A Message Guide for Providers

council for Mental Wellbeing



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Introduction

The purpose of this guide is to equip youth-serving providers with substance use prevention messaging and share guidance on how to effectively deploy this messaging with middle and high school age youth.

Adolescence is a critical period for risk of substance use initiation. Data from national surveys indicate that a majority of youth will engage in some form of substance use before they graduate from high school. After a decade of decline, a 2020 report showed that alcohol use had leveled off, and marijuana use has fluctuated between rising and remaining steady among youth of various age ranges in the last few years. The use of other illicit drugs (excluding marijuana) among youth has been slowly declining.

Although these data might indicate some progress, it is not yet clear what the impact of COVID-19, as well as continued adoption of policies legalizing medical and non-medical use of marijuana by adults across the country, have had on substance use among youth.

From December 2020-May 2021, the National Council for Mental Wellbeing, with support from the Centers for Disease Control and Prevention (CDC), conducted multiple online needs assessments, as well as discussion groups of youth and youth-serving providers, to assess the impact of COVID-19 on youth state of mind, knowledge of and access to substance use prevention programming, and effective messaging. The online assessment showed that the pandemic has generated stress and other mental health challenges for youth. Providers indicated challenges in engaging youth during this period due to limitations on in-person services and funding constraints. iv In addition, 41% of youth indicated they had not spoken with someone about the dangers associated with substance use since the pandemic began nearly a year earlier, and 20% had such conversations only "once or twice, meaning youth are rarely receiving information and messaging about substance use during a time when they may be subject to additional stressors and less support."v

Still, most youth report high levels of likelihood to seek information or have open conversations about substance use with adults they trust, including providers, such as primary care doctors or nurses, therapists or counselors in schools or community behavioral health organizations, etc.^{vi}

This messaging guide is the core element of the **Getting**Candid: Framing the Conversation Around Youth

Substance Use Prevention online toolkit designed to support providers in their ongoing and important work of preventing substance use among youth.

This guide strives to meet providers where they are and to support their engagement with youth about substance use regardless of the setting or context, mindful of their competing priorities.

TERMS USED IN THIS GUIDE

YOUTH

The content of this guide was informed by engagement with youth ages 13 to 18.

PROVIDERS

Defined here as youth-serving individuals and organizations, including behavioral health providers, primary care providers, social workers, etc.

SUBSTANCES

Defined in this guide as prescription and illicit drugs, such as opioids or stimulants, marijuana and alcohol.

Substance use is complex, and since providers offer a range of services to address the wide range of needs facing youth, implementation of these materials may look different depending on the provider. For example, a behavioral health provider may have more time during therapeutic engagements with youth to explore values, experiences and adapt messaging accordingly. A primary care provider may find themselves in a situation where they only have several minutes to connect with youth and will need to consider delivery of brief, effective messaging.

This guide also recognizes that while providers often engage in direct communication with the youth they serve (e.g., through a one-on-one consultation), some also engage in broad, less direct communication with youth. For example, some providers use social media or text messaging to educate youth about substance use and to promote access to their services. This guide is intended to be useful in both direct and indirect forms of communication.

It is important to note that this guide and the broader online <u>toolkit</u> were developed during the COVID-19 pandemic. At this writing, many youth are beginning to re-engage in in-person social activities after a period of social distancing, where the majority of social interactions were online, likely reshaping peer pressure and group dynamics (known drivers of substance use). Communicating with youth about substance use is as important now as it has ever been, if not more so. This guide was written with the intention to continue to serve as a resource long after the pandemic has passed.

Dos and Don'ts in Communicating with Youth

Although adoption of the full communication pathway outlined in this guide is recommended, the table below serves as a quick reference on considerations for language and framing when communicating with youth about substance use.

DO SAY THIS	DON'T SAY THIS	BECAUSE
You respect yourself and want to make decisions that are best for you.	It's your life and you get to decide what's best for you.	The "want" frame is stronger than the "get to" frame. Affirming self-respect is also strong.
Don't let drug and alcohol use change or control your plans for the future.	It might not seem like a big deal today, but using drugs and alcohol can lead to problems at school, in relationships and even addiction.	The future-looking orientation works better among youth.
Participating in sports, music, hobbies or other activities can help you build friendships, stay in shape, get into college, receive scholarships and have fun.	Participating in sports, music, hobbies or other activities can help you build friendships, stay in shape and have fun.	Adding in an aspiration to statements, like college and scholarships, makes this statement stronger.
Using drugs and alcohol changes parts of your brain that impact how you think and act. The more you use them, the harder it can be to stop even if you want to.	The younger you are when you start using drugs and alcohol, the more likely you are to become addicted.	The impact on the brain and how it is hard to stop appears stronger than connecting substance use to age and addiction.
Drugs and alcohol are not just illegal for people your age, they're expensive. And they cost money you could be saving or spending on other things you want, need or enjoy.	Drugs and alcohol are not just unhealthy, they're expensive. And they cost money you could be saving or spending on other things you want, need or enjoy.	Saying drug and alcohol use is illegal is stronger than saying it is unhealthy.

Getting Grounded

Effective communication with youth requires understanding their attitudes and beliefs.

44%

of youth say they feel "stressed."ix

60%

of youth say family matters most to them (far more than anything else, including friends).ix 44%

of youth report that a family member or close friend has used drugs.ix The internet is the

#1

source of information for youth about alcohol and drugs.

INSIGHTS INTO THE LIVES AND MINDSETS OF YOUTHX



To cope with how they are feeling, they are most likely to turn to the arts, including music, artwork, reading and writing, followed by talking to friends and family or watching TV/playing video games.



Although over half of youth report receiving some education about substance use in school, only one-third say they are aware of existing programs in their community to help them stay away from — or stop using — alcohol and drugs.



While they believe illicit drugs pose a great risk of harm, fewer believe prescription drugs pose a great risk, and far fewer believe alcohol or marijuana pose a great risk.



The most trusted messengers on the topic of substance use include (in order) individuals with lived experience, health care providers, friends or peers, and parents/guardians.

Engagement with youth and providers identified areas of alignment and disconnection between what providers think and what youth actually want, offering insights into how providers might more effectively communicate with youth.

AREAS OF ALIGNMENT^{xi}

- Best way to engage youth? In-person.
- Effective way to communicate with them? **Texting**.
- Why do youth **turn to substance use**?

 To cope with family problems, problems with friends, or problems at school, or because their friends or other people are doing it.
- Why should youth **not use** substances? To avoid "messing up" their future.

AREAS OF DISCONNECT^{XIII}

- What **matters to youth**? Youth say family, but providers say friends, fitting in and appearance.
- Why **should they not use substances**? Youth identify the risk of addiction, impact on health and potential for a shortened lifespan. Providers identify the potential for interference with sports, music, hobbies or other activities.
- Why do youth **use substances**? Youth identify enjoyment or "they think it's fun," and providers are far more likely to say that substances give youth something to do when they are bored or lonely.

A New Message Framework

The National Council, in collaboration with Metropolitan Group and CDC, developed a range of potential messages about youth substance use that were tested among youth. Two ways of "framing" the conversation — a focus on the future and the risk of addiction — were found to resonate most. Three others — relationships, activities and self-affirmation — were identified as only slightly less motivating.

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

* Note the difference in how middle and high school youth respond to the relationship messaging. While middle school youth care very much about not disappointing the people in their lives, high school youth respond better to the idea of making the people they care about proud.

and your choice not to use drugs or alcohol.

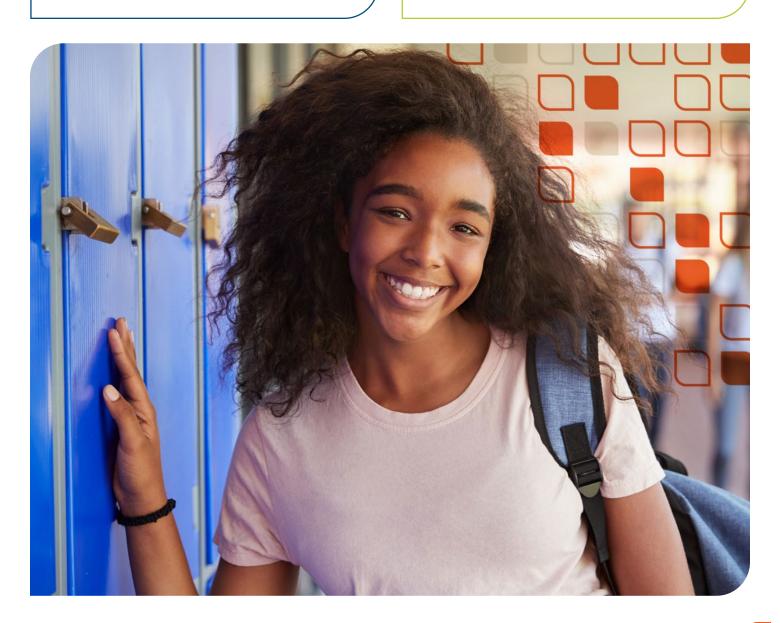
Any one of these frames can be used in communicating with youth, although the first two (the future and risk of addiction) are recommended when communicating broadly with youth (e.g., via social media or advertising) since they resonate across the widest range of middle and high school aged youth. Guidance for identifying more focused messaging when communicating directly with youth can be found below in <u>Gathering Insights</u>.

IN COMMUNICATING ABOUT SUBSTANCE USE, THE FRAMING THAT WORKS MOST EFFECTIVELY IS A FOCUS ON THEIR FUTURE ...

- "Have goals or plans for the future they don't want to mess up" was identified by youth as one of the top reasons why people their age choose **NOT** to use drugs or alcohol.
- 64% said potential negative impact on plans for the future was a convincing reason to stop using drugs or alcohol.
- 85% of middle schoolers and 82% of high schoolers "strongly agree" that they should not "let drug and alcohol use change or control" their plans for the future.

... OR ABOUT THE RISK OF ADDICTION.

- 76% of middle schoolers and 78% of high schoolers "strongly agree" that drug and alcohol use can change parts of their brain that impact how they think and act, and the more they use them the harder it can be to stop even if they want to.
- 67% said not wanting their life to be controlled by addiction was among the most convincing reasons to stop using drugs or alcohol.
- 77% identify the risk of addiction as a convincing message they might hear from a health care provider or trusted adult.



The Communication Pathway

Regardless of the setting a provider works in, this pathway is intended to share a simple process for communication that can be tailored to any circumstance. For example, a primary care provider might use this pathway in conversation with a young person who has self-identified as feeling pressured to use substances or has admitted to occasional use. A provider working at a behavioral health organization, on the other hand, might use this pathway to guide communication intended to bolster resilience against substance use or to promote prevention.



ESTABLISH TRUST

Build rapport and create an atmosphere of trust.

For example:

Approach the conversation informally.



GATHER INSIGHTS

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

For example:

"What matters most to you in your life?"



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

For example:

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

FRAME THE COMMUNICATION

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

For example:

"Let's talk about what drugs and alcohol might do to you and why it's a good idea to avoid them."

SUGGEST ACTION

Select one or more actions to suggest.

For example:

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

The pathway begins with building rapport and establishing trust. Communication is most effective from trusted sources, making it critical to establish trust before messaging as well as sustaining trust throughout the engagement with youth.xii

The pathway continues with gathering insights about the youth. Since no one message is going to be appropriate for every youth in every circumstance, these insights are a mechanism for determining which messaging to use. If the youth and provider don't know each other well, a series of questions (see Page 16) can elicit insights to inform how to frame the conversation. Gathering these insights — and being open to these insights shifting over time — is also an ongoing process in communicating with youth.

It is important to build messaging around what matters most to the audience before describing causes or effects, going into detail or discussing complications. By drawing on these insights, one can frame the communication around what matters to youth, make the case by sharing compelling evidence about the impact of using substances, and suggest action the youth can take to prevent substance use (as seen on Page 13).

The following pages outline how to use this pathway to communicate with youth about substance use prevention.

ESTABLISH TRUST

Since the resonance of a message depends just as much on the person or group delivering the message as on the message itself, it's worth noting that many providers are trusted by youth to deliver messaging about substance use prevention, as shown in the following table.xiii

How likely would you be to listen to and trust the following people in advising you not to use — or to stop using — drugs and alcohol?		Percent of youth who say they are likely
Youth or adults who formerly used substances	:	68%
Doctors, nurses or other health care providers		68%
Friends or peers	:	67%
Parents or other adult guardians		63%
Counselors or therapists		54%
Teachers or other educators	:	49%

When seeking to establish and sustain trust, consider the following recommendations:

CREATE A SAFE SPACE

Consider ways to make youth feel comfortable and safe to share whatever they are experiencing, thinking or feeling. Think about how the physical environment might impact communication and effective message delivery. For example, ask: Is the setting (e.g., office, clinic) warm, welcoming and comfortable? Does the space feel safe and private so youth can speak freely? Is signage supportive and inclusive of diverse cultures, languages and communities? Is the signage clear so youth can easily find their way?

BE AUTHENTIC

Authenticity is a key attribute of an effective communicator, especially with youth and particularly on a sensitive subject like substance use. Be "real" and honest. Avoid using vague or indirect language or references that might seem confusing or misleading. Talk honestly about the consequences of substance use in terms they can relate to (e.g., loss of a spot on a basketball team or a scholarship that was taken away) and avoid over-dramatization or scare tactics. Avoid using judgmental language or tones to show them you care.

APPROACH THE CONVERSATION INFORMALLY

Conversations about substance use can be uncomfortable. Keeping the conversation informal can decrease awkwardness and tension.xiv Talk about what matters to the youth to open the conversation instead of following a script. Make it clear you are there to answer questions and have a dialogue rather than jumping right to predetermined talking points.

DO MORE LISTENING THAN TALKING

Youth prefer to be *listened to* rather than *talked at*.

Demonstrate genuine listening by maintaining eye contact, leaning forward, repeating back to the youth what was heard and avoiding interrupting while they are speaking. Asking permission before sharing information levels the playing field and moves away from a dynamic of authority. Give youth ample time to respond to questions and listen attentively to the answer. Avoid making assumptions about what you are hearing.

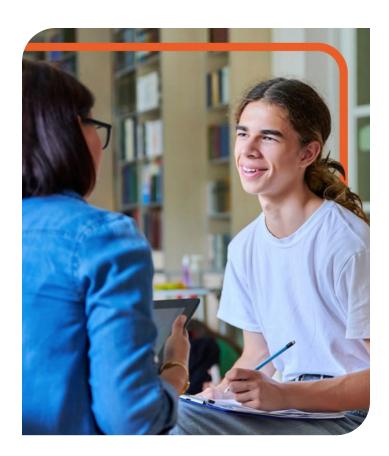
BE TRANSPARENT AND TRUSTWORTHY

Transparency is important not just in building trust but also in protecting <u>confidentiality</u>.** Remind youth about your legal and professional obligations to treat their information confidentially. Prove yourself worthy of trust by respecting boundaries and creating a space for emotional safety.** Youth reported that they are more likely to trust someone who establishes mutual respect by treating them as someone who has valuable experiences and contributions to make, by normalizing the conversation and not being judgmental.

PAY ATTENTION TO BODY LANGUAGE

Body language goes a long way to create a safe space. Reduce power dynamics by getting on the same physical level as the youth to eliminate intimidation (e.g., on a video chat make sure you are not looking down toward your camera but straight at it) and eliminate physical barriers between you (e.g., a desk or computer). Demonstrate openness and receptivity by sitting in an L-shape rather than across from one another and leaning toward the youth while conversing.

To learn more about building trust and rapport with youth, check out these <u>resources</u>.



THE IMPORTANCE OF LIVED EXPERIENCE

Youth value first-person storytelling by individuals with a lived experience of substance use who can speak about its impact on their health and their lives. When providers are "real" about their own experiences with substance use (even in the context of saying "no") it helps to build trust and make youth more likely to feel comfortable talking about substance use.

To the extent that youth have already built relationships with providers, they can be a trusted messenger to deliver prevention messaging and share resources about substance use. But if provider staff don't really reflect the identity or lived experience of the youth served, a community-based or culturally specific organization within the community can be a powerful partner, particularly if they have established relationships with youth that celebrate and reinforce their identity. To learn more about how to establish partnerships within your community, check out the resources within the toolkit.

Consider these collaborative opportunities to partner with community or culturally specific organizations to more effectively reach youth:

- 1. Share this message guide and its companion toolkit with colleagues and partners.
- 2. Co-host a booth at a community event or health fair.
- **3.** Share ongoing resources and establish a referral network.
- Invite a leader from a community-based or culturally specific organization to come and speak with your team to better understand the cultural context or lived experience of the youth the organization serves.
- 5. Invite youth in your community to do a "takeover" of your social channels for a day, so they can share their own personal experiences with other youth.



GATHER INSIGHTS

The second step in the communication pathway is to gather insights to identify what matters most to youth to inform how communication might be tailored to reflect those values.

- In some situations (e.g., a counseling session or visit with a primary care professional), providers might already know the youth and be able to select a frame for the conversation that would resonate with the youth to open the conversation.
- In other instances, providers can employ a series of questions to inform choice over which conversation frame to use, such as those outlined below:



QUESTIONS TO ASK

- 1. What matters most to you in your life? Why?
- 2. What do you look forward to most in the coming year (or after you graduate, or beyond)? Why?
- 3. When you're faced with making a tough choice or decision, what do you consider or think about most?

IF YOUTH RESPOND IN A WAY THAT SUGGESTS THE FOLLOWING ARE IMPORTANT TO THEM	THEN FRAME THE CONVERSATION IN TERMS OF:	
Their plans for the coming year, for entering high school or college, or for the future, in general	The future	
Their physical or mental health	Risk of addiction	
Relationships that matter to them (e.g., parents/guardians, friends, teachers, coaches or mentors)	Relationships	
Their activities in or out of school (e.g., sports, music, volunteering)	Activities	
Being respected for their autonomy and being able to make their own choices	Self-affirmation	

FRAME THE COMMUNICATION

Framing the conversation implies starting any form of communication in a way that ties the subject of substance use to what matters to youth, increasing their receptivity to the conversation and setting the stage for an authentic interaction.

During a conversation, it's not uncommon to identify more than one frame. For example, while the youth might care very much about the **activities** in which they are engaged, they might also be wary of the **risk of addiction**. By making note of the frames to which youth respond, you can weave them throughout the conversation, returning to them periodically and using them to shape the conversation or even connecting the two. An example of how this can be done is included on Page 16.



TIPS FOR FRAMING

Providers and other youth-serving organizations can communicate with youth in a variety of ways. Framing should consider the method of communication.

- For broader and less direct communication
 (e.g., social media, text messaging or even
 engaging with youth in a group setting), consider
 framing the content about substance use in
 terms of the future or risk of addiction since
 they are effective most broadly across the youth
 population. This can also apply in instances
 where providers have limited time to engage
 with youth, although it is recommended to gather
 insights for framing when possible.
- If generating a series of broad communications (e.g., multiple posts to build awareness and education) consider focusing on one frame at a time, with each wave in the series framing the issue differently to target various audiences with different values (e.g., risk of addiction, selfaffirmation).

AN EXAMPLE OF HOW FRAMING THE COMMUNICATION MIGHT PLAY OUT WITH YOUTH:

PROVIDER: "You've talked about how important it is for you to be on the soccer team. In what ways is your physical health important to playing soccer?"

YOUTH RESPONDS.

PROVIDER: "What impact do you think substance use could have on your physical health?"

YOUTH RESPONDS.

PROVIDER: "And what might that mean for you in terms of playing soccer?"

YOUTH RESPONDS.

MAKE THE CASE

Having framed the conversation to reflect what youth care about, the next step is to share compelling reasons to avoid substance use. This table highlights statements considered most convincing by youth.** Note that some of these statements are specific to one particular substance, while others are more generally relevant.

IMPACT CATEGORY	MOST CONVINCING REASONS NOT TO USE SPECIFIC SUBSTANCES
General	 Not only is purchasing drugs and alcohol illegal for people your age, it also takes away money that you could be saving or spending on other things you want, need or enjoy.
	 Marijuana use directly affects the brain, especially at your age when your brain is still developing. It can make it harder to pay attention, remember things and learn.
	 Marijuana use can affect your ability to do things that require concentration or coordination, such as studying, driving a car or exercising.
	 Drinking alcohol can impact your memory and the way you think and act. You could end up fighting with friends, not remembering what you said or did, or passing out.
Physical health	 Drinking alcohol to excess can cause people to be sick or have a hangover afterward. It also increases the risk of alcohol poisoning, injuries from falling, drowning or car accidents.
	 Excessive drinking contributes to more than 3,500 deaths of people below the age of 21 in the U.S. each year.
	 Use of prescription pain medicine without a doctor's prescription, or differently than how a doctor directed, can be addictive and dangerous. More than 30 people die from overdoses involving prescription pain medications every day.
	 Even people who are prescribed pain medications by a doctor can become addicted. Signs of addiction can include feeling nauseated when you stop taking the drug or needing to take more medication than before to feel better.
	 Anyone can become addicted to prescription pain medications, and it can happen quickly, even after just five days of use.
Mental health	 Alcohol can have a major impact on your mental health because of the way it impacts your brain. It can alter your mood, energy or memory, and increase anxiety or depression.
	 Marijuana can impact your mental health — sometimes causing you to see and hear things that aren't real, have scattered thoughts or become easily confused, or increase feelings of anxiety, fear and mistrust.

AN EXAMPLE OF HOW MAKING THE CASE MIGHT PLAY OUT WITH YOUTH:

PROVIDER: "It sounds like you really take your health seriously and want to stay in your best shape for soccer. Let's talk about how substance use could impact that. For example, marijuana can affect your ability to do things that require concentration or coordination, like exercising or playing soccer."

SUGGEST ACTION

Ideally, any communication with youth should end with the suggestion of a next step or action youth can take. The following actions were identified by youth as those they would most likely take:

ACTIONS YOUTH ARE LIKELY TO TAKE	TIPS FOR PROVIDERS IN SUGGESTING THESE ACTIONS
Explore new ways of dealing with stress, like music, reading, art, getting outdoors, talking with friends you trust or just being by yourself.*	Tie the suggested action to opportunities in the community or at the youth's school (e.g., music program, nearby forest or park, art classes).
Make your own personal commitment or pledge to avoid alcohol, tobacco/nicotine, marijuana and other drugs.*	Consider an actual or virtual pledge form that youth can sign.
Talk to your friends and encourage them not to use alcohol, tobacco/nicotine, marijuana and other drugs.*	Suggest ways youth might be able to broach the conversation with their friends.
Educate yourself about alcohol, tobacco/ nicotine, marijuana and other drugs by visiting a website or information on social media.	Refer the youth to your website or another resource. For sample communication resources you can use directly with youth, check out the fact sheets on different substances within the toolkit.
Find someone you can talk to if you feel tempted or pressured to use alcohol, tobacco/nicotine, marijuana and other drugs.	Brainstorm with the youth about the adults they trust (e.g., teacher or counselor, minister, coach).



 $\hbox{* Note that these suggested actions resonate particularly well with middle school youth.}$

Suggested actions can be deployed both in direct communication with youth, as well as through broad, indirect communications. For example, a social media post with a link to your website encouraging youth to check out resources or request support, or a text message with an invitation to participate in an organized event or activity.

SAMPLE COMMUNICATION PATHWAYS

While statements to **Frame the Communication** should be selected based on the insights gathered from youth, statements that **Make the Case** or **Suggest Action** can be used interchangeably. The next page includes examples of different communication pathways with youth depending on the framing that is employed:

THE FUTURE

Don't let drug and alcohol use change or control your plans for the future.

Not only is purchasing drugs and alcohol illegal for people your age, it also takes away money that you could be saving or spending on other things you want, need or enjoy.

Educate yourself about alcohol, tobacco/nicotine, marijuana and other drugs by visiting a website or information on social media.

RISK OF ADDICTION

Drug and alcohol use changes parts of your brain that impact how you think and act. The more you use them, the harder it can be to stop even if you want to. Anyone can become addicted to prescription pain medications, and it can happen quickly, even after just five days of use.

Find someone you can talk to if you feel tempted or pressured to use drugs or alcohol.

RELATIONSHIPS

(for middle school) There are people in your life who matter to you. And you try hard not to let them down.

(for high school) There are people in your life who matter to you. And you try hard to make them proud. Drinking alcohol can impact your memory and the way you think and act. You could end up fighting with friends, not remembering what you said or did, or passing out. Talk to your friends and encourage them not to use drugs and alcohol.

ACTIVITIES

Participating in sports, music, hobbies or other activities can help you build friendships, stay in shape, get into college, receive scholarships and have fun. Marijuana can affect your ability to do things that require concentration or coordination, such as studying, driving or exercising. Explore alternative ways of dealing with stress, like music, reading, art, getting outdoors, talking with friends you trust or just being by yourself.

SELF-AFFIRMATION

You respect yourself and want to make decisions that are best for you. Trust yourself and your choice not to use drugs or alcohol.

Marijuana can impact your mental health — sometimes causing you to see and hear things that aren't real, have scattered thoughts or become easily confused, or increase feelings of anxiety, fear and mistrust.

Make your own personal commitment or pledge to avoid alcohol and drugs.

SAMPLE OUTLINE OF A CONVERSATION SHOWING THE RELATIONSHIPS MESSAGE PATHWAY IN APPLICATION:

Ask questions to elicit information about what matters to the youth:

- "What matters most to you in your life?"
- "Why does that matter to you?"

Frame the conversation:

- "It sounds like you're very close to your parents and you try hard not to let them down."
- "How do you think they would react if you got involved with drugs or alcohol?"
- "How would that make you feel?"

Make the case:

"Let's talk about what drugs and alcohol might do to you and why it's a good idea to avoid them ..."

Suggest action:

- "What would it be like if you made a pledge to yourself not to get involved with drugs and alcohol?
- How do you think your parents would feel about you making that decision?

SAMPLE SOCIAL POSTS OR AD COPY REFLECTING A MESSAGE PATHWAY:

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

"Drug use can change parts of your brain that impact how you think and act. Marijuana use, especially at your age when your brain is still developing, can make it harder to pay attention, remember things and learn. And the more you use drugs, the harder it can be to stop even if you want to."

"Drug and alcohol use might not seem like a big deal today, but can lead to problems at school, in relationships and even addiction. Drugs and alcohol change parts of your brain that impact how you think and act. The more you use them, the harder it can be to stop even if you want to. And the younger you are when you start using drugs and alcohol, the more likely you are to become addicted. Make your own personal commitment or pledge to avoid drugs and alcohol. For more information, contact (URL)."

"Participating in sports, music, hobbies or other activities can help you build friendships, stay in shape, get into college, receive scholarships and have fun. Marijuana use can affect your ability to do things that require concentration or coordination, such as driving a car or exercising. Educate yourself about alcohol, tobacco/nicotine, marijuana and other drugs by visiting a website or information on social media. Learn more by texting (toll-free phone number)."

NOTE: Check out the <u>social media tips and tricks guide</u> in the toolkit for more specifics of how to post this so that it sparks the interest and engagement of young people.

METHODOLOGY

The methods used to develop this messaging guide included:

- A literature review of published research and other campaigns and communication initiatives focused on youth substance use.
- Ten key informant discussions (December 2020 January 2021) with 22 individuals with expertise in youth substance use prevention to include researchers and program directors/managers, youth-serving providers and high school students.
- Two rounds of online needs assessments.
 - The first round (January February 2021) informed the development of the message framework and included one online assessment with youth participants ages 13-18 (n=600) with a sample weighted by demographic factors to reflect the actual proportion of youth in the country and one online assessment completed by providers (n=761) of services to youth.
 - The second round (May 2021) tested the messaging with youth to identify preferred messaging themes and language (n=681).
- Two rounds of virtual discussion groups with both youth and providers.
 - Round 1 (March April 2021): Youth (two groups with 19 participants); Providers (three groups with 20 participants).
 - Round 2 (June 2021): Youth (two groups with 15 participants).

As noted above, while the first rounds of assessments and discussion groups were formative in nature, the round was designed to explore messaging, preferred ways of engaging with youth and calls to action. In determining what messaging performed strongest, we compared input from both sources to find commonalities, identify any divergent perspectives, or to clarify distinctions between message performance where input from one source or the other was hard to detect.

We are grateful to the more than 2,000 providers of youth services and youth themselves whose insights have informed the content of this guide through their participation in our advisory group, a virtual discussion group or interview, or one of three online assessments.

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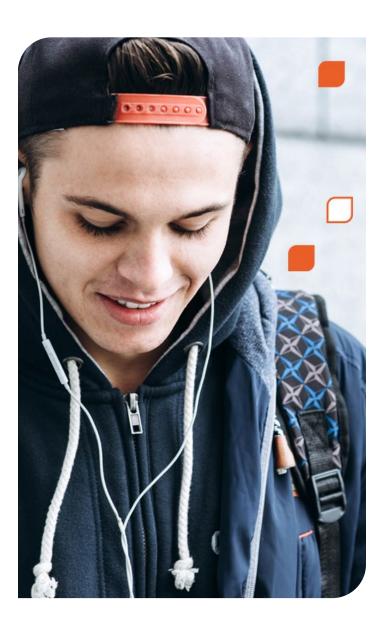
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ENDNOTES

- Jones, C. M., Clayton H.B., Deputy, N. P., Roehler D. R., Ko, J. Y., Esser, M. B., Brookmeyer, K. A., Feldman Hertz, M. (2020).

 Prescription opioid misuse and use of alcohol and other substances among high school students youth risk behavior survey, United States, 2019. Morbidity and Morality Weekly Report. https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901a5-H.pdf
- National Institute on Drug Abuse. (2020). Drug use trends among U.S. teens: Monitoring the future 2020 survey results. https://www.drugabuse.gov/sites/default/files/NIDA_2020_ TeenMTFInfographic_FullGraphic.pdf
- Substance Abuse and Mental Health Services Administration.
 (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR090120.htm
- Snell, A., Kline, J., & Caramelli, E. (March 2021) Findings from an online assessment of youth services providers: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- Snell, A., Kline, J., & Caramelli, E. (March 2021) Findings from an online needs assessment of youth ages 13-18 years old: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- vi Snell, A., Kline, J., & Caramelli, E. (June 2021) Findings from an online needs assessment of youth ages 13-18 years old: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- Youth.gov. (n.d.). Risk & protective factors. https://youth.gov/youth-topics/risk-and-protective-factors. Accessed July 28, 2021.
- viii Snell, A., Kline, J., & Caramelli, E. (June 2021) Findings from an online needs assessment of youth ages 13-18 years old: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- Snell, A., Kline, J., & Caramelli, E. (2021) Findings from an online needs assessment among youth ages 13-18 years old: March 2021. Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- * Ibid.

- xi World Health Organization. (2017). Communicating risk in public health emergencies: A WHO guideline for emergency risk communication (ERC) policy and practice). https://www.ncbi.nlm.nih.gov/books/NBK540733/
- rimeWorks Institute. (2020, August 5). *Order matters*. https://www.frameworksinstitute.org/article/order-matters/
- xiii Ibid.
- xiv Schaeuble, K., et al. (2010). Adolescents' preferences for primary care provider interactions. *Journal for Specialists in Pediatric Nursing*, 15(3), 202–210. doi:10.1111/j.1744-6155.2010.00232.x.
- Binder, P. E., et al. (2011). Meeting an adult ally on the way out into the world: Adolescent patients' experiences of useful psychotherapeutic ways of working at an age when independence really matters. *Psychotherapy Research*, 21(5), 554–566. doi:10.1080/10503307.2011.587471.
- Binder, P.E., et al. (2011). Meeting an adult ally on the way out into the world: Adolescent patients' experiences of useful psychotherapeutic ways of working at an age when independence really matters. *Psychotherapy Research*, 21(5), 554–566. doi:10.1080/10503307.2011.587471.
- xviii Schaeuble, K., et al. (2010). Adolescents' preferences for primary care provider interactions. *Journal for Specialists in Pediatric Nursing*, 15(3), 202–210. doi:10.1111/j.1744-6155.2010.00232.x.
- Britto, M.T., et al. (2010). Adolescents' needs for health care privacy.

 Pediatrics (Evanston), 126(6), e1469-e1476. doi:10.1542/peds.2010-0389.
- Mulvihill, B. A., et al. (2005). The impact of SCHIP enrollment on adolescent-provider communication. *Journal of Adolescent Health*, 37(2), 94–102. doi:10.1016/j.jadohealth.2005.01.011.
- Britto, Maria T., et al. (2010). Adolescents' needs for health care privacy."
 Pediatrics (Evanston), 126(6), e1469-e1476, doi:10.1542/peds.2010-0389;
 Schaeuble, K., et al. (2010). Adolescents' preferences for primary care provider interactions. Journal for Specialists in Pediatric Nursing, 15(3), 202-210. doi:10.1111/j.1744-6155.2010.00232.x; Binder, P. E., et al. (2011).
 Meeting an adult ally on the way out into the world: Adolescent patients' experiences of useful psychotherapeutic ways of working at an age when independence really matters. Psychotherapy Research, 21(5), 554-566. doi:1 0.1080/10503307.2011.587471.
- Snell, A., Kline, J., & Caramelli, E. (2021). Findings from an online needs assessment of youth ages 13-18 years old. Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.

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