



Spring 2014 Heroin Prevention Program Pilot: Evaluation Report

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Spring 2014 RCC Heroin Prevention Program Pilot

Executive Summary

The Context of Concern: The Growing Heroin Problem

Heroin initiation, use and dependency have been on the rise nationwide.^{1,2} Chicago is a major distribution hub for heroin. In the metro Chicago area, heroin is more accessible and cheaper than ever and has resulted in the highest national rate of ER visits for overdoses.² Heroin use has increasingly become a problem for teens and younger adults. Heroin is highly addictive and variable in purity exposing users to unknown harmful additives. Overdose is a frequent danger for experienced and novice users alike. The life trajectory of heroin users is very poor with high mortality rates. Co-occurring physical and mental health problems are very common. Unemployment, early school exit, criminal victimization and criminal activity characterize the lives of heroin users, further detracting from health and well-being. Relapse is common for those who have sought treatment. In addition, individuals who abuse prescription pain pills are estimated to initiate heroin use at a rate 19 times greater than those without nonmedical pain reliever use.¹

Program History

The RCC Heroin Prevention Program was initiated in 2010 when Robert and Nadeane Hruby awarded a grant to The Robert Crown Center for Health Education (RCC) to develop a heroin and prescription pain pill use education and prevention initiative for local-area high school and middle school youth, parents and teachers. The award was in memory of their grandson, Reed Hruby, who died of a heroin overdose in 2008.

To date RCC has engaged in a concerted effort to develop and evaluate the Heroin Prevention Program with a variety of researchers and evaluators including the Illinois Consortium on Drug Policy at Roosevelt University, The Iowa Consortium for Substance Abuse Research and Evaluation at University of Iowa, Candeo Consulting, Inc. and most recently the REED Consulting Group. Evaluations thus far have helped to refine the goals of the RCC Heroin Prevention Program, explore in greater depth the suburban profile of heroin use, develop curriculum, receive early implementation (formative) feedback and initiate the exploration of outcomes.

¹Muhuri, P.K., Gfoerer, J.C., Davies, M.C. (2013). *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States*. SAMSHA Center for Behavioral Health Statistics and Quality Data Brief. Washington DC.

²Kane-Willis, K. & Schmitz, S.J. (2012). *Heroin Use: National and Illinois Perspectives: 2008-2010*. Illinois Consortium on Drug Policy. Roosevelt University's Institute for Metropolitan Affairs (IAM) in Chicago.

During the 2013-2014 school year the curriculum was refined based on the results of the previous year's formative evaluation. During the refinement process the lessons that were most closely aligned with the major outcomes in the program logic model and were most well-received by students and teachers were identified as the core program. These core lessons served as the minimum implementation requirements for schools to achieve the desired outcomes. All other lessons were optional and could be delivered at each school's discretion. This evaluation is restricted to the results of delivering the core program.

The core program was comprised of five days of lessons for middle school students and six days of lessons for high school students. The content of the lessons included the science of the developing adolescent brain, the impact of drugs, including heroin and prescription pain pills, on the brain, the current trends in heroin and prescription pain pill use, and the health risk behaviors and protective factors associated with opioid abuse. The Heroin Education Program was implemented by classroom teachers, most of whom were responsible for health education in their respective schools. Prior to implementation teachers received training to deliver the program and then received support from RCC staff while they delivered the program to students. Program delivery was comprised of a variety of formats including PowerPoint presentations, group discussion, video and real-life case studies that included social media.

During the spring of 2014, six schools piloted the core lessons for the RCC Heroin Prevention Program. Three participating high schools were asked to pilot a 6-lesson series and three participating middle schools were asked to pilot a 5-lesson series. The lessons addressed topics such as addiction, opiates, self-assessment for heroin abuse risk and skills for starting conversations with peers, parents and trusted adults about heroin use. The foci for the evaluation were to advance the understanding of implementation within school contexts and deepen the exploration of program outcomes on students. Specifically the evaluation aimed to:

- explore existing substance use programming within pilot school districts
- assess fidelity of implementation of refined curriculum
- assess program impacts on:
 - youth knowledge and attitudes about heroin and prescription pain pill usage and addiction
 - youth skills and behavior to avoid heroin and prescription pain pill usage
 - youth communication skills and behavior relative to heroin and prescription pain pill use and addiction

Overview of Current Evaluation

The current evaluation conducted by REED Consulting Group used past work as a foundation upon which to more closely examine fidelity of implementation and student outcomes. The ultimate intent was to enhance prevention programming prior to bringing it to full-scale implementation and to increase the rigor of the evaluation.

The current report summarizes efforts to explore curriculum fidelity and teacher implementation experiences in addition to efforts to gather background data on district practices relating to substance use prevention. The bulk of the report details student pre and post session knowledge, substance abuse resistance and protective skills, as well as attitudes about substance abuse and the curriculum.

Pilot Participants

The sample of piloting schools was one of convenience. RCC recruited schools with whom they have collaborated in the past. Four suburban school districts in Will, Lake, DuPage and Cook Counties participated in the pilot. Across the four districts, three high schools and three middle schools participated. One of the high school districts (A) and one of the elementary schools districts (D) were racially and economically diverse whereas the other participating districts were predominately White with relatively fewer low income students.

A total of 13 teachers participated in the pilot and delivered the program to approximately 850 students (8th graders and 10th graders). Evaluators were successful at matching 65% of the students' pre and post assessments.

Major Findings and Recommendations

District Snapshot of Substance Abuse Programming

Overall very little was learned at the district level about prior substance use training or substance use instruction for students due to incomplete data. While three of the four districts attempted a district survey, district respondents provided only minimum and often incomplete responses.

Teacher Training

All teachers participating in the pilot completed an online teacher survey about their training and curriculum experiences.

- Teachers reported that training they received supported their implementation of the curriculum and developed their content specific knowledge.
- Teachers expressed strong content-related knowledge, teaching efficacy and comfort with the curriculum.
- Teacher reported successes of the program included videos, case studies and group discussions, while challenges of the program included repetition within the curriculum and dry PowerPoint slides.
- While the data reported here are from a small sample and additional evaluation work is required, it does appear that high school teachers more frequently reported engagement concerns with their students in contrast to middle school counterparts.

Curriculum Fidelity

Very little was learned relative to fidelity using self-report tools.

- A minority of teachers completed the fidelity of implementation instrument (38%).
- High schools appeared to devote less time than planned for the program (80-205 minutes vs. 240 recommended minutes); they interspersed the curriculum with existing health education curriculum, did not teach consecutive lessons and noted some to many modifications.
- In contrast, middle schools reported higher implementation fidelity. Middle school teachers reported more instructional minutes than planned (230-250 minutes vs. 225 recommended minutes). Middle school teachers taught the curriculum over consecutive days and with no to few modifications.

Student-Level Findings

Student Heroin and Prescription Pain Pill Knowledge Knowledge (Defined as students' knowledge about heroin and opiates, substance abuse, and prevention.)

Students as a whole reported statistically significant pre-posttest gains in knowledge, with middle school students' showing a slightly stronger performance than high school students, suggesting that the Heroin Prevention Program influenced students' level of knowledge regarding heroin/prescription pain pill use.

Student Substance Abuse Prevention Self-Efficacy (Defined as students' belief in their own abilities to resist illicit substances.)

Students as a whole reported significant pre-posttest gains in self-efficacy, with middle school students' making slightly stronger gains than high school students, suggesting that the Heroin Prevention Program influenced students' confidence to engage in health-protective behavior.

Student Beliefs Against Opioid Use (Defined as students' beliefs about heroin use and prescription pain pill abuse.)

Beliefs against opioid use did not significantly change from pre-test to post-test for students as a whole, nor for middle school or high school groups alone. This lack of change may be attributable to strong baseline beliefs against opioid use.

Student Substance Abuse Resistance Behaviors (Defined as Students' reported likelihood to engage in resistance and prevention behaviors.)

Like knowledge and self-efficacy, students as a group reported improved anticipated resistance behaviors from pre-test to post-test. Middle school students showed slightly higher post-test resistance behavior than high school students.

Overarching Model

Overall, the Heroin Prevention Program appears to have encouraged positive changes in self-efficacy, knowledge and resistance behaviors related to heroin/prescription pain pills. Changes in self-efficacy, knowledge and strong beliefs predicted increased anticipated resistance behavior.

Student Course Evaluation

A sizeable group of students voiced ambiguous attitudes towards the program (unsure responses) or viewed the program less favorably (disagree and strongly disagree responses).

The limited student enthusiasm for this curriculum may be a reflection of low reported rates of heroin/opioid use among adolescents within the districts or general adolescent attitudes toward health related curriculum in the school. In contrast, teachers reported positive student engagement around real life case studies, videos and group discussions.

Most students either strongly agreed or agreed that their teacher was knowledgeable about heroin and opioids, their teacher related well to students, their teacher shared helpful information about supports and services for teens with drug concerns, and their teacher shared helpful strategies for resisting drugs. These results suggest the program promotes a foundation upon which to build important adult and student conversations about substance use, knowledge, resistance behavior and support.

Conclusions

It appears that the Heroin Prevention Program enhances important aspects of students' lives that predict resistance behavior to heroin and prescription pain medication use. That is to say, once the program encouraged positive changes in self-efficacy, knowledge and beliefs related to heroin/prescription pain pill use, students reported stronger resistance behavior. The scope of this evaluation did not extend to the impact of resistance behavior on actual heroin/opioid use.

Adolescents generally are at a developmental stage where they are interested in experimentation and differentiating themselves from adults; yet they may not be fully capable of realizing all the consequences of their actions. Work must continue to address ways that adolescents can experiment and individuate in a way that is positive and healthy. **There is a strong ongoing need to continue to communicate and raise youth awareness around the potentially fatal consequences of heroin/opioid use and the certain negative impact on their health. It is equally important to help youth build skills to resist drugs and negotiate peer and adult conversations around drugs.**

Recommendations

The intended impacts of this project could benefit from additional exploration around:

Student engagement and learning and curricular enhancements

- Student engagement (overall and at different grade levels) around substance abuse prevention and heroin/opioid use prevention
- Developmental appropriateness of the curriculum
- Further refinements to curriculum to reflect school and age contexts, to refine areas of low engagement and bolster areas of high engagement, and to reduce curricular redundancies

Teacher practices within school contexts

- What is typically offered as general substance use prevention programming and what content related trainings do teacher typically receive?
- Determine best instructional practices during training and implementation and consolidate best practices to share with other schools.
- To enhance uptake of program content, assess opportunities for cross curricular connections and whole school opportunities to reinforce substance abuse prevention curriculum rather than allocating to a health education program or class.

Evaluation processes to establish the program as evidence-based

- This evaluation initiated the exploration and use of reliable and valid measures. We were able to statistically assess significant outcomes thought to protect students from opioid abuse. A long term goal is to submit the Heroin Prevention Program to SAMSHA for designation as an evidenced-based program. Recommendations for future evaluation include: monitor fidelity more closely and intervene when necessary to ensure that participating schools are delivering expected program.
- Observe students more closely during implementation to propose ways to enhance interest and engagement.
- Enhance the rigor of the evaluation through the use of a quasi-experimental design; diverse samples of schools; incorporation of confounding variables and incorporation of assessment of actual substance use protective and risk behaviors.
- Consider long-term follow up to assess the program's durability of results over time. Should benefits lag with time, "booster" sessions or activities may help consolidate students' benefits.
- Disseminate program and evaluate implementation and outcomes across wider range of schools with more diverse students in terms of economics, language and geography.

Introduction

The Context of Concern: The Growing Heroin Problem

Nationwide heroin initiation, use and dependency has been on the rise.^{1,2} Chicago is a major distribution hub for heroin. In the metro Chicago area, heroin is more accessible and cheaper than ever and has resulted in an alarming and highest national rate of ER visits for overdoses.² Heroin use has increasingly become a problem for teens and younger adults. Heroin is highly addictive and variable in purity exposing users to unknown harmful additives. Overdose is a frequent danger for experienced and novice users. The life trajectory of heroin users is very poor with high mortality rates. Co-occurring physical and mental health problems are very common. Unemployment, early school leaving, criminal victimization and criminal activity characterize the lives of heroin users, further detracting from health and well-being. Relapse is common for those who have sought treatment. In addition, individuals who abuse prescription pain pills are estimated to initiate heroin use at a rate 19 times greater than those without nonmedical pain reliever use.¹

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During the 2013-2014 school year the curriculum was refined based on the results of the previous year's formative evaluation. During the refinement process the lessons that were most closely aligned with the major outcomes in the program logic model and were most well-received by students and teachers were identified as the core program. These core lessons served as the minimum implementation

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Overview of Current Evaluation

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The current report summarizes efforts to explore curriculum fidelity and teacher implementation experiences in addition to efforts to gather background data on district practices relating to substance use prevention. The bulk of the report details student pre and post session knowledge, substance abuse resistance and protective skills, as well as attitudes about substance abuse and the curriculum.

Three primary evaluation questions guided data collection and analysis.

1. What is the nature of existing substance use programming and activities implemented in participating schools?
 - How does programming vary across schools?
2. How might teachers' uptake of The Heroin Prevention Program be described in terms of attitudes towards adolescent prescription pain pill and heroin use among adolescents, perceptions of their role in substance use interventions, comfort with curriculum, perception of usefulness of training and fidelity of implementation?
3. What impacts does the multi-session Heroin Prevention Program have on student substance use knowledge, attitudes, and resistance behavior?
 - Do impacts vary by grade level?
 - Are there any discernible relationships between school programming, teacher uptake of The Heroin Prevention Program and pre and post student knowledge, attitudes, skills and behavior?

Methods

Pilot Participants

The sample of piloting schools was one of convenience. RCC recruited schools with whom they have collaborated in the past. Four suburban school districts in Will, Lake, DuPage and Cook Counties participated in the pilot. Across the four districts, three high schools and three middle schools participated. One of the high school districts (A) and one of the elementary schools districts (D) were racially and economically diverse whereas the other participating districts were predominately White with relatively less low income students (see Table 1 for a summary of school demographics).

Table 1: Pilot School Demographics

District	School Size	Racial/Ethnic Diversity	Low Income Students	Students with Disabilities	English Language Learners	Chronically Truant Students	Achievement
District A (2 of 2 Primary HS participating)	~3000	42% Latino, 29% White, 25% Black	64% low income	18%	4%	10%	26% Ready for College
District B (1 of 3 HS participating)	~2000	78% White; 12% Latino; 6% Black	31% low income	13%	3%	2%	52% Ready for College
Elementary School District C (1 MS)	~1000	71% White, 18% Asian, 4% Black, 4% Latino	5% low income	6%	>1%	>1%	84% Meets/Exceeds Composite ISAT
Elementary School District D (2 MS)	500-700	52-54% White, 17-29% Latino, 14-21% Asian	21-30% low income	16-13%	7-9%	0%	70-75% Meets/Exceeds Composite ISAT

Instrumentation

Four evaluation instruments were developed in collaboration with RCC staff and after review of curriculum and previous evaluations. All instruments are appended.

A **district survey** assessed the nature of substance use programming and curriculum currently in place within the schools participating in this study. 75% of districts (3/4) completed the district survey.

A **teacher survey on attitudes and training** explored teacher awareness, attitudes and perceptions of training relative to adolescent substance use, heroin and prescription pain pill use in particular, their role in delivering substance use prevention curricula, and comfort with The RCC Heroin Prevention Program curriculum. 100% of teachers (13/13) completed survey.

While RCC has gone to great effort to delineate core lessons and content as well as standardized implementation plans by grade level, implementation variation was possible at the instructor level. A **teacher fidelity tool** assessed the extent to which instructors delivered the program as planned and identified any modifications that were made by the instructors. 38% of teachers (5/13) completed the fidelity tool.

Parallel **student surveys** assessed changes in key outcomes of interest from pre to post intervention, including measures of knowledge and awareness about heroin/prescription pain pill use, beliefs against opioid use, self-efficacy to engage in prevention skills, and self-appraisal of substance abuse resistance behavior.

The **RCC Heroin and Prescription Pain Pill Knowledge Assessment** is a 23-item true/false knowledge assessment that was developed and piloted during the 2013-2014 evaluation of the RCC Heroin Use

Prevention Program. It was found to have adequate reliability for a dichotomous response option (Cronbach's Alpha³ .67). Sample items included:

- The only way to use heroin is through injection. (F)
- The last part of the brain to develop, the amygdala, controls problem solving and long term planning. (F)

The RCC Beliefs Against Opioid Use is a 3-item scale that was developed and piloted during the 2013-2014 evaluation of the RCC Heroin Use Prevention Program. It was found to have strong reliability (Cronbach's Alpha .86). Sample items included:

- I think it is "ok" for students my age to share prescription pain medication with one another.
- I think it is "ok" for students my age to try heroin.

The RCC Substance Abuse Prevention Self-efficacy Scale is a 7-item, 5-point, Likert scale that was developed and piloted during the 2013-2014 evaluation of the RCC Heroin Use Prevention Program. It was found to have strong reliability (Cronbach's Alpha .84). Sample items included:

- I have at least one adult in my life I can talk to about drug abuse help for myself or a friend.
- I can assess my risk for drug abuse.

The RCC Substance Abuse Resistance Behavior Scale is a 7-item, 5-point, Likert scale that was developed and piloted during the 2013-2014 evaluation of the RCC Heroin Use Prevention Program. It was found to have strong reliability (Cronbach's Alpha .71). Student are asked "How likely are you...":

- to encourage a friend to get help if he/she is abusing drugs?
- to say "no" if a friend tells you to sniff an unknown substance?

Data Collection

Student data were collected online using Survey Monkey and unique passwords derived from a set of four questions (digits associated with parts of birth date, residence number, and phone number)⁴. A protocol was also developed to provide teachers step-by-step directions to guide student completion of assessments. The teacher survey of attitudes and training was also administered online via Survey Monkey. Electronic data collection forms were emailed to teachers and district level staff to facilitate additional data collection. All instruments were distributed along with recruitment and parental consent

³ Cronbach's Alpha provides a measure of the internal consistency of a test, survey, or scale; it is expressed as a number between 0 (lowest) and 1 (being the highest consistency). Generally, we retain instruments when reliability is found to be at least .70. Internal consistency describes the extent to which all the items in a test measure the same concept or construct. In addition, the length of a test affects Cronbach's Alpha. The evaluators believe the Cronbach's Alpha determined for True/False exam was reduced because there were limited questions overall and a limited number of test items about each construct assessed. If increasing the alpha is an important goal for future evaluations, more related items testing the same concept should be added to the test or subsections of the test could be expanded to bolster internal consistency within each subsection.

⁴ Backup paper surveys were made available but were not needed.

material and protocols to the participating schools and instructors by RCC. School and classroom identifiers were collected to link student, teacher and school data. Data were encrypted to ensure the transmission of secure information into the password-protected Survey Monkey account held by the lead evaluator.

A total of 13 teachers participated in the pilot and aimed to expose just about 850 students (8th graders and 10th graders) to the core program. Evaluators were successful at matching 65% of the students' pre and post assessments. Table 2 summarizes student survey data collected.

Table 2: Student Survey Response Rates

Response Rates	Pre Student Surveys	Post Student Surveys	Matched Pre/Post Surveys	Gender	Age
Overall	87.4% (737/843)	76.% (648/843)	64.9% (542/843)	51.7% Female	44.6% 15 year olds (12-18 age range)
Middle School Students	94.5% (190/201)	90.1% (181/201)	84.6% (170/201)	51.5% Female	69.7% 13 year olds (12-14 age range)
High School Students	85.2% (547/642)	72.7% (467/642)	57.9% (372/642)	51.7% Female	58.7% 15 year olds (15-18 age range)

Data Analysis

A variety of qualitative and quantitative analytic techniques were used for this evaluation. Descriptive and inferential statistics were used to analyze data, interpret findings and draw conclusions around quantitative survey items. Thematic analysis was used to summarize all open-ended/qualitative data.

Results

District-level data

Overall very little is known at the district level about educators' prior substance use training or districts' plans for substance use instruction for students due to incomplete data. While 3/4 districts attempted the survey, district respondents provided only minimum and often incomplete responses. Caution is required when reviewing data submitted as it likely under represents reality. Future efforts should consider eliciting data from schools perhaps or through interviews with multiple district/school level staff to gain a more complete understanding.

- Staff participation: A variety of staff appear to be involved across the schools in substance abuse prevention and intervention including: Health, Advisory, PE, Social Workers, Counselors, Coaches, Administrators.
- Instructional time: It appears that middle schools students were allocated more substance abuse instructional minutes during the school year when compared to high school students

(1600-1850/year for middle school students compared to 90-900/year for high school students).

- Current and future curriculum use, special events, training: Very little information was provided from the districts on existing and future curricular investments.

Teacher-level data

Thirteen teachers completed a survey about their experiences with the program. A full brief of their responses was provided to program planners in early August 2014. Highlights from that report include:

- All teachers reported participating in some substance abuse prevention professional development (PD), and most (76%) participated in the professional development component of the RCC Heroin Prevention Program.
- All those attending the professional development component of the RCC Heroin Prevention Program provided favorable feedback. Data suggest that teachers found the training useful for supporting their implementation of the curriculum and developing their content specific knowledge.
- Overall, teachers expressed strong content-related knowledge, teaching efficacy and comfort with the curriculum.
- Teachers reported positive student engagement was related to videos, case studies and group discussions that were part of the program, while challenges of the program included repetition within the curriculum and dry PowerPoint slides.
 - Teachers reported lessons on the brain and addiction and the videos as the most effective components of the curriculum.
 - Obstacles and least effective components of the program reported by teachers included repetition in the curriculum, lack of interest among students, and an insufficient amount of time to cover all the material.
 - Recommendations made by teachers included more real life examples embedded within the curriculum, less text on the PowerPoint presentations, more interactive material and more videos.
- While data herein are from a small sample and additional evaluation work is required, it does appear that high school teachers more frequently reported engagement concerns with their high school students in contrast to middle school counterparts.
- Curriculum fidelity (38% of teachers (5/13) completed the fidelity tool).

High schools appeared to devote less time than planned for the program (80-205 minutes vs. 240 recommended minutes); they interspersed curriculum with existing health education curriculum, did not teach consecutive lessons and noted some to many modifications based on teacher response. In contrast, middle schools reported higher implementation fidelity. Middle school teachers reported more instructional minutes than planned (230-250 minutes vs. 225 recommended minutes). Middle school teachers taught curriculum over consecutive days and with no to few modifications.

Recommendations and Reflections

- Remove Curricular Redundancies: Review curriculum to remove duplicative content. Doing so may also address teachers' comments about insufficient time to complete full program content.

- Address Low-Engagement Components of Curriculum: Initial suggestions to improve the curriculum have been noted by surveyed teachers. Collaborate with youth representative of the program audience (as experiential experts) and curriculum developers (as instructional experts) to make PowerPoint slides more engaging or find alternate instructional methods to deliver content in a more appealing manner.
- Reflection Question: What are reasons that high school teachers may be less engaged with program content or implement it with lower fidelity? How can lack of engagement be addressed to enhance high school students' future involvement with and benefit from the program?

Student-level data

Students who answered the pretest and posttest surveys completed measures that assessed their knowledge of substance abuse prevention, substance abuse prevention self-efficacy, beliefs about opioid abuse and substance abuse resistance behavior. Student results are presented in this section. Descriptive results are presented, as well as the results of t-tests, statistical tests used to detect statistically significant differences between pretest and posttest scores or differences between middle school and high school student scores on a given construct. Results of Cohen's d (*d*) tests, tests that calculate the size of the effect when statistically significant differences are detected, are also reported when appropriate. An effect size of .2 is considered a small effect, .5 is considered a medium effect and .8 is considered a large effect. The absolute value of the effect size score is used when interpreting strength of effect. For instance, a negative effect score can be obtained when the second mean score is higher than the first, but you interpret the negative effect score as the absolute value (e.g., -.3 is .3). An effect of .3 would be considered a small effect. Lastly, we also explore and report how knowledge, self-efficacy and beliefs impact post intervention resistance behavior.

Student Heroin and Prescription Pain Pill Knowledge

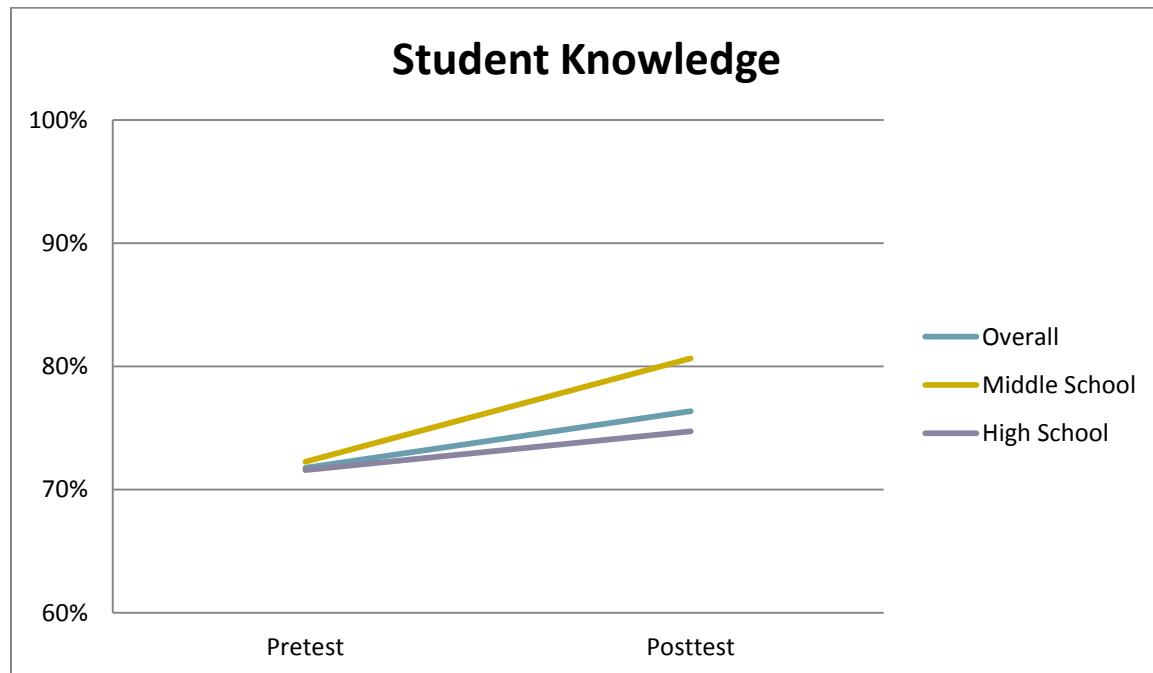
Student knowledge of heroin, prescription pain pills and substance abuse knowledge was assessed with a true/false questionnaire that contained 23 questions. Each student was given a raw score based on the number of questions the student answered correctly, and raw scores were converted to percentages.

Overall, mean student scores ranged from 8.70% to 100% correct on the pretest, and from 13.04% to 100% correct on the posttest. The average knowledge score on the pretest was 71.84%, and there was a significant improvement at posttest to 76.51%, $t(539) = -8.04, p < 01; d = -0.35$. Significant gains were found for both middle school and high school students. However, middle school students demonstrated higher gains than high school students. Specifically, middle school students scored an average of 80.66% on posttest, while high school students scored an average of 74.94% on the posttest, $t(644) = 4.87, p < 01; d = 0.46$ (see Table 3 and Graph 1). Statistically significant differences suggest that the increase in students' scores can be attributed to more than random chance and may mean the program contributed to the change in knowledge.

Table 3: Student Substance Use Knowledge

	Overall		Middle School Sample		High School Sample	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Knowledge	MEAN: 71.84% SD: 12.26 RANGE: 91.30 N: 735	MEAN: 76.51% SD: 13.65 RANGE: 86.96 N: 648	MEAN: 72.27% SD: 11.20 RANGE: 65.22 N: 190	MEAN: 80.66% SD: 10.69 RANGE: 56.52 N: 181	MEAN: 71.69% SD: 12.61 RANGE: 91.30 N: 545	MEAN: 74.94% SD: 14.34 RANGE: 86.96 N: 465
<i>Difference between Pretest and Posttest</i>	Significant Difference $t(539) = -8.04, p <.01, d = -.35$		Significant Difference $t(169) = -8.18, p <.01, d = -.68$		Significant Difference $t(369) = -4.52, p <.01, d = -.21$	
<i>Difference between Middle School and High School students' posttest scores</i>			Significant Difference $t(644) = 4.87, p <.01, d = .46$			

Graph 1: Student Knowledge Pre to Post, Overall and by Grade Level



Student Substance Abuse Prevention Self-Efficacy

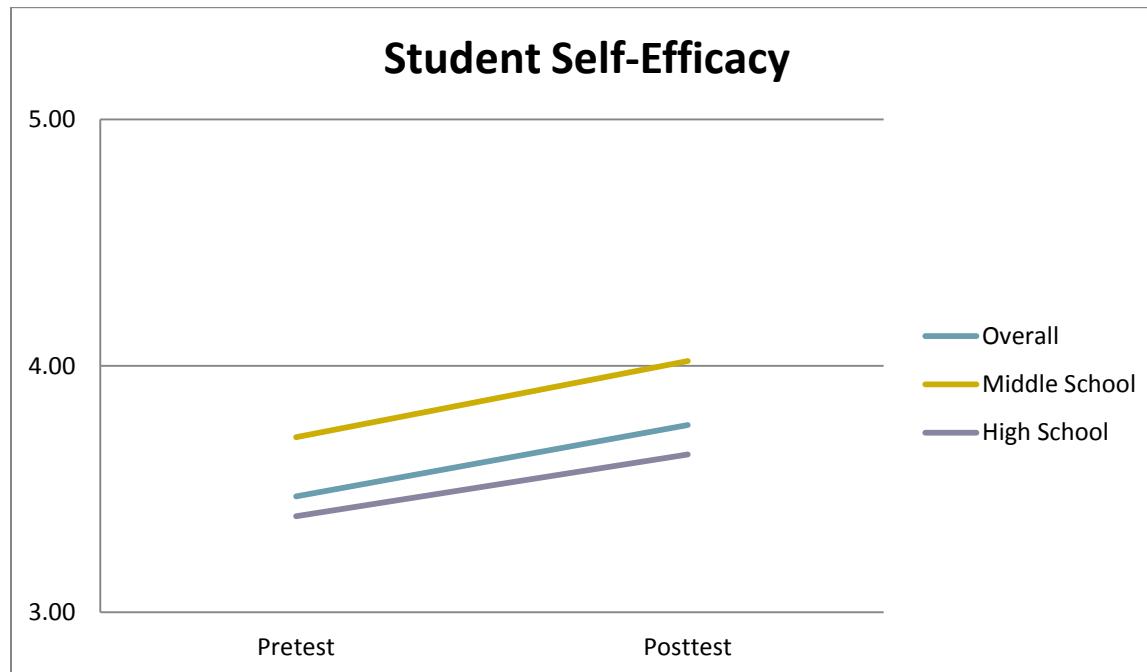
Student substance abuse prevention self-efficacy, or students' belief in their own abilities to resist illicit substances, was assessed with a five-point Likert type scale (1= Strongly Disagree; 5=Strongly Agree) measure that contained seven questions. Average scores were computed for each student. Higher scores suggest higher substance abuse prevention self-efficacy, and lower scores suggest lower substance abuse prevention self-efficacy.

Overall, student scores ranged from 1.00 to 5.00 on both the pretest and the posttest. The average self-efficacy score on the pretest was 3.47, and there was a significant improvement at posttest to 3.76, $t(501) = -7.47, p < .01; d = -.34$. Significant gains were found for both middle school and high school students. However, middle school students demonstrated higher pretest and posttest average scores than high school students. Specifically, middle school students scored an average of 4.02 on posttest, while high school students scored an average of 3.64 on the posttest, $t(619) = 5.24, p < .01; d = 0.48$ (see Table 4 and Graph 2). Statistically significant differences suggest that the increase in students' scores can be attributed to more than random chance and may mean the program contributed to the change in self-efficacy.

Table 4: Student Efficacy

	Overall		Middle School Sample		High School Sample	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Self-Efficacy	MEAN: 3.47 SD: 0.81 RANGE: 4.0 N: 710	MEAN: 3.76 SD: 0.83 RANGE: 4.0 N: 623	MEAN: 3.71 SD: 0.75 RANGE: 4.0 N: 182	MEAN: 4.02 SD: 0.76 RANGE: 3.71 N: 179	MEAN: 3.39 SD: 0.81 RANGE: 4.0 N: 528	MEAN: 3.64 SD: 0.84 RANGE: 4.0 N: 442
<i>Difference between Pretest and Posttest</i>	Significant Difference $t(501) = -7.47, p < .01, d = -.34$		Significant Difference $t(160) = -5.45, p < .01, d = -.42$		Significant Difference $t(340) = -5.50, p < .01, d = -.28$	
<i>Difference between Middle School and High School students' posttest scores</i>			Significant Difference $t(619) = 5.24, p < .01; d = .48$			

Graph 2: Student Efficacy Pre to Post, Overall and by Grade Level



Students Beliefs Against Opioid Use

Student beliefs about opioid abuse were assessed with a five-point Likert type scale (1= Strongly Disagree; 5=Strongly Agree) measure that contained three questions. Average scores were computed for

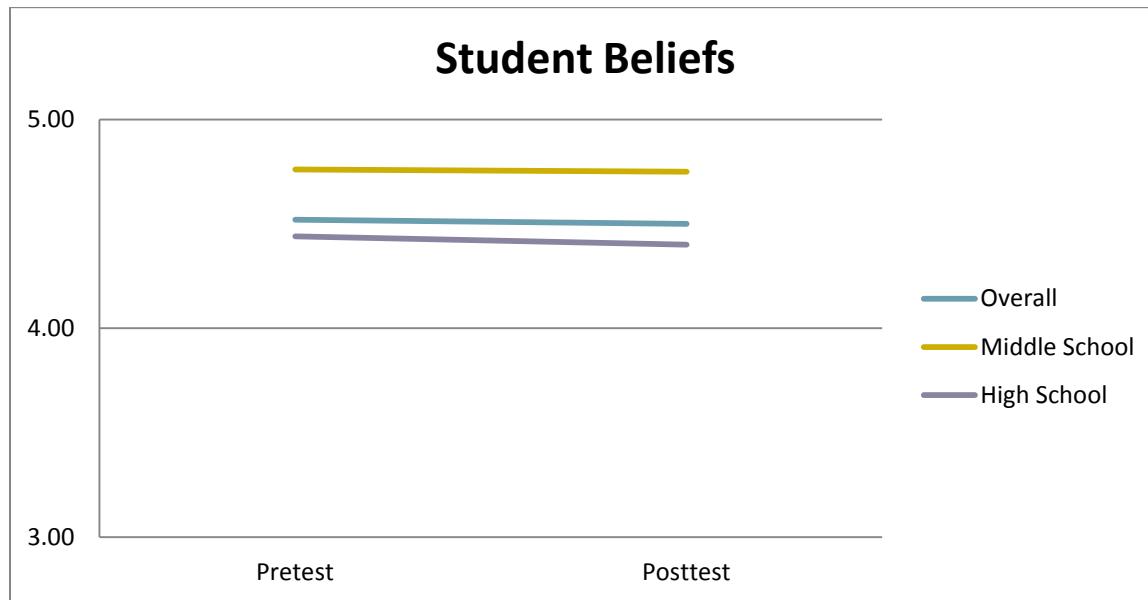
each student. Higher scores suggest stronger beliefs against opioid abuse, and lower scores suggest beliefs in favor of opioid abuse.

Overall, student scores ranged from 1.00 to 5.00 on both the pretest and the posttest. The average beliefs score on the pretest was 4.52, and the average beliefs score on the posttest was 4.50. There was no statistically significant change in student beliefs from pretest to posttest (see Table 5 and Graph 3) Separate analyses conducted with middle school and high school students suggested no statistically significant changes between pretest and posttest, meaning the slight changes in student belief scores could simply be attributable to random chance. There was, however, a statistically significant difference between middle school and high school students' posttest belief scores. Specifically, middle school students had higher average beliefs at posttest than high school students, $t(631) = 5.13, p < .01; d = .49$.

Table 5: Student Beliefs

	Overall		Middle School Sample		High School Sample	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Beliefs	MEAN: 4.52 SD: 0.75 RANGE: 4.0 N: 732	MEAN: 4.50 SD: 0.79 RANGE: 4.0 N: 635	MEAN: 4.76 SD: 0.56 RANGE: 4.0 N: 188	MEAN: 4.75 SD: 0.58 RANGE: 4.0 N: 180	MEAN: 4.44 SD: 0.79 RANGE: 4.0 N: 544	MEAN: 4.40 SD: 0.84 RANGE: 4.0 N: 453
<i>Difference between Pretest and Posttest</i>	No Significant Difference		No Significant Difference		No Significant Difference	
<i>Difference between Middle School and High School students' posttest scores</i>			Significant Difference $t(631) = 5.13, p < .01; d = .49$			

Graph 3: Student Beliefs Pre to Post, Overall and by Grade Level



Students Substance Abuse Resistance Behavior

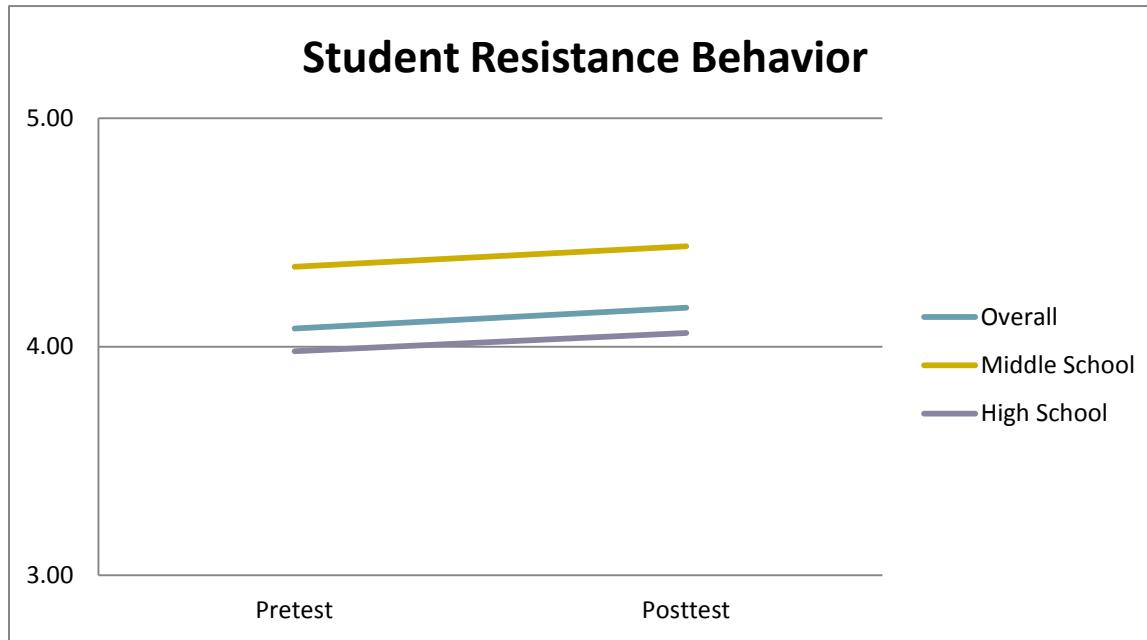
Student substance abuse resistance behavior was assessed with a five-point Likert type scale (1= Strongly Disagree; 5=Strongly Agree) measure that contained seven questions. Average scores were computed for each student. Higher scores suggest stronger substance abuse resistance behavior, and lower scores suggest weaker substance abuse resistance behavior.

Overall, student scores ranged from 1.00 to 5.00 on both the pretest and the posttest. The average resistance behavior score on the pretest was 4.08, and there was a significant improvement at posttest to 4.17, $t(508) = -3.29, p < .01, d = -.14$. Significant gains were found for both middle school and high school students. However, middle school students demonstrated higher pretest and posttest average scores than high school students. Specifically, middle school students scored an average of 4.44 on posttest, while high school students scored an average of 4.06 on the posttest, $t(616) = 5.81, p < .01, d = 0.56$ (see Table 6 and Graph 4). Statistically significant differences suggest that the increase in students' scores can be attributed to more than random chance and may mean the program contributed to the change in resistance behavior.

Table 6: Student Resistance Behavior

	Overall		Middle School Sample		High School Sample	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Resistance Behavior	MEAN: 4.08 SD: 0.73 RANGE: 4.0 N: 713	MEAN: 4.17 SD: 0.74 RANGE: 4.0 N: 621	MEAN: 4.35 SD: 0.57 RANGE: 3.14 N: 184	MEAN: 4.44 SD: 0.58 RANGE: 3.43 N: 171	MEAN: 3.98 SD: 0.75 RANGE: 4.0 N: 529	MEAN: 4.06 SD: 0.77 RANGE: 4.0 N: 448
<i>Difference between Pretest and Posttest</i>	Significant Difference $t(508) = -3.29, p < .01, d = -.14$		Significant Difference $t(156) = -2.08, p < .05, d = -.17$		Significant Difference $t(351) = -2.62, p < .01, d = -.12$	
<i>Difference between Middle School and High School students' posttest scores</i>			Significant Difference $t(616) = 5.81, p < .01, d = .56$			

Graph 4: Student Resistance Behavior Pre to Post, Overall and by Grade Level

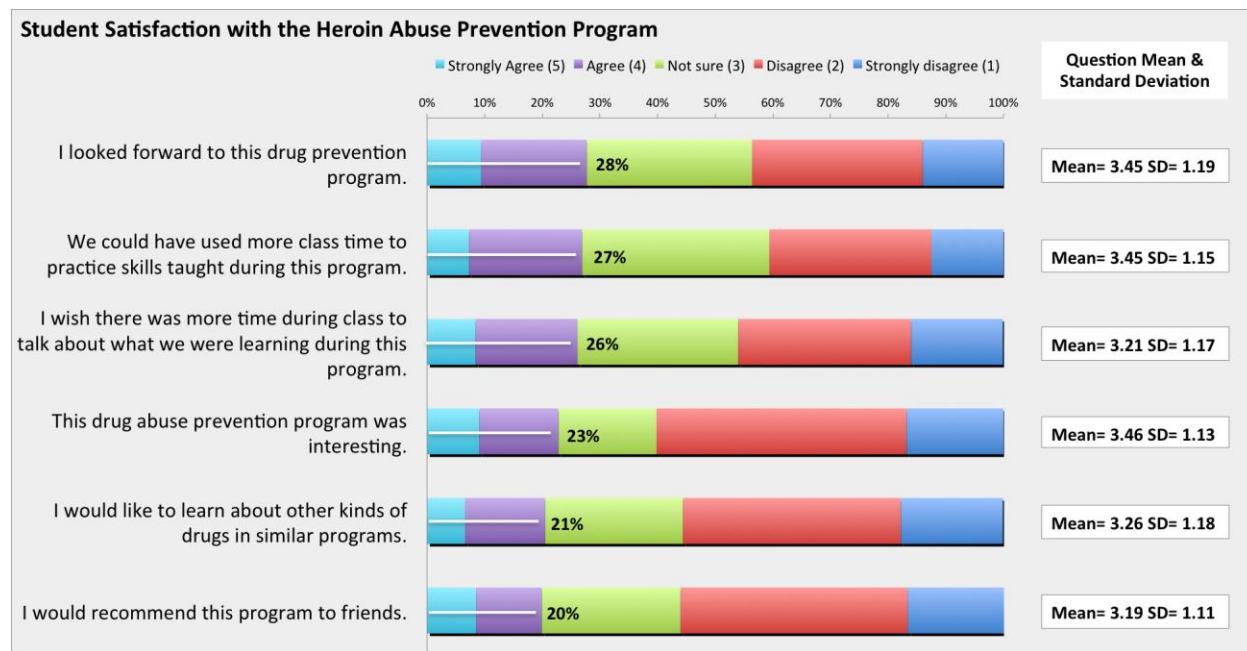


Student course assessment

As part of the posttest, students were asked to indicate their agreement with ten statements about various aspects of the heroin abuse prevention curriculum (see Graph 5). The first six statements assessed students' satisfaction with the heroin abuse prevention curriculum. Less than 30% of students strongly agreed or agreed that they looked forward to the prevention program, they could have used

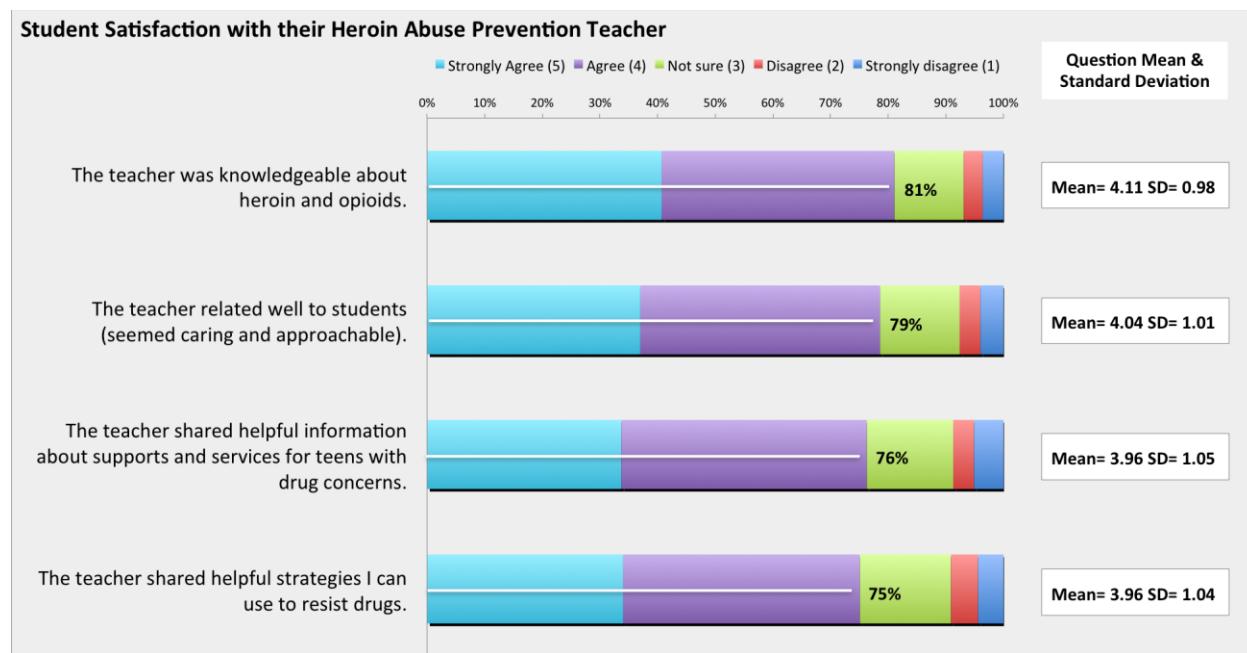
more class time to practice skills taught in the program, they wished there was more time during class to talk about what they were learning in the program, the prevention program was interesting and they would like to learn more about other kinds of drugs in a similar program. A sizeable group of students voiced ambiguous attitudes towards the program (unsure responses) or viewed the program less favorably (disagree and strongly disagree responses). The limited enthusiasm for this curriculum may be a reflection of low reported rates of heroin/opioid use among adolescents within the community or general adolescent attitudes toward substance abuse prevention curriculum in the school. Teachers reported student engagement around real life case studies, videos and group discussions. In addition, it appears that high school teachers more often reported engagement problems as compared to middle school teachers.

Graph 5: Students' satisfaction with Heroin Abuse Prevention Program



The next four statements assessed students' satisfaction with their teachers (see Graph 6). Most students strongly agreed or agreed that their teacher was knowledgeable about heroin and opioids, their teacher related well to students, their teacher shared helpful information and supports and services for teens with drug concerns, and their teacher shared helpful strategies for resisting drugs. The results suggest positive student-teacher relationships upon which to build important adult and student conversations about substance use, knowledge, resistance behavior and support.

Graph 6: Student Satisfaction with their Heroin Abuse Prevention Teacher



Age level differences

Independent samples t-tests were conducted to test for differences between middle school and high school students on each of the pretest and posttest measures. With the exception of the knowledge pretest, middle school students reported pretest and posttest scores that were statistically significantly higher than pretest and posttest scores reported by high school students. The difference between the average knowledge pretest score for middle school students and the average knowledge pretest score for high school students was not statistically significant.

Independent samples t-tests were also conducted to test for differences between middle school and high school students on the student satisfaction statements. There were no statistically significant differences between middle school and high school students on the following statements:

- I would recommend this program to friends.
- I looked forward to this drug prevention program.
- I would like to learn about other kinds of drugs in similar programs.
- I wish there was more time during class to talk about what we were learning in this program.
- We could have used more class time to practice skills taught during this program.
- The teacher related well to students (seemed caring and approachable).
- The teacher shared helpful strategies I can use to resist drugs.

There were statistically significant differences between middle school and high school students on the following statements:

- This drug abuse prevention program was interesting.
- The teacher was knowledgeable about heroin and opioids.

- The teacher shared helpful information about supports and services for teens with drug concerns.

Specifically, on average, middle school students found the drug abuse prevention program to be more interesting, they more strongly agreed that the teacher was knowledgeable about heroin and opioids, and they more strongly agreed that the teacher shared helpful information about supports and services for teens with drug concerns when compared to high school students.

Predicting Posttest Resistance Behavior

Multiple linear regression analysis is a statistical technique that is used to identify explanatory variables that significantly predict the outcome of response variables⁵. In the present evaluation, multiple linear regression analysis was used to identify explanatory variables, or concepts taught in the heroin abuse prevention program that significantly predicted posttest resistance behavior. After controlling for the influence of pretest resistance behavior, results of a multiple regression analysis suggested that for all students, both posttest self-efficacy and posttest beliefs significantly predicted posttest resistance behavior. **Specifically, higher self-efficacy and stronger beliefs at posttest significantly predicted better posttest resistance behavior.** Pretest self-efficacy did not significantly predict posttest resistance behavior. It was only after completing the heroin abuse prevention program that self-efficacy significantly predicted posttest resistance behavior. Results of the regression model tested with all students can be found in Table 7.

When the model was tested with only middle school students, posttest knowledge, posttest self-efficacy and posttest beliefs were all significant predictors of posttest resistance behavior. Specifically, more knowledge, higher self-efficacy and stronger beliefs at posttest significantly predicted better posttest resistance behavior. Pretest knowledge, pretest self-efficacy and pretest beliefs were not significant predictors of posttest resistance behavior. **Again, it was only after completion of the heroin abuse prevention program that knowledge, self-efficacy and beliefs significantly predicted posttest resistance behavior.** Results of the regression model tested with middle school students can be found in Table 8.

When testing this regression model with only high school students, both posttest self-efficacy and posttest beliefs significantly predicted posttest resistance behavior. Specifically higher self-efficacy and stronger beliefs at posttest significantly predicted better posttest resistance behavior. Neither pretest self-efficacy nor pretest beliefs significantly predicted posttest resistance behavior. It was only after completing the heroin abuse prevention program that self-efficacy and beliefs significantly predicted posttest resistance behavior. Results of the regression model tested with high school students can be found in Table 9.

Results of these multiple linear regression analyses suggest that concepts taught in the heroin abuse prevention program are statistically related to both middle school and high school students' resistance behavior. **Specifically, after completing the heroin abuse prevention program, middle school students' knowledge, self-efficacy and beliefs significantly predicted their resistance behavior, and high school**

⁵ Definition cited from <http://www.investopedia.com/terms/m/mlr.asp>.

students' self-efficacy and beliefs significantly predicted their resistance behavior. It is important to note that these regression analyses are exploratory, and this regression model should be tested in future interventions that utilize an experimental design with control groups to validate these preliminary findings.

Table 7

Regression Model Predicting Posttest Resistance behavior for All Students

Model	Unstandardized Coefficients		Standardized Coefficients Beta	Sig.
	B	Std. Error		
1	(Constant)	1.715	.155	.000
	Pretest Resistance behavior	.611	.037	.608
2	(Constant)	.754	.242	.002
	Pretest Resistance behavior	.503	.040	.501
	Pretest Knowledge	.002	.002	.361
3	Pretest Self-Efficacy	.091	.033	.005
	Pretest Beliefs	.205	.039	.202
	(Constant)	.209	.232	.367
	Pretest Resistance behavior	.425	.037	.423
	Pretest Knowledge	-.002	.002	-.032
	Pretest Self-Efficacy	.018	.032	.020
	Pretest Beliefs	.080	.037	.079
	Posttest Knowledge	.002	.002	.040
	Posttest Self-Efficacy	.109	.031	.130
	Posttest Beliefs	.306	.034	.339
				.000

Notes. Model 1 R² = .37; Model 2 R² = .42; Model 3 R² = .53

Table 8*Regression Model Predicting Posttest Resistance behavior for Middle School Students*

Model	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error		
1	(Constant)	2.037	.327	.000
	Pretest Resistance behavior	.556	.074	.527
2	(Constant)	.938	.521	.074
	Pretest Resistance behavior	.466	.078	.441
	Pretest Knowledge	.007	.004	.127
	Pretest Self-Efficacy	.127	.059	.159
	Pretest Beliefs	.103	.089	.084
	(Constant)	-.306	.578	.598
3	Pretest Resistance behavior	.453	.074	.429
	Pretest Knowledge	.002	.004	.041
	Pretest Self-Efficacy	.009	.063	.012
	Pretest Beliefs	.100	.085	.082
	Posttest Knowledge	.007	.004	.140
	Posttest Self-Efficacy	.150	.059	.192
	Posttest Beliefs	.187	.073	.176
				.011

Notes. Model 1 $R^2 = .28$; Model 2 $R^2 = .33$; Model 3 $R^2 = .42$

Table 9*Regression Model Predicting Posttest Resistance behavior for High School Students*

Model	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error		
1	(Constant)	1.716	.181	.000
	Pretest Resistance behavior	.601	.044	.606
2	(Constant)	.849	.287	.003
	Pretest Resistance behavior	.497	.047	.500
	Pretest Knowledge	.000	.003	.008
	Pretest Self-Efficacy	.084	.040	.095
	Pretest Beliefs	.215	.045	.222
3	(Constant)	.449	.270	.097
	Pretest Resistance behavior	.402	.044	.404
	Pretest Knowledge	-.004	.003	-.065
	Pretest Self-Efficacy	.027	.038	.030
	Pretest Beliefs	.072	.042	.074
	Posttest Knowledge	.001	.002	.015
	Posttest Self-Efficacy	.096	.037	.113
	Posttest Beliefs	.343	.039	.397
				.000

Notes. Model 1 $R^2 = .37$; Model 2 $R^2 = .42$; Model 3 $R^2 = .55$

Conclusions & Recommendations

It appears that the Heroin Prevention Program enhances important aspects of students' lives that predict resistance behavior. That is to say, once the program encouraged positive changes in self-efficacy, knowledge and beliefs related to heroin/prescription pain pill use, students reported stronger resistance behavior. It was not possible to extend evaluation efforts to the impact of resistance behavior on actual heroin/opioid use. This evaluation chose not to measure actual substance use experimentation or use data given previous efforts elsewhere (see the Illinois Youth Survey (IYS) that reports rates of adolescent substance use in local communities:

<http://iys.cprd.illinois.edu/home/results/county>). While IYS data suggest low actual use within the local adolescent community, these data do not diminish the need for interventions aimed at increasing youth knowledge and resistance behavior to prevent future use. Adolescents generally are at a developmental stage where they are interested in experimentation and differentiating themselves from adults; yet may not be fully capable of realizing all the consequences of their actions. It continues to be important for ongoing work to address ways that adolescents can experiment and individuate but in a way that remains positive and healthy. There remains a strong need to continue to communicate and raise youth awareness around the impact and potentially fatal consequences of heroin/opioid use and to help youth build skills to negotiate youth and adult conversations around drugs.

The aims of this project could benefit from additional exploration around:

- Student engagement (overall and at different grade levels) around substance abuse prevention and heroin/opioid use prevention
- Developmental appropriateness of the curriculum are initial factors to examine
- What is typically offered as general substance use prevention programming and what content related trainings do teacher typically receive?
- Continue to refine curriculum to reflect school and age contexts, to address areas of low engagement and bolster areas/elements of high engagement, and to reduce curricular redundancies.
- Assess instructional practices during training and implementation and consolidate best practices to share with other schools.
- Assess opportunities for cross curricular connections and whole school responsibility/opportunities to reinforce substance abuse prevention curriculum rather than allocating to a special health education program or class.

Teachers noted areas where program content was duplicative and/or less engaging for students. In addition, students indicated some degree of dissatisfaction with program content, but were satisfied with their teachers' knowledge and delivery of the content. Student-level findings and teacher reports indicate that middle school students show greater benefit from the Heroin Prevention Program than high school students (knowledge, self-efficacy, resistance behavior). The cause of these differential results cannot be determined from this evaluation, however levels of student engagement, instructional fidelity and intensity, and developmental appropriateness of the curriculum are initial factors to examine.

Future work could involve further collaboration with youth representatives of the program audience (as experiential experts) and curriculum developers (as instructional experts) to make PowerPoint slides more engaging or find alternate instructional methods to deliver content in a more appealing manner. More investigation within high school contexts and with stakeholders could provide important information about the nature of substance use programming and curriculum in use within high schools and the unique contribution the RCC heroin prevention program might make. Additional topics to explore include the reasons that high school students are less engaged with program content and how engagement can be increased to enhance high school students' involvement with and benefit from the program.

Depending on the findings, RCC might consider limiting implementation to middle school students and/or adjusting content to better meet the needs of high school learners. Ideally, this decision should be made after gaining a better understanding of the reasons for high school students' slightly lower performance. It should also be made in conjunction with the critical developmental stage(s) for substance use initiation and evidence for the best stage to deliver primary prevention programs that address substance abuse. For primary prevention, this would ideally be immediately prior to or at the onset of substance use.

Considerations for Future Evaluation

This evaluation initiated the exploration and use of reliable and valid measures. We were able to statistically assess significant impacts thought to protect students from opioid abuse. As a long-term goal is to submit to SAMSHA for evidenced-based programming status, future work could build on this foundation and bolster rigor.

- Monitor fidelity more closely and intervene when necessary to ensure that participating schools are delivering expected program.
- Assess instructional practices during training and implementation and consolidate best practices to share with other schools.
- More closely observe students during implementation to propose ways to enhance interest and engagement.
- Enhance the rigor of the evaluation through the use of a quasi-experimental design; diverse samples of schools; incorporation of confounding variables and incorporation of assessment of actual substance use protective and risk behaviors.
- Consider long-term follow up to assess durability of programs' results over time. Should benefits lag with time, "booster" sessions or activities may help consolidate students' benefits.
- Disseminate program and evaluate implementation and outcomes across wider range of schools with more diverse students in terms of economics, language and geography.

Limitations

Data is Self-Report Only: Self-report data is subject to biases, such as a desire to present oneself in a positive light. This bias could be mitigated by triangulating results with additional data collection strategies. For example, observation of student skills (student outcomes) and/or curriculum implementation (program fidelity/quality) would offer an additional perspective to understanding results.

Actual substance use behavior is not assessed. While resistance behaviors are an important predictor of lesser substance use, current evaluation efforts do not assess the ultimate desired outcome of lesser substance use. District administrators could be encouraged to consider the benefits of including such questions in a confidential and responsible manner among their student population or are encouraged to remain informed by IYS data for their communities.

Appendix: Evaluation Instruments

Pre/Post School Heroin Survey

1. Today's Date: ____ / ____ / ____

2. Please identify your school and teacher (please circle):

3. Period (please circle):

1 2 3 4 5
6 7 8 9 10

4. Are you Male or Female? (please circle)

Male Female

5. In what month were you born? (enter the number of the month—for example, 02 for February):

--	--

6. In what year were you born? (enter last 2 digits, for example, 99 for 1999):

--	--

7. Last 2 digits of your home phone number (or personal cell if no home phone):

--	--

8. Last 2 digits of your house number (from your street address):

--	--

School	Teacher
Actual school and teacher names were listed on original survey but are redacted here to protect the confidentiality of schools and teachers	

9. Please identify each statement as "True" or "False." (please check your response)	True	False
a) Drug use during adolescence can impact how your brain functions as an adult.	<input type="checkbox"/>	<input type="checkbox"/>
b) Heroin is inexpensive when a person first starts using it.	<input type="checkbox"/>	<input type="checkbox"/>
c) Students who do well in school rarely have drug problems.	<input type="checkbox"/>	<input type="checkbox"/>
d) Opioids work on the same reward pathway in the brain as do basic needs like food and water.	<input type="checkbox"/>	<input type="checkbox"/>
e) The only way to use heroin is through injection.	<input type="checkbox"/>	<input type="checkbox"/>
f) Drug addiction is defined as people choosing to use drugs over and over again because they want to.	<input type="checkbox"/>	<input type="checkbox"/>
g) As a teen, you have a greater chance of making riskier decisions because your brain is still developing.	<input type="checkbox"/>	<input type="checkbox"/>
h) Taking someone else's prescription pain pills is drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>
i) Thrill seekers have an increased risk of trying drugs, like heroin.	<input type="checkbox"/>	<input type="checkbox"/>
j) When reaching out to a friend, it is best to avoid talking about negative consequences of drugs.	<input type="checkbox"/>	<input type="checkbox"/>
k) The best time to talk to a friend about their drug use is when they are under the influence of drugs.	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin use rarely leads to choices that can have long-lasting impact on your life, such as criminal activity.	<input type="checkbox"/>	<input type="checkbox"/>
m) Once you have tried heroin, the cravings for more can be so intense that you feel out of control.	<input type="checkbox"/>	<input type="checkbox"/>
n) Heroin can help you have increased clarity and focus.	<input type="checkbox"/>	<input type="checkbox"/>
o) A family history of substance abuse can contribute to adolescents' risk for drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>
p) All drugs of abuse have the same effect on the brain.	<input type="checkbox"/>	<input type="checkbox"/>
q) Sad, empty or anxious feelings are reasons some teens use drugs.	<input type="checkbox"/>	<input type="checkbox"/>
r) If you have more than three risk factors, you will use drugs.	<input type="checkbox"/>	<input type="checkbox"/>
s) Talking with a trusted adult can decrease your risk of drug addiction by 50%.	<input type="checkbox"/>	<input type="checkbox"/>
t) Prior prescription pain pill abuse is a risk factor for heroin use.	<input type="checkbox"/>	<input type="checkbox"/>
u) Talking with an adult about a friend's drug abuse is never a good idea.	<input type="checkbox"/>	<input type="checkbox"/>
v) Opioids include both heroin and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
w) The last part of the brain to develop, the amygdala, controls problem solving and long term planning.	<input type="checkbox"/>	<input type="checkbox"/>

10. How likely are you.....? (please check your response)	Very likely	Likely	Not sure	Somewhat likely	Not at all likely
a) How likely are you to say "no" if a friend tells you to try prescription pain pills?	<input type="checkbox"/>				
b) How likely are you to stay at a gathering of friends if there are drugs?	<input type="checkbox"/>				
c) How likely are you to encourage a friend to get help if he/she is abusing drugs?	<input type="checkbox"/>				
d) How likely are you to say "no" if a friend tells you to sniff an unknown substance?	<input type="checkbox"/>				
e) How likely are you to talk about drug prevention with a parent/guardian?	<input type="checkbox"/>				
f) How likely are you to say "no" if a friend tells you to try heroin?	<input type="checkbox"/>				
g) How likely are you to talk confidentially to a trusted adult at school if you are concerned about friends and drug abuse?	<input type="checkbox"/>				

11. Please rate your agreement with the following statements: (please check your response)	Strongly disagree	Disagree	Not sure	Agree	Strongly Agree
a) I think it is ok for students my age to take prescription pain pills to get a high once in a while.	<input type="checkbox"/>				
b) I think it is ok for students my age to share prescription pain medication with one another.	<input type="checkbox"/>				
c) I think it is ok for students my age to try heroin.	<input type="checkbox"/>				
d) I can explain how drugs impact the brain.	<input type="checkbox"/>				
e) I can explain adolescent brain development.	<input type="checkbox"/>				
f) I can name three strategies for resisting drugs.	<input type="checkbox"/>				
g) I am comfortable starting conversations with my parents/guardians about drug abuse and prevention.	<input type="checkbox"/>				
h) I have at least one adult in my life I can talk to about drug abuse help for myself or a friend.	<input type="checkbox"/>				

i) I am comfortable starting conversations with friends about drugs abuse and prevention.	<input type="checkbox"/>				
j) I can assess my risk for drug abuse.	<input type="checkbox"/>				

12. (POST ONLY) Please rate your agreement with the following statements: (please check your response)	Strongly disagree	Disagree	Not sure	Agree	Strongly Agree
a) This drug abuse prevention program was interesting.	<input type="checkbox"/>				
b) I would recommend this program to friends.	<input type="checkbox"/>				
c) I looked forward to this drug prevention program.	<input type="checkbox"/>				
d) I would like to learn about other kinds of drugs in similar programs.	<input type="checkbox"/>				
e) I wish there was more time during class to talk about what we were learning during this program.	<input type="checkbox"/>				
f) We could have used more class time to practice skills taught during this program.	<input type="checkbox"/>				
g) The teacher related well to students (seemed caring and approachable).	<input type="checkbox"/>				
h) The teacher was knowledgeable about heroin and opioids.	<input type="checkbox"/>				
i) The teacher shared helpful strategies I can use to resist drugs.	<input type="checkbox"/>				
j) The teacher shared helpful information about supports and services for teens with drug concerns.	<input type="checkbox"/>				

Heroin Program Middle School Curriculum Survey

Date: _____

District: _____

School: _____

Teacher Name: _____

- 1. Periods Taught** (Please circle all periods during which you taught the RCC Heroin Prevention Core Curriculum):

1 2 3 4 5 6 7 8 9 10

- 2. During the pilot of the Heroin Prevention Education Core Curriculum, how often did you use the curriculum?**

Every day A few times a week About once a week Every few weeks Once in a while

- 3. How many periods did it take you to get through the RCC Heroin Prevention Core Curriculum? _____**

Please complete the following table. There is no limit to the number of lines or pages you type. We are asking you to report on your experience in general across all of the periods you taught. If one or more periods were distinct please make note of differences under the "modifications" section of the table.

Lesson	Did you use this lesson? (Yes or No)	If you used the lesson then please also complete the following. * Please use the modifications column to note if implementation varied by class.			
		Date you started implementing this lesson* (MM/DD/YYYY)	How many minutes of instruction on average did you spend on this lesson?* (## minutes)	How did you implement it? (Please Check)	Please describe any modifications you made. (Please type response. There is no limit to the number of lines you type. It is helpful to program planners to hear as much detail as possible on modifications (e.g., why did you need to make modifications, what specifically did you change, how well did the modification go? For which periods of instruction do these modifications apply? Do you have any date/time modifications for any given class?)
How the Brain Works and the Impact of Drugs				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Abuse and Addiction Defined and Explained				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Changing Heroin Trend				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Opioids 101				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Effects of Heroin				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Why People Use Drugs and Addiction Risk Assessment				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Importance of Talking to Adults				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Starting Conversations with Peers				<input type="checkbox"/> As written <input type="checkbox"/> I modified	

Heroin Program High School Curriculum Survey

Date: _____

District: _____

School: _____

Teacher Name: _____

1. Periods Taught (Please circle all periods during which you taught the RCC Heroin Prevention Core Curriculum):

1 2 3 4 5 6 7 8 9 10

2. During the pilot of the Heroin Prevention Core Curriculum, how often did you use the curriculum?

Every day A few times a week About once a week Every few weeks Once in a while

3. How many periods did it take you to get through the RCC Heroin Prevention Core Curriculum with one class? _____

Please complete the following table. There is no limit to the number of lines or pages you type. We are asking you to report on your experience in general across all of the periods you taught. If one or more periods were distinct please make note of differences under the “modifications” section of the table.

Lesson	Did you use this lesson? (Yes or No)	If you used the lesson then please also complete the following. * Please use the modifications column to note if implementation varied by class.			
		Date you started implementing this lesson* (MM/DD/YYYY)	How many minutes of instruction on average did you spend on this lesson?* (## minutes)	How did you implement it? (Please Check)	Please describe any modifications you made. (Please type response. There is no limit to the number of lines you type. It is helpful to program planners to hear as much detail as possible on modifications (e.g., why did you need to make modifications, what specifically did you change, how well did the modification go? For which periods of instruction do these modifications apply? Do you have any date/time modifications for any given class?)
How the Brain Works and the Impact of Drugs				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Abuse and Addiction Defined and Explained				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Changing Heroin Trend				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Opioids 101				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Heroin Outcomes Video				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Effects of Heroin				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Factors for Drug Use and Discussion				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Risk Factors and Risk Assessment				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Power of Parental Conversations				<input type="checkbox"/> As written <input type="checkbox"/> I modified	
Reaching Out to Peers				<input type="checkbox"/> As written <input type="checkbox"/> I modified	

RCC District Substance Abuse Prevention Program Survey

Dear District Partner, We are currently piloting a Heroin and Prescription Drug Prevention Education Program in schools in your district. As part of our evaluation we are interested in understanding the nature of substance abuse programming and activities ongoing within your district. Data will help us better understand what students and teachers have benefited from before the implementation of our program. We are also interested in exploring how we might expand our services to your district. Thank you for taking your time to complete this questionnaire. **Please save the survey with your district number and your last name (district survey final.100.smith) and email to Kristin Adzia, KAdzia@robertcrown.org .**

STAFF: Please identify the staff members who are involved in substance abuse prevention and intervention activities with students (please check who is involved in delivering prevention education and who is involved in interventions with students around possible abuse issues):		
Staff Member:	Prevention Instruction	Intervention Activities
Health teacher		
Science teacher		
Advisory teacher		
Social Worker		
Guidance Counselor		
School nurse		
Physical education teacher		
Physical Ed/Health Teacher		
Coach/Athletic Director		
Administrator		
Other (please list)		

Date:
District:
Your role:

MINUTES OF INSTRUCTION: On average, how many classroom instructional minutes will be dedicated to substance use prevention this school year?
6 th Grade:
7 th Grade:
8 th Grade:
9 th Grade:
10 th Grade:
11 th Grade:
12 th Grade:

Please rate your agreement with the following statements:	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
In general, staff are enthusiastic about providing substance abuse prevention materials to students.					
Our staff are knowledgeable about evidenced-based substance abuse prevention activities.					
Our substance abuse prevention curricular resources are aligned to The National Health Education Standards.					
In general, parents are supportive of substance abuse prevention activities within our schools.					
Students are enthusiastic about substance abuse prevention instruction.					
Students are enthusiastic about substance abuse prevention special events/assemblies.					
Youth alcohol use is a problem in our district.					
Youth marijuana use is a problem in our district.					
Youth prescription drug abuse is a problem in our district.					
Youth heroin use is a problem in our district.					

CURRICULA: What program or resources do your schools use to support substance abuse prevention?		
Name of resource	Usefulness	Will use continue during the coming school year?
	<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

SPECIAL ACTIVITIES/ASSEMBLIES: Annual special events dedicated to substance abuse prevention for students or parents		
Name of special activity/ assembly	Number of minutes of exposure for Students	Usefulness
		<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful
		<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful
		<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful

STAFF CAPACITY BUILDING: Annual professional development offerings dedicated to building staff capacity around substance abuse prevention

Name of professional development offering	Kind of staff involved (Admin, Teachers, etc)	Time (in hours)	Usefulness
			<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful
			<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful
			<input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Not sure <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not at all useful

Please identify any interests your district and schools have in technical assistance and capacity building around substance abuse prevention and intervention: