



Central East (HHS Region 3)

**PTTC**

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Putting the Research to Work: What Works in Prevention

August 24, 2022

Thank you for joining us today.  
We will begin promptly at **1:00 PM** Eastern.

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

THE DANYA INSTITUTE

# Welcome

## Central East PTTC Webinar

### Putting the Research to Work: What Works in Prevention

*The Central East PTTC is housed at the Danya Institute in Silver Spring, MD*

Oscar Morgan  
Executive Director

Deborah Nixon Hughes  
Project Director

# TTC

Technology Transfer Centers

Funded by Substance Abuse and Mental Health Services Administration

**Each TTC Network includes 13 centers.**



Network Coordinating Office

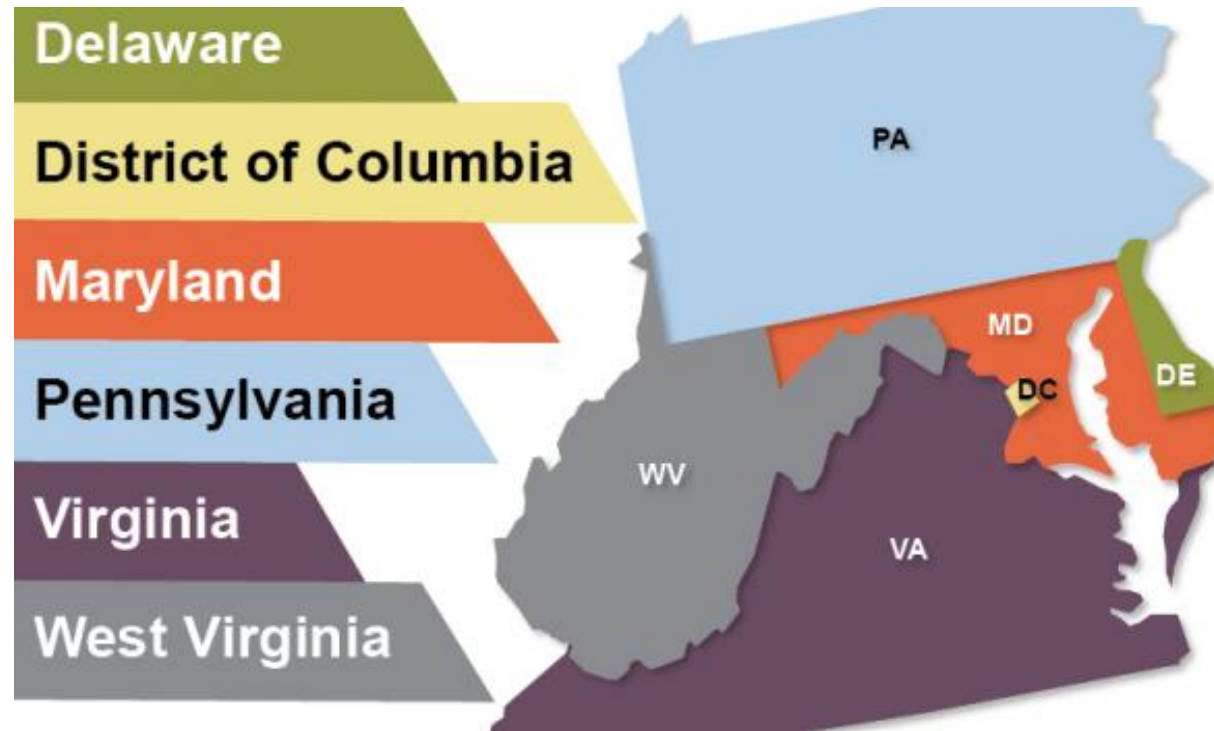
National American Indian and Alaska Native Center

National Hispanic and Latino Center

10 Regional Centers (aligned with HHS regions)

# Central East Region

## HHS REGION 3



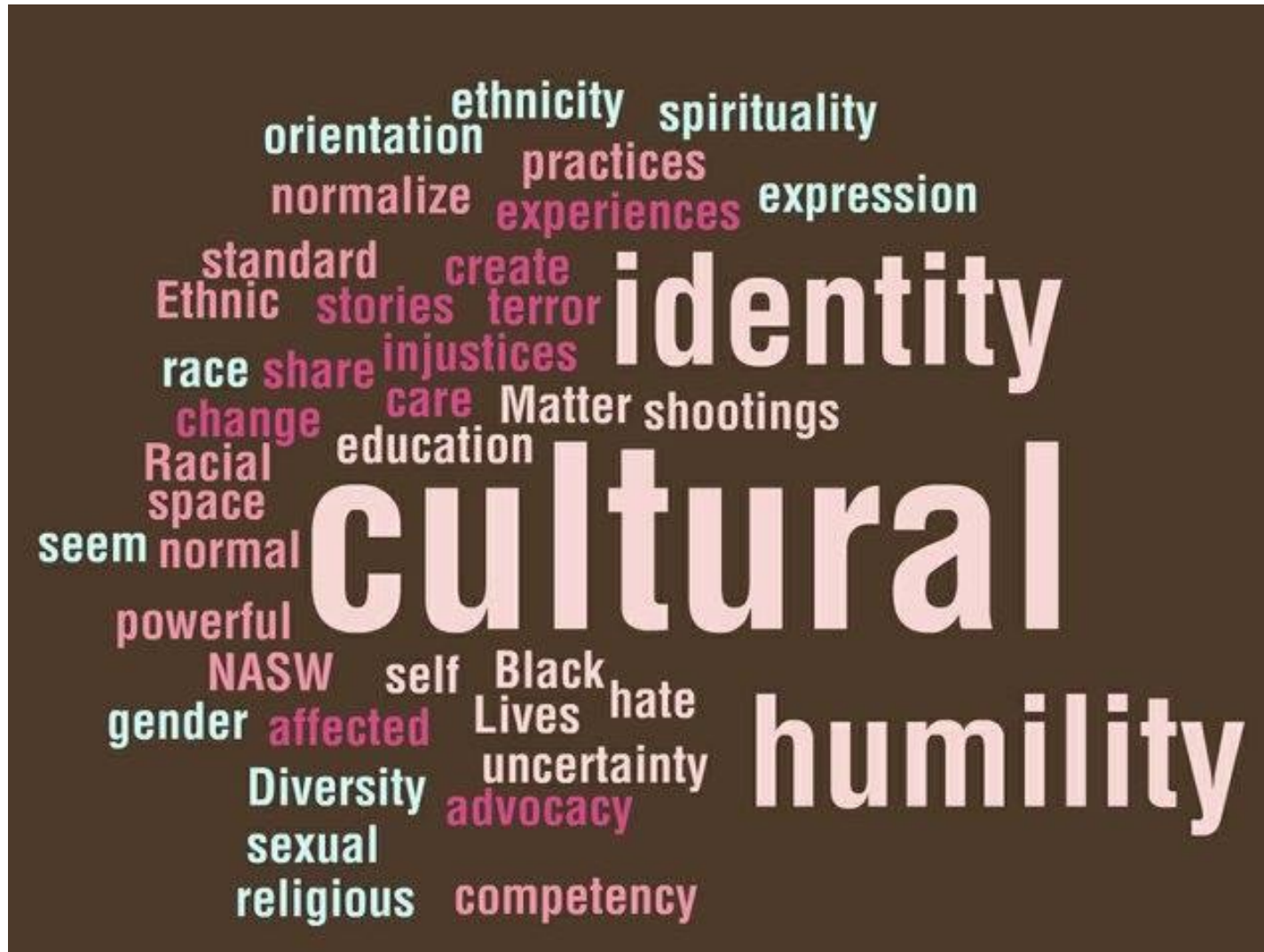
The use of affirming language inspires hope.

**LANGUAGE MATTERS.**

**Words have power.**

**PEOPLE FIRST.**

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



# PTTC Mission



To Strengthen the Capacity of the Workforce

1

To Deliver Evidence-Based Prevention Strategies

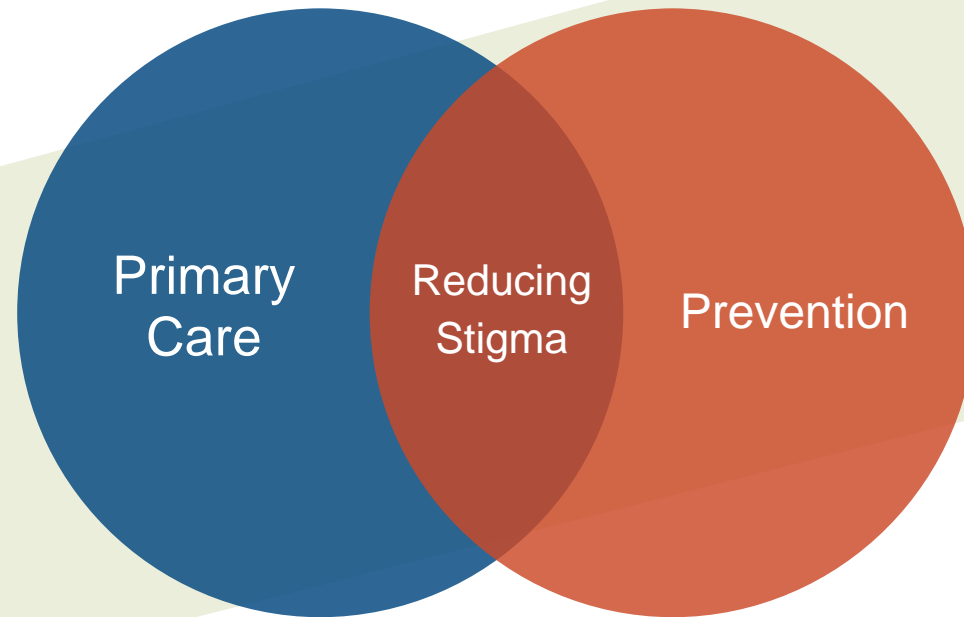
2

Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances

3

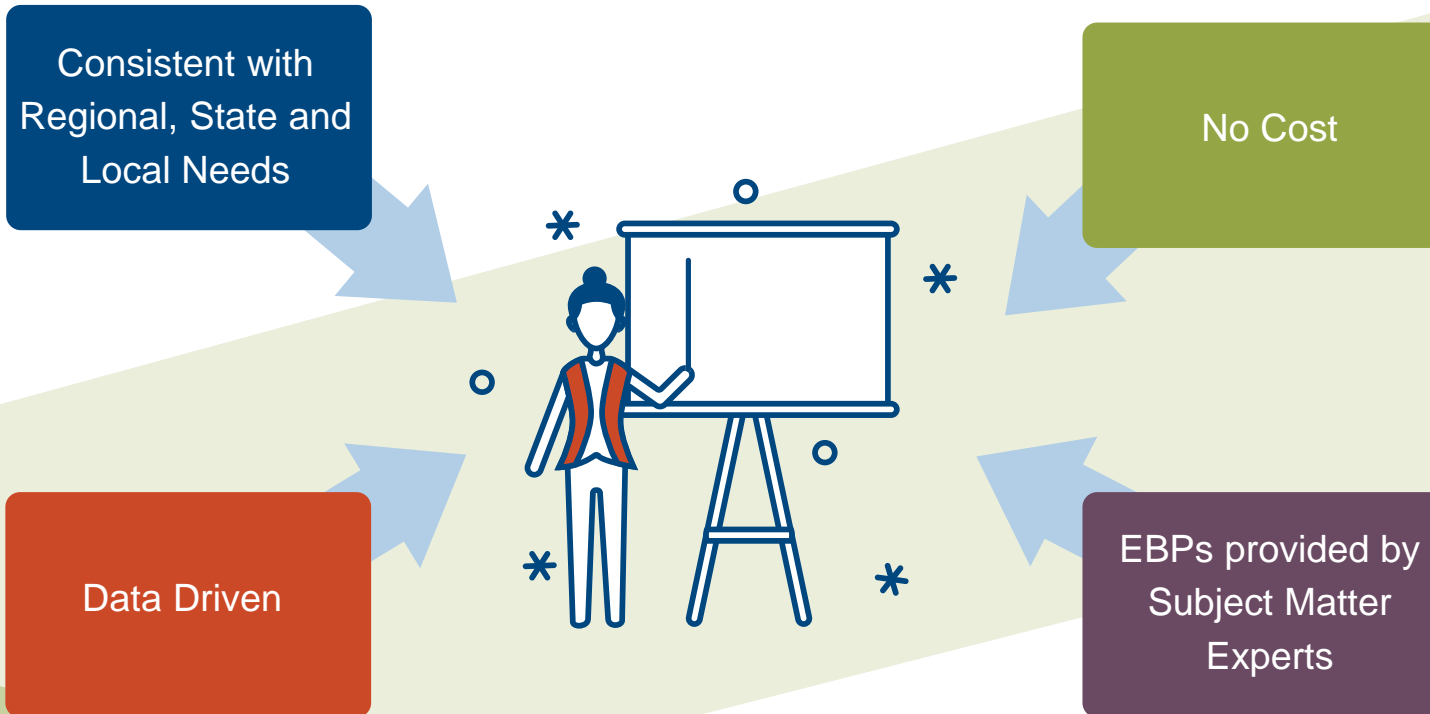
# Central East PTTC Specialty Area

Engaging and Collaborating  
with Primary Care Providers  
for Substance Use  
Prevention

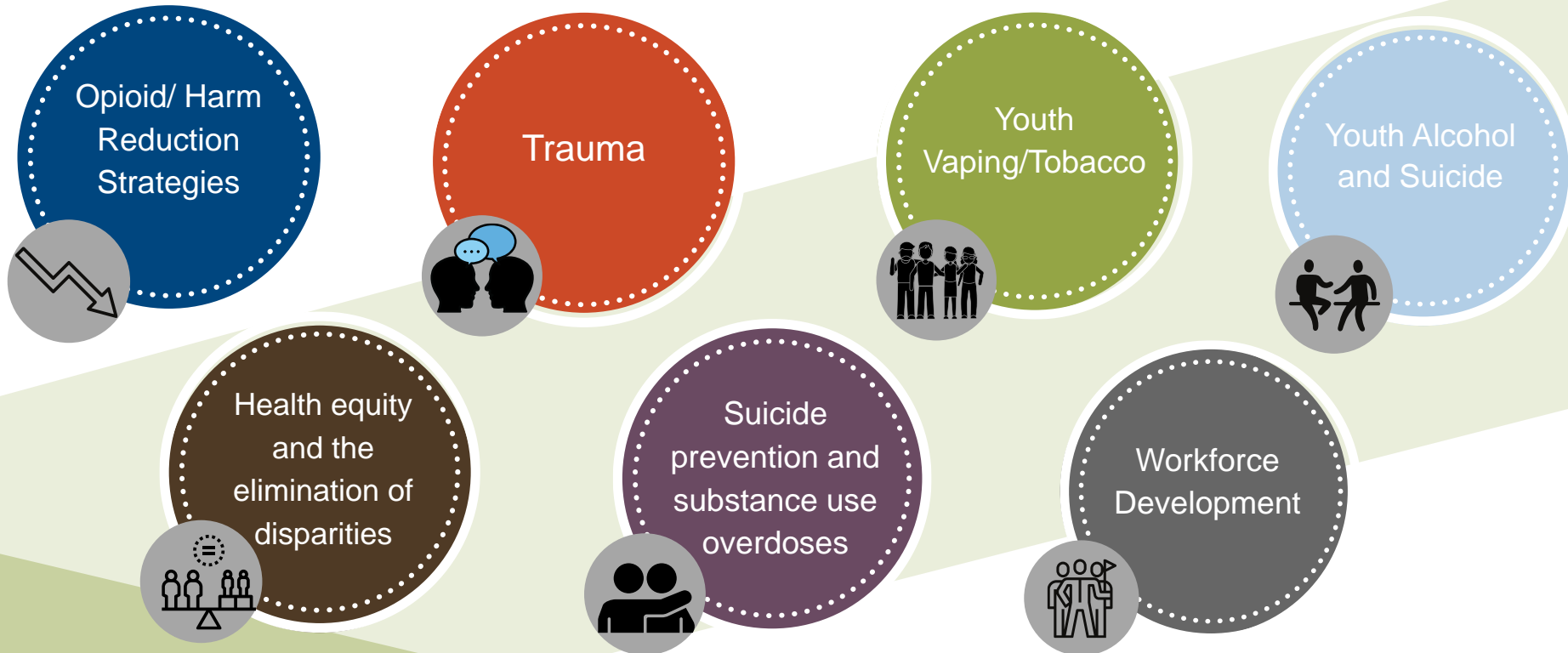




# Eligibility



# PTTC Focus Areas



# Services Available



# Other Resources in Region 3



Central East (HHS Region 3)

---

**ATTTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

---

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

**PTTC**

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Putting the Research to Work: What Works in Prevention

**Jonnie Kifer**

Community Programs Manager, WV Prevention Solutions

**Elizabeth Shahan**

Executive Director, WV Prevention Solutions

**August 24, 2022**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

**THE DANYA INSTITUTE**

# Presenters



Jonnie Kifer



Elizabeth Shahan



# PREVENTING SUBSTANCE USE DISORDERS:

---

## What Works & What Doesn't

A Guide for Effective Prevention  
in West Virginia



As of September 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.*

## How do you explain prevention?

- When given the opportunity to explain prevention to someone new to the field, how do you explain it?
- When an entity is providing prevention services in your community of focus against best practice, how do you approach it.
- In the elevator coming to a session, and someone asks, “What do you do? Or What conference are you attending?”, how do you answer?

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>



## Objectives

- Review the best practices in prevention – What Works, What doesn't.
- Review the process for creating a tool for education about prevention.
- Review of existing resources used to develop a guide for WV

# SAMHSA's Strategic Prevention Framework (SPF)



## Strategic Prevention Framework Cross-Cutting Principles:

- **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.

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

## Why Focus on Prevention?

- Evidence-based prevention is cost-effective.
- Evidence-based prevention interventions can decrease costs related to:
  - substance use-related crime
  - lost work productivity
  - related treatment and health care costs
- Prevention works! While this work is making a difference, we can make even greater improvements in preventing the misuse of substances.

## Why Focus on Prevention?

- Many of the most common prevention strategies have been shown to be ineffective.
- Some efforts have even caused harm by unintentionally reinforcing pro-use attitudes, behaviors, or norms.
- What we don't know CAN hurt.
- Seek assistance from Prevention Specialists and other reputable resources.

## General rules to follow:

- 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.

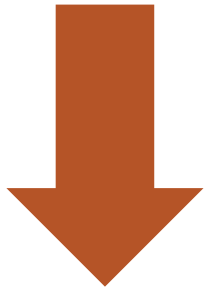
# Risk and Protective Factors

## RISK FACTORS

- Adverse childhood experiences
- Aggressive behavior in childhood
- Lack of parental supervision
- Poor social skills
- Drug experimentation
- Availability of drugs at school
- Community poverty

## PROTECTIVE FACTORS

- Safe and nurturing relationships and environments
- Strong social and emotional skills
- Parental monitoring and support
- Positive relationships
- Bonding to school
- School anti-drug policies
- Neighborhood resources



# PREVENTING SUBSTANCE USE DISORDERS:

---

## What Works



Help & *Hope* WV



# General Components of Effective Strategies

- 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).
- 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)

- 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

- 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 Helpful Resources

- Help and Hope WV: <https://helpandhopewv.org/>



Help&*Hope*WV

- Stigma Free WV: <https://stigmafreewv.org/>



Stigma*Free*WV

- 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>



Help&*Hope*WV



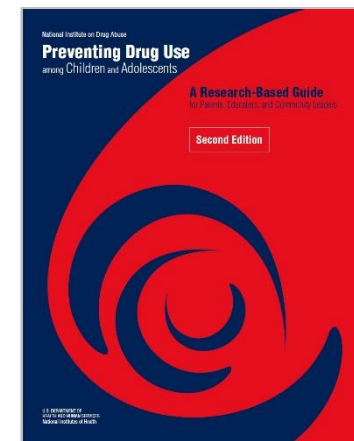
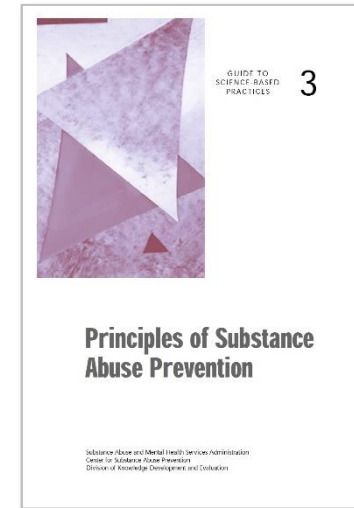
# Summary Research on Prevention

## Principles of Substance Abuse Prevention: A Guide to Science-Based Practices

- Created for the Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA) and provides important information that prevention leaders and coalition members should know.
- [https://www.theathenaforum.org/sites/default/files/public/documents/csap\\_principles\\_of\\_substance\\_abuse\\_prevention\\_0.pdf](https://www.theathenaforum.org/sites/default/files/public/documents/csap_principles_of_substance_abuse_prevention_0.pdf)

## Preventing Drug Use Among Children and Adolescents

- Summarizes important research on what works in prevention for children in elementary, middle, and high schools as well as families and communities.
- [https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/preventingdruguse\\_2\\_1.pdf](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/preventingdruguse_2_1.pdf)



# Effective Prevention Strategies within Programs

- Building Social and Personal Skills
- Cite Immediate Consequences
- Communicate Positive Peer Norms
- Involve Youth with Peer-Led Components
- Use Interactive Approaches

PREVENTING  
SUBSTANCE USE DISORDERS:

---

What Doesn't  
Work



# Fear Appeals and Scare Tactics

- Shown to be ineffective and may even result in more youth using
- Can inadvertently normalize risky behaviors, increasing the likelihood that people will engage in the behaviors
- May traumatize youth, promote shame, and stigmatize people with substance use disorders (major barriers to effective intervention and treatment)



# Mock Car Crashes

- Can normalize risky driving behaviors and increase those behaviors
- Research has shown that mock car crashes are
  - Not affective
  - Can increase risky behaviors
  - Can create trauma
- While intentions may be to improve health and safety, mock care crashes are not effective and can be counter-productive

# One-time Assemblies or Events

- Changing people's beliefs takes time.
- One time events – while dramatic and even memorable, rarely change beliefs.
- The drama may also re-traumatize youth and can create shame and stigma.



Source: *"assyt"* by *juminy* is licensed under [CC BY-SA 2.0](https://creativecommons.org/licenses/by-sa/2.0/)

# Excessively Highlighting Negative Trends or Consequences

- Excessively sharing negative trends and consequences can increase misperceptions regarding actual norms – which can lead to increase in risky behaviors.

## 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 actually increase use.

# Myth vs. Fact

- Strategies that discuss myths vs. facts often inadvertently reinforce the myths.
- People will actually recall the myth as being true!
- Efforts should provide accurate information without calling out the myths.

**Tobacco**

Is what you know about smoking **wrong?**

The 2010 Surgeon General's Report reveals new facts about smoking. Some may surprise you. This new research shows how tobacco smoke causes disease and addiction. Maybe it will change what you think about smoking.

**Myth 1**  
**Smoking is just a choice.**

- The first time? Yes. After just a few cigarettes? No.
- Addiction to nicotine can happen quickly. It changes the chemical balance in your brain. Smoking may seem like it's just a choice or a habit. In fact, most people who use tobacco are addicted.
- Breaking nicotine addiction is harder for some people than others. Quitting can take several tries. But don't give up.
- If you need help to quit, ask your doctor about nicotine replacement, medicines, or coaching.

**Myth 2**  
**Filters make cigarettes safer.**

- Filters do not protect you. They are designed to make smoke particles smaller. That makes nicotine easier to absorb. This increases addiction.
- Cigarettes have been engineered to speed up nicotine's path to your brain. Their design feeds addiction.
- Light or low-tar cigarettes may sound less dangerous. They aren't. These misleading labels are no longer allowed.
- No cigarette is safe. Tobacco smoke contains more than 7,000 chemicals. At least 250 are toxic.

**Myth 3**  
**An occasional cigarette is no big deal.**

- Smoking doesn't just cause diseases for heavy smokers or longtime smokers.
- The 2010 Surgeon General's Report shows how breathing tobacco smoke can cause immediate harm. Tobacco smoke can trigger sudden heart attacks and death, even in nonsmokers.
- Each cigarette you smoke hurts your lungs, your blood vessels, and cells throughout your body.
- Smoking a few cigarettes a week can cause a heart attack.
- Cutting back is not enough to protect you. You have to quit entirely.



# Role Playing or Simulating Impairing Conditions

- Role playing that mimics the use of substances or consequences of use can result in peer support for risky behaviors
- 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

- Can foster shame and stigma which can increase use, increase risk of suicide, and prevent access to intervention or treatment.

# Grouping Youth at Higher Risk Together

- Research has shown that grouping youth at higher risk may inadvertently reinforce problematic behaviors.

# Challenges & Opportunities

- Can be a challenge to talk about ineffective and counterproductive strategies, especially if the practice has become a tradition in your community.
- Can be devastating to learn that our best intentions have been ineffective or even contributed to increasing the very behaviors we are trying to prevent.
- We must learn from these lessons and facilitate these important conversations.
- Relationships are key to having these conversations and creating sustainable change in our communities.

PREVENTING  
SUBSTANCE USE DISORDERS:

---

Communications

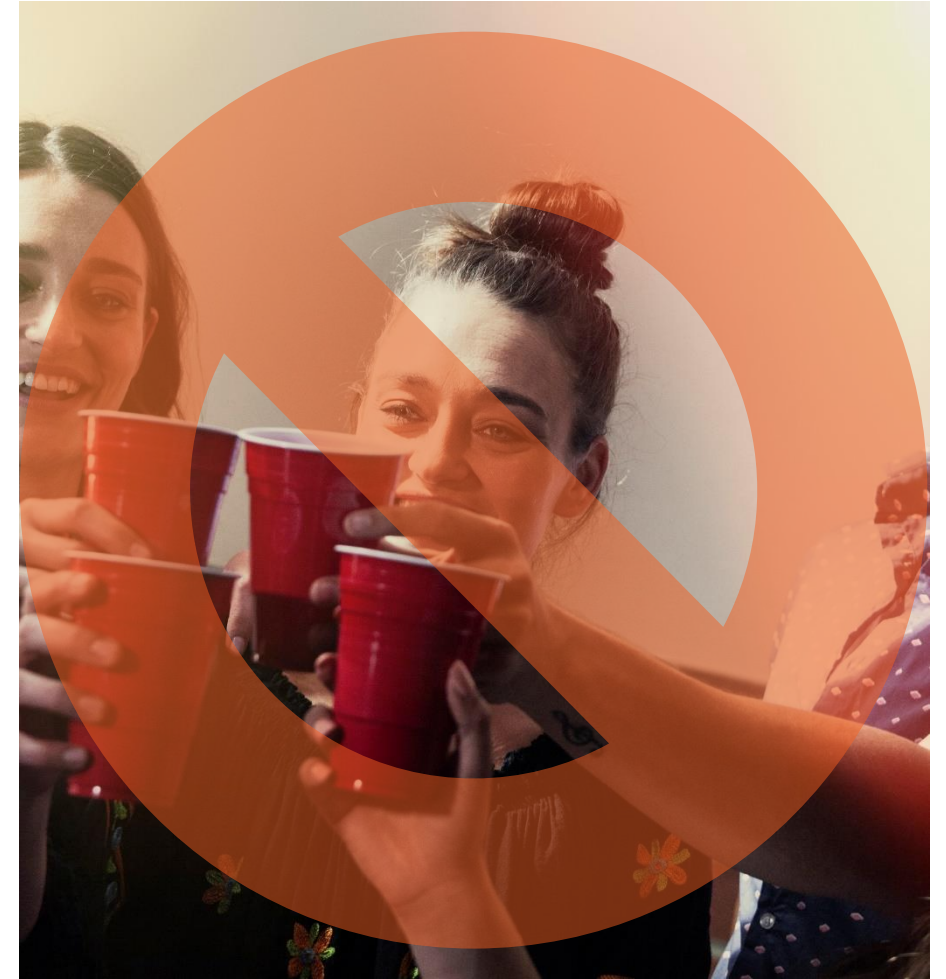


# Communications and Media

- 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

- 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

- Use Comparable Medical Terminology Whenever Possible.
- Use Person-First Language – “a person with substance use disorder”
- Avoid Using Stigmatizing Terms.
- Share the Solutions that Exist and Provide Details of Those Solutions.
- Humanize the Condition and Avoid Fear and Blame Tactics.
- Use Reliable Sources and Provide a Variety of Voices.
- Communicate Information About the Many Different Pathways to Recovery.
- Share the long-term view. Substance use disorder is a chronic disease and it can take years to recover.
- Be Respectful.

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

# Media 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** 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](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](https://www.apstylebook.com/ap_stylebook)



PREVENTING  
SUBSTANCE USE DISORDERS:

---

Resources



Help & *Hope* WV

# Prevention Infrastructure

*Funded with federal and state funds and coordinated by the WVDHHR Bureau for Behavioral Health*

- Six regional Prevention Lead Organizations (PLOs)
- County coalitions under the PLOs
- Partnerships for Success (PFS) Coordinators
- 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)
- SPF-Rx - Help & Hope WV and StigmaFree WV websites

# Prevention Lead Organizations (PLOs)

- Prevention lead staff have extensive training and experience related to prevention and coordinate efforts among county coalitions and other specialists.
- Services include information dissemination, education, alternatives, problem identification and referral, community-based processes, and environmental strategies.

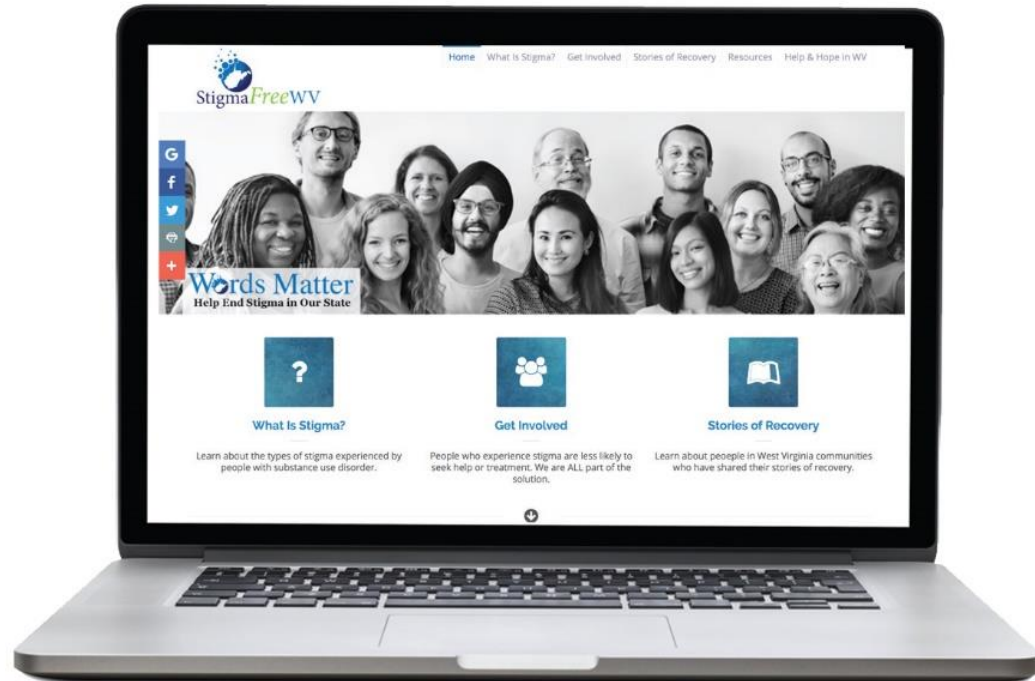


# Prevention Lead Organizations (PLOs)

- Region 1 - Youth Services System (YSS) - Lori Bumba
  - Region 2 - Potomac Highlands Guild - Paige Mathias
  - Region 3 - Westbrook - Shelly Mize
  - Region 4 - West Virginia Prevention Solutions - Elizabeth Shahan
  - Region 5 - Prestera Center - Kim Shoemake
  - Region 6 - Community Connections - Greg Puckett
- Prevention professionals in your region may be found at:  
<https://helpandhopewv.org/prevention-in-your-region.html>

- The WV Prevention Network
- Building coalitions
- Engaging new partners
- Attending conferences of other disciplines
- Approaching passionate advocates
- Engaging decision makers
- Ensuring the safety and well-being of our youth





[www.StigmaFreeWV.org](http://www.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.



# Help & Hope WV

[www.HelpandHopeWV.org](http://www.HelpandHopeWV.org)

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





## Prevention Works!

- Evidence-based prevention is cost-effective.
- 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.

## 3 Things to Remember:

- Prevention works! But poor programs and practices can backfire and actually do harm.
- Connect with your Prevention Lead Organization! They can support and inform your efforts.
- Visit [HelpandHopeWV.org](http://HelpandHopeWV.org)



# PREVENTING SUBSTANCE USE DISORDERS:

---

## What Works & What Doesn't

A Guide for Effective Prevention  
in West Virginia



As of September 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.*

# References

- NIDA. (2018, July 20). Drugs, brains, and behavior: The science of addiction. <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction>
- Griffin, K. & Botvin, G. (2010, July). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics of North America*, Volume 19, Issue 3, Pages 505-526. <https://www.ncbi.nlm.nih.gov/pubmed/10576671>
- Nation, M., et al. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist* June/July 2003, Vol. 58, No. 67, 449-456. <https://endingviolence.uiowa.edu/assets/ce3bfd4d08/What-Works-in-Prevention.pdf>.
- NIDA. (2003, Oct 1). Preventing drug use among children and adolescents (in brief). National Institute on Drug Abuse, <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief>
- Ellickson, P.L., Bell R.M., Harrison E.R. (1993). Changing adolescent propensities to use drugs: Results from project ALERT. *Health Education Quarterly* Summer, 20(2):227-42. <http://www.ncbi.nlm.nih.gov/pubmed/8491635#>
- Komro, et al. (1996). Peer-planned social activities for the prevention of alcohol use among young adolescents. *Journal of School Health*, 66(9), 328-334. <http://www.ncbi.nlm.nih.gov/pubmed/8959592>
- Botvin, G., Baker E., Dusenbury L., Botvin E.M., Diaz T. (1995). Long-term follow-up: Results of a randomized drug abuse prevention trial in a white middle-class population. *JAMA*. 273(14):1106–1112. doi: <https://doi.org/10.1001/jama.1995.03520380042033>
- Williams, C. & Perry, C. (1998). Lessons from project northland. NIDA. <http://pubs.niaaa.nih.gov/publications/arh22-2/107-116.pdf>
- Golub, A., & Johnson, B. D. (2001). Variation in youthful risks of progression from alcohol and tobacco to marijuana and to hard drugs across generations. *American Journal of Public Health*, 91(2), 225–232. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446541>
- Brown, J. H., D’Emidio-Caston, M., & Pollard, J. A. (1997). Students and substances: Social power in drug education. *Educational Evaluation and Policy Analysis*, 19(1), 65–82. <https://journals.sagepub.com/doi/pdf>
- Erceg-Hurn, D. (2008). Drugs, money, and graphic ads: A critical review of the montana meth project. *Prevention Science*, 9(4): 256-263. <https://doi.org/10.3102/01623737019001065>
- Anderson D.M. (2010). Does information matter? The effect of the meth project on meth use among youths. *Journal of Health Economics*, 29(5): 732-42. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4323270/>

# References

- de Hoog, N., Stroebe, W. & de Wit, J. (2005). The impact of fear appeals on processing and acceptance of action recommendations. *Personality and Social Psychology Bulletin*, vol. 31,1, pp. 24-33. <https://www.ncbi.nlm.nih.gov/pubmed/15574659>
- Ruiter, R., Abraham, C. & Kok, G. (2001). Scary warning and rational precautions: a review of the psychology of fear appeals, *Psychology & Health*, vol. 16, 6, pp. 613-630. <https://www.tandfonline.com/doi/abs/10.1080/08870440108405863>
- Hastings, G. & Stead, M. (2004). Fear appeals in social marketing: strategic and ethical reasons for concern. *Psychology and Marketing*, Vol. 21: 961-986. <https://onlinelibrary.wiley.com/doi/abs/10.1002/mar.20043>
- Lewis, I., Watson, B. & Tay, R. (2007). Examining the effectiveness of physical threats in road safety advertising: The role of the third-person effect, gender, and age. *Transportation Research Part F: Traffic Psychology and Behaviour*, vol. 10, 1, pp. 48-60. <https://www.sciencedirect.com/science/article/abs/pii/S1369847806000374>
- Brehm, J. (2009) A theory of psychological reactance (pp. 377-390). In: Burke WW, ed. et al. *Organization Change: A Comprehensive Reader*, San Francisco, CA: Jossey-Bass.
- Ben-Ari, O.T., Florian, V. & Mikulincer, M. (2000) Does a threat appeal moderate reckless driving? A terror management theory perspective, *Accident Analysis and Prevention*, vol. 32, 1, pp. 1-10. <https://www.ncbi.nlm.nih.gov/pubmed/10576671>
- Perkins, H. (2002). Social norms and the prevention of alcohol misuse in collegiate contexts. *J. Stud. Alcohol*, Supplement No. 14: 164- 172. <http://www.collegedrinkingprevention.gov/supportingresearch/journal/perkins2.aspx>
- Schwarz, N., Newman, E., & Leach, W. (2016). Making the truth stick & the myths fade: lessons from cognitive psychology. *Behavioral Science & Policy*, 2(1), 85–95. <https://doi.org/10.1353/bsp.2016.0009>
- Jewell, J, & Hupp, S.D. (2005). Examining the effects of fatal vision goggles on changing attitudes and behaviors related to drinking and driving. *The Journal of Primary Prevention*, Vol 26:6 (2005): 553-65. <https://www.ncbi.nlm.nih.gov/pubmed/16228116>
- Williams, J. S. (2003). Grouping high risk youths for prevention may harm more than help. *NIDA Notes*, 17(5). <http://archives.drugabuse.gov/pdf/NNCollections/NNPrevention.pdf>
- Dishion, T. "Peer Contagion in Interventions for Children and Adolescents: Moving Towards an Understanding of the Ecology and Dynamics of Change" *J Abnorm Child Psychol*. 2005 Jun; 33(3): 395–400. 1999.
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2745625/>
- Kelly, John F. (2018). Communicating about addiction: accuracy or alienation? *Psychology Today*, <https://www.psychologytoday.com/us/blog/addiction-recovery-101/201801/communicating-about-addiction-accuracy-or-alienation>

# References

- Cambridge Dictionary. (2019). Stigma. <https://dictionary.cambridge.org/dictionary/english/stigma>
- English Oxford Dictionary. (2019). Stigma. <https://en.oxforddictionaries.com/definition/stigma>
- Hing, N., Russell, A., & Gainsbury, S. (2016). Unpacking the public stigma of problem gambling: the process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, 5(3), 448-456.
- National Academies of Sciences, Engineering, and Medicine. (2016). Ending discrimination against people with mental and substance use disorders: the evidence for stigma change. Washington, DC: The National Academies Pres. doi: 10.17226/23442.
- Livingston, J. D. & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: a systematic review and meta-analysis. *Social Science & Medicine*, 71(12), 2150–2161. <https://doi.org/10.1016/j.socscimed.2010.09.030>
- CDC. Adverse childhood experiences (ACEs). (1997).
- <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>
- The National Center on Addiction and Substance Abuse at Columbia University. (2011, June). Adolescent substance use: america’s #1 public health problem. <http://files.eric.ed.gov/fulltext/ED521379.pdf>
- Evidence-Based Practices Resource Center: <https://www.samhsa.gov/ebpresource-center>
- Blueprints for Healthy Youth Development: <https://www.blueprintsprograms.org/>
- Excellence in Prevention Strategies: <https://www.theathenaforum.org/EBP>
- Help and Hope WV: <https://helpandhopewv.org/>

# References

- Stigma Free WV: <https://stigmafreewv.org/>
- Center on Addiction: <https://www.centeronaddiction.org/addiction-prevention>
- National Institute on Drug Abuse: <https://www.drugabuse.gov/>
- SAMHSA. (2017, March). Focus on prevention. <https://store.samhsa.gov/system/files/sma10-4120.pdf>
- SAMHSA. (2019, June). Guide to SAMHSA's strategic prevention framework. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>
- Montana State University Center for Health and Safety Culture. Positive Culture Framework.
- McAlaney, J., Bewick, B. M., and Bauerle, J. (2010) Social Norms Guidebook: A Guide to Implementing the Social Norms Approach in the UK. University of Bradford, University of Leeds, Department of Health: West Yorkshire, UK.
- Kelly Ph.D., ABPP, John F. "Does It Really Matter How We Talk About Addiction?" Psychology Today, <https://www.psychologytoday.com/us/blog/addiction-recovery-101/201706/does-it-really-matter-how-we-talk-about-addiction-0#>
- Kelly Ph.D., ABPP, John F. "Communicating About Addiction: Accuracy or Alienation?" Psychology Today, [www.psychologytoday.com/us/blog/addiction-recovery-101/201801/communicating-about-addiction-accuracy-or-alienation](http://www.psychologytoday.com/us/blog/addiction-recovery-101/201801/communicating-about-addiction-accuracy-or-alienation)
- 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 - <https://www.changingthenarrative.news/>
- Frameworks Institute: Reframing Adolescent Substance Use and Its Prevention [http://frameworksinstitute.org/assets/files/adolescence\\_youth/reframing\\_adolescent\\_substance\\_use\\_playbook\\_2018.pdf](http://frameworksinstitute.org/assets/files/adolescence_youth/reframing_adolescent_substance_use_playbook_2018.pdf)
- The Associated Press Stylebook - [https://www.apstylebook.com/ap\\_stylebook](https://www.apstylebook.com/ap_stylebook)



Jonnie Kifer

[jonnie@wvpreventionsolutions.org](mailto:jonnie@wvpreventionsolutions.org)

Elizabeth Shahan

[elizabeth@wvpreventionsolutions.org](mailto:elizabeth@wvpreventionsolutions.org)



# Contact Us



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

*a program managed by*



Central East PTTC website:  
[www.pttcnetwork.org/centraleast](http://www.pttcnetwork.org/centraleast)

Danya Institute website:  
[www.danyainstitute.org](http://www.danyainstitute.org)

Deborah Nixon-Hughes, Director:  
[dhughes@danyainstitute.org](mailto:dhughes@danyainstitute.org)

Danya Institute email and phone:  
[info@danyainstitute.org](mailto:info@danyainstitute.org)  
(240) 645-1145

*Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*