ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

# RESOURCES

# A Communications Toolkit for Preventing Substance Use in Youth

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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.

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## 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.

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## 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

*Evidence-informed guidance for creating, delivering, and 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**
Chief, Communication Branch
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**Jeanne Casey, MA, MCHES**
Health Communications Specialist
Center for Substance Abuse Prevention
**Substance Abuse and Mental Health Services Administration**

**Flannery Peterson, MPH, PMP**
Director, Practice Improvement & Consulting
**National Council for Mental Wellbeing**

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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.

## 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.

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### Part II: MASS COMMUNICATIONS GUIDANCE

## CONVERSATIONAL FRAMES FOR YOUTH 12-18
### SUBSTANCE USE PREVENTION COMMUNICATION

Part I

| Frame | Description | Examples |
|---|---|---|
| **Social Norm + Solution** | 1) Both youth and adults overwhelmingly overestimate the number of 12-18 year olds who use substances (especially alcohol, nicotine, and marijuana). They believe that use is more common than it is (e.g., everyone drinks, most caregivers allow their kids to drink).[11-12] The truth is that most youth make healthy choices and do not use substances. When people think substance use is the norm, they are more likely to make choices that align with that misperception (i.e., acceptance or promotion of alcohol use).[15,11,16] However, when youth are exposed to messages that explain positive, true norms that most youth make healthy choices and engage in prosocial activities, they are more likely to take part in those positive behaviors.[17-18-20-34-35] <br><br> 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. | 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. <br><br> Law Enforcement Example <br> 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." <br><br> Educator Example <br> 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?" |
| **Agency/ Self-Affirmation** | 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. | "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." |
| **Aspirations/ Future Goals** | 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. | Educator Example <br> "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." <br><br> "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." |

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# STATIC FRAMES FOR YOUTH 12-18
## SUBSTANCE USE PREVENTION COMMUNICATION

| Frame | Description | Examples |
|---|---|---|
| **Social Norm**<br>32,11,15,23<br>+<br>**Solution**<br>33 | 1) Both youth and adults overwhelmingly overestimate the number of 12-18 year olds who use substances (especially alcohol, nicotine, and marijuana). They believe that use is more common than it is (e.g., everyone drinks, most caregivers allow their kids to drink).[11,12] The truth is that most youth make healthy choices and do not use substances. When people think substance use is the norm, they are more likely to make choices that align with that misperception (i.e., acceptance or promotion of alcohol use).[15,11,16] However, when youth are exposed to messages that explain positive, true norms that most youth make healthy choices and engage in prosocial activities, they are more likely to take part in those positive behaviors.[17,18-20,34,35]<br><br>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. | • How do you compare to most students? **60% of students in ABC county haven't had any alcohol during the past 30 days.**<br><br>• **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.<br><br>**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. |
| **Agency/ Self-Affirmation**<br>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. | You are a powerful generation. You protect the environment. You make your own way. You choose to avoid alcohol, nicotine, and other drugs!<br><br>85% of students here at ABC high school act on their own personal choices to not use nicotine. |
| **Aspirations/ Future Goals**<br>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

| Frame | Description | Example |
|---|---|---|
| **Evoke responsibility.**<br>6s | 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. | • *It's up to us to provide a healthy environment for adolescents.*<br>• *Our community must take responsibility for providing safe environments for youth.*<br>• *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.*<br>• *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.**<br>31,67 | 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

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 37 | 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. | *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."* |
| Avoid Fatalism and Fear 37 | 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" 38 | 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.*



**P L E D G E** to communicate with youth about substance use prevention using evidence-informed strategies.

**L E A R N** one positive social norm for substance use in your community.

**U S E** that positive norm in a frame when communicating with youth.

**S H A R E** 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**

- Know your audience

- Be strategic

- Do no harm

- Evaluate and adjust

*What do I want my communication to do?*

*How should my audience behave as a result?*


# Know Before You Go

- Identify your goals

- **Know your audience**

- Be strategic

- Do no harm

- Evaluate and adjust

*Who needs to act to achieve the goal?*

*How must they act?*

*Why would they act that way?*

*Why aren't they acting that way now?*

*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**

  - Affirmation

  - Reflections

  - Summaries

*Tell me about…*

*Describe for me…*

# 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

Alexandra Plante
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National Council for Mental Wellbeing

## 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

TheNationalCouncil.org

# 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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**ESTABLISH TRUST**

Build rapport and create an atmosphere of trust.

**For example:**
*Approach the conversation informally.*

**GATHER INSIGHTS**

Seek guidance and input from youth on what matters to them.

**For example:**
*"What matters most to you in your life?"*

**FRAME THE COMMUNICATION**

Choose the frame for the communication based on insights from youth.

**For example:**
*"It sounds like you're really close to your parents and try hard not to let them down."*

**MAKE THE CASE**

Select evidence to provide compelling reasons not to use drugs or alcohol.

**For example:**
*"Let's talk about what drugs and alcohol might do to you and why it's a good idea to avoid them."*
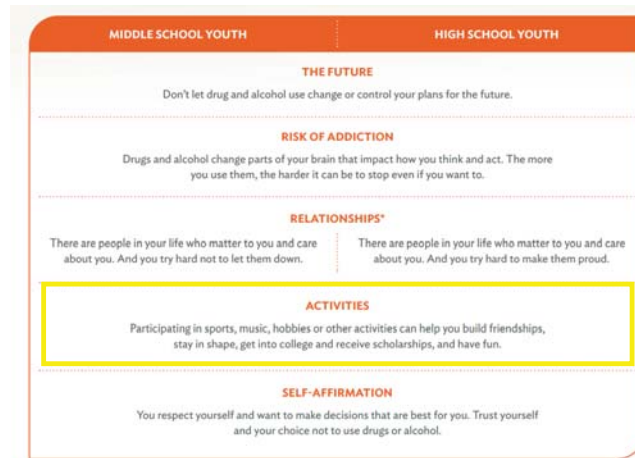
**SUGGEST ACTION**

Select one or more actions to suggest.

**For example:**
*"What about making a pledge to yourself not to get involved with drugs and alcohol? How would your parents feel about that?"*

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# Framing the Conversation

- <mark>Social Norms</mark>

- Agency/Autonomy/Self-Affirmation

- Future Orientation/Aspirations

- Risk of Addiction

- Relationships



| 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. | There are people in your life who matter to you and care about you. And you try hard to make them proud. |
| **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. | |

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# 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.

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# 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."*

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# 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.

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# 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."*

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# FRAME WORKS

# Frames for Changing Mindsets & Building Public Support

**3** **Cultural Mindsets** that hold us back

**Individualism**

**Fatalism**

**Us vs. Them**

# 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 |

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

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# 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+

# For FrameWorks, frames that work:

Boost **Knowledge**   Shift **Attitudes**   Build **Support**

# 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** NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

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...

↻ 3     ♡ 1

# 2019

## READING YOUTH RISK BEHAVIOR SURVEY RESULTS

## Meeting Our Obligations to Reading Youth

Reading School Committee
September 12, 2019

Prepared by
Erica McNamara, MPH
RCASA Director
Town of Reading

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## 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.

# 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.

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Impact Norwood Prevention Coalition    About  About  Prevention 101  Youth Voices  360Motion Podcast  Partners  Resources  Get Involved

### 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**

I Want to Help Create a Healthy Norwood

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### 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**

I Want to Help Create a Healthy Norwood

# Evaluating the Impact of Your Communications

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## 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.



Program — *What you do* → causes → Observations — *What you see*

| Reach |
|---|
| **Reach** |
| *To what extent have your communications reached the intended audience(s)?* |
| • 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 | Exposure |
|---|---|
| **Reach** | **Exposure** |
| *To what extent have your communications reached the intended audience(s)?* | *How many times have your messages been seen/heard?* |
| • Number of communication materials distributed (e.g., posters, brochures, radio ads, social media messages) | • Number of times an individual has seen/heard message. |
| • Number and percentage of places where the communication was implemented (e.g., names of towns/counties/ regions of jurisdiction) | • Number of hits, views, likes, shares, retweets, etc. |
| • Number of times the communication is mentioned in the mass media or on the internet | • 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 posts, tweets, and number of followers for each of these channels (e.g., followers of twitter user, blog poster) | • Number of times seen/heard message through dynamic conversations. |
| | • To measure accuracy of recall, number of times seen/heard a fictitious message |

| Reach | Exposure | Fidelity |
|---|---|---|
| **Reach**<br>*To what extent have your communications reached the intended audience(s)?* | **Exposure**<br>*How many times have your messages been seen/heard?* | **Fidelity**<br>*To what extent was your communication strategy implemented as planned?* |
| • Number of communication materials distributed (e.g., posters, brochures, radio ads, social media messages)<br><br>• Number and percentage of places where the communication was implemented (e.g., names of towns/counties/ regions of jurisdiction)<br><br>• Number of times the communication is mentioned in the mass media or on the internet<br><br>• Number of posts, tweets, and number of followers for each of these channels (e.g., followers of twitter user, blog poster) | • Number of times an individual has seen/heard message.<br><br>• Number of hits, views, likes, shares, retweets, etc.<br><br>• 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)<br><br>• Number of times seen/heard message through dynamic conversations.<br><br>• To measure accuracy of recall, number of times seen/heard a fictitious message | • Number of planned activities delivered<br><br>• Number of unplanned activities delivered<br><br>• Extent to which logic model was followed<br><br>• Number and type of adaptations that were made to communication plan or message<br><br>• Number of evidence-based characteristics followed<br><br>• Number of people who understood the message |

| Reach | Exposure | Fidelity | Impact / Outcome |
|---|---|---|---|
| **Reach**<br>*To what extent have your communications reached the intended audience(s)?* | **Exposure**<br>*How many times have your messages been seen/heard?* | **Fidelity**<br>*To what extent was your communication strategy implemented as planned?* | **Impact / Outcome**<br>*Did the communication make a difference?* |
| • Number of communication materials distributed (e.g., posters, brochures, radio ads, social media messages)<br><br>• Number and percentage of places where the communication was implemented (e.g., names of towns/counties/ regions of jurisdiction)<br><br>• Number of times the communication is mentioned in the mass media or on the internet<br><br>• Number of posts, tweets, and number of followers for each of these channels (e.g., followers of twitter user, blog poster) | • Number of times an individual has seen/heard message.<br><br>• Number of hits, views, likes, shares, retweets, etc.<br><br>• 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)<br><br>• Number of times seen/heard message through dynamic conversations.<br><br>• To measure accuracy of recall, number of times seen/heard a fictitious message | • Number of planned activities delivered<br><br>• Number of unplanned activities delivered<br><br>• Extent to which logic model was followed<br><br>• Number and type of adaptations that were made to communication plan or message<br><br>• Number of evidence-based characteristics followed<br><br>• Number of people who understood the message | • Changes in awareness and knowledge about the message)<br><br>• Changes in attitudes towards substances<br><br>• Changes in perception of social norms surrounding substance use<br><br>• Changes in number and percentage of individuals that followed-up on a call to action<br><br>• Change in intentions to adopt a call to action (e.g., seeking information about substance use, talking with others about substance use)<br><br>• Changes in the initiation or frequency of substance use |