

**THE IOWA
CONSORTIUM**
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

COMPREHENSIVE SUBSTANCE ABUSE PREVENTION PROGRAM EVALUATION

ANNUAL REPORT

**IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION
UNIVERSITY OF IOWA, IOWA CITY, IOWA 52242-5000**

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PROGRAM EVALUATION**

ANNUAL REPORT

JULY 1, 2010 - JUNE 30, 2011

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EXECUTIVE SUMMARY

The Comprehensive Substance Abuse Prevention Project provides primary alcohol, tobacco, and other drug (ATOD) prevention services to all counties in Iowa. Eighteen providers covering twenty three service areas implemented a variety of evidence-based prevention programming for the funding cycle that runs from July 1, 2010 to June 30, 2015. Agencies submitted 4,936 total matched pre-test and post-test surveys for analysis. This yielded sufficient numbers of matched surveys to report data for seven prevention programs: Brain Power; LifeSkills Training; Project ALERT; Project Northland; Project Towards No Tobacco Use; Too Good for Drugs; and Diversion. There were not sufficient numbers of participants in any high school program to provide data by program, but high school outcomes are included in the substance use data provided below for the project overall. Diversion data are presented separately, as those programs serve an indicated population of youth who have already experienced legal consequences from their substance use. Past 30-day use data for Diversion programs are not provided, as those programs span fewer than 30 days.

Participants included in this evaluation ranged in age from 8 to 19; the median age (at post-test) was 12. The grade of participants ranged from 4th to 12th grade, and some participants were post-high school. Over half (57.9%) of the participants were 6th and 7th grade students. Males comprised 51.3% of respondents. Eighty-three (83.3%) percent of respondents were White, 4.3% were African American, 2.4% were Asian, and 8.9% were more than one race. Participants of other racial groups comprised less than 2% of the total. Eight percent (8.2%) of participants indicated they were of Hispanic or Latino ethnicity. Attrition analysis results indicate that students who entered programs in the 8th to 10th grade tended to have higher attrition rates than students entering at other grades. Students who identified themselves as Latino or Hispanic and students who were racial minorities had significantly higher attrition rates than did White students. Participants who reported using alcohol or marijuana in the last 30 days were more likely to not complete the program or not complete the post-test than those who did not report past 30-day use.

The evaluation of the Comprehensive Prevention project answers the following questions:

- *Has alcohol/tobacco/marijuana usage changed in the target population?*

Overall, the data show a decrease in past 30-day use of alcohol and only slight increases in past 30-day use of cigarettes and marijuana for Comprehensive Prevention Project participants. Iowa Youth Survey data show larger increases in past 30-day use of all three substances.

Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test: Comprehensive Prevention Project Participants								
Group	N	Median Age	Alcohol		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	50,210 ²	13 ³	–	+5.60	–	+4.00	–	+2.40
Comprehensive Prevention	3,653	13	7.91	-0.81	1.73	+0.20	0.90	+0.28

¹ IYS entries reflect the estimated yearly average change in 30-day use between participating Iowa students in grades 6 and 11. Data were from the 2010 Iowa Youth Survey, State of Iowa report.
² The total number of 6th graders completing the 2010 Iowa Youth Survey was 26,856, and the total number of 11th graders was 23,354.
³ The median age of 6th graders completing the 2010 Iowa Youth Survey was 11 years, and the median age of 11th graders was 16.

- *Has the percentage of the target population who indicate desirable attitudes (i.e., that it is wrong to use substances) at baseline (pre-test) maintained or increased after the intervention (post-test)?*

Ninety-three percent (92.6%) or more of participants in three of the four elementary school program groups maintained or increased desirable attitudes regarding substance use. Project Towards No Tobacco Use showed lower positive outcome percentages for two substances: 80.8% percent of participants at post-test maintained or increased desirable attitudes regarding alcohol use, and 87.9% maintained or increased desirable attitudes regarding cigarette use.

Eighty-four percent (84.3%) or more of participants in four of the five middle school programs maintained or increased desirable attitudes regarding substance use. Brain Power showed lower positive outcome percentages for alcohol and cigarettes, with 70.9% and 76.4% of participants at post-test maintaining or increasing desirable attitudes regarding alcohol use and cigarette use, respectively.

Fifty-seven percent (57.0%) or more of Diversion program participants maintained or increased desirable attitudes regarding alcohol, cigarette, and marijuana use. The number of participants that increased (improved) their attitudes is notable: 30% of Diversion participants increased their belief that alcohol use is wrong, 26% increased their belief that cigarette use is wrong, and 23% increased their belief that marijuana use is wrong.

- *Has perception of risk of harm from alcohol/tobacco/marijuana use maintained a positive response or increased from pre-test to post-test?*

For elementary school programs, 81.2% or more of participants in the first year of Project Too Good for Drugs maintained or increased their perception of risk of harm from substance use. The other elementary school programs showed more than 80% of participants maintaining or increasing their perception of risk for some but not all substances. The exceptions were Project Towards No Tobacco Use for risk of harm from alcohol use (74.0%) and marijuana use (69.2%), and the first year of LifeSkills Training for risk of harm from alcohol use (79.6%).

Eighty-one percent (80.9%) or more of participants in three of the five middle school program groups maintained or increased their perception of risk of harm from substance use. The other middle school programs showed more than 81% of participants maintaining or increasing their perception of risk for some but not all substances. The exceptions were Brain Power (78.2%) and Too Good for Drugs (79.0%) for marijuana use.

Sixty-five percent (65.2%) or more of Diversion program participants maintained or increased their perception of risk of harm from alcohol, tobacco, and marijuana use. The number of participants that increased (improved) their perception of risk is notable: 35% of participants increased their belief that alcohol use poses risk, 20% increased their belief that cigarette use poses risk, and 32% increased their belief that marijuana use poses risk.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	i
INTRODUCTION.....	1
Methodology	1
Participant Profile	2
Attrition Analysis	2
OUTCOME DATA	3
Past 30-Day Use	3
Attitudes Toward Substance Use	10
Attitudes Toward Alcohol Use	10
Attitudes Toward Cigarette Use	15
Attitudes Toward Marijuana Use	19
Summary of Positive Outcomes for Attitudes Toward Substance Use	23
Perceived Risk of Harm from Substance Use	24
Perceived Risk of Harm from Alcohol Use	24
Perceived Risk of Harm from Cigarette Use	28
Perceived Risk of Harm from Marijuana Use	32
Summary of Positive Outcomes for Perceived Risk of Harm from Substance Use	37
Diversion Program Outcomes	37
Attitudes Toward Substance Use	37
Perceived Risk of Harm from Substance Use	38
CONCLUSION	40
APPENDIX A: Survey Instruments.....	40
APPENDIX B: IOM Categories by Agency and Program	49

TABLE OF FIGURES

Table 1. Change in Past 30-Day Use: Comprehensive Prevention Project Participants	4
Figure 1. Change in Past 30-Day Use: Comprehensive Prevention Project Participants	5
Table 2. Change in Past 30-Day Use: Middle School Youth (Grades 6-8) in Single-Year Programs	6
Figure 2. Change in Past 30-Day Use: Middle School Youth (Grades 6-8) in Single-Year Programs	7
Table 3. Change in Past 30-Day Use: Middle School Youth (Grades 6-8) in Multi-Year Programs	8
Figure 3. Change in Past 30-Day Use: Middle School Youth (Grades 6-8) in Multi-Year Programs	9
Figure 4. Change in Attitudes Toward Alcohol Use by Program: Elementary School Age Youth in Single-Year Programs	11
Figure 5. Change in Attitudes Toward Alcohol Use by Program: Elementary School Age Youth in Multi-Year Programs.....	12
Figure 6. Change in Attitudes Toward Alcohol Use by Program: Middle School Age Youth in Single-Year Programs.....	13
Figure 7. Change in Attitudes Toward Alcohol Use by Program: Middle School Age Youth in Multi-Year Programs	14
Figure 8. Change in Attitudes Toward Cigarette Use by Program: Elementary School Age Youth in Single-Year Programs	15
Figure 9. Change in Attitudes Toward Cigarette Use by Program: Elementary School Youth in Multi-Year Programs.....	16
Figure 10. Change in Attitudes Toward Cigarette Use by Program: Middle School Youth in Single-Year Programs	17
Figure 11. Change in Attitudes Toward Cigarette Use by Program: Middle School Youth in Multi-Year Programs	18
Figure 12. Change in Attitudes Toward Marijuana Use by Program: Elementary School Youth in Single-Year Programs.....	19
Figure 13. Change in Attitudes Toward Marijuana Use by Program: Elementary School Youth in Multi-Year Programs.....	20
Figure 14. Change in Attitudes Toward Marijuana Use by Program: Middle School Youth in Single-Year Programs	21
Figure 15. Change in Attitudes Toward Marijuana Use by Program: Middle School Youth in Multi-Year Programs	22
Table 4. Positive Outcome Percentages for Attitudes Toward Substance Use by School Group.....	23
Figure 16. Change in Perceived Risk of Harm from Alcohol Use by Program: Elementary School Youth in Single-Year Programs.....	25
Figure 17. Change in Perceived Risk of Harm from Alcohol Use by Program: Elementary School Youth in Multi-Year Programs.....	26
Figure 18. Change in Perceived Risk of Harm from Alcohol Use by Program: Middle School Age Youth in Single-Year Programs.....	27
Figure 19. Change in Perceived Risk of Harm from Alcohol Use by Program: Middle School Age Youth in Multi-Year Programs	28



Figure 20. Change in Perceived Risk of Harm from Cigarette Use by Program: Elementary School Youth in Single-Year Programs.....	29
Figure 21. Change in Perceived Risk of Harm from Cigarette Use by Program: Elementary School Youth in Multi-Year Programs.....	30
Figure 22. Change in Perceived Risk of Harm from Cigarette Use by Program: Middle School Youth in Single-Year Programs	31
Figure 23. Change in Perceived Risk of Harm from Cigarette Use by Program: Middle School Youth in Multi-Year Programs	32
Figure 24. Change in Perceived Risk of Harm from Marijuana Use by Program: Elementary School Youth in Single-Year Programs.....	33
Figure 25. Change in Perceived Risk of Harm from Marijuana Use by Program: Elementary School Youth in Multi-Year Programs.....	34
Figure 26. Change in Perceived Risk of Harm from Marijuana Use by Program: Middle School Youth in Single-Year Programs	35
Figure 27. Change in Perceived Risk of Harm from Marijuana Use by Program: Middle School Youth in Multi-Year Programs	36
Table 5. Positive Outcome Percentages for Perceived Risk of Harm from Substance Use by School Age Group.....	37
Figure 28. Change in Attitudes Toward Substance Use: Diversion Program	38
Figure 29. Change in Perceived Risk of Harm from Substance Use: Diversion Program ..	39



INTRODUCTION

The Comprehensive Substance Abuse Prevention Project provides primary alcohol, tobacco, and other drug (ATOD) prevention services to all counties in Iowa. The project is funded through a Substance Abuse Prevention and Treatment (SAPT) Block Grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The Iowa Department of Public Health (IDPH) administers the prevention portion of the Block Grant funds through a competitive process to provide funding for each county in the state. Eighteen providers covering twenty-three service areas were awarded contracts to implement a variety of evidence-based prevention programming for the funding cycle that runs from July 1, 2010 to June 30, 2014.

The Iowa Consortium for Substance Abuse Research and Evaluation (“Consortium”) was awarded a contract to evaluate the project and to provide training and technical assistance to the providers on data collection and data entry. The evaluation of the Comprehensive Substance Abuse Prevention Project (“Comprehensive Project”) discussed in this report covers the first year of the funding period mentioned above and includes only recurring educational programs for youth. Other services provided under the Comprehensive Prevention Project were monitored outside of this evaluation.

Methodology

The evaluation involves a matched pre-post design whereby a survey is administered to the target population at the beginning and at the conclusion of the prevention program. The survey is also administered at the end of each year for programs spanning multiple years. Post-test survey data from the previous program year is typically used as a baseline for reporting current-year outcomes for multi-year programs. Because revised survey instruments were used this year, participants in the second or third year of multi-year programs also took a pre-test this year. The revised instruments appear in Appendix A.

Agencies submitted 4,765 pre-tests, 5,392 first-year post-tests, 1,415 second-year post-tests, and 135 third-year post-tests during State Fiscal Year 2011 (July 1, 2010 – June 30, 2011). This yielded 4,936 total matched surveys; 4,111 of these were for participants in single-year programs and those in the first year of multi-year programs; 690 were from participants in the second year of multi-year programs, and 135 were from participants in the third year of multi-year programs. Matched data include participants completing the Comprehensive and Younger Youth survey instruments.

The matched data sets are used to answer the following evaluation questions:

- Has alcohol/tobacco/marijuana use changed in the target population?
- Has the percentage of the target population who indicate at baseline (pre-test) that substance use by someone their age is wrong or very wrong remained the same (maintained) or increased after the intervention (post-test)?
- Has perceived risk of harm from alcohol/tobacco/marijuana use maintained a positive response (belief that using poses a moderate or great risk of harm) or increased from pre-test to post-test?



Participant Profile

Demographic data provided here include participants in all programs who completed the Comprehensive or Younger Youth survey instrument. There are some instances where individual responses on demographic data varied from pre-test to post-test. Some differences are naturally occurring, such as participants' age or grade increasing by one year. In those cases, post-test responses were used, as those data most closely represent the matched group included in this report. In addition, there were numerous mismatches in individual participant responses from pre-test to post-test for gender, race, and ethnicity on both surveys. Upon investigation, agency and Consortium staff discovered that the majority of these discrepancies were due to participants giving different responses and not due to data entry error. Therefore, evaluation staff created a standard rule for addressing discrepancies in demographic data, which was to use the responses on the post-tests.

The median age (at post-test) of participants included in this evaluation is 12. Over half (57.9%) of the participants are 6th and 7th grade students. Males comprise 51.3% of respondents, and 8.2% of all respondents are Hispanic or Latino. Participant racial groups are delineated below:

- 83.3% White
- 4.3% Black/African American
- 2.4% Asian
- 0.9% American Indian/Alaska Native
- 0.2% Native Hawaiian/Other Pacific Islander
- 8.9% More than one race

A list of the Institute of Medicine (IOM) population categories served by this project appears in Appendix B.

Attrition Analysis

An attrition analysis was done that compared students who completed only a pre-test survey to those who completed a pre- and a post-test survey. Approximately 27% of the total number of students who completed a pre-test did not take a subsequent survey and are considered attrition cases. While those who attrited were not significantly older, they did significantly differ in their grade at pre-test. Those students who entered programs in the 8th to 10th grade tended to have higher attrition rates than students entering at other grades. There were no differences with regard to the students' sex*.

Students who identified themselves as Latino or Hispanic were 1.6 times more likely to not complete the program or not complete the post-test than non Latino students. Similarly, students who were racial minorities were over 2 times more likely to attrite compared to White students. Both of these findings were highly statistically significant.

Students who reported using alcohol within the last 30 days at the pre-test were significantly more likely to attrite (37%) than those who reported no alcohol use (27%). Past 30-day use of tobacco was not significantly related to attrition, however, use of marijuana was related. Those who used marijuana in the last 30 days were over twice as likely to not complete the program or not complete the post-test as those who did not.

(*The term "sex" is used to designate the biological distinction, per the *Publication Manual of the American Psychological Association*, © 2010.)



OUTCOME DATA

The outcome evaluation assessed past 30-day substance use, attitudes toward substance use, and perceived risk of harm from substance use for alcohol, cigarettes, and marijuana.

Past 30-Day Use

Data on past 30-day use are provided for Comprehensive Prevention project participants who completed the Comprehensive Prevention Survey for programs where 50 or more participants completed both a pre-test and a post-test. The Comprehensive Younger Youth survey does not ask about past 30-day use, therefore participants who completed that survey are not included in these data. In addition, data for Diversion program participants are not included here because Diversion programs span fewer than 30 days. Attitude and perceived risk outcomes are provided for Younger Youth respondents beginning on page 10, and for Diversion program participants beginning on page 37. Tables 1 through 3 and Figures 1 through 3 on pages 4 through 9 present past 30-day use data for all participants with matched pre- and post-test surveys, and for middle-school program participants.

The Iowa Youth Survey (IYS) data are provided as a reference for interpreting the outcome data in this report. The Iowa Youth Survey is a triennial, and recently a biennial, assessment of Iowa's school-age (grades 6, 8, and 11) students' attitudes toward substance use and actual use of substances. The IYS data reflect changes due to maturation of the youth through the different grade levels. The 2010 IYS data provided here represent an estimate of the change one might see among youth in the general population over the course of one year. Thus, this shows the estimated annual change one might expect in Iowa's general youth population versus the outcomes of youth who complete specific prevention programming under the Comprehensive Prevention project (Note: Youth who received Comprehensive programming may also have completed the IYS). The average yearly change was calculated by dividing the difference between grades by the number of years between grades. This was done using 6th and 11th grade IYS data to provide a reference for Comprehensive Prevention Project outcomes in Table 1; using 6th and 8th grade IYS data for participants in elementary and middle school programs; and using 8th and 11th grade IYS data for participants in high schools programs. A single average yearly change figure is given in the tables below to simplify interpretation. True yearly change rates, however, would increase each successive year (i.e., past 30-day use between 6th and 7th grade may increase less than 4.5%, but may increase more than 4.5% between 7th and 8th grade). While the time span between pre-test and post-test for some prevention programs presented here is less than one year, the IYS average yearly change serves as a general point of reference when examining the program outcomes rather than comparing to zero, or no change.

Table 1 on page 4 presents data on the percentage of youth reporting past 30-day use of alcohol, tobacco, and marijuana at the pre-test and the amount and direction of change at post-test for participants in all programs combined, excluding Diversion programs. Iowa Youth Survey data also are provided. A positive (+) figure indicates an increase in use, whereas a negative figure (-) indicates a decrease in use.



Table 1. Change in Past 30-Day Use: Comprehensive Prevention Project Participants

Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test: Comprehensive Prevention Project Participants								
Group	N	Median Age	Alcohol		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	50,210 ²	13 ³	–	+5.60	–	+4.00	–	+2.40
Comprehensive Prevention	3,653	13	7.91	-0.81	1.73	+0.20	0.90	+0.28

¹ IYS entries reflect the estimated yearly average change in 30-day use between participating Iowa students in grades 6 and 11. Data were from the 2010 Iowa Youth Survey, State of Iowa report.
² The total number of 6th graders completing the 2010 Iowa Youth Survey was 26,856, and the total number of 11th graders was 23,354.
³ The median age of 6th graders completing the 2010 Iowa Youth Survey was 11 years, and the median age of 11th graders was 16.

Iowa Youth Survey data show increases in past 30-day use of all three substances. Comprehensive Prevention data show a decrease in past 30-day use of alcohol, and only slight increases in past 30-day use of cigarettes and tobacco. Figure 1 displays graphically the data provided in Table 1.



Figure 1. Change in Past 30-Day Use: Comprehensive Prevention Project Participants

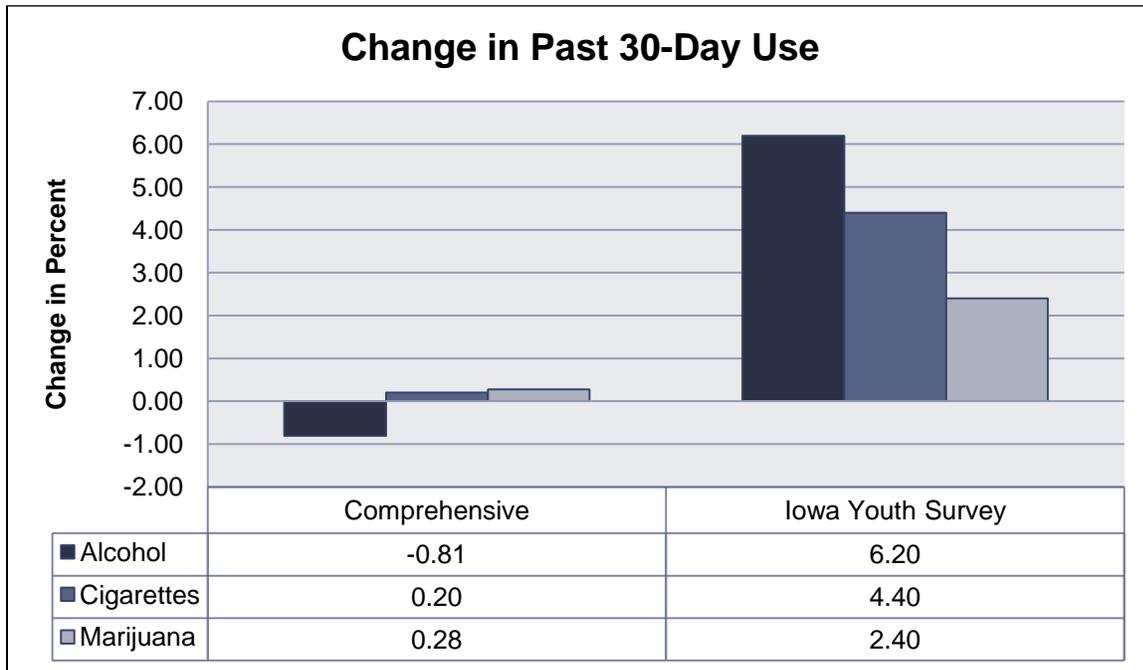


Table 2 on page 6 presents data on the percentage of youth reporting past 30-day use of alcohol, tobacco, and marijuana at the pre-test and the amount and direction of change at post-test for middle-school participants in single-year programs. There were not sufficient numbers of matched pre- and post-test surveys for high school program participants to report those programs separately (high school participant data are included in Table 1 and Figure 1, above).



Table 2. Change in Past 30-Day Use: Middle School Youth (Grades 6-8) in Single-Year Programs

Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test: Middle School Youth (Single-Year Programs)								
Group	N	Median Age	Alcohol		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	53,791 ²	13 ³	–	+4.50	–	+2.50	–	+1.50
Brain Power	56	12	1.79	+5.35	0	0	0	0
Project Northland	111	12	3.60	-0.90	0	0	0	0
Project Towards No Tobacco Use	150	12	4.67	-0.67	0	0	0.66	-0.66

¹ IYS entries reflect the estimated yearly average change in 30-day use between participating Iowa students in grades 6 and 8. Data were from the 2010 Iowa Youth Survey, State of Iowa report.
² The total number of 6th graders completing the 2010 Iowa Youth Survey was 26,856, and the total number of 8th graders was 27,115.
³ The median age of 6th graders completing the 2010 Iowa Youth Survey was 11 and the median age of 8th graders was 13.

Iowa Youth Survey data show increases in past 30-day use for all three substances for the middle school comparison group. Project Northland and Project Towards No Tobacco Use show either a decrease or no change (therefore, no increase) in past 30-day use for all three substances. Brain Power shows an increase in past 30-day alcohol use that is greater than the change for IYS participants; however, Brain Power shows no change in past 30-day use for cigarettes or marijuana. Figure 2 on page 7 displays graphically the data provided in Table 2.



Figure 2. Change in Past 30-Day Use: Middle School Youth (Grades 6-8) in Single-Year Programs

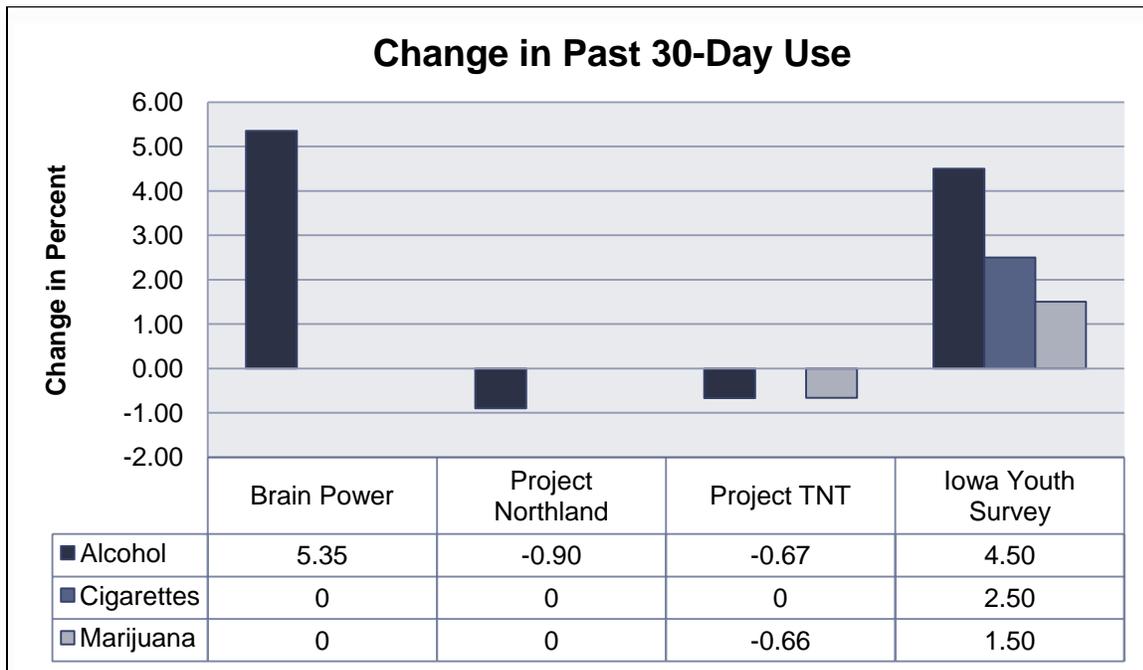


Table 3 on page 8 presents data on the percentage of youth reporting past 30-day use of alcohol, tobacco, and marijuana at the pre-test and the amount and direction of change at post-test for middle-school participants in multi-year programs.



Table 3. Change in Past 30-Day Use: Middle School Youth (Grades 6-8) in Multi-Year Programs

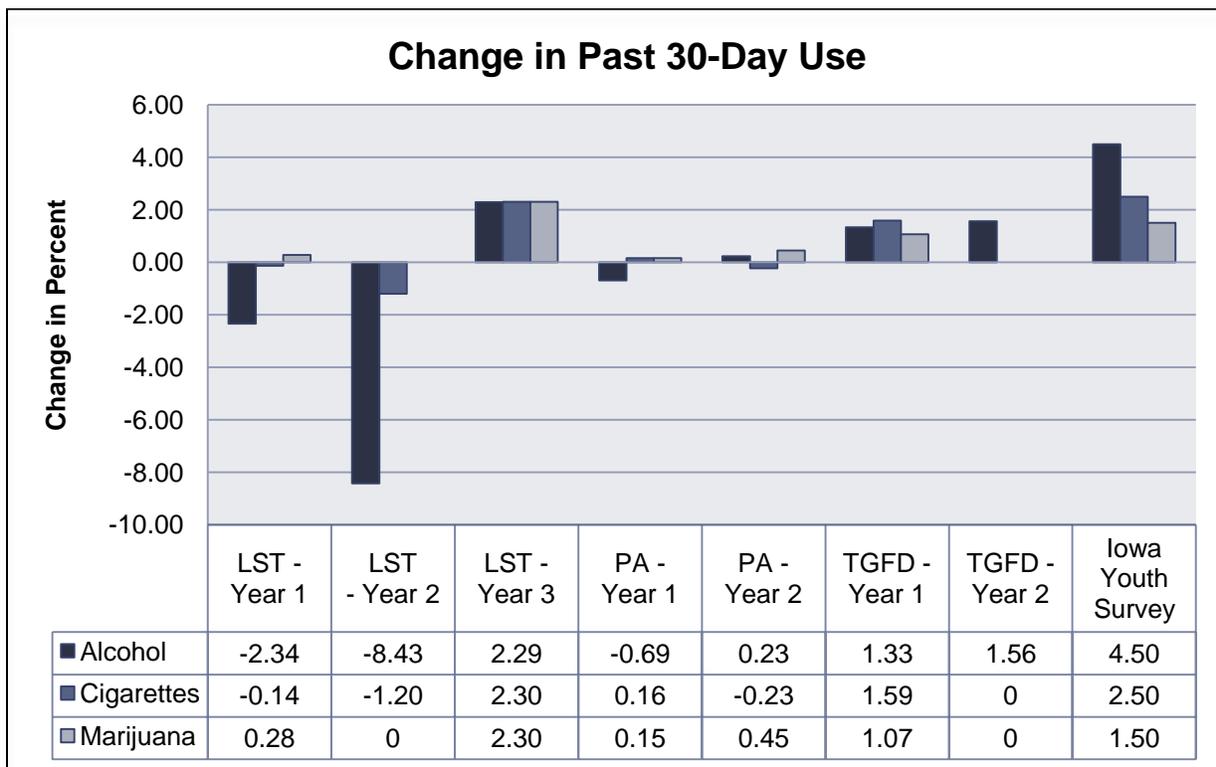
Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test: Middle School Youth (Multi-Year Programs)								
Group	N	Median Age	Alcohol		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	53,791 ²	13 ³	–	+4.50	–	+2.50	–	+1.50
LifeSkills Training – Year 1	732	13	10.34	-2.34	3.73	-0.14	1.52	+0.28
LifeSkills Training – Year 2	79	13	10.84	-8.43	3.61	-1.20	1.20	0
LifeSkills Training – Year 3	81	13	9.20	+2.29	1.15	+2.30	0	+2.30
Project ALERT – Year 1	1,316	13	7.83	-0.69	1.21	+0.16	0.61	+0.15
Project ALERT – Year 2	451	13	6.05	+0.23	1.35	-0.23	0.67	+0.45
Too Good for Drugs – Year 1	377	13	8.27	+1.33	0.80	+1.59	1.06	+1.07
Too Good for Drugs – Year 2	64	14	6.25	+1.56	0	0	1.56	0

¹ IYS entries reflect the estimated yearly average change in 30-day use between participating Iowa students in grades 6 and 8. Data were from the 2010 Iowa Youth Survey, State of Iowa report.
² The total number of 6th graders completing the 2010 Iowa Youth Survey was 26,856, and the total number of 8th graders was 27,115.
³ The median age of 6th graders completing the 2010 Iowa Youth Survey was 11 and the median age of 8th graders was 13.



As in Table 2, Iowa Youth Survey data show increases in past 30-day use for all three substances for the middle school comparison group. Participants in Years 1 and 2 of LifeSkills Training (LST) show decreases in use of alcohol and cigarettes. Participants in Year 1 show a slight increase in marijuana use, and participants in Year 2 show no change in marijuana use. Participants in Year 3 show increases in use of all three substances, and the increase in marijuana use is greater than for IYS participants. Project ALERT (PA) Year 1 data show a decrease in alcohol use and slight increases in cigarette and marijuana use. PA Year 2 data show a decrease in cigarette use and slight increases in alcohol and marijuana use. Too Good for Drugs (TGFD) Year 1 data show increases in use of all three substances, though the increases are less than for IYS participants. TGFD Year 2 data show an increase in alcohol use that is less than IYS, and no change in cigarette and marijuana use. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform. Figure 3 displays graphically the data provided in Table 2.

Figure 3. Change in Past 30-Day Use: Middle School Youth (Grades 6-8) in Multi-Year Programs



Attitudes Toward Substance Use

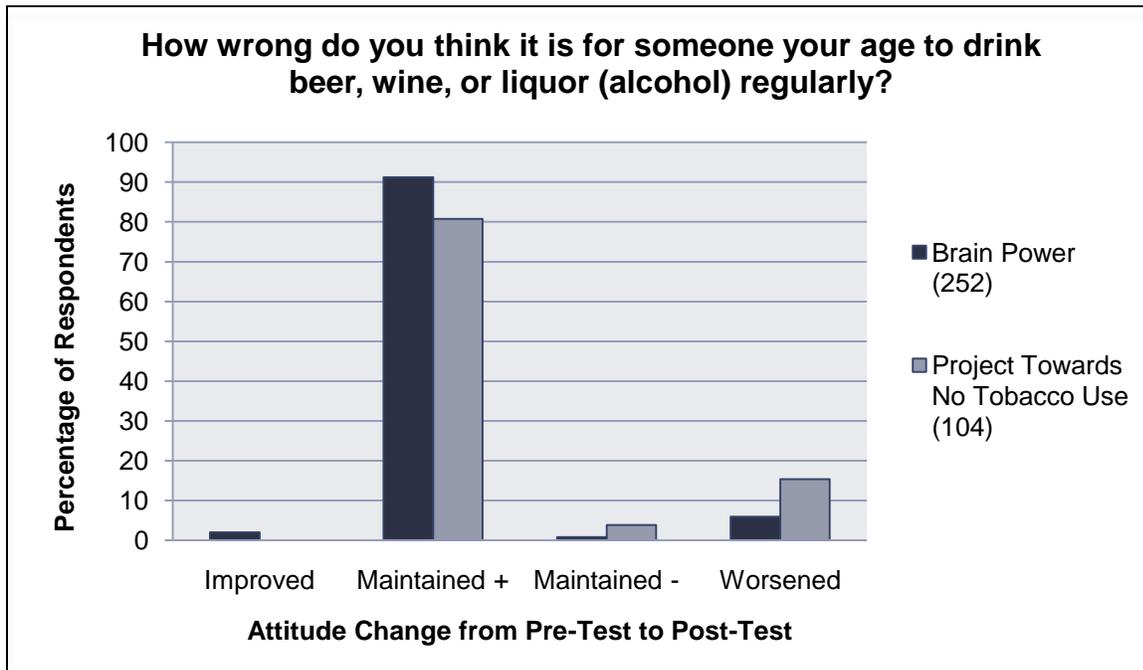
Figures 4 through 12 on pages 11 through 19 show change in individual attitudes toward substance use from the pre-test to the post-test, by program. Programs are grouped according to the school level of the participants and by program duration (single-year and multi-year programs). Individual attitudes either: 1) improved, which means that attitudes grew more unfavorable toward alcohol, tobacco, or marijuana use (e.g., respondent felt alcohol use was wrong at pre-test and very wrong at post-test); 2) maintained +, which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, tobacco, or marijuana use (a positive outcome); 3) maintained -, which means that the pre- and post-test responses remained the same and were favorable toward alcohol, tobacco, or marijuana use; or 4) worsened, meaning that attitudes grew more favorable toward alcohol, tobacco, or marijuana use from pre-test to post-test (e.g., respondent felt marijuana use was very wrong at pre-test and a little bit wrong at post-test). Desired outcomes for these questions are improved and positive maintenance (+ maintained) in attitudes. The number in parentheses after each program name in the figures is the number of respondents answering the question on both the pre-test and the post-test.

Attitudes Toward Alcohol Use

Figure 4 on page 11 shows the change in individual attitudes toward alcohol use from pre- to post-test for single-year programs that served elementary school youth. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.



Figure 4. Change in Attitudes Toward Alcohol Use by Program: Elementary School Age Youth in Single-Year Programs



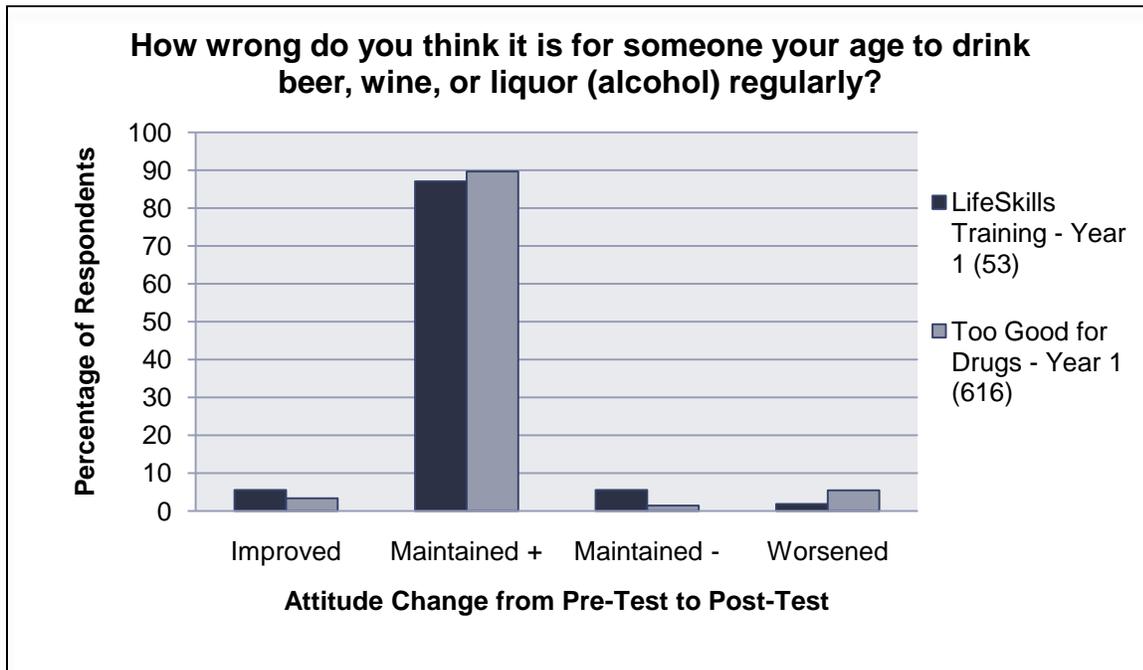
The percentages of elementary school single-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- Brain Power – 93.25%
- Project Towards No Tobacco Use – 80.77%

Figure 5 on page 12 shows the change in individual attitudes toward alcohol use from pre-to post-test for multi-year programs that served elementary school youth. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.



Figure 5. Change in Attitudes Toward Alcohol Use by Program: Elementary School Age Youth in Multi-Year Programs



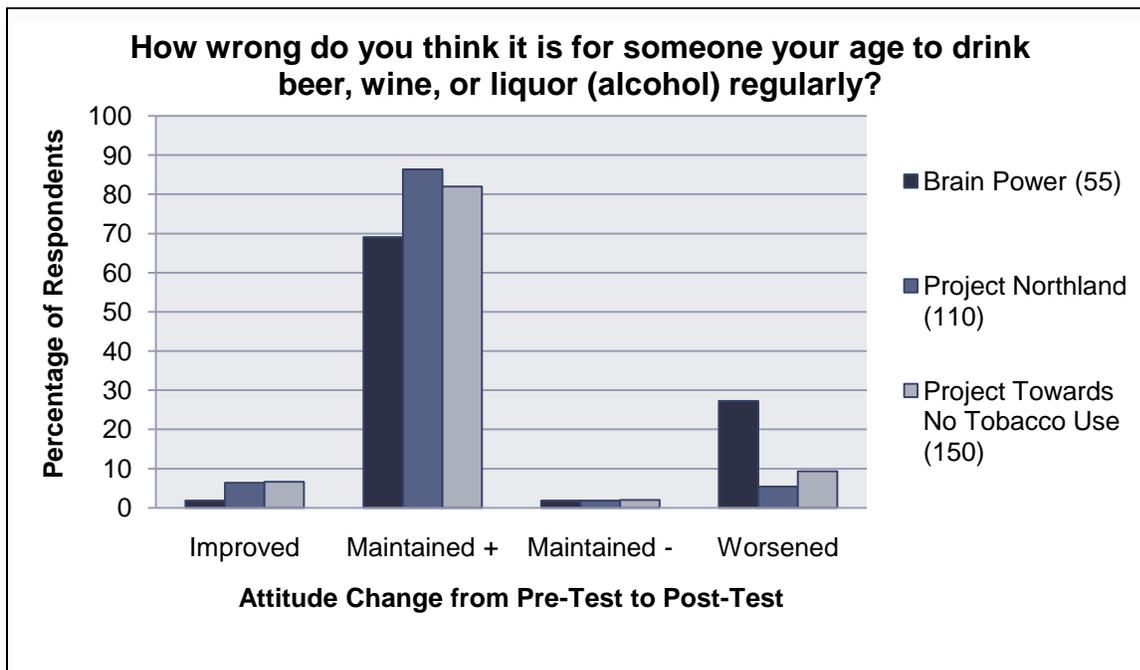
The percentages of elementary school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- LifeSkills Training (Year 1) – 92.60%
- Too Good for Drugs (Year 1) – 93.02%

Figure 6 on page 13 shows the change in individual attitudes toward alcohol use from pre- to post-test for single-year programs that served middle school youth.



Figure 6. Change in Attitudes Toward Alcohol Use by Program: Middle School Age Youth in Single-Year Programs



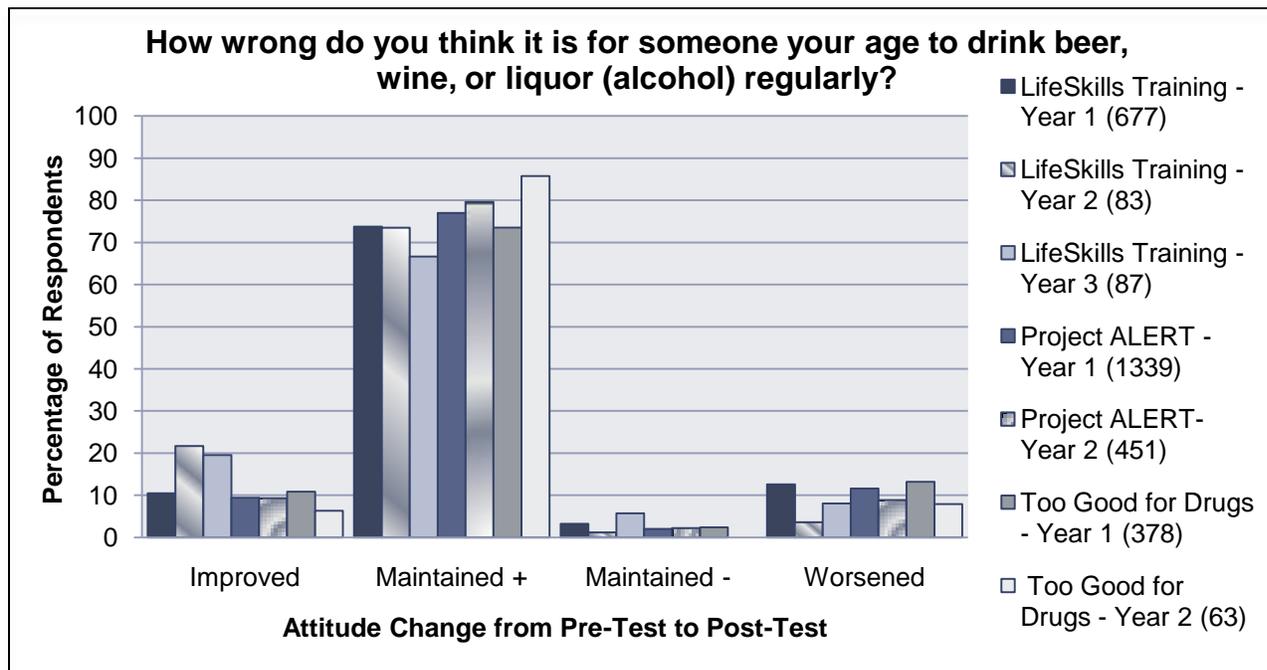
The percentages of middle school single-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- Brain Power – 70.91%
- Project Northland – 92.72%
- Project Towards No Tobacco Use – 88.67%

Figure 7 on page 14 shows the change in individual attitudes toward alcohol use from pre- to post-test for multi-year programs that served middle school youth.



Figure 7. Change in Attitudes Toward Alcohol Use by Program: Middle School Age Youth in Multi-Year Programs



The percentages of middle school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

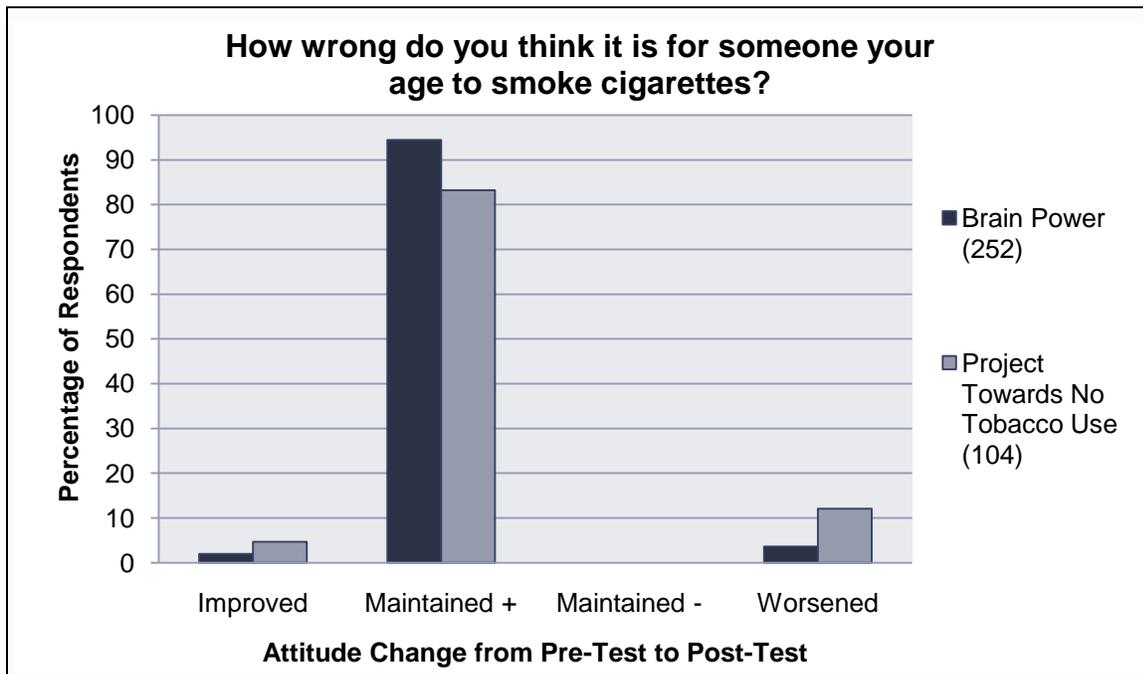
- LifeSkills Training, Year 1 – 84.20%
- LifeSkills Training, Year 2 – 95.18%
- LifeSkills Training, Year 3 – 86.21%
- Project ALERT, Year 1 – 86.41%
- Project ALERT, Year 2 – 88.91%
- Too Good for Drugs, Year 1 – 84.39%
- Too Good for Drugs, Year 2 – 92.06%



Attitudes Toward Cigarette Use

Figures 8 through 11 on pages 15 through 18 show change in individual attitudes toward daily cigarette use from the pre-test to the post-test, by program (see p. 10 for an explanation of the attitude change categories). Figure 8 shows the change in individual attitudes toward cigarette use from pre- to post-test for single-year programs which served elementary school youth.

Figure 8. Change in Attitudes Toward Cigarette Use by Program: Elementary School Age Youth in Single-Year Programs



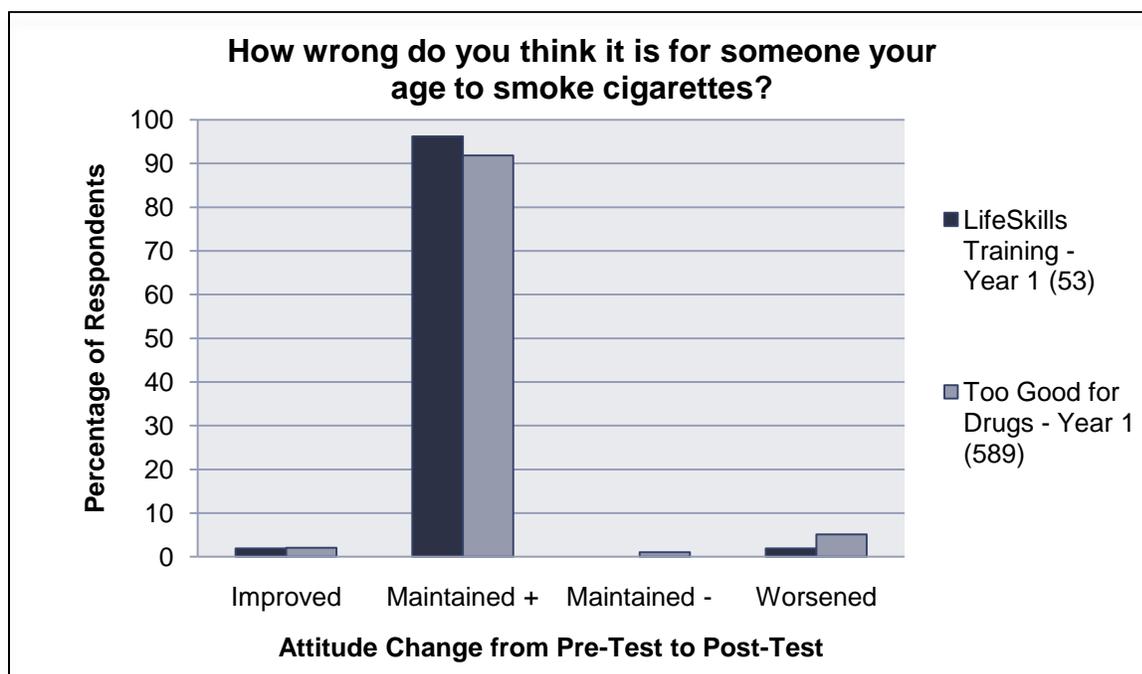
The percentages of elementary school single-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- Brain Power – 96.42%
- Project Towards No Tobacco Use – 87.92%



Figure 9 shows the change in individual attitudes toward cigarette use from pre- to post-test for multi-year programs that served elementary school youth. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.

Figure 9. Change in Attitudes Toward Cigarette Use by Program: Elementary School Youth in Multi-Year Programs



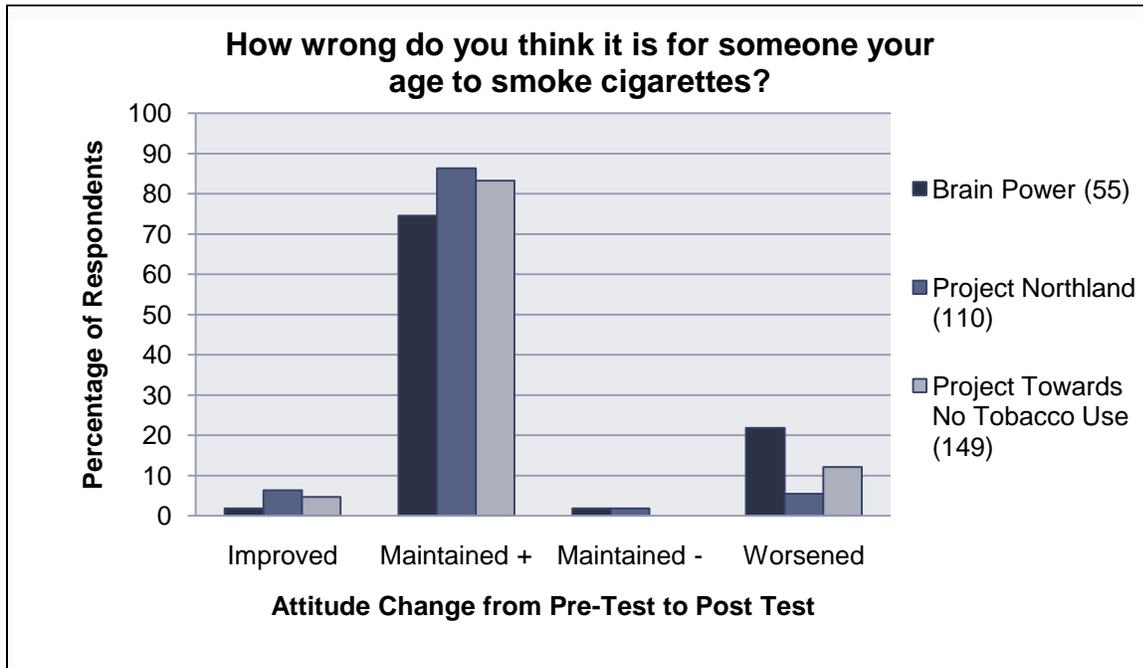
The percentages of elementary school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- LifeSkills Training (Year 1) – 98.12%
- Too Good for Drugs (Year 1) – 93.89%



Figure 10 shows the change in individual attitudes toward cigarette use from pre- to post-test for single-year programs that served middle school youth.

Figure 10. Change in Attitudes Toward Cigarette Use by Program: Middle School Youth in Single-Year Programs



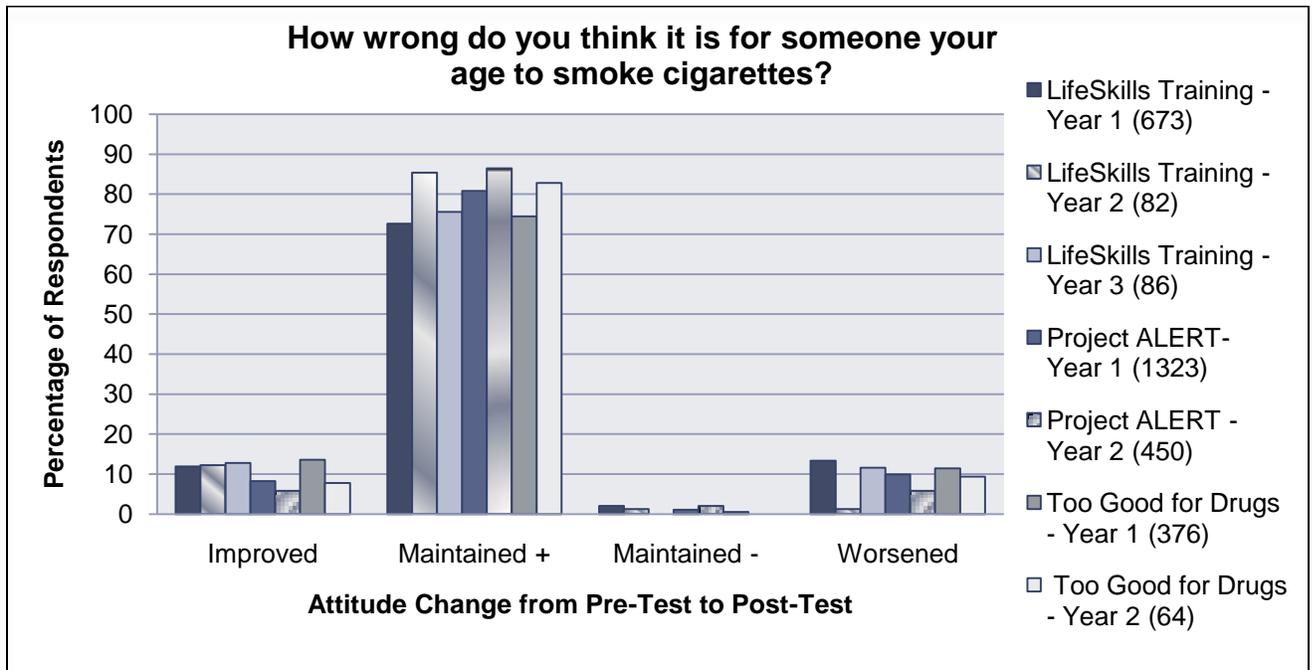
The percentages of middle school single-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- Brain Power – 76.37%
- Project Northland – 92.72%
- Project Towards No Tobacco Use – 87.92%



Figure 11 shows the change in individual attitudes toward cigarette use from pre- to post-test for multi-year programs that served middle school youth.

Figure 11. Change in Attitudes Toward Cigarette Use by Program: Middle School Youth in Multi-Year Programs



The percentages of middle school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

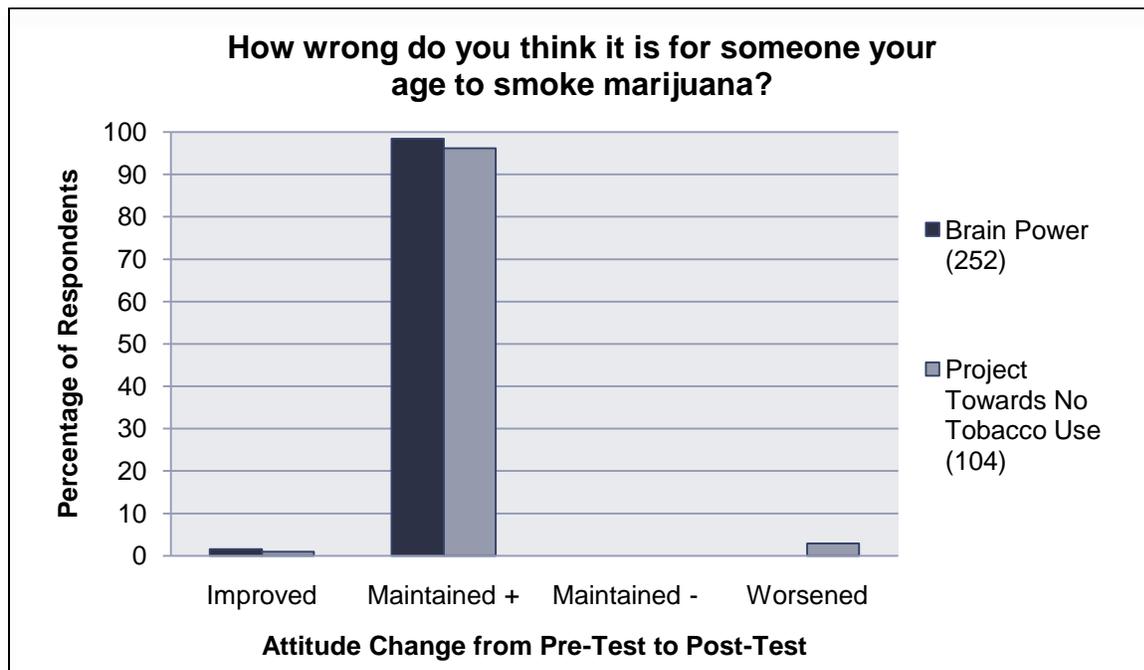
- LifeSkills Training, Year 1 – 84.55%
- LifeSkills Training, Year 2 – 97.57%
- LifeSkills Training, Year 3 – 88.37%
- Project ALERT, Year 1 – 89.04%
- Project ALERT, Year 2 – 92.22%
- Too Good for Drugs, Year 1 – 88.03%
- Too Good for Drugs, Year 2 – 90.62%



Attitudes Toward Marijuana Use

Figures 12 through 15 on pages 19 through 22 show change in individual attitudes toward marijuana use from the pre-test to the post-test, by program (see p. 10 for an explanation of the attitude change categories). Figure 12 shows the change in individual attitudes toward marijuana use from pre- to post-test for single-year programs which served elementary school youth.

Figure 12. Change in Attitudes Toward Marijuana Use by Program: Elementary School Youth in Single-Year Programs



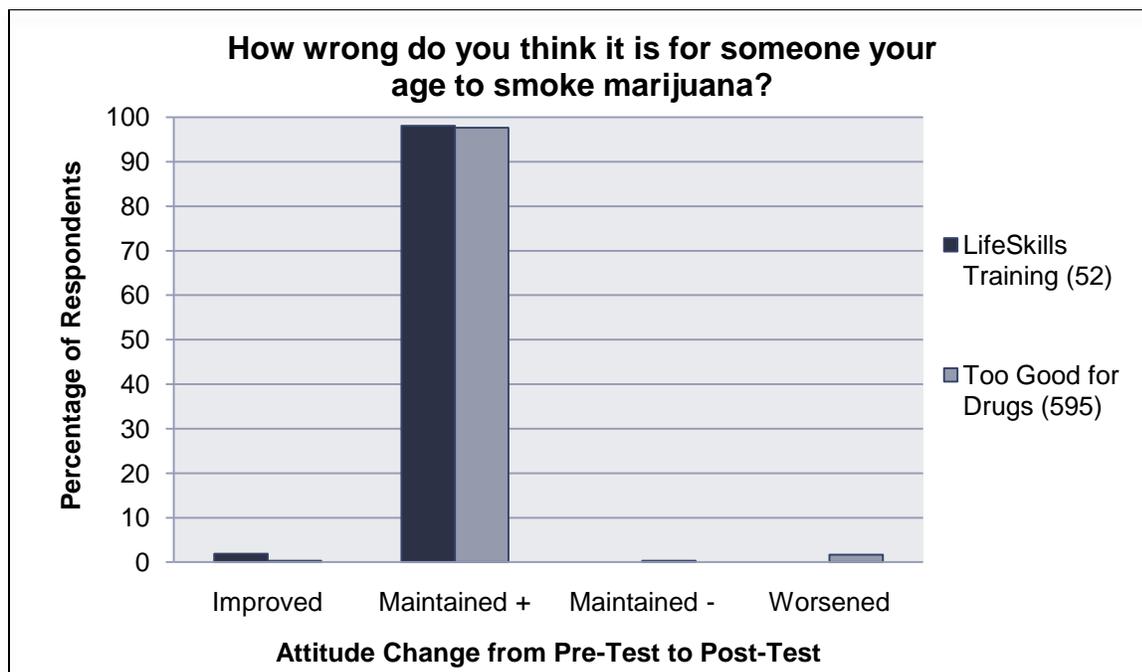
The percentages of elementary school single-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- Brain Power – 100%
- Project Towards No Tobacco Use – 97.11%



Figure 13 shows the change in individual attitudes toward marijuana use from pre- to post-test for single-year programs that served elementary school youth. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.

Figure 13. Change in Attitudes Toward Marijuana Use by Program: Elementary School Youth in Multi-Year Programs



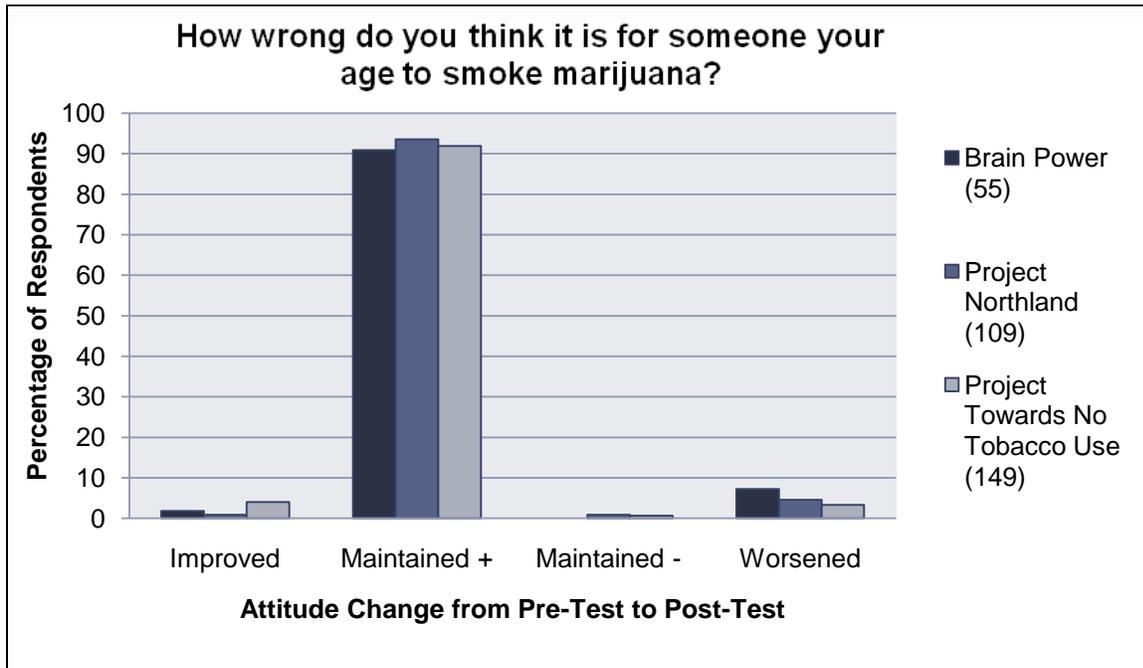
The percentages of elementary school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- LifeSkills Training (Year 1) – 100.00%
- Too Good for Drugs (Year 1) – 97.99%



Figure 14 shows the change in individual attitudes toward marijuana use from pre- to post-test for single-year programs that served middle school youth.

Figure 14. Change in Attitudes Toward Marijuana Use by Program: Middle School Youth in Single-Year Programs



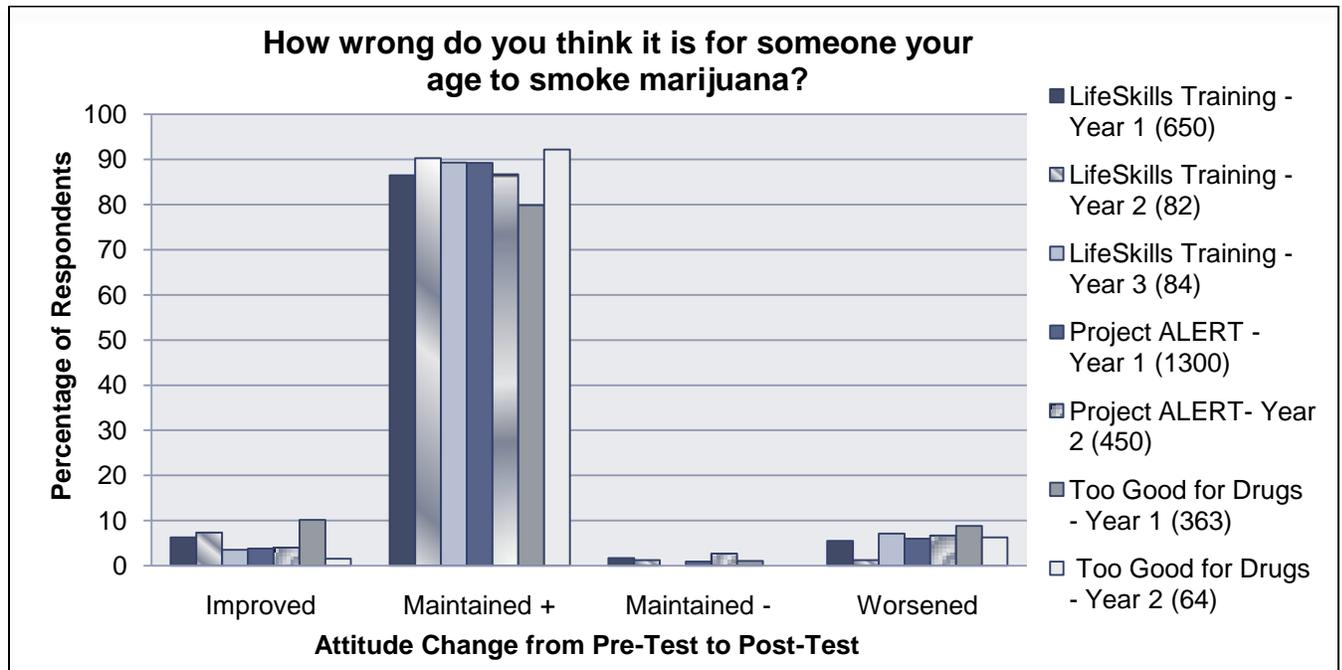
The percentages of middle school single-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- Brain Power – 92.73%
- Project Northland – 94.5%
- Project Towards No Tobacco Use – 95.98%



Figure 15 shows the change in individual attitudes toward marijuana use from pre- to post-test for multi-year programs that served middle school youth.

Figure 15. Change in Attitudes Toward Marijuana Use by Program: Middle School Youth in Multi-Year Programs



The percentages of middle school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use is wrong or very wrong) are as follows:

- LifeSkills Training, Year 1 – 92.77%
- LifeSkills Training, Year 2 – 97.56%
- LifeSkills Training, Year 3 – 92.86%
- Project ALERT, Year 1 – 93.08%
- Project ALERT, Year 2 – 90.67%
- Too Good for Drugs, Year 1 – 90.08%
- Too Good for Drugs, Year 2 – 93.75%



Summary of Positive Outcomes for Attitudes Toward Substance Use

Table 4 shows the average positive outcome (improved or maintained+) percentage for each substance by program/school level group.

Table 4. Positive Outcome Percentages for Attitudes Toward Substance Use by School Group

Average Positive Outcome Percentages for Attitudes Toward Substance Use			
School Age Group	Alcohol	Tobacco	Marijuana
Elementary School Youth in Single Year Programs	87.01	92.17	98.56
Elementary School Youth in Multi-Year Programs	92.81	96.01	99.00
Middle School Age Youth in Single Year Programs	84.10	85.67	94.40
Middle School Age Youth in Multi-Year Programs	88.19	90.06	92.97



Perceived Risk of Harm from Substance Use

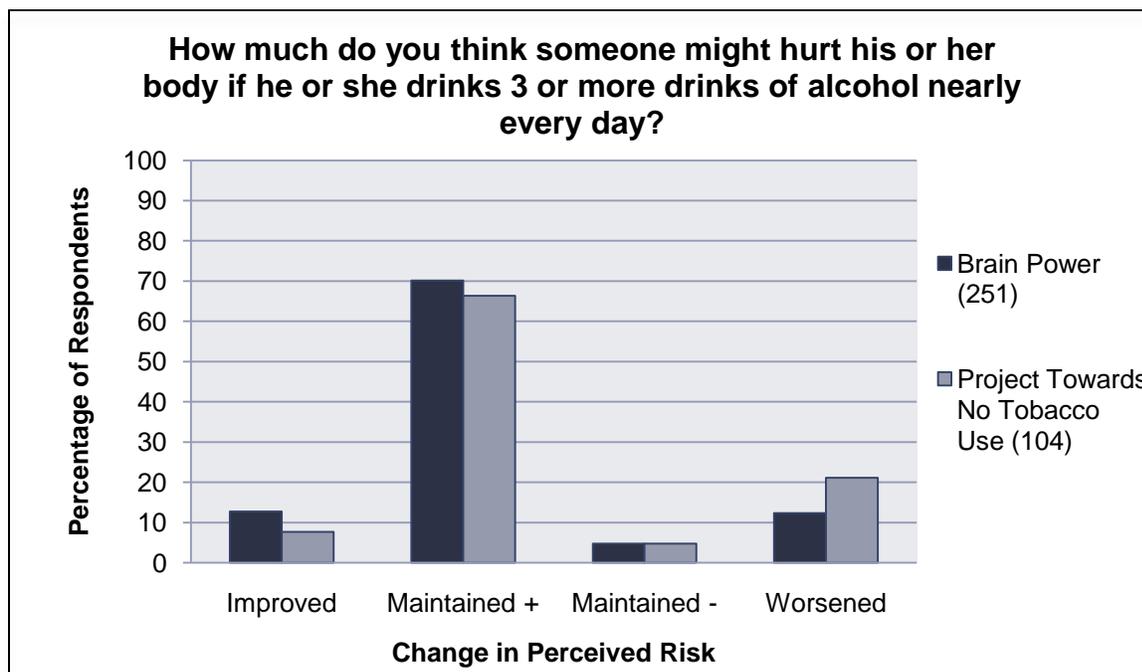
Figures 16 through 27 on pages 25 through 36 show change from pre- to post-test, in individuals' perceptions of risk of harm from substance use from the pre-test to the post-test, by program. Programs are grouped according to the school level of the participants and by program duration (single-year and multi-year programs). Individual perceptions either: 1) improved, which means that their reported perception of risk of harm from using alcohol, tobacco, or marijuana use increased from pre-test to post-test (e.g., respondent felt alcohol use posed no risk at pre-test and moderate risk at post-test); 2) maintained (+), which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, tobacco, or marijuana use (that use posed moderate or great risk); 3) maintained (-), which means that the pre- and post-test responses remained the same and were favorable toward alcohol, tobacco, or marijuana use (that use posed little or no risk); or 4) worsened, meaning that their reported perception of risk of harm decreased from pre-test to post-test (e.g., respondent reported that marijuana use posed moderate risk of self harm at pre-test and no risk at post-test). Desired outcomes for these questions are an increase in or positive maintenance (maintained +) of perceived risk. The number in parentheses after each program is the number of respondents answering the question on the pre-test and the post-test.

Perceived Risk of Harm from Alcohol Use

Figure 16 on page 25 shows the change in individuals' perception of risk of harm from alcohol use from pre- to post-test for single-year programs serving elementary school age youth. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.



Figure 16. Change in Perceived Risk of Harm from Alcohol Use by Program: Elementary School Youth in Single-Year Programs



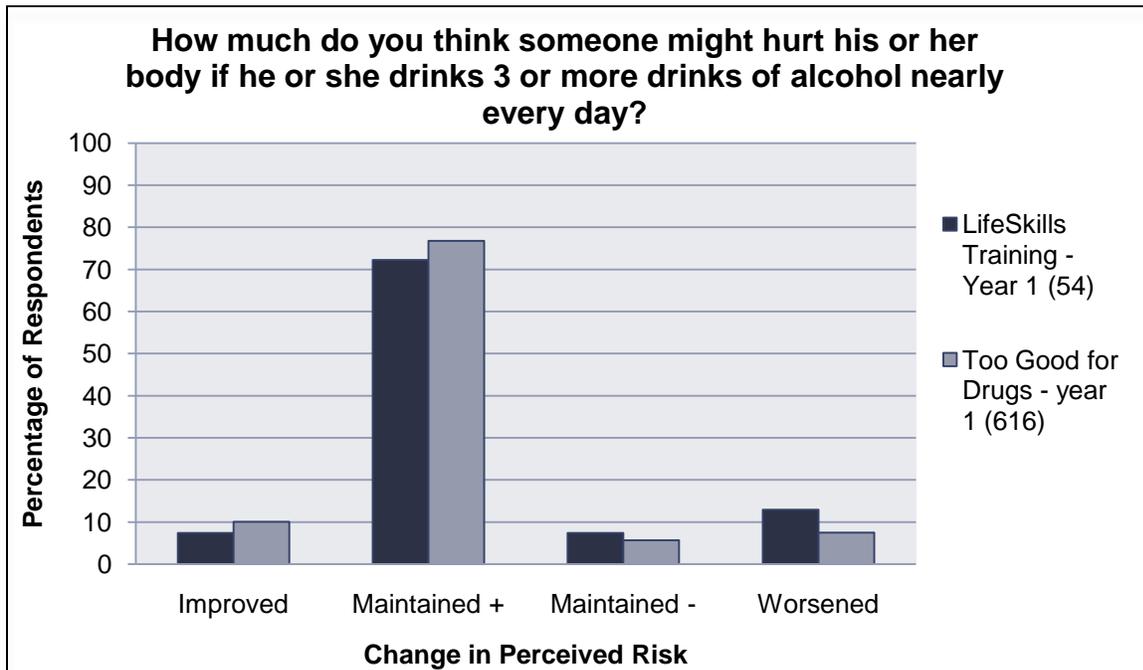
The percentages of elementary school single-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- Brain Power – 82.87%
- Project Towards No Tobacco Use – 74.04%

Figure 17 on page 26 shows the change in individuals' perception of risk of harm from alcohol use from pre- to post-test for multi-year programs serving elementary school age youth. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.



Figure 17. Change in Perceived Risk of Harm from Alcohol Use by Program: Elementary School Youth in Multi-Year Programs



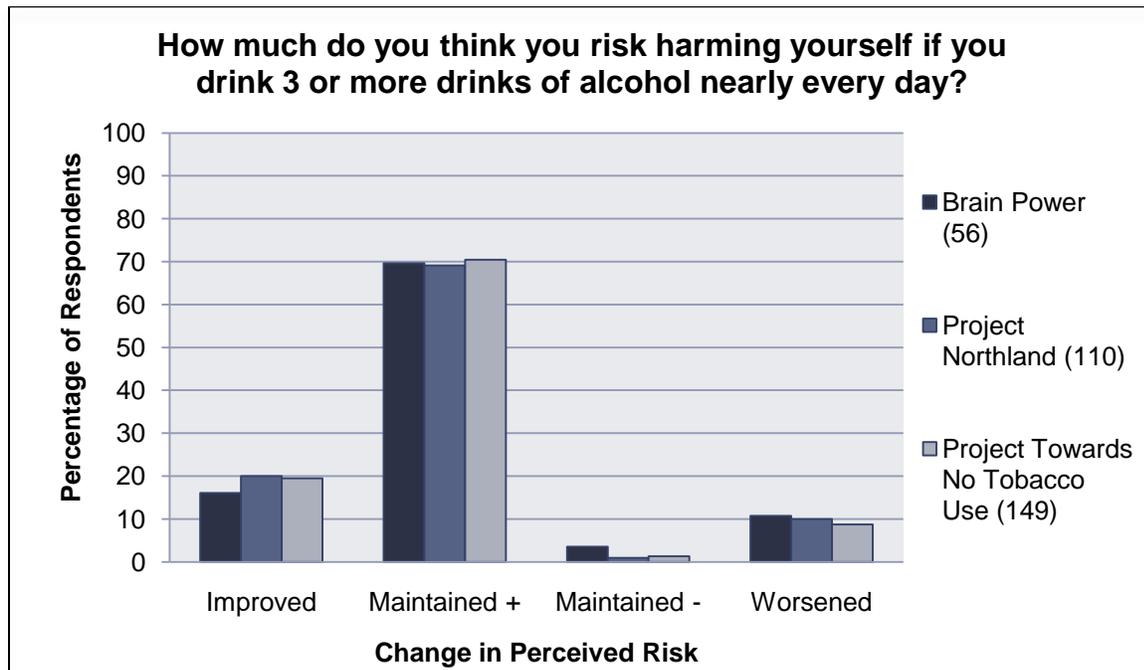
The percentages of elementary school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- LifeSkills Training (Year 1) – 79.63%
- Too Good for Drugs (Year 1) – 86.85%

Figure 18 on page 27 shows the change in individuals' perception of risk of harm from alcohol use from pre- to post-test for single-year programs serving middle school age youth.



Figure 18. Change in Perceived Risk of Harm from Alcohol Use by Program: Middle School Age Youth in Single-Year Programs



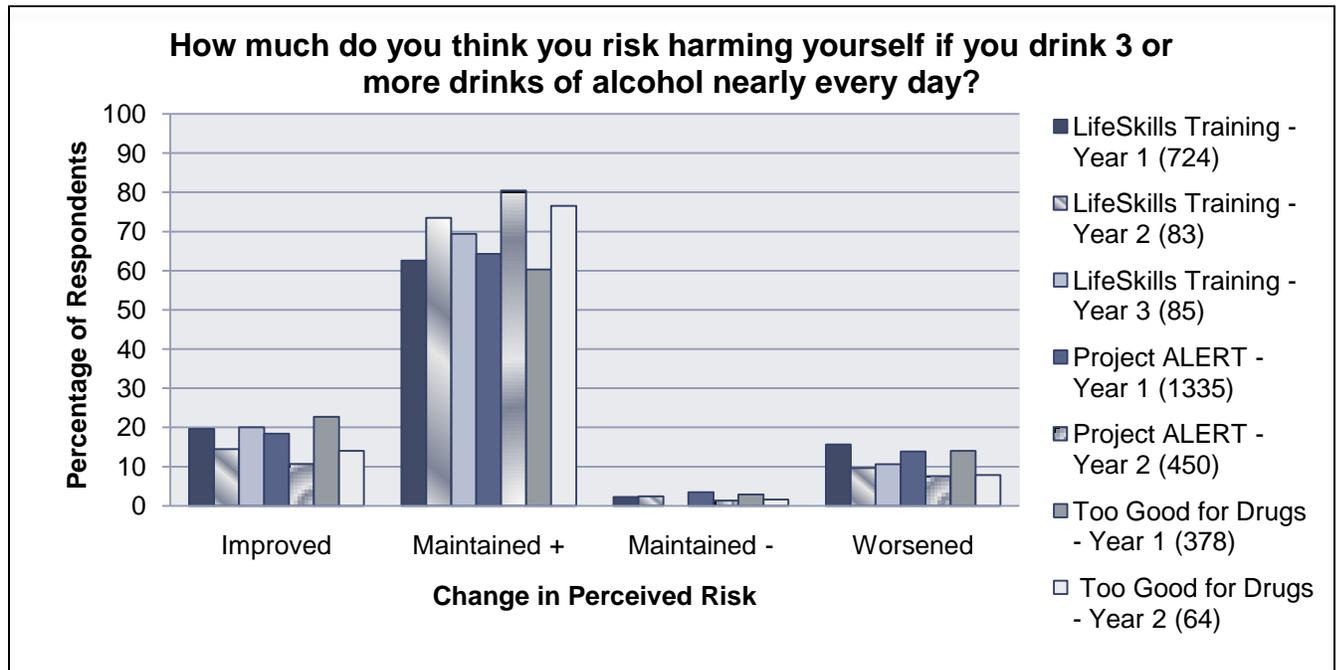
The percentages of middle school single-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- Brain Power – 85.71%
- Project Northland – 89.09%
- Project Towards No Tobacco Use – 89.93%

Figure 19 on page 28 shows the change in individuals' perception of risk of harm from alcohol use from pre- to post-test for multi-year programs serving middle school age youth. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform.



Figure 19. Change in Perceived Risk of Harm from Alcohol Use by Program: Middle School Age Youth in Multi-Year Programs



The percentages of middle school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

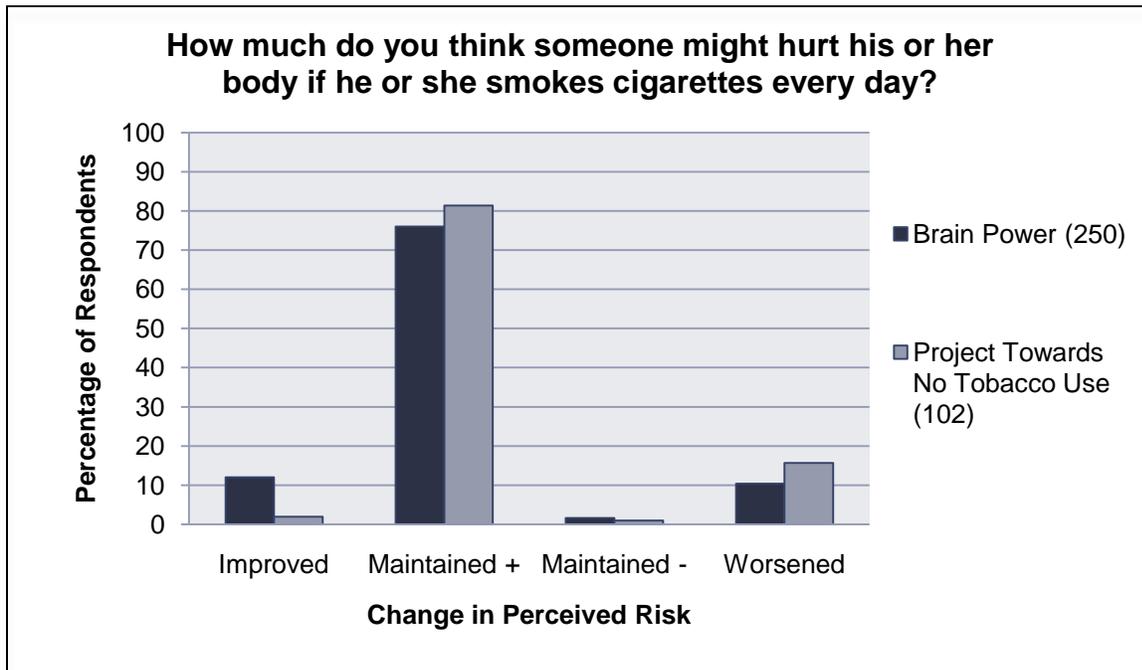
- LifeSkills Training, Year 1 – 82.18%
- LifeSkills Training, Year 2 – 87.95%
- LifeSkills Training, Year 3 – 89.41%
- Project ALERT, Year 1 – 82.70%
- Project ALERT, Year 2 – 91.11%
- Too Good for Drugs, Year 1 – 83.07%
- Too Good for Drugs, Year 2 – 90.62%

Perceived Risk of Harm from Cigarette Use

Figure 20 on page 29 shows the change in individuals' perception of risk of harm from cigarette use from pre- to post-test for single-year programs serving elementary school age youth. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.



Figure 20. Change in Perceived Risk of Harm from Cigarette Use by Program: Elementary School Youth in Single-Year Programs



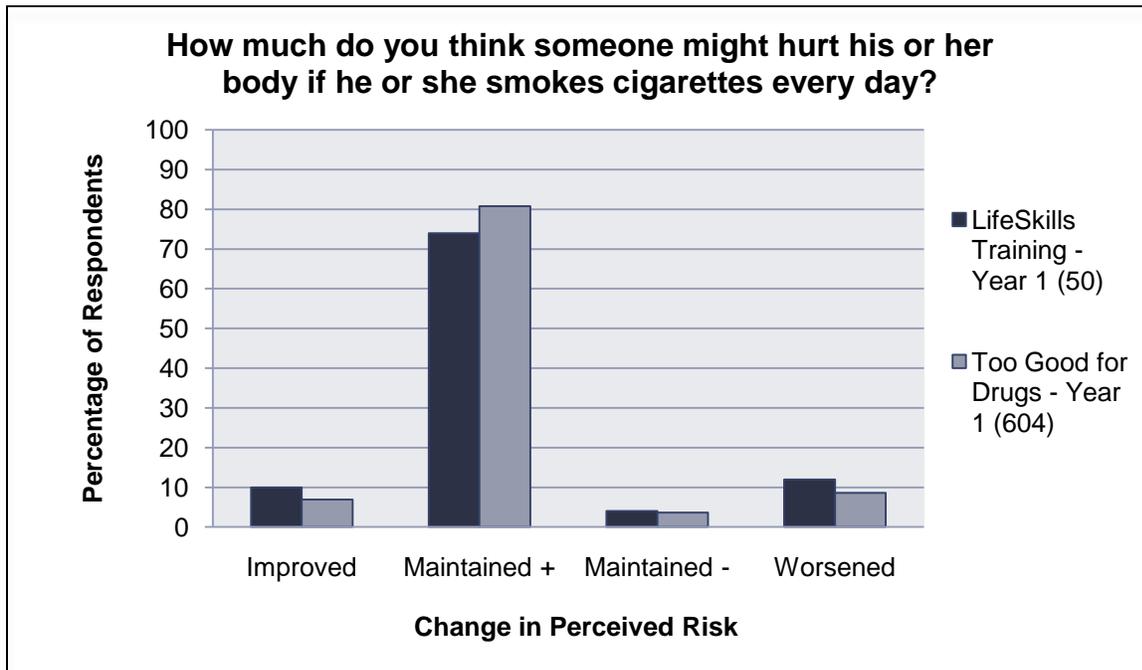
The percentages of elementary school single-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- Brain Power – 88.00%
- Project Towards No Tobacco Use –83.33%

Figure 21 on page 30 shows the change in individuals' perception of risk of harm from cigarette use from pre- to post-test for multi-year programs serving elementary school age youth. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.



Figure 21. Change in Perceived Risk of Harm from Cigarette Use by Program: Elementary School Youth in Multi-Year Programs



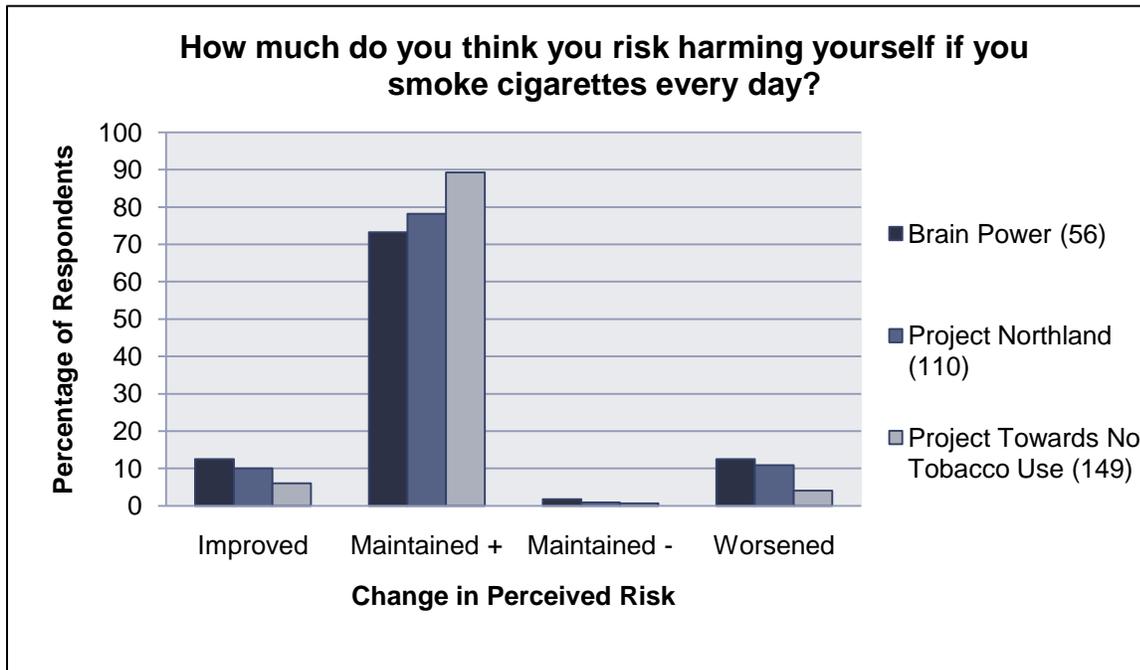
The percentages of elementary school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- LifeSkills Training (Year 1) – 84.00%
- Too Good for Drugs (Year 1) – 87.74%

Figure 22 on page 31 shows the change in individuals' perception of risk of harm from cigarette use from pre- to post-test for single-year programs serving middle school age youth.



Figure 22. Change in Perceived Risk of Harm from Cigarette Use by Program: Middle School Youth in Single-Year Programs



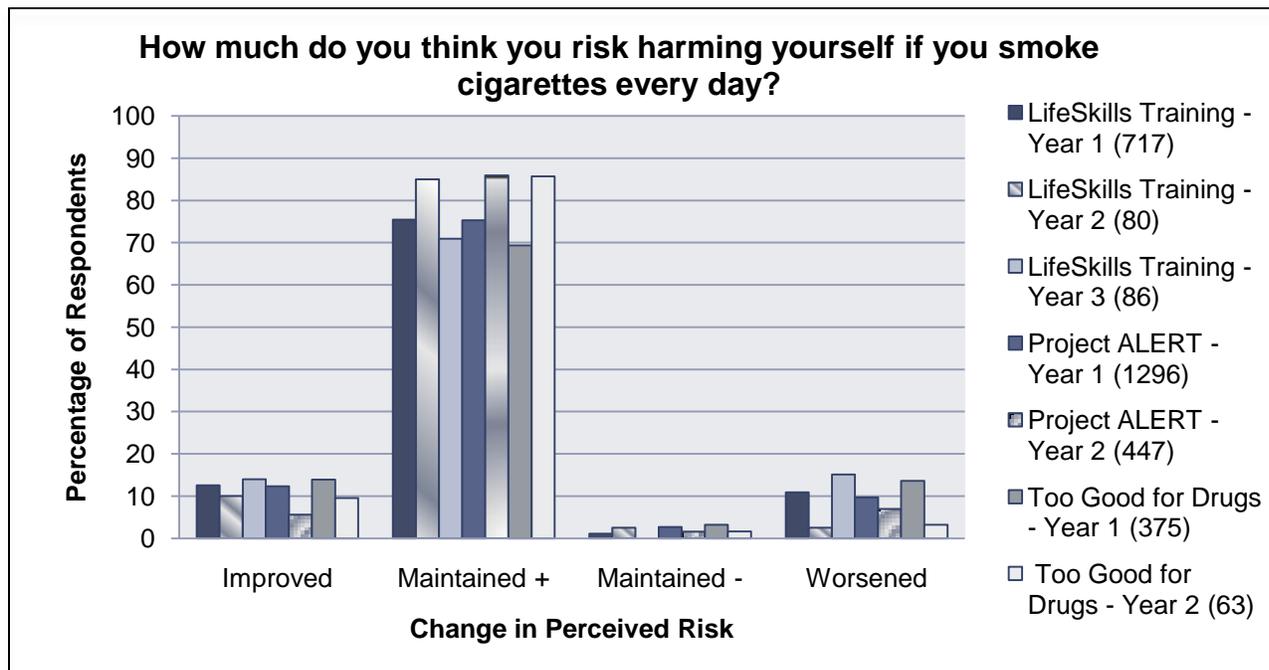
The percentages of middle school single-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- Brain Power – 85.71%
- Project Northland – 88.18%
- Project Towards No Tobacco Use – 95.30%

Figure 23 on page 32 shows the change in individuals' perception of risk of harm from cigarette use from pre- to post-test for multi-year programs serving middle school age youth. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform.



Figure 23. Change in Perceived Risk of Harm from Cigarette Use by Program: Middle School Youth in Multi-Year Programs



The percentages of middle school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

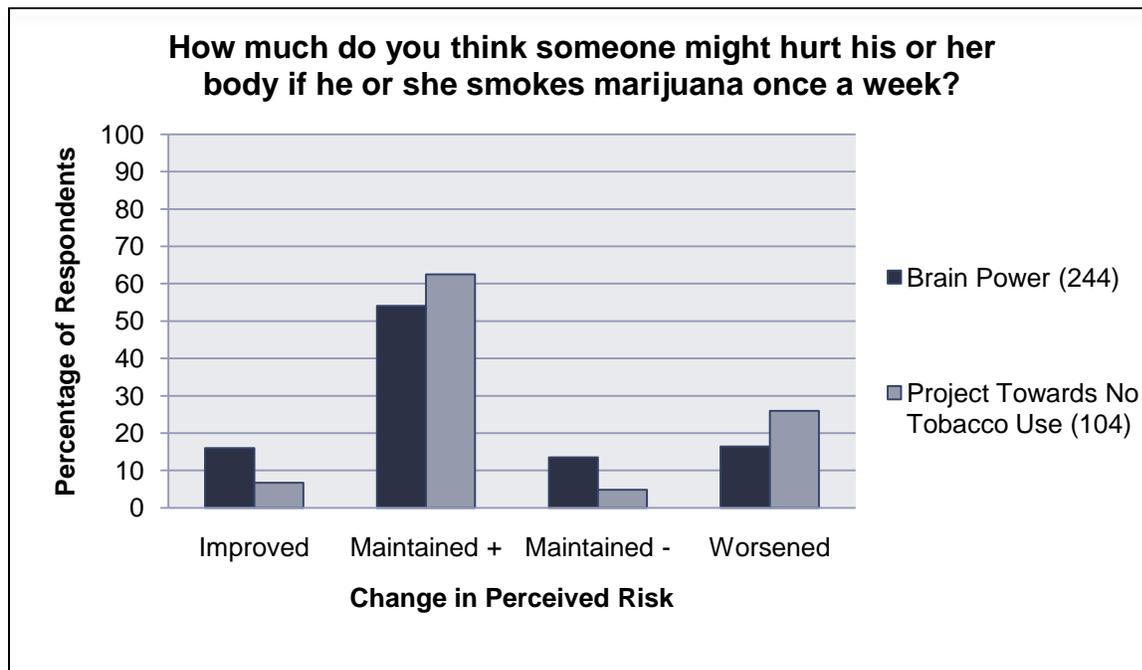
- LifeSkills Training, Year 1 – 88.00%
- LifeSkills Training, Year 2 – 95.00%
- LifeSkills Training, Year 3 – 84.88%
- Project ALERT, Year 1 – 87.66%
- Project ALERT, Year 2 – 91.50%
- Too Good for Drugs, Year 1 – 83.20%
- Too Good for Drugs, Year 2 – 95.23%

Perceived Risk of Harm from Marijuana Use

Figure 24 on page 33 shows the change in individuals' perception of risk of harm from marijuana use from pre- to post-test for single-year programs serving elementary school age youth. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.



Figure 24. Change in Perceived Risk of Harm from Marijuana Use by Program: Elementary School Youth in Single-Year Programs



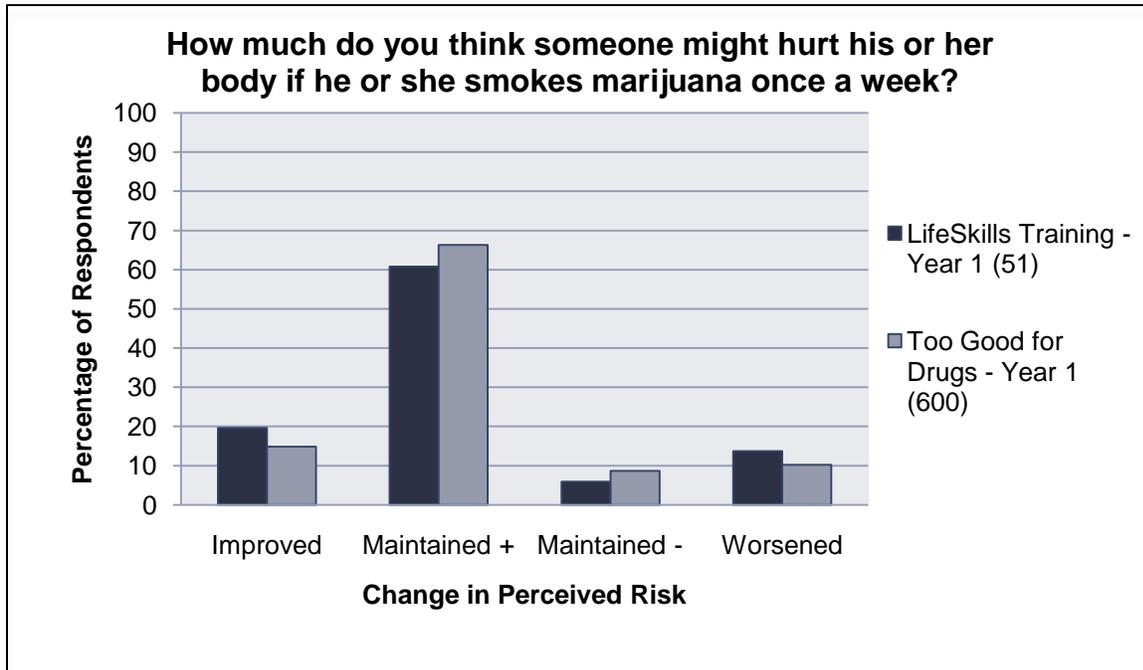
The percentages of elementary school single-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- Brain Power –70.08%
- Project Towards No Tobacco Use – 69.23%

Figure 25 on page 34 shows the change in individuals' perceptions of risk of harm from marijuana use from pre- to post-test for multi-year programs serving elementary school age youth. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform. The elementary school youth group contains some 6th graders (8% of total), although all completed the Younger Youth survey.



Figure 25. Change in Perceived Risk of Harm from Marijuana Use by Program: Elementary School Youth in Multi-Year Programs



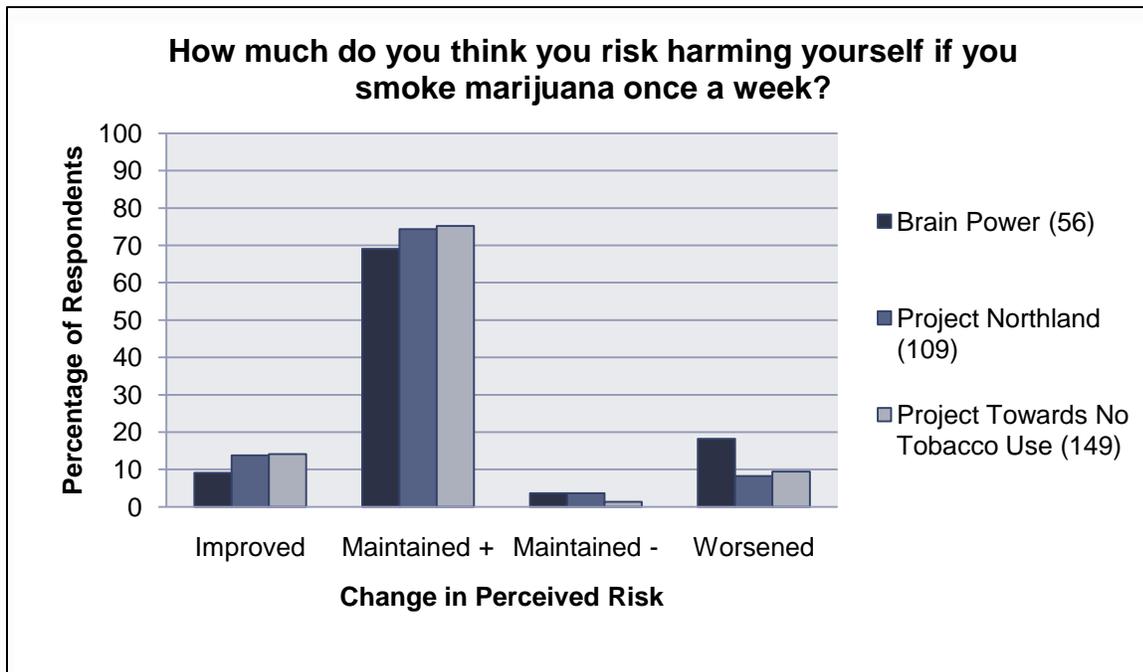
The percentages of elementary school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- LifeSkills Training (Year 1) – 80.39%
- Too Good for Drugs (Year 1) – 81.16%

Figure 26 on page 35 shows the change in individuals' perceptions of risk of harm from marijuana use from pre- to post-test for single-year programs serving middle school age youth.



Figure 26. Change in Perceived Risk of Harm from Marijuana Use by Program: Middle School Youth in Single-Year Programs



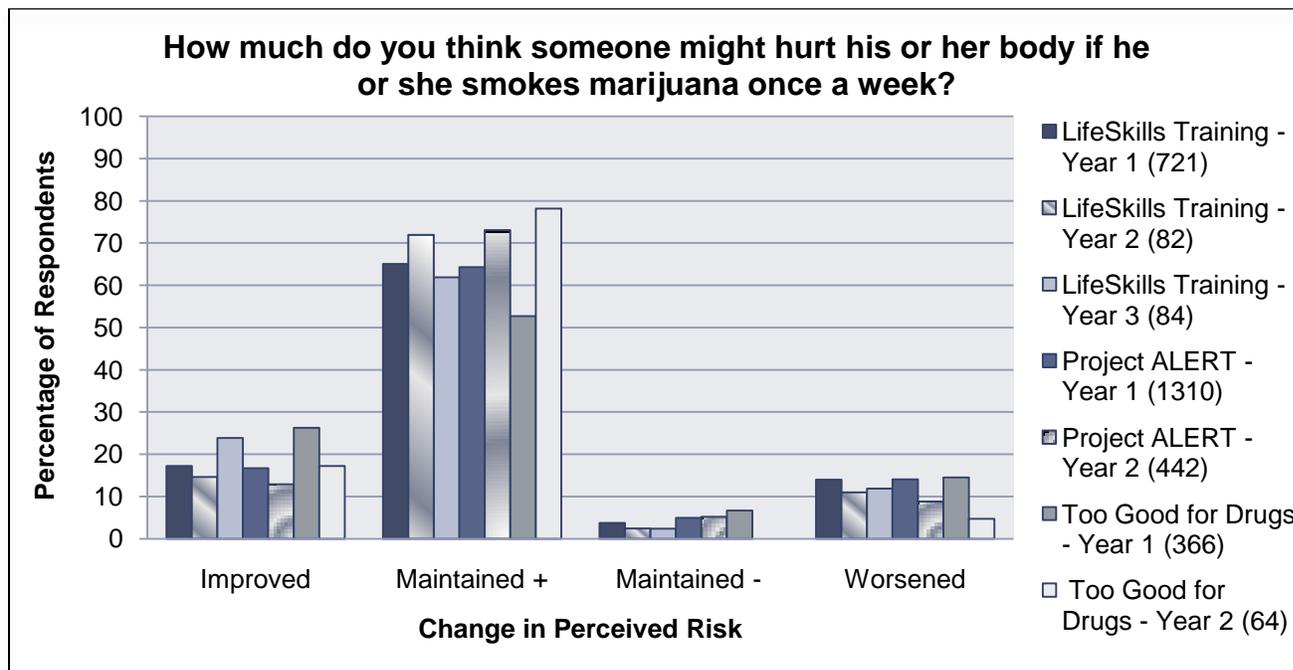
The percentages of middle school single-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- Brain Power – 78.18%
- Project Northland – 88.07%
- Project Towards No Tobacco Use – 89.26%

Figure 27 on page 36 shows the change in individuals' perception of risk of harm from marijuana use from pre- to post-test for multi-year programs serving middle school age youth. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform.



Figure 27. Change in Perceived Risk of Harm from Marijuana Use by Program: Middle School Youth in Multi-Year Programs



The percentages of middle school multi-year program participants showing positive outcomes (maintaining or increasing their belief that use poses moderate or great risk) are as follows:

- LifeSkills Training, Year 1 – 82.25%
- LifeSkills Training, Year 2 – 86.58%
- LifeSkills Training, Year 3 – 85.71%
- Project ALERT, Year 1 – 80.99%
- Project ALERT, Year 2 – 85.98%
- Too Good for Drugs, Year 1 – 78.96%
- Too Good for Drugs, Year 2 – 95.32%



Summary of Positive Outcomes for Perceived Risk of Harm from Substance Use

Table 5 shows the average positive outcome (improved or maintained+) percentage for each substance by program/school level group.

Table 5. Positive Outcome Percentages for Perceived Risk of Harm from Substance Use by School Age Group

Average Positive Outcome Percentages for Perception of Risk of Harm from Substance Use			
School Age Group	Alcohol	Tobacco	Marijuana
Elementary School Youth in Single Year Programs	78.46	85.67	69.66
Elementary School Youth in Multi-Year Programs	83.24	85.87	80.78
Middle School Age Youth in Single Year Programs	88.24	89.73	85.17
Middle School Age Youth in Multi-Year Programs	86.72	89.35	85.11

Diversion Program Outcomes

Diversion programs are prevention programs for indicated populations of youth who have already experienced legal or other consequences from their substance use. Therefore, Diversion program data are presented separately from the primary prevention programs. The data presented here include Diversion program participants completing the Comprehensive Prevention survey. Two-hundred one participants completed both a pre-test and a post-test. The median age for these participants was 17, and the median grade was 11th.

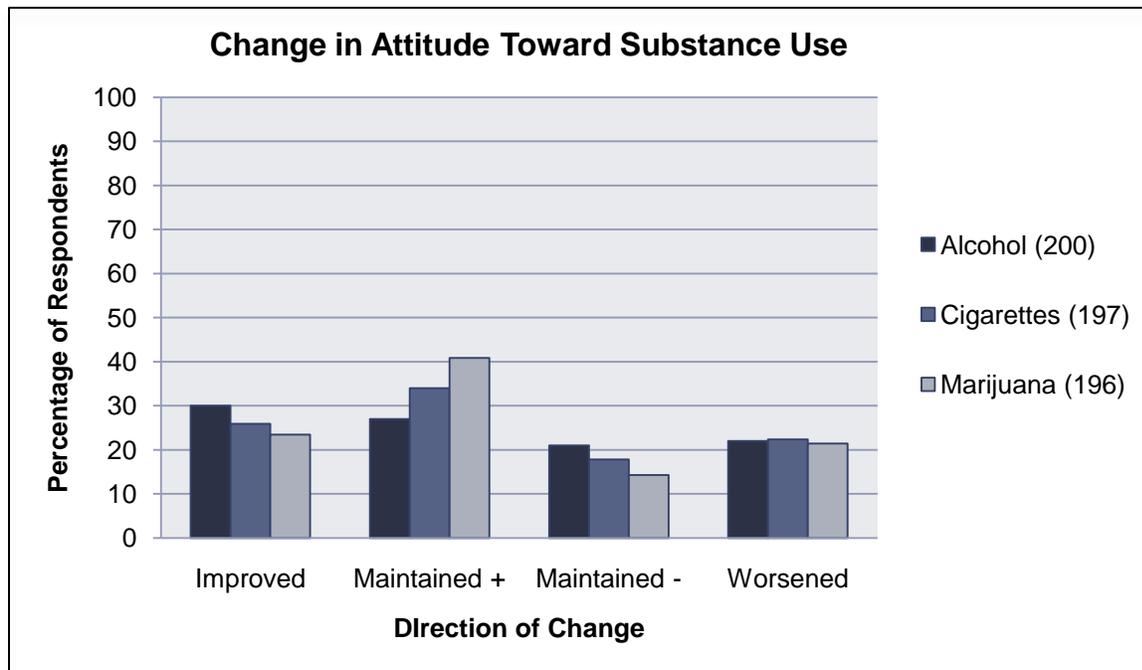
Attitudes Toward Substance Use

Figure 28 on page 38 presents data on the change in attitude toward alcohol, cigarette, and marijuana use from pre-test to post-test for Diversion program participants. Individual attitudes either: 1) improved, which means that attitudes grew more unfavorable toward alcohol, tobacco, or marijuana use (e.g., respondent felt alcohol use was wrong at pre-test and very wrong at post-test); 2) maintained +, which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, tobacco, or marijuana use (a positive outcome); 3) maintained -, which means that the pre- and post-test responses remained the same and were favorable toward alcohol, tobacco, or marijuana use; or 4) worsened, meaning that attitudes grew more favorable toward alcohol, tobacco, or marijuana use from pre-test to post-test (e.g., respondent felt marijuana use was very wrong at pre-test and a little bit wrong at post-test). Desired outcomes for these questions



are improved and positive maintenance (+ maintained) in attitudes. The number in parentheses after each substance name is the number of respondents answering the question on both the pre-test and the post-test.

Figure 28. Change in Attitudes Toward Substance Use: Diversion Program



The percentages of Diversion program participants showing positive attitude outcomes (maintaining or increasing their belief that use is wrong or very wrong) for each substance are as follows:

- Alcohol – 57.0%
- Cigarettes – 59.9%
- Marijuana – 64.3%

Thirty percent of participants increased their belief that alcohol use is wrong, twenty-six percent increased their belief that cigarette use is wrong, and twenty-three percent increased their belief that marijuana use is wrong.

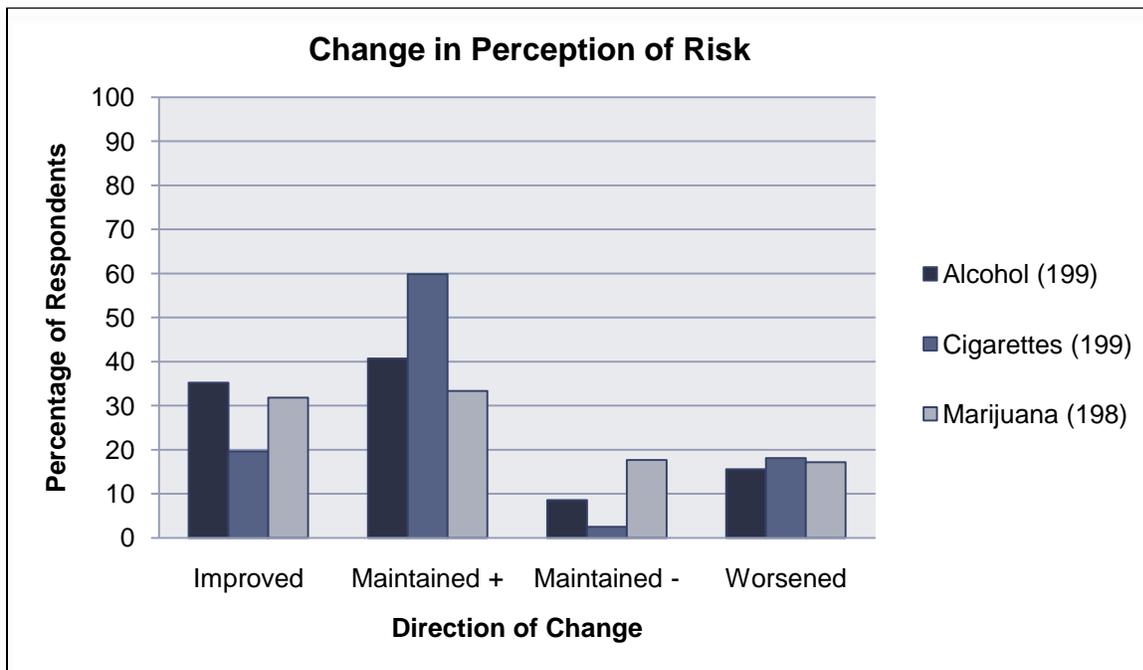
Perceived Risk of Harm from Substance Use

Figure 29 on page 39 presents data on the change in perception of risk of harm from alcohol, cigarette, and marijuana use from pre-test to post-test for Diversion program participants. Individual perceptions either: 1) improved, which means that their reported perception of risk of harm from using alcohol, tobacco, or marijuana use increased from pre-test to post-test (e.g., respondent felt alcohol use posed no risk at pre-test and moderate risk at post-test); 2) maintained (+), which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, tobacco, or marijuana use (that



use posed moderate or great risk); 3) maintained (-), which means that the pre- and post-test responses remained the same and were favorable toward alcohol, tobacco, or marijuana use (that use posed little or no risk); or 4) worsened, meaning that their reported perception of risk of harm decreased from pre-test to post-test (e.g., respondent reported that marijuana use posed moderate risk of self harm at pre-test and no risk at post-test). Desired outcomes for these questions are an increase in or positive maintenance (maintained +) of perceived risk. The number in parentheses after each program is the number of respondents answering the question on the pre-test and the post-test.

Figure 29. Change in Perceived Risk of Harm from Substance Use: Diversion Program



The percentages of Diversion program participants showing positive perceived risk outcomes (maintaining or increasing their belief that use poses moderate or great risk) for each substance are as follows:

- Alcohol – 75.9%
- Cigarettes – 79.4%
- Marijuana – 65.2%

Thirty-five percent of participants increased their belief that alcohol use poses risk, twenty percent increased their belief that cigarette use poses risk, and thirty-two percent increased their belief that marijuana use poses risk.



CONCLUSION

This evaluation of the Comprehensive Prevention project answers the following questions:

- *Has alcohol/tobacco/marijuana usage changed in the target population?*

Overall, the data show a decrease in past 30-day use of alcohol and only slight increases in past 30-day use of cigarettes and marijuana for Comprehensive Prevention Project participants. Iowa Youth Survey data show larger increases in past 30-day use of all three substances.

Single-year middle school programs show decreases or no change (therefore, no increase) in past 30-day use for all substances, with one exception. The data for Brain Power show an increase in past 30-day alcohol use, and that increase is greater than the change seen in IYS participants; however, Brain Power shows no change in past 30-day use for the other substances. Multi-year middle school programs show more variable results, but where increases in use are seen, all but one year of one program show smaller increases than seen in the IYS data. The third year of LifeSkills Training shows an increase in marijuana use that is greater than for IYS participants. Please note that these data present individual years of multi-year programs and therefore are not indicative of how the complete programs perform.

There were not sufficient numbers of matched pre- and post-test surveys to report substance use outcomes for individual high school programs; however, high school participants' data are included in the overall results discussed above.

- *Has the percentage of the target population who indicate desirable attitudes (i.e., that it is wrong to use substances) at baseline (pre-test) maintained or increased after the intervention (post-test)?*

Ninety-three percent (92.6%) or more of participants in three of the four elementary school program groups maintained or increased desirable attitudes regarding substance use. Project Towards No Tobacco Use showed lower positive outcome percentages for alcohol (80.8%) and cigarettes (87.9%).

Eighty-four percent (84.3%) or more of participants in four of the five middle school programs maintained or increased desirable attitudes regarding substance use. Brain Power showed lower positive outcome percentages for alcohol (70.9%) and cigarettes (76.4%). (Elementary-level Brain Power participants had higher positive outcomes, with 93%, 96%, and 100% of participants maintaining or increasing desirable attitudes for alcohol, cigarettes, and marijuana, respectively.)

There were not sufficient numbers of matched pre- and post-test surveys to report attitude outcomes for individual high school programs.



For Diversion programs, 57.0% or more of participants maintained or increased desirable attitudes regarding substance use. It is noteworthy that 30% of participants increased their belief that alcohol use is wrong, 26% increased their belief that cigarette use is wrong, and 23% increased their belief that marijuana use is wrong.

- *Has perception of risk of harm from alcohol/tobacco/marijuana use maintained a positive response or increased from pre-test to post-test?*

For elementary school programs, 81.2% or more of participants in the first year of Project Too Good for Drugs maintained or increased their perception of risk of harm from substance use. The other elementary school programs showed more than 80% of participants maintaining or increasing their perception of risk for some but not all substances. The exceptions were Project Towards No Tobacco Use for risk of harm from alcohol use (74.0%) and marijuana use (69.2%), and the first year of LifeSkills Training for risk of harm from alcohol use (79.6%).

Eighty-one percent (80.9%) or more of participants in three of the five middle school program groups maintained or increased their perception of risk of harm from substance use. The other middle school programs showed more than 81% of participants maintaining or increasing their perception of risk for some but not all substances. The exceptions were Brain Power (78.2%) and Too Good for Drugs (79.0%) for marijuana use.

There were not sufficient numbers of matched pre- and post-test surveys to report perceived risk outcomes for individual high school programs.

For Diversion programs, 65.2% or more of participants maintained or increased their perception of risk of harm from substance use. It is noteworthy that 35% of participants increased their belief that alcohol use poses risk, 20% increased their belief that cigarette use poses risk, and 32% increased their belief that marijuana use poses risk.



Appendix A

Comprehensive Prevention Survey Instruments



ID Number: _____

COMPREHENSIVE PREVENTION SURVEY

Administrative Section

1. What is the survey type?
(If this is a post-test for a multi-year program, is this from the participant's first year of involvement in this prevention program, or from his/her second year of involvement, etc.?)

_____ Pre-test
_____ 1-year or single-year program post-test
_____ 2-year post-test

_____ 3-year post-test
_____ 4-year post-test
_____ 5-year post-test
_____ 6-year post-test

[This pertains to how long the participant has been in the program, regardless of the curriculum year or the project year].

2. What month is it?

3. What day of the month is it?

4. What year is it?

_____ 2010
_____ 2011
_____ 2012

_____ 2013
_____ 2014
_____ 2015

5. What is your agency?

6. What is the prevention program?

7. What is this program's curriculum level?

[Some programs (such as LifeSkills Training and Too Good for Drugs) have curricula for various grades and school levels. Please select the school level that the curriculum being taught to this participant is designed for, regardless of what grade that student is in school.]

_____ Elementary Curriculum
_____ Middle School Curriculum
_____ High School Curriculum

8. What is the location of implementation? [Numerical Code]

Demographics

9. What is your current age?

_____ 8 or younger
_____ 9
_____ 10
_____ 11
_____ 12
_____ 13

_____ 14
_____ 15
_____ 16
_____ 17
_____ 18
_____ 19 or older

ID Number: _____

10. What grade are you in?	<input type="checkbox"/> 6 th grade <input type="checkbox"/> 7 th grade <input type="checkbox"/> 8 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> 10 th grade	<input type="checkbox"/> 11 th grade <input type="checkbox"/> 12 th grade <input type="checkbox"/> College <input type="checkbox"/> Adult – not in school
11. Are you a male or a female?	<input type="checkbox"/> Male	<input type="checkbox"/> Female
12. Are you Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Which of the following best describes you? (please choose one)	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> More than one race	

My Beliefs and Attitudes

How wrong would most of the students in your school (not just your best friends) feel it would be for you to:

14. Drink beer, wine or hard liquor (for example vodka, whiskey, gin)?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little wrong <input type="checkbox"/> Not wrong at all
15. Smoke cigarettes?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little wrong <input type="checkbox"/> Not wrong at all
16. Smoke marijuana?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little wrong <input type="checkbox"/> Not wrong at all
17. Use any illegal drug other than alcohol, cigarettes, or marijuana?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little wrong <input type="checkbox"/> Not wrong at all
18. Use prescription drugs that were not prescribed for you, or in a way other than the directions?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little wrong <input type="checkbox"/> Not wrong at all
19. Use over the counter medications different from the directions?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little wrong <input type="checkbox"/> Not wrong at all

How wrong do you think it is for someone your age to:

20. Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	<input type="checkbox"/> Very wrong <input type="checkbox"/> Wrong	<input type="checkbox"/> A little wrong <input type="checkbox"/> Not wrong at all
---	---	--

ID Number: _____

21. Smoke cigarettes?	_____ Very wrong _____ Wrong	_____ A little wrong _____ Not wrong at all
22. Smoke marijuana?	_____ Very wrong _____ Wrong	_____ A little wrong _____ Not wrong at all
23. Use any illegal drug other than alcohol, cigarettes, or marijuana?	_____ Very wrong _____ Wrong	_____ A little wrong _____ Not wrong at all
24. Use prescription drugs that were not prescribed for you, or in a way other than the directions?	_____ Very wrong _____ Wrong	_____ A little wrong _____ Not wrong at all
25. Use over the counter medications different from the directions?	_____ Very wrong _____ Wrong	_____ A little wrong _____ Not wrong at all

How much do you think you risk harming yourself (physically or otherwise) if you:

26. Drink 3 or more drinks (glasses, cans or bottles of beer; glasses of wine, liquor or mixed drinks) of alcohol nearly every day?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
27. Smoke cigarettes every day?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
28. Smoke marijuana once a week?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
29. Take methamphetamines (meth, crank) once a week?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
30. Use cocaine once a week?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
31. Take amphetamines other than methamphetamines (like stimulants, uppers, speed) once a week?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
32. Use any other illegal drug once a week?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
33. Use prescription medication (that were prescribed for you by your doctor) different from the directions?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
34. Use medication prescribed for someone else?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk
35. Use over the counter medications different from the directions?	_____ No risk _____ Slight risk	_____ Moderate risk _____ Great risk

ID Number: _____

36. Use inhalants (sniffing glue, breathing the contents of aerosol cans, inhaling any other gases or spray in order to get high)?	_____ No risk	_____ Moderate risk
	_____ Slight risk	_____ Great risk

My Experiences

In the past 30 days, have you:

37. Smoked cigarettes?	_____ Yes	_____ No
38. Smoked cigars?	_____ Yes	_____ No
39. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)?	_____ Yes	_____ No
40. Had at least one drink of alcohol (glass, bottle or can of beer; glass of wine, liquor or mixed drink)?	_____ Yes	_____ No
41. Used marijuana (pot, grass, hash, bud, weed)?	_____ Yes	_____ No
42. Sniffed glue, breathed the contents of gases or sprays in order to get high?	_____ Yes	_____ No
43. Used methamphetamines (meth, crank)?	_____ Yes	_____ No
44. Used cocaine (crack, rock, coke [not Coca Cola])?	_____ Yes	_____ No
45. Used amphetamines <u>other than methamphetamines</u> (like stimulants, uppers, speed)?	_____ Yes	_____ No
46. Used prescription medications that were not prescribed for you by your doctor?	_____ Yes	_____ No
47. Used prescription medications (that were prescribed to you by your doctor) different from the directions?	_____ Yes	_____ No
48. Used over the counter medications different from the directions?	_____ Yes	_____ No
49. Taken steroid pills or shots without a doctor's prescription?	_____ Yes	_____ No
50. Taken any <u>other</u> illegal drug (like barbiturates, heroin, hallucinogens) without a doctor's prescription?	_____ Yes	_____ No
51. Have 5 or more drinks of alcohol (glasses, bottles or cans of beer; glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?	_____ Yes	_____ No
52. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians whether or not they live with you.	_____ Yes	_____ No

Thank you for your participation!

**COMPREHENSIVE PREVENTION
SURVEY INSTRUMENT
FOR YOUNGER YOUTH (4TH – 5TH GRADES)**

**Administrative Section
(for facilitators to complete)**

<p>1. What is the survey type? (If this is a post-test for a multi-year program, is this from the participant's first year of involvement in this prevention program, or from his/her second year of involvement, etc.?)</p> <p><i>[This pertains to how long the <u>participant</u> has been in the program, regardless of the curriculum year or the project year].</i></p>	<p>_____ Pre-test</p> <p>_____ 1-year or single-year program post-test</p> <p>_____ 2-year post-test</p> <p>_____ 3-year post-test</p> <p>_____ 4-year post-test</p> <p>_____ 5-year post-test</p>						
2. What month is it?	_____						
3. What day of the month is it?	_____						
4. What year is it?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">_____ 2010</td> <td style="width: 50%;">_____ 2013</td> </tr> <tr> <td>_____ 2011</td> <td>_____ 2014</td> </tr> <tr> <td>_____ 2012</td> <td>_____ 2015</td> </tr> </table>	_____ 2010	_____ 2013	_____ 2011	_____ 2014	_____ 2012	_____ 2015
_____ 2010	_____ 2013						
_____ 2011	_____ 2014						
_____ 2012	_____ 2015						
5. What is the sponsoring agency?	_____						
6. What is the prevention program?	_____						
7. What is the location of implementation? [Numerical Code]	_____						

**Demographics
(for facilitator or student to complete)**

8. How old are you?	<p>_____ 8 or younger</p> <p>_____ 9</p> <p>_____ 10</p>	<p>_____ 11</p> <p>_____ 12 or older</p>
9. What grade are you in?	<p>_____ 4th grade</p> <p>_____ 5th grade</p>	<p>_____ 6th grade</p>
10. Are you a boy or a girl?	<p>_____ Boy</p>	<p>_____ Girl</p>
11. Are you Hispanic or Latino?	<p>_____ Yes</p>	<p>_____ No</p>

ID Number _____

12. Which of the following best describes you? (please choose one)

- _____ White
- _____ Black/African American
- _____ American Indian/Alaska Native
- _____ Asian
- _____ Native Hawaiian/Other Pacific Islander
- _____ More than one race

**My Beliefs and Attitudes
(for student to complete)**

How wrong do you think it is for someone your age to:
(check the box under the answer you want to give)

	<u>Very Wrong</u>	<u>A Little Wrong</u>	<u>Not Wrong at All</u>
13. Drink beer, wine or liquor (alcohol) regularly?			
14. Smoke cigarettes?			
15. Smoke marijuana?			
16. Huff, sniff, or inhale (breathe in) paint, glue, gasses, etc., to get high?			

How much do you think someone might hurt his or her body if he or she:
(check the box under the answer you want to give)

	<u>None</u>	<u>A little bit</u>	<u>A lot</u>
17. Drinks 3 or more drinks (glasses of wine, liquor or mixed drinks, cans or bottles of beer) of alcohol nearly every day?			
18. Smokes cigarettes every day?			
19. Smokes marijuana once a week?			
20. Huffs, sniffs or inhales (breathes in) paint, glue, gasses, etc., to get high?			

**My Experiences
(for student to complete)**

21. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians whether or not they live with you.

- _____ Yes
- _____ No

Thank you for your participation!

Appendix B

Institute of Medicine Categories of
Populations Served
by Agency and Program

**Institute of Medicine Population Categories by Agency and Program
(continued on following page)**

AGENCY	PROGRAM	POPULATION SERVED (IOM CATEGORY)
ADDS	LifeSkills Training	Universal-Direct
ASAC Area 6	All Stars	Universal-Direct
	LifeSkills Training	Universal-Direct
	Prime for Life	Indicated
CADS	Project ALERT	Universal-Direct
	Too Good For Drugs	
CFR	Diversion	Universal-Direct
	Project ALERT	
	Too Good for Drugs	
Green Hills AEA Area 9 or 10	Diversion	Indicated
Compass Pointe	Juvenile Alcohol & Drug Education	Indicated
EFR Area 13	LifeSkills Training	Universal-Direct
	Project ALERT	
	Project Northland	
EFR Area 16	Project Towards No Tobacco Use	Universal-Direct
	Too Good for Drugs	
EFR Area 20	LifeSkills Training	Universal-Direct
	Too Good for Drugs	
Helping Services	Project Towards No Tobacco Use	Universal-Direct
Jackson Recovery Centers	LifeSkills Training	Universal-Direct
MECCA Services	LifeSkills Training	Universal-Direct
New Opportunities	LifeSkills Training	Universal-Direct
ASAC Area 8	All Stars	Universal-Direct
	Prime for Life – Non-Diversion	
Trinity Muscatine	Diversion	Universal-Direct
	Project ALERT	
	Project Towards No Drug Abuse	Indicated
Pathways	Diversion	Indicated
	Strengthening Families	Selective

**Institute of Medicine Population Categories by Agency and Program
(continued from previous page)**

AGENCY	PROGRAM	POPULATION SERVED (IOM CATEGORY)
Prairie Ridge Addiction Treatment Services	Diversion	Indicated
SASCC	All Stars	Universal-Direct
SATUCI	Juvenile Education Groups	Indicated
SIEDA	Brain Power	Universal-Direct
YSS Area 1	Project ALERT	Universal-Direct
	Too Good For Drugs	
YSS Area 2	Project ALERT	Universal-Direct