2014

ENVIRONMENTAL STRATEGY RESOURCE GUIDE: Positive Social Norms

Resource Guide Overview

This document serves as a resource to the Georgia Strategic Prevention Systems Alcohol Prevention Project (GASPS APP). The primary purpose of this resource guide is to provide models, templates and examples of environmental strategies.

All documents are searchable within the pdf document except those notated with *, indicating document is non-searchable.

Contents

Michael Haines

Most of Us

Be The Wall

The Social Norms Approach

An Evidence Based
Behavior Change Strategy

October 21-22, 2013

Georgia DBH & DD
Office of Prevention Services and Programs

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Social Norms Consultation

GASPS APP Resource Guide

TRAINING • RESEARCH • DEVELOPMENT

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Presentation Outline

Day One

1. Introductions
2. The Social Norms Approach
3. Case Studies (College, Teens, Social Host)

Lunch

1. Objectives – Population – Tactics
2. Collecting Information (Focus Group)
3. Developing Messages – Using Media
4. Intercept Survey

Presentation Outline

Day Two

1. **Structural Change & Policy**

2. **Press Relations**

3. **Summary**

Lunch

What are Social Norms?

Cultural Traditions
Community Standards
Societal Customs
Collective Mores
Group Expectations
Shared Beliefs
Typical Behaviors
Common Practices
Public Conduct

How do Social Norms Work?

Person's *Perceptions* of Other people's Behavior

And

Person's *Perceptions* of Other people's Approval/Disapproval of Behavior.

Person ⟷ Person's Behavior

Social Norms Premises

Every functioning social system

(group, community, culture, etc.)

has protective social norms.

(a majority who hold pro-social attitudes and/or health positive behaviors).

Protective norms are misperceived.

(Problems are over estimated and solutions are under estimated)

Protective Social Norms

- ➢ **Assets**
- ➢ **Solutions**
- ➢ **Goodness**
- ➢ **Ability**
- ➢ **Success**
- ➢ **Health**
- ➢ **Care**
- ➢ **Protection**
- ➢ **Resiliency**
- ➢ **Capacity**

How do Social Norms Work?

| Person's *Perception* of Other Person's Behavior |

$\big\{$

Everyone gets drunk
Everyone bullies
Everyone smokes
No one wears a seatbelt
Boys will be boys

Person ⟶ **Person's Behavior**

Misperception of Social Norms Creates *Imaginary Peer Pressure*

- **Imaginary pressure to adopt the *over-perceived* problem behavior**

- **Imaginary pressure to hide the *under-perceived* solution behavior**

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Misperception of Social Norms Creates *Imaginary Peer Pressure*

Imaginary social pressure to

       discuss,

       expect,

       tolerate,

       and even adopt

misperceived aberrant behaviors and beliefs.

Misperception of Social Norms Creates *Imaginary Peer Pressure*

Imaginary social pressure to

          minimize,

          suppress,

          and even hide

  normative behaviors and beliefs.

Almost Half of US Teens Abuse Drugs

American high-school-age youth have a higher level of illicit drug use than those of any other industrialized nation. By their senior year in high school, roughly 40% of American high school students have tried an illegal drug, whether marijuana, amphetamines, heroin or other opiates, cocaine, or barbiturates.

Alcohol use has remained at a stable and relatively high level since 1975 with 93% of high school seniors stating usage "at some time in their lives."

The other statistics are just as startling.

Stimulants-27%

Cocaine-16%

Hallucinogens-15%

Sedatives or Barbiturates-14%

Inhalants-14%

Tranquilizers-13%

Opiates-10%

LSD-9%

Clear Majority of US Teens Are Drug Free

Most American high-school-age youth make the decision to avoid illicit drugs. Almost 2 of 3 high school seniors have <u>never</u> tried an illegal drug, whether marijuana, amphetamines, heroin or other opiates, cocaine, or barbiturates. The numbers climb even higher as you look at lower grade levels.

Alcohol use has dropped dramatically since 1975 with 21% fewer high school seniors using "at some time in the last thirty days."

The other statistics are just as encouraging.

> **LSD-91%** *never use*
>
> **Opiates-90%** *never use*
>
> **Tranquilizers-87%** *never use*
>
> **Inhalants-86%** *never use*
>
> **Sedatives or Barbiturates-86%** *never use*
>
> **Hallucinogens-85%** *never use*
>
> **Cocaine-84%** *never use*
>
> **Stimulants-73%** *never use*

Which story will you tell?   Why?

Almost Half of US Teens Abuse Drugs

American high-school-age youth have a higher level of

illicit drug use than those of any other industrialized nation…

Alcohol use has remained stable and relatively high since 1975...

or

Clear Majority of US Teens Are Drug Free

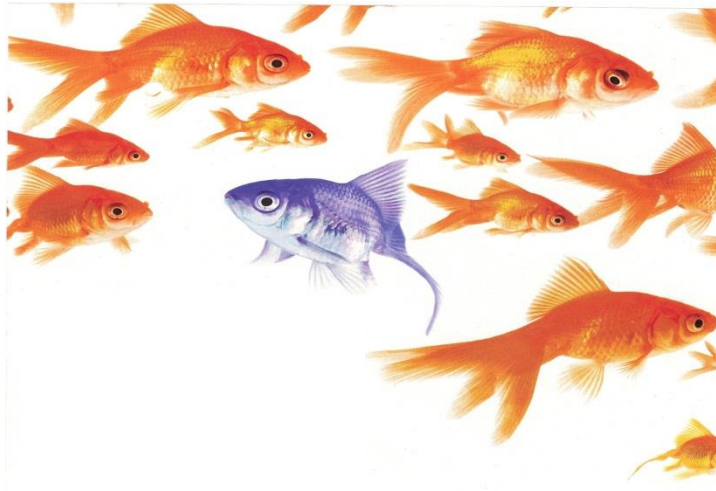Most American high-school-age youth make the decision to avoid illicit drugs…

Alcohol use has dropped dramatically since 1975...

Why Are Social Norms Misperceived?

- **Public Conversation**

- **Commercial News**

- **Pop Culture**

Why Are Social Norms Misperceived?

More Aberrant = More Visible

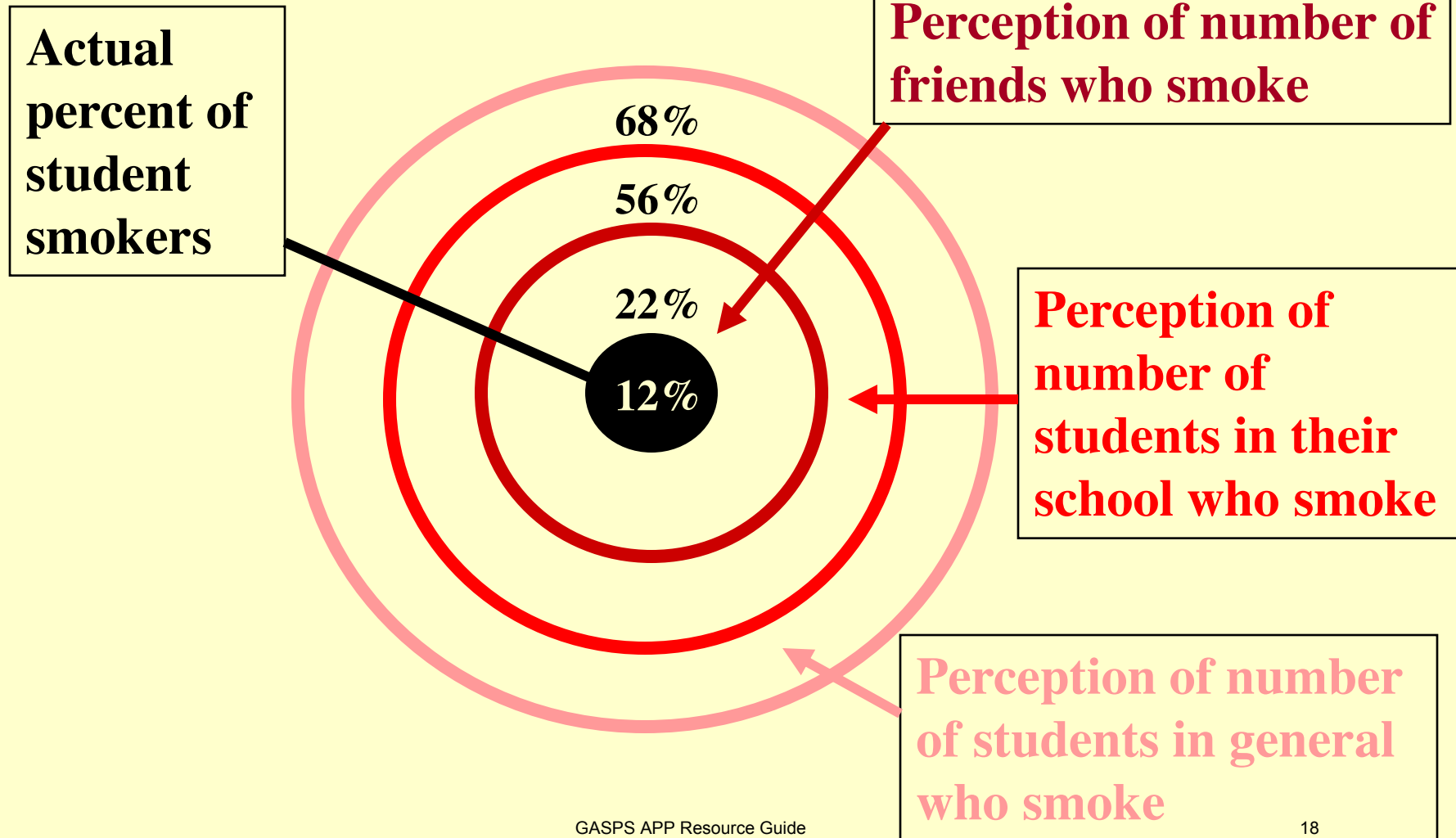## More Visible = More Normal

Why Are Social Norms Misperceived?

- **Public Conversation**

- **Commercial News**

- **Pop Culture**

- **Attribution Error**

Social Norms Hypothesis

Changing Perception of Social Norms
(decreasing perception of problems and increasing perception of solutions)

Changes Human Behavior.

(reduces risk and promotes health)

The Social Norms Approach succeeds by making healthy *Norms* more visible.
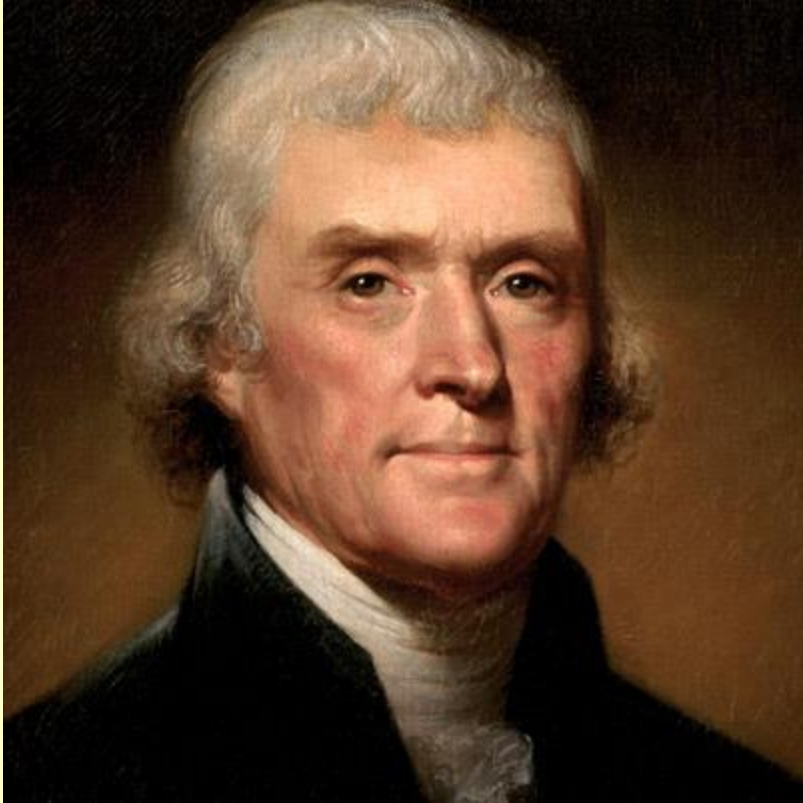
Social Norms Formula

Identify $+$ Model $+$ Promote
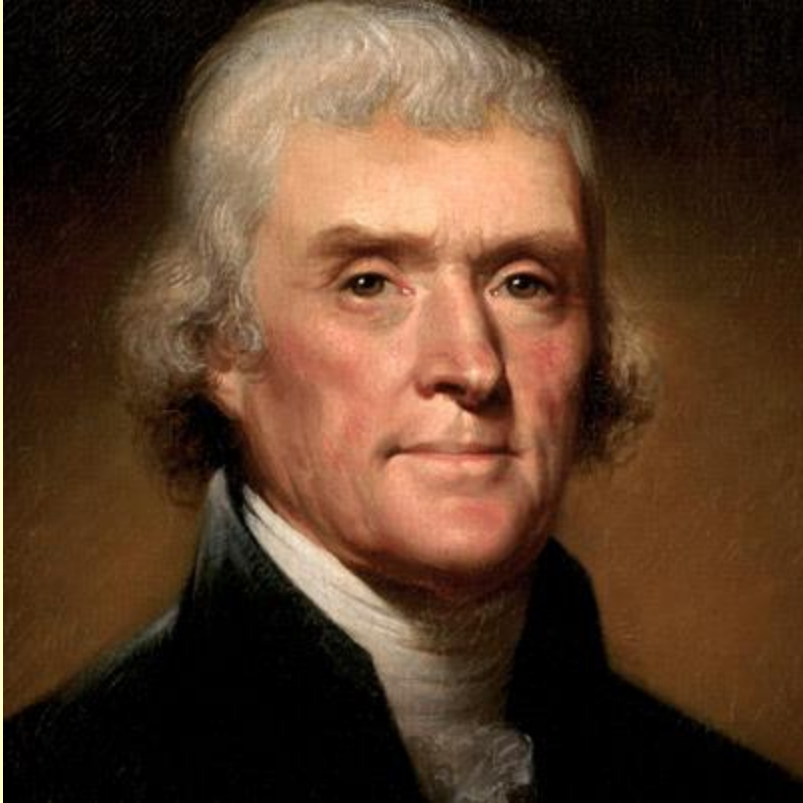
Protective practices and healthy beliefs

Pro-social attitudes and health-positive behaviors

$=$ **Health Enhancement and**

Risk Reduction

"A lie told often enough becomes the truth."

Thomas Jefferson

A *truth* told often enough becomes the truth.

Poll of Teens Finds 77 Percent Say They Don't Drink Alcohol

By Join Together Staff | October 24, 2013

A poll of high school teens finds 77 percent say they don't drink alcohol. According to Mothers Against Drunk Driving (MADD), which released the poll, 69 percent of teens say they don't drink, and an additional 8 percent say they used to drink, but don't anymore.

When asked why they don't drink, teens said their top five reasons were because it's illegal, it can be harmful to their health, it can affect their grades, their parents disapprove, and they don't want to be like their peers who drink, according to Health Day.

According to the poll of 695 students, more than half said they would be less likely to be friends with or date someone who is an underage drinker, the article notes.

The results were released during Red Ribbon Week, a national campaign to raise awareness about the dangers of drug and alcohol use among young people.

"As adults, we know how dangerous underage drinking is for our kids, but these new survey results show that teens are getting the message, too," MADD National President Jan Withers said in a news release.

Social Norms Hypothesis

Changing Perception of Social Norms (decreasing perception of problems and increasing perception of solutions)

Changes Human Behavior. (reduces risk and promotes health)

Social Norms Formula

Identify **+** Model **+** Promote

Protective practices and healthy beliefs

Pro-social attitudes and health-positive behaviors

= Health Enhancement and

Risk Reduction

Social Control Approach

- **Relies on Scare tactics**

- **Highlights risks**

- **Uses media to exaggerate the problem**

- **Uses policy to coerce behavior change**

- **Threatens real or imagined punishment, harm, or even death.**

© Michael Haines 2007

Protective practices, policies, and places are developed by the authorities and imposed on the population without their input.

Scare Tactics Fail

Jaws Factor (Increases Risk)

Young adults flocked to the beaches where *Jaws* was filmed.

State Trooper Effect (Very Brief Impact)

How long does a driver reduce speed when seeing the police on a motorway?

Scared Straight Phenomenon (No Impact)

The award winning documentary *Scared Straight*, reinforced the behavior of both the straight and the twisted, but left most youth unaffected.

False Norm Consequences (Increases Risk)

Highly visible scare media <u>increases the misperception</u> that harm is widespread and nobody cares.

Problem Focused Scare Tactic	**Solution Based Hopeful Method**
Crashed Car	Cool Car
Victim Speaker	Hero Speaker
Simulated Wreck	Limo Rides
Danger Drama	Safer Scenarios
Warning Letter	Praise Letter
Legal Consequences	Social Reward
Threat of Death	Celebration of Life
Mocktails	Healthy Drinks
Beer Goggles	?????

JOURNAL OF AMERICAN

COLLEGE HEALTH

Changing the Percpetion of The Norm: A Strategy to Decrease Binge Drinking among College Students
Haines, M.P. and S. F Spear. (1996).
Journal of American College Health, 45, 134-140.

A Media Campaign Decreases Heavy Drinking on Campus
Actual Heavy Drinking Rates Compared to Perceived Heavy Drinking Rates

Baseline

Traditional

Intervention →

80

60

50%

40

20

0

◆ **NIU Students Perceived Heavy Drinking***

▲ **NIU Students Actual Heavy Drinking***

| 1988 n=644 | 1989 n=779 | 1990 n=716 | 1991 n=792 | 1992 n=814 | 1993 n=853 | 1994 n=1,052 | 1995 n=990 | 1996 n=860 | 1997 n=882 | 1998 n=550 |

*Heavy drinking defined as drinking more than 5 drinks when "partying." Source: Northern Illinois University, 1999

A Media Campaign Decreases Heavy Drinking on Campus
NIU & National Heavy Drinking Rates Compared to NIU Perceived Rates
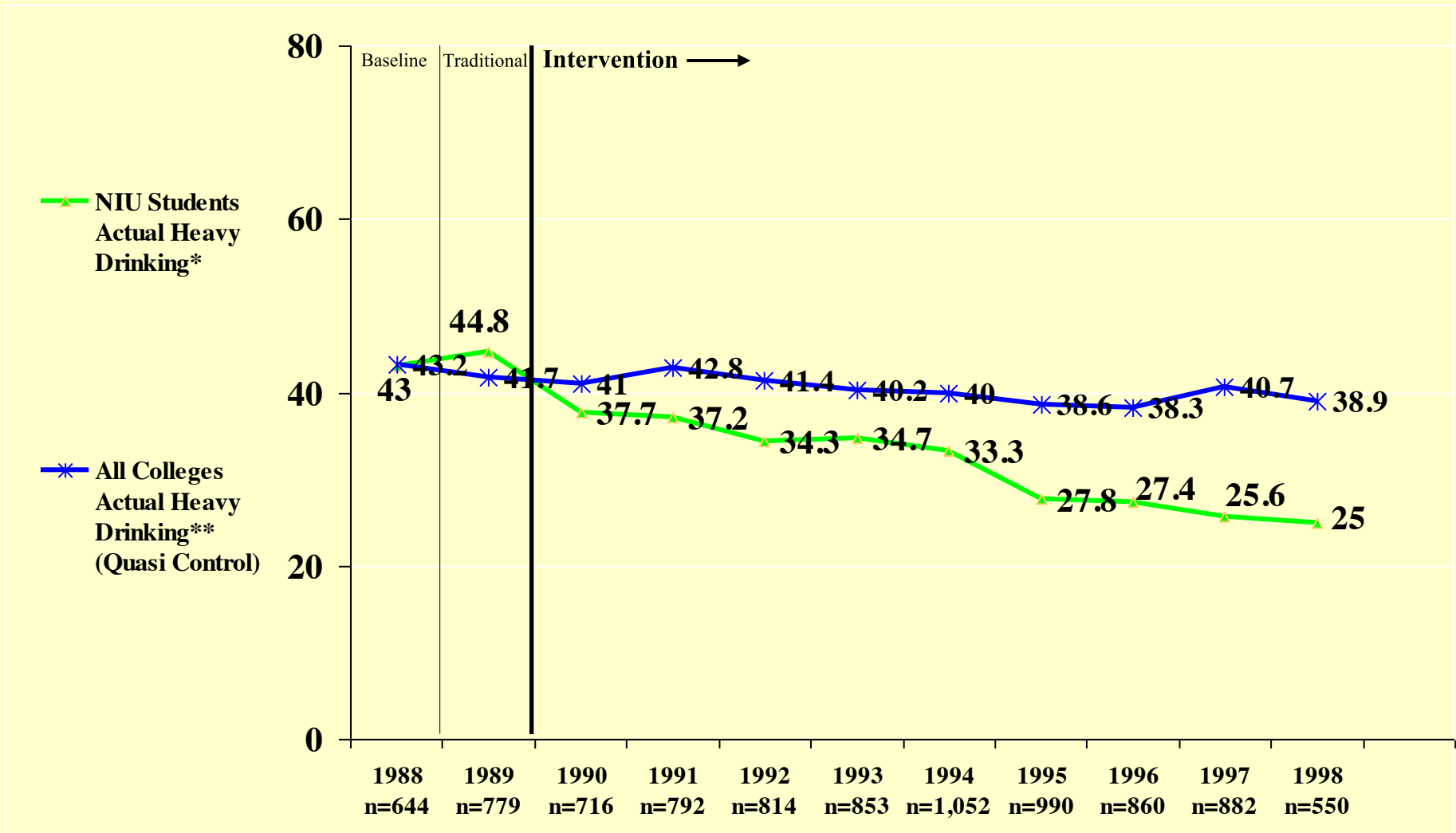
Baseline | Traditional | **Intervention** ⟶

NIU Students Actual Heavy Drinking*

All Colleges Actual Heavy Drinking* **(Quasi Control)**

44.8

43.2 41.7 41 42.8 41.4 40.2 40 38.6 38.3 40.7 38.9

43 37.7 37.2 34.3 34.7 33.3 27.8 27.4 25.6 25

1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
n=644	n=779	n=716	n=792	n=814	n=853	n=1,052	n=990	n=860	n=882	n=550

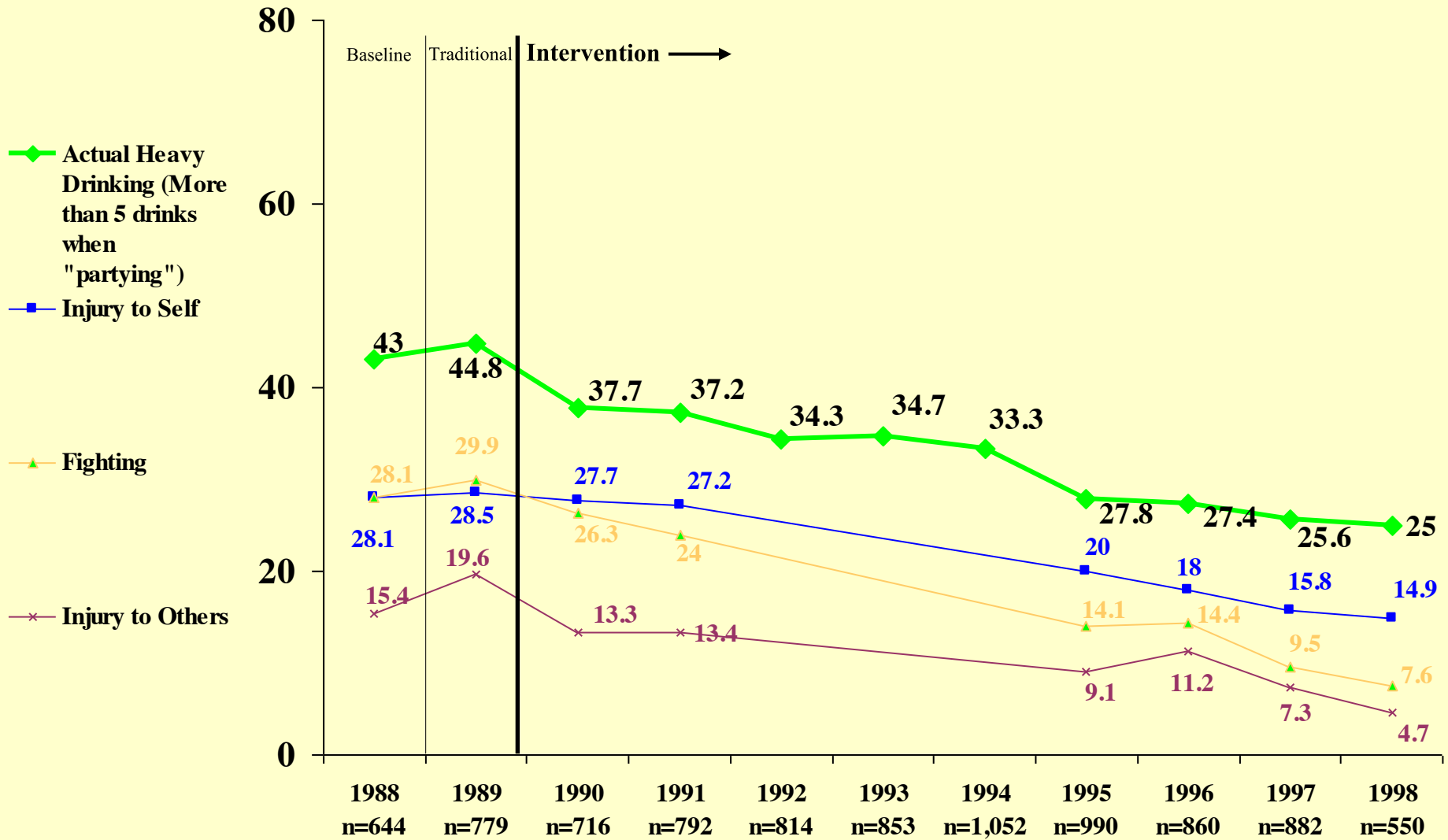*Heavy drinking defined as drinking more than 5 drinks when "partying." Source: Northern Illinois University, 1999
**Heavy drinking defined as drinking 5 or more drinks at a sitting within the last 2 weeks. Source: *Monitoring The Future Study*, The University of Michigan Institute for Social Research; National Institute on Drug Abuse.

A Media Campaign Decreases Heavy Drinking on Campus
## *NIU Heavy Drinking Rates Compared to Alcohol Harm Rates*

Baseline | Traditional | **Intervention** →

Legend:
- ◆ **Actual Heavy Drinking (More than 5 drinks when "partying")**
- ■ **Injury to Self**
- ▲ **Fighting**
- ✕ **Injury to Others**

Actual Heavy Drinking: 43, 44.8, 37.7, 37.2, 34.3, 34.7, 33.3, 27.8, 27.4, 25.6, 25

Injury to Self: 28.1, 28.5, 27.7, 27.2, 20, 18, 15.8, 14.9

Fighting: 28.1, 29.9, 26.3, 24, 14.1, 14.4, 9.5, 7.6

Injury to Others: 15.4, 19.6, 13.3, 13.4, 9.1, 11.2, 7.3, 4.7

1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
n=644	n=779	n=716	n=792	n=814	n=853	n=1,052	n=990	n=860	n=882	n=550

Source: Northern Illinois University, 1999

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Note: Wording for alcohol related harm questions was different from 1992 through 1994.

The Personal Protective Behaviors of College Student Drinkers: Evidence of Indigenous Protective Norms

Michael Haines, M.S., Gregory Barker, Ph.D. Richard Rice, M.A.
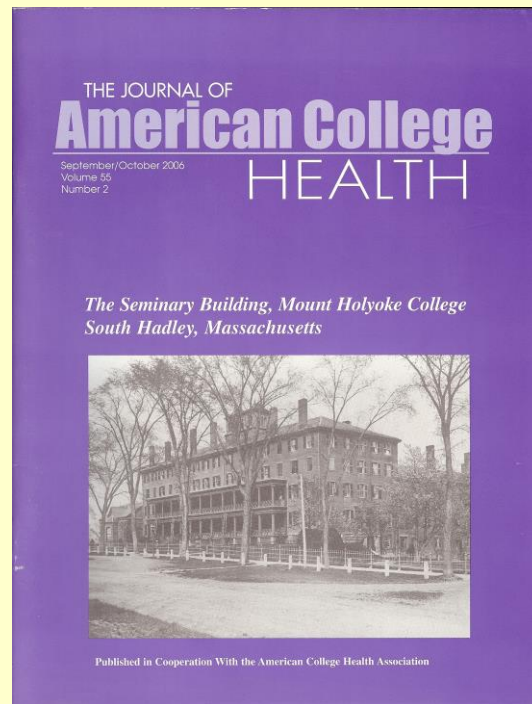
Journal of American College Health

September- October, 2006

Personal Protective Behaviors
(after factor analysis of NCHA data)

1. Avoid drinking games
2. Pace your drinks to 1 or fewer per hour
3. Keep track of how many drinks you are having
4. Choose not to drink alcohol
5. Determine in advance not to exceed a set number of drinks
6. Drink an alcohol look-alike

Key Findings

1. **Most NCHA PPBs Correlate with Reduced Harm**
2. **Some NCHA PPBs *Do Not* Correlate with Reduced Harm**
3. **Using PPBs is Normative (Indigenous Protective Norms)**
    a) **73% of Students Employ at Least One PPB**
    b) **64% of the Students Who Employ PPBs Use Two or More**
4. **PPBs correlate with reduced harm across demographics**
5. **The correlation with harm is consistent and negative (More PPBs used = ever less risk of harm)**
6. **PPBs reduce harm even as BAC rises**
7. ***Situational Abstinence* is a college drinking norm**

Results of Social Norms: Reductions in Heavy Drinking at Universities

- **44% Northern Illinois University**
- **40% Hobart and Wm Smith Colleges**
- **28% University of Arizona**
- **23% Rowan State University**
- **21% University of Missouri**
- **22% Florida State University**
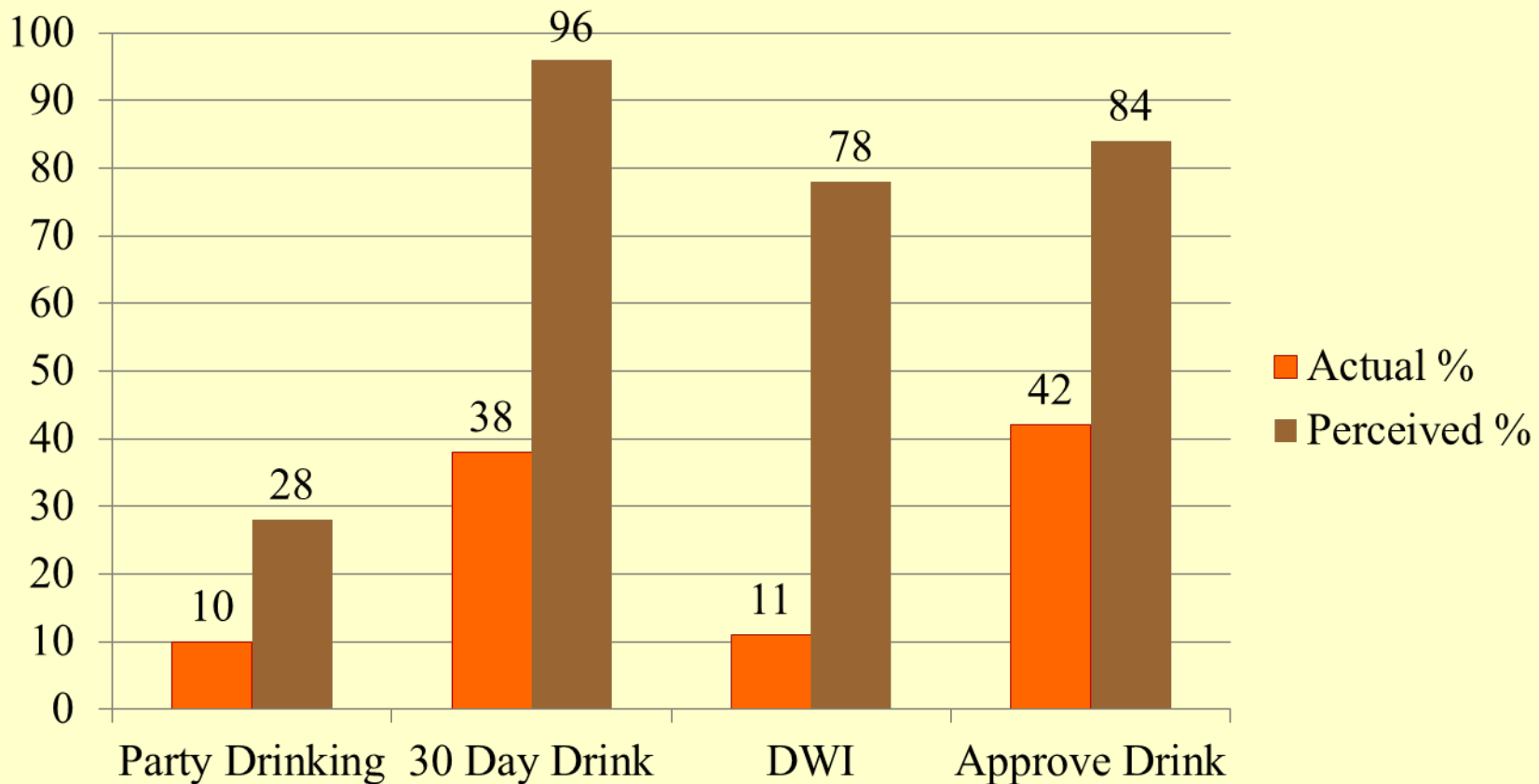- **20% University of Virginia**

The Social Norms Approach
to Preventing
School and College Age
Substance Abuse

A Handbook for
Educators, Counselors,
and Clinicians

H. WESLEY PERKINS
EDITOR

Actual and Perceived Norms
Anywhere High School

From: 2012 Teen Norm Survey Data

Daily Chronicle

DCP/SAFE recognized with federal award

-DeKalb, Illinois

The U.S. Substance Abuse and Mental Health Services Administration, or **SAMHSA, selected** the DeKalb County Partnership for a Safe, Active and Family Environment as **one of five organizations nationwide to receive the 2009 Science and Service Award for Substance Abuse Prevention**, according to a news release from DCP/SAFE.

The awards program recognizes organizations for implementing programs that have been shown to prevent or treat mental illness and substance abuse.

The award recognized DCP/SAFE's Social Norms Marketing Project, which uses media and social marketing to correct misinformation about the extent of normal alcohol, tobacco and drug use in society.

Since baseline data for the project was taken in 1999, outcomes have been measured in DeKalb annually, the release said. In that time, there has been a **21.1 percent reduction in alcohol use by high school students** and a 17.5 percent increase in the number of students who believe their peers think it is wrong to drink, the release said.

Comparison of Actual Student Use

V

Perception of Typical Student Use

Thirty Day Use	Actual Student use	Student perception	Staff perception	Parent perception
At least one drink of **alcohol**?	41%	92%	83%	78%
Smoked **cigarettes**?	16%	73%	63%	59%
Used **marijuana**?	13%	68%	58%	56%

Sources and Believability of Info

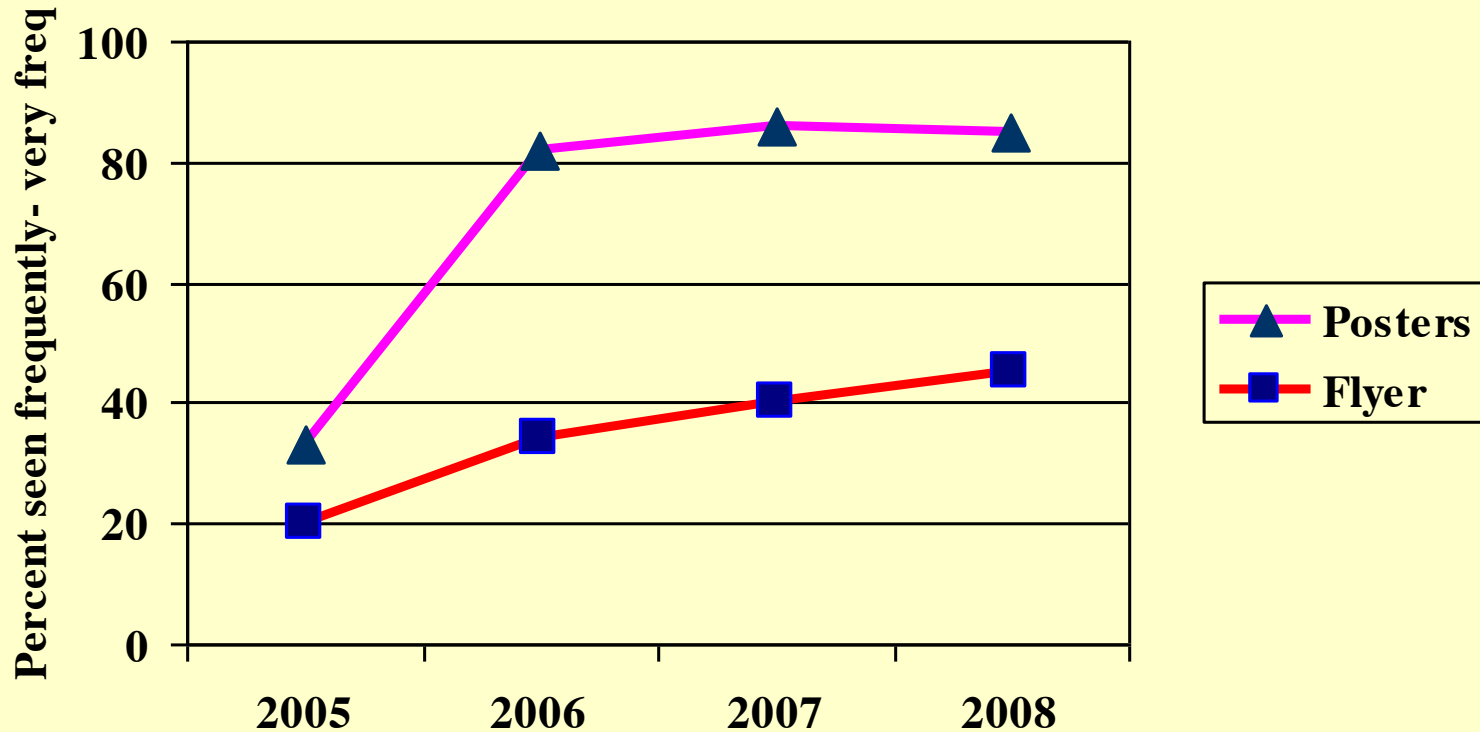| Source	Frequency of Obtaining Information (*Sometimes* to *Very Frequently*)	Rank	Believability of the Information (*Somewhat Believable* to *Very Believable*)	Rank		
Your friends	63%	1	47%	5		
Your parents	58%	2	77%	1	← Note	
Your teachers	49%	3	57%	4		
Nurse, doctor or other health	43%	4	64%	2		
The police, DARE, etc.	42%	5	60%	3		
The Internet	40%	6	27%	13		
A poster at school	36%	7	40%	9		
Your coach	34%	8	46%	7		
School newspaper	30%	9	38%	10		
Church group or minister	29%	10	43%	8		
A flyer/handout	25%	11	35%	12		
School counselor	22%	12	47%	6		
Student peer educator	22%	13	36%	11		43

Media Exposure Measure

*Q7 - **About how many times during this school year have you seen or heard information based on data collected at your school stating that most students at your school and other schools like yours do not drink alcohol?***

Media Exposure Measure

*Q12 & 13 - **During this school year, how frequently have you seen or heard information about tobacco, alcohol, or other drugs from the following sources:***

Perception of Peer Alcohol Use

Student perception of peer drinking in last 30 days

16 point or
25% drop!

Student Alcohol Use

Actual Student Alcohol Use

Percent of Use

Lifetime use
Annual use
30 day use

2005 2006 2007 2008

Drop in use

-9% lifetime

-5% annual

-11% 30 day

Merrill High School

Social Norms Project

March 22, 2010

Media Exposure Measure

Q7 - About how many times during this school year have you seen or heard information based on data collected at your school stating that most students at your school and other schools like yours do not drink alcohol?
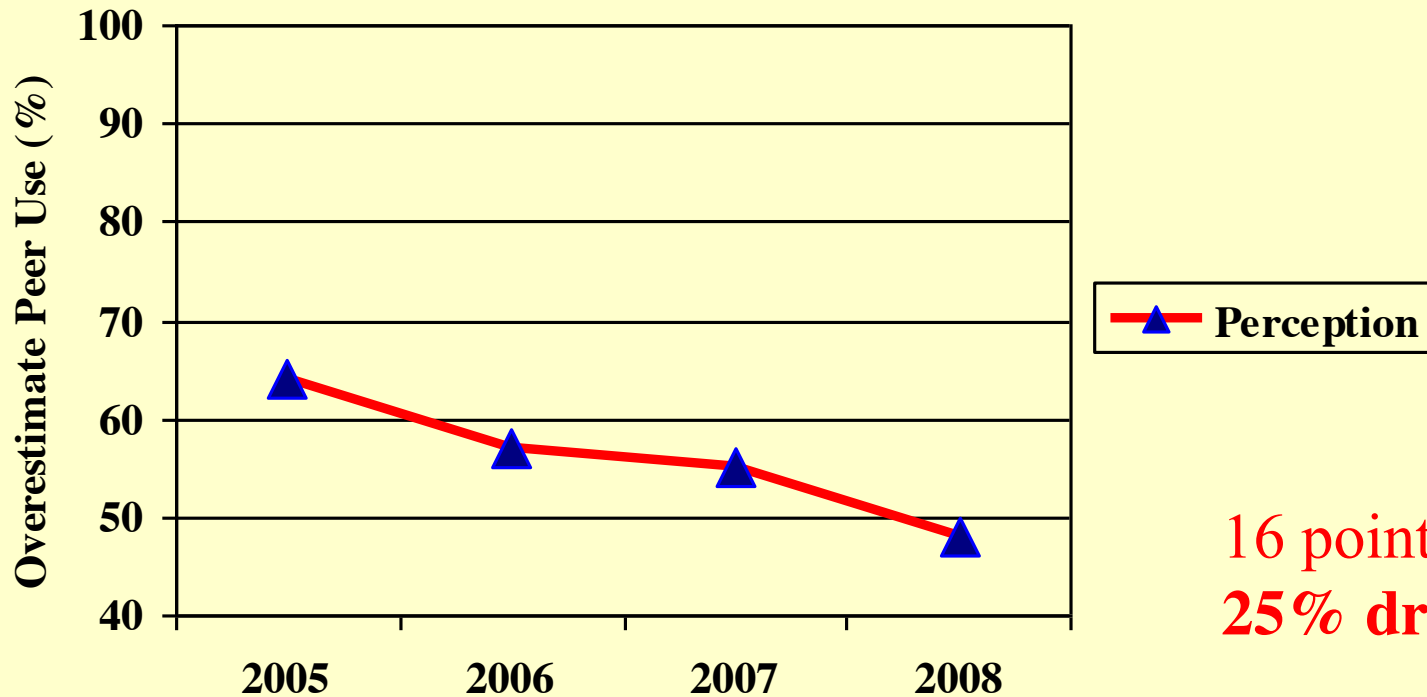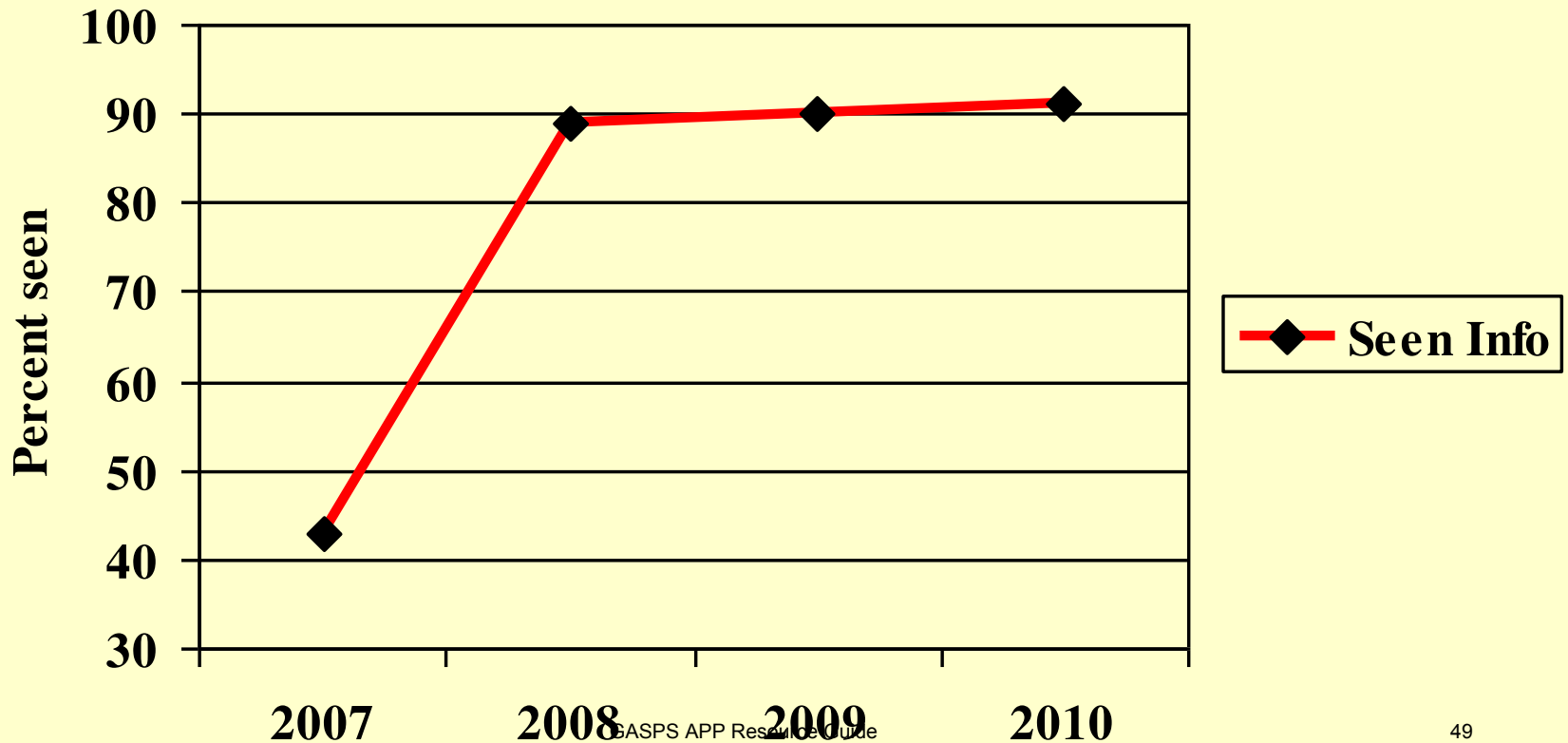
Media Exposure Measure

Q12 & 13 - During this school year, how frequently have you seen or heard information about tobacco, alcohol, or other drugs from the following sources:
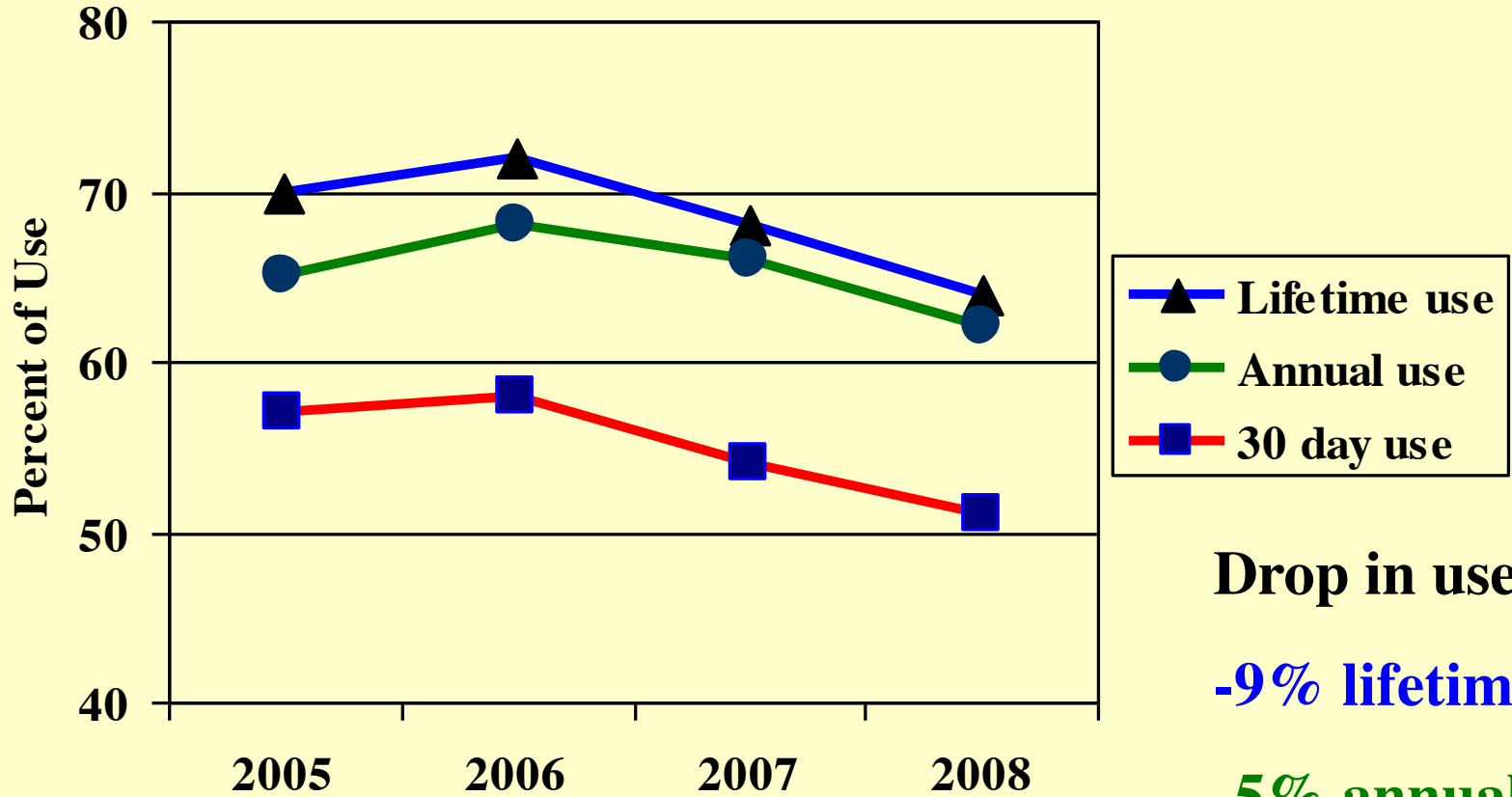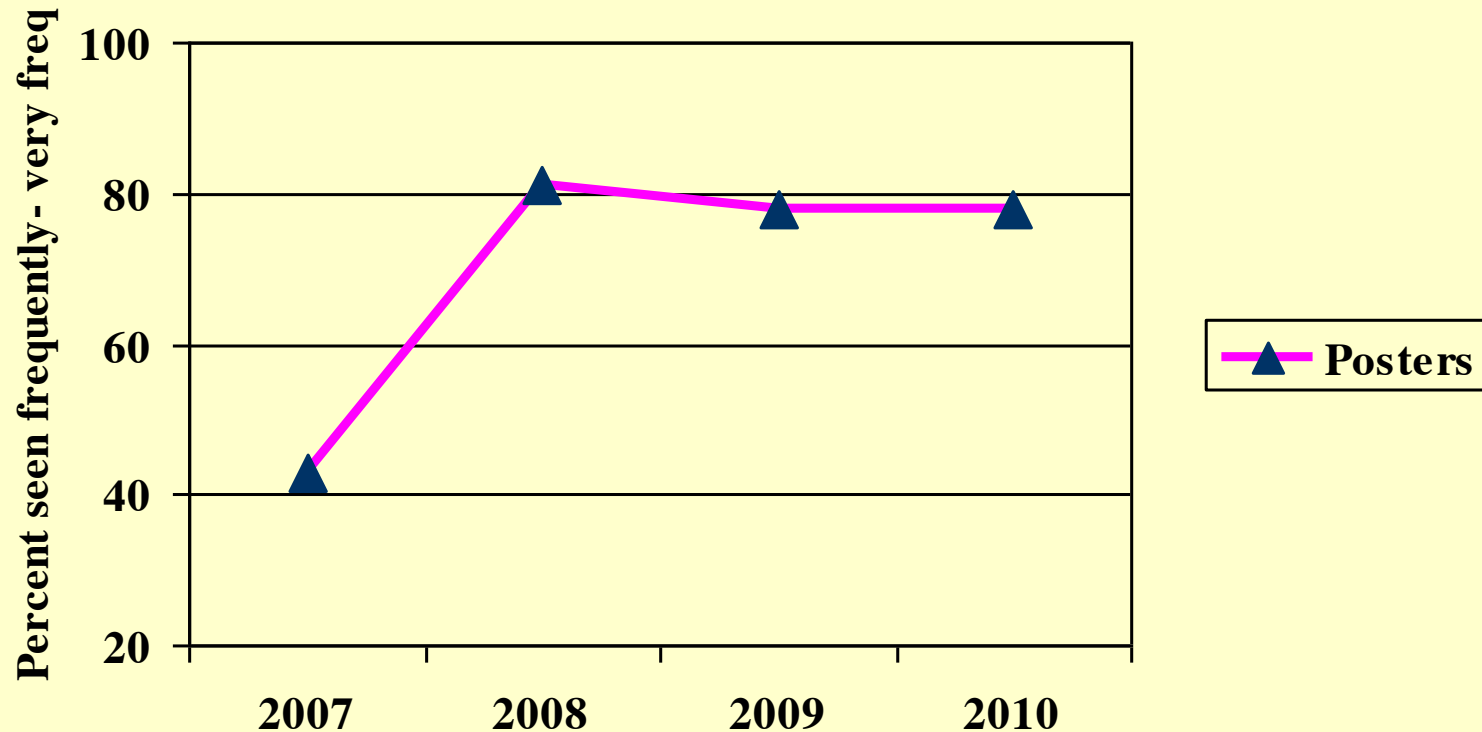
Perception of Peer Alcohol Use

Student perception of peer drinking norm in last 30 days

Chart showing Perception line declining: 2007 = 60%, 2008 ≈ 51, 2009 ≈ 46, 2010 = 40%. Y-axis from 30 to 70. Legend: Perception.

20 point or 33 percent reduction
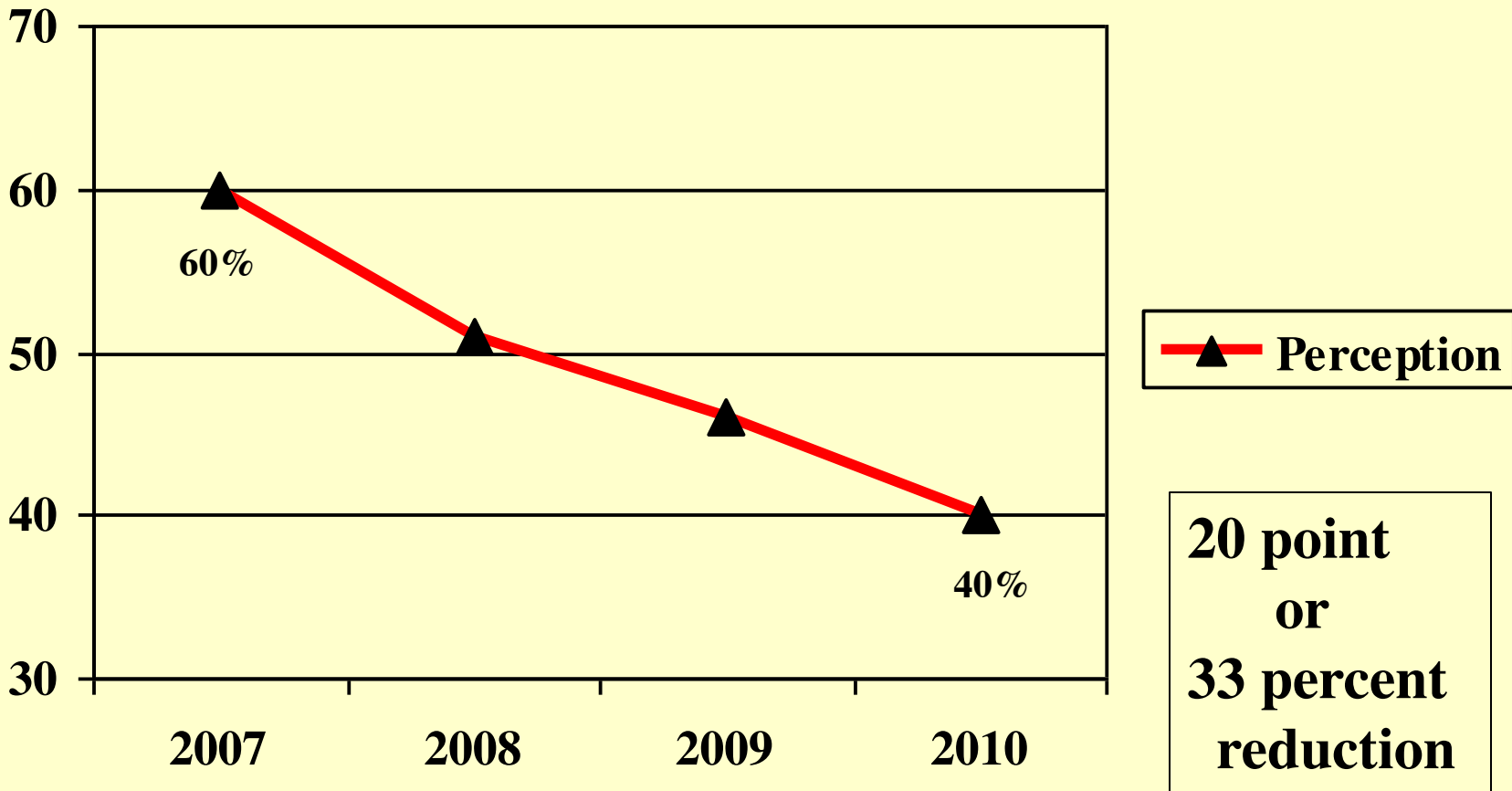
Actual Student Alcohol Use

Actual student alcohol use in last 30 days

(Chart showing "30 day use" declining from 47% in 2007 to 40% in 2010; y-axis from 30 to 70, x-axis years 2007, 2008, 2009, 2010)
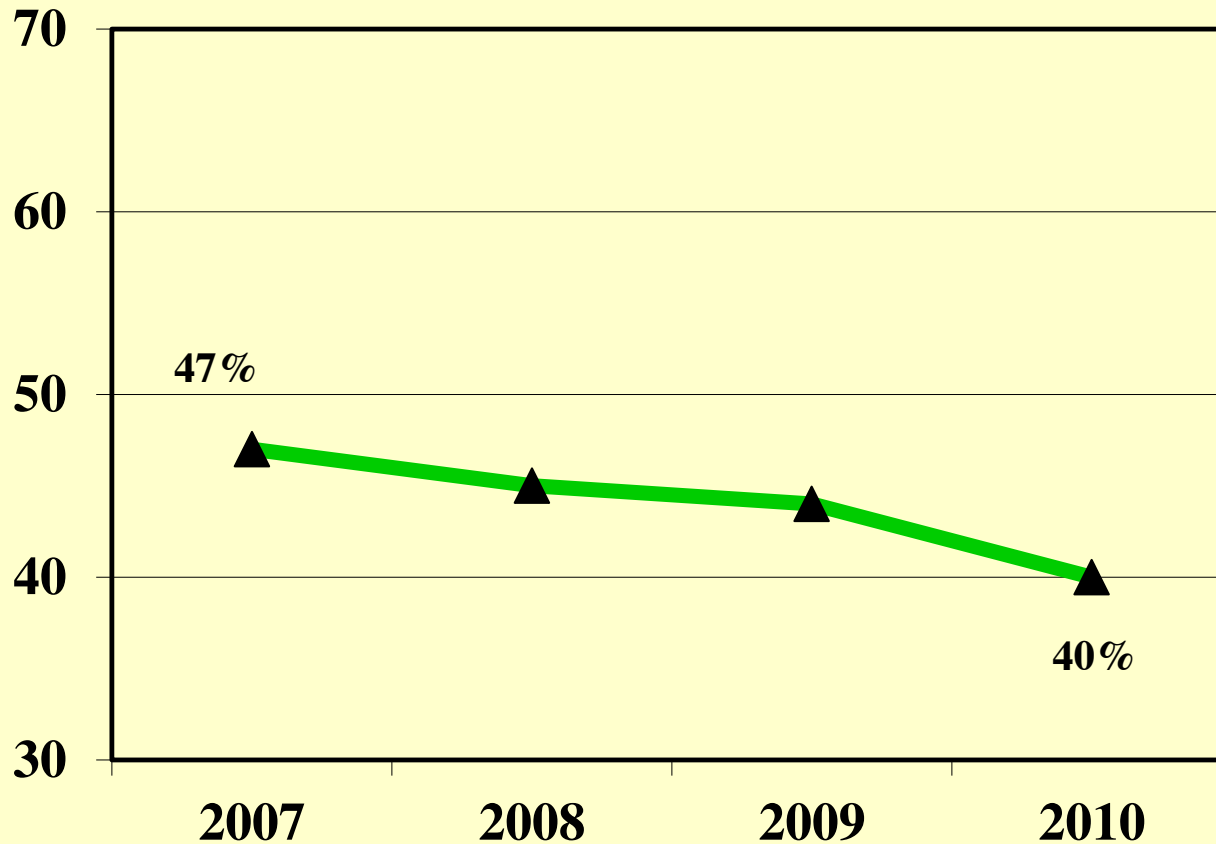
**7 point
or
15 percent
reduction**

Comparison of <u>Actual</u> Alcohol, Cigarette, and Marijuana Use

Actual student use in last 30 days

	Alcohol	Tobacco	Marijuana
15% ↓	7% ↑	31% ↑	
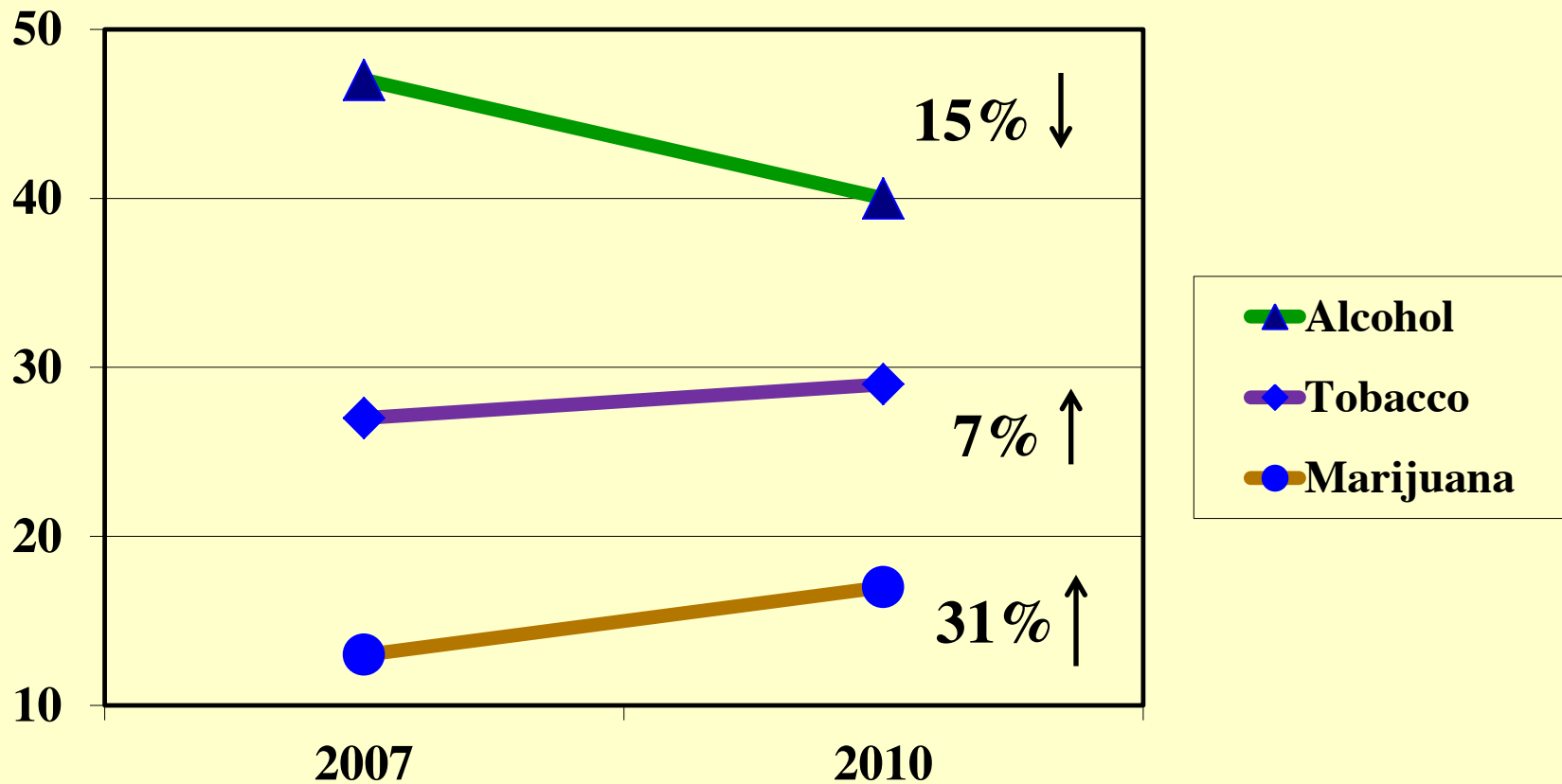
Social Norms Success in High Schools

- **Community Coalition -- Two High Schools (1999-2001):**
  - **30.4% reduction in alcohol use**
  - **34.4% reduction in tobacco use**

- **Large Urban Public High School (2001-2003):**
  - **25% reduction in tobacco use**
  - **11% reduction in alcohol use**

- **Four Parochial Suburban High Schools (2005-2008):**
  - **11% reduction in alcohol use**

- **Small Upper Midwestern High School (2007-2010):**
  - **15% reduction in alcohol use**

A Guide to Marketing Social Norms
for Health Promotion
in Schools and Communities

Michael P. Haines, M.S.
H. Wesley Perkins, Ph.D.
Richard M. Rice, M.A.
Gregory Barker, Ph.D.

PREVENTING SOCIAL HOSTING

➢ **Target Population : Parents of high school students**

➢ **Objectives (within one year):**
   • **Increase by 5% parents who call other parents**
   • **Increase 5% parents who talk to teens about safety strategies and limits/expectations**

➢ **Methods: social marketing to change parent perceptions of parent norms**

Comparison of Actual Parent Responses and Their Perception of Other Parent Responses

Response to Survey (n=548)	Actual	Perception
I call other parents (always/mostly)	57%	31%
I would like other parents to call me (strongly agree/agree)	84%	50%
Student drinking is never a good thing	77%	38%
Have safety strategies (Developed one or more)	95%	47%

Parent Permissiveness	**% "Yes"** (**actual** and **perceived**)
Q1a - Do you allow your high school child(ren) to attend parties where underage drinking occurs?	**2%**
Q1p What percentage of the parents at your child's school do you believe allow their children to attend parties where underage drinking occurs?	**90%**
Q2a - Do you allow your high school child(ren) to drink under adult supervision?	**11%**
Q2p What percentage of parents do you believe allow their children to drink alcohol under adult supervision?	**62%**

Outcome Evaluation

Comparison of Pre Test and Post Test Parent Behavior

Response to Survey *Parents of 10th & 11th grade students only*	Pre (n=181)	Post (n=184)	Media Exposure Score
I call other parents (always/mostly)	58%	62%*	60
I would like other parents to call me (strongly agree/agree)	81%	88%*	48
Have safety strategies (Developed one or more)	93%	91%	4
Student drinking is never a good thing	77%	77%	0

The Public Health Model

The toxin, substance, or organism that causes health risk

Agent
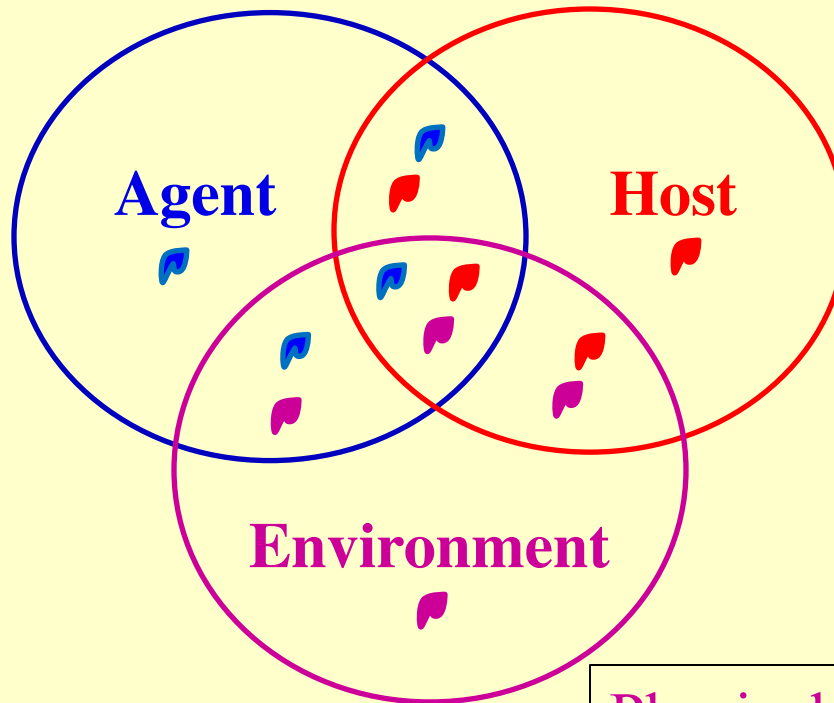
Host

Individual at health risk

Environment

Physical, Social, or Cultural setting where health risk occurs

- **Social Norms Approach**
  - **Individual Counseling (Host)**
  - **Small Group Education (Host)**
  - **Social Marketing (Environment)**
  - **Policy and Structural (Environment)**

- *Most of Us* ™

Social Marketing:

Uses principles of commercial marketing for social good.

Product-Price-Place-Promotion

Social Norms Marketing is a type of Social Marketing

Protection-Norms –Solutions-Rewards

© Michael Haines 2013   63

Five-Stage Model

1. **Initial Planning Stage**
2. **Data Collection Stage**
3. **Strategy Development Stage**
4. **Implementation Stage**
5. **Evaluation Stage**

From: *A Guide to Marketing Social Norms for Health Promotion in Schools and Communities,* Haines, Perkins, Barker and Rice 2004

Initial Planning

- **Identify population to be served.**
- **Develop time-limited, measurable objectives.**
- **Persuade stakeholders.**
- **Secure funding.**
- **Train staff.**
- **Design an implementation timeline/plan.**

© Michael Haines 2005

Objectives
Time-limited & Measurable

- **Goal(s)**

- **Population(s) to be served**

- **Contributing Factor(s)**

Think small for BIG success!

Goal #1: Reduce the early onset of alcohol use among 9-20 year olds

Intervening Variable	Contributing Factor
Individual-Level	• Age of initial use • **Past 30 day use**
Social Availability	• **Provision to minors** • **Community celebrations** • **Availability of unsupervised places to drink** • **Lack of parental monitoring of supply in the home** • **Shoulder tapping** • **Social hosting parities**
Social and Community Norms	• **Parental acceptance** • **Youth's perception peer norms** • **Cultural acceptability** • **Availability in homes** • **Adult perceptions of underage drinking** • Adult perceptions of adult drinking • **Adult perceptions of law enforcement penalties and/or arrests**
Perception of Risk	• Low perceived risk of arrests or penalties

Goal #2: Reduce access to alcohol and binge drinking among 9-20 year olds

Intervening Variable	Contributing Factor
Individual-Level	• **Current binge drinking**
Retail Availability	• Compliance with minimum drinking/purchase age laws • **Outlet Density** • **Product Placement** • **Hours and day of retail sale**
Social Availability	• **Provision to minors** • **Community celebrations** • **Availability of unsupervised places to drink** • **Lack of parental monitoring of alcohol supply in the home** • **Shoulder tapping** • **Social host parities**
Perception of Risk	• Low perceived risk of arrest or penalties • Perceived harm of drinking

Goal #3: Reduce binge drinking and heaving drinking among 18-25 year olds

Intervening Variable	Contributing Factor
Individual-Level	• **Past 30 day use** • **Initial age of binge drinking** • **Current binge drinking** • **Binge drinking and driving** • **Drinking habits** • Perceived harm of heavy drinking • Perceived harm of binge drinking
Social and Community Norms	• **Peer norms** • **Cultural acceptability** • **Heavy drinking perceptions**
Economic Availability	• **Drink pricing** • **Container pricing**
Promotion	• **Local alcohol promotions**

Enforcement	• **Law enforcement practices**
	  • Compliance checkpoints
	  • Saturation Patrols
	  • ID Checks

Data Collection

1. to determine injunctive and descriptive norms and perceptions

2. to identify protective factors

3. to determine marketing plan (Channels, Images, Salience, etc.)

4. to craft messages and test messages

5. to develop media and test sample media

6. to determine media impact

7. to evaluate project effect

Collect **marketing data frequently** and evaluation data rigorously

Marketing Data

➢ **Current and Potential Media Channels**
➢ **Descriptive Norm Measures**
➢ **Injunctive Norm Measures**
➢ **Protective Factors**
➢ **Parent Norms**
➢ **Norms of Admired or Valued Groups**
➢ **Exposure Rates to Media**
➢ ***Fun Stuff***

Collect marketing data frequently and evaluation data rigorously

Evaluation Data

➢ **Pre and Post Measures**

- **Actual Prevalence**
- **Perceived Prevalence**
- **Media Exposure**

➢ **Anticipated "Side Effects"**

➢ **Control or Quasi Control**

➢ **Consistent Administration Methodology**

Data Collection Methods

➢ **Surveys**

➢ **Focus Groups**

➢ **Interviews**

➢ **Intercept & "Classroom" Sampling**

➢ **Archives/Records**

➢ **Observation**

Data Collection

1. to determine injunctive and descriptive norms and perceptions

2. to identify protective factors

3. to determine marketing plan (Channels, Images, Salience, etc.)

4. to craft messages and test messages

5. to develop media and test sample media

6. to determine media impact

7. to determine project effect

Every contact with your audience is an opportunity to collect information!

Focus Groups

Kids Say the Darndest Things

Focus groups were conducted at <u>day care centers</u>. To evaluate the effectiveness of six projected poison prevention symbols: skull-and-crossbones, red stop sign, and Mr. Yuk and three others.

Pirate Food

GASPS APP Resource Guide
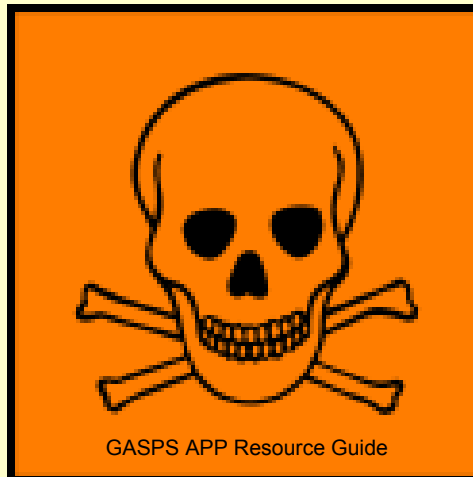
Kids Say the Darndest Things

➢ **By contrast, the children in the focus groups rated _Mr. Yuk_ as the <u>most unappealing</u> product symbol.**

Mr. Yuk

POISON HELP!
1-800-222-1222

Focus Group Rules

1. Everyone participates.
2. One at a time.
3. Short answers.
4. One can always "Pass".
5. Participant first names only.
6. No right answers.
7. Stick to the question.
8. No judging or "killer" comments.

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Focus Group Checklist

- ❑ **Group participants = 8-10**
- ❑ **Recruit 12 to get 10, 10 to get 8, etc.**
- ❑ **Provide an incentive to attend. If food, eat before or after, not during.**
- ❑ **Participants should not attend as pairs, buddies, bf or gf, etc.**
- ❑ **There are name tags or name cards for each participant.**
- ❑ **Facilitator or note taker is not a friend, family member, teacher, etc to the participants.**
- ❑ **Only one facilitator and one note taker.**
- ❑ **Questions proceed from general to specific and facilitator anticipates probing opportunities.**
- ❑ **There is an outline describing the anticipated flow of the questions and group process.**
- ❑ **The facilitator introduces self, describes the purpose of the meeting, and explains the ground rules.**
- ❑ **The facilitator has chosen an *ice breaker* question that is non-invasive, easily answered for one round, and is gender appropriate.**
- ❑ **The space is large enough to accommodate all the participants and allows the facilitator and other participants to be visible to all.**

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Message Development

1. **Use multiple data points**
2. **Many messages → One idea**
   Many messages reach many segments
   a) **Direct & Indirect norm challenging messages**
   b) **Descriptive & Injunctive norm messages**
   c) **Protective Behaviors**
3. **Use their language (*Vernacular Messages*) test your messages**
4. **Change messages often**
5. **Beware the Messenger**

Direct Norm Challenging Messages

- **Most students don't drink**

- **4 out 5 don't drink and drive**

- **No matter what everyone thinks, not everyone at XYZ drinks**

Indirect Norm Challenging Messages

- **Students don't pressure other students to drink**

- **Most students respect friends who chooses not to drink**

- **XYZ students can have a good time without using alcohol**

Descriptive Norm Messages

➢ **JHS students do not drink and drive.**

➢ **JHS students do not drink when they are at parties.**

➢ **Falcons protect their friends and help them avoid drinking.**

➢ **JHS students say "No thanks" when offered alcohol.**

© Michael Haines 2011

Injunctive Norm Messages

➢ **JHS students don't approve of drinking that interferes with academics or athletics.**

➢ **JHS students think it's wrong to send hurtful texts.**

➢ **It's not OK at OUR school to pressure friends to drink.**

➢ **Falcons care! They do not like students who bully.**

➢ **JHS Seniors approve of students who do not drink at a party where others are drinking.**

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Aspirational Norms

➤ **The perceived norms of those we aspire to emulate.**

Or

➤ **Freshmen do not want to be seen as Freshmen!**

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Message Development

1. **Use multiple data points**
2. **Many messages → One idea**

   Many messages reach many segments

   a) **Direct & Indirect norm challenging messages**

   b) **Descriptive & Injunctive norm messages**

   c) **Protective Behaviors**

3. **Use their language (*Vernacular Messages*)**
4. **Change messages often**
5. **Beware the Messenger**

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Healthy Norms at Anywhere HS

93% disapprove of pressuring another student to drink

90% do not typically drink when socializing with friends

91% say that their parents think it is wrong for them to drink

89% do not drink and drive

89% approve of a student who does not drink at a party where others are drinking

69% disapprove of parents providing alcohol to teens

66% prefer to date a non drinker

62% did not drink w/I last 30 days

60% tell people, "I don't want to drink." if offered alcohol

58% disapprove of teen drinking

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From 2012 Teen Norm Survey Data

Believability

➢ **Messenger Credibility**

➢ **Messages based on real data**

➢ **Transfer value from other credible data**

➢ **Grow a thick skin because they still won't believe you**

A Media Campaign Decreases Heavy Drinking on Campus
Actual Heavy Drinking Rates Compared to Perceived Heavy Drinking Rates
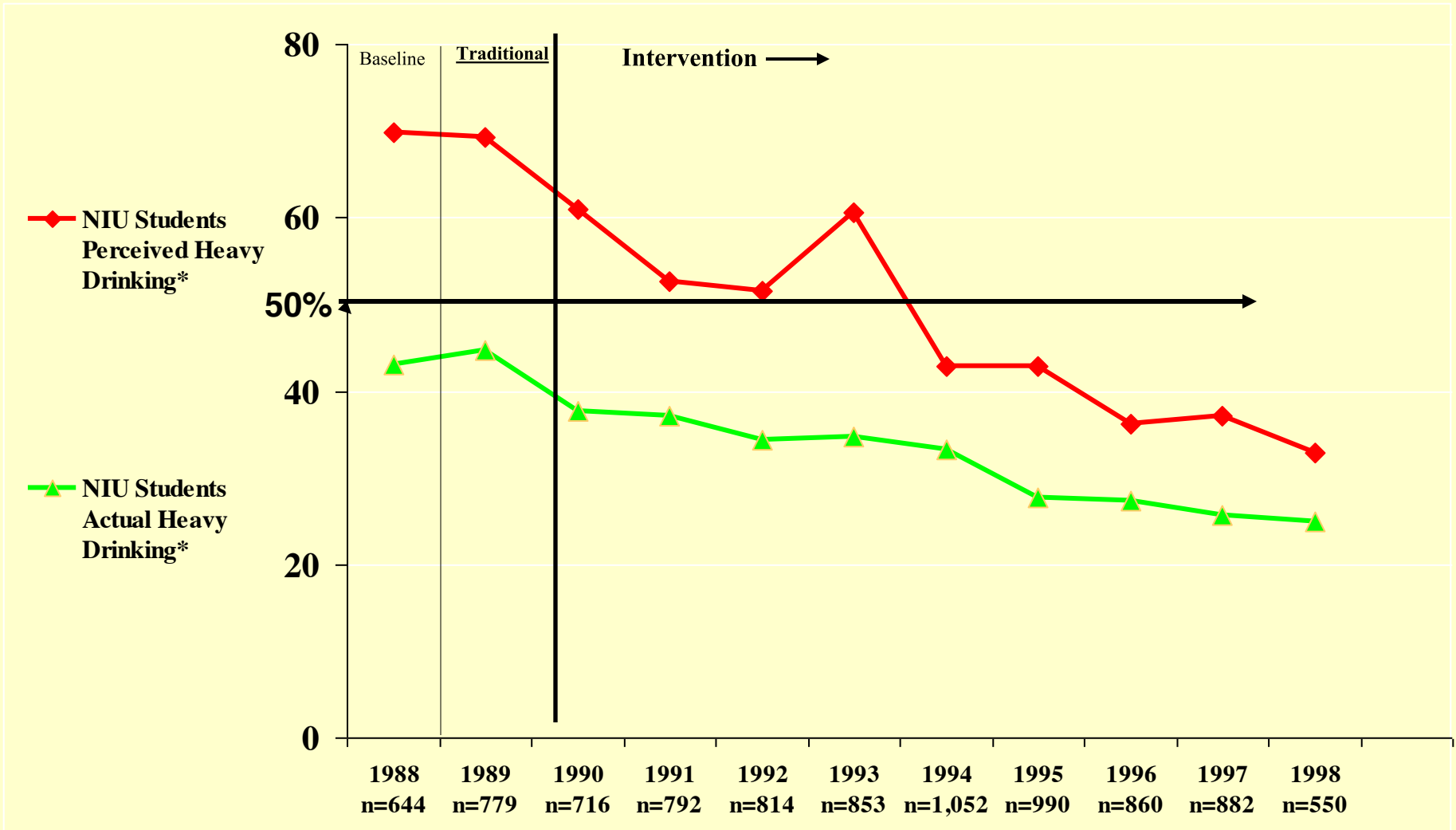
*Heavy drinking defined as drinking more than 5 drinks when "partying." Source: Northern Illinois University, 1999

Media

Media Channels

➢ **Media channels are the access routes that the audience *currently uses* to acquire information.**

➢ **Common Channels:**

- Television - Radio -Internet

- Posters　　　　　　　　*- Event Marketing*

- Flyers　　　　　　　　　*- Opinion Editorials*

- Direct Mail　　　　　　*- Press Releases*

- Screen Savers　　　*- Letters to the Editor*

- Movie Trailers　　*- Billboards*

- Buttons　　　　　　*- Stall Street Journals*

- Social Media　　　*- Candy*

Sources and Believability of Info

| Source	Frequency of Obtaining Information (*Sometimes* to *Very Frequently*)	Rank	Believability of the Information (*Somewhat Believable* to *Very Believable*)	Rank		
Your friends	63%	1	47%	5		
Your parents	58%	2	77%	1		
Your teachers	49%	3	57%	4		
Nurse, doctor or other health	43%	4	64%	2		
The police, DARE, etc.	42%	5	60%	3		
The Internet	40%	6	27%	13		
A poster at school	36%	7	40%	9		
Your coach	34%	8	46%	7		
School newspaper	30%	9	38%	10		
Church group or minister	29%	10	43%	8		
A flyer/handout	25%	11	35%	12		
School counselor	22%	12	47%	6		
Student peer educator	22%	13	36%	11		97

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MEDIA

- **Consider a unifying theme** *(Got Milk?)*
- **Many different "looks" - Use more than one designer**
- **Collect data to test all media**
- **Only use "homies" for photos in very large populations**
- **Beware of habituation, branding, and misuse of trinkets**

The Progression of Habituation

1- Ignore
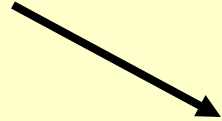
2- Anger
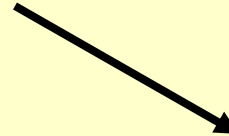
3- Action

Branding

- **Used in commercial marketing to differentiate your brand from competing brands**

- **In Social Norms Marketing, branding cues the audience to ignore the message.**

- **Do not "brand" your agency. That's PR.**

Promotional Items and Trinkets

- **A form of *static media***

- **Often used in product or agency branding**

- **Expensive: cost is a function of quantity**

Peer Programs

- **Organic**

  – **Grow out of a population to fill an unmet need**

- **Self Help**

  – **Serve the population by responding to that need**

- **Autonomous**

  – **The peers themselves are in command of the resources and decisions.**

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Sources and Believability of Info

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The Role of Peer Programs in Social Norms Efforts

Identify + Model + Promote

Collect Success	Demonstrate Success	Reward Success
Survey data	Media	Press
Focus groups	Drama	Policy
Interviews	Training	Attention

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Normative Public Policy

Applies principles of the social norms approach to policy development and enforcement …

Identify + Model + Promote

    Protective practices and healthy beliefs

    Pro-social attitudes and health-positive behaviors

= More accurate perceptions of healthy peer norms

= Health enhancement and risk Reduction

© Michael Haines 2005

Normative Public Policy

- **Research** to identify protective behaviors, policy beliefs, safer environments.
- **Craft** policies consistent with protective norms and safer environments.
- **Publicize** the policies and describe social norms of support for those policies
- **Reward** and highlight those who comply with the policies.
- **Enforce** policies but avoid drawing attention to violators.

Normal People Obey Popular Laws

Social Control

- Uses Scare Tactics
- Highlights Risks
- Exaggerates Problems
- Coerces Behavior Change
- Punishes Offenses
- Polarizes Population

Social Norms

- Uses Hopeful Tactics
- Highlights Protection
- Exposes Solutions
- Rewards Behavior Change
- Prizes Compliance
- Unifies Population

City Centre Safe

- **Safety not Temperance**
- **Blame-Free**
- **Highly Visible Authority Figures**
- **Secure Transport Corridors**
- **Bottle Bins**
- **Standards for Licensed Premises**
- **Best Bar None Project**

GREATER MANCHESTER POLICE

City Centre Safe

Results

- **Serious assaults down 10% … year on year decline in level of violence.**

- **Won award for radio campaign at the New York advertising Festival in 2002.**

- ***Inspector* Steve Greenacre and *Sergeant* Jan Brown were appointed national consultants by UK's Home Office.**

City Centre Safe

Steve Greenacre

Jan Brown

Greater Manchester Police

Telephone 44 161 856 3341

E-mail :- steven.greenacre@gmp.police.uk

jan.brown@gmp.police.uk

www.citycentresafe.com

Student Norms Regarding Alcohol Policies

Policy   **Percent of students _supporting_**:

1. **Make all campus residences alcohol-free.**   **21.6**
2. **More undercover stings at bars.**   **23.7**
3. **Limit sale of alcohol near campus.**   **25.7**
4. **Require early morning Friday classes.**   **10.9**
5. **More policies to reduce drinking that
    interferes with academic performance.**   _67.0_
6. **Stricter sanctions for alcohol-related violence.** _81.2_

Data gathered by randomly mailed survey , Spring 2000. n = 631

© Michael Haines 2004

Develop Policy Consistent with Social Norms

- **Research** to identify protective behaviors, policy beliefs, safer environments.
- **Craft** policies consistent with protective norms and safer environments.
- **Publicize** policies and describe social norms of support for those policies.
- **Reward and highlight** those who comply with the policies.
- **Enforce** policies but avoid drawing attention to violators.

"Social Norms is a life changing, life saving approach.
It is unethical not to use it."

Jim Turner M.D.

– *Director*, Student Health, U of Virginia

– *Former President*, American College Health Association

– *Chair*, ACHA Preventable Disease Task Force

Orlando, FL January 2005

Social Norms Consultation

TRAINING • RESEARCH • DEVELOPMENT

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Positive Community Norms

Overview

July 2012

INTRODUCTION

The Positive Community Norms (PCN) approach to improving community health is a transformational model founded upon The Science of the Positive®. The Science of the Positive is a core philosophy consisting of timeless principles that form a foundation for individual and community change. The PCN approach uses these principles to effect positive norms through leadership development, communications, and integration of prevention resources. This model has shown itself to be extremely effective in creating meaningful social change.

This workbook contains specific information and examples related to the prevention of underage drinking, but the material it contains can be used to address virtually any topic including traffic safety, the prevention of child or substance abuse, and other areas of social concern. Like many community-focused approaches, PCN employs health communications and social marketing campaigns. For example, when applied to the issue of reducing alcohol usage by youth, campaigns have been launched to challenge people's commonly held perceptions about their environment and behavior of their peers along with their beliefs about how problems like underage drinking should be approached. In this workbook, we will explore these campaigns and give examples of how they can best be utilized as part of an overall PCN approach.

We sincerely want this workbook to be an effective resource for you, so we ask that you to be willing to open yourself to new ideas, to look for the learning throughout the training and on every page of this workbook.

Contents
We begin by providing a brief background on the Science of the Positive® followed by an application of the Science of the Positive® to prevention. Positive Community Norms is then introduced, including a brief section on its theoretical foundation.

Next, the core PCN components – leadership, communication, and integration – are explored.

Finally, several appendices are included to support further learning. These include:
- A comparison of social marketing, social norms marketing, and PCN;
- A comparison of the "old" prevention paradigm and PCN;
- Information about the evidence base for PCN;
- A summary of PCN tools; and,
- A list of references

THE SCIENCE OF THE POSITIVE®

The Science of the Positive® (SOTP) is a life philosophy and blueprint for developing soul in leadership and cultivating community. It focuses on how to study, measure, and grow the positive and is based on the core assumption that the positive is real and is worth growing – in ourselves, our families, our workplaces, and our communities. SOTP is researched-based, tested, and refined over decades with agencies, communities, and businesses. It is holistic in its approach and guides the development and use of best practices in our work. Flexible in its applications, SOTP can work within different contexts, theories, models, structures, religions and cultures. It is elemental and based upon fundamental laws of change and transformation that are irrespective of time, place and lifestyle.

SOTP should not be confused with simply "thinking positively." While SOTP is based on the core assumption that the positive exists and is worth growing, it also recognizes that suffering, pain, and harm are very real and exist as well. At no time does SOTP deny or ignore these realities. A core outcome of SOTP is to reduce suffering in our families, our communities, and ourselves.

SOTP is currently in use by individuals and communities seeking to change perceptions, behaviors, and outcomes, as well as to uncover opportunities to fulfill their own potential (Linkenbach, 2003d).

**The Science of the Positive® Framework:
Spirit, Science, and Action**

A framework represents an investigative approach, consisting of principles for being, knowing, and taking action. The SOTP framework helps us understand our current circumstances, life, and truth, including what we aspire to and how we can get there. Thus, it's a worldview or philosophy for living, but also a tool for guiding change and transformation when something isn't working as it should. SOTP recognizes three core elements – Spirit, Science, and Action – which make up the core of the transformational process of the Science of the Positive.

As you can see from the relational diagram above, Spirit, Science, and Action work together; while separate, they overlap to create a sum that is larger than its parts. In our bodies, we perceive this same idea as a connection of thoughts-feelings-actions that when joined, like the above diagram, create the synergistic reaction that leads to change. Each element is always present at the same time, but they can get out of balance.

The order of the elements matters. Spirit comes first. We must always begin with the underlying essence, the deep purpose to our actions or what we're after. When we speak of spirit, we refer to the underlying meaning behind something, the deep "why" behind what we are doing; the true essence.

Science and facts alone are not enough. And action alone is insufficient. We need something bigger than ourselves. Transformational leaders know it's out there and seek it. That "it" is what we call spirit. Failure to identify the core purpose or value

behind any action can create confusion and allow us to become lost.

But once we align behind our core purpose and our core values, we must next seek a clear understanding of the world around us – what SOTP model identifies as "science." When we speak of science, we mean the methods and practices to gain an accurate understanding of our world. Science is about asking the next questions, about applying rigor and seeking the best possible understanding of the world around us. Often our perceptions of what is happening may be inaccurate. Our work of understanding our world is never done; we must constantly update our science.

Finally, action comes last. When we speak of action, we mean doing things that result in both change and transformation. With a clear purpose and a strong understanding of our world, we can engage in meaningful action that fosters both change and transformation.

Engaging in the Science of the Positive® is about daring to see things as they really are in order to embrace the future with the intention and willingness of believing something wonderful is about to happen. SOTP leaders are passionate about this work because through the process of humbly transforming our perceptions, our behaviors can shift and communities learn to lead purposeful lives and achieve true potential.

APPLYING THE SCIENCE OF THE POSITIVE® TO IMPROVE HEALTH AND SAFETY

Spirit First: The Importance of Hope
The word "spirit" comes from the Latin word *spiritus,* which literally means "breath." It is the breath that gives us life. By grounding our efforts in a positive spirit, we give our work breath or life. Many may call this "breath" hope. Hope is absolutely critical to renew our daily energy, to bring critical resources and partners to the table, and to sustain our efforts for any challenges to come. We cannot overlook the importance of hope in our work.

In our efforts to promote health and safety, groups sometimes focus their communications campaigns on the harm associated with the problem and its negative outcomes. But when our communications (especially stories that appear in the media) focus on the negative, we risk distorting the context of the situation in an attempt to motivate concern in others.

While engaging the community is a critical tool in fostering change, our work has shown that we must be careful not to focus our outreach on the negative, as ironically it can create the opposite result we are seeking. Focusing on negative aspects of

the problem we are attempting to address can lead to misperceptions about the prevalence of the issue. A negative focus can also lead to a sense of powerlessness and hopelessness, and negative emotions that are unlikely to ever create positive change.

As a society, it is like we have *cultural cataracts*: our vision can be distorted by the media's "if it bleeds, it leads" focus on the problems and harm caused by the behavior of a small percentage of people (Linkenbach, 2001). Our media often obsessively focus on problems, risk, and danger, fueling even more exaggerated perceptions of their prevalence. This can perpetuate the very behavior we're trying to reduce or eliminate.

Limitations of the Fear-Based Change Model
Scare tactics, arguably one of the more popular and widely-utilized approaches in prevention history, have been employed for decades to promote and publicize dangerous activities, often engaged in by a minority of people. This strategy unfortunately ignores the fact that healthy, protective choices are normative.

Fear-based messages or scare tactics are a type of persuasive appeal designed to "scare the health" into people by emphasizing or exaggerating the terrible things that will happen to them (such as death or overdose) if they do not do what the message recommends (such as abstinence from alcohol). The assumption behind fear-based approaches is that awareness of negative consequences to our actions will result in positive behavior change. Indeed, awareness of problems and their risks is critical but not enough to create lasting transformation.

Our work has proven that inflating people's fears can actually create a backlash against the goal of health promotion by supporting and exaggerating misperceptions of community norms (Linkenbach, 2001). Strategies using fear to motivate people to action can cause just the opposite. People can become paralyzed by the lack of hope. On an individual level, lack of hope can lead to diminished energy, loss of commitment, and overall poor performance. At the organizational or community level, a lack of hope can lead to despair and loss of engagement.

Another potential negative outcome of fear-based approaches is that they can foster stigma, thereby causing factions in the community. Negative behaviors (or negative health outcomes) are strongly linked to the people portrayed as the wrongdoers. We then begin to view these people as harmful and bad and want them "out of our community." This stigmatization will lead to less communication, shaming, and a break down in community.

Fear-based approaches are also hard to maintain; in order to engage our audience, we must create messages that stand out

against the onslaught of media messages we receive each day. At a certain point, negative messages are tuned out because they are too, well, negative! We have seen recent examples of campaigns that were so graphic people rejected the messages by literally changing the channel.

Data from interventions focusing on reducing misperceptions of health norms demonstrate that messages and images that portray health as the norm and as the expected behavior result in increased health protections and lowered risk (Perkins, Haines & Rice, 2005).

The Science of the Positive® seeks to refocus our message on positive, healthy normative attitudes and behaviors we want to grow, transforming our messaging from one of fear to one of hope. While not always readily apparent, there are always examples of health and goodness in every community. The examples may not be as obvious because their opposites are more frequently publicized. We may even have to ask questions and measure healthy behaviors in new ways so that they become more apparent.

> "It is time to move beyond Health Terrorism... If we want health, we must promote health."
>
> Jeff Linkenbach

A core tenet of the Science of the Positive® is that **the solutions are in the community**. This statement is based on the basic SOTP assumption that the positive already exists, and that in every community, there is a positive, undeniable good that we can discover and amplify. By searching for health as opposed to its opposite, we increase the positive energy and direct it towards that which we want to grow.

Spirit First, Then Science: Am I Busy or Am I Effective?
One key question for all of us, which can be frightening because it gets to the heart of the matter, is how we manage our energy. For example, we often talk about how busy we are, but is busy-ness what we want for ourselves? Being effective is about producing an intended result. Therefore, effectiveness combines intentions and outcomes. To have clear intentions, we need to know what we want to achieve with sufficient clarity. To assess outcomes, we must make valid and

reliable measurements. Both clarifying intentions and measuring outcomes requires good science. Since we all strive to be effective in our work, we need to embrace the importance of science.

The first step towards moving from busy to effective is to start recognizing spirit, science, and action. Start looking for the spirit, science, and action in your own daily life and in your interactions with others. Maybe, as a prevention leader, you recognize the need to help your colleagues, partners, and coalition members become more scientific. Once we know what we are looking for, we can begin to find it.

As we seek to become more effective, we may realize that we have to change what we are doing. In fact, we may have to stop doing certain things altogether. Changing our approaches can be hard, but let us not forget the definition of insanity: doing what we have always done and expecting different results. If we want to improve our results, we need to be willing to learn about new ways of doing things.

The mere fact that you are taking the time to step away you're your busyness to engage in this learning is a great indication of your desire to become more effective. Am I busy or effective? This is an important question to continually ask yourself and your colleagues.

The scientific process is a systematic approach that allows us to gain a more useful understanding of the world. Understanding our world is critical in order for us to be effective, and our understanding of the world is constantly changing. How we understood things 50 years ago is very different than how we understand things now. And our understanding of the world 10 years from now will be different as well. We must constantly update our understanding – our science – for the scientific process is never finished.

When we embrace science in our prevention efforts, we will be more successful with each and every iteration of our work. Our evaluations will lead us to new understanding, which in turn will lead us to better implementation. Without science, we are prone to misperceptions and hit-or-miss outcomes. By embracing a scientific approach to our work, we approach our efforts at improving health and safety as experiments from which we seek to learn, foster opportunities for replication by others, and pursue effectiveness.

Here, we must also acknowledge the complexity of the social sciences. While we have tremendous knowledge about how to send an object to the moon, it is still very difficult for us to predict the decisions of a teenager in various situations. Even with this complexity and all the limitations of the current research, we must

strive to improve our understanding and engage in the scientific process.

Spirit First, Then Science, Then Action:
Fostering Change and Transformation

Through our work, we seek to have an impact on ourselves and on those we serve. This impact includes both change and transformation. Change often takes place by incremental improvements in certain behaviors or beliefs. These incremental steps may be one after another or linear and continuous. Sometimes change is temporary and improvements may be followed by setbacks. Change is often only at the surface level and impacts systems in our current understanding of that system or through our current paradigm.

Transformation, however, occurs less frequently than change and involves significant shifts in the way we think or look at things. These shifts can result in quantum leaps in beliefs or behavior change. Transformation also tends to be more lasting, having an impact much deeper than change. Typically, it is hard to "un-do" transformation – once we see things in a new perspective, we can never go back to the old way of seeing things.

Change	Transformation
▪ **Temporary**	▪ **Lasting**
▪ **Surface level**	▪ **Deep core**
▪ **Combines same elements into new formats**	▪ **New elements, synergistic reactions**
▪ **More common**	▪ **More rare**
▪ **Easier to measure**	▪ **Difficult to measure**
▪ **Linear & stages**	▪ **Quantum leaps**
▪ **Current paradigm**	▪ **Shifts paradigm**
▪ **Support assumptions**	▪ **Challenges assumptions**

The Science of the Positive® creates both change and transformation, fostering conditions in which transformation is more likely to occur. It will be the transformation that results in the sustainable, long-lasting impacts of our work.

It is interesting to note that transformation can often be hard to notice – especially if we are right in the middle of it. One way to see transformation more easily is to look back in time at health and safety related behaviors many years ago. Think about issues like smoking on airplanes, using car seats for children, the use of hard hats, helmets and other personal protective equipment in the workplace. Today, we wonder what took so long for these changes to be implemented. It is at these moments that we can notice that transformation that has taken place. And it can similarly take place again when we are able to embrace new possibilities.

Summary: Applying Science of the Positive® to Prevention
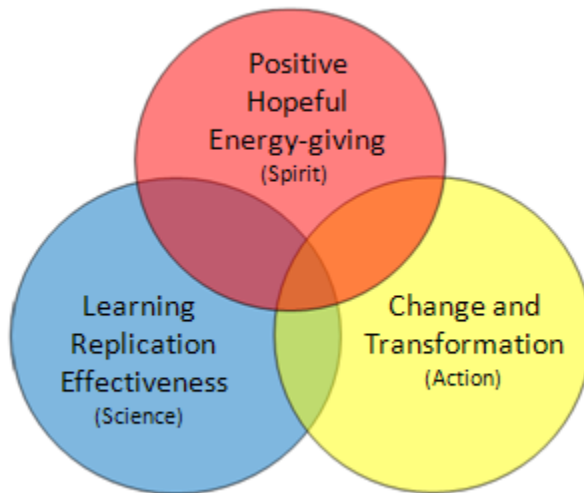
In summary, when we apply the Science of the Positive® to the work of prevention, the spirit of our work should be positive, hopeful, and create energy. Our work should embrace learning, replication and effectiveness. And through our actions we must create change and cultivate deep, lasting transformation.

> *"If you are here to help me, then you are wasting your time;*
> *but if you have come because your liberation is tied up in mine,*
> *then let us begin."*
>
> Lilly Walker,
> Australian Aborigine

POSITIVE COMMUNITY NORMS: IMPROVING HEALTH AND SAFETY BY CULTIVATING CULTURAL TRANSFORMATION

When we apply the Science of the Positive® to efforts to improve health and safety, and look at the work of prevention through the framework of spirit, science and action, we arrive at the Positive Community Norms (PCN) model. The core tenet of the PCN approach is that to improve health and safety, we must focus on growing positive community norms through cultivating cultural transformation.

By focusing on *spirit* first, aligning *science* and then taking appropriate *action*, we can create tremendous synergy in our prevention efforts. First, we recognize the powerful need to honor the spirit in our work. When we do, and when we choose this spirit as something positive, we are renewed in our own energy and aligned with others. Even if we have different perceptions of the world than our colleagues, partners, and collaborators, we can still experience a common spirit. This commonality provides us with a place to begin, even if disagreement pervades the starting place of collaboration.

When we ground our efforts in science, we are able to achieve measurable outcomes and learn from our efforts. Without this grounding, we might be able to access enormous resources (often gathered through our strong sense of communal spirit), but end up delivering minimal outcomes. The scientific process is all about learning – it requires that we use appropriate techniques to measure our efforts, that we recognize and embrace the limitations of these techniques, and that we are always challenging our core assumptions.

When we recognize the spirit in our work and ground our efforts in science, we are then empowered to act in an efficient, effective manner to achieve both transformation and change. When we acknowledge learning as a critical step in our work, we begin with our eyes wide open and conclude with more knowledge. We use science to help us move from busy to effective. We use science to help us recognize the difference between the two. This is why there are many scientific theories that form the basis of the PCN approach (see below).

Clearly, without action we will not reduce negative outcomes; we will not increase health in our communities. It is from action that we achieve our results and this action needs to be grounded in science in order for us to be effective. Honoring the spirit that underlies our action sustains our energy and prevents us from burning out. In the end, our actions will determine our outcomes. Even with a strong connection to spirit and the best science, we

will not have positive results without investing the time and resources to implement our efforts.

The goal of the PCN approach is cultivating cultural transformation, through which we will achieve behavior change and improved health and safety. By seeking cultural transformation, these behavior changes will become a part of the community and have lasting impact.

Theoretical Foundations: The Power of Perceptions and Norms

The PCN model incorporates elements of several theories based on perceptions and norms, including the Social Norms Theory, Social Cognitive Theory, Theory of Planned Behavior, Extended Parallel Process Model, and the Reconceptualized Theory of Deterrence.

> Perception is everything.
>
> And therefore, so too is misperception.
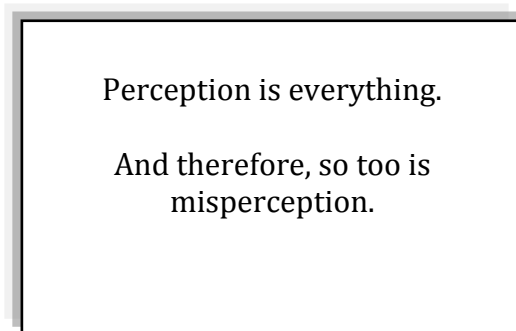
Social Norms Theory
The study of the powerful impact that norms have on both thought and behavior is a well-established area of research in the social sciences, particularly in the fields of sociology and social psychology.

The social norms approach measures an individual's perceptions of different norms for a specific behavior or attitude as well as the actual behavior or attitude (true norms). This methodology measures the gap between the two and its influences on behavior (Perkins & Berkowitz, 1986).

Key Social Norms Terms

Social norms or **actual norms** are the behaviors or attitudes of the majority of people in any community or group. If most people in a community do not smoke, then not smoking is the "normative" behavior, or the social norm. Not smoking is normal, acceptable, and perhaps even expected in that population.

Non-norms are the behaviors or attitudes of the *minority* of people in any community or group. Often people misperceive behaviors and believe they are norms when in fact they are non-norms.

Perceptions of social norms or **perceived norms** are people's beliefs about the norms of their peers. Perceptions of social norms play an extremely important role in shaping our individual behavior. Our perception of what is acceptable, majority behavior — how fast we think "most people" drive, whether we think "most people" wear seatbelts, how many drinks we think "most people" have before getting behind the wheel — play a large role in our own behavioral decisions. Unfortunately, we often misperceive the social norms of our peers, thinking that risky behavior occurs with far greater frequency and social acceptance than it actually does.

Descriptive norms describe the behaviors of people as opposed to their attitudes. Examples of descriptive norms are "most people eat lunch every day" or "most students do their homework."

Injunctive norms capture people's attitudes, in particular, a sense of disapproval ("this is wrong") or an injunction ("should" or "should not"). Examples of injunctive norms are "most people think it is wrong to steal" or "most people believe they should exercise regularly."

Social norms theory says that people tend to behave in the way they believe is most typical of and accepted by their peers. If people believe that risky behaviors are typical, some individuals are more likely to engage in those behaviors for several reasons. First, people may be more likely to take part in a high-risk activity if they misperceive it as the norm. Second, those who regularly engage in high-risk activities often do so with others and therefore believe "everyone" does it. And third, if a bystander believes the risky behavior is the norm, they may fear social disapproval for intervening and therefore be reluctant to intervene to stop the dangerous behavior.

Peer norms are typically construed as the beliefs of significant peers (e.g., best friends or social clique), following Azjen and Fishbein's model of normative influence. Social norms have been divided into two categories in the literature: Descriptive social norms (perceptions of friends' actual behaviors) and injunctive social norms (perceptions of friends' opinions of behaviors) (Cialdini, Reno & Kallgren, 1990).

Misperceptions of peer norms have consistently been shown to be correlated with individual risk and protective behaviors including binge drinking, men's willingness to intervene on behalf of women, unhealthy weight control practices, marijuana smoking, gambling, rape proclivity among men, and use of protective equipment in farming (Baer & Carney, 1993; Baer, Stacy, & Larimer, 1991; Perkins & Berkowitz, 1986; Perkins, Meilman, Leichliter, Cashin, & Presley, 1999; Perkins & Wechsler, 1996; Prentice & Miller, 1993; Fabiano, Perkins, Berkowitz, Linkenbach & Stark, 2004; Clemens, Thombs, Olds & Gordon, 2008; Eisenberg, Neumark Sztainer, Story & Perry, 2005; Kilmer et al, 2006; Larimer & Neighbors, 2003; Bohner, Siebler & Schmelcher, 2006; Nicol & Kennedy, 2008). Correcting these misperceptions to be in line with peers' actual behaviors has resulted in decreased risk behavior among target audiences (Agostinelli, Brown, & Miller, 1995; Baer et al., 1992; Borsari & Carey, 2000; Haines & Spear, 1996; Neighbors, Larimer, & Lewis, 2004; Walters, 2000).

Studies demonstrate positive effects of interventions that employ social norms as a strategy (Agostinelli, Brown, & Miller, 1995; Neighbors, Larimer & Lewis, 2004; Walters, 2000). Many researchers have declared the concept to be an essential strategy for changing human behavior (Berkowitz, 2004; Fishbein & Ajzen, 1975; McKirnan, 1980; Pepitone, 1976). Community-wide electronic and/or print media campaigns have resulted in 20% or more reductions in high-risk drinking rates within two years of initiating a social norms marketing campaign, and in one case reductions of over 40% after four years (Berkowitz, 2004). Haines, Barker and Rice (2003) reported similar results for both tobacco and alcohol in social norms marketing campaigns at two Mid-western high schools. In a quasi-experimental design targeting 21,000 teenagers in a seven county area, Linkenbach and Perkins (2003a) measured a 41% reduction in first time tobacco use in teenagers as the result of correcting misperceptions of tobacco-use norms.

Social norms marketing campaigns have demonstrated effectiveness in reducing high risk drinking, youth initiation of tobacco, driving while intoxicated, promoting parenting practices, and promoting energy conservation behaviors (Glider, Midyett, Mills-Novoa, Johannessen & Collins, 2001; Haines & Spear, 1996; Linkenbach & Perkins, 2003a; Linkenbach, Perkins & DeJong, 2003c; Linkenbach, 2005; Nolan, Schultz, Cialdini, Goldstein

& Griskevicius, 2009; Schultz et al, 2007). Positive results have been obtained not just with college and university students, but also with high school and middle school populations, in defined sub-populations such as sorority and fraternity members, and with adults (Berkowitz, 2004; Nolan et al., 2009). Evidence for normative approaches was summarized in 2002, when a panel of national prevention specialists appointed by the National Institute on Alcoholism and Alcohol Abuse (NIAAA) designated social norms interventions as one of the key strategies to reduce college drinking (Berkowitz, 2004).

Studies in the United Kingdom document similar gaps between perceived and actual social norms for college drinking behavior and treatment of the mentally ill, indicating promise for social norms campaigns in Europe and potentially elsewhere around the world (McAlaney & McMahon, 2006; Norman, Sorrentino, Windell & Manchanda, 2008).

Social Cognitive Theory
According to Social Cognitive Theory (SCT), human behavior is a product of personal and environmental influences such as observation, environment, self-regulation, moral (dis)engagement, and a person's psychology (Glanz, Rimer & Viswanath, 2008).

Observation plays a significant role in how people learn, thus contributing to behavioral choices. In particular, when people identify with a person modeling a certain behavior (such as a peer), they are more likely to repeat the behavior. Such effects increase further when the modeling person is rewarded positively for the action. Observational learning influences can include people or various media exposures.

A person's environment is also critical in determining behavior, as it will either support or resist new behaviors. Even in a resistant or hostile environment, however, people can make choices and trade-offs in support of certain goals; for example, a person may endure consequences for a long-term outcome or try to influence her environment so that it better accommodates her behavior. One's moral engagement or lack thereof plays a role as well, because the level of engagement will facilitate or hinder certain actions. For example, violence requires a fair amount of moral disengagement.

Psychologist Albert Bandura is considered the "father" of Social Learning Theory and its development into SCT. For over 50 years, Bandura has studied influences on human behavior and published numerous books and scholarly papers on various theories and applications. In *Health promotion from the perspective of social cognitive theory* (1998), Bandura argued that health promotion and disease prevention efforts must work not only on individualistic levels but on collective or socio-structural levels as

well. Influencing people to help themselves is necessary but limited, when people are functioning within a web of societal problems or institutions that impact their ability to produce different outcomes (Bandura, 1988). Communities must participate and be educated and enabled to improve systems.

Social Cognitive Theory was first known as Social Learning Theory, because it is based upon learning principles operating within the human social context (Glanz, Rimer & Viswanath, 2008). The theory became SCT when concepts from cognitive psychology were integrated (Glanz, Rimer & Viswanath, 2008). Since becoming SCT, additional concepts have been integrated to make the theory more holistic. Over the last 25 years, SCT has been one of the most widely applied theories in health education research and remains so today (Glanz, Rimer & Viswanath, 2008).

Applications of SCT in health promotion have sought to achieve outcomes by influencing people's observational learning, environments, self-regulation, moral engagement, and more. For instance, in a renowned case study, direct modeling, social reinforcement of new behaviors, and advocacy of a supportive environment helped people in Finland reduce coronary risk factors and chronic diseases (Puska et al., 2009). New applications can be leveraged via technology: the internet provides the opportunity for self-directed learning, modeling exposure, peer communications, information dissemination about health risks and positive behavior choices (Glanz, Rimer & Viswanath, 2008; Bandura, 1988).

Theory of Planned Behavior
Like Social Cognitive Theory, the Theory of Planned Behavior (TPB) is one of the most commonly discussed or applied health behavior models. Theory of Planned Behavior is an extension of the Theory of Reasoned Action (TRA) and says that intention and perceived behavioral control (the presence or absence of facilitators or barriers to the behavior) determine behavior (Glanz, Rimer & Viswanath, 2008). Icek Ajzen further developed these concepts in his research. Ajzen clarifies that intention is determined by motivation, perceived normative beliefs and behavioral control by ability (Ajzen, 1991). Put simply, TPB argues that "behavior reflects expected value"; that is, it assumes a link between rational motivation, desire, intention, and expected outcomes in behavior choices (Glanz, Rimer & Viswanath, 2008).

The Theory of Planned Behavior has been utilized in many health promotion initiatives, including alcohol consumption, condom use, disease reduction, and more (Ajzen, 1991; Glanz, Rimer & Viswanath, 2008). Applications have sought to influence beliefs about cost-benefit assessments of certain behaviors and to change perceptions of subjective norms, aligning motivations to those norms. The underlying foundation of beliefs provides

the descriptions needed to gain substantive information about a behavior's determinants. It is at the level of beliefs that we can learn about the unique factors that induce one person to engage in the behavior of interest and to prompt another to follow a different course of action (Ajzen, 1991).

Extended Parallel Process Model
The Extended Parallel Process Model (EPPM) is sometimes referred to as the fear or threat management theory and focuses on the impact of emotional responses on motivation and behavior (Glanz, Rimer & Viswanath, 2008). Emotion may represent a perceived threat, and behavior is determined by rationality, or perceived efficacy (Glanz, Rimer & Viswanath, 2008). The EPP is particularly relevant to health issues like HIV/AIDS or avian influenza prevention (Glanz, Rimer & Viswanath, 2008) because fear of contraction is perceived to be a motivator for preventative behavior. Risk messages using a fear appeal approach have been shown to be effective in a variety of domains including cancer prevention, pregnancy prevention, and nutrition.

According to the EPPM, the evaluation of a threat initiates two appraisals, which result in either danger control or fear control processes. First, persons appraise the threat of the hazard by determining whether they think the threat is serious (e.g., "is lack of information a serious problem that can cause harm to my patients?") and whether they think they are susceptible to the threat (e.g., "is it possible that I don't have up-to-date information on X technique?"). The greater the threat perceived, the more motivated individuals are to begin the second appraisal, which is an evaluation of the efficacy of the recommended response. When people think about the recommended response, they evaluate its level of response efficacy (e.g., "Will I get accurate and useful information off of Grateful Med?") and their level of self-efficacy (e.g., "Am I capable of using Grateful Med? Do I have access to it and the skills needed to use it?"). When the threat is regarded as trivial or irrelevant (perceived as low), there is no motivation to consider the issue further; the efficacy of the recommended response is evaluated superficially--if it is evaluated at all--and no response is made to an outreach message. If people do not feel at-risk for a threat or do not feel the threat to be significant, they simply will ignore information about the threat.

The research into fear appeals has shown them to be potent persuasive devices, but only in certain conditions. When both perceived threat and perceived efficacy are high, then individuals will be motivated to control the danger and adopt the recommended response. When people realize that they cannot prevent a serious threat from occurring, either because they

believe the response to be ineffective and/or because they have low self-efficacy and believe they are incapable of performing the recommended response.

Studies have shown that fear appeals with high levels of threat and low levels of efficacy result in message rejection, and occasionally in boomerang effects (people do the opposite of what is advocated). Thus, when laypersons believe themselves to be vulnerable to a significant threat but believe that there's nothing they can do to effectively address the threat, then they deny they are at risk, defensively avoid the issue, or lash out in reactance. In this case, fears about a threat inhibit action and risk messages may backfire. For a successful campaign, it is critical that high threat messages are accompanied by high efficacy messages. If it is difficult or impossible to promote strong perceptions of efficacy, then one probably should not use fear-arousing messages because they may backfire.
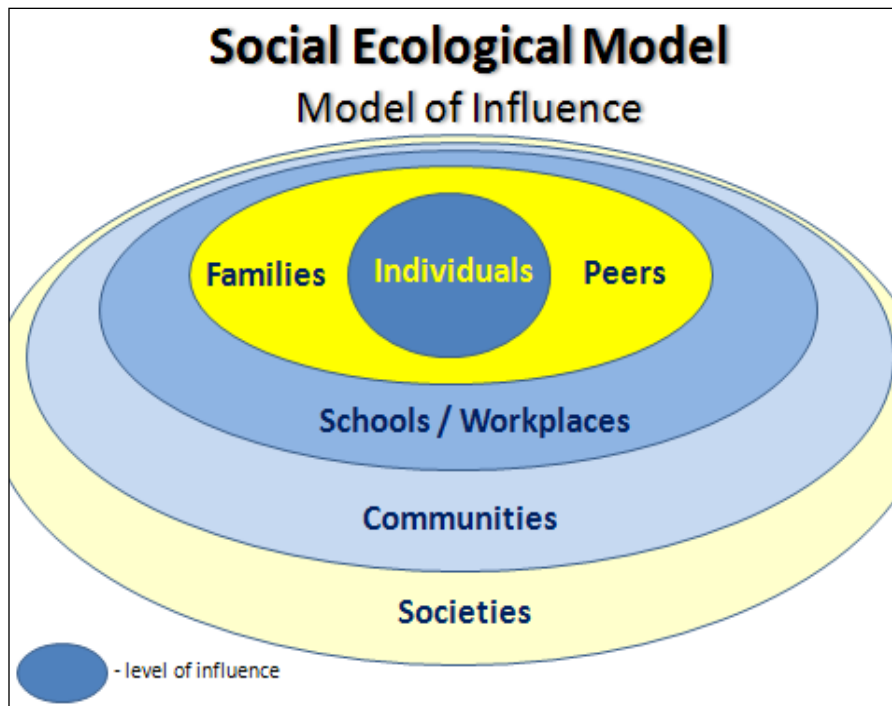
Reconceptualized Theory of Deterrence
Deterrence Theory relates to controlling behavior through retribution or fear of punishment. Traditionally, Deterrence Theory consists of general and specific deterrence. General deterrence focuses on an overall societal goal (through regulation and consequence) of preventing members of the public from engaging in certain actions and not on individuals, whereas specific deterrence focuses on an individual and attempts to encourage healthier behavior. The theory is used by criminologists and researchers to understand and predict behavior, and plan appropriate responses to such behavior.

In a landmark paper, Stafford and Warr (1993) challenged distinctions between general and specific deterrence, claiming such distinctions do more to confuse than clarify. In so doing, the authors proposed a reconceptualization of Deterrence Theory: distinctions between the two types of deterrence should be limited to contrasting kinds of experience with legal punishment (versus distinguishing between the public and specific individuals) (Stafford & Warr, 1993). To support reconceptualization, Stafford and Warr used observational learning theory to argue that people learn (for better or worse) from observing the acts of others as well as experiencing outcomes of their own actions; thus, to distinguish between people and groups is not helpful to application of the theory. The authors conclude that a single theory would be more useful to criminologists and researchers, one that centers on direct or indirect experiences with legal punishment being determinant of a potential criminal's behavior (Stafford & Warr, 1993).

The Role of Community in Growing Positive Community Norms

The "community" of Positive Community Norms is very important as we are ultimately seeking behavior change among individuals. However, it is important to understand that many forces operating in our culture influence our behaviors. Social ecology is the study of these forces.

Social ecology theory, also called the theory of human ecology, originated with psychologists' discontent with individual-level explanations of health and other behaviors. Psychologists such as Urie Bronfenbrenner (1979) and Kurt Lewin instead sought to explain behavior in terms of an "ecology" of forces at individual, social, political, cultural, and other levels, not just the level of individual psychology.

Social Ecological Model
Model of Influence

Families · Individuals · Peers

Schools / Workplaces

Communities

Societies

⬤ - level of influence

Lewin (1935, 1936) argued that individuals exist within fields of influences. These fields form a topology, which is the arrangement of regions of influence. Topological psychology, as Lewin called it, explained behavior in terms of environmental influences in the present, much in contrast to Freud and traditional psychotherapy, which explained behavior in terms of individual-level influences from the past. That is, perceptions of the environment from the topological perspective of the individual shape that individual's motivations and actions.

Social ecology can be applied to health promotion interventions by applying its basic principles; understanding how macro theories explain the behavior of individuals, small groups and larger social

organizations; learning how social ecology is related to health promotion; and designing health interventions that operate at many levels of analysis (Stokols, 1996).

By recognizing the importance of social ecology and its impact on individual behavior, the PCN model offers a systems approach that seeks transformation and change at many different levels or domains within a community. For example, when considering traffic safety, not only must we address the beliefs and behaviors of the individual driver, but also the beliefs and behaviors of families, co-workers, workplaces, community practices, policies and laws, as well as the broader societal components. Therefore, we will have multiple strategies in our prevention portfolio to address this one issue, and we will be seeking transformation not only of our focus audience, but also of organizations throughout the relevant social ecology.

Moving from Program-of-the-Day to Comprehensive Programs, and Comprehensive Programs Towards Holistic Processes: Authentic Community Transformation

As we become more sophisticated in our prevention work, we recognize that program designs must be comprehensive. We need resources that address all members in a group; people who are at-risk for a certain behavior (i.e., selective strategies), and interventions for individuals who are exhibiting the behavior (i.e., indicated populations). We need to explore activities that impact (both change *and* transform) the environment. We need to capture or codify improvements to the environment in policies and regulations (i.e., laws). A comprehensive approach involves many different activities working throughout a community at many different levels.

But comprehensive programs are not enough. Even the most comprehensive prevention designs can be ineffective when replicated in new settings or in new cultures. The PCN approach moves beyond a comprehensive paradigm (which is by definition deficit-based and focused on reducing the problem) to a holistic process of authentic community transformation. Authentic community transformation occurs when many activities and efforts work together in a synergistic way to reveal and grow the goodness present in every community – the core ideal in the Science of the Positive. The PCN model connects the many activities through a common spirit and a scientific basis that recognizes and honors the community it serves.

The PCN approach creates lasting and sustainable change by connecting to a strong sense of spirit, provides effectiveness and growth by being grounded in science, and provides a means to move beyond the issue-of-the-day towards fostering the development of authentic, healthy communities.

COMMUNITY SNAPSHOT:
Turning Down the Volume on Counterproductive Messages

Use of the Science of the Positive[®] has contributed to other successes in several different leadership contexts. The following are two examples.

At a corporate occupational health and safety organization representing 3.3 million service workers and 83,000 businesses across Ontario, Canada, SOTP principles were used to develop executive team leadership goals and a communication framework. After this work, the company CEO came to Montana for a Science of the Positive[®] "boot camp" – an onsite visit where, over three days, she focused on the spirit of transformation in leadership, the science of planned change, and actions to implement best practices. As a result, the CEO sent key leaders to Montana to go through the same process in order to align her executive team with the Science of the Positive[®] principles.

A major federal agency developed a strategic communications process built upon the Science of the Positive[®]. Expert researchers and practitioners from across the nation utilized SOTP to help create a positive communications framework and guiding leadership principles for how to view and discuss important national health issues.

Below is a "map" of the PCN framework and how its components tend to interact in a typical initiative.

Positive Community Norms Framework
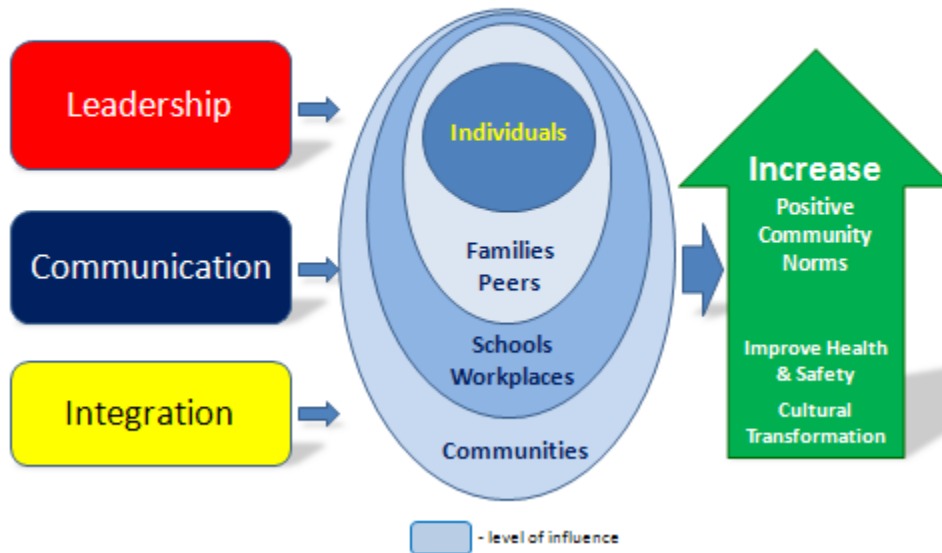
Based on the assumption that improving health and safety involves growing positive community norms, the above framework can guide our efforts. The PCN framework focuses on three key elements: leadership, communication, and integration.

The PCN approach can be applied to many different issues such as underage drinking, workplace safety, traffic safety, child maltreatment, and others. It is a community or environmental approach that engages different audiences across the social ecology. The framework offers multiple strategies, with each strategy designed for a specific audience, forming a comprehensive prevention portfolio.

PCN Leadership: Cultivating Transformation

As practitioners seeking to improve health and safety in our communities, we are leading people to make healthier, safer choices. In this way, our work at improving health and safety is all about leadership. Successful leaders know they cannot force people to make these decisions. Rather effective leaders must create the conditions where people *choose* to be healthier and safer.

> "*MANAGEMENT works in the system.*
>
> *LEADERSHIP works on the system.*"
>
> Stephen Covey

Furthermore, since our efforts to grow positive norms within our community will be focused on achieving both change and transformation, developing skills in cultivating transformation will be important. Cultivating transformation requires an understanding of the transformation process as well as the courage to engage in what can be challenging at times. One way to encourage transformation is by asking questions that examine our core assumptions. Examining our core assumptions can result in fear and anxiety.

As a person working to improve health and safety, it is important for you to recognize and embrace your role as a community leader. You are leading your community away from the risks of underage drinking, for example, and towards healthier living. And

your role is even greater than that. You are leading your community away from a negative image of youth, towards a positive image of youth. You are leading your community away from a negative, fearful, hopeless image of its future towards a positive, hopeful future. You are building a positive community!

Engaging in the process of Positive Community Norms leadership is about daring to see things as they really are in order to embrace the unknowable future with the intention and willingness of believing something wonderful is about to happen. PCN leaders are passionate about this new model because through the process of humbly transforming ourselves and our perceptions, people and communities learn to lead purposeful lives and achieve true potential.

PCN Communication: Telling a New Story

Communication is a critical tool for teaching, correcting misperceptions, and closing gaps. Communication helps a community better understand an issue, learn how to behave in safer and healthier ways, and gain a better understanding of the positive norms that exist in their community. Communication modules of all kinds (paid media, earned media, presentations, outreach, even one-on-one conversations) can tell a new story about our community and its health and safety behaviors. It is through this new story that the health and safety behaviors we are seeking can become a part of the culture.

For example, we may use a PCN Communication campaign to correct certain misperceptions or normative behaviors, thus building the energy and willingness of the community to engage in healthier, safer behaviors. Misperceptions can impact behaviors at all levels of the social ecology.

By way of example, for underage drinking, youth who perceive that the majority of their peers drink are more likely to drink themselves. Parents who believe most youth drink may be less likely to take protective actions with their own child. School leaders who believe most children drink may consider underage drinking a "rite of passage" and be unwilling to adopt appropriate policies. Law enforcement leaders who believe the community condones underage drinking may be less likely to strongly enforce underage drinking laws. A PCN communications campaign will seek to address the specific misperceptions of different audiences to support prevention efforts.

PCN communication campaigns intentionally focus on positive norms within the community. Some community leaders may be attached to old prevention practices, such as scare tactics, and thus it may be particularly challenging to get them on board with a new, positive approach. However, while those implementing fear

appeals have good intentions, many groups (such as youth) often do not respond well to "health terrorism" or scare tactics that are found in some anti-smoking, drinking, or drug ads. Research panels commissioned by leading government agencies to study underage drinking (Bonnie and O'Connell, 2004) and other health-risking behaviors in adolescents (National Institutes of Health, 2004) have found that the use of scare tactics is not merely ineffective, but may actually make problems worse!

A typical PCN communication campaign takes a year to design and plan and to get key stakeholders aligned and several years more to implement. As prevention leaders learn the skills of implementing a successful campaign, they will begin to see many opportunities where such campaigns can be used to energize and engage people in prevention activities.

COMMUNITY SNAPSHOT:
Turning Down the Volume on Counterproductive Messages

The Maine Community Youth Assistance Foundation proactively worked with the schools in their district to eliminate the mock car crashes they traditionally organized before prom. As a result, the Foundation and two local high schools initiated the "Positive Prom Car Project" as a component of their campaigns. At one school, instead of a crashed car displayed on the school lawn, a top-of-the-line, brand new sports/luxury car was displayed, with the accompanying message:

> 1,130 Maine South students attended Junior and Senior prom in 2006, and
> 1,130 Maine South students arrived home safely.
> 89% don't drink and drive

The project team confirmed the data for the message with the Police Department and school. No alcohol or drug related incidents and no accidents were reported.

PCN Integration: Managing the Prevention Portfolio

Just as an individual may develop and manage a portfolio of financial investments to meet her financial needs, the PCN prevention leader develops a prevention portfolio of activities and resources to improve health in her community. These resources seek to address the continuum of care and seek to reach all aspects of the social ecology. The prevention resources are carefully selected to address identified needs and accomplish specific goals. The prevention leader manages the strategic allocation of resources to achieve the best health "return" for the available prevention "investment."

The first step in managing a prevention portfolio is to gain a good understanding of the prevention activities that are occurring within the community. The following table acts as a guide for this initial inventory. Additional information for each program or strategy can be added to the table. Additional information could include whether the program or strategy is evidence-based, how many people it reaches, how much it costs, and the results of its evaluation.

After gaining an understanding of the current prevention activities, the gaps in programs and strategies can be readily identified. These gaps provide guidance on how the prevention portfolio can be strengthened.

Positive Community Norms Prevention Portfolio Worksheet

	Individual Programs or strategies designed to impact the individual like specific curricula, programs or interventions.	**Family** Programs or strategies designed to impact the family like parent training, family therapy or family education.	**School** Programs or strategies designed to impact the school like school-wide policies, school-wide discipline programs or training programs for all teachers.	**Community** Programs or strategies designed to impact the community like ordinances, laws, taxes or policies. Also includes community-wide education programs.
Indicated Youth who are known to exhibit the behavior.				
Selected Youth who are at-risk for exhibiting the behavior.				
Universal All youth who you serve.				

PCN sustainability is a result of the PCN process. By definition, transformation is sustainable and proceeds in a one-way direction, as compared to change, which goes both directions. For example, a small caterpillar *changes* to become a bigger caterpillar. A caterpillar *transforming* into a butterfly is a qualitatively different process altogether. The same principle applies to community change and transformation.

The PCN approach can achieve sustainability when a process of leadership development transforms leaders across the social ecology. A new story is created and told about the health and safety present in the community (which then becomes a part of the community's culture), and key strategies and programs are aligned around a common spirit and demonstrated effectiveness. Therefore, PCN becomes sustainable not through the acquisition of additional funding to spend on programs, but rather, through the transformation of the community's leaders, organizations, and individuals to embed health in the community.

PCN leaders can develop a better concept of the true meaning of sustainability by reflecting on the following questions:

- Are we seeking transformation or change, or both?
- How does the PCN process build capacity and develop leaders?
- What is it that we are actually wanting to sustain, and why?
- What elements will be sustained in spite of our efforts (i.e., community)?
- What is not worth sustaining? How do we know?
- What is inherently sustained?
- What is the role of leadership in sustainability?
- Why is an environmental focus more sustainable than an individual focus?
- Is sustainability synonymous with job/agency preservation?
- Is sustainability synonymous with getting another grant?
- What assets already exist to help us sustain community health?
- Do we want to sustain busyness or effectiveness?
- Does fear erode or sustain community health?
- As an investor, where do we invest prevention resources?
- Are we trying to sustain health or sustain our jobs and programs?

The PCN approach provides lasting and sustainable energy by connecting to a strong sense of spirit, provides effectiveness and growth by being grounded in science, and finally, provides a means to move beyond the issue-of-the-day towards fostering the development of authentic, healthy communities.

COMMUNITY SNAPSHOT:
Maintaining Sustainability Through Changes in Key Stakeholders

The project team for *The Real Deal* campaign in Mercer County, Pennsylvania created a great foundation for sustainability when they presented their social norms project to and received the support of the school board during the first year of the campaign. Because the team garnered the school board's support right from the start, school board members were strong advocates during times of transition and turnover, playing a key role in making sure the campaign didn't skip a beat with new and interim administrators. Administration changes can oftentimes be very stifling of a campaign since the concept of social norms marketing is not well known and it often takes a significant amount of time to educate, bring up to speed and get on board key stakeholders such as superintendents and principals. It speaks volumes that the campaign is going strong four years into the project through no less than *six* changes in administration, including three superintendents and three principals.

Besides gaining and maintaining the school board's support, the team also worked very hard to bring each new superintendent and principal on board and involved with campaign activities. One principal was adamant about getting the word out and making sure all students and faculty knew that most of his students make good choices and abstain from alcohol. He came up with the idea to design and purchase t-shirts with the campaign logo for every student and faculty member. He split the cost with the project team and supported "t-shirt days" where students and faculty could win prizes for wearing the shirts.

APPENDIX A: COMPARING THREE KINDS OF CAMPAIGNS

Social Marketing	Social Norms Marketing	PCN Communication Campaigns
Uses traditional marketing techniques (such as advertising) to elicit a change in behavior among a certain target population.	Uses traditional marketing techniques (such as advertising) to elicit a change in perceived normative beliefs among a certain target population.	Uses traditional marketing techniques and other communication strategies to foster dialogue and change about perceived normative beliefs among various focus populations.
Messages are created which communicate <u>information</u> about certain behaviors (such as wear a seatbelt or don't smoke).	Messages are created which communicate accurate <u>normative information</u> about certain behaviors or beliefs. (Such as most people wear seatbelts or MOST don't smoke).	Environments are created which communicate accurate normative information about certain behaviors or beliefs.
Often uses fear and cost / benefits as behavioral motivators.	Avoids fear tactics and uses social conformity as behavioral motivator.	Uses inspiration to achieve behavior change.
A certain population is segmented to target.	A certain population is segmented to target.	The community is segmented into focus audiences to better reach different audiences with different messages.
Appropriate communication channels are researched and used to reach the target population.	Appropriate communication channels are researched and used to reach the target population.	Appropriate communication channels are researched and used to reach the target population.
Focus groups and surveys may be used to test various messages with the target population. Participant perceptions of norms not considered when framing media messages.	Focus groups and surveys may be used to test various messages with the target population. Participant perceptions and misperceptions of norms are essential when framing media messages.	Focus groups and surveys are used to test various messages with each focus audience.
Various forms of media are used to achieve the appropriate reach and saturation of the target population.	Various forms of media are used to achieve the appropriate reach and saturation of the target population.	Various forms of media and activities are used to transform the environment – including the appropriate reach and saturation of the focus audience.
Typically viewed as a universal prevention strategy (reaching a broad audience).	Typically viewed as a universal prevention strategy (reaching a broad audience).	A universal prevention strategy (reaching a broad audience).
Uses traditional marketing techniques (such as advertising) to elicit a change in behavior among a certain target population.	Uses traditional marketing techniques (such as advertising) to elicit a change in perceived normative beliefs among a certain target population.	May be used as a specific strategy in health promotion.

Old Prevention Paradigm	Positive Community Norms Model	How the PCN Approach Differs From the Old Paradigm
Program	Process (A journey)	This isn't a Program-In-A-Box. It's more like graduate school.
Individual OR Environmental Focus	Individual AND Community Focus (the entire social ecological continuum)	PCN is NOT the "Silver Bullet." There is NO SILVER BULLET! Who you are as a leader is equally important as what you do.
Curriculum	7 Core Principles PCN Leadership Development PCN Communication (7 Steps) PCN Integration and Prevention Portfolio Management	It's not about "right vs. wrong." It is about process and guiding principles and about leadership development. Prevention leaders **will** be at different levels.
Cultural Competence	The solutions are in the community.	We don't have all the answers; the community does. The process is what we focus on; it's about authentic community transformation.
Fidelity means following the time requirements, lesson designs, or core topics.	Fidelity is authenticity by truly applying the Core Principles and 7 Steps. This is a leadership development approach.	It's about trusting and following the process. Steps look the same, but the content will look different in each community.
You buy a curriculum and training for your local implementers.	You work with a guide to support you in leadership development, learning and using the process, and managing your prevention portfolio.	PCN is very individualized. Guides help us learn and experience the process.

The Constructive, Destructive, and Reconstructive Power of Social Norms

Schultz, P. W., Nolan, J. M., Cialdini, R. B., Goldstein, N. J., & Griskevicius, V. (2007). The Constructive, Destructive, and Reconstructive Power of Social Norms. *Psychological Science, 18*(5), 429-434.

Social norms marketing campaigns are used to reduce unhealthy or undesirable behaviors by correcting misperceptions about the prevalence of the undesirable behaviors. Communications expose the difference between perceived and actual prevalence of a behavior; e.g., that underage drinking actually occurs less often than most people think. By revealing facts like this, the social norms approach seeks to validate and increase positive behaviors.

Evidence for the success of such campaigns has been shown in studies to be mixed. While some studies confirm the effectiveness of the social norms marketing approach, others have been seen to actually increase the very behaviors they set out to reduce (referred to as a boomerang effect). Why? Because if people already perform an unwanted behavior less often than or below the norm, a positive thing, sometimes marketing the norm actually serves to bring those people closer to that normative behavior – a negative outcome. Communicating the actual (versus perceived) norm conveys to these people that they can increase the unwanted actions and still be at or under the norm. This research sought to apply an additional aspect to the social marketing intervention that would eliminate or reduce this boomerang effect, thereby strengthening the success of the social norms approach.

Defining two different types of social norms helps to clarify the methodologies used in this study. A descriptive norm is one that refers to the perceptions of what is typically done in a certain situation (i.e., what happens). An injunctive norm refers to the perceptions of what is commonly approved (or disapproved) of within a particular environment (i.e., what is thought of as good or bad).

In a California community, the researchers examined the effects of normative information on household energy consumption by providing feedback to residents on how much energy they had consumed as well as descriptive normative information on the average consumption of neighboring households. Researchers took several meter readings and left messages to residents about their consumption via door hangers. Half of the households received the descriptive normative information only (how much energy they'd used the previous week, the consumption of the average household in their neighborhood, and information on how to conserve energy). The other half received this same information plus an injunctive message about whether their energy consumption was positive or negative (researchers drew happy or sad faces next to the information).

Outcomes were as predicted by the researchers. For households consuming more than the average amount of energy in their neighborhood, the descriptive-only feedback produced the desired outcome: a decrease in consumption. But households that were already using below average energy and that received only the descriptive norm information increased their energy use – the boomerang effect.

What happened when the injunctive information was added to the message conveyed to households above and below average use? Households consuming above-average energy amounts decreased their usage, as desired. Perhaps most significantly, households that were already using below-average energy continued to; thus, applying an injunctive message of approval reinforced the sought-after action and buffered the potential for a boomerang result.

In sum, mixed results of social norm campaigns may be explained by the fact that those whose behaviors begin at a more desirable level are exposed to messaging that can actually increase the undesirable actions. However, adding the injunctive element to communications can mitigate this unwelcome boomerang effect.

The Social Side of Sanctions: Personal and Social Norms as Moderators of Deterrence

Wenzel, M. (2004). The Social Side of Sanctions: Personal and Social Norms as Moderators of Deterrence. *Law and Human Behavior, 28*(5), 547-567.

This paper explores personal and social norms in relation to tax compliance to understand better the effectiveness of deterrents and regulatory sanctions. What drives people to pay or evade taxes? There has been growing evidence that such decisions are affected by moral and social factors and not just economic sanctions.

People have two primary options in relation to paying taxes: being compliant and losing money by paying tax, or evading tax payment and gaining money, but risking greater loss than the original payment would've been if detected and penalized. Clearly, there are monetary considerations in a citizen's decision-making process. It has been increasingly recognized that noneconomic factors such as morals, fairness, and norms also play into this process, even moderating the effect of deterrence factors like detection risk and penalty in some cases. In fact, might ethics and norms outperform legal sanctions in their deterrence effect? This research focused on parsing out the role of personal and social norms in relation to deterrence by surveying Australians about their decision-making process in response to past tax decisions as well as a hypothetical receipt of money that could possibly be hidden from taxing authorities or deducted as work expenses when the money had nothing to do with work.

Personal norms are people's own moral standards, perhaps acquired by internalizing social norms. Social norms are moral standards attributed to a certain group. For some, personal and social norms are different, depending upon whether they identify with the group and the extent to which they regard the group norms as their own. Wenzel posited that legal sanctions for tax evasion become irrelevant to people when personal ethics exclude tax evasion as an option. But norms can add social costs to legal sanctions making them more significant, even when the offender had not internalized those norms. Thus, externalized norms can add deterrent effects to other sanctions.

Study respondents were asked to imagine receiving $5,000 for work outside their regular job and not declaring it as income. In another scenario, they were asked to imagine claiming the same amount as a deduction when in fact the money did not relate to work. They were then asked about the probability of getting caught and of certain legal consequences as well as the severity of those consequences and how much of a problem the consequences would be for the person to experience. Further, respondents were asked about the importance of

belonging to the Australian community. Lastly, they were asked about what they thought most people think (social norms) and what their own personal norms would dictate in these circumstances.

Legal sanction probability and sanction severity were both negatively related to tax evasion and thus were, overall, effective as deterrents. Norms and ethics proved highly relevant, though. Even though both sanction probability and sanction severity were generally found to have an impact, the effects of sanction severity were qualified by personal norms; that is, there was only a deterrent effect when individual morality was lax and did not exclude tax evasion from the person's options. This was not the case with sanction probability.

Most notably, personal and social norms were not as correlated in results as Wenzel expected, meaning that they can have different effects on this decision-making process. The level of identification with the relevant group determines whether social or personal norm effects emerge, as less identified people are less likely to internalize social norms. Yet, social norms are not altogether irrelevant; people still depend upon others for respect, cooperation, and access to resources, even if they don't share the group's norms.

Wenzel found that personal norms (e.g., of tax honesty) reduced tax evasion as well as the effect of deterrence variables like legal sanctions. If a person's code of behavior already excludes the option of cheating, the risk of legal consequences is largely irrelevant.

Social norms in and of themselves do not influence taxpaying behavior unless they have been internalized and operate as one's own personal norms as described above, in response to group identification. However, social norms, even if a person has not adopted them as her own, can be relevant in that they add social costs to legal sanctions, making the legal sanctions more meaningful. Thus, externalized norms can increase the effects of other deterrence strategies.

Wenzel concludes that the implications of this research are potentially simple policies: (1) nurture personal norms of honesty; (2) utilize deterrence because it works when personal norms fail; (3) order regulatory strategies in such a way as to elicit personal norm responses first (then deterrents); and (4) develop strong identification between people and their communities given that social norms play a role in decision-making despite personal norms.

Social norms information enhances the efficacy of an appearance-based sun protection intervention

Mahler, H. I. M., Kulik, J. A., Butler, H. A., Gerrard, M. & Gibbons, F. X. (2008). Social norms information enhances the efficacy of an appearance-based sun protection intervention. *Social Science & Medicine 67*, 321-329.

In the U.S. alone, skin cancer accounts for more than 50% of all new cancers diagnosed and malignant melanoma causes roughly 8,000 deaths. Skin cancer is one of the most costly of cancers.

The primary cause of skin cancer incidence appears to be recreational UV exposure. Interventions that seek to increase UV protection behaviors have the potential to significantly impact this incidence. The most common interventions have attempted to raise awareness of the link between UV exposure and skin cancer, and to inform people about protections. While knowledge of this link and solutions has increased, behaviors have not

yet changed significantly. Most intentional UV exposure relates to appearance (i.e., getting a tan); thus, interventions that focus on health concerns may not be effective enough to produce the results concerned practitioners are looking for. Instead, appearance-based solutions may be more useful.

This study set out to discover whether the promising effectiveness of appearance-based interventions could be further enhanced with injunctive and/or descriptive norms information. Young adults in Southern California received photoaging information along with UV facial photographs. Injunctive norms information – that people should protect their skin from the sun – was used with some of the participants. Descriptive norms information – that 85% of Southern California college students are using sunscreen regularly – was also used with some of the young adults. An assessment was completed immediately following the intervention, and a surprise follow-up was conducted one month after the session.

As anticipated, a greater percentage of those who received the injunctive and descriptive norms information increased the frequency of sunscreen use following the intervention compared to those who received information on only one of the norms or imaging. Almost twice as many participants who received the UV photo or photo aging information increased sunscreen use on their face and nearly three times as many on their bodies. Inclusion of the social norms information resulted in even greater sun protection intentions, and using both norms increased sun protection behaviors during the month after the intervention. Thus, it may be possible to increase the effectiveness of UV photo and photoaging interventions in decreasing skin cancer by sharing what people should be doing (injunctive) as well as what peers are actually doing (descriptive).

Effectiveness of Social Norms Media Marketing in Reducing Drinking and Driving: A Statewide Campaign

Perkins, H. W., Linkenbach, J. W., Lewis, M. A., & Neighbors, C. (2011).

Social norms marketing is an approach for addressing public health issues that has received much study but less application. The goal of the strategy is to correct misperceptions about and thus reduce the prevalence of harmful behaviors such as underage drinking and drug use. Functionally, information is disseminated about accurate norms, typically in the form of flyers, posters, news ads, and electronic distribution channels. Social norms marketing has been particularly helpful in reducing drinking, primarily in adolescent and college student populations. However, few published studies have extended to behavior changes in the general population.

This study was designed to evaluate a statewide social norms media marketing campaign to reduce drinking and driving by young adults between the ages of 21 and 34 in Montana. Regions of the state were assigned to one of three groups: an intensive social norms campaign, a buffer, and a control group. The social norms campaign area consisted of fifteen counties in western Montana. These counties received a high dosage of media, including television and radio messages. The buffer area was used because there was no way to contain the dissemination of information at the border of the intervention (campaign) area. The control group received minimal to no messages intended for the campaign.

Additionally, fear-producing messages were eliminated or restricted in the campaign counties, while counties outside the intervention area continued business as usual, employing popular fear-based media messaging. Fear-based efforts may solidify

misperceptions about the prevalence of impaired driving, thereby reducing an initiative's effectiveness. In order to maximize potential for success, this factor was eliminated in the campaign counties.

The media campaign ran for 15 months and was comprised of television, radio, print and theater ads, posters, and promotional gifts. Messaging consistently highlighted positive behaviors; e.g., that most young adults do not drink and drive. Target participants were surveyed four times, once prior to the campaign, once during, once at the end, and once following the intervention. Participants were asked about whether they saw the communications, their perceptions of the normative behavior, and their personal attitudes and behaviors.

Results showed that, overall, the campaign exposed the focus population to its messages and reduced misperceptions. Those in the campaign counties believed the average peer had driven significantly less often within one hour of drinking than those in the control counties.

What about attitudes and behaviors? The study revealed that the percentage of young adults in the intervention counties who reported driving within an hour of drinking was reduced following the campaign by 2%, whereas increased in the control counties by 12%. Results also show that the percentage of individuals in the intervention counties who reported they always used a designated driver increased following the media campaign. There was a drop in control counties (contributing to a 15% overall difference between the two areas). Similar findings occurred related to support for changing the blood-alcohol content legal limit to .08% following the campaign. With the use of modeling, the predicted effect of the campaign on personal drinking and driving was that the behavior would be reduced by 43%.

These results provide strong support for the effectiveness of large scale social norms marketing campaigns. Key factors to the success of such strategies are that the intended audience actually views or hears the message so that recall occurs, and that perceived norms are changed. Results in this study showed that the campaign was successful in that behavior changes closely followed perception changes. Perhaps most important is the scope and intensity of the media campaign. Without a concentrated intervention, messages in a campaign are a small percentage of what people are exposed to; the dosage of communication must be high.

Overall, social norms marketing can be effective in changing drinking and driving behaviors in young adults and provides an effective approach to addressing other public health issues.

Using social norms to reduce bullying: A research intervention among adolescents in five middle schools

Perkins, H. W., Craig, D. W., & Perkins, J. M. (2011). Using social norms to reduce bullying: A research intervention among adolescents in five middle schools. *Group Processes & Intergroup Relations*, 1-20.

Studies show a prevalence of bullying among adolescents, particularly in school settings. Bullying has several harmful consequences, including shootings, suicide, and other violent and psychosomatic effects. Many risk factors have been identified as to why some people are victims and others perpetrators of bullying. Another set of risk factors – peer norms and

perception of peer norms – require attention and research. Decades of examination have revealed a strong tendency of people to conform to peer norms; research on adolescents' health has singled out peer influence as critical in regards to alcohol, drug, and tobacco use. Given that bullying is a relational process that involves domination, victimization, and often bystanders, it stands to reason that norms, or norm perceptions, would play a role in the development of these dynamics.

Before this one, no studies had examined the accuracy of student perceptions of bullying norms; further, no study had reported an intervention to correct misperceptions as a means to reduce bullying. This study sought to consider the extent to which misperception about bullying exists in perceived norms, the degree of association between perceptions of the norm and personal involvement in bullying, and the impact produced by disseminating information about actual norms about bullying. Social norms theory predicts that by reducing misperceptions and increasing the number of target individuals with accurate information about actual norms, occurrences of problem behaviors will be reduced. Social norms interventions seek to turn the process around by communicating the truth about positive norms based on data drawn from the target population, in this case, adolescents.

Students between the ages of 11 and 14 from five middle schools in New Jersey participated in the study. Four of the schools were very large middle schools, and one was mid-sized. Three were located in suburban settings, one was in a combined urban and suburban area, and one was rural. Three were largely homogenous and two had a high diversity of racial composition. Data was collected via survey. Students were asked about bullying behaviors, their own experiences and perceptions of norms, pro-bullying attitudes, reporting bullying, and whether they recalled the poster material relating to this study.

The intervention consisted of providing students with the results of the survey by conveying actual positive norms, which the survey revealed to be widely misperceived. Social norm messages about the prevalence of positive behavior were created for each school based on its data. For example: "9 out of 10 ___ Middle School students agree that students should not threaten to hit another student even if they don't actually hit the other student." Posters did not display negative messages, only positive images and information.

The campaign was carried out for 1-1/5 years, depending on the school. Exposure levels to the campaign were strongly correlated to overall change experienced. The intervention to reduce misperceptions about bullying was the key to post-intervention reduction in bullying. The research found that students had been grossly overestimating the prevalence of bullying and overestimating the support for it in their perceptions of the norm for peer attitudes.

The predicted result of the intervention was exactly what was observed in comparing pre- and post-intervention data. Results showed significant reductions in problematic misperceptions of the prevalence of bullying and of peer support for bullying and simultaneous reductions in personal bullying behaviors and victimization experiences. Students were also more supportive of reporting bullying to school authorities and parents.

All five schools in the study demonstrated significant positive changes. The perception of peer norms is a strong determinant of personal attitudes and behaviors, suggesting that interventions to reduce misperceptions can help reduce problem behaviors.

Using social norms to reduce alcohol and tobacco use in two Midwestern high schools

Haines, M. P., Barker, G. P. & Rice, R. (2003). Using Social Norms to Reduce Alcohol and Tobacco Use in Two Midwestern High Schools. In H. W. Perkins (Ed). *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians.* San Francisco, CA: Jossey-Bass, 2003.

A growing number of studies suggest that the social norms approach is effective in reducing alcohol use among college students. Research also shows that the methodology may work in high school settings, as adolescents overestimate alcohol and cigarette use among middle and high school age students. Importantly, overestimation of peer use is a predictor of alcohol and cigarette use.

A social norms media campaign was chosen as an intervention strategy by a Midwestern community to reduce alcohol and cigarette use by students at two area high schools. The strategy was modeled on a campaign that significantly reduced consumption at Northern Illinois University, except that at the high schools the norm was nonuse (unlike at the University, where it was moderate or safe use), and parents and teachers, not just students, were targeted. Thus, the campaign was community-based rather than focusing on a sub-population and its goal was to reduce the overestimation by all three groups of student consumption, and determine whether this then resulted in a reduction of alcohol and tobacco use.

The study involved four stages: data collection, development of intervention strategies, implementation, and evaluation. The data collection consisted of surveying the students, parents, and teachers. Intervention strategies involved the use of various media to correct overestimation of consumption by disseminating the message that most students do not drink or smoke as well as messages modeling protective behaviors students use to avoid consumption. Implementation meant that parents, teachers, and students viewed ads, posters, direct mailings, educational information, and pamphlets and flyers. Radio ads aired as well. To evaluate effectiveness of the intervention, follow up surveys were done. The perception of parents, teachers, and students as to the number of students/peers getting drunk or smoking in the last 30 days significantly declined. Actual use also declined.

This research showed that the social norms media campaign led to a reduction in all three groups' overestimation of peer alcohol and cigarette use and, most importantly, a reduction in actual consumption. The study was additionally significant in that it was the first project to apply this approach on a community level (targeting three groups). National data indicate that adolescent alcohol and cigarette use continues to be a problem, with traditional prevention programs showing mixed results or little-no impact. The success of this research provides new hope in the field for addressing alcohol and tobacco consumption in adolescents, and possibly other issues such as traffic safety, violence prevention, literacy, and bullying.

SAMHSA (2009) offers three definitions of evidence-based strategies. The following is a description of how the PCN approach fits within these definitions:

1. Inclusion in Federal registries of evidence-based interventions
    o PCN is not currently included on one of the Federal registries
2. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals
    o Emerging and in-process depending on the issue
3. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts, as described in the following set of guidelines:

    o <u>Guideline 1:</u> The intervention is based on a theory of change that is documented in a clear logic model or conceptual model.

        ▪ Social norms theory is an established theory of change documented in both group and individual interventions.

    o <u>Guideline 2:</u> The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.

        ▪ PCN is based on social norms theory, which is the core element of the program "Challenging College Alcohol Abuse" which is on the National Registry of Evidence-based Practices and Programs (NREPP).

    o <u>Guideline 3:</u> The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.

    Linkenbach, J.W. and Perkins, H.W. (2005). MOST Of Us Prevent Drinking and Driving: A Successful Social Norms Campaign to Reduce Driving after Drinking among Young Adults in Western Montana. A publication by the National Highway Traffic Safety Administration—U.S. Department of Transportation. DOT HS 809 869.

    Linkenbach J. and Perkins H.W. (2003). Most Of Us® Are Tobacco-Free: An Eight-Month Social Norms Campaign Reducing Youth Initiation Of Smoking In Montana. In H.W. Perkins (Ed), <u>The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians</u>. San Francisco: Jossey-Bass.

    o <u>Guideline 4:</u> The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

Source: Center for Substance Abuse Prevention. Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program. HHS Pub. No. (SMA)09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2009.

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The following is a description of services we can provide to help you in your PCN journey:

1. Introductory 3-Day PCN Institute
Every fall and spring, MOST of Us® hosts a three-day training on the Positive Community Norms (PCN) Model. The purpose of the PCN Institute is to teach participants about the PCN model and the theory upon which it is built: The Science of the Positive®. Participants learn about the Science of the Positive®, a transformational leadership framework, and begin work on their own 7 Core Principles. Participants also learn about the three components of the Positive Community Norms model: (1) PCN Leadership; (2) The 7 Step PCN Communication Process; and (3) Prevention Portfolio management. Participants begin work on Step One: Environmental Advocacy and Planning. This Institute provides the best opportunity to learn about the PCN model. Participants receive two books and one PCN workbook, which provides detailed information on each of the seven steps.

2. Montana Summer Institute
The Summer Institute offers an interactive, skill-building experience that focuses on the next level of social norms: The Positive Community Norms Model. With the assistance of other national leaders, Dr. Jeff Linkenbach leads discussions and workshops where participants practice applying all seven steps of the Montana Model. The optional one-day, pre-Institute session is highly recommended for individuals who are new to the field or want an overview of the theory and practice of the Positive Community Norms model.

3. Guide Service for Year One
Ongoing technical assistance is absolutely critical for success. A trained PCN Guide is your personal consultant available by phone and email to support you and your community's efforts for one year. The Guide becomes familiar with the specifics of your project, your data sources, and your progress and helps you apply the 7 Core Principles and our 7 Step PCN model to your project. The Guide provides feedback on your Communications Plan and your media. Our experience has shown that unexpected challenges often arise, and your personal Guide can help you successfully find your way. This service is only available to communities that have participated in PCN training (participating in a Regional Institute is highly recommended). In addition to personal assistance with your PCN journey, the Guide provides your community with access to the MOST of Us® Poster Catalog. This catalog contains proven designs, which can be modified very easily and cost effectively to quickly generate posters to correct misperceptions. At the end of each year, you and your community receive an Executive Summary designed to help you learn from the experiences of the past year and prepare for the next year.

4. MOST of Us® Surveys
We have a variety of MOST of Us® surveys designed to address alcohol, tobacco, and other drug use for youth, parents, teachers and community members. Accurate data gathered in a way, which facilitates message development are absolutely necessary for a successful Positive Community Norms project. The Youth survey can be administered as an online or paper survey. The Parent survey is administered as a mail / telephone survey. Prices vary due to size of population and number of reports needed. Please

contact Kelly Green with specific information about the population, type of survey, and purpose of results to receive a quote for survey costs.

5. Positive Community Norms Evaluation Consultation Service

Evaluating your PCN projects is important. Our evaluators can help you integrate your current evaluation plan with the PCN model. An evaluation consultation is typically done in one or two telephone conversations followed by a written report of recommendations. Because every project is unique, please contact Kelly Green at the Montana Institute to discuss how we can best meet your needs to support your evaluation efforts.

Background
Early in his research, Jeff Linkenbach and his team discovered the value of the phrase "most of us" in their social norms messaging. Jeff recognized the importance of protecting the phrase so that it could not be used by others such as certain industries or special interest groups with contradictory missions. As a research scientist and professor with Montana State University, Jeff was able to utilize the resources of the university to obtain a trademark to protect the phrase. Montana State University owns the trademark.

What is a Trademark?
The United States Patent and Trademark Office defines a trademark as a means to "protect words, names, symbols, sounds, or colors that distinguish goods and services from those manufactured or sold by others and to indicate the source of the goods." Trademarks, unlike patents, can be renewed forever as long as they are being used. Trademarks must be actively defended. A lack of defending the use of a trademark can establish grounds for loss of the protected trademark status. A trademark cannot be changed without a formal application process.

Why Trademark?
There were three fundamental goals in seeking a trademark:
1. To protect the phrase from being used by others with contradictory purposes;
2. To provide a mechanism by which others with similar purposes could use the phrase; and,
3. To maintain a high degree of quality associated with the phrase.

It is important to recognize that all of the goals align with the strong, positive social mission of the MOST of Us® organization.

How can an agency or organization use the MOST of Us® Trademark?
An individual, agency or organization can use the MOST of Us® trademark by executing the MOST of Us® User Agreement (contact Kelly Green for details). The agreement establishes written documentation that Montana State University is actively protecting and defending the use of the trademark. The agreement is with Jeff Linkenbach who acts as an agent of Montana State University. The agreement must be renewed annually.

Since one of the key goals in establishing the trademark is to maintain a high degree of quality associated with the phrase, all materials using the trademark must be reviewed by Jeff Linkenbach or his designated agent (for example, a project guide). This review process usually can be completed very quickly.

APPENDIX H: REFERENCES

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Notes

Using the Positive Community Norms (PCN) Framework
with the Seven Strategies for Community Change

Community-based prevention is complex. Substance abuse is a result of many factors and conditions throughout our communities. The Positive Community Norms (PCN) framework provides a powerful way to organize prevention efforts and impact these factors across our community's environment. By focusing on leadership, communication, and integration, we can foster meaningful change and transform how our communities approach preventing substance abuse.

There is no single strategy to prevent substance abuse. Communities must engage in multiple strategies to impact the environment including increasing access to quality prevention, reducing availability and access to substances, enhancing deterrence and enforcement, and fostering policies that minimize unsafe behaviors and promote protection. PCN can help align these multiple strategies and build broad support among diverse groups in our communities.

PCN does not focus on the individual, but rather on the entire social environment. By using a positive approach and seeking to grow the solutions that already exist in our communities (in other words, grow out community's positive norms), we foster hope and engagement among individuals, families, schools, workplaces and community organizations and entities. As these align, prevention efforts become more effective. By focusing on both change and transformation, we create lasting impacts that are sustained and make health and safety just "what we do in our community."

The following document provides guidance on how PCN aligns with the Seven Strategies for Community Change. Following the table, there is more information about specific services we can provide to help your coalition's efforts.

Strategy #1 - Provide Information	

Strengthen Collaboration
• Embrace positive frame combining concern and hope. Examples may include:
    ○ Review and re-write coalition materials
    ○ Developing PCN speaking points and brief speeches to recruit new coalition members
• Actively communicate coalition successes and outcomes
• Develop relationships across the social ecology
    ○ Strengthen existing relationships
    ○ Engage new potential partners
	Reduce Youth Substance Abuse
	• PCN Communication campaign seeking to clarify misperceptions of norms as well as other gaps among key focus audiences. Examples may include:
	    ○ Youth campaign
	    ○ Parent campaign
	    ○ Community campaign
	    ○ Law enforcement campaign
	    ○ Community Leaders campaign
	    ○ Alcohol retailers campaign
	    ○ Pharmacy campaign

Strategy #2 - Enhance Skills	
Strengthen Collaboration • Attend Positive Community Norms (PCN) 3-day training • Attend Montana Summer Institute • Educate coalition and develop PCN 7 Core Principles (Leadership Development) • Educate coalition on the Science of the Positive® Spirit – Science – Action Framework (Leadership Development) • Develop PCN leadership skills to foster change transformation • Educate coalition on the 7 Step PCN Communication process • Develop skills in understanding the limits of present data and current paradigms • Develop skills relating to planning, advocating, increasing community readiness and building capacity for interventions • Develop skills in effectively communicating with multiple audiences, framing a new story, and combining hope and concern • Develop skills to foster reflection and praxis to celebrate success and generate passion for sustaining efforts • Develop skills in prevention portfolio mapping (Integration) • Educate coalition on affectively managing a prevention portfolio (Integration)	Reduce Youth Substance Abuse • Attend Positive Community Norms (PCN) 3-day training • Attend Montana Summer Institute • Develop skills necessary to collect solid baseline data • Develop skills to identify gaps in perceptions and behaviors • Develop knowledge around prevention and intervention programs and strategies

Strategy #3 - Provide Support	

Strengthen Collaboration
 • Conduct PCN presentations with new key stakeholders and new agencies
 • Map Community's Prevention Portfolio
     o Identify opportunities for collaboration
     o Seek additional funding sources
	Reduce Youth Substance Abuse
	 • Develop PCN speaking points and media tools that embrace a positive frame and combine concern and hope to support better utilization of existing programs and resources.
	     o Examples may include fostering community-wide support for:
	        ▪ parent education programs
	        ▪ after-school programs
	        ▪ interventions for indicated youth
	        ▪ evidenced-based school curricula

Strategy #4 – Enhance Access and Reduce Barriers / Reduce Access and Enhance Barriers	

Strengthen Collaboration
 • Seek broad participation in development of coalition's PCN Seven Core principles to foster inclusiveness and ownership in the coalition's activities
 • Develop PCN leadership skills among coalition members to foster change and transformation
	Reduce Youth Substance Abuse
	 • Use PCN 7 Step Communication Process to reduce access and enhance barriers, examples may include:
	     o Reduce alcohol density
	     o Increase alcohol taxes
	     o Reduce alcohol special events
	     o Increase source investigations
	     o Decrease availability of prescriptions drugs by altering prescribing practices
	     o Promoting appropriate disposal of unused prescription drugs
	 • Reduce barriers to resources, programs, and interventions across the continuum of care (Integration)

Strategy #5 – Change Consequences	

<u>Strengthen Collaboration</u>
 	
• Develop PCN leadership skills among coalition members to foster change and transformation
	<u>Reduce Youth Substance Abuse</u>
	
	• Use PCN 7 Step Communication Process to influence consequences such as: sentencing practices, school participation guidelines, alcohol server violations, prescription violations, etc.
	• Map PCN Prevention Portfolio
	    o Address gaps among indicated populations
	    o Focus on incentives/disincentives for indicated youth (including interventions)
	    o See to align spirit of consequences across the social ecology
	    o Use current research to inform consequences across the social ecology

Strategy #6 – Change Physical Design	

<u>Strengthen Collaboration</u>
 	
• Develop PCN leadership skills among coalition members to foster change and transformation
	<u>Reduce Youth Substance Abuse</u>
	
	• Use PCN 7 Step Communication Process to influence physical design. Examples may include:
	    o Alcohol outlet density
	    o Storage of prescription drugs
	    o Disposal options for prescription drugs

Strategy #7 – Modify/Change Policies	

Strengthen Collaboration
• Develop PCN leadership skills among coalition members to foster change and transformation
	Strengthen Collaboration
	• Use PCN 7 Step Communication Process to influence policy. Examples may include:
	   o Sentencing practices
	   o School participation policies
	   o Enforcement policies
	   o Social hosting laws
	   o Prescription databases
	   o Source investigations
	• Map PCN Prevention Portfolio
	   o Seek a spirit among policies with the intention to improve health and safety
	   o Address policy gaps across the social ecology
	   o Address enforcement policy gaps across the social ecology
	   o Modify policies to include interventions for indicated populations
	• Develop guidelines for public policy addressing youth substance abuse. Examples may include:
	   o Guidelines for alcohol special use permits
	   o Guidelines for public events involving alcohol and tobacco
	   o Guidelines for prescribing practices among health care facilities

Note: The Seven Strategies are recognized by CADCA and were developed by the University of Kansas Work Group on Health Promotion and Community Development— a World Health Organization Collaborating Centre.

Center for Health and Safety Culture

MOST of us®

Utilizing Positive Community Norms

Positive Community Norms Consultation
A trained PCN guide will conduct four one-on-one sessions to assess readiness for implementation. The community will receive recommendations for next steps based on the three PCN components of leadership, communication and integration.

PCN 3-day Training
The purpose of the PCN Training is to teach participants about the PCN model and the theory upon which it is built: The Science of The Positive™. Participants learn about the Science of the Positive, a transformational leadership framework, and begin work on their own 7 Core Principles. Participants also learn about the three components of the Positive Community Norms model, normative theory, the 7 Step Process, and Prevention Portfolio management as well as begin work on Step One: Environmental Advocacy and Planning. They will receive two books and one PCN workbook which provides detailed information on each of the seven steps. We can also provide PCN Trainings on site.

PCN Guide Service
Ongoing technical assistance is absolutely critical for success. A trained PCN Guide is a personal consultant available by phone and email to support a community's efforts for one year. The Guide becomes familiar with the specifics of your project, your data sources, and your progress and helps you apply the 7 Core Principles and our 7 Step PCN model to your project. The Guide provides feedback on your Communications Plan and your media. Participants may also participate in an online community and review webinars on each of the 7 Steps and other topics. Our experience has shown that unexpected challenges often arise, and your personal Guide can help you successfully find your way. This service is only available to communities that have participated in PCN training.

Student Surveys (including DFC Core Measures) / Community Surveys
We have a variety of MOST of Us® surveys designed to address alcohol, tobacco, and other drug use for youth, parents, and community members. Accurate data gathered in a way which facilitates message development is absolutely necessary for a successful Positive Community Norms project. The Youth survey can be administered as an online or paper survey.

Montana Summer Institute (MSI)
MSI provides an opportunity to learn and apply state-of-the-art research on each of the PCN 7-Steps. Participants work in both large and small group formats and hear presentations from a variety of speakers.

Custom Support Services
Our staff is also available to assist with advanced PCN support, evaluation consultations and research projects. Please contact us to discuss potential options.

For more information about any of our services, please visit our website at www.mostofus.org or contact Kelly Green at (406) 994-7754 or kellyj@coe.montana.edu.

A REAL, Practical Guide
To Social Marketing to Reduce
Underage Drinking in Florida

Created by Amity Chandler
For
Be The Wall
September 2008

A REAL, Practical Guide To Social Marketing to Reduce Underage Drinking in Florida

Social Marketing Is NOT:

➢ **About your organization – many social marketing campaigns are completely devoid of the sponsoring agency's name or logo.**

➢ **About Blame - Social marketing provides consumers facts and then asks them to make a conscious choice to participate in or change a behavior.**

Social Marketing IS:

Change the Way You Talk About the Problem – A Charlotte County Case Study

When communities talk about a serious problem such as, substance use, it is tempting to paint a picture with the darkest colors possible. Often, we do this because we want the community to "get it," we want communities to understand this is a "real problem" and with only a headline or a sound plug to accomplish getting the message across. When we do this, we often get the largest newspaper headlines, "above the fold" and prime time sound bites on the 5:00, 6:00, 10:00 and 11:00 news. Then, we think "sure, now they get it".

In reality, consistent headlines that carry negative messages work against what coalitions are trying to accomplish: teamwork, community ownership and mobilization. When Charlotte County ranked the highest in youth substance use in the state of Florida, headlines read "Scarlett Charlotte" and "Charlotte Leads State in Youth Drug Use." These headlines resulted in an onslaught of newspaper articles, television and radio talk shows, community round tables and heated community discussion. On one level this provided the "shake up" the community needed. However, as the coalition Director, I did not control the headlines, the headlines controlled me. Instead of using the media inquiries as an opportunity to educate the community about the "whole problem," I was caught up by the "sky is falling" mentality of the community around me.

Discussions with the media often went like this:
Media: "So Amity, how available do you think marijuana is in Charlotte County?"
Me: "Pretty available. A large percentage of our teens report using it.
Media: "What do you think the problem is?"
Me: "A lack of parenting, bored teenagers and an overall acceptance that it's ok to try it."
Media: "What about alcohol?"
Me: "It's prevalent – it's become a right of passage with our teens."

As a result of these conversations, regarding the problem no solutions or possibilities for improvement were identified.. We received media attention, but it did little to provide the foundation needed to move forward. In reality, the negative headlines dug us deeper into a hole.

First, the media coverage conveyed negative norms to the community. **Teenagers could have easily interpreted the headlines as:**

<p align="center">"Everyone is doing it; I might as well do it"</p>

<p align="center">**OR**</p>

<p align="center">"See, I told you everyone is doing it, you may as well let me drink at home"</p>

<p align="center">**OR**</p>

A REAL, Practical Guide To Social Marketing to Reduce Underage Drinking in Florida

"Everyone really is drinking and as a non-drinker, I'm more abnormal than I thought."

Parents could have easily interpreted the headlines as:

"They're going to do it anyway; I may as well try to control the situation as much as possible."

OR

"I know everyone is drinking, but I don't want you to drink."

OR

"What's the point of trying to talk to them about it, they're going to do it anyway."

The average community member or community leader perhaps received the most mixed messages of all. Their responses could have ranged as follows:

"I knew all of those kids were no good."

OR

"Why would we throw money at an impossible situation?"

OR

"I don't want them working for me!"

OR

"They're all drunk and stoned and a waste of money if you ask me."
(Actual quote from a community member)

OR

"Some community this is!"

The negative headlines also convinced people the problem was unsolvable and unapproachable.

When people believe this, they are less likely to come to the table, less likely to participate in special projects, less likely to change their current behavior, because they don't believe their participation will make a dent in a problem so large.

How to Talk About Your Problem in a Positive and Realistic Light – General Rules

- o Control your headlines; don't let the headlines control you.

    - o In 2002, Charlotte headlines read "Community in Crisis: Charlotte Teens Using Drugs Faster Than Teens Across the State!"

    - o By 2006, the headlines read, "Community Holds its Own Solutions to Substance Use."

- o Decide on the most important message for the community to hear.

- o The message needs to be solution focused, not problem focused. For example, "Most of our teens are not drinking, however, of the 35% that are drinking, 25% are self-reported binge drinkers and this is dangerous for them."

    - o *(The following worksheets will assist you in identifying the most important message.)*

- o Messages need to convey positive norms while realistically presenting the problem AND solutions.

- o Most parents don't approve of teen drinking, however, there is a small minority of parents contributing to the delinquency of our binge-drinking teens.

- o Once you've identified your messages, create your "Elevator Speech" or "Cheat Sheet" for yourself and your coalition members.

- o Everyone needs to be on the same page with the same message, no matter why you are speaking with the press.

    - o *The power of a unified voice, over time, will cause headlines to shift and the community to have a better, holistic picture of the problem.*

- o Mediate the negative messages e.g, do damage control on your past messages.

    - o *This may involve a process of submitting editorials to the paper, running radio or print adds that convey your new messages.*

    - o *This also involves watching and reading the media EACH DAY, and, in a perfect world, submitting rebuttals and corrections as necessary.*

- o If your printed materials conveyed negative connotations, throw them away.

- o If you've distributed posters to stakeholders or schools that have negative connotations on them, do your best to get them back. If possible, offer a replacement of your positive

A REAL, Practical Guide To Social Marketing to Reduce Underage Drinking in Florida

messages, taking the opportunity to explain why the coalition made the shift to a more positive message.

- o If you are running radio ads, newspaper ads, theatre advertising, etc… conveying negative messages, stop , immediately and begin work on more positive messages.

- o Meet with the Public Information Officers (PIO's) of your School District, Law Enforcement Agencies, Hospitals, Government Agencies, etc. and explain the new approach.. Be certain they have talking points at hand to use as necessary with the press. Offer your PIO's this as a "service" and it will help to position your coalition as the credible expert for ATOD's (Alcohol, Tobacco and other Drugs).

- o Practice and hold each other accountable. Use a facilitator during coalition meetings to practice press interviews to be sure everyone is saying the same thing. Note, the key is to say the same thing, but not in the same way. You don't want your messages to sound canned. It needs to be evident you all buy-in to the message in your own unique way.

- o Implementation. As media releases leave your coalition or partner agencies, proof them to ensure your talking points are evident in every release. You may want to consider forming a media committee that will agree to proof things (quickly) and help to ensure your released media is on-target.

In Conclusion - Some Things to Expect

Much of your local media is built on sensationalism, this is what sells headlines. As you change your approach to exhibit positive messages, your local reporters are going to get frustrated and start knocking on the doors of others in the community in an attempt to get the negative comments they thrive upon. It is critical all of your stakeholders practice the same talking points.

Coalitions can create cultural change with the local media by consistently submitting stories, editorials, and pictures that are positive and unique to your issues. All news makers value relevant and current news. As you begin to offer them what they value most eventually they will sacrifice sensationalism for good and timely news stories. If this seems slow to occur, encourage your stakeholders, parents, and teens to write the Editor or Producer directly to request more positive stories.

Be Aware
When you have a positive relationship with your local reporters, you may experience very productive interviews with them, only to have the headlines the next day utilize a negative message. In many media markets, the reporters write the story and the Editors write the headlines. Be sure to provide reporters with a press packet that includes information you want them to have, including your talking points. Reporters share these packets with their Editors and that helps you gain Editor cooperation.

When your media partners simply will not cooperate, ask to meet with the Editors. Take key leaders within your coalition to the meeting with you to explain why negative headlines are a detriment.

If they still will not cooperate, submit letters to the editor or guest editorials to the paper as the negative headlines appear. Always start your remarks with a positive statement, such as

"I'd like to thank the Charlotte Sun for continuing to give media attention to the important problem of youth substance use in Charlotte County, however, I'd like to share some additional points….."

Be prepared to defend your position with humility and authority. Do not be afraid to flood your media venues with the coalition's "side" of the issue.

I recently had the opportunity to spend an hour with an elected school board official that had legitimate inquiries and challenges about our canned message "most of our teens are not using drugs." When we first started the conversation, I thought, "are you kidding me? I have to go here again?" However, as we talked I realized that other things in the District were his priority when the headlines started to discuss youth substance use several years ago. He was just now hearing about the issue. It was a good lesson for me and one that I need to be more cognizant of the impact changing leadership has on the need to continually educate.

Leadership priorities and positions change within a community all of the time. Be prepared to MANAGE the message all the time, it will never manage itself.

Success Stories: Qualitative Measurements

I was recently going through three years worth of headlines for Charlotte County when I noticed it was very clear when the tide began to turn in the way we discussed youth substance use as a community. It was exciting to see the headlines change right before my very eyes as I thumbed through our scrapbook. Oh sure, we still get a rogue reporter every now and then – usually a new one from a large media market – that wants to ride the wave of sensationalism, but we've done such a good job as a community of framing the problem, that most of them get exhausted after hearing the same thing from phone call after phone call.

About a year ago, the head of the Health and Science curriculum of the school district came to me concerned over an "educational" newspaper insert that was intended for all middle and high schools. The content was reliable and factual and dealt with the consequences of drug use to the body. The pictures however, could not have been more negative. There was a girl snorting cocaine off of a mirror, a boy huffing, teens laughing with cigarettes in their hand, etc. I tried to explain to the newspaper that we, the community, went to great strides to change the way we talk and look at the problem of youth substance use, and that most of our teens are not using drugs or alcohol and that it is critical to our progress that we try to convey it consistently. The conversation fell on deaf ears. Within a week, 10,000 newspaper inserts were delivered to my office. Within 24 hours of delivery, they were filed in the recycling dumpster. This was an incredibly painful thing to do. A little voice in my head said, "any education is better than no

education" but my research and my gut told me otherwise. Beware of landmines such as these that could delay your progress considerably.

Two years ago I also had the pleasure of being invited to participate in the committee that selected the new health books for the School District. I was absolutely shocked at the negative norms portrayed in the pictures of many of these books and had the opportunity to express this concern to the publisher's representatives and the committee. In the end, this was a significant factor in the committee's decision to choose one book over the other.

LO QUE UN ADOLESCENTE DEBERÍA VER CUANDO SE TRATA DE ALCOHOL.

CHANGE THE WAY YOU TALK ABOUT THE PROBLEM – A CHECK LIST FOR PREPARING FOR YOUR SOCIAL MARKETING CAMPAIGN

❑ Agree as a community that there will be no more "chicken little" talk.

❑ When you talk about the problem, you will talk about it in a realistic way, with real data.

❑ When you talk about the problem, you will offer unified messages containing solutions and action steps.

❑ Mediate the negative messages and scare tactics you may have released in the past.

❑ Clean out your file cabinets of anything that hints of scare tactics or negative norms.

❑ Take down any previously released literature that hints of scare tactics.

❑ Agree as a community that you are making the turn towards the positive.

Create a bulletin of talking points for all of your stakeholders that they can keep in their offices. Talking points should include **local data, solutions, and action steps** that are relevant to your target population. As you progress in your campaign, you may have different talking points for different seasons, such as Back to School, Spring break, Prom, etc.

❑ Make talking points available to all stakeholders, but meet with key stakeholders to review them and explain the importance of being on the "same page." Touch base with these key stakeholders regularly, by email, phone, or meeting, to review current events, research, and messages.

❑ Meet with all Public Information Officers of key community agencies and brief them on talking points and data sources. Make sure they have a "cheat sheet" that gives them a combination of talking points and data for ATOD topics. These agencies should include your School District, Law Enforcement Agencies, Government Agencies, Fire and EMS, Hospitals, etc.

❑ Practice your talking points with one another. For one of your coalition meetings, ask a local media partner or a SARG coach to come in and practice interviewing your stakeholders about the issue. Listen for negative connotations in responses and critique each other as necessary.

Prepare to control your headlines by utilizing earned media during special events and at-risk seasons such as Homecoming, Spring Break, Prom, etc.

❑ Look at the calendar well in advance and begin to prepare topics for your email blasts, newsletters, letters to the Editor, and guest columns. This responsibility should be shared among all of your stakeholders so that multiple people are contributing to the media.

❑ Meet with your local newspaper and inquire about the possibility of hosting a series of round-table discussions to be printed over the course of a few months.

Coalitions can take statements and headlines and make them reflect identified priorities

Practical Exercise – Controlling the Headlines

NEGATIVE	POSITIVE
35% of teens report drinking in the past 30 days	65% of teens report not drinking in the past 30 days, or not needing to drink in the past 30 days to have a good time
Parents are providing the majority of alcohol to minors	Most parents would never provide alcohol to minors, however a small minority may be responsible for the majority of underage drinking within our community
Marijuana is easily obtained in the community	While many perceive that marijuana is easily obtained, most teens report not using marijuana in the past 30 days or their lifetime. The Florida Youth Substance Abuse Survey Reports………
Alcohol is a part of the high school experience	Most teens will make it through school without using alcohol or marijuana. The Florida Youth Substance Abuse Survey Reports…………………………….
High School Teen arrested for bringing pills to school	While prescription drug use is a growing problem, we should remember that there were over 1,100 students at that school today who came ready to learn, and not do drugs
Another teen dies of pill overdose	A well known side effect of drug use is death – these headlines/events are unfortunate, but they should not continue to surprise us. If a community is going to control its drug problem, then it must first control the gateway by which it begins, and that is underage drinking.
Compliance Checks Net 2 arrests	Compliance checks show most retailers care about keeping alcohol out of the hands of minors. Two stores are still slow to catch on.
Prom and Graduation season most likely to be drunk fests for local teens	While most teens will celebrate their prom and graduation without alcohol, parents should be aware this is a season when alcohol may be more accessible to their teens.

10 Steps to Creating Your Talking Points

1. Begin by looking at your Florida Youth Substance Abuse Survey and other data sources.

❑ What is your 30 day drinking rate and binge drinking rate? (For purposes of public speaking points, the phrase *lifetime drinking rates* tend to confuse the public and the issue – use 30 day drinking rates only)

❑ How many students are not drinking?

❑ What are the consequences of underage drinking in your community?

❑ What are some examples of teens doing positive things in your community?

2. Identify 3-4 facts about underage drinking in your community that you feel will increase public knowledge.

❑ Most students do not drink

❑ The most common source of alcohol to teens that choose to drink is in their own refrigerator

❑ Of the minority of students that choose to drink, research says that they are more likely to……..

3. Look at the facts and state them in a positive way, using the above grid as an example. If you need ideas, contact your SARG coach or another coalition with experience in social marketing.

4. Decide what else you want the community to know about underage drinking. These statements should be empowering and motivating.

5. Include solutions to the problem, even if they are to occur over time.

❑ We encourage parents to talk with their teens regularly.

❑ By making sure our teens cannot get their hands on alcohol, we stand to exponentially reduce our teen drinking rates.

❑ We encourage parents to communicate clear, no-use messages to their teens when it comes to alcohol.

❑ We encourage our teens and adults to report parties where teens may be using alcohol.

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6. Include action steps that the general community member would be able to complete and "Feel" as if they contributed to the solution.

❑ We encourage all residents to remind their local store managers that you appreciate their efforts to keep alcohol out of the hands of teens.

❑ We encourage all residents to remind the teens in their lives that your proud of their decision not to drink.

❑ By consuming alcohol in a responsible manner, we set a positive example to the young people in our community.

7. Review the talking points during a coalition meeting and come to a consensus about their final wording.

8. Distribute the talking points to all stakeholders and other key spokespersons within the community.

9. Your talking points should "sound" something like this:

In Charlotte County, 67% of high school teens report not needing alcohol to have a good time with their friends. In fact, 74% of teens report that they do not approve of parents that provide alcohol to minors. While alcohol and marijuana remain the primary substances of choice for 33% of Charlotte County teens, most Charlotte teens continuously choose to reject alcohol as a part of growing up.

The Florida Youth Substance Abuse Survey reports that _____ County teens are choosing to reject alcohol and marijuana as a part of growing up. With a continued community response to underage drinking, _____ County can continue to empower its teens to make the right decisions when it comes to alcohol and other drugs. A special thanks is extended to parents across the community – their communication with their teens is clearly working!

In a recent law enforcement check, 67% of stores successfully asked for and checked the ID of an underage operative. Keeping alcohol out of the hands of teens is a critical step in the community's response against underage drinking.

10. Practice your talking points in a coalition meeting. Consider bringing in a reporter to stage questions so that you all can practice your responses.

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Getting Started with "Be the Wall"

There are some benefits to being part of a statewide social marketing campaign and it's important that your stakeholders understand them.

- The costs of creating well developed social marketing messages can typically run from $10K to $40K for a campaign. By utilizing the state campaign, funds that would have gone towards creative development now go towards utilizing more marketing materials to reach your target audience.

- The coalition also saves on the staff time necessary to monitor and test message development.

- By blanketing the state with messages in other communities, there is a greater likelihood that your target population will be exposed to the message in other venues they may work, travel, or vacation in.

- By utilizing a state approach, radio air time and possibly theatre time is purchased through a Florida Department of Children and Families contract with Clear Channel. This results in thousands of dollars of savings for the coalition.

A step by step procedure to getting started – Phase I

1. Identify a committee that will work on the social marketing project – this can be your existing SARG committee.
2. All members of the committee should receive social marketing training from a SARG social marketing coach.
3. Committee members should complete "Preparing for Social Marketing Steps" – assign the steps to committee members as necessary.
4. The SARG coordinator should email or fax the completed checklist with completion dates, meeting minutes, or notes indicating that each step has been completed to a SARG social marketing coach.
5. Include with the checklist the "TALKING POINTS" your coalition will work from as you engage in social marketing strategies. Use the 10 Steps to Creating Your Talking Points as a guide.
6. Schedule a conference call with a social marketing coach to review the talking points.
7. Present the talking points to your coalition general membership and explain the importance of moving away from the negative.

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A step by step procedure to getting started – Phase II

1. Review the menu of marketing materials available to you and the associated marketing grid.
2. Staying within your budget, decide with your committee the most appropriate activities, time frames, and marketing mediums to reach your target population. Feel free to work with a social marketing coach as you complete this task.
3. Submit your marketing plan and order form to a social marketing coach for approval.
4. Submit payment for your order.
5. Launch your campaign based on your marketing plan.

A step by step procedure to getting started – Phase III

1. While you are waiting for your materials to come in, identify focus groups within your target population. (See guidelines for picking focus groups.)
2. If you are conducting face to face focus groups, schedule dates and locations in advance.
3. If you are going to conduct survey information, be sure to have emails of your participants in advance.
4. Identify areas within your message release area that you will be able to conduct intercept surveys.
5. Make arrangements and mark on your calendar to conduct intercept surveys every 4-6 weeks.
6. While you are waiting for your materials, decide who will respond to increased requests for information that generate as a result of the campaign. It is likely that you will have increased requests for speaking engagements, additional educational materials, etc. If you need assistance identifying some "canned" presentations on alcohol topics, consult your SARG coach.

Managing Your Campaign – Phase IV

1. Store your campaign materials in a central location. It is not recommended that you divide them up by committee member or agency.
2. As materials go out for dispersal, utilize the tracking grid to keep track of what went out, the quantity and where (see attached worksheet). This is very important to your evaluation process. If your target audience is unable to recall your message, you'll need to look at your 'dosage' or what and how many materials they were exposed to, to be able to make adjustments.
3. Once the materials are out, **utilize a press release, email blast, e-newsletters** and other creative ways to alert the community about your new campaign. A sample press release has been included for your use. As media opportunities arise, feel free to consult with your social marketing coach for ideas and trouble-shooting.
4. Your committee should meet or conference no less than bi-weekly during the first six weeks of your campaign. During this time you should be referring back to your marketing grid to be certain you are on target with your plan. In addition, there may be new opportunities that arise that should be added to your marketing grid.

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Special Note – It is very easy in a campaign to "say" that you are going to take advantage of a public event, or special speaking engagement and then have it creep up on you in no time. When managing your campaign, try to keep a six week lead on the marketing grid. This way, you can order special materials or re-order supplies as necessary without being caught unprepared. *Remember, you must work this message or the message will work you.*

Managing Your Campaign – Phase V

1. The campaign has one core poster and five supporting posters. The core poster features the wall image. The additional poster speaks to parents about the teen brain and impulsive behavior and encourages parents to communicate to their teen clearly about their stance on alcohol.
2. There is no correct order of release, except to say the **<u>BRICK WALL poster should come first.</u>** Your target population should have time to be exposed and connected to the core poster. This should take 4-6 weeks.
3. The supporting posters should be released separately and times in the year that correlate with your marketing strategy. For example, if you are targeting parents of high school students, you may choose to release your posters and supporting media activities surrounding homecoming, spring break, prom, graduation and summer break.
4. If you would like to transfer any of the additional poster messages to promotional items, contact Amity Chandler, and she will work with you to identify the most appropriate medium for your population.
5. Work with your coach to personalize an evaluation plan and long term marketing plan that grows with your needs as your coalition becomes more skilled in using social marketing strategies effectively.

Appendix

Focus Group Guidelines

Tactics Description

Product Description

Marketing Grid

Sample Campaign Press Release

Sample Happy/Nasty Gram

Pricing and Order Forms

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Focus Group Guidelines

There is no reason to be intimidated by the word "focus group." For the purpose of marketing, focus groups are really quite simple and difficult to do "wrong."

In some cases, focus groups can be used to test messages. However, in the case of this campaign, messages have been tested and mediated as much as possible to make them pleasing to the audience. Suffice it to say, not everyone will care for the image, color, font, etc.

At the local level, the purpose of the focus group is to gauge message recall and possibly gather some information about ways to creatively expose your target population to the message. It may also assist you in gauging the perceptions of your target population and help focus the extent of the work you need to do with changing perceptions, increasing knowledge, etc...

Pick your participants

Participants should be geographically located within your area of release and should fairly represent your target population. You should strive for a balance of male, female, parent, non-parent, etc. All of your participants should be adults, as this is a campaign targeted to adults.

Ideally, you would want to conduct focus groups at each "end" of your release area. For example, if you released to the entire county, you would want to conduct groups at the North, South, East, and West end of the County. If you released to the parents of two schools, you would want each school to be represented within the focus group. You may do one at each school or combine them. If you released to four of the largest employers in the county, you would want each employer represented. You may conduct one at each site or combine them.

Introduce yourself and the purpose of the focus group. You may stick to the script provided or you may ad-lib. However, be certain not to interject any personal opinions about the campaign. For example, don't say, "We're going to talk about this awesome campaign we've been doing."

Ask each member to respond to the questions on paper first. This is very important. The dynamics of group conversation can very easily taint your focus group. Some individuals are more dominant than others, some are more sensitive to a "band wagon" effect, some may mimic negative comments by another individual, etc.

Collect the paper responses and then open the discussion, working from top to bottom on the response forms. Have another individual who is not participating in the focus group or leading the conversation record responses. It is not recommended that you audio-tape the discussion. This often limits participation and input.

After the focus group have your recorder type out their notes. Review the responses and review the notes. You should be able to come to some conclusion about the effectiveness of your message exposure. If it all seems to "run together", do not hesitate to call a Coach to receive some technical assistance for making sense of your first focus group.

Focus Group Script

Thank you for taking the time today to participate in this focus group. We will only take 1 hour of your time. My name is _____ and _____ will be taking notes during our discussion.

We're here today to gather some information about a campaign that we released in your area. First, we will ask you to respond to 10 questions. The questions are deliberately open ended, and provide plenty of lee-way for you to share your honest opinion. There is no right or wrong answer, but we ask that you do try respond to each question.

All of the questions have to do with the image provided to you on a separate piece of paper. You may refer to it as often as you like.

After everyone has responded to the questions, I will collect your surveys and then facilitate a short conversation about your responses. You may interject comments at any time during the conversation, but please be respectful of the opinions of other people.

Focus Group Work Sheet
(Fill in Date and Location Before Printing)

First Name: _____   Today's Date _____

Age Range	Parent Status
❏ Under 30	❏ Currently Raising Children Under 13
❏ 30-40	❏ Currently Raising Children 13-18
❏ 40-50	❏ Children are 19 or above
❏ Above 50	❏ I am not a parent

---

1. Have you seen the attached image?

2. Can you name all of the places you have seen it? (None is a legitimate response)

3. About how many times per week do you believe you see this image? (Not at all is a legitimate response)

4. In your own words, what does the message say?

5. Even if you have not seen it before today, what is your initial reaction to the message?

6. Do you agree with it? Why or why not?

7. The message contains some facts about the teen brain. Did you already know this information or is it new information for you?

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Focus Group Work Sheet - Continued

8. Does the information about the teen brain change your opinion about teens and alcohol?

9. Does the information about the teen brain make you believe that?

Alcohol is more dangerous to teens?	Yes	No	No opinion
Alcohol is less dangerous to teens?	Yes	No	No opinion

Adults need to talk more to teens about the dangers of alcohol

	Yes	No	No opinion

10. Are there any other thoughts you'd like to share with us?

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Intercept Survey
(Fill in Date and Location Before Printing)

Age Range	Parent Status
❑ Under 30	❑ Currently Raising Children Under 13
❑ 30-40	❑ Currently Raising Children 13-18
❑ 40-50	❑ Children are 19 or above
❑ Above 50	❑ I am not a parent

1. What is Your Zip Code?

2. Have you seen the attached image?

Yes   No   Don't Recall

3. Can you name all of the places you have seen it?

4. About how many times per week do you believe you see this image? (Not at all is a legitimate response)

5. In your own words, what does the message say?

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Be the Wall – Tactics Descriptions

Radio Spots:

Radio spots will be purchased across the state through Clear Channel. However, you can also use the pre-recorded spots in a variety of ways: Local high schools can play during sporting events, local agencies can play while people are on hold, schools can have them play as their web sites launch, schools can play in the hallways during open houses, etc.

Screen Saver:

The screen saver comes to you on a CD that you may copy. Ask local libraries, schools, churches, etc. to load the screen savers on their computers. You may also burn CD's and give them to parents to load on their personal or work computer

Posters:

You will receive six images - one image of a wall and five supporting images that talk about the teen brain. You must release the wall image first and focus primarily on this image for the first months of your campaign. Work with your coach and committee to determine the best way to release the subsequent posters.

Be creative in the way you hang posters. Ask employers to place them in their break-rooms, bathroom stalls, or for fun, on a ceiling panel. Use smaller versions of the poster image provided to you on CD to place in newsletters, newspaper ads, etc.

Sidewalk Adhesive:

The adhesive is all-weather and tends to get people's attention since they are not expecting to see a large sticker on a floor or sidewalk. Use these indoors in hallways where parents frequent or outside during a special event or area where parents are likely to see the message.

Sidewalk Stencil:

Sidewalk stencils are great for guerilla marketing techniques. Using sidewalk chalk, grab a team and go stencil a parking lot, sidewalk, tree, poll, etc. This is especially effective if you do it before a large community or school event, because you have the element of surprise. You can also use the stencil with food coloring on the beach or spray paint on plywood, etc.

Banners:

Banners have traditional uses for tabling, special events, etc. But you can also utilize community partners by rotating the banners from chamber member to chamber member or business partner to business partner. Try to get one business for each month to hang the banner and allow you to distribute promo items once per week. This is a great way to get into venues you would not have normally had access to and to build relationships with your business partners.

T-shirt (Polo's also available by special order)

T-shirts have traditional uses for tabling, special events, also. A more creative use for campaign t-shirts is to stage walks. Grab 10-15 volunteers and meet at the mall at a busy time. Everyone should wear a shirt and circulate the mall like they usually do. As people notice or comment on the shirt, feel free to give a few away. You can also do this at school events, Wal-Mart, etc…

Magnetic Pop Out Picture Magnet:

This is a corny promo-item that gets a lot of exposure! Contact schools/Pop Warner/ Bryn Allen, etc and find out when school pictures, athletic pictures, homecoming, prom, graduation pictures are scheduled to be released. Inquire whether or not they will place a magnet in the envelopes of parents. These are also great for tabling, presentations where parents or grandparents are present. As a guerilla marketing technique, you can leave magnets in a targeted venue stuck to metal for parents or others to take with them.

Brick Pledges:

A pledge designed to look like a brick that parents sign agreeing to keep alcohol out of the reach from teens. Solicit the help of a school to obtain pledges. As they are obtained, make your own brick wall out of the pledges at the school or in a more public location. You can do this once or a number of times, especially during more at-risk seasons such as homecoming and prom,. As the wall grows, email pictures to your email lists and press contacts.

You can also couple this with a celebrity lock-in or roof-top protest. Get key leaders in your community to be locked in or stay on a roof top until a certain amount of pledges are signed. This serves as a great media event and an efficient way to get the community to start talking about teens and alcohol (be sure to have press packets ready).

Static Clings:

These static clings are shaped like bricks that cling to any metal or glass surface. Businesses and schools can display these proudly. Or, as a guerilla technique, you can team up with teens and other parents to leave them in dressing rooms, bathrooms, etc in an identified venue. You can also mail these to your mail list with a letter explaining the campaign.

Post Card:

This is an oversized post card that works well as a bulk mail or as a hand out on a table. The text addresses common drinking myths as well as facts about the teen brain. The right side is fashioned so that you can also attach a single alcohol test kit. The post cards are great to give to parent groups, coaches or others who are communicating with parents..

Air Fresheners/post it notes/pens/bumper stickers:

Your standard promo items are limited only in the way you distribute them. The more creative you are, the more likely they are to get used in a manner that other people will see the brand.

Key Tag:

The plastic key-tag for parents promotes www.bethewall.org and encourages them to text their teen from the site. Give these away at grocery stores, parent events, during camp or school registrations, etc...

Drug Wear Fashion Show:

Utilize your youth or another youth group to scout local stores for clothing that glorifies alcohol use or drug use (stay away from branded items such as BUD, etc. these are too obvious). Have students take pictures or model the clothes. Place the pictures into a special bulletin and news letter and distribute by email blast. Parents, teachers, and school administrators especially will appreciate the "heads up."

Brand Buttons – Retail or Parent

Simple Buttons that have a message of "meet the wall," appropriate for parents or alcohol servers. Wear them at work, during sporting events, coalition meetings, etc... Provide special prizes to coalition members "caught" wearing their buttons, utilize a special patrol to provide prizes to parents wearing their buttons or partner with a local radio station Provide special prizes to coalition members "caught" wearing their buttons, utilize a special patrol to provide prizes to parents wearing their buttons or partner with a local radio station to host a "button stop" where people can pick up a button, sign a pledge or get a t-shirt.

PRODUCT DESCRIPTIONS

1500 Posters (250 each of 6 designs) (what size?)
1 Table Banner (what size?)
1 Large Banner (what size?)
10 Floor Adhesives
1,000 Static Clings
1,000 Bumper Stickers
1,000 Magnetic Photo Frames
1,000 Pens
100 T-shirts
5,000 Pledge Cards
2,500 Post Cards with Glue Dots
1,000 Buttons
Posters - 12"x18", Full Color, One-Sided, 6 Different Designs
Table Banner - 2'x6' Full Color, with Grommets
Large Banner - 3'x8' Full Color, with Grommets
Floor Adhesive - 24"x24" Removable, Full Color
Static Clings - 4"x4", Cling on Front, Full Color
Sidewalk Stencils - 36"
Bumper Stickers - 10"x3", Full Color
Magnetic Photo Frames - Rectangular 4"x3.5" with Punch out Center
Pens - Medium point, Black ink
Key Tags - Large Rectangular Soft, One Color Imprint
Post-Its - 3"x4", 25 sheets per pad, One Color Imprint
Air Fresheners - Full Color, 1 scent
T-shirts - White Gildan Ultra Cotton, 2 color imprint
Pledge Cards - 3"x5" Full Color (need to be bigger)
Post Cards - 6"x18" (6"x9" folded), Full Color, and Double-Sided
Buttons - 4" Round, Full Color

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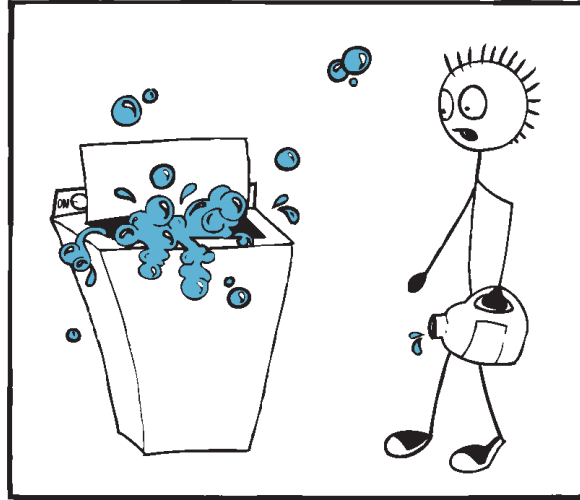
Compliance Happy-Gram (Insert Wall logo)

Dear Retailer,

Congratulations! You have passed your most recent alcohol compliance check. On (insert date), an underage person attempted to purchase alcohol at your establishment and was refused. Hiring, training, and supervising responsible staff is essential to keeping your business in compliance with the laws and ordinances that regulate the sale of alcohol. Locally, we know that --% of teens choose not to drink and --% choose not to use tobacco. Research tells us that a teen's brain is still developing until their mid-twenties. Until then, they are more likely to act impulsively and make irrational decisions – including the decision to try to purchase alcohol. For this reason, we appreciate that your staff continues to be the wall to a teen that may want to purchase alcohol. Once again, we appreciate your continued commitment to keeping alcohol out of the hands of our teens.

The (insert law enforcement agency name) will regularly use compliance checks as a tool in our efforts to keep alcohol out of the hands of teens. By working together we can ensure a safer and healthier community. Please congratulate your employees for us.

Your community anti-drug coalition, (insert name), offers store signage, training and other resources to help your business keep alcohol out of the hands of teens, feel free to contact us if would like to access these resources.

We would also like to extend an invitation to you or your staff to attend our coalition meetings. (Name of coalition) meets (details of meetings)

Sincerely,

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Compliance – Nasty Gram

Dear Vendor,

Recently your business was cited fpr selling alcohol to an under age person. We are certain that was not your intent. (Insert county name) anti-drug coalition, (insert coalition name) is striving to create partnerships with government, schools, churches, and businesses to prevent underage drinking. One of our goals is to inform and make available to organizations the many different resources available for alcohol prevention.

Currently, most – County youth choose not to drink. However, of the --% of –County youth that report drinking in the past 30 day, --% are reported binge drinker. These figures are cause for concern, as new research indicates that a teen's brain is still developing until approximately 22 years of age. Until then, the introduction of alcohol, especially in a situation where binge drinking occurs, may be detrimental to brain development and increase a teen's natural tendency to be impulsive and take risks, leading to accidents, trouble with local law enforcement, or a host of other consequences.

Underage drinking is a problem for all of us. It makes our highways less safe, our schools less effective, and the future of our teens less certain. The sale of alcohol to a minor reflects negatively on your store and our community. We are counting on your staff to be the wall to a teen that wants to purchase alcohol.   In the coming weeks, we would like to meet with you and share with you some of the strategies we are undertaking to prevent underage drinking in our community.

The purchase and possession law for 21-year-olds was enacted to save lives, and when enforced, it works! Please be a part of our community wide effort to save young lives.

For further information, please contact (insert information) or feel free to attend one of our coalition meetings (insert meeting information)

Sincerely,

Press Release – Sample

Date (Insert)

For Immediate Release

(Name of Coalition) Launches Campaign to Decrease Underage Drinking

This week, (coalition) launches a multi-media campaign intended to encourage and support parents, retailers, and community members in their efforts to keep teens from drinking.

Over the next year, (coalition) in partnership with (list key partners) will ask the community to Be the Wall between teens and alcohol. The simply stated campaign is designed on the premise that while alcohol may be the primary substance of choice for teens across the state and country, underage drinking should be the single most preventable at risk behavior among our teenagers. (Insert spokesperson name and title) states, "Underage drinking comes down to access – if our teens cannot get their hands on it, they cannot use it. We are asking all community members to help us limit access to alcohol for teens once and for all"

In (Insert County) the Florida Youth Substance Abuse Survey reports that most teens are not drinking. However, of the --% that report drinking on a 30 day basis, --% are self-reported binge drinkers. Current research indicates that the teen brain is still developing until the mid-20. The introduction of alcohol, particularly in large quantities, may impair brain development. The developing teen brain also makes teens more impulsive and less likely to consider consequences of their behavior – for this reason; the campaign encourages all adults to be firm, clear and consistent when talking with teens about alcohol.

The multi-media campaign is part of a partnership between (county) and the Department of Children and Families and Florida Office of Drug Control. Its components include an interactive web site where parents can text their teen, humorous posters about natural communication gaps between teens and parents, community displays, guerilla marketing strategies and more.

Local agencies and businesses wishing to participate in the campaign by displaying images should contacts (insert contact)

Questions about the local campaign may be directed to (insert contacts). Questions about the statewide campaign should be directed to Amity Chandler (941) 815-7743 or Joy Mills (phone)

SOCIAL MARKETING PLAN – BE THE WALL

Media Type	Quantity	Time Frame	Target Population	Activities	Supplemental Messages/Activities	Who is Responsible
Screen Saver				Burn screen savers to DVD and give to workplaces to load – don't forget your county offices including public libraries, etc	Provide the screen saver on your web site to download or on the website of heavily visited sites such as school districts	
Radio spots	Various			Give pre-recorded spots to school districts and other agencies that place people on hold and ask them to play them while people are waiting on the phone on hold

Have the commercials played during sporting events or in the hallways during open houses | | |
Campaign Posters				Distribute to partners with a letter explaining the campaign		
Sidewalk Adhesive				Leave on floor of school or workplace sidewalks, hallways or bathrooms	Using a scavenger hunt theme, Provide a prize for the first parent that locates one and calls in with the location	
Bulk Mail		Early school year or beginning of second semester – mailer will also be available for Prom and Graduation with alcohol test kits attached to them		Partner with schools to send bulk mail out to targeted grade levels		
Banners				Use at community events where a table is being hosted
Hang on ball fields, school offices, etc
Use during vacation Bible schools or other religious events/fairs		

SOCIAL MARKETING PLAN – BE THE WALL

Media Type	Quantity	Time Frame	Target Population	Activities	Supplemental Messages/Activities	Who is Responsible
T-shirts				Throw out during events where parents frequent Provide to adults who agree to participate in a survey Provide to adults after you give a presentation Ask all athletic coaches to wear them on a specific day		
Pop Out Picture magnet		Good to hand out after school pictures are taken		Give to parents while hosting a table @ community events Host a table at a school open house "Treat" a workplace by dropping them off with your newsletter		
Brick Pledges				Have parents sign and hang in a notable place to build a wall of pledges – by school, by church, by bus route, by theatre etc…..		
Static Clings		Back to school, holidays, heavy traffic times		Utilize students and other adults to leave the clings on metal and glass surfaces in public places Ask businesses to hang in prominent area		

SOCIAL MARKETING PLAN – BE THE WALL

Media Type	Quantity	Time Frame	Target Population	Activities	Supplemental Messages/Activities	Who is Responsible
Air Fresheners				Give to parents while hosting a table @ community events Host a table at a school open house "Treat" a workplace by dropping them off with your newsletter		
Bumper Stickers/Pens/etc..				Hand out during parent pick-up Partner with a radio station to give away during live remotes Leave in pediatrician/orthodontist offices		
Key Tag with text				Provide to parents in school picture packs Provide to parents inside of flower pick ups for prom/homecoming Provide to parents during check-out at grocery stores,etc		
Guest Column		Once per quarter or more			Most teens are not drinking – a discussion of real data Parents encouraged to talk to their teen about alcohol	
Street Advocacy		Once per quarter			Utilize teens to spread message and distribute pictures and press releases	
			GASPS APP Resource Guide			202

SOCIAL MARKETING PLAN – BE THE WALL

Media Type	Quantity	Time Frame	Target Population	Activities	Supplemental Messages/Activities	Who is Responsible
Compliance Happy Grams/Nasty Grams		To be distributed after all compliance checks	Licenses vendors	Send letter to all vendors after they are checked – promote heavily results of all compliance checks- visit face to face all who fail and start a dialogue about the importance of compliance		
Towne-Hall Meetings or Community round-tables	2	Start of School and Start of Summer	Parents, teens , etc	Identify two topics surrounding underage drinking and host a town hall or round table		
Drug Wear audits and fashion shows	4	Once per quarter	Teachers, teens, parents	Audit stores for clothing that glorifies drinking and drug use and have students model clothing, or photograph clothing and release via special newsletter or press release	It is important to keep talking to our teens about alcohol because they cannot even shop in our local stores without getting bombarded with pro-drinking messages	

Viral /Guerilla Marketing for Be the Wall

Electronic Newsletters

Gather email addresses during events or through other email trees. Distribute e-newsletter once per month.

Once per week, challenge folks to take the pledge online and to forward the pledge to another friend/parent – monitor the web pledges to see if this is working

Once per month send out one of the BTW e-cards to your email list and encourage them to forward it to a friend.

Be certain to tag all emails with a local fact about underage drinking – most teens don't drink in your community

Increase email traffic – double up your sends – during at-risk seasons – homecoming/prom, etc. In these emails, provide tips to parents about hosting safe parties and supervising teens during these times

Parent blog

Utilize your email tree to pose a question or topic to parents. Encourage them to go to the BTW website and post their opinion on the parent blog.

Start a local blog/twitter that provides positive tips and information to parents – be sure to add the BTW logos etc. to all of your correspondence

Sidewalk markings

Utilize the BTW sidewalk stencil in high traffic areas with parents. Block parties, beach festivals, parades, etc. are excellent venues. If you have t-shirts available, hang these from trees or fences and let people take them. If there are porta-potties at these venues, utilize stickers, post it notes etc with BTW messages inside of them.

Parades

Parades floats are easy with BTW, but you have to buy the brick-type bulletin board paper during the holidays when it's available. Use a flat-bed, place plywood on each side and staple the brick paper to it. With white paint, paint the BTW poster message on the paper. Fill your flat bed with parents and teens.

T-shirt walks

Pick public or community venues and place adult volunteers in BTW t-shirts. Designate times to meet together and walk through the venue as a large group – staying together. Do this every two hours with the same group or a different group of volunteers. This allows adults to be involved with only giving about 15-20 minutes of their personal time.

Business partnerships

Partner with a workplace and leave actual red bricks in their bathrooms and break-rooms. Write the BTW message on the bricks and encourage them to take the pledge online or leave copies of the screen savers for them to download on their computers.

Phone message challenge

Partner with a local business to provide a prize package to parents. Challenge parents to change their voicemail message to say "Did you know most (insert county) teens don't drink". They should submit their cell phone via email to you for consideration. If you call their phone and they have this message or know the magic phrase – they win the prize package. Promote the contest through email – workplace flyers – free radio time etc. Naturally, the more prizes you have the longer you can do this.

During a regular coalition meeting – ask everyone to bring their cell phone. During the meeting, ask everyone to call at least one person and tell them that most of your teens don't drink and to take the BTW pledge online. Ask members to also send one text to another person.

Challenge each community leader to start every meeting or speaking engagement with the fact the most of your teens are not drinking. Hold each other accountable with this challenge and follow up with them each week about how the reception was to their new "habit".

Text Accounts

Designate a phone number with unlimited text capacity. Around town leave the message to text the word "wall" to the designated text number. As the texts come in, respond with the "secret phrase", "when it comes to teens and alcohol, be clear, be firm, be consistent, be the wall."

Screen Savers

Burn your screen savers to CD and pass them out at events.

Challenge entire buildings or groups to download the screen-saver. Do surprise audits and give special t-shirt awards to people that have the screen savers on their computer.

Pizza Drops

Challenge people to enter their workplace as a "Be the Wall" pledge site. If they are "drawn" from a list or have the "most" pledges, do a "pizza drop" to the workplace. Place BTW stickers on the sticker box.