



# SAN DIEGO COUNTY

SCHOOL-BASED INTERVENTIONS FOR SUBSTANCE USE & OVERDOSE PREVENTION



SAN DIEGO COUNTY  
SUBSTANCE USE AND  
OVERDOSE PREVENTION  
TASKFORCE

# School-based Interventions for Substance Use and Overdose Prevention for San Diego County

## Executive Summary

Fatal overdoses involving fentanyl have surged in recent years in the United States and new research shows that deaths among children have increased significantly, mirroring trends among adults. According to JAMA, there were about 1,550 pediatric deaths from fentanyl in 2021, over 30 times more than in 2013, when the wave of overdose deaths involving synthetic opioids started in the United States. Fentanyl, which is 100 times stronger than morphine, is now present in nearly all substances used by teens. Older adolescent fentanyl poisonings are primarily the result of counterfeit pills containing a lethal dose of fentanyl. Younger children are being poisoned by accidentally ingesting pills or powder containing fentanyl that they find in the home.

Preventing youth substance use is multifaceted and requires a comprehensive community prevention strategy comprised of synthesized programs, practices, and policies grounded in the best available evidence for greatest impact within individuals, families, schools, and communities. Therefore, in January 2023, a San Diego County Workgroup comprised of representatives from the San Diego County District Attorney's Office, San Diego County Office of Education, San Diego and Imperial Valley High Intensity Drug Trafficking Area, California National Guard Counterdrug Task Force, Drug Enforcement Administration, and Center for Community Research came together in collaboration with ADAPT to discuss strategies for reducing substance use and overdoses in youth 18 and under beginning with effective school-based interventions. This group was created at the request of San Diego County District Attorney Summer Stephan, Former San Diego County Office of Education Superintendent of Schools Dr. Paul Gothold and the San Diego County Board of Supervisors.

The evidence is clear that early initiation of substance use is a predictor of substance use disorders later in adulthood. When individuals initiate alcohol and drug use during adolescence, they are much more likely to develop a substance use disorder as a young adult and beyond. Evidence has shown that youth who begin drinking before age 15 experience four to six times the rate of lifetime alcohol dependence than those who remain abstinent from alcohol use until age 21.

Several factors are known to increase the risk for substance use or protect individuals from that risk. Youth who do not have skills (or confidence in skills) such as healthy decision making, assertive communication, or how to manage a risky situation, are also at risk for substance use. Protective factors known to delay onset of substance use include involvement in prosocial activities, family attachment, and school opportunities for prosocial involvement.

Decades of research have shown how much can be achieved through primary prevention interventions delivered during childhood and adolescence to reduce an individual's later risk for drug use disorders. Prevention efforts must be initiated in early adolescence and should be targeted towards preventing the use of common substances that are legal for adults but remain illegal for adolescents such as alcohol, nicotine, and marijuana. These substances are often referred to as gateway drugs and may lead to the use of methamphetamine, cocaine, heroin, or opioids that may also contain fentanyl.

Based on the data and research presented to the workgroup, two specific goals were identified: 1) Prevent initiation or escalation of substance use in youth 18 and under through evidence-based substance use prevention curricula in schools; and 2) Prevent overdoses in youth 18 and under using the best available evidence.

As a first step towards a comprehensive strategy, this brief focuses on laying a foundation for substance use prevention in the school setting. Substance use prevention refers to activities that deter or delay the onset of substance use, slow or stop the progression of use and development of substance use disorders and minimize the adverse impact of substance use on the individual, their family and community, and the economy. The selection of preventive interventions needs to be grounded in identifying programs or strategies that have been shown through high-quality research to result in desired behavioral change. These outcomes may include enhanced protective and reduced risk conditions, and/or delayed or reduced substance use and other problem behaviors.

To address the first goal identified above, the workgroup sought to understand the existing science supporting curriculum-based programs and how school-based interventions fit into a larger picture of prevention for San Diego County. It was important for the workgroup to consider a variety of curriculum options due to the differences in school schedules, structures, and cultures. After careful review of the evidence listed in a variety of registry databases of effective programs, five programs were included for elementary, middle and high school populations: LifeSkills Training, Positive Action, Project Towards No Drug Abuse, DARE's Keepin' It Real, and Project Alert.

The full brief includes the research from the various registries of evidence-based programs and an explanation of each registry.

When addressing the second goal of overdose prevention in youth, the workgroup understands that the best available evidence on overdose prevention in youth is limited but growing. Therefore, this brief offers a few considerations, including outcome evaluation, relevant to programs in operation. All considerations presented in this brief can be implemented while adhering to California legislation related to elementary and secondary drug education.

Three such programs addressing the goal of overdose prevention include the following:

1) Operation Prevention San Diego. This Drug Enforcement Administration program is a free educational program available to schools upon request or at [Operationprevention.com](http://Operationprevention.com). Operation Prevention's school resources provide educators with engaging tools that are aligned to national health and science standards and integrate seamlessly into classroom instruction. Through a series of hands-on investigations, students will explore the science behind substance misuse, and the resulting impacts on brain and body. Lesson-by-lesson teacher guides are integrated into the program and include a parent guide. Each module has videos and activities with specific goals and objectives.

2) "I Choose My Future" is a drug education program offered to schools by the San Diego County Office of Education. The presentation provides students with information about the impact of substance use

on the individual, family, school, city, nation, and global community to increase their awareness of the dangers of substance use. I Choose My Future is also available as a 6-part video series, including a teacher guide with additional talking points and activities.

3) The workgroup recommends that all schools serving grades 6–12 obtain an adequate supply of naloxone. Targeted naloxone distribution has demonstrated effectiveness in reversing opioid overdoses and is recommended by the Centers for Disease Control and Prevention as a successful strategy for preventing an opioid overdose.

It is also important to note that in addition to the information found in this brief regarding prevention, it is crucial to have access to intervention and treatment programs for students that are using substances and may be experiencing dependence or addiction. Connecting with local resources is a critical second step to having a comprehensive program to reduce substance use among adolescents.

It is the workgroup's hope that schools and community agencies working in schools will take the time to read the entire brief and implement the recommended strategies.

# School-based Interventions for Substance Use and Overdose Prevention

## San Diego County

### Introduction

Fatal overdoses involving fentanyl have surged in recent years in the United States and new research shows that deaths among children have increased significantly, mirroring trends among adults. According to JAMA, there were about 1,550 pediatric deaths from fentanyl in 2021, over 30 times more than in 2013, when the wave of overdose deaths involving synthetic opioids started in the United States. Fentanyl, which is 100 times stronger than morphine, is now present in nearly all substances used by teens. Older adolescent fentanyl poisonings are primarily the result of counterfeit pills containing a lethal dose of fentanyl. Younger children are being poisoned by accidentally ingesting pills or powder containing fentanyl that they find in the home.

Preventing youth substance use is multifaceted and requires a comprehensive community prevention strategy comprised of synthesized programs, practices, and policies grounded in the best available evidence for greatest impact within individuals, families, schools, and communities. Therefore, in January 2023, a San Diego County Workgroup comprised of representatives from the San Diego County District Attorney's Office, San Diego County Office of Education, San Diego and Imperial Valley High Intensity Drug Trafficking Area, California National Guard Counterdrug Task Force, Drug Enforcement Administration, and Center for Community Research came together in collaboration with ADAPT to discuss strategies for reducing substance use and overdoses in youth 18 and under beginning with effective school-based interventions. This group was created at the request of San Diego County District Attorney Summer Stephan, Former San Diego County Office of Education Superintendent of Schools Dr. Paul Gothold, and the San Diego Board of Supervisors. The workgroup acknowledged that funding for school-based substance use prevention has not been present since the elimination of the Safe and Drug Free Schools funding in the No Child Left Behind Act in 2009. Funding sources, such as opioid settlement funds, need to be identified to assist schools in implementing comprehensive prevention programming.

The evidence is clear that early initiation of substance use is a predictor of substance use disorders later on in adulthood,<sup>1</sup> and all stages of adolescence offer optimal opportunity for intervening early and implementing substance use prevention strategies before use begins. When individuals initiate alcohol and drug use during adolescence, they are much more likely to develop a substance use disorder as a young adult and beyond. Evidence has shown that youth who begin drinking before age 15 experience four to six times the rate of lifetime alcohol dependence than those who remain abstinent from alcohol use until age 21.<sup>2, 3</sup> While marijuana, alcohol, and nicotine use have been identified as precursors to the use of other substances (methamphetamine, cocaine, heroin, and opioids all of which may contain fentanyl), they have also been found to have a similar effect on "priming the brain" and decreasing dopamine reactivity from early exposure.<sup>4</sup>

Several factors are known to increase the risk for substance use or protect individuals from that risk. An individual's social environment and biological mechanisms influence substance use. Risk factors include low neighborhood attachment, perceived availability of drugs, lack of good relationships with peers, and low commitment to school.<sup>1</sup> In addition, youth who do not have skills (or confidence in skills) such as healthy decision making, assertive communication, or how to manage a risky situation, are also at risk for substance use. Protective factors known to delay onset of substance use include involvement in prosocial activities, family attachment, and school opportunities for prosocial involvement.<sup>1</sup>

The consequences of early substance use can significantly impact an individual's life. Negative outcomes associated with early use include psychosocial problems, more problematic substance use behaviors, maladaptive behaviors, psychiatric disorders, and disruption in the family system, peer relationships, work, and leisure/recreation activities. Decades of research have shown how much can be achieved through primary prevention interventions delivered during childhood and adolescence to reduce individuals' later risk for drug use disorders.<sup>5</sup> Prevention efforts must be initiated in early adolescence and should be targeted towards preventing initiation of the use of licit and illicit substances that are legal for adults but remain illegal for adolescents such as alcohol, nicotine, and marijuana.<sup>6</sup>

Two specific goals were identified as priorities:

- 1) Prevent initiation or escalation of substance use in youth 18 and under through evidence-based substance use prevention curricula in schools.
- 2) Prevent overdoses in youth 18 and under using the best available evidence.

As a first step towards a comprehensive strategy, this brief focuses on laying a foundation for substance use prevention in the school setting. To address the first goal identified above, the workgroup sought consultation from a national training and technical assistance provider to understand the existing science supporting curriculum-based programs and how school-based interventions fit into a larger picture of prevention for San Diego County. **This brief discusses five available curriculum programs that have measured substance use as an outcome.** Importantly, three of the programs discussed have significant evidence supporting substance use prevention outcomes. The other two, along with a program titled Operation Prevention San Diego, are already being implemented, and the workgroup is recommending evaluation of these programs due to their limited evidence base. Considerations for middle and high schools in the selection of substance use prevention curriculum that are grounded in the best available evidence, usable, feasible to implement, and acceptable to individual school communities are provided.

*This document is not intended to recommend any one program over another program. The only intent of this brief is to identify research that demonstrates the effectiveness of school based primary prevention programs. The research is clear that programs consisting of lessons based on life skills, that change behavior, have the greatest likelihood of preventing or delaying the onset of substance use. The programs identified meet the criteria of utilizing life skills lessons. Schools should further consider cost,*

*ease of implementation, training requirements, scope and sequence of lessons, and other variables, in addition to program effectiveness ratings.*

When addressing the second goal of overdose prevention in youth, the workgroup understands the best available evidence on overdose prevention in youth is limited but growing. Therefore, this brief offers a few considerations, including outcome evaluation, relevant to programs in operation. All considerations presented in this brief can be implemented while adhering to California legislation related to elementary and secondary drug education ([https://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=EDC&sectionNum=51260](https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC&sectionNum=51260)).

*“ADAPT, a technical assistance provider for substance use prevention in HIDTA communities, assisted the workgroup in understanding 1) the science supporting model school-based interventions for substance use prevention according to Blueprints for Healthy Youth Development and additional registries, 2) any available evidence for overdose prevention in youth, 3) the importance of selecting strategies that are grounded in evidence as well as feasible and acceptable to the communities in which they are being implemented, and 4) how critical evaluation is to any strategy that is implemented. The workgroup considered the information presented in discussions with ADAPT, and it also reviewed several programs already in operation in San Diego County. The recommendations expressed in this brief are those of the workgroup and do not necessarily reflect the views of ADAPT.”*

### **Substance Use Prevention Curricula Options for Consideration in Schools**

Substance use prevention refers to activities that deter or delay the onset of substance use, slow or stop the progression of use and development of substance use disorders, and minimize the adverse impact of substance use on the individual, their family and community, and the economy.<sup>7,8</sup> The selection of preventive interventions needs to be grounded in identifying programs or strategies that have been shown through high-quality research to achieve the prevention outcome. These outcomes may include enhanced protective and reduced risk conditions, and/or delayed or reduced substance use and other problem behaviors.

It was important for the workgroup to consider a variety of curriculum options due to the differences in school schedules, structures, and cultures. Five registries, which review the strength and quality of evidence for substance use prevention programs, were searched. Definitions and details for all registries can be found in the appendix. After careful review of the evidence supporting several curricula options, five programs were included for middle and high school populations: LifeSkills Training, Positive Action, Project Towards No Drug Abuse, DARE’s Keepin’ It Real, and Project Alert. Notably, several evidence-based curriculum programs to prevent the onset or escalation of substance use in middle school youth exist, but few have been evaluated in high school age. The strength of the research designs and possible implementation limitations were considered when selecting programs. The following tables provide details of programs with some demonstrated effect on preventing use or reducing use. The first three programs (LifeSkills Training, Positive Action, and Project Towards No Drug Abuse) are considered model or model plus programs in the Blueprints for Healthy Youth Development registry. The other two programs, DARE keepin’ it REAL and Project ALERT, are currently being implemented in some San Diego schools. The tables below provide a description of each of the five

curricula reviewed, structure, approximate cost to implement each program, outcomes, studies included in the review, and ratings assigned by the five registries. Outcomes for each curriculum were drawn from one or more studies. All studies included in the review measured substance use as an outcome in some way. Randomized controlled trials (RCTs) and quasi-experimental designs represent the strongest types of design according to the continuum of Evidence described by the Centers for Disease Control and Prevention in their Understanding Evidence Framework. Another important characteristic of the scientific review of the studies was longitudinal follow-up to determine if the results persisted over time. Each of the studies reviewed for the first three programs contained follow-up outcomes from at least three years after the initial program intervention.

*\*Please note, some schools in San Diego County will be piloting Project Alert in 6 – 8<sup>th</sup> grade as part of a contract with the County of San Diego Behavioral Health Services and the San Diego County Office of Education. Funding for the current pilot ends 6/30/2025.*

**Tables:** *Program Description, Structure, and Cost, Outcomes, Type of Study, Summary of Effectiveness*



## Curriculum Summary

**Positive Action**, a K-Middle School program, aims to promote character development, academic achievement, and social-emotional skills and to reduce disruptive and problem behavior. The program is based on the philosophy that you feel good about yourself when you think and do positive actions, and there is always a positive way to do everything. Students need continuity in these stressful times, and Positive Action provides a whole-child approach to mental health. Positive action for grades k-6<sup>th</sup> provides six lessons delivered 2-4 times a week. Grades 7<sup>th</sup> and 8<sup>th</sup> are comprised of 3 lesson plans.

**DARE Keepin' it REAL (kiR)** Program is a 10-week classroom-based universal substance use prevention program for grades K-5<sup>th</sup> grades. kiR elementary curriculum teaches the foundational skills that youth need to be safe, healthy, and responsible as well as promote social and emotional competencies such as drug refusal efficacy. The weekly lessons use a "from kids, through kids, to kids" approach. KiR consists of 10 Elementary lessons that teach students good decision-making skills to help them lead safe and healthy lives.

**Life Skills** is a Classroom-based universal prevention program that 1) teaches students social and self-management skills, including skills in resisting peer and media pressure to smoke, drink, or use drugs; and 2) informs students of the immediate consequences of substance abuse. Middle school curriculum has 3 different levels taught in 45-50 minute class sessions. Level 1 (Foundation level) consists of 15 lessons, Level 2 (booster level) is comprised of 10 lessons and level 3 (booster level) consists of 5 lessons where students develop skills that help them enhance self-esteem, develop problem-solving abilities, reduce stress and anxiety, and manage anger for better mental health.

**Project ALERT** is a free classroom-based substance abuse prevention program for 7th and 8th graders designed to reduce the experimental and continued use of drugs. Through a series of comprehensive lessons, Project ALERT motivates students against drug use, cultivates new non-use attitudes and beliefs, and equips teens with the skills and strategies they'll use to resist drugs. The Project ALERT two-year core curriculum consists of 11 lessons that are most effective when taught once a week during the first year, plus three booster lessons that should be delivered the following year.

**Project Towards No Drug Abuse (TND)** is an interactive classroom-based substance abuse prevention program for youth ages 14-19 who are at risk for drug use and violence-related behavior. It focuses on three factors, including: (a) Motivation factors; (b) Skills; and (c) Decision-making. Project TND has 12 forty to fifty-minute interactive lessons over three to six weeks. Taught by teachers or health educators. The program is delivered universally, and can be used in both traditional and alternative, high-risk high schools.

Program	Brief Description	Structure	Cost for Materials	# of Participants [Type of Study]
<p><b>Positive Action</b></p> <p>[Kindergarten-Middle School]</p>	<p>Positive Action, a K–12 program, aims to promote character development, academic achievement, and social-emotional skills and to reduce disruptive and problem behavior. The program is based on the philosophy that you feel good about yourself when you think and do positive actions, and there is always a positive way to do everything.</p> <p>Program website: <a href="https://www.positiveaction.net/">https://www.positiveaction.net/</a></p>	<ul style="list-style-type: none"> <li>• Six units: 140 fifteen-minute lessons delivered 2-4 times a week in grades K-6</li> <li>• 82 fifteen to twenty-minute lessons in grades 7 and 8 (9-12 also offered)</li> <li>• Optional: Two school-wide climate development kits and a Counselor’s kit to reinforce the classroom curriculum by coordinating the efforts of the entire school</li> </ul>	<ul style="list-style-type: none"> <li>• K-5<sup>th</sup> grade bundle- \$2,320 per 840 lessons (140 lessons per grade), 59 Posters, 240 activity sheets.</li> <li>• K-5<sup>th</sup> bundle includes classroom materials per 30 students for each grade.</li> <li>• 6<sup>th</sup> grade-\$400 per 30 workbooks and Instructor’s manual.</li> <li>• 7<sup>th</sup> grade-\$550 per 30 workbooks and Instructor’s manual.</li> <li>• 8<sup>th</sup> grade-\$525 per 30 workbooks and Instructor’s manual.</li> </ul>	<ol style="list-style-type: none"> <li>1) 1,714 students in 2<sup>nd</sup> and 3<sup>rd</sup> grades with <b>follow-up through 5<sup>th</sup> and 6<sup>th</sup> grades</b> [RCT]</li> <li>2) 483 students in 3<sup>rd</sup> grade with <b>follow up through 8<sup>th</sup> grade</b> [RCT]</li> <li>3) 5,100 students in Kindergarten-4<sup>th</sup> grades with <b>3-year follow-up</b> [RCT]</li> <li>4) &gt;4,000 students in 6<sup>th</sup>-8<sup>th</sup> grade with <b>3-year follow-up</b> [quasi-experimental]</li> </ol> <p>(2006 – 2017)</p>
<p><b>Outcomes</b></p>	<p><b>Rating Summary</b></p>	<p><b>Cost for Training</b></p>		
<ul style="list-style-type: none"> <li>• Decreased alcohol, illicit drugs, tobacco use</li> <li>• Improved close relationship with peers</li> <li>• Improved positive social/prosocial behavior</li> <li>• Decreased truancy</li> <li>• Decreased delinquency and criminal behavior</li> <li>• Decreased violence</li> <li>• Decreased bullying</li> <li>• Decreased depression</li> <li>• Improved emotional regulation</li> <li>• Decreased sexual risk behaviors</li> </ul>	<p><b>Blueprints: Model</b> <b>CEBC: Promising</b> <b>What Works: Promising</b> <b>PEW: Highest Rated</b> <b>CASEL: no results</b></p>	<ul style="list-style-type: none"> <li>• Training: \$400.00 per hour online, 2-4 hours for up to 20-25 participants (must have previously completed online curriculum training).</li> <li>• Train the Trainer: \$500 per hour online, 4-5 hours for up to 15 participants.</li> </ul> <p>*California National Guard will be available free of charge for in class presentations and Train the Trainer.</p>		

Program	Brief Description	Structure	Cost for Materials	# of Participants [Type of Study]
<p><b>DARE</b> <b>keepin' it REAL</b></p> <p>[K-7<sup>th</sup> grades]</p>	<p>keepin' it REAL (KiR) Middle School Program is a 10-week classroom-based universal substance use prevention program for youth ages 10-13. KiR is designed to reduce the risks of alcohol, tobacco, and other risky drug use as well as promote social and emotional competencies such as drug refusal efficacy. The weekly lessons use a "from kids, through kids, to kids" approach.</p> <p>Program website: <a href="https://dare.org/about/">https://dare.org/about/</a></p>	<ul style="list-style-type: none"> <li>• 10 forty-five to sixty-minute lessons taught once weekly, includes take-home family talk activities</li> <li>• Three optional lessons on "how to make your own refuse, explain, avoid, and leave (KiR) videos"; Multicultural program videos address e-cig use, vaping, and use of prescription medication</li> <li>• There are three culturally grounded versions: Multicultural, Rural, and Spanish, and options for higher grade level lessons.</li> </ul>	<ul style="list-style-type: none"> <li>• K-2<sup>nd</sup> poster boards \$21.75 for 8 lessons</li> <li>• 3-5<sup>th</sup> grade \$165 per 100 workbooks</li> <li>• 3-5<sup>th</sup> grade Spanish \$215 per 100 workbooks</li> <li>• Middle School \$155 per 100 workbooks and 120 Free Student homework foldouts.</li> </ul>	<ol style="list-style-type: none"> <li>1) 943 students in 6<sup>th</sup> grade elementary schools with short-term f/u [Quasi] United States</li> <li>2) 4,030 students in 5<sup>th</sup> and 7<sup>th</sup> grades with 9-month f/u [RCT] Brazil</li> <li>3) 4,030 students in 5<sup>th</sup> and 7<sup>th</sup> grades with 9-month f/u [RCT] Brazil (same pop. As #2)</li> <li>4) 4,030 students in 5<sup>th</sup> and 7<sup>th</sup> grades with 9-month f/u [RCT] Brazil (same pop. As #2)</li> <li>5) 3,634 in 5<sup>th</sup> grade with 4-month f/u [RCT] United States</li> </ol> <p>(2017 – 2022)</p>
<p><b>Outcomes</b></p>	<p><b>Rating Summary</b></p> <p><b>Blueprints: inconclusive evidence</b> CEBC: no results What Works: no results PEW: no results CASEL: no results</p>	<p><b>Cost for Training</b></p> <ul style="list-style-type: none"> <li>• In person Training- \$1,000 depending on training site (plus participant and/or trainer travel costs). 2 week training (must have previously completed DARE curriculum training) .</li> <li>• Training for Law Enforcement, Air and National Guard ONLY.</li> <li>• Train the Trainer: \$500 depending on site (plus participant and/or trainer travel costs). 1 week training.</li> </ul> <p>*California National Guard will be available for in class presentations and Train the Trainer.</p>		

Program	Brief Description	Structure	Cost for Materials	# of Participants [Type of Study]
<b>Lifeskills Training</b>	Classroom-based universal prevention program that (1) teaches students social and self-management skills, including skills in resisting peer and media pressure to smoke, drink, or use drugs; and (2) informs students of the immediate consequences of substance abuse.  Program website: <a href="https://www.lifeskillstraining.com/">https://www.lifeskillstraining.com/</a>	<ul style="list-style-type: none"> <li>30 sessions taught over 3 years (15, 10, and 5 sessions)</li> <li>Grades 6-8 (offered as K-12 program with potential for additional booster sessions in high school)</li> <li>*There is little published research on implementing Lifeskills only in high school.</li> <li>Methods: instruction, demonstration, feedback, reinforcement, and practice</li> </ul>	<ul style="list-style-type: none"> <li>Online training workshop for teachers: \$250 per person</li> <li>Middle School Curriculum *Per 30 students</li> <li>\$295 for Level 1 Foundation (student guides – 15 lessons)</li> <li>\$245 for Level 2 (Booster – 10 lessons)</li> <li>\$175 for Level 3 (Booster – 5 lessons)</li> <li>Full set = \$645</li> <li>High School Curriculum</li> <li>\$265 for 10-lessons (Booster to Middle School)</li> </ul>	<ol style="list-style-type: none"> <li>5,954 students in 7<sup>th</sup>, 9<sup>th</sup> grades with 6.5-year follow up [RCT]</li> <li>4,858 students in 6<sup>th</sup> grade pre-/post-test [RCT]</li> <li>1,164 students in 7<sup>th</sup> grade with follow up through age 22 [RCT]</li> <li>5,954 students in 7<sup>th</sup>-9<sup>th</sup> grades with 10-year follow up</li> <li>5,222 students in 7<sup>th</sup> grade with 2-year follow-up [RCT]</li> <li>1,598 students in 6<sup>th</sup> grade with 8<sup>th</sup> grade follow-up [quasi-experimental]</li> <li>28 school districts in Iowa and Pennsylvania [quasi-experimental] (1980 – 2019)</li> </ol>
[Early Adolescence; Middle School]	<ul style="list-style-type: none"> <li>Decreased use of alcohol, illicit drugs, tobacco</li> <li>Decreased delinquency and criminal behavior</li> <li>Decreased violence</li> <li>Decreased sexual risk behaviors, sexually transmitted infections</li> </ul>	<b>Blueprints: Model Plus</b> <b>CEBC: Well-Supported</b> <b>What Works: Effective</b> <b>PEW: Highest Rated</b> <b>CASEL: no results</b>	<ul style="list-style-type: none"> <li>Online training: \$250 per trainee, Self-Paced, max 7 day training online, 6 hrs. per day. Up to 10 participants.</li> <li>Train the Trainer (must have previously completed online curriculum training) \$1,070.00 per trainee, includes 2-day training online.</li> <li>In person: Train the Trainer \$3,500 for up to 20 participants plus \$1,500 for instructor.</li> <li>Must complete one level of the Life skills (15 middle school lessons) program for a full cycle, to attend Train the Trainer.</li> </ul>	*California National Guard will be available free of charge for in class presentations and Train the Trainer:

*\*Please note that the Tobacco-Use Prevention Education (TUPE) Office at the California Department of Education (CDE) does not support the use of Botvin Lifeskills program. Grantees currently funded by the TUPE Office may not the use Botvin Lifeskills program. Furthermore, use of Botvin Lifeskills by LEAs not currently funded by the TUPE Office may jeopardize future funding.*

Program	Brief Description	Structure	Cost for Materials	# of Participants [Type of Study]
<p><b>Project ALERT</b></p> <p>Program website: <a href="https://www.projectalert.com/">https://www.projectalert.com/</a></p>	<p>Project ALERT is a free classroom-based substance abuse prevention program for 7th and 8th graders designed to reduce the experimental and continued use of drugs. Through a series of comprehensive lessons, Project ALERT motivates students against drug use, cultivates new non-use attitudes and beliefs, and equips teens with the skills and strategies they'll use to resist drugs.</p>	<ul style="list-style-type: none"> <li>The Project ALERT two-year core curriculum consists of 11 lessons that are most effective when taught once a week during the first year, plus three booster lessons that should be delivered the following year.</li> </ul>	<ul style="list-style-type: none"> <li>Free</li> <li>All material is available through Google Docs.</li> </ul>	<ol style="list-style-type: none"> <li>4,276 7<sup>th</sup> grade students in South Dakota; f/u in 8<sup>th</sup> grade after administration of 8<sup>th</sup> grade lessons [RCT]</li> <li>4,276 7<sup>th</sup> grade students in South Dakota; f/u in 8<sup>th</sup> grade after administration of 8<sup>th</sup> grade lessons [RCT] - same sample as above</li> <li>4,277 7<sup>th</sup> grade students in South Dakota; f/u in 8<sup>th</sup> grade after administration of 8<sup>th</sup> grade lessons [RCT]</li> <li>1,649 in 7<sup>th</sup> &amp; 8<sup>th</sup> grade students in Pennsylvania with follow up at 1 and 2 years [RCT] - No positive effects</li> <li>6,527 in 7<sup>th</sup> &amp; 8<sup>th</sup> grades in West Coast; follow up at four points during 2-years [RCT]</li> <li>4,000 in 7<sup>th</sup> &amp; 8<sup>th</sup> grades in West Coast; f/u through 12<sup>th</sup> grade [RCT]</li> <li>4,000 in 7<sup>th</sup> &amp; 8<sup>th</sup> grades in West Coast; [RCT]</li> <li>10,000 an analysis of the studies listed above in South Dakota, Pennsylvania, West Coast</li> </ol>
<p>[7<sup>th</sup>-8<sup>th</sup> grades]</p>	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>Little effect on drug use</li> <li>Few short-term effects on drug use behaviors and no long-term effects at all</li> <li>Reduction in cigarette and marijuana use and initiation, current/regular cigarette use, and alcohol misuse</li> <li>No effect on initial and current drinking or marijuana use</li> <li>When lessons stopped, program's effects on drug use stopped</li> <li>Change in beliefs: fear risk of dependence, increased respect for not using, harm of occasional use, friends' disapproval of use, resistance self-efficacy, and expectations of future use</li> </ul>	<p><b>Rating Summary</b></p> <p>Blueprints: inconclusive evidence CEBC: not rated What Works: no results PEW: No effects CASEL: no results</p>	<p><b>Cost for Training</b></p> <ul style="list-style-type: none"> <li>Free</li> <li>You control the pace of your training.</li> <li>The online training was designed to be completed in approximately 5 to 6 hours but will vary by user. You must do all 11 core and 3 booster lessons to receive your certificate.</li> </ul> <p>*California National Guard will be available free of charge for in class presentations and Train the Trainer.</p>	

Program	Brief Description	Structure	Cost for Materials	# of Participants [Type of Study]
<b>Project Towards No Drug Abuse</b> [9 <sup>th</sup> -12 <sup>th</sup> grades]	Project Towards No Drug Abuse (TND) is an interactive classroom-based substance abuse prevention program for youth ages 14-19 who are at risk for drug use and violence-related behavior. It focuses on three factors, including: (a) Motivation factors; (b) Skills; and (c) Decision-making.  Program website: <a href="https://epis.psu.edu/ebp/tnd">https://epis.psu.edu/ebp/tnd</a>	<ul style="list-style-type: none"> <li>• 12 forty to fifty-minute interactive lessons over three to six weeks. Taught by teachers or health educators.</li> <li>• The program is delivered universally, and can be used in both traditional and alternative, high-risk high schools</li> </ul>	<ul style="list-style-type: none"> <li>• Teacher's manual-\$90</li> <li>• Student Workbooks-(Set of 5) \$60</li> <li>• "Drugs and Life's Dreams" DVD-25\$</li> <li>• PRE/Post test \$5 (for master copy)</li> <li>• Project TND Game board \$15</li> </ul>	1) 1,578 students in 9 <sup>th</sup> -12 <sup>th</sup> grades with <b>4-5-year follow-up</b> [RCT] 2) 1,208 students in 9 <sup>th</sup> -12 <sup>th</sup> grades with 1-year follow-up [RCT] 3) 1,018 students in 9 <sup>th</sup> -12 <sup>th</sup> grades with <b>1 and 2-year follow-up</b> [RCT] 4) 2,734 students in 9 <sup>th</sup> -12 <sup>th</sup> grades with 1-year follow-up [RCT] 5) 3,751 students in 9 <sup>th</sup> -12 <sup>th</sup> grades with 1-year follow-up [RCT] 6) 928 students in 9 <sup>th</sup> -12 <sup>th</sup> grades with 1-year follow-up [RCT] 7) 1,186 students in 9 <sup>th</sup> -12 <sup>th</sup> grades with 1-year follow-up [RCT] 8) 513 students in in 9 <sup>th</sup> -12 <sup>th</sup> grades with 6-month follow-up [RCT]  (1998 – 2012)
	<b>Outcomes</b> <ul style="list-style-type: none"> <li>• Decreased use of alcohol</li> <li>• Decreased use of illicit drugs</li> <li>• Decreased tobacco</li> <li>• Decreased violence</li> </ul>	<b>Rating Summary</b>  <b>Blueprints: Model</b> <b>CEBC: Promising</b> What Works: no results <b>PEW: No effects</b> CASEL: no results	<b>Cost for Training</b> <ul style="list-style-type: none"> <li>• 1 day training-\$1,200 online for up to 20 Participants.</li> <li>• 2 day training in person-\$1,200 (plus travel expenses for trainer) for up to 20 attendees.</li> <li>• To be eligible for Project TND Train the Trainer, one must teach all of the Project TND curriculum sessions (all grades) in a classroom-based setting.</li> </ul> <p>*California National Guard will be available free of charge for in class presentations.</p>	

## Drug Specific Education and Presentations

Drug specific education programs should be used concurrently or subsequent to programs listed in Table 1. Research indicates that drug specific education programs, as a single strategy, do little to prevent use, but may prevent or lower the risk of overdose.<sup>9,10</sup> Although the programs below are being used with frequency in San Diego County schools, they have not been formally evaluated. If you are interested in using one of the programs below and being part of an evaluation, please let us know. The workgroup plans to work with the founders of the programs to build an evaluation of the program.

- 1. Operation Prevention San Diego:** Operation Prevention San Diego (<https://sites.google.com/view/operationpreventionsandiego/home>) This Drug Enforcement Administration program is a free educational program available to schools upon request or at [Operationprevention.com](http://Operationprevention.com). Operation Prevention's school resources provide educators with engaging tools that are aligned to national health and science standards and integrate seamlessly into classroom instruction. Through a series of hands-on investigations, students will explore the science behind substance misuse, and the resulting impacts on brain and body. Lesson-by-lesson teacher guides are integrated into the program and include a parent guide. Each module has videos and activities with specific goals and objectives.
- 2. "I Choose My Future"** is being given in some schools. The presentation provides students with information about the impact of substance use on the individual, family, school, city, nation, and global community to increase their awareness of the dangers of substance use. This program fits into a comprehensive approach as a secondary level giving students education about the harms of specific substances. It should be used in conjunction with the evidenced based curriculums previously discussed. "I Choose My Future" also includes a 6-part video series based on the presentation. The series includes a teacher guide that includes guiding questions and activities to further the discussion. For more information, please contact SDCOE or go to [www.sdcoe.net](http://www.sdcoe.net).

**It is strongly recommended as best practice to evaluate the impact of any program, practice, or strategy on the intended outcome.**

## Overdose Prevention in Schools

While the overwhelming majority of youth 18 and under in San Diego County do not use substances and have not overdosed, the workgroup reviewed the total number of youth overdose deaths in the years 2020 – 2022 (see Figure 1).

Substance	2020	2021	2022
Fentanyl	5	11	6
Methamphetamine	1	1	3
Heroin	0	0	0
Opioid medications	0	2	0
Non-opioid prescription medications	1	6	1
Other drugs	0	2	1

**Figure 1. Overdose Deaths in Youth 18 and Under 2020-2022**

Year	0-11	12-14	15-24
2018	82.6	203.0	288.3
2019	70.1	162.8	292.2
2020	73.3	195.8	319.9
2021	78.0	306.3	327.6

**Figure 2. Nonfatal ED Encounters due to Overdose Rates per 100,000 Among San Diego County Residents by Age, 2018-2021**

Limited evidence exists for specific strategies to prevent overdoses in youth, but the workgroup reviewed the following options:

1. Targeted naloxone distribution (to those at high risk of experiencing or witnessing an overdose) has demonstrated effectiveness in reversing opioid overdoses and is recommended by the Centers for Disease Control and Prevention as a successful strategy for adults 18 and over ([Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States | Drug Overdose | CDC Injury Center](#)). Targeted training for high-risk individuals on this strategy could be considered and integrated into any of the substance use prevention curricula listed above.
2. The California Overdose Prevention Network (COPN) funded multi-sector coalitions throughout the state in 2022 and focused on supporting coalitions in harm reduction services and approaches for youth.<sup>11</sup> COPN offers four specific best practices for overdose prevention in youth:
  - 1) Understand the why
  - 2) Provide accurate information
  - 3) Don’t use fear
  - 4) Give naloxone
3. The National Council for Mental Wellbeing offers guidance for open communication with youth to help dispel myths about drug overdose and increase youth awareness around the presence and risks of fentanyl and fentanyl-laced products.<sup>12</sup>
  - 1) Overdose can happen to anyone. Fentanyl is a leading cause of overdose, and it is frequently encountered as an unknown additive.



- 2) Only take pills or other drugs that were prescribed to you by a doctor and provided to you by a legitimate pharmacy.
  - 3) No substance bought online is safe. It is difficult to know what is in substances sold illegally and fentanyl has been found in almost every illegal drug.
  - 4) Always carry naloxone. When given in time, it can reverse an opioid overdose.
4. Additional Overdose Prevention Programs for Youth are available in the Appendix.

**It is strongly recommended as best practice to evaluate the impact of any program, practice, or strategy on the intended outcome.**

### **How Schools Can Use This Document**

**Contact the California National Guard Drug Demand Reduction Unit for assistance with any portion of this document at: *ngca-cdtf-ddro-sdiv@army.mil***

1. Review the research on school-based substance use and misuse prevention in this document.
2. Compare the 5 substance use prevention curricula options in Table 1.
3. Ask the following questions to help identify the preferred option:
  - a. Which option has the strongest evidence supporting it?
  - b. Which option is most feasible to implement in our school considering our school schedules, structure, and staff?
  - c. Which option would fit best within our culture?
  - d. Which option is most conducive to our budget?
  - e. Are there any options that should be excluded due to prior experience with them or for other reasons?
4. Once a program is selected, consider the following planning activities to implement a pilot:
  - a. Training
    - i. Table 1 provides a description of the types and cost of training for each program.
    - ii. California National Guard can provide training or present Operation Prevention San Diego modules. "I Choose My Future" does not have training components and is a one-time presentation.
  - b. Implementation
    - i. Who will oversee implementation of the program?
    - ii. Into what courses will the program be integrated and at what point in the school year?
    - iii. Who will deliver the program?
    - iv. Who will collect the data?
    - v. Where will the data be stored?
  - c. Evaluation

- i. How will you evaluate the impact of the program?
      1. Many of the programs supply pre/post evaluations and fidelity checklists, and the workgroup will work with you to monitor substance use and overdoses annually in your student populations.
      2. Administer CHKS or other surveys to determine use rates and measure the perception of harm of substance use.
    - ii. Operation Prevention San Diego and “I Choose My Future” do not have evaluation and fidelity measures.
    - iii. Did the program achieve stated outcomes?
    - iv. Were there any iatrogenic effects (unintended outcomes such as increasing substance use)?
5. Assess fidelity to the model. (Training on this topic can be provided upon request.)
  - a. Were the implementation directions (if provided) followed most or all the time?
  - b. Were all lessons completed as planned?
    - i. Lessons delivered by the person(s) who received the full training.
    - ii. In the correct sequence
    - iii. For the prescribed duration (e.g., 45-minutes)
    - iv. On schedule (e.g., once per week)

### Next Steps

1. Implement selected programs during the 2024-2025 school year.
2. Evaluate the impact of the programming against health goals for San Diego County.

Community resources are available to help with prevention activities. Prevention activities should be considered to supplement life skills training and drug specific information for youth at all ages.

- Local community-based organizations are located throughout San Diego County regions to support schools in preventing youth alcohol, tobacco, and other drug use, such as methamphetamine, cocaine, heroin, and opioids that may contain fentanyl. These organizations offer prevention presentations, coordinate assemblies and guest speakers, and organize field trips. Additionally, some offer intervention and family support programs.
- An effective parental education program strengthens communication between caregivers and children and provides tools and information about emerging drug and alcohol trends. The San Diego County Substance Use and Overdose Prevention Taskforce provides toolkits, presentations, and guides designed to help educate caregivers. To view these resources please visit <https://www.suopt.org/>.
- Faith-based organizations offer prevention support in the form presentations, meeting space, and family support.
- San Diego County regional providers may already be engaged in prevention activities at some schools. If you have a pre-existing relationship with your regional provider, please reach out for resources. If you need assistance locating your regional provider, please visit [https://www.sandiegocounty.gov/hhsa/programs/bhs/alcohol\\_drug\\_services/prevention\\_services.html](https://www.sandiegocounty.gov/hhsa/programs/bhs/alcohol_drug_services/prevention_services.html). Additionally, school resource officers can offer more information.

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## Appendix

### Blueprints for Healthy Youth Development

Comprehensive registry of scientifically proven and scalable interventions that promote a healthy course of youth development and maturity.

Level of Evidence	Definition
<b>Promising</b>	Interventions meet the minimum standard of effectiveness.
<b>Model</b>	Interventions meet a higher standard and provide greater confidence in the program's capacity to change behavior and targeted outcomes.
<b>Model Plus</b>	Interventions meet an additional standard of independent replication.
<b>Model and Model Plus</b>	Programs are ready for scale.

## California Evidence-Based Clearinghouse for Child Welfare (CEBC)

Searchable database of child welfare related programs that provides descriptions and information on research evidence for specific programs.

Level of Evidence	Definition
<b>Well-Supported by Research Evidence</b>	At least 2 rigorous randomized controlled trials (RCTs) with nonoverlapping analytic samples that were carried out in the usual care or practice settings have found the program to be superior to an appropriate comparison program on outcomes specified in the criteria for that particular topic area Well-Supported by Research Evidence. In at least one of these RCTs, the program has shown to have a sustained effect of at least one year beyond the end of treatment, when compared to a control group. Supported by Research Evidence
<b>Supported by Research Evidence</b>	At least one rigorous RCT in a usual care or practice setting has found the program to be superior to an appropriate comparison program outcomes specified in the criteria for that particular topic area. In that RCT, the program has shown to have a sustained effect of at least six months beyond the end of treatment, when compared to a control group.
<b>Promising Research Evidence</b>	At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has done one of the following: (1) established the program's benefit over the control on the outcomes specified in the criteria for that particular topic area, (2) found it to be comparable on outcomes specified in the criteria for the topic area to a program rated 3 or higher on this rating scale in the same topic area, OR (3) Found it to be superior on outcomes specified for that particular topic area to an appropriate comparison program. Promising Research Evidence Fails to Demonstrate Effect
<b>Evidence Fails to Demonstrate Effect</b>	Two or more RCTs with nonoverlapping analytic samples that were carried out in usual care or practice settings have found that the program has not resulted in improved outcomes specified in the criteria for that particular topic area, when compared to usual care. The overall weight of evidence does not support the benefit of the program on the outcome specified in the criteria for that particular topic area. Concerning Practice.
<b>Concerning Practice</b>	One or more of the following statements is true: (1) if multiple outcome studies have been conducted, the overall weight of evidence suggests the program has a negative effect on the target population being served or on outcomes specified in the criteria for that particular topic area; (2) there is case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe and/or frequent; OR (3) there is a legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it. NR Not Able to be Rated.
<b>Not Able to be rated</b>	The program does not have any published, peer-reviewed study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) that has established the program's benefit over the control on outcomes specified in the criteria for that particular topic area, or found it to be comparable to or better than an appropriate comparison program on outcomes specified in the criteria for the topic area. The research evidence for programs listed NR cannot be established at this time. This does not mean the programs are ineffective, but rather that there is not research evidence that meets the criteria for any other level on this rating scale.

## What Works Clearinghouse

Summarize findings from research reviews to determine which programs have evidence supporting their effectiveness

Level of Evidence	Definition
<b>Positive</b>	Strong evidence that an intervention had a positive effect on outcomes.
<b>Potentially positive</b>	Evidence that an intervention had a positive effect on outcomes with no overriding contrary evidence.
<b>Mixed</b>	Evidence that an intervention's effect on outcomes is inconsistent.
<b>No discernible</b>	No evidence that an intervention had an effect on outcomes.
<b>Potentially negative</b>	Evidence that an intervention had a negative effect on outcomes with no overriding contrary evidence.
<b>Negative</b>	Strong evidence that an intervention had a negative effect on outcomes.

## PEW Results First Clearinghouse

Resource that brings together information on the effectiveness of programs from nine national clearinghouses.

Level of Evidence	Definition
<b>Highest rated</b>	The program had a positive impact based on the most rigorous evidence.
<b>Second-highest rated</b>	The program had a positive impact based on high-quality evidence.
<b>Mixed effects</b>	The program had inconsistent impacts based on high-quality evidence. That is, study findings showed a mix of positive impact, no impact, and/or negative impact.
<b>No effects</b>	The program had no impact based on high-quality evidence. That is, there was no difference in outcomes between program participants and those in the comparison group.
<b>Negative effects</b>	The program had a negative impact based on high-quality evidence.
<b>Insufficient evidence</b>	The program's current research base does not have adequate methodological rigor to determine impact.

## Collaborative for Academic, Social, and Emotional Learning (CASEL)

Guide of preschool to high school social and emotional learning programs.

Level of Evidence	Definition
<b>SElect</b>	Indicates that a program demonstrates evidence of effectiveness at improving student outcomes at the highest level, supports students' social and emotional growth through all five competencies, and offers multi-year programming.
<b>Promising</b>	Indicates that a program demonstrates evidence of effectiveness at improving student or teacher outcomes, as well as supporting students' social and emotional growth through at least two competencies. May offer multi-year programming.
<b>SEL-Supportive</b>	The designation indicates that a program meets the SElect or Promising evidence criteria for promoting student or teacher outcomes but does not fully meet all necessary program design criteria. These programs could be a beneficial part of systemic SEL implementation.
<b>No Results</b>	Not enough evidence gathered to currently support above designation.

### Overdose Prevention Programs for Youth

<b>This is Not About Drugs</b>
The first youth-focused educational program addressing the opioid public health crisis.
<p>“After participating in TINAD, students self-reported higher knowledge and self-efficacy as well as safer attitudes. However, there was no change in intentions to misuse opioids in the future. Effects of the program were consistent across gender, socioeconomic status, race/ethnicity, and previous opioid misuse. TINAD is acceptable and shows promise for improving opioid-related cognitions. However, more rigorous experimental and longitudinal research is needed to understand whether TINAD reduces opioid misuse over time.”<sup>13</sup></p> <p>“Program participants demonstrated increases in understanding of the similarities between prescription opioids and heroin and the risks associated with prescription opioid misuse. While these results are promising, TINAD requires a more rigorous evaluation of its effectiveness.”<sup>14</sup></p> <p><a href="https://www.overdoselifeline.org/opioid-heroin-prevention-education-program/">https://www.overdoselifeline.org/opioid-heroin-prevention-education-program/</a></p>
<b>POP4Teens</b>
POP4Teens is a web-based intervention designed to prevent prescription opioid misuse among adolescents.



POP4Teens demonstrated short-term and sustained efficacy in significantly reducing risk factors associated with future prescription opioid misuse. Participants found POP4Teens likeable and easy to use. <sup>15</sup>
<a href="https://www.c4tbh.org/program-review/pop4teens/">https://www.c4tbh.org/program-review/pop4teens/</a>
<b>Safety First: Real Drug Education for Teens</b>
The nation’s first harm reduction-based drug education curriculum for high school students.
Survey results, corroborated by the qualitative findings, showed a significant increase in high school freshmen harm reduction knowledge and behaviors in relationship to substance use pre to post Safety First. This increase related to a decrease in overall substance use. <sup>16</sup>
<a href="https://drugpolicy.org/resource/safety-first/">https://drugpolicy.org/resource/safety-first/</a>

### Additional Resources

<b>What You Need to Know About Youth &amp; Fentanyl</b>
Framing the conversation around youth substance use prevention.
<a href="https://www.thenationalcouncil.org/wp-content/uploads/2023/01/Fentanyl-Fact-Sheet-23.01.24-v1.pdf">https://www.thenationalcouncil.org/wp-content/uploads/2023/01/Fentanyl-Fact-Sheet-23.01.24-v1.pdf</a>
<b>Maryland’s Heroin and Opioid Awareness &amp; Prevention Toolkit</b>
Educator resources for elementary, middle, and high schools on topics such as how to safely store prescriptions and the science behind overdose.
<a href="https://www.marylandpublicschools.org/Documents/heroinprevention/HeroinOpioidToolkit.pdf">https://www.marylandpublicschools.org/Documents/heroinprevention/HeroinOpioidToolkit.pdf</a>
<b>Keeping Youth Drug Free</b>
Guide for parents, grandparents, and other caregivers understand youth substance use and strategies to support youth in healthy decision-making.
<a href="https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma17-3772.pdf">https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma17-3772.pdf</a>
<b>General Strategies</b>
Information sharing (fact sheets, overdose can happen to anyone, don’t trust pills that aren’t prescribed to you, etc.) <sup>17</sup>
Naloxone availability and training <sup>17</sup>
Parenting strategies for ATOD use (monitoring, clear rules and expectations, encourage healthy activities, spending time together, having open conversations, etc.) <sup>17</sup>
Prescribing guidelines and informing patients of risks associated with opioid medications <sup>17</sup>
“As the opioid epidemic has grown, public health officials, health care professionals, community organizations, law enforcement, and legislators have initiated a variety of strategies to reduce the number of individuals at risk for fatal overdose. Many of these strategies employ educational interventions for primary prevention and target high-risk individuals, such as teens and those with a history of substance abuse disorders, although evidence for the impact of this approach is limited.” <sup>18</sup>

“There are a few educational programs that have been launched and made available to adolescents and their parents to combat prescription opioid medication misuse in adolescents. However, there is scant evidence describing the reach and effectiveness of these educational medication safety initiatives.”<sup>19</sup>

“Universal school-based evidence-based-prevention-interventions can efficiently reduce nonmedical prescription opioid use through high school.”<sup>20</sup>

“Brief universal interventions have potential for public health impact by reducing prescription drug misuse among adolescents and young adults.”<sup>21</sup>



## ADAPT: A Division for Advancing Prevention & Treatment

### Mission

The mission of ADAPT is to advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of strategies informed by the best available evidence into communities.

### Goals

1. Advance substance use prevention strategies through essential training and technical assistance services and resources.
2. Promote public health and public safety partnerships in substance use prevention.
3. Prepare the future public health and public safety workforces through student engagement in ADAPT operations and projects.

### HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention strategies within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings, technical webinars, and other resources to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.

### Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

1. Identification of the Best Available Evidence in Substance Use Prevention
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability
7. Early Response
8. Prevention Communication
9. Systems Development
  - Infrastructure
  - Assessment

## Learn More

Visit us at <https://www.hidta.org/adapt/> to learn about our technical assistance services, event and training announcements, resources, and more!

## Contact Us

For more information, email us at [adapt@wb.hidta.org](mailto:adapt@wb.hidta.org) or reach out to Lora Peppard at [lpeppard@wb.hidta.org](mailto:lpeppard@wb.hidta.org).

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For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.



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