NEBRASKA PARTNERS IN PREVENTION

SICA GUIDANCE DOCUMENT
FOR

SELECTING SCIENCE-BASED AND PROMISING SUBSTANCE ABUSE PREVENTION STRATEGIES

FEBRUARY 2004

A COMPANION DOCUMENT TO THE
"NEBRASKA SICA REQUEST FOR APPLICATIONS"

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INFORMATION AND COMMENTS

Every effort was made to be comprehensive and inclusive in the review of science-based and "promising" prevention programs contained within this document. The field of prevention continues to yield new and innovative research, however, and additional information on evidence-based prevention strategies with formally documented outcomes related to substance abuse prevention continues to be solicited and collected as it becomes available. If you have information, comments or insights to share regarding science-based or promising prevention programs that are either already included in this document, or which you believe should be included, you are invited to contact:

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SECTION I:
INTRODUCTION: PURPOSE AND USE OF THIS DOCUMENT

PURPOSE OF THIS GUIDANCE DOCUMENT

This guidance document contains detailed information to help communities select substance abuse prevention strategies that can effectively and significantly reduce local alcohol and drug abuse rates. The information contained in this document includes guidance for selecting strategies that are locally and culturally appropriate, and includes extensive information on those strategies that have been proven to be effective in achieving substance abuse prevention outcomes and which are available for funding through Nebraska's State Incentive Cooperative Agreement (SICA).

Over the past several years, a number of publications presenting different types of information on prevention programs have been produced. This document serves as a collective compendium of those existing information sources, and incorporates newly collected information for those strategies that have been proven effective specifically at reducing substance abuse. The information contained in this document is not intended to promote any one particular strategy over another, but rather to provide the most comprehensive information available in order to assist communities to select the most appropriate strategies to effectively reduce their own local substance abuse rates. In addition to archival sources, the information in this document includes information gleaned from extensive interviews that were conducted with program developers, the scientific research community, and state and community-level prevention practitioners. Whenever available, information and practical considerations regarding lessons learned during actual community implementation have been included.

Applicants are strongly encouraged to read through this guidance document before responding to the Nebraska SICA RFA. Reminder: applications that do not address all of the required elements will be considered non-responsive and will not be reviewed for funding.

HOW TO USE THIS GUIDANCE DOCUMENT

Communities are encouraged to use this document as the third and final companion piece to the other two Nebraska SICA documents developed to assist communities in planning for successful reduction of local substance abuse rates: the Nebraska Partners in Prevention SICA Request for Applications (RFA) and the Evidence-Based Planning Toolkit. All of these documents are available through the Nebraska SICA website at www.nebraskaprevention.gov. In addition to information on substance abuse prevention, this document also contains essential tools and materials for selecting strategies and completing the final steps of the prevention planning process that is outlined in the Nebraska SICA RFA and comprehensively covered in the Evidence-Based Planning Toolkit.

Section II: Section II of this document provides an overview of some key prevention frameworks (i.e. the risk and protective factor and Institute of Medicines (IOM) frameworks), as well as discussion of the distinctions between 1) "science-based" and "promising," and 2) "environmental" and "individual," strategy designations. Community coalitions should use these

overviews to strengthen their understanding of key substance abuse prevention frameworks. More in-depth information on these frameworks is provided in the Appendix F of the Nebraska SICA RFA.

Section III: Section III covers strategy implementation and sustainability issues, and provides information and guidance on some key considerations for community substance abuse prevention planning. These include:

- assessing community readiness
- cultural competency
- developmental appropriateness, and
- adaptation and fidelity

Appendix A: Appendix A of this document provides supporting materials that continue the evidence-based planning process that is outlined in the SICA RFA and covered extensively in the Evidence-Based Planning Toolkit. Communities are encouraged to use the planning logic model template, logic model example, and example implementation plan provided in this document—along with the worksheets and instructions in the Evidence-Based Planning Toolkit—to help them complete their own community plans.

Appendix B: Appendix B contains tools for assessing and addressing community readiness. Successful selection and implementation of strategies is integrally tied to a community's level of readiness to implement the changes needed to achieve social and public health goals. Community coalitions are encouraged to use the community assessment and planning tools provided in this section to analyze their own community's level of readiness for change, and to use that analysis to help them select those strategies most likely to be successful.

Appendices C and D: Appendices C and D contain comprehensive matrices and profiles of those substance abuse strategies that have been proven to be effective in reducing substance abuse, and which are eligible for SICA funding. There are four sets of matrices and profiles, all arranged in alphabetical order: Science-Based – Environmental Approaches; Science-Based – Individual Approaches; Promising – Environmental Approaches; and Promising – Individual Approaches. The matrices provide an at-a-glance overview of the key features of each listed strategy. The set of profiles that follow each matrix provide more comprehensive information on the strategies featured in that matrix. Community coalitions are encouraged to review the matrices first to identify those strategies that 1) are proven effective at the producing the outcomes identified by the community, 2) address the community's priority risk and protective factors, and 3) are appropriate to the community's target population(s) and resources. The profiles for those selected strategies can then be reviewed to collect additional information, and further refine the strategy selection process.

Appendix C: Appendix C contains information on those strategies that have met the criteria for the designation of "science-based." The minimum criteria for science-based designation is that the strategy is based on scientific theory and principles that have been implemented and found to be effective through a formal evaluation that has been published in a peer-reviewed journal. **At least 50% of all funding requested in each application for SICA funding must be allocated to the implementation of science-based prevention strategies.**

Appendix D: Appendix D contains information on strategies that have met the criteria for the designation of being "promising." NePiP has defined promising prevention strategies as strategies that are based upon scientific theory and principles that have been implemented, formally evaluated, and found to produce desired outcomes in behavior, attitude and/or knowledge. **Fifty percent or less of all funding requested in SICA funding applications may be allocated to promising prevention programs.**

As noted above, the strategies in Appendices C and D are divided into separate sections for environmental and individual prevention strategies. Environmental strategies are those strategies that focus on changing conditions within the environment that contribute to the use of alcohol and other drugs—specifically by limiting access to substances and changing social norms that are permissive of substance abuse—in order to decrease the social and health consequences of substance abuse. Environmental prevention strategies can be the most powerful and inherently sustainable strategies for producing significant reductions in substance abuse, and tend to focus on the implementation of policies and practices. Individual strategies focus on the changing the personal attributes of individuals in order to decrease the probability that they will engage in substance abuse. Individual strategies do not include efforts to change the risks that are present in the environment (e.g. availability of alcohol and other drugs, social norms that are permissive of substance abuse), and generally take place as school or community-based programs.

Historically, prevention interventions have tended to rely disproportionately on the use of individual strategies to discourage substance abuse. Communities are strongly encouraged to develop comprehensive community substance abuse prevention plans that include the use of environmental as well as individual approaches.

Appendix E: Prevention is a dynamic and evolving field. Despite attempts to be inclusive and comprehensive, Nebraska Partners in Prevention realizes that there may be prevention strategies that qualify for science-based or promising designation, but that are not included in this document. Appendix E includes guidelines for determining whether a strategy not included in these lists might qualify for science-based or promising designation, and contains detailed instructions on the documentation you would need to submit to nominate a strategy for potential SICA funding.

Appendix F: Appendix F an annotated listing of internet sites that provide information and research on substance abuse prevention strategies that have been proven to be effective. Some of the sites, such as the Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs website (http://modelprograms.samhsa.gov/), provide databases of prevention strategies that can be searched by domain, endorsing agency, setting, age, race/ethnicity, grade, gender, risk and protective factors, Institute of Medicine (IOM) classification, replications and language adaptations. ***Please note:*** *not all programs listed on these sites are eligible for Nebraska SICA funding, so be sure to check Appendices C and D of this document to ensure strategy eligibility.*

Appendix G: Appendix G contains an at-a-glance, alphabetized list of all of the strategies that have been determined to be eligible for SICA funding (and which are described in Appendices C and D of this document), with notations as to whether the strategies have been designated as science-based or promising, and environmental or individual.

Appendix H: Appendix H provides a glossary of the key terms used in this document.

SECTION II:
OVERVIEW OF SUBSTANCE ABUSE PREVENTION

PREVENTION FRAMEWORKS

The following contains a brief review of two key prevention frameworks: the risk and protective factor model and the Institute of Medicine (IOM) prevention classification of target populations. For a detailed discussion of any of these frameworks, please refer to Appendix F of the Nebraska SICA RFA.

RISK AND PROTECTIVE FACTORS

Risk and protective factors exist in all areas of life. The risk and protective factor approach to prevention identifies factors that increase the risk of problems developing and finds ways to reduce those risks. At the same time, this approach identifies and enhances those protective factors that buffer individuals from engaging in problem behavior. Risk factors and protective factors occur in key areas of people's lives and affect how individuals interact with family, school, peers, and the community at large.

David Hawkins, Ph.D., and Richard Catalano, Ph.D., researchers at the University of Washington, have developed a risk and protective factor framework within which they describe societal and cultural factors, as well as individual and interpersonal factors, that place youth at risk for alcohol and other drug abuse problems.

Generally speaking, the greater the number of elevated risk factors a child is exposed to, the more likely it is he or she will abuse drugs. However, not everyone who has risk factors for drug abuse will abuse drugs. Risk factors can produce different effects in different people, depending on a person's stage of development, his or her personality, and the environment in which he or she lives. Prevention and intervention can help reduce or minimize these risk factors.

The presence of protective factors can also lessen the impact of risk factors in a child's life. Protective factors are positive influences in a young person's life that help them deal with challenges more effectively. A supportive family, a strong commitment to school, participation in community activities, and healthy peer behaviors can promote healthy behavior in youth. Prevention and intervention can also help to bolster those protective factors that safeguard youth.

The risk and protective factor approach involves collaborative community efforts to plan and implement multiple, comprehensive strategies that affect individuals, peer groups, families, schools, and communities. Hawkins and Catalano analyzed more than three decades of substance abuse prevention research to determine what types of prevention strategies produce the best outcomes and why. They determined that prevention strategies are most effective when they:

- focus on reducing factors known to increase the risk of substance abuse and increasing factors known to protect youth against substance abuse
- address risk factors at the appropriate developmental stages
- address problems early, before the behavior becomes a habit
- target those individuals and communities who are at greatest risk
- use multiple strategies
- are culturally competent

Locally valid risk and protective factors must be identified and addressed in the process of planning, implementing, and evaluating prevention strategies to meet your community's particular needs.

Risk factors in the Hawkins and Catalano model fall into four categories, or domains: community, family, school, and individual/peer.

The community risk factors include: laws and norms, availability of substances, extreme economic deprivation, and neighborhood disorganization. The family risk factors include: family behavior and attitudes, poor family management practices, family conflict, and low bonding to family. School risk factors include: early and persistent problem behaviors, academic failure, low degree of commitment to school, and peer rejection in elementary schools. Individual/peer risk factors include: association with drug-using peers, alienation and rebelliousness, attitudes favorable to drug use, and early onset of drug use.

Just as each domain has risk factors, each can also offer protection against the development of substance abuse and related problems. Specifically, Hawkins and Catalano identify four types of social bonding that are related to the prevention of substance abuse: strong attachment to parents and family; commitment to school; friendships with peers who practice healthy behaviors and have pro-social attitudes; and belief in the generalized positive expectations, norms, and values of society. Youth who develop strong bonds within the four domains are less likely to abuse substances or engage in other high risk or delinquent behaviors.

The four domains should serve as focus areas in choosing prevention strategies for your community. You may choose multiple prevention strategies, each addressing a single domain, or you may choose a strategy that addresses several domains at once. Whichever route you decide to take, prevention efforts are generally more effective if they address more than one domain and affect people in multiple arenas: e.g. at home, in school, in the workplace, at health care facilities, through the media, in neighborhoods, and in recreational and other community facilities. If prevention messages are to have an impact on youth, it is important that they are relevant and credible to youth, repeated, and reinforced in every setting where youth are present. The matrices and profiles of prevention strategies featured in Appendices C and D of this document contain information—arranged by domain—on the risk, protective, and other factors that are addressed by each strategy.

INSTITUTE OF MEDICINE (IOM) PREVENTION CLASSIFICATION SYSTEM

As you construct your prevention plan, you must take into account your target population. Different approaches work for different groups of people, and the Institute of Medicine classification system identifies three distinct categories that can help you decide what approach best fits the people you are trying to reach. Each of these population categories is likely to exist in your community, and your community prevention plan should carefully match strategies to the populations you are trying to reach. The matrices and profiles of prevention strategies featured in Appendices C and D of this document contain information on the IOM classification for which each strategy has been validated.

Universal prevention strategies target the entire population of a classroom, school, neighborhood, or community with messages, programs, policies and practices aimed at preventing or delaying the use and abuse of alcohol, tobacco and other drugs. These strategies are delivered to groups of

people without regard to individual risk for substance abuse. Strategies are directed at all members of the population—on the premise that all members of the population share the same general risk for substance abuse—even though the risk may vary greatly among individuals.

Selective prevention strategies target a subset of the total population. These individuals are considered to be at risk for substance abuse because they are part of a particular population segment. Selective prevention strategies might target individuals with specific biological, psychological, social, or environmental risk factors known to be associated with substance abuse. Target groups might be also be defined by age, gender, family history, place of residence (such as high drug-use or low-income neighborhoods), or victimization by physical or sexual abuse. As with universal prevention approaches, an individual's personal risk is not specifically assessed or identified. He or she is classified as at-risk based solely on his or her belonging to the particular at-risk group. Although any given individual in the target group might not be at personal risk for substance abuse, others in the same target group might already be abusing substances; the selective prevention strategy is presented to the entire target group because, as a whole, they are at higher risk for substance abuse than the general population.

Indicated prevention strategies target those individuals who are showing early warning signs of substance abuse, such as experimenting with alcohol and other gateway drugs, behavioral problems, and academic failure. Indicated prevention strategies address the risk factors associated with the particular individual, such as conduct disorders and alienation from family, school, and pro-social peers. The goal of indicated prevention strategies is to delay the onset and reduce the severity of substance abuse. Individuals can be referred for involvement in indicated prevention strategies by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people also may volunteer to participate in indicated prevention strategies.

SUBSTANCE ABUSE PREVENTION STRATEGIES

POLICIES, PRACTICES AND PROGRAMS

You know now that prevention is most effective when it addresses multiple risk factors through the use of multiple strategies. But what exactly are these strategies, and how do they differ? Prevention strategies are a combination of policies, programs, and practices that promote the health and well-being of your target population and reduce alcohol, tobacco, and other drug consumption and related problems.

Policies are rules, regulations, standards, or laws that are designed to prevent the abuse of alcohol, tobacco, and other drugs. Examples of policies are zero-tolerance laws, keg registration, and minimum purchase age laws.

Practices are standard activities that are based on policy and are designed to prevent substance abuse. Examples of practices are responsible beverage server training, merchant compliance checks, and sobriety checkpoints.

Programs are structured interventions—which generally have an individual focus but which may include environmental initiatives—that are designed to change physical attributes or social, physical, fiscal, or policy conditions within a defined geographic area or for a defined population.

INDIVIDUAL AND ENVIRONMENTAL SUBSTANCE ABUSE PREVENTION STRATEGIES

Individual approaches to substance abuse prevention define the problem as a personal matter, so the objective of individually-focused prevention approaches is to improve the individual's decision-making or resistance skills. The goal is to change the attitudes or behaviors of particular individuals, decreasing the chance that they will engage in substance abuse. An individual strategy focuses only on individual risk and protective factors; it does not include efforts to change risks that might be present in the individual's environment. While individual approaches are an important component of successful prevention efforts—particularly with high-risk populations—individual strategies alone are not enough. Your prevention work will be most effective if you include strategies that take an environmental approach as well.

Environmental approaches to substance abuse prevention define the problem as a social issue as well as an individual decision. Environmental strategies are focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. Environmental approaches change public laws, policies and practices to create environments that decrease the probability of substance abuse.

Broadly defined, individual strategies are short-term actions focused on changing individual behavior, while environmental strategies involve longer-term, potentially permanent changes that have a broader reach (e.g., policies and laws that affect all members of society).

Strategies can focus on individuals or on the environment in which individuals live. The most effective prevention plans will use both environmental and individual substance abuse prevention strategies.

SECTION III:
IMPLEMENTATION AND SUSTAINABILITY ISSUES: SETTING YOURSELF UP FOR SUCCESS

COMPREHENSIVE PREVENTION PLANNING

Now that your community has used the processes outlined in the Nebraska SICA RFA (and covered in the Evidence-Based Planning Toolkit) to conduct an assessment; identify priority risk, protective and other factors; determine what resources are available; write a problem statement; identify a target population; and develop goals, objectives and outcomes; it's finally time to choose the right strategy or strategies to help you achieve your desired outcomes.

STRATEGY SELECTION

Strategy selection is the step in the prevention planning process where you identify the best way to achieve the outcomes that your community coalition has decided are desirable. After you choose the strategies that best suit your target population's needs and your community's resources, you will have to identify the specific activities that will need to take place in order to put your strategies into action. Then, you will describe the benchmarks (outcome indicators) that will demonstrate that your chosen strategies are on their way to achieving your desired outcomes. Finally, you will describe the concrete products (outputs) of each separate activity that is a sub-component of your overall strategies. The Evidence-Based Planning Toolkit describes all these steps in great detail, and provides worksheets to help you to work through each step.

There are several factors that you will want to consider as you begin the strategy selection process:

- Identified problem;
- Priority risk, protective and other factors and their associated domains;
- Level of community readiness;
- Community resources;
- Target population;
- Fidelity and adaptation challenges;
- Comprehensiveness of approach
- Evaluation; and
- Sustainability of outcomes.

Identified Problem: One of the first steps in the prevention planning process is to write a problem statement describing the most important substance abuse and related problem behaviors that compromise the health and well-being of your community (see Section Three: Problem Statement of the Evidence-Based Planning Toolkit). When you start examining the possible strategies you might implement in order to solve the problem you have identified, you should ask yourself the following question: "Does this strategy address the substance or substances we have found to be the greatest problem in our community?" You will find that some strategies focus on alcohol, some on tobacco, and some on other substances. Still other strategies will have a broader focus and address multiple substances at once.

Priority Risk, Protective and other Factors and their Associated Domains: Through your needs assessment, you will have identified those risk, protective and other factors that are a priority for your community, as well as the domains you most need to address in order to impact those risk and protective factors. Strategies can address risk, protective and other factors within any combination of the four domains: individual/peer, family, school, or community. However, no single strategy addresses all of the risk and/or protective factors in every domain. When you begin to consider different strategies, you should compare them based on how well they fit the priority risk, protective and other factors—and associated domains—that your community has identified through its planning process.

Level of Community Readiness: During the process of community prevention planning, you should also assess your community's level of readiness. Community readiness is the degree to which a community is prepared to plan for—and take action on—an issue. Community readiness is a particularly important consideration for strategy selection, since different prevention strategies are appropriate for different stages of community readiness. You will find more detailed information on community readiness on page 19, and community readiness assessment tools are provided in Appendix B of this document.

Another aspect of community readiness is the degree to which your community's prevention infrastructure has demonstrated the leadership, capacity and processes that are necessary to support your prevention plan. As part of the SICA prevention planning process, you must assess your local prevention system (a detailed explanation of the system assessment process, along with system assessment tools, are available in the Nebraska SICA RFA). As you consider what strategy or strategies to implement, you should carefully consider the ability of your local prevention system to provide the necessary infrastructure to: (1) successfully support strategy implementation, and (2) sustain your community's desired prevention outcomes into the future. Your assessment of the degree of leadership, capacity and processes that exist within your local prevention system's infrastructure will help you to select appropriate prevention strategies to fit your prevention system's current level of development.

Community Resources: As part of your overall community assessment, you must conduct an assessment of the resources (human, financial, and in-kind resources, as well as existing prevention interventions) that exist in your community. As you begin the process of strategy selection, it is important to keep these resources in mind. You will want to ask yourself the question: "Does this strategy replicate a strategy that already exists in our community?" For example, if your priority risk factors are family conflict and family management, but you know through your resource assessment that several local programs already offer parenting classes aimed at the general population (i.e., universal strategies), then you may want to look at implementing a strategy that targets a more specified risk population, i.e., a selective or an indicated strategy. (See pages 12-13 of this document for more information on universal, selective and indicated approaches).

In thinking through issues concerning community resources, you will also want to ask yourself: "Will our community be able to implement this strategy with the resources we have available?" In other words, does your community have the capacity to carry out this strategy? Some of the strategies listed in this document specify training and evaluation components that might require greater time and resources than your community has the capacity to provide at this time. Some strategies include substantial costs for training, staffing, program materials, and evaluation. Furthermore, you will need to examine any requirements related to the number of staff, as well as locations required for activities that are part of the overall strategy you are interested in. Some

strategies are more complicated and involved than others, and require greater resources and expertise to implement.

Target Population: As part of prevention planning, you should have identified the specific population upon which your project will focus. This is your target population. In considering what strategy is the best fit for your chosen target population, you should ask yourself: "Will this strategy reach all of the people we need to reach, and have a measurable impact on all of them?"

Characteristics of your target population include the age, gender, developmental stage and cultural characteristics of those who will be participating in—or affected by—the strategy you ultimately choose to implement. Many of the strategies listed in Appendices C and D have been evaluated with certain age ranges, races, and other specific populations (e.g., rural or urban). However, it is important to realize that just because a strategy has not been tested with your specific target population does not necessarily mean it cannot meet your needs. Talking to program developers and others who have implemented the strategies you are interested in is the best way to find out if they are a good fit for your community.

You may have already decided whether you will be working with a universal, selective or indicated target population (see pages 12-13 of this document, as well as Section Four: Target, of the Evidence-Based Planning Toolkit for more information). If so, you will want to select a strategy that is proven effective for that particular population. You will find that all of the strategies listed in either the Science-Based or Promising Program Matrices in Appendices C and D include information as to whether they are directed at universal, selective or indicated populations.

If you haven't yet identified your population as universal, selective or indicated, you may want to ask yourself the question: "Do we need a strategy that has an impact on the broader community, such as a city or a school, or do we intend to make an impact on a particular segment of our community?" If you need a strategy that affects the larger community, you may want to implement a universal strategy. Otherwise, a selective or indicated strategy may be more appropriate. Another helpful question to ask yourself is: "Do we need to implement a strategy with greater intensity and duration for a specific population with identified risks?" If so, you may want to choose a selective or indicated strategy.

In thinking through issues around your target population, you will also want to consider both environmental and individual strategies (for more information, see page 14 and Appendices C and D of this document, as well as Section Four: Target, of the Evidence-Based Planning Toolkit). While individual strategies focus on changing the attributes of individuals in order to solve substance abuse or related problems, environmental strategies focus on changing the conditions in communities that may contribute to, or protect against, substance abuse. Environmental strategies are almost always universal in their reach, whereas individually focused strategies can target universal, selective or indicated populations. To assist you in your selection process, each of the strategies listed in the Science-Based and Promising Strategies Matrices are organized under separate headings of "Individual Strategies" or "Environmental Strategies."

Fidelity and Adaptation: In order to select the most appropriate strategy or strategies to fit your community prevention plan, you will also need to consider issues around fidelity and adaptation (this topic is covered in more detail on page 26 of this document). *Fidelity* refers to the extent to which the core components of a substance abuse prevention plan are faithfully implemented. *Adaptation* refers to adding or subtracting any components of a strategy, making any changes in those components, or changing the way a strategy is administered. As you examine the strategies

you are interested in implementing, you will want to consider the degree to which you are able to implement the strategy as intended by the developer. If you believe that adaptations will be necessary in order for a strategy to fit your community's needs, you may want to ask yourself the questions: 1) "Is this strategy really a good choice for our community?" and 2) "Can we implement the strategy with fidelity, in order to allow us to be confident that the strategy will have the intended effects?"

Comprehensiveness of Approach: Prevention research tells us comprehensive approaches using multiple strategies are the most effective in changing behavior. This means that we will have the best chance of achieving our desired prevention outcomes if we employ strategies in a variety of settings in as many of the four domains (individual/peer; school; family; community) as is feasible. To assess comprehensiveness, ask yourself the question: "Does the strategy we're interested in address multiple domains using multiple approaches?" The more comprehensive the plan, the more successful it is likely to be.

A comprehensive approach also means that a plan that combines environmental strategies with individual strategies is likely to be more successful than one that focuses on just one or the other. In considering the comprehensiveness of your prevention plan, you may want to ask yourself: "Does the strategy or strategies we are interested in include one or more environmental components, or will we need to select additional environmental strategies that will blend well with this approach?" While some strategies include environmental components, others do not. You may decide to choose additional strategies to broaden the impact of your overall prevention plan, or you may select an environmental strategy and choose to add on individual components. Many prevention strategies will achieve their maximum effects only when combined with other strong approaches.

Evaluation: Evaluation is the process of analyzing whether or not you are on track for achieving your outcomes, and why or why not. It is important to carefully consider your community coalition's ability to evaluate the short-, intermediate– and long-term outcomes for any prevention strategy it is considering for implementation. The SICA initiative requires that both States and their SICA grantees conduct comprehensive evaluations on the effectiveness of strategy implementation. This evaluation process includes actual accomplishments achieving stated goals and objectives (i.e. outcome evaluation), as well as accomplishments in how your project operates (i.e. process evaluation—includes administration, organizational structure, staff training and background, monitoring system, intensity and duration of services provided, cost of services, and budget). As you review the strategies listed in this document, consider how your community will monitor and evaluate the strategy through its implementation process to: 1) achieve continuous improvement, and 2) determine whether outcomes are being achieved.

Sustainability of Outcomes: For the purposes of Nebraska's SICA, sustainability is defined as the process of maintaining and sustaining the outcomes of your community coalition's initiative(s) into the future. Achieving sustainability of *outcomes*, however, may or may not involve continuing any one particular *strategy* over time. Environmental strategies tend to be inherently sustainable because they frequently involve one-time policy or practice changes. Individual strategies may be more resource-intensive to sustain because they tend not to be time-limited, and frequently include significant staffing and other resource requirements. In any event, communities and their needs may likely change over time. Community coalitions are encouraged to think about how they will monitor evolving community needs and contextual conditions, and how they will adapt and/or change strategic approaches as needed to maintain their desired substance abuse prevention outcomes into the future. Because sustainability involves your community coalition's ability to secure needed human resources, financial support, and in-kind

support to ensure that your initiative is able to continue to achieve its targeted outcomes after the original funding period is over, community coalitions are strongly encouraged to carefully analyze each strategy they are contemplating for implementation in order to ensure that it is a good fit with community resources.

IMPLEMENTATION PLANNING

Once you've selected your strategy(ies), identified activities, outcome indicators and outputs, it will be time to construct an implementation plan. This plan will lay out exactly how you will implement the activities that make up the strategy or strategies you have selected. In addition, your implementation plan will help you to create benchmarks that will assist you to identify whether or not your implementation process is going along as planned (these are called process indicators). Your implementation plan is the series of activities you've identified—laid out in chronological order—that need to take place in order for your prevention plan to move forward. A sample implementation plan is included in Appendix E of the Nebraska SICA RFA. The Evidence-Based Toolkit provides more detailed information and worksheets to assist you in working through this process (see Section 9: Implementation Plan & Process Indicators).

COMMUNITY READINESS

COMMUNITY READINESS OVERVIEW

Community readiness is the degree to which a community is prepared to plan for—and take action on—an issue. The community readiness approach addresses developmental stages that a community has to work through in order to move itself forward in successfully achieving and maintaining desired prevention outcomes. In 1995, researchers at the Tri-Ethnic Center for Prevention Research in Colorado found that as communities reached higher levels of readiness to plan for and take action on issues of importance, they were increasingly better able to achieve their desired prevention outcomes. Furthermore, they discovered that communities could implement strategies to move themselves to greater levels of readiness, and thereby increase their chance of achieving success.

It's important to remember that your community can move forward in building a strong local prevention system and creating an effective substance abuse prevention plan **at the same time that it develops and implements a plan to increase community's readiness for prevention**. The community readiness approach requires your community to:

1. Assess community readiness in order to determine its current stage of readiness;
2. Develop a plan and implement readiness strategies to move the community to higher levels of readiness; and
3. Design a community substance abuse prevention plan that uses prevention strategies that match the community's *current* stage of readiness.

STAGES OF COMMUNITY READINESS

To maximize a community's chance of success in achieving its desired substance abuse prevention outcomes, this document includes a process and tools (see Appendix B) to help you to measure your community's current levels of readiness, develop strategies to move your community to the next level of readiness, and select prevention strategies appropriate to the particular stage of readiness at which your community finds itself.

The nine levels of community readiness consist of the following stages:

1. **No Awareness**: At this stage, the issue is not generally recognized by community members or leaders as a problem. The community may unknowingly encourage the behavior, although the behavior may be expected of one group and not another (e.g., by sex, race, social class or age). The behavior, when occurring in the expected social context, is viewed as acceptable or as part of the community norm. "It's just the way things are."

2. **Denial / Resistance**: At this stage, there is usually some recognition by at least a few members of the community that the behavior is or can be a problem, but there is little recognition that it might be a *local* problem. If there is some idea that it is a local problem, there is a belief that nothing needs to be done about it locally, or that nothing *can* be done about it. The community climate tends to match the attitudes of leaders, and may be passive or guarded. "It's not our problem." "We can't do anything about it."

3. **Vague Awareness**: At this stage, there is a general belief by at least some community members that there is a local problem and that something ought to be done about it, but there is no immediate motivation to actually do anything. There may be stories or anecdotes about a problem, but ideas about why the problem occurs and who has the problem tend to be stereotyped and/or vague. No identifiable leadership exists, or leadership lacks energy or motivation for dealing with the problem. The community climate does not serve to motivate leaders.

4. **Pre-Planning**: At this stage, there is clear recognition on the part of at least some in the community that a local problem exists and that something should be done about it. There is general information about local problems, but ideas about risk factors tend to be stereotyped. There are identifiable leaders, and there may be a committee, but no real planning. There is discussion, but efforts are not focused or detailed. The community climate is beginning to acknowledge the necessity for dealing with the problem.

5. **Preparation**: At this stage, planning is going on and focuses on practical details. There is general information about local problems, and about the pros and cons of prevention strategies (programs, policies or practices), but it may not be based on formally collected data. Some strategies may have been implemented on a trial basis. Leadership is active and energetic. Resources (people, money, time, space, etc.) are being actively sought or have been committed. The community climate offers support for the efforts.

6. **Initiation**: At this stage, enough information is available to justify that prevention strategies (policies, programs, practices) are implemented, but knowledge of the underlying causes of the problem is likely to be stereotyped. A strategy has been started and is underway, but is still viewed as a new effort. Staff is in training or just finished with training. There may be great enthusiasm because limitations and problems have not yet been experienced. An improved attitude in community climate is reflected by the modest involvement of community members in the efforts.

7. **Stabilization**: At this stage, one or two strategies are underway, supported by community leaders, and accepted as stable, routine and valuable activities. Staff are generally trained and experienced. There is little perceived need for change or expansion. Limitations may be known, but there is no in-depth evaluation of effectiveness, nor is there a sense that any recognized limitations suggest a need for change. There may be some form of routine

tracking of prevalence. There is an established prevention planning process that moves forward the implementation plan. The community climate generally supports what is occurring.

8. **Confirmation / Expansion**: At this stage, there are standard strategies (policies, programs, practices) in operation in the community. These strategies are viewed as valuable, and community leaders support expanding or improving the prevention planning process. Original efforts have been evaluated and modified, and new efforts are being planned or tried out in order to reach more people (e.g., those thought to be more at risk or different demographic groups). Community members appear comfortable with the strategies being employed. Resources for new strategies are being committed. Data are being obtained regularly on the extent of local problems, and efforts are being made to assess the underlying causes of the problem. Due to increased knowledge and the desire for improved progress, the community climate may challenge specific efforts, but is fundamentally supportive.

9. **High Level of Community Ownership**: At this stage, there is detailed and sophisticated knowledge of the incidence, prevalence, and other factors (e.g. risk and protective) associated with the problem. Some strategies may be aimed at the general population, while others are targeted at specific risk factors or at-risk groups. Highly trained staff is in charge of implementing initiatives. Community leaders are supportive and community involvement is high. Effective evaluation is used to test and modify strategies. Community members are fundamentally supportive, but continue to hold efforts accountable to meet community needs and achieve desired outcomes.

ASSESSING COMMUNITY READINESS

The assessment process requires communities to examine levels of readiness within the following six key dimensions:

- Existing community efforts
- Community knowledge of the efforts
- Leadership (formal and informal)
- Community climate
- Community knowledge about the issue
- Resources related to the issue.

These dimensions should be interpreted within the context of the unique culture of each specific community.

The Tri-Ethnic Center recommends a community readiness process that utilizes in-depth, key-informant interviews that are classified and scored. (For information on the in-depth approach, a free, electronic version of the community readiness handbook can be ordered from the Tri-Ethnic Center's website at http://triethniccenter.colostate.edu/orderform.cfm.) However, the Tri-Ethnic Center has also noted that a brief assessment process may be necessary when there is insufficient time or resources. The Community Readiness Questionnaires (provided in Appendix B of this document) can be used to assess community readiness levels within the readiness domains listed above. These tools provide a simplified version of the community readiness assessment process in which individuals representative of a community can come together to conduct the assessment as a group and arrive at a consensus for scoring each dimension.

PLANNING FOR INCREASING COMMUNITY READINESS

After you have completed your community readiness assessments, the Community Readiness Worksheets provided in Appendix B of this document can be used as a template for creating a plan to increasingly enhance community readiness within each community dimension. In order to effectively move your community through successively higher levels of readiness, it is important to use the same planning logic model that is outlined in the Nebraska SICA RFA and the Evidence-Based Planning Toolkit. That means you will start by identifying the readiness problem that you want to overcome, and then determine the readiness goals, objectives, and outcomes you want to achieve. Finally, you will select specific readiness strategies that you will implement in order to achieve your desired readiness outcomes.

LOGIC MODEL FOR COMMUNITY READINESS

Here is an example logic model for community readiness planning:

Problem Statement: A problem statement is a brief description of the most important issues compromising the readiness of your community to plan for prevention.

Example*: Underage drinking is not recognized as a problem.*

Goals: Goals identify in broad terms how you plan to change things in order to solve the identified problem, and describe the kind of changes in readiness you want to see occur throughout your community.

Example*: To increase recognition among key stakeholders (businesses; politicians) within the community that underage drinking is a problem.*

Objectives: Objectives describe the changes in community conditions that have to take place in order to reach your community readiness goal(s), and address those underlying conditions that contribute to the current level of readiness.

Example*: To increase the number of business leaders and local politicians who understand the connection between negative community events (e.g., car crashes; violence) and underage drinking.*

Outcomes: Outcomes are specific, measurable, and time-limited statements that describe the tangible accomplishments that demonstrate that progress is being made.

Example*: The number of business leaders and local politicians who understand that underage drinking is a problem will increase from 5% to 20% by June 30, 2004.*

Strategy: Strategies describe a course of action that is selected in order to achieve an objective. Strategies include all policies, programs, and practices that promote community readiness.

Example*: Small-group discussions with business leaders and politicians to identify the harmful consequences of underage drinking.*

It is important to differentiate between: 1) those strategies that you will use to move your community forward in terms of readiness, and, 2) those strategies you will use to help solve those problems in your community that are associated with substance use and abuse. In the first case,

you can use the Community Readiness Worksheets to help you to identify *readiness* strategies to help increase your community's capacity to effectively implement prevention projects. In the second case, you will be selecting *prevention* strategies to help solve your community's substance use and related problems. While these are two different kinds of planning processes, they do influence each other. Specifically, your community's level of readiness will influence the *kind* of prevention strategy your community is likely to be able to successfully implement.

USING COMMUNITY READINESS TO ASSIST IN PREVENTION STRATEGY SELECTION

Community readiness is a particularly important consideration for strategy selection since different prevention strategies are appropriate for different stages of community readiness. Strategies that are beyond the community's current level of readiness for prevention are likely to fail if the community is not ready to accept or endorse them. Therefore, as communities prepare to select the appropriate strategies to fit their community's prevention plan, it is important that they take into account their community's level of readiness and be careful to select only those substance abuse prevention strategies that are most appropriate to those levels.

CULTURAL COMPETENCY

OVERVIEW

Cultural competence (which includes linguistic competence and inclusive practices) is an essential component of any community effort to successfully plan for—and implement—strategies to achieve desired substance abuse prevention outcomes. Cultural competency addresses a broad range of factors—including race and ethnicity, gender, age, religious belief, ideological frameworks, socio-economic status and rural/urban demographics—and it is most accurately viewed as a continuing process rather than a concrete end. Over time, individuals, agencies, organizations and systems can become more culturally competent as their levels of awareness, knowledge and capacity for cultural competence increase.

Contextual conditions for planning for substance abuse prevention in Nebraska include increasingly diverse populations that are widely and unevenly dispersed throughout the state in settings ranging from intensely urban to extremely frontier. Throughout the SICA process, you are encouraged to carefully analyze the unique contextual and cultural conditions that characterize your community, and to work to increase your cultural and linguistic competence and inclusiveness throughout each phase of the SICA process.

The following definitions and explanation of the terms "cultural competency," "linguistic competency" and "inclusion"—as adopted and/or developed by NePiP—are provided to help your community coalition ensure the selection of substance abuse prevention strategies that are locally and culturally-appropriate to your community.

Cultural Competency (as developed by the National Center for Cultural Competency[1]): "A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

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[1] Cross, T., et. Al., (1989). *Toward a Culturally Competent System of Care, Volume I*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

The word "culture" is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word "competence" is used because it implies having the capacity to function effectively.

Five essential elements contribute to a system's, institution's, or agency's ability to become more culturally competent:

- Valuing diversity;
- Having the capacity for cultural self-assessment;
- Being conscious of the dynamic inherent when cultures interact;
- Having institutionalized culture knowledge; and
- Having developed adaptations to service delivery reflecting an understanding of cultural diversity.

These five elements should be manifested at every level of an organization including policy making, administration, and practice. Further, these elements should be reflected in the attitudes, structures, policies and services of the organization."

Linguistic Competency and Appropriateness: "The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity. "[2]

Like culture, language affects how individuals respond to and access opportunities in their communities. Communities that make a good faith effort to move toward linguistic competence in the implementation of prevention strategies will be best positioned to achieve their desired substance abuse prevention outcomes.

Inclusion: "The right of all of Nebraska's diverse populations to participate fully and equally in decision-making, policy development, and implementation of programs, policies and practices."[3]

In order for your community planning and implementation efforts to be truly inclusive, all populations within your community—including hard-to-reach populations—must be fully engaged in mobilizing and planning for prevention, as well as in the implementation of specific substance abuse prevention strategies. Truly inclusive practices go beyond simply issuing invitations to participate, and include active removal of barriers to participation as well as shared leadership and decision making.

DEMONSTRATING CULTURAL COMPETENCY IN THE SICA APPLICATION PROCESS

As part of the community mobilization and prevention system development process, you must demonstrate active commitment to cultural competency. This includes analyzing and defining your community and the target population to be served, identifying key stakeholders and

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[2] http://www.georgetown.edu/research/gucdc/nccc/framework.html#lc National Center for Cultural Competence, Georgetown University Child Development Center, CASSP Technical Assistance Center.

[3] Nebraska Partners in Prevention Best Practices Work Group; Cultural Competency Subcommittee

including them in your community planning processes, and conducting a preliminary assessment of both the cultural competence and inclusiveness of your community's existing local prevention system. Appendix B of the Nebraska SICA RFA includes prevention system assessment matrices with indicators for the systems changes areas of cultural competency ("Capacity" matrix) and inclusion ("Leadership" matrix). Furthermore, you must demonstrate that project staff are culturally competent, trained and qualified to address the cultural context(s) of communities being served.

SELECTING CULTURALLY COMPETENT SUBSTANCE ABUSE PREVENTION STRATEGIES

The selection and implementation of culturally and linguistically appropriate strategies is a critical factor in successfully achieving community substance abuse prevention outcomes. Selected prevention strategies must be accessible to, inclusive of, and appropriate for the unique qualities of the populations to be served.

The Science-Based (Appendix C) and Promising (Appendix D) Strategies Matrices contained in this document provide important information about the appropriateness of each featured strategy with regard to:

- target populations to be served (i.e. age and gender);
- target settings appropriate for strategy implementation (e.g. rural, urban, suburban, and other localized locations of strategy implementation);
- validated cultural adaptations of the strategy, if available; and
- ethnic populations for which the strategy is appropriate, including distinctions between whether the strategy has been validated for a culturally-specific context versus merely replicated in a setting that included members of a specific culture, race or ethnicity.

You should carefully analyze the appropriateness of strategies with regard to the age, gender, setting and ethnic and cultural composition of the selected target population. In addition, you should ensure that your implementation plan includes the use of culturally competent staff, as well as budgeted amounts for any prospective costs associated with ensuring culturally competent strategy implementation, such as interpretation and/or translation services, close captioning, special training or materials development, increased mileage expense for rural areas, etc.

Information on issues related to adaptation of—and fidelity to—established strategy protocols are included in the section on Fidelity/Adaptation, starting on page 26 of this document.

DEVELOPMENTAL APPROPRIATENESS

As you read through the Science-Based and Individual Strategies Matrices and Profiles in Appendices C and D of this document, it is important that you pay particular attention to the information on developmental appropriateness. At different ages, youth are in different stages of development, and you will want to make sure that the strategy you select is developmentally appropriate and validated for the target population upon which you have chosen to focus.

Considering developmental appropriateness is important for both environmental and individual strategies. While most environmental strategies are directed at the community at large, there may be components that are intended to reach specific sub-populations. For example, there may be components of a media campaign that are aimed at teens and other components aimed at parents. In this case, you will need to make sure that your media message is effective (developmentally

appropriate) for the specific group targeted. With individual strategies, your target population *may* be more narrowly focused. For example, you may be directing your efforts at 12-year-olds, or at middle-school students who are children of alcoholics. In these cases, you will also need to ensure your strategy is appropriate to the developmental stage of the specific group you are targeting.

STAGES OF DEVELOPMENT

Considering developmental appropriateness means thinking carefully about the stage of development of your target population, and what kinds of strategies are most appropriate to that stage. For example, in the upper elementary grades, children are more influenced by parents and teachers than by peers. Those strategies that focus on parental involvement, provide accurate information, and develop competency in decision-making and social skills may be most appropriate for this age group.

By junior high or middle school, peers and role models become increasingly important to students, and social pressures begin to play a much larger role in shaping behavior. Strategies that focus on building skills to strengthen the ability of a child to be aware of—and resist—external pressures (the social influence model), and that include cooperative learning or peer education, may be most effective for this target age range.

By high school, students are primarily concerned with individual identity and are most oriented to peers and role models. The most effective strategies for these students often: 1) include booster sessions to reinforce skills learned earlier in social influence approaches; 2) incorporate youth input; and, 3) offer alcohol- and drug-free, pro-social activities. The value of such strategies is increased when they are led by peers who model "no-use" norms.

Because transitions—such as going from elementary to middle school or middle school to high school—can be stressful, strategies planned around these turning points can be particularly effective, provided the activities are appropriate to the age and stage of the child's development.

Developmental stages and life transitions can involve biological, psychological, or social circumstances that can increase the risk of substance abuse. Whether the stages or transitions are expected (such as puberty, adolescence, or graduation from school) or unexpected (for example, the sudden death of a loved one), they should be addressed by preventive interventions as soon as possible—even before each stage or transition—whenever feasible.

ADAPTATION AND FIDELITY

The term *fidelity* refers to the extent to which there is faithful adherence to the core components of a substance abuse prevention strategy (as identified by the developer of that strategy) when the strategy is implemented by others in new and varied settings. The term *adaptation* refers to adding or subtracting any of a strategy's components, altering those components, or changing the way a strategy is administered. To ensure a good outcome, it is important to implement prevention strategies with fidelity. Each prevention strategy included in this document has achieved validated outcomes. Changing any part of the strategy changes your chances of achieving the same outcomes.

To limit the need to make adaptations, or to limit the number of adaptations you need to make to

a strategy, there are steps you can take *before* choosing a specific prevention strategy to implement in your community:

- Identify and understand the strategy's core values, assumptions and components. (Core components are those elements that are essential to achieving positive outcomes.)
- Identify any truly unique characteristics of your target population, and determine whether adaptation is needed to address those characteristics.
- Determine that you have sufficient resources and capacity (personnel, materials, funding) to successfully implement the strategy you are considering.
- Make sure you have the necessary community buy-in, community readiness, and prevention system support to effectively implement the strategy and sustain desired outcomes over the long term.
- Determine that you have the capacity to gather the necessary data—including baseline data—to adequately evaluate the strategy.

BALANCING FIDELITY AND ADAPTATION

Choosing strategies that are most closely aligned to your community's contextual conditions, needs and resources—and to the target population identified by your community coalition during your community's planning process—is a critical step in reducing substance abuse. It is possible you won't find a strategy that exactly matches your situation. You may find that a strategy that seems to be a good fit with your desired outcomes, risk and protective factors, and target population may be a less than perfect fit due to requirements associated with implementation and evaluation and your community's capacity and/or readiness to meet those requirements. When strategies are carefully selected but still present challenges to implement due to capacity limitations of the community coalition, coalitions are strongly encouraged to build capacity (e.g. seek additional resources) before contemplating seeking adaptations to strategies.

You may also find that a strategy targets the risk, protective and other factors you want to address, is directed at those outcomes your community has identified as highest priority, and is developmentally appropriate (age range) for your target population, but has not been validated or replicated within the cultural context of your target population (e.g., rural Native American girls). In a situation such as this, consult with the developer of the strategy for input and assistance in adapting the strategy to meet your community's specific needs. Even a strategy that has yet to be tested with your particular target population may still be able to meet your needs as it is currently designed.

Adaptations generally fit into the following categories:

- Structural changes (e.g., number of sessions, setting, target population)
- Changes to content (e.g., curriculum, activities)
- Changes to the method of delivery (e.g., peer-led, cultural adaptations)

Because the structure, content, and delivery of each strategy constitute core elements of the intervention, any adaptations must be carefully considered. Researchers and developers of science-based and promising strategies are legitimately concerned that significant changes to those strategies will weaken their effectiveness.

It is always important to maintain consistency with those scientific prevention principles upon which the strategy is based. The Science-Based and Promising Strategy Matrices and Profiles contain information on the scientific principles behind each listed strategy. For a comprehensive

listing of general, scientifically-validated prevention principles, see Appendix I of the Nebraska SICA RFA.

TECHNICAL ASSISTANCE

Many developers of strategies offer training and technical assistance to help agencies, communities, and schools to: 1) implement strategies with fidelity, and/or 2) develop adaptations that that maintain the fundamental integrity of the strategy. As you plan your budget, be aware that you might need to build in funding for additional training to make sure the strategies you choose are implemented with fidelity. Working with researchers and program developers can help you find the balance between making the necessary adaptations to ensure a strategy is responsive to the needs of your community, and simultaneously ensuring that the core, science-based elements of the strategy remain intact. Achieving desired outcomes with any adapted strategy is more likely if the core elements of that strategy are maintained.

DOCUMENTATION

Any requested adaptations for a strategy selected for SICA funding will be considered through an approval process that will involve the Nebraska statewide evaluation team and senior SICA staff.

Any proposed adaptations to a strategy, no matter how small, must be thoroughly documented by the requesting community coalition. This documentation should include justification and rationale for the requested adaptation, as well as information on proposed changes to strategy implementation and adaptations to the original strategy design. Consider that making adaptations to a strategy might also mean you will need to make changes to the evaluation design. These proposed changes also should be documented, with the rationale clearly spelled out. . The evaluation team and SICA staff will then work with the community coalition to craft acceptable adaptations or suggest changes in coalition capacity that alleviate the need for adaptations in the first place.

It is necessary to demonstrate a clear understanding of the adaptations made to a strategy in order to accurately assess fidelity, and it is essential to assess fidelity in order to understanding the impact of the strategy. A careful account of how a strategy was adapted will provide guidance in future attempts at successful implementation.

APPENDIX A
PLANNING LOGIC MODEL, PART TWO:
STRATEGIES THROUGH EVALUATION AND SUSTAINABILITY

A-1: LOGIC MODEL TEMPLATE, PART TWO
A-2: EXAMPLE LOGIC MODEL
A-3: EXAMPLE IMPLEMENTATION PLAN

IMPORTANT NOTE: THIS LOGIC MODEL INCLUDES ONLY THE LATTER STEPS OF THE PLANNING PROCESS. THE FIRST HALF OF THE LOGIC MODEL, WHICH INCLUDES THE STEPS FOR CONDUCTING A COMMUNITY ASSESSMENT, DEFINING TARGET POPULATION, GOALS, OBJECTIVES AND OUTPUTS, IS INCLUDED IN THE NEBRASKA SICA RFA.

APPENDIX A-1
LOGIC MODEL TEMPLATE, PART TWO

STEP SIX: Select Strategy(ies)	**STEP SEVEN:** Identify Activities	**STEP EIGHT:** Select Outcome Indicators	**STEP NINE:** Identify Outputs	**STEP TEN:** Develop Implementation Plan	**Step Eleven:** Select Process Indicators
QUESTION: What strategy or strategies are the most appropriate fit?	**QUESTION:** What specific actions must be implemented in order to carry out the strategy?	**QUESTION:** What are the benchmarks that indicate you are on the road to achieving desired outcomes?	**QUESTION:** What are the quantifiable measures of each activity?	**QUESTION:** How will your prevention plan unfold?	**QUESTION:** What are the indicators that show the implementation process is on track?
ACTION: 1. Consider the following factors: • Identified problem • Prioritized risk, protective and other factors • Level of community readiness • Resources • Issues around target population • Adaptation & fidelity • Comprehensiveness • Evaluation • Sustainability 2. Examine the theory of behavior change connected to strategies of interest 3. Select the most appropriate strategy or strategies	**ACTION:** 1. Develop one or more activities (sub-components of strategies) that must be implemented in order for the strategy to be operational.	**ACTION:** 1. Identify the measurable changes you expect to see every step of the way as you move forward in achieving your outcomes. 2. Identify at least one outcome indicator for every outcome you plan to achieve. If your outcome is three or more years away, you should include two or more outcome indicators. 3. Ensure outcome indicators are logically linked to both activities and outcomes.	**ACTION:** 1. Develop the concrete measures that help support the eventual achieve-ment of outcomes.	**ACTION:** 1. Plan exactly how to implement the strategies you have selected. 2. Include who will be responsible for carrying out each activity 3. Include a time-line (start and end dates) for each activity 4. Include the outputs for each activity	**ACTION:** 1. Develop the mini-steps that have to be taken in order for an activity to be completed.

APPENDIX A-2

EXAMPLE LOGIC MODEL, PART TWO

STEP SIX: Strategy Selection	**STEP SEVEN:** Identify Activities	**STEP EIGHT:** Select Outcome Indicators	**STEP NINE:** Identify Outputs	**STEP TEN:** Develop Implementation Plan	**Step Eleven:** Select Process Indicators
QUESTION: What strategy or strategies are the most appropriate fit?	**QUESTION:** What specific actions must be implemented in order to carry out the strategy?	**QUESTION:** What are the benchmarks that indicate you are on the road to achieving desired outcomes?	**QUESTION:** What are the quantifiable measures of each activity?	**QUESTION:** How will your prevention plan unfold?	**QUESTION:** What are the indicators that the implementation process is on track?
Enforcement: enforce laws prohibiting alcohol sales to minors. Education: conduct merchant education.	Compliance checks of alcohol retailers to identify sales to minors. Merchant education training is developed and provided to all alcohol retail outlet employees.	The compliance rate for Saline City alcohol outlets will increase by 15% by 6/30/04 and by 25% by 6/30/05. The percent of students 12-17 who report obtaining alcohol from retail outlets will decrease by 15% by 6/30/04 and by 25% by 6/30/05.	The number of compliance checks completed each year The number of youth volunteers trained to assist in compliance checks. The number and/or percentage of clerks who complete merchant education training.	*See attached implementation plan*	A merchant education program will be developed and implemented by 12/30/03. All Saline City alcohol sales clerks will be trained by 6/30/04.
Education: conduct parent education	Implement the "Parenting Wisely" program in partnership with Saline City middle and high schools	The number of Saline City parents who report attitudes favorable to allowing youth access to alcohol in their homes will decrease by 15% by 6/30/04, 25% by 6/30/05.	The number of parents who complete the "Parenting Wisely" Program.	*See attached implementation plan*	A trial pilot program of "Parenting Wisely" will be implemented within a $15,000 budget by 3/30/04.

APPENDIX A-3

EXAMPLE IMPLEMENTATION PLAN

Goal: *Decrease alcohol use by youth aged 12 to 17.*

Objective: *Increase the number of retail alcohol outlets that refuse to sell alcohol to minor youth aged 12 to 1* **Outcome**: *By June 30, 2006 the rate at which youth are able to access alcohol through retail outlets will decrease by 33%.* **Strategies**: *(1) Enforce laws prohibiting retail alcohol sales to minors; (2) Conduct merchant education.*				
Activities	**Who is Responsible**	**Time-Line:**		**Outputs**
		Start-Date	**End-Date**	
Merchant education provided to all alcohol retail outlet employees.	*Jane Doe, Responsible Beverage Service Program Administrator*	*5/1/04*	*6/1/04*	*The number and/or percentage of clerks who complete merchant education training.*
Compliance checks of alcohol retailers to identify sales to minors	*Joe Smith, Chief of Police*	*7/1/04*	*10/1/04*	*The number of youth volunteers trained to assist in compliance checks.* *The number of compliance checks completed*
Objective: *Decrease access to alcohol in the home by youth aged 12 to 17.* **Outcome**: *By June 30, 2006, the percent of Saline City parents who report attitudes favorable to allowing youth access to alcohol in their homes will decrease by 35%.* **Strategy**: *Conduct parent education*				
Implement the "Parenting Wisely" program in partnership with Saline City middle and high schools	*Tim Jones, "Parenting Wisely" Program Coordinator; Mary Green, After School Program Coordinator for Saline City Middle School; John Brown, After School Program Coordinator for Saline City High School*	*1/1/05*	*6/1/05*	*The number of parents who complete the "Parenting Wisely" Program.*

APPENDIX B
COMMUNITY READINESS TOOLS:

B-1: INSTRUCTIONS
B-2: QUESTIONNAIRES
B-3: WORKSHEETS
B-4: COMMUNITY READINESS LOGIC MODEL

APPENDIX B-1
COMMUNITY READINESS INSTRUCTIONS

1. Score your community's readiness along each of the five dimensions. Use the questionnaire for each dimension as a reference point. (The dimensions of readiness are: (1) Community efforts; (2) Community knowledge of efforts; (3) Leadership; (4) Community Climate; (5) Community knowledge about the issue; and (6) Resources related to the issue.)

2. Discuss the readiness scores for each dimension. Prioritize the dimensions based on the extent to which your coalition has the leadership, capacity and processes in place to effectively handle them. Choose the highest priority dimension.

3. Look at the score for the priority dimension you have chosen to work on. Go to the Community Readiness Work Sheet that corresponds to that score. Complete the worksheet. Identify appropriate strategies that your coalition can use in your community to increase readiness within your prioritized dimension.

Community Readiness Scores

Dimension	Score
(1) Community efforts	
(2) Community knowledge of efforts	
(3) Leadership	
(4) Community Climate	
(5) Community knowledge about the issue	
(6) Resources related to the issue	

APPENDIX B-2

COMMUNITY READINESS QUESTIONNAIRES

Existing Community Efforts

0
-
-
-
1 No awareness of the need for efforts to address the issue.
-
-
-
2 No efforts addressing the issue.
-
-
-
3 A few individuals recognize the need to initiate some type of effort, but there is no
- immediate motivation to do anything.
-
-
4 Some community members have met and have begun a discussion of developing community
- efforts.
-
-
5 Efforts (programs/activities) are being planned.
-
-
-
6 Efforts (programs/activities) have been implemented.
-
-
-
7 Efforts (programs/activities) have been running for several years.
- .
-
-
8 Several different programs, activities and policies are in place, covering different age
- groups and reaching a wide range of people. New efforts are being developed based on
- evaluation data.
-
9 Evaluation plans are routinely used to test effectiveness of many different efforts, and
- the results are being used to make changes and improvements.
-
-
10

Community Knowledge of the Efforts

0
-
-
-
1 Community has no knowledge of the need for efforts addressing the issue.
-
-
-
2 Community has no knowledge about efforts addressing the issue.
-
-
-
3 A few members of the community have heard about efforts, but the extent of their
- knowledge is limited.
-
-
4 Some members of the community know about local efforts.
-
-
-
5 Members of the community have basic knowledge about local efforts (e.g., purpose).
-
-
-
6 An increasing number of community members have knowledge of local efforts
- and are trying to increase the knowledge of the general community about these
- efforts.
-
7 There is evidence that the community has specific knowledge of local efforts
- including contact persons, training of staff, clients involved, etc.
-
-
8 There is considerable community knowledge about different community efforts,
- as well as the level of program effectiveness.
-
-
9 Community has knowledge of program evaluation data on how well the different
- local efforts are working and their benefits and limitations.
-
-
10

Leadership (includes appointed leaders & influential community members)

0
-
-
-
1 Leadership has no recognition of the issue.
-
-
-
2 Leadership believes that this is not an issue in their community.
-
-
-
3 Leader(s) recognize(s) the need to do something regarding the issue.
-
-
-
4 Leader(s) is/are trying to get something started.
-
-
-
5 Leaders are part of a committee or group that addresses this issue.
-
-
-
6 Leaders are active and supportive of the implementation of efforts.
-
-
-
7 Leaders are supportive of continuing basic efforts and are considering resources
- available for self-sufficiency.
-
-
8 Leaders are supportive of expanding/improving efforts through active participation
- in the expansion/improvement.
-
-
9 Leaders are continually reviewing evaluation results of the efforts and are modifying
- support accordingly.
-
-
10

Community Climate

0
-
-
-
1 The prevailing attitude is that it's an accepted part of community life.
- "It's just the way things are."
-
-
2 The prevailing attitude is "There's nothing we can do," or "Only 'those' people do that."
-
-
-
3 Community climate is neutral, disinterested, or believes that the issue does not affect
- the community as a whole.
-
-
4 The attitude in the community is now beginning to reflect interest in the issue.
- "We have to do something, but we don't know what to do."
-
-
5 The attitude in the community is "This is our problem" and they are beginning to reflect
- modest support for efforts.
-
-
6 The attitude in the community is "This is our responsibility" and is now beginning
- to reflect modest involvement in efforts.
-
-
7 The majority of the community generally supports programs, activities, or policies.
- "We have taken responsibility."
-
-
8 Some community members or groups may challenge specific programs, but the
- community in general is strongly supportive of the need for efforts. Participation level
- is high. "We need to keep up on this issue and make sure what we are doing is
- effective."
9 All major segments of the community are highly supportive, community members
- are actively involved in evaluating and improving efforts and demand accountability.
-
-
10

Community Knowledge about the Issue

0
-
-
-
1 Not viewed as an issue.
-
-
-
2 No knowledge about the issue.
-
-
-
3 A few in the community recognize some signs and symptoms.
-
-
-
4 Some community members recognize the signs and symptoms of this issue,
- but information is lacking.
-
-
5 Community members know that the signs and symptoms of this issue occur locally,
- and general information is available.
-
-
6 A majority of community members know the signs and symptoms of the issue
- and that it occurs locally and there are local data available.
-
-
7 Community members have knowledge of, and access to, detailed information about
- local prevalence.
-
-
8 Community members have knowledge about prevalence, causes, risk factors, and
- consequences.
-
-
9 Community members have detailed information about the issue as well as information
- about the effectiveness of local programs.
-
-
10

Resources Related to the Issue (people, money, time, space, etc.)

0
-
-
-
1 There is no awareness of the need for resources to deal with this issue.
-
-
-
2 There are no resources available for dealing with the issue.
-
-
-
3 The community is not sure what it would take, or where the resources would come
- from, to initiate efforts.
-
-
4 The community has individuals, organizations and/or space available that could be.
- used as resources.
-
-
5 Some members of the community are looking into the available resources.
-
-
-
6 Resources have been obtained and/or allocated for this issue.
-
-
-
7 A considerable part of support of on-going efforts are from local sources that are
- expected to provide continuous support. Community members and leaders are
- beginning to look at continuing efforts by accessing additional resources.
-
8 Diversified resources and funds are secured and efforts are expected to be
- permanent. There is additional support for further efforts.
-
-
9 There is continuous and secure support for programs and activities, evaluation is
- routinely expected and completed, and there are substantial resources for trying new
- efforts.
-
10

APPENDIX B-3
WORKSHEETS

Community Readiness Work Sheets

Community Readiness for Substance Abuse Prevention

Community Readiness is the extent to which a community is adequately prepared to implement a substance abuse prevention plan. A community must have the support and commitment of its members and the needed resources to implement effective prevention initiatives.

Prevention researchers at the Tri-Ethnic Center for Prevention Research have found that as communities achieve higher stages of readiness they are increasingly successful at achieving their desired prevention outcomes. Therefore, increasing a community's readiness to implement prevention strategies improves the likelihood that the prevention effort will succeed. The Tri-Ethnic Center researchers identified nine stages of community readiness, as well as six key community "dimensions": 1) existing community efforts, 2) community knowledge of efforts, 3) leadership (both formal and informal), 4) community climate, 5) community knowledge about the issue, and 6) resources related to the issue.

Because community readiness is a process, the factors associated with it can be objectively assessed and systematically addressed. After you have completed your community readiness assessments, the following Work Sheets can be used as a template for creating a plan to successively enhancing community readiness for each community dimension.

STAGE 1: NO AWARENESS

IN GENERAL: The issue is not generally recognized by the community members or leaders as a problem. The community may unknowingly encourage the behavior, although the behavior may be expected of one group and not another (e.g., by sex, race, social class or age). The behavior, when occurring in the appropriate social context, is viewed as acceptable or as part of the community norm. "It's just the way things are."

DIMENSION:

- ☐ Existing Community Efforts
- ☐ Leadership
- ☐ Community Knowledge about the Issue
- ☐ Community Knowledge of Efforts
- ☐ Community Climate
- ☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Small-group and one-on-one discussions (visits or phone calls) with community leaders and residents to identify perceived benefits of substance abuse prevention, and how community norms reinforce use.
- Small-group and one-on-one discussions (visits or phone calls) with community leaders and other allies to discuss why they might want to support the coalition's prevention planning work.
- Visit existing and established small groups to inform them of the issue.

STAGE 2: DENIAL/RESISTANCE

IN GENERAL: There is usually some recognition by at least some members of the community that the behavior is or can be a problem, but there is little recognition that it might be a *local* problem. If there is some idea that it is a local problem, there is a belief that nothing needs to be done about it locally, or that nothing *can* be done about it. "It's not our problem." "We can't do anything about it." The community climate tends to match the attitudes of leaders and may be passive or guarded.

DIMENSION:

- ☐ Existing Community Efforts
- ☐ Leadership
- ☐ Community Knowledge about the Issue
- ☐ Community Knowledge of Efforts
- ☐ Community Climate
- ☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Educational outreach to community leaders and community groups in order to generate interest in co-sponsoring local effort to focus on the costs (e.g. health, psychological and social) of substance abuse.
- Approach and engage local educational/health outreach partners to assist in the effort with flyers, posters or brochures.
- Use of local incidents in one-on-one discussions and educational outreach that illustrate the harmful consequences of substance abuse.
- Prepare and submit articles for church bulletins, local newsletters, club newsletters, newspaper editorials, etc.

STAGE 3: VAGUE AWARENESS

IN GENERAL: There is a general belief by at least some community members that there is a local problem and that something ought to be done about it, but there is no immediate motivation to do anything about it. There may be stories or anecdotes about a problem, but ideas about why the problem occurs and who has the problem tend to be stereotyped and/or vague. No identifiable leadership exists, or leadership lacks energy or motivation for dealing with the problem. The community climate does not serve to motivate leaders.

DIMENSION:

- ☐ Existing Community Efforts
- ☐ Leadership
- ☐ Community Knowledge about the Issue
- ☐ Community Knowledge of Efforts
- ☐ Community Climate
- ☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Educational outreach programs on local, state and national rates of substance abuse and rates in communities with similar characteristics, including use of local incidents that illustrate harmful consequences of substance abuse.
- Local media campaigns that emphasize consequences of substance abuse.
- Begin to initiate events (e.g. meetings, potlucks, etc.) to present information on the issue.
- Conduct informal local surveys/interviews with community people by phone or door to door.
- Publish newspaper editorials and articles containing general information that is related to the local situation.

STAGE 4: PREPLANNING

IN GENERAL: There is clear recognition on the part of at least some in the community that a local problem exists and that something should be done about it. There is general information about local problems, but ideas about risk factors tend to be stereotyped. There are identifiable leaders, and there may be a committee, but no real planning. There is discussion, but efforts are not focused or detailed. The community climate is beginning to acknowledge the necessity for dealing with the problem.

DIMENSION:

- ☐ Existing Community Efforts
- ☐ Leadership
- ☐ Community Knowledge about the Issue
- ☐ Community Knowledge of Efforts
- ☐ Community Climate
- ☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Educational outreach to community leaders and sponsorship groups that illustrates why these leaders and groups should be invested in the prevalence rates and causes of substance abuse.
- Educational outreach that introduces the concept of prevention and illustrates specific prevention strategies adopted by communities with similar profiles.
- Local media campaigns and public service announcements emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention strategies.
- Review existing prevention strategies in the community to determine who has benefited and what the degree of success has been.
- Identify need for, and duplication of, prevention strategies.
- Develop forums for discussing issues.
- Begin networking with members of the community prevention system that aren't yet involved.

STAGE 5: PREPARATION

IN GENERAL: Planning is going on and focuses on practical details. There is general information about local problems, and about the pros and cons of prevention strategies (programs, policies or practices), but it may not be based on formally collected data. Some strategies may have been implemented on a trial basis. Leadership is active and energetic. Resources (people, money, time, space, etc.) are being actively sought or have been committed. The community climate offers support for the efforts.

DIMENSION:

- ☐ Existing Community Efforts
- ☐ Leadership
- ☐ Community Knowledge about the Issue
- ☐ Community Knowledge of Efforts
- ☐ Community Climate
- ☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Educational outreach available to the general public on specific prevention outcomes that are desired, and how prevention planning can lead to those outcomes.
- A local media campaign describing the benefits of prevention strategies for reducing consequences of substance abuse.
- Conduct school and/or community drug and alcohol surveys.
- Present in-depth local statistics.
- Determine and publicize the costs of the problem in the community.
- Conduct public forums to inform about prevention planning work.
- Utilize key leaders and allies to speak to groups and participate in local radio and television shows.

STAGE 6: INITIATION

IN GENERAL: Enough information is available to justify that prevention strategies (policies, programs, practices) are implemented, but knowledge of the underlying causes of the problem is likely to be stereotyped. A strategy has been started and is underway, but is still viewed as a new effort. Staff is in training or just finished with training. There may be great enthusiasm because limitations and problems have not yet been experienced. An improved attitude in community climate is reflected by the modest involvement of community members in the efforts.

DIMENSION:

- ☐ Existing Community Efforts
- ☐ Leadership
- ☐ Community Knowledge about the Issue
- ☐ Community Knowledge of Efforts
- ☐ Community Climate
- ☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Provide training for program staff (paid and volunteer) on the consequences and causes of substance abuse, and the nature of the problem in the local community.
- Provide training on conducting local needs assessments to target specific groups in the community for prevention efforts, with trainers either brought in from the outside, or staff sent to trainings sponsored by professionals.
- Provide training on evaluation, new trends in substance abuse and new initiatives in prevention strategies, with trainers either brought in from the outside, or staff sent to trainings sponsored by professionals.
- Begin preparation of a community risk and protective factor profile.
- Publicize the kickoff of new strategies, and report early successes to the public.
- Conduct special meetings with community leaders and local sponsorship groups to provide an update and review of initial activities.
- Begin to formalize networking with members of the community prevention system through the use of signed agreements.

STAGE 7: STABILIZATION

IN GENERAL: One or two strategies are underway, supported by community leaders, and accepted as stable, routine and valuable activities. Staff are generally trained and experienced. There is little perceived need for change or expansion. Limitations may be known, but there is no in-depth evaluation of effectiveness, nor is there a sense that any recognized limitations suggest a need for change. There may be some form of routine tracking of prevalence. There is an established prevention planning process that moves forward the implementation plan. The community climate generally supports what is occurring.

DIMENSION:

☐ Existing Community Efforts
☐ Leadership
☐ Community Knowledge about the Issue
☐ Community Knowledge of Efforts
☐ Community Climate
☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Continue training on the evaluation process, new trends in substance abuse and new initiatives in prevention strategies, with trainers either brought in from the outside, or staff sent to trainings sponsored by professionals.
- Conduct training for community members.
- Periodic review and meetings and special recognition events for local supporters of the prevention initiative and volunteers.
- Local publicity efforts associated with review meetings and recognition events.
- Plan community events to maintain support for the issue.
- Continue expanding the community risk and protective factor profile.
- Introduce program evaluation to the public through newspaper articles.
- Conduct quarterly meetings to review progress and modify strategies.
- Prepare and submit newspaper articles detailing progress and future plans.
- Begin to initiate policy change through the support of local leaders and officials.

STAGE 8: CONFIRMATION / EXPANSION

IN GENERAL: There are standard strategies (policies, programs, practices) in operation in the community. These strategies are viewed as valuable, and community leaders support expanding or improving the prevention planning process. Original efforts have been evaluated and modified, and new efforts are being planned or tried out in order to reach more people (e.g., those thought to be more at risk or different demographic groups). Community members appear comfortable with the strategies being employed. Resources for new strategies are being committed. Data are being obtained regularly on the extent of local problems, and efforts are being made to assess the underlying causes of the problem. Due to increased knowledge and the desire for improved progress, the community climate may challenge specific efforts, but is fundamentally supportive.

DIMENSION:

- ☐ Existing Community Efforts
- ☐ Leadership
- ☐ Community Knowledge about the Issue
- ☐ Community Knowledge of Efforts
- ☐ Community Climate
- ☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Continue training programs on conducting local needs assessments to target specific groups in the community for prevention efforts, with trainers either brought in from the outside, or staff sent to trainings sponsored by professionals.
- Periodic review meetings and special recognition events for local supporter of prevention strategies.
- Results of research and evaluation activities of the prevention initiative are presented to the public through local media and public meetings.
- Maintain a comprehensive database.
- Conduct media outreach on specific data trends related to the issue.

STAGE 9: HIGH LEVEL OF COMMUNITY OWNERSHIP

IN GENERAL: Detailed and sophisticated knowledge of the prevalence, and risk and protective factors associated with the problem exist. Some strategies may be aimed at the general population, while others are targeted at specific risk factors or at-risk groups. Highly trained staff is in charge of running initiatives. Community leaders are supportive and community involvement is high. Effective evaluation is used to test and modify strategies. Community members are fundamentally supportive, but continue to hold efforts accountable to meet community needs and achieve desired outcomes.

DIMENSION:

- ☐ Existing Community Efforts
- ☐ Leadership
- ☐ Community Knowledge about the Issue
- ☐ Community Knowledge of Efforts
- ☐ Community Climate
- ☐ Resources Related to the Issue

ASSESSMENT SCORE: _____

PROBLEM STATEMENT:

GOAL AND/OR OBJECTIVE(S):

OUTCOME:

STRATEGIES:

Sample Strategies Include:

- Continued training for staff and community members.
- Continued assessment of new drug/alcohol-related problems, and re-assessment of targeted groups within the community.
- Continued evaluation of prevention efforts.
- Continued updates on activities and outcomes for the benefit of community leaders and local sponsorship groups.
- Periodic stories through local media and public meetings on project outcomes and success stories.
- Continue to diversify funding sources.
- External evaluation continues and feedback is used to modify strategies.
- Track outcome data for use with future grant requests.
- Continue to engage local business community in ongoing financial support of prevention work.

APPENDIX B-4
COMMUNITY READINESS LOGIC MODEL

Logic Model for Community Readiness

Problem Statement: A problem statement is a brief description of the most important issues compromising the readiness of your community to plan for prevention.

Example Problem Statement*: Underage drinking is ignored (not recognized as a problem).*

Goals: Goals identify, in broad terms, how you plan to change things in order to solve the identified problem. Goals describe the kind of changes in readiness you want to see occur throughout your community.

Example Goal*: To increase recognition among key stakeholders (businesses; politicians) within the community, that underage drinking is a problem.*

Objectives: Objectives describe the changes in community conditions that have to take place in order to reach your community readiness goal(s). Objectives address those underlying conditions that contribute to the current level of readiness.

Example Objective*: To increase the number of business leaders and local politicians who understand the connection between negative community events (e.g., car crashes; violence) and underage drinking.*

Outcomes: Outcomes describe the tangible accomplishments that demonstrate that progress is being made. Outcomes are specific, measurable, and time-limited statements that indicate your initiative to increase community readiness is on the road to success.

Example Outcome*: The number of business leaders and local politicians who understand that underage drinking is a problem will increase from 5% to 20% by June 30, 2004.*

Strategy: A course of action that is selected in order to achieve an objective. Strategies include all policies, programs, and practices that promote community readiness.

Example Strategy*: Small-group discussions with business leaders and politicians to identify the harmful consequences of underage drinking.*

APPENDIX C
SCIENCE-BASED PREVENTION STRATEGIES

C-1: ENVIRONMENTAL APPROACHES
- C-1-1: MATRIX
- C-1-2: PROFILES

C-2: INDIVIDUAL APPROACHES
- C-2-1: MATRIX
- C-2-2: PROFILES

APPENDIX C-1
SCIENCE-BASED PREVENTION STRATEGIES: ENVIRONMENTAL APPROACHES

Reducing the availability of alcohol, tobacco, and other abusable substances to underage youth is an important strategy in reducing alcohol and other drug use—and their related problems--among youth. Reducing availability means restricting the times and occasions in the community when alcohol and other drugs are available for sale or consumption. At the community level, these restrictions can take place within three contexts:

- Retailing (alcohol, tobacco, and other drug sales)
- Public policy (laws and policies on alcohol, tobacco, and other drug availability and use that set the standard for how the community perceives alcohol and other drug issues)
- Social norms (the customary alcohol, tobacco, and other drug use patterns within the community)

Rigorous studies have proven that the environmental strategies listed below are proven effective in reducing underage alcohol, tobacco, and other substance consumption and related problems, and qualify for science-based designation:

- **Changing the conditions of alcohol and other drug availability**
- **Community Mobilizing for Change on Alcohol**
- **Community Trials Intervention to Reduce High Risk Drinking**
- **Counter-Advertising (tobacco)**
- **Economic interventions (alcohol/tobacco)**
- **Enforcing the minimum purchase age (alcohol/tobacco)**
- **Multi-strategy tobacco control programs**
  - **Massachusetts Tobacco Control Program**
  - **Stop Teenage Addiction to Tobacco**
- **Responsible beverage service**
- **Zero-tolerance laws (alcohol)**

Many of these strategies require that your community coalition have a strong and supportive partnership with local and state law enforcement officials. You will want to hold town hall meetings or other public hearings, and use the media to get out the

message that underage substance use is a serious problem for your community. By placing this issue as a higher priority in your community, you are more likely to be successful in gaining the enforcement resources you will need.

A few of the listed strategies require the development of new local or state alcohol and/or tobacco policies. Again, getting the word out to the community and garnering support from as many factions as possible—including merchants, law enforcement, and other public officials—is key to implementing these strategies.

As you select environmental approaches to use in your community, remember that—in order to be effective—prevention policies should be comprehensive, address a wide range of environments and drug-related behaviors, and include clear and reasonable consequences that are implemented consistently.

APPENDIX C-1-1
SCIENCE-BASED STRATEGIES MATRIX: ENVIRONMENTAL APPROACHES

Strategy	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[4]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Changing the Conditions of Alcohol and Other Substance Availability	All	Male and Female	Rural Suburban Urban Alcoholic beverage retail outlets	**Validated populations:** **Effective with multiethnic population groups** **Cultural adaptations:** **None**	Community	Universal	*Community* • Availability of alcohol and other substances • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Community* • Number of alcohol outlets • Alcohol sales and service to minors at on- and off-premise alcohol outlets • Education and training of alcohol retailers • Media advocacy in support of alcohol policy change • Decreased formal and informal youth access to alcohol • Increased enforcement of alcohol laws and regulations • Lack of laws or institutional policies that limit alcohol availability • Institutional policies that discourage youth alcohol use • Public and institutional policies that reduce alcohol sales to youth • Civic action against illegal sale and provision of alcohol to youth • Increased interaction among diverse community sectors	• Restrict hours and days of alcohol sales • Control alcohol outlet density • Restrict availability of alcohol at public recreational facilities • Educate/train retailers • Restrict access to alcohol and other abusable substances • Compliance checks	• Decreased levels of alcohol consumption • Lower rates of alcohol- and other abusable substance-related problems	Negligible; primarily enforcement
Communities Mobilizing for Change on Alcohol	13-20	Male and Female	Rural Suburban Urban Communities	**Validated populations:** CMCA has been used successfully with all ages, both genders, and a diverse ethnic population mix **Cultural adaptations:** Program not specifically adapted for ethnic or cultural populations	Individual/ Peer Community	Universal	*Individual/Peer* • Friends who engage in the problem behavior *Community* • Availability of alcohol • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Peers providing alcohol *Community* • Increased enforcement of alcohol laws and regulations • Lack of laws or institutional policies that limit alcohol availability • Institutional policies that discourage youth alcohol use • Public and institutional policies that reduce alcohol sales to youth • Civic action against illegal sale and provision of alcohol to youth • Increased interaction among diverse community sectors	• Environmental strategy • Limit minors access to alcohol through community mobilization • Compliance checks	• Reduction in sales to minors • Increased identification checks by vendors • Community mobilization	Training/Technical Support: • No official training Materials: • No formal curriculum

[4] Validated populations are those for whom the programs listed have been found to be effective through formal evaluation. Replicated populations are those with whom the programs listed have been used, but no formal evaluation has been conducted.

Strategy	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[4]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Community Trials Intervention to Reduce High-Risk Drinking	All age groups	Male and Female	Rural Suburban Urban Communities	**Validated populations**: This program has been used successfully with a diverse ethnic population mix **Cultural adaptations**: Program not specifically adapted for ethnic or cultural populations Materials available in Spanish	Community	Universal	*Family* • Parental attitudes and involvement in the problem behavior *Community* • Laws and norms favorable to underage drinking	*Family* • Bonding to a family with healthy beliefs and clear standards *Community* • Bonding to a community that promotes health beliefs and clear standards	*Individual/Peer* • Perceived risk of arrest for drinking and driving *Family* • In-home alcohol access to minors *Community* • Number of alcohol outlets • Alcohol sales and service to minors at on- and off-premise alcohol outlets • RBS training of alcohol establishments and related sales and service policies • Enforcement of drinking and driving laws • Publicity surrounding changes in youth alcohol access and drinking and driving enforcement • Media advocacy in support of alcohol policy change • Decreased formal and informal youth access to alcohol	• Community mobilization to support prevention interventions • Facilitating responsive beverage service • Training local retailers and increasing enforcement to reduce underage access • Increase enforcement and sobriety checkpoints to increase actual and perceived risk of arrest • Develop local restrictions on access via zoning and other controls	• Reduced driving when over the legal limit • Reduced amount consumed per drinking occasion • Reduced traffic crashes in which driver had been drinking • Reduced assault injuries	Training/Technical Support: • Initial telephone consultation provided at no charge • Costs for additional technical assistance, if needed, is negotiated Materials: • Materials provided at reproduction cost • Materials also available in Spanish
Counter-advertising (tobacco)	All, Under age 18	Male and Female	Rural Suburban Urban	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations**: The following groups were specifically targeted in culturally adapted mass media efforts advanced as part of California's Proposition 99 campaign African American Hispanic Vietnamese Koreans Japanese Chinese	Community	Universal	*Individual/Peer* • Favorable attitudes toward substance abuse *Community* • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Accurate knowledge of tobacco use effects and consequences • Media advocacy in support of norm and behavior changes related to tobacco use	• Radio and television campaigns • Multilevel media campaigns that include billboards, posters, magazines, radio, and television • A mass media campaign linked to a school-based prevention intervention	• Counter-advertising is effective in changing the attitudes of adolescents about tobacco use • Counter-advertising is effective in reducing adolescent tobacco use	Significant; associated with the development of new ads and the purchase of air time and/or space

Strategy	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[4]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Economic Interventions (Alcohol)	All	Male and Female	Rural Suburban Urban Alcoholic beverage retail outlets	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Community* • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Limit access to alcoholic beverages by increasing price	• Public awareness campaign • Increase alcoholic beverage prices by raising taxes • Ban "happy hour" and other lowered price drink specials	• Reduces alcohol consumption • Reduces motor vehicle fatalities • Reduces violence • Reduces property crimes	Minimal
Economic Interventions (Tobacco)	All	Male and Female	Rural Suburban Urban Alcoholic beverage retail outlets	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Community* • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Limit access to tobacco products by increasing price	• Public awareness campaign • Increase tobacco excise taxes	• Reduces smoking among adults • Reduces underage smoking and smokeless tobacco use	Minimal
Enforcing the Minimum Purchase Age for Alcohol	Under 21	Male and Female	Rural Suburban Urban Alcoholic beverage retail outlets Bars Restaurants	**Validated populations:** Effective with multiethnic population groups Cultural adaptations: None	Community	Universal	*Community* • Availability of alcohol • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Poor enforcement of alcohol laws and regulations • Public and institutional policies that reduce alcohol sales to youth • Civic action against illegal sale and provision of alcohol to youth • Alcohol sales and service to minors at on- and off-premise alcohol outlets • Publicity surrounding changes in youth alcohol access enforcement • Media advocacy in support of alcohol policy change • Decreased formal and informal youth access to alcohol	• Controls on alcohol service at private gatherings • Laws against adult provision of alcohol to minors • Media campaign touting enforcement of alcohol sales laws • Prohibiting alcohol sales at specific venues popular with youth • Prohibition of minors from bars • Requiring sellers of alcohol be at least 21 years old • Retail compliance checks • Shoulder tap enforcement	• Reduces underage alcohol consumption • Reduces alcohol-related problems among youth	Associated with enforcement of the law

Strategy	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[4]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Enforcing the Minimum Purchase Age for Tobacco	Under age 18 years	Male and Female	Rural Suburban Urban	**Validated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Community* • Availability of tobacco • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Poor enforcement of tobacco laws and regulations • Public and institutional policies that reduce tobacco sales to youth • Civic action against illegal sale and provision of tobacco to youth • Publicity surrounding changes in youth tobacco access enforcement • Media advocacy in support of tobacco policy change • Decreased formal and informal youth access to tobacco • Tobacco sales to underage youth through vending machines	• Retail compliance checks • Laws against adult provision of tobacco to minors • Media campaign touting enforcement of tobacco sales laws • Prohibiting tobacco sales at specific venues popular with youth • Locking devices on vending machines	• Reduces underage smoking and smokeless tobacco use • Reduces levels of morbidity and mortality from tobacco use	Associated with enforcement of the law
Massachusetts Tobacco Control Program (MTCP)	Grades 7-12 Adults	Males and females	Community	Provision of culturally relevant educational materials	School Community	Universal	*Individual/Peer* • Early initiation of problem behavior • Favorable attitudes toward the problem behavior • Friends who engage in problem behaviors *Community* • Community laws and norms favorable to drug use • Availability of drugs	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	• Habituated tobacco use • Awareness about the health issues related to tobacco use • Awareness about the strategies used by the tobacco industry to promote use • Awareness about the importance of tobacco control laws and regulations • Environmental tobacco smoke	• Use of state cigarette tax revenue for tobacco control • Community mobilization • Regional networks that conduct action planning, information dissemination, provider collaboration, identification of "best practices" and training • Lobbying/ Legislation/ Policy development • Statewide media campaigns • Technical assistance, training, and education to local programs and grassroots efforts • Direct, community-based outreach and services, such as smoking cessation counseling, relapse prevention, and school-based education programs • Paid media regulations • Enforcement of youth–access provisions • Education, promotion, and community relations • Youth leadership	• Decreased lifetime smokeless tobacco use • Decreased cigarette smoking among youth • Decreased cigarette smoking among adults • Reduced illegal tobacco sales to minors • Reduced smoking by women during pregnancy • Reduced exposure to environmental tobacco smoke or secondhand smoke • Increased public support for tobacco control	The cost for this program in Massachusetts ran $31 million in 1999 to $52 million 1993-1994 per year at the state level. Individuals and programs that are not part of the Massachusetts Tobacco Control Program may purchase many of the tobacco education materials, along with promotional items, through the Massachusetts Tobacco Education Clearinghouse (www.mteccatalogue.com) Individual items range from .20¢ to $12 apiece. There is a $5 minimum shipping charge.
Responsible Beverage Server Training	All	Male and Female	Rural Suburban Urban	**Validated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Community* • Availability of alcohol • Community laws and norms favorable to drug use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Understanding of state-, local-, and establishment-level laws and policies for serving alcohol to underage or intoxicated patrons • Server training • Enforcement of state and local laws covering the sale of alcohol to underage or intoxicated patrons	• Server training • Law enforcement	• Curbs illegal sales to intoxicated or underage individuals • Improves server knowledge of laws concerning responsible alcoholic beverage service • Leads to more responsible service practices and management policies • Reduces underage alcohol consumption	Associated with training and enforcement of the law

Strategy	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[4]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Stop Teenage Addiction to Tobacco (STAT)	Junior high and high school students Vendors Police/ licensing agents	Male and female	Community	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	Community	Universal	*Community* ▪ Availability of tobacco ▪ Community laws and norms favorable to drug use	*Community* ▪ Bonding to a community that supports healthy beliefs and clear standards	*Community* ▪ Enforcement of state and local laws covering the sale of tobacco to minors ▪ Merchant compliance with underage tobacco access laws	▪ Law enforcement ▪ Compliance checks ▪ Lockout devices on vending machines	▪ Reduced youth access to tobacco ▪ Improved merchant compliance ▪ Reduced underage tobacco use	Associated with enforcement of the law
Zero-Tolerance Laws (Alcohol)	Under 21	Male and Female	Rural Suburban Urban	**Validated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Community* • Community laws and norms favorable to drug use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Enforcement of drinking and driving laws • Publicity surrounding changes in youth alcohol access and drinking and driving enforcement • Media advocacy in support of alcohol policy change	• Laws prohibit underage youth from driving even with very low levels of alcohol • Administrative license revocation of offenders • Roadside sobriety checkpoints	• Reduces drinking and driving accidents, serious injuries, and fatalities	Associated with enforcement

APPENDIX C-1-2
SCIENCE-BASED STRATEGY PROFILES: ENVIRONMENTAL APPROACHES

Changing Conditions of Alcohol and Other Drug Availability

Description
Alcohol consumption levels and the rates of alcohol-related problems tend to increase in association with a greater density of outlets and increased hours of alcohol sale; this is a direct result of increased availability of alcohol. By controlling the physical availability of alcohol, your community can reduce alcohol consumption and related problems such as automobile crashes and crime. Controls can take the form of restrictions on retail outlets' hours of operation restrictions on outlet locations, and restrictions on outlet density.

Target Population
This strategy targets all individuals in the community.

Goals and Objectives
This strategy aims to:
- Reduce the number of alcohol distribution outlets
- Limit the hours during which alcohol may be sold
- Restrict the availability of alcohol at sporting and recreational events, and at parks and other publicly owned facilities
- Restrict access to abusable legal substances (e.g., products containing volatile inhalants)
- Reduce underage alcohol use

Outcomes
Studies have found alcohol consumption and related problems are reduced when restrictions are placed on the hours that alcohol retail establishments can operate.

Other studies have found that reducing the density of alcohol retail outlets is correlated with a decrease in the number of traffic crashes and assaults.

Strategies
Changing the Conditions of Alcohol and Other Drug Availability involves several distinct strategies, which may include, but are not limited to:
- Restricting hours and days of alcohol sales
- Controlling outlet density
- Restricting availability of alcohol at sporting and recreational facilities
- Restricting access to abusable legal substances at retail outlets
- Actively enforcing laws, regulations and rules that control access to alcohol and other substances

Activities
Communities interested in implementing this strategy will need to:
- Collect data on outlet density, making sure to include information on police activities, citizen complaints, and state licensing complaints

- Become aware of licensing laws and processes, becoming involved in issues such as outlet density and spacing
- Consider neighborhood compatibility in allowing alcohol outlets

Laws do not change without the involvement of those who are affected. Therefore, communities will need to develop a coalition of local merchants, police officers, and community organizations, and institute a public education campaign—in cooperation with both the hospitality industry and community-based prevention groups—to garner public support to pass ordinances that may include, but are not limited to:

- Decreasing hours during which hospitality establishments and off-sale outlets (e.g., convenience stores, liquor stores, markets) can sell alcohol
- Requiring alcohol sales be stopped within a specified amount of time prior to the closing of an on-sale outlet (e.g., bar, restaurant, nightclub)
- Limiting or prohibiting the sale of alcohol on certain, high-volume days of the week (e.g., Saturdays)
- Restricting the sale of alcohol near schools and college campuses
- Prohibiting the sale of alcohol in grocery stores
- Limiting or prohibiting the sale of alcohol at sporting events
- Prohibiting the use of alcohol at city-owned recreational properties

To restrict access to alcohol and other abusable legal substances, communities need to educate retailers and all store clerks on youth substance use trends and ways to limit access to these substances (e.g., put abusable substances behind the counter so they must be requested by the customer). Clerks should also be trained to ask youth that request certain legally available, but abusable products (e.g., inhalants) why they want to make the purchase.

Implementation Process and Plan

Local communities can rely on land-use zoning to determine where alcohol may be sold or consumed and how it is distributed and marketed. Zoning ordinances can require that any given land use, including alcohol outlets, obtain a permit to conduct business.

Conditional use permits are an essential feature of zoning laws. Zoning ordinances specify which land uses require a conditional use permit and specify the public notice and process that will be conducted to identify potential negative impacts and to decide the specific conditions that will be required to lessen these negative impacts.

Density restrictions can be enacted according to population figures or according to proximity to schools, churches, public parks, and other places where youth congregate.

Evaluation

The extent to which changes in hours of operation result in decreases in consumption is dependent on how long the change remains in effect and whether it is applied to a period associated with high volumes of sales and consumption.

In evaluating this strategy, communities should:

- Assess the number of outlets per capita
- Assess the rates of alcohol consumption and alcohol-related problems
- Assess the number of intoxicated persons and the rate of abusive incidents involving intoxication at sporting arenas and special events

Lessons Learned

The following lessons pertain to the regulation of alcohol availability at special events and locations:

- A wide range of restrictions can be placed on special events, including restrictions on operating hours and noise levels, general location of event, location of alcohol sales or places of consumption, advertising of alcohol, alcohol sponsors, age of servers, quantity of sales, size of containers, and condition of the customers.
- Alcohol sales can be discontinued before an event is over, giving patrons some time between their last drink and driving home. For example, alcohol sales can be discontinued at the end of the third quarter of a football game. Sales of food and non-alcoholic beverages can be required during and after alcohol sales are cut off.

In order to implement this approach successfully, communities will need to increase public awareness of existing alcohol-related problems and the need for change. To do that, communities should explore different possibilities for increasing community awareness and readiness to deal with the issue. For example, a community might combine initiatives directed at restricting alcohol availability with a mass media campaign. This could result in increased coverage of, and debate on, alcohol availability issues and proposed changes in local laws, regulations, or policies.

In terms of limiting access to abusable legal substances (other than alcohol and tobacco), public awareness is a particularly effective strategy for smaller communities where there are fewer retailers who will require education and training.

Compatible Programs
Some of these strategies have been used and shown effective in the following programs:
- Communities Mobilizing for Change on Alcohol
- Community Trials Intervention to Reduce High-Risk Drinking

You might want to consider reviewing and perhaps implementing one or more of these programs as a complementary effort in reaching your prevention goals.

Resources
Here are some resources that can enhance your understanding of the effectiveness of these strategies. In some cases, studies describe locations where these strategies have been implemented successfully.

Controls on who is selling alcohol:

Gruenewald, P. J., Madden, P., and Janes, K. (1992). Alcohol availability and the formal power and resources of state alcohol beverage control agencies. *Alcoholism: Clinical and Experimental Research, 16*(3): 591-597.

Holder, H. D., and Wagenaar, A. C. (1990). Effects of the elimination of a state monopoly on distilled spirits' retail sales: a time-series analysis of Iowa. *British Journal of Addiction, 85*(12): 1615-1625.

Skog, O. J. (2000). An experimental study of a change from over-the-counter to self-service sales of alcoholic beverages in monopoly outlets. *Journal of Studies on Alcohol, 61*(1): 95-100.

Outlet density:

Gruenewald, P. J., Ponicki, W. R., and Holder, H. D. (1993). The relationship outlet densities of alcohol consumption: A time series cross-sectional analysis. *Alcoholism: Clinical and Experimental Research, 17*(1): 38-47.

Gruenewald, P. J., Millar, A. B., Treno, A. J., Yang, Z., Ponicki, W. R., and Roeper, P. (1996). The geography of availability and driving after drinking. *Addiction, 91*(7): 967-983.

Lipton, R., and Gruenewald, P. (2002). The spatial dynamics of violence and alcohol outlets. *Journal of Studies on Alcohol, 63*(2): 187-195.

Limits on days and hours of sale:

Ligon, J., Thyer, B. A., Lund, R. (2001). Drinking, eating, and driving: Evaluating the effects of partially removing a Sunday liquor sales ban. *Journal of Alcohol and Drug Education, 42*(1): 15-24.

Smith, D. I. (1988). Effect on traffic accidents of introducing Sunday alcohol sales in Brisbane, Australia. *International Journal of the Addictions, 23*(10): 1091-1099.

Voas, R. B., Lange, J. E., and Johnson, M. B. (2002b). Reducing high-risk drinking by young Americans south of the border: The impact of a partial ban on sales of alcohol. *Journal of Studies on Alcohol, 63*(3): 286-292.

Communities Mobilizing for Change on Alcohol

Description
Communities Mobilizing for Change on Alcohol (CMCA) is an environmental approach to reducing underage access to alcohol by changing community policies and practices. This program can be implemented in virtually any community.

Target Population
Communities implementing CMCA make institutional and policy changes that limit youth access to alcohol in order to improve the health of the entire population in that community.

Goals and Objectives
CMCA is designed to:
- Decrease the number of peers, merchants, and other adults providing alcohol to underage youth
- Decrease the use of alcohol by adolescents
- Activate communities to change local public policies and the practices of major community institutions to discourage youth alcohol use
- Communicate a clear social norm in the community that underage drinking is inappropriate and unacceptable
- Maintain and enforce institutional and public policies to reduce alcohol sales to youth

Outcomes
As a result of CMCA:
- Alcohol merchants increase age identification checking and reduce their propensity to sell to minors
- 18- to 20-year-olds reduce their propensity to provide alcohol to other teens and are less likely to try to buy alcohol, drink in a bar, or consume alcohol
- 18- to 20-year-olds are significantly less likely to be arrested for the driving under the influence of alcohol

Strategies
The core strategies that are the focus of CMCA include:
- Changing community norms
- Community mobilization
- Law enforcement

Activities
CMCA does not require any formal training. It is a community-based program that can be implemented by a range of groups, from all-volunteer grassroots activists to nonprofit organizations or public agencies of any size. These may include civic groups, faith organizations, schools, community groups, law enforcement, liquor licensing agencies, and advertising outlets. Following are examples of prevention efforts these groups might wish to undertake:
- **Civic Groups** can adopt policies to prevent underage drinking at organization-sponsored events and initiate and participate in community-wide efforts to prevent underage alcohol use.
- **Faith Organizations** can provide a link between prevention organizations, youth, parents, and the community. They can also offer education, develop internal policies to prevent teens from accessing alcohol at their events, and participate in efforts to keep alcohol away from youth.
- **Schools** can teach alcohol refusal skills and create and enforce policies restricting alcohol use and access, both on school property and in the surrounding community.
- **Community Groups** can voluntarily control the availability and use of alcohol at public events such as music concerts, street fairs, and sporting events.

- **Law Enforcement** can mandate compliance checks or encourage voluntary compliance checks by law enforcement or licensing authorities. Police can also encourage and support the use of administrative penalties for failure to comply with State or local laws relating to the sale of alcohol to minors.
- **Liquor Licensing Agencies** can offer and promote mandatory or voluntary programs that train managers, owners, servers, and sellers at alcohol outlets how to avoid selling to underage youth and intoxicated patrons.
- **Advertising Outlets** can be influenced to remove alcohol advertising from public places or wherever youth are exposed to these messages. Communities can also restrict alcohol companies' sponsorship of community events.

Implementation Process and Plan
To successfully replicate CMCA, a qualified community organizer is needed, someone who is familiar with the issues and needs of the community. In addition, organizations involved in this effort need to be able to:
- Assess community norms, public and institutional policies, and resources.
- Identify, from inception, a small group of passionate and committed citizens to lead efforts to advocate for change.
- Create a core leadership group that can build a broad citizen movement to support policy change.
- Develop and implement an action plan.
- Build a mass support base.
- Maintain an organization and institutionalize changes.
- Evaluate changes on an ongoing basis.
- Manage widely variable program costs.

Free program materials available to help in the implementation of CMCA include a procedures manual for enforcing age-of-majority alcoholic beverage sales laws, model ordinances, model public policies, and model institutional policies. Visit www.epi.umn.edu/alcohol to obtain these materials as well as a number of papers that have been written documenting the CMCA project. These papers can assist you in replicating the strategy.

Although there is no official training for the CMCA program, Alexander Wagenaar, the program developer, is willing to present a workshop upon request. See contact information below.

Evaluation
Communities that implement CMCA should assess the following areas as part of their evaluation plan:
- Alcohol consumption and attitudes toward and compliance with alcohol-related policies by high school students and 18- to 20-year-olds
- Merchant compliance, in both off-site consumption and on-site consumption alcohol sales outlets, with alcohol policies and restrictions

Lessons Learned
No special challenges or considerations have been reported for this best practice.

Contact Information
For more information on CMCA, contact:

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Community Trials Intervention to Reduce High-Risk Drinking

Description
Community Trials Intervention to Reduce High-Risk Drinking is a community-based environmental strategy designed to alter alcohol use patterns and related problems in people of all ages.

Target Population
Each of the six interventions and comparison communities in the original research had approximately 100,000 residents. The communities were racially and ethnically diverse and included a mix of urban, suburban, and rural settings.

Goals and Objectives
Community Trials Intervention to Reduce High-Risk Drinking aims to help communities reduce alcohol-related accidents, violence, and resulting injuries.

Outcomes
Outcomes from this program include:
- A decline in self-reported driving when over the legal blood alcohol limit
- A decline in self-reported amount of alcohol consumed per drinking occasion
- A decline in self-reported excessive alcohol consumption
- A reduction in nighttime injury crashes
- A reduction in crashes involving drinking drivers
- A reduction in assault injuries observed in emergency rooms
- A reduction in the number of persons hospitalized for assault injuries

Strategies
The core strategies that are the focus of the Community Trials Intervention to Reduce High-Risk Drinking include:
- Community mobilization
- Law enforcement (including DWI checkpoints and enforcing underage alcohol sales laws)
- Media campaigns
- Regulations and ordinances
- Responsible beverage service training

Activities
This strategy uses a multifaceted approach to:
- Assist communities in using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control.
- Reduce youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors, and through increased enforcement of underage alcoholic beverage sales laws.
- Offer responsible beverage service training and help alcoholic beverage servers and retailers develop policies and procedures to reduce intoxication and driving after drinking.
- Increase the actual and perceived risk of arrest for driving after drinking through increased law enforcement and sobriety checkpoints.
- Provide communities with the tools to form the coalitions needed to implement and support the interventions listed above.

Implementation Process and Plan
To implement this strategy effectively, a community must first understand the local alcohol environment (e.g., norms, attitudes, usage locations, and cultural and socioeconomic dynamics) and its

alcohol distribution systems (e.g., alcoholic beverage sales licensing, alcohol outlet zoning, and alcohol use restrictions). Project staff (generally a director, an assistant director, data managers, and an administrative assistant) are key to gathering the necessary information and working with other members of the community to initiate this program.

Training and consultation target each community's specific needs and problems and are tailored to the individual site. Training manuals for responsible beverage service are available at a minimal cost, and brochures are available (in both English and Spanish) offering strategies and tactics for reducing alcohol use within various areas of the community, such as on college campuses, in neighborhoods, and within the high school population.

Evaluation
This practice does not include an evaluation tool that can be used when implementing this strategy as a whole; however, tools are available from the program developer that can evaluate segments of the program.

Communities implementing this strategy should assess:
- The rate of self-reported driving when over the legal limit, amounts consumed per drinking occasion, and having too much to drink
- The rate of nighttime injury crashes
- The rate of crashes in which the driver had been drinking
- The rate of assault injuries observed in emergency rooms

Lessons Learned
Understanding your community's alcohol environment requires gathering the data needed to determine which interventions to use and adapting them to your individual community.

Contact Information
For more information on Community Trials Intervention to Reduce High-Risk Drinking, contact:

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Counter-Advertising (Tobacco)

Description
Adolescents develop attitudes, beliefs, and behaviors about tobacco use from their peers, family members, television, and other cultural sources, and may frequently think that tobacco use is more widespread and universally accepted than it actually is. Counter-advertising campaigns promote negative images about tobacco use, reveal the number of teenagers who actually smoke or use smokeless tobacco, and address the unacceptable nature of tobacco use to help change these perceived norms.

Target Population
Mass-media spots can target the general public as well as specific cultural groups. Successful media campaigns have specifically targeted African Americans, Hispanics, Vietnamese, Koreans, Japanese, and Chinese.

Goals and Objectives
The primary goal of counter-advertising is to change perceived norms among children and adolescents regarding tobacco use in order to reduce use.

Outcomes
Strong evidence suggests that counter-advertising is effective in changing the attitudes of adolescents about tobacco use.

Studies have also demonstrated that multimedia antismoking campaigns are effective in decreasing adolescent tobacco use.

The enactment of Proposition 99 in California, which included a 25-cent cigarette tax increase and a media campaign, resulted in a tripling of the rate at which cigarette consumption had been falling. Results showed an increase in the awareness of the media campaign among students, a decrease in the percentage of students who were smokers, an increase in the proportion of smokers with an intention to quit, and an increase in health-enhancing attitudes. Campaign-exposed students demonstrated stronger health-enhancing attitudes than their campaign-unexposed counterparts.

Strategies
Media campaign

Activities
Counter-advertising campaigns should include:
- Paid advertising to promote media messages
- A full range of communication approaches, including public and community relations
- Mass-media spots targeting both the general public and specific cultural groups
- Warning labels (e.g., health effects of smoking listed on cigarette packages)

Implementation Process and Plan
When possible, mass media campaigns should be multimedia, comprising television, radio, billboards, and print media, including leaflets, magazines, and newspapers. The goal is for campaign messages to reach the target audience repeatedly.

Integral to campaign exposure is campaign duration. A counter-advertising campaign that occurs over the course of a month is not likely to reach as many people as one that lasts a year or several years.

Media messages need to be age appropriate and designed with the target audience's developmental stage in mind. Messages should be neither too subtle nor too sophisticated.

Counter-advertising campaign content may focus on:
- Harmful health effects of tobacco use
- The effects of secondhand smoke
- Tobacco industry marketing techniques
- Generating popular support for tobacco control legislation

Whenever possible, link your mass media campaign to a school-based prevention intervention, because a comprehensive approach will increase your ability to achieve desired tobacco use outcomes (see page 18 of this document for more information on comprehensive approaches).

Evaluation
In evaluating counter-advertising campaigns focused on tobacco, communities should assess:
- Increased exposure of children and adolescents to negative messages about using tobacco
- Increases in positive messages about not using tobacco
- Increases in adolescents' ability to identify hidden messages in tobacco advertising
- Increases in adolescents' awareness of tobacco industry marketing tactics
- Increases in negative attitudes towards tobacco use
- Decreases in tobacco use

Lessons Learned
Youth can play a valuable role in the planning and development of counter-advertising prevention strategies. They can help adults understand the beliefs, attitudes, perspectives, and opinions of people in their age group. Media approaches, especially counter-advertising, should be evaluated by adolescents prior to implementation, such as through focus groups and surveys.

Providing too much information at one time can weaken a mass media campaign. Media campaigns should have simple and focused messages that can be understood by the target audience.

Because tobacco use norms are changing rapidly and new generations of adolescents will view tobacco use differently, media approaches should constantly be modified and tailored to encourage anti-tobacco attitudes among new generations of youth.

Multi-component prevention efforts are more effective than single-component prevention programs; therefore, effective media campaigns should be linked with other intervention activities.

Radio tends to be the most cost-effective media venue.

Compatible Programs
Project Toward No Tobacco Use (TNT) might be a useful adjunct to implementing a counter-advertising campaign.

Resources
Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where these strategies have been implemented successfully.

Bauman, K. E., LaPrelle, J., Brown, J. D., Koch, G. G., and Padgett, C. A. (1991). The influence of three mass media campaigns on variables related to adolescent cigarette smoking: Results of a field experiment. *American Journal of Public Health,* 81: 597-604.

Flynn, B. S., Worden, J. K. Secker-Walker, R. H., Badger, G. J., Geller, B. M., and Costanza, M. C. (1992). Prevention of cigarette smoking through mass media intervention and school programs. *American Journal of Public Health,* 82: 827-834.

Flynn, B. S., Worden, J. K., Secker-Walker, R. H., Pirie, P. L., Badger, G. J., Carpenter, J. H., and Geller, B. M. (1994). Mass media and school interventions for cigarette smoking prevention: Effects 2 years after completion. *American Journal of Public Health,* 84: 1148-1150.

McKenna, J. W., and Williams, K. N. (1993). Crafting effective tobacco counter-advertisements: Lessons from a failed campaign directed at teenagers. *Public Health Reports,* 108 (Supp.1): 85-89.

Murray, D. M., Prokhorov, A.V., and Harty, K. C. (1994). Effects of a statewide antismoking campaign on mass media messages and smoking beliefs. *Preventive Medicine,* 23: 54-60.

Popham, W. J., Potter, L. D., Hetrick, M. A., Muthen, L. K., Duerr, J. M., and Johnson, M.D. (1994). Effectiveness of the California 1990-1991 Tobacco Education Media Campaign. *American Journal of Preventive Medicine,* 19(6): 319-326.

Economic Interventions (Alcohol)

Description
The demand for alcohol responds both to price and available income. An increase in alcohol excise taxes increases the price of alcohol. When alcohol becomes more expensive, consumption drops. Since youth have less disposable income, they are particularly responsive to increases in the price of alcoholic beverages.

Target Population
Economic interventions target all individuals in the community. They have been proven to affect the general population, heavy drinkers and youth.

Goals and Objectives
The primary goals of economic interventions are to:
- Prevent youth drinking
- Delay the age of first use of alcohol
- Decrease levels of alcohol consumption among youth

Outcomes
Alcoholic beverage prices go up when alcoholic beverage taxes are increased, and consumption levels fall as a function of the price.

Research has found that increasing alcohol taxes reduces alcohol consumption, motor vehicle deaths, and alcohol-related violence.

One study has shown that raising the cost of beer 10 cents decreases consumption to the same degree as raising the drinking age by a full year.

Strategies
Price controls on alcoholic beverages include the following strategies:
- Enacting legislation to increase taxes on alcoholic beverages
- Banning drink discounts and other price specials

Activities
Communities interested in implementing this strategy may:
- Increase taxes on alcohol
- Ban drink discounts and other price specials by passing local ordinances
- Ban drink discounts and other price specials by voluntary agreements with local merchants

Implementation Process and Plan
Generally, alcoholic beverage prices are established through federal and state excise tax levels. There are some states that have given localities the authority to tax alcohol, but this is not a widespread practice. The higher the tax on alcohol, the higher the price to the consumer. A number of states have increased the tax on alcohol through the legislative process, and some states have attempted to do so through the state referendum process in the form of ballot propositions.

At the local level, communities can have an impact on the price of alcohol though local ordinances that restrict promotional activities such as happy hours and two-for-one-drink specials. Both of these practices are associated with binge drinking and higher blood alcohol levels. Higher blood alcohol

levels are linked to alcohol-related problems that include drinking and driving, domestic violence, sexual abuse, and health related problems.

An initial step, once you have gathered the facts about the consequences of alcohol use and abuse in your community, is to launch an educational campaign to help put the issue on the public policy agenda.

A broad-based community coalition is an excellent vehicle for getting your message across to a wider range of constituencies. Your coalition should include groups and individuals who represent different facets of your community that have an interest in addressing alcohol- and other drug-related problems. Support for raising alcohol taxes often crosses traditional political lines, and you may be able to attract a wide range of individuals and groups to your coalition on this issue alone.

Your education campaign should remind the public that higher alcohol prices:

- Discourage youth drinking and heavy drinking
- Save lives, especially those of young people
- Help compensate society for harm caused by alcoholic beverage products
- Correct the dramatic decline in the price of alcoholic beverages relative to other consumer goods

Evaluation

In evaluating the outcome of this strategy, communities should:

- Determine the number and type of policies that relate to the price of alcohol
- Determine any decrease in alcohol use by youth

Lessons Learned

Economic measures, such as relative price and taxes, have the greatest potential—as a single intervention—to affect drinking patterns and related problems.

In effect, using tax increases as a prevention strategy is self-monitoring and self-enforcing, making it a cost effective prevention approach. Changes in price involving all beverages in a class, such as excise tax on beer, will potentially affect all beer drinkers and purchases of beer and will therefore indirectly affect all drinking occasions involving beer. However, rallying your community to successfully change state or federal laws may be considerably more difficult than working with your community to change local practices.

Despite the advantages of this policy, its inherent monetary costs can make it unpopular among manufacturers and retailers who might experience reduced revenues, and consumers who might object to paying higher prices for alcohol.

Compatible Programs

Economic intervention strategies have been used and shown effective in the following strategy:

- Communities Mobilizing for Change on Alcohol

You might want to consider reviewing and perhaps implementing this strategy as a complementary effort in reaching your prevention goals.

Resources

Here are some resources that can enhance your understanding of the effectiveness of economic intervention strategies. Some studies describe locations where these strategies have been implemented successfully:

Chaloupka, F. J., Grossman, M., and Saffer, H. (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol Research and Health,* 26(1): 22-34.

Cook, P. J., and Moore, M. J. (2002). The economics of alcohol abuse and alcohol-control policies. *Health Affairs.*

Grossman, M., Chaloupka, F. J., Saffer, H., and Laixuthai, A. (1994). Effects of alcohol price policy on youth: A summary of economic research. *Journal of Research on Adolescence,* 4(2): 347-364.

Manning, W. G., et al. (1989). The taxes of sin: Do smokers and drinkers pay their way? *Journal of the American Medical Association,* 261(11): 1604-1609.

Markowitz, S. and Grossman, M. (2000). The effects of beer taxes on physical child abuse. *Journal of Health Economics,* 19: 271-282.

Pacula, R. L. (1998). Does increasing the beer tax reduce marijuana consumption? *Journal of Health Economics,* 17: 557-585.

Economic Interventions (Tobacco)

Description
The demand for tobacco responds both to price and available income. An increase in tobacco excise taxes increases the price of tobacco products, including cigarettes and smokeless tobacco. When tobacco becomes more expensive, consumption of these products drops. The lower incomes of younger smokers—and the fact that they are less likely to be addicted to nicotine—appears to make them even more responsive to increases in tobacco pricing.

Target Population
Economic interventions target all individuals in the community. They have been proven to affect both adults and youth.

Goals and Objectives
The primary goals of economic interventions are to:
- Prevent underage smoking and smokeless tobacco use
- Delay the age of first use of tobacco
- Decrease levels of tobacco consumption among youth

Outcomes
When tobacco taxes are increased, the prices of tobacco products go up and consumption levels fall.

Research has found that higher cigarette prices lower smoking rates among both adults and children. Some studies also have found smokeless tobacco use to drop with an increase in taxes on these products.

Strategies
Depending on the state, taxes can be increased through either the initiative or the legislative process.

Activities
Excise taxes may be imposed on cigarettes by the federal government, the state government, and many cities and counties. Therefore, activities for this strategy may include:
- Increasing taxes on cigarettes and other tobacco product through the federal legislative process
- Increasing taxes on cigarettes and other tobacco products though state legislation
- Increasing taxes on cigarettes and other tobacco products through local referendum (depending on local laws)

Implementation Process and Plan
Communities interested in implementing this strategy should:
- Link the tax on tobacco products to inflation (the Consumer Price Index) so that the tax remains in proportion to the overall price of the product
- Use a portion of the revenue generated from the tax to fund tobacco prevention interventions in the community. These may include community health education, adult and adolescent tobacco use prevention and cessation programs, and tobacco-related prevention and disease research. Community members may pose fewer objections to an increase in taxes if they are used in this manner.
- Encourage the highest initial taxation threshold possible.
- Implement an aggressive mass media campaign as an integral component of prevention efforts. Such campaigns include sustained and intense media interaction, and providing the media with information, the names of community partners, and activities that have media interest. Results from adolescent purchase attempts locally and regionally can be provided for media coverage.

Evaluation
When tax increases are implemented, an effort should be made to study the potential effect on youth consumption, including the establishment of baseline evaluations to accurately assess changes after implementation.

In evaluating the outcome of this strategy, communities should:
- Determine the number and type of policies that relate to the taxation of tobacco
- Determine any decrease in tobacco use by youth

Lessons Learned
- Although tobacco tax increases will decrease the prevalence of adolescent tobacco use, other prevention activities must be used to sustain such decreases. Tobacco tax increases are most effective when they are instituted as part of a comprehensive, multi-component prevention program.
- The benefits of increases in tobacco taxes, such as reduction in adolescent cigarette use, will shrink as inflation erodes the real value of the tax increase—unless the excise tax is defaulted so that the nominal tax rate (expressed in cents per pack) rises in step with prices. Defaulting tobacco taxes to the consumer price default or to the wholesale price of cigarettes makes the public health gains of higher taxes permanent.

Compatible Programs
Currently there are no programs known to include increased tobacco taxation as a component. However, Project Toward No Tobacco Use, a school-based tobacco prevention program, could be a useful adjunct to implementing a community campaign aimed at increasing tobacco prices.

Resources
The following are some resources that can enhance your understanding of the effectiveness of economic intervention strategies. Some studies describe locations where these strategies have been implemented successfully:

Glantz, S.A. (1993). Changes in cigarette consumption, prices, and tobacco industry revenues associated with California's Proposition 99. *Tobacco Control,* 2: 311-314.

Peterson, D. E.; Sager, S. L.; Remington, P. L.; and Anderson, H. A. (1992). The effect of State cigarette tax increases on cigarette sales, 1955 to 1988. *American Journal of Public Health,* 82: 94-96.

United States General Accounting Office (1989). *Teenage Smoking: Higher Taxes Should Significantly Reduce the Number of Smokers: Report to the Honorable Michael A. Andrews, House of Representatives*. GAO Pub. No. 89-119. Washington, D.C.: U.S. General Accounting Office.

Warner, K. E. (1986). Smoking and health implications of a change in the federal cigarette excise tax. *Journal of the American Medical Association,* 255: 1028-1032.

Enforcing the Minimum Legal Purchase Age Law for Alcohol

Description
The enforcement of minimum purchase age laws seeks to reduce alcohol consumption and related problems by restricting the accessibility of alcohol for purchase by youth. Enforcement of these laws is an effective way to limit youth access to alcohol; however, communities should be aware that some youth will likely choose to obtain alcohol through social avenues (e.g., family or friends) or third-party providers (e.g., unknown adults who will purchase the alcohol for them).

Target Population
This strategy affects all individuals in the jurisdiction who are under the minimum purchase age (21 years).

Goals and Objectives
This strategy is designed to:
- Increase retailer compliance with the minimum purchase age law
- Decrease youth access to alcoholic beverages
- Reduce underage drinking

Outcomes
Effective implementation of this strategy has been shown to reduce alcohol consumption and its associated negative consequences among underage youth.

Strategies
Checking age identification
Compliance checks
Media advocacy
"Shoulder tap" programs (youth-police partnerships in which an underage youth is employed to approach an adult and ask the adult to purchase alcohol for the youth).

Restricting the age of alcohol servers and sellers

Activities
To produce maximum effects, the following are key elements of enforcement efforts directed at retailers:
- Regularly conducted compliance checks using underage youth, issuing citations to retailers for violations
- Use of appropriate sanctions with retailers who supply alcohol to underage youth (e.g., fines, license suspension, license revocation)
- Education that informs retailers about the law and penalties for violations, providing tips and guidance on how to check for identification and refuse sales
- Generation of community support for enforcement efforts (e.g., using media advocacy)
- Laws that allow alcohol outlets to be sued if they sell alcohol to a minor who later causes injury (including dram shop liability)

Implementation Process and Plan
Communities first need to consider how the sale of alcohol to minors is viewed by the community. Once there is some consensus about the likely causes of the problem, communities can begin to identify individuals and agencies that could play a part in addressing these causes in order to solve the

problem. Possible partners in this effort include: law enforcement, alcoholic beverage control agencies, business associations (e.g., convenience store associations), schools, youth-serving organizations, and youth groups.

After determining the scope of the problem and identifying the needed resources, your coalition will need to come up with an action plan that identifies the problem—retail sales to minors—and perceived causes. Your action plan also should include the steps needed to address these causes.

Retailers should be reminded that the presence of an ID-checking policy alone is unlikely to reduce illegal sales to underage youth. The policy must be implemented and enforced. Other establishment policies are needed to improve effectiveness.

- Provide training to all managers and alcohol servers/sellers on how to check IDs and identify fake Ids
- Post signs stating that proper identification is required to purchase alcohol
- Establish compliance checks
- Have owners and managers help each other learn to check IDs by having youthful-looking undercover patrons attempt to buy alcohol with no ID or with a fake ID
- Provide instructions to employees on what they should do if they identify a patron using a fake ID
- Limit alcohol sellers/servers to people of legal age; underage sellers/servers might be tempted to serve their underage friends

Compliance checks may be mandated by a local ordinance that outlines standards for conducting the checks, people or agencies responsible for conducting the compliance checks, and penalties for establishments, servers, and sellers whom illegally sell or serve alcohol to underage youth. These also may be implemented voluntarily by law enforcement or licensing authorities. If either your police department or local alcoholic beverage control agency already conducts compliance checks, obtain the statistics on retailer compliance. A baseline assessment is needed to determine the scope of the problem.

It is important that retailers are regularly provided with information about the law. For instance, alcohol licensees must be informed that compliance checks will occur at various times throughout the year and about the penalties they could face for selling alcohol to underage youth. This information should be translated into all necessary languages.

Once compliance checks begin, be sure to document what occurs in each compliance check, noting whether or not youth were asked for identification, whether or not the identification was checked by the seller, and whether or not the sale was made. Depending on whether or not media advocacy and merchant education are part of the plan, use the results of the compliance checks to design follow-up activity.

Media advocacy can go a long way toward amplifying the effects of the compliance checks. Coverage of the intervention will convey to retailers that enforcement is occurring, and encourage them to comply with the law. Media advocacy also is useful for generating community support for enforcement efforts.

Evaluation

Minimum purchase age law enforcement efforts generate their own numbers. Documenting compliance check results from regularly conducted inspections will provide community organizers with data about the changes brought about in the community as a result of increased enforcement. If compliance rates go up (and remain elevated with regular enforcement), then the program is succeeding in reducing alcohol access for youth. Therefore, in assessing this strategy, communities should assess reduced alcohol consumption among those under age 21.

Other sources of evaluation information might include:

- Community surveys to determine changes in community attitudes regarding youth alcohol use
- School surveys to assess how youth respond to decreased access through retail sources

Lessons Learned

Some retailers and underage youth violate the laws restricting alcohol sales to minors. Some merchants may not establish age identification policies unless pressured to do so by the community. And community members and public officials might perceive that compliance checks require too many resources in terms of time, money, and personnel. Community-based prevention efforts can educate and publicly support merchants who comply with drinking age laws.

If compliance checks are not conducted properly, they may be challenged in court by alcohol licensees or employees who claim illegal entrapment. For example, youth who conduct the checks can request liquor, but they cannot try to pressure or persuade the server or seller into making a sale. Buyers should be instructed to refrain from attempting to look older or lying about their age. Buyers must show their identification when requested by the server/seller.

Compliance checks should be conducted frequently, on an unscheduled basis, and with all alcohol licensees. One-time compliance checks have not resulted in long-lasting compliance with age-of-sale laws.

Administrative penalties, as opposed to penalties imposed through the court system, are less expensive and faster to enforce. Police and other city officials might be more likely to conduct compliance checks under these conditions.

Research has shown that younger employees are more likely to sell to underage youth than are older employees. Minimum age of seller policies might reduce the likelihood that underage people will obtain alcohol from peers working at alcohol establishments.

Compatible Programs

This approach has been used and shown effective in the following strategies:

- Communities Mobilizing for Change on Alcohol
- Community Trials Intervention to Reduce High-Risk Drinking
- Project Northland

You might want to consider reviewing and perhaps implementing one or more of these strategies as a complementary effort in reaching your prevention goals.

Resources

Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding. Some studies describe locations where these strategies have been implemented successfully:

Forster, J. L., McGovern, P. G., Wagenaar, A. C., Wolfson, M., Perry, C. L., and Anstine, P. S. (1994). The ability of young people to purchase alcohol without age identification in northeastern Minnesota, USA. *Addiction,* 89: 699-705.

Giesbrecht, N., and Greenfield, T. K. (September 2001). Preventing alcohol-related problems in the U.S. through policy: Media campaigns, regulatory approaches and environmental interventions. *Journal of Primary Prevention.*

Hingson, R. (1996). Prevention of drinking and driving. *Alcohol Health and Research World,* 20(4): 219-227.

Lewis, R. K., Paine-Andrews, A., Fawcett, S. B., Francisco, V. T., Richter, K. P. Copple, B., et al. (1996). Evaluating the effects of a community coalition's efforts to reduce illegal sales of alcohol and tobacco products to minors. *Journal of Community Health,* 21(6): 429-436.

National Highway Traffic Safety Administration. General Estimates System 1990. (1991a). A review of information on police-reported traffic crashes in the U.S. DOT HS 807 781. Washington, D.C.: The Administration.

Perry, C. L., Williams, C. L., Komro, K. A., Veblen-Mortenson, S., Stigler, M. H., Munson, K. A., Farbakhsh, K., Jones, R. M., Forster, J. L. (2002). Project Northland: Long-term outcomes of community action to reduce adolescent alcohol use. *Health Education Research,* 17(1): 117-132.

Scribner, R., Cohen, D. (2001). The effect of enforcement on merchant compliance with the minimum legal drinking age law. *Journal of Drug Issues,* 31(4): 857-866.

Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V. G., Zaza, S., Sosin, D. M., Thompson, R. S., and the Task Force on Community Preventive Services. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine,* 21(4S): 66-89.

Toomey, T. L., Wagenaar, A. C., Gehan, J. P., Kilian, G., Murray, D. M., and Perry, C. L. (2001). Project ARM: Alcohol risk management to prevent sales to underage and intoxicated patrons. *Health Education and Behavior,* 28(2): 186-199.

Wagenaar, A. C., and Toomey, T. L. (2002). Effects of minimum drinking age laws: Review and analysis of the literature from 1960 to 2000. *Journal of Studies on Alcohol,* Supplement 14: 206-223.

Enforcing the Minimum Legal Purchase Age Law for Tobacco

Description
The enforcement of minimum purchase age laws seeks to reduce underage smoking and related problems by restricting the accessibility of tobacco for purchase by youth. Enforcement of these laws is an effective way to limit youth access to tobacco, however communities should be aware that some youth will likely choose to obtain cigarettes or smokeless tobacco through social or third-party providers.

Target Population
This strategy affects all individuals in the jurisdiction who are under the minimum purchase age for tobacco products (18 years).

Goals and Objectives
This strategy is designed to:
- Increase retailer compliance with the minimum purchase age law
- Decrease youth access to tobacco products
- Decrease underage tobacco use

Outcomes
Study results indicate that enforcement of youth access to tobacco laws leads to greater retailer compliance.

Research has shown that consistent enforcement of minors' access laws can lead to sustained reductions in sales to underage youth. In locations where tobacco sales to minors have been reduced, the prevalence of smoking by teenagers—particularly the youngest age groups—has decreased.

Research also shows that combined merchant and community education results in a short-term decrease in over-the-counter tobacco sales to minors.

In small community studies, reductions in regular tobacco use by youth as a result of increased law enforcement have been observed.

Strategies
Checking age identification
Compliance checks
Media advocacy
Retailer/community education

Activities
With the implementation of the Synar amendment in 1996, the federal government mandated that all 50 states and the District of Columbia put in effect and enforce laws that prohibit the sale and distribution of tobacco products to people under 18 years of age, conduct annual random, unannounced inspections of tobacco retail outlets that are accessible to youth, and report their retailer violation rates. The Substance Abuse and Mental Health Services Administration (SAMHSA) required that each state reduce its retailer violation rate to 20 percent or less by fiscal year 2003 or risk losing up to 40 percent of federal block grant funding allocated for prevention and treatment programs. During the spring and summer of 2003, the Nebraska State Patrol conducted 854 unannounced tobacco sales compliance checks. Of these, 135 retailers were found to be non-compliant, a weighted rate of just over 15 percent.

Even though Synar-related outlet inspections continue to be conducted, these affect only a small proportion of the total number of tobacco outlets in Nebraska. The Synar amendment does not require that these inspections be tied with citations and penalties for violations. As a result, there is a need for more youth access law enforcement that includes issuing citations and imposing penalties on violators.

Strong enforcement programs should include:

- Regularly conducted compliance checks using underage youth. Youth inspectors should be representative of typical buyers in the community.
- A training program for inspectors that emphasizes safety and a specific protocol for approaching clerks.
- Inspectors working in teams of two—one youth and one adult escort.
- Coverage of most tobacco retailers in the community, but especially those retail outlets that are frequented by youth. Compliance checks of each retailer should be conducted at least twice a year, and some studies suggest four times a year for compliance to be maintained.
- A graduated penalty structure with increasing fines for each violation and the possibility of license suspension or revocation for retailers who continue to supply tobacco to underage youth.
- Education that informs retailers about the law and penalties for violations, providing tips and guidance on how to check for identification and refuse sales.
- Generation of community support for enforcement efforts using media advocacy.
- Banning self-service displays.
- Banning vending machines or requiring they be placed in locations inaccessible to minors. All cigarette vending machines should be locked so that merchants must unlock them for a purchase to occur.

Implementation Process and Plan

To successfully implement this strategy you should have a strong community partnership that includes support from merchants, law enforcement, and other public officials.

Visit retailers to educate them about the laws prohibiting sales to minors and make sure they understand the consequences of noncompliance with those laws.

Provide retailers with fact sheets, tips on how to refuse sales to minors, and warning signs they can post that explain the law to consumers (i.e., anyone appearing to be under the age of 27 who attempts to purchase tobacco will be asked for photo identification to verify they are of legal purchase age).

Tobacco sales can represent a substantial source of income to retailers, so penalties for illegal tobacco sales need to be substantial, and should include provisions for license suspension and revocation for repeat offenders. While the clerk making the sale may be penalized, the store owner (license holder) must be held accountable for the actions of their employees for this policy to be effective.

Evaluation

Minimum purchase age law enforcement efforts generate good data that can be used in evaluation. By collecting data from regularly conducted inspections, community organizers can document the changes brought about in the community as a result of increased enforcement. If compliance rates go up (and remain elevated with regular enforcement), then the strategy is succeeding in reducing underage tobacco access. Therefore, in assessing this strategy, communities should assess reduced smoking and smokeless tobacco use by those under age 18.

Lessons Learned

The greatest decrease in tobacco sales to underage buyers has been documented in communities that have active surveillance of retailers and substantial penalties for noncompliance.

By themselves, educational interventions directed at vendors have resulted in only slight and temporary reductions in tobacco sales to minors. Enforcement through compliance checks is critical. The more often that compliance checks are conducted, the greater the proportion of merchants who will stop violating the law.

Compatible Programs
While compliance checks are used by many communities, there is no formal program known to employ this strategy.

Resources
Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding. Some studies describe locations where these strategies have been implemented successfully:

Altman, D. G., et al. (1989). Reducing the illegal sales of cigarettes to minors. *Journal of the American Medical Association,* 261: 80-83.

Altman, D. G., et al. (1991). Sustained effects of an educational program to reduces sales of cigarettes to minors. *American Journal of Public Health,* 81: 891-898.

Di Franza, J. R., Carlson, R. R., and Caisse, R. E. (1992). Reducing youth access to tobacco. *Tobacco Control,* 1-58.

Di Franza, J. R., Sevageau, J. A., and Aisquith, B. F. (1996). Youth access to tobacco: The effects of age, gender, vending machine locks, and "It's the Law" programs. *American Journal of Public Health,* 86: 221-224.

Final Report, Independent Evaluation of the California Tobacco Control Prevention and Education Program: Wave 1 Data, 1996-97. State of California, Department of Health Services, Tobacco Control Section.

Fishman, J. A., et al. (1999). State laws on tobacco control—United States, 1998. *Morbidity and Mortality Weekly Report,* 48(SS03): 21-62.

Feighery, E., Altman, D. G., and Shaffer, G. (1991). The effects of combining education and enforcement to reduce tobacco sales to minors. *JAMA,* 266: 3168-3171.

Jason, L. A., et al. (1996). Reducing the illegal sales of cigarettes to minors: Analysis of alternative enforcement schedules. *Journal of Applied Behavioral Analysis,* 29: 333-344.

Jason, L. A., et al. (1991). Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. *JAMA,* 266: 3159-3161.

Massachusetts Tobacco Control Program

Description
In 1992, Massachusetts passed a referendum that raised the cigarette tax 25 cents per pack and mandated that the resulting revenue be used for tobacco control and other health promotion efforts. As a result, the Massachusetts Tobacco Control Program (MTCP) was created in 1993 with the goal of reducing "both the number of people who smoke and the amount of tobacco smoked."

MTCP funds local communities to help pass ordinances restricting tobacco marketing to youth, and the Department of Education funds school-based comprehensive health that includes tobacco education. Among the services MTCP has provided to local communities are smoking cessation counseling, school-based education programs, paid media, and tobacco product regulations.

Target Population
MTCP targets students in Massachusetts's public schools in grades 7 through 12.

Goals and Objectives
MTCP's goals and objectives are to:
- Prevent young people from starting to use tobacco
- Reducing young people's access to tobacco
- Helping adult smokers stop smoking
- Protect non-smokers by reducing their exposure to environmental tobacco smoke

Outcomes
As a result of the Massachusetts Tobacco Control Program:
- Middle school students significantly decreased their lifetime smokeless tobacco use from 1993 to 1996. Males, females, Whites, and students with college plans all exhibited significant declines.
- Youth cigarette smoking significantly declined in Massachusetts from 1995 to 1999. This decline was significantly greater in the younger grades.
- Lifetime smoking declined among Massachusetts high school students during the period 1995 to 1999.
- Smokeless tobacco use declined significantly from 1995 to 1999 for high school students exposed to education funded by the MTCP.
- Cigarette consumption for those aged 18 years and older has fallen 41 percent since 1992.
- Youth smoking has decreased significantly from 1995 to 2001, a change that represents a 27 percent decline in the smoking rate among adolescents in the past six years.
- Illegal tobacco sales to minors have fallen from 39 percent in 1994 to just 10 percent in 2001.
- The number of women who smoked during pregnancy declined 58 percent from1990 to 1999.
- Exposure to environmental tobacco smoke or secondhand smoke in the workplace, restaurants, and private homes has been significantly reduced since MTCP began.

Strategies
Community mobilization
Lobbying/Legislation/Policy development
Media campaign

Activities
The MTCP fostered youth prevention through:
- Community efforts to increase enforcement of youth–access provisions, including banning free samples, requiring permits for tobacco retailers, restricting access to vending machines or banning

them entirely, staging buy attempts by minors, and funding community-based tobacco prevention programs.

- The Massachusetts Tobacco Media Education Campaign, which includes television, radio, newspaper, and billboard advertising, as well as grassroots education, promotion, and community relations efforts throughout the state.

Implementation Process and Plan

The Massachusetts Tobacco Control Program coordinates local and statewide initiatives promoting smoking prevention and intervention. Within each region, MTCP funds local tobacco control programs to provide direct, community-based services. It also funds a number of statewide agencies to offer technical training and assistance and education materials to these local programs and other grassroots efforts. Local and statewide activities are supported by an extensive statewide media campaign.

Below are some of the activities and services implemented as part of the Massachusetts Tobacco Control Program:

- Boards of Health/Health Departments raise public awareness of the need for tobacco control public policy initiatives. They are primarily funded to enact and enforce local ordinances and regulations designed to make it harder for youth to buy tobacco products from retail establishments and vending machines and to protect the public from environmental tobacco smoke. Boards of Health also provide important community services to the general public, such as smoking cessation services.
- Community Mobilization Networks engage in grassroots community education and mobilize to raise public awareness about the health issues related to tobacco use and the strategies used by the tobacco industry to promote use. They play an important role in assisting local tobacco control programs to plan and coordinate activities.
- The Try to Stop Tobacco Resource Center includes the Smoker's helpline (1-800-TRY-TO-STOP), a telephone hotline that provides cessation counseling, self-help materials and referrals for smokers who want to quit. It also includes the Tobacco Education Clearinghouse (617-482-9485), which develops and distributes educational materials.
- The Smoking Cessation Training and Technical Assistance Project (SCTTAP) provides training and technical assistance to tobacco treatment specialists.
- The Community Action Statewide Team (CAST) helps local communities draft and enact regulations. It is a statewide committee made up of representatives from the Massachusetts Municipal Association, Massachusetts Association of Health Boards, and MTCP.

Some of the advertisements created in Massachusetts, as well as advertisements from other state tobacco control programs, are available for use by other public health organizations through the Centers for Disease Control and Prevention (CDC). Copies of the Massachusetts television advertisements are also available through the Cygnus Corporation at (301) 231-7537. In addition to advertisements, the media education campaign has produced education kits that are made available to health educators at (888) NO-DRAG. Currently these include:

- SmokeScreeners (educating youth on smoking seen in movies and on television)
- Pam Laffin Series (based on a documentary of a Massachusetts woman who had a lung removed due to emphysema at the age of 24)

Evaluation

In evaluating this practice, communities should assess:

- Rates of underage smoking and smokeless tobacco use
- Rates of retailer compliance with underage purchase laws

To gauge smoking attitudes and behaviors, the Massachusetts Department of Education administered surveys to a representative sample of students from 1993 to 1999. The actual survey takes approximately 40 minutes to complete.

Lessons Learned
No special challenges or considerations have been reported for this practice.

Compatible Programs
Both Project Toward No Tobacco Use and Project SHOUT, school-based tobacco prevention programs, might be useful adjuncts to implementing a multi-strategy tobacco control campaign in your community.

Resources
Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding of what is involved in implementation:

Hamilton, N., Norton, G. D., Weintraub, J. (2001). *Independent Evaluation of the Massachusetts Tobacco Control Program. Seventh Annual Report. January 1994 to June 2000.* Cambridge, MA: ABT Associates, Inc.

Harris, J. E., Connolly, G. N., Brooks, D., Davis, B. (1996). Cigarette smoking before and after an excise tax increase and an antismoking campaign—Massachusetts, 1990-1996. *MMWR,* 45(44): 996-970.

Heiser, P. F., and Begay, M. E. (1997). The campaign to raise the tobacco tax in Massachusetts. *American Journal of Public Health,* 87(6): 968-973.

Koh, H. K. (1996). An analysis of the successful 1992 Massachusetts tobacco tax initiative. *Tobacco Control,* 5: 220-225.

Contact Information
If you are interested in implementing a practice similar to the Massachusetts Tobacco Control Program, you can receive more information by contacting the MTCP program developer:

Greg Connolly
Massachusetts Tobacco Control Program
250 Washington Street
Boston, MA 02108-4619
Telephone: (617) 624-6000
E-mail: greg.connolly@state.ma.us
Web site: www.state.ma.us/dph/mtcp

Responsible Beverage Service Training

Description
Responsible beverage service training—also known as server training—involves educating the owners, managers, servers, and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or to intoxicated patrons. Training can be required by local or state law, or a law or ordinance might provide incentives for the owners and staff of businesses that sell and/or serve alcohol to undergo training. In some communities, hospitality establishments have been persuaded to implement training policies voluntarily without legal requirements or incentives.

Target Population
Responsible beverage service is designed to target underage youth and heavy drinkers.

Goals and Objectives
This strategy is designed to:
- Decrease the number of illegal alcohol sales to underage youth and intoxicated patrons
- Decrease underage drinking and drinking by heavy drinkers
- Make managers and servers/sellers aware of state, community, and establishment-level alcohol policies and the potential consequences for failing to comply with such policies

Outcomes
Studies have found that states with tough legal liability laws that hold servers accountable for damages see a higher level of responsible serving practices, including the refusal to serve alcohol to someone who is intoxicated.

An assessment of one state's efforts found that mandated server training resulted in a significant reduction in alcohol-related traffic accidents.

Server training and policy interventions are effective in curbing illegal sales to intoxicated and underage individuals when these interventions are combined with enforcement activities.

Strategies
Law enforcement
Server education

Activities
Server training programs—an important component of this strategy—may address:
- The laws and policies governing underage and intoxicated patron beverage service, including any criminal and civil liabilities for infractions
- The importance of checking identification for anyone who appears to be under the age of 30
- How to identify fake IDs and what to do once a fake ID is confiscated
- How to recognize situations in which adults are buying alcohol for underage youth and how to refuse sales to these individuals
- Signs of intoxication
- Ways to refuse service to underage youth and intoxicated customers

An effective server program will include information, skills training, role-playing, and testing.

Other activities for this strategy may include:
- Establishing a state law requiring responsible server training
- Enforcing county laws prohibiting alcohol service to intoxicated patrons

- Establishing a State Liquor Control Board with comprehensive prevention activities

Your coalition is most likely to be successful in implementing this strategy if members of the hospitality industry, the prevention field, and law enforcement are all represented.

Implementation Process and Plan
Server training programs may differ in type, intensity, length, and focus. No evidence suggests that one kind of program is more or less effective than another. Server training needs to be offered on a continuous basis to make sure that all sellers/servers who come on board after the initial training are properly educated.

For this strategy to be successful, it is important for servers and managers to know that the law will be enforced and to realize that they assume significant liability if they serve intoxicated or underage individuals.

Evaluation
Communities instituting this practice should assess:
- The number of illegal sales to intoxicated and underage individuals
- The change in responsible service practices and management practices

Lessons Learned
Responsible beverage service training is most effective in terms of changing retail practices when this strategy is combined with enforcement efforts such as impaired driving enforcement and minimum purchase age enforcement.

Offering incentives or disincentives can encourage licensed establishments to provide server training and strengthen policies to prevent intoxication and drinking and driving.

Compatible Programs
This strategy has been used and shown effective in the following strategy:
- Community Trials Intervention to Reduce High-Risk Drinking

You might want to consider reviewing and perhaps implementing this strategy as a complementary effort in reaching your prevention goals.

Resources
Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding. Some studies describe locations where this strategy has been implemented successfully:

Chafetz, M. E. (1995). Front line intervention: A server training program. *The Prevention Researcher,* Spring 1995.

Holder, H., et al. (1993). *Alcoholic Beverage Server Liability and the Reduction of Alcohol-Involved Problems.* Prevention Research Center, University of California at Berkeley.

McKnight, A. J., and Streff, F. M. (1994). The effect of enforcement upon service of alcohol to intoxicated patrons of bars and restaurants. *Accident Analysis and Prevention,* 26(1), 79-88.

Responsible Beverage Service Training: A Public Policy to Reduce Access to Alcohol by Underage People. Alcohol Epidemiology Program, School of Public Health, University of Minnesota. Web site: www.epi.umn.edu/alcohol/policy/default.html.

Saltz, R. F., and Stanghetta, P. (1997). A community-wide Responsible Beverage Service program in three communities: Early findings. *Addiction,* 92(Supplement 2): S237-S249.

Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V. G., Zaza, S., Sosin, D. M., Thompson, R. S., and the Task Force on Community Preventive Services. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine,* 21(4S): 66-89.

Toomey, T. L., Wagenaar, A. C., Gehan, J. P., Kilian, G., Murray, D. M., and Perry, C. L. (2001). Project ARM: Alcohol risk management to prevent sales to underage and intoxicated patrons. *Health Education and Behavior,* 28(2): 186-199.

Stop Teenage Addiction to Tobacco (STAT)

Description
The Stop Teenage Addiction to Tobacco (STAT) initiative is an environmental campaign to 1) enforce laws against tobacco use by minors; and, 2) to stimulate communities to implement other strategies, such as banning vending machines or installing lockout devices on vending machines, to curtail youth access to tobacco. Where traditional youth smoking prevention initiatives have focused on reducing the demand or desire for tobacco among youth, the STAT effort focuses on cutting off the supply of tobacco to minors.

Target Population
STAT is an effort targeting law enforcement, vendors, and other community groups concerned with reducing the ability of minors to purchase tobacco.

STAT targets tobacco use by junior high and high school students.

Goals and Objectives
The aim of the STAT program is to convince tobacco merchants and vendors to obey laws that prohibit tobacco sales to minors, thereby reducing underage tobacco use.

Outcomes
The town of Woodridge, Illinois, was the first in the nation to put a tough enforcement program in place. As a result of this enforcement program, Woodridge's rate of tobacco use among teenagers was reduced by half.

There has been a measurable improvement in merchant compliance in Massachusetts over the past several years. Each of the communities in a Massachusetts study reached 90 percent (or above) vendor compliance rate, showing that enforcement programs were effective. Three months after a local law requiring lockout devices on all machines went into effect, a minor was able to purchase tobacco from 19 percent of vending machines equipped with locks in comparison to 65 percent of machines without locks.

Strategies
Law enforcement

Activities
STAT activities include compliance checks on tobacco sales to minors and vending machine restrictions in order to cut off the supply of tobacco to minors by enforcing laws that prohibit the sale of tobacco to this underage group.

Implementation Process and Plan
A key component of improved enforcement is compliance tests. Six communities in Massachusetts undertook the following approach to effective compliance testing:

- Underage youth enter a place of business to purchase tobacco while an adult supervisor waits outside. Youth involved in compliance testing are instructed to be honest when asked their age and not to carry proof of identification.
- Youth involved in compliance testing must have parental consent and must sign a statement outlining their responsibilities. In addition, they receive one to two hours of group training to prepare for the compliance tests.

- The adult supervisor waits in the car while the youth enters the store. When the youth returns, he or she reports what transpired. Any purchased tobacco is immediately labeled with the date of sale; name of the adult supervisor; and the name, address, and permit number of the vendor.
- Violation notices are written for violators. These notices are delivered either by mail or in person at the end of the day, but never at the time of the inspection. To do so might launch a merchant phone tree action, reducing the number of effective compliance inspections possible that day.
- In cases of vending machines without locking devices, youth are instructed to approach the vending machine and attempt to make a purchase. If the vending machine is locked, the youth are instructed to ask an employee to unlock the machine.
- Over-the-counter vendors included in the compliance testing in Massachusetts were convenience stores, pharmacies, liquor stores, and gasoline stations. All of the vending machines were located in restaurants.
- It is important to re-inspect violators frequently to determine whether the penalty has had the desired effect of eliminating a source of illegal sales.

Evaluation
In evaluating this program, communities and schools should assess:
- Merchant compliance and vendor compliance rate with tobacco purchase laws
- Underage tobacco use

Lessons Learned
For this strategy to be effective, it is critical to have a strong commitment from law enforcement officials and licensing entities.

Self-service displays should be banned. They contribute to youth access, providing the temptation and opportunity for younger adolescents to shoplift tobacco products.

Compatible Programs
Both Project Toward No Tobacco Use and Project SHOUT, school-based tobacco prevention programs, might be useful adjuncts to implementing a multi-strategy tobacco control campaign in your community.

Resources
Below is a listing of research studies that support the effectiveness of this strategy and can enhance your understanding of what is involved in implementation:

Chalopka, F., Grossman, M. (1996). Price, tobacco control policies, and youth smoking. Cambridge, MA: *National Bureau of Economic Research*.

DiFranza, J. R., Carlson, R. R., Caisse, R. E. J. (1992). Reducing youth access to tobacco. *Tobacco Control*, 1: 58.

Forster, J. L., Murray, D. M., Wolfson, M., Blaine, T. M., Wagenaar, A. C., Hennrikus, D. J. (1998). The effects of community policies to reduce youth access to tobacco. *Tobacco Control,* 38: 1193-1197.

Hinds, M. W. (1992). Impact of a local ordinance banning tobacco sales to minors. *Public Health Reports,* 107: 356-358.

Jason, L. A., Berk, M., Schnopp-Wyatt, D. L., Talbot B. (1999). Effects of enforcement of youth access laws on smoking prevalence. *American Journal of Community Psychology,* 27(2): 143-160.

Jason, L., Ji, P. Y., Anes, M. D., Birkhead, S. H. (1991). Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. *Journal of the American Medical Association* 1991; 266: 3159-3161.

Katz, R. and Jason, L. A. (2000). Youth access to tobacco laws: A survey of municipality government officials' attitudes about youth access to tobacco laws. *Journal of Rural Community Psychology,* E3(1).

Lewit, E. M., Hyland, A., Kerrebrock, N., Cummings, K. M. (1997). Price, public policy, and smoking in young people. *Tobacco Control,* 6 (Supplement 2): S17-S24.

Rigotti, N., DiFranza, J., Chang, Y., Tisdale, T., Kemp, B., Singer, D. (1997). The effect of enforcing tobacco sales laws on adolescents' access to tobacco and smoking behavior. *The New England Journal of Medicine,* 337: 1044-1051.

Contact Information

If you are interested in implementing Stopping Teenage Addiction to Tobacco (STAT), you can receive more information on this program by contacting:

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or

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Zero-Tolerance Laws (Alcohol)

Description
Youth have less experience operating motor vehicles, which makes them particularly vulnerable to the effects of alcohol. For youth, traffic crashes pose the most serious and immediate consequences of underage drinking. Zero tolerance laws were established to reduce the number of youth traffic crashes and fatalities, and to serve as a deterrent to drinking and driving among youth.

Zero tolerance laws strictly limit the permissible blood alcohol content (BAC) level for any driver under the age of 21 by setting the limit in the 0.00 to 0.02 range. Zero tolerance may be tied to administrative license revocations so that youth who violate the law will lose their driving privileges for an extensive period.

Target Population
This strategy targets all members of the community under the age of 21.

Goals and Objectives
Zero tolerance laws were established to:
- Reduce the number of youth traffic crashes and fatalities
- Reduce the number of youth who drink and drive
- Limit the permissible BAC level for any driver under the age of 21 to 0.02 or lower

Outcomes
Zero tolerance laws result in a significant reduction of risk for traffic fatalities among youth.

Strategies
Establishing a BAC limit of 0.02 or lower for all those under the age of 21
Enforcement
Media campaign

Activities
Laws against drinking and driving are most effective when they are part of a comprehensive highway safety program that includes plans for law enforcement and public education. For youth, the key elements of zero-tolerance enforcement include:
- Sobriety checkpoints for impaired driving
- Saturation patrols at times and in areas youth tend to drive
- Well-publicized enforcement of zero-tolerance and other traffic enforcement measures, such as speeding and running red lights

Efforts to deter impaired underage driving also might include administrative license revocation. This penalty allows for the immediate confiscation of the driver's license by the arresting officer if a person is arrested with an illegal BAC or if the driver refuses to be tested. In most of the states in which this policy has been adopted, this is a 90-day penalty for a first offense, longer for subsequent offenses. Because a driver's license is a prized possession for most young people, license suspension or revocation can have a powerful deterrent effect on underage drinking and impaired driving.

Implementation Process and Plan
A media campaign about the zero-tolerance law, targeting youth, should be used as an integral component of this strategy.

Evaluation
To evaluate the effectiveness of zero-tolerance laws, communities should assess the reduction in single-vehicle night-time fatal crashes among drivers under the age of 21 and the number of youth reporting they drink and drive

Lessons Learned
No special considerations have been reported for implementing this strategy.

Compatible Programs
Zero-tolerance has been used and shown be effective in the following strategy:

- Community Trials Intervention to Reduce High-Risk Drinking

You might want to consider reviewing and perhaps implementing this program as a complementary effort in reaching your prevention goals.

Resources
Here are some resources that can enhance your understanding of the effectiveness of this strategy, including a study that describes locations where this strategy has been implemented successfully:

Hingson, R., Herein, T., and Winter, M. (1994). Lower legal blood alcohol limits for young drivers. *Public Health Reports,* 109, 738-744.

Wagenaar, A. C, O'Malley, P. M., and LaFond C. (2001). Lowered legal blood alcohol limits for young drivers: Effects on drinking, driving, and driving-after-drinking behaviors in 30 states. *American Journal of Public Health,* 91(5): 801-804.

APPENDIX C-2
SCIENCE-BASED PREVENTION STRATEGIES: INDIVIDUAL APPROACHES

Many science-based strategies take an **individual approach that** focuses on changing individual attributes and behaviors. Even when risk factors are acknowledged to exist within the environment at large, the outcomes sought by individually focused strategies are changes in individuals rather than the larger environment in which they live.

Individual approaches to substance abuse prevention start from the premise that individual attributes and characteristics place a person at risk, and that using or abusing substances is a choice that each person makes. Therefore, these strategies focus on improving individual decision-making and/or resistance skills. Individual approaches can be an important component of a successful prevention effort, particularly if your target group is a high-risk population.

When choosing individual strategies that are best for your community, you should consider a number of factors, many of which are discussed in the preceding sections of this guidance document. A careful analysis of the community's resources, needs assessment, and goals, objectives, and outcomes will pave the way for selecting effective and locally-appropriate prevention strategies.

These selections represent commitments of community time and money—limited resources in every community. The program matrices and the profiles included in this document will provide you with useful information to help you select the best strategy or strategies to meet your community's needs.

The following matrix and profiles provides brief overviews of **science-based individual approach strategies** that have been proven through substantial research and evaluation to be effective at preventing or delaying substance abuse among youth ages 12 to 17, and which are eligible for SICA funding. These strategies are as follows:

- **Across Ages**
- **All Stars**
- **ATLAS**
- **CASASTART**
- **Child Development**
- **Communities Mobilizing for Change on Alcohol**
- **Community Trials Intervention to Reduce High-Risk Drinking**
- **Creating Lasting Family Connections**
- **Families and Schools Together**
- **Family Matters**
- **Guiding Good Choices**
- **Keep a Clear Mind**
- **Keepin' It Real**
- **Leadership and Resiliency Program**
- **Life Skills Training**
- **Lions-Quest Skills for Adolescence**
- **Parenting Wisely**
- **Positive Action**
- **Project ALERT**
- **Project Northland**
- **Project SUCCESS**
- **Project Toward No Tobacco Use**
- **Project Towards No Drug Abuse**
- **Reconnecting Youth**
- **Residential Student Assistance Program**
- **Responding in Peaceful and Positive Ways**
- **Seattle Social Development Project (also called SOAR—Skills, Opportunities, and Recognition)**
- **Start Taking Alcohol Risks Seriously**
- **Strengthening Families Program I**
- **Strengthening Families Program: For Parents and Youth 10-14**
- **Too Good for Drugs**

If your community is awarded a State Incentive Cooperative Agreement (SICA) grant, **at least 50 percent of the funding you receive must be used to implement science-based strategies.** You may make your choice from the list above, from the **Science-Based Environmental Strategies** list, or both. It is important to remember that substance abuse is a complex, dynamic problem, and blending individual and environmental approaches that reinforce one another will strengthen your prevention efforts (see p. 16 of this document for more information about utilizing a comprehensive approach).

APPENDIX C-2-1

SCIENCE-BASED STRATEGIES MATRIX: INDIVIDUAL APPROACHES

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Across Ages	9-13, Parents	Male and Female	Rural Suburban Urban Middle Schools Community Centers	**Validated populations**: African American, Caucasian Hispanic Native American **Replicated populations**: Asian American **Cultural considerations:** Program has been replicated with urban, suburban, and rural populations, but is not appropriate for extremely rural or small communities Cultural adaptations: None	Individual/ Peer School	Selective This program is designed for youth who reside in communities with no opportunities for positive free-time activities, who have few positive adult role models, and/or who are in kinship care because their natural parents cannot care for them (often as a result of incarceration or substance use). These children are likely to live in poverty and to have experienced repeated school failure.	*Individual/Peer* • Early initiation of the problem behavior • Friends who engage in the problem behavior *Family* • Parental attitudes and involvement in the problem behavior • Family history of high-risk behavior *School* • Academic failure • Low commitment to school *Community* • Community laws and norms favorable toward drug use • Low neighborhood attachment and community disorganization • Extreme economic and social deprivation	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Life skills: decision-making, problem-solving, conflict resolution • Risk taking/ sensation seeking • Relationship with significant adult • Engagement in pro-social activities *Family* • Poverty • Family stress • Incarcerated family members • Family involvement (opportunities for pro-social involvement) *School* • School climate • School behaviors *Community* • Opportunities for pro-social involvement • Frequency of participation in organized community activities	• Pairing older adult mentors (55+) with middle school youth • Perform community service • Develop youth coping/life management skills • Provide academic support • Provide parent support	• Decrease in alcohol, tobacco, and other drug use • Increased problem-solving ability • Increased school attendance • Decreased suspensions from school • Improved attitude toward adults • Improved attitude toward school and the future	Training/Technical Support: • $1,000 per day, plus expenses; 2 days' training required • $500 per day plus expenses for onsite TA; 2 days' training recommended the first year; 1 day each subsequent year • $30 per hour for TA via telephone • Training requires a minimum of 10 participants and a maximum of 30 Materials: • $75 Manual • $25 Handbooks for parents, students • $25 Elder Mentor Handbooks • $65 Mentor Training Guide • $25 Evaluation Protocol • $25 Video • Materials also available in Spanish Strategy Implementation Cost: $1,500 to $2,000 per child per 12 months
All Stars	11-15	Male and Female	Rural Suburban Urban Schools Communities	**Validated populations:** African American Caucasian Native Americans (pilot study in Nebraska; tribe not identified) **Cultural adaptations:** Materials are available in Spanish; program being used in Puerto Rico. Adaptation required for Hispanic populations is minimal (includes language translation and culturally appropriate examples), and instruction for adaptation is included in training.	Individual/ Peer Family School	Universal	*Individual/Peer* • Friends who engage in the problem behavior *Family* • Parental attitudes and involvement in the problem behavior	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Attitude toward drug use • Beliefs about peer norms • Visibility of positive peer opinion leaders • Establishment of conventional behavioral norms *Family* • Rewards for pro-social involvement *School* • Student-teacher communication • Parental support for school prevention activities *Community* • Frequency of participation in organized community activities	• Accurate beliefs about peer norms • Perception of how substance abuse affects preferred lifestyles • Commitment to stay substance free • Social and peer bonding	• Increased commitment to avoid high-risk behaviors • Increased bonding to school and peers • Positive changes in substance use and violence	Training/Technical Support: • 2 days' training required • $3,000 plus expenses for a group of 12 to 20 trainees; $100 for facilitator curriculum • $250 plus travel expenses for an individual training; $100 per person for facilitator curriculum Materials: • $165 Facilitator • $175 for 25 Student materials • $140 Community set for 20 students • $15 Commitment ring • $8 T-shirt • Parental/take-home materials also available in Spanish

[5] Validated populations are those for whom the programs listed have been found to be effective through formal evaluation. Replicated populations are those with whom the programs listed have been used, but no formal evaluation has been conducted.

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
ATLAS	13-19	Males	Rural Suburban Urban High Schools Athletic Teams	**Validated populations**: African American Asian American Caucasian Hispanic Native American **Cultural adaptations:** Materials have been translated into Spanish and the program will be replicated by the U.S. Department of Health and Human Services (DHHS) in Puerto Rico beginning in February 2004. No specific cultural adaptations have been made to this program	Individual/ Peer School Community	Universal	***Individual/Peer*** • Friends who engage in the problem behavior ***Community*** • Community laws and norms favorable toward drug use	***Individual/Peer*** • Bonding to peers with healthy beliefs and clear standards ***School*** • Bonding to a school that promotes healthy beliefs and clear standards	***Individual/Peer*** • Beliefs about peer norms • Interaction with antisocial peers • Media literacy • Decision-making skills • Sports nutrition knowledge • Perception of personal athletic competence • Athletic self-efficacy • Exercise skills • Reasons for not using drugs • Proper nutrition and eating behaviors • Perception of drug risks • Knowledge about steroids, alcohol, and other substances of abuse • Peers as a source of correct information ***School*** • Team as a source of information • Exercise and use of school gym • Coaching staff intolerance to substance use *Community* • Media advertisements promoting performance enhancing products	• Knowledge of effects of steroids on body and on sport • Healthy, natural alternatives to increasing muscle • Anabolic steroid prevention • Team centered, peer delivered, gender specific approach • Understanding harm of illicit drugs and alcohol on athletic abilities	• Reduced steroid use • Belief that coaches do not condone or tolerate steroid use • Reduced use of alcohol and illicit drug use • Reduced drinking and driving • Improved nutrition and exercise behaviors • Increased feeling of self- efficacy as athletes • Stronger team mentality	Training/Technical Support: • Training is optional for this program. • Training time is 6 to 8 hours. • Training costs are $1,750 plus expenses for two persons. [Note: Training is for teachers and coaches only] Materials: • $149.95 full set (Program cost includes 10 Athletes' Packs) • $39.95 (3-booklet Athletes' Pack for 10 packs) • Possible additional photocopying costs for peer leader. This translates into a cost of $510 for 100 participants, plus photocopying costs of about $1-$2 per peer leader.

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
CASASTART	8-13	Male and Female	Rural Suburban Urban Schools Communities	**Replicated populations:** African-American Caucasian Hispanic/Latino Native American Native American populations specifically include Ute Mountain Ute tribe in SW Colorado Hispanic/Latino populations specifically include Puerto Rican, Dominican, Mexican-American, and Salvadoran populations **Cultural adaptations:** No cultural adaptations have been evaluated No materials developed specifically for these cultural adaptations are available through the program developer	Individual/ Peer Family School Community	Selective Indicated This program is designed for students who have both academic performance and school behavior problems	*Individual/Peer* • Alienation and rebelliousness • Early initiation of the problem behavior *Family* • Family conflict • Family management problems • Family history of high-risk behavior • Parental attitudes and involvement in the problem behavior *School* • Academic failure • Low commitment to school *Community* • Low neighborhood attachment and community disorganization • Extreme economic and social deprivation	*Individual/***Peer** • ***Bonding to peers with healthy beliefs and clear standards*** *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/*Peer • Risk-taking or sensation-seeking behavior • Antisocial behavior • Engagement in pro-social activities • Relationship with significant positive adults *Family* • Communications between parents and children *School* • Truancy • Chronic tardiness • Weapons or substance possession • Relationship between parents and schools *Community* • Residence in communities with few opportunities for positive free time activities • High crime area • Drug dealing • Relationship between police and the CASASTART youth/families • Relationships among CASASTART partner agencies	• Improve youths attachment to pro-social individuals and institutions • Increase youths opportunities to achieve positive goals • Provide parent education and training	• Reduced student reports of using gateway and stronger drugs • Reduced association with delinquent peers and violent offenses • Increased positive peer influence	Training/Technical Support: • $1,300 per day plus expenses for 6 days training in core program elements; training is spread out over a 2- to 3-month period • CASA offers a full menu of CASASTART training and technical support services designed to help new sites during their first year of program implementation. Interested agencies and communities should contact the program developer to discuss how CASA's technical assistance service could be tailored to their communities needs and resources. Materials • CASASTART field guide: $50 • CASASTART Mission & History: $4.25 • Final Report II of Impact of the Children at Risk Program (CASASTART was formerly Children at Risk), May 1998: $15 • Final Report of Impact of the Children at Risk Program, Volumes I and II, March 1997: $17.50

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Child Development Project	5-12	Male and Female	Rural Suburban Urban Elementary Schools	**Validated populations:** African American Asian American Caucasian Hispanic/Latino CDP has been Implemented and evaluated in a broad cross-section of urban schools, United Nations schools (where a wide array of languages are spoken under one roof), and schools with all African-American student populations and all Latino populations. Also validated in suburban and rural settings. However, only validated for elementary populations, in both K-6 and K-8 configurations Note: Not validated for Native American populations **Cultural adaptations:** Materials sent home to the parents are available in Spanish as well as English. Both versions are provided with the purchase of this program.	Individual/ Peer Family School	Universal	*Individual/Peer* • Early initiation of the problem behavior *School* • Academic failure • Low commitment to school	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Self-control, assertiveness and other social and emotional skills • Commitment to core societal values • Ethical, social, and emotional development • Commitment to pro-social values • Caring relationships with peers *School* • Sense of community in school • Family involvement in schooling • Caring relationships with teachers	• Bonding to school • Parent involvement • Peer bonding	• Greater conflict resolution skills • Increased bonding to school	Training/Technical Support: • 3 days; 18 hours • $6,000 for teams from up to 5 schools (Note: This is a training of trainers approach. A team of four to six participants from a school receives a three-day institute training and then provides staff development to a school staff.) • Fees for workshops and follow-up visits are $1,200/day plus travel expenses Materials: • $460 school set for the collegial study package which includes videos and tools for the follow up training and program implementation in each school • $60 per teacher for materials and books • $10 per 50 parent materials • Parental/take-home materials also available in Spanish
Communities Mobilizing for Change on Alcohol	13-20	Male and Female	Rural Suburban Urban Communities	**Validated populations:** CMCA has been used successfully with all ages, both genders, and a diverse ethnic population mix **Cultural adaptations:** Program not specifically adapted for ethnic or cultural populations	Individual/ Peer Community Society	Universal	*Individual/Peer* • Friends who engage in the problem behavior *Community* • Availability of alcohol • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Peers providing alcohol *Community* • Poor enforcement of alcohol laws and regulations • Lack of laws or institutional policies that limit alcohol availability • Institutional policies that discourage youth alcohol use • Public and institutional policies that reduce alcohol sales to youth • Civic action against illegal sale and provision of alcohol to youth • Increased interaction among diverse community sectors	• Environmental strategy • Limit minors access to alcohol through community mobilization	• Reduction in sales to minors • Increased identification checks by vendors • Community mobilization	Training/Technical Support: • No official training Materials: • No formal curriculum

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Community Trials Intervention to Reduce High-Risk Drinking	All age groups	Male and Female	Rural Suburban Urban Communities	**Validated populations:** This program has been used successfully with a diverse ethnic population mix **Cultural adaptations:** Program not specifically adapted for ethnic or cultural populations Materials available in Spanish	Community	Universal	*Family* • Parental attitudes and involvement in the problem behavior *Community* • Laws and norms favorable to underage drinking	*Family* • Bonding to a family with healthy beliefs and clear standards *Community* • Bonding to a community that promotes health beliefs and clear standards	*Individual/Peer* • Perceived risk of arrest for drinking and driving *Family* • In-home alcohol access to minors *Community* • Number of alcohol outlets • Alcohol sales and service to minors at on- and off-premise alcohol outlets • RBS training of alcohol establishments and related sales and service policies • Enforcement of drinking and driving laws • Publicity surrounding changes in youth alcohol access and drinking and driving enforcement • Media advocacy in support of alcohol policy change • Decreased formal and informal youth access to alcohol	• Community mobilization to support prevention interventions • Facilitating responsive beverage service • Training local retailers and increasing enforcement to reduce underage access • Increase enforcement and sobriety checkpoints to increase actual and perceived risk of arrest • Develop local restrictions on access via zoning and other controls	• Reduced driving when over the legal limit • Reduced amount consumed per drinking occasion • Reduced traffic crashes in which driver had been drinking • Reduced assault injuries	Training/Technical Support: • Initial telephone consultation provided at no charge • Costs for additional technical assistance, if needed, is negotiated Materials: • Materials provided at reproduction cost • Materials also available in Spanish

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Creating Lasting Family Connections	11-15 and parents	Male and Female	Rural Suburban Urban Community Centers Churches Schools	**Replicated populations:** African American Asian American/ Pacific Islander Caucasian Hispanic Native American This program has been implemented with the Cherokee nation, Tlingit Tribe, and populations from Puerto Rico, Mexico, Columbia, Indonesia, Vietnam, and Laos **Cultural adaptations:** An evaluation of culturally adapted programming has not been conducted Curriculum materials have been translated into an international Spanish version and are available from the program developer	Individual/ Peer Family Community	Universal Selective Indicated This program is designed for youth and families in high-risk environments	*Individual/Peer* • Early initiation of the problem behavior • Favorable attitudes toward substance use *Family* • Family history of substance abuse *School* • Lack of commitment to school • Academic failure	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes health beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Appropriate substance use knowledge and beliefs • Refusal skills • Communication skills • Social skills *Family* • Appropriate parental substance use knowledge, beliefs, and behavior • Family management skills • Involvement of youth in family rule setting • Help-seeking for family and personal problems • Appropriate expectations and consequences • Communication among family members • Family recreational and community activities *School* • Positive school climate *Community* • Responsive and flexible social service provision • Community service	• Alcohol and other drug information • Parenting skills • Communication skills	• Increased child resiliency • Increased involvement in setting family norms on substance abuse • Delayed onset of substance use	Training/Technical Support: • 40-80 hours • $750 per person, plus expenses for each of one or two weeks' training in Louisville • $400 to $1,500 per day, depending on the number of trainers and their level of experience, plus travel, lodging, and expenses for on-site training. • The cost of implementing this program is approximately $17,500 for 40 families (approximately 50 youth and 40 parents) Note: This program has three separate adult modules and three separate youth modules. Implementation cost is difficult to pre-determine because the program has a variety of implementation choices creating correlating fluctuations in costs. Costs could foreseeably range anywhere from minimally $1,500 to $250,000 when serving 100 families per year. For agencies serious about program implementation as designed, the typical first-year budget is $25,000 and up, while costs in subsequent years drop considerably. Materials: • $1,474.75 for 5 training manuals, 25 participant notebooks, and 5 poster sets

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Families and Schools Together	4-13 and families	Male and Female	Rural Suburban Urban Schools	**Replicated populations:** African American Asian American Caucasian Hispanic/Latino Native American Implemented in Australia, Austria, Canada, Germany, and France FAST groups have been made up of culturally diverse families, as well as solely Spanish-speaking people, Native Americans, African Americans, Asian Americans, or Caucasians. FAST has been successfully replicated in 39 states and 5 countries with rural, medium-sized, and urban communities. **Cultural adaptations:** No specific cultural adaptations have been evaluated	Individual/ Peer Family School	Universal Selective Indicated This program is designed for youth whom teachers have identified as at risk for later problems and their families	*Individual/Peer* • Alienation and rebelliousness • Friends who engage in the problem behavior *Family* • Family conflict • Child abuse and neglect • Parental attitudes and involvement in the problem behavior *School* • Academic failure *Community* • Low neighborhood attachment and community disorganization	*Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Ability to manage stress and anxiety • Self-control • Aggressive behavior • Social skills building • Assertiveness skills • Refusal skills • Resistance to negative peer pressure *Family* • Daily stress level • Child abuse and neglect • Parent-child communication • Parental monitoring and control of youth • Attitudes toward youth and their development • Developing positive relationships with neighbors • Parental interest in continuing education *School* • Delinquency • Parental involvement *Community* • Parent leadership in the community • Intolerance of pro-drug environment • Social capital	• Outreach • Multifamily group sessions • Ongoing monthly multi-family reunions • Social skills • Family/parent-child bonding • Family/parent-school bonding	• Improved child classroom and home behaviors, including improved attention span, reduced aggression, reduced anxiety and depression, improved social skills • Improved academic competence & performance • Increased family closeness & community involvement • Increased parental involvement in school and parental self- sufficiency	Training/Technical Support: • $3,900 (includes 6 days' training plus telephone TA, program manuals for 10 team members, and handouts for training) • Additional $1,000 for evaluation for every FAST cycle Implementation Costs: • Vary from $300-$2,000 per family, largely depending on staffing • An eight-week program can be implemented for as little as $3,000.00. FAST encourages collaborating agencies, whose missions include improving the well- being of families, to facilitate employee participation on a FAST team through compensatory time and/ or flexible scheduling. The above-stated amount covers the necessary supplies, incentives, testing materials and payment for the parent partner's hours. A number of volunteers are needed to operate children's time and childcare, although some sites have paid childcare staff within a $3,000.00 budget.

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Family Matters	12-14 and parents and families	Male and Female	Rural Urban Homes	**Validated populations:** This program has been designed for use with virtually all types of populations and has been evaluated with a randomly selected sample of families representing many different cultural contexts across the United States. **Cultural adaptations:** Family Matters has not been replicated with or adapted for any specific cultural populations.	Individual/ Peer Family	Universal	*Individual/Peer* • Favorable attitudes towards the problem behavior • Friends who engage in the problem behavior *Family* • Family history of high-risk behavior • Parental attitudes and involvement in the problem behavior *Community* • Availability of drugs	*Family* • Bonding to a family with healthy beliefs and clear standards	*Individual/Peer* • Expected consequences from alcohol and tobacco use • Perceptions of friend's use • Perceived availability • Intentions to use • Refusal skills *Family* • Understanding family rules • Parental monitoring • Tobacco and alcohol availability • Supervision • Support • Communication skills • Attachment • Educational aspirations • Belief that adolescent is vulnerable to substance use • Believe family can influence adolescent substance use *Community* • Perceived prevalence of tobacco and alcohol use • Media portrayal of tobacco and alcohol use	• Provide alcohol and drug information • Develop resistance skills • Provide parent training • Develop family strengths	• Reduced prevalence of adolescent cigarette smoking and alcohol use for non-Hispanic White adolescents	Training/Technical Support: • Priced by individual site; contact program developer Materials: • Materials can be downloaded free from the Web site: www.sph.unc.edu/ familymatters/index.htm
Guiding Good Choices	Parents of children 8 to 13	Male and Female	Rural Suburban Urban Schools Communities	**Replicated populations:** African-American Hispanic/LatinoSamoan **Cultural adaptations:** Materials available in both English and Spanish	Individual/ Peer Family School	Universal	*Individual/Peer* • Early initiation of substance use • Favorable attitudes toward substance use • Friends who engage in the problem behavior *Family* • Poor family management • Family conflict • Parental involvement in problem behaviors and attitudes favorable to problem behaviors	*Individual/Peer* • Healthy beliefs and clear standards for behavior *Family* • Family bonding	*Family* • Opportunities for children to be involved in and contribute to the family • Skills for family communication and problem solving • Recognition of new skills and family involvement	• Social Development Strategy • Build healthy beliefs and clear standards in families, schools, communities, and peer groups • Build bonding, attachment, and commitment by providing opportunities, skills, and recognition while nurturing individual characteristics	• Prevent teen alcohol, tobacco, and illegal drug use • Build family bonding • Teach refusal skills • Teach parenting skills to reduce risk factors in their families • Strengthen family bonding in parents	Training/Technical Support: • $4,750 for 3 days' training (plus trainer expenses) for up to 12 people, plus $105 materials fee per person Materials: • $759 for 1-9 Curriculum Kits. Kits include 2 each: Workshop Leader's Guide; Workshop Video; Family Guide. Also includes visual aids. • $12.79 each for 1-9 Family Guides • $12.79 each for 1-9 Family Guides • $10.49 each for 10-24 Family Guides • $9.49 each for 50-99 Family Guides • $8.39 each for 100-499 Family Guides • $7.39 each for 500 or more Family Guides • Materials available in English and Spanish

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Keep a Clear Mind	8-12 and parents	Male and Female	Rural Suburban Urban Schools Homes	**Replicated populations:** African American Asian American Caucasian Hmong Replications specifically with Mexican Americans and Asian Americans from Vietnam and Laos **Cultural adaptations:** No strict evaluations have yet been performed on culturally adapted programs; however, funding is being sought to replicate and evaluate the program with African-American and Hispanic students Some groups have translated materials into Vietnamese, Hmong, and Spanish; single copies of lessons and newsletters available from the program developer at no charge for interested groups (copies may be made by program implementers at their own expense)	Individual/ Peer Family	Universal	*Individual/Peer* • Favorable attitudes toward use *Family* • Family attitudes that favor substance use *Peer* • Susceptibility to negative peer pressure	*Family* • Bonding to a family with healthy beliefs and clear standards	*Individual/Peer* • Self-control and peer refusal skills • Self-confidence in ability to refuse alcohol offers • Susceptibility to negative peer pressure • Problem-solving skills • Communication and social skills • Belief in society's values • Motivation to pursue positive goals • Accurate perception of social norms • Media literacy and resistance to pro-use messages *Family* • Ambiguous, lax, or inconsistent rules regarding use • High parental expectations • Clear and consistent parental expectations • Parental involvement	• Parent-child interaction • Alcohol and drug knowledge	• Greater knowledge of effects of tobacco • Reduction in onset of substance use	Training/Technical Support: • Although no formal training is required, an undergraduate degree (teacher training/certification) is required • One-half day of training is available; the cost is $1,000 plus travel expenses Materials: • $3.95 per student • Materials available in both English and Spanish. • Parental/take-home materials also available in both English and Spanish
Keepin' it R.E.A.L. (Refuse, Explain, Avoid and Leave)	11-14	Males and females	Urban School	**Validated populations:** African American Caucasian Hispanic/Latino **Cultural adaptations:** Keepin' It R.E.A.L. comes in three versions, based on the population being targeted: Mexican American, Black/White, and multicultural (incorporating five lessons each from the other two versions) Materials are also available in Spanish	Individual/ Peer Community	Universal	*Individual/Peer* • Favorable attitudes toward the problem behavior *Community* • Community laws and norms favorable to drug use	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	*Individual/Peer* • Anti-drug norms	• AOD education curriculum • Culture-specific approach • Anti-drug norms • Resistance skills • Social skills • Media advocacy • Booster sessions	• Reduced use of alcohol, cigarettes, and marijuana • Improved drug norms and attitudes • Improved resistance skills	Both the curriculum materials and the supplemental videos are available for public use Please feel free to contact: Dr. Patricia Dustman, Implementation Director, via e-mail at patricia.dustman@asu.edu or via telephone at (480) 965-4699 if you need assistance in using these materials

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Leadership and Resiliency Program	14-17	Male and Female	Rural Suburban Urban Schools Communities	**Replicated populations:** African American Asian American Caucasian Hispanic Middle Eastern **Cultural adaptations:** Evaluations of culturally adapted programs have not been performed To date, no specific cultural adaptations have been made, although a program is scheduled to start with Khmer/ Cambodian 2nd generation students in February 2004 in which cultural adaptations will likely be made to the community services component and alternative activities	Individual/ Peer School Community	Selective Indicated This program targets high school students who exhibit high levels of absenteeism, high levels of disciplinary actions, low grades, substance use, and/or violence. This program may be used in either mainstream or alternative high school settings.	*Individual/Peer* • Favorable attitudes toward substance use • Alienation and rebelliousness • Substance use in peer group • Association with delinquent peers *School* • Academic failure	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • School bonding and involvement	*Individual/Peer* • Conduct problems • Locus of control • Sensation-seeking behaviors • Emerging mental health concerns • Empathy • Optimism • Social and emotional competence • Bonding to societal institutions and values • Positive personal characteristics • Future orientation • Negative peer pressure • Peer refusal skills • Healthy peer boundaries *Family* • Identification of values *School* • Poor student morale • High expectations from school personnel	• Provide youth with access to a broad spectrum of activities • Weekly small group (7–10) meetings • After-school volunteer options • Substance abuse and violence prevention	• Reduced absences and school disciplinary reports • Increased GPAs and graduation rates • Strengthened resiliency • Minimized impact of risk factors	Training/Technical Support: • $3,200 plus transportation and lodging/meals • In addition, each locality will need to work with LRP staff to coordinate alternative activity training site and equipment. Materials: • Curriculum: available via e-mail (through a downloadable file): $100 • Hard copy of Curriculum: $150 (includes postage)
Life Skills Training	8-14	Male and Female	Rural Suburban Urban Elementary and Middle Schools	**Validated populations:** African American Asian American Caucasian Hispanic/Latino Native American **Cultural adaptations:** The Level 1 Middle School curriculum has been translated and culturally adapted for the Puerto Rican population in Universal Spanish The LST program has been used with a variety of students in both urban and rural settings. Evaluative studies have also been conducted on minority youth and Native American populations and have been published in a number of peer-reviewed journals. No evaluations have been conducted of culturally adapted programs.	Individual/ Peer Family School	Universal	*Individual/Peer* • Friends who engage in the problem behavior	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards	*Individual/Peer* • First confrontation with illegal substances, tobacco, and alcohol • Self-control and assertiveness skills • Social development, self-esteem, self-discipline • Communication skills • Decision-making skills • Problem-solving skills • Social skills • Refusal skills • Stress and anxiety management • Goal setting, self-monitoring, self-reinforcement • Resistance to peer pressure *Family* • Effective communication with parents and other family members *School* • Goal setting	• Life skills • Drug resistance skills • Social and self-management skills	• Reductions in alcohol, tobacco, and illicit drug use	Training/Technical Support: • $100 per day, per person (plus trainer expenses, if on-site training). Includes training folder, but not curriculum (purchase price: $100). Participants should purchase materials prior and bring to training. Number of days varies with training type/level • Minimum of 20 participants required for on-site training • Trainings are posted at www.lifeskillstraining.com • To schedule training, call National Health Promotion Associates (NHPA) at (800) 293-4969. Materials: • Pricing posted on Web site. Can purchase individually or as classroom set • To order LST materials, call Princeton Health Press at (800) 636-3415

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Lions-Quest Skills for Adolescence	10-15	Male and Female	Rural Suburban Urban Middle Schools	**Validated populations:** Hispanic students in the Los Angeles area **Replicated populations:** African American Asian American Caucasian Native American **Cultural adaptations:** The program has been adapted and translated into Japanese by the Ministry of Education and a university in Japan Spanish language materials are available, including both the teacher's curriculum and the student and parent materials essential for effective delivery of the content. The program developer is willing to help connect local implementers in diverse cultural implementations with other local entities, and can connect interested parties with their international network in Latin America, Asia, and Indian subcontinent.	Family School Community	Universal	*Individual/Peer* • Early initiation of the problem behavior • Friends involved in problem behaviors/drug use *Family* • Family management problems *School* • Low commitment to school *Community* • Availability of drugs • Community laws and norms favorable toward drug use	*Family* • Effective communication with family members *School* • Bonding to a school that promotes healthy beliefs and clear standards against harmful behaviors/drug use	*Individual/Peer* • Social and emotional competencies • Self-discipline, self-confidence • Interpersonal communication skills • Decision-making • Assertiveness and refusal skills • Problem solving and critical thinking • Stress management • Goal setting • Resistance to negative pressure • Social competencies *Family* • Parental involvement in education *School* • Labeling students as "high risk" • School drug policy not defined or enforced • Norms against drug use • Coherent support services for youth • High expectations for students • Nurturing learning environment • Teaching and supporting pro-social development • Meaningful involvement of students • Parent involvement	• Classroom curriculum • Parent and family involvement through shared assignments and direct involvement in school activities • Positive school climate by reinforcing curriculum themes through school-wide events • Community involvement through participation in training workshops, school climate events, panel discussions, service projects, and parent meetings	• Help deter initiation of regular cigarette smoking and experimental use of marijuana through end of seventh grade • Deter initiation and monthly use of alcohol and binge drinking for Hispanics and Latinos • Delay progression to regular cigarette smoking and experimental marijuana use among students who had initiated regular alcohol use or binge drinking, but not regular cigarette smoking, by end of sixth grade	Training/Technical Support: • 2-3 day introductory workshop • 1-day refresher workshop • $500/person ($450/person for 4 or more people from the same organization; $425/person if 4 or more people sign up four weeks in advance of the workshop). Breakfast and lunch are included. Travel, lodging, and other meals are additional costs. Materials: • Listed on Web site. Contact Lions-Quest (800) 446-2700 for pricing and to order.

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Parenting Wisely (American Teen)	9-18 delin-quents, at-risk adoles-cents, and parents	Male and Female	Urban Suburban Rural	**Validated populations:** African American Asian American Caucasian Hispanic Replicated populations: Native American **Cultural adaptations:** Implemented in Australia, Ireland, England, Belgium, France, Germany, and Switzerland Materials available in English and Spanish A French edition, developed in cooperation with the French government, is available through the program developer.	Individual/ Peer Family	Selective Indicated This program targets single-parent families and stepfamilies whose children exhibit behavior problems, including parents with low levels of literacy	*Individual/Peer* • Alienation and rebelliousness *Family* • Family conflict • Family management problems • Favorable attitudes toward substance use *School* • Low commitment to school • Academic failure	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Aggressive or disruptive behavior • Parental supervision of peer activities • Accepting personal responsibility • Personal power • Self-esteem • Problem-solving skills *Family* • Supervision and control • Consistency of rules and consequences • Communication and support • Child abuse or neglect • Parental monitoring *School* • Truancy • Parental involvement in schoolwork • Parent-teacher communication	• Enhance parent communication • Increase parental knowledge and use of appropriate and effective parenting techniques • Promote healthy family interactions	• Increased knowledge of parenting principles and skills • Reduced child problem behaviors	Training/Technical Support: • 1 day of training is available for community program staff • A tutorial is available at the beginning of the CD-ROM • TA is available via telephone free of charge • Training cost: $2,000 for a one-day training, plus $1,000 additional fee if travel time is greater than one-half day • An associate (doctoral student) 1-day training is $1,000 plus travel and per diem. Materials: • Three part video series costs $299; $199 for purchasers of the CD-ROM • CD Kit costs $599 and includes:1 display poster, 5 workbooks, 1 service provider manual, 5 program completion certificates, 10 referral cards, 1 floppy disk with pre/post evaluation instrument, 20 brochures, and 2 parent registration forms • Parent workbooks $5.95-$9.00, depending on quantity • Materials available in English and Spanish Strategy implementation: $2,450 for 100 participants plus $1,700 if a desktop computer and laptop computer must be purchased

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Positive Action	5-14	Male and Female	Rural Suburban Urban Schools Families Communities Businesses Churches Penal Institutions	**Validated populations:** African American Asian American/ Pacific Islander Caucasian Hispanic Asian American/ Pacific Islander populations include those from China, Japan, and Hawaii **Cultural adaptations:** PA is based on universal values and uses an active approach for each group to identify their own groups' values. Thus, every group adapts the content to their own value structure. Grades 7-12 and the Family, Counseling and Community Kits will be available in Spanish by March 2004; grades K-3 will be available by September 2004; and grades 4-6 will be available by September 2005.	Individual/ Peer Family School Community	Universal Selective Indicated This program is designed to work with children who need social and emotional learning, who have a diminished capacity to learn, or who are challenged physically with illness, injury, or genetic disability. It is also effective with children who are truant, those who have discipline and behavior problems, and those who live in mild to extreme poverty.	*Individual/Peer* • Delinquent peers • Problem or unhealthy behaviors *Family* • Family disorganization and conflict *Community* • Community disorganization • Easy availability of drugs	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding and attachment with parents and siblings *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Self-concept, confidence, and social skills • Susceptibility to peer pressure • Personal characteristics • Ethical, social, and emotional development • Social skills • Positive bonding to social institutions and values, including school • Commitment to pro-social values *Family* • Lack of involvement • Positive parenting • Emotionally supportive family • Frequent positive communication *School* • Organization and consistency of rules • Caring and supportive teachers, staff, and school climate • Environment reinforces positive behavior • Teacher warmth and positive role modeling *Community* • Student, parent, and school involvement with community	• Life skills • Social, self-management, and goal-setting skills • Problem- solving and goal-setting skills • Anger management • Thinking skills • Character development • Mental and physical health • Social and emotional learning • Parent-child-school-interactions • Bonding to schools, friends, family, community • Resilience • Communication skills • School reform • Conflict resolution	• Improved academic scores • Strong effects on drug use, tobacco and alcohol use, violence, school suspensions, and delinquent behaviors • Improved attendance • Improved self-concept • Parent involvement with children, schools, communities • Improved school climate • Improved character	Training/Technical Support: • Available to schools, families, and communities • $800 per day, plus travel expenses Materials: • Available for all grade levels and includes a Teacher Kit ($460 Kindergarten; $360 Grade 1-8), School Climate Kit ($450), Family Kit ($75), Community Kit ($550), Counselor Kit ($125), 5th Grade Drug Education Supplement Teacher's Kit ($230), and a Middle School Drug Education Supplement Teacher's Kit ($360) • Training kit for elementary ($500) & secondary ($600) schools, includes three pieces: orientation, ongoing sustainability, and publicity; sold separately are $200 each • $360 Ninth-Twelfth Kit I: Life's Big Questions • $360 Ninth-Twelfth Kit II: Life's Big Questions: "Lives on the Line" Play • $360 Ninth-Twelfth Kit III: Life's Big Questions: Projects for Teens • $360 Ninth-Twelfth Kit IV: Life Training for Teens • $140 Elementary Implementation Plan (includes evaluation tools) • $140 Elementary Rejuvenation Plan

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Project ALERT	11-14	Male and Female	Rural Suburban Urban Middle Schools	**Validated populations:** African American Asian American Caucasian Hispanic Native American **Cultural adaptations:** Project ALERT's curriculum adapts to the diverse background and experiences of students in each classroom, and to the changes in the broader social and cultural climate that surrounds them. This adaptation is built into the curriculum. The program has been replicated in Spanish with special education programs and for use with the hearing impaired All of the Home Learning Opportunities are also available in Spanish	Individual/ Peer Family School	Universal Selective This program is designed for use with both high- and low-risk adolescents	*Individual/Peer* • Current use of alcohol, tobacco, or other drugs • Favorable attitudes towards alcohol, tobacco, or other drug use • Peer drug use *Family* • Family management problems	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Intention to use in the future • Belief that drug use is normal • Low self esteem • Inadequate resistance skills • Peer approval of drugs • Belief that one can resist pro-drug pressures • Intentions not to use • Belief that friends respect nonusers • Ability to identify and counter advertising appeals • Multiple strategies for resisting drugs • Ability to identify and resist internal pressures to use *Family* • Norms against use • Communication with parents and other adults *School* • High levels of drug use • Establishment of norms against drug use • Cooperative learning • Respect for others	• Build school-wide norms against drug use • Understand social/health consequences of drug use • Identify pro-drug pressures • Develop resistance skills • Involve parents in prevention • Recognize benefits of being drug-free	• Reduced marijuana use initiation • Decreased current and heavy smoking • Reduced pro-drug attitudes and beliefs • Helped smokers quit	Training/Technical Support: • $150 per person (includes training workshop, all program materials, and on-going TA) • Workshop and online training are available. Also, onsite training costs $4,200 for 25 participants and an additional $150 for each additional person. Materials: • Teacher manual (includes core and booster lessons), 8 student videos, 12 classroom posters, overview video for colleagues & community, optional teen leader manual • Trained Project ALERT teachers continue to receive: • Free video & print curriculum updates • Free subscription to *ALERT Educator* teacher support newsletter • Toll-free phone support & TA • Access to an on-line faculty advisor • NOTE: An overview promotional video is available on request • Parental/take-home materials also available in Spanish

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Project Northland	10-14	Male and Female	Rural Suburban Urban Middle Schools	**Validated populations:** Caucasian Native American **Replicated populations:** African American Asian American Hispanic/Latino **Cultural adaptations:** None	Individual/ Peer Family School Community	Universal	*Individual/Peer* • Favorable attitudes toward alcohol use *Family* • Family attitudes that favor alcohol use • Family management problems *School* • Low commitment to school *Community* • Community disorganization • Lack of community bonding • Community attitudes favor alcohol use • Inadequate opportunity for youth involvement	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Life skills • Peer-refusal skills • Association with delinquent peers • Susceptibility to negative peer pressure • Problem-solving skills • Social competence • Cooperation • Attachment to parents and other caring adults • Belief in society's value *Family* • Child supervision and discipline • Consistency of rules and consequences related to alcohol use • Communication with parents • Strong parental guidance • Parent involvement in homework and school-related activities *School* • Consistency of rules and consequences related to alcohol use • Favorable staff and student attitudes toward alcohol use • Youth involvement in school tasks *Community* • Opportunities for youth to participate in community activities • Media literacy	• Peer Leadership • Parent involvement	• Reductions in daily smoking, marijuana, and alcohol use	Training/Technical Support: • $1,750 per day plus expenses • Trainings posted on Web site • Registration Training Events (offered nationwide, see Web site for schedule): • $755 for training plus one complete curriculum (training is 3 days) for Grades 6-8 • $430 for training plus one complete *SuperCharged!* component Materials: • $245 for each grade (includes all materials) • $755 for complete 4-piece set (3 grades plus *Supercharged!*)

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Project SUCCESS	13-18	Male and Female	Rural Suburban Urban Alternative High Schools	**Replicated populations:** African American Asian American/ Pacific Islander Caucasian Hispanic/Latino	Individual/ Peer Family School	Selective Indicated This program is designed for youth that attend an alternative school due to poor academic performance, emotional problems, school discipline problems, truancy, negative attitude toward school, or criminal activity. These youth typically come from low- to middle-income families; many have parents who are substance abusers.	*Individual/Peer* • Favorable attitudes toward substances of abuse • Depression • Violence *Family* • Parental attitudes and involvement in the problem behavior *School* • Academic failure	*School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Depression • Violence • Self-efficacy and sense of mastery • Social competence *School* • School dropout or high absenteeism • Participation in school activities	• Individual and group counseling • Youth coping skills • Resistance skills	• Reduction in alcohol, tobacco, and illegal drug use and related problems	Training/Technical Support: • Must contact Student Assistance Corporation for cost of training outside of New York. • 2-, 3-, and 5-day trainings available. Materials: • $150 Manual • Cost of all manuals and materials included in training
Project Toward No Tobacco Use	10-15	Male and Female	Rural Suburban Urban Elementary and Middle Schools	**Replicated populations:** African American Asian American Caucasian Hispanic/Latino **Cultural adaptations:** Some materials available in Spanish	Individual/ Peer Family School Community	Universal	*Individual/Peer* • Friends who engage in the problem behavior *Community* • Community laws and norms favorable toward drug use	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Social skills • Self-esteem, susceptibility to negative peer social influence • Accurate knowledge of the course of tobacco addiction and disease, the consequences of using tobacco, and the prevalence of tobacco use among peers • Effective communication, refusal, and cognitive coping skills • Awareness of how the media and advertisers influence teens to use tobacco products • Strategies for advocating no tobacco use (activism) *Family* • Better understanding of tobacco addiction among adults *School* • Assertion of no tobacco use at school *Community* • Tobacco use myths • Tobacco use prevalence overestimates • Tobacco use social images • Letter writing to discourage mass media promotion of tobacco use or products	• Communication skills, assertiveness skills, and tobacco-specific cognitive coping skills • Course of addiction and disease • Media literacy and social activism • Public commitment	• Reduction of initiation of smoking • Reduction of weekly and frequent smoking • Reduction of initiation of smokeless tobacco use • Reduction of weekly and frequency of smokeless tobacco use	Training/Technical Support: • $500, plus expenses • $190 for support staff preparation work Materials: • $40 TNT Cessation Program • $40 *Tobacco Use Social Images* video • $79.95 *Stand Up for Yourself* video dealing with peer pressure • $2.50 Post test • $45 (plus S&H) implementation teacher's manual • $18.95 (plus S&H) set of 5 student workbooks • $2.50 each for 3 research articles

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Project Towards No Drug Abuse	14-19	Male and Female	Rural Suburban Urban High schools	**Replicated populations:** African American Asian American Caucasian Hispanic/Latino **Cultural adaptations:** Some materials available in Persian	Individual/ Peer Family School Community	Selective Indicated This program is designed for use with high school youth who are at high risk for drug abuse and alternative high school students	*Individual/Peer* • Favorable attitudes towards the problem behavior	*School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Self-esteem • Accurate knowledge of the course of substance abuse, its consequences, and its prevalence • Effective communication, listening skills, and behavioral and cognitive coping skills • Empathetic understanding of the effects of substance abuse on others • Understanding the importance of health in achieving life goals • Self-control, assertiveness, and conflict resolution skills • Self-awareness to moderate specific behaviors • Decision-making skills • Commitment to not using substances *Family* • Understanding of effects of substance abuse on the family and how to get help *School* • School commitment to not allowing substance use *Community* • Resistance to negative stereotyping	• Social and health consequences of drug use • Active listening • Effective communication • Stress management • Self-control and self-confidence • Cognitive misperception correction • Motivation enhancement • Decision making	• Reduced levels of alcohol use (among baseline users) • Reduced levels of cigarette smoking • Reduced levels of hard drug use • Reduced levels of marijuana use • Reduced levels of weapon carrying (among males)	Training/Technical Support: • $500 per day, plus expenses; training is 1 to 2 days in length • $190 for support staff preparation work Materials: • $70 Teacher manual • $60 Student workbook (sets of 5) • $40 *Drugs and Life's Dreams* video • $2.50 each for 4 research articles

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Reconnecting Youth	14-18	Male and Female	Rural Urban Suburban High Schools	**Validated populations:** African American Asian American Caucasian Replicated populations: Hispanic Native American **Cultural adaptations:** Materials have not been translated into other languages at this time No specific cultural adaptations have been made; however, certain components of the program are adaptable. Contact the program developer for additional information.	Individual/ Peer Family School	Indicated This program is designed for use with high school students who are at risk for school dropout and/or those who exhibit problems with substance abuse, aggression, depression, or suicide risk behaviors	*Individual/Peer* • Alienation and rebelliousness • Friends who engage in the problem behavior • Favorable attitudes towards the problem behavior *Family* • Family conflict *School* • Low commitment to school	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Communicate using self-esteem enhancing talk • Decision making and the ability to apply it to drug use, school, and mood management • Personal control, stress and mood management skills • Interpersonal communication and negotiation skills • Deviant friends in peer group network • Personal goals of peers related to school achievement • Susceptibility to negative peer influences *Family* • Family-school connections • Unclear/unfair rules • Interpersonal communication skills at home • Enlisting parent support for program goals *School* • Skipping school • Substance use at school • Poor teacher-student relationships • Low access to help • Non-participation in school activities • School network support • Facilitating pro-social activities	• Mentoring • Social support • School bonding • High school dropout prevention	• Increased school performance • Decreased deviant peer bonding • Decreased depression and aggression	Training/Technical Support: • $750 per day, plus travel and expenses for 5 to 7 participants • Initial training is 5 days; 1 day of follow-up is recommended every six months the first year, once a year in succeeding years Materials: • $189, plus tax and shipping, for curriculum

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Residential Student Assistance Program	14-17	Male and Female	Urban Residential Facilities	**Validated populations:** African American Hispanic Replicated populations: Asian American/ Pacific Islander Caucasian **Cultural adaptations:** No specific cultural adaptations have been reported for this practice	Individual/ Peer Community	Selective Indicated This program is designed for high school-age youth living in institutions, which may include, but are not limited to, correctional facilities, residential treatment centers for adolescents with severe psychiatric problems or for juvenile offenders sentenced by the court, or foster care facilities. Participants typically present with: early substance use; parents who are substance abusers; violent or delinquent behavior; physical, sexual, or psychological abuse; chronic school failure; mental illness; and/or attempted suicide.	*Individual/Peer* • Alienation and rebelliousness *Family* • Parental substance abuse • Abuse and neglect	*Family* • Bonding to a family with healthy beliefs and clear standards	*Individual/Peer* • Juvenile justice and criminal involvement • Severe emotional problems or mental disabilities • Suicidal ideation • Self-efficacy and sense of mastery • Social competence *Family* • Abuse and neglect • Distancing from chemically dependent parents	• Individual and group counseling • Youth coping skills	• Reduced marijuana, alcohol, and tobacco use	Training/Technical Support: • $375, plus expenses per person, includes materials Materials: • Included in training cost

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Responding in Peaceful and Positive Ways	10-14	Male and Female	Rural Suburban Urban Middle and Junior High Schools	**Validated populations:** African American Asian American Caucasian Hispanic/Latino Replicated populations: Native American **Cultural adaptations:** Student handouts are available in Spanish. The teacher's curriculum is currently available in English only.	Individual/ Peer School	Universal	*Individual/Peer* • Favorable attitudes toward violence and other problem behaviors • Peers who engage in problem behavior *School* • Low commitment to school	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Impulsive behavior • High-risk sensation seeking • Norms for violence and other problem behaviors • Problem-solving behaviors • Skills for nonviolent conflict resolution and positive achievement • Self-management through repeated use of problem-solving models • Caring relationships with peers • Diminished use of stereotypes, beliefs, attributions, and cognitive scripts that support violence *School* • Low sense of community at school • Norms of school violence *Community* • Positive citizenship skills • Aspiration toward positive social behaviors • Opportunities for pro-social involvement	• Promotion of school-wide norms for nonviolence and achievement • Social cognitive problem-solving model that provides several social skills options for nonviolence • Implementation of program by adult role model • Opportunities for real-life application of skills	• Decreased school disciplinary code violations • Decreased student reported frequency of drug use and violent behaviors • Increased pro-social attitudes and peer support for pro-social behavior • Decreased peer pressure to use drugs	Training/Technical Support: • Schools may hold a 3-day training for up to 20 people for $3,000; this cost includes training materials. There is an additional $100 charge per person over 20. For trainings held by the school, the school must provide the space, any meals, etc. Initial training is for sixth-grade curriculum only. • Prospective facilitators for the sixth-grade program may also attend a developer-sponsored training for $650 per person, with a discount for additional people from the same school district. Contact the program developer for information on discounted cost. • All training includes one-year of e-mail consultation and/or telephone support. • One-day supplemental training is available for the 7th and 8th grade curriculum for people who have already taught the 6th grade curriculum. • The program developer is currently putting together a training of trainers certification; contact the program developer for more information. Materials: • RiPP curriculum manual—$45 • Instructor's manual included in training costs • Training required to obtain curriculum; all handouts are provided and can be easily copied

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Seattle Social Development Project (also known as SOAR—Skills, Opportunities and Recognition)	Grades 1-6 Parents	Male and female	School	**Replicated populations**: African American Asian American Caucasian **Cultural adaptations:** None	Individual/ Peer School Family	Universal Selective This program is designed for use with the general population and with individuals of lower income families and those who demonstrate low school achievement	*Individual/Peer* • Early initiation of problem behavior • Friends who engage in problem behavior *Family* • Poor family management *School* • Academic failure • Lack of commitment to school	*Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	• Individual/peer norm of not using drugs • Pro-social involvement • Aggression	• Cognitive and social skills training curriculum • Family • Management skills training curricula • Parenting classes • Training for elementary school teachers to use active classroom management, interactive teaching strategies, and cooperative learning in their classrooms	• Reduced heavy drinking • Reduced sexual intercourse and multiple sexual partners • Reduced teen pregnancy • Increased commitment to school • Reduced misbehavior in school • Fewer incidents of drug use in school • Reduced school drop out • Reduced grade-repetition • Reduced levels of alienation • Better bonding to pro-social others • Improved family relationships • Improved communication • Increased family management practices • Reduced violence and delinquency Note: Exposure to late intervention (fifth or sixth grade only) did NOT improve long-term outcomes. Exposure to intervention did NOT effect: nonviolent delinquency; use of cigarettes; use of marijuana or other drugs; academic performance; levels of suspension or expulsion.	Training/Technical Support: • A two-year training and coaching program in Proactive Classroom Management and Interactive Teaching Strategies • Teacher training and coaching in the implementation of social skills training interventions • Parent training through a seven-session "Catch 'em Being Good" workshop, a five-session "Preparing for the Drug-Free Years" workshop, and a five-session "How to Help Your Child Succeed in School" workshop • There is a six-day leader training to prepare teachers to facilitate the parent workshops. There is a six-day principal/facilitator training to facilitate the teacher training. • Materials include: Participant Handbooks ($18-$25 each); Preparing for the Drug Free Years ($695, plus $18-$25 per Family Guide). The cost of the intervention over six years was $2,991 per participant ($399 per participant per year) - or about $80,000 per school for a two-year installation with all training, workshops, and ongoing technical assistance. (Current costs need to be verified with the program.)

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Start Taking Alcohol Risks Seriously	11-14 and parents	Male and Female	Rural Suburban Urban Middle Schools	**Validated populations:** African American Caucasian Evaluated with urban, suburban, and rural populations **Cultural adaptations:** The program developer considers adapting *STARS for Families* within other cultural contexts to be a priority and would be happy to assist in the evaluation of research for cultural adaptations	Individual/ Peer Family School	Universal	*Individual/Peer* • Lack of self-control and peer-refusal skills • Favorable attitudes toward alcohol use • Low self-confidence in ability to refuse alcohol offers *Family* • Family attitudes favorable toward alcohol use • Family management problems	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards	*Individual/Peer* • Self-control and peer-refusal skills • Self-confidence in ability to refuse alcohol offers • Susceptibility to negative peer pressure • Problem-solving skills • Communication and social skills • Belief in society's values • Motivation to pursue positive goals *Family* • Consistency of rules regarding alcohol use • High parental expectations • Clarity and consistency of expectations • Parental involvement Community • Media literacy and resistance to pro-use messages	• Health care consultations • Key Facts Postcards • Parent/Guardian take-home lessons	• Avoidance of reductions in alcohol use among youth	Training/Technical Support: • 1 day training, $1,500 plus expenses; 2 days' training $2,000 plus expenses • No charge for TA via telephone • 1 curriculum included in the cost of the training Materials: • $299 for curriculum; $250 per curriculum after the purchase of training (which includes a copy of the curriculum) or for each additional curriculum after the purchase of the first one • Curriculum includes 50 student postcard sets (8 in each) and 50 student take-home lesson sets (4 in each)
Strengthening Families Program I	6-12 and parents	Male and Female	Rural Suburban Urban Community Centers Housing Communities Mental Health Centers Elementary and Middle Schools	**Validated populations:** African American Asian American/ Pacific Islander Hispanic Native American **Cultural adaptations:** SFP has been modified for these specific cultures, as well as for rural families, and families with early teens Materials are available in Spanish	Individual/ Peer Family School	Selective This program is designed for use with children of substance abusers and children with conduct problems	*Individual/Peer* • Alienation and rebelliousness • Friends who engage in substance use *Family* • Family conflict • Family management problems • Parental attitudes and involvement in substance abuse *School* • Academic failure • Low commitment to school	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Depression • Conduct disorders • Aggression • Shyness and loneliness • Negative peer influence • Self-esteem • Social and life skills *Family* • Excessive punishment • Child abuse and/or neglect • Differential acculturation • Parenting efficacy • Family organization • Effective communication • Parent–child attachment • Parental mental health *School* • Tardiness • Absenteeism	• Therapeutic child play • Parent training • Support services	• Reduction in child risk status • Improved family relationships • Improved parenting skills • Improved social/life skills	Training/Technical Support: • 3-day training; $3,700 plus travel expenses for 10 to 40 participants • 2-day training; $2,700 plus travel expenses for 10 to 40 participants • Additional consultation and technical assistance are available in grant writing, program evaluation, data analysis and reporting, training and implementation, and costs are usually negotiated on an individual basis Materials: • $300 for basic set of 6 newly revised SFP manuals • Materials available in Spanish

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Strengthening Families Program: For Parents and Youth 10-14	10-14 and parents	Male and Female	Rural Suburban Urban	**Validated populations:** African American Caucasian Hispanic Hmong **Replicated populations:** Native American Specific Hispanic replications have been done with Mexican, Puerto Rican, and El Salvadoran populations **Cultural adaptations:** Program developers will have a version of the program available in Spanish for non-English-speaking families in March 2004 A non-video version of the teaching manual that can be used with various ethnic groups who might not relate to the African-American, Hispanic, and white actor is available A manual for parent sessions in Hmong is available for family groups	Individual/ Peer Family	Universal	*Individual/Peer* • Alienation and rebelliousness • Friends who engage in the problem behavior *Family* • Family management problems • Family conflict	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards	*Individual/Peer* • Child's aggressive or withdrawn behavior • Hostility toward rules • Inability to handle emotions • Negative peer influence • Age-appropriate parental expectations • Positive future orientation • Goal setting and planning • Stress management skills • Conflict resolution skills • Negative peer pressure resistance skills *Family* • Harsh or inconsistent discipline • Indulgent or harsh parenting style • Poorly managed adult stress • Poor communication of family rules • Poor parent-child relationship • Family cohesiveness • Reinforcement of youth assets • Empathy between youth and parents • Positive marital interaction regarding parenting • Positive parent-child affect • Supportive family involvement	• Game-like learning activities and skill-building activities • Parent training • Support services • Parent-youth discussions	• Improved social/life skills • Improved family relationships and parent-child attachment • Improved parenting skills • Delayed initiation of alcohol use	Training/Technical Support: • $2,500 for 2-day training • $3,500 for 3-day training • Travel for trainers, $1,500 (estimate, half if only 1 trainer) Materials: Basic expenses for initial implementation of one group, 10 families: • Three teaching manuals @ $175 plus shipping • $525 Set of 9 videotapes (for sessions 1-7) • $250 Promotional videotape (used in recruitment) • $10 Love and Limits Magnets @ $1.25 each • $12.50 Promotional Brochures @ .25¢ each (100 @ $25) • Family supplies @ $15 (10 families—$150) Other Expenses: • Childcare–Cost varies widely by location—1 adult plus 1 teen helper, $50 per session • Food (optional)–cost varies widely by location: 35 meals per session (15 parent, 10 youth, 7 younger children, 3 staff) $5/meal, $175 per session (1-7) 35 snacks per session—$1.50/snack, $52.50 per session (1-7) • Staff (if not provided by salaried employees): 3 facilitators @ $60 each session ($180 per session) $1,760

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[5]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Too Good for Drugs	5-18	Male and Female	Rural Suburban Urban Schools Optional component for after-school settings	**Validated populations:** African American Asian American Caucasian Hispanic **Cultural adaptations:** Specific cultural adaptations have not been made The parent component has been translated into Spanish	Individual/ Peer Family School	Universal	*Individual/Peer* • Favorable attitudes toward alcohol, tobacco, and illegal drug use *Family* • Favorable parental attitudes toward alcohol, tobacco, and illegal drug use *School* • Low commitment to school	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding with the teachers/school	*Individual/Peer* • Decision-making and goal-setting skills • Stress management skills • Assertiveness and peer resistance skills • Social skills development • Sense of self-efficacy • Locus of control • Accurate versus inaccurate perception of peer norms • Intentions to use alcohol, tobacco, and illegal drugs *Family* • Parental attitudes toward alcohol, tobacco, and illegal drug use	• Pro-social skills development • Multi-lesson, multi-grade level programming • Normative education • Diverse role-play situations • Cooperative learning • Parental involvement	• Reduced intentions to use cigarettes, alcohol, marijuana • Reduced intentions to engage in aggressive behavior • Improved decision-making, goal-setting, and peer resistance skills • Increased friendships with peers less likely to use alcohol, tobacco, and illegal drugs	Training/Technical Support: • Training, with a purchase of $1,500 or more in materials, costs $1,500 plus expenses Materials: • $100-$130 for individual K-8 kits (see program Web site for details) • Individual workbooks: $15 for pack of 25, or 60¢ per student • $750 for Too Good For Drugs & Violence High School Kit • $595 for Too Good For Drugs & Violence After-School Activities Kit • $250 for Too Good For Drugs & Violence Educators Kit (staff development)

APPENDIX C-2-2
SCIENCE-BASED STRATEGIES PROFILES: INDIVIDUAL APPROACHES

Across Ages

Description
Across Ages can be implemented in the classroom as a school-based program or in a community center or faith-based institution as an after-school program. Mentoring, community service, social competence training, and family activities are used to increase young people's sense of personal and community responsibility.

Target Population
Across Ages targets 9- to 13-year-olds who reside in communities with no opportunities for positive free-time activities, who have few positive adult role models, and/or who are in kinship care because their natural parents cannot care for them (often as a result of incarceration or substance use).

The program's original participants were African-American, Asian, Hispanic, and Caucasian children, many of whom lived in poverty, experienced repeated school failure, and had family members involved in drug use.

Family consent is required for youth to participate in this program.

Goals and Objectives
The goals and objectives of Across Ages is to increase the protective factors for high-risk students to prevent, reduce, or delay the use of alcohol, tobacco, and other drugs and the problems that are associated with such use. To this end, Across Ages works to:

- Increase knowledge of health and substance abuse and foster healthy attitudes, intentions, and behavior toward drug use among targeted youth.
- Improve school bonding, academic performance, school attendance, and behavior and attitudes toward school.
- Strengthen relationships with adults and peers.
- Enhance problem-solving and decision-making skills.

Outcomes
Research has shown that, when implemented with fidelity, Across Ages:

- Significantly improves knowledge about and reactions to drug use
- Significantly decreases alcohol and tobacco use
- Significantly improves school-related behavior as measured by increased school attendance, decreased suspensions from school, and improved grades
- Significantly improves attitudes toward school and the future
- Significantly improves attitudes toward adults in general and older adults in particular

Strategies
The core strategies that are the focus of Across Ages include:

- Community service
- Mentoring
- School- or community-based education

Activities
Specific activities include:
- Recruiting and training adult mentors 55 years of age or older, who then spend a minimum of two hours each week one-on-one with a youth.
- Having youth spend one or two hours each week performing community service.
- Providing the Social Problem-Solving Module of the Social Competence Promotion Program for youth, which is comprised of 26 weekly lessons, each 45 minutes in length.
- Holding weekend events for youth, their family members, and their mentors once a month.

Implementation Process and Plan
To replicate this program with fidelity, communities must:
- Use all program components
- Use mentors who are 55 years of age or older
- Provide mentor screening and training, including 8 to 10 hours of pre-service training and orientation and monthly in-service meetings
- Provide training and orientation for all participants
- Provide stipends or reimbursement to mentors
- Closely monitor youth-mentor pairings
- Prepare written agreements between collaborating organizations
- Employ, at a minimum, one full-time and one part-time staff person per 30 youth, and 15 to 20 mentors

Pairing older adults with young adolescents is the unique and highly effective feature of this program. Across Ages can build on an existing mentoring or intergenerational program, if such a program already exists in the community. Earlier mentoring experiences should only serve to strengthen the Across Ages implementation.

To effectively implement Across Ages, you will need: 1) a program coordinator with a college education and at least three years experience as a counselor, educator, social worker, or in a related field, and 2) an outreach coordinator who is familiar with the community and able to recruit mentors and oversee community service activities. Program planning and start-up take about six months, including mentor recruitment and two days of pre-service staff training. Two days of technical assistance during the first year, and one day in each subsequent year are recommended. For Across Ages to be successfully implemented, the youth-mentor relationship requires a full 12-month commitment. At this time, the program developer does not offer training of trainers; previous attempts to provide this service revealed it is not well suited to Across Ages, which is a relationship building program.

Evaluation
An evaluation tool, the Across Ages Evaluation Protocol, is available at a cost of $25 from the program developer. In evaluating this program, the implementing agency should assess:
- Increased knowledge of community service and more positive attitudes toward people and the future.
- Number of days absent from school and attitudes toward school.

Lessons Learned
Although Across Ages has been replicated successfully in rural, suburban, and urban settings, this program is not appropriate for extremely rural or small communities, according to the program developer, because these communities do not offer the anonymity necessary for the youth-mentor relationship to work effectively.

Contact Information
If you are interested in implementing Across Ages, you can receive more information on this program, including training and consultation, by contacting the program developer:

Andrea S. Taylor, Ph.D.
Temple University, Center for Intergenerational Learning
1601 N. Broad Street, USB 206
Philadelphia, PA 19122
Phone: (215) 204-6970
Fax: (215) 204-3195
Email: ataylor@temple.edu
Web site: www.temple.edu/cil/Acrossageshome.htm

To order materials, contact:

Denise Logan
Temple University, Center for Intergenerational Learning
Phone: (215) 204-8687
Fax: (215) 201-3195
Email: dlogan00@nimbus.ocis.temple.edu

All Stars

Description
All Stars is a highly interactive, multi-year prevention program for 11- to 15-year-olds that can be delivered in the classroom or as part of an after-school or community program. It focuses on developing positive ideals and goals for the future, establishing positive norms, building strong personal commitments, promoting school and community bonds, and promoting positive parental attentiveness.

Target Population
The All Stars program is geared to reach adolescents before they start abusing substances. Testing shows it has been successful with youth in rural, suburban, and urban settings, and from a variety of ethnic and socioeconomic backgrounds. A high school follow-up program, called All Stars Senior, is designed to be taught in health classes and is currently undergoing evaluation.

Goals and Objectives
All Stars is designed to reinforce positive qualities typical of youth at this age, and it works to strengthen five specific qualities vital to achieving preventive effects:
- Developing positive ideals and future aspirations
- Establishing positive norms
- Building strong personal commitments
- Promoting bonding with school and community organizations
- Promoting positive parental attentiveness

Outcomes
All Stars:
- Reduces substance use
- Delays the onset of sexual activity
- Increases students' bonding to school
- Makes high-risk behavior less acceptable to students

Strategies
The core strategy that is the focus of All Stars is:
- School-based education

Activities
School-based programs may be presented by classroom teachers (the assistance of a school guidance counselor is recommended), or by community prevention agencies who visit schools or organizations as outside experts. All Stars also may be presented in non-classroom settings, such as after-school programs, church and community programs, recreation programs, and day camps. The format for either setting includes:
- Thirteen 45-minute classroom lessons for the core program
- Eight 45-minute classroom lessons for the booster program
- One-on-one meetings with individual students (optional)
- A celebration ceremony to conclude the program

Participating youth meet weekly and take part in small group activities, group discussions, worksheet tasks, videotaping, games, and art activities. Parents also participate through homework assignments and a separate training meeting. They receive an audio CD that presents seven strategies for positive

parenting. Students receive a personalized certificate documenting voluntary commitments. Rings are available as a symbolic reminder to youths of their commitments.

Implementation Process and Plan
A two-day training session is highly recommended for anyone who plans to deliver the program. This is provided by Tanglewood Research staff and includes a thorough explanation of key concepts that underlie the program, an introduction to methods, and continuing technical assistance via telephone (toll-free).

Materials are purchased directly from Tanglewood Research and are available in both English and Spanish. Some—such as teacher manuals, a movie slate (for videotaping sessions), and a banner—are reusable, while student worksheets, certificate forms and the software for creating certificates, parent CDs, and a $20 gift certificate for purchasing office supplies and student prizes must be purchased for each program iteration.

Evaluation
All Stars comes with an evaluation tool that can be used when implementing this strategy. The survey instrument is free. Analysis is available for a minimal fee, upon development of a Web site for completing online evaluation. Please call the contract telephone number below regarding analysis costs.

In evaluating this program, the school or community agency should assess participants':
- Commitment to avoid risky behaviors
- Bonding to school, the group, and to another adult
- Normative beliefs
- Perception that risky behaviors would interfere with their future goals and ideals

Lessons Learned

Communities have reported that the program developers are accessible, and that the training—which is provided on-site—is excellent and is not overly expensive if a group of 20 to 30 funds it together. The curriculum is interesting and gets students to teach each other about norms and beliefs.

One financial note: each implementation requires new materials for the students to use. Communities must be sure to budget accordingly.

Contact Information
For more information on developing an All Stars program in your community, contact:

William B. Hansen, Ph.D.
President
Tanglewood Research Inc.
7017 Albert Pick Road, Suite D
Greensboro, NC 27409
Phone: (800) 826-4539, ext. 101
Fax: (336) 662-0099
Email: billhansen@tanglewood.net
Web site: www.tanglewood.net

For information on training, contact:
Kathleen Nelson-Simley
Tanglewood Research Inc.
PO Box 5512

Lincoln, NE 68505
Phone: (800) 822-7148
Email: kathleensimley@alltel.net
Fax: (402) 489-1072

Athletes Training and Learning to Avoid Steroids (ATLAS)

Description/Target Population
Athletes Training and Learning to Avoid Steroids, or ATLAS, is a classroom-based prevention program for male high school athletic teams. The program uses positive peer pressure, role modeling, and team dynamics to reduce student athletes' use of anabolic steroids, performance-enhancing supplements, and alcohol and other drugs.

Goals and Objectives
The ATLAS program is designed to:
- Reduce students' use of anabolic steroids, alcohol and other drugs, and performance-enhancing supplements
- Improve students' nutrition practices
- Improve knowledge of drug use and develop negative opinions about steroids, alcohol, illicit drugs, and performance-enhancing supplements

Outcomes
One year after the intervention, ATLAS-trained students:
- Reduced drinking and driving by 24 percent
- Reduced their use of anabolic steroids by 50 percent
- Reduced their use of alcohol and illicit drugs, including marijuana, narcotics, and amphetamines
- Reduced athletic performance-enhancing supplement use
- Reduced hazardous substance abuse behaviors, such as drinking and driving
- Reduced their intent to use anabolic steroids
- Were more likely to view their team and their peers as an information source

Strategies
The core strategies that are the focus of ATLAS include:
- Peer education
- Peer leadership
- School-based education

Activities
Students are divided into squads—small social learning groups of six to eight students. Each ATLAS session is delivered to the squad by a peer leader, with the coaches acting as facilitators. The program is designed to be easy for the students to deliver because it is highly scripted.

ATLAS consists of ten 45-minute sessions that include educational games, role-playing exercises, the creation of mock public service campaigns, and friendly competition between the different squads. The sessions focus on potential immediate consequences of substance use. The students are taught to achieve their athletic goals using state-of-the-art sports nutrition and athletic abilities. In addition to the instructional materials, ATLAS offers team workbooks, sports menus, and training guides.

Implementation Process and Plan
The available one-day training program is not required, but it is suggested in order to enhance the fidelity with which the curriculum is delivered. The training is especially recommended for school districts with multiple teams and coaches. Training is for teachers and coaches only.

The ATLAS program requires a room to accommodate the team and the ability to rearrange the room in smaller squads with a peer leader. Poster-making materials and markers for the mock public service announcements, and an overhead projector for overhead slides also are needed. A video

camera, monitor, and video player are optional for presentations of mock public service announcements.

A committed coach is needed to choose peer squad leaders. ATLAS requires an instructor-led, 90-minute scripted educational training session for squad leaders. The program can be started immediately after the squad leader training.

Evaluation
Adequate evaluation of this program requires that students complete a confidential survey. In addition, objective measures of body composition, body weight, and muscle strength must be evaluated to assess the health promotion aspects of the trial.

Specifically, schools should assess:
- Students' understanding of the harmful effects of anabolic steroids and other drugs
- Students' belief in personal vulnerability to the adverse effects of anabolic steroids
- Students' belief that their parents and coaches are intolerant of drug use
- Students' refusal skills
- Students' belief in steroid-promoting images

ATLAS' evaluation tool is free upon request. The cost of analysis varies according to the type of analysis.

Lessons Learned
ATLAS is best implemented in a team environment.

Photocopying costs might be required for peer leaders; this is in addition to the costs for the training and curriculum. In total, ATLAS costs approximately $510 for 100 participants, plus photocopying costs of $1.00 to $2.00 per peer leader.

Contact Information
To learn more about implementing ATLAS, please contact the program developers:

Linn Goldberg, M.D.
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To order materials, contact Sunburst Communications, Inc.:

(800) 431-1934 or (800) 338-3457

CASASTART

Description
CASASTART, Striving Together to Achieve Rewarding Tomorrows, combines preventive services with community-based law enforcement activities to keep high-risk youth free of drug and crime involvement. The program is especially designed to develop and compensate for missing family, school, and community ties.

Target Population
The program serves 8- to 13-year-old children who attend selected schools located within clearly defined geographic boundaries. To be eligible for CASASTART, children must demonstrate at least four risk factors—at least two of which must be school-related—known to be strong indicators of later involvement with substance abuse, delinquency, and academic failure. Students who participate in the program must have both academic performance and school behavior problems. Family risk factors may include extreme poverty, family violence, gang involvement, drug use or dealing, or a recent criminal conviction. Personal risk factors may include being the victim of child abuse or neglect, living in a dangerous neighborhood, a history of known or suspected drug use or dealing, past arrest or juvenile delinquency, gang membership, serious emotional disturbance, weapons possession, and pregnancy or parenthood.

On average, most children participate in CASASTART for 14 months, although they may stay involved for up to two years.

Goals and Objectives
CASASTART addresses the individual needs of the participants as well as broader problems in their families and communities. It focuses on:
- Building resiliency in the child
- Strengthening families
- Making neighborhoods safer for children and their families

Outcomes
Children in the CASASTART program are:
- Significantly less likely to use gateway and stronger drugs
- Less likely to report involvement in drug trafficking
- More likely to be promoted to the next grade in school
- Less likely to commit violent offenses
- More likely to be positively influenced by their peers
- Less likely to associate with delinquent peers
- Less susceptible to negative peer pressure

Strategies
The core strategies that are the focus of CASASTART include:
- Case management
- Community mobilization
- Community service
- Mentoring

Activities
Case managers are the linchpins of CASASTART. They work closely with teachers and other school personnel, police officers, social service agencies, and neighborhood residents to coordinate, arrange

for, and provide needed services and support to prevent or counteract the family, social, educational, and psychological factors that make children vulnerable to substance abuse and juvenile crime.

Each case manager serves 15 families. In addition to seeking out participants, developing case plans, counseling, coordinating services, and making referrals, CASASTART case managers become involved in a range of activities, including:

- Helping parents navigate social, educational, and legal systems to resolve problems.
- Advocating for children and family members in court.
- Running after-school or recreation programs.
- Arranging for or providing transportation to appointments for family members.
- Intervening to prevent eviction from or utility shut-offs in homes.

Each site develops its own approach to designing and delivering the services consistent with local culture and practice. Every child enrolled in the program receives all of the services. The exception may be juvenile justice services, which are only provided if the child is in trouble with the law. In total, there are eight categories of services offered:

- Social support services are provided directly by the case manager or through referral to a more appropriate service provider.
- Family services may include counseling, parenting skills training, stress management and coping skills development, and the identification and treatment of substance abuse and other health or mental health problems.
- Within the scope of the educational services, each site establishes academic goals for its participants and incorporates educational enrichment and skill building into its activities.
- All children are offered after-school and summer cultural and recreational programs, life skills and youth development programs, and training or educational opportunities to ensure that their leisure time is spent in positive and productive activity.
- Local organizations, such as colleges, high schools, police departments, faith organizations, and Big Brothers/Big Sisters programs provide mentors for CASASTART children.
- Police work one-on-one with children and families, and build relationships with community residents. Stepped-up supervision and sanctioning of drug offenders also reduces their influence in the target neighborhoods.
- Case managers work with juvenile court personnel to provide community service opportunities and enhanced supervision of children involved in the juvenile justice system.
- Refreshments, gifts, and special events are among the incentives used to engage children, build morale, and foster attachment to the goals of the program. Stipends also may be provided for goal achievement or community service.

Implementation Process and Plan

Program planning and start-up take six to eight months, including relationship-building, gathering financial support, and developing healthy partnerships. The next phase involves hiring staff and the direct delivery of services to youth and families. Training and technical assistance take place throughout the first year of program implementation.

Given that the program brings together such disparate organizations as schools, law enforcement, and social services, case conferences, administrative meetings, and advisory council meetings are essential to ensuring the smooth and timely delivery of services.

CASA also makes regular site visits, holds in-service training, and holds a national all-site conference and regular all-site conference calls. In addition, CASA offers a field guide to help direct states and localities in the development of CASASTART.

Evaluation
The evaluation tool for this practice is not currently being marketed.

Communities deciding to implement CASASTART should assess the following areas:
- The level of alcohol, tobacco, and other drug (ATOD) use by program participants
- Participants' attitudes toward ATOD use
- Whether participants graduate to the next grade level in school
- Positive and negative peer pressure that program participants experience

Lessons Learned
There are a few caveats to operating a CASASTART program:
- According to a SAMHSA review, CASASTART is a new way of doing business to help at-risk youth and their families. The CASASTART partnership of community agencies, police departments and schools is complex and can be difficult to manage because of the different cultures, languages, and goals unique to each agency.
- According to a SAMHSA review, much of the work of managing CASASTART relates to the work of managing the partnership. Agencies that seek to undertake the CASASTART work should have histories of collaboration, be very well regarded by their community, and be willing to change the way they do business on behalf of young people and families.
- This is a fairly expensive program to operate and maintain, and may not be a good choice for a community that does not already have a case manager position in place.

Contact Information
For more information on developing CASASTART in your community, please contact:

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Child Development Project

Description/Target Population
The Child Development Project (CDP) is a multi-faceted, school-based prevention program targeting students 5 to 12 years of age. This is a two-phase program that significantly reduces children's early use of alcohol and marijuana and their involvement in violence-related behavior.

Target Population
CDP involves elementary school students of all grade levels, the students' families, teachers, and school administrators. The program can be implemented in virtually any rural, suburban, or urban elementary school.

Goals and Objectives
The complete, two-phase CDP program is designed to:
- Increase students' liking for school and enjoyment of class
- Boost children's motivation to learn
- Encourage greater concern for others and more frequent altruistic behavior
- Improve children's ability to resolve conflicts
- Strengthen children's sense of community and commitment to democratic values
- Increase resistance to substance abuse

Outcomes
Schools that have implemented CDP successfully have experienced widespread changes in teaching practices. In these schools:
- Prevalence of alcohol abuse declined by an average 11 percent over a four-year period compared with 2 percent in comparison schools
- Prevalence of marijuana use by CDP students declined by 2 percent, compared with a 2 percent increase in comparison school students
- Prevalence of cigarette use by CDP students declined by 8 percent, compared with a 3 percent decline in use by comparison school students
- Students experienced a stronger sense of community in their schools, leading to greater enjoyment of class, increased motivation to do well in school, greater empathy and concern for others, stronger conflict resolution skills, more frequent altruistic behaviors, stronger feelings of social competence, higher self-esteem, less frequent feelings of loneliness in school, and fewer delinquent acts

Strategies
The core strategies that are the focus of the Child Development Project include:
- Mentoring
- School-based education
- School bonding

Activities
During Phase I of the program: older and younger students are partnered for cooperative activities; student-teacher meetings are held, to provide a forum for reflection, discussion, planning, and decision-making concerning the classroom climate; and p noncompetitive activities are provided, that involve students, parents, and school staff and emphasize helping others and creating an inclusive school environment. Once or twice a month, parents and students share ideas and experiences through home activities that allow parents to see what their children are doing in school. These components focus on building a strong sense of community in the school and classroom, and may be implemented concurrently or one at a time.

Phase II consists of: (1) a stand-alone instructional module that works to develop word recognition strategies and skills that enable students to become independent, confident, fluent readers; and (2) a K-6 module that teaches eight pivotal reading comprehension strategies, integrating academic, ethical, and social development, throughout.

Implementation Process and Plan
A full year is needed to implement all Phase I components concurrently. Phase II requires two additional years. Depending on school size, CDP costs approximately $65,000 per year for the first two years and $55,000 for the third year. These costs include materials for each teacher, 12 days of professional development, and 10 days of on-site technical assistance.

Four options exist for introducing a school's staff to Phase I of CDP. A one-day workshop may introduce all four components of Phase I. A two-day introductory workshop adds a second day to focus on the class meeting component. School staff may also choose to participate in one-day class meeting workshop or a two-day class meeting workshop. Class meeting-specific workshops are held because this tends to be the most challenging component for teachers to implement.

For districts or small groups of schools located in a single region, a cost-saving, three-day training-of-trainers workshop is offered. Follow-up visits by program development staff are available for coaching and consultation

Evaluation
An evaluation tool is available at no cost from the program developer; this must be requested.

An extensive student questionnaire for grades 3 through 6 and a teacher questionnaire have been developed for research use; however, this is a costly measure to administer and analyze, and data analysis service is not provided by the program developer.

In evaluating the Child Development Project, schools should assess:
- The degree to which the students like school and their learning motivation
- Improvements in teacher practices leading to positive changes in classroom behaviors

Lessons Learned
Before selecting this program for implementation in your community, you should be aware that:
- Classroom teachers must attend approximately 10 hours of staff development from the school team and participate in 10 hours of collegial study throughout the year
- Schools must be prepared to provide on-going staff development support to teachers in program implementation and to purchase classroom materials.

Contact Information
Please contact the Developmental Studies Center for more information about CDP:

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Fax: (510) 464-3670
Email: info@devstu.org
Web site: www.devstu.org/csrd/cdp_index.html

Denise Wood
Program Information
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Creating Lasting Family Connections

Description
The Creating Lasting Family Connections program is a structured opportunity for youth ages 11 to 15 and their families to improve their ability to provide a nurturing environment for each other in a more effective and meaningful way. Participants experience personal growth through increasing self-awareness, expression of feelings, interpersonal communication, and self-disclosure. Improved social skills, refusal skills, accurate knowledge of the effects of alcohol and drug use, and healthy beliefs provide a strong defense against environmental risk factors. The Creating Lasting Family Connections program also provides parents and other caring adults with family management, family enhancement, and communications training. All participants are given opportunities to practice these skills in a safe peer-group setting.

Target Population
This program has been evaluated with youth 11 to 15 years of age, primarily African American and Caucasian, living in rural, suburban, and urban settings. However, it was designed for use with youth 9 to 17 years of age and their families, and has been implemented in a variety of populations—including Hispanic, Asian, and Native American—in 40 states.

Goals and Objectives
Creating Lasting Family Connections is designed to:
- Increase community involvement in promoting the healthy development of youth and fostering strong, nurturing families
- Increase parent understanding of drug issues
- Improve family communication and family bonding
- Increase families' use of community services, including treatment and rehabilitation
- Improve teenagers' communication and refusal skills
- Delay the onset and reduce the frequency of alcohol and drug use

Outcomes
Participants in this program experience:
- Improved refusal skills, resulting in delayed and reduced use of alcohol and drugs
- Increased communication and bonding between parents and children
- Greater use of community services for resolving family and personal problems

Strategies
The core strategies that are the focus of Creating Lasting Family Connections include:
- Community-based education
- Parent education
- Skills building

Activities
The program consists of six modules: three for parents and three for youth. Each of the six trainings is a five- to six-session module, with each session lasting from 1½ to 2 hours. Sometimes families are provided meals in conjunction with the program. An optional combined parent and youth session usually requires an additional two or three sessions. For maximum effectiveness, parents and youth are each involved simultaneously in their own separate three-module track lasting for 15 to 18 sessions.

The CLFC program provides parents and children with strong defenses against environmental risk factors by teaching appropriate skills for personal growth, family enhancement, and interpersonal communication, including refusal skills for both parents and youth.

Implementation Process and Plan

To implement this program, each community must:

- Identify, assess, select, and recruit the community system(s) that will serve as the focal point of the program.
- Create and train a small cadre of community volunteers to advocate for youth and their families in high-risk environments, and recruit and help retain those families in the program.
- Recruit youth and families in high-risk environments who are willing to participate in the program.

For a high fidelity replication of CLFC, at least two part-time facilitators are needed for each of the parent and youth modules. After the recruitment phase, these four part-time facilitators can work with up to 30 families, one day per week, four hours per day, for the duration of the 18- to 20-week program. A minimum of two facilitators for each group is strongly recommended because a team approach significantly enhances the group learning experience and is likely to increase the participants' positive response to the program.

Program startup takes one to three months, and includes:

- 5 to 10 days of training by the developer
- Community mobilization activities
- Identification and recruitment of parents and youth

While training and technical assistance are not required, training is highly recommended. Training is offered both regionally and on site. Training is available in a variety of formats on any combination of individual CLFC modules desired. Training in the use of any individual module, or any of the parent and youth companion pairs of modules, can be provided in a two- to three-day seminar.

Potential facilitators are encouraged to complete a readiness assessment to determine the extent of training they may need. Those who demonstrate adequate experience should attend a 5-day training course; inexperienced facilitators should attend a 10-day training course. On-site custom training of three to nine days' duration is available. The cost for customized on-site technical assistance and training ranges from $400 to $1,500 per day (plus travel and per diem), depending on the number of consultants needed and the total number of training days requested.

Training in the implementation of the complete Creating Lasting Family Connections Curriculum Set, which involves all three module pairs, plus a special CLFC Community Mobilization Strategy, can be provided in as few as five days. The cost of training in the complete CLFC curriculum package depends on a number of site-specific variables.

Limited technical assistance—including grant writing assistance—is available free of charge.

Evaluation

An evaluation tool is available from the program developer for an additional $300 charge. This cost includes:

- Self-administered surveys for both youth and parents
- The psychometric properties of the scales in the surveys
- Survey administration and scoring guidelines
- Parent consent forms
- Contact information for technical assistance on evaluating the program

- Permission to copy surveys for evaluating the program

In evaluating the Creating Lasting Family Connections program, communities should:
- Determine whether family management skills were enhanced
- Determine improved bonding with mother, father, and siblings
- Determine if more honest communication between family members exists
- Determine if the onset of alcohol and other drug use was delayed overall

Lessons Learned
Raising Resilient Youth, a workbook in the parenting component of the program, provides rules for each age level but always allows for underage drinking. The workbook suggests that children 5 to 10 years of age consume no alcohol or not more than a diluted sip of an alcoholic beverage, and that children 10 to 18 years of age consume no alcohol or not more than one drink with parents only. While this harm-reduction approach may be culturally appropriate and a good fit for some communities, other communities may well not be comfortable using a parenting program that doesn't include a no-use message for youth.

Implementation costs for this program are difficult to pre-determine because the program has a number of implementation choices that create fluctuations in cost. Communities considering implementing this program need to be aware that the typical first-year budget starts at $25,000 and ranges upward; however, costs in subsequent years drop considerably.

Contact Information
For more information on implementing Creating Lasting Family Connections, contact:

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For CLFC materials, contact:

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Families and Schools Together

Description
Families and Schools Together (FAST) is an intervention that targets enhanced family functioning, the prevention of school failure by children 4 to 12 years old, the prevention of substance abuse by children or other family members, and reduced stress from daily life situations for parents and children. Five to 25 families may take part in this program. To recruit the families, FAST team members conduct face-to-face visits at times and places convenient for the parents.

Target Population
This program has been deemed appropriate for use with preschool, elementary, and middle school-aged children whom teachers have identified as at risk for later problems and their families. It has been replicated successfully with African-American, Asian-American, Native American, Caucasian, and Hispanic/Latino youth in rural, medium-sized, and urban communities. FAST groups have been made up of culturally diverse families, as well as solely Spanish-speaking people, Native Americans, African Americans, Asian Americans, and Caucasians.

Goals and Objectives
The FAST program is designed to:
- Enhance family functioning by strengthening the parent-child relationship in specific ways and empowering the parents to become primary prevention agents for their own children
- Prevent the target child from experiencing school failure by improving the child's behavior and performance, empowering parents as partners in the education process, and increasing family feelings of affiliation with their schools
- Prevent substance abuse by the child and the family members by increasing knowledge and awareness of substance abuse and its impact on child development and linking the family to assessment and treatment services if necessary
- Reduce the everyday stress that parents and children experience by increasing support for parents of at-risk students, increasing access to needed resources, and building the self-esteem of each family member

Outcomes
Participants in this program experience:
- A decline in child problem behaviors
- An improvement in family cohesion
- A decrease in social isolation (parents)
- Increased involvement of parents with their children's schools

Strategies
The core strategies that are the focus of Families and Schools Together include:
- Community-based education
- Parent education
- Referral
- School bonding
- Skills building

Activities
The families in the program participate in activities to build parental respect in children, improve family bonding, and enhance the family-school relationship. FAST activities are designed to offer family fun without alcohol, conflict-free family time in a safe place, and the opportunity for parents to practice requesting compliant behavior from children and responsive play with their children. The

program works to increase the social skills and attention span of participating children, while reducing their anxiety and aggression. Research has shown that these childhood behavioral outcomes are correlated in adolescence with lower rates of substance abuse, delinquency, and school failure.

Although the FAST curriculum is rigorous, the model has built-in options for making local adaptations for up to 60 percent of the program content. The remaining 40 percent is required and cannot be changed or adapted.

The family support groups are held every 8 to 12 weeks, depending on the age of the designated youth. Activities are sequential and each session includes:

- A family meal and family communication games.
- A self-help parent support group occurring while children engage in supervised play and organized activities.
- One-to-one parent-mediated play therapy.
- A family lottery (fixed so that every family wins once).
- Opening and closing routines, which model the effectiveness of family rituals for children.

After the families graduate from the eight-week program, multifamily meetings are held each month. The purpose of these meetings is to maintain the FAST family networks that were developed earlier on, and to identify and develop community goals.

Implementation Process and Plan

FAST teams must be culturally similar to the families being served in the program and include:

- One substance abuse professional and another person who can provide mental health and domestic violence services, both from community agencies
- School personnel
- A parent whose child attends the school
- A youth advocate (adult)
- Two middle school youth (one of each sex)

FAST training, which must be purchased from the FAST National Training and Evaluation Center, is school specific. If expansion of the program is desired in a community, each new school must be trained as well.

FAST team training is conducted in three stages: a two-day orientation to the program; three on-site visits by a certified FAST trainer; and a debriefing of the team and graduating families by a certified FAST trainer. The FAST National Training and Evaluation Center directly provides all phases of the training under contract. The center also will evaluate an eight-week cycle for $1,000. Communities with the capability may negotiate with FAST to do their own evaluation.

A packet of information is available addressing considerations for implementing the FAST program, including such issues as how to set up teams and how to find a location. The packet can be ordered by calling (888) 629-2481.

Evaluation

Evaluation tools are processed to create a final report for communities implementing this program. The cost of the final evaluation report is $1,000 per cycle. The evaluation process includes the use of:

- Questionnaires
- Data entry
- Processing
- Final evaluation report

As part of the evaluation of Families and Schools Together, communities should assess:

- Improvements in child behavior problems
- Improvements in family cohesion
- Increases in involvement of parents with their children's schools
- Improvements in family management skills

Lessons Learned

No special challenges or considerations have been reported for this best practice.

Contact Information

For more information on FAST, contact:

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Family Matters

Description
Family Matters, a home-based program designed to prevent tobacco and alcohol use in children 12 to 14 years old, is delivered through four booklets mailed to the home. These are followed up with telephone calls to parents by health educators, encouraging them to complete the booklets and activities within. The readings and activities in the booklets examine general family characteristics and family tobacco- and alcohol-use attitudes and characteristics that can influence adolescent substance use.

Target Population
Family Matters was designed for families with children 12 to 14 years old. It was implemented in a randomly selected sample of families throughout the United States. Families were included without consideration of risk factors, e.g., adolescent or family member substance use or other characteristics. The sample included Asian, African-American, Hispanic, and Caucasian families at all socioeconomic levels in urban and rural settings.

Participants may be selected through schools, parent-teacher associations, civic and community organizations, boys and girls clubs, or clinics. Participant names, addresses, and telephone numbers are needed.

Goals and Objectives
The goals and objective of this program are to change family tobacco- and alcohol-use attitudes and characteristics in order to prevent alcohol and tobacco use by 12- to 14-year-olds.

Outcomes
Family Matters significantly lowered adolescent alcohol and tobacco use at 3 and 12 months after completing the program.

Strategies
The core strategies that are the focus of Family Matters include:
- Family bonding and communication
- Parent education

Activities
The booklets are delivered in successive order. The first one describes the program and encourages participation. The second booklet discusses general family factors such as communication skills and parenting styles that influence adolescent alcohol and tobacco use. The third focuses on behavior-specific factors that families can influence, including the availability of tobacco and alcohol in the home and family rules about child substance use. And the final booklet deals with non-family influences on adolescent substance use, such as the media and friends who use alcohol or tobacco.

Some of the reading material and activities are for adult family members only, while other parts of the program are for both the adult family members and the adolescent.

The adolescent's mother (or other primary care-giver) is usually the program contact. She or he is asked to participate in the program and to involve additional adult family members. One complete program cycle is scheduled to take 79 days. The first booklet is mailed 24 days after an introductory letter is sent to parents; telephone contact is made 13 days after each booklet is mailed; and a new booklet is mailed the day after each phone call is completed.

The health educators who conduct follow-up telephone calls after each booklet interact directly with the parent only, not with the adolescent. Health educators can be individuals from within the implementing community coalition or organization, or from the surrounding community, such as school nurses, teachers, or business professionals. Health care educators can be paid staff or volunteers. All health educators must have a college degree, they must receive two days of training, and they must be supervised by the program manager. The program manager position is a half-time position. A quarter-time assistant for the program manager is needed as well. Telephone access for the health educators is required. Training for health educators and supervisors is available through the program developer.

Implementation Process and Plan

All four booklets and trained health educators are necessary to successfully implement this program. The four booklets and the Health Educator's Manual (which is used for training and guidance of health educators and includes the health educator protocols for each unit) are available on the Family Matters Web site: www.sph.unc.edu/familymatters/index.htm. Materials used by health educators to record responses and information gathered during each family phone call, and to record other occurrences, such as program dropout, incomplete activity, or changes in the parent contact, are also available. Training is required and is priced for each individual site.

Evaluation

An evaluation of Family Matters should include:

- Assessing self-reported adolescent cigarette smoking and alcohol use
- Assessing determinants of program participation

Lessons Learned

No specific challenges or issues have been reported for communities implementing this program.

Contact Information

For more information on Family Matters, including training for this program, contact:

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Chapel Hill, NC 27516
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Guiding Good Choices (formerly Preparing for the Drug Free Years)

Description
Families That Care—Guiding Good Choices is designed to give parents of 8- to 13-year-olds the skills and knowledge they need to help their children grown up drug free.

Target Population
Guiding Good Choices has been found to be effective when used with elementary and middle or junior high school students. The program has been successfully replicated in urban and multi-ethnic communities comprised of African Americans, Asian Americans/Pacific Islanders, Caucasians, Latinos/Hispanics, and Native Americans. Other intended populations include the parents of fourth through seventh graders.

Goals and Objectives
Guiding Good Choices aims to:
- Strengthen and clarify family expectations for behavior
- Enhance the conditions that promote bonding in the family
- Increase children's ability to successfully meet the expectations of their family to resist drug use

Outcomes
Participants of this program have significantly increased their drug abuse prevention skills and commitment to using prevention practices. Parent participants have demonstrated considerable changes in attitudes and knowledge levels.

Strategies
The core strategy that is the focus of Guiding Good Choices is:
- Parent education

Activities
In five weekly two-hour sessions, parents learn how to: keep their children from abusing substances; set clear expectations regarding drugs and alcohol; avoid trouble; manage family conflict; and strengthen family bonds. Video-based vignettes demonstrate parenting skills through the portrayal of a variety of family situations. These sessions are interactive; parents are given an opportunity to practice their new skills and get feedback from workshop leaders and other parents.

Implementation Process and Plan
Two workshop leaders are needed to share responsibility for providing workshop instruction, modeling skills, and answering questions. They should be representative of the community and at least one should be a parent. The workshop leaders must be skilled in providing parenting workshops, understand the principles of adult learning, and be knowledgeable about risk and protective factors as they relate to prevention.

Families who participate in this program receive a *Family Guide* containing family activities, discussion topics, skill-building exercises, and information on positive parenting. Parents who attend all five sessions are awarded a certificate of completion at the end of the program. Providing workshop participants with transportation, food, and childcare will help support parent recruitment and retention.

The workshop's meeting place should be of adequate size to comfortably accommodate both parents and their children, and should be equipped with an easel or chalkboard, video equipment, and an overhead or computer-based LCD projector. All other materials for the workshop are provided with

the purchase of the workshop kit or to attendees of a Guiding Good Choices workshop leader's training event.

Training is not mandatory, but a three-day workshop leader's training event is highly recommended. Multiple communities may arrange a joint training if desired. Training-of-trainers is not available.

Evaluation
An evaluation tool, which includes a written pre- and posttest, comes with the program free of charge.

In evaluating this program, communities should determine if parenting skills and family bonding have increased.

Lessons Learned
The Guiding Good Choices workshop site should be in an accessible, safe, and familiar part of the neighborhood.

Contact Information
For more information on materials and training for Guiding Good Choices, contact:

Channing Bete Company
One Community Place
South Deerfield, MA 01373
Phone: (877) 896-8532
Fax: (800) 499-6464
Email: PrevSci@channing-bete.com
Web site: www.preventionscience.com/FTC/GGC.html

Keep a Clear Mind

Description
Keep a Clear Mind, a take-home drug education program for 8- to 12-year-olds, is conducted over a single semester during the school year. Students are given four weekly sets of activities which they complete with their parents. The lessons are based on social skills training and are designed to help children develop specific skills to refuse and avoid the use of gateway drugs.

Target Population
Keep a Clear Mind is designed for upper-elementary school students and their families.

Goals and Objectives
Keep a Clear Mind is designed to:
- Enhance parent-child discussions regarding refusing and avoiding illicit drugs
- Help parents realize the harmful effects of alcohol, tobacco, and marijuana use
- Provide parents with a more realistic view of alcohol, tobacco, and marijuana use among young people
- Change young people's perception of peer norms regarding the use of alcohol, tobacco, and marijuana
- Reduce children's susceptibility to peer pressure to experiment with tobacco
- Increase young people's realization of parental disapproval of marijuana use

Outcomes
Students who participate in KACM are more likely than students not in this program to move toward a no-use position, to realize that tobacco has harmful effects on young people, and to perceive their parents as having a negative view of marijuana use.

Parents participating in the KACM groups are more likely to express that their child had an increased ability to resist pressure to use the substances addressed in the KACM program, a decreased expectation that their child would try these substances, a more realistic view of their use among young people, and a greater realization of the harmful effects of these substances.

Strategies
The core strategies that are the focus of Keep a Clear Mind include:
- Parent education
- School-based alcohol and other drug education

Activities
Students complete a set of weekly activities with their parents for a four-week period. Those who turn in the weekly feedback sheets signed by a parent receive a small incentive for completing the lesson, such as a bookmark, pencil, or bumper sticker. Immediately after the four take-home lessons are completed, biweekly parent newsletters are sent home with the students for a period of 10 weeks.

Implementation Process and Plan
Program facilitator training is helpful, but it is not essential to delivering the program.

This is intended to be a cost-effective means of reaching parents and enhancing parent-child communication about substance use.

Evaluation
Assistance is available from the program developer to analyze outcome data and develop an evaluation report.

Keep a Clear Mind comes with an evaluation tool that can be used when implementing this strategy. The cost of data analysis and a written report are negotiated on an individual basis.

As part of an evaluation of Keep a Clear Mind, schools should assess:
- Changes in parental and youth attitudes toward drug use
- Social skills and refusal skills gained by youth participants

Lessons Learned
Some communities that have used this program suggest it is a good component to add to a comprehensive approach –it is inexpensive, easy to use, involves parents, and has demonstrated outcomes–but that it should not be used as a stand-alone drug education program.

Contact Information
For more information about this program, contact:

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Keepin' It R.E.A.L.

Description
Keepin' It R.E.A.L. (Refuse, Explain, Avoid, Leave) is intended to find out what is going on in the adolescent world in youths' own words through stories they tell about who is offering them drugs and how they say "no." Using these personal stories of drug resistance, youth develop their own customized, multimedia prevention program. These personal stories of resisting drug offers is intended to bring "saying no" to life and reveal the R.E.A.L. resistance strategies that teens use when refusing drugs while maintaining relationships.

Keepin' It R.E.A.L. is a culturally grounded prevention intervention targeting substance use among urban middle school children. The curriculum promotes anti-drug norms and teaches resistance and other social skills. This learning is reinforced with booster sessions in addition to the media campaign.

Target Population
This program targets urban middle school youth. The program comes in three versions, based on the population being targeted: Mexican American, Black/White, and multicultural (incorporating five lessons each from the other two versions).

Goals and Objectives
The purpose of Keepin' It R.E.A.L. is to:
- Increase identification with models of drug resistance
- Reduce alcohol, tobacco, and marijuana use
- Increase adoption of conservative substance use norms and attitudes
- Increase effective drug resistance decision-making and communication skills

Outcomes
The Mexican-American version has resulted in smaller increases in alcohol use, stronger anti-drug norms and self-efficacy, and lower intentions to accept offers of drugs.

The Black/White version has resulted in significantly more conservative substance use norms, more negative attitudes toward use, and lowered use of alcohol, tobacco, and marijuana.

The multicultural version has been shown to be particularly effective 12 months after implementation. Participants showed smaller increases in alcohol and marijuana use, maintained stronger anti-drug descriptive norms, and showed smaller increases in positive substance use expectancies.

Strategies
Booster sessions
Media advocacy
School-based alcohol and other drug education

Activities
The curriculum consists of 10 lessons, each 40 to 45 minutes long. Each lesson includes a lesson outline, an activity sheet with instructions, student worksheets for use in class and as homework, and notes to the teacher. The lessons are designed to promote interaction among the students as well as between the students and the teacher, so that the students are involved in their own learning. Enjoyable activities are included to illustrate the skills and allow students to practice the R.E.A.L (Refuse, Explain, Avoid, and Leave) resistance strategies. The students' performance on the homework worksheets allows teachers to assess how well they are grasping the skills and knowledge taught in class.

The lessons include a variety of teaching modalities aimed at encouraging student participation such as group work, role-playing, pair discussion, and games. Overheads, in-class worksheets, and Spanish materials are provided. Each lesson includes a homework assignment and, starting with lesson #2, a review of the previous lesson's concepts. Lesson #1 provides an introduction to the Keepin' It R.E.A.L. program and includes a video highlighting the project and the video production process. Lesson #10 provides a thorough review of the program and reminds students of the life skills and resistance strategies they've learned. Taken as a whole, the curriculum is a culturally specific, practical, and innovative approach to teaching drug resistance strategies to seventh-grade students.

Implementation Process and Plan

Instead of teaching students just to say no, Keepin' It R.E.A.L. teaches them *how* to say no. Videos produced by youths, for youths, are a central component of the curriculum. In the original program, local Phoenix high school students produced a series of educational videos teaching drug resistance strategies based on middle school students' real-life stories. These resistance strategies are Refuse, Explain, Avoid, and Leave (R.E.A.L.).

Five videos are used in the curriculum. The video that accompanies lesson #1 is an introduction to the curriculum and is designed to get students excited about the program and to profile the local high school students who created the four videos which focus on the R.E.A.L strategies. It is believed that the creativity of the involved high school students makes the messages in the videos more relevant to, and readily accepted by, the middle school students. The videos also give the students the opportunity to see enactments of successful drug resistance by youth that are similar to themselves in age and ethnicity.

In an attempt to avoid stereotypical portrayals of ethnicity, the Keepin' It R.E.A.L. curriculum takes an approach centered on the cultural norms of the targeted ethnic group or groups. These ethnic cultural norms relate to group interaction and conceptualizations of respect, family, and other relationships. Since these norms dictate how one should deal with others, affirming these relational and communication norms is intended to help students resist drugs in a manner to which they are more accustomed. (Pilot studies have demonstrated, for example, that Latinos are more likely to use the "Explain" resistance strategy rather than "Refuse." The "Explain" strategy confirms cultural norms regarding the importance of dealing with others in a respectful non-confrontational manner rather than "Refuse," which is much more direct and may be seen as disrespectful behavior in Latino culture.)

The ethnic and cultural norms for the three different modalities are embedded into the framework of the lessons to help teachers more effectively teach the curriculum, even if they are unfamiliar with the norms and concerns of a particular ethnic group. The resistance skills learning objectives for each lesson are worded in a manner that incorporates specific norms that support learning the skill.

All of the in-class worksheets, homework sheets, and overhead materials accompanying the lessons have been translated into Spanish.

Keepin' It R.E.A.L. has the potential to reduce substance abuse while teaching communication and life skills to seventh graders. Television and radio Public Service Announcements (PSAs), billboards, and citywide contests, can be used to reinforce the messages learned in the classroom and reach many additional children and parents.

Evaluation

In evaluating this program, schools should assess:

- Students' recent alcohol, tobacco, and marijuana use
- Changes in anti-drug norms, attitudes, and intentions to use alcohol, tobacco, and marijuana
- Students' drug use expectancies

Lessons Learned
Prevention messages grounded at least somewhat on the culture of the client are more likely to have a positive impact.

Contact Information
If you are interested in implementing Keepin' It Real, you can receive more information on this program, including training and consultation, by contacting the program developer:

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234 Sparks Building
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E-mail: mlh10@psu.edu
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Leadership and Resiliency Program

Description
The Leadership and Resiliency Program is a school- and community-based program for high school students ages 14 to 19 who have a combination of behavioral issues. These students take part in resiliency groups, alternative adventure activities, and community service, all designed to enhance their internal strengths and resiliency, while preventing involvement in substance use and violence.

Target Population
The Leadership and Resiliency Program targets high school students ages 14 to 19 who exhibit high levels of absenteeism, high levels of disciplinary actions, low grades, substance use, and/or violence. Students are interviewed to assess their risk and protective factors, and the students at highest risk are enrolled in the program.

Study participants have been from diverse cultural and ethnic backgrounds, and the program is designed for both mainstream and alternative high school populations.

To implement this program, schools work with a partner substance abuse or health service agency to identify program candidates and provide different types of support, as needed. For best results, students should enter the program early in their high school career and participate until graduation; however, students may enter the program in any grade during high school.

Goals and Objectives
The Leadership and Resiliency Program works to:
- Increase students' perceptions of competence and self-worth
- Improve participant identification with positive roles
- Reduce disciplinary actions in school
- Increase effective refusal and communication
- Increase knowledge of and negative attitudes about substance abuse and violence
- Increase community involvement in promoting the healthy development of youth and the valuing of adolescents

Outcomes
Program participants realize:
- An overall increase in grade point average
- An increase in school attendance
- A reduction in school behavioral incidents
- A higher rate of graduation

Strategies
The core strategies that are the focus of the Leadership and Resiliency Program include:
- Community service
- Skills building

Activities
The resiliency groups are held at least weekly during the school day, while the alternative adventure activities, such as ropes courses, white water kayaking, camping, and hiking trips, take place outside of school. Community service projects may be either community- or school-focused. The latter two components, which are offered after school, on weekends, and during the summer, focus on community service, altruism, learning about managed risk, social skills improvement, and conflict resolution.

The weekly in-school resiliency groups are led by a facilitator. Additional individual or small group follow-up discussions between the facilitator and students may be held at other times during the week. Facilitators also monitor the community service and adventure activities.

Each week, students are expected to:

- volunteer at a local rescue shelter for abused and neglected animals;
- clean area streams and plant trees to improve the environment; or
- perform skits (using puppets) for elementary school students on family substance abuse, social skills development, and other relevant issues.

Participants are required to participate in animal rehabilitation activities at least once a month and to perform a puppet skit for elementary school students at least once (and preferably three times) during their high school career. Students help to write the skits as well as to perform them.

Outdoor and adventure activities are also scheduled regularly and each participant is expected to attend at least five of these trips over the several years they are involved in the program. Both community service and adventure activities are conducted as a group.

Implementation Process and Plan

Schools implementing this program will need to set up cooperative agreements with the substance abuse treatment or health service provider, the animal shelters, contractors for outdoor activities, volunteer groups or businesses that are willing to provide space for summer activities, and the elementary schools where the program participants will deliver their puppet projects. Transportation must be available to students for out-of-school activities.

In addition, schools must hire program leaders to work with a caseload of 50 students, and a graduate-level clinician to serve as the program supervisor/manager, handling project management, data collection, and outcomes analysis.

Program start-up can take up to four months. Implementation requires that students participate in all three program components over a five-month to one-year period for each of the two to four years they are in the program.

Training is available, as is additional consultation and technical assistance. To cut costs for this program, workbooks may be re-used in subsequent years. Multiple agencies also may go together for training. For some communities, attending training sessions at the developer's headquarters in Fairfax, Virginia may be less costly than conducting an on-site training.

Evaluation

The Leadership and Resiliency Program comes with an evaluation tool that can be used when implementing this strategy.

In evaluating this program, the implementing agency should assess:

- Grade point averages and attendance of participants
- School disciplinary reports

Lessons Learned

Successful replication of the Leadership and Resiliency program requires:

- Dedication to strength-based programming
- Seamless partnering with identified schools and active participation with guidance departments
- Facilitators trained in the implementation of clinical alternative activities as a fundamental component of programming

- Working with animals in need of socialization/rehabilitation

Contact Information
For more information on the Leadership and Resiliency Program, contact:

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Life Skills Training

Description
The Life Skills Training middle school curriculum is delivered in a series of classroom sessions over a three-year period. These sessions use lecture, discussion, coaching, and practice to enhance students' self-esteem, feelings of self-efficacy, ability to make decisions, and ability to resist peer and media pressure.

Target Population
Life Skills Training is geared toward 11- to 14-year-olds. It has been tested and proved to be effective with African-American, Caucasian, and Hispanic/Latino youth.

Goals and Objectives
Life Skills Training is designed to:
- Dramatically decrease tobacco, alcohol, and marijuana use
- Reduce poly-drug use
- Reduce pack-a-day smoking
- Decrease the use of inhalants, narcotics, and hallucinogens
- Enhance students' self-esteem, feelings of self-efficacy, ability to make decisions, resistance to peer and media pressure, personal self-management skills, and general social skills

Outcomes
Life Skills Training:
- Reduces new cigarette smoking
- Reduces alcohol use, heavy drinking, and drinking to intoxication
- Reduces marijuana use
- Reduces the monthly use of cigarette smoking, alcohol drinking, and marijuana use
- Reduces both short-term and long-term substance use and abuse
- Reduces pack-a-day smoking
- Decreases the use of inhalants, narcotics, and hallucinogens

Strategies
The core strategies that are the focus of Life Skills Training include:
- School-based education
- Skills building

Activities
The curriculum's three major components focus on three different skill sets—drug resistance skills, personal management skills, and general social skills—all of which make it far less likely that a student will engage in a wide range of high-risk behaviors, including substance use.

- Drug resistance skills help students recognize and confront common misconceptions about substance use, and deal with pressure put on them by their peers and by the media to engage in substance use.
- Personal self-management skills help students examine their self-image and its effects on behavior, set goals and keep track of personal progress, identify everyday decisions and how these might be influenced by others, analyze problem situations, and consider the consequences of alternative solutions before making decisions.
- General social skills help students overcome shyness, communicate effectively and avoid misunderstandings, be both verbally and non-verbally assertive in making and refusing requests,

and recognize that they have choices other than aggression or passivity when faced with tough situations.

The curriculum is designed to cover 15 class periods of 45 minutes each during the first year, with a booster intervention running for 10 class periods the second year, and 5 class periods the third year. The program can be taught on an intensive schedule, with class periods every day, two to three times a week, or once a week. All of these program formats have proven to be equally effective.

Implementation Process and Plan
A Life Skills-trained provider—either a teacher, a counselor, or a health professional—and a curriculum set (Teacher's Manual, Student Guide, and relaxation tape) are the only required elements for implementing this program.

Two types of training are available:
- Provider training, which prepares educators to effectively implement the Life Skills curriculum in the school classroom or other setting. Two days of training are required for the first year of the curriculum, and one day's training is required for each of the two subsequent years. This training takes place on-site; a minimum of 20 participants is required.
- Training of trainers, which trains individuals who want to conduct provider training workshops. This training is provided on a case-by-case basis to state or regional entities currently disseminating the Life Skills Training program. This is a 25-hour training that takes place over three days.

Evaluation
There is no cost for the evaluation tool for Life Skills Training. An evaluation service is provided for those using the Life Skills Training questionnaire to evaluate the middle school program.

Evaluating Life Skills Training requires that schools assess:
- Decreased use of alcohol, tobacco, and marijuana
- Change in favorable attitudes toward drug use
- Skills gained in social competence

Lessons Learned
Some communities reported that they found Life Skills Training to be somewhat outdated and a little "dry." While communities reported that the lesson content is considered relevant and important, they suggested that modification of the lessons with updated activities be made to fit with today's junior high and middle school population.

The program developer states there are both generalizable findings and specific guidelines for teaching to a particular group of students. Their studies concluded that there was no need to create different versions for different populations, but instead they strongly recommend that teachers maximize generalizability by making modifications where needed to ensure cultural sensitivity, relevance, and acceptability to varied populations. Also, research evidence has shown that making minor cultural adjustments actually improve the effectiveness of the program. The program developer encourages those implementing the program to make adaptations.

The program developer advises those implementing the program to make certain that it is modified to meet the cultural needs and learning styles of the specified target population. Previous research with the LST program has shown that the skill training methods used work well with a variety of populations. It is important modify the language, examples, and behavioral rehearsal scenarios used so that targeted participants will identify with the material and view it as relevant to their own lives.

Contact Information
For more information on Life Skills Training, or to order program materials, contact:

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Web site: www.lifeskillstraining.com

Lions-Quest Skills for Adolescence

Description
Lions-Quest Skills for Adolescence is a classroom-based positive youth development and prevention program. This curriculum may be implemented daily, two to three times a week, or once a week; all formats are stated to be equally effective.

Target Population
This program is designed specifically to address the developmental needs of 10- to 15-year-olds in grades six through eight in public and private school settings.

Goals and Objectives
Lions-Quest Skills for Adolescence identifies two goals as critical to promoting the development of social behaviors and reduction of health-compromising behaviors among student participants:
- To develop positive social behaviors, such as self-discipline, responsibility, and good judgment
- To develop positive commitments to their families, schools, peers, and communities, including a commitment to lead healthy, drug-free lives

Outcomes
Participants in this program:
- Significantly reduce their marijuana use
- Significantly improve their knowledge about the risks of alcohol and other drugs
- Significantly increase school attendance
- Significantly lower their levels of current beer, liquor, and tobacco use
- Significantly reduce their intentions to use beer and liquor in the future

Strategies
The core strategies that are the focus of Lions-Quest Skills for Adolescence include:
- Parent education
- School-based education

Activities
Lions-Quest Skills for Adolescence is a five-component program, comprised of a classroom curriculum, parent and family involvement, a positive school climate, community involvement, and professional development.

The curriculum offers 102 skill-building lessons, each 45 minutes in length. It may be implemented as a nine-week, 40-lesson mini-course, or as a three-year program that includes all 102 lessons.

Parents and family members participate through shared homework assignments, four parent meetings, a parent book, and direct involvement in school activities. School, school staff, students, parents, and community members establish a school climate committee to reinforce curriculum themes through school-wide events. The greater community is involved through training workshops, school climate events, panel discussions, service projects, and parent meetings.

Implementation Process and Plan
The program implementer must take part in a two- or three-day professional training development workshop. Participants leave the workshop with the Skills for Adolescence Curriculum Kit, which consists of:
- eight thematic units of study in separate booklets;
- year two and year three booster units focused on healthy living and drug prevention;

- a service-learning unit that permeates the entire curriculum;
- a student book called *Changes and Challenges;*
- a program guide;
- a parent meetings guide;
- a drug information guide; and
- a parent book called *The Surprising Years.*

Qualified school districts also may take part in an extensive 10-day training-of-trainers program, preparing local personnel to conduct their own staff development. Pre-set regional workshops scheduled by the Lions-Quest Skills for Adolescence developer and on-site contract workshops are available.

Evaluation
Lions-Quest Skills for Adolescence includes evaluation tools with each unit. These are multiple-choice, short answer, and essay tests designed to:
- Serve as pre- and posttests for each unit to determine how much class time to devote to specific content and evaluate mastery of skills and knowledge
- Be used together for major evaluation
- Assess student progress to determine where more review is needed
- Diagnose individual and group strengths and weaknesses regarding mastery of skills and knowledge
- Contribute to assessment of student achievement

Evaluation tools also were designed to measure longitudinal program impact on attitudes and behaviors regarding illicit drug use.

In evaluating this program, schools should assess:
- Participants' lifetime and recent beer, liquor, tobacco, and marijuana use
- Participants' perceptions of the harm to their health from drinking beer
- Participants' school attendance
- Participants' rates of misconduct and truancy

Lessons Learned
Prior to teaching core Lions-Quest life skills programs, teachers are required to attend an introductory training workshop. Quest International recommends selecting a planning team to look at the program goals and objectives for fit with the school's population and curriculum, and holding a community meeting to explain the content and goals to the interested public to gain support, prior to attending the workshop.

Lions Clubs International is making grants to various states and countries to train teachers and provide curriculum programming for schools. Communities interested in implementing this skills training program should contact Quest International to see if their state is a recipient of this grant program.

Contact Information
More information on Lions-Quest Skills for Adolescence is available by contacting:

For training:
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Program Development
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Phone: (740) 522-6404

Fax: (740) 522-6580
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For program information:
Lion's Quest
P.O. Box 304
Annapolis Junction, MD 20701
Phone: (800) 446-2700
Fax: (240) 646-7023
Email: info@lions-quest.org
Web site: www.lions-quest.org

Or as a program contact:
Mark Bularzik
Manager
LCIF Lions-Quest Department
300 W. 22nd Street
Oak Brook, IL 60523
Phone: (630) 571-5466 ext. 650

Parenting Wisely

Description
The Parenting Wisely intervention is a self-administered, computer-based program that teaches parents and their 9- to 18-year-old children skills for combating risk factors for substance use and abuse. The Parenting Wisely program uses a risk-focused approach to reduce family conflict and child behavior problems, including stealing, vandalism, defiance of authority, bullying, and poor hygiene. The highly interactive and nonjudgmental CD-ROM format is intended to accelerate learning, with video modeling of good responses. Parents are intended to use new skills immediately.

Target Population
Single-parent families and stepfamilies whose children exhibit behavior problems comprise the majority of families targeted.

Goals and Objectives
The Parenting Wisely intervention:
- Seeks to help families enhance relationships and decrease conflict
- Enhances child adjustment and potentially reduces delinquency, substance abuse, and involvement with the juvenile justice system
- Builds parental confidence in parenting skills
- Seeks to improve communication, problem solving and parent-school communication while improving school attendance and grades and reducing disciplinary infractions

Outcomes
The Parenting Wisely program:
- Reduces children's aggressive and disruptive behaviors
- Improves parenting skills
- Enhances family communication
- Develops mutual support
- Increases parental supervision and appropriate disciplining of children

Strategies
Parenting Wisely focuses on:
- Parent education

Activities
Parenting Wisely can be used alone, in a group, or with a practitioner at a variety of locations such as public agencies, schools, libraries, or at home. Literacy is not required to use the Parenting Wisely program as it provides the option to have the computer read all text aloud. Printed program portions are written at the fifth-grade level, and the entire program is also available in Spanish.

In addition to the interactive CD, program materials include program description brochures, program poster and referral cards, a program manual, five parent workbooks, parent completion certificates, evaluation instruments (provided on a computer disk for duplication). The program is upgraded yearly; upgrades are available to those who previously purchased the program for a small charge.

Implementation Process and Plan
This stand-alone program is self-administered, and requires only one to two sessions, lasting approximately three hours. A service provider's guide supplies all the information necessary to fully implement the program. No staff training is required; however, training is available to show potential

sites how to generate community support for the program and how to add clinical components to the intervention. Technical assistance is available from the program developer free of charge.

Most agencies require three to six weeks from the time they place the order to the time they have the program installed on computers and have made staff familiar with it.

Evaluation
Parenting Wisely comes with an evaluation tool that can be used when implementing this strategy. There is no cost for the tool. Data-analysis costs must be negotiated with the program developer.

In evaluating Parenting Wisely, communities should assess:
- Changes in family management skills
- Changes in child behavior problems

Lessons Learned

The following are areas to take into consideration before selecting this strategy to be implemented in your community:

- The reading level of the program is fifth grade, but for illiterate parents, the program text can be read aloud by the program itself.
- The best locations for program implementation are at accessible social service agencies, schools, or public libraries.
- To reach the most resistant parents, the program developers recommend home delivery of the program via a laptop computer. In this way, several family members can use the program together, increasing parent interaction, which might make the program of even greater benefit.
- The program developers and others have had much success calling at-risk families and offering them $20 for feedback about their views of the program. They offer to bring the program to the families' homes and present this approach similar to a marketing survey. In this way, parents do not feel singled out or blamed.

Note: The program developer noted that communities interested in implementing this program can contact FamilyWorks for an information packet, a 12-minute video that shows the different ethnic populations that are using or have used Parenting Wisely, and a CD-ROM with samples of the five curriculums offered by FamilyWorks. This is available free of charge to any interested community, with no obligation to purchase the program. The free material is the community's to keep, regardless of whether the program is ultimately purchased by that community.

Contact Information
For more information, contact:
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340 W. State Street
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Fax: (541) 482-2829
Email: familyworks@familyworksinc.com
Web site: www.parentingwisely.com/

Positive Action

Description
Positive Action is an integrated, comprehensive program for schools, families, and communities that is intended to improve the academic achievement and multiple behaviors of children and adolescents from kindergarten through the 12th grade. It is ideally implemented school-wide. Classroom teachers teach the curriculum using a grade-appropriate kit containing prepared materials and a manual with lesson plans. Counselor and special education materials are also included.

Target Population
Positive Action involves all members of a school community, including students, faculty, support staff, administrators, student family members, and people who live in the community surrounding the school. It is effective in urban, suburban, and rural areas, and with all ethnic and cultural groups, as well as with special-needs students.

Positive Action is primarily implemented in kindergarten through 12th grade, in before- and after-school programs, within Evenstart and Headstart programs, and during extracurricular, family, and community activities. It may be implemented in whatever environment best suits the intervention, including social service agencies, businesses, criminal justice agencies, faith-based institutions, and mental health service agencies.

Goals and Objectives
For students, Positive Action's goals are to improve:
- Individual self-concept
- Academic achievement and learning skills
- Decision-making, problem-solving, and social and interpersonal skills
- Physical and mental health
- Behavior, character, and responsibility

For schools, Positive Action's goals are to improve:
- School climate
- Attendance
- Achievement scores
- Disciplinary referrals and suspensions
- Parent and community involvement
- Services for special-needs and high-risk students
- Improved self-concept and professionalism of school personnel

For families, Positive Action's aim is to improve:
- Parent-child relations
- Overall family attitudes toward and involvement in school and the community

Outcomes
Positive Action:
- Develops healthy, self-motivated children who avoid harmful behaviors and substances
- Develops educators who are professional, caring, and competent
- Develops parents who are involved with their children's education and school, and who teach and reinforce program goals at home
- Offers students a quality after-school program
- Motivates community activists to link their community groups to local schools

Strategies
The core strategies that are the focus of Positive Action include:
- Parent education
- School and community bonding
- School-based education

Activities
In addition to the school curriculum, Positive Action offers family and community components. Parents receive a Family Kit that contains lessons and materials that correlate with the school program and support parenting classes, while the Community Kit is used to organize a steering committee that guides community partners to develop and coordinate positive community initiatives and activities.

The school, family, and community components may be used together or as stand-alone pieces.

Implementation Process and Plan
Positive Action offers an implementation plan with an interactive Web site to achieve implementation fidelity, as well as a program evaluation plan that schools are strongly encouraged to use.

The principal, a program coordinator, and a program committee guide Positive Action. The Positive Action Committee—which oversees program implementation—is comprised of a teacher from every grade level, the principal (or his/her designee), assistant principals, a counselor, a school nurse, a support staff representative, several parents, and one or two students.

The principal (or his/her designee) may act as the Positive Action Coordinator, who is responsible for coordinating the Positive Action Committee and monitoring day-to-day program activities. A member of the Positive Action Committee acts as the Parent Coordinator, providing information to parents and assisting with parenting classes. A Community Coordinator coordinates the community steering committee and plans community activities.

Schools implementing the Positive Action program will need a Principal's Kit for the school-climate program; a grade level Teacher's Kit for each classroom, special education class, and after-school program; a Counselor's Kit; Family Kits for parents; a Community Kit; and an Implementation Plan. The Parent and Positive Action Coordinators, adult members of the Coordinating Committee, and all teachers should participate in a half-day to two days of training. One trainer can train 50 people.

Evaluation
This program comes with evaluation tools. The costs for evaluation depend on the requirements of the evaluation plan. Communities interested in implementing this program should discuss the evaluation costs with the program developer.

In evaluating this program, the implementing agencies should assess:
- The discipline referrals, absenteeism, truancy, and suspension rates of Positive Action students
- The rate of violence, drug use, and criminal arrests of Positive Action students
- The self-concept of Positive Action students
- The standardized achievement scores of Positive Action students

Lessons Learned
This curriculum is written at an elementary level and communities have had to re-write the lessons to make them age-appropriate for middle and high school students. In addition, only the programming for elementary grades (K-8) have been established as effective according to the criteria used by the Center for Substance Abuse Prevention (CSAP), even though the entire program has been listed by CSAP as a best practice.

Note: According to the program developer, evaluation of the high school curriculum is forthcoming.

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Project ALERT

Description
Project ALERT is a two-year drug prevention curriculum. This 14-lesson program focuses on the substances adolescents are most likely to use—alcohol, tobacco, marijuana, and inhalants.

Target Population
Project ALERT targets middle school students ages 11 to 14. This program has proven successful with high- and low-risk youth from urban, rural, and suburban communities, with youth from different socioeconomic levels, and with African Americans, Asian Americans, Caucasians, and Hispanics/Latinos.

Goals and Objectives
Project ALERT is designed to motivate adolescents against drug use and help them acquire the skills they need to resist pro-drug pressures. It does this by helping adolescents achieve the following goals:

- Understand the consequences of using drugs
- Develop reasons not to use drugs
- Establish school-wide norms against drug use
- Understand the benefits of being drug-free
- Recognize that most people don't use drugs
- Identify and counter pro-drug pressures
- Resist advertising appeals
- Resist internal and social pressures to use
- Communicate with parents
- Support others in making non-use decisions
- Recognize alternatives to substance use
- Learn how to quit using

Outcomes
Compared with control groups, students receiving Project ALERT:

- Reduce initiation of marijuana use
- Decrease current marijuana use
- Reduce cigarette use, including regular and heavy smoking
- Reduce pro-drug attitudes and beliefs

Strategies
The core strategy that is the focus of Project ALERT is:

- School-based alcohol and other drug education

Activities
Project ALERT is designed to motivate adolescents against drug use and help them acquire the skills they need to resist pro-drug pressures. Guided classroom discussions and small group activities stimulate peer interaction and challenge student beliefs and perceptions, while intensive role-playing activities help students learn and master resistance skills. Homework assignments that also involve parents extend the learning process by facilitating parent–child discussions of drugs and how to resist using them. These lessons are reinforced through videos that model appropriate behavior.

Although Project ALERT is generally delivered in a classroom setting, it also may be used in an after-school setting; however, grant restrictions require any after-school programs or community organizations be directly involved with the school district's Safe and Drug Free School plan.

Implementation Process and Plan
The key to implementing Project ALERT is for staff to participate in a one-day training workshop, to teach 11 core lessons during the first year and three booster lessons the following year, and to promote parent involvement through home learning opportunities. Teachers also need to establish an open, supportive classroom environment, facilitate student participation, reinforce good performance, help students acquire the confidence that they really can resist pro-drug pressures, and respond appropriately to student questions about drugs.

The one-day training teaches the rationale and theory behind Project ALERT, the skills needed to deliver the lessons, and implementation guidelines for achieving program fidelity. Teachers leave the training workshop with the manual needed for both years' lessons, demonstration videos of key activities and teaching strategies, an overview video for colleagues and community members, eight interactive student videos, and twelve full-color classroom posters. Project ALERT updates curriculum videos, posters, and information periodically, which it distributes to trained teachers free of charge. An online faculty advisor, toll-free telephone support, and newsletters also are provided. A fidelity instrument is available to monitor implementation quality.

Communities should be aware that a minimum of 15 students is needed for any research on this program—including any adaptations made—to be considered valid.

Evaluation
An evaluation tool is provided with this program at no additional cost.

As part of the evaluation of this program, schools should assess:
- The initiation rate of marijuana and tobacco use
- The rate of tobacco use
- The acquisition of refusal skills
- The perception that most people use drugs

Lessons Learned
A number of communities that have implemented Project ALERT have reported personnel associated with the program developer to be accessible and helpful. Online training is available for a $150 one-time fee. For this cost, schools get the training manual, curriculum with all student and parent handouts, videos (and updated videos free of charge), posters, a quarterly newsletter with updates, and a toll-free technical assistance number. Schools that switch teachers after training one teacher on the program get an access number to allow the subsequent teacher or teachers to train online free of charge.

Program adaptations have been made in communities with extremely small class sizes and found by those communities to be successful,. This success, however, has not yet been validated through formal evaluation since only 13 students were included in the adaptation and a minimum of 15 students are needed for the research results to be considered valid.

Project ALERT works best in a school setting (rather than an after-school setting) because the student population is more consistent.

One of the communities that implemented Project ALERT, whose population was largely African American and in trouble with the law, found the program less than effective with this population. Another community reported difficulties reaching the program developer following the initial training, although noted that the program developer—when reached—was helpful.

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For more information on teacher training, the Project ALERT curricula, technical assistance, and costs, contact:

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Project Northland

Description
Project Northland addresses both environmental change and individual behavioral change for 10- to 14-year-olds. The goal of Project Northland is to delay the age at which young people begin drinking, reduce alcohol use among those who have already tried drinking, and limit the number of alcohol-related problems of young drinkers. Project Northland also strives to improve parent-child communication, change how peers influence each other, and alter the ways that communities respond to young adolescent alcohol use.

Target Population
Project Northland's three-year intervention targets sixth-, seventh-, and eighth-grade students of mixed ethnicity.

Goals and Objectives
Project Northland is designed to:
- Delay the age at which young people begin drinking
- Reduce alcohol use among young people who already have started drinking
- Limit the number of alcohol-related problems of young people
- Improve parent-child communication
- Decrease negative peer influence
- Modify community norms relating to underage drinking

Outcomes
Compared to a control group, students participating in Project Northland:
- Are less likely to drink alcohol
- Have lower levels of marijuana use
- Smoke fewer cigarettes
- Feel lower levels of peer pressure to drink alcohol
- Experience better parent-child communication about the consequences of alcohol use

Strategies
The core strategies that are the focus of Project Northland include:
- Community involvement
- Parental involvement
- Peer leadership
- School-based education

Activities
Each year has an overall theme and is tailored to the adolescents' developmental level. The program is made up of four components:
- *Slick Tracy Home Team,* which has sixth-grade students and their parents complete fun and educational activities at home. This "home team" approach provides a forum for the students and their families to discuss alcohol-related issues using the Slick Tracy comic book series. This program requires four consecutive weeks of homework activity with parents, and a Slick Tracy Family Fun night evening event.
- *Amazing Alternatives!* provides eight 45-minute teacher- and peer-led classroom sessions. This curriculum is designed to teach seventh graders the skills to identify and resist influences to use alcohol and to encourage alcohol-free alternatives.
- *PowerLines* also features eight 45-minute sessions. These are part of a four-week program for eighth-grade students. This program teaches students how communities influence behavior and

how they can create changes in communities. This program includes a one-time theater production.
- *Supercharged* includes strategies that worked in Project Northland communities and provides schools with materials and a framework that can help them get parents and communities involved.

Implementation Process and Plan
To be implemented successfully, participants must attend the full three-year curriculum. Peer-selected peer leaders should be incorporated at all three grade levels. A community member task force is also essential. And teacher and peer training are both recommended in order to maintain program implementation fidelity.

Peer leaders attend a one-day leadership training session. Teachers may attend training for all three grade levels at one time, or for one grade level at a time. The sixth-, seventh-, and eight-grade components each require three days of training; *Supercharged* requires a four-day training.

Training and materials are both available through Hazelden Information and Educational Services.

Evaluation
The evaluation tool for this program costs 65 cents per student surveyed, plus $1,000 to $2,000 per standard report ordered. The student survey is a comprehensive prevention assessment tool. School-building and trend reports are available for $250 to $450.

In evaluating this program, schools should assess:
- Decreased use of alcohol
- Changes in favorable attitudes toward drug use
- Social and behavioral skills
- Change in environmental restrictions, such as policies and laws, regarding alcohol use
- Change in perceived and actual alcohol use

Lessons Learned
Prevention coordinators learn how to use the age-specific, multifaceted, interactive curriculum to help stop student drinking before it begins. They need to find ways to integrate classroom activities, parent involvement, peer leadership, and community activities to consistently engage kids in prevention.

A high level of parent and community involvement is required, so it is of great value to participate either in an open enrollment or contracted training where tools, tips, and techniques will be provided for getting the groups involved.

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Project SUCCESS

Description
Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) requires a partnership between a substance abuse prevention organization that will administer the program and an alternative school where it will operate. The program places highly trained professionals—Project SUCCESS counselors—to provide a full range of substance use prevention and early intervention services for 14- to 18-year-old students in alternative schools. These adolescents may have been placed in an alternative school setting for poor academic performance, emotional problems, school discipline problems, truancy, or criminal activity.

Target Population
Project SUCCESS is geared toward 14- to 18-year-old adolescents who attend an alternative school that separates them from the general school population. Participants typically come from low- to middle-income families, and many have parents who abuse substances.

The program has been found to be effective with African-American, Asian-American, Caucasian, and Hispanic youth of both genders.

Goals and Objectives
Project SUCCESS aims to reduce substance abuse by improving resistance and social competency skills for communication, decision-making, stress and anger management, problem solving, and peer pressure.

Outcomes
A significant reduction in alcohol, tobacco, and marijuana use has been seen among program participants.

Strategies
The core strategies that are the focus of Project SUCCESS include:
- Assessment
- Counseling
- Referral
- School-based alcohol and other drug education

Activities
Program components are all conducted by the Project SUCCESS counselor. These include:
- An eight-session substance abuse prevention education program.
- An individual assessment to determine the student's level of substance use, family substance abuse, and the need for additional services.
- A series of 8 to 12 time-limited individual or group counseling sessions conducted in the school. Students attend one of seven different groups based on their developmental differences, substance use, and family history of substance abuse. Individual sessions are scheduled as needed.
- An evening dinner meeting with parents, including a speaker who discusses what parents can do to prevent and reduce substance use.
- Referral of students and parents to appropriate agencies or practitioners in the community for treatment, more intensive counseling, or other services.

Implementation Process and Plan
Project SUCCESS counselors must have a graduate degree in social work, counseling, or psychology. Other staff members include: the school principal, who establishes the initial implementation

agreement, selects the counselor, oversees the program, and supervises the counselor onsite; a project director, who initiates and manages the program, develops procedures, and hires staff; and a project supervisor, who supervises the Project SUCCESS counselor and helps coordinate activities with school staff.

A 75-page implementation manual is available for $150. The manual includes resource material for professionals and worksheets for students. On-site and off-site training of varying lengths—up to five days—is also available.

Project SUCCESS requires a partnership between a substance abuse prevention organization that will administer the program and an alternative school where it will operate.

Evaluation
Communities implementing this program should assess the level of participants' use of alcohol, tobacco, and marijuana.

Lessons Learned
A strong partnership between a substance abuse prevention organization and an alternative school is a key element in successful program implementation.

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Project Toward No Tobacco Use

Description
Project Toward No Tobacco Use (TNT) is a classroom-based curriculum that examines media, celebrity, and peer portrayal of tobacco use. Project TNT is designed to counteract several different causes of tobacco use simultaneously since underage smoking and other tobacco use is determined by multiple causes. The program's comprehensive approach is designed to work for a wide variety of youth who may have different risk factors influencing their tobacco use. Trained teachers in a classroom setting deliver this program to standard class sizes.

Target Population
Project TNT targets 10-to 15-year-old youths, including African Americans, Asian Americans, Caucasians, and Hispanics/Latinos.

Goals and Objectives
The goals and objectives of this program are to:
- Increase understanding of the course of tobacco addiction and disease, the consequences of using tobacco, and the prevalence of tobacco use among peers
- Increase effective communication, refusal, and cognitive coping skills
- Increase understanding of how the media and advertisers influence teenagers to use tobacco products
- Increase self-esteem
- Increase abilities to advocate for no tobacco use

Outcomes
Compared to students in control groups, students enrolled in Project TNT:
- Reduce the initiation of cigarette use
- Reduce the initiation of smokeless tobacco use
- Reduce weekly or more frequent cigarette smoking
- Eliminate weekly or more frequent smokeless tobacco use

Strategies
The core strategy that is the focus of Project Toward No Tobacco Use is:
- School-based tobacco education

Activities
Students are taught to describe the course of tobacco addiction, the consequences of using tobacco, and the prevalence of tobacco use among peers. They are trained in active listening, effective communication, and general assertiveness development, along with methods for building self-esteem. They learn tobacco-specific cognitive coping skills and assertive refusal techniques, and practice ways to counteract media portrayals of tobacco use, including social activism (i.e., a letter-writing campaign to make a public commitment to not using tobacco products). Project TNT also includes homework assignments, a classroom competition (the *TNT Game*), and two booster lessons.

The program offers 10 core lessons. These are designed to occur during a two-week period, although they may be spread over four weeks as long as all lessons are taught. The two-lesson booster is delivered one year after the core lessons in a two-day sequence; however, the booster sessions may be taught one per week. All 12 lessons are 40 to 50 minutes in length.

Implementation Process and Plan
Project TNT offers an implementation manual that provides step-by-step instructions for completing each of the lessons, along with introductory and background materials. Other program materials include:

- Two videos, one on assertive refusal and the other on combating tobacco use-specific social images
- A student workbook
- An optional kit that includes posters and other instructional materials (e.g., evaluation materials and Project TNT outcomes papers)

Project TNT can provide a one- to two-day teacher training session prior to implementation. This training is highly recommended.

Evaluation
This program comes with an immediate post-test evaluation tool that can be used when implementing this program. The evaluation tool can be purchased for $2.50 or downloaded free of charge from: http://modelprograms.samhsa.gov/pdfs/tntsurvey.pdf.

In evaluating this practice, schools should assess students':

- Reduction in initiation of cigarettes and smokeless tobacco
- Acquisition of communication skills, refusal skills, and cognitive coping skills
- Frequency of cigarette and smokeless tobacco use

Lessons Learned
The program developer noted that state tobacco programs within the state Departments of Education, Health, and Health and Human Services may be able to provide information and technical assistance on this curriculum, and that local Boards of Education may provide certificates and/or continuing education.

Contact Information
For more information on Project Toward No Tobacco Use, contact:

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For information on training, contact:

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To order the teacher's manual and student workbooks, contact:

ETR Associates
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Phone: (800) 321-4407
Fax: (800) 435-8433
Web site: www.etr.org/

Project Towards No Drug Abuse

Description
Project Towards No Drug Abuse (TND) is a school-based program for high school youth. TND consists of twelve 40- to 50-minute lessons that include motivational activities, social skills training, and decision-making components that are delivered through group discussions, games, role-playing exercise, videos, and student worksheets.

Target Population
Project TND targets high school youth ages 14 to 19, including African Americans, Asian Americans, Caucasians, and Hispanics/Latinos.

Goals and Objectives
Project TND works to:
- Increase understanding of the cognitive misperceptions that may lead to substance use
- Increase the expresses desire not to abuse substances
- Increase understanding of the sequence of substance abuse and the consequences of using substances
- Increase effective communication, coping, and self-control skills
- Increase participants' commitment to discuss substance abuse with others

Outcomes
Project TND participants' experience:
- A reduction in cigarette use
- A reduction in marijuana use
- A reduction in higher levels of alcohol use
- A reduction in hard drug use
- A reduction in weapons carrying

Strategies
The core strategy that is the focus of Project Toward No Drug Abuse is:
- School-based alcohol, tobacco and other drug education

Activities
Project TND's 12 lessons are designed for presentation during a four-week period, although they may be spread over six weeks as long as all lessons are taught. Project TND involves teacher-led student participation in interactive program components including:
- Education on the progression of substance use to substance abuse
- Exercises to motivate against substance abuse (e.g., exercises include a mock *Talk Show* that provides empathy lessons, discussions on stereotyping, and the effects of being labeled a substance abuser)
- Interpersonal skills development (e.g., communication, active listening)
- Coping skills development (e.g., learning the value of personal health in daily living and life goals)
- Self-control training (e.g., social self-control skills, understanding positive and negative thought and behavior loops, violence prevention)
- Cognitive misperception correction (e.g., substance use myths, denial)
- Tobacco cessation strategies
- Decision-making skills development and commitment building
- The *TND Game* (a classroom competition on substance use and effects knowledge)
- The *Drugs and Life Dreams* program video

Implementation Process and Plan
Virtually any school or school district can implement Project TND. A single, trained classroom teacher delivers Project TND in a classroom setting to class sizes varying from 8 to 40 students. One to two days of teacher training prior to curriculum implementation is highly recommended.

Project TND offers an implementation manual providing step-by-step instructions for completing each of the 12 lessons. Program materials also include:

- A video on the need to eliminate substance abuse to achieve life goals
- A student workbook
- An optional kit containing other instructional materials (evaluation materials, *The Social Psychology of Drug Abuse*, and Project TND outcome articles)

Evaluation
This program comes with an immediate posttest evaluation tool that can be used when implementing this practice. The evaluation tool can be purchased for $2.50 or downloaded free of charge from: http://modelprograms.samhsa.gov/pdfs/tndtest.pdf.

In evaluating this practice, schools should assess the prevalence of:

- 30-day cigarette use by participants
- 30-day marijuana use by participants
- 30-day hard drug use by participants
- 30-day alcohol use by participants
- One-year weapons carrying

Lessons Learned
The model's current program is designed to be delivered during a four-week period, although lessons could be spread over a six-week period provided all lessons are taught.

The only proven effective method of teaching this program is teacher-led and classroom-based.

The program developer noted that state tobacco programs within the state Departments of Education, Health, and Health and Human Services may be able to provide information and technical assistance on this curriculum, and that local Boards of Education may provide certificates and/or continuing education.

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Reconnecting Youth

Description
Reconnecting Youth (RY) is a school-based prevention program for youth in grades nine through twelve who are at risk for school dropout and also may exhibit problems with substance abuse, aggression, depression, or suicide risk behaviors. Students participate in a semester-long high school class that involves skills training in self-esteem enhancement strategies, decision-making skills, personal control strategies, and interpersonal communication techniques.

Target Population
RY offers recommended selection criteria to identify potential participants. From this group, 14- to 18-year-old students should be invited rather than assigned to RY, and their parents must sign an agreement for them to participate. It is important that students selected for this program come into it with an expressed willingness to work toward program goals.

Goals and Objectives
RY is designed to achieve the following goals and objectives:
- Improved grades in all classes
- Decreased daily class absences
- Increased credits earned per semester
- Decreased high school dropout
- Curbed progression of alcohol and other drug use
- Decreased drug use control problems
- Decreased hard-drug use
- Decreased adverse drug use consequences
- Decreased suicidal behaviors (threats, thoughts, and attempts)
- Decreased anxiety and perceived stress
- Decreased depression and hopelessness
- Decreased anger control problems and aggression

Outcomes
Relative to control students, students who participate in RY evidence:
- Increased school performance
- Decreased drug involvement
- Decreased deviant peer bonding
- Decreased emotional distress
- Increased personal control

Strategies
The core strategies that are the focus of Reconnecting Youth include:
- Parental involvement
- School-based education
- School bonding
- Suicide prevention

Activities
This class, typically not more than 10 to 12 students, is one of the four key components of Reconnecting Youth. The other three, integrated into the school environment, focus on school bonding, parental involvement, and school crisis responses:

- Social, recreational, school and weekend activities reconnect students to school and health-promoting activities as alternatives to drug involvement, loneliness, and depression.
- At-home parental support of the skills students learn in the RY class is essential. School contact is maintained through notes and calls from teachers who also enlist parental support for activities and provide progress reports.
- School crisis response planning provides teachers and school personnel with guidelines for recognizing warning signs of suicidal behaviors and suicide prevention approaches.

Implementation Process and Plan
From planning through implementation of the RY curriculum, partnerships with school officials are vital. Typical partners include the RY teacher, RY coordinator, parents, designated district representative, the principal, vice principal, student support services, staff, and administrative support staff (especially attendance and registrar). Regular meetings to ensure readiness, commitment, and financial resources will help set a strong foundation for successful replication.

One full-time RY coordinator is needed for every five to six classes to provide teacher support, encouragement, and consultation. The role typically includes bi-monthly meetings as well as weekly classroom observation. Ideally, the RY coordinator is a skilled RY teacher with supervisory and training expertise.

RY teachers are selected, not assigned, using pre-established criteria to ensure the program has teachers who are committed to working with high-risk youth and show special aptitude based on student, other teacher, and administrative recommendations.

Reconnecting Youth operates best in an environment with active supports. School administrators should secure links with community groups for involvement such as funding, "adoption" of a school to provide mentoring or in-kind donations, or help with providing drug-free activities.

Teachers will need a copy of the *Reconnecting Youth: A Peer Group Approach to Building Life Skills* curriculum and will need to prepare student notebooks from handouts contained in this curriculum. The curriculum is available from the publisher; and is not included in the cost of training. Schools administering Reconnecting Youth will also need to budget for recreational and school-bonding activities, including transportation.

All RY teachers and coordinators should take part in implementation training. This training is conducted on site by RY personnel. Initial implementation training lasts five days, with a recommended follow-up consultation one day every six months during the first year of implementation, plus phone consultation. At least one yearly follow-up consultation is also recommended in subsequent years to manage implementation challenges and to assess implementation fidelity.

Evaluation
The evaluation tools for process and outcome evaluation are included in the published curriculum. There is no additional cost involved at present; however, there is a cost if organizations want the data analysis conducted for them. The fee for data analysis is dependent on the size of the sample and evaluation tasks to be performed.

In evaluating this program, schools should assess:
- Improved school performance
- Increased bonding to school
- Increased social support
- Decreased deviant peer bonding
- Decreased anger and aggression

Lessons Learned
Feedback from a community that previously implemented Reconnecting Youth indicated the program developer was helpful and easy to work with. This community did find that the program was a bit more costly to implement than they had expected ($8,000 plus supplies per school).

Evaluation of the program showed the program to be highly effective, and the anecdotal reports from teachers, as well as the real-life results in student's lives, were reported to be highly positive.

Contact Information
For more information on Reconnecting Youth, contact the program developer:

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For specific information on training for the Reconnecting Youth program, contact:

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Copies of the Reconnecting Youth curriculum may be obtained from the publisher:

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Residential Student Assistance Program

Description
The Residential Student Assistance Program (RSAP) requires a partnership between a substance abuse prevention agency that will administer the program and a residential facility where it will operate. The program recruits highly trained professionals—individuals with a master's degree in social work, counseling, or psychology, who are experienced in adolescent substance abuse prevention counseling—as Student Assistance Counselors (SACs) to provide residents with a full range of substance use prevention and early intervention services.

Target Population
Residents are high-risk adolescents, 14 to 17 years of age. In the original program, participants were primarily African American and Hispanic.

Goals and Objectives
The RSAP is designed to:
- Decrease adolescents' use of alcohol, tobacco, and marijuana
- Enhance the resiliency of adolescents whose parents are substance abusers
- Delay adolescents' initial use of alcohol, tobacco, and illicit drugs
- Boost the ability of residential facility staff to implement substance abuse prevention strategies

Outcomes
Adolescents in the treatment group significantly reduced their use of alcohol, marijuana and tobacco compared to youth in the same facility not in the program with relatively unchanged rates of use.

Specific evaluations of this program have shown:
- Change in use of alcohol within the past 30 days: 81.8 percent of those who did not report use at pretest remained nonusers. Of the users at pretest, 72.2 percent no longer reported use at posttest.
- Change in marijuana use within the past 30 days: 83.3 percent of those who did not report use at pretest remained nonusers. Of the users at pretest, 58.8 percent no longer reported use at the posttest.
- Change in tobacco use within the past 30 days: 78.4 percent of those who did not report use at pretest remained nonusers. Of the users at pretest, 26.9 percent no longer reported use at posttest.

Strategies
The core strategies that are the focus of the Residential Student Assistance Program include:
- Alcohol and other drug education
- Assessment
- Counseling

Activities
Program components include:
- An eight-session substance abuse prevention education program.
- An individual assessment to determine the resident's level of substance use, family substance abuse, and the need for additional services.
- A series of 8 to 12 group counseling sessions. Residents attend one of five groups based on their developmental differences, substance use patterns, and family history of substance abuse. Individual sessions are scheduled as needed.
- Referral of residents to treatment, more intensive counseling, or 12-Step groups. In addition, the SAC trains and consults with residential facility staff and coordinates the substance abuse services and policies of the facility.

Implementation Process and Plan
Program components are all conducted by the Student Assistance Counselor.

Other staff members include: the residential facility senior executive, who establishes the initial implementation agreement, oversees the program, and appoints a liaison to supervise the SAC and day-to-day program operations; a project director, who initiates and manages the program, develops procedures, hires staff, and is responsible for direct program oversight; and a project supervisor, who supervises the student assistance counselor.

A video and a 75-page implementation manual are available. The manual includes resource material for professionals and worksheets for students. On-site and off-site training of varying lengths, up to five days, is also available.

Evaluation
In evaluating this program, the agencies involved should assess:
- Decreases in participants' use of alcohol, tobacco, and marijuana
- Decreases in the quantity and number of drugs used by participants

Lessons Learned
No specific challenges or issues have been reported with implementing this program.

Contact Information
For more information on implementing the Residential Student Assistance Program, contact:

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Responding in Peaceful and Positive Ways

Description
Responding in Peaceful and Positive Ways (RiPP) is a three-year school-based violence prevention program designed to provide students in middle and junior high schools with conflict resolution strategies and skills. It combines a classroom curriculum of social and cognitive problem solving with real-life skill-building opportunities such as peer mediation. Students learn about the physical and mental development that occurs during adolescence; analyze the consequences of personal choices on health and well-being; learn that they have nonviolent options when conflicts arise; and evaluate the benefits of being a positive family and community role model.

Target Population
RiPP is designed for use with the universal population of sixth-, seventh-, and eighth-grade students enrolled in middle and junior high schools. RiPP is applicable to children from all socioeconomic, racial/ethnic, and cultural backgrounds. It has been tested and found to be effective in predominantly African American populated urban schools in Virginia, and in rural and suburban central Florida schools with more multicultural student populations, including Hispanic, Asian-American, and Caucasian students. It is currently being evaluated in a largely Native American population in California in both middle and high schools.

Goals and Objectives
RiPP:
- Diminishes stereotypes, beliefs, attributions, and cognitive scripts that support violence
- Enlarges skills repertoire for nonviolent conflict resolution and positive achievement
- Promotes self-management through repeated use of problem-solving models
- Enlarges participants' ability to identify the optimal violence prevention strategy within a given situation and existing personal skills and values

Outcomes
RiPP has demonstrated efficacy in urban schools that serve predominantly African-American youth, as well as in more ethnically diverse rural schools. In comparison to control students, at post-test, students who participated in RiPP have shown:
- Fewer disciplinary violations for violent offenses
- Fewer in-school suspensions
- Increased use of peer mediation programs
- Fewer fight-related injuries
- Greater knowledge of effective problem-solving skills
- Students also reported significantly lower approval of violent behavior, more peer support for nonviolent behavior, and less peer pressure to use drugs

Strategies
The core strategies that are the focus of Responding in Peaceful and Positive Ways include:
- Peer mediation
- School-based education

Activities
The RiPP curriculum includes a variety of activities and techniques, including:
- Team-building activities
- Social/cognitive problem-solving
- Repetition and mental rehearsal
- Relaxation techniques

- Small group work
- Specific social skills for preventing violence
- Role plays
- Peer mediation

The backbone of the curriculum is the problem-solving model. Each session builds on the previous sessions. The class is typically taught by a trained RiPP facilitator as part of an academic subject, such as social studies, health, or science.

Sixth-grade students attend 25 50-minute lessons weekly throughout the school year. Seventh- and eighth-grade students attend 12 50-minute lessons. All lessons are taught by the same RiPP facilitator. In addition, the facilitator supervises the peer mediation program that runs throughout the three-year period, providing institutional support for the conflict resolution skills taught in all three curricula.

RiPP develops norms and expectations for non-violent conflict resolution and positive achievement, and provides adult and peer models for conflict resolution and positive achievement.

Implementation Process and Plan
RiPP facilitators are required to attend a three-day training session to learn how to implement the RiPP curriculum for sixth-grade students. This session is offered each summer by the staff of Prevention Opportunities, LLC. Communities and school districts can also arrange for training at their selected site. Reduced training fees are available to small school districts when additional teachers attend training within a three-year time frame. Ongoing technical assistance and consultation are available by telephone and e-mail.

Prevention Opportunities is available to assist with adapting the program for special situations (e.g., translating printed materials into additional languages), to consult on the design and implementation of local program evaluations, and to provide peer mediation training. Peer mediation training is not a part of the three-day facilitator training required to teach the curriculum.

Everyone who attends the training will receive a detailed teacher's manual, student handouts, a color poster of the problem-solving model, and *Promoting Nonviolence in Early Adolescence–Responding in Peaceful and Positive Ways,* a book that provides detailed information on assessing school readiness, facilitator selection, program implementation, and making appropriate cultural and community adaptations. *Promoting Nonviolence in Early Adolescence–Responding in Peaceful and Positive Ways* also may be purchased separately from Plenum Publishers.

Evaluation
Evaluation of this program requires an assessment of:
- Participants' attitudes toward conflict and nonviolent conflict resolution
- Number of violent offenses
- Number of in-school suspensions
- Number of fight-related injuries
- Feelings of peer pressure to use drugs

Lessons Learned
No specific challenges or issues have been reported by schools using this program.

Contact Information
For more information on Responding in Peaceful and Positive Ways, contact the program developers:

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Seattle Social Development Project

Description
The Seattle Social Development Project is a universal, multidimensional intervention that decreases juveniles' problem behaviors by working with parents, teachers, and children. It incorporates both social control and social learning theories, and intervenes early in children's development to increase pro-social bonds, strengthen attachment and commitment to schools, and decrease delinquency.

Target Population
The Seattle Social Development Project can be used for the general population and high-risk children (those with low socioeconomic status and low school achievement) attending grade school and middle school.

Goals and Objectives
The Seattle Social Development Project aims to increase pro-social bonds and reduce delinquent behaviors among elementary and middle school students.

Outcomes
Students involved in the Seattle Social Development Project have shown improved school performance, family relationships, and alcohol and other drug involvement at various grades.

At the beginning of the fifth grade, students participating in the project have shown lower levels of alcohol and delinquency initiation, increased family management practices, communication, and family bonding, and greater commitment to school.

At the end of the sixth grade, high-risk youth participating in the project show greater school commitment and lower levels of involvement with antisocial peers (boys only).

At the end of the eleventh grade, participating students show reduced involvement in violent delinquency and sexual activity, and reductions in being drunk and in drinking and driving.

Strategies
School-based education

Activities
Program components of the Seattle Social Development Project include:
- A school-based program providing developmentally appropriate, social competence training for elementary and middle school children
- Educator training in each program year
- Developmentally appropriate, voluntary parenting classes

Implementation Process and Plan
The Project emphasizes a combination of parent and teacher training.

Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. Implemented together, these techniques are intended to minimize classroom disturbances by establishing clear rules and rewards for compliance; increase children's academic performance; and allow students to work in small, heterogeneous groups to increase their social skills and contact with pro-social peers. In addition, sixth-grade teachers present refusal skills training.

Parents receive optional training programs throughout their children's schooling:

- Parents of first- and second-grade students are offered seven sessions of family management training to help them monitor their children and provide appropriate and consistent discipline.
- Parents of second- and third-grade students may receive four sessions to improve communication between themselves, teachers, and students, create positive home learning environments, help their children develop reading and math skills, and support their children's academic progress.
- For parents of fifth- and sixth-grade students, five sessions are available to help them create family positions on drugs and encourage children's resistance skills.

Evaluation
In evaluating this practice, schools should assess participants':
- Rates of alcohol, tobacco, and other drug initiation

Lessons Learned
The program developer noted that the Seattle Social Development Project is currently being converted into a comprehensive school reform program entitled SOAR (Skills, Opportunities, and Recognition).

Contact Information
If you are interested in the Seattle Social Development Project/SOAR, you can receive more information on this program by contacting the program developer:

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For general and availability information on SOAR, contact:

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Start Taking Alcohol Risks Seriously

Description
Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion program targeting youth at risk for alcohol use. The program matches media-related, interpersonal, and environmental prevention strategies to each middle school child's specific stage of alcohol initiation, stage of readiness for change, and specific risk and protective factors.

Target Population
STARS for Families targets 11- to 15-year-olds. It has been tested and shown effective in both urban and rural schools and for youth attending physical exams for sports teams.

Goals and Objectives
STARS for Families:
- Delays the onset of alcohol use among youth
- Reduces the quantity and frequency of any alcohol use, and of heavy alcohol use among those already drinking
- Increases motivation to avoid alcohol use
- Reduces alcohol use risk factors and beliefs that support the use of alcohol
- Increases protective factors and resistance skills
- Increases parent-child communication about alcohol use prevention

Outcomes
A longitudinal study of the STARS for Families program found that, relative to control subjects, participants:
- Were less likely to be in more advanced stages of alcohol initiation three months after completing the program
- Were less likely to have drunk alcohol in both the past seven days and the past 30 days, three months after program completion
- Were less likely to have drunk heavily during the past 30 days, three months after program completion
- Were less likely to be planning to drink in the next six months, one year after the program ended
- Decreased their intention to drink in the future, one year after the program ended
- Had greater motivation to avoid alcohol use one year after the program ended
- Experienced fewer total alcohol use risk factors one year after the program ended

Six-month posttest outcomes for the sports physical examination study of the STARS for Families program, relative to the controls, included:
- Fewer youth planning to drink in the next six months
- Fewer youth drinking alcohol in the past 30 days
- Fewer youth drinking heavily during the past 30 days
- Less heavy alcohol use

Strategies
The core strategies that are the focus of Start Taking Alcohol Risks Seriously include:
- Family health promotion
- Parent education

Activities
STARS for Families consists of three primary components: a health care consultation concerning how to avoid alcohol use; "key facts" postcards; and family take-home lessons. The health care

consultation is brief—20 minutes—and is delivered annually to youth by a nurse or other health care provider. Ten "key facts" postcards are mailed to parents or guardians in sets of one or two per week for 5 to 10 weeks. Each postcard tells parents what they can say to their children to help them avoid alcohol, and takes only two minutes for parents and children to go over. Parents can return a detachable postage-paid portion of the card to provide information about their interaction with their children and its usefulness. Parents and guardians also are provided with four, weekly take home prevention activities they can complete with their children and return (a three- to four-minute exercise). The lessons include an alcohol avoidance contract for the child to sign and a feedback sheet to collect satisfaction and usage data from parents.

Implementation Process and Plan
STARS for Families strategies can be implemented within schools, health clinics, youth organizations, work sites, families, religious organizations, and communities at any time. A sample implementation timeline is provided in the STARS for Families Complete Manual, which also includes all intervention protocols, forms, process measures, program evaluation materials, and training materials. Intervention components are typically administered over the course of one to three years.

STARS for Families requires the participation of trained nurses or other health care providers and a program coordinator. After receiving one to two days of training, these professionals will be ready to implement the program. Even though STARS for Families consultation protocols are highly scripted, training is recommended to ensure the implementation of accurate and effective consultations.

Evaluation
This program comes with an evaluation tool, which is included in the cost of the curriculum.

Evaluation of this program should include an assessment of:
- Participants' age of first use of alcohol
- Participants' attitudes toward alcohol use

Lessons Learned
Communities implementing STARS for Families have reported that the program only works if the parents are willing to participate.

The program developer noted that STARS for Families can be tailored to individual participant needs or all portions can be used for all participants.

Contact Information
For information on implementing STARS for Families, contact the program developer:

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Strengthening Families Program I

Description
The Strengthening Families Program I (SFP-I) works to improve family relationships and parenting skills, and increase youths' social and life skills, through family skills training sessions. SFP-I uses family systems and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems.

Target Population
Strengthening Families targets 6- to 12-year-old children and their families. Although originally designed for use with children of parents in substance abuse treatment, it is now widely used with non-substance-using parents in elementary schools, faith communities, housing communities, mental health centers, jails, homeless shelters, protective services agencies, and social and family services agencies.

Goals and Objectives
SFP is designed to achieve the following goals and objectives:
- Decreased use and intention to use tobacco, alcohol, and other drugs among children and adults
- Decreased children's behavior problems
- Increased children's social and life skills
- Increased family cohesion, communication, and organization
- Decreased parental drug use, stress, and depression
- Decreased risk factors and increased resilience, assets, and protective factors for children and adults

Outcomes
SFP-I:
- Improves family environment and parenting skills
- Increases pro-social behaviors in children
- Decreases child depression and aggression
- Decreases substance use among parents and children

Strategies
The core strategies that are the focus of SFP-I include:
- Community-based youth education
- Parent education

Activities
The SFP-I curriculum is a 14-session behavioral skills training program held once or twice a week. Each session takes two hours. Parents meet with two group leaders for the first hour to learn to increase desired behaviors in children by increasing attention and rewards for positive behaviors. They also learn about clear communication, effective discipline, substance use, problem solving, and limit setting.

Children meet separately with two trainers for the first hour to learn how to understand feelings, control their anger, resist peer pressure, comply with parental rules, solve problems, communicate effectively, develop social skills, and learn about the consequences of substance abuse.

During the second hour of the session, parents and children meet together and engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills,

practice effective discipline, reinforce positive behaviors in each other, and plan family activities together.

Optimal group size is 4 to 14 families. SFP-I offers incentives for attendance, good behavior in children, and homework completion to increase program recruitment and participation. Providing family meals, transportation, and childcare reduces barriers to program attendance.

Booster sessions and ongoing family support groups for SFP-I graduates increase generalization and use of learned skills. Booster sessions last approximately three hours and should be held every six months.

Implementation Process and Plan
All 14 parent, child, and family skills training sessions are required to implement this program successfully. These sessions should be based on materials in the SFP-I manuals. Program manuals and other materials may be copied from an SFP-I CD-ROM.

Program staff should include a part-time site coordinator and four group leaders—two for children and two for parents—working five hours per week, who receive two to three days of training from SFP-I master trainers.

Evaluation
In evaluating this program, communities should assess:

- Improved behavioral outcomes, such as aggressiveness and conduct disorders, among participating children
- Reductions in family conflict
- Improved family communication and organization

Lessons Learned
Communities reported higher than expected costs for reproducing the program implementation manual due to the fact that the program developer provides the program materials on a CD and all copies of materials are the responsibility of the implementer. Nevertheless, communities reported that SFP-I does keep expenses to a minimum compared with program developers that expect implementers to purchase manuals.

Communities also report that SFP-I is a powerful tool to teach fundamental parenting skills and improve children's pro-social behaviors.

Contact Information
For more information on Strengthening Families Program I, contact the program developer:

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Web site: www.strengtheningfamilies.org/html/programs_1999/06_SFP.html

For information on SFP-I training, contact:

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Strengthening Families Program: For Parents and Youth 10-14

Description
The Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14) is a video-based intervention designed to reduce adolescent substance abuse and other problematic behaviors in youth 10 to 14 years old. The program is delivered within parent, youth, and family sessions using narrated videos that portray typical youth and parent situations. Sessions are highly interactive and include role-playing, discussions, learning games, and family projects designed to improve parenting skills, build life skills in youth, and strengthen family bonds.

Target Population
This program targets youth 10 to 14 years of age and their parents. This program has been proven effective with rural and low-income families.

In addition to the schools and prevention agencies that typically implement the SFP 10-14, a variety of other groups around the country who have successfully used this program include:

- Court-referred youth
- Families in low-income housing projects
- Churches
- Native American groups
- Asian families (Hmong)
- Hispanic, including non-English speaking parents
- Families with older teens

Goals and Objectives
SFP 10-14 aims to:

- Improve parenting skills and the family environment
- Decrease youth substance use
- Decrease youth behavior problems

Outcomes
Youth attending the program have lowered their rates of alcohol, tobacco, and marijuana use.

The differences between program and control youth have increased over time, indicating that skills learned and strong parent-child relationships continue to have greater and greater influence.

Youth attending the program have had significantly fewer conduct problems in school compared to youth who do not attend the program.

Parents have shown gains in specific parenting skills, including setting appropriate limits and building a positive relationship with their youth. They have also shown an increase in positive feelings towards their children.

Parents also improve their ability to set rules and follow through with consequences, and increase their skills in effectively monitoring youth and having appropriate and consistent discipline.

Strategies
The core strategies that are the focus of SFP 10-14 include:
- Community-based youth education
- Parent education

Activities
The basic program is delivered over seven weeks, usually in the evenings. Four optional booster sessions can to be held 3 to 12 months after the basic sessions.

SFP 10-14 is delivered to 8 to 13 families at once. Smaller group size is recommended when dealing with families that have serious issues. During the basic program, parents and youth meet in separate groups for the first hour and together as families during the second hour to practice skills, play games, and engage in family projects.

Parent sessions consist of presentations, role-playing, group discussions, and other skill-building activities. Videotapes are used for most sessions to standardize program delivery and demonstrate effective parent-child interactions. The reading level for parent participants is eighth grade.

Youth sessions engage each youth in small and large group discussions, group skills practice, and social bonding activities. Topics are presented using game-like activities that are designed to engage participants and maintain their interest while they learn.

Family sessions use specially designed games and projects to increase family bonding, build positive communication skills, and facilitate learning in order to solve problems together. Most of each family session is spent within individual family units, with parents and youth participating in discussions and projects. Two of the family sessions use videotapes to demonstrate how to effect positive family change and maintain program benefits by holding regular family meetings and working together to help youth deal with peer pressure.

Implementation Process and Plan
SFP 10-14 is typically delivered in a public school, church, community center, or family-serving agency on weekday evenings or Saturdays. At least two rooms (one for youth and one for parents) are required for each session, with family sessions taking place in the larger of the two rooms. An additional room may be needed for childcare for younger children.

Program planning and family recruitment should begin at least two months prior to the seven-week program. Some communities have found it helpful to hire a community member who knows the families to assist with one-on-one recruitment.

Three group leaders are needed, one for the parent sessions and two for the youth sessions. Group leaders teach from SFP-provided materials during youth, parent, and family sessions. During family sessions, the group leaders' role changes from teacher to facilitator and coach. Each group leader is responsible for three or four families and works with the same families each week.

Group leaders must attend a two-day training that includes participating in nearly all activities of the program. Typically, group leaders require one to two hours of additional preparation for each weekly session; they teach youth or parent sessions and facilitate the family sessions in weeks one through seven. On-site training, subsequent technical support by phone, and a three-step training-of-trainers protocol is also available.

Teaching manuals for the basic and booster sessions—including masters for all handouts, posters, and game cards—and sets of videotapes and promotional materials may be ordered.

A print version of the parent sessions is available for non-English speaking Hispanic/Latino parents and other ethnic groups who may be less able to relate to the videos. (Program instructions are in English; posters, handouts, and scripts for role plays are available in both Spanish and English.)

For a group to be certified to teach the program, groups of at least three facilitators per program site must receive training.

Evaluation
The evaluation tool for this program is included in the teaching manual; there is no additional cost.

In evaluating this program, communities should assess:
- Increased family management skills
- Decreased family conflict
- Increased family cohesion

Lessons Learned
The program developer noted that sponsoring groups have opened the training to other local agencies or groups, charging a registration fee of about $300 per person, in order to help offset the cost of training.

One community that has implemented this program reported that the program developers can be hard to reach, and consequently, feedback was difficult to obtain. However, this same community reported that the program developers were flexible about adaptations (but, again, difficult to reach after the initial training, on questions that arose concerning adaptation). The training session provided by the developers was reported to be both useful and effective.

It is important to provide enough time during the parent session to allow for discussion as well as practice techniques, especially for those families who already have histories of substance abuse or violence.

Communities report that some of the activities are more appropriate for 10- to 12-year-olds than 13- and 14-year-olds and suggest adapting activities to meet the needs of the program's older youth participants. Family sessions require less adaptation than sessions for parents or youth individually.

Communities implementing this program have reported having problems making the program accessible to all family members. One community subsequently adapted SFP-I (for 6- to 12-year-olds) to use with kids ages 5 to 9. This community provided child care for younger children, and gave youth 15 to 17 the option of participating in the parent component of the program or assisting with child care.

One community has made adaptations to make SFP 10-14 more appropriate for higher risk youth, especially pre-delinquent children and their families.

For the program to work, all communities indicate it is essential to provide a meal. All family members attend the meal.

While knowledgeable, well-trained program facilitators are a must, the program developer states that program facilitators are only qualified to train additional facilitators if they attend a training of facilitators. Communities have reported that this is expensive, and can be especially difficult for small communities.

Because the parenting component is video-based, it has to be acted out for non-English-speaking Hispanic populations. In 2004, the program developers are expected to offer training using the new Spanish language videos.

Communities report that attracting families back to the program for booster sessions has proven difficult. Communities implementing this program have suggested an alternative format: on-going monthly support groups that would incorporate information from the booster sessions.

Contact Information
For information on Strengthening Families Program for Parents and Youth 10-14, contact:

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For information about materials and to schedule training, contact:

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Too Good for Drugs

Description
Too Good For Drugs is a classroom-based prevention program designed to reduce the intention of middle and high school students to use alcohol, tobacco, and illegal drugs.

Target Population
Too Good for Drugs has a separate, developmentally appropriate curriculum for each grade level, beginning with kindergarten and continuing through the twelfth grade.

Goals and Objectives
Too Good for Drugs is designed to increase:
- Personal and interpersonal skills relating to alcohol, tobacco, and illegal drug use
- Appropriate attitudes toward alcohol, tobacco, and illegal drug use
- Knowledge of the negative consequences of alcohol, tobacco, and illegal drug use and benefits of a drug-free lifestyle
- Positive peer norms

Outcomes
Formal evaluation has demonstrated that Too Good for Drugs:
- Reduces risk and enhances protective factors that affect alcohol, tobacco, and illegal drug use
- Reduces intentions to use alcohol, tobacco, and illegal drugs
- Develops more appropriate attitudes toward alcohol, tobacco, and illegal drugs
- Improves decision making, goal setting, and peer resistance
- Increases positive relationships with peers less likely to use alcohol, tobacco, and illegal drugs

Strategies
The core strategy that is the focus of Too Good for Drugs is:
- School-based alcohol and other drug education

Activities
The program's interactive teaching methods encourage students to bond with pro-social peers, and engage students through role play, cooperative learning, games, small group activities, and class discussions. Students have a number of opportunities to participate and receive recognition for involvement. Too Good for Drugs also has a family component that is used in each grade level; *Home Workouts* is for use with families in kindergarten through 8th grade, and *Home Pages* is used in high school.

For maximum effectiveness, teachers should deliver one lesson per week for 10 weeks in kindergarten through the eighth grade, including *Home Workouts* for parents. The high school program has 14 scheduled sessions, which may be delivered either once or twice a week. *Home Pages* is used with the parents. Twelve high school infusion lessons also should be conducted within subject areas. Staff-to-program participant ratio is one teacher for 30 to 35 students.

Implementation Process and Plan
For successful implementation, Too Good for Drugs should be taught by skilled, committed, enthusiastic teachers who personally exhibit the attributes encouraged by the program: non-smokers and non-substance abusers, possessing positive social skills, showing empathy and kindness.

To attain the best result from Too Good for Drugs, each school should also conduct a needs assessment, set measurable goals and objectives, appoint a school-wide program coordinator, and conduct a 10-session staff development workshop.

Implementation of the program should begin with the *Too Good for Drugs and Violence, Educators,* 10-hour staff development program. This course is designed to evaluate and improve school and classroom climate, establish positive norms, and increase students' bonding with the teacher and school. At a minimum, an overview of the Too Good for Drugs program should be provided to the entire school staff.

A one- or two-day training of the teachers and staff involved in implementing the program is strongly recommended.

For each grade-level, a kit is provided that includes a scripted curriculum, participant workbooks, and teaching materials. Each lesson includes a rationale, objectives, materials list, recommended resources, lesson extenders, and a *Home Workout* or *Home Pages* for parents.

Evaluation
Communities implementing this program should contact the program developer for evaluation tools, which are available at no charge. The cost of evaluation varies.

In evaluating this program, schools should assess:
- Participants' peer resistance skills
- Participants' attitudes regarding drug use
- Participants' knowledge of actual rates of substance use among their peers
- Participants' perceptions of their peers' acceptance of alcohol, tobacco, or marijuana use
- Participants' friendships with peers who do not use alcohol, tobacco, and other drugs
- Participants' locus of control/self-efficacy

Lessons Learned
Communities reported that Too Good for Drugs is easily adaptable, using names and situations in role playing and other activities to make it culturally appropriate for the target population.

A budget of approximately $3,000 covers the curriculum and materials for 950 students in grades six through nine. No unexpected expenses have been noted.

Contact Information
For more information on Too Good for Drugs, contact:

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APPENDIX D
PROMISING PREVENTION STRATEGIES

D-1: ENVIRONMENTAL APPROACHES
- **D-1-1: MATRIX**
- **D-1-2: PROFILES**

D-2: INDIVIDUAL APPROACHES
- **D-2-1: MATRIX**
- **D-2-2: PROFILES**

APPENDIX D -1
PROMISING PREVENTION STRATEGIES: ENVIRONMENTAL APPROACHES

Environmental prevention works to change the underlying economic, legal, social, and cultural conditions that contribute to substance abuse within a community by addressing policies, norms, expectations, regulations, and enforcement. This section matrices and profiles for the following promising environmental strategies that have been demonstrated to produce positive results in preventing substance use and abuse and related problems among youth:

- **Advertising restrictions (alcohol/tobacco)**
- **Alcohol home delivery restrictions**
- **Beer keg registration**
- **Counter-advertising (alcohol)**
- **Norms for behavior and rule setting in school**
- **Saving lives—a strategy to reduce drinking and driving**
- **Tobacco Policy and Prevention**

APPENDIX D-1-1
PROMISING STRATEGIES MATRIX: ENVIRONMENTAL APPROACHES

Strategy	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[6]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
Advertising Restrictions (Alcohol)	Under age 21	Male and Female	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Community* • Community laws and norms favorable toward alcohol use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Underage exposure to alcoholic beverage advertisements	• Advertising ban • Advertising restrictions	• Reduced expectations by youth that they will drink • Community norms unfavorable toward underage drinking	Minimal
Advertising Restrictions (Tobacco)	Under age 18	Male and Female	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Community* • Community laws and norms favorable toward tobacco use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Youth exposure to pro-tobacco influences	• Advertising and sponsorship ban • Advertising restrictions • Media advocacy • Retailer education	• Community norms unfavorable toward underage smoking and smokeless tobacco use	Minimal
Alcohol Home Delivery Restrictions	Under age 21	Male and Female	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Community* • Availability of alcohol • Community laws and norms favorable toward alcohol use	*Community* • *Bonding to a community that supports healthy beliefs and clear standards*	*Community* • Use of false identification for underage purchase of alcohol	• Banning home delivery of alcohol • Restricting home delivery of alcohol to certain times, days, and amounts • Requiring valid identification for home delivery of alcohol • Keeping detailed records of alcohol home deliveries	• Lowered youth access to alcohol • Reduced underage alcohol consumption	Minimal

[6] Validated populations are those for whom the programs listed have been found to be effective through formal evaluation. Replicated populations are those with whom the programs listed have been used, but no formal evaluation has been conducted.

Strategy	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[6]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
Beer Keg Registration	All	Male and Female	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Individual/Peer* • Favorable attitudes toward substance abuse *Community* • Availability of alcohol • Community laws and norms favorable toward alcohol use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Attitudes toward underage drinking • Supplying alcohol to minors	• Community education • Keg registration • Law enforcement	• Reduced underage drinking	Minimal; costs recovery for merchants' tagging kegs could be put in place through licensing fees. Most merchants already collect the identifying information of keg purchasers.
Counter-advertising (alcohol)	All, Under age 21	Male and Female	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Individual/Peer* • Favorable attitudes toward substance abuse *Community* • Community laws and norms favorable toward alcohol use	*Community* • Bonding to a community that supports healthy beliefs and clear standards	*Community* • Accurate knowledge of alcohol use effects and consequences • Media advocacy in support of alcohol use norm and behavior changes • Drinking and driving behaviors	• Radio and television campaigns • Multilevel media campaigns that include billboards, posters, magazines, radio, and television • A mass media campaign linked to a school-based prevention intervention	• PSAs reduce impaired driving • Warning labels have proven effective in reducing alcohol consumption	Significant; associated with the development of new ads and the purchase of air time and/or space
Norms for Behavior and Rule Setting in School	6-14	Male and Female	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Individual/Peer* • Alienation and rebelliousness • Favorable attitudes towards the problem behavior • Early initiation of the problem behavior • Friends who engage in the problem behavior *School* • Early and persistent antisocial behavior • Low commitment to school *Community* • Community laws and norms favorable toward drug use	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*School* • Consistent enforcement of rules • Classroom organization and management • Positive reinforcement of appropriate behavior	• Newsletters • Posters • Computerized behavior tracking system	• Decreased underage alcohol consumption • Decreased marijuana consumption by youth • Decreased delinquent behaviors by participating students	No cost has been calculated for this strategy

Strategy	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[6]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
Saving Lives Program	All persons of driving age	Male and Female	Rural Suburban Urban	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	Community	Universal	*Individual/Peer* • Alienation and rebelliousness • Favorable attitudes towards the problem behavior • Friends who engage in the problem behavior Community ▪ Community laws and norms favorable toward drug use	*Community* ▪ Bonding to a community that promotes healthy beliefs and clear standards	*Community* ▪ Underage alcohol use ▪ Seatbelt law compliance ▪ Compliance with other traffic safety laws ▪ Drinking and driving	• Law enforcement • Media campaign • Alcohol education program	• Decreased underage alcohol use • Decreased incidence of drinking and driving • Decreased motor vehicle accident fatalities • Increased compliance with traffic safety laws	Associated with the development of new ads and the purchase of air time and/or space, choice of supplemental school-based or community-based education programming, and law enforcement
Tobacco Policy and Prevention	11-14	Male and Female	Rural Suburban Urban School	**Replicated populations**: Effective with multiethnic population groups **Cultural adaptations**: None	School	Universal	*Individual/Peer* • Attitudes favorable toward smoking	*School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Awareness of school tobacco policy *School* • Exposure of students to tobacco smoke	• Development of tobacco-free environmental policies at school • Enforcement of policies • Tobacco education	• Lower lifetime smoking rates • Decreasing perceived social norms and favorable attitudes toward smoking • Increasing student support of policy, beliefs about the helpfulness of policy, observations about teacher guidance to students about tobacco use, and perceived personal consequences of violation • Decreased monthly smoking (significant at 6 months; marginal at 18 months)	Minimal

APPENDIX D-1-2
PROMISING STRATEGIES PROFILES: ENVIRONMENTAL APPROACHES

Advertising Restrictions (Alcohol)

Description
Images and associations about alcohol are frequently conveyed to youth via television advertising, billboards, signs in stores, sponsors' logos, magazine and print messages, television and radio programming, and drinking events depicted in movies, books, and comics. Entertainment and sports that are popular among youth—including rock music concerts, automobile racing, skiing, baseball, football, and hockey—can be strongly associated with sponsorships and advertising by alcohol manufacturers. The portrayals of alcohol use in advertising are typically positive. Alcohol advertising links drinking with a highly valued lifestyle that is successful, relaxed, romantic, and adventurous.

Research demonstrates that adolescents exposed to television commercials have more positive attitudes about the consequences of drinking. Furthermore, the intentions of preadolescents to drink are predicted by their perceptions of alcohol-related behaviors in the home environment, their interpretations of television messages, their desire to be like the television characters who drink, and their expectancies that drinking brings rewards. Research has also shown that fifth- and sixth-grade students' awareness of beer advertising on television is related to more favorable beliefs about drinking, greater knowledge of beer brands and slogans, and increased intentions to drink as an adult.

Alcohol advertising conveys the message that alcohol consumption is widely practiced and socially appropriate in a variety of situations. Overall, advertising and programming that shows positive images of drinkers and drinking leads the viewer to develop favorable attitudes toward alcohol and drinking practices. Therefore, a number of measures have been developed to control alcohol advertising. Restrictions on alcohol advertising include any policies that limit the advertising of alcoholic beverages, particularly advertising that exposes young people to alcohol messages. Restrictions can be in the form of a local ordinance or state law, or can be implemented voluntarily by a business, event, or organization.

Target Population
This strategy targets all individuals under the age of 21.

Goals and Objectives
Alcohol advertising restrictions are put in place to:
- Limit the exposure of young people to unrealistic positive messages about alcohol and set more realistic expectations about alcohol's effects
- Change individual and societal norms and behaviors concerning alcohol use
- Reduce underage drinking and the expectation of youth that they will drink

Outcomes
Research suggests that restrictions on alcohol advertising in public areas may help change community norms regarding alcohol use. However, few of the alcohol advertising control strategies that have been implemented have been rigorously evaluated. Research findings that have examined the effects of advertising restrictions have been largely inconclusive for two reasons: (1) the substitution of

alternative sources of advertising for those that have been banned, and (2) the ability of advertising from outside jurisdictions to penetrate communities undertaking these strategies.

However, given other research findings on the effect of youth exposure to alcohol advertising, restricting advertising may be useful when combined with other alcohol control policies. For example, research examining the relationship between fatality rates and alcohol advertising in 75 media markets found that alcohol advertising was significantly related to both total vehicle fatalities and nighttime vehicle fatalities. Consequently, a ban on alcoholic beverage advertising has the potential to save several thousand lives annually, and may help change community norms regarding alcohol use.

Strategies
Advertising ban
Advertising restrictions
Legislation and law enforcement

Activities
Activities under this strategy can include, but are not limited to:

- Banning ads on buses, trains, kiosks, billboards, and supermarket carts, and in bus shelters, schools, and theme parks
- Banning or limiting advertising and sponsorship at community events such as festivals, parties, rodeos, concerts, and sporting events
- Banning advertising in areas surrounding schools, residential areas, and faith organizations
- Restricting or banning alcoholic beverage commercials on television and radio
- Restricting alcohol advertising in newspapers and on the Internet
- Countering alcohol advertisements with public service announcements
- Restricting the size and placement of window advertisements in liquor and convenience stores
- Requiring all alcoholic beverage advertisements in the local media to include warnings about the health risks of alcohol consumption
- Setting a maximum percentage of total advertising space that alcoholic beverage advertisements can cover
- Reducing the disproportionately high number of billboards advertising alcoholic beverages in low-income neighborhoods
- Enforcing existing restrictions on alcoholic beverage advertising
- Working with script writers to give more balanced portrayals of drinking in television programming and movies
- Campaigning to reduce specific advertisements, such as those perceived to be sexist or oriented to violence or risk taking

Implementation Process and Plan
Communities should become acquainted with local and state laws before attempting to restrict alcoholic beverage advertising.

Ordinances that ban or restrict alcohol advertising might help reduce young people's exposure to alcoholic beverage advertising, but this policy alone is not enough to reduce a community's underage drinking problems. Alcohol control policies aimed at reducing underage *access* to alcohol are also needed, such as compliance checks, keg registration policies, and the restricted use of alcohol in public places.

Evaluation
Researchers have found that alcohol advertising has the most significant effects on the social acceptability of alcohol use. Alcohol advertising communicates societal approval of drinking and, in

turn, reduces the likelihood that public policies related to alcohol will be implemented. While there is a lack of direct, causal evidence linking alcohol advertising to increased underage drinking, the rationale for restricting alcohol advertising is based on the fact that alcohol advertising creates social norms permissive of drinking.

Communities should assess the following in evaluating this practice:

- The establishment of policies restricting or prohibiting alcoholic beverage advertising
- Social norms (e.g., acceptability) of alcohol use
- The rates of underage drinking

Lessons Learned

No special considerations have been reported for implementing this strategy.

Compatible Programs

While this strategy is implemented in many communities, there are currently no specific programs known to include alcoholic beverage advertising restriction as a component.

Resources

Here is a study that can enhance your understanding of the effectiveness of this strategy:

Saffer, H. (2002). Alcohol advertising and youth. *Journal of Studies on Alcohol,* Supplement 14, 173-181.

Advertising Restrictions (Tobacco)

Description
Tobacco is one of the most heavily promoted and advertised products in the United States. The tobacco industry spends more than any other industry on point-of-purchase advertising. Tobacco impulse purchases have been shown to increase by as much as 28 percent when promotional displays are present. A substantial amount of tobacco advertising appears to be directed at young people—through cartoon characters, displays near candy, and colorful posters often hung at children's eye level. The tobacco industry also sponsors athletic and cultural events, further exposing children and adolescents to tobacco advertising and promotional campaigns. In one research study, young people cited advertising as a major reason people started to smoke. Backing this finding, the most heavily advertised brands of cigarettes are the most popular among teenage smokers.

Advertising can be restricted or banned altogether. Restricting advertising and sponsorship by tobacco companies can lead to a reduction in smoking and chewing tobacco initiation among youth.

Target Population
This strategy targets all exposed youth under the age of 18.

Goals and Objectives
The primary goals and objectives of this prevention approach are to decrease child and adolescent exposure to tobacco promotion and pro-tobacco influences in order to reduce underage smoking and lower the age of initiation.

Outcomes
Prevention research has established links between the exposure of children to tobacco advertising and their later attitudes toward smoking or using smokeless tobacco, their intentions to smoke or use tobacco, and their actual use of cigarettes or chewing tobacco.

Strategies
Restrict tobacco product advertising
Ban tobacco industry sponsorship of athletic and cultural events

Activities
Coalition members should:
- Use the media to build support for this issue
- Approach retailers and ask them to reduce the amount or restrict the placement of point-of-purchase advertising in places that have high volume youth access
- Use existing laws to reduce certain types of promotional displays, either through enforcement or the threat of enforcement

To eliminate tobacco industry sponsorship of cultural and sporting events, communities might consider:
- Providing media advocacy to limit tobacco-sponsored community events
- Identifying alternative, non-tobacco funding for events
- Developing policies that ban tobacco industry sponsorship of sporting and cultural events
- Advertising and promoting tobacco-free events
- Developing tobacco-free messages and embedding them in sports education
- Including tobacco-free messages in promotional materials for cultural events

Implementation Process and Plan
The 1996 Master Settlement Agreement between State Attorneys General (including Nebraska's Attorney General) and tobacco companies restricts point-of-purchase ads to a certain size. This legislation also prohibits outdoor tobacco advertising within 1,000 feet of schools and public playgrounds, and limits tobacco advertising, in general, to a black-and-white, text-only format.

Many communities have some version of a sign law or ordinance limiting the amount of a store's window space that can be covered legally by signs, posters, and fliers. This law, if present, includes tobacco ads. Active enforcement of these laws can be encouraged. Coalitions can send information on the signage law to all residents in the community to provide them with information on how to identify violations, as well as help enforce the laws.

When using the sign law, it is important to educate retailers about the reasons for the campaign, and show them how violating the sign law can help encourage young people to smoke. Retailer education is most effective when it is conducted by code enforcement staff, law enforcement officials, or members of the local chamber of commerce.

Coalitions can work with local law enforcement to arrange mass mailings to retailers that provide an explanation of the importance of the sign law and urge all businesses to comply. Coalitions should work with code enforcement staff and request periodic sweeps checking for compliance with the sign law.

Because research has shown that stores near schools often serve as a primary site for adolescent tobacco acquisition and experimentation, coalitions should focus their efforts on reducing advertising in these locations.

Evaluation
In evaluating this strategy, communities should:
- Monitor how much of retailers' store window space is covered–a decrease in the total number of ads allowed on store windows will reduce the amount of tobacco advertising as well.
- Monitor any increase or decrease in the number of cultural and sporting events underwritten by the tobacco industry.
- Evaluate social norms (e.g., acceptability) of tobacco use
- Monitor the rates of underage tobacco use

Lessons Learned
Communities interested in restricting tobacco industry sponsorship of community events should assist event organizers in securing alternative funding and sponsorship. In particular, communities can develop lists of potential alternative sponsors to provide to event promoters, and they should be willing to actively support promoters in seeking alternative sponsorship. For example, local businesses that are not currently involved in sponsoring the event can be approached.

Through the establishment of working relationships with potential local sponsors, businesses may begin to view sponsorship of events as part of their civic responsibility and community partnership process. In addition, non-tobacco event sponsors may be willing to increase their level of sponsorship if there is no tobacco industry sponsorship. In addition, they may be able to recommend other potential sponsors, such as their industrial partners.

Compatible Programs
Project Toward No Tobacco Use (TNT) might be a useful adjunct to implementing a strategy that restricts tobacco advertising.

Resources
Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where this strategy has been implemented successfully:

Barowich, M., et al. (1991). Availability of tobacco products at stores located near public schools. *The International Journal of Addictions,*26: 837-850.

Jensen, P., and Kole, S. (1996). Reducing tobacco product marketing in retail stores: Challenges and opportunities. *Stanford Center for Research in Disease Prevention,* December, 1996.

Rogers, T., et al. (1995). Community mobilization to reduce point-of-purchase advertising of tobacco products. *Health Education Quarterly,* 22(4): 427-442.

Alcohol Home Delivery Restrictions

Description
Home delivery restrictions regulate liquor stores that offer delivery of alcoholic beverages to personal residences.

Target Population
This strategy targets all persons in the affected area who are under the age of 21.

Goals and Objectives
The goals and objectives of restricting alcohol home delivery are to reduce underage access to alcohol in order to reduce underage drinking.

Outcomes
Restricting alcohol home delivery helps reduce underage drinking when combined with other alcohol control policies, including responsible beverage service training, age identification policies, the use of warning posters indicating alcohol sellers and servers check the age identification of all customers, and beer keg registration.

Strategies
Legislation and law enforcement

Activities
A home delivery policy may:
- Prohibit or ban the delivery of alcohol to residential addresses
- Place restrictions on home deliveries

Implementation Process and Plan
Banning or restricting home deliveries may be part of a local ordinance or a state law. Communities that do not want to completely ban home deliveries can impose the following restrictions:
- Require that delivery personnel be at least 21 years of age.
- Restrict the days of the week and times of the day during which alcohol can be delivered to residential addresses.
- Restrict the amount of alcohol that may be delivered.
- Require delivery people to verify, via a legal age photo identification card, that the buyer is 21 or older, and also require the delivery person to document the name of the purchaser, his or her address and driver's license or state identification card number, the time, date, and place of delivery, the quantity and brand of alcohol delivered, and the delivery person's own name. Alcohol outlets should be required to keep these invoices for a period of time and be required to make them available to law enforcement authorities upon request.
- Prohibit sales of alcohol via the Internet by banning direct shipments of alcohol to personal residences.

Evaluation
Communities should assess the following in evaluating this practice:
- The establishment of policies restricting alcoholic beverage delivery
- The rates of underage drinking

Lessons Learned
If home delivery restrictions apply to only one particular community, people might order alcohol from establishments located in nearby communities that don't have such regulations. A state- or county-level policy regulating home deliveries would help eliminate this problem.

Delivery personnel should be trained on how to check IDs and on other responsible service practices. Policies that regulate the home delivery of alcohol should be covered in a responsible beverage service training program.

Regulations will be more successful if the process of monitoring and enforcing policies is conducted by police or other authorized personnel.

Compatible Programs
While this strategy is implemented in many communities, there are no specific programs known to include restricted alcoholic beverage home delivery as a component.

Resources
Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where this strategy has been implemented successfully:

Fletcher, L. A., Toomey, T. L., Wagenaar, A. C., Short, B. Willenbring, M. L. (2000). Alcohol home delivery services: A source of alcohol for underage drinkers. *Journal of Studies on Alcohol,* 61(1): 81-84.

Spaeti, A. (2001). City Council passes keg ordinance. *The Badger Herald,* Madison, WI. December 4, 2001.

Wagenaar, A. C., Harwood, E. M., Toomey, T. L., Denk, C. E., Zander, K. M. (2000). Pubic opinion on alcohol policies in the United States: Results from a national survey. *Journal of Public Health Policy,* 21(3): 303-327.

Beer Keg Registration

Description
Beer kegs are marked with a unique identification number that alcoholic beverage retailers register along with information about the keg's purchaser. This process enables police officers to identify the keg purchaser at parties where underage individuals are drinking beer from kegs. Although Nebraska has a beer keg registration law, community coalitions may be interested in working to enhance the effectively and enforcement of this law within their own communities.

Target Population
This strategy targets adults who supply alcohol to minors.

Goals and Objectives
The goal of beer keg registration is to keep adults from supplying alcohol to minors by providing police with a means of tracing who supplied beer kegs to parties where underage youth are present and found to be drinking. Keg beer tends to be one of the cheapest available forms of alcohol and so is frequently sought out by youth.

Outcomes
Reduced youth access to alcohol and reduced consumption.

Strategies
Legislation and law enforcement

Activities
Beer keg registration and enforcement are tools to identify and prosecute adults who buy beer kegs and allow underage youth to consume beer from these kegs. Keg registration can be implemented voluntarily by a store, or required by a local ordinance or state law. Keg registration policies stipulate that:

- Beer kegs be marked with unique identification numbers, using metal or plastic tags, stickers, invisible ink, or engraving.
- When a store sells a keg, the keg identification number is recorded along with the purchaser's name, address, telephone number, and driver's license number. These records must be kept for a specified length of time, usually six months to a year.
- When a beer keg from which underage youth drink alcohol is confiscated by police, the purchaser of the keg is identified and arrested or fined for supplying alcohol to underage persons.
- The keg deposit fee is forfeited if a keg is returned with an identification tag that is defaced or missing.

Implementation Process and Plan
Communities are strongly urged to consult with a local attorney to learn about state law requirements before attempting to pass a local ordinance on beer keg registration.

Communities can pay for keg tagging through a variety of methods, including licensing fees. Keg registration is not likely to be time consuming because most retailers already record the name and address of keg purchasers.

To discourage purchasers from deciding to forfeit the deposit fee and remove the keg identification tag, retailers might want to increase keg deposits. Keg identification markers should be either difficult to detect, such as invisible ink, or hard to remove.

Communities might want to encourage retailers to require keg purchasers to sign a statement promising not to serve alcohol to underage youth. This statement can be used as a tool to educate purchasers about their potential liability if they serve alcohol to underage youth.

Keg registration works best if it covers a wide geographic area. Otherwise, customers who want to buy a keg for underage youth could go to a neighboring community that does not have keg registration.

Keg registration holds liable the adults who buy beer kegs for underage youth. Establishments who sell beer kegs should be made aware that they may legally sell alcohol to adults, and that as long as they following the correct keg registration procedures, they are not breaking the law and will not be held liable.

Evaluation
In evaluating this practice, communities should assess:

- The number of participating alcohol beverage retailers
- The rate of enforcement of the keg registration law
- The enforceability of the law due to the ease with which tags may be removed
- The rates of underage drinking.

Lessons Learned
Nebraska does currently have a Keg Registration Law (§53-167-02 and 53-167-03). Community coalitions interested in increasing effectiveness of keg registration practices in their communities are encouraged to learn more about local enforcement of keg registration laws, as well as the ease with which registration tags used by alcohol outlets within their communities may be removed.

Beer kegs are often a main source of alcohol at teenage parties. Research shows that youth tend to drink less as alcohol prices increase. Since alcohol in cans and bottles is generally not as cheap as beer from a keg, the potential for underage drinking declines as the opportunity for underage keg parties declines. Keg registration encourages adults to think twice before purchasing kegs and allowing underage youth to drink from them.

Compatible Programs
While many communities implement and enforce keg registration laws, there are currently no specific programs known to include keg registration as a component.

Resources
Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where this strategy has been implemented successfully:

Grossman, M., Chaloupka, F. J., Saffer, H., Laixuthai, A. (1994). Alcohol price policy and youths: A summary of economic research. *Journal of Research on Adolescence,* 4(2): 347-364.

Hammond, R. L. (1991). Capping keggers: New tracking system aims at curbing illegal sales. *The Bottom Line on Alcohol in Society,* 11(4): 36-38.

Spaeti, A. (2001). City Council passes keg ordinance. *The Badger Herald,* Madison, WI. December 4, 2001.

Wagenaar, A. C., Finnegan, J. R., Wolfson, M., Anstine, P. S., Williams, C. L., Perry, C. L. (1993). Where and how adolescents obtain alcoholic beverages. *Public Health Reports,* 108(4): 459-464.

Wagenaar, A. C., Harwood, E. M., Toomey, T. L., Denk, C. E., Zander, K. M. (2000). Pubic opinion on alcohol policies in the United States: Results from a national survey. *Journal of Public Health Policy,* 21(3): 303-327.

Webb, J. (2002) Local leaders win community support cracking down on kegs. *The Billings Gazette,* Billings, MT. July 8, 2002.

Counter-Advertising (Alcohol)

Description
Counter-advertising involves disseminating information about alcohol, its effects, and the advertising that promotes it, to decrease its appeal and use. Counter-advertising strategies directly address alcohol marketing, and includes the placement of health warning labels on product packaging, and media literacy efforts to raise public awareness of the advertising tactics employed in alcohol marketing.

Target Population
Warning labels and other counter-advertising efforts can have an effect on all persons who are exposed to them.

Goals and Objectives
The primary goals and objectives of counter-advertising for youth 12 to 17 years of age are to change perceived norms regarding alcohol consumption in order to reduce underage drinking.

Outcomes
Some studies have demonstrated that youth report increased caution regarding both drinking and driving and drinking during pregnancy as a result of counter-advertising campaigns.

Adolescents report increased awareness, exposure, and recognition about the risks of alcohol consumption as a result of counter-advertising efforts.

Research demonstrates that warning labels affect individuals' intentions to change drinking patterns, increase the number of conversations about drinking issues, and increase the willingness of individuals to intervene with others who are seen as drinking in a hazardous way.

Strategies
Media campaign
Warning labels

Activities
Counter-advertising campaigns should include:
- Paid advertising to promote media messages
- A full range of communication approaches, including public and community relations
- Mass media spots targeting both the general public and specific cultural groups
- Warning labels dealing with the effects of alcohol (e.g., on youth, on activities such as driving, on pregnancy)

Implementation Process and Plan
When possible, mass media campaigns should be comprised of television, radio, billboards, and print media, including leaflets, magazines, and newspapers. It is of greatest importance that campaign messages reach the target audience repeatedly.

Integral to campaign exposure is campaign duration. A counter-advertising campaign that occurs over the course of a month is not as likely to reach as many people as one that lasts a year or several years.

Media messages need to be age-appropriate and designed with the target audience's developmental stage in mind. Messages should be neither too subtle nor too sophisticated.

Evaluation
A counter-advertising campaign can change the social context for drinking and excess alcohol consumption.

In evaluating counter-advertising campaigns focused on alcohol, communities should assess:
- Increased exposure of children and adolescents to negative messages about drinking
- Increases in positive messages about not drinking
- Increases in adolescents' ability to identify hidden messages in alcoholic beverage advertising
- Increases in adolescents' awareness of alcoholic beverage industry marketing tactics
- Increases in negative attitudes towards alcohol consumption
- Decreased underage drinking

Lessons Learned
Counter-advertising efforts are most effective when they are combined with other strategies, such as roadside sobriety checkpoints and random breath testing.

Radio tends to be the most cost-effective media venue.

Compatible Programs
While many communities implement counter-advertising strategies, there are currently there no specific programs known to include counter-advertising as a component.

Resources
Here are some resources that can enhance your understanding of the effectiveness of this strategy. Some studies describe locations where counter-advertising has been used successfully:

DeJong, W. (2002). The role of mass media campaigns in reducing high-risk drinking among college students. *Journal of Studies on Alcohol,* Supplement 14: 182-192.

Greenfield, T. K., and Kaskutas, L. A. (1998). Five years' exposure to alcohol warning label messages and their impacts: Evidence from diffusion. *Applied Behavioral Science Review,* 6(1): 39-69.

Hankin, J. R., Firestone, I. J., Sloan, J. J., Ager, J. W., Sokol, R. J., and Martier, S. S. (1996). Heeding the alcoholic beverage warning label during pregnancy: Multiparae versus nulliparae. *Journal of Studies on Alcohol,* 57(2): 171-177.

Kaskutas, L., and. Greenfield, T. K. (1992). First effects of warning labels on alcoholic beverage containers. *Drug and Alcohol Dependence*, 31(1): 1-14.

MacKinnon, D. P., Pentz, M. A., Stacy, A. W. (1993). The alcohol warning label and adolescents: The first year. *American Journal of Public Health,* 83(4): 585-587.

MacKinnon, D. P., Nohre, L., Cheong, J., Stacy, A. W., Pentz, M. A. (2001). Longitudinal relationship between the alcohol warning label and alcohol consumption. *Journal of Studies on Alcohol,* 62(2): 221-227.

Stacy, A. W., MacKinnon, D. P., Pentz, M. A. (1993). Generality and specificity in health behavior: Application to warning label and social influence expectancies. *Journal of Applied Psychology,* 78(4): 611-627.

Norms for Behavior and Rule Setting in School

Description
Norms for behavior and rule setting in school is a strategy that focuses on school-wide efforts to redefine norms for behavior and signal appropriate behavior through the use of rules.

Target Population
This strategy has been used successfully with both elementary and middle school students.

Goals and Objectives
The goals and objectives of this strategy are to establish or clarify school rules or discipline codes, as well as mechanisms for the enforcement of school rules, in order to change student norms, and thus have a positive effect on risk behaviors.

Outcomes
Reduces youth alcohol and marijuana use and delinquency

Strategies
School-based alcohol and other drug education
School policy changes
Enforcement

Activities
This strategy includes work by school personnel to develop and successfully enforce effective policies. Other activities include the development of newsletters, posters, ceremonies during which students declare their intention to remain drug-free, and the display of symbols of appropriate behavior.

Implementation Process and Plan
Program components necessary for the effective implementation of this strategy include:

- Increasing clarity of rules and consistency of rule enforcement through revisions to school rules and a computerized behavior tracking system
- Improving classroom organization and management through teacher training
- Increasing the frequency of communication with parents regarding student behavior through systems to identify good student behavior and a computerized system to generate letters to parents regarding both positive and negative behaviors
- Replacing punitive disciplinary strategies with positive reinforcement of appropriate behavior through a variety of school and classroom level positive reinforcement strategies

Evaluation
Communities should assess the following in evaluating this practice:

- The rates of marijuana use by participating students both before and after implementation
- The rates of drinking by participating students both before and after implementation
- Teacher reporting of classroom disturbances both before and after implementation
- Incidences of disciplinary action for problem behavior (e.g., alcohol/drug use, vandalism, bullying) both before and after implementation
- Increases or decreases in the number of delinquent acts committed by participating students after implementation

The evaluation should include measures of:

- The clarity of rules and consistency of rule enforcement
- Changes in classroom organization and management
- Changes in the frequency of communication with parents regarding student behavior
- Changes in disciplinary strategies

Lessons Learned
While research evaluating the effects of this strategy have shown reduced rates of alcohol and marijuana use and juvenile delinquency, the schools in which the rules were manipulated also used school teams to plan and implement the programs. Consequently, it is not possible to separate the specific effects of school rules and discipline strategies from the more general effects of encouraging teams of school personnel to solve their schools' problems.

Compatible Programs
This strategy has been tested and shown to be effective as a component in other projects:

Resources
For more information on this strategy, community coalitions can order a free copy of *Preventing Crime: What Works, What Doesn't, and What's Promising,* a 1997 Office of Justice Programs' Research Report by the University of Maryland, Department of Criminology and Criminal Justice, from the Justice Information Center: (800) 851-3420 or e-mail askncjrs@ncjrs.org.

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Saving Lives Program

Description
The Saving Lives Program is a community mobilization effort to reduce alcohol-impaired driving and related problems such as speeding, other moving violations and failure to wear seatbelts.

Target Population
This strategy targets all drivers in the affected geographic area.

Goals and Objectives
The goals and objectives of the Saving Lives Program are to reduce alcohol-impaired driving and related problems—such as speeding, other moving violations, and failure to wear safety seatbelts—in order to prevent death and injury.

Outcomes
The Saving Lives Program was implemented in six communities in Massachusetts in 1988. Data was collected for five years preceding implementation of the program and for five years following the start of the program. The communities participating in the program were demographically similar to the rest of the communities in the state of Massachusetts, except for socio-economic status.

Outcomes for the participating communities included the following:
- Fatal crashes declined 25 percent relative to the rest of Massachusetts
- Fatal crashes involving alcohol declined 42 percent relative to the rest of Massachusetts
- Visible injuries per 100 crashes declined 5 percent
- Proportion of vehicles observed speeding decreased by half
- Number of teenagers who drove after drinking decreased by half

Strategies
Beer keg registration
Law enforcement
Media campaign
Peer education programs

Activities
Communities may choose to include the following initiatives:
- Reducing drunk driving and speeding by introducing media campaigns, business information programs, speeding and drunk driving awareness days, speed watch telephone hotlines, police training, high school peer-led education, Students Against Drunk Driving chapters, college prevention programs, alcohol-free prom nights, beer keg registration, and increasing liquor outlet surveillance.
- Increasing pedestrian safety and seatbelt use through media campaigns and police checkpoints, posting crosswalk signs displaying the fines for failure to yield to pedestrians, more crosswalk guards, and preschool education programs and training for hospital and prenatal clinic staff.

Implementation Process and Plan
Concerned citizens, organizations, and officials in the community are brought together to form a task force. The task force develops the program initiatives according to each community's needs.

Evaluation
Communities implementing this strategy should assess:
- Decreases in drinking and driving violations

- Decreases in underage drinking and driving violations
- Motor vehicle fatality rates, particularly those involving alcohol
- Decreases in other moving traffic violations
- Compliance with seatbelt laws

Lessons Learned
No special considerations have been reported for implementing this strategy.

Compatible Programs
Community Trials Intervention to Reduce High-Risk Drinking might be a useful adjunct to implementing this strategy in your community.

Resources
Here is a study that can enhance your understanding of the effectiveness of this strategy:

Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., and R. Zakocs (1996). Reducing alcohol-impaired driving in Massachusetts: The Saving Lives Program. *American Journal of Public Health*, 86: 791-797.

Tobacco Policy and Prevention

Program Description
The primary purpose of the Tobacco Policy and Prevention (TPP) project was to compare the effects of a multi-component school tobacco policy intervention with existing school policies on preventing tobacco use among middle school adolescents.

Target Population
This program targets middle school students.

Goals and Objectives
The primary goal of tobacco-free environmental policies is to create environments that do not expose youth to the use and possession of tobacco.

Outcomes
At 6-months and 18-months after program initiation, the following results were noted:
- Increasing student support of policy, beliefs about the helpfulness of policy, observations about teacher guidance to students about tobacco use, and perceived personal consequences of violation
- Decreasing perceived social norms and favorable attitudes toward smoking
- Lower lifetime smoking rates

Decreased monthly smoking was significant at 6 months but marginal at 18 months.

Strategies
School-based tobacco education
School tobacco policy

Activities
The Tobacco Policy and Prevention program consists of four components:
- Three 50-minute student sessions in tobacco prevention education
- A faculty presentation
- A PTA presentation
- A faculty/administrative policy workshop

Implementation Process and Plan
The three program hypotheses behind this program are:
- Policy enforcement, awareness, support, consequences, and norms predict and mediate tobacco use
- Policy intervention prevents tobacco use
- Policy intervention changes enforcement.

Implementing this program requires that schools:
- Review existing laws and compliance with laws restricting tobacco use in certain settings
- Review the effects of antismoking school policies on adolescent smoking
- Provide technical assistance and guidance on developing and implementing tobacco-free policies and environments
- Educate and inform concerned parties about laws restricting tobacco use in certain settings

Evaluation
Schools implementing this program should:
- Assess establishment of policies restricting or prohibiting tobacco use

- Assess rates of adolescent smoking

Lessons Learned
No special challenges or considerations have been reported for this practice.

Compatible Programs
Project Toward No Tobacco Use and Project SHOUT might be useful adjuncts to implementing a school tobacco policy strategy.

Resources
Here are some resources that can enhance your understanding of how to implement this strategy.

Colorado Department of Public Health and Environment and American Cancer Society (2001). *Getting to Tobacco Free Schools: A Trouble Shooting Guide.* Wisconsin Department of Public Instruction: August 2001.

Goldstein, A. O., Peterson, A. B., Ribisl, K. M., Steckler, A., Linnan, L., McGloin, T., Patterson, C. (2003). Passage of 100 percent tobacco-free school policies in 14 North Carolina school districts. *Journal of School Health,* 73(8): 293-299.

Contact Information
If you are interested in implementing Tobacco Policy and Prevention, you can receive more information on this program by contacting:

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APPENDIX D-2
PROMISING PREVENTION STRATEGIES: INDIVIDUAL APPROACHES

This section includes a matrix and profiles of the following **promising prevention strategies** that have been shown to have positive effects on preventing or delaying substance abuse among youth, and which are eligible for SICA funding:

- **ATHENA (sister program to ATLAS)**
- **Be a Star**
- **Behavioral Monitoring and Reinforcement Program**
- **Bicultural Competence Skills Approach**
- **Big Brothers-Big Sisters of America**
- **Bilingual/Bicultural Counseling and Support Services**
- **Class Action**
- **Club Hero**
- **Colorado Youth Leadership Project**
- **Coping Power**
- **Daughters of Tradition**
- **East Texas Experiential Learning Center**
- **Faith-Based Prevention**
- **Families in Focus**
- **Friendly PEERsuasion**
- **Great Body Shop**
- **Kids Intervention with Kids in School (KIKS)**
- **Michigan Model for Comprehensive School Health Education**
- **Multimodel Substance Abuse Prevention**
- **Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA)**
- **Norms for Behavior and Rule Setting in School**
- **Plan a Safe Strategy (PASS) Program**
- **Prevention Dimensions Program**
- **Preventive Alcohol Education Program**
- **Project Break Away**
- **Project STAR: Students Taught Awareness and Resistance (also known as the Midwestern Prevention Project)**
- **Project Venture**
- **Say It Straight Training**
- **Sembrando Salud**
- **SMART Moves**
- **Social Competence Promotion Program for Young Adolescents (SCPP-YA)**

- **Storytelling for Empowerment**
- **Strengthening the Bonds of Chicano Youth and Families**
- **Students Helping Others Understand Tobacco (SHOUT)**
- **Teams-Games-Tournaments Alcohol Prevention**
- **Teenage Health Teaching Modules**
- **Urban Women Against Substance Abuse (UWASA)**
- **Woodrock Youth Development Program (YDP)**

If your community is awarded a State Incentive Cooperative Agreement (SICA) grant, no more than 50 percent of the funding you receive may be used to implement promising prevention strategies.

APPENDIX D-2-1
PROMISING STRATEGIES MATRIX: INDIVIDUAL APPROACHES

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
ATHENA: Athletes Targeting Healthy Exercise and Nutrition Alternatives	Middle school High school	Female	Rural Suburban Urban School	**Replicated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	Individual	Universal	*Individual/Peer* • Friends who engage in the problem behavior • Favorable attitudes toward the problem behavior *Community* • Community laws and norms favorable toward drug use	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	• Self-esteem • Depression • Cultural influences on women's body image • Eating disorders • Use of body-shaping supplements	• Peer-leadership • Scripted peer education program • Education regarding use and consequence of substance use • Cognitive-behavioral skills to improve mood and self-esteem • Skills to improve body image • Drug-refusal skills • Education debunking media portrayals	Short term outcomes: • Reduced diet pill use • Reduce use of diuretics • Reduced use of amphetamines • Reduced anabolic steroid use • Reduced sports nutrition supplements • Reduced sports-related injuries • Reduced new sexual activity • Improved eating habits • Less driving with a drinking driver' • Increased seatbelt use • Improved ability to prevent depression • Improved ability to analyze advertisements targeting young women Long-term outcomes are still being analyzed	**Materials:** • **Coach/Instructor Package—$280. Package** includes three-ring binder with background section; training the squad leader 90-minute session; 8-session curriculum; overheads; and one Athletes Guide and one Workbook. • **ATHENA Squad Leader Guide—$25**. This includes an eight-session curriculum guide and one Athletes Guide(one squad leader for every 5-8 students) • **ATHENA Athlete Packs (group of 10)—$80**. Packs include 10 eight-session Workbooks and 10 Athletes Guides

[7] Validated populations are those for whom the programs listed have been found to be effective through formal evaluation. Replicated populations are those with whom the programs listed have been used, but no formal evaluation has been conducted.

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Be A Star	5-12	Male and Female	Urban Community center	**Validated populations:** African American **Cultural adaptations:** This program was originally designed for use with African-American children	Individual Family	Universal	*Individual/Peer* • Favorable attitudes towards the problem behavior	*Family* • Family bonding *School* • School bonding	*Individual/Peer* • Self-efficacy • Self-control • Self-concept • Pro-social behavior • Decision-making ability • Cultural awareness • Self-esteem • Interpersonal competence	• After-school programming, including a physical activity, a discussion period, and a craft activity • Physical activity - includes free play and structured games. Discussion - focuses on the topic of the group (e.g., how to make and be a friend, how others make me feel, how to feel good about choices I make, what I want to be, and how I can take pride in the accomplishments of others). • Community-based alcohol and other drug education • Parent support groups • Tutoring	• Increased negative attitudes towards use of alcohol and drugs • Improved decision making skills • Increased interpersonal competence • Improved cultural awareness • Improved self-esteem and self-concept • Improved family bonding	Materials: • A curriculum that includes modules on decision making, cultural awareness, personal competency, and alcohol, tobacco, and illegal drugs education developed by the National Council on Alcohol and Drug Abuse. • Contact the program developer for information on the cost of implementing this program.
Behavioral Monitoring and Reinforcement Program (BMRP)	12-15	Male and Female	Urban Suburban Junior-high/middle school/high school	**Replicated populations:** African American Asian American Caucasian Hispanic **Cultural adaptations:** None	Individual School	Universal Selective	*Individual/Peer* • Early and persistent antisocial behavior • Favorable attitudes towards the problem behavior	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	*Individual/Peer* • Substance use • Student attendance and promptness • Grades • Discipline referrals • School dropout • Decision-making • Cultural awareness • Interpersonal competence	• Early intervention • Behavior modification • Reinforcement of school rules and regulations • Collecting up-to-date information about student's actions through weekly teacher interviews • Providing systematic feedback through weekly small group meeting with students • Attaching value to the student's actions through a point-reward system • Alcohol, tobacco, and illegal drugs education	• Improved grades and attendance immediately following the intervention • Fewer problem behaviors at school in the year after the intervention • Reduced substance abuse and criminal behavior one year after the intervention • Lower likelihood of juvenile record five years after the program completion	Training/Technical Support: • One eight-hour day workshop for 30 participants, $1,600 plus travel expenses • Ongoing training during the year for 30 participants, $10,500/year or $175/hour • Training occurs as 20-minute individual consultations, once every six weeks, by mail, telephone, or e-mail • Training and technical assistance is not required Materials: • $1,800 for materials for 30 participants The Early Secondary Intervention Program (ESIP) manual is available at no cost
Bicultural Competence Skills Approach	9-18	Male and Female	Rural Indian reservation	**Validated populations:** Native American **Cultural adaptations:** This program was developed specifically for use with adolescents from tribal and public schools living on American Indian reservations	Individual	Universal	*Individual/Peer* • Friends who engage in substance use • Favorable attitudes towards substance use	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	***Individual/Peer*** • Interactive skills • Bicultural competence skills • Self-reported use of alcohol, tobacco and other drugs	• Cognitive and behavioral methods • Bicultural competence skills development, including: communication, coping, and discrimination skills development, and social networking skills development	• Increased substance-use knowledge • Increased negative attitudes towards substance use • Increased interactive skills • Decreased self-reported use of smoked and smokeless tobacco, alcohol, marijuana, inhalants and other drugs	Training/Technical Support: • Technical assistance is offered for implementing and evaluating the program • A CD-ROM step-by-step guide to setting-up, implementing and evaluating the program has been developed • Materials: • The program and evaluation materials are available at a cost of $190

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Big Brothers/ Big Sisters	6 to 18	Male and Female	Rural Suburban Urban Community	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	Individual Community	Selective BB/BSA typically targets at-risk youth from single-parent homes	*Individual/Peer* • Alienation • Early initiation of the problem behavior *School* • Academic failure beginning in elementary school *Community* • Low neighborhood attachment • Economic and social deprivation	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual* • Social skills • Problem solving skills *School* • Academic achievement	• One-on-one mentoring a few hours per week for at least a year • Adult supervision of youth • Adult monitoring of youth • Case management • Volunteer screening (e.g., background checks, psychological tests) • Youth assessment and screening to verify eligibility and a minimal level of social skills • Mentor training (e.g., presentations on the developmental stages of youth, limit-setting skills) • Pair matching to ensure that practical considerations (e.g., geographic proximity) and participants' preferences are respected • Supervision by a paid caseworker who maintains monthly contact with the child, the mentor, and the parent during the first year and provides general guidance thereafter • There is no prescribed set of activities that the volunteer Big Brother or Big Sister engages in with the Little Brother or Little Sister.	• Less likely to skip school • Less likely to start using illegal drugs • Less likely to start using alcohol • Reduced truancy • Improved academic performance • Reduced violent/antisocial behavior • Improved relationships with family	Training/Technical Support: • BB/BS provides information, consultation and training materials as Internet "word documents" and as hard copy manuals and CD-ROMS on how to establish a BBBS program • BB/BS provides on-site training for staff members, when feasible, on the essential components of the proven Big Brothers-Big Sisters mentoring model • BB/BS facilitates study visits to experienced Big Brothers Big Sisters programs • BB/BS facilitates the Cross-Border Partners initiative which pairs a developing BB/BS program with staff in an experienced program • BB/BS provides consultation and training in the areas of service delivery, volunteer recruitment, marketing, governance and fund development • BB/BS provides affiliated programs support in fund development efforts Cost: • The national average cost of making and supporting a match relationship is $1,000 per year

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Bilingual/ Bicultural Counseling and Support Services	6-18 Parents	Male and female	Rural Suburban Urban Community School	**Validated populations:** Hispanic/Latino **Cultural adaptations:** This program was specifically designed for use with the Hispanic/Latino population	Community	Selective This program targets Hispanic immigrants and first-generation Mexican Americans with low literacy skills and from low-income families	*Individual/Peer* • Alienation ***School*** • Academic failure • Low commitment to school ***Community*** • Transition and mobility • Low neighborhood attachment • Extreme economic and social deprivation	*School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	• Self-esteem • Risk-taking behaviors • Cultural identity	In-house at the agency site: • Alcohol and other drug education • Counseling • Parent education • Information and referral services to low-income families • Individual and group activities for at-risk youth • Intervention and prevention services for child abuse, domestic violence, and rape • Latino women's support group • Staff training • STEP program • Suicidal ideation assessment • Gang prevention • Outreach to Latino middle-school youth • Cultural events and appreciation • Tutoring In schools: • Individual counseling during the school day • Group counseling during the school day • Gang prevention groups • Parent education and support groups using the STEP program on school sites (day and night classes) • Outreach to Latino youth in middle schools • Cultural events and appreciation • Homework and tutoring assistance	• Increased acculturation • Increased confidence • Improved academic skills • Reduced alcohol and drug use • Improved disciplining skills for parents • Improved anger management and conflict resolution skills • Improved classroom behavior • Reduced incidence of domestic violence • Improved communication skills	Training/Technical Support: • Information on training and technical support is available from the program developer Materials: • *Just for Kids*: A life skills and drug/alcohol awareness education program • *Second Step*: A program designed to instill empathy through teaching conflict resolution skills and anger management skills • *Conflict Resolution Peer Training Program*: A program that teaches selected children to help their peers resolve conflicts by helping to mediate disputes • Materials are available in both English and Spanish

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Class Action Note: This program is the high school extension of Project Northland	14-18	Male and Female	Rural Suburban Urban School	Not available	Individual	Universal	*Individual/Peer* • Favorable attitudes towards the problem behavior	*School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Underage alcohol use • Drinking and driving • Social awareness	• Classroom curriculum • School-based alcohol education: High school students research and present arguments in hypothetical legal cases involving underage drinking. Teens research their assigned case, learning the facts involved, listen to recorded affidavits and depositions, review relevant statutes and case law, and find applicable and compelling statistics on alcohol use and abuse.	• Delay the age when teenagers begin to drink • Reduce drinking among teenagers who already have tried alcohol • Limit other underage drug use and alcohol-related problems	Training/Materials: • Complete Class Action Curriculum: $450-$500 • Complete Class Action Curriculum Includes 42 casebooks (7 of each title), 1 audio set (2 audios for each title), 1 teacher's manual with reproducible handouts in a 3-ring binder, and 30 each of four parent postcards. • Includes free one-day of training for one person
Club HERO (Helping Everyone Reach Out)	11-12 Parents	Male and Female	Rural Suburban School Church Community center	**Replicated populations:** African-American **Cultural adaptations:** No specific cultural adaptations have been made; however, this program originally targeted low-income African-American youth	Individual Family	Selective This program targets low-income youth	***School*** • Academic failure • Low commitment to school	*Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Peer pressure • Intent to use • Leadership	• After-school program • Drug education curriculum • Academic monitoring • A student reward system • Homework assistance/ tutoring • Visits by local community heroes who educate students about opportunities available to them if they complete their education and are willing to work hard • Parental involvement in an advocacy project • Community mobilization • A gardening and environmental awareness component • Summer day camp	• Increased knowledge of alcohol, tobacco, and other drug use • Increased knowledge of impact of alcohol, tobacco, and other drug use on African-American families and communities • Increased family bonding • Reduced alcohol, tobacco, and other drug use	Training/Technical Support: • One-day training at a cost of $1,000 plus expenses • Telephone support provided as a part of the training Materials: Club HERO Quick Start Kit ($695/kit) includes: • 1 Club HERO Lesson-Plan Manual • 30 Student *You Have The Right To Know About Drugs* books • 1 Curriculum Kit (with videos, pre-test and post-test masters, overheads, games and handouts to accompany the *Right to Know* curriculum) • 100 Point Cards (to record student points) • 1 Stamp Set (to mark point cards) • 1,000 Blue Sheets (for students to collect points from teachers and parents) • 1 Club HERO Canvas Carrying Bag Club HERO Student Incentive Kit ($495/kit) includes: • 31 Short-sleeved t-shirts (15 M, 15 L, 1XL) • 30 Assignment Books • 30 Ballpoint Pens • 30 Zipper Pulls • 30 Key Chains • 30 Bumper Stickers • 30 Bookmarks Replacement consumables—books, t-shirts, point cards, etc.—are available for purchase All items have Club HERO logo

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Colorado Youth Leadership Project (YLP)	12-13	Male and Female	Rural Suburban Urban School	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	Individual Peer School	Selective This program targets youth who are at risk of dropping out of school and of using drugs	*School* • Academic failure • Lack of commitment to school	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • School dropout • Antisocial behavior • School performance • Self-esteem • Responsibility • Confidence • Life management	• Community service Life skills • Tutoring • Computer skills • Leadership training • Adventure Challenge activities	• Increased awareness of perceived harm of consuming alcohol, marijuana, cocaine, inhalants, chewing tobacco, smoking tobacco • Reduced 30-day use rates for alcohol • Reduced 30-day use rates for marijuana • Improved school attendance • Improved self-confidence • Improved attitude toward school • Increased sense of responsibility • Improved self-esteem	Materials: • Both the Project ALERT Curriculum and the Second Step Violence Prevention Curriculum are required for the Life Skills component of CYLP • Contact the program developer for cost information
Coping Power	9-12	Boys	Suburban Urban School Home	**Validated populations:** African American **Cultural adaptations:** No specific cultural adaptations have been made for this program	Individual Family	Selective This program targets children at moderate to high risk for aggressive behavior, later drug abuse, and delinquency	*Individual* • Early & persistent antisocial behavior • Early initiation of the problem behavior (alcohol or other drug use) *Family* • Family management problems	*Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	• Self-control • Social skills • Aggressive or delinquent behaviors • Parent involvement	• Home visits • Parenting classes • School-based AOD education • Skills development: How to identify and cope with anxiety and anger • Impulse control skills • Social skills • Problem-solving skills • Academic skills	• Reduced aggressive behavior • Reduced delinquency • Reduced school behavior problems • Reduced substance use • Enhanced ability to express emotions, handle disagreements in productive ways, and play with peers in more cooperative ways • Increased parent supportiveness and positive interactions with their children	Training/Technical Support: • Training and technical assistance are available by special arrangement. Approximately 3 full workshop days. • Training costs are determined on an as-needed basis, and there is no set fee. An estimate of training costs, to include 3 full workshop days and follow-up consultation, would be $5,000. • Technical assistance can be provided in the form of follow-up consultation following the full training program. • Because this program is still in the development phase, it is difficult to estimate implementation costs for school or community settings. In addition to training, costs would include compensating group leaders and co-leaders; copies of manuals and handouts; the provision of reinforcers for group members (i.e., Prize Box); and the provision of incentives (e.g., food, cash stipends) for parents to attend parent group sessions.

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Daughters of Tradition	8-12	Girls	Rural Community (e.g., school, church, community organiza-tion, someone's home)	**Replicated populations:** Native American **Cultural adaptations:** This program has been designed specifically for girls from the Native American culture	Individual Community	Universal	***Individual*** • Favorable attitudes toward the problem behavior	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Self-esteem Community • Culture and values • Traditions and ceremonies	• Cultural awareness and identification • Mentoring • Adult-facilitated talking circles • Substance abuse prevention education • Domestic violence prevention education	• Improved coping skills • Improved understanding of native culture and traditions • Reduced use of alcohol and other drugs	Training/Technical Support: • Training for facilitators is required, and available through White Bison, Inc. Materials: • The Daughters of Tradition participant's kit includes a set of 14 posters, My Journal, a Daughters of Tradition booklet, and a T-shirt. • The facilitator's kit includes the same materials as the participant's kit, as well as a set of instructional videos and a facilitator's manual • Three tapes are available ($40.00) (1) Part I: Conducting the Talking Circle, and Part II: The Eight Feelings (for girls) - Provides an overview on how the Talking Circle works, how the eight feelings are developed. (2) The Cycle of Life (for girls) - Reviews the Eight Stages of the Cycle of Life and discusses the development of the eight thought patterns and eight feelings. (3) Self Image/Self-Talk (for girls) - Explores the way our continuous dialogue with ourselves shapes who we are and who we become. Provides guidelines for changing the messages we give ourselves. • A fourth tape, Self Image/Self Talk ($10.00), explores the way our continuous dialogue with ourselves shapes who we are and who we become.
East Texas Experiential Learning Center	12-13	Male and Female	Rural Suburban Urban School Community	**Validated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	Individual Family Community	Selective This program targets low-income students	*Individual/Peer* • Favorable attitudes towards the problem behavior	*Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Perception of harm of ATOD use • Social competence • Feelings of autonomy • Cognitive and social problem-solving • Sense of purpose *Family* • Parenting skills *Community* • Conflict • Violence	• Community Involvement • Community service • Skills building • Activities (including: after-school trips; weekend day trips at local wilderness facilities and forest lands; five-day sessions at Wilderness Challenge Ropes adventure camp) • Incentives	• Reduced incidence of ATOD use and related negative consequences	For information on training and materials costs, contact the program developer. Costs for this program will include transportation to activities, meals, and lodging for overnight trips

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Faith-Based Prevention	All ages	Male and Female	Rural Churches Community centers	**Replicated populations:** African American	Community	Universal	*Individual/Peer* • Friends who use drugs	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Behavioral lifestyle changes *Community* • Culture and values systems	• Community development • Media advocacy • School-based AOD education • Activities • Adult education • Church-based health promotion • Beauty shop awareness and prevention campaigns	• Improved quality of life • Reduced alcohol use • Improved self-image • Improved school performance	Materials: • A variety of manuals are available which detail steps necessary to develop a community partnership. These include *The Partnership Training Manual* and *How to Develop a Church-Based Program for the Prevention of Drug and Alcohol Abuse: A Work Manual*. • Implementation manuals and materials are available for $25 (plus $5 for shipping/postage) each. • This practice comes with an evaluation tool that can be used when implementing this strategy. The cost is minimal, about 75 cents per student. • The cost of implementing this strategy is undetermined as volunteers are widely used for the program. A possible estimate for six churches of 150 members each is $100,000.
Families in Focus Note: This program has been renamed Solutions for Families	8-12 Families	Male and Female	Rural Suburban Urban Community (e.g., homes)	**Replicated populations:** Hispanic/Latino **Cultural adaptations:** Available in a Spanish language version: Foco Interno Familiar	Individual Family	Selective This program targets youth at high risk for alcohol and drug use because of a family history of alcohol and drug abuse, problems relating to parents, or family manage-ment problems	*Individual* • Early initiation of problem behavior • Favorable attitudes toward the problem behavior *Family* • Poor family management	*Family* • Bonding to a family with healthy beliefs and clear standards	*Family* • Family history of alcohol and drug abuse • Favorable parental attitudes towards substance use • Parent-child relations • Parent awareness of youth alcohol and drug use Program adaptation addresses the following factors: *Individual/Peer* • Peer tolerance of drug usage • Peer tolerance of other undesirable behaviors	• Skills training • Alcohol, tobacco and other drug education • Information dissemination • Family assessment • Family monitoring • In-home or small group workshops • Referrals to services (e.g., health promotion programs, risk-reduction programs) Program adaptation includes: • Drugs at Work curriculum • Peer mentoring • Incentives	• Improved family functioning • Improved family satisfaction • Reduced incidence of alcohol and drug abuse	Training/Technical Support: • Two-day training required • Costs include travel expenses for one volunteer trainer to instruct a core group of facilitators, plus materials • Families maintain contact with Families in Focus over a period of several months, or in many cases, over a period of years, through a toll-free telephone number. Materials: • A Home Learning Guide contains 53 different family activities, as well as stress tests for adults and adolescents • Strategy Implementation costs $17.95 per participant. The program requests only that program costs be reimbursed. The $17.95 per participant figure includes workbooks.

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Friendly PEERsuasion	11-14	Girls	Rural Urban School Community centers	**Replicated populations** African American Caucasian Hispanic/Latino Native American **Cultural adaptations:** None	Individual	Universal	*Individual/Peer* • Friends who engage in the problem behavior • Favorable attitudes toward substance abuse • Early initiation of substance abuse	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	*Individual/Peer* • Refusal skills • Support systems	• After-school program • Alcohol and other drug education • Skills-building (e.g., decision-making, stress management, communication) • Peer leadership	• Reduced incidence of alcohol consumption • Reduced onset of drinking among participants who had not previously consumed alcohol • Increased leadership skills • Enhanced communication skills • Reduction in favorable attitudes toward drinking • Younger participants likely to report leaving situations in which friends were using harmful substances	Training/Technical Support: • A three-day training is required for program implementation (Implementation training is offered at least once a year for new facilitators) • Cost of training is $300 plus travel, lodging and meals Materials: • Programs are not sold but are licensed on a yearly basis. Organizations must be affiliated with or licensed by Girls Incorporated to implement Friendly PEERsuasion
Great Body Shop (GBS)	5-14 Families	Male and Female	Rural Suburban Urban School	**Replicated populations:** Multiethnic population groups **Cultural adaptations:** Curriculum is published in both English and Spanish. Parent health bulletins are available four additional languages	Individual Family School	Universal	*Individual/Peer* • Alienation and rebelliousness • Favorable attitudes towards the problem behavior • Early initiation of the problem behavior ***School*** • Early and persistent antisocial behavior	*Family* • *Bonding to a family with healthy beliefs and clear standards* *School* • Bonding to a school that promotes healthy beliefs and clear standards	• Health-related knowledge, attitudes and behaviors • Self-esteem • Emotional distress • Antisocial behavior • Violence	• Health education curriculum • Critical thinking skills • Life skills • Health values • Parent bulletins	• Reduced use of alcohol, cigarettes, marijuana and other substances • Fewer violent acts and conduct problems • Increased family caring • Improved self-esteem • Reduced emotional distress • Fewer acts of antisocial behavior	Training/Technical Support: • Total training fees for a district range between $500 for a Basic Teacher Orientation to $1,800 for a Training of Trainers program, with the addition of trainer expenses Materials: • The GBS curriculum contains a Teacher's Guide, Student Issues, and Parents Bulletins • The cost for the Student Issues in grades K-6 and for middle school are $5.50 per student. For preschool the cost is $6.50 per student. All Student Issues at every grade level are consumable and must be purchased every year. • The Teacher's Guide price for all grades is $45.00 per teacher. Updates to particular sections of the Teacher's Guide can be purchased for $5.00 per section. Teacher's Guides should be replaced every three to four years, especially if interim section updates have not been purchased. • A supplemental Coordinated School Health Kit is available to link the eight components of school health and institutions involved with promoting public health to those that educate youth
Kids Intervention with Kids in School (KIKS)	12-18	Male and Female	Rural Suburban Urban School	**Replicated populations:** Multiethnic population group **Cultural adaptations:** None	Individual/ Peer Family School	Universal	*Individual/Peer* • Friends who engage in the problem behavior • Favorable attitudes towards the problem behavior	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	• Shyness • Developmental and social skills • Problem-solving skills • Self-discipline • Conflict-resolution • Sexual activity • School discipline	• Peer leadership • Self-help • Coping skills • Social skills • Life skills • Parent involvement	• Decreased/delayed alcohol, tobacco and other drug use • Decreased/delayed sexual activity • Reduced shyness • Improved developmental and social skills • Improved problem-solving skills • Enhanced acceptance of other cultures and races • Improved self-discipline and courteousness • Enhanced conflict-resolution	Materials: • The KIKS Program Training Manual is required

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Michigan Model for Comprehen-sive School Health Education®	5-18 Parents	Male and Female	Rural Suburban Urban School Community	**Replicated populations:** Multiethnic population group **Cultural adaptations:** None	Individual Peer School Community	Universal	*Individual/Peer* • Favorable attitude toward the problem behavior • Friends who engage in the problem behavior *Community* • Community laws and norms favorable to drug use	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	• Peer pressure • Violence	• Alcohol and other drug and health education curriculum • Skills building (e.g., resistance skills, decision-making skills, drug refusal skills, problem-solving, assertiveness training, tobacco cessation) • Media campaign • Analysis of environmental influences on Alcohol, tobacco and other drug use	• Reduced rates of alcohol, tobacco, and marijuana use • Increased knowledge of alcohol effects • Increased resistance skills	Training/Technical Support: • Training costs are $250 for Grades K-6 and $150 for Grades 7-12. These costs include all instructional manuals and training support materials. Costs of travel and accommodations are not included. Materials: • The average cost per instructor manual is $35 for Grades K-6 and $20 for Grades 7-12. The average cost per classroom is $450. (Current costs need to be verified with the program.) • There is a Minimum Recommended Materials List for each grade (order forms available at http://www.emc.cmich.edu/NonMI/orderforms.htm). Items range in cost from a few pennies to over $1,000 apiece. Note: To assist schools in determining how many of what materials they will need and calculating an estimated price for these materials, the Educational Materials Center at Central Michigan University recommends determining: • How many buildings will be implementing the curriculum • For what grade levels the school will be purchasing materials • How many teachers in each building at each grade level will require the curriculum

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Multimodal Substance Abuse Prevention	13-18	Males	Rural Suburban Urban Residential program for adjudicated male adoles-cents School Home	**Replicated populations:** African-American Asian American Caucasian Puerto Rican **Cultural adaptations:** No specific cultural adaptations have been made to this program	Individual Family School	Indicated This program was designed for use with court adjudicated adolescent males	*Individual/Peer* • Alienation and rebelliousness • Favorable attitudes towards the problem behavior • Early initiation of the problem behavior *Family* • Family management problems • Family conflict *School* • Early and persistent antisocial behavior • Academic failure • Low commitment to school *Community* • Low neighborhood attachment • Extreme economic and social deprivation	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Conduct disorder • Depression *School* • Truancy • Lack of vocational objectives *Community* • Violence • Illegal offenses	• Botvin's Life Skills Training: A cognitive behavioral social learning training for understanding the effects of drugs, alcohol, and tobacco on health and behavior; learning how to cope with temptations and pressures to continue using drugs; improving self-expression; learning how to control and direct one's behavior; and achieving personal and social skills • Prothrow-Stith's Anti Violence Program: Controlling tendencies toward violence, and directing one's energies along socially and personally acceptable lines • Rath's Values Clarification procedure: Clarifying one's values, exploring other values, and attempting to develop and identify with a set of socially acceptable and desired values • Family therapy sessions • Group role play	• Reduced illicit drug use • Reduced recidivism (perpetration of additional illegal offenses, including drug-selling) • Increased tobacco use • Reduced drug dealing • Reduced school problems	Contact the program developer for information on program implementation and materials cost.
Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA)	13-15	Male and Female	Rural Urban School	**Replicated populations:** Native American **Cultural adaptations:** This program addresses multiple issues facing American Indian communities from the perspective of the American Indian experience	Individual/ Peer	Indicated This program targets youth already engaged in high-risk behaviors	*Individual/Peer* • Favorable attitudes toward problem behaviors • Early initiation of the problem behavior • Friends who engage in the problem behavior • Alienation and rebelliousness	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	*Individual/Peer* • Sexual activity • *Peer pressure* • Decision making *Community* • Culture, traditions, and values • Caring and support	• Positive peer group norm development • Prevention curriculum covering: Alcohol and other drug abuse; basic reproductive biology; HIV/AIDS, links between alcohol and other drug use and HIV infection; sexually transmitted diseases and how they are transmitted; the use of assertive communication skills to prevent unwanted sex, pregnancy, and STDs; decision-making skills; healthy behavior options, social skills, coping with pressures and reinforced practice and role plays	• Reduced risk for AOD use • Delayed onset of first use • Delayed sexual activity • Reduced sexual activity while drunk or high • Increased dependence on family, rules, laws, religion, traditional ways and community	Training/Technical Support: • A two-day training is required for instructors to implement the curriculum Materials: • Both the eighth- and ninth-grade curricula are part of a package containing a NAPPASA Instructor's Manual, NAPPASA Student's Manual, and 9 to 10 videos • Contact the program developer for training and materials costs

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Plan a Safe Strategy (PASS) Program	15-16	Male and Female	Rural Suburban Urban School	**Replicated populations:** Caucasian **Cultural adaptations:** This program was developed for Australian high school students NOTE: This program, although used with both genders, can be targeted to males, who tend to be higher risk drivers	Individual/ Peer	Universal	*Individual/Peer* • Attitudes favorable to the problem behavior	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Underage drinking • Drinking and driving • Perceived social norms • Awareness of the effects of alcohol on driving skills • Beliefs about outcomes of riding with a drinking driver • Alternatives to drinking and driving or riding with a drinking driver • Decision-making skills • Social skills to avoid drinking and driving *Community* • Social pressure to ride with a drinking driver	• Infusing prevention education strategies into all core curriculum areas • Alcohol and other drug education • Modify students' attitudes toward drinking and driving behaviors • Modify students' beliefs about the outcomes of drink • Modify students' subjective norms or beliefs about other's attitudes toward these behaviors • Increase students' perceived control over their own behavior in drinking and driving and passenger situations • Training to use alternatives • Role play and interactive activities	• Reduced drinking and driving immediately after the program, but not at three-year follow-up • Reduced riding with a drinking driver • Reduced positive attitudes toward drinking and driving and being a passenger in drinking and driving situations • Increased preparation to use alternatives in target situations Note: All findings are promising and trend in the right direction; however, cultural differences may affect the generalizability of these findings from students in Australia to students in the United States	Training/Technical Support: • All teachers involved in PASS are given in-service training by trained regional alcohol and drug educators prior to teaching the 12 PASS lessons • A teacher training kit has been prepared containing a training manual and a video with a promotional component for parents and an in-service component for teachers • A separate educational video is available for use by principals, parents, and school support groups • To hold down costs, particularly in rural areas where travel costs can be extensive, a one-day seminar has been designed to train teachers for this program Materials: • The PASS Program Kit comprises a teachers' guide, 34 master sheets for the lesson resources, six overhead transparencies, and a video cassette with four components • Overhead transparencies and worksheets are used as instructional aids because these are easy and inexpensive to reproduce • The master sheets are used to produce: four fact sheets; eight work sheets; 11 case studies; two homework surveys; a parent information pamphlet; and six overhead transparencies (if the original transparencies are lost) • The four video components are closely integrated with five of the lesson plans
Prevention Dimensions Program	5-18	Male and Female	Rural Suburban Urban School	**Replicated populations:** African American Caucasian **Cultural adaptations:** None	Individual School	Universal	*Individual/Peer* • Friends who engage in alcohol, tobacco, or other drug use • Favorable attitudes toward alcohol, tobacco, or other drug use *School* • Lack of commitment to school • Academic failure	*School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Self-esteem • Problem solving • Decision making • Communication skills • Peer pressure *Community* • Social pressure to use alcohol, tobacco, and other drugs	• Alcohol and other drug curriculum and health education • Activities include: movies, art projects, writing assignments, demonstrations, group discussions, games, and role-playing • Skills building	• Decreased use of alcohol, tobacco, marijuana and cocaine during the last month • Delay in onset of substance abuse for high school students • Decreased monthly and lifetime alcohol use among sixth graders • Decline in monthly and lifetime marijuana use	Training/Materials: • The Prevention Dimensions curriculum is required. • Teachers delivering the curriculum should be trained by appropriate prevention specialists • The curriculum is updated and enhanced on an ongoing basis. The most recent update was completed and distributed at the beginning of the 2002-2003 school year. The program includes teaching resource files and audio/visual materials for Pre-K-12th grade levels. It should be part of every student's yearly curriculum instruction. The effort is to focus on infusing prevention education strategies into all core curriculum areas to create a total prevention attitude.

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Preventive Alcohol Education Program	14-15	Male and Female	Rural Suburban Urban School	**Replicated populations:** Hispanic/Latino Native American **Cultural adaptations:** No specific cultural adaptations have been made for this program	Individual	Universal	*Individual/Peer* • Favorable attitudes toward the problem behavior	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	*Individual/Peer* • Attitudes toward drinking and driving • Attitudes toward riding with a drinking driver • Peer pressure • Resistance skills	• Alcohol and other drug education curriculum • Booster sessions • Counter-argument strategies • Role playing • Slide show	• Increased knowledge about the effects of drinking and driving • Enhanced ability to refute pro-drinking and driving arguments • Enhanced belief in the potential for serious consequences resulting from riding with drinking drivers	Training/Technical Support: • No training is available for this program. However, the written materials provide the information necessary to implement the program. Materials: • The program requires only the intervention exercises, which are all in print form • The slide show requires a slide projector and screen • The cost of the materials is $200 • The cost of the materials covers the evaluation tool
Project Break Away	12-14	Male and Female	Rural Urban School Community	**Replicated populations:** African American Caucasian Hispanic **Cultural adaptations:** None	Individual School Family	Indicated This program targets adolescents on court-supervised probation who have a history of early involvement with alcohol, tobacco or other drugs (ATOD), are at high risk of involvement with ATOD, are in need of adult supervision during after school hours, and are at risk of dropping out of school or who do not attend school	*Individual/Peer* • Early initiation of problem behavior • Friends who engage in problem behaviors • Favorable attitudes toward problem behaviors *Family* • Family management problems *School* • Early and persistent antisocial behavior • Academic failure • Low commitment to school	*Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Decision making • Life skills • Peer resistance • Conflict resolution • Self-esteem • Behavioral control	• After-school/summer program • Summer educational/recreational program • Wilderness Challenge • Community service • Mentoring • Parent involvement • Job training	• Decrease in cigarette use in both the low dosage and high dosage groups • Lower rates of heroin/opium use among the low dosage group • Peer group disapproval of hypothetical drug use among both the low dosage and high dosage groups	Training/Technical Support: • No training is currently available for this program • Technical support is available on a cost-reimbursable basis (e.g., travel costs) Materials: • The ATOD educational curriculum, *Making Decisions,* is required

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	Age	Sex										
Project STAR: Students Taught Awareness and Resistance (also known as the Midwestern Prevention Project [MPP])	11-12	Male and Female	Rural Suburban Urban Community School	**Replicated populations:** African American Asian American Caucasian Hispanic/Latino Native American **Cultural adaptations:** None	Community School Family	Universal	*Individual/Peer* • Friends who engage in the problem behavior • Favorable attitudes toward problem behavior *Community* • Community laws and norms favorable to drug use	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Resistance skills • Perceptions of friends' tolerance of drug use • Leadership	• Alcohol, tobacco and other drug education • Mass media programming • Parent education • Community organization • Local policy change regarding tobacco, alcohol, and other drugs • Promotion of drug use resistance and counteraction skills by adolescents (direct skills training) • Prevention practices and support of adolescent prevention practices by parents and other adults expected to serve as role models for adolescents (indirect skills training) • Peer leadership • Promotion and support of non-drug use social norms and expectations in the community (environmental support).	• Reduced use of marijuana • Reduced cigarette use • Reduced alcohol use • Increased perceptions of friend's intolerance of drug use • Increased parent-child communications about drug use • Reduced need for drug-abuse treatment • Reduced alcohol and marijuana use among parents • Increased positive parent-child communication about drug-use prevention • Development of prevention programs, activities, and services in community	Training/Technical Support: • Teachers are given an intensive three-day training (two days for the basic curriculum, one day for the booster curriculum) during which they learn the Project STAR teaching methods and strategies to encourage homework participation Costs: • To implement Project STAR, a minimum of $175,000 will be needed over a three-year period. This includes the costs of teacher, parent, and community leader training, and curriculum materials for the school-based program. Costs are based on up to 20 teachers trained in one group for the school program, 20 parent group members trained in one group for the parent program (3 to 4 principals, 4 student peer leaders, and 12 parents), and 1,000 participating middle school students. Costs increase beyond this minimum approximately as follows: $4,000 per additional group trained on the same day or trip, $100 to $125 per additional trainer manual, and $7 per additional student workbook.
Project Venture	9-18	Male and Female	Rural School	**Validated populations:** Native American **Cultural adaptations:** This program was specifically designed for use with Native American youth; primarily Navajo youth have participated in this program	Individual/ Peer School	Selective This program targets Native American tribal youth who are a high-risk for alcohol, tobacco, and other drug use	*Individual/Peer* • Friends who engage in problem behaviors • Favorable attitudes toward the problem behavior	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Cultural identity • Leadership • Decision-making • Self-efficacy and self-confidence • Self-esteem • Teamwork • Problem solving	• Community-based education • Leadership training • Positive adult role models and mentors • School-based education • Outdoor adventure activities • School and community-based programs • Service learning projects • Training opportunities for youth, parents, school staff, and service providers	• Delaying onset/lifetime use of alcohol and marijuana • Reduced frequency of cigarette, inhalant, and alcohol use. • Reduced levels of depression • Reduced levels of aggressive behavior	Training/Technical Support: • The National Indian Youth Leadership Project will provide reasonably priced training and technical assistance to communities wishing to replicate this program Cost: • To implement Project Venture, a program must fund: an outdoor/experiential staff member/educator (mid $20s); evaluation (approximately $10,000); outdoor equipment (estimated at $5,000); 4wd vehicle; administration costs, and teacher stipends (varies with size of school—$3,000 to $5,000)

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Say It Straight (SIS) Training	8-18	Male and Female	Rural Urban School Community	**Replicated populations:** Effective with multiethnic population groups **Cultural adaptations:** Although no specific cultural adaptations have been made, some materials are available in Spanish	Individual	Indicated This program targets youth who are on probation, in detention, in chemical dependency treatment, or whose mothers are chemically dependent and in residential treatment	*Individual/Peer* • Alienation and rebelliousness • Favorable attitudes toward problem behavior	*School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Leadership • Communication and self-expression • Wellness • Responsibility • Self-esteem • Positive relationships • Violence • Teen-pregnancy • Behaviors leading to HIV/AIDS	• Education curriculum • Communications skills training • Body sculpting and guided visualizations • Role playing difficult interpersonal situations • Participating in and learning how to do group feedback sessions	• Fewer students incurred alcohol- and other drug-related school suspensions or referrals • Increased willingness to implement constructive decisions in difficult situations and to feel more at ease doing so • Reduced juvenile criminal police offenses • Increased empowering communication • Increased quality of life	Training/Technical Support: • Training uses a training of trainers model ($550). • Onsite support is available in some areas and trainers can also receive support via e-mail • Cost estimate for the first year for a school of 1,000 students is $2,600, including training and support. The cost in the second year of the program only includes the price of workbooks for incoming students. Materials: • Elementary student workbooks (English/Spanish): $7.25 • Middle school student workbooks (English/Spanish): $ 8.30 • High school student workbooks (English only): $10.25 • College student workbooks (English only): $10.25 • Parents & Community (English/Spanish): $ 8.50 • Trainer Manual: $200.00 (contains a step-by-step description of the training with students, parents, and other community members) • Videotapes (English only): Say It Straight Training: *In the Classroom*: $75.00; Say It Straight Training: *Student Support Groups*: $75.00 Say It Straight Training: *Family-Community Series*: $75.00 • *Say It Straight Challenge* Game: $19.95 • *Say It Straight:* From Compulsions to Choices. Audiocassette: $ 9.95 • Set of reprints of published research articles: $25.00 • A shortened trainer's manual and a student questionnaire also are available in Spanish. • Rights to copy workbooks may be obtained for 15 to 30 cents per workbook

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Sembrando Salud	11-18 Families	Male and Female	Rural School	**Validated populations**: Hispanic **Cultural adaptations:** This program was designed for youth from Hispanic cultures. To date, most participants have been of Mexican heritage The curriculum is available in both English and Spanish	School Family Individual	Selective This program targets children of migrant farm workers	*Individual* • Favorable attitudes toward alcohol and tobacco use *Family* • Parental attitudes and involvement in alcohol and tobacco use	*Family* • Bonding to a family that promotes healthy beliefs and clear standards	*Individual/Peer* • Decision making *Family* • Communication between parents and children	• School and family curriculum delivered by bilingual/bicultural college students • Information and health education about tobacco and alcohol effects • Social skills training • Decision-making skills development • Refusal skills development • Development of parent-child communication skills • Skills practice and role-playing	• Youth were less susceptible to using alcohol and tobacco • Improved parent-child communication, with smaller families showing greatest benefits	Materials: The Sembrando Salud Curriculum is required and is available in both English and Spanish at a cost of $35.00 The program developer recommends, but does not require, three additional videos: *(1) Building Self-Confidence,* from Sunburst Communications, Pleasantville, NY 10570. Toll free: (800) 431-1934 or http://www.sunburst-store.com/cgi-bin/sunburst.storefront/EN/Catalog/1134. The product number is 2303. *(2) The Subject is Smoking* and (3) *El Sue?o de Elias* are available from the Los Angeles Regional Family Planning Council, Inc., 3600 Wilshire Blvd, Suite 600, Los Angeles, CA 90010. Telephone: (213) 386-5614.
SMART Moves	10-17, Parents	Male and Female	Rural Suburban Urban Community -based youth organiza-tions Recreation centers Schools	**Replicated populations:** African-American Caucasian Latino/Hispanic **Cultural adaptations:** None	Individual Family	Universal	*Individual/Peer* • Friends who use • Favorable attitudes toward substance abuse	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	• Self-esteem • Coping with stress • Resisting pressures to use drugs • Resisting pressure to engage in sexual activity	• An educational curriculum • Peer leadership activities • Monthly youth activities / outings • Booster sessions • Parent education and training	• Reduced drug use, marijuana-related behavior, cigarette-related behavior, alcohol-related behavior, and Alcohol, tobacco and other drug use knowledge • Reduced perception of social benefits from smoking marijuana and drinking alcoholic beverages	Training/Technical Support: • Two to three days' training range from $2,500 to $4,500 for 20 to 40 persons and includes all program materials per team of four participants. If the group is smaller, costs are figures on an individual basis. Materials: • Program Materials cost $75 ($50 for Boys & Girls Clubs)

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Social Competence Promotion Program for Young Adolescents (SCAPP-YA)	11-14	Male and Female	Rural Suburban Urban School	**Validated populations:** African American Caucasian **Cultural adaptations:** No specific cultural adaptations have been made for this program	Individual/ Peer	Universal	*Individual/Peer* • Favorable attitudes toward the problem behavior	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Individual/Peer* • Problem-solving skills • Coping skills	• Cognitive, behavioral, and affective skills curriculum • Teachers are trained to model problem-solving to students in situations other than formal classroom lessons, and to guide and encourage students to try out problem-solving strategies in school, at home, and in the community	• Improved problem-solving • Improved stress-management • Improved impulse control • Lower level of engagement in antisocial behavior • Lower inclination to use drugs • Less likely to engage in excessive alcohol use • Greater gains in the number, effectiveness, and planning of alternative solutions to solving problem situations • Selection of alternatives with fewer aggressive and more compromise solutions • Employment of more adaptive stress-management strategies when students were faced with situations that made them upset or anxious Note: This program is most effective when offered in the context of coordinated, multiyear social development and health promotion programming.	Training/Technical Support: • Contact Roy Araujo at (203) 946-7445 to inquire about trainers Materials: • The program has three modules. All three may be purchased for $90 plus postage and handling. • When purchased individually, the Social Problem Solving Module cost $40 and the other two modules cost $25 each.
Storytelling for Empower-ment	11-14	Male and Female	Rural Urban School Club	**Validated populations:** Hispanic/Latino Native American **Cultural adaptations:** This program was specifically designed to create a positive cultural identity for Hispanic and Native American youth Some materials are available in Spanish	Individual/ Peer Family School Community	Universal	*Individual/Peer* • Favorable attitudes toward the problem behavior *Family* • Family management problems	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	*Individual/Peer* • Cultural identity • Positive peer group identification • Values clarification • Self-esteem • Problem-solving *Family* • Lack of positive parental role models *School* • Multicultural learning styles and instruction	• Alcohol and other drug education • Skills building • Cultural identification	• Reduced 30-day use of alcohol • Reduced 30-day use of marijuana • Reduction in favorable attitudes toward drug use • Increased resistance skills	Training/Technical Support: • Two days' training is required. The cost of the training is $1,500. • Monitoring visits are available, as needed, for an additional $1,500. Materials: • Storytelling PowerBook—one for each student: $29.95 • Storytelling for Prevention—one for each parent/guardian: $1.75 • Storytelling PowerBook Facilitator's Guide—one for each teacher/group leader: $59.95 • Learning Wheel Book and Tool—one for each teacher/group leader: $35.00 • Various activity and arts and crafts supplies—budget is at the discretion of the group leader • Incentives—budget is at the discretion of the group leader

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Strengthen-ing the Bonds of Chicano Youth and Families (El Proyecto de Nuestra Juventud)	All ages	Male and Female	Rural Community	**Validated populations:** Hispanic/Latino **Cultural adaptations:** This program is rooted in a family-oriented approach that is based on Mexican-American culture, values, and principles	Individual/ Peer Family Community	Selective This program targets such at-risk groups as siblings/ children of substance users, juvenile delinquents, children at risk of becoming teen parents or dropping out of school, and children living in public housing	*Individual/Peer* • Favorable attitudes towards the problem behavior • Early initiation of the problem behavior *Family* • Family history of high-risk behavior • Parental attitudes and involvement in the problem behavior *Community* • Low neighborhood attachment • Economic and social deprivation	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *Community* • Bonding to a community that promotes healthy beliefs and clear standards	*Family* • Cultural values and principles	• Community involvement: development of a homework center, a mural project, and a theater (teatro) project • Family involvement: camps (campamentos) and informal talks (platicas) • Peer support groups • Workshops	• Improved family relations • Decreased alcohol use • Decreased use of other drugs	No specific resources are required to implement this program.
SHOUT, Project (Students Helping Others Understand Tobacco)	10-13 Booster sessions for 14-year-olds	Male and Female	School	**Replicated populations:** African American Asian American Caucasian Hispanic/Latino Native American **Cultural adaptations:** None	Individual	Universal	*Individual/Peer* • Favorable attitudes toward the problem behavior	• Not available	• Resistance	• Resistance skills rehearsal • Decision-making workshop • Social activism • Community service component (eighth grade only) • Booster session via direct mail (newsletters) and telephone calls somewhat individually tailored (ninth grade only)	• Reduced tobacco use • Improved resistance skills	Training/Technical Support: • No training for implementing this curriculum is available Materials: • A separate curriculum is available for each of the three grades: sixth, seventh, and eighth. The price is $35 each. Schools choosing to buy the curriculum for all three grades at one time will receive a 10 percent discount. • The complete package for each grade includes the curriculum itself and instructions for teachers who will implement the curriculum ($850) • User's Guide is available for $15 (print) or $5 (download pdf file)
Teams-Games-Tournaments Alcohol Prevention	13-18	Male and Female	Rural Suburban Urban School	**Replicated populations:** African-American Caucasian Hispanic/Latino **Cultural adaptations:** None	Individual/ Peer	Universal	*Individual/Peer* • Favorable attitudes toward the problem behavior	*Individual/ Peer* • Bonding to peers with healthy beliefs and clear standards	*Individual/Peer* • Peer support • Self-management • Assertiveness	• Alcohol education • Games as teaching devices • Small groups of eight students as classroom work units • Task and reward structures used in traditional classroom settings • Self-management skills development • Assertiveness training	• Increase alcohol-related knowledge • Increase unfavorable attitudes toward drinking and driving • Reduce alcohol consumption	Training/Technical Support: • Teachers receive reading materials on the TGT technique, alcohol and alcohol abuse, and behavioral and self-management techniques • Teachers participate in a four-hour training workshop that prepares them to teach the educational sessions and facilitate the tournament games • Periodic videotaping of the instructors leading a class is used to assure the proper level of competence in the implementation of the program • Contact John Wodarski, Ph.D., for training time and cost information at (901) 448-4463

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Teenage Health Teaching Modules (THTM)	12-18	Male and Female	Rural Urban Suburban School	**Replicated populations:** Effective with multiethnic population groups **Cultural adaptations:** None	Individual	Universal	*Individual/Peer* • Favorable attitudes toward the problem behavior	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards	*Individual/Peer* • Health knowledge • Self-assessment • Risk-assessment • Communication • Decision-making • Goal setting • Health advocacy • Healthy self-management	• Alcohol, tobacco and other drug (ATOD) education • Decision-making skills • Communication skills • Goal setting skills • Self-assessment skills • Risk assessment skills • Skills for healthy self-management	• Increased ATOD knowledge • Increased negative attitudes toward ATOD use • Reduced use of tobacco, alcohol, and other drugs. Note: The developers of THTM recommend a minimal dose of 45 class sessions at each grade level	Training/Technical Support: • Training for teachers implementing the program is strongly recommended. The program developer has a network of certified trainers located in various regions of the country who are available to provide teacher training on THTM. Those interested in training should contact EDC at (800) 225-4276 or (617) 969-7100 to identify a trainer in their state or region. • All financial and logistical arrangements for teacher training are handled by the trainer and the school district Materials: • No special facilities or equipment are required to implement THTM • The Teenage Health Teaching Modules curriculum is required to implement this program. Modules range in price from $20 to $80 apiece. • The Total package for grades 6-12 is $1,129.95; for grades 6-8, $569.95; for grades 9 & 10, $359.95; for grades 11 & 12, $284.95. • Schools purchasing materials totaling more than $3,000 or more than 20 copies of any single student booklet will receive a 10 percent discount
Urban Women Against Substance Abuse (UWASA)	9-12 Mothers, mother figures	Girls	Rural Suburban Urban School	**Validated populations:** African American Carribbean American Latina Puerto Rican **Cultural adaptations:** This program has been developed specifically for girls from African-American, Caribbean, and Hispanic cultures	Individual/ Peer Family School	Selective This program targets girls from certain cultures who live in high-risk environ-ments	*Individual/Peer* • Favorable attitudes toward substance use • Friends who engage in the problem behavior *Family* • Family history of high-risk behavior • Family management problems	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards	*Individual/Peer* • Self-concept • Gender identity • Cultural identity and history *Family* • Communication between daughters and mothers	• School-based prevention education program • Parent education • Referral services • Support services • Recreational and cultural activities • Mother-daughter meetings	• Increased knowledge of HIV/AIDS risk factors • Healthy attitudes regarding substance use • More likely to refrain from sexual activity • Stronger mother-daughter relationships	Training/Technical Support: • Available from program developer. The cost is negotiable. • Contact Marlene J. Berg at (860) 278-2044 for information on cost Materials: • *Empowered Voices: A Participatory Action Research Curriculum for Girls* • Contact Marlene J. Berg at (860) 278-2044 for information on cost

Program	Target Population		Target Setting	Cultural Adaptations/ Ethnic Populations (Validated or Replicated)[7]	Primary Domain	IOM Category	Risk Factors to Decrease	Protective Factors to Increase	Other Targeted Factors	Key Activities/ Strategies	Key Outcomes	Cost Estimates
	Age	Sex										
Woodrock Youth Development Program (YDP)	6-14	Male and Female	Urban School	**Validated populations:** African-American Asian American Caucasian Hispanic/Latino **Cultural adaptations:** No specific cultural adaptations have been made to this program	Individual School Family	Selective This program targets at-risk youth living in areas where drug trafficking is likely to occur and where racial prejudice is evident; neighbor-hood is likely to be impover-ished	*Individual/Peer* • Favorable attitude toward the problem behavior *School* • Low commitment to school	*Individual/Peer* • Bonding to peers with healthy beliefs and clear standards *Family* • Bonding to a family with healthy beliefs and clear standards *School* • Bonding to a school that promotes healthy beliefs and clear standards	*Individual/Peer* • Awareness about dangers of Alcohol, tobacco and other drug use • Self-esteem • Aggression • Cultural awareness and sensitivity	• Human relations education curriculum: ATOD knowledge and refusal skills; life skills development; role playing; simulations relevant to drug use situations; general living and interpersonal skills • Structured extracurricular activities including field trips and weekend retreats • Annual home visits • Parent workshops • Peer mediation • After-school clubs • Youth involvement in planning, implementing and evaluating the program	• Decreased alcohol, tobacco, and other drug use within the last month • Decreased lifetime alcohol, tobacco, and other drug use • Significant improvements in race relations and cultural sensitivity • Significant improvements in school attendance • Increased positive attitudes toward avoiding drugs and alcohol • Increased knowledge of the negative effects of drugs and alcohol	Training/Technical Support: • Woodrock offers customized training to meet your school or community's needs. Call Woodrock staff at (215) 231-9810 for more information or send an email to office@woodrockinc.org Materials: • Human Relations Curriculum materials are required, as are evaluation materials, including race relation and aggression inventories developed specifically for the program

APPENDIX D-2-2
PROMISING STRATEGIES PROFILES: INDIVIDUAL APPROACHES

ATHENA

Program Description
ATHENA—Athletes Targeting Healthy Exercise and Nutrition Alternatives—is a school-based, team-centered prevention program for female athletes on middle and high school sports teams, dance teams, and cheerleading squads. ATHENA's content and sequence are designed to reduce disordered eating and the use of body shaping and other drugs, while promoting healthy nutrition and exercise.

Target Population
This program targets middle and high school female athletes.

Goals and Objectives
The objectives of ATHENA are to:
- Reduce eating disorders
- Reduce the use of drugs, including body-shaping drugs
- Promote healthy nutrition and exercise

Outcomes
ATHENA high school athletes have been shown to use significantly fewer diet pills, diuretics, and athletic enhancing substances, including amphetamines, anabolic steroids, and sports nutrition supplements. ATHENA athletes also have reported believing they are better able to strength train, their eating habits have improved, they have reported being less likely to ride with a drinking driver, more apt to use seatbelts, and less likely to participate in new sexual activity. In addition, ATHENA athletes have had fewer sports-related injuries, and they report being better able to prevent depression, to turn down drug offers, and to analyze advertisements targeting young women.

Strategies
School-based alcohol and other drug education
Peer leadership

Activities
ATHENA's scope and sequence are based on identified gender-specific risk factors for drug use and disordered eating. The curriculum promotes healthy ways to increase self-esteem, healthy habits, sports performance, and team cohesion.

ATHENA uses scripted lesson plans designed to make implementation easy. During the sessions, athletes are in six- to eight-member learning groups, with one student squad leader per group. The 45-minute sessions involve games, projects, and other skill-building hands-on activities.

Students practice a series of cognitive behavioral skills that have been shown to prevent depressed feelings among adolescents.

Student learning groups analyze magazine advertisements and discuss the cultural influences on women's body image.

Athletes apply their new knowledge and skills to develop public service campaigns to promote young women's health.

All participants receive a pocket-sized *ATHENA Athletes Guide,* with information about nutrition and exercise training.

Nutrition teaching emphasizes appropriate intake of protein and calcium rather than counting calories. Students learn skills in strength training.

Implementation Process and Plan
The ATHENA program requires a room to accommodate the team and the ability to rearrange the room in smaller squads with a peer leader.

A committed coach is needed to choose peer squad leaders. ATHENA requires an instructor-led, 90-minute scripted educational training session for squad leaders. Implementation of the program can begin immediately after the squad leader training.

Evaluation
Schools implementing ATHENA should assess change in female athletes':

- Drug use attitudes and behaviors
- Eating disordered behaviors

Lessons Learned
ATHENA is best implemented in a team environment.

Contact Information
If you are interested in implementing ATHENA, you can receive more information on this program, including training and consultation, by contacting:

Diane Elliot, M.D.
Linn Goldberg, M.D.
Division of Health Promotion and Sports Medicine
Oregon Health & Science University
3181 S.W. Sam Jackson Park Road, CR110
Portland, OR 97201-3098
Telephone: (503) 494-8051
Fax: (503) 494-1310
E-mail: hpsm@ohsu.edu

ATHENA materials can be ordered via:

ATHENA ORDER
Oregon Health & Science University
Mail code: CR110
3181 S.W. Sam Jackson Park Road
Portland, OR 97239
Telephone: (503) 494-3727
Fax: (503) 494-1310
E-mail: Sean Kolmer, kolmers@ohsu.edu

Payment (credit card, check, or money order) must be received before shipment.

Be a Star

Program Description
Be a Star was developed to help preadolescents gain the knowledge and skills they need to resist drugs. This program was developed to build on the after-school activities already in place at the United Church Neighborhood Houses (UCNH).

Target Population
The after-school groups have been used to serve African-American children between the ages of 5 and 12 living in the city of St. Louis.

Goals and Objectives
The goals and objectives of this program are to:
- Improve decision-making and interpersonal competence
- Improve cultural awareness and self-esteem
- Increase unfavorable attitudes toward alcohol and drug abuse
- Decrease alcohol and drug use

Outcomes
Children attending this program improved on measures of family bonding, self-concept, self-control, and self-efficacy. They also demonstrated improved decision making skills and increased negative attitudes towards the use of alcohol and drugs.

Strategies
After-school programming
Community-based alcohol and other drug education
Parenting support groups
Tutoring

Activities
Participating children attend after-school groups once a week from September through May, when school is in session. Group sessions last 90 minutes.

A curriculum including modules on decision making, cultural awareness, personal competency, and alcohol, tobacco, and illegal drug education has been developed for the groups.

The after-school groups are planned to include at least three segments:
- A physical activity period
- A discussion period
- A craft activity

The physical activity period includes free play and structured games and occurs when children first arrive from school. The discussion period focuses on one of the following topics:
- How to make and be a friend
- How others make me feel
- How to feel good about choices I make
- What I want to be
- How I can take pride in the accomplishments of others

The third segment of the groups is making a craft.

There also is always a snack.

Implementation Process and Plan
This promising program was designed for use in areas where gang activity is high, where children experience high rates of abuse and neglect, where proportionately large numbers of families receive Aid to Families with Dependent Children (AFDC), and where the high school dropout rate is high (greater than half).

Be a Star responds to community needs with after-school programs for neighborhood youths and a day camp during the summer. Tutoring, day care, and thrift shops are among the activities offered through this program at neighborhood centers. In addition to the after-school activities, centers might want to offer support groups for parents and to work closely with community residents to place greater emphasis on developing a safe environment for children.

Evaluation
Communities implementing this program should assess participants':

- Decision-making skills and interpersonal competence
- Cultural awareness and self-esteem
- Attitudes toward alcohol and drug abuse

Lessons Learned
The program can be administered in neighborhood community centers.

Contact Information
If you are interested in implementing Be a Star, you can receive more information on this program, including training and consultation, by contacting the program developer:

Rev. Gene Bartell
Board for Innercity Missions
5621 Delmar, Suite 104
St. Louis, MO 63112
Telephone: (314) 383-1733
Fax: (314) 361-6873
E-mail: genebobar@charter.net

Behavioral Monitoring and Reinforcement Program

Program Description
The Behavioral Monitoring and Reinforcement Program (BMRP) is a school-based early intervention program that focuses on behavior modification and reinforcement to improve academic performance and increase students' compliance with school rules. This is an intensive, long-term program for seventh and eight graders. It attempts to decrease students' pessimism and increase their ability for dealing with academic and social problems. BMRP teaches students that their actions can bring about desired, pro-social consequences. The program's philosophy is that a person who has a positive self-image, and who experiences success in school, will not choose to harm himself or herself through drug use or other types of self-destructive behavior.

Target Population
Students are selected for the program by consultation with the principal, guidance counselors, teachers, and nurse of the school system. The target population of the Behavioral Monitoring and Reinforcement Program is seventh-grade students who have exhibited at least two of the following characteristics that are predictive of substance abuse or delinquency:

- Low academic motivation
- A feeling of distance from his or her family
- Disciplinary referrals

Goals and Objectives
The BHRP aims to:

- Improve academic performance
- Decrease discipline referrals
- Reduce delinquency and substance use in high-risk adolescents
- Reduce school dropout

Outcomes
Program outcomes at one-year and five-year follow-up showed that control group members were significantly more likely than students who participated in the intervention to have serious school-based problems, to report abusing drugs, to report criminal behavior, and to have been arrested.

Strategies
School-based intervention

Activities
The two-year intervention begins when participants are in seventh grade and includes monitoring student actions, rewarding appropriate behavior, and increasing communication between teachers, students, and parents. Program staff check school records for participants' daily attendance, tardiness, and official disciplinary actions, and they contact parents by letter, telephone, and occasional home visits to inform them of their children's progress. Teachers submit weekly reports assessing students' punctuality, preparedness, and behavior in the classroom, and students are rewarded for good evaluations.

Each week, three to five students meet with a staff member to discuss their recent behaviors, learn the relationship between actions and their consequences, and role-play pro-social alternatives to problem behaviors. There are three rules students must obey during these meetings:

- No talking when someone else is talking.
- No laughing at or criticizing others.

- No touching other people or other people's possessions.

Students are rewarded for refraining from disruptive behavior during these meetings.

The program participants receive points for coming to group meetings prepared, obeying group rules, coming to school on time, staying out of trouble at school, and getting good reports from teachers. Those who earn sufficient points are rewarded with a field trip that is planned for the group.

Implementation Process and Plan

BHRP can be implemented in both urban and suburban school systems.

A program manual entitled *Program Manual for the Early Secondary Intervention Program* has been developed and is available at no cost. One-day workshops range between $700-$7,500, plus travel expenses. Ongoing support is also available from the provider.

A third year of less frequent booster sessions is recommended.

A classroom teacher can run this program, but another staff member should also be available for the weekly small group student meetings.

Evaluation

Communities implementing this program should assess participants':

- Alcohol and/or drug use
- Social competency and life skills

Lessons Learned

The attendance records of the school should be checked for students with high absenteeism and tardiness to include these students in the program.

Contact Information

If you are interested in implementing Behavioral Monitoring and Reinforcement Program, you can receive more information on this program, including training and consultation, by contacting the program developer:

Brenna Bry
Graduate School of Applied and Professional Psychology
Rutgers University
152 Frelinghuysen Road
Piscataway, NJ 08854-8085
Telephone: (732) 445-2189
Fax: (732) 445-4888
E-mail: bbry@rci.rutgers.edu

Class Action

Program Description
Class Action is an extension of Project Northland. This high school curriculum provides a look at real-world social and legal consequences of underage drinking by teenagers.

Target Population
Class Action targets high school students in grades 9 through 12.

Goals and Objectives
The goal of Class Action is to reduce underage drinking by making high school students aware of some of the possible consequences of this behavior.

Outcomes
Class Action has been found to:
- Delay the age when teenagers begin drinking
- Reduce drinking among teenagers who already have tried alcohol
- Limit other underage drug use and alcohol-related problems

Strategies
School-based alcohol education

Activities
Class Action is a six-session classroom curriculum for high school students. Each session takes 45 to 50 minutes to complete.

Each classroom is divided into five or six legal teams, who argue hypothetical civil cases. The cases involve personal injury or property damage resulting from underage drinking. Six different scenarios involving harmful underage drinking are presented:
- Drinking and driving
- Fetal alcohol syndrome
- Violence and server liability
- Date rape
- Vandalism and server liability
- Enforcement of school alcohol policies for athletes

Each team researches their assigned topic and presents their arguments to the class. The class, in turn, serves as the jury and renders a verdict.

Implementation Process and Plan
Underage drinking is presented as a community-wide problem, giving students the opportunity to debate the legal intricacies of alcohol-related cases involving teenagers. Class Action emphasizes broader social and legal consequences of underage drinking, rather than the usual sole focus on individual responsibility.

The Class Action curriculum includes casebooks and audiocassettes, reproducible prep sheets and strategy sheets, and a teacher's guide. In brief:
- Casebooks help students research their assigned case, learn about the facts involved, and review affidavits and depositions
- Prep sheets and strategy sheets teach students about offering evidence, providing testimony, and meeting legal standards in building the case they will present to a jury of their peers

- The teacher's guide gives ready-to-use case discussion questions, prep sheet response examples, and sample student assessment grids

During Class Action training, teachers learn to:
- Customize materials and activities
- Enlist family and community support
- Measure and evaluate program results

Evaluation
Schools implementing Class Action will need to assess participants':
- Drinking and other substance use
- Attitudes toward drinking

Lessons Learned
Because Class Action is based on information learned in the Project Northland curricula, it is best suited for students who participated in Project Northland programs when they were in the sixth through eighth grades.

Contact Information
If you are interested in implementing Class Action, you can receive more information on this program, including training and consultation, by contacting the program developer:

Cheryl L. Perry
Professor
School of Public Health
University of Minnesota
Division of Epidemiology
1300 South Second Street
Suite 300
Minneapolis, MN 55012-0176
Telephone: 612-624-4188
E-mail: perry@epi.umn.edu

Club Hero

Program Description
Club Hero is an after-school prevention program that features a drug education curriculum that teaches children how the brain works, and how drugs change the brain, change behavior, and produce addiction. Parental involvement is also an integral part of the program. Parents are encouraged to become involved in an advocacy project to improve the community and to work together to establish common expectations for their children. Club Hero is conceptually grounded in research demonstrating the link between factors within the family environment and an adolescent's decision to use alcohol, tobacco, and other drugs, as well as evidence supporting the effectiveness of prevention programs employing social influence and generic skills training models.

Target Population
Club Hero successfully served African-American sixth-grade students attending public middle school who qualified for free or partially subsidized breakfasts and lunches. Four-fifths of these Club Hero youth lived in public or subsidized housing.

Goals and Objectives
The goals and objectives of the program are to increase student bonding to school, improve academic achievement, develop peer leaders, and increase parent participation, all as a means towards reducing youth substance abuse. Because the job of a student is to perform well in school, the first hour of the program is reserved for completing homework assignments or participating in tutorials.

Outcomes
Evaluations of Club Hero have shown:
- Significant increases in students' knowledge of alcohol, tobacco, and other drug use and its impact on African-American families and communities
- Increased family bonding
- Reduced alcohol, tobacco, and other drug use

Parents have also reporting noting many positive changes in their children, including improvement in homework completion and report card grades, improved attitudes toward school, increased commitment to school, increased student expectations of their own performance, and decreases in the need for disciplinary actions at home.

Strategies
After-school program
Alcohol and other drug education
Community mobilization
Parent involvement
Tutoring

Activities
Club Hero is a multi-component program designed to help parents, teachers, and the community prevent children from entering the drug culture. The program targets risk and protective factors in multiple domains using seven principal components:
- A student reward system
- Homework assistance
- The *You Have the Right to Know* drug education curriculum
- Visits by local community heroes who educate students about opportunities available to them if they complete their education and are willing to work hard

- Parental involvement in an advocacy project
- A gardening and environmental awareness component
- Summer day camp

Implementation Process and Plan
To effectively implement Club Hero, you will need the following:
- The *You Have the Right to Know* curriculum kit, which contains a course outline and the materials (videos, laminated teaching guides, and buttons) needed to implement each session
- Student workbooks, which include planned activities for each session

Club Hero staff will need to receive extensive training and supervision prior to and during implementation of the six hours of intervention delivered weekly to students. Weekly activities are broken down as follows:
- One hour of the *You Have the Right to Know* curriculum
- One hour devoted to work on the parent-youth advocacy project (students only)
- Two hours of homework assistance and positive recognition
- One hour of visits by outside speakers
- One hour spent working on a gardening project
- Thirty minutes of winding down with a snack
- Once a month, parents join students to work on their advocacy projects for 1.5 hours. The remaining time is spent on recreation, cultural enrichment, and arts and crafts activities

Evaluation
Communities implementing Club Hero should assess:
- Participants' academic performance
- Improvements in student/parent relationships
- Peer pressure resistance
- Improvements in community and school bonding
- Student drug use attitudes and behaviors

Pre- and post-test evaluation instruments are included in the *You Have a Right to Know* curriculum kit.

Lessons Learned
Club Hero can be implemented in any middle school setting. This program is suitable for use with youth that reside in economically depressed communities known for drug trafficking, crime, and prostitution. However, most successful replications to date have been with youth that live in suburban and rural communities.

Club HERO is flexible, allowing schools to tailor the program to meet their needs. The program can operate once a week, twice a week, or every day. Elements of Club Hero can be incorporated into the school day.

Parent involvement is an integral part of the program. Parents are encouraged to become involved in the school and the community for the sake of their children. Projects sponsored by Club Hero are designed to prove to parents that they can be change agents in their communities.

Club Hero is intended to give students the opportunity to hear from and interact with local community "heroes," ordinary people who have reached their goals through perseverance and hard work.

Contact Information
If you are interested in implementing Club Hero, you can receive more information on this program, including training, consultation, and program materials by contacting:

Paula Kemp
Project Coordinator
National Families in Action
Century Plaza II
2957 Clairmont Road, Suite 150
Atlanta, GA 30329
Telephone: (404) 248-9679
Fax: (404) 248-1312
E-mail: nfia@nationalfamilies.org
Web site: www.nationalfamilies.org/

Colorado Youth Leadership Project

Program Description
The Colorado Youth Leadership Project (CYLP) was developed to address identifiable drug risk factors through school-based program components.

Target Population
Participants are at-risk seventh graders.

Goals and Objectives
The CYLP was designed to:
- Reduce school dropout risk as a result of academic failure or antisocial behavior
- Improve school performance
- Increase life management skills
- Improve peer relationships
- Increase school and community bonding
- Increase student involvement in drug-free recreational activities
- Reduce alcohol, tobacco and other drug use

Outcomes
Participants demonstrated greater awareness from pre- to post-test on the perceived harm of consuming alcohol, marijuana, cocaine, inhalants, and both chewing and smoking tobacco.

Teachers reported improved attendance and work ethic, increased self-confidence, improved attitude toward school, increased sense of responsibility, and improved self-esteem in the CYLP students.

CYLP students scored significantly lower than comparison students at post-test in alcohol use during the last 30 days.

CYLP students had significantly lower post-test scores than comparison students for both marijuana use during the last 30 days and marijuana use during the past 12 months.

Strategies
Alternative activities
Community service
Leadership training
Skills building
Tutoring

Activities
CYLP includes six major components designed to help high-risk youth become more resilient and avoid using alcohol, tobacco, and other drugs. These include:
- Life Skills class and peer group
- Academic tutoring and computer skills
- Youth leadership training and Leadership Council
- Adventure Challenge activities
- Service learning activities at school and in the community
- Student portfolios.

A summer leadership program is also offered as part of CYLP.

Implementation Process and Plan
Project ALERT Curriculum and the Second Step Violence Prevention Curriculum, both nationally validated curricula, were used in the Life Skills component of CYLP.

Schools will need to develop partnerships with community agencies to develop community service opportunities for youth.

Adventure Challenge activities take place with trained instructors on set courses or locations.

Evaluation
Schools implementing CYLP should assess students' drug use attitudes and behaviors.

Lessons Learned
No special challenges or considerations have been reported for this program.

Contact Information
If you are interested in implementing the Colorado Youth Leadership Project in your school, you can receive more information on this program, including training and consultation, by contacting the program developer:

Kathleen J. Zavela, Ph.D.
Professor
Department of Community Health and Nutrition
University of Northern Colorado
501 20th Street
Campus Box 93
Greeley, CO 80639
Telephone: (970) 351-1516
Fax: (970) 351-1489
E-mail: kathy.zavela@unco.edu

Coping Power

Program Description
Coping Power is based on an empirical model of risk factors for substance use, and addresses high-risk children's deficits in social competence, self-regulation, school bonding, and positive parental involvement.

Target Population
Coping Power is delivered to moderate to high-risk children in the late elementary school and early middle school years. Most replications of this program have been with boys.

Goals and Objectives
The goal of Coping Power is to reduce substance use among high-risk youth.

Outcomes
Post-intervention results indicate that the Coping Power program has had effects on reducing children's aggressive behavior and preventing their substance use.

Strategies
Home visits
Parenting classes
School-based alcohol and other drug education

Activities
Coping Power lasts from 15 to 18 months and includes an integrated set of child and parent components.

The Coping Power child component consists of 33 small group sessions and periodic individual sessions. It is delivered in a school-based setting.

The Coping Power parent component consists of 16 group sessions and periodic home visits and individual contacts.

Implementation Process and Plan
Training teaches children how to identify and cope with anxiety and anger, control impulses, and develop social, academic, and problem-solving skills.

The student sessions meet for 45 to 60 minutes each time under the guidance of two leaders. The sessions focus on:

- Establishing group rules and contingent reinforcements
- Using self-statements to inhibit impulsive behavior
- Identifying problems and gaining social perspective using pictured and actual social problem situations
- Generating alternative solutions to social problems and considering their consequences
- Modeling videotapes of children becoming aware of physiological arousal when angry, using self-statements, and using the complete set of problem-solving skills with social problems
- Students' planning and making of their own videotape of inhibitory self-statements and social problem solving with a problem of their own choice
- Using dialogue, discussion, and role play to implement social problem-solving skills with children's current anger arousal problems

Reinforcement is used to reward participants for compliance with group rules. Participants set weekly classroom goals for themselves, which are monitored daily by teachers.

Evaluation
In evaluating this program, schools should assess participants':

- Self-control
- Social skills competency
- Aggressive or delinquent behaviors
- Alcohol or other drug use

This practice does not come with a specific evaluation tool that can be used when implementing this strategy.

Lessons Learned
No special challenges or considerations have been reported for this program.

Contact Information
If you are interested in implementing Coping Power, you can receive more information on this program, including training and consultation, by contacting the program developer:

John E. Lochman, Ph.D.
Program Developer
University of Alabama
Department of Psychology
Box 870348
Tuscaloosa, AL 35487
Telephone: (205) 348-7678
Fax: (205) 348-8648
E-mail: jlochman@gp.as.ua.edu

Daughters of Tradition

Program Description
Daughters of Tradition is a year-long educational program designed for Native American girls. Using elders, peers, and community members, the program is designed to 1) show girls how to recognize and get help for problems they see and experience, and 2) teach them to use their own cultural traditions and ceremonies as a framework for healthy lifestyles.

Target Population
This program targets 8- to 12-year-old Native American girls.

Goals and Objectives
Goals and objectives are to help 8-12 year old Native American girls to become aware of and be able to discuss their feelings, including:

- Recognizing healthy behavior and learn how to avoid unsafe situations
- Understanding the meaning of anger, fear, shame, and guilt
- Understanding and applying spiritual values to their lives and experience healthy behaviors as a result

Outcomes
Girls who attend Daughters of Tradition have been demonstrated to have positive coping skills, a better understanding of their native culture and traditions, and have been shown to be less likely to use alcohol and other drugs.

Strategies
Cultural awareness and identification
Mentoring
Values clarification

Activities
Girls meet as a group with an adult facilitator for two hours each week for a year. Posters on respect provide the theme for the sessions each month.

Poster themes include:

- Grandma Says: Respect
- Show Respect for Yourself
- Show Respect for Your Body
- Show Respect for Young Women
- Show Respect for Young Men
- Show Respect for Your Family
- Show Respect for Cultural Traditions
- Show Respect for Spiritual Life
- Show Respect for Your Elders
- Show Respect for the Community
- Show Respect for the Earth
- Show Respect for Property
- Follow the Good Mind
- Keeping Culture's Fires Burning

Talking circles are designed to provide the girls with the opportunity to establish trust, feel a sense of

security, and create supportive relationships with other girls and with the facilitator. During the sessions, the girls share their insights on the themes and prevention issues, create mind maps on the posters with the other girls, and participate in special projects such as service work and learning traditional skills and crafts. They also participate in and learn how to plan cultural activities and community events.

Prevention topics include:

- A letter from Grandma
- A story about alcohol and an opportunity to identify what it does to individuals, families, the community, and the nation
- Facts about alcohol, marijuana, cocaine, inhalants, depression, suicide, and so forth
- Facts and prevention notes about sexual abuse, domestic violence, a dater's bill of rights, and what healthy relationships look like
- Opportunities to think about the way that friendships influence behavior and attitudes
- Creating mind maps of positive and negative behaviors
- "Culture as Prevention"—notes about elders as mentors, Native American Naming ceremonies, and so on
- A "Word Find" game based on prevention words and traditions
- Personal stories from girls
- A place to record telephone numbers of emergency services
- Sources for facts on alcohol, suicide, substance abuse, and depression

Implementation Process and Plan

Daughters of Tradition is based upon the teachings of the elders. Some of these teachings include:

- Teachings of the Medicine Wheel
- Cycle of Life—Eight Thought Patterns and Eight Feelings
- Innate Knowledge (Original Instructions)
- Spirit and Intent
- Four Laws of Change

An adult facilitator leads the girls in discussion groups, through which the participants share experiences, learn new concepts, and learn how to help each other.

Girls:

- Learn how their own cultural traditions and ceremonies can provide a framework for healthy lifestyles
- Understand how the various aspects of respect can provide them with a set of values for living
- Learn how to express their feelings, hopes, dreams, and fears both in writing and in safe talking environments
- Learn from elders, peers, and community members about ways to recognize, avoid, and get help for problems that they see or experience
- Know what it is like to belong to a healthy group and participate in healthy thinking and healthy activities—and to make healthy decisions
- Learn to understand and how to apply the Eight Thought Patterns and Eight Feelings in their lives

The Daughters of Tradition participant's kit includes a set of 14 posters, my journal, a Daughters of Tradition booklet, and a T-shirt.

The facilitator's kit includes the same materials as the participant's kit, as well as a set of instructional videos and a facilitator's manual.

This program can be facilitated by any caring adult, incorporating the wisdom and expertise of local community members, grandparents, and elders. It can be delivered in schools, churches, boys and girls clubs, or at someone's home.

Training for facilitators is available through White Bison, Inc. All of the trainings and related services are designed around the teachings, traditions, and natural laws passed down through the generations by Native American Elders. All White Bison, Inc. trainings are adapted to appropriately meet the cultural needs of Native American communities.

Daughters of Tradition requires community members who work with youth to attend a two-day training program. This training includes the traditional Cycle of Life Teachings.

Evaluation
In evaluating this program, communities should assess girls':

- Feelings of self-esteem
- Attitudes toward alcohol and other drug use

Lessons Learned
Daughters of Tradition has undergone an extensive review process in which community leaders, girls, and parents of many different communities around the country have examined the curriculum, tried out the curriculum, and have provided feedback to enhance and improve it. It is culturally relevant and age appropriate. Currently this program is being taught in 87 different locations and is undergoing evaluation in four different sites through a grant from the Center for Substance Abuse Prevention.

Contact Information
If you are interested in implementing Daughters of Tradition, you can receive more information on this program, or order materials, through the program developer:

White Bison, Inc.
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
Telephone: (719) 548-1000
Fax: (719) 548-9407
E-mail: info@whitebison.org
Web site: www.whitebison.org

East Texas Experiential Learning Center

Program Description
The East Texas Experiential Learning Center works to reduce alcohol and other drug use among economically disadvantaged seventh graders through: school-based intervention, after-school trips, weekend day trips at local wilderness facilities and forest lands, five-day sessions at Wilderness Challenge Ropes adventure camp, and community-based programming.

Target Population
This program was developed for use with economically-disadvantaged seventh graders in Nacogdoches, a rural East Texas community.

Goals and Objectives
The goal of the East Texas Experiential Learning Center is to reduce multiple risk factors for alcohol, tobacco, illegal drugs, and inhalant (ATIDI) use and abuse among economically disadvantaged youth.

Objectives of the project are to
- Increase the perception of harm of ATIDI use by high-risk youth and their peers
- Increase negative attitudes toward ATIDI use among youth, their peers and families, the school, and the community
- Improve social competence among high-risk youth
- Increase both cognitive and social problem-solving skills among youth
- Increase feelings of autonomy among targeted high-risk youth
- Increase a sense of purpose and of the future in high-risk youth
- Increase high-risk youth involvement in alternative activities that do not include ATIDI use
- Decrease the level of conflict and/or violence at home, school, and in the community
- Enhance the climate at home, school, and in the community
- Increase the involvement of the family, school, neighborhood, and community in dealing with ATIDI problems
- Increase the perception of harm of ATIDI use in the family, school, and community
- Increase parenting and teaching skills
- Improve team building, leadership, cooperation, communication, and problem-solving skills among youth.

Outcomes
Participants in this program have been demonstrated to show a reduced incidence of ATIDI use and related negative consequences.

Strategies
Alternative activities
Community involvement
Community service
Skills building

Activities
The interventions used in this program are
- Adventure-based education
- Wilderness Challenge Ropes course
- Lessons from the natural world—sharing and caring for the environment
- Development of community spirit and sense of responsibility

- Cognitive learning, including problem solving, negotiation, anger management, and values enhancement
- Community training, including experiential learning, responsibility, consequences, and multicultural sensitivity
- A give-back program, including environmental community service projects and incentives that promote an investment by the youth in their community

Implementation Process and Plan
Adventure-based education teaches students to depend on each other to accomplish a goal, helping them recognize the importance of teamwork. The ropes course is used to build relationships between peers, develop camaraderie, and break down barriers to trust and confidence in one another. Trained instructors are needed to facilitate the groups through the course activities with these ideas in mind.

Schools will need to provide transportation to and from the off-campus activities, including community service projects. Contact the program developer for more detailed information on training and the costs involved in implementing this program.

Evaluation
In evaluating this program, schools should assess participants':
- Aggressive or delinquent behaviors
- Alcohol, tobacco, illegal drug, and inhalant use

Lessons Learned
No special challenges or considerations have been reported for this program.

Contact Information
If you are interested in implementing a program like the East Texas Experiential Learning Center, you can receive more information by contacting the program developer:

Bruce Payette, Ph.D.
SFA Station
P. O. Box 13019
Nacogdoches, TX 75962
Telephone: (409) 468-1317
Fax: (409) 468-1342
E-mail: Bpayette@sfasu.edu

Faith-Based Prevention

Program Description
Faith-based prevention is a comprehensive, health intervention program that includes broad community partnerships utilizing multiple prevention strategies to decrease substance abuse and enhance school performance and life quality. The Health Advisory Council—a partnership originally of six African-American churches with previous experience in health programming—was developed by the Jackson County Alcohol and Other Drug Prevention Partnership Concept through funding provided by the Department of Health and Human Services, Office of Minority Health, American Heart Association, and the Florida Department of Health and Rehabilitative Services. The goal of the Council was to create a drug-free environment for their grandchildren and their great-grandchildren. The partnership now includes other minority organizations (Zeta Phi Beta, Minority Business Community, Minority Beauticians, New Golden Keys) and majority providers of drug, health, and educational services (Sheriff, School Board, Public Health Unit, and the County Commission).

Target Population
This partnership focused on all African-American, Jackson County, Florida, residents.

Goals and Objectives
The partnership's five-year goal was to influence County Health Policy (educational, medical, and social service), as well as some health and drug behavioral practices of African-American, Jackson County residents. Health promotion interventions were implemented at church sites, as a part of community awareness activities, and within the selected community partners' systems.

Outcomes
Participants in the church prevention programs exhibited behavioral lifestyle changes that stressed the target populations' culture and value systems that reinforced school activities. "Old South" cultural practices allowed the African-American community to improve the quality of life for all Jackson County residents. Specifically, this strategy has demonstrated effectiveness in:

- Improve quality of life
- Reduce alcohol use
- Improve self-image
- Improve school performance

Strategies
Community involvement
Media advocacy
School-based alcohol and other drug education
Values clarification

Activities
Prevention activities included:

- Coordinated monthly public relations and media campaigns
- Youth-based community awareness events
- Coordinated adult activities
- High-risk population awareness and education program conducted by the Health Unit
- Health and drug education school program
- Business and industry seminars
- Beauty shop awareness and prevention campaigns
- Church-based health promotion activities

Implementation Process and Plan
A variety of manuals are available which detail steps necessary to develop a church-community partnership. These include *The Partnership Training Manual* and *How to Develop a Church-Based Program for the Prevention of Drug and Alcohol Abuse: A Work Manual*.

Evaluation
In evaluating a faith-based partnership, communities should assess:

- Awareness of alcohol and other drug (AOD) problems
- Increases in culturally relevant church- and community-based strategies and programs addressing AOD problems among youth
- Level of community involvement in the partnership
- The likelihood that youth will engage in high-risk behaviors because their friends do

This promising practice comes with an evaluation tool that can be used when implementing this strategy. The cost is minimal, about 75 cents per student.

Lessons Learned
This partnership can be implemented in many community settings.

Contact Information
If you are interested in implementing a faith-based prevention strategy in your community, you can receive more information by contacting:

Mary Sutherland, Ed.D.
Health Promotion Program Initiative
2639 N. Monroe Street, Suite 118B
Tallahassee, FL 32303
Telephone: (850) 385-1205
Fax: (850) 385-0983
E-mail: hppi@nettally.com

or

Gregory J. Harris
Council on Church Based Health Programs, Inc.
2639 N. Monroe Street, Suite 118B
Tallahassee, FL 32303
Telephone: (850) 385-1205
Fax: (850) 385-0983
E-mail: jharris@ureach.com

Families in Focus

Program Description
Families in Focus provides family skills training to families of high-risk youth and encourages participation in health promotion and risk reduction programs in order to prevent alcohol, drug abuse, and other behavioral disorders.

Target Population
Families in Focus targets families whose 8- to 12-year-olds are at high risk for alcohol and drug use because of a family history of alcohol and drug abuse, parental communication problems, family management problems, or youth problems.

This program has been used successfully with Hispanic/Latino youth and their families.

Goals and Objectives
The goals and objectives of Families in Focus are to:
- Reduce alcohol and drug use and their accompanying behavioral disorders
- Decrease parent denial

Outcomes
Participants show:
- Gains in family functioning and family satisfaction
- A reduced incidence of alcohol and drug abuse

Strategies
Family skills training
Education for parents and youth about the consequences of alcohol and drug use
Encourage participation in health promotion and risk-reduction programs

Activities
Families in Focus involves 36 hours of in-home or small group workshops in family skills training. Meetings are usually held every two weeks to complete the initial phase of the nine-session program.

A Family Profile is completed and charted. This directs the family to a specific activity based on their family needs.

Implementation Process and Plan
Service providers and volunteers are trained to conduct the family skills training.

A *Home Learning Guide* contains 53 different family activities, as well as stress tests for adults and adolescents.

Families maintain contact with Families in Focus over a period of several months, or in many cases, over a period of years, through a toll-free telephone number.

Focus in Families is available in a Spanish language version: Foco Interno Familiar.

Evaluation
In evaluating this program, communities should assess:
- Parents' awareness of and attitudes toward youths' alcohol and other drug use
- Youths' alcohol and other drug use attitudes and behaviors

Lessons Learned
An adaptation of this program has an additional objective: to reduce peer tolerance of usage and other undesirable behaviors. This adaptation added three important components to the intervention program:

- Delivery of the *Drugs at Work* curriculum to fifth and sixth graders
- Training of older students from an alternative school to serve as peer mentors to elementary students
- Providing incentives to families to keep them active in the program

Contact Information
If you are interested in implementing Families in Focus, you can receive more information on this program, including training and consultation, by contacting the program developer:

Bernell N. Boswell, Executive Director
Cottage Program International
57 West South Temple, Suite 420
Salt Lake City, UT 84101-1511
Telephone: (800) 752-6100 or (801) 532-6185

For information on the adapted version of the program (called Families in Focus/Texans United for the Future), contact:

Clementina Cantu
High Risk Youth Demonstration Project
Southwest Texas State University
601 University Drive
San Marcos, TX 78666
Telephone: (512) 245-2449

Friendly PEERsuasion

Program Description
Friendly PEERsuasion is a leadership and substance abuse prevention program based on the social influence and life skills models of prevention. It includes a combination of adult leadership and peer reinforcement to help girls develop the ability to identify and respond critically to messages and social pressures that encourage drug, alcohol, and tobacco use.

The social influence model recognizes that adolescents are especially vulnerable to social pressures, and that—in their desire to appear grown up—they tend to emulate what they perceive as adult behavior, including drinking, smoking, and using drugs. The theory underlying Friendly PEERsuasion is that girls who are prepared to teach other children not to use substances are less at risk of using these substances, themselves. Through a process of "anticipatory socialization" (seeing themselves as future leaders), the girls trained to become PEERsuaders become more likely to identify with the values and norms expressed by the staff than girls who have not undergone the training. The idea is to build girls' capacity to become adults who are responsible, confident, economically independent, and personally fulfilled.

Target Population
Friendly PEERsuasion was designed for use with girls ages 11 through 14.

Goals and Objectives
The goals and objectives of Friendly PEERsuasion are to increase girls' knowledge, skills, and support systems in order to avoid substance abuse.

Outcomes
Girls who participate in the Friendly PEERsuasion program show:
- A significant reduction in incidence of alcohol consumption
- A significant reduction in the onset of drinking (among participants who had not previously consumed alcohol)
- A significant increase in leadership skills, stress management skills, and communication skills
- A significantly lower incidence of favorable attitudes toward drinking

Participants also were more likely to leave gatherings where people were drinking alcohol, and to disengage from peers who smoked or took drugs.

Strategies
After-school program
Community-based alcohol, and other drug education
Skills building

Activities
In the first phase of the program, middle school girls participate in 14 bi-weekly, hour-long sessions facilitated by a trained adult leader. Through hands-on, interactive activities such as games, group discussions, and role playing, they learn about the short- and long-term effects of substance abuse, experience healthy ways to manage stress, learn to recognize media and peer pressures to use drugs, practice skills for making responsible decisions about licit and illicit drug use, and prepare to become peer leaders. Upon completing this core curriculum, participants are certified as PEERsuaders.

The second phase of the program gives girls the opportunity to plan and deliver short sessions to younger children on the same topics they learned about in the earlier phase. Small teams of

PEERsuaders plan and implement 8 to 10 half-hour sessions of substance abuse prevention activities for PEERsuade-MEs (children ages 6 through 10). Working with their adult leaders, PEERsuaders draw on the skills and activities introduced in the first phase of the program, and on their own experiences and creativity, to present factual information and to model and practice skills, attitudes, and behaviors related to substance abuse prevention. This is a much less structured piece of the curriculum that serves to reinforce what was learned in the earlier phase.

Implementation Process and Plan
Friendly PEERsuasion provides girls with the tools and the reasons to resist substances rather than focusing on the facts and figures about the substances themselves. This strategy helps make it a flexible program that can be adjusted to meet the needs of a variety of communities.

This is an after-school program. The sessions can be held in public schools, community-based organization centers, private facilities, or recreation centers in urban, suburban, or rural areas.

Implementation training is offered at least once a year for new facilitators.

Evaluation
In evaluating this program, communities should assess:
- Youths' attitudes toward alcohol, tobacco, and marijuana use
- Youths' ability to refuse alcohol, tobacco, and marijuana
- Youths' level of alcohol use initiation and consumption

This practice comes with an evaluation tool that can be used when implementing this strategy. There is no cost for this evaluation tool, which includes some technical assistance.

Lessons Learned
Friendly PEERsuasion is adaptable according to your community's concerns; these change depending on the prevalence of various drugs in your particular community. Tobacco and alcohol use, however, is pervasive in most communities across the country.

Rather than selling the curricula, Girls, Inc., licenses its materials to approved organizations for a specified (and renewable) amount of time.

Contact Information
If you are interested in implementing Friendly PEERsuasion, you can receive more information on this program, including training and consultation, by contacting:

Sarah Riester, B.A.
Friendly PEERsuasion Program Manager
Girls, Inc., National Resource Center
441 West Michigan Street
Indianapolis, IN 46202
Telephone: (317) 634-7546
Fax: (317) 634-3024
E-mail: sriester@girls-inc.org

Great Body Shop

Program Description
The Great Body Shop (GBS) is a comprehensive health, substance abuse, and violence prevention curriculum for preschool through middle school age students.

GBS uses multiple strategies designed to ensure that the curriculum has a positive impact on children's health attitudes, knowledge, and behavior. The program combines current research from the fields of substance abuse and violence prevention, educational psychology, neuroscience, and human behavior to provide developmentally appropriate content with effective instructional processes.

Target Population
The curriculum is intended for children in pre-K, kindergarten through sixth grade, and middle school. This program has been used successfully across the United States in large inner cities, medium-sized metropolitan cities, suburban communities, and rural and remote areas.

Goals and Objectives
The goals and objectives of the Great Body Shop are to improve health-related knowledge and behaviors, and decrease rates of substance abuse and violence among participants.

Outcomes
Research has shown that students who participated in GBS reported:
- Significantly lower use of alcohol, cigarettes, marijuana, and other substances
- Significantly fewer violent acts and conduct problems
- Significantly more family caring, higher self-esteem, lower emotional distress, and fewer acts of antisocial behavior

Strategies
School-based education

Activities
The content of GBS is divided among ten subjects, or tracks, each of which is developed from one grade level to the next. Health topics addressed include:
- Injury prevention
- Personal safety
- Functions of the body
- Nutrition
- Community health and safety
- Violence prevention
- Self worth
- Growth and development
- Cycle of family life
- Substance abuse prevention
- HIV/AIDS and illness prevention
- Environmental health
- Consumer health
- Physical fitness

Each grade level of the program, from preschool through middle school, is structured so that knowledge, values, life skills, and critical thinking skills are introduced through concepts that are age appropriate and familiar.

Brain-based learning strategies are embedded in the implementation and design of every lesson to support activity in the middle school curriculum. These activities provide the teacher with an array of learning strategies designed to meet the diverse learning styles of students.

Implementation Process and Plan
Weekly lessons range in length from 10 to 15 minutes for preschool, 20 to 35 minutes at the primary level, to 45 to 60 minutes at the intermediate and middle school level.

The middle school program is designed to allow teachers to complete the program in one quarter, one semester, or to extend the learning throughout the school year.

The GBS curriculum contains a Teacher's Guide, Student Issues, and Parent Bulletins. These support 10 monthly themes that are taught through 40 lessons.

A supplemental Coordinated School Health Kit links the eight components of school health and institutions involved with promoting public health to those that educate youth to improve the school environment and the quality of health education in the classroom, and to increase healthy choices by students.

The Great Body Shop includes 18 Student Issues, 9 per level, for students to use as their text at school and bring home to their families at the end of the unit of study. Student Issues are at the heart of the Great Body Shop. Each student has her or his own personal copy of the Student Issue to study at school during the weeks that the unit is being taught and then takes the Student Issue home to the family, where it can be used as family health resource material.

Each Teacher's Guide includes a classroom copy of the Student Issue and ten monthly instructional units. Monthly thematic units contain tools that allow teachers to customize their instruction to meet district guidelines and integrate the prevention lessons into other parts of the curriculum.

Teachers using the Great Body Shop have complete lesson plans in the Teacher's Guide in two forms—outline and fully scripted. To teach a lesson, the teacher needs both the Teacher's Guide and the Student Issue for that unit. There are nine units with two levels. Each level includes three lessons per unit, for a total of 27 lessons per level, per school year.

The GBS Teacher's Guide, Student Issues, and Parent Bulletins are required. Student Issues are published in English and Spanish. Parent Bulletins are available in four additional languages.

The cost for the Student Issues in grades K-6 and for middle school are $5.50 per student. For preschool the cost is $6.50 per student. All Student Issues at every grade level are consumable and must be purchased every year.

The Teacher's Guide price for all grades is $45.00 per teacher. Updates to particular sections of the Teacher's Guide can be purchased for $5.00 per section. Teacher's Guides should be replaced every three to four years, especially if interim section updates have not been purchased.

Evaluation
In evaluating this program, schools should assess:
- Rates of student alcohol, tobacco, marijuana, and other drug consumption
- Rates of conduct problems among participating students

Lessons Learned
No special challenges or considerations have been reported for this program.

Contact Information
If you are interested in implementing the Great Body Shop, you can receive more information on this program, including training and consultation, and order materials, by contacting:

Nancy M. Grace
The Children's Health Market
P.O. Box 7294
300 Danbury Road, Suite 102
Wilton, CT 06897
Telephone: 203-762-2938; 800-782-7077
Fax: 203-761-9038
E-mail: nancy@thegreatbodyshop.net

Kids Intervention with Kids in School (KIKS)

Program Description
Kids Intervention with Kids in School (KIKS), is a school-based youth development and primary prevention program for children in grades 6 through 12.

KIKS was designed so that children would have the opportunity to meet (during the school day) to "learn about/discuss/wrestle with/question" those issues that cause them the most personal and group challenge. The major difference between this and other school self-help programs is the use of peer-leaders that have made the conscious decision to enact the principles of KIKS by becoming group leaders and role models for younger students.

Target Population
KIKS is for children in grades 6 to 12. Peer leaders are adolescents in grades 8 to 12; they lead groups of students in grades 6 to 8.

Goals and Objectives
The underlying goal of the KIKS program is to help pre-adolescent and young adolescent students avoid self-destructive behaviors and cope in positive ways with personal and social problems they encounter in their everyday lives. KIKS also helps high school-age youth acquire skills, attitudes, and behaviors that will enable them to become successful, productive adults.

Outcomes
Students participating in the KIKS program have been shown to:
- Make progress in overcoming shyness
- Experience improved developmental and social skills
- Experience improved problem-solving abilities
- Be better prepared for high school
- Be more accepting of other cultures and races
- Be more courteous and disciplined in group and interpersonal relationships
- Be more likely to resolve conflict in a nonviolent manner
- Show decreased/delayed inappropriate sexual behaviors
- Show decreased/delayed alcohol, tobacco, and other drug use

Strategies
Peer leadership
Self-help

Activities
The KIKS program has five major components. These include:
- Youth development groups
- After-school activities
- Tutorial program
- Parent involvement
- Summer peer leader training

Children in the sixth through the eighth grade meet weekly in groups of up to 15, led by teenage peer leaders from the eighth through the twelfth grade who are supervised by adult group workers. The teen and adult leaders use experiential activities to motivate the younger children to adopt and value self-preserving behaviors, and to stay in school and learn. They participate in group discussions, role

playing, and other hands-on activities to learn and practice how best to cope with problems at home, in school, or in their social interactions with peers.

Implementation Process and Plan
The program operates in schools during the regular school day with additional after-school activities.

The KIKS Program Training Manual is required.

Children meet weekly during the school year.

Evaluation
In evaluating this program, schools should assess:
- Students' alcohol, tobacco, and other drug use
- Rates of disciplinary actions
- Students' involvement in sexual activities

Lessons Learned
No special challenges or considerations have been reported for this program.

Contact Information
If you are interested in implementing Kids Intervention with Kids in School (KIKS), you can receive more information on this program, including training and consultation, by contacting the program developer:

Donna C. Pressma, M.S.W., L.C.S.W.
President and CEO
The Children's Home Society of New Jersey
635 South Clinton Avenue
Trenton, NJ 08611
Telephone: (609) 695-6274
Fax: (609) 394-5769
E-mail: dpressma@chsofnj.org
Web site: www.chsofnj.org

Michigan Model for Comprehensive School Health Education®

Program Description
The Michigan Model for Comprehensive School Health Education® is a health curriculum that provides teachers with the tools needed to teach comprehensive health. The curriculum facilitates interdisciplinary learning through lessons that integrate health education into other curricula, including language arts, social studies, science, math, and art. Teacher training in the implementation of the model is designed to ensure that students and their schools get maximum benefits from this structured program.

Target Population
The Michigan Model for Comprehensive School Health Education® offers a curriculum for kindergarten through the twelfth grade.

Goals and Objectives
The goals of the Michigan Model for Comprehensive School Health Education® are to:

- Reduce alcohol, tobacco, and other drug use among youth
- Reduce unsafe sexual behavior among youth
- Improve dietary habits among youth
- Increase physical activity among youth

Outcomes
The Michigan Model substance abuse lessons have demonstrated a statistically significant positive impact in curtailing rates of alcohol, tobacco, and marijuana use in middle school students.

Longitudinal data report that improvements are realized in terms of student's knowledge, peer susceptibility, alcohol, and marijuana use.

Strategies
School-based alcohol and other drug education

Activities
The Michigan Model for Comprehensive School Health Education® for kindergarten through sixth grade is divided into six phases at every grade level. These coordinate with the six health risk behaviors identified by the Center for Disease Control and Prevention and measured nationally by the Youth Risk Behavior Survey. They include: unintentional and intentional injury; alcohol and other drug use; sexual behaviors; tobacco use; dietary patterns; and physical inactivity. The skills necessary to avoid peer pressure, make positive decisions, and refuse drugs are key elements of the emotional and mental health component found in Phase I in kindergarten through the sixth grade.

All lessons include learning objectives, preparation instructions, lesson procedures, and activities, and many include ideas to integrate health into other curriculum areas. Repro masters for student worksheets and handouts are also included.

The first editions of the Michigan Model for Comprehensive School Health Education® for grades seven and eight were two separate curricula intended for instruction at both grade levels.

The curriculum for grades nine through twelve includes a violence prevention module, a tobacco prevention module, a nutrition module, a physical activity module, a substance abuse prevention module, and a gambling prevention module.

The tobacco prevention module is aimed at assisting students to:

- Understand the health benefits of abstaining from tobacco use
- Apply their knowledge of tobacco in preparing a campaign to reduce or eliminate tobacco use among their peers, at youth activities, and in the community
- Use the skills needed to abstain from smoking and smokeless tobacco use and encourage others to abstain
- Use the skills needed to quit using tobacco and encourage others to quit

The substance abuse prevention module is aimed at assisting students to:

- Comprehend the physical, emotional, social, and economic consequences of alcohol, tobacco, and other drug use
- Analyze the impact of the school and community environment on the problem of alcohol, tobacco, and other drug use
- Understand the legal issues related to alcohol, tobacco, and other drug use among adolescents.
- Apply assertive communication, refusal, and problem-solving skills to situations related to alcohol, tobacco, and other drug use.

Implementation Process and Plan

At the beginning of every phase of every Michigan Model K-6 teacher's manual is a section entitled "How This Phase Involves Families and Communities." Listed in this section are all of the "Family Resource Sheets" and opportunities for family and community volunteers to work within the classroom.

Family Resource Sheets, also known as "Good for You!" pages, are copy masters included within the lessons of a teacher's manual and in the student workbook. Each "Good for You!" is designed to be sent home to parents to keep them informed about what their children are learning in health class. These resource sheets provide information about the subject or subjects currently being discussed and suggest activities that families can do at home to support classroom work.

Whether it is assisting with small group activities or presenting as a community resource person, there are many places throughout the school year where Michigan Model lessons provide the opportunity for teachers to reach out to community members and bring them into the classroom.

To assist schools in determining how many of what materials they will need and calculating an estimated price for these materials, the Educational Materials Center at Central Michigan University recommends determining:

- How many buildings will be implementing the curriculum
- For what grade levels the school will be purchasing materials
- How many teachers in each building at each grade level will require the curriculum

Evaluation

In evaluating this practice, schools should assess:

- Rates of students' alcohol, tobacco, and other drug use attitudes and behaviors
- Students' level of knowledge concerning the effects of alcohol, tobacco, and other drug use
- Students' understanding of effective ways to prevent alcohol, tobacco, and other drug use among their peers

Lessons Learned

No special challenges or considerations have been reported for this practice.

Contact Information
If you are interested in implementing the Michigan Model for Comprehensive School Health Education, you can receive more information on this program, or order materials, by contacting:

Central Michigan University
Educational Materials Center
139 Combined Services Building
Mt. Pleasant, MI 48859
Telephone: (800) 214-8961 or (989) 774-3953
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Multimodal Substance Abuse Prevention

Program Description
The Multimodal Substance Abuse Prevention project was designed for use at a residential treatment center for court-adjudicated adolescent males, aged 13 to 18. One of the main purposes of the project is to reduce substance use and illegal behavior using a combination of programs: 1) a triple module skills training classroom program consisting of Botvin's Life Skills Training, Prothrow-Stith's Anti-Violence Program, and Rath's Values Clarification procedure, and, 2) a program consisting of a group role play procedure and family therapy sessions.

Target Population
This program was developed for court-adjudicated male adolescents aged 13 to 18. African American, White, Puerto Rican, and Asian youths have participated in this program. Most participants have used alcohol and other substances—including marijuana, tobacco, and PCP—prior to entering the residential program. All of the youth that have been involved in this program committed at least one serious illegal offense and have been subject to multiple risk and other factors in the individual, school, peer, and neighborhood domains. These include, but are not limited to, failing academic performance, high absenteeism rates at school, lack of vocational objective, psychological and conduct disorders, lack of adequate discipline, lack of positive male role models, peer groups involved in socially deviant behavior, and high levels of neighborhood poverty, depression, and drug use.

Goals and Objectives
The program's goals are for program participants to make significant positive changes in six key areas:

- Degree of drug use
- Degree of alcohol use
- Seriousness of illegal offenses committed
- Degree of violent illegal offenses committed
- Frequency of engaging in the selling of drugs
- Degree of school problems.

Outcomes
Research on the Multimodal Substance Abuse Prevention project compared the degree of effectiveness of the triple module skills training classroom program (whose participants were known as Group A), with the effectiveness of the classroom program plus the group role play and family therapy components (whose participants were known as Group B), and the effectiveness of these interventions on Group A and B, with a Control Group C, who received none of the intervention components.

The participants in Group A and B combined reported significantly greater reduction at follow-up than the controls (Group C) in drug use, in the perpetration of illegal offenses, and in the selling of drugs.

Group A alone, compared to the controls, showed significantly greater reduction in drug use; however, Group A reported an increase in number of cigarettes smoked in the preceding month compared to Group C. This could be due to a need for more cigarette smoking while they were making an effort to reduce the use of marijuana or other illicit drugs.

Group B alone, compared to the controls, showed significantly greater reduction in illegal behavior, in the selling of drugs, and in school problems.

Group B compared to Group A reported a significantly greater reduction in school problems and a greater degree of reduction in problems in communicating with their mothers.

Strategies
Conflict resolution
Family therapy
School-based education
Skills building
Values clarification

Activities
Participants were trained in cognitive behavioral social learning to:

- Increase their understanding of the effects of drugs, alcohol, and tobacco on their health and behavior
- Teach them ways to cope with temptations and pressures to continue using drugs
- Improve their methods of self-expression
- Teach them to control and direct their behavior in a positive direction along socially and personally acceptable lines
- Assist them in achieving personal and social skills

Participants also worked clarifying their values and exploring other values. They then attempted to develop and identify with a set of socially acceptable and desired values.

Group B received the classroom intervention plus group role-play and family therapy. Group role-play was used to facilitate self understanding as well as sensitivity to other people's feelings and experiences, and to increase social skills and confidence. These groups consisted of five to ten participants. Family therapy was offered for a maximum of 12 sessions.

Implementation Process and Plan
Botvin's Life Skills Training consists of 12 curriculum units taught in 15 class periods. Twenty booster sessions are scheduled during a four-week period. All sessions are approximately 50 minutes each. Curriculum materials for the Life Skills Training program include a teacher's manual, a student guide, and a 15-minute relaxation tape.

The Prothrow-Stith's Anti Violence component is conducted in 20 sessions of 55 minutes each.

The Values Clarification component is conducted in 20 sessions of 55 minutes each.

The Group Role-Play component is scheduled for 12 weekly sessions.

The Family Therapy intervention is offered for a maximum of 12 weekly sessions. A few families who have participated in this program used several additional sessions because they were clearly working constructively on family problems with the therapist and needed more sessions. Family therapy was added as a component because problems in the family environment and system are a major risk factor in substance use, or conversely, can serve as a source of resilience and protection. A few family therapy models have been used, but the Functional Family Intervention model has been used most often because its adaptation is flexible and it fits the needs and socioeconomic characteristics of the families being counseled.

The setting normally used in this particular program is a residential treatment facility for youthful offenders; however, the three classroom-based components have been used in schools and other settings with teens as well. Although the most suitable setting for the family therapy component is at the family home because it allows the therapist access to other family members, family issues are

brought into focus more readily in the natural setting of the home than in an office, and the observations are richer in the home environment, limited home passes given to the youth in residential programs can make this impractical for all sessions. Therefore, some therapy sessions have been carried out at the residential treatment center.

Evaluation

In evaluating this practice, treatment centers or schools should assess:

- Youths' alcohol and other drug use
- Number of illegal offenses committed
- Number of violent illegal offenses committed
- Frequency of engaging in the selling of drugs
- Number of school problems.

Lessons Learned

There is no evidence that the group role-play procedure provided to Group B has been responsible for any of the outcome criteria analyzed.

Contact Information

If you are interested in implementing Multimodal Substance Abuse Prevention, you can receive more information on this program, including training and consultation, by contacting the program developer:

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Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA)

Program Description
The Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA) is a school curriculum for eighth and ninth graders that addresses multiple issues facing American Indian communities. The idea is to combine culturally sensitive HIV/AIDS prevention with an alcohol and other drug (AOD) abuse prevention focus.

Target Population
This program was developed for American Indians in middle/junior high school and high school—specifically, eighth and ninth grade.

Goals and Objectives
The goals and objectives of the Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA) are to increase American Indian youths' knowledge of the link between HIV/AIDS and alcohol and other drug use, and to decrease alcohol and other drug use behavior.

Outcomes
Research was conducted with a total of 3,335 eighth- and ninth-grade student participants in Arizona. The NAPPASA baseline data showed that many of the students participating in the project were already involved in high-risk behaviors prior to the NAPPASA preventive intervention. Therefore, the NAPPASA outcomes were geared toward decreasing future high-risk use of alcohol and other drugs by those already using regularly, and slowing the normal increase in rates of use by non-users and light users.

Compared to non-intervention groups, a significantly higher percentage of NAPPASA intervention participants remained in or moved to the lower-risk alcohol and other drug use category at both ninth- and tenth-grade follow-up. Among the baseline non-users, the "normal developmental trend toward increased alcohol and other drug use" was slowed.

Intervention youth showed greater maintenance of virginity and lower rates of some types of risky sexual behavior in non-virgins. Among the older non-virgin youth, NAPPASA participants were less likely to have had sex while drunk or high, a particularly risky behavior for transmission of sexually transmitted diseases, including HIV.

The NAPPASA students consistently showed a marked increase in their use of family, rules, laws, religion, traditional ways, and community protective influences to help them avoid risky health behaviors.

Strategies
School-based education

Activities
Classroom sessions are designed to build knowledge, allow students to acquire and practice prevention skills with peers, and foster new positive peer group norms for preventive communications and behaviors in the context of Native American values. The curriculum covers:

- Alcohol and other drug abuse
- Basic reproductive biology
- HIV/AIDS, links between alcohol and other drug (AOD) use and HIV infection
- Sexually transmitted diseases (STDs) and how they are transmitted

- The use of assertive communication skills to prevent unwanted sex, pregnancy, and STDs
- Decision-making skills
- Healthy behavior options, social skills, coping with pressures, and reinforced practice and role plays

Booster sessions involve activities, community meetings, and showing NAPPASA-produced videos and print media.

Implementation Process and Plan
Both the eighth- and ninth-grade curricula are part of a package containing a NAPPASA Instructor's Manual (approximately 330 pages), NAPPASA Student's Manual, and 9 to 10 videos.

A two-day training is required for instructors to implement the curriculum.

Evaluation
In evaluating this practice, schools should assess:
- The rate of alcohol and other drug use by program participants over time compared to a comparable group of non-participants

Lessons Learned
No special challenges or considerations have been reported for this practice.

Contact Information
For copies of the Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA) curriculum, articles, and other resources contact:

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Plan a Safe Strategy (PASS) Program

Program Description
The Plan A Safe Strategy (PASS) Program is an education program designed to decrease students' intentions to drink and drive or to be the passenger of a driver who has been drinking. PASS is also designed to strengthen the participants' intentions to use alternative strategies and to pre-plan to avoid these situations.

Target Population
PASS has been used successfully with tenth-grade students in rural and urban areas of Queensland, Australia.

Goals and Objectives
The goal of the PASS program is to reduce students' involvement in drinking and driving-related situations.

Outcomes
An evaluation immediately after the program concluded found:

- Participation in the PASS program led to strong trends in reduced drinking and driving and passenger behaviors.
- Attitudes toward drinking and driving and being a passenger in drinking and driving situations, and myths about safety in these situations, changed significantly in the desired direction.
- Students who participated in PASS were significantly more likely to be prepared to use alternatives in target situations.

A three-year follow-up evaluation found:

- Approximately the same percentage of intervention students and control students reported drinking and driving in the past month.
- Approximately the same percentage of control and intervention students who did not report drinking and driving in 1988, reported drinking and driving in this follow up study.
- More than twice as many control group students who reported drinking and driving in 1988 also reported the behavior during this follow-up study, as compared to treatment group students.
- Both the control group and the treatment group dramatically decreased the incidence of being a passenger in a drinking and driving situation compared to what was reported in 1988. The rate for the intervention group decreased more than that of the control group.
- More control group students than intervention students who had not been a passenger in 1988, reported being a passenger during this follow-up study.
- More control group students than intervention students who had been a passenger in 1988 also reported being a passenger during this follow-up study.
- There was no significant effect in the use of alternative strategies between the groups.

Strategies
School-based alcohol and other drug education

Activities
The PASS program included 12 lessons that addressed modifying students' attitudes toward drinking and driving behaviors, their beliefs about the outcomes of drinking and driving, their subjective norms or beliefs about others' attitudes toward these behaviors, and increasing their perceived control over their own behavior in drinking and driving and passenger situations by training them to use alternatives. Extensive use was made of role play and interactive activities.

Implementation Process and Plan
The program is based upon on the assumption that the intention to perform or not perform an act is the strongest predictor of future action.

All teachers involved in PASS were given in-service training by trained regional alcohol and drug educators prior to teaching the 12 PASS lessons. A separate educational video was used by principals, parents, and school support groups.

Evaluation
In evaluating this practice, schools should assess students in terms of:
- Drinking and driving behaviors and attitudes
- Riding with a drinking driver
- The use of alternative strategies in drinking and driving situations

Lessons Learned
No special challenges or considerations have been reported for this practice.

Contact Information
If you are interested in implementing the Plan a Safe Strategy (PASS) Program, you can receive more information on this program, including training and consultation, by contacting the program developer:

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Prevention Dimensions Program

Program Description
Prevention Dimensions is a Utah statewide curriculum for all students in kindergarten through twelfth grade. It focuses on enhancing academic performance and strengthening students bonding to school by giving them a sense of identity and achievement through activities addressed in the curriculum.

These activities are designed to reduce the likelihood that children will engage in high-risk behaviors. The curriculum is based on the risk and protective factor model and highlights the three Rs of prevention: Respect for self; Respect for others; and Respect for the environment.

Target Population
Prevention Dimensions is designed for use with all students from kindergarten through the twelfth grade.

Goals and Objectives
The Prevention Dimensions curriculum goals and objectives are:
- To increase students' self-esteem
- To increase the ability of students to withstand peer and other societal pressures to use alcohol, tobacco, and other drugs
- To decrease alcohol, tobacco and other drug use

Outcomes
A series of program evaluations revealed:
- Encouraging trends among tenth-grade students with regard to decreased amount of alcohol, tobacco, marijuana, and cocaine use in the past month
- A delay in the onset of substance abuse for high school students
- A decrease in monthly and lifetime alcohol use among sixth graders
- A significant decline in monthly and lifetime marijuana use

Strategies
School-based alcohol and other education

Activities
The Prevention Dimensions curriculum is presented within the school's health education program, by the regular classroom teachers. The curriculum provides objective information about alcohol, tobacco, and other drugs with the aim of helping students acquire and practice problem solving, decision-making, valuing, coping, communication, and other life skills, such as pro-social behavior. The presentation format consists of movies, art projects, writing assignments, demonstrations, group discussions, games, and role-playing. Although the lesson plans are standardized, the teachers are free to choose which of these lessons they will present.

Implementation Process and Plan
Students receive approximately 40 hours of Prevention Dimensions lessons and activities each year they are in school.

The Prevention Dimensions curriculum is required.

Evaluation
In evaluating this practice, schools should assess students in terms of:
- Rates of alcohol, tobacco, and other drug use

Lessons Learned
Prevention specialists have been used to train teachers to deliver the curriculum.

Contact Information
If you are interested in implementing the Prevention Dimensions curriculum in your school, you can receive more information on this program by contacting the program developer:

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Preventive Alcohol Education Program

Program Description
The Preventive Alcohol Education Program is based on inoculation theory, which proposes that an individual will better resist persuasive, threatening arguments if s/he learns the arguments' content and strategy beforehand. The fundamental tenets of this approach are that participants be pre-exposed to the external threats. This is achieved by examining the content, strategy, and rationale of the threat before making contact with it. Furthermore, subjects are made aware of their own vulnerability to persuasion.

Target Population
Participants in the original program were students from a southeastern Nebraska high school, none of whom had received any prior school-based alcohol education.

This program is suitable for implementation in a junior high school and/or a high school setting.

Goals and Objectives
The goals of the Preventive Alcohol Education Program are to lower the rates of drinking and driving among underage youth.

Outcomes
As a result of participating in the Preventive Alcohol Education Program, students showed greater knowledge about the effects of drinking and driving, were better at refuting pro-drinking and driving arguments, and tended to comply in risky alcohol situations. Participants were also more likely to believe that those who rode with drinking drivers could experience serious consequences.

Strategies
School-based alcohol and other drug education

Activities
Students are forewarned of pro-drinking and driving arguments, given practice systematically refuting those appeals, provided with evaluative feedback on their counter-arguments, and later administered brief booster sessions using new, never-before-heard, pro-drinking arguments.

The program consists of four components:
- Question-and-answer sessions
- Verbal role-playing simulations
- Nonverbal role playing simulations
- Evocative slide show presentation

The question-and-answer session between the participants and instructor covers major misinformation youth might have received regarding alcohol consumption and human performance. Students then participate in a variety of in-class role-plays (using both verbal and nonverbal resistance strategies) where students read from prepared and "improvisational" scripts. After each role-play, the teacher provides students with evaluative feedback on their responses to the pressures (i.e., how to better refute or resist such arguments both verbally and using nonverbal signals). The slide show component subsequently reviews both the knowledge and the argument aspects covered in the first three components.

Implementation Process and Plan
The program requires only the intervention exercises, which are all in print form. The evocative slide show requires a slide projector and screen.

The program takes one hour a day for six days to present.

Evaluation
In evaluating this practice, schools should assess students in terms of:
- Drinking and driving behaviors and attitudes
- Riding with a drinking driver
- The use of alternative strategies in drinking and driving situations

This practice comes with an evaluation tool that can be used when implementing this strategy. The cost of this tool is included in the materials fee.

Lessons Learned
No special challenges or considerations have been reported for this practice.

Contact Information
If you are interested in implementing the Preventive Alcohol Education Program, you can receive more information on this program by contacting the program developer:

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Project Break Away

Program Description
Several studies have demonstrated the effectiveness of long-term, after-school programs that combine remedial/compensatory education programs, recreational opportunities, nutritional supplementation, and social and life skills training with education about alcohol, tobacco, and illegal drug use and other health issues. Project Break Away provides an after-school and summer educational and recreational alcohol, tobacco, and illegal drug prevention program for adolescents who are exclusively on court-supervised probation. Participation in the project is voluntary; it is one of several options the adolescents may choose as part of their probation order.

Target Population
The specific target population for Project Break Away includes middle school youth between the ages of 12 and 14 years who are on probation and who have been determined to: 1) have a history of early involvement with alcohol, tobacco, or other drugs (ATOD); 2) be at high risk of involvement with alcohol, tobacco and other drugs; 3) be in need of adult supervision after school hours; and 4) be at risk of dropping out of school or currently not attending school.

Goals and Objectives
The specific goals and objectives of Project Break Away include:
- Reducing levels of alcohol, tobacco, and illegal drug use and intention to use
- Increasing peer disapproval of alcohol, tobacco, and illegal drug use
- Increasing the perceived risk of alcohol, tobacco, and illegal drug use
- Increasing knowledge of alcohol, tobacco, and illegal drug use
- Increasing decision-making skills
- Increasing favorable educational performance
- Increasing favorable behaviors
- Reducing re-arrests
- Increasing the number of releases from supervised probation

Outcomes
In evaluations of Project Break Away, major program outcomes have included:
- A decrease in cigarette use in both the low dosage and high dosage groups
- Reduced heroin/opium use among the low dosage group
- Peer group disapproval of hypothetical drug use among both the low dosage and high dosage groups

Strategies
After-school/summer program
Alternative activities
Community service
Mentoring
Parent involvement

Activities
The educational and recreational activities proposed to meet the outlined objectives include:
After-school program
Community service
Mentoring
Parent involvement
Summer educational/recreational program

Wilderness Challenge

Implementation Process and Plan
No training is currently available for this program; however, technical support can be obtained on a cost-reimbursable basis (e.g., travel costs).

The alcohol, tobacco and other drug educational curriculum, *Making Decisions,* is required.

Programming should be provided for each participant three days a week from 2:30 to 5:30 P.M. during the school year and 12:30 to 5:30 P.M. for eight weeks during the summer.

Evaluation
In evaluating this practice, schools should assess adolescents':

- Rates of alcohol, tobacco, and other drug use
- Rates of recidivism
- Disapproval of drug use

This practice comes with an evaluation tool that can be used when implementing this strategy. Contact the program developer for information on the cost of this instrument.

Lessons Learned
To implement this program effectively, communities must develop a strong working relationship with the juvenile justice and school systems.

Contact Information
If you are interested in implementing Project Break Away, you can receive more information on this program by contacting the program developer:

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Project STAR—Midwestern Prevention Project (MPP)

Program Description
Project STAR (Students Taught Awareness and Resistance), also known as the Midwestern Prevention Project, is a community-wide, multi-component universal substance abuse prevention program for students in early adolescence. Project STAR uses school-based education, mass media, parent education, community organization, and health policy programming to reduce or prevent gateway drug use (i.e., tobacco, alcohol, and marijuana) and other drug use by adolescents. Project STAR also aims to reduce drug use by parents and other community residents.

Target Population
Project STAR bridges the transition from early adolescence to middle adolescence through late adolescence. Since early adolescence is the first risk period for gateway drug use (i.e., alcohol, cigarettes, and marijuana), programming is initiated with whole populations of middle school/junior high school students.

Goals and Objectives
The goal of Project STAR is to reduce gateway drug use by adolescents.

Outcomes
Project STAR has resulted in net reductions of up to 40 percent in daily smoking, similar reductions in marijuana use, and smaller reductions in alcohol use. These have been maintained up to the twelfth grade.

An evaluation of the program showed that by the end of the fourth year (ninth/tenth grade), cocaine and crack use was less in intervention schools. By early adulthood (two years after high school), program youth also demonstrated reductions in the need for drug abuse treatment. Significant effects were found even when the data were adjusted for race, grade, gender, urbanicity, socioeconomic status, and risk.

Project STAR also has resulted in decreasing parent alcohol and marijuana use, increasing positive parent-child communications about drug use prevention, and facilitating development of prevention programs, activities, and services among community leaders. Policy changes associated with Project STAR have included institutionalization of the school program, establishment of youth drug abuse treatment beds, and cooperation from vendors to refuse tobacco and alcohol sales to minors.

Strategies
Community mobilization
Health policy change
Mass media programming
Parent program
School-based program

Activities
Project STAR involves an extended period of programming. Although initiated in a school setting, it goes beyond this setting into the family and community contexts.

The five elements of Project STAR are designed to be implemented in the following sequence:
- The school-based program and mass media programming, implemented concurrently
- The media component, which continues throughout the project
- The parent program

- Community organization
- The health policy change component.

Some overlap occurs in the implementation of all these elements. This sequencing is recommended to increase the visibility and support and, ultimately, the impact of the project at all levels within the community.

Collectively, the components focus on promoting drug use resistance and counteraction skills by adolescents (direct skills training); prevention practices and support of adolescent prevention practices by parents and other adults, including teachers, expected to serve as role models for adolescents (indirect skills training); and promotion and support of nondrug use social norms and expectations in the community (environmental support).

Implementation Process and Plan

Project STAR is a universal prevention program because an entire community receives the prevention messages through the media, and all the residents benefit from the community organization and health policy changes. All of the children in the designated grades receive the school program and their families receive the parent program without regard to their individual risk status or their membership in an at-risk subgroup.

Project STAR strives to help youth recognize the tremendous social pressures to use drugs and provides training skills in how to avoid drug use and drug use situations. These skills are initially learned in the school program and reinforced through the parent, media, and community organization components.

The core of the school-based program is a social influence curriculum that is integrated into classroom instruction. This program is initiated in grade six or seven, depending on the local school district and the transition year into middle or junior high school. It is delivered by trained teachers over a two-year period, and facilitated by peer leaders nominated by the class and trained by the teacher. Each of the lessons takes approximately 45 minutes of class time to complete.

During the first year, a 13-lesson core curriculum focuses on increasing skills to resist and counteract pressures to use drugs, and to change the social climate of the school to accept a nondrug use norm. The second year (grade seven or eight) includes a five-session booster program to reinforce the previous year's message. And in the subsequent high school years, peer counseling and support activities are provided.

Active social learning techniques, such as modeling, role playing, and discussion are used in the school program. Classroom work is supplemented by homework that is completed by both students and parents.

Teachers are given an intensive three-day training (two days for the basic curriculum, one day for the booster curriculum) during which they learn the Project STAR teaching methods and strategies to encourage homework participation. This educational component focuses on increasing students' resistance skills.

In the process, an anti-drug climate is established throughout the school and community. This is accomplished through other interrelated facets of the school program, specifically, the active support of the school administration—principals and school district personnel—and student skill leaders who serve as role models for various aspects of skill development.

The mass media component, which is initiated with the school program during the first year and continues for almost five years, consists of approximately 31 television, radio, and print broadcasts per

year, ranging from 15-second commercials and public service announcements to one-hour talk shows. These broadcasts, which use simple messages, are intended to introduce and explain to the community the school-based program and each new program component as it is added. This increases exposure of the project and relevant substance abuse issues. The messages delivered by each program component, especially the school and parent programs, are reinforced by broadcasting to the larger community of residents who provide a modeling influence on adolescents.

Representatives from the media initially are encouraged to attend a two-hour overview session conducted by program staff. A media representative is then encouraged to participate formally in the community organization component of the program. Contact is maintained with the print, television, and radio media through press releases and other public relations strategies. Program staff work with advertising agencies and communications or public relations departments in businesses or universities to develop the content for public service announcements and educational or training tapes.

The parent program involves parents in several ways to increase student participation and expand the educational reach of the project. This component, initiated in year two and lasting through year three, is to develop family support and modeling for a nondrug use norm within the family and in the school neighborhood and includes parent education and organization throughout middle school.

Parents are encouraged to participate in the school component by working with their children on homework assignments that they are required to complete together.

Parents are encouraged to participate in a school-based parent organization that organizes initiatives and activities that limit youths' accessibility to substances, supports fundraising efforts, and backs local school policies on substances. This group consists of the principal, four to six parents, and two student peer leaders from each school who meet throughout the school year to refine school policy to institutionalize prevention programming in the school, help provide a drug-free environment by monitoring the school grounds and surrounding neighborhood, and plan and implement parent skills training twice a year for all parents, focusing on parent-child communication and prevention support skills.

The parents are also given training opportunities that help develop effective communication, substance use resistance skills, and other techniques that support their children's substance-free behaviors. This parent skills training program consists of two two-hour sessions conducted at the school site.

Parents are encouraged to participate in the community organization component of Project STAR. Community organization is the glue that holds Project STAR together. It is a formal organization designed to develop support for Project STAR among volunteers and leaders from all sectors of the community and to oversee the implementation and maintenance of the program.

During the third year and continuing through year five, community and government leaders are enlisted and trained to form a community organization to plan and implement drug abuse prevention services and activities that complement the other program components. The community organization component involves agency networking and facilitating referrals for services across agencies.

The community organization involves local leaders who work to ensure the integrity of the project, provide direction regarding the development of health policies concerning illicit drugs, help maintain community-wide support for substance abuse prevention, develop community campaigns to complement other program components, and help identify sources of consistent funding.

During the fourth and fifth years, health policy is implemented by a government subcommittee that is formed from local community and government leaders from the community organization component. The health policy change component of Project STAR is the mechanism used to develop and

implement local health policies that affect drug, alcohol, and tobacco laws. Policy development is one of the tasks of the community organization.

Policy changes can include, but are not limited to:

- Monitoring drug-free school zones
- Increased alcohol pricing
- Limiting alcohol availability
- Setting policies for drug-free workplaces
- Ordinances restricting smoking in public places
- Establishing guidelines for teacher referral of students to substance abuse counseling programs

Evaluation

Schools and communities evaluating Project STAR should:

- Determine the number and type of community policies that relate to the taxation of alcohol and tobacco
- Determine decreases in alcohol, tobacco, and marijuana use by youth
- Assess increased perceptions of youths' intolerance of friends' drug use

Lessons Learned

To implement Project STAR, a minimum of $175,000 will be needed over a three-year period. This includes the costs of teacher, parent, and community leader training and curriculum materials for the school-based program. Costs are based on up to 20 teachers trained in one group for the school program, 20 parent group members trained in one group for the parent program (3 to 4 principals, 4 student peer leaders, and 12 parents), and 1,000 participating middle school students. Costs increase beyond this minimum approximately as follows: $4,000 per additional group trained on the same day or trip, $100 to $125 per additional trainer manual, and $7 per additional student workbook.

Contact Information

If you are interested in implementing Project STAR, you can receive more information on this program by contacting:

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Project Venture

Program Description
Project Venture is a year-round prevention program comprised of a set of key components adapted for high-risk Native American youth in tribal, alternative, and public schools. The program actively engages youth in service as a means of investing in the community and reconnecting them with positive adult role models.

Target Population
The target population served by Project Venture consists primarily of Navajo high-risk youth in grades six through nine

Goals and Objectives
Project Venture is designed to develop skills, self-confidence, teamwork, cooperation, and trust as a means to reduce risky behavior and improve health and well-being.

Outcomes
Participation in Project Venture has resulted in delaying the onset of lifetime use of alcohol and marijuana, and the frequency of cigarette, inhalant, and alcohol use.

Project Venture participants also show lower levels of depression and aggressive behavior.

Strategies
Alternative activities
Community-based education
Leadership training
School-based education
Summer program

Activities
All Project Venture activities connect with both traditional Native cultural activities and appropriate learning styles of the target population.

The major intervention strategies include summer skill-building leadership camps and outdoor adventure activities followed by school- and community-based programs and training opportunities for youth, parents, school staff, and service providers.

Implementation Process and Plan
The program begins with a summer initiator camp to recruit and introduce the program's basic tenets.

Service learning projects occur during summer camps and at regular intervals during the school year.

Project Venture activities focus on the individual, peer, and school domains to improve decision-making skills; strengthen self-efficacy and self-esteem; reduce risk levels; prevent, reduce, or delay the onset of substance use and abuse; develop a positive peer cadre; develop group process skills; teach parents to care about schooling; improve school bonding; and increase cultural sensitivity at schools.

These strategies are designed to develop skills, self-confidence, teamwork, cooperation, and trust.

Evaluation
In evaluating this practice, schools should assess adolescents':

- Rates of alcohol, tobacco, marijuana, and inhalant use
- Mental and emotional health status

Lessons Learned
No special challenges or considerations have been reported for this practice.

Contact Information
If you are interested in implementing Project VENTURE, you can receive more information on this program, including training and consultation, by contacting the program developer:

McClellan Hall
Executive Director
National Indian Youth Leadership Project, Inc.
205 Sunde Street
Gallup, NM 87301
Telephone: (505) 722-9176
Fax: (505) 722-9794
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Say It Straight Training

Program Description
Say It Straight Training promotes wellness, self-awareness, personal and social responsibility, good communication skills, positive self-esteem, and positive relationships while attempting to prevent risky or destructive behaviors, such as alcohol, tobacco, and other drug use; violence; teen pregnancy; and behavior leading to HIV/AIDS.

Target Population
Say It Straight Training has been implemented in schools and in other community settings. It has been used with youth on probation, in detention, and in chemical dependency treatment, and with chemically dependent mothers in residential treatment and their children.

School-based Say It Straight Training is appropriate for middle and junior high school students.

Goals and Objectives
Say It Straight Training was designed to reduce teen drug use.

Outcomes
An evaluation of Say it Straight Training conducted with sixth- through eighth-grade students showed statistically significant behavioral and attitudinal outcomes in program participants in terms of:

- Reductions in the number of students who incurred alcohol- and other drug-related school suspensions or referrals
- Increases in willingness to implement constructive decisions in difficult situations and to feel more at ease doing so

Strategies
School-based education program

Activities
Say It Straight Training is action oriented and uses visual, auditory, and kinesthetic methods to involve people with different learning styles. The program promotes personal responsibility and wellness, and increases adolescent skills to prevent risk-taking behaviors. The learning is cognitive, affective, and psychomotor, and creates opportunities for people to:

- Discover their internal resources
- Connect to their deepest ambitions for prosocial behavior
- Develop the skills to express and implement these ambitions in appropriate ways, even in difficult situations

The training is co-created by the participants and gives them ownership and responsibility for their training.

Participants co-create their individual training through activities such as:

- Body-sculpting and guided visualizations
- Role playing difficult interpersonal situations
- Participating in and learning how to do group feedback sessions

Implementation Process and Plan
Say It Straight Training is conducted in 5 to 10 regular classroom sessions of approximately 50 minutes each.

Training can be done on consecutive days or at least twice a week to accommodate school needs. Program materials include: a trainer's manual; workbooks for younger and older students and adults; questionnaires used in the training; and three optional videotapes. A shortened trainer's manual, workbooks for student and adults, and a student questionnaire also are available in Spanish.

Training occurs through a training of trainers model. Trainers receive a manual that contains a step-by-step description of the training with students, parents, and other community members. On-site support is available in some areas and trainers can also receive support via e-mail. Cost estimate for the first year for a school of 1,000 students is $2,600, including training and support. The cost in the second year of the program only includes the price of workbooks for incoming students.

Evaluation
In evaluating this practice, schools should assess adolescents':

- Rates of alcohol, tobacco, and other drug use

Lessons Learned
The cost of workbooks for students or adults can be minimized by obtaining rights to copy workbooks for 15 to 30 cents per workbook, depending on the workbook.

Contact Information
If you are interested in implementing Say It Straight Training, you can receive more information on this program, including training and consultation, by contacting the program developer:

Paula Englander-Golden
University of North Texas
Department of Rehabilitation
Social Work and Addictions
Institute for Studies in Addictions
P. O. Box 310919, Denton, TX 76203-0919
Telephone: (940) 565-3290
Fax: (940) 565-3960
E-mail: golden@scs.cmm.unt.edu or golden@unt.edu

Sembrando Salud

Program Description
Sembrando Salud—which translates as "sowing the seeds of health"—is a culturally sensitive tobacco and alcohol use prevention program specifically adapted for migrant Hispanic youth and their families. The program is designed to improve parent-child communication skills as a way of facilitating and maintaining healthy youth decision-making. Sembrando Salud includes a school and family curriculum delivered by bilingual/bicultural college students.

Through the presentation of information, modeling, and behavioral rehearsal, adolescents are taught to identify and analyze problems; generate solutions; and make, act on, and evaluate decisions. Parental support is developed for these healthy decisions and behaviors through enhanced parent-child communication.

Parental communication skills such as listening (verbal and non-verbal attention), confirmation (accepting messages), and reassurance (expressing care and concern) are developed and reinforced through modeling, role playing, and behavior rehearsal.

Please note: Sembrando Salud is intended to increase parent-child communication to prevent tobacco use. It is not intended to directly change tobacco use behavior.

Target Population
Sembrando Salud targets adolescents between the ages of 11 and 16 and their families. To date, most participants have been predominantly oriented toward the Mexican culture.

Goals and Objectives
Sembrando Salud is designed to improve youth decision-making and parent-child communication in order to alcohol and tobacco use.

Outcomes
The children of migrant workers included in this study exhibited unexpectedly low levels of risk for tobacco and alcohol use. Nevertheless, youth that attended more sessions were less susceptible to using tobacco and alcohol. Parents and youth that participated in the alcohol/tobacco intervention reported better communication in their family than did those in the control group. Smaller families were found to have benefited more than larger families. Thirty-day smoking and drinking rates remained at very low levels. Those considered susceptible to smoking dropped by nearly 40% in the attention-control and by 50% in the intervention from baseline to final follow-up.

Strategies
School-based education program
Parent education

Activities
Sembrando Salud contains a school and family curriculum delivered by bilingual/bicultural college students.

The intervention components include information about tobacco and alcohol effects, social skills training, and the specific development of parent-child communication skills to support healthy youth decisions.

The content of the specific tobacco/alcohol sessions includes:

- Listening skills
- Communication skills
- Health effects of smoking and peer pressure
- Health effects of alcohol and decision making
- Societal influences
- Refusal skills
- Media and adult influences
- A review of what has been taught

Implementation Process and Plan
The Sembrando Salud curriculum is required for implementing this program.

The program requires that adolescents attend eight weekly, two-hour sessions and that parents attend three sessions jointly with their adolescents.

Presentation methods for the core content of each session varies; however, each curriculum uses a similar mix of teaching methods, including group leader-led discussions, videos, demonstrations, skill practice, and role playing. For the sessions jointly attended by parents and adolescents, separate parent- and adolescent-only breakout groups are held in addition to combined parent-adolescent groups to facilitate discussions relevant to each group.

Evaluation
In evaluating this practice, schools should assess adolescents':
- Rates of alcohol and tobacco use
- Attitudes toward alcohol and tobacco use

This practice comes with an evaluation tool, available at no cost, which can be used when implementing this strategy.

Lessons Learned
Communities planning to implement this strategy will need:
- Access to and payment for bilingual college students as group leaders
- Approval from schools and school districts (in some cases) to conduct the program on-site

Contact Information
If you are interested in implementing Sembrando Salud, you can receive more information on this program by contacting:

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Behavioral and Community Health Studies
9245 Sky Park Court, #221
San Diego, CA 92123
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SMART Moves

Program Description
SMART Moves is a national Boys and Girls Clubs of America program designed to teach youth the self-destructive effects of drugs, alcohol, tobacco, and early sexual behavior. Based on a resistance training and the social skills model, the program uses small group activities to teach young people how to recognize and resist media influences and peer pressure that encourage unfavorable behavior. Smart Moves classes are conducted on a weekly basis. Classes are divided into age-appropriate groups, with each age group following separate comprehensive curriculums. Multiple curriculum components include: Start SMART, Stay SMART, SMART Leaders I and II, and Family Advocacy Network (FAN) Club.

Start SMART, designed for youth 10 to 12 years of age, aims to increase participants' self-esteem and feelings of self worth through engaging and thought-provoking group activities. Youth learn to value their bodies, increase their awareness of unhealthy images portrayed in the media, and identify ways they can resist peer, media, and social pressures.

Stay SMART, designed for youth 13 to 15 years of age, engages youth through a comprehensive series of activities designed to reduce stress, improve communication skills, develop assertiveness and resistance training, and begin preparation for valuable life planning. Youth verbalize their future goals, identify steps needed to reach their goals, and identify possible barriers in obtaining their goals. Youth also evaluate the negative impact of alcohol, drugs, and early sexual behavior.

SMART Leaders I and II is a two-year booster program for youth that have completed Stay SMART. It reinforces the substance abuse prevention skills and knowledge learned in Stay SMART, with sessions on self-concept, coping with stress, and resisting media pressures.

FAN Club is designed for parents of participants in SMART Moves program. Combined with the other SMART Moves components, FAN Club can be implemented in community-based youth organizations, recreation centers, and schools, in collaboration with a local Boys and Girls Club. Its purpose is to create stronger families and help parents influence their children to live drug-free lives. The FAN Club was designed to inspire parental competence and confidence, to respond to family cultural preferences and values, to recognize the developmental needs of parents, to be flexible and responsive to parental needs, to encourage voluntary participation by parents, and to include parents as partners in the planning and implementation of the program.

Target Population
Start SMART targets youth 10 to 12 years of age.

Stay SMART targets youth 13 to 15 years of age.

SMART Leaders targets high school students 14 to 17 years of age.

The FAN Club is designed for use with SMART Moves youth participants and their families. It has been used successfully with African-American, Caucasian, and Hispanic/Latino youth and their parents.

Goals and Objectives
Start SMART aims to increase youth's self-esteem and increase their awareness of unhealthy images portrayed in the media, and identify ways they can resist peer, media, and social pressures.

Stay SMART is designed to reduce stress, improve communication skills, and develop assertiveness and resistance training.

SMART Leaders is designed to promote social and decision-making skills that will keep youth drug-free.

FAN Club's objectives are to:

- Create a bond between youth and their parents
- Reduce maternal isolation
- Provide opportunities for families to participate in pleasurable activities together
- Help parents influence their children to lead drug-free lives
- Provide social and instrumental support for families

Outcomes

Results from the youth self-report questionnaire indicated positive program effects for youth in Boys and Girls Clubs that offered the SMART Moves prevention program with monthly youth activities and the FAN Club parent program. Over three years, the FAN Club group reported an increasing ability to refuse alcohol, marijuana, and cigarettes, and increasing negative attitudes toward marijuana use.

SMART Leaders has been found to reduce overall drug use, marijuana use, underage smoking, and alcohol-related behavior, and to increase alcohol, tobacco, and other drug (ATOD) use knowledge. SMART Leaders participants also perceive significantly fewer social benefits from smoking marijuana and drinking alcoholic beverages.

Strategies

Booster sessions
Community-based education
Parent education and training
School-based education
Skills building

Activities

Start SMART develops self-awareness, decision–making, and interpersonal skills, while teaching age-appropriate information on drugs, alcohol, and the human body. Youth also develop media literacy skills and learn to resist peer pressure.

The Stay SMART program is adapted from Botvin's Life Skills Training (LST) Program, which was originally designed as a school-based intervention. Stay SMART consists of structured small group sessions. LST's twelve sessions are condensed into nine, with the addition of three sessions designed by Boys and Girls Clubs to prevent early sexual activity. The sexual activity prevention component is an abstinence-only program and does not provide contraceptive information or services. The 12 sessions are:

- Gateway drugs
- Decision-making
- Advertising
- Self-image and self-improvement
- Coping with change
- Coping with stress
- Communication skills
- Social skills: Meeting and greeting people
- Social skills: Boy meets girl

- Assertiveness
- Relationships
- Life planning skills

SMART Leaders I and II also consists of structured small group sessions. The booster sessions focus on identifying pressures to use alcohol, tobacco, and other drugs and to engage in early sexual activity, learning skills to resist those pressures, and practicing those skills through role playing. The SMART Leaders program consists of three types of activities:

- An educational curriculum focusing on self-esteem, coping with stress, and resisting pressures to use drugs and to engage in sexual activity
- Peer leadership activities
- Monthly youth activities

This parent involvement program is offered in combination with a three-year sequential drug prevention program for early adolescents at high risk for substance abuse in Boys and Girls Clubs. FAN Club activities fall into four general categories:

- Basic support
- Parent support
- Educational program
- Leadership activities.

Implementation Process and Plan

SMART Moves is a year-round program that encourages collaborations among Boys and Girls Club staff, youth, parents and representatives from other community organizations. The program teaches participants how to say no by involving them in discussion and role playing, practicing resistance and refusal skills, developing assertiveness, strengthening decision-making skills, and analyzing media and peer influence. The program provides interactive small group activities designed to increase participants' peer support, enhance their life skills, build their resiliency, and strengthen their leadership skills.

Start SMART teaches sex education and drug education, giving pre-teens the information and skills they need to resist peer pressure.

Stay SMART is modeled after a school-based intervention designed to build personal and social competence in at-risk youth. The program seeks to teach youth a broad spectrum of social and personal competence skills and to help them identify and resist peer and other social pressures to use alcohol, cigarettes and marijuana, and engage in early sexual activity.

SMART Leaders is a curriculum-based program that uses role-playing, group activities, and discussion to promote social and decision-making skills in racially diverse 14-to 17-year-olds. As participants advance in the program, they are involved in educational discussions on alcohol, tobacco, and other drugs and have the opportunity to recruit other youth for the program and assist with sessions offered to younger boys and girls.

Successful replication of the SMART Leaders model involves:

- Structured experiential and discussion sessions for youth
- Youth activities/outings

The SMART Moves program is intended for implementation within existing Boys and Girls Clubs. This program can be implemented in community-based youth organizations, recreation centers, and schools, in collaboration with all local Boys and Girls Club.

A number of the SMART Moves demonstration projects have been implemented in Boys and Girls Clubs that are in or are adjacent to public housing projects.

Communities wanting to implement FAN Club need to do so in conjunction with the SMART Moves program, which may include Start SMART, Stay SMART, and/or the SMART Leaders program.

Successful replication of the FAN Club model involves basic support services for parents and families, and social, educational, and leadership activities for parents.

Evaluation
In evaluating this program, communities and schools should assess:

- Any decrease in youth alcohol, tobacco, and marijuana use
- Any increase in peer resistance skills
- Youths' perception of social benefits from using alcohol, tobacco and other drugs
- Deviant peer bonding
- Increased media literacy skills
- Youths' attitudes toward marijuana use
- Youths' ability to refuse alcohol, tobacco, and marijuana

A how-to guide is available from the Institute for Policy Research and Evaluation, The Pennsylvania State University, through the Boys and Girls Clubs of America, for evaluating the SMART Moves program.

Lessons Learned
No special challenges or considerations have been reported for this practice.

Contact Information
For training, technical assistance or more information, contact:

Boys & Girls Clubs of America
1230 West Peachtree Street Northwest
Atlanta, Georgia 30309-3447
Telephone: (404) 487-5766
Fax: (404) 487-5789
E-mail: mcpuig@bgca.org
Web site: http://www.bgca.org

For materials, contact:

Supply Services
Telephone: (404) 487-5701

Social Competence Promotion Program for Young Adolescents (SCPP-YA)

Program Description
The Social Competence Promotion Program for Young Adolescents (SCPP-YA) is a middle school prevention program that teaches students cognitive, behavioral, and affective skills, and encourages them to apply these skills in dealing with daily challenges, problems, and decisions.

Target Population
This program was designed for use with middle school or junior high school students.

Goals and Objectives
The goal of the Social Competence Promotion Program for Young Adolescents is to reduce substance use and high-risk sexual behavior through improved decision-making skills.

Outcomes
Evaluation of the Social Competence Promotion Program for Young Adolescents indicates positive effects on students' problem-solving and stress-management skills, prosocial attitudes about conflict, social behavior, and alcohol use.

Strategies
School-based education

Activities
The 45-session SCPP-YA has three modules. The first module includes 27 40-minute lessons of intensive instruction in self-control, stress management, social problem solving, and communication skills. These lessons lay the foundation and are followed by two nine-session programs that teach students to apply the personal and social competency skills they learned to the prevention of substance use and high-risk sexual behavior.

Implementation Process and Plan
To foster the application and generalization of social problem-solving concepts and skills to daily life, teachers are trained to model problem-solving to students in situations other than formal classroom lessons, and to guide and encourage students to try out problem-solving strategies in school, at home, and in the community.

Evaluation
In evaluating this program, schools should assess:
- Participants' problem-solving and coping skills
- Participants' level of alcohol, tobacco, and other drug use

Lessons Learned
This one-year program has been found to be most effective when offered in the context of coordinated, multiyear social development and health-promotion programming.

Contact Information
If you are interested in implementing the Social Competence Promotion Program for Young Adolescents (SCPP-YA), you can receive more information on this program by contacting the program developer:

Roger P. Weissberg, Ph.D.
Professor of Psychology and Education
Department of Psychology (M/C 285)
The University of Illinois at Chicago
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Storytelling for Empowerment

Program Description
Storytelling for Empowerment is a school-based secondary prevention program designed for club and classroom settings serving American Indian and Latino/Latina middle school youth. The project addresses confusion of cultural identity, the lack of congruence of multicultural learning styles and instruction, and the lack of consistent, positive parental role models.

Target Population
The specific target population for the Storytelling for Empowerment Project is American Indian middle school-aged youth living on a rural Indian Nation, as well as Latino/Latina middle school-aged youth living in urban settings.

Goals and Objectives
The goals and objectives of this program are to decrease the incidence of alcohol, tobacco, and illegal drug use among high-risk youth by identifying and reducing factors in the individual, family, school, peer group, neighborhood/community, and society/media that place youth at high risk for alcohol, tobacco, and illegal drug use. In addition it attempts to enhance factors that might strengthen youth resiliency and protect youth from alcohol, tobacco, and illegal drug use.

Outcomes
An evaluation of Storytelling for Empowerment showed:
- A significant interaction between dosage and alcohol use during the past 30 days. Participants with less than 28 hours of dosage significantly increased their use of alcohol, while those with more than 28 hours decreased their use of alcohol.
- Usage of alcohol and marijuana (number of days used in the past 30 days) was lower among high dosage students compared with low dosage students.
- High dosage participants possessed less favorable attitudes toward drug use than low dosage participants.
- A reduction in alcohol use for all participants.
- An increase in resistance (i.e., would not take drugs when offered by a friend).

Strategies
School-based education

Activities
Twenty-seven lessons are presented. Topic areas include:
- Knowledge Power (knowledge of brain physiology, definition of additions, physical effects of drug, charts, games)
- Skills Power (decision-making strategies with role plays)
- Personal Power (five multicultural stories, symbol making, plays)
- Character Power (four multicultural stories of historical figures, character trait mandalas)
- Culture Power (definitions of culture, biculture, subculture, cultural symbol)
- Future Power (stories of multicultural role models, choosing a role model, drawings, goal setting).

Implementation Process and Plan
The following resources are required:
- Storytelling PowerBook (English and Spanish)
- Storytelling for Prevention (English and Spanish)
- Facilitator's Guide for Storytelling PowerBook

As 20 to 30 sessions are necessary to decrease alcohol and marijuana use, the intervention can be implemented within three months during the school year.

Two days' training is required. The cost of the training is $1,500.

Monitoring visits are available, as needed, for an additional $1,500.

The costs of the materials are as follows:

- Storytelling PowerBook—one for each student: $29.95
- Storytelling for Prevention—one for each parent/guardian: $1.75
- Storytelling PowerBook Facilitator's Guide—one for each teacher/group leader: $59.95
- Learning Wheel Book and Tool—one for each teacher/group leader: $35.00
- Various activity and arts and crafts supplies—budget is at the discretion of the group leader
- Incentives—budget is at the discretion of the group leader

Evaluation

In evaluating this program, schools should:

- Assess participants' attitudes toward drug use
- Assess participants' use of alcohol and marijuana
- Assess participants' refusal skills (refusing alcohol and marijuana when offered by friends)

This practice comes with an evaluation tool, available at no cost, which can be used when implementing this strategy.

Lessons Learned

Program requires a facilitator who can read and use a curriculum study guide and implement interactive activities.

This program works best if schools have a local storyteller participate periodically.

Contact Information

If you are interested in implementing Storytelling for Empowerment, you can receive more information on this program, including training and consultation, by contacting the program developer:

Annabelle Nelson, Ph.D.
The Wheel Council
P.O. Box 22517
Flagstaff, AZ 86002-2516
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Fax: (928) 214-7379
E-mail: annabelle@wheelcouncil.org
Web site: www.wheelcouncil.org

Strengthening the Bonds of Chicano Youth and Families

Program Description
Strengthening the Bonds of Chicano Youth and Families is a comprehensive, multi-level community-based and culturally appropriate program designed to meet the prevention needs of rural Chicano youth demonstrating high-risk characteristics of substance abuse. This program is rooted in a family-oriented approach that is based on Mexican-American culture, values, and principles.

Target Population
This program targets high-risk Hispanic youth, especially those from rural agricultural areas. Youth originally recruited for this program fit certain risk categories: siblings of substance users; children of substance users; juvenile delinquents; children at risk of becoming teen parents; children at risk of dropping out of school; and children residing in public housing.

Goals and Objectives
Strengthening the Bonds of Chicano Youth and Families was designed to reduce substance using behaviors among at-risk Hispanic youth.

Outcomes
An evaluation of this program revealed
- A significant improvement in family relations
- A significant decrease in alcohol use
- A significant decrease in other drug use

Strategies
Community involvement
Family involvement
Peer support groups

Activities
Strengthening the Bonds of Chicano Youth and Families uses a combination of culturally appropriate interventions with youth and families. Family interventions include camps (campamentos) and informal talks (platicas). Youth interventions include peer support groups and workshops. Community interventions include a homework center, a mural project, and a theater (teatro) project.

Implementation Process and Plan
The interventions are based on the theoretical framework of Hawkins and Catalano that promotes reduction of risk factors and strengthening of protective factors and resiliency. Interventions address four life domains: Barrio Life (community domain); School domain; Familia (family domain); and Individual/Peer domain.

No specific resources are required to implement this program. The intervention is suitable for a community-based setting.

In previous program implementations, each youth was involved with the program an average of 1.6 years.

Both youth and adults must complete the Acculturation Rating Scale for Mexican Americans.

Evaluation
In evaluating this program, communities should assess:

- Participants' alcohol and other drug use
- Participants' level of family bonding

Lessons Learned
No special challenges or considerations have been reported for this practice.

Contact Information
If you are interested in implementing Strengthening the Bonds of Chicano Youth and Families, you can receive more information on this program, including training and consultation, by contacting the program developer:

Ralph Varela, C.M.S.W.
Pinal Hispanic Council
712 North Main
Eloy, AZ 85231
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Fax: (520) 466-4475
E-mail: warriors@cgmailbox.com

Students Helping Others Understand Tobacco (SHOUT)

Program Description
Students Helping Others Understand Tobacco (SHOUT) is a classroom-based tobacco use prevention program.

Target Population
This program targets junior high school students in the sixth, seventh, and eighth grades, with booster sessions available for ninth-grade students.

Goals and Objectives
The goal of SHOUT is to prevent underage tobacco use and have youth commit to a tobacco-free lifestyle.

Outcomes
Youth exposed to the SHOUT program have shown improved resistance skills and lower levels of tobacco use.

Strategies
School-based tobacco education

Activities
The SHOUT curriculum is available for sixth- through eighth-grade students, with booster sessions by telephone or mail for ninth graders.

The classroom activities include making videotapes, discussing the consequences of using tobacco and the social pressures associated with use, resistance skills rehearsal, decision-making workshops, and letter writing activities. A community service component is added during the eighth grade.

Implementation Process and Plan
A separate curriculum is available for each of the three grades: sixth, seventh, and eighth. The price is $35 each. Schools choosing to buy the curriculum for all three grades at one time will receive a 10 percent discount. The complete package for each grade includes the curriculum itself and instructions for teachers who will implement the curriculum. No training for implementing this curriculum is available.

For more information on how to implement the curriculum, contact Amelia Arroyo of the Graduate School of Public Health at San Diego State University at (619) 594-2395.

Evaluation
Schools evaluating this program should assess youths' tobacco use.

Lessons Learned
No special challenges or considerations have been reported for this practice.

Contact Information
For more information on this program, or to order materials, contact Amelia Arroyo of the Graduate School of Public Health at San Diego State University at (619) 594-2395.

Teams-Games-Tournaments Alcohol Prevention

Program Description
Teams-Games-Tournaments (TGT) Alcohol Prevention combines peer support with group reward structures. The TGT approach focuses on group rather than individual achievement in order to learn about alcohol and its effects. Components of the program include: education about the biological, psychological, sociocultural, and physiologic determinants and attributes of alcohol; self-management skills for responsible drinking; information and education about drinking and driving; how to recognize and treat drinking problems; and assertiveness training to respond to peer pressure regarding alcohol.

Target Population
This program targets high school sophomores, juniors, and seniors.

Goals and Objectives
Teams-Games-Tournaments aims to reduce alcohol and other drug use among teenagers and to reduce the incidence of underage drinking and driving.

Outcomes
The Teams-Games-Tournaments Alcohol Prevention program has been shown to:
- Increase alcohol-related knowledge
- Increase unfavorable attitudes toward drinking and driving
- Reduce alcohol consumption

Strategies
Alternative activities
School-based alcohol education

Activities
TGT uses three intervention methods:
- Games as teaching devices
- Small groups of eight students as classroom work units
- Task and reward structures used in traditional classroom settings

Implementation Process and Plan
Students participate in a four-week classroom-based program. They are given a pretest of alcohol knowledge, and are then grouped into eight-member teams based on these scores. Each team consists of two high achievers, four middle achievers, and two low achievers. For TGT purposes, high, middle, and low achievers pertains only to alcohol knowledge determined by pretest scores; performance in other school courses is not relevant.

The alcohol education units are presented for three days every week in 50-minute sessions. On the fourth day, students work for 50 minutes in their TGT teams to complete worksheets in preparation for the next day's tournament. On the fifth day, students engage in the tournament designed to assess and reinforce knowledge gained in class. Individual and team scores are tabulated at the end of each tournament and posted during the next school day.

Initially, teachers receive pertinent reading materials on the TGT technique, alcohol and alcohol abuse, and behavioral and self-management techniques. Teachers then participate in a four-hour training workshop that prepares them to teach the educational sessions and facilitate the tournament

games. Periodic videotaping of the instructors leading a class is used to assure the proper level of competence in the implementation of the program.

Evaluation
Schools evaluating this program should assess:
- Participants' attitudes toward drug use and toward drinking and driving.
- Participants' alcohol consumption.

An evaluation tool is available for those implementing this strategy. Contact the program developer for cost information.

Lessons Learned
No special challenges or considerations have been reported for this practice.

Contact Information
If you are interested in implementing Teams-Games-Tournaments Alcohol Prevention, you can receive more information on this program, including training and consultation, by contacting the program developer:

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University of Tennessee
College of Social Work
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Fax: (901) 448-4850
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Teenage Health Teaching Modules

Program Description
Teenage Health Teaching Modules (THTM) is a comprehensive, secondary school health education curriculum intended to positively affect student health knowledge, attitudes, practices, and self-reported behaviors. Unlike traditional health instruction, which is organized by content areas, THTM materials are organized according to developmentally-based tasks of concern to adolescents. All modules are intended to build the following seven skills: self-assessment; risk assessment; communication; decision making; goal setting; health advocacy; and healthy self-management.

Target Population
THTM serves middle and senior high school students in grades 6 to 12.

Goals and Objectives
Teenage Health Teaching Modules is designed to increase students' knowledge of the effects of alcohol, tobacco, and other drug use, and to decrease use.

Outcomes
A large-scale, immediate post-test evaluation of 5,000 students demonstrated changes in students' knowledge and attitudes and, among senior high students, a decline in reported use of tobacco, alcohol, and other drugs.

The evaluation also found that teachers who received THTM training before they used the curriculum felt more prepared to teach THTM, were less apt to modify the curriculum, and achieved more positive effects on students' knowledge than teachers who did not receive such training.

Strategies
School-based education

Activities
Teenage Health Teaching Modules (THTM) is a research-based comprehensive health curriculum for grades 6 to 12. It consists of 25 modules that focus on the following key skills:

- Decision making
- Communication
- Goal setting
- Self-assessment
- Risk assessment
- Health advocacy
- Healthy self-management

THTM combines the traditional health content areas with the physical, mental, emotional, and social health tasks that students must address to foster healthy lifestyles.

Implementation Process and Plan
Each THTM module focuses on one or more important health task and related health decisions. The 25 modules are grouped into three grade levels: sixth through eighth, ninth and tenth, and eleventh and twelfth. Each module includes a teacher's guide with detailed instructions for conducting classroom activities and original copies of student handouts and transparencies.

Approximately 90 45-minute THTM sessions are available for each of the three grade-level groupings. Modules range in length from 6 to 15 class sessions. THTM can be used as a stand alone,

comprehensive school health education curriculum or as an adjunct to textbook or other curriculum materials. The modules readily fit into a number of different subject areas.

THTM can be implemented in virtually any rural, urban, or suburban secondary school.

The Teenage Health Teaching Modules curriculum is required to implement this program. Modules range in price from $20 to $80 apiece.

No special facilities or equipment are required to implement THTM. Training for teachers implementing the program is strongly recommended. The program developer has a network of certified trainers located in various regions of the country who are available to provide teacher training on THTM.

All financial and logistical arrangements for teacher training are handled by the trainer and the school district.

Evaluation
Schools evaluating this program should:

- Assess the acquisition of the following skills: communication, decision-making, health advocacy, self-assessment, healthy self-management
- Assess participants' attitudes toward alcohol, tobacco, and other drug use

An evaluation tool is available for selected modules. The program developer will provide this tool upon request at no additional cost.

Lessons Learned
The developers of THTM recommend a minimal dose of 45 class sessions at each grade level.

Contact Information
If you are interested in implementing Teenage Health Teaching Modules, you can receive more information on this program by contacting the program developer:

Erica Macheca
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02458
Telephone: (800) 225-4276
Fax: (617) 224-3436
E-mail: emacheca@edc.org
Web Site: www.thtm.org

For training information, contact:

Christine Blaber
Educational Development Center
55 Chapel Street
Newton, MA 02458
E-mail: CBlaber@edc.org Telephone: (617) 969-7101 ext. 2364

Urban Women Against Substance Abuse (UWASA)

Program Description
Urban Women Against Substance Abuse (UWASA) is a school-based program that targets Puerto Rican, Latina, and African- and Caribbean-American girls, and their female caregivers. UWASA is grounded in social learning theory demonstrating the connection between identified risk indicators—juvenile drug abuse violations, high school dropouts, teen birth rate, sexual abuse referrals—and the primary protective factors identified as cultural and community leadership by female adults.

Target Population
UWASA targets Puerto Rican, Latina, and African- and Caribbean-American girls ages 9 to 12.

Goals and Objectives
Program goals and objectives include reducing substance abuse, strengthening communication and relationship between girls and their mothers/other mothers, and developing culturally appropriate social norms.

Outcomes
UWASA had a positive and significant effect on participating girls' knowledge about HIV/AIDS.

Girls participating in UWASA maintained healthy substance use attitudes throughout an 18-month intervention.

Girls who attended 20 percent or fewer of the intervention sessions were least likely to see themselves as able to refrain from sexual intercourse if they were in a romantic relationship. Girls who participated in 20 percent to 50 percent of the intervention were the most likely to see themselves as avoiding sexual activity under the same circumstances.

Mother-daughter communication was the single most important variable associated with intermediate and final outcomes, confirming the theoretical underpinning of the UWASA project.

Strategies
After-school program
Cultural awareness and identification
Parent involvement
School-based education
Support/referral services

Activities
A central feature of UWASA is a self-development curriculum that teaches girls:
- To build cultural and gender identity
- Alcohol, tobacco, and illegal drug knowledge
- HIV awareness
- Career options

The program targets risk and protective factors using three principal components:
- The *Empowered Voices: A Participatory Action Research Curriculum for Girls*
- An after-school program
- A mother's component

Implementation Process and Plan
This community project consolidates learning, includes support from mothers/other mothers, and addresses action strategies for change at the individual, group, and institutional/neighborhood levels.

The program targets risk and protective factors using the following components:
- Curriculum-based intervention for preadolescent girls
- Parallel curriculum-based intervention for mothers/other mothers
- Monthly mother-daughter sharing sessions
- Recreational and cultural enhancements
- Curricular-embedded arts projects
- Support and referral services as needed

The following are the resources needed to implement this program:
- Empowered Voices: A Participatory Action Research Curriculum for Girls
- School- or community-based organizations with access to girls and their caregivers
- Trained facilitators that represent the ethnic characteristics of the target population
- Skilled and trained staff
- Assessment instruments

Evaluation
This practice comes with an evaluation tool that can be used when implementing this strategy. The cost of this tool is available from the program developer.

The program developer recommends that the outcome instrument, which was developed for a national cross site study, be shortened.

Schools and communities evaluating this program should:
- Assess participants' attitudes about alcohol, tobacco and other drug use
- Assess participants' mother-daughter communication

Lessons Learned
Sufficient space, resources, and connections to schools and/or community organizations that could host the program are essential. It is important that staff accept the intervention philosophy and that they have the skills necessary to maintain a high level of program fidelity. Mothers must be willing to engage in open dialogue with their daughters around sensitive issues.

Contact Information
If you are interested in implementing Urban Women Against Substance Abuse (UWASA), you can receive more information on this program, including training and consultation, by contacting the program developer:

Marlene J. Berg
Institute for Community Research
2 Hartford Square, Suite 100
Hartford, CT 06106-5138
Telephone: (860) 278-2044
Fax: (860) 278-2141
E-mail: infor@incommunityresearch.org
Web site: www.incommunityresearch.com

Woodrock Youth Development Program (YDP)

Program Description
The Woodrock Youth Development Program (YDP) is a school-based substance abuse prevention program. YDP is based upon research demonstrating the link between ethnic group norms and alcohol, tobacco, and other drug use, and evaluation findings demonstrating the preventive effects of resistance and cultural competency training, peer mentoring, and family strengthening activities.

Target Population
YDP has been used successfully with African-American, Latino, Asian, and Caucasian youth ages 6 through 14.

YDP can be implemented in urban elementary and middle school settings. YDP schools may be located in economically depressed communities characterized by a high incidence of hate crimes, ethnic conflict, and drug trafficking.

Goals and Objectives
YDP is designed to prevent or reduce alcohol, tobacco, and other drug use; raise awareness about the dangers of use; improve self-esteem, school attendance, and attitudes toward racial and ethnic diversity; and reduce aggressive attitudes and behaviors among at-risk elementary and middle school minority youth.

Outcomes
YDP participants evidence:
- Decreased alcohol, tobacco, and other drug use within the last month
- Decreased lifetime alcohol, tobacco, and other drug use
- Significant improvements in race relations and cultural sensitivity
- Significant improvements in school attendance

Additional gains were noted in aggression and self-esteem, although these changes were not statistically significant.

There was a significant relationship between increased attendance at YDP activities, lower drug use and increased positive attitudes toward avoiding drugs and alcohol. Knowledge of the negative effects of drugs and alcohol use were significantly higher for the experimental group. Older students in the experimental group reported significantly reduced levels of alcohol and drug use in the past month compared to the control group.

Strategies
After-school program
Alternative activities
Home visits
Parent involvement
Peer mediation
School-based education

Activities
YDP's programmatic goals are achieved by providing valuable extracurricular activities to engage youth, helping youth to develop general living and interpersonal skills, and imparting alcohol, tobacco, and other drug- (ATOD-) related knowledge and refusal skills.

The YDP program model comprises three intervention components:

- Education, including human relations and life-skills seminars in which role playing and other simulations relevant to drug use situations are incorporated
- A program of structured alternative extracurricular activities both after school and on weekends
- Peer mediation

Implementation Process and Plan

Woodrock's Youth Development Programs are based upon positive youth development that seeks to identify and strengthen youth assets by involving families in the education and development of youth; providing competent, caring adults as role models; creating safe places for youth to learn and grow; engaging youth in the planning, evaluation, and implementation of programming; responding to the changing needs and interests of youth; and providing activities to foster youth exploration of issues of cultural diversity.

To successfully implement this program, schools must:

- Conduct weekly human relations classes in school to provide youth with the skills to resist pressure to participate in destructive behaviors. Classes are intended to raise self-awareness about the dangers of alcohol, tobacco, and other drug use, promote healthy attitudes about use, and foster self-esteem.
- Assist parents in supporting their child's educational needs through youth advocates who serve as intermediaries between school personnel and parents.
- Hold monthly meetings between Youth Development Project (YDP) youth advocates and classroom teachers to monitor student progress and provide teachers with insight into student needs.
- Conduct an annual home visit at the beginning of the school year to familiarize parents with the program.
- Conduct workshops that allow parents to come together and exchange parenting strategies and ideas.
- Provide field trips and weekend retreats to program youth.
- Implement after-school clubs designed to develop students' individual talents and interests and build self-esteem and human relations skills. These may include, but are not limited to, the following activities: mediator's club; mural arts; outdoor activities.

Schools implementing this program will need to purchase:

- *Human Relations Curriculum* materials
- Evaluation materials, including race relations and aggression inventories developed specifically for the program

Evaluation

Schools implementing this program should:

- Assess favorable attitudes toward drug use and its relationship to attendance at YDP activities
- Assess participants' levels of alcohol and other drug use
- Assess participants' knowledge of the negative effects of alcohol and other drug use

Lessons Learned

No special challenges or considerations have been reported for this practice.

Contact Information

If you are interested in implementing the Woodrock Youth Development Program (YDP), you can receive more information on this program, including training and consultation, by contacting:

Tony Fisher
Director of Program and Resource Development
Woodrock, Inc.
1229 Chestnut Street, Suite M7
Philadelphia, PA 19107
Telephone: (215) 231-9810
Fax: (215) 231-9815
Web site: www.woodrock.org

Peter Yeemans
Program Director
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www.woodrock.org

APPENDIX E
GUIDANCE FOR DOCUMENTING A SCIENCE-BASED OR PROMISING PREVENTION STRATEGY NOT ON NEPIP LISTS

Selecting a science-based or promising strategy from the lists contained in this document is your community coalition's best option, since the strategies listed here have been replicated in a variety of settings and with differing populations, and have already been rigorously evaluated.

If your community coalition is interested in implementing a strategy that doesn't appear in this document, but which you feel meets the criteria for either science-based or promising designation, you may submit an application for SICA funding that includes that strategy, provided you can supply rigorous documentation as to the strategy's qualifications for either of the two designations. Prevention strategies determined to meet science-based or promising status will be eligible for funding under Nebraska's SICA.

Although the criteria for approval will not be as stringent as those required by the National Registry for Effective Programs[8], all proposed prevention strategies must meet rigorous standards.

1. **Understanding what causes substance abuse behavior is essential to developing a prevention strategy or program that will reduce the chance that kids will use alcohol or other drugs. Every prevention strategy must be based on scientifically-validated substance abuse prevention theories, and address the factors that put children at risk for abusing substances as well as the protective factors that act as a buffer against those negative influences.**

   The documentation you submit must identify the risk, protective and other protective factors addressed, and explain how the program, practice, or policy effectively addresses these factors.

2. **Strategies are successful when they meet the needs of communities and they occur over an extended period of time.**

   To enhance the likelihood that the proposed strategy can be successfully replicated in other communities, you must document:
   - The number of sessions the strategy delivered
   - The length of time provided for each session
   - The objectives addressed

[8] Researchers and community prevention professionals who wish to gain NREP approval may also apply to the National Registry of Effective Programs (NREP). NREP reviews prevention programs and policies that are developed in response to targeted problems and theoretically driven by risk and protective factor data. Program candidates are required to submit published and unpublished program materials to NREP for review by teams of scientists who rate each program according to 18 specific criteria of scientific soundness. If you want to explore whether your program is ready for review, call (866) 43-NREP or send an e-mail to NREPP@intercom.com.

3. **Strategies must have clearly delineated implementation processes.**

   To determine how your strategy achieved the desired effect, you must provide records kept on the strategy's processes: attendance information; feedback from participants; guidelines you might have developed for delivering and implementing the program (e.g., the order in which sessions are presented, the use of peer leaders, the use of mentors), etc.

4. **Strategies must clearly identify the target populations for whom the strategy has proven effective.**

   You must clearly document the target population with whom the strategy was implemented, and why/how the participants were chosen.

5. **Strategies must have been implemented and proven effective using a significantly sized target population.**

   You must provide documentation as to the number of people who began the strategy, completed it, and were included in the evaluation.

6. **Strategies must follow a sound Logic Model framework.**

   You must provide the logic model used in the implementation of the strategy. To properly evaluate your program, your logic model must outline what outcome the strategy expected to achieve and how the strategy was expected to work. Your logic model must link the following:
   - The risk and protective factors the strategy addressed
   - The procedures and activities that were implemented
   - The people who participated in were influenced by the strategy
   - The underlying theories as to why and how the expected changes should occur as a result of the planned procedures and activities
   - The immediate changes expected in individuals, organizations, and/or the community at large
   - The long-term outcomes expected as a result of implementing the strategy

7. **Strategies must have clearly identifiable outcomes resulting in decreased substance abuse among youth ages 12-17.**

   You must document the actual changes in behavior that occurred as a result of the strategy. You must also identify any other plausible reasons for the changes, such as competing programs, any simultaneous mass media campaigns, and the natural maturing process youth go through.

8. **Strategies should be replicable by others.**

   List the range of services and materials available for your program, including (but not limited to): training; technical assistance; written protocol or curriculum; manuals; videos; recruitment forms; instruments to measure fidelity; other program resources.

9. **Strategies must be culturally and developmentally appropriate for the target population.**

   You must document the ethnic/racial and age groups the strategy addresses, as well as the settings for which it has been validated. Your documentation must show how the strategy mirrors the cultural values of the target population, and include comprehensive information as to the key intervention strategies and components used that reflect the cultural characteristics, behavioral preferences, and expectations of the target population. Similarly, you must document how the strategy is tailored to the cognitive and emotional capacities associated with the target population's age and developmental range.

10. **Strategies must have undergone a rigorous, comprehensive and formal evaluation by a qualified evaluator, and been proven to be effective.**

    You must clearly document the strategy evaluation, including the evaluation design and the actual conduct of the evaluation. The strategy must produce a consistent pattern of results for the target population, and be usable and appropriate for widespread application and dissemination. While there are a number of different methods of evaluation, you are strongly encouraged to document specific outcomes for the target population as compared to control groups that did not receive the intervention. Testing both intervention and control groups before the strategy would indicate both how much change had occurred over the course of the strategy, and how comparable both groups were before the strategy began.

APPENDIX F
PREVENTION STRATEGY RESOURCES ON THE INTERNET

GOVERNMENTAL RESOURCES

Center for Disease Control's Media Campaign Resource Center, The
Provides materials to support environmental strategies aimed at tobacco use prevention through counter-advertising. The CDC has licensed existing advertisements developed by more than 25 state health departments, nonprofit health organizations and federal agencies. The Center provides access to these ads and technical assistance to develop an ad campaign.
http://www.cdc.gov/tobacco/mcrc/

Center for the Study and Prevention of Violence, The
University of Colorado, Boulder
Provides a matrix of prevention strategies (across 12 agency/organization sources) that promote child and adolescent development and well being, with additional information and URLs to visit for specific program rating criteria.
http://www.colorado.edu/cspv/blueprints/matrix/overview.html

CSAP's Northeast CAPT
Database of prevention programs that can be searched by domain, endorsing agency, setting, age, ethnicity, grade, gender, replications and language adaptations.
http://www.northeastcapt.org/pod/default.asp

CSAP's Preventing Problems Related to Alcohol Availability: Environmental Approaches – Practitioners' Guide
A practical guide for use in addressing community alcohol problems using balanced approaches involving education, regulation, and local resources for managing alcohol availability.

http://216.239.39.104/search?q=cache:XKERELQpZrwJ:www.adp.cahwnet.gov/RC/pdf/6787.pdf+location+density+alcohol+outlets&hl=en&ie=UTF-8

CSAP's Western Center for the Application of Prevention Technologies (CAPT)
Inclusive prevention strategy database that can be searched by domain, endorsing agency, risk and protective factors, setting, age, race/ethnicity, gender, CSAP strategy, and Institute of Medicine (IOM) classification.
http://casat.unr.edu/westcapt/bestpractices/search.php

National Highway Traffic Safety Administration
Provides a series of "how to" guides on a variety of useful topics including media relations, public policy and enforcement.

http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Guides_index.html

National Cancer Institute
Provides detailed descriptions of evidence-based environmental and individual tobacco prevention and cessation strategies. Strategies can be searched based on age, and race/ethnicity of target population, as well as based on setting.
http://cancercontrol.cancer.gov/rtips/rtips_search.asp?topicID=1&choice=default

Office of Juvenile Justice and Delinquency Prevention's Enforcing Underage Drinking Laws Training Center
Provides free materials that support environmental strategies to reduce underage drinking.
http://www.udetc.org

Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs, The
Provides information and strategy descriptions for substance abuse prevention strategies that CSAP has rated as promising and/or effective. Special features include program comparisons, content focus areas, program matrix, and alphabetical strategy listing.
http://modelprograms.samhsa.gov/

U.S. Department of Education (DOE), Safe and Drug Free Schools
Lists school-based strategies labeled exemplary and promising by the DOE, and that promote safe, disciplined and drug-free schools. The list includes 9 exemplary and 33 promising programs.
http://www.ed.gov/admins/lead/safety/exemplary01/panel.html

PRIVATE/NON-PROFIT AND EDUCATIONAL RESOURCES

Alcohol Epidemiology Project
Provides information, research and tools to support environmental strategies related to alcohol prevention, such as the development of policies and local ordinances.
http://www.epi.umn.edu/alcohol/about/default.html

Alcohol Policy Solutions
Provides resources, tips and tools to support environmental strategies aimed at alcohol use prevention.
http://www.alcoholpolicysolutions.net/site_map.htm

Checklist of Policy Indicators for Alcohol, Tobacco and Other Drugs (ATOD)
Developed by the Center for Prevention Research and Development, this Checklist is a tool that can be used to help you assess the ATOD policies that currently exist in your community, and where you may need to extend your efforts.
http://www.cprd.uiuc.edu/sig/tools/tool5.doc

FACE
FACE's Community Action Kit provides information and tools that communities can use to support environmental strategies aimed at reducing underage drinking.
http://www.faceproject.org/commactionkitfirst.html

Free to Grow
Head Start Partnerships to Promote Substance Free Communities provides a wealth of useful information on environmental strategies aimed at substance use prevention in areas such as policy and community norms.
http://www.freetogrow.org/pubs_keywords3362/pubs_keywords_list.htm?cat_id=12

Institute for Public Strategies
Provides information and technical assistance in environmental strategies directed at changes in policy and community norms and standards.
http://www.publicstrategies.org/default.htm

Overview of Strategies to Reduce Underage Drinking
A publication of the South Carolina Department of Alcohol and Other Drug Abuse Services, this document is an 8-page resource that provides a matrix of environmental strategies, priority, and level of effectiveness as established by the Office of Juvenile Justice and Delinquency Prevention (OJJDP).
http://www.daodas.state.sc.us/web/PDFs/ToolkitSection3.pdf

Promising Practices Network on Children, Families, and Communities (PPN)
Showcases strategies that research indicates are either promising or proven effective in improving outcomes for children, youth and families.
http://www.promisingpractices.net

The Taskforce on Community Prevention Services
Showcases the Guide to Community Prevention Services. The Guide indicates the strength of scientific evidence underlying various environmental approaches to tobacco use prevention.
http://www.thecommunityguide.org/tobacco/

The Trauma Foundation
Provides case histories of seven organizations that have worked to reduce alcohol-related problems in their communities using primarily environmental strategies.
http://www.tf.org/tf/alcohol/case.shtml

APPENDIX G
ELIGIBLE PREVENTION STRATEGIES LIST – ALPHABETIZED

STRATEGY NAME	DESIGNATION Science-Based (SB) or Promising (P)	APPROACH Environmental (E) or Individual (I)
Across Ages	SB	I
Advertising restrictions (alcohol/tobacco)	P	E
Alcohol home delivery restrictions	P	E
All Stars	SB	I
ATHENA (sister program to ATLAS)	P	I
ATLAS	SB	I
Be a Star	P	I
Beer keg registration	P	E
Behavioral Monitoring and Reinforcement Program	P	I
Bicultural Competence Skills Approach	P	I
Big Brothers-Big Sisters of America	P	I
Bilingual/Bicultural Counseling and Support Services	P	I
CASASTART	SB	I
Changing the conditions of alcohol and other drug availability	SB	E
Child Development	SB	I
Class Action	P	I
Club Hero	P	I
Colorado Youth Leadership Project	P	I
Communities Mobilizing for Change on Alcohol	SB	I
Community Mobilizing for Change on Alcohol	SB	E
Community Trials Intervention to Reduce High Risk Drinking	SB	E
Community Trials Intervention to Reduce High-Risk Drinking	SB	I
Coping Power	P	I
Counter-advertising (alcohol)	P	E
Counter-Advertising (tobacco)	SB	E
Creating Lasting Family Connections	SB	I
Daughters of Tradition	P	I
East Texas Experiential Learning Center	P	I
Economic interventions (alcohol/tobacco)	SB	E
Enforcing the minimum purchase age (alcohol/tobacco)	SB	E
Faith-Based Prevention	P	I
Families and Schools Together	SB	I
Families in Focus	P	I
Family Matters	SB	I
Friendly PEERsuasion	P	I
Great Body Shop	P	I
Guiding Good Choices	SB	I
Keep a Clear Mind	SB	I
Keepin' It Real	SB	I
Kids Intervention with Kids in School (KIKS)	P	I
Leadership and Resiliency Program	SB	I
Life Skills Training	SB	I
Lions-Quest Skills for Adolescence	SB	I
Massachusetts Tobacco Control Program	SB	E
Michigan Model for Comprehensive School Health Education	P	I

STRATEGY NAME	DESIGNATION Science-Based (SB) or Promising (P)	APPROACH Environmental (E) or Individual (I)
Multimodel Substance Abuse Prevention	P	I
Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA)	P	I
Norms for Behavior and Rule Setting in School	P	E
Norms for behavior and rule setting in school	P	E
Parenting Wisely	SB	I
Plan a Safe Strategy (PASS) Program	P	I
Positive Action	SB	I
Prevention Dimensions Program	P	I
Preventive Alcohol Education Program	P	I
Project ALERT	SB	I
Project Break Away	P	I
Project Northland	SB	I
Project STAR: Students Taught Awareness and Resistance (also known as the Midwestern Prevention Project)	P	I
Project SUCCESS	SB	I
Project Toward No Tobacco Use	SB	I
Project Towards No Drug Abuse	SB	I
Project Venture	P	I
Reconnecting Youth	SB	I
Residential Student Assistance Program	SB	I
Responding in Peaceful and Positive Ways	SB	I
Responsible beverage service	SB	E
Saving lives—a strategy to reduce drinking and driving	P	E
Say It Straight Training	P	I
Seattle Social Development Project (also called SOAR—Skills, Opportunities, and Recognition)	SB	I
Sembrando Salud	P	I
SMART Moves	P	I
Social Competence Promotion Program for Young Adolescents (SCPP-YA)	P	I
Start Taking Alcohol Risks Seriously	SB	I
Stop Teenage Addiction to Tobacco	SB	E
Storytelling for Empowerment	P	I
Strengthening Families Program I	SB	I
Strengthening Families Program: For Parents and Youth 10-14	SB	I
Strengthening the Bonds of Chicano Youth and Families	P	I
Students Helping Others Understand Tobacco (SHOUT)	P	I
Teams-Games-Tournaments Alcohol Prevention	P	I
Teenage Health Teaching Modules	P	I
Tobacco Policy and Prevention	P	E
Too Good for Drugs	SB	I
Urban Women Against Substance Abuse (UWASA)	P	I
Woodrock Youth Development Program (YDP)	P	I
Zero-tolerance laws (alcohol)	SB	E

APPENDIX H
GLOSSARY OF TERMS

ADAPTATION: Changes to a prevention program's structure, content, or method of delivery

ALCOHOL OUTLET: A place that sells alcoholic beverages for consumption on- or off-premises

ALCOHOL OUTLET DENSITY: The number of alcohol outlets licensed to sell alcohol within a defined geographic area

ASSETS: Individual skills and strengths—or social, monetary, recreational, and other community support—that can protect against substance abuse

AVAILABILITY: The means by which alcohol, tobacco, or other drugs are made available; sources of availability can be either commercial (e.g., retail outlets) or social (e.g., family or friends)

BASELINE DATA: Information collected before a prevention strategy is implemented to provide a comparison point for outcomes during and after implementation

CAPACITY: The ability to successfully develop and implement a comprehensive community plan to produce and sustain desired community outcomes.

COMMUNITY: Administrative or geographic locations defined by legal or administrative boundaries (e.g., counties, cities, school districts, etc.)

COMMUNITY ASSESSMENT: A structured method used to gather objective information in order to record and analyze the extent of a particular problem (such as substance abuse)

COMMUNITY-BASED APPROACH: A prevention approach that involves different sections of the community, drawing on multiple local resources

COMMUNITY READINESS: The degree to which a community is prepared to plan for, and take action on, an issue impacting community well-being.

CONDITIONAL USE PERMIT: A permit that is granted under certain conditions allowing the sale or consumption of alcohol. It may be awarded on a temporary or permanent basis.

CULTURAL COMPETENCY[1]: A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. The word "culture" is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word "competence" is used because it implies having the capacity to function effectively. Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent which include:

1. Valuing diversity.
2. Having the capacity for cultural self-assessment.

[1] From Cross, T., et. al., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

3. Being conscious of the dynamics inherent when cultures interact.
4. Having institutionalized culture knowledge.
5. Having developed adaptations to service delivery reflecting an understanding of cultural diversity.

These five elements should be manifested at every level of an organization including policy making, administrative, and practice. Further these elements should be reflected in the attitudes, structures, policies and services of the organization.

DATA: Information that is collected in order to identify, analyze and understand issues of interest

DATA ANALYSIS: The process of examining systematically collected information

DESIGN (often referred to as research design or study design): An outline of the procedures that must be followed in implementing science-based programs to reach valid conclusions

DOCUMENTATION: Keeping records, collecting data, and/or making observations to obtain specific kinds of information

DOMAIN: The areas in which an individual interacts with others and society: 1) individual/peer; 2) family; 3) school; and 4) community

ENVIRONMENTAL STRATEGIES: Environmental strategies involve changing aspects of the environment that contribute to the use of alcohol and other drugs; specifically by limiting access to substances and changing social norms that are permissive of substance abuse in order to decrease the social and health consequences of substance abuse.

EVALUATION: The process of analyzing data in order to proactively monitor progress and assess whether or not desired outcomes are being achieved—and determine why or why not—so that needed modifications and improvements can be made on a continuous basis to ensure that desired outcomes are achieved

EVIDENCE-BASED (also called science-based or research-based): The use of agreed upon criteria to determine, through evaluation, that the outcomes achieved by a prevention strategy are credible and can be substantiated

FIDELITY: The degree of fit between a program developer's design and intended use of program components and the actual implementation of the program in a given setting (i.e., school or community)

FRAMEWORK: A general structure supporting the development of theory

GOAL: A statement that identifies in broad terms the change that is needed in order to solve an identified problem. In substance abuse prevention, goals are almost always related to behavior change

HAPPY HOUR: A promotional activity, usually held during a specified time period, in which bars and other on-site outlets provide alcoholic beverages at a reduced price

IMPACT: The effect of implementing a particular program, policy, or practice on conditions described in the baseline data; this may be measured in terms of changes in consumption, patterns

of consumption, consumption environments, or related problems, such as mortality, chronic disease, trauma, or criminality

INCLUSION: Inclusion is the right of all of Nebraska's diverse populations to participate fully and equally in decision-making, policy development, and implementation of programs, policies and practices

INDICATOR: A way to gauge a concept that is not directly observable or measurable, such as using the rate of emergency room admissions for drug overdose as a measure of substance abuse

INDIVIDUAL STRATEGIES: Individual prevention strategies focus on the changing the personal attributes of individuals in order to decrease the probability that they will engage in substance abuse. This approach does not include efforts to change the risks that are present in the environment (e.g. availability of alcohol and other drugs, social norms that are permissive of substance abuse).

INFRASTRUCTURE: The underlying foundation or basic framework that supports the effective functioning of a community or society in achieving desired outcomes

INTERVENTION: In substance abuse prevention, a strategy applied at the individual or environmental level to prevent or lower the rate of substance abuse or substance abuse-related problems

LICENSE SYSTEM: System in which the state licenses private businesses to distribute and sell retail alcoholic beverages

LOGIC MODEL: A sequential series of steps used to conduct an evidence-based strategic planning process that focuses on achieving results rather than just selecting strategies. The elements of a logic model include:

- Mission
- Assessment
- Problem Statement and Target Population
- Goals, Objectives, and Outcomes
- Strategies, Activities, and Outputs
- Indicators
- Evaluation
- Sustainability

LONGEVITY: The length of time an intervention is likely to be effective (e.g., raising the minimum purchase age for alcohol has high longevity and requires limited attention once it is implemented, while merchant compliance checks to enforce minimum purchase age laws have limited longevity and require repeated effort to maintain)

MOBILIZATION: Bringing together and putting into action volunteers, community stakeholders, and others in support of a prevention initiative

NEEDS ASSESSMENT: A systematic process for gathering information about current conditions and issues of interest in order to assess the need to intervene

NORMS: The acceptability or unacceptability of specific behaviors for a specific group of individuals

OBJECTIVES: Measurable statements that describe the changes in underlying conditions and personal attributes that have to take place in order for goals to be achieved

OFF-SALE OUTLET: A retail alcohol outlet licensed to sell alcohol for consumption outside of, and not in, the licensed establishment

ON-SALE OUTLET: A retail alcohol outlet licensed to sell alcohol for consumption within, but not outside of, the licensed establishment

OUTCOME: A statement that describes the tangible accomplishments in behavior, attitude and/or knowledge changes that demonstrate that progress is being made toward the achievement of a goal. Outcome statements must be specific, measurable, achievable, directly related to the expressed goals and time-limited.

OUTCOME EVALUATION: A systematic process of collecting and analyzing data to assess the effects of strategies on intended outcomes

POLICY: Rules, regulations, standards, or laws designed to prevent the abuse of alcohol, tobacco and other drugs (e.g., 0.08 Blood Alcohol Content laws, keg registration)

PRACTICES: Standard activities that are based on policy and designed to prevent substance abuse (e.g., responsible beverage server training, sobriety checks)

PRE- AND POST-TESTS: Evaluation instruments used to assess change by comparing data collected before a strategy is implemented to data collected after the strategy has been in place for a specified time

PREVENTION: The active process of creating conditions and personal attributes that promote the well-being of people

PREVENTION SYSTEM: A purposeful, effective and sustained partnership of agencies, organizations and individuals whose missions include substance abuse prevention, that is committed to decreasing substance abuse through a collaborative and coordinated process of:

- Comprehensive planning for—and evaluating—outcomes
- Promoting evidence-based strategies
- Allocating resources
- Workforce development

PROCESS EVALUATION: Collecting and analyzing data that assesses what activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation

PROGRAM: A structured intervention, including environmental initiatives, that is designed to change social, physical, fiscal, or policy conditions within a definable geographic area or for a defined population. *(Achieving Outcomes, 12/01)*

PROGRAM EVALUATION: Using scientific research methods to assess program concepts, implementation, and effectiveness

PROMISING STRATEGIES: Strategies that are based upon scientific theory and principles that have been implemented, formally evaluated, and found to produce desired outcomes in behavior, attitude and/or knowledge

PROTECTIVE FACTOR: An attribute, situation, condition, or environmental context that works to shelter an individual from the likelihood of alcohol, tobacco, and other drug use

RELIABILITY: The consistency of a measurement over time

REPLICATE: To implement a strategy in a setting other than the one for which it originally was designed and in which it was originally implemented; replication of a strategy is done with attention to the consistent use of its core elements in the new setting

RESEARCH EVIDENCE: Information obtained from research studies to evaluate the effectiveness of a strategy and typically published in peer-reviewed journals

RESILIENCE: The ability of an individual to cope with, or overcome, the negative effects of risk factors in the environment

RESOURCE ASSESSMENT: A systematic examination of existing structures, programs, and other activities and resources potentially available to your community to help you develop and implement a prevention plan that will address your identified needs

RISK FACTOR: An attribute, situation, condition, or environmental context that increases the likelihood that an individual will engage in a high-risk behavior such as substance abuse

SCIENCE-BASED STRATEGIES: Strategies that are based on scientific theory and principles that have been implemented and found to be effective through a formal evaluation that has been published in a peer-reviewed journal

SCOPE: The number of people who are reached or the geographic coverage of a particular strategy

SETTING: The actual location in which an intervention takes place

STRATEGIC PLANNING: In community substance abuse prevention, an established set of planning steps that includes assessing needs and resources; selecting a target population and goals, objectives and outcomes; selecting and implementing appropriate, evidence-based strategies; measuring and evaluating progress toward outcomes; and sustaining those desired outcomes into the future

STRATEGIES: Policies, programs, and practices that promote the well-being of people and reduce the consumption of—and the problems associated with—alcohol, tobacco, and other drugs

SUBSTANCE ABUSE: Substance abuse encompasses: (1) the illegal use of alcohol, tobacco or other drugs, or (2) any use by minors of alcohol, tobacco or other drugs, including hazardous chemicals such as inhalants

SUSTAINABILITY: Sustainability is the ability to generate/regenerate efforts that thrive and produce desired outcomes over the long term through effective community infrastructures and processes

SUSTAINABLE PROCESSES: Processes that are based on data, open communication, regular review, and adaptation as needed, of mission, resources, needs, strategies and progress, to ensure achievement of desired outcomes

SYSTEM: A regularly interacting, interdependent and unified network of entities with a shared mission, organized to further its common purpose

TARGET POPULATION: The individuals or group of individuals upon whom a strategy is intended to have an impact

TECHNICAL ASSISTANCE: Site-specific problem solving and other professional assistance based upon assessed needs

TECHNICAL SUPPORT: Support encompasses technical assistance and all forms of education and skill building, including initiative-specific training and more general organizational development

VALIDITY: The extent to which a construct actually measures what it claims to measure