

ACCESS Initiative 2009–2010 Summary: Project Towards No Drug Abuse

SS/HS Focus Area: *Alcohol, tobacco, and other drug prevention activities*

ACCESS Goal: *Decrease student use of alcohol, tobacco, and other drugs*

Cost (2009-2010): \$0

Note. No cost associated with 2009-2010 because program included as component of existing curriculum, training and materials covered in prior year expenses

Program Overview

Project Towards No Drug Abuse (PTND) was developed to help high-risk¹ high school aged youth resist alcohol and other drug use. The program relies on a motivation-skills-decision-making (MSD) model and assumes that substance use is related to deficits in the M, S, and D elements. Through a series of 12 classroom-based lessons, PTND aims to increase the capabilities of students in each of the MSD areas. PTND is listed in the Substance Abuse and Mental Health Administration’s (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP).²

What is ACCESS?

Funded through a 4-year federal Safe Schools/Healthy Students grant, the Austin Community Collaboration to Enhance Student Success (ACCESS) is an AISD-led community collaboration of public and nonprofit agencies working together to address the emotional, behavioral, and social needs of students.

Program Implementation

The ACCESS grant developers identified PTND as a tool for decreasing substance use among AISD students, and invited interested district staff (e.g., all high school counselors, Peer Assistance and Leadership Program [PALS] teachers³) and campus providers (e.g., Communities in Schools [CIS]) to attend a training session in December 2008. Seventeen campus-based staff as well as additional district staff attended the session.⁴

First Year (2008–2009)

Despite generating positive feedback, the December 2008 training session yielded limited interest in implementing the program throughout the district. In the spring semester, the program was

¹ The program does not explicitly define high risk, but rather suggests that “the greater the number of drug users within a large (e.g., school, community) or small (e.g., peer group) social environment, the more at risk are its constituents for continued drug use leading to abuse” (Sussman, 1996, p. 170).

² Additional detailed information about PTND and its research base can be found on the program’s website (tnd.usc.edu)

³ PALS is a cross-age student mentoring program.

⁴ ACCESS originally intended that district-wide Positive Behavioral Support (PBS) coaches receive training in a train-the-trainer model. However, the PTND program model required that those delivering the program receive training directly from a certified trainer.



taught to students at two AISD high schools: Crockett and Garza. The campus counselor and CIS program manager at Garza delivered the program to 10 students as a component of a voluntary substance abuse group counseling program. At Crockett, the ACCESS program coordinator and a campus PALS teacher each delivered PTND to students in a section of a leadership elective; a total of 40 students participated.

PTND is typically delivered in 45 to 50 minute segments. Because students were in a block class of 90 minutes, the instructors used the extra time to answer questions, encourage greater participation by quiet students, and work on a class project related to the subject. Feedback from the Crockett instructors indicated that students appreciated the extra time allotted for the curriculum to be delivered. The instructors concluded that PTND delivered in 45-minute periods would work better if delivered within the broader context of a health or science class. Additionally, the instructors felt that the students responded positively to the role playing and other participatory aspects of the program. An attempt was made to collect pre- and post-test survey data to assess potential changes in students' attitudes and behaviors; however, logistical difficulties and a low response rate prevented a sufficient number of responses from being collected for meaningful statistical analysis. During the summer, between the first and second year of implementation, the ACCESS program coordinator met with representatives of the district health curriculum to explore including PTND as a component of the program. These efforts were not successful.

PTND Sessions

- Active listening
- Stereotyping
- Myths and denials
- Chemical dependency
- Talk show (role playing)
- Marijuana panel (role playing)
- Tobacco use cessation
- Stress, health, and goals
- Self-control
- Positive and negative thought and behavior loops
- Perspectives
- Decision making and commitment

Second Year (2009–2010)

During both the fall and spring semesters, PTND was implemented at the Ann Richards School for Young Women Leaders (Ann Richards) as a component of the STARS (Success Through Academic Responsibility and Service) class for 9th grade students. STARS is a required course for students in all grades at Ann Richards and includes a community service component. The 9th-grade STARS curriculum focuses on communication. PTND was incorporated for its potential to have an impact on the attitudes and behaviors of participating students as well as to provide the knowledge required to produce peer-focused public service announcements. Each semester, students from two different class sections participated. The instructor worked to create a confidential environment in which the 75 participating students felt comfortable discussing the substance use issues faced by themselves, their families, and their communities.

Program Outcomes

Methodology

The analysis of program outcomes focused on the students receiving PTND at Ann Richards. Program outcomes were assessed through a PTND developer-designed survey conducted at the

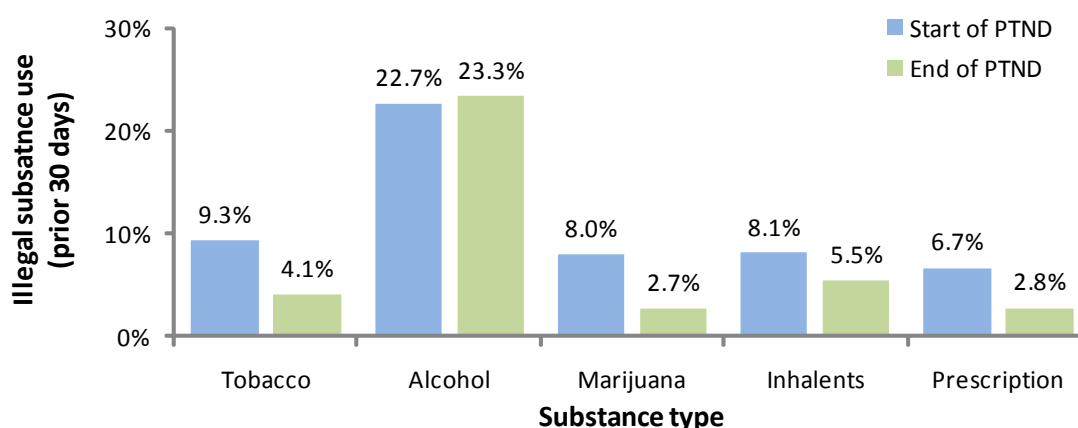


beginning and end of each 6-week session.⁵ The student survey was computer based and completely anonymous; students were given the option to decline participation if they wished.

Results

At the beginning of the program, students participating in PTND were asked to describe their illegal substance use during the 30 prior days, and were surveyed again at the end of the program regarding their use during the 30 days immediately prior to its conclusion. The first 30-day period provided a baseline for assessing change that could be attributed to the program. As Figure 1 shows, declines in reported substance use were found for tobacco, marijuana, inhalants, and illegally obtained prescription drugs. These changes translate into a small average overall effect size⁶ (Cohen's $d = .36$), providing encouragement regarding the impact of the program on near-term substance use. The most commonly used substance, alcohol, showed the least change between the two survey periods, increasing a slight 0.6 percentage points.

Figure 1. Self-report Substance Use by Project Towards No Drug Abuse (PTND) Participants



Source. PTND Program Survey, 2009-2010

Note. Pre-test $n = 75$; post-test $n = 66$

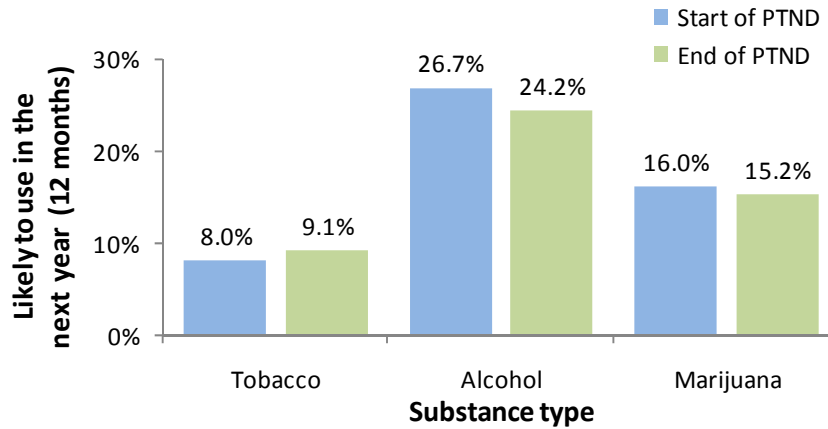
To better assess the potential long-term impact of PTND, students were asked how likely it was that they would use tobacco, alcohol, or marijuana during the next year. Figure 2 shows little difference in response between the pre- and post-tests. The percentage of those expressing some likelihood that they would use tobacco increased slightly (1.1 percentage points), while the likelihood of using alcohol or marijuana decreased slightly (by 2.5 and 0.8 percentage points, respectively).

Program participants were asked to evaluate the topics and activities in PTND along a number of evaluative dimensions (Table 1). Although their reaction to the program was favorable overall, participants rated items relating to the importance of the content (e.g., believable, important) higher than they rated items focused on their interest in the subject matter (e.g., enjoyable, interesting).

⁵ The course was taught during November and December (2009), and during April and May (2010).

⁶ Effect size was calculated using Cohen's d . A small effect size is one in which Cohen's $d \geq .2$, medium is $\geq .5$, and large is $\geq .8$.

Figure 2. Likely Use of Illegal Substances in the Next Year



Source. PTND Program Survey, 2009-2010

Notes. Percentages reflect individuals responding that their future use was *a little likely, somewhat likely, or very likely* (other options were *probably not* and *definitely not*). All 75 individuals responded to these questions on the pretest; 66 of 75 responded on the post-test.

Table 1. Student Evaluation of PTND Topics and Activities

Criterion	Yes	Somewhat	No, not really	Definitely not
Believable	81.3%	15.6%	3.1%	0.0%
Enjoyable	57.1%	34.9%	7.9%	0.0%
Helpful	76.2%	20.6%	3.2%	0.0%
Interesting	64.1%	29.7%	6.3%	0.0%
Important	87.5%	12.5%	0.0%	0.0%
Understandable	82.5%	12.7%	3.2%	1.6%
A waste of time	4.7%	17.2%	25.0%	53.1%
Boring	7.8%	20.3%	43.8%	28.1%
Difficult	4.8%	12.7%	30.2%	52.4%
Well-organized	59.4%	32.8%	4.7%	3.1%
Acceptable	74.6%	22.2%	3.2%	0.0%

Source. PTND post-test survey (Ann Richards), 2009-2010

Note. The number of responses per question ranged from 63 to 64.

■ Positive ■ Negative

Discussion and Conclusions

ACCESS selected PTND as an intervention with the expectation that it had the potential to be adopted widely throughout the district. Despite efforts to interest and train a broad spectrum of district personnel in the program, PTND was only taught on three campuses during the grant period. Despite this modest level of dissemination, the program received positive feedback from instructors in a range of instructional settings. Outcomes collected on one of the campuses showed a modest, though not statistically significant, impact on short-term substance use.

Recommendations

- Work with district stakeholders to better understand why the program was not adopted more widely.
- Investigate other opportunities to integrate PTND within existing curricula.

References

Sussman, S. (1996). Development of a school-based drug abuse prevention curriculum for high risk youth. *Journal of Psychoactive Drugs*, 28(2), 169-182.



AUSTIN INDEPENDENT SCHOOL DISTRICT

SUPERINTENDENT OF SCHOOLS

Meria J. Carstarphen, Ed.D.

OFFICE OF ACCOUNTABILITY

William Caritj, M.Ed.

DEPARTMENT OF PROGRAM EVALUATION

Holly Williams, Ph.D.

Cinda Christian, Ph.D.

AUTHOR

Simon T. Tidd, Ph.D.



BOARD OF TRUSTEES

Mark Williams, President

Vincent Torres, M.S., Vice President

Lori Moya, Secretary

Cheryl Bradley

Annette LoVoi, M.A.

Christine Brister

Robert Schneider

Tamala Barksdale

Sam Guzman