Decision-Support Tools

PREVENTING YOUTH MARIJUANA USE:

Programs and Strategies

PREVENTION SOLUTIONS@EDC

EDC Education Development Center

RESOURCE OVERVIEW

Preventing Youth Marijuana Use: Programs and Strategies is designed to help prevention practitioners identify programs that address youth marijuana use by providing brief information on the results associated with such programs, and how and where they have been implemented. Detailed information is provided on 31 featured interventions, including: contacts, core elements, populations served, settings, evaluation design and outcomes, studies cited, and any national recognition as evidence-based programs. Key findings include the following:

- Half of the programs (n = 16) target universal populations, six selective, three indicated, and five multiple population groups.
- Some programs (n = 13) were designed to meet the needs of special populations, notably, youth in foster care, chronic juvenile offenders, and American Indian teen mothers and their children.
- All but one of the programs demonstrated improvements in youth marijuana use, and more than half of the programs (n = 22) were associated with long-term outcomes on youth marijuana use, with effects present at one-year follow-up or later.
- The vast majority of programs are implemented in school settings (n = 25), followed by community agencies (n = 6), home (n = 4), and clinic (n = 3), with some programs implemented in multiple settings.
- The majority of programs (n=26) are listed on federal registries and rated as either effective or promising.
- More than half of the programs (n = 22) were evaluated using experimental methods.
- Programs seem to be fairly evenly distributed across age groups, with six developed for and implemented with young children, 13 with middle school-age children or young adolescents, 14 with adolescents, and four with emerging adults. Several programs targeted more than one of these age group categories or developmental periods.

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INTRODUCTION

As many states are enacting laws that allow for personal adult marijuana use, prevention practitioners, law enforcement officials, parents, and others are becoming more concerned about youth marijuana consumption and its consequences. Such concerns remain despite the fact that youth marijuana use remains illegal—even in those states that allow for personal adult consumption.

Over the past two decades, researchers and practitioners have developed and tested a variety of programs and strategies designed to address the main risk and protective factors associated with youth marijuana use, including, for example, diminished perceptions of harm, mental health, other substance misuse, family conflict and disruption, parental monitoring, peer use, and normative climate favoring use. This tool is designed to help prevention practitioners identify programs that address youth marijuana use by providing brief information on the kinds of results associated with such programs and how and where they have been implemented. Because the risk factors and protective factors for youth marijuana use often parallel those for underage alcohol consumption and other drug use; many of the interventions presented below may reduce other types of substance use, as well.

HOW THIS TOOL IS ORGANIZED

Intervention information is organized into three sections. Section 1 presents brief information on identified interventions, including: target population; whether that target population is universal, selective or indicated (see inset);[1] the setting in which the program is implemented; main outcomes; and any external recognition by national evidence-based rating organizations. Section 2 includes more detailed summaries of each intervention, including:

- **Contacts:** Whom do I contact for more information?
- **Description:** What are key components of the program?
- **Populations:** What population group/s does this program target?
- **Settings:** In what settings has this program been implemented (and evaluated)?
- **Evaluation design:** How was this program evaluated?
- **Outcomes:** What were the evaluation outcomes specific to marijuana use?
- **Studies:** Which evaluation studies reported these marijuana outcomes?

Institute of Medicine (IOM) Classifications for Prevention

Universal interventions address the entire population to delay or prevent substance misuse

Selective interventions target subpopulations at increased risk of substance abuse

Indicated interventions target individuals who are using substances and are at risk of developing a substance use disorder

[1] Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

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- **Recognition:** Which national organizations or agencies have recommended or reviewed this program?

Section 3 summarizes the methods and criteria used to identify and select programs for inclusion in this decision-support tool.

For more information on the interventions included in this tool, follow the URL addresses provided in each intervention record. Please be advised that the URLs included in this document were active as of September 2017. The URLs are subject to change at any point by the host sites.

RELATED TOOLS

Other CAPT tools that support the prevention of youth marijuana use, which we suggest reviewing prior to strategy selection, include:

- ***Preventing Youth Marijuana Use: Factors Associated with Use***, which offers a summary of research findings on factors associated with marijuana use among youth.
- ***Preventing Youth Marijuana Use: Data Resources***, which offers a comprehensive listing of available data resources and surveys developed by and for a range of federal agencies and that collect data on marijuana use and its consequences.
- ***Preventing Youth Marijuana Use: National Survey Measures***, which provides information on how national surveys measure youth marijuana use, as well as factors and consequences associated with such use.

USING THIS RESOURCE TO GUIDE PREVENTION PRACTICE

Although there are several ways to approach and use this resource, the following are suggested steps or guidelines.

Don't start by looking at programs! Instead, start with risk and protective factors. While marijuana use among youth may be a serious problem across your state, the factors that drive the problem in different communities may vary considerably. For example, in one community high school students may have low perceptions of the risks associated with marijuana use, but in another community easy access to marijuana may be a more salient factor. To be effective, the prevention strategies or interventions you select must be linked to the risk and protective factors that drive the problem in your community. Therefore, it is critical that you begin your search for appropriate prevention strategies with a solid understanding of these factors, based on a comprehensive review of local quantitative and qualitative data. When prioritizing the risk and protective factors to address, consider questions such as the following:

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- How much does the factor contribute to your priority problem? Is it associated with the outcome(s) you want to address?
- Do you have the resources and readiness to address this factor? How might community norms and/or social conditions support or compromise your ability to address this factor?
- Is this factor relevant, given the developmental stage of your focus population?
- Does a suitable intervention exist to address this factor?
- Can you produce outcomes within a reasonable time frame?
- Is this factor associated with other behavioral health issues? If yes, how does this impact your ability (or readiness) to address the factor in question?
- Are there other considerations that may influence your ability to address this factor?

For information on risk and protective factors, visit the document *Preventing Youth Marijuana Use: Factors Associated with Use*.

Examine program summaries to identify relevant studies. The program summaries included in this resource are designed to help you decide which intervention(s)—if any—best fit your local conditions. After reviewing the summaries, use the citations provided to access the full-text of the most relevant articles. When exploring potential strategies, consider questions such as the following:

- Does the outcome identified in the study align with your outcome of interest?
- Are you already implementing similar strategies or interventions for other substances in your community? Is this new strategy complementary or redundant?

Determine the strength of evidence. The main question to consider when determining strength of evidence is whether rigorous program evaluation methods have ruled out alternative explanations for outcomes. This determination is complicated by the fact that definitions of rigorous evaluation vary slightly depending on who is rating the research methods. You'll notice, for example, that rating entities such as SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) and Office of Juvenile Justice and Delinquency Prevention (OJJDP) apply different criteria to determine strength of evidence. To learn more about what constitutes evidence of effectiveness, consult federal guidelines such as the Centers for Disease Control and Prevention's (CDC's) *Understanding Evidence* series. Many state- and local-level officials, however, prefer to consult with their evidence-based working groups, who may have already established criteria for determining strength of evidence.

Determine the feasibility of implementation. Once you have identified a program that addresses the risk and protective factors associated with youth marijuana use in your community and has been shown to demonstrate evidence of effectiveness, it is important to determine how feasible it will be to

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implement, given your resources and community conditions (that is, your community's willingness and/or readiness to implement). A feasibility assessment might, for example, consider the following:[2]

- **Acceptability** (for example, will stakeholders be satisfied with the program?)
- **Demand** (for example, are people likely to participate?)
- **Implementation** (for example, is there administrative buy-in and ongoing supervisory support of staff implementing the program?)
- **Practicality** (for example, can your organization afford to implement the program? Are there funds in the budget?)
- **Adaptation** (for example, can you adapt the program to meet the needs of populations served without compromising its effectiveness?)
- **Integration** (for example, does the program fit with the existing infrastructure and can it be easily integrated into staff training, workflow or service delivery?)

[2] Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., . . . Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventive Medicine*, 35(5), 452–457. doi:10.1016/j.amepre.2009.02.002.

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SECTION 1. PROGRAMS AT-A-GLANCE

Program	Population	IOM*	Setting	Outcomes	Recognition**
Abecedarian Project	Children ages 0–8 years	S	Day care, schools	Initiation and frequency of marijuana use at age 21 years	RAND
Adolescent Decision-Making	Adolescents	U	School, community agencies	Past 30-day marijuana use, 1 year later	N/A
ATHENA	Adolescent, female student athletes	U	School	Lifetime marijuana use 1 to 3 years following high school graduation	SAMHSA, OJJDP
BRAVE	Early adolescents	U	School	Past 30-day marijuana use, 6 months and 1 year later	N/A
Computerized, Mother-Daughter Prevention	Female adolescents and their mothers	U	Home, online	Past 30-day marijuana use, 1 and 2 years later	N/A
Coping Power	5th–6th grade students and their parents	S	School	Lifetime use of marijuana 5 years later	OJJDP, Athena, USED, Blueprints
Family Spirit	American Indian teen mothers and their children	S	Home, community agencies	Past-month marijuana use 36 months postpartum	SAMHSA
Guiding Good Choices	Parents of children in grades 4–8	U	School	Marijuana initiation 1, 2, 4, and 6 years later	SAMHSA, Athena, Blueprints, RAND, WSIPP
Hip-Hop 2 Prevent Substance Abuse and HIV	Youth ages 12–16 years	U	School	Perceived risk associated with regular marijuana use and disapproval of marijuana use immediately post-intervention and 6 months later	SAMHSA, Athena
InShape	Emerging adults	U	College, community	Initiation and quantity of and heavy marijuana use 3 months later	SAMHSA, Blueprints, WSIPP
Keepin' It Real	Students ages 12–14 years	U	School	Marijuana use through 8th grade	OJJDP, Athena, WSIPP

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Program	Population	IOM*	Setting	Outcomes	Recognition**
Keep Safe	Youth in foster care	S	Child welfare agencies	Marijuana use 3 years later	OJJDP, Blueprints
LifeSkills Training	Students in grades 6–9	U	School	Marijuana initiation, frequency, and use over time and marijuana use in 12th grade	SAMHSA, OJJDP, Athena, Blueprints, RAND, WSIPP, CEP
Midwestern Prevention Project	Students in grades 6–8, parents, community	U	School, community	Marijuana use in high school	OJJDP, Athena, RAND, WSIPP
Motivational Enhancement Therapy	Youth and adults age 18+	I	School, clinic, juvenile justice	Quantity of marijuana used 3 months later and marijuana use at 10 months	SAMHSA
Motivational Interviewing	Youth and adults age 12 years and older	I	Homes, school, clinic	Frequency of marijuana use 1, 2, and 3 months later	SAMHSA, OJJDP
Multidimensional Treatment Foster Care	Chronic juvenile offenders	I	Child welfare agencies	Marijuana use 12 and 18 months later	SAMHSA, OJJDP, Blueprints, CEP
Nurse-Family Partnership	Low-income, first-time parents and their children	S	Home	Marijuana use at 12 years of age	SAMHSA, OJJDP, Athena, Blueprints, RAND, CEP
Olweus Bullying Prevention	Students in grades 7–10	U	School	Marijuana use up to 3 years later	Blueprints
Positive Action	Students in grades K–8	U	School	Lifetime and frequent marijuana use in 8th grade	SAMHSA, OJJDP, Athena, USED, Blueprints, RAND, WSIPP
Positive Family Support-Family Checkup	Middle school students and their families	U, S, I	School	Marijuana use from ages 11–17; marijuana use disorder by age 18; and problematic marijuana use at age 23	OJJDP, Blueprints, WSIPP
Project ALERT	Youth ages 13–17 years	U, S	School	Weekly marijuana use in 9th grade	SAMHSA, Athena, RAND, WSIPP
Project CHOICE	Youth	U	School	School-wide rate of marijuana use one year later	N/A

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Program	Population	IOM*	Setting	Outcomes	Recognition**
Project SUCCESS	Students ages 12–18 years	U, S, I	School	Likelihood of having ever used marijuana 2 years later	SAMHSA, Athena, WSIPP
Project Towards No Drug Abuse	High school youth	S	School	Marijuana use 1 year later and intentions to use marijuana immediately post-intervention	SAMHSA, OJJDP, Athena, Blueprints
Project Venture	American Indian youth ages 6–17 years	U	School, outdoor environments	Marijuana use rates 18 months later	SAMHSA, OJJDP, Athena
PROSPER	Youth ages 12–14 years	U	School, community agencies	Past-year marijuana use at 11th and 12th grade; frequency of marijuana use for all follow-up yearly assessments 6th through 12th grade	OJJDP, Blueprints, WSIPP
Screening, Brief Intervention, and Referral to Treatment/Project ASSERT	Youth ages 13–25 years	S, I	Clinic	Marijuana abstinence 1 year later; consequences of marijuana use 3 months later; marijuana use 3, 6, and 12 months later; and frequency of marijuana use more than 6 months later	SAMHSA
SPORT	Children and adolescents	U, S, I	Schools, community agencies	Initiation, frequency of, and past 30-day marijuana use 4 months later; past 30-day marijuana use 3 and 12 months later	SAMHSA, Athena, Blueprints, RAND
Teen Intervene	Youth ages 12–19 years	S, I	School, clinic, juvenile justice	Marijuana abstinence and frequency of marijuana use 6 months later	SAMHSA, WSIPP
The Narconon® Truth about Drugs	Youth ages 6–17 years	U	School	Non-medical cannabis use and cannabis use disorder 6 months later	SAMHSA

*These are the IOM classifications for prevention programs based on type of population targeted: U=Universal; S=Selective; and I=Indicated

**SAMHSA = Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices; OJJDP = Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (CrimeSolutions); Athena = The Athena Forum; USED = U. S. Department of Education What Works Clearinghouse; Blueprints = Blueprints for Health Youth Development Model and Promising Programs; RAND = RAND Corporation's Promising Practices Network; WSIPP = Washington State Institute for Public Policy's Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use; CEP = Coalition for Evidence-Based Policy.

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SECTION 2. PROGRAM RECORDS

The Abecedarian Project	
Contacts	Frances Campbell Senior Scientist Frank Porter Graham Child Development Center University of North Carolina Phone: (919) 966-4529 Email: Campbell@mail.fpg.unc.edu
	Website: http://abc.fpg.unc.edu/
Description	The Abecedarian Project is a comprehensive early education program that includes two components: (1) a preschool intervention that provides an enhanced language environment, nutritional supplements, and disposable diapers, along with pediatric care and supportive social work services, and, for older children, a structured set of educational curricula; and (2) a school-age intervention that assigns a resource teacher to each child and family who prepares an individualized set of home activities to supplement the school's basic curriculum in reading and math, teaches parents how to use these activities with their children, tutors children directly, meets regularly with classroom teachers to ensure that home activities align with skills taught in the classroom, serves as a consultant for the classroom teacher when problems arise, and advocates for the child and family within the school and community.
Populations	Young children (ages 0–8 years) at risk for developmental delay and school failure
Settings	Day care centers and elementary schools
Evaluation Design	Prospective, experimental study conducted from 1972 to 1977 in which participants were randomly assigned to a treatment or control group, assessed at baseline, at the end of their kindergarten year, and when they were ages 8, 12, 15, 18 and 21 (Muennig et al., 2011).
Evaluation Outcome(s)	Compared to children assigned to the control group, Abecedarian participants at age 21 follow-up showed: later age marijuana initiation and reduced frequency of marijuana use (Muennig et al., 2011).
Evaluation Studies	Muennig, P., Robertson, D., Johnson, G., Campbell, F., Pungello, E. P., & Neidell, M. (2011). The effect of an early education program on adult health: The Carolina Abecedarian Project Randomized Controlled Trial. *American Journal of Public Health, 101*(3), 512–516.
Recognition	A RAND Corporation's Promising Practices Network 'Program that Works' for the outcome areas of: Healthy and Safe Children, Children Ready for School, Children

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The Abecedarian Project	
Recognition (cont.)	Succeeding in School http://www.promisingpractices.net/program.asp?programid=132

Adolescent Decision-Making for the Positive Youth Development Collaborative	
Contacts	Jacob Tebes Yale University School of Medicine Phone: (203) 789-7645 jacob.tebes@yale.edu
Description	Adolescent Decision-Making for the Positive Youth Development Collaborative (ADM-PYDC) is an 18-session after-school substance use prevention intervention for adolescents. Participants are intended to learn prevention skills and health education information, and participate in cultural heritage activities. The intervention design is a combination of two previous prevention interventions: the Yale Adolescent Decision-Making Program and the Positive Youth Development Program. The intervention can be adapted to fit different cultural needs.
Populations	Middle school and high school adolescents
Settings	After-school programs
Evaluation Design	Prospective, quasi-experimental design (Tebes et al., 2007) with 304 adolescent participants nested in nine after-school programs. Programs were assigned to the intervention or control groups, with the intervention implemented alongside regular after-school program activities. Assessments were conducted after participants enrolled in the programs, but prior to the implementation of the intervention, at the completion of the program, and at one-year post-program completion.
Evaluation Outcome(s)	Compared to control group participants, intervention participants reported (Tebes et al., 2007): less of an increase in past 30-day marijuana use one year after beginning the program.
Evaluation Studies	Tebes, J., Feinn, R., Vanderploeg, J., Chinman, M., Shepard, J., Brabham, T., Genovese, M., & Connell, C. (2007). Impact of a positive youth development program in urban after-school settings on the prevention of adolescent substance use. *Journal of Adolescent Health, 41*, 239–247.
Recognition	N/A

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ATHENA (Athletes Targeting Health Exercise & Nutrition Alternatives)	
Contacts	Diane L. Elliot Program Designer/Evaluator Phone: (503) 494-7900 Email: elliotd@ohsu.edu
	Website: http://www.athenaprogram.com/
Description	This program aims to reduce disordered eating habits and deter use of body-shaping substances through peer-led sessions and cognitive restructuring activities. Led by coaches and student athletes as a part of their usual sports teams' practice activities, the eight, 45-minute sessions present consequences of substance use and the benefits of appropriate sports nutrition and effective exercise and training.
Populations	Female student athletes (ages 13–17)
Settings	Middle and high schools
Evaluation Design	Prospective, experimental design with 18 public high schools randomly assigned to either intervention (9 schools; 457 students) or control groups (9 matched schools with 471 students), with marijuana use assessed at baseline, two weeks following the end of the relevant sport season, and one year after the intervention's last year.
Evaluation Outcome(s)	Compared to participants in the control group, ATHENA participants reported: greater reductions in lifetime marijuana use one to three years following high school graduation (Elliot et al., 2008).
Evaluation Studies	Elliot, D. L., Moe, E. L., Goldberg, L., DeFrancesco, C. A., Durham, M. B., & Lockwood, C. (2008). Long-term outcomes of the ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) program for female high school athletes. *J Alcohol Drug Educ, 52*(2), 73–92.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy intervention for outcomes related to: Intention to use steroids/creatine, Intention to engage in unhealthy weight loss, Diet pill use, Use of body-shaping substances, Behaviors and beliefs related to nutrition, Risk and protective factors, Alcohol and other drug use, Tobacco use, Knowledge of curriculum content. A Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide (operated by CrimeSolutions.gov) promising program for outcomes related to: Disordered Eating Behavior, Tobacco Use, Alcohol, Tobacco, and Illicit Drug Use http://www.crimesolutions.gov/ProgramDetails.aspx?ID=257

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BRAVE (Building Resiliency and Vocational Excellence) Program	
Contacts	James P. Griffin, Jr. Morehouse School of Medicine Contact Form: https://search.eagle-i.net/central/ - inst?uri=http://msm.eagle-i.net/i/0000012b-7794-e501-33cc-336680000000
Description	The BRAVE Program is a school-based substance use and violence prevention intervention intended for middle school students. The program encourages participants to develop resilient behaviors against engaging in substance use and violence through skill-building in classroom exercises. There is also a focus on activities such as developing career goals, engaging with peers, and participating in vocational field trips.
Populations	Middle school students
Settings	School classrooms
Evaluation Design	Prospective, experimental study (Griffin et al., 2009) with 178 middle school students (99% African American) nested in 12 homerooms in a single middle school. Homerooms were randomly assigned to have their students participate in the intervention (92 students) or serve as a control (86 students). The intervention was delivered regularly during health education periods, with sessions occurring 2–3 times per week for 9 weeks. Assessments were conducted at baseline and 6 and 12 months post-baseline.
Evaluation Outcome(s)	Compared to control group participants, intervention participants reported (Griffin et al., 2009): lower rates of past 30-day marijuana use at both 6- and 12-month follow-up.
Evaluation Studies	Griffin Jr., J., Holliday, R., Frazier, E., & Braithwaite, R. (2009). The BRAVE (Building Resiliency and Vocational Excellence) Program: Evaluation findings for a career-oriented substance abuse and violence preventive intervention. *Journal of Health Care for the Poor and Underserved, 20*(3), 798–816.
Recognition	N/A

Computerized, Mother-Daughter Prevention Intervention	
Contacts	Steven Schinke Schinke@columbia.edu School of Social Work Columbia University, New York, NY 10027, USA

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Computerized, Mother-Daughter Prevention Intervention	
Description	This intervention is based on family interaction theory, and seeks to prevent substance use by addressing risk and protective factors through improved mother-daughter interactions. It is intended for adolescent female youth and implemented at home, or another location where participants have private access to a computer. The intervention seeks to improve communication and activity monitoring; educate participants on strategies to manage stress and implement peer refusal skills; and improve participant body esteem and ability to assess the prevalence of substance use. The intervention consists of nine approximately 45-minute sessions, with one session completed each week.
Populations	Female adolescents and their mothers
Settings	Home or other location with private access to a computer.
Evaluation Design	Prospective, randomized control study (Schinke et al., 2009a) with a recruited convenience sample of 916 adolescent girls and their mothers randomly assigned to the intervention or a control group. Assessments were conducted at baseline and one- and two-years post-baseline; intervention group participants received a booster session after each assessment. Prospective, randomized control study (Schinke et al., 2009b) with a recruited convenience sample of 591 adolescent girls and their mothers (including other female relatives or legal guardians who "assumed the mother role") randomly assigned to the intervention or a control group. Assessments were conducted at baseline and one-year post-baseline. Prospective, randomized control study (Fang et al., 2010) with a recruited convenience sample of 108 Asian-American adolescent girls and their mothers randomly assigned to the intervention or a control group. Assessments were conducted at baseline and one-year post-baseline. A follow-up study (Fang & Schinke, 2014) conducted a two-year post-baseline assessment.
Evaluation Outcome(s)	Compared to control group participants, intervention participants reported: • Lower rates of past 30-day marijuana use at two-year follow-up (Schinke et al., 2009a). • Lower rates of past 30-day marijuana use at one-year follow-up (Schinke et al., 2009b). • Lower rates of marijuana use at one-year and two-year follow-up (Fang et al., 2010; Fang & Schinke, 2014).
Evaluation Studies	Schinke, S., Fang, L, & Cole, K. (2009a). Computer-delivered, parent-involvement intervention to prevent substance use among adolescent girls. *Prevention Medicine, 49*(5), 429–435.

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Computerized, Mother-Daughter Prevention Intervention	
Evaluation Studies (cont.)	Schinke, S., Fang, L., & Cole, K. (2009b). Preventing substance use among adolescent girls: 1-year outcomes of a computerized, mother-daughter program. *Journal of Addiction Behavior, 34*(12), 1060–1064. Fang, L., Schinke, S., & Cole, K. (2010). Preventing substance use among early Asian-American adolescent girls: Initial Evaluation of a Web-Based, Mother-Daughter Program. *Journal of Adolescent Health, 47*(5), 529–532. Fang, L. & Schinke, S. (2014). Mediation effects of a culturally generic substance use prevention program for Asian American adolescents. *Asian American Journal of Psychology, 5*(2), 116–125.
Recognition	N/A

Coping Power Program (CPP)		
Contacts	John E. Lochman Program Developer Professor of Clinical Psychology University of Alabama Phone: (205) 348-7678 Email: jlochman@as.ua.edu	Nicole Powell Research Scientist The University of Alabama Center for Prevention of Youth Phone: (205) 348-3535 Email: npowell@ua.edu
	Website: https://www.childtrends.org/programs/the-coping-power-program/	
Description	The Coping Power Program, a cognitive-based intervention delivered during children's transition to middle school, aims to increase competence, study skills, social skills, and self-control as well as to improve parental involvement in their child's education. Children and parents participate in sessions separately to help children build anger management and study skills while parents build parenting and stress management skills.	
Populations	Aggressive, at-risk children (grades 5–6) and their parents	
Settings	Elementary and middle schools	
Evaluation Design	Prospective, experimental design with 61 children (ages 8–13) diagnosed with disruptive behavior disorder randomized to either the treatment group or care-as-usual control group; marijuana use assessed five years after start of the intervention	
Evaluation Outcome(s)	Compared to children assigned to the care-as-usual control group, Coping Power participants reported: lower lifetime use of marijuana 5 years after baseline (Zonnevylle-Bender et al., 2007).	

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Coping Power Program (CPP)	
Evaluation Studies	Zonnevylle-Bender, M.J.S., Matthys, W., van de Wiel, N., & Lochman, J. E. (2007). Prevention effects of treatment of disruptive behavior disorder in middle childhood on substance use and delinquent behavior. *Journal of the American Academy of Child and Adolescent Psychiatry, 46*(1), 33–39.
Recognition	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) promising program for outcomes related to: Delinquency, Substance Use, School Behavior, Marijuana Use, Cigarette Use http://www.crimesolutions.gov/ProgramDetails.aspx?ID=241 An The Athena Forum Excellence in Prevention program for outcomes related to: Reduced substance use at the end of intervention and at one-year follow-up, Reduced delinquent behavior at one-year follow-up, behavior at home and at school by the end of intervention http://www.theathenaforum.org/sites/default/files/Coping Power 5-7-12.pdf A U.S. Department of Education What Works Clearinghouse program for outcomes related to: external behavior https://ies.ed.gov/ncee/wwc/Intervention/767 A Blueprints Programs promising program for outcomes related to: Academic Performance, Alcohol, Antisocial-aggressive Behavior, Delinquency and Criminal Behavior, Illicit Drug Use http://www.blueprintsprograms.com/factsheet/coping-power

Family Spirit		
Contacts	Kristen Speakman John Hopkins Bloomberg School of Public Health Phone: (505) 797-3305 Email: kspeakma@jhsph.edu	Nicole Neault, M.P.H. John Hopkins Bloomberg School of Public Health Phone: (505) 797-3305 Email: nneault@jhsph.edu
	Website: http://www.jhsph.edu/research/affiliated-programs/family-spirit/	
Description	Family Spirit is a social interaction intervention designed to increase parenting competence and decrease maternal psychosocial and behavioral risks (e.g. substance use) among American Indian teen mothers. The program also seeks to promote infant and toddler social and emotional skills and link families to community services. Delivered from approximately week 28 of pregnancy to 36 months postpartum, the intervention is led by health educators in one-on-one sessions in participant homes. The intervention consists of 52 home visits, which are weekly through three months postpartum and less frequently from then on,	

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Family Spirit	
Description (cont.)	covering topics such as prenatal and infant care, child development, and healthy living.
Populations	American Indian teen and young mothers (ages 13–25) and their children
Settings	Participant homes, other community settings
Evaluation Design	Prospective, experimental design (Barlow et al., 2013; Barlow et al., 2015) with 322 pregnant American Indian teens from four southwestern tribal reservation communities. Participants were randomly assigned to the intervention and optimized standard care or optimized standard care alone as a control. Assessments were conducted at baseline and at regular intervals through 36 months postpartum.
Evaluation Outcome(s)	Compared to control group participants, Family Spirit participants reported (Barlow et al., 2013; Barlow et al., 2015): lower rates of past-month marijuana use at every assessment point from 2 months postpartum through 36 months postpartum.
Evaluation Studies	Barlow, A., Mullany, B., Neault, N., Compton, S., Carter, A., Hastings, R., ... & Walkup, J. T. (2013). Effect of a paraprofessional home-visiting intervention on American Indian teen mothers' and infants' behavioral risks: A randomized controlled trial. *American Journal of Psychiatry*, *170*(1), 83–93. Barlow, A., Mullany, B., Neault, N., Goklish, N., Billy, T., Hastings, R., ... & Carter, A. (2015). Paraprofessional-delivered home-visiting intervention for American Indian teen mothers and children: 3-year outcomes from a randomized controlled trial. *American Journal of Psychiatry*, *172*(2), 154–162.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Parenting knowledge, Mothers' perception of infant and toddler behavior, Parenting self-efficacy, Mothers' depressive symptoms, Mothers' substance use

Guiding Good Choices (GGC)		
Contacts	Channing Bete Company, Inc. Phone: (877) 896-8532 Email: custsvcs@channing-bete.com	Richard F. Catalano Phone: (206) 543-6382 Email: catalano@uw.edu
	Website: http://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html	

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Guiding Good Choices (GGC)	
Description	GGC is designed to provide parents of children in grades 4–8 with skills to promote their children's drug resistance, including developing behavioral expectations and increasing familial bonds. Based on the importance of positive parental involvement, the program is a five-session curriculum for parents focused on interactive elements and skill practice. Participants also receive a guide of suggested activities, topics, and exercises to use with their children.
Populations	Parents of children in grades 4–8
Settings	School
Evaluation Design	Follow-up review (Spoth et al., 2009) of data from a prospective, experimental design that randomly assigned 33 rural Iowa public schools to one of three conditions: (1) Iowa Strengthening Families Program; (2) Guiding Good Choices (formerly called Preparing for the Drug Free Years); or (3) minimal-contact control condition. Participant marijuana use assessed at baseline and 1, 2, 4, and 6 years post-baseline.
Evaluation Outcome(s)	Compared to control group participants, GGC participants reported (Spoth et al., 2009): reduced rate of marijuana initiation at all post-baseline assessments.
Evaluation Studies	Spoth, R., Trudeau, L., Guyll, M., Shin, C., & Redmond, C. (2009). Universal intervention effects on substance use among young adults mediated by delayed adolescent substance initiation. *Journal of Consulting and Clinical Psychology, 77*(4), 620–632.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol abuse disorder, Drunkenness frequency, Alcohol-related problems, Illicit drug use frequency, Substance use, Parenting behaviors and family interactions, Delinquency, Symptoms of depression (adolescents) An The Athena Forum Excellence in Prevention program for outcomes related to: Substance use, Parenting behaviors and family interactions, Delinquency, Symptoms of depression (adolescents) http://www.theathenaforum.org A Blueprints Programs promising program for outcomes related to: Alcohol, Delinquency and Criminal Behavior, Depression, Illicit Drug Use http://www.blueprintsprograms.com/factsheet/guiding-good-choices A RAND Corp. Promising Practices Network Programs that Work for the outcome area of: Healthy and Safe Children http://www.promisingpractices.net/program.asp?programid=91

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Guiding Good Choices (GGC)	
Recognition (cont.)	A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use http://www.wsipp.wa.gov/BenefitCost/Program/139

Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)		
Contacts	Sylvia L. Quinton Phone: (410) 295-7177 Email: SylviaQuinton@me.com	Warren A. Rhodes Phone: (302) 736-1671 Email: warhodes@yahoo.com
	Website: http://www.ypci.org/home.html	
Description	Designed to improve knowledge and skills related to drugs and HIV/AIDS, H2P incorporates aspects of hip-hop culture—including language, arts, and history—as a social, cultural, and contextual framework for addressing substance use and HIV risk behaviors. The curriculum consists of 10 modules, called "ciphers," delivered by school staff in 10 2-hour sessions.	
Populations	Youth ages 12–16	
Settings	Middle and high schools	
Evaluation Design	Prospective, experimental design with 114 students randomly assigned to an intervention group (n=68) or comparison group (n= 46) and perceptions of marijuana risk and approval of use assessed pre-intervention, immediately following the intervention, and at 6-month follow-up.	
Evaluation Outcome(s)	Compared to youth assigned to the comparison group, H2P participants reported: • A greater increase in perceived risk associated with regular marijuana use at immediate post-intervention (Strategic Community Services, Inc., 2006) • A higher percentage of participants disapproving of marijuana use at immediate post-intervention and 6-month follow-up (Strategic Community Services, Inc., 2007)	
Evaluation Studies	Strategic Community Services, Inc. (2006). *Year 02 (2004-05) project evaluation report, Hip-Hop 2 Prevent Substance Abuse & HIV (H2P)*. Prince George's County, MD. Strategic Community Services, Inc. (2007). *Year 03 (2005-06) project evaluation report, Hip-Hop 2 Prevent Substance Abuse & HIV (H2P)*. Prince George's County, MD.	

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Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)	
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) effective program for Knowledge, Attitudes, and Beliefs About Substance Use and promising program for Knowledge, Attitudes, and Beliefs About Health Athena Forum Excellence in Prevention program for outcomes related to: Perceived risk of harm from drug use, HIV knowledge, Self-efficacy to refuse sex, Disapproval of drug use http://www.theathenaforum.org

InShape	
Contacts	Chudley Werch Program Developer Brief Programs for Health, LLC Phone: (904) 472-5022 Email: cwerch@preventionpluswellness.com
	Website: http://preventionpluswellness.com/inshape-prevention-plus-wellness/
Description	InShape emphasizes the benefits of assessment, feedback, and goal-setting to increase physical activity and exercise, healthy eating, sleep, and stress management, while avoiding alcohol, cigarette, and illicit drug use to achieve and maintain a fit and active lifestyle. This screening and brief intervention draws from the Behavior-Image Model, which asserts that positive social images and future self-images can be used to address multiple divergent health risk habits among young adults and adolescents.
Populations	College-aged young adults
Settings	College and community
Evaluation Design	Prospective, experimental design with 303 college students randomly assigned to intervention or standard care control groups, and including baseline and post-test assessment (3 months post-intervention) of marijuana use.
Evaluation Outcome(s)	Compared to young adults in the standard care control group, InShape participants reported: reduced initiation, quantity, and heavy use of marijuana (Werch et al., 2008).

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InShape	
Evaluation Studies	Werch, C. E., Moore, M. J., Bian, H., DiClemente, C. C., Ames, S. C., Weiler, R. M., ... & Huang, I. C. (2008). Efficacy of a brief image-based multiple behavior intervention for college students. *Ann Behav Med., 36*(2), 149–157.
Recognition	A SAMHSA'S National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use and driving after drinking, Marijuana use, Health-related quality of life, Quantity of sleep A Blueprints Program promising program for outcomes related to: Alcohol and Illicit Drug Use http://www.blueprintsprograms.com/factsheet/inshape-prevention-plus-wellness A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/378

Keepin' It Real / Drug Resistance Strategies		
Contacts	Scott Gilliam Phone: (800) 223-3273 Email: scott.gilliam@dare.org Lloyd Bratz (Washington State contact) Phone: (440) 888-1818 Email: llbratz@aol.com	Michael Hecht Designer/Evaluator Phone: (814) 863-3545 Email: mhecht@psu.edu
	Website: https://real-prevention.com/	
Description	A multicultural prevention program, the Keepin' It Real curriculum consists of 10-lessons taught by trained classroom teachers to help students assess the risks associated with substance abuse, enhance decision-making and resistance strategies, improve antidrug normative beliefs and attitudes, and reduce substance use. The curriculum draws from communication competence theory and a culturally-grounded resiliency model to incorporate traditional ethnic values and practices that protect against substance use.	
Populations	Students (ages 12–14)	
Settings	Middle schools	

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Keepin' It Real / Drug Resistance Strategies	
Evaluation Design	Prospective, experimental design (Kulis et al., 2005; Hecht et al., 2006; Marsiglia et al., 2010) with 35 Phoenix area schools stratified according to enrollment and ethnicity (percentage Hispanic) and assigned to one of four conditions: (1) Mexican and Mexican American adaption of the intervention, 1,352 students; (2) White and African American adaption of the intervention, 1,180 students; (3) the original multicultural version of the intervention, 1,722 students; or (4) a control group, 2,044 students. Participants' marijuana use assessed pre-intervention and approximately 2 months, 8 months, and 14 months after curriculum implementation. Prospective, experimental design (Marsiglia et al., 2011) with 1,670 elementary and middle school students (84 percent Mexican American) nested in 29 Phoenix area elementary or K–8 schools. Schools were randomly assigned to the intervention or control group, and intervention schools were further randomly assigned to have students receive the intervention either: (1) in 5th grade only, (2) in 7th grade only, or (3) in 5th and 7th grade. Additionally, intervention schools were randomly assigned to receive either the original multicultural version of the intervention or the Mexican American adaption of the intervention. Participant baseline assessments were conducted at the start of 5th grade, with five follow-up assessments conducted through 8th grade.
Evaluation Outcome(s)	Compared to students in the control group, Keepin' It Real participants reported: • Slower increase in marijuana use over time (Hecht, Graham, & Elek, 2006; Kulis et al., 2005). • More positive outcomes if their cultural and linguistic status matched the version of the program assigned to their school; e.g. non-English speaking Latinos in a school assigned the Mexican/Mexican-American version (Marsiglia et al., 2010) • Lower rates of marijuana use by 8th grade, though only for students who received the intervention in 5th and 7th grade or 7th grade alone (Marsiglia et al., 2011)
Evaluation Studies	Hecht, M. L., Graham, J. W., & Elek, E. (2006). The drug resistance strategies intervention: Program effects on substance use. *Health Communication, 20*(3), 267–276. Kulis, S., Marsiglia, F. F., Elek-Fisk, E., Dustman, P., Wagstaff, D., & Hecht, M. L. (2005). Mexican/Mexican American adolescents and keepin' it REAL: An evidence-based, substance abuse prevention program. *Children and Schools, 27*, 133–145. Marsiglia, F., Yabiku, S., Kulis, S., Niere, T., & Lewin, B. (2010). Influences of school Latino composition and linguistic acculturation on a prevention program for youths. *Social Work Research, 34*(1), 6–19.

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Keepin' It Real / Drug Resistance Strategies	
Evaluation Studies (cont.)	Marsiglia, F., Kulis, S., Yabiku, S., Nieri, T., & Coleman, S. (2011). When to intervene: Elementary school, middle school or both? Effects of keepin' It REAL on substance use trajectories of Mexican heritage youth. *Prevention Science, 12*, 48–62.
Recognition	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) promising program for outcomes related to: Recent Substance Use, Resistance Strategies, Positive Expectations, Norms http://www.crimesolutions.gov/ProgramDetails.aspx?ID=239 An Athena Forum Excellence in Prevention program for outcomes related to: Alcohol, cigarette, and marijuana use; Anti-substance use attitudes; Normative beliefs about substance use; Substance use resistance http://www.theathenaforum.org/ A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/379

Keep Safe (Middle School) / Middle School Success (MSS)		
Contacts	Patricia Chamberlain Researcher Oregon Social Learning Center Phone: (541) 485-2711 Email: pattic@oslc.org	Leslie Leve Researcher Oregon Social Learning Center Phone: (541) 485-2711 Email: lesliel@oslc.org
Description	The Keep Safe program teaches youth about setting goals, establishing positive relationships, and developing problem-solving skills. Beginning the summer prior to middle school entry, Keep Safe consists of six group-based intervention sessions for the foster-care youth and six sessions for the foster parents.	
Populations	Youth in foster care as they transition to middle school	
Settings	Child welfare agencies	
Evaluation Design	Prospective, experimental randomized controlled trial (Kim & Leve, 2011; Kim et al., 2013) with 100 girls in foster care who were in the final year of elementary school. Participants were randomly assigned to the intervention or a control group. Assessments were conducted at baseline and at 6, 12, 24, and 36 months post-baseline.	
Evaluation Outcome(s)	Compared to youth assigned to the control group, participants reported: lower levels of marijuana use at 3-year follow-up (Kim & Leve, 2011; Kim et al., 2013).	

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Keep Safe (Middle School) / Middle School Success (MSS)	
Evaluation Studies	Kim, H. & Leve, L. (2011). Substance use and delinquency among middle school girls in foster care: A three-year follow-up of a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 79*(6), 740–750. Kim, H., Pears, K., Lee, L, Chamberlain, P., & Smith, D. (2013). Intervention effects on health-risking sexual behavior among girls in foster care: The role of placement disruption and tobacco and marijuana use. *Journal of Child & Adolescent Substance Abuse, 22*, 370–387.
Recognition	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) promising program for outcomes related to: Tobacco Use, Marijuana Use, Delinquent Behavior, Composite Substance Use https://www.crimesolutions.gov/ProgramDetails.aspx?ID=372 A Blueprints Program promising program for outcomes related to: Illicit Drug Use, Positive Social/Prosocial Behavior, Sexual Risk Behaviors, Tobacco http://www.blueprintsprograms.com/factsheet/keep-safe

LifeSkills Training (LST)		
Contacts	National Health Promotion Associates, Inc. Phone: (914) 421-2525 Phone: (800) 293-4969 Email: lstinfo@nhpamail.com	Gilbert J. Botvin Researcher Weill Cornell Medical College Phone: (646) 962-8056 Email: gjbotvin@med.cornell.edu
	Website: http://www.lifeskillstraining.com/	
Description	LST is a classroom-based, universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. Over three years, the program teaches students personal self-management skills, social skills, and resistance skills specifically related to drug use.	
Populations	Students (grades 6–9)	
Settings	Middle and high schools (grades 6–9)	
Evaluation Design	Prospective, experimental design (Spoth et al., 2008) of 1677 7th graders nested in 36 schools that were randomly assigned to LST, LST and Strengthening Families Program: For Parents and Youth 10–14 (SFP: 10–14), or a control group. Assessments were conducted at baseline, six months post-intervention, and annually through 12th grade. A follow-up study (Spoth et al., 2016) conducted additional assessments at 14.5 years post-baseline, when participants were ages 25–27.	

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LifeSkills Training (LST)	
Evaluation Design (cont.)	Prospective, experimental design (Vicary et al., 2006) of 732 7th graders nested in 9 schools that were randomly assigned to LST, an "infused" LST (I-LST) intervention where LST was fully integrated into teacher's curriculums, or a control group. Assessments were conducted at baseline, and annually through three-years post-baseline (end of 10th grade). Analysis and review (Griffin et al., 2006) of a data sub-sample from a larger prospective, experimental study of Life Skills Training originally implemented in 1985. The sub-sample was restricted to 2,042 participants who had completed an additional long-term follow-up assessment in 1998. Participants were originally 7th grade students nested in 56 schools that were randomly assigned to receive: (1) the intervention, with providers receiving a 1-day workshop training, (2) the intervention, with providers receiving videotaped training, or (3) control group.
Evaluation Outcome(s)	Compared to students in the comparison group, students receiving LST reported: • Lower rates of increase in marijuana initiation or frequency of use rates in 12th grade (Spoth et al., 2008). • Lower rates of marijuana use at 14.5 years post-baseline (Spoth et al., 2016). • Reduced marijuana use among female participants at the end of 7th grade, though this effect disappeared by the following assessment (Vicary et al., 2006). • Reduced rates of increase in marijuana use from 9th through 12th grade (Griffin et al., 2006).
Evaluation Studies	Griffin, K., Botvin, G., & Nichols, T. (2006). Effects of a school-based drug abuse prevention program for adolescents on HIV risk behavior in young adulthood. *Prevention Science, 7*(1), 103–112. Spoth, R. L., Randall, G. K., Trudeau, L., Shin, C., & Redmond, C. (2008). Substance use outcomes 5 1/2 years past baseline for partnership-based, family-school preventive interventions*. Drug and Alcohol Dependence, 96*(1–2), 57–68. Spoth, R., Trudeau, L., Redmond, C., & Shin, C. (2016). Replicating and extending a model of effects of universal preventive intervention during early adolescence on young adult substance misuse. *Journal of Consulting and Clinical Psychology, 84*(10), 913–921. Vicary, J., Smith, E., Swisher, J., Hopkins, A., Elek, E., Bechtel, L., & Henry, K. (2006). Results of a 3-year study of two methods of delivery of life skills training. *Health Education & Behavior, 33(*3), 325–339.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Substance use (alcohol, tobacco, inhalants, marijuana, and polydrug), Normative beliefs about substance use and substance use, refusal skills, Violence and delinquency

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LifeSkills Training (LST)	
Recognition (cont.)	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective program for outcomes related to: Cigarette Use, Alcohol Use, Drug Use, Substance Initiation http://www.crimesolutions.gov/ProgramDetails.aspx?ID=186 An Athena Forum Excellence in Prevention program for outcomes related to: Substance use (alcohol, tobacco, inhalants, marijuana, and poly-drug), Normative beliefs about substance use and substance use refusal skills, Violence and delinquency http://www.theathenaforum.org A Blueprints Program model plus program for outcomes related to: Alcohol, Delinquency and Criminal Behavior, Illicit Drug Use, Sexual Risk Behaviors, STIs, Tobacco, Violence http://www.blueprintsprograms.com/factsheet/lifeskills-training-lst A RAND Corp. Promising Practices Network Programs that Work program for the outcome area of: Healthy and Safe Children http://www.promisingpractices.net/program.asp?programid=48 A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/37 A Coalition for Evidence-Based Policy top tier program for the outcomes of: Approximately a 20% reduction in smoking initiation, and 10-15% reduction in drunkenness at 12th grade follow-up (i.e., 5-6 years after random assignment). http://toptierevidence.org/programs-reviewed/lifeskills-training

Midwestern Prevention Project (MPP) / Project STAR	
Contacts	Mary Ann Pentz University of Southern California Department of Preventive Medicine Institute for Health Promotion and Disease Prevention Research Email: pentz@usc.edu
Description	A comprehensive, community-based program consisting of five components (mass media, school, parent, community, and health policy) introduced sequentially over a five-year period. In the early years of implementation, students engage in an educational program on skills to resist drug use and parents participate in a program aimed to develop non-drug norms in families and schools. In the final

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Midwestern Prevention Project (MPP) / Project STAR	
Description (cont.)	years of implementation, community and government leaders convene to implement drug abuse prevention health policy.
Populations	Middle school students (grades 6–8), parents, community members, government leaders
Settings	Middle schools, community
Evaluation Design	Prospective, quasi-experimental design with 1,601 6th and 7th graders nested in 42 middle schools (24 intervention; 18 control). Participant data was collected at baseline in 1984, with follow-up data collected at 15 intervals through 2003 (due to attrition, 961 participants remained by 2003).
Evaluation Outcome(s)	Compared to participants that attended schools in the control group, participants that attended schools receiving MPP reported: reduced marijuana use in high school (Riggs & Pentz, 2009)
Evaluation Studies	Riggs, N. & Penz, M.A (2009). Long-term effects of adolescent marijuana use prevention on adult mental health services utilization: The Midwestern Prevention Project. *Journal of Substance Use & Misuse, 44*, 616–631.
Recognition	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective program for outcomes related to: Smoking Prevalence Rates http://www.crimesolutions.gov/ProgramDetails.aspx?ID=247 An Athena Forum Excellence in Prevention program for outcomes related to: Smoking prevalence rates, Cigarette use, Alcohol use http://www.theathenaforum.org A RAND Corp. Promising Practices Network Programs that Work program for the outcome area of: Healthy and Safe Children http://www.promisingpractices.net/program.asp?programid=72 A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/135

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Motivational Enhancement Therapy (MET)		
Contacts	William R. Miller Motivational Interviewing Network of Trainers Email: wrmiller@unm.edu	Win Turner MET CBT Plus Phone: (802) 233-6660 Email: win@metcbtplus.com
	Website: http://www.motivationalinterviewing.org/ Website: http://www.metcbtplus.com/	
Description	MET is a counseling intervention adapted from motivational interviewing to include normative assessment feedback for clients. This feedback is designed to improve participant's self-efficacy and commitment to behavioral change such as no longer engaging in substance use. The program is intended for youth age 18 and older and adults.	
Populations	Youth and adults age 18+	
Settings	Schools, behavioral health provider settings Homes, schools, behavioral health provider settings, juvenile-justice centers	
Evaluation Design	Prospective, experimental design (Lee et al., 2013) with 212 college students (ages 18–25) who reported past-month marijuana use frequency of five days or more. Students were randomly assigned to receive a 1-hour MET in-person intervention or to a control group. Due to the low rate of intervention-assigned students scheduling a time to receive the intervention, the study authors offered students the option to receive personalized feedback materials based on baseline data and a guide to reading the materials in lieu of the in-person intervention. Follow-up data was collected at 3 and 6 months post-intervention. Prospective, experimental design (Grossbard et al., 2010) with 1,275 incoming college freshmen nested in two universities who reported athletic participation in high school. Participants were randomly assigned to receive one of four conditions: (1) An MET intervention implemented by a trained peer facilitator (BASICS), (2) A parent-led intervention using a 35-page handbook on substance use, (3) Both the MET and parent-led intervention, (4) Control. Assessments were conducted at baseline and 10 months follow-up.	
Evaluation Outcome(s)	Compared to participants in control groups, MET participants reported: reduced quantity of marijuana use at 3 months post-intervention; although no difference was found at 6 months post-intervention (Lee et al., 2013) Compared to participants in the control group or those who only received MET, participants who received both MET and a parent-led intervention reported (Grossbard et al., 2010): no increase in marijuana use at 10 months follow-up.	

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Motivational Enhancement Therapy (MET)	
Evaluation Studies	Lee, C., Kilmer, J., Neighbors, C., Atkins, D., Zheng, C., Walker, D., & Larimer, M. (2013). Indicated prevention for college student marijuana use: A randomized controlled trial. *Journal of Counseling and Clinical Psychology, 81*(4), 702–709. Grossbard, J., Mastroleo, N., Kilmer, J., Lee, C., Turrisi, R., Larimer, M., & Ray, A. (2010). Substance use patterns among first-year college students: Secondary effects of a combined alcohol intervention. *Journal of Substance Abuse Treatment, 39*(4), 384–390
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Substance use, Alcohol consumption, Drinking intensity, Marijuana use, Marijuana problems, Cost-efficiency, Emotional Problems, Illegal Activities

Motivational Interviewing	
Contacts	William R. Miller Email: wrmiller@unm.edu
	Website: http://www.motivationalinterviewing.org/
Description	Motivational Interviewing (MI) is an individualized counseling intervention designed to assist clients in addressing ambivalent attitudes related to a wide array of problem behaviors; including substance use. Many variations of MI exist; however, common elements include providing positive feedback, encouraging self-efficacy, asking open-ended questions, avoiding confrontation, and developing an action plan. The intervention can be adapted to a wide variety of substances and implementation settings.
Populations	Youth and adults age 12 and older
Settings	Homes, schools, outpatient provider offices, other community settings
Evaluation Design	Prospective, longitudinal design (D'Amico et al., 2007) with a convenience sample of 42 marijuana-using youth recruited from a community-based health care clinic (additional participants were lost due to attrition). Participants completed a baseline survey, were randomly assigned to a 15-minute adaption of MI and a follow-up call or to a control group, and completed a three-month follow-up survey. Prospective, longitudinal design (de Dios et al., 2012) with a convenience sample of 34 young adult (ages 18–29) female marijuana users. Participants completed a baseline survey, were randomly assigned to a two-session 45-minute adaption of

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Motivational Interviewing	
Evaluation Design (cont.)	MI or a control group, and completed assessments at 1, 2, and 3 months post-program completion.
Evaluation Outcome(s)	Compared to youth assigned to usual care, MI participants reported: • Reduced frequency of marijuana use on days that they used marijuana (D'Amico et al., 2007) • Reduced frequency of marijuana use at all follow-up points (de Dios et al., 2012).
Evaluation Studies	D'Amico, E., Miles, J., Stern, S., & Meredith, L. (2007). Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *Journal of Substance Abuse Treatment, 35*, 53–61. de Dios, M., Herman, D. Britton, W., Hagerty, C., Anderson, B., & Stein, M. (2012). Motivational and mindfulness intervention for young adult female marijuana users. *Journal of Substance Abuse Treatment, 42*(1).
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Substance use, Alcohol consumption, Drinking intensity, Marijuana use, Marijuana problems, Cost-efficiency, Emotional Problems, Illegal Activities An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective program for outcomes related to: Drugs & Substance Abuse - Multiple substances https://www.crimesolutions.gov/PracticeDetails.aspx?ID=31

Multidimensional Treatment Foster Care (MTFC)/ Treatment Foster Care Oregon (TFCO)		
Contacts	TFC Consultants, Inc. Gerard Bouwman, President Phone: (541) 343-2388, ext. 204 Email: gerardb@mtfc.com	Patricia Chamberlain Program Designer/Evaluator Oregon Social Learning Center
	Website: http://www.tfcoregon.com/	
Description	MTFC, also known as TFCO, recruits, trains, and supervises community families to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. The program supports the development of interpersonal skills and emphasizes the	

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Multidimensional Treatment Foster Care (MTFC)/ Treatment Foster Care Oregon (TFCO)	
Description (cont.)	importance of participation in positive social activities including sports, hobbies, and other forms of recreation.
Populations	Chronic juvenile offenders
Settings	Any organization providing services to children with serious behavior problems
Evaluation Design	Prospective, experimental design with 79 serious juvenile male offenders determined by the juvenile court as eligible for out-of-home placement randomly assigned to either MTFC or residential group care; participants and their caretakers were assessed at baseline and at 12 and 18 months post-baseline.
Evaluation Outcome(s)	Compared to youth assigned to the residential care group, MTFC participants reported: reduced marijuana use at 12 months and 18 months post-baseline (Smith, Chamberlain, & Eddy, 2010).
Evaluation Studies	Smith, D.K., Chamberlain, P., & Eddy, J.M. (2010). Preliminary support for Multidimensional Treatment Foster Care in reducing substance use in delinquent boys. *Journal of Child & Adolescent Substance Abuse, 19*(4)*,* 343–358.
Recognition	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective program for outcomes related to: Official Criminal Referral, Self-Reported Criminal and Delinquent Behavior, Youth Participation, Days in Detention and Reunification With Family, Reduction in Delinquency, Criminal Referral, Days in Locked Settings http://www.crimesolutions.gov/ProgramDetails.aspx?ID=141 A Blueprints Program model program for outcomes related to: Delinquency and Criminal Behavior, Illicit Drug Use, Teen Pregnancy, Tobacco, Violence http://www.blueprintsprograms.com/factsheet/treatment-foster-care-oregon A Coalition for Evidence-Based Policy top tier program for the outcomes: For girls, more than 50% reduction in criminal referrals and days in locked settings, and roughly 40% reduction in pregnancy rates, two years after random assignment http://toptierevidence.org/programs-reviewed/multidimensional-treatment-foster-care

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Nurse-Family Partnership (NFP)		
Contacts	Nurse-Family Partnership National Service Office Phone: (866) 864-5226 Email: info@nursefamilypartnership.org	David L. Olds Researcher Phone: (303) 724-2892 Email: david.olds@ucdenver.edu
	Website: http://www.nursefamilypartnership.org/	
Description	A prenatal and infancy nurse home visitation program, NFP aims to improve the health, well-being, and self-sufficiency of parents and their children by: enrolling moms early in their pregnancies and delivering home visits over two-and-a-half years by specially trained public health nurses. Program objectives include: decreased substance use, improved maternal economic self-sufficiency, fewer subsequent unintended pregnancies, reduced child abuse and neglect, and improved school readiness of the children.	
Populations	Low-income, first-time parents and their children	
Settings	Home	
Evaluation Design	Prospective, experimental design with 743 pregnant women randomized to a treatment or control group; participants assessed after their child's 12th birthday.	
Evaluation Outcome(s)	Compared to mothers assigned to the comparison group, NFP participants reported children were: less likely to have recently used marijuana; to have used less marijuana; and to have used marijuana for fewer days at 12 years old (Kitzman et al., 2010).	
Evaluation Studies	Kitzman, H. J., Olds, D. L., Cole, R. E., Hanks, C. A., Anson, E. A., Arcoleo, K. J., ... & Holmberg, J. R. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics & Adolescent Medicine, 164*(5), 412–418.	
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Maternal prenatal health, Childhood injuries and maltreatment, Number of subsequent pregnancies and birth intervals, Maternal self-sufficiency, School readiness An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective program for outcomes related to: Maternal Life Course; Home Environments, Mother–Child Interaction, and Child Development; Child Substance Use; Child Mental Health; Child Academic Achievement; Child Abuse and Neglect; Domestic Violence http://www.crimesolutions.gov/ProgramDetails.aspx?ID=187 An Athena Forum Excellence in Prevention program for outcomes related to: Maternal prenatal health, Childhood injuries and maltreatment, Number of	

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Nurse-Family Partnership (NFP)	
Recognition (cont.)	subsequent pregnancies and birth intervals, Maternal self-sufficiency, School readiness http://www.theathenaforum.org A Blueprints Program model program for outcomes related to: Child Maltreatment, Delinquency and Criminal Behavior, Early Cognitive Development, Internalizing, Mental Health - Other, Physical Health and Well-Being, Preschool Communication/Language Development, Reciprocal Parent-Child Warmth http://www.blueprintsprograms.com/factsheet/nurse-family-partnership A RAND Corp. Promising Practices Network Programs that Work program for the outcome areas of: Healthy and Safe Children, Children Succeeding in School, Strong Families http://www.promisingpractices.net/program.asp?programid=16 A Coalition for Evidence-Based Policy top tier program for the outcomes of: Pattern of sizable, sustained effects on important child and maternal outcomes in all three trials. The specific types of effects differed across the three trials, possibly due to differences in the populations treated. Effects found in two or more trials include (i) reductions in child abuse/neglect and injuries (20-50%); (ii) reduction in mothers' subsequent births (10-20%) during their late teens and early twenties; (iii) improvement in cognitive/educational outcomes for children of mothers with low mental health/confidence/intelligence (e.g., 6 percentile point increase in grade 1-6 reading/math achievement) http://toptierevidence.org/programs-reviewed/interventions-for-children-age-0-6/nurse-family-partnership

Olweus Bullying Prevention Program	
Contacts	Institute on Family & Neighborhood Life Clemson University 158 Poole Agricultural Center Clemson, SC 29634 Phone: (864) 710-4562 Email: nobully@clemson.edu
	Website: http://olweus.sites.clemson.edu/
Description	The Olweus Program includes school-wide, classroom, individual, and community components that focus on reducing and preventing bullying among schoolchildren.
Populations	7th–10th grade students

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Olweus Bullying Prevention Program	
Settings	Schools
Evaluation Design	Prospective, longitudinal, quasi-experimental design where 4 schools received the intervention and 2 schools served as comparison controls in Oslo, Norway; students were followed for 3 years and data collected yearly.
Evaluation Outcome(s)	Compared to students in the comparison schools (Amundsen & Ravndal, 2010): students in the Olweus schools demonstrated less increase in marijuana use over time.
Evaluation Studies	Amundsen, E. J., & Ravndal, E. (2010). Does successful school-based prevention of bullying influence substance use among 13- to 16-year-olds? *Drugs: Education, Prevention & Policy, 17*(1), 42–54.
Recognition	A Blueprints Program promising program for outcomes related to: Bullying, Delinquency and Criminal Behavior, Prosocial with Peers, Truancy - School Attendance, Violent Victimization http://www.blueprintsprograms.com/factsheet/olweus-bullying-prevention-program

Positive Action	
Contacts	Carol Gerber Allred, PhD Phone: (800) 345-2974 Email: carol@positiveaction.net
	Website: http://www.positiveaction.net/
Description	Positive Action teaches students a wide variety of positive behaviors and skills and seeks to cultivate a positive school climate. Teachers deliver two to four scripted, age-appropriate lessons per week, totaling 140 15-minute lessons for grades K–6 and 82 15- to 20-minute lessons for grades 7–8. Example topics include: positive and negative actions; healthy habits; cognitive skills (e.g., problem-solving, decision-making, critical and creative thinking, studying techniques); self-management skills (e.g., managing time, energy, emotions, money); interpersonal social-emotional skills; honesty and responsibility; and goal-setting. Teachers integrate puppets, music, games, and print materials with their lessons. Principals and appointed committees use school-wide climate development kits (available in elementary and middle-school versions) to reinforce lesson content and incorporate informational displays, rewards, clubs, and shared student activities into their school environments. School counselors, social workers, and school psychologists can use

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Positive Action	
Description (cont.)	Counselor's Kits to implement mentoring, peer tutoring, and support group activities.
Populations	Elementary and middle school students (grades K–8)
Settings	School (elementary and middle school)
Evaluation Design	Prospective, longitudinal, matched-pair clustered randomized control trial (CRCT) with 14 participating schools and 1170 students assessed at baseline (grade 3) and each year until grade 8
Evaluation Outcome(s)	At Wave 8 (Grade 8), students in intervention schools, compared to students in control schools, were less likely to report ever using marijuana and using marijuana more than once (Lewis et al., 2012).
Evaluation Studies	Lewis, K. M., Bavarian, N., Snyder, F. J., Acock, A., Day, J., DuBois, D. L., ... & Flay, B. R. (2012). Direct and mediated effects of a social-emotional and character development program on adolescent substance use. *The International Journal of Emotional Education*, *4*(1), 56–78.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Substance Use, Social-Emotional Mental Health, Problem behaviors (violence, substance use, disciplinary referrals, suspensions, and bullying), Academic Achievement, Absenteeism, School absenteeism, Family functioning An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective program for outcomes related to: Substance Use, Violent Behavior, Problem Behaviors, Lifetime Prevalence of Substance Use and Serious Violence-Related Behavior, Bullying and Disruptive Behaviors https://www.crimesolutions.gov/ProgramDetails.aspx?ID=113 An The Athena Forum Excellence in Prevention program for outcomes related to: Academic achievement, Problem behaviors (violence, substance use, disciplinary referrals, and suspensions), School absenteeism, Family functioning http://www.theathenaforum.org/sites/default/files/Positive Action 4-3-12.pdf A Blueprints Program model program for outcomes related to: Academic Performance, Alcohol, Anxiety, Bullying, Delinquency and Criminal Behavior, Depression, Emotional Regulation, Illicit Drug Use, Positive Social/Prosocial Behavior, Sexual Risk Behaviors, Tobacco, Truancy - School Attendance, Violence http://www.blueprintsprograms.com/factsheet/positive-action A RAND Corp. Promising Practices Network on Children, Families and Communities Programs that Work program for the outcome area of: Healthy and Safe Children http://www.promisingpractices.net/program.asp?programid=223

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Positive Action	
Recognition (cont.)	An U.S. Department of Education: What Works Clearinghouse for the outcome domains of: Academic achievement and Behavior https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/380

Positive Family Support-Family Check-Up (formerly Adolescent Transitions Program)		
Contacts	Kevin Moore Child and Family Center University of Oregon Phone: (541) 346-4805 Email: Kmoore2@uoregon.edu	Tom Dishion Program Designer/Evaluator University of Oregon
	Website: http://cfc.uoregon.edu/	
Description	This 3-tiered, multi-staged program is administered to the universal, selected, and indicated populations. All children participate in prevention programming in their homeroom classes. Children at risk for substance abuse or problem behavior participate in a Family Check-Up, in which they and their families collaborate with therapists to select appropriate intervention programs. For students requiring a higher level of care, the Family Intervention Menu addresses substance abuse and related behavioral health problems through a brief treatment program.	
Populations	Middle school students and their families	
Settings	Middle schools	
Evaluation Design	Prospective, experimental design (Connell et al., 2007; Véronneau et al., 2016) with 998 6th graders and their families randomly assigned to the intervention or a control group. Youth were assessed at baseline, with follow-ups occurring at ages 12, 13, 14, 16–17, 19, 22, and 23. Prospective, experimental design (Fosco et al., 2013) with 593 6th graders and their families randomly assigned to the intervention or a control group. Youth were assessed at baseline and annually through the end of 8th grade.	
Evaluation Outcome(s)	Compared to students assigned to the control group, Positive Family Support participants reported: • Less use of marijuana from ages 11 through 17 (Connell et al., 2007). • Reduced marijuana use in 8th grade (Fosco et al., 2013).	

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Positive Family Support-Family Check-Up (formerly Adolescent Transitions Program)	
Evaluation Outcome(s) (cont.)	• Lower likelihood of being diagnosed with lifetime marijuana abuse by age 18 (Connell et al., 2007). • Less increase in rates of marijuana use throughout adolescence (Véronneau et al., 2016). • Lower rate of "problematic marijuana use" at age 23 (Véronneau et al., 2016).
Evaluation Studies	Connell, A. M., Dishion, T. J., Yasui, M., & Kavanagh, K. (2007). An adaptive approach to family intervention: Linking engagement in family-centered intervention to reductions in adolescent problem behavior. *Journal of Consulting and Clinical Psychology, 75,* 568–579. Fosco, G., Frank, J., Stormshak, E., & Dishoin, T. (2013). Opening the "Black Box": Family–school intervention effects on self-regulation that prevent growth in problem behavior and substance use. *Journal of School Psychology, 51*(4), 455–468 Véronneau, M., Dishoin, T., Connell, A., & Kavanagh, K. (2016). A randomized, controlled trial of the Family Check-Up Model in public secondary schools: Examining links between parent engagement and substance use progressions from early adolescence to adulthood. *Journal of Consulting and Clinical Psychology, 84*(6), 526–543.
Recognition	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective program for outcomes related to: Substance Use, Substance Use and Antisocial Behavior, Arrests http://www.crimesolutions.gov/ProgramDetails.aspx?ID=289 A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/380

Project ALERT		
Contacts	Christy Inberg Phone: (800) 253-7810 Email: cinberg@projectalert.best.org	Phyllis Ellickson RAND Phone: (310) 393-0411, ext. 7638 Email: phyllis_ellickson@rand.org
	Website: http://www.projectalert.com/	
Description	Project ALERT is a school-based alcohol, tobacco, and marijuana prevention program that is designed for both non-users and experimenting users. The program reinforces protective social factors against use and includes 14 group lessons over	

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Project ALERT	
Description (cont.)	two years; 11 in year one and 3 in year two. Lessons include group activities, teaching, and practicing resistance skills.
Populations	Youth ages 13–17
Settings	Schools
Evaluation Design	Follow-up (Longshore et al., 2007) to a prospective, experimental design study of 4,276 7th graders nested in 55 South Dakota middle schools randomly assigned to the intervention or a control group. Intervention schools were randomly assigned to receive the standard ALERT intervention or ALERT PLUS, which provides year three booster lessons in addition to the year two booster lessons. Participants were assessed at baseline and 18 months post-baseline, when they were in 8th grade. The follow-up analyzed data from an additional assessment 30 months post-baseline, when participants were in 9th grade.
Evaluation Outcome(s)	Compared to participants at control schools, participants at intervention schools: • Reported lower rates of weekly marijuana use in 9th grade (Longshore et al., 2007). • This effect was only found among female participants at schools that received the ALERT PLUS intervention.
Evaluation Studies	Longshore, D., Ellickson, P., McCaffrey, D., & St. Clair, P. (2007). School-based drug prevention among at-risk adolescents: Effects of ALERT Plus. *Health Education & Behavior, 34*(4), 651–668.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) promising program for outcomes related to: Alcohol Use and Alcohol Use Disorder, Cannabis Use and Cannabis Use Disorder, Knowledge, Attitudes, and Beliefs About Substance Use, Tobacco Use and Tobacco Use Disorder An Athena Forum Excellence in Prevention program for outcomes related to: Substance use (alcohol, tobacco, and marijuana) and Attitudes and resistance skills related to alcohol, tobacco, and other drugs http://www.theathenaforum.org/sites/default/files/Project%20ALERT%204-4-12.pdf A RAND Promising Practices Network Programs that Work program for the outcome area of: Healthy and Safe Children http://www.promisingpractices.net/program.asp?programid=35 A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/136

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Project CHOICE	
Contacts	Elizabeth J. D'Amico RAND Corporation Contact Page: https://www.rand.org/about/people/d/damico_elizabeth_j.html
Description	Project CHOICE is a voluntary, school-based intervention for adolescents. It consists of five sessions, focusing on developing peer-resistant strategies, coping strategies, planning for how to address high-risk situations, addressing unrealistic expectations, and creating normative feedback. Sessions are offered multiple times throughout the year, with students able to attend at their convenience up to five times.
Populations	Youth
Settings	Schools
Evaluation Design	Prospective, non-experimental design (D'Amico & Edelen, 2007) of 264 middle schools students nested in two schools. The two schools were not chosen at random and were located within four miles of each other; the intervention was implemented at one of the schools, with the other serving as the control. Any student with parental permission at the intervention schools could participate in the intervention. Assessments were conducted four times over two years, with intervention implementation occurring at the start of year two.
Evaluation Outcome(s)	Compared to the control school, the intervention school was found to have (D'Amico & Edelen, 2007): a lower school-wide rate of marijuana use one-year post-intervention.
Evaluation Studies	D'Amico, E. & Edelen, M. (2007). Pilot Test of Project CHOICE: A voluntary afterschool intervention for middle school youth. *Psychology of Addictive Behaviors, 21*(4), 592–598.
Recognition	N/A

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)		
Contacts	Ellen Morehouse Program Developer Phone: (914) 332-1300 Email: sascorp@aol.com	Bonnie Fenster, Ph.D. Designer/Evaluator Phone: (914) 332-1300 Email: bonnie.fenster@sascorp.org
	Website: http://www.sascorp.org/success.html	

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Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)	
Description	Project SUCCESS works to prevent and reduce substance use among students. Program components include school-wide activities, promotional materials, and parent education. The program also includes an eight-session alcohol, tobacco, and other drug prevention curriculum to help students identify and resist pressures to use substances and understand the consequences of substance use. Counselors provide time-limited individual and group counseling for students and referrals for students and families requiring additional care.
Populations	Students (ages 12–18)
Settings	Middle and high schools (including alternative schools)
Evaluation Design	Prospective, quasi-experimental, within-school design with 363 students (7th and 9th graders) randomly assigned to an intervention or control condition. Students were assessed at baseline (pre-intervention), immediately following intervention, and 2 years post-intervention (Morehouse, Johnson, Fenster, & Vaughan, 2007).
Evaluation Outcome(s)	Compared to students in the comparison groups, Project SUCCESS participants reported: less likelihood of having ever used marijuana at 2 years post-intervention (Morehouse et al., 2007).
Evaluation Studies	Morehouse, E., Johnson, P. B., Fenster, B., & Vaughan, R. (2007). *The impact of Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) with secondary students*. Unpublished manuscript.
Recognition	An SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol, tobacco, and other drug (ATOD) use and Risk and protective factors for ATOD use Athena Forum Excellence in Prevention program for outcomes related to: Alcohol, tobacco, and other drug (ATOD) use and Risk and protective factors for ATOD use http://www.theathenaforum.org/sites/default/files/Project%20SUCCESS%204-5-12.pdf A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/391

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Project Towards No Drug Abuse		
Contacts	Leah Meza Program Director USC Institute for Prevention Research Email: leahmedi@usc.edu	Steve Sussman Program Designer/Evaluator University of Southern California
	Website: http://tnd.usc.edu	
Description	Project Towards No Drug Abuse (TND) provides a curriculum of twelve 40-minute interactive sessions taught by teachers or health educators over a 4-week period. Sessions offer instruction in motivation activities to not use drugs; skills in self-control, communication, and resource acquisition; and decision-making strategies.	
Populations	High school youth at risk for drug use and violent behavior	
Settings	High schools	
Evaluation Design	Prospective, experimental design (Valente et al., 2007) with 541 high school students nested in 75 classes across 14 schools randomly assigned to (1) the intervention led by health educators, (2) a peer-led interactive version of the intervention, or (3) a control group. Data was collected at baseline and approximately one year post-intervention. Cross-sectional design (Rohrbach et al., 2010a) with 2,983 high school students nested in 65 schools across 14 school districts randomly assigned to either (1) the intervention led by teachers, (2) the intervention led by teachers with implementation support, or (3) a control group. Data was collected immediately pre- and post-program implementation, which occurred over a 4-week period. A follow-up study (Rohrbach et al., 2010b) collected one-year follow-up data from 2,563 of the original participants.	
Evaluation Outcome(s)	Compared to students in the control group, students who received peer-led TND reported (Valente et al., 2007): reduced marijuana use at 1-year follow-up. Compared to students in the control group, students who received teacher-led TND reported: • Reduced intentions and likelihood to use marijuana immediately post-intervention (Rohrbach et al., 2010a). • Reduced marijuana use at 1-year follow-up (Rohrbach et al., 2010b).	
Evaluation Studies	Rohrbach, L., Gunning, M., Sun, P., & Sussman, S. (2010a). The Project Towards No Drug Abuse (TND) dissemination trial: Implementation fidelity and immediate outcomes. *Prevention Science, 11*, 77–88.	

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Project Towards No Drug Abuse	
Evaluation Studies (cont.)	Rohrbach, L., Sun, P., & Sussman, S. (2010b). One-year follow-up evaluation of the Project Towards No Drug Abuse (TND) Dissemination Trial. *Prevention Medicine, 51*, 313–319. Valente, T., Ritt-Olson, A., Stacy, A., Unger, J., Okamoto, J., & Sussman, S. (2007). Peer acceleration: Effects of a social network tailored substance abuse prevention program among high-risk adolescents. *Addiction, 102*, 1804–1815.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol and tobacco use, Marijuana and "hard drug" use, Risk of victimization, Frequency of weapons-carrying An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) promising program for outcomes related to: Substance Use http://www.crimesolutions.gov/ProgramDetails.aspx?ID=73 An Athena Forum Excellence in Prevention program for outcomes related: Alcohol and tobacco use, Marijuana and "hard drug" use, Risk of victimization, Frequency of weapons-carrying http://www.theathenaforum.org A Blueprints Program model program for outcomes related to: Alcohol, Illicit Drug Use, Tobacco, Violent Victimization http://www.blueprintsprograms.com/factsheet/project-towards-no-drug-abuse

Project Venture		
Contacts	McClellan (Mac) Hall National Indian Youth Leadership Project Phone: (505) 722-9176 Email: machall@niylp.org	Susan Carter Phone: (505) 508-2232 Email: susanleecarter@comcast.net
	Website: http://www.projectventure.org	
Description	Project Venture is an outdoor experimental program for American Indian youth in 5th through 8th grade designed to develop and reinforce social and emotional protective factors against substance use. The program includes 20, 1-hour classroom sessions, weekly outdoor activities after school or on weekends, multi-day summer adventure camps and wilderness treks, and community-service projects.	
Populations	American Indian youth ages 6–17	

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Project Venture	
Settings	Schools and rural or frontier outdoor environments
Evaluation Design	Retrospective, cross-study review of National Indian Youth Leadership Project evaluations conducted between 1996 and 2000. Baseline data was reviewed from 397 6th graders, 262 received the intervention and 135 were a control group, along with 6-month and 18-month follow-up data from youth who continued to participate (222 and 124 at 6 months, 162 and 98 at 18 months). Participants were 76 percent American Indian.
Evaluation Outcome(s)	Compared to control group participants, intervention group participants (Carter et al., 2007): reported static marijuana use rates at follow-up at 18 months (rates increased significantly among control group participants).
Evaluation Studies	Carter, S., Straits, K. J. E., & Hall, M. (2007). Project Venture: Evaluation of an experiential, culturally-based approach to substance abuse prevention with American Indian youth. *Journal of Experiential Education, 29*(3), 397–400.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) promising program for outcomes related to: Social Competence, Self-Concept, Anxiety Disorders and Symptoms, Depression and Depressive Symptoms An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) program for outcomes related to: Composite Substance Use and Alcohol Use https://www.crimesolutions.gov/ProgramDetails.aspx?ID=235 An Athena Forum for Excellence in Prevention program for outcomes related to: Use of alcohol, tobacco, marijuana, and other illicit drugs; Substance abuse risk and protective factors http://www.theathenaforum.org

PROSPER (Promoting School-Community-University Partnerships to Enhance Resilience)	
Contacts	Richard Spoth Partnerships in Prevention Science Institute, Iowa State University 2625 North Loop Drive, Suite 2400 ISU Research Park, Building 2 Ames, IA 50010 Phone: (515) 294-5383 Email: rlspoth@iastate.edu

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PROSPER (Promoting School-Community-University Partnerships to Enhance Resilience)	
Contacts (cont.)	Website: http://helpingkidsprosper.org/
Description	PROSPER is a partnership model delivery system designed to improve the capacity of school or community prevention organizations targeting youth substance use, rather than a discreet intervention. Intended to link state- and university-level experts with schools and communities through a structured partnership system, PROPSER is intended to support needs assessments, intervention implementation activities, and intervention monitoring and evaluation.
Populations	Youth age 12–14
Settings	Schools, community organizations
Evaluation Design	Prospective, experimental design with 6,091 six graders nested within 28 school districts randomly assigned to participate in PROSPER or a control group (14 schools were assigned to each group). Schools participating in PROSPER implemented a family-focused intervention in the first year of the evaluation and a school-focused intervention in the second year; both interventions were chosen from a "menu" of options. Students were assessed at baseline, during the intervention at one- and two-years post-baseline, and annually post-intervention from 0.5- to 6.5-years post-baseline (6th through 12th grade).
Evaluation Outcome(s)	Compared to control group school students, PROSPER-participating school students reported (Spoth et al., 2013): • Reduced past-year marijuana use at 11th and 12th grade follow-up assessment. • Reduced frequency of marijuana use at all post-baseline assessments.
Evaluation Studies	Spoth, R., Redmond, C., Shin, C., Greenberg, M., Feinberg, M., & Schainker, L. (2013). PROSPER community-university partnership delivery system effects on substance misuse through 6½ years past baseline from a cluster randomized controlled intervention trial. *Preventive Medicine, 56*, 190–196.
Recognition	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) promising program for outcomes related to: Frequency of Alcohol Use, Past Month Use of Cigarettes, Past Year Marijuana Use, Frequency of Marijuana Use, Past Year Use of Inhalants, Past Year Methamphetamine Use, Frequency of Driving after Drinking, Composite Centrality and Antisocial Behavior, Conduct Problems https://www.crimesolutions.gov/ProgramDetails.aspx?ID=458

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PROSPER (Promoting School-Community-University Partnerships to Enhance Resilience)	
Recognition (cont.)	A Blueprints Program promising program: Alcohol, Close Relationships with Parents, Conduct Problems, Delinquency and Criminal Behavior, Illicit Drug Use, Tobacco http://www.blueprintsprograms.com/factsheet/prosper A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/652

SBIRT (Screening, Brief Intervention, and Referral to Treatment) / Project ASSERT (Alcohol and Substance abuse Services, Education, and Referral to Treatment)		
Contacts	SBIRT: Reed Forman Lead Public Health Advisor Phone: (240) 276-2416 Email: Reed.Forman@SAMHSA.hhs.gov	SBIRT: Robert W. Day Public Health Advisor Phone: (240) 276-2569 Email: Robert.Day@SAMHSA.hhs.gov
	Project ASSERT: Caitlin K. Barthelmes Boston University Phone: (617) 414-1349 Email: ckbart@bu.edu	Project ASSERT: Edward Bernstein Boston University Phone: (617) 414-3453 Email: ebernste@bu.edu
	Website: http://www.bu.edu/bniart/sbirt-experience/sbirt-programs/sbirt-project-assert/	
Description	"SBIRT (screening, brief intervention, and referral to treatment) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur." [From SAMHSA webpage: https://www.samhsa.gov/sbirt/about.] Project ASSERT is an SBIRT model intended for implementation in health care settings. Project ASSERT is designed for three target groups, one of which is youth and young adults seeking acute care who test positive for marijuana use. Participants are screened by program staff, who may be health care provider staff or stationed peer educators, receive a motivational interviewing intervention, and develop with program staff an action plan that includes a referral to treatment	

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SBIRT (Screening, Brief Intervention, and Referral to Treatment) / Project ASSERT (Alcohol and Substance abuse Services, Education, and Referral to Treatment)	
Description (cont.)	services. Staff provides a 10-day follow-up call to participants. The average intervention is 15 minutes.
Populations	Youth ages 13–25; adults age 18+
Settings	Pediatric health care providers and emergency departments
Evaluation Design	Prospective, quasi-experimental study (Bernstein et al., 2009) of 210 youth and young adults (ages 14–21) who visited a pediatric emergency department for acute care and tested positive for marijuana use. Participants were randomly assigned to the Project ASSERT intervention or one of two control groups. Participants in the intervention group and one of the control groups were assessed at baseline and 3 and 12 months post-baseline, participants in the other control group were assessed only at 12 months post-group assignment (there was no baseline assessment) to test participant mean regression and assessment reactivity. Prospective, quasi-experimental study, implemented as 'Project Chill' (Walton et al., 2013) of 328 youth (ages 12–18) who visited a federally qualified health center for acute care and tested positive for marijuana use.) Participants were randomly assigned to either (1) a computer-delivered brief intervention (CBI), (2) a therapist-delivered brief intervention (TBI), or (3) a control group. Data was collected at baseline and 3, 6, and 12 months post-intervention. A second concurrent study (Walton et al., 2014) was conducted with 714 otherwise-similar youth who reported no lifetime marijuana use. Prospective, quasi-experimental study (Resnick et al., 2007) of 268 female victims of sexual assault (ages 14 and higher) who received a post-assault forensic medical exam. Participants were approached at health care settings prior to receiving an exam for an assault that occurred within the previous 72 hours and were randomly assigned to the intervention or a control group. Intervention participants received a video-based brief intervention focused on (a) reducing anxiety and discomfort and (b) preventing post-assault substance use and abuse prior to their exam, while control participants received standard care. Follow-up assessments were conducted at participants' convenience, and were categorized as (a) <3 months post-intervention, (b) 3 to 6 months post-intervention, and (c) >6 months post-intervention.
Evaluation Outcome(s)	Compared to participants in the assessed control group, Project ASSERT intervention participants reported (Bernstein et al., 2009): • Higher rates of marijuana abstinence at 12 months follow-up. Compared to participants in the control group, participants who received CBI reported:

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SBIRT (Screening, Brief Intervention, and Referral to Treatment) / Project ASSERT (Alcohol and Substance abuse Services, Education, and Referral to Treatment)	
Evaluation Outcome(s) (cont.)	• Reduced consequences of marijuana use at 3 months follow-up among youth who previously tested positive for use (Walton et al., 2013). • Reduced rates of marijuana use at 3, 6, and 12 months follow-up, and reduced frequency of use at 3 and 6 months follow-up, among youth with no previous lifetime use (Walton et al., 2014). Compared to participants in the control, participants who received a brief intervention pre-forensic exam reported (Resnick et al., 2007): • Reduced frequency of marijuana use at all 3 follow-up points among participants who reported prior marijuana use.
Evaluation Studies	Bernstein, E., Edwards, E., Dorfman, D., Heeren, T., Bliss, C., & Bernstein, J. (2009). Screening and brief intervention to reduce marijuana use among youth and young adults in a pediatric emergency department. *Academic Emergency Medicine, 16*(11), 1174–1185. Walton, M., Bohnert, K., Resko, S., Barry, K., Chermack, S., Zucker, Zimmerman, M., Booth, B., & Blow, F. (2013). Computer and therapist based brief interventions among cannabis-using adolescents presenting to primary care: One year outcomes. *Journal of Drug and Alcohol Dependence, 132*(3), 646–653. Walton, M., Resko, S., Barry, K., Chermack, S., Zucker, R., Zimmerman, M., Booth, B., & Blow, F. (2014). A randomized controlled trial testing the efficacy of a brief cannabis universal prevention program among adolescents in primary care. *Addiction, 109*, 786–797. Resnick, H., Acierno, R., Amstadter, A., & Self-Brown, S. (2007). An acute post-sexual assault intervention to prevent drug abuse: Updated findings. *Addictive Behaviors, 32*(10), 2032–2045f.
Recognition	An SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Cocaine and opiate abstinence, Alcohol use, Marijuana abstinence, Marijuana use

SPORT	
Contacts	Chudley Werch Program Developer Phone: (904) 472-5022 Email: cwerch@preventionpluswellness.com

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SPORT	
Contacts (cont.)	Website: http://preventionpluswellness.com
Description	This brief, multiple behavior program integrates substance abuse prevention and fitness promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-promoting habits. Based on the Behavior-Image Model (social and self-images are key motivators for the development of healthy behavior), SPORT promotes the benefits of an active lifestyle with positive images of youth as active and fit, and emphasizes that substance use is counterproductive in achieving positive image and behavior goals.
Populations	Children and adolescents
Settings	Schools, youth organizations, community settings
Evaluation Design	Prospective, randomized control trial (Werch et al., 2005) conducted in a northeast Florida high school where students were randomly assigned to SPORT (n=302) or to a minimal intervention control (n = 302); and marijuana use assessed at baseline and 3, 12, and 18 months after the baseline. Prospective, randomized control trial (Werch et al., 2008) conducted in a northeast Florida high school where students (n=684) and their parents received an intervention based upon SPORT that used SPORT design materials. Students were randomly assigned to either directly receive the intervention or for their parents to receive the intervention along with instructions to discuss the intervention.
Evaluation Outcome(s)	Compared to drug users receiving the minimal intervention control (Werch et al., 2005): • Drug-using students receiving SPORT reported greater reductions in 30-day marijuana frequency at 3 and 12 month follow-up. Compared to students who directly received the intervention, students whose parents received the intervention reported (Werch et al., 2008): • Reduced frequency of marijuana use at four months post-baseline. • Reduced initiation of marijuana use at four months post-baseline.
Evaluation Studies	Werch, C., Moore, M. J., DiClemente, C. C., Bledsoe, R. & Jobli, E. (2005). A multi-health behavior intervention integrating physical activity and substance use prevention for adolescents. *Prevention Science, 6*(3), 213–226. Werch, C., Moore, M., & DiClemente, C. (2008). Brief Image-based health behavior messages for adolescents and their parents. *Journal of Child & Adolescent Substance Abuse*, 17(4).
Recognition	An SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Substance use, Substance use risk and

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SPORT	
Recognition (cont.)	protective factors, Physical activity An Athena Forum Excellence in Prevention program for outcomes related to: Substance use, Substance use risk and protective factors, Physical activity http://www.theathenaforum.org A Blueprints Program promising program for outcomes related to: Alcohol, Illicit Drug Use, Physical Health and Well-Being, Tobacco http://www.blueprintsprograms.com/factsheet/sport-prevention-plus-wellness A RAND Corp. Promising Practices Network Programs that Work program for the outcome area of: Healthy and Safe Children http://www.promisingpractices.net/program.asp?programid=282

Teen Intervene		
Contacts	Kaylene McElfresh Hazelden Publishing Phone: (651) 213-4324 Email: kmcelfresh@hazelden.org	Ken C. Winters Hazelden Publishing Phone: (612) 273-9815 Email: winte001@umn.edu
	Website: http://www.hazelden.org/web/public/publishing.page	
Description	Teen Intervene is a brief, early intervention program designed to prevent and reduce alcohol or substance use among high-risk youth ages 12–19. Led by trained professionals, the program consists of three, individualized 1-hour sessions delivered 10 days apart that examine the effects of substance use and abstinence and ways to develop and achieve behavioral change goals. One of the three sessions is conducted with the participant's parent/caregiver.	
Populations	Youth ages 12–19 displaying early signs of alcohol or substance use	
Settings	Schools, outpatient behavioral health provider locations, juvenile-justice centers	
Evaluation Design	Prospective, quasi-experimental design (Winters et al., 2012) with 315 youth assessed to have a mild or worse substance use problem (ages 13–18) randomly assigned to two intervention groups: one received the full intervention, the other excluded the intervention's parent session. Control group participants with similar assessments were recruited separately specifically for that purpose. Assessments were conducted at baseline and six months post-baseline.	
Evaluation Outcome(s)	Compared to control group participants, both intervention group participants reported (Winters et al., 2012):	

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Teen Intervene	
Evaluation Outcome(s) (cont.)	• Higher rates of marijuana abstinence. • Lower frequency of marijuana use.
Evaluation Studies	Winters, K. C., Fahnhorst, T., Botzet, A., Lee, S., & Lalone, B. (2012). Brief intervention for drug-abusing adolescents in a school setting: Outcomes and mediating factors. *Journal of Substance Abuse Treatment, 42*(3), 279–288.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Frequency of substance use, Symptoms of substance abuse and dependence, Negative consequences related to alcohol and other drug involvement, Number of days of alcohol use, Number of days of binge drinking, Number of days of illicit drug use, Negative consequences related to alcohol and other drug involvement A Washington State Institute for Public Policy program in the Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/BenefitCost/Program/647

The Narconon® Truth About Drugs Video Program	
Contacts	Robert Hernandez Program Director 7065 Hollywood Blvd, LA, CA 90028 Phone: (626) 449-3082 Email: info@drugeducationprogram.com
	Website: www.drugeducationprogram.com
Description	The program is an 8-session, multimedia curriculum for elementary-, middle- and high-school students designed to improve youth perceptions of harm of substance use. Based on social influence theory, the program includes scientific information from a variety of fields about the effects and dangers of substance use, the incorrect information about substance use that exists, and personal testimonials of young adults in recovery from substance use. The curriculum covers tobacco, alcohol, marijuana, and other drugs.
Populations	Youth ages 6–17
Settings	Schools, classrooms

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The Narconon® Truth About Drugs Video Program	
Evaluation Design	Prospective, experimental design with 958 youth (ages 12–20) nested in 14 schools in Hawaii and Oklahoma that were randomly assigned to the intervention or a wait-listed control group. Control group schools received the intervention after the study was complete. Participants were assessed at baseline and 6 months post-baseline on a variety of measures related to substance use.
Evaluation Outcome(s)	Compared to control group participants, intervention participants reported (Lennox & Cecchini, 2008): reduced rates of non-medical cannabis use and disorders.
Evaluation Studies	Lennox, R. D., & Cecchini, M. A. (2008). The NARCONON™ drug education curriculum for high school students: A non-randomized, controlled prevention trial. *Substance Abuse Treatment, Prevention, and Policy, 3*(1), 1–14.
Recognition	A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) promising program for outcomes related to: Tobacco Use and Tobacco Use Disorder; Alcohol Use and Alcohol Use Disorder; Cannabis Use and Cannabis Use Disorder; Inhalant Use and Inhalant Use Disorder; Hallucinogen Use; Stimulant Use; Cocaine Use; Sedative, Hypnotic, and Anxiolytic Use and Sedative, Hypnotic, and Anxiolytic Use Disorder; Opioid Use and Opioid Use Disorder; Other Substance Use and Disorders

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SECTION 3. SEARCH METHODS AND INCLUSION CRITERIA

To identify programs presented in this document, we reviewed a range of national databases, registries of effective programs, and the peer-reviewed literature. We consulted these national registries:

- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP): http://www.nrepp.samhsa.gov
- The Athena Forum: http://www.theathenaforum.org
- Blueprints: http://www.blueprintsprograms.com/programs
- Coalition for Evidence-based Policy: http://coalition4evidence.org
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide (operated by CrimeSolutions.gov): http://www.ojjdp.gov/mpg
- RAND Corp. Promising Practices Network on Children, Families and Communities: http://www.promisingpractices.net/programs.asp
- U.S. Department of Education: What Works Clearinghouse: http://ies.ed.gov/ncee/wwc
- Updated Inventory of Programs for the Prevention and Treatment of Youth Cannabis Use: http://www.wsipp.wa.gov/ReportFile/1662/Wsipp_Updated-Inventory-of-Programs-for-the-Prevention-and-Treatment-of-Youth-Cannabis-Use_Report.pdf

Recently evaluated prevention programs and strategies that may not have been included in the registries above were identified by searching these EBSCO databases:

- PsychInfo
- Medline
- PubMed
- PsychArticles
- SocIndex

The following search terms were used as keywords in the systematic research literature search:

- Marijuana OR cannabis
- AND prevent*
- AND strategy OR intervention
- AND youth OR adolescen* OR teen* OR child* OR “emerging adult”
- AND misuse OR abuse

Interventions were selected for inclusion if their evaluation studies:

- Were published between January 2006 – October 2016
- Were included in peer-reviewed journals
- Were written in the English language
- Tested for intervention outcomes related to youth marijuana initiation or (ab)use and
- Yielded statistically significant marijuana use results (which are reported here).

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Interventions excluded from this document include those whose:

- Evaluations assessed program effects using composite outcome measures of illicit drug or substance abuse that included marijuana (ab)use rather than using specific measures of marijuana (ab)use.
- Evaluations demonstrated no effects with regard to marijuana use.

When the search yielded meta-analyses and systematic literature reviews, the individual studies cited in those articles were reviewed and included according to the criteria described above.

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