

Substance Misuse Prevention Speaker Guidelines

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This document was created by the Vermont Department of Health, Division of Substance Use Programs to provide schools with guidance around sponsoring speakers with the goal of substance misuse prevention. Effective prevention is about more than identifying what works. It also means avoiding well-intentioned approaches that can unintentionally cause harm, and ensuring the right intervention reaches the right audience, in the right setting, as part of a comprehensive prevention program. This guide strives to provide as much information as possible but is not exhaustive in all possible situations. This document utilizes the three levels of prevention science interventions based on the level of risk within a population: universal prevention reaches everyone regardless of risk, selective prevention addresses groups with elevated risk factors, and indicated prevention focuses on individuals who are already showing early signs of behaviors associated with substance use.

If you have questions, please reach out to your local [Prevention Consultant](#).

If you need help accessing or understanding this information, contact AHS.VDHDSU@vermont.gov.

Guidelines for Prevention Speakers

School or community-based prevention programs sometimes invite outside speakers or panels to present as part of their prevention programs. Likewise, there are a range of projects that provide speakers: prevention programs; theater groups; people in recovery from addiction; friends and family members of people in recovery; or speakers who are in the correctional system due to an alcohol or drug-related offense. These guidelines are offered to help schools utilize programming in a way that is safe and evidence-based. The speaker's presentation needs to:



Be part of a comprehensive prevention program

Youth who try alcohol, tobacco, or other drugs do so for a variety of reasons. A one-size-fits-all strategy will not work. Comprehensive programs using combinations of strategies have the most impact on youth. These programs include education and awareness, social and emotional learning, peer support and mentorship, trusted adults, parental and community engagement, as well as early identification and intervention.



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Support the overall objectives of the education program

The objective of your program may be to discourage substance use or education youth about alternatives to substance use. It is important that the message the speaker is giving reinforces the objective of your program.

Address the needs of the audience of focus

Programs should provide speakers with relevant, basic information about the audience so that the presentations can be trauma-informed and appropriate. This may include grade level and developmental stage; any recent losses or substance-related incidents in the community; and the likelihood that some audience members may have personal or family experience with substance misuse.

Audience-Specific Recommendations



General Audiences of Youth

Prevention efforts are most effective when matched to the audience's level of risk and grade level. General audiences include a broad range of youth, most of whom are not using substances. Addressing general audiences of youth is considered a universal prevention strategy reaching an entire population, regardless of risk. Approaches designed for youth at higher risk or already using substances are not designed for universal audiences. These children may receive a different message from a presentation than what was intended, which can even lead to increased use of substances.



Elementary School Age

At the elementary level, research supports universal programs that build foundational skills such as social skills, self-control, problem-solving, and healthy behaviors. Drug-specific content like refusal skills or substance-focused health education is better for older age groups. For high-risk students, drawing attention to substance use can lead to worse outcomes for those students.



Middle and High School Age

Rather than interpreting the intended “don’t do as I did” message as a reason to avoid similar mistakes, students may conclude that a speaker who has used drugs, survived, and possibly has celebrity status, is an attractive role model. They may decide that drug use is not as dangerous as it has been made out to be. Because of the possibility that youth may misinterpret the message, having persons in

recovery speak about their personal recovery for general youth audiences, such as school assemblies, is discouraged. **This is in no way meant to discourage recovering people from doing prevention work with young people.** The concern is reinforced by research showing that prevention program effectiveness tends to increase with intensity, or total hours, of programming delivered. This suggests that brief, one-time formats like a single assembly are unlikely to produce the intended effect, regardless of how compelling the speaker's message is.



Youth Who Have Started Experimenting

Since identification with a speaker is the key to an effective message, personal stories can be effective when used with students who are already experimenting with drugs or who exhibit other risk-related behaviors. We suggest that these presentations be done with small groups led by a facilitator trained in evidence-based practice. Group settings without strong structure and facilitation can risk reinforcing, rather than reducing risky behavior among participants.

Contact your local Prevention Consultant for information on funding available to support facilitator training in evidence-based practices.



Adults

Speakers in recovery may also be appropriate for adult audiences. Such presentations raise awareness about recovery, debunk the myth that addiction is hopeless, and exemplify the positive outcomes of intervention and treatment efforts. In the school-based setting, it is **essential** for school staff to hear about the recovery process. Such personal stories help school staff understand the needs of students and parents in recovery, and support continuing outpatient plans or aftercare plans for students who may be returning to school after residential treatment.

Guidance on Tactics to Use and Avoid



Tactics to Avoid

- **Avoid scare tactics.** Scare tactics and sensationalism such as mock crash reenactments or other fear arousal messaging is designed to shock audiences into behavior change. These are known to stimulate mixed reactions, and research has found these approaches to be ineffective. These types of events can also be traumatic. Some students are attracted to the excitement and danger linked to alcohol and drug use. Scare tactics challenge some students to prove the authority figures are wrong. Students who believe a presentation is exaggerated or untrue

may ignore the meaning of the message. It is better to respect the ability of an audience to make a decision based on accurate information than try to force behavior through fear.

- Avoid illustrations or dramatizations which may inadvertently teach people ways to prepare, obtain, or ingest alcohol, tobacco, cannabis, or other drugs.
- Avoid demeaning those who use alcohol or other drugs.
- Avoid attempting to solve problems of a personal or individual nature during a question-and-answer period.



Tactics to Promote

- **Promote the benefits of building relationships without using substances.** Research shows that a strong sense of belonging to peers, school, or trusted adults is a protective factor against substance misuse.
- **Show that illegal drug use is harmful.** This includes alcohol, cannabis, or tobacco for anyone under 21; prescription drugs that are not prescribed to you or using prescribed drugs in a manner that is not recommended by the prescribing physician; and drugs that are illicit through law such as cocaine or heroin. To imply that there is a “safe” level of illegal drug use may encourage use. For example, do not classify cannabis as “soft” while calling heroin a “hard” drug as that may inadvertently encourage cannabis use.
- Describe brain development and the link between early initiation of use and problems later in life.
- De-glamorize substance use.
- Give the message that addiction is an illness.
- **Give the message that there are resources for help.** We recommend a plan be set up with a student assistance counselor or clinician in the community prior to any presentation so that participants who want help with a personal substance misuse issue can easily access that help after the presentation.

Funding Considerations When Using State Funding

The Vermont Department of Health, Division of Substance Use Programs (DSU) has created a list of unallowable uses of DSU Prevention Funding. If DSU prevention grantees are utilizing speakers in DSU-funded prevention programs, the grantee is responsible for

monitoring and evaluating this activity to ensure that it is accomplishing the intended object, such as through pre- and post-surveys.

DSU Prevention Funds Cannot Be Used to Support the Following:



- Speakers for standalone assemblies or activities that are not incorporated into the school's educational or prevention programs.
- Educational activities that depict substance misuse or illustrate how to prepare, obtain, or ingest substances.
- Speakers sharing about their recovery journey to a general school audience. Note: Grants can support programs in which family members in recovery are speaking to elementary audiences about coping with a family member's addiction, and speakers sharing about recovery to indicated* audiences is allowed.

Resources

DSU suggests that, where appropriate, you connect with your local [Prevention Consultant](#) or your local [prevention coalition](#) for guidance and support.

Key sources that informed this document

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Additional Resources

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