

Reed Hruby

Heroin Prevention Initiative

Project Evaluation



THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

Reed Hruby Heroin Prevention Initiative

Project Evaluation Report

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**Iowa Consortium for Substance Abuse Research
and Evaluation**

Reed Hruby Heroin Prevention Initiative Project Evaluation Report

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EXECUTIVE SUMMARY

Project Background/Overview

A formative and summative evaluation conducted by the Iowa Consortium for Substance Abuse Research and Evaluation examined the pilot implementation and effectiveness of a new heroin prevention initiative developed by the Robert Crown Center for Health Education. The pilot program and evaluation were conducted in four communities representing Cook, DuPage, Will and Lake Counties in the greater Chicago area. The evaluation was designed to determine the integrity of implementation of the program and to assess outcomes for students, parents and educators.

Background Information

The heroin prevention initiative began in 2010 when Roger and Nadeane Hruby awarded a grant to the Robert Crown Center to develop a prevention program in memory of their grandson, Reed Hruby, who died from a heroin overdose in 2008. During the first year of the initiative, the Robert Crown Center commissioned the Illinois Consortium on Drug Policy (ICDP) at Roosevelt University to conduct research on the alarming increase in heroin use among suburban teens in the Chicago area. Research showed that heroin use among teens had increased by 46% and heroin deaths had increased by 130% to 150% in collar counties surrounding Chicago. In interviews conducted with teens and young adults with a history of heroin use, researchers learned that an effective prevention program needed to emphasize: (a) the neuroscience behind heroin dependence and addiction; (b) the rapid progression from heroin experimentation to dependence to addiction; (c) the relationship between prescription pain medication abuse and heroin use; (d) the transition years from middle school to high school as vulnerable periods for substance abuse and addiction; (e) inclusion of effective messengers to communicate information; and (6) opportunities for teens to observe the impact of heroin addiction through social media and other technology avenues.

Using the results of the research findings from Roosevelt University and input from stakeholders that included youth, parents, educators, addiction specialists and community members, the Robert Crown Center identified four major goals for the heroin prevention program they would develop:

1. Increase knowledge and understanding among youth, parents and school personnel about heroin – how heroin affects the body; the rapid progression from experimentation to dependence; and how heroin use today differs from the past.
2. Increase knowledge and understanding by youth, parents and school personnel about the relationship between prescription pain medication abuse and heroin use.
3. Increase understanding among youth, parents and school personnel about the reasons why youth use heroin.
4. Increase knowledge of parents and school personnel about how to communicate effectively with teens and youth about heroin.

The resulting program addresses these goals through a comprehensive, whole-school, educational framework that integrates distinct knowledge-building strategies for middle school and high school students, parents and school personnel. The program is implemented in school clusters with each cluster comprised of a high school and its feeder middle schools. This delivery model ensures that students receive age-appropriate information about heroin during the vulnerable transition years in teen development. The delivery of the student program is flexible so that individual schools can use a delivery method that works best for them such as during specific academic classes or advisory periods.



During the 2012-2013 school year Robert Crown Center’s new heroin prevention program was piloted and evaluated in 11 high schools and middle schools in Cook, DuPage, Will and Lake counties. The following sections describe the methodology used for the evaluation and the evaluation results.

Methodology

Participants

Pilot Communities and Schools		
County	Community	School
DuPage	Naperville	Neuqua Valley High School
		Scullen Middle School
		Crone Middle School
Cook	Palos Park	Palos South Middle School
	Palos Hills	Stagg High School
Will	Joliet	Joliet Central High School
		Joliet West High School
	Plainfield	Troy Middle School
Lake	Vernon Hills	Vernon Hills High School
		Hawthorn Middle School North
		Hawthorn Middle School South

Illinois School Report Card data were used to ensure that the participating communities and schools were demographically diverse. More than 7,000 students participated in the heroin prevention program with grade level distribution as follows: Grade 8 – 23%; Grade 9 – 40% and Grade 10 – 37%. Over 400 parents attended heroin information sessions and over 1,500 staff completed the school staff trainings.

Evaluation Measures

Semi-structured process interviews were conducted to assess: (a) barriers/challenges to program development and implementation; (b) fidelity of program design and curriculum content to ICDP recommendations; and (c) alignment with input from stakeholders. The following stakeholders participated in process interviews:

- Fourteen Advisory Board and Committee members
- Eight school administrators
- Nine pilot program teachers (teachers who taught the heroin prevention lessons).

Lesson fidelity forms, completed by pilot teachers and RCC facilitators, were used to assess adherence of actual implementation to student and parent program designs.

Supplemental information on project implementation was obtained from the Project Director through verbal reports and electronic documentation.

A census surveying method was used to collect outcomes data on students, parents, and school staff. A pre-post survey design was implemented with students and school staff receiving heroin prevention programming. Baseline and follow-up survey data were collected from parents with children in the participating schools, regardless of whether they attended a heroin education session.



Results/Key Findings

Students

Student survey data show the RCC model was highly effective in changing attitudes and increasing knowledge in the key areas assessed. The programmatic goals for students were met. Notable areas of improvement include:

- 89% of students after the program correctly identified that some teens may use heroin because of sad, empty, or anxious feelings.
- 93% expressed confidence in their knowledge of how heroin affects the user's body, thinking, and behavior (up from 66% at pre-test).
- 87% identified that snorting heroin can lead to addiction (up from 65% at pre-test).
- 90% could identify at least three areas of their lives that will be better if they do not use heroin.
- 89% indicated the classes provided good information they did not previously know.

Results showed that students were particularly responsive to the social media case study that was part of the curriculum:

- 83% liked the interactive format.
- 89% found the story believable.
- 87% indicated it was an interesting way to learn.

Parents

Parent follow-up survey data show that parents who attended a heroin education session, compared to those who did not attend*:

- Had more accurate knowledge of drug addiction: 75% vs. 55% correct.
- Had more accurate knowledge of risk and protective factors for drug abuse: 75% vs. 52% correct.

Of those attending a heroin education session:

- 97% indicated the heroin session provided them with new information.
- 100% indicated the heroin session provided them with the kind of information most important for them to know and that they will use with their children.

Among all parents completing the survey (those who did and did not attend a heroin education session), at follow-up:

- 98% indicated they were somewhat or very confident in their ability to discuss alcohol, prescription drug use, and illegal substances with their children.

School Staff

School staff survey data show the RCC model was highly effective in changing attitudes and increasing knowledge and confidence levels in all key areas assessed. The programmatic goals for school staff were met. Notable areas of improvement include:

- 92% of participants indicated after the training that they were confident or very confident in their knowledge of heroin's effects on one's body, thinking, and behaviors, whereas 28% indicated so before the training.

*The sample size of parents attending a session was small, and many parent sessions were shortened from the intended model. Parent outcomes may improve as modifications are made to parent program implementation.



- 98% correctly identified that opioids activate the same reward pathway in the brain as do necessities like food and water (up from 52% before the training).
- 87% indicated they could name three risk and protective factors that may influence whether a teen uses drugs (up from 32% before the training).
- 83% reported feeling confident or very confident in their ability to discuss and answer questions about heroin with students, whereas 28% indicated so before the training.

Regarding the heroin training:

- 97% of staff indicated the heroin training provided them with new knowledge.
- 81% indicated it included information they will use in their interactions with students.

Recommendations

The following key recommendations are proposed for future implementation of the model, both within the pilot communities and elsewhere:

- Expand upon the current use of the following by incorporating them into more of the lessons: technology; online resources; activities that allow students to interact with each other and the material; and activities that allow students to research information and find answers themselves.
- Allow ample time to plan, coordinate, and schedule program sessions.
- Provide additional training and background information for teachers to support lessons involving brain chemistry, if these lessons are not taught by Health teachers.
- Implement the parent program in full 60-minute sessions and evaluate outcomes.
- To reach more parents, hold parent information sessions multiple times for each school and community, varying the time, day, and location, and use a variety of methods for program dissemination (e.g., webinars, videos, printed media).



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BACKGROUND

Project Background/Overview

The Reed Hruby Heroin Prevention Initiative began in 2010 with a grant given to the Robert Crown Centers for Health Education by the Hruby family of Burr Ridge, Illinois. The grant was given in memory of Reed Hruby, who died as a result of a heroin overdose in 2008 at age 24. The purpose of the grant was to increase awareness of the heroin problem among young people and prevent further heroin use, addiction, and deaths. Robert Crown Centers formed a partnership with the Illinois Consortium on Drug Policy (ICDP) at Roosevelt University and created a three-year strategy for the initiative. The first year was devoted to research and the establishment of an advisory committee. The research, conducted by the IDCP, focused on heroin use and its effects, including trends, pathways to heroin use among youth and young adults, consequences of use; gaps in knowledge among educators, parents, and youth; and what is most effective in drug education and prevention. An Advisory Board and Committees were convened consisting of 60 community members representing diverse fields such as public health, addiction science, health education, youth engagement, law enforcement, substance abuse prevention and treatment, and included youth and heroin-affected family members. The second year of the initiative was devoted to creating a program that incorporated the findings and recommendations from the research effort. The result was a comprehensive pilot program with educational components for school staff and parents and an education/prevention curriculum for middle-school and high-school students. The program incorporates web-based technology as well as face-to-face information dissemination for all three target groups. The program content centers on key knowledge gaps identified through background research done by the Illinois Consortium on Drug Policy at Roosevelt University. The overarching programmatic goals are:

- Increase knowledge and understanding of youth, parents, and school personnel about heroin: how heroin affects the body, the rapid progression from experimentation to dependence and from snorting to injecting, and how heroin use today differs from historical patterns.
- Increase knowledge and understanding of youth, parents, and school personnel of the relationship between pain pill abuse and heroin use.
- Increase understanding of youth, parents, and school personnel about the reasons why youth use heroin.
- Increase knowledge of parents and school personnel about how to communicate effectively with teens and youth about heroin.

The third year of the project was devoted to the implementation and evaluation of the pilot program. Robert Crown Centers contracted with the Iowa Consortium for Substance Abuse Research and Evaluation (Iowa Consortium) in June, 2012 to conduct this evaluation.

Program Implementation Plan

The program plan involved implementing student, parent, and school staff programs in a limited number of communities surrounding Chicago, and including “clusters” of local high schools and their feeder middle schools. Schools in six communities spanning four counties implemented the pilot program, although not all schools comprised complete clusters. Table 1 on page 2 displays the participating collar counties and communities. Robert Crown Centers also



conducted community forums in these and other surrounding communities during the second and third year of the project. These forums were not included in the evaluation as many were conducted prior to the start of the evaluation.

Table 1. Participating Communities

PILOT COMMUNITIES AND SCHOOLS	
County	Communities
DuPage/Will	Naperville
Lake	Vernon Hills
Suburban Cook	Palos Park Palos Hills
Will	Joliet Plainfield

The plan included training of all staff at participating schools, and parents of all students at the participating schools. The plan for the student program was for the more science-based lessons – those on addiction and opioids – to be taught in Health classes, and the social-emotional learning lessons – those on risk factors and conversations – to be taught in Advisory classes. The middle school lessons were originally intended to be taught to 8th graders and the high school lessons to 10th graders. However, variations occurred due to differences in class structuring in participating schools. Health classes were taught to combined 7th and 8th grade groups in one middle school, and in 9th rather than 10th grade in one high school. Also, in most high schools, Advisory classes were taught in 9th grade, whereas Health classes were taught in 10th grade. Therefore, in most high schools the same students would not be receiving the full program - different groups of students would receive the science-based lessons than those receiving the social-emotional learning lessons.

Evaluation Design and Methodology

The Iowa Consortium conducted process and outcome analyses based on program implementation activities conducted in the third year of the initiative. The evaluation was both summative and formative, including feedback to program developers regarding consistence and coherence of the pilot curriculum content, which was in the later stages of development at the beginning of the third year. In addition, results of the evaluation will be used to inform curriculum and program implementation modifications.

The process evaluation assessed the following:

- ❖ fidelity of project implementation to the project plan;
- ❖ fidelity of program curricula to the ICDP research recommendations and Youth Outcome Statements (Youth Outcome Statements were student learning goals created by the Project Team); and
- ❖ fidelity of training/lesson implementation to the program curricula as designed.



The Evaluator assessed project implementation fidelity through monitoring of project activities via ongoing communications with Robert Crown Centers' Project Manager and interviews with Advisory Board/Committee members and pilot school administrators and teachers. The Evaluator conducted a systematic review of the contents of the school staff, parent, and student materials to assess program curricula fidelity. Training/lesson implementation fidelity was assessed through instruments developed by the Iowa Consortium and completed by program facilitators and teachers.

The outcome evaluation assessed school staff, parent, and student program outcomes via a pre-post survey design. The Evaluators based survey questions on lesson/session content, the Youth Outcome Statements, and broader program goals. For the student survey, some questions were taken or modified from discussion and assessment questions contained in the student lesson plans, and some were created to ensure key content of each lesson module was covered. The evaluation team also developed questions to assess teacher characteristics the ICDP research found important in effective prevention education. For school staff and parent surveys, the evaluation team created questions based on ICDP research recommendations for learning objectives, and on program content. In order to include response options that would effectively discern knowledge gained from the program, some questions used reverse logic, for example, "Which of the following is NOT a risk factor for heroin use?" Otherwise, the incorrect response options may be obvious enough that respondents would answer correctly based on general knowledge or common sense rather than learning acquired through the program. (Survey instruments may be found in Appendix A).

School staff and student surveys were administered at the beginning and the end of their specific heroin program courses. Parent surveys were administered near the beginning and end of the pilot program year (with one exception, as discussed in the Parent Outcomes section). This was done with the intention of capturing effects of broader program activities beyond the heroin information sessions for parents. Online survey administration via Survey Monkey was used wherever possible. Where this was not possible, Robert Crown Centers' staff and volunteers collected the surveys and entered the data into an online database. In some instances, the Consortium assisted with data entry of survey forms. The Consortium downloaded these data, which were then analyzed and included in this report.

Additional information regarding evaluation activities is provided in the Reed Hruby Heroin Prevention Initiative Quarter 3 Evaluation Report.

Definition of Terms

Advisory Board: A large oversight group consisting of stakeholders from various community sectors.

Committees: Smaller groups convened for specific purposes and may consist of Advisory Board members or other community members recruited for work on specific parts of the project (such as youth or heroin-affected family members to provide feedback on program development from their perspectives).

Facilitators: Robert Crown Centers' staff assigned to provide direct training and in-school support for pilot program implementation.

Information Session: Term used for the parent program sessions.

Lesson: Individual lessons comprising the student program curriculum.



Pilot Teachers: Teachers at participating schools specially trained to teach the student heroin curriculum.

Program: Educational sessions for school staff, parents, or students (may consist of one or multiple sessions/meeting times).

Project Manager: The Robert Crown Centers staff person who managed the Heroin Prevention Initiative.

Project Team (or project staff): Robert Crown Centers' staff, Advisory Board and Committee members.

Trainings: Term used for school staff program and the pilot teacher training.



SCHOOL STAFF OUTCOMES

Robert Crown Centers' facilitators conducted heroin training sessions for staff of each of the pilot schools. Schools were asked to invite all staff to the trainings; however, many schools invited only school staff having some regular contact with students. Based on information the Project Manager obtained from participating schools and school websites, there are 1,638 staff members at the participating schools. Information from facilitators' attendance/fidelity forms indicated that 1,502 school staff participated in the heroin prevention trainings, yielding a high (91.7%) saturation rate. Matched pre- and post-program survey data are available for 1,165 staff training participants.

School Staff Participant Profile

Table 1 on pages 1 and 2 displays demographic information for school staff completing a pre-training survey. Over two-thirds of these participants were female and more than 90% were White. Eighty-one percent were teachers. The mean number of years participants had been in their current position was 11.5 (median = 10). Actual years in current position ranged from less than one to 45 years. More than 75% of respondents had completed a Master's Degree or above.

Table 2. School Staff Training Participant Demographics

School Staff Demographics	
	Percentage (n=1165)
Sex (missing = 39)	
Male	31.9%
Female	68.1%
Age (missing = 31)	
Under 21	0.3%
21-30	23.5%
31-40	32.5%
41-50	20.7%
51-60	19.1%
60+	3.9%
Race/Ethnicity (missing = 166)	
White	91.5%
Hispanic or Latino	3.5%
Black/African American	2.6%
Asian	1.0%
Native Hawaiian/Other Pacific Islander	0.1%
Other	0.3%
More than one race	0.9%



School Staff Demographics (continued)		
Current Position		(missing = 31)
	Teacher	80.9%
	Guidance Counselor/Social Worker	5.1%
	Teaching/Classroom Assistant	3.2%
	Office/Administrative Support	3.0%
	Administrator	2.5%
	Librarian	0.8%
	Other ¹	4.6%
Years in Current Position		(missing = 36)
	<1	4.7%
	1 to 5	22.4%
	6 to 10	28.3%
	11 to 15	21.0%
	16 to 20	11.1%
	21 to 30	10.0%
	31 to 40	2.4%
	41+	0.1%
Level of Education		(missing=14)
	High School Diploma/GED	2.4%
	Associates/Two-Year Degree	1.8%
	Bachelor's Degree	18.7%
	Master's Degree or Higher	77.1%

¹The most frequent positions in the "Other" category included Deans, Student Teachers, School Psychologists, Nurses, and Extended School Program staff.

Prior Alcohol and Drug Training

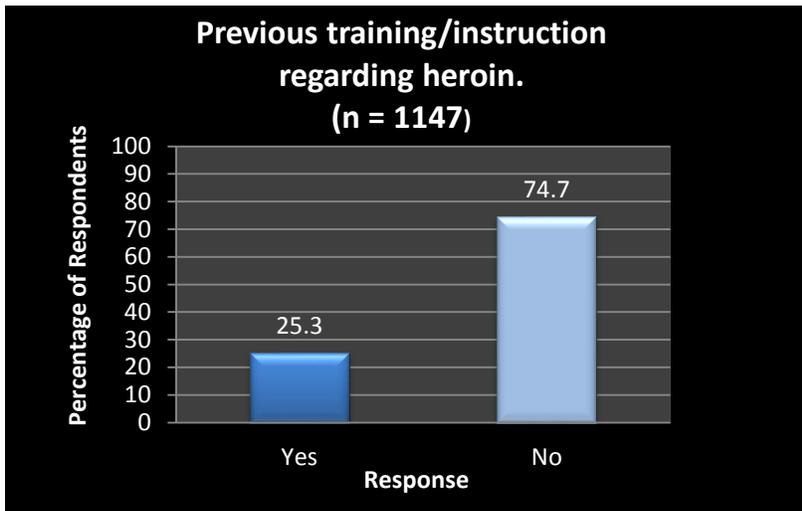
Participants were asked whether they had received prior training in substance abuse.

Figure 1.



Nearly three-fourths had received prior training or instruction on alcohol or drug abuse.

Figure 2.



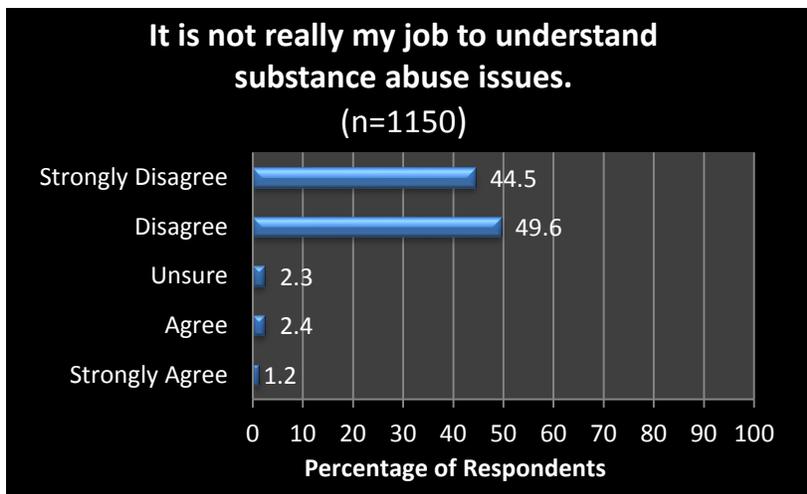
Only one-fourth had received prior training or instruction specifically on heroin.

General Attitudes Toward Substance Abuse Training

Participants were asked questions assessing their attitudes about substance abuse and heroin prevention training in general. Attitudes overall were positive toward these types of trainings both before and after the heroin prevention training. Participants seemed to recognize the relevance of substance abuse training to their jobs and roles with youth. (When reviewing these results, keep in mind that some respondents' primary job duties do not involve direct interactions with students).

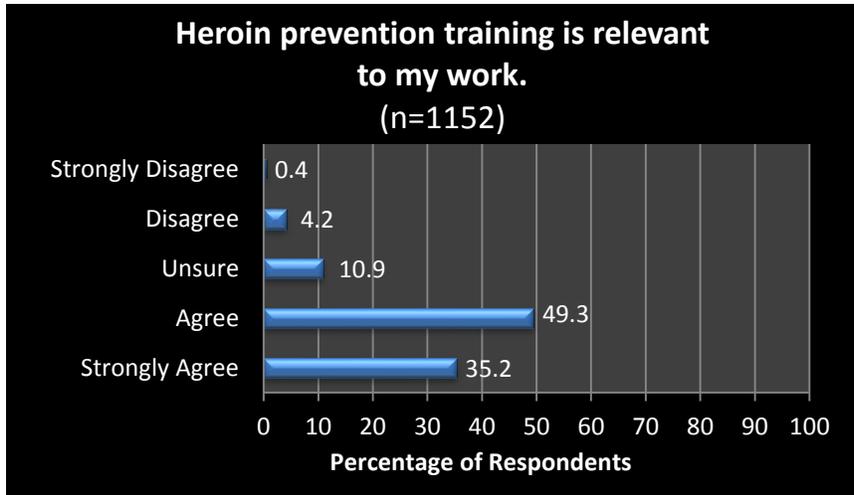
Pre-Training

Figure 3.



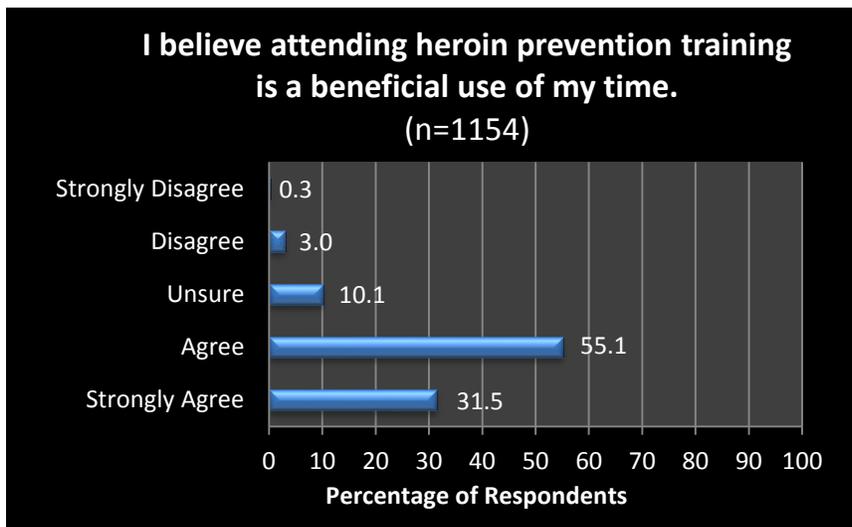
Prior to the training, 94.1% disagreed or strongly disagreed that it is not their job to understand substance abuse issues; 2.3% were unsure.

Figure 4.



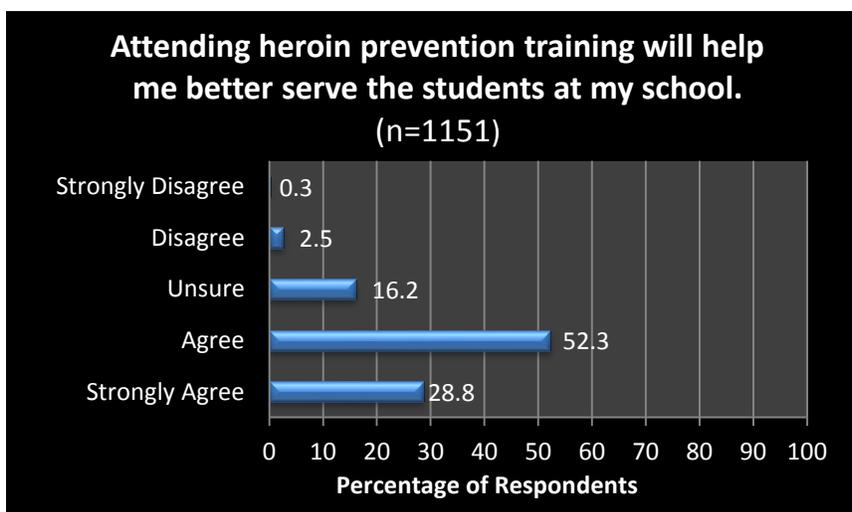
Nearly 85% agreed or strongly agreed that heroin prevention training is relevant to their work; 10.9% were unsure.

Figure 5.



More than 85% felt that heroin prevention training is a beneficial use of their time; 10.1% were unsure.

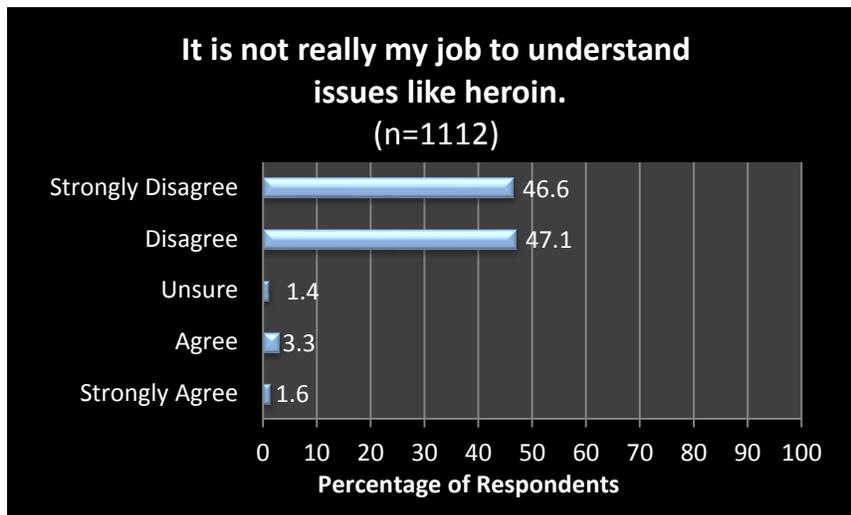
Figure 6.



And, more than 80% felt that heroin prevention training will help them better serve students; 16.2% were unsure.

Post-Training

Figure 7.



After the training, 93.7% disagreed or strongly disagreed that it is not their job to understand issues like heroin; 1.4% were unsure.

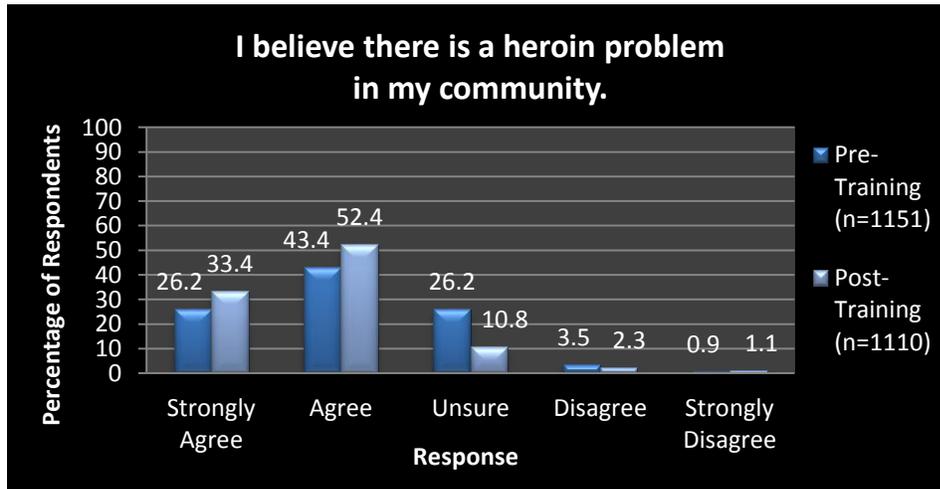
School All-Staff Training Results

School staff heroin training participants completed pre- and post-training surveys that assessed change in beliefs, knowledge, and confidence levels. Pre- and post-training survey questionnaires were given to participants together in a packet; therefore participants' responses before the training were matched to their responses after the training. The training increased participants' knowledge and confidence levels in all areas assessed. The change in pre- to post-training responses was statistically significant for every question. The figures in this section show the percentage of participants giving each response to the question at baseline and the percentage at follow-up. The numbers in parentheses in the legend represent the number of participants answering the question before the training and the number answering the question after the training.

Beliefs

Figures 8 and 9 show the percentage of participants giving each response to the two belief questions. Significantly more participants believed there is a heroin problem in their community after the training (85.8%) than they did prior to the training (69.6%).

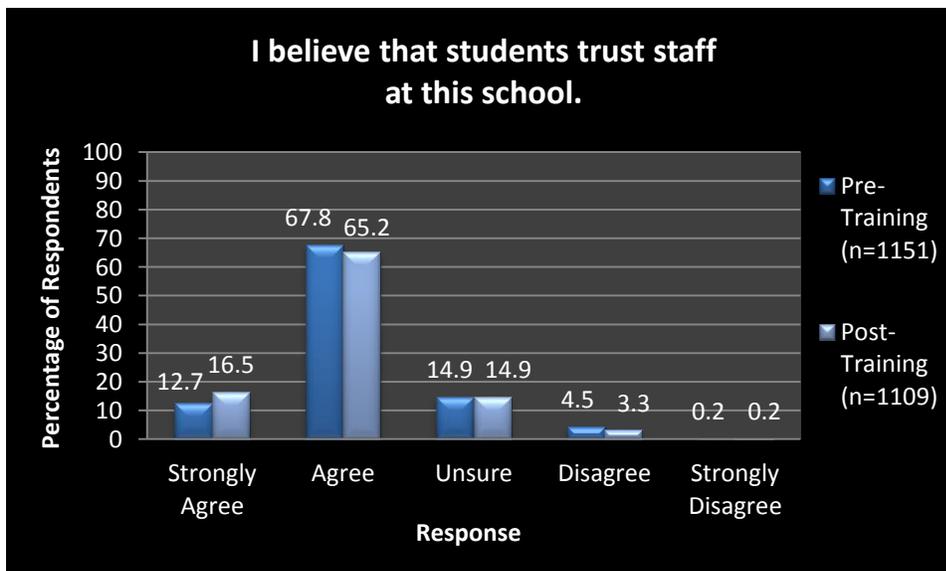
Figure 8.



(Signed Rank Test, $p < .0001$)

While there was not a large increase in the number of participants who believe students trust staff at their school, there was a difference in the strength of participants' conviction that this is true (a higher percentage strongly agreed after the training, and much fewer were unsure).

Figure 9.

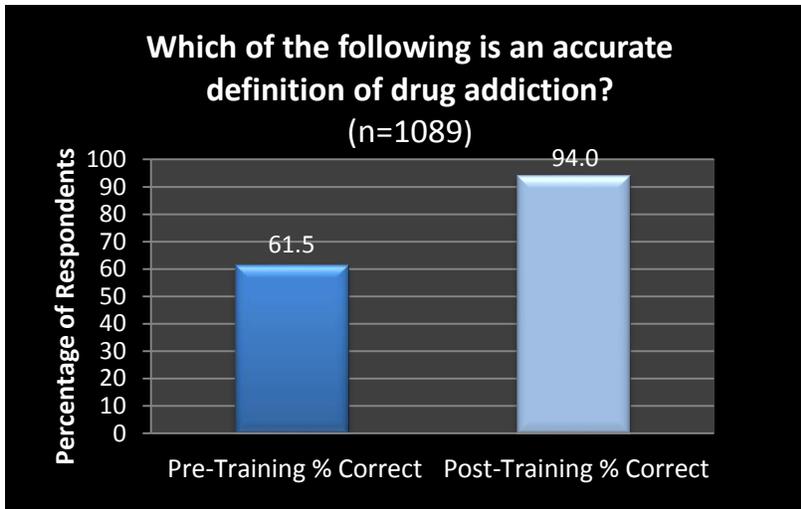


(Signed Rank Test, $p < .0004$)

Knowledge

As indicated above, there were statistically significant increases from pre to post in the number of correct responses to all knowledge questions. Figures 10 through 13 provide data for the four multiple-choice knowledge questions, displaying the percentage of participants answering correctly before the training and the percentage answering correctly after the training. These charts are based on matched data for respondents who answered the question both before and after the training.

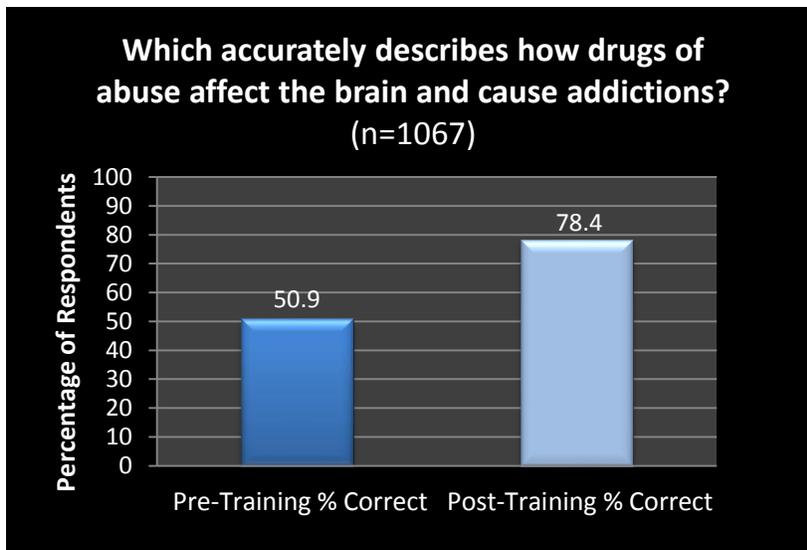
Figure 10.



The correct response for this question is: A brain disease where a person cannot stop using a drug.

(McNemar's Test, $p < .0001$)

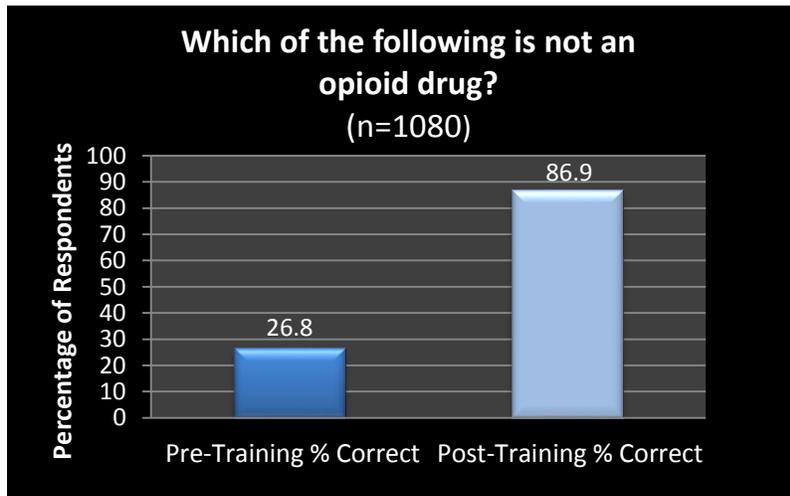
Figure 11.



The correct response for this question is: A flood of dopamine causes the user to feel good, but alters brain's chemical balance, causing cravings.

(McNemar's Test, $p < .0001$)

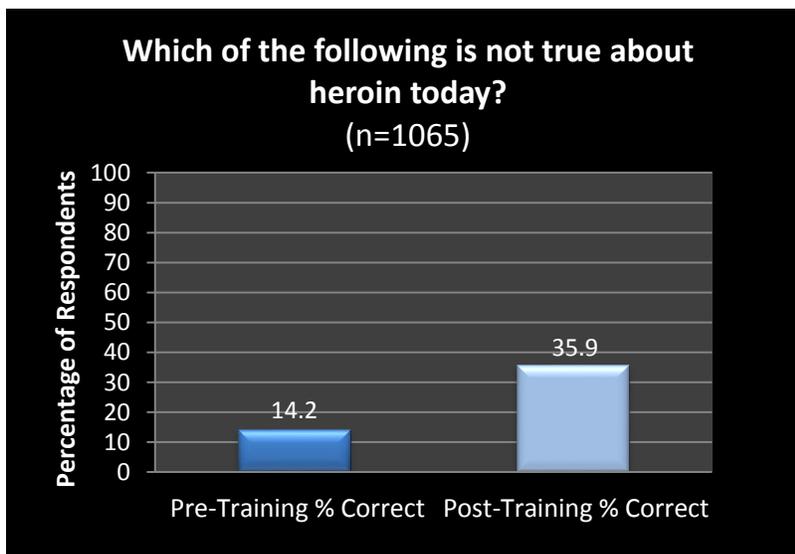
Figure 12.



The correct response for this question is: Cocaine.

(McNemar's Test, $p < .0001$)

Figure 13.



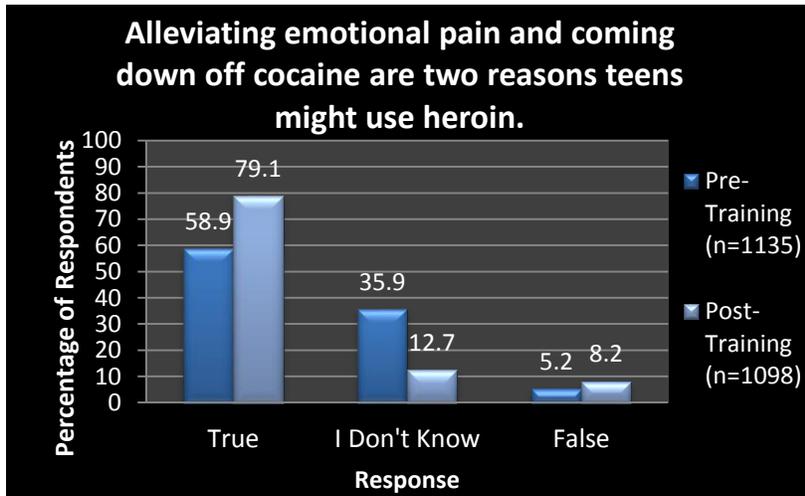
The correct response for this question is: Snorting or smoking heroin produces a shorter high than injecting.

(McNemar's Test, $p < .0001$)

A large number of people responded incorrectly to the above question before and after training. More sophisticated item analyses should be used to determine the future utility of this question.

Figures 14 through 19 provide data for the six true-false knowledge questions, displaying the percentage of participants answering true, I don't know, and false and the number answering the question at pre and the number answering at post.

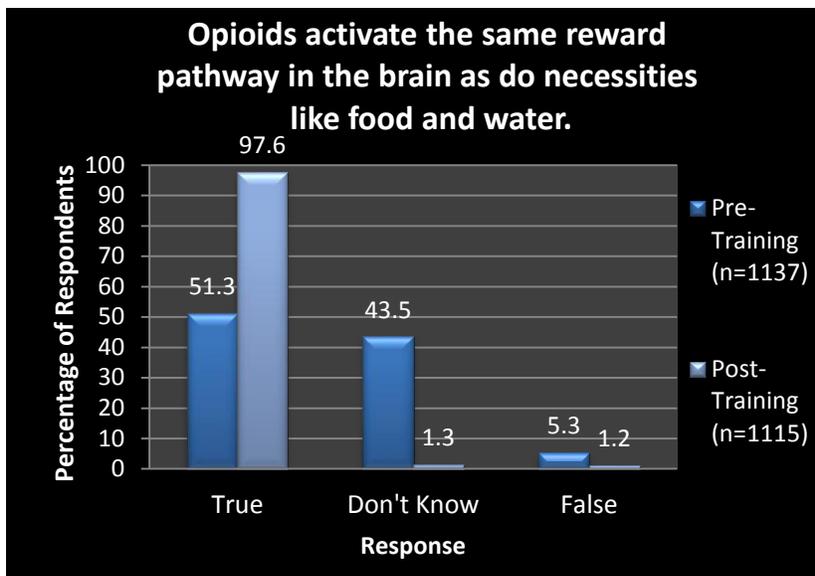
Figure 14.



“True” is the correct response to this question.

(McNemar's Test, $p < .0001$)

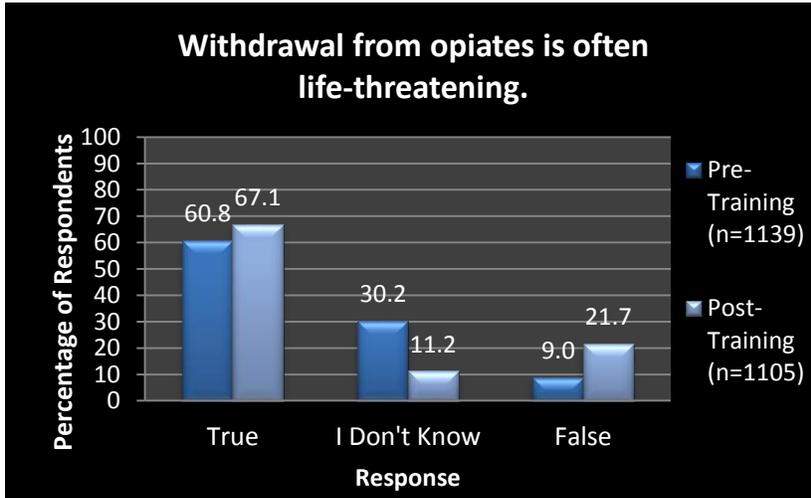
Figure 15.



“True” is the correct response to this question.

(McNemar's Test, $p < .0001$)

Figure 16.

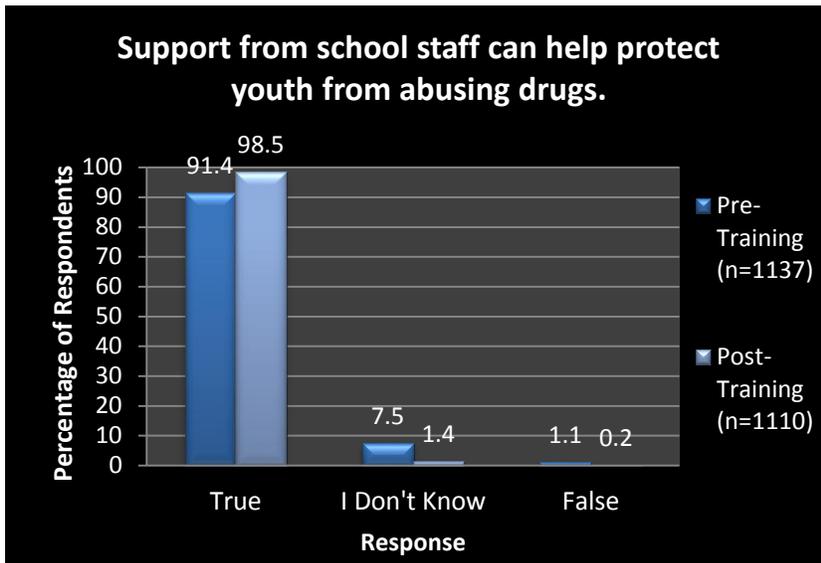


“False” is the correct response to this question. While many more participants answered correctly after the training than before, over two-thirds still answered incorrectly.

(McNemar's Test, $p < .0001$)

The idea that opiate withdrawal is often life-threatening appears to be a fairly common and strongly held misconception. It may be that this information was not covered in some trainings or that attending a training made participants more confident in their knowledge, even if that knowledge is incorrect. Regardless, the data indicates that this topic should be covered in all trainings and covered more thoroughly.

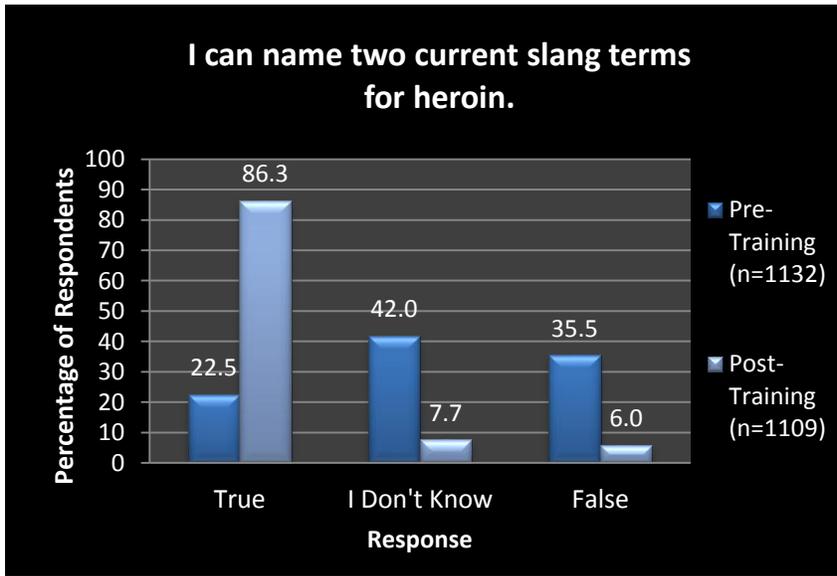
Figure 17.



“True” is the correct response to this question. Most participants knew or believed this is true prior to the training. Nonetheless, there was a statistically significant increase in the percentage answering the question correctly.

(McNemar's Test, $p < .0001$)

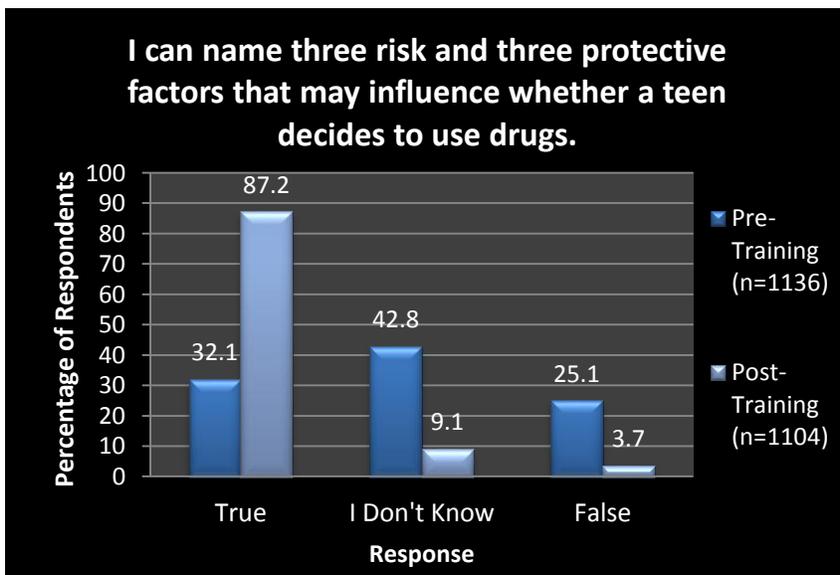
Figure 18.



A much greater percentage of respondents reported being able to name current slang terms after the training than before.

(McNemar's Test, $p < .0001$)

Figure 19.



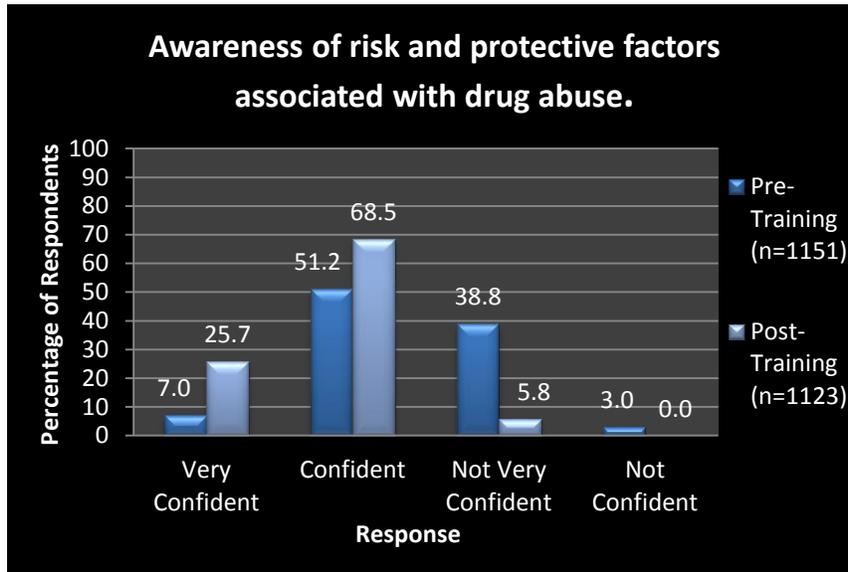
A much greater percentage of respondents reported being able to name risk and protective factors after the training than before.

(McNemar's Test, $p < .0001$)

Confidence

School staff training participants were asked to rate their confidence level with their knowledge and abilities related to heroin issues. Figures 20 through 24 provide data for the five confidence questions, displaying participant responses in percentages, and the number answering the question at pre and the number answering at post.

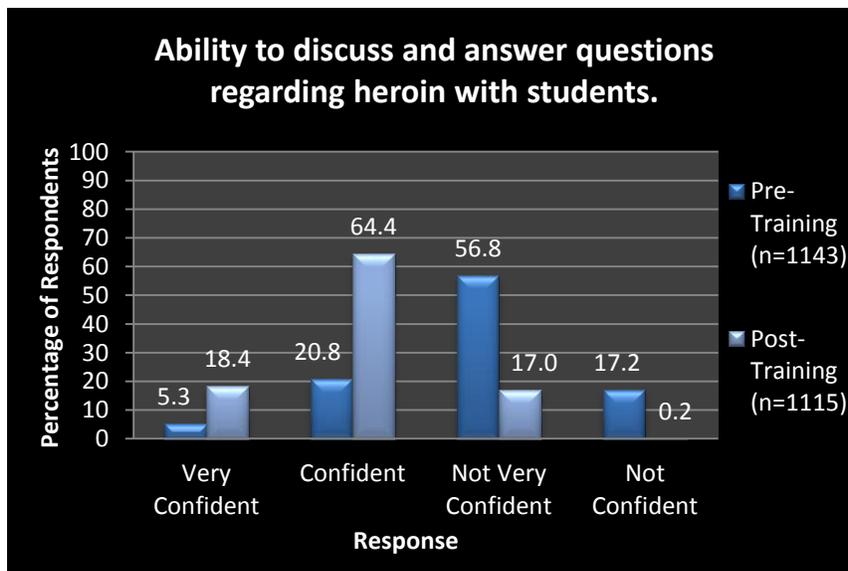
Figure 20.



A significantly greater percentage of participants felt confident or very confident in their awareness of risk and protective factors for drug abuse after the training (94.2% compared to 58.2% before training).

(McNemar's Test, $p < .0001$)

Figure 21.

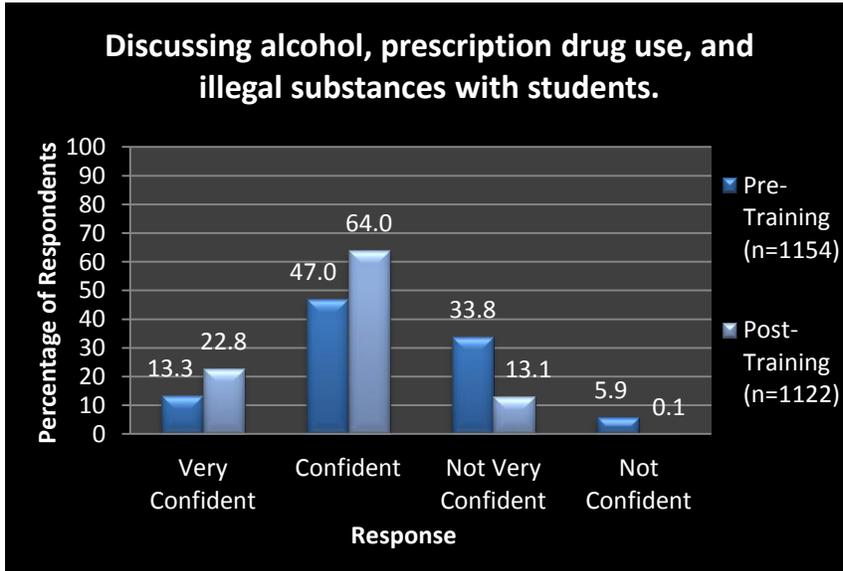


There was a large shift in participants' confidence in their ability to discuss and answer questions about heroin with students.

(McNemar's Test, $p < .0001$)



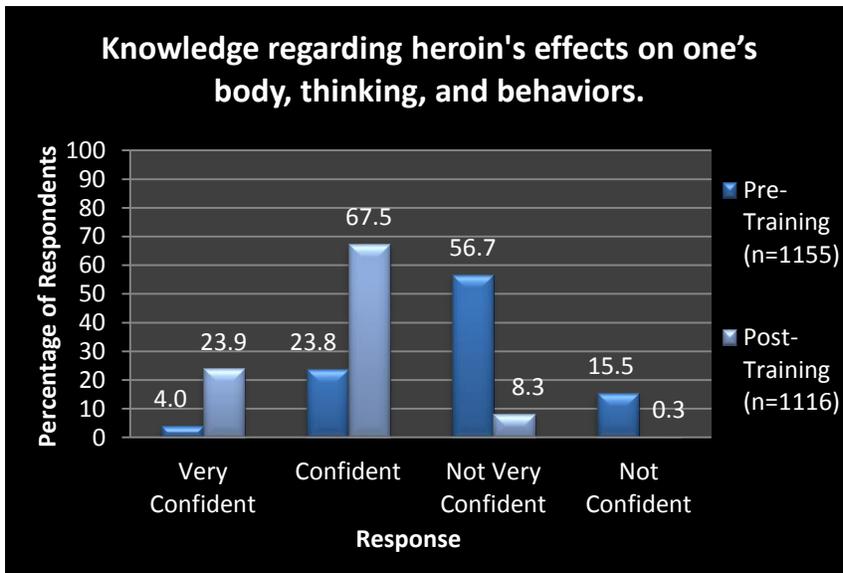
Figure 22.



The training had a positive effect on participants' confidence in discussing the use of other substances with students, as seen in this figure.

(McNemar's Test, $p < .0001$)

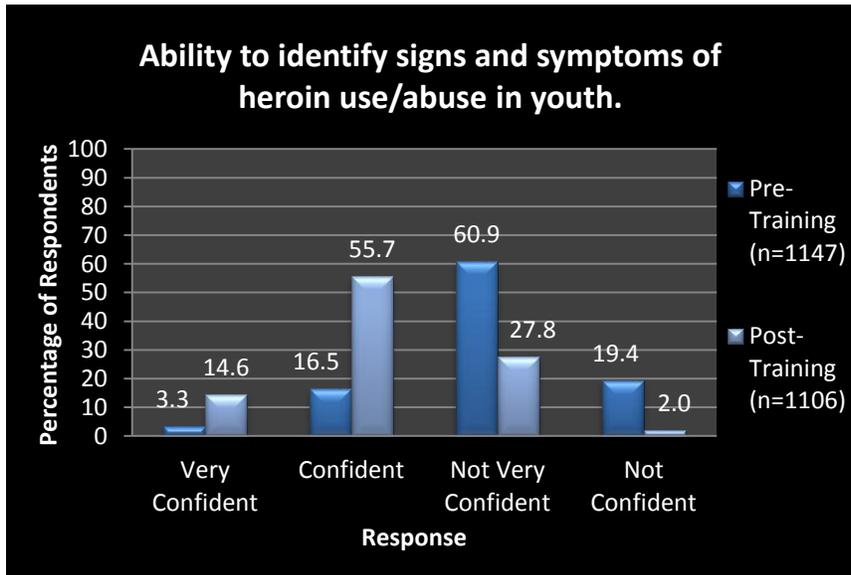
Figure 23.



A dramatic increase occurred in participants' confidence in their knowledge of heroin's effects on the user. Fewer than 28% of participants felt confident in this area before the training, and over 90% felt confident after the training.

(McNemar's Test, $p < .0001$)

Figure 24.



Confidence in participants' ability to identify signs and symptoms of heroin use in youth shifted. Fewer than 20% felt confident in this area before the training, and just over 70% felt confident after the training.

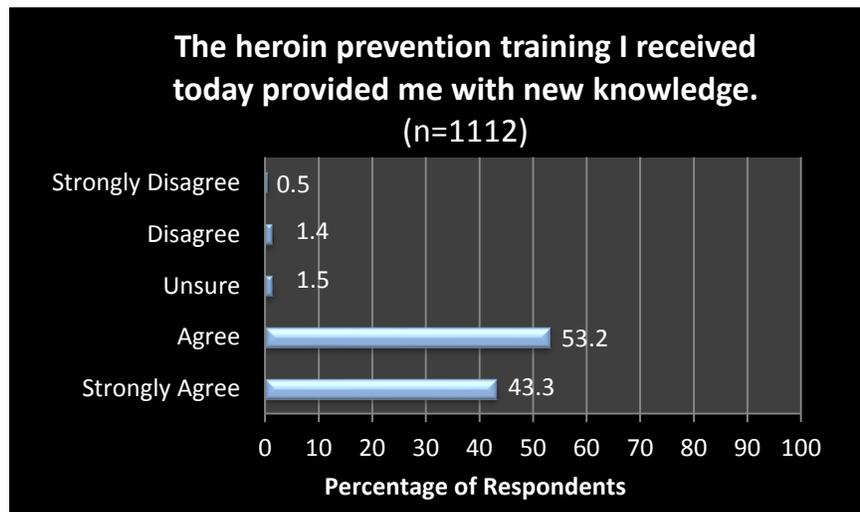
(McNemar's Test, $p < .0001$)

It is important to note that almost 30% of participants (28.9%) did not feel confident in this area even after the training.

School Staff Training Feedback

Participants responded positively to the school staff heroin prevention training provided through this project. Figures 25 and 26 display information on participant's attitudes about the heroin prevention training.

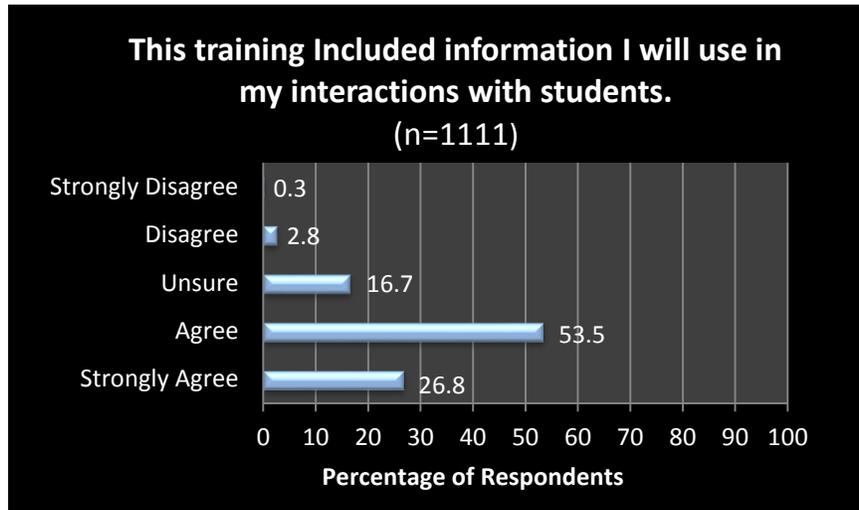
Figure 25.



Over 96% indicated that the training provided them with new knowledge; 1.5% were unsure.

Figure 26.

More than 80% indicated that the training included information they will use when interacting with students; 16.7% were unsure.



Eighty-nine percent of respondents indicated that this training had a comfortable amount of content to cover in the designated time without feeling overwhelmed. However, of the 19 participants who provided optional write-in comments about the training, eight wrote that more time was needed. This was the most common theme of the narrative comments. The second most common theme was that the presentation was excellent. In terms of what was lacking, participants indicated they wanted more information on signs of addiction, slang terminology to better discern whether students are involved with heroin, and how or where students are getting the drug. A few felt that more bio-science information was provided than necessary. There were also single comments indicating a preference for a more interactive format and to hear directly from a former heroin addict. One respondent also requested information on proper disposal of prescription drugs. Individual participant comments may be found in Appendix B.

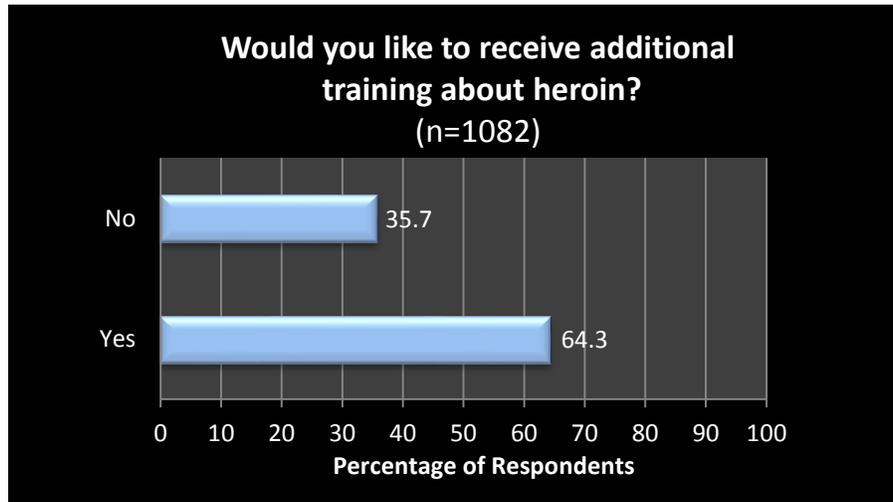
Figure 27.

Ninety-seven percent of participants indicated they were satisfied or very satisfied with the training.



Figure 28.

Nearly two-thirds said they would like to receive additional heroin training.

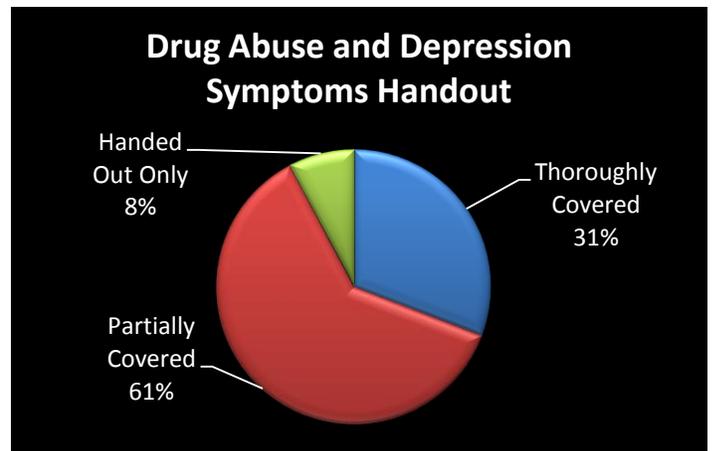
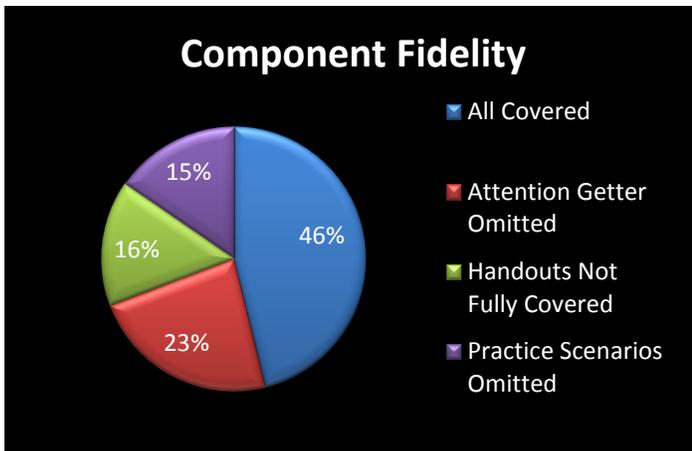


School All-Staff Training Fidelity

Fidelity forms were used to assess the extent to which school staff training session implementation followed the lesson plan and design. Facilitators turned in fidelity forms for 13 all-staff trainings covering each pilot school. Trainings ranged in length from 40 to 60 minutes, with the time allotted for the sessions ranging from 40 to 90 minutes. In over half of the trainings (7 of 13), some component of the lesson plan was omitted due to lack of time or an unclear lesson plan. The lesson plan clarity issue was resolved after the first two trainings. Figure 29 displays information on component coverage by percentage of training sessions. Figures 30 through 32 display information regarding the coverage of the designated handouts.

Figure 29.

Figure 30.



The Drug Abuse and Depression Symptoms handout was completely covered in only 31% of the training sessions. The Opioids Fact Sheet was completely covered in only 38% of the trainings. The Risk and Protective Factors handout was completely covered in only 8% of the

trainings and was not handed out in 17% of the trainings. (Note: Data for the Risk and Protective Factors handout was missing on one form).

Figure 31.

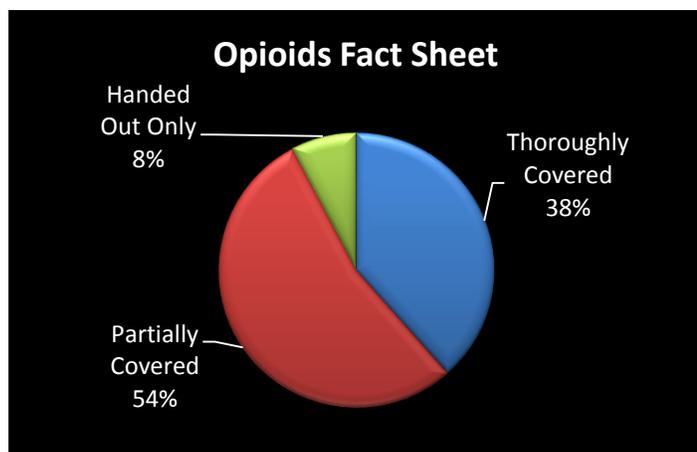
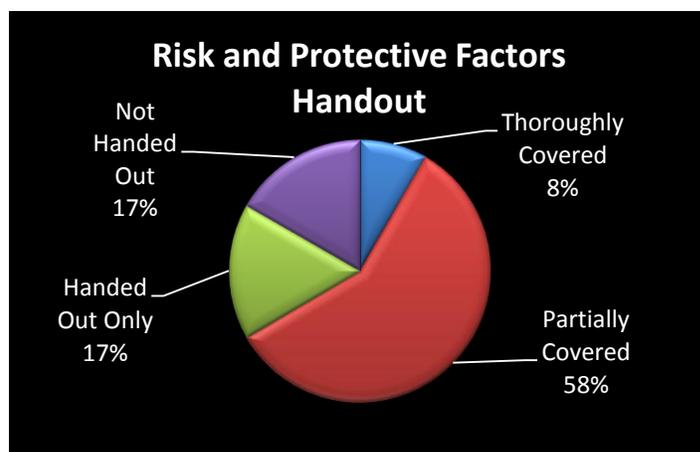


Figure 32.



Participant Involvement

The training facilitators indicated that the audience was highly receptive and appreciative of the information and that several participants made a point to thank the facilitators and complement the program. No questions arose consistently that would indicate important information was lacking. Figures 33 and 34 display information regarding the degree of audience engagement, and the degree to which participants seemed to understand and absorb the information presented. Answers regarding audience engagement were provided on 12 of the 13 fidelity forms. All who gave a response said the audience was very much engaged in the program. Regarding participant comprehension of the information presented, facilitators indicated that in all but one training session the audience seemed to very much understand and absorb the information.

Figure 33.

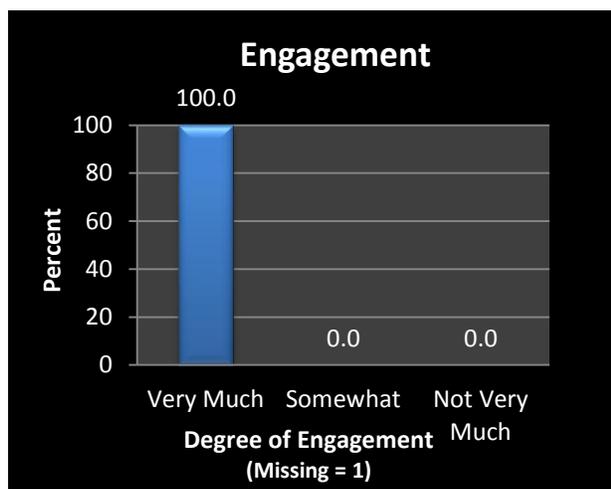
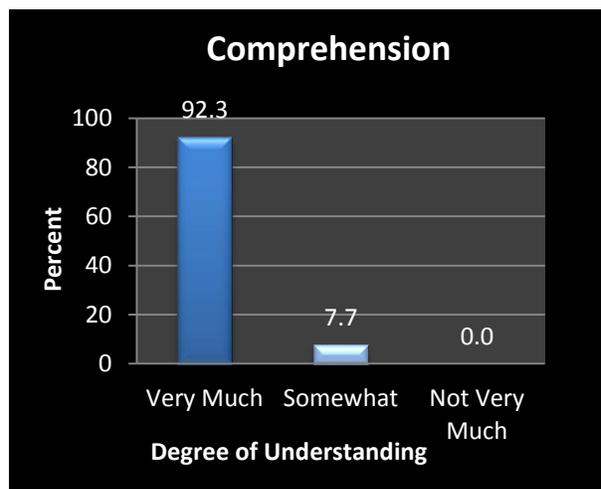


Figure 34.



PARENT OUTCOMES

Parents of students in the pilot schools were asked to complete a survey at the beginning of pilot implementation and again near the end of the pilot year to assess change in attitudes and knowledge. Both parents who attended a heroin information session and those who did not were surveyed. Schools emailed parents to request survey participation at both assessment points, providing a web link for parents to access the survey online via Survey Monkey. (Prior to completion of the online survey instrument in September, 2012, some parents completed the baseline survey on paper at heroin information sessions conducted for parents in the pilot schools). Some schools sent the email invitation to all parents in their district, whereas some sent the invitation only to parents of students in the grades in which the student component was implemented. Most baseline survey requests were sent in the Fall of 2012. One school district sent out the baseline survey invitation in March of 2013. Eighty-eight percent (87.5%) of baseline surveys were completed in the Fall of 2012 and 12% of the baseline surveys were completed in March, 2013. Schools reported sending email requests to 11,430 parents for the baseline survey and to 10,239 parents for the follow-up survey. Based on the number of survey records in Survey Monkey, 589 parents completed the baseline survey and 381 completed the follow-up survey. This yields a 5.2% participation rate for the baseline survey and a 3.7% participation rate for the follow-up survey. Data were not available indicating the number of parents for whom schools did not have email addresses; therefore, it is not known how many parents were excluded from potential survey participation through this method of invitation.

Parent Survey Respondent Profile

Five-hundred eighty-nine parents completed a baseline survey; 381 parents completed a follow-up survey. In order to match baseline and follow-up responses for parents who completed both surveys, parents were asked to answer four questions designed to yield a unique participant identification code that would not identify them personally. Responses to these questions on the majority of surveys were incomplete, not in accordance with the instructions, or not consistent from baseline to follow-up. Attempts to clean and match data based on those responses yielded a maximum of 32 matched survey pairs. This is not a sufficient number with which to draw conclusions regarding how the program may have changed participant knowledge or attitudes. Therefore, the evaluation examined differences between parents who attended a heroin education session and those who did not, and differences between parents who completed the baseline survey and those who completed the follow-up survey. This allowed all parents' responses to be used even though the degree to which individual parents changed could not be assessed.

More than 80% of parents completing the surveys were female and 80% or more (86.8% at baseline; 79.9% at follow-up) of respondents were White. Table 3 on page 23 displays demographic information for parents who completed a baseline survey and parents who completed a follow-up survey.



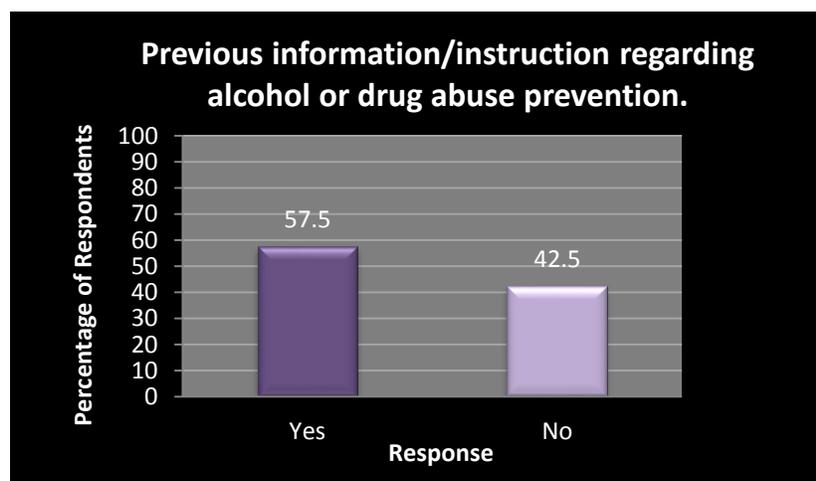
Table 3. Parent Respondent Demographics – Baseline and Follow-Up

Parent Demographics		
	Parents Completing Baseline Survey (n = 589)	Parents Completing Follow-Up Survey (n = 381)
Sex	(missing = 10)	(missing = 9)
Male	18.8%	17.5%
Female	81.2%	82.5%
Age	(missing = 10)	(missing = 6)
Under 21	0.2%	2.1%
21-30	0.7%	0%
31-40	14.7%	14.7%
41-50	70.1%	61.1%
51-60	12.6%	21.3%
60+	1.7%	0.8%
Parent Demographics (continued)		
Race/Ethnicity	(missing = 53)	(missing = 8)
White	86.8%	79.9%
Hispanic or Latino	5.4%	8.3%
Black/African American	3.7%	5.4%
Asian	3.2%	2.7%
American Indian/Alaska Native	0%	0.8%
Native Hawaiian/Other Pacific Islander	0%	0.3%
Other	0.6%	1.3%
More than one race	0.4%	1.3%

Prior Alcohol and Drug Training

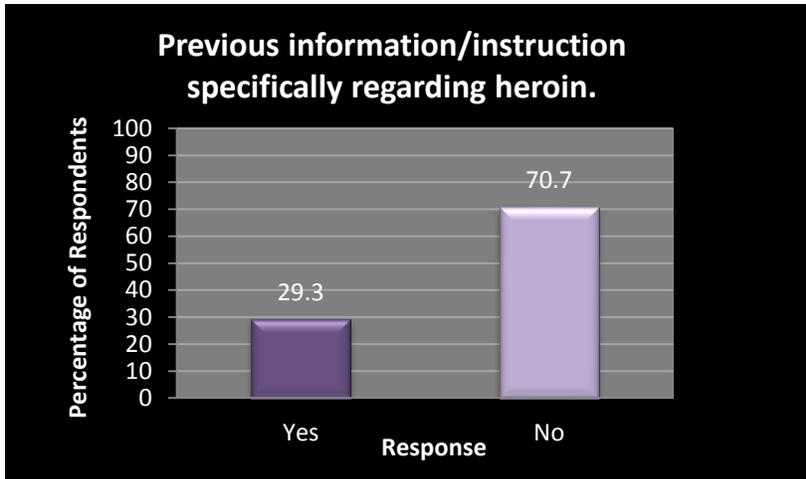
Parents were asked at baseline whether they had received prior information or instruction on substance abuse.

Figure 35.



Over half had received prior information or instruction regarding alcohol or drug abuse prevention.

Figure 36.

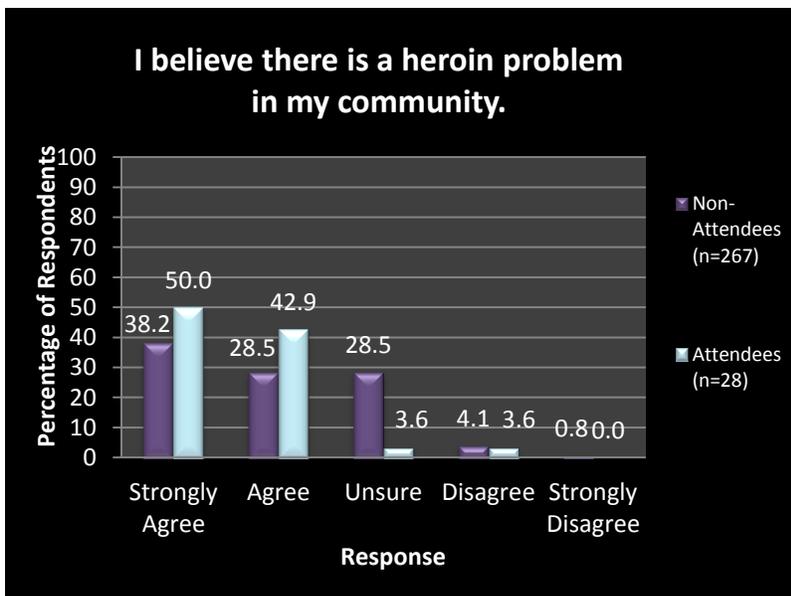


Less than one-third had received prior training or instruction specifically on heroin.

Heroin Information Session – Participation and Survey Results

Robert Crown Centers’ staff conducted heroin information sessions for parents at the pilot schools. (Specific information regarding the sessions is provided in the “Parent Information Session Fidelity” section). Based on information the session facilitators submitted, over 400 parents attended these sessions (see Table 4 on page 28). The number of parents to whom schools emailed the pre-program survey invitation is the best estimate available of the number of parents in the participating school districts. Using that number and the attendance number provided on the fidelity forms (431) yields an approximate heroin session participation rate of 3.8%. Of parents completing the follow-up survey, 7.9% indicated they had attended a heroin information session. There were statistically significant differences in responses to four survey questions between those who attended a session and those who did not. Data for those four questions are provided here.

Figure 37.

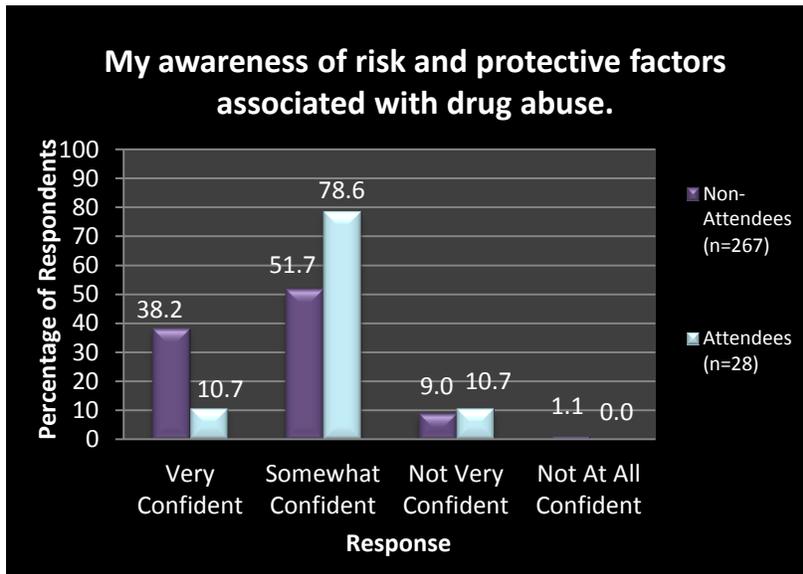


The percentage of parents who believe there is a heroin problem in their community was significantly greater for those who attended a heroin information session (92.9% agree or strongly agree) than those who did not. It is unknown whether the info session affected parents’ opinions on this issue or whether parents who believe there is a problem were more likely to attend the sessions. (There were not sufficient numbers of matched baseline and follow-up surveys to assess this).

(Jonckheere-Terpstra Test, $p = 0.0325$)

Figure 38 shows the difference in parents' confidence levels with their awareness of risk and protective factors associated with drug abuse. While nearly the same percentage of parents (89.3% of attendees and 89.9% of non-attendees) said they were either somewhat confident or very confident in their awareness of risk and protective factors, there was a significant difference between attendees and non-attendees in the percentage indicating they were somewhat confident versus very confident. This difference was not in the expected direction: Many more non-attendees than attendees said they were very confident.

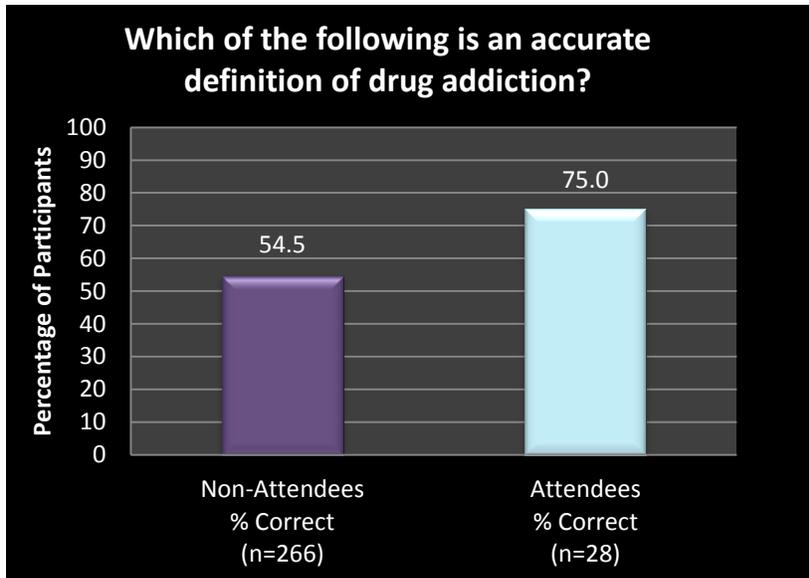
Figure 38.



(Jonckheere-Terpstra Test, $p = 0.0148$)

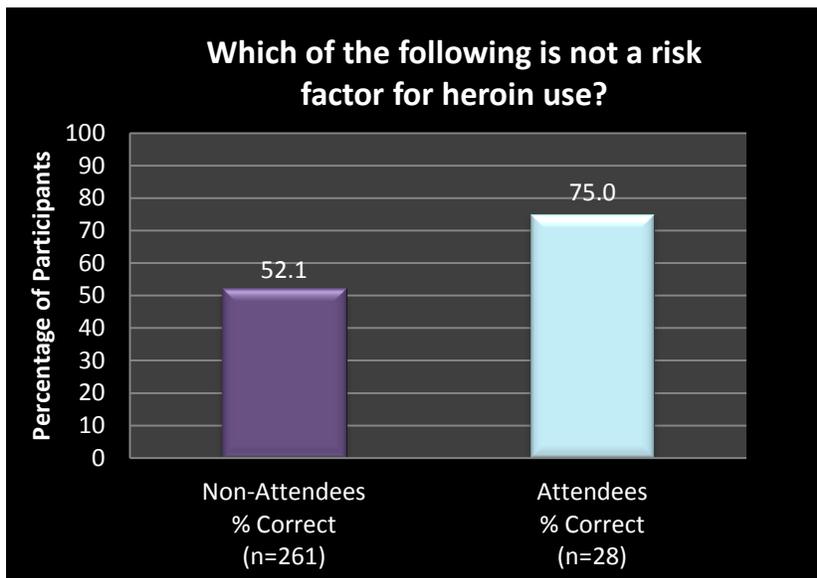
Parent session attendees fared better than non-attendees on two of the knowledge questions. As Figures 39 below and 40 on page 26 show, a significantly greater percentage of attendees answered correctly on questions about the definition of drug addiction and risk factors for drug abuse.

Figure 39.



(Jonckheere-Terpstra Test, $p = 0.0449$)

Figure 40.



(Jonckheere-Terpstra Test, $p = 0.0270$)

Discussion of Results

One might expect better outcomes from the parent program, i.e., significant differences between attendees and non-attendees on more of the factors assessed. This expectation may be even greater in light of the excellent outcomes seen with the school staff component. However, parent program implementation varied greatly from the original design, as is further discussed in the next section. Due to those fidelity issues, the results seen here cannot be assumed to be representative of the parent program as it was designed.

Further, baseline to follow-up comparisons for all parents completing the survey indicate that parents who did not attend a heroin information session through this program also improved on several factors. This could be due to informal dissemination of information from the pilot program, such as students sharing information they gained in the student lessons, parents or school staff who attended pilot sessions sharing information with others, or from the project website. Dissemination of information also may have occurred through the extensive media coverage of heroin issues during the project period. This potential dissemination of information may explain some of the lack of differences seen between parents who attended a heroin information session and those who did not.

Parent Information Session Fidelity

Robert Crown Centers' staff conducted thirteen heroin information sessions for parents at the pilot schools: Five in the Joliet Township schools; two in the Vernon Hills schools; two at Neuqua Valley High School; one each at Stagg High School, Troy Middle School, Palos South Middle School; and a combined session for Scullen and Crone Middle Schools.

In some cases, the parent program was offered in conjunction with another event at the school, such as a Parent University. These parent information sessions were presented repeatedly, with different groups of parents attending each session. All information sessions were held in the Fall of 2012 with the exception of Vernon Hills, which was held in March, 2013. Facilitators submitted attendance/fidelity forms for all 13 parent information sessions. Numbers of people in attendance were provided for 12 of the sessions. Based on that information, attendance varied from two to approximately 200, with an average of 36 participants (median = 20). The total number of parents attending parent sessions cannot be provided since attendance information was missing for one of the sessions. However, the number of parents served in the 12 sessions for which attendance was documented was 431.

Length of sessions varied as well. The original parent presentation was designed to last one hour, but Robert Crown Centers created a shorter, 30-minute version to accommodate schools not providing a full hour time slot. The time allotted for the sessions varied from 15 to 60 minutes. The time actually taken to conduct the presentations varied from 10 to 120 minutes, with an average length of 35.6 minutes (median = 18 minutes). Of the 13 sessions, only three ran the full 60 minutes or more. Facilitators spent additional time answering participant questions after the main presentation, which accounts for cases where the presentation lasted longer than the allotted time. Where presentations ran shorter than the allotted time, presentation time was reduced due to survey administration, waiting for additional parents to arrive, or pilot teachers or administrators explaining the pilot program to the audience.

Facilitators omitted or reduced the coverage of handouts in all cases where time constraints prevented full program implementation. There were no sessions in which every handout was thoroughly covered, and in five sessions none or only some of the handouts were distributed. In four sessions, the attention-getter or some statements connected to presentation slides also were left out due to time limitations. Attendance, session length, and program fidelity data by school are displayed in Table 4 on p. 28.

Table 4. Parent Information Session Data

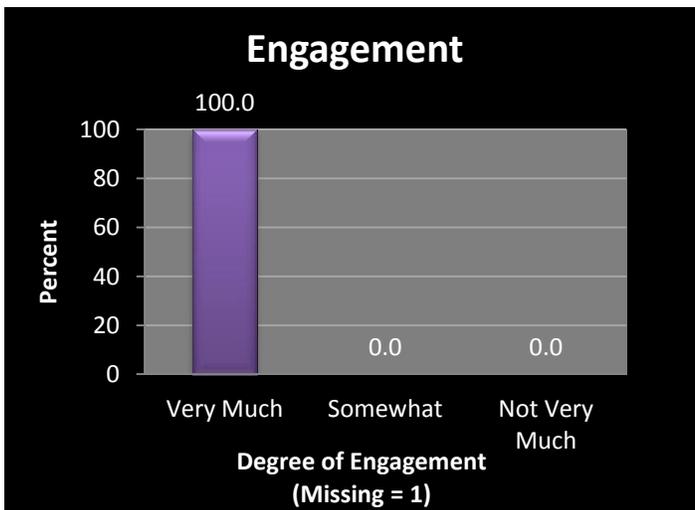
Parent Heroin Information Session Attendance, Length, and Fidelity Data						
School	Date	Number of Participants	Time Allotted for Training	Actual Length of Training	Were all components and activities in the lesson plan implemented?	Which components were left out?
Joliet Central High School	09/04/2012	35	15	15	No	Some handouts
Joliet West and Central High Schools	09/25/2012	4	30	15	No	Handouts
Joliet West and Central High Schools	09/25/2012	8	30	18	No	Handouts; some slide-related statements
Joliet West and Central High School	09/25/2012	2	30	15	No	Handouts; some slide-related statements
Joliet West High School	09/06/2012	30	15	10	No	Handouts not yet available
Neuqua Valley Junior Parents	09/27/2012	13	30	25	Yes	*
Neuqua Valley Sophomore Parents	10/02/2013	15	30	25	Yes	*
Palos South Middle School	11/01/2012	48	60	90	Yes	*
Scullen and Crone Middle Schools Combined	10/30/2012	200	60	70	Yes	*
Stagg High School	11/07/2012	(not available)	60	120	Yes	*
Troy Middle School	10/03/2012	11	60	30	Yes	*
Vernon Hills HS and Hawthorn North and South Middle Schools	03/11/2013	40	15	15	No	Handouts distributed only; attention-getter omitted
Vernon Hills HS and Hawthorn North and South Middle Schools (Venue: Libertyville HS)	03/11/2013	25	15	15	No	Handouts mentioned only; attention-getter omitted

*Some handouts were not thoroughly covered.

Participant Involvement

Facilitators indicated that audiences were highly engaged in the presentations and interested in the project as a whole. At several sessions, participants asked why more people were not in attendance or why some other communities or districts were not hosting these sessions. Audience members at one session expressed frustration that senior students were not getting the information. Participant comprehension of the materials varied somewhat, but no questions arose consistently that would indicate important information was lacking or overly obscure. However, parents in one session asked where to get help if their child had a drug problem. Figures 41 and 42 display information regarding the degree of audience engagement, and the degree to which participants seemed to understand and absorb the information presented.

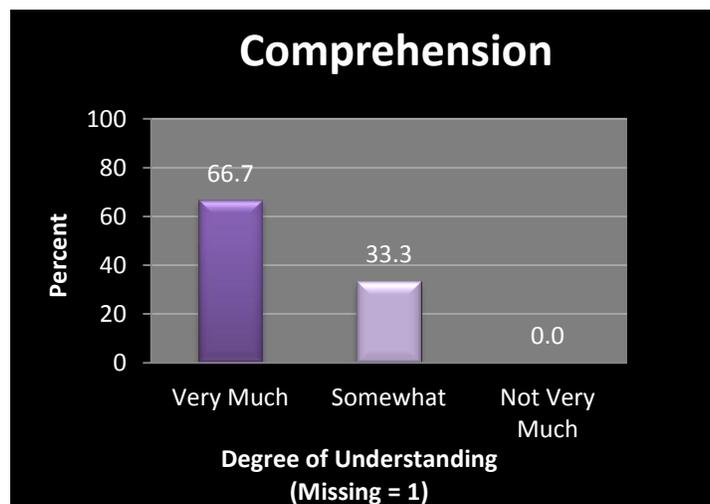
Figure 41.



Facilitators' answers to the question, "How engaged was the audience?" were provided on 12 of the 13 fidelity forms. All who gave a response said the audience was very much engaged in the program.

Figure 42.

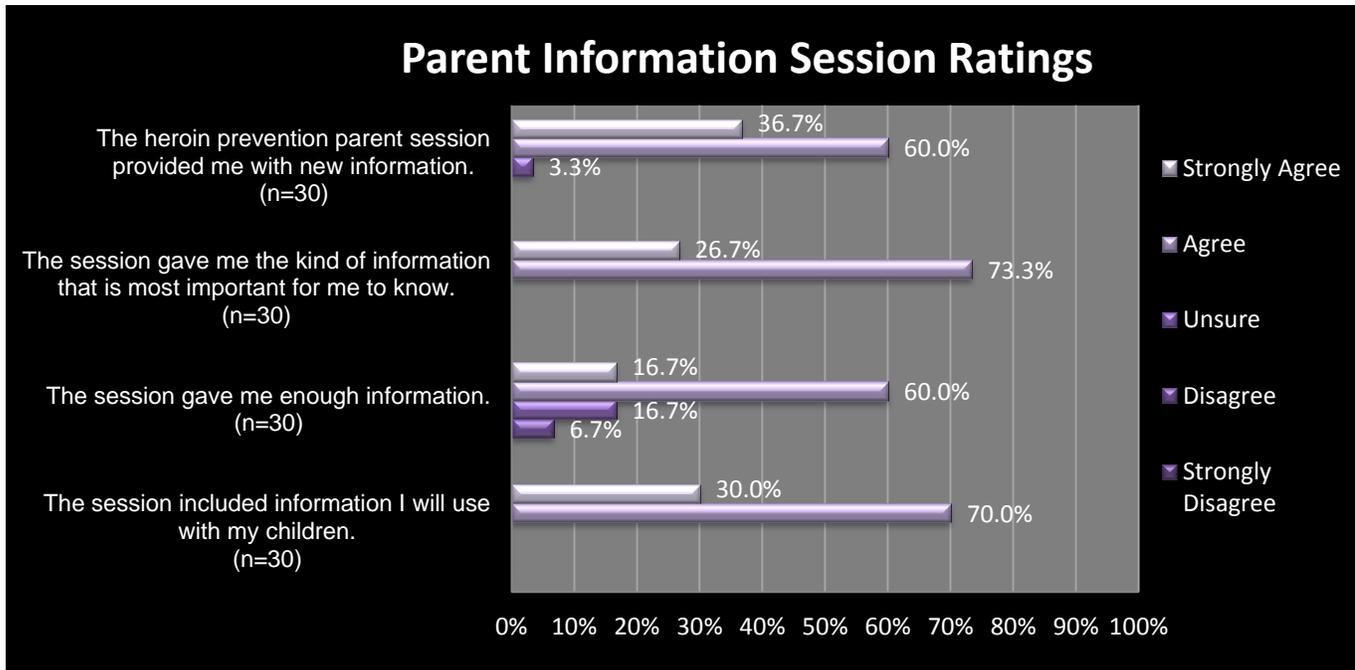
Facilitators provided answers on 12 of the 13 fidelity forms for the question, "Did the audience seem to understand/absorb the information presented?" In two-thirds of the training sessions for which these data are available, facilitators indicated the audience seemed to very much understand and absorb the information.



Participant Ratings of Parent Information Sessions

Parent information session participants rated the sessions positively. Figure 43 displays results for the four rating questions. No participants expressed disagreement with three of the four statements, and none strongly disagreed with any of the statements. While all agreed that the session provide them with the kinds of information most important for them to know, a small percentage (6.7%) disagreed that the session gave them enough information.

Figure 43.



Participants were given the opportunity to write additional comments about the information session, and one-third of participants did so. Supportive comments indicated that the information was very valuable and needed, that it helped participants have open conversations with their children, and that they were very appreciative of Robert Crown Centers for having the program. Some people indicated they were very surprised at the severity of the problem locally. One participant indicated that having the local Sheriff speak was helpful. Suggestions for improvement included having former heroin users speak, including teens to speak to youth on their level; provide more information on what to do if you suspect or discover your child is using; and create a survey for youth that may predict future heroin use. There also was a strong sense expressed that the information needs to be gotten to as many parents as possible, parent sessions need to be advertised more broadly and through various means since parents do not always have time to read school websites, and reminders should be given about upcoming sessions.

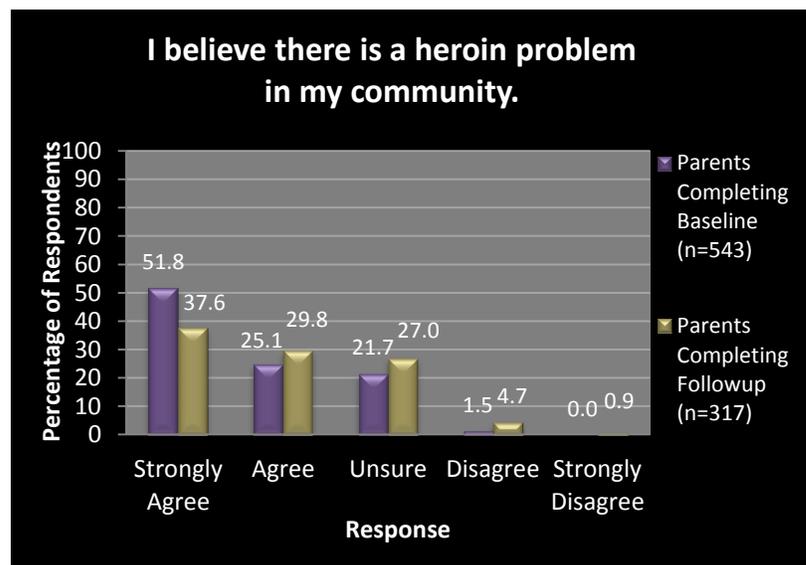
Parent Survey Results – All Parents

Baseline and follow-up survey data were analyzed for differences. Results show statistically significant differences for 10 survey questions. The figures in this section show the percentage of participants giving each response to the question at baseline and the percentage at follow-up. There were not sufficient numbers of matched baseline and follow-up surveys with which to conduct pre-post outcomes analyses. Because not all the same people completed both surveys, the data presented here show differences but not necessarily individual change. The numbers in parentheses in the legend of each figure represent the number of participants answering the question at baseline and the number answering at follow-up.

Beliefs

There was a statistically significant difference in responses between baseline and follow-up surveys on one out of three belief questions.

Figure 44.



More parents at baseline believed there is a heroin problem in their community than did parents at follow-up, and more parents at follow-up were unsure.

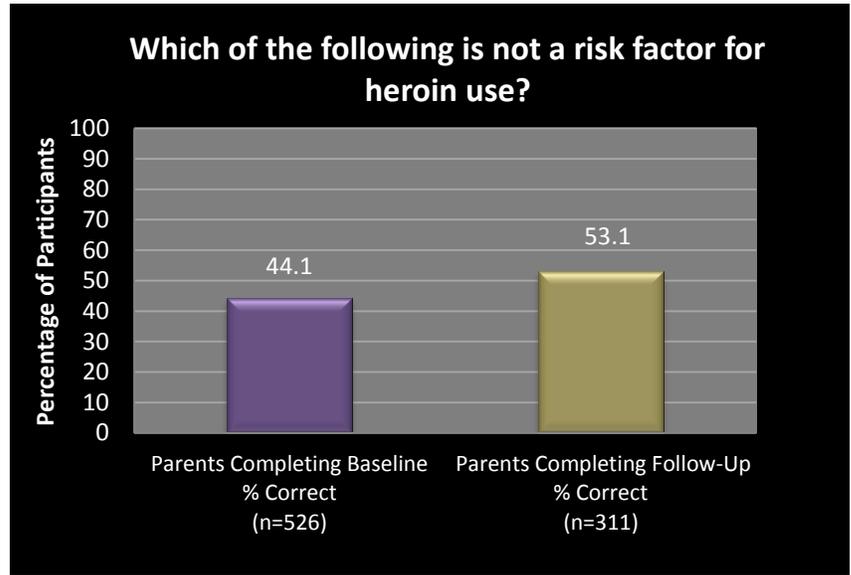
(Fisher's Exact Test, $p = 0.0148$)

Knowledge

There were statistically significant differences in responses between baseline and follow-up surveys on four out of 13 knowledge questions. Figure 45 on page 32 displays results for the multiple choice question, "Which of the following is not a risk factor for heroin use?" A significantly greater percentage of parents answered correctly at follow-up than at baseline.

Figure 45.

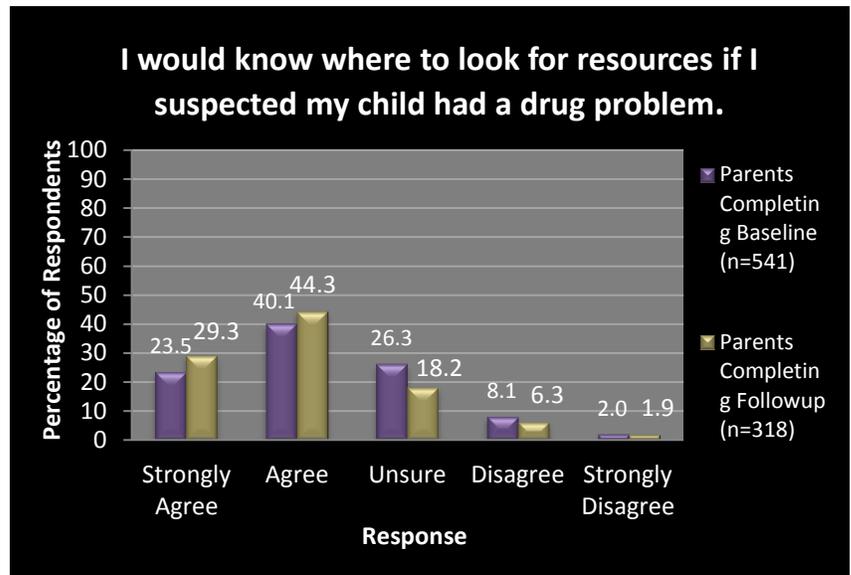
The correct answer for this question is: Parent's openness about his/her own drug use history.



(Fisher's Exact Test, $p = 0.0148$)

Figure 46.

More parents at follow-up indicated they would know where to look for resources if they suspected their child had a drug problem.

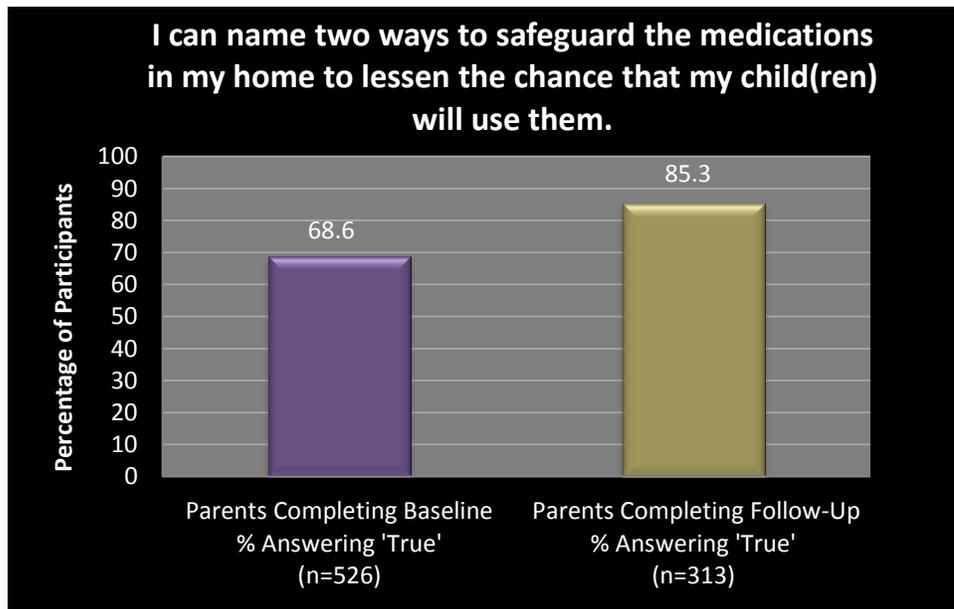


(Wilcoxon Two-Sample Test, $p = 0.0046$)

Figures 47 and 48 display results for the two true-false questions showing statistically significant differences.

Figure 47.

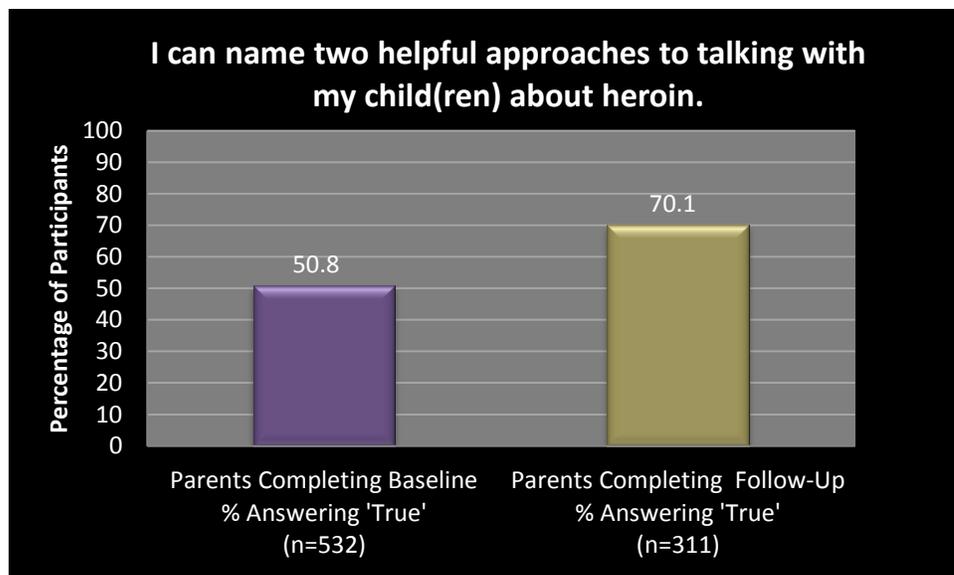
Significantly more parents completing the follow-up knew ways to safeguard medications in the home.



(Fisher's Exact Test, $p < .0001$)

Figure 48.

Significantly more parents completing the follow-up knew helpful approaches to talking with their children about heroin.



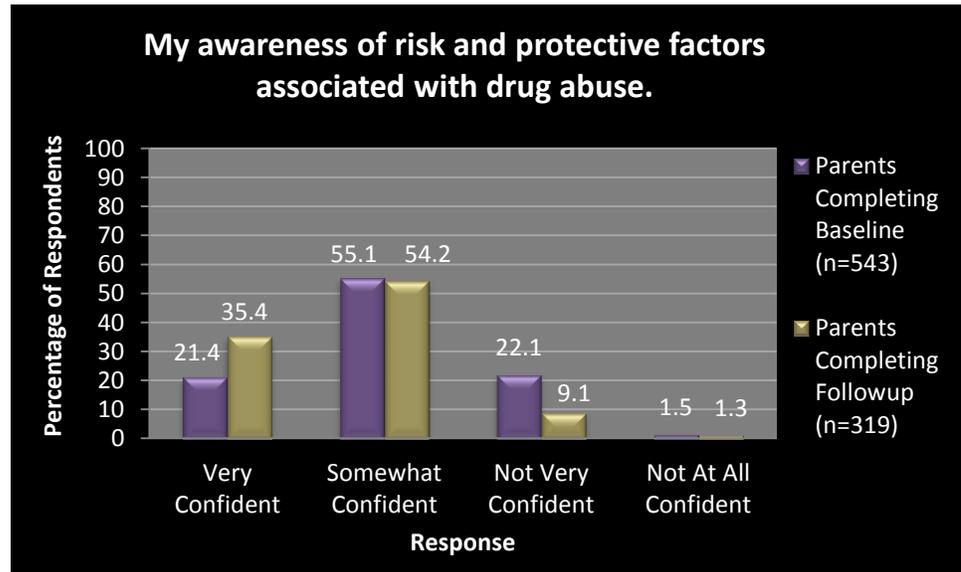
(Fisher's Exact Test, $p < .0001$)

Confidence

Parents were asked to rate their confidence level with their knowledge and abilities related to heroin issues. There were statistically significant differences in responses between baseline and follow-up surveys on all four confidence questions.

Figure 49.

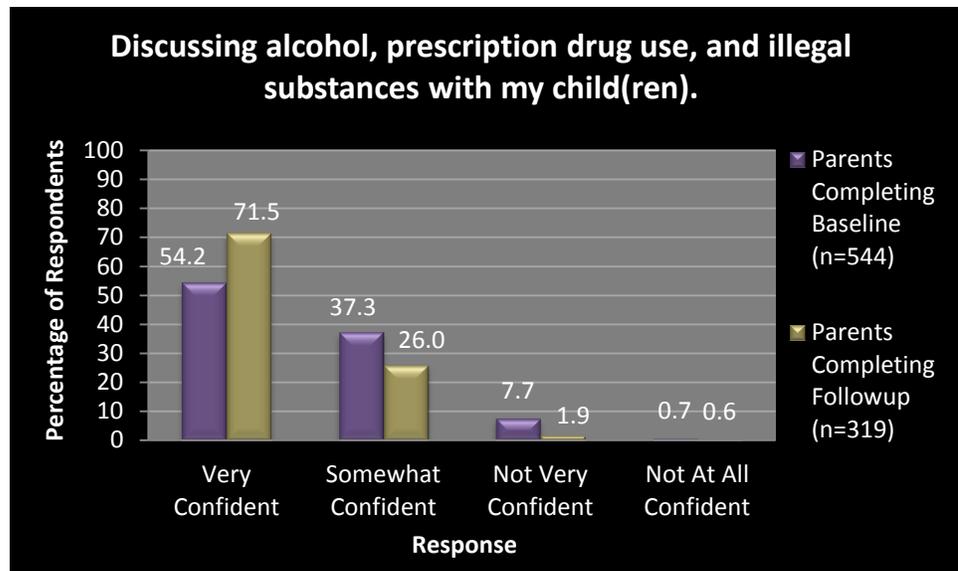
Parents completing the follow-up survey were more confident than those completing the baseline survey of their awareness of drug use risk and protective factors.



(Wilcoxon Two-Sample Test, $p < .0001$)

Figure 50.

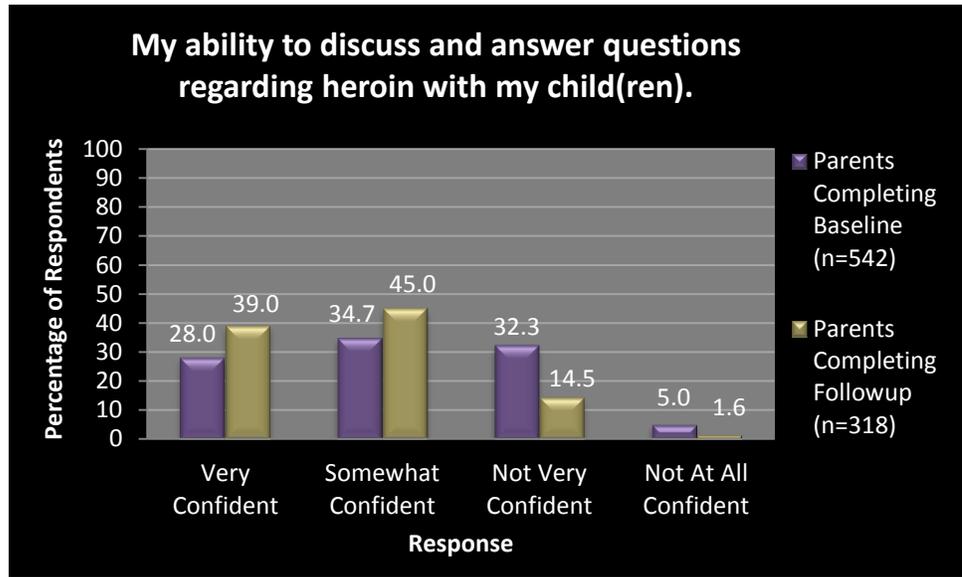
Parents completing the follow-up survey were more confident than those completing the baseline survey in their ability to discuss alcohol and drug issues with their children.



(Wilcoxon Two-Sample Test, $p < .0001$)

Figure 51.

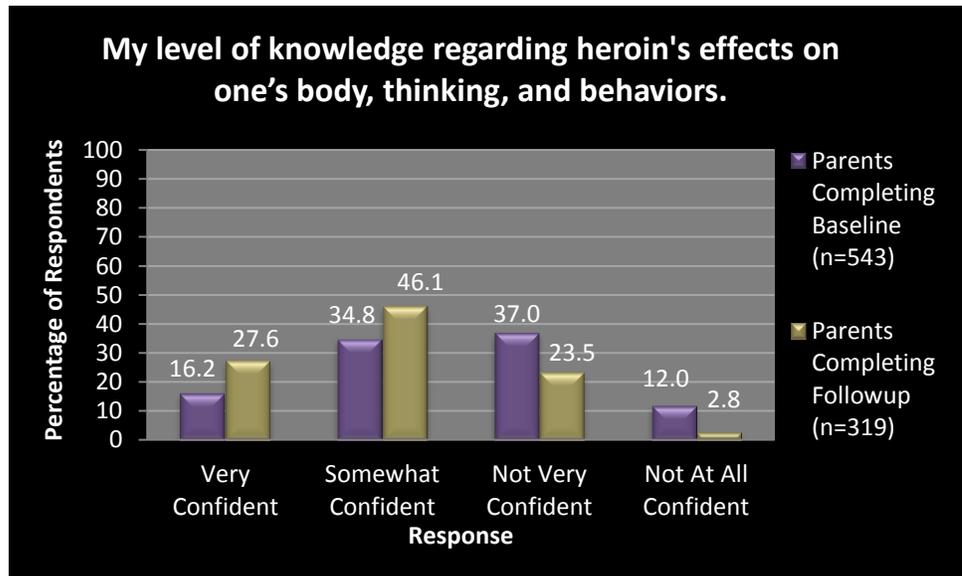
Parents completing the follow-up survey were more confident than those completing the baseline survey in their ability to discuss and answer questions about heroin with their children.



(Wilcoxon Two-Sample Test, $p < .0001$)

Figure 52.

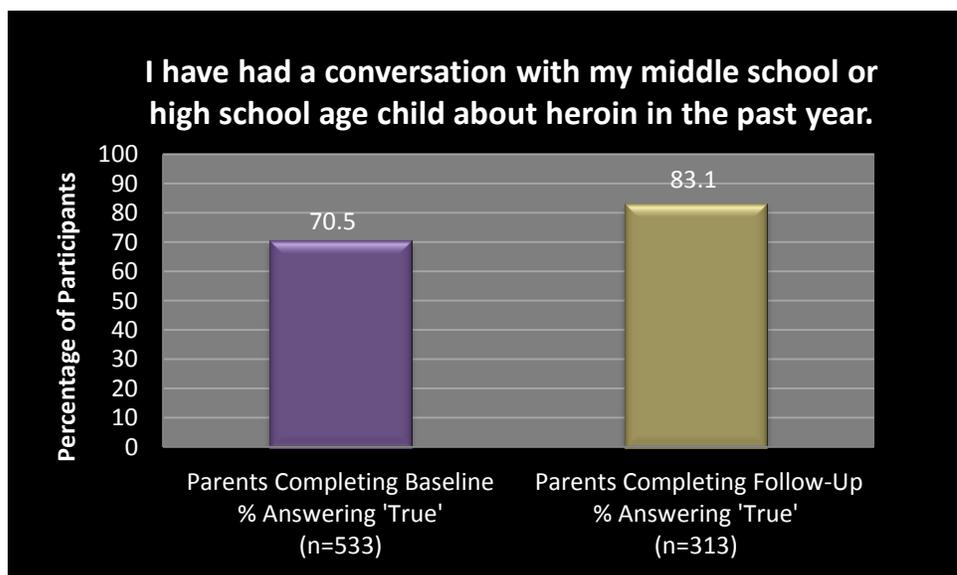
Parents completing the follow-up survey were more confident than those completing the baseline survey in their knowledge of heroin's effects on the user.



(Wilcoxon Two-Sample Test, $p < .0001$)

Figure 53.

Finally, more parents at follow-up had talked with their child about heroin than had those at baseline.



(Fisher's Exact Test, $p < .0001$)

Questions with No Difference Between Baseline and Follow-Up Responses

There were no statistically significant differences in parent responses on the baseline and follow-up surveys for several questions. Table 5 on page 37 displays those questions, providing the percentage of respondents giving the correct answer at baseline and the percentage giving the correct answer at follow-up. The number of respondents answering the question appears in parentheses below the percent correct figures. These results, along with those presented above, provide a general profile of knowledge and beliefs among parents in the pilot communities that may help inform future program modifications.

Table 5. Parent Survey Questions with No Differences

Parent Survey Results – No Difference		
Knowledge	Percent Correct At Baseline	Percent Correct At Follow-Up
Which of the following is an accurate definition of drug addiction?	56.0% (n = 536)	55.3% (n = 320)
Which of the following statements accurately describes how drugs of abuse affect the brain and cause addictions?	46.0% (n = 535)	48.6% (n = 313)
Which of the following is not a likely reason kids may use heroin?	80.2% (n = 535)	82.2% (n = 315)
Which of the following is not an opioid drug?	25.7% (n = 530)	28.2% (n = 316)
Which of the following is not true about heroin use today?	13.4% (n = 532)	15.7% (n = 313)
Which of the following is not a way parents can help their kids stay off drugs?	72.6% (n = 522)	74.8% (n = 313)
Opioids activate the same reward pathway in the brain as do necessities like food and water.	51.1% (n = 530)	50.3% (n = 310)
Withdrawal from opiates is often life-threatening.	10.0% (n = 531)	13.8% (n = 311)
Communicating with one’s child about heroin is a protective factor that can keep kids from using the drug.	92.5% (n = 531)	95.9% (n = 313)
Other trusted adults talking with and supporting kids can help protect them from using drugs.	93.8% (n = 532)	96.5% (n = 313)
Attitudes and Beliefs	Percent at Baseline	Percent at Follow-Up
Heroin prevention information is relevant to my role as a parent.	(n = 543)	(n = 317)
Strongly Agree	77.4%	74.1%
Agree	19.9%	20.5%
Unsure	2.0%	2.8%
Disagree	0.6%	1.0%
Strongly Disagree	0.2%	1.6%
In general, I believe that students trust staff at the area schools my children attend.	(n = 541)	(n = 317)
Strongly Agree	29.8%	24.6%
Agree	50.1%	51.2%
Unsure	16.1%	18.9%
Disagree	3.5%	4.7%
Strongly Disagree	0.6%	0.6%

Parent Survey Results – Resource Access and Delivery Methods

Robert Crown Centers’ Heroin Prevention Education website is available to the general public. The website also contains portals with information specific to educators, middle school students, high school students, and parents. Each portal requires a log-in ID and password unique to that portal. The login ID and password for the parent portal were given to parents attending a heroin information session.

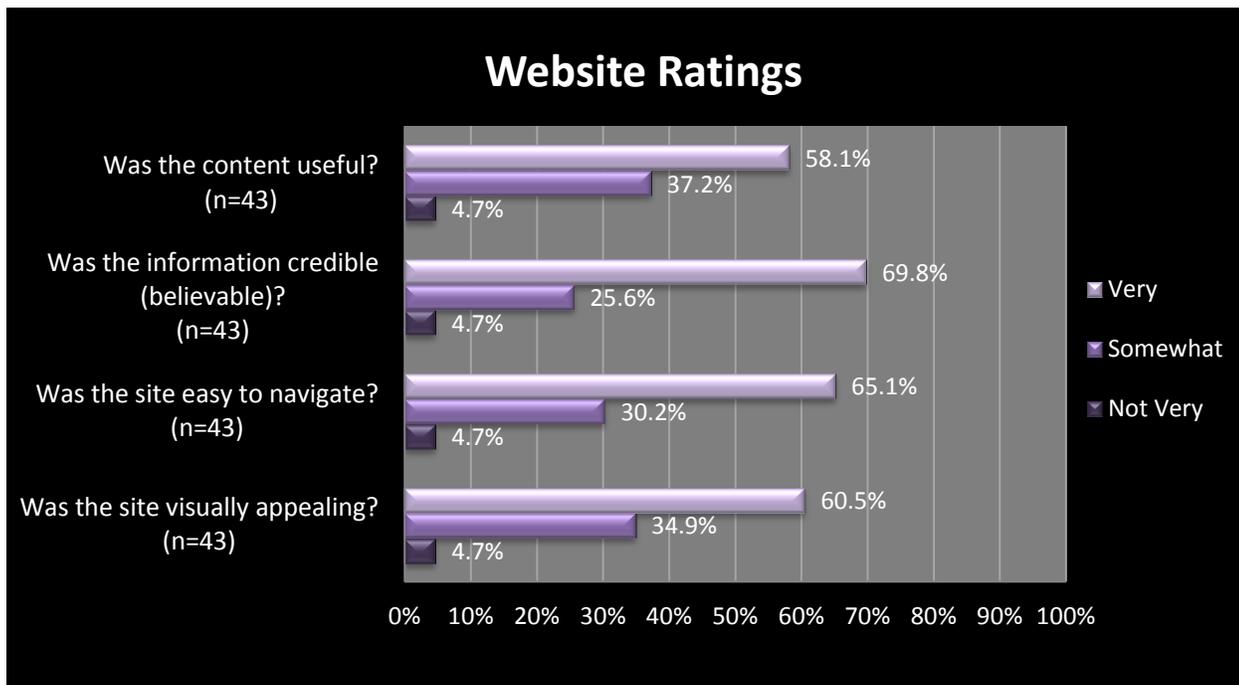
The follow-up survey contained questions about whether parents accessed the project website and parent portal, what resources they accessed, their opinions of the website, and preferred delivery methods for information and resources. Table 6 displays results of the questions about website access, and provides the number of respondents answering each question and the percentage who said they accessed the site or a particular part of the site. About three-fourths of parents completing the survey answered the question asking if they visited the website; of those, just over 7% had accessed the site.

Table 6. Parent Online Resource Access

Parent Survey Results – Accessing Online Resources		
	Number Answering Question	Percent Answering “Yes”
Since the start of this school year, have you visited Robert Crown Centers’ Heroin Prevention Education website?	288	7.3%
Did you read any part of the research report or research executive summary?	135	14.8%
Did you access additional information provided through the “Show More” buttons on the main page?	134	10.5%
Did you access the Parent pages within the pilot portal? (These required a login ID and password.)	132	7.6%
If yes, did you access any of the online the documents related to the heroin presentation?	69	5.8%
Did you access any of the other documents or resource links from the parent page?	90	10.0%

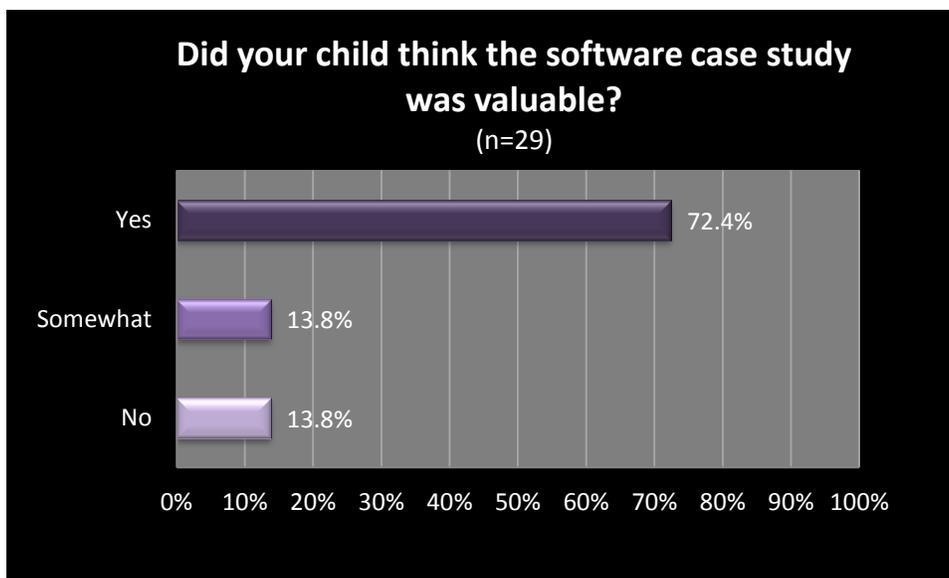
Figure 54 on page 39 displays information on respondents’ opinions of the website. Opinions were positive overall, with more than two-thirds saying the information was very credible and the website very easy to navigate. Fifty-eight percent found the content very useful; 37% found it somewhat useful. Survey participants were given the opportunity to write additional comments about the website; however, nearly all who provided comments indicated they had not visited the website or were not aware of its existence. Some said they plan to access the website to further educate themselves now that they are aware of it, and another indicated he/she would like to know how to access it. The two people who indicated in the written comments that they had visited the website said they accessed the website last fall, and did not provide comments indicating their opinions about it. Another respondent said he/she has used information NIH’s website on drugs and drug abuse as a parent resource for several years and indicated this may be helpful to other parents.

Figure 54.



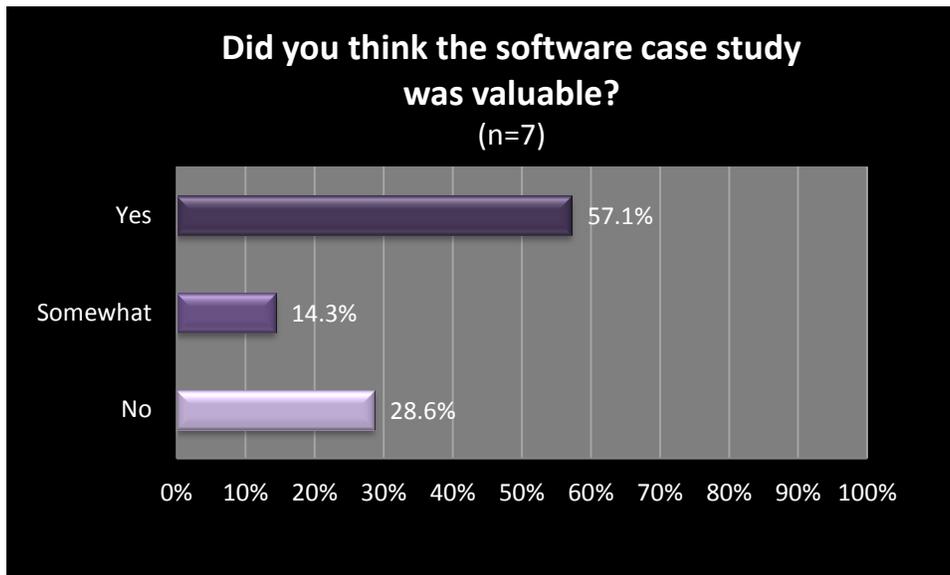
Parents were asked questions about the software case study that is part of the student component curriculum. Just over eight percent (8.3%) of parents answering the question indicated that their kids had mentioned the software case study to them.

Figure 55.



Nearly three-quarters of the kids who mentioned the case study to their parents thought it was valuable, and another 13.8% thought it was somewhat valuable.

Figure 56.

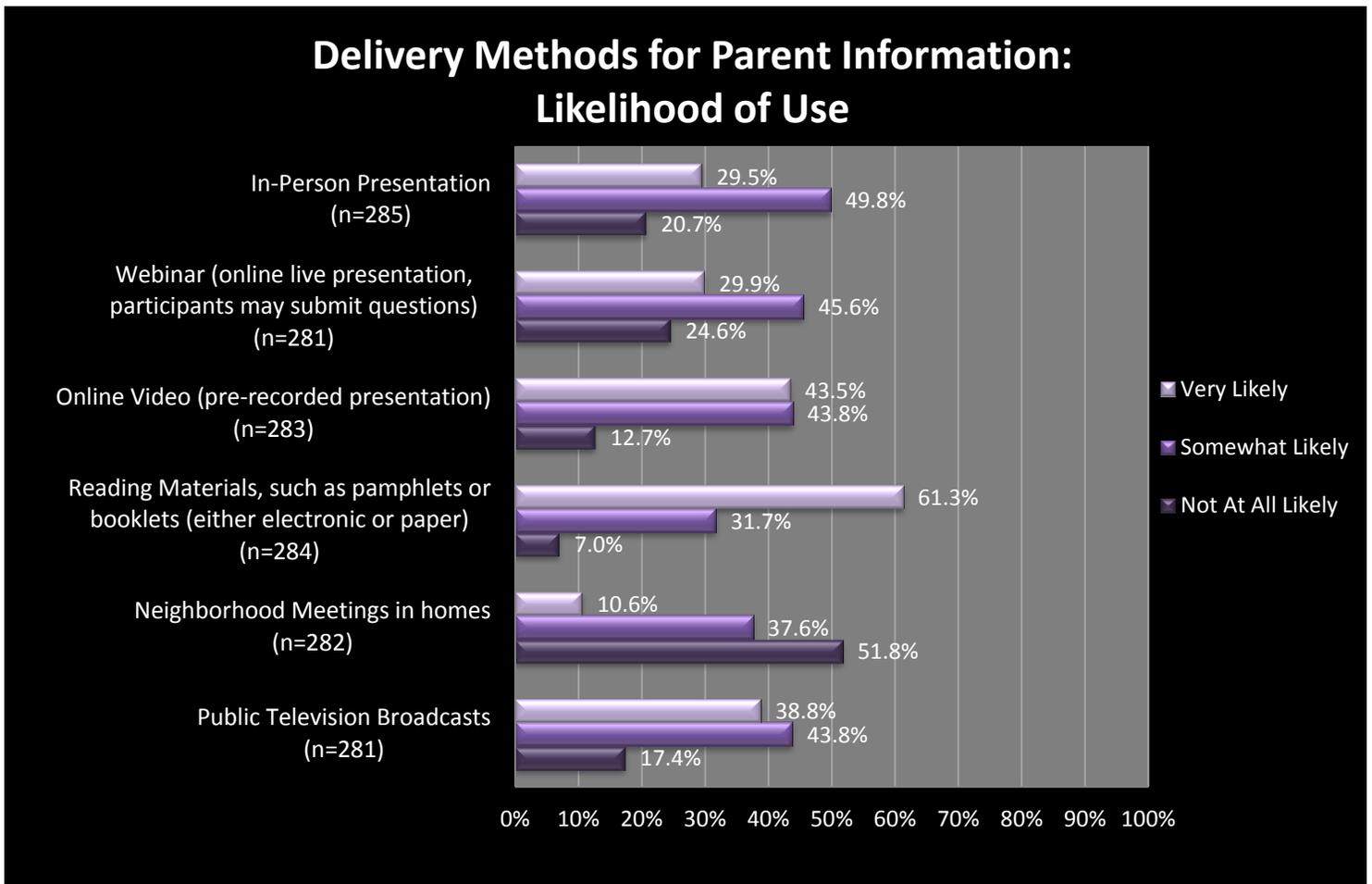


Seven parents indicated they saw the software case study themselves. Four thought it was valuable, and one thought it was somewhat valuable.

Preferred Delivery Methods

Parents completing the follow-up survey were asked questions about preferred delivery methods for parent information and resources. More than 280 respondents answered these questions. Figure 57 on page 41 displays responses indicating how likely they are to use various methods of delivery. More parents indicated they would be likely to use reading materials than any of the other options presented. A distant second is pre-recorded online video presentations, followed by public television broadcasts. In-person presentations garnered the highest percentage of 'somewhat likely' responses, at nearly 50%, and when combining 'somewhat likely' and 'very likely' responses, in-person presentations came in fourth overall. The likelihood of attending these sessions depends largely upon convenience of time and location, as further described below. Parents indicated they are least likely to attend neighborhood meetings in homes.

Figure 57.



What would make it most convenient for you to attend an in-person information session?

Sixty-eight people wrote in comments when asked what would make it most convenient for them to attend an in-person information session. Three said they are not sure they need an in person session as they are aware of the problem, talk openly with their kids, etc. Five feel they are too busy to make an in-person session work. Three respondents said they have no idea what would make it most convenient, and eight said that it would need to be at a convenient time and/or place for them, but did not specify when/where that would be. It may be that what is most convenient varies for them, which was a frequent theme in the responses. There was no consistent day of the week that seemed to work better for people, and several suggested offering the sessions on multiple times and days to provide more options.

Regarding specific times that work best, nineteen said evenings were best, whereas three said days/during school hours work best. Four of them said after work, three specified after 7pm, and one said early evening.

Regarding location, several said holding sessions at the school and a few said close to their home would be most convenient.

Several respondents indicated having it connected to something else already going on at the school would make it convenient, e.g., conferences, Curriculum Night, parent open house or an awards night pre-meeting, and one specifically said during a meeting within the sports that their children participate in.

Other suggestions for making in-person sessions more appealing were having a parent of addict or former addict him/herself present and advertising that that will be part of the program; advertise the event more and create an awareness of the need locally; make session shorter (30-45 minutes) and provide resources for obtaining further information; have several smaller sessions to make parking easier; hold sessions in the Spring or Fall when the weather is better; provide more advance notice; remind parents that it is a school event; and make it mandatory. In addition, one person indicated that holding bilingual sessions would help.

Do you have other ideas for convenient/accessible delivery methods for parent information and resources?

Thirty-seven people responded to this question. Seven of them said they had no other ideas. It appeared that some respondents did not understand the question, as six answered according to what they think best reaches kids.

Several respondents indicated various online formats would be convenient, including articles, webinars, videos that do not have to be completed in one sitting, and forums where parents or students could gain support or post questions anonymously. They also indicated it would be helpful to know in advance the length of the videos or webinars.

A few respondents each offered the following suggestions: Email the information; include the information at a Parent Meeting at the school; and work with local churches to provide the information in religious education classes or have churches host special sessions for parents and youth.

A couple of respondents suggested posting the information on the school website and providing parents with the specific link to the information.

One respondent each suggested the following methods: Weekly or monthly newsletter; pamphlet provided via PawPrints; send Sky Alert when information is coming; provide information at pediatrician's office; public service announcements/ads on television; phone calls; and social media.

One respondent also recommended having a presence and providing information at sporting events and including it in orientation programs, since parents are less likely to come to special meetings because they are too busy or do not think it affects them.



STUDENT OUTCOMES

Student Participant Profile

The most recent student enrollment figures available for the participating schools are for the 2011-2012 school year. Based on these figures, obtained from the Illinois State Board of Education's eReport Card website, 19,062 students were enrolled in the participating middle and high schools. The most accurate data available on numbers of students participating in the heroin prevention program are from student survey records in Survey Monkey. Based on those records, 7,165 middle and high school students participated in the program. Therefore, approximately 37.6% of enrolled students received heroin prevention programming.

The number of students completing the post-program survey was 5,744. One high school did not administer post-program surveys to approximately 1,300 of its participating students, accounting for most of the 1,421 difference in survey completion numbers. Student demographic information provided here is based on pre-program survey data. Program participants ranged in age from 9 to 19, with an average age of 14.5 years (Median = 14), and ranged in grade from 7th to 12th, with the largest percentage being 9th graders. Nearly equal percentages of males and females participated. Just over half of participants were White.

Pre- and post-program surveys were matched by participant ID code for the outcomes data analysis. The matching process resulted in 2,819 survey records for analysis. Table 7 on page 44 displays demographic data for the student participant group and the matched survey group. There are significantly more females, Whites, and Asians in the matched group than in the full participant group. The matched group members are also younger, with more 13 year olds and 8th graders and fewer 9th graders. Since the group of students on which the outcomes analysis is based differs in some ways from the full participant group, caution should be used when generalizing the results to the full student group.

Table 7. Student Demographics

Student Demographics		
	Student Program Participants (n=7,165)	Students with Matched Pre and Post-Program Surveys (n=2,819)
Sex	(missing = 439)	(missing = 157)
Male	50.3%	45.9%
Female	49.8%	54.1%
Age	(missing = 89)	(missing = 17)
9	0.1%	<0.1%
12	0.2%	0.4%
13	15.2%	19.0%
14	34.8%	33.4%
15	31.0%	27.4%
16	17.3%	19.0%
17	1.2%	0.9%
18	0.2%	<0.1%
19	0.1%	0%
Grade	(missing = 66)	(missing = 9)
7 th	<0.1%	<0.1%
8 th	22.6%	28.6%
9 th	40.4%	32.7%
10 th	35.5%	37.7%
11 th	0.9%	0.8%
12 th	0.5%	0.2%
Race/Ethnicity	(missing = 95)	(missing = 29)
White	51.0%	60.3%
Hispanic or Latino	18.9%	13.7%
Black/African American	9.8%	5.4%
Asian	8.9%	12.4%
Native Hawaiian/Other Pacific Islander	0.6%	0.4%
American Indian/Alaska Native	0.4%	0.3%
More than one race	10.5%	7.6%

NOTE: Figures adding up to more than 100% are due to rounding.

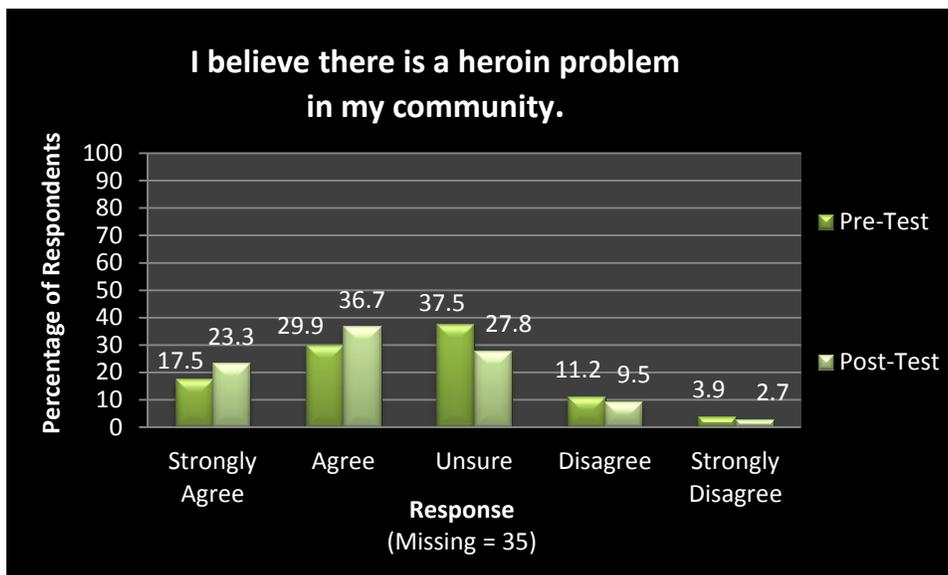
Student Survey Results

The results presented here are based on data from the 2,819 matched pre- and post-program survey records. The student pre- and post-program surveys assessed change in beliefs, knowledge, and confidence levels. The program increased participants' knowledge and confidence levels and changed their attitudes and beliefs in the desired direction. The change in pre- to post-program responses was statistically significant for all but three survey questions. Figures 58 through 91 display data for the questions showing statistical significance. (The full question narrative is not included in all figures due to space limitations. Complete question wording and response options may be found in the Student Survey in Appendix A). The figures show the percentage of participants giving each response to the question at pre-test (pre-program survey) and the percentage at post-test (post-program survey). Middle school and high school student responses are combined in these data. Some questions may reflect information not covered in both curriculum levels. It is important to note that these outcomes reflect the program as it was implemented and may not necessarily be reflective of the program as it was designed. (See Student Lesson Fidelity section for information on variations from the model).

Beliefs

Figures 58 through 62 display results of questions assessing student beliefs. The percentage of students believing there is a heroin problem in their community increased from pre-test to post-test.

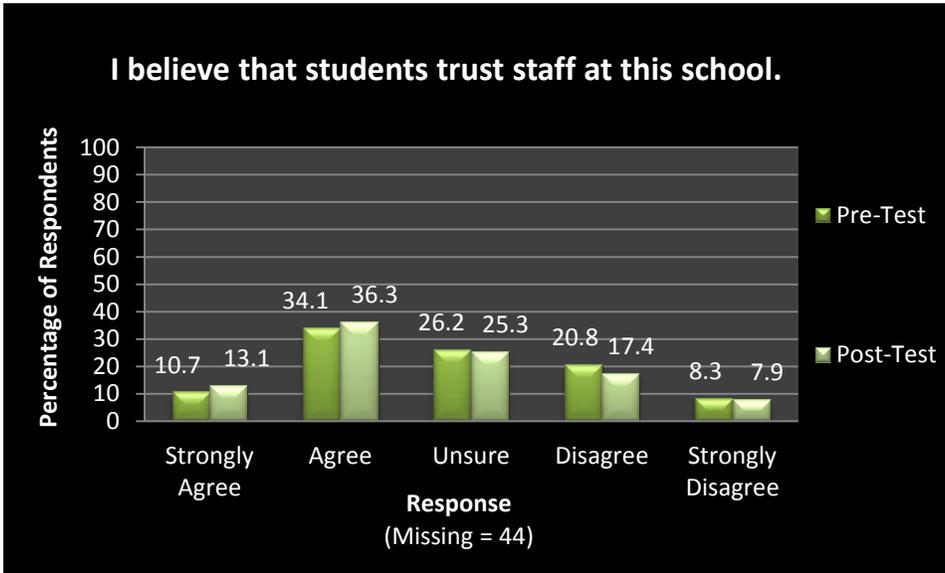
Figure 58.



(McNemar, $p < .0001$)

The percentage of students believing students trust staff at their school also increased.

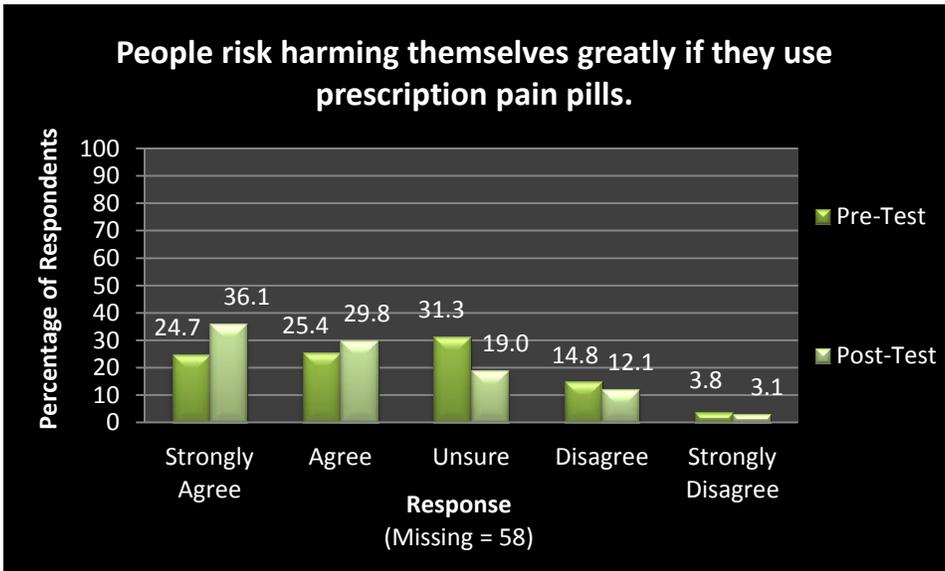
Figure 59.



(McNemar, $p < .0001$)

Perception of risk of harm from use of prescription pain pills increased from pre-test to post-test. At post-test, 65.9% agreed or strongly agreed that people risk harming themselves greatly if they use prescription pain pills

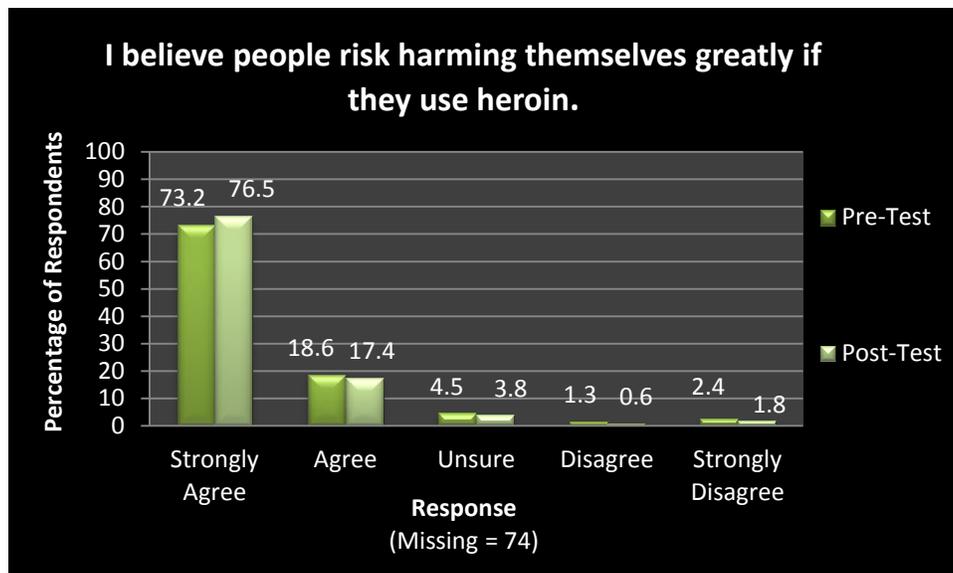
Figure 60.



(McNemar, $p < .0005$)

Perception of risk of harm from use of heroin also increased from pre-test to post-test, from 91.8% to 93.9%. What is most significant is the shift from a greater percentage saying “Agree” at pre-test than at post-test, to a greater percentage saying “Strongly Agree” at post-test than at pre-test.

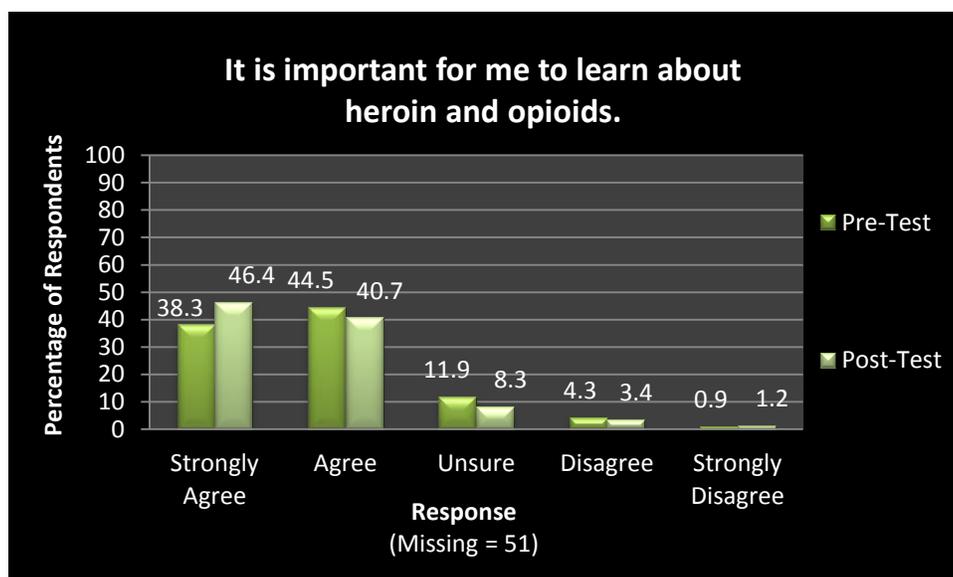
Figure 61.



(McNemar, $p < .0001$)

The percentage of students believing (agreeing or strongly agreeing) it is important for them to learn about heroin and opioids increased from 82.8% pre-test to 87.1% at post-test. As in the perception of risk figure above, the shift to a greater percentage of participants strongly agreeing at post-test than at pre-test.

Figure 62.

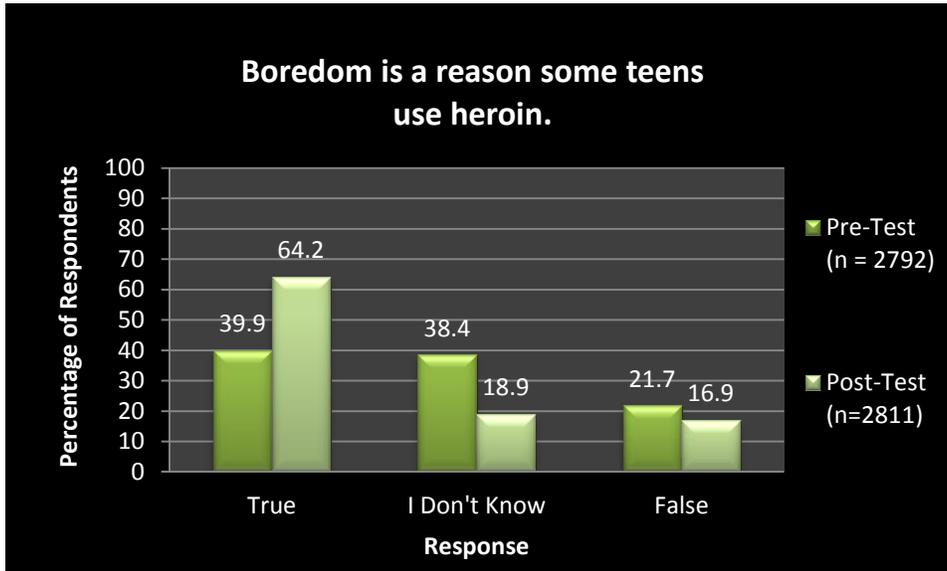


(McNemar, $p < .0001$)

Knowledge

Figures 63 through 83 display results of questions assessing student knowledge. The numbers in parentheses in the legend represent the number of participants answering the question before the program began and the number answering the question at the end of the program. Student knowledge increased about the reasons students use heroin. While about 40% of students before the program thought teens may use heroin because of boredom, over two-thirds thought so after the program.

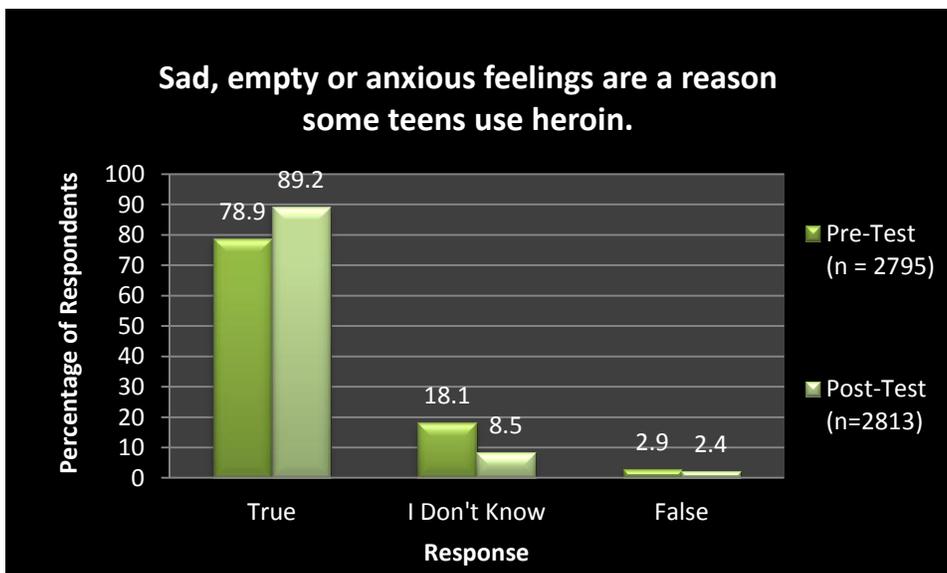
Figure 63.



(McNemar, $p < .0001$)

Nearly 80% of students before the program thought students may use because of sad, empty, or anxious feelings. The number of students thinking so after the program increased 10 percentage points.

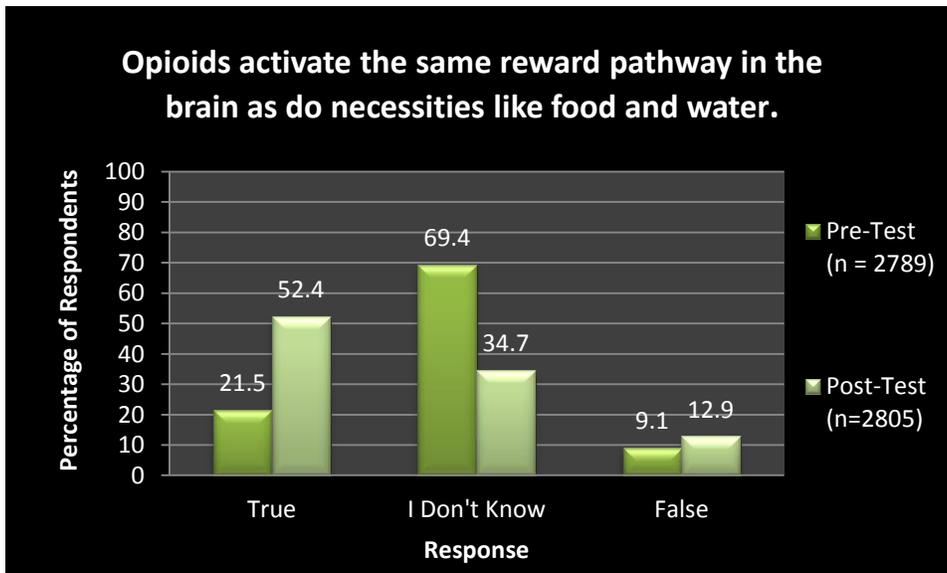
Figure 64.



(McNemar, $p < .0001$)

The program increased student knowledge about the effects of heroin and opioids on the brain. Regarding opiates acting on the reward pathway in the brain, less than one-fourth answered correctly at pre-test, while over half answered correctly at post-test. The correct answer to this question is “True.”

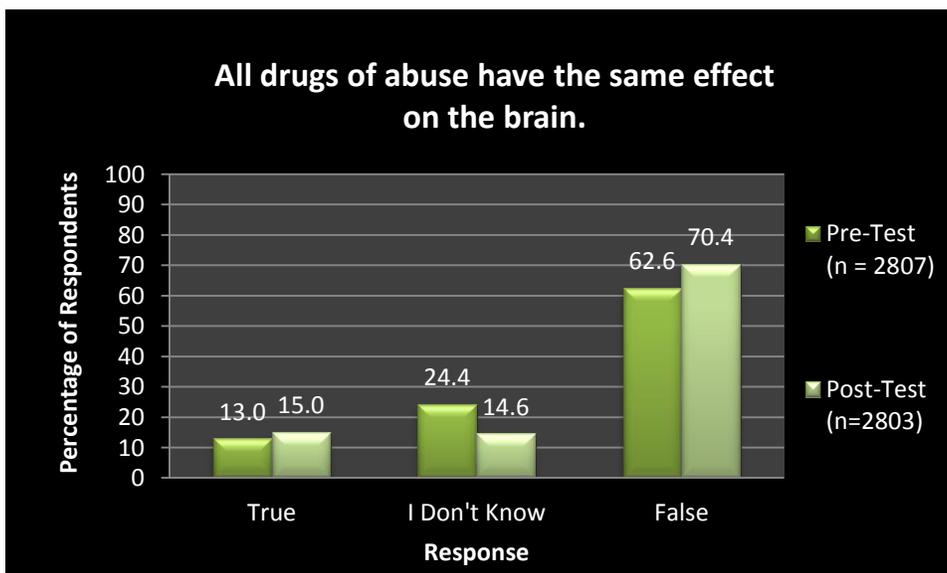
Figure 65.



(McNemar, $p < .0001$)

The percentage of students answering that all drugs of abuse do not have the same effect on the brain increased from 63% to 71% (when rounded).

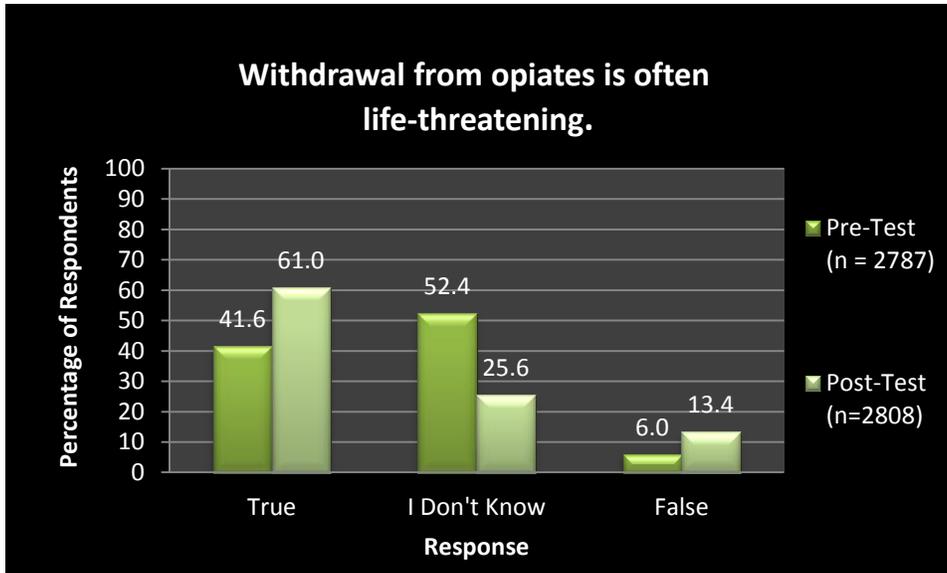
Figure 66.



(McNemar, $p < .0001$)

While more students answered the question about opiate withdrawal correctly after the training than before, more than 85% still answered incorrectly. The correct answer to this question is “False.”

Figure 67.



(McNemar, $p < .0001$)

Three-fourths of students at pre-test knew or thought that heroin experimentation can lead to addiction faster than other drugs. Those answering correctly increased to 81.5% at post-test.

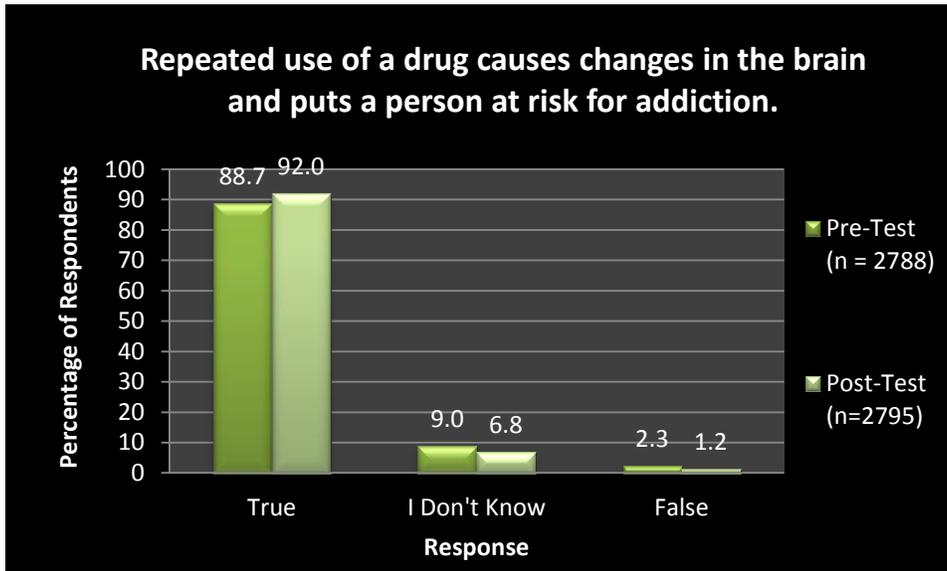
Figure 68.



(McNemar, $p < .0001$)

A high percentage of students at pre-test appeared to know that repeated drug use increases addiction risk. Still, significantly more students answered correctly at post-test.

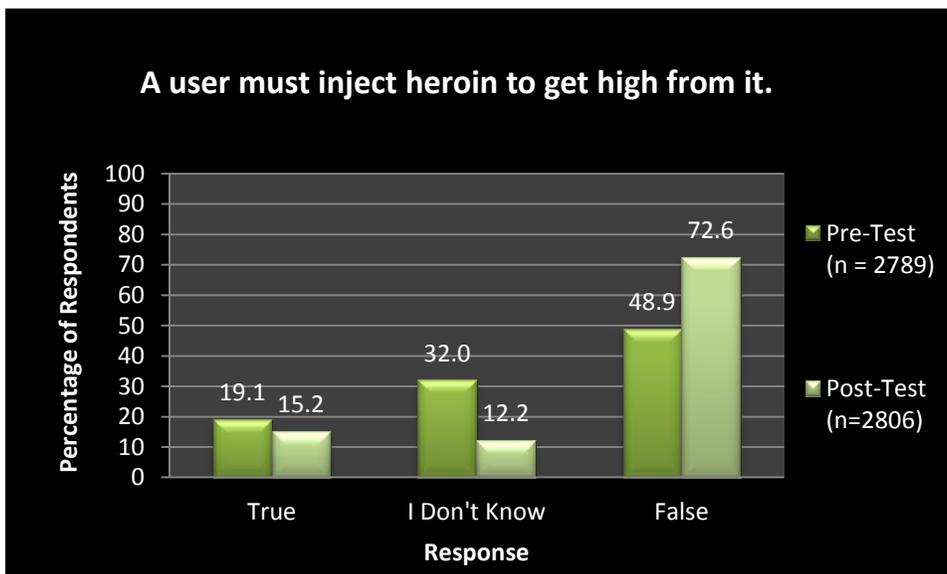
Figure 69.



(McNemar, $p < .0001$)

Less than half at pre-test correctly answered the question about needing to inject heroin in order to get high from it. Nearly three-fourths answered correctly at post-test. The correct answer is “False.”

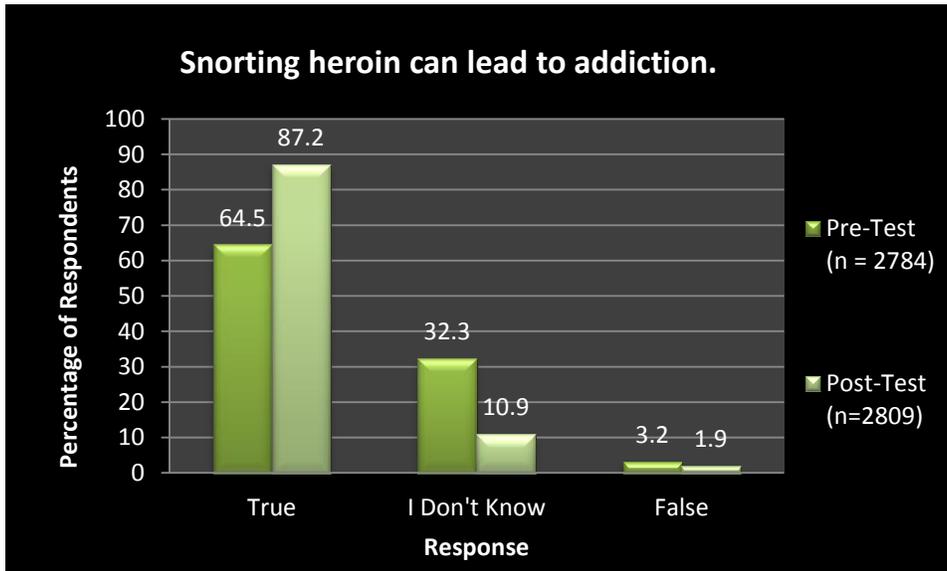
Figure 70.



(McNemar, $p < .0001$)

The percentage of students knowing that snorting heroin can lead to addiction increased from 65% to 87% (rounded).

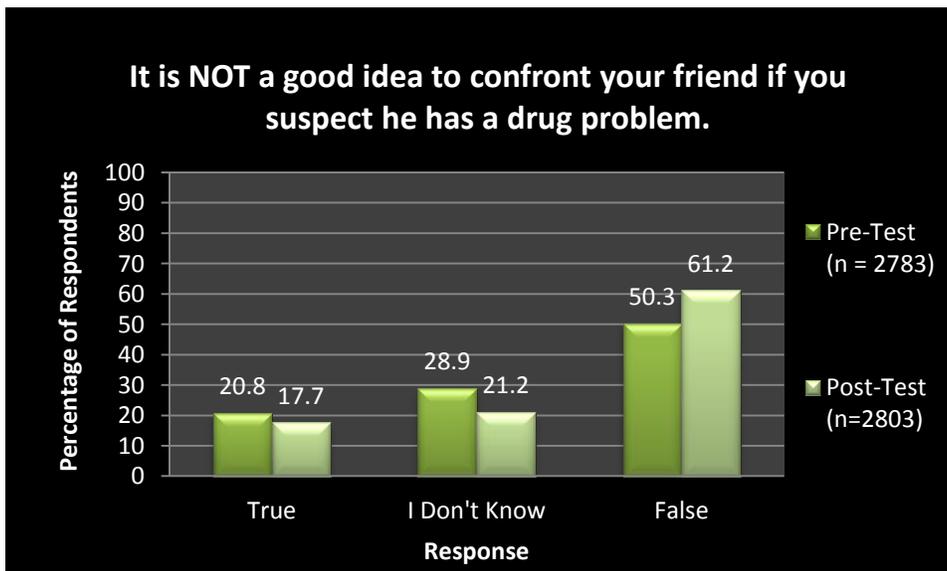
Figure 71.



(McNemar, $p < .0001$)

The number of students who thought it was a good idea to talk to their friend they suspect has a drug problem (answering "False" to the question as stated on the survey) increased from about half at pre-test to more than 61% at post-test.

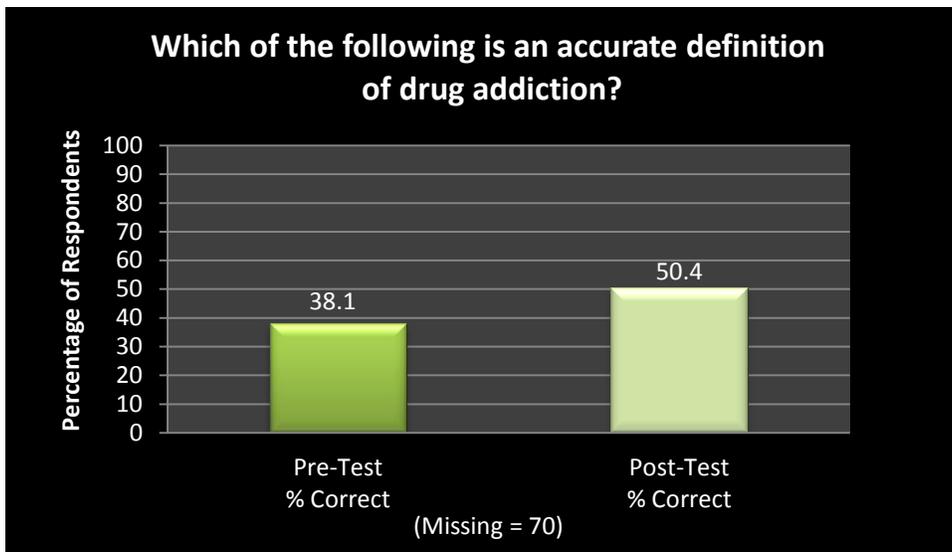
Figure 72.



(McNemar, $p < .0001$)

Figures 73 through 83 display results of the multiple-choice knowledge questions. The program increased students' knowledge about addiction. The percentage of students selecting the correct definition of addiction increased from 38% to 50% (rounded).

Figure 73.

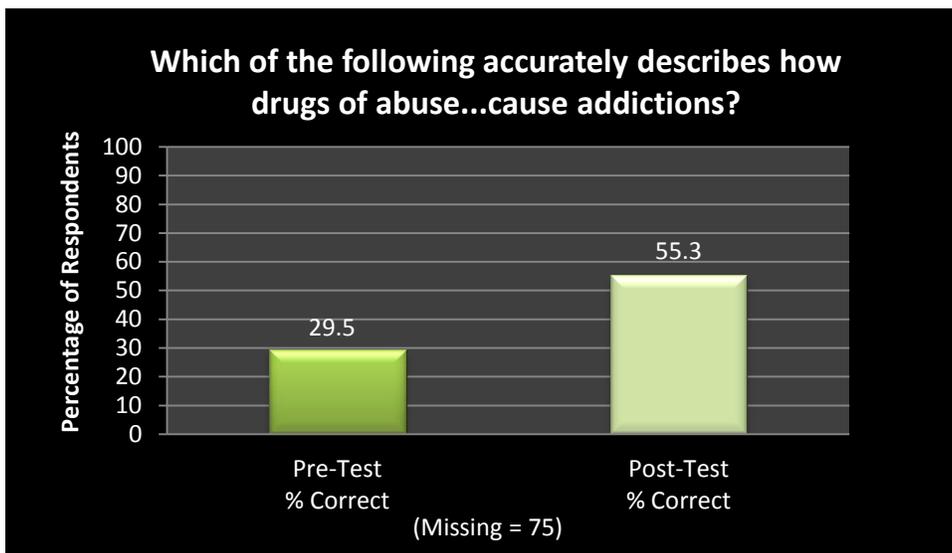


The correct response for this question is: A brain disease where a person cannot stop the behavior even when he/she has had negative consequences.

(McNemar, $p < .0001$)

The percentage of students selecting the correct answer for how drugs work in the brain to cause addiction increased from 30% to 55% (rounded).

Figure 74.

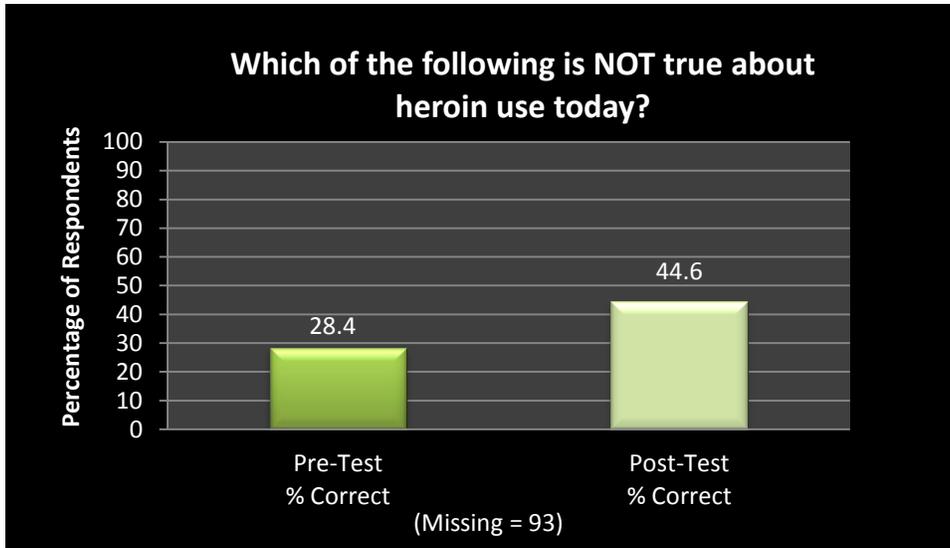


The correct response for this question is: Flood of dopamine causes the user to feel good, but alters brain's chemical balance, causing cravings.

(McNemar, $p < .0001$)

The percentage of students correctly answering the question on what is true about heroin use today increased significantly, although less than half answered correctly at post-test. This was a challenging question; even smaller percentages of school staff and parents answered this question correctly at post-test.

Figure 75.

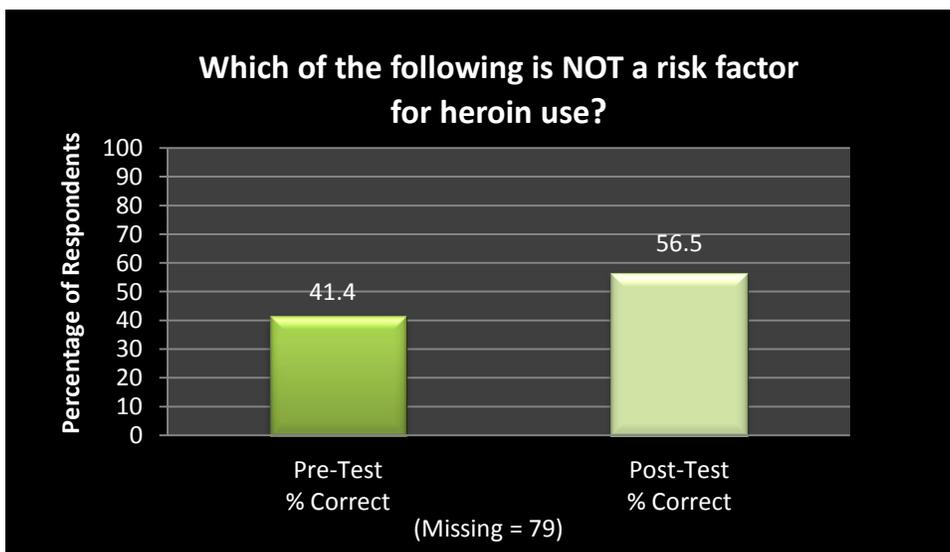


The correct response for this question is: Snorting or smoking heroin produces a shorter high than injecting.

(McNemar, $p < .0001$)

More students correctly answered a question about heroin use risk factors at post-test than at pre-test.

Figure 76.

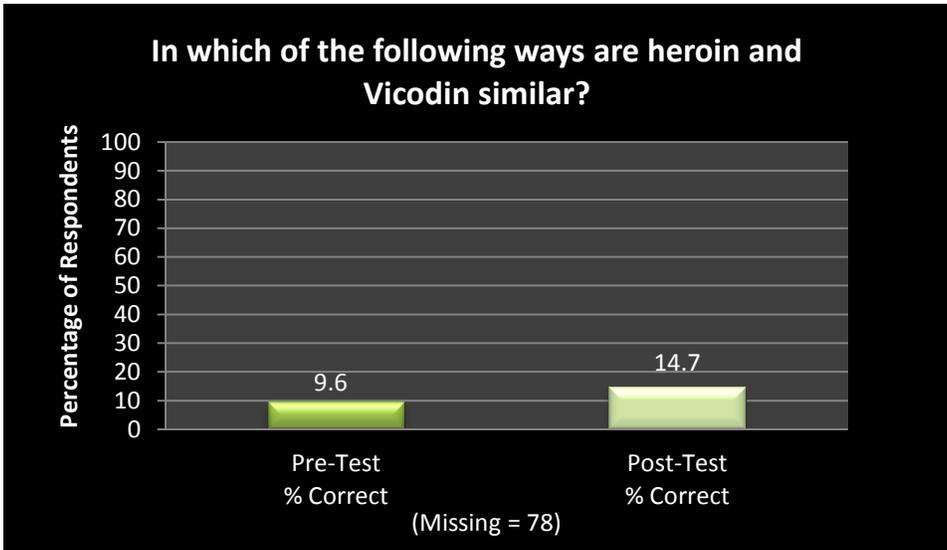


The correct response for this question is: Parent's openness about his/her own past drug use.

(McNemar, $p < .0001$)

More students at post-test recognized how heroin and Vicodin are similar. Still, only 15% (rounded) answered the question correctly a post-test. (This information may not have been covered at both middle school and high school levels, or may not have been emphasized in the lesson when implemented).

Figure 77.

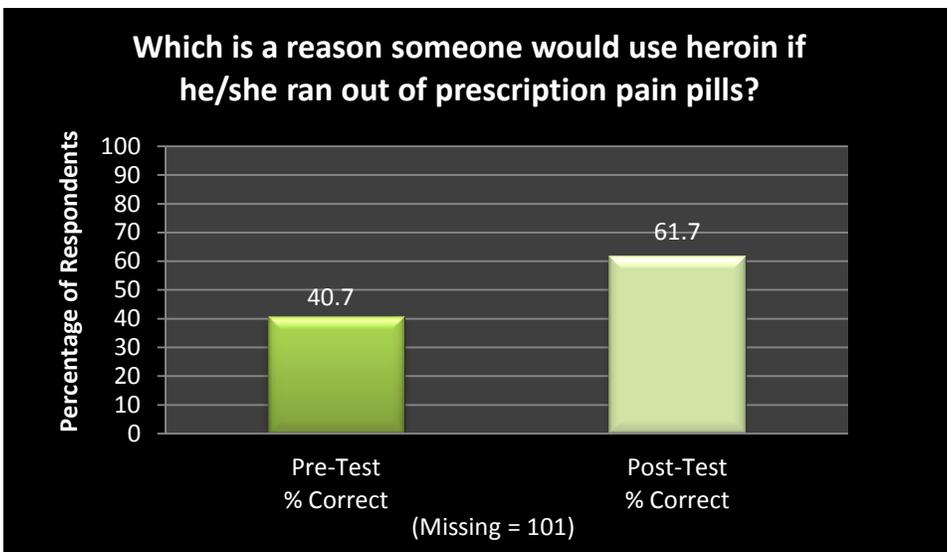


The correct response for this question is: Both drugs are depressants.

(McNemar, $p < .0001$)

Students appeared to gain greater knowledge of similarities and differences between heroin and pain pills. The percentage answering this question correctly increased from 41% to 62% (rounded).

Figure 78.

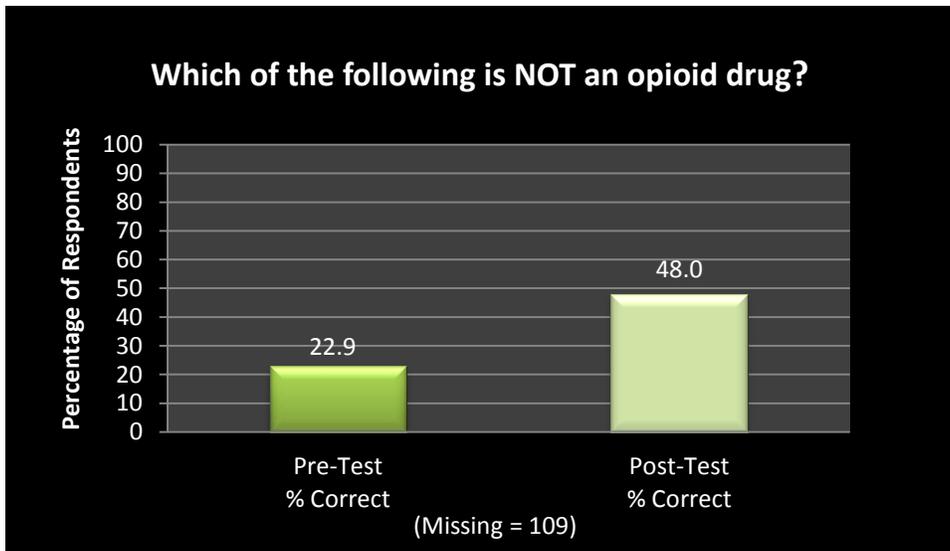


The correct response for this question is: Heroin provides a similar high and may be less expensive and easier to obtain than prescription pain pills.

(McNemar, $p < .0001$)

Students became better at identifying which drug was not an opioid. However, less than half still answered correctly at post-test. (Again, this information may not have been covered at both middle school and high school levels).

Figure 79.

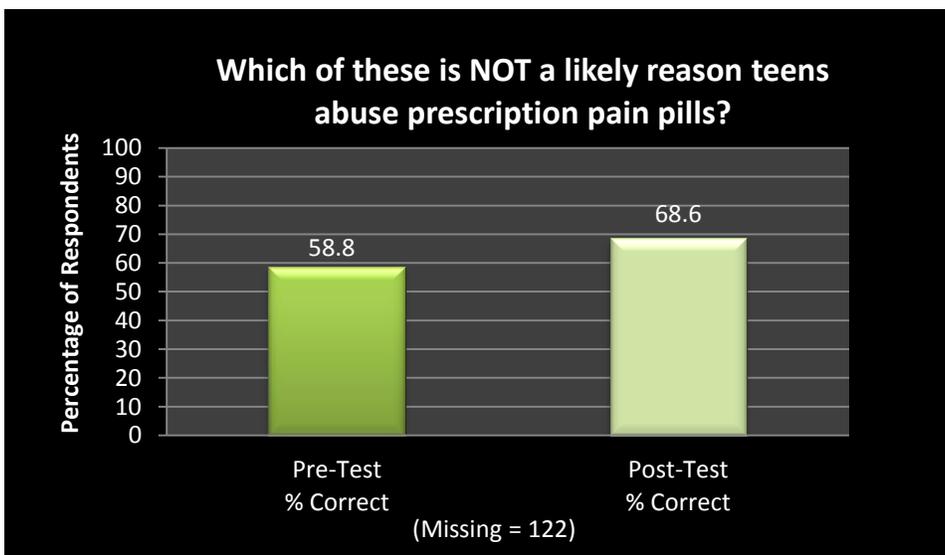


The correct response for this question is: Cocaine.

(McNemar, $p < .0001$)

Students at post-test were better able to discern likely reasons teens might use prescription pain killers (Figure 80) or use heroin (Figure 81).

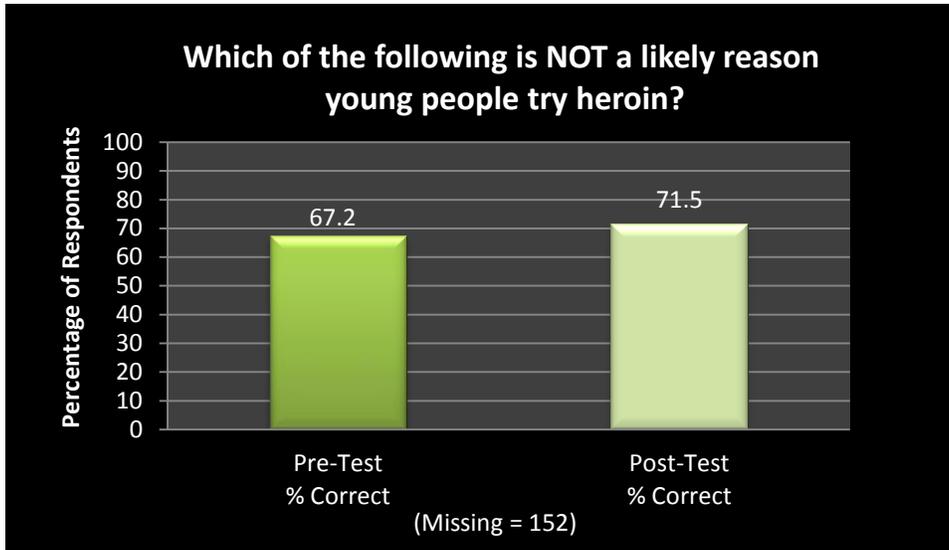
Figure 80.



The correct response for this question is: They mistake them for vitamins or supplements.

(McNemar, $p < .0001$)

Figure 81.

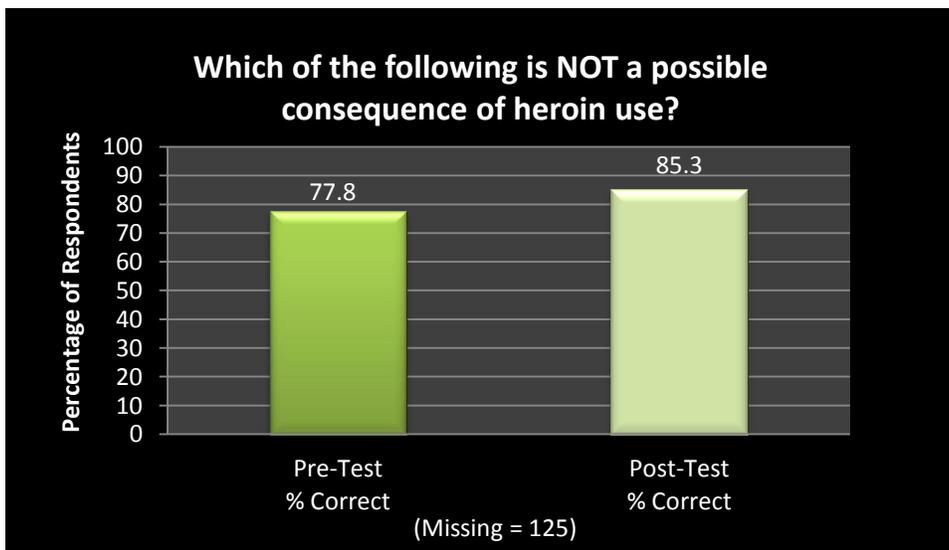


The correct response for this question is: Prescribed by a doctor for pain relief.

(McNemar, $p < .0001$)

While more than three-fourths of students at pre-test were able to identify that increased clarity and focus are not consequences of heroin use, even more knew this at post-test.

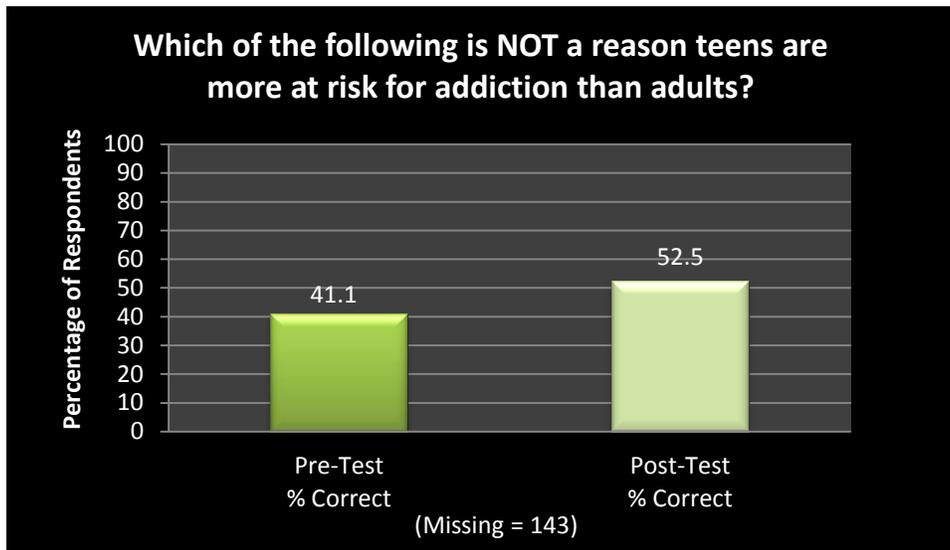
Figure 82.



(McNemar, $p < .0001$)

More students understood some of the differences between teen and adult risk for addiction after the program than before; however, only a little over half still answered correctly at post-test.

Figure 83.



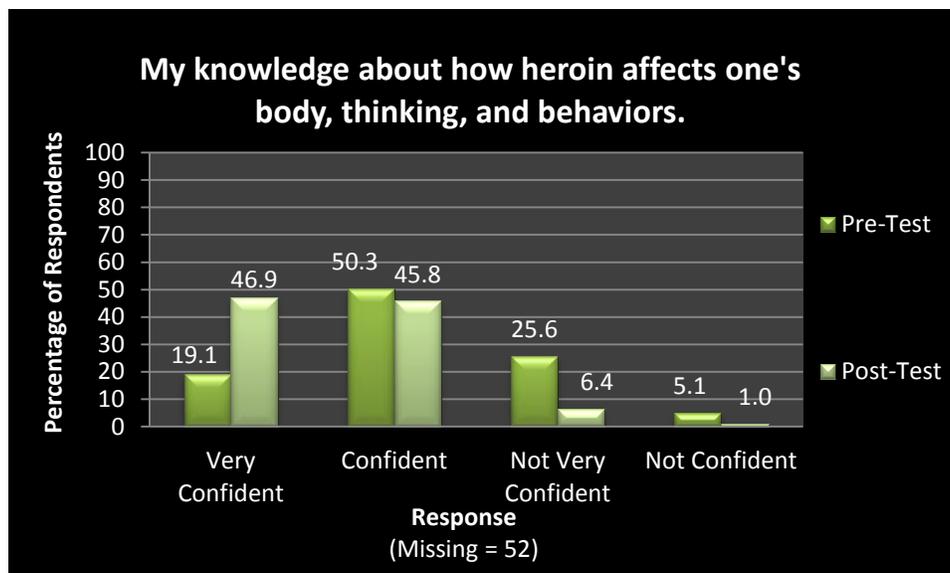
The correct response for this question is: Teens have stronger stress management skills.

(McNemar, $p < .0001$)

Confidence and Self-Ratings

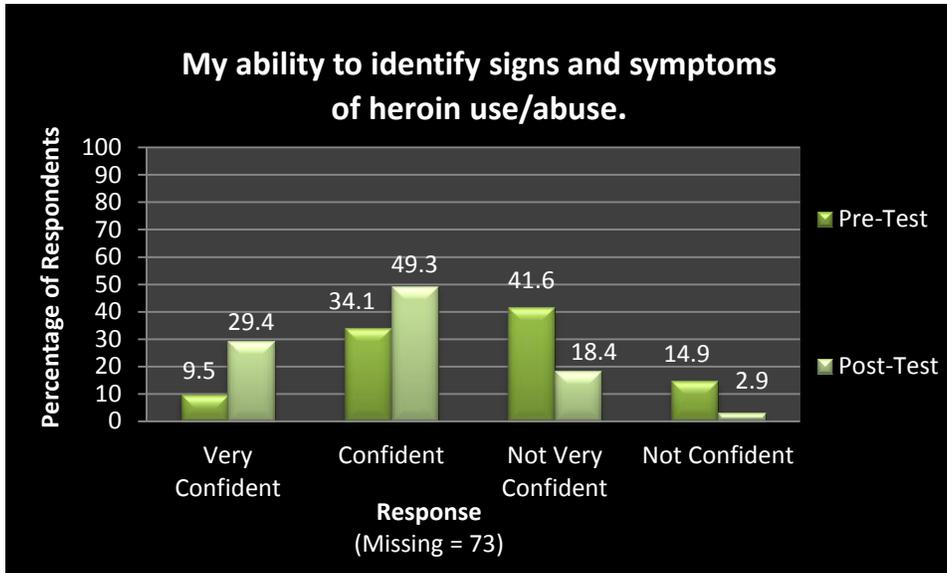
Students' confidence in their knowledge of some effect of heroin (Figures 84 and 85), where to look for resources (Figure 86), their ability to discern their risk levels (Figure 87), and how to protect themselves from heroin use (Figure 88) increased as a result of the program.

Figure 84.



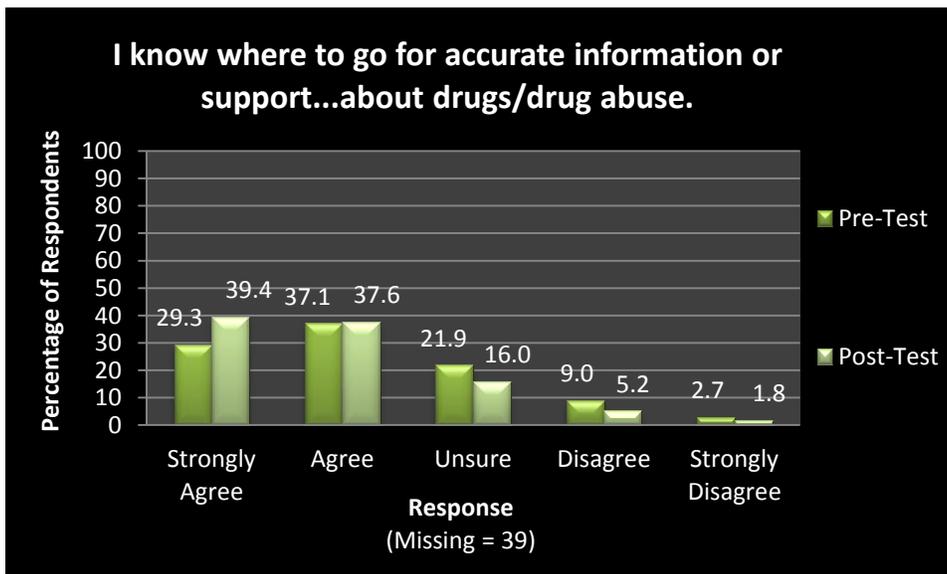
(McNemar, $p < .0001$)

Figure 85.



(McNemar, $p < .0001$)

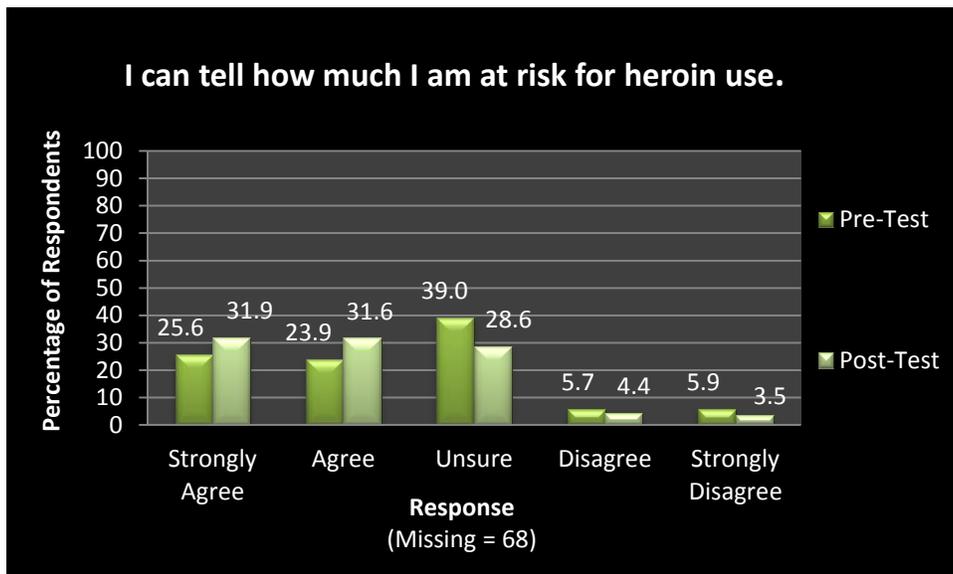
Figure 86.



(McNemar, $p < .0001$)

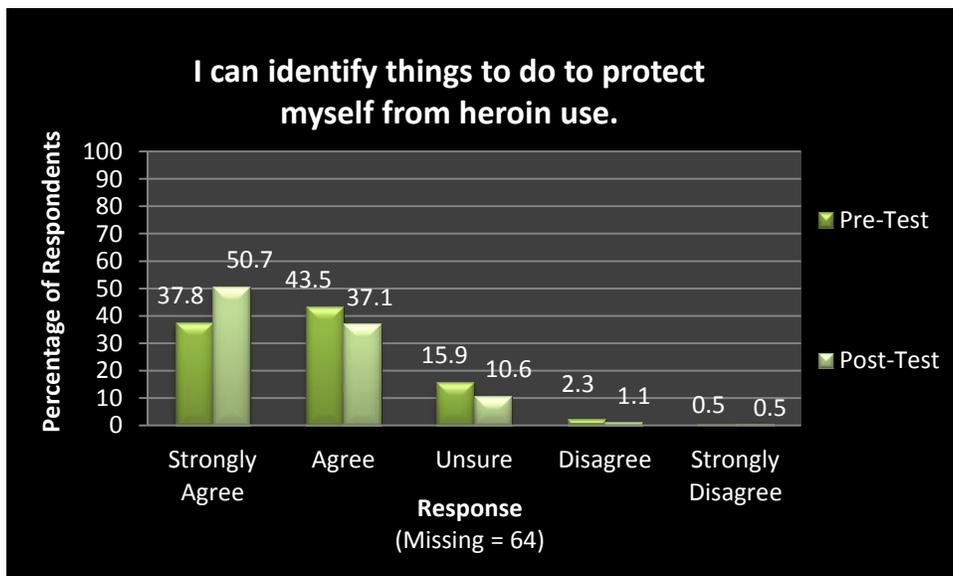
While more students indicated at post-test that they can tell how much they are at risk for heroin use, just under 40% remained unsure after the program.

Figure 87.



(McNemar, $p < .0001$)

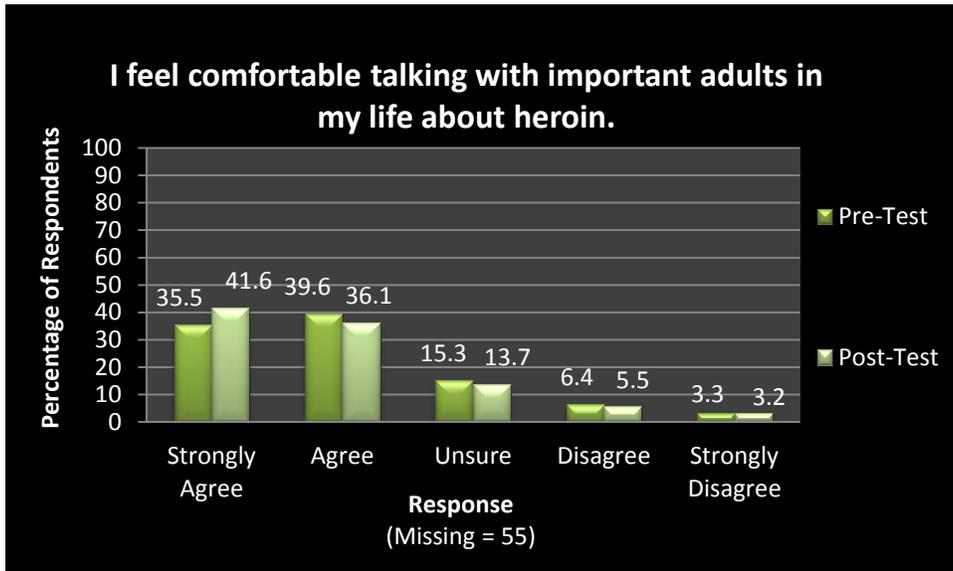
Figure 88.



(McNemar, $p < .0001$)

More students indicated feeling comfortable talking with important adults in their lives about heroin after the program.

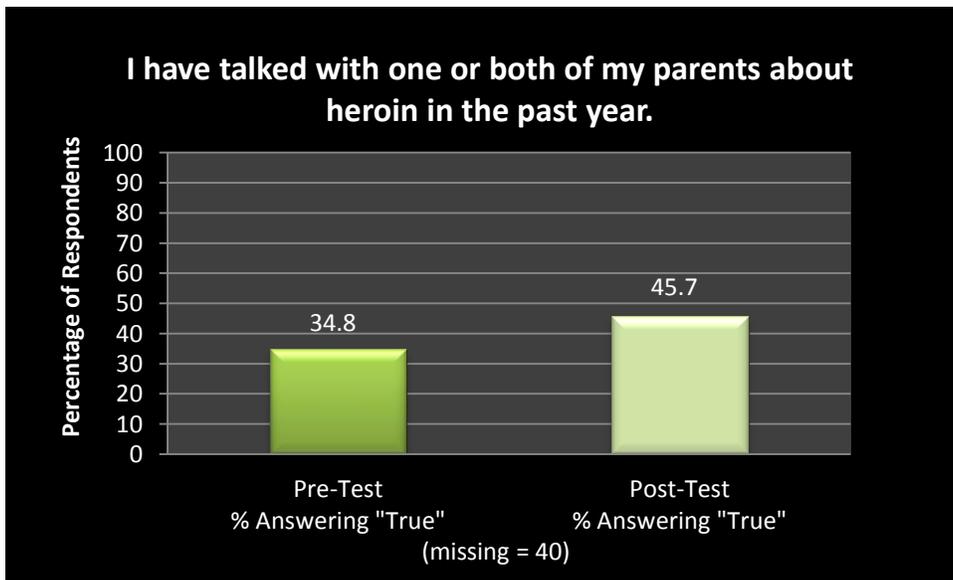
Figure 89.



(McNemar, $p < .0001$)

More students at post-test had talked with a parent about heroin.

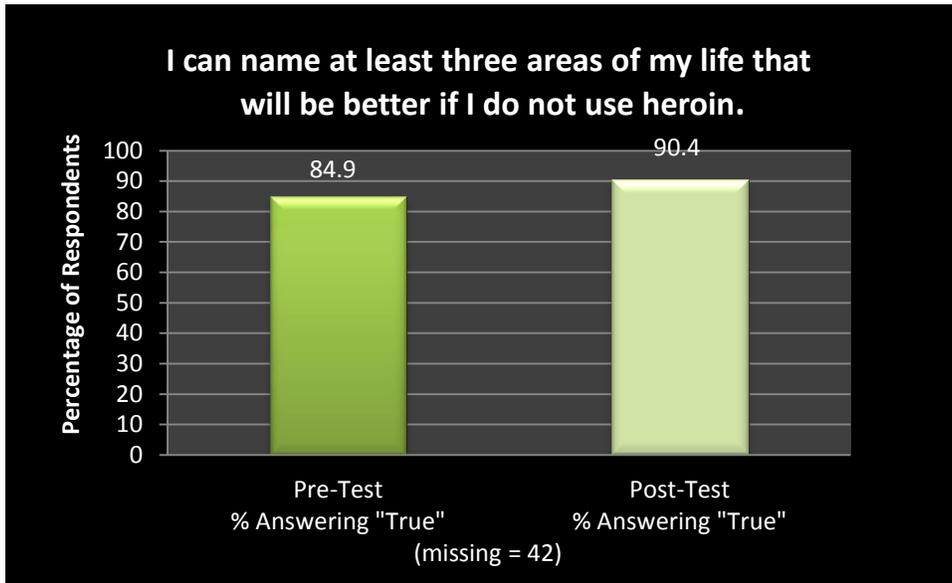
Figure 90.



(McNemar, $p < .0001$)

Nearly 85% of students at pre-test indicated they could name at least 3 areas of their lives that would be better if they did not use heroin. More than 90% indicated so at post-test.

Figure 91.



(McNemar, $p < .0001$)

Students were asked on the post-program survey to list those areas. Eighty-five percent of students provided a list. The most common responses were as follows:

- ❖ family relationships;
- ❖ social/friends;
- ❖ school;
- ❖ sports;
- ❖ other extra-curricular activities;
- ❖ physical/health;
- ❖ financial; and
- ❖ success in life.

Questions with No Difference Between Pre-Program and Post-Program Responses

Table 8 displays results for the three surveys questions for which there was no significant difference in students' responses from pre-test to post-test.

Table 8. Student Survey Questions with No Differences

Student Survey Results – No Difference		
Knowledge	Percent Correct At Pre-Test	Percent Correct At Post-Test
Which of the following is NOT one of the stages of drug use?	1.3%	1.3%
Your first attempt to talk to a friend you think might have a drug problem didn't work. Which should you NOT do next?	57.2%	58.2%
Attitudes and Beliefs	Percent at Baseline	Percent at Follow-Up
I believe it is not a problem if someone my age uses heroin.		
Strongly Agree	3.0%	3.7%
Agree	2.0%	2.4%
Unsure	3.6%	4.8%
Disagree	13.8%	13.8%
Strongly Disagree	77.7%	75.3%

On the question about stages of drug use, 98.7% answered incorrectly both times, and the answers were varied. This information may not have been adequately covered in the lessons. For the question about what not to do next if talking to your friend did not work, answers again were varied, but around 20% indicated talking to a trusted friend or family member for help would not be the thing to do next. While there were no significant differences in responses to the question about someone their age using heroin, more than 90% of students disagreed or strongly disagreed with this statement both times (meaning that more than 90% do agree it is a problem if someone their age uses heroin).

Electronic Resource Access

At the end of the program, students were asked whether they had accessed the project's heroin website and particular sections of the site. Table 9 displays the responses to those questions. (These data were obtained from all completed post-tests). More than one-third of those answering the question indicated they had visited the website and read information in the main section of the site. A little under half (46.7%) of those answering the question indicated they accessed the middle or high school section of the website, which required a login ID and password. Nearly 60% reviewed materials covered in the heroin classes, and one-third visited the Resources section.

Table 9. Student Website Access

Student Website Access Results		
	Number Answering Question	Percent Answering "Yes"
Did you read information on the main Heroin page (area that did not require login)?	5260	36.9%
Did you log in to the Middle or High School section?	4929	46.7%
If so, did you review things covered in class (PowerPoint's, Handouts, etc.)?	3823	58.7%
Did you go to the Resources section?	3826	33.1%
Did you go to the FAQs section?	3833	27.4%

Students were also asked about their use and opinions of the social media case study. Table 10 on page 65 displays the results of these questions. A little under half (46.5%) of students responding to the question indicated they had accessed the social media case study. The question asking how they accessed the case study instructed them to check all that apply. Many students accessed the case study through more than one method. Over two-thirds accessed the case study via a laptop in the classroom. Nearly half accessed the case study in the computer lab at school. Twelve percent accessed it via a computer at home. Nearly 6% indicated they accessed it some way other than the options provided. The most common "other" method was through other means in the classroom, such as on a teacher's computer or projector. The next most common response was in the library.

Half of students responding indicated they very much liked the interactive format of the case study, and nearly a third indicated they somewhat liked it. More than 55% found the story believable, and another one-third found it somewhat believable. A little under half (47.8%) indicated they could relate or somewhat relate to the characters. More than 60% indicated it was an interesting way to learn and another 26% (rounded) indicated it was a somewhat interesting way to learn.



Table 10. Social Media Case Study Access and Feedback

Social Media Case Study Access and Feedback		
Social Media Case Study Access	Number Answering Question	Percent Answering "Yes"
Did you access the Social media Case Study? If so, how did you access it? (Check all that apply.)	4874	46.5%
Computer Lab	1092	48.2%
Laptop in Classroom	1554	68.6%
Computer at Home	271	12.0%
Tablet	81	3.6%
Phone	105	4.6%
Other	133	5.9%
Did you <u>complete</u> the Social Media Case Study?	3312	61.3%
Social Media Case Study Feedback		Percent of Respondents
Do you like the interactive format?		(n = 3281)
Yes		50.9%
Somewhat		32.1%
Not Very		10.2%
Not at All		6.8%
Did you find the story believable?		(n = 3299)
Yes		55.7%
Somewhat		33.1%
Not Very		5.6%
Not at All		5.6%
Could you relate to the characters?		(n = 3294)
Yes		16.6%
Somewhat		31.2%
Not Very		30.8%
Not at All		21.4%
Was it an interesting way to learn?		(n = 3271)
Yes		61.1%
Somewhat		25.6%
Not Very		6.2%
Not at All		7.2%

Student Program Feedback

Student program feedback was positive, with 88.5% of students indicating the program provided good information they did not know before. Student ratings of the teachers conducting the lessons were positive as well. More than 90% indicated that the teacher was knowledgeable about heroin and opioids. Nearly 90% indicated the teacher related well to the students, and more than 90% said the teacher responded to students' questions in a helpful way. Fewer than 70% indicated they would like similar classes about other drugs of abuse. Table 11 displays student responses to the program evaluation questions.

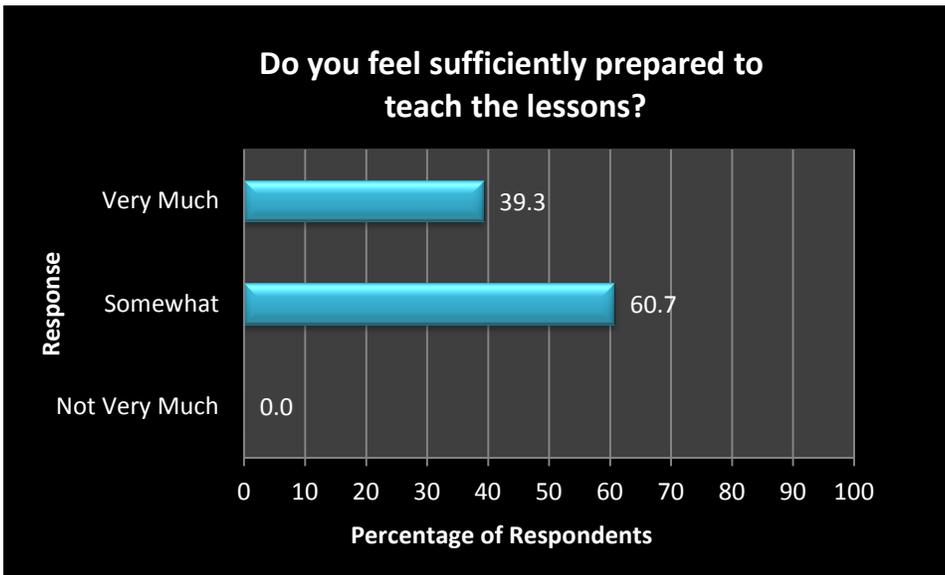
Table 11. Heroin Student Program Feedback

Heroin Program Feedback	
	Percent of Respondents
The heroin classes provided good information that I did not know before.	(n =4942)
Strongly Agree	39.7%
Agree	48.8%
Disagree	8.0%
Strongly Disagree	3.6%
The teacher was knowledgeable about heroin and opioids.	(n = 5004)
Strongly Agree	49.4%
Agree	41.9%
Disagree	5.7%
Strongly Disagree	3.0%
The teacher related well to the students (seemed caring and approachable).	(n = 5000)
Strongly Agree	47.4%
Agree	41.7%
Disagree	7.8%
Strongly Disagree	3.1%
The teacher responded to students' questions in a helpful way.	(n = 4997)
Strongly Agree	50.3%
Agree	41.4%
Disagree	5.0%
Strongly Disagree	3.3%
I would like classes like this about other drugs of abuse.	(n = 4992)
Strongly Agree	27.5%
Agree	42.1%
Disagree	20.1%
Strongly Disagree	10.2%

Pilot Teacher Training Feedback

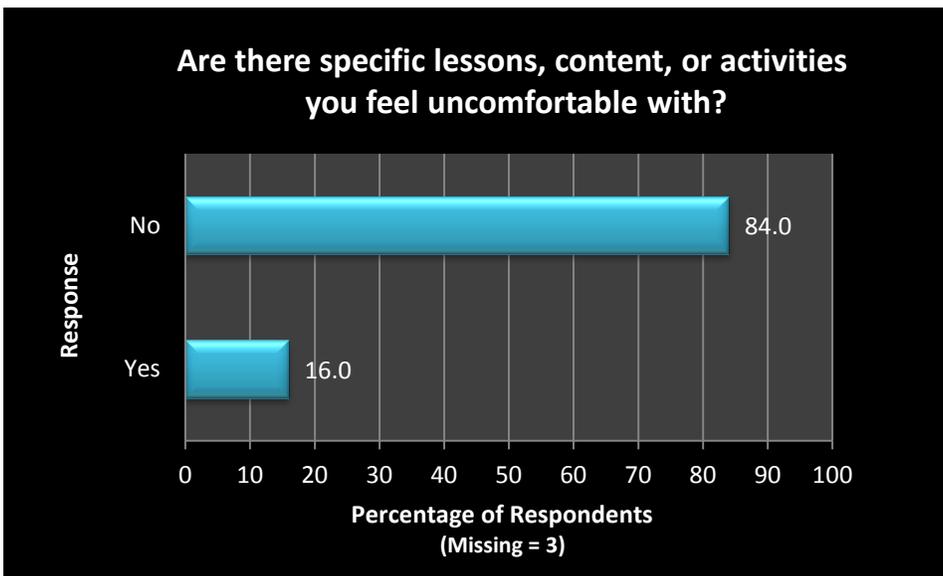
Robert Crown Centers' staff trained thirty-five Health and Advisory teachers to teach the student heroin lessons. Twenty-eight of those teachers completed an evaluation of the training. Results of key questions on the evaluation are summarized here. Additional teacher feedback on the training and student lessons formats, including individual teacher comments, is included in Appendix B.

Figure 92.



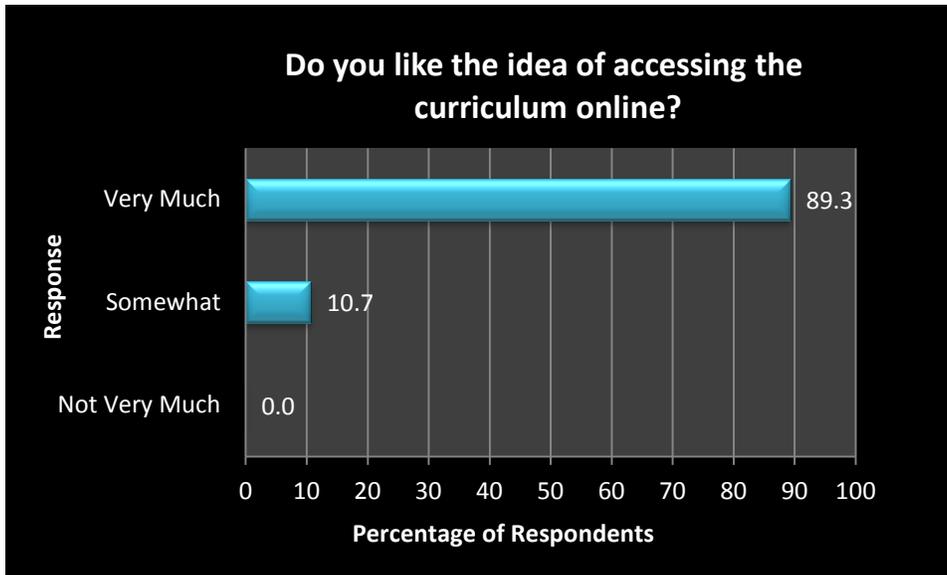
Fewer than forty percent of respondents indicated they felt very prepared to teach the lessons. Those feeling only somewhat prepared indicated they would have liked to go through a lesson experientially to see how it should look and play out, they needed to spend more time on their own with the materials, or they found the brain/addiction lessons hard to understand.

Figure 93.



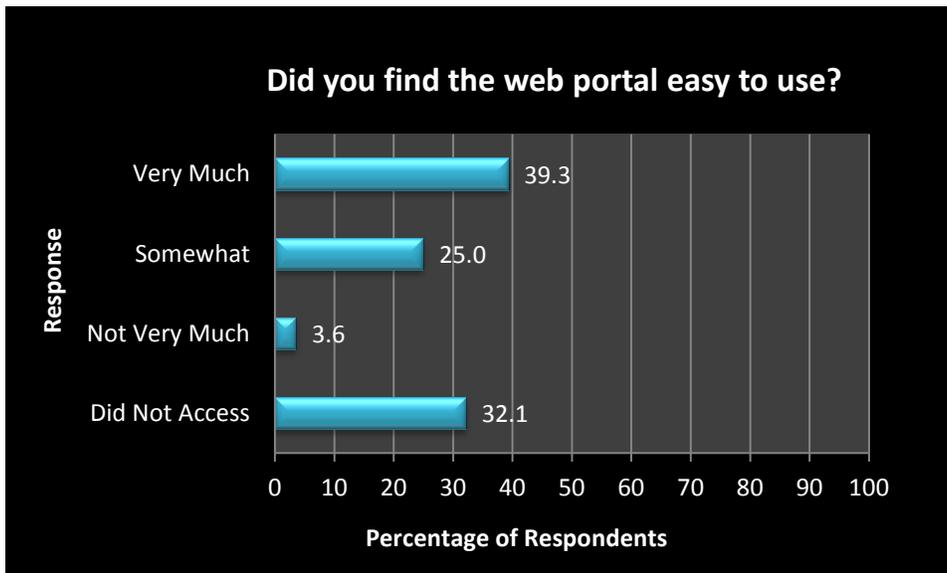
Consistent with the responses above, teachers who said there were specific lessons they felt uncomfortable with indicated the lessons related to the brain were the most challenging.

Figure 94.



Nearly 90% of respondents indicated they very much like the idea of accessing curriculum materials online.

Figure 95.



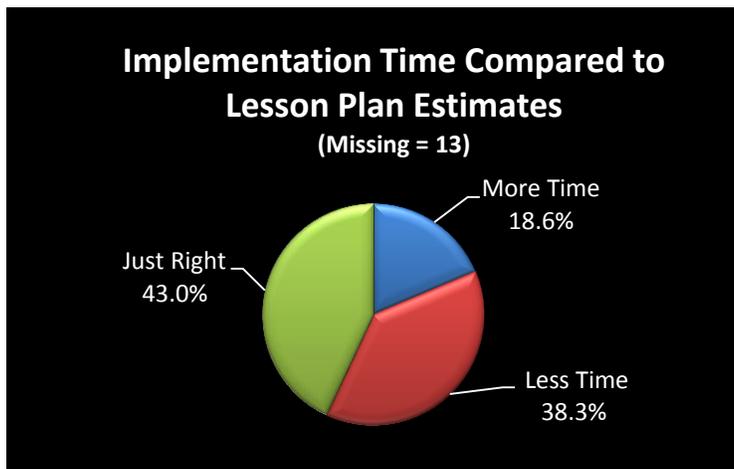
About one-third of respondents did not access the teacher portal; over one-third did so and found it very easy to use, whereas a small percentage did not find it very easy to use.

Student Lesson Fidelity Data

The original project plan for the student program was for schools to implement all student lessons for pilot, then allow for more selective implementation in subsequent years. In addition, as mentioned in the Background section, the lessons on addiction and opioids were to be taught in Health classes and those on risk factors, conversations, and resources were to be taught in Advisory classes. However, actual implementation varied from the plan in some ways at each school. To a large extent, variations were due to schools not having enough time in designated classes to implement the full program. No school implemented every lesson in the curriculum, and the modules (lesson clusters) and specific lessons implemented varied by school. They also varied by school term; there were cases where only some of the same lessons were taught in each quarter, trimester or semester within a school. At one middle school, all lessons were taught in the Advisory classes as health class runs only one quarter in the school year. At another middle school, all lessons were taught in Health classes to familiarize those teachers with the whole program and assess how well it might work in Advisory classes. In at least one high school, Senior students typically teach the Freshman Advisory classes, and this occurred with the heroin lessons as well. The students conducting the lessons received guidance from the teacher and facilitator. The school staff felt the messages would be more powerful and better accepted by the students coming from their older peers rather than adults. There was also a great deal of variation in the level of facilitator involvement in lesson implementation. At some schools the facilitator was present in the classroom and provided active guidance while each lesson was being taught, whereas in some other schools there was no facilitator presence.

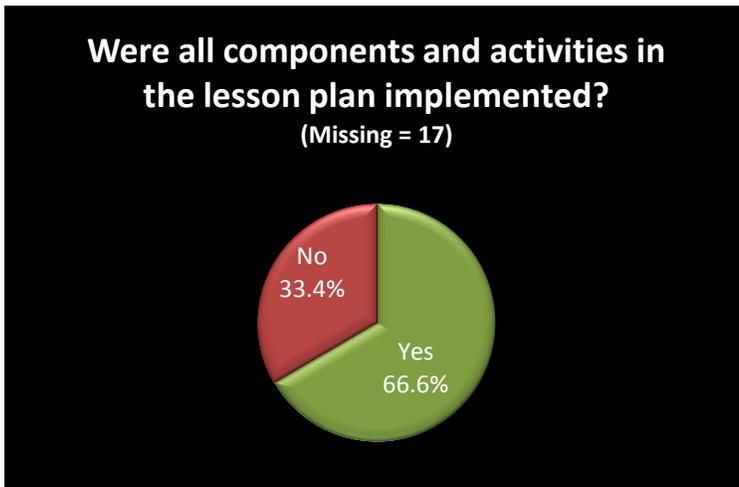
Pilot teachers were asked to complete a lesson fidelity form each time they implemented a lesson. Teachers submitted 159 middle school lesson forms and 235 high school lesson forms. The data presented in this section are based on information provided on those forms. More lessons were implemented than these data reflect, as some were implemented before the fidelity forms were available. Appendix C contains information on the number of lessons implemented, by lesson, school, and class. Seventeen of the 18 middle school lessons were implemented and 15 of the 17 high school lessons were implemented. The Accessing Online Resources lesson was not implemented at the middle or high school level, and Organizing a Presentation was not implemented at the high school level. Time spent implementing each lesson varied greatly. The average (Mean) number of minutes to complete lessons was 24.7, with time spent on lessons ranging from 5 to 80 minutes. Implementation lengths designated in the lesson plans ranged from 10 to 45 minutes. Figures 96 through 100 provide summary fidelity data for the student program. Lesson-specific information is provided beginning on page 71.

Figure 96.



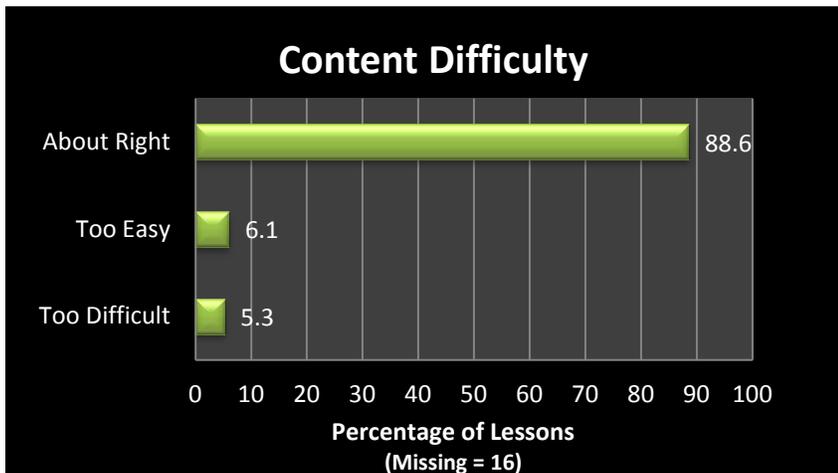
Teachers indicated that the time spent implementing the lesson matched the length specified in the lesson plan less than half the time. In more than a third of cases, less time was spent implementing the lesson than indicated in the lesson plan. In some cases this was due to limited time available rather than the lesson actually requiring less time to implement.

Figure 97.



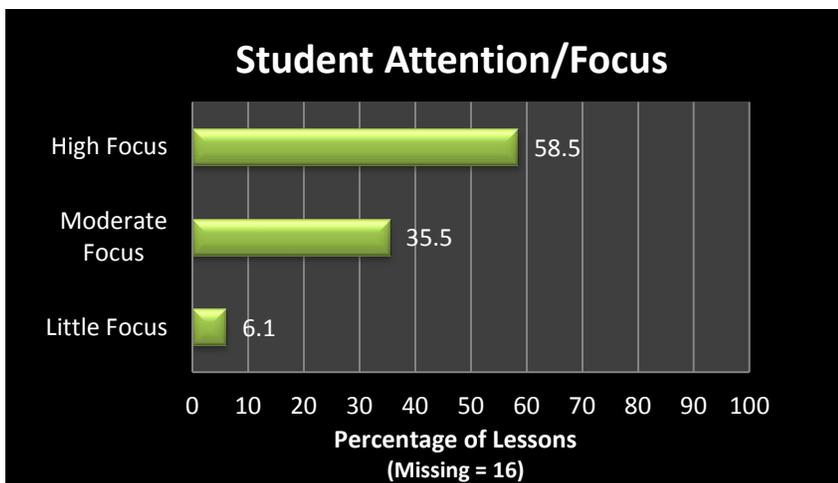
In one-third of the lessons implemented, some lesson components were left out or only partially covered. One component was left out in 13.5% of lessons implemented, and two or more components were omitted in 8.1% of lessons. In 13.2% of lessons implemented, one component was only partially covered, and in 5.1% of lessons two or more components were only partially covered.

Figure 98.



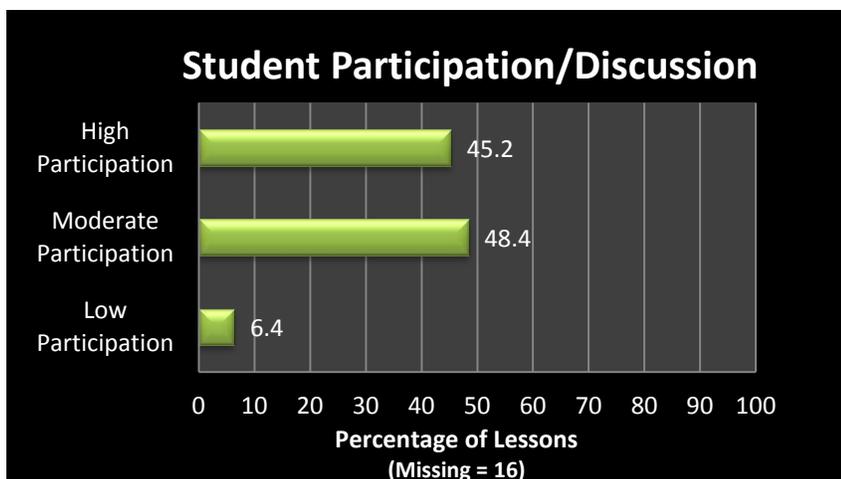
Teachers indicated that the content of most lessons was about right for student comprehension.

Figure 99.



Teachers indicated students were highly focused and attentive in about 59% of the lessons.

Figure 100.



Students were highly engaged in discussions in 45% of the lessons, and moderately engaged 48% of the time.

Lesson-Specific Data

Tables 12 through 17 provide lesson-specific information on completion rates, length, student engagement, and content difficulty. These tables list only lessons meeting certain criteria, as outlined in the following paragraphs. Tables containing data for all lessons can be found in Appendix C. High school lessons are listed first in the following tables, followed by middle school lessons.

Teachers provided information regarding which components of each lesson were left out or not completely covered. From those data, evaluators calculated completion rates for each lesson. Table 12 provides information on lessons fully implemented each time they were taught. One high school and two middle school lessons fit the criteria.

Table 12. Lessons with 100% Completion Rates

Percent Complete – 100%		
Lesson	Number of Times Implemented	Percent Complete
Factors for Drug Use and Discussion (HS)	22	100.0%
Power of Peer Influence (MS)	8	100.0%
Starting Conversations with Peers (MS)	7	100.0%

Table 13 on page 72 provides information on the least often completed lessons – those fully implemented 75% of the time or less. Two high school and four middle school lessons fit these criteria. (Tables listing the number of lesson components not fully covered and the number left out for each lesson can be found in Appendix C).

Table 13. Lessons with 75% or Lower Completion Rates

Percent Complete – 75% or Less		
Lesson	Number of Times Implemented	Percent Complete
Social Media Peer Involvement (HS)	4	75.0%
Pain Pills to Heroin (HS)	6	62.5%
Opioid Safety Brochure (MS)	6	70.8%
Why People Use and Self-Assessment (MS)	8	62.5%
Organizing a Presentation (MS)	1	60.0%
Importance of Talking to Adults (MS)	5	50.0%

While these tables show the lessons most often and least often fully implemented, indications from fidelity instruments, information from the Project Manager, and interviews with pilot teachers are that virtually all lessons were modified to at least a small extent to fit the class period length, the particular student audience, or to replace or supplement lessons with other materials and activities teachers found interesting or important.

Table 14 on page 73 presents lesson-specific data on lesson length. Lessons are included in the table if the average time spent on the lesson varied considerably from the lesson plan (10 or more minutes either direction), or if the time differed from the lesson plan 75% or more of the times it was implemented. Five high school and four middle school lessons fit these criteria. The columns in the center of the chart contain percentages indicating how often the lesson took more, less, or about the same amount of time as the time designated in the lesson plan. The “Minutes Off” column shows the difference in minutes between the actual average length of the lesson and the length in the lesson plan. A negative number indicates the lesson took less time to implement than the lesson plan indicated, and a positive number means the lesson took more time. The “Reason” column provides a summary of reasons teachers gave for lessons being incomplete or varying from the designated time.

Table 14. Lesson Length

Lesson Length						
		Was this more or less time than designated in the lesson plan?				
Lesson	Times Taught	More	Less	Just Right	Minutes Off	Reason
Addiction Explained (HS)	20	0.0%	84.2%	15.8%	-1.6	content redundancy
How the Brain Works and the Impact of Drugs (HS)	33	6.9%	69.0%	24.1%	-12.8	time constraints; content redundancy
From Experimentation to Abuse (HS)	18	5.6%	66.7%	27.8%	-12.2	content redundancy
Pain Pills to Heroin (HS)	6	0.0%	50.0%	50.0%	-14.2	content redundancy
Risk Factors and Risk Assessment (HS)	13	0.0%	76.9%	23.1%	-5.0	time constraints
Starting Conversations with Peers (MS)	7	0.0%	100.0%	0.0%	-13.8	(no comments)
Organizing a Presentation (MS)	1	0.0%	100.0%	0.0%	(no data ¹)	(no comments)
What Does a Successful Teen Look Like (MS)	4	25.0%	50.0%	25.0%	-11.3	(no comments)
How the Brain Works and the Impact of Drugs (MS)	18	38.9%	27.8%	33.3%	+11.9	too much content for allotted time

¹Length was not given in the lesson plan.

Interestingly, the How the Brain Works and the Impact of Drugs lesson made the criteria with both its middle school and high school versions, but the minutes off go in opposite directions. Time constraints were indicated for both. For the middle school lesson, comments were consistent regarding there being more content than could be covered in the designate time. For the high school lesson, content was sometimes omitted due to redundancy within the lesson or with other related lessons rather than due to time constraints.

Based on interviews the Evaluator conducted with the pilot teachers, there was variation in teachers' opinions of the length of lessons overall. Some felt many lessons contained too much content for the designated period, and some felt many contained too little.

Tables 15 and 16 on page 74 show lesson-specific data for student participation and student focus. Lessons are included in Table 15 if teachers rated students as low in participation or low in attention and focus 25% or more of the time the lesson was taught. Lessons are included in Table 16 if teachers rated students high in participation or focus 75% or more of the time.

Table 15. Student Participation and Focus - Low

Student Participation and Focus - Low						
Lesson	Participation/Discussion			Attention/Focus		
	Low	Moderate	High	Low	Moderate	High
Risk Factors and Risk Assessment (HS)	38.5%	38.5%	23.1%	38.5%	23.1%	38.5%
Opioids 101 (MS)	25.0%	50.0%	25.0%	33.3%	41.7%	25.0%

One middle school and one high school lesson met the criteria for low focus and participation. Comments teachers wrote on the fidelity forms about the Risk Factors lesson were that the handouts lost students' interest and students became frustrated with the small group activity. Comments about the Opioids lesson were that the PowerPoint slides were repetitive and not engaging. Ten lessons met the criteria for high participation or focus. Five middle school lessons met both criteria, whereas five high school lessons met the criteria for high focus, but none met the criteria for high participation.

Table 16. Student Participation and Focus - High

Student Participation and Focus - High						
Lesson	Participation/Discussion			Attention/Focus		
	Low	Moderate	High	Low	Moderate	High
From Experimentation to Abuse (HS)	0.0%	38.9%	61.1%	0.0%	16.7%	83.3%
Heroin Outcomes Video (HS)	0.0%	29.4%	70.6%	0.0%	17.7%	82.4%
Factors for Drug Use and Discussion (HS)	0.0%	42.9%	57.1%	0.0%	23.8%	76.2%
Social Media Peer Involvement (HS)	0.0%	75.0%	25.0%	0.0%	25.0%	75.0%
Heroin Effects (HS)	0.0%	58.3%	41.7%	8.3%	16.7%	75.0%
Heroin Use Symptoms Profile (MS)	0.0%	22.2%	77.8%	0.0%	0.0%	100.0%
Importance of Talking to Adults (MS)	0.0%	0.0%	100.0%	0.0	0.0%	100.0%
Power of Peer Influence (MS)	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Effects of Heroin (MS)	0.0%	12.5%	87.5%	0.0%	12.5%	87.5%
What Does a Successful Teen Look Like (MS)	0.0%	0.0%	100.0%	0.0%	25.0%	75.0%

Table 17 presents data on content difficulty. Lessons are included in this table if teachers rated the content too difficult or too easy for the particular student group 25% or more of the times it was taught.

Table 17. Content Difficulty

Content Difficulty			
Lesson	Too Difficult	Too Easy	About Right
How the Brain Works and the Impact of Drugs (HS)	32.1%	0.0%	67.9%
How the Brain Works and the Impact of Drugs (MS)	29.4%	0.0%	70.6%
Opioids in the Brain Software (MS)	55.6%	0.0%	44.4%
Heroin Use Symptoms Profile (MS)	0.0%	44.4%	55.6%

Three lessons (one high school and two middle school) met the criteria for too difficult. All three lessons contain information on brain chemistry. These data support a common theme in the pilot teacher interviews: The brain chemistry information is too in-depth for this type of class and some students lose focus. Teachers acknowledged that the underlying messages about the role of the brain are important. Not all teachers agreed that the content was too difficult for their students, however. In fact, one teacher said she wanted the students to have an even deeper understanding of the materials and added more information on the reward pathway in the brain. This teacher’s class was comprised largely of advanced upper class students. These differences reflect the fact that the cognitive level of the students and the comfort level of teachers with the materials are important variables here.

PROCESS INTERVIEW RESULTS

Advisory Board and Committee Interviews

The Evaluator conducted two rounds of process interviews with Advisory Board and Committee members, one in the middle of the pilot implementation year (December-January) and one near the end (May-June). A random selection process was used to select members for interviews, ensuring that participants from each group were included. We were unable to interview most members of the Youth Committee, however, due to their status as minors. During the first round, the evaluator completed process interviews with 11 individuals; one individual declined participation. For the second round of interviews, the potential interviewee group consisted of half previously interviewed members, and half members not previously interviewed. The Evaluator initially contacted 13 individuals, and completed three interviews. One individual was unable to schedule an interview within the designated timeframe, and one declined indicating he provided technical assistance only and could not knowledgeably speak to the questions. The Evaluator made repeated attempts to contact the other invitees, offering the option to answer the interview questions in an electronic document and return them via email. One indicated he/she would complete the survey electronically but did not return it, and seven did not reply to the repeated invitations. A group of 10 additional names was then drawn, and these invitations (which also included the option to answer the interview questions electronically) resulted in two additional interviews. One other individual replied but was unable to schedule within the designated timeframe, and seven did not reply to repeated invitations.

With the first round of interviews, there appeared to be a sense of disengagement on the part of Family Committee members. With the second round, this sense seemed much more pervasive. This is somewhat understandable as many of the Advisory Groups had completed their work several months prior to the interview period, and in fact the Advisory Board itself had limited activity the second half of the project year. The following is a compilation of interviewee responses to each question at the first and second interview periods. Second round comments are discussed separately in cases where they provide information that is new or different from the first round comments.

How well were the committees' goals accomplished, and did you feel members' input was valued?

Members of each committee indicated the committee accomplished its goals. Interviewees reported there was valuable and varied representation on the committees and the Advisory Board and despite differing perspectives, all were committed to the cause and able to agree upon goals and establish a common direction.

Members unanimously felt respected and that their input was valued. Factors which helped them feel they and their input were valued included: the group's recommendations being accepted; receiving written summaries of each meeting stating the contributions to the project; and meetings scheduled in advance, indicating members' time was valued.

Committees were successful at accomplishing their goals.

Members felt respected and that their input was valued.



Feedback from Family Committee members indicated the group facilitators were effective at achieving a balance between helping families connect with each other and sharing their stories and directing the group toward the accomplishment of its goals. They reported experiencing cathartic and therapeutic benefits from having the opportunity to participate in the project and help something good arise from tragedy.

Family Committee members felt unsure early on about how their input would be used, and felt disconnected from the project after their work was finished.

However, these interviewees also indicated they would have liked to have a clearer sense earlier on of how their input and work would be integrated into the project and program materials, although they stated that some of this information was shared during the final meeting. In addition, members who were not also on the Advisory Board reported feeling disconnected from the project after the committee completed its work. Some thought they may have been told they would get an overview of the

program or a chance to review the pilot at some point, but this has not happened at the time of the interview. Some acknowledged that they could probably visit the project website for information, but would appreciate some contact directly from project staff. The interviewees were clearly interested in how the project was progressing as a whole and how their input was being used.

What challenges and barriers were experienced?

One of the biggest challenges identified regarding committee work was in scheduling meetings when all members could attend. This challenge appeared to be greatest with the Youth Committee. To address the barrier with this group, facilitators conducted focus groups at the schools, which proved an effective way to gather data from the youth. Facilitators of other groups addressed scheduling challenges with the use of conference calls and web-based conferencing services. These approaches were helpful in allowing more members to participate; however, the document sharing features of these methods were somewhat problematic, which at times made committee progress difficult. Comments from members of the Advisory Board and most committees indicated members were deeply committed to the work, were willing to be accommodating to others, and made the meetings a priority.

Scheduling meetings when all members could attend, motivation to stay involved with ambiguous outcomes, and finding qualified key staff was a primary challenge addressed.

Family Committee feedback indicated the biggest barrier was inconsistency in attendance among committee members. Some reported it was difficult for people to feel motivated to attend the meetings because they were not sure whether their input would truly be helpful and how their input and products, including the gap analysis and list of resources, would be used in the project.

Another major challenge identified by interviewees was finding qualified coalition-builders and program facilitators, both of which require unique competencies and specialized experience. The short timeframe within which the project team had to work made this an even greater challenge. However, they indicated that finding qualified staff is likely to be a problem for any school or community wanting to implement the program. To address this, interviewees stated that additional time spent on training facilitators and developing clear expectations would be beneficial, and that the current model for the use of facilitators should be re-examined.

Additional time training facilitators, establishing clear expectations, and evaluating the current facilitator model were recommended.

Interestingly, many interviewees reported anticipating a challenge that did not occur, or did not occur nearly to the extent expected, which was resistance on the part of the schools. They indicated that most schools are resistant to anyone from the outside wanting to implement programs or institute changes in how the school approaches things. Likewise, many administrators tend to deny that substance use of any kind, let alone heroin, is a problem in their schools. The consensus of the interviewees was that Robert

Crown Centers' approach made the difference: They did an incredible job of designing their approach with careful forethought and planning, building trusting relationships, involving the right people, and being willing to adapt their materials and approach to the particular needs of each school.

Second Round Comments. Getting the program into additional schools, particularly given current curriculum trends and requirements, funding, and educating the health care community are seen as the biggest remaining challenges.

How closely have the project and program materials matched the Illinois Consortium on Drug Policy research recommendations and the project plan?

Interviewee comments indicate project implementation has closely followed the plan. Implementation and the program materials have also remained true to what was found in the research. More than one interviewee stated that this program could become a national model and change the way prevention education is delivered.

Second Round Comments. One interviewee praised project staff for not including additional schools once the planned number was on board. This allowed staff to not be spread too thin and compromise the quality of the program and trainings.

Is there any person or sector of the community you feel should have been involved but was not?

Most gave feedback indicating Robert Crown Centers (RCC) obtained involvement from all key people and sectors needed. Some indicated they would have liked to see greater participation by law enforcement from some communities and by health care professionals, particularly more physicians. Some also commented they would like to see continued involvement from heroin-involved youth, such as having them review and provide feedback on the curriculum materials. However, interviewees acknowledged that drug-involved youth could be a difficult population with which to maintain contact and convene for those purposes.

Community representation was very diverse; however, greater involvement from law enforcement, health care, and heroin-involved youth would be ideal.

What do you think are the biggest successes or accomplishments of the project so far? The most prominent theme emerging in response to this question was the success of obtaining school buy-in on the project. Interviewees indicated that people do not understand how significant an accomplishment this is, particularly given the subject matter. Some added that this is even more surprising because the program was not yet finalized when the schools signed on.

Increased awareness and acceptance of the heroin problem emerged as another prominent success theme. Interviewees reported awareness being raised in the Chicago metro area in a way that has not occurred before. The stigma and reluctance to openly discuss the issue is being overcome, and people are gaining a greater understanding of how the problem manifests itself and how serious it is in the local area. Some attribute this to effective coalition-building on the part of the project team and Robert Crown Centers' ability to recognize and respond at the point of greatest community readiness.

Obtaining school buy-in, increased awareness and acceptance of the heroin problem and the completion of the pilot program were the biggest successes identified.

A third theme was the success of moving from the initial planning stages to program development to full implementation given the tight timeline and ambitious goals for the project. Additional feedback indicated project staff appeared to be successful in developing a quality program within this timeframe which is workable for teachers but also resonates with the students and parents.

Second Round Comments. Interviewees reported the increasing awareness of heroin addiction as a health issue rather than a criminal issue, more school staff being knowledgeable about heroin issues, and communities finally recognizing that schools are addressing the issue as significant successes.

What, if anything, would you have liked to see done differently?

None of the interviewees could identify anything that should have been done differently. Some indicated it would have been beneficial to have additional time to plan the project and develop the materials. Some also expressed a desire to re-engage the Family Committee members and possibly the youth in providing input on the program materials.

Board and committee members would like to be re-engaged in the project.

Second Round Comments. Some interviewees expressed desire to see an indication of next steps or extension of the vision, although they recognized that Robert Crown Centers is awaiting data results before working on a plan for further implementation. There was a definite sense among interviewees (those not involved with Robert Crown Centers in some other way) of a lack of closure regarding future

board/committee involvement in the project. While some indicated Robert Crown Centers had implied the Board may be reconvened at a later time or that they want to continue the relationships in some form, it was not expressly stated that this would happen, or when and in what capacity.

Do you think the level of awareness and acceptance in the communities of the need to address heroin has changed since the project began? If so, in what way?

The consensus indicated awareness and acceptance have increased greatly in some communities but not in others. For example, some parents became aware of public forums being held in other communities and travelled to those communities to participate. Interviewees said the project seems to be setting a new norm in some communities that it is good to talk about heroin abuse as people are past the shock stage. On the other hand, in other areas interviewees have seen people build walls and close off to the issue. Some community members comment that many local kids do have problems, but with marijuana, alcohol, etc., not heroin.

Second Round Comments. Interviewees are seeing evidence of increased awareness in a progressively wider variety of settings and communities. One also pointed out that the Illinois House of Representatives had just passed forward-thinking legislation on heroin prevention.



What do you think are the most important things for the project team to be sure to do from here on out?

A common theme in response to this question was to remember this is still a work in progress: continue seeking input from experts, including heroin-affected youth and families, and feedback from those involved in the implementation – school staff, teachers implementing the curriculum, students and parents; continue to strive for sincerity and authenticity; remember the audience and don't patronize them. Project staff are encouraged to consider tailoring messages to varying groups of youth because youth are diverse, e.g., those who will never touch heroin, those who might, and those who have and may continue.

Another theme among interviewees was encouraging the project team to finish strong and not ease up when they see the end in sight. Also, be sure to keep all the key players at the table even though it may seem a smaller crew could handle it now. Similarly, continue the efforts beyond this current pilot by raising more funds and encouraging more schools to get involved.

Respondents also felt it will be important to let the data drive what is done next, as well as to get the results out to the public and hold additional forums and media events to continue to break through the stigma and denial.

Sustain the efforts, keep refining, and continue seeking additional stakeholder input.

Other comments indicated this project has stimulated conversations about other substance abuse problems and has increased readiness to address those as well. As a result, some interviewees believe resources should be made available for those issues.

Second Round Comments. Many comments amplified the sentiments expressed in the first round of interviews: Sustain the focus; continue the efforts and keep it at the forefront despite fewer local heroin deaths this year; continue involving stakeholders in the feedback loop, and broaden the base further to include more health and mental health workers, school personnel, police, clergy, parents, etc., to help establish norms in communities and give kids a more powerful message. One interviewee emphasized the importance of continuing training and skill development with school staff even if current student outcomes aren't stellar, because this effort can have a significant positive influence on kids down the road.

Is there anything else you think I should know that we have not already discussed?

Most interviewees expressed great interest in what the data will show, and hope results will be disseminated to the communities, including how well the program was received, how it might be improved, and where it will be implemented next. There was some concern expressed, however, that given the broad coverage area of the pilot and the interest created in other communities, there may not be sufficient resources to complete the pilot effectively or meet the additional demand for this program.

Disseminate results and plans for further implementation to the communities

A few interviewees indicated some groups (not Robert Crown Centers or the project team) are portraying the heroin problem as an epidemic, and caution needs to be exerted to maintain this problem is serious but not allow it to overshadow the seriousness and higher incidence of alcohol and other drug abuse and dependence among youth.

Interviewees were so highly impressed with RCC's approach to this project that it would be difficult to exaggerate the praise given. They see the organization and staff as having incredible forethought in planning the project and had developed a strategy for nearly every obstacle that may arise. RCC had a good understanding of the importance of solid research as the basis for developing the project, and showed remarkable insight in making the project consumer-driven. This includes seeking input directly from heroin involved youth/young adults and family members regarding what heroin initiation and use look like throughout the life cycle from actual lived experience, and learning directly from youth what kinds of messages do and do not resonate with them. Interviewees commended RCC for its courage in doing this, and in breaking through historical resistance on the part of the schools and suburban communities to openly address an issue that holds such stigma.

Recognize the seriousness of alcohol and drug problems as well

The ability to overcome this resistance was attributed to RCC's professionalism, skill at building relationships and garnering trust, and knowing who the right people would be to bring to the table. Participants commented that the broad collaboration they generated was astounding. They also credited RCC's willingness to adapt/amend the materials to the needs of the particular school and community.

Interviewees praised Robert Crown Centers' staff highly for its insight, courage, innovation, and professionalism.

Many people commented that Robert Crown Centers is very astute in knowing its limitations as well as its strengths. They feel the staff and director are educated, knowledgeable, and highly competent, but also are open to suggestions and good at outsourcing functions not within their area of expertise. Additional comments about the staff were that they all were very humble, grateful and appreciative of the contributions of

committee members; Kris Adzia and Steve Ritter were very engaging, sensitive, and respectful with the Family Committee; and Andy Wentling was great at approaching things with humility and humor. Many interviewees reported that it was a remarkable experience working with the staff and watching how the organization approached this project.

Pilot School Administrator and Teacher Interviews

The Evaluator conducted interviews with 10 school administrators and nine pilot teachers in April and May, 2013. Interviewee selection was based on a combination of facilitator recommendations, school administrator recommendations, and teachers who volunteered to be interviewed. All 11 participating schools were represented.

What appealed to you about the heroin education pilot project, and what did you hope to have come out of it when you agreed to be a pilot school?

The primary motivations for schools to be involved were to increase knowledge about the effects of heroin and increase awareness of the local heroin problem to help prevent further heroin deaths. Schools either have experienced heroin-related deaths of current or former students, or know the problem is getting worse and want to openly and proactively address it. Some schools were already planning to revise their curricula to include or expand heroin education, and were pleased that Robert Crown Centers was offering this program. There was a common feeling among interviewees that schools, communities, and parents need to stop denying that heroin is a problem locally, and that this program is coming at the right time.

The specific content and structure of the program also appealed to the schools. They liked that the curriculum is based on scientific research, and that it addresses precursors to heroin use and the physiology behind addiction. The comprehensive approach of targeting students, parents and school staff also was appealing. For some high school administrators, the design of having the feeder middle schools involved was a big draw. A few interviewees also indicated that Robert Crown Centers' exemplary reputation influenced their decision to participate in the project.

The research basis and content on physiology of addiction were highly regarded.

Schools also appreciated that the program targets parents, teachers, and students, and includes feeder middle schools along with the high schools.

Although we do not have outcome data yet, what is your sense at this point of whether those hopes will be realized?

Awareness is being raised and the desire for this knowledge is there.

The overall sense was that awareness has been raised among parents, teachers, and students. Administrators have gotten positive feedback from parents and teachers. Several indicated that the all-staff trainings were very well received and the teachers had many questions – they seem to be hungry for this information and to learn what they can do to help students. Interviewees also said students are responding well, have been very engaged, and in some schools students have been heard discussing the lessons and making connections outside the classroom.

What went well and what did not with the coordination/communication between Robert Crown Centers and the schools? What should RCC keep doing the same and what should they do differently?

Most schools indicated that communication between them and RCC staff was abundant and very helpful, particularly in the planning stages and at the start of implementation. They liked having a staff person assigned to the school, and most indicated that RCC staff members were readily available and very responsive to the schools' needs. Feedback was highly complementary regarding the Project Manager's knowledge, responsiveness, and helpfulness in generating ideas and problem-solving.

Communications that were thorough and clear at the outset regarding the extent of the commitment and support to be provided were most helpful.

There seemed to be wide variation across schools in the amount of ongoing support received from the facilitators with the student lessons, however. This ranged from no in-school support during implementation to the facilitator being present and actively providing guidance in all classes, and various levels in between. Some differences in level of support may have occurred in response to specific requests by a classroom teacher or based on need as perceived by the facilitator (this is evaluator speculation). Nonetheless, some interviewees indicated they wanted and were given the impression they would get more assistance than they actually received.

Another communication theme that arose was in regards to the extent of time and effort involved in implementing the program. Several commented that this was not made clear at the outset and was more than school staff and administrators anticipated. However, most also stated they greatly

Ongoing assessment and communication regarding the amount of in-class support desired, how to address challenges, and how to adapt lessons to student levels and time constraints would be beneficial.

appreciated the flexibility RCC gave in how to implement the program and which components to implement. It appears from the interviews that most of the schools did not implement all the student lessons. Some indicated it would be helpful for RCC to be more prescriptive about how many or what lessons should be done, which lessons are not optional, and in what sequence they should be given. Bundling of certain lessons that are integral to each other and should not stand alone was also suggested. Interviewees offered these suggestions not only to benefit the schools but also to facilitate program evaluation.

What went well and what did not with the implementation in general? What, if anything, should be changed?

Some administrators said implementation went very smoothly overall. Some reported seeing a bit of teacher resistance initially, which they attribute to teachers' lack of understanding of the need for the program and of how it would be implemented. The amount of paperwork required for the evaluation was burdensome for some. In addition, some teachers felt they did not have sufficient science backgrounds to effectively teach lessons involving biochemistry of the brain and addiction. While some teachers and administrators reported the orientation and training was thorough enough, several indicated that more in-depth explanations of the program and the reasoning behind it and more comprehensive training was needed. Administrators felt this would also help with teacher buy-in. In some cases, fuller explanations and training were eventually provided, but it is most important to provide those at the outset. Those wanting more in-depth training suggested the facilitators model one or more lessons and demonstrate ways to handle potential problems, having teachers act as students going through the lessons. A printed reference guide for teachers to keep handy that includes lesson tips and web resource links was also recommended.

Pilot teachers would benefit from more in-depth training and clear understanding of reasons the program is being done.

The program is seen as too much to implement. Specifying required lessons would be helpful.

Another common theme was that the full program is too much to implement. This is especially true for schools on a quarter term schedule; however other schools also indicated fitting the lessons in while retaining components of their own drug education units they want to keep would be very difficult. Some emphasized the need to provide information on other drugs as well. Schools feel it is important and students are asking many questions about other drugs.

Some interviewees indicated the visibility of the program with students and parents decreased as the school year progressed, but that this should be maintained throughout the year. One recommendation was for letters to be sent to parents during the specific term in which their child is taking the classes,

rather than all being sent at the beginning of the year. Parents are seen as much more likely to pay attention if their students are involved in the program at the time.

Program visibility should be maintained throughout the year. Reach parents when their kids are taking lessons.

This feedback was provided in efforts to help improve implementation of the program. The consensus among pilot teachers and administrators was that this is an excellent program, the content is outstanding, and they want to see it continue.

What would be the best delivery methods for the following (in person, webinar, etc., and when, where?):

A. All-Staff Trainings? (During staff development or in-service days, etc.?)

The consensus of interviewees was that the all-staff training sessions were very effective as conducted. In-person delivery is seen as the best method. No strong preference for a specific venue stood out: The particular venue used at each school (e.g., during in-service days or staff development periods) worked well at that school. The few comments given on how to improve implementation indicated the

Extensive teacher experience and ability to engage the audience was highly regarded.

following: Staff would prefer less focus on biochemistry and more on the effect on kids and what teachers can do; trainers who are experienced and highly engaging with the audience are more effective; and setting up the trainings further ahead of time would be beneficial.

B. Parent Information Sessions?

As with the all-staff trainings, the consensus of interviewees was that in-person sessions are the best method of delivery for the parent program. This was believed true even though actual attendance in many cases was disappointing. An interactive face-to-face format where parents' questions are answered right away, and that allows ample time for questions and discussion, is seen as most powerful and effective. Webinars are best used as a back-up plan for parents who miss in-person trainings, and could be posted on the school websites for easy access.

In-person, interactive sessions are the best delivery method for parent, school staff, and student components.

Some schools acknowledged it was difficult to figure out where to fit the program in. Parent University nights were not seen as the best venue, as there are too many other conflicting sessions important to parents. Nevertheless, some felt coordinating the sessions with other events at school may reach the most parents. Suggestions included open houses, parent-teacher conferences, events in which kids are presenting or performing, or holding the session at monthly meetings of music or sports booster clubs. Stand-alone parent sessions worked well in some cases, but not in others, even with wide and varied advertising. Some were at a loss as to what to call the session or topic in order to attract the most parents, since calling it drug education historically has not worked.

A few interviewees felt strongly that the parent program would be best done as a fully collaborative effort, with school staff/administrators and RCC becoming partners in the planning and promotion of the program and in the presentation itself. They felt their combined expertise, experience, and administrators' established rapport with parents could reach the most parents, and reach them most effectively.

C. Student Lessons?

While there were differences across schools about how well the lessons fit in the Health and Advisory classes, teachers and administrators commonly felt that delivering the program in class with an instructor is the best delivery method for the student component. Pilot teachers generally felt the overall content of the lessons is great. While some felt the brain chemistry information was too technical for students and for their own level of expertise, they felt information on the reward pathway and the chemistry behind addiction is important to include. A few indicated the order of lessons could be changed to improve flow and one felt the series should end on a positive note, e.g., ending with the lesson on what a successful teen looks like. Lesson activities that use visual learning, engage students in using technology and finding answers themselves, and provide real life examples are preferred by students and seen as most effective by teachers.

Students were highly engaged in this lesson. Knowing this was a real person makes it more relevant to the students.

If you accessed materials on Robert Crown Centers' Heroin Prevention Education website, what did you think of the site and materials?

Nearly all indicated the website and portal is easy to access and navigate, that it is structured and organized well. A few shared that it was not clear where some clicks would take the user, and that there should be detailed written instructions for students on how to log in and where to go step-by-step once in the portal. The teachers clearly liked having lesson materials and other resources available online. Teachers and administrators think the information on the website and portal is good and very credible.

End the lesson series on a positive note.

Questions asked only of pilot teachers:

How did the surveying go? How would you most like to access/administer the pre- and post-test surveys (online in computer lab vs. paper, etc.)?

Administration of pre- and post-test surveys by paper was generally preferred due to complications associated with computer-based administration, e.g., lack of access to computer labs and difficulties accessing the survey site. The survey was a burden time-wise in some schools, but not others. In cases where there was a short time period between pre-test and post-test survey administration, teachers' impressions were that some students became frustrated at having to answer the same questions again and did not take the post-test seriously. However, at one school teachers indicated the pre-test survey got kids interested in the topic right away, and teachers used questions from it in an exam to determine students' grades for the unit.

Did you teach the lesson involving the social media case study? Should the students be told that this case study IS of a real person – and when should they be told (before they see it, after, etc.)?

Teachers overwhelmingly indicated that, of all lessons in the curriculum, students were most engaged in the Social Media Case Study. It appears that the personal story, the use of technology, and the interactive design of the assignment combined to make it highly appealing. Staff from two schools mentioned that the more advanced students in higher grade classes seemed less engaged with or intrigued by the lesson, however. There was some variance in whether students, and even teachers, were told the story is of a real, local person. Teachers unanimously feel this is important information to



share to make it more relevant to the students. There was also some variance in whether students were told of the main character's outcome. This information is designed to be shared at the high school level and not middle school, but there were a couple of cases where this protocol was not followed. Teachers generally felt it would be good to provide this information but allow time for students to speculate about his outcome first. A very common theme in the interviews was that students were highly curious about his outcome. Comments also indicated it would be good for students to know there is hope, but not minimize the dangers and the consequences the character experienced.

Student were highly engaged in this lesson. Knowing this was a real person makes it more relevant to the students.

CONCLUSION AND RECOMMENDATIONS

Challenges and Lessons Learned

One of the greatest challenges was the extremely short timeline under which project staff worked to recruit schools, finalize the program curricula, and begin implementation. The evaluation team functioned under similar or more stringent time constraints in creating survey and fidelity instruments. The student curriculum was in the final stages of revision at the beginning of the school year when program implementation was intended to start, as were evaluation instruments.

Robert Crown Centers had difficulty finding qualified program facilitators. The position requires a unique set of competencies and specialized experience, and this will likely be a challenge in any community wanting to implement the program. Smaller communities may have even greater difficulty in this area.

Collaboration with the schools presented challenges as well. Key challenges included:

- Obtaining school commitments to participate in time to effectively plan and coordinate school staff, parent, and student program implementation;
- Communication – some schools began implementation without notifying project staff and without the use of surveys and fidelity forms; some also were not responsive to requests for other information needed for program coordination or evaluation purposes;
- Allotting a full hour for the parent program;
- Following the project implementation plan.

The logistics of scheduling parent information sessions was difficult from the school and project team perspectives. The challenge was finding times and venues that would make it easy for parents to attend that also fit into school schedules but that would allow a full hour for the program. Much of the time, the parent program ended up being offered in conjunction with other school events parents attend, but the program had to be shortened. This challenge was heightened by the very short timeline between program development, school commitment, and targeted program implementation schedules. As a result, parent attendance was low. With more advanced planning, better solutions may be found in future implementations.

Following the project implementation plan for the student component was a challenge not only due to the implementation timeline, but also due to the length of the student program. Feedback from school administrators and teachers consistently indicated that the full program was too much to fit in with current curriculum requirements and substance education modules they wanted to keep. Project staff were willing to accommodate schools' needs in this area, and schools selected the lessons and modules that best complemented their substance education programs.

In the classroom, teachers and students experienced a variety of technological challenges that hindered lessons and survey administration. Computer labs were not always available at the times technology-based lessons were implemented or surveys were administered. Software incompatibility between school computers and program materials was a problem at some schools, as was logging in to the web portal. And, the web link to the student survey in Survey Monkey did not work when pre-populated into the web browsers.



Other challenges related to participant surveying existed as well. It was difficult to find or develop participant identification (ID) codes that would retain participant anonymity but not require them to remember a unique code from pre-test to post-test. The method used resulted in a very low match rate on the parent surveys. The match rate was much better with the students, but there was a high rate of ID code duplication. ID coding was not a problem with the school staff surveys. Since the school staff training was done in a single session, pre- and post-test surveys were combined in one packet, omitting the need for IDs with which to match the pre- and post-tests.

In addition to the poor match rates with the parent surveys, parent survey completion rates were lower than expected (see Parent Outcomes section). The survey invitation and administration methods may have been part of the problem, with parents not feeling they had the time or not feeling sufficiently compelled to complete an online survey. Post-test completion rates were especially poor. This may be due to timing, with the invitation coming at a somewhat busy time of year (mid-April through early May). It may also be that the heroin project was no longer at the forefront of many parents' minds as their kids had already completed the heroin program, or the communications from schools and in the community about the project had diminished since Fall.

The problems with parent survey matching and low participation rates affected the outcomes evaluation of the parent program. The number of matched surveys was too low for valid analyses, therefore conclusions cannot be drawn regarding the effectiveness of the parent information sessions in changing parents' attitudes and increasing their knowledge. In addition, the lack of fidelity with which the parent program was implemented impeded effective evaluation. Nonetheless, there were statistically significant improvements between baseline and follow-up responses on several questions, which are probably at least partly due to diffusion of information from the project. This highlights the benefit of having a multifaceted program targeting students, parents, and school staff and employing websites, community forums and the media to disseminate information.

Conclusions and Recommendations

Project Development

Interviews and survey feedback indicate the program was well-received by school staff, administrators, parents, and students; it is welcomed and much-needed. The openness of schools to the project was astounding to most interviewees, and is likely attributable to school readiness due to a number of heroin-related student deaths, the program model, and Robert Crown Centers' innovative approach. This approach was well thought-out and insightful, including: Basing the program on a solid research foundation; researching the problem in the local area; developing effective relationships with stakeholders and bringing all stakeholders to the table including youth, drug affected family members and former addicts; and being responsive to schools' needs. School administrators appreciated the comprehensive approach of targeting students, parents and school staff and the design of involving the feeder middle schools. Some indicated Robert Crown Centers' exemplary reputation influenced their decision to participate in the project. Interview feedback also indicates awareness and acceptance of the heroin problem and willingness to address it has increased in the participating and surrounding communities. Other communities and schools wishing to implement the program and replicate the results would do well to follow Robert Crown Centers' model.

Recommendations:

- ❖ Re-engage board and committee members, particularly members of the Family Committee and others not part of the larger Advisory Board. In the decision-making process regarding program modifications and further implementation; or at least be sure to communicate findings to them.
- ❖ Keep all key stakeholders at the table for program modifications and long-range planning.
- ❖ Increase efforts to engage law enforcement, the health care community, and heroin-affected youth.

Program Implementation

Program implementation overall went relatively smoothly, considering the challenges faced. Time constraints that limited advance planning were the greatest challenge. Consensus among pilot teachers and administrators was that this is an excellent program, the content is outstanding, and they want to see it continue. However, interest in and need for some additional specific content was consistent across programs.

General Implementation Recommendation:

- ❖ Begin planning for and scheduling program sessions and trainings earlier on, beginning before the end of the school year for fall implementation. For new communities and schools implementing the program, planning should begin much earlier.

General Content Recommendations:

- ❖ Include more information on signs and symptoms of opioid and heroin use and addiction.
- ❖ Include more information on what to do if you suspect someone has a drug problem.

- ❖ Provide clarification regarding the dangers of heroin/opioid use – emphasize that actual use and the chance of overdose, rather than withdrawal, pose significant risk to one’s life.
- ❖ Project Team should review survey questions with non-significant outcomes to identify factors needing more emphasis in the program.

School Staff Component

Interview and outcomes data indicate that the all-staff training sessions were effective as conducted. School staff were very interested in the material and what they can do to help students. In-person delivery appears to be the best method for these trainings, and trainers who are experienced and highly engaging with the audience are preferred.

Recommendations (based on staff interviews):

- ❖ Provide more information on heroin’s effects on youth and how teachers can help, and focus less on biochemistry.

Parent Component

Less than 4% of parents in the participating school districts attended a heroin information session. Interview results indicate in-person sessions that allow ample time for discussion and where parents’ questions can be answered immediately are preferable. The fact that parent programs were cut short much of the time and there were minimal significant parent program outcomes provides some support for this. However, parents indicated they would be more likely to use reading materials, and to increase the likelihood of attendance at in-person sessions, they must be offered at times and venues convenient for parents, which varies greatly. Holding parent information sessions in conjunction with already-occurring school activities was recommended by parents and school personnel; however, that approach did not seem highly effective in this pilot project.

Still, survey results for parents not attending a heroin information session showed some significant differences from baseline to follow-up. This could be an indication that parents may have picked up information from project website, word of mouth, community forums, or local media coverage related to the project, which has been fairly extensive. So, information can be disseminated through a variety of means.

Recommendations:

- ❖ Allow ample time to plan, coordinate, and schedule program sessions.
- ❖ Consider making the parent program a fully collaborative effort with school staff/administrators as partners in the planning and promotion of the program and in the presentation itself.
- ❖ Hold parent information sessions multiple times for each school and community, varying the time, day, and location.
- ❖ To increase appeal of in-person sessions, have former heroin users speak and provide more information on what parents should do if they suspect or discover their child is using.
- ❖ Time parent sessions to coincide with the time their kids are in the heroin program at school, when it is more at the forefront of parents’ minds.



- ❖ If parent sessions are held in conjunction with other school events, require at least 30 minutes and provide clear and easy means for parents to access materials not covered in the session.
- ❖ Use a variety of methods for program dissemination: Conduct live webinars and videotape them so parents unable to participate can view it online at their convenience; host forums where parents or students could gain support or post questions anonymously; have churches host sessions or incorporate into adult education programs; create public television programs.
- ❖ Disseminate program materials through printed media.
- ❖ Advertise/promote programs through a wide variety of means, such as emails, school websites, and newsletters.
- ❖ Provide ample advance notice, and give reminders.

Student Component

Outcomes data show that the student program was effective in changing student beliefs, attitudes, and knowledge in the desired direction. The student outcomes are impressive given that middle school and high school data are combined and there are some differences in the content of the curricula. In addition, some survey questions reflect information not covered at one or the other curriculum levels. These outcomes are particularly impressive given that schools varied widely in terms of which lessons were implemented and how much they were modified.

Student feedback was positive, indicating the program provided good information they did not previously know. However, pilot school administrator and teacher feedback consistently indicated that the full program was too cumbersome and time-consuming to implement, and in fact none of the schools implemented the entire program. The lessons in the Resource module were implemented least often. Lessons in the How the Brain Works and the Impact of Drugs module, lessons on new aspects of heroin, and those on consequences of use were implemented most often. Lesson activities that incorporate visual learning, engage students in using technology and finding answers themselves, and provide real life examples are preferred by students and seen as most effective by teachers. PowerPoint slides and handouts were the least interesting and engaging. Teachers have some concerns about the level of difficulty of the biochemistry information, but all agree the information on the reward pathway and the chemistry behind addiction is important.

Recommendations:

- ❖ Make clear to schools at the outset the extent of time and effort involved in implementing the program.
- ❖ Develop recommendations for schools on which lessons should be done and in what sequence they should be given if unable to implement the entire curriculum. This may include identifying bundles of specific lessons that are integral to each other and should not stand alone.
- ❖ Consider eliminating the Resources module from the curriculum. It appears schools saw those lessons as least important, and outcomes were positive without them.
- ❖ Further incorporate into the lessons the use of technology and online resources, activities that allow students to interact with each other and the material, and that allow students to research information and find answers themselves. Some PowerPoint slides and handouts may be replaced with these. The Project Team may use lesson-specific information provided in the appendix to guide lesson modifications.



- ❖ Include additional video clips, particularly those of local and national news coverage of the issue, to engage students and make the issue more real to them.
- ❖ Provide additional training and background information for teachers to support lessons involving brain chemistry, or simplify the lesson content slightly.
- ❖ Help schools anticipate potential technology challenges and prepare alternative plans.

Pilot Teacher Training

More than half of pilot teachers did not feel sufficiently prepared to teach the curriculum after the training, and would like the training to have been more in-depth. It appears there was some variation in thoroughness of the trainings, as well. Teachers were appreciative of the availability of resources on the web portal to become more familiar with the lessons.

Recommendations:

- ❖ Prior to the training, school administrators and project staff should provide teachers with clear understanding of reasons the program is being done to aid teacher buy-in.
- ❖ Provide more extensive training; model one or more lessons having teachers act as students; demonstrate ways to handle potential problems; practice challenging hands-on activities.
- ❖ Provide guidance how to adapt lessons to student levels and class time constraints.
- ❖ Utilize trainers with extensive classroom teaching experience.
- ❖ Provide more ongoing support following training.
- ❖ Create a printed reference guide for teachers to keep nearby that includes lesson tips and web resource links.
- ❖ Help schools anticipate potential technology challenges and prepare contingency plans.

Facilitator Role

Facilitators hold important roles in the project, conducting school staff and parent training sessions and providing training, technical assistance, and ongoing support to pilot teachers. There was variation in the depth of trainings conducted for all components, and wide variation in the quality and quantity of support facilitators provided for the student lessons. Some teachers were very satisfied with the guidance and support received. However, it was clear that some teachers wanted and were given the impression they would get more assistance than they actually received. Guidance and support for teachers will be an ongoing need as new schools implement the program.

Recommendations:

- ❖ Spend additional time training facilitators.
- ❖ Establish clear expectations for the various facilitator roles.
- ❖ Conduct ongoing assessment and communication regarding the amount of in-class support teachers want and need. This will vary by teacher and lesson.

Website

Interview and survey feedback about the website indicated overall it is easy to access and navigate, and contains good information. Most teachers appreciate having lesson materials and resources available online.

Recommendations:

- ❖ Create detailed written instructions for students on how to log in and where to go step-by-step once in the portal, and where specific links will take them.

Future Survey Administration

The volume of data collection and entry for this project was burdensome on staff and participants. Future evaluation efforts may be able to employ random sampling, particularly if a reliable participant identification method can be found. For the initial pilot, the Evaluation Team determined a census survey model was best. In either case, improvements in survey administration can be made.

Recommendations:

- ❖ Provide information to participants on the importance of and use for survey data.
- ❖ Develop an ID coding method that will result in fewer ID duplications.
- ❖ Explain, or include in an obvious place, in clear and simple terms the reason for the ID code and the importance of accuracy when filling out the code; provide explicit directions to participants to carefully read the instructions for entering the participant ID code.
- ❖ When paper surveys are used, be sure to notify participants if questions appear on both sides of a page.
- ❖ Online surveying and completion of other evaluation forms is recommended wherever possible for efficiency and reduction of data entry error.
- ❖ Develop fidelity instruments for modules or bundles of student lessons rather than for each individual lesson.
- ❖ Administer pre- and post-program surveys to parent session participants in those sessions, and administer separate baseline and follow-up surveys to all parents in participating districts.

Recommendations for Further Analyses

- ❖ The full (1-hour) and shortened (30 minute) parent programs should be implemented with fidelity to length and content, and re-evaluated.

Optional additional analyses:

- ❖ Conduct outcomes analyses on middle school and high school data separately.
- ❖ Conduct outcomes analyses by race, gender, and school.
- ❖ Conduct analysis of lesson components omitted – if some components were consistently and frequently omitted, they could be considered for removal from the curriculum.
- ❖ Analyze the relationship of fidelity of specific lesson implementation by related outcomes. Multi-level hierarchical modeling could be used to further separate data by grade, school, class or teacher.



Appendix A

Evaluation Activities

Evaluation Instruments

School Staff Training Assessment Packet

School Staff Training Fidelity Form

Parent Survey^{1, 2}

Parent Information Session Fidelity Form

Student Survey^{1, 3}

Student Lesson Fidelity Form⁴

¹ Correct answers appear in boldface or are underlined.

² Questions 23 – 51 were in the follow-up survey instrument only.

³ The program feedback questions [1 – 17] on the last page were in the post-test survey instrument only.

⁴ This is the base form. This form was modified for each lesson to include the specific components of that lesson.



Evaluation Activities

The following is a summary of the evaluation steps completed by the Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) during the first two quarters of the project. Subheadings are the Consortium responsibilities for this time period as outlined in the Memorandum of Understanding and Agreement between the Consortium and Robert Crown Centers for Health Education (RCC).

DEVELOP LIST WITH NAMES OF AND CONTACTS AT PARTICIPATING SCHOOLS, PLUS ESTIMATED NUMBER OF STUDENTS, PARENTS AND TEACHERS RECEIVING SERVICES.

School participation was evolving during the first quarter, and the Project Manager and Evaluator communicated regularly regarding school involvement in the project. In Quarter 3, the Project Manager provided the Evaluator with a spreadsheet listing dates of each school staff and parent training and actual and projected numbers of participants for each, as well as the estimated numbers of student component participants in each school.

OBTAIN PARTICIPANT CONSENT OR EXEMPTIONS.

The Consortium provided guidance regarding the protocol for obtaining participant/parental consent. Robert Crown staff members collaborated with participating schools and obtained the appropriate consent and exemptions.

EVALUATE CONTENT OF PROPOSED EDUCATIONAL MATERIALS AND TEACHER TRAININGS TO DETERMINE THE DEGREE TO WHICH MATERIALS REFLECT PROGRAM AIMS.

The Evaluator reviewed the contents of the parent, school staff, and student components during Quarter 1, and during Quarter 2 reviewed the student lesson materials that were refined based on feedback from Dr. Celeste Napier of Rush University Medical Center. It appears the materials developed for all the components reflect the program aims quite well. However, the parent component had to be shortened in cases where only a 30-minute block was allotted to the program. The Evaluator recommended the handouts from the long parent program be given to participants in the short program even though there would not be time to read or discuss them during the program session. Those handouts address key aspects of the research findings and recommendations not sufficiently covered in the short program, including risk and protective factors, current methods of heroin administration, and the use of authentic messengers. The Evaluator also gave feedback regarding information not clear in the lesson plans or the case study for the student component. The Consortium also advised caution regarding the use of statistics from certain online sources.

During Quarter 2, the Evaluator reviewed teacher feedback regarding lesson implementation from the student lesson fidelity forms and sent the feedback to the Project Manager to summarize for the Advisory Board. A summary of this feedback may be found in the “Results/Outcomes to Date” section, and detailed information may be found in Appendix B.

DEVELOP 6 PRE- AND POST-TEST SURVEYS (FOR STUDENTS, PARENTS AND TEACHERS).

During Quarter 1, the Consortium developed pre-test and post-test surveys and survey administration protocols for the school staff component, a pre-test survey for the parent component, and a draft list of questions for inclusion in surveys for the student component. The development of the student component survey was delayed while Robert Crown Centers’ staff finalized the curriculum materials and was completed in Quarter 2. The Consortium finalized the parent component post-test in Quarter 3. Copies of the survey instruments may be found in Appendix A.



The Consortium maintained regular contact with the Project Manager, the Manager for Curriculum and Instruction and the Robert Crown Centers' CEO during the process of developing survey instruments, participant identification codes, and survey administration and data entry protocols. The purpose of these collaborations was to ensure that the instruments accurately reflect the evaluation priorities of Robert Crown Centers, and that the instruments and protocols were not too burdensome for the staff and participants using them.

The Consortium also developed Survey Monkey versions of the completed instruments for online survey administration and data entry. Some schools used online survey administration during Quarter 2.

PROVIDE TRAINING TO 9-15 PARTICIPATING SCHOOLS AND RCC STAFF ON SURVEY IMPLEMENTATION AND ASSIGNMENT OF ID VALUES.

The Consortium provided training and technical assistance on these issues to schools indirectly through the Project Manager, including defining key points and wording for schools to use in an email request to parents to complete the online parent surveys.

DEVELOP FORM FOR TEACHERS TO MONITOR PROJECT ATTENDANCE/DOSAGE¹.

The Consortium developed attendance/fidelity instruments for the school staff and parent components and developed Survey Monkey versions of these instruments during Quarter 1. The Consortium drafted an attendance/dosage/fidelity instrument for the student component in Quarter 1, and completed the instrument in Quarter 2 upon finalization of the student program materials. Evaluation staff modified the base instrument for each program lesson to reflect specific materials and activities unique to each lesson. Copies of these instruments may be found in Appendix A.

COMMUNICATE MONTHLY WITH PROGRAM SITES TO MONITOR THE DATA ACQUISITION AND ENTRY PROCESS IN ORDER TO ENSURE QUALITY INFORMATION.

The Evaluator and Project Manager maintained frequent communication, averaging three phone conferences and twenty-six email contacts per month regarding the process and status of data collection and data entry during Quarter 1. Data entry began at the end of Quarter 1. At the end of Quarter 2, the following numbers of survey instruments had been entered into the data system (figures are rounded to the nearest 10): 2400 student pre-tests from Joliet Central, Joliet West, Neuqua Valley, and Stagg High Schools and the Hawthorne Middle Schools; 540 school staff survey packets (containing both pre-test and post-test surveys) from Neuqua Valley High School and Crone, Palos South, Scullen, Stagg, and Troy Middle Schools; and 490 parent pre-tests from, Joliet Central, Joliet West, and Neuqua Valley High Schools, and Crone, Hawthorne, Palos South, Scullen, and Troy Middle Schools. At the end of Quarter 3, those numbers had increased to 5000 student pre-tests with the addition of Vernon Hills High School and Crone, Palos South, Scullen, and Troy Middle Schools; 1000 school staff survey packets with the addition of the Joliet and Vernon Hills High Schools and the Hawthorne Middle Schools; and 580 parent pre-tests with the addition of Stagg and Vernon Hills High Schools.

OFFER TECHNICAL ASSISTANCE TO ADDRESS DATA ISSUES AS NECESSARY.

The Evaluator provided technical assistance regarding data collection and data entry issues and collaborated with the Project Manager to address problems as they arose, such as some schools starting programming prematurely, incompletely, or too late to be included in the evaluation (see the "Challenges to Implementation" section for further information). The

¹Dosage refers to the amount and frequency of program content that is delivered to the target audience.

Evaluator also modified information on the parent survey page in Survey Monkey to clarify how to access the project website, based on feedback from a school administrator.

ATTEND IMPLEMENTATION MEETING(S).

The Evaluator and Consortium Associate Director attended the fall Advisory Board meeting and provided information regarding the evaluation process.

DEVELOP PROCESS INTERVIEW QUESTIONNAIRE. CONDUCT SEMI-STRUCTURED PROCESS INTERVIEWS WITH SELECT ADVISORY BOARD AND COMMITTEE MEMBERS AT 6-MONTH INTERVALS; AND ONCE PER YEAR WITH PARTICIPATING TEACHERS.

The Consortium developed a process interview questionnaire and randomly selected names of Advisory Board and committee members for interviews. The Evaluator completed process interviews with 11 individuals; one individual declined participation. Interviews were conducted with members of each committee as well as those of the Advisory Board. There appears to be a sense of disengagement on the part of some Family Committee members: Some did not respond to email invitations for interviews and some responded initially but did not follow through when the Evaluator attempted to schedule the interviews. The Evaluator eventually was able to complete interviews with three Family Committee members, including some who had no professional relationship with Robert Crown Centers and do not work in the substance abuse or human services fields. A summary of the results of the process interviews may be found in the “Results/Outcomes to Date” section. During Quarter 3, the Consortium developed Interview questionnaires for pilot school administrators and teachers. These interviews will occur in April.

REGULARLY REVIEW THE STRATEGIC PLAN AND THE ACCOMPANYING ACTION PLANS TO EXAMINE: STATUS OF THE IMPLEMENTATION OF TASKS; BASELINE (NEEDS ASSESSMENT) DATA COMPARISONS TO DOCUMENTED PROGRAM ACCOMPLISHMENTS/PROGRESS MADE TO DATE; DEGREE TO WHICH PROGRAM CONTENT REFLECTS PROJECT AIMS; DOCUMENTATION OF DATA COLLECTION; PROBLEMS WITH IMPLEMENTATION; EVALUATE SOLUTIONS TO OVERCOME BARRIERS INTERFERING WITH THE PROJECT.

The Evaluator regularly reviewed the strategic plan. The results of these reviews to date are as follows:

- **ESTABLISHMENT OF AN OVERSIGHT COMMITTEE AND ADVISORY GROUPS OF TEENS AND EXPERTS IN THE FIELD**
The Oversight Committee is comprised of members of all intended groups. However, the ongoing presence of heroin-affected family members may be less than originally planned. All planned advisory groups were convened and accomplished their goals, with the exception of the Youth Advisory Group. Participation initially was low and inconsistent, so project staff ran focus groups at area schools to obtain input on what youth would most readily respond to in a heroin prevention program. Consequently, ongoing youth involvement in reviewing the design of the website, communication, and other project deliverables, as indicated in the final project proposal, did not occur to the extent anticipated.
- **DEVELOPMENT OF A PREVENTION STRATEGY AND IMPLEMENTATION PROCESS**
The prevention strategy and implementation process closely reflect the research findings and recommendations of the Illinois Consortium for Drug Policy and various advisory groups. The strategy is broad-based and comprehensive, and the implementation process has followed the well-thought out design, although it has not completely matched the projected timeline. Pilot school recruitment and student curriculum development ran later into the project year than planned. However, project



implementation occurred on schedule at most sites. (See “Program Implementation Challenges” section regarding early implementation).

- **CREATION OF AN EDUCATION SERIES FOR TEEN INFLUENCERS, I.E., PARENTS AND SCHOOL STAFF**
The education programs created for parents, school staff and students, closely follow the research recommendations and the project education goals, which are to increase knowledge and understanding regarding: 1) how heroin affects the body, the rapid progression from experimentation to dependence and from snorting to injecting, and how heroin use today differs from historical patterns; 2) the relationship between pain pill abuse and heroin use; 3) the reasons youth use heroin; and 4) how to communicate effectively with teens and youth about heroin.
- **INTERNET AND WEB-BASED TECHNOLOGY STRATEGY**
The Robert Crown Centers for Health Education website now contains heroin information and resources for the general public as well as restricted access areas designed specifically for students, parents, and school staff. The Evaluator will further explore the web-based resources for the inclusion of opportunities for the audience to provide RCC with feedback, and forums through which to openly communicate with each other and with RCC, as stated in the project proposal.

PROGRAM IMPLEMENTATION CHALLENGES

DEVIATIONS FROM IMPLEMENTATION PLAN/TIMELINE

Two schools began implementing the student component without notifying Robert Crown Centers and prior to finalization of the student curriculum and survey instruments. As a result, data will not be collected on programs run during the first quarter at those sites.

Parent baseline surveys were to be administered at the beginning of pilot implementation. However, one school administered the baseline survey late in Quarter 3, just prior to that school’s parent heroin information session. Therefore, some tainting of the baseline data may occur since those parents may have been exposed to project information or materials via other means before taking the baseline survey.

The student program implementation plan was for addiction and opioids lessons to be taught in Heath classes and social-emotional learning lessons to be taught in Advisory classes. However, one school implemented all lessons in Advisory classes, which required breaking up some individual lessons into two class periods.

In one community, the parent program was incorporated into a broader event that did not allow time for the full program to be presented. Staff from the two pilot middle schools in that community later attempted to host the full parent program, but were unable to schedule the session in time for inclusion in the evaluation.

LANGUAGE TRANSLATION

Some schools requested a Spanish language version of the parent survey; however, resources for rapid and accurate translation were not readily available.

TECHNOLOGICAL DIFFICULTIES

A few sites experienced technological challenges with online survey administration and with accessing the case study software. Students were not able to access the online survey directly



due to what appeared to be a local security protection mechanism, requiring staff to pre-load the survey link on each computer. At other sites, computer labs were not available at the time of survey administration. Regarding case study software access, students at one site were unable to successfully log in using the student login ID and password. To address the problem, teachers had students log in to the school staff area in order to access the software.

RESULTS/OUTCOMES TO DATE

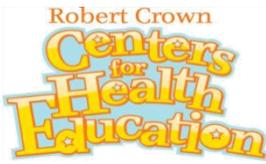
STUDENT LESSON FEEDBACK FROM TEACHERS

This is a preliminary summary of feedback from the relatively few student lesson fidelity forms completed at the time of this report (62 forms covering 5 middle school and 6 high school lessons). Generally, feedback indicates students were most engaged in the newer and interactive technologies, and not as engaged in the PowerPoint presentations and some handouts. Feedback was very positive regarding the online case study: Students were highly engaged in the case study and it led to extensive discussion about the effects of heroin use on the main character. Teachers indicated students were very curious about the outcome for this character and expressed disappointment when it was left unresolved. Feedback regarding the video clips was positive as well, indicating that having the video based in Chicago caught student attention and increased awareness of the depth and proximity of the problem. Additional feedback indicated there was not enough time allotted for some of the lessons, as they generated important questions and a great deal of discussion. Teachers reported feeling they lacked the expertise in some areas, such as addiction and brain chemistry, to effectively answer students' questions. Detailed feedback on each lesson completed may be found in Appendix B.

RECOMMENDATIONS

Based on the results of evaluation activities in Quarters 1 and 2, it was recommended that RCC provide a project update in March to members of the disbanded committees, including how the committees' input has been incorporated into project activities and materials. It was also recommended that project staff make efforts to ensure representatives from all key sectors remain on the Oversight Committee.

Preliminary feedback from student program fidelity forms provides some indication of potential modifications in content and delivery methods and it is recommended that project staff review the compiled feedback in Appendix B. However, specific recommendations will be formulated when sufficient numbers of forms are received.



HEROIN PREVENTION EDUCATION SCHOOL STAFF TRAINING SURVEY

Please complete the following survey to assist us in assessing the Heroin Prevention initiative. Your answers will remain anonymous. Your participation is voluntary and you may skip any questions you do not wish to answer.

School: _____ Date: _____

Please tell us a little more about yourself:

1. Sex: Male Female

2. Age:	<input type="checkbox"/> ≤ 20	<input type="checkbox"/> 21 – 30	<input type="checkbox"/> 31 – 40	<input type="checkbox"/> 41 – 50	<input type="checkbox"/> 51 – 60	<input type="checkbox"/> 60+
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3. Race / Ethnicity (Please specify): _____

4. What is your current position?

<input type="checkbox"/> <i>Administrator</i>	<input type="checkbox"/> <i>Office/Administrative Support</i>	<input type="checkbox"/> <i>Guidance Counselor/Social Worker</i>
<input type="checkbox"/> <i>Teacher</i>	<input type="checkbox"/> <i>Teaching/Classroom Assistant</i>	<input type="checkbox"/> <i>Librarian</i>
<input type="checkbox"/> <i>Other (please describe):</i> _____		

5. How long have you been in the position designated in question #4?

_____ Years _____ Months (if less than one month, answer "1")

6. What is the highest level of education you've completed?

- | | |
|---|--|
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Associates/Two-year degree | <input type="checkbox"/> Master's Degree or higher |

7. Have you received any previous training/instruction regarding alcohol or drug use/abuse?

- Yes No

8. Have you received any previous training/instruction specifically regarding heroin?

- Yes No

Space for additional comments following training:



PRE-TRAINING SURVEY
Please complete the following prior to participating in training.

Please check the box that best fits your response to each of the statements below:	Strongly Agree (1)	Agree (2)	Unsure (3)	Disagree (4)	Strongly Disagree (5)
9. Heroin prevention training is relevant to my work.	<input type="checkbox"/>				
10. It is not really my job to understand substance abuse issues.	<input type="checkbox"/>				
11. I believe there is a heroin problem in my community.	<input type="checkbox"/>				
12. I believe that students trust staff at this school.	<input type="checkbox"/>				
13. I believe attending heroin prevention training is a beneficial use of my time.	<input type="checkbox"/>				
14. Attending heroin prevention training will help me better serve the students at my school.	<input type="checkbox"/>				

Please rate your confidence level with the following (please check box):	Very Confident (1)	Confident (2)	Not Very Confident (3)	Not Confident (4)
15. My awareness of risk and protective factors associated with drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Discussing alcohol, prescription drug use, and illegal substances with students attending my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My ability to discuss and answer questions regarding heroin with students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My level of knowledge regarding heroin's effects on one's body, thinking, and behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My ability to identify signs and symptoms of heroin use/abuse in youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle only one answer to each of the following multiple choice questions:

25. Which of the following is an accurate definition of drug addiction?
- a. Personal weakness where a person cannot stop using a drug.
 - b. Repeated drug use at a party because of peer pressure.
 - c. **Brain disease where a person cannot stop using a drug.**
 - d. Lifestyle choice where a person does not want to stop using drugs.
 - e. I don't know/am not sure.



26. Which of the following statements accurately describes how drugs of abuse affect the brain and cause addictions?
- a. Flood of adrenaline causes the user to feel powerful, causing cravings once the high is over.
 - b. Flood of dopamine causes the user to feel good, but alters brain's chemical balance, causing cravings.**
 - c. Drug use causes the user's cerebellum to stop working; users crave this euphoria after the high is over.
 - d. Drug use restricts the blood vessels in the brain; users become addicted to the feeling of lightheadedness.
 - e. I don't know/am not sure.
27. Which of the following is not an opioid drug?
- a. Vicodin (hydrocodone)
 - b. Cocaine**
 - c. Tylenol 3
 - d. Heroin
 - e. I don't know/am not sure
28. Which of the following is not true about heroin today?
- a. Heroin poses a bigger problem today because it can be administered various ways.
 - b. Heroin is cheaper on the street than prescription drugs.
 - c. Snorting or smoking heroin produces a less powerful high than injecting.
 - d. Snorting or smoking heroin produces a shorter high than injecting.**
 - e. I don't know/am not sure.

Please circle the answer that best fits your response to each statement below:			
24. Opioids activate the same reward pathway in the brain as do necessities like food and water.	<u>True</u>	Don't Know	False
25. Withdrawal from opiates is often life-threatening.	True	Don't Know	<u>False</u>
26. Alleviating emotional pain and coming down off cocaine are two reasons teens might use heroin.	<u>True</u>	Don't Know	False
27. Support from school staff can help protect youth from abusing drugs.	<u>True</u>	Don't Know	False
28. I can name two current slang terms for heroin.	True	Don't Know	False
29. I can name three risk and three protective factors that may influence whether a teen decides to use drugs.	True	Don't Know	False

STOP HERE FOR NOW.

THIS COMPLETES THE PRE-TRAINING SURVEY.

PLEASE COMPLETE THE REMAINING PAGES AT THE END OF THE TRAINING.

THANK YOU!



POST-TRAINING SURVEY
Please complete the following after participating in training.

Please rate your confidence level with the following (please check box):	Very Confident (1)	Confident (2)	Not Very Confident (3)	Not Confident (4)
1. My awareness of risk and protective factors associated with drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Discussing alcohol, prescription drug use, and illegal substances with students attending my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My ability to discuss and answer questions regarding heroin with students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My level of knowledge regarding heroin's effects on one's body, thinking, and behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My ability to identify signs and symptoms of heroin use/abuse in youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle only one answer to the following multiple choice questions:

6. Which of the following is an accurate definition of drug addiction?
 - a. Personal weakness where a person cannot stop using a drug.
 - b. Repeated drug use at a party because of peer pressure.
 - c. Brain disease where a person cannot stop using a drug.**
 - d. Lifestyle choice where a person does not want to stop using drugs.
 - e. I don't know/am not sure.

7. Which of the following statements describes how drugs of abuse affect the brain and cause addictions?
 - f. Flood of adrenaline causes the user to feel powerful, causing cravings once the high is over.
 - g. Flood of dopamine causes the user to feel good, but alters brain's chemical balance, causing cravings.**
 - h. Drug use causes the user's cerebellum to stop working; users crave this euphoria after the high is over.
 - i. Drug use restricts the blood vessels in the brain; users become addicted to the feeling of lightheadedness.
 - j. I don't know/am not sure

8. Which of the following is not an opioid drug?
 - a. Vicodin (hydrocodone)
 - b. Cocaine**
 - c. Tylenol 3
 - d. Heroin
 - e. I don't know/am not sure

9. Which of the following is not true about heroin today?
 - a. Heroin poses a bigger problem today because it can be administered various ways.
 - b. Heroin is cheaper on the street than prescription drugs.
 - c. Snorting or smoking heroin produces a less powerful high than injecting.
 - d. Snorting or smoking heroin produces a shorter high than injecting.**
 - e. I don't know/am not sure.

Please circle the answer that best fits your response to each statement below:

10. Opioids activate the same reward pathway in the brain as do necessities like food and water.	<u>True</u>	Don't Know	False
11. Withdrawal from opiates is often life-threatening.	True	Don't Know	<u>False</u>
12. Alleviating emotional pain and coming down off cocaine are two reasons teens might use heroin.	<u>True</u>	Don't Know	False
13. Support from school staff can help protect youth from abusing drugs.	<u>True</u>	Don't Know	False
14. I can name two current slang terms for heroin.	True	Don't Know	False
15. I can name three risk and three protective factors that may influence whether a teen decides to use drugs.	True	Don't Know	False

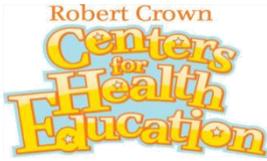
Please check the box that best fits your response to each of the statements below:	Strongly Agree (1)	Agree (2)	Unsure (3)	Disagree (4)	Strongly Disagree (5)
16. It is not really my job to understand issues like heroin.	<input type="checkbox"/>				
17. I believe there is a heroin problem in my community.	<input type="checkbox"/>				
18. I believe that students trust staff at this school.	<input type="checkbox"/>				
19. The heroin prevention training I received today provided me with new knowledge.	<input type="checkbox"/>				
20. This training included information I will use in my interactions with students.	<input type="checkbox"/>				
21. This training had a comfortable amount of content to cover in the designated time without feeling overwhelmed.	<input type="checkbox"/>				
	Very Satisfied (1)	Satisfied (2)	Dis-satisfied (3)	Very Dis-satisfied (4)	
22. How satisfied are you with today's training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Would you like to receive additional training about heroin?			Yes	No	

If you would like to make additional comments about this training, please use the space at the bottom or on the back of the first page of the survey packet. We welcome your feedback.

**THIS COMPLETES THE SURVEY.
THANK YOU SO MUCH FOR YOUR PARTICIPATION!**

Any questions regarding the survey should be addressed to Kristin Adzia at KAdzia@robertcrown.org or 630.325.1900.





**HEROIN PREVENTION EDUCATION
SCHOOL STAFF TRAINING**

SCHOOL STAFF TRAINING SESSION ASSESSMENT (FIDELITY)

This assessment is to be completed by those who are conducting heroin education trainings for school staff. This is to see how closely the training, as implemented, matches the training as designed.

School: _____ Date: _____

Trainer: _____ Number of participants: _____

How much time was allotted for this staff development/training session? _____ minutes

How long did the actual lesson/training take to implement? _____ minutes

Were all components and activities in the lesson plan implemented, including practice scenarios as indicated in Goal 5 of the Lesson Plan? Yes _____ No _____

If not, why? (I.e., there is too much content to present in the allotted time, there was an unexpected disruption/interruption, lesson plan wasn't clear, etc.)

Which components were left out?

How thoroughly were the following handouts covered during the session? (please check appropriate box for each handout listed)

Handout	Thoroughly Covered	Partially Covered	Handed Out Only	Not Handed Out
Opioids Fact Sheet				
Drug Abuse and Depression Symptoms				
Risk and Protective Factors Handout				

How engaged was the audience? (circle answer)

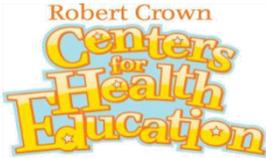
Very Much Somewhat Not Very Much

Did the audience seem to understand/absorb the information presented? (circle answer)

Very Much Somewhat Not Very Much

Were there any major questions the participants had that the material didn't cover? If so, describe.

Please make any additional comments on the back of this sheet.



HEROIN PREVENTION EDUCATION PARENT SURVEY

Please complete the following survey to assist us in assessing the Heroin Prevention Initiative. Your answers will remain confidential. Your participation is voluntary and you may skip any questions you do not wish to answer.

Unique Survey Identifier (to match pre-session and follow-up responses):

NOTE: If your phone number or address has changed since you completed the baseline survey, please use the same numbers you used on that survey form.

Your birth month (2-digit format – e.g., 02 for February):

Your birth year (last 2 digits):

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

Last 2 digits of your house number (primary residence):

Sex: Male Female

Age:	<input type="checkbox"/> ≤ 20	<input type="checkbox"/> 21 – 30	<input type="checkbox"/> 31 – 40	<input type="checkbox"/> 41 – 50	<input type="checkbox"/> 51 – 60	<input type="checkbox"/> 60+
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Race / Ethnicity (Please specify): _____

Today's Date: _____



PARENT SURVEY – FOLLOW-UP

<i>Please check the box that best fits your response to each of the statements below:</i>	Strongly Agree (1)	Agree (2)	Unsure (3)	Disagree (4)	Strongly Disagree (5)
1. Heroin prevention information is relevant to my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I believe there is a heroin problem in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In general, I believe that students trust staff at the area schools my child(ren) attend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would know where to look for resources if I suspected my child had a drug problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your confidence level with the following (please check box):	Very Confident (1)	Somewhat Confident (2)	Not Very Confident (3)	Not At All Confident (4)
5. My awareness of risk and protective factors associated with drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Discussing alcohol, prescription drug use, and illegal substances with my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My ability to discuss and answer questions regarding heroin with my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My level of knowledge regarding heroin's effects on one's body, thinking, and behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle only one answer to each of the following multiple choice questions. If you are not sure of the correct answer, please select option 'e.'

9. Which of the following is an accurate definition of drug addiction?
 - a. Personal weakness where a person cannot stop using a drug.
 - b. Repeated drug use at a party because of peer pressure.
 - c. **Brain disease where a person cannot stop using a drug.**
 - d. Lifestyle choice where a person does not want to stop using drugs.
 - e. I don't know/am not sure.

10. Which of the following statements accurately describes how drugs of abuse affect the brain and cause addictions?
 - a. Flood of adrenaline causes the user to feel powerful, causing cravings once the high is over.
 - b. **Flood of dopamine causes the user to feel good, but alters brain's chemical balance, causing cravings.**
 - c. Drug use causes the user's cerebellum to stop working; users crave this euphoria after the high is over.
 - d. Drug use restricts the blood vessels in the brain; users become addicted to the feeling of lightheadedness.
 - e. I don't know/am not sure.

11. Which of the following is not a likely reason kids may use heroin?
 - a. Peer pressure.
 - b. Self-medication (taking it to feel better, such as to relieve depression, anxiety, or other mental health disorders).
 - c. Child is a risk-taker, wants to try something new and exciting.
 - d. **Prescribed by a doctor for pain relief.**
 - e. I don't know/am not sure.



12. Which of the following is not an opioid drug?
- Vicodin (hydrocodone)
 - Cocaine**
 - Tylenol 3
 - Heroin
 - I don't know/am not sure
13. Which of the following is not true about heroin use today?
- Youth don't fear heroin as much because it can be administered through methods other than injection.
 - Heroin is cheaper on the street than prescription drugs.
 - Many people who use heroin have mental health disorders prior to starting heroin use.
 - Many heroin users have not used other illegal drugs prior to trying heroin.**
 - I don't know/am not sure.
14. Which of the following is not a risk factor for heroin use?
- Peer use of drugs.
 - Traumatic childhood event.
 - Parent's openness about his/her own drug use history.**
 - Previous use or misuse of painkillers.
 - I don't know/am not sure.
15. Which of the following is not a way parents can help their kids stay off drugs?
- Monitor their behavior and mood.
 - Limit rule enforcement so kids know they are trusted.**
 - Eat dinner together.
 - Keep track of their friends.
 - I don't know/am not sure.

<i>Please circle the answer that best fits your response to each statement below:</i>			
16. Opioids activate the same reward pathway in the brain as do necessities like food and water.	<u>True</u>	Don't Know	False
17. Withdrawal from opiates is often life-threatening.	True	Don't Know	<u>False</u>
18. Communicating with one's child about heroin is a protective factor that can keep kids from using the drug.	<u>True</u>	Don't Know	False
19. Other trusted adults talking with and supporting kids can help protect them from using drugs.	<u>True</u>	Don't Know	False
20. I can name two helpful approaches to talking with my child(ren) about heroin.	True	Don't Know	False
21. I can name two ways to safeguard the medications in my home to lessen the chance that my child(ren) will use them.	True	Don't Know	False
22. I have had a conversation with my middle school or high school age child about heroin in the past year. (If you've had this conversation with only one of your children of those ages, please still select 'True.')	True	Don't Know	False

PLEASE COMPLETE THE NEXT SECTION TO PROVIDE FEEDBACK REGARDING PARENT INFORMATION RESOURCES AND DELIVERY



Heroin Information Session

23. Did you attend a Robert Crown Centers Heroin Prevention Parent Information Session during this school year (most likely at your child's school)? (This is not referring to the community-wide forums.)

_____ Yes _____ No *[If no, please skip to Question 30]*

24. School hosting the parent session: _____

<i>Please check the box that best fits your response to each of the statements below:</i>	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
25. The heroin prevention parent session provided me with new information.	<input type="checkbox"/>				
26. The session gave me the kind of information that is most important for me to know.	<input type="checkbox"/>				
27. The session gave me enough information.	<input type="checkbox"/>				
28. The session included information I will use with my children.	<input type="checkbox"/>				

29. Additional comments:

Online Resources

<i>Please indicate whether you accessed the following:</i>	Yes	No
30. Since the start of this school year, have you visited Robert Crown Centers' Heroin Prevention Education website? <i>[If no, please skip to Question 41.]</i>	<input type="checkbox"/>	<input type="checkbox"/>
31. Did you access additional information provided through the "Show More" buttons on the main page?	<input type="checkbox"/>	<input type="checkbox"/>
32. Did you read any part of the research report or research executive summary?	<input type="checkbox"/>	<input type="checkbox"/>
33. Did you access the Parent pages within the pilot portal? (These required a login ID and password.) <i>[If no, please skip to Question 36.]</i>	<input type="checkbox"/>	<input type="checkbox"/>
34. If yes, did you access any of the online the documents related to the heroin presentation from the parent page?	<input type="checkbox"/>	<input type="checkbox"/>
35. Did you access any of the other documents or resource links from the parent page?	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please rate the Heroin Prevention Education website (main page and parent portal if you accessed it) on the following:</i>	Very	Somewhat	Not Very
36. Was the content useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Was the information credible (believable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Was the site easy to navigate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Was the site visually appealing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



40. Additional comments about the main website, portal, or the information they contain:

41. Did your kids mention the software case study that is part of the student curriculum?

____ Yes ____ No *[If no, please skip to Question 44]*

42. If so, did they think it was valuable?

____ Yes ____ Somewhat ____ No ____ Did not indicate what they thought

43. If you saw the software case study yourself, did you think it was valuable?

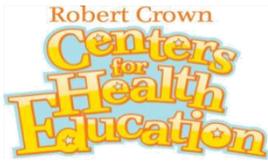
____ Yes ____ Somewhat ____ No ____ I did not see the case study

Delivery Methods for Parent Information and Resources

<i><u>Please indicate the likelihood that you would attend/access the following:</u></i>	Very Likely	Somewhat Likely	Not At All Likely
44. In-Person Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Webinar (online live presentation, participants may submit questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Online Video (pre-recorded presentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Reading Materials, such as pamphlets or booklets (either electronic or paper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Neighborhood Meetings in Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Public Television Broadcasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Do you have other ideas for convenient/accessible delivery methods?			

51. What would make it most convenient for you to attend an in-person information session?

**THIS COMPLETES THE FOLLOW-UP SURVEY.
THANK YOU SO MUCH FOR YOUR PARTICIPATION!**



HEROIN PREVENTION EDUCATION PARENT EDUCATION SESSION

PARENT EDUCATION SESSION ASSESSMENT (FIDELITY)

This assessment is to be completed by those who are conducting heroin education parent sessions. This is to see how closely the session, as implemented, matches the program as designed.

School: _____ Date: _____

Trainer: _____ Number of participants: _____

How much time was allotted for this parent session? 30 Min. ____ 60 Min..____ Other: _____ Min.

How long did the actual lesson/training take to implement (not counting survey time)? _____ Minutes

Were all components and activities in the lesson plan implemented? Yes ____ No ____

If not, why? (I.e., there is too much content to present in the allotted time, there was an unexpected disruption/interruption, lesson plan wasn't clear, etc.)

Which components were left out?

How thoroughly were the following handouts covered during the session? (Please check appropriate box for each handout listed.)

Handout	Thoroughly Covered	Partially Covered	Handed Out Only	Not Handed Out
Opioid Fact Sheet				
Addiction Risk Assessment				
What I Wish I Had Known				
Awareness Flyer with Online Materials Access				
Risk and Protective Factors				

How engaged was the audience? (circle answer)

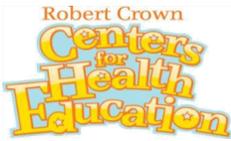
Very Much Somewhat Not Very Much

Did the audience seem to understand/absorb the information presented? (circle answer)

Very Much Somewhat Not Very Much

Were there any major questions the participants had that the material didn't cover? If so, describe.

Please make any additional comments on the back of this sheet.



HEROIN PREVENTION EDUCATION STUDENT SURVEY

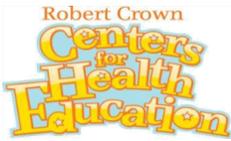
Please circle the answer that best fits your response to each statement below:

8. Repeated use of a drug (prescription or non-prescription) causes changes in the brain and puts a person at risk for abuse and addiction.	<u>True</u>	I Don't Know	False
9. A user must inject heroin to get high from it.	True	I Don't Know	<u>False</u>
10. All drugs of abuse have the same effect on the brain.	True	I Don't Know	<u>False</u>
11. Snorting heroin can lead to addiction.	<u>True</u>	I Don't Know	False
12. It is NOT a good idea to talk directly to your friend if you suspect he or she has a drug problem.	True	I Don't Know	<u>False</u>

Please rate how confident you are with the following (please check box):	Very Confident	Somewhat Confident	Not Very Confident	Not At All Confident
13. My knowledge about how heroin affects one's body, thinking, and behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My ability to identify signs and symptoms of heroin use/abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the box that best fits your response to each of the statements below:	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
15. I believe there is a heroin problem in my community.	<input type="checkbox"/>				
16. I believe that students trust staff at this school.	<input type="checkbox"/>				
17. It is important for me to learn about heroin and opioids.	<input type="checkbox"/>				
18. I know where to go in my school and community for accurate information or support for myself or my friends about drugs/drug abuse.	<input type="checkbox"/>				
19. I believe it is not a problem if someone my age uses heroin.	<input type="checkbox"/>				
20. I believe people risk harming themselves greatly if they use heroin.	<input type="checkbox"/>				
21. I believe people risk harming themselves greatly if they use prescription pain pills.	<input type="checkbox"/>				
22. I can tell how much I am at risk for heroin use.	<input type="checkbox"/>				





HEROIN PREVENTION EDUCATION STUDENT SURVEY

Please check the box that best fits your response to each of the statements below:	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
23. I can identify things to do to protect myself from heroin use.	<input type="checkbox"/>				
24. I feel comfortable talking with important adults in my life (like my parent, caregiver, or a teacher) about heroin.	<input type="checkbox"/>				

Please circle only one answer to each of the following multiple choice questions. If you are not sure of the correct answer, please select option 'e.'

29. Which of the following is NOT one of the stages of drug use?

- a. Abuse
- b. Social Use
- c. Addiction
- d. Denial**
- e. I don't know/am not sure

30. Which of the following accurately describes how drugs of abuse affect the brain and cause addictions?

- f. Flood of adrenaline causes the user to feel powerful, causing cravings once the high is over
- g. Flood of dopamine causes the user to feel good, but alters brain's chemical balance, causing cravings**
- h. Drug use causes the user's cerebellum to stop working; users crave this euphoria after the high is over
- i. Drug use restricts the blood vessels in the brain; users become addicted to the feeling of lightheadedness
- j. I don't know/am not sure

31. Which of the following is an accurate definition of addiction?

- a. Personal weakness where a person cannot stop the behavior
- b. An inherited condition
- c. Brain disease where a person cannot stop the behavior even when he/she has had negative consequences**
- d. Lifestyle choice where a person does not want to stop the behavior
- e. I don't know/am not sure

32. Which of the following is NOT true about heroin use today?

- a. Kids my age don't fear heroin because it can be used in ways other than injecting with a needle
- b. Heroin is cheaper on the street than prescription drugs
- c. Many people who use heroin have emotional issues before they start using heroin
- d. Many people who use heroin do not use other illegal drugs before trying heroin**
- e. I don't know/am not sure

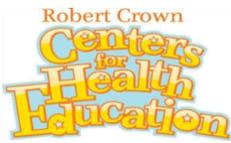
33. Which of the following is NOT a risk factor for heroin use?

- a. Peer/friends' use of drugs
- b. Traumatic (emotionally painful) childhood event
- c. Parent's openness about his/her own past drug use**
- d. Previous use or misuse of painkillers
- e. I don't know/am not sure

34. In which of the following ways are heroin and Vicodin similar?

- a. Both drugs are often prescribed for pain relief
- b. Both drugs are of about equal strength
- c. Both drugs are stimulants
- d. Both drugs are depressants**
- e. I don't know/am not sure

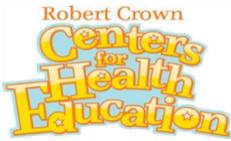




HEROIN PREVENTION EDUCATION STUDENT SURVEY

35. Which of the following is a reason someone would use heroin if he/she ran out of Vicodin or other prescription pain pills?
- a. Heroin is milder than prescription pain pills and helps reduce cravings
 - b. Prescription pain pills and heroin have different effects on the body and they're looking for a new high
 - c. **Heroin provides a similar high and may be less expensive and easier to obtain than prescription pain pills**
 - d. Heroin has fewer bad side effects than prescription pain pills
 - e. I don't know/am not sure
36. Which of these is NOT a likely reason teens abuse prescription pain pills?
- a. It is common in our society to use pills for pain
 - b. **They mistake them for vitamins or supplements**
 - c. Recreational use to get high
 - d. To ease emotional pain
 - e. I don't know/am not sure
37. Which of the following is NOT an opioid drug?
- a. Vicodin (hydrocodone)
 - b. **Cocaine**
 - c. Oxycontin (oxycodone)
 - d. Heroin
 - e. I don't know/am not sure
38. Your first attempt to talk to a friend you think might have a drug problem didn't work. Which should you NOT do next?
- a. **Give up – he/she isn't open to help at this point**
 - b. Let him/her know you're there if he/she ever wants to talk
 - c. Talk to a trusted friend or family member for help
 - d. Share your concerns with him/her again and be non-judgmental
 - e. I don't know/am not sure
39. Which of the following is NOT a likely reason young people try heroin?
- a. Peer pressure
 - b. Self-medication (taking it to feel better, such as to relieve depression, anxiety, or other emotional issues)
 - c. Being a risk-taker, wanting to try something new and exciting
 - d. **Prescribed by a doctor for pain relief**
 - e. I don't know/am not sure
40. Which of the following is NOT a possible consequence of heroin use?
- a. Loss of job
 - b. Hurt relationships with family and friends
 - c. Arrest and imprisonment
 - d. **Increased clarity and focus**
 - e. I don't know/am not sure
41. Which of the following is NOT a reason teens are more at risk for addiction than adults?
- a. Teens make decisions based on emotions
 - b. Teen brains are not fully developed yet
 - c. Teens are more influenced by peer pressure
 - d. **Teens have stronger stress management skills**
 - e. I don't know/am not sure
42. In class, we discussed important areas of life that will be better if I stay away from using heroin. Three of those important areas of life are: (Please fill in the blanks.)





HEROIN PREVENTION EDUCATION STUDENT SURVEY

PLEASE COMPLETE THE FOLLOWING TO LET US KNOW WHAT YOU THOUGHT OF THE PROGRAM

Please circle Yes or No indicating whether you used (read or looked at) the following resources on the Robert Crown Heroin Prevention Education website, either in class or on your own:

1. Did you read information on the main Heroin page (area that did not require login)? **Yes No**
2. Did you log in to the Middle or High School section?..... **Yes No**
(If you did not, please skip to Question 6)
3. If so, did you review things covered in class (PowerPoints, Handouts, etc.)?..... **Yes No**
4. Did you go to the Resources section?..... **Yes No**
5. Did you go to the FAQs section?..... **Yes No**
6. Did you access the Social Media Case Study?..... **Yes No**
(If you did not, please skip to Question 13)
7. If so, how did you access it? (Please check all that apply.)
 _____ Computer Lab _____ Laptop in Classroom _____ Computer at Home
 _____ Tablet _____ Phone _____ Other: _____
8. Did you complete the Social Media Case Study?..... **Yes No**

Please check the box that best fits your response regarding the Social Media Case Study:	Yes	Some-what	Not Very	Not At All
9. Did you find the story believable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Could you relate to the characters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you like the interactive format?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was it an interesting way to learn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please check the box that best fits your response regarding the heroin education classes:	Strongly Agree	Agree	Disagree	Strongly Disagree
13. The heroin classes provided good information that I did not know before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The teacher was knowledgeable about heroin and opioids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The teacher related well to the students (seemed caring and approachable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The teacher responded to students' questions in a helpful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I would like classes like this about other drugs of abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU SO MUCH FOR COMPLETING THIS SURVEY!



STUDENT LESSON ATTENDANCE/FIDELITY: *[Insert Lesson Name Here]*

Date: _____ School: _____

Teacher/Facilitator: _____ Grade: _____

Class: (circle) *Health* *Advisory* *Other:* _____

Class Period: _____ School Term (1st, 2nd, etc.): _____ (circle:) *Quarter* *Trimester*
Semester

Number of Students Present in Class for this Lesson: _____

(1) Time Allocation

How long did the actual lesson take to implement? _____ Minutes

Was this more or less than the time designated in the lesson plan? ___ More ___ Less ___
Just Right

(2) Component Coverage

Were all components and activities in the lesson plan implemented? ___ Yes ___ No

If not, why? (I.e., there is too much content to present in the allotted time, there was an unexpected disruption/interruption, lesson plan wasn't clear, etc.)

If not, which components were left out or not fully completed?

	Left Out	Incomplete
Attention-Getter	<input type="checkbox"/>	<input type="checkbox"/>
Activity	<input type="checkbox"/>	<input type="checkbox"/>
Handout	<input type="checkbox"/>	<input type="checkbox"/>
.....		
Video	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet	<input type="checkbox"/>	<input type="checkbox"/>
Social Media Case Study	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint Presentation	<input type="checkbox"/>	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	<input type="checkbox"/>

(3) Content Difficulty

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Most of content seemed too difficult for most students to grasp.	Most of content seemed just about right.	Most of content seemed too easy for most students.

(4) Student Engagement

Discussion/Student Participation

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Most students do not express ideas, give reflective answers or ask relevant questions.	Students express some ideas, give somewhat reflective answers and relevant questions.	Most students express thoughtful ideas, give reflective answers, ask relevant questions.

Appendix B

Training Participant Comments

School Staff Training Participant Comments

Pilot Teacher Training Evaluation - Participant Comments



School Staff Training Participant Comments

School staff provided the following written comments about the training they received:

- ❖ Well done! Great Speaker!
- ❖ Excellent presentation, very interesting.
- ❖ Terrific presenter.
- ❖ Interesting presentation, thank you! My best friend was an RN and recently died from a heroin-related overdose. Are you aware of any training that is being done in the medical community?
- ❖ This presentation (and presenter) is the BEST presentation I can recall in 38 years of teaching. It effectively combines research, theory, RTI and instructional design. While so many presentations rely on fear or flash, this send the message in a clear, trustworthy manner. I cannot speak more highly of this one! I want more about signs of addiction risk.
- ❖ I thought the information was great. This topic really hits home. Out of my 10 good friends in oak forest 4 of them became heroin dependent. They started with pot then to oxy and then to heroin.
- ❖ I read the letter from the parent whose daughter passed away from a heroin overdose. Include more about how or where students are getting it. Change format from "sit and get" to more interactive. Know more slang terms to allow us to help our students. And know if it is going on. Hear from an ex-heroin addict who knows instead of just "I have heard."
- ❖ Pretest comment: is it necessary for me to know the science & exact terminology? I am more concerned w/symptoms to identify.
- ❖ A lot of heavy bio content.
- ❖ Present information slower.
- ❖ Needed to give speaker more time to present.
- ❖ Time to ask questions would be helpful.
- ❖ Needed more time!
- ❖ Need more time.
- ❖ Need more time.
- ❖ More time would have been a plus.
- ❖ More time needed; bring back another day or institute.
- ❖ Include method of safe disposal of prescription drugs. (To fire or police department?)
- ❖ I don't think I need a ton more details although signs to look for in more detail would be helpful.

Pilot Teacher Training Evaluation - Participant Comments

This document includes all participant responses to all questions on the pilot teacher training evaluation. (NOTE: Some teachers did not complete the evaluation form until after teaching one or more lessons to students).

Do you feel sufficiently prepared to teach the heroin education lessons?

Very Much: 39.3%
Somewhat: 60.7%

If you did not answer "Very Much," what was lacking in the training that you need in order to feel fully prepared?

- ❖ I will feel more prepared after looking through the website and lessons.
- ❖ Maybe doing a sample lesson as training would help.
- ❖ I want to check out the website for myself.
- ❖ Being prepared for different questions that students ask that may stem off of information presented.
- ❖ Need to view materials myself.
- ❖ I just need to spend a little time on the website regarding the implementation of the lesson.
- ❖ I would have liked more background information/symptoms/medication of use/more on rehab and relapse.
- ❖ Seems like this is being thrown at us.
- ❖ Nothing was missing from the training, I just feel it is a difficult topic to teach. Can be very emotional for some students.
- ❖ Nothing lacking, I just need to familiarize myself with the lessons more.
- ❖ I thought the training prepped me very well, but I have not taught them yet so I am not entirely qualified to answer.
- ❖ The Brain "Addiction" lesson was hard to understand at certain points. Other than that all was good!
- ❖ I felt the power points were not user friendly. Having them in a PowerPoint file format would be much better.
- ❖ More prepared now that I have taught one rotation. It was not due to lack of training.
- ❖ Having a better idea of what this overall program is supposed to look like/accomplish. There was no actual "training" just being guided to the website, read to from power point slides, and asked if there were questions.
- ❖ I would have liked to go through the hands-on activities with the trainer so that I knew I was demonstrating and explaining concepts correctly.
- ❖ How should the unit actually look/play out? More instruction on how to implement.

Are there specific lessons, content, or activities you feel uncomfortable with?

No: 84.0%

Yes: 16.0%

If yes, which ones?

- ❖ I will make sure that I'm prepared before I present.
- ❖ Not really sure yet. Have not taught any of the lessons yet.
- ❖ The anatomy of the brain.
- ❖ The first lesson on the brain. Would like to begin with something to draw them in.
- ❖ The ways in which Heroin affects the brain - the "why, what and how's".
- ❖ The stimulated activity.

Why, and what would help you feel more comfortable with them?

- ❖ I just need time to prepare.
- ❖ There could be more interactive slides. The students lost interest with the lecture format.
- ❖ Depending on the class the feedback is okay. Lots of talking by the instructor.
- ❖ With the brain PPT, a little more explanation of the slide on the brain. Soraya did email me more information than is in the lesson plan teacher slides. That information was beneficial.
- ❖ I actually teach 2nd semester and want to gage how the students perceive the different activities.
- ❖ Making it more simplified for young teens to understand. How to present it with a more relatable approach rather than confuse them with scientific, extensive vocabularies.
- ❖ I just feel like kids may click on things without actually learning from it or knowing why they're clicking on something. I'd feel more comfortable if I could monitor and narrate what they're doing all at the same time.

Do you like the idea of accessing the curriculum materials online?

Very Much: 89.3%

Somewhat: 10.7%

Do you find the Educator web portal easy to use?

Very Much: 39.3%

Somewhat: 25.0%

Not Very Much: 3.6%

Did Not Access: 32.1%

What did you like most or find most helpful about the training?

- ❖ Navigating through the website and the explanation and facts on Heroin.
- ❖ Amount of resources.
- ❖ Knowing that the materials are available for me to use at my pace!
- ❖ Online viewing.



- ❖ Online resources.
- ❖ The online materials.
- ❖ It was a good introduction to the lessons.
- ❖ Walk through the website identifying main points.
- ❖ Online access and the fact that the lessons are planned out so that I have access and the knowledge necessary.
- ❖ Easy to understand web interface.
- ❖ The ability to explore the lessons.
- ❖ How to navigate through the website. It was helpful having a question and answer session.

What do you like the most about the format of the lessons?

- ❖ Group discussions, short lessons to keep students attention and conversations.
- ❖ Straight forward.
- ❖ Interactions – visuals.
- ❖ Easy to follow with bullet points.
- ❖ Don't know enough about it yet.
- ❖ Short and to the point. Not too in depth.
- ❖ Clear and concise.
- ❖ Ease of use.
- ❖ Very laid out and straight forward. All the information is very accessible.
- ❖ Short and focused. 15-30 minute increments.
- ❖ The interactive lessons are the best.
- ❖ I liked the flow from addiction and how the brain changes to constant everyday use. The video clips were all very engaging. Also, the life story program students loved!

What, if anything, would you change about the format of the lessons?

- ❖ Not sure. Haven't done any lessons yet.
- ❖ Not sure yet.
- ❖ Nothing as of now.
- ❖ Nothing yet, haven't done the lesson yet.
- ❖ N/A since have not implemented yet.
- ❖ They are way too dry. They need to be explained in terms 15 year olds can relate to and understand.
- ❖ I would update the PPT and handouts to be more interactive!

Please make any additional comments below.

- ❖ Nice short presentation. To the point. Still very informative.



Appendix C

Student Lesson Implementation Data

Numbers of Lessons Implemented by School and Class

High School and Middle School Lesson Module Keys

Lesson Names/Abbreviations Key

Student Lesson Time to Implement and Percent Complete

Implementation Length

Percentage of Times Complete Lesson Was Taught

Number of Components Partially Covered

Number of Components Left Out

Reasons for Omission of Lesson Components

Content Difficulty

Student Engagement: Discussion/Participation

Student Engagement: Consistent Focus/Active Listening



Numbers of Lessons Implemented by School and Class

High School Lessons Implemented

	How the Brain Works and the Impact of Drugs				Opioids 201					Understanding and Minimizing Risk			Starting Conversations			Resources	
	Detox in Jail	From Experimentation to Abuse	How the Brain Works and the Impact of Drugs	Addiction Explained	Heroin Effects	Heroin Outcomes Video	New Face of Heroin	Opioids 201	Pain Pills to Heroin	Benefits of Avoiding Use Plotlines	Factors for Drug Use and Discussion	Risk Factors and Risk Assessment	Power of Parental Conversations	Reaching Out to Peers	Social Media Peer Involvement	Accessing Online Resources	Organizing a Presentation
Neuqua Valley HS																	
Health semester 1 (10th grade)	4	4	4	4	4	4	4	4	1	0	0	0	0	0	0	0	0
Health semester 2 (10th grade)	5	5	5	5	5	5	5	5	0	0	0	0	0	0	0	0	0
Advisory: freshman																	
Advisory: sophomore																	
Stagg HS																	
Health semester 1 (10th grade)	7	7	7	7	7	7	7	7	7	0	0	0	1	1	7	0	0
Health semester 2 (10th grade)	6	6	6	6	6	6	6	6	6	0	0	0	0	0	6	0	0
Advisory: freshman																	
Advisory: sophomore																	
Joliet Central HS																	
Health semester 1 (10th grade)	2	0	2	2	0	0	2	2	2	0	0	0	0	0	2	0	0
Health semester 2 (10th grade)	5	5	5	5	0	5	5	5	0	0	5	0	0	0	0	0	0
Advisory: freshman																	
Advisory: sophomore																	
Joliet West HS																	
Health semester 1 (10th grade)	6	8	8	4	4	2	4	2	6	0	4	2	0	0	6	0	0
Health semester 2 (10th grade)	4	6	4	4	4	2	4	2	6	0	4	0	0	0	6	0	0
Advisory: freshman																	
Advisory: sophomore																	
Vernon Hills HS																	
Health semester 1 (9th grade)	5	0	0	0	0	6	5	5	0	0	5	0	0	5	0	0	0
Health semester 2 (9th grade)	6	1	1	1	6	6	5	6	0	0	5	1	1	6	0	0	0
Advisory: freshman																	
Advisory: sophomore																	
Total # of times lesson was taught	50	42	42	38	36	43	47	44	28	0	23	3	2	12	27	0	0



Middle School Lessons Implemented

	How the Brain Works and the Impact of Drugs			Opioids 101							Understanding and Minimizing Risk			Starting Conversations			Resources	
	From Experimentation to Abuse	How the Brain Works and the Impact of Drugs	Addiction Explained	Effects of Heroin	Heroin Use Symptoms Profile	New Heroin Trend	Opioid Safety Brochure	Opioids 101	Opioids in the Brain Software	Snorting Heroin and Use Rates	Negative Outcomes of Use Video	What Does a Successful Teen Look Like	Why People Use and Self Assessment	Importance of Talking to Adults	Power of Peer Influence	Starting Conversations with Peers	Accessing Online Resources	Organizing a Presentation
Scullen MS																		
Health Q1 (8th grade)																		
Health Q2 (8th grade)																		
Health Q3 (8th grade)																		
Health Q4 (8th grade)																		
Advisory (8th grade)	11	11	11	11	11	11	11	11	11	11	7	11	11	7	7	7	0	0
Crone MS																		
Health Q1 (8th grade)	3	3	3	3	0	3	0	3	0	0	0	0	0	0	0	0	0	0
Health Q2 (8th grade)	3	3	3	3	0	3	0	3	0	0	0	0	0	0	0	0	0	0
Health Q3 (8th grade)	3	3	3	3	0	3	0	3	0	0	0	0	0	0	0	0	0	0
Health Q4 (8th grade)	3	3	3	3	0	3	0	3	0	0	0	0	0	0	0	0	0	0
Palos South MS																		
Health Q1 (8th grade)																		
Health Q2 (8th grade)																		
Health Q3 (8th grade)	2	2	2	2	2	2	2	2	2	2	0	0	0	0	0	0	0	0
Health Q4 (8th grade)																		
Troy MS																		
Health T1 (7th & 8th grades)																		
Health T2 (7th & 8th grades)	18	18	18	18	18	18	18	18	18	18	18	15	15	18	15	15	9	0
Health T3 (7th & 8th grades)																		
Hawthorn North MS																		
Health T1 (8th grade)	2	2	2	2	2	2	0	2	2	2	0	2	2	0	0	2	0	0
Health T2 (8th grade)	4	4	4	4	4	4	0	4	4	4	4	4	4	0	0	4	0	0
Health T3 (8th grade)	2	2	2	2	2	2	0	2	2	2	0	2	2	0	0	2	0	0
Hawthorn South MS																		
Health T1 (8th grade)	2	2	2	2	2	2	0	2	2	2	0	2	2	0	0	2	0	0
Health T2 (8th grade)	4	4	4	4	4	4	0	4	4	4	4	4	4	0	0	4	0	0
Health T3 (8th grade)	2	2	2	2	2	2	0	2	2	2	0	2	2	0	0	2	0	0
Total # of times lesson was taught	59	59	59	59	47	59	31	59	47	47	33	42	42	25	22	38	9	0

High School Lesson Module Key

Lesson Abbreviation	Times Taught	Lesson Name
Module: <u>How the Brain Works and the Impact of Drugs</u>		
detox_hs	27	Detox in Jail
experiment_hs	18	From Experimentation to Abuse
brain_hs	33	How the Brain Works and the Impact of Drugs
addiction_hs	20	Addiction Explained
Module: <u>Opioids 201</u>		
effects_hs	12	Heroin Effects
video_hs	18	Heroin Outcomes Video
face_hs	19	New Face of Heroin
opioids_hs	17	Opioids 201
painpills_hs	6	Pain Pills to Heroin
Module: <u>Understanding and Minimizing Risk of Abuse</u>		
avoiding_hs	7	Benefits of Avoiding Use Plottines
factors_hs	22	Factors for Drug Use and Discussion
risk_hs	13	Risk Factors and Risk Assessment
Module: <u>Starting Conversations</u>		
parental_hs	3	Power of Parental Conversations
reaching_hs	16	Reaching Out to Peers
media_hs	4	Social Media Peer Involvement
Module: <u>Resources</u>		
resources_hs	0	Accessing Online Resources
presentation_hs	0	Organizing a Presentation

Middle School Lesson Module Key

Lesson Abbreviation	Times Taught	Lesson Name
Module: <u>How the Brain Works and the Impact of Drugs</u>		
experiment_ms	14	From Experimentation to Abuse
brain_ms	18	How the Brain Works and the Impact of Drugs
addiction_ms	17	Addiction Explained
Module: <u>Opioids 101</u>		
effects_ms	8	Effects of Heroin
symptoms_ms	9	Heroin Use Symptoms Profile
trend_ms	12	New Heroin Trend
safety_ms	6	Opioid Safety Brochure
opioids_ms	12	Opioids 101
software_ms	9	Opioids in the Brain Software
snorting_ms	3	Snorting Heroin and Use Rates
Module: <u>Understanding and Minimizing Risk of Abuse</u>		
outcomes_ms	18	Negative Outcomes of Use Video
successful_ms	4	What Does a Successful Teen Look Like
why_ms	8	Why People Use and Self-Assessment
Module: <u>Starting Conversations</u>		
adults_ms	5	Importance of Talking to Adults
peer_ms	8	Power of Peer Influence
conversations_ms	7	Starting Conversations with Peers
Module: <u>Resources</u>		
resources_ms	0	Accessing Online Resources
presentation_ms	1	Organizing a Presentation



Lesson Names/Abbreviations Key

Lesson Abbreviation	Lesson Name
ADDICTION_HS	Addiction Explained
ADDICTION_MS	Addiction Explained
ADULTS_MS	Importance of Talking to Adults
AVOIDING_HS	Benefits of Avoiding Use Plotlines
BRAIN_HS	How the Brain Works and the Impact of Drugs
BRAIN_MS	How the Brain Works and the Impact of Drugs
CONVERSATIONS_MS	Starting Conversations with Peers
DETOX_HS	Detox in Jail
EFFECTS_HS	Heroin Effects
EFFECTS_MS	Effects of Heroin
EXPERIMENT_HS	From Experimentation to Abuse
EXPERIMENT_MS	From Experimentation to Abuse
FACE_HS	New Face of Heroin
FACTORS_HS	Factors for Drug Use and Discussion
MEDIA_HS	Social Media Peer Involvement
OPIOIDS_HS	Opioids 201
OPIOIDS_MS	Opioids 101
OUTCOMES_MS	Negative Outcomes of Use Video
PAINPILLS_HS	Pain Pills to Heroin
PARENTAL_HS	Power of Parental Conversations
PEER_MS	Power of Peer Influence
PRESENTATION_HS	Organizing a Presentation
PRESENTATION_MS	Organizing a Presentation
REACHING_HS	Reaching Out to Peers
RESOURCES_HS	Accessing Online Resources
RESOURCES_MS	Accessing Online Resources
RISK_HS	Risk Factors and Risk Assessment
SAFETY_MS	Opioid Safety Brochure
SNORTING_MS	Snorting Heroin and Use Rates
SOFTWARE_MS	Opioids in the Brain Software
SUCCESSFUL_MS	What Does a Successful Teen Look Like
SYMPTOMS_MS	Heroin Use Symptoms Profile
TREND_MS	New Heroin Trend
VIDEO_HS	Heroin Outcomes Video
WHY_MS	Why People Use and Self Assessment

Student Lesson Time to Implement and Percent Complete

The following table displays data on actual implementation length of student lessons (“How long did the actual lesson take to implement?” rows), length designated in the lesson plan (“expected_mins”), the average number of minutes by which implementation differed from the lesson plan (“mins_off”), and the percentage of times each lesson was implemented fully (“Complete_percent”). Data on length are presented in minutes; data on completions are provided in percentages. “N Obs” is the number of fidelity forms completed for each lesson, on which these data are based. “N” is the number of forms on which that particular data was provided.

Lesson	N Obs	Variable	N	Mean	Std Dev	Minimum	Maximum
ADDICTION_HS	20	How long did the actual lesson take to implement? (Minutes)	19	18.4	7.6	10.0	45.0
		expected_mins	20	20.0	0.0	20.0	20.0
		mins_off	19	-1.5	7.6	-10.0	25.0
		Complete_percent (%)	20	90.0	24.4	0.0	100.0
ADDICTION_MS	17	How long did the actual lesson take to implement? (Minutes)	17	24.1	8.3	10.0	40.0
		expected_mins	17	15.0	0.0	15.0	15.0
		mins_off	17	9.1	8.3	-5.0	25.0
		Complete_percent (%)	17	86.2	26.5	33.3	100.0
ADULTS_MS	5	How long did the actual lesson take to implement? (Minutes)	5	10.4	0.9	10.0	12.0
		expected_mins	5	20.0	0.0	20.0	20.0
		mins_off	5	-9.6	0.9	-10.0	-8.0
		Complete_percent (%)	5	50.0	0.0	50.0	50.0
AVOIDING_HS	7	How long did the actual lesson take to implement? (Minutes)	7	20.2	4.2	15.0	25.0
		expected_mins	7	20.0	0.0	20.0	20.0
		mins_off	7	0.3	4.2	-5.0	5.0
		Complete_percent (%)	7	76.2	37.1	0.0	100.0
BRAIN_HS	33	How long did the actual lesson take to implement? (Minutes)	29	27.1	10.7	10.0	50.0
		expected_mins	33	40.0	0.0	40.0	40.0
		mins_off	29	-12.7	10.7	-30.0	10.0
		Complete_percent (%)	33	87.9	23.3	33.3	100.0
BRAIN_MS	18	How long did the actual lesson take to implement? (Minutes)	18	31.9	15.8	15.0	60.0
		expected_mins	18	20.0	0.0	20.0	20.0
		mins_off	18	11.9	15.8	-5.0	40.0
		Complete_percent (%)	18	79.2	19.6	50.0	100.0

CONVERSATIONS_MS	7	How long did the actual lesson take to implement? (Minutes)	6	11.2	1.3	10.0	13.0
		expected_mins	7	25.0	0.0	25.0	25.0
		mins_off	6	-13.8	1.3	-15.0	-12.0
		Complete_percent (%)	7	100.0	0.0	100.0	100.0
DETOX_HS	27	How long did the actual lesson take to implement? (Minutes)	27	13.9	6.3	7.0	30.0
		expected_mins	27	10.0	0.0	10.0	10.0
		mins_off	27	3.9	6.3	-3.0	20.0
		Complete_percent (%)	27	93.8	16.1	33.3	100.0
EFFECTS_HS	12	How long did the actual lesson take to implement? (Minutes)	12	35.2	15.2	20.0	75.0
		expected_mins	12	45.0	0.0	45.0	45.0
		mins_off	12	-9.8	15.2	-25.0	30.0
		Complete_percent (%)	12	79.2	20.8	25.0	100.0
EFFECTS_MS	8	How long did the actual lesson take to implement? (Minutes)	8	33.0	14.3	10.0	50.0
		expected_mins	8	40.0	0.00	40.0	40.0
		mins_off	8	-7.0	14.3	-30.0	10.0
		Complete_percent (%)	8	87.5	14.8	60.0	100.0
EXPERIMENT_HS	18	How long did the actual lesson take to implement? (Minutes)	18	32.8	11.2	10.0	50.0
		expected_mins	18	45.0	0.0	45.0	45.0
		mins_off	18	-12.2	11.3	-35.0	5.0
		Complete_percent (%)	18	81.1	12.8	60.0	100.0
EXPERIMENT_MS	14	How long did the actual lesson take to implement? (Minutes)	14	38.1	5.3	25.0	45.0
		expected_mins	14	40.0	0.0	40.0	40.0
		mins_off	14	-1.8	5.3	-15.0	5.0
		Complete_percent (%)	14	78.6	30.8	20.0	100.0
FACE_HS	19	How long did the actual lesson take to implement? (Minutes)	19	14.1	8.3	5.0	45.0
		expected_mins	19	10.0	0.0	10.0	10.0
		mins_off	19	4.1	8.3	-5.0	35.0
		Complete_percent (%)	19	91.2	18.7	33.3	100.0
FACTORS_HS	22	How long did the actual lesson take to implement? (Minutes)	21	20.1	8.0	10.0	35.0
		expected_mins	22	15.0	0.0	15.0	15.0
		mins_off	21	5.1	8.0	-5.0	20.0
		Complete_percent (%)	22	100.0	0.0	100.0	100.0

MEDIA_HS	4	How long did the actual lesson take to implement? (Minutes)	4	25.3	3.3	23.0	30.0
		expected_mins	4	30.0	0.0	30.0	30.0
		mins_off	4	-4.7	3.3	-7.0	0.0
		Complete_percent (%)	4	75.0	28.8	50.0	100.0
OPIOIDS_HS	17	How long did the actual lesson take to implement? (Minutes)	17	22.2	6.9	10.0	35.0
		expected_mins	17	30.0	0.0	30.0	30.0
		mins_off	17	-7.7	6.9	-20.0	5.0
		Complete_percent (%)	17	80.4	33.4	0.0	100.0
OPIOIDS_MS	12	How long did the actual lesson take to implement? (Minutes)	12	23.3	9.3	10.0	40.0
		expected_mins	12	25.0	0.0	25.0	25.0
		mins_off	12	-1.6	9.4	-15.0	15.0
		Complete_percent (%)	12	87.5	16.8	50.0	100.0
OUTCOMES_MS	18	How long did the actual lesson take to implement? (Minutes)	18	19.6	7.0	5.0	35.0
		expected_mins	18	20.0	0.0	20.0	20.0
		mins_off	18	-0.3	7.0	-15.0	15.0
		Complete_percent (%)	18	86.1	17.6	50.0	100.0
PAINPILLS_HS	6	How long did the actual lesson take to implement? (Minutes)	6	25.8	19.1	10.0	55.0
		expected_mins	6	40.0	0.0	40.0	40.0
		mins_off	6	-14.2	19.1	-30.0	15.0
		Complete_percent (%)	6	62.5	37.9	0.0	100.0
PARENTAL_HS	3	How long did the actual lesson take to implement? (Minutes)	3	17.3	4.6	12.0	20.0
		expected_mins	3	20.0	0.0	20.0	20.0
		mins_off	3	-2.6	4.6	-8.0	0.0
		Complete_percent (%)	3	80.0	34.6	40.0	100.0
PEER_MS	8	How long did the actual lesson take to implement? (Minutes)	6	13.3	1.2	12.0	15.0
		expected_mins	8	15.0	0.0	15.0	15.0
		mins_off	6	-1.6	1.2	-3.0	0.0
		Complete_percent (%)	8	100.0	0.0	100.0	100.0
PRESENTATION_MS	1	How long did the actual lesson take to implement? (Minutes)	1	5.0	(NA)	5.0	5.0
		expected_mins ¹	0
		mins_off	0
		Complete_percent (%)	1	60.0	(NA)	60.0	60.0

REACHING_HS	16	How long did the actual lesson take to implement? (Minutes)	16	21.7	6.3	12.0	37.0
		expected_mins	16	20.0	0.0	20.0	20.0
		mins_off	16	1.7	6.3	-8.0	17.0
		Complete_percent (%)	16	82.5	29.1	0.0	100.0
RISK_HS	13	How long did the actual lesson take to implement? (Minutes)	13	25.0	6.4	12.0	30.0
		expected_mins	13	30.0	0.0	30.0	30.0
		mins_off	13	-5.0	6.4	-18.0	0.0
		Complete_percent (%)	13	78.8	37.9	0.0	100.0
SAFETY_MS	6	How long did the actual lesson take to implement? (Minutes)	5	44.0	21.9	20.0	80.0
		expected_mins	6	40.0	0.0	40.0	40.0
		mins_off	5	4.0	21.9	-20.0	40.0
		Complete_percent (%)	6	70.8	36.8	25.0	100.0
SNORTING_MS	3	How long did the actual lesson take to implement? (Minutes)	3	20.0	15.0	5.0	35.0
		expected_mins	3	15.0	0.0	15.0	15.0
		mins_off	3	5.0	15.0	-10.0	20.0
		Complete_percent (%)	3	83.3	28.9	50.0	100.0
SOFTWARE_MS	9	How long did the actual lesson take to implement? (Minutes)	9	22.2	7.9	10.0	40.0
		expected_mins	9	15.0	0.0	15.0	15.0
		mins_off	9	7.2	7.9	-5.0	25.0
		Complete_percent (%)	9	81.4	24.2	33.3	100.0
SUCCESSFUL_MS	4	How long did the actual lesson take to implement? (Minutes)	4	28.7	10.3	15.0	40.0
		expected_mins	4	40.0	0.0	40.0	40.0
		mins_off	4	-11.2	10.3	-25.0	0.0
		Complete_percent (%)	4	91.6	16.6	66.7	100.0
SYMPTOMS_MS	9	How long did the actual lesson take to implement? (Minutes)	9	18.3	5.6	5.0	25.0
		expected_mins	9	20.0	0.0	20.0	20.0
		mins_off	9	-1.6	5.6	-15.0	5.0
		Complete_percent (%)	9	97.2	8.3	75.0	100.0
TREND_MS	12	How long did the actual lesson take to implement? (Minutes)	9	15.3	4.7	7.0	20.0
		expected_mins	12	15.0	0.0	15.0	15.0
		mins_off	9	0.3	4.7	-8.0	5.0
		Complete_percent (%)	12	94.4	12.9	66.7	100.0

VIDEO_HS	18	How long did the actual lesson take to implement? (Minutes)	17	16.2	3.3	10.0	20.0
		expected_mins	18	15.0	0.0	15.0	15.0
		mins_off	17	1.2	3.3	-5.0	5.0
		Complete_percent (%)	18	83.3	28.4	0.0	100.0
WHY_MS	8	How long did the actual lesson take to implement? (Minutes)	8	39.4	8.6	25.0	50.0
		expected_mins	8	40.0	0.0	40.0	40.0
		mins_off	8	-0.6	8.6	-15.0	10.0
		Complete_percent (%)	8	62.5	20.0	25.0	87.5

¹The lesson plan did not include an expected time to implement.



Implementation Length

This table presents the percentage of times implemented that took more, less, or the same (“Just Right”) amount of time to implement as indicated in the lesson plan. The table also presents the average number of minutes different from the lesson plan.

	Was this more or less time than Designated in the lesson plan? (%)				
	Times Taught	More	Less	Just Right	Average Minutes Off
ADDICTION_HS	20	0.0	84.2	15.8	-1.6
ADDICTION_MS	17	41.2	17.7	41.2	9.1
ADULTS_MS	5	0.0	0.0	100.0	-9.6
AVOIDING_HS	7	14.3	28.6	57.1	0.3
BRAIN_HS	33	6.9	69.0	24.1	-12.8
BRAIN_MS	18	38.9	27.8	33.3	11.9
CONVERSATIONS_MS	7	0.0	100.0	0.0	-13.8
DETOX_HS	27	7.4	25.9	66.7	4.0
EFFECTS_HS	12	8.3	75.0	16.7	-9.8
EFFECTS_MS	8	37.5	12.5	50.0	-7.0
EXPERIMENT_HS	18	5.6	66.7	27.8	-12.2
EXPERIMENT_MS	14	21.4	14.3	64.3	-1.9
FACE_HS	19	26.3	15.8	57.9	4.1
FACTORS_HS	22	38.1	0.0	61.9	5.0
MEDIA_HS	4	25.0	50.0	25.0	-4.8
OPIOIDS_HS	17	17.7	52.9	29.4	-7.8
OPIOIDS_MS	12	16.7	33.3	50.0	-1.7
OUTCOMES_MS	18	22.2	50.0	27.8	-0.3
PAINPILLS_HS	6	0.0	50.0	50.0	-14.2
PARENTAL_HS	3	0.0	33.3	66.7	-2.7
PEER_MS	8	0.0	0.0	100.0	-1.7
PRESENTATION_MS	1	0.0	100.0	0.0	(no data)
REACHING_HS	16	43.8	37.5	18.8	1.8
RISK_HS	13	0.0	76.9	23.1	-5.0
SAFETY_MS	6	60.0	20.0	20.0	4.0
SNORTING_MS	3	33.3	33.3	33.3	5.0
SOFTWARE_MS	9	22.2	11.1	66.7	7.2
SUCCESSFUL_MS	4	25.0	50.0	25.0	-11.3
SYMPTOMS_MS	9	0.0	22.2	77.8	-1.7
TREND_MS	12	0.0	30.0	70.0	0.3
VIDEO_HS	18	11.8	11.8	76.5	1.2
WHY_MS	8	62.5	37.5	0.0	1.2

Percentage of Times Complete Lesson Was Taught

This table provides the percentage of times implemented that all components and activities of the lesson were implemented.

Were all components and activities in the lesson implemented? (%)			
	Times Taught	Yes	No
ADDICTION_HS	20	78.9	21.1
ADDICTION_MS	17	75.0	25.0
ADULTS_MS	5	0.0	100.0
AVOIDING_HS	7	57.1	42.8
BRAIN_HS	33	75.0	25.0
BRAIN_MS	18	50.0	50.0
CONVERSATIONS_MS	7	100.0	0.0
DETOX_HS	27	85.2	14.8
EFFECTS_HS	12	41.6	58.3
EFFECTS_MS	8	50.0	50.0
EXPERIMENT_HS	18	33.3	66.6
EXPERIMENT_MS	14	64.3	35.7
FACE_HS	19	73.7	26.3
FACTORS_HS	22	100.0	0.0
MEDIA_HS	4	50.0	50.0
OPIOIDS_HS	17	62.5	37.5
OPIOIDS_MS	12	58.3	41.6
OUTCOMES_MS	18	58.8	41.2
PAINPILLS_HS	6	50.0	50.0
PARENTAL_HS	3	66.6	33.3
PEER_MS	8	100.0	0.0
PRESENTATION_MS	1	(no data)	(no data)
REACHING_HS	16	62.5	37.5
RISK_HS	13	69.2	30.8
SAFETY_MS	6	40.0	60.0
SNORTING_MS	3	66.7	33.3
SOFTWARE_MS	9	66.7	33.3
SUCCESSFUL_MS	4	75.0	25.0
SYMPTOMS_MS	9	88.9	11.1
TREND_MS	12	80.0	20.0
VIDEO_HS	18	77.8	22.2
WHY_MS	8	0.0	100.0

Number of Components Partially Covered

This table presents the percentage of times the lesson was taught that one, two, three, or four lesson components were only partially covered.

	Number of Components Partially Covered (%)				
	0	1	2	3	4
ADDICTION_HS	95.0	5.0	0.0	0.0	0.0
ADDICTION_MS	88.2	5.8	5.8	0.0	0.0
ADULTS_MS	100.0	0.0	0.0	0.0	0.0
AVOIDING_HS	57.1	28.5	0.0	14.3	0.0
BRAIN_HS	78.8	21.2	0.0	0.0	0.0
BRAIN_MS	77.8	22.2	0.0	0.0	0.0
CONVERSATIONS_MS	100.0	0.0	0.0	0.0	0.0
DETOX_HS	92.6	3.7	3.7	0.0	0.0
EFFECTS_HS	58.3	41.6	0.0	0.0	0.0
EFFECTS_MS	62.5	25.0	12.5	0.0	0.0
EXPERIMENT_HS	61.1	38.9	0.0	0.0	0.0
EXPERIMENT_MS	64.3	14.3	7.1	0.0	14.3
FACE_HS	94.7	5.3	0.0	0.0	0.0
FACTORS_HS	100.0	0.0	0.0	0.0	0.0
MEDIA_HS	75.0	0.0	25.0	0.0	0.0
OPIOIDS_HS	82.3	17.6	0.0	0.0	0.0
OPIOIDS_MS	83.3	16.7	0.0	0.0	0.0
OUTCOMES_MS	72.2	27.8	0.0	0.0	0.0
PAINPILLS_HS	83.3	0.0	16.6	0.0	0.0
PARENTAL_HS	100.0	0.0	0.0	0.0	0.0
PEER_MS	100.0	0.0	0.0	0.0	0.0
PRESENTATION_MS	100.0	0.0	0.0	0.0	0.0
REACHING_HS	62.5	12.5	12.5	6.2	6.2
RISK_HS	69.2	7.7	7.7	7.7	7.7
SAFETY_MS	100.0	0.0	0.0	0.0	0.0
SNORTING_MS	100.0	0.0	0.0	0.0	0.0
SOFTWARE_MS	66.6	33.3	0.0	0.0	0.0
SUCCESSFUL_MS	100.0	0.0	0.0	0.0	0.0
SYMPTOMS_MS	100.0	0.0	0.0	0.0	0.0
TREND_MS	100.0	0.0	0.0	0.0	0.0
VIDEO_HS	94.4	5.5	0.0	0.0	0.0
WHY_MS	25.0	25.0	0.0	50.0	0.0

Number of Components Left Out

This table presents the percentage of times the lesson was taught that one, two, three, or four lesson components were left out.

	Number of Components Left Out (%)				
	0	1	2	3	4
ADDICTION_HS	80.0	15.0	5.0	0.0	0.0
ADDICTION_MS	82.3	11.7	5.9	0.0	0.0
ADULTS_MS	0.0	0.0	100.0	0.0	0.0
AVOIDING_HS	100.0	0.0	0.0	0.0	0.0
BRAIN_HS	84.8	15.1	0.0	0.0	0.0
BRAIN_MS	50.0	38.9	11.1	0.0	0.0
CONVERSATIONS_MS	100.0	0.0	0.0	0.0	0.0
DETOX_HS	92.6	7.4	0.0	0.0	0.0
EFFECTS_HS	75.0	16.6	0.0	8.3	0.0
EFFECTS_MS	87.5	12.5	0.0	0.0	0.0
EXPERIMENT_HS	55.5	33.3	11.1	0.0	0.0
EXPERIMENT_MS	92.8	0.0	0.0	7.1	0.0
FACE_HS	78.9	21.1	0.0	0.0	0.0
FACTORS_HS	100.0	0.0	0.0	0.0	0.0
MEDIA_HS	75.0	0.0	25.0	0.0	0.0
OPIOIDS_HS	70.6	23.5	0.0	5.8	0.0
OPIOIDS_MS	75.0	16.67	8.3	0.0	0.0
OUTCOMES_MS	83.3	5.5	11.1	0.0	0.0
PAINPILLS_HS	33.3	16.6	50.0	0.0	0.0
PARENTAL_HS	66.6	0.0	0.0	33.3	0.0
PEER_MS	100.0	0.0	0.0	0.0	0.0
PRESENTATION_MS	0.0	0.0	100.0	0.0	0.0
REACHING_HS	93.7	6.2	0.0	0.0	0.0
RISK_HS	92.3	7.7	0.0	0.0	0.0
SAFETY_MS	50.0	16.6	0.0	33.3	0.0
SNORTING_MS	66.6	33.3	0.0	0.0	0.0
SOFTWARE_MS	77.7	22.2	0.0	0.0	0.0
SUCCESSFUL_MS	75.0	0.0	25.0	0.0	0.0
SYMPTOMS_MS	88.9	11.1	0.0	0.0	0.0
TREND_MS	83.3	16.6	0.0	0.0	0.0
VIDEO_HS	66.6	16.6	11.1	0.0	5.5
WHY_MS	50.0	12.5	0.0	37.5	0.0



Reasons for Omission of Lesson Components

This document contains pilot teachers' explanations of why lesson components were omitted when the lesson was implemented. (If a specific lesson is not included in this document, no teacher explanations were provided).

ADDICTION HS

Some of the discussion questions in this lesson fit better with other lessons. The students hadn't even covered information on heroin yet.

If anything, it was again combined with our previous information. There are several definitions of addiction in this program...not all consistent.

Only parts of this were used due the redundancy of the definition and discussion points

Just didn't have enough time.

Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).

ADDICTION MS

Time allocated-time to plan.

Students were very involved in discussion, so we didn't get to main part of lesson.

Students were very involved in attention-getter discussion, so we didn't get to main part of lesson.

Did not have time - shortened period.

We had some technology problems that prevented us from completing the discussion reflection questions at the end of the lesson.

ADULTS MS

We did not have time to finish the lesson. We only had about 10 minutes to cover the entire lesson.

We did not have time to get through the entire lesson because the students wanted to stay on the discussion and class time ran out.

We did not have time to complete the lesson.

We did not have enough class time to complete the lesson.

AVOIDING HS

Did not have time for the 'assessment'.

Students did not want to discuss their answers.

The students did not have enough time to write a full-page, typed response to the prompts.

BRAIN HS

We did all of the components, but not to the extent written in the lesson plan. I eliminated some of the "Scripted" material.

Discussion questions seemed a bit redundant.

I used other processing questions at the end of the PowerPoint and led into our notes on the progression to dependency.

We implemented what we had with the PowerPoint and website with the mice. The discussion questions are not higher level thinking.

We used variations of the topics, and terms in other lessons.

Did not have students write foods on board, did this in an open discussion...chalkboard and projector screen, limited space.

Time constraints.

Just not enough time!



Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).
Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).

BRAIN MS

The components will be implemented; however, the lesson will roll over into Day 2. There was too much "new" content regarding the brain that students were previously unaware of.

Time issues. I needed another 5 minutes.

Ran out of time. We were rushed at the end.

There was not enough time allocated to complete this entire lesson.

We ran out of time during our first period class due to this being the first lesson of the pilot, we as teachers elaborated perhaps a little too much during the slides.

We were having difficulties with our computer, so the PowerPoint was never pulled up.

Time constraints.

Too much content for 20minutes. The lesson took 1 1/2 40 minute classes.

DETOX HS

Difficulty pulling up video.

Discussion questions are redundant. I used the Robert Crown worksheet provided...it just seemed like same-same.

Due to time restrictions, this wasn't as necessary to cover as other content.

Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).

EFFECTS HS

We provided the handout in PowerPoint form and the students filled out the answers in their journals.

Since they had spent a day on the lesson before, they did not need to revisit the software to dissect the story again.

Had to complete the post test and students finished at different times. Some took it home for homework.

Students finished at different times and we had to complete the post test.

Students finished at different times and we had to complete the post test.

Students finished at different times. Some took it home for homework. Had to complete the post test.

Students finished at different times. Some have to finish as homework. Had to complete the post test.

EFFECTS MS

There us too much content to present in the allotted time, there was an unavoidable delay (log in/out time on laptops).

Too much to do!

Time. Too much to do - not enough time to have discussion and write the paper.

EXPERIMENT HS

Discussion questions are redundant if you use the worksheet provided.

Discussion questions were redundant. Students answered questions on their worksheet.

Discussion questions were redundant--same as worksheet.

The Assessment questions were redundant and covered in other lessons.

I was only able to get into the computer lab for 1 day that week. I would have liked to spend 2 days in the lab to go over more information and let the kids use the software a little longer.

Time constraints.

Only handout was left out due to concern for time.

EXPERIMENT MS

I only resorted to this simulation once, rather than twice, so I chose to use the worksheet that followed along with what they were watching.

There is too much for one day. They did get through the story, but will extend a day for discussion.

Too much content to present in the time allotted and problems with logging on to the site.

Could not log into the website for all of my students in all four of my classes. We called RCC and also called our tech people. The software is not working.

FACE HS

We did not use the worksheet because the questions were best suited for quick class discussion.

Not enough time/redundant.

Too much content in the time we had.

Time constraints.

Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).

FACTORS HS

I added more dissection activities.

Many questions and examples.

More discussion.

Had a lot of discussion and questions.

MEDIA HS

There was too much content for the students to go over in the allotted advisory time and the computer lab was unavailable the following school day.

Not enough time.

OPIOIDS HS

We discussed the questions as a class.

Redundant.

Attention getter, I used my own to tie to other lessons in our ATOD unit.

Ran out of time.

Time constraints.

Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).

OPIOIDS MS

Reviewed software program so ran out of time for Venn Diagram.

Time, class interruptions.

Time - finished up lesson from the day before.

OUTCOMES MS

Wasn't enough time due to questions on their drug research projects.

Had to finish power point and discuss drug research project.

Not enough time. Kids did video and sheet at home.
There were a lot of questions.
Had a lot of questions to answer.
Ran out of time.
Ran out of time due to answering questions and elaborating on topics.

PAINPILLS HS

First, I don't believe there was a video in this lesson. Second, I only did this activity with 1 of my 4 classes because the information seemed redundant. Even students questioned the material. Already covered earlier in the unit with the video of the teens buying drugs in the city and with the social media activity. No time for poster creation. Made it extra credit.

PARENTAL HS

Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).

REACHING HS

Discussion and questions took more time.
Added more discussion activities.
Ran out of time due to the 1st activity running long.
Other activity went longer.
Time constraint.

RISK HS

Students were frustrated with the original small group activity, so we skipped parts of it.
Lack of Time (advisory is only 23 minutes).
Time constraint.
Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).

SAFETY MS

Used the brochure as a study guide tool for the unit test.
We had no computers so we modified the lesson and the students made posters instead. There was just enough time to make the posters, but not enough time to share or discuss.
Not enough time in our advisory to read through example brochure and create our own. We made a poster instead.

SNORTING MS

Not enough time in our curriculum.

SOFTWARE MS

Technology difficulties led to problems with discussion at the end. The science behind the lesson was too complicated to have the students lead a meaningful discussion.
More time needed.

TREND MS

Activities seemed repetitive with the worksheet and discussion questions both pertaining to the video. Rather than making the copies for the kids to halfway fill out, I held a strong class discussion.

VIDEO HS

We used the video as the attention getter. I felt like we were asking the same questions all the time. Instead of using the handout, we used the PowerPoint to give the instructions.

We used the video and had a similar writing prompt to connect to other aspects of our ATOD unit.

Did not have time for this lesson.

I went into more detail on the attention getter and some of the answers.

Time constraints - we only had four days to teach the curriculum, so we had to pick and choose which parts of each lesson we used. I co-taught this lesson with Brooke Gabris (pilot teacher).

WHY MS

Too much information in order to have discussion.

Time - too much info.

Time.

Time - too much info.

Did not have enough time.

We ran out of time, partly because the school day and period ended early to get students home due to weather, but we were only halfway done at 25 min., so assumed lesson would take longer than we had.

Students were unexpectedly released early and we only covered about half the lesson in about 25 min.

Content Difficulty

This table presents the percentage of times the lesson was taught that the teacher indicated it was too difficult, too easy, or about right for the students.

	Content Difficulty (%)			
	Times Taught	Too Difficult	Too Easy	About Right
ADDICTION_HS	20	0.0	10.5	89.5
ADDICTION_MS	17	0.0	0.0	100.0
ADULTS_MS	5	0.0	0.0	100.0
AVOIDING_HS	7	0.0	14.3	85.7
BRAIN_HS	33	32.1	0.0	67.9
BRAIN_MS	18	29.4	0.0	70.6
CONVERSATIONS_MS	7	0.0	0.0	100.0
DETOX_HS	27	0.0	18.5	81.5
EFFECTS_HS	12	0.0	25.0	75.0
EFFECTS_MS	8	0.0	12.5	87.5
EXPERIMENT_HS	18	0.0	0.0	100.0
EXPERIMENT_MS	14	0.0	0.0	100.0
FACE_HS	19	0.0	5.6	94.4
FACTORS_HS	22	0.0	9.5	90.5
MEDIA_HS	4	0.0	0.0	100.0
OPIOIDS_HS	17	0.0	5.9	94.1
OPIOIDS_MS	12	0.0	0.0	100.0
OUTCOMES_MS	18	0.0	0.0	100.0
PAINPILLS_HS	6	0.0	16.7	83.3
PARENTAL_HS	3	0.0	0.0	100.0
PEER_MS	8	0.0	0.0	100.0
PRESENTATION_MS	1	0.0	0.0	100.0
REACHING_HS	16	0.0	6.3	93.8
RISK_HS	13	7.7	0.0	92.3
SAFETY_MS	6	0.0	0.0	100.0
SNORTING_MS	3	0.0	0.0	100.0
SOFTWARE_MS	9	55.6	0.0	44.4
SUCCESSFUL_MS	4	0.0	0.0	100.0
SYMPTOMS_MS	9	0.0	44.4	55.6
TREND_MS	12	0.0	0.0	100.0
VIDEO_HS	18	0.0	0.0	100.0
WHY_MS	8	0.0	12.5	87.5



Student Engagement: Discussion/Participation

This table presents data on the degree to which students expressed ideas, gave reflective answers or asked relevant questions. The numbers indicate the percentage of times the lesson was taught that student discussion and participation were low, moderate, and high.

	Student Engagement: Discussion/Participation			
	Times Taught	Low Participation	Moderate Participation	High Participation
ADDICTION_HS	20	0.0	72.2	27.8
ADDICTION_MS	17	0.0	52.9	47.1
ADULTS_MS	5	0.0	0.0	100.0
AVOIDING_HS	7	14.3	57.1	28.6
BRAIN_HS	33	20.7	65.5	13.8
BRAIN_MS	18	5.9	52.9	41.2
CONVERSATIONS_MS	7	0.0	100.0	0.0
DETOX_HS	27	0.0	59.3	40.7
EFFECTS_HS	12	0.0	58.3	41.7
EFFECTS_MS	8	0.0	12.5	87.5
EXPERIMENT_HS	18	0.0	38.9	61.1
EXPERIMENT_MS	14	0.0	50.0	50.0
FACE_HS	19	0.0	50.0	50.0
FACTORS_HS	22	0.0	42.9	57.1
MEDIA_HS	4	0.0	75.0	25.0
OPIOIDS_HS	17	17.7	64.7	17.7
OPIOIDS_MS	12	25.0	50.0	25.0
OUTCOMES_MS	18	16.7	38.9	44.4
PAINPILLS_HS	6	16.7	50.0	33.3
PARENTAL_HS	3	0.0	33.3	66.7
PEER_MS	8	0.0	0.0	100.0
PRESENTATION_MS	1	0.0	100.0	0.0
REACHING_HS	16	0.0	50.0	50.0
RISK_HS	13	38.5	38.5	23.1
SAFETY_MS	6	0.0	60.0	40.0
SNORTING_MS	3	0.0	66.7	33.3
SOFTWARE_MS	9	0.0	44.4	55.6
SUCCESSFUL_MS	4	0.0	0.0	100.0
SYMPTOMS_MS	9	0.0	22.2	77.8
TREND_MS	12	0.0	50.0	50.0
VIDEO_HS	18	0.0	29.4	70.6
WHY_MS	8	12.5	12.5	75.0

Student Engagement: Consistent Focus/Active Listening

This table presents data on the degree to which students were focused or listening attentively. The numbers indicate the percentage of times the lesson was taught that students focus and listening were low, moderate, and high.

	Student Engagement: Consistent Focus/Active Listening			
	Times Taught	Low Focus	Moderate Focus	High Focus
ADDICTION_HS	20	5.3	73.7	21.1
ADDICTION_MS	17	0.0	35.3	64.7
ADULTS_MS	5	0.0	0.0	100.0
AVOIDING_HS	7	14.3	42.9	42.9
BRAIN_HS	33	17.9	60.7	21.4
BRAIN_MS	18	0.0	41.2	58.8
CONVERSATIONS_MS	7	0.0	83.3	16.7
DETOX_HS	27	3.7	44.4	51.9
EFFECTS_HS	12	8.3	16.7	75.0
EFFECTS_MS	8	0.0	12.5	87.5
EXPERIMENT_HS	18	0.0	16.7	83.3
EXPERIMENT_MS	14	0.0	35.7	64.3
FACE_HS	19	0.0	38.9	61.1
FACTORS_HS	22	0.0	23.8	76.2
MEDIA_HS	4	0.0	25.0	75.0
OPIOIDS_HS	17	11.8	23.5	64.7
OPIOIDS_MS	12	33.3	41.7	25.0
OUTCOMES_MS	18	11.1	22.2	66.7
PAINPILLS_HS	6	0.0	50.0	50.0
PARENTAL_HS	3	0.0	33.3	66.7
PEER_MS	8	0.0	0.0	100.0
PRESENTATION_MS	1	0.0	100.0	0.0
REACHING_HS	16	0.0	43.8	56.3
RISK_HS	13	38.5	23.1	38.5
SAFETY_MS	6	0.0	60.0	40.0
SNORTING_MS	3	0.0	66.7	33.3
SOFTWARE_MS	9	0.0	44.4	55.6
SUCCESSFUL_MS	4	0.0	25.0	75.0
SYMPTOMS_MS	9	0.0	0.0	100.0
TREND_MS	12	0.0	40.0	60.0
VIDEO_HS	18	0.0	17.7	82.4
WHY_MS	8	12.5	12.5	75.0