

ALCOHOL EDUCATION GUIDE TO REDUCE HARMFUL DRINKING

HOW TO USE THE GUIDE

The **Alcohol Education Guide: Reducing Underage and Other Harmful Drinking** is designed as a user-friendly guide to developing alcohol education programs.

Whether you are developing a program from scratch or are applying an existing program in a new setting, the program framework presented in this website can be adapted to your needs. It includes four key stages:

- *Getting Started:* Once you identify the problem or issue you intend to address, background research will provide a thorough understanding of the issue;
- *Program Design:* An appropriate program design will help you address the issue in a targeted way. This section will lead you through the process of determining what you want the program to achieve and how you will achieve it;
- *Implementation:* Comprehensive program design also includes clear implementation steps and a plan for carrying out the program;
- *Evaluation:* As an integral part of both program design and implementation, evaluation will help you determine if the program achieved its goals.

Two other sections of the Guide provide supportive and complementary resources.

- **INTRODUCTION** provides a background to the development of the Guide.
- **PROGRAMS** includes examples of good practice in alcohol education programs. Links to detailed descriptions of each program and, where available, links to the program's website are included.

1. INTRODUCTION

A Background to Alcohol Education Programs

Targeted prevention programs around alcohol aim to reduce potential harms around drinking by focusing on three elements of drinking patterns:

- **“At-risk” individuals**
- **Risky behaviors**
- **High-risk contexts and settings**

These programs include school-based alcohol education, drink driving countermeasures, prevention of underage drinking, training for those who sell and serve alcohol, initiatives to reduce violence and crime, and interventions aimed at identifying and modifying harmful drinking. Virtually all alcohol harm prevention measures include an education component, whether implicit or explicit. They offer information, some through interactive approaches, to help increase knowledge, skills, or awareness, or alter perceptions in order to reduce harmful drinking behaviors and outcomes.

The Importance of Evaluation

While evaluation is often considered as the final step of a program, to be implemented once the intervention has been completed, meaningful evaluation requires careful planning and should be developed alongside the intervention from its inception.

Evaluation offers a way to determine whether and to what extent a program has made progress towards accomplishing its goals and objectives. **Documented success through evaluation will provide the rationale for continuing, expanding, or adapting a program. It contributes to the evidence base of what works well in alcohol education and what does not.** Unfortunately, the successes of many education programs remain undocumented, largely because they have not been properly evaluated.

Background to the Guide

The Alcohol Education Guide was developed in order to facilitate a structured and comprehensive approach to alcohol education. It takes into account lessons learned from other fields where the utility and effectiveness of educational efforts are widely accepted, including prevention of obesity, HIV/AIDS, violence, drug use, and road traffic crashes.

An expert [advisory group](#) assisted with the conceptual design of this Guide, and in the selection of those alcohol education programs included as examples of good practice in the [Programs](#) section of this document.

2. GETTING STARTED

Getting started on your program begins with getting to know your issue and how to go about addressing it. **The success of any program depends on careful background, or formative, research into the alcohol-related problem you would like to change and your *target audience*.** This first step is often taken with your program's stakeholders. It is an essential step that will help you design, implement, and evaluate your program more effectively.

This formative research section of the Guide will help you:

- Gain a thorough understanding of the problem to be addressed;
- Know your target audience;
- Define your program goal;
- Anticipate potential obstacles and challenges to your program; and
- Consider some of the elements of your program's strengths, weaknesses, opportunities and threats.

2.1 Program Goal

One of the first steps in program planning and design is identifying the issue you would like your program to address and defining your overall program goal. Defining your program goal involves clearly identifying the following:

1. The **needs or problems** to be addressed by your program, and
2. The **purpose** of your program.

Identifying the ***target audience*** for your program, the **behaviors** it will directly or indirectly address, or the **settings** in which it will be applied further helps to set a well-defined goal for your program, describing the issue you wish to address.

Some examples of each are provided below:

Target audience, focusing on "at-risk" groups

- Young people (ages 18-25)
- Underage people (under legal drinking age, as defined in a given jurisdiction)
- Pregnant women
- Binge or heavy drinkers
- Marginalized groups

Behaviors

- Heavy drinking patterns
- Drinking and driving
- “Binge” drinking
- Drinking during pregnancy
- "Pre-loading"

Settings where risk may be high

- Workplace
- Festivals, events, or public celebrations
- Drinking establishments
- Urban entertainment areas
- Spring Break destinations for young people
- Fraternity or sorority social functions

At this step, you can begin to define your program goal by focusing on a particular target audience, alcohol-related behavior, high-risk setting, or a combination of these. In the Program Design section, you will expand on this program goal by exploring and incorporating additional key components of your overarching program goal in order to define detailed objectives.

Some examples of program goals are below:

- Reduce binge drinking among young adults in bars or nightclubs;
- Reduce underage drinking among high school students;
- Increase awareness of the dangers of pre-gaming / pre-loading drinking behaviors before sporting events;
- Increase awareness of the effects of alcohol on driving;
- Increase awareness of drink driving laws and BAC limits;
- Reduce alcohol sales to minors;
- Reduce number of alcohol-related road accidents;
- Correct misperceptions overestimating the drinking norm of peers regarding frequency of alcohol consumption or quantity of alcohol typically consumed;
- Change attitudes, beliefs about binge drinking.

2.2 Background Research

Once you have identified the alcohol-related issue your program intends to address and have defined your program goal, the next step is to conduct background research to help inform and substantiate your desired program goal. This involves looking for available local data, reviewing existing programs that have attempted to achieve a similar goal, conducting a literature review, and gaining an understanding of the factors that may influence the success of your program.

The following pages of the Guide will lead you through these steps:

- Find available data;
- Research existing programs;
- Explore relevant cultural factors;
- Identify potential obstacles and challenges;
- Consider potential unintended consequences.

A literature review, although seemingly academic, will help you find information that will be useful for these steps. The [International Alcohol Information Database](#) is one comprehensive resource that can help with your background research. A European version (in French and English) of an alcohol research database can be found in the [Institut de Recherches Scientifiques sur les Boissons](#) website.

2.3 Available Data

Gathering available information will help you understand the alcohol-related issue you have identified. It can also help to establish a baseline against which to measure outcomes at the end of your program. Obtaining **baseline data** will provide you with up-to-date information on the status of the issue before the program is implemented.

Background information can be derived from official records and statistics, media reports, and other sources.

Are any of these types of primary data available for the target group, setting, or behaviors you are examining?

- Incidence rates (e.g. of underage drinking, drink-driving, binge drinking);
- School records (student population, discipline records);
- Police records (arrests, deaths, crime statistics);

- Hospital records (ER admissions, casualties);
- Road safety records (accidents, fatalities, injuries);
- Actual population norms or perceptions of norms, either injunctive norms (acceptability of drinking and related attitudes about alcohol use) or descriptive norms (typical behavior of others);
- Knowledge or attitude about drinking risks and protective factors;
- Existing rates of alcohol use or drinking patterns.

Are any of these types of secondary data available? Some of these may have an impact on the outcome of interest and would be important to include in your data analysis.

- Population per square mile / kilometer
- Rural / urban population distribution
- Unemployment rate / socioeconomic level
- Racial / ethnic composition
- Religion practiced
- Number and density of alcohol outlets
- Number of cars and other motorized vehicles per capita
- Number of police check points

If no data are available for your particular *target audience*, consider developing a questionnaire to collect data related to the outcomes of interest to your program so that you will be able to create a baseline. This will become your *pre-intervention questionnaire*. At the end of your program implementation phase, you can use the same items in this questionnaire to administer a *post-intervention questionnaire* in order to measure the progress of your program.

Depending on the nature of your program, background information can also be obtained from structured or *semi-structured interviews* and *focus groups*.

2.4 Existing Programs

An important part of formative research also includes **understanding what programs have already been implemented** to address a similar issue, and what elements of those programs have been shown to be effective in obtaining desired outcomes.

You don't always need to create an entire educational program from scratch. You may be able to adapt an existing program in its entirety, or you may be able to adapt or build on a few of its relevant components, or use materials that suit your [target audience](#) or setting.

The [Programs](#) section of this document includes guidance on existing programs.

- The [Programs](#) section includes a list of alcohol education programs that meet a set of standards for good practice. Each program listed has a detailed information page that includes external links that provide more information.
- The [Program Adaptation](#) section addresses the various issues to consider when adapting an existing program to a new setting or for a new target audience.

2.5 Cultural Factors

Cultural and contextual factors play an important role in shaping drinking knowledge, attitudes, beliefs, and behaviors. These factors need to be well understood and taken into consideration in your program design, implementation, and evaluation.

It is important to understand the role of drinking in the culture you are addressing. Observations, semi-structured interviews, and [focus groups](#) with key stakeholders can also provide valuable information about the role of *perceived* cultural and social norms. Determining what the relevant norms are for your [target audience](#), and understanding how these norms influence behavior will help you design and implement a more effective intervention.

You can use the list below as a starting point to help you think about what cultural, social, and contextual factors may be relevant to your target audience, your program content, and the behavior(s) that you will be attempting to measure.

Examples of potential factors influencing drinking behavior:

- Socially acceptable drinking behaviors;
- Attitudes about young people and drinking;
- Attitudes among young people about drinking;
- Perceptions of acceptance;
- Perceptions of normative behavior;
- Alternatives to drinking;
- Availability of alcohol in the community
- Enforcement of alcohol purchasing and drinking regulations.

2.6 Potential Obstacles

An essential prerequisite to successful programs is the ability to anticipate obstacles that may arise and how to address them. Planning should include strategies for dealing with potential obstacles and challenges to program implementation.

One way to identify these challenges is by using semi-structured interviews or **focus groups** with key stakeholders in the early planning and design stages. This will also foster the development of strategies to overcome them.

Creating a **program timeline** that covers the program design, implementation, and evaluation stages can help you anticipate potential challenges. A timeline can help you visualize the entire program from start to finish, including its many components and what your staffing and other resource needs will be at each step.

Program design and implementation present challenges that you can't always anticipate. Be prepared to address new issues as they arise, and be flexible enough to make adjustments.

The list below includes potential obstacles to implementing your program, as well as some of the challenges that you may face around its delivery or acceptance.

Potential obstacles and challenges:

- Psychosocial / cultural barriers to addressing issue;
- Cultural obstacles;
- Normative (mis)perceptions;
- Available time;
- Literacy levels;
- Motivation (incentives for participation);
- Physical constraints;
- Resource and funding limitations;
- Recruitment parameters;
- Data storage;
- **Informed consent / assent**;
- **Confidentiality**;
- Accessing **"hard to reach" groups**;
- **Reluctance to collaborate** among parents or other stakeholders;
- National or local politics;

- Conflicts of interest;
- Poor experience of previous similar programs.

2.7 Unintended Outcomes

Whatever the issue and your approach to addressing it, the program may result in some outcomes that were not intended.

These outcomes may be positive or negative.

A negative outcome could be that while an intervention targeting high-risk behavior might reduce the intended behavior, it might result in an increase in another high-risk behavior.

On the other hand, a program or intervention could also have positive unintended outcomes. For example, the reduction in a targeted high-risk behavior might also encourage a simultaneous reduction in another high-risk behavior.

Unintended outcomes can have an impact on how outcomes are interpreted and can even compromise the whole program. Therefore, if you can anticipate some of these, particularly the negative ones, you can attempt to mitigate their possible impact on the validity of your results and their interpretation.

Some other unintended consequences to consider include stigmatization of program participants or misinterpretation of intended program messages. A program may also have differential and unwanted effects on different sub-groups of participants. For example, men and women or participants across various socio-economic groups may relate to the program approach or content differently, and show divergent trends in measured outcomes.

2.8 Partners

Partners are essential to developing sustainable programs. Partners can bring particular expertise to your program and enhance its credibility. Building partnerships can strengthen the resources, tools, and experience to effectively implement your program, and may help reduce your project's dependence on external agents to carry out project tasks.

Working in partnership means sharing roles and responsibilities to build a base of support and commitment to achieve your program goals. Partnerships can strengthen ownership in and sustainability of the program. It is always a good idea to include partners in the early stages of your program planning in order to ensure their full commitment and engagement.

In deciding on partners to include, you should:

- Identify appropriate stakeholders for your program;
- Consider how they will meet your program's needs and enhance its implementation;
- Define partner roles and responsibilities in a [Memorandum of Understanding](#)
- Ensure that there is good representation of all relevant stakeholders among your program partners

2.9 Resources

Understanding what resources you have at your disposal will help you delineate the type, scope, and size of your project. Be realistic, be creative, and use your partners and stakeholders. They can help you with the design of your program, and also with securing necessary resources and expertise.

Remember that resources come in different guises. They can be financial, or in-kind, such as volunteer staffing, physical venues, or donated time, services, or equipment.

- **Financial support** can come from any entity that has an interest in seeing the project succeed. Consider private sources like retailers, producers, foundations, and local enterprises, as well as public funding or grants.
- **In-kind contributions** can be equally valuable. A local public relations agency may agree to donate design expertise for a website or poster; a school might make available staff or teachers to implement a skills-based intervention; a local cinema may agree to air program materials for free or advertise an intervention; a local university might agree to provide personnel to conduct an evaluation at no cost.

Identifying potential obstacles or challenges related to resources will help you to plan and prepare for unexpected events. During your formative research and planning, discussions with stakeholders can help you to assess possible resource-related barriers and challenges that may arise.

Stakeholders may also suggest solutions. Use a checklist of possible barriers when you hold discussions with stakeholders and ask them to add any others they foresee.

Resource limitations and challenges to consider:

- Lack of financial resources to adapt the program (e.g. translation of materials, production of culturally appropriate visual material);
- Lack of trained personnel or lack of resources to adequately train personnel to deliver the program (teachers, peers, other messengers);

- Competition with other priorities for time; reluctance to implement a program which takes up more time than the school (or other setting) wants to provide;
- Competition for available space (if a physical location is needed for program-specific activities);
- Lack of resources to adequately cover both implementation and evaluation.

3. PROGRAM DESIGN

Program design involves fine tuning and applying what you learned during the formative research stage. Once you have completed this preliminary research, you will have a better understanding of the issue you are addressing and how best to approach it. You will be ready to start designing and planning the specifics of your program.

This section will guide you through the core elements of good program design and will provide resources that can help you along the way.

This section will help you:

- Ground your program in a *theory of behavior change*;
- Identify the components of your program;
- Define your program objectives;
- Create a program budget;
- Create a program and evaluation timeline.

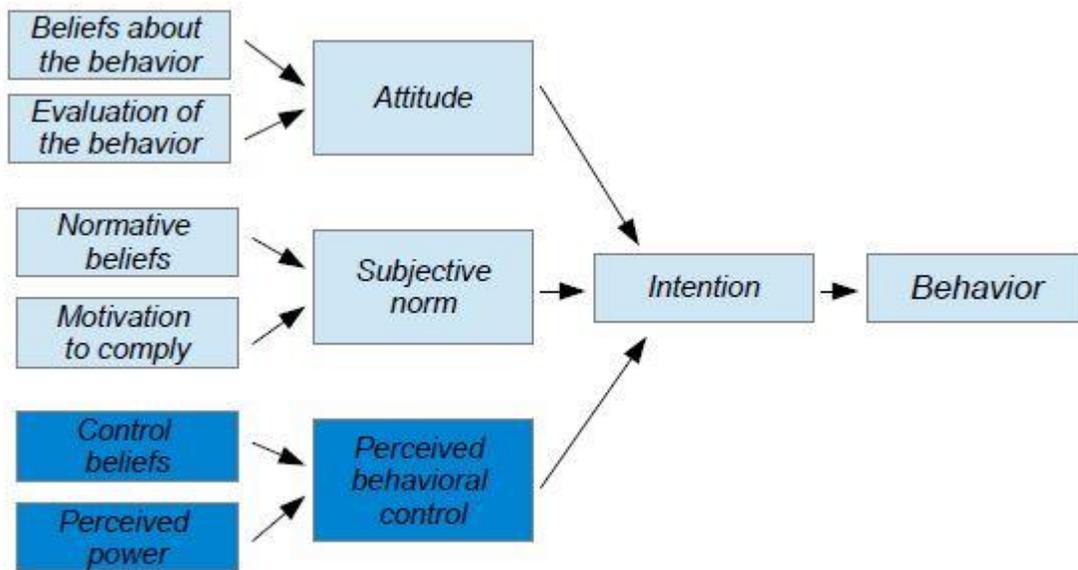
3.1 Theories of Behavior Change

This section may seem very theoretical to be directly useful, but it is actually more relevant and helpful than you may think. Grounding your program design in a *theory of behavior change* will provide a rationale for why and how a given program will achieve, or show progress toward, your identified objective.

A theory of behavior change can help you to **identify the point at which an intervention is most appropriate or is likely to have the greatest impact**. Behavior change can take a long time, and can be difficult to demonstrate, especially for small programs or in the short term. Theories of behavior change can help identify **intermediate steps or milestones** during progress towards behavior change and can help fine-tune program objectives.

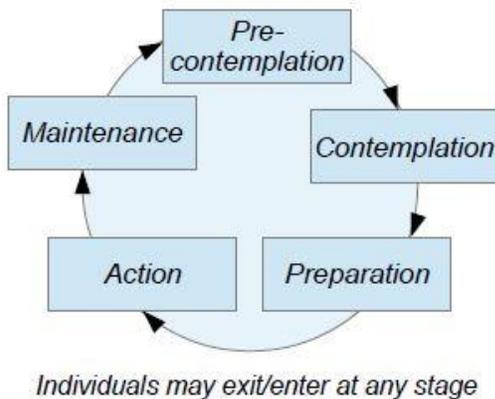
Some prominent theories of behavior change are presented here, but there are other prominent theories that may be more relevant to your alcohol-related issue. The links provided in the **Resources Sidebar** will take you to more detailed sources of information on theories of behavior change.

The diagram below shows the [Theory of Reasoned Action](#) and the [Theory of Planned Behavior](#). The **Theory of Reasoned Action** suggests that changing attitudes, beliefs, or motivations leads to *changes in intention, and ultimately to a change in behavior*. A program based in this theory could, for example, focus on changing beliefs about drinking as a necessary preliminary step toward changing behavior. The **Theory of Planned Behavior** adds an element of perceived control over one's own behavior, suggesting that a person may work harder to change a behavior if they believe that they have a high degree of control over it.



Light blue area shows the Theory of Reasoned Action; full figure shows the Theory of Planned Behavior

The underlying theory behind the Stages of Change, or [Trans-theoretical Model](#) (TTM), is that behavior change is a dynamic process that individuals may cycle through, entering, exiting, and re-entering the stage-of-change process in order to establish and maintain a desired behavioral outcome. Because different processes are at work at different stages of change, individuals may benefit most from different approaches, types of information, and interventions specifically targeted for that stage of change.



3.2 Program Components

Identifying necessary **program components** helps you clarify what you want your program to achieve and how.

Start by considering the overall goal of your program. This is the issue, in broad terms, that you want to address and that you researched in the formative stages. The goal is like your program's mission statement.

Next, how would you describe the change that your program or intervention intends to make?

With these in mind, you can begin to identify the components that define specific and measurable objectives.

A useful way to remember what is necessary when defining an objective is to make it **SMART**:

Specific: Target a specific area for improvement. This includes defining the following components:

- **Who** (*target audience*)
- **Where** (Setting)
- **What** (Content, or approach and activities)
- **How** (Mode of delivery)

Measurable: Include a numeric or descriptive measure that addresses how you will know that your objective has been met.

Achievable: The objective needs to be attainable with the resources (staff, money, time) available.

Relevant: Address risk and protective factors relevant to the target group.

Time bound: Define the time period during which your objectives will be achieved.

In the following pages, we will explore and identify each of these important components of your program objectives, beginning with the **who, where, what, and how**.

3.3 Target Audience

In the formative research section, you thought broadly about your *target audience*. Now is the time to be specific.

You may only have a single target audience whom you hope to reach. However, your program may also have a secondary audience.

How broad or narrow your target audience is will determine the type of program you select. For example:

- *Universal programs* are directed at whole populations without differentiating between group;
- *Selective programs* may target groups at increased risk for harm;
- *Indicated programs* may target individuals engaged in the risky behavior or with early emerging problems.

Who will be reached by your program or intervention?

Below are some useful examples of target audiences:

- General population (men, women, both men and women);
- Children younger than 10 years of age;
- 10 - 14 year old children, or students;
- Middle school students;
- High school students;
- Young adults / University students, 18 - 21 years old;
- Parents;
- Teachers or coaches;
- Adults of legal drinking age;
- Particular sub-groups (e.g. athletes, social organizations, males / females, ethnic / racial groups, socio-economic groups);
- Vulnerable populations (underage youth, pregnant women, marginalized groups);
- Servers and retailers

- Practitioners;
- Community members or leaders.

The examples above are broad categories that may include your target audience, but you may want to narrow the focus by gender, age, ethnicity, educational level, or any number of other variables.

When you describe your program’s target audience below, be as specific as possible. For example, your target audience might be as specific as female students 12 - 14 years old at ten public schools in Mexico City.

3.4 Setting

Which setting(s) would best suit your program content and target audience?

Consider where you want your program to take place, bearing in mind your target audience.

Consider where you are most likely to reach them with your program and its content and to hold their attention.

The input of other stakeholders and of your partners is important in identifying an appropriate setting, as is your formative research.

Some examples of useful settings for programs to reduce alcohol-related harm include:

- Schools
- Extra-curricular clubs or organizations
- School clubs or community organizations
- Athletic events or practices
- Family and home environments
- Religious organizations
- Licensed premises
- Local government / law enforcement departments
- Primary health care settings
- Online / Internet
- Media (including social media)

3.5 Program Content

Determining what your program content should include involves careful consideration of your desired outcomes. To ensure the greatest chance of success, content needs to be relevant to your **target**

audience so that they are responsive to it. Content also needs to be acceptable to the stakeholders involved and the community in which the program will take place.

As a first step, it is beneficial to get feedback from all those who may influence your program using **focus groups**, **questionnaires**, or **semi-structured interviews**.

In designing your program content, you will need to consider **what information** you want to convey and **the approach** you will use to do so. Keep in mind that a **multi-component strategy** may be more effective than a single approach in achieving your desired outcomes.

What kind of information will your program impart? The following are some possible examples, but there may be others that are equally relevant.

- Clarification of social norms, peer norms
- Facts about alcohol:
 - Alcohol's effects on the body
 - Legal drinking or purchase age legislation and regulations
 - Standard drink size information
 - Legal minimum BAC limits and enforcement
 - Responsible sale and service
- Life skills / Parenting skills
 - Protective or moderation strategies
 - Alternative activities to drinking
 - Resilience training
 - Self-control building
 - Rule-setting
 - Setting attitudes around drinking

How will you convey this information? It is important to select the approach most likely to bring about the change you want to see. If, for example, you want to delay the age of first drink among middle school children, you may choose life skills training as the approach in order to provide the protective behavioral strategies needed to resist peer pressure to drink alcohol.

What type of approach will you use?

- **Social norms campaign or feedback**, including:
 - Comparison of perceived and actual norms;

- Challenges to misperceptions about prevailing norms.
- **Life skills training**, including approaches to:
 - Improve alcohol knowledge
 - Foster self-efficacy
 - Build resilience
 - Strengthen refusal skills
 - Enhance communication skills
- **Screening and brief interventions** in order to:
 - Advise and assist "at risk" individuals; set personal goals; provide support
 - Provide motivational interviewing
 - Offer personalized feedback on consumption, alcohol-related risks and problems, moderation strategies
 - Incorporate normative feedback
- **Systems-based, community, or environmental**, including:
 - Encouragement of change to policies, enforcement, and other structural elements that influence the alcohol environment.
- **Participatory approach**, which aims to:
 - Actively involve students in developing their own knowledge
 - Enable students to influence project content
 - Render students action-competent
- Multi-component approaches
 - Identify a suitable combination of approaches.

3.6 Mode of Delivery

Having completed the formative research and having identified the content of your program, you are now able to determine the best method for delivery. The **choice of the method should take into consideration the characteristics of your target audience** in order to decide what will likely work best. For example, a web-based interactive program may not be ideal for elderly populations (who have less experience with computers) or lower income populations (who may not have access to the internet or computers), but may be ideal for college students.

Take a moment to consider which of the following modes would most effectively deliver your program content to your target audience:

- School curriculum materials
- Peer-to-peer workshops
- Facilitated role playing
- Web-based interactive programs
- Theater or dramas involving community participation
- Trainings
- Mass media and television programs
- Distribution of printed materials
- Combination of some or all of the above

Keep in mind that **multiple delivery modes may be more effective than a single mode**. It is also possible that you may decide to choose one mode of delivery for a primary audience and another mode of delivery for a secondary audience.

3.7 Defining Your Objectives

Once you have a good understanding of the alcohol-related issue you are addressing, the [target audience](#), and the [setting](#), most appropriate [approach](#), and [mode of delivery](#) for your program, you are in a position to fully articulate the **objective(s)** of your program.

Having detailed program objectives will allow you to move on to developing all of the other tools and parts of your program including:

- Program budget
- Program and evaluation timeline
- Study design
- Evaluation plan
- Outcomes and indicators

3.8 Write Your Program Objectives

Using the following example as a guide, and drawing from the program objective components you described in earlier pages of the Program Design section (previous page), construct a detailed objective or set of objectives to meet your program goal. Remember to make them **SMART**: Specific, Measurable, Achievable, Relevant, and Timebound.

For example, a program with the goal of delaying drinking initiation might have the following objectives:

Objective 1: To reduce the proportion of students 12-14 years old in [location or school] who believe drinking underage is acceptable from 50% to 40% over a one-year period.

Objective 2: To reduce the proportion of students 12-14 years old in [location or school] who had ever consumed alcohol from 20% to 15% over a three-year period.

Objective 3: To increase the percentage of middle school teachers in [location or school] whose self-rated efficacy around delivering alcohol curriculum is "good" or "very good" by 25% over a one-year period.

3.9 Budget

In the [Background Research](#) section you assessed the resources available to address your program goal and considered some of the challenges. Now that you have identified the critical components of your program you can create a detailed budget to help ensure that you have adequate resources to carry out your project.

A budget worksheet can help you identify all of the components of your program that will need to be addressed.

When completing your budget worksheet, pay special attention to the personnel skills (both yours and those of your partners) required for program implementation and evaluation. Some additional training might be necessary.

Potential program costs to consider for inclusion in your budget:

- Personnel;
- Training (evaluation team, project implementers, champions, teachers);
- Material design and production (website, posters, scripts, manuals);
- Travel (where appropriate);
- Project materials or curricula;
- Translation fees (where needed);
- Physical space;
- Technology needed to implement or deliver the program;
- Equipment and supplies;
- Evaluation (external is preferable);
- Communications or media to disseminate report and findings.

Remember that many resources may be available as in-kind contributions from potential partners, which can help keep costs down.

3.10 Timeline

A detailed timeline will help keep your project on track and will also help ensure that no important elements have been left out.

A **program timeline** shows when the proposed activities are to be completed, the sequence of their completion, and by whom tasks are to be completed in order to satisfy the program's desired objectives. A detailed program timeline also provides the basis for an action plan or guide to managing a project.

Some issues to consider when creating your timeline are the supervision of data collectors, the time required to transcribe qualitative interviews, the importance of database preparation, and preliminary data analysis.

Timelines can be as detailed as you want but at a minimum should include:

- Formative research;
- ***baseline data*** collection;
- Pilot start and end date;
- Materials development;
- Training;
- Full-implementation start and end date;
- Evaluation timing;
- Project reporting and dissemination.

4. IMPLEMENTATION

The Implementation stage of your program is when you put your planning and research into action. At this stage, you will focus on the actions required to start your "fieldwork," whether it is to administer a classroom curriculum, launch a mass media campaign, hold workshops, deliver training, or carry out whatever other method you have chosen to reach your desired objectives.

During the Implementation stage it will also be possible to assess the effectiveness of your program's contents, materials, and ***methodology*** through pilot testing, and to make any necessary adjustments before the full program roll-out.

This Implementation section of the Guide will help you:

- Understand the regulations regarding the protection of human subjects in research;
- Prepare for any necessary training of program staff, interviewers, or moderators;
- Prepare for and understand the requirements of piloting your program before the full-scale implementation of your program;
- Get ready to execute the full roll-out of your program;
- Establish a plan and procedures for monitoring your program during implementation.

4.1 Ethical Considerations

Since programs aimed at reducing alcohol-related harm involve people, interventions and any data collection may be required to undergo an **ethical review and approval process**. This applies equally to the programmatic and evaluation components of your educational program. The inclusion of human subjects may require the approval of an Ethics Committee or Institutional Review Board (IRB), and informed consent from participants. In the case of minors, consent may be required from their legal guardians.

It is important to understand the requirements and considerations before you begin. A human subject regulations decision tree can help you determine if your intervention requires approval or is exempt from the regulations guiding research with human subjects.

All human research should begin with the informed consent of participants. Informed consent means that a participant understands and agrees with the information described in the informed consent materials. The information required to be disclosed to a participant can vary. Determine the locally applicable ethics codes or other professional requirements for where your program will be implemented.

Informed consent materials generally include:

- A statement of the voluntary nature of participation;
- A description of the process of participant selection and, if relevant, how participants were assigned to intervention or control groups;
- Assurances of confidentiality;
- The purpose of the intervention and evaluation;
- Data collection procedures;
- Possible risks and benefits;
- Explanation of remuneration (including in kind), if any;

- Contact information for questions or help.

Formal approval to conduct your intervention at a site such as a school, community center, church, or other organization, may also be required before you can begin your fieldwork. Such approval may involve reporting of informed consent procedures, safeguards to protect confidentiality of participants, [survey](#) protocols, and contact information of program managers or researchers.

4.2 Study Design

To make a program meaningful and worthwhile, you will need to measure its progress and impact. In order to do so, you will need to develop data collection tools that will help you gather information on some or all of the following:

- Knowledge
- Attitudes
- Beliefs
- Behavior

How these data are collected and how changes are measured is part of the **Study Design**.

Data will need to be collected at several points:

- The first step is the collection of [baseline data](#), which are gathered *before* a program is implemented. This step is essential in order to be able to measure progress and impact. It is also referred to as collecting "pre-intervention" data.
- Once the program has been delivered, you can begin to determine changes in the relevant dimensions that are listed above. This will require a second round of data collection, immediately after the program or intervention has concluded. The information to be compiled should be the same as that collected for the baseline measurement.
- Ideally, you will also want to determine whether any changes have been sustained beyond the period during which the program was implemented. In order to assess these changes, you will need to collect data at multiple points of time beyond the intervention.

There are two methods, or study designs, for collecting data that can help you to assess program impact:

- **Longitudinal**, or panel, design; and

- Repeated **cross-sectional** design.

In a longitudinal design, the same *individuals* are followed from baseline throughout the follow-up period. In a repeated cross-sectional design, the same *population*, though not necessarily the same individuals, is sampled repeatedly at baseline, post-intervention, and each follow-up time point.

Both methods include collecting data at different points over a time period, which can be decided by the research team based on the program objectives.

Collecting Data:

The following steps will guide you through the data collection process.

More information on different approaches to collecting data, whether through [surveys](#), key informant interviews, or other means, is provided under [Data Collection](#).

1. Determine what data need to be collected, from where, and when they should be collected.

Refer back to your [program objectives](#), [program timeline](#), and your workplan. Using the measurable outcomes stated in your objectives, determine what data will be needed to inform each objective, the best source of those data, and when and how often the data will need to be collected.

For example:

Objective	Data needed	Data source	Collection date
To reduce the number of 12-14 year old students in [location or school] who believe drinking underage is acceptable from 50% to 25% over a one year period.	Socio-demographics of target population	Student survey	Pre-intervention
	Rates of drinking and drunkenness		Post-intervention
	Alcohol beliefs and perceptions		1 yr. follow-up
To reduce the number of drink-driving violations per year in [village or city] from 300 to 150 over a two year period.	DUI or related violations	Police records	Pre-intervention
	Regulations or laws in place	Legislation	Post-intervention
	Level of enforcement	Community or stakeholder survey	1 yr follow-up
			2 yr follow-up

2. Develop guidelines on how data should be collected.

If you are using a survey method, you need to ensure that all [questionnaires](#) are disseminated and all interviews are conducted under the same conditions and following the same procedures.

3. Determine your sample size and sampling procedures, if applicable.

Consulting with a statistician to help you determine the minimum sample size needed to measure your objectives is recommended.

4. Manage the logistics of collecting and storing data in preparation for analysis.

Maintaining the security of your valuable data is a critical consideration in planning and implementing your program. Where will the data be stored and who will be responsible for data maintenance? If you are collecting any sensitive or personally identifiable information about program participants, the data need to be maintained in a secure location with restricted access.

4.3 Training

Qualified staff are needed for data collection and evaluation, and for implementing your program. They may require training to ensure consistency and adherence to the program's procedures. Many potential problems in program implementation can be avoided by conducting a thorough training of those involved.

Trained program staff, teachers, or other professionals are not the only groups of people capable of successfully leading or delivering an education program. **A [participatory approach](#), characterized by the active participation of young people and / or community members, can have a significant positive affect on delivery and acceptance of your program.** Many examples of programs are available that incorporate a peer-to-peer component or a community member component. The Programs section of this document or an alcohol research literature database can help you find existing programs that utilize these approaches.

A **training manual** can serve the dual purpose of guiding the training sessions and being a ready reference for staff during the program implementation period. It is recommended that you prepare a training manual that covers data collection, evaluation, and implementation, and outlines the activities and responsibilities involved.

A training manual should include:

- Overview of program goal and objectives;
- Importance of maintaining [high fidelity](#) of program protocol;
- [Protection of human subjects](#) in research;
- Standards of practice for interviewers, facilitators, or team leaders;
- Sampling protocol;
- Interview protocol;

- The [survey](#) or interview instrument;
- Helpful information about potentially difficult or sensitive questions;
- Emergency protocol or procedures for handling difficult situations;
- Contact information for the program managers.

Training provides an opportunity for interviewers, facilitators or moderators to role play, become comfortable with the materials, ask questions, and troubleshoot potential problems with the program material, delivery, or with any interview or survey questions. It also helps make them aware of any special cultural or other considerations that may be problematic in asking specific questions or applying particular approaches.

4.4 Pilot Testing

Piloting your program will allow you to test all aspects of your intervention. If you are adapting an existing program, a pilot can help you tailor the program to the particular circumstances of your target population or context, and test both the process and its effectiveness in the new setting.

Piloting provides an opportunity to identify and prepare for the challenges of evaluating your program. Ultimately, it will enhance the scientific rigor and value of the full-scale evaluation.

Pilot testing can help assess:

- The feasibility and acceptability of the program;
- The feasibility and acceptability of the design and procedures;
- Appropriate indicators and criteria for success;
- The appropriateness and effectiveness of data collection tools and procedures.

To pilot your program, select a single site or draw a sample of your intended [target audience](#) and implement your program from beginning to end. The size of your pilot sample will depend on the size and scope of your program. In general, a pilot sample size between 25-50 participants should be sufficient for moderately sized programs.

Once the pilot-testing has been concluded, you will be able to make adjustments to your program design and may become aware of certain challenges and limitations. The pilot phase allows you to conduct a trial run without unnecessarily using up your resources.

4.5 Program Execution

Using the information you collected during your formative research and the results of your pilot test, you can further refine your program materials or protocol before proceeding with the full-scale implementation.

In addition to the steps described in the [data collection](#) process, you will also include the following during program execution:

- Provide informed consent / assent;
- Recruit participants;
- Provide incentives for participation (if appropriate);
- Administer program activities;
- [Monitor data collection](#);
- Monitor trained facilitators and interviewers;
- Ensure the security of data (collection, storage, and transfer) and the confidentiality of study participants.

Process and activity timelines (also sometimes called [Logic models](#)) are very helpful tools for visualizing the flow of your program, both during the design stage and during implementation. Using graphic representations of these various steps can also be useful in the evaluation of your program.

4.6 Monitoring

While evaluation analysis will largely be conducted after the program has been implemented, key indicators of program performance should be systematically documented during implementation.

This is a key purpose of **monitoring**, which:

- Improves effective program management by providing regular feedback about the program's performance;
- Allows data necessary to evaluate your program's outcome(s) and/or impact to be gathered.

Monitoring your program allows you to:

- Track progress towards objectives, including reaching your target population and adhering to your program timeline;
- Identify and respond to unforeseen obstacles or unintended outcomes;
- Assess program implementation and progress in order to make any necessary adjustments to improve effectiveness and program fidelity;

- Identify any potential changes in context or setting that may affect program participation or findings.

Much of program monitoring relies on **process indicators** (see section 5.1 for more information on process, outcome, and impact indicators).

Indicators for program monitoring include:

- Number of participants
- Participant characteristics (to ensure that you are reaching your [target audience](#))
- Program compliance and rates of attrition
- Materials used or distributed
- Reactions to content and delivery (from your target audience and program staff)
- Engagement by key stakeholders or media attention

5. EVALUATION

Education programs targeted at harmful drinking aim to reduce potential harms by providing information, raising knowledge and awareness, and changing behavior.

Evaluation is first and foremost about program improvement. It offers a way to determine whether a program has delivered what it was intended to, helps to identify how and why a program did or did not work, and can provide valuable information about the effectiveness of different approaches to alcohol education.

Good evaluation can also answer other important questions:

- Has the intervention worked? How well?
- Can the design and performance be improved?
- Is expenditure on implementation justifiable?
- Have lessons been taken on board for future programs?
- Can this intervention contribute to good practice?

The Evaluation section of this Guide provides an overview of what is involved in evaluating prevention programs by laying out the necessary steps and identifying available options.

This section of the Guide will help you to:

- Identify the type(s) of evaluation you need;
- Develop an evaluation plan;

- Prepare for data collection, analysis, and interpretation;
- Prepare and disseminate the findings of your program in a report.

The content for the Evaluation section is largely drawn from the [ICAP Toolkit, A Guide to Evaluating Prevention Programs](#).

5.1 Types of Evaluation

Evaluations fall into one of three categories:

1. **Process-based evaluation;**
2. **Outcomes-based evaluation;**
3. **Impact-based evaluation.**

Choosing the most appropriate type of evaluation is guided by the availability of resources, and whether the evaluation is needed for internal or external purposes. (See *Who Should Evaluate?* in the **Resources Sidebar**.)

Process-based evaluations are used to understand how a program works and the way it delivers its results. They assess the activities that are being implemented, the materials that are used, and the people reached by the program. Process evaluation also has an explanatory purpose, because it can identify reasons why a program may not have succeeded.

Process-based evaluations are intended to answer the following questions:

- What is required to deliver the program in terms of resources, products, and services?
- How are individuals implementing the intervention trained?
- How are participants selected and recruited?
- What are considered to be the program's strengths and weaknesses?
- What is the feedback from participants / partners about the implementation of the program?

Outcomes-based evaluations describe a program's achievements and are used to measure any immediate or direct effects on participants. They help to establish that these changes have occurred in response to the program.

For example, do the participants in a particular campaign know more after being exposed to it than they did before? Have their attitudes changed? Can any immediate effects on their behavior be observed?

Outcomes-based evaluations focus on the following questions:

- Which outcomes are being measured (behavior change or change in knowledge or awareness) and why?
- How will these outcomes be measured, specifically?
- Do the participants know more about the targeted subject area than before?
- Have attitudes changed?
- Can any immediate effects on participant behavior be observed or measured?
- What is the desired proportion of participants who will have undergone a change as a result of the intervention? Has this number been reached?

Impact-based evaluations look beyond the immediate effects of a program on participants and identify longer-term effects, as well as any unintended or unanticipated outcomes. The most successful type of impact-based evaluation tracks impact over extended periods of time, rather than simply examining conditions immediately before and after the intervention was implemented.

To be successful, outcomes- and impact-based evaluations require the following:

- Detailed information on the indicators that can be used to measure the desired outcomes;
- A thorough assessment of how best to gather the necessary information (see [Data Collection](#));
- A reliable and rigorous method for analyzing and reporting findings (see [Data Analysis and Interpretation](#)).

Be aware that there can be moderating variables or confounding variables to consider that may complicate analysis of the relationship between exposure to your program and the outcomes being measured. Moderating variables are variables that change the magnitude (stronger or weaker) of the relationship between two other variables. Confounding variables can obscure or confound the relationship between the exposure and outcome variables.

Both outcomes- and impact-based evaluations require information about the conditions before and after the intervention was implemented and can be further enhanced by including a control

or [comparison group](#) against which to measure the “exposed” group (i.e., the one that has received an intervention).

It is desirable to incorporate process, as well as either outcomes- or impact-based evaluation components into your program design and implementation. [Monitoring](#) the implementation process yields important data that may be used in evaluating program impact or assessing whether or not program objectives have been achieved.

5.2 Evaluation Planning

Well-designed programs include provisions for evaluation from the very outset. Evaluation planning begins in the early stages of your [Background Research](#) and continues throughout your [Program Design](#) and [Implementation](#) stages.

The integration of thoughtful evaluation planning into the program’s structure is demonstrated in the [Key Steps in Evaluation](#), which lists the decisions and steps that must be taken before, during, and after program implementation.

Terms of Reference are needed to outline what will be done, and can serve as a formal agreement, whether the evaluation is conducted internally or externally. Terms of Reference should include:

- Purpose and timing of the evaluation;
- Key questions to be asked;
- Requirements of the evaluation team (if conducted externally);
- Expected structure of the report that will present evaluation findings;
- Budget.

5.3 Data Collection

The success of the data collection phase often depends on the quality of the planning stage. How long data collection will take depends on the type of evaluation being conducted and indicators being collected (process, outcome, or impact).

Some of the most common approaches to collecting data are [surveys](#), observation, interviews, and [focus groups](#).

- **Surveys** rely on data collected through [questionnaires](#) or interviews. Surveys can be administered electronically, on paper, via telephone, or in person.

- **Observation** of individuals who have been exposed to a program can be used to assess "before" and "after" differences. For example, one could observe service practices at a retail establishment before and after the administration of a server training program.
- **Interviews** conducted in person can be structured, semi-structured, unstructured, or in-depth:
 - Structured in-person interviews are the same as questionnaire administered in-person interviews and adhere to specific questions;
 - [semi-structured interviews](#) allow more freedom to ask for additional information or clarification;
 - Unstructured interviews are even less restrictive. This type of interview is more conversational and is often used in exploratory research where little is known or understood about the topic of interest;
 - In-depth interviews allow an interviewer to go deeper into a particular topic of interest to cast light on a particularly successful or unsuccessful approach or activity, for example, in-depth interviews can help to determine the reasons for a high attrition rate.
- **Focus groups** are often used in the pilot phase of a program to gauge opinions and sensibilities and identify likely outcomes and reactions by the [target audience](#) so that the appropriate program design and evaluation instruments can be developed.

Regardless of the approach used, the data must be uniformly collected across time points.

- When conducting pre- and post-intervention assessments, it is important that the same instrument be used at each time point in order to assess change over time.
- Where feasible and appropriate, data can be collected from a control or comparison group- who have not been exposed to the intervention, but are similar to the intervention group in key characteristics-in order to make comparisons.
- This important topic, one of the key "Issues to Consider" in the Evaluation section, is covered in greater detail in the [Importance of Maintaining Uniform Data Collection Procedures](#) page.

5.4 Data Analysis and Interpretation

The purpose of the data analysis and interpretation phase is to transform the data you have collected during the implementation phase into **credible evidence** about how your program was developed and its effectiveness in achieving the program objectives.

Analysis can help answer some key questions:

- Has the program made a difference or led to change?
- How big is this change in knowledge, attitudes, beliefs, or behavior?
- Why has the program succeeded or not succeeded in changing knowledge, attitudes, beliefs, or behavior?

This process usually includes the following steps:

- **Organizing** the data for analysis;
- **Describing** the data;
- **Interpreting** the data.

One of the most important issues in interpreting your research findings is understanding how the outcomes relate to the specific activities of the program. This involves making the distinction between association and causation, and the role that can be played by confounding factors in obscuring the evidence.

Collaborating with researchers or statisticians experienced in qualitative and quantitative social sciences research is an excellent idea if your team does not have expertise in data analysis. This collaboration would serve the dual purpose of having an independent third party responsible for the analysis and interpretation of results and ensuring that the analysis portion of your program is carried out with the same level of effort and expertise that you have dedicated to all of the other stages of your program.

5.5 Reporting and Dissemination

Reporting and disseminating the evaluation results of a program is of key importance. You might use different channels and media to present the evaluation findings to reach different audiences.

Transparency adds credibility. It is important to include in your reporting where you have succeeded and where you may have failed. Sharing your results and experience will allow others to replicate your successes and avoid your failures. Reporting the changes achieved by a particular program or intervention also adds to the evidence base supporting the effectiveness of particular educational approaches.

How results of an evaluation are reported depends on the purpose of the report and its intended audience.

- Is it to be used as a basis for repeating and implementing the intervention elsewhere?
- Is it to justify funding?
- Or is it intended to demonstrate that an intervention has worked (or has not worked)?

Whatever the purpose of the reporting, *any* comprehensive evaluation report must be clear, accurate, and easily accessible to the end-user. Reports need not be academic papers published in scientific journals. They can be final reports for internal use, but all should include the following:

1. An **executive summary** presenting the main findings of the evaluation;
2. A clear **description of the program** being evaluated;
3. A **statement of purpose** of the evaluation and what was being measured (e.g., awareness behavior change);
4. A clear **explanation of the methodology** used, including data collection methods and response rates;
5. **Findings**, usually linked to particular program objectives against which performance is assessed (attention should be paid here to **association**, **causation**, and possible confounders);
6. **Conclusions**, lessons learned, unexpected outcomes, challenges and how these were addressed, and recommendations;
7. **Annexes**, including any background information on the program or evaluation that may be of interest (the terms of reference, lists of types of people interviewed, documents reviewed).

How your program results are disseminated will also help inform the presentation of the results.

- It is important to decide on the number and type of outputs expected from the evaluation (report, summary, brochures).
- More than one format may be required, depending on the intended report recipients and key stakeholders. For example, a comprehensive report may be required for program funders, while a short brochure may be sufficient to raise awareness of the activities among program target beneficiaries or others.

The most important thing about reporting evaluation results is that they be **transparent and comprehensive**.

6. PROGRAMS

6.1 GOOD PRACTICE IN ALCOHOL EDUCATION PROGRAMS

In this section of the Alcohol Education Guide, you will find a curated list of alcohol education programs that meet a set of [criteria](#) developed by the Guide's [Advisory Group members](#). These criteria are the minimum standards that a program must meet to be listed in this section of the Guide as an example of good practice in alcohol education.

In addition, this section of the guide contains information on [Program Adaptation](#).

How to Search for Alcohol Education Programs

The [Search Programs page](#) on the English-only version of the website contains all programs selected by the Advisory Group. Here you will be able to customize your search for alcohol education programs by:

- Country or region of implementation
- Alcohol-related issue
- Target audience
- Setting
- Approach.

If you would like to recommend a program as an example of good practice in alcohol education, please provide information about the program, including a link to the program website, or an evaluation report, through the [Comments? Questions?](#) Link on the website. Please read the list of Inclusion Criteria before submitting your recommendation. Submitted programs that meet all of the inclusion criteria will be reviewed by the Advisory Group and, upon approval, will be added to the Programs List and Search page.

2 OUT OF 3

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Media (including social media), Online/ Internet, University

Approach: Social Norms

Implementer: The University of North Carolina, Highway Safety Research Center

Partners: United States Department of Transportation, National Highway Traffic Safety Administration; funding from the US Department of Education

Program Overview: 2 out of 3 was developed in an effort to reduce alcohol consumption among college students, with a long term objective to reduce alcohol related motor vehicle crashes.

Program Design: The program used a social norms marketing approach in combination with blood alcohol concentration data collected from the target population during night time surveys. BAC data was used to create messaging aimed at correcting existing misperceptions regarding normative behavior among university students. For example: "Whether it's Thursday, Friday, or Saturday night, 2 out of 3 UNC students return home with a .00 BAC."¹

Program messages were delivered through First Year Student Orientation Sessions ("CTOPS"), posters, and informational website, an activity booth and promotional character ("BAC Guy") placed at an annual campus event, guest lectures in graduate classes, presentation by professors willing to introduce materials, and coordination with existing campus alcohol programs.²

Evaluation: In 1997, BAC measurements were obtained from 1,786 students between 10 pm and 3 am. This initial measurement served as the program's baseline data, and was also used to create the program social norms messaging. BAC surveys were repeated in 1999 and 2002 following program implementation.

Key findings²:

- Significant declines in the proportion of students with a non-zero BAC and the proportion with a BAC > 0.05
- Measurable campaign awareness and belief of campaign messaging
- Reductions in the average number of drinks reportedly consumed (on the night of the interview)
- Decreases in the number of interview respondents classified as heavy drinkers and in self-reports of heavy drinking

Program Website: <http://www.hsrb.unc.edu/2outof3/>

References:

1. Foss, R. D., Marchetti, L. J., & Holladay, K. A. (2001). [Development and evaluation of a comprehensive program to reduce drinking and impaired driving among college students](#) (No. HS-809 396,).
2. Foss, R., Diekman, S., Goodwin, A., Bartley, C. (2003). [Enhancing a norms program to reduce high-risk drinking among first year students](#). U.S. Department of Education.

ACROSS AGES

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Elementary school (10 years and younger), Middle school (10-14 years)

Issues: Underage Drinking

Setting: School clubs or community organizations, Schools

Approach: Community or Environmental

Developer: Temple University, Center or Intergenerational Learning

Partners: Funding from the US Substance Abuse and Mental Health Services Administration

Program Overview: Across Ages is a community based program that aims to reduce alcohol consumption and substance use among young people ages 9-13. The program pairs students with trained mentors (age 55+) in an effort to enhance protective factors.

Program Design: Students must spend 2 hours of one-on-one time with their mentor each week. They are also required to perform community service each week, attend weekly social competence training, and attend monthly weekend events for families and mentors. Social competence training uses the Positive Youth Development Curriculum (PYDC) and can be conducted in school or after school. [Program materials](#) are available in English and Spanish.

Evaluation: The original program evaluation used a quasi-experimental design with randomized pre and post-tests administered to control and intervention groups. The evaluation focused on changes in protective measures, including significant improvements in attitudes toward school and elders; the [Rand well-being scale](#); reactions to situations involving drug use; community service; self-reported alcohol consumption; and frequency of drug use.

Key findings:

At 3 years, results showed statistically significant improvements for:

- Attitudes towards school, future, and elders
- Attitudes towards and knowledge about older people
- Rand well-being scale scores
- Reactions to situations involving drug use
- Frequency of alcohol consumption and substance use (declines in frequency)

Program Website: <http://acrossages.org/>

References:

1. LoSciuto, L., Rajala, A. K., Townsend, T. N., Taylor, A. S. (1996). An outcome evaluation of Across Ages: An intergenerational mentoring approach to drug prevention. *Journal of Adolescent Research*, Vol. 11(1), 116-129.

ALCOHOL 101 PLUS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: University

Approach: Screening and Brief Intervention

Implementer: Foundation for Advancing Alcohol Responsibility (FAAR) (formerly the Century Council)

Partners: United States Department of Education; National Institute on Alcohol Abuse and Alcoholism; National Collegiate Athletic Association; and the BACCHUS and GAMMA Peer Education Network

Program Overview: Alcohol 101 Plus aims to increase awareness surrounding alcohol consumption and promote safe and responsible decision making regarding alcohol consumption among college students at university campuses.

Program Design: Based on the interactive CD-ROM program, Alcohol 101, is designed to help prevent the misuse of alcohol on college campuses. Set on a virtual campus, it uses Sony game technology, video scenarios and 3D animation. Alcohol 101 Plus addresses issues concerning alcohol poisoning, sex, alcohol and student athletes, freshmen, Greeks, judicial policy offenders and

DUI offenders. The online version features the B4Udrink tutorial, which provides users with information about how alcohol can affect their body, friends and campus life.

Evaluation: An independent evaluation of Alcohol 101 Plus was conducted by the National Research Council. The evaluation used a pre and post-test (at 30-60 days following the intervention) in addition to intervention and control groups. The evaluation assessed 13 measures of knowledge, attitude, and behaviors regarding alcohol consumption.

Key findings¹:

- Results showed statistically significant gains in all knowledge content areas: the effects of drinking; awareness of legal consequences; self-reported alcohol management strategies; and awareness of campus resources
- Alcohol behaviors did not show statistically significant changes, evaluators suggest the need for a stronger "dose" of the program.

Program Website: <http://responsibility.org/college-students-and-drinking/alcohol-101/>

References:

1. National Research Center (2006). [Alcohol 101 Plus program evaluation: Report of results](#). Boulder, Colorado: Author.

ALCOHOL EDUCATION PROJECT CHINA

COUNTRY: CHINA

REGION: WESTERN PACIFIC

Target Audience: High school (15-18 years old)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: University of Nebraska - Lincoln

Program Overview: This alcohol education project was implemented in an effort to reduce risky alcohol consumption behaviors among 10th and 11th grade students in Wuhan, China.

Program Design: The program used a school-based curriculum administered by teachers. The program attempts to improve knowledge, correct misperceptions, and enhance refusal skills.

Program curriculum included seven modules taught in four 45 minutes class sessions, over a four week period.

Evaluation: Pre and post-test questionnaires were used to assess changes over time. Additionally, a six-month follow up questionnaire was administered. Questionnaires consisted of three main sections: the Chinese Alcohol Expectancy Questionnaire (CAEQ), the Chinese Alcohol Self-Regulation Self-Efficacy (CASSE) Questionnaire, and 32 question knowledge test.

Key findings: At one week post-intervention, some effects were observed for knowledge about alcohol, positive alcohol expectancy, alcohol self-regulation self-efficacy, and drinking behavior; however, only the effects on knowledge about alcohol were still significant at six-month follow up.

These findings indicate the need for booster sessions, following administration of the base curriculum.

References:

1. Zhang, Y. (2009). [*Effects of an alcohol education program for high school students in Wuhan, China*](#). A dissertation presented to the faculty of the Graduate College at the University of Nebraska.

ALCOHOLEDU

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Online/ Internet, University

Approach: Life Skills

Developer: Everfi

Program Overview: AlcoholEdu is an alcohol abuse prevention program delivered through an interactive web-based format for the purpose of reducing the harm associated with student alcohol abuse.

Design: AlcoholEdu consists of 5 online chapters. Chapters 1 and 3 address alcohol expectancies as related to peer influence, advertising, and behavioral and legal consequences of excessive use. Chapters 2 and 4 introduce students to concepts of blood alcohol concentration and the physiological parameters of alcohol use. Chapter 5 presents ideas of self-efficacy as related to safe

and responsible drinking. Content includes video, static content information, interactive web pages including decision trees and brief feedback, and reflective journaling. Within the website's linear design are customization features based on participants' gender and drinking status.

Evaluation¹: The program was evaluated at post-test using a clustered, randomly assigned group of 20,150 students. Looking at students assigned to both control and intervention groups, analyses examined the efficacy of the intervention program among different groups of students, with particular emphasis on high-risk groups; those in Greek life, those referred because of judicial sanctions, and freshmen. Students were notified of the existence of AlcoholEdu by the administrator of their campus via email, which directed them to the website to complete a pre-survey and then the program itself. 4 to 6 weeks later students were sent an email to complete a post-survey.

Key Findings: Analyses demonstrate that intervention groups experienced:

- fewer negative alcohol-related consequences,
- fewer days of heavy consumption,
- a lower prevalence of intentional risky behavior, and
- increased disagreement with positive expectation of alcohol use.

High-risk groups in the intervention group trended consistently with other groups, with freshmen displaying the greatest effect size¹.

A study simultaneously evaluating the effects of AlcoholEdu and e-CHUG at a university in the United States found both programs reduced alcohol consumption at follow-up. However, only AlcoholEdu was shown to decrease alcohol-related consequences².

Website: <http://www.everfi.com/substance-abuse-prevention>

References:

1. Wall, A. F. (2008). [Evaluating a health education web site: The Case of AlcoholEdu](#). *Naspa Journal*, 44(4), 692-714.
2. Hustad, J. T. P., Barnett, N. P., Borsari, B., & Jackson, K. M. (2010). [Web-based alcohol prevention for incoming college students: A Randomized controlled trial](#). *Addictive Behaviors*, 35(3), 183-189.

ALL STARS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Schools

Approach: Multi-Component

Developer: Dr. William B. Hansen, Tanglewood Research, Inc.

Program Overview: All stars uses a classroom based curriculum in an attempt to reduce alcohol consumption, drug use, sexual activity, and violence among middle school students.

Program Design: The classroom curriculum is based largely in Social Learning Theory, and attempts to reduce high risk behaviors through four main tactics:

1. Influencing perceptions related to alcohol, drugs, sex, and violence
2. Increase normative beliefs regarding abstinence
3. Asking students to make personal commitments to abstain from drugs, sex, and violent behavior
4. Promote stronger attachments between students and their schools

The curriculum is designed to be used by trained specialists or teachers. Teachers or specialists deliver lessons to whole classrooms, small groups, and to individuals in one-on-one sessions. Materials incorporate interactive components like debates, games, and discussions.

Evaluation: Program effects on changes in behavior were evaluated using a randomized controlled study of 14 middle schools and 1,655 students. Five schools were randomly assigned to use specialists, three used teachers, and six were controls. Questionnaires were used to assess alcohol consumption, drugs use, sexual activity, violence, and mediating behaviors at pre-test, post-test, and one year follow up.

Key findings¹: The evaluation found that students participating in the All Stars curriculum, compared to control students reported statistically significant:

- Reductions in alcohol consumption
- Lower rates of cigarette and inhalant use

Significant effects were not observed for marijuana use or sexual activity.

Program Website: www.allstarsprevention.com

References:

1. McNeal, R. B., Jansen, W. B., Harrington, N. G., & Giles, S. M. (2004). [How All Stars works: An examination of program effects on mediating variables](#). *Health Education & Behavior*, 31(2), 165-178.

ATLAS (ATHLETES TRAINING AND LEARNING TO AVOID STEROIDS)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old)

Issues: Underage Drinking

Setting: Athletic events or practices, Schools

Approach: Life Skills

Implementer: Oregon Health & Science University

Program Overview: The ATLAS programs main aim is to reduce the use and intentions to use anabolic steroids among high school aged male athletes in Portland, Oregon. In addition to anabolic steroids, the program also provides information and teaches refusal skills related to alcohol and illicit drugs.

Program Design: ATLAS is a two part program, based on social learning theory, which is incorporated into athletic training sessions. The first part of the program is a classroom curriculum which addresses anabolic steroid use as well as alcohol consumption and illicit drug use. The curriculum was administered by coached and volunteers in 45 minute sessions which included activities and small group exercises. Coaches also selected and trained peer leaders to assist with the training. The second part of the curriculum was a weight-room skills training exercise with a stronger focus on anabolic steroid use and the importance of healthy physical activity.

Evaluation: The evaluation included 31 schools and 3,200 students in the Portland, Oregon area. Schools were matched based on demographic factors and then randomly assigned to either the control or intervention group. Questionnaires included measures to assess a number of factors related to knowledge and beliefs regarding anabolic steroid use as well as alcohol consumption and illicit drug use. Alcohol and drug questions were modeled after the national [Monitoring the Future](#) survey. Surveys were administered

Key findings¹: Evaluation results showed a number of statistically significant findings, ATLAS participants showed:

- Reduced use of anabolic steroids at post-test and one year follow up
- Lower impulsivity scores at post-test and follow up
- Higher reported self-esteem at post test
- Lower rates of alcohol, marijuana, amphetamines, and narcotics use at one year follow up

Program Website: <http://www.ohsu.edu/>

References:

1. Goldberg, L., MacKinnon, D. P., Elliot, D. L., Moe, E. L., Clark, G., & Cheong, J. W. (2000). The adolescent training and learning to avoid steroids program: Preventing drugs use and promoting health behaviors. *Archives of Pediatric Medicine*, Vol. 154(4), 332-338.

BI-CULTURAL COMPETENCE SKILLS PROGRAM (BCSP)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Elementary school (10 years and younger)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: Columbia University School of Social Work; Delta Consulting Group

Partners: The National Cancer Institute, the National Institute on Drug Abuse, Columbia University School of Social Work, the Delta Consulting Group, and the cooperation of a number of Native American tribes

Program Overview: BCSP was developed to prevent substance abuse among Native American youth through skills and community-based approaches.

Program Design: BCSP comprises fifteen 50-minute weekly sessions led by Native American counselors. Each session involves instruction, modeling, and rehearsal in cognitive-behavioral skills associated with substance abuse prevention. These skills include problem solving, personal coping,

and interpersonal communication skills. The program was designed to incorporate and address important aspects of Native American culture and history. For instance, students discussed the ceremonial use of tobacco in Native cultures and distinguished it from the harmful quotidian abuse of tobacco.

Evaluation: BCSP was evaluated in a randomized, controlled trial whose participants included 1,396 third through fifth-grade Native American students from 27 schools in five states. Students were randomly assigned to one of two intervention groups or to a control group. Both intervention groups participated in the BCSP program, but only one of the prevention groups engaged local community residents in these efforts. The program was evaluated over the course of 3.5 years through surveys of students from each group on their substance use including tobacco, alcohol, and marijuana. The first evaluation was conducted 6 months post-intervention and 3 more were given every 12 months thereafter.

Key findings: Cigarette use was unaffected by the intervention, while the use of smokeless tobacco, alcohol, and marijuana were lower for students who had participated in the program compared to those in the control group. Community involvement was not shown to have an effect.

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BORDER BINGE-DRINKING REDUCTION PROGRAM

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Adults of legal drinking age, University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Licensed premises, Local government/ law enforcement departments, Media (including social media)

Approach: Community or Environmental

Implementer: The Institute for Public Strategies (formerly the Institute for Health Advocacy)

Partners: Funding from San Diego County, Health and Human Services Agency, Alcohol and Drug Services Department and the state of California; evaluation conducted in partnership with The Pacific Institute for Research and Evaluation (PIRE)

Program Overview: The Operation Safe Crossing program aimed to reduce cross-border binge drinking and related problem behavior in San Diego, California by reducing cross-border binge drinking in Tijuana Mexico.

Program Design: San Diego recognized a problem with binge drinking due to the fact that young people often cross the border into Mexico to consume alcohol because of the lower and less strictly enforced drinking age. In order to address this problem a media campaign was developed and implemented in San Diego. The media campaign was used to support plans for improvements in enforcement efforts in Tijuana serving establishments, as well as at the border crossing location; to encourage retailers to properly train staff in responsible hospitality; and to educate the public on risk associated with cross-border drinking.

Evaluation: Data were collected from June 1997- May 1998 Wednesdays, Fridays, and Saturdays from midnight to 4 am, in order to assess changes in outcomes as campaign media coverage increased.

Key findings¹: Increases in campaign media coverage were associated with statistically significant changes in the number of youth crossing into Tijuana to drink and the number of youth crossing the border from Tijuana with a high BAC.

- The campaign was associated with 31.6% reduction in the number of youth crossing the border between midnight and 4 am.
- Over the same time period the number of pedestrians and underage drinking pedestrians crossing the border from Tijuana with a BAC of 0.08 or higher declined by 29 and 39.8%, respectively.

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BRIEF ALCOHOL SCREENING AND INTERVENTION FOR COLLEGE STUDENTS (BASICS)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Online/ Internet, University

Approach: Screening and Brief Intervention

Implementer: Various research teams with the cooperation of different universities¹⁻⁵

Program Overview: Brief Alcohol Screening and Intervention for College Students (BASICS) is a prevention program designed for college students who drink heavily and who have experienced or are at risk for alcohol-related problems.

Program Design: A secondary prevention program, BASICS targets students who are already drinking and aims to reduce harmful drinking behavior. This is in contrast to primary prevention programs that aim to reduce drinking altogether, which have proved to have limited success⁴.

BASICS was designed with three key elements in mind⁵:

1. Cognitive-behavioral skills training
2. Motivational enhancement
3. Harm-reduction principles

BASICS consists of two 1-hour interviews with a brief online assessment survey taken by students after the first session. The first session consists of determining students' recent alcohol consumption behavior, personal beliefs about alcohol, and drinking history. Additionally, students are provided with guidance for self-monitoring, and are instructed to take an online assessment survey.

The results of the online survey are used to develop a customized feedback profile for the second interview which compares which compares the students' personal consumption behavior with alcohol use norms, reviews the negative effects and risk factors of their behavior, clarifies perceived risks and benefits of drinking, and provides options to assist with the reduction of or abstinence of alcohol consumption⁶.

Evaluation: The efficacy of BASICS has been tested a number of times regarding its impact on consumption quantities, consumption frequencies, harmful consequences, and other variables.

Efficacy is normally tested by comparing the pre-intervention drinking behaviors of control and intervention groups of heavy drinkers, with their behaviors after the intervention, both in the short term (some weeks) and the long term (some months or years).

Key findings: A variety of studies have documented the effects of BASICS. Among these findings are the following;

- When compared to a control, students receiving BASICS demonstrated significantly greater reductions in negative drinking consequences that persisted over a four year period¹
- Student binge-drinkers receiving BASICS demonstrated greater reductions in drinking frequency, drinking quantity, and in binge-drinking frequency 6 weeks post-intervention²
- Fraternity members receiving BASICS demonstrated greater reductions in drinking quantity and reductions in typical peak BAC³
- Heavy-drinking freshmen receiving BASICS demonstrated greater reductions in drinking frequency and quantity 2 years post-intervention when compared to the control⁴
- Students receiving BASICS demonstrated greater reductions in drinking quantity and binge-drinking frequency compared to students receiving either an educational intervention or no intervention⁵

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CLIMATE SCHOOLS: ALCOHOL AND CANNABIS COURSE

COUNTRY: AUSTRALIA

REGION: WESTERN PACIFIC

Target Audience: Middle school (10-14 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Online/ Internet, School clubs or community organizations

Approach: Life Skills

Implementer: National Drug and Alcohol Research Centre

Program Overview: Climate School is a web-based prevention program aimed at reducing alcohol consumption and cannabis use among 13 year olds in New South Whales, Australia.

Program Design: The Climate Schools program consisted of two sets of lessons. Each set was made up of six lessons lasting 40 minutes each. The first module was based on alcohol consumption, and the second module was delivered 6 months later and introduced material regarding cannabis, while also repeating some of the alcohol information. Lessons begin with a web-based lesson in cartoon form, to be completed individually and then the class works together on an activity aimed at reinforcing the materials presented in the individual lesson.

Evaluation: The program was evaluated using a randomized controlled trial which compared the effectiveness of the web-based Climate School curriculum against the traditional classroom alcohol and marijuana curriculum already in place. Ten schools willing to participate were randomly assigned to either the control or intervention conditions.

The following outcomes were assessed in the pre-test, post-test, and 6 and 12 month follow up¹:

- Alcohol knowledge was assessed through a self-report questionnaire based on the SHAHRP Knowledge of Alcohol Index²
- Alcohol consumption was assessed using the SHAHRP Patterns of Drinking index²
- Alcohol related harms were measured using selected item from a SHARHP questionnaire³
- Alcohol related expectancies were assessed using scale 2 of the AEQ-A⁴

Key findings: Program effects were assessed at 6 months¹ and 12 months⁵ after participation in the Climate School program. The evaluation results showed statistically significant effects for a number of alcohol-related outcomes:

- Improvements in alcohol-related knowledge at 6 and 12 months post intervention
- Reductions in weekly alcohol consumption were seen at 6 and 12 months
- Reductions in the reported frequency of drinking to excess at 12 months post intervention only

Program Website: www.climateschools.com

References:

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4. Christiansen, B. A., Smith, G. T., Roehling, P. V., & Goldman, M. S. (1989). [Using alcohol expectancies to predict drinking behavior after 1 year](#). *Journal of Consulting and Clinical Psychology*. Vol. 57(1), 93-99.
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COMMUNITIES MOBILIZING FOR CHANGE ON ALCOHOL (CMCA)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old), University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Licensed premises, Local government/ law enforcement departments, Media (including social media), School clubs or community organizations

Approach: Community or Environmental

Developer: Dr. Alexander C. Wagenaar, University of Minnesota, Alcohol Epidemiology Program and the Youth Leadership Institute

Partners: Funding from the National Institute on Alcohol Abuse and Alcoholism; Center for Substance Abuse Prevention

Program Overview: Communities Mobilizing for Change on Alcohol (CMCA) is a community based project that aims to reduce alcohol consumption among young people through reducing availability of alcohol to young people from commercial and noncommercial sources, and to change community views regarding acceptance and tolerance of underage alcohol consumption.

Program Design: The CMCA program relies on a community organizing approach. The program was led by local organizers in each of the 15 communities selected for participation.

Organizers followed the following 7-step process:

1. Assessing the community
2. Creating a core leadership group
3. Developing a plan of action
4. Building a mass base of support
5. Implementing the action plan
6. Maintain the organization and institutional change
7. Evaluating changes¹

This process was used in an attempt to limit availability of alcohol to young people, which also included efforts to change ordinances and policies, enhance enforcement efforts, and increase media attention related to underage alcohol consumption.

Evaluation: The evaluation of CMCA was designed as a combination randomized community trial and time-series. 15 communities in the Midwestern United States were randomly selected to participate in the evaluation (8 controls, 8 intervention). Pre and post-test questionnaires were used at the beginning of the intervention, and again after 3 years of the program to assess changes over time. Data were collected through school administered surveys of 9th and 12th grade students in

1992 and 12th grade only in 1995. Additional telephone surveys were conducted from 18-20 year olds. In order to estimate purchase attempts surveys were conducted in on and off-premise retail establishments in all 15 communities; alcohol retailers were also surveyed by phone.

Key findings²: Results of the evaluation showed declines in youth access to alcohol.

- There was a significant overall effect of CMCA for on-site establishments (results were positive, but insignificant for off-site retail establishments)
- There was also a significant positive program effect on youth access to alcohol for 18-20 year olds; however, while a positive effect was observed among high school students it did not reach statistical significance

Program Website: www.yli.org/cmcatraining

References:

1. Wagenaar, A. C., Gehan, J. P., Jones-Webb, R., Toomey, T. L., & Forster, J. L. (1999). [Communities mobilizing for change on alcohol: Lessons and results from a 15-community randomized trial](#). *Journal of Community Psychology*, Vol. 27(3), 315-326.
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COMMUNITIES THAT CARE (CTC)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old), Middle school (10-14 years)

Issues: Underage Drinking

Setting: School clubs or community organizations, Schools

Approach: Community or Environmental

Developer: The University of Washington, School of Social Work

Partners: Social Development Research Group

Program Overview: Communities that Care (CTC) is a systems based approach that aims to prevent risky or harmful behaviors among young people, and also to strengthen protective factors and behaviors.

Program Design: Specific program components depend heavily on the community in which the program is implemented. However, regardless of the specific actions and resources needed, the program follows 5 main phases:

- Getting started
- Organizing, introducing, and involving
- Developing a community profile
- Creating a community action plan
- Implementing and evaluating the community action plan

Evaluation: The Community Youth Development Study is a community-randomized trial to evaluate the effectiveness of CTC. Colorado, Illinois, Kansas, Maine, Oregon, Utah, Washington 12 paired communities (paired on demographic variables) one from each pair was randomly assigned to the intervention. data was collected annually, beginning with a pre-test and then continuing annually for 3 years following the initial data collection. Data were collected through administration of the Youth Development Survey used in schools. Items in the survey aimed to measure self-reported consumption of alcohol and use of cigarettes, smokeless tobacco, marijuana and inhalants as well as self-reported delinquent behavior.

Key findings: The analysis of program effects found statistically significant results in intervention communities:

- CTC communities reported lower rates of initiation for alcohol, cigarettes, and smokeless tobacco
- Students in non-intervention communities were 60% more likely to consume alcohol
- Students in CTC communities also were less likely to begin use of marijuana or alcohol

Program Website: www.communitiesthatcare.net

References:

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ELECTRONIC CHECKUP TO GO (E-CHUG)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Online/ Internet

Approach: Screening and Brief Intervention

Developer: San Diego State University Research Foundation

Program Overview: Electronic Checkup to Go (e-CHUG) is an online personalized feedback program originally developed by counselors and psychologists at San Diego State University to help motivate university students to examine their drinking. The program has been adopted by over 550 colleges and universities nationwide.

Design¹: e-CHUG consists of general educational content, a personal assessment, and customized feedback, which typically takes 15-30 minutes to complete. Educational content includes normative data for the specific university population and referrals for the local community. The personal assessment asks for basic demographic information as well as information on alcohol consumption, drinking behavior, and alcohol-related consequences. Feedback consists of a summary of the student's quantity and frequency of drinking including graphical representations, normative comparisons relative to US adult and college drinking patterns, estimated risk status, and referral information for local agencies.

Evaluation: e-CHUG has been evaluated a number of times in randomized, controlled trials. Of the studies considered here, all used university students as participants and randomized them to either an e-CHUG intervention group or to a comparison group(s). In some studies, only high-risk students were used as participants while other studies used students with a variety of consumption patterns.

Key Findings:

- Among high-risk drinkers, e-CHUG effectively reduces consumption levels and alcohol related consequences in short term follow ups (3 months)¹.
- Among high-risk drinkers, those who used eCHUG experienced comparable effects to those who used e-CHUG and went over their results with a counselor: both groups showed similar rates of reduction in weekly drinking, peak alcohol consumption, frequency of intoxication, and alcohol-related consequences at 1-month follow up².
 - However, only e-CHUG combined with counseling was effective at correcting students' *normative* beliefs about alcohol at 8-months follow up³.
- Among all student drinkers, e-CHUG is not shown to decrease alcohol use, but does significantly reduce alcohol related harms at 3-months follow up⁴.
- Among high-risk drinkers, e-CHUG may not be effective at reducing drinking in the long term, based on studies with follow ups stretching beyond 3 months^{5,6}.

Website: <http://www.echeckuptogo.com/usa/>

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GENDER-SPECIFIC INTERVENTION TO REDUCE DRINKING AMONG EARLY ADOLESCENT GIRLS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Family and home environments, Online/ Internet

Approach: Life Skills

Implementer: Columbia University, School of Social Work

Partners: Funding from the National Institute on Drug Abuse

Program Overview: This computer-based intervention aimed to strengthen mother daughter relationships and prevent underage drinking among young girls.

Program Design: This intervention for mothers and daughters was based on family interaction theory¹ which focuses on the importance of parent-child attachment. This was the rationale for including mothers and daughters in the intervention. The intervention itself was comprised of 14 computer-based modules. The modules focused on building mother-daughter relationships, communication, and respect; managing conflict and negotiating arguments; enabling girls to understand media and norms surrounding underage drinking; and building refusal skills. Mother and daughter dyads completed interventions at home, and received email reminders twice a week.

Evaluation: The evaluation relied on pre-test, post-test, and 2 month follow up questionnaires completed by mothers and girls in the control and intervention groups.

Questionnaires included items to measure:

- Mother communication, daughter communication (The Family Problem Solving Communication Index²)
- Perceived rules, parental rules (The Intervention-Targeted Parenting Behaviors Scale³)
- Parental monitoring (The Parental Monitoring Scale⁴)
- Normative beliefs, alcohol consumption, drinking intentions (American Drug and Alcohol Survey⁵)
- Self-efficacy (American Abstinence Self-Efficacy Scale⁶)

- Refusal skills (Life Skills Training Questionnaire⁷)
- Parental monitoring (The Parenting Practices Questionnaire⁸)

Key findings⁹: Evaluation of girls' questionnaire results from the intervention group showed statistically significant differences (when compared to control) for the following outcomes:

- Improved communication
- Increases in parental rules around drinking as well as parental monitoring
- Improved conflict management skills
- Better normative beliefs regarding alcohol consumption
- Increased self-efficacy for avoiding alcohol
- Reduced self-reported alcohol consumption
- Reduced intentions to consume alcohol

References:

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GROUP MOTIVATIONAL INTERVIEWING INTERVENTION FOR ADJUDICATED COLLEGE STUDENTS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: University

Approach: Screening and Brief Intervention

Implementer: Loyola Marymount University

Program Overview: This program was aimed at reducing alcohol consumption and especially harmful consumption among college students who had previously been adjudicated for alcohol related offenses.

Program Design: The program used adapted motivational interviewing in an attempt to change behavior. The adapted motivational interviewing included normative feedback, provision of information regarding alcohol consumption and expectancies, and techniques to build motivation for behavior change. Adapted motivational interviewing was used in the course of a single 60-90 minute session of 10-15 participants.

Evaluation: Program results were evaluated using a baseline assessment at the time of the intervention and follow-up assessments at 1 and 3 months after the intervention. Participants also

completed drink diaries during the three month between baseline and 3-month follow-up in order to more accurately track alcohol consumption. In addition to consumption, alcohol related consequences were evaluated using seven items from the [Rutgers Alcohol Problem Index \(RAPI\)](#).

Key findings¹:

Significant reductions were found for:

- The number of drinks consumed per month, the number of drinking days, average number of drinks consumed, and maximum number of drinks consumed per occasion
- Alcohol-related consequences
- Rates of judicial recidivism

References:

1. LaBrie, J. W., Lamb, T. F., Pedersen, E. R., & Quinlan, T. (2006). [A group motivational interviewing intervention reduces drinking and alcohol-related consequences in adjudicated college students](#). *Journal of College Student Development*, Vol. 47(2), 267-280.

GUIDING GOOD CHOICES (FORMERLY PREPARING FOR DRUG FREE YEARS)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years), Parents

Issues: Underage Drinking

Setting: Family and home environments

Approach: Life Skills

Developer: Channing Bete Company

Program Overview: This program is targeted at teaching knowledge and skills to parents of children 9-14 years old in an effort to prevent or reduce alcohol consumption and drug use among their children.

Program Design: This program aimed at parents teaches skills through 5 interactive sessions. The program is based on the social development model, social control theory, and differential association

theory. Due to this, the program aims to enhance parent-child relationships and protective interactions in an effort to prevent alcohol consumption and substance use.

Evaluation: The evaluation for this program included 429 families of 6th grade children (age 11) distributed across 33 schools. These schools were randomly assigned to either the Guiding Good Choices program, an alternative family based program (Iowa Strengthening Families Program), or a control condition. Baseline data were collected at age 11 and subjects were followed through age 22. At age 22 past-year alcohol abuse disorders were assessed.

Key findings: The program evaluation found that after ten years, young women who received the Guiding Good Choices intervention reported lower rates of alcohol abuse. Results were not statistically significant among men.

Program Website: www.channing-bete.com

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HWS ALCOHOL EDUCATION PROJECT

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Media (including social media), Online/ Internet, University

Approach: Social Norms

Developer: Hobart and William Smith Colleges

Partners: Funding from the US Department of Education

Program Overview: The HWS Alcohol Education Project was a social norms program aimed to reduce high-risk drinking among university students by correcting misperceptions about drinking behaviors.

Program Design: The HWS social norms campaign began with data collection. These data were used to determine actual and perceived norms among university students and to act as a baseline measure for the evaluation. Messaging and information was developed and disseminated using print media, electronic media, curriculum, campus presentations, staff development, and cocurricular activities. As part of electronic media efforts, the website alcholeducationproject.org was also created.

Evaluation: Baseline data was collected before the program began and was also used to develop program messaging. Students were surveyed again in 1997/98 and 2000. Due to the fact that this was a campus-wide media campaign a control group could not be established. Instead the evaluation notes that there were no other new alcohol prevention efforts introduced on campus in the same time period, and data were collected to ensure that students were exposed to program messages and materials.

Key findings¹: Evaluation results showed that from the program's inception in 1995 to the 2000 follow-up students reported statistically significant changes in perceptions of drinking norms, as well as self-reported drinking behaviors.

- Perceptions of the accurate moderate norms increased over time, while perceptions of negative norms decreased ($p < .001$)
- Students also reported reductions over time in their quantity and frequency of alcohol consumption, including the number of drinking days ($p < .05$), frequent heavy drinking ($p < .01$), mean number of drinks consumed in previous two weeks ($p < .01$), mean number of drinks consumed at parties and bars ($p < .05$), and the mean number of drinks reportedly consumed in a typical week ($p < .05$).

Program Website: alcholeducationproject.org

References:

1. Perkins, H. W., & Craig, D. W. (2002). [A multifaceted social norms approach to reduce high-risk drinking: Lessons from Hobart and William Smith Colleges](#). Newton, Massachusetts: The Higher Education Center for Alcohol and Other Drug Prevention.

2. Perkins, H. W. & Craig, D. W. (2003). "The Hobart and William Smith Colleges experiment: A synergistic social norms approach using print, electronic media and curriculum infusion to reduce collegiate problem drinking." In H. W. Perkins (Ed.), *The social norms approach to preventing school and college age substance abuse: A handbook for educators, counselors, and clinicians*. San Francisco, USA: Jossey-Bass.

HWS MOST VALUABLE PLAYERS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Media (including social media), University

Approach: Social Norms

Implementer: Hobart and William Smith Colleges

Partners: Funding from the US Department of Education

Program Overview: This social norms program aimed to reduce harmful alcohol consumption among university athletes by correcting misperceptions of social norms.

Program Design: This program began with an initial survey of 414 athletes, which served to inform program messaging as well as pretest data. Data were used to develop numerous positive norms messages such as the following:

1. "The majority (66%) of [this school's] student athletes drink alcohol once per week or less often or do not drink at all";
2. "88% of student athletes at [this school] believe one should never drink to an intoxicating level that interferes with academics or other responsibilities";
3. "The majority of athletes (71%) do not use alcohol to relieve academic pressures";
4. "82% of [this school's] student-athletes never injure themselves or others as a result of alcohol consumption during the academic year"; and
5. "89% of athletes at [this school] never miss or perform poorly in athletic events as a result of drinking during academic year".¹

These messages were distributed via print media, electronically, through computers set up in high traffic areas, and peer educators.

Evaluation: Web based anonymous surveys were used to collect data at pretest (2001) and post-tests in 2002 and 2003. The survey instrument included items to measure perceptions of norms, self-reported drinking behaviors, and program exposure.

Key findings¹: The evaluation showed that students who received more than one year of the student-athlete social norms program reported statistically significant changes in misperceptions and their own drinking behaviors.

- Changes were observed in the number of students who perceived that teammates consumed alcohol >1 time/week; that friends consumed alcohol >1 time/week; and perceptions that consumption of ten or more drinks at a party is typical among their friends.
- Students exposed to the program for both years reported declines in consumption more than one time per week; estimations of a peak BAC greater than .08% at parties and bars; consumption of ten or more drinks at parties and bars; and measures of problem drinking.

Program Website: alcholeducationproject.org/mvp

References:

1. Perkins, H. W. & Craig, D. W. (2006). [A successful social norms campaign to reduce alcohol misuse among college student-athletes](#). *Journal of Studies on Alcohol*, 67(6), 880-889.
2. Perkins, H. W. & Craig, D. W. (2012). ['Student-athletes' misperceptions of male and female peer drinking norms: A multi-site investigation of the 'reign of error'](#). *Journal of College Student Development*, 53(3), 367-382.

IN CONTROL: NO ALCOHOL!

COUNTRY: NETHERLANDS

REGION: EUROPE

Target Audience: Elementary school (10 years and younger), Parents

Issues: Underage Drinking

Setting: Family and home environments, Media (including social media)

Approach: Multi-Component

Implementer: The Trimbos Institute

Partners: The Dutch Organization for Health Research and Development (ZonMw)

Program Overview: 'In Control: No Alcohol!' is a program based on socialization and communication theories, which targets elementary school children and their mothers in order to reduce alcohol-related problems among children later in life. The program was influenced by an earlier program called 'Smoke-Free Kids'.

Program Design: The program consists of five magazines sent out on a monthly basis over the course of five months. The magazines aim to impress upon parents the importance of communication, rule setting, and monitoring. They cover the following 5 topics;

1. General information about alcohol, alcohol use among children, and the importance of parenting behavior such as anti-alcohol norms and parental supervision
2. The risks of alcohol use, especially among children, and parental attitudes toward early drinking
3. Parental modeling of alcohol use and the effectiveness of setting rules about alcohol
4. Enhancing awareness about peer influence and increasing the ability to handle peer pressure
5. The influence of alcohol-related media

The magazines also include information for parents as well as games and puzzles for children.

Evaluation: The program was carried out in 33 Dutch schools among 218 mothers and their fifth-grade children. These mother and children pairs were randomly assigned to either a control group or an intervention group. The intervention group received the 5 magazines, while the control group received one brochure on alcohol and parenting. Subsequently parents completed two questionnaires, the first of which was sent 1 month before the intervention started and the second of which was sent 1 month after the intervention was completed.

Key findings: The questionnaires demonstrated that intervention families showed an increase in alcohol-related communication and that intervention mothers were more likely to set up non-drinking contracts with their children and to monitor their children more closely. However, an increase in the quality of communication was only observed for mothers' who used alcohol at above-average levels.

References:

1. Mares, S. H., van der Vorst, H., Vermeulen-Smit, E., Lichtwarck-Aschoff, A., Verdurmen, J. E., & Engels, R. C. (2012). Results of the 'In control: No alcohol!' Pilot Study. *Health Education Research*, 27(2), 214-225.

IN CONTROL: NO ALCOHOL!

COUNTRY: NETHERLANDS

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LIFESKILLS TRAINING MIDDLE SCHOOL PROGRAM

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Schools

Approach: Life Skills

Developer: Dr. Gilbert J. Botvin, National Health Promotion Associates, Inc. (NHPA)

Program Overview: This school-based curriculum aims to reduce alcohol consumption and drug and tobacco use among middle school students.

Program Design: LifeSkills Training program curriculum is delivered throughout the middle school years, in three levels. Lessons are taught in 30-45 minute class sessions one to three times per week. Each level includes a manual for teachers, a student guide, a CD-ROM, and website access.

Program learning objectives include:

- Personal self-management skills
- General social skills
- Drug resistance skills

Evaluation: Numerous studies have been conducted to assess the effectiveness of LST Middle School on changing alcohol, tobacco, and drug related behaviors.

Key findings:

- The original study of this program's effectiveness was a randomized trial conducted among a middle-class white population. The analysis separated intervention groups according to program fidelity levels, and found more significant results among schools with high program fidelity. Analysis of results of programs with high fidelity found statistically significant reductions in monthly and weekly cigarette smoking; prevalence rates of weekly, heavy, and problematic drinking; and weekly marijuana use¹.
- An evaluation of the program effectiveness when used with predominantly minority students in New York City, found that the students who participated in the program experienced statistically significant reductions in tobacco use, alcohol consumption, and marijuana use (quantity and frequency) when compared to control groups at one year follow up².
- Another study of the effectiveness of the program in New York City students found that the program produced statistically significant reductions in the proportion of students reporting binge drinking at one and two year follow ups. Additionally, this study found significant program effects for drinking knowledge, attitudes, and normative beliefs³.

Program Website: lifeskillstraining.com

References:

1. Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). [Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population](#). *Journal of the American Medical Association*, Vol. 273(14), 1106-1112.

2. Botvin, G. J., Griffin, K. W., Diaz, T., & Ifill-Williams, M. (2001). [Drug abuse prevention among minority adolescents: Posttest and one-year follow-up of a school based preventive intervention](#). *Prevention Science*, Vol. 2(1), 1-13.

3. Botvin, G. J., Griffin, K. W., Diaz, T., & Ifill-Williams, M. (2001). [Preventing binge drinking during early adolescence: One- and two-year follow-up of a school-based preventive intervention](#). *Psychology of Addictive Behaviors*, Vol. 15(4), 360-365.

LINKING THE INTERESTS OF FAMILIES AND TEACHERS (LIFT)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Elementary school (10 years and younger), Parents

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: The Oregon Social Learning Center

Partners: The National Institutes of Mental Health (NIMH), Springfield Public School districts

Program Overview: LIFT is an intervention launched in 2004, which was designed for elementary school students and their families living in neighborhoods with high rates of juvenile delinquency¹. The program seeks to reduce delinquency by targeting certain child and parent behaviors, namely child oppositional, defiant, and antisocial behavior and parent discipline monitoring².

Program Design: LIFT is composed of three components²:

1. Classroom-based child social and problem skills training
2. Playground-based behavior modification (recess monitoring)
3. Group-delivered parent training

Evaluation³: LIFT was evaluated using a randomized controlled, clinical trial in which 361 students and their parents from six elementary schools participated. The study followed students into middle school and assessed various aspects of their behavior, specifically the age of onset for police arrest

and substance use. This was accomplished using survival analyses, which were conducted using logistic regression for substance use and Cox regression for police arrest.

Key findings³: The evaluation demonstrated that middle school students who had participated in LIFT while in elementary school demonstrated lower levels of alcohol use and a higher average age for police arrest in comparison with the control group. No differences were observed for the onset of tobacco or marijuana use.

Program Website: <http://www.oslc.org/projects/linking-interests-families-teachers/>

References:

1. Reid, J. B., Eddy, J. M., Fetrow, R. A., & Stoolmiller, M. (1999). Description and immediate impacts of a preventive intervention for conduct problems. *American Journal of Community Psychology*, 27(4), 483-518.
2. Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An Elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence linking the interests of families and teachers (LIFT). *Journal of Emotional and Behavioral Disorders*, 8(3), 165-176.
3. Eddy, J. M., Reid, J. B., Stoolmiller, M., & Fetrow, R. A. (2003). [Outcomes during middle school for an elementary school-based preventive intervention for conduct problems: Follow-up results from a randomized trial.](#) *Behavior Therapy*, 34(4), 535-552.

LIONS QUEST SKILLS FOR ADOLESCENCE

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: School clubs or community organizations, Schools

Approach: Multi-Component

Developer: Lions Club International Foundation (LCIF)

Partners: Arkansas Lions; Arkansas Service Commission

Program Overview: Lions Quest Skills for Adolescence (SFA) is a school-based life skills curriculum which aims include delaying initiation of alcohol consumption, preventing use of tobacco

and drugs; and reducing alcohol consumption or drug use among students who have already initiated use.

Program Design: Curriculum is designed to be administered through teachers in a school setting.

The evaluations described below used trained and monitored teachers to administer 40 sessions of 35-45 minutes. Lessons included were:

- Challenges in teen years - 3 sessions
- Self-confidence and communication - 4 sessions
- Managing emotions - 5 sessions
- Improving peer relationships and resistance skills - 8 sessions
- Living health and drug free - 20 sessions

Evaluation: A randomized multi-site trial of 7,426 6th grade students was conducted in order to assess the impact of this evaluation. 34 middle schools across three metropolitan areas in the US were included in the trial. Schools were pair matched based on reported alcohol and drug prevalence and recent use. Schools were then randomized to control or intervention conditions.

Students in both groups were surveyed before the intervention and then annually until 8th grade. Data were collected on:

- Tobacco use (items from National Cancer Institute questions¹)
- Alcohol consumption quantity, frequency, and personal effects (items from [Monitoring the Future](#))
- Marijuana, cocaine and other illicit substance use quantity, frequency, and personal effects (items from [Monitoring the Future](#))

Key findings: Evaluations of program effects found positive results on behavior outcomes at one and two year follow ups.

One year follow up showed statistically significant reductions among the intervention group for the following measures²:

- Recent cigarette use ($p < .05$)
- Lifetime marijuana use ($p < .06$)
- Lifetime alcohol consumption, recent consumption (among Hispanic participants only)

Two years after the intervention data were reassessed and found the effects existed for the following outcomes³:

- Intervention groups reported lower rates of lifetime and recent marijuana use
- Baseline binge drinkers receiving the program were less likely to report recent binge drinking than controls

Program Website: www.lions-quest.org

References:

1. Perry, C., Kelder, S., Murray, D., & Klepp, K. (1992). [Communitywide smoking prevention: Long term outcomes of the Minnesota heart health program and the class of 1989 study](#). *American Journal of Public Health*, Vol. 82(9), 1210-1216.
2. Eisen, M., Zellman, G. L., Massett, H. A., & Murray, D. M. (2002). [Evaluating the Lions-Quest "Skills for Adolescence" drug education program: First-year behavior outcomes](#). *Addictive behaviors*, 27(4), 619-632.
3. Eisen, M., Zellman, G. L., & Murray, D. M. (2003). [Evaluating the Lions-Quest "Skills for Adolescence" drug education program: Second-year behavior outcomes](#). *Addictive behaviors*, 28(5), 883-897.

LOYOLA MARYMOUNT UNIVERSITY SOCIAL NORMS FOR HIGH-RISK GROUPS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: School clubs or community organizations, University

Approach: Social Norms

Implementer: Loyola Marymount University

Program Overview: This program aimed to assess the effectiveness of using a brief, live, interactive, normative group (BLING) intervention in correcting normative misperceptions among high-risk university student groups.

Program Design: The BLING intervention was administered to three high risk groups: first year students, student athletes, and greek-affiliated students. First year students were administered the intervention in same sex groups of 30-70 students according to their hall of residence. Student athletes were given the intervention in groups of 50-80 students which included 4-7 athletic teams. Interventions among greek-affiliated students were conducted during normally scheduled meetings of each participating group, resulting in intervention groups of 40-120 students.

The intervention uses OptionFinder, a polling technology which uses powerpoint and wireless keyboards. During the intervention each student is given a keyboard which allows them to give answers regarding perceived normative behavior as well as their self-reported personal behavior. This technology allows responses to be logged and automatically used to provide feedback on discrepancies between perceived and actual norms.

Evaluation: All data was collected through the OptionFinder technology.

Key findings¹: The data showed that the BLING intervention was effective in correcting misperceptions in normative drinking behavior. Further analyses showed that the intervention was equally effective in all three high-risk groups (first year students, student athletes, and greek-affiliated students).

References:

1. LaBrie J.W., Hummer J.F., Grant S., Lac A. (2010). [Immediate reductions in misperceived social norms among high-risk college student groups](#). *Addictive behaviors*, 35(12), 1094-1101.

MEDIA READY

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: innovation Research & Training, Inc.

Partners: funding from the North Carolina Department of Health and Human Services

Program Overview: The Media Ready program uses a classroom based media literacy curriculum in an effort to prevent or reduce alcohol consumption and tobacco use among middle school students.

Program Design: This program is based on the [Message Interpretation Processing \(MIP\) Model](#), which details the cognitive processes between exposure to media messages and related decision making and behaviors. Program content is delivered by trained teachers over ten sessions, lasting 45 minutes each. The sessions build off each other, reinforcing and allow students to practice earlier lessons and concepts. The first four lessons aim to reduce perceptions of realism and identification with media messages, as well as to teach skills for media deconstruction. Lessons 5 and 6 provide opportunities to practice these learned media deconstruction skills. Lesson 7 focuses on enhancing motivations to continue to analyze and deconstruct media messages and lessons 8-10 engages students in the creation of countermarketing campaigns.

Evaluation: The evaluation was designed as a randomized control trial of 24 classes of students (12 intervention, 12 control). Changes were assessed with pre and post intervention questionnaires which measures intentions to consume alcohol and to use tobacco, in addition to cognitive mediators and measures of media deconstruction skills.

Key findings¹: Analysis of control and intervention group differences found the following statistically significant results:

- Boys participating in the intervention reported less intention to consume alcohol
- Boys and girls in the intervention group reported less intention to use tobacco

Effects on intentions to consume alcohol or use tobacco were influenced by whether or not students had previously consumed alcohol or used tobacco. For example, students who had previously consumed alcohol had significantly higher intentions to use alcohol in the future than students who did not report previous consumption.

Program Website: www.irtinc.us

References:

1. Kupersmidt, J. B., Scull, T. M., & Benson, J. W. (2012). [Improving media message interpretation processing skills to promote healthy decision making about substance use: The effects of the middle school media ready curriculum](#). *Journal of Health Communication*, 17(5), 546-563.

MICHIGAN MODEL FOR HEALTH

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Elementary school (10 years and younger)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: Central Michigan University

Program Overview: The Michigan Model for Health uses a school-based curriculum developed for students ages 5-19 with the aim of promoting healthy behaviors and lifestyles.

Program Design: The curriculum is delivered by teachers in classroom settings. Teachers are given a handbook and resources, as well access to additional online resources in order to customize content. Specific content and design varies depending on the grade level which the intervention is being delivered, but the curriculum covers a range of topics including alcohol consumption, HIV/AIDS, and nutrition and attempts to improve knowledge, knowledge, skill building, self-efficacy, and environmental support of students.

Evaluation: A 2011 study evaluated the effectiveness of the curriculum for fourth and fifth grade students at elementary schools in Michigan. The evaluation used pre and post-tests along with a control group to assess program effects. Questionnaires included items intended to measure health promotion behaviors (including refusal skills), tobacco use and intentions, alcohol consumption and intentions, aggressive behavior and prosocial behavior.

Key findings¹: Evaluations of fourth and fifth grade students found statistically significant effects on:

- Intentions to consume alcohol and to smoke cigarettes
- Reductions in lifetime time and past 30 day alcohol consumption and tobacco use
- Improvement in health promoting skills, specifically social and emotional health, interpersonal skills, and drug refusal skills

Program Website: emc.cmich.edu

References:

1. O'Neill, J. M., Clark, J. K., & Jones, J. A. (2011). [Promoting mental health and preventing substance abuse and violence in elementary students: A randomized control study of the Michigan Model for Health](#). *Journal of School of Health*, 81(6), 320-330.

MYSTUDENTBODY.COM (MSB: ALCOHOL)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Online/ Internet

Approach: Screening and Brief Intervention

Developer: Inflexxion, Inc.

Partners: The National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Inflexxion Institutional Review Board, Dr. Kim Fromme (primary consultant)

Program Overview: [MyStudentBody.com](#) (MSB: Alcohol) is an interactive website that offers a brief, tailored intervention to help heavy drinking college students reduce their alcohol use.

Program Design: MSB: Alcohol is designed to be interactive by giving students motivational feedback as a means of helping them identify potential problems and take steps to exhibit risk-reduction behaviors. Rate Myself, a brief intervention based on the [BASICS](#) model, is the site's centerpiece. It comprises four sets of questions:

1. Beliefs regarding alcohol
2. Lifestyle issues (e.g. Greek and athletic involvement, residence type)
3. Risks they take when they drink (driving, vandalism, violence, risky sexual behavior, consuming other drugs)
4. Consequences they suffer as a result of drinking (alcohol dependence, interpersonal problems, poor grades)

After completing the questions students receive immediate tailored feedback. The website also includes a variety of college-specific articles, strategies, and interactive tools related to alcohol and drinking on campus.

Evaluation: Evaluation was conducted using a randomized, controlled clinical trial in which participants who used MyStudentBody.com were compared with participants who read a variety of online educational articles on the effects of excess drinking, but who did not answer questions nor receive personalized feedback. Control and intervention groups were evaluated at baseline, post-intervention, and 3-month follow-up. Evaluation consisted of two different measures, the Daily Drinking Questionnaire (DDQ) and an enhanced DDQ. The first DDQ collected information on students' past week average consumption, binge episodes, and maximum drinks consumed during the day. The enhanced DDQ took into account special occasions (e.g. homecoming, holidays, etc.).

Key findings: Reductions in alcohol use occurred in all groups. However, MSB: Alcohol resulted in positive findings for 3 important subgroups: women, persistent heavy drinkers, and low-motivation drinkers.

- Female students in the intervention group significantly reduced their peak and total consumption during special occasions and reported significantly fewer negative consequences related to drinking compared to female students using the control site.
- Persistent heavy drinkers in the intervention group showed evidence of significantly more rapid decreases in average and peak consumption.
- For low motivation students (those who are less willing to change their drinking behavior), those in the intervention group reduced the number of drinks they consumed per day significantly faster than those in the control group.

Website: <https://www.mystudentbody.com>

References:

1. Chiauuzi, E. P., Green, T. C. M., Lord, S. P., Thum, C. M., & Goldstein, M. B. (2005). [My Student Body: A High-risk drinking prevention web site for college students](#). *Journal of American College Health*, 53(6), 263-274.

ÖREBRO PREVENTION PROGRAM

COUNTRY: SWEDEN

REGION: EUROPE

Target Audience: High school (15-18 years old), Middle school (10-14 years), Parents

Issues: Underage Drinking

Setting: Family and home environments, Schools

Approach: Multi-Component

Implementer: The Center for Developmental Research, Örebro University

Partners: Swedish National Institute of Public Health, the Swedish Research Council, and the Bank of Sweden Tercentenary Foundation

Program Overview: The Örebro Prevention Program is a 2.5 year intervention (5 semesters) which aims to reduce teen alcohol consumption by targeting their parents' attitudes toward drinking.

Program Design: The intervention primarily consists of information delivered to parents in school. This information is delivered during information meetings, which are held at the start of each semester in Sweden. Over the course of five semesters, project workers attend one parent meeting each semester at which they advise parents to pursue a no-tolerance policy toward youth drinking and to communicate clear rules to their children. Project workers also ask parents to draft an agreement about their positions concerning youth drinking while at the meeting. These agreements are then mailed to parents. Additionally, parents receive at least three mailings each semester that concern parents' roles in reducing youth drinking and in promoting leisure activities.

Evaluation: The program's participants comprised a total of 900 students entering junior high school and their parents living in inner city, public housing, and small town areas. Control schools were then selected based on similarities in community type, school size, and rates of alcohol use and delinquency. After the intervention, the program's efficacy was assessed using questionnaires given to both control and intervention groups of students and parents. The questionnaires were given once per year for three years and assessed the following measures:

- Parents' attitudes toward drinking (lenient vs. strict)
- Students' participation in organized group activities
- Student drunkenness
- Delinquency
- Parent's education
- Parental ethnicity

Key findings: The evaluation revealed the following effects:

- Parents in the intervention group kept strict attitudes toward drinking over time while parents in the control group became more permissive

- Incidence of student drunkenness increased in both groups over time, but this increase was significantly less for the intervention group
- Delinquency increased in both groups over time, but was significantly less for the intervention group.

References:

1. Koutakis, N., Stattin, H., & Kerr, M. (2008). [Reducing youth alcohol drinking through a parent-targeted intervention: the Örebro Prevention Program](#). *Addiction*, 103(10), 1629-1637.

PALS: PREVENTION THROUGH ALTERNATIVE LEARNING STYLES

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: Dayton, Ohio Middle Schools

Partners: Funding from Ohio Department of Alcohol and Drug Addiction Services; Ohio Department of Education Office for Exceptional Children

Program Overview: PALS is a school-based program that helps teachers personalize lessons to students' learning styles in an effort to increase knowledge, enhance refusal skills, and decrease intentions related to alcohol consumption and drug use among middle school students (ages 11-15).

Program Design: This program requires teacher training, because of the need to adapt material based on the students learning style. A one day training session teaches techniques for adapting program content, information about different learning styles, the importance of resiliency and adult role models, and improving knowledge and skills. The program curriculum consists of five topics taught over ten lessons.

Evaluation: Two studies have been conducted to assess the effectiveness of PALS in middle schools in Ohio. The first study looked at immediate program effects, while the second evaluated long-term effects at 12 and 24 months after the program. Both studies used pre and post-tests to evaluate outcomes. Questionnaire items were drawn largely from the [National Household Drug Use Survey \(NHDUS\)](#).

Key findings: Studies found positive program effects immediately following the program, as well as at 12 and 24 months after.

Immediate effects¹:

- Immediately following program completion students participating in the program showed statistically significant increases in knowledge of alcohol, tobacco, drugs, learning styles, and peer pressure
- Students who completed the program also reported statistically significant decreases in intentions to consume alcohol and to use tobacco and drugs

12 and 24 month follow up²:

- Students participating in PALS were significantly less likely to report intentions to consume alcohol or use tobacco than students who did not participate in the PALS program.

Program Website: pals.wright.edu

References:

1. Huber, M. J., Workman, J., Ford, J. A., Moore, D., & Mayer, T. (2009). [Evaluating the Prevention through Alternative Learning Styles program](#). *Journal of Drug Education*, Vol. 39(3), 239-259.
2. Workman, J. W., Moore, D., Huber, M. J., Wilson, J. F., Ford, J. A., Kinzeler, N., et al. (2012). [The PALS prevention program and its long-term impact on student intentions to use alcohol, tobacco, and marijuana](#). *Journal of Drug Education*, Vol. 42(4), 469-485.

PRATA OM ALKOHOL (TALKING ABOUT ALCOHOL - SWEDEN)

COUNTRY: SWEDEN

REGION: EUROPE

Target Audience: High school (15-18 years old)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Developer: The Swedish Spirits and Wine Suppliers Association

Partners: The Swedish Council for Information on Alcohol and Other Drugs

Program Overview: Prata Om Alkohol was launched in 2006 by the Swedish Spirits and Wine Suppliers Association in response to greater rates of alcohol consumption among Swedish youth in comparison with youth of other European nations. Today, the program is used throughout Sweden in over 75% of all Swedish secondary and upper secondary schools. It aims to encourage young people not to consume alcohol, and to encourage those who do drink to consume less and to adopt a healthy approach to drinking.

Program Design: Prata Om Alkohol consists of classroom exercises using discussion-based teaching for social and emotional learning. Though the program aims to encourage students not to drink, it incorporates the principles of harm reduction by advising students how to drink responsibly if they do choose to drink. This is accomplished through dialogue and individual reflection on the effects, risks, and consequences of alcohol as well as conversation on existing laws on alcohol and why they are in place.

Evaluation: The program was evaluated using a randomized, controlled trial with a total of 21 classes, 11 of which received the intervention while the remaining 10 were assigned to the control group. Both the intervention and the control groups were surveyed on their drinking behavior and on their knowledge of alcohol-related risks. The groups were surveyed once before the start of the program and again at the end.

Key findings: Evaluation of Prata Om Alkohol showed that the program primarily influenced self-reported alcohol consumption and risky behavior during the recent past.

References:

1. Fernandes, T, Falkenäng, P., Hazelius, P., Stafström, M. (2010) [A study of the alcohol prevention programme Talking About Alcohol in order to measure the programme's effects on alcohol consumption among Year 9 students.](#)

PREVENTURE: PERSONALITY-TARGETED INTERVENTIONS FOR ADOLESCENT SUBSTANCE MISUSE

COUNTRY: CANADA

REGION: AMERICAS

Target Audience: High school (15-18 years old)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: Nova Scotia and Vancouver High Schools

Partners: Funding from the Alcoholic Beverages Medical Research Foundation; Canadian Institutes of Health

Program Overview: PreVenture is a personality targeted program developed for high school students in an effort to reduce overall alcohol consumption, binge drinking, and alcohol-related problems among students.

Program Design: The program content was developed to target personality types thought to be at highest risk for alcohol misuse. These included anxiety sensitive, hopelessness, and sensation seeking personality types. Curriculum for each high risk personality type was developed from the experiences and input of teens with the corresponding personality type. Participants are matched based on their personality type and then participate in two group sessions which include work from program manuals and interactive group activities. Students are also given homework to complete between sessions.

Evaluation: This program was evaluated among students from nine high schools in Vancouver and Nova Scotia, Canada. The evaluation used a randomized control trial with a pre and post test to test the effectiveness of the personality targeted PreVenture program. Data were collected via a self-report questionnaires with items assessing past four month average quantity and frequency of alcohol consumption, past 4-month binge drinking, and alcohol related problems using the [Rutgers Alcohol Problems Index \(RAPI\)](#).

Key findings¹: Comparisons of the intervention and control groups showed the following results:

- Statistically significant reductions in reported binge drinking in the intervention group

- The intervention group showed significantly lower quantities of alcohol consumption, however there was no significant effect with regard to frequency of consumption
- Results for problem drinking as measured by the RAPI were inconclusive due to the short intervention duration

References:

1. Conrod, P. J., Stewart, S. H., Comeau, N., & Maclean, A. M. (2006). [Efficacy of cognitive-behavioral interventions targeting personality risk factors for youth alcohol misuse](#). *Journal of Clinical Child and Adolescent Psychology*, 26(4), 550-563.

PREVENTURE: PERSONALITY-TARGETED INTERVENTIONS FOR ADOLESCENT SUBSTANCE MISUSE

COUNTRY: CANADA

REGION: AMERICAS

Target Audience: High school (15-18 years old)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: Nova Scotia and Vancouver High Schools

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1. Conrod, P. J., Stewart, S. H., Comeau, N., & Maclean, A. M. (2006). [Efficacy of cognitive-behavioral interventions targeting personality risk factors for youth alcohol misuse](#). *Journal of Clinical Child and Adolescent Psychology*, 26(4), 550-563.

PROJECT ALERT

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: RAND corporation

Program Overview: Project ALERT is a school-based program aimed at delaying initiation or preventing increases in alcohol consumption or drug use for middle school age students.

Program Design: The program curriculum is based on the Social Influence Model in an effort to educate students about why they should avoid consuming alcohol or using drugs and to help them develop resistance skills and the ability to identify and manage peer pressure. The classroom based curriculum is designed to be interactive, including group activities and role modelling. Program curriculum has been updated since the Project ALERT began, samples of current curriculum can be found [here](#).

Evaluation: Project ALERT was originally evaluated in middle schools in urban, suburban, and rural California and Oregon. In this study the program was implemented from 1984-1986 and was evaluated using pre and post-tests and numerous follow ups. 30 schools participated in the study and were randomly assigned either to receive Project ALERT or serve as the control group, which received traditional drug and alcohol curriculum. Questionnaires collected information on beliefs, perceptions, norms, tolerance, intentions, and self-reported alcohol consumption, marijuana use, and tobacco use.

Key findings:

- For cognitive risk factors, effects were smaller for alcohol than for tobacco or marijuana. When compared to the control group, the intervention group did show statistically significant changes in the prevalence of alcohol consumption at 15 month follow up, and reductions in tolerance of friends' alcohol consumption directly following the program¹
- The program curriculum was also found to have some positive effects on alcohol consumption. There were significant reductions in past 30 day alcohol consumption and the number of students who initiated alcohol consumption in the 3 months following the intervention²
- Long term assessment at 36 and 60 months following the intervention indicate that program effects, especially for consumption do not persist over time³

Program Website: www.projectalert.com

References:

1. Ellickson, P. L., Bell, R. M., & Harrison, E. R. (1993). [Changing adolescent propensities to use drugs: Results from Project ALERT](#). *Health Education Quarterly*, 20(2), 227-242.
2. Ellickson, P. L. & Bell, R. M. (1990). [Drug prevention in junior high: A multi-site longitudinal test](#). *Science*, 247, 1299-1305.

3. Ellickson, P. L., Bell, R. M., & McGuigan, K. (1993). [Preventing adolescent drug use: Long-term results of a junior high program](#). *American Journal of Public Health*, 83(6), 856-861.

PROJECT CHOICE

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Schools

Approach: Multi-Component

Developer: RAND Corporation

Partners: Funding from National Institute on Alcohol Abuse and Alcoholism

Program Overview: This voluntary, after school program targets middle school students in an effort to prevent alcohol initiation and reduce escalation in consumption.

Program Design: Project CHOICE is a multicomponent approach which aims to enhance protective factors, reduce risk factors, provide normative feedback, build skills, and increase knowledge. The curriculum was administered voluntarily, after school, in 30 minute sessions administered five times throughout the school year. The program design is based in [Social Learning Theory](#), [Decision-Making Theory](#), and [Self-Efficacy Theory](#). The program encourages lifeskills, but also uses normative feedback and motivational interviewing. In order to promote this voluntary program posters were placed in the school, the program was mentioned in presentations, and small incentives were given for attending individual sessions and for participating in all five sessions.

Evaluation: A cluster randomized control trial of 16 middle schools used pre and post-tests to evaluate program effectiveness. Questionnaires included items to assess:

- Alcohol consumption
- Intentions
- Self-efficacy
- Perceptions

Key findings¹: At follow up most findings showed effects in the desired direction, however, many did not reach statistical significance.

- At the school level, program schools showed statistically significant lower odds of lifetime alcohol use
- Analysis by number of sessions attended showed that students who attended more sessions reported significantly higher self-efficacy of resistance skills

References:

1. D'Amico, E. J., Tucker, J. S., Miles, J. N. V., Zhou, A. J., Shih, R. A., & Green, H. D. (2012). [Preventing alcohol use with a voluntary after school program for middle school students: Results from a cluster randomized controlled trial of Project CHOICE](#). *Prevention Science*, 13(4), 415-425.
2. D'Amico, E. J., Edelen, M. O. (2007). [Pilot test of Project CHOICE: A voluntary afterschool intervention for middle school youth](#). *Psychology of Addictive Behaviors*, 21(4), 592-598.

PROJECT FITNESS

COUNTRY: UNITED STATES

REGION: AMERICAS

Implementer: Prevention Plus Wellness, LLC

Partners: University of North Florida; funding from the National Institute on Drug Abuse

Program Overview: Project Fitness is based on the InShape Plus Prevention and Wellness program, which aims to reduce risky behaviors (including alcohol consumption, cigarette use, and marijuana use) and associated problem behaviors as well as to enhance health-promoting behaviors (exercise, sleep, nutrition, and stress management) among college students.

Program Design: Project Fitness was implemented among 18-21 year olds at the University of North Florida. The intervention consisted of a fitness behavior screening, followed by one-on-one counseling with trained fitness specialists. Intervention content was designed based on the [Behavior Image Model](#), which addresses multiple health behaviors. During the consultation participants receive information based on the results of their screening, as well as personalized goals.

Evaluation: Participating students were randomly assigned to the intervention program or the standard fitness goal plan and consultation offered at the university, in order to assess the impact of the intervention. Data were collected using the Fitness and Health Survey¹, which assesses alcohol

consumption, tobacco use, marijuana use, problem behaviors, exercise, nutrition, sleep quantity, use of stress management techniques, and health-related quality of life.

Key findings²: Analyses of evaluation data found statistical significant differences between intervention and controls for outcomes related to alcohol consumption. College students who received the intervention reported less frequent:

- alcohol consumption
- heavy alcohol consumption
- driving following alcohol consumption

Program Website: preventionpluswellness.com

References:

1. Werch, C., (2006). Fitness and health survey: Phase II trial. Jacksonville, Florida: University of Florida, Addictive and Health Behaviors Research Institute.
2. Werch, C. E., Moore, M. J., Bian, H., DiClemente, C. C., Ames, S. C., Weiler, R. M., et al. (2008). [Efficacy of a brief image-based multiple-behavior intervention for college students](#). *Annals of Behavioral Medicine*, Vol. 36(2), 149-157.

PROJECT NORTHLAND

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years), Parents

Issues: Underage Drinking

Setting: Family and home environments, School clubs or community organizations, Schools

Approach: Multi-Component

Developer: Hazelden

Program Overview: Project Northland was developed to reduce alcohol initiation, consumption, and problem behaviors among middle school students in Minnesota.

Program Design: In the first year of the program curriculum was implemented for sixth grade students. The program included home activity sessions, newsletters for parents, group discussions, and the formation of community task forces¹. The next year of the curriculum followed students into

the seventh grade and used a classroom curriculum, a peer participation program for alcohol free activities, and the continuation of home activity sessions and parent newsletters. The final year of curriculum, in the eighth grade, used a classroom curriculum in combination with a theatrical performance, parent newsletters, and community task force activities.

It should be noted that Project Northland has been conducted in the US, Austria, Canada, Colombia, Finland, Greece, Ireland, Japan, Korea, the Netherlands, Russia, Ukraine, and the UK. It has been adapted into Chinese, Polish, Russian, Croatian, and Spanish. The evaluation and key findings below assess the original curriculum in Minnesota middle schools only.

Evaluation: For program evaluation, 20 school districts were randomly assigned to control or intervention conditions. Students in both conditions were administered pre and post test, as well as followups for each additional year of the program. Questionnaires included items to assess:

- alcohol consumption, tobacco use, and drug use
- peer influences
- self-efficacy
- functional meanings of alcohol use
- parent communication
- social norms and perceptions
- tendency towards alcohol consumption (The Tendency to Use Alcohol Scale²)

Key findings: Analysis of alcohol-related outcomes found statistically significant results for the following indicators:

- Students in the intervention groups reported lower tendencies to consume alcohol (as measured by the Tendency to Use Alcohol Scale)
- Intervention group students reported lower rates of past month and past week alcohol consumption
- Students in the intervention group reported lower rates of peer influence

Program Website: www.hazelden.org

References:

1. Williams, C. Perry, C., Dudovitz, B., Veblen-Mortenson, S., Anstine, P. (1995). [A home-based prevention program for sixth grade alcohol use: Results from Project Northland](#). *Journal of Primary Prevention*, 16(2), 125-147.

2. Williams, C. L., Toomey, T. L., McGovern, P., Wagenaar, A. C., & Perry, C. L. (1995). [Development, reliability, and validity of self report alcohol-use measures with young adolescents](#). *Journal of Child & Adolescent Substance Abuse*, 4, 17-40.

3. Perry, C. L., Williams, C. L., Veblen-Mortenson, S., Toomey, T. L., Komro, K. A., Anstine, P. S., et al. (1996). Project Northland: [Outcomes of a communitywide alcohol use prevention program during early adolescence](#). *American Journal of Public Health*, 86(7), 956-965.

PROJECT OPTIONS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Schools

Approach: Social Norms

Implementer: San Diego County High Schools

Partners: Funding from the National Institute on Alcohol Abuse and Alcoholism

Program Overview: Project Options is a school based program aimed at reducing alcohol consumption and drug use among teens.

Program Design: Project Option can be offered in a group, individual, or web-based format. Participating San Diego high schools offered the program in all three formats simultaneously, allowing students to choose their preferred format. The aim of the intervention, regardless of the format, was to increase knowledge relevant to decision making and to improve motivation to cease or reduce alcohol consumption and risky behaviors. Students were allowed to participate in any of the six sessions:

1. Normative feedback
2. Outcome expectancies
3. Stress and coping
4. Progression of problematic use
5. Behavioral management
6. Communication skills

Evaluation: The effectiveness of Project Option in three San Diego county high schools was assessed using pre and post-tests. Data was collected through a school wide survey. The survey questionnaire included items to assess program participation as well as normative perceptions regarding peers frequency and quantity of alcohol consumption, and personal alcohol use (using measures from [Monitoring the Future](#) and the [Customary Drinking and Drug Use Record](#)).

Key findings: In order to evaluate the effectiveness of the program, comparison were made between lifetime drinkers who participated in Project Option and those lifetime drinkers in the school who did not participate in the project. Results showed that student who participated in Project Option had statistically significant:

- reductions in misperceptions of their peers alcohol consumption
- decreased in self-reports of maximum and average number of drinks consumed
- reductions in the number of reported binge drinking episodes

References:

1. Schulte M.T., Monreal T.K., Kia-Keating M., Brown S.A. (2010). [Influencing Adolescent Social Perceptions of Alcohol Use to Facilitate Change through a School-Based Intervention](#). *Journal of Child & Adolescent Substance Abuse*, 19, 372-390.

PROJECT TOWARDS NO DRUG ABUSE (TND)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: University of Southern California, Institute for Prevention Research

Partners: Funding from National Institute on Drug Abuse

Program Overview: Project Towards no Drug Abuse uses a class-room based curriculum in an effort to reduce drug use and alcohol consumption among high school students.

Program Design: Based on Motivation-Skills-Decision-Making Model (MSD)¹ which focuses three main drivers of behavior:

1. Motivation variables - these include attitudes, beliefs, and desired
2. Social conversation or control skills - for individuals in high risk groups these are skills which allow formation of bond with individuals from lower risk groups
3. Cognitive processing skills - these are the skills required in order for individuals to exercise a rational decision making process.

Project TND aims to enhance skills in all three of these areas.

The program curriculum is classroom-based with twelve 40-minute sessions, designed to be interactive. (For more information on classroom sessions and content see Sussman, 1996 and Sussman et al., 2002)

Evaluation: 2,468 high school student from 42 schools across southern California participated in three trials to assess the effectiveness of Project TND. In each of the three trials schools were randomly assigned to the intervention or a control condition, where the standard drug/alcohol education curriculum was received. In each school a pre and post intervention survey was used to assess lifetime frequency of alcohol consumption, marijuana use, tobacco use, and use of other hard drugs.

Key findings²: A review of the three trials on Project TND found a number of statistically significant findings:

- Reductions in alcohol consumption and hard drug use were significant across all three trials
- Decreased use of tobacco and marijuana were only significant in one of three trials

Program Website: tnd.usc.edu

References:

1. Sussman, S. (1996). [Development of a school-based drug abuse prevention curriculum for high risk youth](#). *Journal of Psychoactive Drugs*, 28(2), 169-182.
2. Sussman, S., Dent, C. W., & Stacy, A. W. (2002). [Project Towards No Drug Abuse: A review of the findings and future directions](#). *American Journal of Health Behavior*, 26(5), 354-365.

PROJECT VENTURE

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Extra-curricular clubs or organizations, School clubs or community organizations, Schools

Approach: Life Skills

Developer: National Indian Youth Leadership Project

Partners: Funding from the Center for Substance Abuse Prevention

Program Overview: Project Venture is a youth development program aimed at reducing alcohol consumption and drug use among American Indian adolescents in grades 5-8.

Program Design: This program was developed for use among American Indian 5th - 8th grade students in New Mexico. The program uses traditional classroom-based curriculum as well as experiential learning through community service or outdoor activities. The main program content includes:

- Problem-solving games and activities
- Skill-building activities (conducted after school, on weekends, and in summer)
- Immersive summer camp
- Service leadership projects

Unlike most alcohol and drug education programs, Project Venture does not teach specifically about alcohol or drugs. Instead the program aims to create resilience around alcohol and drugs by helping to improve youths social and communications skills, community service participation, self-image, and ability to make decisions and solve problems.

Evaluation: Project Venture was evaluated as part of a larger study called the National Cross-Site Study of High School Risk Youth Programs, which began in 1996. Two public middle schools were randomly assigned to the intervention or control condition and the [National Youth Survey](#), developed by CSAP, was administered as a baseline and at 6 and 18 months after program conclusion.

Key findings: Analysis of questionnaire data found that Project Venture had a statistically significant effect on alcohol consumption among American Indian youth participating in the trial.

- Alcohol consumption in the control group increased over time, however, students who participated in the program did not increase their consumption between the 6 and 18 month follow ups.

Program Website: www.niylp.org

References:

1. Carter, S., Straits, K. J. E., Hall, M. (2007). [Project Venture: Evaluation of a positive, culture-based approach to substance abuse prevention with American Indian youth. Technical Report](#). The National Indian Youth Leadership Project. Gallup, NM.

RAISING HEALTHY CHILDREN (FORMERLY SKILLS, OPPORTUNITIES, AND RECOGNITION [SOAR])

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Elementary school (10 years and younger), Parents, Teachers

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: The Social Development Research Group; University of Washington, School of Social Work

Partners: National Institute on Drug Abuse; the National Institute of Mental Health; the Robert Wood Johnson Foundation

Program Overview: RHC is a universal preventive intervention program targeting elementary school children. It aims to promote positive adult functioning and to prevent mental health problems, crime, and substance use (including tobacco, alcohol, and other drugs) at 21 years of age.

Program Design: RHC is based on the social development model (SDM) and is a universal preventive intervention program focused on reducing antisocial behaviors while enhancing prosocial behaviors. The SDM posits that during a child's elementary school years, children learn patterns of

behavior from socializing units of family and school, with peers playing an increasing role as children get older. Thus, RHC targets socialization within families, classrooms, and peer groups¹.

The intervention consists of three components: teacher training, child social and emotional skill development, and parent training. Each year during grades 1 through 6, teachers are to receive 5 days of in-service training on proactive classroom management, interactive teaching, and cooperative learning. After completing training, teachers begin to implement the program material which teaches students interpersonal problem-solving skills and refusal skills. The last component, parent training, consists of teaching parents behavior management skills, academic support skills, and skills to reduce risks for drug use².

Evaluation²: The program was implemented in 18 public elementary schools serving diverse neighborhoods of Seattle Washington. This randomized, controlled trial followed 605 participants up to 21 years of age, 9 years after the intervention ended. The following 3 intervention conditions were compared: a full 6-year intervention (grades 1 through 6), a late 2-year intervention (grades 5 and 6 only), and a no-treatment control condition. The program was assessed based on participants' self-reports and court records at 21 years of age.

Key Finding²: Evaluation revealed broad, significant effects on functioning in school and work and on emotional and mental health. Fewer significant effects on crime and substance use were found at 21 years of age. Most outcomes had a consistent dose effect, with the strongest effects in subjects in the full intervention group.

Website: <http://www.sdrq.org/rhcsummary.asp>

References:

1. Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). [Raising healthy children through enhancing social development in elementary school: Results after 1.5 years](#). *Journal of School Psychology*, 41(2) 143-164.
2. Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2005). [Promoting positive adult functioning through social development intervention in childhood: Long-term effects from the Seattle Social Development Project](#). *Archives of Pediatrics & Adolescent Medicine*, 159(1) 25-31.

ROWAN UNIVERSITY SOCIAL NORMS PROJECT

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Media (including social media)

Approach: Social Norms

Implementer: Rowan University

Partners: Funding from New Jersey Department of Health and Senior Services

Program Overview: This university social norms program aimed to reduce alcohol consumption, particularly heavy or harmful consumption, among students at Rowan University

Program Design: The social norms campaign at Rowan University was a public information campaign that used actual student norms in an effort to correct normative misperceptions to reduce harmful alcohol consumption. Students were exposed to actual norms through media including posters, flyers, newspaper advertisements, radio spots, and promotional items.

Evaluation: Data were collected via the [Campus Survey of Alcohol and Other Drug Norms](#). This questionnaire was administered before program implementation and again at one and two years after the program began. Items assessing program exposure were also included in the follow up surveys.

Key findings: Questionnaire data showed that the campaign and increased exposure to campaign messages were associated with statistically significant changes in perceived norms and alcohol consumption. These include:

- Corrections in misperceptions of peer drinking norms
- Fewer students reporting having consumed 5 or more drinks on average at bars or parties
- Fewer students reporting having consumed 5 or more drinks on average in the previous two weeks or during the last drinking occasion

References:

1. Jeffrey, L. R., Negro, P., Miller, D. S., & Frisone, J. D. (2003). The Rowan University social norms project, in Perkins, H. W. (Ed), *The Social norms approach to preventing school and college age substance abuse*, 100-110.

SHAHRP- THE AUSTRALIAN SCHOOL HEALTH AND ALCOHOL HARM REDUCTION PROJECT

COUNTRY: AUSTRALIA

REGION: WESTERN PACIFIC

Target Audience: High school (15-18 years old), Middle school (10-14 years)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: Secondary schools in Perth, Western Australia

Partners: Funding from the Western Australian Health Promotion Foundation

Program Overview: The SHAHRP program aims to reduce alcohol related harm among secondary school students in Perth, Australia, by improving knowledge and attitudes, and reducing consumption.

Program Design: This class-room based intervention was delivered in two phases over a two year period, starting with 13 year old students. Phase one included eight to ten sessions lasting 40-60 minutes. Phase two consisted of 12 activities incorporating skills and information in an interactive way. Teachers were trained and given manuals, as well as workbooks and videos for students. For more information on curriculum development and content, see McBride et al., 2000¹.

Evaluation: The evaluation included 14 schools randomly assigned to either the control or intervention condition. Students in control schools completed traditional alcohol education classes, while students in the intervention schools participated in the SHAHRP program. Data on program effects were collected through self-report questionnaires measuring alcohol related, knowledge, attitudes, patterns of consumption, and experienced harms¹. Data was collected at baseline, one year into the intervention and as follow-ups at 8, 20, and 32 months after the intervention.

Key findings²: Evaluation results found statistically significant program effects for alcohol related knowledge, attitudes, and consumption, specifically:

- SHAHRP participants showed greater knowledge related to alcohol at the first and second follow ups

- Students in the intervention groups developed significantly safer attitudes following the program and at all follow up periods
- Intervention group students consumed significantly less alcohol
- Smaller proportions of intervention students reported harmful levels of alcohol consumption in the past 30 days

Program Website: ndri.curtin.edu.au

References:

1. McBride, N., Farrington, F., & Midford, R. (2000). [What harms do young Australians experience in alcohol use situations](#). *Australian and New Zealand journal of public health*, 24(1), 54.
2. McBride, N., Farrington, F., Midford, R., Meuleners, L., & Phillips, M. (2004). [Harm minimization in school drug education: final results of the School Health and Alcohol Harm Reduction Project \(SHAHRP\)](#). *Addiction*, Vol. 99(3), 278-291.

SOCIAL NORMS CAMPAIGNS: EXAMINING THE RELATIONSHIP BETWEEN CHANGES IN PERCEIVED NORMS AND CHANGES IN DRINKING LEVELS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Media (including social media), University

Approach: Social Norms

Implementer: North Dakota State University

Program Overview: This university social norms program aimed to reduce student alcohol consumption by changing perceptions of peer alcohol consumption behaviors.

Program Design: This social norms program was a 5 week campaign in university residence halls. The campaign theme was "Stand Up and Be Counted", which was followed up with actual statistics

of student alcohol consumption patterns. Messages were communicated via posters, a letter from the director of the residence hall, and promotional items.

Evaluation: Residence hall assistants (RAs) were used to administer pre and post-test questionnaires to randomly selected students in their residence halls. The questionnaire included items to assess self-reported quantity and frequency of students' own alcohol consumption, as well as their perceptions of their peers' consumption.

Key findings: The evaluation of this social norms campaign examined how changes in perceived norms were associated with changes in consumption.

- Survey results showed significant reductions in perceived norms of consumption and self-reported alcohol consumption
- Additional analysis showed that changes in norms were associated with changes in consumption. Students who reported lower quantity norms also reported lower quantities of consumption for themselves. This was also true for frequency norms and consumption.

References:

1. Mattern, J. L. & Neighbors, C. (2004). [Social norms campaigns: Examining the relationship between changes in perceived norms and changes in drinking levels](#). *Journal of studies on alcohol*, 65(4), 489-493.

SODAS CITY

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years), Parents

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: School clubs or community organizations

Approach: Life Skills

Developer: Columbia University, School of Social Work

Partners: Recruitment through New York, New Jersey, and Delaware community agencies

Program Overview: This lifeskills intervention aimed to reduce adolescent alcohol consumption and abuse through a CD-ROM based program for 10-12 year olds.

Program Design: This program is based in social learning theory and problem behavior theory. Materials were developed based in these theories, and translated into a CD-ROM for adolescents. An additional parent component was designed based on family interaction theory. The CD-ROM component was administered to adolescents over ten 45 minute sessions. Materials covered a wide range of skills and were incorporated into the SODAS model, which consists of 5 steps:

- **Stop** - encourages youth to pause and identify the problem
- **Options** - consider options for addressing the problem
- **Decide** - to choose which option best addresses the problem
- **Act** - in this step the CD-ROM acts out the students decision
- **Self-praise** - once the correct decision is made students are rewarded

The parent intervention attempted to teach parents ways to encourage their children to incorporate the lessons learned from the intervention into their everyday experiences. Materials were delivered through a 30 minute video session, print materials, and newsletters. Parents and students received booster sessions following the initial one year program.

Evaluation: Program effects were evaluated using pre and post-tests as well as annual follow ups. Students ages 10-12 volunteered to participate in the program and were subsequently assigned to one of three conditions: control, intervention, or intervention plus the parent component. Questionnaires measured peer influence, family involvement, alcohol consumption, cigarette use, and marijuana use.

Key findings: Data were collected annually, up to 7 years after the intervention.

- Analysis of the first three years of data showed that students receiving either intervention experienced smaller increases in past 30 day alcohol consumption, at post-test and up to three years after the intervention¹
- At 7-year follow up students participating in the intervention showed significantly lower past 30 day alcohol consumption, reports of consuming 5 or more drinks on an occasion, higher self-reported alcohol refusal rates, fewer friends who consume alcohol, less peer pressure, and lower intentions to drink²

References:

1. Schinke, S. P., Schwinn, T. M., DiNoia, J., & Cole, K. C. (2004). [Reducing the risks of alcohol use among urban youth: Three-year effects of a computer-based intervention with and without parent involvement.](#) *Journal of Studies on Alcohol*, 65(4), 443-449.

2. Schinke, S. P., Schwinn, T. M., & Fang, L. (2010). [Longitudinal outcomes of an alcohol abuse prevention program for urban adolescents](#). *Journal of Adolescent Health*, 46(5), 451-457.

SPORT

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Schools

Approach: Screening and Brief Intervention

Developer: Brief Programs for Health

Partners: Funding from the National Institute on Alcohol Abuse and Alcoholism

Program Overview: SPORT is a brief intervention aimed at improving outcomes for health behaviors among high school students, with a focus on fitness and alcohol consumption.

Program Design: This intervention is based mainly in the Behavior-Image Model, which suggests that brief interventions for young people combine the promotion of healthy behaviors with the prevention of negative ones¹. Therefore, SPORT used a brief intervention to promote fitness and reduce alcohol consumption among high school students. For the intervention students were given a brief health and fitness screening instrument prior to the brief intervention. Results from this screening questionnaire were used in order to provide personalized feedback during the brief interventions session. Sessions were conducted by trained health professionals during normal class periods, but given in a private one-on-one session. In addition to their personalized feedback, students also received information about fitness and alcohol consumption, and how alcohol consumption can be detrimental to fitness goals. At the end of the sessions students are given informational material as well.

Evaluation: Students from a high school in Florida were recruited for participation and randomly assigned to either the control or intervention group. Data were collected through a pre test, post test at 3 months after the intervention, and a follow up at 12 months after the intervention. Questionnaires collected data on alcohol consumption, drug use behaviors, and risk factors. Alcohol consumption items assessed past 30-day quantity and frequency, frequency of consuming 5 or more

drinks, alcohol-related negative consequences, how long a student has been drinking, and stage of initiation.

Key findings²: Results from the post test and 12 month follow-up showed positive effects of the intervention.

At 3 month post-test data showed statistically significant differences in the following measures:

- lower past 30-day frequency and quantity of alcohol consumption; and 30-day consumption of 5 or more drinks in one occasion
- fewer students reporting alcohol consumption initiation
- more protective factors, including parental monitoring and communication, perceived susceptibility, and expectancies

At 12 months after the interventions differences in alcohol related measures between intervention and controls were not significant, but trends in the desired direction persisted.

Program Website: preventionpluswellness.com

References:

1. Werch, C. (2007). The Behavior-Image Model: A paradigm for integrating prevention and health promotion in brief interventions. *Health Education Research*, 22(5), 677-690.
2. Werch, C., Moore, M. J., DiClemente, C. C., Bledsoe, R., & Jobli, E. (2005). [A multihealth behavior intervention integrating physical activity and substance use prevention for adolescents](#). *Prevention Science*, 6(3), 213-226.

STORYTELLING FOR EMPOWERMENT

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Extra-curricular clubs or organizations, Schools

Approach: Life Skills

Developer: The Wheel Council

Partners: Funding from the United States Department of Health and Human Services; US Substance Abuse and Mental Health Services Administration; the Center for Substance Abuse Prevention

Program Overview: The Storytelling for Empowerment program aimed to decrease alcohol consumption and marijuana use among middle school students ages 11-15.

Program Design: This program uses storytelling and art for emotional expression, in an attempt to create a positive peer group and to enhance cultural identities. Students participating in the program met during lunch and after school. The curriculum included 27 lessons which included a variety of interactive games and exercises, and other tasks. Students are given a book to accompany lessons.

Evaluation: Students in 6-8 grade from two middle schools volunteered to participate in the program, and a third school in the same district served as a control. Data were collected at baseline and again one year later.

Key findings: Evaluation tracked results from two cohorts, which showed slightly different results.

- One cohort demonstrated a statistically significant decrease in the reported number of days in past month that alcohol was consumed (and marijuana used)
- Both cohorts showed statistically significant decreases in the use of illicit drugs

Program Website: wheelcouncil.org

References:

1. Nelson, A. & Arthur, B. (2003). Storytelling for empowerment: Decreasing at-risk youth's alcohol and marijuana use. *The Journal of Primary Prevention*, 24(2), 169-180.

STRENGTHENING FAMILIES PROGRAM (SFP)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Elementary school (10 years and younger), High school (15-18 years old), Middle school (10-14 years), Parents

Issues: Underage Drinking

Setting: Family and home environments, Schools

Approach: Life Skills

Developer: Dr. Karol L. Kumpfer; Iowa State University

Program Overview: This program, originally developed in the 1980's, aims to reduce behavioral, emotional, academic, and social problems among young people, especially those from high risk families.

Program Design: SFP attempts to achieve these goals by strengthening family connections and supports. While the program is school-based in also includes a parent component. The curriculum aims to strengthen the family environment by improving communication, encouraging positive interactions, and teaching discipline.

Children skill training includes:

- Communication skills
- Resilience skills
- Problem solving
- Peer resistance
- Feeling identification
- Anger management
- Coping skills

Parental training includes:

- Positive interactions with children
- Enhanced family communication
- Effective family meetings
- Consistent discipline

Program materials have been expanded and adapted to additional target age groups, different high risk populations, and vary cultural contexts.

Evaluation: SFP has been evaluated by numerous studies and in varying contexts over the past 30 years. The program now has standardized protocols for process and outcome evaluations.

Key findings¹: A meta-analysis of the long term effects of SFP found consistent effects for three main alcohol-related outcomes 3 years after the program. Positive effects were demonstrated for lifetime measures of:

- Alcohol consumption
- Consumption of alcohol without parental permission
- Episodes of drunkenness

Program Website: www.strengtheningfamiliesprogram.org

References:

1. Foxcroft, D. R., Ireland, D., Lister-Sharp, D. J., Lowe, G., & Breen, R. (2003). [Longer-term primary prevention for alcohol misuse in young people: A systematic review](#). *Addiction*, 98(4), 397-411.

STRONG AFRICAN AMERICAN FAMILIES (SAAF)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years), Parents

Issues: Underage Drinking

Setting: School clubs or community organizations

Approach: Life Skills

Developer: University of Georgia, Center for Family Research

Program Overview: The Strong African American Families (SAAF) program aims to prevent the initiation of risky behaviors (drug abuse, alcohol consumption, sexual activity) among African American adolescents.

Program Design: SAAF is designed for 11-12 year old African American adolescents and their mothers, living in rural areas. The program is designed to strengthen protective behaviors of youth and their parent. Program content is delivered at community centers once a week for 7 weeks. Weekly sessions were divided into three separate sessions: a youth session, a parent session, and a combined session. Each session lasts approximately one hour and youth and parent sessions were delivered concurrently. The curriculum of each session is described below:

1. Youth only session: youth sessions used a combination of videos, activities, and discussion to teach youth the importance of household rules, adaptive behaviors to use when confronted with racism, goal setting, correct social norms regarding peer alcohol consumption and drug use, and self-efficacy

2. Parent only session: parent sessions used videos and guided discussions to teach involved parenting, parental monitoring and control, adaptive racial socialization, and strategies for communicating about sexual activity and expectations regarding alcohol consumption
3. Combined family session: this second session reinforces the curricula learned by the youth and parents by practicing the skills they have been taught

Evaluation: This study was conducted across 8 rural counties in Georgia. 4 counties were randomly assigned to the control and 4 to the intervention group. Lists of 11-year olds in each county were used to randomly select families for participation. Families participating in the trial completed pre, post, and followup questionnaires. These questionnaires addressed parenting behaviors, adolescent protective factors, and alcohol consumption initiation, frequency, and heavy consumption.

Key findings²: A long-term follow up of this program evaluation showed that at 65 month follow up there were statistically significant differences in past 30 day alcohol consumption between control and intervention youth.

- Students who participated in the SAAF program reported drinking half as often as youth in the control group

Program Website: www.cfr.uga.edu

References:

1. Brody, G. H., McBride Murry, V., Gerrard, M., Gibbons, F. X., Molgaard, V., McNair, L., et al. (2004). [The Strong African American Families program: Translating research into prevention programming](#). *Child Development*, 75(3), 900-917.
2. Brody, G. H., Chen, Y., Kogan, S. M., McBride Murray, V., & Brown, A. C. (2010). [Long-term effects of the Strong African American Families program on youths' alcohol use](#). *Journal of Consulting and Clinical Psychology*, 78(2), 281-285.

STUDY TO PREVENT ALCOHOL RELATED CONSEQUENCES (SPARC)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Licensed premises, Local government/ law enforcement departments, School clubs or community organizations, University

Approach: Community or Environmental

Implementers: Wake Forest University

Partners: The National Institute on Alcohol Abuse and Alcoholism; the Division of Mental Health, Developmental Disabilities and Substance Abuse Services of the North Carolina Department of Health and Human Services

Program Overview¹: SPARC is a program that aims to reduce high-risk drinking and its negative consequences among college students.

Program Design¹: SPARC uses a community-organizing model to bring together campus and community stakeholders for the purpose of reducing high-risk drinking among college-students. At universities where SPARC is implemented, SPARC-affiliated campus/community organizers (COs) are sent to build such coalitions. Once formed, these coalitions are presented with a list of strategies to best target high-risk drinking based on evidence from published sources. They fall into 4 categories: availability, price and marketing, social norms, and harm minimization. Choosing among this list of strategies, coalitions go on to develop and implement an action plan targeting primarily environmental factors.

Evaluation²: In a 2010 study, 10 North Carolina Universities were randomized to either an intervention or control group. Each intervention school was then assigned a campus/community organizer (CO) who forged a coalition between campus and community stakeholders. These coalitions then developed and implemented various strategies to reduce high-risk drinking such as bans on alcohol advertising on campus, increased sanctions for student alcohol violations, a 'safe rides' program, and meetings with local premises selling alcohol to improve service practices. The program, which was implemented over a period of 3 years, was evaluated using a series of 4 web-based surveys given to students. The first was given at baseline before the start of the program and the following three were given each following year. The survey asked students whether, in the past month, they had experienced:

- moderate or severe consequences due to their own drinking
- interpersonal consequences due to others' drinking
- community consequences due to others' drinking
- alcohol related injury to oneself or others

Key findings²: The surveys revealed decreases in the intervention group compared with the comparison group in severe consequences due to students' own drinking and in alcohol related injuries caused to others. In secondary analyses, higher levels of implementation of the intervention were associated with reductions in interpersonal consequences due to others' drinking and alcohol-related injuries caused to others.

References:

1. Wagoner, K. G., Rhodes, S. D., Lentz, A. W., & Wolfson, M. (2010). [Community organizing goes to college: a Practice-based model to implement environmental strategies to reduce high-risk drinking on college campuses](#). *Health Promotion Practice*, 11(6), 817-827.
2. Wolfson, M., Champion, H., McCoy, T. P., Rhodes, S. D., Ip, E. H., Blocker, J. N., Martin, B. A., et al. (2012). [Impact of a randomized campus/community trial to prevent high-risk drinking among college students](#). *Alcoholism: Clinical and Experimental Research*, 36(10), 1767-1778.

TALK ABOUT ALCOHOL UK

COUNTRY: UNITED KINGDOM

REGION: EUROPE

Target Audience: Middle school (10-14 years), Parents, Teachers

Issues: Underage Drinking

Setting: Online/ Internet, Schools

Approach: Life Skills

Implementer: Alcohol Education Trust (AET)

Partners: Evaluated by the National Foundation for Educational Research

Program Overview: Talk About Alcohol aims to promote responsible attitudes and behaviors around alcohol consumption among students ages 11-16, specifically to delay the age of alcohol initiation, reduce the prevalence of drinking with the intention to get drunk, and to reduce antisocial consequences associated with drinking.

Program Design: Talk About Alcohol gives teachers, parents, and students resources and tools to help them make informed decisions and to enhance their ability to manage difficult situations during

adolescence. Program materials include a [Student Guide](#), [Teacher Workbook](#), [Guide for Parents](#), lesson plans, a DVD, and the [Program Website](#).

Evaluation: The evaluation covered two years of the program in 16 schools with 17 schools in the comparison group. 2015 students ages 12-13 were given Talk About Alcohol materials and were included in the intervention group and a matched comparison group of 1904 students did not use program materials. Students in both groups were given questionnaires at baseline and at two additional time points over the two year period. The questionnaire was administered in the classroom and collected data on three main outcomes: alcohol knowledge, drinking initiation, and frequency of alcohol consumption.

Key findings: Evaluation results showed statistically significant differences between intervention and control students for the following outcomes:

- Fewer students in the intervention group had initiated consumption of alcohol
- Students in the control group showed significantly higher levels of knowledge about alcohol and its effects
- Levels of frequency of drinking and heavy drinking were lower among intervention students, but did not reach statistical significance, in part due to lower prevalence of these outcomes

Program Websites: www.talkaboutalcohol.com and alcoholeducationtrust.org

References:

1. Lynch, S., Styles, B., Dawson, A., Worth, J., Kerr, D., & Lloyd, J. (2013). [Talk About Alcohol: An evaluation of the Alcohol Education Trust's intervention in secondary schools](#). Slough: NFER.

TARGETING MISPERCEPTIONS OF DESCRIPTIVE DRINKING NORMS: EFFICACY OF A COMPUTER-DELIVERED PERSONALIZED NORMATIVE FEEDBACK INTERVENTION

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Online/ Internet

Approach: Social Norms

Implementer: North Dakota State University

Partners: Funding from National Institute for Alcohol Abuse and Alcoholism; Alcohol and Drug Abuse Institute at the University of Washington

Program Overview: The aim of this social norms program was to reduce heavy drinking among first-year university students through computer-delivered personalized normative feedback.

Program Design: Students who reported drinking 4-5 or more drinks in the previous 30 days (4-women, 5-men) were eligible for the intervention. Students participating completed a baseline questionnaire, which was also used to provide feedback. Once the questionnaire was completed the students were shown feedback on the computer screen, and their results were also printed. Feedback was provided on the students' perceptions of their colleagues drinking patterns in comparison to actual norms and their percentile ranking of their reported alcohol consumption in comparison to other college students' consumption.

Evaluation: 252 students participated in the evaluation and intervention. A baseline measure was used during the intervention and the same questionnaire was administered again at 3 and 6 months after the normative feedback. The questionnaire measured peer drinking norms, drinking behaviors, and social reasons for drinking.

Key findings: The evaluation found that the intervention was effective in correcting misperceptions of peer drinking norms at 3 and 6 months after the intervention. The intervention also was effective in reducing alcohol consumption (at 3 months).

References:

1. Neighbors, C., Lewis, M. A., & Larimer, M. E. (2004). [Targeting misperceptions of descriptive drinking norms: Efficacy of a computer-delivered personalized normative feedback intervention](#). *Journal of Consulting and Clinical Psychology*, Vol. 72(3), 434-447.

TEEN INTERVENE

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old), Middle school (10-14 years), Parents

Issues: Underage Drinking

Setting: Local government/ law enforcement departments, Primary health care settings, Schools

Approach: Screening and Brief Intervention

Developer: Hazelden

Partners: Funding from National Institutes of Health

Program Overview: Teen Intervene is a brief intervention program which aims to reduce alcohol consumption and drug use among students ages 12-18 who currently consume alcohol and use drugs.

Program Design: The study of this program tested two versions of the program. One version included adolescents only and the second included parents as well. The program uses two 60 minute sessions of motivational interviewing style interventions for adolescents, and for the parent version a third session is added. In the first two sessions adolescents have an individual sessions with a trained therapist who uses a motivational interviewing style approach. The first session encourages adolescents to examine the pros and cons of their alcohol consumption and drug use, to set goals for making changes, and to negotiate changes in these goals with the counselor. The second session is delivered 7-10 days later and focuses on the adolescents' progress toward achieving the goals they had negotiated previously, and teaches skills to assist them. These skills include learning to identify high risk situations and strategies for resisting peer and social pressure. Once students are taught these skills they are asked to reassess their willingness to change and to develop long term goals for change. The third session, delivered in the parent version uses this same motivational interviewing style, but with the parent or guardian. In this session the therapist counseled parents regarding their child's alcohol consumption and drug use, improving parental monitoring and control, and the parent's own alcohol consumption and drug use behaviors. Adolescent interventions were conducted in a school setting, while the parent intervention was conducted in the home.

Evaluation: A study to evaluate the effectiveness of the Teen Intervene program was conducted using students from public schools who were identified by counselors or administrative assistant staff as possibly using drugs, students were then assessed according to DSM-IV criteria using the [Adolescent Diagnostic Interview](#) for abuse and dependence. Students who met eligibility criteria were randomly assigned to either the adolescent only (n = 136) or adolescent and parent intervention (n = 123). A smaller control group (n = 56) was recruited after the intervention groups. In-person interviews were conducted at baseline and a 6 month follow up in order to address alcohol

and drug outcomes (for more information on outcomes and scales used to assess them, see Dembo et al. 2012).

Key findings: Both the adolescent only and adolescent plus parent versions of the intervention showed statistically significant differences in outcomes when compared to the control group:

- The intervention groups reported fewer days of alcohol consumption
- Alcohol dependence and abuse were less prevalent among intervention groups

Program Website: www.hazelden.org

References:

1. Dembo, R., Gullledge, L., Karas, I., Winters, K. C., & Belenko, S. (2012). [Impact of brief intervention for drug-abusing adolescents in a school setting: Outcomes and mediating factors](#). *Journal of Substance Abuse Treatment*, 42(3), 279-288.

TEEN INTERVENTION PROJECT-CHEROKEE (TIP-C)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: Lowe and colleagues

Partners: The Cherokee Nation

Program Overview: TIP-C is a cultural school-based intervention developed to reduce substance abuse among Cherokee adolescents.

Program Design: TIP-C consists of a 10-week group intervention, implemented over 3 years for Cherokee adolescent substance abusers. The project was adapted from its parent project, the Teen Intervention Project (TIP), which was itself adapted from the Student Assistance Program (SAP), a school-based intervention designed to help adolescents address alcohol and drug abuse problems. TIP-C was developed with Cherokee culture and history in mind, paying particular attention to the

Cherokee conception of self-reliance, which was integrated into the program as a justification for abstaining from drugs. The program design also integrates elements of social learning theory and problem behavior theory.

Students receive instruction in small groups (<12) that meet for ten 45-minute sessions over the course of the 10-week period. These sessions are led by an interventionist trained especially for the project, and comprise the following topics:

1. Group introduction and guidelines
2. Substance abuse education and Native American History and substance abuse
3. Recognition and acknowledgement of personal substance use problems; self-monitoring of substance use; Cherokee traditions of being responsible; and being disciplined and confident
4. Identifying high-risk situations
5. Commitment generation; identifying alternatives to substance use; and Cherokee traditional activities
6. Commitment generation; alternatives to use; and lifestyle change
7. Coping with stress and Cherokee concept of self
8. Relationship building; Cherokee life-way of right relationships; family conflict resolution; and Cherokee family structures/roles
9. Abstinence violation effect; practicing resistance/refusal; and review of Cherokee way of being disciplined
10. Social support and closing ceremony

Evaluation: The program was evaluated using a randomized, controlled trial with a total of 108 participants recruited from the Cherokee Nation, all high school students between the ages of 13-18 years old. After the intervention, the program's efficacy was evaluated using 3 sets of surveys; one pre-intervention survey, one immediate post-intervention survey, and a final 90-day post-intervention survey. Paired ANOVA analyses were conducted to compare participants' scores on three measures; rates of substance abuse, levels of stress, and demonstration of Cherokee self-reliance.

Key findings: The evaluation yielded the following results:

- Stress was reduced immediately post intervention, but returned to their pre-intervention levels after 90 days
- Substance abuse was significantly decreased immediately post-intervention and 90 days post-intervention

- Levels of Cherokee self-reliance significantly increased immediately post-intervention and 90 days post-intervention

References:

1. Lowe, J. (2006). [Teen Intervention Project--Cherokee \(TIP-C\)](#). *Pediatric Nursing*, 32(5), 495-500.

TOO GOOD FOR DRUGS (TGFD)

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Schools

Approach: Life Skills

Implementer: The C.E. Mendez Foundation

Partners: Florida Public Schools, Florida Department of Children and Families

Program Overview: Too Good for Drugs (TGFD) is a school-based prevention program designed to:

- Prevent or diminish cigarette smoking, alcohol consumption, and marijuana use among middle school students
- Reduce risk factors and enhance protective factors that strengthen resiliency regarding alcohol, tobacco, and other drug use

Program Design: The TGFD program comprises ten 50-minute lessons delivered once per week by TGFD instructors and covers:

1. Goal setting
2. Decision making
3. Identifying and managing emotions
4. Effective communication
5. Bonding and relationships

6. Alcohol
7. Tobacco
8. Marijuana
9. Inhalants and other street drugs
10. Course review

Instructors use a number of strategies to enhance learning including cooperative learning, role playing, small group activities, purposeful games, demonstrations, and class discussions and iterative practice.

Evaluation: The program was studied using a randomized, controlled trial with an ethnically diverse sample of 6th graders from a large school district in Florida containing urban, suburban, and rural areas. 40 middle schools were studied, 20 of which were placed into the control group while the remaining 20 undertook the program.

Students from both control and intervention schools were asked to complete three assessment surveys on an identical schedule; a pre-survey completed 1-2 weeks prior to the intervention date, a post-survey completed 1-2 weeks after the completion of the intervention, and a follow-up-survey completed 6 months after the completion of the intervention.

Key findings: The surveys demonstrated that students who participated in the program were less likely to report smoking behavior, alcohol consumption, binge drinking, and marijuana use in the weeks after their participation, as well as 6 months later. The effect was strongest for students considered at high-risk of drug use compared to students at low or moderate risk.

Program Website: <http://www.toogoodprograms.org>

References:

1. Bacon, T. P., Hall, B. W., & Ferron, J. M. (2013). [Technical Report: One year study of the effects of the Too Good for Drugs prevention program on middle school students.](#)

UNIVERSITY OF LEEDS WEB-BASED PERSONALIZED FEEDBACK AND SOCIAL NORMS ALCOHOL INTERVENTION

COUNTRY: UNITED KINGDOM

REGION: EUROPE

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Online/ Internet

Approach: Social Norms

Implementer: University of Leeds

Program Overview: This social norms program was implemented in order to assess the effectiveness of this type of approach in reducing weekly alcohol consumption and the average amount consumed on a given occasion in a UK-based university.

Program Design: This intervention used personalized feedback and normative information in a web based format. Students participating in the intervention completed a pre test questionnaire and then immediately received personalized feedback as well as information regarding social norms. Over the next 12 weeks intervention students had access to the social norms website, and were requested to revisit at week 6.

Evaluation: 1075 students participating in the evaluation trial were randomly assigned to the control or intervention group. The intervention group was compared to a control group who also completed the pre test questionnaire, but did not receive personalized feedback, social norms information, nor access to the social norms site. Post test surveys were administered to both groups at the conclusion of the intervention period at 12 weeks. Questionnaires included items assessing numerous health behaviors including the [CAGE questionnaire](#), average number of drinks consumed per occasion, and past week alcohol consumption.

Key findings: Differences between pre and post test were compared between intervention and control groups, results showed:

- Statistically significant differences in alcohol consumed per occasion, with the intervention group demonstrating larger reductions
- No statistically significant differences in weekly alcohol consumption or CAGE scores between groups

References:

1. Bewick, B. M., Trusler, K., Mulhern, B., Barkham, M., & Hill, A. J. (2008). [The feasibility and effectiveness of a web-based personalised feedback and social norms alcohol intervention in UK university students: A randomized control trial](#). *Addictive Behaviors*, 33(9), 1192-1198.

UNIVERSITY OF VIRGINIA SMALL GROUP SOCIAL NORMS PROGRAM

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Extra-curricular clubs or organizations, School clubs or community organizations

Approach: Social Norms

Implementer: University of Virginia, Center for Alcohol & Substance Education

Partners: Funding from the US Department of Education

Program Overview: This social norms program was implemented at the University of Virginia in an effort to reduce risky drink drinking behaviors and reduce alcohol-associated negative consequences among fraternity and sorority members.

Program Design: The University of Virginia used a small group social norms approach in an effort to correct misperceptions in norms among fraternity and sorority members. This group was targeted because self-reported rates of drinking are higher among this population than other students. The program began with a 2 day training workshop at the university, along with 2 hour trainings for student facilitators. In addition to the training student facilitators received a training manual, presentation script, and a list of resources available to the campus and community. Following training, student facilitators delivered a 45 minute presentation to their fraternity/sorority chapter. Presentations included discussions of misperceptions of drinking norms, at the chapter and university level, as well as information regarding protective behaviors.

Evaluation: Evaluations of the campaign were assessed using pre and post tests administered to intervention and control fraternities and sororities.

Key findings: Although there was also a campus-wide social norms program taking place concurrently, the evaluation did find some promising changes among the intervention chapters.

Statistically significant changes included:

- Increases in the accuracy of perceived weekend drinking
- Decreases in the number of drinking times per month

References:

1. Bruce, S., Keller, A. (2007). [Applying Social Norms Theory within Affiliation Groups: Promising Interventions for High-Risk Drinking](#). *NASPA Journal*, 44(1), 101-122.

UNIVERSITY OF VIRGINIA SOCIAL NORMS PROGRAM

COUNTRY: UNITED STATES

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: University

Approach: Social Norms

REGION: AMERICAS

Implementer: University of Virginia, National Social Norms Institute

Partners: funding from the United States Department of Education (Grant S184H010094) and the National Institute on Alcohol Abuse and Alcoholism (Grant 5U18AA015617-02)

Program Overview: The University used a social norms marketing campaign, initially aimed at first year undergraduates only, in an attempt to reduce alcohol related harm among students.

Program Design: This campaign began in 1999, aimed exclusively at undergraduate students. The campaign was expanded to all students in 2002. The campaign aimed to correct misperceptions regarding the quantity and frequency of heavy drinking among university students. With the expansion of the campaign to the entire student population, an additional component was added, which included normative information on protective behaviors (for example preventing friends from driving after drinking).

In 2003 the program was further expanded to include targeted interventions for athletes, fraternities, and sororities.

Evaluation: The evaluation of the university social norms campaign was conducted using data collected annually from 2001-2006 through a self-administered web survey. The survey questionnaire included items assessing alcohol-related negative consequences, self-reported usual alcohol consumption (used to calculate estimated BAC), as well as program recall. Due to the fact that the program was campus-wide there was not a true comparison group; instead the measure of exposure students who did not recall any program materials or messaging were used as the exposure group.

Key findings:

- Students exposed to the campaign were 22% less likely to report alcohol-related negative consequences (OR = 0.78, $p < .05$)
- Recall of program messages also resulted in a 24% reduction in the likelihood of having an estimated BAC greater than .08 (OR = 0.76, $p < .01$)

References:

1. Turner, J., Perkins, W., & Bauerle, J. (2008). [Declining negative consequences related to alcohol misuse among students exposed to a social norms marketing intervention on a college campus](#). Journal of American College Health, Vol. 57(1), 85-93.

UNIVERSITY OF WISCONSIN SOCIAL NORMS CAMPAIGN

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: University

Approach: Social Norms

Implementer: University of Wisconsin - La Crosse

Program Overview: This university social norms program used print media and curriculum infusion in an attempt to reduce alcohol related negative consequences and problem behavior among university students.

Program Design: The on-campus social norms campaign promoted the message that most students at the university only consume between 0 and 5 drinks per week. In the first two years of the campaign this message was mainly disseminated through on-campus posters and flyers (all materials were extensively tested through focus groups prior to use). The campaign also relied promotional materials (pens, water bottles, cups, magnets, and other give-aways), student presentations (during orientation and classes), and introduction of concepts into curricula by professors willing to participate.

Evaluation: The evaluation of this program relied heavily upon use of the [Core Institute's Alcohol and Drug Survey](#). The campaign was launched in June 2000 and the survey was administered in 1999, 2000, and 2001 to collect pre test, post test, and follow up data. Annual data was also used to monitor campaign progress. In 2001 results indicated that the program message of 0 to 5 had reached its saturation point. Due to this information program implementers began to research future directions for the campaign, for example increasing focus on multicultural and LGBT (lesbian, gay, bisexual, and transgender) students.

Key findings: Survey results showed that over the course of the campaign:

- Reductions in student misperceptions of peers alcohol use
- Increases in self-reported protective behaviors
- Decreases in the number of police reports of vandalism and property damage

References:

1. Swanson, D. J., Zegers, K. M., & Zwaska, A. A. (2004). [Implementing a social norms approach to reduce alcohol abuse on campus: Lessons learned in the shadow of 'The World's Largest Six Pack'](#). *The Social Science Journal*, Vol. 41, 621-635.

UNPLUGGED

COUNTRIES: AUSTRIA, BELGIUM, GERMANY, GREECE, ITALY, SPAIN, SWEDEN

REGION: EUROPE

Target Audience: Middle school (10-14 years)

Issues: Underage Drinking

Setting: Schools

Approach: Multi-Component

Implementer: European Drug Addiction Prevention Trial ([EU-DAP](#)) Study Group

Partners: Funding from the European Commission

Program Overview: Unplugged is an interactive classroom based program designed to prevent or delay alcohol consumption, drug use, and tobacco use among European adolescents ages 12-14.

Program Design¹: Unplugged curriculum was developed based on a comprehensive [social influence approach](#), which includes social learning theory, life skills theory, and normative beliefs. Program content is delivered in twelve interactive classroom lessons which fall into three categories:

1. Knowledge and attitudes
2. Interpersonal skills
3. Intrapersonal skills

Program materials are available for download on the [program website](#).

Evaluation: Programs materials and evaluation were originally developed to assess the effectiveness of Unplugged in seven European countries: Austria, Belgium, Germany, Greece, Italy, Spain, and Sweden. The evaluation used a cluster randomized controlled trial. Across the seven countries 170 schools were randomly assigned to an experimental or control condition. Each school was then given a pre and post test questionnaire in order to evaluate changes in alcohol consumption, drug use, and tobacco use. Curriculum was taught between October 2004 and January 2005, with the first post test in April 2005 and a followup to assess longer term results in April 2006.

Key findings: Immediate results from the 3 month post test completion showed statistically significant improvements for all three substances:

- Intervention groups reported lower prevalence of having experienced any episode of drunkenness, as well as lower frequencies of drunkenness
- Program participants also reported less daily cigarettes use, and there was a marginal effect for cannabis use²

Results from the April 2006 follow up showed persisting effects for alcohol consumption and cannabis use, but not tobacco use³.

Program Website: www.eudap.net

References:

1. Van Der Kreeft, P., Wiborg, G., Galanti, M. R., Siliquini, R., Bohrn, K., Scatigna, M., et al. (2009). [“Unplugged”: A new European school programme against substance abuse](#). *Drugs: Education, Prevention and Policy*,16(2), 167-181.
2. Faggiano, F., Galanti, M. R., Bohrn, K., Burkhart, G., Vigna-Taglianti, F., Cuomo, L., et al. (2008). [The effectiveness of a school-based substance abuse prevention program: EU-Dap cluster randomised controlled trial](#). *Preventive Medicine*, 47(5), pp. 537-543.
3. Faggiano, F., Vigna-Taglianti, F., Burkhart, G., Bohrn, K., Cuomo, L., Gregori, D., et al. (2010). [The effectiveness of a school-based substance abuse prevention program: 18-month follow-up of the EU-Dap cluster randomized controlled trial](#). *Drug and Alcohol Dependence*, 108(1-2), 56-64.

USING FACEBOOK TO DELIVER A SOCIAL NORM INTERVENTION TO REDUCE PROBLEM DRINKING AT UNIVERSITY

COUNTRY: AUSTRALIA

REGION: WESTERN PACIFIC

Target Audience: University/young adults (18-21 years)

Issues: Underage Drinking

Setting: Media (including social media)

Approach: Social Norms

Implementer: University of Sydney

Program Overview: This social norms campaign used Facebook to deliver normative feedback to university students with the aim of reducing hazardous drinking.

Program Design: Students participating in the intervention received personalized normative feedback via Facebook private messaging. The first, of three message sessions was delivered one week after an initial screening questionnaire. Message sessions included feedback comparing the individuals perceptions of classmates' drinking behaviors to their classmates' actual reported consumption behaviors. Students were also given a ranking of their consumption compared to their classmates. Because these students were screened as hazardous drinkers they were also given their [AUDIT](#) score and an explanation of the score, the associated risks, and ways to reduce these risks. Facebook messaging allows the program implementer to see when the message has been

read, but an additional step was added in order to ensure that the messaging was not only read, but understood. The feedback messages were followed with a hyperlink to an online questionnaire asking students to recall and interpret the feedback they were given. If a student reported incorrect responses a follow up message was sent immediately to address the error.

Evaluation: Students were selected for participation based on an initial online screening questionnaire which included [AUDIT](#) questions, to identify hazardous drinkers. 95 students were identified as hazardous drinkers and included in the study. These students were randomly assigned to participate in the control or intervention. Students in both groups were surveyed at baseline and again at one and three months after the intervention.

Key findings: Comparisons of self-reported quantity and frequency between control and intervention students revealed statistically significant differences:

- Intervention students reported significantly lower quantities of alcohol consumption at one and three month follow ups
- Students in the intervention group also reported significantly less frequent alcohol consumption at one and three months after the intervention

References:

1. Ridout, B. & Campbell, A. (2014). [Using Facebook to deliver a social norm intervention to reduce problem drinking at university](#). *Drug and alcohol review*, 33(6), 667-673.

USING SOCIAL NORMS TO REDUCE ALCOHOL AND TOBACCO IN TWO MIDWESTERN HIGH SCHOOLS

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: High school (15-18 years old), Parents, Teachers

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Schools

Approach: Social Norms

Implementer: Illinois High Schools

Partners: Funding from the US Department of Human Services; evaluation conducted by the Center for Research and Prevention Development (CRDP) in Champaign, Illinois

Program Overview: This social norms campaign aimed to reduce normative misperceptions of alcohol consumption and tobacco use among high school students, their parents, and teachers; in an effort to reduce alcohol consumption and tobacco use among students.

Program Design: Campaign content was developed following surveys of parents, students, and teachers. The surveys were used to establish normative behaviors among students and to gauge misperceptions of normative behaviors. These data were used to develop media for each group:

- Parents were targeted with ads in community newspapers, and mailings from the school
- Teachers were given information during meetings, training, school mailings, posters placed in the schools, and the ads in the community paper
- Students were exposed to campaign messages through posters in the schools, mailings sent to their homes, and radio advertisements

Evaluation: 10th grade students, their parents, and teachers were included in the evaluation of the campaign. Parents and teachers were surveyed about their perceptions of normative alcohol consumption and tobacco use for high school students. Students participating in the evaluation (n = 319) were asked about their normative perceptions, as well as their actual alcohol consumption and tobacco use. Surveys were conducted at baseline and again 2 years later.

Key findings¹: Survey results showed corrections in misperception of normative alcohol consumption (corrections in misperceptions of tobacco use did not reach significance). Statistically significant changes were also seen for reported alcohol consumption and tobacco use.

- Over the two years of the campaign there were significant reductions in the number of students who reportedly consumed alcohol in the past month
- There was a significant reduction in the number of students who consumed more than five drinks on an occasion in the previous two weeks
- The percentage of student who reported having been drunk in the previous month decreased significantly
- Significantly fewer students reported past 30 day tobacco use after two years of campaign exposure

References:

1. Haines, M. P., Barker, G. P., & Rice, R. (2003). Using social norms to reduce alcohol and tobacco use in two midwestern high schools. *The social norms approach to preventing school and college age substance abuse: A handbook for educators, counselors, and clinicians*, 235-244.

WEB-BASED SCREENING AND BRIEF INTERVENTION (E-SBI) FOR HAZARDOUS DRINKING

COUNTRY: NEW ZEALAND

REGION: WESTERN PACIFIC

Target Audience: Adults of legal drinking age, University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Online/ Internet, University

Approach: Screening and Brief Intervention

Implementer: The Student Health Service at the University of Otago, New Zealand

Partners: The Alcohol Advisory Council of New Zealand, the Health Research Council of New Zealand

Program Overview: This program aimed to determine the effectiveness of web-based screening and a subsequent brief intervention regarding alcohol consumption.

Program Design: The program consists of a short web-based screen including the Alcohol Use Disorder Identification Test (AUDIT) questionnaire and a subsequent brief intervention. The screening requires students to answer questions on their consumption patterns in order to determine if their behavior was hazardous, while the brief intervention provides students with feedback and advice generated from the web program regarding how to reduce their hazardous behavior. Feedback consists of their risk status, comparison of their consumption with recommended upper limits, and an estimate of their blood alcohol concentration for their heaviest drinking occasion in the past month, comparison of their consumption with that of national and university norms, and correction of norm misperceptions

Evaluation: The program was assessed in a randomized, controlled trial involving a total of 104 students aged 17-26 recruited from the Student Health Service at the University of Otago. whereupon they completed a 3-minute web-based screen including the Alcohol Use Disorder Identification Test (AUDIT) questionnaire and subsequently consented to a brief intervention.

Students were invited by email to complete a 6-week follow-up survey querying their consumption patterns in the weeks following the intervention. The survey instrument measured:

- Frequency of consumption
- Quantity of consumption
- Frequency of heavy episodic drinking
- Personal, social, sexual, and legal consequences of episodic heavy drinking
- Consequences related to academic performance

Key findings: Program evaluation results showed that at 6 weeks post intervention, students reported lower total consumption, lower heavy episodic drinking frequency, and fewer personal problems.

References:

1. Kypri, K., Saunders, J. B., Williams, S. M., McGee, R. O., Langley, J. D., Cashell-Smith, M. L., & Gallagher, S. J. (2004). [Web-based screening and brief intervention for hazardous drinking: A Double-blind randomized controlled trial](#). *Addiction*, 99(11), 1410-1417.

WEB-BASED SCREENING AND BRIEF INTERVENTION (E-SBI) FOR MAORI UNIVERSITY STUDENTS

COUNTRY: NEW ZEALAND

REGION: WESTERN PACIFIC

Target Audience: Adults of legal drinking age, University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: Online/ Internet, University

Approach: Screening and Brief Intervention

Implementer: University of Newcastle, Australia; University of Otago, New Zealand

Partners: New Zealand's Alcohol Advisory Council

Program Overview: Web-based alcohol screening and brief intervention (e-SBI) was employed to reduce hazardous drinking among university students belonging to the Maori culture, an indigenous

peoples of New Zealand at greater risk of alcohol-related harm than their non-indigenous compatriots.

Program Design: The program consists of a screening and a brief intervention. The Alcohol Use Disorders Identification Test (AUDIT) comprises the screening, wherein students answer questions on their drinking habits. The subsequent brief intervention entails personalized feedback on the effects of their drinking habits, as well as advice on how to counter such habits and reduce their negative consequences.

Evaluation: The program was evaluated in a randomized, controlled trial in which 1789 Maori students ages 17-24 deemed hazardous drinkers participated. Both the control and intervention groups received screening, but only the intervention group received personalized feedback on their habits. 5 months post-intervention, both groups completed questionnaires which asked students about their current drinking habits.

Key findings: The evaluation demonstrated that those receiving e-SBI reported less drinking, fewer drinks per occasion, and fewer academic problems than the control at 5 months post intervention.

References

1. Kypri, K., Vater, T., McCambridge, J., Cunningham, J. A., Bowe, S. J., Saunders, J. B., & Horton, N. J. (2013). [Web-based alcohol intervention for Maori university students: Double-blind, multi-site randomized controlled trial](#). *Addiction*, 108(2), 331-338.

WESTERN WASHINGTON UNIVERSITY SOCIAL NORMS PROGRAM

COUNTRY: UNITED STATES

REGION: AMERICAS

Target Audience: University/young adults (18-21 years)

Issues: Heavy Episodic or Binge Drinking, Underage Drinking

Setting: University

Approach: Social Norms

Implementer: Western Washington University

Partners: Funding from the US Department of Education

Program Overview: This social norms program used a universal and targeted approach in an effort to reduce alcohol consumption among the general population and heavy drinking among harmful drinkers in a university setting.

Program Design: This program used two approaches, a social norms marketing campaign aimed at the general university student population and a normative feedback approach targeting harmful drinkers.

The social norms marketing campaign used mass media, including ads in the student paper and posters placed on campus to promote the message that "Most (66%) Western students drink 4 or fewer drinks when they party." Ads contained the following element: pictures of college students, information on what constitutes one drink, a statement describing the methodology used for arriving at the statistics, and information about the creator of the ad. In addition to the mass media efforts the campaign also enlisted "lifestyle advisors." These advisors were trained students who were taught about social norms and their potential influence on behavior. These students committed to attempt to correct their peers' misperceptions regarding normative drinking behavior.

The targeted normative feedback component focused specifically on harmful drinkers. Students who had been cited as violating campus alcohol policies in university residence halls or who were charged in the local court for underage possession of alcohol were targeted as harmful drinkers. These students were mandated to receive personalized normative feedback in a motivational interviewing style intervention from risk reduction specialists.

Evaluation: Each component of the program employed a slightly different evaluation design.

The social norms marketing campaign relied on campus pre and post intervention campus surveys. Information on drinking perceptions and behaviors was collected through the WWU Lifestyles Survey in the spring of 1997 and 1998. Additionally, a panel survey was conducted. Students who responded to the 1998 post test were followed for another year and surveyed again in 1999.

The normative feedback intervention was evaluated among the 446 harmful drinkers mandated to participate. These students completed a baseline questionnaire before the intervention as well as a post test at completion and a three month follow up after completion. The questionnaire included items to assess quantity and frequency of alcohol consumption, negative alcohol related consequences, use of psychoactive substances, sexual behavior, alcohol expectancies, readiness for change, psychological distress, alcohol dependence, and perceptions of others' drinking behaviors.

Key findings: Evaluations found that both components of the program produced statistically significant changes in misperceptions and alcohol consumption.

Social norms marketing campaign:

- Over the course of the campaign there was a 44% reduction in misperceptions of typical drinking patterns among students ($p < .001$)
- There was a 20.6% reduction in students reporting consuming 5 or more drinks on a single occasion ($p < .024$)
- The panel survey showed significant decreases in the typical and peak number of drinks consumed; misperceptions about other students' heavy drinking, and reported negative consequences

Targeted normative feedback:

- Students receiving the mandated normative feedback reported significant decreases in the typical and peak number of drinks consumed
- Intervention students reports a significant decline in the reported amount of time spent drinking
- Students reported a significant decrease in frequency of alcohol consumption over the past month

References:

1. Fabiano, P. M., McKinney, G. R., Rhoads, K., & Stark, C. (2000). [Longitudinal findings from the 1999 lifestyles survey](#). *Focus*, 5(5), 2-8.
2. Fabiano, P. M. (2003). Applying the social norms to universal and indicated alcohol interventions at Western Washington University. In Perkins, H. W. (Ed), *The social norms approach to preventing school and college age substance abuse*, 83-99. San Francisco: Jossey-Bass.

6.2 PROGRAM ADAPTATION

Adapting an existing program for implementation in your desired environment can be both effective and efficient. If you can identify an existing program that has already been proven to have an impact on a desired outcome, then you must first determine whether it is possible to adapt the program to your target population and setting; not all successful programs can be adapted successfully.

The steps presented in the Guide for designing a new alcohol education program should also be followed when adapting an existing program: Background research (Getting Started), Program Design, Implementation, and Evaluation. These steps, as they apply to program adaption are more

fully described below. Remember, evaluation is a critical component of any good alcohol education program. Just because a program has been evaluated in the past does not mean it will be effective in a new context. Replications and especially adaptations require further evaluations.

Background Research

If you decide to adapt an evidence-based practice (EBP) or a good practice program, it is always a good idea to consult with the program developer for permission. Also, there might be readily available adaptations and materials for your intended target population, or some recommendations about how to adapt the program to a different context.

Program Design

A program that was successful in one context will not necessarily have the same effectiveness when implemented elsewhere. In order to help ensure that your adaptation is successful, there are a few steps we recommend you to take during the adaptation process:

- **Change the language:** This may sound fairly simple, however, consider that one country or region might have several languages (for example, China or India). You might decide to work in a certain area in which a particular language is predominant, but if you want to reach the most vulnerable groups you may need to use their preferred language. You will also need to consider also the name of your program; direct translations don't always work well. The name should be appealing and appropriate for your target audience. For example, the successful "**Strengthening Families Program**" has been translated into "Familias Fuertes" (Strong Families) in its Latin American version.
- **Translate, adapt and/or modify vocabulary:** Consider regional variations in language. If you want to create a program for a large and relatively homogeneous region (i.e. Latin America) you might consider using a standard language that will be understood by the broadest possible segment of the population, this approach can also help improve cost effectiveness. Remember to keep in mind the age of your target audience and their preferred language style in order to tailor your program.
- **Replace images:** You will need to show individuals, scenes, and contexts that look like your target audience and their environment.

- **Replace cultural references:** The identification of appropriate cultural references should be done in collaboration with your local counterparts and the program developer to ensure relevance with your new target audience.
- **Modify some aspects of the activities:** You need to ensure that program activities are appropriate for your new target audience. For example, in some cultural contexts gender roles are especially important, and it is recommended that men and women be separated during program delivery. Gender roles can also be important in selecting facilitators for each group.
- **Add relevant, evidence-based content:** This can make the program more appealing to your new target audience. This should be informed by your background research and interactions with local counterparts. You need to find out what works in these communities.

Implementation

Once you have adapted the chosen program to your social and cultural context you need to pilot test it with your target audience.

Using the information you collected during your formative research and the results of your pilot test, you can further refine your program materials and protocols before proceeding with the full-scale implementation.

Sometimes, adaptations can jeopardize the effectiveness of your intervention, for that reason you should monitor your program carefully to assess what is, or is not working, and how these issues can be addressed.

Threats to Successful Program Adaptation

As we pointed out previously, with program adaptations there are certain issues that you should be paying close attention to:

- **Changing the theoretical approach:** There is no better theory than a good program and changing the theoretical approach will change the very nature of your intervention. So by changing the theory behind it you will be using an untested, unreliable approach. If you are convinced that a change in theory is necessary you will have to create a new program and pilot test it in order to assess its effectiveness.

- Eliminating key messages or skills: Key messages (the core elements of the intervention) are what make programs effective and will generate a set of skills that are very important to replicate on a consistent basis. It is strongly recommended that you do not eliminate the original key messages.
- Using staff or volunteers who are not adequately trained or qualified: The success of your program depends on the quality of the delivery. You should pay close attention to the recruitment and training of program staff and assess their performance on a regular basis, using debriefs or observations.
- Using fewer staff members than recommended: In a situation in which you don't have enough adequately trained staff, you may have to rely on fewer staff members to implement your program. This should also be monitored to ensure effective program delivery.
- Lowering the level of participant engagement: Some programs might be tempted to lower the level of participant engagement just to retain participants. While retention rates are important, much of your program's success relies on adequate engagement of the target audience.
- Reducing the number or length of sessions or how long participants are involved: This can be a hard decision to make so you will need to work closely with your local counterparts and, at the same time, pay close attention to the core components of the intervention so that by reducing the length or the involvement of participants you are sure you are still addressing the key elements of your program. Also bear in mind that dosage is an important factor in program effectiveness, so you would should have to pilot a program to test these kinds of adaptations.
- Removing topics. An evidence-based or a good practice program is usually the product of a combination of the theoretical approach and an appropriate methodology and should be considered as a whole entity. Removing a topic that is part of the intervention's core will most likely have a negative impact on the effectiveness of your intervention.

6.3 PROGRAM REVIEW AND SELECTION PROCESS

To facilitate the collection and review of the considerable number of existing alcohol education programs, programs were grouped according to the alcohol-related issue they were designed to address. To begin, the following three most salient issues were identified: **underage drinking, drink-driving, and binge and other hazardous drinking patterns.**

The collection and review process has been completed for the first issue, underage drinking, and the resulting set of programs is now available on the [Programs List and Search](#) page of the website. As of October 1, 2014, the second issue, drink-driving, is in the program collection and review process, and all of the drink-driving programs reviewed and approved by the [Advisory Group](#) will be added to the Guide in early 2015. The final issue, binge and other hazardous drinking behavior, will follow shortly thereafter. The process for collecting and reviewing these programs is described in detail below.

Preventing Underage Drinking

Step 1: Collection of available programs

The search for alcohol education programs designed to prevent underage drinking began with SAMSHA's National Registry of Evidence-based Programs and Practices ([NREPP](#)), using the advance search feature to select alcohol as the outcome measure and early childhood through young adults as the target age.

Two research search engines, [PubMed](#) and the [International Alcohol Information Database](#), were used to search for programs using the following parameters:

- Publication range: 2000-2014
- Publication types: peer-reviewed, English-language journals
- Themes or Keywords: young people; underage drinking; alcohol education; alcohol prevention programs

In addition, all alcohol industry-funded programs for preventing underage drinking reported in the [Initiatives Reporting: Industry Actions to Reduce Harmful Drinking](#) database were included in the initial pool of underage drinking programs.

As a second sweep of the available research literature, we added search terms to find specific types of programs (i.e. life skills, social norms, community-based) or regions of the world that were underrepresented in the pool of programs collected during the primary search. Advisory Group members and other colleagues also submitted names of suggested programs.

Step 2: First elimination

From the large number of existing programs collected in Step 1, we eliminated all programs that did not have an evaluation report available and a few programs that fell outside of the 2000-2014 time

period criteria, as well as a few examples of evaluations of programs that had very small number of study participants.

Step 3: Selection process

A pool of proposed programs and their publicly available materials were compiled for each [Advisory Group](#) member for their reference over a two-day review session. During this session, members met to review the program information, evaluation report, and any published findings and additional materials to determine whether each program met the predetermined [Inclusion Criteria](#). All programs reviewed and approved by the Advisory Group have been included on the [Programs List and Search](#) page of the website.

6.4 ADVISORY GROUP

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ALCOHOL EDUCATION GUIDE TO REDUCING HARMFUL DRINKING: Worksheet

This worksheet captures the exercises featured on the interactive website version of the International Center for Alcohol Policies' (ICAP) *Alcohol Education Guide to Reducing Harmful Drinking*.

The section numbers on this worksheet refer to the section numbers earlier in this document.

Section 2.1 Program goal

Using the examples for target audience, behaviors, settings, and program goals that appear in this section, define your program goal.

My program goal is to:

Section 3.3 Target audience

Write in your target audience(s) below.

My primary target audience is:

My secondary target audience is:

Section 3.4 Setting

Using the examples in this section as a guide, describe your desired program setting(s) in the box below. Which setting(s) would best suit your program content and target audience?

Section 3.5 Program content

Using the examples in this section as a guide, describe the type of information and the approach your program will use.

My program content includes this type of information:

My program content uses this type of approach:

Section 3.6 Mode of delivery

Using the examples in this section as a guide, describe your program's mode of delivery below.

Section 3.8 Write your program objectives

Using your previous answers, and the examples in this section as a guide, write detailed program objectives below.

Objective 1:

Objective 2:

Objective 3:

Objective 4:

Objective 5:

Section 5: Evaluating your program

You can access the ICAP toolkit mentioned in this section, [A Guide to Evaluating Prevention Programs](#), on the IARD website.