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# DRUG ABUSE PREVENTION FOR THE GENERAL POPULATION

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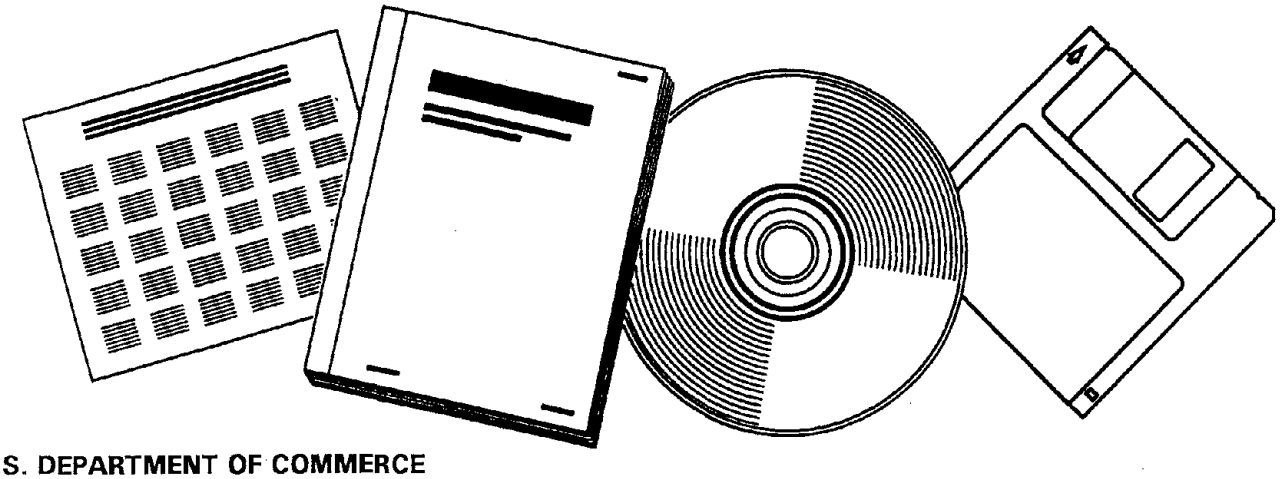


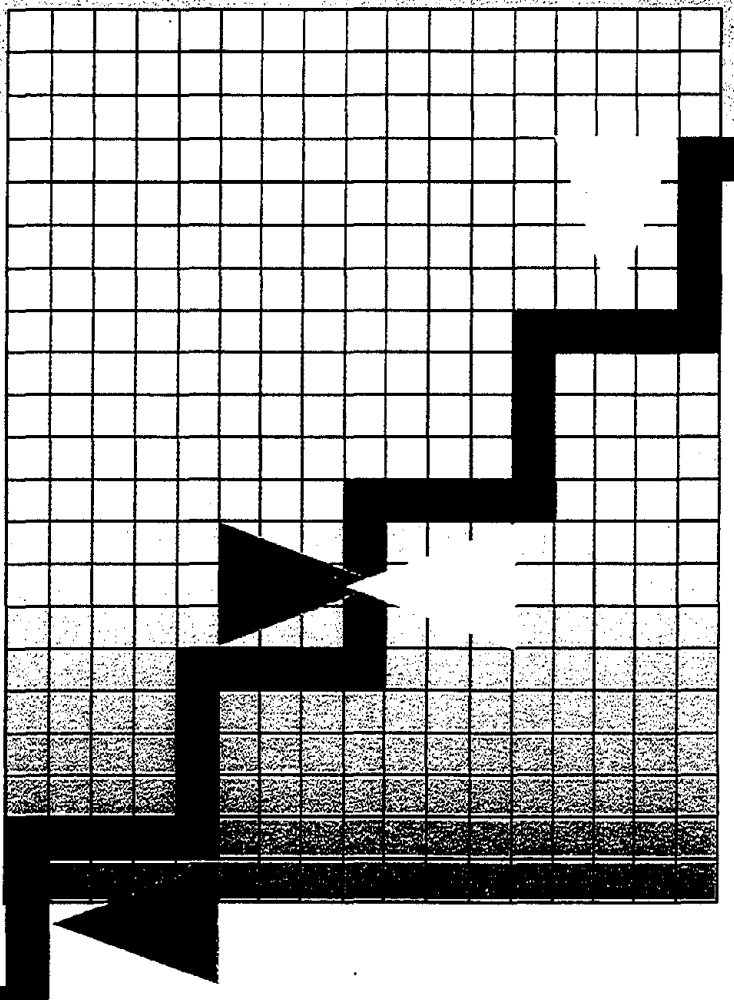
U.S. DEPARTMENT OF COMMERCE
National Technical Information Service

NATIONAL INSTITUTE ON DRUG ABUSE

AN ALLIANCE FOR THE 21ST CENTURY



# Drug Abuse Prevention for the General Population





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National Institute on Drug Abuse

# Drug Abuse Prevention for the General Population

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# HOW TO USE THE DRUG ABUSE PREVENTION RESEARCH DISSEMINATION AND APPLICATIONS MATERIALS

Despite the best efforts of the Federal, State, and local governments, drug abuse continues to pose serious threats to the health, and social and economic stability of American communities. The causes of and factors associated with drug abuse are complex and vary across different segments of the population. To be effective, prevention programs must address not only the drug abuse behavior itself but also the relevant cultural, ethnic, regional, and other environmental and biopsychosocial aspects of the population segments being targeted for the prevention efforts. Therefore, it is important to match the program with the population it is to serve and the local community context within which it is to be implemented. The challenge for prevention practitioners is to select, modify, or design prevention strategies that will meet the needs of their constituencies, whether they comprise a whole community or specific segments within a community.

The Drug Abuse Prevention Research Dissemination and Applications (RDA) materials, of which this resource manual is a part, are designed to help practitioners plan and implement more effective prevention programs based on evidence from research about what works. These materials provide practitioners with the information they need to prepare their communities for prevention programming and to select and implement drug abuse prevention strategies that effectively address the needs of their local communities. These materials are intended for use by prevention practitioners who vary in their training and experience in the field but who are interested in developing prevention programs in their communities. The target audience for these documents includes prevention program administrators, prevention specialists, community volunteers, community activists, parents, teachers, counselors, and other individuals who have an interest in drug abuse and its prevention.

The set of materials contains seven documents. Four pieces comprise a core set of materials that are packaged and distributed together and that provide the foundations needed to begin planning effective prevention programs. The remaining three manuals, of which this is one, can be ordered separately. They provide more detailed information on how to implement specific prevention strategies. The four components of the core set of materials are:

- A *brochure* describes the contents of this set of RDA materials and provides information about how prevention practitioners can obtain these materials.

- *Drug Abuse Prevention: What Works* is a handbook that provides an overview of the theory and research on which these materials are based. It includes a definition of prevention, descriptions of drug abuse risk and protective factors, and a

discussion of the key features of three prevention strategies—universal, selective, and indicated—that have proven effective. The handbook also explains how prevention efforts can be strengthened by using knowledge gained through research.

- *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools* is a resource manual that introduces the concept of community readiness for drug abuse prevention programming. The manual defines community readiness and provides a rationale for assessing a community's readiness prior to the planning or implementation of drug abuse prevention activities. It then identifies seven factors for assessing a community's readiness and offers strategies for increasing readiness factors found to be deficient.

- *Drug Abuse Prevention and Community Readiness: Training Facilitator's Manual* is a 9-hour, modular training curriculum, designed for use by training facilitators in introducing prevention practitioners and community members to the basic theory of drug abuse prevention and the three prevention strategies. The facilitator's manual also provides them with the skills to assess and increase the readiness of a community to launch a prevention effort. The curriculum includes talking points for lectures, instructions for conducting discussions and exercises, and overheads and handouts.

These four core components are intended to be used together as a set. Three stand-alone documents provide more intensive guidance on implementing the three prevention models introduced in the core set of materials. Each manual provides more detailed information about the strategy, including a rationale for its use, and a description of a research-based program model that illustrates the strategy. Information is provided on the key elements of the program, issues that need to be addressed to implement the program successfully, and resources that practitioners can access for more information about the program. These models have been selected because National Institute on Drug Abuse (NIDA) research indicates that these programs have been effective in preventing adolescent drug abuse. The following are the three stand-alone resource manuals:

- *Drug Abuse Prevention for the General Population* discusses the history and key features of universal prevention programs. The Project STAR Program—a communitywide program designed to teach adolescents the skills necessary to counteract the psychosocial influences that increase the likelihood of substance abuse—is described as an illustration of a universal prevention strategy.

- *Drug Abuse Prevention for At-Risk Groups* discusses the history and key features of selective prevention programs. The Strengthening Families Program—a family-focused program targeting children ages 6 to 10 whose parents are substance abusers—is described as an illustration of a selective prevention strategy.

- *Drug Abuse Prevention for At-Risk Individuals* discusses the history and key features of indicated prevention programs. The Reconnecting Youth Program—a school-based program targeting 9th- through 12th-grade students who are at risk for dropping out of school, substance abuse, and suicidal behavior—is described as an illustration of an indicated prevention strategy.

These examples of universal, selective, and indicated prevention illustrate how different communities have implemented these approaches effectively and show how the models can be varied in different settings. Their inclusion in these materials does *not* imply an endorsement by NIDA. More information on these program models can be found in a video prepared by NIDA titled *Coming Together on Prevention*, which is available from the National Clearinghouse for Alcohol and Drug Information (NCADI). (See appendix A.) If prevention practitioners determine that one or more of these case examples might be appropriate for their communities, they can use the relevant resource manual as a supplement to the core RDA package. The stand-alone resource manuals are not included as part of the RDA core package and have to be ordered separately. Figure 1 shows how a practitioner might use the documents in this set of RDA materials. Appendix A provides information on how to order the RDA core package, the stand-alone manuals, the video, and other materials on the three programs.

These RDA materials are not intended to be an all-inclusive discourse on drug abuse prevention and programming. The programs presented as illustrations of the three prevention strategies all target children or adolescents. This selection is purposeful because this population has been the major thrust of policy, research, and program efforts. This does not imply that there are no effective drug abuse prevention efforts targeting adults, only that this topic is beyond the scope of these materials.

Throughout this resource manual and the other documents in the drug abuse prevention RDA materials, *substance abuse* is used to refer to illicit drug and alcohol abuse and the use of tobacco products. Readers unfamiliar with the substance abuse and prevention terms used throughout this manual are referred to the Center for Substance Abuse Prevention (CSAP) *Prevention Primer: An Encyclopedia of Alcohol, Tobacco, and Other Drug Prevention Terms* referenced in appendix A.

**Purpose of This Resource Manual**

The purpose of this resource manual, *Drug Abuse Prevention for the General Population*, is to provide the reader with an increased understanding of the concept of universal prevention of drug abuse. Universal prevention strategies target an entire population of a community to deter the onset of substance abuse. This manual describes the key features of universal prevention strategies, briefly describes some examples of successful universal prevention programs implemented in different settings, and then presents a detailed description of the Midwestern Prevention Project (MPP), Project STAR—a communitywide universal prevention program that targets an entire community. This manual is intended for use by prevention practitioners who are interested in learning more about universal prevention strategies and potentially implementing such a program or programs in their local communities.

The primary objectives of this resource manual are to:

- Provide an overview of the key features of universal prevention;
- Demonstrate that universal prevention strategies work by presenting a summary of some of the research on universal prevention programs;
- Motivate the reader to consider initiating and/or participating in universal prevention efforts;
- Provide guidance to the reader who may be considering implementing a universal prevention program; and
- Describe the MPP Project STAR, which is one example of a successful universal community-based prevention program.

Specifically, this manual presents an overview of relevant literature on the research-based theory of universal prevention programming, including a summary of the history and key features of universal prevention programs. A brief review of the most current research on universal prevention is included, along with discussions of some examples of successful universal prevention programs, including the use of universal prevention strategies in ethnic minority communities.

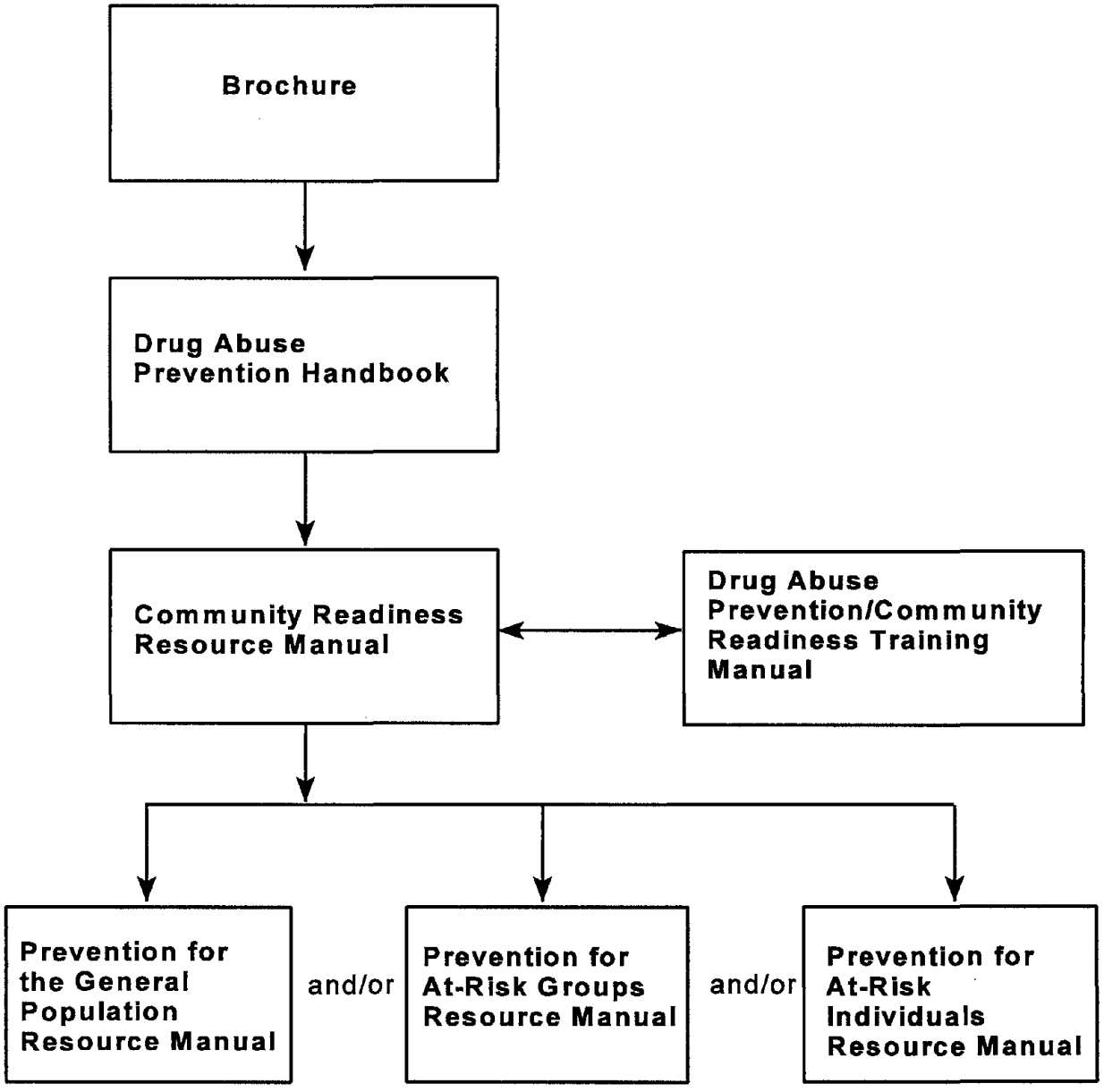
Finally, this manual presents a detailed discussion of the Project STAR universal prevention approach. The discussion addresses the rationale for the inclusion of Project STAR in this set of RDA materials, the key elements of the Project STAR model, the approach to the implementation of this program model, significant research findings about the program, and issues and other points to consider in the implementation of the Project STAR model. Information also

is included on resources such as Project STAR program materials, training resources, and other technical assistance resources that are available for the reader who wishes to implement the Project STAR program in his or her community.

Figure 1

## Drug Abuse Prevention

### Research Dissemination and Applications Materials



## INTRODUCTION TO UNIVERSAL PREVENTION

Universal prevention refers to strategies that target all members of the general population of a community to increase their resistance to drug abuse. These types of programs are administered to populations that are expected to benefit as a group from the prevention effort. Populations targeted by universal prevention programs may include teenagers, senior citizens, employees, or other adults within the community. Universal prevention programs often use mass media—for example, television programs and advertising campaigns.

### Two Conceptual Models of Prevention

Traditionally, prevention efforts have been conceptualized within a public health model in which strategies to combat substance abuse have been organized along a continuum of primary, secondary, and tertiary prevention (Commission on Chronic Illness 1957; CSAP 1991).

- The goal of *primary prevention* is to protect individuals who have not yet begun to use substances, thereby decreasing the incidence of new users.

- The goal of *secondary prevention* (also called early intervention) is to intervene with persons in the early stages of substance abuse or exhibiting problem behaviors associated with substance abuse to reduce and/or eliminate substance use.

- The goal of *tertiary prevention* (treatment) is to end substance dependency and addiction and/or ameliorate the negative effects of substance abuse through treatment and rehabilitation.

In response to criticism of the public health model, the Institute of Medicine (IOM 1994) proposed a new framework for classifying prevention based on Gordon's (1987, pp. 20-24) operational classification of disease prevention. The IOM model divides the continuum of care into three parts: prevention, treatment, and maintenance. The prevention category is further divided into three classifications—universal, selective, and indicated prevention interventions, which replace the confusing concepts of primary, secondary, and tertiary prevention. Universal prevention strategies address the entire population (national, local community, school, neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, school dropouts, or students who are failing academically. Indicated prevention strategies are designed to prevent the onset of substance abuse in specific individuals who do not yet meet DSM-III-R or DSM-IV criteria for addiction but who are showing early danger signs, such as falling grades and use of alcohol and other gateway drugs.

Universal Prevention Intervention Strategies

The mission of *universal prevention* is to deter the onset of drug abuse by providing all individuals in a population with the information and skills necessary to prevent the problem. All members of the population share the same general risk for drug abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for drug abuse risk status of the individual program recipients. The entire population is assumed to be at-risk for substance abuse.

Universal programs may be quite comprehensive and expensive, but they reach a big audience. Consequently, the cost per person reached is usually lower than in the other two strategies, even though the total cost may be greater. Indicated programs, although they may be comparatively less expensive to implement, have a high cost per person reached and require an intensive commitment of resources to each individual targeted (e.g., several hours a day, for many weeks or months).

Selective Prevention Intervention Strategies

*Selective prevention* interventions target specific subgroups of the population that are believed to be at greater risk than others. The targeted subgroups may be defined by age, gender, family history, place of residence (e.g., high drug-use or low-income neighborhoods), and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, whereas another individual in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.

Indicated Prevention Intervention Strategies

The mission of *indicated prevention* is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with drug abuse and to target them with special programs. The individuals targeted at this stage, although showing signs of early substance use, have not yet reached the point where a clinical diagnosis of substance abuse, as defined by DSM-III-R or DSM-IV criteria, can be made. They are exhibiting substance abuse-like behavior, but at a subclinical level. Indicated prevention approaches are used for individuals who may or may not yet be abusing substances but exhibit risk factors—such as school failure, interpersonal social problems, delinquency, and other antisocial behaviors and psychological problems such as depression and suicidal behavior—that increase their chances of developing a substance abuse problem. Indicated prevention programs typically address risk factors associated

with the individual, such as low self-esteem, conduct disorders, and alienation from parents, school, and positive peer groups. The aim of indicated prevention programs is not just the reduction in first-time substance abuse but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Youth also may volunteer themselves to participate in indicated prevention programs.

These three types of prevention do not correspond at all with the public health model of primary, secondary, and tertiary prevention. The overall aim of all these strategies is to reduce the number of new cases of drug abuse, as defined by DSM-III-R or DSM-IV. In addition, these interventions are designed to reduce the duration of the early signs of substance abuse and halt the severity and intensity of the progression of substance abuse.

For more information on these three prevention approaches, the reader is referred to *Drug Abuse Prevention: What Works* available through NCADI (see appendix A).

Risk Factors

Vulnerability to drug abuse varies greatly among individuals, depending on risk factors. Some individuals are considered to be at risk by virtue of risk factors such as low self-esteem, genetic susceptibility, association with peers who use drugs, parents who are alcoholic or who express a permissive attitude toward drug use, or school or community norms that support drug abuse. Nevertheless, given the right circumstances, anyone can develop a drug abuse problem at some time in his or her life. Universal prevention programs, therefore, are desirable for all members of a given population and are designed to reach the entire population with messages designed to prevent the onset of substance abuse. Universal strategies can help establish or reinforce norms against and build awareness about substance abuse. Consequently, if there are risk factors associated with the school, neighborhood or community, a universal prevention program may be needed for everyone in the population.

## History of Universal Prevention

Universal prevention is not new. Since the late 1960s, researchers, prevention program implementers, and community leaders have struggled to identify effective universal prevention strategies that could be adopted for drug abuse prevention. For example, included among these strategies were:

- Scare tactics of the late 1960s, which relied on inaccurate or exaggerated information to scare youth away from drug abuse;

- Single-issue educational programs of the early 1970s, which focused on individuals making *responsible* choices about drug abuse through education;

- Alternative *activities* programs of the late 1970s, which were designed to meet the needs that drug users claimed were met by drugs through drug-free activities; and

- *Grassroots* parent and community programs of the late 1970s and early 1980s, which placed pressure on community institutions to strengthen policies against substance abuse.

Despite their promise, however, all these types of universal prevention efforts fell short of significantly impacting drug abuse. Other universal strategies, such as *responsible use* programs, failed to prevent substance abuse altogether, and some even resulted in increased substance abuse (U.S. Department of Education 1987). There were many factors thought to be responsible for the failure of past universal prevention efforts, including:

- Inadequate prevention planning;

- Failure to recognize the differences between types of substances and the causes of their use;

- Failure to consider individual differences;

- Failure to reach youth who were at risk;

- Use of ineffective programs;

- Ineffective program implementation;

- Inappropriate focus on single-issue programs; and

- Use of inadequate program evaluation strategies.

The outcome of this experience led researchers, such as Hawkins and Catalano (1992) and Dupont (1989), to examine the role of risk and protective factors related to substance abuse in the design of prevention efforts. Of the risk and protective factors associated with substance abuse, research has shown that psychological and social influences (*psychosocial* influences) and early use are the most significant predictors of substance abuse. Examples of psychosocial influences that contribute to substance abuse include:

- Negative social behavior or aggressive behavior;

- Early onset of substance abuse;
- Lack of participation in positive social activities;
- Social norms accepting of substance abuse; and
- Exposure to situations and environments where substances are readily available and accessible (Pentz 1995, pp. 62-92).

Psychosocial influences are present in all the five areas that prevention efforts target—the individual, the peer group, the school, the family, and the community. However, universal programs tend to focus drug abuse prevention efforts in one or more of three of these areas—the school, the family and/or the community. The following is a discussion of prevention efforts in each of these areas.

School-Based Universal Programs

School-based universal prevention programs include information programs, education curriculums such as peer resistance training, school climate change programs such as changes in drug-related school policies and instruction, and school antidrug use coalitions. Several examples of school-based universal prevention programs are described below.

The Say No to Drugs and Alcohol program, a local school-based program in Tempe, Arizona, is designed to be part of the school curriculum for all students in fourth through eighth grades. There are several components of the program:

- Teachers complete a 12-hour training program to learn about substance abuse prevention and the effects of substances.
- Students participate in a 5-day prevention program that is incorporated into their regular lesson plans.
- The program is supplemented by parents' nights, which are attended by community parents.
- There are media campaigns, monthly classes for teachers and parents, and technical assistance for communities wishing to implement the program.

In 1 year, more than 18,000 students and nearly 800 teachers in 31 schools participated in this program, and 4,500 parents attended the supplemental parents' nights.

The Life Skills Training (LST) program (Botvin et al. 1990a) is an important example of a comprehensive school-based universal program that focuses on skills development as a primary means for substance abuse prevention. The work of Botvin and his colleagues at the Cornell University Medical Center Institute for Prevention Research has shown that a cognitive-behavioral prevention approach that teaches resistance skills is effective over the long term in reducing the prevalence of substance abuse among adolescents (Botvin et al. 1990b; Botvin and Botvin 1992).

Specifically, LST researchers have developed a broad-spectrum, skills training approach to teach middle and junior high school students the information and skills necessary to resist the social influences to use substances and the *life skills* necessary to increase their overall competence and promote the development of protective factors.

The LST program focuses on the development of topic-specific knowledge and skills and generic personal and social skills to help students deal more effectively with the social influences to smoke, drink, or use marijuana and to deal with life as an adolescent. The program focuses on some of the psychosocial factors that are associated with substance abuse to:

- Demonstrate the long-term durability of the effects of this cognitive-behavioral approach;

- Assess the generalizability of the approach across different substances, such as alcohol, tobacco, and marijuana; and

- Determine the differential impact of the approach on different levels of substance involvement, such as occasional substance abuse vs. serious levels of substance abuse.

The LST program approach has been implemented successfully with middle and junior high school youth from predominantly white, middle-class, two-parent families, as well as with urban African-American and Hispanic/Latino youth. The program consists of 12 skills development units that are taught by regular classroom teachers over 15 class sessions during the student's 7th-grade year. The program sessions, which are integrated into a school subject area, preferably health education or drug education, focus the content of the skills development activities on the following areas:

- Substance abuse information;

- Decisionmaking;

- Media influences;

- Self-directed behavior change;
- Anxiety management;
- Communication skills;
- Social skills; and
- Assertiveness.

In addition to the initial 15 class sessions taught during the 7th-grade year, the LST program contains 15 *booster* class sessions: 10 sessions conducted during the 8th grade and 5 sessions taught during the 9th grade. The purpose of these booster sessions is to demonstrate that, by providing ongoing prevention involvement, the initial effects of the prevention program can be enhanced; that is, the effects of the program will be maintained over the long term.

The format for the delivery of the LST program consists of a combination of several teaching techniques, including demonstration, behavioral rehearsal, feedback and reinforcement, and behavioral *homework* assignments. These techniques are used by regular teachers to help students acquire specific skills for enhancing their self-esteem, resisting advertising pressure to use substances, managing anxiety, communicating effectively in interpersonal situations, developing personal relationships, and asserting their rights in interpersonal interactions.

Long-term followup (up to 6 years) results of the LST program have provided clear evidence that this program can effectively reduce the prevalence of substance abuse. This school-based program has demonstrated effectiveness in reducing alcohol, tobacco, and marijuana use by adolescents, with such reductions lasting for as long as to the end of high school. Specifically, when the LST program model was faithfully implemented (i.e., at least 60 percent% of the program was administered during the seventh, eighth, and ninth grades) the program produced statistically significant and clinically meaningful reductions in the use of gateway drugs. Alcohol, tobacco, and marijuana are called gateway drugs because they are typically the ones young people first experiment with before moving on to such drugs as inhalants, cocaine, and heroin. These results demonstrate that a broad-spectrum, cognitive-behavioral skills training prevention approach needs to focus on domain-specific as well as generic skills development to effectively lower substance abuse even through the end of the 12th grade.

Family-Based Universal Programs

Family-based universal prevention programs include parent education groups and lectures, parental support services, parent skills training, and family skills training. These programs are often support groups or education programs offered to parents through the school system.

Universal family-based programs include wide dissemination efforts to families within the general population, such as the Preparing for the Drug-Free Years (PDFY) program of Hawkins and colleagues (1987). This program was implemented through school and community agencies in Oregon.

Talking With Your Kids About Alcohol, a program developed by the Prevention Research Institute, Inc, is an example of a universal prevention program designed for parents in Kentucky (National Association of State Alcohol and Drug Abuse Directors 1987). The program is designed to reach the general population of rural and urban, racially and ethnically diverse, low- and middle-income parents. It provides training for parents in a four-session program by providing facts about alcoholism and its causes. The training helps parents discuss alcoholism with their children.

Community-Based Universal Programs

Community-based universal prevention programs are strategies that are applied throughout the community in a sustained, highly integrated approach that targets and involves diverse social systems such as families, schools, workplaces, media, governmental institutions, and community organizations. Community-based (also referred to as community-focused and communitywide) universal prevention efforts involve public awareness campaigns, community mobilization efforts, community coalitions and task forces, school and community partnerships, and church-sponsored youth groups.

The Prevention Resource Center of Springfield, Illinois, for example, sponsors community-based universal prevention strategies. The center provides prevention services to organizations such as parent groups and schools, trains individuals in technical assistance, and promotes prevention. The center accomplishes these activities through retreats, workshops, conferences, an information clearinghouse, newsletters, and a prevention program.

An example of a community-based universal prevention program developed from research is the Midwestern Prevention Project (Project STAR). Project STAR involves multiple program components that are delivered within a broad community context and is described in detail later in this resource manual, as an operationalized example of a universal prevention program.

## Key Features of Universal Prevention Programs

Universal prevention programs vary widely in type, size, structure, and design. However, regardless of the specific type or design of universal programs, they all share certain common characteristics or key features. These key features include the following:

- Participants in universal prevention programs are large segments of the general population, such as high school students or elderly residents of the community.

- The programs are designed to delay or prevent initiation of substance abuse. Effects are determined by the ability of the programs to depress the normal rate of increase in adolescent use.

- Participants are not recruited to participate in the programs. When determining the target population of the universal prevention effort, implementers do not explicitly solicit the participation of the population.

- The degree of individual risk of the program participants is not assessed. Participants are included in the program whether or not they are at risk for substance abuse.

- Universal prevention programs tend to be less intensive, that is, they have lower staff-to-program participant ratios and require a smaller time commitment and effort on the part of participants.

- Universal programs tend to be less intrusive, that is, they do not attempt to resolve the personal or environmental problems that lead to substance abuse.

- Staff of universal prevention programs generally are not required to be highly skilled in the area of substance abuse prevention. They can be professionals from other fields, such as teachers or school counselors, who have been trained to deliver the universal prevention program.

- Universal prevention programs require fewer staff because these programs target the general population of a community rather than specific individuals.

- Universal prevention programs often cost less on a per-person basis because they are targeted not to individuals but to an entire population. Therefore, universal programs cost less to administer.

- The effects of universal programs are difficult to measure because it is difficult to determine the recipients of the program services. Because universal prevention programs target the general population, it is difficult to isolate the effects of the program from other environmental influences.

**Why Consider Universal Prevention?**

The purpose of universal prevention programs is to deter the onset of substance abuse by providing all members in a given population with the information and skills necessary to reject substance abuse. Therefore, universal prevention programs are considered when the prevention effort:

- Targets all eligible members of the general population of a community without regard either to their membership in an at-risk subgroup or their individual risk factors;

- Targets populations that are expected to benefit as a group from the prevention programs; and

- Is considered to be desirable for everyone in the eligible population.

By increasing the drug-use resistance skills of everyone in the target population, universal programs benefit persons at risk even though their risk factors are not specifically addressed.

Universal prevention strategies reach a larger audience because they typically are presented through the print media, in television programs, and through advertising campaigns. Therefore, the benefits of such programs outweigh the cost, the time involved, and any possible unintended negative consequences for the target audience. These programs focus on environmental improvement, peer resistance skill building, and reinforcing other positive aspects of the target audience such as self-esteem and self-direction. Universal prevention programs have the greatest potential for success when they are comprehensive, that is, when they involve all areas that may influence youth (school, family, and community).

Research on Universal Prevention Approaches

Key findings from research on universal prevention approaches have suggested several factors that should be considered in the design and implementation of universal programs. These factors include:

- The long-term effects of universal prevention efforts;

- The need for universal programs to target appropriate populations;

- The importance of comprehensiveness of universal approaches; and

- The cumulative nature of risk factors.

The long-term effects of universal prevention programs may not be immediately apparent because these programs are designed to delay or prevent first-time substance abuse among members of the general population. In addition, evaluations of prevention programs typically are not conducted beyond 2 years after the completion of the program (Pentz 1995, pp. 62-92). As a result, there are few data on the long-term effects of universal prevention programs. Program results also can depend on the intent of the program. For example, the results of a universal program may be very different if the goal of the program is to delay substance abuse rather than to eliminate use all together.

Research findings have shown that the effects of a universal prevention program may be diminished or short lived if the population for the program is not targeted correctly. For example, if members of the target population already have begun to use drug or if they have an extremely low risk of any substance abuse, then the effects of a universal program may be minimal. In addition, it is difficult to reliably measure secondary effects of universal prevention programs. For instance, it is difficult to measure changes in substance abuse patterns of parents of students who have been exposed to a school-based universal prevention program.

Recently, researchers have begun to recommend that universal prevention programs be comprehensive. For universal programs to be maximally effective, researchers recommend that they simultaneously target the school, family, and community; all areas that can influence youth. Research has shown that sustained, multicomponent drug abuse prevention efforts that target all these areas have the greatest likelihood of success when they are implemented within the broader community setting (Pentz 1995, pp. 62-92). Thus, although school-based programs are important in addressing prevention needs of youth in the school context, the scope of influence of these kinds of programs is limited to the school environment; that is, school-based programs cannot easily address drug abuse problems in the broader community because:

- Most of a youth's day is spent out of school;
- The major portion of an adolescent's time is spent in the home;
- Substantial time is spent in predictable out-of-school locations, such as movie theaters, video arcades, and other recreational areas;
- Youth who are at high risk (e.g., school dropouts and chronic absentees) are least likely to be in school; and
- Adolescents are not the only persons at risk for substance abuse (Johnson et al. 1986).

Therefore, given the advantage of comprehensiveness, effective universal prevention strategies extend beyond traditional, single-focus programs to include the broader range of influences on youth.

Studies indicate that risk factors are cumulative, and the more risk factors present in a young person's life, the greater the chance the youth will begin substance abuse (Pentz 1993a). Therefore, a community-based prevention effort that incorporates a broad range of community components, including schools, mass media, parents and parent organizations, and community leaders, will likely be more successful for a young person with multiple risk factors. In addition, the support of health professionals, representatives of the business community, and religious and volunteer organizations helps influence social factors that play critical roles in adolescents' lives.

Universal Prevention in Ethnic Minority Communities

Effective prevention programs are specifically designed for the targeted community. Therefore, programs in ethnic minority communities are more likely to be effective when the unique cultural circumstances and needs of the population are recognized. Language and other demographic characteristics, if not carefully considered, can pose barriers and render the program ineffective. For example, Native Americans who may reside in rural areas require prevention programs that are structured differently from those that target white suburban residents.

Immigrant students may face pressures that other students may not have, such as parents who speak little or no English or cultural isolation and little community support. For example, according to the Office for Substance Abuse Prevention (1990), members of some cultures may be less inclined to turn to outside sources for help, or they may have higher rates of social problems such as unemployment, in addition to substance abuse. Therefore, universal prevention programs must either be general enough to be effective in a variety of cultural situations or be targeted to a specific cultural group.

Universal programs can address these potential barriers in a number of ways. For example:

- Language and cultural barriers can be overcome by using community residents as staff in the prevention program.

- Programs in communities with ethnic minority populations can establish mechanisms to solicit the input of these ethnic groups.

- Community input at all levels of the program and the support of leaders in the ethnic community will increase acceptance of the program.

- Cultural ceremonies and rituals can be incorporated into the program.

- Messages in media presentations can be conveyed in a manner appropriate to the language and values of the culture.

**Project STAR: An Example of Universal Prevention**

The primary purpose of Project STAR is to teach adolescents the skills necessary to counteract the psychosocial influences that increase the likelihood of substance abuse. Adolescents learn these skills in the school setting, and the skills are reinforced through community efforts. Early adolescence is regarded as the first risk period for use of gateway drugs.

Project STAR was selected as a case example of universal prevention for inclusion in this resource manual for a number of reasons:

- It is a universal prevention program model that has been successfully implemented in two midwestern communities.

- It can be reproduced in other communities.

- It has been demonstrated to be effective in changing attitudes and reducing alcohol, tobacco, and other drug use among school-age youth.

- It includes many key elements that are characteristic of universal prevention programs.

- It is based on extensive research and evaluation from other programs.

- It has undergone extensive long-term evaluation.

Although Project STAR is an important example of a universal drug abuse prevention program, it is presented here only for purposes of illustrating how a universal prevention effort can be implemented at the community level. It also is presented to alert communities to the kinds of issues and barriers that may be encountered in their attempts to implement universal prevention programs. Therefore, although these are important considerations, the reader is reminded that inclusion of this program in this manual does not imply an endorsement by NIDA.

The foregoing discussion has provided an overview of the history of universal prevention and the research that supports the utility of universal programs for drug abuse prevention. It also has addressed some issues involved in the use of universal prevention programs, especially with

ethnic/minority populations. The following chapter presents a detailed discussion of the Project STAR model of universal prevention.

# INTRODUCTION TO PROJECT STAR

This chapter presents a detailed review of the history, approach to the development, and outcome research findings from the implementation of the Project STAR program model.

Project STAR (**S**tudents **T**aught **A**wareness and **R**esistance) is a research-based, multicomponent, community-based universal substance abuse prevention program. It focuses on early adolescents as they move from elementary into junior high school. Two events were pivotal in the development of Project STAR. First were the advances that had been made in prevention research since the early 1980s (Pentz et al. 1989a; 1989b; 1989c). For example, researchers at the Institute for Health Promotion and Disease Prevention Research at the University of Southern California had successfully implemented a resistance skills curriculum (Project SMART, **S**elf **M**anagement **A**nd **R**esistance **T**raining) in the public schools in Los Angeles.

The second pivotal event was the discovery in 1984 that several players for the Kansas City Royals baseball team were abusing substances. Team owner Ewing M. Kauffman, Chairman of the Board of Marion Laboratories, Inc., took extraordinary organizational, financial, and community mobilization measures to initiate prevention efforts in Kansas City, Missouri. To help youth avoid the problem of substance abuse, a national search was undertaken to identify a prevention program that could be implemented in the public schools in Kansas City. Project SMART was selected and implemented as Project STAR.

These two events provided the catalyst that shaped this universal program model. However, recognizing that school-based prevention programs alone are limited in their ability to reach and influence the problems of substance abuse in the broader community, the developers of Project STAR eventually expanded the scope of the model to a more comprehensive approach. They replicated the model in Indianapolis, Indiana as Project I-STAR (Indianapolis **S**tudents **T**aught **A**wareness **A**nd **R**esistance).

Other key players in the development, evaluation, and replication of Project STAR included the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). These Federal agencies were early promoters of comprehensive community-based prevention strategies and provided grants for research and development of Project STAR. In addition, foundation grant support from the Eli Lilly Endowment, other Federal prevention funds, and charitable donations by community leaders and residents of the Kansas City and Indianapolis metropolitan areas contributed to the development of Project STAR.

Project STAR targets middle and junior high school-age youth and has shown success in changing attitudes and reducing substance abuse among youth in this age group. There are five key elements, or core components, of the program:

- A school-based program;

- Media programming;
- A parent program;
- Community organization; and
- Health policy change.

**Project STAR: A Tale of Two Communities**

Although the program model and its component parts were the same, there were some important differences between the adoption and implementation of Project STAR in Kansas City and Indianapolis. Some of these differences included the following:

- The implementation of Kansas City's Project STAR was undertaken in reaction to a community crisis, and its administration was carried out through an existing organization. Project I-STAR, however, did not develop as a reaction to a community crisis but rather after community leaders were approached by the researchers from the University of Southern California who had evaluated Project STAR and were seeking an opportunity to replicate the program model in another setting. Therefore, the administration of the I-STAR program had to be developed from the ground up.

- Because of the initial differences in the reasons for the program's adoption, Project STAR was implemented in much less time than Project I-STAR—approximately 2½ months compared with 2½ years. However, the I-STAR program is an example of a universal prevention program that was thoroughly planned and developed over a longer period, without initial existing support.

- The community organizations for the programs were designed differently. Project STAR was built around the efforts of one individual, whereas Project I-STAR was built through the efforts of an entire community. Therefore, whereas Project STAR used a prominent individual and an existing business organization to *jump start* program delivery, no similar support network existed in Indianapolis. Thus, community organization building was a primary objective and accomplishment of Project I-STAR.

- The committees within the Project STAR organization were defined on the basis of their youth-serving function. However, the cities differed in developing some committees according to a local need, such as a minority committee in Kansas City and a worksite committee in Indianapolis.

Exhibit 1 provides a summary of the differences in the ways in which these two communities implemented the program.

In spite of these differences in the Kansas City and Indianapolis versions of Project STAR, in all other respects the two programs were essentially alike. In both these urban settings, the program was shown to be successful in reducing substance abuse among school-age youth; changing students' attitudes toward alcohol and other drugs; encouraging parental involvement in supporting antidrug norms; and encouraging positive drug-free behavior within the community. Cities with populations of similar size and racial/ethnic composition to Kansas City and Indianapolis can readily implement the program and experience similarly successful results.

In other communities where Project STAR is implemented, changes undoubtedly will be incorporated into the program. However, strict adherence to the key program elements will increase overall effectiveness. In addition, successful implementation of this program model requires consideration of the following kinds of factors:

- Community recognition of substance abuse problems;
- Identification of program leadership and financial support within the community;
- School and community adoption of the program;
- Teacher training and curriculum implementation in the schools;
- Media relations programming;
- Parent involvement; and
- Health policy changes.

For more information and guidance regarding these kinds of implementation factors, the reader is referred to *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools.*

**Exhibit 1**

**Differences Between STAR and I-STAR**

| Factor | Kansas City—Project STAR | Indianapolis—Project I-STAR |
|---|---|---|
| *Planning Impetus* | Reaction to a community crisis | Reaction to a request by University of Southern California researchers |
| *Community Characteristics* | 1.2 to 1.5 million population (1990 census); 12.5% African-American | 1.2 to 1.5 million population (1990 census); 13.8% African-American |
| *Students Served* | 70,000+ between 1984 and 1988 | 30,000+ between 1987 and 1990 |
| *Community Organizational Structure* | Piggybacked onto existing organizational structure of the Kansas City Task Force on Drug Abuse | No existing substance abuse organizational structure existed. Project I-STAR resources of the city of Indianapolis organized under the auspices of the Project I-STAR program |
| *Project STAR Organizational Structure* | Project STAR and the Kansas City Task Force on Drug Abuse<br>Steering Committee<br>Working Groups<br>Committees (defined by function and local need)<br>• Media<br>• Minority Issues<br>• Research<br>• Legislative<br>• Curriculums<br>• Support<br>• Education<br>• Treatment<br>• Intervention | Project I-STAR Community Advisory Council<br>Steering Committee<br>Community Advisory Council<br>Committees (defined by function and local need)<br>• Government<br>• Media<br>• Medical<br>• Parent/Family<br>• Religious<br>• Education<br>• Treatment<br>• Worksite<br>• Youth Agencies |

**Exhibit 1 (Continued)**

| Factor | Kansas City - Project STAR | Indianapolis - Project I-STAR |
|---|---|---|
| *Community Organization* | Project STAR ran parallel to the existing Kansas City Task Force on Drug Abuse. Programming was complementary to existing Task Force. | Developed community organizations to support Project I-STAR<br>• Community Advisory Council<br>• Parent Advisory Council<br>• Teacher Advisory Council<br>• Principal Advisory Council |
| *Needs Assessment/ Planning Process* | 2-1/2 months prior to implementation | 2-1/2 years prior to implementation |
| *Primary Financial Support* | Provided by Ewing M. Kauffman, Chairman of the Board of Marion Laboratories, Inc. | Provided by Eli Lilly Endowment, foundation arm of Eli Lilly Company |
| *Secondary Financial Support* | Federal funding from NIDA and NIAAA demonstration grants; additional support from Kauffman Foundation | Federal funding from NIDA for prevention and education |
| *Media Involvement* | Media component and coverage immediate at startup | No initial media component or coverage |

**Program Development Approach**

The developers of Project STAR are first and foremost researchers. Therefore, although the program model has a theoretical basis that is supported by findings from prevention research, the approach taken to the design, development, and implementation of the program was essentially empirical. It may be helpful to the members of a community interested in implementing the Project STAR model if they understand the overall approach taken. Therefore, the following discussion of the program approach to Project STAR is presents a brief overview.

The discussions of the program model and use of the term *Project STAR* throughout this manual refer to both the Kansas City Project STAR and the Indianapolis Project I-STAR programs. This is the case except where otherwise indicated, in those instances in which the information presented is meant to refer only to the Kansas City program or to the Indianapolis program.

The approach taken in designing, developing, and implementing the Project STAR program addressed the following issues:

- Program theory and research;
- Needs assessment;
- Program development;
- Training;
- Program implementation;
- Program costs; and
- Program evaluation.

Program Theory and Research

Project STAR is grounded in substance abuse prevention theory and research that has shown that community-based prevention programs can bring about changes in attitude and behaviors toward substance abuse. This research is discussed in greater detail in the following section of this chapter. Specifically, the research on which Project STAR is based has shown that drug abuse changes have occurred when prevention programs focused on training youth to resist drug abuse through the development of refusal skills and other skills such as assertiveness and

decisionmaking skills. The underlying premise of Project STAR is that knowledge that has been acquired from social and psychological research on learning and substance abuse can be successfully applied in prevention efforts.

Needs Assessment

To ensure that the program would meet local community needs, Project STAR developers planned the prevention approach based on specifically identified physical, social, and psychological factors within the communities. Such factors as the extent of substance abuse in the community, the role of the media in promoting substance abuse, community attitudes about substance abuse, and the availability of other prevention programs in the community were all considered.

Research on these factors needs to be conducted in a community before actual program implementation begins. This requires preprogram study and careful planning before programming occurs. The preliminary research, assessment, and planning phases for Project STAR took about 2 months in Kansas City and more than 2 years in Indianapolis. Although there were many reasons for the differences in timing, the existence of an umbrella coordinating body in Kansas City greatly accelerated the development and delivery of Project STAR.

Program Development

Project STAR developers determined through their research that the *optimal* program should extend beyond the school environment to include parents, media, and community organizations. In this way, resistance skills that students learn in school are reinforced by community attitudes. Therefore, the developers recommend that the order of program implementation should include the school component first, followed by the media component, parent involvement, community organization, and finally, the health policy component. The speed with which the program is implemented will depend on community-specific program characteristics such as the content of the curriculum, requirements for program adoption, types of community organizations involved, funding availability, and appropriate training avenues. More information about program implementation can be found in the last chapter.

Training

Training of staff and other persons significantly involved in the implementation of Project STAR is an essential feature of the model to ensure effective program implementation. Researchers at the University of Southern California prepared, tested, and delivered training programs to improve the delivery, integrity, communication, and implementation of the program. These training programs were prepared for each of the core components of the program and were designed to include teachers, members of the media, parents, and community leaders.

Training of Trainers (TOT) programs, in which *master* trainers have been trained by the program developers, also have been developed to speed up the training process and to reduce program costs at the local level. Additional information about training opportunities and curriculum materials for Project STAR is available in appendix A.

Program Implementation

Once program implementation is undertaken, a variety of organizational obstacles can develop that can compromise the success of the program. These include:

- Weak evaluation plans;
- Lack of cooperation among the prevention providers and organizations;
- Lack of local government activity in community-based prevention efforts;
- Lack of institutional resources for prevention funding;
- Divisions between single-issue groups and the larger community; and
- Divisions between drug demand- and supply-reduction approaches.

Project STAR developers sought to address organizational issues from earlier prevention programs that often frustrate prevention program success. They also worked to unify the community by including other groups and organizations that had an interest in substance abuse prevention. Before program implementation, the developers designed a strategy to overcome obstacles that included:

- Development of an assessment plan to determine community needs;
- A strong effort to unite prevention practitioners, community leaders, parents, and members of local government around the issue of substance abuse;
- The inclusion of major funding sources; and
- Development of plans for fundraising.

Other communities should consider their unique needs before deciding to implement this program. Project STAR developers are aware that program implementation in other communities such as sparsely populated rural areas with ethnic and cultural characteristics much different from the pilot cities may require alterations in the delivery of the program. Although the prevention

strategies are readily transferable to other communities, program implementers may want to consider closely the cultural and social contexts of their communities. For example, the community organizations that spearhead the implementation, programming, policy, and fundraising may be unique to each site. Although the basic interests and functions of community organizations at different sites are essentially the same, because of different community cultural norms, the manner in which their functions are carried out may vary significantly from one site to another.

Program Costs

The costs of implementing drug abuse prevention programming are important considerations for most communities. The principal costs involved in training, materials, curriculum, student handouts, and homework assignments is affordable for most communities. The cost involved in implementing Project STAR is moderate. For example, the cost of the school and parent program components range from approximately $24 to $37 per family per year, including manuals, workbooks, and the teacher and parent training (Pentz, in press). Other program costs, such as media messages and community organization, can be covered through fundraising activities. Business, foundation, and government financial and in-kind contributions and services have been essential to the development and implementation of Project STAR in other communities.

Program Evaluation

The ability of a community to determine the effectiveness of its implementation of Project STAR is an important aspect of the overall success of the program. Project STAR developers incorporated components into the program that were verified through research to improve program delivery, content, and continued funding justification. A program evaluation design was implemented that included:

- Student performance measures;
- Surveys of parents;
- Telephone interviews with community residents;
- Analyses of media messages;
- Physiological testing for student cigarette smoking; and
- Analyses of health policy changes (Rohrbach 1993).

Information about training and technical assistance for evaluating the implementation of Project STAR is available in appendix A.

## Project STAR Research Findings

Extensive research and evaluation of Projects STAR and I-STAR have been conducted by researchers at the University of Southern California, Institute for Health Promotion and Disease Prevention Research. In addition, both Projects STAR and I-STAR had their own internal evaluation teams evaluate events that were specific to each site. The research included longitudinal studies that monitored students' substance abuse attitudes and behaviors over several years, cross-sectional studies that examined variations in substance abuse patterns of youth receiving specific components of Project STAR, and studies examining the effectiveness of program delivery in each community.

Projects STAR and I-STAR were evaluated using a variety of methods. These methods included telephone interviews of parents and residents, analysis of television and other media programming, studies of student substance abuse over time, surveys, analysis of changes in school rules, analysis of changes in drug laws, and analysis of changes in alcohol and tobacco laws. The following chart is an expanded list of these evaluation methods.

**Evaluation Methods Used by Researchers in the Midwest Prevention Project (Projects STAR and I-STAR)**

- Longitudinal studies
- Panel studies
- Continuation study of cross-sectional design studies
- Cross-sectional design studies
- Cross-sectional study
- Longitudinal surveys of parents
- Phone interviews of community residents
- Population-based measure and archival measures of substance use
- Analysis of mass media
- Physiological measure of smoking
- Analysis of policy changes

Source: Rohrbach 1993

Some research findings on the effects of Project STAR that were identified in students' use of alcohol, tobacco, and marijuana and other illegal drugs are described below.

Alcohol

Researchers in Kansas City found that Project STAR training helped delay the onset of alcohol drinking and moderately retarded the use of alcohol among students receiving the program. In Indianapolis, students who participated in the program decreased alcohol consumption between the 9th and 10th grades, whereas their counterparts slightly increased their consumption. Overall drinking was lower for program participants than for nonparticipants. Outcome data indicated that students participating in the program delayed their use of alcohol for up to 5 years after participating in Project STAR (Cormack and Daniels 1993).

A *catchup phenomenon* may have occurred, however, in that while the students who received the resistance training showed an initial delay in the onset of drinking, they later caught up with the nontrained students in the amount of alcohol used. A *transition effect* also may have occurred involving a decrease in program effects on occasional (monthly) use over time but an increase in effects on heavier use. These findings demonstrated the need for sustained prevention programming in the high school years. Furthermore, although the program was not able to maintain abstinence, the results showed that those participating in the program drank less overall each month, each week, and on each occasion than those not receiving the program (Cormack and Daniels 1993). Figure 2 shows the percentage of trained and nontrained students reporting two or more drinks within the past 30 days.

Tobacco

Researchers found that Project STAR reduced the incidence and retarded the onset of cigarette smoking. Students in a control group (those not receiving the program) increased their cigarette smoking 25.1 percent over 4 years compared with students receiving the program (the experimental group) who increased tobacco usage only 15.3 percent during the same period. Although the trend for all students surveyed was to increase cigarette use between junior and senior high school, students receiving Project STAR training reported less tobacco use overall than their peers who did not receive the training.

Figure 3 shows a difference in tobacco use between students in Kansas City and those in Indianapolis. Although the students in both cities initially reported low tobacco use, over a 3-year period (1984 - 1987), the tobacco use among trained and nontrained students in Kansas City decreased, but tobacco use among Indianapolis students increased. Reported cigarette smoking increased at followup among trained and nontrained students in Kansas City. Comparable followup data are not available for Indianapolis students.

Researchers found a delay in the onset of monthly cigarette use by the Project STAR group during the first 3 years of the program. Some loss of effect of occasional (monthly) smoking by 5 years indicated to researchers that there was a need for interim booster programs to counteract increasing substance abuse among youth during the high school years.

Figure 2

Research Findings: Alcohol

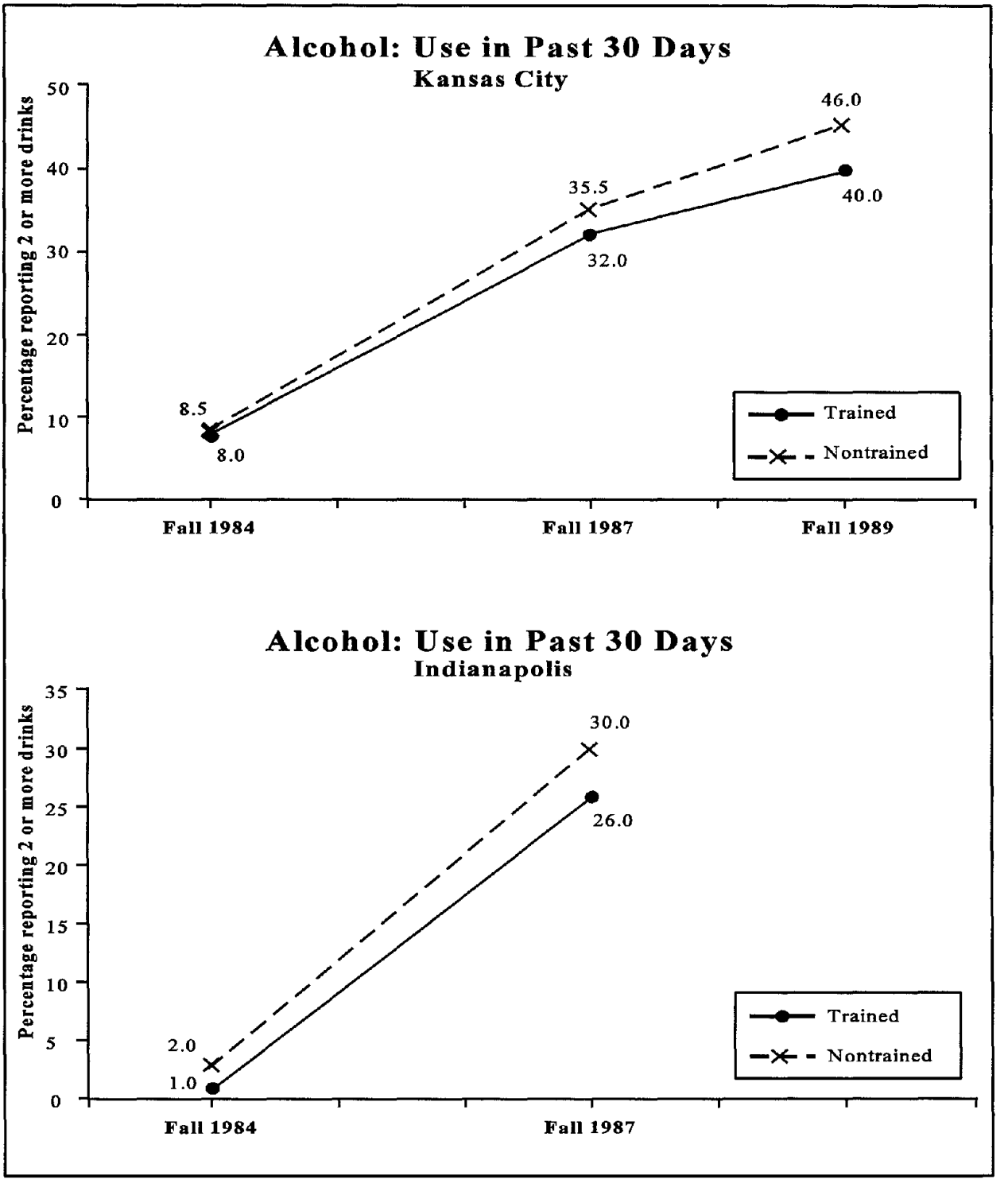
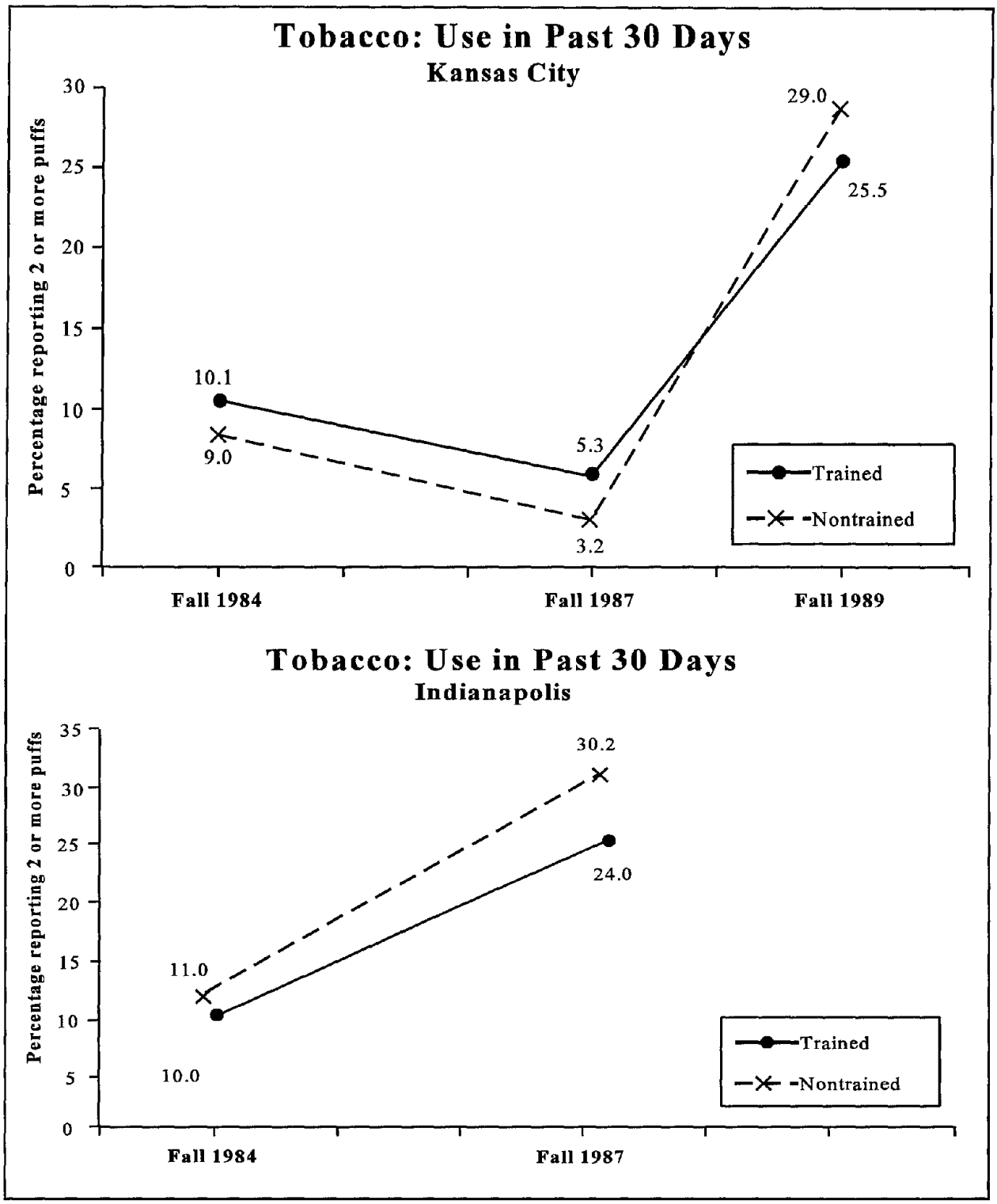


**Figure 3**

**Research Findings: Tobacco**



Project I-STAR participants reported less cigarette smoking than students who did not participate in the program, with the exception of eighth- and ninth-grader participants, who reported smoking slightly more than nonparticipants. This may be due to the fact that the students were entering high school, a time when students are more likely to experiment with alcohol and tobacco. However, the following year, the participating students reported less use than their counterparts.

Marijuana

Researchers also found that Project STAR in Kansas City reduced students' marijuana use. Students receiving the program reported lower levels of marijuana use, with the greatest effect measured among white students living in middle- and upper-class homes. The program had less impact among African-American students, although their overall use rates were lower than among African-American students who did not receive the program. Project STAR appeared to be most effective with boys. Figure 4 shows that students in the control group who did not receive the program increased their monthly use of marijuana almost 18 percent over 5 years compared with students who received the program who increased their use by 12 percent during the same period (Cormack and Daniels 1993).

Figure 4 also shows that, in Indianapolis, students who participated in Project I-STAR consistently reported less marijuana use than students who did not participate in the program. Over time, the difference in usage increased. In the seventh- and eighth-grade groups, approximately 1 percent of I-STAR participants reported marijuana use in the past 30 days, whereas 2 percent of the nonparticipants reported marijuana use during the same period. However, in the ninth-and tenth-grade groups, nearly 9 percent of I-STAR participants reported marijuana use in the past 30 days whereas 14 percent of nonparticipants reported use. Although all students increased marijuana use, I-STAR participants used less overall, and their rate of increase was smaller.

Other Illegal Drugs

Researchers in Kansas City found that Project STAR reduced cocaine use among students receiving the program, as measured by reported use within the past month (Cormack and Daniels 1993). Other drug use, particularly drugs most often abused by high school students (e.g., steroids, smokeless tobacco, LSD, and amphetamines or uppers) increased for all groups. For example, Figure 5 shows the increase in percentages of students in both the trained and nontrained groups reporting amphetamine use over the 3-year period from 1984 and 1987. This increase may have resulted from changes in the availability of these drugs as students changed schools. There were similar results in Indianapolis; researchers found that I-STAR students used less LSD, heroin, uppers and barbiturates or downers than nonparticipants, although both groups increased

**Figure 4**
**Research Findings: Marijuana**

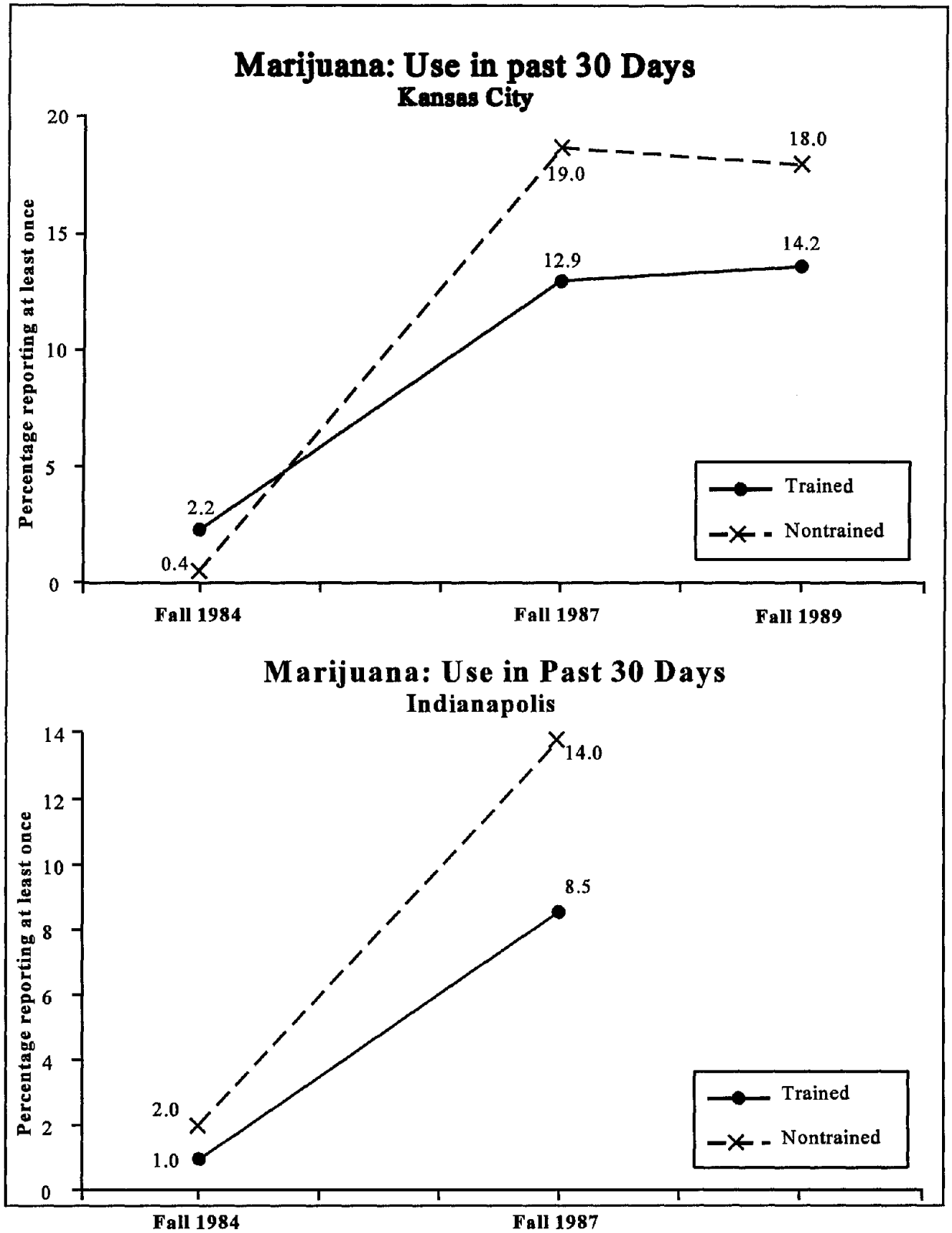
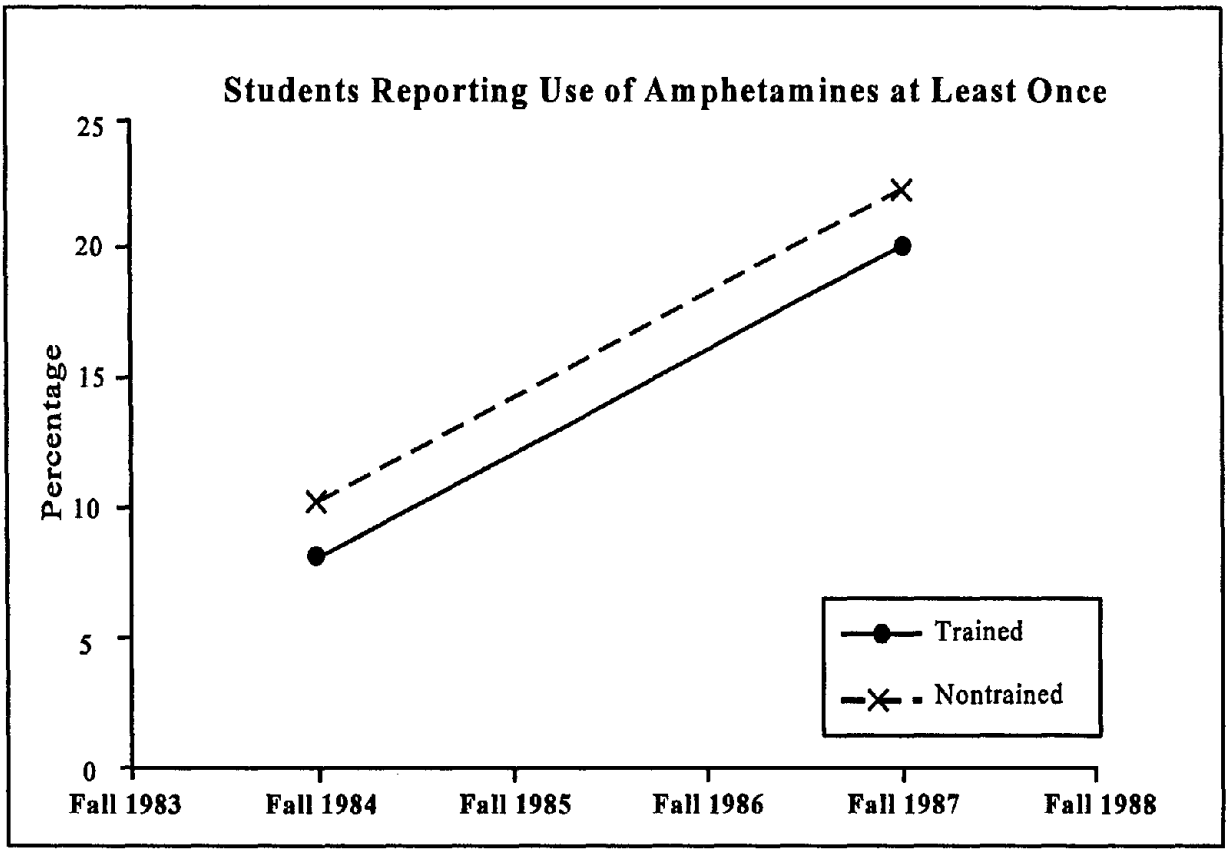


**Figure 5**

**Research Findings: Other Drugs**



their drug use over time. Fewer I-STAR students used cocaine than did non-I-STAR students, and both groups decreased use of these drugs in the ninth grade.

In summary, the findings from the extensive research on Project STAR demonstrate that when fully implemented, the program has a positive effect on students' substance abuse. The program can delay the onset of substance abuse for some students and decrease substance abuse prevalence for others. Consequently, the effectiveness of Project STAR depends largely on the time commitment provided by teachers and their adherence to the curriculum presented in the classroom setting. The research also showed that parents of children involved with Project STAR were more likely to be aware of community prevention activities, considered their involvement in prevention efforts important, and talked with their children about substances. Other benefits of Project STAR included improved family relations and better parental control of children's social activities (Rohrbach et al., in press).

Given these overall findings on the effects of Project STAR, it is clear that this universal program model is an effective prevention approach for the general population of a community. However, it is important for prevention practitioners to gain a clearer understanding of the specific components of the model that have contributed to its overall success. Toward this end, the following chapter provides a detailed description of each of the five core elements of Project STAR.

## KEY ELEMENTS OF PROJECT STAR

This chapter presents a detailed discussion of the purposes and content of the five key elements of Project STAR. The five key elements are:

- A school-based program;
- Media programming;
- A parent program;
- Community organization; and
- Health policy change.

Also included in this chapter is a discussion of techniques that can be used to implement the program model. Although each key element of the model represents a separate and distinct facet of the overall program, each element is specifically designed and intended to operate in concert with all the other elements. In addition, the elements should be implemented in the order presented above, although there is some overlap in the timing of the implementation of each element. A more detailed discussion of the order of implementation of each of the program elements is provided on pages 78 to 80 of this manual.

### Project STAR School-Based Program

Project STAR identifies schools as the primary component of a community prevention program because adolescents are the target of the program and schools provide a good opportunity to reach this audience. The educational component of Project STAR is focused on increasing students' resistance skills. In the process, an anti-drug-use climate is established throughout the school and community. Research suggests that the transition years between elementary and middle school and between middle school and high school represent critical times in the lives of adolescents, times when they are more susceptible to substance abuse. It also represents one of the most receptive periods in their lives in terms of the impact of substance abuse prevention messages. Therefore, the ideal time to implement the Project STAR curriculum is during the seventh or eighth grade, when youth are making the transition to middle or junior high school.

Project STAR's first-year 13-lesson curriculum and second-year 5-lesson *booster* curriculum are integrated directly into classroom instruction, and teachers are thoroughly trained in instruction and strategies for soliciting parental participation. The school component consists of four interrelated facets:

- A school-based social influence curriculum;

- School administration support;
- Teacher training; and
- Student skill leaders.

School-Based Social Influence Curriculum

The social influence curriculum of Project STAR consists of:

- A core 13-lesson Phase One curriculum;
- A 5-lesson Phase Two booster curriculum; and
- Homework exercises and assignments.

The practical basis for the Project STAR school curriculum consists of four areas of emphasis. These are:

- The correction of misconceptions regarding social norms for substance abuse;
- The development of resistance to peer pressure;
- Raising awareness of family influences in substance abuse; and
- Development of resistance to negative media influences on substance abuse.

Students also learn skills to help them deal with situations specifically involving substance abuse, its consequences, and strategies to counteract the influence of substance abuse in the home. In addition, students who participate in the school curriculum have the opportunity to make a public commitment not to use drugs and other substances.

Project STAR does not follow traditional *drug-content* curriculums that focus on teaching the basic pharmacology of controlled substances. Although the *Question Box* lesson, in which students ask and answer questions about drugs based on a *Drug Fact Sheet*, provides a classroom forum for addressing specific questions about substances and their effects, the primary emphasis of the curriculum is on the development of resistance skills. Students are actively involved in classroom teaching situations and are encouraged to identify, understand, and practice positive drug-resistant interactions with each other. Project STAR homework assignments about substances and their effects are intended to correct misconceptions about substance abuse.

*Core 13-Lesson Phase One Curriculum*

This 13-lesson curriculum, offered in the first year of the program, is the core of the Project STAR school component. Initially, Project STAR was presented in a 10-lesson format in Kansas City during the 1984-85 school year. After that year, the program was modified to include three additional lessons. Each of the core curriculum lesson plans requires approximately 45 minutes of classroom instruction time. Lesson plans contain all the materials that are suggested for each lesson. In addition, worksheets and homework assignments that accompany each lesson are provided in the lesson handbook. Peer counseling and support activities are added to the classroom instruction as needed. More information about this curriculum can be obtained from the developers of Project STAR at the address in appendix A.

Table 1 represents the first-year 13-lesson curriculum, used in both Project STAR and Project I-STAR (Pentz et al. 1989e, pp. 136-143; 1990).

Although the Project STAR teachers were provided flexibility to adapt the program to the specific characteristics and needs of their students, teachers who implemented the program as designed (i.e., taught more than 80 percent of the program activities and adhered to the program protocols) obtained results that were superior to those of teachers who significantly modified the program. However, teachers who implemented less than 80 percent of the program still showed better results than the teachers who did not implement any of the program (Pentz et al. 1989e, pp. 136-143; 1990). The results of this study indicated that the quality of program implementation, as measured by amount of implementation or program exposure, has been shown to have a significant effect in changing adolescent substance abuse behavior.

*Five-Lesson Phase Two Booster Curriculum*

The Phase Two booster curriculum consists of five lessons that, as a whole, build on the foundation created in Phase One. The five lessons are designed to reinforce the resistance skills that were learned during Phase One. The five-session booster curriculum is provided during the second year of the program. Table 2 describes the content of the booster curriculum and the homework assigned to each lesson.

*Homework*

Homework assignments provide students and their parents with opportunities to apply the principles that are taught at school in their own homes. Workbook activities that support the teaching concepts in each lesson are provided for parents and students. These activities (also discussed below in the section on Parent/Child Homework) encourage family awareness, support,

## Table 1

### Project STAR Core Curriculum and Homework Assignments

| Session | Description | Homework Assignment |
|---|---|---|
| 1 | Welcome to Project STAR: Students introduced to Project STAR; discuss true/false statements about drug use. | |
| 2 | Consequences: Students identify positive/ negative consequences of drug use/nonuse. | Students/parents weigh consequences of drug use; compare responses. |
| 3 | Techniques to Say No: Students play prevention baseball to learn facts about effects/misuse of drugs. | Students/parents discuss situations/methods of resisting drugs. |
| 4 | Peer Pressure Resistance: Students learn/practice effective techniques to refuse drug offers; identify different levels of pressure that match techniques to say no. | |
| 6 | Normative expectations: Students discuss/explore concept of non-drug users being in majority rather than minority. | |
| 7 | Appropriate or Inappropriate Use of Alcohol: Students discuss circumstances when alcohol use is appropriate/inappropriate. | Students/families watch for drug use on TV to be alert to glamorized depictions/other consequences of use. |
| 8 | Advertising Influences: Students learn techniques media use to promote tobacco/alcohol. | Students analyze advertisements for cigarettes/alcohol for selling technique, persuasion, hidden messages. |
| 9 | Developing Friendships: Students develop/role-play skits promoting nonuse of drugs. | |
| 10 | Were You Influenced?: Students identify ways adults encourage/discourage drug use. Emphasis on topic of smokeless tobacco and sports figures. | Students interview an adult about drug use/nonuse, adult influences to use/not use drugs. |
| 11 | *Raps*: Students are videotaped reading scripts that describe how they will resist drug offers. | |
| 12 | *Question Box*: Students ask questions about drugs/answer questions based on *Drug Fact Sheet.* | |
| 13 | Standing Up For Myself: Students write personal antidrug use statement to present to the class. | |

## Table 2

## Project STAR Booster Curriculum and Homework Assignments

| Session | Description | Homework Assignment |
|---|---|---|
| 1 | Refusing Requests: Students practice asserting themselves in situations where there is peer pressure. | Refusing Requests: Parents/students practice assertively refusing requests in different situations. Parents/ students then discuss/answer questions about practice responses. |
| 2 | Problemsolving: Students define steps in problemsolving process, applying them to common conflict situation, e.g., refusing drug offers. | Problem-Solving Practice: Parents/ students practice using problemsolving process to solve different problems by 1) defining problem, 2) listing solutions, 3) listing consequences, and 4) making decision. |
| 3 | Risk-Taking: Students learn concept of risk-taking; apply the steps of problemsolving process to weigh the consequences involved in a risk. | Risks and Decisions: Parents/ students respond to situations involving risks; parents/students then interview each other answering/ discussing questions about risky situations they may/may not have been involved in previously. |
| 4 | Students identify social support resources; discuss importance of utilizing support system in solving problems. | Let Your Fingers Do the Walking: Students complete list of agencies/ organizations that offer support/ assistance to people with problems, including those involving alcohol/ other drugs; students then interview one resource by telephone and answer questions about the interview. |
| 5 | Students learn about the acceptability and attitudes toward drug use among peers. | |

and involvement in Project STAR. Master copies of the workbook assignment sheets are provided in the *Teacher's Training Manual* and can be photocopied for students' classroom use. Teachers are instructed to use several strategies to encourage homework participation, including:

- Assigning grades;
- Giving extra points for homework completion; and
- Assigning team homework to groups of students and awarding points to each team according to homework assignments turned in (Institute for Health Promotion and Disease Prevention Research 1988a).

Exhibit 2 is an example of a Project STAR homework assignment. It is a quiz about substances and their effects that is intended to correct students' misconceptions about substance abuse.

School Administration Support

Factors that influence whether or not Project STAR is successfully implemented in the school system include support of school district personnel, support of principals, teacher involvement in decisionmaking, and teacher morale (Rohrbach 1993). Garnering the active support of the community's school administration, including principals, is a key factor in the successful implementation of Project STAR because principals often serve as the *gatekeepers* (the key decisionmakers) for new curriculums and programs introduced into the schoo[1]

Principals and other school administrators can meet for an introductory half-day seminar with local implementers of Project STAR. The seminar can be an introduction to the program to help school personnel understand the substance abuse problem in the community and the role that Project STAR can play in bringing about positive change. The school administration also can be informed about the value of communitywide organization and the roles to be played in that organization by parents, the media, and other community leaders. The program should not be implemented until the support and participation of school personnel are ensured.

Project STAR Teacher Training

Training of the teachers who will be involved in the program is one of the first steps in implementing Project STAR in the schools. Two important factors that will influence whether Project STAR is successfully implemented in the schools include teacher morale and teacher involvement in decisionmaking about the program (Rohrbach 1993). One means through which to positively impact teacher morale and involvement in decisionmaking is to provide teachers with the necessary knowledge and skills to successfully implement the curriculum.

## Exhibit 2

## Homework Assignment

### HOW MUCH DO YOU REALLY KNOW?

Directions: Fill in the blanks with the correct answers. (*Note: Some answers may be used more than once; some answers may not get used at all. Correct answers are in parentheses.*)

| Choices: | | | |
|---|---|---|---|
| | marijuana | addicting | tar |
| | nicotine | cancer | 18 |
| | nose | THC | alcohol |
| | addiction | depressant | drug |
| | lungs | 4 | disease |
| | 16 | stimulant | |

1. Alcohol is a ___(depressant)___.
2. The most commonly abused drug in the United States is ___(alcohol)___.
3. The addictive drug in tobacco is ___(nicotine)___.
4. A ___(drug)___ is any nonfood substance that changes the way your body or mind works.
5. The drug in marijuana that creates the *high* is ___(THC)___.
6. It takes approximately ___(18)___ weeks for the body to get rid of all the THC in one *joint*.
7. The ___(tar)___ in cigarettes smoke can cause cancer in some people.
8. ___(Addiction)___ is when a drug user has become *hooked*.
9. Chewing tobacco is believed to cause ___(cancer)___ of the lips, mouth, and tongue.
10. Smoking cigarettes and marijuana may result in cancer of the ___(lungs)___.
11. The way cocaine is commonly used often causes damage to the ___(nose)___.
12. The abuse of ___(marijuana)___ can damage brain cells.
13. Cocaine is a drug that is psychologically ___(addicting)___.
14. Cocaine is a ___(stimulant)___.

In addition, an important part of the success of Project STAR is how closely teachers follow the curriculum. Research on Project STAR has shown that changes in students' behavior depend on program integrity, or the degree to which teachers follow the prescribed curriculum, and on whether the program is fully implemented (Rohrbach 1993). Data from both Project STAR and Project I-STAR have shown a positive relationship between students' substance abuse attitudes and practices and full implementation of the program in its recommended form (Pentz and Valente 1993, p. 37-60). The integrity of program implementation has a direct relationship to whether students adopt anti-drug-use behaviors. Therefore, ensuring program integrity requires that training be an important part of Project STAR. More specific details about the training of Project STAR teachers are provided on pages 73 and 74 of this manual.

Student Skill Leaders

Student skill leaders, selected by student nomination on the basis of who is *liked and respected by the rest of the class*, serve a supportive function in the Project STAR program. Teachers ask the class to nominate the students to serve as the skill leaders, but, to avoid using the students' beliefs about substance abuse as a criterion for selection, students are not informed that the nomination is for a substance abuse prevention program. The teacher then selects the most frequently nominated students to be the student skill leaders who are used to participate in teaching activities in the classroom. For example, student skill leaders assist the teacher in setting up and demonstrating role-plays and encouraging group discussion. Each student skill leader works with five or six students in the class to serve as a model to demonstrate various aspects of the skills learned in the program.

The student skill leaders for Project STAR implementation perform the following functions:

- They demonstrate the resistance skills being taught in the program;
- They lead the students in rehearsing the appropriate skills;
- They express opinions regarding the acceptability and prevalence of substance abuse among peers; and
- They verbalize the fact that people who do not use substances are in the majority.

## Project STAR Media Programming

The media component of Project STAR is implemented simultaneously with the school component because media exposure of the program helps educate and garner support for the program from the community. Researchers found that the support and participation of the local

media were critical to the successful implementation of Project STAR. The power of the media to reach large segments of the community makes it a valuable resource for increasing community participation and fundraising.

Research suggests that the media increase awareness of a community's substance abuse problems and the need for a prevention program. The media also increase community awareness of a program's activities and help motivate change in behavior throughout the community (Rohrbach et al. 1993). The media component of Project STAR is intended to introduce, promote, and reinforce the program's message of substance abuse prevention throughout the implementation of the program. The community organization, schools, and parent groups should work with the local media to promote Project STAR objectives.

The media should be involved in program implementation because they provide the most effective means of communicating the prevention message throughout the community. The media are viewed as the greatest conveyor of information. Therefore, the challenge to Project STAR implementers is to make the media work to their advantage to help them reach their organizational goals. The media can provide much-needed exposure for the program, increase credibility of the program in the community, and increase support from community residents. Not only does media exposure increase awareness and knowledge of prevention skills, it can increase parental participation in the prevention activities (Rohrbach et al., in press).

There are four strategic points in the development and implementation of Project STAR where efforts and input of the mass media can be especially important to the success of the program (Pentz 1985, pp. 85-91). The following chart provides a summary of these points.

Where to Start

The first place to start in working with the media is to identify an active member of the community organization who can serve as a media representative. This individual is assigned the task of becoming familiar and maintaining contact with the local media. The work of the media representative starts with making a list of the media sources within the community. A list of national media likely to be interested in stories generated by Project STAR in the community also is helpful.

**STRATEGIC POINTS FOR MEDIA INPUT**

- The first point is during the early stage of program development when the media can be used to help raise the *awareness* of the community about the need for Project STAR. During this stage the media can introduce the prevention program to the community and help educate the public about the program. Public service announcements (PSAs) and multimedia press kits can be used to accomplish these community education objectives.
- The second point is during program *adoption* when Project STAR implementers are working to increase the level of community support for adoption of the program. In addition, it is during this stage that longer and more frequent media coverage of the program is a key strategy for program success. Feature stories and regular news series about Project STAR can extend the practice of prevention from traditional settings, such as schools and community centers, into students' homes.
- Once the process of adoption of the Project STAR program has begun, the third point at which the media can play an important role is in the *dissemination* of the program throughout the community. Regular print media exposure of the program complements the television and radio news series during this stage. Telephone hotlines or interactive cable television programming also can be used to disseminate information about prevention referral and other resources.
- Finally, the media can play a role in the *maintenance* of Project STAR through activities that help maintain the enthusiasm and momentum of the program. To maintain the momentum for the program and avoid loss of interest in substance abuse prevention, more innovative approaches will be necessary. The media can enhance program maintenance by airing video contests for students and monthly video magazine programming.

Media sources can include:

- Daily and weekly newspapers;
- Radio and television stations;
- Talk shows;
- News format shows;

- City, county, regional or specialty publications; and
- Local newsletters.

Meetings with members of the local mass media are the best way to increase the likelihood of media coverage. Once Project STAR has become established with members of the media, they will be more likely to open mailings they receive from and about Project STAR, and they will be more willing to print press releases and contact the media representative for story ideas. Hence, the media representative is a valuable part of the Project STAR community organization. Students participating in the school component of Project STAR also can assist in the media campaign by producing videos and posters and writing letters to the local media. Exhibit 3 is an example of a letter that students are encouraged to write to the media.

The media representative also can help news reporters establish a positive opinion of Project STAR and overcome biases about substance abuse by framing substance abuse prevention as a much-needed program in the community. One of the greatest barriers to coverage is the media's lack of knowledge about the issue of prevention at the local level. These and other obstacles are addressed as part of the Project STAR media training program, discussed in more detail on pages 74 and 75 in this resource manual.

Program Marketing

The media representative will have a significant role to play in marketing Project STAR. For example, a press kit of Project STAR news ideas and press releases can be prepared and distributed to media contacts. When newsworthy events, experiences, and plans are in hand, there are many ways to spread the Project STAR message through the media including:

- Feature stories focusing on people and accomplishments, such as stories about youth who participate in the program or about parents and teachers who are actively involved;
- Talk shows featuring discussions of substance issues, specific elements of Project STAR, or discussions with staff and community leaders as guests of the shows;
- Anti-drug use advertisements produced by local advertising firms, preferably on a low- or no-cost basis;
- Public service announcements (PSAs) about community prevention activities produced with the help of a local advertising agency;

**Exhibit 3**

**Practice Letter**

Directions:

On a separate sheet of paper, write your letter using the worksheet as a guide.

Your Address
City, State, Zip Code
Today's Date
Addressee's Name
Address
City, State, Zip Code

Dear (Name of person you are writing to):

Paragraph One—Introduce yourself, give your name, age, school, etc.

Paragraph Two—Tell why you are writing, describing Project I-STAR.

Paragraph Three—Describe what you would like to see done in the future. (If you are writing to the media, tell them what you think should be changed or kept the same. If you are writing in support of Project I-STAR, thank them for their support and tell them why you think it should continue.)

Sincerely,

Your Name

- Coverage of events and special accomplishments on the local nightly television and radio news and in the community news section of the local newspaper. This can include stories about legislative developments, changes in local laws, and community substance abuse policies;

- Reports on substance abuse studies and reports related to local efforts. This can educate community residents about area substance abuse and the impact of Project STAR;

- Letters to the editor and editorials submitted to the local newspapers by representatives of the community organization;

- Press releases to make a public response, announcement, or public policy statement; and

- Meetings with newspaper editors to pitch story ideas. This can lead to one-on-one interviews with reporters.

The media also can help recruit the assistance of others involved in the production and development of informational programming. For example, the community organization may wish to produce a video for use in training and educational activities for students, parents, and community leaders. Project I-STAR sponsored a video production contest for students and a monthly video magazine to promote drug-free behavior.

Working Effectively With the Media

There are important guidelines that can be followed to help attract and maintain media attention. These include:

- Learning what reporters consider worthy of coverage;

- Presenting ideas immediately;

- Pitching the story with a local slant;

- Having appropriate representatives serve as spokespersons;

- Framing the story to increase the likelihood of its being presented in the desired way;

- Avoiding being negative and critical;

- Understanding facts and statistics and being familiar with their sources;
- Ensuring that written materials are flawless;
- Speaking in media *sound bites* that are likely to be remembered by reporters;
- Pitching a different idea if a particular story already has been covered;
- Being aggressive in pursuing media coverage; and
- Conducting followup telephone calls and written inquiries to thank members of the media and offer additional help.

## Project STAR Parent Program

The developers of Project STAR believe that parental involvement is essential to the success of the program because they view parents as a dominant influence in the lives of their children. Parents can be strong role models and supporters of positive behavior outside the classroom. Although most parents are genuinely concerned about the welfare of their children, few parents understand the complexity of the substance abuse situation that their children face, and even fewer parents can teach the skills required to effectively dissuade their children from involvement with substance abuse.

Many factors can influence a youth to experiment with drugs and other substances. For example, aside from previous substance abuse by the youth (the single strongest use predictor), parental substance abuse, parents' attitudes about substance abuse, and poor parenting practices are significant influencing factors that often indicate that a child will eventually use substances (Rohrbach et al., in press; Johnson et al. 1990). Youth whose parents display a permissive attitude toward experimentation with substances are more likely to use substances than youth whose parents establish a firm family policy against substance abuse. In the latter families the consequences for violations of the established nonuse family policy are clearly defined (Johnson et al. 1990).

Despite evidence that clearly shows a relationship between parents' attitudes and the likelihood of their children using substances, many prevention programs ignore the parents' potential to be an integral part of a school-based prevention effort. Recent trends have tended to place most of the responsibility for drug abuse prevention programming on school and community leaders. However, parental responsibility for teaching and reinforcing anti-drug use values cannot be delegated to any other person or organization, including Project STAR. Teaching parents the social skills that their children need helps arm parents with substance abuse resistance skills that they too can use.

Project STAR draws parents into their children's drug education through a variety of methods. Parental participation increases student participation and expands the educational reach of the program. A unique element of Project STAR is the identifiable roles for parents that are incorporated into the program. These roles help achieve certain objectives, including:

- Reinforcement of the prevention skills that their children are learning at school;
- Parental education about the pressures to use substances that adolescents face; and
- Identification of things parents can do to reduce the likelihood of their children experimenting with substances.

There are four key activities that comprise the parent component of Project STAR:

- Student homework assignments that involve parents;
- A school-based parent organization;
- Parent skills training workshop; and
- Parent participation in the community organization.

Each of these types of parent activities carries with it specific objectives that, when combined with the other activities in this program component, help create:

- Stronger parental support for the drug-free education efforts of the school administrators;
- Stronger parental participation in community prevention activities;
- Drug-free schools and communities;
- Increased understanding of adolescent substance abuse issues; and
- Additional opportunities to strengthen the commitment of parents to the prevention goals of Project STAR.

Parent/Child Homework

To encourage parental participation in the homework activities, students are instructed to complete certain of their homework assignments with their parents. Project STAR offers many *parent/child* homework assignments that require parental *checkoff* and one-on-one involvement and direction from parents. These are the same homework assignments discussed above in the *Homework* section in the *Project STAR School-Based Program* section. The homework assignments are designed to raise awareness of substance abuse issues, encourage discussion, and explore parents' expectations regarding involvement by their children in substance abuse. More than half the students participating in the program received some homework assistance and support from their parents. For example, while students were studying risk-taking in the school booster program, they were asked to complete a homework assignment, related to risk, with their parent(s). Exhibit 4 is an example of the risk assignment.

School-Based Parent Organization

The chief objectives of the school-based parent organization are to organize the parent skills training program and encourage and coordinate parental participation in prevention activities at the school. The parent organization may include the school principal, a member of the school staff, two to four student skill leaders (previously discussed on pages 46 and 47), and five to six parents.

Activities organized by the parent organization include promoting drug-free neighborhood programs, participating in the development and support of drug-free school policies, and educating local merchants about the illegal sale of cigarettes and alcohol to minors. The parent organization also helps develop parent *friendship circles* to encourage parents to meet the families of their childrens' friends. Parents also can help create drug-free communities by promoting their own drug-free activities and supporting area drug-free events such as carnivals, picnics, and family fun days.

In addition, the parent organization can help raise funds and organize initiatives to limit accessibility by area youth to alcohol, tobacco, and other drugs. Such initiatives may include reviewing property zoning, attending Alcohol Beverage Control Board licensing meetings, and targeting establishments that are known sources for illegal substances.

Parent Skills Training

Parents are provided opportunities to develop specific skills to help strengthen their children's commitment to resist substance abuse. Through parent training workshops, offered in conjunction with a PTA meeting or a special Back-to-School Night at the beginning of the school

## Exhibit 4

### Parent/Child Homework Assignment

**RISKS AND DECISIONS**

Directions:

For Part A, ask one of your parents to complete the statement below, and write his/her answers in the top portion of the box. Then answer the questions yourself, and write your answers in the bottom portion of the box.

PART A:

A risk that seems too big to me:

A risk I took and was glad:

A risk I took and was sorry:

What I tell myself when I take a risk:

**Exhibit 4 (Continued)**

**RISKS AND DECISIONS**

PART B:

Student Directions:

Interview one of your parents, reading them the questions below, and write his/her answers in the space provided.

1. What is the riskiest thing you did when you were my age?

2. When you were my age, what risk did you decide not to take that you wish you would have taken?

PART C:

Parent Directions:

Interview your child, reading them the questions below, and write his/her answers in the space provided.

1. What are some risky things you have been tempted to do but have not done?

2. What are some risky things that may have had positive or successful outcomes that you have been afraid to do?

3. What are the potential risks involved with experimenting with drugs such as alcohol or marijuana?

Source: Institute for Health Promotion and Disease Prevention Research, 1988b.

year, parents are taught specific techniques to promote a substance-free lifestyle for their children. The training focuses on techniques for effective communication, substance abuse resistance skills, techniques to positively influence children's friendships, and techniques to develop and enforce family agreements, including substance nonuse agreements.

The parent skills training program is designed for parents and their children. It consists of two sessions conducted at the school site. Specifically, the parent skills training is designed to accomplish four important goals:

- Show parents how to support the drug-free behavior skills their children are learning;
- Encourage parents and children to discuss selecting drug-free friends;
- Prompt parents to develop and enforce drug-free rules for all members of the family; and
- Help families establish communication between parents and their children.

In the parent skills program, parents learn several skills, including:

- Effective communication skills;
- How to get to know their children's friends and their families;
- How to influence their children's choice of friends;
- How to develop rules and expectations; and
- How to enforce family rules.

As they learn more effective communication skills, parents learn to practice the skills. Exhibit 5 is an example of a lesson designed to help them practice making "I" statements.

Parent Participation in the Community Organization

In addition to their participation in the school-based parent organization, the parents of Project STAR students are encouraged to participate in the community organization component of the program. Through their participation in school-based activities, parents are more likely to be involved in the communitywide prevention organization. For example, the Community

## Exhibit 5

## Communications Lesson

### "I" STATEMENTS

Directions: The only way to master good communication skills is by practicing them. Below is a list of common situations. Read each situation and follow the format when responding.

"When I _____, I feel _____, because _____.

* Format order can vary.

Example: Your child has come in with muddy shoes and tracks mud all the way up to his/her bedroom. Example response: When I see mud tracked in the house, I feel angry because it makes a mess.

"I" Practice Statements

1. You have just finished picking up all the clutter in the living room. Your children (ages 10 and 12) come in and kick off their shoes, making themselves comfortable. They carelessly drop the newspapers as they read them and leave candy wrappers on the coffee table.

2. You and your spouse need to have a private conversation about a financial matter. Your child keeps interrupting you with questions.

3. Your child wants to go shopping to spend his/her allowance. You don't have the time today and have promised to take the child tomorrow. The child keeps asking you to take him/her today. "Please mom, can't we go today? I won't take long."

4. You and your child have agreed that 8:30 is bedtime. Every night your child procrastinates and finds ways to prolong the bedtime ritual of teeth brushing, etc.

5. Your child wants to go to the movies but has not cleaned his/her room—a job that he/she agreed to do.

6. Your son and his friend are playing ball and the ball rolls into the flower garden rather frequently. In their efforts to retrieve the ball they come close to trampling the flowers.

7. One household task your child has agreed to do is help with the dishes each evening. Each evening, however, you must remind him/her several times about the task. You are getting tired of this.

Advisory Council of Project I-STAR includes parent representatives on the subcommittee whose primary function is to coordinate programs aimed at parent/child program issues (Rohrbach et al. 1993).

Sustaining enthusiasm for Project STAR is important, but it can prove difficult. Research has shown that initially there are high levels of parental participation, but over time the enthusiasm of parents tends to drop off significantly. Of all the activities that are part of the Project STAR Parent Component, data from Project I-STAR indicate that parents are most likely to participate in their children's homework activities. As shown in the following chart, more than half the parents of Project I-STAR students participated in homework activities, whereas fewer than a quarter of the parents participated in a meeting to mobilize the community for substance abuse prevention. Even fewer parents participated in the parent skills workshop, on the Community Advisory Council, or as part of a school site coordinating committee. These findings suggest that parents may be more likely to participate in Project STAR activities if they are conducted in the home rather than outside the home.

**Parental Participation in Project I-STAR Events**

- Homework activities, 53.9%
- Community mobilization meeting, 21.0%
- Parent skills workshop, 13.5%
- Project STAR community advisory council, 5.2%
- School site coordinating committee, 4.1%

Source: Rohrbach et al., in press. Figures indicate percentage of parents participating in the activities.

Therefore, given these findings on parent participation, in addition to having parents work with their children on homework assignments, Project STAR sponsors a variety of afterschool activities for parents designed to boost enthusiasm and support for the program. These activities include:

- A 90-minute organized activity that provides an overview of the Project STAR program, including the core school curriculum goals, peer pressure resistance skills, and small group activities focusing on choosing friends and relationships between friends.

- A 90-minute organized activity to help build effective parent communication skills, including discussion of appropriate rules and expectations for children regarding substance abuse, development of listening skills, and activities to help children build self-esteem.

- Small-group activities in which parents are encouraged to create parent support groups to discuss the issues and problems youth face and tackle controversial topics such as abstinence or responsible use of alcohol by parents, unchaperoned student events, and youth curfews.

- Activities designed to encourage parent support of Project STAR, including development of a proclamation statement supporting the goals of Project STAR, participation in developing school and district drug-related policy guidelines, and assisting in obtaining local community funding and in-kind service support.

**Project STAR Community Organization**

The glue that holds Project STAR together is the community organization, a formal organization created to oversee the implementation of the program. Responsibilities of the community organization include:

- Providing leadership;

- Reaching all sectors of and drawing support from the community;

- Ensuring that the integrity of the program is not compromised;

- Maintaining consistent funding; and

- Providing motivation through morale-boosting initiatives.

The community organization provides the leadership necessary to bring together concerned and interested leaders from various sectors of the community, and it drives overall program implementation and maintenance. Community volunteers, who constitute the membership of this group, will be the backbone of the community's prevention efforts. In addition, the community organization works to ensure that the integrity of the Project STAR prevention model is maintained throughout its implementation: it ensures that the program is implemented and maintained as it is intended to be.

Although research has shown that a community organization alone can be insufficient to support a broad community drug abuse prevention effort, the organization can play a critical role in supporting the program components (Hamblin et al. 1989). For example, the community organization can provide leadership for prevention efforts involving the mass media, schools, and parent organizations. It also can help maintain community funding support and give direction to health policies concerning illicit drug use. Most important, the community organization offers the best means for reaching residents who are outside of the school, such as school dropouts, individuals who are at risk, adults without children, and older people.

An essential role of the community organization is to draw support from all sectors of the community. Therefore, a critical step is to identify a variety of local leaders who will bring commitment and clout to the organization and mobilize the members into a cohesive coalition. The community organization is the core of Project STAR activities, including fundraising. Project STAR in Kansas City benefited from the singular leadership of one of the community's most influential business leaders. In Indianapolis, by contrast, the community organization recruited a number of school leaders who were organized into a series of self-governing volunteer leadership committees.

The community organization also plays an important role in motivating community residents and helping them maintain their enthusiasm for the program. This can be achieved in a number of creative ways. For example, volunteers, including teachers, often will respond well to recognition and praise from the community for their contributions to the success of the program. Incentives for program participation, such as free tickets to special events and higher education scholarships, have been used in Kansas City with great success (Pentz et al. 1986). Other incentives and rewards can include special *awards nights* when program volunteers are publicly recognized for their contributions to Project STAR. Project STAR teachers, school administrators, and other volunteers also may be rewarded by having their names published in local newspapers and newsletters and by having their names placed on plaques that are displayed in public places.

This overview has provided a brief introduction to the role of the community organization component of Project STAR. The following section addresses in more detail the basic structure of the community organization and issues related to the selection, formal organization, and goals and objectives of the community organization in furthering the aims of Project STAR as a prevention effort. For more general information on community organization as part of community-based prevention programming, the reader is referred to *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*.

The Basic Structure

The basic structure of the community organization will vary depending on the size of the community. The structure of Kansas City Project STAR and Indianapolis Project I-STAR community organizations are presented in exhibits 6 and 7 respectively (Pentz 1993b, pp. 484-498). These two community organizations are organized at the city level and are comprised of committees whose members are leaders representing various constituencies within each city. Each committee is responsible for a variety of tasks, including implementing programs, campaigns, and other prevention events.

In Kansas City, the community organization, called the Kansas City Task Force on Drug Abuse, was established on a functional basis, which means that the committees that formed the organization were established for a particular purpose or function as well as a locally defined need. For example, the media committee was responsible for all activities and tasks related to the media, such as developing press releases and coordinating all interactions with the media; the education committee was responsible for overseeing all activities related to education, such as teacher training. Expertise in the particular functional areas of the committees, however, was not a requirement for membership on the committees.

Combining civic leadership with local business sponsorship is a strategy that was incorporated into the adoption and implementation of Project STAR and is one that has positive potential for other communities. Business support can be expressed in a number of ways other than through direct financial contributions. For example, Marion Laboratories, Inc., the primary corporate supporter in Kansas City, provided many in-kind services to the community organization, including legal counsel, printing of materials, staff support for administrative assistance, and use of office space.

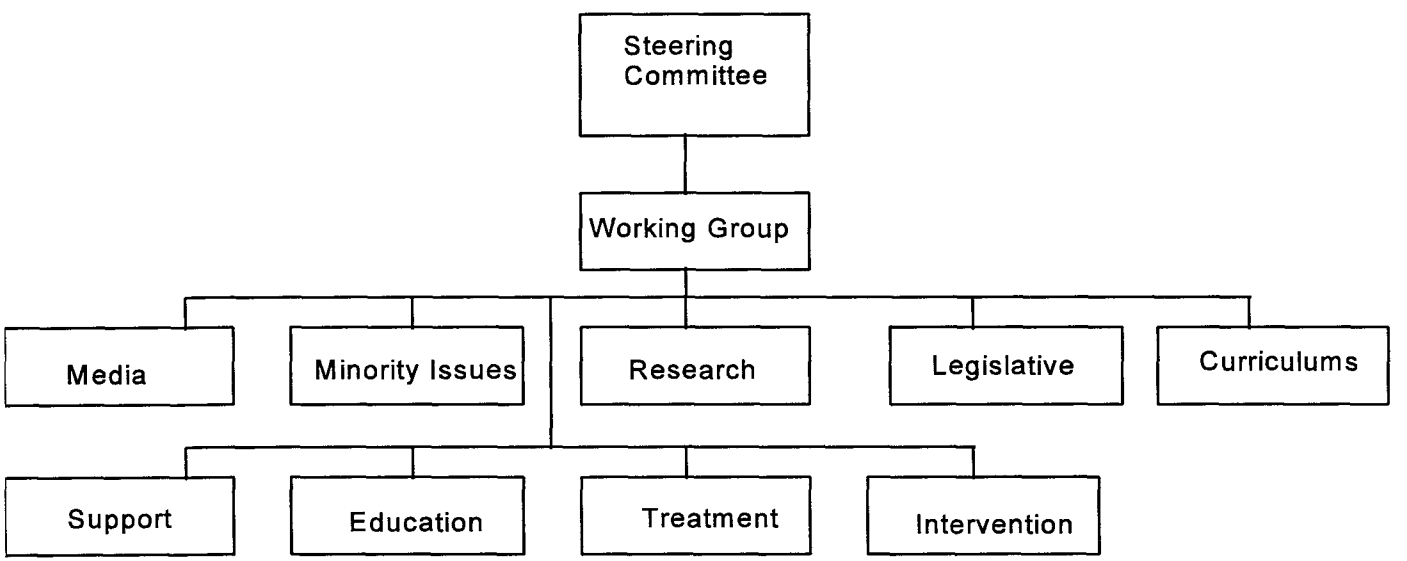
The core of Project I-STAR was the Community Advisory Council (CAC). This group consisted of 20 to 40 volunteers organized into nine subcommittees known as *action committees*, the chairpersons of which formed a Steering Committee. The purpose of the Steering Committee was to provide the overall direction for the community prevention effort. The Steering Committee assisted the community organization to:

- Reach consensus on policy decisions;
- Ensure coordination among the working committees; and
- Further the overall goals of the prevention effort.

**Exhibit 6**

# Project STAR

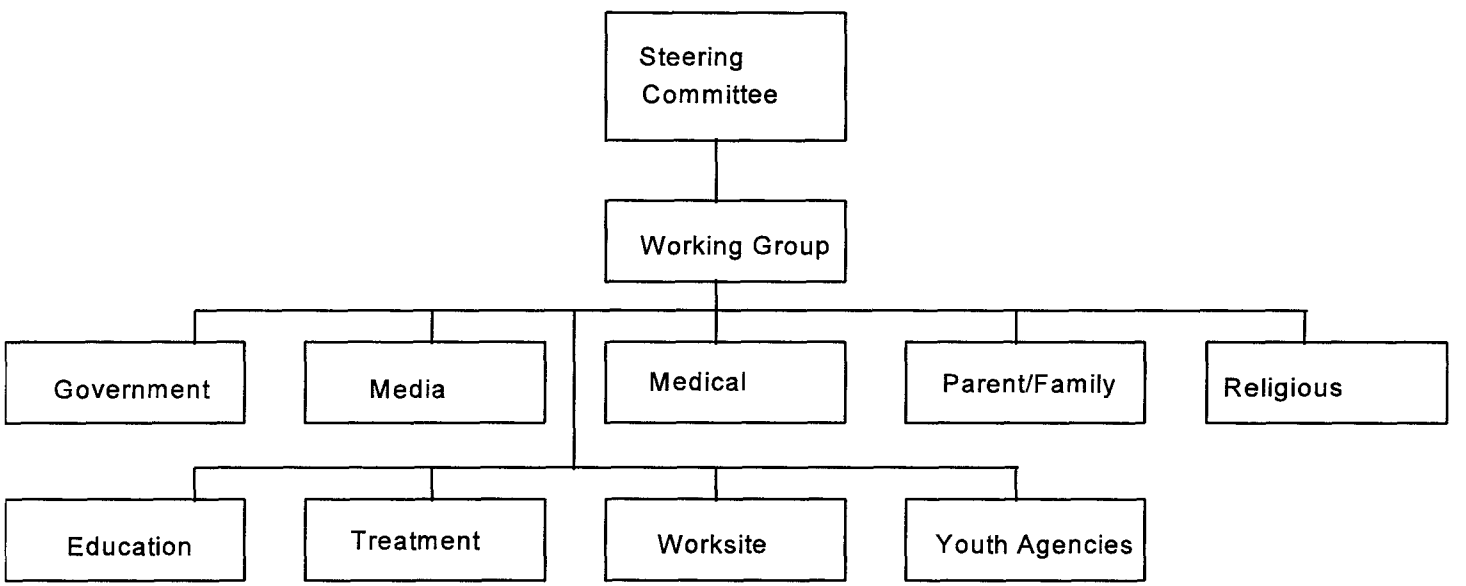
## Kansas City Task Force on Drug Abuse




Source: Pentz 1993b

**Exhibit 7**

# Project I-STAR
## Indianapolis Community Advisory Council




Source: Pentz 1993b

Each action committee has specific responsibilities and task assignments. Project I-STAR committees are established on the basis of particular functions to be performed as well as on the basis of specifically identified local need. For example, the CAC has a committee devoted to the involvement of the religious community that comprises church leaders, although there is no explicit religious component to the Project STAR model. This nine-member Steering Committee provides the direction and leadership to the entire CAC. The CAC meets quarterly, and the Steering Committee meets at least that often. The nine Action Committees meet on an as-needed basis.

The CAC has had various names over a 6-year period, including Community Action Council and Community Awareness Council. These changes reflect different phases of operation and changes in the makeup of community leaders over time as some end and others begin their commitment to the program.

The working groups of each organization comprised the head members of each committee plus all additional community leaders who met regularly to plan task force and CAC overall objectives and task timelines. The working groups essentially represent the largest body of all committee members, and they generally met quarterly.

As a prevention effort continues, the community organization may identify new needs or find that some committees are not necessary. As the needs of the community change, the community organization also will change, either by adding or losing members, changing the organization of the committees, or adding or disbanding committees. Over time, both community organizations of Project STAR reduced their number of committees from nine to eight. A more detailed discussion of organizational structure and membership characteristics of community organizations is provided in the resource manual, *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*.

Participant Selection

Members of the community organization will influence the success of the organization and, ultimately, of Project STAR. Therefore, the members should be proven action-oriented leaders—people who are influential and successful. If the community organization is composed of these types of people and if new members are referred by incumbent members, there is a greater chance of selecting the right people.

Although volunteers are critical to the success of Project STAR, there is no guarantee that all will be as committed as they say. However, Project STAR developers suggest a method for initiating the process of establishing the community organization that proved successful in both model communities. The first step was to identify existing community organizations and agencies

from which individuals could be recruited. Three sets of criteria were considered in selecting members for the community organization, including persons from organizations that:

- Represent business, education, health, and government sectors of the community;
- Possess the capacity to deliver, or to influence the delivery, of, substance abuse prevention services to youth; and
- Are credible and are involved in the community or community service (Pentz and Valente 1993, pp. 37-60).

A critical consideration is that many of the organizations and their members have existing ties within the community. These ties can expand the influence of the community organization, or create conflicts. Local business groups and associations are likely to be in competition with one another for membership. Local health organizations can compete for the same funding dollars. School leaders often may not see their counterparts from other schools and hence, may not know one another. These problems can be overcome by developing cooperative relationships between competing organizations and by an extensive informational campaign. It also is important that the Project STAR program not duplicate the services of other organizations. Outside organizations should be included in the program whenever possible.

The process of selecting and interviewing local leaders for the community organization can follow what is known as the *snowball sampling technique*. That is, as individuals are identified and contacted, they are asked to recommend other individuals until there are enough people to establish the organization. Anyone recommended by several people can automatically be invited to participate in the community organization.

Recommendations for membership in the community organization can be made and considered based on the following criteria (Pentz 1995, pp. 62-92):

- Persons who have the ability to deliver substance abuse prevention services to youth, either directly or indirectly;
- Persons who have an interest in substance abuse prevention;
- Persons willing to serve in the community organization for a specified period of time, preferably a minimum of 3 years;
- Persons who are committed to a drug-free lifestyle;

- Persons who have a history of serving the community; and
- Persons who are recognized leaders in the community.

Ensuring Broad Community Representation

Diversity is an important consideration when identifying candidates for membership in the community organization. Implementation of Project STAR is hindered when the community organization represents a small or one-sided element of the community. It also suffers when an important sector of the community is omitted from the community organization. Therefore, Project STAR implementers should make a list of as many segments of the community as they can, using the criteria listed above. The list may include individuals who are:

- Representatives from city, county, and State government;
- Business owners and other prominent members of the private sector;
- Labor leaders;
- Insurance industry leaders;
- Members of the legal profession;
- Law enforcement professionals;
- Health service providers;
- Representatives of the real estate industry;
- Leaders of civic groups and neighborhood organizations;
- Religious organization representatives;
- School administrators, including principals and school district and school board representatives; and
- Representatives of local service agencies.

Efforts to bring together leaders from these sectors can begin with contacts who are active in substance abuse prevention issues. They include regional policymakers, a city politician who is an advocate for substance abuse prevention, a member of the medical profession, a school

principal, the chief of police, or a representative of the U.S. Drug Enforcement Administration (DEA) or Federal Bureau of Investigation (FBI). These primary contacts should be encouraged to recommend other community leaders. For example, the school principal may know parents, business owners, and others who are concerned about drugs, and the mayor, the chairperson of the school board, the chief of police, or some other prominent community leader is sure to know many others who would have an interest in working with Project STAR.

In the establishment of the community organization, the school component of Project STAR should be taken into consideration. For example, school administrators are ideal for sharing information with the community. Therefore, school leaders who are experienced in working through the same communication channels and often with the same local leaders whose support will be needed to implement Project STAR outside of the classroom are important to include in the community organization. In addition, teachers who can gain the support of community leaders by sharing prevention knowledge and classroom experiences should be included.

Other excellent sources of potential community organization members are the local Chamber of Commerce and the Lions, Elks, and Rotary Clubs. These business associations are active in the community and maintain directories of local residents who are active in their respective programs. Chambers of commerce, for example, often maintain directories of past participants in community leadership programs. Such directories contain helpful information about the people they list, such as community service interests.

The initial contacts with potential members can be made by mail, with a letter explaining what Project STAR is and the need for volunteers from the community. Someone should then be assigned to call the invitees and make appointments for them to meet with the key people involved in the program.

Studies indicate that the greatest support for the program will initially come from those who are most involved with youth, that is, their parents and school representatives (Johnson et al. 1986). With their proven concern for the welfare of the community's youth, they are a solid and committed core of volunteers within the community organization.

### Terms of Community Organization Service

Establishing limited terms of service for the members of the community organization can help ensure broad diversity among the members. Term limits can be set for membership in the community organization as a whole or for membership on any of the subcommittees of the organization. For example, individuals may be limited to no more than 3 years of continuous service on the community organization, after which they may be required to sit out 1 year before coming back into the organization. However, if limits are placed on the terms of participation in

the community organization, the lengths of service can be determined by the needs of the community for particular types of expertise among the membership or on the basis of the availability of people to serve in the organization.

Tasks of the Community Organization

Once the community organization begins to take shape, it can begin program implementation. However, this will take time because members of organizations are important leaders in their respective fields and therefore are among the busiest members of the community. To establish a sense of order as the organization develops, the following three steps can be taken:

- Informally assess the condition and degree of readiness of the community to implement the program (see *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*);

- Arrange and participate in preliminary training about the nature of the problem in the community, the concept of prevention, and how Project STAR will work to bring its various components together (see *Drug Abuse Prevention and Community Readiness Training Facilitator's Manual*); and

- Meet to formalize the organization. This meeting can be facilitated with the supportive involvement of the mass media (Pentz, in press).

In addition, there are important steps to be taken in the initiation of the work of the community organization including:

- Outlining specific tasks or programs, with required resources, delegated personnel, and deadlines, to increase a sense of ownership;

- Identifying and training program implementors, whether they are local or outside experts or a combination of these;

- Implementing tasks or programs according to Project STAR methods and agreed on by the community organization;

- Formal monitoring, evaluation, and feedback about the quality of implementation by individuals who can offer an objective point of view; and

- Regular reinforcement and retraining of implementers to maintain their motivation to continue implementation and cope with personnel turnover.

Goals and Expectations

Once the community organization is established and the media are generating public attention, it is time for implementers to set goals, divide into subcommittees, designate committee chairs, and make assignments. Setting goals and helping leaders stay committed is important at this stage. Research suggests that the level of commitment and future involvement of community leaders are directly related to their perception of how much positive effect their efforts have, as well as the amount of progress they have made (Pentz 1986). Project STAR implementers can help community volunteers create realistic goals and expectations. It is appropriate to expect less immediate change and set organizational goals with a long-term perspective, thus reducing the possibility of psychological letdown on the part of the volunteers.

Goals are best accomplished within an organization when they are broken down into a series of tasks, each with a specific timeline and deadline. Responsibility for accomplishing the goals, or portions of them, should be delegated and communicated within the community organization. The organizational charts from Project STAR and Project I-STAR (exhibits 6 and 7) provide two examples of ways to divide responsibilities. Also, subcommittee members can be provided the guidance and training they need to accomplish their assigned tasks. This includes providing rewards and incentives, such as public recognition, to individuals and groups who achieve subgoals as the prevention effort develops.

## Project STAR Health Policy Change

In addition to the four key elements of Project STAR, there is a fifth element that generally is in the province of the community organization—policy development. Through the legislation and government subcommittees, health-related policies that have a direct bearing on a community's substance abuse social norms can be established. Health policy change involves refining school policies to include prevention and support for cessation, improving monitoring of public places and schools for drugs, voluntary limited access initiatives with vendors, and lobbying for tobacco and alcohol taxes.

A health policy can be any written course of action, informal guideline, or communitywide measure designed to support a change in knowledge, attitudes, behavior, and health-related outcomes (Pentz 1995, pp. 62-92). Policy development leads to a greater awareness of the community's overall commitment to substance abuse prevention, as well as to the establishment of necessary and appropriate laws to help reduce substance abuse.

One of the primary benefits of policies regarding substance abuse is that they have the potential to reach beyond community residents who choose to participate in the prevention program. Policies that apply to the entire population of a community, such as those addressing

drunk driving or drug-free workplace policies, help compensate for the limited reach of the school component of the prevention program.

Local policies have the potential to bring about three benefits:

- Community commitment to a drug-free social environment;
- Dissemination of drug-free attitudes throughout the community when policies are formally written and enforced; and
- Documentation to the Federal Government that the community is complying with the U.S. Anti-Drug Abuse Acts (Pentz, in press).

There are many policies in a community that affect residents' attitudes about substance abuse. The policies are not always obvious because of preconceived opinions residents may have about certain substances. For example, although most residents may support a policy against the possession of marijuana in schools, they may not understand or agree with the need for a restrictive smoking policy in schools. Examples of prevention policies that implementation of Project STAR can help to bring about include:

- Establishment of drug-free school zones;
- Prohibitions on the use of alcohol and cigarettes in schools;
- Drug education as part of school curriculums and teacher training;
- Restrictions on smoking in public places;
- Drug-free workplace policies;
- School policies for teachers to refer students to programs for substance abuse counseling;
- Liquor store policies to require proof of age from those purchasing alcohol; and
- Policies that are supportive of the establishment of neighborhood watch groups.

Project STAR in Kansas City has been successful in getting communities to establish policies whereby revenues from taxes on beer sales are used to fund adolescent inpatient substance abuse treatment programs. Studies indicate that policy changes can reduce substance abuse in a community and can decrease absenteeism and substance abuse among new hires at companies with

drug testing policies (Pentz 1995, pp. 62-92). At the school level, decreased adolescent substance abuse is associated with the establishment and enforcement of prevention policies. In these circumstances, there is less substance abuse when no-use policies are established and enforced.

Sequence of Change

The developers of Project STAR used several approaches when they developed the policy component of the program (Pentz 1995, pp. 62-92). However, the most useful approach involves recognition of a sequence of stages that the community organization goes through to increase the likelihood that policy changes will be adopted, implemented, adhered to, and maintained. These stages include:

- Awareness of the substance abuse problem and the need for policy change and adoption;
- Knowledge of the policy's content and any related consequences for violations of the policy;
- Support for the policy and belief that a policy change can decrease substance abuse in the community;
- Belief that a policy change is better than the status quo;
- Expectations that policy change will have positive personal and community results;
- Confidence to support the new policy;
- Support and compliance with the policy change; and
- Mastery of policy change behaviors through repeated practice.

Schools provide most communities with a built-in network of communication for policy change. Most parents and youth expect to receive communication regarding policy changes through the schools. Therefore, going through the local school system increases the likelihood of a rapid dissemination of information about policies and policy changes throughout the entire community.

The government subcommittee of the community organization is responsible for developing and implementing policy initiatives. This group, consisting of local leaders who are active and influential in governmental and legislative matters, brings together the community to implement policy changes. The active support and participation of school leaders, law enforcement officials,

health professionals, and city and county government representatives are important for overcoming barriers to policy implementation. Parents and school principals play an important role in revising school prevention policies, and they too should be represented on the government subcommittee to provide assistance in communicating the policy changes.

## PROJECT STAR TRAINING REQUIREMENTS

The developers designed training programs for those persons implementing four of the five core components of Project STAR. Training for community participants is an important part of the program. Program trainers can be teachers who have previously taught the program, health educators, or individuals who have themselves been trained by master trainers who are experienced in the implementation of the program. The developers of Project STAR recommend a training sequence that corresponds to the program implementation sequence, that is, the school component followed by the media component, the parent component, and finally the component for community leaders. The suggested training sequence for these components is presented in the following chart.

**PROJECT STAR SUGGESTED TRAINING SEQUENCE**

| Core Component | Training Recommendations |
|---|---|
| School/Teacher Component | 2 days in year 1, by practitioners or experienced trainers.<br><br>Project STAR instructors: ½ day in year 2 with a master teacher trainer participating as a cotrainer. |
| Media Component | 2-hour training session in year 1 before program begins. |
| Parent Component | 1 day of initial training, followed up with additional meetings of parents at host nights held twice yearly. |
| Community Leader Component | 2½-hour orientation session, followed up with twice yearly community meetings. |

### Teacher Training

Teachers are the day-to-day service providers in the Project STAR program. They are on the front line in delivering the program to its main recipients—the students. Successful implementation of the program is influenced by a number of factors, including teaching experience

(less experienced teachers tend to implement more readily), enthusiasm for the subject matter, training attendance, and strong self-confidence (Rohrbach 1993).

Project STAR teachers participate in an intensive 2½-day training program provided by certified STAR trainers. The teachers are thoroughly trained in the instructional methods of the program, including specific objectives to overcome potential pitfalls and strategies for soliciting parental participation. Training includes instruction in substance awareness education and the teaching methods involved in the program.

The major content of the teacher training component of Project STAR includes:

- Introduction and overview of the goals of the program;
- Explanation of the relationship of the school component to the other key elements of the communitywide organization;
- Demonstration and practice of curriculum implementation;
- Discussion of adherence to Project STAR methods and strategies for overcoming potential problems; and
- Methods for the selection and preparation of peer leaders.

Monthly followup phone calls by STAR trainers are made to teachers involved in the program to monitor the progress of curriculum implementation and provide corrective feedback. Periodic feedback visits also are made to each school principal. Teachers are provided with materials for classroom use including a *Teacher's Guide* containing approximately 250 pages of lesson plans, homework assignments, and other resource materials. Other materials include student workbooks, student-parent workbooks, and a videotape. For more information about these materials, see appendix A.

Teachers are more likely to implement a new curriculum if it fits the way they are accustomed to teaching. However, teaching substance abuse prevention through the Project STAR program requires a teaching method that differs considerably from the lecture and discussion methods employed by most teachers. To make teachers comfortable with Project STAR methods, they are trained in the program's delivery style during preimplementation teacher training sessions. Teachers are taught to encourage feedback from students, use encouraging and supportive language, and remember that they are not *teaching* the program. Instead, their role is to act as facilitators and catalysts to encourage class discussion.

## Media Training

Representatives from the media take part in a 2-hour introductory session conducted by the media committee at the beginning of the first year of Project STAR, before the program formally begins. This introductory session provides an overview of the program. The session focuses on behavior change, plans for dissemination of information about Project STAR, and how Project STAR incorporates the local media into the program as a means for getting information about the program to the broader community. This introduction also provides an opportunity to discuss the ways in which the media glamorizes substance abuse and explore ideas about how to change the media's direction. As with training sessions for other components of the program, the media training can serve to educate members of the media about how Project STAR works, its main objectives, and the role played by the community in its implementation and success.

The objective of the media training is to inform the members of the media about the program and garner their participation and support. This is best accomplished if the media members feel an *ownership* for part of the program. In this case, they *own* the role of introduction, promotion, and reinforcement of the Project STAR no-use messages in the community. Sources for Project STAR training and curriculum materials are found in appendix A.

## Parent Skills Training

The parent skills training program is designed for parents and their children and consists of two sessions conducted at the school site. Specifically, the parent skills training is designed to accomplish the following:

- Show parents how to support the drug-free behavior skills their children are learning as they learn and practice effective communication skills;
- Encourage parents and children to discuss the issue of selecting drug-free friends as parents learn how to influence their children's choice of friends and how to get to know their children's friends and families;
- Prompt parents to develop and enforce drug-free rules for all members of the family as they learn how to develop rules and expectations and how to enforce the family rules once they are established; and
- Help families establish more effective patterns of communication between the parents and their children.

**Community Leader Training**

Once community leaders and volunteers are identified to participate in the community organization component of Project STAR, they are provided an orientation and training session for their roles in the prevention effort. The training is conducted either by experienced practitioners or staff of previous Project STAR programs. Information about possible trainers can be obtained from the Project STAR developers listed in appendix A. The trainers explain the purpose of the community organization, the specific roles and responsibilities of the members, and the importance of volunteers to the overall success of the prevention effort. To overcome the natural inclination toward denial, fear, and misunderstanding, the training also can provide information about the prevalence of the substance abuse problem in the community and the role of Project STAR in addressing the problem.

# IMPLEMENTATION OF PROJECT STAR: PUTTING IT ALL TOGETHER

Project STAR, as an example of universal prevention, is based on an approach to prevention that is implemented throughout the community. Therefore, because Project STAR is a community prevention effort, questions will invariably arise as to who within the community will be targeted, who will be involved in its implementation, and how the implementers will be trained. Some of these questions are addressed in the Project STAR curriculum for the school component. However, for the other core components of the program to be effective, relevant questions regarding their implementation also must be addressed.

This chapter discusses some of those questions, specifically, preimplementation issues such as a community needs assessment and program feasibility analysis, funding, the proper order for introducing the program components (sequencing), the process for introducing the program to the community (diffusion), and other issues critical to the successful implementation and maintenance of the program.

## Preimplementation Preparation

Although the focus of Project STAR is on youth between the ages of 11 and 13, with the key program component—the school-based social influence curriculum—delivered in the school setting, all core program components must be fully operational for Project STAR to achieve maximum effectiveness. However, even prior to formal program implementation, there are important preimplementation activities that should be undertaken to ensure program success. These activities involve assessing community needs for the substance abuse prevention effort and analyzing the feasibility of implementing Project STAR.

### Community Needs Assessment

There sometimes is a tendency to deny that a drug abuse problem exists, regardless of whether it is a personal problem or a problem for an entire community. Facts about the existence of the problem will help community leaders define the nature and magnitude of the problem, generate resources for prevention program delivery, and develop early participation in program planning that will lead to a sense of community ownership of the prevention effort (Pentz 1986). Therefore, extensive preliminary studies of the substance abuse problem should be performed before the prevention effort is undertaken. Generally, communities seeking to implement a substance abuse prevention effort conduct needs assessments prior to initiating the effort.

Community needs assessments are key to the planning and development of appropriate prevention programming. A preimplementation survey of substance abuse in the community, particularly among 6th through 12th graders, can provide Project STAR program implementers with the kind of information necessary to convince the community that the program is needed.

The survey can be conducted either by professionals with expertise in survey methodology or by members of the community with an interest in understanding the local substance abuse problem. It is important, however, to obtain verifiable facts that a substance abuse problem does exist and that it should be addressed.

Information on conducting community needs assessments is provided in the following NIDA documents: *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools* in this RDA set of materials; and *How Good is Your Drug Treatment Program? A Guide to Program Evaluation* in the NIDA Program Evaluation RDA package. These documents are are listed in appendix A.

Program Feasibility Analysis

Following the needs assessment, the next step should be a program feasibility analysis. This effort focuses on the likelihood of community participation and cooperation in the prevention effort. The feasibility analysis enables implementers to identify potential obstacles to program implementation and address them early in the implementation process. The analysis also will provide strong evidence to support the need for ongoing evaluation of Project STAR throughout all phases of the implementation and maintenance of the program (Pentz 1986).

**Sequencing of Project STAR Components**

The collective success of the five core elements of Project STAR (a school-based program, media programming, a parent program, community organization, and health policy change) all hinge on the support of the local school system for the prevention effort. Therefore, the first phase of program implementation involves gaining the support of the leaders in the school administration. Thus, the school component should be implemented as the first part of the total prevention effort. Involvement of the media should occur during the same time that the program implementers are gaining the support of the school system. It is now that the media can play an important supporting role in recruiting parents and community leaders. The media also can play a crucial role in promoting the acceptance, adoption, and implementation of Project STAR in the schools and in the community.

The next component to be implemented should be the involvement of parents and parent groups. Although parents will become aware of Project STAR with the implementation of the school and media components, their direct involvement in this prevention effort occurs only when they are brought into the process formally through the parent component. Following implementation of the parent component, the next task is implementation of the community organization component. This involves the recruitment of community leaders and the creation of a self-sustaining community organization with widespread involvement from all sectors of the

community. The fifth and final element of Project STAR, policy change, is implemented as part of the responsibility of the governmental affairs subcommittee of the community organization.

The implementation timeframe recommended by the developers is 2 to 3 years from the time of the initial introduction of the program into the schools through the initiation of the activities of the community organization. Much of the implementation process will depend on the ability of the community to implement each program component before moving on to the next phase. More specific information regarding program implementation timelines can be obtained from the Project STAR developers.

Table 3 shows the chronology of implementation of Project STAR in Kansas City and Project I-STAR in Indianapolis (Pentz and Valente 1993, pp. 37-60).

**Diffusion**

Before involving community leaders, parent groups and the media in Project STAR, the implementers need to understand the concept of *diffusion*. Diffusion is simply the process of introducing the program or the order in which information about the program reaches the broader community. Researchers have identified four stages of diffusion (Rohrbach et al. 1993; Parcel et al. 1991):

- Dissemination, or informing the community of the goals and methods of the program;
- Adoption, or deciding to implement the program;
- Implementation, or starting the program; and
- Maintenance, or continuing the program over a period of time.

Each of these stages refers to the ways in which the process of implementation is viewed in the broader community. Research has shown that bypassing the first two stages in the diffusion sequence can seriously hinder the success of the program implementation. For example, failure to inform the community about the goals and objectives of the program can result in a serious lack of knowledge among community members, which can result in feelings of resentment and distrust that can undermine program success.

**Table 3**

**Chronology of Implementation of Project STAR in Kansas City and Indianapolis**

| Date | Event | Types of Organizations Involved |
|---|---|---|
| *I. Kansas City* | | |
| August 1984 | Introduction of initiative to school superintendents | Business, education |
| September 1984 | Orientation of the media | Business, media |
| October 1984 | Teacher training | Education |
| November 1984 | Press conference on baseline and 6-months' program results | Media |
| January 1986 | Student video contest | Media, education |
| February 1986 | Parent training | Education |
| September 1986 | Task force organizations | Media, business, education, health, youth services, government, treatment |
| *II. Indianapolis* | | |
| April 1987 | Public school program adoption | Education |
| May 1987 | Private school program adoption | Education |
| September 1987 | Orientation of media programmers | Media |
| February 1988 | Press conference on baseline drug use | Media |
| September 1988 | Parent training | Education |
| November 1988 | Community Advisory Council organization | Media, business, schools, youth agencies, government, medical, treatment, parent/family, religious |

## Funding

Funding for Project STAR is as important a consideration as the curriculum. Without money to purchase materials, organize meetings, pay staff, and cover general operating costs, there is no program. Therefore, locating adequate funding is a vital part of Project STAR implementation. Following the examples of Kansas City and Indianapolis, business involvement in the program can be critical. In each city, a single major corporation provided the core financial support for the program.

In Kansas City, the core funding for Project STAR came from Marion Laboratories, Inc., and the Ewing Marion Kauffman Foundation. With the leadership and commitment to substance abuse prevention of Ewing M. Kauffman, community support and fundraising were much easier. Marion Laboratories provided not only leadership and financial backing but also committed staff, office space, and legal services to the program.

In Indianapolis, the Lilly Endowment, the foundation arm of the Eli Lilly Pharmaceutical Company, became the central source of support for Project I-STAR. Because the Project I-STAR Community Advisory Council did not have direct ties to large corporate funding sources, it approached its sponsors indirectly through the Project STAR developers at the University of Southern California. In 1987, the Lilly Endowment pledged $2.5 million for 3 years to support Project I-STAR. This grant was the single largest elementary-secondary school commitment in the history of the Lilly Endowment.

In both the Kansas City and Indianapolis communities, Federal funding from NIDA was combined with resources from several local sources. The involvement of NIDA in the project was contingent on the project being a research-based program. To meet this requirement, program organizers had to promote community support for the research element of the prevention program. This required that the entire mind-set of the community be geared toward the long-term value of the program rather than the more attractive short-term prevention campaign approach.

Inclusion of an evaluation element in the program makes it possible for the community to see the results of Project STAR and how each component of the program contributes to overall program effectiveness. The evaluation process affords program implementers the opportunity to make recommendations regarding planning, implementation, and revisions to the implementation process. More information on program evaluation is provided on pages 85 and 86 of this resource manual.

Additional Sources of Funding

A subcommittee within the community organization can assume the responsibility for fundraising although all organization members can try to increase funding. Other potential funding sources may include:

- Federal agencies, including those within the U.S. Department of Health and Human Services (DHHS), such as the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT);
- State and local government substance abuse prevention agencies;
- State and local government and private foundation grants that sometimes are tied to specific projects, such as Drug-Free Schools and Communities funds;
- Funds generated through the activities of the Project STAR community organization;
- Funds generated through fees charged for training provided by the Project STAR implementers to other communities or schools that are interested in the program; and
- Revenues generated from increased city, county, and/or State alcohol and/or cigarette taxes specifically earmarked for prevention programming.

## Other Implementation Issues

This section presents a review of the major elements of Project STAR and some implementation issues and other important points to consider as communities explore the possible use of this model program. Although Project STAR has proven to be a successful substance abuse prevention approach in Kansas City and Indianapolis, there were important differences in the way the programs were originally introduced in these two communities. Therefore, there are likely to be special circumstances in other communities where the program is used. However, Project STAR should be adopted and implemented as designed according to the prescribed format. Maintaining the integrity of the program is critical to the ultimate success of its implementation.

Ten Fundamental Program Elements

In the interest of maintaining the program integrity of Project STAR, the developers have recommended that the following 10 fundamental elements of the program not be changed:

- Project STAR is a *comprehensive universal communitywide program* intended to prevent alcohol and other drug use among young people. Therefore, the program should not be limited to certain segments of the community but should include the entire community.

- The target audience of Project STAR is youth in the sixth through eighth grades. This is based on the premise that the transition years leading from middle and junior high school to high school represent a time when youth are most vulnerable to initiate substance abuse. This also is the time when youth are most receptive to prevention messages.

- Project STAR does not focus on what drugs are and what they look like but on resistance skills training and development. The first-year curriculum consists of 13 lessons that focus on changing behaviors by teaching antiuse skills. A second-year followup or booster curriculum is five lessons that reinforce the principles learned in the first year.

- Because students are the primary target audience, the enthusiastic support of principals and teachers is critical. The curriculum is taught in the classroom by regular classroom teachers who are trained to administer the program.

- In addition to the school component, Project STAR calls for the involvement of parents, the media, the community, and local laws and policies that influence attitudes toward substance abuse throughout the community. For a comprehensive community effort, the specific activities of each of these components must be implemented.

- The order in which the entire program is implemented begins with the school and media components, followed by the involvement of parents, and finally the creation of a community organization.

- Training is a critical element of the program. Training will be used to help principals understand the nature of the substance problem, prepare teachers to present the Project STAR curriculum, recruit the support of the mass media, influence parents' desire to participate in their children's drug education, and help involve community leaders who might be reluctant to admit that a substance abuse

problem even exists. Because of this important role in the entire prevention effort, the training curriculums should be followed exactly as presented.

- The integrity of the program's implementation is also critical. How closely teachers adhere to the curriculum will have a direct bearing on the program's impact.

- Evaluation is an important element of Project STAR and should be included from the beginning of the program. An initial study of youth substance abuse before the program is implemented is strongly recommended and will prove useful in recruiting community support. It also will give the community an opportunity to measure the progress of the program over time.

- Community ownership is an element of the program that must be nurtured so that the community feels a sense of involvement and influence in the program's operations. In this way, the community will do what is necessary to maintain the program after the implementation process is complete.

Program Maintenance

Getting the Project STAR program up and running is only one part of a successful prevention effort. Maintaining the program over an extended period will determine its true impact on drug abuse. To envision Project STAR as only a 3- or 5-year program is to limit its potential in the long run. In both the Kansas City and Indianapolis communities, the following three mechanisms have contributed to the long-term maintenance of the program:

- *Regular review and refinement of the program's delivery*. These activities include replacing community leaders at the end of their terms on the community organization. The training of local program implementers ("master" implementers) who can take over the program from external researchers and program implementors is a key factor in long-term survival.

- *A planned evolution from short-term grant funding to long-term funding*. This requires State, local, and private foundation funding on a regular basis. To receive funding, it is helpful for an organization to become a nonprofit organization as designated by the Internal Revenue Service and registered as such in the State where the program is operated.

- *Generating funds from activities of the Project STAR community organization.* This process increases the organization's chances of being self-sustaining and builds a base of support for future prevention programming (Pentz and Valente 1993, pp. 37-60).

Other maintenance strategies suggested by the program developers include:

- *Making regular reports on program progress* to the community and providing annual press conferences to announce program activities and the accomplishment of program goals. This often will lead to community and media discussions of the next steps and long-term planning for the program.

- *Using the media in creative ways* to promote program goal achievement and individual participation throughout the community.

- *Focusing public attention on problems* associated with substance abuse, for example, cancer, AIDS, accidents caused by drunk drivers, and youth drinking.

- *Regularly encouraging Project STAR implementors* through the use of incentives such as awards banquets, media attention, scholarships, and tickets to sports events.

- *Creating a library of information* and other materials on drug and alcohol use and prevention.

Program Evaluation

A common criticism of prevention programs is that they do not have built-in mechanisms for ongoing evaluation. Long-term commitment to evaluation is important to the program's ability to survive. Evaluation must begin before the first step toward program implementation is taken. The initial needs assessment and an initial study of community substance abuse before the program begins can be used to enlist local support for Project STAR. They also can be used to measure the impact of the program on substance abuse.

A plan, developed around criteria that are based on the established goals and objectives of the program, will be required to guide the evaluation of the program. For example, if the goal of the program is to increase awareness of substance abuse in the community, the evaluation should help to determine whether community members are more knowledgeable about substance abuse and related issues as a result of Project STAR. If the goal of the program is to reduce substance abuse in the schools, there should be data to show that student substance abuse declined after implementation of the program.

The frequency of activities related to the evaluation process can be determined in advance. For example, a community may want to determine whether evaluation of student substance abuse should be conducted annually, every 2 years, or more frequently than once a year. More frequent evaluation will give a more accurate picture of the effects of Project STAR.

Evaluations can be based on information from school system records, police statistics of juvenile crime, or information gathered from school and classroom surveys of students' substance abuse. The kinds of information gathered through these school-related sources may include:

- Students' reported substance abuse and perceptions of substance problems;
- Number of substance-related incidents of prohibited behavior;
- Number of substance-related disciplinary actions;
- Number of substance-abuse intervention and treatment referrals;
- Number of substance-related hospital emergencies;
- Frequency of crime occurring on school grounds;
- Number of arrests and convictions of minors on substance-related charges;
- Number of school absences;
- Frequency of school tardiness;
- Frequency of violent behavior; and
- Frequency of acts of vandalism (Troxell et al. 1990).

Outside the area of substance abuse among the youth, the other components of Project STAR also can be evaluated. This will require that the evaluation plan include evaluations of the effects of the media, parent, and community organization components of the program. For example, the evaluation of the effects of the media can focus on issues as simple as the number of newspaper articles and television reports related to Project STAR, or on more complex issues related to a long-term study of the impact of the media component on the behavior of the students who participate in the program (Pentz et al. 1989d; 1989e, pp. 136-143; 1990). The plan also can include an evaluation of the effects of the participation of teachers and school leaders in the program.

For more information about evaluating Project STAR, refer to *How Good Is Your Drug Treatment Program? A Guide to Program Evaluation* in the NIDA Program Evaluation RDA package. Refer also to *Prevention Plus III, Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level: A Four-Step Guide to Useful Program Assessment.* These documents are listed in appendix A. The NIDA package provides information on concepts which often apply to prevention program evaluations. *Prevention Plus III* provides step-by-step guidance for persons interested in evaluating substance abuse prevention efforts but who may have limited familiarity with program evaluation terminology and methodology.

Pitfalls to Avoid

The best planning cannot eliminate every obstacle to program implementation and maintenance. However, some pitfalls can be avoided with foresight and advance planning. Common pitfalls that can impede Project STAR include:

- Ethnic minority community issues,
- The structure of the organization,
- Failure to include educational leaders,
- The existence of other prevention programs, and
- Negative attitudes among important community constituents.

*Ethnic Minority Community Issues*

Although Project STAR is designed to be used in any community, regardless of its ethnic makeup, related factors can create what are known as *stressors* (Pentz 1993c, pp. 15-34; 1993d, pp. 69-87), such as:

- A community where the local government is dominated by one ethnic group, may find program acceptance hindered by programs sponsored by another ethnic group.
- Communities composed primarily of ethnic minorities may find access to professionals and resources limited if the community is not large enough to support the number of professionals and the amount of resources needed for the program.
- A community that lacks a business core may be limited in its ability to build an organization with sufficient influence and financial viability.

*Structure of the Organization*

If the community organization eventually becomes only a *grassroots* organization, this change, in the long run, can be a prescription for failure. Without the active involvement of health professionals, business leaders, and researchers, the achievement of organizational objectives may be retarded. These kinds of professionals are necessary for the valuable contributions they can make to:

- Program management;
- Fundraising;
- Training; and
- Program development.

*Failure To Include Educational Leaders*

Failure to involve key educational leaders in the program from the beginning can create problems. Unless school administrators, principals, and teachers give them full support, implementation of Project STAR in the schools is not likely to succeed. The assumption of the role of liaisons to the community by school leaders is unlikely to occur without their early involvement in and support of the program.

*Existence of Other Prevention Programs*

Because of the perceived value of drug abuse prevention programs, the community already may be immersed in similar efforts. Therefore, the implementers of Project STAR can embark on three important courses of action:

- Encourage input from the staffs of the other programs on where to establish the Project STAR effort;
- Whenever possible, include the staffs of the other programs in planning efforts for Project STAR; and
- Work to build cooperative, mutually beneficial relationships with organizations that share goals that may be the same as those of Project STAR.

The existence of other prevention efforts in the community can create a sense of competition for Project STAR that could lead to disagreements with these organizations, competition for local funding, or conflicts related to prevention focus or local priorities. The community organization can overcome this problem by incorporating involvement of existing organizations while supporting them to maintain their distinct identities within the community.

*Negative Attitudes Among Important Community Constituents*

Several factors may lead local leaders who are active in Project STAR and other members of the community to develop negative attitudes toward the prevention effort. These factors may include:

- Ineffective use of the media in promoting Project STAR;
- Failure to secure school and parent support;
- Lack of confidence in the local government on the part of community leaders that can hinder efforts to change local policies or to raise funds;
- Lack of quality within any of the components of the program; and
- Failure to properly adhere to training and need for regular encouragement and support for program staff and volunteers.

A negative attitude toward substance abuse prevention and Project STAR, especially in the media, can be very damaging. The media component of the program is critical at all stages of the program's development. Therefore, the members of the media must understand the objectives of the Project STAR approach to prevention. This can be accomplished through the media training program.

<u>After Initial Program Acceptance and Implementation</u>

Even after the initial acceptance and implementation of each component of the Project STAR program, continued program monitoring and planning will be necessary. Research findings from Project STAR suggest that the following strategies can help ensure that program efforts will be maintained:

- Followup programs for youth as they move through successive risk periods for substance abuse, such as during the transition from middle school to high school.

Project STAR includes a five-lesson booster program for students who have completed the first phase of the program and have reached this critical transition period.

- *Fine-tuning*of the program on an annual basis using feedback from assessments of program processes and evaluations. Popular and successful program activities can be given greater emphasis in future program plans whereas less successful activities can be either improved or discontinued.

- Extension of prevention programs from the targeted youth to populations who can exert influences on youth, such as parents, health professionals, and community leaders. Prevention programs can be introduced into workplaces, religious institutions, and other community organizations and settings.

- Continued building of support for prevention to address emerging substance abuse issues. Implementers can strengthen media campaigns to increase public awareness of substance abuse issues and can continue to identify individuals to participate in the community organization.

- Continued monitoring of the quality of program delivery to reduce *interest drift*, that is, changes over time in levels of interest and attitudes regarding Project STAR. Periodic evaluations can identify changes in the effectiveness of the program by providing opportunities to compare the results of program activities over several years.

- Reinforcement of program goals and support for program implementers and participants to bolster the impact of the program after initial enthusiasm wears off. Such reinforcement can be accomplished through awards programs, contests, and newsletter feature articles that give public recognition to the successes of the program and program participants.

**Recommendations for Success**

Numerous studies and reports exist about Project STAR. Based in part on these reports and the results from Kansas City and Indianapolis, the following recommendations can assist communities successfully implement Project STAR:

- Involve business and other respected leaders in the community organization.

- Include school leaders in all phases of the program's development and ensure that they are among the first invited to participate in the community organization.

- Include the media as the primary means of promoting Project STAR and building community support.
- Use evaluation results for community feedback to promote awareness and support for Project STAR.
- Develop short- and long-range fundraising plans from the very beginning of the Project STAR effort.
- Revise the program's objectives as community needs change.
- Establish clear, realistic goals and objectives for the prevention effort.
- Provide the opportunity for all sectors of the community to be involved (Pentz 1995, pp. 62-92).

## SUMMARY AND CONCLUSIONS

This resource manual has presented an overview of universal prevention strategies for prevention program administrators, prevention specialists, community volunteers and activists, parents, teachers, counselors, and the many other individuals and organizations who have an interest in drug abuse and its prevention on a communitywide basis. Through this manual, the reader has been introduced to the concept of universal prevention, the relevant literature on the theory and research on which universal prevention programming is based, and the key features that comprise this approach to drug abuse prevention.

To reinforce the understanding by prevention practitioners of the power and effectiveness of universal prevention strategies, this manual has presented several examples of universal prevention programs, including a detailed case illustration of two model programs of the Midwestern Prevention Project, namely, Project STAR in Kansas City and Project I-STAR in Indianapolis. The case illustration was presented to highlight that universal drug abuse prevention programs are effective when they are planned, designed, and implemented on a communitywide basis and when they incorporate input from essential segments of the community. The intent is to motivate the reader to consider initiating and/or participating in universal prevention efforts and, where appropriate, to provide guidance to the reader considering implementing the Project STAR model.

The rationale for the inclusion of Project STAR in this resource manual is that Project STAR is an excellent example of a universal approach to drug abuse prevention that is applicable to other communities. The key elements of Project STAR are clearly identifiable and have been subjected to rigorous research and evaluation of their effectiveness as a prevention approach. However, although Project STAR is a good model of effective universal prevention, it is presented for illustrative purposes only; the focus on Project STAR is not intended to imply that NIDA recommends its widescale replication over other tested models. Information is provided in this manual about other resources that are available for a community that may consider implementing Project STAR (see appendix A).

Although there are numerous reports and research studies that support the effectiveness of universal prevention strategies, Project STAR in particular provides important evidence that universal prevention efforts are more effective if they are reinforced through the support of the wider community. Therefore, although students learn the skills to increase their resistance to substances, Project STAR provides ample evidence that students also need the support of their parents, their peers, and the broader community if they are to resist the pressure to use substances, Project STAR provides an effective vehicle to teach students these important resistance skills and to build community support.

Therefore, in communities that choose to implement Project STAR, it will be important that they avoid becoming distracted from the chief goals of the program, that is, to teach substance abuse resistance skills to youth who are entering the years of greatest vulnerability to substance abuse and to create a community atmosphere that will support the development of these skills. Although the goals and objectives of Project STAR can be extended to a wide range of community situations and circumstances, by focusing on the students in middle and junior high schools, communities will have the best opportunity to build a future for their youth, their parents, and the broader community that is free of the problems related to drug abuse.

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## APPENDIX A: RESOURCES

### CONTACTS AND RESOURCES: RESEARCH-BASED PREVENTION MODELS FOR DRUG ABUSE

The following drug abuse prevention program models are highlighted in the *Drug Abuse Prevention RDA* set of materials. The name and address of the principal investigator conducting the research for each model is provided, followed by information on the availability of training manuals, formal training services, consultation, and technical assistance.

**Project STAR, a communitywide prevention program:**

Mary Ann Pentz, Ph.D.
Department of Preventive Medicine
University of Southern California
1540 Alcazar Avenue, Suite 207
Los Angeles, CA 90033
Phone: (213) 342-2582
Fax: (714) 494-7771

Manuals, training, and technical assistance services are available from the research group at the University of Southern California, as follows:

- School component—teacher and peer leader training, manuals, and parent-child workbook;
- Parent component—parent and school principal training, manuals, and parent-child workbook;
- Community organization component—training;
- Policy component—training;
- Media component—training; and
- Evaluation—evaluation instruments, services, and data collection training tape.

Training costs are $150 to $250 per person per day, from a minimum of $1,500 up to a maximum of $2,500 per day, depending on the nature of the presentation. Technical assistance costs are negotiated on a case-by-case basis. Further information about materials, training, or technical assistance also can be obtained by contacting:

Project I-STAR
5559 West 73rd Street
Indianapolis, IN 46268
Phone: (317) 291-6844

**Strengthening Families, a family-focused prevention program for children of substance-abusing parents**:

Karol L. Kumpfer, Ph.D.
Department of Health Education
HPERN-215
University of Utah
Salt Lake City, UT 84112
Phone: (801) 581-7718
Fax: (801) 581-5872

Manuals, training, and evaluation services and instruments are available from the program developers, evaluators, or implementors by contacting Dr. Kumpfer. A 3-day training costs $2,000 plus travel for a group of up to 16 participants.

Costs for program materials are:

| | |
|---|---|
| Family Training Therapist Manual | $ 25 |
| Parents' Skills Training Manual | 25 |
| Parent Handbook | 25 |
| Children's Skills Training Manual | 25 |
| Children's Handbook (6 to 12 years) | 25 |
| Implementation Manual | 25 |
| Evaluation Package | 25 |
| 7-Manual Package Total: | $175 |
| African-American Parent Handbook | 25 |
| 8-Manual Package Total: | $200 |

**Reconnecting Youth, a school-based prevention program for at-risk youth:**

Leona L. Eggert, Ph.D., R.N.
Psychosocial and Community Health Department
P.O. Box 357263
University of Washington
Seattle, WA 98195
Phone: (206) 543-9455 or 543-6960
Fax: (206) 685-9551
e-mail: eggert@u.washington.edu

Consultation and technical assistance are available by contacting Dr. Eggert. Materials and training are also available. Program awareness can be gained in a day. Full-scale training requires 3 to 5 days and is limited to small groups. Prices for the training vary depending on the number of people to be trained. Rates are structured on an honorarium-plus-expenses basis. A curriculum and leaders' guide, *Reconnecting Youth: A Peer Group Approach to Building Life Skills*, is available for $139. For materials and training, contact:

Susan Dunker or Peter Brooks
National Educational Service
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**CONTACTS AND RESOURCES: COMMUNITY READINESS FOR DRUG ABUSE PREVENTION**

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## SOURCES OF INFORMATION ON COMMUNITY COALITIONS

The Anti-Drug Abuse Act of 1988 provided congressional authorization and funding for the Center for Substance Abuse Prevention (CSAP) to create more than 250 community partnerships nationwide (Davis 1991). Additional community substance abuse prevention coalitions and community action groups have been implemented by:

- State and local governments, for example, Rhode Island (Florin et al. 1992) and Oregon (Hawkins et al. 1992);

- National foundations, for example, Henry J. Kaiser Family Foundation (Tarlov et al. 1987) and Robert Wood Johnson Foundation Fighting Back and Join Together coalitions (Robert Wood Johnson Foundation 1989);

- Federal Public Health Service agencies, for example, the National Cancer Institute's COMMIT and ASSIST tobacco and cancer reduction programs (Best et al. 1988; Shopland 1989), the Planned Approach to Community Health (PATCH) health promotion program of the U.S. Centers for Disease Control and Prevention (Kreuter 1992), and the Weed and Seed Program of the Bureau of Justice Assistance; and

- Schools and universities, for example, the university coalitions sponsored by the Department of Education/Fund for the Improvement of Post-Secondary Education (DOE/FIPSE) and local school boards.

## POTENTIAL FUNDING SOURCES

### Federal Grants

Most Federal substance abuse funding is provided as either demonstration and evaluation grants or prevention research grants. These funding mechanisms require evaluations and data collection processes to determine the effectiveness of the programs. These are *not* service grants (See list of Federal Government agencies).

Potential Federal funding sources for *demonstration grants* include:

- Center for Substance Abuse Prevention (CSAP);
- Center for Substance Abuse Treatment (CSAT);
- Office of Juvenile Justice Delinquency Prevention (OJJDP);
- Bureau of Justice Assistance (BJA);
- U.S. Department of Housing and Urban Development (HUD); and

Potential Federal funding sources for *research grants* include:

- National Institute on Drug Abuse (NIDA);
- National Institute on Alcohol Abuse and Alcoholism (NIAAA); and
- National Institute of Mental Health (NIMH).

### Other Grants

Service grants are available through individual State block grant mechanisms or through local county funding sources.

## FEDERAL GOVERNMENT AGENCIES

**Bureau of Justice Assistance (BJA)**
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
Phone: (202) 514-6278

Implements national and multistate programs, offers training and technical assistance, establishes demonstration programs, and conducts research to reduce crime, enforce drug laws, and improve the functioning of the criminal justice system. Offers the following information clearinghouse:

Bureau of Justice Assistance Clearinghouse (BJAC): (800) 688-4252

**Bureau of Justice Statistics (BJS)**
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 29531
Phone: (202) 307-0765

Focuses on drugs and crime data and covers law enforcement and crime rates. Offers the following information clearinghouses:

BJS Automated Information System
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000
Phone: (202) 307-6100

Offers drug- and crime-related information and materials. Fax-on-demand and Internet services also available.

BJS Clearinghouse
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000
Phone: (202) 307-6100

Distributes drug- and crime-related publications.

**Center for Substance Abuse Prevention (CSAP)**
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-0365

Focuses attention and funding on the prevention of substance abuse. Offers the following hotline:

Drug-Free Workplace Helpline (DFWH): (800) 843-4971

**Center for Substance Abuse Treatment (CSAT)**
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-5052

Focuses attention and funding on the development and assessment of treatment techniques and models. Offers the following hotline:

CSAT's National Drug Information and Treatment Referral Hotline: (800) 662-4357

**Centers for Disease Control and Prevention**
U.S. Department of Health and Human Services
1600 Clifton Road, N.E.
Atlanta, GA 30333
Phone: (404) 639-3311 or 3534

Researches and develops cures for diseases worldwide. Offers the following information clearinghouse:

CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003
Phone: (800) 458-5231

Offers information on AIDS-related resources and services. Publications are also available on substance abuse issues related to HIV.

**Crime Prevention and Security Division**
U.S. Department of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410
Phone: (202) 708-1197

Awards drug elimination grants each year. Offers the following information clearinghouse:

> Drug Information and Strategies Clearinghouse
> P.O. Box 6424
> Rockville, MD 20849
> Phone: (800) 578-3472
>
> Distributes materials on substance abuse prevention in public housing.

**U.S. Department of Housing and Urban Development (HUD)**
451 Seventh Street, S.W.
Washington, DC 20410
Phone: (202) 708-0685

Focuses on all aspects of housing. Community programs target at-risk youth and work to improve neighborhoods.

**Fund for the Improvement of Post-Secondary Education (FIPSE)**
U.S. Department of Education
Seventh and D Streets, S.W.
Room 3100
Washington, DC 20202-5175
Phone: (202) 708-5750

Funds drug and violence prevention programs aimed at students enrolled in institutions of higher education. Program encourages colleges and universities to develop programs to prevent alcohol and other drug use for their students and staff.

**U.S. Government Printing Office (GPO)**
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954
Phone: (202) 783-3238
Fax: (202) 512-2250

Publishes and makes available numerous publications on many topics, including substance abuse. Many publications are available free of charge.

**National Clearinghouse on Child Abuse and Neglect (NCCAN) Information**
P.O. Box 1182
Washington, DC 20013-1182
Phone: (703) 385-7565
Phone: (800) 394-3366

Serves as a major resource center for the acquisition and dissemination of child abuse and neglect materials; free publications catalog on request.

**National Clearinghouse for Alcohol and Drug Information (NCADI)**
P.O. Box 2345
Rockville, MD 20847-2345
Phone: (800) 729-6686
TDD: (800) 487-4889

Houses and catalogs numerous publications on all aspects of substance abuse. Provides computerized literature searches and copies of publications, many free of charge.

**National Institute of Justice (NIJ)**
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
Phone: (202) 307-2942

Conducts research and sponsors the development of programs to prevent and reduce crime and improve the criminal justice system.

**National Institute of Mental Health (NIMH)**
U.S. Department of Health and Human Services
5600 Fishers Lane
Room 7C-02
Rockville, MD 20854
Phone: (301) 443-4513

Focuses on research in mental health and related issues.

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
U.S. Department of Health and Human Services
National Institutes of Health
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-3860

Focuses attention and funding on research on alcohol abuse and alcoholism and their treatment.

**National Institute on Drug Abuse (NIDA)**
U.S. Department of Health and Human Services
National Institutes of Health
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-6245

Contacts: William J. Bukoski, Ph.D.
Chief, Prevention Research Branch
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Susan L. David, M.P.H.
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Division of Epidemiology and Prevention Research
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Phone: (301) 443-6543

Focuses attention and funding on research on substance abuse and its treatment and on the dissemination and application of this research.

**National Technical Information Service (NTIS)**
Order Desk
5285 Port Royal Road
Springfield, VA 22161
Phone: (703) 487-4650
Fax: (703) 321-8547
Fax Receipt Verification: (703) 487-4679
RUSH Service: (800) 553-NTIS (additional fee)

Makes available numerous publications on many topics, including substance abuse.

**Office of Justice Programs (OJP)**
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
Phone: (202) 307-5933

Operates many programs to prevent and treat substance abuse-related crime.

**Office of Juvenile Justice Delinquency Prevention (OJJDP)**
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
Phone: (202) 307-5911

Focuses on program development and research to prevent and treat delinquency in at-risk youth. Offers the following information clearinghouse:

> Juvenile Justice Clearinghouse
> National Criminal Justice Reference Service (NCJRS)
> Box 6000
> Rockville, MD 20849-6000
> Phone: (800) 638-8736
>
> Provides publications on juvenile crime and drug-related issues.

**Office of National Drug Control Policy (ONDCP)**
Executive Office of the President
Washington, DC 20500
Phone: (202) 467-9800

Is responsible for national drug control strategy; sets priorities for criminal justice, drug treatment, education, community action, and research. Offers the following information clearinghouse:

> Drugs and Crime Clearinghouse
> 160 Research Boulevard
> Rockville, MD 20850
> Phone: (800) 666-3332
>
> Distributes statistics and drug-related crime information.

**Safe Drug-Free School Program**
U.S. Department of Education
600 Independence Avenue, S.W.
Washington, DC 20202
Phone: (202) 260-3954

Funds drug and violence prevention programs that target school-age children. Training and publications are also available.

## OTHER PREVENTION PROGRAMS AND ORGANIZATIONS

The following list of programs, organizations, and hotlines is provided for the reader seeking additional resources. Inclusion on this list should not be construed as an endorsement by NIDA.

**Community Anti-Drug Coalition of America (CADCA)**
901 North Pitt Street
Suite 300
Alexandria, VA 22314
Phone: (703) 706-0560
Fax: (703) 706-0565

A membership organization for community alcohol and other drug prevention coalitions, with a current membership of more than 3,500 coalition members. Provides training and technical assistance and publications and advocacy services and hosts a National Leadership Forum annually.

**Narcotics Education**
6830 Laurel Street, N.W.
Washington, DC 20012
Phone: (202) 722-6740
Phone: (800) 548-8700

Publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention materials designed for classroom use on narcotics and other substance abuse.

**National Center for the Advancement of Prevention**
11140 Rockville Pike
Suite 600
Rockville, MD 20852
Phone: (301) 984-6500

Produces documents on a variety of prevention and community mobilization and readiness topics.

**National Families in Action**
2296 Henderson Mill Road, Suite 300
Atlanta, GA 30345
Phone: (404) 934-6364

Maintains a drug information center with more than 200,000 documents; publishes *Drug Abuse Update*, a quarterly journal containing abstracts of articles published in journals, academic articles, and newspapers on drug abuse and other drug issues.

**Parents Resource Institute for Drug Education, Inc. (PRIDE)**
3610 Dekalb Technology Parkway, Suite 105
Atlanta, GA 30303
Phone: (770) 458-9900
Phone: (800) 241-9746

Offers drug prevention consultant services to parent groups, school personnel, and youth groups. In addition, provides drug prevention technical assistance services, materials, and audio and visual aids.

**Partnership for a Drug-Free America**
405 Lexington Avenue
16th Floor
New York, NY 10174
Phone: (212) 922-1560

Conducts advertising and media campaigns to promote awareness of substance abuse issues.

**Prevention First Inc.**
2800 Montvale Drive
Springfield, IL 62704
Phone: (312) 793-7353

Produces a variety of print and audiovisual products on various prevention topics.

**TARGET**
National Northwest Federation of State High School Associations
11724 Plaza Circle
P.O. Box 20626
Kansas City, MO 64195
Phone: (816) 464-5400

Offers workshops, training seminars, and an information bank on substance use and prevention.

**Toughlove International**
P.O. Box 1069
Doylestown, PA 18901
Phone: (215) 348-7090
Phone: (800) 333-1069

National self-help group for parents, children, and communities, emphasizing cooperation, personal initiative, avoidance of blame, and action. Publishes a newsletter, brochures, and books. Holds workshops.

## Hotlines

**Al-Anon Family Group Headquarters**
Phone: (800) 356-9996

Provides printed materials specifically aimed at helping families dealing with the problems of alcoholism. Available 9 a.m. to 4:30 p.m. EST.

**Alcohol and Drug Hotline**
Phone: (800) 821-4357
Phone: (801) 272-4357 in Utah

Provides referrals to local facilities where adolescents and adults can seek help. Operates 24 hours.

**Child Help USA**
Phone: (800) 422-4453

Provides crisis intervention and professional counseling on child abuse. Gives referrals to local social services groups offering counseling on child abuse. Operates 24 hours.

**Covenant House Nineline**
Phone: (800) 999-9999

Crisis line for youth, teens, and families. Locally based referrals throughout the United States. Help for youth and parents regarding drugs, abuse, homelessness, runaway children, and message relays. Operates 24 hours.

**Depression, Awareness, Referral and Treatment (D/ART)**
Phone: (800) 421-4211

Provides free brochures about the symptoms of depression, its debilitating effects on society, and information about where to get effective treatment. Operated by the National Institute on Mental Health. Operates 24 hours.

**Grief Recovery Institute**
Phone: (800) 445-4808

Provides counseling services on coping with loss. Available 9 a.m. to 5 p.m. PST.

**National Mental Health Association (NMHA)**
Phone: (800) 969-6642

Provides a recorded message for callers to request a pamphlet that includes general information about the organization, mental health, and warning signs of illness. Available 9 a.m. to 5 p.m. EST.

## GENERAL PUBLICATIONS ON PREVENTION

The following publications are available from:

Join Together
441 Stuart Street, 6th Floor
Boston, MA 02116
Phone: (617) 437-1500
e-mail: jointogether.org

*Alcohol and Drug Abuse in America: Policies for Prevention*, 1995.
Recommendations on how communities can prevent alcohol and drug abuse.

*Community Action Guide to Policies for Prevention*, 1995.
Steps communities can take to strengthen prevention efforts.

*How Do We Know We Are Making A Difference?* 1996.
Eighty-six page substance abuse indicator's handbook to help communities assess substance abuse problems.

*Substance Abuse Strategies in America's 20 Largest Cities*, 1996.
Efforts against alcohol and drugs in 20 cities in the United States.

## GOVERNMENT PUBLICATIONS

### National Institute on Drug Abuse
### Research Dissemination and Application Packages (NIDA RDA Packages)

NIDA RDA packages are available from the National Clearinghouse for Alcohol and Drug Information (NCADI), the National Technical Information Service (NTIS), and/or the U.S. Government Printing Office (GPO). (See list of Federal Government agencies.) NCADI, NTIS, and GPO publication numbers and costs are listed for each RDA package.

**Drug Abuse Prevention Package** (4 publications), NCADI Order No. PREVPK

This package is designed to help prevention practitioners plan and implement more effective prevention programs based on evidence from research about what works. The core package should be ordered and read first because it provides the information needed to prepare communities for prevention programming. Three stand-alone resource manuals then can be ordered. These manuals each provide information and guidance on implementing a specific prevention strategy introduced in the core package. The core package is available free of charge from NCADI (NCADI Order No. PREVPK) while supplies last.

- *Brochure*
- *Drug Abuse Prevention: What Works*
- *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*
- *Drug Abuse Prevention and Community Readiness Training Facilitator's Manual*

**Drug Abuse Prevention Resource Manuals**

These manuals are available free of charge from NCADI while supplies last.

- *Drug Abuse Prevention for the General Population*, NCADI Order No. BKD200

- *Drug Abuse Prevention for At-Risk Groups*, NCADI Order No. BKD201

- *Drug Abuse Prevention for At-Risk Individuals*, NCADI Order No. BKD202

**How Good Is Your Drug Abuse Treatment Program Package** (4 publications)

This package deals with treatment program evaluation; however, much of it is applicable to substance abuse prevention programming.

- NTIS #PB95-167268/BDL: $44.00 (domestic) + postage; $88.00 (foreign) + postage
- GPO #017-024-01554-7: $33.00 (foreign rate add 25-percent surcharge for special handling. If by airmail, an additional cost is added.)

**Working With Families To Support Recovery Package** (4 publications), NCADI Order No. FAMILYPK

This package is designed to disseminate research-based family therapy treatment approaches to the drug abuse field. It is available free of charge from NCADI while supplies last.

**National Institute on Drug Abuse**
**Clinical Reports (NIDA Clinical Reports)**

All NIDA Clinical Reports are available from NCADI. (See list of Federal Government agencies.) NCADI publication numbers are listed for each clinical report.

*Family Dynamics and Interventions*, NCADI Order No. BKD147

*Mental Health Assessment and Diagnosis of Substance Abusers*, NCADI Order No. BKD 148

**National Institute on Drug Abuse**
**Research Monographs**

All NIDA Research Monographs are available from NCADI. (See list of Federal Government agencies.) NCADI order numbers are listed for each research monograph.

*Drugs and Violence: Causes, Correlates, and Consequences. NIDA Research Monograph 103*, NCADI Order No. M103

*Drug Abuse Prevention Intervention Research: Methodological Issues. NIDA Research Monograph 107*, NCADI Order No. M107

*Methodological Issues in Epidemiological, Prevention, and Treatment Research on Drug-Exposed Women and Their Children. NIDA Research Monograph 117*, NCADI Order No. M117

*Advances in Data Analysis for Prevention Intervention Research. NIDA Research Monograph 142*, NCADI Order No. M142

*Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions. NIDA Research Monograph 156*, NCADI Order No. M156

**National Institute on Drug Abuse**
**Videotapes for Prevention Practitioners**

These videotapes are available from NCADI. (See list of Federal Government agencies.) Order numbers are provided for each tape.

*Coming Together on Prevention*, 1994, 27 minutes, NCADI Order No. VHS66, $8.50

*Dual Diagnosis*, 1993, NCADI Order No. VHS58, $8.50

*Adolescent Treatment Approaches*, 1991, NCADI Order No. VHS40, $8.50

**National Institute on Drug Abuse**
**Other Publications**

There are various other NIDA publications and products on various prevention and other related topics, some of which are listed below. For a full list, contact NCADI for a catalog. (See list of Federal Government agencies.) In addition, future products related to prevention will be announced through flyers and the *NIDA Notes* newsletter. Readers with access to computers can find out about new materials by calling up NIDA on its World Wide Web homepage at *http://www.nida.nih.gov/*

*Drug Use Among Racial/Ethnic Minorities*, NCADI Order No. BKD180

*Monitoring the Future Survey—Prevalence of Various Drugs for 8th, 10th, and 12th Graders*, 1996, NCADI Order No. BKD213

**Center for Substance Abuse Prevention (CSAP)**
**Publications**

CSAP has a wide range of prevention products addressing various prevention topics and targeted populations. These products include resource guides, manuals, pamphlets, posters, videotapes, and data reports. Target populations include educators, community leaders, families, health professionals, and youth. Publications are also available in Spanish. CSAP products are available from NCADI. (See list of Federal Government agencies.) For a full list, contact NCADI for a catalog. Publications cited in this *Drug Abuse Prevention RDA package* are given below. NCADI publication numbers are listed for each publication.

*Communicating About Alcohol and Other Drugs: Strategies for Reaching Populations at Risk. CSAP Prevention Monograph 5*. Rockville, MD: NCADI Pub. No. BK170, 1993

*Conducting Focus Groups With Young Children Requires Special Consideration and Techniques. CSAT Technical Assistance Bulletin*. Rockville, MD: NCADI Pub. No. MS501, 1991 (Reprint 1994)

*Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners Working With Ethnic/Racial Communities*. Center for Substance Abuse Prevention. DHHS Pub. No. (ADM)92-1884A. Rockville, MD, 1992

*Handbook for Evaluating Drug and Alcohol Prevention Programs: Staff/Team Evaluation of Prevention Programs (STEPP)*. U.S. Department of Health and Human Services. DHHS Pub. No. (ADM)87-1512, Rockville, MD, 1987

*Measurements in Prevention: A Manual on Selecting and Using Instruments To Evaluate Prevention Programs. CSAP Technical Assistance Report 8*. Rockville, MD: NCADI Pub. No. BK213, 1993

*Prevention Plus II: Tools for Creating and Sustaining a Drug-Free Community*, Rockville, MD: NCADI Pub. No. BK159, 1991

*Prevention Plus III: Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level*. Rockville, MD: NCADI Pub. No. BK18, 1991

*Prevention Primer: An Encyclopedia of Alcohol, Tobacco, and Other Drug Prevention Terms*. Rockville, MD: NCADI Pub. No. PHD627, 1994

*You Can Manage Focus Groups Effectively for Maximum Impact. CSAP Technical Assistance Bulletin*. Rockville, MD: NCADI Pub. No. MS495, 1991 (Reprint 1994)

### Center for Substance Abuse Treatment (CSAT) Publications

CSAT has two series of publications, some of whose issues address topics of interest to substance abuse prevention professionals. Topics include dual diagnosis, assessment and treatment of adolescents, and so forth. The two series are called Technical Assistance Publications Series (TAPS) and Treatment Improvement Protocol Series (TIPS). CSAT publications are available from NCADI. (See list of Federal Government agencies.) For a full list, contact NCADI for a catalog.

### Other Government Publications

The following publications are available from the agencies. (See list of Federal Government agencies.)

*Supporting Substance-Abusing Families: A Technical Assistance Manual for the Head Start Management Team*. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Head Start Bureau, 1994

*Working With Parents: Grades 9-12, Learning To Live Drug Free: A Curriculum Model for Prevention*. Washington, DC: Department of Education, May 1990.



*U.S. Government Printing Office: 1997 - 418-525/83578

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