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
June, 2014
Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies contract (Reference #HHSS277200800004C)
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 <http://www.samhsa.gov/capt/>.
### The Abecedarian Project

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#### 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

#### Recognition
## ATHENA (ATHLETES TARGETING HEALTH EXERCISE & NUTRITION ALTERNATIVES)

<table>
<thead>
<tr>
<th><strong>CONTACT</strong></th>
<th>Michelle Otis</th>
<th>Diane L. Elliot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Program Director</td>
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</tr>
</tbody>
</table>

Website: [http://www.athenaprogram.com](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


### RECOGNITION


<table>
<thead>
<tr>
<th><strong>Bicultural Competence Skills Approach</strong></th>
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<tbody>
<tr>
<td><strong>Contact</strong></td>
</tr>
<tr>
<td>Steven P. Schinke</td>
</tr>
<tr>
<td>Program Developer</td>
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<tr>
<td>Columbia University School of Social Work</td>
</tr>
<tr>
<td>Phone: (212) 851-2276</td>
</tr>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Populations</strong></td>
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<tr>
<td>Native American adolescents</td>
</tr>
<tr>
<td><strong>Settings</strong></td>
</tr>
<tr>
<td>Rural, reservations</td>
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<tr>
<td><strong>Evaluation Design</strong></td>
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<tr>
<td>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).</td>
</tr>
<tr>
<td>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, &amp; Cole, 2000).</td>
</tr>
<tr>
<td><strong>Evaluation Outcome(s)</strong></td>
</tr>
<tr>
<td>Compared to children in the comparison group, Bicultural Competence Skills Approach participants reported:</td>
</tr>
<tr>
<td>• Less use of marijuana, at 6 month follow-up (Schinke et al., 1988).</td>
</tr>
<tr>
<td>• Lower rates of marijuana at 42 month follow-up (Schinke, Tepavac, &amp; Cole, 2000).</td>
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<tr>
<td><strong>Evaluation Studies</strong></td>
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<td><strong>Recognition</strong></td>
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# BRIEF STRATEGIC FAMILY THERAPY

## CONTACTS

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<thead>
<tr>
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<th>José Szapocznik</th>
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<tbody>
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<td>Executive Director</td>
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</tr>
</tbody>
</table>

Website: [http://www.bsft-av.com](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


## RECOGNITION

SAMSHA’s NREPP: [http://legacy.nreppadmin.net/ViewIntervention.aspx?id=382](http://legacy.nreppadmin.net/ViewIntervention.aspx?id=382)


## CARING SCHOOL COMMUNITY (FORMERLY CALLED CHILD DEVELOPMENT PROJECT)

### CONTACTS

<table>
<thead>
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<th>Developmental Studies Center</th>
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</tr>
</tbody>
</table>

Website: [http://www.collaborativeclassroom.org/caring-school-community](http://www.collaborativeclassroom.org/caring-school-community)

### 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


### RECOGNITION

- RAND Corp. Promising Practices
- U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: [http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf](http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf) (page 61)
# Coping Power Program (CPP)

## Contact

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<thead>
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<th>Nicole Powell</th>
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<td>Research Scientist</td>
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<td></td>
<td>Professor of Clinical Psychology</td>
<td>The University of Alabama</td>
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<td>University of Alabama</td>
<td>Center for Prevention of Youth</td>
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</table>

Website: [http://copingpower.org/](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 (Zonnevyle-Bender et al., 2007).

## Evaluation Study


## Recognition


Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies contract. Reference #HHSS277200800004C. For training and/or technical assistance use only.
# Functional Family Therapy (FFT)

## CONTACT
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Department of Psychology  
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Website: [http://www.fftinc.com](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

## RECOGNITION
Blueprints: [http://www.blueprintsprograms.com/factSheet.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028](http://www.blueprintsprograms.com/factSheet.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028)  
## Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)

### Contact

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<th>Warren A. Rhodes</th>
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<tr>
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</table>

Website: [http://www.ypci.org](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


### Recognition

SAMHSA’s NREPP: [http://legacy.nreppadmin.net/ViewIntervention.aspx?id=84](http://legacy.nreppadmin.net/ViewIntervention.aspx?id=84)

# InShape

## Contact

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## 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


## Recognition

**KEEP A CLEAR MIND (KACM)**

<table>
<thead>
<tr>
<th>CONTACTS</th>
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<tbody>
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</tr>
<tr>
<td>Website: <a href="http://www.keepaclearmind.com">http://www.keepaclearmind.com</a></td>
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**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**

| --- | --- |
| RECOGNITION | SAMHSA’S NREPP: [http://nrepp.samhsa.gov/ProgramProfile.aspx?id=84](http://nrepp.samhsa.gov/ProgramProfile.aspx?id=84)  
## 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.

**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

Website: [http://www.kir.psu.edu/index.shtml](http://www.kir.psu.edu/index.shtml)
<table>
<thead>
<tr>
<th>RECOGNITION</th>
<th>SAMHSA’s NREPP: <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=133">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=133</a></th>
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<tr>
<td></td>
<td>The Athena Forum: <a href="http://www.theathenaforum.org/sites/default/files/Keepin%20it%20REAL%204-21-12.pdf">http://www.theathenaforum.org/sites/default/files/Keepin%20it%20REAL%204-21-12.pdf</a></td>
</tr>
</tbody>
</table>
## KEEP SAFE (MIDDLE SCHOOL) / MIDDLE SCHOOL SUCCESS (MSS)

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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

### RECOGNITION
## LIFE SKILLS TRAINING (LST)

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Gilbert J. Botvin  
Researcher  
Weill Cornell Medical College  
Website: [http://www.lifeskillstraining.com](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


### RECOGNITION
Blueprints: [http://www.blueprintsprograms.com/factSheet.php?pid=ac3478d69a3c81fa62e60f5c3696165a4e5e6ac4](http://www.blueprintsprograms.com/factSheet.php?pid=ac3478d69a3c81fa62e60f5c3696165a4e5e6ac4)  
Coalition for Evidence-Based Policy: [http://toptierevidence.org/programs-](http://toptierevidence.org/programs-)

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Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies contract. Reference #HHSS277200800004C. For training and/or technical assistance use only.
<table>
<thead>
<tr>
<th><strong>LIFESKILLS TRAINING (LST)</strong></th>
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<tbody>
<tr>
<td>reviewed/lifeskills-training</td>
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<tr>
<td>U.S. Dept. of Ed. Exemplary &amp; Promising Safe, Disciplined, and Drug-free Schools: <a href="http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf">http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf</a></td>
</tr>
</tbody>
</table>
## 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](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


### Recognition

- Athena Forum: [http://www.theathenaforum.org/lions_quest_skills_for_adolescence](http://www.theathenaforum.org/lions_quest_skills_for_adolescence)
## 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


### Recognition


U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: [http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf](http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf) (page 119)

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Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies contract. Reference #HHSS277200800004C. For training and/or technical assistance use only.
### 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 |
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<tr>
<td>Website: <a href="http://www.mtfc.com">www.mtfc.com</a></td>
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</table>

#### 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

#### RECOGNITION
- Blueprints: [http://www.blueprintsprograms.com/factSheet.php?pid=632667547e7cd3e0466547863e1207a8c0c0c549](http://www.blueprintsprograms.com/factSheet.php?pid=632667547e7cd3e0466547863e1207a8c0c0c549)
- Coalition for Evidence-Based Policy: [http://toptierevidence.org/programs-reviewed/multidimensional-treatment-foster-care](http://toptierevidence.org/programs-reviewed/multidimensional-treatment-foster-care)
### 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](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


### Recognition


Blueprints: [http://www.blueprintsprograms.com/factSheet.php?pid=972a67c48192728a34979d9a35164c1295401b71](http://www.blueprintsprograms.com/factSheet.php?pid=972a67c48192728a34979d9a35164c1295401b71)


<table>
<thead>
<tr>
<th><strong>OLWEUS BULLYING PREVENTION PROGRAM</strong></th>
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<tbody>
<tr>
<td><strong>CONTACTS</strong></td>
</tr>
<tr>
<td>Institute on Family &amp; Neighborhood Life</td>
</tr>
<tr>
<td>Clemson University</td>
</tr>
<tr>
<td>158 Poole Agricultural Center</td>
</tr>
<tr>
<td>Clemson, SC 29634</td>
</tr>
<tr>
<td>Phone: (864) 710-4562</td>
</tr>
<tr>
<td>Email: <a href="mailto:nobully@clemson.edu">nobully@clemson.edu</a></td>
</tr>
<tr>
<td>Website: <a href="http://olweus/sites.clemson.edu/">http://olweus/sites.clemson.edu/</a></td>
</tr>
<tr>
<td><strong>DESCRIPTION</strong></td>
</tr>
<tr>
<td>The Olweus Program includes school wide, classroom, individual, and community components that focus on reducing and preventing bullying among schoolchildren.</td>
</tr>
<tr>
<td><strong>POPULATIONS</strong></td>
</tr>
<tr>
<td>7th–10th grade students</td>
</tr>
<tr>
<td><strong>SETTINGS</strong></td>
</tr>
<tr>
<td>Schools</td>
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<tr>
<td><strong>EVALUATION DESIGN</strong></td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td><strong>EVALUATION OUTCOME(s)</strong></td>
</tr>
<tr>
<td>Students in the Olweus schools demonstrated less increase in marijuana use over time compared to students in the comparison schools.</td>
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<tr>
<td><strong>EVALUATION STUDY</strong></td>
</tr>
<tr>
<td><strong>RECOGNITION</strong></td>
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<tr>
<td>Blueprints Model</td>
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<tr>
<td>Program <a href="http://www.blueprintsprograms.com/factSheet.php?pid=17ba0791499db908433b80f37c5fbc89b870084b">http://www.blueprintsprograms.com/factSheet.php?pid=17ba0791499db908433b80f37c5fbc89b870084b</a></td>
</tr>
<tr>
<td>RAND Promising Practices</td>
</tr>
</tbody>
</table>
# 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 |
<table>
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<tbody>
<tr>
<td>Website: <a href="http://cfc.uoregon.edu">http://cfc.uoregon.edu</a></td>
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</table>

## 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)

- 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


## Recognition

# Project Northland

## Contacts

<table>
<thead>
<tr>
<th>Hazelden Publishing and Education</th>
<th>Cheryl L. Perry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: (800) 328-9000 or (651) 213-4200</td>
<td>University of Texas School of Public Health</td>
</tr>
</tbody>
</table>

Website: [www.hazelden.org/web/go/projectnorthland](http://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


## Recognition


The Athena Forum: [http://www.theathenaforum.org/sites/default/files/Project%20Northland%204-5-12.pdf](http://www.theathenaforum.org/sites/default/files/Project%20Northland%204-5-12.pdf)

Blueprints: [http://www.blueprintsprograms.com/factSheet.php?pid=e1822db470e60d090affd0956d743cb0e7cdf113](http://www.blueprintsprograms.com/factSheet.php?pid=e1822db470e60d090affd0956d743cb0e7cdf113)


U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: [http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf](http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf)
# Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)

## Contacts

<table>
<thead>
<tr>
<th>Ellen Morehouse</th>
<th>Bonnie Fenster, Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Developer</td>
<td>Designer/Evaluator</td>
</tr>
<tr>
<td>Phone: (914) 332-1300</td>
<td>Phone: (914) 332-1300</td>
</tr>
<tr>
<td><a href="mailto:sascorp@aol.com">sascorp@aol.com</a></td>
<td><a href="mailto:bonnie.fenster@sascorp.org">bonnie.fenster@sascorp.org</a></td>
</tr>
</tbody>
</table>

Website: [http://www.sascorp.org/success.html](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


## Recognition

SAMHSA’s NREPP: [http://legacy.nreppadmin.net/ViewIntervention.aspx?id=71](http://legacy.nreppadmin.net/ViewIntervention.aspx?id=71)

The Athena Forum: [http://www.theathenaforum.org/sites/default/files/Project%20SUCCESS%204-5-12.pdf](http://www.theathenaforum.org/sites/default/files/Project%20SUCCESS%204-5-12.pdf)
## Project Towards No Drug Abuse

### Contacts
<table>
<thead>
<tr>
<th>Leah Meza</th>
<th>Steve Sussman</th>
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</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>Program Designer/Evaluator</td>
</tr>
<tr>
<td>USC Institute for Prevention Research</td>
<td>University of Southern California</td>
</tr>
<tr>
<td>Email: <a href="mailto:leahmedi@usc.edu">leahmedi@usc.edu</a></td>
<td></td>
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<tr>
<td>Website: <a href="http://tnd.usc.edu">http://tnd.usc.edu</a></td>
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</table>

### 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

### Recognition
- Blueprints: [http://www.blueprintsprograms.com/factSheet.php?pid=f1f836cb4ea6efb2a0b1b99f41ad8b103eff4b59](http://www.blueprintsprograms.com/factSheet.php?pid=f1f836cb4ea6efb2a0b1b99f41ad8b103eff4b59)
**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](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). |


| RECOGNITION | Blueprints: [http://www.blueprintsprograms.com/factSheet.php?pid=5e06d22c8893e27d5a7243bd185faa94cc593072](http://www.blueprintsprograms.com/factSheet.php?pid=5e06d22c8893e27d5a7243bd185faa94cc593072)  
## Red Cliff Wellness School Curriculum

<table>
<thead>
<tr>
<th>Contact</th>
<th>Ron DePerry</th>
<th>Eva Petoskey</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Phone: (715) 779-3755</td>
<td>Program Designer/Evaluator</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:ron_deperry@yahoo.com">ron_deperry@yahoo.com</a></td>
<td>Phone: (231) 357-4886</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:epetoskey@centurytel.net">epetoskey@centurytel.net</a></td>
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<tr>
<td>Description</td>
<td>This substance abuse prevention intervention, based in Native American</td>
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<td></td>
<td>tradition and culture, aims to reduce risk factors and enhance protective</td>
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<td>factors such as school bonding, success in school, increased perception of</td>
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<td></td>
<td>risk from substances, and identification and internalization of culturally</td>
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<td></td>
<td>based values and norms. Teachers trained in interactive, cooperative</td>
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<td></td>
<td>learning techniques deliver 20–30 developmentally appropriate lessons and</td>
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<td>activities designed to enhance the values of sharing, respect, honesty,</td>
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<td></td>
<td>and kindness and to assist students in understanding their emotions.</td>
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<tr>
<td>Populations</td>
<td>Native American students (grades K–12)</td>
<td></td>
</tr>
<tr>
<td>Settings</td>
<td>Elementary, middle, and high schools</td>
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<tr>
<td>Evaluation Design</td>
<td>Prospective, quasi-experimental design with 8 rural schools that serve</td>
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<td></td>
<td>Indian reservations assigned to an intervention or comparison condition;</td>
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<tr>
<td></td>
<td>237 students in intervention schools and 407 students in the comparison</td>
<td></td>
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<td></td>
<td>schools were used for analysis; marijuana intentions were assessed at</td>
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<td></td>
<td>pretest and immediate posttest.</td>
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<tr>
<td>Evaluation Outcome(s)</td>
<td>Compared to students in the comparison group, Red Cliff Wellness School</td>
<td></td>
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<tr>
<td></td>
<td>Curriculum participants reported:</td>
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<tr>
<td></td>
<td>• Less increase in intention to use marijuana (Petoskey et al., 1998).</td>
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<td></td>
<td>through empowerment in a Native American community. In J. Valentine, J. A.</td>
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<td></td>
<td>De Jong, &amp; N. J. Kennedy (Eds.), Substance abuse prevention in multicultural</td>
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<td></td>
<td>communities (pp. 147-162). New York: Haworth Press.</td>
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</table>
# SMART Leaders

| **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). |

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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](http://www.hfrp.org/out-of-school-time/ost-database-bibliography/database/boys-girls-clubs-of-america-stay-smart-program-and-smart-leaders-program)
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<th><strong>SPORT</strong></th>
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| **CONTACT** | Chudley Werch  
Program Developer  
Phone: (904) 472-5022  
Email: cwerch@preventionpluswellness.com  
Website: [http://preventionpluswellness.com](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. |
| **RECOGNITION** | SAMHSA’s NREPP: [http://legacy.nreppadmin.net/ViewIntervention.aspx?id=342](http://legacy.nreppadmin.net/ViewIntervention.aspx?id=342)  
| **CONTACT** | Dora R. Sanchez  
Executive Director  
The WHEEL Council  
Email: dora@wheelcouncil.org | Annabelle Nelson  
Researcher  
Phone: (928) 214-0120  
Email: annabelle@wheelcouncil.org |
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<td></td>
<td>Website: <a href="http://www.wheelcouncil.org">http://www.wheelcouncil.org</a></td>
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<td><strong>DESCRIPTION</strong></td>
<td>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.</td>
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<tr>
<td><strong>POPULATIONS</strong></td>
<td>Youth at risk for substance abuse, HIV, and other problem behaviors; youth living in communities with high availability of drugs</td>
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<td><strong>SETTINGS</strong></td>
<td>Middle schools</td>
<td></td>
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<tr>
<td><strong>EVALUATION DESIGN</strong></td>
<td>Prospective, quasi-experimental research design compared participants' pre- and posttest responses on marijuana use to those in a comparison group.</td>
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| **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). |  |
## STRENGTHENING FAMILIES 10-14

| **CONTACT** | Cathy Hockaday  
Program Coordinator  
Phone: (515) 294-7601  
Email: hockaday@iastate.edu | Virginia Molgaard  
Researcher  
Iowa State University |
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<td><strong>Website:</strong></td>
<td><a href="http://www.extension.iastate.edu/sfp">http://www.extension.iastate.edu/sfp</a></td>
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<td><strong>DESCRIPTION</strong></td>
<td>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.</td>
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<td><strong>POPULATIONS</strong></td>
<td>Adolescents and their families</td>
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<td><strong>SETTINGS</strong></td>
<td>Schools and prevention agencies</td>
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<td><strong>EVALUATION DESIGN</strong></td>
<td>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</td>
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| **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). | |
| **RECOGNITION** | SAMHSA’s NREPP: [http://legacy.nreppadmin.net/ViewIntervention.aspx?id=63](http://legacy.nreppadmin.net/ViewIntervention.aspx?id=63)  
Blueprints: [http://www.blueprintsprograms.com/factSheet.php?pid=e54183e2a040e6c09e61eb22d542e3d57074b351](http://www.blueprintsprograms.com/factSheet.php?pid=e54183e2a040e6c09e61eb22d542e3d57074b351)  
U.S. Dept. of Ed. Exemplary & Promising Safe, Disciplined, and Drug-free Schools: [http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf](http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf) (page 37) | |
REGISTRIES CONSULTED

- The Athena Forum: http://www.theathenaforum.org
- Blueprints: http://www.blueprintsprograms.com/allPrograms.php
- Coalition for Evidence-based Policy: http://coalition4evidence.org
- U.S. Department of Education: Exemplary & Promising Safe, Disciplined, and Drug-free Schools Programs: http://www2.ed.gov/lead/safety/exemplary01/exemplary01.pdf