Name of Program/Strategy:  **Friendly PEERsuasion**

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1. **Overview and description**

Girls Inc Friendly PEERsuasion® (GIFP) is an interactive prevention program aimed at helping girls in middle school (ages 11–14) acquire knowledge, skills, and support systems to avoid substance abuse. Girls Incorporated developed GIFP and offers it through a network of sites nationwide. The program draws on the social influence and life skills models of prevention, using a combination of adult leadership and peer reinforcement to teach girls to respond critically to messages and social pressures that encourage substance use.

The program consists of two phases. In the first phase, girls participate in 14 hour-long sessions of curriculum training with a trained adult leader. Girls learn the short- and long-term effects of substance abuse, how to recognize media and peer pressures, and skills for making responsible decisions about drug use. The learning involves hands-on, interactive activities such as games, role-playing, and group discussions. Each session concentrates on a particular objective, while reinforcing skills and knowledge introduced in the previous session. After the completion of this core curriculum, the participants are certified as PEERsuaders. In the program’s second phase, the small teams of PEERsuaders plan and implement about 5 hours (8–10 half-hour sessions) of substance abuse prevention activities for girls (and sometimes boys) ages 6–10 who are called PEERsuade-Me’s. Each PEERsuader team of 2 to 3 girls is responsible for leading a group of 10 to 15 PEERsuade-Me’s. Working with their adult leader, the
PEERsuaders draw on skills and activities they learned in the first phase of the program as well as on their own experiences and creativity to present factual information and practice skills related to substance abuse prevention.

2. Implementation considerations (if available)

3. Descriptive Information

<table>
<thead>
<tr>
<th>Areas of Interest</th>
<th>Substance abuse prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Categories</td>
<td>Alcohol, Drugs, Tobacco</td>
</tr>
<tr>
<td>Ages</td>
<td>6-12 (Childhood) (11-12 specifically)</td>
</tr>
<tr>
<td></td>
<td>13-17 (Adolescent) (13-14 specifically)</td>
</tr>
<tr>
<td>Genders</td>
<td>Female</td>
</tr>
<tr>
<td>Races/Ethnicities</td>
<td>American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified</td>
</tr>
<tr>
<td>Settings</td>
<td>School, Community</td>
</tr>
<tr>
<td>Geographic Locations</td>
<td>Urban, Suburban, Rural and/or frontier</td>
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<tr>
<td>Implementation History</td>
<td></td>
</tr>
<tr>
<td>NIH Funding/CER Studies</td>
<td></td>
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<tr>
<td>Adaptations</td>
<td></td>
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<tr>
<td>Adverse Effects</td>
<td></td>
</tr>
<tr>
<td>IOM Prevention Categories</td>
<td>Selective</td>
</tr>
</tbody>
</table>
4. **Outcomes**

5. **Cost effectiveness report** (Washington State Institute of Public Policy – if available)

6. **Washington State results** (from Performance Based Prevention System (PBPS) – if available)

7. **Where is this program/strategy being used (if available)?**

<table>
<thead>
<tr>
<th>Washington Counties</th>
<th>Oregon Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grays Harbor</td>
<td>Clatsop, Deschutes, Douglas, Jackson, Marion</td>
</tr>
</tbody>
</table>

8. **Study Populations**

The studies reviewed for this intervention included the following populations, as reported by the study authors.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
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</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>11-14</td>
<td>100% Female</td>
<td>55% Black or African American</td>
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<td></td>
<td></td>
<td></td>
<td>14% Hispanic or Latino</td>
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<td></td>
<td></td>
<td></td>
<td>11% Native American</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>18% White</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2% Unknown</td>
</tr>
</tbody>
</table>

9. **Quality of Research**

**Evaluation Methodology**

The study by Smith and Kennedy (1991) used an experimental design in which interested girls were randomly assigned into treatment or delayed-entry control groups. Girls were recruited at four separate sites and combined into a sample of 354 girls, all ages 11–14. The girls were predominantly minority (55 percent African-American, 18 percent nonminority, 14 percent Hispanic, 11 percent Native American, and 2 percent unknown). Seventy-five percent were economically disadvantaged based on free school lunch qualification, and 27 percent of the girls 12 and younger reported no adult at home after school to supervise them. The girls completed self-administered questionnaires on their background characteristics, attitudes, and behaviors at four points spanning the period from the summer before the program to the
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spring after both the treatment and the delayed-entry (control) groups had completed the program. Of the original sample of 354 preprogram respondents, 152 were assigned to the treatment group and 202 to the delayed-entry control group. Of the respondents to the preprogram questionnaire, 18 percent failed to complete the first follow-up survey. The second and third follow-up surveys each showed an attrition rate of about 30 percent of the original sample.

Outcome

The evaluation found that participation in the GIFP program reduced the incidence of drinking among treatment group members who reported having drunk before participating in the program as well as the onset of drinking alcohol among participants who had never drunk alcohol before. Among participants who reported never having drunk alcohol at the preprogram questionnaire, 22 percent of the treatment group versus 36 percent of the control group reported first use of alcohol on a post-program questionnaire. Moreover, the effectiveness of Friendly PEERsuasion on delaying alcohol use persisted over the study period. The estimated effect of program participation was a 14-percentage-point reduction in the likelihood of drinking during the study period (p=0.02).

The study also found that treatment group participants 1) were more likely to leave gatherings where people were drinking alcohol, 2) showed lower incidence of favorable attitudes toward drinking after completion of the first phase (although not significant), and 3) were more likely to disengage from peers who smoked or took drugs.

Finally, younger girls who participated earlier were less likely to begin using harmful substances during the study period and also were less likely to keep up associations with substance-using peers. Older girls reported similar behaviors regardless of earlier or later participation.

Supplementary Materials


10. Readiness for Dissemination

11. Costs

12. Contacts

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