Sharing Substance-Related Information with Youth 11-18:

INTEGRATING THE BEST AVAILABLE EVIDENCE TO PROTECT AGAINST UNINTENDED CONSEQUENCES

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 protect against unintended consequences.

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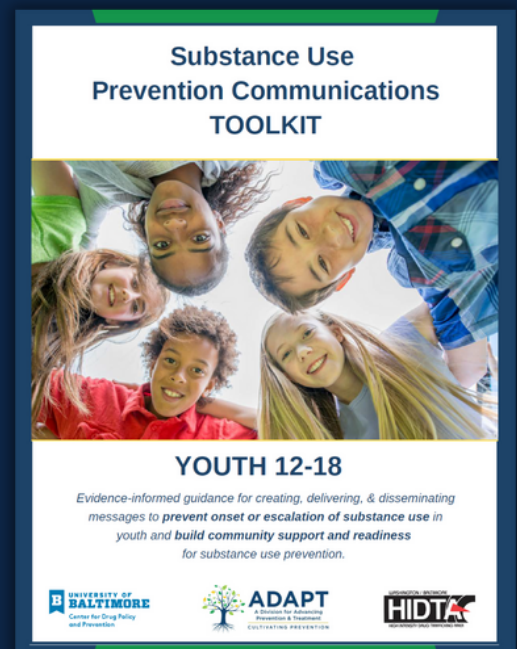
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Introduction

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. 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 build protection and minimize risk of harm. However, **unintended consequences can arise when ineffective strategies are used to share information about substances.** For example, frequent messaging about certain substances or statistics amplifying how common substance use is can create or strengthen incorrect beliefs that substance use is common or accepted among peers. These misperceptions of what is the "norm" can be harmful when they drive behavior. Research shows that youth misperceptions of peer substance use is associated with increased youth substance use and decreased likelihood of intervening in a situation to prevent use and/or harmful outcomes. Other messaging strategies that evoke fear or unintentionally glamorize or create stigma around substance use can also create unintended consequences. **This resource focuses on a strategy for communicating to youth about substances in a way that promotes positive, healthy messaging alongside information sharing in order to reduce the risk of increasing misperceptions.**

This simple story illustrates the potential risk for unintentionally creating misperceptions.

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? Here we find 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 increase youth awareness and knowledge about the risk of using substances without inadvertently creating misperceived norms? Misperceived norms include beliefs such as many or even most peers are using substances ("everyone's doing it"), most peers accept that others are using substances, and that most peers feel hesitant to intervene when in these situations.**

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.**

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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HIDTA

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 promoting positive norms can prevent substance use. A framework is then shared to guide practitioners through a process for sharing information about substances that may mitigate the likelihood of contributing to misperceived norms. An example that applies this framework 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 Many youth (and associated adults) misperceive youth norms about substance use attitudes and behaviors.

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

3 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. Interventions limited to information sharing, however, are often still used 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 of behavior. These programs aimed to deter substance use by delivering factual information about the harmful effects of drugs through various forms of media (e.g., factsheets, handouts, videos) (4, 5). It was expected that this information, often deliberately paired with scare tactics (6), would lead to negative attitudes toward drugs and a fear of using them. By the late 1970s, studies began to find that while this information-based approach 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 programs surfaced. They 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 approaches, affective approaches were largely ineffective in changing youth substance use behaviors when implemented alone (10, 11).

Beginning in the 1990s, a third wave of programs emerged which incorporated social influences, risk and protective factors, interactive social skills, and/or substance use resistance skill training. Studies found that many of these approaches effectively reduced student alcohol and drug use (5, 12-14). In the 2000s, the science began to demonstrate that to achieve effective prevention of substance use in youth, 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-focused 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 strategies, it is clear that both message content and message-sharing method 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 about substance use, leading the strategy to be ineffective or to have the unintended consequences.**

Anytime substance-related information is shared with youth it should be presented in a way that promotes true positive norms. Doing so may reduce the chance of creating and increasing misperceived norms while supporting prevention goals. **Many evidence- based prevention interventions, such as school-based curricula, integrate substance-related information sharing in a way that shifts the focus of awareness from substance use harm to the prevalence of healthy, protective behaviors and attitudes. This focus on positive social norms decreases the risk of making substance use seem common when sharing information about substances.** This approach, and the guidance provided in this resource, are grounded in social norms research, 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 Social Norm 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 cannabis). 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). These misperceptions matter for behavior. 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 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 or they witness a dangerous situation. 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 have found that social norms interventions can prevent and reduce substance use among youth and increase the likelihood that youth will intervene in a situation to prevent use and/or harmful outcomes in others (55-63).

Key Terms Used within the Social Norms Approach:

Social Norms Approach	Focuses on identifying and correcting misperceived norms as a mechanism to influence behavior (66); also referred to as a "social norms intervention" or 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.
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.

Section II Key Takeaways

1   Youth consistently overestimate peers' substance use and acceptance of substance use. Likewise, they underestimate peers' healthy protective behaviors and attitudes.
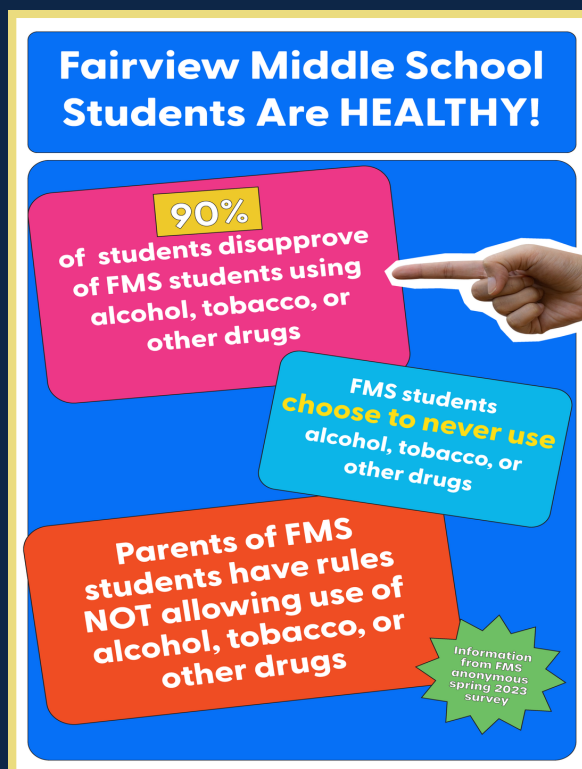
2   Adults also overestimate youth substance use and tolerance by adults of youth substance use while also underestimating healthy and protective substance-related behaviors and attitudes among youth and adults.

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

4   Social norms interventions expose youth (and adults) to the true positive norms that most youth do not engage in or support substance use but rather make healthy choices. This social norms messaging changes or protects against misperceptions and leads youth (and adults) to be more likely to take part in those positive behaviors and less likely to engage in substance use.

Fairview Middle School Students Are HEALTHY!

90% of students disapprove of FMS students using alcohol, tobacco, or other drugs

FMS students choose to never use alcohol, tobacco, or other drugs

Parents of FMS students have rules NOT allowing use of alcohol, tobacco, or other drugs

Information from FMS anonymous spring 2023 survey

Section III

Applying a Social Norms Framework to Promote Health and Protect against Misperceptions when Sharing Substance-Related Information

Effective youth prevention programs share substance-related information that is grounded in social norms research. Specifically, effective programs communicate accurate information about positive peer norms (i.e., most common healthy and protective attitudes and behaviors among peers to avoid creating or reinforcing misperceptions about peer norms. **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 maintaining 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 research, 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**

Framing Substance-Related Communications within a Social Norms Framework

To promote protection and reduce the risk of unintentionally increasing misperceived norms, broadly disseminated substance-related messages should "flip the conversation". That is, messaging should highlight protective peer norms (e.g., that most youth do not use substances nor support substance use and that most youth support protective behavior), instead of focusing on risk behavior (e.g., the prevalence of youth using a substance and/or associated harmful outcomes). This reorientation will reduce the likelihood of youth developing or strengthening misperceptions about youth substance use norms. Additionally, this reorientation will 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, positions messages about true positive norms in the opening, middle, and closing of the substance-related 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 middle message which aims to present substance-related information (e.g., risks of use and its consequences) to your intended audience could also include a true positive norm about a healthy or protective behavior or attitude that most youth do or have about prevention or reducing use and harm. This social norms framework reduces the risk of unintentionally increasing misperceptions about substance use and provides a sense of hope within a substance use communication.

3 Step Social Norms Framework for Sharing Substance-Related Information

1 **The Opening:** Present 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). Present details about the data source.

2 **The Middle:** Integrate a variety of positive norm messages (if available and as appropriate) that are protective when sharing substance-related information (e.g., information about risks and consequences of use, impact of substance on the body). Avoid including risk statistics, scare tactics, or distracting images.

3 **The Closing:** Conclude with a final positive norms statement and reminder about the data source.

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. They are generated here to provide examples of different types of norm messages. Across the 3 steps, it is important to remind the audience where the data for the positive norm messaging are from. Social norms research has shown that people may not believe actual positive norm 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 norm messages are based**.

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, and as appropriate) that are protective when sharing other substance-related information. Different types of positive norm messages you may choose to integrate are described below.

- 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.

- "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."
- "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."

- 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 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, rather than using substances, 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, 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."
- "Most parents talk with their children about how to protect themselves and others from substance use and its consequences."

- **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 final positive norm statement(s).

It is okay if these messages are repeated from other parts of the communication. Another strategy is to share a collective summary of positive norm statements, as shown below.

- 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 their peers in potentially dangerous situations."
- "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 process will support you in applying the social norms framework to sharing substance-related information. Process activities include:

1 Find a credible data source that has information about prevalence of attitudes and behaviors among youth related to substance use and protective behaviors.

2 Determine the true positive norms representing your intended audience.

3 Train to promote understanding of the true positive norms and address skepticism.

4 Consistently monitor outcomes to inform adjustments.

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 extent of the population represented in the norm message 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. While a small, non-representative sample from a local school may raise questions about credibility, your dataset does not have to perfectly align with your intended audience if such data are not available. Regardless of dataset, include in your messaging the data source and whether responses were anonymous.

It is helpful to have data about several specific behaviors and attitudes related to low or no 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 explicitly assessed. Statistics often need to be "flipped" to identify the positive norm (see #2 below). 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:

- <u>Data from your intended audience.</u> 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 exist and ADAPT can connect you with those resources.

- <u>State- and regional-level data.</u> 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.

- <u>National data.</u> Many reports from national datasets about substance use are available. While most reports do not include many data points beyond prevalence, levels of substance use, and perceived risk of harm, 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).

2: DETERMINE THE TRUE POSITIVE NORMS REPRESENTING YOUR INTENDED AUDIENCE

Datasets containing substance-related information often present data that are framed to describe the prevalence of the problem, such as the percent of youth using 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 because the majority are engaging in that healthy behavior**. 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.

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

Training individuals who may be designing and disseminating social norm messages is essential for creating effective information sharing communications. Many adults 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 in the science of social norms can build buy-in and commitment to the messaging approach and prepare them to respond to disbelief from others about true positive norms.**

Some pushback or skepticism in response to a communication with positive norm messaging is to be expected from the intended audience (e.g, the youth), associated populations (e.g., adults who interact with the youth), and others who may be involved in prevention programming.

Actions to address pushback and minimize skepticism include:
- Train implementers to view pushback and skepticism as a helpful response because it means that the messages were consumed and that people are grappling with the information.

- Provide messaging reinforcements over time (repeated exposures with a variety of messaging following the social norms framework).

- Provide booster trainings to the team and other adults interacting with the intended youth audience that focus on social norms theory and research as well as the social norms framework and source of positive norm messages.

- Conduct small group discussions with the intended audience about their (mis)perceptions, actual positive norms, their own behavior, and the links between them.

- Look for the most recent data sources to update positive norm messaging.

- Seek opportunities to collect data directly from the intended audience about the positive behaviors of interest.

- Ensure the data presented in the positive norm messaging are accurate and come from a credible source.

- If you have a large enough group, try techniques in the moment to demonstrate misperceptions such as real-time anonymous data collection about perceived norms and personal behavior. Providing immediate feedback about the collected data (especially those showing misperceived norms) helps people believe the positive norm messaging.

- Intentionally disseminate messaging using the social norms framework to affiliated adults (e.g., parents, caregivers, teachers, etc.) so that broader population is grappling with the messages and prevention is not only directed at the youth.

- Offer small group discussions with affiliated adults about how misperceived norms arise, why they matter, where data in the positive norm messaging come from, and how to find and frame positive norm messaging.

4: CONSISTENTLY MONITOR OUTCOMES TO INFORM ADJUSTMENTS

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: implementation (i.e., monitoring/process) evaluation and outcome evaluation. 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, which includes an emphasis on sharing positive protective norms.
    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 produced intended effects and includes short, intermediate, and longer-term outcomes. Outcome evaluation data should include factors that influence how well a strategy worked, such as shifts in knowledge, attitudes, perceptions, and/or behaviors. Analyses of evaluation data look 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 strengthen accurate perceptions about peers' healthy and protective behaviors while avoiding unintentionally creating or reinforcing misperceptions about peer norms. The outcomes you can expect to achieve will vary depending on the goals and objectives of the broader communication strategy. A standalone messaging approach may not to lead to behavior change. Similarly, low-dose messaging of true norms is not likely to result in shifts in perception.

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

Engaging Youth in the Process

Youth are often carriers of misperceptions related to substance use. Their ideal involvement in the communication strategy centers around providing feedback about message design, format, and implementation (e.g., preferred media), and not typically about the specifics of the positive norm content. Because youth may be skeptical of true, positive norms, any feedback received on norm message content needs to be cautiously considered. In addition, careful consideration is needed when even thinking about involving youth from the intended audience as messengers. Engaging youth as messengers carries potential risk of undermining the message if the intended audience perceives the messenger as inappropriate to the message (e.g., known to promote substance use) or is 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 a positive social norms approach 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 that are protective when sharing other substance-related 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 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 share key considerations when designing a fentanyl-related information-sharing strategy using the 3-step social norms framework (Section III).

While fentanyl use is extremely rare, it is really dangerous and highly lethal. As a result, many information sharing materials have been developed at local and national levels to bring attention to this concern. Yet we know very little about the effectiveness of fentanyl information sharing/campaigns on changing youth substance use awareness, attitudes, and behaviors. Like other substance use prevention campaigns, we need more research evaluations.

What we do know is that public conversation increases when a new drug appears on the scene. The style, direction, tone, and format of this conversation could unintentionally contribute to creating misperceived norms. The social norms framework is an important way to prevent misperceived norms when talking about new emerging threats such as fentanyl.

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 very rare (67, 68).
- Intentional use of opiate drugs in general by youth is very uncommon (69, 70).
- Unintentional exposure to fentanyl by taking a pill that was believed to be some other medicine such as Vicodin, Xanax, etc. is the most common cause of fentanyl overdose in youth. These 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).

While both intentional and unintentional fentanyl use in youth is rare, unintentional consumption has gone up (particularly in in some locations) through pill use. To prevent unintended exposure to a lethal substance, the social norms framework could be applied to messaging about fentanyl and related consequences to youth that focuses on pill use. The following positive norm messages could be used within the 3-step social norms framework. **Remember, avoid including ineffective and possibly harmful tactics (e.g., scare tactics) at the same time**.

Positive norm messages related to protective norms around pill usage could prevent exposure to fentanyl and prevent creation of misperceived norms around unsafe youth pill usage. Focus on nonuse norms and disapproval of use norms. Present true positive norms that most youth do not seek pills that are not prescribed to them. Most youth do not approve of friends taking pills in ways that a doctor has not prescribed. Most caregivers talk with their youth about how to properly take prescribed pills. Most parents have rules that prohibit taking pills in ways not prescribed by a doctor.

Communicating these true norms helps dispel myths that many peers are using pills and think it is okay to do so. These positive norm messages may help reduce any misperceived peer pressure to initiate use 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 behavior is not something most others view as attractive.

Present true positive norms about use of pills in specific approved circumstances that are safe, such as when prescribed to youth 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." Presenting actual norms in this way based on credible data collected from the intended population helps the overall messaging communicate that risky pill use is not the norm.

Provide information about norms that support youth as active bystanders in situations of pill use. Because pill use and pill sharing by youth is so uncommon, relatively few youth will have occasion to intervene in pill 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, bystander action and overdose prevention information could be provided. For example, most youth would encourage friends not to use if they saw someone about to take pills not prescribed to them. In rare cases, people use pills in ways not prescribed to them. In those circumstances, most youth would support administering naloxone (Narcan) to a friend in case of an overdose. Most youth would intervene and support others to intervene in potentially dangerous situations by reaching out for help (calling 911, talking to an adult, etc.). Some practical information about exposure to fentanyl can be provided along with positive norm messaging that supports youth to intervene in a risky situation if possible, without exacerbating the misperception of peer norms.

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