Help&HopeWV

PREVENTING SUBSTANCE USE DISORDER:

What Works & What Doesn't

A Guide for Effective Prevention in West Virginia

August 2020

This resource is funded through a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant administered by the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health.

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Acknowledgment

This Guide is funded by the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health via federal funding received from the Substance Abuse and Mental Health Services Administration (SAMHSA), which enabled the DHHR's Bureau for Behavioral Health to develop the Prevention Infrastructure as well as the Help & Hope WV and Stigma Free WV websites.

DHHR's Bureau for Behavioral Health acknowledges the work of Joe Neigel, Washington State's Monroe Community Coalition Coordinator, for developing and sharing information in a guide for Washington State ("Prevention Tools: What Works, What Doesn't") which was the basis for this Guide. Additional content was added by the Center for Health and Safety Culture (www.CHSCulture.org) at Montana State University.

Two websites have been developed to promote the resources, services, events and trainings in our state related to substance abuse prevention:

Help&HopeWV

HelpandHopeWV.org

Help & Hope WV connects people to information, tools, directory of services, calendar of trainings, and events across the state.

StigmaFreeWV

StigmaFreeWV.org

StigmaFree WV provides information about the types of stigma experienced by individuals with substance use disorder, stories of recovery, and how people can get involved.

Funded with Federal Strategic Prevention Framework for Prescription Drugs Funds administered through the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health

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EXECUTIVE SUMMARY

While most West Virginians do not misuse drugs or alcohol, substance use disorders are having an adverse effect on our people and communities. Each of us play a role in improving the health, safety, and well-being of our fellow West Virginians. Addressing the problem begins with prevention and promotion of healthy well-being.

The guiding values and premises for this guide include:

- Prevention is a process, not a one-time event.
- Effective strategies must be age and developmentally appropriate.
- "Silver bullet" or "one-size fits all" approaches usually do not work, as prevention requires a coordinated, comprehensive effort.

Many of the most common prevention strategies being used by well-meaning parents, schools, and communities have been shown by careful research to be ineffective. Some efforts have even caused harm by unintentionally reinforcing pro-use attitudes, behaviors, or norms. Good intentions are not enough for selecting and implementing effective prevention strategies. What we don't know **can** hurt, so seeking assistance from prevention specialists and other reputable and resources is crucial to prevention efforts.

This summary is a quick guide on both effective and ineffective strategies. Review the full prevention guide for more information about effective strategies, resources, counter-productive activities, and tips for working with the media.

EFFECTIVE PREVENTION STRATEGIES

Prevention Strategies for Children focus on developing:

- Self-control
- Emotional awareness
- Communication
- Social problem-solving
- Academic support, especially in reading

Prevention Strategies for Adolescents focus on developing:

- Study habits and academic support
- Communication
- Peer relationships
- Self-efficacy and assertiveness
- Drug refusal skills
- Reinforcing anti-drug attitudes
- Strengthening personal commitment against drug misuse

Prevention Strategies for Families focus on developing:

- Use of good parenting skills – supportiveness, communication, involvement, monitoring, and supervision
- Practice developing, discussing, and enforcing family policies on substance use
- Drug education and information for parents to enhance opportunities for family discussion

COUNTER-PRODUCTIVE STRATEGIES

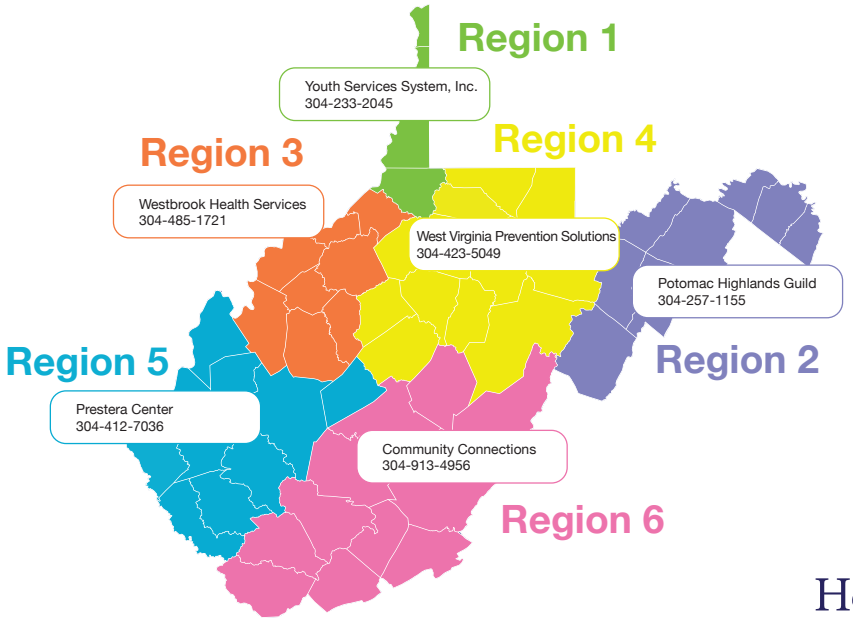
Counter-Productive Strategies include:

- Fear arousal – use of scary images and scare tactics
- One time assemblies and events
- Mock car crashes
- Reinforcing exaggerated social norms
- Myth busting – myth versus truth
- Drug fact sheets
- Role play that simulates impaired conditions
- Moralistic appeals
- Grouping at-risk youth together

As a rule of thumb:

- Ensure that messaging is age and developmentally appropriate.
- Focus on healthy alternatives to use.
- Enhance connections to, and bonding with, prosocial adults, peers and organizations.
- Use structured interactive approaches that include skill practice.
- Focus on normative education that portrays true use rates and corrects misperceptions.

West Virginia has developed a prevention infrastructure to implement and support prevention efforts in the state. This infrastructure is funded with federal and state funds and is coordinated through DHHR's Bureau for Behavioral Health. Whenever possible, consult with the local Prevention Lead Organizations (PLOs) listed here and coordinate your work within a prevention infrastructure. Prevention professionals in your region may be found online at https://helpandhopewv.org/prevention-in-your-region.html



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Introduction

Effectively addressing and preventing the misuse of substances is critical to West Virginia. According to the National Institute on Drug Abuse, misuse of tobacco, alcohol, and illicit drugs costs the U.S. more than $740 billion annually in costs related to crime, lost work productivity and health care.

Over the past several decades, much has been learned about how to effectively prevent the misuse of substances and reduce the likelihood of substance-related disorders. This knowledge is making a difference. However, ineffective strategies are still being used and even worse, strategies that may actually cause harm are being used as well. By using effective strategies, we could make even greater improvements in preventing the misuse of substances.

Effective prevention strategies should be embraced by stakeholders across our communities – including by elected officials, state program managers, law enforcement leaders, faith leaders, educational leaders, researchers, teachers, parents, caring adults, coalitions, and most importantly by prevention specialists.

Addressing the misuse of substances is a public health issue. Like the healthcare community, we must seek to "do no harm" and even better, use strategies that truly improve public health.

> By using effective strategies, we could make even greater improvements in preventing the misuse of substances.

There are several steps we can take to become more effective. First, while we may wish for simple strategies or "silver bullet" approaches to preventing the misuse of substances, one of our first tasks should be learn about the complexity of these issues and stop seeking overly simple solutions. Simple solutions to complex problems can be dangerous.

Second, we must challenge ourselves and others to use public resources effectively. Public health prevention resources are very limited. We must use them in ways that are most effective for having greater impact for those in need. If we are concerned about the effectiveness of a program or strategy, we should ask and facilitate a conversation. While such conversations may be difficult, they are worthwhile.

SPF PROCESS

SAMHSA's Strategic Prevention Framework (SPF) is a dynamic, data-driven planning process that prevention practitioners can use to understand and more effectively address the substance misuse and related mental health problems facing their communities.

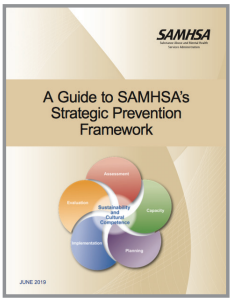
The SPF includes these five steps:

1. **Assessment:** Identify local prevention needs based on data (e.g., What is the problem?)
2. **Capacity:** Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. **Planning:** Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. **Implementation:** Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. **Evaluation:** Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- **Cultural competence.** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

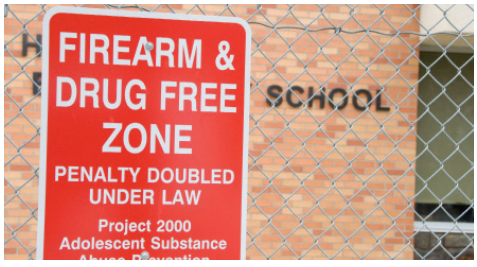
- **Sustainability.** The process of building an adaptive and effective system that achieves and maintains desired long-term results.



For more information, please see:
https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

RISK AND PROTECTIVE FACTORS

RISK FACTORS	PROTECTIVE FACTORS
• Adverse childhood experiences	• Safe and nurturing relationships and environments
• Aggressive behavior in childhood	• Strong social and emotional skills
• Lack of parental supervision	• Parental monitoring and support
• Poor social skills	• Positive relationships
• Drug experimentation	• Bonding to school
• Availability of drugs at school	• School anti-drug policies
• Community poverty	• Neighborhood resources



Risk and Protective Factors[1]

Similar to other chronic disorders, there are both risk and protective factors that can affect whether a person is more susceptible to substance use disorder. Certain biological and environmental factors can increase vulnerability.

The work of prevention seeks to boost protective factors and eliminate or reduce risk factors. There is strong scientific evidence that supports the effectiveness of prevention programs.[2,3]

Evidence-based prevention interventions can:

- prevent use or delay early use
- stop the progression from first use to misuse to substance use disorder (including addiction)

Research-based prevention is cost-effective. Evidence-based prevention interventions can decrease costs related to substance use-related crime, lost work productivity, and related treatment and health care costs.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

According the Centers for Disease Control and Prevention (CDC), adverse childhood experiences are associated with a variety of lifelong health conditions including engaging in risky health behaviors, chronic health conditions (including substance use disorders), and premature death. Research has identified ten childhood experiences that are strongly associated with negative health outcomes including experiencing abuse (emotional, physical, or sexual) and witnessing intimate partner violence, substance misuse, mental illness, parental separation, or incarceration of a family member. These experiences can result in chronic stress which negatively affects a child's physiology and impacts brain development. Efforts to address adverse childhood experiences include preventing them, providing trauma-informed care, and bolstering social and emotional development to buffer their impact. Learn more at: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

PROMOTION, PREVENTION, TREATMENT, AND RECOVERY – What's the Difference?

PROMOTION includes strategies that create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion efforts can support prevention, treatment, and recovery efforts.

PREVENTION strategies are provided prior to the onset of a disorder or misuse of a substance and are designed to prevent or reduce the risk of developing behavioral health problems.

TREATMENT SERVICES are provided for individuals diagnosed with a substance use or other behavioral health disorder.

RECOVERY services support individuals' abilities to live productive lives in their communities.

Source: www.samhsa.gov/prevention

What Works to Prevent the Misuse of Substances

Extensive research has shown what is effective in preventing the misuse of substances. Most of this research focuses on strategies for youth (elementary, middle, and high school students) and young adults (ages 18 to 25). While there is less research on strategies for adults, more and more research is focusing on adults.

General Components of Effective Strategies for Children and Youth[4]

Research has shown that most effective strategies include one or more of the following components:

- Developing social and emotional skills in children including self-awareness, self-management, social awareness, relationship skills, and responsible decision making;
- A focus on short-term impacts rather than long-term impacts;
- Messages about positive peer norms that clarify what the standards and expectations are within a family, school, or community;
- Youth involvement with peer-led activities (although they are not solely youth led nor expect youth to develop prevention messaging or curriculum); and
- Use good teaching techniques that foster high levels of engagement, interaction, and reach students with a variety of learning styles.

Components of Effective Strategies for Young Children (Preschool and Elementary)

Prevention programs for children should focus on strategies and activities that build social competence, self-regulation, and academic skills.

- Programs for preschool age children should focus on social skills and address issues like aggressive behavior and academic difficulties.
- Programs for elementary age students should focus on growing social and emotional skills like self-control, emotional awareness, communication, social problem-solving, and academic support (especially reading).

Components of Effective Strategies for Middle School Children

- Programs for middle school students should focus on growing social and emotional skills as well as academic skills. Efforts should focus on communication, peer relationships, self-efficacy and assertiveness as well as good study habits and academic support.
- Specific programs can build drug resistance skills, reinforce anti-drug attitudes, and strengthen personal commitments against drug misuse.

Components of Effective Strategies for High School Youth

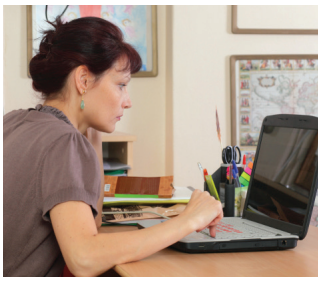
- Programs for high school students should continue to focus on growing social and emotional skills as well as academic skills. Efforts should focus on communication, peer relationships, self-efficacy and assertiveness as well as good study habits and academic support.
- Specific programs can continue to build drug resistance skills, reinforce anti-drug attitudes, and strengthen personal commitments against drug misuse.

Components of Effective Strategies for Families

- Programs for families with youth should focus on enhancing family bonding and positive relationships by growing good parenting skills like supportive communication, involvement, and monitoring.
- Programs should help parents establish, discuss, and maintain family rules about not using alcohol, tobacco, or other drugs.

Components of Effective Strategies for Communities

- Communities that combine multiple programs (such as school-based programs reaching all students and family-based programs reaching parents) can be more effective than just using one program.
- Community efforts that use consistent messaging in different settings (such as schools, after-school programs, faith communities, etc.) are more effective.



Effective Programs and Resources

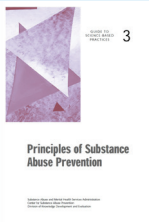
There are several websites that provide listings of programs that have been shown to be effective. Developing new programs is difficult and requires extensive expertise; many “home-grown” strategies are ineffective and may even cause harm. Using strategies that have demonstrated effectiveness leads to better health outcomes.

- Evidence-Based Practices Resource Center: https://www.samhsa.gov/ebp-resource-center
- Blueprints for Healthy Youth Development: https://www.blueprintsprograms.org/
- Excellence in Prevention Strategies: https://www.theathenaforum.org/EBP

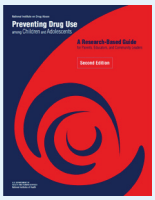
Other resources:

- Help and Hope WV: https://helpandhopewv.org/
- Stigma Free WV: https://stigmafreewv.org/
- Center on Addiction: https://www.centeronaddiction.org/addiction-prevention
- National Institute on Drug Abuse: https://www.drugabuse.gov/
- Focus on Prevention: SAMHSA https://store.samhsa.gov/system/files/sma10-4120.pdf

Two important documents summarize the research on preventing the misuse of substances:



1. **Principles of Substance Abuse Prevention: A Guide to Science-Based Practices**
This guide created for the Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA) provides important information that prevention leaders and coalition members should know. It is available free online at: https://www.theathenaforum.org/sites/default/files/public/documents/csap_principles_of_substance_abuse_prevention_0.pdf



2. **Preventing Drug Use Among Children and Adolescents**
This guide summarizes important research on what works in prevention for children in elementary, middle, and high schools as well as families and communities. It should be studied as well. It is available free online at: https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/preventingdruguse_2_1.pdf

Effective Prevention Strategies Within Programs

Building Social and Personal Skills
Interventions that build the social and personal skills of young people enhance individual capacities, influences attitudes, and promote behavior inconsistent with use. Some skill building interventions may include information about the negative effects of substance use, but effective programs never cross the line by using fear arousal techniques.[5,6]

Cite Immediate Consequences
Youth tend to be more concerned about social acceptance and the immediate rather than the long-term effects of particular behaviors or choices. Citing consequences such as stained teeth and bad breath is shown by research to have more impact than the distant threats of car crashes, lung cancer or death.[2]

Communicate Positive Peer Norms
Events and activities that communicate peer norms against the use of alcohol and other drugs act as community statements in support of no-use standards.[2]

Involve Youth with Peer-Led Components
Drug units and activities that are peer-led, or that include peer-led components, are more effective than adult-led approaches.[6]

Use Interactive Approaches
Give young people opportunities to practice newly acquired skills through the use of interactive approaches. Approaches like cooperative learning, behavioral rehearsal and group exercises give students opportunities to practice newly acquired skills and help to meaningfully engage them in prevention education programs.[3,7,8]

Prevention Programs and Strategies: What Doesn't Work

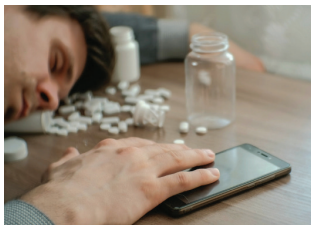
It is important to know what doesn't work when trying to prevent the misuse of substances. Learning about what doesn't work is important so that we can shift to what does work. It is also important to realize that some of these strategies may actually cause harm – that is they may increase the likelihood that people use substances or cause harm in other ways (such as create barriers to intervention or treatment).

One challenge in understanding what works or does not work is that we have to look beyond our own personal experience or the personal experiences of a few people. Prevention strategies should be applied to whole populations of individuals. Therefore, because a strategy may have been perceived as being effective "for me," it may not be effective with everyone and could even cause harm to some individuals (even though we don't realize it).

Figuring out whether a strategy is effective is complicated. It is more than asking whether people liked it, thought it was effective, or were "emotionally" impacted by it. Surprisingly, sometimes people may report they liked or were emotionally engaged by strategies that have little or no impact in actually changing behavior.

We must also acknowledge that people using ineffective strategies (and even strategies that actually cause harm) very rarely do so intentionally. Overwhelmingly, the people leading these strategies want to be effective. Therefore, we should acknowledge people's good intentions while at the same time challenge ineffective strategies. We can all learn, grow, and become more effective.

The following is a summary of what research has shown to be **ineffective** and **may cause harm**.



Fear Appeals and Scare Tactics

Efforts that use fear to scare youth into avoiding risky behaviors have been shown to be ineffective and may even result in more youth using.[9,10,11,12,13,14,15] Some youth may be drawn to the "scariness" of the behavior; others may reject the information and lose trust in those providing it. Such efforts can also inadvertently normalize risky behaviors (which actually may be rare) thus increasing the likelihood that people will engage in the behaviors. Furthermore, fear appeals may traumatize youth, promote shame, and stigmatize people with substance use disorders. Trauma, shame, and stigma are major barriers to effective intervention and treatment.

David Cardinez / Shutterstock.com

Mock Car Crashes

Mock car crashes seek to show students the negative consequences of engaging in risky behaviors. However, they actually can normalize risky driving behaviors and increase risky behaviors. Extensive research has shown that mock car crashes are not effective,[16] can increase risky behaviors[17,18] and can

create trauma. We should acknowledge that the intention of first responders in engaging in mock crashes is to improve health and safety and that responding to gruesome crashes is traumatic for first responders. Nonetheless, mock car crashes are not effective and have been shown to increase risky behaviors.

One-Time Assemblies or Events

Changing people's beliefs takes time. One-time events, while sometimes being dramatic and memorable, rarely change beliefs. The drama may also re-traumatize some youth and can create shame and stigma.[3,6]

Excessively Highlighting Negative Trends or Consequences

Sometimes in an effort to raise concern about an issue, we can highlight negative trends or negative consequences. While informing people about trends and consequence is important (especially with key stakeholders), this kind of information sharing should not be considered prevention. Excessively sharing negative trends and consequences can grow misperceptions regarding actual norms which can lead to more people engaging in the risky behaviors.[19]

Drug Fact Sheets

Education about drugs should be developmentally appropriate and avoid promotion of potential benefits. Detailed drug education to younger children (elementary and middle school students) can increase use.[4]

Myth vs. Fact

While many myths about the misuse of substances exist, using strategies that actively discuss myths vs. facts have been shown to be ineffective because often they inadvertently reinforce the myths. Efforts should provide accurate information (and repeat such information) without calling out the myths.[20]

Role Playing or Simulating Impairing Conditions

Practicing social skills is effective and is a component of some evidenced-based programs. Role playing in these programs focuses specifically on protective behaviors like refusal skills or relationship skills. However, role playing that mimics the use of substances or consequences of use can result in peer support for risky behaviors.[21] There is no evidence that using equipment to simulate impairing conditions (like goggles that attempt to simulate impaired driving) is effective and such efforts may inadvertently normalize risky behaviors (thus potentially increasing such behaviors).

Moralistic Appeals

Moralistic appeals that label people who use substances negatively (such as “evil,” “bad,” “losers,” etc.) can foster shame and stigma. Shame and stigma can increase use, increase risk of suicide, and prevent access to intervention or treatment. Furthermore, as children develop in adolescence, they naturally seek to establish their own identity and may reject standards they perceive as being forced on them.[2]

Grouping Youth at Higher Risk Together

Programs that seek to support youth at higher risk for the misuse of substances should use well informed strategies and approaches. Research has shown that programs that specifically group adolescents at higher risk together can grow increase problematic behaviors.[22,23]

Challenges

It is important to talk about ineffective and counterproductive strategies as you build the capacity of your community partners. This can be highly challenging for all involved, particularly if the practice under discussion has become a tradition, is close to your community’s or partner’s heart, or was their best response to a tragedy or other personal experience with substance misuse.

It can be devastating to learn that our best intentions may have been fruitless, or actually contributed to increases in the very behaviors we’re trying to prevent. We must learn from the lessons of our past and be equipped for these important conversations.

Remember, relationships are the key to creating sustainable change in your community, so be gentle; nevertheless, move forward knowing that we cannot work against our goals by supporting practices that reinforce trauma or the risk factors contributing to substance use.

Prevention Infrastructure

West Virginia has developed a prevention infrastructure to implement and support prevention efforts in the state. This infrastructure is funded with federal and state funds and is coordinated through DHHR's Bureau for Behavioral Health. Prevention Lead Organizations are located in six regions throughout the state. These leads have extensive training and experience related to prevention, and coordinate efforts among county coalitions and other specialists. They provide services such as information dissemination, education, alternatives, problem ID and referral, community-based processes, and environmental strategies. Whenever possible, consult with the regional Prevention Lead Organization to coordinate efforts with the prevention infrastructure. Prevention professionals in your region may be found at: https://helpandhopewv.org/prevention-in-your-region.html

Prevention Infrastructure in West Virginia includes:

- Six regional Prevention Lead Organizations (PLOs)
- County coalitions under the PLOs
- Partnerships for Success (PFS) Coordinators
- State Opioid Response (SOR) Coalition Engagement Specialists
- SOR Adult Suicide Intervention Specialists
- Garrett Lee Smith (GLS) Youth Suicide Intervention Specialists and Prevent Suicide WV
- Expanded School-based Mental Health (solely state-funded)
- Strategic Prevention Framework for Prescription Drugs (SPF-Rx) - Help & Hope WV and StigmaFree WV websites

REGION 1:
Hancock, Brooke, Ohio, Marshall, Wetzel
Lori Bumba
Youth Services System, Inc.
(304) 233-2045
lori.impactov@gmail.com

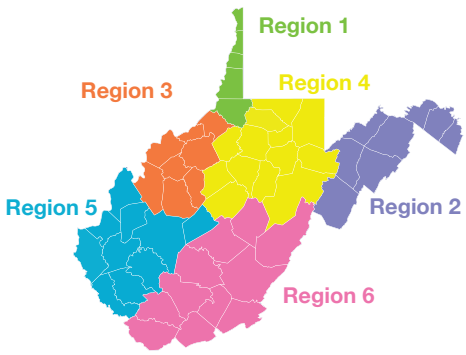
REGION 2:
Pendleton, Grant, Hardy, Mineral, Hampshire, Morgan, Jefferson, Berkeley
Paige Mathias
Potomac Highlands Guild
304-257-1155
paigem@potomachighlandsguild.com

REGION 3:
Tyler, Pleasants, Wood, Ritchie, Jackson, Wirt, Roane, Calhoun
Shelly Mize
Westbrook Health Services
304-927-5200 ext 410
smize@westbrookhealth.com

REGION 4:
Monongalia, Preston, Marion, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, Braxton
Elizabeth Shahan
West Virginia Prevention Solutions
304-423-5049
WVPSDirector@gmail.com

REGION 5:
Mason, Putnam, Kanawha, Clay, Cabell, Wayne, Mingo, Logan, Lincoln, Boone
Kim Shoemake
Prestera Center
304-412-7036
Kimberly.Shoemake@prestera.org

REGION 6:
Webster, Pocahontas, Nicholas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, Mercer, McDowell
Greg Puckett
Community Connections
304-913-4956
drugfree@strongcommunities.org



Tips for Prevention Infrastructure

Effective prevention requires infrastructure. Here are tips for creating prevention infrastructure.

- Following are the Prevention Lead Organization coordinators for each region: Prevention efforts should engage various sectors (like youth, families, schools, workplaces, community organizations, faith communities, healthcare, law enforcement, elected officials, etc.).
- Forming a coalition is an effective way to engage multiple sectors.
- Investing in skills to lead good coalition meetings improves engagement and outcomes.
- Prevention decisions should be data driven. Gathering and making meaning of data are critical steps.
- Prevention is an ongoing process. It is not a program or strategy. Steps should be taken to establish ongoing efforts.
- Prevention leaders and coalitions should embrace a model to direct their process.
- Leadership skills matter. Communities with prevention leaders and coalitions with stronger leadership skills see greater outcomes.
- Cultural competence matters. Prevention leaders and coalitions should invest in growing cultural competence. This includes actively looking for disparities based on gender, ethnicity, race, education attainment, and income.

Communications and Working with the Media

Media and other communications agencies can also play a role in preventing substance misuse and reducing stigma in our state. Media can work with communities to change the conversation around substance use disorders and to promote health and wellness.

- Accurately report events and information, and provide statistics and facts in a neutral, non-judgmental tone.
- Replace fear and shame-based language, visuals, and communications with positive, hope-based, healthy messages.
- Address misperceptions about peers' behaviors (particularly among youth). Youth are influenced by what they think their peers are doing. However, in many cases, data will show that most youth do not misuse drugs or alcohol.
- While we are greatly concerned about the usage and overdose statistics in West Virginia, we can also share stories of hope, solutions, and healthy behaviors.
- Accurate, balanced reporting is critical - exaggerating usage statistics can influence what youth (and adults) perceive as normal or typical behavior.

Imagery

When selecting images to accompany reporting and messaging - refrain from sensational click-bait style images as they can be counter-productive and can undermine prevention messages. Use images that reflect the audience you are trying to reach and the behavior you are trying to promote. Do not use images of youth engaging in the very behaviors that we are trying to prevent.

Language and Stigma

Correctly talking about addiction means omitting sensationalism for more accurate narratives, avoiding stigmatizing language, acknowledging evidence-based solutions, and working to give faces and names to the vast number of fathers, mothers, sisters, cousins, friends, and neighbors affected by this sweeping public health crisis.

Following are tips for how to talk, write, and report on substance use disorder[24]:

- **Use Comparable Medical Terminology Whenever Possible.** Talk about substance use disorders and treatment in the same way you would other chronic medical conditions such as diabetes or cancer.

What is Stigma and Why Does It Matter?

Stigma is...

- "a strong feeling of disapproval that most people in society have about something"[25];
- "a mark of disgrace or dishonor associated with a particular circumstance, quality, or person;[26]
- a social process created by groups of people (often those in power) towards others;[27] and
- a deeply negative mindset that has no value to society.

There are many negative consequences associated with stigma. Stigma shows up in prejudicial attitudes about people with certain conditions and can lead to discriminatory practices against people with certain conditions.[28] Stigma decreases quality of life, and negatively impacts a person's sense of hope, self-esteem, and self-efficacy.[29]

To learn more visit www.stigmafreewv.org which includes resources, online training, and stories of recovery.

- **Use Person-First Language.** Put the person first, and the disease second – "a person with substance use disorder."
- **Avoid Using Stigmatizing Terms.** Replace words like "clean/dirty" (in reference to drug screen results) with "positive or negative."
- **Share the Solutions that Exist.** Many patients fully recover and go on to lead productive lives.
- **Provide Details of Those Solutions.** Share detailed accounts of how people are responding to effective evidence-based solutions.
- **Humanize the Condition.** Use language that humanizes and personalizes the condition, avoiding fear and blame tactics.
- **Use Reliable Sources.** Identify potential biases in source materials and provide a variety of voices.
- **Communicate Information About the Many Different Pathways to Recovery.** Everyone's recovery may look different – there are many pathways to remission.
- **Share the Long-Term View.** Substance use disorder is a chronic disease and it can take years to recover.
- **Be Respectful.** Many families have experienced the loss of loved ones to substance use disorder. Be respectful in tone.

Source: https://www.psychologytoday.com/blog/addiction-recovery-101/201801/communicating-about-addiction-accuracy-or-alienation

Resources

The National Institute on Drug Abuse Media Guide: How To Find What You Need to Know About Drug Use and Addiction
https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics

CHANGING THE NARRATIVE

Changing The Narrative is a network of reporters, researchers, academics, and advocates providing accurate, humane, and scientifically-grounded information pertaining to substance use and addiction. https://www.changingthenarrative.news/

Frameworks Institute: **Reframing Adolescent Substance Use and Its Prevention**, a step-by-step guide to using evidence-based framing strategies to communicate about adolescent substance use.
http://frameworksinstitute.org/assets/files/adolescence_youth/reframing_adolescent_substance_use_playbook_2018.pdf

The Associated Press Stylebook. Now includes a new entry on addictions and revised drug-related entries, including guidance to avoid words like abuse, problem, addict and abuser in most uses. https://www.apstylebook.com/ap_stylebook

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Summary

Over the past several decades, much has been learned about how to effectively prevent the misuse of substances and reduce the likelihood of substance related disorders. This knowledge is making a difference. However, we have much more work to do, and we need to reach adults.

Effective prevention strategies should be embraced by stakeholders across our communities – including by elected officials, state program managers, law enforcement leaders, faith leaders, educational leaders, researchers, teachers, parents, caring adults, coalitions, and most importantly by prevention specialists.

Addressing the misuse of substances is a public health issue. Like the healthcare community, we must seek to “do no harm” and even better, use strategies that truly improve public health.

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Excellence in Prevention Strategies: https://www.theathenaforum.org/EBP

Help and Hope WV: https://helpandhopewv.org/

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