CAPT Decision Support Tools

Prevention Programs that Address Youth Marijuana Use

Using Prevention Research to Guide Prevention Practice

SAMHSA's Center for the Application of Prevention Technologies
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www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

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PREVENTION PROGRAMS THAT ADDRESS YOUTH MARIJUANA USE

Drawing from national databases and registries of effective programs and practices, this document provides summaries of interventions that have been shown to prevent or reduce marijuana use among youth populations. The interventions included in this document meet the following criteria:

- Evaluations tested for intervention outcomes related to youth marijuana initiation or (ab)use and yielded statistically significant marijuana use results (which are reported here).
- Interventions were identified as effective, model, or promising.

Interventions excluded from this document include those whose:

- Evaluations assessed program effects using composite outcome measures of illicit drug or substance abuse that included marijuana (ab)use rather than using specific measures of marijuana (ab)use.
- Evaluations demonstrated no effects or harmful effects with regard to marijuana use.

Each intervention summary is designed to provide a brief answer to the following questions:

- **Contacts:** Whom do I contact for more information?
- **Description:** What are key components of the program?
- **Populations:** What population group/s does this program target?
- **Settings:** In what settings has this program been implemented (and evaluated)?
- **Evaluation design:** How was this program evaluated?
- **Outcomes:** What were the evaluation outcomes specific to marijuana use?
- **Studies:** Which evaluation studies reported these marijuana outcomes?
- **Recognition:** Which national organizations or agencies have recommended or reviewed this program?

For more information on these interventions, follow the URL addresses provided. Please be advised that the URLs included in this document were active as of December 2013. The URLs are subject to change at any point by the host sites.

Other documents in this suite of products include:

- *Risk and Protective Factors Associated with Youth Marijuana Use*, offering a summary of research findings on factors associated with marijuana use.

- *Strategies and Interventions to Prevent Youth Marijuana: An At-a-Glance Resource Tool*, offering brief summaries of the strategies and associated interventions described below.

- *Preventing Youth Marijuana Use: An Annotated Bibliography*, providing abstracts for the articles presented below.

Using These Resources to Guide Prevention Practice

Although there are several ways to approach and use this resource, the following are suggested steps or guidelines.

Don't start by looking at programs! Instead, start with risk and protective factors. While marijuana use among youth may be a serious problem across your state, the factors that drive the problem in different communities may vary considerably. For example, in one community, high school students may have low perceptions of the risks associated with marijuana use. However, this may not be an important risk factor in another community. To be effective, prevention strategies or interventions must be linked to the risk and protective factors that drive the problem *in your community.* Therefore, it is critical that you begin your search for appropriate prevention strategies with a solid understanding of these factors, based on a comprehensive review of local quantitative and qualitative data.

When prioritizing the risk and protective factors to address, consider questions such as the following:

- How much does the factor contribute to your priority problem? Is it associated with the outcome(s) you want to address?
- Do you have the resources and readiness to address this factor? How might community norms and/or social conditions support or compromise your ability to address this factor?
- Is this factor relevant, given the developmental stage of your focus population?
- Does a suitable intervention exist to address this factor?
- Can we produce outcomes within a reasonable time frame?
- Is this factor associated with other behavioral health issues? If yes, how does this impact your ability (or readiness) to address the factor in question?
- Are there other considerations that may influence your ability to address this factor?

For information on risk and protective factors, visit the document *Risk and Protective Factors Associated with Youth Marijuana Use*. Once you have identified and prioritized appropriate factors, explore *Strategies and Interventions to Prevent Youth Marijuana: An At-a-Glance Resource Tool* to learn about strategies associated with those factors. Then use this document to read about strategies/interventions of interest.

Examine detailed summaries to identify relevant studies. The program summaries included in this resource are designed to help you decide which intervention(s)—if any—best fit your local conditions. After reviewing the summaries, use the citations provided to access the full-text of the most relevant articles. When exploring potential strategies, consider questions such as the following:

- What outcome does the strategy address (e.g., 30-day versus lifetime use)?
- Does the outcome identified in the article align with your outcome of interest?

- Are you already implementing similar strategies or interventions for other substances in your community?
- Is this new strategy complementary or redundant?

Determine the feasibility of implementation. Once you have identified a program that addresses those risk and protective factors associated with youth marijuana use in your community, it is important to determine how feasible it will be to implement, given your resources and community conditions (i.e., the community's willingness and/or readiness to implement). The processes of assessing feasibility and sources that can help with this are discussed in SAMHSA's Center for Substance Abuse Prevention's 2009 *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. Additional resources related to feasibility can be found in the CAPT area of SAMHSA's website <captus.samhsa.gov>.

THE ABECEDARIAN PROJECT	
CONTACTS	Frances Campbell Senior Scientist Frank Porter Graham Child Development Center University of North Carolina Phone: (919) 966-4529 E-mail: Campbell@mail.fpg.unc.edu
	Website: http://abc.fpg.unc.edu/
DESCRIPTION	The Abecedarian Project is a comprehensive early education program that includes two components: (1) a preschool intervention that provides an enhanced language environment, nutritional supplements and disposable diapers along with pediatric care and supportive social work services, and, for older children, a structured set of educational curricula; and (2) a school-age intervention that assigns a resource teacher to each child and family who prepared an individualized set of home activities to supplement the school's basic curriculum in reading and math, taught parents how to use these activities with their children, tutored children directly, met regularly with classroom teachers to ensure that home activities aligned with skills taught in the classroom, served as a consultant for the classroom teacher when problems arose and advocated for the child and family within the school and community.
POPULATIONS	Young children (ages 0–8 years) at risk for developmental delay and school failure
SETTINGS	Day care centers and elementary schools
EVALUATION DESIGN	Prospective, experimental design with random assignment to treatment or control group, and including follow-up assessment of participants at the end of their kindergarten year, as well as when they were ages 8, 12, 15, 18 and 21.
EVALUATION OUTCOME(S)	Compared to children assigned to the control group, Abecedarian participants: • Reported lower incidence of marijuana use at age 21 (Campbell et al., 2002). • Were older when first smoking of marijuana regularly by age 21 (Muennig et al., 2011).
EVALUATION STUDIES	Campbell, F. A., Ramey, C. T., Pungello, E., Sparling, J., & Miller-Johnson, S. (2002). Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science, 6*(1), 42-57. Muennig, P., Robertson, D., Johnson, G., Campbell, F., Pungello, E. P., & Neidell, M. (2011). The effect of an early education program on adult health: The Carolina Abecedarian Project Randomized Controlled Trial. *American Journal of Public Health, 101*(3), 512-516.
RECOGNITION	RAND Corporation's Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=132

ATHENA (ATHLETES TARGETING HEALTH EXERCISE & NUTRITION ALTERNATIVES)		
CONTACT	Michelle Otis Program Director Phone: (503) 418-4166 Email: steinerm@ohsu.edu	Diane L. Elliot Program Designer/Evaluator Phone: (503) 494-7900 Email: elliotd@ohsu.edu
	Website: http://www.athenaprogram.com	
DESCRIPTION	This program aims to reduce disordered eating habits and deter use of body-shaping substances through peer-led sessions and cognitive restructuring activities. Led by coaches and student athletes as a part of their usual sports teams' practice activities, the eight, 45-minute sessions present consequences of substance use and the benefits of appropriate sport nutrition and effective exercise and training.	
POPULATIONS	Female student athletes (ages 13–17)	
SETTINGS	Middle and high schools	
EVALUATION DESIGN	Prospective, experimental design with 18 public high schools randomly assigned to either intervention (9 schools; 457 students) or control groups (9 matched schools with 471 students), with marijuana use assessed at baseline, two weeks following the end of the relevant sport season, and one year after the intervention's last year	
EVALUATION OUTCOME(S)	Compared to participants in the control group, ATHENA participants reported: • Greater reductions in lifetime marijuana use one to three years following high school graduation (Elliot et al., 2008).	
EVALUATION STUDY	Elliot, D. L., Moe, E. L., Goldberg, L., DeFrancesco, C. A., Durham, M. B., & Lockwood, C. (2008). Long-term outcomes of the ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) program for female high school athletes. *J Alcohol Drug Educ, 52*(2), 73–92	
RECOGNITION	SAMHSA's NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=339 FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49966 OJJDP's Crime Solutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=257	

BICULTURAL COMPETENCE SKILLS APPROACH	
CONTACT	Steven P. Schinke Program Developer Columbia University School of Social Work Phone: (212) 851-2276
DESCRIPTION	Integrating Native American values, legends, and stories, this intervention uses bicultural competence and social learning theories to teach communication skills and coping skills that help youth handle stressful situations and avoid substance use. Leaders suggest healthy alternatives to using tobacco, alcohol, and other drugs and teach participants to reward themselves for making healthy positive decisions. The intervention consists of ten to fifteen 50-minute sessions led by two Native American counselors.
POPULATIONS	Native American adolescents
SETTINGS	Rural, reservations
EVALUATION DESIGN	Prospective, experimental design with 137 Native American youths (11–12 years old) randomly assigned to prevention and control conditions and marijuana use assessed before, immediately following, and 6 months after the intervention (Schinke et al., 1988). Prospective, experimental design with 1,396 Native American third- through fifth-graders in 27 elementary schools randomly assigned by school to intervention or control groups, and marijuana use assessed at baseline, 6, 18, 30, and 42 months post intervention (Schinke, Tepavac, & Cole, 2000).
EVALUATION OUTCOME(S)	Compared to children in the comparison group, Bicultural Competence Skills Approach participants reported: • Less use of marijuana, at 6 month follow-up (Schinke et al., 1988). • Lower rates of marijuana at 42 month follow-up (Schinke, Tepavac, & Cole, 2000).
EVALUATION STUDIES	Schinke, S. P., Botvin, G. J., Trimble, J. E., Orlandi, M. A., Gilchrist, L. D., & Locklear, V. S. (1988). Preventing substance abuse among American–Indian adolescents: A bicultural competence skills approach. *Journal of Consulting Psychology, 35*(1), 87–90. Schinke, S. P., Tepavac, L., & Cole, K. C. (2000). Preventing substance use among Native American youth: Three-year results. *Addictive Behaviors, 25*(3), 387–97.
RECOGNITION	OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=262 FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49971

BRIEF STRATEGIC FAMILY THERAPY		
CONTACTS	Joan Muir Executive Director Brief Strategic Family Therapy Institute Phone: (305) 243-6363 Email: jmuir@med.miami.edu	José Szapocznik Program Designer/Evaluator Phone:(305) 243-8217 Email: jszapocz@med.miami.edu
	Website: http://www.bsft-av.com	
DESCRIPTION	Designed to prevent and/or treat adolescent behavior problems, improve prosocial behaviors, and improve family functioning, the Brief Strategic Family Therapy (BSFT) intervention consists of 12–16 family sessions. Based on the assumption that adolescent symptomatology is rooted in maladaptive family interactions, this therapeutic technique has therapists joining the family, diagnosing repetitive maladaptive patterns, and promoting healthier interactions.	
POPULATIONS	Children and adolescents (ages 6–18) who already show signs of conduct and emotional problems and their families	
SETTINGS	Community social services agencies, mental health clinics, health agencies, family clinics	
EVALUATION DESIGN	Prospective, experimental design with 126 Hispanic families randomly assigned to BSFT or control group with marijuana use assessed before and immediately following intervention.	
EVALUATION OUTCOMES(S)	Compared to adolescents assigned to the comparison group, BSFT participants reported: • Greater reductions in marijuana use.	
EVALUATION STUDY	Santisteban, D. A., Perez-Vidal, A., Coatsworth, J. D., Kurtines, W. M., Schwartz, S. J., LaPerriere, A., et al. (2003). Efficacy of Brief Strategic Family Therapy in modifying Hispanic adolescent behavior problems and substance use. *Journal of Family Psychology, 17*(1), 121-133.	
RECOGNITION	SAMSHA's NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=151 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Brief%20Strategic%20Family%20Therapy%203-23-12.pdf FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49954 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=245	

CARING SCHOOL COMMUNITY (FORMERLY CALLED CHILD DEVELOPMENT PROJECT)		
CONTACTS	Developmental Studies Center Phone: (800) 666-7270 Email: pubs@devstu.org	Eric Schaps Program Designer/Evaluator Phone: (510) 533-0213 Ext. 240 Email: eric_schaps@devstu.org
	Website: http://www.devstu.org/csc/videos/index.shtml	
DESCRIPTION	A universal school improvement program aimed at promoting prosocial values, increasing academic motivation and achievement, and preventing drug use, violence, and delinquency. The program consists of four components: classroom lessons, cross-age buddies, home-side activities, and school-wide community-building activities.	
POPULATIONS	Elementary school students (grades K-6)	
SETTINGS	Elementary schools (grades K-6)	
EVALUATION DESIGN	Prospective, quasi-experimental design using a convenience sample from 24 elementary schools across the country (12 intervention, 12 comparison schools), with marijuana use assessed at baseline and at 36-months after implementation.	
EVALUATION OUTCOME(S)	Compared to children in the comparison group, Caring School Community participants reported: • Greater declines in use of marijuana at 36 month follow-up (Battistich et al., 2000)	
EVALUATION STUDY	Battistich, V., Schaps, E., Watson, M., Solomon, D., & Lewis, C. (2000). Effects of the Child Development Project on students' drug use and other problem behaviors. *Journal of Primary Prevention, 21*(1), 75-99.	
RECOGNITION	SAMHSA'S NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=152 FindYouthInfo.gov: http://www.findyouthinfo.gov/node/50009 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=303 RAND Corp. Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=138 U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf (page 61)	

COPING POWER PROGRAM (CPP)		
CONTACT	John E. Lochman Program Developer Professor of Clinical Psychology University of Alabama Phone: (205) 348-7678 Email: jlochman@as.ua.edu	Nicole Powell Research Scientist The University of Alabama Center for Prevention of Youth Phone: (205) 348-3535 Email: npowell@ua.edu
	Website: http://copingpower.org/	
DESCRIPTION	The Coping Power Program, a cognitive-based intervention delivered during children's transition to middle school aims to increase competence, study skills, social skills, and self-control as well as to improve parental involvement in their child's education. Children and parents participate in sessions separately to help children build anger management and study skills while parents build parenting and stress management skills.	
POPULATIONS	Aggressive, at-risk children (grades 5–6) and their parents	
SETTINGS	Elementary and middle schools	
EVALUATION DESIGN	Prospective, experimental design with 61 children (ages 8–13) diagnosed with disruptive behavior disorder randomized to either the treatment group or care-as-usual control group; marijuana use assessed five years after start of the intervention	
EVALUATION OUTCOME(S)	Compared to children assigned to the care-as-usual control group, Coping Power participants reported: • Lower lifetime use of marijuana 5 years after baseline (Zonnevylle-Bender et al., 2007).	
EVALUATION STUDY	Zonnevylle–Bender, M.J.S., Matthys, W., van de Wiel, N., & Lochman, J. E. (2007). Prevention effects of treatment of disruptive behavior disorder in middle childhood on substance use and delinquent behavior. *Journal of the American Academy of Child and Adolescent Psychiatry, 46*(1), 33–39.	
RECOGNITION	OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=241	

FUNCTIONAL FAMILY THERAPY (FFT)	
CONTACT	James F. Alexander Developer and Clinical Director University of Utah Department of Psychology Phone: (801) 550-4131 Email: jfafft@aol.com
	Website: http://www.fftinc.com
DESCRIPTION	This short-term (approximately 30 hours), family-based therapeutic intervention aims to improve family communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behavior. The program consists of five phases: engagement, motivation, assessment, behavior change, and generalization.
POPULATIONS	Delinquent youth at risk for institutionalization and their families
SETTINGS	Clinic, home, schools, child welfare facilities, mental health facilities, probation and parole offices
EVALUATION DESIGN	Prospective, experimental design with 114 substance-abusing adolescents randomized into cognitive-behavioral therapy (CBT), family therapy, combined individual and family therapy, and a group intervention; and marijuana use assessed pre-intervention and 4- and 7-months post intervention
EVALUATION OUTCOMES	Compared to children in the group intervention, CBT and family therapy participants reported: • Greater reductions from heavy to minimal use in the prevalence of marijuana use 7 months post intervention (Waldron et al., 2001).
EVALUATION STUDY	Waldron, H. B., Slesnick, N., Brody, J. L., Turner, C. W., & Peterson, T. R. (2001). Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments. *Journal of Consulting and Clinical Psychology, 69*, 802-813.
RECOGNITION	SAMHSA'S NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=372 Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=122

HIP-HOP 2 PREVENT SUBSTANCE ABUSE AND HIV (H2P)		
CONTACT	Sylvia L. Quinton Phone: (410) 295-7177 Email: SylviaQuinton@me.com	Warren A. Rhodes Phone: (302) 736-1671 Email: warhodes@yahoo.com
	Website: http://www.ypci.org	
DESCRIPTION	Designed to improve knowledge and skills related to drugs and HIV/AIDS, H2P incorporates aspects of hip-hop culture—including language, arts, and history—as a social, cultural, and contextual framework for addressing substance use and HIV risk behaviors. The curriculum consists of 10 modules, called "ciphers," delivered by school staff in 10 2-hour sessions.	
POPULATION	Youth ages 12–16	
SETTING	Middle and high schools	
EVALUATION DESIGN	Prospective, experimental design with 114 students randomly assigned to an intervention group (n=68) or comparison group (n= 46) and perceptions of marijuana risk and approval of use assessed pre-intervention, immediately following the intervention, and at 6-month follow-up	
EVALUATION OUTCOME(S)	Compared to youth assigned to the comparison group, H2P participants reported: • A greater increase in perceived risk associated with regular marijuana use at immediate post intervention (Strategic Community Services, Inc., 2006) • A higher percentage of participants disapproving of marijuana use at immediate post intervention and 6 month follow up (Strategic Community Services, Inc., 2007)	
EVALUATION STUDIES	Strategic Community Services, Inc. (2006). *Year 02 (2004-05) project evaluation report, Hip-Hop 2 Prevent Substance Abuse & HIV (H2P)*. Prince George's County, MD. Strategic Community Services, Inc. (2007). *Year 03 (2005-06) project evaluation report, Hip-Hop 2 Prevent Substance Abuse & HIV (H2P)*. Prince George's County, MD.	
RECOGNITION	SAMHSA'S NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=84 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Hip-Hop%202%20Prevent%20Substance%20Abuse%20and%20HIV%204-21-12.pdf	

InShape	
Contact	Chudley Werch Program Developer Brief Programs for Health, LLC Phone: (904)-472-5022 Email: cwerch@preventionpluswellness.com
	Website: http://preventionpluswellness.com
Description	InShape emphasizes the benefits of assessment, feedback, and goal-setting to increase physical activity and exercise, healthy eating, sleep, and stress management, while avoiding alcohol, cigarette and illicit drug use to achieve and maintain a fit and active lifestyle. This screening and brief intervention draws from the Behavior-Image Model, which asserts that positive social images and future self-images can be used to address multiple divergent health risk habits among young adults and adolescents.
Populations	College-aged young adults
Settings	College and community
Evaluation Design	Prospective, experimental design with 303 college students randomly assigned to intervention or standard care control groups, and including baseline and post-test assessment (3 months post-intervention) of marijuana use.
Evaluation Outcome(s)	Compared to young adults in the standard care control group, InShape participants reported: • Reduced initiation, quantity, and heavy use of marijuana (Werch et al., 2008).
Evaluation Study	Werch, C.E., Moore, M.J., Bian, H., DeClemente, C.C., Ames, S.C., Weiler, R.M., Thombs, D., Pokorny, S.B., & Huang, I. (2008). Efficacy of a brief image-based multiple behavior intervention for college students. *Ann Behav Med. 36*(2), 149-157.
Recognition	SAMHSA'S NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=196 Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=2473f01571bf0dcb7d2b16d67da6dd031769947d

KEEP A CLEAR MIND (KACM)		
CONTACTS	Center for Evidence-Based Programming Phone: (817) 446-4056 Email: evidence_based@yahoo.com	Michael Young Researcher Phone: (575) 646-3526 Email: meyoung@uta.edu Chudley E. Werch Researcher Phone: (904) 472-5022 Email: cwerch@preventionpluswellness.com
	Website: http://www.keepaclearmind.com	
DESCRIPTION OF INTERVENTION	This take-home drug education program aims to help youth refuse and avoid use of "gateway" drugs, comprising four weekly lessons that include activities for children to complete at home with a parent. Newsletters prompt parents to reinforce lessons and provide parents with specific behavior tips for communicating with children about how to avoid drug use.	
POPULATIONS	Elementary school students in grades 4–6 (ages 9–11) and their parents	
SETTINGS	Elementary schools, home	
EVALUATION DESIGN	Prospective, experimental design where 511 fourth, fifth, and sixth grade students and their parents from 6 schools in northwest Arkansas were blocked on school and grade level, and then randomly assigned by class to the intervention or waiting list control group; and communication about marijuana and perceptions of school-wide marijuana use assessed approximately two weeks before and after implementation of KACM. (Werch et al., 1991). Prospective, experimental design with 1,457 fourth through sixth grade students and their parents (n=2036) from 18 schools that were randomly assigned to either (1) basic KACM (n=6 schools); (2) basic KACM plus a family incentives program (n=6 schools); or (3) a wait-list control group (n=6 schools); parent perceptions about children's resistance skills and expectations about children's marijuana use assessed prior to intervention and immediately following intervention (Young, Kersten, & Werch, 1996)	
EVALUATION OUTCOME(S)	Compared to parents in the wait-list control group, parents of students receiving the KACM (regardless of schools receiving family incentive) reported: • Greater discussions with their children about how to resist peer pressure to try marijuana (Werch et al., 1991). • More changed perceptions of their child's ability to resist peer pressure to use marijuana (Young, Kersten, & Werch, 1996). • More changed expectations that their child will try marijuana (p = .003) (Young, Kersten, & Werch, 1996) KACM students reported less perceived widespread peer use of marijuana (Werch et al., 1991).	
EVALUATION	Werch, C. E., Young, M., Clark, M., Garrett, C., Hooks, S., & Kersten, C. (1991). Effects of	

STUDIES	a take-home drug prevention program on drug-related communication and beliefs of parents and children. *Journal of School Health, 61*(8), 346-350. Young, M., Kersten, C., & Werch, C. (1996). Evaluation of a parent child drug education program. *Journal of Drug Education, 26*(1), 57-68.
RECOGNITION	SAMHSA'S NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=68 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Keep%20a%20Clear%20Mind%20KACM%203-29-12.pdf

KEEPIN' IT REAL / DRUG RESISTANCE STRATEGIES	
CONTACTS	Scott Gilliam Phone:(800) 223-3273 Email: scott.gilliam@dare.org Michael Hecht Designer/Evaluator Phone: (814) 863-3545 Email: mhecht@psu.edu Lloyd Bratz (Washington State contact) Phone: (440) 888-1818 Email: llbratz@aol.com
	Website: http://www.kir.psu.edu/index.shtml
DESCRIPTION	A multicultural prevention program, the Keepin' It Real curriculum consists of 10-lessons taught by trained classroom teachers to help students assess the risks associated with substance abuse, enhance decision-making and resistance strategies, improve antidrug normative beliefs and attitudes, and reduce substance use. The curriculum draws from communication competence theory and a culturally-grounded resiliency model to incorporate traditional ethnic values and practices that protect against substance use.
POPULATIONS	Students (ages 12–14)
SETTINGS	Middle schools
EVALUATION DESIGN	Prospective, experimental design with 35 Phoenix area schools stratified according to enrollment and ethnicity (percentage Hispanic) and assigned to one of four conditions: (1) Mexican and Mexican American version, 1,352 students; (2) White and African American version, 1,180 students; (3) multicultural version, 1,722 students; or (4) control, 2,044 students; and participants' marijuana use assessed pre-intervention, approximately 2 months, 8 months, and 14 months after curriculum implementation.
EVALUATION OUTCOME(S)	Compared to students in the control group, Keepin' It Real participants reported: • Lower marijuana use (Hecht et al., 2003). • Slower increase in marijuana use over time (Hecht, Graham, & Elek, 2006; Kulis et al., 2005). • Greater use of program strategies to resist marijuana use (Hecht et al., 2003).
EVALUATION STUDIES	Hecht, M. L., Graham, J. W., & Elek, E. (2006). The Drug Resistance Strategies intervention: Program effects on substance use. *Health Communication, 20*(3), 267-276. Hecht, M. L., Marsiglia, F. F., Elek, E., Wagstaff, D. A., Kulis, S., Dustman, P., et al. (2003). Culturally grounded substance use prevention: An evaluation of the keepin' it REAL curriculum. *Prevention Science, 4*, 233-248. Kulis, S., Marsiglia, F. F., Elek-Fisk, E., Dustman, P., Wagstaff, D., & Hecht, M. L. (2005). Mexican/Mexican American adolescents and keepin' it REAL: An evidence-based, substance abuse prevention program. *Children and Schools, 27*, 133-145.

RECOGNITION	SAMHSA's NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=133 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Keepin%20it%20REAL%204-21-12.pdf FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49948 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=239

KEEP SAFE (MIDDLE SCHOOL) / MIDDLE SCHOOL SUCCESS (MSS)	
CONTACTS	Patricia Chamberlain and Leslie Leve Researchers Oregon Social Learning Center Phone: (541) 485-2711 Email: pattic@oslc.org Email: lesliel@oslc.org
DESCRIPTION	The Keep Safe program teaches youth about setting goals, establishing positive relationships, and developing problem-solving skills. Beginning the summer prior to middle school entry, Keep Safe consists of six group-based intervention sessions for the foster-care youth and six sessions for the foster parents.
POPULATIONS	Youth in foster care as they transition to middle school
SETTINGS	Child welfare agencies
EVALUATION DESIGN	Prospective, experimental randomized controlled trial with girls in foster care from two counties (one urban, one rural) in Oregon; participants assessed at baseline and at 6-, 12-, 24-, and 36-months post baseline
EVALUATION OUTCOME(S)	Compared to youth assigned to the control group, participants reported: • Lower levels of marijuana use at 3 year follow up (Kim & Leve, 2011).
EVALUATION STUDY	Kim, H. & Leve, L. (2011). Substance use and delinquency among middle school girls in foster care: A three-year follow-up of a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 79*(6), 740-750.
RECOGNITION	Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=a79e9a409bded1928e5dad9765d53e7bce91d555

LIFESKILLS TRAINING (LST)		
CONTACTS	National Health Promotion Associates, Inc. Phone: (914) 421-2525 Phone: (800) 293-4969 Email: lstinfo@nhpamail.com	Gilbert J. Botvin Researcher Weill Cornell Medical College
	Website: http://www.lifeskillstraining.com	
DESCRIPTION	LST is a classroom-based, universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. Over three years, the program teaches students personal self-management skills, social skills, and resistance skills specifically related to drug use.	
POPULATIONS	Students (grades 6–9)	
SETTINGS	Middle and high schools (grades 6–9)	
EVALUATION DESIGN	Prospective, randomized block experimental design; 56 schools in New York State (4,466 students total) were randomly assigned to three conditions: (1) LST with formal provider training and implementation feedback, (2) LST with videotaped provider training and no feedback, or (3) no treatment; and participants assessed at baseline (pre-intervention), after the first, second, and third years of the intervention as well as six years after baseline	
EVALUATION OUTCOME(S)	Compared to students in the comparison group, students receiving LST (regardless of provider training method) reported: • Greater reductions in marijuana use at 3 years post baseline (Botvin et al., 1990) • Lower prevalence of weekly use of marijuana at 6 year post-baseline when 2 years of booster sessions given (Botvin et al., 1995)	
EVALUATION STUDIES	Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association, 273*, 1106-1112. Botvin, G. J., Baker, E., Dusenbury, L., Tortu, S., & Botvin, E. M. (1990). Preventing adolescent drug abuse through a multimodal cognitive-behavioral approach: Results of a three-year study. *Journal of Consulting and Clinical Psychology, 58*, 437-446.	
RECOGNITION	SAMHSA's NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=109 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Life%20Skills%20Training%204-28-12.pdf Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=ac3478d69a3c81fa62e60f5c3696165a4e5e6ac4 Coalition for Evidence-Based Policy: http://toptierevidence.org/programs-	

	reviewed/lifeskills-training FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49898 OJJDP / Crime Solutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=186 RAND Corp. Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=48 U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf

LIONS QUEST SKILLS FOR ADOLESCENCE (SFA)	
CONTACTS	Matthew Kiefer Lions Quest Department Manager Phone: (630) 468-6965 Email: matthew.kiefer@lionsclubs.org
	Website: http://www.lions-quest.org
DESCRIPTION	SFA is a multicomponent, comprehensive life skills education program designed for school wide and classroom implementation in grades 6–8 (ages 10–14). It utilizes social influence and social cognitive approaches to develop essential social/emotional competencies, good citizenship skills, strong positive character, skills and attitudes consistent with a drug-free lifestyle and an ethic of service to others.
POPULATIONS	Middle School Students (grades 6–8)
SETTINGS	Middle Schools (grades 6–8)
EVALUATION DESIGN	Prospective, longitudinal, group-randomized trial; 34 middle schools in 3 major metropolitan areas were assigned to SFA (n=17) or a comparison group (n=17); participants assessed at baseline (pre-intervention), immediate post, and one year post-intervention
EVALUATION OUTCOME(S)	Compared to students in the comparison group, students receiving SFA: • Reported greater reductions in 30 day marijuana use at 1 year post-intervention • Lower lifetime marijuana use at one year post-intervention • Increased their average scores for self-efficacy in refusing offers of marijuana and alcohol in a variety of situations
EVALUATION STUDIES	Eisen, M., Zellman, G. L., & Murray, D. M. (2003). Evaluating the Lions-Quest "Skills for Adolescence" drug education program: Second-year behavior outcomes. *Addictive Behaviors, 28*, 883-897.
RECOGNITION	SAMHSA NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=24 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=264 Athena Forum: http://www.theathenaforum.org/lions_quest_skills_for_adolescence U.S. Department of Education: http://www2.ed.gov/admins/lead/safety/exemplary01/report_pg8.html

MIDWESTERN PREVENTION PROJECT (MPP) / PROJECT STAR	
CONTACT	Mary Ann Pentz University of Southern California Department of Preventive Medicine Institute for Health Promotion and Disease Prevention Research Email: pentz@usc.edu
DESCRIPTION	A comprehensive, community-based program consisting of five components (mass media, school, parent, community, and health policy) introduced sequentially over a five-year period. In the early years of implementation, students engage in an educational program on skills to resist drug use and parents participate in a program aimed to develop non-drug norms in families and schools. In the final years of implementation, community and government leaders convene to implement drug abuse prevention health policy.
POPULATIONS	Middle school students (grades 6–8), parents, community members, government leaders
SETTINGS	Middle schools, community
EVALUATION DESIGN	Prospective, quasi-experimental design with 42 middle schools (24 intervention; 18 comparison) including assessments of participant marijuana attitudes and use at baseline and one-year and two-year follow-up
EVALUATION OUTCOME(S)	Compared to schools in the comparison group, schools receiving MPP reported: • A lower increase in reported marijuana use in the past month at one-year and two-year follow-up (Pentz et al, 1989). • Fewer students intending to use marijuana, and less likely to believe in the positive consequences of their use one year after program implementation (MacKinnon et al, 1991).
EVALUATION STUDIES	Pentz, M. A., Johnson, C.A., Dwyer, J. H., MacKinnon, D. M., Hansen, W. B., & Flay, B. R. (1989). A comprehensive community approach to adolescent drug abuse prevention: Effects on cardiovascular disease risk behaviors. *Annals of Medicine, 21*, 219-222. MacKinnon, D.P., Johnson, C. A., Pentz, M. A., Dwyer, J. H., Hansen, W. B., Flay, B. R., & Wang, E. Y. (1991). Mediating mechanisms in a school-based drug prevention program: First-year effects of the Midwestern Prevention Project. *Health Psychology, 10*(3), 164-172.
RECOGNITION	The Athena Forum: http://www.theathenaforum.org/sites/default/files/Project%20STAR-Midwestern%20Prevention%20Project%205-30-12.pdf OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=247 RAND Corp. Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=72 U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf (page 119)

MULTIDIMENSIONAL TREATMENT FOSTER CARE (MTFC)		
CONTACTS	TFC Consultants, Inc. Gerard Bouwman, President Phone: 541-343-2388 ext. 204, Email: gerardb@mtfc.com	Patricia Chamberlain Program Designer/Evaluator Oregon Social Learning Center
	Website: www.mtfc.com	
DESCRIPTION	MTFC recruits, trains, and supervises community families to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. The program supports the development of interpersonal skills and emphasizes the importance of participation in positive social activities including sports, hobbies, and other forms of recreation.	
POPULATIONS	Chronic juvenile offenders	
SETTINGS	Any organization providing services to children with serious behavior problems	
EVALUATION DESIGN	Prospective, experimental design with 79 serious juvenile male offenders determined by the juvenile court as eligible for out-of-home placement randomly assigned to either MTFC or residential group care; participants and their caretakers were assessed at baseline and at 12 and 18 months post-baseline.	
EVALUATION OUTCOME(S)	Compared to youth assigned to the residential care group, MTFC participants reported: • Less tobacco, marijuana, and other drug use at 12 months and 18 months post-baseline (Smith, Chamberlain, & Eddy, 2010).	
EVALUATION STUDY	Smith, D.K., Chamberlain, P., & Eddy, J.M. (2010). Preliminary support for Multidimensional Treatment Foster Care in reducing substance use in delinquent boys. *Journal of Child & Adolescent Substance Abuse, 19*(4), 343-358.	
RECOGNITION	SAMHSA NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=48 Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=632667547e7cd3e0466547863e1207a8c0c0c549 Coalition for Evidence-Based Policy: http://toptierevidence.org/programs-reviewed/multidimensional-treatment-foster-care FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49855 OJJDP / Crime Solutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=141	

NURSE- FAMILY PARTNERSHIP (NFP)		
CONTACTS	Nurse-Family Partnership National Service Office Phone: (866) 864-5226 Email: info@nursefamilypartnership.org	David L. Olds Researcher Phone: (303) 724-2892 Email: david.olds@ucdenver.edu
	Website: http://www.nursefamilypartnership.org	
DESCRIPTION	A prenatal and infancy nurse home visitation program, NFP aims to improve the health, well-being, and self-sufficiency of parents and their children by: enrolling moms early in their pregnancies and delivering home visits over two-and-a-half years by specially trained public health nurses. Program objectives include decreased substance use, improved maternal economic self-sufficiency, fewer subsequent unintended pregnancies, reduced child abuse and neglect, and improved school readiness of the children.	
POPULATIONS	Low-income, first-time parents and their children	
SETTINGS	Home	
EVALUATION DESIGN	Prospective, experimental design with 743 pregnant women randomized to a treatment or control group; participants assessed after their child's 12th birthday.	
EVALUATION OUTCOME(S)	Compared to mothers assigned to the comparison group, NFP participants reported children were: • Less likely to have recently used marijuana; to have used less marijuana; and to have used marijuana for fewer days at 12 years old (Kitzman et al., 2010).	
EVALUATION STUDY	Kitzman et al. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics & Adolescent Medicine, 164*(5), 412-418.	
RECOGNITION	SAMHSA NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=88 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Nurse-Family%20Partnership%203-29-12.pdf Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=972a67c48192728a34979d9a35164c1295401b71 Coalition for Evidence-Based Policy: http://toptierevidence.org/programs-reviewed/interventions-for-children-age-0-6/nurse-family-partnership FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49899 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=187 RAND Corp. Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=16	

OLWEUS BULLYING PREVENTION PROGRAM	
CONTACTS	Institute on Family & Neighborhood Life Clemson University 158 Poole Agricultural Center Clemson, SC 29634 Phone: (864) 710-4562 Email: nobully@clemson.edu
	Website: www.clemson.edu/olweus
DESCRIPTION	The Olweus Program includes school wide, classroom, individual, and community components that focus on reducing and preventing bullying among schoolchildren.
POPULATIONS	7th–10th grade students
SETTINGS	Schools
EVALUATION DESIGN	Prospective, longitudinal, quasi-experimental design where 4 schools received the intervention and 2 schools served as comparison controls in Oslo, Norway; students were followed for 3 years and data collected yearly
EVALUATION OUTCOME(S)	Students in the Olweus schools demonstrated less increase in marijuana use over time compared to students in the comparison schools.
EVALUATION STUDY	Amundsen, E. J., & Ravndal, E. (2010). Does successful school-based prevention of bullying influence substance use among 13- to 16-year-olds? *Drugs: Education, Prevention & Policy, 17*(1), 42-54.
RECOGNITION	Blueprints Model Program http://www.blueprintsprograms.com/factSheet.php?pid=17ba0791499db908433b80f37c5fbc89b870084b RAND Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=213

POSITIVE FAMILY SUPPORT-FAMILY CHECK-UP (FORMERLY ADOLESCENT TRANSITIONS PROGRAM)		
CONTACTS	Kevin Moore Child and Family Center University of Oregon Phone: (541) 346-4805 Email: Kmoore2@uoregon.edu	Tom Dishion Program Designer/Evaluator University of Oregon
	Website: http://cfc.uoregon.edu	
DESCRIPTION	This 3-tiered, multi-staged program is administered to the universal, selected, and indicated populations. All children participate in prevention programming in their homeroom classes. Children at risk for substance abuse or problem behavior participate in a Family Check-Up, in which they and their families collaborate with therapists to select appropriate intervention programs. For students requiring a higher level of care, the Family Intervention Menu addresses substance abuse and related behavioral health problems through a brief treatment program.	
POPULATIONS	Middle school students and their families	
SETTINGS	Middle schools	
EVALUATION DESIGN	Prospective, experimental design with 998 adolescents and their families randomly assigned to intervention or control groups; youth assessed at ages 11, 12, 13, 14, 16–17, and 19.	
EVALUATION OUTCOME(S)	Compared to students assigned to the control group, Positive Family Support participants reported: • Less use of marijuana from ages 11 through 17 (Connell et al., 2007). • Lower likelihood of being diagnosed with lifetime marijuana use by age 18 (Connell et al., 2007).	
EVALUATION STUDY	Connell, A. M., Dishion, T. J., Yasui, M., & Kavanagh, K. (2007). An adaptive approach to family intervention: Linking engagement in family-centered intervention to reductions in adolescent problem behavior. *Journal of Consulting and Clinical Psychology, 75,* 568-579.	
RECOGNITION	Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=b16a457a3302d7c1f4563df2ffc96dccf3779af7 FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49997 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=289	

PROJECT NORTHLAND		
CONTACTS	Hazelden Publishing and Education Phone: (800) 328-9000 or (651) 213-4200	Cheryl L. Perry University of Texas School of Public Health
	Website: www.hazelden.org/web/go/projectnorthland	
DESCRIPTION	Project Northland consists of a 6-year substance use prevention program delivered over seven academic years from middle to high school (a shortened, 3-year version may also be used in grades 6, 7, and 8). Main intervention components include classroom curricula, peer leadership, youth-driven extra-curricular activities, parent involvement programs, and community activism.	
POPULATIONS	Middle and high school students	
SETTINGS	Middle and high schools	
EVALUATION DESIGN	Prospective, experimental design where 24 school districts from northeast Minnesota were randomized to an intervention or control group; followed students from grade 6 (baseline) through grade 8 (immediate post)	
EVALUATION OUTCOME(S)	Compared to non-alcohol users at baseline in the control group, baseline non-users participating in Project Northland reported: • Less marijuana use at the end of the eighth grade (Perry et al., 1996).	
EVALUATION STUDY	Perry, C. L., Williams, C. L., Veblen-Mortenson, S., Toomey, T. L., Komro, K. A., Anstine, P. S., McGovern, P. G., Finnegan, J. R., Forster, J. L., Wagenaar, A. C., and Wolfson, M. (1996). Project Northland: Outcomes of a communitywide alcohol use prevention program during early adolescence. *American Journal of Public Health,* 86(7), 956-965.	
RECOGNITION	SAMHSA NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=25 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Project%20Northland%204-5-12.pdf Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=e1822db470e60d090affd0956d743cb0e7cdf113 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=184 FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49896 RAND Corp. Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=25 U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf	

PROJECT SUCCESS (SCHOOLS USING COORDINATED COMMUNITY EFFORTS TO STRENGTHEN STUDENTS)		
CONTACTS	Ellen Morehouse Program Developer Phone: (914) 332-1300 Email: sascorp@aol.com	Bonnie Fenster, Ph.D. Designer/Evaluator Phone: (914) 332-1300 Email: bonnie.fenster@sascorp.org
	Website: http://www.sascorp.org/success.html	
DESCRIPTION	Project SUCCESS works to prevent and reduce substance use among students. Program components include school-wide activities, promotional materials, and parent education. The program also includes an eight-session alcohol, tobacco, and other drug prevention curriculum to help students identify and resist pressures to use substances, and understand the consequences of substance use. Counselors provide time-limited individual and group counseling for students and referrals for students and families requiring additional care.	
POPULATIONS	Students (ages 12 – 18)	
SETTINGS	Middle and high schools (including alternative schools)	
EVALUATION DESIGN	Prospective, quasi-experimental design involving five schools (425 students total) serving high-risk, multi-problem adolescents: in two schools random assignment occurred at the student level; in another school randomization occurred at the classroom level; and 2 schools received no intervention. Participant marijuana use was assessed prior to Success participation and immediately afterward (Morehouse & Tobler, 2000). Prospective, quasi experimental, within-school design with 363 students (7th and 9th graders) randomly assigned to an intervention or control condition. Students were assessed at baseline (pre-intervention), immediately following intervention, and 2 years post intervention (Morehouse, Johnson, Fenster, & Vaughn, 2007).	
EVALUATION OUTCOME(S)	Compared to students in the comparison groups, Project Success participants reported: • Less likelihood of having ever used marijuana (Morehouse et al., 2007) • Greater likelihood of reducing or stopping marijuana use if they had used at pretest (Morehouse et al., 2007; Morehouse & Tobler, 2000)	
EVALUATION STUDY	Morehouse, E. R., & Tobler, N. S. (2000). *Project SUCCESS final report: Grant number 4 HD1 SP07240*. Report submitted January 26, 2000, to the Center for Substance Abuse Prevention, U.S. Department of Health and Human Services. Morehouse, E., Johnson, P. B., Fenster, B., & Vaughan, R.(2007). *The impact of Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) with secondary students*. Unpublished manuscript.	
RECOGNITION	SAMHSA's NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=71 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Project%20SUCCESS%204-5-12.pdf	

PROJECT TOWARDS NO DRUG ABUSE		
CONTACTS	Leah Meza Program Director USC Institute for Prevention Research Email: leahmedi@usc.edu	Steve Sussman Program Designer/Evaluator University of Southern California
	Website: http://tnd.usc.edu	
DESCRIPTION	Project Towards No Drug Abuse provides a curriculum of twelve 40-minute interactive sessions taught by teachers or health educators over a 3-week period. Sessions offer instruction in motivation activities to not use drugs; skills in self-control, communication, and resource acquisition; and decision-making strategies.	
POPULATIONS	High school youth at risk for drug use and violent behavior	
SETTINGS	High schools	
EVALUATION DESIGN	Prospective, experimental, randomized block design with a total of 18 schools assigned to either: (1) standard care control (n=6 schools); (2) 12 session classroom program administered by health educators (n=6 schools); or (3) 12 session self-instructional version (n=6 schools); and including assessment of marijuana use at pre-intervention, 1 year and 2 year follow-up.	
EVALUATION OUTCOME(S)	Compared to students in the standard-care control conditions, students who received TND administered by health educators reported: • Greater reductions in marijuana use at 1 year follow-up (Sussman et al., 2002): • Lower levels of marijuana use (among male baseline non-users) at the 2-year follow-up (Sussman et al., 2003).	
EVALUATION STUDIES	Sussman, S., Dent, C. W., & Stacy, A. W. (2002). Project Towards No Drug Abuse: A review of the findings and future directions. *American Journal of Health Behavior, 26*(5), 354-365. Sussman, S., Sun, P., McCuller, W. J., & Dent, C. W. (2003). Project Towards No Drug Abuse: 2-year outcomes of a trial that compares health educator delivery to self-instruction. *Preventive Medicine, 37*(2), 155-162.	
RECOGNITION	SAMHSA's NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=21 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Project%20Towards%20No%20Drug%20Abuse%204-5-12.pdf Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=f1f836cb4ea6efb2a0b1b99f41ad8b103eff4b59 FindYouthInfo.gov: http://www.findyouthinfo.gov/node/49790 OJJDP / Crime Solutions: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=73 RAND Corp. Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=229	

RAISING HEALTHY CHILDREN (RHC)		
CONTACT	Jenna Elgin Phone: (206) 616-8303 Email: jennae2@u.washington.edu	Richard F. Catalano Social Development Research Group University of Washington School of Social Work Phone: (206) 685-1997 Email: catalano@u.washington.edu
	Website: http://www.sdrg.org/rhcsummary.asp	
DESCRIPTION	Raising Healthy Children provides a teacher program that includes a series of workshops for instructional improvement in classroom management, and a student intervention that consists of summer camps and in-home services targeting students with academic or behavioral problems who are recommended by teachers or parents.	
POPULATIONS	Classroom teachers, parents, and students (grades 1–12)	
SETTINGS	Elementary, middle, and high schools	
EVALUATION DESIGN	Prospective, experimental design where 10 high-risk elementary schools were randomly assigned to intervention (n=5) or treatment-as-usual control (n=5) conditions; and including participant assessment in grades 6 through 10.	
EVALUATION OUTCOME(S)	Compared to students in the treatment-as-usual control group, students receiving RHC reported: • A greater linear decline in the frequency of marijuana use (Brown et al., 2005).	
EVALUATION STUDY	Brown, E. C., Catalano, R. F., Fleming, C. B., Haggerty, K. P., & Abbott, R. D. (2005). Adolescent substance use outcomes in the raising healthy children project: A two-part latent growth curve analysis. *Journal of Consulting and Clinical Psychology 73*, 699–710.	
RECOGNITION	Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=5e06d22c8893e27d5a7243bd185faa94cc593072 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=202	

RED CLIFF WELLNESS SCHOOL CURRICULUM		
CONTACT	Ron DePerry Phone: (715) 779-3755 Email: ron_deperry@yahoo.com	Eva Petoskey Program Designer/Evaluator Phone: (231) 357-4886 Email: epetoskey@centurytel.net
DESCRIPTION	This substance abuse prevention intervention, based in Native American tradition and culture, aims to reduce risk factors and enhance protective factors such as school bonding, success in school, increased perception of risk from substances, and identification and internalization of culturally based values and norms. Teachers trained in interactive, cooperative learning techniques deliver 20–30 developmentally appropriate lessons and activities designed to enhance the values of sharing, respect, honesty, and kindness and to assist students in understanding their emotions.	
POPULATIONS	Native American students (grades K–12)	
SETTINGS	Elementary, middle, and high schools	
EVALUATION DESIGN	Prospective, quasi-experimental design with 8 rural schools that serve Indian reservations assigned to an intervention or comparison condition; 237 students in intervention schools and 407 students in the comparison schools were used for analysis; marijuana intentions were assessed at pretest and immediate posttest.	
EVALUATION OUTCOME(S)	Compared to students in the comparison group, Red Cliff Wellness School Curriculum participants reported: • Less increase in intention to use marijuana (Petoskey et al., 1998).	
EVALUATION STUDY	Petoskey, E. L., Van Stelle, K. R., & De Jong, J. A. (1998). Prevention through empowerment in a Native American community. In J. Valentine, J. A. De Jong, & N. J. Kennedy (Eds.), *Substance abuse prevention in multicultural communities* (pp. 147-162). New York: Haworth Press.	
RECOGNITION	SAMHSA'S NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=182 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Red%20Cliff%20Wellness%20School%20Curriculum%204-21-12.pdf	

SMART LEADERS[1]	
CONTACT	Boys and Girls Club of America Phone: (404) 487-5766
DESCRIPTION	SMART Leaders is a 2-year booster program that follows Stay SMART (for Skills, Mastery, And Resistance Training), a curriculum-based program for adolescents that teaches a broad spectrum of social and personal competence skills to help youths identify and resist peer and other social pressures. SMART Leaders reinforces the skills and knowledge learned in Stay SMART through the use of small group sessions, role-playing, and educational videos.
POPULATIONS	Adolescents (ages 13–15)
SETTINGS	Boys & Girls Clubs of America
EVALUATION DESIGN	Prospective, quasi-experimental design using nonequivalent groups to evaluate the SMART Leaders and Stay SMART programs; five Boys and Girls Clubs offered Stay SMART, five offered Stay SMART plus the 2-year booster, and four served as the control group (offering no prevention program); adolescent perceptions about marijuana use were assessed prior to and following intervention implementation.
EVALUATION OUTCOME(S)	Compared to students in the comparison group, RHC participants reported: • Fewer perceived social benefits from smoking marijuana (St. Pierre et al., 1992).
EVALUATION STUDY	St. Pierre, T. L., Kaltreider, D. L., Mark, M. M., & Aikin, K. J. (1992). Drug prevention in a community setting: A longitudinal study of the relative effectiveness of a 3-year primary prevention program in boys and girls clubs across the nation. *American Journal of Community Psychology, 20*(6), 673–706.
RECOGNITION	OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=297

[1] SMART Leaders is a 2-year booster program that follows from Stay SMART (Skills, Mastery, and Resistance Training). Stay SMART was not listed in the registries, only the booster. To learn more about Stay SMART, go to: http://www.hfrp.org/out-of-school-time/ost-database-bibliography/database/boys-girls-clubs-of-america-stay-smart-program-and-smart-leaders-program

SPORT	
CONTACT	Chudley Werch Program Developer Phone: (904) 472-5022 Email: cwerch@preventionpluswellness.com
	Website: http://preventionpluswellness.com
DESCRIPTION	This brief, multiple behavior program integrates substance abuse prevention and fitness promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-promoting habits. Based on the Behavior-Image Model (social and self-images are key motivators for the development of healthy behavior), SPORT promotes the benefits of an active lifestyle with positive images of youth as active and fit, and emphasizes that substance use is counterproductive in achieving positive image and behavior goals.
POPULATIONS	Children and adolescents
SETTINGS	Schools, youth organizations, community settings
EVALUATION DESIGN	Prospective, randomized control trial conducted in a northeast Florida high school where students were randomly assigned to SPORT (n=302) or to a minimal intervention control (n = 302); and marijuana use assessed at baseline and 3, 12, and 18 months after the baseline.
EVALUATION OUTCOME(S)	Compared to drug users receiving the minimal intervention control, drug-using students receiving SPORT reported greater reductions in 30-day marijuana frequency at 3- and 12-month follow-up.
EVALUATION STUDY	Werch, C., Moore, M. J., DiClemente, C. C., Bledsoe, R. & Jobli, E. (2005). A multi-health behavior intervention integrating physical activity and substance use prevention for adolescents. *Prevention Science, 6*(3), 213-226.
RECOGNITION	SAMHSA's NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=342 The Athena Forum: http://www.theathenaforum.org/sites/default/files/SPORT%204-21-12.pdf Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=8665243ef242a2b13ff662d0943d369e8ba0e206 RAND Corp. Promising Practices Network: http://www.promisingpractices.net/program.asp?programid=282

STORYTELLING FOR EMPOWERMENT		
CONTACT	Dora R. Sanchez Executive Director The WHEEL Council Email: dora@wheelcouncil.org	Annabelle Nelson Researcher Phone: (928) 214-0120 Email: annabelle@wheelcouncil.org
	Website: http://www.wheelcouncil.org	
DESCRIPTION	Storytelling for Empowerment, a school-based, bilingual (English and Spanish) intervention for teenagers, uses cognitive decision-making, positive cultural identity (cultural empowerment), and resiliency models of prevention as its conceptual underpinnings. The program aims to decrease substance use by identifying and reducing factors in the individual, family, school, peer group, neighborhood/ community, and society/media that place youth at high risk for substance use, while enhancing factors that may strengthen youth resiliency and protect against substance use.	
POPULATIONS	Youth at risk for substance abuse, HIV, and other problem behaviors; youth living in communities with high availability of drugs	
SETTINGS	Middle schools	
EVALUATION DESIGN	Prospective, quasi-experimental research design compared participants' pre- and posttest responses on marijuana use to those in a comparison group.	
EVALUATION OUTCOME(S)	Compared to students in the comparison group, Storytelling for Empowerment participants (who received more than 28 program hours) reported: • Greater decreased use of marijuana (Nelson et al., 2003).	
EVALUATION STUDY	Nelson, A., & Arthur, B. (2003). Storytelling for Empowerment: Decreasing at-risk youth's alcohol and marijuana use. *Journal of Primary Prevention, 24*(2), 169-180.	
RECOGNITION	SAMHSA'S NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=99 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Storytelling%20for%20Empowerment%203-19-12.pdf	

STRENGTHENING FAMILIES 10-14		
CONTACT	Cathy Hockaday Program Coordinator Phone: (515) 294-7601 Email: hockaday@iastate.edu	Virginia Molgaard Researcher Iowa State University
	Website: http://www.extension.iastate.edu/sfp	
DESCRIPTION	This 7-session program targets enhancement of family protective and resiliency processes and family risk reduction through weekly, two-hour sessions. Sessions consist of separate parent and child skills-building followed by a family session where parents and children practice the skills they have learned independently, work on conflict resolution and communication, and engage in activities to increase family cohesiveness and positive involvement of the child in the family.	
POPULATIONS	Adolescents and their families	
SETTINGS	Schools and prevention agencies	
EVALUATION DESIGN	Prospective, experimental design randomly assigned 33 rural Iowa public schools to one of three conditions: (1) Iowa Strengthening Families Program; (2) Preparing for the Drug Free Years; or (3) minimal-contact control condition; participant marijuana use assessed at baseline and 1, 2, 4, and 6 years past baseline	
EVALUATION OUTCOME(S)	Compared to students only receiving minimal-contact intervention, students receiving Strengthening Families reported: • Lower initiation of use of marijuana at 4 years past baseline (Spoth et al., 2001). • Slower overall growth in lifetime use of marijuana 6 years past baseline (Spoth et al., 2004).	
EVALUATION STUDIES	Spoth, R. L., Redmond, C. & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. *Journal of Consulting and Clinical Psychology, 69*, 627-642. Spoth, R., Redmond, C., Shin, C. & Azevedo, K. (2004). Brief family intervention effects on adolescent substance initiation: school-level growth curve analysis 6 years following baseline. *Journal of Consulting and Clinical Psychology, 72*(3), 535-542.	
RECOGNITION	SAMHSA's NREPP: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=63 The Athena Forum: http://www.theathenaforum.org/sites/default/files/Strengthening%20Families%20Parents%20of%2010-14.%203-19-12.pdf Blueprints: http://www.blueprintsprograms.com/factSheet.php?pid=e54183e2a040e6c09e61eb22d542e3d57074b351 OJJDP/CrimeSolutions.gov: http://www.crimesolutions.gov/ProgramDetails.aspx?ID=190 U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf (page 37)	

Registries Consulted

- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP): http://www.nrepp.samhsa.gov
- The Athena Forum: http://www.theathenaforum.org
- Blueprints: http://www.blueprintsprograms.com/allPrograms.php
- Coalition for Evidence-based Policy: http://coalition4evidence.org
- FindYouthInfo.gov: http://www.findyouthinfo.gov/program-directory
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide (operated by CrimeSolutions.gov): http://www.ojjdp.gov/mpg
- RAND Corp. Promising Practices Network on Children, Families and Communities: http://www.promisingpractices.net/programs.asp
- U.S. Department of Education: What Works Clearinghouse: http://ies.ed.gov/ncee/wwc
- U.S. Department of Education: Exemplary & Promising Safe, Disciplined, and Drug-free Schools Programs: http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf