

Evidence-based Prevention Programs and Proven Drug Use Outcomes

Program Name	Setting/Model	Target Pop.	Substance use outcomes
Communities That Care (CTC)	Community-based / Data driven needs assessment and program selection strategy implemented by community coalitions.	Any community	Students were 32% less likely to have initiated alcohol use and 33% less likely to have initiated cigarette use when compared with control group ¹
Big Brothers Big Sisters (BBBS)	Community-based / Mentoring	Youth aged 6-18	Less likely to initiate drug use ¹
Project Toward No Drug Abuse (TND)	School-based / Universal Prevention builds coping skills and ATOD knowledge and refusal skills.	High school youth	Lower prevalence of past 30-day hard drug use; effects maintained at 5 yr. follow-up. ¹
LifeSkills Training (LST)	School-based / Universal prevention-general self-mgmt skills, social skills development, ATOD knowledge and refusal skills.	Middle school youth	Lower use of alcohol, cigarettes, marijuana; lower rates of poly-substance use; effects maintained at 6.5 yr. follow-up. ¹
Positive Action	School-based / Universal Prevention promotes positive school climate	K-12	Lower self-reported substance use at grades 5 and 8 ¹
Strengthening Families Program 10-14 (SFP 10-14)	Community-based / Family program to strengthen parent-child relationship; peer pressure refusal skills for youth	Parent/caregiver and their youth aged 10-14.	Lower use rate of methamphetamines (12th gr), slower rate of polydrug use (6-12th) narcotic and barbituate misuse (young adult), Rx opioid misuse, lifetime Rx drug misuse ¹
Strong African American Families	Community-based / Family program to strengthen parent-child relationship; improve peer pressure refusal skills for youth; communication skills; improve future orientation; enhance family cultural pride	Families with youth aged 10-14 with African American Heritage	Significantly lower new alcohol user proportions at post-test and 2.4 year follow-up. ¹ Significantly slower rate of increase in alcohol use at 5.4 year follow-up. ¹
LST + SFP 10-14	School and Community-based / Combination of two programs	Middle school/ middle adolescence	Less Rx drug use (11th, 12th); lower lifetime Rx opioid misuse and Rx drug misuse; esp. strong effects for youth at high risk at program start. ²

1. More detailed reviews of the research behind each of these programs and ratings by multiple clearinghouses can be accessed here:

<http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/results-first-clearinghouse-database>

2. LST & SFP Combined Outcomes: Crowley, D. Max, et al. "Can we build an efficient response to the prescription drug abuse epidemic? Assessing the cost effectiveness of universal prevention in the PROSPER trial." *Preventive medicine* 62 (2014): 71-77.

2014-2015 Outcomes for PA Commission on Crime and Delinquency Evidence-based Program Grantees

Program Name	Number Served	Number with Pre/Post Survey	Outcomes
Big Brothers Big Sisters (BBBS)	704 Youth	192 Youth	<ul style="list-style-type: none"> 2% of Youth surveyed reported decreased intent to use ATOD
Project Toward No Drug Abuse (TND)	1278 Youth	867 Youth	<ul style="list-style-type: none"> 64% of Youth Surveyed Reported Increased Knowledge of ATOD 29% of Youth surveyed reported decreased intent to use ATOD
LifeSkills Training (LST)	1737 Youth	1402 Youth	<ul style="list-style-type: none"> 15% of Youth Surveyed Reported improved Peer Pressure resistance Skills 73% of Youth Surveyed Reported Increased Knowledge of ATOD 15% of youth surveyed reported decreased intent to use ATOD
Strengthening Families Program 10-14 (SFP 10-14)	426 Youth 462 Parent/Caregivers	292 Youth 294 Parent/Caregivers	<ul style="list-style-type: none"> 51% of Parent/Caregivers Surveyed Reported Improved Substance Abuse Rules and Expectations 59% of Youth Surveyed Reported Improved Peer Pressure Resistance Skills

Important note the number of adolescent youth who intend to use or who actually use ATODs is small and therefore the outcomes for decreasing intent and use are correspondingly small for these programs.

In partnership with PCCD the EPISCenter has supported PA communities and providers in planning and implementing evidence-based programs for over seven years. To access free planning and start up resources go to: www.episcenter.org

To make an appointment to speak with a technical assistant contact Lee Ann Cook (lcook@episcenter.org) or Phyllis Law (plaw@episcenter.org)

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