

**Adolescent
Substance Abuse
Prevention**

**Four
Evidence-Based
Models**

**For
Community
Response**

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Prepared for

The Central California Area Social Services Consortium

By

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Background

In May 2008 the Central California Social Welfare Evaluation, Research, and Training Center (SWERT) presented a research briefing to the Central California Area Social Services Consortium (CCASSC) regarding mothers in the Central Valley who abused methamphetamine and the impact it had on their children and public service systems, including the child welfare system.¹ After review of the findings, CCASSC members requested information on programs available to help prevent substance abuse by adolescents in their own counties. This briefing offers an overview of four such prevention models. It provides information about target audiences and program strategies and components. While there are many prevention models in place across the nation, these four were selected because they target pre-adolescent and adolescent youth, and have been reviewed by qualified external entities and determined to be effective in achieving the desired outcomes.

Introduction

In order to have a discussion about prevention, it is important to understand the prevalence of adolescent substance abuse and how it supports the need for prevention programs. The rate of substance abuse among adolescents in Central California is described below.

As the result of a research project funded by the Ca. Partnership for the San Joaquin Valley and supported by CCASSC, the SWERT Center released “Local Solutions to Regional Issues: A Report from the Methamphetamine Recovery Project.”² Data included in the report was derived from state-level information reported by counties regarding admissions for publicly funded addiction treatment. Although the project specifically targeted eight counties in the San Joaquin Valley - Fresno, Kerns, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare – there exists sufficient local, state, and national data to infer that similar admission rates occur in most of the CCASSC member counties.

It is important to consider the data from this project because it can give a clearer picture about the prevalence of substance abuse among adolescents. The data indicate that about 42% of individuals seeking publicly funded treatment for substance abuse

¹ (“Responding to the Needs of Mothers and Children Affected By Methamphetamine Abuse in Central California,” Rondero Hernandez & Noriega, 2008)

² (Rondero Hernandez, Middleton, Fiorello, Cole, 2008)

reported their age of first use between 12 and 17 years old. A majority of those individuals whose first use was in adolescence reported alcohol, marijuana, tobacco and other substances as their primary drugs of choice. This research supports the need for preventive measures that focus specifically on adolescents at risk of early substance use.

Literature Review

Community-Based Prevention Programs

Community-based organizations in the United States first began to appear when those affected by the Civil War were in need of charitable services. These services led to the creation of settlement houses which dealt with the arrival of new immigrants to the United States in the late 1800s and early 1900s (Speer & Perkins, 2008). These agencies provided services to citizens in their own communities, and collaborated with community members to extend services to those in need. Today, community members either run community-based agencies or are consulted about community needs, and their offices are located in those communities where services are provided (National Community-Based Organization Network, 2005).

Community-based programs are effective mainly because they are located in those communities where services are needed. They usually work with individuals and families to help them develop and recognize their own strengths through mutual respect (North Carolina Department of Health and Human Services, 2009). Community-based organizations are able to tailor their intervention and prevention programs to the needs of their target communities, making them more effective in providing services to individuals and families.

In terms of substance abuse prevention programs for adolescents, local community-run organizations often have an advantage when serving as lead agencies in implementing programs locally because they understand the unique needs and concerns of their neighborhood residents. The four programs selected for this project utilize the community-based model by recruiting staff members of schools and agencies in local communities to implement program components.

Best Practice Models: Four Substance Abuse Prevention Programs

The Promising Practices Network (PPN) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) are two agencies that review adolescent substance abuse prevention models currently available across the nation. They provide public access to

information about the scope, structure, objectives and outcomes of the models they review. The work performed by these two agencies was selected as the basis for reviewing prevention programs for this briefing because they perform independent external audits. Each “external auditor” uses a set of standards by which to compare multiple prevention programs. The PPN uses “evidence criteria” such as sample size and statistical significance to rate the models as either “proven” or “promising” (Promising Practices Network, 2008). SAMHSA’s NREPP reviews programs using scientific research methods (SAMHSA, 2009). Both websites provide a listing of prevention programs that have been implemented; for purposes of this briefing, ten programs were chosen for evaluation:

- Project Success
- Celebrating Families!
- LifeSkills Training
- All Stars
- Project Alert
- Family Matters
- Project STAR
- Across Ages
- Project TND
- Guiding Good Choices
- CASASTART

Information from these websites was used to develop a list of comparative criteria to be used to evaluate the prevention models for possible recommendation to CCASSC members for consideration; the criteria are shown below.

- Community-Based: Programs are implemented at the community level through local agencies
- School-Based: Programs are implemented in the schools by training school staff in the components of the curriculum
- Trained Counselors and Facilitators: Staff members at each site are trained to implement the components of the program through individual and group counseling
- Parent Involvement: Services are offered to parents as well as to children to help ensure that prevention also takes place in the home

- The programs address the following issues/topics:
 - ◇ Alcohol
 - ◇ Tobacco
 - ◇ Marijuana
 - ◇ Other Drugs: Inhalants, etc
 - ◇ Peer-Led: Involving the adolescents in implementing different components of the model
 - ◇ Social and Environmental Change: Services also see the need to make changes at the environmental levels through awareness campaigns and involving community members
 - ◇ Public or Private Funding Sources

The matrix shown on the following page was created to evaluate the ten models against the criteria; models were ranked according to the number of criteria met.

	Project Success 13-17	All Stars 11-14	Celebrating Families 6-17	Project STAR Middle Childhood, Adolescent
Community Based		X	X	X
School-Based	X	X		X
Trained Counselors and Facilitators	X		X	
Parent Involvement	X	X	X	X
Alcohol	X	X	X	X
Tobacco	X	X	X	X
Marijuana	X	X	X	X
Other Drugs	X	X	X	
Peer-led		X		X
Social and Environmental Change	X			X
Public or Private Funding	Private	Private	Private and Public	Private

The top four models were selected for inclusion in this briefing: Project SUCCESS, All Stars, Celebrating Families, and Project STAR. Each program was chosen based on the number of criteria it met. The four models are described in the following section

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)

Project SUCCESS is a school-based prevention program which targets adolescents between the ages of 13 and 17 (Substance Abuse and Mental Health Services Administration, 2008). The program meets the criteria of a school-based program with trained counselors and parent involvement. The program works to prevent and reduce alcohol, tobacco, and other drug abuse among middle school and high school students. It provides trained counselors in the school setting who offer individual counseling to students as well as group counseling on prevention education, anger management, resisting peer pressure, decision-making skills, and problem solving skills (Student Assistance Services Corp, 2009).

Counselors work with school administrators and parents to offer strategies on changing community attitudes toward substance abuse. The program is composed of several components, including the Prevention Education Series (SES), which is conducted in eight sessions. School staff members are trained as counselors who work with students in groups to help them resist using substances as well as change their perceptions of substance abuse (SAMHSA, 2008). Individual and group counseling are also available in a time-limited format during the course of the program, as well as a parent program which offers workshops, informational meetings, and involving parents themselves as “collaborative partners” (Student Assistance Services Corp, 2009).

School-wide awareness and outreach activities are used to help change student perceptions regarding drug and alcohol abuse; the program uses students to help implement these activities throughout the school. The program also meets the social change criteria by seeking to change the environmental setting by creating awareness among community members and changing community attitudes and perceptions towards substance abuse. Schools and agencies interested in implementing this program can order curriculum materials as well as sign up to receive training for staff to become counselors.

All-Stars Program

The All-Stars Program is a school-based and community-based prevention program designed to prevent alcohol, drug, and marijuana use among adolescents. It provides parental components as well as opportunities for peer leadership. The program starts with the All-Stars Core program which targets adolescents between the ages of 11 and 13 years. The Core program develops a sense of commitment to staying away from risky behaviors, including substance abuse (All Stars, 2009). The model then moves

into the All Stars Boosters program, which continues to give students the skills they need to resist risky behaviors and reinforces positive behaviors and attitudes. The All Stars Plus program moves toward assisting students in developing positive goals for the future, as well as continuing to provide peer pressure resistance skills and assisting students in creating positive pro-social bonds with others.

These three sub-programs can be implemented at the middle school level and move into high school with the All Stars Senior-High School Program. The high school program helps students develop their resistance skills and provides information on the affects of substances, healthy living, and improving communication skills (All Stars, 2009). Older students in the program are recruited as peer leaders to assist younger members to engage in the program. Parents are also involved through take-home assignments that students are encouraged to complete with their parents to help develop their communication skills. The entire program seeks to change the perception of substance abuse, and help adolescents think about the consequences of using alcohol, tobacco, marijuana, and other substances. Schools and community-based organizations can implement this program with curriculum materials provided on the All Stars website.

Celebrating Families

Celebrating Families is a community based substance abuse prevention program that focuses on assisting young children and adolescents whose parents are currently dealing with a substance abuse problem (National Association for Children of Alcoholics, 2009). This program meets the criteria of being a community-based program with trained facilitators and parent involvement, and is focused on alcohol, tobacco, and marijuana use. The goals of this program are to assist in breaking the cycle of substance abuse within families, reduce the use of substances, and help bring families back together (SAMHSA, 2008). The program consists of sixteen sessions with all members of the family.

This family-centered program starts with separate groups for parents and children and focuses on a different theme each week, including anger management, information about the effects of alcohol, tobacco, and other substances, communication skills, and other skills needed for healthier living (SAMHSA, 2008). Each session is structured, giving families an agenda which begins with a family dinner and leads into group work with trained facilitators. Facilitators are trained to work with children and parents in separate groups to develop the skills listed above, then parents and children are brought together to practice their new skills. A unique component of this program is that the parents are given skills and tools at the same time as the children. Agencies interested in implementing this program can order curriculum materials from the

Celebrating Families website. This is a proprietary program, but agencies can seek funding sources such as justice funds, foundations, or state and local grants to help with the costs (NACA, 2009).

Project STAR/Midwestern Prevention Project

Project STAR is a school-based and community-based prevention program which targets early adolescents starting at the seventh and eighth grade levels (Center for the Application of Substance Abuse Technologies, 2009). It meets the criteria of being a combination of a school based and community based program that focuses on alcohol, tobacco, and marijuana abuse, and includes parent involvement as well as a peer-led component. It also has a social change component. The program starts in the schools with the teachers implementing a thirteen-week lesson series using classroom work and take-home work to be completed by both students and parents. Teachers are given training in implementing the components of the program into their curriculum. The program focuses on building substance abuse resistance skills as well as changing students' perceptions about substance abuse (Promising Practices Network, 2008). Student Skill Leaders are also trained to act as role models for younger children participating in the program.

The parent program encourages parent participation by having them complete homework assignments with their children, participate in helping to initiate prevention activities in the school, and encouraging parents to participate in community organization. Parents are also given training on improving their communication with children and using resistance skills they have learned to assist their children in the prevention process (PPN, 2008).

Mass media and community organization components are also an integral part of Project STAR. The media is utilized to help spread the word about the program to the community, and community organizing is heavily depended upon to get community members to participate in keeping the program running in the schools as well as to help maintain support for increasing prevention programs (Center for the Application of Substance Abuse Technologies, 2009). Community organization also helps create policy changes toward reducing substance abuse in schools as well as in the surrounding communities. Schools can purchase materials to implement the program.

Findings and Conclusions

Each model described above is available for implementation in counties interested in starting a prevention program. Agencies and schools can visit each model's website to

find out costs and order materials. The models have already been implemented in several California agencies and schools, including Celebrating Families! in Santa Clara county (EMQFamiliesFirst, 2009). The models' websites also provide information about training staff and teachers, which makes implementation easier within existing community resources. Utilizing staff and teachers can also keep costs low when implementing these programs.

The high prevalence of substance abuse among adolescents described at the beginning of this briefing is an indicator of the necessity of prevention programs. Close to 50% of adults surveyed reported that their substance abuse began in adolescence (Rondero-Hernandez, Middleton, Fiorello, Cole, 2008). For many, exposure to a primary drug (alcohol, marijuana, tobacco) in adolescence led to the abuse of other substances such as methamphetamine, heroin, or cocaine as adults. For example, another study on the location of alcohol vendors in urban neighborhoods showed that easy access to alcohol can increase the chances for an adolescent to engage in binge drinking and drunk driving (Truong and Sturm, 2009). The rates of substance abuse beginning in adolescence makes it necessary to consider prevention as an intervention for reducing adult abuse of alcohol and other substances.

Recommendations for Further Action

As a preliminary step, social services agencies may wish to collaborate with other local entities to learn more about county-specific rates of adolescent substance abuse and existing prevention programs and resources. Such a collaborative effort could yield enough information to determine whether sufficient local need exists to warrant further consideration of the four models included in this briefing.

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