Research Summary

Effects of the *Too Good for Drugs II* Prevention Program

Children’s and youth’s experimentation or use of alcohol, tobacco and other drugs have been a social, educational and inter- and intrapersonal concern for decades. The contributors and reasons for young people’s substance use, and the consequences to the individual and the communities around them, are complex and multifaceted. Effective school-based prevention programs have been identified as one of the important and useful interventions to the overall substance prevention effort.

As a piece of the entire prevention and intervention pie, prior research guides current trends in school-based drug prevention programs to maximize their utility and impact on young people’s behaviors and perceptions. The *Too Good for Drugs II* K-8 curriculum was developed based on the merging of federal, state and prevention agency guidelines as well as research findings of studies using the social influence model and the cognitive-behavioral model for school-based drug prevention programs.

The purpose of this study was to examine the effectiveness of the *Too Good for Drugs II* (TGFD II) program in impacting young people’s substance use intentions, attitudes and perceptions. Examining the TGFD II program, using a research design, lays the foundation for the program to document its scientifically-defensible use of “best practices and strategies” identified in the substance prevention field.

The study intended to examine the following hypotheses. Students receiving the TGFD II prevention program in comparison to control students will: (a) indicate fewer intentions of smoking cigarettes, drinking alcoholic beverages and using marijuana within the next 12 months; (b) have higher levels of peer resistance skills; (c) have more positive attitudes regarding the inappropriateness of substance use; (d) be more knowledgeable of the prevalence of peer substance use; (e) have more positive perceptions of peer disapproval of substance use; (f) form friendships with peers less likely to engage in substance use behaviors; and (g) indicate higher levels of internal locus of control/self-efficacy.
Method

Six middle schools from a large Florida school district were randomly selected and recruited for participation in this study. The school district serves students in a 200 square mile region encompassing urban, rural and suburban areas. One thousand three hundred and eighteen (1318) sixth grade students participated in the pretest and posttest phase of the study. The total sample was 52% female, approximately 48% White, 33% African-American, 13% Hispanic and 6% Asian, and 51% of the sample were categorized as economically challenged by status of receipt of free or reduced lunches.

Students in three of the middle schools participated in the prevention program during the first quarter of the school year, and students in the other three schools served as the control sample for the study. It should be noted that students in the control group were not denied access to services; the prevention program was offered to them at the end of the study during the fourth quarter of the school year.

All students in the treatment and control sample were pretested, using a survey questionnaire at the beginning of the school year, prior to delivery of the TGFD II prevention program. A posttest questionnaire was administered at the end of the first nine-week period (Fall 1999) immediately following the delivery of the prevention curriculum and once again 20 weeks (Spring 2000) after the treatment delivery period. The prevention program was delivered to students in the treatment schools in their assigned science class in 40-50 minute lessons once a week over a nine-week period by trained TGFD II instructors.

Results

1. Given that school-based drug prevention programs are a piece of the broad spectrum of prevention/intervention strategies, their usefulness, benefit or contribution to healthy growth and decision-making on the part of young people is highly dependent on the integrity, potency and commitment in which it is delivered and maintained. Prevention research shows a direct relationship between the quality of program implementation and the program’s potential to impact participants. In this study, classroom teachers’ responses to items on a survey questionnaire suggest the TGFD II program was
implemented as planned with a high degree of quality and fidelity to curriculum content and learning activities.

2. Prior to delivery of the *Too Good for Drugs II* program, students in treatment and control schools indicated similar levels of intentions to use/not use tobacco, alcohol or marijuana within the next 12 months. When sixth grade students were asked, at the beginning of the school year, how strongly they agreed or disagreed with statements about their intentions to use substances, 93.83% agreed or strongly agreed that they did not plan to use tobacco; 81.87% indicated they did not plan to use alcohol; and 93.72% indicated they did not intend to use marijuana.

3. Following program delivery and again 20 weeks later, item responses for students who were not using and did not intend to use substances were reexamined. **Immediately following program implementation**, students participating in the TGFD II program evidenced positive differences in comparison to the control group. Positive effects continued to be observed 20 weeks later. Student responses suggest the following:

a. **INTENTIONS TO SMOKE CIGARETTES**

   After program delivery, students participating in TGFD II indicated 33% fewer intentions to smoke than did students in the control group.

   Twenty weeks later, positive effects continued to be observed, with 22% fewer TGFD II students indicating undesirable changes in their intentions to use tobacco, in comparison to the control group.

b. **INTENTIONS TO DRINK ALCOHOL**

   After program delivery, students participating in TGFD II indicated 38% fewer intentions to drink alcohol than did students in the control group.
Twenty weeks later,
positive effects continued to be observed, with 14% fewer TGFD II students indicating undesirable changes in their intentions to use alcohol, in comparison to the control group.

c. INTENTIONS TO SMOKE MARIJUANA

After program delivery,
students participating in TGFD II indicated 25% fewer intentions to smoke marijuana than did students in the control group.

Twenty weeks later,
positive effects continued to be observed, with 30% fewer TGFD II students indicating undesirable changes in their intentions to use marijuana, in comparison to the control group.

4. Prevention research has identified certain risk factors that increase the likelihood that a student will use drugs and certain protective factors that decrease or buffer the impact of the risk factors. The TGFD II program incorporates curriculum and instructional activities aimed at reducing risk factors and building protective factors. The following risk and protective factors were examined in this study: Perceptions of Peer Resistance Skills; Positive Attitudes toward Nondrug Use; Perceptions of Peer Normative Substance Use; Perceptions of Peer Disapproval of Substance Use; Association with Prosocial Peers; and Perceptions of Locus of Control/Self-Efficacy.

Student responses to risk and protective survey items at the end of program and again at the 20-week follow-up suggest the following:

a. Students participating in the TGFD II program had statistically significant higher scores or more positive perceptions of their peer resistance skills in comparison to students in the control group (9-week and 20-week testing).
b. Students participating in the TGFD II program had statistically significant higher scores or more appropriate attitudes regarding drug use in comparison to students in the control group (9-week testing).

c. Students participating in the TGFD II program had statistically significant higher scores or were more knowledgeable of actual rates of substance use among youth in their age group (peer norms) in comparison to students in the control group (9-week and 20-week testing).

d. Students participating in the TGFD II program had statistically significant higher scores or thought their peer group was less accepting of tobacco, alcohol or marijuana use in comparison to students in the control group (9-week and 20-week testing).

e. Students participating in the TGFD II program had statistically significant higher scores or formed friendships with peers less likely to engage in substance use behaviors in comparison to students in the control group (9-week testing).

f. Students participating in the TGFD II program had statistically significant higher scores or higher levels of locus of control/self-efficacy in comparison to students in the control group (9-week and 20-week testing).

5. In summary, the TGFD II program evidence positive effects on sixth grade students’ intentions to use tobacco, alcohol and marijuana. The program was also successful in impacting students’ risk and protective factors associated with strengthening young people’s abilities to make positive, healthy decisions. The impact of the TGFD II program on students’ intentions, perceptions and attitudes was similar to effects observed with other “science-based” school-based prevention programs noted in the literature.

6. TGFD II program’s strengths as well as its challenges are mirrored in other “proven” prevention programs’ research. Those challenges include, primarily, the tendency for some substance use behaviors
and risk and protective factors to degrade or lessen over time, in combination with adolescents' maturational process including peer pressure and tolerance for risk-taking behaviors. It is a reminder to educators that prevention curriculum cannot be a one-shot deal, but must be an ongoing process within and across school years. It is also a reminder that schools and educators cannot, in isolation, help young people with the challenges they face, but must collaborate and coordinate with the whole community of prevention and intervention efforts offered by other agencies, institutions, neighborhoods and families.