

BEST PRACTICES IN BEHAVIORAL HEALTH COMMUNICATION



Frame the conversation as a health issue.

Talking about substance use or mental health as a health issue puts it in a context that our society has learned to view positively and openly. Just like annual check-ups and cancer screenings, substance use and mental health should become part of an individual's list of overall health concerns and health-promoting activities.



Use "person first" language.

Person first language (for example, reference to "a person with substance use disorder" or "a person with depression") suggests that the person has a problem that can be addressed. By contrast, calling someone a "drug abuser" implies that the person is the problem.



Ensure communication does not use sensational or fear-based language. Avoid scare tactics or showing negative behaviors

Individuals often walk a fine line between wanting to inspire action and inadvertently inflating the burden of illness and associated consequences due to a health issue. Referring to emerging behavioral health concerns as "newer," "bigger," "scarier," or "unlike anything ever seen before" can be perceived as inauthentic by people who currently struggle with behavioral health issues. It can also further compound stigma.

Scare tactics—dramatized messaging designed to shock and frighten—were one of the earliest strategies employed to reduce substance use among youth. This strategy, often featuring horror stories, gruesome images, and graphic messaging intended to elicit fear, initially gained popularity as a response to the drug culture of the 1960's. Though used widely since, studies prove scare tactics ineffective in substance abuse prevention. Individuals who believe a presentation is exaggerated or untrue may ignore the meaning of the message. Also, depictions that illustrate or dramatize substance use may encourage and/or inadvertently teach people ways to prepare, obtain, or ingest illegal substances.



If possible, messages should correct misperceptions of social norms surrounding substance use/abuse.

Perceptions of our peers' attitudes and behaviors have a great influence on our own attitudes and behaviors. Correcting misperceptions of the prevalence of problem behavior among peers is likely to result in decreased problem behavior or increased prevalence of healthy behaviors.



Engage peers as messengers.

Individuals—both young and adult—respond best to individuals with whom they can relate. First-person accounts or stories of use and abuse by peers can often engage individuals who may be resistant to more general prevention messages.