

Youth alcohol prevention that works

Reducing youth alcohol use through
Positive Community Norms in Minnesota

m DEPARTMENT OF
HUMAN SERVICES



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Overview

High school student alcohol use went down 23 percent



Jr. high student alcohol use went down 50 percent

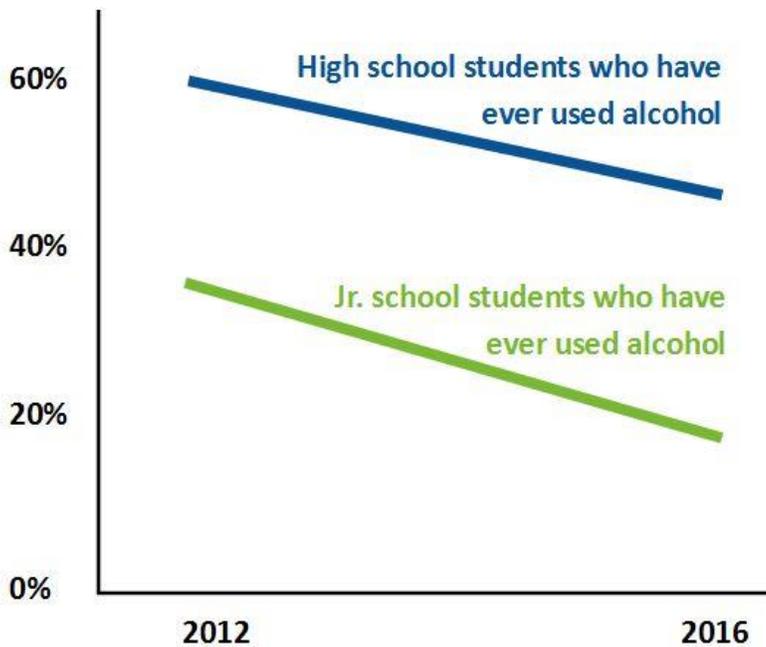


Over the past ten years, 25 Minnesota school districts, funded with federal dollars and granted through the Department of Human Services, have participated in the Positive Community Norms framework in an effort to reduce youth alcohol use.

Has it worked? Have the schools been able to reduce youth alcohol use?

Yes.

For example, from 2012 to 2016, in what was the second group of grantee school districts, the percentage of both middle school and high school students who had ever used alcohol went down significantly.¹



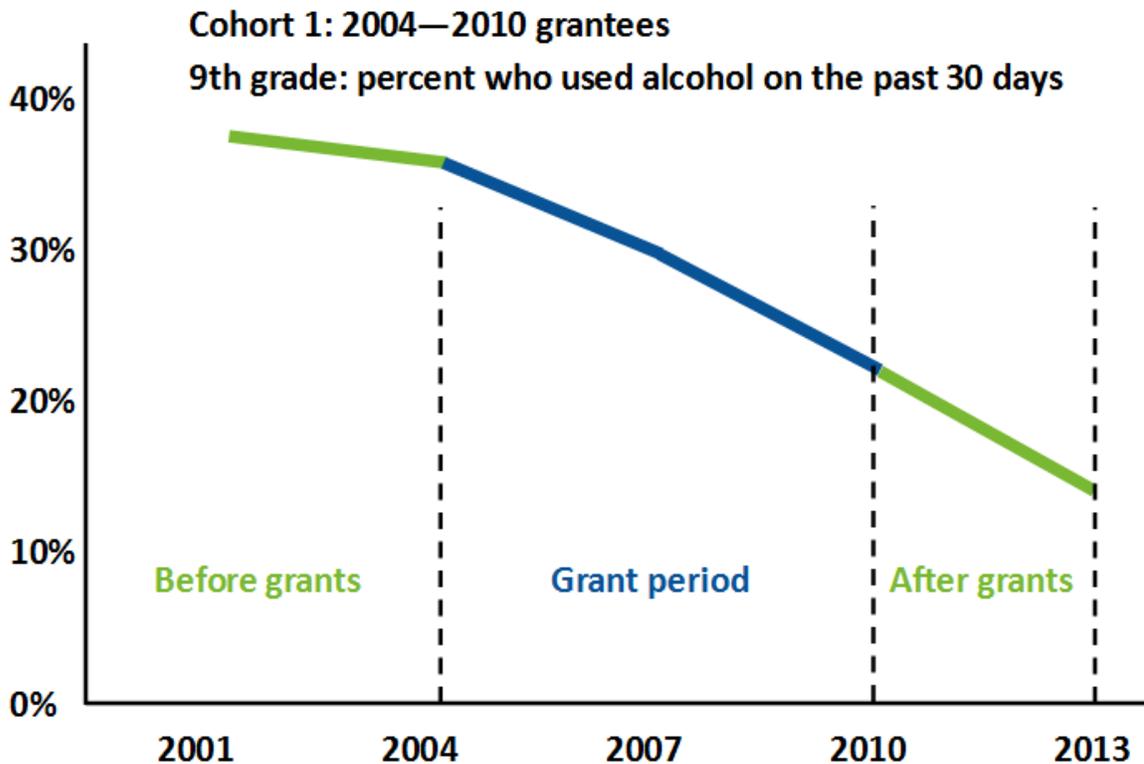
The 25 school districts consisted of two “cohorts,” each cohort receiving grant funding for five years.

In the first cohort of schools from July 2004 to June 2010, Average 9th grade 30-day alcohol use fell during the grant period:²

- 2004: 35.5 percent of 9th graders used alcohol in the previous 30 days
- 2010: 22 percent of 9th graders used alcohol in the previous 30 days

Perhaps just as significant is that alcohol use continued to drop after the grants were over.

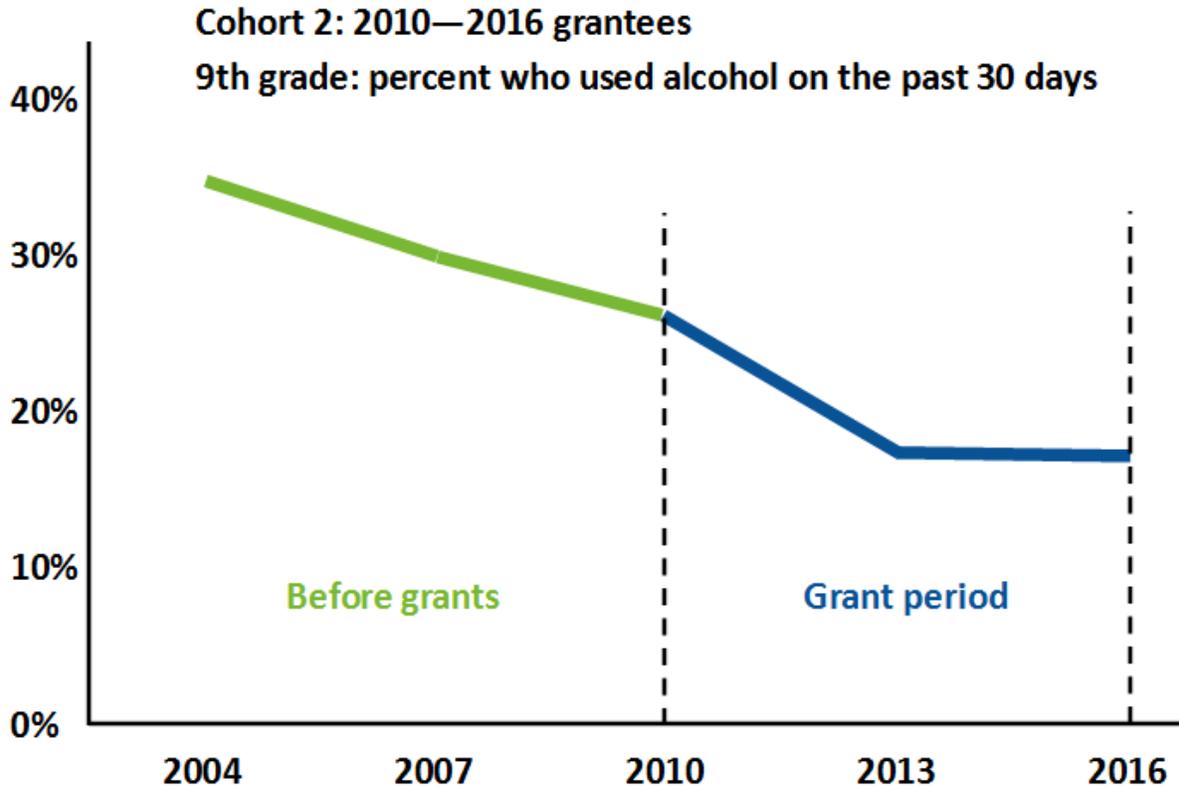
- 2013: 14 percent of 9th graders used alcohol in the previous 30 days



Between 2004 to 2013, in the first cohort of schools, 9th grade alcohol use in the previous 30 days went from 28.6 percent above the state average to 4.8 percent below average

Results were also similarly promising in the second cohort of schools. For schools using Positive Community Norms:

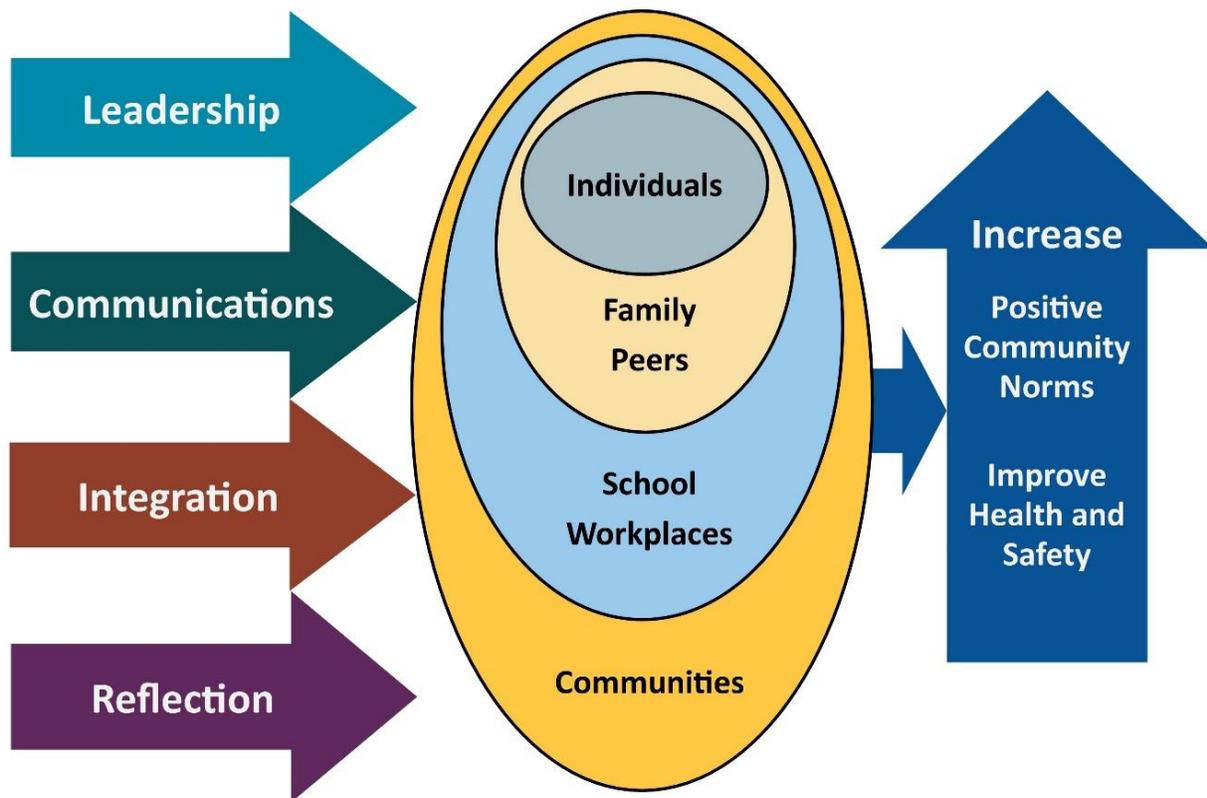
- 2010: 25.9 percent of 9th graders used alcohol in the previous 30 days.
- 2016: 17.2 percent of 9th graders used alcohol in the previous 30 days.



Positive Community Norms framework, combined with the larger prevention planning and implementation grant programs and community engagement, is making a real, positive impact in the rates of youth alcohol use.

How it works

The Positive Community Norms framework is based on “the Science of the Positive.” The Science of the Positive is the study of how positive factors impact culture and experience. It has been applied with agencies, communities and businesses, and it is based on the belief that emphasizing positive behaviors rather than possible negative consequences will be more effective in changing behavior.³

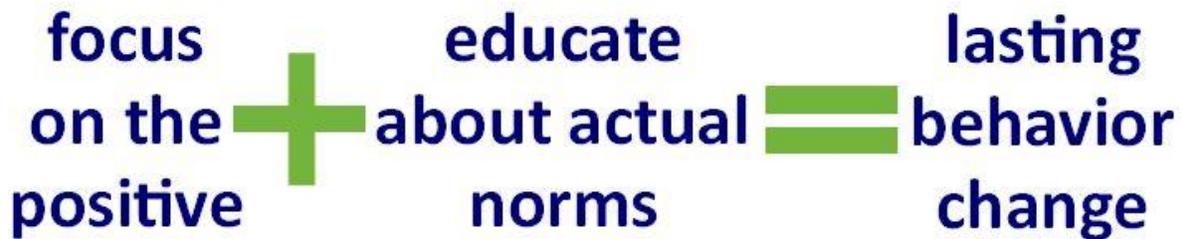


The Positive Community Norms framework uses the core principles of the Science of the Positive to grow positive norms through:

- **Leadership development**
- **Communication strategies**
- **Integration of prevention resources**
- **Structured reflection.**

Positive Community Norms cultivates cultural transformation by working on multiple community levels and factors at once. This framework has shown itself to be extremely effective in creating meaningful social change around health and safety issues including traffic safety, underage drinking, binge drinking, child maltreatment, and many others.

In the case of underage alcohol use, research has found that youth generally greatly over-estimate alcohol and drug use among their peers. So rather than focusing on kids who are using alcohol and drugs, Positive Community Norms focuses on kids who are not. In other words, it's what youth are doing right rather than what they are doing wrong.



Positive Community Norms is the centerpiece to the Minnesota Department of Human Service's prevention efforts to promote positive behavior change at the individual, family, school and community level. However, Positive Community Norms integrates multiple programs and policies as part of the department's prevention planning and implementation grant programs. Across the state, these community programs offer a comprehensive and systemic approach to reducing youth alcohol use through school-based strategies as well as family, community and policy efforts.

Positive Community Norms cultivates true, lasting cultural transformation by involving the students, parents, teachers and the entire community in understanding not just what's concerning, but also what's hopeful.



Beliefs about teen alcohol use

Fundamental to the Positive Community Norms approach is to focus on the strategy of positive messaging. For example, in one school district, rather than focusing on the 13 percent of youth who drink at least monthly, Positive Community Norms presents the other, positive side:

87% of DRHS students DON'T drink alcohol in a typical month.



Perceptions of norms can be strong predictors of behavior. Experiments have shown that perceived norms influence a wide variety of behaviors including high-risk drinking,⁴ tobacco usage,⁵ impaired driving,⁶ bullying⁷ and more. A number of theories about behavior recognize that perceived norms can influence the decisions of individuals within that group. We are social beings who look for cues in our environments about how to think, act and belong. One way we search for these cues is by looking to the opinions and behaviors of others as well as those expressed in the media.

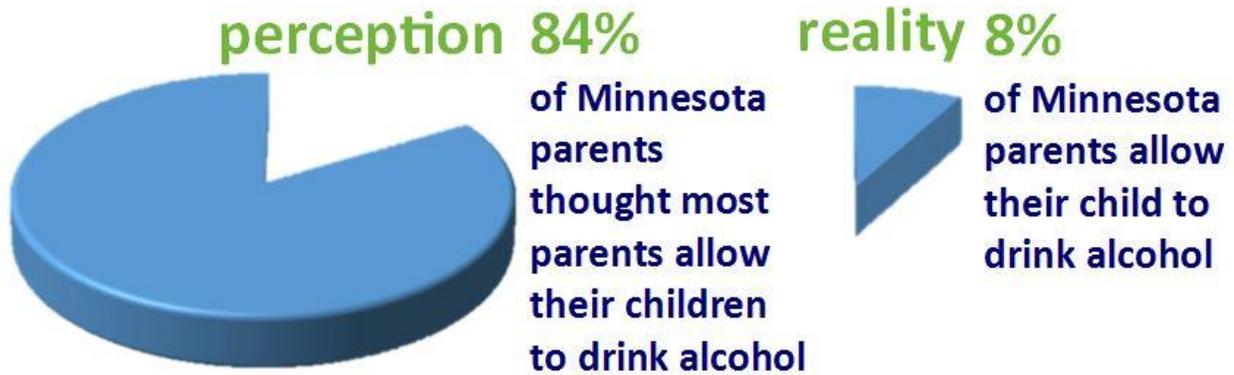
As a result, if a person perceives that a certain behavior is a community norm, they may be more likely to engage in similar behavior. For example, if the parent believes that many or most parents allow their children to drink, they may be more likely to allow it themselves.

By bringing forward messages about positive behaviors, rather than emphasizing negative behavior and inadvertently making that seem common or even attractive, Positive Community Norms brings the message forward that the positive is the norm.⁸

Positive Community Norms brings the message forward that “the positive” is the norm.

However, what if their perception of the community norm is inaccurate?

In fact, this is commonly the case. From our previous example, how common is it for parents to allow their underage children to drink? In survey of parents of high school students in Minnesota, 92 percent said that they did not allow their child to drink alcohol. However, 84 percent of parents thought most parents of students in their child's school allowed their children to drink.⁹



Therefore, even though the community norm may be to not allow one's underage children to drink alcohol, parents' perceptions that allowing their underage children is common, increases the likelihood that a parent would allow their teen to drink.

Therefore, the work of promoting healthy behaviors involves more than just focusing on the positive; it must also include correcting misperceptions of norms.

Positive Community Norms closes the gap between what we believe to be true (perceived norms) and what is actually true (actual norms). This is because we as a society tend to emphasize the problem to the point that it is easy to think that the problem is more common than it is.

The Positive Community Norms framework

Building upon Dr. Linkenbach’s research at Montana State University – which focused on social norms marketing as well as his development of The Science of the Positive through The Montana Institute — Minnesota modified and tailored the positive community norms framework to meet local needs. Rather than approaching the program as merely a marketing campaign strategy that could be run from the state level, we took two major steps:

- **Start with community engagement**
- **Integrate it into the larger primary prevention planning and implementation activities**

Community engagement

When we approached Dr. Linkenbach about implementing the Positive Community Norms framework within Minnesota, we started with a focus on community engagement and leadership development. Rather than creating a marketing campaign like social norms marketing, built on what we know about the state or from local data and then bringing it to communities from the outside, we agreed that we needed to start with involving communities and training them with an eye for sustainability.

Prevention planning and implementation grant programs

Positive Community norms became one important facet of Minnesota’s larger youth alcohol prevention efforts. Minnesota’s prevention planning and implementation grant programs offer a comprehensive and systemic approach to reducing youth alcohol use. These include school-based strategies as well as family, community and policy efforts.



The Positive Community Norms framework, with its focus on key skills of 1) Transformational Leadership; 2) Norms Communication; 3) Integration of a Prevention Portfolio; and 4) Reflection is an important part of this comprehensive approach. Conversely, we believe that Positive Community Norms efforts are more effective as part of a complete package of prevention planning and implementation efforts.

Keys to success for community engagement

- **Focus on concern and hope.** People need a sense of hope that their community can make a difference.
- **Understand your community's positive norms and misperceptions before jumping to solutions.** Your community has many positive norms; however, these are often misunderstood. Taking the time to understand first will help you later.
- **Establish a common understanding by correcting misperceptions.** Our perceptions create our context. Correcting misperceptions and clarifying existing positive norms create a context to move forward.
- **Narrow your efforts to the best strategies for your community.** By spending the time to understand your community and opportunities to make real change, you can narrow your focus and be more effective.
- **Listen and learn from your own community and from what other communities are doing.** New research will constantly shed new light on how best to do our work. We must embrace ongoing learning.
- **Don't be afraid to challenge misperceptions.** Challenging misperceptions takes courage. However, helping our community overcome misperceptions will lead us to a better future.
- **Celebrate as positive norms grow.** This work is hard and takes time. Communities must invest in rejuvenating ourselves and others. Do not forget to connect with the passion of serving our community and our community's children.



The prevention planning and implementation grant program requires a comprehensive and systemic approach to youth alcohol use, focusing on the relationships between organizations and the progress toward shared objectives. These grants include school-based strategies as well as family, community and policy efforts.

Research indicates that to bring about change in a community, classroom-based prevention efforts should be integrated with family, community, and policy initiatives. Recent examples of using a collective impact approach (where multiple agencies and groups work together toward a common goal that will benefit them all in some way) suggest social change comes from better cross-sector coordination rather than from isolated intervention of individual organizations. Substantially greater progress can be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses and the public are brought together around a common agenda.

Minnesota's prevention planning and implementation grant programs may include:

- Integration through the Positive Community Norms framework
- Strategic communication focused on positive norms
- A coalition with representation from each of the 12 community sectors required by the Drug Free Communities grant program and that had the reduction of youth alcohol use as its primary mission
- Development of Seven Core Principles based upon The Science of the Positive
- Evidence based practices such as alcohol compliance checks and responsible beverage server training
- Evidence-based alcohol use prevention curricula in the schools
- Work with a youth group to make environmental changes related to underage alcohol use. Youth from each youth group attend a central "Youth Leadership Academy" each year.
- Community member attendance at conferences and meetings to educate and increase local capacity to lead substance abuse prevention efforts.
- Each community conducting a comprehensive community level needs assessment about youth alcohol use.
- Each community developing a community level strategic plan (based on the data from their community assessment) to reduce youth alcohol use.

Grants

Prevention planning and implementation grant programs, including Positive Community Norms, are funded by federal prevention block grant dollars from the Substance Abuse and Mental Health Services Administration.

The 5-year Positive Community Norms grants were awarded to independent school districts, local non-profits, local public health departments or to county attorney's offices that were selected based on:

- **Need, as defined by the rate of student's alcohol use in the past 30-days as measured against the State average**
- **Their willingness to try this approach**

Nineteen grants were issued between July 2006 and June 2016, funding Positive Community Norms efforts in 25 independent school districts.

Video: When Youth See Themselves for Who They Are, Magic Happens



July 2016 video by the Montana Institute about the Deer River Positive Community Norms project.

School district grantees

Cohort 1: July 1, 2006, to June 30, 2011

- Chisholm Independent School District (ISD) (Chisholm Kids Plus — St. Louis County)
- Pierz Area ISD (Morrison County Public Health)
- Wadena and Menahga ISDs (Wadena County Public Health)
- Yellow Medicine East and Canby ISDs (PACT 4 Families – Yellow Medicine County)
- Renville County (PACT 4 Families)
- South St. Paul ISD (S. St. Paul ISD - Dakota County)
- Pine River-Backus ISD (Pine River-Backus Family Center - Cass County)
- Roseau and Warroad ISDs (Roseau County Attorney's Office)
- Mora and Ogilvie ISDs (Kanabec County Public Health)

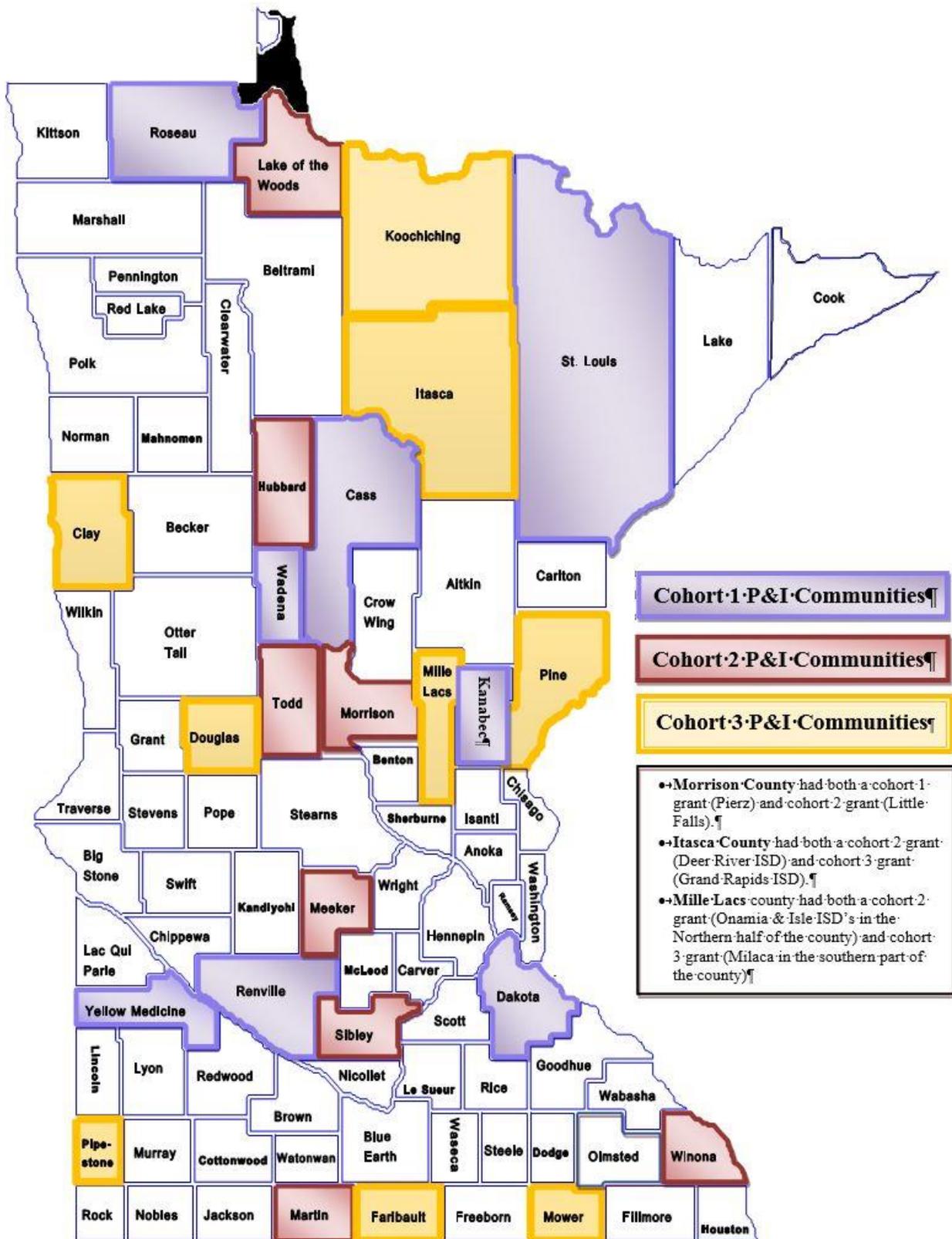
Cohort 2: July 1, 2011, to June 30, 2016

- Lake of the Woods ISD (Lake of the Woods County Attorney's Office)
- Deer River ISD (Deer River ISD — Itasca County)
- Park Rapids ISD (St. Joseph's Hospital – Hubbard County)
- Browerville and Long Prairie/Grey Eagle ISDs (Todd County Health and Human Services)
- Little Falls ISD (Morrison County Public Health)
- Onamia and Isle ISDs (Onamia ISD-Mille Lacs County)
- Litchfield ISD (Meeker County Public Health)
- Sibley ISD (Sibley County Health and Human Services)
- Fairmont ISD (Services for Challenging Youth — Martin County)
- St. Charles ISD (Winona County)

In 2016 Minnesota started its third round of funding. Nine new grants funding 10 school districts have been awarded with nearly \$9 Million, an average of \$200,000 a year each, in grants.

Cohort 3: July 1, 2016 and end June 30, 2021.

- International Falls ISD (International Falls ISD - Koochiching County)
- Grand Rapids ISD (Grand Rapids ISD - Itasca County)
- Hinckley-Finlayson and East Central ISDs (Pine County Health and Human Services)
- Milaca ISD (Mille Lacs County)
- Alexandria ISD (Horizon Public Health – Douglas County)
- Pipestone ISD (Southwest Health and Human Services – Pipestone County)
- United South Central ISD (United South Central ISD - Faribault County)
- Austin ISD (Parenting Resource Center – Mower County)
- Hawley ISD (Reach-Rural Enrichment and Counseling Headquarters – Clay County)



What they did

Positive Community Norms focuses on relationships and communication and can include multiple forms of media and activities. To reach students, the approach may use communication strategies such as posters, newspaper ads, theater ads, screen savers, banners and other ways to get people's attention and start new conversations around underage alcohol use.

However, media alone cannot bring about sustainable change. New conversations among both youth and adult community members (teachers, parents, ministers, elected officials, business leaders, etc.) are critical in changing perceptions about community norms around underage alcohol use, and thus leading to better education, communication, monitoring, enforcement and policies to reduce underage drinking. The new information people learn through Positive Community Norms challenges what most people in the community believe to be true, often sparking transformative conversations.

Any comprehensive effort to grow positive community norms should be well thought out, engage the necessary partners and receive appropriate resources. Dr. Linkenbach worked with The Centers for Disease Control and Prevention¹¹ to help them publish an expanded version of his Seven Step Montana Model for Positive Community Norms communications.¹² The resulting version of the seven steps are:

Step 1. Planning, engaging, and educating

Step one is to assemble a diverse coalition of community members representing a wide variety of businesses, governments and organizations. This coalition needs to establish clear principles for how they will operate, clarify their purpose, and identify resources. Other critical activities include carefully identifying, recruiting and educating key partners, and establishing goals, focus audiences, and timelines.

Conducting careful planning and engaging partners and stakeholders is a key part of the work. In some cases, this effort might take several months or even a year. Experience has shown that of all the steps, Step 1 can be most predictive of successful efforts.

Step 2. Assess norms

It is critical to recognize the difference between actual and perceived norms in the community. An assessment of the actual and perceived norms will reveal opportunities to establish a common understanding of existing positive norms. The assessment may include surveys, observational studies, focus groups, reviewing archival data and epidemiological studies.

Step 3. Establish a common understanding and prioritize opportunities

Establishing a common understanding will help foster engagement among and between members of the coalition by sharing common language and values. Furthermore, the assessment will reveal critical gaps in beliefs and behaviors, which will inform the selection of strategies to address these gaps.

Step 4. Develop a portfolio of strategies

Based on the opportunities identified in Step 3, a variety of strategies can be identified. These various strategies will form a portfolio. In some cases, strategies may involve communication efforts to close gaps in real and perceived behavior. These communication efforts may be formal media campaigns, focused conversations, or education programs. It is important to recognize that there is no one strategy that will close all gaps and work for all groups. A key task will be to prioritize efforts and recognize the limitations of available resources. The work of closing gaps and correcting misperceptions takes time and concentrated effort. It may be much more effective in the long-term to narrow the initial focus and concentrate resources, than to do it all and end up with an intervention that is “a mile wide and an inch deep.”

Step 5. Pilot test, select and refine

To make the best use of limited resources and optimize outcomes, the strategies should be pilot-tested, selected, and refined before they are implemented community-wide. This step involves extensive testing as well as listening and demonstration projects implemented with attention to cultural sensitivities. Future refining of strategies is anticipated and planned for in work timelines. The work of changing misperceptions is complex, and community prevention leaders are often limited by their own misperceptions. Being open to change and learning is critical.

Step 6. Implement portfolio of strategies

Once strategies are pilot-tested and refined, they can be implemented with ongoing monitoring and evaluation. Based upon resource availability, the portfolio may be implemented in phases or stages. Leaders can play a strong role in supporting implementation and in fostering integration with existing practices and systems. During implementation, the next layer of misperceptions is often revealed. These additional misperceptions can be the focus of future efforts.

Step 7. Evaluate effectiveness and future needs

Ongoing evaluation is important in order to increase the effectiveness of implementation and inform future needs. Critical questions to be asked include what norms changed and how context was transformed. The process of evaluation occurs with every cycle through the steps. By comparing outcomes to baseline data, new normative issues are revealed to guide next efforts.

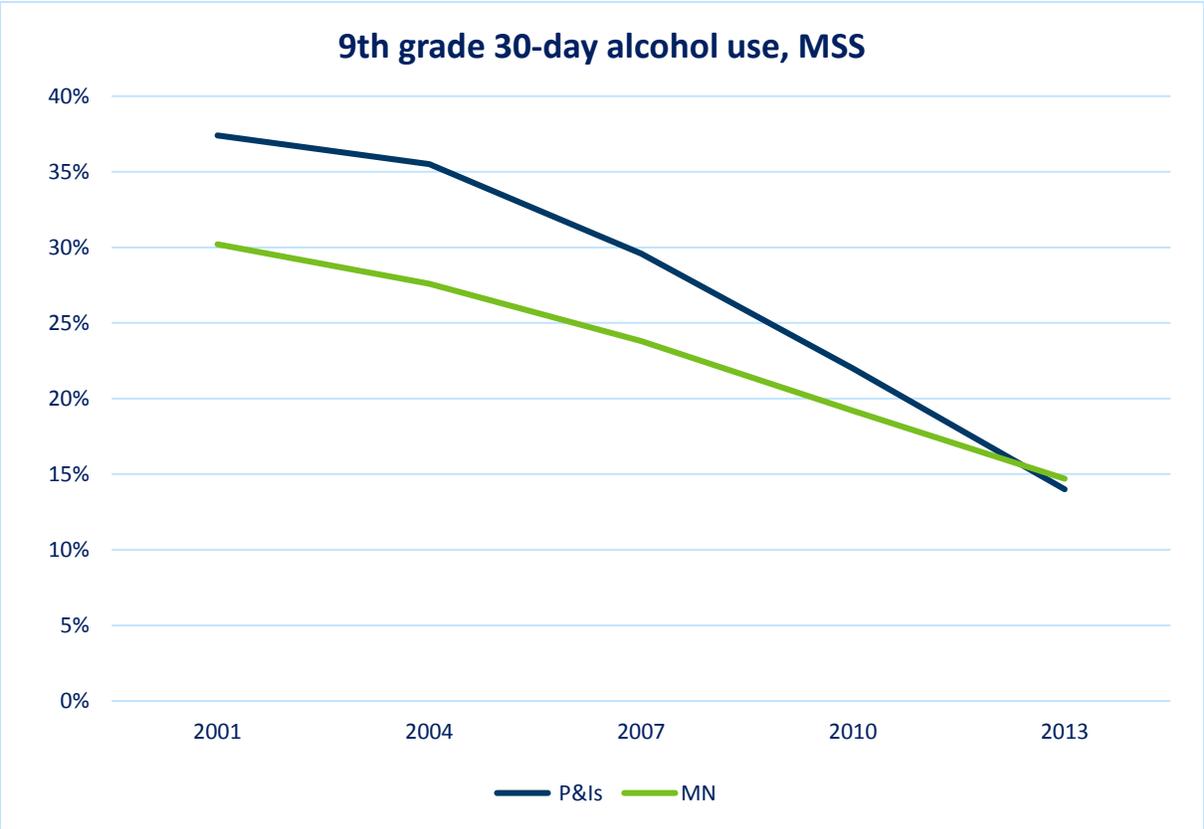
Results

It is important to note that these data identify correlations and not causality, and thus cannot prove that the program activities directly resulted in improvements in alcohol use. However, the results are consistent with the premise that the Positive Community Norms framework — as part of a comprehensive community-based approach — is effective in reducing youth alcohol use and in making positive changes within the communities, and that this reduction continued after funding ended.

Cohort 1: School districts who received grant funding from July 2006 – June 2011

Average 9th grade 30-day alcohol use rate compared to the rest of the state:

- 2004: 28.6 percent above average
- 2010: 14.6 percent above average
- 2013, (two years after funding ended) 4.8 percent below average



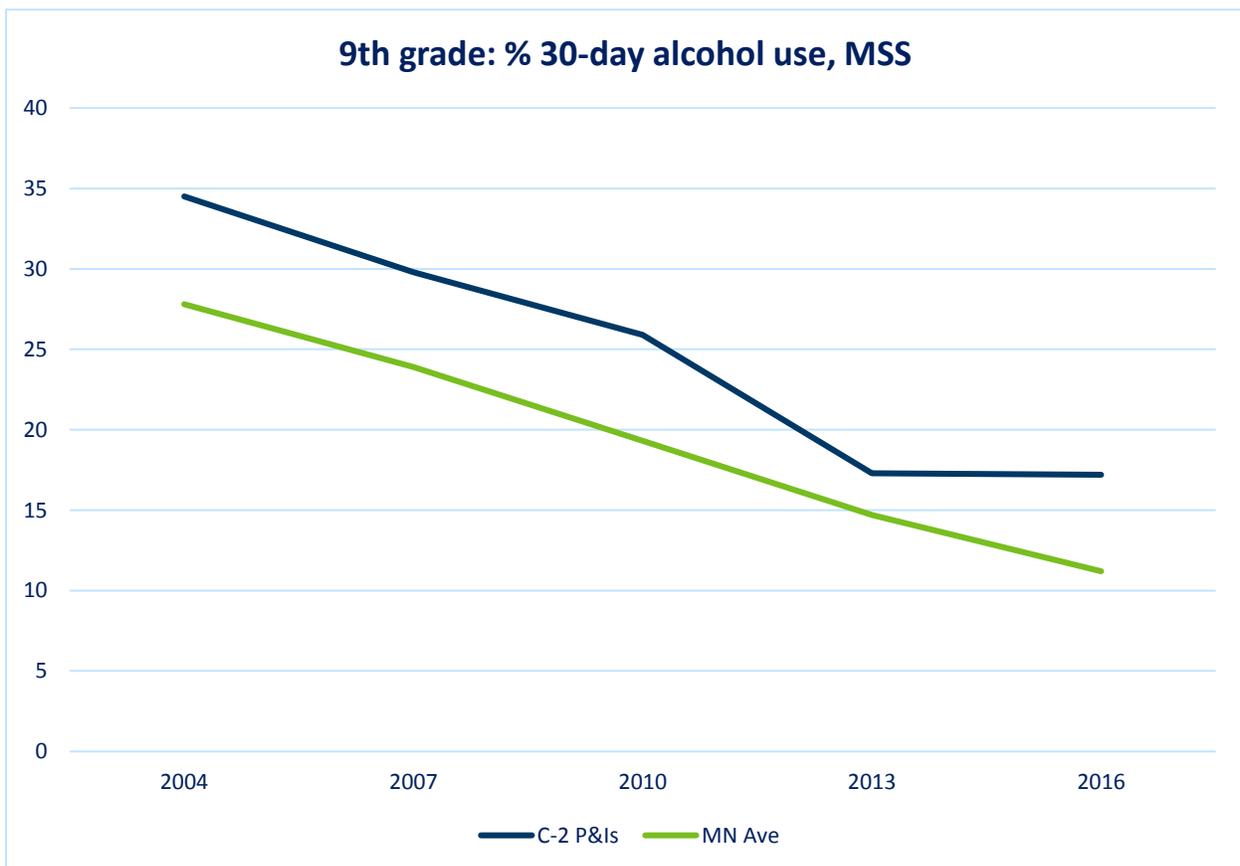
Cohort 2: School districts who implemented Positive Community Norms from July 2011 – June 2016

For Cohort-2 prevention grantees who pursued Positive Community Norms, average 9th grade 30-day alcohol use rate compared to the rest of the state:

- **2010 (just prior to funding): 34 percent above the state’s average**
- **2016 (at the end of the grant) 54 percent above the state’s average; however,**
- **From 2010 to 2016: 33.4 percent decrease for these school districts.**

In Cohort-2, prevention grants went to 15 school districts. However, only 11 of these school districts pursued the Positive Community Norms strategy. This gives us an interesting comparison about the value of Positive Community Norms in prevention efforts. From 2010 to 2016:

- **The 15 school districts that received prevention funding reduced 9th grade 30-day alcohol use by 28.2 percent.**
- **Of these, the 11 school districts that pursued Positive Community Norms reduced 9th grade 30-day alcohol use by 33.4 percent.**



Next steps

Building on the success of the Planning and Implementation grants program, that uses Positive Community Norms as its framework, the Department of Human Services through its Alcohol and Drug Abuse Division is continuing with the program and looking for ways to carefully and strategically expand to new areas and new populations.

As already discussed, the third cohort of projects have launched and are funded through June 2021. While these projects started ten years earlier with a focus on alcohol, now communities have the opportunity to expand the effort to include drugs.

Next, we are looking at how to expand the approach beyond school districts and communities of geography to cultural communities. This is an exciting and promising direction that could help address disparities and make a real change in many young people's lives.

Promising data from cohort 2:

While the number of Middle School and High School students who use methamphetamines, cocaine, other illegal drugs, over the counter drugs for the purpose of getting high and prescription drugs without a doctor's prescription is very small (0.3 – 1.4%), even so these 11 school districts saw amazing reductions in all of these:

- **66 percent reduction in monthly use of Meth**
- **60 percent reduction in monthly use of other illegal drugs (includes heroin)**
- **55 percent reduction in monthly use of over the counter drugs for the purpose of getting high**
- **50 percent reduction in the use of prescription drugs without a doctor's prescription**

Appendices

Appendix A: The data

About the data. Student Positive Community Norms Surveys are completed annually in the funded communities (survey questions: appendix B). All 7th-12th grade students take the survey, and the survey is similar to the Minnesota Student Survey (MSS) except it only asks alcohol-and drug-related questions on use and their perceptions of other's use.

It is important to note that the design of this evaluation cannot support causal claims that the program's activities resulted in the improvements in alcohol use among youth in the grantee communities; alternative explanations for the observed changes cannot be ruled out. However, the results are consistent with the premise that the Positive Community Norms framework is effective in reducing youth alcohol use, in making environmental changes within the communities, and that this reduction continued after funding ends.



Cohort 1: funding from July 2006 – June 2011

9th grade 30-day alcohol use, MSS 2001-2013

	Funded school districts	School districts not funded
2001	37.4%	30.2%
2004	35.5%	27.6%
2007	29.6%	23.8%
2010	22.0%	19.2%
2013	14.0%	14.7%

- From 2001 to 2004, prior to receiving a prevention grant, 30-day alcohol use rate for 6th, 9th and 12th graders increased in the funded school districts, but for the state as a whole 30-day alcohol use rates for 6th, 9th and 12th graders decreased.
- In 2004, 30-day alcohol use rates for 6th, 9th and 12th graders combined was almost 9 percentage points higher in the funded school districts than for the state as a whole.
- From 2004 to 2010 (during the time these school districts received grant funds) they not only reversed this rate from increasing to decreasing but also closed the gap between them and the rest of the State by over 50 percent (to just 3.9 percentage points).
- The funded school districts, as a group, reduced youth 30-day alcohol use by 30 percent between 2004 and 2010.
- The rest of Minnesota saw a 21 percent reduction in youth 30-day alcohol use between 2004 and 2010, a statistically significant difference.

How these school districts fared after grant funding ended

- In 2004, the average 9th grade 30-day alcohol use rate for the Cohort-1 grantees was 28.6 percent above the average for the remainder of the State.
- Six years later in 2010, the average 9th grade 30-day alcohol use rate for the 1 cohort-1 grantees was 14.6 percent above the average for the remainder of the State.
- In 2013 (and two years after grant funding ended) the average 9th grade 30-day alcohol use rate for the cohort-1 grantees was 4.8 percent below the average for the remainder of the State.

Cohort 2: Funding from July 2011 – June 2016

9th grade 30-day alcohol use, MSS 2004-2016

	Funded school districts that implemented Positive Community Norms	School districts not funded
2004	34.5	27.8
2007	29.8	23.9
2010	25.9	19.3
2013	17.3	14.7
2016	17.2	11.2

For Cohort-2 prevention grantees who pursued Positive Community Norms:

- In 2004 the average 9th grade 30-day alcohol use rate was 24 percent above average (34.5% to 27.8%).
- Prior to the beginning of the grant in 2010, the average 9th grade 30-day alcohol use rate was 34 percent above average (25.9% to 19.3%).
- In 2016, at the end of the grant, the average 9th grade 30-day alcohol use rate was now 54 percent above the average for the rest of the state (17.2% to 11.2%); however, it had dropped by 33.4 percent (25.9% to 17.2%) during the time of the grant.
- During DHS funding (2010 to 2016) cohort-2 grantees reduced 9th grade 30-day alcohol use by 28.2 percent. While funded to do prevention work, not all of these grantees pursued Positive Community Norms.
- During DHS funding (2010 to 2016), cohort-2 grantees who implemented Positive Community Norms reduced 9th grade 30-day alcohol use by 33.4%.
- During DHS funding (2010 to 2016), nine cohort-2 grantees who showed the greatest progress reduced 9th grade 30-day alcohol use by 41.2 percent.
- Cohort-2 grantees that implemented Positive Community Norms reduced both the percentage of High School students (9th – 12th graders) and the percentage of Middle School students (6th – 8th graders) who reported they have ‘NEVER’ used alcohol. This rate went from 40.6 percent to 54.2 percent for High School students (a 33.5 percent reduction) and from 64.2 percent to 82.3 percent for Middle School students (28 percent reduction).

Appendix B: sample materials

Our Story...Our Transformation



S.T.E.P. COALITION
STANDING TOGETHER EMBRACING PREVENTION

ISD #317

	2012	2013	2014	2015
Actual Alcohol Use	% of 6-12 grade students who report drinking monthly or more often:			
	28%	18%	16%	13%
Perceived Alcohol Use	% of 6-12 grade students who think most other students in their school drink monthly or more often.			
	80%	61%	53%	50%
Campaign Awareness	% of 6-12 grade students who report seeing "The Movement" messages a few times a month or more:			
	22%	77%	84%	85%

Community Stories

Parents of a 6th grade student was talking about the Slick Tracy Curriculum. They stated that they never would have had the conversations with their child without the help of the program. They would have just told him not to drink. They were grateful for it.

Everywhere I go, I am asked, "How can we do what they are doing in Deer River?". People are excited to make things happen, there is a noticeable positive atmosphere that makes a person want to be involved, to be a part of making the school and community even better for your youth, families and citizens overall.

"I can honestly say that if the Movement was not here I would be drinking. Because I know that most kids don't drink, I can say to others, you know what? Most aren't, so either am I."

One of the youth group members indicated that she has gained more confidence in herself. She thinks others view her different and by attending trainings she is more confident in saying no to alcohol and drugs.

"I think the articles in the local newspapers are a good indication that the coalition is having an impact within the community. The article quote, "The numbers say it all. Deer River students are taking a stand against alcohol use," is pretty powerful. Great work everyone! I'm proud to be from a community that cares about this!"

Improv theater has given students a voice in a whole new way. Thank you to the S.T.E.P. Coalition for funding the training for some DRHS students. The impact on these kids' lives and the conversations they have started in our community is amazing!

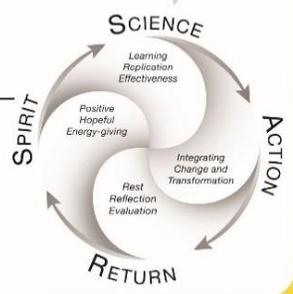
A bus driver told us that every time he drives by our billboard about parenting he is reminded to talk to his kids about alcohol use.

In 2015, 94% of 6-12 grade students reported that their parents DO NOT allow them to drink alcohol at home.

Deer River students who report their parents allow them to drink alcohol at home are **22 times MORE LIKELY to drink alcohol monthly.**

The positive exists and is worth growing!

~Dr. Jeff Linkenbach



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Information gathered from this community's 2012-15 PCN student survey and annual coalition reports. Funded by MN DHS, ADAD.



More and more students

**2012-2015
Deer River**

are making healthy choices!

Since 2012, The S.T.E.P. Coalition has partnered with the Deer River School District to engage in strategies to reduce and delay underage drinking among students.
It's working!

REDUCE

Since 2012, monthly drinking use among Deer River 6-12th graders has been **reduced by 51%**



Since 2012, 6-8th graders reporting they **NEVER** drink alcohol has **increased by 65%**

DELAY

87% of DRHS students DON'T drink alcohol in a typical month.

Why positive messaging? Deer River students who correctly perceive that **MOST** students **DON'T DRINK** are **5 TIMES LESS LIKELY** to drink monthly themselves.

The number of youth that perceived most others in their school use alcohol monthly has been reduced by over **38%**



S.T.E.P. COALITION
STANDING TOGETHER EMBRACING PREVENTION

Data from the 2012-2015 Positive Community Norms survey of 6-12 grade Deer River students. Funded by the Minnesota Department of Human Services, Alcohol and Drug Abuse Division.

References

¹ Data source is the Student PCN Survey

² Data Source Minnesota Student Survey Data (MSS)

³ Linkenbach, J. (2016). "The Positive Community Norms Guidebook." A publication of The Montana Institute, LLC. Copyrights (2009 – 2016). Available at www.MontanaInstitute.com

Linkenbach, J.W. (2009) "The Positive Community Norms Process: A Practitioners Workbook" provided at the Montana Summer Institute- Bozeman, Montana (2009). A publication of The Montana Institute, LLC. © Copyright 2009. www.MontanaInstitute.com

⁴ Neighbors C, Larimer ME, Lewis MA. Targeting misperceptions of descriptive drinking norms: efficacy of a computer-delivered personalized normative feedback intervention. *Journal of Consulting and Clinical Psychology* 2004; 72(3): 434–447.

⁵ Haines MP, Barker GP, Rice R. Using social norms to reduce alcohol and tobacco use in two mid-western high schools. In: Perkins HW, editor. *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.

5. Perkins HW, Linkenbach JW, Lewis MA, Neighbors C. Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors* 2010; 35(10): 866–874.

6. Schultz PW, Nolan JM, Cialdini RB, Goldstein NJ, Griskevicius V. The constructive, destructive, and reconstructive power of social norms. *Psychological Science* 2007; 18(5): 429–434.

7. Perkins HW, Craig DW, Perkins JM. Using social norms to reduce bullying: A research intervention among adolescents in five middle schools. *Group Processes & Intergroup Relations* 2011; 14(5): 703-722.

8. Kulik JA, Butler HA, Gerrard M, Gibbons FX, Mahler H. Social norms information enhances the efficacy of an appearance-based sun protection intervention. *Social Science & Medicine* 2008; 67(2): 321-329.

⁶ Perkins HW, Linkenbach JW, Lewis MA, Neighbors C. Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors* 2010; 35(10): 866–874.

⁷ Perkins HW, Craig DW, Perkins JM. Using social norms to reduce bullying: A research intervention among adolescents in five middle schools. *Group Processes & Intergroup Relations* 2011; 14(5): 703-722.

⁸ Linkenbach, J. (2007). *The Seven Core Principles of the Science of the Positive Workbook: A* publication of The Montana Institute, LLC.

⁹ Minnesota PCN 2010 Parent Survey, n=274, from CDC: Promoting Positive Community Norms A Supplement to CDC's Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments <https://static1.squarespace.com/static/51c386a4e4b0c275d0a5bbf2/t/57ffc8a18419c24781189a44/1476380851391/Promoting+Positive+Community+Norms.pdf>

¹⁰ Linkenbach, J.W. *Seeds of Fire, Roots of Hope: Inspiration for the Courageous Leader* (2007 ; Revised 2010). Mill City Press. A Publication of the Montana Institute. Available online at www.Amazon.com

Linkenbach, J. (2007). *The Seven Core Principles of the Science of the Positive Workbook: A* publication of The Montana Institute, LLC.

¹¹ Linkenbach, J., & Otto, J. (2014). *Promoting Positive Community Norms- A Supplement to CDC's Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments*. PDF available for download from the U.S. Centers for Disease Control and Prevention website. <http://www.cdc.gov/violenceprevention/pdf/efc-promoting-positive-community-norms.pdf>

¹¹ Linkenbach, J. "The Montana Model: Development and Overview of a Seven-Step Process for Implementing Macro-Level Social Norms Campaigns." 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: Jossey-Bass, 2003.]