Name of Program/Strategy: Project Towards No Drug Abuse

1. Overview and description

Project Towards No Drug Abuse (Project TND) is a drug use prevention program for high school youth. The current version of the curriculum is designed to help students develop self-control and communication skills, acquire resources that help them resist drug use, improve decision-making strategies, and develop the motivation to not use drugs. It is packaged in 12 40-minute interactive sessions to be taught by teachers or health educators. The TND curriculum was developed for high-risk students in continuation or alternative high schools. It has also been tested among traditional high school students.

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>Outcomes</td>
<td>1: Alcohol and tobacco use</td>
</tr>
</tbody>
</table>
### Outcome Categories
- Alcohol
- Crime/delinquency
- Drugs
- Tobacco
- Violence

### Ages
- 13-17 (Adolescent)
- 18-25 (Young adult)

### Genders
- Male
- Female

### Races/Ethnicities
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- White
- Race/ethnicity unspecified

### Settings
- School

### Geographic Locations
- No geographic locations were identified by the applicant.

### Implementation History
- Approximately 1,600 individuals or sites in 44 States purchased Project TND materials between 2001 and 2009. The developer has conducted evaluations or experimental trials in 88 of those sites with more than 8,500 youth and estimates that another 20 sites have conducted their own evaluations.

### NIH Funding/CER Studies
- Partially/fully funded by National Institutes of Health: Yes
- Evaluated in comparative effectiveness research studies: No

### Adaptations
- Project TND was initially developed for high-risk students attending alternative or continuation high schools. It has been adapted for students attending traditional high schools.

### Adverse Effects
- No adverse effects, concerns, or unintended consequences were identified by the applicant.

### IOM Prevention Categories
- Universal
- Selective
- Indicated
**Excellence in Prevention** – *descriptions of the prevention programs and strategies with the greatest evidence of success*

4. Outcomes

**Outcome 1: Alcohol and tobacco use**

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Self-reported frequency of alcohol and tobacco use in the past 30 days was measured at pretest, immediately after the Project TND intervention, and yearly for up to 5 years after the intervention. In some analyses, students who were high alcohol users at pretest were compared across conditions, and the data from males and females were analyzed separately when interactions were found.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Findings</td>
<td>At 1-year follow-up across three studies, students in Project TND schools who used alcohol prior to the intervention exhibited a reduction in alcohol use prevalence of between 7% and 12% (p &lt; .05) relative to similar students in control schools. At 1-year follow-up of a study using an expanded 12-session TND curriculum, students in Project TND schools exhibited a reduction in cigarette use of 27% (p &lt; .05) relative to students in control schools. At 2-year follow-up, students in Project TND schools were about half as likely to use tobacco (p = .016) when compared with students in control schools.</td>
</tr>
<tr>
<td>Studies Measuring Outcome</td>
<td>Study 1, Study 2, Study 3, Study 4</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>3.3 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>

**Outcome 2: Marijuana and "hard drug" use**

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Self-reported frequency of marijuana and hard drug use in the past 30 days was measured at pretest, immediately after the Project TND intervention, and yearly for up to 5 years after the intervention. In some analyses presented, the measures were coded as &quot;user&quot; or &quot;nonuser,&quot; high pretest users were examined separately, and males and females were examined separately.</th>
</tr>
</thead>
</table>
| Key Findings | At 1-year follow-up across three studies, students in Project TND curriculum schools exhibited a 25% reduction in rates of hard drug use relative to students in control schools (p < .05). At 1-year follow-up of a study using an expanded 12-session TND curriculum, students in Project TND schools exhibited a reduction in marijuana use of 22% (p < .05) relative to students in control schools. At 2-year follow-up, students in Project TND schools were about...
### Outcome 3: School competence and achievement

**Description of Measures**

School competence and achievement were assessed using self-report items from two instruments:

- Self-Perception Profile for Children--Scholastic Competence Scale. Youth reported their ability to complete their homework.
- Big Brothers Big Sisters Outcome Survey. Youth reported whether or not in the past month they skipped a class without a valid excuse and skipped a day of school without a valid excuse.

**Key Findings**

Ten- to 16-year-old youth were randomly assigned to the intervention group, which participated in the Big Brothers Big Sisters Mentoring Program, or to a wait-list control group. Data were collected for both groups at baseline and at the 18-month follow-up. At the 18-month follow-up, youth in the intervention group felt more confident in their ability to complete their homework compared with youth in the control group (p < .01), and youth in the intervention group had skipped 37% fewer classes (p < .05) and 52% fewer days of school (p < .01) than youth in the control group.

### Outcome 4: Family relationships

**Description of Measures**

Family relationships were assessed using self-report items from two instruments:

- Big Brothers Big Sisters Outcome Survey. Youth reported the number of times the youth lied to their parent in the past...
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

- Inventory of Parent and Peer Attachment (IPPA). Youth reported their relationship with their custodial parent using the Relationship With Mother Scale of the IPPA, including the trust, communication, and anger and alienation subscales, as well as the summary parental relationship measure.

### Key Findings

Ten- to 16-year-old youth were randomly assigned to the intervention group, which participated in the Big Brothers Big Sisters Mentoring Program, or to a wait-list control group. Data were collected for both groups at baseline and at the 18-month follow-up. At the 18-month follow-up, fewer youth from the intervention group had lied to their parent compared with youth in the control group (p < .05). Also at the 18-month follow-up, youth in the intervention group had better relationships with their parent (p < .05) and more trust in their parent (p < .05) compared with youth in the control group; however, no statistically significant differences were found between groups in regard to communication, anger, and alienation.

### Studies Measuring Outcome

- Study 1

### Study Designs

- Experimental

### Quality of Research Rating

- 3.1 (0.0-4.0 scale)

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

- **Benefits minus cost, per participant**

- **According to the WSIPP study, this program strategy returns**
  - **$279**

  in savings that would otherwise be associated with education, substance abuse, teen pregnancy, child abuse and neglect, or criminal justice system.
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

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

<table>
<thead>
<tr>
<th>Scale</th>
<th>Result</th>
<th>Direction</th>
<th>N</th>
<th>Instruments used for this program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Approval of Use</td>
<td>significant improvement</td>
<td>181</td>
<td>PPG-Individual/Peer [PPG03]</td>
<td></td>
</tr>
<tr>
<td>Refusal Skills (Peer)</td>
<td>significant improvement</td>
<td>160</td>
<td>PPG-Individual/Peer [PPG03]</td>
<td></td>
</tr>
<tr>
<td>Risk of Use</td>
<td>significant improvement</td>
<td>184</td>
<td>PPG-Individual/Peer [PPG03]</td>
<td></td>
</tr>
<tr>
<td>Disapproval of Use (peer)</td>
<td>significant improvement</td>
<td>186</td>
<td>PPG-Individual/Peer [PPG03]</td>
<td></td>
</tr>
</tbody>
</table>

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>Wahkiakum</td>
<td></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>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>6-12 (Childhood)</td>
<td>60% Male</td>
<td>45% White</td>
</tr>
<tr>
<td></td>
<td>13-17 (Adolescent)</td>
<td>40% Female</td>
<td>36% Black or African American</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9% Hispanic or Latino</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8% Race/ethnicity unspecified</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2% American Indian or Alaska Native</td>
</tr>
</tbody>
</table>

9. **Quality of Research**

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

**Study 1**

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success


Supplementary Materials
Mentor Strength of Relationship Survey
Youth Outcomes Survey
Youth Strength of Relationship Survey

Quality of Research Ratings by Criteria (0.0-4.0 scale)
External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Initiation of drug use</td>
<td>2.7</td>
<td>2.7</td>
<td>3.2</td>
<td>2.8</td>
<td>3.2</td>
<td>3.3</td>
<td>3.0</td>
</tr>
<tr>
<td>2: Aggressive behavior</td>
<td>2.7</td>
<td>2.7</td>
<td>3.2</td>
<td>2.8</td>
<td>3.2</td>
<td>3.3</td>
<td>3.0</td>
</tr>
<tr>
<td>3: School competence and achievement</td>
<td>3.2</td>
<td>3.0</td>
<td>3.2</td>
<td>2.8</td>
<td>3.2</td>
<td>3.3</td>
<td>3.1</td>
</tr>
<tr>
<td>4: Family relationships</td>
<td>3.0</td>
<td>3.0</td>
<td>3.2</td>
<td>2.8</td>
<td>3.2</td>
<td>3.3</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Study Strengths
Mentors met with their assigned youth on a frequent basis (i.e., more than 70% met at least three times per month, and approximately 45% met at least once per week, with the average meeting lasting 3.6 hours), thus providing some measure of intervention fidelity. Attrition was relatively low in both the

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
intervention and wait-list control groups, and both the baseline and follow-up surveys were completed by approximately 84% of the total sample. The study had a large sample size and used random assignment. There were no important differences in characteristics between those assigned to the intervention group and those assigned to the control group. The analyses used were appropriate and very thorough. A variety of multivariate and subgroup analyses were conducted, and intent-to-treat analysis was used.

**Study Weaknesses**

Only alpha coefficients of measures were used to establish reliability. Although face validity was reported for the measures, other types of validity were not. There was no discussion of missing data other than a narrative report by the study authors, who stated that there were very little missing data.

**10. Readiness for Dissemination**

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

**Dissemination Materials**


Big Brothers Big Sisters of America, Agency Connection Web site, http://agencyconnection.bbbs.org/site/, including the following materials:

- Match Activity Workbook
- Parent Orientation Guide
- Preparing Volunteers Guide
- SDM Part 1--Checklist of Essential Practices
- SDM Part 1--Forms
- Service Delivery Job Descriptions and Interview Guide
- Service Delivery Model (SDM) Part 1 Manual

*Excellence in Prevention* is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

- Staff Guide for Orientation
- Supplemental Handouts
- Volunteer Selection Policy

Big Brothers Big Sisters of America, Learning Center training site, http://rod.sumtotalsystems.com/bbbs/app/SYS_login.aspx, including the following materials:
- BBBS Program Overview
- Customer Relations On-the-Job Training
- Enrollment and Matching On-the-Job Training
- Fundamentals of Youth Protection
- Match Support On-the-Job Training
- SDM for Customer Relations v.2
- SDM for Enrollment and Matching v.2
- SDM for Match Support v.2

Mentor Strength of Relationship Survey
Strength of Relationship Overview [PowerPoint slides]
Strength of Relationship Training and Fidelity [PowerPoint slides] Youth Outcomes Survey
Youth Strength of Relationship Survey

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)
External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:
1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>3.8</td>
<td>3.3</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
Dissemination Strengths
Extensive implementation materials are available online and provide detailed information on program implementation requirements, including the necessary budget, program policies, and organizational expectations. An affiliation agreement codifies these expectations, which require that implementing organizations adhere to the BBBSA policies. The program offers extensive online and in-person training, with curricula for staff and program managers. Self-assessment tools support quality assurance at various levels (e.g., individual staff, implementing organization).

Dissemination Weaknesses
Training materials for mentors are difficult to identify on the program Web sites. Although strength of relationship surveys are available for youth and mentors, it is not clear how they should be used to improve the program or support continuing strategic planning efforts.

11. Costs
The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Program Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fee (includes standards of practice, affiliation agreement, parent and volunteer orientation guides, information for orienting program staff, child protection materials, information for program performance managers, information on agency development for regional staff, and surveys)</td>
<td>Varies depending on site resources (minimum of $150,000 per year for 3 years)</td>
<td>Yes</td>
</tr>
<tr>
<td>Agency Information Management (AIM) System</td>
<td>$2,000-$12,000 depending on the number of youth served</td>
<td>No</td>
</tr>
<tr>
<td>Role-specific training for various levels of staff</td>
<td>Included in membership fee</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Additional Information
Additional resources can be accessed for free at http://www.lifeskillstraining.com. Resources include the LST Planning Workbook, grant writing support, and curriculum samples.

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
12. Contacts

For information on implementation or research:

Keoki Hansen
(315) 254-9759
keoki.hansen@bbbs.org

Learn More by Visiting: http://www.bigbrothersbigsisters.org