

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

Name of Program/Strategy: Too Good for Drugs

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1. Overview and description

Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. TGFD has developmentally appropriate curricula for each grade level through 8th grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curricula each include 10 weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.

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2. Implementation considerations (if available)

Too Good for Drugs is a companion program to Too Good for Violence (TGFV), reviewed by NREPP separately. At the high school level, the programs are combined in one volume under the name Too Good for Drugs & Violence High School.

3. Descriptive information

Areas of Interest	Substance abuse prevention
Outcomes	1: Intentions to use alcohol, tobacco, and marijuana and to engage in violence 2: Risk and protective factors for substance use and violence 3: Personal and pro-social behaviors
Outcome Categories	Alcohol Drugs Social functioning Tobacco Violence
Ages	6-12 (Childhood) 13-17 (Adolescent)
Gender	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	Urban Suburban Rural and/or frontier
Implementation History	Since TGFV was first implemented in 1980, it has been used in approximately 3,500 school systems in all 50 States and has reached an estimated 20 million students.

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	The program also has been implemented in a U.S. Department of Defense school in Bad Kissingen, Germany; in Canada; and in the Netherlands Antilles (Sint Eustatius and Sint Maarten).
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	No population- or culture-specific adaptations were identified by the applicant.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Universal

4. Outcomes

Outcome 1: Intentions to use alcohol, tobacco, and marijuana and to engage in violence

Description of Measures	A 4-item instrument developed for the study was used to gauge students' intentions to use alcohol, tobacco, and marijuana and to engage in fighting within the next 12 months. The 5-point response scale ranged from "strongly agree" to "strongly disagree." Student responses to the items were dichotomized to represent confidence in intentions to not use substances or violence versus less certainty about intentions to use (or current use).
Key Findings	<p>In one study, from pre- to post-test, the proportion of students with intentions to drink alcohol was significantly reduced in the treatment group compared with the control group, which received a standard physical education curriculum ($p < .05$). The proportions of students with intentions to smoke, use marijuana, or engage in fighting also were reduced in the treatment group compared with the control group, but the differences between the two groups were not statistically significant.</p> <p>In a second study, from pre- to posttest, the proportions of students with intentions to drink alcohol and smoke were significantly reduced for the treatment group compared with the wait-list control group ($p = .02$ and $.04$, respectively). During the same time, the intention to use marijuana also was reduced for the treatment group compared with the control group, but the difference between the two groups was not statistically significant.</p> <p>At 20-week follow-up, the proportions of students with intentions to drink alcohol, smoke, and use marijuana were reduced in the</p>

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	treatment group compared with the control group, but the differences between the two groups were not statistically significant.
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental
Quality of Research Rating	2.8 (0.0-4.0 scale)

Outcome 2: Risk and protective factors for substance use and violence

Description of Measures	<p>Attitudes and skills related to substance use and/or violence were measured using:</p> <ul style="list-style-type: none"> • An instrument developed for the study comprising 61 Likert-type, self-report items with responses ranging from "strongly agree" to "strongly disagree." These items were grouped into nine subscales representing protective factors associated with young people's resistance to substance and violence use: positive attitudes toward nondrug use, positive attitudes toward nonviolence, perceived peer normative substance and violence use, perceived peer disapproval of substance and violence use, emotional competence, goal-setting and decision-making skills, social and peer resistance skills, perceived harmful effects of substance use, and perceived parental attitudes toward substance use. Higher scores indicated more positive perceptions or behaviors. • An instrument developed for the study comprising 19 Likert-type, self-report items with responses ranging from "strongly agree" to "strongly disagree." The items were grouped into six subscales representing personal risk and protective factors or mediating variables associated with young people's resistance to substance use: perceived peer resistance skills, positive attitudes toward nondrug use, perceived peer normative substance use, perceived peer disapproval of substance use, pro-social peers, and locus of control/self-efficacy. Higher scores indicated more positive perceptions or behaviors. • The Student Survey Questionnaire, comprising 30 Likert-type, self-report items with responses ranging from "strongly disagree" to "strongly agree." Student responses were grouped into five subscales representing protective factors associated with children's resiliency to social challenges: attitudes toward drugs, emotional competency, goal-setting and decision-making skills, social and peer resistance skills, and perceived harmful effects of substance use. Higher scores indicated more
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	positive levels of attitudes, perceptions, or skills.
Key Findings	<p>In one study, from pre- to posttest, students in the treatment group had significantly increased scores in eight of nine protective areas compared with students in the control group, who received a standard physical education curriculum (all p values < .01). Although the treatment group had improvement in parent-child interactions and discussions, the difference between the treatment and control groups at posttest was not statistically significant.</p> <p>In another study, from pre- to posttest, students in the treatment group had significantly increased scores in all six risk and protective areas compared with students in the wait-list control group (all p values < .01). At 20-week follow-up, the difference between the groups remained statistically significant in only four of the six risk and protective areas (i.e., perceived peer resistance skills, perceived peer normative substance use, perceived peer disapproval of substance use, locus of control/self-efficacy; all p values < .01).</p> <p>In a third study, from pre- to posttest, students in the treatment group had significantly increased scores in four of five protective areas (i.e., emotional competency, social and peer resistance skills, goal-setting and decision-making skills, perceived harmful effects of substance use) compared with students in the wait-list control group (all p values < .01). At 4-month follow-up, the difference between the groups remained statistically significant in only goal-setting and decision-making skills (p < .01).</p>
Studies Measuring Outcome	Study 1, Study 2, Study 3
Study Designs	Experimental
Quality of Research Rating	2.9 (0.0-4.0 scale)

Outcome 3: Personal and pro-social behaviors

Description of Measures	<p>Personal and pro-social behaviors were measured using a teacher checklist of student behavior.</p> <p>Teachers responded to 23 behavioral items using a 5-point scale ranging from 1 (never) to 5 (almost always). The responses to items were grouped into three protective subscales associated with a student's social adaptability: personal and social skills, positive social behaviors, and inappropriate social behaviors.</p>
Key Findings	From pre- to posttest, students in the treatment group showed significantly increased use of personal and social skills, increased engagement in pro-social behaviors, and decreased engagement in

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	inappropriate social behaviors compared with students in the wait-list control group (all p values < .01). These results were maintained at 4-month follow-up.
Studies Measuring Outcome	Study 3
Study Designs	Experimental
Quality of Research Rating	2.9 (0.0-4.0 scale)

- 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)**
- 6. Washington State results (from Performance Based Prevention System (PBPS) – if available)**

Scale	Result	Direction	N	Instruments used for this program
Personal Competence	significant	improvement	44	AM Personal Competence [Y6]

7. Who is using this program/strategy

Washington Counties	Oregon Counties

8. Study populations

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

Study	Age	Gender	Race/Ethnicity
Study 1	13-17 (Adolescent)	51% Male 49% Female	68% White 20% Hispanic or Latino 9% Black or African American 2% Asian 1% American Indian or Alaska Native

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Study 2	6-12 (Childhood)	52% Female 48% Male	48% White 33% Black or African American 13% Hispanic or Latino 6% Asian
Study 3	6-12 (Childhood)	51% Male 49% Female	71% White 17% Black or African American 10% Hispanic or Latino 2% Race/ethnicity unspecified

9. Quality of studies

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

Study 1

Bacon, T. P. (2001). Impact on high school students' behaviors and protective factors: A pilot study of the Too Good for Drugs and Violence prevention program. Florida Educational Research Council, Inc., Research Bulletin, 32(3 & 4), 1-40.

Study 2

Bacon, T. P. (2000). The effects of the Too Good for Drugs II drug prevention program on students' substance use intentions and risk and protective factors. Florida Educational Research Council, Inc., Research Bulletin, 31(3 & 4), 1-25.

Study 3

Bacon, T. P. (2003). Technical report: Evaluation of the Too Good for Drugs--elementary school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL.

Supplementary Materials

Bacon, T. P. (2001). Evaluation of the Too Good for Drugs and Violence - high school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL.

Bacon, T. P. (2002, April). Resiliency of students' protective factors using a school-based drug prevention

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program. Paper presented at the Annual Conference of the American Educational Research Association, New Orleans, LA.

Bacon, T. P. (2004). Technical report: Evaluation of the Too Good for Drugs--middle school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL.

Bacon, T. P. (2004). Technical report: Pilot study of the Too Good for Drugs and Violence after-school activities program. A project funded by the C. E. Mendez Foundation, Inc., Tampa, FL.

Patterson, G. A. (2004). Too Good for Drugs: Elementary school fidelity of implementation. Prepared for the School District of Palm Beach County, FL, and the Florida Department of Education.

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.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Intentions to use alcohol, tobacco, and marijuana and to engage in violence	2.5	2.3	3.0	2.9	2.9	3.0	2.8
2: Risk and protective factors for substance use and violence	2.8	2.6	3.0	3.0	3.0	3.1	2.9
3: Personal and pro-social behaviors	3.0	2.5	3.1	3.0	2.9	3.2	2.9

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Study Strengths

Standardized program implementation was established to guide how the program was conducted, and implementation fidelity was monitored by observations and surveys. Appropriate procedures were used to control for attrition, missing data, and potential confounding variables.

Study Weaknesses

The psychometric properties of the instruments developed for the studies were not adequately presented. For some of the measures, criterion validity was not confirmed (i.e., the instruments were not compared with more established measures). Similarly, the results of factor analysis were not presented to demonstrate the instruments' validity.

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

Mendez Foundation. (n.d.). Too Good Programs catalog. Tampa, FL: Author. Mendez Foundation kits:

- Too Good for Drugs & Violence After-School Activities Kit
- Too Good for Drugs & Violence High School Kit
- Too Good for Drugs Grade 1 Kit
- Too Good for Drugs Grade 3 Kit
- Too Good for Drugs Grade 6 Kit

Mendez Foundation training materials:

- Too Good for Drugs & Violence After-School Activities curriculum training packet
- Too Good for Drugs & Violence High School curriculum training packet
- Too Good for Drugs & Violence Staff Development Kit
- Too Good for Drugs K-8 curriculum training packet
- Too Good Programs Regional Trainings [brochure]
- Too Good Programs Training of Trainers Manual

Program Web site, <http://mendefoundation.org>

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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.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	4.0	4.0	4.0

Dissemination Strengths

Program materials are clearly presented, well organized, and easy to read. Curricula are well scripted and formatted for easy use in a classroom setting. Lesson extenders greatly enhance implementation opportunities. High-quality training materials are provided to facilitate multiple training levels and formats, including on- and off-site, regional, training-of-trainers, and refresher trainings. A variety of tools are provided to support quality assurance, including scripted curricula, implementation fidelity instruments for each grade level, and outcome monitoring measures. In addition, extensive guidance explains how to administer quality assurance tools, score the data collected, and analyze the results.

Dissemination Weaknesses

No weaknesses were identified by reviewers.

11. Costs (if available)

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.

Item Description	Cost	Required by Program Developer
Too Good for Drugs K-8 grade-specific kit (each includes the teacher's manual; 50 student workbooks; and age-appropriate teaching materials including	\$100-\$130 each	Yes

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posters, puppets, CDs, DVDs, and/or games)		
Too Good for Drugs & Violence high school kit (each includes the teacher's manual; 50 student notebooks; age-appropriate teaching materials including posters, puppets, CDs, DVDs, and activities; and TGFDV staff development program and 12 core infusion lessons)	\$750 each	Yes
Too Good for Drugs & Violence After-School Activities kit (each includes the facilitator's guide and age-appropriate teaching materials including posters, puppets, CDs, DVDs, and games)	\$595 each	Yes
Too Good for Drugs & Violence Staff Development kit (includes the facilitator's guide and 50 participant workbooks)	\$250 each	Yes
1-day, on-site curriculum training	\$2,000 for groups of 10-50 participants, plus travel expenses	No
Train-the-trainer session	\$400 per person per day	No
1-day, off-site curriculum training	\$295 per person per day	No
Implementation design and technical assistance before, during, and following program implementation	Free	No
Student behavior checklist, student outcome survey, student knowledge test, teacher implementation instrument, and classroom observation checklist	Included with kits	No

Additional Information

Kit components may be purchased individually.

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12. Contacts

For information on implementation:

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