.org

www.YouthHealthSafety.org

Communicating with Teens about Substance Use

Michael Haines

mhaines@niu.edu 815-751-0624

Social Control Approach Exaggerates risk behaviors

23% drink alcohol

19% use marijuana

9% smoke cigarettes

6% use Rx drugs (without a doctor's Rx)

4% drive while drinking

From: 2017 Maine Integrated Youth Health Survey n = 55,526

The Social Norms Approach

Highlights healthy norms

96% do not drive while drinking

94% do not use Rx drugs (without a doctor's Rx)

91% do not smoke cigarettes

81% did not use marijuana

77% do not drink alcohol

From: 2017 Maine Integrated Youth Health Survey n = 55,526

Social Control Approach

- **Uses Scare tactics / death education**
- **Tries to coerce healthy teen choices**
- **Uses incredible messages**
- **Alienates teens**

Social Norms Approach

- **Uses actual protective teen norms**
- **Celebrates healthy teen choices**
- **Uses credible messages from credible messengers**
- **Partners with teens**

© Michael Haines 2007

Which story will you tell?

Almost 25% Maine Teens Use Alcohol Marijuana or other Drugs

About 1 in 5 use Marijuana and fully four percent drink and drive!

or

Overwhelming Majority of Maine Teens Are Drug Free

77% of students do not use alcohol, marijuana or other drugs!

Like most American high-school-age youth, Maine students choose to avoid illicit drugs...

Social Norms Formula

Identify

**Protective practices, healthy beliefs, safe behaviors
that are the norm.**

Model & Promote

Pro-social attitudes and health-positive behaviors

**= Health Enhancement and
Risk Reduction**

© Michael Haines 2007



**Make a pact ahead of time not to drink.
Leave parties together if there's drinking.
Stand your ground— together.**



**72%
of ETHS
students
choose
healthy options
other than
drinking
when they're
with their
friends.**

2001 Drug Prevalence and Use Survey - 2010 ETHS students surveyed - Funded by the Evanston Community Foundation, Rotary Club of Lighthouse Evanston and Tobacco Settlement Fund

LAKE TRAVIS STUDENTS CHOOSE TO AVOID ALCOHOL

93%



THINK IT IS WRONG TO PRESSURE ANOTHER STUDENT TO DRINK

93% of LTHS students disapprove of high school students pressuring other students to drink. Based on a 2012 survey of all LTHS students.

May the Facts Be with You!

**JHS Students Prefer
Soft Drinks to
Alcohol When They
Get Together with
Friends**



87% soft drinks - 13 % Alcohol
Based on Survey data from 970
JHS students April 2009

Miss Mandy Knows Long Beach Students are GREAT!



THEY DON'T PRESSURE EACH OTHER TO DRINK. THEY HAVE A GOOD TIME WITHOUT ALCOHOL.

90% do not typically drink when hanging out with friends!

Data from Long Beach Student Survey.

Weston students make good choices!

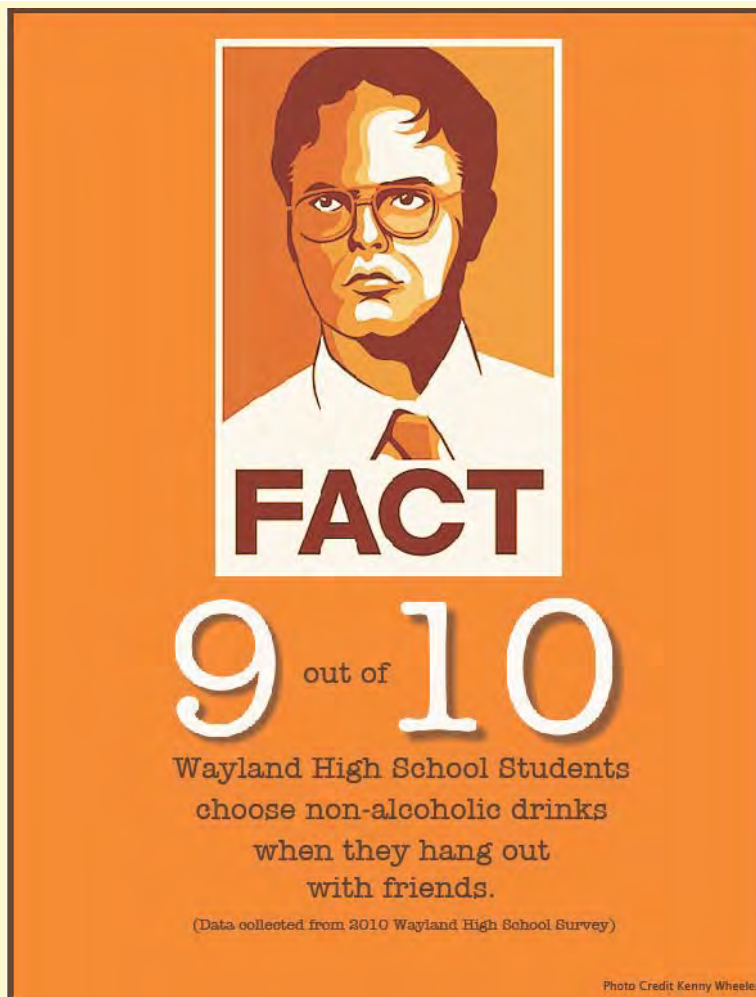


Top Ten Reasons they give for not drinking alcohol:

- ☒ I like to make smart decisions
- ☒ My parents would kill me
- ☒ I like to be safe
- ☒ I don't like the taste
- ☒ I don't want to jeopardize my athletics

- ☒ I could get arrested
- ☒ Sports drinks and soda taste better
- ☒ Almost all of my friends don't drink
- ☒ I like to be the driver
- ☒ I promised my grandma & grandpa

Data from Weston Student Intercept Survey.



The Stall Street Journal

- Anywhere High School January 4, 2021 -

Romance at Anywhere High

In a recent survey, students at Anywhere High School were asked, "If you were with a friend, what is most romantic?"

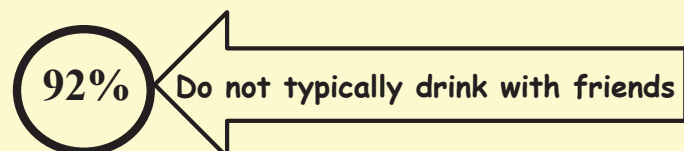
Going out for dinner	30.2%
Going to downtown	28.0%
A walk in the park	21.2%
Watching a movie	12.7%
Dancing	7.9%

A total of 196 students from all grade levels responded to an informal survey conducted in the cafeteria in April, 2013.

Boxers 82% --- Briefs 18%

The survey asked students, "What do you Like?"

Boxers	82%	Briefs	18%
Coke	73%	Pepsi	27%
Beef	69%	Veggies	21%
Soft drinks	80%	Alcohol	20%



"Do you approve or disapprove of..."

Lowering the drinking age to 18

Approve

80%

Disapprove

20%

Alcohol use that interferes with academics, athletics, or friendships

15%

85%

Students who drink and drive

4%

96%

Parents, Teachers, and Other Adults are Important!

Sources and Believability of Information

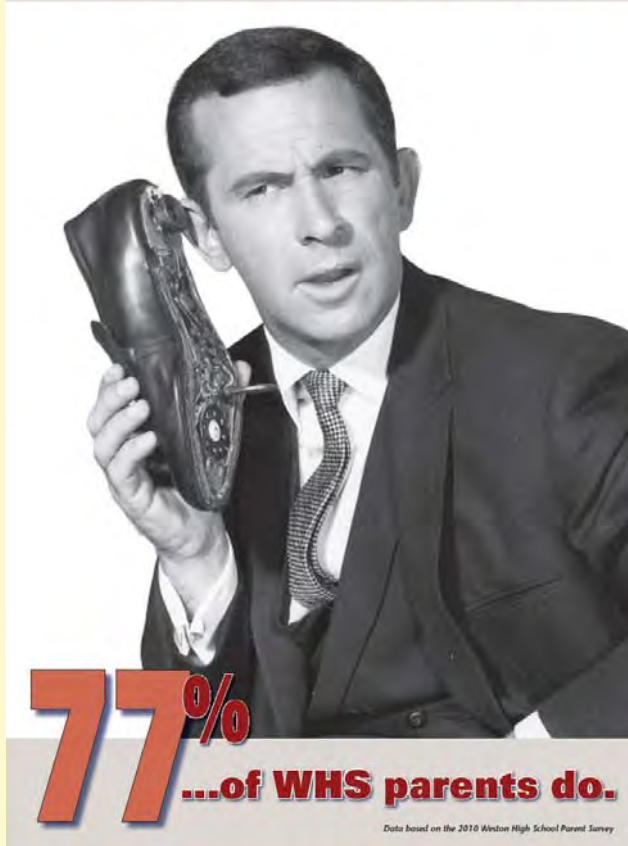
Source	Frequency of Obtaining Information (Sometimes to Very Frequently)	Rank	<u>Believability</u> of the Information (Somewhat Believable to Very Believable)	Rank
Your friends	78%	1	49%	8
The Internet	71%	2	33%	13
Your parents	62%	3	78%	1
Nurse, doctor or other health professional	52%	4	76%	2
The police, DARE, etc.	51%	5	73%	3
Your coach	46%	6	62%	5
A poster at school	45%	7	51%	7
Your Teachers	43%	8	66%	4
School counselor	26%	9	56%	6
Student peer educator	24%	10	43%	9
Church Group or Minister	19%	11	40%	10
A flyer/handout	14%	12	38%	11
School Newspaper	9%	13	33%	13

Actual Student Use V Perception of Typical Student Use

Thirty Day Use	Student actual	Parent perception	Teacher perception
Drank alcohol?	41%	78%	83%
Smoked cigarettes?	16%	59%	63%
Used marijuana?	13%	56%	53%



**Before your child attends a party,
call the host parents.**



77%
...of WHS parents do.

Data based on the 2010 Winston High School Parent Survey

Dear Mom and Dad,

We believe the information that you share with us
about alcohol and tobacco.

Research shows that you are a believable and
a valuable source of truthful information.¹



¹ Partnership for a Drug Free America, 1999 and
DeKalb & Sycamore Study, DCP/SAFE, (N=1172, 2001)

"Most of us don't use alcohol"

DeKalb & Sycamore Study, DCP/SAFE, (N=1172, 2001)

- * 7 out of 10 students don't drink alcohol at parties
- * 4 out of 6 students haven't had any alcohol during the past 30 days

"Please Continue to share the FACTS with us!"



They listened to you then...



And they listen to you now!

Celebrate the healthy choices our students continue to make:

- Most do not typically drink alcohol when socializing.
- They do not drink and drive.
- They support students who choose not to drink at parties.
- They do not approve of parents providing alcohol to students.

We know you to care too!

- Discuss these healthy norms with your child.
- Talk to your student about your expectations and alcohol rules.
- Talk to other parents about their successful strategies to support healthy choices.

Some Thoughts to Consider

- 1 - When you hear PROBLEM, think SOLUTION
When you hear DON'T, think DO**
- 2 - Create CREDIBLE MESSAGES from REAL DATA**
- 3 - Use CREDIBLE MESSENGERS**
- 4 - REPEAT MESSAGES often in DIFFERENT WAYS**
- 5 - ADD VALUE to your messages > Normalize to peers,
Describe a Reward, etc.**

© Michael Haines 2022

Which Story Will YOU Tell?

Parents Who Host, Lose the Most!
Another teen drinking party was raided by police.
Mr. and Mrs. Haines were arrested and taken....

Or

Congratulations Parents!
You set limits, you made the call, and you
talked safety with your teens...

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Social Norms Consultation



TRAINING • RESEARCH • DEVELOPMENT



RESOURCES

A Communications Toolkit for Preventing Substance Use in Youth

Shaun Adamec, MA

President

Adamec Communications

Clara Gibbons, BA

Principal Strategist

FrameWorks Institute

Alexandra Plante, MA

Director, Communications

National Council for Mental
Wellbeing

Robert LaChausse, PhD

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National Prevention Science
Coalition to Improve Lives





PRESENTER BIO

Shaun Adamec, MA



Shaun Adamec is Founder and President of Adamec Communications, a strategic communications consulting practice specializing in strategy, messaging, and reputation for mission-driven organizations. Mr. Adamec has directed the strategic communications efforts of major, international nonprofit and philanthropic organizations, government offices, and political and advocacy campaigns.

Mr. Adamec works with organizations of all sizes in the areas of strategic communications, planning, public presenting, crisis communications, talent recruitment, and risk management. Mr. Adamec has helped those who seek to change the world find their voice and protect their good name.

He holds a BA in Political Science from Providence College and an MA in Government and Political Communications from the Johns Hopkins University and lives with his three children near Boston.





PRESENTER BIO

Alexandra Plante, MA



Alexandra Plante is a Director of Communications at the National Council for Mental Wellbeing, specializing in substance use disorder prevention and recovery. She has served as a consultant to U.S. federal agencies and state policymakers, international agencies such as the United Nations Office of Drug Control and Crime (UNODC), and private entities such as Google.

Her writing has been featured in outlets such as Harvard Health Publications, Psychology Today, and The Fix.

She holds an MA in Quantitative Research in Communications from the University at Buffalo, and previously served as Communications Director at the Massachusetts General Hospital and Harvard Medical School - Recovery Research Institute and DynamiCare.





PRESENTER BIO

Clara Gibbons, BA



Clara Gibbons serves as a Principal Strategist in the Research Interpretation and Application unit at the FrameWorks Institute. She was previously an intern at the Charles Hamilton Houston Institute for Race and Justice, where she conducted research on restorative justice programs for youth, as well as indigent defense delivery systems.

Mrs. Gibbons has also worked as a teaching assistant in the Chicago Public Schools. She graduated from the University of Chicago with a BA in East Asian languages and civilizations.





PRESENTER BIO

Robert G. LaChausse, PhD



Dr. Robert G. LaChausse is a Professor in the Department of Public Health Sciences at California Baptist University (CBU). He teaches undergraduate and graduate courses in child and adolescent development, health behavior, research methods, statistics, and program evaluation. He is a nationally recognized leader in the areas of substance use prevention, program evaluation, and prevention science. His research interests are in the areas of alcohol, tobacco, and drug prevention, teen pregnancy prevention, obesity prevention, and parent-child relationships.

His research, which has been published extensively, has been funded by the SAMHSA, the United States Department of Health and Human Services, the CDC, and the USDA.

Dr. LaChausse currently serves as a Governing Councilor for the American Public Health Association (APHA) and on the Board of the National Prevention Science Coalition (NPSC). He earned his PhD in Developmental Psychology from Claremont Graduate University.



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.



Substance Use Prevention Communications TOOLKIT

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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.



Approach

1. Extensive literature review and discussions with prevention communications experts
2. Guidance from HIDTA Prevention Communications Council (HPCC)
3. Key Stakeholder Meeting
4. Four Role-Specific Discussion Groups
5. Consultation with Youth
6. Extensive external review
7. Final Review by HPCC, ADAPT, and users

HIDTA Prevention Communications Council

Shaun Adamec

President
Adamec Communications

Pamela Buckley, PhD

Principal Investigator
Blueprints for Healthy Youth Development

Robin Rinker, MPH

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National Council for Mental Wellbeing

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.*



Part I: CONVERSATIONS WITH YOUTH

1. Quick Start Guide
2. General Communications Guidance
3. Understanding Social Norms
4. Conversational Frames for Youth
5. Frames to Avoid
6. Beyond the Message
7. Role-Specific Playbooks

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.



Part II: MASS COMMUNICATIONS GUIDANCE

1. Quick Start Guide
2. Upstream Prevention Communications
3. Preparing Communities for Prevention
4. General Communications Guidance
5. Understanding Social Norms
6. Static Frames for Youth
7. Frames: Changing Mindsets/Building Support
8. Frames to Avoid
9. Beyond the Message
10. Selecting Communication Channels
11. Mass Communication Campaigns
12. Evaluation

CONVERSATIONAL FRAMES FOR YOUTH 12-18 SUBSTANCE USE PREVENTION COMMUNICATION

Part I

Frame	Description	Examples
Social Norm <small>10-11, 15-21</small> + Solution <small>22</small>	<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).¹¹⁻¹³ 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).^{13-15, 18} 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, 19-22, 24, 26}</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 X 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>
Agency/ Self-Affirmation <small>23, 24</small>	<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>
Aspirations/ Future Goals <small>25</small>	<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> "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."</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>

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STATIC FRAMES FOR YOUTH 12-18

SUBSTANCE USE PREVENTION COMMUNICATION

Part II

Frame	Description	Examples
Social Norm 32, 11, 19, 23 + Solution 33	<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).³¹⁻³² 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).^{33-35, 36} 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.^{37, 38-40, 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>
Agency/ Self-Affirmation 4, 36	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>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>
Aspirations/ Future Goals 4	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.	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.

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FRAMES FOR CHANGING MINDSETS & BUILDING SUPPORT

SUBSTANCE USE PREVENTION COMMUNICATION

Part II

Frame	Description	Example
Evoke responsibility. 35	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.	<ul style="list-style-type: none"> It's up to us to provide a healthy environment for adolescents. Our community must take responsibility for providing safe environments for youth. 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. 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.
Highlight solutions. 33, 37	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.	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.

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FRAMES TO AVOID IN MASS COMMUNICATIONS SUBSTANCE USE PREVENTION

Part II

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>	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.	<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>
Avoid Fatalism and Fear <small>37</small>	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.	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.
Avoid describing assessment of substance use risk as "screening" <small>38</small>	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.	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."

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Integrate the best available evidence today into your communications with youth.



PLEDGE to communicate with youth about substance use prevention using evidence-informed strategies.

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

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

SHARE this Call to Action with others, who interact with youth.

Substance Use Prevention

General Communication Guidance

October 6, 2022

Know Before You Go

- Identify your goals
- Know your audience
- Be strategic
- Do no harm
- Evaluate and adjust

Know Before You Go

- **Identify your goals**

What do I want my communication to do?

- Know your audience

How should my audience behave as a result?

- Be strategic

- Do no harm

- Evaluate and adjust

Know Before You Go

- Identify your goals

Who needs to act to achieve the goal?

- **Know your audience**

How must they act?

- Be strategic

Why would they act that way?

- Do no harm

Why aren't they acting that way now?

- Evaluate and adjust

What do they need to know, trust, or believe?

Who influences them?

Where can we find them?

Know Before You Go

- Identify your goals
- Know your audience
- **Be strategic**
- Do no harm
- Evaluate and adjust

Am I speaking to my audience's motivations?

Am I mitigating or dismissing their barriers?

Does my message give what they need to know, trust, or believe?

Does it appeal to - or at least not alienate - one or more of their influencers?

Is the communication method utilizing a channel where my audience naturally is?

Know Before You Go

- Identify your goals
- Know your audience
- Be strategic
- **Do no harm**
- Evaluate and adjust

Does my message avoid strategies that do not work or could be harmful?

Is person-first, non stigmatizing language used?

Know Before You Go

- Identify your goals
- Know your audience
- Be strategic
- Do no harm
- **Evaluate and adjust**

How will I know if my communications are working?

Dynamic Communications

- Establish rapport first
- Respectful, collaborative tone
- Acknowledge their expertise and agency
- Have frequent, small conversations
- Time the conversation

Dynamic Communications

- Active listening
 - Open-ended questions
 - Affirmation
 - Reflections
 - Summaries

Dynamic Communications

- Active listening
 - **Open-ended questions**
 - Tell me about...*
 - Describe for me...*
 - Affirmation
 - Reflections
 - Summaries

Dynamic Communications

- Active listening

- Open-ended questions

- **Affirmation**

I appreciate you bringing this up....

This is hard work you are doing...

- Reflections

- Summaries

Dynamic Communications

- Active listening

- Open-ended questions

- Affirmation

- **Reflections**

You want to hang out with your friends and at the same time you're concerned they will pressure you into...

- Summaries

Dynamic Communications

- Active listening
 - Open-ended questions
 - Affirmation
 - Reflections
 - **Summaries** *Just so I know I am hearing you correctly...*

Static Communications

- Use persuasive messaging strategies
- Simple, relatable, empowering
- Positive-framing
- Appeal to social interests
- Emphasize autonomy and choice
- Match communication channels to your goal

All Communications

- Stigmatizing language
 - Humanize those you are referring to.
 - Describe what a person has, not what they are.
 - Asset-framing vs. deficit framing
 - Positive, collaborative words vs. violent connotations

HIDTA Summit

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Getting Candid: Framing the Conversation Around Youth Substance Use Prevention

PROJECT OVERVIEW



Providers serving youth ages 13-18



Focus on cannabis, alcohol and prescription opioids



Looked at the effects of the pandemic & deep dive into messages on substance use prevention

This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,500,000 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS or the U.S. Government.

Online Need Assessments (Surveys)

First assessment conducted in January 2021

- Youth ages 13-18 (n=600)
- Youth-serving providers (n=761)
- *Assess impact of COVID on youth state of mind, knowledge and access to substance use prevention, protective/risk factors, messages, tools/resources*

Second assessment conducted in May 2021

- Youth ages 13-18 (n=600)
- *Test draft messages*

Third assessment conducted in June 2022

- Youth ages 13-18 (n=600)
- *Assess year over year data*

Fourth assessment conducted in September 2022

- Youth ages 13-18 (n=600)
- *Test draft substance-specific messages*



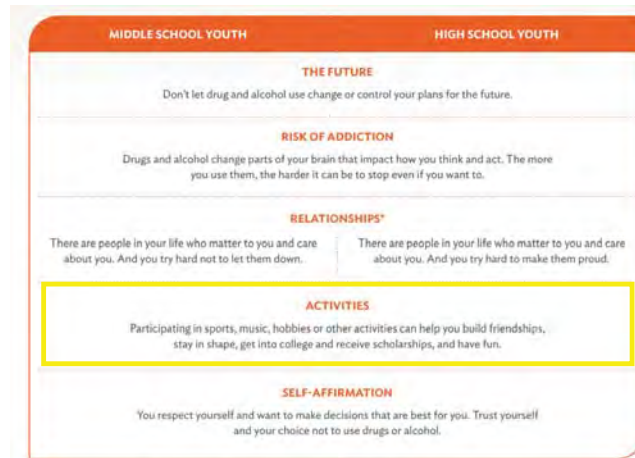
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Framing the Conversation

- Social Norms
- Agency/Autonomy/Self-Affirmation
- Future Orientation/Aspirations
- Risk of Addiction
- Relationships



Social Norms

Social norm frames are designed to correct misperceptions about substance use by promoting healthy norms with the ultimate goal of lowering substance use.

Agency, Autonomy, Self-Affirmation

Agency and autonomy refer to an individual's ability to make their own choices and influence their own actions. During adolescence in particular, messages that tap into one's sense of agency and autonomy increase the likelihood of influencing behavior.

"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."

Future Orientation

An orientation towards positive aspirations, hopes and dreams.

"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."

Risk of Addiction

The impact of substance use on the developing adolescent brain, awareness of how challenging it can be to change addictive behavior.

"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."

Getting Candid: Youth Emphasis on Mental Health

While the majority of youth care about both their physical and mental health, a majority of youth consistently place more importance on mental health. 76% of youth report that mental health is THE, or is ONE of the, most important things to them.

When thinking about COVID-19, youth are more likely to predict a lasting impact on their generation's mental health than on their generation's substance use.

Relationships

Adolescents are heavily motivated and influenced by relationships with those that matter most to them, including those with parents/caregivers, friends, teachers, coaches, and mentors.

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."

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 let drugs or alcohol get in the way."

Frames for Changing Mindsets & Building Public Support

3

Cultural
Mindsets

that hold us back



Individualism



Fatalism



Us vs. Them

Our Research Methods



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Our Research Methods



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Adolescent Substance Use Prevention Research
Total Sample Size: 6,103

Our Research Methods

Descriptive



Media Content
Analysis



Field Frame
Analysis



Expert
Interviews



Public
Interviews

Prescriptive



Tool
Design



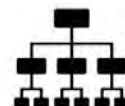
On-the-Street
Interviews



Controlled
Experiments



Peer Discourse
Sessions



Persistence
Trials

Adolescent Development Research
Total Sample Size: 6,600+

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For FrameWorks, frames that work:



Boost **Knowledge**



Shift **Attitudes**



Build **Support**

© 2021 FrameWorks Institute

A frame that “works” shifts thinking in multiple ways



knowledge

Adolescence substance use is a public health issue, and health care professionals have a role to play in addressing adolescents' use of drug and alcohol.



attitudes

Our society can work together to reduce adolescents' use of drugs and alcohol.



policy support

We should change our zoning laws so that liquor stores cannot be located near schools.

Frames for changing mindsets & building support:

- Evoke responsibility.
- Highlight solutions.
- Frame towards systems.
- Frame your data and include a solution.
- Focus on future benefits.
- Use metaphors to make context a character in the story.



Evoke responsibility.



Get Involved

Volunteer

The health and well-being of our youth is our responsibility—and by working together we can have the greatest impact. Get involved in your local substance use coalition.

Youth SBIRT

[Home](#)[FaCES Initiative](#)[Change Package](#)[Training & Events](#)[Request Assistance](#)

Healthcare professionals have a responsibility to do their part to turn the heat down on adolescent substance use by educating youth, identifying risky use, and intervening early. Systematic screening can lead to beneficial health outcomes and reduce future misuse.



Mystic Valley Public Health Coalition @MysticVal... · Dec 10, 2018

It's everyone's responsibility to protect youth from harmful substances like alcohol, nicotine and other drugs. Read about our newest campaign to support our parents/guardians in their conversations with their kids.

mailchi.mp/ad951fa2a68c/n...



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2019

READING YOUTH RISK
BEHAVIOR SURVEY
RESULTS

Reading School Committee
September 12, 2019

Prepared by
Erica McNamara, MPH
RCASA Director
Town of Reading

Meeting Our Obligations to Reading Youth

Highlight solutions.

Use the 5 C's as a Guide

- ✓ **Concrete** solutions are specific and clearly defined.
- ✓ **Causal** solutions don't just alleviate the symptoms — they address the cause.
- ✓ **Collective** solutions mobilize structural reform through coordinated action.
- ✓ **Conceivable** solutions are do-able (not pie-in-the-sky).
- ✓ **Credible** solutions are legitimate and not self-serving.

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Frame towards systems.

Instead of this...



Try this:



Frame your data.

Focus on future benefits.

Use metaphors to make context a character.

The “Boiling Over” metaphor helps people visualize prevention & early intervention

“When adolescents experiment with alcohol and other drugs, it can heat up and boil over into a bigger problem. By creating environments that keep the heat down for adolescents, we can prevent early substance use entirely or keep it from boiling over into a more serious problem.”



Impact through Community Action



TURNING DOWN THE HEAT IN NORWOOD

In the video "Turning Down the Heat" Alex learned that by turning down the heat on his sauce, he kept it from boiling over. He changed the environment that the sauce was in.

Substance use prevention is similar. The goal is to create an environment for youth that keeps substance use from boiling over into a bigger problem. We can do that by "turning down the heat" on things that put youth at risk for using harmful substances, like alcohol, tobacco, marijuana and other drugs. Use the links below to learn more about what puts youth at risk for using substances, and what protects them.

KEEPING THE HEAT LOW

By being proactive and fostering a healthy environment for kids in Norwood, we can prevent youth substance use from boiling over into a bigger problem. There are a number of factors (protective factors) at different levels—from the individual to the community—that can keep the heat down for adolescents in Norwood.



+ Community Level

+ Family Level

+ Individual Level

What is Help Create a Healthy Norwood?



What Can Make Youth Experimentation with Substances Boil Over into a Bigger Problem?

There are a number of factors—called risk factors—that can contribute to youth substance use boiling over into a bigger problem. By reducing these things at the community, family and individual levels, we are creating an environment that will foster healthy behaviors and relationships.

+ Community Level

+ Family Level

+ Individual Level

What is Help Create a Healthy Norwood?

Evaluating the Impact of Your Communications

Robert G. LaChausse, PhD
Department of Public Health Sciences
California Baptist University



Types of Evaluation

- **Process Evaluation:** Were the components of the intervention implemented as planned? How many services were delivered and to whom?
- **Impact Evaluation:** What short-term or immediate impact (change) did the intervention have?
- **Outcome Evaluation:** Did the intervention affect the overall problem/issue? Was the goal achieved?

How to Know if Your Conversations are Working

- **Reach and Exposure:**

- Number of youth you've had an opportunity to talk with, and how often
- Verbal and nonverbal engagement (eye contact, head nods, warm expressions)

- **Impact:**

- Observing youth use language and demonstrate behavior oriented around healthy and prosocial choices
- Youth acknowledges they refused an offer for a substance

Finding Program Impacts

- You want to determine if your program increases parent- teen communication about drugs
- You are looking for **program impacts**:
 - Does your campaign CAUSE a change (hopefully an increase) in P-C communication about substance use?



Talking to Kids About Alcohol and Other Drugs: 5 Conversation Goals

Research suggests that one of the most important factors in healthy child development is a strong, open relationship with a parent. It is important to start talking to your children about alcohol and other drugs before they are exposed to them—as early as 9 years old.

Young people are more likely to listen when they know you're on their side. Reinforce why you don't want your child to drink or use other drugs—because you want your child to be happy and safe. The conversation will go a lot better if you're open and you show concern.

- 1 Show you disapprove of underage drinking and other drug misuse.
Over 80 percent of young people ages 10-18 say their parents are the leading influence on their decision whether to drink. Send a clear and strong message that you disapprove of underage drinking and use or misuse of other drugs.
- 2 Show you care about your child's health, wellness, and success.
- 3 Show you're a good source of information about alcohol and other drugs.
You want your child to make informed decisions about alcohol and other drugs with reliable information about its dangers. You don't want your child to learn about alcohol and other drugs from unreliable sources. Establish yourself as a trustworthy source of information.



Reach <i>To what extent have your communications reached the intended audience(s)?</i>
<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/ regions of jurisdiction) • Number of times the communication is mentioned in the mass media or on the internet • Number of posts, tweets, and number of followers for each of these channels (e.g., followers of twitter user, blog poster)

Reach <i>To what extent have your communications reached the intended audience(s)?</i>	Exposure <i>How many times have your messages been seen/heard?</i>
<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/ regions of jurisdiction) • Number of times the communication is mentioned in the mass media or on the internet • Number of posts, 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 an individual 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 seen/heard message through dynamic conversations. • To measure accuracy of recall, number of times seen/heard a fictitious message

Reach <i>To what extent have your communications reached the intended audience(s)?</i>	Exposure <i>How many times have your messages been seen/heard?</i>	Fidelity <i>To what extent was your communication strategy implemented as planned?</i>
<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/ regions of jurisdiction) Number of times the communication is mentioned in the mass media or on the internet Number of posts, 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 an individual 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 seen/heard message through dynamic conversations. 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

Reach <i>To what extent have your communications reached the intended audience(s)?</i>	Exposure <i>How many times have your messages been seen/heard?</i>	Fidelity <i>To what extent was your communication strategy implemented as planned?</i>	Impact / Outcome <i>Did the communication make a difference?</i>
<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/ regions of jurisdiction) Number of times the communication is mentioned in the mass media or on the internet Number of posts, 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 an individual 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 seen/heard message through dynamic conversations. 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 individuals 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



RESOURCES

Applying the Communications Toolkit to Conversations with Youth & Community-level Strategies

Chief Chris Guerrero

Chief of Police, Kennewick Police Department, WA

Karla Hilliard, NBCT

Assistant Principal, Spring Mills High School, Berkeley, WV

Karen Voetsch, MPH

Branch Chief, Drug-Free Communities Program, CDC

Robert Vincent, MsEd

Associate Administrator for Alcohol Prevention & Treatment Policy, SAMHSA

Caroline DuPone, MD

Vice President, Institute for Behavior & Health, Inc.





PRESENTER BIO

Chief Chris Guerrero



Chief Guerrero was hired by the Kennewick Police Department in January of 1996. Throughout his career with the Kennewick Police Department, Chief Guerrero has had the opportunity to be involved in many different aspects of policing and working with the community. These opportunities include: patrol officer, field training officer, defensive tactics/taser instructor, SWAT team member, leader, commander and incident commander, criminal apprehension team detective, crimes against persons detective, patrol sergeant, FBI safe streets task force sergeant, investigations commander, patrol commander, and assistant chief of police.

Chief Guerrero is a member of Pasco-Kennewick Rotary Club, a United Way Board Member, Board Chair of the Northwest High Intensity Drug Trafficking Area (HIDTA), Washington Auto Theft Prevention Authority Board member and Board Chair of the Benton County Law and Justice Council. Chief Guerrero holds a BA from Washington State University.





PRESENTER BIO

Karla Hillard, MA



Karla Hilliard is an award winning educator from Berkeley County, West Virginia. After 16 years as a classroom English teacher serving in various leadership roles, she moved into an administrative role in 2021 and is currently an assistant principal at Spring Mills High School in Martinsburg, WV.

Ms. Hilliard received her BA in English and MA in Secondary education from West Virginia University, and she is a National Board Certified Teacher.

She is the sponsor of the Drug Free WV Youth Coalition, which empowers students to engage in substance use education, prevention, and stigma reduction.





PRESENTER BIO

Karen Voetsch, MPH



Karen Voetsch is the Branch Chief for the Drug-Free Communities Program at the National Center for Injury Prevention and Control at CDC. She provides strategic direction and oversight for CDC's day-to-day management of the DFC program. She joined CDC as a Presidential Management Fellow in 2003, starting her career in the National Center for Chronic Disease Prevention and Health Promotion. In her 19 years at CDC, she has helped to create new programmatic initiatives for several community-based programs, such as the Steps Program, Communities Putting Prevention to Work, and the Racial and Ethnic Approaches to Community Health program. She has also led a number of partnership and strategic development initiatives for the Prevention Research Centers, the Alcohol Team, the Division for Heart Disease and Stroke Prevention, and the Healthy Schools Program.

Ms. Voetsch also has an international health background having served in the Peace Corps in West Africa and as a CDC-assignee on non-communicable diseases and road safety issues in Botswana. Ms. Voetsch received her MPH in Health Behavior and Health Education from the University of North Carolina at Chapel Hill and her BS from Cornell University.





PRESENTER BIO

Robert Vincent, Md. Ed



Robert Vincent serves as the Associate Administrator for Alcohol Prevention and Treatment Policy for the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention. Prior to coming to SAMHSA Mr. Vincent served as the Administrator for True North-Student Assistance & Treatment Services at the Educational Service District 113's Department of Educational Support in Olympia, WA. He was responsible for the development, implementation, and management of a 45 school district consortium addressing School Safety and Substance Abuse Prevention, Intervention, and Treatment programs within a five-county region. Mr. Vincent has worked in substance abuse prevention, intervention, and treatment for more than 34 years, as a nationally certified clinician, and has served as the Director for Counseling and Assistance Programs for the U.S. Navy during Desert Storm.

Mr. Vincent served as the principal investigator of the Olympia Effective Adolescent Grant and as a consultant specializing in the implementation of school-based prevention and treatment programs for several states.





PRESENTER BIO

Caroline DuPont, MD



Dr. Caroline DuPont is Vice President of the Institute for Behavior and Health, Inc.(IBH), a 501(c)3 non-profit research and policy organization located in Rockville, MD. The IBH mission is to reduce the use of illegal drugs. In her role as Vice President, Dr. DuPont focuses on the areas of addiction treatment and prevention. She maintains a private practice specializing in anxiety and addiction. Formerly she was the founding President and Principal Investigator of DuPont Clinical Research, Inc., where she directed a team that conducted studies of investigational medication for the anxiety and affective disorders.

Dr. DuPont received her MD from the University of Texas Health Sciences Center, Houston and completed her training at the Johns Hopkins Hospital, Baltimore, where for years she held an appointment on the clinical faculty of psychiatry. She is board certified by the American Board of Psychiatry and Neurology and by the American Board of Addiction Medicine. She is the co-author of numerous publications and several book chapters on anxiety and addiction.



Connecting & Empowering Students

Karla Hilliard, Spring Mills High School
West Virginia



Frame: Social Norm + Solution



Getting to know our
students is the best data
we can collect.



Data **challenges** misconceptions & misperceptions of students, their backgrounds, & their experiences.

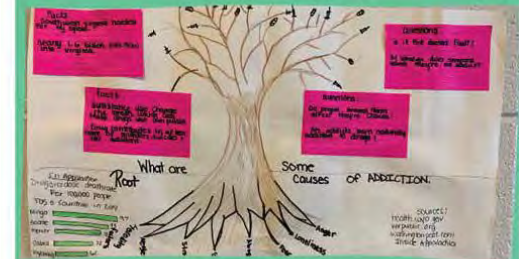
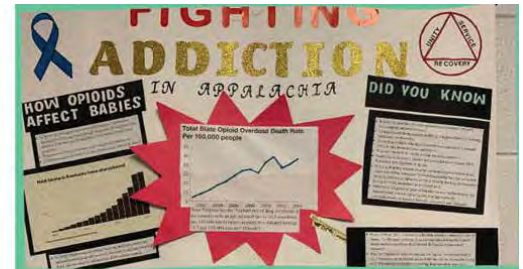


Data teaches educators how to **respond** in curriculum & in conversation.

Frame: Agency & Self-Affirmation



Empowering students in their learning & lives increases engagement & autonomy.



Examples from instructional unit entitled "What does it mean to be Appalachian?" One requirement in the unit challenged students to research a regional issue and design a solution.

Relevant learning empowers students, fosters agency & autonomy, & creates community & connection.

Frame: Relationships



Educators must strive to create connection & belonging in their schools for relationships to grow and deepen.



Frame:

Risks of Addiction

Frame:

**Aspirations & Future
Goals**



Drug-Free^{WV}

A Coalition For Our Community

Do you have a  for service?

SMHS Drug Free WV Youth Coalition



The Martinsburg Initiative affiliate Drug Free WV Youth Coalition is made up of student leaders from Berkeley County high schools working toward the following goals: To...

- UNDERSTAND the impact of substance use disorder (SUD) on the individual student, their families, our schools, & community.
- SUPPORT those affected by SUD through peer support groups.
- DESTIGMATIZE substance use disorder & individual & family impact.
- ORGANIZE events & programs for SUD education & prevention.
- PARTICIPATE in community events & programs for aiding in the reduction of SUD within our community.
- Meet on a bi-monthly basis to organize & evaluate services that can support our goals.
- Participate in charitable giving and activities both in the school building and the community.
- Further the mission of The Martinsburg Institute.



FILM NEGATIVE



FILM NEGATIVE

"This organization makes me feel proud knowing that I am a part of something that is so much bigger than me. It gives me pride to know that we are changing people's lives for the better and making people feel seen."

-Jaybez M.



"The Youth Coalition gives you a sense of leadership because kids that may be going through something can come and talk to you. We let kids in our school know that they are surrounded by kids and adults who are there for them."

-Gracey C.

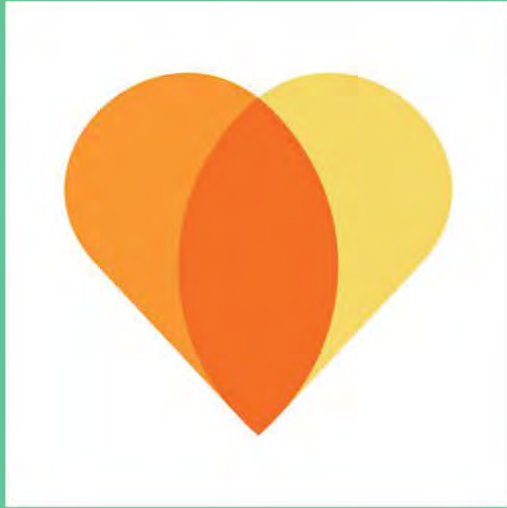
"Being a part of this organization gives me the opportunity to show compassion and advocate for people who need it most. Helping students or maybe even staff in our school that are going through something and each and every day gives me hope for the future of our school and the rest of Berkeley County."

-Aicha S.

"Being a part of this program gives me a sense of strength and leadership. It helps me not only get work done in the community but also being there for others who are dealing with addiction, even if that is them or someone they know."

-Destiny H.

**Words from
student leaders...**



**Educators have a
unique position to
positively influence
students.**

**When we Connect
& Empower young
people, everyone
benefits.**

Effective Communication at the Local Level

Karen Voetsch, MPH
CDC Division of Overdose Prevention



The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

“Effective communication can convey critical information, convince key individuals to support or lead an initiative, and, perhaps most importantly, change the context for public health action.”

Seven Strategies for Community-Level Change

1. Providing Information
2. Enhancing Skills
3. Providing Support
4. Enhancing Access/Reducing Barriers
5. Changing Consequences
6. Physical Design
7. Modifying/Changing Policies

CADCA's 7 Strategies for Community Change <https://www.cadca.org/sites/default/files/files/spfandenvironmentalstrategies.pdf>

3

Information Gathering – an essential first step

- Environmental scan of existing campaigns and messaging.
- Exploratory discussions with local experts.
- Key informant interviews with your **intended audience**
 - Youth?
 - School leaders?
 - Decision-makers?

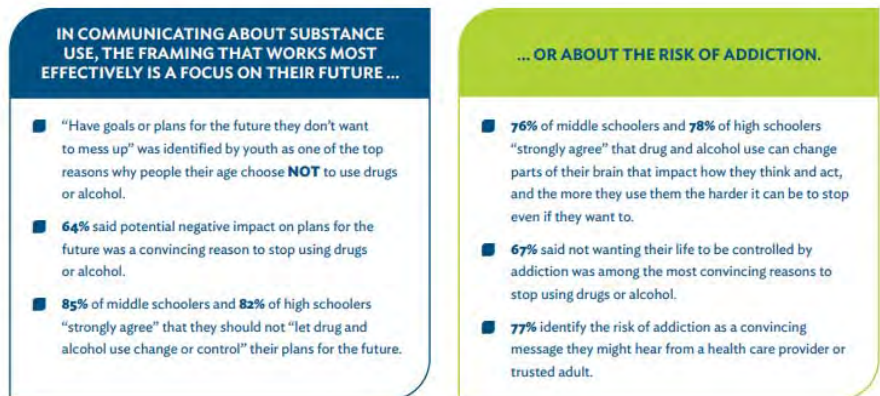


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Audience Insights Are Integral for Development

Findings and insights can shape messages and refine concepts.

- Message framing and tone are important.
- What drives your audience?
- How can this help to frame your communication messaging?



Source: www.TheNationalCouncil.org/getting-candid

Page 5

Getting Candid: Message Guide



PURPOSE

- Equip youth-serving providers with substance use prevention messaging that appeals to a large and broad population of youth
- Share guidance on how to effectively deploy the messaging with middle and high school age youth (12 – 18 years)

CONTENT

- Getting grounded in the attitudes and beliefs of young people
- Message framework when communicating with youth

MIDDLE SCHOOL YOUTH	HIGH SCHOOL YOUTH
THE FUTURE Don't let drug and alcohol use change or control your plans for the future.	
RISK OF ADDICTION Drugs and alcohol change parts of your brain that impact how you think and act. The more you use them, the harder it can be to stop even if you want to.	
RELATIONSHIPS* There are people in your life who matter to you and care about you. And you try hard not to let them down.	
ACTIVITIES Participating in sports, music, hobbies or other activities can help you build friendships, stay in shape, get into college and receive scholarships, and have fun.	
SELF-AFFIRMATION You respect yourself and want to make decisions that are best for you. Trust yourself and your choice not to use drugs or alcohol.	

Source: www.TheNationalCouncil.org/getting-candid

6

Broad Messaging



#ShareYourWhy

Messaging can be applied outside of individual interactions

- Social media
- Text campaign
- Posters/signs in public places (e.g., libraries, offices, community centers)
- Group conversations
- Newsletters/emails

"You've got your whole life ahead of you, and the future you create starts with the choices you make today. Drug and alcohol use can change parts of your brain that impact how you think and act. The more you use them, the harder it can be to stop even if you want to. Don't let drugs and alcohol change or control your plans for the future."

Source: www.TheNationalCouncil.org/getting-candid

Page 7

Don't Reinvent the Wheel! *Tools You Can Use*

- **ADAPT Prevention Communications Toolkit** – Messaging frames for youth and professional organizations/decision-makers
- **Getting Candid Messaging Guide** – Includes messaging on youth substance use prevention, tip sheets, social media graphics and shareables, videos, webinars, interactive worksheets, and an educational course. <https://www.thenationalcouncil.org/program/getting-candid/>
- **Media Campaign Resource Center – CDC's Office on Smoking & Health** – Contains free and low-cost tobacco education campaign materials <https://nccd.cdc.gov/mcrc/index.aspx>
- **CDC's Rx Awareness Campaign** – To increase awareness that prescription opioids can be addictive and dangerous and to encourage those struggling with opioid use disorder to seek help & resources. <https://www.cdc.gov/rxawareness/about/index.html>
- **SAMHSA's "Talk. They Hear You" Campaign** – Helps parents and caregivers start talking with their children about the dangers of alcohol & other drugs. <https://www.samhsa.gov/talk-they-hear-you>
- **Parents & Educators, National Institute of Drug Abuse** – Provides the latest science-based information about drug use, health, and the developing brain. Designed for young people and those who influence them—parents, guardians, teachers, and other educators. <https://nida.nih.gov/research-topics/parents-educators>

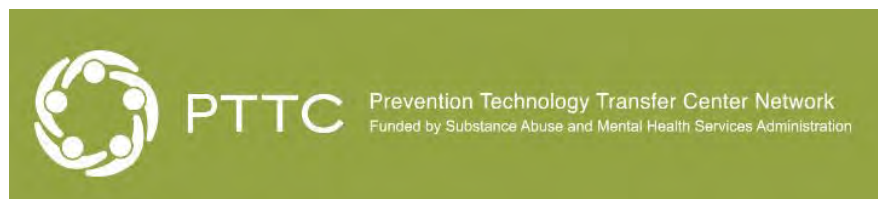
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Work Together – “You Think You Know” Campaign Connecticut



9

Connect with Federal & National Partners



10

Collaborate with State Entities

- State Alcohol & Drug Abuse Directors: <https://nasadad.org/state-fact-sheets/>
- Overdose Response Strategy: www.hidtaprogram.org/ors.php
- State Health Departments:
 - Overdose Data to Action: <https://www.cdc.gov/drugoverdose/od2a/funded-states.html>
 - State Tobacco Control Coordinators: <http://tobaccocontrolnetwork.org/state-policy/>

The Centers for Disease Control and Prevention (CDC) cannot attest to the accuracy of a non-federal website. Linking to a non-federal website does not constitute an endorsement by CDC or any of its employees of the sponsors or the information and products presented on the website. ¹¹

Questions

Contact info:
Karen Voetsch
DFC@cdc.gov

CDC DFC website:
<https://www.cdc.gov/drugoverdose/drug-free-communities/index.html>



ONE CHOICE FOR HEALTH

AN EVIDENCE-INFORMED, YOUTH-LED PREVENTION MESSAGE

Caroline DuPont, MD, Vice President
Institute for Behavior and Health, Inc.
www.OneChoicePrevention.org



**WHAT IS
ONE CHOICE?**



No use of any alcohol, nicotine, marijuana, or other drugs by youth under age 21 for reasons of health



A clear health standard analogous to other standards like using seat belts, wearing bicycle helmets, eating healthy foods, and exercising regularly

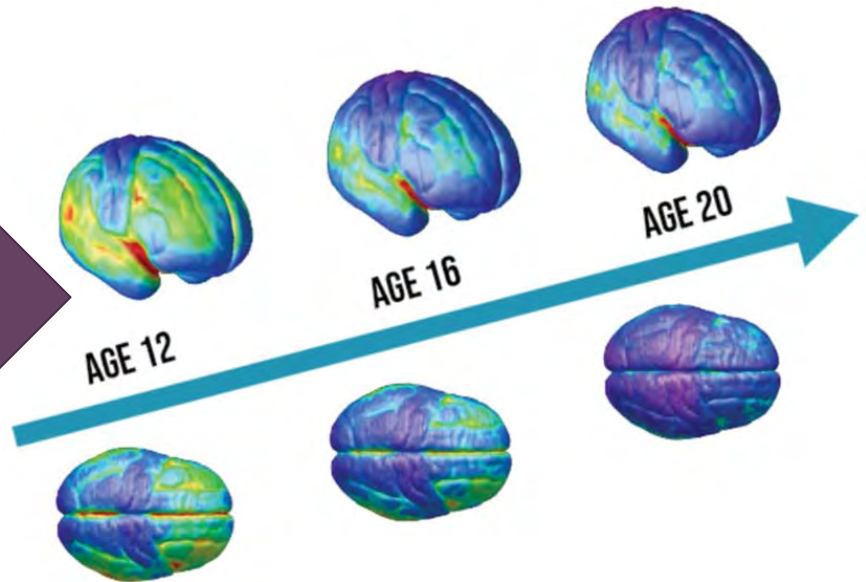
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WHY ONE CHOICE?

#1 THE DEVELOPING BRAIN IS UNIQUELY VULNERABLE TO SUBSTANCE USE

Continues to develop through the mid-20s

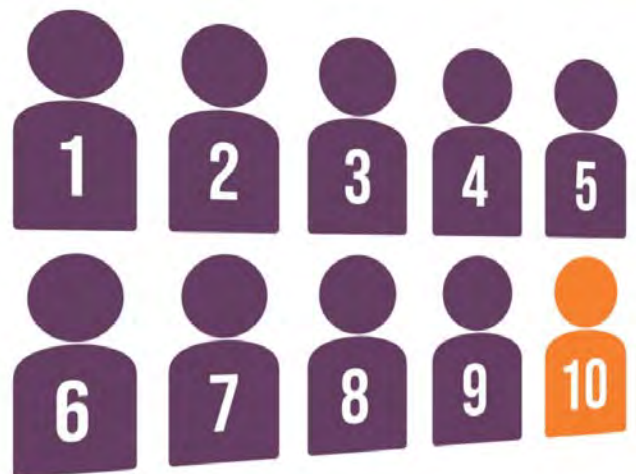


Gogtay, et al. (2014). Dynamic mapping of human cortical development during childhood through early adulthood. PNAS, 101(21), 8174-8179. <https://www.pnas.org/content/101/21/8174.full>

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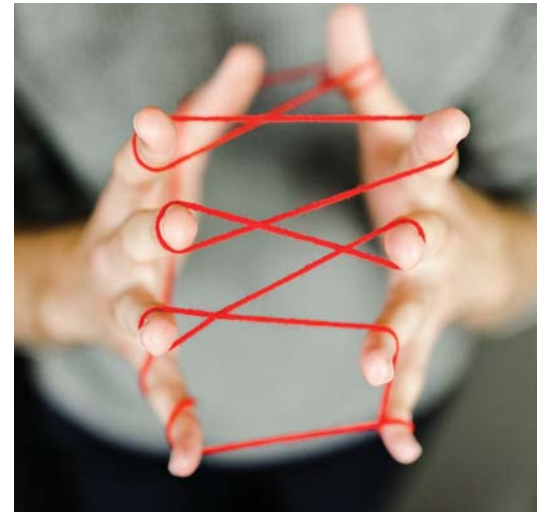
SUBSTANCE USE DISORDER IS A **PEDIATRIC-ONSET DISEASE**

- 9 out of 10 adults (90%) with substance use disorders initiated their use before age 18
- The earlier and heavier the use, the more likely a person will develop later problems
- All substance use increases risk for a variety of adverse health outcomes



#2 FOR TEENS, ALL SUBSTANCE USE IS RELATED

- Analyzed data from the National Survey on Drug Use and Health, nationally representative sample of 17,000 youth aged 12-17
- Conducted descriptive analyses and applied multivariable logistic regression models controlling for age, sex, and race/ethnicity
- *Is the use of one substance by adolescents associated with increased risk for using any other substance, regardless of use sequences?*

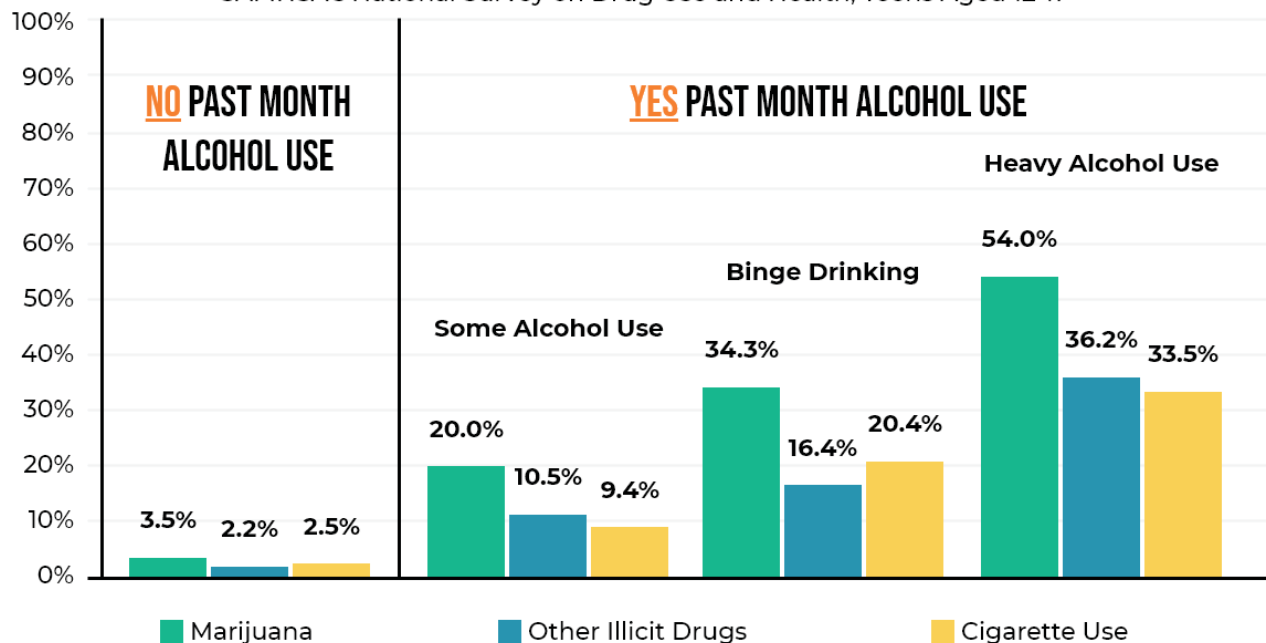


DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. *Preventive Medicine*, 113, 68-73.

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TEEN ALCOHOL USE IS ASSOCIATED WITH HIGHER USE OF OTHER DRUGS

SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17

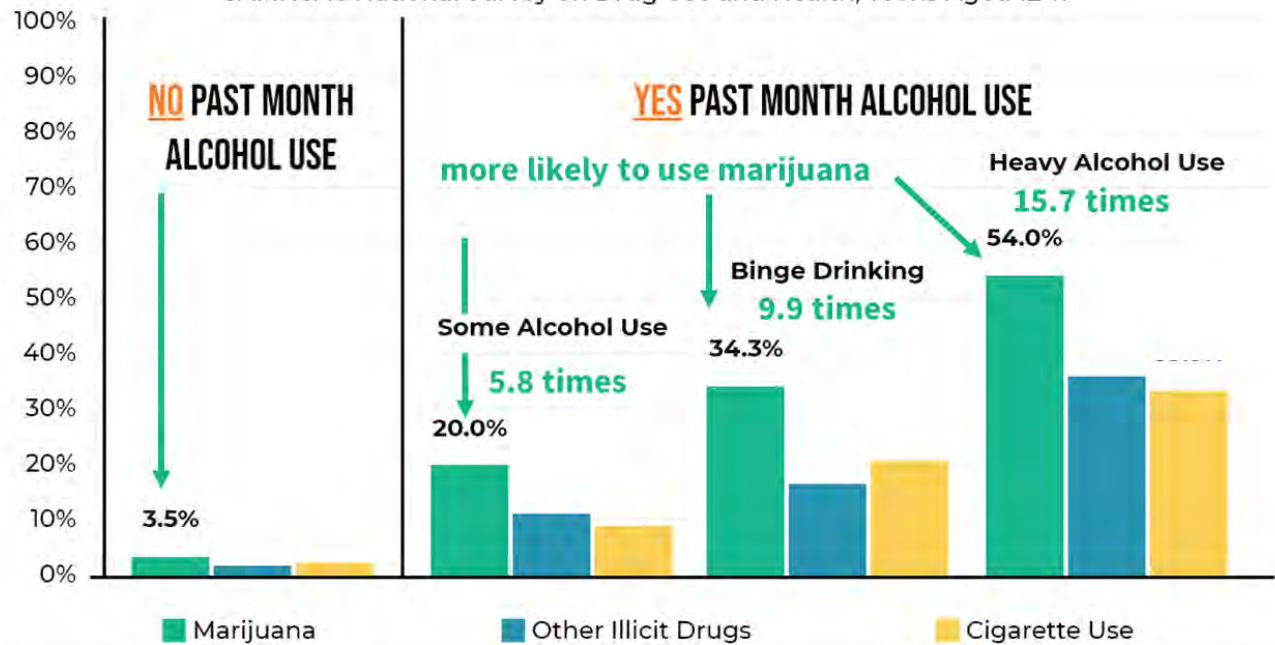


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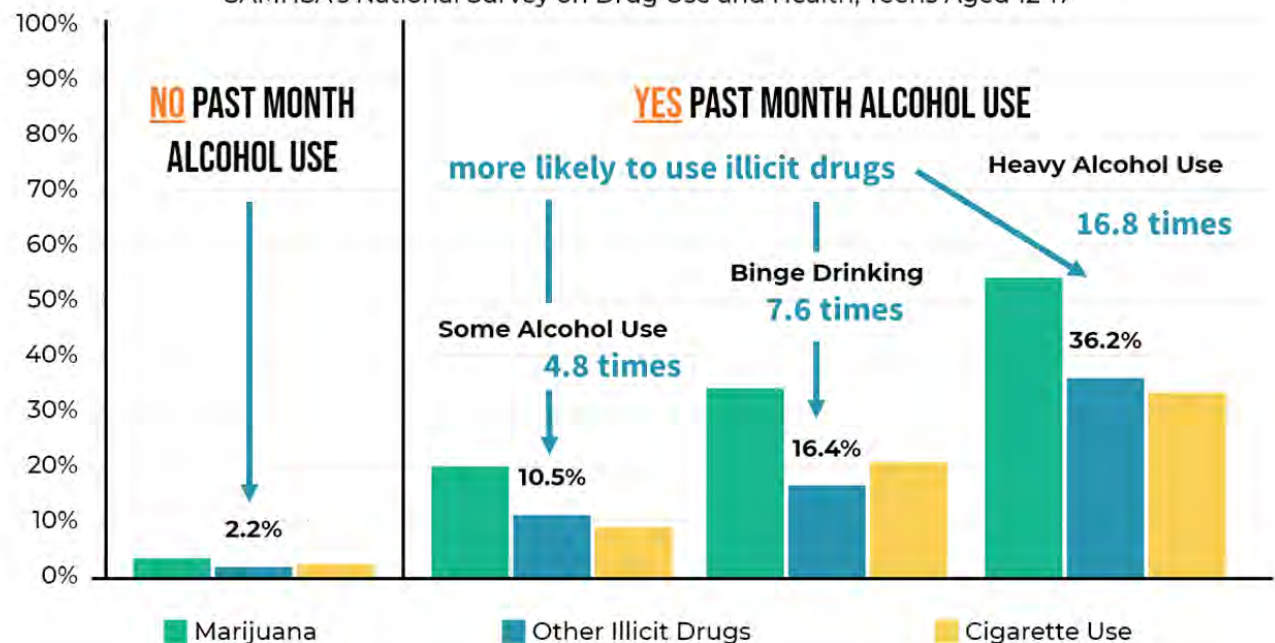


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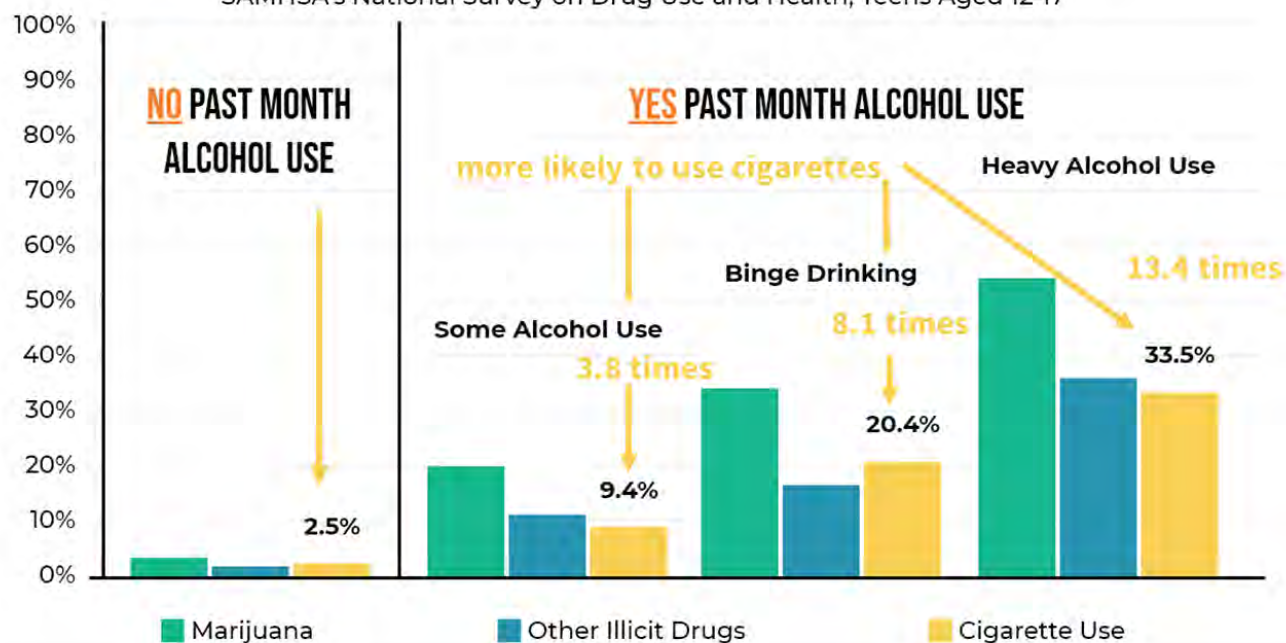


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TEEN ALCOHOL USE IS ASSOCIATED WITH HIGHER USE OF OTHER DRUGS

SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17

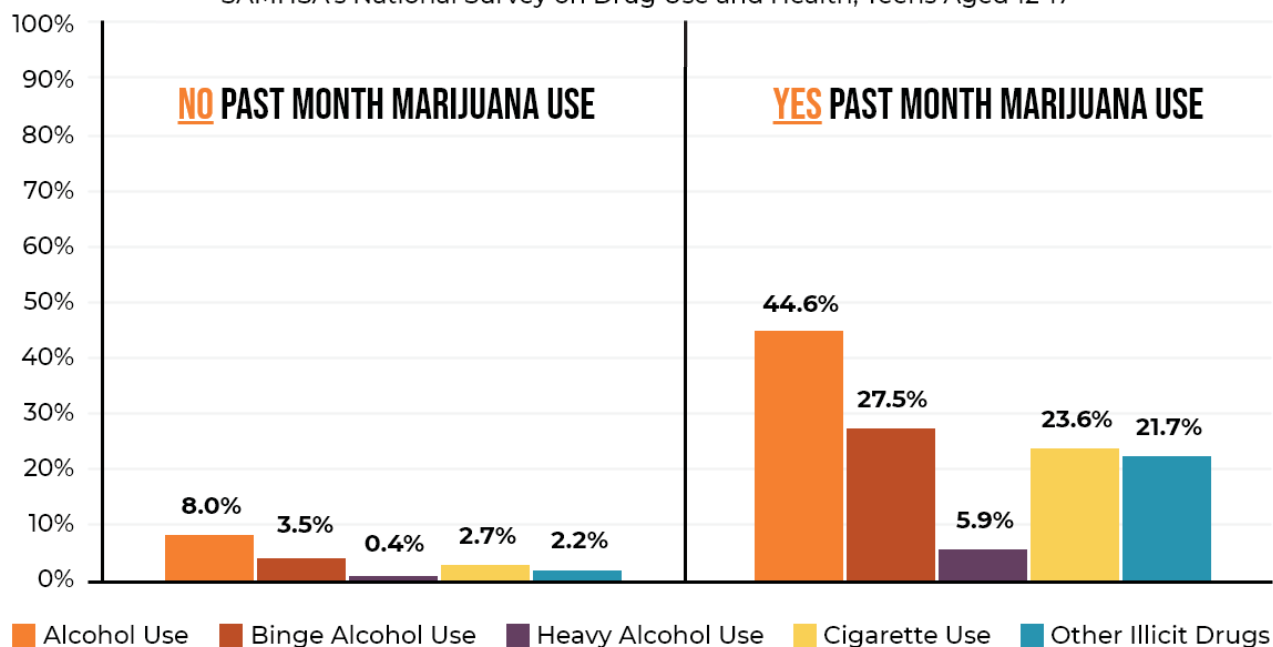


DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. *Preventive Medicine*, 113, 68-73.

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TEEN MARIJUANA USE IS ASSOCIATED WITH HIGHER USE OF OTHER DRUGS

SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17

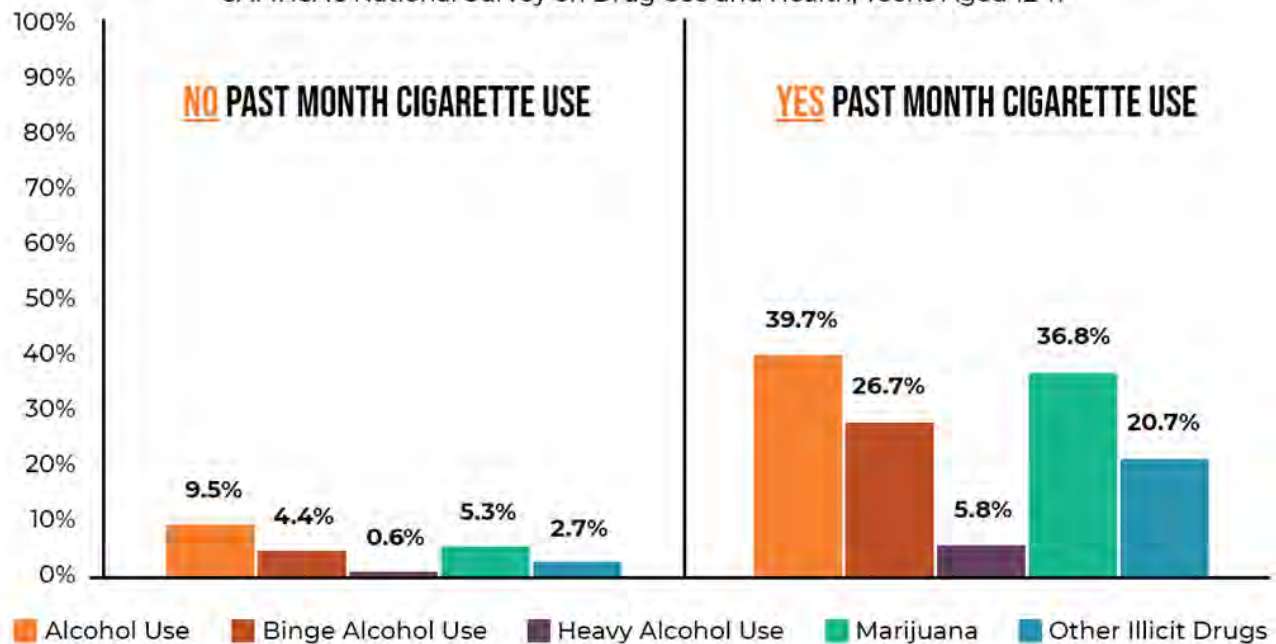


DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. *Preventive Medicine*, 113, 68-73.

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TEEN CIGARETTE USE IS ASSOCIATED WITH HIGHER USE OF OTHER DRUGS

SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17



DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. *Preventive Medicine*, 113, 68-73.

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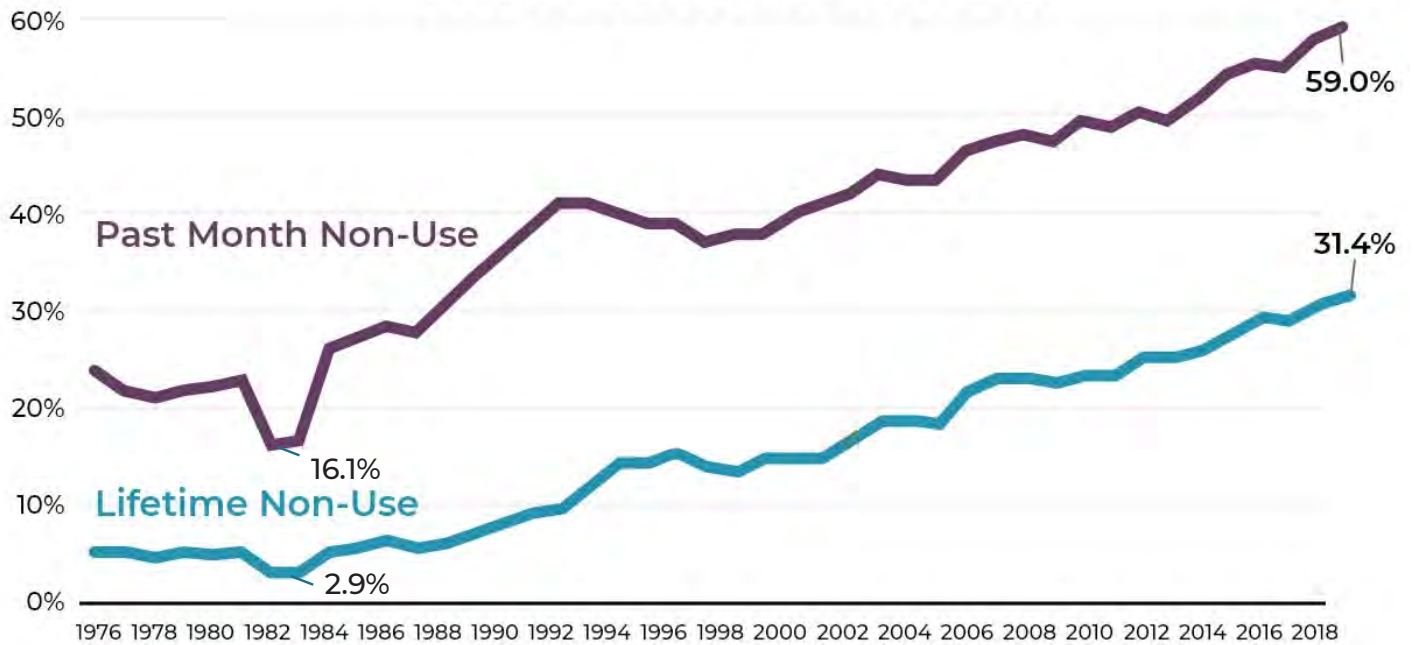
#3 YOUTH SUBSTANCE USE IS **NOT** INEVITABLE

More than ever before
youth are making
One Choice not to use
ANY substances



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NO USE OF ALCOHOL, CIGARETTES, MARIJUANA AND OTHER ILLICIT DRUGS BY US HIGH SCHOOL SENIORS: 1976-2019



Monitoring the Future data; Levy, S., Campbell, M. C., Shea, C. L., DuPont, C. M., & DuPont, R. L. (2020). Trends in substance nonuse by high school seniors: 1975–2018. *Pediatrics*, e2020007187. Doi: 10.1542/peds.2020-007187

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WHO CAN MAKE ONE CHOICE?

Teens who have never used any substance

Teens who may have used in the past but are making One Choice today

Individuals with substance use problems actively making One Choice including those in early and long-term recovery

No age/grade restrictions

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TARGETED PSAs

PEER TO PEER MESSAGING





KNOW THE SCIENCE

The developing brain is uniquely vulnerable to substance use



UNDERSTAND THE DATA

For youth, all substance use is connected



SUPPORT THE TREND

Youth are making One Choice; it's our job to support them!

THANK YOU!

ONECHOICE@IBHINC.ORG

LEARN MORE AT
WWW.ONECHOICEPREVENTION.ORG

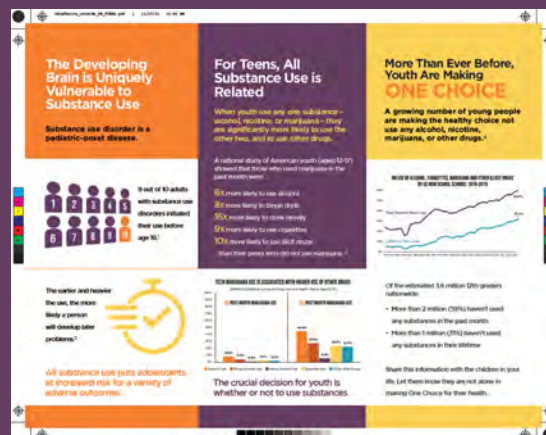
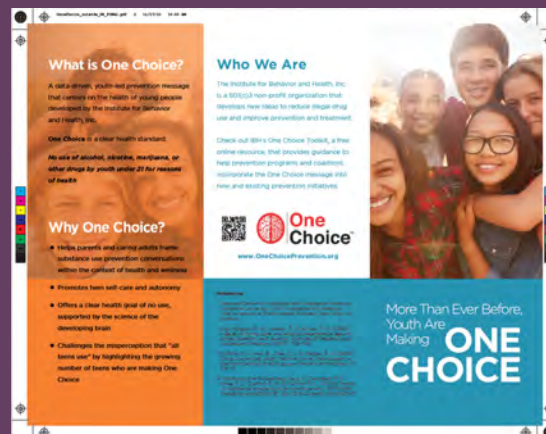


SCAN ME

ONE CHOICE PREVENTION RESOURCES

WWW.ONECHOICEPREVENTION.ORG

- [One Choice Prevention Toolkit](#)
- [I Am One and I Make One Choice Mosaic Tiles](#)
- [Customizable Tri-Fold for Parents & Caregivers](#)
- [Tips & Tools for Parents & Caregivers](#)
- [#ShowUp4Prevention Youth Resources](#)
- [Customizable Parenting For Prevention Series](#)
- [One Choice Overview 1-Pager](#)
- [Sample Social Media Posts](#)



Join the One Choice Community!

The One Choice Community is an informal group of leaders working in youth substance use prevention at the local level, who meet quarterly to share ideas for integrating the One Choice message and supporting data into their work. Many of the One Choice materials have been created as a direct result of these discussions..

Connect with the One Choice Prevention team at OneChoice@ibhinc.org.





RESOURCES

Closing Remarks & Resources to Support Your Next Steps

National HIDTA Program

A Division for Advancing Prevention & Treatment





PRESENTER BIO

Jayme Delano, MSW



Jayme A. Delano, Deputy Director for the HIDTA program at the Office of National Drug Control Policy, has experience spanning years working in public health and public safety. She is characterized in multiple areas to include oversight of Federal grant programs; subject matter expert supporting interagency task forces and work groups; leader of daily operations of alternative to incarceration programs for substance use disorder population; hiring manager and supervisor of management teams that worked with organizations to affect the culture and climate necessary for programmatic success; developer and overseer of research activities; provision of technical assistance and training to criminal justice agencies; therapist in community-based clinics; and private practitioner treating people with varied mental health diagnoses.

Ms. Delano is an adjunct professor at Ottawa University and Rio Salado Community College. She holds an MSW from New York University, and a BA in Criminal Justice from Long Island University, C.W. Post Campus.





PRESENTER BIO

Lora Peppard, PhD, DNP, PMHNP-BC



Dr. Lora Peppard is the Deputy Director for Treatment and Prevention for the Washington/ Baltimore HIDTA and the Director of ADAPT in the Center for Drug Policy and Prevention at The University of Baltimore. Prior to her appointment with HIDTA, she was an Associate Professor at George Mason University and Project Director for several federally funded substance use and behavioral health prevention grants funded by SAMHSA and HRSA.

Dr. Peppard is committed to translating and integrating substance use prevention programs, practices, and strategies into communities. She has almost 20 years of clinical experience as a psychiatric nurse practitioner in emergency, inpatient and outpatient settings. She has developed innovative, system-wide programs to address the unmet substance use and behavioral health needs of people who are underserved, in the military, or have a serious mental illness (SMI). Dr. Peppard serves as a community, state, national, and international consultant on substance use and behavioral health prevention. She has authored several peer-reviewed publications on her work.

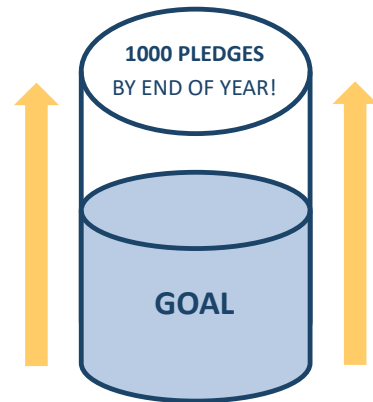


Integrate the best available evidence today into your communications with youth.



PLEDGE to communicate with youth about substance use prevention using evidence-informed strategies.

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



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

SHARE this Call to Action with others, who interact with youth.

Post-Summit Webinar Support

- Advancing Understanding and Application of **Social Norms Approaches** for Substance Use Prevention
 - Preparing to implement a social norms approach: Campaigns & conversations
 - A positive community norms approach to substance use prevention
- How to Have **Conversations with Youth** for Substance Use Prevention
- Using **Evidence-Based Registries** to Identify Substance Use Prevention Programs
- Best Practices for **Drug Education**
- **Primary Prevention** of Substance Use Mini-Series

COME LEARN WITH US!

Announcing the
**HIDTA PREVENTION
LEARNING MANAGEMENT SYSTEM**



adaptlms.hidta.org

GET STARTED!

Substance Use Prevention Fundamentals Course

- Designed to help you understand the field of substance use prevention.
- Defines key prevention concepts and connects HIDTA's mission with the goals of substance use prevention.
- Introduces critical targets for prevention, explores the ways prevention exists in multiple contexts, and shares what works (and what doesn't) in substance use prevention.



HIDTA PREVENTION

LEARNING MANAGEMENT SYSTEM

It's ready!

Get started with our first course:

Substance Use Prevention Fundamentals

www.adaptlms.hidta.org

See you next year!

Email: adapt@wb.hidta.org

Website: www.hidta.org/adapt



ADAPT
A Division for Advancing
Prevention & Treatment
CULTIVATING PREVENTION