

## The Brown Adolescent Newsletter: Drug Abuse Prevention: Programs That Work

*All around the country there are drug prevention programs that are working and that can be replicated. In cooperation with research scientists, the National Institute on Drug Abuse (NIDA) prepared a description of programs that are proving effective. Each has been developed as part of a research protocol and tested in a family, school, or community setting. These programs are categorized by a new series of definitions, which describe the programs by the audience for which they are designed.*

- *Universal programs reach the general population—such as all students in a school.*
- *Selective programs target groups at risk or subsets of the general population—such as children of drug users or poor school achievers.*
- *Indicated programs are designed for people who are already experimenting with drugs or who exhibit other risk-related behaviors.*

*We publish this material as a useful resource and, hopefully, to serve as a catalyst for the development of other successful programs.*

### **Project STAR**

This is a universal drug abuse prevention program that reaches the entire community with a comprehensive school program, mass media efforts, a parent program, community organization, and health policy change. The middle school-based component is a social influence curriculum that is incorporated in classroom instruction by trained teachers over a two-year timetable. Mass media are used to promote, reinforce, and help maintain the project. Parents work with their children on Project STAR homework, learn family communication skills, and get involved in community action.

The community organization component is the essential formal body that organizes and oversees all project-related activities. The health policy change component is implemented as a task of the community organization; the aim is to develop and implement policies that affect alcohol, tobacco, and other drug laws, and other local policies, such as establishing and monitoring drug-free sites in the community.

Research on this project has shown positive long-term effects: In their senior year of high school students who began the program in junior high showed significantly less use of marijuana (approximately 30 percent less), cigarettes (about 25 percent less), and alcohol (about 20 percent less) than teens in schools that did not offer the program. The most important factor found to have affected drug use among the students was increased perceptions of their friends' intolerance of drug use.

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### **Life Skills Training Program**

The Life Skills Training universal classroom program is designed to address a wide range of risk and protective factors by teaching general personal and social skills in combination with drug resistance skills and normative education. The program consists of a three-year prevention curriculum intended for middle or junior high school students. It contains 15 periods

during the first year, 10 booster sessions during the second, and 5 sessions during the third.

Three major content areas are covered by the Life Skills Training program:

- Drug resistance skills and information provide material that deals directly with the social factors promoting drug use. This content area includes material designed to increase awareness of social influences toward drug use, correct the misperception that everyone is using drugs and promote antidrug norms, teach prevention-related information about drug abuse, and teach drug resistance skills.
- Self-management skills help students increase independence, personal control, and a sense of self-mastery. This includes teaching general problem-solving and decision-making skills, critical thinking skills for resisting peer and media influences, skills for increasing self-control and self-esteem (such as self-appraisal, goal setting, self-monitoring, self-reinforcement), and adaptive coping strategies for relieving stress and anxiety.
- General social skills enhance students' social competence, including how to communicate effectively, overcome shyness, meet new people, and develop healthy friendships. These skills are taught through a combination of instruction, demonstration, feedback, reinforcement, behavioral rehearsal, and extended practice through homework assignments.

The Life Skills Training program has been extensively studied over the past 16 years. Results indicate that this prevention approach can produce 59 to 75 percent lower levels (compared to a control group) of tobacco, alcohol, and marijuana use. Booster sessions can help maintain program effects. Long-term follow-up data from a randomized field trial involving nearly 6,000 students from 56 schools found significantly lower smoking, alcohol, and marijuana use six years after the initial baseline assessment. The prevalence of cigarette smoking, alcohol use, and marijuana use for the

students who received Life Skills Training program was 44 percent lower than for control students, and the weekly use of multiple drugs was 66 percent lower.

Although the early research with the Life Skills Training program was conducted with white populations, several recent studies show that it is also effective with inner-city minority youth. It also has been found effective when implemented under different scheduling formats and with different levels of project staff involvement. Finally, evaluation studies indicate that this prevention program works whether the program providers are adults or peer leaders.

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### **Adolescent Alcohol Prevention Trial (AAPT)**

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AAPT is a universal classroom program designed for fifth-grade students, with booster sessions conducted in the seventh grade. It includes two primary strategies. Resistance skills training is designed to give children the social and behavioral skills they need to refuse explicit drug offers. Normative education is specifically designed to combat the influences of passive social pressures and social modeling effects. It focuses on correcting erroneous perceptions about the prevalence and acceptability of substance use and on establishing conservative norms.

In the research design, the students received either information about consequences of drug use only, resistance skills only, normative education only, or resistance skills training in combination with normative education. Results showed that the combination

of resistance skills training and normative education prevented drug use; resistance skills training alone was not sufficient.

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## **Seattle Social Development Project**

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A universal program, the Seattle project is a school-based intervention for first through sixth graders that seeks to reduce shared childhood risks for delinquency and drug abuse by enhancing protective factors. The multicomponent intervention trains elementary school teachers to use active classroom management, interactive teaching strategies, and cooperative learning in their classrooms.

As children progress from grades one through six, their parents are provided a training session called “How to Help Your Child Succeed in School,” a family management skills training curriculum called “Catch ‘Em Being Good,” and the “Preparing for the Drug-Free Years” curriculum. The interventions are designed to enhance opportunities, skills, and rewards for children’s prosocial involvement in both school and family settings, thereby increasing their bonds to school and family and commitment to the norm of not using drugs.

Long-term results indicate positive outcomes for students who participated in the program: reductions in antisocial behavior, improved academic skills, greater commitment to school, reduced levels of alienation and better bonding to prosocial others, less misbehavior in school, and fewer incidents of drug use in school.

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## **Adolescents Training and Learning to Avoid Steroids**

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The ATLAS program is a multicomponent universal program for boys in high school athletics, designed to reduce risk factors for use of anabolic steroids and other drugs while providing healthy sports nutrition and strength-training alternatives to illicit use of athletic-enhancing substances. Coaches and teammates facilitate curriculum delivery with scripted manuals in small cooperative learning groups, taking advantage of an influential coaching staff and the team atmosphere where peers share common goals. The seven 45-minute classroom sessions and seven physical training periods involve role-playing, student-created campaigns, and educational games. Instructional aids include pocket-sized food and exercise guides and easy-to-follow student workbooks. Parents are involved with parent-student homework and with the booklet “Family Guide to Sports Nutrition.”

The program features learning about anabolic steroids and other drugs; skills to resist drug offers; team ethics and drug-free commitment; drug use norms; vulnerability to drug effects; debunking media images that promote substance abuse; parent, coach, and team intolerance of drug use; and goal setting for sports nutrition and exercise. Weight-lifting instruction at the schools promotes safe training practices, reduces the influence of commercial gyms (where anabolic steroids and other drugs are more available), and highlights curriculum components.

Student athletes in the ATLAS program report better understanding of the effects of anabolic steroids and other drugs, greater belief in personal vulnerability to the adverse effects of anabolic steroids, and more

certainty that their parents and coaches are intolerant of drug use. In addition, improved drug refusal skills, less belief in steroid-promoting media images, more confidence in personal ability to build muscles and strength without steroids, greater self-esteem, and less desire to use anabolic steroids were found among members of the intervention groups.

Importantly, these high school athletes continued to resist the temptation of anabolic steroids and maintained better nutrition and exercise behaviors one year after the intervention. The program contains four booster sessions for each subsequent year of high school.

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## **Project Family**

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Project Family is a series of interrelated investigations designed to: evaluate universal family and youth competency-training interventions to examine the process of positive change in families; test the factors influencing parent participation in family programs; and conduct statewide needs assessment surveys to determine family and community needs throughout Iowa. The prevention interventions evaluated through Project Family are Preparing for the Drug-Free Years (PDFY), developed at the University of Washington, and the Iowa Strengthening Families Program (ISFP), a revision of the University of Utah Strengthening Families program (next). The PDFY has five competency training sessions for parents; one of these sessions is attended by adolescents and parents together. The ISFP has seven sessions, each attended jointly by

youth and their parents. The project has also been adapted for Native American populations.

Comparisons of both interventions with control group families show positive effects on parents, child management practices (for example, standard-setting, monitoring, discipline), and on parent-child affective quality. In addition, a recent evaluation of ISFP youth outcomes at the one-year follow-up shows improved youth resistance to peer pressure toward alcohol use, reduced affiliation with antisocial peers, and reduced levels of problem behaviors. Importantly, intervention post-test outcome models demonstrate that positive parenting effects were significantly associated with reductions in children's problem behaviors. Study results are guiding efforts to evaluate whether adding a family intervention to a school intervention is better than use of a school intervention alone.

The second component of the research project studied the most effective ways of recruiting family participation. Findings highlight the importance of a number of practical recruitment and retention strategies, such as flexibility in intervention scheduling, minimizing initial time commitments, contracts from parents' peers, and multiple incentives such as free food coupons, refreshments, and child care. The statewide surveys assessed the prevalence of risk factors, protective factors, and substance-related problems, which have been utilized for health planning purposes.

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## **Strengthening Families Program**

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Strengthening Families is a selective prevention, multicomponent, family-focused program that provides prevention programming for 6- to 10-year-old children of substance abusers. The program began as an effort to help substance-abusing parents improve their parenting skills and reduce their children's risk factors. The program has been culturally modified and found effective with African American, Asian/Pacific Islander, and Hispanic families. In each of the 14 weekly sessions, parents and children are trained separately in the first hour. During the second hour, parents and children come together in the family skills training portion. Afterward, the families share dinner and a film or other entertainment. Parent training improves parenting skills and reduces substance abuse by parents. Children's skills training decreases children's negative behaviors and increases their socially acceptable behaviors through work with a program therapist. Family skills training improves the family environment by involving both generations in learning and practicing their new behaviors. This intervention approach has been evaluated in a variety of settings with several racial and ethnic groups. The primary outcomes of the program include reductions in family conflict, improvement in family communications and organization, and reductions in youth conduct disorders, aggressiveness, and substance abuse.

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## **Focus on Families**

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A selective program for parents receiving methadone treatment and for their children, Focus on Families' primary goal is to reduce parents' use of illegal drugs by teaching them skills for relapse prevention and

coping. Parents are also taught how to manage their families better. The parent training consists of a five-hour family retreat and 32 parent training sessions of an hour and a half each. Children attend 12 of the sessions to practice developmentally appropriate skills with their parents.

Session topics include family goal-setting, relapse prevention, family communication, family management, creating family expectations about alcohol and other drugs, teaching children skills (such as problem solving and resisting drug offers), and helping children succeed in school. Booster sessions and case-management services also are provided. Early results indicate that parents' drug use is dramatically lower and parenting skills significantly better than are seen in control groups, but the program's effects on children have not yet been assessed.

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## **Reconnecting Youth Program**

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Reconnecting Youth is a school-based indicated prevention program that targets young people in ninth through 12th grade who show signs of poor school achievement and potential for dropping out. They also may show signs of multiple problem behaviors, such as substance abuse, depression, and suicidal ideation. The program teaches skills to build resiliency with respect to risk factors and to moderate the early signs of substance abuse. To enter the program, students must have fewer than the average number of credits earned for their grade level, high absenteeism, and a significant drop in grades; or a youth may enter the program if he or she has a record of dropping out or has been referred as a significant dropout risk.

The program incorporates social support and life skills training including:

- Personal Growth Class, a semester-long, daily class designed to enhance self-esteem, decision making, personal control, and interpersonal communication;
- Social Activities and School Bonding, to establish drug-free social activities and friendships, as well as improve a teenager's relationship to school;
- School System Crisis Response Plan, for addressing suicide prevention approaches.

Research shows that this program improves school performance; reduces drug involvement; decreases deviant peer bonding; increases self-esteem, personal control, school bonding, and social support; and decreases anger and aggression, hopelessness, stress, and suicidal behaviors. Further analysis indicates that the support of Personal Growth Class teachers contributes to decreases in drug involvement and suicide risk behaviors.

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**Adolescent Transition Program**

The ATP is a school-based program that focuses on parenting practices and integrates the universal, selective, and indicated approaches for middle and junior high school interventions within a comprehensive framework.

The universal level of the ATP strategy, directed to the parents of all students in a school, establishes a family resource room. The goal, through collaboration with the school staff, is to engage parents, establish norms for parenting practices, and disseminate information about risks for problem behavior and substance use. A videotape "Parenting in the Teenage Years," helps parents identify observable risk factors and focuses on the use of effective and ineffective family management skills, including positive reinforcement, monitoring, limit setting, and relationship skills, to facilitate evaluation of levels and areas of risk.

The selective level of intervention, the "Family Check-Up," offers family assessment and professional support to identify those families at risk for problem behavior and substance use.

The indicated level, the "Parent Focus" curriculum, provides direct professional support to parents for making the changes indicated by the Family Check-Up. Services may include behavioral family therapy, parenting groups, or case management services. Following this tiered strategy, a family in the indicated parenting intervention would have participated in a Family Check-Up and received information from the school's family resource room about risk factors for early substance use and parenting practices that reduce the risk of drug use for children.

This program is based on a series of intervention trials, which comprise the Parent Focus curriculum and other intervention strategies, including working with high-risk teens in groups (Teen Focus curriculum) and directed strategies involving videotapes and newsletters. The findings from these studies indicate that parent interventions are needed for youth at high risk to reduce escalation of drug use, and repeated booster sessions are needed throughout the period of risk. These interventions were especially important because it was found that youth at high risk should not be placed together in groups because it can worsen problem behaviors, including those related to school and drug use.

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## Selected Resources

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For more information on National Institute on Drug Abuse (NIDA) research:

Visit NIDA's home page on the World Wide Web at <http://www.nida.nih.gov/>. To learn more about prevention research, click on the Division of Epidemiology and Prevention Research.

For information on community-based data from the Community Epidemiology Work Group, click on CEWG.

For PREVLIN information from the National Clearinghouse for Alcohol and Drug Information home page, go to <http://www.health.org/>.

For information on National Institute of Alcohol Abuse and Alcoholism (NIAAA) research:

Visit NIAAA's home page on the World Wide Web at <http://www.niaaa.nih.gov/>. Full text of many NIAAA publications are available, as well as program announcements identifying research priorities and NIAAA's online bibliographic database, which contains approximately 100,000 records.

For NIDA publications and prevention materials:

National Clearinghouse for Alcohol and Drug Information (NCADI) P.O. Box 2345 Rockville, MD 20847-2345 (800) 729-6686

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This special report, *Drug Prevention: Programs that Work*, is available for \$10.00 per copy. Ordering information is provided below.

Manisses Communications Group publishes *The Brown University Child and Adolescent Behavior Letter*, a monthly newsletter available for \$97.00 per year.

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