



EOPS Grantee Profiles

A Process Evaluation of the “Choose to Refuse” Heroin and OxyContin Prevention Education Program

**Executive Office of Public Safety
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Executive Summary

This report presents the results of a Massachusetts Executive Office of Public Safety (EOPS) process evaluation of the “Choose to Refuse” (CTR) Heroin and OxyContin Prevention Education Program. The program was created by the Juvenile Justice Staff at the Essex County District Attorney’s (ECDA) Office. The EOPS Research and Policy Analysis Unit conducted a process evaluation of the CTR program to document lessons learned in developing a drug prevention program, give research-based feedback to the ECDA, and inform future EOPS grantees about options and best practices to consider when developing a drug prevention program. This is the first in a series of process evaluations that represents an EOPS initiative to fuse research-based programs and best practices with the public safety programs EOPS funds in the Commonwealth of Massachusetts.

During his administration, Secretary of Public Safety Edward A. Flynn encouraged public safety programs to include and uphold documented best practices. As part of this effort, Secretary Flynn had set aside Byrne Justice Assistance Grant (JAG) funds to conduct evaluations and research best practices so that Byrne JAG funds could be distributed in a manner that most benefits public safety in the Commonwealth.

EOPS selected programs for process evaluation from a pool of Byrne JAG grantees that received over \$100,000 in funds, conducted ambitious programs that were within EOPS priority areas, and held the most promise to assist future Byrne JAG grantees. This process evaluation included literature reviews, interviews with ECDA staff, interviews with substance abuse experts, reviews of ECDA juvenile justice documents, press releases related to the development of the program, and observations of select program meetings.

Elements of CTR

The Essex County District Attorney’s Office determined that one of the more serious problems facing its jurisdiction was the increased heroin and OxyContin use among its citizens, along with the rise in the number of related criminal offenses coming through the Essex County courts. In response to this public safety issue, ECDA developed the CTR program. The CTR program seeks to deliver a clear message to young people in the county regarding the legal, social, and health issues related to using these substances, and uses multiple teaching techniques to reach students, including: fact presentation with questions and answers, role-play simulations, multi-media presentations, and creative homework assignments. CTR is delivered over the course of six sessions. The program is the result of an ECDA-led collaboration with schools, substance abuse experts, and law enforcement agencies in Essex County.

CTR is built around Inoculation Theory. Inoculation Theory is based on the premise that inoculating an individual with knowledge about a potentially harmful situation and arming that individual with the appropriate refusal techniques can prevent that individual from being harmed. Inoculation Theory has been used effectively in other health and substance abuse prevention programs, such as the *Preventive Alcohol Education Program*.

Findings

Essential elements of drug abuse prevention programs were compiled based on literature reviews and interviews with substance abuse experts. Based on this information, it became clear that many elements of CTR aligned with national best practices.

Strengths Related to the CTR Curriculum

- CTR is built on research-based theory;
- CTR teaches refusal skills as an element of the program;
- CTR emphasizes normative social behavior, behavior of the population in general, and demonstrates that most people do not use drugs;
- CTR employs interactive teaching techniques;
- CTR is currently designed to address the language, lifestyle, and social situations of young people in Essex County, Massachusetts. ECDA conducted preliminary tests of CTR with over 700 students in Essex County to customize the program for their needs, but if implemented in other parts of the state or country, CTR will need to be adapted;
- CTR has flexibility built into its delivery and allows facilitators to make adjustments for cultural or learning differences in the classroom; and

Strengths Related to the Project

- Reliance on nationally recognized prevention research;
- Collaborative, multi-pronged approach that combines the knowledge of various experts with the efforts of ECDA's well-rounded development team;
- Focus on external communication with its target audience, facilitators, experts, law enforcement officials, and community leaders; and
- Customization to the developmental needs of youth in Essex County.

Program Limitations

- A training plan for program facilitators needs to be further developed; and
- CTR lacks a booster session, or follow-up, to the six session program.

Recommendations for Future

- Training for teachers and program facilitators should be more systematic to ensure that all program facilitators receive it, and CTR should consider teacher attrition and the need to train new teachers in the county;
- CTR should incorporate a booster, or follow-up session, in order to prevent decay of its effectiveness over time. Boosters for two and three years after the initial exposure to the program should be considered; and
- ECDA should conduct a formal outcome evaluation to determine the program's effectiveness at reducing heroin and OxyContin use among 13-18 year-old students.

A Process Evaluation of “Choose to Refuse” – A Heroin and OxyContin Prevention Education Program

Introduction

In 2004, the Massachusetts Executive Office of Public Safety’s Byrne Justice Assistance Grant Program awarded the Essex County District Attorney’s Office (ECDA) a grant to develop an opiate education program called “Choose to Refuse” (CTR) A Heroin OxyContin Prevention Education program. The EOPS Research and Policy Analysis Unit conducted a process evaluation of the CTR program to document lessons learned in developing a drug prevention program, give research-based feedback to the ECDA, and inform future Byrne JAG grantees about options and best practices to consider when developing a drug prevention program. This process evaluation covers the *development* phase of the CTR program and neither measures the program’s effectiveness at reducing heroin and OxyContin use in Essex County nor assesses how CTR is *implemented* in schools and youth organizations.

The report first discusses the elements of the CTR program. Next, it looks at peer-evaluated research related to drug prevention and education theory and compares this research to CTR. This report also examines generally accepted best practices for drug education programs. Finally, recommendations are made on ways to strengthen and improve the CTR program.

Five EOPS staff members reviewed the entire portfolio of 25 Byrne funded programs in 2004 to determine the candidates for process evaluation. EOPS selected the CTR project because it met five important criteria: 1) the project has measurable and ambitious objectives, 2) it addresses drug use, which is an EOPS priority program area, 3) it has the potential to inform future EOPS grantees about effective program practices and operations, 4) the amount of the grant exceeded the EOPS pre-determined minimum threshold of \$100,000 for evaluating grantees, and 5) the ECDA Office was agreeable to being part of a process evaluation.

Methodology

This process evaluation took place over a nine month period (July 2005-March 2006) and incorporated multiple evaluation tools. The EOPS research design focused on assessing how ECDA achieved its goals in its development phase of CTR. ECDA's CTR goals and activities helped to frame the logic model (See Figure 1) that incorporated various research activities that helped measure the progress of the ECDA Office in achieving program goals. These research activities included:

- 1. Interviews with the Essex County District Attorney and four of his juvenile justice staff.** These interviews helped to clarify why certain programmatic decisions were made and to learn how the internal working environment of the ECDA Office affected the development of CTR.
- 2. Interviews with four experts in the field of substance abuse who contributed to the CTR program.** These interviews contributed to understanding how far the ECDA staff went to collaborate with and learn from substance abuse experts and incorporate current best practices in drug prevention strategies for young people.
- 3. Reviews of internal CTR program documents.** This activity included reviews of focus group notes and various drafts of the CTR program and allowed EOPS to track its development. This document review also helped explain the results of the focus groups that the ECDA Office conducted to pilot the program.
- 4. Reviews of press releases and public information generated in the production of CTR.** This allowed EOPS to document the media activity and learn how the ECDA Office publicized the CTR program and shared knowledge on heroin and OxyContin. This document review helped track how the project progressed over time by shedding light on the meetings between ECDA Office, substance abuse experts, and the author of the *Preventive Alcohol Education Program*, a Substance Abuse and Mental Health Services Administration (SAMHSA) Promising Program that informed the development of CTR.
- 5. Observations of select meetings**, including the CTR Policy Makers Forum. This allowed EOPS to observe the strategy behind the CTR development, measure the collaboration and communication that transpired during development, and understand the planning process behind the CTR Policy Makers Forum.
- 6. Literature reviews.** These included reviews of drug education programs, articles discussing drug prevention techniques from publications including: the *Journal of School Health* and *Health Education Quarterly*, the *Preventive Alcohol Education* program, and the prevention and education theories that contributed to the development of the CTR program. Understanding best practices in drug prevention programs provided a basis for comparison between CTR and other prevention programs.

Figure 1: Logic Model for CTR Process Evaluation

Program Goals	Activity/Resource	Output	EOPS Evaluation Tool	Outcome
Create an internal working committee to develop scope and sequence of project	<ul style="list-style-type: none"> Hire a Project Coordinator 	Staff hired	Review of job description and resume; interviews	A professionally administered heroin and OxyContin education/prevention program
Involve youth in Essex County in the development of the curriculum and teach them that they have the ability to contribute to the community	<ul style="list-style-type: none"> Conduct focus groups with youth and elicit feedback on curriculum and role play content and effectiveness 	Focus groups conducted	Review of notes from focus groups	A more effective drug education program that reflects the language and social situations that young people encounter in Essex County
Work with local law enforcement to ensure consistent and serious legal consequences for all cases involving OxyContin and heroin use	<ul style="list-style-type: none"> DA meets with police chiefs monthly and reviews updates in the heroin and OxyContin initiative 	Meetings conducted	Review of press releases, memos, and speeches given to police chiefs	Consistent and comprehensive policies to deal with heroin and OxyContin infractions
Develop a media campaign to educate the community about heroin and OxyContin use and their legal and social consequences	<ul style="list-style-type: none"> Create brochures that highlight the medical and legal issues associated with heroin and OxyContin Submit editorials to media announcing the CTR project and the need for education 	<ul style="list-style-type: none"> Brochures created Editorials submitted to media and published 	Review of press releases and media plans	A more informed citizenry that understands the legal and social issues of heroin and OxyContin
Host a countywide conference on heroin and OxyContin for law enforcement, schools, community and faith-based organizations to launch CTR	<ul style="list-style-type: none"> Plan and implement conference for school administrators, community leaders, and law enforcement 	Conference held in September 2005	Conference attendance	Effective professional development for community leaders with regard to heroin and OxyContin
Develop all written materials based on the <i>Preventive Alcohol Education Program</i>	<ul style="list-style-type: none"> Meet with developer of Preventive Alcohol Education Program Meet monthly to develop scope and sequence of materials Pilot materials in 2 schools 	Curriculum submitted to the publisher	Review of curriculum and relevant research articles; interviews with substance abuse experts	Comprehensive and professionally developed heroin and OxyContin Preventive Education Program Curriculum
Communicate and collaborate during CTR development	<ul style="list-style-type: none"> Clear intra-office communication Information sharing with law enforcement Information sharing with substance abuse experts 	Effective working meetings on program development	Interviews with CTR Staff, substance abuse experts, and program consultants	A well informed and targeted message about heroin and OxyContin use
Educate youth in Essex County on the legal and social consequences of OxyContin and heroin	<ul style="list-style-type: none"> DA's staff create a program for use in local high schools on drug refusal skills and legal and social issues/consequences of heroin and OxyContin use 	Curriculum created for 13-18 year old students in Essex County	Review of curriculum	All middle and secondary school students in Essex County are given effective heroin and OxyContin education and refusal skills training

Program Overview of “Choose to Refuse”

The “Choose to Refuse” (CTR) Program is a heroin and OxyContin education and prevention program developed by the Juvenile Justice Programs staff at the Essex County District Attorney’s (ECDA) Office. The program found its beginning in the District Attorney’s desire to curtail the rise in heroin and OxyContin related crime. The District Attorney considers this problem to be one of the biggest issues to confront his administration. There has also been a recent statewide increase in treatment and overdose admissions for heroin and other opioids. According to the Massachusetts Department of Public Health, there has been a steady rise in the number of adult admissions for heroin treatment from just over 20,000 admissions in 1993 to more than 42,000 admissions in 2004. From 2002 to 2004, drug treatment programs showed a 22 percent increase in the number of Massachusetts youth under 18 who reported heroin use in the past year (see appendix). During the same time period, Massachusetts Department of Public Health reported through their Substance Abuse Fact Sheets that there was also a 22 percent increase in the percent of youth in treatment who reported other opiate use in the past year, including OxyContin (see appendix).

The Essex County District Attorney’s Office determined that one of the most serious problems facing its jurisdiction arose from heroin and OxyContin use, and according to the ECDA Office, heroin and OxyContin use crosses all demographic lines. The CTR program seeks to deliver a clear and consistent message to young people in the county regarding the legal, social, and health issues related to using these substances. CTR aims to break down the traditional understanding of what a heroin or OxyContin user looks like and addresses the problem as it exists today. The ECDA Office believes that heroin is present in suburban and urban communities and that young people across the county are encountering it. CTR strives to arm the young people of Essex County with the appropriate information and social skills to allow them to make positive and pro-social choices when faced with these substances.

ECDA planned to achieve its goals through the following means (See Figure 2 for map of influences on the CTR program):

- Collaborate with schools and substance abuse experts to create a program to be implemented in Essex County schools;
- Develop a media campaign to educate the community about the current problem and risks involved with opiate abuse;
- Work with law enforcement to ensure consistent and serious legal consequences to all cases involving opiates; and
- Present and distribute materials to appropriate local policy makers, schools, youth educators and substance abuse professionals.

Currently, there is no model prevention program that addresses heroin and OxyContin abuse by youth. This gap in model programming inspired the ECDA Office to create its own heroin and OxyContin drug education program, based on a Substance Abuse and Mental Health Services Administration (SAMHSA) Promising Program called the *Preventive Alcohol Education Program*.

The *Preventive Alcohol Education Program* and the “Choose to Refuse” program are based on the tenets of William McGuire’s “Inoculation Theory.” This theory has been used to teach future resistance to persuasion interventions. When individuals are given systematic forewarning of and practice resisting future persuasive appeals, they demonstrate greater ability to withstand pressure to adopt a certain belief or argument (Duryea, Ransom, and English 1990).

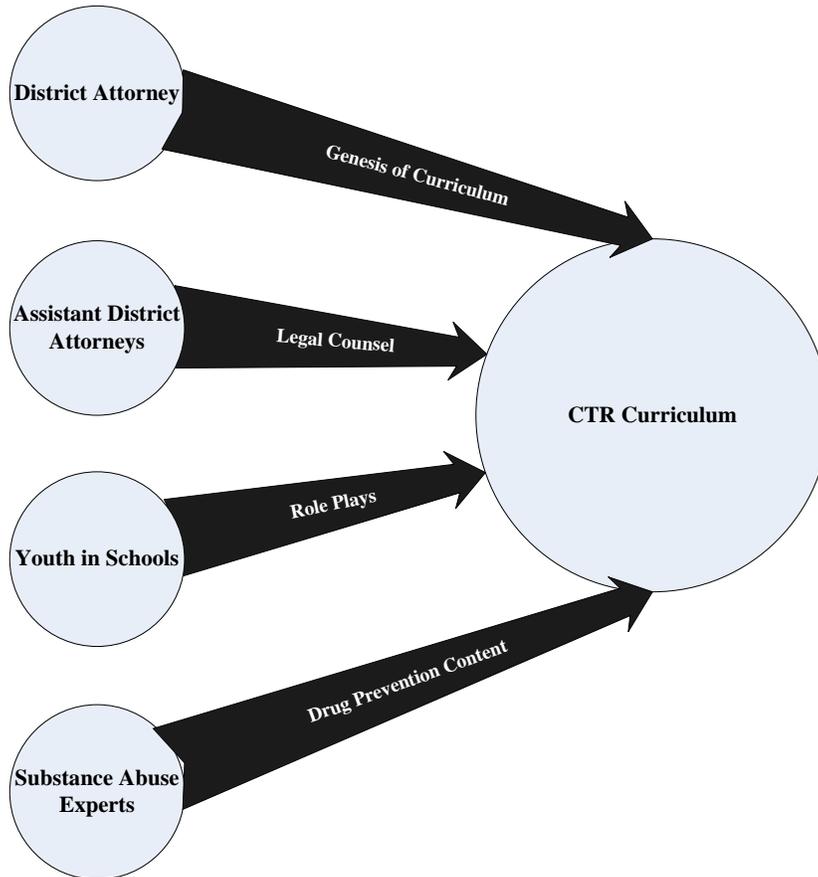
The CTR program aims to teach young people to use refusal skills and assist them in making healthy and informed choices related to drug use. The program focuses on four aspects of decision-making and uses realistic role-play simulations to practice these techniques. They include:

- **Forecasting** – A decision-making technique that teaches youth to think through future events and prepare themselves for various situations they may encounter.
- **Avoiding** – By forecasting a potentially harmful situation, young people may elect to stay away from potentially risky situations.
- **Refusing** – When young people encounter a harmful situation, they can use verbal and nonverbal communication to decline participating or engaging in risky behavior.
- **Extricating** – Teaches young people to simply physically remove themselves from a harmful or risky situation.

The expectation is that these decision-making techniques will help young people deal with situations where they may encounter illicit drug use.

CTR is the product of collaboration among the ECDA Office, substance abuse experts, law enforcement, communities, and schools. Using Byrne JAG grant funds, the ECDA Office provided resources, staff and program organization. Substance abuse experts provided input during the development of the program with their knowledge of critical elements of prevention programs. Some Essex County youth gave feedback on the relevance of CTR, role plays in particular, before its completion and publication. A series of community forums organized by ECDA attended by residents, parents, and students helped promote public understanding regarding the heroin and OxyContin problem and introduced the CTR program to Essex County.

**FIGURE 2: Essex County District Attorney Office
CTR Project – Influences on the Curriculum**



Elements of the CTR Program

The CTR program employs multiple teaching techniques to reach its audience of young people, ages 13-18, to teach healthy decision-making skills in the context of situations where they could encounter heroin and OxyContin. The program's four main elements include: 1) fact presentation with question and answer, 2) role-play simulations, 3) an evocative slide show, and 4) creation of public service announcements. These techniques are used in sequence over six, one-hour sessions along with an ongoing homework assignment. The following is a summary of the teaching tools included in CTR:

1. **Fact Presentation and Question and Answer Session** on heroin and OxyContin, decision-making skills, and legal consequences of illegal drug use give youth information about heroin and OxyContin that they will use in subsequent activities.
2. **Role-Plays** provide a safe setting for participants to practice decision-making skills for refusing drugs, and help participants develop personal plans for forecasting and extricating themselves from risky situations.
3. **Evocative Slide Show** prompts discussion about the psychological, social, and legal consequences of drug use, and stimulates participants to reflect on what they have learned and relate those lessons to the images in the slides.
4. **Creation of a Public Service Announcement** serves as a homework assignment and allows participants to use their creativity and share new knowledge on the dangers of drug use.

CTR encourages facilitators to create a positive educational environment that incorporates all program elements within a group discussion format in order to engage participants and allow them to act as resources for one another. Facilitators are also instructed to customize the program at the point of delivery so that it matches the needs of diverse classrooms and learning styles.

CTR's Link to Research Theory

The process evaluation compares CTR to best practices in drug prevention and education theory. A literature review of drug prevention programs and articles on prevention techniques was conducted to lend a basis for comparison between the elements of CTR and generally accepted prevention techniques. A comparison between CTR and what have been proven as effective and accepted as national best practices is provided below.

Inoculation Theory

The Office of National Drug Control Policy (ONDCP) states in its Principles of Prevention that drug prevention programs must strengthen anti-drug-use attitudes and norms and strengthen life skills and drug refusal techniques. Psychological inoculation or Inoculation Theory is one method that has assisted in the development of drug abuse prevention programs. Inoculation Theory stands at the core of the *Preventive Alcohol Education Program*, which has been shown to have a positive influence on decisions adolescents make regarding alcohol.

Inoculation Theory holds that the threat of persuasive arguments that could sway the opinions and actions of unsuspecting individuals can be minimized and removed. It is believed that arguments delivered to an unsuspecting individual have an increased chance of persuading that individual's opinion (Duryea et al. 1990). Inoculation Theory is based on the premise that by inoculating an individual with knowledge about a potentially harmful situation and arming that individual with the appropriate refusal techniques, one can prevent that individual from being harmed or influenced by the situation. The refusal skills that are part of Inoculation Theory help

young people handle peer-pressure that may contribute to drug experimentation (Wynn, Schulenberg, Kloska and Laetz 1997). The inoculation strategy seeks to lessen the persuasive impact of an adversary's argument and teaches a variety of defenses to generate immunity and defend against future attacks of persuasive threats. Inoculation Theory tools usually comprise role-play simulations complete with full scripts. Newer techniques being tested include interactive fiction, which includes reading choice dilemmas and deciding at crucial pressure points what the fictional character should do and say (Duryea et al. 1990).

The CTR program incorporates Inoculation Theory throughout its drug prevention message by:

- 1. Forewarning CTR recipients of potential drug threats** with the fact presentation and question-and-answer sessions.
- 2. Providing systematic practice in refuting threats**, through a series of role-play simulations.
- 3. Giving feedback to program participants** after role-play simulations are completed and through critiques of their public service announcements.
- 4. Giving immediate reinforcement to the CTR program's message** by implementing an evocative slide show to have young people identify and relate to images that encourage informed discussion and reinforce the lessons, skills, and facts taught through the program.

The strength of Inoculation Theory comes from arming individuals with knowledge about potentially harmful situations, but the inoculation loses strength if it is not followed up with "booster sessions" or additional doses of information. Inoculation treatment appears to be stronger when the treatment comes in a series of smaller doses that incorporate booster sessions rather than one large dose (Duryea et al. 1990). Likewise, research indicates that for protection from harmful situations to remain high over time, periodic boosters of the program and role plays should be administered (Dusenbury and Falco 1995). Applying booster sessions to academic lessons is second nature to teachers. Educators acknowledge that they need to re-teach subject matter in order to reinforce its importance and maximize student learning (Haar et al. 2002).

Currently, CTR incorporates immediate reinforcement through the evocative slide show. The evocative slide show evokes certain concepts that the students learned in the training, but additional boosters are required to keep immunity high. Because the CTR program takes place over six sessions with no long-term follow-up, the knowledge and skills obtained from the training may diminish over time. The influence that young people face related to drug use is massive in comparison to the number of sessions of the CTR program. Positive effects from CTR may decay over time if periodic booster sessions are not incorporated into the overall program.

Multiple Intelligence Theory

To maximize a program's effectiveness for the widest audience of young people, it should appeal to and stimulate multiple forms of student intelligence. Howard Gardner developed the theory of Multiple Intelligences (MI) and proposed the following seven forms of intelligence: Logical-Mathematical, Linguistic, Musical, Spatial, Kinesthetic, Interpersonal, and Intrapersonal (Wolkoff 1998). MI Theory states that intelligence incorporates multiple abilities and it suggests that teachers should structure lessons in a style which engages most or all of the intelligences. Multiple Intelligence Theory broadens teachers' and students' perceptions of what it means to be "smart". It offers a greater range of options for teaching content and expands the number of ways students can express their comprehension of a subject (Anderson and Weber 1997).

CTR incorporates several forms of intelligence including: Linguistic, Spatial, Kinesthetic (depending on how role plays are conducted), Interpersonal, and Intrapersonal. CTR's handouts and question and answer session provide factual information about heroin and OxyContin that feeds the need for further self-awareness and decision making ability in individuals who excel in intrapersonal intelligence, and the evocative slide show and creative homework assignment appeal to the needs of linguistic and spatial learners. CTR's role-play simulations cater to the needs of kinesthetic learners who require active learning more than visual or auditory stimulation. Role plays also teach young people interpersonal communication skills regarding discerning the moods, motivations, and interests of others. The program also encourages the facilitators to modify the program to the learning needs of each class. For example, CTR encourages music, videos, and current events where facilitators see fit. These features make it adaptable to many learning styles and classroom situations or requirements. Because CTR addresses several types of intelligence, the program will appeal to a larger audience of young people.

Best Practices in Drug Education

This section compares areas of the CTR program with currently accepted best practices in drug prevention education (see Table 1). A literature review of effective drug prevention curricula indicates that components of an effective drug abuse prevention program should include the following (Dusenbury and Falco 1995):

1. Research-based theory
2. Social resistance training
3. Developmentally appropriate information about drugs
4. Normative education
5. Broader-based skills training and comprehensive health education
6. Interactive teaching techniques
7. Teacher training and support
8. Adequate coverage and follow-up
9. Cultural sensitivity
10. Additional components
11. Evaluation

1. Research-based Theory – Drug prevention programs should be grounded in research-based theory and incorporate evidenced-based practices that address risk factors and causes of drug use. The CTR program is sufficiently grounded in the research related to Inoculation Theory, which is widely cited as an effective way to teach refusal techniques as part of education and prevention programs. The CTR program was modeled on a SAMHSA Promising Program, *Preventive Alcohol Education Program*, which is also built on Inoculation Theory.

2. Social Resistance Training – Social resistance training teaches students to recognize high-risk or harmful situations and then teaches them specific refusal skills for effectively resisting pressure from peers. CTR instructs young people to forecast, avoid, refuse and extricate and reinforces these decision-making skills through role-play exercises.

3. Developmentally Appropriate Information – In prevention programs, developmentally appropriate information refers to concrete, current, factual information that young people can relate to their lives now as opposed to abstract and long-term consequences. The Juvenile Justice Staff at the Essex County District Attorney Office sought to include current and relevant information and language related to heroin and OxyContin use in their county. The staff conducted focus groups with over 700 students at eight county schools to determine appropriate terms for these drugs and learn what situations would be most effective for the role-play simulations. The developers of CTR also upheld several of ONDCP’s Principles of Prevention by geographically defining their population, listening to what would be effective language to use with the target population, and strengthening this population’s life skills. In addition, the staff brought in substance abuse experts who consulted on CTR’s content and efficacy.

4. Normative Education – Normative education emphasizes the behavior of the overall population, rather than the behavior of a subset of the population. CTR incorporates this by teaching young people that most people do not use drugs. CTR worked with substance abuse experts to ensure that this message was woven throughout the program.

5. Broader-Based Skills Training – Broader-based skills include decision-making skills and general social skills. Teaching these skills as part of a prevention program is thought to increase its effectiveness. Although CTR is designed to prevent heroin and OxyContin use among young people, the skills taught in CTR can be applied to most life situations. Forecasting, avoiding, refusing, and extricating are presented as decision-making skills for life that are presented as part of the heroin and OxyContin education and prevention program.

6. Interactive Teaching Techniques – Teaching techniques that include role-playing, discussion, and small group activity may be described as interactive. CTR requires that the program facilitator teach through a traditional question-and-answer format in which facts on heroin and OxyContin are presented, but CTR also relies heavily on other teaching techniques that appeal to various learning styles. The refusal techniques taught through CTR are largely realized through role-playing, which makes the program more interactive and appealing to a wider audience of young people. Through the interactive teaching techniques, CTR actively applies the concepts presented in Multiple Intelligence theory.

Research suggests that an interpersonal component may be necessary for effective prevention program (Lisnov et al. 1998). Students rated school-based programs that are interpersonal in nature as more effective when compared to more impersonal prevention strategies such as billboard public service announcements or testimonials by famous individuals. Other studies have found it critical for prevention programs to integrate behavioral/psychosocial components incorporating instruction in refusal and social skills (Lisnov et al. 1998). The CTR program incorporates this component and reinforces it through the interactive role-play mechanism.

7. Teacher Training – Training for program facilitators is essential to the success of any drug abuse prevention program. ONDCP says that training of teachers or program facilitators should happen regularly to ensure that instruction is continually delivered as intended. ECDA held a kick-off meeting for CTR that included a policy briefing and introduction to the program for teachers and facilitators. The introduction for the teachers consisted of a program overview, a talk from Dr. Elias Duryea, the author of the *Preventive Alcohol Education Program*, a SAMHSA Promising Program, and a review of CTR's evocative slide show. The Essex County District Attorney Office plans to do hands-on training and technical assistance by request for any of the schools or youth programs that plan to teach the program.

An expert interviewed for this study recommended that facilitators of the CTR program should receive: 1) one formal training, 2) a review of the CTR program guide as they implement the program, and 3) a reinforcement of that training with support and further training from the program creators or experts as needed.

8. Adequate Coverage and Follow-up – Research suggests that in order to ensure the effectiveness of a drug prevention program, it should take place over at least ten sessions during the first year and five during the second. Effectiveness will decay if sufficient follow-up is not part of the program. At this point, the evocative slide show is the only booster or reinforcement for the program. One substance abuse expert referred to the slide show as an immediate reinforcement, but a second phase or formal booster plan has not yet been developed for CTR. As instructed by the tenets of Inoculation Theory, facilitators should incorporate a booster

session for CTR. Research has indicated that booster sessions may be particularly appropriate between eighth and tenth grade (Wynn et al 1997).

9. Cultural Sensitivity – Drug abuse prevention strategies must be sensitive to the cultural communities they seek to serve. Flexibility is programmed into CTR to ensure that facilitators can adjust for the cultural requirements of their classroom. Teachers may ask students about their experiences encountering heroin or OxyContin and incorporate them into a new role-play tailored to their classroom. However, facilitators must be sure to maintain fidelity with the core elements of the CTR program (National Institute on Drug Abuse).

10. Additional Components – Incorporating additional components, such as family, community, and media, into school-based approaches to drug abuse prevention are thought to enhance the overall effects, although this area requires more research. CTR harnesses the power of media through the use of the evocative slide show and the student-driven public service announcement.

11. Evaluation – Sound research methods should be applied to assess whether the drug abuse program has achieved its goal of affecting behavior. CTR developers plan to conduct a formal outcome evaluation of the program.

Table 1. Comparison of Drug Education Best Practices and “Choose To Refuse”

Accepted Best Practices	CTR
1. Research-based theory	YES
2. Social resistance training	YES
3. Developmentally appropriate information about drugs	YES
4. Normative education	YES
5. Broader-based skills training and comprehensive health education	YES
6. Interactive teaching techniques	YES
7. Teacher training and support	NO*
8. Adequate coverage and follow-up	NO
9. Cultural sensitivity	YES
10. Additional components	YES
11. Evaluation	YES**

* ECDA held a kick-off meeting for CTR that included a policy briefing and introduction to the program for teachers and facilitators. As per the development phase of the CTR program, there was no formal training plan that will educate new CTR teachers and facilitators, although, ECDA staff will be available for any teacher or facilitator who indicates he/she is interested in further training.

** ECDA plans to conduct an outcome evaluation of the CTR program.

Research indicates that when developing new prevention programs, these 11 program characteristics, summarized by Dusenbury and Falco, should be included. In its initial release, CTR has managed to include many of these program qualities. However, it requires further development of a comprehensive training component and a more complete follow-up plan to maintain its effectiveness over time with young people.

Findings

This report documents lessons learned from an EOPS grantee, to further encourage best practices in developing drug education programs, and to give constructive research-based feedback to grantees. The findings from this process evaluation show that development of the “Choose to Refuse” program by the ECDA generally followed their original implementation plan. The program has many strengths from which other jurisdictions may be able to learn and benefit. CTR does have a few areas that this evaluation finds could be improved.

The CTR project’s strengths lie in a:

1. Reliance on nationally recognized prevention research,
2. Collaborative, multi-pronged approach that combines the knowledge of various experts with the efforts of ECDA’s well-rounded development team,
3. Focus on external communication with its target audience, facilitators, experts, law enforcement officials, and community leaders, and
4. Customization (and ability to be further customized) to the developmental needs of the young people in Essex County.

CTR’s connection to a nationally recognized model lent credibility to its foundation. A wide array of research supports the methodology and the four main instructional elements CTR has incorporated into the program. Interviews with substance abuse experts who informed the program indicate that this approach was effective and appropriate. One recommendation based on these interviews and the best practice literature is to consider adding a booster to CTR. One substance abuse expert indicated that the timing of a booster should be up to the individual facilitator, and that good boosters would incorporate new and varied role-play simulations. Research on developing drug prevention curricula points to a consistent theme of applying adequate follow-up, or the use of boosters, as part of the program. An adequate booster to the CTR program, beyond the embedded evocative slide show, should be implemented.

The Juvenile Justice Programs Staff at ECDA developed the CTR program. Based on observations and interviews conducted with the four member staff, the team proved to be an important tool in the development of a new drug prevention program. This points to the necessity of hiring staff with the appropriate professional skills, a willingness to collaborate on projects, and the ability to work well together. Organizational structure under the Juvenile Justice Director was generally flat and the team credits its open and collaborative meeting and work style, as well as its willingness to bring in national and state health, education, and legal expertise, as important advantages in meeting their goal of developing CTR in one year. This willingness to work with external experts lent credibility to CTR and built momentum behind its initial distribution.

Communication between the ECDA, external experts, county residents, and future program facilitators was essential. Multiple forums furthered a countywide conversation regarding the heroin and OxyContin problem and press releases highlighting the ECDA’s efforts were distributed to local and state media. This outreach to the public through press releases and public forums successfully generated energy behind the program’s development and allowed the ECDA

to communicate the facts regarding the heroin and OxyContin problem to residents. A program kick-off for elected officials, policymakers, law enforcement, and future program facilitators brought further attention to the problem in Essex County, publicized the completion of the program, and served as a way to introduce CTR to county schools. Using communication strategically, the Juvenile Justice staff met the goal of distributing CTR in all county schools that served 13-18 year old students and informed all school superintendents in Essex County regarding the program release. According to the Essex County DA, he emphasized the following points in order to work effectively with the community:

1. **Know the community.** Conduct research on the communities with which one seeks to collaborate in order to understand its needs. It is important to understand the local climate before developing a new program.
2. **Approach the community with an educational opportunity.** The community needs to know that the Office emphasizes education over prosecution.
3. **Work with well-respected community leaders who possess appropriate institutional knowledge to match the needs of the project.** Well-respected leaders can act as powerful collaborative partners who can convene other stakeholders and lend legitimacy to the project.

ECDA sought to tackle a drug problem that affected its jurisdiction and create a developmentally appropriate drug program for its county-wide audience of young people. The Juvenile Justice staff, in collaboration with others, developed a program that responded to the heroin and OxyContin problem as it affected its jurisdiction. This is an important step when implementing a drug prevention program. Taking the concept of customizing a program to meet local needs a step further, it will be important for CTR facilitators to adapt the program to individual classroom needs. This will require considering how certain CTR elements, such as language or role-plays, will change in different communities within the county.

ECDA made several changes to the original CTR implementation plan that should be noted. Noting these changes is part of documenting the activities that were proposed versus the activities that took place in implementing the program. These changes did not appear to have any significant impact on the larger goal of developing and releasing a heroin and OxyContin prevention program in one year.

1. Originally, ECDA planned to hire one Assistant District Attorney (ADA) to work on the CTR project and oversee the legal aspects of the program. As the existing ECDA staff began working on CTR, they found that working with ADA's already on staff was a good way to obtain the legal input they required and hiring an additional ADA was not necessary to develop CTR.
2. ECDA proposed creating an Advisory Board consisting of staff from EOPS, Massachusetts Department of Public Health, Massachusetts Department of Education, along with local community officials, law enforcement and substance abuse experts. As the development of CTR began, ECDA opted for more internal management and oversight of the program, but ECDA did invite substance abuse experts to collaborate and offer advice on the CTR content.

3. Part of their initial media plan included working with youth volunteers and local community agencies to create public service announcements to be played on local radio and television. This aspect of the ECDA Office media outreach never came to fruition.

EOPS conducted this process evaluation during the development phase of the CTR program and it does not reflect CTR's potential impact on the youth of Essex County, Massachusetts. In the upcoming second phase of CTR, the ECDA Office has indicated a plan to focus on training facilitators and begin an outcome evaluation of the program. Further study is required to determine lessons learned from training CTR program facilitators, and to determine how the issue of implementing a booster to the CTR program is handled.

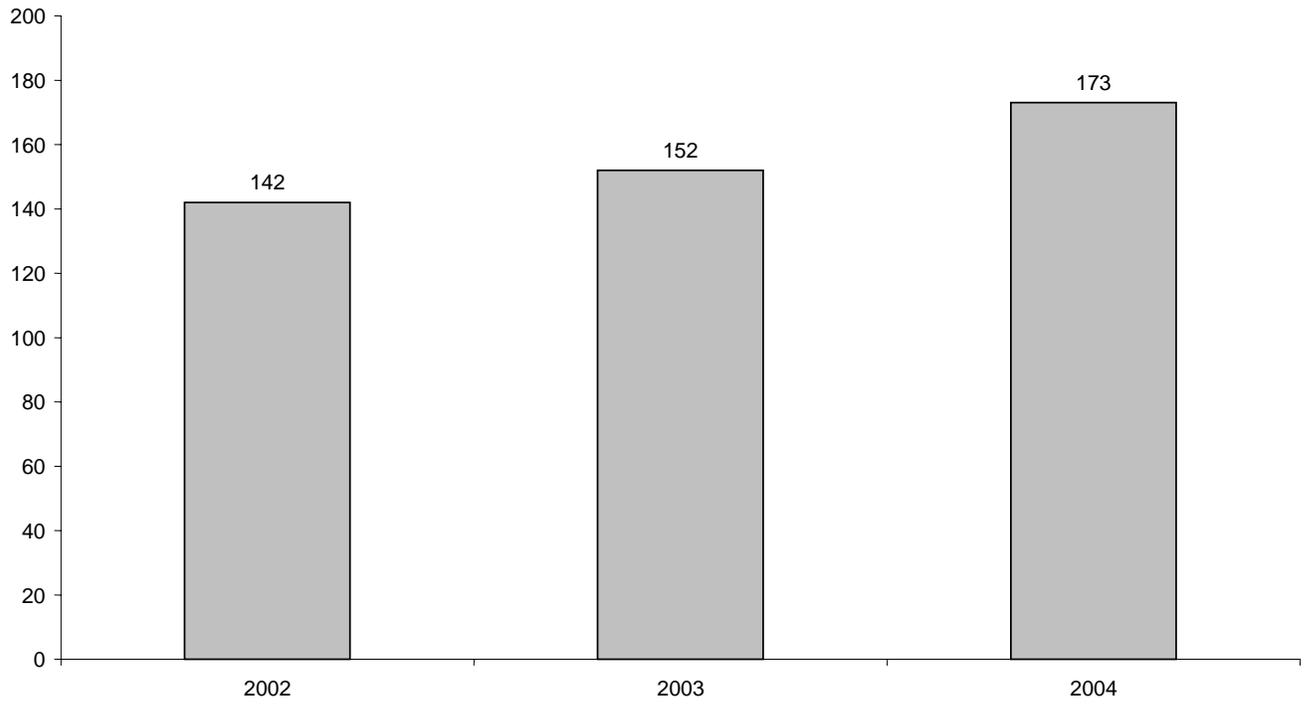
Recommendations for ECDA

Based on the findings of this evaluation, the following three recommendations are being made:

1. ECDA Office should develop a systematic plan for training teachers and program facilitators in CTR to ensure proper implementation of the program. Systematic training ensures proper coverage of all teachers and facilitators. Training should include using multimedia and interactive teaching techniques, as some educators may not be comfortable using these teaching tools.
2. ECDA Office should develop a more formal booster, or follow-up, to the program in order to prevent decay of its effectiveness over time. Boosters for two and three years after the initial dose of the program should be considered.
3. ECDA Office should consider a formal outcome evaluation after the program is in use to determine its effectiveness at reducing heroin and OxyContin use among 13-18 year old students.

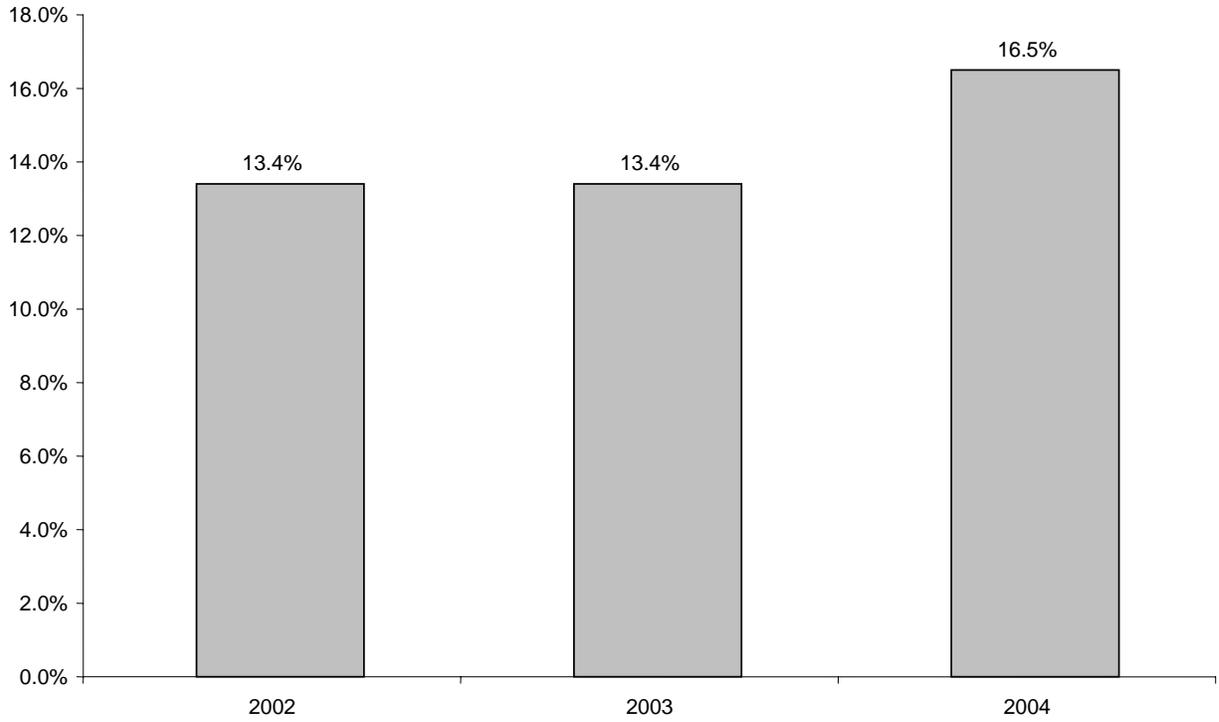
Appendix

Number of Youth in Treatment Who Reported Heroin Use 2002 - 2004



Source - Massachusetts Department of Public Health

Percent of Youth in Treatment Who Reported Other Opiate Use in the Past Year 2002 - 2004



Source – Massachusetts Department of Public Health 2005

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