School Substance Abuse Prevention Program Inventory:
Results and Recommendations
School Substance Abuse Prevention Program Inventory: Results and Recommendations

Prepared by

Catie Clark, Director of the Statistical Analysis Center
Ashley Mully, Research Analyst

On behalf of

Governor’s Goal Council on Healthy People, Places & Resources: Youth Prevention Sub-Team
Governor’s Office of Youth, Faith and Family Substance Abuse Epidemiology Work Group

The Arizona Criminal Justice Commission’s Statistical Analysis Center would like to thank the Arizona National Guard’s Counter Drug Task Force for their assistance in obtaining the survey data provided in this report, as well as the Governor’s Office of Youth, Faith and Family and the Arizona Department of Education for their support of this project.
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Executive Summary

In 2017, the Governor’s Goal Council on Healthy People, Places & Resources created a sub-group of substance abuse and education experts from across Arizona, known as the Youth Prevention Sub-Team. At the direction of the Healthy Families Goal Council, and with the current opioid epidemic in mind, the group sought to gather information on the status of youth substance abuse prevention programming that is currently available in all primary and secondary schools in Arizona, and to evaluate and recommend the top substance abuse prevention and out-of-school programs for Arizona schools. The Youth Prevention Sub-Team partnered with the Substance Abuse Epidemiology Work Group (Epi), the Arizona Criminal Justice Commission (ACJC), and the Arizona National Guard’s Counter Drug Task Force to construct a survey of Arizona’s schools on the availability of programming for students, as well as the dissemination, collection, and reporting of data produced.

Findings from the Substance Abuse Prevention Programming Inventory (SAPPI) survey indicate that few schools in Arizona currently provide substance abuse prevention programming to students, and of those that are able to provide programming most programs have only started in the past one to two years. Compared with data from the 2016 Arizona Youth Survey (AYS) it appears that there is a substantial gap in Arizona schools in terms of the need for prevention programming and the accessibility of these programs.

As schools work to identify substance abuse prevention programming, it is critical that they first determine the level and types of needs that are present in their student population, and then select a prevention program that is suitable to both the specific needs of their students, as well as to the financial ability of the institution to initiate and maintain quality programming. Recommendations from this report include:

1. Continuation and expansion of the use of evidence-based substance abuse prevention programs such as those recommended in this report.

2. Continuation and expansion of funding for school-based substance abuse prevention programs and after-school programs.

3. Continuation of back-to-school substance abuse programs such as the Healthy Families Healthy Youth program in conjunction with ongoing evidence-based and evidence-informed prevention programs throughout the school year.

4. Further equipping schools with tools and timely data in the determination of needs and measurement of outcomes.
Introduction

In response to the drug epidemic that is sweeping the country and effecting all Arizona communities, Governor Doug Ducey took actions that improved access to substance abuse treatment, enacted a Good Samaritan law, increased public messaging on the dangers of opioid misuse and abuse, and strengthened laws that limit the number of opioids dispensed while protecting individuals suffering from chronic and debilitating pain.

As part of the continued efforts to end this epidemic, the Governor’s Office of Youth, Faith and Family (GOYFF), in partnership with the Arizona Department of Education, and the Youth Prevention Sub-Team of the Governor’s Goal Council on Healthy People, Places & Resources, conducted an inventory of substance abuse prevention programs that are currently being implemented in Arizona schools.

The purpose of this inventory is to assess potential gaps in these prevention services in order to make recommendations on prevention and afterschool programs for Arizona schools. The Arizona Substance Abuse Epidemiology Work Group and the Arizona Criminal Justice Commission facilitated the collection of this information with guidance and support from the members of the Youth Prevention Sub-Team and on behalf of the Governor’s Office of Youth, Faith and Family and the Governor’s Goal Council on Healthy People, Places & Resources.

The following charts and tables present statewide response trends on a number of metrics included in the Substance Abuse Prevention Program Inventory Survey (SAPPI). When applicable, results from this survey are compared to the 2016 Arizona Youth Survey (AYS) results. The following results are reported:

- Schools reporting substance abuse programs
- Risk factors targeted by schools
- Protective factors targeted by schools
- Additional programs provided by schools
- Mental health resources provided by schools

Survey Administration

The survey instrument (Appendix B) was developed by the Arizona Criminal Justice Commission’s Statistical Analysis Center (AZSAC) in conjunction with the members of the Youth Prevention Sub-Team. The survey was sent out to a list of Arizona schools.

1 A list of contacts was provided by the Arizona Department of Education.
during the spring semester of 2018. Schools were then contacted by members of the Arizona National Guard’s Counter Drug Task Force to facilitate participation in the survey.

Survey Participation

The survey instrument was distributed to a list of 3,973 individual contacts provided by the Arizona Department of Education. Included in the email was a letter from the Superintendent of Public Education, Diane Douglas, and Director of the Governor’s Office of Youth, Faith and Family, Maria Cristina Fuentes (Appendix A), requesting participation in the study.

<table>
<thead>
<tr>
<th>Table 1: Respondent Participation, Total and Percentage Relative to State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Districts Participating</strong></td>
</tr>
<tr>
<td>Apache</td>
</tr>
<tr>
<td>Cochise</td>
</tr>
<tr>
<td>Coconino</td>
</tr>
<tr>
<td>Gila</td>
</tr>
<tr>
<td>Graham</td>
</tr>
<tr>
<td>Greenlee</td>
</tr>
<tr>
<td>La Paz</td>
</tr>
<tr>
<td>Maricopa</td>
</tr>
<tr>
<td>Mohave</td>
</tr>
<tr>
<td>Navajo</td>
</tr>
<tr>
<td>Pima</td>
</tr>
<tr>
<td>Pinal</td>
</tr>
<tr>
<td>Santa Cruz</td>
</tr>
<tr>
<td>Yavapai</td>
</tr>
<tr>
<td>Yuma</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

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2 Schools and Districts that attempted to complete or completed the SAPPI Survey. Note that not all Schools and Districts reported here completed the survey in its entirety; please refer to the sample size listed for each table and figure included in this report.


4 The Annual Report of the Arizona Superintendent of Public Instruction (Arizona Department of Education, 2017) lists 58 districts for Maricopa County. However, there are an additional 281 charter holders in Maricopa County that have not been included in the State of Arizona numbers, as the AZSAC is unable to verify how many of these 281 represent individual school districts.
The Arizona National Guard’s Counter Drug Task Force was provided with the contact list, and members reached out to schools to encourage participation in the survey.\textsuperscript{5} Table 1 presents the results of the survey administration, demonstrating that approximately 47% of districts and 8%\textsuperscript{6} of schools in Arizona are represented in the survey findings presented in this report.

**Substance Abuse Programs**

Participating respondents were asked to report whether their school had a substance abuse prevention program currently available. As shown in Figure 1\textsuperscript{7}, the vast majority (n=122) of schools that participated in the survey reported that they do not currently have any form of substance abuse prevention programming available for students.

![Figure 1: Schools Reporting Availability of Programming](image)

Participants were also asked to report the number of prevention programs that were currently available to students at their school. Of those who responded (n=52), approximately 69% (n=36) indicated that they had only one prevention program, while 31% (n=16) reported they had two or more programs. Survey respondents were also asked to provide the name of the prevention program available at their school. Of those who responded, the most common programs listed include the Healthy Family Healthy Youth program provided by the GOYFF (41%; n=56); a variety of programs funded through grant opportunities with the GOYFF, such as Botvin LifeSkills, Project SUCCESS, and Too Good for Drugs, among others (33%; n=45); and law enforcement partnerships.

\textsuperscript{5} As the National Guard called school across Arizona, many of the schools disclosed that they did not provide prevention programs but that they were greatly needed in their school and community.

\textsuperscript{6} While the percentage of participating schools is low, the information cleaned from the survey give strong insights into the prevalence of substance abuse prevention programing in schools.

\textsuperscript{7} 170 schools responded to this question in the SAPPIL.
and various other substance abuse programs (25%; n=34). Of the respondents who reported the length of time that their prevention program has been in existence, 46% (n=24) indicated that the program began in 2017 or later. It should be noted that of these programs, all are funded through grants provided by the GOYFF. These grants are provided on a three-year funding cycle, and as such, it can be expected that the programs will end between 2019 and 2020 without continued funding.

Schools were also asked to provide details about the substance abuse prevention programs that they are currently providing. Of the 40 respondents, 38 indicated that their substance abuse prevention programs were school-based, as opposed to an afterschool program (n=2). Of the 35 respondents for what the prevention intervention programs were offered, 30 indicated that their programs were universal prevention interventions, while 8 reported selective interventions and 3 reported indicated interventions.

## Risk Factors

Risk factors are personal and environmental factors that may increase a person’s likelihood of engaging in problem behaviors (Hawkins et al., 1992). Survey respondents were asked to rank the top five risk factors that their school’s substance abuse prevention program(s) sought to address. Table 2 reports the results of the top five most frequently reported risk factors by survey respondents.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>% of School Respondents&lt;sup&gt;8&lt;/sup&gt;</th>
<th>Risk Factor</th>
<th>% of Student Respondents&lt;sup&gt;10&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Failure</td>
<td>47.7%</td>
<td>Family Conflict</td>
<td>52.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Laws and norms favorable toward drug use</td>
<td></td>
</tr>
<tr>
<td>Family Conflict</td>
<td>45.5%</td>
<td>Low commitment to school</td>
<td>50.7%</td>
</tr>
<tr>
<td>Family history of antisocial, high risk</td>
<td>45.5%</td>
<td>Early Initiation</td>
<td>48.1%</td>
</tr>
<tr>
<td>or drug related behavior</td>
<td></td>
<td>Poor family management</td>
<td>47.9%</td>
</tr>
<tr>
<td>Favorable attitudes toward drug use</td>
<td>45.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends’ use of drugs</td>
<td>45.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>8</sup> More than one response allowed.
<sup>9</sup> 44 schools responded to this question in the SAPPI.
<sup>10</sup> Percentages are based on 57,170 student respondents to the AYS in 2016.
In order to contextualize the risk factors that most schools are addressing, results from the 2016 Arizona Youth Survey (AYS) are included in Table 2. These results show the top five most prevalent risk factors among Arizona students. The composite ‘risk score’ represents the degree to which respondents are at risk for developing problem behaviors in a particular domain (i.e., peer-individual, school, family, and community) based on student responses on the 2016 AYS. These risk scores were then dichotomized into a variable that indicated whether the student responses were at high or low risk for each risk factor.

The results of the SAPPI indicate that most schools are addressing academic failure (47.7% of respondents); family conflict (45.5% of respondents); family history of antisocial, high risk or drug related behavior (45.5% of respondents); favorable attitudes towards drug use (45.5% of respondents); and friends’ use of drugs (45.5% of respondents) within the substance abuse prevention program(s) available to their students. However, when compared to responses from 8th, 10th, and 12th grade students in Arizona in 2016, there appears to be a disconnect between what risk factors educators feel are most critical to address and those risk factors for which students report being a highest risk. For instance, while schools most frequently reported addressing academic failure, this risk factor did not rank among the top five risk factors reported from the AYS findings. Instead, AYS respondents indicated that they were at highest risk for family conflict, which is the second most frequent risk factor being addressed by Arizona schools. The second most prevalent risk factor among Arizona’s youth was living in communities in which they perceive there to be laws and norms favorable towards drug use. While this may be difficult for schools alone to address, it should be noted that none of the top five risk factors being addressed by schools involved the community domain. Finally, it is worth noting that the third most prevalent risk factor among Arizona students was a low commitment to schools. This is indicative of a larger problem within Arizona schools in their ability to connect to students, beyond substance abuse prevention programs.

Protective Factors

Protective factors are personal and environmental factors that may decrease a person’s likelihood of engaging in problem behaviors (Hawkins et al., 1992). Survey respondents were asked to rank the top five protective factors that their school’s substance abuse prevention program(s) sought to address. Table 4 reports the results of the top five most frequently reported protective factors by survey respondents.

In order to contextualize the protective factors that most schools are addressing, results from the 2016 Arizona Youth Survey (AYS) are included in Table 3. The composite
protective score represents the degree to which respondents have protection against developing problem behaviors in a particular domain (i.e., peer-individual, school, family, and community) based on student responses on the 2016 AYS. These protective scores were then dichotomized into a variable that indicated whether the student responses indicated high or low levels of protection for each protective factor. The results in Table 3 show the top five protective factors for which most Arizona students indicate having the lowest levels of protection. Ideally, protection scores should be higher, indicating a higher level of protection. Lower scores indicate low levels of protection and thus areas where improvements can be made to further protect students from developing problem behaviors, such as substance use and abuse.

<table>
<thead>
<tr>
<th>Table 3: Top 5 Reported Protective Factors, SAPPI and AYS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAPPI Survey</strong></td>
</tr>
<tr>
<td><strong>Protective Factor</strong></td>
</tr>
<tr>
<td>Academic Skills</td>
</tr>
<tr>
<td>Healthy Beliefs and Clear Standards for Behavior</td>
</tr>
<tr>
<td>Belief in a Moral Order</td>
</tr>
<tr>
<td>Bonding to Adults, Peers and Community</td>
</tr>
<tr>
<td>Opportunities for Positive Involvement</td>
</tr>
</tbody>
</table>

The top five protective factors being addressed by Arizona schools are academic skills (23.8% of respondents); healthy beliefs and clear standards for behavior (23.8% of respondents); belief in a moral order (21.4% of respondents); bonding to adults, peers and community (21.4% of respondents); and opportunities for prosocial involvement (21.4% of respondents). Similar to the results for risk factors in Table 2, there appears to be a disconnect between the protective factors being addressed by Arizona educators and the protective factors for which Arizona students report the lowest levels of protection. For instance, students report low levels of protection from interaction with prosocial peers

11 “Academic Skills” and “Healthy Beliefs and Clear Standards for Behavior” are not protective factors found on the AYS or Communities that Care survey.
12 42 schools responded to this question in the SAPPI.
13 Percentages are based on 57,170 student respondents to the AYS in 2016.
(52.9%), prosocial involvement (52.3%), rewards for prosocial involvement (49.8%), belief in the moral order (49.8%), and family attachment (49.4%). While low levels of belief in a moral order were present among Arizona students, only 21.4% (n=9) of schools were attempting to address this issue among their students. Additionally, while two of the top five protective factors being addressed by schools are relative to the school domain (academic skills and opportunities for positive involvement), the school domain was not present among the top five protective factors for which students reported the lowest levels of protection. While schools would likely have a more difficult time addressing other domains, such as the family or community, it should be less problematic for them to institute prevention programming that addresses the peer-individual domain, which comprised the top four protective factors for which Arizona students report having the lowest levels of protection.

Additional Programs

While the primary focus of the SAPPI survey was to determine the availability and types of substance abuse prevention programming that are currently provided by schools in Arizona, additional information that is relevant to schools and students was asked to be provided by respondents for this report. A list of possible additional programming (see Table 4) was provided, and respondents were asked to indicate whether their school currently offered at least one program that dealt with each of the topics/issues. A number of schools indicated that they had at least one program available, even if they did not have a substance abuse prevention program in place. The most commonly reported programs were those addressing bullying (68%, n=73), youth with learning disabilities and/or academic difficulties (62%, n=66), homeless and/or runaway youth (42%, n=45), interventions related to parents/families/guardians (41%, n=44), and suicide prevention programming (41%, n=44). It is clear from Table 4 that while not all schools are able to provide substance abuse prevention programming to their students, they attempt to address the same risk and protective factors that influence the likelihood of a student engaging in problem behaviors, such as substance use and abuse.
Table 4: Additional Programs Provided by Schools

<table>
<thead>
<tr>
<th>Program Description</th>
<th>Number of Schools Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying</td>
<td>73</td>
</tr>
<tr>
<td>Youth with learning disabilities/ academic difficulties</td>
<td>66</td>
</tr>
<tr>
<td>Homeless/ Runaway Youth</td>
<td>45</td>
</tr>
<tr>
<td>Parents/ Families/ Guardians intervention</td>
<td>44</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td>44</td>
</tr>
<tr>
<td>School Dropouts/ Truancy/ At risk of Dropping out</td>
<td>43</td>
</tr>
<tr>
<td>Economically Disadvantaged Youth</td>
<td>41</td>
</tr>
<tr>
<td>Mentally Ill/ Emotionally Disturbed Youth</td>
<td>34</td>
</tr>
<tr>
<td>Children involved in Child Protective Services (CPS)</td>
<td>32</td>
</tr>
<tr>
<td>Migrants</td>
<td>29</td>
</tr>
<tr>
<td>Adults/ families with children in the CPS system</td>
<td>28</td>
</tr>
<tr>
<td>Youth Tobacco Cessation</td>
<td>28</td>
</tr>
<tr>
<td>Pregnant Teens</td>
<td>27</td>
</tr>
<tr>
<td>Probation/ Parole/ Drug Offending Youth</td>
<td>26</td>
</tr>
<tr>
<td>Gay/ Lesbian/ Bisexual/ Transgendered Youth</td>
<td>25</td>
</tr>
<tr>
<td>Children in households receiving monetary assistance</td>
<td>24</td>
</tr>
<tr>
<td>Adults/ families receiving monetary assistance</td>
<td>23</td>
</tr>
<tr>
<td>Immigrants/ Refugees</td>
<td>22</td>
</tr>
<tr>
<td>Youth Victims of Physical/ Emotional/ Sexual Abuse</td>
<td>20</td>
</tr>
<tr>
<td>Incarcerated Youth</td>
<td>17</td>
</tr>
<tr>
<td>Youth in Rural/ Isolated Populations</td>
<td>17</td>
</tr>
<tr>
<td>Domestic Violence Offenders - Youth</td>
<td>16</td>
</tr>
<tr>
<td>Youth Sex Offenders</td>
<td>16</td>
</tr>
<tr>
<td>Gang Prevention/ Intervention</td>
<td>16</td>
</tr>
<tr>
<td>COSAs/ Children of Substance Abusers</td>
<td>15</td>
</tr>
<tr>
<td>Other Family (e.g. community mentorship, college prep, school counselor)</td>
<td>14</td>
</tr>
<tr>
<td>Other Youth (e.g. parent liaison programs, positive behavior intervention support, conflict resolution)</td>
<td>13</td>
</tr>
</tbody>
</table>

Note: 106 schools responded to this question, multiple responses allowed.

Mental Health Resources

The final topic addressed in the SAPPI survey was in relation to the type and availability of mental health resources in Arizona schools. Similar to the results of Table 4, it is evident that more schools are able to provide some form of mental health resource(s) to students than they are able to provide substance abuse prevention programming. Of the 157 respondents, 63% (n=99) indicated that they had some form of mental health resource
available to their students, while 37% (n=58) reported that they did not have any mental health resources available. Of the 99 schools that reported having mental health resources available, 88% indicated that they had a counselor or psychologist on staff (n=88); 17% reported that they had a social worker on staff (n=17); 9% indicated that they had a behavioral specialist on staff (n=9); and another 17% reported that they had some other kind of resources available, such as an outside agency, special education program, school nurse, or other tools and resources (n=17).

<table>
<thead>
<tr>
<th>Table 5: Mental Health Resources in Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td>Counselor/Psychologist</td>
</tr>
<tr>
<td>Social Worker</td>
</tr>
<tr>
<td>Behavior Specialist</td>
</tr>
<tr>
<td>Other (e.g. Cultural Coordinator, Special Education Program, outside agencies, nurse)</td>
</tr>
</tbody>
</table>

Note: 99 respondents, multiple responses allowed

With recent violent events occurring in schools across the United States, it is clear that mental health resources should be available at all schools. Based on the SAPPI survey results, it appears that approximately 40% of Arizona students attend a primary or secondary educational institution that does not have access to these resources. Of those that do have mental health resources available, it may be for only a portion of the school week. Several schools reported having their resource (such as a social worker or counselor) only available to students “part-time,” “2.5 days a week,” “once a week,” or on an “as needed” basis. While the majority of schools report having access to one or more mental health resources for their students, this may not include a trained professional who is available to students at all times.

Recommendations

Results of the SAPPI survey indicate that there is likely little substance abuse prevention programming being consistently offered to K-12 students across Arizona, yet there also appears to be a great need for such programming. Results from the 2016 AYS indicate that approximately half of 8th, 10th, and 12th grade students report being at high risk for several key factors that may lead to involvement with substance use and other delinquent behaviors. Empirically grounded, data-driven substance abuse prevention programming is one way to prevent youth from ever being involved in the cycle of substance abuse.
School-Based Programming

As this report has established, there is a clear need for substance abuse prevention programming in Arizona’s primary and secondary schools. To that effect, a series of recommendations around school-based substance abuse prevention programming are included.

Program Selection Methodology

The Youth Prevention Sub-Team used the following methodology to select ten evidence-based programs to review for recommendation in this report. Programs were selected through a web-based search of the National Repository of Evidence-Based Programs and Practices (NREPP), Blueprints for Healthy Youth Development, the Office of Juvenile Justice and Delinquency Prevention Program (OJJDP), and the National Institute of Justice Crime Solutions. The initial search criteria screened for substance abuse prevention programs designed for youth 6-17 and that occurred within a school setting by trained school staff. The initial search results revealed more than 60 prevention programs. Programs were then reviewed to ensure that primary outcomes included a reduction in substance abuse or alcohol, tobacco and other drugs (ATOD) rates, could be delivered by school staff, and had a manualized curriculum with a defined number of lessons over a span of time. Remaining programs were evaluated based on programmatic outcomes associated with a reduction in substance abuse rates. If a program did not demonstrate a significant change in lowering substance abuse between the intervention and control group, it was eliminated.

One program was presented that is not listed in the aforementioned repositories. Living in 2 Worlds was included in this list due to the limited information available on school-based prevention program designed for American Indians. Many of the programs identified had marginal American Indian population sizes in their evaluations (around 1-10%). Since Living in 2 Worlds is a cultural adaptation of keepin’ it REAL, it is being run in Arizona communities (primarily through the Phoenix Indian Center), and has significant research associated with urban Indian populations, it was included for programmatic review.
The following 10 programs\textsuperscript{14} were selected according to the above listed criteria, and then presented to the Youth Prevention Sub-Team members to vote based on nine criteria:

- Botvin LifeSkills
- The Good Behavior Game
- Guiding Good Choices
- keepin' it REAL
- Living in 2 Worlds
- Positive Action
- Project SUCCESS
- Project Toward No Drug Abuse
- Strengthening Families
- Too Good for Drugs

The criteria for selection as a recommended program included:
- Youth- and/or parent-focused program which can be implemented in schools.
- Substance abuse focused; substance abuse must be a primary objective of the curriculum, although not necessarily the only objective.
- Curriculum-based program, with a specific curriculum (including lessons and manual) that can be implemented with fidelity.
- Rated as an “evidence-based” program by a recognized national rating system.
- Program is geared to a multi-cultural population (includes a cultural competency component).
- The cultural competency component can be adapted for other groups/cultures.
- The program is available for all grade levels (K-12).
- The program is available for only a subset population of students (e.g., 5-8th grades).
- The length of the program (both in terms of weeks and a number of lessons) will be suitable for schools to adopt.

Evaluators from the Youth Prevention Sub-Team were asked to provide feedback on each of the ten programs in accordance with how strongly (on a five-point Likert scale ranging from “Strongly Agree” to “Strongly Disagree”) they perceived each program met each of the above listed criteria. While individual feedback varied, the group unanimously agreed that all of the ten programs be included as recommendations in the final report.

Of the ten programs, however, there were five that the group determined to be the preferred programs. These included: Botvin LifeSkills, keepin’ it REAL, Positive Action, Project Toward No Drug Abuse, and Too Good For Drugs. These five programs were

\textsuperscript{14} More detail on each of the programs is available in Appendix C.
determined to have the greatest focus on substance abuse, evidence-based backing, and ability to be implemented in Arizona schools. It should be noted, however, that these programs are not necessarily the best fit for every school in Arizona. Educators and community stakeholders should first assess the needs of their population, and identify programs that are best suited to address those needs. In addition, prior to selecting a program, the prevalent risk and protective factors should be determined in order to select a program that will best address those factors.

One way for schools to obtain data on risk and protective factors, as well as substance use, is through the AYS. Conducted biennially by the Arizona Criminal Justice Commission, the Arizona Youth Survey (AYS) collects data on 8th, 10th, and 12th grade students across the state. The survey asks youth about their experiences with topics such as substance use, school safety, bullying, gang activity, and other problematic behaviors, as well as the risk and protective factors that influence the prevalence of these behaviors. The AYS is grounded in empirically driven and research-based theories of youth development, and provides a wealth of information that is used to improve the circumstances in which all Arizona youth live and learn. For years, the AYS has been utilized by a number of coalitions, non-profit agencies, government agencies, Regional Behavioral Health Authorities (RBHA), local school districts, and state universities in order to:

- Identify the nature and extent of various problem behaviors;
- Assess the performance of prevention and intervention efforts;
- Guide program and policy decisions that affect prevention and intervention efforts;
- Design and implement a new program and/or policy; and
- Apply for competitive funding opportunities to solve a variety of problem behaviors.

The Youth Prevention Sub-Team only recommended specific evidence-based prevention programs because of the extent of research available. There are also many short-term evidence-informed supplementary prevention programs that schools should consider incorporating in a systematic prevention effort. These programs include but are not limited to Healthy Families – Healthy Youth, Rx 360, and “Opioid Impact” lessons provided for School Resource Officers through the Arizona Bar Foundation. Schools should also partner with local coalitions and non-profits to provide additional prevention programs and incorporate school-based prevention activities into a Strategic Prevention Framework.\footnote{A Strategic Prevention Framework is a comprehensive guide to plan, implement and evaluate prevention practices and programs and is discussed in greater detail beginning on page 17 of this report.}

After-School Programming

After-School Programs (ASP) vary in structure, focus, content, emphasis, and sponsoring organization (e.g., schools, religious institutions, libraries, Boys and Girls Clubs). Effective
ASPs are unique in that they are a strong protective factor for a number of risky behaviors including substance abuse, but they also create prosocial protective factors. ASPs may be broadly differentiated by the following categories:

1. Team sports, sports clubs, or organized sports activities out of school.
2. Prosocial activities, such as participation in volunteering, service clubs, and/or religious service activities in the community.
3. Performing arts, including participation in band, drama, art, or dance.
4. Academic-oriented clubs and experiential/enriched learning programs.
5. School involvement, such as participation in student government.\textsuperscript{15}

ASPs work best when they are thoughtfully incorporated into systematic prevention effort as demonstrated through The Icelandic Prevention Model. In Iceland, the Icelandic Centre for Social Research and Analysis (ICSRA) and researchers at Reykjavik University, along with policy makers and practitioners in the field, began collaborating in the 1990s in order to better understand the societal factors influencing substance use among adolescents and possible approaches to prevention. The evidence-based approach that was developed is commonly known as "The Icelandic Prevention Model."

Components of the intervention involved but were not limited to parents signing contracts to agree to spend more time with their children and significant investment to provide greater opportunity for youth to engage in music, art, dance, and sports programs to keep youth engaged in prosocial activities after school hours.

Results from the implementation of The Icelandic Prevention Model show a steady decline in substance use, which is reported as being drunk during the last 30 days; smoking one cigarette or more per day; and having tried hashish once, from 1997 through 2007 among 14 and 16-year-old adolescents (Sigfusdottir, Thorlindsson, Kristjansson, Roe, & Allegrante, 2008). In addition, protective factors such as parental monitoring, time spent with parents, not attending parties, and participating in sports or clubs were all reported to have increased over time.

More current research indicates that the effort has continued to be effective over the last decade. In 1998, 42\% of 15- and 16-year-olds reported getting drunk in the previous month. In 2016, that number dropped to only 5\%. A similarly drastic reduction in youth cigarette use occurred during the same time period, with those reporting use decreasing from 23\% in 1998 to only 3\% in 2016. The Icelandic Prevention Model exemplifies the use of ASPs in a strategic prevention model.

While research supports the impact ASPs can have, a major limitation to evaluating the best afterschool programs for Arizona schools is that they generally do not have an

\textsuperscript{15} See (McDowell Group, 2018) for additional information.
empirically based set of standards in which to operate. Additionally, a wider variety of options allows for youth to participate in after-school programs that appeal to their passions. While there is not a specific list of afterschool programs to be recommended in the context of this report, the Youth Prevention Sub-Team recommends using the standards set-forth by the Arizona Center for Afterschool Excellence (AzCASE) as a resource for schools to ensure quality and effective afterschool programming.

AzCASE created a set of quality standards for the state of Arizona’s afterschool programs in 2013. These seven standards are designed to promote quality out-of-school time for students. It is crucial to consider the time spent outside of classroom hours as an opportunity to provide youth with additional services that may not be addressed in the classroom. Approximately 80% of a youth’s waking hours are spent outside of the classroom. Research has shown that participation in afterschool programs can reduce misconduct in school, and reduce the use of drugs and alcohol compared to students that were unsupervised. The seven standards of quality afterschool programming are as follows:

1. **Safe and Healthy Environments:** Youth experience physically and emotionally safe, healthy and developmentally appropriate learning environments.

2. **Positive Relationships:** Youth benefit from the positive relationships and interactions that are promoted, developed, nurtured and maintained by the program staff and volunteers.

3. **Intentional Programming and Activities:** Youth experience a variety of fun and stimulating opportunities for engagement and learning that support positive physical, social, emotional and cognitive development.

4. **Equity and Inclusion:** Youth thrive in the program regardless of their background, including but not limited to race, color, religion, sex, income level, national origin, physical, mental and learning ability, sexual orientation, or gender identity and expression.

5. **Family, School, and Community Engagement:** Youth benefit when families, schools and communities are actively engaged in program development and implementation.

6. **Program Management:** Youth benefit from effective leadership, strong program management and sound fiscal management.

7. **Program Evaluation and Data:** Youth benefit from systems for continuous quality improvement that include measurable goals, aligned with children, youth and family needs.

ASP's provide a link between educators and community stakeholders, and allow schools to serve the needs of students outside of school hours. To ensure the effectiveness of ASPs as part of the substance abuse prevention model, they should be incorporated in and support the Strategic Prevention Framework and prevention programming established by the school.
Considerations When Selecting a Program

There are several important considerations that should be addressed when selecting a program, such as the cost per student, the needs of the population, and how well the program fits within the Strategic Prevention Framework.

Cost

Programmatic costs can vary greatly depending on the prevention program. For example, cost for the top ten evidence-based prevention programs identified in this report range from approximately $15.00 to $81.00 per student. When selecting a program for implementation, it is important to assess the costs associated with implementing and sustaining a program over the long term. Costs should, however, also be balanced against the return on investment in reducing negative outcomes for students. The Washington State Institute for Public Policy developed a standardized model using scientifically rigorous standards to estimate the costs and benefits associated with various prevention programs. Benefit-per-dollar cost ratios for evidence-based interventions ranged from $0.62 per dollar invested to more than $64 for every dollar invested (Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, 2016).

Results from this survey indicate that there is a need for additional substance abuse prevention programming to be made available to students in Arizona. The Governor’s Office of Youth, Faith and Family’s High School Health and Wellness (HSHW) grant program can be used as a model to determine the approximate amount of funds needed to offer substance abuse prevention programming in schools that do not currently have some kind of program for students in place. The HSHW program is ideal for calculating approximate costs, because the funding model allows schools flexibility in the type of programming they offer and in how that programming is implemented. For instance, some schools may opt to hire an additional personnel in the form of a Prevention Specialist, while others may sub-contract with a community coalition that is experienced in delivering prevention programming.

Funding Sources

In 2017, GOYFF equipped 53 middle schools with the Healthy Families Health Youth prevention program and funded 38 high schools to run evidence-based prevention programs. Through the Arizona Parents Commission on Drug Education and Prevention, the GOYFF funds multiple non-profits and coalitions to provide community primary prevention programs. Many of these community organizations also offer programming to schools. The Department of Education provides competitive grant funding that supports more than one-hundred School Resource Officers (SROs) in Arizona schools. The
Arizona Attorney General's Office also provides some prevention program funding to community-based organizations. Other research has found that substance abuse intervention programs that address general risk and protective factors for substance abuse result in reduced risk for participants of between 20 to 65 percent (Spoth, et al., 2013).

There are also federal grant opportunities including but not limited to the Opioid State Targeted Response grant, Substance Abuse Block Grant, and the Partnership for Success Grants through the Substance Abuse Mental Health Services Administration (SAMHSA) that are able to fund school-based prevention programs. Other potential federal funding sources include, Formula 1 educational funds as well as the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Formula Grant. Some state agencies have also formed private-public partnerships to help fund prevention efforts. For example, the state of Massachusetts Attorney General’s Office partnered with General Electric to provide two-million dollars in additional school-based prevention funding. This partnership provided funding for a select group of middle schools to run year-long evidence-based substance abuse prevention programs. Funds were also used to develop and disseminate a substance abuse prevention toolkit, which was made available to all middle schools in the state.

Strategic Prevention Framework

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a resource for implementing substance abuse prevention programming, known as the Strategic Prevention Framework (SPF)\textsuperscript{17}. The SPF is a comprehensive guide to planning, implementing, and evaluating prevention practices and programs. The SPF offers prevention professionals, community members, and educators a comprehensive process for addressing the substance misuse and related behavioral health problems facing their schools and communities. The effectiveness of the SPF begins with a clear understanding of needs and involves stakeholders in all stages of the planning process.

\textsuperscript{17} https://www.samhsa.gov/cap/applying-strategic-prevention-framework
The steps of the SPF include:

**Step 1: Assess Needs:** What is the problem, and how can I learn more?

**Step 2: Build Capacity:** What do I have to work with?

**Step 3: Plan:** What should I do and how should I do it?

**Step 4: Implement:** How can I put my plan into action?

**Step 5: Evaluate:** Is my plan succeeding?

The SPF also includes two guiding principles:

- **Cultural competence:** The ability to interact effectively with members of diverse population

- **Sustainability:** The process of achieving and maintaining long-term results

Based on SAMHSA's vision of reducing the impact of substance use and mental illness on America's communities, the Framework applies to any prevention planning process that addresses substance use and mental health issues. It defines the essential traits of high-quality prevention strategies, lays out guiding principles and action steps, and offers tools communities can use to plan and build prevention programs that work. Through a long list of federal and national partners, the Framework provides broad support and access to many resources.
Conclusion

This report provided a current view of the availability of substance abuse prevention programming at both elementary and secondary schools in Arizona. Results indicate that there is a clear need for the expansion and continued funding of prevention programs. Recommendations from this report include:

1. Continuation and expansion of the use of evidence-based substance abuse prevention programs such as those recommended in this report.

2. Continuation and expansion of funding for school-based substance abuse prevention programs and after-school programs.

3. Continuation of back-to-school substance abuse programs such as the Healthy Families Healthy Youth program in conjunction with ongoing evidence-based and evidence-informed prevention programs throughout the school year.

4. Further equipping schools with tools and timely data in the determination of needs and measurement of outcomes.
Appendices