2016 National Exemplary Awards for
Innovative Substance Abuse Prevention Programs, Practices and Policies
APPLICATION COVER SHEET
(INCLUDE WITH APPLICATION)

1. Has this intervention been submitted for an Exemplary Award in previous years? [Circle one]

Yes (No)

2. What is the primary target for this program, practice or policy? [Circle one]

Individual (School-Based) Family/Parent Peer/Group

Workplace Environmental/Community-Based Other

If Other, explain: ______

PROGRAM INFORMATION

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Agency Archdiocese Drug Abuse Prevention Program (ADAPP)

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2016 NATIONAL EXEMPLARY AWARDS FOR INNOVATIVE SUBSTANCE ABUSE PREVENTION PROGRAMS, PRACTICES & POLICIES

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2016 NATIONAL EXEMPLARY AWARDS FOR
INNOVATIVE SUBSTANCE ABUSE PREVENTION PROGRAMS, PRACTICES & POLICIES

ABSTRACT

Refuse, Remove, Reasons (RRR) is a compelling, evidence-based digital and print substance abuse prevention curricula developed by the New York Archdiocese Drug Abuse Prevention Program (ADAPP), in partnership with the Connect with Kids Education Network.

It is a universal, classroom-based substance abuse prevention program for urban and suburban high school youth . It is a multi-media, five-session curriculum providing accurate and age-appropriate information about alcohol, tobacco, marijuana, over-the-counter (OTC), prescription drugs, steroids, heroin and the potential consequences from use of these substances. Innovative in nature, it combines context-based videos and a socio-cultural learning theory.

Implementing *Refuse, Remove, Reasons* significantly reduced getting drunk from alcohol, decreased social norms and acceptance of alcohol and cigarettes, and increased perceptions about negative consequences of drug use. Results support school-based prevention models for reducing alcohol use and social norms for high school youth.

To date, the program has been administered to approximately 6,000 students and their families through 18 parochial schools in the New York City Archdiocese. It is listed in NREEP following studies in 2009 and 2010, and recently was added to the New York State list of evidence-based programs after a study, completed in 2014, demonstrated significant results.

Information used in this application is cited in: Mogro-Wilson, C., Allen, E., & Cavallucci, C. A Brief High School Prevention Program to Decrease Alcohol Usage and Change Social Norms, in press at *Social Work Research*, May 2016.

2016 NATIONAL EXEMPLARY AWARDS FOR INNOVATIVE SUBSTANCE ABUSE PREVENTION PROGRAMS, PRACTICES & POLICIES

PROGRAM NARRATIVE

A. Philosophy

What is the mission statement or rationale of the program?

Refuse, Remove, Reasons (RRR) substance abuse prevention education program features five classroom lessons. The purpose is to have a brief, universal, classroom-based program that impacts a change in attitudes and behaviors by providing accurate information, reviewing consequences and reducing youth use. The lessons use context-based videos, print resources and embrace a social work approach of the Mutual Aid Model designed to enhance the discussions and activities where peers can learn from each other under the guidance of an adult facilitator.

Designed and implemented by the Archdiocese Drug Prevention Program (ADAPP), the school-based prevention program for the New York Archdiocese, *RRR* embodies the mission of ADAPP. ADAPP was founded in 1972 and is funded by New York State Office of Alcoholism and Substance Abuse Services. Dedicated to serving with excellence the children, adults and families within the schools, parishes and communities of the New York Archdiocese, ADAPP strives to provide innovative, comprehensive services, including counseling and education to prevent and intervene in the use of alcohol and other drugs. *RRR* is intended to enhance our school-wide prevention efforts and to meet the diverse needs of our high school youth.

What is the philosophy or conceptual framework on which it is based?

Effective prevention programs include preventive activities such as development of awareness and resistance skills (knowledge including messages from media, normative education, resistance to peer influences, and emphasis on healthy behavior), personal efficacy, and social skills (decision-making, coping and stress management, and communication); and affective components (e.g., improve self-esteem), role playing, and parental involvement intended to reduce substance use *(Botvin 1990; Drug Strategies 1999)*. The *RRR* curriculum contains these five critical components: social resistance skills training; normative education; interactive teaching techniques; teacher training and support; and evaluation. *RRR* combines social resistance skills training and normative education.

The skills training assists students in identifying pressures as well as provides skills needed to refuse substances while still maintaining friendships. Normative education is a critical component for long-term success and when utilized with resistance skills has been found to reduce drug use *(Botvin, Baker, Doonesbury, Torte & Botvin, 1990)*.

The interactive teaching techniques of *RRR*, such as videos and role playing, as well as the use of mutual aid that encourages interaction among participants, are also found to be most effective in drug prevention programs *(Toiler, 1986)*.

RRR encompasses several program components found to deter and combat substance use among adolescents including: addressing all forms of drug use in combination; increasing knowledge of health consequences of substance use; peer teaching in combination with adult facilitator; and emphasizing drug resistance and reinforcement of anti-drug attitudes *(Bandy & Moore, 2008)*.

However, perhaps the most critical element of *RRR*, not shared by other prevention programs is the mutual-aid group approach. To positively impact the knowledge-base and perceptions of young teenagers and ensure healthy decision-making it is imperative they feel safe, respected and valued. One way to achieve these goals is through the use of mutual-aid approach.

This theoretical approach emerged from the field of social work and was developed by William Schwartz and built upon by Lawrence Schulman and Alex Gitterman. It recognized the power of one's peer group as a vehicle for solving common problems. The peer group provides a forum for trying out new behaviors, giving and receiving feedback, providing positive support, and, most important, learning to help and support others through the aid of a trusted adult. It takes advantage of the positive roles that peers can play in working together to find new solutions to old problems.

This Mutual Aid approach, through its emphasis on involving peers, takes advantage of peer support in a setting where adolescents can work on common problems, such as healthy decision-making around tobacco, alcohol and drug use. This dynamic in adolescence can prevent an individual's involvement with alcohol, drugs and other high-risk behaviors.

The adult facilitator creates group norms in order to develop a system of helping, in which the members learn from and support each other. These are also the markings of mutual-aid groups described by, Lawrence Schulman, who outlines nine mutual-aid processes of small groups. These processes are critical to the success of *RRR* and include: data sharing, the dialectical process, entering taboo areas, the "all-in-the-same-boat" phenomenon, mutual support, mutual demand, individual problem-solving, rehearsal, and the strength-in-numbers phenomenon. These processes will be applied to the small group experience of high school students in a preventative program for drugs and alcohol.

This type of collaborative learning is an effective means of increasing student achievement and increasing performance levels by providing students with more effective learning opportunities and is based on socio-cultural learning theory. Socio-cultural learning theory is learner-centered, provides insight into collaborative approaches to student learning, and takes into account the social and cultural aspects of acquiring knowledge. Vygotsky (2004) states that learning is embedded within social events, and social interaction plays a fundamental role in the improvement of learning. Socio-cultural theories account for the important roles of culture, community and social relations in learning and posit that students thinking is shaped and developed by their social networks and interactions.

Similar to mutual-aid groups, socio-cultural learning theory posits that students learn in an environment where they are community members while engaging in activities, interacting with others and solving problems. In both mutual-aid groups and socio-cultural learning theory, the teacher or facilitator acts as a motivator and encourages divergent answers in order to develop critical thinking in students. These unique approaches to prevention contribute to the success of the *RRR* program. Additionally, *RRR* uses a multimedia platform through context-based video where students can form an emotional connection to the real stories outlined in the videos. This too, along with mutual aid techniques, encourages self-reflection, and helps students to learn from and support each other while exploring options for responding when it comes to drugs, alcohol and peer pressure.

How does the program's philosophy reflect a "no illegal or high-risk use" message for alcohol and drugs for ATOD prevention programs?

The curriculum is delivered by a trained facilitator over five weeks through five classroom sessions that address (1) alcohol and tobacco, (2) marijuana, (3) steroids and over-the-counter and prescription drugs, (4) heroin and (5) consequences of ATOD use. The program curriculum provides students with

information about substances, the potential harm from the use of substances, the long term and immediate consequences of substance use, and refusal skills.

Each session includes a 5- to 15-minute video segment that provides age-appropriate information communicated through the real-life stories of teenagers. The video segment is followed by six to nine focused questions designed to provide the opportunity for a guided discussion to help students integrate the information, to increase perception of harm, to decrease favorable attitudes, challenge social norms about ATOD use among teens, and to practice refusal skills for ATOD use in the presence of a trained facilitator and positive peer group. Each session concludes with an activity that reinforces the lesson objectives and provides students with additional opportunities to focus on healthy decision- making.

The four homework assignments, which consist of web-based videos and written self-reflection activities, reinforce the objectives of the classroom sessions. Fact sheets about the consequences of each substance addressed in the lesson are provided. *RRR* also includes resources for facilitators to share with parents, such as videos and print materials, to increase parental knowledge of the program and to help support the no-use message. All lessons emphasize illegal and high-risk use messages that focus on increasing knowledge about long and short-term consequences and on skill development.

B. Needs Assessment

What epidemiological data and/or other information are available in the community that led to the establishment of this particular program?

In 2009 ADAPP, the lead agency involved in developing the program, wanted to design a brief universal classroom program that would address trends in use rates and related risk factors, increase protective factors and appeal to the diverse student body represented in the schools through the Archdiocese of New York. Many universal classroom-based curricula are between 8 to 14 lessons. With the increased demands of NYS Education Department, as well as the rigorous academic programs in our schools, prevention counseling staff found it increasingly difficult to implement evidence-based programs in the classroom. Our goal was to design a brief universal program that could impact attitudes and behaviors.

In 2008, ADAPP participated in the New York State Youth Development Survey using the Pride Questionnaire. The survey was administered to a random sample of high school and middle school youth in schools throughout New York State and in the Archdiocese of New York. Patterns emerged that indicated continued patterns of early experimentation of alcohol use, lifetime prevalence and past thirty day use. In addition, both state and city indicated that 25% of youth reported favorable attitudes towards alcohol use, while only 37.9% (NYS) and 36.3% (NYC) identified consequences of using drugs and alcohol. This was true for both public and private high school aged youth.

This, along with the emerging nationwide trend (according to Monitoring the Future) of the decline in the portion of youth seeing great risk from smoking marijuana, as well as personal disapproval of trying marijuana, lead to the creation of a program that would address alcohol, tobacco, marijuana and OTC/prescription drugs, impact perception of harm, and challenge social norms, while helping to develop skills to remove one from situations where drugs and alcohol are being used.

In addition to the Pride Survey data, ADAPP conducts a School Administrator Survey on a yearly basis. Principals are a good resource for information that can help identity drug trends and patterns among specific populations of students. They are also key in defining student needs and have knowledge of whether resources to meet the needs are available. Involving school leaders adds their perspective and provides the opportunity to garner their support and include them in the planning and assessment process.

The assessment process is an opportunity to document needs and identify resources that exist to address those needs.

Prior to the development of the *RRR* program, and in subsequent years, school leaders identified concerns with the following: alcohol and marijuana is the drug most students use; youth do not believe that using drugs and alcohol are a problem; and youth are not able to fully understand the consequences of use.

What type of analysis has been conducted to clarify and articulate the scope and nature of the substance abuse problem in the community?

In general, descriptive analysis of both the qualitative and quantitative data available has been used when determining the scope and nature of the substance abuse problem in the school community. Trend analysis of national and state data also assists with articulating the problem

What are the sound long- and short-term planning processes that include a needs assessment and reflect a research base?

RRR was first launched in September 2009 and included sessions on alcohol and tobacco, marijuana, and over-the-counter and prescription drugs. It was designed to see if a brief classroom-based program could demonstrate evidence in a change in behaviors and attitudes. With each year of implementation, the program underwent changes including additional videos, updated activities and a more in-depth facilitator training. Process and qualitative data as well as epidemiologic data were used to enhance, revise and modify the program.

The evaluation of the program was used to further enhance the curriculum, based on the data collected as well as feedback from the students participating in the program. Results obtained from first-year pre-and post-tests resulted in the addition of a fourth session on the consequences of ATOD use. Pre and post surveys after year two of implementation, with the addition of the lesson on consequences, indicated an increase in

- Knowledge of the harmful effects of all substances but most notably steroids and OTC prescription drugs.
- Increased confidence in having clear strategies for removing self from situations if offered substances, as well as clear reasons for refusing substances if they are offered.

In 2013, an additional lesson on heroin was added. This was done to address concerns around the heroin epidemic locally and nationally. The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). (*Youth Risk Behavior Survey YRBS).*

Once again, after the addition of a lesson on heroin, ADAPP completed a study using the *RRR* program in high schools in Archdiocese of New York. Schools with an assigned ADAPP prevention counselor participated in the study. With the cooperation of the schools, *RRR* was mostly implemented in the health classes. Those students who were not enrolled in health at the time were part of the control group. A quasi-experimental research design approach was applied to a total of 1,521 adolescents.

This final study demonstrated evidence that a five-session program could impact attitudes and change behaviors. Input on perception of the effectiveness of each session was provided through use of a facilitator survey. Students were also asked about the effectiveness of the curriculum. All information gathered will be used to improve the program at regular intervals.

What actions were taken to involve representatives of the target population(s) in program planning and implementation to ensure that the program is responsive to their needs?

Focus groups with youth prior to the development of RRR helped with the initial design of the program. As part of the post test, participated were asked for feedback on each lesson as well as what should be included in a drug prevention curriculum. The prevention counseling staff who implemented the program were also asked for feedback based on the discussions that took place during each session. All of this information was used each time RRR was modified.

C. Population(s) Served

What target population(s) does the program serve? Describe its norms, values, beliefs, practices, socioeconomic characteristics, risk and resiliency factors, cultural considerations, unique or special needs, and whether the program is community-wide or focuses on a specific population.

ADAPP provides prevention services to youth attending elementary school and high schools that are part of the New York Archdiocese, which includes ten southern counties of New York State. The Archdiocese serves more than 75,00 students from Pre K to 12th grade and schools are located in rural, suburban and urban counters. The system is noted for its traditional academic programs grounded in basic skills that meet the needs of each school population. Catholic theology and moral values anchor the programs. In addition, course work provides youth a range of service opportunities. Many schools are located in impoverished neighborhoods and problems such as crime, poverty, community disorganization and drug availability influence the lives of students and has an impact on the schools themselves.

Since *RRR* is a universal classroom education program intended for high school youth, the focus was to address the needs of our 13 to 17 year old population. There are nearly 25,000 high school youth in 25 high schools in the Archdiocese of New York with 52% male and 48% female. Of the 25 schools, ADAPP has an assigned counselor in less than half of the schools. Socioeconomic backgrounds vary from school to school depending on location and includes largely low to middle income families.

Initially, using data from the 2008 NYS Pride survey, four risk factors stood out across all ages: a majority of students reported community disorganization, family conflict, parental attitudes favorable towards anti-social behaviors and interactions with anti-social peers. Factors that protected youth and lead to healthy behaviors include opportunities for pro-social involvement, schools providing rewards for positive behavior, and belief in a moral order.

Each year focus groups with youth and school administrators indicated similar findings, with principals reporting family conflict and low perception of harm of substance abuse as a major risk factors.

What was done to recruit and retain members of the targeted population into this program?

RRR is a universal educational program that is part of the school wide prevention programs offered by ADAPP. Schools in the Archdiocese have a long history with the lead agency. Recruitment and retention is done through outreach, training, planning meetings and participation with the Superintendent of Schools team. The ability to provide a prevention counselor to the school is largely depend on the funding so not all schools have access to the counselor. Schools receive information about prevention services through emails and information is available on our website. Agency supervisors also develop relationships with key school personnel to enhance retention. Students participate as a result of health classes or during another class period allowed by the school. They are essentially, a captive audience.

How is the staff trained in the cultural patterns of the program's target population(s)? What has been done to ensure cultural competency in the program?

A key component to the social work approach used in *RRR,* the mutual aid model, is through the use of "Tuning In". At the core of the approach is the notion that the leader must understand the population he/she is teaching; referred to as "preparatory empathy." In order to conduct this curriculum with fidelity and effectively incorporate Mutual Aid, it is essential that the leader mentally prepares for the adolescent audience by considering: *What teens may be thinking and feeling about drugs and alcohol; What it is like to be a teenager in today's world; What reaction will the counselor have to what is expressed.*

By preparing for the adolescent audience, the facilitator/counselor is more readily able to identify the norms, beliefs and thoughts of the teenager. The facilitator must objectively prepare for the curriculum by reviewing the material prior to the sessions. Since the overall target audience is the adolescent, facilitators' training includes information on adolescent development, as well as in risk and protective factors.

Each school population is generally reflective of the community in which it is located. Prevention counselors/facilitators are required to become familiar with the population of the students receiving the program and customize it to meet the needs of the group. Also, the stories in the context-based videos represent stories from a diverse population of youth. Respect and acceptance for all cultures, as well as for the adolescent in general, is the norm in the agency with trainings in cultural competency embedded in our workshops and supervision.

D. Building Capacity

How does your program relate to the community's overall prevention strategy and/or systems?

ADAPP is a multi-county program that provides comprehensive substance abuse prevention strategies in schools throughout ten counties, as well as provides community-based strategies specifically in one section of New York City. ADAPP's long history of providing school-based prevention services is based on strategies rooted in the risk and protection framework and include evidence-based practices, early identification and intervention services.

The delivery of school-based services has a strong focus on education, skill building, and raising awareness to help youth and families develop knowledge around the risks of substance use, as well as the skills necessary to live healthy and drug-free. Schools receive a comprehensive prevention program that include universal, selective and indicated services. As many of our schools are located in areas where there is low neighborhood attachment, economic deprivation and family history of substance abuse and problem behaviors, ADAPP's school-based prevention counselors provide early identification and intervention services to those high-risk youth and families. In order to determine appropriate community-based referrals, we have established a network of resources throughout the ten counties. Our staff works closely with the school, family and community systems to ensure appropriate services for the child and their family.

How does your program support and make use of collaboration and linkages, especially with Federal, State, or local organizations? Include information on agency/program involvement with the community's local substance coalition, if such an entity exists.

ADAPP is funded by New York State OASAS and is an active partner in all prevention efforts across the state. ADAPP staff participate on state and local organizations related to prevention and have been

trained in a variety of evidence based curriculums including Life Skills, Teen Intervene, SPORT, Alcohol Literacy, and Too Good For Drugs programs, to name a few. The Executive Director is also trainer for the *SAPST*, SAMHSA's prevention training.

In addition to our school based program, ADAPP sponsors TNCAP, The Throggs Neck Community Action Partnership (TNCAP). This the community prevention program began in 1998 and continues to be a thriving coalition for ADAPP and the Throggs Neck community. At the request of the Bronx District Attorney's Office, ADAPP's community staff began a mentoring relationship with another coalition; Forward South Bronx Coalition. Both coalitions are committed to addressing underage drinking and drug use problems in the Bronx.

The New York City Department of Health awarded ADAPP a contract to provide training in all five (5) boroughs for businesses that are licensed to sell alcohol in New York City. The trainings were planned after the New York State Liquor Authority announced that more than 50% of the businesses in New York City sold alcohol to minors. The goal is to help businesses in the city comply with New York State Alcohol Beverage Control Laws, and limit the sale of alcohol to minors and to avoid fines.

What community outreach strategies do you employ?

ADAPP's overall strategy to build capacity within our schools includes parent and school professional workshops to increase the prevention message at home, as well as throughout the school environment. ADAPP continues to demonstrate a high level of commitment to best practices by providing prevention counselors with ongoing training and education. The trainings cover a wide range of topics including evidence-based educational curricula, motivational interviewing strategies, current drug trends and prevention counseling strategies.

ADAPP developed a website that is available to all schools in the New York Archdiocese. It is available to anyone searching on the Internet for information on substance abuse and related topics. As part of the school-based intervention and referral services, ADAPP has outreached substance abuse treatment facilities and mental health agencies throughout the ten counties to establish a network of resources for referrals and has developed an internal system for consultation and referral to the population at large.

RRR is one of the universal evidence base program selected to be part of the school-wide substance abuse prevention effort. It provides another means to promote the prevention message. Each counselor works with the school principal to select programs that best meet the needs of the students. Activities are offered across the grade levels. Environmental strategies such as social norms and social marketing campaigns enhance the prevention message.

What type of grassroots participation is included in your program?
At this time, grassroots participation is not included in the program.

E. Strategic Planning

What are the goals and objectives of the program?

Refuse, Remove, Reasons High School Education Program (RRR) is a substance abuse prevention program that is designed to reduce high school students' favorable attitudes toward the use of alcohol, tobacco, and other drugs (ATOD); decrease their misperception of normative peer ATOD use; and increase their refusal skills for ATOD use. *RRR* is based on the premise that students' behavior can be positively modified by increasing their knowledge of the risks of ATOD use and by modeling appropriate behavior within a social context .

How do the goals and objectives directly respond to the information and epidemiological data gathered from the needs assessment?

The goals directly address the data gathered from the needs assessment. Although the use of tobacco and other illicit drugs has generally declined over the past few decades, in 2014 49% of adolescents report any illicit drug use *(Johnston et al., 2014),* that percentage is still high. Since 2004, perceived risk of substance use has fallen substantially, perhaps due to the more recent resurgence in marijuana use. In fact, perceived risk has continued a steep decline since the mid-2000s. *(Johnston et al., 2014).* In addition, New York state data and New York City (Pride Survey 2008) indicated that 25% of youth reported favorable attitudes towards alcohol use, while only 37.9% (NYS) and 36.3% (NYC) identified consequences of using drugs and alcohol. This, along with the emerging nationwide trend (according to Monitoring the Future) of the decline in the portion of youth seeing great risk from smoking marijuana, as well as personal disapproval of trying marijuana, lead to the creation of a program that would address alcohol, tobacco marijuana and OTC/prescription drugs and impact perception of harm, and challenge social norms.

How many members of the population are expected to be reached and in what timeframe?

Since the creation of the program, 6,000 students have participated in *RRR* within the Archdiocese of New York. In the most recent study conducted to demonstrate evidenced for New York State, a total of 1,352 participated. It is expected that each year the program will reach at least 1000 students within the Archdiocese of New York. The curriculum, however, is available for dissemination. This can increase the number of high school youth exposed to the program.

What mechanisms are in place to ensure long term program sustainability?

ADAPP, the lead agency and co-developer of the *RRR* program, is funded by New York State Office of Alcoholism and Substance Abuse Services. It has been in existence for nearly 45 years and is well integrated within the Archdiocese of New York. Funding from OASAS and support from the schools ensure long term sustainability. Training of staff in the program, as well as in other areas related to substance abuse prevention and cultural competency also lay the ground work for long term sustainability.

Connect With Kids (CWK), the multimedia partner, is able to maintain the curriculum, as well as the sale and distribution of the material. CWK is an instructional media company that produces documentary-style videos and evidence-based curricula designed to improve student behavior, health and wellness. Founded in 1998, CWK owns one of the nation's largest non-fiction multimedia libraries, with more than 6,000 hours of video featuring real kids sharing their real stories, along with expert advice. Video resources, complete with educational curricula, address bullying prevention, drug and alcohol prevention, academic motivation, life skills development, health and wellness, attendance, character development, career readiness and more.

F. Implementation

What makes this program innovative? What distinguishes this program from similar programs, strategies, or practices?

RRR blends evidenced-based methods of substance abuse prevention such as awareness and resistance skills (knowledge including messages from media, normative education, resistance to peer influences, and emphasis on healthy behavior), personal efficacy, and social skills (decision-making, coping and stress

management, and communication); and affective components (e.g., improve self-esteem), role playing, and parental involvement intended to reduce substance use *(Botvin 1990; Drug Strategies 1999)* with documentary-style , nonfiction story telling videos designed to improve student behavior, health and wellness. The videos use the power of storytelling, to spark emotional connection and inspire positive behavior change, and the lessons incorporate a peer to peer learning model.

Connect With Kids programs incorporate the See-Feel-Change methodology developed by John Kotter, author of *The Heart of Change* and professor at Harvard University. According to Kotter, *Behavior change most frequently takes place through a much more emotional-driven process, where people see, either literally or in their mind's eye, some sort of experience that is surprising or grabbing. This compelling experience hits their emotions. And it's the emotional impact that in turn changes their behavior.*

Through the power of video and technology, students, parents and educators learn at an emotional and intellectual level, which provides a greater opportunity for positive behavior change. In addition, the peer to peer or social work approach of mutual aid model embedded in the program recognizes the power of one's peer group as a vehicle for solving common problems. The peer group provides a forum for trying out new behaviors, giving and receiving feedback, providing positive support and learning to help and support others through the aid of a trusted adult.

Most important is the number of lessons- five - can be easily incorporated in any school curriculum, namely health. And the evidence supports that this brief program does work.

How does the program operate? Describe in detail and identify all features critical to implementation. Include the program's scope, intensity, and duration.

The curriculum is delivered by a trained facilitator over five weeks through five classroom sessions that address (1) alcohol and tobacco, (2) marijuana, (3) steroids and over-the-counter and prescription drugs, (4) heroin and (5) consequences of ATOD use. In the first three lessons, there is a homework video. This video is shown at the end of the class and assigned again for homework.

The program curriculum provides students with information about substances, the potential harm from the use of substances, and refusal skills. Each session includes a 5- to 15-minute video segment that provides age-appropriate information communicated through the real-life stories of teenagers. The video segment is followed by focused questions designed to help students integrate the information, to increase perception of harm, challenge social norms about ATOD use among teens and to practice refusal skills for ATOD use. Each session concludes with an activity to provide students with additional opportunities to focus on healthy decision- making. *RRR* includes four homework assignments, which consist of Web-based videos and written self-reflection activities that reinforce the objectives of the classroom sessions. *RRR* also includes resources for facilitators to share with parents, such as videos and print materials to increase their awareness of the program and to offer talking points that can be used in discussions with their children about topics that are often difficult (e.g., substance abuse). The facilitator must complete the training before implementing the program. In addition, the facilitator should have a master's degree in social work or school counseling or a certification in substance abuse prevention. However, this is not a requirement for program implementation.

Classroom Curriculum Sessions

The first three lessons contain two videos, one to begin the class with and one to show at the end of class. The video that concludes the program is also given to the students to watch again for homework.

Lessons four and five contain one video to be viewed at the start of the class session. Videos are from 5 to 15 minutes depending on the topic. The topic areas are:

Session 1 -- Alcohol and tobacco
Session 2 -- Marijuana
Session 3 -- OTC, prescription drugs & steroids
Session 4 -- Consequences
Session 5 -- Heroin

Discussion Questions: Each video is followed by six to nine focused questions that provide the opportunity for a guided discussion to decrease favorable attitudes, to practice refusal and assertiveness skills and to integrate the information in the presence of a trained facilitator and positive peer group. The trained facilitator can select the appropriate questions for each group but should spend 10 to 15 minutes on this segment of the lesson.

Session Activity: Following the discussion questions, each session contains a 10 to 15 minute activity that reinforces the lesson objectives and provides additional opportunities to focus on healthy decision-making. For the first three lessons, the session ends with the homework video viewed in class and then assigned for homework

Homework Sessions: Each homework video and activity reinforces the classroom lesson.

Who is involved in conducting the activities (volunteers, staff, others)?

Masters-level prevention counselors implement the program. Facilitator training on implementation of *RRR* includes; understanding the collaborative approach, the importance of "preparatory empathy", cultural competency, the use of context-based videos and general information about the substances in the curriculum. Trained supervisors monitor the implementation. Corresponding print and online Facilitator Guides provides guidance on implementation.

How does implementation address the cultural needs of the target population?
Facilitator training addresses cultural competency. The videos used in RRR are representative of a diverse population of youth. The videos are specifically designed to include youth from all races and socioeconomic backgrounds, The use of focused discussion question also allows students to share culturally relevant perspectives.

What is the infrastructure/support system used to implement this program?

ADAPP is a service within the Department of Education in the Archdiocese of New York. This legitimizes our presence in the schools and ensures access to youth. Funding from OASAS and cooperation from schools support implementation of the program.

Describe the program's ability to effect community-wide change: At what scale or level is outreach conducted? Does it succeed in changing community norms? Is there adequate capacity to elicit community-wide change? What is the number of individuals in the community, and what percent of these individuals were impacted through the implementation of this program?

Although there are 25 high schools in the Archdiocese of New York, only about half receive services. The number of schools receiving services is limited by funding and a school's interest in a substance abuse prevention program Of the schools with an assigned ADAPP counselor, there are about 4,500 students. Since *RRR* is design to be implemented in the 10th grade, about 1,200 students per year will be exposed to the program.

What aspects or elements of the program can be replicated or adapted to other sites?

Since it is a universal curriculum designed for implementation during the schools day, all components can be replicated and adapted. It can also be used in after school programs. *RRR* is available through Connect With Kids Network.

G. Evaluation

RRR was studied for evidence three times. After the initial two studies, the results were promising. Using data from those studies, information gathered from the facilitators' and students' surveys, as well as with statistics about trends in the substance abuse patterns of youth, changes were made to improve the program. For third and final study, *RRR* was provided in 12 private high schools between October and December 2014 in the Archdiocese of NY. There were a total of 1,352 youth, some of whom received the *RRR* treatment (n=678) and some whom did not receive any treatment or were the control group (n=674). Youth ranged in age from 13 to 18, with an average age of 15, evenly split between males and females, and 42% of the sample identifying as Hispanic. The results of this study demonstrate evidence of *RRR's* effectiveness in the following areas:

- reducing getting drunk from alcohol
- increasing perceived risk of drug use
- decreasing social norms and acceptance of alcohol and cigarette usage
- increasing perceptions about negative consequences of ATOD use

The study utilized a quasi-experimental design with pre and post-test; pre-test was given at the start of the *RRR* curriculum and post-test immediately following the 5 week intervention. Repeated measures ANOVAs were used to compare the impact of the intervention with the control group. The group receiving *RRR* significantly got drunk from alcohol **less** from pre to post-test compared to the control group not receiving treatment whose usage increased from pre to post test. The *RRR* group approached significance with an increase in perceived risk of drug use compared to the control group from pretest to post test. There is a significant change in social norms and peer usage and acceptance of alcohol and cigarettes with the treatment group decreasing from pre to post, while the control group increased usage from pre to post. Finally, there was a significant change from pretest to post test for the treatment group in increasing the student's perceptions about negative consequences of ATOD use, compared to the control group.

The evaluation was intended to assess knowledge before and after a substance abuse prevention education program of alcohol, tobacco, marijuana, OTC medication and prescription drugs, and the consequences of the use of harmful substances. In addition, the ability to equip students with intentional behaviors and skills to refuse, remove, and have reasons for not using illegal substances was evaluated.

Recruitment: The "intervention" group received the group intervention between October and December 2014. The "control" group received no treatment at all. Students were assigned to either receiving *RRR* treatment or to the control group that did not receive any treatment based on their classes. This was a quasi-experimental approach that did not utilize randomization.

Questionnaire: The questionnaire was developed in collaboration with the ADAPP and All Stars Tanglewood Research, and Drs. Letendre and Mogro-Wilson. This survey was self-administered by the youth and designed to gather information about their experiences with substance use.

Data Management: As the surveys were collected they were entered into an evaluation lizard through the Allstars Tanglewood Research (http://www.allstarsprevention.com/new/evaluation.html). Data was outputted to a CSV file and imported by Dr. Mogro-Wilson into SPSS 20.0 statistical software.

Data Analysis: Descriptive statistics (means, frequencies, and percentages) were calculated for the quantitative data. Differences between pretests of the experimental and control group on the outcome were tested for statistical significance using ANOVAs. Significance testing was done to see if experimental and control groups were significantly different on demographic characteristics. They were no significant differences. Repeated measures ANOVAs were used to compare the impact of the intervention with the control group.

Measures **Alcohol Tobacco and Other Drug 30 day Use (ATOD Use).** This measure includes items used and developed by the Monitoring the Future Study from the University of Michigan (Johnston et al., 2012). It consists of 8 questions on students' frequency of use of cigarettes, marijuana, drinking alcohol, getting drunk from alcohol, over the last 30 days.

Perceived Risk of Drug Use Scale. This measure is from a modified version of the American Drug and Alcohol Survey and consists of five questions assessing the student's perception of physical or other harm associated with daily smoking, regular and weekly marijuana use, and daily or weekly alcohol use *(Arthur, Hawkins, Catalano & Pollard, 1998).* (e.g., "How much do you think people risk harming themselves (physically or otherwise) if they take one or two drink nearly every day?" It utilizes a four-point scale from No Risk to Great Risk. Responses to the items were added to create a composite score, with higher scores indicating higher perceived risk of ATOD use (higher scores are better, students perceive more risk with substance use). For this study the Cronbach's alpha for the entire sample was 0.77.

Social Norms, Peer usage and acceptance of ATOD: This set of questions came from an adaptation of survey items that were developed to test All Stars *(McNeal, Hansen, Harrington, & Giles, 2004).* It is comprised of 6 questions asking about how many people their age get drunk (use marijuana, smoke cigarettes) at least once a month response options are none, some, half, most and all. And 3 questions on My friends think smoking marijuana, (cigarettes and getting drunk) is a cool thing to do. Response options strongly agree, agree, somewhat agree, I'm not sure, somewhat disagree, disagree and strongly disagree. A sum score for the six items was created where higher numbers indicated more peer usage and acceptance of ATOD. For this study the Cronbach's alpha for the entire sample was 0.71. Data analysis broke down the social norms for Alcohol, Cigarette, and Marijuana usage.

Beliefs about Consequences about ATOD Risk: The last set of questions were developed specifically for RRR. This measure includes items used and developed by the Monitoring the Future Study from the University of Michigan *(Johnston, et al., 2012).* There are 3 questions on beliefs about consequences asked of alcohol use, smoking cigarettes, using marijuana, misuse of prescription drugs, and other illegal drugs. An example for alcohol use is "If you started drinking alcohol regularly, would it harm your health, or increase your risk of getting in an accident or making poor decisions?" Response options are a 4 point scale from definitely would to definitely would not, with higher numbers indicating the student perceives negative consequences about ATOD risk. The 15 questions were summed to create a total score, with higher numbers indicating the student perceived negative consequences for ATOD use.

Data Analysis

The pre- and post- student survey was utilized to test the effectiveness of this program in developing strategies to reduce risk factors related to substance use, as well as to increase protective factors needed to help youth to live healthy and productive lives. To match responses from the same individual across time

in the pre- and post-survey in a paired comparison, participants were tracked using a unique identifier that preserved participants' confidentiality.

Preliminary analysis examined the socio-demographic characteristics of the participants by calculating the appropriate percentage distributions for means and standard deviations. The preliminary analysis also diagnosed the study outcome variables for outliers and skewed distributions. Repeated measures general linear mixed-effects models were fitted with two waves of longitudinal continuous data from baseline to post-test measurements of each study outcome. The models were specified with random intercept and random slope to account for within-subject correlations of repeated measures over time. A time by group interaction term to estimate for the linear trend difference between groups was also included in the models. Adjusted means of study outcome measures at each wave were obtained for the treatment and control condition groups. Cohen's d was also calculated as a standardized effect size measure.

Results

Based on pretest data, of 1,352 participants, 48% identified as female and 51% male. Participants mean age was 15 years, with the majority of participants (64%) being 15 year olds. Racially, 37% of participants identified as White, 22% identified as Black, 5% as Asian and 32% as other and 42% of the sample identified ethnically as Hispanic. There were no significant differences in baseline student characteristics between treatment and control group.

Sensitivity analysis was conducted to determine if these priority students significantly differed on demographic characteristics or on primary study outcomes. There was no indication of a significant difference. On the study outcomes, the two groups were very comparable at baseline.

First, there was a significant time and group interaction for perceived risk of drug use, with the treatment group increasing their perceived risk of drug use from a mean of 15.84 to 16.22 and the control group remaining about the same from a mean of 15.75 to 15.66, from baseline to posttest ($p<0.01$).
Second, there was a significant time and group interaction effect for social norms of drug use, with the treatment group mean of 12.27 baseline, decreasing the social norms and acceptance of drug use to a mean of 11.83 at posttest, and with the control group having a mean of 12.50 at baseline and a posttest mean of 12.53 ($p=0.05$).
Third, there was a significant time by group interaction for beliefs and consequences of drug use with the treatment group mean 123.91 at baseline and increasing to 129.94 at posttest, and the control group remaining about the same at baseline 124.10 and posttest 124.48 ($p<0.01$). Finally there was a significant time by group interaction for getting drunk from alcohol with the treatment group at baseline reporting a mean of 1.21 days getting drunk form alcohol a month and then reducing it to a mean of 1.18 days per month at posttest, the control group increased days getting drunk from a mean of 1.11 at baseline to 1.20 at posttest ($p<.01$).

Refuse, Remove, Reasons High School Education Program (*RRR*) was designed to reduce high school students' favorable attitudes toward the use of alcohol, tobacco, and other drugs (ATOD); decrease their misperception of normative peer ATOD use; and increase their refusal skills for ATOD use. The intention was to have an impact in a brief universal program.

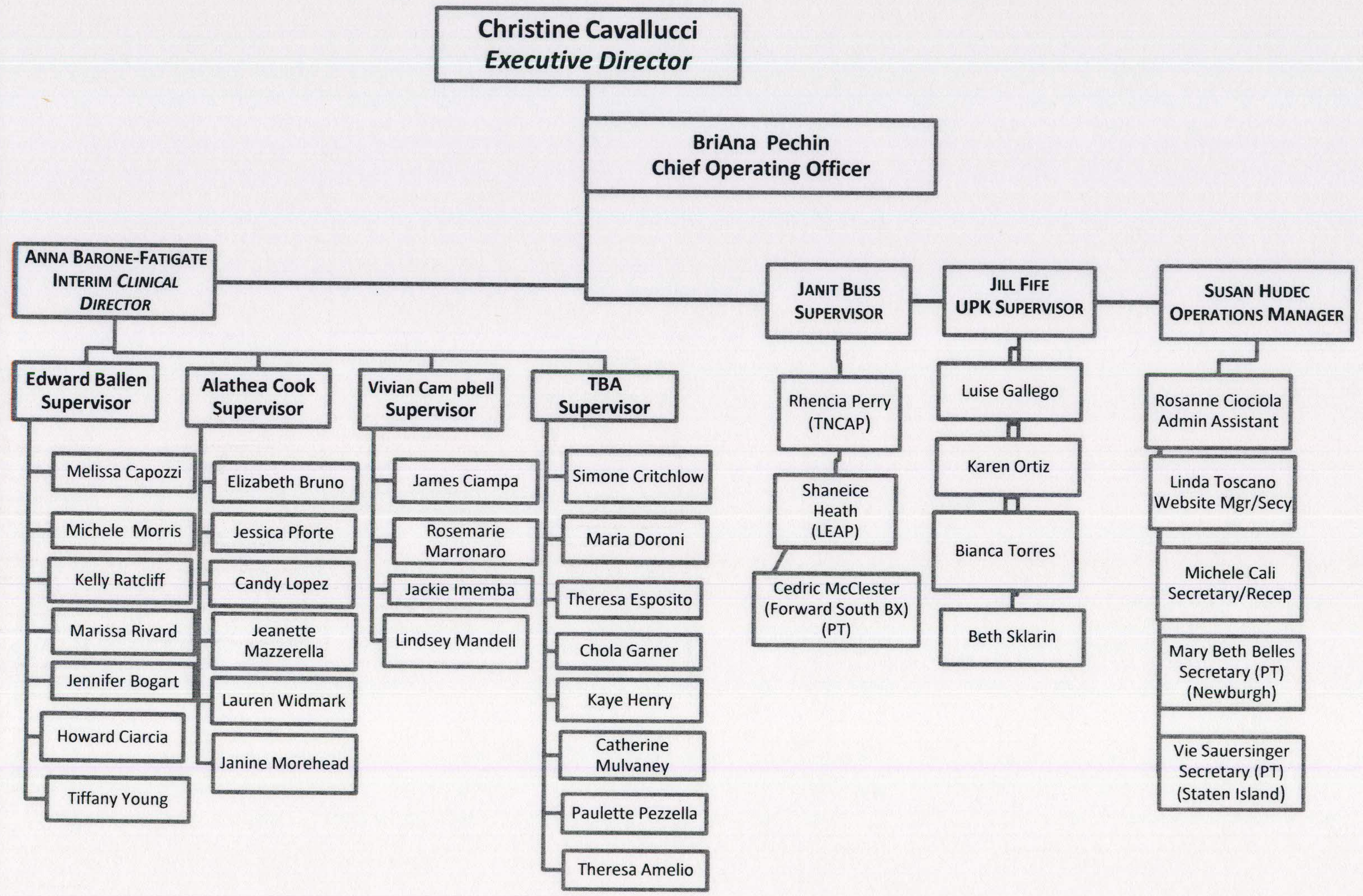
H. Program Management

ADAPP is a nonprofit agency funded by New York State OASAS under the auspices of the New York Archdiocese. In order to represent the agency interest, the Executive Director is a member of the New York Archdiocese Department of Education leadership team. As part of the Superintendent's staff, the Executive Director works closely with the management team for schools allowing for a continued working relationship.

This creates the buy in that enables ADAPP to meet the goals of providing substance abuse prevention services to the schools and the communities. The Clinical Director assists the program's supervisors with selecting appropriate evidence-based prevention practices and provides opportunities for continued training and education in ATOD related issues. Supervisors monitor the implementation of universal selective and indicated interventions to ensure fidelity and quality.

ADAPP uses a variety of resource to enhance our goals and objectives. Agency administration works closely with New York State OASAS to provide the most current up to date research based prevention activities that increase awareness, delay use, reduce risk and enhance protective factors and provide identification, intervention and referral in the schools and community. ADAPP takes advantage of all national, state and local resources.

Effective communication exists to enhance our prevention services. The structure of the agency supports weekly supervision to monitor implementation of service and gather information from the schools and the target population. Monthly agency meetings are used to disseminate information and to conduct training. Supervisors and staff work closely with each school to ensure sustainability of services. Additionally agency website is an active part of our communication efforts.


Christine Cavallucci
Executive Director
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Edward Ballen
Supervisor
Melissa Capozzi
Michele Morris
Kelly Ratcliff
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Website Mgr/Secy
Michele Cali
Secretary/Recep
Mary Beth Belles
Secretary (PT)
(Newburgh)
Vie Sauersinger
Secretary (PT)
(Staten Island)

Budget Narrative

ADAPP proudly continues to receive funding from both the private and public sectors in its 44 year history. Currently, our primary funding is from the New York State Office of Alcoholism and Substance Abuse Services (OASAS). ADAPP has successfully secured its funding since 1972 and is currently in a multi-year agreement with OASAS. This year, ADAPP will receive over $3,000,000 from OASAS. Through this source, ADAPP continues to provide prevention programs to the schools and communities in the ten (10) counties comprising of the Archdiocese of New York (ADNY).

The New York City Department of Health awarded ADAPP a contract to provide training in all five (5) boroughs for businesses that are licensed to sell alcohol in New York City. The trainings were planned after the New York State Liquor Authority announced that more than 50% of the businesses in New York City sold alcohol to minors. The goal is to help businesses in the city comply with New York State Alcohol Beverage Control Laws, a limit the sale of alcohol to minors and to avoid fines.

The Throggs Neck Community Action Partnership (TNCAP), the community prevention program that began in 1998, continues to be a thriving coalition for ADAPP and the Throggs Neck community. At the request of the Bronx District Attorney's Office, ADAPP's community staff began a mentoring relationship with the Forward South Bronx Coalition. Both coalitions are committed to addressing underage drinking and drug use problems in the Bronx.

Beginning in September 2015, ADAPP partnered with the ADNY's Office of Early Childhood's 'Pre-K for All' initiative, providing services to teachers, principals and instructional assistants to over sixty (60) archdiocesan schools in Manhattan, Staten Island, Westchester and the Bronx. Our team of social workers work collaboratively to ensure the social and emotional well-being of each child and to help families avail themselves of the many internal and outside supports available to them as part of this innovative and comprehensive program.

ADAPP continues to contract with Archdiocese of New York schools to provide over 12,000 students with substance abuse prevention and intervention services.

REVENUE	
Government contracts	
New York State Office of Alcoholism and Substance Abuse Services and Department of Health	$2,574,717
Program service fees	
Schools and school districts	321,066
Clients	73,503
Contributions and grants	142,173
Miscellaneous	35,465
Total revenue	3,146,924
EXPENSES	
Salaries	1,959,596
Payroll taxes and employee benefits	832,085
Consultants and contractual services	65,212
Equipment maintenance	89,195
Occupancy	17,619
Supplies and materials	31,802
Transportation	9,768
Telephone and utilities	27,943
Food	2,711
Training, meetings and conferences	15,235
Insurance	39,220
Community outreach	10,000
Miscellaneous	16,593
Total expenses	3,116,979
Change in unrestricted net assets	29,945
Net assets (deficit) - beginning of year	(324,424)
Net assets (deficit) - end of year	$ (294,479)