School-based Substance Abuse Prevention

Kris Glunt, Prevention Coordinator

EPISCeter
EPISCenter

- **Vision**: Leading the world in translating prevention science to practice.
- **Mission**: EPISCenter is a university-based intermediary organization connecting research, policy and real-world practice.
- Provides technical assistance (TA) for evidence-based programs, community collaborative, and juvenile justice providers
What is the EPISCENTER?
History of Research-Based Prevention in Pennsylvania

- **1994**: Key state leaders introduce Communities that Care (CTC)
  - Spearheaded by Pennsylvania Commission on Crime & Delinquency (PCCD) and Juvenile Court Judges’ Commission

- **1994-2002**: Initiation of CTC funding by PCCD
  - 16 cycles of CTC model introduced in ~120 communities

- **1996**: PCCD Co-funding of research for Blueprints programs

- **1998**: Process Study of CTC conducted by Prevention Research Center
  - Resulted in creation of statewide TA infrastructure to support CTC
  - Formalized connection between CTC and EBP Initiative

- **1998**: Initiation of Evidence-based Program Initiative by PCCD
  - 10 cycles of EBPs funded over 13 years, resulting in ~200 EBPs

- **2001**: Narrowed list of supported EBPs, aka “PA Blueprints”

- **2008**: Created Resource Center for Evidence-Based Prevention and Intervention Programs and Practices
  - Multi-agency Steering Committee Representing Justice, Welfare, Education, and Health
D.A.R.E. in Pennsylvania

- At its peak, D.A.R.E. was reaching more than 25 million students per year across the nation.

- As of 1999, approximately 751 Pennsylvania schools offered the core D.A.R.E. curriculum.

- Between 1999 and 2008, funding for D.A.R.E. decreased steadily from $4 million to less than $1 million.

- On December 9, 2008, Governor Rendell announced cuts to many programs, including D.A.R.E.
Programs can be placed along a continuum of confidence based on their evidence or theory.

- **Very Confident**
  - **Evidence-based**
    - "This program has been rigorously evaluated and shown to work"
  - **Research-based**
    - "This program is based on sound theory informed by research"
  - **Promising Approaches**
    - "We really think this will work... but we need time to prove it"
  - **Best Practices**
    - "We've done it and we like it"

- **Ineffective**
  - "This program has been evaluated and shown to have no positive or negative effect"

- **Harmful**
  - "This program has been rigorously evaluated and shown to be harmful"

- **EFFECTIVE**

- **Ineffective**

- **unknown**

• How confident are we that this program or practice is a good use of resources **AND** improves outcomes for children and families?
Why promote the dissemination of evidence-based substance use prevention programs?

• Strong evidence of effectiveness
• Tools provided for collection of Outcomes Data
• Tools for Fidelity Monitoring
Current programs supported by EPIS

- **LifeSkills Training (LST)**
  - Top-researched based prevention program in the country
  - Blueprints Model Program

- **Project Towards No Drug Abuse (TND)**
  - Rigorously tested (42 High Schools in California & 45 High Schools across the U.S.)
  - Tested in Alternative Schools as well as regular High Schools
  - Blueprints Model Program
LifeSkills Training

- Multi-component substance abuse prevention curriculum
- Implementation begins in 6th or 7th grade
- Three Levels
  - 15 lessons in year 1, 10 sessions in year 2, 5 sessions in year 3
- Average session length is 45 minutes
LifeSkills Training – 3 Major Components

• General Self Management Skills

• Increased Social Skills

• Information and Refusal Skills Specifically related to Drug Use
LST – Level 1 Lesson Breakdown

- Self-Image & Self Improvement
- Making Decisions
- Smoking: Myths & Realities
- Smoking & Biofeedback
- Alcohol: Myths & Realities
- Marijuana: Myths & Realities
- Advertising

- Violence & the Media
- Coping with Anxiety
- Coping with Anger
- Communication Skills
- Social Skills A & B
- Assertiveness
- Resolving Conflicts
Why do schools choose LST?

• Universal prevention program
• High benefit–to-cost ratio (Washington State Institute for Public Policy)
• Meets PA standards
• Easy to implement
• Kids like it
• Provides a good foundation for Health Education
Why do schools choose LST?

• To Decrease Risk Factors (PAYS)
  • Early Initiation of Drug Use
  • Sensation Seeking
  • Rebelliousness
  • Friends’ Delinquent Behavior
  • Peer Rewards for Antisocial Behavior
  • Favorable Attitudes toward Antisocial Behavior
  • Favorable Attitudes toward Alcohol, Tobacco and Other Drug Use
  • Laws and Norms Favorable to Drug Use
Why do schools choose LST?

• To Increase Protective Factors (PAYS)
  • Social Skills
  • Interaction with Prosocial Peers
  • Perceived Risk of Drug Use
  • Clear Standards for Behavior
LifeSkills Training – Logic Model

Botvin’s LifeSkills® Training (LST) Middle School
Program developed by Gilbert J. Botvin, Ph.D., Cornell University

Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISC) at Penn State University in collaboration with Gilbert J. Botvin, Developer/National Health Promotions Associates.

Program Components
- Lessons
  Goal: To teach youth specific skills through teaching, facilitation and discussion.
- Generalization
  Goal: To learn and apply skills to new contexts, through behavioral rehearsal, coaching and feedback

Targets
- Decrease Risk Factors
- Increase Protective Factors

Proximal Outcomes (Short Term)
- Increased Drug Resistance Skills and Knowledge
- Increased Self-Management Skills
- Improved Social Skills

Distal Outcomes (Long Term)
- Reduced Antisocial Behavior

*Program consists of Level 1: 15 sessions in Grade 6/7, Level 2: 10 sessions in Grade 7/8 and Level 3: 5 sessions in Grade 8/9. *Sessions are 30-45 min in length. *Lessons must be taught in sequence, frequency can vary from once per week to every day until program is complete. *Program can be successfully implemented by teachers, school counselors, prevention specialists, police officers, and other providers. *Optional violence prevention sessions are available for each level.
LifeSkills Training – Logic Model

Program Components & Goals
IST Middle School consists of 30 class sessions designed to be taught over three years.

Program Modalities
Specific strategies, methods, and techniques are used to accomplish the program goals.

Targeted Risk and Protective Factors
Risk factors, which increase the likelihood of negative outcomes (e.g., drug use, delinquency, school dropout, teen pregnancy, and violent behavior) are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.

Proximal Outcomes
Targeted outcomes that the program is designed to impact immediately following program completion.

Increased Drug Resistance Skills and Knowledge:
- Decreased favorable attitudes toward substance use
- Increased knowledge of effects of substance use
- Increased knowledge of media influences to use tobacco/alcohol/drugs
- Decreased belief in the normative nature of peer substance use

Reduced Intent to Use:
- Tobacco
- Alcohol
- Marijuana
- Other drugs

Reduced Antisocial Behavior:
- Tobacco use
- Alcohol use
- Marijuana use
- Other drug use
- Violence
- Risky behavior

*Botvin logic model refers to program increasing “self-esteem”, survey items measure self-image.

Lessons
Goal: To teach youth skills through teaching, facilitation and discussion.

Generalization
Goal: To learn and apply skills to new contexts through behavioral rehearsal, coaching and feedback.

Facilitation
- Discussion
- Teach Prevention Related Information, Drug Refusal Skills, & Promote Anti-Drug Norms

Coaching
- Feedback
- Behavioral Rehearsal
- Development of General Social Skills & Personal Self-Management skills

Risk Factors:
- Low Perceived Risks of Drug Use
- Early Initiation of Drug Use
- Sensation Seeking
- Rebelliousness
- Friends’ Delinquent Behavior
- Friends’ Use of Drugs
- Peer Rewards for Antisocial Behavior
- Favorable Attitudes toward Antisocial Behavior
- Favorable Attitudes toward Alcohol, Tobacco and Other Drug Use

Protective Factors:
- Social Skills
- Interaction with Prosocial Peers

Proximal Indicators of Distal Outcomes
These outcomes are measured after the program. Changes are indicative of distal changes to be expected.

Distal Outcomes
Outcomes impacted by the program months/years following program completion that have been demonstrated through research.

Improved Self-Management Skills
- Increased understanding of the importance of a positive self-image*
- Increased knowledge of good decision making
- Increased task persistence
- Increased understanding of anxiety and its effects
- Increased relaxation skills

Improved Social Skills:
- Increased effective communication skills
- Increased assertiveness skills
LifeSkills Training: Research Outcomes

- Tobacco use
- Alcohol use
- Marijuana use
- Polydrug use
- Illicit drug use
- Violence and delinquency
- HIV risk behaviors
- Risky driving
LifeSkills Training – Research Outcomes

- **Tobacco use:**
  - Across several studies, short-term effects show that the intervention reduces smoking among intervention group participants, relative to controls, up to 87% (Botvin et al., 1983). In a long-term follow-up study, findings indicated that the intervention group had a mean rate of monthly smoking that was lower by 28% than the control group (.21 versus .29) at the 6-year follow-up (Spoth et al., 2008).

- **Alcohol use:**
  - Across studies, short-term effects show that the intervention reduces alcohol use among intervention group participants, relative to controls. At 1-year follow-up, one study found that the relative reduction rate (percentage difference in the proportion of new users in LST relative to Controls) was 4.1% (Spoth et al., 2002). In another study, the intervention group engaged in 50% less binge drinking relative to controls at the 1- and 2-year follow-up assessments (Botvin et al., 2001b).

- **Marijuana use:**
  - Several studies have shown short- and long-term effects on marijuana, with one long-term study showing a 66% reduction among intervention group participants relative to controls (Botvin et al., 1990).

- **Polydrug use:**
  - In one study (Spoth et al., 2002), the intervention group had a mean current polydrug use at the one-year follow-up that was lower by 27% than the control group (.24 versus .33). In another study (Botvin et al., 1995), prevalence of weekly use of alcohol, tobacco, and marijuana at the 6-year follow-up was 66% lower among intervention youth relative to control participants at the end of high school.
LifeSkills Training – Research Outcomes

• **Illicit drug use:**
  • At 12th grade (6-year) follow-up, the LST group was significantly lower in lifetime methamphetamine use than the control group (Spoth et al., 2006). In another long-term study, with a non-random subsample of the original cohort, the LST group had lower rates of overall illicit drug use, illicit drug use other than marijuana, heroin and other narcotics, and hallucinogens, relative to the control group condition, at the 6.5 year follow-up assessment (Botvin et al., 2000).

• **Violence and delinquency:**
  • At 3-month follow-up, the intervention group showed reductions of 32% in delinquency in the past year, 26% in high-frequency fighting in the past year, and 36% in high frequency delinquency in the past year (Botvin et al., 2006).

• **HIV risk behaviors:**
  • 10-year follow-up results, with only 37% of the original baseline sample, showed significant long-term LST prevention effects for HIV risk (having multiple sex partners, having intercourse when drunk or high, and recent high risk substance use) (Griffin et al., 2006).

• **Risky driving:**
  • At 6-year follow-up, the intervention group had 20% with violations compared to 25% in the control group (Griffin et al., 2004).
LST in PA – 21 PCCD Grantees
LST in PA – Blueprints Project – 51 School Districts
LifeSkills Training – Implementing with Quality

• Training
  • Recommended prior to Implementation

• Model Fidelity
  • Observe 20% of the lessons
    • External & Self Observation
  • Use observation to correct drift from the model
  • PCCD grantees – Developer Site Review

• Outcomes (Pre/Post Measurement)
  • Are you seeing the intended outcomes?
    • Why or why not? How does the fidelity data match up?
  • Data is great for program sustainability
    • Ability to talk about the work you’re doing and the impact that it is having
## LST Outcomes Data – PCCD Grantee

<table>
<thead>
<tr>
<th>All Quarters</th>
<th>Cumulative</th>
<th>%</th>
<th>Performance Measure</th>
<th>Rules</th>
</tr>
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<tbody>
<tr>
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<td>has calculated by spreadsheet formulas.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>40</td>
<td></td>
<td>15%</td>
<td>(01) Antisocial Behavior (ATOD Use): Number of youth with decreased antisocial behavior as defined by a decrease in alcohol, tobacco, and other drug (ATOD) use. Items E1-E6.</td>
<td>Number of Youth with Decreased Antisocial Behavior should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>10%</td>
<td>(02) Intent to Use ATOD: Number of youth with decreased intentions to use alcohol, tobacco, and other drugs (ATOD). Items E7-E11.</td>
<td>Number of Youth with Decreased Intent to Use ATOD should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
</tr>
<tr>
<td>60</td>
<td></td>
<td>22%</td>
<td>(03) Favorable Attitudes Towards ATOD Use: Number of youth with decreased favorable attitudes towards ATOD. Items C1-C8.</td>
<td>Number of Youth with Decreased Favorable Attitudes Towards ATOD Use should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
</tr>
<tr>
<td>191</td>
<td></td>
<td>71%</td>
<td>(04) Increased Knowledge of Drugs: Number of youth with increased knowledge of drugs. Items B1-B7, B12-B17.</td>
<td>Number of Youth with Increased Knowledge of Drugs should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
</tr>
<tr>
<td>49</td>
<td></td>
<td>18%</td>
<td>(05) Increased Refusal Skills: Number of youth with increased refusal skills. Items D1-D5.</td>
<td>Number of Youth with Increased Refusal Skills should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
</tr>
<tr>
<td>129</td>
<td></td>
<td>48%</td>
<td>(06) Increased Anxiety Reduction Skills: Number of youth with increased anxiety reduction skills. Items D9-D10.</td>
<td>Number of Youth with Increased Anxiety Reduction Skills should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
</tr>
<tr>
<td>62</td>
<td></td>
<td>23%</td>
<td>(07) Decreased Peer Use Perceptions: Number of youth whose perceptions of peer use of alcohol, tobacco and other drugs (ATOD) decreased. Items E12-E16.</td>
<td>Number of Youth with Decreased Peer Use Perceptions should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
</tr>
<tr>
<td>All Quarters</td>
<td>%</td>
<td>Performance Measure</td>
<td>Rules</td>
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<tr>
<td>Cumulative</td>
<td></td>
<td>(O8) Increased Knowledge of Negative Media Influence: Number of youth with an increased ability to recognize/respond to media influences/pressures. Items B18-B20.</td>
<td>Number of Youth with Increased Ability to Recognize Negative Media Influence should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>37%</td>
<td>(O9) Increased Knowledge of Effective Communication Skills: Number of youth with increased communication skills. Items B25-B32.</td>
<td>Number of Youth with Increased Knowledge of Effective Communication Skills should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
<td></td>
</tr>
<tr>
<td>130</td>
<td>48%</td>
<td>(O10) Increased Knowledge of Good Decision Making: Number of youth with increased decision-making skills. Items B10-B11.</td>
<td>Number of Youth with Increased Decision Making Skills should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>25%</td>
<td>(O11) Increased Knowledge of Positive Self-Image: Number of youth with increased recognition that self-esteem/self-image affect behavior. Items B8-B9.</td>
<td>Number of Youth with Increased Self-Esteem/Image Recognition should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>18%</td>
<td>(O12) Increased Task Persistence: Number of youth with increased self-control. Items D11-D12.</td>
<td>Number of Youth with increased Task Persistence should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>30%</td>
<td>(O13) Increased Knowledge of Anxiety Reduction: Number of youth with increased knowledge of anxiety and anxiety reduction. Items B21-B24.</td>
<td>Number of Youth with increased Knowledge of Anxiety Reduction should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>41%</td>
<td>(O14) Increased Assertiveness Skills: Number of youth reporting greater confidence in ability to be assertive. Items D6-D8.</td>
<td>Number of Youth with Increased Assertiveness Skills should be less than or equal to Number of Youth with Completed and Analyzed LST Pre and Post Tests that Received Year 1 Core Lessons.</td>
<td></td>
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</tbody>
</table>
LST in Berks County

Jaclyn Steed
  • Council on Chemical Abuse
  • LST TOT

• Successes
• Challenges
• Barriers to Implementation
Project Towards No Drug Abuse

- Classroom-based drug abuse prevention curriculum implemented at the high school level.
- Lessons are 40 to 50 minutes in length
- Highly interactive
- 12 lessons designed to be implemented over a 4 to 6 week period
Project TND – Major Components

- Cognitive motivation enhancement activities
- Information related to social and health consequences of ATOD use
- Correction of cognitive misconceptions
Project TND – Lesson Breakdown

• Active Listening
• Stereotyping
• Myths & Denials
• Chemical Dependency
• Talk Show
• Stress, Health & Goals

• Tobacco Basketball
• Self-Control
• Marijuana Panel
• Positive & Negative Thought & Behavior Loop
• Perspectives
• Decision-making & Commitment
Why do schools choose TND?

- It’s a universal prevention program
- Project TND meets 12 out of 27 standards for Health Safety and Physical Education for Grades 9 and 12
- One of the few programs for high-school/alternative-education youth with strong evidence
- Provides good flexibility for implementation within a continuum of prevention (Grades 9 – 12)
Why do schools choose Project TND?

• To Decrease Risk Factors (Identified by PAYS):
  • Norms Favorable to Drug Use
  • Favorable Attitudes towards ATOD use
  • Favorable Attitudes towards Anti-social behavior
  • Low Perceived Risks of Drug Use
  • Low School Commitment
  • Peer Rewards for Anti-Social Behavior
  • Exposure to community/cultural norms that do not favor antisocial behaviors and substance use
  • Poor Social Skills
Why do schools choose Project TND?

- Increase Protective Factors (Identified by PAYS)
  - School Opportunities for Prosocial Involvement
  - School Rewards for Prosocial Involvement
  - Belief in the Moral Order
TND Logic Model

Project Towards No Drug Abuse (TND)

Program developed by Steve Sussman, Ph.D.

This logic model was created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at Penn State University in collaboration with the developer.

Program Components

- 12 Week Curriculum
  - High School Youth ages 14-19
  - Lessons taught sequentially using interactive, Socratic style. Must implement all activities as described in manual.
  - Lesson topics include:
    - Open minded listening
    - Stereotyping, mythic & denial
    - Consequences of substance use/abuse
    - Tobacco cessation
    - Stress & coping strategies
    - Self control
    - Conflict avoidance strategies
    - Positive and negative thinking patterns
    - Healthy lifestyle choices
    - Decision making skills
  - Research based Frequency and Duration:
    - Delivered over 3-4 weeks
    - Minimum 2 lessons per week
    - Maximum 3 lessons per week
    - 40 – 50 minute lessons

Proximal Outcomes (Short Term)

- Motivation
  - Decreased desire to use ADOA and Increased desire for pro-social involvement

- Skills
  - Increased knowledge, social skills, and coping abilities

- Decision Making
  - Increased ability to plan healthy lifestyle

Targets

- Decrease Risk Factors
- Increase Protective Factors

Distal Outcomes (Long Term)

- Reduced Substance Use
  - Reduced use of cigarettes, alcohol, marijuana, and hard drugs

- Reduced Antisocial Behavior
  - Reduced weapon carrying
**Program’s Mechanism for Change & Goals**

- **Training**
  - Instructor attends 2 day training in order to implement with fidelity

- **Curriculum Reach**
  - 12 lessons taught to high school classrooms of youth ages 14-19
  - 30 students max

- **Researched**
  - Interaction Frequency and Duration (Dose)
  - 40-50 minute lessons taught over 3-4 weeks
  - Minimum of 2 lessons per week
  - Maximum of 3 per week

- **Goals**
  - Stop or reduce the use of cigarettes, alcohol, marijuana, and hard drugs
  - Stop or reduce weapon carrying
  - State accurate information about environmental, social, physiological, and emotional consequences of drug use and abuse
  - Demonstrate behavioral and cognitive coping skills
  - Make a personal commitment regarding drug use

**Program Modalities**

- Specific strategies, methods, and techniques used to accomplish the program goals.

- **Strategies for All Lessons**
  - Lessons taught sequentially
  - Must use interactive, Socratic style
  - Implement all activities as described in manual

- **Methods/Techniques**
  - Workbooks/worksheets
  - Role play
  - Psychodrama
  - Class & small group discussions
  - Self Assessment
  - Games
  - Video

- **Specific Lessons:**
  1. Active Listening
  2. Stereotyping
  3. Myths and Denials
  4. Chemical Dependency
  5. Talk Show (negative consequences of drug abuse)
  6. Stress, Health & Goals
  7. Tobacco Basketball (tobacco use cessation)
  8. Self-Control
  9. Marijuana Panel
  10. Positive and Negative Thought and Behavior loops
  11. Perspective Taking (Exploring radical, moderate, and conservative views on social issues)
  12. Decision-making and Commitment

**Proximal Outcomes**

- Targeted outcomes that the program is designed to impact immediately following program completion.

- **Change in Motivation:**
  - Increased Open Minded Listening
  - Recognition of how Self Fulfilling Prophecies and Negative Stereotyping impact choices.
  - Decreased tendency to over estimate Peer Use
  - Understand the negative consequences of drug use
  - Understand the connection between health & happiness
  - Understand the connection between general sense of self and behavior

- **Change in Skills:**
  - Communicate more effectively
  - Learn to resist negative stereotypes
  - Knowledge of resources for family members of addicts
  - Knowledge of how to stop smoking
  - Improved ability to seek social support, practice self-control, & assertiveness
  - Learn to match social behavior to social context
  - Recognition of negative or positive processes
  - Methods to avoid violence (flogging)

- **Increase Decision Making Ability:**
  - Improved perspective taking
  - Develop a general self-statement about beliefs
  - Learn to identify pros and cons
  - Learn to make a commitment

**Targeted Risk and Protective Factors**

- Risk factors, which increase the likelihood of drug use, delinquency, school dropout, and violent behavior, are targeted for a decrease.
- Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.

- **Risk Factors:**
  - Norms Favorable to Drug Use
  - Poor Social Skills
  - Favorable Attitudes towards ATOD use
  - Favorable Attitudes towards Anti-social behavior
  - Low Perceived Risks of Drug Use
  - Low School Commitment
  - Peer Rewards for Anti-Social Behavior

- **Protective Factors:**
  - Exposure to community/cultural norms that do not favor antisocial behaviors and substance use
  - Recognition of the value of prosocial activities
  - Promotion of healthy beliefs and clear standards
  - Goal setting/Positive future orientation
  - Increased knowledge of the negative consequences of Drug Use
  - Improved relations with prosocial peers
  - Positive orientation to school
  - Communication/Interpersonal skills
  - Decision-making and critical thinking skills
  - Coping/self-management skills

**Distal Outcomes**

- Outcomes impacted by the program months/years following program completion that have been demonstrated through research.

- **Reduced Substance Use:**
  - 27% prevalence reduction in 30-day cigarette use;
  - 22% prevalence reduction in 30-day marijuana use;
  - 25% prevalence reduction in 30-day hard drug use;
  - 9% prevalence reduction in 30-day alcohol use among baseline drinkers

- **Reduced Antisocial Behavior:**
  - 25% prevalence reduction in one-year weapon carrying among males.
Project TND – Research Outcomes

- Compared to control groups of students, TND students showed:
  - 27% prevalence reduction in 30-day cigarette use.
  - 26% prevalence reduction in 30-day hard drug use.
  - Long-term (at years 4 and 5) maintenance effect for 30-day hard drug use.
  - 9% prevalence reduction in 30-day alcohol use among baseline drinkers.
  - Lower probability of 30-day tobacco and hard drug use for the health-educator-led condition at the 2-year follow-up.
  - Lower level of marijuana use among male baseline non-users in the health-educator-led condition at the 2-year follow-up.
  - 21% relative reduction in weapon carrying among males.
  - 23% relative reduction in victimization among males.
Project TND in PA – 8 PCCD Grantees
Project TND – Implementing with Quality

• Training
  • Recommended prior to Implementation (PA Trainers Available)

• Model Fidelity
  • Observe 20% of the lessons
    • External & Self Observation
  • Use observation to correct drift from the model
  • PCCD grantees – developer site review (PA In-state Capacity)

• Outcomes (Pre/Post Measurement)
  • Are you seeing the intended outcomes?
    • Why or why not? How does the fidelity data match up?
  • Data is great for program sustainability
    • Ability to talk about the work you’re doing and the impact that it is having
## TND Outcomes Data – PCCD Grantee

<table>
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<tr>
<th>Cumulative</th>
<th>Percent (Number of youth with change out of those with complete pre/post surveys)</th>
<th>Performance Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>179</td>
<td>67%</td>
<td>(1) Number of Youth who report increased Knowledge of the negative consequences of drug abuse.</td>
<td>Number of students who report increased knowledge of negative consequences of drug abuse, from pretest to post test. Scoring: Items 9,11,12,13,14,15,16,17,18,19,20,22</td>
</tr>
<tr>
<td>87</td>
<td>32%</td>
<td>(2) Number of Youth who report increased knowledge of interpersonal skills.</td>
<td>Number of students who report increased knowledge of interpersonal skills from pre to post test. Scoring: Items 7, 8, 23</td>
</tr>
<tr>
<td>144</td>
<td>54%</td>
<td>(3) Number of Youth who report increased knowledge of critical thinking skills</td>
<td>Number of students who report increased knowledge of critical thinking skills from pre to post test. Scoring: Items 10,21,24,25, 26,27,28</td>
</tr>
<tr>
<td>237</td>
<td>88%</td>
<td>(4) Number of youth reporting no increase or decreased intentions to use cigarettes.</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use cigarettes.</td>
</tr>
<tr>
<td>210</td>
<td>78%</td>
<td>(5) Number of youth reporting no increase or decreased intentions to use alcohol.</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use alcohol.</td>
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<tr>
<td>251</td>
<td>93%</td>
<td>(6) Number of youth reporting no increase or decreased intentions to use marijuana.</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use marijuana.</td>
</tr>
<tr>
<td>258</td>
<td>96%</td>
<td>(7) Number of youth reporting no increase or decreased intentions to use inhalants.</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use inhalants.</td>
</tr>
<tr>
<td>Cumulative</td>
<td>Percent (Number of youth with change out of those with complete pre/post surveys)</td>
<td>Performance Measure</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>264</td>
<td>98%</td>
<td>(8) Number of youth reporting no increase or decreased intentions to use hard drugs.</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use hard drugs. (note this score is a composite of PMs 9-12)</td>
</tr>
<tr>
<td>259</td>
<td>96%</td>
<td>(9) Number of youth reporting no increase or decreased intentions to use hallucinogens (LSD, acid, mushrooms).</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use hallucinogens.</td>
</tr>
<tr>
<td>261</td>
<td>97%</td>
<td>(10) Number of youth reporting no increase or decreased intentions to use stimulants (ice, speed, amphetamines).</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use stimulants.</td>
</tr>
<tr>
<td>261</td>
<td>97%</td>
<td>(11) Number of youth reporting no increase or decreased intentions to use cocaine (crack)</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use cocaine.</td>
</tr>
<tr>
<td>253</td>
<td>94%</td>
<td>(12) Number of youth reporting no increase or decreased intentions to use Other (Depressants, PCP, Heroin, etc)</td>
<td>Number of students who report positive stability (3 or lower at both pre and post) or a decrease from pre-test to post-test in their intention to use Other (Depressants, PCP, Heroin, etc)</td>
</tr>
<tr>
<td>73</td>
<td>27%</td>
<td>(13) Number of youth reporting a decrease in intentions to use any ATOD.</td>
<td>Number of students who report a decrease in the intent to use any ATOD (note this is a composite score across all intention items, scoring uses items 29a-h on the TND pre/post surveys).</td>
</tr>
</tbody>
</table>
Project TND at North Central Secure Treatment Unit

Lora Casteline, CADC
  • Drug and Alcohol Treatment Specialist II Supervisor
  • Department of Public Welfare, Bureau of Juvenile Justice Services
  • Project TND TOT & Quality Assurance Designee

• Successes
• Challenges
• Barriers to Implementation
Barriers to School-Based Implementation

- Not enough time
- Funding for training, materials, etc. is costly
- Disinterest from teachers
  - Rather do it “their own way”
Funding for Program Implementation

- Are you connected with your local collaborative board?
- PCCD funding
  - VPP funding can be accessed directly by school-districts
  - SAEDR funds can be accessed via a local collaborative board
Program Specific Resources

- [www.episcenter.psu.edu/ebp](http://www.episcenter.psu.edu/ebp)
  - Readiness Tool
  - FAQ’s Implementation Guide
  - Training Information
  - Data Collection Tools
  - Fidelity Tools
  - Academic Standards
  - Program Specific Resources
THANK YOU!

The EPISCenter represents a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Prevention Research Center, College of Health and Human Development, Penn State University. The EPISCenter is funded by PCCD and the Department of Public Welfare. This resource was developed by the EPISCenter through PCCD grant VP-ST-24368.

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