Selecting Evidence-Based Substance Use Prevention Programs:

A Guide for Maine Schools Grades K-12

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An Office of the Department of Health and Human Services
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Introduction

This is a guide to help Maine schools update their substance use prevention efforts with evidence-based programs. Across the nation, schools are struggling with youth substance abuse, mental health, and violence issues. These issues impact individual students and deeply affect a school's ability to provide the most effective education. The good news is we have more information than ever about the powerful role schools can play in reducing these problems.

The following pages include process steps, information and tools to select the best programs for your school. This guide can help you to research and answer questions that will assist in your decision making process. This document does not provide a prescriptive list of "recommended programs" for the following reasons:

1. **Selection of programs should fit your school's needs and resources**. A program that works well in one school may not be a good fit for another.
2. **Selecting programs is just one part of the process.** Being able to implement the program with fidelity (i.e. as it was designed to be implemented, from content and structure to instructional methods) and tracking and evaluating progress are equally important.
3. **The prevention field is dynamic and evolving.** To have the greatest impact, prevention programs and systems need to be responsive to new research. Since new programs are continually being developed and evaluated, schools should make certain they are working with the most up-to-date program information as they undergo program selection, implementation and evaluation.

Five Steps to Selecting Prevention Programs for *Your* School

The following steps are adapted from Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF): Each step includes a list of questions that can help to target your school's prevention efforts.

Step 1: Getting key players on board.

A prevention program will more likely be implemented and sustained if there is support from teachers, administrators, students, parents and community. Make sure key players are involved from the beginning in setting priorities and selecting programs.

a. **Who do you need on board to create changes in your school's prevention programs and how they are implemented?**

b. **How can you get these key individuals involved throughout the process of program selection, implementation and evaluation?**

Step 2: Determining need.

Resources are limited. It is important to conduct an assessment to help focus your efforts. This step includes collecting and examining data, assessing areas of need, weighing available resources and selecting priorities.

a. **What risky health behaviors occur with the greatest frequency, are on the rise and/or take the greatest toll in your classrooms?**
    - What data do you have available on health risk behaviors such as substance use, mental health and violence in your school community? For example, you might use data from the Maine Integrated Youth Health Surveys (MIYHS) or your school's own administrative records.
    - Which grades or student groups are most affected by these behaviors?
    - Which health risk behaviors are of greatest concern to your school community? Do you have interview or focus group data from school staff, community members, parents and students to show their concerns?

b. What factors are known to contribute to these health risk behaviors?

- **Normative beliefs**: Do youth believe adults and/or peers think it is okay or "cool" for them to do it? Do peer and adult norms support non-use?
- **Availability**: How easy or hard is it for youth to get substances?
- **Enforcement**: Do youth believe they'll get caught?
- **Parental monitoring**: Do youth believe they'll get caught by their parents?
- **Social and emotional competencies:** Research shows problems such as substance use generally don't show up until adolescence, these problems are strongly predicted by whether certain social and behavioral skills are nurtured during childhood (see, "A Developmental Approach" below). This means we can't ignore the essential role of preschools and elementary schools. For more information, see Appendix F: Beyond Programs: Examples of Proven, Low-to-No-Cost Prevention Strategies.

A Developmental Approach

"Preventive interventions begun early in life may have comparatively stronger effects because of the malleability of several developmentally central risk factors, such as family relationships, peer interactions, cognitive development, and emotional regulation."
–Institute of Medicine, 2009: "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities," p. 176
http://books.nap.edu/openbook.php?record_id=12480&page=R1

c. What prevention programs and practices are you currently implementing to address these health risk behaviors?

- What are the strengths of your current programming and what are the weaknesses?
- What have been the teacher reactions to the current programming?
- Have there been any obstacles to program implementation? Are programs implemented as intended by their developers or do teachers make significant modifications?
- Are any of the programs using non-recommended strategies (see side bar, "What doesn't work")?
- Are any of the programs listed on a federal registry of evidence-based programs? If so, what kind of ratings did they receive? (see Step 3, Selecting Priorities and Programs, for a list of searchable online registries)
- Do you have evaluation data to show if your current programs are achieving outcomes in reducing the problems they are meant to prevent?

School-based Prevention… What *doesn't* work?

The following approaches to prevention have consistently been found to be ineffective in reducing alcohol use and in some cases, other high risk behaviors:

- Relying on provision of information ***alone***, fear tactics or messages about not drinking until one is "old enough."
- Focusing solely on increased self-esteem.
- Focusing solely on strategies to resist peer pressure.
- Identifying youth who have problems with alcohol use and other high-risk behaviors and putting them together in groups.*

This information is from the 2004 Institute of Medicine (IOM) report, "Reducing Underage Drinking: A Collective Responsibility". To view the full report, including research summaries and references, go to http://www.nap.edu/openbook.php?record_id=10729&page=R1.

*This document highlights "Universal" evidence-based prevention programs, which are implemented with the general population regardless of risk level, and tend to be successful in achieving reductions in risk behaviors even among higher-risk participants. However, there are "Selective" and "Indicated" evidence-based programs designed specifically for youth who have been identified as higher-risk. In these programs, potential problems with labeling or group bonding have been addressed in the program design. Please see pages 5-7 for more information.

d. What resources are available for implementing prevention curricula in your school?

- Is there funding or room in the current budget to support new prevention programming?
  - Are there limitations or conditions for the ways the funding can be used?
- Which staff are available? Which staff are interested? Would staff require additional training?
- Can time be carved out during the school day for new programming? When would that happen?

Step 3: Determining program fit.

Before selecting a new program, consider a number of criteria including evidence of effectiveness, feasibility of implementation and cost. Based on your findings above:

a. What evidence-based programs address the needs identified in Step 2?

- National Registry of Evidence Based Programs and Practices (NREPP) http://www.nrepp.samhsa.gov
  A searchable list of prevention programs reviewed by the federal Substance Abuse and Mental Health Services Administration.
- Pay attention to the **ratings** received by each program. Some programs listed on NREPP were rated low on quality of research criteria, which means they were evaluated using less rigorous research methods. The more rigorous the evaluation, the higher the score—and the more likely the reported outcomes are attributable to the program.
- Appendix E provides a list of sample NREPP-listed programs. The list includes classroom-based, universal[1] programs (i.e. for use with the general population) that received an NREPP rating of 2.5 or higher for alcohol prevention outcomes and 3.0 or higher for readiness for dissemination.

[1] The Institute of Medicine uses three categories to classify preventive interventions. **Universal** prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs to prevent mental health disorders and substance abuse or delay the use/abuse of alcohol, tobacco, and other drugs. **Selective** prevention strategies focus on specific groups viewed as being at higher risk for mental health disorders or substance abuse because of highly correlated factors (e.g., children of parents with substance abuse problems). **Indicated** prevention strategies focus on preventing the onset or development of problems in individuals who may be showing early signs but are not yet meeting diagnostic levels of a particular disorder. (Adapted from NREPP Glossary, http://www.nrepp.samhsa.gov/05f_glossary.aspx)

- The Office of Juvenile Justice and Delinquency Prevention
  http://www.ojjdp.gov/mpg/
  A searchable database of exemplary, effective and promising programs:
- Life Skills Training (listed in Appendix E): A school-based substance use prevention program.
- The Good Behavior Game (listed in Appendix F): A first-grade classroom management intervention program.
  (Both of these programs have been rigorously tested and evaluated using randomized controlled trials. They are available as packaged programs for schools to implement. Both have been found to have strong effects that continue many years after the interventions occur.)

b. Of the programs you identified under question a. above, which are feasible to implement? Consider available resources and capacity—including staffing, instructional time and funding?

- Will you be able to implement the program as designed to be most effective?
- CSAP's Northeast Center for the Application of Prevention Technologies (CAPT) offers a step-by-step tool to assess the feasibility of a program: *Selecting the Program that's Right for You: A Feasibility Assessment Tool:* http://hhd.org/resources/assessmenttools/selecting-program-s-right-you-feasibility-assessment-tool
- What additional support is available in your local community? You may have local prevention groups that may be helpful partners and advocates in seeking additional funding and/or resources to bring evidence-based programs to your school.

c. If your school can only implement one or two programs, which would you choose? Which ones could go on a "wish list" to be pursued at a later date?
Some things to consider:

- Choose quality over quantity. It is better to do one program well with impact, than to do five poorly, with little effect.
- In narrowing down options, it can be helpful to consider a variety of factors that include both importance (level of need) and feasibility—such as buy-in from key players (instructors, administrators, parents, funders), available resources, capacity to implement the program with fidelity, and estimated ratio of cost/benefits of adopting the program.
- Ensure the program is aligned with the Maine Learning Results: Health Education Standards: http://www.maine.gov/doe/proficiency/standards/maine-learning-results.html. The shift to proficiency-based education in Maine means

students must demonstrate proficiency in all eight content areas in Maine law Title 20-A 4722-A and 6209 to earn a proficiency-based diploma. Teachers will be looking for substance use prevention resources and lessons that meet the Maine Learning Results: Parameters for Essential Instruction (MLR), Health Education Standards and ensure that students not only receive the necessary information, but are able to demonstrate their ability to apply the knowledge and skills needed to prevent substance use. Evidence-based programs for substance use prevention include knowledge and skill building components that would fit with the proficiency model. It is important for SAUs to choose a program the fits the needs of their community, is appropriate age and aligns to the MLRs for designated groups.

- With limited resources, the natural tendency is often focus prevention efforts on a few individuals who have been designated as having the highest need. While these *selective* and *indicated* approaches[2] serve an important role, they can sometimes result in "rationing" of services to a selective few. *Universal* approaches are implemented with the general population regardless of risk level, and tend to be successful in achieving reductions in risk behaviors *even among higher-risk participants*. Schools should develop a prevention plan that is as comprehensive as possible. Universal, selective and indicated approaches are all important components of a comprehensive prevention plan.

Step 4: Working out the details.

Once you have identified a program that seems to fit your school's needs and resources, you are ready to start planning the nuts-and-bolts of making the program a reality.

a. What are the essential components of the program and how will you fulfill them?

For each selected program, create an outline or chart of key information identified on the developer's website or materials. A Program Key Information sample worksheet is included in Appendix A.

It may be helpful to create a chart or logic model that visually links program inputs and outputs. Some programs come with their own planning tools, available from program developers.

[2] See footnote, page 5

b. What additional resources are needed to implement the program effectively?

- What funding sources are available to support evidence-based prevention curricula in your school?
    - The Grants to Reduce Alcohol Abuse Program (GRAA) is a 3-year grant program funded by the U.S. Department of Education's Office of Safe and Drug-Free Schools. GRAA funds go directly to school districts to provide effective programming and strategies aimed at reducing alcohol use at the secondary level: http://www.ed.gov/programs/dvpalcoholabuse/index.html

c. What preparation steps can be taken to increase the school's readiness and capacity to implement the program successfully?

Site readiness and capacity are key factors in enhancing fidelity of program implementation[3]. Elements include:

- A well-connected and respected local champion
- Strong administrative support
- Formal organizational commitments and staffing stability
- Up-front commitment of necessary resources
- Program credibility within the community
- Some potential for program routinization

Step 5: Tracking progress.

It is important to set up evaluation systems *before* a program begins. This includes deciding on the intended *outcomes* and how they will be measured. It also includes outlining the intended program activities or *processes* and how they will be documented. For each selected program, it can be helpful to create a chart or logic model that allows the reader to visually link this information. The chart can serve as a valuable tool for instructors, administrators, and funders alike. For a sample fill-in-the-blank Evaluation Logic Model, see Appendices B and C.

a. *Process* evaluation:

- **What systems will you put into place to measure whether the selected programs are implemented correctly?**
    - Evidence-based programs are designed to be implemented a certain way in order to be effective. For example, considerations may include

[3] Elliott, D. S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science, 5*, 47 – 53.

number and length of sessions, content of sessions and use of program materials. A sample worksheet to track program fidelity is included in Appendix D. Many programs come with their own fidelity checklists and tools, available from program developers.

- **What processes will you put into place for program instructors to document and share what is working for them, what isn't and ideas to improve success?**
    - There are several ways to track this valuable information—including meeting notes and written reports.

b. *Outcome* evaluation:

- **What data will you use to measure the selected programs' success in achieving the priorities identified in Step 2?**
    - For example, if a program was chosen to reduce overall youth alcohol use, you will compare underage drinking rates before and after the program is implemented, using data from the Maine Integrated Youth Health Survey (MIYHS).
    - Some programs include evaluation tools such as tests or surveys to administer to students before and after the program. Be sure to include any costs in your program budget.

c. What systems will you put into place to review and utilize the information collected?

It is essential to review and analyze evaluation data at regular intervals, to determine whether the program is achieving its intended outputs (process measures) and outcomes, and decide how this information will be used. This includes sharing information with program funders, instructors, administrators, parents, students and the community—and engaging them in the process.

Additional Resources and Support

The Maine Center for Disease Control and Prevention (Maine CDC) supports the implementation of evidence-based substance use prevention strategies and programs by non-profit agencies and schools across Maine. Grantees are selected and funded through a periodic Request for Proposal (RFP) process. The Maine CDC provides technical assistance, information and training to funded providers. They also work with anyone in Maine who needs assistance with substance use programming and resources. Resources include:

- **AdCare Educational Institute of Maine:** http://adcareme.org/
  AdCare provides statewide training and conferences related to substance use prevention, intervention and treatment.

- **Maine Integrated Youth Health Survey (MIYHS):**
  https://data.mainepublichealth.gov/miyhs/home
  The MIYHS is a survey of sixth through twelfth graders in Maine's public and quasi-public[4] schools, administered every two years by the Maine Department of Health and Human Services and the Maine Department of Education. As of 2009, participating schools can access a summary of their local data in one, easily-printable, 30-page report. Reports are available at the school, school district, county, public health district and statewide levels. These reports include trends in the use of alcohol, tobacco, marijuana and other selected substances as far back as 2000. Reports also highlight results that are significantly different from State results. They also contain recent data on risk and protective factors. Access codes for school and district data are sent to participating superintendents, principals and MIYHS school contacts.

- **MIYHS Guide: Using Your Maine Integrated Youth Health Survey Data Effectively:** www.maine.gov/MIYHS/Resources/MIYHSGuide.pdf
  This resource was created to help communities effectively utilize Maine Integrated Youth Health Survey (MIYHS) data. It includes tips to deliver your messages and how to use the MIYHS data to evaluate policies.

- ***Your Substance Use Policy: A Comprehensive Guide for Schools:***
  http://www.maine.gov/dhhs/mecdc/population-health/prevention/schoolcollege/policyguide.htm

  This document was created to assist schools in reviewing, revising, communicating, and enforcing a comprehensive substance use policy, according to the best available research recommendations. The Guide is not a model policy. Instead, it provides a step-by-step process for developing or enhancing your policy to be comprehensive and based on research and best practices.

[4] Private non-sectarian schools with more than 60% publicly funded students

Appendix A: Program Key Information – Sample Worksheet

Below is a sample worksheet based on information from a program website. For accurate and up-to-date information, please confirm with program developers.

Program Name	Caring School Community
Developer Contact Info/Website	http://www.devstu.org/csc/videos/index.shtml
Training requirements/options	Requirements: none; Options: professional development (one day workshops and follow-up visits)
Training Cost	Workshops and follow-up visits are $2000 per day, each Possibility for free professional development through the Caring School Community Initiative
Materials requirements/options	Requirements: Four components implemented over the course of the school year Options: Single classroom package, K-6 package, Principal's package, read-aloud libraries
Materials Cost	Classroom: $200, K-6: $1350, Principal's: $385, read-aloud libraries: $52-$67 (depending on grade level)
Instructors	Program includes roles for regular classroom teachers and school principal.
Number and duration of sessions	Class meetings: 30 lessons for grades K–1 and 35 lessons for grades 2–6; includes meetings for beginning of the year, end of the year, and issue-based meetings interspersed throughout the year. Cross-Age Buddies (variable) 18 Home-side Activities School-wide Community-Building Activities (variable)
Timing and frequency of sessions	All four components to be implemented within one year
Order of sessions	All four components are implemented throughout the school year. Special lessons included for beginning and end of the year.
Booster sessions?	No (intended as school-wide program, K-6)
Instructional methods	Class meetings – a forum for teachers and students to get to know one another, discuss issues, identify and solve problems, and make decisions that affect classroom climate. Cross-Age Buddies – guided, self-taught activities between pairs of students Home-side Activities – begin and end in classroom, parents involved in implementing activities and lessons at home School-wide Community-Building Activities – Link students, parents, and teachers in cooperative effort to build relationships
Content of the sessions	Identifying & solving problems, traditional school subjects (math, art, science, social studies), sharing school life with parents, and noncompetitive activities designed to build school tradition, etc.
Use of materials	Materials are guides for structuring classroom meetings and ideas for activities for Cross-Age Buddies and school-wide activities
Setting	Classrooms, school-wide, at home
Intended classroom audience	Between grades K-6, school-wide implementation ideal
Instructor/participant ratio	N/A

Appendix A: Program Key Information – Sample Worksheet

Program Name	
Developer Contact Info/Website	
Training requirements/options	
Training Cost	
Materials requirements/options	
Materials Cost	
Instructors	
Number and duration of sessions	
Timing and frequency of sessions	
Order of sessions	
Booster sessions?	
Instructional methods	
Content of the sessions	
Use of materials	
Setting	
Intended classroom audience	
Instructor/participant ratio	

APPENDIX B: SAMPLE PLANNING LOGIC MODEL

Situation/need to address: **Strategy or Program:**

RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM IMPACTS
In order to accomplish our set of activities we will need the following:	In order to address our situation or need we will accomplish the following activities:	We expect that once accomplished these activities will produce the following evidence of service delivery:	We expect that if accomplished, these activities will lead to the following changes in 1-3 years:	We expect that if accomplished, these activities will lead to the following changes in 4-6 years:	We expect that if accomplished, these activities will lead to the following changes in 7-10 years:
(list and describe necessary funding, staffing, materials, training, time, participants, etc.)	(list activities necessary for program preparation and implementation)	(list # of teachers trained, # classes administered, # participants, etc.)			

Adapted from W.K. Kellogg Foundation's Logic Model Development Guide, p. 25 (http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf) and University of Wisconsin Cooperative Extension (http://extension.missouri.edu/staff/programdev/plm/LMback.pdf)

APPENDIX C: SAMPLE EVALUATION LOGIC MODEL

Strategy or program: LifeSkills Training

GOALS	RISK FACTOR/ OBJECTIVE	FOCUS POPULATION	STRATEGIES	"IF-THEN" STATEMENTS	PROCESS MEASURES (OUTPUTS)	OUTCOME MEASURES
What is the problem to be changed?	What root causes or risk factors are contributing to the problem?	Who are the people you are directly targeting with the intervention?	What strategies or programs do you want to implement?	Use the If-then approach to test the logic of your strategy.	What should you see to know these strategies were implemented well? (i.e. process measures)	What are the indicators of progress on targeted objective?
Example						
Underage drinking: By 9th grade, 25% of our students are drinking alcohol at least once a month. (2008 MYDAUS).	Normative beliefs: By the time they are in 9th grade, more than half of our students believe there is a chance they would be seen as "cool" if they drank alcohol regularly—a 15 percentage point difference from 8th grade. (2008 MYDAUS)	All students in Grades 6,7,8	LifeSkills Training curriculum for grades 6-8	If our students in grades 6-8 complete the LifeSkills training, which has been found effective in changing normative beliefs about substance abuse as well as reducing alcohol use, we will see changes in normative beliefs as well as decrease in underage drinking rates.	Instructors successfully complete the required training. Lesson Plan records show program implemented according to format recommended by program developer. Fidelity checklists show that instructors are implementing curriculum essential components as designed.	By 2011 student survey (MIYHS), we see a 15% decrease in the percentage of 9th graders who believe they would be seen as cool for drinking and a 10% decrease in the percentage of 9th graders who report drinking at least once a month. By 2013 MIYHS, we see a 15% decrease in the percentage of 12th graders who report drinking at least once a month.

Adapted from Maine Office of Substance Abuse, Logic Model to test strategy fit, 2008

APPENDIX C: SAMPLE EVALUATION LOGIC MODEL **Strategy or program:**

GOALS	RISK FACTOR/ OBJECTIVE	FOCUS POPULATION	STRATEGIES	"IF-THEN" STATEMENTS	PROCESS MEASURES (OUTPUTS)
What is the problem to be changed?	What root causes or risk factors are contributing to the problem?	Who are the people you are directly targeting with the intervention?	What strategies or programs do you want to implement?	Use the If-then approach to test the logic of your strategy.	What should you see to know these strategies were implemented well? (i.e. process measures)

Adapted from Maine Office of Substance Abuse, Logic Model to test strategy fit, 2008

Appendix D: PROGRAM FIDELITY CHECKLIST

Did your delivery of the _____ program differ from the original design of the program in terms of…

	Yes	No	If yes, please describe the change and the specific reason for the change.
1. Number of sessions	☐	☐	
2. Length of sessions	☐	☐	
3. Content of the sessions (e.g., lesson plan)	☐	☐	
4. Order of sessions	☐	☐	
5. Frequency of sessions	☐	☐	
6. Use of materials	☐	☐	
7. Setting (e.g., community center instead of school)	☐	☐	
8. Intended population (e.g., age, language, risk)	☐	☐	
9. Instructor/participant ratio	☐	☐	
10. Training of instructors	☐	☐	

11. If changes were made to the _____ program, did you receive guidance about making them?

Yes ☐1 →
No ☐2
No changes were made ☐3

a. If yes, from whom:

Coalition coordinator ☐1
Program developer ☐2
Evaluator ☐3
Other, please specify: ☐4
_____

Please note: Many programs have their own fidelity tools created by program developers. This is an abbreviated version of OSA's YSAPP Grant Checklist, an instrument adapted from the One ME Program Implementation Checklist developed by Hornby Zeller Associates, Inc. and RTI International. The One ME Program Implementation Checklist was based on knowledge gained from the book How to Assess Program Implementation (King, Morris, and Fitz-Gibbon, 1987) and an adapted tool created by the Washington State Incentive Grant Evaluation Team (Roberts, Mitchell, Pan, Strode, and Weaver, 2000).

Appendix E: Descriptions of Sample Evidence-Based Classroom Prevention Programs from NREPP

To assist schools and communities in the identification and selection of effective prevention treatment programs, Substance Abuse and Mental Health Services Administration (SAMHSA) has created the National Registry of Evidence-Based Programs and Practices (NREPP) which features a searchable online database of programs and strategies. For more information on NREPP, including intervention descriptions, see http://www.nrepp.samhsa.gov. Other federal agencies have created and maintain similar registries. For example, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has a searchable database of exemplary, effective and promising programs: http://www.ojjdp.gov/mpg/

The following pages include a selection of NREPP programs, as of August 2016, that met the following criteria:

- ✓ Universal – i.e. for use with the general population
- ✓ NREPP rating of 2.5 or higher for alcohol prevention
- ✓ NREPP rating of 3.0 or higher for readiness for dissemination
- ✓ Developed for use with children or youth in a classroom setting (Note: some programs also include non-classroom components)

The programs described below are provided as examples and in no way constitute an endorsement of such programs. Schools are encouraged to review the NREPP as well as other federal registries of effective programs to identify and select programs and practices that best meet their needs. Also refer to the process steps in Section I for guidance to help identify programs that are the best fit for your school.

Quick Reference Guide

Below is a summary of programs, a more detailed fact sheet of each program is on the following pages. For more information on these programs, refer to the NREPP and OJJDP online registries: http://www.samhsa.gov/nrepp and http://www.ojjdp.gov/programs/index.html . Please refer to the program website or developers themselves for the most up-to-date information.

Elementary school programs

1. **Caring School Community** *(kindergarten – sixth grade)* - A universal improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff and parents.
2. See multi-age programs on page 27: **Too Good For Drugs, Positive Action, LifeSkills Training, Protecting You/Protecting Me**

Middle school programs

1. **Lion's Quest Skills for Adolescents** *(grades six – eight)* - A multicomponent, comprehensive life skills education program designed for schoolwide and classroom implementation. The goal of the programs is to help young people develop positive commitments to their families, schools, peers and communities and to encourage healthy, drug-free lives.
2. **Project ALERT** *(grades six - eight)* - Focuses on alcohol, tobacco and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs and to prevent youths who are already experimenting from becoming more regular users or abusers.
3. **Project Northland** *(grades six - eight)* - A multilevel intervention involving students, peers, parents and community. The programs are designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking and limit the number of alcohol-related problems among young drinkers. Administered to adolescents on a weekly basis, the program has a specific theme within each grade level that is incorporated into the parent, peer and community components.
4. See multi-age programs on page 27: **Too Good For Drugs, Positive Action, LifeSkills Training**

High school programs

1. **Class Action** *(grades eleven - twelve)* - The second phase of the Project Northland alcohol-use prevention curriculum series. It is designed to delay the onset of alcohol use, reduce use among youths who have already tried alcohol and limit the number of alcohol-related problems experienced by young drinkers.
2. **Project Towards No Drug Abuse** *(grades nine - twelve)* - A drug use prevention program designed to help students develop self-control and communication skills, acquire resources

that help them resist drug use, improve decision-making strategies and develop the motivation to not use drugs.

3. See multi-age programs on page 27: **Too Good For Drugs, Positive Action, LifeSkills Training, Protecting You/Protecting Me**

Multi-age programs

1. **Too Good for Drugs** *(kindergarten - grade twelve)* - Builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing education in social and emotional competencies, reducing risk factors and building protective factors that affect students in these age groups.
2. **Positive Action** *(kindergarten – grade twelve)* - An integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict.
3. **LifeSkills Training** *(grades three-six, six - nine, nine - twelve)* - Aims to prevent alcohol, tobacco and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention.
4. **Protecting You/Protecting Me** *(grades one - five, eleven - twelve)* - A five year classroom-based alcohol use prevention and vehicle safety program. The program aims to reduce alcohol-related injuries and death among children and youth due to underage alcohol use and riding in vehicles with drivers who are not alcohol free.

Detailed Program Descriptions:[5]

1. Caring School Community - http://www.devstu.org/csc/videos/index.shtml

Topics	Mental health promotion, Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking), Environmental strategies, Tobacco/smoking, Violence prevention
Outcomes	**Outcome 1: Alcohol use (score: 2.5)** **Outcome 2: Marijuana use (score: 2.5)** **Outcome 3: Concern for others (score: 3.1)** **Outcome 4: Academic achievement (score: 3.0)** **Outcome 5: Student discipline referrals (score: 2.3)**
Study Populations	**Age:** 6-12 (Childhood) **Gender:** Female, Male **Race:** Asian, Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Suburban, Urban
Implementation History	CSC was first introduced in California elementary schools in the early 1980s as the Child Development Project. The program had been implemented in 46 schools in 4 States by 1998 and has continued to spread across the country. CSC is currently being used in more than 1,000 schools nationally and has been implemented in Australia, Spain, and Switzerland.
Replications	This intervention has been replicated. **Readiness for dissemination score: 4.0.**
Program Description	Caring School Community (CSC), formerly called the Child Development Project, is a universal elementary school (K-6) improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents. The CSC model is consistent with research-based practices for increasing student achievement as well as the theoretical and empirical literature supporting the benefits of a caring classroom community in meeting students' needs for emotional and physical safety, supportive relationships, autonomy, and sense of competence. By creating a caring school community, the program seeks to promote prosocial values, increase academic motivation and achievement, and prevent drug use, violence, and delinquency. CSC has four components designed to be implemented over the course of the school year: (1) Class Meeting Lessons, which provide teachers and students with a forum to get to know one another and make decisions that affect classroom climate; (2) Cross-Age Buddies, which help build caring cross-age relationships; (3) Homeside Activities, which foster communication at home and link school learning with home experiences and perspectives; and (4) Schoolwide Community-Building Activities, which link students, parents, teachers, and other adults in the school. Schoolwide implementation of CSC is recommended because the program builds connections beyond the classroom.
Costs	CSC materials are offered in a variety of packages. The teacher's package is available for $200 per classroom, and the complete K-6 package can be purchased for $1,350. The principal's package is available for $385. Each principal's package includes a Principal's Leadership Guide, all the materials the K-6 teachers receive, and tools for observation and scheduling. Optional read-aloud libraries are also available and range from $52 to $67 depending on the grade level. These books highlight many of the values taught in the Caring School Community program. Detailed price and ordering information is available at http://www.devstu.org/csc/included.html. Professional development workshops and follow-up support visits are available to provide teachers with tools and strategies to help build caring classroom communities as well as opportunities for teachers to reflect upon and refine their own practice. One-day workshops for school faculty are available for $2,000 plus travel costs. Follow-up visits are provided as needed for $2,000 per day plus travel costs.
IOM Category	Universal

[5] Program descriptions are adapted from those provided on the National Registry of Evidence-based Programs and Practices: www.nrepp.samhsa.gov.

2. Lion's Quest Skills for Adolescence - http://www.lions-quest.org

Topics	Mental health promotion, Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking), Tobacco/smoking, Violence prevention
Outcomes	**Outcome 1: Social functioning (score: 2.3)** **Outcome 2: Success in school (score: 2.7)** **Outcome 3: Misconduct (score: 2.1)** **Outcome 4: Attitudes and knowledge related to alcohol and other drugs (AOD) (score: 3.1)** **Outcome 5: Tobacco use (score: 2.3)** **Outcome 6: Alcohol use (score: 3.0)** **Outcome 7: Marijuana use (score: 3.5)**
Study Populations	**Age:** 6-12 (Childhood), 13-17 (Adolescent) **Gender:** Female, Male **Race:** American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Suburban, Urban
Implementation History	Lions Quest SFA has been used in more than 30 countries, with more than 2 million students participating in the program to date. More than 30,000 teachers are trained each year to deliver the curricula.
Replications	This intervention has been replicated. **Readiness for dissemination score: 3.5.**
Program Description	Lions Quest Skills for Adolescence (SFA) is a multicomponent, comprehensive life skills education program designed for schoolwide and classroom implementation in grades 6-8 (ages 10-14). The goal of Lions Quest programs is to help young people develop positive commitments to their families, schools, peers, and communities and to encourage healthy, drug-free lives. Lions Quest SFA unites educators, parents, and community members to utilize social influence and social cognitive approaches in developing the following skills and competencies in young adolescents: (1) essential social/emotional competencies, (2) good citizenship skills, (3) strong positive character, (4) skills and attitudes consistent with a drug-free lifestyle and (5) an ethic of service to others within a caring and consistent environment. The learning model employs inquiry, presentation, discussion, group work, guided practice, service-learning, and reflection to accomplish the desired outcomes. Lions Quest SFA is comprised of a series of 80 45-minute sequentially developed skill-building sessions, based on a distinct theme that may be adapted to a variety of settings or formats.
Costs	Training costs are $180 to $220 per person for 2 days of training. Materials are $5.95 per student book and $3.95 per parent book. Discounts may be available depending on workshop size and order size.
IOM Category	Universal

3. Project Alert - http://www.projectalert.com/

Topics	Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking), Tobacco/smoking
Outcomes	**Outcome 1: Substance use (alcohol, tobacco, and marijuana) (score: 4.0)** **Outcome 2: Attitudes and resistance skills related to alcohol, tobacco, and other drugs (score: 4.0)**
Study Populations	**Age:** 13-17 (Adolescent) **Gender:** Female, Male **Race:** American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, White
Settings	Rural and/or frontier, School, Suburban, Urban
Implementation History	Two major evaluations of Project ALERT have been undertaken, both by Dr. Phyllis Ellickson and colleagues at RAND Corporation. The first major evaluation (data set 1) involved 30 middle schools in eight urban, suburban, and rural communities in California and Oregon. The second major evaluation (data set 2) involved 55 middle schools in South Dakota, representing a wide variety of Midwestern communities. Broad dissemination of Project ALERT began in 1995. Since then, more than 42,000 teachers have been trained to deliver the intervention in an estimated 3,500 U.S. school districts.
Replications	This intervention has been replicated. ***Readiness for dissemination* score: *3.8.***
Program Description	Project ALERT is a school-based prevention program for middle or junior high school students that focus on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist prodrug social influences. The curriculum is comprised of 11 lessons in the first year and 3 lessons in the second year. Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students' interest and participation. The content focuses on helping students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist prodrug pressures.
Costs	The entire Project ALERT curriculum and training package is $150 per educator. This fee includes all materials needed for implementation (14 lesson plans, 8 interactive student videos in DVD or VHS format, 12 full-color classroom posters), unlimited access to online training and resources, toll-free phone support, an ongoing newsletter subscription to the ALERT Educator newsletter, and unlimited ability to download additional copies of lesson plans. Complimentary on-site workshops are available for school districts or coordinated groups ordering 25 or more Project ALERT curriculum and training packages. The lesson plans include a limited number of formatted student handouts, ready for duplication.
IOM Category	Selective, Universal

4. Project Northland - http://www.hazelden.org/web/go/projectnorthland

Topics	Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking)
Outcomes	**Outcome 1: Tendency to use alcohol (score: 3.4)** **Outcome 2: Past-week alcohol use (score: 3.4)** **Outcome 3: Past-month alcohol use (score: 3.4)** **Outcome 4: Peer influence to use alcohol (score: 2.9)** **Outcome 5: Reasons not to use alcohol (score: 2.9)** **Outcome 6: Parent-child communication about alcohol (score: 2.9)**
Study Populations	**Age:** 6-12 (Childhood), 13-17 (Adolescent) **Gender:** Female, Male **Race:** American Indian or Alaska Native, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Suburban, Tribal, Urban
Implementation History	About 4,000 agencies or individuals have purchased Project Northland to date, suggesting at least several thousand implementation sites serving a much larger number of students, schools, and communities. A number of communities throughout the United States and in Russia and Croatia have implemented the Project Northland curricula (or culturally specific adaptations).
Replications	This intervention has been replicated. ***Readiness for dissemination* score: *3.6.***
Program Description	Project Northland is a multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers. Administered to adolescents in grades 6-8 on a weekly basis, the program has a specific theme within each grade level that is incorporated into the parent, peer, and community components. The 6th-grade home-based program targets communication about adolescent alcohol use utilizing student-parent homework assignments, in-class group discussions, and a communitywide task force. The 7th-grade peer- and teacher-led curriculum focuses on resistance skills and normative expectations regarding teen alcohol use, and is implemented through discussions, games, problem-solving tasks, and role-plays. During the first half of the 8th-grade Powerlines peer-led program, students learn about community dynamics related to alcohol use prevention through small group and classroom interactive activities. During the second half, they work on community-based projects and hold a mock town meeting to make community policy recommendations to prevent teen alcohol use.
Costs	Project Northland curricula are available as a collection or individually by grade level. The complete Project Northland collection for grades 6-8 is $595, or $795 if purchased with Supercharged!, the community mobilization component. Single-year curricula are available at $259 each. One-day trainings on Slick Tracy, Powerlines, and Supercharged! are $2,000 each, plus travel.
IOM Category	Universal

5. Class Action – http://www.hazelden.org/web/go/projectnorthland

Topics	Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking)
Outcomes	**Outcome 1: Tendency to use alcohol (score: 3.1)** **Outcome 2: Binge drinking (score: 3.2)**
Study Populations	**Age:** 13-17 (Adolescent) **Gender:** Female, Male **Race:** American Indian or Alaska Native, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Tribal
Implementation History	Data on implementation sites are not tracked by the developer.
Replications	This intervention has been replicated. **Readiness for dissemination score: 3.5.**
Program Description	Class Action is the second phase of the Project Northland alcohol-use prevention curriculum series. Class Action (for grades 11-12) and Project Northland (for grades 6-8) are designed to delay the onset of alcohol use, reduce use among youths who have already tried alcohol, and limit the number of alcohol-related problems experienced by young drinkers. Class Action draws upon the social influence theory of behavior change, using interactive, peer-led sessions to explore the real-world legal and social consequences of substance abuse. The curriculum consists of 8-10 group sessions in which students divide into teams to research, prepare, and present mock civil cases involving hypothetical persons harmed as a result of underage drinking. Using a casebook along with audiotaped affidavits and depositions, teens review relevant statutes and case law to build legal cases they then present to a jury of their peers. Case topics include drinking and driving, fetal alcohol syndrome, drinking and violence, date rape, drinking and vandalism, and school alcohol policies. Students also research community issues around alcohol use and become involved in local events to support community awareness of the problem of underage drinking. Class Action can be used as a booster session for the Project Northland series or as a stand-alone program.
Costs	The complete Class Action curriculum is $495 and includes 42 casebooks (7 of each title), one CD-ROM, one teacher's manual with reproducible handouts in a three-ring binder, and 30 each of four parent postcards. Additional classroom packs of 36 casebooks (6 of each title) and 120 parent postcards (30 each of four designs) are $375 each. Training is recommended but not mandatory. Contact Hazelden Publishing and Educational Services for information on the 1-day training programs.
IOM Category	Universal

6. Too Good for Drugs – http://www.mendezfoundation.org/educationcenter/tgfd/

Topics	Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking), Tobacco/smoking, Violence prevention
Outcomes	**Outcome 1: Intentions to use alcohol, tobacco, and marijuana and to engage in violence (score: 2.8)** **Outcome 2: Risk and protective factors for substance use and violence (score: 2.9)** **Outcome 3: Personal and prosocial behaviors (score: 2.9)**
Study Populations	**Age:** 6-12 (Childhood), 13-17 (Adolescent) **Gender:** Female, Male **Race:** American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Suburban, Urban
Implementation History	Since TGFD was first implemented in 1980, it has been used in approximately 3,000 school systems in all 50 States and has reached an estimated 20 million students. The program also has been implemented in a U.S. Department of Defense school in Bad Kissingen, Germany; in Canada; and in the Netherlands Antilles (Sint Eustatius and Sint Maarten).
Replications	This intervention has been replicated. ***Readiness for dissemination* score: 4.0.**
Program Description	Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. TGFD has developmentally appropriate curricula for each grade level through 8th grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curricula each include 10 weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop. Too Good for Drugs is a companion program to Too Good for Violence (TGFV), reviewed by NREPP separately. At the high school level, the programs are combined in one volume under the name Too Good for Drugs & Violence High School.
Costs	The K-8 Too Good for Drugs kits cost $100-$130 each and include the teacher's curriculum, 50 student workbooks, and a selection of age-appropriate teaching materials (e.g., posters, puppets, CDs, DVDs, games). The Too Good for Drugs & Violence High School Kit, which includes the core curriculum, the staff development curriculum, 12 infusion lessons, 50 student workbooks, teaching materials, and evaluation surveys, costs $750. Components of each kit also may be purchased individually. The Too Good for Drugs & Violence After-School Activities Kit, intended for children ages 5-13, includes the curriculum and teaching materials and costs $595. The Too Good for Drugs & Violence Staff Development Kit, which includes the trainer curriculum and 50 educator workbooks, costs $250. An on-site, 1-day training for 10-50 participants costs $2,000 (plus travel expenses). A training of trainers is also available.
IOM Category	Universal

7. Positive Action – http://www.positiveaction.net/

Topics	Mental health promotion, Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking), Criminal/juvenile justice, Environmental strategies, Tobacco/smoking, Violence prevention
Outcomes	**Outcome 1: Academic achievement (score: 2.8)** **Outcome 2: Problem behaviors (violence, substance use, disciplinary referrals, and suspensions) (score: 2.4)** **Outcome 3: School absenteeism (score: 2.5)** **Outcome 4: Family functioning (score: 2.2)**
Study Populations	**Age:** 6-12 (Childhood), 13-17 (Adolescent), 18-25 (Young adult), 26-55 (Adult) **Gender:** Female, Male **Race:** American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Suburban, Tribal, Urban
Implementation History	Positive Action, Inc., was founded by Dr. Carol Gerber Allred in Twin Falls, Idaho, in 1982. Since then, the company's program has served approximately 5 million individuals in more than 15,000 settings. Positive Action has been implemented in urban, suburban, and rural areas with a wide variety of ethnic, cultural, and socioeconomic groups. Since 1983, Positive Action has been used in all 50 States; internationally; and in various contexts, including 15,000 schools/districts and school-related sites.
Replications	No replications were identified by the applicant. **Readiness for dissemination score: 4.0.**
Program Description	Positive Action is an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict. Positive Action has materials for schools, homes, and community agencies. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions) with six explanatory subconcepts (positive actions for the physical, intellectual, social, and emotional areas) that elaborate on the overall theme. The program components include grade-specific curriculum kits for kindergarten through 12th grade, drug education kits, a conflict resolution kit, sitewide climate development kits for elementary and secondary school levels, a counselor's kit, a family kit, and a community kit. All the components and their parts can be used separately or in any combination and are designed to reinforce and support one another.
Costs	The Positive Action curriculum is priced by grade level: Kindergarten and 12th Grade Instructor's Kits are $460, 1st Grade through 11th Grade Instructor's Kits are $360, 5th Grade Drug Education Supplement Instructor's Kits are $250, and Middle School Drug Education Supplement Instructor's Kits are $360. The cost of training is $1,200 per day, plus travel time and expenses. Training kits can be purchased for $200-$250 each; each provides materials for up to 25 individuals. Available self-training kits include Orientation Training Workshop Kits, the Ongoing Training Workshop Kit, and the Media Training Workshop Kit. Additional components are also available: Counselor's Kit ($125), Family Kit ($75), Family Classes Instructor's Kit ($360), Parenting Classes Instructor's Kit ($140), and Community Kit ($550).
IOM Category	Indicated, Selective, Universal

8. LifeSkills Training – http://www.lifeskillstraining.com/

Topics	Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking), Tobacco/smoking, Violence prevention
Outcomes	**Outcome 1: Substance use (alcohol, tobacco, inhalants, marijuana, and polydrug) (score: 3.9)** **Outcome 2: Normative beliefs about substance use and substance use refusal skills (score: 3.9)** **Outcome 3: Violence and delinquency (score: 4.0)**
Study Populations	**Age:** 13-17 (Adolescent) **Gender:** Female, Male **Race:** American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Suburban, Urban
Implementation History	Broad dissemination of LST began in 1995. Since then, an estimated 50,000 teachers, 10,000 schools/sites, and 3 million students have participated in the program. The duration of implementation varies; some sites have implemented LST for 5 years or longer. LST has been extensively evaluated in more than 30 scientific studies involving more than 330 schools/sites and 26,000 students in suburban, urban, and rural settings. Most of these studies were conducted by Gilbert Botvin and colleagues at Weill Medical College of Cornell University. To date, at least seven independent evaluation studies have been conducted by external research groups.
Replications	This intervention has been replicated. **Readiness for dissemination score: 4.0.**
Program Description	LifeSkills Training (LST) is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist prodrug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12); the research studies and outcomes reviewed for this summary involved middle school students.
Costs	The annual cost for the LST curriculum materials averages $5 per student and $85 per teacher. Teacher's manuals and student guides are sold separately or in packages. Full curriculum sets that include one teacher's manual and 30 student guides for each grade are $655 for the elementary school program, $625 for the middle school program, and $265 for the high school program. A Stress Management Techniques audio CD ($10) and Smoking and Biofeedback DVD ($20) are offered for the middle school program. See http://www.lifeskillstraining.com/order.php for a catalog and price list. Training and technical assistance are provided by National Health Promotion Associates (NHPA). LifeSkills provider training workshops can be delivered on site or through open training workshops sponsored by NHPA. The open training workshops cost between $235 and $300 per participant (travel and training material costs additional). Technical assistance can be delivered on site or through e-mail or telephone. Quotes for technical assistance and on-site training can be obtained by contacting NHPA.
IOM Category	Universal

9. Protecting You/Protecting Me - http://www.pypm.org/ and http://www.hazelden.org/web/go/PYPM

Topics	Substance abuse prevention
Areas of Interest	Alcohol (e.g., underage, binge drinking)
Outcomes	**Outcome 1: Media awareness and literacy (score: 2.8)** **Outcome 2: Alcohol use risk and protective factors (score: 3.2)** **Outcome 3: Knowledge of brain growth and development (score: 2.9)** **Outcome 4: Vehicle safety knowledge/skills (score: 3.0)** **Outcome 5: Alcohol use (score: 3.3)**
Study Populations	**Age:** 6-12 (Childhood), 13-17 (Adolescent), 18-25 (Young adult) **Gender:** Female, Male **Race:** American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified
Settings	Rural and/or frontier, School, Suburban, Urban
Implementation History	Evaluation results for PY/PM were first published in 2000. To date, 1,800 sites have implemented the intervention, with close to 220,000 individuals participating. Approximately 10 evaluation studies have been conducted.
Replications	This intervention has been replicated. ***Readiness for dissemination* score: *3.8***
Program Description	Protecting You/Protecting Me (PY/PM) is a 5-year classroom-based alcohol use prevention and vehicle safety program for elementary school students in grades 1-5 (ages 6-11) and high school students in grades 11 and 12. The program aims to reduce alcohol-related injuries and death among children and youth due to underage alcohol use and riding in vehicles with drivers who are not alcohol free. PY/PM consists of a series of 40 science- and health-based lessons, with 8 lessons per year for grades 1-5. All lessons are correlated with educational achievement objectives. PY/PM lessons and activities focus on teaching children about (1) the brain--how it continues to develop throughout childhood and adolescence, what alcohol does to the developing brain, and why it is important for children to protect their brains; (2) vehicle safety, particularly what children can do to protect themselves if they have to ride with someone who is not alcohol free; and (3) life skills, including decision making, stress management, media awareness, resistance strategies, and communication. Lessons are taught weekly and are 20-25 minutes or 45-50 minutes in duration, depending on the grade level. A variety of ownership activities promote students' ownership of the information and reinforces the skills taught during the lesson. Parent take-home activities are offered for all 40 lessons. PY/PM's interactive and affective teaching processes include role-playing, small group and classroom discussions, reading, writing, storytelling, art, and music. The curriculum can be taught by school staff or prevention specialists. PY/PM also has a high school component for students in grades 11 and 12. The youth-led implementation model involves delivery of the PY/PM curriculum to elementary students by trained high school students who are enrolled in a peer mentoring, family and consumer science, or leadership course for credit.
Costs	Grade-specific teaching guides are available from Hazelden at $125 each. Two training options are available for adults delivering the curriculum to grades 1-5: an online tutorial that provides guidance on how to deliver PY/PM in the classroom ($75 per person per grade level) or in-person group training for school or community staff to learn how to plan both schoolwide and classroom implementation (costs determined on a case-by-case basis). For the youth-led implementation model, 3-day National Teacher Training Institutes (minimum of 15 participants) are provided around the country several times per year. The training and curriculum for teachers eligible to implement the youth-led model are provided free through the sponsorship of State Farm Insurance. Participants in all training options learn how the latest research on children's brain development can inform prevention efforts and how to successfully deliver the program with fidelity. Participants in the National Teacher Training Institutes for the youth-led model also develop site-specific plans for the peer helping students' training.
IOM Category	Universal

Appendix F: Beyond Programs: Examples of Proven, Low-to-No-Cost Prevention Strategies

In addition to evidence-based curricula available for school prevention programs, scientific studies have identified many small but powerful prevention strategies that are inexpensive to implement and can be integrated into the day-to-day functioning of schools and classrooms. These "kernels," as Drs. Dennis Embry and Anthony Biglan call them, are supported by rigorous experimental evidence—and often have multiple positive outcomes that can include improved academic achievement *and* decreased behavior problems (Embry & Biglan, 2008).

While many of us tend to think of adolescence as the time for substance abuse prevention, developmental psychologists such as Drs. Embry and Biglan point out that early childhood and elementary school provide important developmental windows for teaching social and behavioral skills (Biglan et al., 2004), which then translate into reduced problems down the road—including substance abuse. These early developmental approaches focus on changing the fundamental neurological and behavioral predictors of multi-problem behaviors such as substance abuse, violence and school failure. For example, the Good Behavior Game, a first-grade classroom management intervention, not only has been found to have immediate results in reducing disruptive behavior by children; it also has been linked to important long-term outcomes—including reduced likelihood of conduct disorder by 6th grade, and reduced likelihood of substance abuse disorder by ages 19-21 (Institute of Medicine, 2009).

Below are examples of a few "kernels" that can be implemented at low-to-no-cost by elementary schools, middle schools, or high schools. All are examples of activities that can be made universally accessible to all students in a classroom or school. In other words, even though some of the activities might have special impact on higher-risk students in a particular classroom, they work best when they are inclusive and made available to all. This also helps to create a supportive and reinforcing classroom or school environment.

The table on the next two pages is adapted from Embry, D. D., & Biglan, A. (2008). Evidence-Based Kernels: Fundamental Units of Behavioral Influence, in *Clinical Child & Family Psychology Review*, 39. Permission was granted for this adaptation. Please use the original reference in any future references or when using this table.

For more information about low-cost evidence-based "kernels" for behavioral change, visit www.paxis.org or www.simplegifts.com.

Sample "Evidence-based Kernels" for Schools

This table is adapted from Embry, D. D., & Biglan, A. (2008). Evidence-Based Kernels: Fundamental Units of Behavioral Influence, in *Clinical Child & Family Psychology Review*, 39. Permission was granted for this adaptation. Please use the original reference in any future references or when using this table.

Kernel	Description	Impact
Pleasant greeting with or without positive physical touch	Friendly physical and verbal gestures, on a frequent basis	Affects social status, perceptions of safety or harm, behaviors of aggression, hostility or politeness
Meaningful roles (jobs)	Providing responsible roles to all children in the classroom, school, or home	Increases pro-social behaviors, instructional time, and achievement, and provides positive adult and peer reinforcement & recognition
Verbal praise	Person or group receives spoken (or signed) recognition for engagement in target acts, which may be descriptive or simple acknowledgements	Increases cooperation, social competence, academic engagement/ achievement; reduces disruptive or aggressive behavior and DSM-IV symptoms
Peer-to-peer written praise - "Tootle"/ compliment or praise note	Tootles (opposite of tattles) are written compliment notes that are publicly posted or sent from school to home or home to school or from adults to children/youth. A pad or display of decorative notes are posted on a wall, read aloud, or placed in a photo type album in which behaviors receive written praise from peers.	Effective in improving positive family attention to child, social competence, school adjustment and engagement, academic achievement, work performance, and reducing problem behaviors, aggression and negative/harsh interactions; unites adults; protection against substance abuse and related antisocial behaviors
Public posting (graphing) of feedback of a targeted behavior	Results or products of activity posted for all, e.g., scores of individuals, teams or simple display of work products	Increases academic achievement, community participation, and injury control
Peer-to-peer tutoring	Dyads or triads take turns asking questions, giving praise or points and corrective feedback	Improves behavior, increases standardized achievement, and reduces ADHD/conduct problems and special-education placement
Aerobic play or behavior	Daily or many times per week engagement in running or similar aerobic solitary activities or game	Reduces ADHD symptoms, depression, stress hormones; may increase cognitive function; decreases PTSD
Structured/ Organized Play or Recess	Structured or planned activities that emphasize turn taking, helpfulness, rule following, and emotion control with or without "soft competition"	Dramatically improves cooperative behavior, social competence; affects BMI; reduces social rejection; decreases bullying and aggression; improves social norms and academic learning during the day; and reduces ADHD and other disturbances

Sample "Evidence-based Kernels" for Schools, continued

Kernel	Description	Impact
Good behavior game	A team-based, response-cost protocol for groups of children that rewards inhibition of inattentive, disruptive and aggressive/bullying behavior.	Reduces short-term and long-term behavior problems as well as DSM-IV ADHD and conduct problems, special-education placement plus substance abuse initiation
Beat the timer/ buzzer	Use small timers to reduce allocated time for task, with access to reward or recognition if task successfully completed before time interval	Powerful effects for reducing negative behaviors, child aggression, physical abuse, ADHD; and improving parent-child interactions, work completion and academic accuracy
Choral responding	Person(s) chant (or sign) answer to oral or visual prompt in unison; praise or correction follows	When compared to hand raising, improved academic achievement and retention; reduced disruption and behavior problems
Stop clock	Clock is triggered when children misbehave; lower times on the clock result in access to rewards	Increases academic engagement; reduces disruptions
Stop lights/Red flag	Traffic light/flag signals when behavior is appropriate/desirable or inappropriate/undesirable in real time, and connected to some kind of occasional reinforcement	Decreases noise, off task behavior; reduces explosive anger and aggression among children exposed to drugs, neglect or abuse
Response cost	Removal of token, money, or privilege for misbehavior without emotional displays.	Decreases inattention and disruption; works as well as stimulant medication for children with ADHD; may, if used as a part of teams in first grade, decrease substance abuse over lifetime
Nonverbal transition cues	Nonverbal (visual, kinesthetic, and auditory) cues for transitions (stopping one task & starting another) that signal shifting attention or task in patterned way, coupled with praise or occasional rewards	Reduces problem behaviors, dawdling; and increases time on task or engaged learning
Team competition	Groups compete on some task, performance, or game	Improves academic engagement and achievement; reduces disruptive behavior, smoking; increases safety; changes brain chemistry favoring attention and endurance

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