

SAMHSA's Center for the Application of Prevention Technologies  
**The Do's and Don'ts of Effective Messaging for  
Substance Abuse Prevention**

This tip sheet provides general guidance on the design and delivery of consistent and effective messaging for substance abuse prevention. Please note that all public health messages should be tailored and tested with intended audiences prior to distribution and promotion.

## The Do's

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- ✓ **Do frame the conversation as a health issue.** Talking about substance use as a health issue puts it in a context that our society has learned to view positively and openly. Just like annual check-ups and cancer screenings, substance abuse prevention should become part of an individual's list of overall health concerns and health-promoting activities.<sup>i</sup>
- ✓ **Do use realistic, real-life examples.** Rather than emphasizing what COULD happen to a person who misuses or abuses substances, provide examples and stories from individuals who HAVE abused substances, resulting in life-altering effects.<sup>ii</sup>
- ✓ **Do help individuals identify potential consequences.** Though the consequences of substance use are well-known, it can be difficult for an individual to relate to broad, general concepts. It is more effective to talk about how substance abuse might specifically affect an individual's personal, daily life.<sup>iii</sup>
- ✓ **Do engage peers as messengers.** Individuals—both young and adult—respond best to individuals with whom they can relate. First-person accounts or stories of use and abuse by peers can often engage individuals who may be resistant to more general prevention messages.<sup>iv,v</sup>
- ✓ **Do de-glamorize substance use.** Drug use is often seen as a recreation of the young and beautiful—particularly the celebrity set. For youth, in particular, messaging should emphasize the outward effects of drug use, including damage to teeth, breath, and skin.<sup>vi</sup>

## The Don'ts

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- ✓ **Don't lecture, guilt, or shame.** Particularly in youth culture, using substances is often viewed as part of becoming an independent adult. Framing substance use avoidance simply as an unbreakable rule can cause individuals to seek it as a form of rebellion.<sup>vii</sup>
- ✓ **Don't encourage sensation-seeking.** Recounting days of college experimentation without explaining the negative consequences can encourage youth to conclude that using drugs is survivable and a normal part of growing up.<sup>viii</sup>
- ✓ **Don't use scare tactics.** Scare tactics challenge some to prove that their authority figures are wrong. Individuals who believe a presentation is exaggerated or untrue may ignore the meaning of the message.<sup>ii</sup>
- ✓ **Don't illustrate or dramatize drug use.** Such depictions may encourage and/or inadvertently teach people ways to prepare, obtain, or ingest illegal substances.<sup>ix</sup>

## Messages from Drug Prevention Campaigns and Champions

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Below are examples of prevention messages developed by community, state, and federal agencies and examples. For additional examples, see the CAPT resource [Statewide Prescription Drug Misuse and Abuse Prevention and Education Campaigns: Selected Examples](#).

“Two-thirds of teens who report abuse of prescription medicine are getting them from family, friends, and acquaintances. Make sure the teens in your life don't have access to your medicine. Find out how to monitor, secure, and properly dispose of unused and expired prescription and over-the-counter cough medicine in your home.”

—Kentucky Office of Drug Control Policy

“Talk to your kids. Talking about the dangers of substance use and showing disapproval of such behavior are key factors in preventing drug and alcohol use. Talk in your home, during meals, in the car, at the game. Always keep the lines of communication open.”

—New York State Office of Alcoholism and Substance Abuse Services

“In Ohio, since 2007, there have been more deaths from drug overdose than from motor vehicle traffic crashes.”

—Prescription for Prevention, Ohio

“Record and understand prescription information, and rely on the experts, pharmacists, and doctors, for help. Safely acquire medication, whether buying your prescription at the neighborhood pharmacy or an online pharmacy. Appropriately use and administer medications. Find a secure storage spot, and dispose of unneeded medications. Educate family and friends on abuse and misuse dangers.”

—*National Association of Boards of Pharmacy*

“You might hear teens (and even some parents) say that alcohol and marijuana aren’t ‘that bad’ or ‘OK in moderation.’ However, substances like alcohol and marijuana are especially dangerous for teen brains, which are still growing and developing until about age 25.”

—*Reality Check, Cambridge Prevention Coalition*

“Inhalants are gases and vapors from products used in homes, offices, and schools that are inhaled. Because they get into your lungs and blood so quickly and because they are toxic and pollutants, they can damage all parts of your body. When people use inhalants like drugs, they are really poisoning themselves.”

—*Massachusetts Department of Public Health, Bureau of Substance Abuse Services*

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<sup>i</sup>Leshner, A. I. (1997). Addiction is a brain disease, and it matters. *Science*, 278(5335): 45-47.

<sup>ii</sup>Fishbein, M., Hall-Jamieson, K., Zimmer, E., von Haeften, I., & Nabi, R. (2002). Avoiding the boomerang: Testing the relative effectiveness of antidrug public service announcements before a national campaign. *American Journal of Public Health*, 92(2), 238–245.

<sup>iii</sup>Katz, E. C., Fromme, K., & D’Amico, E. J. (2000). Effects of outcome expectancies and personality on young adults’ illicit drug use, heavy drinking, and risk sexual behavior. *Cognitive Therapy and Research*, 24(1), 1–22.

<sup>iv</sup>Valente, T. W., Ritt-Olson, A., Stacy, A., Unger, J. B., Okamoto, J., & Sussman, S. (2007). Peer acceleration: Effects of a social network tailored substance abuse prevention program among high-risk adolescents. *Addiction*, 102(11), 1804–1815.

<sup>v</sup>Miller-Day, M., & Hecht, M. L. (2013). Narrative means to preventative ends: A narrative engagement framework for designing prevention interventions. *Health Communication*, 28(7), 657–670.

<sup>vi</sup>Coyne, S. M., Callister, M., & Phillips, J. C. (2011). Getting boozy in books: Substance use in adolescent literature. *Health Communication*, 26(6), 512–515.

<sup>vii</sup> Cho, H., & Franklin, J. B. (2008). Effects of gain versus loss frame antidrug ads on adolescents. *Journal of Health Communication*, 58(3), 428–446.

<sup>viii</sup> Greene, K., Krcmar, M., Walters, L. H., Rubin, D. L., & Hale, J. L. (2000). Targeting adolescent risk-taking behaviors: The contribution of egocentrism and sensation-seeking. *Journal of Adolescence*, 23(4), 439–461.



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<sup>ix</sup> Weinstein, A., Lingford-Hughes, A., Martinez-Raga, J., & Marshall, J. (1998). What makes alcohol-dependent individuals early in abstinence crave for alcohol: Exposure to the drink, images of drinking, or remembrance of drinks past? *Alcoholism: Clinical and Experimental Research*, 22(6), 1376–1381.

