



Comprehensive Substance Abuse Prevention Program Evaluation

THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

**Comprehensive
Substance Abuse Prevention
Program Evaluation – Annual Report
7/1/2015 – 6/30/2016**

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Comprehensive Substance Abuse Prevention Program Evaluation – Annual Report

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EXECUTIVE SUMMARY

The Comprehensive Substance Abuse Prevention Project provides primary alcohol, tobacco, and other drug (ATOD) prevention services to all counties in Iowa. Eighteen providers covering twenty-three service areas implemented a variety of evidence-based prevention programming for the project year that ran from July 1, 2015 to June 30, 2016. Agencies submitted 6,495 total matched pre-test and post-test surveys for analysis.

Participants included in this evaluation ranged in age from 7 to 19; the median age (at post-test) was 13. Well over half (67.8%) of the participants are in middle school (6th through 8th grade students). Males comprise 51.0% of respondents, and 11.4% of all respondents are Hispanic or Latino. Attrition analyses indicated that African American and multi-racial participants, and those ages 11 and 14 were more likely to drop out or not complete a post-test for the regular Comprehensive Survey, while those Younger Youth (YY) who were 8 and 12 were more likely to leave the program compared to other ages. Students who believed that marijuana was less risky or less wrong were more likely to not complete the program.

The evaluation of the Comprehensive Prevention project answers the following questions:

- *Has alcohol/tobacco/marijuana usage changed in the target population?*

The following table presents data on the percentage of middle and high school youth reporting past 30-day use of alcohol, binge drinking, cigarettes, and marijuana at the pre-test, and the percentage change and direction of change at post-test. These data are for participants in all programs combined, excluding Diversion programs. Iowa Youth Survey data are also provided.

Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test: Comprehensive Prevention Survey Respondents										
Group	N	Median Age	Alcohol		Binge Drinking		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	52,560 ²	12	–	+2.00	–	+1.00	–	+1.00	–	+1.00
Comprehensive Prevention	3,731	13	8.04	-0.96	1.83	-0.44	2.02	-0.25	2.08	0
¹ IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 6 and 8. The median age of 6 th graders completing the IYS was 11 years old; the median age of 8 th graders was 13 years old. Data are from the 2014 Iowa Youth Survey, State of Iowa report (Alcohol from question B16, Binge Drinking from B17, Cigarettes from B34, and Marijuana from B40). ² The total number of 6 th graders completing the 2014 Iowa Youth Survey was 26,117; the total number of 8 th graders was 26,443. ³ The total number of participants completing the regular Comprehensive Prevention Survey excluding Diversion was 3,731; participants were in the 5 th through 12 th grades										



The decreases in alcohol are statistically significant, however, there was no evidence of change from pre-test to post-test for binge drinking, cigarette, or marijuana use in the combined middle school and high school Comprehensive Prevention participant group. (McNemar test results are: Alcohol, $p=0.0483$, P values for cigarette, binge drinking, and marijuana use were greater than 0.05).

- *Has the percentage of the target population who indicate desirable attitudes (i.e., that it is wrong to use substances) at baseline (pre-test) maintained or increased after the intervention (post-test)?*

Attitude responses are coded on a Likert scale from “not wrong at all” to “very wrong.” Maintaining a response from pre-test to post-test that use is “wrong” or “very wrong,” or moving up the scale towards “very wrong” from any point on the scale is considered a positive outcome. Elementary school programs showed positive outcomes of 93% or more for attitude toward substance use. Most middle and high school programs showed positive outcomes for 80% or more of participants; Brain Power showed lower positive outcome percentages for alcohol and cigarettes. Project Northland tended to be the highest performer. For Diversion programs, more than 76% of participants showed positive outcomes for attitudes regarding alcohol use, more than 87% showed positive outcomes regarding attitude toward cigarette use, and more than 76% showed positive outcomes regarding attitude toward marijuana use. It is noteworthy that 31.3% of Diversion participants moved up the scale (further toward “very wrong”) for alcohol use and 34.4% moved up the scale for cigarette use.

- *Has perception of risk of harm from alcohol/tobacco/marijuana use maintained a positive response or increased from pre-test to post-test?*

Perception of risk responses are coded on a Likert scale from “no risk” to “great risk.” Maintaining a response from pre-test to post-test that use poses “moderate risk” or “great risk,” or moving up the scale towards “great risk” from any point on the scale is considered a positive outcome. Outcome percentages were more variable among programs for perception of risk of harm from use than for attitude toward use. Elementary school programs had positive outcomes of 83% or more for alcohol and cigarettes. Outcome percentages for perceived risk of marijuana use range from just over 58% to just over 76% for elementary programs, with Brain Power being the lowest performer. All middle and high school programs had higher positive outcome percentages, most with 80% or more for alcohol and cigarettes. Outcome percentages for perceived risk of marijuana use range from just over 72% to over 91%. Project Towards No Drug Abuse tended to be the highest performer. For Diversion programs, just over 78% of participants showed positive outcomes for perceived risk of harm from substance use. It is noteworthy that 40.6% of Diversion participants moved up the scale (further toward “great risk”) for perceived risk of harm from alcohol use and 32.8% moved up the scale for perceived risk of harm from marijuana use.

The evaluators recommend prevention agencies investigate the differences between racial minorities in all non-Younger Youth participants given that race was associated with program completion. Adolescents who indicated African American, American Indian, Asian, or Multiracial left the program at higher rate than other participants. In addition, given that all Comprehensive Prevention participants (including Younger Youth) were less likely to complete a program the less risky or wrong they believed marijuana was. Prevention agencies may want to implement programming with a greater emphasis on the risks of marijuana use, especially in elementary school programming considering that the positive outcome percentages for the elementary student group for perceived risk of harm from marijuana use appeared lower than those percentages for the middle and high school groups.

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BACKGROUND

The Comprehensive Substance Abuse Prevention Project provides primary alcohol, tobacco, and other drug (ATOD) prevention services to all counties in Iowa. The project is funded through a Substance Abuse Prevention and Treatment (SAPT) Block Grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The Iowa Department of Public Health, Division of Behavioral Health (IDPH) administers the prevention portion of the Block Grant funds through a competitive process to provide funding for each county in the state. Eighteen providers covering twenty-three service areas were awarded contracts to implement a variety of evidence-based prevention programming for the funding cycle that runs from July 1, 2015 to June 30, 2016.

The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) was awarded a contract with IDPH to evaluate the project and to provide training and technical assistance to the providers on data collection and data entry. In addition, one contractor implemented prevention programming with early elementary students who are below the appropriate age for surveying; therefore data for that contractor is not included in this report. Another contractor did not have access to schools for programming, therefore they do not have any surveys to include for this report.

Methodology

The evaluation involves a matched pre-post design whereby a survey is administered to the target population at the beginning and at the conclusion of the prevention program for all single year and multi-year programs.

Agencies submitted 6,495 pre-tests, 5,951 first-year post-tests, 1,157 second-year post-tests, and 37 third-year post-tests during State Fiscal Year 2016 (July 1, 2015 – June 30, 2016). This yielded 5,483 total matched surveys; 5,396 of these were for participants in single-year programs and those in the first year of multi-year programs; 87 were from participants in the second year of multi-year programs. Matched data include participants completing the Comprehensive and Younger Youth survey instruments.

The matched data sets are used to answer the following evaluation questions:

- Has alcohol/tobacco/marijuana use changed in the target population?
- Has the percentage of the target population who indicate at baseline (pre-test) that substance use by someone their age is wrong or very wrong remained the same (maintained) or increased after the intervention (post-test)?
- Has perceived risk of harm from alcohol/tobacco/marijuana use maintained a positive response (belief that using poses a moderate or great risk of harm) or increased from pre-test to post-test?

OUTCOME DATA

Participant Profile

Demographic data provided here include participants in all programs who completed the Comprehensive or Younger Youth (YY) survey instrument. There are some instances where individual responses on demographic data varied from pre-test to post-test. Some differences are naturally occurring, such as participants' age increasing by one year. In those cases, post-test responses were used, as those data most closely represent the matched group included in this report. In addition, there were numerous mismatches in individual participant responses from pre-test to post-test for gender, race, and ethnicity on both surveys. Upon investigation, agency and Consortium staff discovered that the majority of these discrepancies were due to participants giving different responses and not due to data entry error. Therefore, evaluation staff created a standard rule for addressing discrepancies in demographic data, which was to use the responses on the post-tests.

The median age (at post-test) of participants included in this report is 13. Over half (67.8%) of the participants are in middle school (6th through 8th grade students). Males comprise 51.0% of respondents, and 11.4% of all respondents are Hispanic or Latino. Participant racial groups are delineated below:

76.8%	White
5.3%	Black/African American
2.1%	Asian
0.8%	American Indian/Alaska Native
0.1%	Native Hawaiian/Other Pacific Islander
4.7%	Some Other Race
10.2%	More than one race

Attrition Analysis

The evaluators performed an attrition analysis to identify potential differences between participants who terminated their involvement in the program, that is, they did not complete a post-test, and those who remained in the program, that is, they completed a post-test this project year. The analysis was conducted on data for students in single-year programs and the first year of multi-year programs. Agencies differ in the number of curriculum years implemented of any given program, and not all students completed a pre-test in FY16. Therefore, determining attrition can be difficult. The evaluators split the analysis into three parts the older All Regular Comprehensive Prevention (ARCP) participants, the Younger Youth (YY) participants – a group of fourth through sixth graders, and those participants in the Diversion Program (Diversion). In comparing ARCP and YY participants it was found that the older ARCP were more likely to leave the program than the YY were.¹ Nearly three-fifths (39.8%) of all the ARCP participants did not complete a post-test, whereas only 15.2% of the YY participants did not complete a post-test.

Older participants', the ARCP respondents', race was associated with program completion. Adolescents who indicated African American, American Indian, Asian, or Multiracial left the program at higher rate than other participants.² Participants who were 11 years old (22.4%) or

¹ Cochran-Mantel-Haenszel test $\chi^2 = 389.44$; df = 1; p < .000

² Cochran-Mantel-Haenszel test $\chi^2 = 15.71$; df = 6; p = .015



14 years old (20.5%) tended to attrite more often than other aged participants.³ ARCP respondents who were grades sixth (22.7%) and eighth (23.8%) were more likely to complete a post-test than other grades.⁴ The less risky these adolescents thought about smoking marijuana⁵ and using other illegal drugs⁶ the more likely they were to attrite. The ARCP respondents represented by the outcome data in this report differ from those who initiated the program. When interpreting outcomes, take into consideration the selective attrition discussed above.

For the YY participants, eight year old (20.8%) and 12 year old (20.7%) participants⁷ and fifth graders (14.2%)⁸ were more like to leave the program compared to other ages. YY children who thought it was not wrong at all to smoke marijuana (40.0%) did not complete a post-test at a higher rate than those who thought it was less wrong to smoke to marijuana.⁹ Those who thought it did not hurt to smoke cigarettes every day were likely to attrite (20.2%) than those who thought it would hurt.¹⁰ Moreover, children who thought that it did not hurt to smoke marijuana once a week (19.4%) were more likely to not complete a post-test.¹¹ The YY respondents represented by the outcome data in this report differ from those who initiated the program. When interpreting outcomes, take into consideration the selective attrition discussed above.

Fourteen and nine-tenths percent of the participants in the Diversion Program did not take the post-test. Diversion participants who thought that there is a slight risk of harming self if one smokes marijuana once a week left the program at a higher rate (41.2%) than those who had different risk beliefs about smoking marijuana.¹² Additionally, the less risky these adolescents thought about using other illegal drugs the more likely they were to attrite.¹³ Participants in the Diversion Program represented by the outcome data in this report differ from those who initiated the program. When interpreting outcomes, take into consideration the selective attrition discussed above.

The Evaluators recommend prevention agencies investigate the differences between racial minorities in ARCP participants given that race was associated with program completion. In addition, given that all Comprehensive Prevention participants (including Younger Youth) were less likely to complete a program the less risky or wrong they believed marijuana was. Prevention agencies may want to implement programming with a greater emphasis on the risks of marijuana use, especially in elementary school programming considering that the positive outcome percentages for the elementary student group for perceived risk of harm from marijuana use appeared lower than those percentages for the middle and high school groups.

³ Cochran-Mantel-Haenszel test $\chi^2 = 22.66$; df = 11; p = .020

⁴ Cochran-Mantel-Haenszel test $\chi^2 = 43.01$; df = 8; p < .000

⁵ Cochran-Mantel-Haenszel test $\chi^2 = 13.63$; df = 3; p = .004

⁶ Cochran-Mantel-Haenszel test $\chi^2 = 8.95$; df = 3; p = .030

⁷ Cochran-Mantel-Haenszel test $\chi^2 = 13.39$; df = 5; p = .020

⁸ Cochran-Mantel-Haenszel test $\chi^2 = 14.49$; df = 2; p = .001

⁹ Cochran-Mantel-Haenszel test $\chi^2 = 6.14$; df = 2; p = .046

¹⁰ Cochran-Mantel-Haenszel test $\chi^2 = 13.01$; df = 2; p = .002

¹¹ Cochran-Mantel-Haenszel test $\chi^2 = 11.38$; df = 2; p = .001

¹² Cochran-Mantel-Haenszel test $\chi^2 = 12.10$; df = 3; p = .001

¹³ Cochran-Mantel-Haenszel test $\chi^2 = 7.81$; df = 3; p = .050

Past 30-Day Use

Data on past 30-day use are provided for Comprehensive Prevention project participants who completed the Comprehensive Prevention Survey. Data are provided for programs where 50 or more participants completed both a pre-test and a post-test. The Comprehensive Prevention Younger Youth survey does not ask about past 30-day use, therefore participants who completed that survey are not included in the past 30-day use data. Attitude and perceived risk outcomes for Younger Youth respondents are provided beginning on page 28. In addition, data for Diversion program participants are provided separately because the population served by Diversion programs is different from that of the other programs. Diversion program outcome data begin on page 40. Tables 1 through 3 and Figures 1 through 3 on the following pages present past 30-day use data for middle school and high school youth in non-Diversion programs.

The Iowa Youth Survey (IYS) data are provided as a reference for interpreting the outcome data in this report. The Iowa Youth Survey is a biennial assessment of Iowa's school-age (grades 6, 8, and 11) students' attitudes toward substance use and actual use of substances. The IYS data reflect changes due to maturation of the youth through the different grade levels. The 2014 IYS data provided here represent an estimate of the change one might see among youth in the general population over the course of one year. Thus, this shows the estimated annual change one might expect in Iowa's general youth population versus the outcomes of youth who complete specific prevention programming under the Comprehensive Prevention project. (Note: Youth who received Comprehensive programming may also have completed the IYS). The average yearly change was calculated by dividing the difference between grades by the number of years between grades. This was done using 6th and 11th grade IYS data to provide a reference for Comprehensive Prevention Project outcomes in Table 1; using 6th and 8th grade IYS data for participants in elementary and middle school programs; and using 8th and 11th grade IYS data for participants in high school programs. A single average yearly change figure is given in the tables to simplify interpretation. True yearly change rates, however, would increase each successive year (i.e., past 30-day use between 6th and 7th grade may increase less than 4.5%, but may increase more than 4.5% between 7th and 8th grade). While the time span between pre-test and post-test for some prevention programs presented here is less than one year, the IYS average yearly change serves as a general point of reference when examining the program outcomes rather than comparing to zero, or no change.

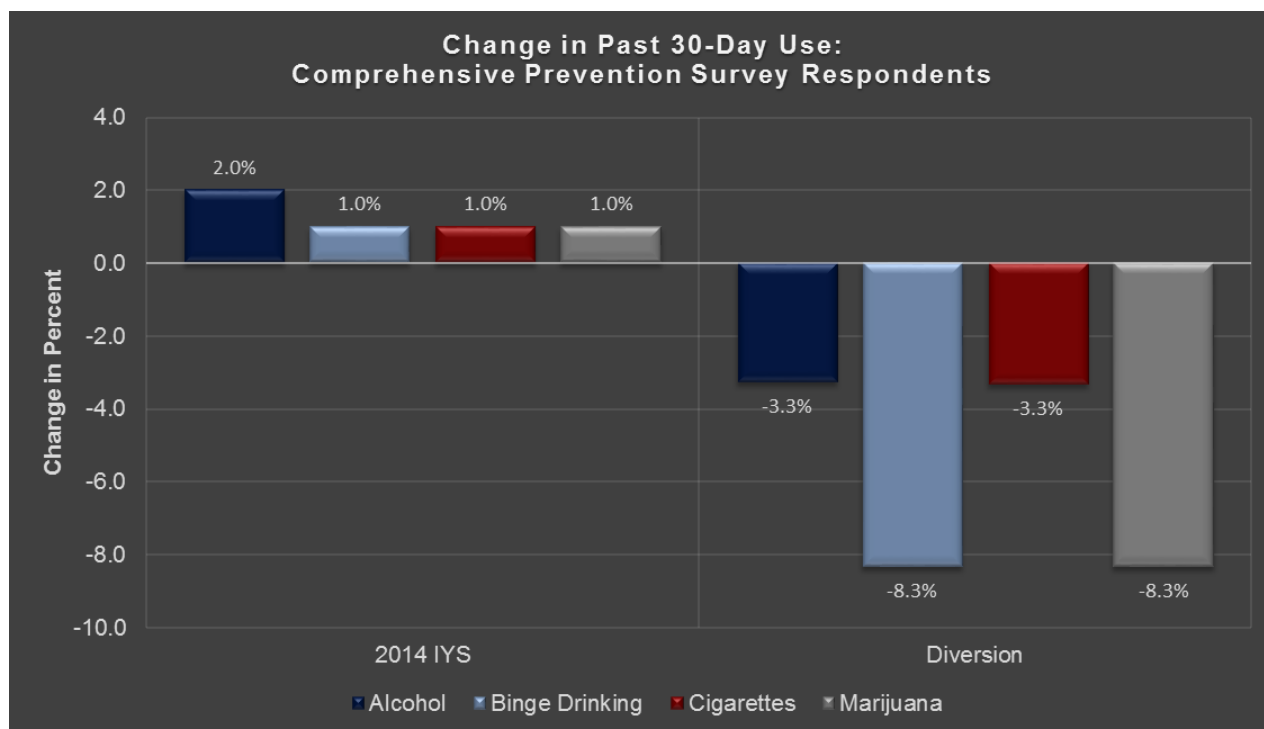
Table 1 presents data on the percentage of middle and high school youth reporting past 30-day use of alcohol, binge drinking (5 or more drinks in a row), cigarettes, and marijuana at the pre-test, and the percentage change and direction of change at post-test. Increases in the percentage of youth reporting use are indicated by a '+'; decreases in percentage of youth reporting use are indicated by a '-'. However, the change values presented in the table do not necessarily indicate statistically significant differences from pre-test to post-test. These data are for participants in all programs combined who completed the Comprehensive Prevention Survey, excluding Diversion program participants. Iowa Youth Survey data also are provided.

Table 1: Change in Past 30-Day Use: Comprehensive Prevention Survey Respondents

Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test: Comprehensive Prevention Survey Respondents										
Group	N	Median Age	Alcohol		Binge Drinking		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	52,560 ²	12	–	+2.00	–	+1.00	–	+1.00	–	+1.00
Comprehensive Prevention	3,731	13	8.04	-0.96	1.83	-0.44	2.02	-0.25	2.08	0
¹ IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 6 and 8. The median age of 6 th graders completing the IYS was 11 years old; the median age of 8 th graders was 13 years old. Data are from the 2014 Iowa Youth Survey, State of Iowa report (Alcohol from question B16, Binge Drinking from B17, Cigarettes from B34, and Marijuana from B40). ² The total number of 6 th graders completing the 2014 Iowa Youth Survey was 26,117; the total number of 8 th graders was 26,443. ³ The total number of participants completing the regular Comprehensive Prevention Survey excluding Diversion was 3,731; participants were in the 5 th through 12 th grades										

The decreases in alcohol are statistically significant, however, there was no evidence of change from pre-test to post-test for binge drinking, cigarette, or marijuana use in the combined middle school and high school Comprehensive Prevention participant group. (McNemar test results are: Alcohol, $p=0.0483$, P values for cigarette, binge drinking, and marijuana use were greater than 0.05). However, this also means that use of those showed no evidence of increasing as would be expected due to maturation. Figure 1 on page 10 graphically displays the past 30-day use data provided in Table 1.

Figure 1: Change in Past 30-Day Use: Comprehensive Prevention Survey Respondents



The remaining tables and graphs in this report provide outcome data by specific prevention program within the Comprehensive Prevention Project. Programs are grouped according to whether the program is provided within one school year or grade (single-year programs), or spans more than one school year or grade (multi-year programs). The Consortium and IDPH re-categorized two programs during State Project Year 2012: Brain Power and Too Good for Drugs. Those programs offer curricula for several grades, but each grade's curricula can be administered as a stand-alone program, and some Comprehensive contractors implement those programs in only one grade. Therefore, Brain Power and Too Good for Drugs are now treated as single-year rather than multi-year programs.

Tables 2 and 3 and Figures 2 and 3 on the following pages present program-specific data on the percentage of youth reporting past 30-day use of alcohol, binge drinking, tobacco, marijuana at the pre-test, and the percentage and direction of change at post-test. The change values presented in the tables do not necessarily indicate statistically significant differences from pre-test to post-test. Table 2 and Figure 2 present data for participants in single-year programs. Table 3 and Figure 3 present data for participants in multi-year programs.

Table 2: Change in Past 30-Day Use: Comprehensive Prevention Survey Respondents in Single-Year Programs

Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test: Comprehensive Prevention Survey Respondents in Single-Year Programs										
Group	N	Median Age	Alcohol		Binge Drinking		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	52,560 ²	12	–	+2.00	–	+1.00	–	+1.00	–	+1.00
Too Good for Drugs	577	12 ³	7.32	-2.14	1.61	+0.18	0.72	+0.18	0.94	+0.54
Project Northland	151	11 ⁴	8.28	-2.76	2.74	-2.05	0.68	0	0.68	-0.68
Project Towards No Drug Abuse	102	14 ⁵	19.80	-11.89	13.86	-9.90	10.89	-8.91	8.91	-6.93
Brain Power	65	12 ⁶	4.69	-1.56	1.56	0	0	+3.12	0	0
¹ IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 6 and 8. The median age of 6 th graders completing the IYS was 11 years old; the median age of 8 th graders was 13 years old. Data are from the 2014 Iowa Youth Survey, State of Iowa report (Alcohol from question B16, Binge Drinking from B17, Cigarettes from B34, and Marijuana from B40). ² The total number of 6 th graders completing the 2014 Iowa Youth Survey was 26,117; the total number of 8 th graders was 26,443. ³ Too Good for Drugs (TGFD) participants were in the 6 th through 12 th grades. ⁴ Project Northland participants were in the 5 th through 8 th grades. ⁵ Project Towards No Drug Abuse (TND) participants were in the 6 th through 11 th grades. ⁶ Brain Power participants were in the 6 th and 7 th grades.										

The decreases in alcohol, binge drinking, and marijuana use for Project Towards No Drug Abuse are statistically significant (McNemar test results are: Alcohol, $p=0.0042$; binge drinking, $p=.0063$; cigarette, $p=.0117$; marijuana, $p=.0156$). There is no evidence of change from pre-test to post-test for Brain Power, Too Good for Drugs, and Project Northland. However, this also means that use of those showed no evidence of increasing as would be expected due to maturation. Figure 2 on page 12 graphically displays the past 30-day use data provided in Table 2.

The decreases in alcohol, binge drinking, and marijuana use for Project Towards No Drug Abuse are statistically significant (McNemar test results are: Alcohol, $p=0.0042$; binge drinking, $p=.0063$; cigarette, $p=.0117$; marijuana, $p=.0156$). There is no evidence of change from pre-test to post-test in Brain Power, Too Good for Drugs, and Project Northland. However, this also means that use of those showed no evidence of increasing as would be expected due to maturation.

Figure 2: Change in Past 30-Day Use: Comprehensive Prevention Survey Respondents in Single-Year Programs

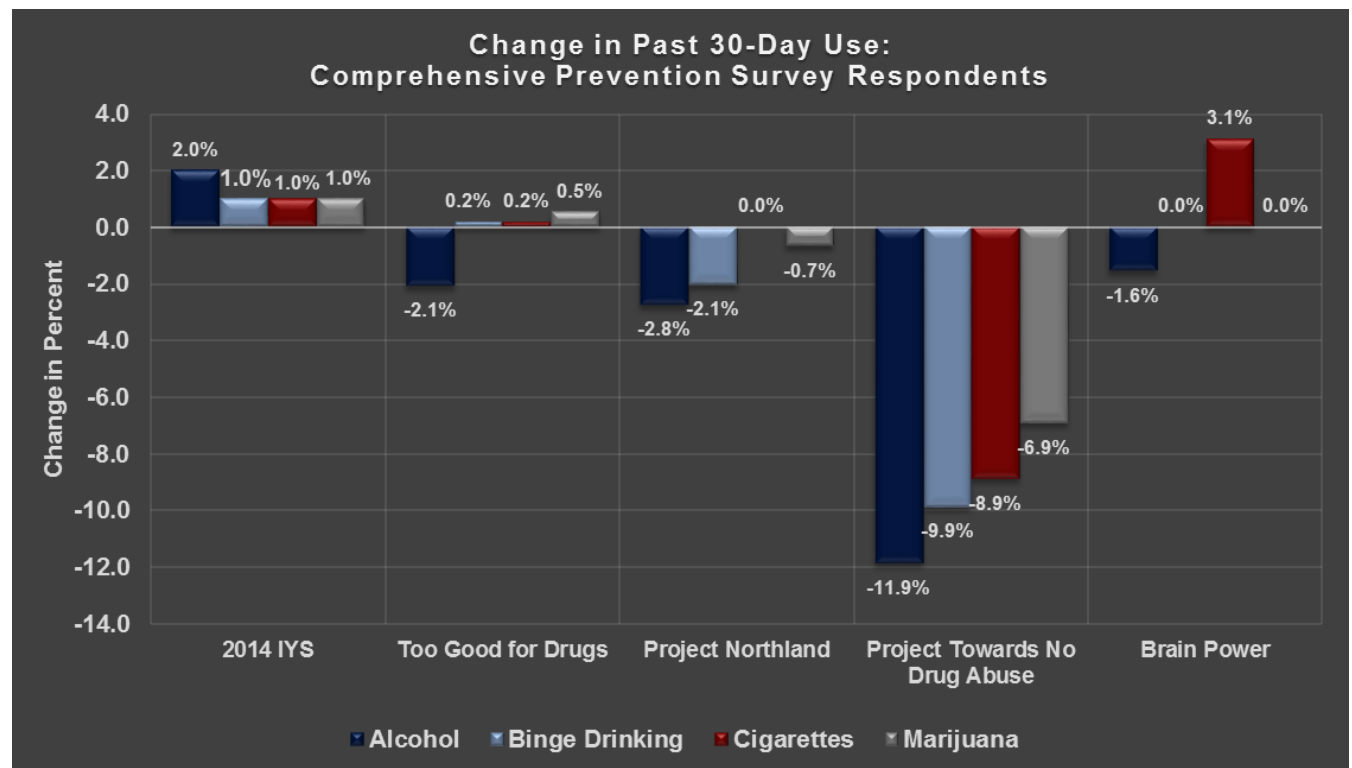


Table 3 on page 13 presents data on the percentage of youth reporting past 30-day use of alcohol, binge drinking, tobacco, and marijuana at the pre-test and the amount and direction of change at post-test for participants in multi-year programs. The change values presented in the table do not necessarily indicate statistically significant differences from pre-test to post-test.

Table 3: Change in Past 30-Day Use: Comprehensive Prevention Survey Respondents in Multi-Year Programs

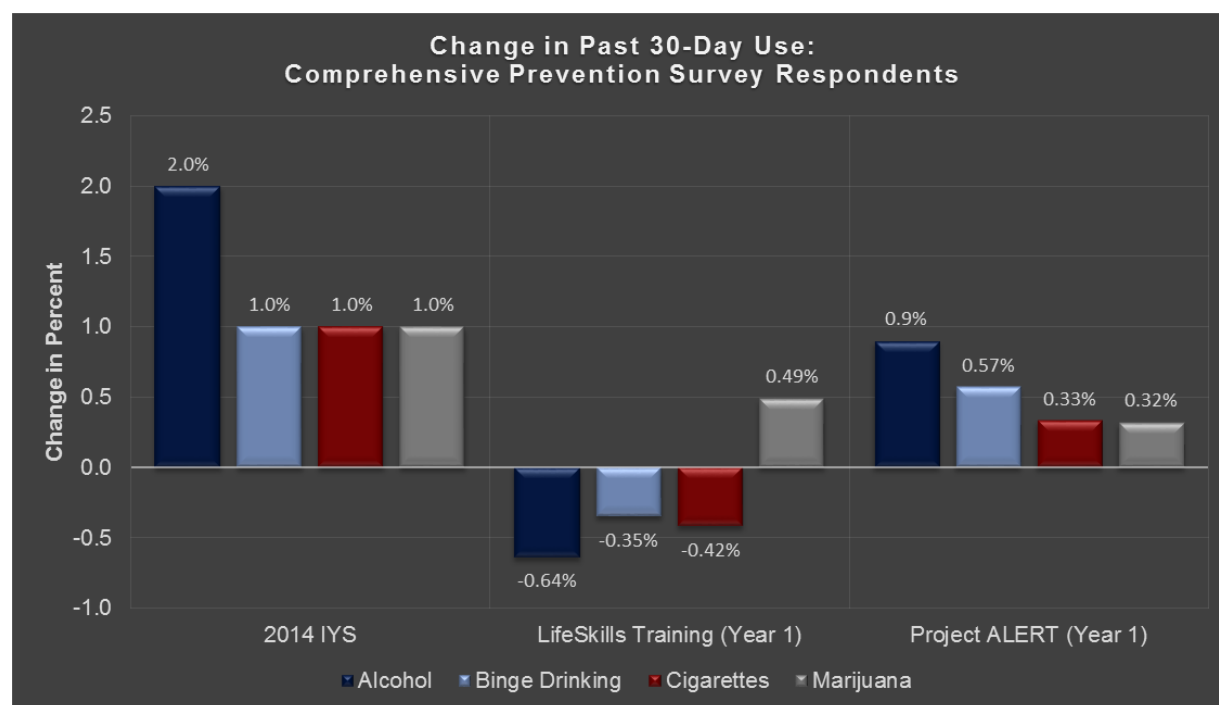
Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test: Comprehensive Prevention Survey Respondents in Multi-Year Programs										
Group	N	Median Age	Alcohol		Binge Drinking		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	52,560 ²	12	–	+2.00	–	+1.00	–	+1.00	–	+1.00
LifeSkills Training – Year 1	1429	13 ³	9.50	-0.64	1.56	-0.35	2.12	-0.42	2.26	+0.49
Project ALERT – Year 1	1255	13 ⁴	4.84	+0.90	0.57	+0.57	1.23	+0.33	1.06	+0.32
<p>¹ IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 6 and 8. The median age of 6th graders completing the IYS was 11 years old; the median age of 8th graders was 13 years old. Data are from the 2014 Iowa Youth Survey, State of Iowa report (Alcohol from question B16, Binge Drinking from B17, Cigarettes from B34, and Marijuana from B40).</p> <p>² The total number of 6th graders completing the 2014 Iowa Youth Survey was 26,117; the total number of 8th graders was 26,443.</p> <p>³ LST Yr.1 participants were in grades 5-12.</p> <p>⁴ PA Yr.1 participants were in grades 6-8.</p>										

There was no evidence of change from pre-test to post-test for alcohol, binge drinking, cigarette, or marijuana use for the multi-year programs (McNemar statistical tests yielded p values greater than 0.05). However, this also means that use of those substances showed no evidence of increasing as would be expected due to maturation.



Figure 3 displays graphically the data provided in Table 3.

Figure 3: Change in Past 30-Day Use: Comprehensive Prevention Survey Respondents in Multi-Year Programs



Attitudes Toward Substance Use

Figures 4 through 12 on the following pages show change in individual attitudes toward substance use from the pre-test to the post-test, by program. Data for programs serving elementary school students are provided first, followed by data for programs serving middle- and high-school youth. The elementary school youth group contains some 6th graders (3.6% of total), although all completed the Younger Youth survey. Programs are grouped according to program duration (single-year and multi-year programs). Multi-year program data present individual years of the program and therefore are not indicative of how the complete program performs. The change values presented in the figures do not necessarily indicate statistically significant differences from pre-test to post-test. The number in parentheses after each program name in the figures is the number of respondents answering the question on both the pre-test and the post-test.

Attitude responses are coded on a Likert scale from “not wrong at all” to “very wrong.” Individual attitudes either:

- 1) improved, which means that attitudes moved up the scale towards “very wrong” from any point on the scale (e.g., respondent felt alcohol use was wrong at pre-test and very wrong at post-test);
- 2) maintained +, which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, cigarette, or marijuana use (“wrong” or “very wrong”);
- 3) maintained -, which means that the pre- and post-test responses remained the same and were favorable toward alcohol, cigarette, or marijuana use (“a little wrong” or “not wrong at all”); or

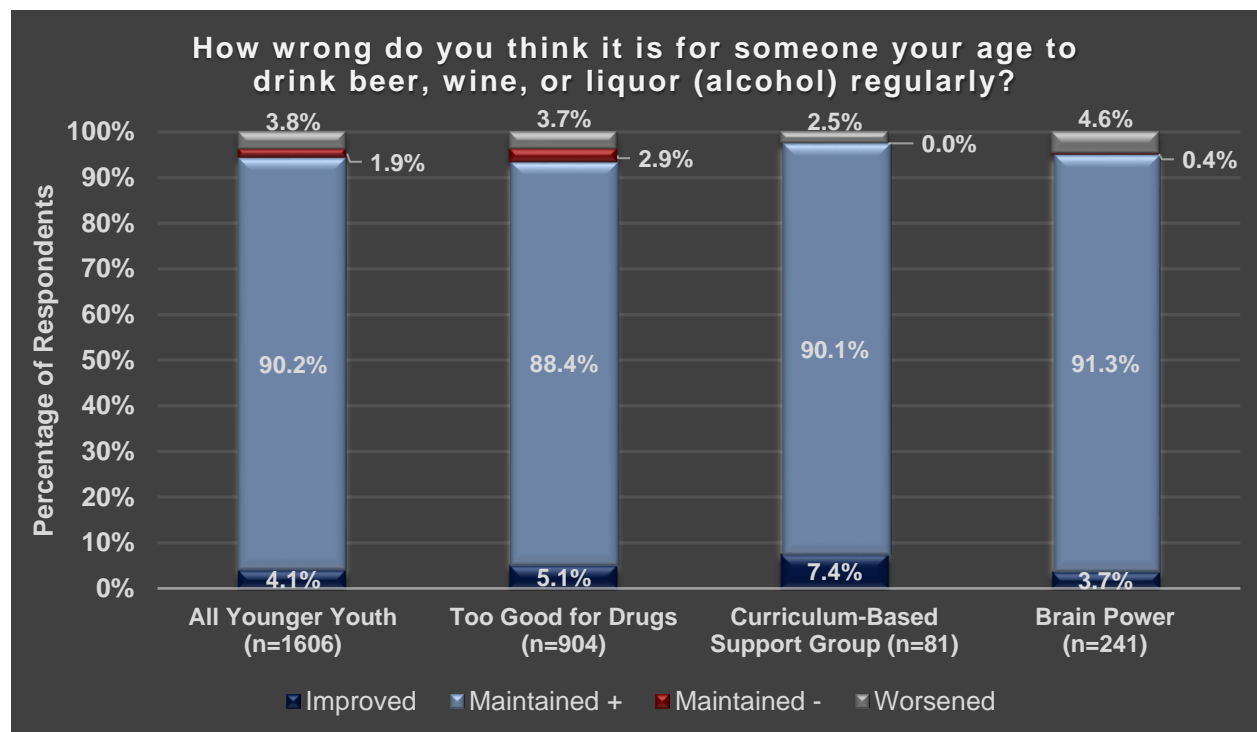
- 4) worsened, meaning that attitudes moved down the scale away from “very wrong” from any point on the scale (e.g., respondent felt marijuana use was “wrong” at pre-test and “a little bit wrong” at post-test).

Maintaining a response from pre-test to post-test that use is “wrong” or “very wrong,” or moving up the scale towards “very wrong” from any point on the scale is considered a positive outcome.

Attitudes Toward Alcohol Use

Figure 4 shows the direction of change in individual attitudes toward alcohol use from pre- to post-test for single-year programs that served elementary school youth.

Figure 4: Change in Attitudes Toward Alcohol Use by Program: Elementary School Youth in Single-Year Programs



Note: The median age of Too Good for Drugs Participants was 10; participants ranged in age from 8 to 13 and were in the 4th through 6th grades. The median age of Curriculum-Based Support Group (CBSG) participants was 10; participants ranged in age from 8 to 12 and were in the 4th and 5th grades. The median age of Brain Power participants was 10; participants ranged in age from 8 to 12 and were in the 4th and 5th grades.

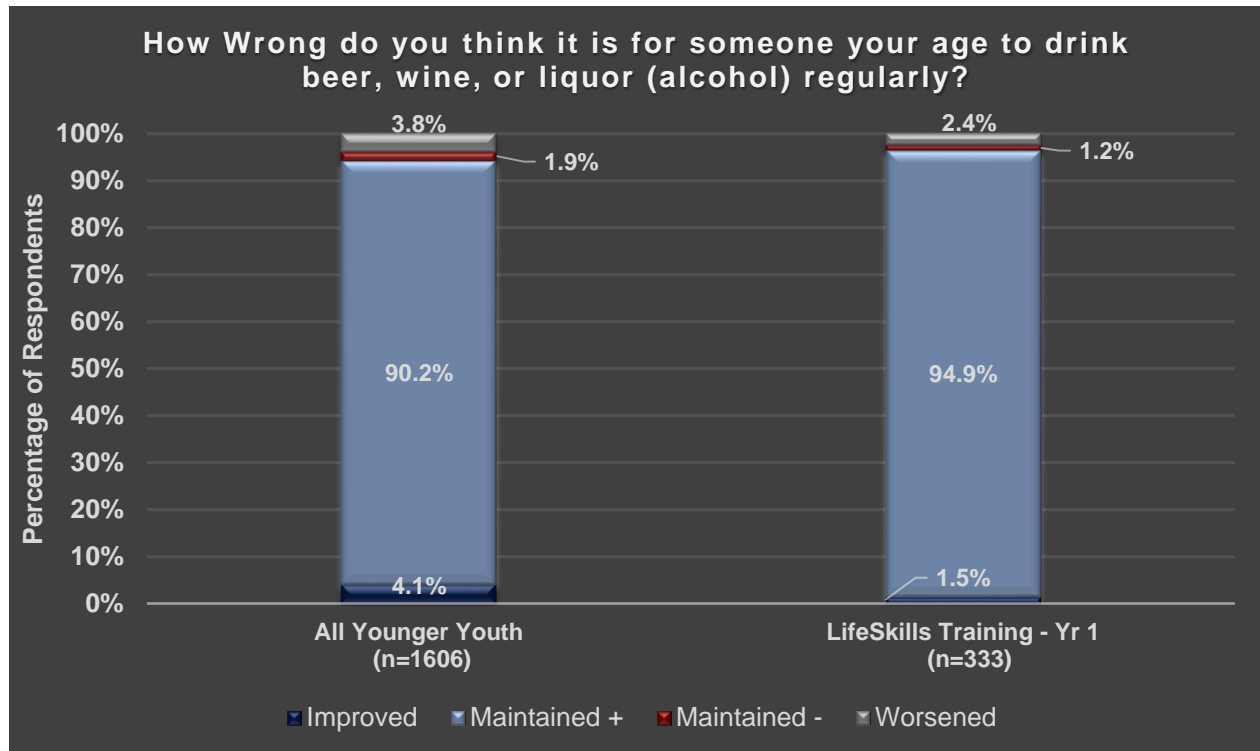
Due to rounding, percentages in figures may not equal the percentage totals in the maintained and improved categories for each program.

The percentages of elementary school single-year program participants showing a positive outcome (maintaining a response that alcohol use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. “Improved” plus “Maintained +” categories) are:

- All Younger Youth – 94.3%
- Too Good for Drugs – 93.5%
- Curriculum-Based Support Group – 97.5%
- Brain Power – 95.0%

Figure 5 below shows the direction of change in individual attitudes toward alcohol use from pre- to post-test for multi-year programs that served elementary school youth.

Figure 5: Change in Attitudes Toward Alcohol Use by Program: Elementary School Youth in Multi-Year Programs



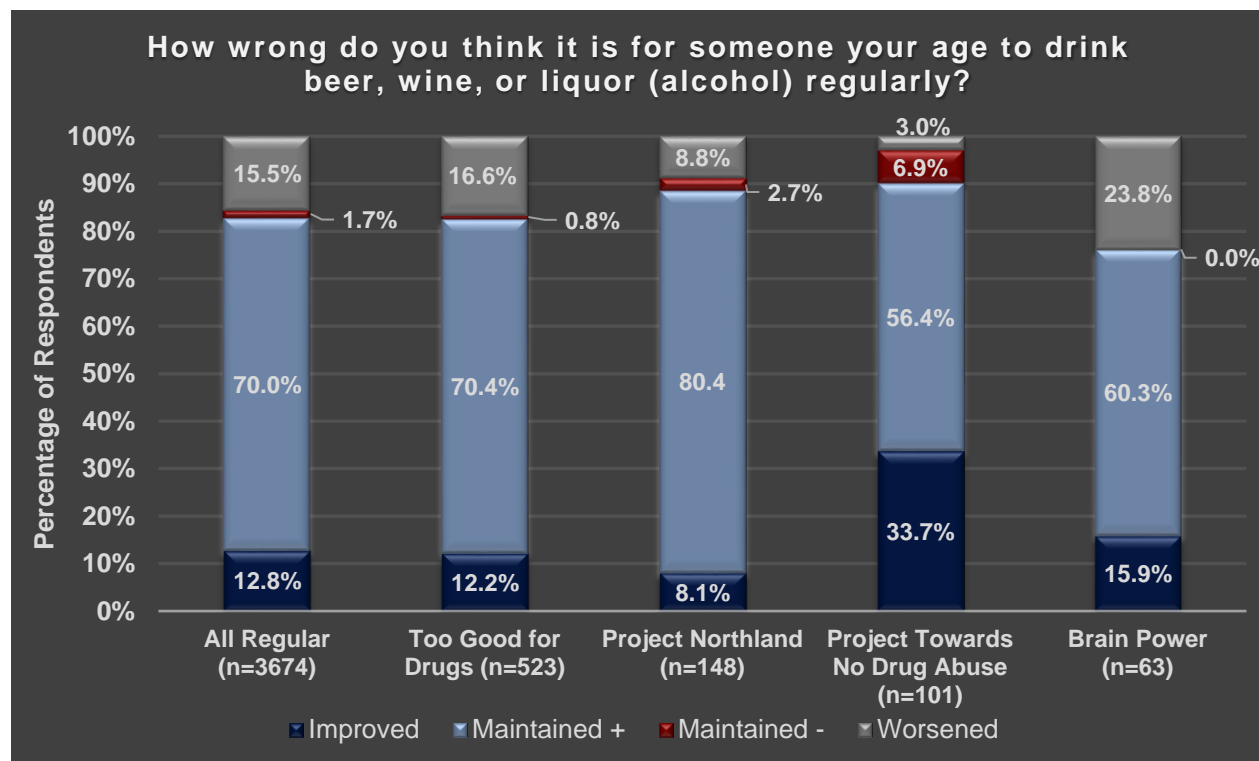
Note: The median age of LifeSkills Training Participants was 10; participants ranged in age from 9 to 12 and were in the 4th and 5th grades.

The percentage of elementary school multi-year program participants showing a positive outcome (maintaining a response that alcohol use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. "Improved" plus "Maintained +" categories) is:

- All Younger Youth – 94.3%
- LifeSkills Training (Year 1) – 96.4%

Figure 6 shows the change in individual attitudes toward alcohol use from pre- to post-test for single-year programs that served middle and high school youth.

Figure 6: Change in Attitudes Toward Alcohol Use by Program: Middle and High School Youth in Single-Year Programs



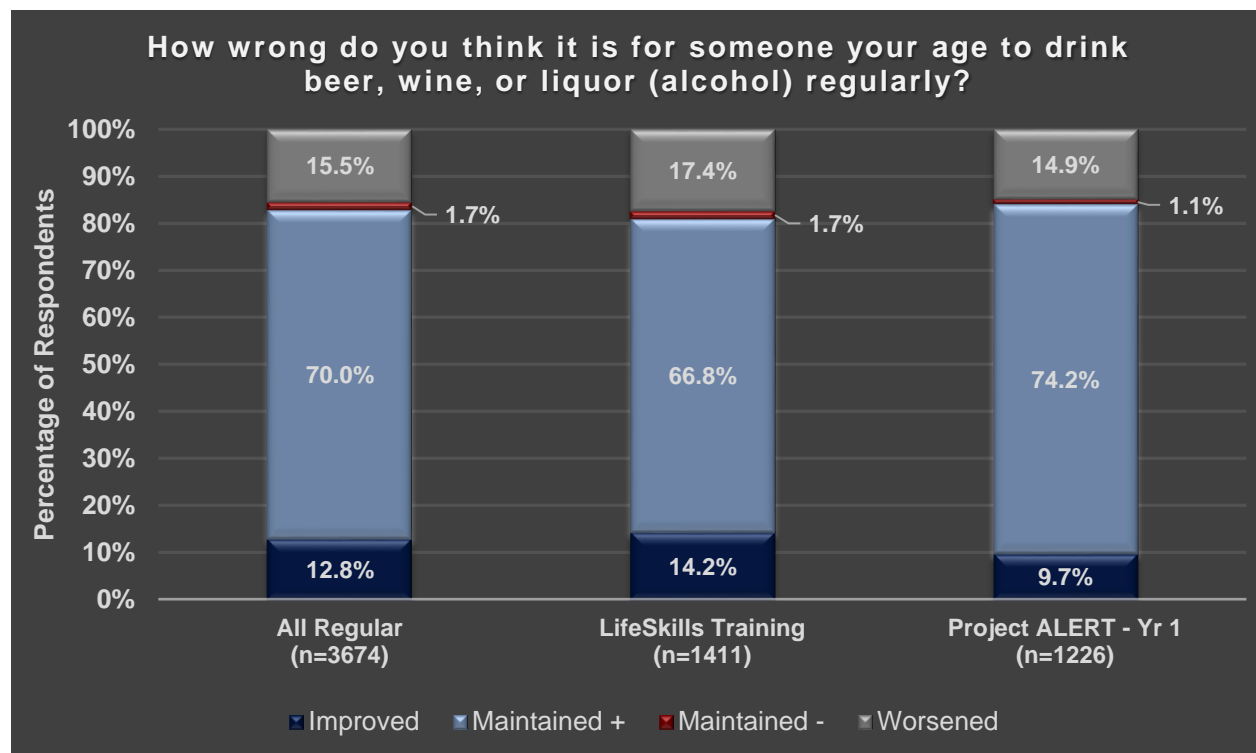
Note: The median age of Too Good for Drugs Participants was 12; participants ranged in age from 11 to 15 and were in the 6th through 12th grades. The median age for Project Northland participants was 13; participants ranged in age from 10 to 14 and were in the 5th through 8th grades. The median age of Curriculum-Based Support Group (CBSG) participants was 13; participants ranged in age from 11 to 18 and were in the 6th and 12th grades. The median age of Brain Power participants was 12; participants ranged in age from 11 to 13 and were in the 6th and 7th grades.

The percentages of middle and high school youth single-year program participants showing a positive outcome (maintaining a response that alcohol use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. “Improved” plus “Maintained +” categories) are:

- All Regular Comprehensive Prevention Excluding Diversion – 82.8%
- Too Good for Drugs – 82.6%
- Project Northland – 88.5%
- Project Towards No Drug Abuse – 90.1%
- Brain Power – 76.2%

Figure 7 below shows the change in individual attitudes toward alcohol use from pre- to post-test for multi-year programs that served middle and high school youth.

Figure 7: Change in Attitudes Toward Alcohol Use by Program: Middle and High School Youth in Multi-Year Programs



Note: The median age of LifeSkills Training Participants was 13; participants ranged in age from 7 to 18 and were in the 5th through 12th grades. The median age of Project ALERT participants was 13; participants ranged in age from 10 to 15 and were in the 6th through 8th grades.

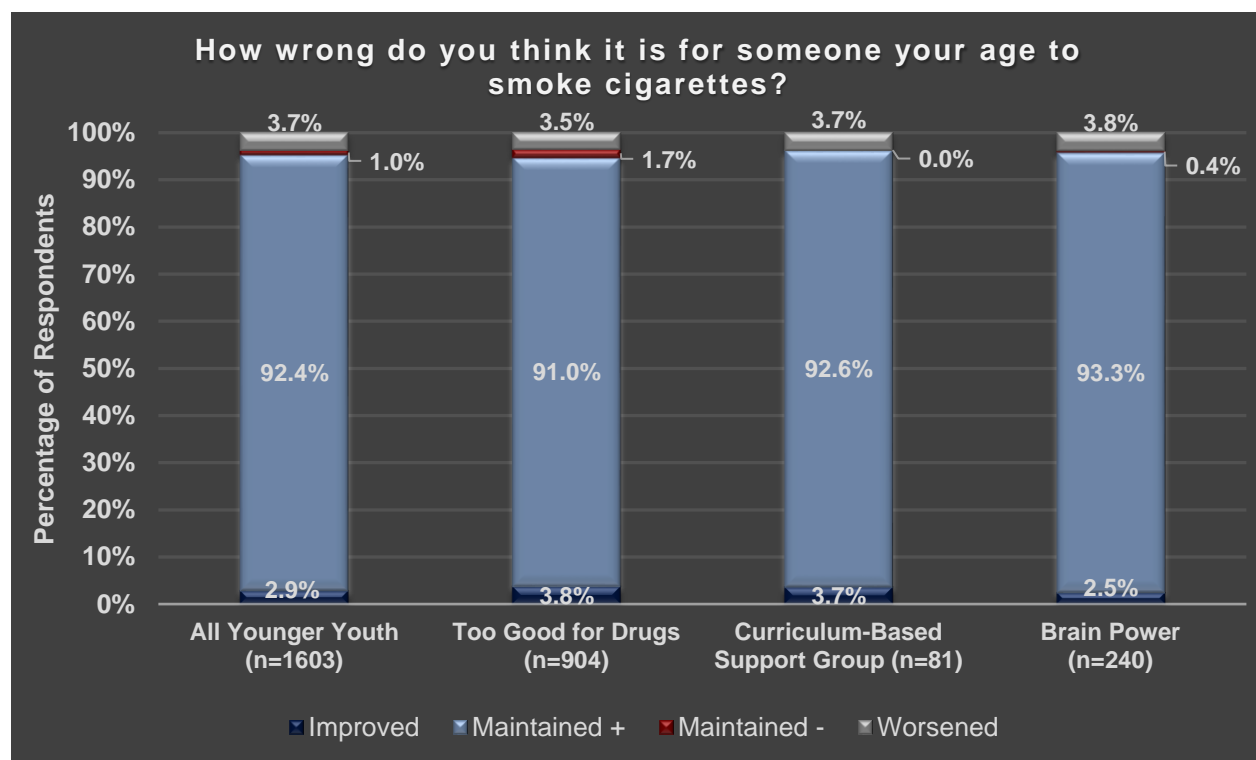
The percentages of middle and high school youth multi-year program participants showing a positive outcome (maintaining a response that alcohol use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. “Improved” plus “Maintained +” categories) are:

- All Regular Comprehensive Prevention Excluding Diversion – 82.8%
- LifeSkills Training (Year 1) – 81.0%
- Project ALERT (Year 1) – 83.9%

Attitudes Toward Cigarette Use

Figures 8 through 11 below represent changes in individual attitudes towards daily cigarette use from the pre-test to the post-test, by program. Figure 8 shows the change in individual attitudes toward cigarette use from pre- to post-test for single-year programs that served elementary school youth.

Figure 8: Change in Attitudes Toward Cigarette Use by Program: Elementary School Youth in Single-Year Programs

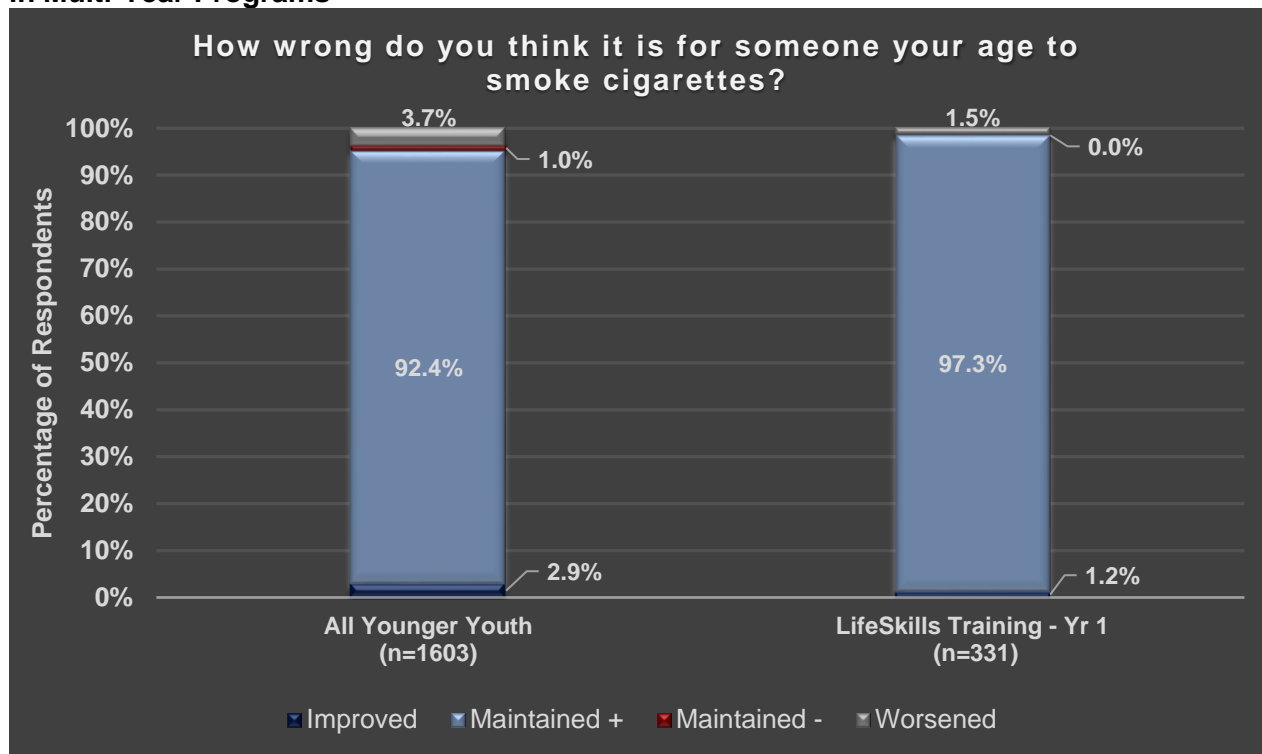


The percentages of elementary school single-year program participants showing a positive outcome (maintaining a response that cigarette use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. “Improved” plus “Maintained +” categories) are:

- All Younger Youth – 95.3%
- Too Good for Drugs – 94.8%
- Curriculum-Based Support Group – 96.3%
- Brain Power – 95.8%

Figure 9 below shows the change in individual attitudes toward cigarette use from pre- to post-test for multi-year programs that served elementary school youth.

Figure 9: Change in Attitudes Toward Cigarette Use by Program: Elementary Aged Youth in Multi-Year Programs

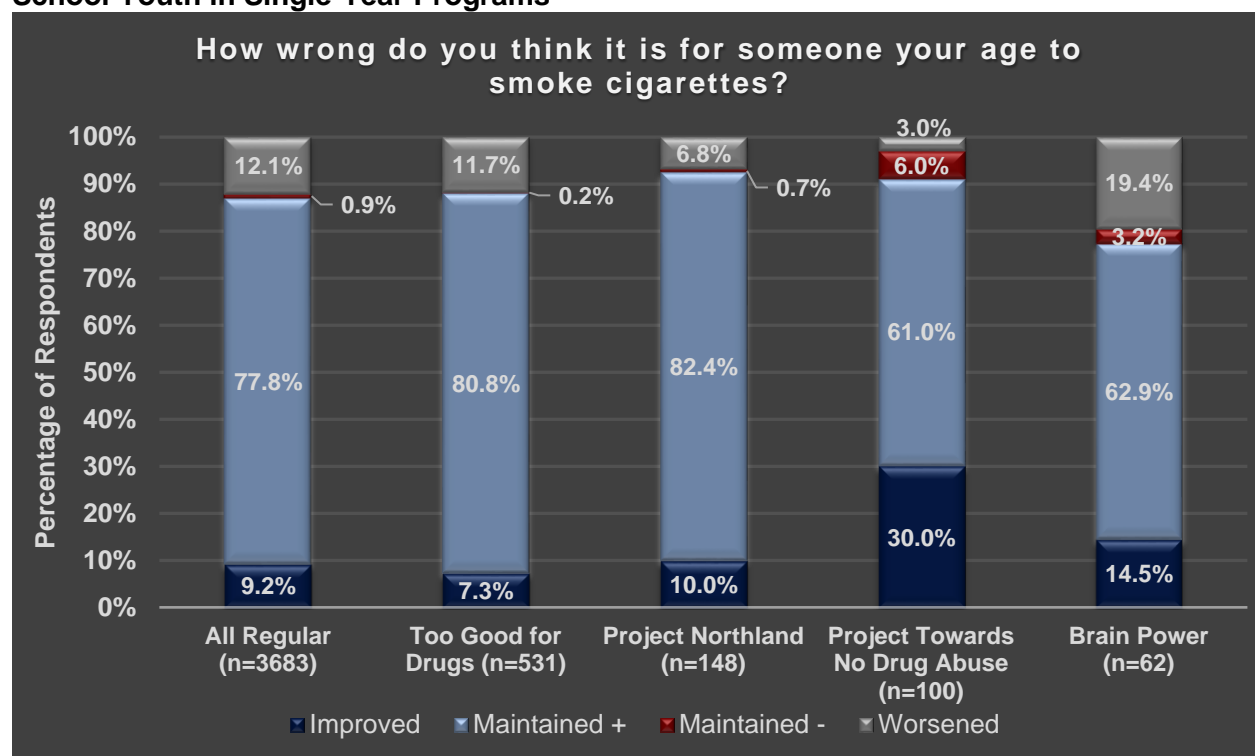


The percentage of elementary school multi-year program participants showing a positive outcome (maintaining a response that cigarette use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. "Improved" plus "Maintained +" categories) is:

- All Younger Youth – 95.3%
- LifeSkills Training (Year 1) – 98.5%

Figure 10 below shows the change in individual attitudes toward cigarette use from pre- to post-test for single-year programs that served middle and high school youth.

Figure 10: Change in Attitudes Toward Cigarette Use by Program: Middle and High School Youth in Single-Year Programs

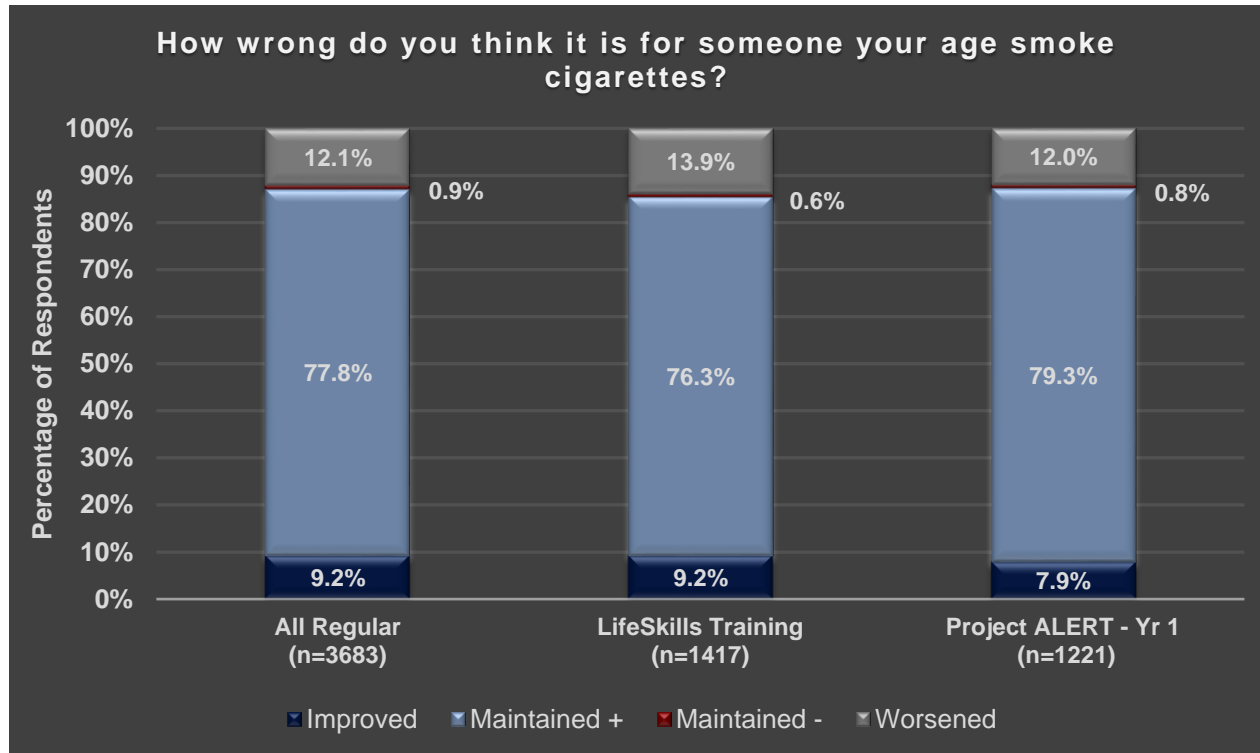


The percentages of middle and high school youth single-year program participants showing a positive outcome (maintaining a response that cigarette use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. “Improved” plus “Maintained +” categories) are:

- All Regular Comprehensive Prevention Excluding Diversion – 87.0%
- Too Good for Drugs – 88.1%
- Project Northland – 92.4%
- Project Towards No Drug Abuse – 91.0%
- Brain Power – 77.4%

Figure 11 below shows the change in individual attitudes toward cigarette use from pre- to post-test for multi-year programs that served middle and high school youth.

Figure 11: Change in Attitudes Toward Cigarette Use by Program: Middle and High School Youth in Multi-Year Programs



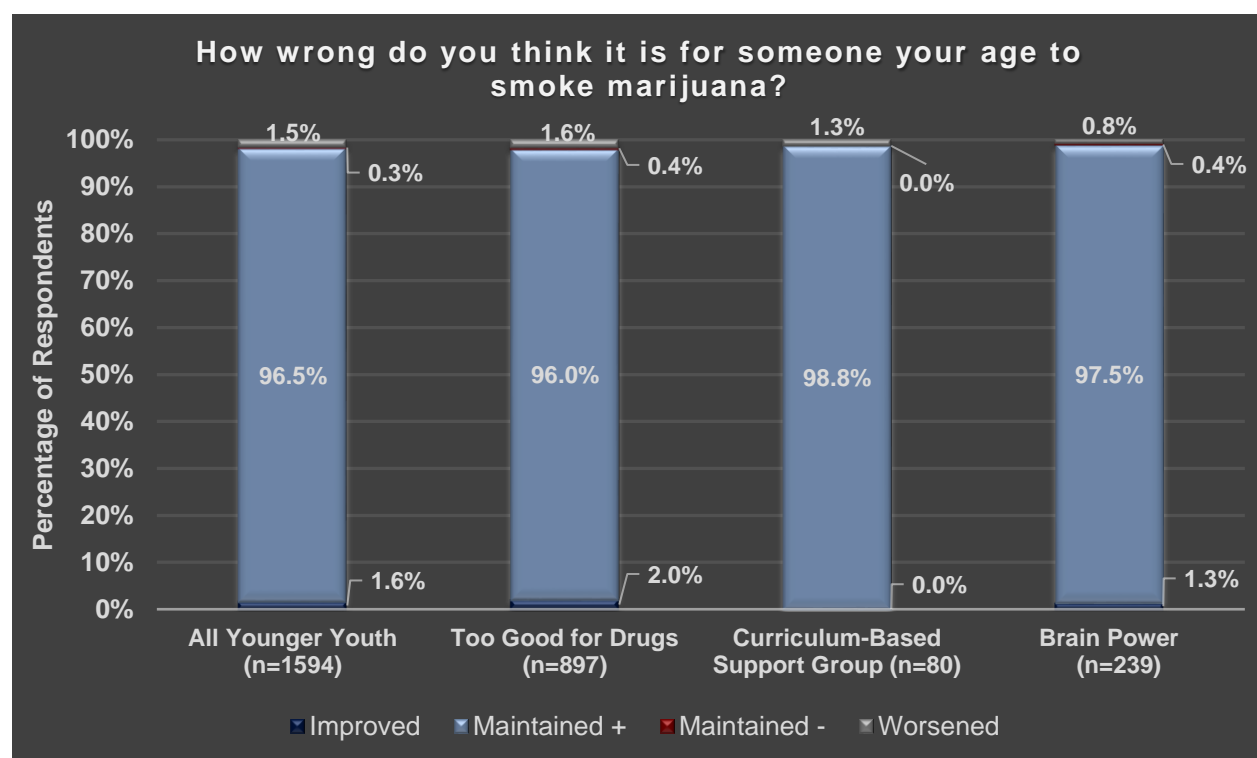
The percentages of middle and high school youth multi-year program participants showing a positive outcome (maintaining a response that cigarette use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. "Improved" plus "Maintained +" categories) are:

- All Regular Comprehensive Prevention Excluding Diversion – 87.0%
- LifeSkills Training (Year 1) – 85.5%
- Project ALERT (Year 1) – 87.2%

Attitudes Toward Marijuana Use

The following figures show change in individual attitudes toward marijuana use from the pre-test to the post-test, by program. Figure 12 shows the change in individual attitudes toward marijuana use from pre- to post-test for single-year programs that served elementary school youth.

Figure 12: Change in Attitudes Toward Marijuana Use by Program: Elementary School Youth in Single-Year Programs

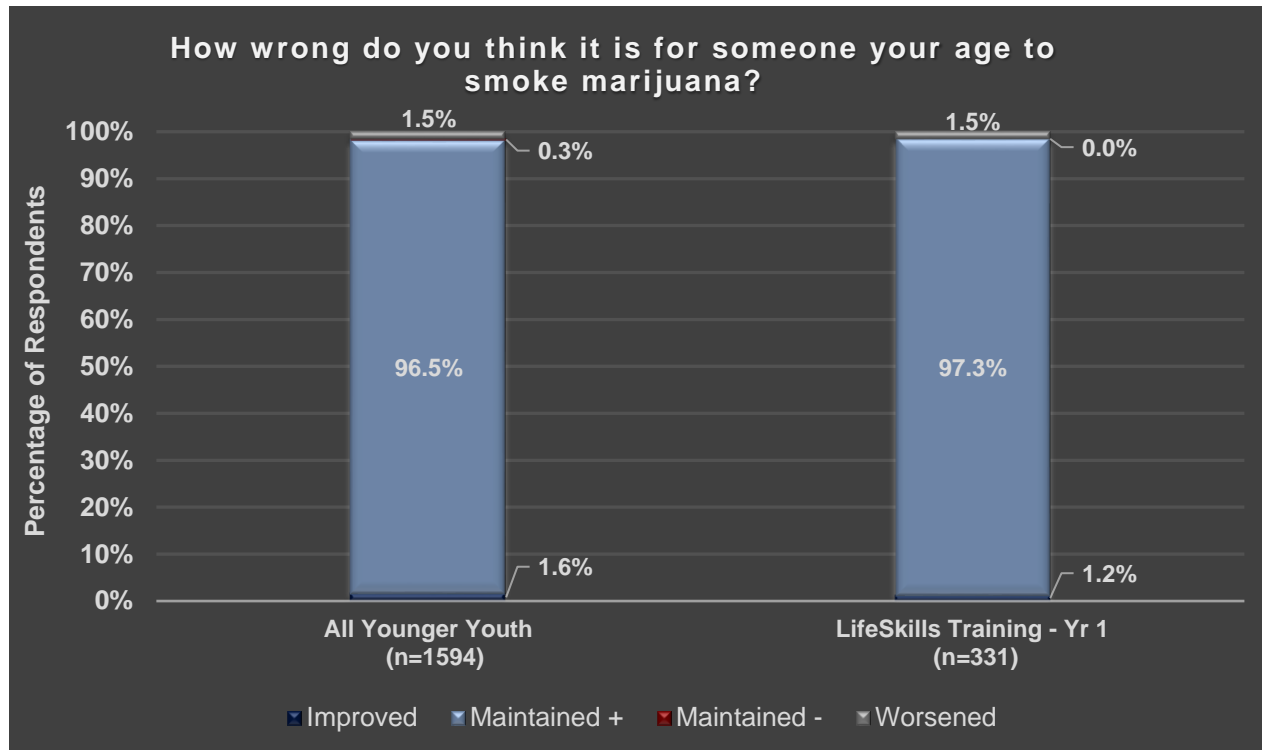


The percentages of elementary school single-year program participants showing a positive outcome (maintaining a response that marijuana use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. “Improved” plus “Maintained +” categories) are:

- All Younger Youth – 98.2%
- Too Good for Drugs – 98.0%
- Curriculum-Based Support Group – 98.8%
- Brain Power – 98.8%

Figure 13 below shows the change in individual attitudes toward marijuana use from pre- to post-test for multi-year programs that served elementary school youth.

Figure 13: Change in Attitudes Toward Marijuana Use by Program: Elementary School Youth in Multi-Year Programs

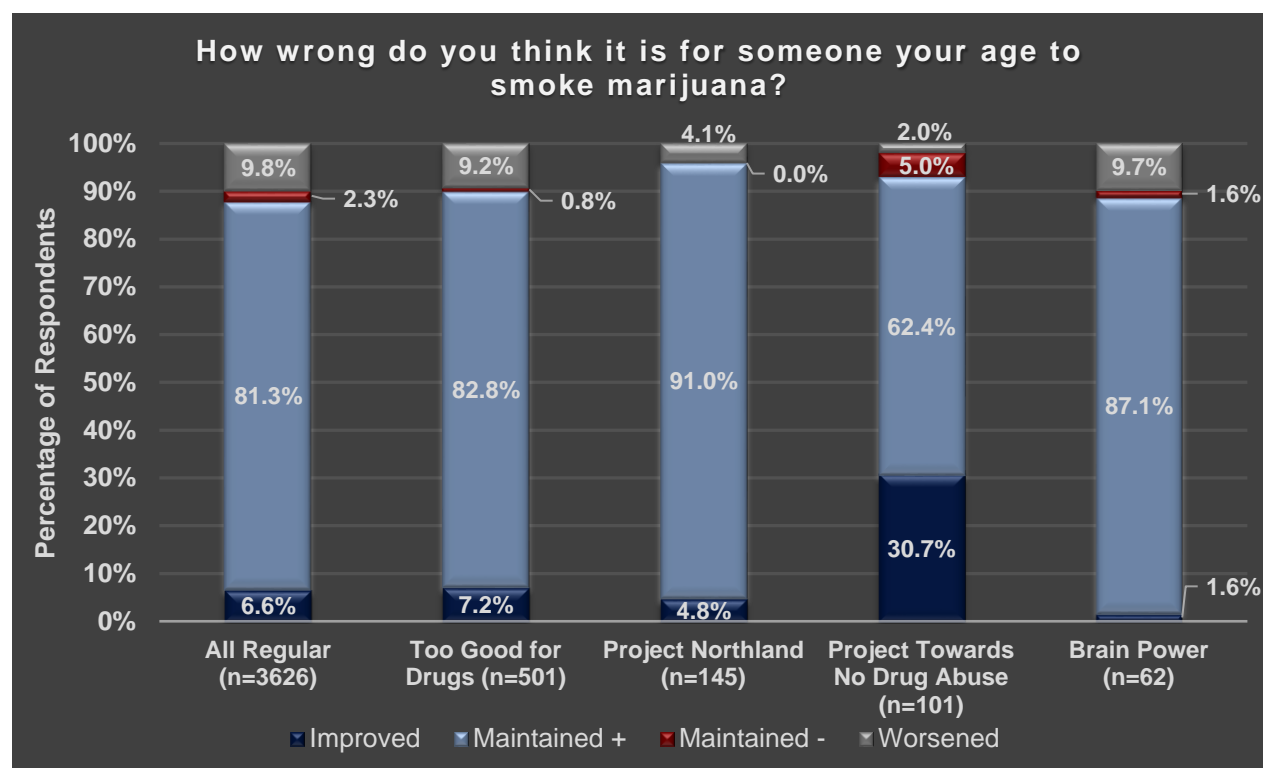


The percentage of elementary school multi-year program participants showing a positive outcome (maintaining a response that marijuana use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. “Improved” plus “Maintained +” categories) is:

- All Younger Youth – 98.2%
- LifeSkills Training – 98.5%

Figure 14 below shows the change in individual attitudes toward marijuana use from pre- to post-test for single-year programs that served middle and high school youth.

Figure 14: Change in Attitudes Toward Marijuana Use by Program: Middle and High School Youth in Single-Year Programs

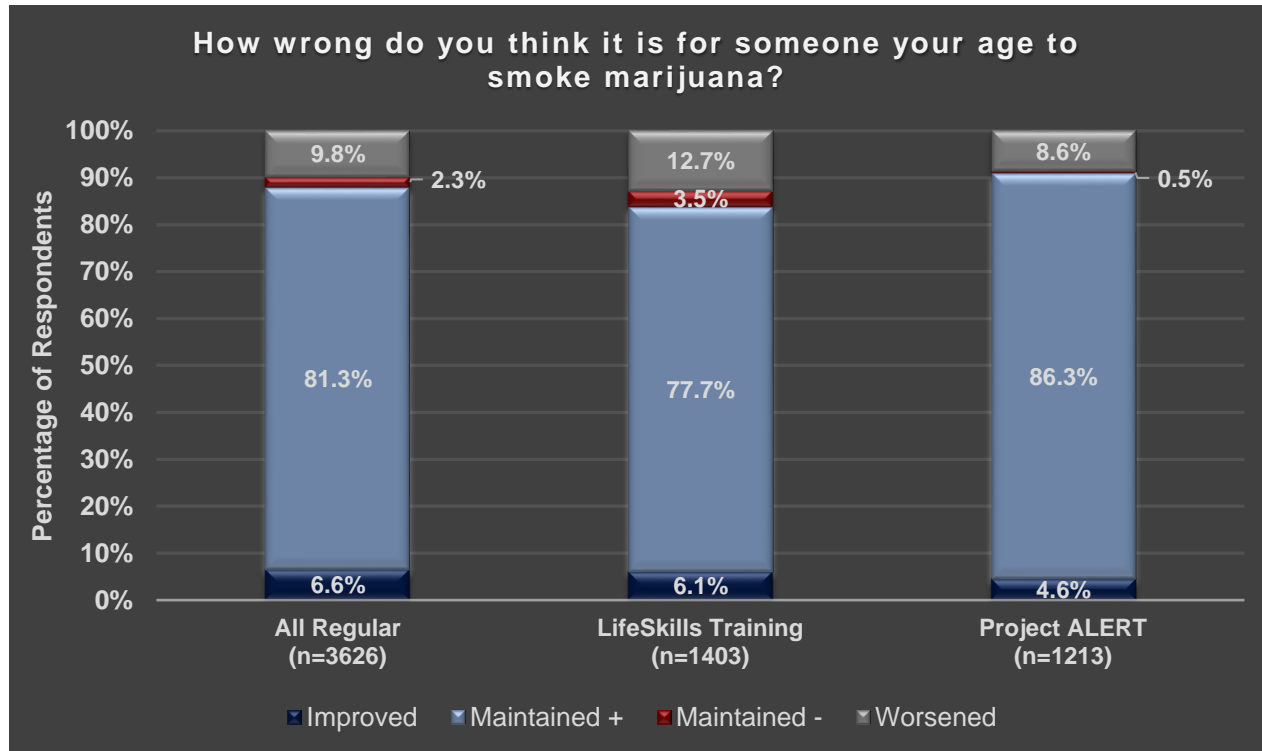


The percentages of middle and high school youth single-year program participants showing a positive outcome (maintaining a response that marijuana use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. "Improved" plus "Maintained +" categories) are:

- All Regular Comprehensive Prevention Excluding Diversion – 87.9%
- Too Good for Drugs – 90.0%
- Project Northland – 95.9%
- Project Towards No Drug Abuse – 93.1%
- Brain Power – 88.7%

Figure 15 below shows the change in individual attitudes toward marijuana use from pre- to post-test for multi-year programs that served middle and high school youth.

Figure 15: Change in Attitudes Toward Marijuana Use by Program: Middle and High School Youth in Multi-Year Programs



The percentages of middle and high school youth multi-year program participants showing a positive outcome (maintaining a response that marijuana use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e. "Improved" plus "Maintained +" categories) are:

- All Regular Comprehensive Prevention Excluding Diversion – 87.9%
- LifeSkills Training (Year 1) – 83.8%
- Project ALERT (Year 1) – 90.9%

Summary of Positive Outcomes for Attitudes Toward Substance Use

Table 4 below shows the average positive outcome (improved plus maintained+) percentage for Comprehensive Prevention participants for each substance by program level group.

Table 4: Positive Outcome Percentages for Attitudes Toward Substance Use by Participant Group

Average Positive Outcome Percentages for Attitudes Toward Substance Use			
Participant Group	Alcohol	Cigarettes	Marijuana
Elementary School Youth in Single-Year Programs	95.3%	95.6%	98.5%
Elementary School Youth in Multi-Year Programs	96.4%	98.5%	98.5%
Middle and High School Youth in Single-Year Programs	80.3%	85.9%	88.0%
Middle and High School Youth in Multi-Year Programs	82.4%	86.3%	87.3%

In three groups, the percentage of students believing it is wrong for someone their age to use marijuana was greater than the percentage believing it is wrong for someone their age to use alcohol or cigarettes. One group believed it is equally wrong for someone their age to use marijuana and cigarettes more than alcohol. The percentage of students believing it is wrong for someone their age to use cigarettes was greater than the percentage believing it is wrong for someone their age to use alcohol.

Perceived Risk of Harm from Substance Use

Figures 16 through 27 on the following pages show change from pre- to post-test in individuals' perceptions of risk of harm from substance use, by program. Data for participants completing the Younger Youth survey (primarily elementary school youth) are provided first, followed by data for those completing the regular Comprehensive Prevention Survey (middle- and high-school youth). The elementary school youth group contains some 6th graders (3.6% of total), although all completed the Younger Youth survey. Programs are grouped according to program duration (single-year and multi-year programs). Multi-year program data present individual years of the program and therefore are not indicative of how the complete program performs. The change values presented in the figures do not necessarily indicate statistically significant differences from pre-test to post-test. The number in parentheses after each program in the figures is the number of respondents answering the question on the pre-test and the post-test.

Perceived risk responses are coded on a Likert scale from "no risk" to "great risk." Individual perceptions of risk either:

- 1) improved, which means that their reported perception of risk of harm from using alcohol, cigarettes, or marijuana moved up the scale from pre-test to post-test towards "great risk," from any point on the scale (e.g., respondent felt alcohol use posed "no risk" at pre-test and "moderate risk" at post-test);



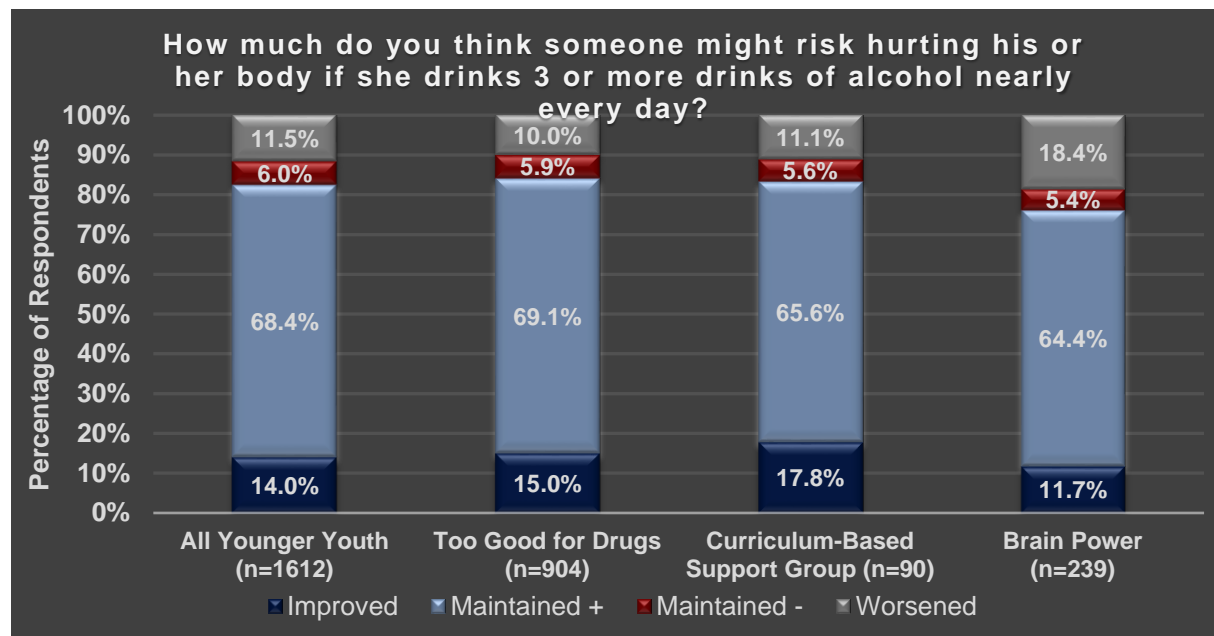
- maintained +, which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, cigarette, or marijuana use (that use posed “moderate risk” or “great risk”);
- 3) maintained –, which means that the pre- and post-test responses remained the same and were favorable toward alcohol, cigarette, or marijuana use (that use posed “slight risk” or “no risk”); or
- 4) worsened, meaning that their reported perception of risk of harm moved down the scale from pre-test to post-test away from “great risk,” from any point on the scale (e.g., respondent reported that marijuana use posed “moderate risk” of harm at pre-test and “slight risk” at post-test).

Maintaining a response from pre-test to post-test that use poses “moderate risk” or “great risk,” or moving up the scale towards “great risk” from any point on the scale is considered a positive outcome.

Perceived Risk of Harm from Alcohol Use

Figure 16 shows the change in individuals’ perception of risk of harm from alcohol use from pre- to post-test for single-year programs serving elementary school youth.

Figure 16: Change in Perceived Risk of Harm from Alcohol Use by Program: Elementary School Youth in Single-Year Programs

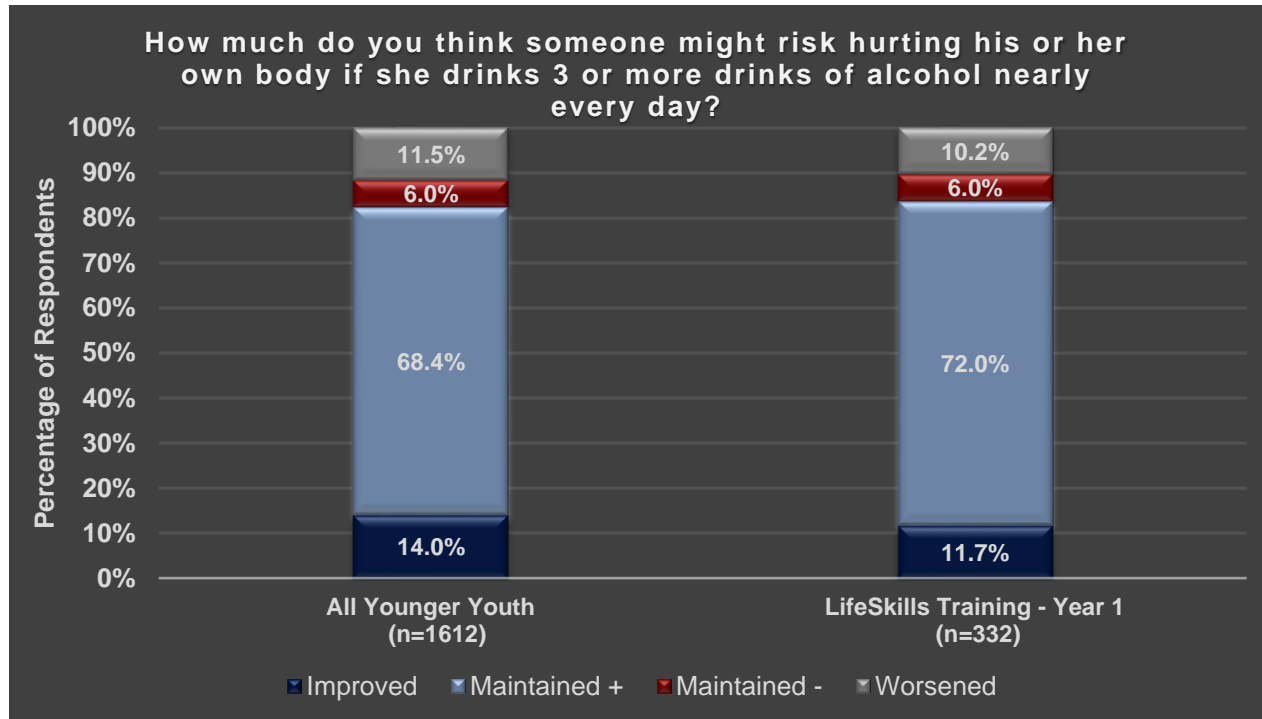


The percentages of elementary school single-year program participants showing positive perceived risk outcomes (maintaining a response that alcohol use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) are:

- All Younger Youth – 82.4%
- Too Good for Drugs – 84.1%
- Curriculum-Based Support Group – 83.3%
- Brain Power – 76.2%

Figure 17 shows the change in individuals' perception of risk of harm from alcohol use from pre- to post-test for multi-year programs serving elementary school youth.

Figure 17: Change in Perceived Risk of Harm from Alcohol Use by Program: Elementary School Youth in Multi-Year Programs

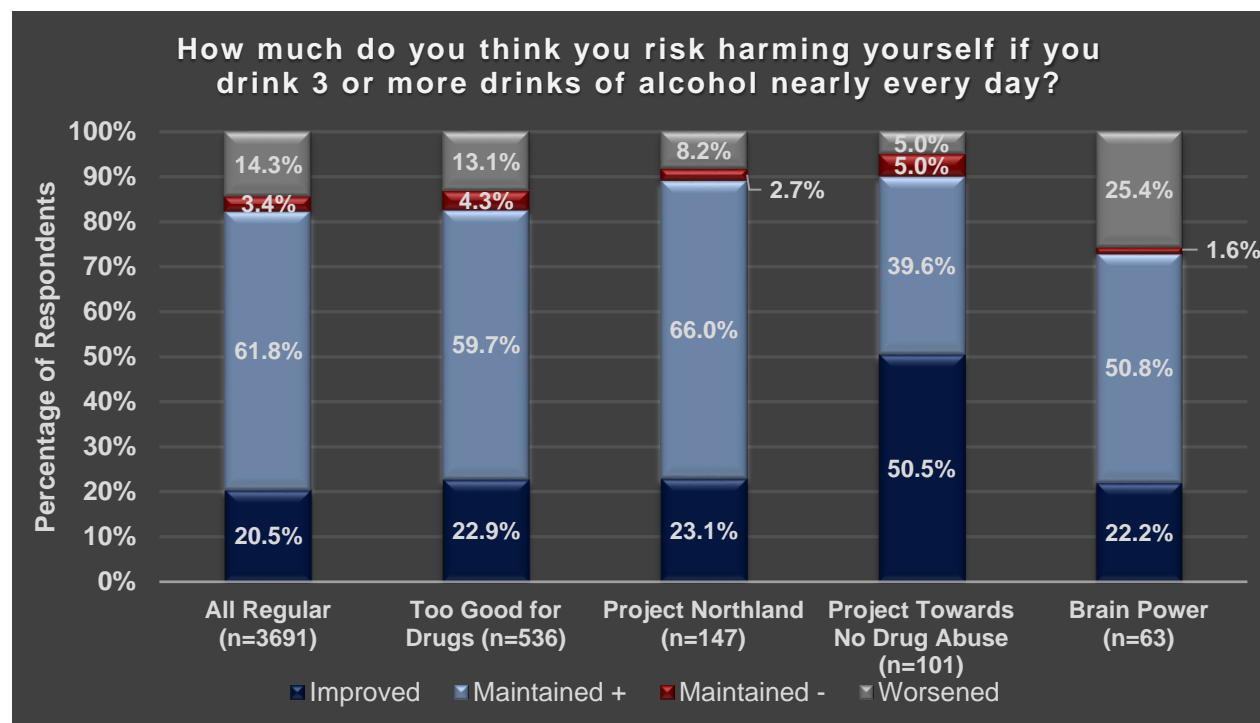


The percentage of elementary school multi-year program participants showing positive perceived risk outcomes (maintaining a response that alcohol use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for alcohol is:

- All Younger Youth – 82.4%
- LifeSkills Training (Year 1) – 83.7%

Figure 18 below shows the change in individuals' perception of risk of harm from alcohol use from pre- to post-test for single-year programs serving middle and high school youth.

Figure 18: Change in Perceived Risk of Harm from Alcohol Use by Program: Middle School Youth in Single-Year Programs

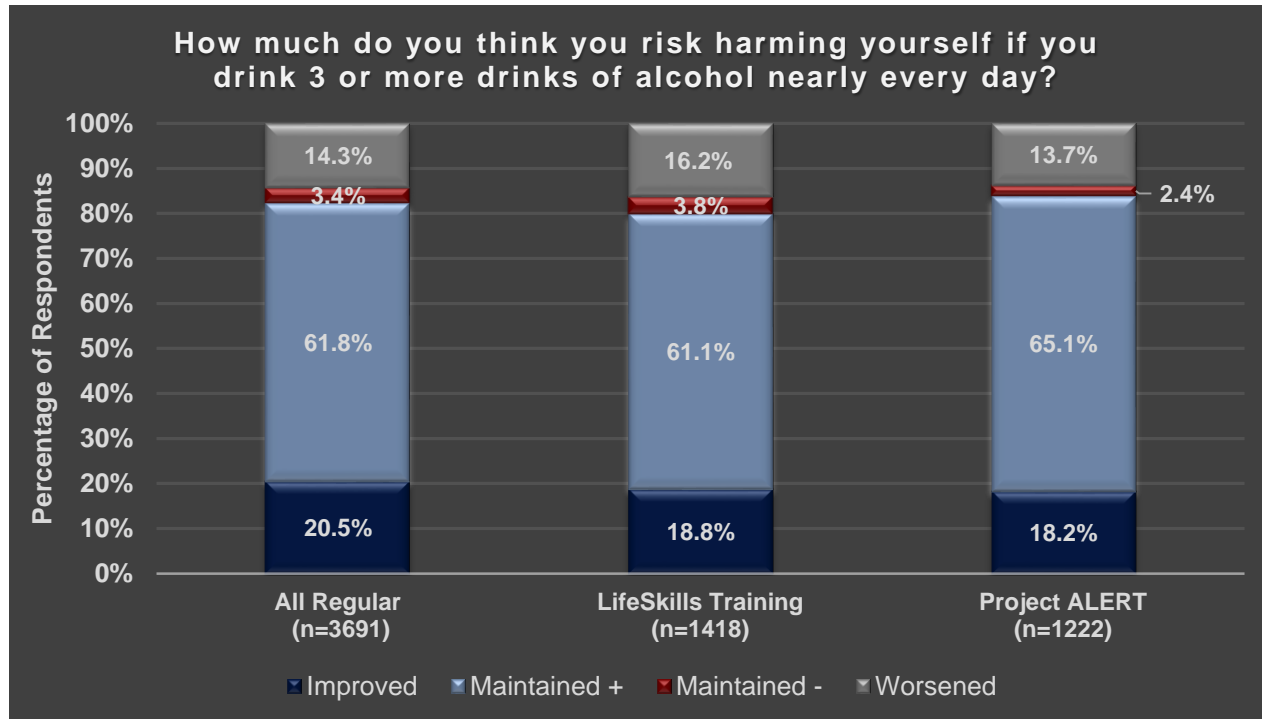


The percentages of middle and high school single-year program participants showing positive perceived risk outcomes (maintaining a response that alcohol use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for alcohol are:

- All Regular Comprehensive Prevention Excluding Diversion – 82.4%
- Too Good for Drugs – 82.6%
- Project Northland – 89.1%
- Project Towards No Drug Abuse – 90.1%
- Brain Power – 73.0%

Figure 19 below shows the change in individuals' perception of risk of harm from alcohol use from pre- to post-test for multi-year programs serving middle and high school youth.

Figure 19: Change in Perceived Risk of Harm from Alcohol Use by Program: Middle School Youth in Multi-Year Programs



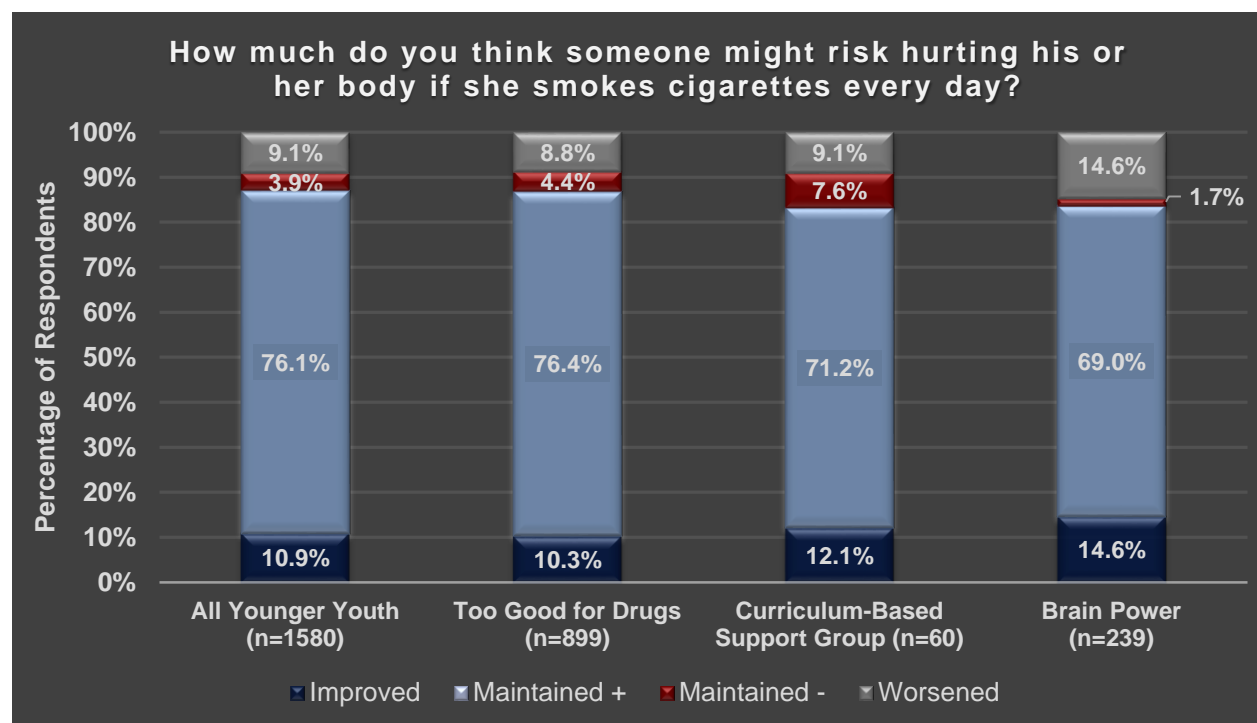
The percentages of middle and high school multi-year program participants showing positive perceived risk outcomes (maintaining a response that alcohol use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for alcohol are:

- All Regular Comprehensive Prevention Excluding Diversion – 82.4%
- LifeSkills Training (Year 1) – 80.0%
- Project ALERT – 84.0%

Perceived Risk of Harm from Cigarette Use

Figure 20 below shows the change in individuals' perception of risk of harm from cigarette use from pre- to post-test for single-year programs serving elementary school youth.

Figure 20: Change in Perceived Risk of Harm from Cigarette Use by Program: Elementary School Youth in Single-Year Programs

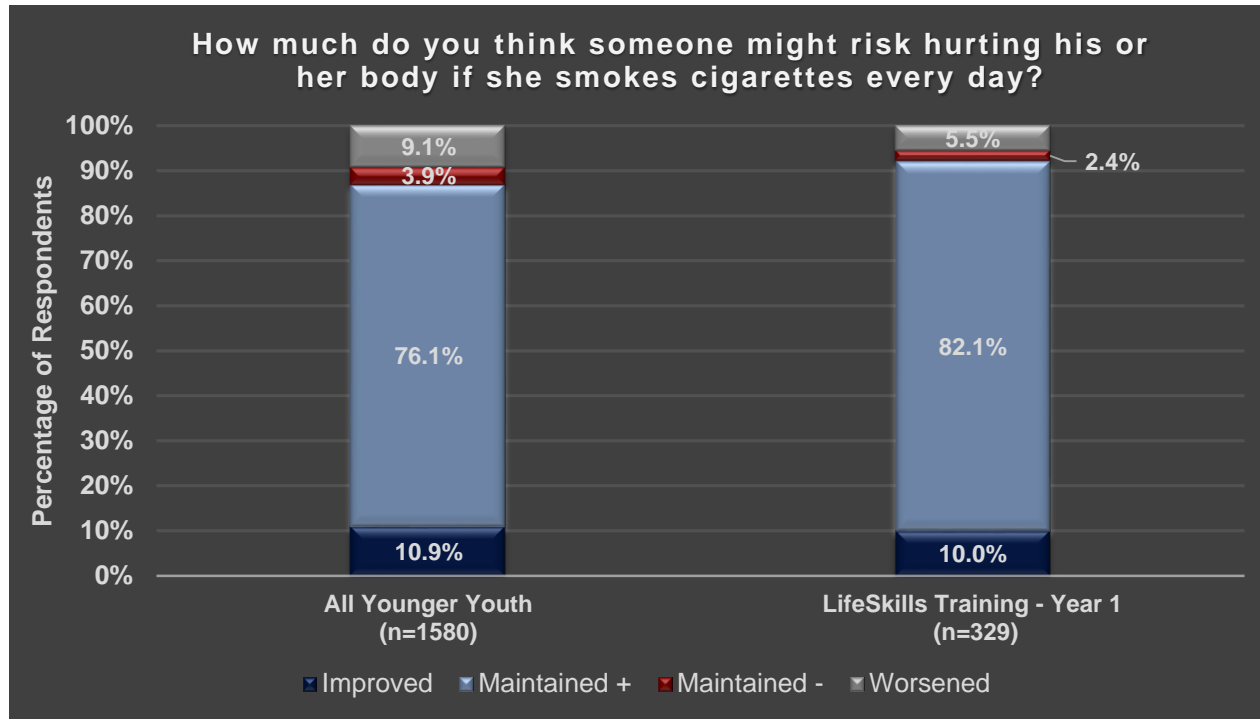


The percentages of elementary school single-year program participants showing positive perceived risk outcomes (maintaining a response that cigarette use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) are:

- All Younger Youth – 87.0%
- Too Good for Drugs – 86.7%
- Curriculum-Based Support Group – 83.3%
- Brain Power – 83.7%

Figure 21 below shows the change in individuals' perception of risk of harm from cigarette use from pre- to post-test for multi-year programs serving elementary school youth.

Figure 21: Change in Perceived Risk of Harm from Cigarette Use by Program Elementary School Youth in Multi-Year Programs

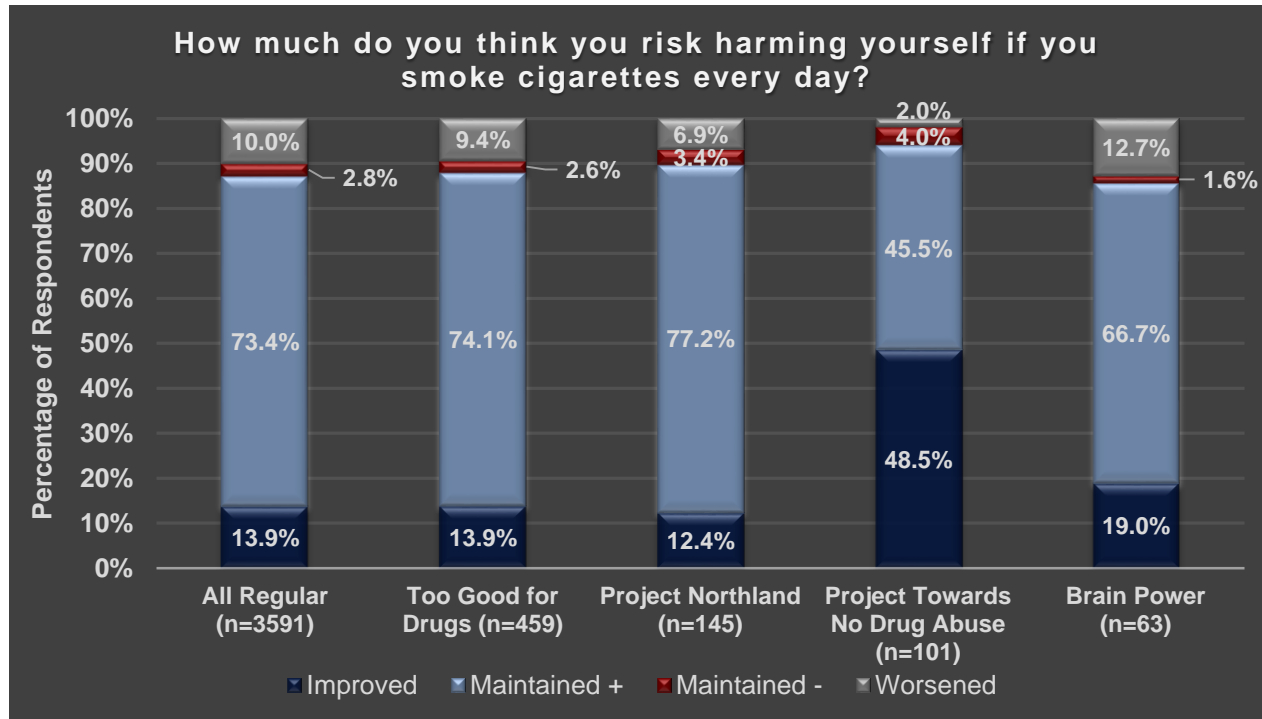


The percentage of elementary school multi-year program participants showing positive perceived risk outcomes (maintaining a response that cigarette use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for alcohol is:

- All Younger Youth – 87.0%
- LifeSkills Training (Year 1) – 92.1%

Figure 22 below shows the change in individuals' perception of risk of harm from cigarette use from pre- to post-test for single-year programs serving middle and high school youth.

Figure 22: Change in Perceived Risk of Harm from Cigarette Use by Program: Middle School Youth in Single-Year Programs

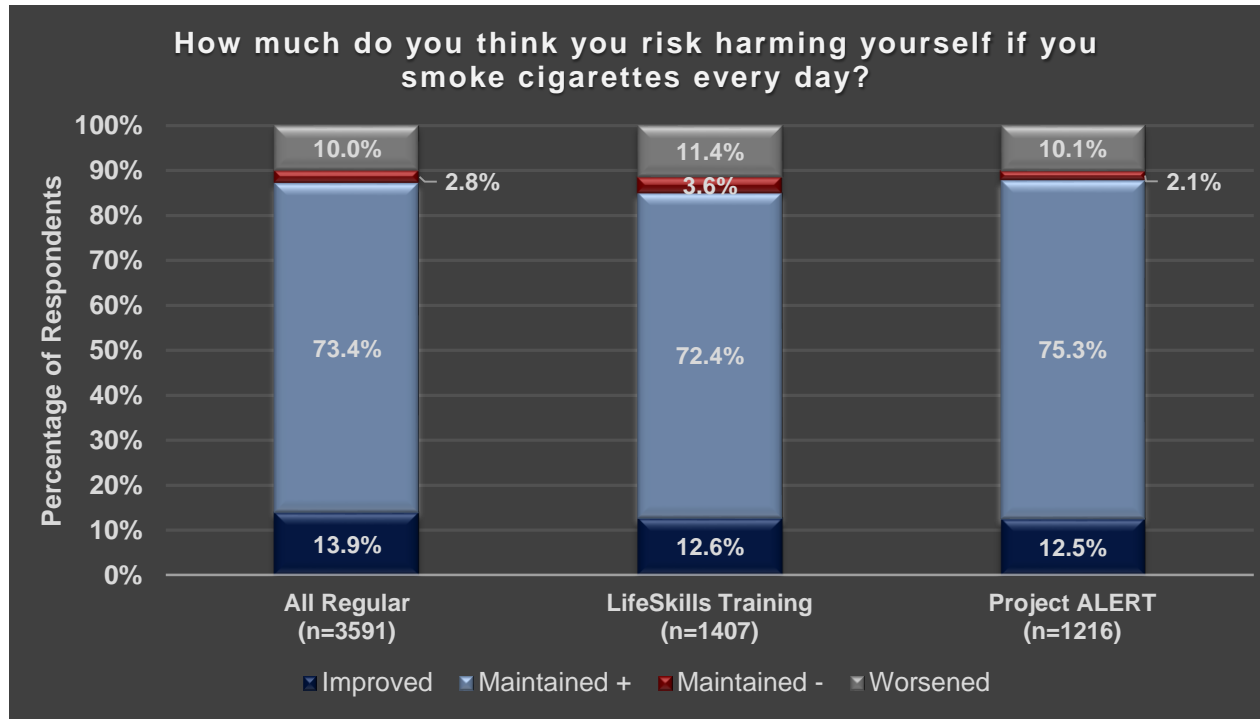


The percentages of middle and high school single-year program participants showing positive perceived risk outcomes (maintaining a response that cigarette use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for alcohol are:

- All Regular Comprehensive Prevention Excluding Diversion – 87.3%
- Too Good for Drugs – 88.0%
- Project Northland – 89.7%
- Project Towards No Drug Abuse – 94.1%
- Brain Power – 85.7%

Figure 23 below shows the change in individuals' perception of risk of harm from cigarette use from pre- to post-test for multi-year programs serving middle and high school youth.

Figure 23: Change in Perceived Risk of Harm from Cigarette Use by Program: Middle School Youth in Multi-Year Programs



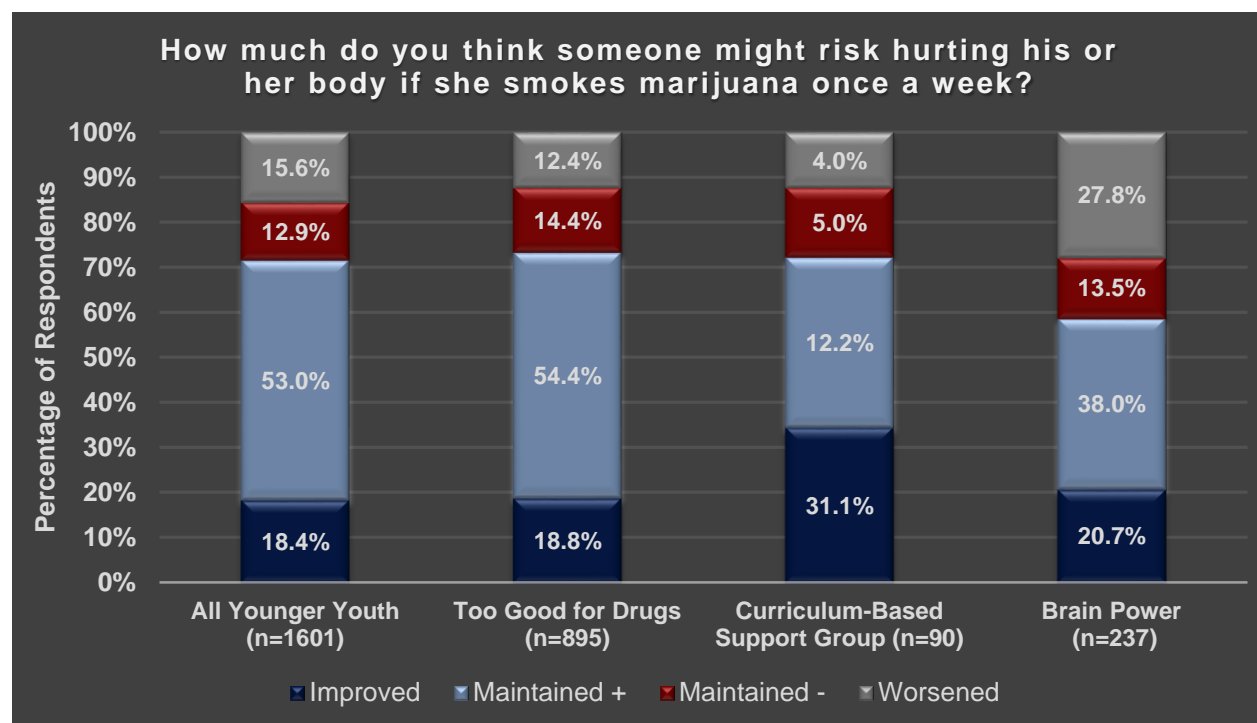
The percentages of middle and high school multi-year program participants showing positive perceived risk outcomes (maintaining a response that cigarette use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for alcohol are:

- All Regular Comprehensive Prevention Excluding Diversion – 87.3%
- LifeSkills Training (Year 1) – 85.0%
- Project ALERT – 87.8%

Perceived Risk of Harm from Marijuana Use

Figure 24 below shows the change in individuals' perception of risk of harm from marijuana use from pre- to post-test for single-year programs serving elementary school youth.

Figure 24: Change in Perceived Risk of Harm from Marijuana Use by Program: Elementary School Youth in Single-Year Programs

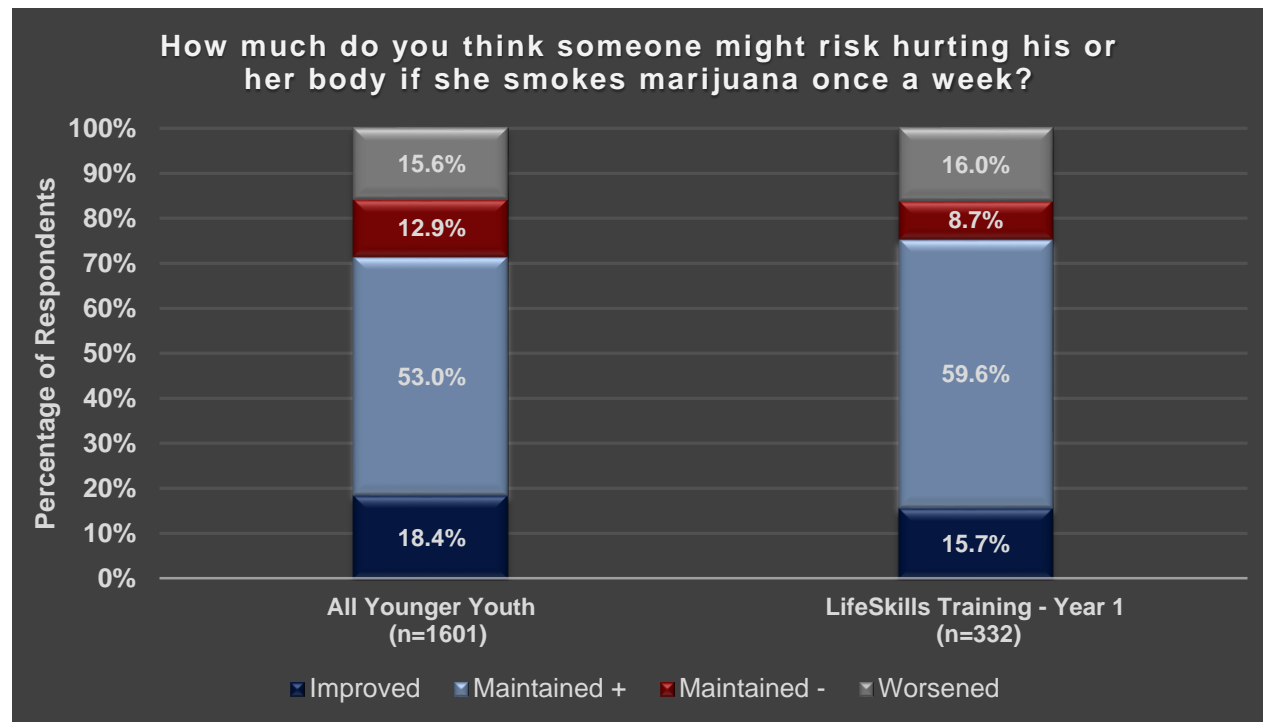


The percentages of elementary school single-year program participants showing positive perceived risk outcomes (maintaining a response that marijuana use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) are:

- All Younger Youth – 71.5%
- Too Good for Drugs – 73.2%
- Curriculum-Based Support Group – 76.7%
- Brain Power – 58.6%

Figure 25 below shows the change in individuals' perceptions of risk of harm from marijuana use from pre- to post-test for multi-year programs serving elementary school youth.

Figure 25: Change in Perceived Risk of Harm from Marijuana Use by Program: Elementary School Youth in Multi-Year Programs

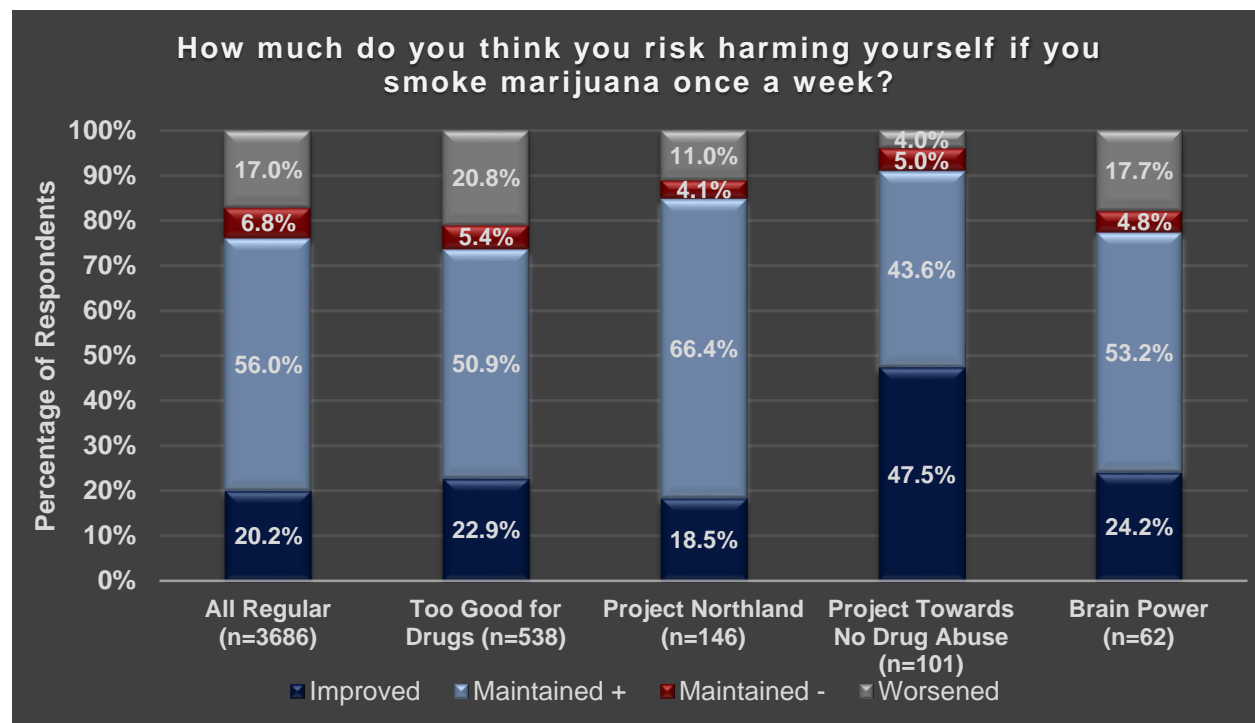


The percentage of elementary school multi-year program participants showing positive perceived risk outcomes (maintaining a response that marijuana use poses moderate or great risk, or moving up the scale towards "great risk," i.e., combining Improved and Maintained +) for alcohol is:

- All Younger Youth – 71.5%
- LifeSkills Training (Year 1) – 75.3%

Figure 26 below shows the change in individuals' perception of risk of harm from marijuana use from pre- to post-test for single-year programs serving middle and high school youth.

Figure 26: Change in Perceived Risk of Harm from Marijuana Use by Program: Middle and High School Youth in Single-Year Programs

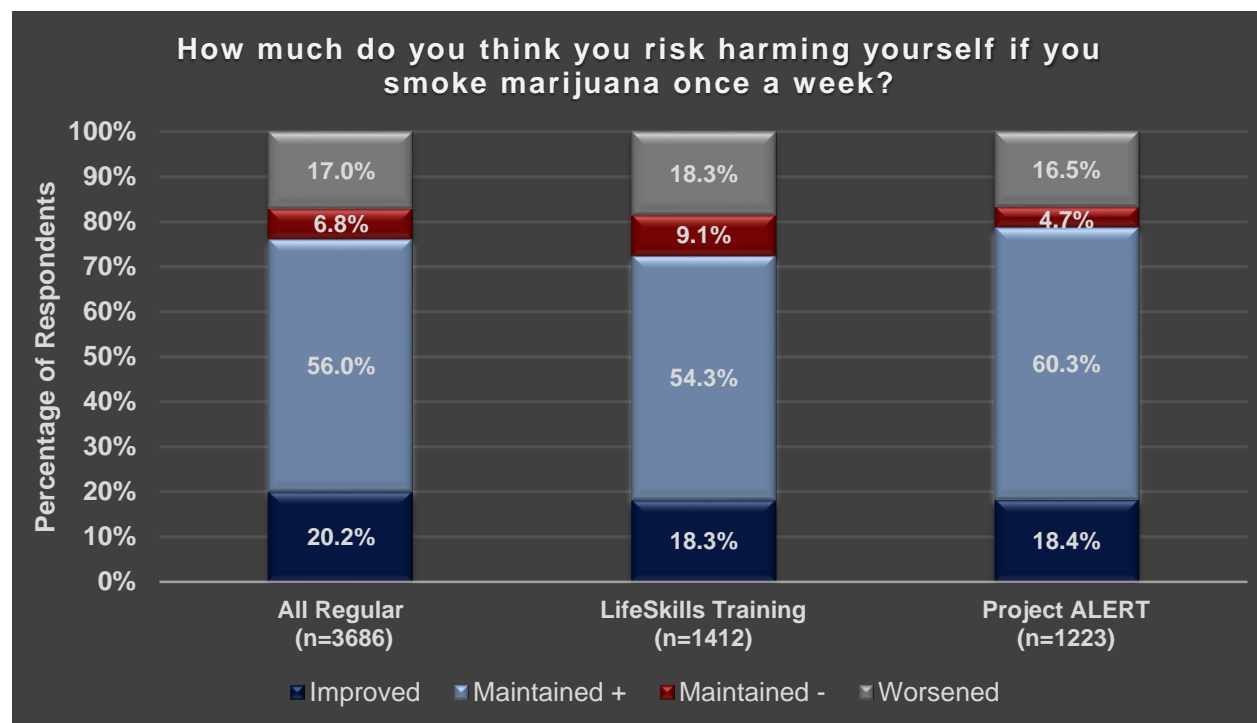


The percentages of middle and high school single-year program participants showing positive perceived risk outcomes (maintaining a response that marijuana use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for alcohol are:

- All Regular Comprehensive Prevention Excluding Diversion – 76.2%
- Too Good for Drugs – 73.8%
- Project Northland – 84.9%
- Project Towards No Drug Abuse – 91.1%
- Brain Power – 77.4%

Figure 27 below shows the change in individuals' perception of risk of harm from marijuana use from pre- to post-test for multi-year programs serving middle and high school youth.

Figure 27: Change in Perceived Risk of Harm from Marijuana Use by Program: Middle and High School Youth in Multi-Year Programs



The percentages of middle and high school multi-year program participants showing positive perceived risk outcomes (maintaining a response that marijuana use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for alcohol are:

- All Regular Comprehensive Prevention Excluding Diversion – 76.2%
- LifeSkills Training (Year 1) – 72.7%
- Project ALERT – 78.7%

Summary of Positive Outcomes for Perceived Risk of Harm from Substance Use

Table 5 shows the average positive outcome (improved or maintained+) percentage for Comprehensive Prevention participants for each substance by program level group.

Table 5: Positive Outcome Percentages for Perceived Risk of Harm from Substance Use by School Group

Average Positive Outcome Percentages for Perception of Risk of Harm from Substance Use			
School Group	Alcohol	Cigarettes	Marijuana
Elementary School Youth in Single Year Programs	81.8%	87.1%	70.9%
Elementary School Youth in Multi-Year Programs	83.7%	94.5%	75.3%
Middle and High School Youth in Single-Year Programs	80.3%	89.2%	77.7%
Middle and High School Youth in Multi-Year Programs	82.0%	86.3%	75.7%

For all groups, the percentage of students believing regular marijuana use poses risk of harm is less than the percentages believing cigarette and alcohol use pose risk of harm. It is noteworthy that the percentage of elementary school students believing marijuana use poses risk is lower than the percentages for the middle and high school student groups. The percentage believing cigarette use poses risk is higher for all groups than the percentages believing alcohol and marijuana pose risk of harm.

Diversion Program Outcomes

Diversion programs are prevention programs for indicated populations of youth who have already experienced legal or other consequences from their substance use. Hence, Diversion program data are presented separately from the primary prevention programs. Diversion programs also tend to be shorter in duration than other prevention programs, and usually span fewer than 30 days. The Comprehensive Prevention Survey instrument now accounts for such short programs by asking at the post-test if participants have used in the past 30 days or since the beginning of the prevention program, whichever is the shorter timeframe. Therefore, pre-test data presented below on substance use reflect use reported in the 30 days prior to starting the program and completing the pre-test, and post-test data reflect the timeframe from the start of the program or completion of the pre-test to the end of the program or completion of the post-test. Sixty-four Diversion program participants completed both a pre-test and a post-test survey. The median age for these participants was 16, and the median grade was 11th.

Diversion Program Outcomes: Past 30-Day Use

Table 6 on the following page presents data on the percentage of Diversion program participants reporting use of alcohol, binge drinking (5 or more drinks in a row), cigarettes, and marijuana at the pre-test and the amount and direction of change at post-test. Iowa Youth Survey data also are provided.



Table 6: Change in Substance Use: Diversion Program Participants

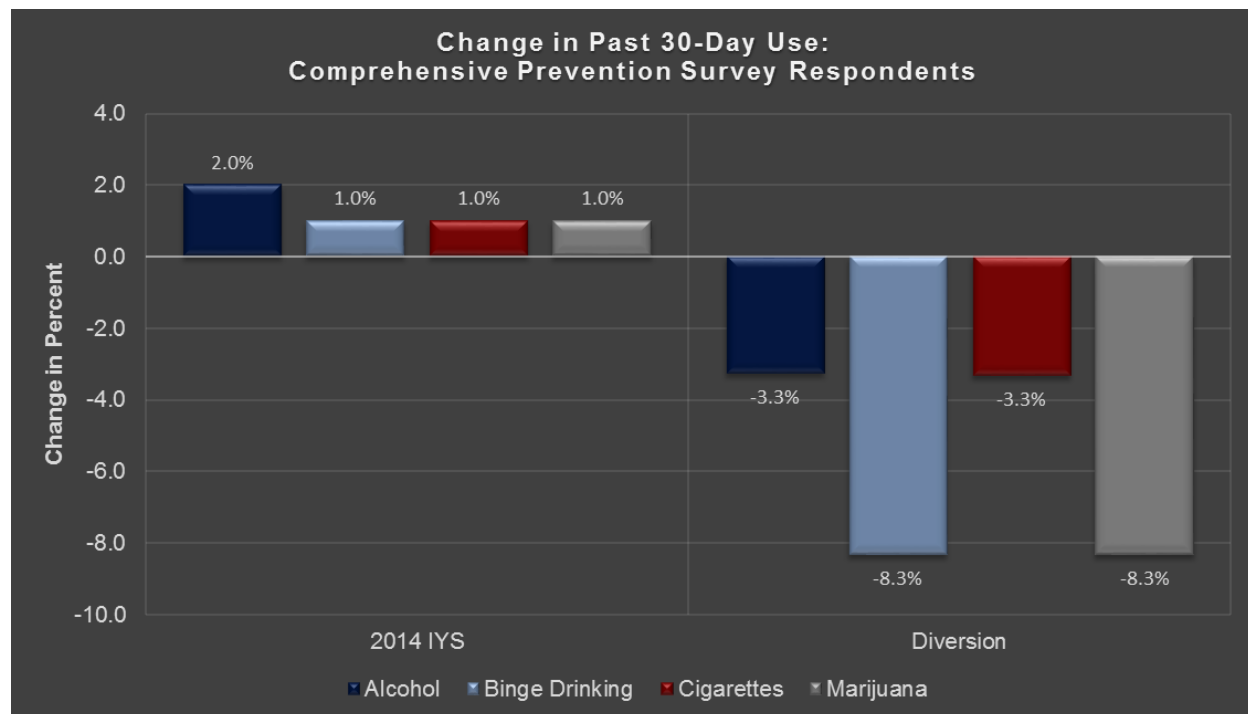
Percentage of Youth Reporting Use at the Pre-Test and Change at Post-Test: Diversion Program Participants										
Group	N	Median Age	Alcohol		Binge Drinking		Cigarettes		Marijuana	
			Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	52,560 ²	12	–	+2.00	–	+1.00	–	+1.00	–	+1.00
Diversion	64	16 ³	37.70	-3.27	28.33	-8.33	10.0	-3.33	20.0	-8.33
¹ IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 6 and 8. The median age of 6 th graders completing the IYS was 11 years old; the median age of 8 th graders was 13 years old. Data are from the 2014 Iowa Youth Survey, State of Iowa report (Alcohol from question B16, Binge Drinking from B17, Cigarettes from B34, and Marijuana from B40). ² The total number of 6 th graders completing the 2014 Iowa Youth Survey was 26,117; the total number of 8 th graders was 26,443. ³ Diversion program participants are in the 7 th through 12 th grades.										

There was no evidence of change from pre-test to post-test for alcohol, binge drinking, cigarette, or marijuana use for Diversion programs (McNemar statistical tests yielded p values greater than 0.05). However, this also means that use of those substances showed no evidence of increasing as would be expected due to maturation.



Figure 28 below displays, graphically, the change in past 30-day use from pre- to post-test for Diversion programs participants.

Figure 28: Change in Past 30-Day Use: Diversion Program Participants



Attitudes Toward Substance Use

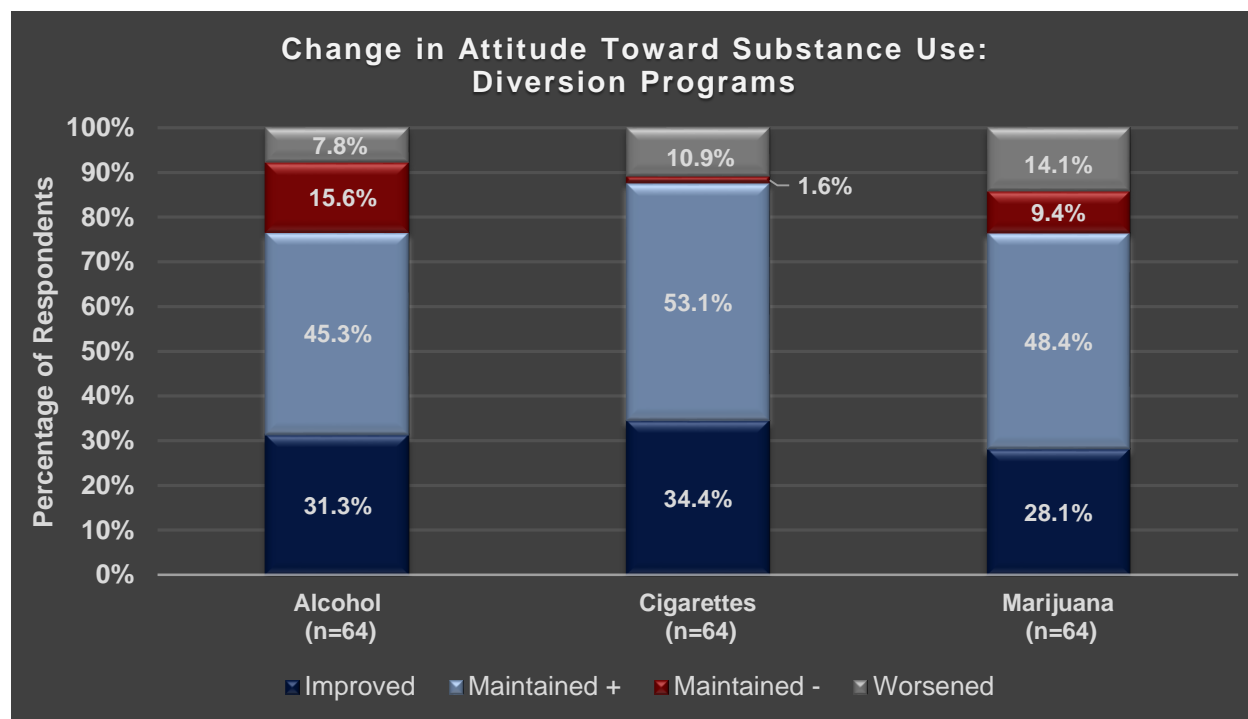
Attitude responses are coded on a Likert scale from “not wrong at all” to “very wrong.”

Individual attitudes either:

- 1) improved, which means that attitudes moved up the scale towards “very wrong” from any point on the scale (e.g., respondent felt alcohol use was wrong at pre-test and very wrong at post-test);
- 2) maintained +, which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, cigarette, or marijuana use (“wrong” or “very wrong”);
- 3) maintained -, which means that the pre- and post-test responses remained the same and were favorable toward alcohol, cigarette, or marijuana use (“a little wrong” or “not wrong at all”); or
- 4) worsened, meaning that attitudes moved down the scale away from “very wrong” from any point on the scale (e.g., respondent felt marijuana use was “wrong” at pre-test and “a little bit wrong” at post-test). Maintaining a response from pre-test to post-test that use is “wrong” or “very wrong,” or moving up the scale towards “very wrong” from any point on the scale is considered a positive outcome.

Figure 29 on the following page represents data on the change in attitude toward alcohol, cigarette, and marijuana use from pre-test to post-test for Diversion program participants.

Figure 29: Change in Attitudes Toward Substance Use: Diversion Program



The percentages of Diversion program participants showing positive attitude outcomes (maintaining a response that use is “wrong” or “very wrong,” or moving up the scale towards “very wrong”, i.e., “Improved” plus “Maintained +”) for each substance are:

- Alcohol – 76.6%
- Cigarettes – 87.5%
- Marijuana – 76.6%

Perceived Risk of Harm from Substance Use

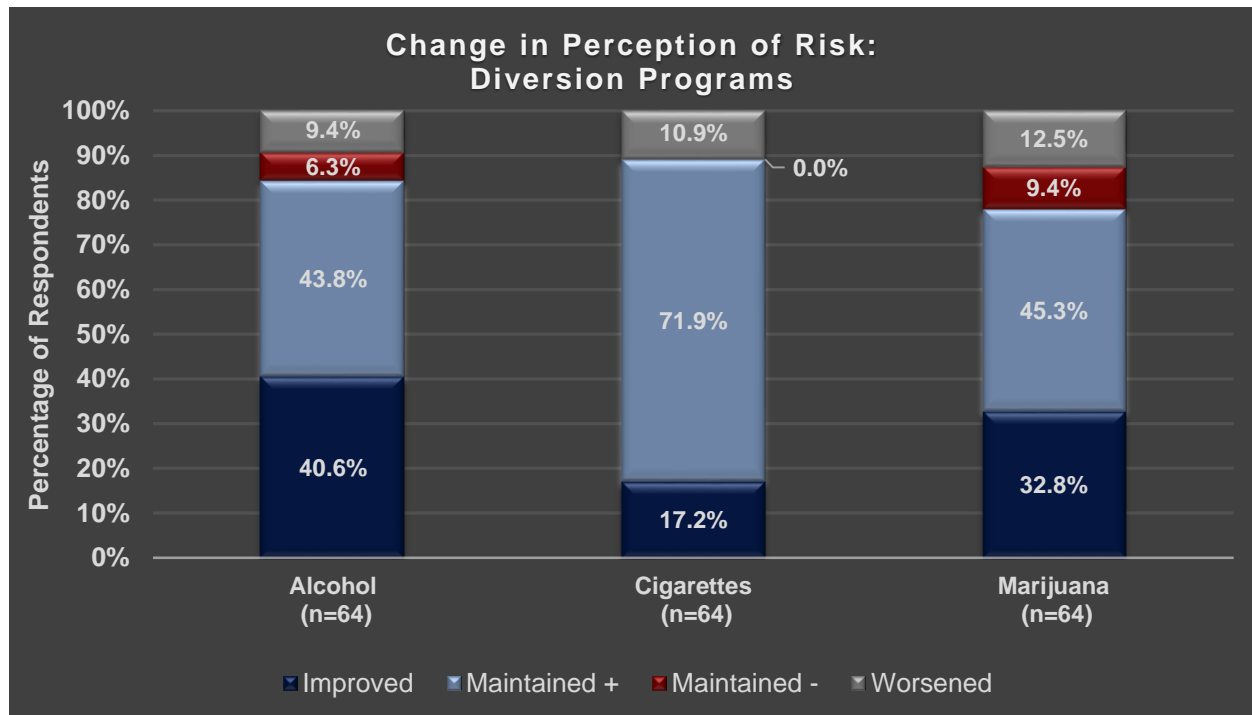
Perceived risk responses are coded on a Likert scale from “no risk” to “great risk.” Individual perceptions of risk either:

- 1) improved, which means that their reported perception of risk of harm from using alcohol, cigarettes, or marijuana moved up the scale from pre-test to post-test towards “great risk,” from any point on the scale (e.g., respondent felt alcohol use posed “no risk” at pre-test and “moderate risk” at post-test);
- 2) maintained +, which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, cigarette, or marijuana use (that use posed “moderate risk” or “great risk”);
- 3) maintained –, which means that the pre- and post-test responses remained the same and were favorable toward alcohol, cigarette, or marijuana use (that use posed “slight risk” or “no risk”); or
- 4) worsened, meaning that their reported perception of risk of harm moved down the scale from pre-test to post-test away from “great risk,” from any point on the scale (e.g., respondent reported that marijuana use posed “moderate risk” of harm at pre-test and “slight risk” at post-test).

Maintaining a response from pre-test to post-test that use poses “moderate risk” or “great risk,” or moving up the scale towards “great risk” from any point on the scale is considered a positive

outcome. Figure 30 presents data on the change in perception of risk of harm from alcohol, cigarette, and marijuana use from pre-test to post-test for Diversion program participants.

Figure 30: Change in Perceived Risk of Harm from Substance Use: Diversion Program



The percentages of Diversion program participants showing positive perceived risk outcomes (maintaining a response that use poses moderate or great risk, or moving up the scale towards “great risk,” i.e., combining Improved and Maintained +) for each substance are as follows:

- Alcohol – 84.4%
- Cigarettes – 89.1%
- Marijuana – 78.1%

CONCLUSION

The results of the evaluation of the Comprehensive Prevention project answer the following questions:

- *Has alcohol/tobacco/marijuana usage changed in the target population?*

There was a statistically significant decrease from pre-test to post-test in alcohol use for Comprehensive Prevention participants (excluding Diversion program participants). There were also statistically significant decreases in the use of alcohol, binge drinking, cigarette, and marijuana for Project Towards No Drug Abuse program participants

Programs that did not indicate a significant increase or decrease in use means that use of those substances among participants showed no evidence of increasing as would be expected due to maturation.

There were no statistically significant decreases in the use of alcohol, binge drinking and marijuana for Diversion program participants.

- *Has the percentage of the target population who indicate desirable attitudes (i.e., that it is wrong to use substances) at baseline (pre-test) maintained or increased after the intervention (post-test)?*

Ninety-three percent or more of the participants in the four single-year and multi-year elementary school programs showed positive outcomes for attitudes toward alcohol use (maintained a response from pre-test to post-test that use is “wrong” or “very wrong,” or moved up the scale towards “very wrong” from any point on the scale). Five of the six middle and high school single-year and multi-year program groups showed positive outcomes above 80% for attitude toward alcohol use. Brain Power for middle and high school aged participants had the lowest percentage, with 76.2% of participants showing positive outcomes. Curriculum-Based Support Group program for elementary students had the highest positive outcome percentage at 97.5%

Ninety-four percent or more of participants in elementary school programs showed positive outcomes for attitudes toward cigarette use, and five of six middle and high school program groups showed positive outcomes of 85% or more. Brain Power for middle and high school aged participants had the lowest percentage, with 77.4% of participants showing positive outcomes for attitudes toward cigarette use. LifeSkills Training – Year 1 for elementary school participants had the highest positive outcome percentage at 98.5%.

The elementary school programs showed positive outcomes of 98% or more for attitude toward marijuana use. All six middle and high school program groups showed positive outcomes above 83% for attitude toward marijuana use. LifeSkills Training – Year 1 for middle and high school youth had the lowest percentage, with 83.8% of participants showing positive outcome attitudes toward marijuana use. Curriculum-Based Support Group for elementary school youth had the highest positive outcome percentage at 98.8%

For Diversion programs, more than 76% of participants showed positive outcomes for attitudes regarding alcohol use, more than 87% showed positive outcomes regarding attitude toward cigarette use, and 76% showed positive outcomes regarding attitude toward marijuana use. It is noteworthy that 31% of Diversion participants moved up the scale (further toward “very wrong”) for alcohol use and 34% moved up the scale for cigarette use.



- *Has perception of risk of harm from alcohol/tobacco/marijuana use maintained a positive response or increased from pre-test to post-test?*

Three of the four elementary school programs had 83% or more of participants show positive outcomes for perception of risk of harm from alcohol use (maintained a response from pre-test to post-test that use poses “moderate risk” or “great risk,” or moved up the scale towards “great risk” from any point on the scale). Brain Power had the lowest percentage, with 76.2% of participants show positive outcomes. Too Good for Drugs had the highest positive outcome percentage at 93.5%.

Five of the six middle and high school program had 80% or more of participants with positive outcomes. Brain Power had the lowest percentage, with 73% of participants showing positive outcomes for perceived risk of harm from alcohol use. Project Towards No Drug Abuse and Project Northland had the highest positive outcome percentages at 90.1% and 89.1%, respectively.

Regarding perception of risk of harm from cigarette use, 83% or more of participants in the elementary school programs showed positive outcomes. All of the middle and high school program groups had positive outcomes of 84% or more. LifeSkills Training Year 1 for elementary school programs and Project Towards No Drug Abuse had the highest positive outcome percentages at more than 94%, followed by Project Northland at 89.7%.

Regarding perception of risk of harm from marijuana use, positive outcome percentages for the elementary school program groups ranged from 50.6% to 76.7%. Brain Power was the lowest performer. The middle and high school program groups had positive outcome percentages above 72%. LifeSkills Training – Year 1 had the lowest percentage at 72.7%; Project Towards No Drug Abuse had the highest percentage at 91.1%.

For Diversion programs, just over 76% of participants showed positive outcomes for perceived risk of harm from alcohol use, just over 87% showed positive outcomes for perceived risk for cigarette use, and more than 76% showed positive outcomes for perceived risk for marijuana use. It is noteworthy that 31.3% of Diversion participants moved up the scale (further toward “very wrong”) for alcohol use and 34.4% moved up the scale for cigarette use.

It is important to consider the populations served by these programs when assessing their performance. Brain Power was the lowest performer for attitudes toward use of alcohol for middle and high school students and lowest on perceived risk of harm for alcohol use for all students. Brain Power was also lowest on perceived risk of harm for marijuana for elementary students. Alternatively, outcomes for the Diversion programs were quite positive given the indicated populations served.

Considering that the positive outcome percentages for the elementary student group for perceived risk of harm from marijuana use appear lower than those percentages for the middle and high school groups, evaluators recommend agencies identify and implement elementary-level programming containing greater emphasis on the risks of marijuana use.

APPENDIX A

Survey Instruments

Comprehensive Prevention Survey

(Recommended for Participants in Grade 6 and above)



COMPREHENSIVE PREVENTION SURVEY

Administrative Section

1.a. Is this a pre-test or a post-test?	_____ Pre-test _____ Post-test
b. What program year is this survey for? (For single-year programs, circle "1".)	1 2 3 4 5
2. What month is it?	_____
3. What day of the month is it?	_____
4. What year is it?	20 <input type="text"/> <input type="text"/>
5. What is your agency/service area?	_____
6. What is the prevention program?	_____
7. How long is this program running for this group (in weeks)?	_____ Weeks
8. What is this program's <u>curriculum</u> level? <i>[Please select the school level that the curriculum being taught to this student is designed for, regardless of what grade this student is in school.]</i>	_____ Elementary Curriculum _____ Middle School Curriculum _____ High School Curriculum
9. What is the location of implementation? [Numerical Code]	_____
10. What IOM population category is this program group?	_____ Universal _____ Selective _____ Indicated

Demographics

11. What is your current age?	_____ 8 or younger	_____ 12	_____ 16
	_____ 9	_____ 13	_____ 17
	_____ 10	_____ 14	_____ 18
	_____ 11	_____ 15	_____ 19 or older
12. What grade are you in?	_____ 5 th	_____ 8 th	_____ 11 th
	_____ 6 th	_____ 9 th	_____ 12 th
	_____ 7 th	_____ 10 th	_____ Adult/Not in School



13. Are you a male (boy) or a female (girl)?	_____ Male (Boy)	_____ Female (Girl)
14. Are you Hispanic or Latino?	_____ Yes	_____ No
15. Which of the following best describes you? (please choose one)	_____ White _____ Black/African American _____ American Indian/Alaska Native _____ Asian _____ Native Hawaiian/Other Pacific Islander _____ Some other race _____ More than one race	

My Beliefs and Attitudes

How wrong do you think it is for someone your age to:

16. Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
 _____ Very wrong _____ Wrong _____ A little wrong _____ Not wrong at all

17. Smoke cigarettes?
 _____ Very wrong _____ Wrong _____ A little wrong _____ Not wrong at all

18. Smoke marijuana?
 _____ Very wrong _____ Wrong _____ A little wrong _____ Not wrong at all

19. Use any illegal drug other than alcohol, cigarettes, or marijuana?
 _____ Very wrong _____ Wrong _____ A little wrong _____ Not wrong at all

20. Use prescription drugs that were not prescribed for you, or in a way other than the directions?
 _____ Very wrong _____ Wrong _____ A little wrong _____ Not wrong at all

21. Use over the counter medications different from the directions?
 _____ Very wrong _____ Wrong _____ A little wrong _____ Not wrong at all

How much do you think you risk harming yourself (physically or otherwise) if you:

22. Drink 3 or more drinks (glasses, cans or bottles of beer; glasses of wine, liquor or mixed drinks) of alcohol nearly every day?
 _____ No risk _____ Slight risk _____ Moderate risk _____ Great risk

23. Smoke cigarettes every day?
 _____ No risk _____ Slight risk _____ Moderate risk _____ Great risk

24. Smoke marijuana once a week?

_____ No risk _____ Slight risk _____ Moderate risk _____ Great risk

How much do you think you risk harming yourself (physically or otherwise) if you: (This section is continued from the previous page.)

25. Use any other illegal drug (other than alcohol, cigarettes, or marijuana) once a week?

_____ No risk _____ Slight risk _____ Moderate risk _____ Great risk

26. Use medication prescribed for someone else?

_____ No risk _____ Slight risk _____ Moderate risk _____ Great risk

27. Use over the counter medications different from the directions?

_____ No risk _____ Slight risk _____ Moderate risk _____ Great risk

My Experiences

**(For the Pre-Test) In the past 30 days, have you:
(For the Post-Test) In the past 30 days, or since you started the program
– whichever is a shorter time – have you:**

28. Had at least one drink of alcohol (glass, bottle or can of beer; glass of wine, liquor or mixed drink)?

_____ Yes

_____ No

29. Had 5 or more drinks of alcohol (glasses, bottles or cans of beer; glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?

_____ Yes

_____ No

30. Smoked cigarettes?

_____ Yes

_____ No

31. Smoked cigars?

_____ Yes

_____ No

32. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)?

_____ Yes

_____ No

33. Used marijuana (pot, grass, hash, bud, weed)?

_____ Yes

_____ No

34. Taken any other illegal drug (like cocaine, methamphetamines, barbiturates, heroin, hallucinogens) without a doctor's prescription?

_____ Yes

_____ No

35. Used prescription medications that were not prescribed for you by your doctor?

_____ Yes

_____ No

36. Used over the counter medications different from the directions?

_____ Yes

_____ No



During the past 12 months, have you:

37. Talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

_____ Yes

_____ No

Comprehensive Prevention Survey for Younger Youth

(Recommended for Participants in Grades 4 and 5)



COMPREHENSIVE PREVENTION SURVEY INSTRUMENT FOR YOUNGER YOUTH (4TH – 5TH GRADES)

Administrative Section (for facilitators to complete)

1.a. Is this a pre-test or a post-test?	_____ Pre-test _____ Post-test
b. What program year is this survey for? (For single-year programs, circle "1". For multi-year programs, circle the year of the program.)	<div style="display: flex; justify-content: space-around; width: 100%;"> 1 2 3 4 5 </div>
2. What month is it?	_____
3. What day of the month is it?	_____
4. What year is it?	20 <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
5. What is your agency/service area?	_____
6. What is the prevention program?	_____
7. How long is this program running for this group (in weeks)?	_____ Weeks
8. What is this program's <u>curriculum</u> level? <i>[Please select the school level that the curriculum being taught to this student is designed for, regardless of what grade this student is in school.]</i>	<div style="margin-bottom: 5px;">_____ Elementary Curriculum</div> <div style="margin-bottom: 5px;">_____ Middle School Curriculum</div> <div style="margin-bottom: 5px;">_____ High School Curriculum</div>
9. What is the location of implementation? [Numerical Code]	_____
10. What population category is this program group?	<div style="display: flex; justify-content: space-between;"> <div>_____ Universal _____ Indicated</div> <div>_____ Selective</div> </div>

Demographics (for facilitator or student to complete)

11. How old are you?	<div style="margin-bottom: 5px;">_____ 8 or younger</div> <div style="margin-bottom: 5px;">_____ 9</div> <div style="margin-bottom: 5px;">_____ 10</div>	<div style="margin-bottom: 5px;">_____ 11</div> <div style="margin-bottom: 5px;">_____ 12</div> <div style="margin-bottom: 5px;">_____ 13</div>
12. What grade are you in?	<div style="margin-bottom: 5px;">_____ 4th grade</div> <div style="margin-bottom: 5px;">_____ 5th grade</div>	<div style="margin-bottom: 5px;">_____ 6th grade</div>



13. Are you a male (boy) or a female (girl)?	_____ Male (Boy)	_____ Female (Girl)
14. Are you Hispanic or Latino?	_____ Yes	_____ No
15. Which of the following best describes you? (please choose one)	_____ White _____ Black/African American _____ American Indian/Alaska Native _____ Asian _____ Native Hawaiian/Other Pacific Islander _____ Some other race _____ More than one race	

My Beliefs and Attitudes (for student to complete)

How wrong do you think it is for someone your age to:
give.)

(Please circle the answer you want to

16. Drink beer, wine or liquor (alcohol) regularly?	Very Wrong	A Little Wrong	Not Wrong at All
17. Smoke cigarettes?	Very Wrong	A Little Wrong	Not Wrong at All
18. Smoke marijuana?	Very Wrong	A Little Wrong	Not Wrong at All
19. Use any illegal drug other than alcohol, cigarettes, or marijuana?	Very Wrong	A Little Wrong	Not Wrong at All

How much do you think someone might hurt his or her body if he or she:
give.)

(Please circle the answer you want to

20. Drinks 3 or more drinks (glasses of wine, liquor or mixed drinks, cans or bottles of beer) of alcohol nearly every day?	None	A Little Bit	A Lot
21. Smokes cigarettes every day?	None	A Little Bit	A Lot
22. Smokes marijuana once a week?	None	A Little Bit	A Lot
23. Uses any other illegal drug (other than alcohol, cigarettes, or marijuana) once a week?	None	A Little Bit	A Lot

My Experiences (for student to complete)

24. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you. (Please circle the answer you want to give.)

Yes

No



APPENDIX B

Institute of Medicine Categories of Populations Served by Agency and Program

Institute of Medicine Population Categories by Agency and Program

AGENCY	PROGRAM	POPULATION SERVED (IOM CATEGORY)
Alcohol and Drug Dependency Services of Southeast Iowa	LifeSkills Training	Universal-Direct
	Project ALERT	Universal-Direct
Area Substance Abuse Council, Area 6	Adults and Children Together	Selective
	LifeSkills Training	Universal-Direct
	Prime for Life	Indicated
	Project Towards No Drug Abuse	Selective and Universal
	Curriculum-Based Support Group	Selective
Area Substance Abuse Council, Area 8	Curriculum-Based Support Group	Selective
	All Stars	Universal
Center for Alcohol and Drug Services	Too Good for Drugs	Universal-Direct
Community and Family Resources	LifeSkills Training	Indicated
	Too Good for Drugs	Universal-Direct
Compass Pointe	Diversion (Juvenile Alcohol & Drug Education)	Indicated
	Project Northland	Universal-Direct
	Prime for Life	Universal-Direct
Employee and Family Resources, Area 13	Too Good for Drugs	Universal-Direct
Employee and Family Resources, Area 16	Too Good for Drugs	Universal-Direct
	LifeSkills Training	
Employee and Family Resources, Area 20	Too Good for Drugs	Universal-Direct
	LifeSkills Training	
Zion Recovery Area 9	(No data submitted this year)	
Zion Recovery Area 10	Project Towards No Drug Abuse	Universal-Direct
Helping Services for Northeast Iowa, Inc.	(No data submitted this year)	
Jackson Recovery Centers	LifeSkills Training	Universal-Direct
Prelude Behavioral Services	LifeSkills Training	Universal-Direct
	Diversion (Juvenile Alcohol & Drug Education)	Indicated
New Opportunities	LifeSkills Training	Universal-Direct
Pathways Behavioral Services, Inc.	Diversion (Prime for Life)	Indicated
Prairie Ridge Addiction Treatment Services	Diversion (Prime for Life)	Indicated
Southern Iowa Economic Development Association	Brain Power	Universal-Direct



Substance Abuse Services for Clayton County, Inc.	All Stars	Universal-Direct
Substance Abuse Treatment Unit of Central Iowa	Juvenile Education Groups	Indicated
New Horizons	LifeSkills Training	Universal-Direct
	Project ALERT	
	Project Towards No Drug Abuse	Indicated
Youth and Shelter Services, Inc., Area 1	Project ALERT	Universal-Direct
	Too Good For Drugs	
Youth and Shelter Services, Inc., Area 2	Project ALERT	Universal-Direct