



PreventionPlusWellness™



# MARIJUANA

Middle School Adolescents

**Marijuana Prevention  
Promoting Healthy  
Lifestyle Behaviors**

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# ***Marijuana PPW***

## **Section 1:**

### **Introduction**

**W**elcome to **Marijuana Prevention Plus Wellness (PPW)**! **Marijuana PPW** is a quick and easy to use positive youth development program for prevention and health professionals and parents who want to prevent cannabis use and promote healthy lifestyle behaviors and positive identities of youth.

**Marijuana PPW** is an adaptation of the evidence-based SPORT Prevention Plus Wellness program which is listed on the National Registry of Evidence-based Programs and Practices (NREPP), Blueprints for Healthy Youth Development and other evidence-based program registries. In addition, **Marijuana PPW** utilizes an evidence-based practices screening and brief intervention format recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**Marijuana PPW** is the only single-session cannabis use prevention program designed to increase wellness-enhancing

behaviors including physical activity, sports participation, healthy eating, getting adequate sleep, and practicing stress control. It can be implemented in any setting including school, community, health care, sports, recreation, juvenile justice, home and others.

**Marijuana PPW** is founded on the Behavior-Image Model, a positive youth development-related framework that targets naturally motivating peer and desired future images to increase motivation for change and multiple health behavior goal setting which in turn increases self-regulation skills and self-efficacy of participants.

**Marijuana PPW** is highly flexible and can be used as a stand-alone intervention, or as an add-on component to other prevention, health, sports, fitness, recreation, education, intervention, or treatment programs. While it was created as a universal prevention intervention, many organizations use it as a selective and indicated

prevention program for high-risk populations.

The **Marijuana PPW** program was designed to help youth look and feel more active, fit, and healthy using a three-step process of:

1. Screening youth for their current health habits to increase awareness of their cannabis use and healthy behaviors;
2. Providing feedback cueing positive future images and the benefits of engaging in healthy behaviors and how cannabis use harms them, to increase motivation for change; and
3. Presenting a goal plan and contract to help youth set and monitor goals to avoid cannabis use and increase protective wellness behaviors increasing self-control skills and self-efficacy.

Your **Marijuana PPW** program comes with a manual and

a digital download of all reproducible materials needed to implement your program to countless participants.

The **Marijuana PPW** program includes:

- Step-by-step implementation directions;
- A brief self-administered youth health and fitness behavior screening survey;
- Scripts for easy presentation of both an individual or group lesson that presents positive image content linking healthy and cannabis use behaviors;
- A set of colorful slides with illustrations of youth modeling wellness habits;
- A goal plan/contract for motivating multiple behavior change;
- Online or paper youth pretest and posttest surveys to evaluate immediate program effectiveness;
- An online or paper Instructor's Survey to assess

the quality of the lesson presentation;

- An online or paper Fidelity Checklist to increase implementation reliability;
- A Youth Online PPW Program Goal Plan to extend the program and follow-up with participating youth;
- Online resources to support program implementation and evaluation;
- Phone and email program support; and
- Separate online or onsite certified training workshops to learn how to provide thez,g

**Marijuana PPW** program, or train others to implement it, with fidelity and maximum effectiveness.

**Marijuana PPW** takes less than 50 minutes to implement and is available in three versions for: 1) High school adolescents ages 14-18, 2) Middle school adolescents ages 10-14, and 3) Elementary school children ages 8-10.

Thank you for choosing **Marijuana Prevention Plus Wellness**. We know you will find it an easy, enjoyable, and effective way to promote the mental and physical health of your youth.

# ***Marijuana PPW***

## **Section 2:**

### **Directions for Implementation**

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## Steps for Implementing & Evaluating Your PPW Program

Welcome Prevention Plus Wellness Program Implementer! This information was created to help you successfully provide your Prevention Plus Wellness (PPW) Program to youth or young adults.

If you have not already done so, we strongly encourage you to take one of our convenient online or onsite training workshops to become a Certified PPW Program Implementer or Trainer. Both workshops come with 3-year certification and are designed to ensure you learn how to implement your PPW Program with fidelity and maximum effectiveness.

Listed below are the steps and tools for implementing and evaluating your PPW Program:

1. Sign-up online to receive notices of invaluable PPW resources designed to ensure you experience maximum program reach, effectiveness, and sustainability at: <https://preventionpluswellness.com>
2. Prior to implementing your Prevention Plus Wellness (PPW) Program to youth or young adults, practice the individual (one-on-one) and/or group script at least three times, using the program's PowerPoint slides, screening survey, goal plan and Instructor's Survey.
3. Send any program PowerPoint slides you've tailored to your youth population or needs to Prevention Plus Wellness for review and approval prior to using them.
4. Make copies of the screening survey, goal plan and pre and posttest surveys for all participants from the digital downloads provided.



5. Immediately before beginning the lesson, administer either the online or paper pretest survey to participants. Immediately after the lesson, implement the posttest survey. Customized links and QR codes can be requested for the online surveys from Prevention Plus Wellness at: [info@preventionpluswellness.com](mailto:info@preventionpluswellness.com).
  6. Implement the program using the selected script while showing the PowerPoint slides.
  7. When done, read the goal plan with the participant(s) and help them complete it, sign it, you co-sign it, and have them take it home for daily monitoring. An optional online goal plan/contract and screening survey are provided in the PowerPoint slides if you decide to provide your program virtually.
  8. If using the paper pretest and posttest surveys, collect both the pretest and posttest for each participant and keep them in pairs for later hand data entry.
  9. You can follow-up with participating youth by having them complete one or more additional weekly paper or Online PPW Program Goal Plans.
  10. Use the optional Parent Flyers (SPORT PPW) to reinforce program messages at home.
  11. Re-implement your PPW program every 6-12 months.
  12. Complete an online or paper Instructor's Survey at the end of every lesson presented to assess and track the quality of program implementation.
  13. Use the online or paper Fidelity Checklist to ensure you are implementing your PPW program reliably.
  14. Request data charts and raw data from online or hand-entered paper pretest and posttest surveys at any time from Prevention Plus Wellness.
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# ***Marijuana PPW***

## **Section 3:**

### **Individual Lesson Script**

# Marijuana Prevention Plus Wellness© Program

## Middle School Adolescents Version

### Individual Lesson Script

#### Introduction

(Before introducing the program, administer the pretest survey to youth by either showing the customized link/QR code to the online survey or handing out the paper survey. Give youth directions to complete the confidential survey and wait until everyone has completed the pretest before launching the lesson introduction). (Show slide).



Hi, \_\_\_\_\_ (youth's name). I'm going to talk to you about your health habits and how your actions can make you healthy and keep you healthy.

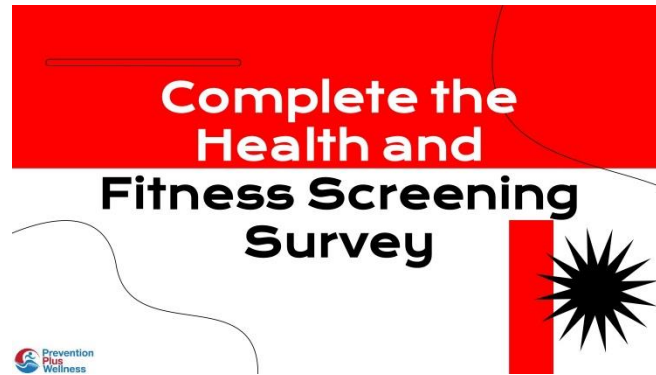
#### Screening Survey

(Distribute the screening survey for youth to complete or show the slide with the screening survey link if presenting the lesson virtually).

Now, please take out your copy of the Prevention Plus Wellness Health and Fitness Survey. The purpose of this survey is to determine what you are doing about your health. Your answers are private. **DO NOT PLACE YOUR NAME ON THE SURVEY.** We want your answers to be a secret. Please answer

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all questions honestly. Thank you. (Wait until the survey is completed).  
(Show slide).



### 1. Sports/Physical Activity Last Year

*Read only ONE response. If the youth checks any sport or physical activity in question #1 on survey, read “Yes” response. If the youth answers “r” for question 1, read “No” response.*

#### (Yes) Sports/Physical Activity

1. Benefits of Sports & Physical Activity (Show slides).

I see that you do: \_\_\_\_\_ (name sports and physical activities listed on the survey.)

Sports and physical activities are a great way to get regular exercise! Sports

and physical activities are fun, help keep you healthy, help you feel good about yourself, give you lots of energy, and can help you do better in school.

## 2. Marijuana Use Harms Sports & Physical Activity (Show slide).



However, marijuana and an active lifestyle don't mix. Using marijuana can hurt your health and affect how well you do in sports and physical activities. Using cannabis can harm brain development, lung function, and increase risk for mental health issues that can hinder being successful in school and sports.

## (No) Sports/Physical Activity

### 1. Benefits of Sports & Physical Activity (Show slides).

**What sports or physical activities did you play in the last week?**

**Sports & Physical Activities:**

- Are fun
- Keep you fit & healthy
- Make you feel good about yourself
- Give you lots of energy
- Help you do better in school

I see that you may not play sports or participate in any physical activities. You can really improve your health and how well you feel by being more active. Sports and physical activities are fun, keep you healthy, help you feel

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good about yourself, give you lots of energy, and help you do better in school. Pick a fun physical activity that you like to do, such as riding a bike or walking, and do it today!

## 2. Marijuana Use Harms Sports & Physical Activity (Show slide).



Marijuana use can keep you from having an active life. Using marijuana can hurt your health and affect how well you do in physical activities and in school. Using cannabis can harm brain development, lung function, and increase risk for mental health issues that can hinder being successful in school and sports.

## 2. Regular Physical Activity

***Read only ONE response. If the youth answers “Yes” to question #2 on survey, read “Yes” response. If the youth answers “No” to question 2 on survey, read “No” response.***

**(Yes) Regular Physical Activity**

## 1. Benefits of Regular Physical Activity (Show slides).

**Do you participate in physical activity for at least 30 minutes four or five times a week?**

**For example, riding a bike, running, walking, swimming, or playing a sport for 30 minutes on most days?**

**30 minutes of Sports & Physical Activities:**

- Promote a healthy heart and lungs
- Help control weight
- Reduces stress



I see that you do regular physical activity. That's great! Both sports and other types of physical activities promote a healthy heart and lungs. They also control weight and stress, if you do them for 30 minutes on most days.

Discussion Question: What types of sports or other physical activities would you like to try or do more of? (Pause and have the youth answer this question to themselves. Then ask them to share their response). (Show Slide).

**Discussion Question:  
What types of sports or  
other physical activities  
would you like to try or  
do more of?**



## 2. Marijuana Use Harms Regular Physical Activity (Show slide).



However, marijuana use can cause brain, lung and heart damage, and result in physical dependence. Cannabis use impairs physical skills needed to perform in sports, physical activities and drive safely, including coordination, reaction time and concentration. Avoiding smoking, eating and vaping marijuana is key to keeping a healthy body.

### (No) Regular Physical Activity

#### 1. Benefits of Regular Physical Activity (Show slides).

Do you participate in physical activity for at least 30 minutes four or five times a week?  
For example, riding a bike, running, walking, swimming, or playing a sport for 30 minutes on most days?

30 minutes of Sports & Physical Activities:

- Promote a healthy heart and lungs
- Help control weight
- Reduces stress

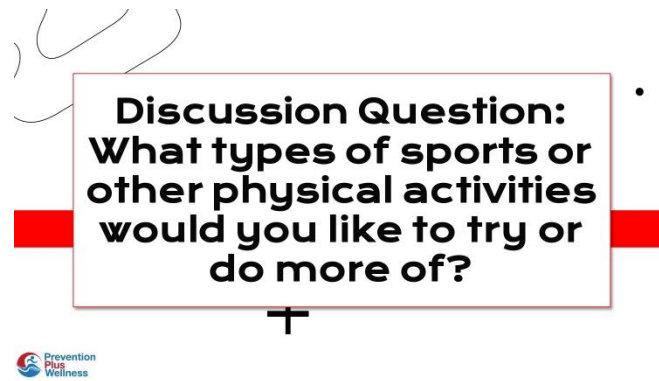
Prevention Plus Wellness

A slide with a white background and a red border. On the left is a text box with a question and examples. On the right is a photograph of a young woman sitting on the grass, drinking water, with a basketball next to her. The text '30 minutes of Sports & Physical Activities:' is overlaid on the photo, followed by a bulleted list of benefits. The Prevention Plus Wellness logo is in the bottom left and right corners.

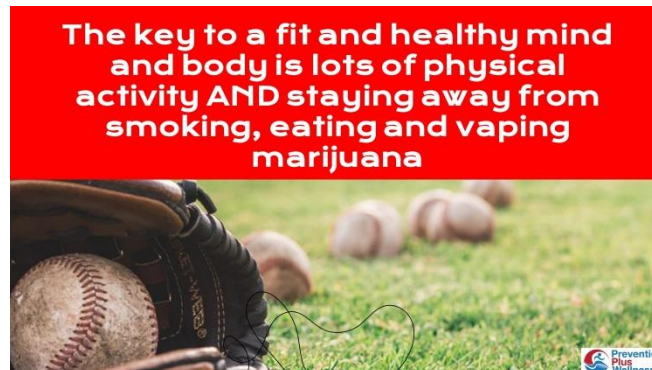
I see that you may not be getting regular physical activity. To feel better and have a healthy heart and lungs, you should play sports and do other types of physical activity. They also control weight and stress, if you do them for 30 minutes or more on most days.



Discussion Question: What types of sports or other physical activities would you like to try or do more of? (Pause and have the youth answer this question to themselves. Then ask them to share their response). (Show Slide).



2. Marijuana Use Harms Regular Physical Activity (Show slide).



However, marijuana use can cause brain, lung and heart damage, and result in physical dependence. Cannabis use impairs physical skills needed to perform in sports, physical activities and drive safely, including coordination, reaction time and concentration. Avoiding smoking, eating and vaping marijuana is key to keeping a healthy body.

### **3. Breakfast and Nutrition**

***Read only ONE response. If the youth answers "Yes" to question #3 on survey read "Yes" response. If the youth answers "No" to question 3 on***

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survey, read "No" response.

**(Yes) Breakfast and Nutrition**

1. Benefits of Healthy Eating (Show slides).

**Do you eat a healthy breakfast most mornings?  
For example, cereal and milk, oatmeal, eggs, yogurt, or fruit.**

**Eat a Healthy Breakfast & Healthy Foods:**

- It can have a big effect on how you feel
- It can also help you have more energy in school and sports

**Discussion Question:  
What types of healthy foods do you like to eat or would you like to eat more of?**



2. Marijuana Use Harms Healthy Eating (Show slide).

- Marijuana leads to eating junk foods & weight gain
- It can sap your drive to do well and spend time with family and friends
- Withdrawal symptoms can make it hard to eat healthy and be active



## ❑ (No) Breakfast and Nutrition

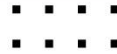
### 1. Benefits of Healthy Eating (Show slides).

**Do you eat a healthy breakfast most mornings?  
For example, cereal and milk, oatmeal, eggs, yogurt, or fruit.**

**Eat a Healthy Breakfast & Healthy Foods:**

- It can have a big effect on how you feel
- It can also help you have more energy in school and sports

**Discussion Question:  
What types of healthy  
foods do you like to  
eat or would you like  
to eat more of?**



## 2. Marijuana Use Harms Healthy Eating (Show slide).

- Marijuana leads to eating junk foods & weight gain
- It can sap your drive to do well and spend time with family and friends
- Withdrawal symptoms can make it hard to eat healthy and be active



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## 4. Sleep 8 or More Hours

**Read only ONE response. If the youth answers “yes” to question #4 on survey, read “Yes” response. If the youth answers “No” to question 4 on survey, read “No” response.**

### (Yes) Sleep

1. Benefits of Getting Plenty of Sleep (Show slides).

**Do you sleep  
eight (8) or  
more hours  
most nights?**




**Getting 8 or more hours of  
sleep each night can give  
you more energy and help  
you think clearly**



**Discussion Question:  
What’s one thing you do  
that helps you or could  
help you get enough  
sleep most nights?**



## 2. Marijuana Use Harms Getting Enough Sleep (Show slide).




Prevention Plus Wellness

- Marijuana harms your ability to think clearly leading to lower grades
- Cannabis is linked to increased depression and anxiety
- It drains your energy needed to live actively

## ☐ (No) Sleep

### 1. Benefits of Getting Plenty of Sleep (Show slides).

Do you sleep eight (8) or more hours most nights?




Getting 8 or more hours of sleep each night can give you more energy and help you think clearly

Prevention Plus Wellness

**Discussion Question:  
What's one thing you do  
that helps you or could  
help you get enough  
sleep most nights?**



2. Marijuana Use Harms Getting Enough Sleep (Show slide).



**Prevention Plus Wellness**

- Marijuana harms your ability to think clearly leading to lower grades
- Cannabis is linked to increased depression and anxiety
- It drains your energy needed to live actively

The slide features a photograph of a person sleeping peacefully in a bed. A bedside lamp is lit, and a teddy bear is visible on the bed. A small black crosshair is overlaid on the right side of the image. Below the image is a red banner with white text listing the negative effects of marijuana on sleep.

## 5. Marijuana Use

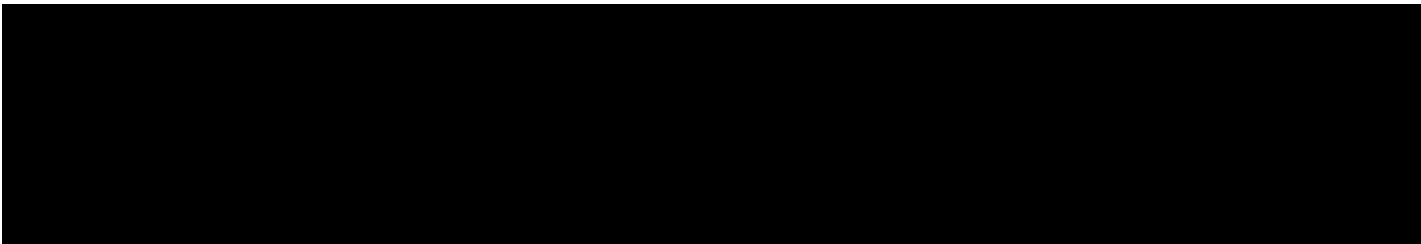
**Note: Read only ONE response. If the youth answers “No” to question #5 on survey, read “No” response. If the youth answers “Yes” to question 5 on survey, read “Yes” response.**

**☐ (No) Marijuana Use**

1. Marijuana Use Can Harm Your Fitness & Health (Show slides).

**Have you ever used any marijuana?**  
For example, smoked or vaped marijuana, ate any food with marijuana in it, or drank a beverage with marijuana in it.

**One of the most important things you can do to be healthy and maintain an active life is to AVOID using marijuana**

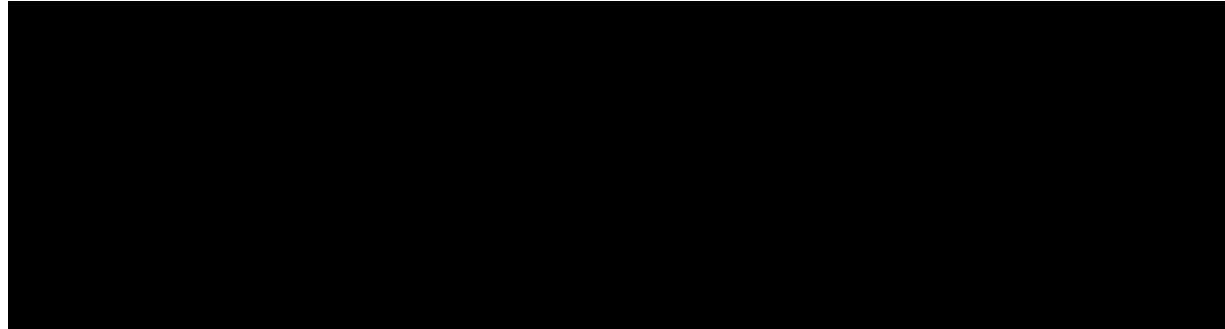


2. Marijuana Use Can Cause Life Problems (Show slides).

**Discussion Question:**  
**What types of problems could people your age have with using marijuana?**

**By not using marijuana, you will not:**

- Get into trouble with parents, police, friends or in school
- Harm your brain, ability to learn, grades, lungs or physical fitness
- Become depressed or seriously anxious
- Become addicted



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### 3. Most Youth Do Not Use Marijuana (Show slide).

- Studies show most young people DO NOT use marijuana
- You can increase your ability to say "NO" to marijuana offers by practicing, just like any sport or skill



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### 4. Healthy Alternatives to Using Marijuana (Show slides).

**Discussion Question:**  
What things can young people do to help them stay away from using marijuana?



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**Healthy alternatives to using marijuana:**

- Exercising
- Listening to music
- Playing sports
- Hanging out with friends who support you living an active lifestyle

## 5. Recommendations for Increasing Wellness (Show slides).

**To keep a healthy brain and body, have more energy, look and feel good, and do better in school and sports... stay away from using any marijuana**



Prevention Plus Wellness

### To Be Active, Healthy, Look & Feel Good...

1. Get 8 or more hours of sleep each night;
2. Eat a healthy breakfast every day, and a variety of other healthy foods, such as fruits and vegetables, while limiting junk food;
3. Do some fun physical activity, at least 30 minutes a day four or five times a week;
4. Practice stress control most days a week like slow-deep breathing, yoga, meditation, prayer, taking a relaxing bath or shower, placing yourself in a quiet space or walking in nature; and
5. Most important, avoid marijuana, alcohol, tobacco, e-cigarettes, prescription drug misuse and illegal drug use.



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### (Yes) Marijuana Use

## 1. Marijuana Use Can Harm Your Fitness & Health (Show slides).

**Have you ever used any marijuana?  
For example, smoked or vaped marijuana, ate any food with marijuana in it, or drank a beverage with marijuana in it.**



**One of the most important things you can do to be healthy and maintain an active life is to AVOID using marijuana**



Prevention Plus Wellness

## 2. Marijuana Use Can Cause Life Problems (Show slides).

**Discussion Question:**  
**What types of problems could people your age have with using marijuana?**

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**By not using marijuana, you will not:**

- Get into trouble with parents, police, friends or in school
- Harm your brain, ability to learn, grades, lungs or physical fitness
- Become depressed or seriously anxious
- Become addicted



## 3. Most Youth Do Not Use Marijuana (Show slide).

- Studies show most young people **DO NOT** use marijuana
- You can increase your ability to say **"NO"** to marijuana offers by practicing, just like any sport or skill



#### 4. Healthy Alternatives to Using Marijuana (Show slides).

**Discussion Question:**  
What things can young people do to help them stay away from using marijuana?

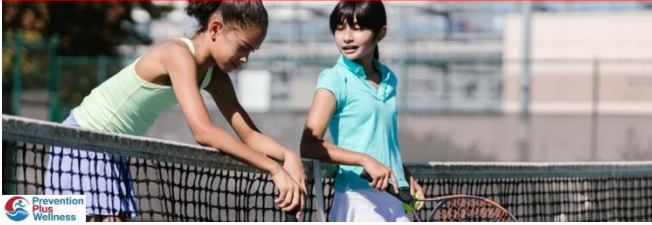
A slide with a red background. The top half shows a person's legs running on a track. The bottom half has white text. The title is "Healthy alternatives to using marijuana:". The list includes: Exercising, Listening to music, Playing sports, and Hanging out with friends who support you living an active lifestyle. A small "Prevention Plus Wellness" logo is in the top left corner of the slide.

**Healthy alternatives to using marijuana:**

- Exercising
- Listening to music
- Playing sports
- Hanging out with friends who support you living an active lifestyle

#### 5. Recommendations for Increasing Wellness (Show slides).

To keep a healthy brain and body,  
have more energy, look and feel good,  
and do better in school and sports...  
stay away from using any marijuana



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Plus  
Wellness

To Be Active, Healthy, Look & Feel Good...

1. Get 8 or more hours of sleep each night;
2. Eat a healthy breakfast every day, and a variety of other healthy foods, such as fruits and vegetables, while limiting junk food;
3. Do some fun physical activity, at least 30 minutes a day four or five times a week;
4. Practice stress control most days a week like slow-deep breathing, yoga, meditation, prayer, taking a relaxing bath or shower, placing yourself in a quiet space or walking in nature; and
5. Most important, avoid marijuana, alcohol, tobacco, e-cigarettes, prescription drug misuse and illegal drug use.

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Plus  
Wellness

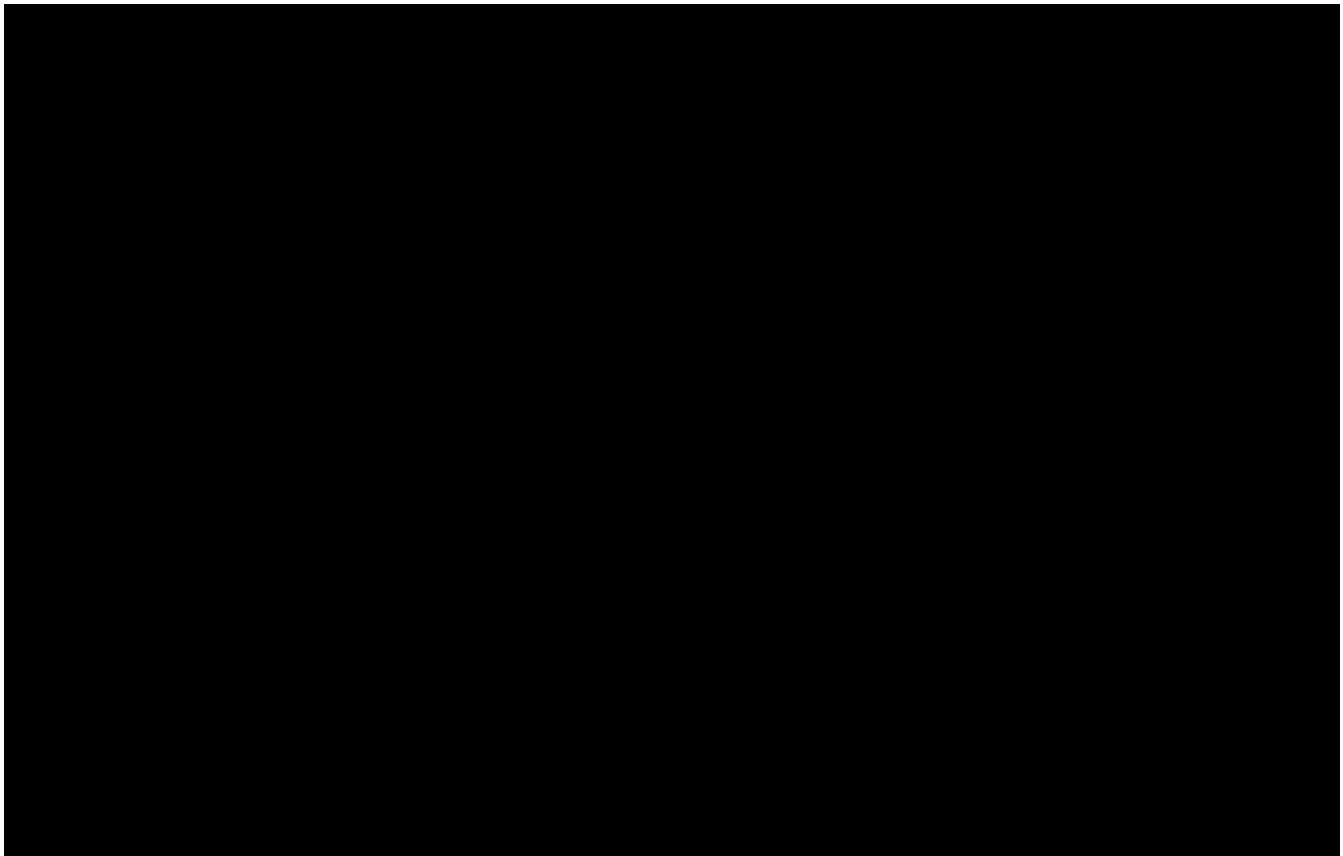
## Wellness Goal Plan & Contract

(Distribute and have youth complete the goal plan/contract form or show the goal plan slide and have youth complete it online if presenting the lesson virtually). (Show slide).



Now, take out your copy of the Wellness Goal Plan/Contract and read along.

(Read the goal plan aloud and assist the participant with completing each item on the goal plan. Then, have them sign and you co-sign the plan. Lastly, read the concluding statement on the plan with the participant).



# ***Marijuana PPW***

## **Section 4:**

### **Group Lesson Script**

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# Marijuana Prevention Plus Wellness© Program

## Middle School Adolescents Version

### Group Lesson Script

#### Introduction

(Before introducing the program, administer the pretest survey to youth by either showing the customized link/QR code to the online survey or handing out the paper survey. Give youth directions to complete the confidential survey and wait until everyone has completed the pretest before launching the lesson introduction). (Show slide).



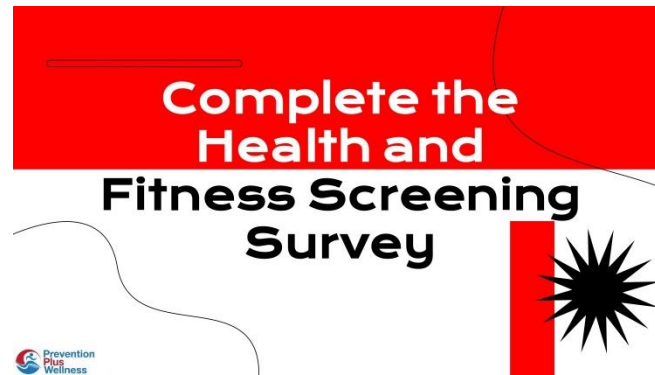
Hello. For the next several minutes I will be talking with you about **Marijuana Prevention Plus Wellness**, an exciting new fitness and health program. Together we will look at how your actions can make you healthy and keep you healthy.

#### Screening Survey

(Distribute the screening survey for youth to complete or show the slide with the screening survey link if presenting the lesson virtually).



Now, please take out your copy of the Prevention Plus Wellness Health and Fitness Screen. The purpose of this survey is to determine what you are doing about your health. Your answers are private. **DO NOT PLACE YOUR NAME ON THE SURVEY.** We want your answers to be a secret. Please answer all questions honestly. Thank you. (Wait until everyone has completed the survey). (Show slides).



### 1. Sports/Physical Activity Last Year

(Show slide). (Ask group members to raise their hands and respond as you read each of the types of physical activities aloud to highlight the positive social norm that my peers are physically active).



- a. Baseball/Softball
  - b. Basketball
  - c. Riding a bicycle
-

O d. Dance/Cheerleading/Gymnastics

O e. Football

O f. Golfing

O g. Horseback riding

O h. Running or walking

O i. Rollerblading

O j. Skateboarding

O k. Soccer

O l. Surfing

O m. Swimming

O n. Track

O o. Volleyball

O p. Tennis

O q. Others (describe):

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## 1. Benefits of Sports & Physical Activity (Show slide).



**Sports & Physical Activities:**

- Are fun
- Keep you fit & healthy
- Make you feel good about yourself
- Give you lots of energy
- Help you do better in school

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The slide features a red header with the title and a list of five benefits. Below the text is a photograph of a young boy swimming underwater in a pool, smiling. The logo 'Prevention Plus Wellness' is in the bottom left corner.

Wonderful. Sports and physical activities are a great way to get regular exercise! Sports and physical activities are fun, help keep you healthy, help you feel good about yourself, give you lots of energy, and can help you do better in school.

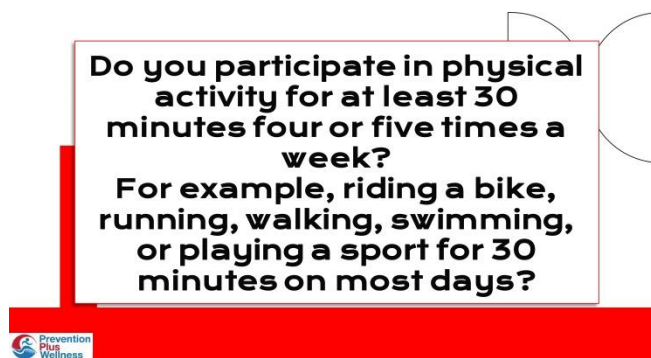
## 2. Marijuana Use Harms Sports & Physical Activity (Show slide).



However, marijuana and an active lifestyle don't mix. Using marijuana can hurt your health and affect how well you do in sports and physical activities. Using cannabis can harm brain development, lung function, and increase risk for mental health issues that can hinder being successful in school and sports.

## 2. Regular Physical Activity

(Show slide). (Ask participants to answer to themselves).

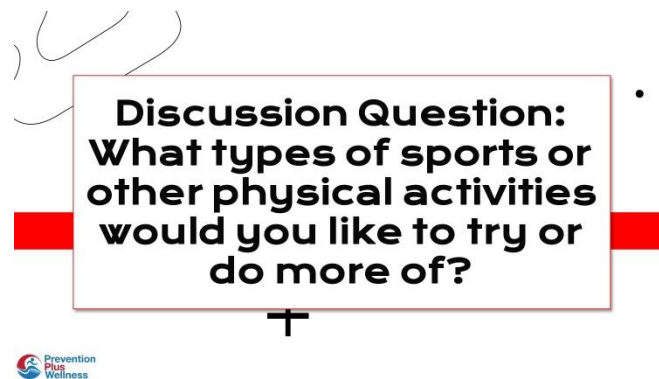


## 1. Benefits of Regular Physical Activity (Show slide).

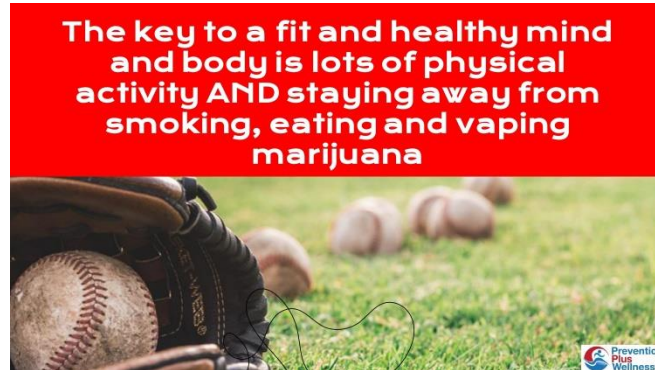


Both sports and other types of physical activities promote a healthy heart and lungs. They also control weight and stress, if you do them for 30 minutes on most days.

Discussion Question: What types of sports or other physical activities would you like to try or do more of? (Pause and have all youth answer this question to themselves. Ask a few youths to share their responses). (Show Slide).



## 2. Marijuana Use Harms Regular Physical Activity (Show slide).



However, marijuana use can cause brain, lung and heart damage, and result in physical dependence. Cannabis use impairs physical skills needed to perform in sports, physical activities and drive safely, including coordination, reaction time and concentration. Avoiding smoking, eating and vaping marijuana is key to keeping a healthy body.

## 3. Breakfast and Nutrition

(Show slide). (Ask participants to answer to themselves).

Do you eat a healthy breakfast most mornings?  
For example, cereal and milk, oatmeal, eggs, yogurt, or fruit.

Do you usually eat a healthy breakfast every morning? For example, cereal and low fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit.

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A slide with a white box on the left containing the text: "Do you eat a healthy breakfast most mornings? For example, cereal and milk, oatmeal, eggs, yogurt, or fruit." To the right is a question: "Do you usually eat a healthy breakfast every morning? For example, cereal and low fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit." The slide has a grey and yellow background with a red square at the bottom left and the "Prevention Plus Wellness" logo at the bottom center.

## 1. Benefits of Healthy Eating (Show slide).



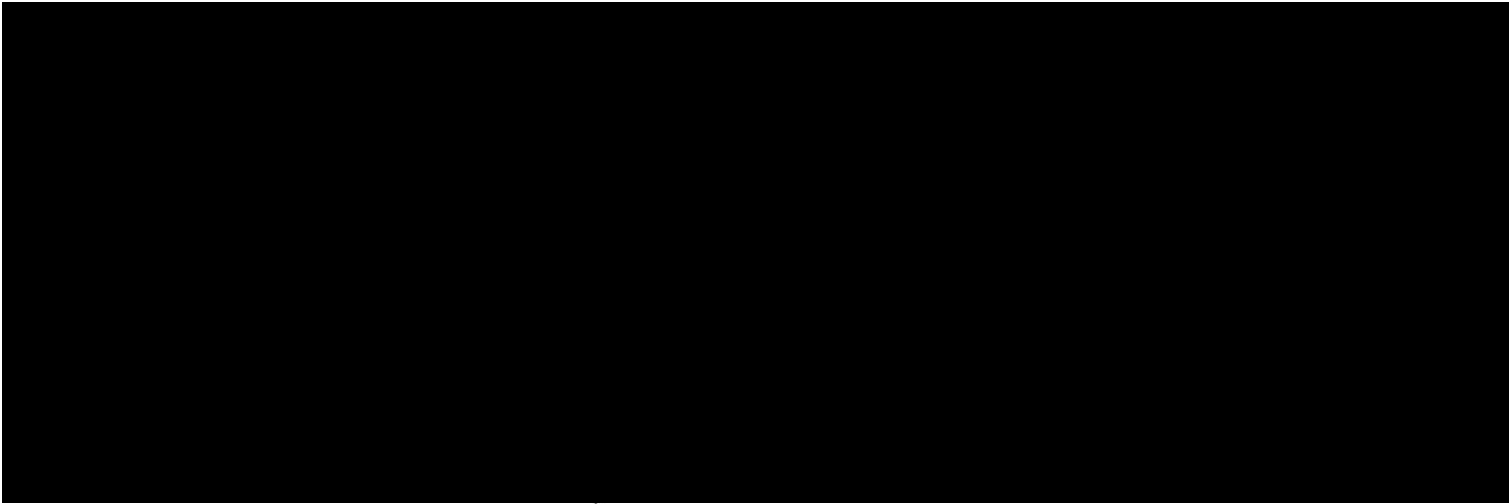

**Eat a Healthy Breakfast & Healthy Foods:**

- It can have a big effect on how you feel
- It can also help you have more energy in school and sports

**Eat a Healthy Breakfast & Healthy Foods:**



- It can have a big effect on how you feel.
- It can also help you have more energy in school and sports.



**Discussion Question:  
What types of healthy foods do you like to eat or would you like to eat more of?**

Discussion Question: What types of healthy foods do you like to eat or would you like to eat more of?



**2. Marijuana Use Harms Healthy Eating (Show slide).**

- Marijuana leads to eating junk foods & weight gain
- It can sap your drive to do well and spend time with family and friends
- Withdrawal symptoms can make it hard to eat healthy and be active





1. Marijuana leads to eating junk foods & weight gain.
2. It can sap your drive to do well and spend time with family and friends.
3. Withdrawal symptoms can make it hard to eat healthy and be active.

#### 4. Sleep 8 or More Hours

(Show slide). (Ask participants to answer to themselves).




1. Benefits of Getting Plenty of Sleep (Show slide).



**Discussion Question:  
What's one thing you do  
that helps you or could  
help you get enough  
sleep most nights?**



2. Marijuana Use Harms Getting Enough Sleep (Show slide).



A photograph of a person sleeping in a bed. A nightstand with a lit lamp is visible to the left. The bed has several stuffed animals on it. A small black crosshair is visible in the upper right corner of the photo.

- Marijuana harms your ability to think clearly leading to lower grades
- Cannabis is linked to increased depression and anxiety
- It drains your energy needed to live actively

## 5. **Marijuana Use**

(Show slide). (Ask participants to answer to themselves).



**Have you ever used any marijuana?  
For example, smoked or vaped marijuana, ate any food with marijuana in it, or drank a beverage with marijuana in it.**



## 1. Marijuana Use Can Harm Your Fitness & Health (Show slide).

**One of the most important things you can do to be healthy and maintain an active life is to AVOID using marijuana**



## 2. Marijuana Use Can Cause Life Problems (Show slides).

**Discussion Question:  
What types of problems could people your age have with using marijuana?**



+

**By not using marijuana, you will not:**

- Get into trouble with parents, police, friends or in school
- Harm your brain, ability to learn, grades, lungs or physical fitness
- Become depressed or seriously anxious
- Become addicted



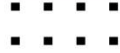
### 3. Most Youth Do Not Use Marijuana (Show slide).

- Studies show most young people **DO NOT** use marijuana
- You can increase your ability to say **"NO"** to marijuana offers by practicing, just like any sport or skill



### 4. Healthy Alternatives to Using Marijuana (Show slides).

**Discussion Question:  
What things can young  
people do to help  
them stay away from  
using marijuana?**



**Healthy  
alternatives  
to using  
marijuana:**

- Exercising
- Listening to music
- Playing sports
- Hanging out with friends who support you living an active lifestyle

## 5. Recommendations for Increasing Wellness (Show slides).

**To keep a healthy brain and body,  
have more energy, look and feel good,  
and do better in school and sports...  
stay away from using any marijuana**



**To Be Active, Healthy, Look & Feel Good...**

1. Get 8 or more hours of sleep each night;
2. Eat a healthy breakfast every day, and a variety of other healthy foods, such as fruits and vegetables, while limiting junk food;
3. Do some fun physical activity, at least 30 minutes a day four or five times a week;
4. Practice stress control most days a week like slow-deep breathing, yoga, meditation, prayer, taking a relaxing bath or shower, placing yourself in a quiet space or walking in nature; and
5. Most important, avoid marijuana, alcohol, tobacco, e-cigarettes, prescription drug misuse and illegal drug use.



d

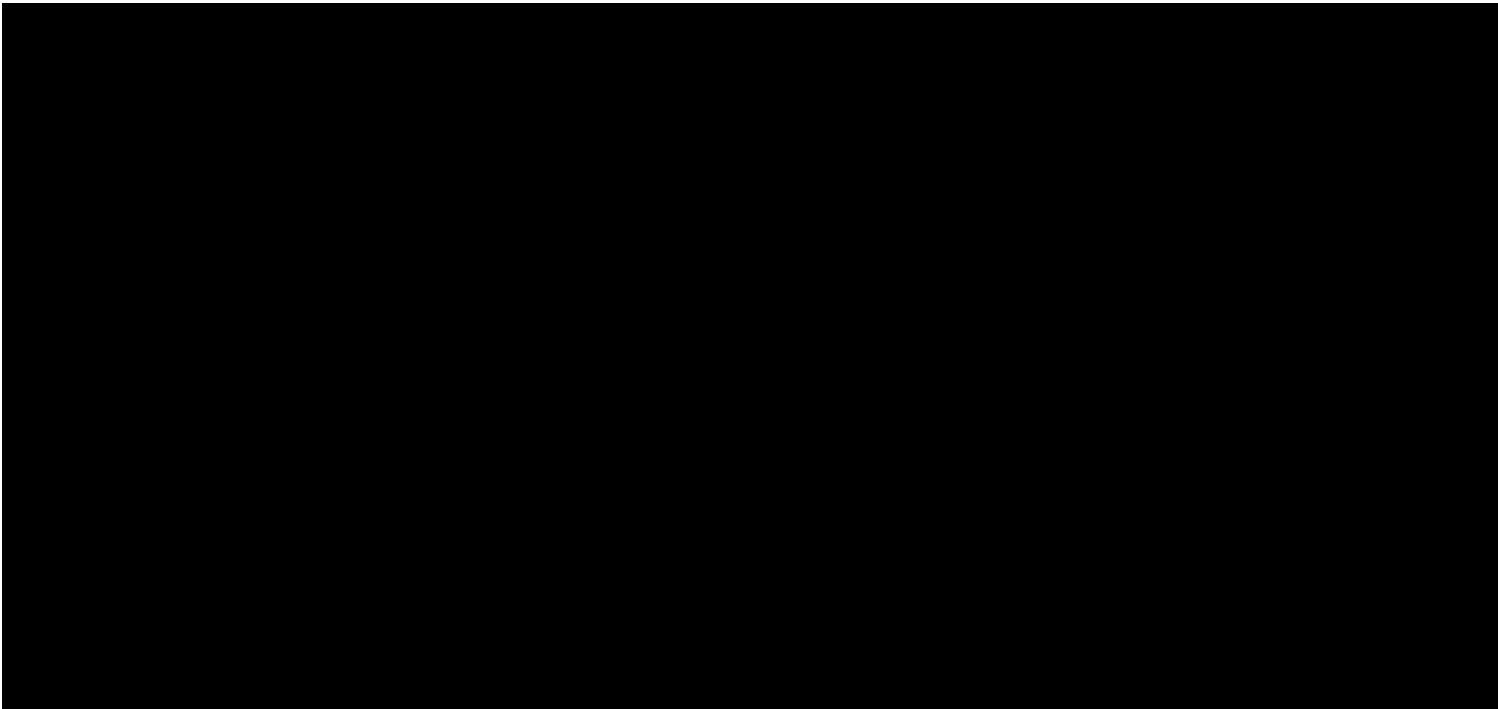
## Wellness Goal Plan & Contract

(Distribute and have youth complete the goal plan/contract form or show the goal plan slide and have youth complete it online if presenting the lesson virtually). (Show slide).



Now, take out your copy of the Wellness Goal Plan/Contract and read along.

(Read the goal plan aloud and assist the participant with completing each item on the goal plan. Then, have them sign and you co-sign the plan. Lastly, read the concluding statement on the plan with the participant).





# ***Marijuana PPW***

## **Section 5:**

### **Screening Survey & Goal Plan/Contract**

## Prevention Plus Wellness Health & Fitness Screening Survey

**Directions:** The purpose of this survey is to determine what you are thinking and doing about your health. Your answers will be kept very secret. **DO NOT PLACE YOUR NAME ON THIS FORM.** We want to know what you really think, so please answer all questions honestly. Carefully bubble in the item best matching your answer. Thank you.

1. What sports or physical activities did you play in the last year? (Check all that apply)
    - a.  Baseball or softball
    - b.  Basketball
    - c.  Riding a bicycle
    - d.  Dance/Cheerleading/Gymnastics
    - e.  Football
    - f.  Golfing
    - g.  Horseback riding
    - h.  Running or walking
    - i.  Rollerblading
    - j.  Skateboarding
    - k.  Soccer
    - l.  Surfing
    - m.  Swimming
    - n.  Tennis
    - o.  Track
    - p.  Volleyball
    - q.  Wrestling
-

- r.  Weightlifting
- s.  Others (list) \_\_\_\_\_
- t.  I did not play any sports or physical activities last year

2. Do you participate in any physical activity for at least 30 minutes four or five times a week? For example, riding a bike, running, walking, swimming, or playing a sport for 30 minutes or more on most days.

- a.  Yes
- b.  No

3. Do you usually eat a healthy breakfast each morning? For example, cereal and low-fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit.

- a.  Yes
- b.  No

4. Do you usually sleep eight or more hours each night?

- a.  Yes
- b.  No

5. Do your friends influence you to participate in regular physical activity?

- a.  Yes
- b.  No

6. Have you ever used any marijuana? For example, smoked or vaped marijuana, ate any food with marijuana in it, or drank a beverage with marijuana in it.

- a.  Yes
- b.  No

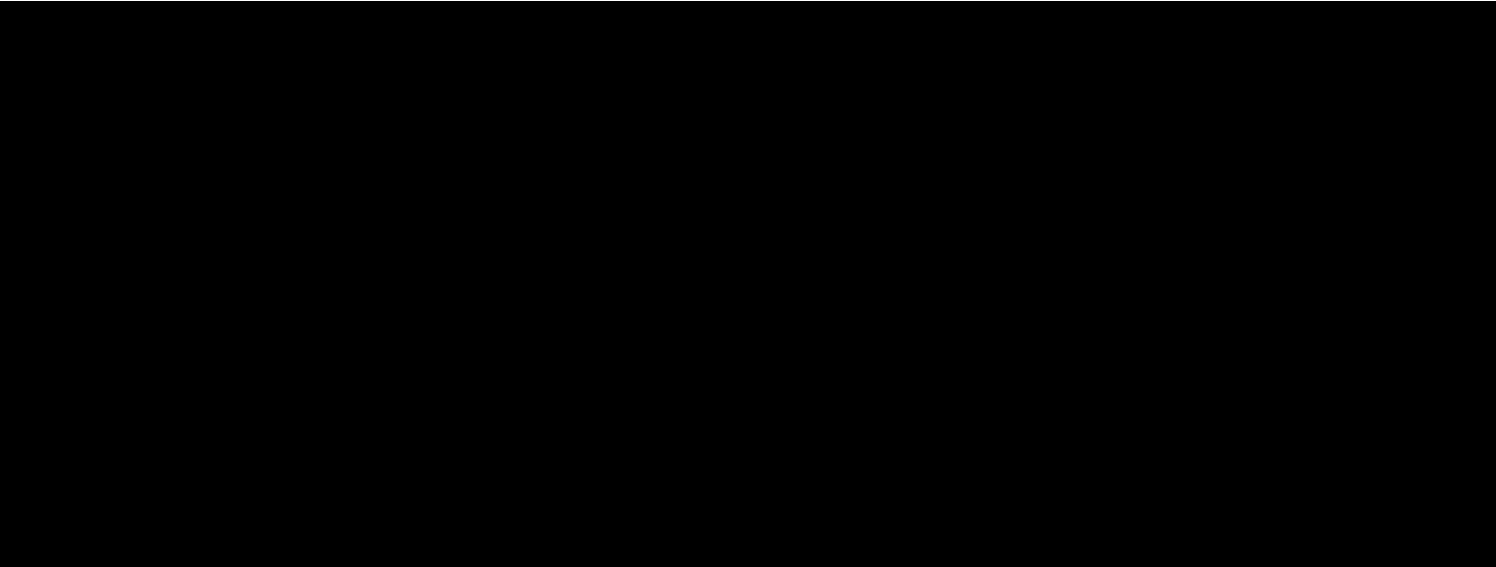


# Marijuana Prevention Plus Wellness Program

## Wellness Goal Plan

*To be active, healthy, and look and feel good, make sure you:*

1. Get 8 or more hours of sleep each night;
2. Eat a healthy breakfast every day, such as nutritious cereal and low-fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit, limiting junk food, and eat lots of healthy foods, such as fruits and vegetables,;
3. Do some fun physical activity, such as riding a bike, running, swimming, walking, or playing a sport for at least 30 minutes on most days;
4. Practice a stress control technique most days a week like slow-deep breathing, yoga, meditation, prayer, taking a relaxing bath or shower, placing yourself in a quiet space, or walking in nature; and
5. Most importantly, stay away from marijuana, plus alcohol, tobacco, e-cigarette, prescription drug misuse, and other illegal drug use.

- 
1. **List a specific health habit (e.g., play tennis NOT get more exercise):**

\_\_\_\_\_

\_\_\_\_\_.

2. **Amount (e.g., 30 minutes each time):** \_\_\_\_\_.
-

3. How often (e.g., 4 times a week, Monday-Thursday):

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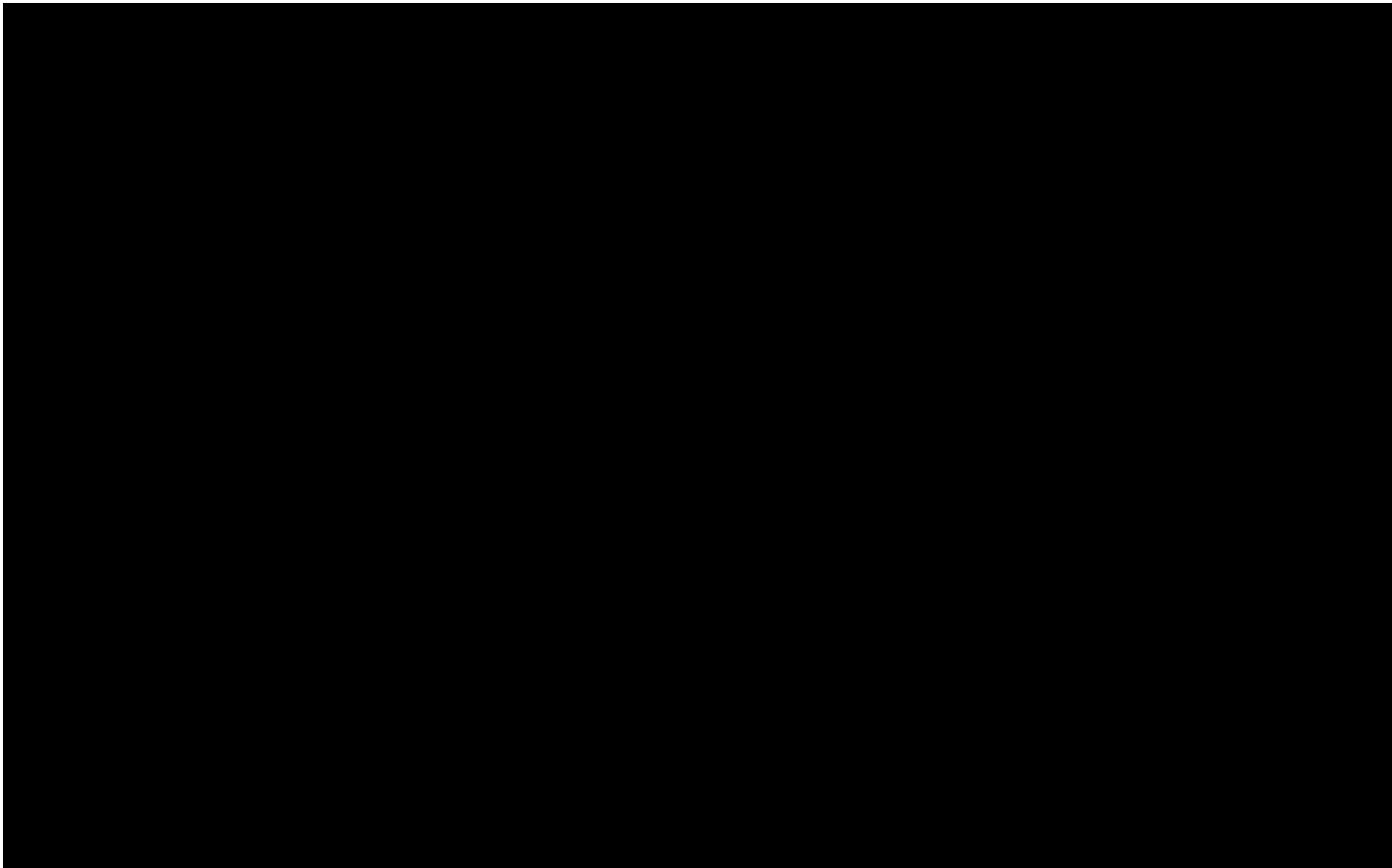
(Youth's signature) (Date)

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*(Parent/Guardian/Adult/Friend's signature)* *(Date)*

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(Instructor's signature) (Date)



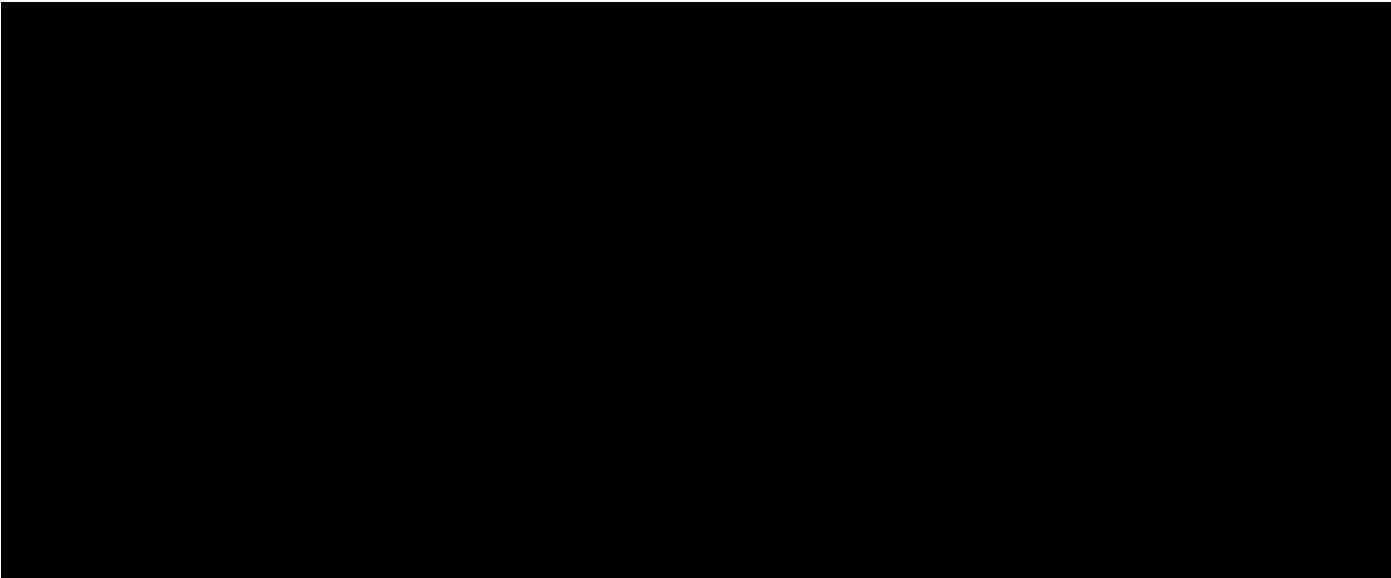
**Congratulations!** You have successfully completed this *SPORT* PPW lesson.

1. Take this contract home and have your parent or other trusted adult or friend sign it.
2. Then, put it where it can be seen every day, week, and month (i.e., on the refrigerator, wall, or your mirror) so you can track your goal progress each day.

3.

4.

•



# ***Marijuana PPW***

## **Section 6:**

### **Evaluation Materials**

## Prevention Plus Wellness Program Pretest

**Directions:** Your answers will be confidential. **DO NOT PLACE YOUR NAME ON THIS FORM.** Answer all questions honestly. Carefully circle in each answer.

1. What is today's date (MM/DD/YY): \_\_\_ / \_\_\_ / \_\_\_ /
  2. Enter a 4 digit code number given to you or one you came up with (Hint: one you can easily remember): \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
  3. School or location code (optional): \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
  4. Are you (circle one):
    - a. Male
    - b. Female
    - c. Other
  5. How old are you? \_\_\_ \_\_\_ years old
  6. In the next year, how likely are you to...  
(1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely
    - a) Get physical activity most days a week? 1 2 3 4 5
    - b) Get 8 or more hours a sleep most nights a week? 1 2 3 4 5
    - c) Eat fruits and vegetable most days a week? 1 2 3 4 5
    - d) Eat a healthy breakfast most days a week? 1 2 3 4 5
    - e) Take a drink of alcohol? 1 2 3 4 5
    - f) Puff on a cigarette? 1 2 3 4 5
    - g) Try any marijuana? 1 2 3 4 5
    - h) Try an e-cigarette? 1 2 3 4 5
-

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| i) Practice a stress control or relaxation technique most days a week?        | 1 | 2 | 3 | 4 | 5 |
| j) Try any opioids for nonmedical reasons?                                    | 1 | 2 | 3 | 4 | 5 |
| k) Set goals to improve your health or fitness?                               | 1 | 2 | 3 | 4 | 5 |
| l) Feel so sad or hopeless that you stop doing some of your usual activities? | 1 | 2 | 3 | 4 | 5 |

7. If you were to use any of these often, would they harm your health or healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

- |                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| a) Alcohol?      | 1 | 2 | 3 | 4 | 5 |
| b) Cigarettes?   | 1 | 2 | 3 | 4 | 5 |
| c) Marijuana?    | 1 | 2 | 3 | 4 | 5 |
| d) E-cigarettes? | 1 | 2 | 3 | 4 | 5 |
| e) Opioids?      | 1 | 2 | 3 | 4 | 5 |

8. How much control do your friends have on whether you use alcohol or drugs?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

9. How happy are you with your current physical and mental health?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

## Prevention Plus Wellness Program Posttest

**Directions:** Your answers will be confidential. **DO NOT PLACE YOUR NAME ON THIS FORM.** Answer all questions honestly. Carefully circle in each answer.

1. What is today's date (MM/DD/YY): \_\_\_ / \_\_\_ / \_\_\_ /
2. Enter a 4 digit code number given to you or one you came up with (Hint: one you can easily remember): \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
3. School or location code (optional): \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
4. Are you (circle one):
  - a. Male
  - b. Female
  - c. Other

5. How old are you? \_\_\_ \_\_\_ years old

6. In the next year, how likely are you to...

(1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| a) Get physical activity most days a week?         | 1 | 2 | 3 | 4 | 5 |
| b) Get 8 or more hours a sleep most nights a week? | 1 | 2 | 3 | 4 | 5 |
| c) Eat fruits and vegetable most days a week?      | 1 | 2 | 3 | 4 | 5 |
| d) Eat a healthy breakfast most days a week?       | 1 | 2 | 3 | 4 | 5 |
| e) Take a drink of alcohol?                        | 1 | 2 | 3 | 4 | 5 |
| f) Puff on a cigarette?                            | 1 | 2 | 3 | 4 | 5 |
| g) Try any marijuana?                              | 1 | 2 | 3 | 4 | 5 |
| h) Try an e-cigarette?                             | 1 | 2 | 3 | 4 | 5 |
-

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| i) Practice a stress control or relaxation technique most days a week?        | 1 | 2 | 3 | 4 | 5 |
| j) Try any opioids for nonmedical reasons?                                    | 1 | 2 | 3 | 4 | 5 |
| k) Set goals to improve your health or fitness?                               | 1 | 2 | 3 | 4 | 5 |
| l) Feel so sad or hopeless that you stop doing some of your usual activities? | 1 | 2 | 3 | 4 | 5 |

7. If you were to use any of these often, would they harm your health or healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

- |                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| a) Alcohol?      | 1 | 2 | 3 | 4 | 5 |
| b) Cigarettes?   | 1 | 2 | 3 | 4 | 5 |
| c) Marijuana?    | 1 | 2 | 3 | 4 | 5 |
| d) E-cigarettes? | 1 | 2 | 3 | 4 | 5 |
| e) Opioids?      | 1 | 2 | 3 | 4 | 5 |

8. How much control do your friends have on whether you use alcohol or drugs?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

9. How happy are you with your current physical and mental health?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all



10. How much did you like the lesson?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

11. How much will the lesson help you avoid drug use and improve your healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

12. What did you like BEST about this lesson? For example, how did it affect your health behaviors, substance use, motivation, goal setting, self-esteem, etc.?

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13. What did you like LEAST about this lesson? For example, what do you think should be changed or improved?

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# Prevention Plus Wellness (PPW)

## Instructor's Survey

Date: \_\_\_\_\_ Code: \_\_\_\_\_

Directions: Complete this survey after each lesson provided. Circle one response for each item.

1. What was your level of comfort while providing the PPW lesson?  
a) A great deal   b) A lot   c) A moderate amount   d) A little   e) None at all
  
2. Did you use active presenting strategies (i.e., good eye contact, body positioning, changing tone of voice, and listening)?  
a) A great deal   b) A lot   c) A moderate amount   d) A little   e) None at all
  
3. What was your level of enthusiasm and passion while presenting the lesson?  
a) A great deal   b) A lot   c) A moderate amount   d) A little   e) None at all
  
4. How smooth and continuous was the flow of the lesson delivery?  
a) A great deal   b) A lot   c) A moderate amount   d) A little   e) None at all
  
5. How accurately did you follow the protocol (i.e., adherence to the script, no ad-libbing extra content)?  
a) A great deal   b) A lot   c) A moderate amount   d) A little   e) None at all
  
6. Was the lesson content provided completely (i.e., covered all of the scripted messages)?  
a) A great deal   b) A lot   c) A moderate amount   d) A little   e) None at all
  
7. What was the youths' responsiveness to the lesson (i.e., listening, answering, showing interest)?  
a) A great deal   b) A lot   c) A moderate amount   d) A little   e) None at all

8. Which Prevention Plus Wellness (PPW) program was implemented?  
a) SPORT b) InShape c) Vaping d) Marijuana e) Opioid f) SPORT 2  
g) Racial Justice h) Parent i) IGI j) SPORT 3

9. How was the PPW lesson implemented? (Check all that apply).  
a) To one person individually/one-on-one  
b) To a group  
c) In person  
d) Online  
e) To elementary school aged youth  
f) To middle school aged youth  
g) To high school aged youth  
h) To young adults  
i) Other (please specify) \_\_\_\_\_

10. What did you like BEST about implementing the PPW lesson?

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11. What did you like LEAST about implementing the PPW lesson?

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## **Prevention Plus Wellness Program Fidelity Checklist**

Date: \_\_\_\_\_

Prevention Plus Wellness program(s) implemented:

\_\_\_\_\_

Code number: \_\_\_\_\_

Directions: Check each item completed. Total items to determine level of implementation fidelity.

1.  Did implementers complete a Certified Prevention Plus Wellness Program Implementer's Training Workshop within the last 3-years?
2.  Did implementers practice the PPW lesson script(s) at least 3 times prior to implementing the program?
3.  Did you implement the PPW Pretest Survey prior to implementing the program each time?
4.  Did you implement the PPW lesson following the script each time?
5.  Did you provide the script content with enthusiasm and passion each time?
6.  Did you provide the screening survey, lesson script and goal plan all in one session each time?
7.  Did you show the PPW program PowerPoint slides during the lesson each time?
8.  Did you read the entire goal plan and help participants complete it each time you implemented the program?
9.  Did you have participants sign the goal plan and did you co-sign the goal plan every time you implemented the program?
10.  Did you implement the PPW Posttest Survey after implementing the lesson each time?
11.  Did implementers complete an Instructor's Survey assessing their presentation quality after implementing each PPW lesson?
12.  Did you remind participants to post their goal plan where they would see it and monitor their goals daily every time you implemented the program?

# ***Marijuana PPW***

## **Section 7:**

### **Youth Online PPW Follow-Up Goal Plan**

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You can make additional copies of the paper PPW Goal Plan or use the Youth Online PPW Program Goal Plan (shown below) after implementing the PPW lesson.

Having youth complete additional weekly goal plans provides them with opportunities to develop self-regulation skills and self-efficacy at setting, monitoring, and achieving goals leading to improved mental and physical health.

We recommend you ask youth to share their weekly goal plans with you and others to increase motivation for behavior change.

Here is the link allowing youth to complete follow-up Online PPW Goal Plans:  
<https://www.surveymonkey.com/r/TW37TLR>

## Youth Online PPW Program Goal Plan

This Goal Plan/Contract takes about 5-minutes to complete.

\* 1. What is today's date (month/day/year)?

2. First and Last Name (Optional)

\* 3. Are you...

- Male
- Female
- Other

\* 4. How old are you?

- 9 years old or younger
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old
  - 19 years older or older
-

\* 5. Which of the following do you pledge to avoid using during the next 7 days in order to maintain an active and healthy lifestyle?

- Alcohol
- Tobacco
- E-cigarettes
- Marijuana
- Non-medical opioids
- Other illegal drugs

\* 6. Which one of the following healthy habits will you focus on improving during the next 7 days?

- Get 8 or more hours sleep each night
- Eat a healthy breakfast every day or eat a daily variety of other healthy foods such as fresh fruits and vegetables
- Participate in some fun physical activity or sports at least 30 minutes 4-5 days per week
- Practice a stress control technique most days a week like yoga, meditation, prayer or walking in nature.

\* 7. From the healthy habit you identified, now write a specific, measurable and attainable healthy habit goal you will achieve over the next 7 days.

For example, playing tennis is measurable but getting more exercise is not, and eating more fruits and vegetables is measurable but eating healthier is not.



\* 8. Now, write an exact amount (quantity) of that one habit you just listed above which you will do each time you do it.

For example, 30 minutes each time you play tennis, or 1 more serving of fruits and vegetables each day.

\* 9. Last, list an exact frequency of that same habit you will do during the next week.

For example, 4 days a week, Monday-Thursday, or each day of the week.

\* 10. In addition to yourself, who else will sign this goal plan to make it an official contract between you and them?

- Teacher
- Mom or dad
- Grandmother or grandfather
- Aunt or uncle
- Older brother or sister
- Trusted and supportive friend
- Other (please specify)

\* 11. Where will you post your goal plan/contract so you can see it every day and be reminded to monitor your health habits? Choose one.

- Bedroom wall or mirror
  - Bathroom mirror
  - Refrigerator door
  - TV or computer
-

- Other (please specify)

\* 12. Congratulations! You have successfully completed a Prevention Plus Wellness program goal plan.

- Print out a copy of your goal plan so you can sign and date it and have the person you identified co-sign it.
- Don't forget to post your goal plan where you can see it every day and check-off each day you reach a goal.
- At the end of your 7-day goal plan return to this site and write another goal plan to continue to make small changes to feel and look better.
- Reward yourself with small things you enjoy like magazines, music, books, watching a movie, playing an instrument, or doing art, for achieving one of your wellness goals, or avoiding alcohol, tobacco, e-cigarettes or illegal drug use.
- Now rate the goal plan on the 5-star scale below.

\* 13. After you print out this goal plan, circle a response on the calendar below each day during the next 7 days to track your goal success.

Then, total the number of days you reached a wellness goal. Do NOT Answer This Now.

Day 1 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 2 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 3 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 4 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 5 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 6 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 7 Goal Success: 1: Yes 2: No 3: No goal set for today

Week's Total Success Days (Number of "Yeses" Above) =

\* 14. Now, print out your goal plan and post it so you'll see it every day for the next 7 days.

