

## School Approaches to the Prevention of Underage Drinking

“School-based approaches designed to prevent substance use among students. . . offer(s) the benefits of reaching a wide (and captive) audience. . . In addition...schools offer the potential to ensure that intervention programs are institutionalized and run by trained staff members and that boosters to initial exposure to programs are delivered at specific developmental intervals. School-based intervention programs represent an important opportunity to prevent and reduce alcohol use among youth.”

*Reducing Underage Drinking*, p. 193  
National Research Council  
Institute of Medicine

Schools need to get serious about underage drinking prevention efforts. Why? Because, as we noted on Day 2, the risk factors that influence underage drinking also impact academic performance and social interactions. Historically, communities and organizations have explored different ideas to reduce underage drinking. Most have not been terribly effective to date. Those that have had measurable impact have some elements in common. One of those common elements is a comprehensive approach that includes individuals, parents, schools, and the community (*Reducing Underage Drinking*, p.2).



### Ineffective Programs

According to *Reducing Underage Drinking*, “programs relying on provision of information alone, fear tactics, or messages about not drinking until one is ‘old enough’ have consistently been found to be ineffective in reducing alcohol use and, in some cases, produce boomerang effects” -- an **increased** use of alcohol (Botvin, 1995; Swisher et al., 1971). These studies speculate that this may occur because the information provided increased the youths' curiosity about alcohol, or because teens believe many other young people drink (Cialdini et al., 1990).

In addition, programs that focus on strategies to only resist peer pressure have been ineffective. That is in part because peer influence is usually subtle and does not take the form of direct pressure, which these strategies focus on (Donaldson, 1995). Another ineffective approach is to identify youth who are drinking alcohol and engaging in other risky behaviors and put them in groups with similar adolescents. There have been mixed results from this approach. Some research has indicated that high-risk behaviors actually increase in these groups, which again highlights the boomerang effect (Paglia and Room, 1999), and this is consistent with research on the harmful effects of some group interventions (Dishion et al., 1999).

### Effective School Programs/Effective School Components

In general, current research indicates effective prevention programs should be designed with a focus on the risk protective factors we looked at in [Day 2](#). The National Highway Traffic Safety Administration

*Community How to Guide on Prevention* sums it up best: "Prevention programs no longer focus only on reaching individuals and providing knowledge about alcohol and drugs. Newer efforts emphasize programs and policies that shape knowledge, beliefs and behavior by changing the environment in which the target audience lives . . . the community, school, family, and cultural environments." That means providing support to young people to enhance their risk protective factors. Strengthening families, improving parenting skills, and helping families to establish strong, consistent norms about alcohol and other drug use can help prevent substance abuse, including underage drinking, as well as violence and other related problems.

The Substance Abuse and Mental Health Services Administration (SAMHSA) promotes these three strategies for prevention, which readily incorporate the risk and protective factors:

☀ Universal -- As the name implies, universal interventions are districtwide, schoolwide, and classroomwide interventions for every child in the district, school, or class. Universal interventions prevent risk factors from developing or intensifying and build a foundation that supports the efficiency and effectiveness of early and intensive interventions (Osher et al., p. 9). Universal programs:

- Address the entire population with messages, skills and programs designed to prevent or delay the use and abuse of alcohol, tobacco, and other drugs.
- Vary in type, design, structure, and delivery mechanisms. They can include school, family, and community-based programs.
- Primarily reflect environmental influences such as community values, economic, and employment stability, school support and other issues.

☀ Selective -- Selective programs target specific, defined groups of people who are at risk for severe academic or behavioral difficulties:

- Target subgroups of the population such as a fraternity or sorority on a college/ university campus or parents who belong to the PTA.
- Recipients are recruited to participate, and program activities are generally more involved in the daily lives of the participants.
- Risk factors only predict the increased likelihood of a poor outcome for members of a group. When targeting groups, it is important to avoid stigmatizing the groups or all members of the groups.

☀ Indicated -- Indicated programs target specific individuals and families, rather than entire groups. These programs target individuals who are already experiencing early signs of substance abuse such as youth who have been cited for an underage drinking offense or those who are exhibiting problems in school.

- Focus more on the individual than on factors in the community and address issues such as alienation from parents, school and peers and various conduct disorders.

Individuals are specifically recruited based on an assessment of the individual's personal risk or related problem behaviors, rather than relying on membership in a subgroup (SAMHSA, *SAMHSA Model Programs: IOM Classifications*).

Click [here](#) to see examples of universal, selective, and indicated approaches in reducing underage drinking.

The SAMHSA [model programs](#) website features programs that have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors. [Click here](#) to see how these model programs integrate one or more of these key prevention strategies. Using the search features built into the site, you can easily compare all the model programs on a number of other characteristics.

On Day 4 we'll take a look at how your needs assessment will guide your choice of key strategies as you begin to develop your prevention plan.



## Effective Programs Engage the Community

Comprehensive prevention programs involve all segments of the community and infuse prevention into the community, family, and social environment. Alan Leshner, Director of the National Institute on Drug Abuse, underscored this point in his plenary address to the National Conference on Drug Abuse Prevention Research:

“Simple strategies do not work. You need to have a comprehensive strategy with multiple goals to be accomplished simultaneously. We need to have schools, whole communities and the media need to work together.”

John Bunker, president of New Futures, a nonprofit, nonpartisan organization seeking to reduce underage alcohol problems and increase access to treatment, has worked in schools for 25 years. In a recent interview, Bunker recommends that schools take some key steps in addressing the problem of underage drinking.

First, he says schools need to have a comprehensive plan for addressing the problems. To do so, they need to know the scope of the problem of alcohol and other drug use and the consequences of such use. Consequences can include tardiness, juvenile arrests, drunk driving, etc. He recommends that schools conduct needs assessments to learn more about the problems and people's perceptions of alcohol and other drug issues. Once they have that information, school officials need to put policies in place and enforce them fairly.

“What happens in a lot of places is that the jocks get treated differently,” Bunker said. “If the captain of the football team gets busted for drinking, he plays the next day. Any other kid would get suspended” (Bunker, personal communication).

Bunker and other practitioners say that it is critical to work with parents as well. Some parents believe that drinking is a rite of passage and even supply their children with alcohol. Research shows that parents are a key influence in when youth decide to drink. Parents need information to educate them and help guide their children. Students are also a critical component of any work.

“Kids have to be part of the solution,” Bunker said. “Invite them to help. What can we do to create alcohol or drug free activities at school?” If it's only faculty or staff driven its not going to have a lot of staying power.”

Finally, the community must be involved. That means reminding merchants about not selling to underage youth, working with police to develop solutions to drinking and driving and planning ways that the community sends a message against underage drinking. Most communities have coalitions against alcohol and drug abuse. The school should be part of that coalition, Bunker said.

[Click here](#) for a 10-point plan for schools to address underage drinking

## Community How To Guides

The National Highway Traffic Safety and Administration (NHTSA) developed a series of [Community How To Guides on Underage Drinking Prevention](#). The *Prevention and Education Guide* discusses the importance of preventing underage drinking and provides an overview of recent advances in prevention planning. Universal, selective and indicated prevention strategies are discussed within the framework of risk and protective factors to assist communities in developing successful programs. These are the strategies NHTSA recommends at each level of prevention and intervention:

| <b>Underage Drinking Prevention Strategies</b><br><i>Community How To Guides on Underage Drinking Prevention</i><br>National Highway Traffic Safety and Administration |   |
|--|---|
| <b>Community Based</b>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduce access to alcohol.</li> <li><input type="checkbox"/> Establish community laws and norms that disapprove of underage drinking.</li> <li><input type="checkbox"/> Increase awareness about the nature and extent of underage drinking.</li> <li><input type="checkbox"/> Mobilize communities to develop neighborhoods where atmosphere, appearance, and safety are important.</li> <li><input type="checkbox"/> Increase supervision of young people.</li> <li><input type="checkbox"/> Provide opportunities for youth to contribute to the community</li> </ul> |

|   |   |
|---|---|
| <p><b>School Based</b></p>              | <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop policies that encourage an alcohol free life-style.</li> <li><input type="checkbox"/> Adopt classroom curricula that develop good interpersonal skills and social competence.</li> <li><input type="checkbox"/> Promote opportunities for the community and schools to work together.</li> <li><input type="checkbox"/> Utilize positive behavior management.</li> <li><input type="checkbox"/> Provide accurate information on the role(s) of alcohol in life</li> </ul> |
| <p><b>Family Based</b></p>              | <ul style="list-style-type: none"> <li><input type="checkbox"/> Educate parents about hazards of underage drinking.</li> <li><input type="checkbox"/> Provide parenting classes that focus particularly on setting limits in age appropriate ways.</li> <li><input type="checkbox"/> Educate parents on the impact that family conflict, substance abuse, violence, divorce, and illness have on children.</li> </ul>   |
| <p><b>Individual or Peer Groups</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Building personal competence (decision making, “people skills”).</li> <li><input type="checkbox"/> Mentoring programs.</li> <li><input type="checkbox"/> Appropriate use of time (healthy ways to take risks).</li> <li><input type="checkbox"/> Individual reasons for underage drinking (self-medication, testing the rules, etc.)</li> </ul>   |



## Approaches That Schools Can Take

So, what does work in schools? Meta-analyses of school-based interventions show that they vary widely in their ability to affect alcohol-related outcomes. Positive effects are, in statistical terms, small to modest (e.g., Gottfredson and Wilson, 2003). Here's a quick summary of what research tells us works in school-based programs.

The Committee on Developing a Strategy to Reduce and Prevent Underage Drinking recommends that prevention interventions for underage drinking include these elements in their programming. Programs should be:

**“Multicomponent and integrated.** Metaanalyses (Gottfredson and Wilson, 2003; Tobler, et al., 2000) revealed that systemwide change interventions were most effective. Project Northland [which we will look at later], which included school-based education programs, community activities and outreach, and environmental strategies that reduced the availability of alcohol to youth, is regarded as a highly effective program.

**Sufficient in Dose and Follow-Up.** Significant developmental changes

occur during adolescence. For educational interventions to be effective, they must be delivered throughout this period. The increased use of booster and multiyear programs should be encouraged.

**Norms that Support Nonuse.** Extensive research demonstrates that establishing norms that support nonuse is a key component of approaches to prevent alcohol use and misuse. During adolescence, it is common for youth who engage in inappropriate drinking behaviors to grossly overestimate the prevalence and acceptability of alcohol use among peers. . . . [M]aking young people's estimates about their peers' alcohol use more realistic -- has significant potential to reduce alcohol use among young people (Hansen and Graham, 1991).

**Parental Monitoring and Supervision.** Parents are a powerful source of influence on their children, and, using, the right practices, parents can significantly decrease the likelihood that their children will drink. Programs can provide parents with skills and motivation for actively monitoring and supervising their children (Dusenbury, 2000; Vicary et al., 2000).

**Interactive.** Educational programs demonstrated to reduce alcohol use and abuse have all been highly interactive. Meta-analyses revealed that interactive programs that delivered more hours of programming were more effective than interactive programs that delivered fewer hours (Gottfredson and Wilson, 2003; Tobler et al., 2000).

**Implemented with Fidelity.** There is strong evidence that the quality of program delivery is highly related to successful outcome (Dusenbury, et. al). Training the providers is essential. It is also essential for providers to have sufficient time to become fluent in delivering the program.

**Access Limitations.** Family and community interventions that have been shown to be effective included a focus on limiting youth access to alcohol (Komro et al., 1994; Rohrbach et al., 1997).

**Institutionalized.** Institutionalization is crucial for prevention to realize its full potential. In can ensure that new social norms in a community are perpetuated by exposing new community members (e.g., every fifth grade class in a school) to the norms, that well-trained professionals facilitate the intervention, and that programs are regularly evaluated and adjusted to meet the changing needs of the community.

**Social and Emotional Skill Development.** . . . there is evidence that good academic achievement and such characteristics as good school climate, cooperative learning and strong bonds between children and school have the potential to help prevent subsequent alcohol use. Research has clearly shown that the causes of early alcohol use are

related to the failure to develop social and personal competencies. These competencies include the ability to make good decisions and solve problems, set and achieve goals, effectively manage emotions and stress, communicate effectively, and build relationships that support a positive peer group.”

*Reducing Underage Drinking*, pp. 195-198

## Effective Programs Schools Can Adopt

There are a great many programs being conducted in schools throughout the United States that are effectively impacting underage drinking. How do you know which to implement in your school? Based on the findings of your needs assessment, you will be able to identify problem areas in your school and community, and the probable risk factors behind those problems. To be effective, the program you select for your school needs to target those specific risk factors. "Change must be more than cosmetic. . . school community members and other stakeholders must ensure that improvements are deep and systemic, changing both the structure and the culture of the school" (Osher et al. p. 6).

*Safe, Supportive, and Successful Schools* has an extensive program matrix that analyzes these programs on four criteria: targeted grade level, level of intervention, environment of program implementation, and the targeted areas (Osher et al., pp.132-134). We're going to highlight a few of those programs here.

**Project Northland** - Project Northland has been recognized as an outstanding program model by several agencies: Model Program -- Substance Abuse and Mental Health Services Administration; Exemplary Program -- U.S. Department of Education; Rated "A" -- Drug Strategies, Making the Grade.

Project Northland is a community-wide intervention designed to reduce alcohol use. The program spans seven academic years and involves students, parents, peers, community members businesses and organizations. The most intense intervention is in the first phase, which covers grades six through eight. In the second phase, which covers ninth and tenth grades, there are minimal interventions. Finally, the third phase, which covers eleventh and twelfth grades, resumes its intensity in programming.

The program components are:

- Classroom curricula.
- Parent Involvement and Education.
- Peer Leadership and Participation.
- Community Task Forces.

Project Northland's multicomponent approach resulted in a 43 percent decline in alcohol-related assault admissions to hospitals and decreases in heavy drinking.

Holder et al, 2000

Project Northland was designed on an understanding of the factors which influence alcohol and other drug use:

**Environmental Factors:**

- Create non-drinking norms for teens.
- Provide peer and parent role models.
- Structure alcohol-free opportunities.
- Decrease opportunities to get alcohol.
- Support non-drinking among teens.

**Personal Factors:**

- Provide knowledge of social influences.
- Increase self-efficacy to resist influences.
- Reinforce value of non-drinking.

**Behavioral Factors:**

- Increase skills to refuse alcohol.
- Reduce related high-risk behaviors
- Provide incentives for non-drinking.

Field staff for Project Northland also recruited community-wide task forces. The task forces, whose members represented a cross-section of the community, concentrated on areas including: (1) promoting awareness of alcohol issues among teens; (2) the organization and implementation of alcohol-free recreational activities for adolescents; (3) discussions with local alcohol merchants about their alcohol-related policies concerning young people; and (4) distribution of materials that support policies such as ID checks and legal consequences for selling alcohol to minors.

The most dramatic effects of the program occurred at the end of Phase I. The eighth-grade intervention group showed a 29 percent reduction on past week drinking and a 19 percent reduction in past month use. Researchers attributed the reductions primarily to changes in peer norms, peer drinking behavior, parent-child communication that reinforced abstinence, increase negative perceptions about the consequences of alcohol use and increase resistance skills, according to students' survey responses.

However, during the phase in ninth and tenth grade when interventions were minimal, there were no statistically significant differences between students in the intervention and control communities on any alcohol use measures. When the program resumed its intensity in grades 11 and 12, there some statistical differences in alcohol use, but not at the level of the first phase.

“The failure of the project to maintain its effectiveness during the interim phase demonstrates the

importance of intervention throughout adolescence, and it also points to the significance of community-level policy and other actions that change community norms around youthful drinking," write the authors in the IOM report *Reducing Underage Drinking: A Collective Responsibility*. "The Project Northland team has increased their focus on community-level change in a replication of the program that is currently under way in 61 schools and communities in the Chicago area" (*Reducing Underage Drinking*, p. 221).

**Linking the Interests of Families and Teachers (LIFT)** -- LIFT targets first and fifth grade children and their families living in at-risk neighborhoods characterized by high rates of juvenile delinquency. LIFT is based on the developmental model of behavior. It focuses on how the interactions of children with parents, peers, and school staff contribute to or exacerbate conduct problems (Patterson, Reid, & Dishion, 1992).

LIFT is a ten-week program that combines classroom activities with parent training, a playground behavioral program, and systematic communication between teachers and parents. The focus is on changing specific behaviors of the children (opposition, defiance, and social ineptitude) and the parents' reactions to their behavior (discipline and monitoring of the children.)

*"Specifically, in the family domain, LIFT promotes calm and consistent limit setting and parental involvement in the child's social life. . . LIFT targets physical aggression in unstructured settings (i.e. the playground) by promoting positive peer interactions. In the classroom, LIFT promotes developmentally appropriate social relationships and peer group skills."*

Osher et al., pp. 169-170

Short term evaluations showed positive results: decreased aggression on the playground, and decreased aversive behavior in mothers. Three years later these children exhibited fewer increases in attention deficit disorder behaviors (inattentiveness, impulsivity, and hyperactivity). By fifth-grade, these students had fewer associations with delinquent peers and were less likely to initiate patterned alcohol use (Osher et al., p. 171).

Classroom instructors, school staff, and playground staff will require some training. A high level of parent involvement and strong parent commitment is essential to the successful implementation of this program.

**Project STAR: Students Taught Awareness and Resistance** -- Project STAR is a community-based, multifaceted program for adolescent drug abuse prevention. Primarily a classroom initiative, STAR does extend to the family and the community.

STAR targets peer use of drugs and peer approval of drugs and drug use. The program helps youth about to enter middle school or junior high recognize the "tremendous social pressures to use drugs and

provides training skills in how to avoid drug use and drug situations" (Osher et al., p. 206). In the first year of the program, teachers present 10-13 sessions on resistance skills. There are five additional sessions in the second year to bolster that message. These lessons employ student peer leaders and active social learning techniques including modeling, role playing, and discussions. Parents and other family members are involved through homework assignments. The parental program also involves a parent-principal committee which reviews school drug policy and parent-child communications training.

Project STAR has demonstrated considerable success in reducing drug use and abuse, and those gains have been maintained throughout high school and, in some cases, beyond:

- up to a 40 percent reduction in marijuana use and smaller reductions in alcohol use;
- effect on daily smoking, heavy marijuana use, and some hard drug use;
- increased parent-child communications about drug use;
- facilitated development of prevention programs, activities, and services among community leaders (Osher et al., p. 207).

**[SOAR, The Seattle Social Development Project](#)** -- SOAR promotes the healthy development of young people by increasing opportunities for active involvement in family and school, improving skills for successful participation in family, school, peer groups, and community (Osher et al., p. 225).

SOAR targets several specific risk factors: lack of commitment to school, poor family management, family conflict, favorable parental attitudes towards drugs, alienation, friends who use drugs, early initiation of drug use, and early antisocial behaviors. SOAR also enhances protective factors, and sets healthy beliefs and standards for behavior.

Staff development is a major component of SOAR. Instructional improvement workshops and classroom coaching sessions is aimed at improving the students' academic achievement and bonding to the school. The parent component enhances parents' skills in helping their children succeed academically. The third component provides children with social and citizenship skills and allows them to practice social and emotional skills in the classroom.

Program outcomes to date have been very positive and extend over a long period of time. At age 18, for example, "fewer full-intervention students had engaged in violent . . . acts, heavy drinking, sexual activity. . . fewer SOAR students had become pregnant or had caused pregnancies" (Osher et al., p. 226). Academic achievement was markedly improved, and aggressive and self-destructive behaviors were reduced.

**[Reach Out Now: Talk to Your Fifth Graders about Underage Drinking](#)**

Reach Out Now started as a collaboration between the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, and Scholastic, Inc., Now in its fourth year, the "Reach Out Now" program provides SAMHSA materials to fifth and sixth grade teachers to educate youngsters before they become teens about the dangers to young bodies associated with alcohol. The program provides classroom teachers with a set of underage drinking-

related materials.

The classroom teaching packet includes:

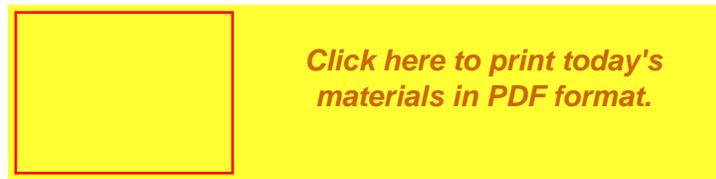
- Understanding the effects of alcohol on the developing child
- A science experiment in which students observe the effects of pouring alcohol on an egg
- A unit on making healthy decisions by using critical-thinking skills and finding alternative activities to drinking

The take home packet includes:

- A Family Resource Guide filled with activities to help parents:
  - Maintain good lines of communication
  - Get involved in the child's life
  - Make and enforce clear and consistent rules
  - Serve as a positive role model for their child
  - Help a child know how to choose friends wisely
  - Be aware of the child's activities

Parents are also encouraged to create a family calendar to keep track of the activities of all the family members so that the parent is more involved in the child's life.

The materials are based on research supported by [SAMHSA](#) and the [National Institute on Alcohol Abuse and Alcoholism](#) at the National Institute of Health.



### ***Discussion Questions***

Please think about the questions below and share your responses, comments, and/or any questions about today's material in the [Discussion Area](#) .

Complete the [Education Questionnaire](#) from NHTSA's *Community How to Guide: Needs Assessment and Strategic Planning*.

Post responses to these discussion questions:

- What is your school currently doing to address the problem of underage drinking among students? What seems most/least helpful? Do you have a success story you can share?
- What are some of the barriers you as a school coordinator face in promoting a

comprehensive and coordinated approach to the problem of underage drinking?

What progress are you making in addressing these barriers?

**This completes today's work.  
Please visit the [Discussion Area](#) to share your  
responses to the discussion questions!**

### References for Day 3 materials:

BEST Foundation. *Project ALERT*. Available: <http://www.projectalert.best.org/>

Bonnie, Richard J., and O'Connell, Mary Ellen. (Eds.) (2004). *Reducing Underage Drinking: A Collective Responsibility*. Washington: National Research Council, Institute of Medicine, The National Academies Press. Available: <http://www.nap.edu/books/0309089352/html/>

Botvin, G.J., Baker, E. Dusenbury, L. Botvin, E.M., and Diaz, T. (1995). Long-term followup results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association*, 273(14), 1106-1112.

Botvin, G.J., Botvin, E.M., Ruchlin, H. (1998). School-Based Approaches to Drug Abuse Prevention: Evidence for Effectiveness and Suggestions for Determining Cost-Effectiveness. In: Bukoski, W.J., editor. *Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy*. *NIDA Research Monograph No. 176* 59-82. Washington, DC: U.S. Department of Health and Human Services. Available: [http://www.drugabuse.gov/pdf/monographs/monograph176/059-082\\_Botvin.pdf](http://www.drugabuse.gov/pdf/monographs/monograph176/059-082_Botvin.pdf)

Bunker, John. (August 2005). Personal Communication.

Center for the Study and Prevention of Violence. *Linking the Interests of Families and Teachers (LIFT)*. Available: <http://www.colorado.edu/cspv/blueprints/promising/programs/BPP09.html>

Cialdini, R.B., Reno, R.R., and Kallgren, C.A. (1990). A focus theory of normative conduct: Recycling the concept of norms to reduce littering in public places. *Journal of Personality and Social Psychology*, 58, 1015-1026.

Dishion, T.J., McCord, J., and Poulin, F. (1999), When interventions harm: Peer groups and problem

behavior. *American Psychologist*, 54, 755-764. Available:

[http://www.prevention.psu.edu/events/documents/Dishionetal1999\\_WhenInterventionsHarm.pdf](http://www.prevention.psu.edu/events/documents/Dishionetal1999_WhenInterventionsHarm.pdf)

Donaldson, S.I., Graham, J.W., Piccinin, A.M., and Hansen, W.B. (1995). Resistance-skills training and onset of alcohol use: Evidence for beneficial and potentially harmful effects in public schools and in private Catholic schools. *Health Psychology*, 14(4), 291-300.

Dusenbury, L. (2000). Family-based drug abuse prevention programs: A review. *Journal of Primary Prevention*, 20, 337-352.

Gottfredson, D.C., and Wilson, D.B. (2003). Characteristics of effective school-based substance abuse prevention. *Prevention Science*, 4(1), 23-38.

Hansen, W., and Graham, J.W. (1991). Preventing alcohol, marijuana, and cigarette use among adolescents: Peer resistance training versus establishing conservative norms. *Preventive Medicine*, 20, 414-430.

Hazelden Foundation. *Project Northland*. Available:

[http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl\\_7030\\_shade.html?sh=t&sf=t&page\\_id=27170](http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl_7030_shade.html?sh=t&sf=t&page_id=27170)

Holder, H.D., Gruenewald, P.J., Ponicki, W.R., Grube, J.W., Saltz, R.F., Voas, R.B., Reynolds, R., Davis, J., Sanchez, L., Gaumont, G., Roeper, P., and Treno, A.J. (200). Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *Journal of Studies on Alcohol*, 54, 23-26.

Kersten, K. (September 17, 1997). Commentary: Is DARE Doing Kids More Harm? *Star Tribune*, Minneapolis, MN. Available: <http://www.amexp.org/Publications/Archives/Kersten/kersten091797.htm>

Komro, K.A., Perry, C.L., Beblen-Mortenson, S., and Williams, C.L. (1994). Peer participation in Project Northland: A community-wide alcohol use prevention project. *Journal of School Health*, 64, 318-322.

Leshner, Alan I., Ph.D. (1996). Plenary address: From the prevention research lab to the community. National Institute on Drug Abuse. Available: <http://www.drugabuse.gov/MeetSum/CODA/Prevention.html>

National Highway Traffic Safety and Administration. (2001). *Community How to Guide on Education and Prevention*. Available:

[http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book4\\_Prevention.html](http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book4_Prevention.html)

Osher, David, Dwyer, Kevin, & Jackson, Stephanie. (2004). *Safe, Supportive, and Successful Schools Step by Step*. Colorado: Sopris West.

Paglia, A., and Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *Journal of Primary Prevention*, 20(1), 3-50.

Patterson, G.R., Reid, J.B., and Dishion, T. J. (1992). *Antisocial boys: A social interactional approach*. Eugene, OR: Castalia Publishing.

Rohrbach, L.A., Johnson, C.A., Mansergh, G., Fishkin, S.A., and Neumann, F.B. (1997). Alcohol-related outcomes of the day one community partnership. *Evaluation and Program Planning*, 20(3), 315-322.

Swisher, J.D., and Hoffman, A. (1975). Information: The irrelevant variable in drug education. In B.W.

Corder, R.A. Smith, and J.D. Swisher (Eds.), *Drug Abuse prevention: Perspectives and approaches for educators*. Dubuque, IA: William C. Brown.

Tobler, N. S., and Stratton, H.H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of research. *Journal of Primary Prevention*, 18, 71-128.

University of Southern California. *Project Star: Students Taught Awareness and Resistance*. Available: <http://www.projectstar.info>

University of Washington. *SOAR, The Seattle Social Development Project*. Available: <http://depts.washington.edu/ssdp/>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. (n.d.). SAMHSA model programs. Rockville, MD: Author. Available: <http://modelprograms.samhsa.gov/template.cfm?page=IOMClass>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. (2002). SAMHSA's reach out now. Rockville, MD: Author. Available: <http://www.teachin.samhsa.gov/>

Vicary, J.R., Snyder, A.R., and Henry, L.L. (2000). The effects of family variables and personal competencies on the initiation of alcohol use by rural seventh grade students. *Adolescent and Family Health*, 1(1), 11-20.



# Preventing Underage Drinking: A School-Based Approach

[Home](#)
[Getting Started](#)
[Day 1](#)
[Day 2](#)
 [Day 3](#)
[Day 4](#)
[Day 5](#)
[Resources & Links](#)
[Event Support](#)

[Discussion Area](#)

## School Approaches to the Prevention of Underage Drinking

“School-based approaches designed to prevent substance use among students. . . offer(s) the benefits of reaching a wide (and captive) audience. . . In addition...schools offer the potential to ensure that intervention programs are institutionalized and run by trained staff members and that boosters to initial exposure to programs are delivered at specific developmental intervals. School-based intervention programs represent an important opportunity to prevent and reduce alcohol use among youth.”

*Reducing Underage Drinking*, p. 193  
National Research Council  
Institute of Medicine

Schools need to get serious about underage drinking prevention efforts. Why? Because, as we noted on Day 2, the risk factors that influence underage drinking also impact academic performance and social interactions. Historically, communities and organizations have explored different ideas to reduce underage drinking. Most have not been terribly effective to date. Those that have had measurable impact have some elements in common. One of those common elements is a comprehensive approach that includes individuals, parents, schools, and the community (*Reducing Underage Drinking*, p.2).



### Ineffective Programs

According to *Reducing Underage Drinking*, “programs relying on provision of information alone, fear tactics, or messages about not drinking until one is ‘old enough’ have consistently been found to be ineffective in reducing alcohol use and, in some cases, produce boomerang effects” -- an **increased** use of alcohol (Botvin, 1995; Swisher et al., 1971). These studies speculate that this may occur because the information provided increased the youths' curiosity about alcohol, or because teens believe many other young people drink (Cialdini et al., 1990).

In addition, programs that focus on strategies to only resist peer pressure have been ineffective. That is in part because peer influence is usually subtle and does not take the form of direct pressure, which these strategies focus on (Donaldson, 1995). Another ineffective approach is to identify youth who are drinking alcohol and engaging in other risky behaviors and put them in groups with similar adolescents. There have been mixed results from this approach. Some research has indicated that high-risk behaviors actually increase in these groups, which again highlights the boomerang effect (Paglia and Room, 1999), and this is consistent with research on the harmful effects of some group interventions (Dishion et al., 1999).

### Effective School Programs/Effective School Components

In general, current research indicates effective prevention programs should be designed with a focus on the risk protective factors we looked at in [Day 2](#). The National Highway Traffic Safety Administration *Community How to Guide on Prevention* sums it up best: “Prevention programs no longer focus only on reaching individuals and providing knowledge about alcohol and drugs. Newer efforts emphasize

programs and policies that shape knowledge, beliefs and behavior by changing the environment in which the target audience lives . . . the community, school, family, and cultural environments.” That means providing support to young people to enhance their risk protective factors. Strengthening families, improving parenting skills, and helping families to establish strong, consistent norms about alcohol and other drug use can help prevent substance abuse, including underage drinking, as well as violence and other related problems.

The Substance Abuse and Mental Health Services Administration (SAMHSA) promotes these three strategies for prevention, which readily incorporate the risk and protective factors:

 **Universal** -- As the name implies, universal interventions are districtwide, schoolwide, and classroomwide interventions for every child in the district, school, or class. Universal interventions prevent risk factors from developing or intensifying and build a foundation that supports the efficiency and effectiveness of early and intensive interventions (Osher et al., p. 9). Universal programs:

- Address the entire population with messages, skills and programs designed to prevent or delay the use and abuse of alcohol, tobacco, and other drugs.
- Vary in type, design, structure, and delivery mechanisms. They can include school, family, and community-based programs.
- Primarily reflect environmental influences such as community values, economic, and employment stability, school support and other issues.

 **Selective** -- Selective programs target specific, defined groups of people who are at risk for severe academic or behavioral difficulties:

- Target subgroups of the population such as a fraternity or sorority on a college/ university campus or parents who belong to the PTA.
- Recipients are recruited to participate, and program activities are generally more involved in the daily lives of the participants.
- Risk factors only predict the increased likelihood of a poor outcome for members of a group. When targeting groups, it is important to avoid stigmatizing the groups or all members of the groups.

 **Indicated** -- Indicated programs target specific individuals and families, rather than entire groups. These programs target individuals who are already experiencing early signs of substance abuse such as youth who have been cited for an underage drinking offense or those who are exhibiting problems in school.

- Focus more on the individual than on factors in the community and address issues such as alienation from parents, school and peers and various conduct disorders.
- Individuals are specifically recruited based on an assessment of the individual's personal risk or related problem behaviors, rather than relying on membership in a subgroup (SAMHSA, *SAMHSA Model Programs: IOM Classifications*).

Click [here](#) to see examples of universal, selective, and indicated approaches in reducing underage drinking.

The SAMHSA [model programs](#) website features programs that have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors. [Click here](#) to see how these model programs integrate one or more of these key prevention strategies. Using the search features built into the site, you can easily compare all the model programs on a number of other characteristics.

On Day 4 we'll take a look at how your needs assessment will guide your choice of key strategies as you begin to develop your prevention plan.

## Effective Programs Engage the Community

Comprehensive prevention programs involve all segments of the community and infuse prevention into the community, family, and social environment. Alan Leshner, Director of the National Institute on Drug Abuse, underscored this point in his plenary address to the National Conference on Drug Abuse Prevention Research:

“Simple strategies do not work. You need to have a comprehensive strategy with multiple goals to be accomplished simultaneously. We need to have schools, whole communities and the media need to work together.”

John Bunker, president of New Futures, a nonprofit, nonpartisan organization seeking to reduce underage alcohol problems and increase access to treatment, has worked in schools for 25 years. In a recent interview, Bunker recommends that schools take some key steps in addressing the problem of underage drinking.

First, he says schools need to have a comprehensive plan for addressing the problems. To do so, they need to know the scope of the problem of alcohol and other drug use and the consequences of such use. Consequences can include tardiness, juvenile arrests, drunk driving, etc. He recommends that schools conduct needs assessments to learn more about the problems and people's perceptions of alcohol and other drug issues. Once they have that information, school officials need to put policies in place and enforce them fairly.

“What happens in a lot of places is that the jocks get treated differently,” Bunker said. “If the captain of the football team gets busted for drinking, he plays the next day. Any other kid would get suspended” (Bunker, personal communication).

Bunker and other practitioners say that it is critical to work with parents as well. Some parents believe that drinking is a rite of passage and even supply their children with alcohol. Research shows that parents are a key influence in when youth decide to drink. Parents need information to educate them and help guide their children. Students are also a critical component of any work.

“Kids have to be part of the solution,” Bunker said. “Invite them to help. What can we do to create alcohol or drug free activities at school?” If it's only faculty or staff driven its not going to have a lot of staying power.”

Finally, the community must be involved. That means reminding merchants about not selling to underage youth, working with police to develop solutions to drinking and driving and planning ways that the community sends a message against underage drinking. Most communities have coalitions against alcohol and drug abuse. The school should be part of that coalition, Bunker said.

[Click here](#) for a 10-point plan for schools to address underage drinking

### Community How To Guides

The National Highway Traffic Safety and Administration (NHTSA) developed a series of [Community How To Guides on Underage Drinking Prevention](#). The *Prevention and Education Guide* discusses the importance of preventing underage drinking and provides an overview of recent advances in prevention planning. Universal, selective and indicated prevention strategies are discussed within the framework of risk and protective factors to assist communities in developing successful programs. These are the strategies NHTSA

recommends at each level of prevention and intervention:

| <b>Underage Drinking Prevention Strategies</b><br><i>Community How To Guides on Underage Drinking Prevention</i><br>National Highway Traffic Safety and Administration |   |
|--|---|
| <b>Community Based</b>   | <input type="checkbox"/> Reduce access to alcohol.<br><input type="checkbox"/> Establish community laws and norms that disapprove of underage drinking.<br><input type="checkbox"/> Increase awareness about the nature and extent of underage drinking.<br><input type="checkbox"/> Mobilize communities to develop neighborhoods where atmosphere, appearance, and safety are important.<br><input type="checkbox"/> Increase supervision of young people.<br><input type="checkbox"/> Provide opportunities for youth to contribute to the community |
| <b>School Based</b>  | <input type="checkbox"/> Develop policies that encourage an alcohol free life-style.<br><input type="checkbox"/> Adopt classroom curricula that develop good interpersonal skills and social competence.<br><input type="checkbox"/> Promote opportunities for the community and schools to work together.<br><input type="checkbox"/> Utilize positive behavior management.<br><input type="checkbox"/> Provide accurate information on the role(s) of alcohol in life   |
| <b>Family Based</b>  | <input type="checkbox"/> Educate parents about hazards of underage drinking.<br><input type="checkbox"/> Provide parenting classes that focus particularly on setting limits in age appropriate ways.<br><input type="checkbox"/> Educate parents on the impact that family conflict, substance abuse, violence, divorce, and illness have on children.   |

**Individual or Peer Groups**

- Building personal competence (decision making, “people skills”).
- Mentoring programs.
- Appropriate use of time (healthy ways to take risks).
- Individual reasons for underage drinking (self-medication, testing the rules, etc.)

**Approaches That Schools Can Take**

So, what does work in schools? Meta-analyses of school-based interventions show that they vary widely in their ability to affect alcohol-related outcomes. Positive effects are, in statistical terms, small to modest (e.g., Gottfredson and Wilson, 2003). Here's a quick summary of what research tells us works in school-based programs.

The Committee on Developing a Strategy to Reduce and Prevent Underage Drinking recommends that prevention interventions for underage drinking include these elements in their programming. Programs should be:

- “Multicomponent and integrated.** Metaanalyses (Gottfredson and Wilson, 2003; Tobler, et al., 2000) revealed that systemwide change interventions were most effective. Project Northland [which we will look at later], which included school-based education programs, community activities and outreach, and environmental strategies that reduced the availability of alcohol to youth, is regarded as a highly effective program.
- Sufficient in Dose and Follow-Up.** Significant developmental changes occur during adolescence. For educational interventions to be effective, they must be delivered throughout this period. The increased use of booster and multiyear programs should be encouraged.
- Norms that Support Nonuse.** Extensive research demonstrates that establishing norms that support nonuse is a key component of approaches to prevent alcohol use and misuse. During adolescence, it is common for youth who engage in inappropriate drinking behaviors to grossly overestimate the prevalence and acceptability of alcohol use among peers. . . . [M]aking young people's estimates about their peers' alcohol use more realistic -- has significant potential to reduce alcohol use among young people (Hansen and Graham, 1991).
- Parental Monitoring and Supervision.** Parents are a powerful source of influence on their children, and, using, the right practices, parents can significantly decrease the likelihood that their children will drink. Programs can provide parents with skills and motivation for actively monitoring and supervising their children (Dusenbury, 2000; Vicary et al., 2000).
- Interactive.** Educational programs demonstrated to reduce alcohol use and abuse have all been highly interactive. Meta-analyses revealed that interactive programs that delivered more hours of programming were more effective than interactive programs that delivered fewer hours (Gottfredson and Wilson, 2003; Tobler et al., 2000).

**Implemented with Fidelity.** There is strong evidence that the quality of program delivery is highly related to successful outcome (Dusenbury, et. al). Training the providers is essential. It is also essential for providers to have sufficient time to become fluent in delivering the program.

**Access Limitations.** Family and community interventions that have been shown to be effective included a focus on limiting youth access to alcohol (Komro et al., 1994; Rohrbach et al., 1997).

**Institutionalized.** Institutionalization is crucial for prevention to realize its full potential. It can ensure that new social norms in a community are perpetuated by exposing new community members (e.g., every fifth grade class in a school) to the norms, that well-trained professionals facilitate the intervention, and that programs are regularly evaluated and adjusted to meet the changing needs of the community.

**Social and Emotional Skill Development."** . . . there is evidence that good academic achievement and such characteristics as good school climate, cooperative learning and strong bonds between children and school have the potential to help prevent subsequent alcohol use. Research has clearly shown that the causes of early alcohol use are related to the failure to develop social and personal competencies. These competencies include the ability to make good decisions and solve problems, set and achieve goals, effectively manage emotions and stress, communicate effectively, and build relationships that support a positive peer group."

*Reducing Underage Drinking, pp. 195-198*

## Effective Programs Schools Can Adopt

There are a great many programs being conducted in schools throughout the United States that are effectively impacting underage drinking. How do you know which to implement in your school? Based on the findings of your needs assessment, you will be able to identify problem areas in your school and community, and the probable risk factors behind those problems. To be effective, the program you select for your school needs to target those specific risk factors. "Change must be more than cosmetic. . . school community members and other stakeholders must ensure that improvements are deep and systemic, changing both the structure and the culture of the school" (Osher et al. p. 6).

*Safe, Supportive, and Successful Schools* has an extensive program matrix that analyzes these programs on four criteria: targeted grade level, level of intervention, environment of program implementation, and the targeted areas (Osher et al., pp.132-134). We're going to highlight a few of those programs here.

**Project Northland** - Project Northland has been recognized as an outstanding program model by several agencies: Model Program -- Substance Abuse and Mental Health Services Administration; Exemplary Program -- U.S. Department of Education; Rated "A" -- Drug Strategies, Making the Grade.

Project Northland is a community-wide intervention designed to reduce alcohol use. The program spans seven academic years and involves students, parents, peers, community members businesses and organizations. The most intense intervention is in the first phase, which covers grades six through eight. In the second phase, which covers ninth and tenth grades, there are minimal interventions. Finally, the third phase, which covers eleventh and twelfth grades, resumes its intensity in programming.

The program components are:

- Classroom curricula.
- Parent Involvement and Education.
- Peer Leadership and Participation.
- Community Task Forces.

Project Northland's multicomponent approach resulted in a 43 percent decline in alcohol-related assault admissions to hospitals and decreases in heavy drinking.

Holder et al, 2000

Project Northland was designed on an understanding of the factors which influence alcohol and other drug use:

**Environmental Factors:**

- Create non-drinking norms for teens.
- Provide peer and parent role models.
- Structure alcohol-free opportunities.
- Decrease opportunities to get alcohol.
- Support non-drinking among teens.

**Personal Factors:**

- Provide knowledge of social influences.
- Increase self-efficacy to resist influences.
- Reinforce value of non-drinking.

**Behavioral Factors:**

- Increase skills to refuse alcohol.
- Reduce related high-risk behaviors
- Provide incentives for non-drinking.

Field staff for Project Northland also recruited community-wide task forces. The task forces, whose members represented a cross-section of the community, concentrated on areas including: (1) promoting awareness of alcohol issues among teens; (2) the organization and implementation of alcohol-free recreational activities for adolescents; (3) discussions with local alcohol merchants about their alcohol-related policies concerning young people; and (4) distribution of materials that support policies such as ID checks and legal consequences for selling alcohol to minors.

The most dramatic effects of the program occurred at the end of Phase I. The eighth-grade intervention group showed a 29 percent reduction on past week drinking and a 19 percent reduction in past month use. Researchers attributed the reductions primarily to changes in peer norms, peer drinking behavior, parent-child communication that reinforced abstention, increase negative perceptions about the

consequences of alcohol use and increase resistance skills, according to students' survey responses.

However, during the phase in ninth and tenth grade when interventions were minimal, there were no statistically significant differences between students in the intervention and control communities on any alcohol use measures. When the program resumed its intensity in grades 11 and 12, there some statistical differences in alcohol use, but not at the level of the first phase.

"The failure of the project to maintain its effectiveness during the interim phase demonstrates the importance of intervention throughout adolescence, and it also points to the significance of community-level policy and other actions that change community norms around youthful drinking," write the authors in the IOM report *Reducing Underage Drinking: A Collective Responsibility*. "The Project Northland team has increased their focus on community-level change in a replication of the program that is currently under way in 61 schools and communities in the Chicago area" (*Reducing Underage Drinking*, p. 221).

**Linking the Interests of Families and Teachers (LIFT)** -- LIFT targets first and fifth grade children and their families living in at-risk neighborhoods characterized by high rates of juvenile delinquency. LIFT is based on the developmental model of behavior. It focuses on how the interactions of children with parents, peers, and school staff contribute to or exacerbate conduct problems (Patterson, Reid, & Dishion, 1992).

LIFT is a ten-week program that combines classroom activities with parent training, a playground behavioral program, and systematic communication between teachers and parents. The focus is on changing specific behaviors of the children (opposition, defiance, and social ineptitude) and the parents' reactions to their behavior (discipline and monitoring of the children.)

*"Specifically, in the family domain, LIFT promotes calm and consistent limit setting and parental involvement in the child's social life. . . LIFT targets physical aggression in unstructured settings (i.e. the playground) by promoting positive peer interactions. In the classroom, LIFT promotes developmentally appropriate social relationships and peer group skills."*

Osher et al., pp. 169-170

Short term evaluations showed positive results: decreased aggression on the playground, and decreased aversive behavior in mothers. Three years later these children exhibited fewer increases in attention deficit disorder behaviors (inattentiveness, impulsivity, and hyperactivity). By fifth-grade, these students had fewer associations with delinquent peers and were less likely to initiate patterned alcohol use (Osher et al., p. 171).

Classroom instructors, school staff, and playground staff will require some training. A high level of parent involvement and strong parent commitment is essential to the successful implementation of this program.

**Project STAR: Students Taught Awareness and Resistance** -- Project STAR is a community-based, multifaceted program for adolescent drug abuse prevention. Primarily a classroom initiative, STAR does extend to the family and the community.

STAR targets peer use of drugs and peer approval of drugs and drug use. The program helps youth about to enter middle school or junior high recognize the "tremendous social pressures to use drugs and provides training skills in how to avoid drug use and drug situations" (Osher et al., p. 206). In the first

year of the program, teachers present 10-13 sessions on resistance skills. There are five additional sessions in the second year to bolster that message. These lessons employ student peer leaders and active social learning techniques including modeling, role playing, and discussions. Parents and other family members are involved through homework assignments. The parental program also involves a parent-principal committee which reviews school drug policy and parent-child communications training.

Project STAR has demonstrated considerable success in reducing drug use and abuse, and those gains have been maintained throughout high school and, in some cases, beyond:

- up to a 40 percent reduction in marijuana use and smaller reductions in alcohol use;
- effect on daily smoking, heavy marijuana use, and some hard drug use;
- increased parent-child communications about drug use;
- facilitated development of prevention programs, activities, and services among community leaders (Osher et al., p. 207).

**[SOAR, The Seattle Social Development Project](#)** -- SOAR promotes the healthy development of young people by increasing opportunities for active involvement in family and school, improving skills for successful participation in family, school, peer groups, and community (Osher et al., p. 225).

SOAR targets several specific risk factors: lack of commitment to school, poor family management, family conflict, favorable parental attitudes towards drugs, alienation, friends who use drugs, early initiation of drug use, and early antisocial behaviors. SOAR also enhances protective factors, and sets healthy beliefs and standards for behavior.

Staff development is a major component of SOAR. Instructional improvement workshops and classroom coaching sessions is aimed at improving the students' academic achievement and bonding to the school. The parent component enhances parents' skills in helping their children succeed academically. The third component provides children with social and citizenship skills and allows them to practice social and emotional skills in the classroom.

Program outcomes to date have been very positive and extend over a long period of time. At age 18, for example, "fewer full-intervention students had engaged in violent . . . acts, heavy drinking, sexual activity. . . fewer SOAR students had become pregnant or had caused pregnancies" (Osher et al., p. 226). Academic achievement was markedly improved, and aggressive and self-destructive behaviors were reduced.

**[Reach Out Now: Talk to Your Fifth Graders about Underage Drinking](#)**

Reach Out Now started as a collaboration between the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, and Scholastic, Inc., Now in its fourth year, the "Reach Out Now" program provides SAMHSA materials to fifth and sixth grade teachers to educate youngsters before they become teens about the dangers to young bodies associated with alcohol. The program provides classroom teachers with a set of underage drinking-related materials.

The classroom teaching packet includes:

- Understanding the effects of alcohol on the developing child
- A science experiment in which students observe the effects of pouring alcohol on an egg
- A unit on making healthy decisions by using critical-thinking skills and finding alternative activities to drinking

The take home packet includes:

- A Family Resource Guide filled with activities to help parents:
  - Maintain good lines of communication
  - Get involved in the child's life
  - Make and enforce clear and consistent rules
  - Serve as a positive role model for their child
  - Help a child know how to choose friends wisely
  - Be aware of the child's activities

Parents are also encouraged to create a family calendar to keep track of the activities of all the family members so that the parent is more involved in the child's life.

The materials are based on research supported by [SAMHSA](#) and the [National Institute on Alcohol Abuse and Alcoholism](#) at the National Institute of Health.

[Click here to print today's materials in PDF format.](#)

question mark image

### ***Discussion Questions***

Please think about the questions below and share your responses, comments, and/or any questions about today's material in the [Discussion Area](#) .

Complete the [Education Questionnaire](#) from NHTSA's *Community How to Guide: Needs Assessment and Strategic Planning*.

Post responses to these discussion questions:

- What is your school currently doing to address the problem of underage drinking among students? What seems most/least helpful? Do you have a success story you can share?
- What are some of the barriers you as a school coordinator face in promoting a comprehensive and coordinated approach to the problem of underage drinking?
- What progress are you making in addressing these barriers?

**This completes today's work.  
Please visit the [Discussion Area](#) to share your  
responses to the discussion questions!**

**References for Day 3 materials:**

BEST Foundation. *Project ALERT*. Available: <http://www.projectalert.best.org/>

Bonnie, Richard J., and O'Connell, Mary Ellen. (Eds.) (2004). *Reducing Underage Drinking: A Collective Responsibility*. Washington: National Research Council, Institute of Medicine, The National Academies Press. Available: <http://www.nap.edu/books/0309089352/html/>

Botvin, G.J., Baker, E. Dusenbury, L. Botvin, E.M., and Diaz, T. (1995). Long-term followup results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association*, 273(14), 1106-1112.

Botvin, G.J., Botvin, E.M., Ruchlin, H. (1998). School-Based Approaches to Drug Abuse Prevention: Evidence for Effectiveness and Suggestions for Determining Cost-Effectiveness. In: Bukoski, W.J., editor. *Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy*. *NIDA Research Monograph No. 176* 59-82. Washington, DC: U.S. Department of Health and Human Services. Available: [http://www.drugabuse.gov/pdf/monographs/monograph176/059-082\\_Botvin.pdf](http://www.drugabuse.gov/pdf/monographs/monograph176/059-082_Botvin.pdf)

Bunker, John. (August 2005). Personal Communication.

Center for the Study and Prevention of Violence. *Linking the Interests of Families and Teachers (LIFT)*. Available: <http://www.colorado.edu/cspv/blueprints/promising/programs/BPP09.html>

Cialdini, R.B., Reno, R.R., and Kallgren, C.A. (1990). A focus theory of normative conduct: Recycling the concept of norms to reduce littering in public places. *Journal of Personality and Social Psychology*, 58, 1015-1026.

Dishion, T.J., McCord, J., and Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *American Psychologist*, 54, 755-764. Available: [http://www.prevention.psu.edu/events/documents/Dishionetal1999\\_WhenInterventionsHarm.pdf](http://www.prevention.psu.edu/events/documents/Dishionetal1999_WhenInterventionsHarm.pdf)

Donaldson, S.I., Graham, J.W., Piccinin, A.M., and Hansen, W.B. (1995). Resistance-skills training and onset of alcohol use: Evidence for beneficial and potentially harmful effects in public schools and in private Catholic schools. *Health Psychology*, 14(4), 291-300.

Dusenbury, L. (2000). Family-based drug abuse prevention programs: A review. *Journal of Primary Prevention*, 20, 337-352.

Gottfredson, D.C., and Wilson, D.B. (2003). Characteristics of effective school-based substance abuse prevention. *Prevention Science*, 4(1), 23-38.

Hansen, W., and Graham, J.W. (1991). Preventing alcohol, marijuana, and cigarette use among adolescents: Peer resistance training versus establishing conservative norms. *Preventive Medicine*, 20, 414-430.

- Hazelden Foundation. *Project Northland*. Available: [http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl\\_7030\\_shade.html?sh=t&sf=t&page\\_id=27170](http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl_7030_shade.html?sh=t&sf=t&page_id=27170)
- Holder, H.D., Gruenewald, P.J., Ponicki, W.R., Grube, J.W., Saltz, R.F., Voas, R.B., Reynolds, R., Davis, J., Sanchez, L., Gaumont, G., Roeper, P., and Treno, A.J. (200). Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *Journal of Studies on Alcohol*, 54, 23-26.
- Kersten, K. (September 17, 1997). Commentary: Is DARE Doing Kids More Harm? *Star Tribune*, Minneapolis, MN. Available: <http://www.amexp.org/Publications/Archives/Kersten/kersten091797.htm>
- Komro, K.A., Perry, C.L., Beblen-Mortenson, S., and Williams, C.L. (1994). Peer participation in Project Northland: A community-wide alcohol use prevention project. *Journal of School Health*, 64, 318-322.
- Leshner, Alan I., Ph.D. (1996). Plenary address: From the prevention research lab to the community. National Institute on Drug Abuse. Available: <http://www.drugabuse.gov/MeetSum/CODA/Prevention.html>
- National Highway Traffic Safety and Administration. (2001). *Community How to Guide on Education and Prevention*. Available: [http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book4\\_Prevention.html](http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book4_Prevention.html)
- Osher, David, Dwyer, Kevin, & Jackson, Stephanie. (2004). *Safe, Supportive, and Successful Schools Step by Step*. Colorado: Sopris West.
- Paglia, A., and Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *Journal of Primary Prevention*, 20(1), 3-50.
- Patterson, G.R., Reid, J.B., and Dishion, T. J. (1992). *Antisocial boys: A social interactional approach*. Eugene, OR: Castalia Publishing.
- Rohrbach, L.A., Johnson, C.A., Mansergh, G., Fishkin, S.A., and Neumann, F.B. (1997). Alcohol-related outcomes of the day one community partnership. *Evaluation and Program Planning*, 20(3), 315-322.
- Swisher, J.D., and Hoffman, A. (1975). Information: The irrelevant variable in drug education. In B.W. Corder, R.A. Smith, and J.D. Swisher (Eds.), *Drug Abuse prevention: Perspectives and approaches for educators*. Dubuque, IA: William C. Brown.
- Tobler, N. S., and Stratton, H.H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of research. *Journal of Primary Prevention*, 18, 71-128.
- University of Southern California. *Project Star: Students Taught Awareness and Resistance*. Available: <http://www.projectstar.info>
- University of Washington. *SOAR, The Seattle Social Development Project*. Available: <http://depts.washington.edu/ssdp/>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. (n.d.). SAMHSA model programs. Rockville, MD: Author. Available: <http://modelprograms.samhsa.gov/template.cfm?page=IOMClass>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. (2002). SAMHSA's reach out now. Rockville, MD: Author. Available: <http://www.teachin.samhsa.gov/>
- Vicary, J.R., Snyder, A.R., and Henry, L.L. (2000). The effects of family variables and personal competencies on the initiation of alcohol use by rural seventh grade students. *Adolescent and Family Health*, 1(1), 11-20.



PREVENTION PROGRAM MATRIX

| RISK FACTOR             | UNIVERSAL   | SELECTIVE   | INDICATED  |
|-------------------------|---|---|--|
| <b>Community Based</b>  | Limit hours of sale<br>Limit number of licenses<br>Compliance checks<br>Cops In Shops<br>Shoulder Tap Program<br>Adult responsibility laws<br>Dram shop liability laws<br>Keg registration laws<br>Zero tolerance laws<br>Alcohol enforcement units<br>Eliminate alcohol industry sponsorship<br>Advertising restrictions<br>Publicity for enforcement<br>Media campaigns<br>Communities That Care<br>After-school programs<br>Community service projects | Consistent penalties for merchants<br>Fake ID laws<br>Sobriety checkpoints<br>Extra-curricular activities | Use/lose laws<br>Diversion programs<br>Court watch programs              |
| <b>School Based</b>     | Alcohol policies<br>Life skills training<br><br>Project Star<br>Project Northland<br>Health promotion programs<br>Media education/literacy<br>Social marketing  | Living/learning contract<br>Smart Moves<br><br>Behavioral mentoring                                       | Contact parents<br>Reconnecting Youth Program                            |
| <b>Family Based</b>     | Parent/children videotapes  | Ready or Not Program<br><br>SASY driver training program<br>Strengthening Families Program                | Functional Family Therapy<br>Parenting Adolescents<br><br>Wisely Program |
| <b>Individual Based</b> | Alcohol-free activities   | Project Status<br>Big Brothers/Big Sisters  | Residential Student Assistance Program                                   |

# A Ten-Point Plan for Schools in Addressing Underage Drinking

Based on 25 years of experience and the research literature, John Bunker, president of New Futures, developed this ten point strategy for schools to use in addressing underage drinking problems.

## I. Comprehensive Plan

- Scope of Alcohol, Tobacco and Other Drug (ATOD) Problems (use, consequences, perceptions)
- Goals and Objectives (use, AOD related incidents)
- Strategies
- Evaluation

## II. Needs Assessment

- Prevalence of ATOD use
- Prevalence of ATOD problems (violence, academic performance, drinking and driving, other risk behaviors)
- ATOD Perception and attitudes (enforcement, access to alcohol and other drugs, scope of the problem)

## III. Policy and Practices

- Philosophy and Values (zero tolerance, learning moment, drug testing)
- Update and revision
- Clear and unambiguous written policies
- Fair and consistent implementation & enforcement
- Student, faculty, staff and parent education & training
- School functions and alumni events (drinking day)

## IV. Prevention, Intervention, and Treatment

- What are we doing now
- What should we do in the future
- Evidence-based best practices
- Student Assistance Program

## V. Curriculum

- ATOD topics
- Skill building (resistance and coping)
- Getting ready for college (survival skills)
- Classroom and extracurricular (athletic captains)

## VI. Students

- General student population
- High risk students (children of alcoholics)
- Freshman and seniors
- How do we engage students to address ATOD issues
- Student leaders

## VII. Faculty and Staff

- Scope of ATOD use and problems
- Employee Assistance Program
- ATOD Policies for faculty & staff
- Education and training (prevention and intervention)
- Health services professionals
- Athletic coaches

## VIII. Parents

- Denial and stigma
- Parents with ATOD problems
- What parents can do
- What parent's shouldn't do
- Orientation
- Code of conduct (safe homes model)
- Resources for treatment

## IX. Community

- Community coalition member
- Working with merchants
- Relationship with local police
- Day student parents

## X. Peer Institutions

- What challenges do we all face
- What lessons have we learned
- How can we increase communication and collaboration
- Summit or working group

# Preventing Underage Drinking: A School-Based Approach

[Return to Day 3](#)

## A Ten-Point Plan for Schools in Addressing Underage Drinking

Based on 25 years of experience and the research literature, John Bunker, president of New Futures, developed this ten point strategy for schools to use in addressing underage drinking problems.

### I. Comprehensive Plan

- Scope of Alcohol, Tobacco and Other Drug (ATOD) Problems (use, consequences, perceptions)
- Goals and Objectives (use, AOD related incidents)
- Strategies
- Evaluation

### II. Needs Assessment

- Prevalence of ATOD use
- Prevalence of ATOD problems (violence, academic performance, drinking and driving, other risk behaviors)
- ATOD Perception and attitudes (enforcement, access to alcohol and other drugs, scope of the problem)

### III. Policy and Practices

- Philosophy and Values (zero tolerance, learning moment, drug testing)
- Update and revision
- Clear and unambiguous written policies
- Fair and consistent implementation & enforcement
- Student, faculty, staff and parent education & training
- School functions and alumni events (drinking day)

### IV. Prevention, Intervention, and Treatment

- What are we doing now
- What should we do in the future
- Evidence-based best practices

Student Assistance Program

#### V. Curriculum

ATOD topics

Skill building (resistance and coping)

Getting ready for college (survival skills)

Classroom and extracurricular (athletic captains)

#### VI. Students

General student population

High risk students (children of alcoholics)

Freshman and seniors

How do we engage students to address ATOD issues

Student leaders

#### VII. Faculty and Staff

Scope of ATOD use and problems

Employee Assistance Program

ATOD Policies for faculty & staff

Education and training (prevention and intervention)

Health services professionals

Athletic coaches

#### VIII. Parents

Denial and stigma

Parents with ATOD problems

What parents can do

What parent's shouldn't do

Orientation

Code of conduct (safe homes model)

Resources for treatment

#### IX. Community

Community coalition member

Working with merchants

Relationship with local police

Day student parents

## X. Peer Institutions

- What challenges do we all face
- What lessons have we learned
- How can we increase communication and collaboration
- Summit or working group