

2000 Exemplary Substance Abuse Prevention Programs

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Introduction

"Our Federal investment has shown that substance abuse prevention is possible and that models of excellence are available. The Federal "seal of approval" we award today is a message to communities that they should insist upon and work toward the same level of excellence in substance abuse prevention. As a Nation, we can settle for no less."

*Tommy Thompson
Secretary, U.S. Department of Health and Human Services*

History

Community-based prevention efforts to curb substance abuse problems in the United States have led to significant reductions in substance use and abuse. Many of these efforts have been carried out under the leadership of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) and State alcohol and drug abuse agencies. These prevention efforts are rooted in the belief that communities themselves offer the most effective approach for planning, implementing and evaluating prevention efforts that can best respond to the specific needs of community members.

Recognizing excellence among substance abuse prevention programs began nearly two decades ago with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Prevention Network (NPN). In the mid-1980s, they established detailed procedures and rating criteria for such programs. In 1987, CSAP joined with NASADAD and NPN to honor grassroots prevention programs and to showcase innovations in prevention that have merit for replication. In 1999, the Community Anti-Drug Coalitions of America (CADCA) became yet another partner in our endeavor to seek out and recognize cutting edge prevention programs.

Today, the commitment to the field of substance abuse prevention and the partnership formed among SAMHSA/CSAP, NASADAD, NPN, and CADCA are stronger than ever. Together, we are proud to sponsor the Exemplary Substance Abuse Prevention Program Awards and recognize the contributions of outstanding prevention programs that are reducing alcohol, tobacco, and illicit drug use.

The Exemplary Awards Program

The Exemplary Awards program recognizes prevention programs in two tracks: Promising Programs, those that have positive initial results but have yet to verify outcomes scientifically, and Model Programs, those that are implemented under scientifically rigorous conditions and demonstrate consistently positive results. The Exemplary Awards recognize prevention programs that are innovative and effective and that successfully respond to the needs of their target populations, both as Promising Programs and Model Programs.

Selection Process

Promising Programs—A rigorous and multifaceted procedure is used each year to identify and select programs to receive an Exemplary Substance Abuse Prevention Program Award. All nominated programs submit to a three-level review process. First, State agency personnel and national organizations submit nominations certifying the accuracy of the information contained in each application. Applications are then reviewed by a select group of at-home reviewers, which includes experts in the field of substance abuse prevention and former Exemplary Substance Abuse Prevention Program Award winners. Finally, the National Review Committee (comprised of experts in substance abuse prevention and related health fields) thoroughly reviews

and scores the top applications and recommends which ones merit an Exemplary Substance Abuse Prevention Program Award. Final selections are made jointly by NASADAD, CADCA, and CSAP.

Reviewers of the 2000 Exemplary Awards Program evaluated 32 prevention programs under the Promising Programs track, according to the following criteria:

- Philosophy
- Background and need (program planning)
- Goals and objectives
- Population(s) to be served
- Activities and strategies
- Community coordination
- Evaluation
- Program management

Model Programs—These science-based prevention programs were selected under a discrete track. They meet criteria established by CSAP's National Registry of Effective Prevention Programs (NREPP), which encompass 15 separate dimensions:

- Theory
- Fidelity of interventions
- Process evaluation quality
- Sampling strategy and implementation
- Attrition
- Outcome measures
- Missing data
- Outcome data collection
- Analysis
- Other plausible threats to validity
- Integrity
- Utility
- Replications
- Dissemination capability
- Cultural and age-appropriateness

Award Recipients

The 2000 Exemplary Substance Abuse Prevention Program Award recipients demonstrate that prevention can best be achieved through the use of multiple strategies that address the unique characteristics of individuals, targeted populations, and communities. These culturally diverse programs from throughout the country embody a wide range of prevention strategies, including community mobilization, cultural enhancement, skills and resiliency-building, mentoring, parent education, health promotion, and social competency.

The 2000 Exemplary Substance Abuse Prevention Program Awards demonstrate that both Promising Programs and Model Programs can yield results in ongoing efforts to reduce the many serious and complex problems associated with substance abuse.

The following 28 programs are deemed exemplary for 2000:
(PP represents a Promising Program, MP represents a Model Program)

Name	Location	Type
All Stars	Greensboro, NC	MP
Brief Strategic Family Therapy	Miami, FL	MP
Bullying Prevention Program	Norway	MP
College Dreams	Salem, OR	PP
Coping Power	Tuscaloosa, AL	MP
Early Risers "Skills for Success"	Minneapolis, MN	MP
The Fairfax Leadership and Resiliency Program	Fairfax, VA	MP
Family Effectiveness Training (FET)	Miami, FL	MP
Genesis I	Albany, NY	PP
The Incredible Years Series	Seattle, WA	MP
Multisystemic Therapy (MST)	Charleston, SC	MP
Nurse-Family Partnership	Denver, CO	MP
Parents Are Teachers	Cranston, RI	PP
Positive Action	Chicago, IL	MP
Positive Options Program	Madison, WI	PP
Preparing for the Drug Free Years (PDFY)	South Deerfield, MA	MP
Prevention Dimensions	Salt Lake City, UT	PP
Preventing High-Risk Drinking and Alcohol Trauma	Berkeley, CA	MP
Project ACHIEVE/The Stop and Think Social Skills Program	Tampa, FL	MP
Project SUCCESS	Tarrytown, NY	MP
Project Blanket	Harrisburg, PA	PP
Project Towards No Drug Abuse (TND)	Los Angeles, CA	MP
Schools and Families Educating Children	Chicago, IL	MP
San Antonio Fighting Back	Austin, TX	PP
SMART Moves	Austin, TX	PP
Skills, Opportunities, and Recognition (SOAR)	Seattle, WA	MP
The Social Competence Promotion Program	Chicago, IL	MP
STARS for Families	Jacksonville, FL	MP

CSAP, NASADAD, NPN, and CADCA commend all the award recipients for their outstanding work and encourage others to develop and sustain innovative prevention efforts in states and communities across the country.

This booklet briefly describes the 28 winning programs of the 2000 Exemplary Substance Abuse Prevention Program Awards that may be adapted and replicated by communities nationwide. We encourage you to contact their respective program directors and developers for additional information on specific approaches, strategies, and results.

All Stars



All Stars is a program that prevents high-risk behaviors including drug use, violence, and early sexual activity through the development of positive personal characteristics in young adolescents. The program focuses on changing five specific qualities that are vital to achieving preventive effects. All Stars' objectives are (1) to develop peer norms that encourage abstinence from sex and reject violence and drug use; (2) to increase students' perceptions that high-risk behaviors will interfere with their lifestyles; (3) to increase students' personal commitment to avoid the use of drugs, abstain from sexual activity, and avoid violence; (4) to increase the degree to which students are socially bonded to positive friendship groups and social institutions; and (5) to increase positive parental attentiveness to young adolescents. The All Stars program uses interactive methods to discuss values, ideals, norms, and personal commitments.

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Clientele

All Stars focuses on adolescents between 11 and 15 years of age. The program can be delivered by regular classroom teachers, specialists who visit as guest teachers, or adult leaders in community settings (e.g., after-school programs, faith-based organizations, and recreation centers).

Major Services

The All Stars core program consists of 21 sessions and is designed to be delivered in either sixth or seventh grade. The All Stars booster program is designed to be delivered 1 year later and consists of eight sessions. The program is designed to include both class activities as well as one-on-one meetings between course leaders and participants. For schools wishing to help prepare elementary school students to receive the core program, All Stars, Jr. addresses key concepts via instruction in science, math, and language arts. To extend concepts covered in the core and booster

programs into high school, All Stars, Sr., provides activities that can be integrated with and that augment the standard high school health curriculum.

Training is strongly recommended and consists of a 2-day workshop followed by periodic refresher training and ongoing technical assistance. Additional training and information specific to teachers is available on the Tanglewood Research Web site.

Accomplishments

The strategies used in All Stars originally were researched as part of the Adolescent Alcohol Prevention Trial, Project SMART, and Project STAR. Each of these research-based programs, developed by Dr. Hansen, demonstrated significant reductions in alcohol, tobacco, and marijuana use.

All Stars is among the few research-based programs independently evaluated for effectiveness. An independent evaluation of the core program conducted by researchers at the University of Kentucky demonstrated short-term effects.

All Stars was identified as a best practice program by the U.S. Department of Education and by Drug Strategies.

Funding

The National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism provide funding for All Stars.

Program Materials

Program materials include reusable teaching aids. These include an easy-to-follow program guide (in three formats—teacher, specialist, and community), a movie slate (used for a prop with videotaping activities), and an All Stars banner (used as a backdrop during videotaping and other activities). An introductory video is available to facilitate public information presentations on the project. The All Stars, Jr. and All Stars, Sr. programs both have similar easy-to-follow program guides for teachers. Both of these programs are formatted for teachers only.

Student Materials

Materials used by students are packaged for groups of 25 (for schools) and groups of 20 (for community settings). Materials include worksheets and specialty materials such as commitment certificates and photo mounts. Each set of materials includes a \$20 gift certificate for teachers to use toward the purchase of additional supplies such as easel paper, marking pens, and videotape. Parents are provided with a booklet and an audio CD, "Stories from Parents," which provide examples of seven strategies for successful parenting. Worksheets and the audio CD are available in English and Spanish. Students who qualify may receive an All Stars commitment ring. All Stars T-shirts for the core program and for All Stars, Jr. are also available. All Stars, Sr. includes an All Stars wellness journal.

Brief Strategic Family Therapy (BSFT)



Brief Strategic Family Therapy (BSFT) is a structured, practical approach to the treatment of conduct problems, associations with antisocial peers, early drug use, and maladaptive family interactions (relations), all risk factors for substance abuse. BSFT is an evidence-based early intervention modality for indicated populations, developed by the Center for Family Studies at the University of Miami. BSFT provides families with the tools to overcome individual and family risk factors through focused interventions to improve maladaptive patterns of family interaction and skill-building strategies to strengthen families.

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Clientele

BSFT focuses on children and adolescents between 12 and 21 years of age and their families, in indicated populations.

Major Services

BSFT is used in the treatment of conduct problems, associations with antisocial peers, early drug abuse, and family functioning problems, all risk factors for serious substance abuse. The Center for Family Studies Training Institute offers training in Miami and throughout the country. Training is customized to agency needs and population.

Accomplishments

BSFT received:

- The 2000 Presidential Award from the Society for Prevention Research.
- The 1999 Research Award from the Director of the Center for Substance Abuse Prevention.
- A Merit Award from the National Institute of Mental Health.
- International awards include designation of the Spanish Family Guidance Center as a World Health Organization Collaborating Center of Excellence.

Funding

BSFT receives funding from the National Institute on Drug Abuse and the National Institute of Mental Health of the National Institutes of Health, as well as the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration.

Program Materials

Training includes copies of BSFT, currently in press at the National Institute on Drug Abuse. BSFT videotapes are available for demonstrations during training sessions. BSFT certifications also are available.

Bullying Prevention Program

The Bullying Prevention Program is a multilevel, multicomponent program designed to reduce and prevent bullying problems and other antisocial behavior in schools. School staff is largely responsible for introducing and implementing the program, and their efforts are directed toward improving peer relations and making the school a safe and pleasant place. The Bullying Prevention Program attempts to restructure the existing school environment to reduce opportunities and rewards for bullying behavior. This school-based program, developed by Swedish-Norwegian professor Dan Olweus, is both systems and individual oriented, and there are intervention components at both the school, classroom, and individual levels. Because of the proven relationship between aggressive behavior and current and later substance abuse, counteracting bullying behavior is also likely to prevent and reduce substance abuse.

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Clientele

The Bullying Prevention Program targets students in elementary, middle, and junior high schools. All students participate in most aspects of the program, while those students identified as bullies or victims of bullying receive additional individual interventions.

Major Services

Core components of the program are implemented at the school, classroom, and individual levels.

It is highly recommended that one or more "educational teacher discussion groups" be established at each school. These groups meet regularly for 1.5 hours on a fixed day and time, (for example, every other week), to review and discuss the core elements of the program. The discussions are based on the book *Bullying at School: What We Know and What We Can Do* (Olweus, 1993) and the teacher manual *Olweus' Core Program Against Bullying and Antisocial Behavior: A Teacher Handbook* (Olweus, 1999).

Accomplishments

In the first systematic evaluation, the Bullying Prevention Program indicated:

- Substantial reductions, typically by 50 percent or more, in the frequency with which students reported being bullied and bullying others.

- Significant reductions in students' reports of general antisocial behavior such as vandalism, fighting, drunkenness, theft, and truancy.
- Significant improvements in the social climate of the class, as reflected in students' reports of improved order and discipline, more positive social relationships, and a more positive attitude toward schoolwork and school.

Similar results have been documented in two recent (1997 to 2000) large-scale intervention projects in Norway involving more than 5,000 students from 40 schools. Positive, although somewhat weaker, effects have also been reported in the United States, the United Kingdom, and Germany. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) selected the Bullying Prevention Program as one of their 10 Blueprints Model programs. Beginning in 2001, the Norwegian Government offered the Bullying Prevention Program to all comprehensive schools in Norway through a systematic training program over a period of 4 to 5 years.

Funding

The Norwegian Research Council; the Ministry of Children and Family Affairs; the Ministry of the Church, Education, and Research; the W.T. Grant Foundation (United States); and the Johann Jacobs Foundation (Switzerland) provide funding for the Bullying Prevention Program. The Norwegian Government funds the recent nationwide initiative in Norway. The Bullying Prevention program is now being implemented in a number of sites in the United States with financial support from OJJDP.

Selected Program Materials

Bullying at School: What We Know and What We Can Do, (1993) by Dan Olweus. Available from Blackwell Publishers, c/o AIDC, P.O. Box 20, Williston, VT 05495, phone: (800) 216-2522.

Olweus' Core Program Against Bullying and Antisocial Behavior: A Teacher Handbook, by Dan Olweus (1999). Available from olweus@online.no or olweus@psych.uib.no, or by fax: (47) 37-27-53-92.

The Revised Olweus Bully/Victim Questionnaire and accompanying software (to be used with Windows 95 or Windows 98) for evaluating the Questionnaire results. Available from olweus@online.no or olweus@psych.uib.no, or by fax: (47) 37-27-53-92.

Video, *Bullying and accompanying Teacher Guidebook* (1996). Available from South Carolina Educational Television, Marketing Department, P.O. Box 1100, Columbia, SC 29211, phone: (800) 553-7752.

More information about ordering of materials, prices, etc. can be obtained from olweus@online.no or olweus@psych.uib.no, or by fax: (47) 37-27-53-92.

College Dreams

College Dreams



"The harder I work the luckier I get."

College Dreams is a school-linked program that promotes the acquisition of resiliency factors by providing a range of opportunities, skill-building activities, and earned incentives for academically promising middle school students in Oregon. Based on the social development model of Hawkins and Catalano, College Dreams has been successful with increasing college enrollment and decreasing school dropout rates among youth participants. Program components implemented to sustain this success are skill-building activities, tutoring and mentoring; community service projects; and educational, cultural, and recreational field trips, including college campus visits.

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Clientele

The College Dreams program targets fifth grade youth entering middle school who meet the criteria of being exposed to certain risk factors and are in good academic standing. The program operates in 2 schools, serves 60 students, and is in the process of offering its program to 4 middle schools, which would increase participation to 100 students. New candidates for College Dreams primarily come from nontraditional families, have high absentee rates, are currently failing at least one grade, and have severe documented personal or family problems (e.g., discipline problems or parents who are receiving substance abuse treatment).

Major Services

The mission of College Dreams is to ensure that students with high academic potential and multiple dropout risk factors have the opportunities, incentives, and support to graduate from high school and attend college. In addition, to maximize the reach out for and retention of youth, College Dreams includes a myriad of educational and rewarding activities:

- Involving participants in the planning of community service, field trips, fundraising, and cross-age skill-building activities to encourage youth leadership.
- Coordinating and developing activities with participant parents to encourage their active involvement and increased participation.
- Establishing and maintaining a funding base for college scholarships.
- Providing an appealing array of skill building, tutoring, mentoring, parent support, student counseling, educational/cultural outings, and service activities that promote high expectations and achievement.
- Collaborating with school administrators to identify school-based recognition and award opportunities
- Additional activities individualized to address the specific interests of participants include staff assistance in obtaining summer employment and participant attendance at performances and extracurricular activities of other program participants.

Accomplishments

The program evaluation for College Dreams examined several variables, including: students' grade point averages, number of failing grades, teacher "high effort" marks, and a construct for being "well on track" for high school graduation and college attendance. Significant outcomes include increases in academic performance and motivation and commitment to receiving higher education as well as notable high levels of youth participation in community service projects and activities.

Funding

Primarily the Oregon Office of Alcohol and Drug Abuse Programs provides funding for this program. Additional support is available from the Josephine County Commission for Children and Families, the Carpenter Foundation, and other in-kind support.

Coping Power

The Coping Power Program is delivered to moderate- to high-risk children in the late elementary school and early middle school years. The program lasts from 15 to 18 months and includes an integrated set of child and parent components. Coping Power is based on an empirical model of risk factors for substance use, and addresses high-risk children's deficits in social competence, self-regulation, school bonding, and positive parental involvement. The Coping Power child component consists of 33 group sessions and periodic individual sessions and is delivered in school-based settings. The Coping Power parent component consists of 16 group sessions and periodic home visits and individual contacts. Post-intervention results indicate that the program has had effects on reducing children's aggressive behavior and preventing their substance use.

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Clientele

Coping Power has been provided to boys and girls approaching, and involved in, the transition to middle school. The program is most appropriate for children in grades three to seven. Outcome research has been primarily conducted with African-American and Caucasian children and families. Coping Power has typically been delivered to children identified as being among the 30 percent most aggressive and

disruptive, according to their teachers and parents, and thus addresses a group of children who are at risk for subsequent substance use. The parent component is delivered to the parents or primary caretaker of these indicated children.

Major Services

The Coping Power program's major services involve cognitive-behavioral group and individual interventions for aggressive children and behavioral parent training groups for their parents. The Coping Power program has also been delivered along with a teacher inservice training component, which has served as a universal intervention program.

Accomplishments

Coping Power is being evaluated in four grant-funded intervention research studies and has been translated and disseminated in clinical trials in the Netherlands and in a residential school for deaf children. Followup studies of children originally involved in Coping Power intervention are ongoing and at this time focus only at pre- to immediate post-intervention effects. These data show that Coping Power has produced significant preventive effects in children's substance use and a number of improvements in the predictor variables presumed to mediate substance use. By the end of intervention, even though relatively few sixth graders were using substances overall, the Coping Power program significantly lowered levels of substance use in participating children (an overall score of tobacco, alcohol, and marijuana use) as compared to control children.

Teachers rated the Coping Power intervention children as having improved social skills. Teachers also noted that intervention children perceived their improved social skills, tended to have less aggressive behaviors, and were less angered by social problems. Teachers also rated the intervention children as having improved behavior, and both teachers and

parents rated the intervention children as having lower levels of proactive aggression by post-intervention.

Intervention effects on school bonding were more limited, although intervention children tended to perceive themselves as more academically competent. Intervention parents had become more supportive and involved with their children. On several of these outcomes, the children who had received both the indicated Coping Power Program targeted at high-risk children and the universal intervention had the best results, indicating the importance of nesting targeted interventions for high-risk children within universal interventions.

Funding

The Center for Substance Abuse Prevention, the National Institute on Drug Abuse, the U.S. Department of Justice, and the Centers for Disease Control and Prevention provide funding for Coping Power.

Early Risers "Skills for Success" Program



Looking Toward the Future...

Early Risers "Skills for Success" Program is a multifaceted skill-building program specifically designed for children 6 to 12 years of age with early onset aggressive and disruptive behaviors. The program targets risk factors and associated developmental processes that lead to the development of a pattern of early-starting, serious, and chronic substance abuse. "Early starters" not only inflict harm on themselves and society through substance abuse, but they also serve as magnets, drawing in their peers who covet their adult-like substance use behavior. The primary goal of Early Risers is to help at-risk children achieve competence during the formative years of their development. This is accomplished by coordinated, high-strength intervention components that teach children skills for self-regulation, pro-social peer affiliation, academic success, and positive school adjustment with the support of proactive and effective parenting practices. The program features 2 complementary components (CORE and FLEX) that are delivered in tandem, continuously over a 2- or 3-year period.



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Clientele

Early Risers is an indicated prevention program designed for elementary school children who display early patterns of aggressive and disruptive behaviors. The program was adapted for implementation in rural and urban environments; includes culturally responsive curriculum and delivery methods,



applicable for culturally diverse populations; and features accommodations for economically disadvantaged families.

Major Services

Early Risers provides two complementary components delivered in tandem, CORE and FLEX. CORE is a child-focused component that delivers education and skills training modules within the context of school and community structures. FLEX is a proactive family support, education, and empowerment component that targets personal stress factors of parents and families.

Accomplishments

Outcome data from a 3-year randomized trial published in professional journals demonstrates the effectiveness of Early Risers in promoting the skills associated with the reduction of risk factors associated with later substance use and abuse.

Funding

Minnesota's Office of Drug Policy and Violence Prevention; Minnesota's Department of Children, Families, and Learning State Incentive Grant; the Center for Substance Abuse Prevention; the National Institute on Drug Abuse; and the National Institute of Mental Health provide funding for the Early Risers program.

The Fairfax Leadership and Resiliency Program

The Fairfax Leadership and Resiliency Program is an intensive substance abuse and violence prevention program designed to serve selected and indicated populations of adolescents who are currently enrolled in mainstream or alternative high school settings. As a resiliency program, basic assumptions regarding adolescents and the impetus for substance abuse and violence exist within a protective/risk factor framework that is interpreted from a clinical resiliency orientation. Internal strengths identified through resiliency research as the most predictive of future success and adaptation in life are identified and concentrated through programming specifically designed to enhance and promote them. Programming also targets specific risk factors with the purpose of reducing or eliminating them over time with the understanding that, unless effectively addressed, the identified factors have the potential for causing difficulties throughout life.

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Clientele

The Fairfax Leadership and Resiliency Program specializes in serving indicated and targeted populations of older high school adolescents possessing significant risk factors.

Major Services

The Fairfax Leadership and Resiliency Program is multitiered and intensive, serving identified youth over a period of multiple years. Groups of 6 to 10 adolescents are formed in the school setting and meet once weekly during the school day, with individual followup occurring as needed. These group meetings run throughout the school year and are strongly oriented as process and clinical resiliency groups. Participants are invited to attend the program for as long as they are in school, over a period of up to 4 years. In addition to weekly group meetings, alternative activities are held once a week after school and include volunteering at a local rehabilitation shelter for abused and neglected animals. This activity places youth in the roles of healers, a powerful experience during the time period of identity formation. A Puppet Project also is conducted, in which adolescents learn and perform skits for elementary age children on such topics as alcoholism in the home, violence, social skills, and conflict resolution. Additionally, adventure activities are offered during the summer months, providing a unique environment for intensive work on specific resiliency and risk factors.

Accomplishments

The Fairfax Leadership and Resiliency Program was recognized with a 1999 National Association of Counties (NACo) award for creative programming with measurable outcomes and a 2000 Washington, DC Council of Governments Award for Best Practices in a Science-Based Program. It also received recognition from Governor James Gilmore of Virginia.

Funding

Local tax dollars provide funding for the Fairfax Leadership and Resiliency Program.

Program Materials

The Fairfax Leadership and Resiliency Program manual is available from Alcohol and Drug Services. Please call (703) 934-5477 for additional information.

Family Effectiveness Training (FET)



Family Effectiveness Training (FET) is an evidence-based prevention/early intervention modality that successfully reduces conduct problems, personality problems, and immature behaviors; improves self-concept; and strengthens the families of Hispanic children. FET is presented as a socially and culturally acceptable, didactic/experiential package that targets the way the entire family functions. FET provides families with the tools to overcome individual and family risk factors through (1) focused interventions to improve maladaptive patterns of family interaction, (2) skills building strategies to strengthen families, and (3) development of a bicultural worldview within families to prevent culture clashes between parents and children. FET includes 2 component strategies, performed in the course of 13 90-minute family lessons. The curriculum involves presenting didactic and experiential material in a classroom-like setting to one family at a time. The primary targets for therapy are those family behaviors that provoke and enable the child's problem behaviors, placing the child at risk for substance abuse.

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Clientele

FET focuses on Hispanic children and adolescents between 6 and 12 years of age with emotional and problem behaviors and their families.

Major Services

FET provides family-based intervention, such as family prevention services, and Brief Strategic Family Therapy. The Center for Family Studies Training Institute offers training both in Miami and throughout the country. Training is customized to agency needs and population.

Accomplishments

FET received:

- The 2000 Presidential Award, Society for Prevention Research.
- The 1999 Research Award from the Director of the Center for Substance Abuse Prevention.
- A Merit Award from the National Institute of Mental Health.
- International awards include designation of the Spanish Family Guidance Center as a World Health Organization Collaborating Center of Excellence.

Funding

The National Institute on Drug Abuse at the National Institutes of Health provides funding for FET.

Program Materials

Training includes copies of FET lesson plans, Brief Strategic Family Therapy manuals, and videotape demonstrations of FET sessions.

Genesis I



Genesis I is a pioneering substance abuse prevention program of the community-based organization Boys and Girls Harbor, Inc., targeting environmentally disadvantaged youth living in the East Harlem, Harlem, and South Bronx neighborhoods of New York City. Since its inception in 1972, Genesis I continues to be a comprehensive after-school program that emphasizes the creation of social competence, problem-solving skills, autonomy, and a sense of meaning and purpose which increases the inner strength and resiliency of young people.

Agency

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Clientele

The Genesis I program was developed to address the needs of "at-risk" youth ages 12-18 who live in East Harlem, Central Harlem, and the South Bronx. The complete minority population is comprised of 80 percent African Americans and 20 percent Hispanics. The majority of the youth entering this program are referred by their parents, the juvenile justice system, the Administration for Children Services, or the Child Welfare Agency of New York City.

Major Services

In its programmatic offerings, Genesis I employs two strategies, engagement and intervention, and a wide array of activities to assist adolescents in their transition to living drug free. Engagement is a three-pronged process that includes 1) involving adolescents in a natural peer group affiliation, 2) establishing relationships between the adolescents and positive adult role models, and 3) involving the young people in a variety of educational and recreational activities. The other strategy intervention is employed to keep adolescents from substance use and abuse. It entails 1) identifying early substance abuse signs; 2) counseling adolescents in individual, family, or group sessions; and 3) assisting with schoolwork, through problem-focused tutoring. Other activities include special field trips, depending on the needs of the adolescents, and a full day camp during the summer months. These activities are incorporated to create opportunities to promote four factors leading to resiliency and inner strength (i.e., social competence, problem-solving skills, autonomy, and a sense of meaning and purpose).

Accomplishments

Based on a semiannual review of the program, Genesis I continues to yield successful outcomes. Results achieved by youth participating in this program are the reduction or elimination of using

illicit substances; greater academic success; increases in positive self-concept, enrollment for obtaining the GED, and alternative activity participation. Of the students who participate in the program, 85 percent do not use cigarettes or other tobacco products, and over 90 percent report that they have reduced or eliminated their use of intoxicants and other illicit substances. Additionally, over 80 percent of the students who participate in the program have earned their GED or are on the path toward obtaining their GED. Genesis I is currently working toward implementing an evaluation plan using the Access Measurement's TOPS Scale to further measure program processes to enhance the program's service delivery.

Funding

The Genesis I program receives the majority of its funding from the State Office of Alcohol and Substance Abuse Services. The Office of Children and Family Services and other public/private sources provide additional funding.

The Incredible Years Series

The Incredible Years Series is a set of three separate, comprehensive, research-based, multifaceted, and developmentally based curricula for parents, teachers, and children. The series is designed to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children. The programs target children 3 to 8 years of age. The parent, teacher, and child programs can be used alone or in combination.

Agency

Incredible Years

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Web site: www.incredibleyears.com

Clientele

The Incredible Years Series is targeted at parents, teachers, and children 3 to 8 years of age. Although originally developed as treatment programs for use by those working in mental health agencies with children diagnosed with oppositional defiant disorder, conduct disorder, and attention deficit hyperactivity disorder, these programs have been successfully adapted and implemented as prevention programs in Head Start, preschool, daycare, and primary grades (kindergarten to grade three) in schools. The programs have been shown in multiple randomized studies to be effective with multiethnic populations such as Spanish-speaking Hispanic, African-American, Chinese, and Vietnamese families.

Major Services

The Incredible Years parenting series includes three programs targeting parents of high-risk children and/or those displaying behavior problems.

Incredible Years Training for Teachers is a set of programs that emphasizes effective classroom management skills. An additional set of programs is designed to show teachers how to implement the Dinosaur Social Skills and Problem Solving Curriculum in the classroom for all children.

Incredible Years Training for Children (Dinosaur Curriculum) emphasizes training children in skills such as emotional literacy, empathy or perspective taking, friendship skills, anger management, interpersonal problem solving, school rules, and how to be successful at school. It is designed for use as a "pull out" treatment program for small groups of children exhibiting conduct problems as well as for a classroom-based version of the program for all children.

Incredible Years can provide certified trainers for training therapists, counselors, teachers, and leaders on how to implement the parent, teacher, and child programs. Training sessions can accommodate up to 30 people. In order to ensure the quality of the programs, there is a therapist/group leader certification process which involves peer review, videotape feedback, and consultation.

Accomplishments

The Incredible Years Series won the Leila Rowland National Mental Health Award for outstanding prevention program for children in 1997.

The Office of Juvenile Justice and Delinquency Prevention selected the Incredible Years Series as one of its 10 Blueprints Model programs.

Program results have been published in numerous articles and chapters in the *Journal of Consulting and*

Clinical Psychology, the Journal of Clinical Child Psychology, the Journal of Child Psychology and Psychiatry, and others.

Funding

The National Institute for Nursing Research, the National Head Start Program, the Center for Substance Abuse Prevention, and the National Institute of Mental Health provide funding for the Incredible Years program.

Program Materials

The materials, which include videotapes, leader guides, books, and activities for therapists, parents, and children, are available from Incredible Years at (888) 506-3562. Please visit the Incredible Years Web site, www.incredibleyears.com, for cost information.

Multisystemic Therapy (MST)



Multisystemic Therapy (MST) is a family- and community-based intervention for youth with identified substance abuse or dependence. An extensive body of clinical research shows MST's effectiveness at improving family relations, decreasing adolescent substance use, and reducing long-term rates of rearrest and out-of-home placement. This success is based on several features of MST, including (a) an explicit and individualized focus on a comprehensive set of risk factors, including individual, family, peer, school, and neighborhood determinants of substance abuse; (b) a home-based model of services delivery, which is critical to overcoming barriers to service access and has produced the highest rates of treatment completion ever achieved in the area of substance abuse (98 percent); and (c) intensive quality assurance protocols that provide practitioners with the resources and ongoing training and clinical support needed to achieve favorable outcomes with youths and families presenting complex and challenging problems.

Agency

Training and Dissemination:

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Research

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Department of Psychiatry and Behavioral Sciences

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Clientele

MST focuses on youth, usually from the juvenile justice system, with identified substance abuse or dependence.

Major Services

MST provides comprehensive treatment of individual, family, peer, and school factors linked with substance abuse and other identified problems.

Accomplishments

MST was cited as effective evidence-based treatment by the National Institute on Drug Abuse and the U.S. Surgeon General reports. The Office of Juvenile Justice and Delinquency Prevention recognized MST as one of their 10 Blueprints Model programs, and was a recipient of the Annie E. Casey Foundation "Families Count" award.

The CBS Evening News, NBC's Dateline, NPR's Weekend Edition, the Tokyo Broadcasting System, the Australian Broadcasting System, and the Canadian Broadcasting System also featured MST in media reports.

Funding

Communities throughout North America and Europe provide funding to MST and MST-related research.

Program Materials

- Henggeler, S.W., & Schoenwald, S.K. (1998). "The MST Supervisory Manual: Promoting Quality Assurance at the Clinical Level." Charleston, SC: MST Institute.
- Henggeler, S.W., Schoenwald, S.K., Borduin, C. M., Rowland, M.D., & Cunningham, P. B. (1998). "Multisystemic Treatment of Antisocial Behavior in Children and Adolescents." New York: Guilford Press.
- Schoenwald, S.K. (1998). "Multisystemic Therapy Consultation Guidelines." Charleston, SC: MST Institute.
- Strother, K.B., Swenson, M.E., & Schoenwald, S. K. (1998). "Multisystemic Therapy Organizational Manual." Charleston, SC: MST Institute.
- Available only to MST programs.

Nurse-Family Partnership



The Nurse-Family Partnership is a voluntary prevention program employing trained nurses to work with low-income, first-time parents from early pregnancy through the child's second birthday. Nurses make frequent home visits using the program's guidelines and resources to help families achieve three important goals: (1) to improve pregnancy outcomes by helping women improve their health-related behaviors, including reducing use of cigarettes, alcohol, and illicit drugs; (2) to improve child health and development by helping parents learn to provide responsible and competent care for their children; and to improve families' economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find employment.

Agency

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Clientele

The Nurse-Family Partnership is offered to low-income women who are pregnant for the first time and to their families. The National Center for Children, Families, and Communities works with State and local community agencies to plan, implement, and sustain the program with fidelity to its original design.

Major Services

The Nurse-Family Partnership trains nurses to make home visits following program guidelines that are adapted to the unique needs of each family. Visits are scheduled every 1 to 2 weeks over 2½ years. The National Center for Children, Families, and Communities provides planning consultation to sponsoring agencies, nurse training, and assistance with program evaluation and quality improvement for each program site.

Accomplishments

Results from three longitudinal, randomized, controlled research studies demonstrate reductions in smoking during pregnancy, childhood injuries, child abuse, juvenile crime, maternal crime, problems related to maternal substance use, and welfare dependency. Studies were conducted with Caucasian, African-American, and Hispanic families in urban and semi-rural environments.

At the invitation of the U.S. Department of Justice and a number of local communities, the National Center for Children, Families, and Communities at the University of Colorado has instituted the program in over 30 new communities and has begun to serve more than 14,000 new families in nonresearch settings.

Funding

The U.S. Department of Justice, the Office of Weed and Seed, the Robert Wood Johnson Foundation, the David and Lucile Packard Foundation, and the Doris Duke Charitable Foundation provide funding for the National Center for Children, Families, and Communities. A variety of sources including Medicaid, Temporary Assistance for Needy Families (TANF), Maternal and Child Health Title IV block grant funds, juvenile justice, child abuse prevention, and private investment provide funding for the Nurse-Family Partnership.

Program Materials

Program applications are available to any interested agency. Applications serve as requests to become a program site and include a planning guide for initial program implementation. Site developers provide consultation and support for working through the guide.

Once a program site is selected to develop the program in partnership with the National Center for Children, Families, and Communities and a contract is signed, the following resources are purchased:

- Training and Training Manual.
- Home Visit Guidelines for Pregnancy, Infancy, and Toddlerhood.
- Clinical Information System.

In addition, each program site is required to purchase materials from the Partners in Parenting Education program, which are integrated with the Nurse-Family Partnership guidelines. Each program site is required to obtain Nursing Child Assessment Satellite Training from the University of Washington School of Nursing. Both of these essential resources enable the nurse home visitors to work effectively with families once their children are born.

Parents Are Teachers



Parents Are Teachers is a component of a three-pronged approach created for multilingual immigrants and refugees in Rhode Island to address critical issues related to substance abuse. The program contains 15 educational sessions to decrease risk factors, such as economic and social deprivation, parental employment, low parent literacy, family isolation, family management, mental health problems, and domestic violence. Through this approach Parents are Teachers has had success in positively changing parenting attitudes, beliefs, and behaviors.

Agency

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Clientele

The Parents Are Teachers program was developed to target immigrants and refugees enrolled in the English as a second language class at the Genesis Center. The common denominators for the participants are lack of English speaking skills and cultural isolation. Additionally, the participants live at or below the poverty level, with the following risk factors applying to all:

- Economic and social deprivation
- Parental unemployment
- Low parent literacy
- Family isolation
- Family management problems
- Mental health problems
- Domestic violence
- Low neighborhood attachment and community disorganization
- Easy availability of alcohol, tobacco, and illicit drugs
- Alcohol and drug abuse

Major Services

The primary strategy of the program is substance abuse prevention education. This is achieved through the following:

- Information dissemination
- Alternative activities
- Problem identification and referral
- Coalition building

The Parents Are Teachers curriculum is 15 sessions long, delivered twice a week for 1½ hours. The sessions include visual and experiential activities with short didactic presentations, practice opportunities to apply new learning in real-life situations, and focused discussions on universal concerns. After successful completion of the program, participants are invited to a teacher-training institute to participate in a training (three half-day sessions) which prepares them to serve as mentors.

Accomplishments

Evaluation of the Parents Are Teachers curriculum measures changes in attitudes, knowledge, and skills relative to effective parenting, knowledge, and understanding of teaching and group facilitation techniques as well as community resource awareness. Instruments used during the evaluation consisted of the Bachman revision of Rosenberg's Self-Esteem Scale (RES-B) (Bachman 1970), the Family Communication Component of the Family

Functioning Scale (Tavitian, Lubiner, Green, Grebstein and Velicer, 1987) and Parenting Behavior Scale developed by the Initiatives for Human Development, which is based on the Prochaska Transtheoretical Model of Behavior Change. These instruments yielded the following results:

- Improved parenting behaviors
- Increased parent self-efficacy
- Decreased frequency of negative, punitive behaviors

These outcomes support the premise that parent education can effectively counteract the ineffective parenting and coping behaviors that participants learned in their family of origin, as well as the stress related to poverty and immigrant status. Additional results include an 85 percent rate of program completion and increased attendance in other programs under the parent organization, the Genesis Center.

Funding

Funding from Federal Government grants and in-kind support from various organizations support the Parents Are Teachers curriculum.

Positive Action Program

The Positive Action Program is a systematic, comprehensive program that uses research-proven strategies and methods such as active learning, positive classroom management, a detailed curriculum with lessons given daily, a schoolwide climate program, parent support and involvement, and community involvement. The program is based on the philosophy that "you feel good about yourself when you do positive actions." The program aligns school, parent, and community components, in which specific positive actions are taught in the physical, intellectual, and social/emotional areas. The program improves a wide range of behaviors (including substance use, violence, and disruptive behavior) as well as academic achievement.

Agency

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Clientele

Positive Action is used by K–12 schools, Head Start, Evenstart, families, communities, and their various subgroups, in pre- and after-school programs and extracurricular activities. The adaptable program also can be used by social services, including foster parent programs, therapists, caseworkers, and youth development and detention programs. Positive Action is also used in businesses and corporations, media, faith-based institutions, law enforcement, judicial departments, penal institutions, and mental health services. The program benefits all participants in schools—students, faculty, support staff and administration—family members, and community members. It is effective in urban, suburban, and rural

areas and with all types of minority and special needs students.

Major Services

Positive Action was adopted by a school which uses it schoolwide. Positive Action staff or school personnel conduct training/staff development prior to beginning the program by using the Positive Action workshop materials. Administratively, the program is guided by the principal with the assistance of a coordinator and a committee. The curriculum is taught by all the classroom teachers 15 minutes a day, 4 days a week, using a grade-appropriate kit containing a manual with all the lesson plans and materials. The school climate program involves everyone in the school, reinforcing positive actions they observe throughout the school day.

Positive Action staff can provide training in the use of the program to all school staff (not only teachers). This usually consists of 1 day before or at the beginning of the school year, 1 half-day mid-year, and 1 half-day at the end of the year.

Accomplishments

Data from various comparison group designs involving more than 100 elementary schools delivering the Positive Action program demonstrate consistent positive effects of the program on student behavior (discipline, suspensions, crime, violence, and drug use), performance (attendance and achievement), and self-concept. Relative to comparison schools, those that implemented Positive Action experienced reduced violence and drug use, criminal bookings, suspensions, and truancy; and improved general discipline, absenteeism, achievement, and self-concept. These results were obtained from various schools (high and low minority representation, mobility rates, and poverty) in different States and at different times (from the 1970s through 2000). Results were often better in more disadvantaged schools. Some results were reported in Flay, Allred, and Ordway, "Prevention Science," (2001).

Positive Action was featured as an effective program by the U.S. Department of Education, the Northwest Regional Educational Laboratory, the Education Commission of the States for Comprehensive School Reform, the Character Education Partnership, Chicago Public Schools, and the New Jersey Department of Education.

The program was used in more than 7,000 schools nationally and internationally. Evaluation data, from the first developmental days to the present time, consistently show the program to be effective at improving school climate; teacher performance; parent involvement; and student self-concept, behavior, and achievement.

Funding

The Office of Juvenile Justice and Delinquency Prevention and the Centers for Disease Control and Prevention provided funding for the development of Positive Action. Schools purchase Positive Action materials with funds from the Safe and Drug-Free Schools program, Title I Comprehensive School Reform Demonstration grants, the Center for Substance Abuse Prevention State Incentive grants, and other funding streams.

Program Materials

The program consists of:

- A K–12 classroom curriculum with more than 1,200 lessons. Using Teacher's Kits (manuals and materials for each grade), classroom teachers present 15 20-minute lessons in grades K-8. Drug education supplement kits expand on drug education lessons in grades five through eight.

Positive Actions for Living is the text for grades 9 through 12 (42 lessons, 45 minutes each). Curricula can also be used in after-school programs.

- A Principal's Kit, with directions for a school-climate program to promote the practice and reinforcement of positive actions in the school population.
- A Counselor's Kit (manual/materials) is used with high-risk students in the school, home, and community.
- A Family Kit contains weekly home lessons paralleling the school's program and parent involvement activities.
- A Community Kit with manuals and materials encourages community involvement in schools.

Positive Options Program



The Positive Options Program (POP), created by the East Madison Community Center in Madison, WI, is designed to increase alcohol and drug awareness and promote healthy choices and positive options for youth ages 5–18. Through education and wellness activities, POP assists in building skills, such as healthy decision-making, developmental assets, and critical thinking, in a drug-free environment. A cornerstone of POP's philosophy is to provide youth with knowledge to make healthy decisions and offer positive alternatives to substance abuse and delinquency.

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Clientele

POP serves over 160 youth between the ages of 5–18. The majority of these youth are from low-income families making less than \$12,000 annually. Additionally, 88 percent of the participants live with a single parent and over 50 percent of them have been diagnosed as attention deficit disorder, emotionally disturbed, or learning disabled by the Madison Metropolitan School District. Eighty percent of the participants are African American, with 13 percent Caucasian, and 7 percent Asian American. All have been identified as being "at risk" by Head Start or neighborhood school counselors.

Major Services

POP employs a variety of strategies to achieve the goals and objectives of the program. The educational component uses videos, cutting edge computer software, pamphlets, worksheets, group discussions, specialized magazines, and guest speakers to provide direct alcohol, tobacco, and illicit drug information to youth. Each session is facilitated by at least five staff members in an informal classroom setting in which skills surrounding social competency, such as planning and decision-making, interpersonal competence, resistance, and nonviolent conflict resolution, are taught. Special features of this program include the combination of a 90-minute learning element with a 3½-hour physical activity, the community collaboration to manage the program, and the program's longevity. Other activities to increase youth resistance to substance abuse include physical activities, healthy alternatives, and drama sessions.

Accomplishments

With the incorporation of evaluation guidelines established by the Center for Substance Abuse Prevention, last year's evaluation yielded the following results:

- 133 unduplicated youth participants
- 91 percent increase in youth awareness of alcohol and other drugs
- 87 percent of participants would have been at an unsupervised location on a Friday night if the program were not in existence.
- 95 percent increase in youth confidence and self-concept, and
- 96 percent of youth reported they had abstained from alcohol, tobacco, and illicit drugs while active in POP.

The program recently began using John Benson's Forty Developmental Assets as well as other measuring tools to enhance mechanisms in place to assess the program's effectiveness.

Funding

POP receives the majority of its funding from Federal Government grants, with foundation support and in-kind contributions from various local organizations.

Preparing for the Drug Free Years (PDFY)

PREPARING FOR THE DRUG FREE YEARS

Preparing for the Drug Free Years (PDFY), one of the most widely used parent training programs over the past decade, helps parents of children in grades four through eight reduce known risks that contribute to drug use and other problem behavior by strengthening important protective factors in the family. PDFY specifically assists parents in setting a clear family position on alcohol and drug use, developing skills to help their children refuse drugs, building family bonding and conflict management, increasing family involvement and activities, and acquiring family management skills.

Agency

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Clientele

PDFY is focused on the positive development of children in the middle years (upper elementary and middle school grades) and targets the parents of children in this age range.

Major Services

PDFY is a multimedia workshop-based training program for parents. Two leaders facilitate the PDFY workshop, of which one is a parent from the community. It is a flexible curriculum, designed for universal application and adaptable to a broad range of cultures and backgrounds. The program is a 10-hour workshop curriculum in a flexible format, usually held in 5 2-hour sessions. Videos and Family Guides provide a framework for interactive, reality-based activities for parents and children. The videos depict families in vignettes that relate to the session topic and prepare participants with skills. Parents and children are encouraged to use the videos and Family Guides to practice these skills.

A 3-day training event can help prepare the workshop leader to effectively facilitate the PDFY workshop. Certified trainers help the leaders implement the curriculum.

Accomplishments

PDFY was tested for effectiveness as a component of the Seattle Social Development Project and independently evaluated in Project Family in Iowa. The Project Family study demonstrated that PDFY reduced youth alcohol use by nearly 20 percent and marijuana use by more than 35 percent.

PDFY was selected as an outstanding prevention program by:

- The Expert Panel of the Safe and Drug-Free Schools Program, which named PDFY a "promising program."
- The Office of Juvenile Justice and Delinquency Prevention (OJJDP), which named PDFY an

"Exemplary 1" program—the highest possible program rating. PDFY was the only parent training program for parents of children 8 to 14 years old awarded this status.

- OJJDP also selected PDFY as one of their 10 Blueprints Model programs.
- The National Institute on Drug Abuse (NIDA) featured PDFY in the NIDA publication, Preventing Drug Use Among Children and Adolescents, which listed PDFY as a research-based program with positive results.
- The Centers for Disease Control and Prevention, named PDFY one of the "Best Practices of Youth Violence Prevention."
- The U.S. Surgeon General "Youth Violence: A Report of the Surgeon General," which named PDFY a model program.

Funding

NIDA and the National Institute of Justice funded research testing of PDFY.

Program Materials

The Complete PDFY Workshop Kit includes:

- Two Workshop Leaders Guides.
- Black and white transparency masters.
- CD for color PowerPoint presentations.
- Two videotapes.
- A copy of the Family Guide.

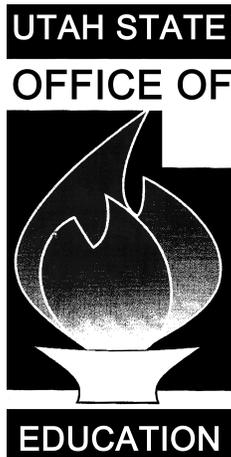
The complete kit is offered at \$695.

Additional Family Guides can be purchased at:

1-99 copies:	\$24.95
100-999 copies	\$19.95
1,000+ copies	\$17.95

A 3-day training event can help prepare the workshop leader to effectively facilitate the PDFY workshop. Certified trainers help the leaders through the curriculum. Please contact the Channing L. Bete Company for pricing information on PDFY training services.

Prevention Dimensions



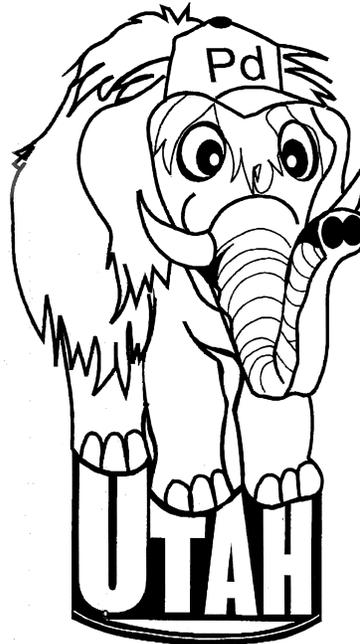
Prevention Dimensions is a statewide, lesson-based curriculum delivered by teachers to Utah students in prekindergarten through 12th grade. Based on the Botvin model, this program builds life skills, disseminates information on substance abuse prevention, and provides opportunities for students to participate in activities in a drug-free environment. The success of Prevention Dimensions has earned its place as a supplement curriculum among Utah State's Board of Education Core Curriculum Standards, which is the basis by which students demonstrate competency and achieve graduation.

Agency

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Clientele

Prevention Dimensions is designed as a school-based approach providing a comprehensive prevention

program supported by all school staff, personnel, parents, and volunteers. Students from prekindergarten through 12th grade in all 40 Utah school districts participate in receiving this curriculum. The majority of students are Caucasian (85.9 percent) with the remainder being American Indian/Alaska Native, African American, Asian, Hispanic and Pacific Islander.

Major Services

Prevention Dimensions is a multilevel program that is coordinated and developed at the State level and implemented at the local level in all schools throughout Utah. The teachers receive 24 hours of training and are provided training and technical assistance from prevention specialists and other teachers throughout the year. To maintain the fidelity of the curriculum and eliminate duplication efforts, Prevention Dimensions is a supplement component to the Utah State Office of Education, Health and Social Studies Core Curriculum Standards. This ensures that every school and teacher throughout Utah receives the same curriculum and training. Each lesson is age-specific and based on related outcomes for the appropriate grade level. The curriculum is designed to build knowledge and skills over time through a sequence of lessons, which are interactive and experiential in nature. In an effort to build and sustain the efforts put forth, new and existing programs that have successful outcomes are incorporated into the existing curriculum.

Accomplishments

Over the past 12 years, evaluations of the Prevention Dimensions program have yielded data proving the effectiveness of this curriculum. Delaying the onset of substance abuse and increasing psychosocial variables, such as resistance to peer pressure and improved self-esteem, have consistently been demonstrated by the students who are exposed to this curriculum. Participants show significant improvement in increasing protective factors and reducing risk factors, which has contributed to the successful decrease of substance use by Utah students.

Funding

Funding for Prevention Dimensions is provided by the Department of Education's Safe and Drug-Free Schools and Communities program, the Utah State Division of Substance Abuse, and the Utah Department of Health. In-kind support is received from local substance abuse prevention specialists and local school districts to provide training and technical assistance to teachers and others in the community.

Preventing High-Risk Drinking and Alcohol Trauma: A Community Trial

Preventing High-Risk Drinking and Alcohol Trauma: A Community Trial is a five-component, community-level intervention program matching three experimental communities to three comparison communities. The five interacting components include: (1) a "Community Knowledge, Values, and Mobilization" component to develop community organization and support for the goals and strategies of the project; (2) a "Responsible Beverage Service Practices" component to reduce the risk of intoxicated and/or underage customers in bars and restaurants; (3) a "Reduction of Underage Drinking" component to reduce underage access; (4) a "Risk of Drinking and Driving" component to increase local driving while intoxicated (DWI) enforcement efficiency and reduce drinking and driving; and (5) an "Access to Alcohol" component to reduce the availability of alcohol.

Agency

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Clientele

Preventing High-Risk Drinking and Alcohol Trauma: A Community Trial worked through local agencies, community-based organizations, other key community stakeholders, and the general public to bring about desired change in the alcohol environment at the community level.

Major Services

Preventing High-Risk Drinking and Alcohol Trauma: A Community Trial provides:

- Technical assistance.
- Research-based strategies.
- Systematic intervention evaluation.
- Community organizing principals.
- Funds for program implementation.

Accomplishments

The "Community Knowledge, Values, and Mobilization" component produced a statistically significant increase in coverage of alcohol issues in local newspapers and on local television stations in the experimental communities over their matched comparison communities.

The "Responsible Beverage Service Practices" Component produced a significant reduction in alcohol sales to minors. Overall, off-premise outlets in experimental communities were half as likely to sell alcohol to minors as those in comparison communities. The "Responsible Beverage Services" Component also yielded an increased adoption of responsible alcohol serving policies in the experimental communities over the comparison communities. Limited but promising results in reducing alcohol service to heavy-drinking patrons were also seen in the experimental communities.

The "Access to Alcohol" component achieved some of its goals as all communities adopted some aspects of local policies to reduce alcohol access, particularly high-density, on-premise outlets. One community actually began a ban on new outlets.

The "Risk of Drinking and Driving" component produced statistically significant reductions in alcohol-involved traffic crashes overall, when experimental communities were compared with their

matched comparison communities. Alcohol-related traffic crashes were estimated (via time-series analysis with matched comparison communities) to have dropped by about 10 percent annually along with drinking and driving crash arrests by 6 percent. Other outcomes of interest include a 2 percent decline in alcohol-related assault injuries appearing in the emergency room of local hospitals, and a 43 percent decline in assault cases requiring hospitalization (Holder, et al, 2000).

Funding

The National Institute on Alcohol Abuse and Alcoholism and the Center for Substance Abuse Prevention provided funding for Preventing High-Risk Drinking and Alcohol Related Trauma: A Community Trial.

Program Materials

- Guide to Conducting Youth Surveys.
- Guide to Conducting Alcohol Purchase Surveys.
- Responsible Alcohol Service (RAS):
On-Premise Licensee/Manager Training-Trainers Guide.
- Responsible Alcohol Sales and Service:
Off-Premise Licensee/Manager and Clerk Training-Trainers Guide.
- "Community Prevention Trials: A Project of the Prevention Research Center," video.
Addiction, Volume 92-Supplement 2, June 1997, community prevention trial to reduce alcohol involved trauma.

Project ACHIEVE

Project ACHIEVE (The Stop and Think Social Skills Program) is a research-based school reform program that uses schoolwide training and classroom-based interventions to maximize academic, social, emotional, and behavioral outcomes for all students. Project ACHIEVE uses a systematic professional development approach that consists of seven primary components and skill areas. The Stop and Think Social Skills Program is a major part of the fifth component that focuses on developing an effective school-wide Positive Behavioral Support and Management System using prosocial, student self-management, and self-control skills. The rest of this system helps schools develop teacher, grade-level, and building-wide accountability (i.e., incentive and consequence) systems; staff and student consistency; and other safety and crisis-prevention approaches. These systems and skills result in a safer, more positive school.

Agency

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Clientele

Project ACHIEVE has been implemented primarily in preschool through middle school settings, although it has been adapted for use in high schools, juvenile justice facilities, and centers for special needs students. While students are the primary focus of Project ACHIEVE's goals and outcomes, teachers, administrators, parents, and community-based agency

personnel are directly involved in Project ACHIEVE's training and professional development activities.

Major Services

Project ACHIEVE works to:

- Create a school climate in which each teacher, staff member, and parent believes that everyone is responsible for every student in that building and community.
- Enhance the problem-solving skills of teachers and administrators.
- Strengthen the school and classroom management skills of school personnel and the prosocial and self-management skills of students.
- Ensure that the school provides comprehensive services to students with below-average academic performance.
- Improve the social and academic progress of students by increasing the awareness, involvement, and/or effectiveness of parents and the community in the education of their children.
- Validate the various components of Project ACHIEVE and develop a school's building of or district's capacity to independently maintain the program and expand it to other (school) settings.

This is accomplished by providing training that results in the following services:

- Implementing school-wide social skills using the Stop and Think Social Skills program.
- Developing school-wide positive behavioral support and discipline systems.
- Designing safe schools from positive student behavior to crisis intervention.
- Conducting functional behavioral assessments leading to effective interventions.
- Conducting behavioral interventions for challenging and difficult-to-teach students.
- Conducting prevention, intervention, and crisis response approaches for troubled students and concerned schools.
- Designing effective child study teams toward effective pre-referral interventions.

- Evaluating classroom environments and designing more effective classrooms.
- Designing curriculum-based assessment leading to effective instructional interventions.
- Designing and implementing school reform efforts that work.
- Designing strategic planning and organization skills at the district and school levels.
- Implementing best practices in supervision processes.
- Designing and implementing successful parent involvement programs.
- Developing data management systems that facilitate formative and summative evaluations.

Accomplishments

In general, Project ACHIEVE's components were found to: (1) decrease special education referrals and placements; (2) decrease overall discipline referrals to the principal's office, in addition to decreasing classroom-based and school bus discipline referrals to the school principal; (3) decrease out-of-school suspensions; (4) decrease need to repeat a grade level; (5) improve school climate; and (6) improve student achievement rates.

Project ACHIEVE received the following recognitions:

- Highlighted at the 1999 Improving America's Schools Conference "Creating Safe Schools and Healthy Students Institute." Sponsored by the U.S. Department of Education, Tampa, FL, October, 1999.
- Highlighted at the Safe, Drug-Free, and Effective Schools for ALL Children: "What Works! A National Teleconference." Sponsored by the U.S. Departments of Education and Justice (Office of Juvenile Justice and Delinquency Prevention), and the Center for Effective Collaboration and Practice at the American Institutes for Research.
- Highlighted in Safe, Drug-Free, and Effective Schools for ALL Children: "What Works!" A joint report of the U.S. Department of Education's Safe and Drug-Free Schools and Office of Special Education Programs.
- Cited as an exemplary program relative to school safety at the White House Conference on School Safety, October, 1998, and highlighted in the 1998 U.S. Department of Education/Department

of Justice Annual Report on School Safety (October, 1998).

- Identified as an effective school reform program by the Center for Effective Collaboration and Practice of the American Institutes for Research . Washington, DC, January 1997.

Funding

Federal funding (e.g., districts, grants) and foundations (e.g., Metropolitan Life) have supported Project ACHIEVE activities.

Program Materials

"The Stop and Think Social Skills Program." (2001). Longmont, CO: Sopris West, Inc. www.sopriswest.com.

- Teachers Manuals, with accompanying Forms Booklets.
- Stop and Think support materials.
- The Stop and Think Parent Training Video.

The Referral Question Consultation (RQC) process: Addressing system, school, and classroom academic and behavioral problems.

This workbook guides the reader through the RQC problem-solving process that is used in Project ACHIEVE schools as the data-based approach that analyzes students' academic or behavioral difficulties and links these analyses to high-probability classroom-based interventions. Integrated into RQC is a pragmatic functional assessment process that helps educators begin to understand why students are experiencing some of their academic and social challenges in the classroom.

Available from Dr. Howard M. Knoff, University of South Florida, Tampa, FL. Please send e-mail to knoff@tempest.coedu.usf.edu.

Project SUCCESS



Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is a selective and indicated program designed to prevent and reduce substance use and abuse among high-risk, multiproblem adolescents in alternative schools. This project places highly trained professionals in alternative schools to provide a full range of substance abuse prevention and early intervention services. Project SUCCESS counselors use the following intervention strategies: information dissemination, normative and prevention education, problem identification and referral, community-based processes, and environmental approaches. In addition, resistance and social competency skills such as communication, decision-making, stress and anger management, problem-solving, and resisting peer pressure are taught. Counselors primarily work with adolescents individually and in small groups, conduct prevention/education discussions and programs, train alternative school staff, coordinate the substance abuse services and policies of the school, and refer and followup with students and families needing substance abuse treatment. Project SUCCESS links the school to the community's continuum of care. Both youth and parents are referred, when necessary, to human services agencies; community groups; alcohol, tobacco, and illicit drugs (ATD) prevention and treatment agencies, and other organizations.

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Clientele

Project SUCCESS is designed for 14- to 18-year-olds attending alternative high schools in their community. The alternative schools serve high-risk youth with a variety of learning and or behavioral problems, such as poor academic performance, school discipline problems, negative attitudes toward school, truancy, pregnancy, and criminal activity. The adolescents targeted for Project SUCCESS are in the middle of the adolescent risk continuum. For most, an alternative school is their last chance for a noninstitutionalized education. Many could end up, or were already, in the juvenile justice, correction, psychiatric, or foster care systems. All are living in the community and are not institutionalized, and the great majority are living with at least one biological, adoptive, or foster parent.

Major Services

- The Prevention Education series—an Alcohol, Tobacco, and Illicit Drug prevention program—is conducted by the Project SUCCESS counselor with small groups of students.
- Individual and group counseling—Project SUCCESS counselors conduct time-limited individual sessions and/or group counseling at school to students following participation in the Prevention Education Series and an individual assessment. There are seven different counseling groups for students.
- Parent programs—Project SUCCESS includes parents as collaborative partners.
- Referral and followup—Students and parents who require treatment, more intensive counseling, or other services are referred to appropriate agencies or practitioners by their Project SUCCESS counselors. Followup is provided to students along with communication with the outside agency.
- Consultation—Project SUCCESS counselors provide suggestions to school staff on how to help students and handle problems.

Accomplishments

An evaluation study suggests that Project SUCCESS was highly effective at reducing ATD use. Specifically, the study showed a statistically significant 37 percent reduction in the rate of use by the Project SUCCESS program youth when compared to the nonprogram youth. Currently, the program is being implemented in six alternative high schools in Westchester County, NY.

Funding

The New York State Office of Alcohol and Substance Abuse Services and participating schools provide funding for Project SUCCESS.

Program Materials

A 75-page implementation manual is available for \$150. The manual includes resource material for professionals and worksheets for students.

Project Blanket



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Project Blanket (Basic Life and Networking Knowledge Empowering Transition) is a community-based program that offers substance abuse prevention services to the Allegheny County Jail inmates in Pittsburgh, Pennsylvania. The fundamental goal of the program is to reduce and prevent substance abuse relapse and recidivism. Participants in the four-phase program learn the facts about substance abuse and related factors, develop personal and interpersonal skills, and make use of intervention and prevention resources. The underlying rationale for the program lies in the belief that a majority of crimes are directly or indirectly related to substance abuse.

Agency

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Clientele

The target population for Project Blanket is adult males and females and youth who are incarcerated or in juvenile detention and have exhibited substance abusing behavior. Specifically, program participants range from 12 to 50 years of age with the majority of them being single, unemployed African Americans (54 percent) from urban areas. Additionally, participation in Project Blanket is on a voluntary basis unless otherwise stipulated.

Major Services

Project Blanket comprises a holistic approach for providing substance abuse prevention services. The program consists of support groups, individual assessment, pre-release planning, post-release goal planning, referrals, assistance, advocacy, case management, and other community support. The institution-based component involves participant selection and orientation; a four-phase, activity-centered curriculum that emphasizes cognitive and behavioral restructuring; a pre-release assessment; and preparation for return to society. Additionally, the four-phase curriculum consists of information on classes of different substances of abuse and description of risk factors associated with substance abuse behavior, personal and interpersonal skills, and intervention and prevention resources. The post-release component focuses on wraparound social services and the participants' retention in 12-step recovery and other support groups to aid in maintaining long-term sobriety and recovery from drug and alcohol addiction. Participants who require services beyond the scope of Project Blanket's parent organization, Strength Incorporated, are referred to the Community Service Provider Network.

Accomplishments

The Center for Addiction Services conducted the initial process and outcome evaluation on Project Blanket. The purpose of the evaluation was to assess the impact of the criminal justice and drug and alcohol treatment delivery system, examine the strengths and weaknesses of the program components, and provide information to improve program quality. The results indicated the following accomplishments:

- Increased awareness of healthy alternatives and a sense of hope.
- Decreased reporting of misconduct incidents within the facility.
- Decreased tension among inmates.
- Increased communication between inmates and staff.
- Positive change in inmate attitudes.
- Increased number of referrals to the program.

Additionally, on a scale of 1 to 5, participants reported a high level of program satisfaction, with an average of 4.33 and an 85 percent participation rate.

Funding

The majority of funding for Project Blanket is provided by a grant from the Pennsylvania Commission of Crime and Delinquency. The program receives matching funds from the County Department of Human Services and additional support from the R.K. Mellon Foundation.

Project Towards No Drug Abuse (TND)

Project Towards No Drug Abuse (TND) is an ongoing drug abuse prevention project designed to develop and test school-based prevention strategies specifically for high school-age youth. The theoretical background for Project TND is a motivation-enhancement, behavioral skills, decision-making model. The current version of the TND curriculum consists of 12 45-minute interactive sessions, which provide an awareness of stereotyping influences, drug use myths, the course of addiction and other consequences of use, and the importance of health as a value (motivation material). The sessions emphasize listening, communication, prosocial coping skills, conflict management, tobacco cessation, and self-control skills (skills material); as well as the connections between thinking, choices and behavior; attitudinal perspective-taking; and the decision making process (decision making material).

Agency

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Clientele

Project TND serves high school students, departments of health, and educators.

Major Services

Project TND provides a motivational, behavioral, and decision-making model to be used in the prevention of drug abuse and weapon carrying among older teens in regular and alternative high school settings.

Accomplishments

Parameters of this program were investigated in three true experimental field trials thus far, involving a total of approximately 3,000 youth. At 1-year followup, TND produced a 27 percent, 30-day prevalence reduction in cigarette smoking; a 22 percent prevalence reduction in marijuana use; a 9 percent prevalence reduction among baseline alcohol drinkers; a 26 percent prevalence reduction in hard drug use; and a 25 percent prevalence reduction in weapon-carrying. Project TND was:

- Included in the new National Institute on Drug Abuse "Red Book" Program.
- Chosen as a Health Canada Exemplary Program.
- Chosen as a Sociometrics, Inc., Model Program.

Funding

The National Institute on Drug Abuse provides funding for Project TND.

Program Materials

- Teacher's guide.
- Student workbooks.
- Videotape, *Drugs and Life's Dreams*.
- Articles.
- Immediate post-test.
- Teacher training (strongly recommended).

Schools and Families Educating Children (SAFE Children)

The SAFE Children program is a partnership between the Institute for Juvenile Research at the University of Illinois at Chicago and eight Chicago public schools. The program emphasizes helping families manage child development in high-risk environments. It is based on the "developmental-ecological model," which focuses on how characteristics of neighborhoods and schools affect children and families and determine how well a child does in school and later in life. The program aims to help with the transition to elementary school, make that first year successful, and set a firm base for the future. Families with children entering first grade and living in inner-city, high-crime neighborhoods are enrolled in a 22-week family program that emphasizes developing support networks among parents, parenting skills, and understanding of schools and related child development issues. In addition, children are provided tutoring in reading to ensure mastery of basic reading skills in the first year of school.

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Clientele

SAFE Children focuses on families with children entering first grade and living in "high-risk" communities.

Major Services

SAFE Children coordinates multiple family groups, family support networks, reading, and tutoring services.

Accomplishments

The SAFE Children program results in improved academic achievement in children, improved maintenance in parental involvement in school (instead of the typical pattern of a severe dropoff), improved parenting skills, and improved social competence and behavior in children.

Funding

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention provides funding for SAFE Children.

Program Materials

The SAFE Children program is a manualized program, but the materials are not meant to guide program implementation apart from consultation by the program developers. Persons interested in program materials and related consultation should contact the office of Patrick Tolan, Ph.D., at (312) 413-1893.

San Antonio Fighting Back



The San Antonio Fighting Back (SAFB) of United Way serves as a facilitator and catalyst convener for improving the quality of life of those most at risk through a comprehensive community partnership to reduce substance abuse, crime, and violence. This is accomplished through the implementation of six strategies: public awareness, community empowerment through organizing and mobilization, capacity-building for problem-solving, environmental change, community development, and economic restoration and public policy advocacy. The use of these strategies enables SAFB to maintain sustainability and to effect change by successfully advocating for the institutionalization of effective practices in systems, such as law enforcement, health care, human service delivery, funding, resource distribution, and public sector governance.

Agency

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Clientele

The boundaries for the SAFB target area are defined by the attendance zones of the San Antonio Independent School District and include ethnically diverse groups of residents from the east and southeast of the city. This district is the eighth largest in the Nation and one of the poorest, with 98 percent of its students receiving free lunches. Additionally, the ethnic composition is 40 percent Mexican, 35 percent African American 23 percent Caucasian, and 2 percent other ethnicities. Thirty-four percent of the target population is reported to be at or below the national poverty scale, compounded by problems such as underemployment, substance abuse, illiteracy, crime, and violence.

Major Services

The major goals SAFB are to reduce drug-related crime, increase funding for treatment, and utilization of treatment by adults and youth, and delay the age of "first use." Key strategies implemented at the local level to achieve these goals include the following:

- Implementing the Weed and Seed Community Policing Coalition Initiative to "weed out" violent crime, gang activity, drug use, and drug trafficking; then "seed" the area by linking Federal, State, and local social services with the private sector and the community to restore the neighborhood.
- Compiling a treatment provider database accessible to SAFB, United Way, and other State, county, and city agencies to demonstrate the need for increased treatment, which was proceeded by and continues to establish

adolescent treatment centers, increase the supportive services for those in recovery, and increase the treatment for adults.

- Providing mentoring activities, establishing a peer leaders group, expanding the number of after-school programs, and increasing alternatives offered to youth during the summer months to build youth resistance skills to substance abuse and related behaviors.

Additional activities implemented by SAFB include the following:

- Cellular on Patrol—allows residents to patrol their neighborhoods using cellular phones to facilitate quicker access to law enforcement.
- Neighborhood Beautification—provides residents with the opportunity to improve the physical appearance of the target area.
- Offender Transition and AfterCare Prevention Initiative—assists young offenders on probation between the ages of 17–29 to stay out of jail by providing alternatives to incarceration.

Accomplishments

SAFB has an extensive program evaluation component as part of its operational functions. A comprehensive MIS system tracks and analyzes all activities and ties them back to the goals and objectives on a quarterly basis throughout the year.

The program has resulted in the following:

- Improving the level of collaboration among communities, the Federal Government, and State, local, and tribal governments.
- Enhancing intergovernmental cooperation and coordination on youth substance abuse issues.
- Increasing citizen participation in substance abuse prevention efforts.
- Making positive changes in youth substance abuse measures.

The latter is evident by the change in the age of first use, increasing from 9.2 to 15 years of age within the past 8 years, with peaks to 17.2 in 1997 and 15.6 in 1999.

Funding

The Robert Wood Johnson Foundation provides SAFB with the majority of its funding. Additional resources are provided by the Texas Commission of Alcohol and Drug Abuse, the Corporation for

National Service, the Department of Justice Weed and Seed Office, the Drug-Free Communities Program of the Office of Juvenile Justice and Delinquency Prevention, the Executive Office of the President through the National Congress for Community and Economic Development, the Inner-City Games Foundation, the Department of Labor, United Way, the Center for Substance Abuse Prevention, Youth Crime Watch of America, the Texas Health Department, and private and in-kind support.

SMART Moves



The Boys & Girls Clubs of Greater Fort Worth provide the SMART (Skills Mastery and Resistance Training) Moves program to over 4,200 high-risk youth living in the inner-city neighborhoods of Fort Worth, TX. SMART Moves is a composite of recreational, educational, and cultural activities that promote a sense of belonging, bonding with peers, and ownership among youth in the community. Results from an extensive study revealed that youth who participated in the SMART Moves program decreased their alcohol and tobacco use by 82 percent. Such results are achieved through offering skill-enhancement activities to make healthy decisions and resist peer pressure; providing essential and accurate information about tobacco, alcohol, and other drugs and adolescent sexuality; and improving communication between youth and their parents.

Agency

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Clientele

The targeted areas for the SMART Moves program include 22 elementary and middle schools and 7 Boys & Girls Clubs program sites throughout Fort Worth, TX. Youth are recruited to participate in the program through the Boys & Girls Clubs, targeted schools, word-of-mouth, and referrals.

Major Services

The SMART Moves program was developed to address the problems of alcohol, tobacco, and illicit drug use and teen pregnancy in one comprehensive curriculum. The program is delivered to youth on a weekly basis with daily age-appropriate presentations by SMART Moves staff to members participating in the Boys & Girls Clubs branch programs. SMART Moves program elements include:

- Teaching skills to enhance decision-making skills and peer-pressure resistance.
- Conveying essential and accurate information about alcohol and other drugs and adolescent sexuality.
- Training in tools to increase and improve communication between youth and their parents.

Additionally, SMART Moves is comprised of 3 program components to meet the needs of youth between the ages of 6 and 15:

- Smart Kids is designed for youth ages 6–9 to help youth identify and resist peer, social, and media pressures that promote high-risk behaviors through education relative to self-awareness, interpretation skills, decision-making and drug awareness.

- Start Smart is designed for youth between the ages of 10–12 to assist them with identifying pressures that promote high-risk behaviors by providing accurate information about alcohol and other drugs and resistance skills to refrain from alcohol or drug use.
- Stay Smart is designed for youth ages 13–15 to provide a broad strategy to resist drug and alcohol use through information dissemination and teaching decision-making and goal-setting processes.
- These components provide comprehensive prevention services related to the onset of drug and alcohol abuse, while empowering youth to make positive decisions about their future.

Accomplishments

A multiyear evaluation of the program continues to demonstrate its effectiveness in decreasing rates of tobacco and alcohol use while increasing the knowledge base and resistance skills of youth. Additional accomplishments are demonstrated by SMART Moves' continuance to exceed set program goals and objectives.

Funding

SMART Moves receives funding from the Texas Commission of Alcohol and Drug Abuse, with additional support from private contributions.

Skills, Opportunities, And Recognition (SOAR) Program

SOAR is a scientifically-tested, comprehensive, school-based program designed to promote positive youth development and academic success. The program is a school-wide, school climate program for elementary schools that promotes the healthy development of young people by increasing skills for successful participation in the family, school, peer group, and community; opportunities for active involvement in family and school; and consistent recognition for effort and improvement. A SOAR school provides social skills training for elementary students, training for their teachers to improve methods of classroom management, and instruction on providing developmentally sequenced parenting workshops. The long-term results indicate that students in SOAR classrooms are more committed to school, have better academic achievement, and have less misbehavior in the school and the community. SOAR was tested as the Seattle Social Development Project (SSDP), developed by Drs. J. David Hawkins and Richard Catalano of the University of Washington's Social Development Research Group, and is based on their Social Development Theory.

Agency

Developmental Research and Programs, Inc.
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Clientele

SOAR is focused on the positive development of children in elementary school. The objective is to

make a significant impact on known risk and protective factors for substance abuse, violence and aggressive behavior, and academic success before the critical middle school years, when children are most typically beginning to engage in risk behaviors. By increasing protection for children and putting them on a positive trajectory, SOAR can help reduce the overall number of at-risk youth entering the middle school years.

Major Services

Each SOAR school is a learning community promoting intellectual and social development through challenging instructional programs and caring classroom, school, and family environments. The program includes three basic components: school, family, and peer.

Accomplishments

SOAR, tested as SSDP, demonstrated in several evaluation studies a significant impact on academic achievement, substance abuse, and violent behavior in youth. Immediate outcomes show significant reductions in early childhood aggression; greater attachment and commitment to school; higher levels of classroom participation, and lower rates of initiation of alcohol, marijuana, and tobacco use compared to controls schools. Additional results show higher levels of social skills, better work skills, higher scores on standardized tests, lower levels of interaction with antisocial peers, and lower levels of delinquency initiation.

A long-term followup of students (6 years after the intervention was completed) showed significant effects on problem behaviors at age 18. Intervention students reported more commitment and attachment to school, better academic achievement, and less school misbehavior than controls at age 18. In addition, fewer students had engaged in violent delinquent acts, heavy drinking, and sexual activity.

SOAR, as SSDP, was selected as an outstanding prevention program by:

- The U.S. Surgeon General, "Youth Violence: A Report of the Surgeon General."
- The U.S. Department of Education's "Safe, Disciplined, and Drug-Free Schools" Expert Panel. "Preventing Crime: What Works, What Doesn't, What's Promising," The National Institute of Justice.
- "Preventing Drug Use Among Children and Adolescents," the National Institute on Drug Abuse.

Funding

The National Institute on Drug Abuse and the National Institute of Justice provided funding for the research testing of SOAR as SSDP. The Channing L. Bete Company, Inc. and private grants funded the development and pilot testing of the commercial version of SSDP/SOAR as well as components of SOAR.

Program Materials

In order to maximize the success of SOAR and to ensure implementation fidelity, SOAR is installed over the course of 2 school years. The program includes a family support component and provides classroom-based social skills development. Each school will employ a program facilitator (a master classroom teacher) who will assist teachers in implementation, and a family support coordinator.

The Social-Competence Promotion Program for Young Adolescents (SCPP-YA)

The 45 session Social Competence Promotion Program for Young Adolescents (SCPP-YA) is a social and emotional learning program that has 3 modules. The first module includes 27, 40-minute lessons of intensive instruction in self-control, stress management, social problem-solving, and communication skills. The other modules include two nine-session programs that teach students to apply these personal and social competencies to the prevention of substance use and high-risk sexual behavior. This 1-year program has produced benefits with diverse fifth- through seventh-grade populations. It is most effective when offered in the context of coordinated, multiyear social development and health-promotion programming.

Agency

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Clientele

SCPP-YA is a school-based program that is most effective with middle school students from grades five through seven. It has been used successfully with Caucasian, African-American, and Latino students from different socioeconomic levels. Classroom teachers and pupil personnel support staff typically implement the program.

Major Services

SCPP-YA is a classroom-based program that emphasizes (1) the enhancement of children's self-control, stress management, problem-solving, and communication skills, and (2) the prevention of substance use and high-risk sexual behavior. The modules are presented with very detailed lesson plans to foster high-quality implementation. In addition, training is provided to school staff so that the program is well implemented in the classroom and supported and reinforced by educators and families.

Accomplishments

Several controlled studies indicate that SCPP-YA improves students' skills, attitudes, and behaviors. In addition, process evaluations show that students, teachers, and parents respond very favorably to the program. Also, research indicates that SCPP-YA improves students' problem-solving skills, social relations with peers, and behavioral adjustment. Program students made greater gains than control students in the number, effectiveness, and the planning of alternative solutions they generated to solve problem situations. Furthermore, program students' alternatives included fewer aggressive and more compromise solutions than controls, and they employed more adaptive stress-management strategies when faced with situations that make them upset or anxious.

SCPP-YA training also enhances positive involvement with peers as measured by self-report and teacher ratings. Results from confidential self-report surveys indicate that relative to controls, program students engage in less antisocial behavior, become less inclined to use drugs, and are less likely to engage in excessive alcohol use.

Program teachers reported that SCPP-YA classes most positively affected students in the following areas: feeling good about themselves, recognizing the negative effects of drugs and avoiding them, and recognizing behaviors that reduce the risk of pregnancy and AIDS.

SCPP-YA also benefits teachers who implement the program. One study with teachers who completed confidential surveys indicated that 89 percent said the program helped them communicate better with students; 85 percent handled stress better in their own lives; and 96 percent were better able to solve problems in their own lives. SCPP-YA is also remarkable for its sustainability. For example, the New Haven schools implemented this program districtwide for 12 years with their sixth-graders.

Funding

The William T. Grant Foundation; the State of Connecticut, Office of Policy and Management; the New Haven Public School System; the U.S. Department of Education's, Safe and Drug-Free Schools Program; the U.S. Department of Education through a grant to the Mid-Atlantic Regional Educational Laboratory for Student Success at Temple University; the Surdna Foundation; and the NIMH-funded Prevention Research Training Program in Urban Children's Mental Health and AIDS Prevention provide funding for SCPP-YA.

Program Materials

The Social Competence Promotion Program for Young Adolescents has three modules. All three may be purchased for \$90 plus postage and handling. The Social Problem Solving Module costs \$40 and the other two modules cost \$25 each.

Caplan, M., and Weissberg, R.P. (1990). "The Social-Competence Promotion Program for Young Adolescents: Substance Use Prevention Module." Chicago, IL: University of Illinois at Chicago.

Kavanagh, M., Jackson, A.S., Gaffney, J., Caplan, M., & Weissberg, R.P. (1990). "The Social-Competence Promotion Program for Young Adolescents: The Human Growth and Development, AIDS Prevention, and Teen Pregnancy Prevention Module." Chicago, IL: University of Illinois at Chicago.

Weissberg, R.P., Caplan, M., Bennetto, L., & Jackson, A.S. (1990). "The Social Competence Promotion Program for Young Adolescents: Social Problem-Solving Module." Chicago, IL: University of Illinois at Chicago.

STARS for Families (Start Taking Alcohol Risks Seriously)

The STARS for Families (Start Taking Alcohol Risks Seriously) program is a health promotion program designed to prevent alcohol use among middle and junior high school youth. It has undergone more than 8 years of research supported by grants from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health. The program's goal is to prevent alcohol use among middle and junior high school youth. STARS for Families includes media-related, interpersonal, and environmental prevention strategies matched to the specific initiation, change stages, and risk and/or protective factors of individual children. All prevention strategies are based on the Multi-Component Motivational Stages (McMOS) theoretical model (Werch and DiClemente, 1994). This innovative program has been shown to result in avoidance of, or reductions in, alcohol use among youth, which has been linked to the occurrence of social problems, injury, illness, death, and rising health care costs.

Agency

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Clientele

The STARS for Families program targets middle and junior high school youth in clinical and nonclinical school settings.

Major Services

The STARS for Families program provides the following services:

Health Care Consultations. The health care consultation protocol permits brief (20-minute) standardized health care provider interventions for youth within specific stages of alcohol initiation and change, while providing a full range of prevention messages addressing risk and protective factors associated with stages of alcohol initiation.

Key Facts Postcards. Key Facts Postcards mailed to parents/guardians permit parent-child alcohol communication and help parents/guardians talk to their child about staying away from alcohol. Parents/guardians are mailed 10 postcards, each with different Key Facts addressing the same risk/protective factors found in the health care consultation protocols. A tear-off, postage-paid portion of the card permits each parent/guardian to provide process data regarding whether he or she talked to his or her child about the key fact message and how useful the message was in helping the parent talk to his or her child about preventing alcohol use.

Parent/Guardian Take Home Lessons. The Parent/Guardian Take Home Lessons provide a set of brief alcohol prevention activities for parents and/or guardians and their children to complete and return. Each lesson includes a cover letter describing the program, a set of three activity sheets, a contract which has the child promise to avoid alcohol use, and a feedback sheet to collect process data regarding parent/guardian use of and satisfaction with each lesson.

Accomplishments

Results from three pilot studies of brief stage-based interventions using primary health care providers to interface with youth within a nonclinical school setting indicate that such prevention strategies are

feasible, well received by targeted youth, and result in significant reductions in alcohol consumption. Results of a randomized trial of the STARS for Families intervention within two inner-city schools indicate that the brief, primary care-based preventive intervention is viewed as effective and useful by participating youth, parents, and nurses and results in significant reductions in alcohol consumption and initiating alcohol use.

Funding

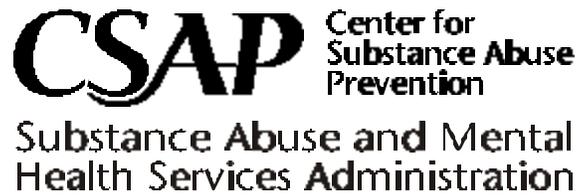
NIAAA of the National Institutes of Health provides funding for the STARS for Families project.

Program Materials

The STARS for Families program materials are available to the public. This comprehensive set of program materials includes:

- A cover sheet describing the STARS for Families program.
- A fact sheet with answers to the most commonly asked questions about the STARS for Families program.
- STARS for Families intervention components.
- Nurse consultations and nurse consultation protocol.
- Key Fact postcards and Key Fact postcards protocol.
- Parent/guardian take-home lessons and take-home lesson protocol.
- Intervention followup protocols.
- Training protocols.
- Protocols for student recruitment, parental consent, and student retention.
- Protocols for administering student assent forms and program evaluation surveys.
- A program evaluation survey.
- An evaluation survey scoring guide.
- A short screening instrument.
- A short screening instrument scoring key.
- Process measures.
- A sample timeline.

Sponsoring Organizations



"Substance abuse prevention and treatment serve as twin beacons along the continuum of wellness and recovery, promising a brighter future for individuals, families, and communities."

*Ruth Sanchez-Way, Ph.D.
Director, CSAP*

CSAP

The Center for Substance Abuse Prevention (CSAP) provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, underage alcohol and tobacco use and to reduce the negative consequences of using substances. CSAP is one of three Centers in the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services (HHS). The other two are the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS).

CSAP carries out its mission through the following strategies:

- Develop and disseminate prevention knowledge;
- Identify and promote effective substance abuse prevention programs;
- Build capacity of States, communities, and other groups to apply such knowledge effectively, and;
- Promote norms supportive of prevention of substance abuse at the family, workplace, community, and national levels.

CSAP promotes comprehensive programs, community involvement, and partnership among all sectors of society. Through service capacity expansion and knowledge development, application, and dissemination, CSAP works to strengthen the Nation's ability to reduce substance abuse and its associated problems.



"The Exemplary Awards Program is an important tradition that highlights effectiveness and achievement in the field of prevention. CADCA is pleased that this year's nominees continue to demonstrate that local, community-based action designed to meet identified needs can indeed make a difference and reduce substance abuse and violence in a community. We salute their efforts and look forward to continued success in creating safe, healthy, and drug-free communities."

*General Dean
Chairman and CEO, CADCA*

CADCA

With more than 5,000 community coalition members from across the country, Community Anti-Drug Coalitions of America (CADCA) is working with these coalitions to realize its vision of An Organization of Excellence Building Drug-Free Communities. Community coalitions—more than any other entity—are poised to connect multiple sectors of the community, including businesses, parents, media, law enforcement, schools, religious organizations, health providers, social service agencies, and the Government. By acting in concert through the coalition, all of the partners gain a more complete understanding of the community's problems. Together, the partners organize and develop plans and programs to coordinate their anti-drug efforts. The result is a comprehensive, community-wide approach to substance abuse and its related problems.

CADCA's mission is to create and strengthen the capacity of new and existing coalitions to build safe, healthy, and drug-free communities. The organization supports its members with technical assistance and training, public policy, media strategies and marketing programs, and conferences and special events.

CADCA partners with a number of significant private and public organizations. Our public partners include Office of National Drug Control Policy, Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, Drug Enforcement Administration, National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, Office of Juvenile Justice and Delinquency Prevention, and the National Guard. Our private partners include the American Bar Association, the Center on Addiction and Substance Abuse at Columbia University, Join Together, the National Association for Children of Alcoholics, the National Association of Drug Court Professionals, the National Crime Prevention Council, the National Family Partnership, the Partnership for a Drug-Free America and PRIDE.



"There is a growing body of scientific evidence that . . . recognizes that investments in alcohol and illicit drug prevention and treatment are cost-effective means of reducing crime, expensive emergency room visits, health care costs, and the terrible costs of child abuse and neglect. Prevention and treatment services have also been shown to increase wages, employment and family stability, and educational achievement."

*Lewis E. Gallant, Ph.D.
Executive Director, NASADAD
Testimony before the House Appropriations
Subcommittee on funding for the
Substance Abuse and Mental Health Services Administration
March 21, 2000*

NASADAD

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a private, not-for-profit educational, scientific, and informational organization. The Association was originally incorporated in 1971 to serve State drug agency directors and then, in 1978, the membership was expanded to include State alcoholism agency directors. Today, all States have combined their State Alcohol and Drug Abuse Directors. The Board of Directors is composed of a president, first vice president, vice president for drug abuse issues, vice president for alcohol issues, past president, secretary, and treasurer, as well as 10 regional representatives elected by the Association members in the respective regions.

NASADAD's basic purpose is to foster and support the development of effective alcohol and drug abuse prevention and treatment programs throughout every State. NASADAD also serves as a focal point for the examination of alcohol and drug-related issues of common interest to both State and Federal agencies.



"When it comes to showcasing model programs, there is a continuum that consists of replication, adaptation, and innovation. Model programs shown to be effective should be replicated, while adaptation of such programs should take place when appropriate. If replication or adaptation is not feasible, then innovation must occur in order to further the field. National recognition of such programs is imperative, and findings from these programs should be disseminated nationwide."

*Michael Langer
President, National Prevention Network*

NPN

The National Prevention Network (NPN) is an organization of State alcohol and drug abuse prevention representatives and an affiliate of NASADAD. NPN provides a national advocacy and communication system for substance abuse prevention. State prevention representatives work with their respective State Alcohol and Drug Abuse Directors to ensure the provision of high quality and effective alcohol, tobacco, and illicit drug abuse prevention services in each State. NPN, in collaboration with the NASADAD Prevention Committee and staff, implements its mission at the national level.

NPN believes that prevention is a complex process that requires more than a singular strategy or approach. A wide range of factors contributes to alcohol and drug problems, and preventing them is based on the understanding that such factors vary among individuals, geographic regions, age groups, racial/ethnic groups and genders. Effective prevention is a systemic responsibility involving local, State and national agencies; organizations; and groups. In conjunction with NASADAD and through NPN's network of State prevention representatives, NPN provides leadership, coordination, and communication to its member States and to the field of prevention in general.