Sharing Substance-Related Information with Youth 11-18:

INTEGRATING THE BEST AVAILABLE EVIDENCE TO PREVENT UNINTENDED HARM

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

About

Purpose

The purpose of this resource is to provide evidence-informed considerations for how to share substance-related information with youth 11-18 grounded in the science of social norms to reduce the risk of unintended harm.

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Table of Contents

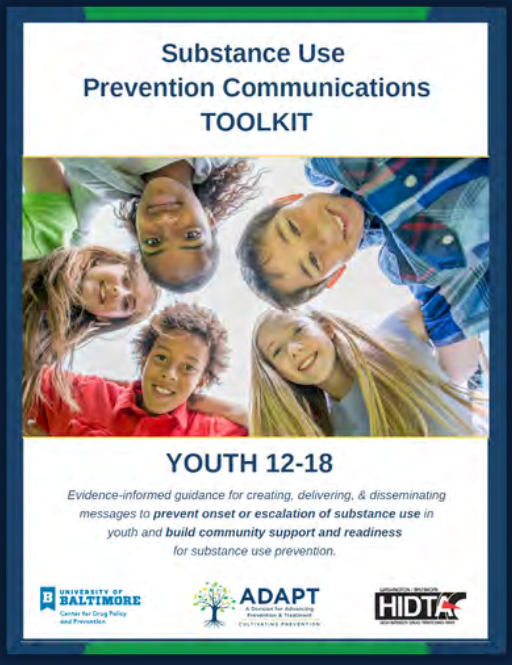
Introduction

Over the last forty years, the field of prevention science has led us to a clearer understanding of what works and what doesn't work in preventing substance use in youth. While the science has moved beyond information sharing as a standalone prevention strategy, this approach continues to be used as such. At other times, information sharing is built into a broader community prevention strategy. Many agree that youth should be aware of the dangers of high-risk use. Yet questions remain about how to effectively share substance-related information with youth in a way that does not inadvertently negate or counter prevention goals. Additionally, emerging new drug threats and trends have led us to consider whether current evidence-based communication strategies need to be adapted to fit the new and evolving characteristics of various substances.

A core tenant of any prevention strategy should be to do no harm. **Unintended harm can arise when sharing information about substances. This resource defines unintended harm as occurring when messaging unintentionally creates new incorrect beliefs that substance use is common among peers or strengthens existing incorrect beliefs about the commonness of substance-related risk behaviors and attitudes, as these "misperceived norms" could contribute to initiation of substance use or increased substance use.** For example, youth may hear frequent messages about certain substances, or statistics aiming to draw attention to the prevalence of substance use or its consequences. Such messaging could inadvertently create or increase the misperception that substance use is more common than it actually is. This unintentional "normalizing" of substance use can have negative impacts including initiation or increased use of substances and decreased action by others to intervene in a situation and prevent use and/or prevent harmful outcomes.

This simple story illustrates the potential risk. At various school events and classroom visits, a caring elementary school principal warned her students to never put beans in their ears. Of course, the overwhelming majority of students had never previously put beans in their ears nor even considered the idea. After hearing this well-intended warning, there was a sudden surge of emergency room visits to remove beans from students' ears. A *social norms* interpretation is that the warnings actually created a misperception among the students that this must be a common behavior (even though that was not actually the case). Otherwise, why would there be so many warnings? This illustrates precisely the dilemma that prevention professionals may face in their attempt to protect youth from new and emerging substances by warning them of associated harms. So the question becomes: **How does one warn youth about the risk of using substances without inadvertently creating the misperception that many or even most of their peers are using substances ("everyone's doing it")?**

In 2022, ADAPT (A Division for Advancing Prevention and Treatment), a national training and technical assistance provider for substance use prevention in High Intensity Drug Trafficking Areas (HIDTA) communities, began to answer this question when it released a **Substance Use Prevention Communications Toolkit** (1)**.** "Be Strategic and Do No Harm" were the foundational principles of the toolkit which aimed to serve as a comprehensive guide for understanding the best available evidence in prevention communications at the time. Since then, ADAPT has received many requests for guidance on sharing information about specific substances with youth. **To address these requests, this resource provides evidence-informed considerations for how to share substance-related information with youth in a way that reduces the risk of increasing misperceived norms.**



VIEW THE TOOLKIT

This resource begins with a summary of lessons learned from prevention science about information sharing as a prevention strategy. The next section provides an overview of the role of misperceived norms on personal behavior and describes how reducing misperceived norms can prevent substance use. A framework is then shared to guide practitioners through a process for sharing information about substances that mitigates the likelihood of contributing to misperceived norms. An example of this approach is provided along with specific considerations for sharing substance-specific information related to fentanyl and overdose prevention.

In summary, this resource will help you understand these key principles:

1. Youth misperceptions of peer substance use are associated with increased youth substance use.

2. When sharing substance-related information with youth, integrating information about the actual positive behaviors and attitudes among most youth can prevent unintended harm.

Section I

What We've Learned about Sharing Information and Its Role in Substance Use Prevention

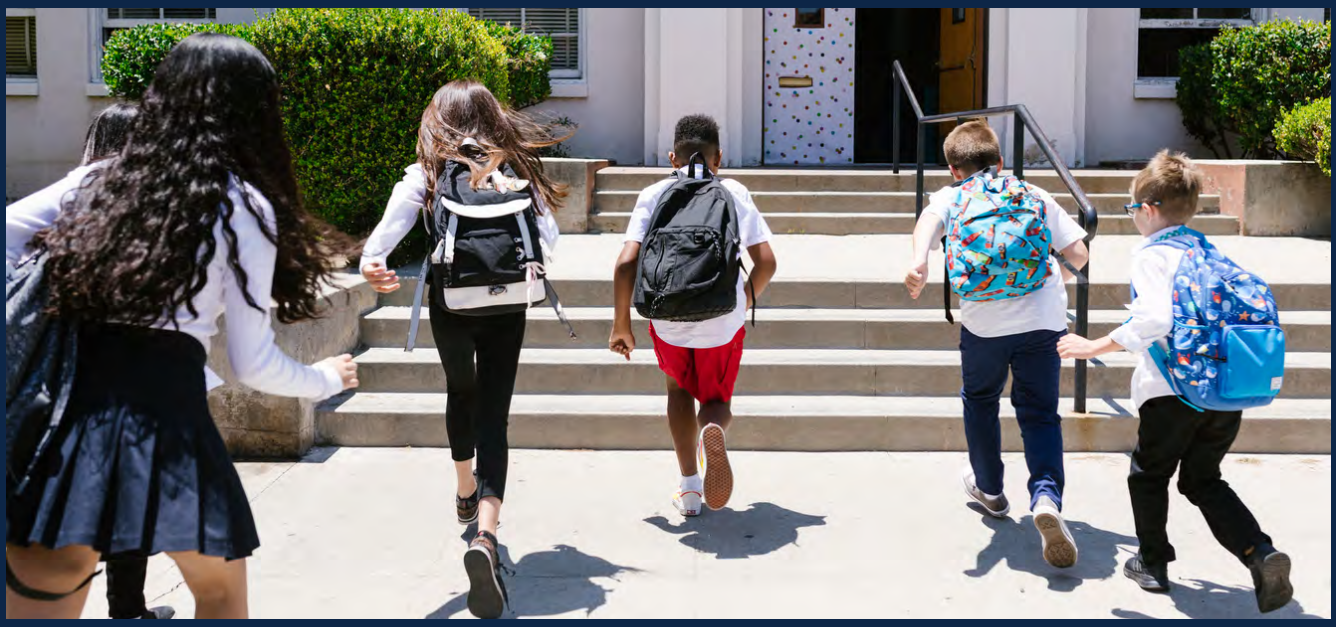
Sharing substance-related health information with youth can be one component of an effective comprehensive approach to substance use prevention, if delivered effectively and tailored to the audience's particular context (2) and developmental stage (3). However, sharing substance-related information as a standalone prevention strategy has shown limited, if any, impact on preventing the onset or escalation of substance use among youth. Still, interventions limited to information sharing are highly utilized to inform youth about various substances, especially when new substance threats emerge. Therefore, it's important to clearly understand what can and cannot be expected from traditional information-sharing strategies when they are used alone.

Communication-based strategies represent some of the earliest approaches to substance use prevention. Beginning in the 1950s and 1960s, early drug education programs followed information- or knowledge-based models which aimed to provide factual information about the harmful effects of drugs in hopes of deterring substance use (4, 5). Often delivered in the form of various media (e.g., factsheets, handouts, videos), it was expected that sharing this information would lead to negative attitudes toward drugs and a fear of using them (often through the deliberate implementation of scare tactics) (6). By the late 1970s, the research began to show that while these information-based models to substance use prevention may increase awareness and knowledge, this strategy alone was not enough to produce measurable and long-lasting changes in attitudes or substance use behavior (7-9).

Consequently, in the 1970s, a second wave of substance use prevention interventions surfaced that focused on value- or decision-making models (also called "affective models"), which aimed to reduce substance use through personal development and self-esteem strategies (4, 5). Similar to information-based models, affective approaches were largely ineffective in changing youth substance use behaviors when implemented alone (10, 11).

Beginning in the 1990s, a third approach emerged which incorporated social influences, risk and protective factors, interactive social skills, and/or substance use resistance skill training. The research found that many of these approaches effectively reduced student alcohol and drug use (5, 12-14). In the 2000s, the science also began to demonstrate that to achieve effective prevention of substance use in youth, these preventive interventions needed to be placed within a comprehensive community-based prevention strategy that addresses a multitude of risk and protective factors across socio-ecological levels of influence such as individual, home, school, community, policy, and public systems (15).

Access the **Developing a Community-Based Prevention Strategy** resource to learn about a five-phase approach to support the development and implementation of a comprehensive community-based prevention strategy.



There continues to be misconceptions about the effectiveness of several frequently-used information-sharing strategies. These strategies and what can (and can't) be expected are summarized in the table below.

Strategy	Goal and Evidence	Unintended Harm
Personal testimonials	Guest speakers and assemblies designed to share personal testimonies about the negative impact of substance use have not been found to change substance use behavior as they do not teach skills to help prevent substance use.	**These activities can be potentially harmful if they unintentionally normalize or glorify substance use in the course of the delivery of the content** (16, 17).
Scare tactics	Scare tactics, such as mock car crashes and fear-based language and imagery are based on the belief that youth will be less likely to use substances if they fear the associated consequences. **While scare tactics may trigger a sense of outrage and short-term behavior change, that effect does not last. Research shows that these approaches do not work to prevent substance use.** Why? Because even though the events are scary and evoke fear, the likelihood of the event happening is low. Youth do not see the event actually happening very often if ever, which makes them believe the event will never happen to them.	**This strategy may cause a deeper sense of fear that nothing can be done to solve the problem** (21). Additionally, scare tactics can also unintentionally make substance use appear normal even when it is not. Finally, they can actually increase substance use behavior as a means of coping with the stress and anxiety caused by the scare messages or as a way of restoring a sense of control that nothing bad will happen if they use a substance (18 - 20).

Strategy	Goal and Evidence	Unintended Harm
Substance use awareness & prevention campaigns	**Few youth substance use awareness and prevention campaigns have been sufficiently evaluated to judge their effectiveness for preventing or reducing youth substance use** (22, 23). For those with evaluations (typically national campaigns supported by federal agencies), the overall evidence is mixed. Some campaigns have changed youth substance use awareness, perceptions, and beliefs (25, 26). Other campaigns have had no effects or led to harmful effects (22-24). Few studies of campaigns assess changes in substance use behavior. Below are two examples of varying results in well-known national youth substance use awareness and prevention campaigns. Evaluations of the Food and Drug Administration's *The Real Cost* tobacco-focused national public campaign show positive changes in ad awareness, tobacco-related risk perceptions, attitudes, beliefs, and lower susceptibility to smoking and/or vaping in youth aged 12-17 (25, 27-32). One study found that *The Real Cost* decreased risk of youth smoking initiation (30). The *National Youth Anti-Drug Campaign*, running from 1998-2004 at a cost of almost $1 billion, was designed to reduce substance use and initiation among youth aged 9-18 (24). An evaluation in 2022 found that some of the messaging demonstrated a positive effect but this effect was seen primarily among youth who were at low risk or who already perceived drug use as harmful. A later evaluation revealed that campaign messaging had unfavorable effects related to marijuana use, specifically no impact on preventing use and some increase in pro-marijuana attitudes and beliefs (24).	A key consideration for awareness campaigns is determining what the campaign is aiming to bring awareness to. **Awareness of a problem, for instance, may unintentionally increase the likelihood of misperceptions of use.** For example, the National Youth Anti-Drug Campaign unintentionally increased the misperception that peer substance use is more common than it really is, leading to normalizing of substance use instead of preventing it.

Across these information-sharing approaches, it is clear that both message and the methods by which that information is shared are factors that can influence youth attitudes and behaviors. **When the primary focus of an information-sharing strategy relies on personal testimony or focuses on the prevalence, risks, and dangers associated with use, these efforts could unintentionally increase misperceptions of use, leading the strategy to be ineffective or worse, harmful.**

Anytime substance-related information is shared with youth it should be presented such that it reduces the chance of creating and increasing misperceived norms. **Many evidence-based prevention interventions, such as school-based curricula, integrate substance-related information sharing in a way that shifts awareness to the prevalence of healthy, protective behaviors to decrease the risk of making substance use seem common.** This approach, and the guidance provided in this resource, are grounded in the science of social norms, which is described in Section II.

Section I Key Takeaway

1. The goal of sharing substance-related information is often to prevent substance use. Yet, when implemented as a standalone strategy, there is no consistent, clear evidence that this strategy leads to substance use behavior change.

Section II

Understanding the Relationship between Perceptions and Behavior

The vast majority, and a growing percentage, of American youth choose not to use any substances, especially illicit drugs. Yet, both youth and adults overwhelmingly overestimate the number of 11–18-year-olds who use substances (especially alcohol, nicotine, and marijuana). People tend to believe that substance use and tolerance of substance use are more common than they actually are (e.g., “everyone drinks”, “most caregivers let their kids drink”, “most peers don’t try to prevent friends’ substance use”). In reality, however, the most common attitudes and behaviors among youth (and their parents) are positive, healthy, and protective.

Thus, **perceived norms (i.e., what individuals think their peers do and believe) often do not align with actual peer norms (i.e., what most peers actually think and do) (33-37). When people think substance use is the norm, they are more likely to make choices that align with that misperception (i.e., use, acceptance, or promotion of alcohol use) (37-42).** This misalignment between perceptions and reality also makes individuals more likely to hide or diminish their own healthy and protective choices, attitudes, and behaviors, which then become invisible to others. Misperceptions may also make people less likely to speak up when they witness others engaging in or tolerating substance use. These misperceptions create a harmful cycle whereby healthy and protective behaviors are underestimated and made less visible while unhealthy behaviors are over-estimated and made more visible, leading to more unhealthy behavior.

The science of social norms has led to the development of evidence-based social norms interventions that aim to correct misperceived norms and strengthen accurate perceptions by making healthy, positive, and protective actual norms more salient and visible to youth and other intended audiences (37, 39, 43-54). **When youth are exposed to messages that explain the actual positive norms among peers relatable to them, they are more likely to take part in those positive behaviors and protective actions for themselves and others.** Decades of research has found that social norms interventions have prevented and reduced substance use among youth and increased the likelihood youth will intervene in a situation to prevent use and/or harmful outcomes by others (55-63).

Key Terms Used within the Social Norms Approach:

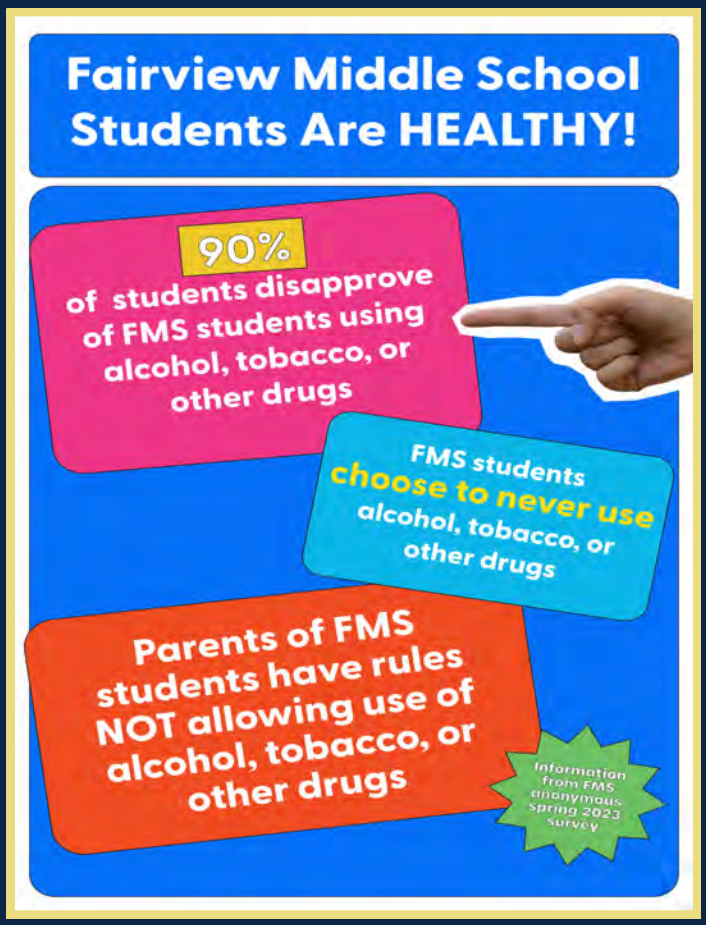
Actual Norms	What most people within a reference group actually think and do, typically based on aggregated self-report or observations (43).
Perceived Norms	Individuals' perceptions about what most others in a reference group do and support (43); also referred to as "descriptive norms" when referring to behavior and "injunctive norms" when referring to attitudes (64).
Misperceived Norms	Incorrectly held beliefs about the attitudes, beliefs, and behaviors of others (i.e., a gap between actual and perceived norms). Typically, misperceptions overestimate the prevalence of risky or problematic attitudes and behaviors and underestimate the prevalence of preventive or protective attitudes and behaviors among peers (43, 65).
Positive/ Healthy/ Protective Norm	What most people within a reference group believe (attitude) and do (behavior) that is healthy, positive, or protective.
Social Norms Intervention	Focuses on identifying and correcting misperceived norms as a mechanism to influence behavior (66); sometimes also referred to as a "norms change" or "norms correction" strategy. The strategy makes actual norms about protective or healthy behaviors in a relevant reference group more salient and visible to the intended audience.

Section II Key Takeaways

1. Youth consistently overestimate peers' substance use and underestimate peers' healthy protective behaviors and attitudes. Adults also overestimate youth use and underestimate youth and adult healthy protective behaviors and attitudes.

2. Misperceived norms operate as a hidden risk factor, increasing risk for substance use.

3. In the context of social norms interventions, exposing youth (and adults) to the true positive norms that most youth do not engage in substance use but rather make healthy choices, they are more likely to take part in those positive behaviors and less likely to engage in substance use.



Section III

Applying a Social Norms Framework to Prevent Misperceptions when Sharing Substance-Related Information

Effective youth prevention programs share substance-related information that is grounded in a social norms science to avoid creating or reinforcing misperceptions about peer norms while also communicating accurate information about what peers actually think and do. **This section presents a 3-step social norms framework that can be used to share substance-related information while protecting youth (and associated adults) from forming or reinforcing misperceived norms about substance use.** The framework can be flexibly applied to a variety of communication methods.

While the social norms framework leverages social norms science, this framework does not represent a comprehensive social norms approach or intervention. To learn about evidence-based social norms interventions for preventing substance use, please see the links below:

1. **A Guide to Marketing Social Norms for Health Promotion in Schools and Communities**
2. **A Social Norms Intervention**

Building a Social Norms Framework through which to Share Substance-Related Information

To reduce the risk of unintentionally increasing misperceived norms, broadly disseminated substance-related information should "flip the conversation". That is, messaging should highlight protective peer norms instead of only focusing on risk behavior such as the prevalence of youth using a substance and/or associated outcomes. This reorientation will reduce the likelihood of youth developing or reinforcing misperceived norms about substance use, and instead promote the development of positive and accurate perceptions about how youth typically think and behave. A similar reorientation in messaging can be used for shifting the attitudes and behaviors of other people who influence youth, including caregivers, parents, coaches, and teachers.

This type of social norms framework, for sharing substance-related information, packages this information amongst messages about true positive norms in the opening (beginning), middle, and closing (end) of the communication. **The opening and closing messages intentionally bring attention to the true positive norms that most youth do not use substances and do not support others to do so.** The closing message could also include a true positive norm about a healthy or protective behavior or attitude that most youth do or think to prevent or reduce use or harm. This social norms infrastructure provides a sense of hope, instead of leaving the audience with a sense of doom (e.g., negative information such as: overdoses being a terrible problem, youth using in greater and greater numbers, etc.) or unintentionally increasing misperceptions about substance use.

3 Step Social Norms Framework for Sharing Substance-Related Information

1. **The Opening:** Begin with a presentation of actual positive norms that most youth do not use substances and most do not view substance use favorably. Ensure that the message is true and the norms derive from a reference group that is relatable to the intended audience (e.g., students from the same school).
2. **The Middle:** Integrate a variety of positive norms messages (if available) when sharing substance-related information. Avoid including risk statistics, scare tactics, or distracting images.
3. **The Closing:** Conclude with a final positive norms statement.

Below you will find specific guidance about presenting true positive norm messaging and some examples for each step in the framework. These statements are not based on actual data but generated here to provide examples of different types of norm messages. Across all steps, remind the audience where the data presented came from. Social norms science has shown that people may not believe actual positive norms messages at first (or for some time) because, for many people, the messages go against their strongly held beliefs about others' behaviors and attitudes. Thus, **it is very important to present details in the communication about the data source from which the actual positive norms messages come.**

1. The Opening

Present true positive norms that most youth do not use substances [or a specific substance] and most do not view substance use favorably.

- Share at least one positive norm: Most youth do not use the substance (behavioral norm). Most youth think that it's not good for you or your peers to use that substance (attitudinal norm).

- "Over 90% of Fairview students choose to never use alcohol, tobacco, or other drugs."
- "The overwhelming majority of Fairview students do not use cannabis products and think it is wrong for their peers to use."
- "Most Fairview students think that friends should stay away from taking pills not prescribed to them."
- "All data represent findings from Fairview Middle School's anonymous spring 2023 survey."

2. The Middle

Integrate a variety of positive norms messages (if available) when sharing substance-related information.

- Share positive norms about bystander action and protective strategies: Most youth would try to prevent substance use by others and would support others who abstain from use.

- "Fairview High School students value their friends. Most say they discourage friends from alcohol, tobacco, and other drug use."
- "Most Fairview High school students avoid places where substances might be offered or available. Instead they choose to go to ..."
- "The majority of Fairview students - 88% - agreed that if a student was being pressured by other students to use a substance, they should personally try to help that student get out of the situation."
- "Most Fairview students think it is important to safely dispose of leftover medication." [Provide info on how.]
- "90% of students do not give/share/sell any of their own medication to friends or others."
- "Most students have practiced how to walk away from someone offering them alcohol, tobacco, or other drugs."
- "Most Fairview students would not think less of someone who did not want to take a pill not prescribed to them by a doctor or given by their caregiver."

- Share positive norms about healthy behaviors youth engage in and support instead of substance use: Most youth engage in, and support, health-promoting behaviors.

- "Most students at Fairview Middle School would not think less of a student for seeking mental health support."
- "Most high school students check with their parents before taking a prescribed medication."
- "Fairview Students Care! They believe it is important to volunteer in the community and make friends with people who are different from themselves."
- "Most students talk to a trusted friend or adult when they feel stressed."

- **Share positive norms about risk management if substance use occurs:** Most youth want to help prevent negative consequences of substance use. Share how youth want to intervene to prevent or reduce the harms that can result when other people drink alcohol or use another substance.

- "Most Fairview students would not think less of a student for seeking help to address their substance use."
- "Most Fairview students would talk with and support a friend who wanted to get treatment for alcohol or drug addiction."
- "Many students here want to learn about ways to recognize overdose."
- "Most high school students feel comfortable learning about how to help someone who has overdosed."

- **Share positive norms from other trusted or important figures:** Most parents and other adult caregivers disapprove of youth using substances. Most parents talk with their children about how to protect themselves and others, yet youth may not believe this to be the case.

- "Over 90% of parents of Fairview students have rules NOT allowing use of alcohol, tobacco, or other drugs."

- **Highlight growing positive trends if the current norm may not be "positive" yet:** This may be relevant in situations in which more and more youth are supporting or engaging in a positive behavior.

- "Compared to last year, 50% more students at Fairview Middle School do not think that other students should smoke, vape, or eat marijuana."
- "Since 2020, Fairview students have increasingly become comfortable talking with their friends about how to avoid situations where substance use might occur."

3. The Closing

Conclude with a final positive norm statement(s).

It is okay if these messages are repeated from other parts of the communication.

- **Pair multiple positive norm statements together in a broader summary:**

- "Most students disapprove of their peers using substances. At the same time, students care for each other and can be resources to help prevent others from using or getting hurt. While the majority of students are not taking a risk, most would actively intervene to reduce harm and protect your peers."
- "All data represent findings from Fairview Middle School's anonymous spring 2023 survey."

Section IV

Guidance on Developing and Disseminating Positive Norm Messaging when Sharing Substance-Related Information

The following activities will support you in building a social norms framework for sharing substance-related information. These activities include:

1. Identifying, collecting, and framing norm messages to inform the development of your communications, and
2. Increasing the impact of these communications.

STEP 1: FIND A CREDIBLE NORM DATA SOURCE

Find a dataset representing your intended audience that has data available for making positive norm messages. The key is to **use a data source that the intended audience believes is real and relatable to them. Positive norm messages tend to be more effective when they present data that closely match your specific population.** In general, the more 'local' or tailored the messages and data are, the stronger the impact. As the range of the the population providing the norm gets wider (moves from local to state or national level), youth may not find the data to be as relatable to them. For example, local data from a school-wide survey may be perceived as more credible and relatable to youth in that school than national survey data. However, a small, non-representative sample from a local school may raise questions about credibility. Regardless of dataset, include in your messaging the data source and whether responses were anonymous.

It is helpful to have data about many specific behaviors and attitudes related to the general behavior of substance use as well as typical youth protective attitudes and health behaviors (and/or adult protective behaviors and attitudes). That way, several positive, mutually reinforcing messages (representing both normative attitudes and behaviors) can be disseminated. When using existing data sets, it is more likely that healthy and protective attitudes and behaviors will not have been assessed. Still, messages can be effective even when not tailored (i.e., to sub-group norms) as long as they remain relevant (i.e. high school norms).

Several options exist to obtain data:

- Data from your intended audience. Reach out to your local substance use coalitions or school district offices and ask if youth substance use data are available. If not, then start discussions with your school system, coalition, and community about collecting data. This option will provide the most detailed source of data as you can tailor a survey to capture a variety of both healthy and substance use-related behaviors, attitudes, and perceptions among your overall intended audience as well as within subgroups. Survey templates do exist and ADAPT can connect you with those resources.

- State- and regional-level data. Many states have data and reports available that may provide information from which to create positive norm messaging. For example, Healthy Kids data are available in many states. In addition, the bi-annual **Youth Risk Behavior Surveillance System (YRBSS)** provides estimates of substance use for 9th – 12th grades at national, state, territorial, tribal, and local school district levels for participating locations. Regional substance use estimates might also be available in a community health assessment (sometimes called a community health needs assessment) or through State Departments of Health.

- National data. Many reports from national datasets about substance use are available. While most reports do not include many data points beyond prevalence and levels of substance use, they can be useful as a resource for developing at least one positive norm message regarding the specific substance of interest. One national dataset specific to youth is the annual **Monitoring the Future (MTF) survey** which offers national estimates of substance use and related attitudes among 8th, 10th, and 12th graders.

Step-by-step guidance on how to find your norms through these YRBSS and MTF surveys can be found in the **Substance Use Prevention Communications Toolkit** (1).

STEP 2: DETERMINE THE TRUE POSITIVE NORMS REPRESENTING YOUR INTENDED AUDIENCE

Datasets containing substance-related information often present data that is framed to describe the prevalence of the problem, such as the percent of youth using a particular substance. To determine the true positive norm using such data, you will need to "flip" the data. For example, after you have found the percent of how many youth are using a substance (e.g., 15%), **calculate the percent who are not using the substance (e.g., 85%). This number represents the percent of youth who are making the healthy choice to not use substances, thus indicating the true positive norm.** It can be helpful to look for data or reports about the prevalence of healthy behaviors among your intended audience to develop additional true positive norm messages that can be paired with the "flipped" rates of non-substance use.

STEP 3: TRAIN TO PROMOTE UNDERSTANDING OF THE TRUE POSITIVE NORMS AND MINIMIZE SKEPTICISM

Training adults designing and disseminating true norm messages is essential, as many may themselves be carriers of misperceptions about youth substance use. Partners (parents, teachers, community leaders, etc.) also frequently misperceive norms about substance use among youth and about tolerance of substance use among parents. They may also view the social norms framework for sharing substance-related information as minimizing the problem. Training partners and those involved in message development and dissemination can build buy-in and commitment to the messaging approach and prepare them to respond to disbelief from others about true positive norms.

STEP 4: CONSISTENTLY MONITOR OUTCOMES TO INFORM ADJUSTMENTS AND ADDRESS SKEPTICISM

Both intended and unintended impacts can result from prevention communications, making evaluation critical to any communication strategy. You will want to actively monitor and evaluate outcomes and adjust along the way to increase likelihood of achieving intended outcomes. There are two main types of evaluation: monitoring/process and outcome. Both are important in determining the effectiveness of your communications.

- **Monitoring, or process, evaluation** gives information about how, and how well, a strategy was implemented. This type of evaluation data includes:
    1. tracking fidelity to the 3-step social norms framework for sharing substance-related information.
    2. avoidance of strategies that have been shown to be ineffective, and even potentially harmful (e.g., scare tactics, stigmatizing language, judgmental or moralistic tones).
    3. message dose, or exposure.
    4. message reach.
    5. continuous quality improvement.

- **Outcome evaluation** demonstrates whether a strategy had the intended impact and includes short, intermediate, and longer-term outcomes. Outcome evaluation data looks at factors that influence how well a strategy worked, such as shifts in knowledge, attitudes, perceptions, and/or behaviors. This type of data looks across time to determine the impact of a given strategy (e.g., increased accurate perceptions of true positive norms, comparing substance use rates over time).

The goal of the 3-step social norms framework for sharing substance-related information with youth is to avoid creating or reinforcing misperceptions about peer norms while strengthening accurate perceptions about what peers actually think and do. The outcomes you can expect to achieve are going to vary depending on the broader communication strategy. For instance, a standalone messaging approach is not likely to lead to behavior change. Similarly, low-dose messaging of true norms is not likely to result in shifts in perception. Selection of outcomes are best derived to measure the specific goals and objectives of the communication strategy.

For more details on how to evaluate prevention messaging for impact see the **Substance Use Prevention Communications Toolkit** (1).

Engaging Youth in the Process

As youth are often carriers of misperceptions related to substance use, their ideal involvement in the communication strategy centers around providing feedback about message design (not content) and implementation (e.g., preferred media). Because youth may be skeptical of true, positive norms, any feedback received on message content needs to be cautiously considered. In addition, youth from the intended audience or who are publicly well-known should not serve as messengers. Engaging youth as messengers carries potential risk of undermining the message as the youth messenger could be perceived by the intended audience as an inappropriate messenger (e.g., known to engage in substance use) or are otherwise not relatable.

Section V

Example of Sharing Substance-Related Information Using a Social Norms Framework

The Connect Effect

Description of the campaign: The reality is that most teens aren't using pills that aren't prescribed to them. And most say they would act to stop a friend from taking a pill that could contain fentanyl. **Connect Effect** is a statewide campaign to help Colorado teens and the adults in their lives start a conversation about pills and fentanyl that is grounded in the power of connection. The project, an initiative of the Colorado Office of the Attorney General, uses the science of positive norms to highlight that most teens are making healthy choices. Within this context, the campaign also shares factual information about the risks of fentanyl, signs of overdose, and how anyone can use naloxone to reverse it.

The Opening: Present true positive norms that most youth do not use substances [or a specific substance] and most do not view substance use favorably.

Campaign content starts by presenting the true positive norms of Colorado youth, based on several Colorado youth surveys. Some of these positive norms include:

- 88.5% of teens do not use substances to cope with or overcome negative feelings.
- Most teens are not misusing prescription pills.
- 87% of teens said they would act to try to protect a friend from using pills that could contain fentanyl.

The Middle: Integrate a variety of positive norms messages throughout the sharing of information.

The Connect Effect media features real Colorado teens talking about their true positive norms through digital ads, social media posts, videos, posters, stickers and a website (**ConnectEffectCO.org**). At the same time, the campaign highlights the very real threat posed by fentanyl and pills by sharing facts (e.g., just 2 mg of fentanyl can cause a fatal overdose; it's virtually impossible to distinguish a fake pill from a legitimate prescription pill; and most counterfeit pills contain fentanyl, according to the DEA). The campaign also notes that naloxone can reverse opioid overdoses and highlights the protective power of conversation and connection (adult to youth, peer to peer) to reduce the risks of experimentation.

The Closing: Conclude with a final positive norm statement(s).

The ads conclude by explaining that the Connect Effect is about making healthy choices, speaking up and looking out for each other. These calls to action are supported by the social norm data points. As the implementation team continue to adopt and build out social norm best practices, they will look for ways to incorporate additional positive social norm data, including new survey findings, in the conclusion and calls to action.

Section VI

Considerations for Sharing Fentanyl-Related Information using a Social Norms Framework

Given the rise of requests related to fentanyl-specific messaging received by ADAPT, we have included this section to provide key considerations to design a fentanyl-related information-sharing strategy using the 3-step social norms framework presented in Section III.

Start by understanding the true norms of substance use and related consequences in youth.

True norms on fentanyl, opioid use, and related consequences in youth:

- Intentional use of fentanyl by youth is uncommon (67, 68).
- Intentional use of opiate drugs by youth is very uncommon (69, 70).
- The most common etiology of fentanyl overdose in youth is unintentional exposure to fentanyl by taking a pill that was believed to be some other medicine such as Vicodin, Xanax, etc. The youth may have procured the “medicine” online or received it from a friend (71-73).
- Unprescribed pill taking among youth in general is uncommon (74).

Intentional and unintentional fentanyl use in youth is overall quite uncommon (though increasing in some locations). A social norms framework to messaging about fentanyl and related consequences could use the following positive norm messages within the 3-step process.

Present true positive norms that most youth do not use fentanyl, opioids, or pills not prescribed by a doctor/nurse or given to them by parents/caregivers. Although uncommon, pill use/pill sharing by youth could be reduced. Positive norm messages related to pill usage could highlight that most youth do not use such pills, most youth disapprove of this kind of pill use, most disapprove of youth sharing pills, and most caregivers have rules that prohibit such pill use. Communicating these true norms helps dispel myths that most peers are doing it and think it is OK to do it at least occasionally. These positive norm messages may help reduce any misperceived peer pressure to initiate this type of risky behavior while also letting the few students who are using pills not prescribed by a doctor or nurse or given by a caregiver know that this is not something most others view as attractive.

Present true positive norms related to the specific circumstances in which youth safety use pills such as when prescribed to them personally by a doctor/nurse or given by a parent/caregiver. Possible statements could include, "Most youth in this community only take pills when they are medically prescribed and necessary and with their parents' knowledge," "Most youth only get their medical prescriptions from their local pharmacy using their own prescription from their doctor," and "Most youth think it is best to use pills only when prescribed by a physician and in the ways that are prescribed." When this information is presented with credible data collected from the intended population, it becomes an added way for the messaging to communicate no risky pill use as the peer norm.

Provide information about protective norms to increase youth intervening as bystanders in high-risk situations. Because pill use and pill sharing by youth is so uncommon, relatively few youth will have occasion to intervene in high-risk substance use situations or in the event of an overdose. Nonetheless, building on the introduction of positive norm messages about pill use, and assuming that messages about the actual norm of no pill use are repeated, overdose prevention information could be provided. The key is to provide basic practical information about the risk of exposure to fentanyl and provide guidance encouraging youth to intervene in a risky situation if possible, without exacerbating the misperception of peer norms. This objective is best accomplished by widely disseminating information about risky pill use not being the peer norm based and minimizing or eliminating sensationalized scare tactics.

Data can be collected and disseminated to the intended audience that demonstrates majority approval for and personal willingness to intervene in high-risk situations, and to support use of these methods to reduce harmful outcomes. These situations may include risky pill use, circumstances where a peer is being pressured to use, or an overdose event. That is, information shared can be expanded to communicate positive peer norms about being an active bystander and support for using protective methods when someone is going to use pills.

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