

# List of Evidence-based Programs Effective in Preventing and Reducing Marijuana Use in Youth and Young Adults

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DBHR's list of Evidence-based Programs with marijuana prevention outcomes made possible by Technical Assistance from Substance Abuse and Mental Health Services Administration's Collaborative for the Application of Prevention Technologies Western Resource Team; Kristen Gabrielsen, MSW and Joyce Hartje, Ph.D., and consultation from Kevin Haggerty, MSW, Ph.D., Associate Director, Social Development Research Group, University of Washington.

Washington State  
Department of Social and  
Health Services (DSHS),  
Division of Behavioral  
Health and Recovery  
(DBHR)

## Evidence-based Programs Effective in Preventing and Reducing Marijuana Use in Youth & Young Adults

The Division of Behavioral Health and Recovery (DBHR) established the Evidence-based Program list below based on an analysis of detailed information on programs with marijuana prevention outcomes prepared by Substance Abuse and Mental Health Services Administration's Collaborative for the Application of Prevention Technologies (SAMHSA's CAPT) Western Resource Team, at the request of DBHR. This list is preliminary and may be updated as more information is available. The criteria used for analysis of evidence-based programs with outcomes preventing and reducing marijuana use includes: Programs that have demonstrated research study outcomes specific to preventing or reducing marijuana use in youth (ages 12-17) or young adults (ages 18-20); use of comparison groups in research study design; accounting for threats to external validity in research study (i.e., sampling bias, baseline equivalency, sample selection); documentation of internal validity in research study (i.e., implementation fidelity); demonstration of sustained effect; and if available program cost benefit. Consideration of ranking on existing effective program list(s) was also included in final decision-making.

Program descriptions and outcome information below are adapted from Blueprints for Healthy Youth Development's Blueprints Programs (Blueprints) and SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

### Caring School Community (formerly Child Development Project)

**Contact Information:** Developmental Studies Center | (800) 666-7270 | [pubs@devstu.org](mailto:pubs@devstu.org)

**Web Site:** <http://www.devstu.org/ccs/videos/index.shtml>

**Program Designer/Evaluator:** Eric Schaps, Ph.D. | (510) 533-0213 ext 240 | [eric\\_schaps@devstu.org](mailto:eric_schaps@devstu.org)

**Sessions:** Ongoing. None listed.

**Description:** Caring School Community (CSC), formerly Child Development Project, is a universal elementary school (K-6) improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents. The CSC model is consistent with research-based practices for increasing student achievement as well as the theoretical and empirical literature supporting the benefits of a caring classroom community in meeting students' needs for emotional and physical safety, supportive relationships, autonomy, and sense of competence.

**Marijuana Outcomes:** Reported use of marijuana declined significantly over time among students in schools that demonstrated high program implementation, while it increased slightly among students in matched comparison schools. This difference represents a small effect size. (NREPP)

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## Guiding Good Choices (formerly Preparing for the Drug Free Years)

**Contact Information:** Channing Bete Company | (800) 477-4776 | [custsvcs@channing-bete.com](mailto:custsvcs@channing-bete.com)

**Web Site:** [www.channing-bete.com/prevention-programs/guiding-good-choices](http://www.channing-bete.com/prevention-programs/guiding-good-choices)

**Program Designer/Evaluator:** J. David Hawkins, Ph.D. | University of Washington

**Sessions:** The program contains five sessions, with an average session length of two hours each week.

**Description:** Guiding Good Choices (GGC) is a family competency training program for parents of children in middle school. Children are required to attend one session that incorporates instruction on peer resistance skills. The other four sessions are only for parents and include instruction on: identification of risk factors for adolescent substance abuse and a strategy to enhance protective family processes; development of effective parenting practices, particularly regarding substance use issues; family conflict management; and use of family meetings as a method for improving family management and positive child involvement.

**Marijuana Outcomes:** At the three and a half-year follow-up, the GGC group showed significantly lower alcohol initiation scores and marginally significantly lower new use proportions for lifetime drunkenness and lifetime use of marijuana than the control group. At follow-up, among those adolescents who had used alcohol and tobacco during the past month and marijuana during the past year, GGC adolescents had a lower frequency of past month drinking than the control group. GGC assignment was significantly associated with a slower rate of increase in polysubstance use (alcohol, tobacco, and marijuana) and general delinquency at follow-up. (Blueprints)

## InShape

**Contact Information:** Chudley Werch, Ph.D. | Brief Programs for Health, LLC | (904) 472-5022 | [cwerch@briefprograms.com](mailto:cwerch@briefprograms.com)

**Web Site:** [www.briefhealthprograms.com](http://www.briefhealthprograms.com)

**Sessions:** InShape is offered to individual participants in a single session of approximately 30 minutes. It can be used as a standalone intervention, as was the case in the study reviewed for this summary; a supplement to other programs; or a continual booster session.

**Description:** InShape is based on the Behavior-Image Model (BIM) which asserts that positive social images and future self-images can be used to link and simultaneously motivate multiple divergent health risk habits among young adults and adolescents. InShape emphasizes the positive image benefits of setting goals to increase physical activity and exercise, healthy eating, sleep, and stress management, while avoiding alcohol, cigarette and illicit drug use to achieve and maintain a fit and active lifestyle. Only the one-on-one version met Blueprints quality standards.

**Marijuana Outcomes:** In a study with over 300 college students, 12 weeks after program initiation, In-Shape relative to a control group resulted in reduced initiation, quantity, and heavy use of marijuana. (Blueprints and NREPP)

# Evidence-based Programs Effective in Preventing and Reducing Marijuana Use in Youth & Young Adults

## Keepin' It Real

**Contact Information:** Scott Gilliam | (800) 223-3273 | [scott.gilliam@dare.org](mailto:scott.gilliam@dare.org) | Lloyd Bratz | (440) 888-1818 | [lbratz@aol.com](mailto:lbratz@aol.com) (Washington State contact)

**Web Site:** <http://www.kir.psu.edu/index.shtml>

**Program Designer/Evaluator:** Michael Hecht, Ph.D. | (814) 863-3545 | [mhecht@psu.edu](mailto:mhecht@psu.edu)

**Sessions:** 10-lesson curriculum taught by trained classroom teachers in 45-minute sessions over 10 weeks, with booster sessions delivered in the following school year.

**Description:** Keepin' it REAL is a multicultural, school-based substance use prevention program for students 12-14 years old. Keepin' it REAL uses a curriculum designed to help students assess the risks associated with substance abuse, enhance decision-making and resistance strategies, improve antidrug normative beliefs and attitudes, and reduce substance use. The narrative and performance-based curriculum draws from communication competence theory and a culturally grounded resiliency model to incorporate traditional ethnic values and practices that protect against substance use.

**Marijuana Outcomes:** Curriculum participants reported lower alcohol, marijuana, and cigarette use than students who did not receive the program. Effects lasted up to 14 months for alcohol use and marijuana use and up to eight months for cigarette use. Students who received the multicultural version of the curriculum reported a slower increase in marijuana use over time compared with control students. Positive outcomes occurred primarily among students who saw four or five of the curriculum videos. For example, compared with control students, intervention students who saw four or more intervention videos reported fewer days of marijuana use and fewer "hits" of marijuana. Curriculum participants who saw fewer than four videos did not report lower rates of substance use. Students in the intervention group reported greater use of these strategies to resist marijuana use two months after the intervention and to resist cigarette use two and eight months after the intervention. The effect was not found 12 months after the intervention. The Mexican American and multicultural versions of the curriculum both affected marijuana use. However, the non-Hispanic version did not have an impact on use. (NREPP)

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## LifeSkills Training

**Contact Information:** National Health Promotion Associates, Inc. | (914) 421-2525 | [lstinfo@nhpamail.com](mailto:lstinfo@nhpamail.com)

**Web Site:** <http://www.lifeskillstraining.com>

**Program Designer/Evaluator:** Gilbert J. Botvin, Ph.D. | Weill Cornell Medical College

**Sessions:** For grades 6 through 9. A three level program consisting of 30 class sessions - Level One (Grades 6/7): Core Level- 15 class sessions *includes three optional violence prevention lessons* - Level Two (Grades 7/8): Booster Level- 10 class sessions *includes two optional violence prevention lessons* - Level Three (Grades 8/9): Booster Level - Five class sessions *includes four optional lessons* 30-45 minute class sessions. Taught either on an intensive schedule (two to three times a week) until the program is complete, or on a more extended schedule (once a week).

**Description:** LST is a classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. Three major program components teach: personal self-management skills, social skills, and information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice.

**Marijuana Outcomes:** Several studies have shown short- and long-term effects on marijuana, with one long-term study showing a 66% reduction among intervention group participants relative to controls. Prevalence of weekly use of alcohol, tobacco, and marijuana at the six-year follow-up was 66% lower among intervention youth relative to control participants at the end of high school. (Blueprints)

## Lions Quest Skills for Adolescence (SFA)

**Contact Information:** Matthew Kiefer | (630) 468-6965 | [matthew.kiefer@lionsclubs.org](mailto:matthew.kiefer@lionsclubs.org)

**Web Site:** <http://www.lions-quest.org>

**Sessions:** A series of eighty 45-minute sequentially developed skill-building sessions, based on a distinct theme that may be adapted to a variety of settings or formats.

**Description:** Lions Quest Skills for Adolescence (SFA) is a multicomponent, comprehensive life skills education program designed for school-wide and classroom implementation in grades 6 through 8 (ages 10-14). Lions Quest SFA unites educators, parents, and community members to use social influence and social cognitive approaches in developing the following skills and competencies in young adolescents: essential social/emotional competencies, good citizenship skills, strong positive character, skills and attitudes consistent with a drug-free lifestyle and an ethic of service to others within a caring and consistent environment.

**Marijuana Outcomes:** Participation in the Living Healthy and Drug-Free unit of SFA increased student perceptions of risk associated with the use of beer, liquor, chewing tobacco, cigarettes, marijuana, and cocaine/crack. SFA participants increased their average scores for self-efficacy in refusing offers of marijuana and alcohol in a variety of situations, compared with other peers, after controlling for baseline self-efficacy and drug use. About 27% of SFA participants and 30% of a comparison group reported lifetime use of marijuana following the intervention. About 11% of SFA participants and 14% of the comparison group reported use during the past 30 days, after controlling for pre-intervention use and demographic and psychosocial variables. (NREPP)

## Evidence-based Programs Effective in Preventing and Reducing Marijuana Use in Youth & Young Adults

### Multidimensional Treatment Foster Care (MTFC)

**Contact Information:** Gerard Bouwman | President | TFC Consultants, Inc. | (541) 343-2388 ext. 204 | [gerardb@mtfc.com](mailto:gerardb@mtfc.com)

**Web Site:** [www.mtfc.com](http://www.mtfc.com)

**Program Designer/Evaluator:** Patricia Chamberlain, Ph.D. | Oregon Social Learning Center

**Sessions:** Not applicable.

**Description:** Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. Individual and family therapy is provided, and case managers closely supervise and support the youths and their foster families through daily phone calls and weekly foster parent group meetings. Learning emphasis on teaching interpersonal skills and on participation in positive social activities including sports, hobbies, and other forms of recreation.

**Marijuana Outcomes:** When implemented with delinquent boys, significant program effects, relative to comparison group, included less other drug use at 12 months and tobacco, marijuana, and other drug use at 12 and 18 months post-program. (Blueprints)

### Positive Family Support-Family Check-Up (formerly Adolescent Transitions Program)

**Contact Information:** Kevin Moore, Ph.D. | Child and Family Center | (541) 346-4805 | [kmoore2@uoregon.edu](mailto:kmoore2@uoregon.edu)

**Web Site:** <http://cfc.uoregon.edu>

**Program Designer/Evaluator:** Tom Dishion, Ph.D. | University of Oregon

**Sessions:** Level One is a six-week universal prevention program called SHAPe (Success, Health, and Peace) implemented in participating children's homeroom school classes. Level Two, Family Check-Up, family interview and assessment session and a motivational feedback session in which parents collaborate with therapists to select available intervention programs for the family. Level Three addresses indicated problems through a brief treatment program, academic and social behavior monitoring, parent groups, and behavioral family therapy.

**Description:** Positive Family Support-Family Check-Up is a three-level, multi-staged program that is administered in middle school. The first, universal level involves the creation of a Family Resource Center (FRC), operated by a Parent Consultant. Norms of protective, pro-social parenting behaviors are set and information on pro-social family management is provided. Homework assignments require parent and child to interact to practice family management techniques. Designed to be embedded within schools that have an existing positive behavior support infrastructure.

**Marijuana Outcomes:** For the identified high-risk sample that participated in Level Two programming significant program outcomes found among treatment youth who engaged in the treatment vs. treatment youth who did not engage in treatment including: lower likelihood of being diagnosed with lifetime alcohol, tobacco, or marijuana use by late adolescence. (Blueprints)

# Evidence-based Programs Effective in Preventing and Reducing Marijuana Use in Youth & Young Adults

## Project Northland

**Contact Information:** Hazelden Publishing and Education | (800) 328-9000 or (651) 213-4200

**Web Site:** [www.hazelden.org/web/go/projectnorthland](http://www.hazelden.org/web/go/projectnorthland)

**Program Designer/Evaluator:** Cheryl L. Perry, Ph.D. | University of Texas School of Public Health

**Sessions:** A six-year intervention delivered over seven academic years from middle to high school, but a shortened, three-year version may also be used in grades 6, 7 and 8.

**Description:** Project Northland is a multi-level intervention to include demand (individual level) and supply (environmental level) reduction strategies. Its main intervention components include classroom curricula, peer leadership, youth-driven extra-curricular activities, parent involvement programs, and community activism. Project Northland strives to teach students skills to effectively negotiate social influences to drink, while at the same time directly modifying the social environment of youth (i.e., peers, parents, school, and community).

**Marijuana Outcomes:** Students in the intervention group who were never-drinkers at the beginning of sixth grade not only drank significantly less than students in the control group, they also smoked fewer cigarettes and used less marijuana at the end of the eighth grade. (Blueprints)

## Project Towards No Drug Abuse

**Contact Information:** Leah Meza | USC Institute for Prevention Research | (800) 400-8461 | [leahmedi@usc.edu](mailto:leahmedi@usc.edu)

**Web Site:** <http://tnd.usc.edu>

**Program Designer/Evaluator:** Steve Sussman, Ph.D. | University of Southern California

**Sessions:** Twelve 40-minute interactive sessions taught by teachers or health educators over a three-week period.

**Description:** Project Towards No Drug Abuse (TND) is a drug prevention program for high school youth who are at risk for drug use and violence-related behavior. Sessions provide instruction in motivation activities to not use drugs; skills in self-control, communication, resource acquisition; and decision-making strategies. The program is delivered universally, but has been used in both traditional and alternative, high-risk high schools.

**Marijuana Outcomes:** Compared to control groups of students, TND students showed: 22% prevalence reduction in 30-day marijuana use; and lower level of marijuana use among male baseline non-users in the health-educator-led condition at the two-year follow-up. (Blueprints)

# Evidence-based Programs Effective in Preventing and Reducing Marijuana Use in Youth & Young Adults

## Project Venture

**Contact Information:** McClellan (Mac) Hall | (505) 722-9176 | [machall@niylp.org](mailto:machall@niylp.org)

**Web Site:** <http://www.niylp.org>

**Program Designer/Evaluator:** Susan Carter, Ph.D. | (505) 508-2232 | [susanleecarter@comcast.net](mailto:susanleecarter@comcast.net)

**Sessions:** The central components of the program include a minimum of 20 one-hour classroom-based activities, conducted across the school year; weekly after-school, weekend, and summer skill-building experiential and challenge activities; three to ten-day immersion summer adventure camps and wilderness treks; and community-oriented service learning and service leadership projects throughout the year.

**Description:** Project Venture is an outdoor experiential youth development program designed primarily 5<sup>th</sup> to 8<sup>th</sup> grade American Indian youth. It aims to develop the social and emotional competence that facilitates youths' resistance to alcohol, tobacco, and other drug use. Based on traditional American Indian values such as family, learning from the natural world, spiritual awareness, service to others, and respect, Project Venture's approach is positive and strengths based. The program is designed to foster the development of positive self-concept, effective social interaction skills, a community service ethic, an internal locus of control, and improved decision making and problem-solving skills.

**Marijuana Outcomes:** From pre- to posttest, use of marijuana remained the same among students in the intervention group and increased among students in the control group. The effect sizes were large for marijuana. (NREPP)

## Red Cliff Wellness School Curriculum

**Contact Information:** Ron DePerry | (715) 779-3755 | [ron\\_deperry@yahoo.com](mailto:ron_deperry@yahoo.com) (no Web Site available, email Mr. DePerry for information)

**Program Designer/Evaluator:** Eva Petoskey, M.S. | (231) 357-4886 | [epetoskey@centurytel.net](mailto:epetoskey@centurytel.net)

**Sessions:** Each component includes 20-30 developmentally appropriate lessons and activities designed to enhance the values of sharing, respect, honesty, and kindness and to assist students in understanding their emotions.

**Description:** The Red Cliff Wellness School Curriculum is a substance abuse prevention intervention based in Native American tradition and culture. Designed for grades K-12, the curriculum aims to reduce risk factors and enhance protective factors related to substance use, including school bonding, success in school, increased perception of risk from substances, and identification and internalization of culturally based values and norms. The Red Cliff program is taught by teachers who have been trained in interactive, cooperative learning techniques and facilitation. The manualized curriculum has separate components for grades K-3, 4-6, and 7-12. Small-group discussions are extensively used, along with small-group process activities, independent workbook activities, and collaborative projects for older students. Note: The research reviewed in this summary involved only the elementary school component (Grades 4-6) of the K-12 program.

**Marijuana Outcomes:** Schools participating in the study were assigned to an intervention group, which received the Red Cliff Wellness School Curriculum, or to a wait-list control group. Although intention to use marijuana increased among students in both groups over the course of the study (from pretest through one-year follow-up), the increase was significantly smaller among students in intervention schools than among those in control schools. (NREPP)



# Evidence-based Programs Effective in Preventing and Reducing Marijuana Use in Youth & Young Adults

## SPORT

**Contact Information:** Chad Werch, Ph.D. | (904) 472-5022 | [cwerch@briefprograms.com](mailto:cwerch@briefprograms.com)

**Web Site:** <http://www.briefhealthprograms.com/>

**Sessions:** SPORT involves a short, self-administered health behavior screen survey measuring physical activity and sport behaviors and norms, healthy nutrition, sleep, and alcohol use. Participants then receive a 10- 12 minute personally tailored consultation from a written script, along with a key facts handout. A simple fitness goal plan is completed by participants to motivate positive behavior and image change. In addition, parent/caregiver communication cards addressing key content are provided during the consultation and then sent/mailed home to adolescents for three to five consecutive weeks.

**Program Description:** SPORT is a brief, multiple behavior program integrating substance abuse prevention and fitness promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-promoting habits. It is based on the Behavior-Image Model, which asserts that social and self-images are key motivators for the development of healthy behavior. The intervention promotes the benefits of an active lifestyle with positive images of youth as active and fit, and emphasizes that substance use is counterproductive in achieving positive image and behavior goals. SPORT involves a short, self-administered health behavior screen survey measuring physical activity and sport behaviors and norms, healthy nutrition, sleep, and alcohol use.

**Marijuana Outcomes:** Drug-using students who participated in SPORT showed significant positive effects at three-month follow-up compared with drug-using control students in current drug use (cigarette smoking, marijuana use), and past drug use (cigarette smoking, marijuana use). Positive effects for past cigarette and marijuana use continued through 12-month follow-up. [Although promising at three and 12 months, effects are absent for the general population at 18 months.] (NREPP)

Information above extracted from Technical Assistance program information document, SAMHSA's CAPT Western Resource Team June 2013

This document contains information from many organizations with effective programs/practices databases. Specifically, information was used from the following sources:

- Athena Forum: [http://www.theAthenaForum.org/learning\\_library/ebp](http://www.theAthenaForum.org/learning_library/ebp)
- Blueprints: <http://www.blueprintsprograms.com/allPrograms.php>
- Coalition for Evidence-based Policy: <http://coalition4evidence.org/>
- Crime Solutions: <http://www.crimesolutions.gov/Programs.aspx>
- Find Youth Info: <http://www.findyouthinfo.gov/program-directory>
- Norberg MM, Kezelman S, Lim-Howe N (2013) Primary Prevention of Cannabis Use: A Systematic Review of Randomized Controlled Trials. PLoS ONE 8(1): e53187. doi:10.1371/journal.pone.0053187
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs: <http://www.ojjdp.gov/mpg/mpgSearchAllPrograms.aspx>
- RAND Corp. Promising Practices Network on Children, Families and Communities: <http://www.promisingpractices.net/programs.asp>
- Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (SAMHSA's NREPP): <http://www.nrepp.samhsa.gov/>