

GETTING CANDID: FRAMING THE CONVERSATION
AROUND YOUTH SUBSTANCE USE PREVENTION

A Message Guide for Providers

Revised February 2023

NATIONAL
COUNCIL
*for Mental
Wellbeing*



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Introduction

The purpose of this guide is to equip 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.ⁱ After a decade of decline, a 2020 report showed that alcohol use had leveled off, and cannabis use has fluctuated between rising and remaining steady among youth of various age ranges in the last few years.ⁱⁱ The use of other illicit drugs (excluding cannabis) among youth has been slowly declining.ⁱⁱⁱ

Although these data suggest some progress, it remains unclear how state policies legalizing medical and non-medical cannabis use by adults have on youth.

From December 2020–May 2021, and May–September 2022, the National Council for Mental Wellbeing conducted multiple online assessments, as well as discussion groups of youth and providers, to assess youths’ state of mind, knowledge of and access to substance use prevention programming, and effective messaging. The online assessment found that 41 percent of youth indicated they had not spoken with someone about the dangers associated with substance use for nearly a year and 20 percent had such conversations only “once or twice, meaning youth are rarely receiving information and messaging about substance use.”^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.

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 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 toolkit were developed during the COVID-19 pandemic. At this writing, many youth have re-engaged 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).^{vii} Communicating with youth about substance use remains as important as it has ever been, if not more so.

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.**



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, cannabis 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 and 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 delivering brief, targeted messaging.

Getting Grounded

Effective communication with youth requires understanding their attitudes and beliefs.

35%

of youth say they feel
“stressed.”^{ix}

50%

of youth say they feel like
they don’t have a lot to
contribute.^{xxii}

60%

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

29%

of youth are at least somewhat
concerned about substance use
in their own lives.^{ibid}

INSIGHTS INTO THE LIVES AND MINDSETS OF YOUTH^x



To cope with how they are feeling, they are most likely to turn to the arts, including music, drawing and painting, 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 cannabis pose a great risk.



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

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}

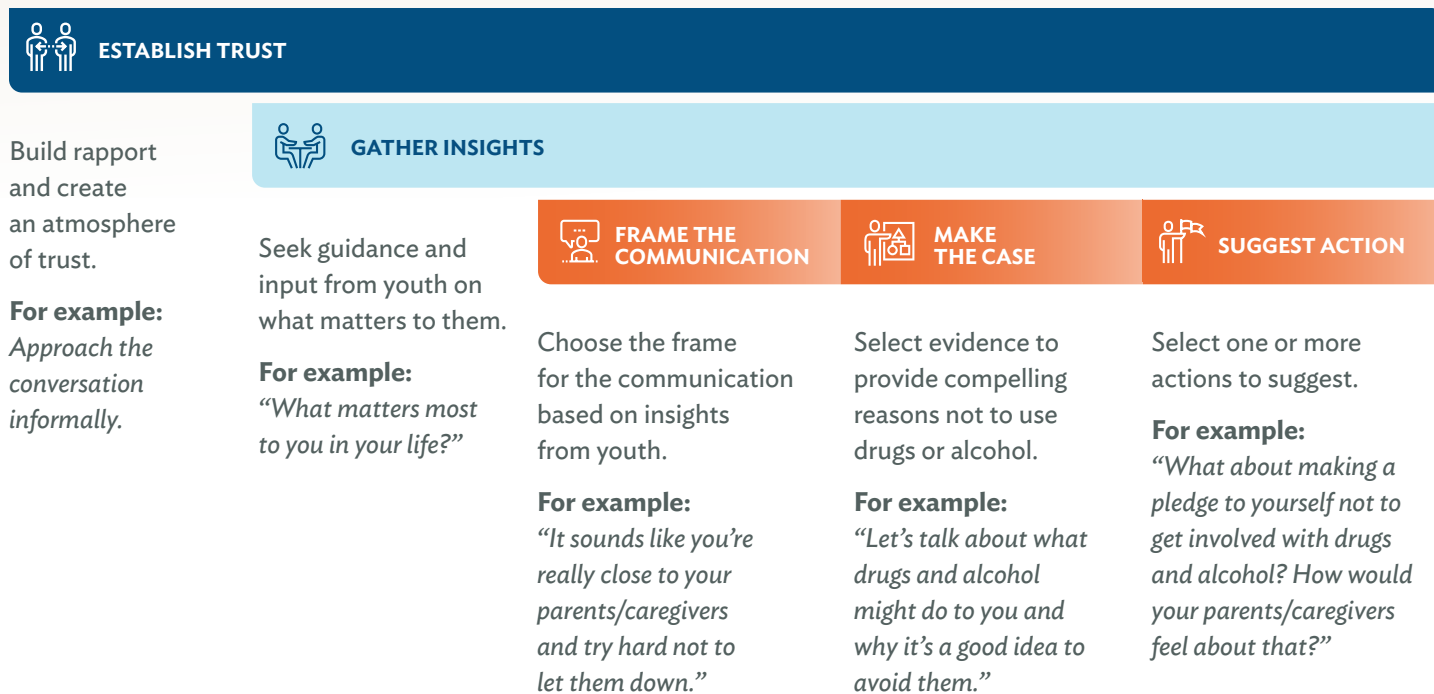
- Best way to engage youth? **In-person.**
- Effective way to communicate with them? **Texting.**
- Why do youth **turn to substance use**?
To cope with family problems, problems with friends, or problems at school, or because their friends or other people are doing it.
- Why should youth **not use** substances? To avoid “messaging up” their future.

AREAS OF DISCONNECT^{xii}

- 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.

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. A behavioral health provider, by contrast, might use it to guide longer-term work aimed at building resilience and preventing use.



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 engaging 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 [Questions to Ask](#)) 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 [Suggest Action section](#)).

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}

Who youth trust most for accurate information about substance use	Who youth are comfortable talking with about substance use
Doctors, nurses and other health care providers: 52%	Parents/caregivers: 48%
Parents/caregivers: 46%	Friends or peers: 47%
Youth or adults who formerly used substances: 29%	Siblings: 31%
Counselors or therapists: 25%	Doctors, nurses or other health care providers: 28%
Friends or peers: 18%	Counselors or therapists: 26%
Teachers or other educators: 17%	Youth or adults who formerly used substances: 25%

It is important to distinguish between the level of trust youth feel and the level of comfort they feel with various messengers. The level of trust a young person has in an information source does not necessarily indicate their level of comfort with that source. For example, doctors, nurses or other health care providers rise to the top as being the most trusted sources of accurate information about substance use, among youth overall. However, parents and caregivers rise to the top as the people youth over-all are most comfortable speaking with about substance use.

There are also differences between younger and older youth. Younger youth are most likely to have both the highest trust level and comfort level with their parents or caregivers. Additionally, younger youth are more likely to say their parents and caregivers are their most trusted sources for information about substance use (30 percent) than older youth (13 percent). Older youth say they most trust health providers for information about substance use, but when it comes to comfort level, they say they feel most comfortable speaking with their friends or peers.

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 yourself: Is the setting (e.g., office, clinic) warm, welcoming and comfortable? Does the space feel safe and private so youth can speak freely? Are provider handouts and office signage free of medical jargon or overly complex terms that may confuse or distance youth?

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 by grounding in real world examples. Show them you care by not using judgmental language or tones.



Partner with Parents/ Caregivers

Providers and parents/caregivers can be powerful partners in the fight to prevent youth substance use. Parents/caregivers are seen as the most comfortable group for youth to talk to, but they do not always have the information they need to talk to their children. Conversely, health care providers are experts who are trusted among youth for accurate information about substance use. By providing parents/caregivers with accurate information about substance use, providers can deliver the expert insights families need to talk with their children and help them avoid using drugs and alcohol.

Help parents/caregivers by sharing your expert insights! Consider providing them with resources such as written materials, videos or podcast recordings they can use at home to read, watch or listen to with their children.

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 [confidentiality](#).^{xv} Remind youth about your professional commitment to confidentiality, while also being clear about any legal requirements to share information with parents/caregivers if safety concerns arise. Prove yourself worthy of trust by respecting boundaries and creating a space for emotional safety.^{xvi} 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, and 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.

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.

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 experiences of the youth served, a community-based organization can be a powerful partner, particularly if they have established relationships with youth.

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

1. Share this message guide and its companion online 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.
4. Invite a leader from a community-based organization to come and speak with your team to better understand the experiences of the youth the organization serves.





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/caregivers, 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

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

* 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.

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 in [Gathering Insights](#).

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 choos **NOT** to use drugs or alcohol.^{xxiii}
- **64%** said potential negative impact on plans for the future was a convincing reason to stop using drugs or alcohol.^{xxiii}
- **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.^{xxiv}

... 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.^{xxiv}
- **67%** said not wanting their life to be controlled by addiction was among the most convincing reasons to stop using drugs or alcohol.^{xxiv}
- **77%** identify the risk of addiction as a convincing message they might hear from a health care provider or trusted adult.^{xxiv}



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 in the [Suggest Action](#) section.



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, self-affirmation).

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.

Language and Framing Considerations

The table below serves as a quick reference on considerations for language and framing when communicating with youth about substance use.^{viii} Message recommendations are based on conversations with a representative sample of youth surveyed in 2021 and 2022.

TRY THIS ...	INSTEAD OF 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.



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.^{xvii} 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 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. ■ People in recovery from addiction often say one of the things they regret most about their addiction was the trust they lost from people who care about them. They fear some broken relationships will never heal, and others will take a long time to repair. ■ People in recovery from addiction say substance use can change your priorities and fog your judgment in ways that can lead to problems at school or work. Don't let substance use take away your opportunities.
Physical health	■ Drug and alcohol use can change parts of your brain that impact how you think and act. ■ The younger you are when you start using drugs or alcohol, the more likely you are to become addicted. The more you use them the harder it can be to stop even if you want to. ■ Being healthy means something different to everyone. Don't let drug and alcohol use get in the way of being as healthy as you want to be. ■ 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.
Mental health	■ Life can be really hard. Sometimes people think that using drugs will make the problems go away, but it only adds another problem to the pile. ■ Using drugs and alcohol may seem like a quick and easy way to relieve stress, but there are healthy ways to take care of yourself.

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, cannabis can affect your ability to do things that require concentration or coordination, like exercising or playing soccer."

Check out the fact sheets on different substances within the [online toolkit](#) to learn more about the harmful effects of different substances.



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, cannabis and other drugs.*	Consider an actual or virtual pledge form that youth can sign. Encourage youth to share their pledge with a close friend or family member.
Talk to your friends and encourage them not to use alcohol, tobacco/nicotine, cannabis and other drugs.*	Suggest ways youth might be able to broach the conversation with their friends.
Educate yourself about alcohol, tobacco/nicotine, cannabis 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 online toolkit .
Find someone you can talk to if you feel tempted or pressured to use alcohol, tobacco/nicotine, cannabis and other drugs.	Brainstorm with the youth about the adults they trust (e.g., teacher or counselor, minister, coach).



* Note that these suggested actions resonate particularly well with middle school youth.

Example Prevention Messages



FRAME THE COMMUNICATION



MAKE THE CASE



SUGGEST ACTION

THE FUTURE

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

People in recovery from addiction say substance use can change your priorities and fog your judgement in ways that can lead to problems at school or work. Don't let substance use take away your opportunities.

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

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.

The younger you are when you start using drugs and alcohol, the more likely you are to become addicted. 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.

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.

People in recovery from addiction often say one of the things they regret most about their addiction was the trust they lost from people who care about them. They fear some broken relationships will never heal, and others will take a long time to repair.

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.

Being healthy means something different to everyone. Don't let drug and alcohol use get in the way of being as healthy as you want to be.

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.

Drug and alcohol use can change parts of your brain that impact how you think and act.

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

Putting It All Together

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

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/caregivers 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/caregivers would feel about you making that decision?

NOTE: Check out the [social media tips and tricks guide](#) in the online toolkit for more specifics of how to post this so that it sparks the interest and engagement of young people.



Methodology

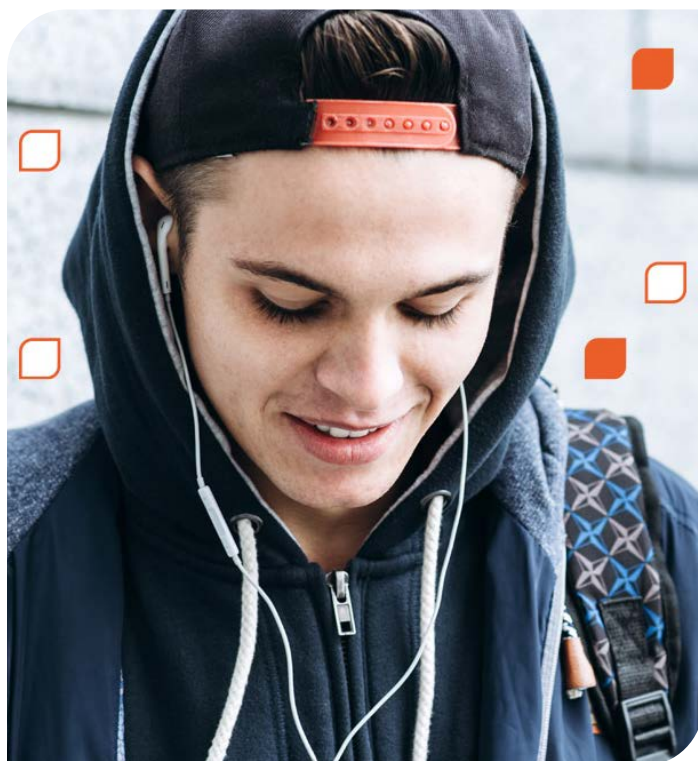
The methods used to develop this messaging guide included:

- 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.
- Four rounds of online 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).
 - The third (May–June 2022) examined any changes that might have occurred in the previous year as the pandemic wound down. The assessment reached 830 young people ages 13–18 nationwide, including oversamples of 100 Black youth and 100 Latino youth.
 - The fourth round (September 2022) tested new substance-specific messaging with youth and examined messengers of such messaging in terms of trust and comfort level (n=898 including oversamples of 100 Black youth and 101 Latino youth).
- Four rounds of virtual discussion groups with both youth and providers.
 - Round 1 (March–April 2021): Youth (two groups with 19 participants each); Providers (three groups with 20 participants each).
 - Round 2 (June 2021): Youth (two groups with 15 participants each).

- The third (July 2022) engaged two groups of youth participants (n=TK total) between the ages of 13–18 nationwide to test responses to substance-specific messaging and delivery methods for such messaging.
- The fourth (October 2022) engaged two groups of youth participants (n=22 total) between the ages of 13–18 nationwide to examine messengers in terms of trust and comfort level.

As noted above, while the first rounds of assessments and discussion groups were formative in nature, the fourth 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.

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ENDNOTES

- i Jones, C. M., Clayton, H.B., Deputy, N. P., Roehler, D. R., Ko, J. Y., Esser, M. B., Brookmeyer, K. A., and 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 Mortality Weekly Report*. <https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901a5-H.pdf>
- ii 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
- iii 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/rpt29393/2019NSDUHFFRDPDFWHTML/2019NSDUHFFR090120.htm>
- iv Snell, A., Kline, J., & Caramelli, E. (March 2021) Findings from an on-line assessment of youth services providers: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- v Snell, A., Kline, J., & Caramelli, E. (March 2021) Findings from an online 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 assessment* of youth ages 13–18 years old: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- vii 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 assessment* of youth ages 13–18 years old: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- ix Snell, A., Kline, J., & Caramelli, E. (March 2021) Findings from an online assessment* among youth ages 13–18 years old. Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- x 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/>
- xii FrameWorks 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](https://doi.org/10.1111/j.1744-6155.2010.00232.x).
- xv 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](https://doi.org/10.1080/10503307.2011.587471).
- xvi 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](https://doi.org/10.1080/10503307.2011.587471).
- xvii 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](https://doi.org/10.1111/j.1744-6155.2010.00232.x).
- xviii Britto, M.T., et al. (2010). Adolescents’ needs for health care privacy. *Pediatrics (Evanston)*, 126(6), e1469–e1476. [doi:10.1542/peds.2010-0389](https://doi.org/10.1542/peds.2010-0389).
- ix 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](https://doi.org/10.1016/j.jadohealth.2005.01.011).
- xx Britto, Maria T., et al. (2010). Adolescents’ needs for health care privacy.” *Pediatrics (Evanston)*, 126(6), e1469–e1476, [doi:10.1542/peds.20100389](https://doi.org/10.1542/peds.20100389); 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](https://doi.org/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](https://doi.org/10.1080/10503307.2011.587471).
- xxi Snell, A., Kline, J., & Caramelli, E. (2021). Findings from an online assessment of youth ages 13–18 years old. Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- xxii Snell, A., Kline, J., & Vinyard, I. (July 2022) Findings from an online assessment* among youth ages 13–18 years old: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- xxiii Snell, A., Kline, J., & Vinyard, I. (July 2022) Findings from an online assessment among youth ages 13–18 years old: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
- xxiv Snell, A., Kline, J., & Caramelli, E. (June 2021) Findings from an Online Assessment among Youth ages 13–18 Years Old: Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.

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