

Delaying Experimentation with Tobacco, Alcohol, and other Drugs and Building Resilience in Middle School Children

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EXECUTIVE SUMMARY:

Why is drug use initiation continuing and/or increasing in youth, at younger ages, in the presence of so many drug abuse prevention programs? Our Change Master Project team set out to answer this very question. We found out early on, there was little hope of finding a single program that would prevent substance abuse and experimentation in ALL middle school students. At this point we determined there were differences. These differences involved: types of substances used and abused varied from one region to the next dependent upon their populations and urban vs. rural settings.

In order to avoid recreating the wheel, our team decided to take a look at what drug abuse prevention programs were currently available and were being used successfully. This goal developed into a tool that would assist agencies in identifying those curriculums that are evidence-based and work for specific drugs and populations.

The website SAMHSA (Substance Abuse and Mental Health Services Administration) was a tremendous resource in helping us connect populations and programs. In addition, we felt it necessary to look at existing programs in Kentucky that were successful and the key players that were involved in presenting these programs. We surveyed Health Department Directors, Regional Prevention Center Coordinators, and Kentucky Agencies for Substance Abuse Policy to determine the level of partnerships and collaboration, programs they found to be effective and programs they identified as ineffective.

Serendipitously, while putting this together NPR (National Public Radio) did a program on “Cheez” which highlighted the very substance from which we derived our team name. This expose addressed the addition of a 9 year old girl. Once again validating the relevance of our team project.

INTRODUCTION/BACKGROUND:

The name Cheez-n-Crack-ers reflects the street names of certain illegal drugs available to Middle School age students across the nation. The original team vision was to delay the initiation of substance use/abuse by identifying prevention programs that are working and integrating them into Public Health delivery systems. In our initial meeting in August we met with Connie Collins and Amy Baker with MHMR. They assisted us in directing our focus to creating a tool that could be utilized by our state to find substance abuse/use programs that are successful in particular areas. We discussed that a program that works in a larger city/metropolitan area may not be beneficial in a rural setting.

In designing this project, the KPHLI team set forth three major goals: 1. Create a template that schools, youth groups and faith based organizations can use to select appropriate evidence-based curriculum to delay initiation of substance abuse among middle school students. 2. Determine the extent to which local health departments and other state agencies collaborate in community efforts to reduce substance abuse. 3.

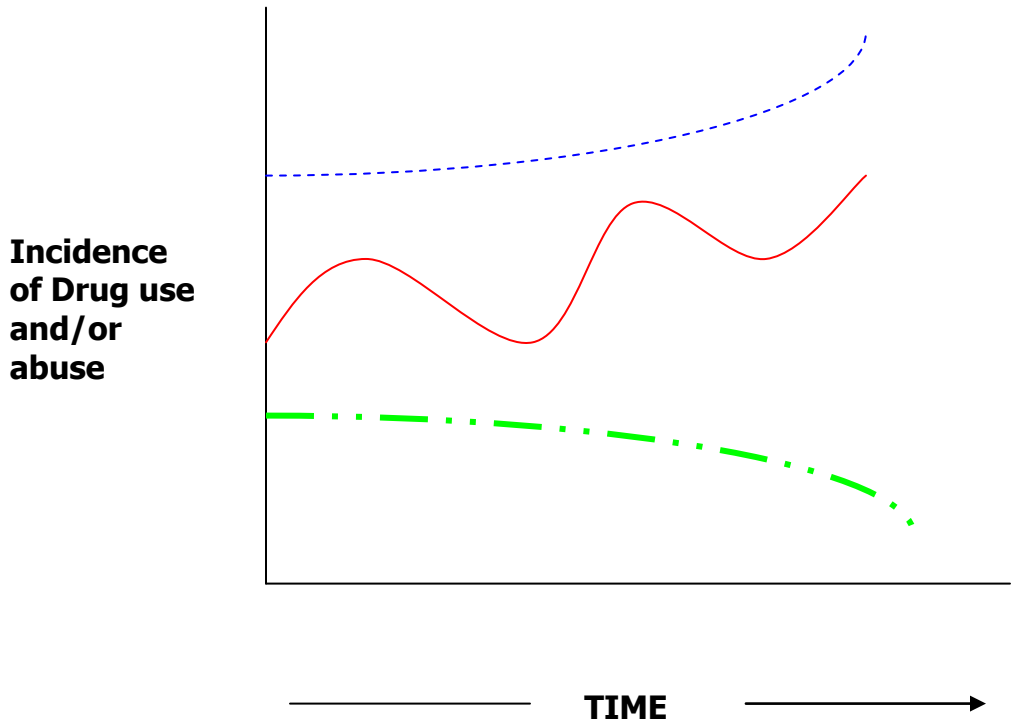
Identify an area where existing partnerships among local Health Departments, Regional Prevention Centers, and Kentucky Agencies for Substance Abuse Policy are successful.

Problem Statement: Why is drug use initiation continuing and/or increasing in youth, at younger ages, in the presence of so many drug abuse prevention programs?

Behavior Over Time Graph:

**Cheez –n- Crack-ers
Change Masters Project**

**Behavior Over Time Graph:
Shifting the Burden Template**

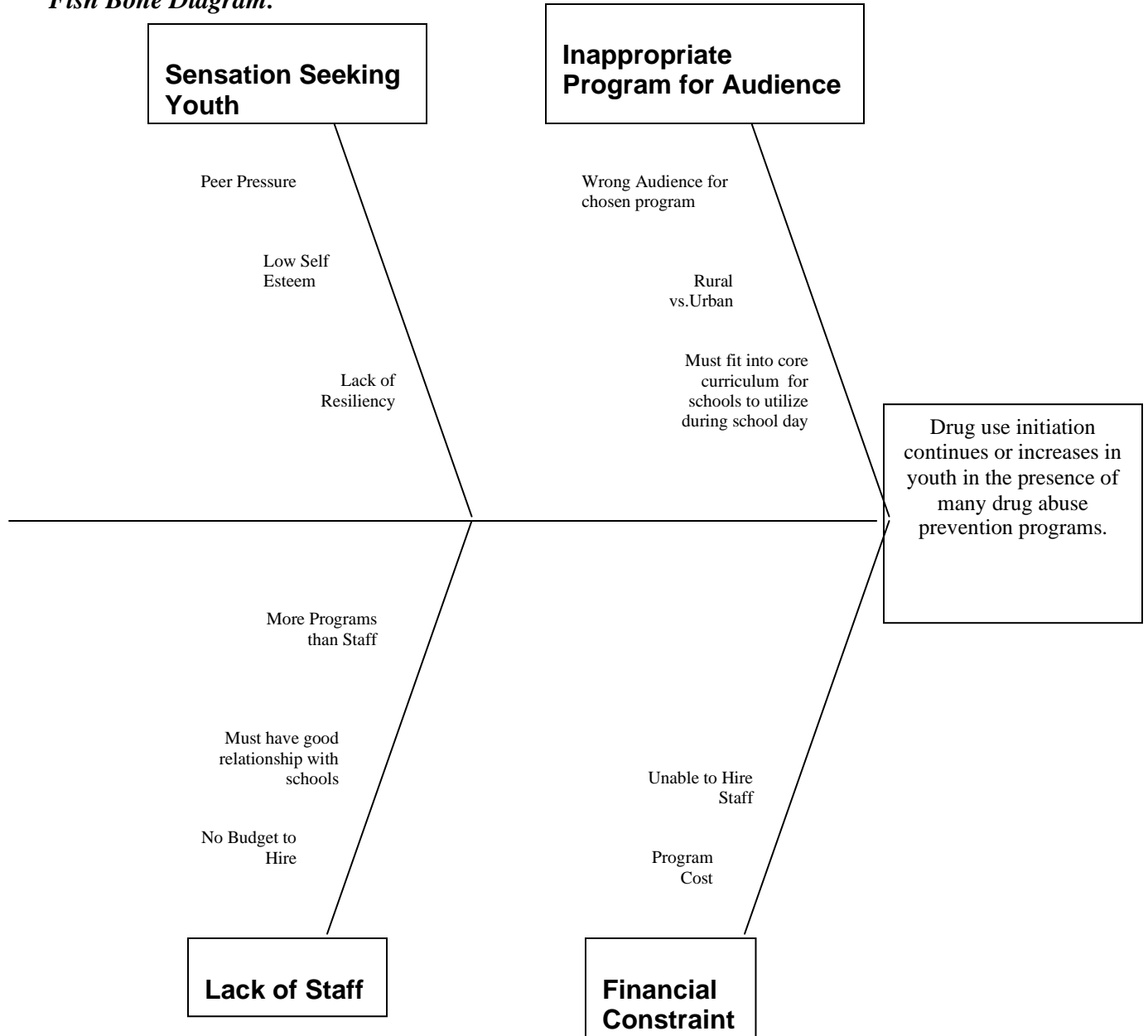


Quick Fix: Inappropriate drug use prevention programs offered to youth - not meeting intended goals

Problem Symptom: Increases in initiation of drug use in younger youth

Long-term Solution: Train and/or hire staff to offer appropriately chosen and validated prevention programs which are goal specific, to youth and families and provide continued support

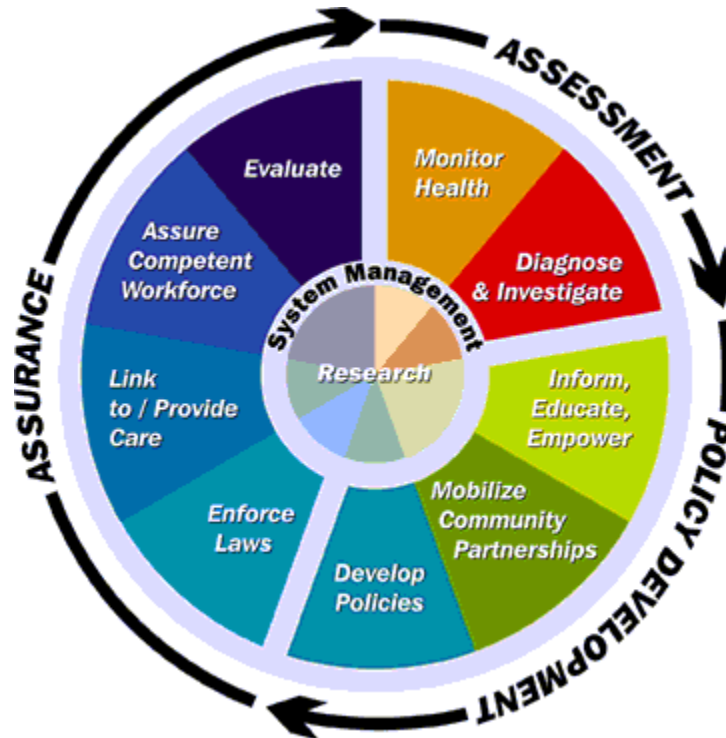
Fish Bone Diagram:



10 Essential Public Health Services/National Goals Supported:

1. 10 Essential Public Health Services:

- a. #3.** – Inform, educate and empower people about health issues.
- HP 2010 26.9 Increase the age and proportion of adolescents that remain alcohol and drug free.
 - HP 2010 26.10 Reduce past month – use of illicit substances
 - HP 2010 26.15 Reduce the proportion of adolescents that use inhalants
 - HP 2010 26.16 Increase the proportion of adolescents that disapprove of substance abuse
 - HP 2010 26.17 Increase the proportion of adolescents who perceive great risk associated with substance abuse
- b. #4.** -Mobilize community partnerships to identify and solve health problems.
- HP 2010 26.23 (Developmental) Increase the number of communities using partnerships or coalition models to conduct comprehensive substance abuse prevention efforts.
 - HP 2010 7(overall goal) – Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.
 - HP 2010 7.2 Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.
 - HP 2010 7.11 Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.
- c. #9.** -Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- HP 2010 26.4 Reduce drug related hospital emergency department visits
 - HP 2010 26.5 Reduce alcohol related hospital emergency department visits
 - HP 2010 7.2 Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.
- d. #10** –Research for new insights and innovative solutions to health problems.



PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

Our goal is to design a tool that would assist health departments and other community agencies in choosing a program that is best suited for their area. The tool would assist our group in achieving our Team Vision. We discussed several successful programs that had been utilized such as Generation Rx, Life Skills, and Project Northland. We decided to look at the Substance Abuse and Mental Health Services Administration (SAMHSA) website to find programs that would work for specific populations and the drugs that are predominately a problem in those specific areas.

Objectives:

- (1) Attendees will receive a copy of the Evidence Based Template (Appendix B) and review how to use it.
- (2) Define the findings where collaborative efforts are working and where there appears to be disconnects among agencies that prevent effective deployment of human and financial resources.
- (3) Identify a working model of collaboration among local, regional, and state agencies that is student driven.

METHODOLOGY:

Since initiation of substance abuse is starting in some children around the ages of 11-14, Cheez-n-Crackers researched programs which address substance abuse prevention in middle school aged children. The SAMHSA website was found to be a tremendous resource due to the number of programs listed along with pertinent information about each program. A template was designed by the team that will allow the user to input

information and easily determine from the data which programs will prove most useful for their intended audience.

Research was then conducted to determine the extent of collaboration among local health departments, RPCs, and the KY-ASAPs. A survey was developed to be sent to all of these agencies, submitted to the Institutional Review Boards (IRB's) of the Cabinet for Health and Family Services and the University of Kentucky for approval, and then distributed to all involved agencies once IRB approval was obtained.

When responses were received, the data was assessed to determine areas where partnerships among agencies are working to reduce initiation in middle school age children and areas where there are apparent disconnects among the agencies that prevent effective use of staff and financial resources. The data was used to identify a working model of collaboration among the local health department, RPC and KY-ASAP which is actually driven by middle school student participation.

RESULTS:

Out of the 141 surveys sent to all Kentucky Health Department Directors, KY-ASAP Chairpersons, and Regional Prevention Center Coordinators (RPC) we received a total of 39 responses, yielding a 28% response rate. The survey can be viewed in Appendix A and the following responses correspond by number.

The following results will be viewed as individual entities.

h. Other varied programs which include: contributing to monthly newsletters, assisting with national health observance events (Kick Butts Day, etc)

3. Out of 19 surveyed directors, 11 reported no barriers to partnerships with RPC and/or KY-ASAP. 8 of the surveyed directors listed interesting barriers.

Barriers:

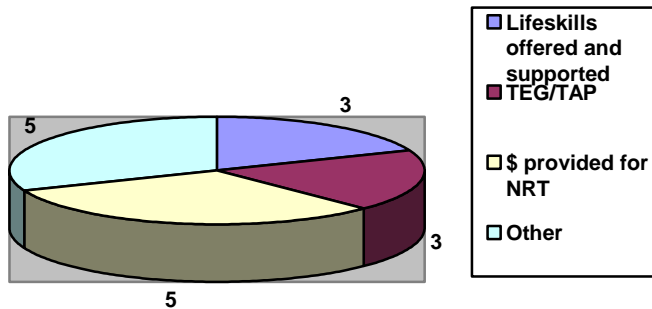
- a. There is confusion between what and where the responsibility lines lie in program development.
- b. Time constraints.
- c. Travel constraints to get to meetings.
- d. The health department perceives that they are fitting most of the bills and human resources during program implementation.
- e. Territorial lines crossed between districts/agencies - “turf battles”.
- f. Change in RPC Coordinators and inability to contact local health departments with changes. Unsure of contact person due to large turnover rate with these individuals.
- g. Other varied barriers.

4. Most beneficial piece that could be provided by KY-ASAP and/or RPC...

SHOW ME THE MONEY!!!

Other: Assistance in organizing and presenting programs, man power.

5. 14 Health Department Directors reported on-going programs offered by KY-ASAP and/or RPC that are currently assisting them in achieving their goals (Programs defined in Appendix C). The following programs were highlighted.



6. 11 of 19 Health Department Directors reported successful use of existing evidenced - based prevention programs which delay initiation of legal and illegal drugs among youth in their communities.

- a. Life Skills appeared to be the most used.
- b. Project Northland
- c. Reconnection Youth
- d. TEG/TAP
- e. Various Others to include: Cooper Clayton Smoking Cessation Program, Smart Moves, Here’s Looking at You, Celebrating Families, etc.

7. 9 Health Department Directors reported not being familiar with counter productive programs and programs that are ineffective in meeting their intended goals. 6 Directors made observances within 2 specific programs:

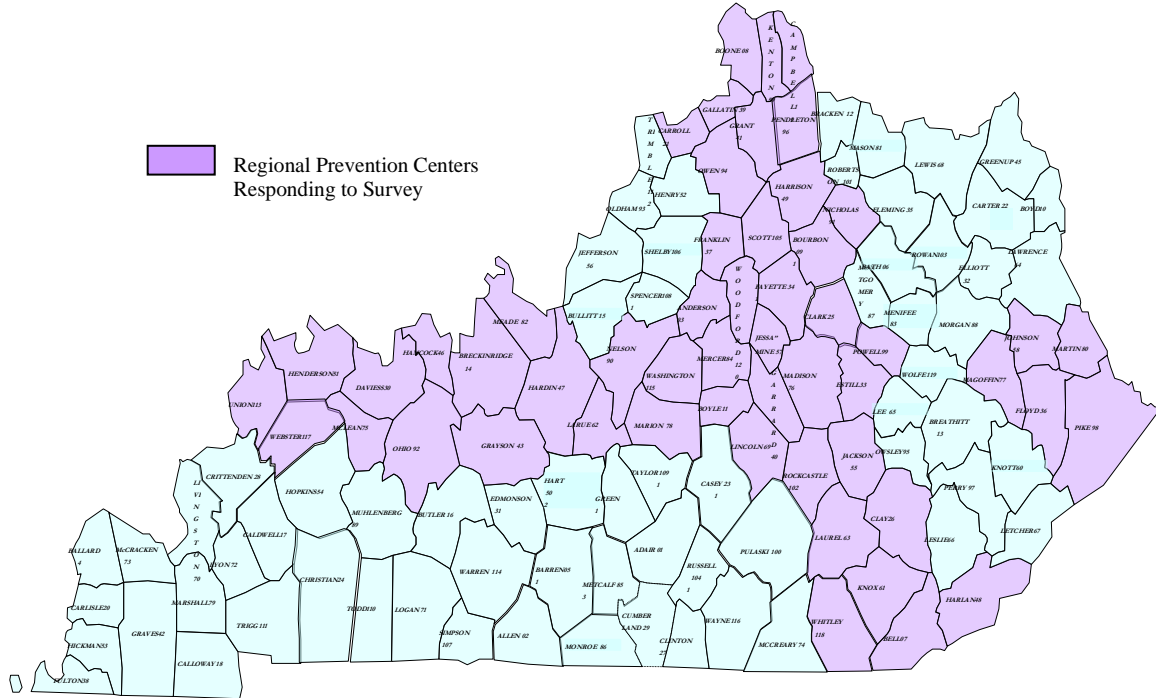
- a. D.A.R.E (Drug Abuse Resistance Education)
- b. TEG/TAP

8. Comments:

- a. Sharing resources between all 3 agencies would help decrease duplication of services.
- b. Lack of funding hampers good ideas from getting off the ground. More money!
- c. Improve partnership between these 3 agencies, please.
- d. Areas that have good working relationships within these 3 entities should share their successes.

Regional Prevention Centers (RPC):

We received survey responses from the following RPC areas.



1. All 6 of the RPC which did respond reported a current partnership with local health departments.

Health Department Partnership In Place	RPC Response
Yes	6
No	0

2. RPCs reported the following programs involving denoted partnerships with local health departments.

- a. Smoking Cessation Classes
- b. Kids Now Initiative
- c. H.A.N.D.S (Health Access Nurturing Development Services)
- d. Health Fairs
- e. Other non-descriptive programs

3. 4 out of 6 RPC Coordinators reported no barriers to partnerships. 2 stated the following perceived barriers:

- a. Not enough staff persons to implement and carryout programs.
- b. Lack of communication between the two entities.

4. Most beneficial piece that could be provided by local health departments to assist RPC goals.

SHOW ME THE MONEY!!!

Other: Assistance in organizing and presenting programs, man power, and effectively communicating.

5. All 6 reporting RPCs stated that the main program offered by health departments that assist them in achieving their goals is Cooper Clayton Smoking Cessation (Program defined in Appendix C).

6. RPCs reported successful use of existing evidenced - based prevention programs which delay initiation of legal and illegal drugs among youth in their communities. They varied in response:

- a. Life Skills appeared to be the most used.
- b. Project Northland
- c. TEG/TAP

7. 3 RPCs choose not to respond to this question, 1 RPC reported that the program success depends on the presenter and buy in from the audience, and 2 RPCs listed D.A.R.E (Drug Abuse Resistance Education) as programs that were counter productive programs and programs that are ineffective in meeting their intended goals.

- c. Turf issues
 - d. HIPPA issues/confidentiality
 - e. Not enough staff to carryout programs
4. Most beneficial piece that could be provided by local health departments to assist KY-ASAP in meeting its goals.
- a. Provide information
 - b. Provide partnerships/commit
 - c. Provide location for meetings/programs
 - d. Identify risk factors and share information
 - e. Hire good Prevention Specialists
 - f. Promote Participation
5. KY-ASAP Chairpersons reported the following programs were offered by health departments and do assist them in achieving their goals (Programs defined in Appendix C).
- a. Cooper Clayton Smoking Cessation Classes
 - b. Life Skills
 - c. Anti-Smoking Campaigns/Awareness – KY Quit and a hotline
 - d. Operation UNITE (Unlawful Narcotics Investigation Treatment and Education)
 - e. Teen Coalition Partnerships
 - f. Staff participation in Champions
 - g. Funding for staff, travel, and office supplies
 - h. MAPP (Mobilizing to Action through Planning and Partnerships)
6. KY-ASAP Chairpersons reported successful use of existing evidenced - based prevention programs which delay initiation of legal and illegal drugs among youth in their communities. They varied in response greatly:
- a. Projects through Champions
 - b. Generation Rx
 - c. D.A.R.E
 - d. “I’M Too Good for Drugs”
 - e. Connect with Kids
 - f. TEG/TAP
 - g. Lifeskills
 - h. TATU (Teens Against Tobacco Use)
 - i. Cooper Clayton Smoking Cessation Program
 - j. Masonic Model for Student Assistance
 - k. Reach Grant
7. KY-ASAP Chairpersons were split evenly down the middle when reporting on familiarity with programs that don’t work or are counter productive. 7 reported not being familiar with ineffective or counter productive programs and 7 reported being familiar with those programs that are ineffective and are listed below:
- a. Red Ribbon Week – Drug awareness prevention campaign

“We consistently see the promotion of Red Ribbon Week which we see as both ineffective and counter productive”

b. D.A.R.E

CONCLUSIONS:

In the course of our research perhaps we became too focused on the relationship between the three organizations evaluated, when there are numerous other partnerships and collaboration opportunities with faith-based organizations, civic groups, extension services and numerous others that could assist in delaying initiation of substance abuse while helping youth become resilient.

Conclusions Drawn:

1. Start IRB process today!
2. Research is not a one way street from A to Z. For example, you may be able to delay initiation of drug use but we quickly realized that sometimes you cannot prevent adolescents from experimenting.
3. Dead ends are opportunities to become creative. For example, our template became a tool to assist others in identifying programs that might work in their specific areas.
4. “Insanity: doing the same thing over and over again and expecting different results.” Albert Einstein. Several respondents spoke about funding programs that they “knew” were ineffective. It became part of their curriculum.
5. KY-ASAP looks to health departments for human resources and health departments look to KY-ASAP for financial resources.
6. There are perceived and real “turf battles” that unfortunately abort partnership and collaborative opportunities.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Debbie Bell

KPHLI has provided me with a unique opportunity that could not have come at a better time in my life. It has given me a chance to really take a good look at myself both professionally and personally and examine my strengths and weaknesses. It has encouraged me to look at my job, family, community, and world in a different manner. For me, one of the most significant changes that I have discovered since starting KPHLI is the improvement in my attitude and mindset. A positive attitude can change anything and inevitably improve any situation. This truly has changed my life and I am grateful to have been given this gift.

One of my favorite parts of the KPHLI program has been the development of friendships within my Change Master Project Team. Each member of this team brought a unique experience and expertise to this project and I have enjoyed working with each one of them during this past year.

Jennifer Bell

This past year has been a challenging, but enlightening, one for me. Because of KPHLI I learned more about myself and my leadership style than I thought possible, and I also learned how to work on some of my weaker points in order to become a better leader. The best part of my KPHLI experience has been getting to work with a great team and mentor. We have managed to support and encourage each other to get our project done in spite of some setbacks. It has been a very rewarding experience, and I am grateful for it.

Jessica Robinson

While participating in the KPHLI program this year I have learned a lot overall about Public Health. Being young, inexperienced, and having little knowledge about Public Health, it has truly been a challenge to me. KPHLI has helped me overcome these challenges while educating me with the summit sessions, assignments, conference calls, group meetings and feedback sessions. The leadership development activities, such as the Individual Development Plan has helped me with my job performance and my personal relationships as well. The Individual Development is a real significant part of KPHLI and it truly helped me develop my skills.

Being a coordinator for an after school program, which is primarily education oriented, it is sometimes hard for me to explain the importance of my program to the Public Health section of the Lexington-Fayette County Health Department. KPHLI has helped me understand the core public health functions goals and objectives. While understanding the goals and objectives, I have been able to apply these skills and knowledge to my work. It has also helped me to understand the purpose and need for my program.

Jim Thaxton

The Kentucky Public Health Leadership Institute is obviously an opportunity for personal development. However, the spin offs are probably more so. The information I gathered from the topic that my team “Cheese N’ Crackers” selected opened up grant opportunities creating numerous benefits to communities throughout Pendleton County.

A Kentucky Agency for Substance Abuse Policy grant engaged students throughout the community at all grade levels. Elementary students developed posters addressing substance abuse issues in the county including the a controversy developing around secondhand smoke, tobacco use, alcohol, illegal prescription drug use, inhalants, and recreational drugs. The Middle School students were charged with creating public service announcements addressing substance abuse. Students at the high school level created billboards and brochures that summarized county Pride Survey data. And, home-schooled students designed a t-shirt with an anti-drug message.

While implementing this grant, I was offered a scholarship to the Kentucky School – a weeklong school addressing substance abuse issues. I was free to spend the entire week focusing on drug issues affecting adolescence.

The billboard morphed into a dialogue about substance abuse using text messaging. This resulted in a second grant from the Foundation for a Healthy Kentucky funding 12 months of bulletin boards at a prime location on the major highway in the Pendleton County. Students became the major players in this project creating the text messages and designing the monthly billboards.

Appendix A: Survey of Regional Prevention Centers, Kentucky Alcohol and Substance Abuse Prevention, and Health Department Directors

Survey of Regional Prevention Centers (RPC) and Kentucky Agency for Substance Abuse Policy (KY-ASAP)

Introduction:

1. Ask to speak with the director. If director is unavailable then ask to speak to the director's assistant.
2. State who you are and your purpose.
 - We are conducting a phone survey as part of a research project being conducted by a team from the Kentucky Public Health Leadership Institute.
 - This survey will take about ten to fifteen minutes of your time and your participation is strictly voluntary.
 - If you decide not to participate, there is no penalty or loss of any benefits to you or your agency. You also have the right to stop participation at any time. We do not anticipate any risk or adverse impact to you or your agency. We also do not anticipate any benefit to you or your agency as a result of your participation, however you will be helping us identify collaboration and partnerships that might be delaying youth from engaging in substance abuse. We will not collect personal identification information and all information you provide will remain strictly confidential. We will group the responses of all surveys and destroy individual forms and no names, addresses, phone numbers or other personal identifiers will be used when we report the results. You have an option to skip or not answer questions. Do you wish to participate?
 - Ask if they have ten to fifteen minutes to respond to a few questions.
 - If yes, begin with:
 - Thank you for agreeing to participate. If you have any question about your rights as a volunteer in this research contact the staff in the Office of Research Integrity at the University of Kentucky 859-257-9428 or toll free at 1-866-400-9428.

Questions:

1. Does your agency partner with local Health Departments?
Yes / No (If no, skip to questions 3)
2. Give an example of a specific project or program where your agency partnered with the local Health Department(s)?
3. In your opinion, do you think there are barriers to partnerships with local Public Health Departments, if yes then what do you think the barriers are?

4. Again, in your opinion, what is the single most beneficial thing local Health Departments can do to assist your RPC accomplish its goals?
5. What program(s) does (do) the local Health Department(s) currently offer in your region that assists your agency in accomplishing your goals?
6. Our KPHLI team's mission is to identify existing evidenced based prevention programs that delay initiation of legal and illegal drugs among youth – what programs that work are you familiar with?
7. Are there any programs that you are familiar with that don't work? Are counter productive? Or, may work well in one area or age group and are ineffective in another?

Thank you, for your time. Feel free to contact me at 859-288-2485 if you think of anything else that may be helpful.

Appendix B: Evidence-Based Prevention Program Evaluation Tool

Program Name:	Contact Information:
In Use Since: (date)	Created by:
PROGRAM DESCRIPTION	
IMPLEMENTATION REQUIREMENTS	
<ul style="list-style-type: none"> • • • 	
APPROPRIATE POPULATIONS	
AGES:	
ETHNICITY:	
GEOGRAPHICAL AREA:	
RATED EFFECTIVE BY:	
<ul style="list-style-type: none"> • • • 	
EVALUATION TOOL COST/WHAT IS COVERED	
<ul style="list-style-type: none"> • • • 	
IMPLEMENTATION COST	
TRAINING TIME	
TRAINING COST	
STRATEGY IMPLEMENTATION	
SPECIAL CONSIDERATIONS	

Appendix C:

Top successful youth prevention programs listed by KY-ASAP, RPC, and Health Departments

Life Skills

LST is a universal program for middle school students designed to address a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and education. An elementary school version was recently developed and the LST booster program for high school students helps to retain the gains of the middle school program.

This information was obtained from

<http://www.drugabuse.gov/Prevention/examples.html>

Reconnecting Youth

Reconnecting Youth is a science-based prevention program designed as a semester-long class for at risk high-school youth. RY participants benefit by increasing school achievement, mood management and drug use control. It is a SAMHSA 'Model' program and rated as a 'Promising' suicide prevention approach by the Suicide Prevention Resource Center.

<http://www.reconnectingyouth.com/>

Project Northland

Project Northland is a multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers. Administered to adolescents in grades 6-8 on a weekly basis, the program has a specific theme within each grade level that is incorporated into the parent, peer, and community components. The 6th-grade home-based program targets communication about adolescent alcohol use utilizing student-parent homework assignments, in-class group discussions, and a communitywide task force. The 7th-grade peer- and teacher-led curriculum focuses on resistance skills and normative expectations regarding teen alcohol use, and is implemented through discussions, games, problem-solving tasks, and role-plays. During the first half of the 8th-grade Powerlines peer-led program, students learn about community dynamics related to alcohol use prevention through small group and classroom interactive activities. During the second half, they

work on community-based projects and hold a mock town meeting to make community policy recommendations to prevent teen alcohol use.

This information was obtained from nrepp.samhsa.gov/programfulldetails.asp

TAP

The Tobacco Awareness Program (TAP) is a voluntary, comprehensive tobacco cessation program. Students who want to quit using tobacco are guided through their quitting options, and supported as they implement their personal plan to stay tobacco-free.

TEG

The Tobacco Education Group (TEG) is a program for students who have been caught in violation of school rules on tobacco use. TEG provides a positive alternative to supervision or citation, and gives students the knowledge, motivation and action steps to make good decisions about tobacco use. It offers suggestions on how to cut down on their use, quit on their own, or join a voluntary tobacco cessation program.

This information was obtained from

<http://www.healthcommunities.org/STQPReduction.asp>

Project Alert

Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug social influences. The curriculum is comprised of 11 lessons in the first year and 3 lessons in the second year. Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students' interest and participation. The content focuses on helping students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist pro-drug pressures.

http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=109

Cooper Clayton

The Cooper Clayton Method is a safe and effective way to help people stay smoke-free for the rest of their lives. The Cooper/Clayton Method is a comprehensive behavioral smoking cessation program. It was started over 20 years ago by two faculty members at

the University of Kentucky. Thomas Cooper, DDS, a dentist and former heavy smoker developed the program with Richard Clayton, PhD, an expert on drug addiction. This highly successful program is science based utilizing proven methods, which include education, skills training and social support. The classes consist of 12 one hour weekly sessions followed by relapse prevention. Participants utilize nicotine replacement products such as the nicotine patch, nicotine gum, or nicotine lozenge.

This information was obtained from <http://www.stopsmoking4ever.org/>

DARE

This year millions of school children around the world will benefit from D.A.R.E. (Drug Abuse Resistance Education), the highly acclaimed program that gives kids the skills they need to avoid involvement in drugs, gangs, and violence. D.A.R.E. was founded in 1983 in Los Angeles and has proven so successful that it is now being implemented in 75 percent of our nation's school districts and in more than 43 countries around the world. D.A.R.E. is a police officer-led series of classroom lessons that teaches children from kindergarten through 12th grade how to resist peer pressure and live productive drug and violence-free lives.

This information was obtained from http://www.dare.com/home/about_dare.asp

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