



EOPS Grantee Tools

Developing a Heroin and OxyContin Prevention Program: Lessons Learned

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Introduction

This publication discusses lessons learned from a Massachusetts Executive Office of Public Safety (EOPS) process evaluation of the development of the “Choose to Refuse” (CTR) heroin and OxyContin prevention education program. This program was created by the Juvenile Justice Staff at the Essex County District Attorney’s (ECDA) Office using Byrne Justice Assistance Grant funds from EOPS. This publication aims to help program managers develop drug prevention programs by highlighting the components and the strengths of the CTR program, summarizing the steps ECDA took to develop the program, and listing the essential elements that a drug prevention program should contain according to research-based best practices.

EOPS conducted this process evaluation during the development phase of CTR and it does not reflect CTR’s potential impact on the youth of Essex County, Massachusetts. After ECDA disseminates CTR to county schools, it plans to offer training for educators who will implement to the program. ECDA also plans to conduct an outcome evaluation that will determine the effectiveness of CTR.

Government agencies and non-profit organizations interested in creating substance abuse prevention programs that incorporate interdisciplinary collaboration and evidence-based practices may use this report to assist in their program development.

“Choose to Refuse” Program Overview

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

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

Several groups were involved in the development of the CTR program. Substance abuse experts provided input based on their knowledge of prevention program best practices from research literature. Approximately 700 Essex County youth gave feedback on the relevance and veracity of the program, role plays in particular. A series of community forums organized by ECDA attended by residents, parents, students, teachers and school administrators helped promote public understanding regarding the heroin and OxyContin problem and introduced CTR to Essex County residents.

Strengths of the CTR Program

ECDA based CTR on a Substance Abuse and Mental Health Service Association (SAMHSA) Promising Program¹. As part of the process evaluation of CTR, EOPS compiled essential elements of drug abuse prevention programs based on literature reviews and conducted interviews with substance abuse experts. Based on this information, it became clear that many elements of CTR aligned with national best practices.

Program Strengths

- CTR is built on research-based theory;
- CTR includes social resistance training as an element of the program;
- CTR emphasizes normative social behavior and demonstrates that most people do not use drugs;
- CTR employs interactive teaching techniques;
- CTR has flexibility built into its delivery and allows facilitators to make adjustments for cultural or learning differences in the classroom; and
- CTR attempts to move beyond an exclusively school-based approach by including the media in the outreach campaign.

How ECDA Achieved Its Goals

ECDA identified the project goals at the outset of the project (see Table 1). Collaboration and communication proved to be essential elements in developing CTR and allowing ECDA to achieve its goals. ECDA invested significant staff resources developing the CTR program and sought assistance from community leaders, schools, law enforcement, and substance abuse experts. Specifically, ECDA used the following collaborative activities to develop and disseminate CTR:

- Involved schools and substance abuse experts to create a program appropriate for Essex County youth;
- Developed a media campaign to educate the community about the current problems and risks involved with heroin and OxyContin abuse;
- Worked with local law enforcement to ensure consistent and serious legal consequences to all cases involving heroin and OxyContin; and
- Presented and distributed materials to appropriate local policy makers, schools, youth educators, and substance abuse professionals.

¹ Preventive Alcohol Education Program, created by Elias J. Duryea, PhD

Communication among ECDA staff, external experts, county residents, and future CTR facilitators was essential. Multiple forums furthered a countywide conversation regarding the heroin and OxyContin problem and press releases highlighting ECDA's efforts were distributed to local and state media. This outreach through press releases and public forums successfully generated momentum behind CTR's development and allowed the ECDA to communicate to residents the facts related to the heroin and OxyContin problem in Essex County. Program developers should follow these steps in order to successfully engage, educate and collaborate with specific communities with which they seek to work:

- **Know the community.** Conduct research on the communities with which one seeks to collaborate and educate in order to understand its needs. It is important to understand the local climate before developing a new program.
- **Approach the community with an educational opportunity.** The community needs to understand that they are being presented with an educational opportunity and not a punishment.
- **Work with well-respected community leaders who possess appropriate institutional knowledge to match the needs of the project.** Well-respected leaders can act as powerful collaborative partners who can convene other stakeholders and lend legitimacy to the project.

In order to develop a successful and effective program, the goals, activities, and outcomes should be identified early in the process. Table 1 details the goals, activities, and outcomes related to ECDA's CTR heroin and OxyContin prevention education program.

Table 1: Goals, Activities, and Outcomes for ECDA CTR Program

Program Goals	Activities/Resources	Outcomes
Create an internal working committee to develop scope and sequence of project	Hire a Project Coordinator	A professionally administered heroin and OxyContin education/prevention program
Involve youth in Essex County in the development of the program and teach them that they have the ability to contribute to the community	Conduct focus groups with youth and elicit feedback on the program and role play content and effectiveness	A more effective drug education program that reflects the language and social situations that young people encounter in Essex County
Work with local law enforcement to ensure consistent and serious legal consequences for all cases involving OxyContin and heroin use	Meet with police chiefs monthly and review updates in the heroin and OxyContin initiative	Consistent and comprehensive policies to deal with heroin and OxyContin infractions
Develop a media campaign to educate the community about heroin and OxyContin use and their legal and social consequences	<ul style="list-style-type: none"> • Create brochures that highlight the medical and legal issues associated with heroin and OxyContin • Submit editorials to media announcing the CTR project and the need for education 	A more informed citizenry that understands the legal and social issues of heroin and Oxycontin
Host a countywide conference on heroin and OxyContin for law enforcement, schools, community and faith-based orgs. to launch CTR	Plan and implement conference	More informed stakeholders
Develop all written materials based on the <i>Preventive Alcohol Education Program</i>	<ul style="list-style-type: none"> • Meet with developer of Preventive Alcohol Education Program • Meet monthly to develop scope and sequence of materials • Pilot materials in 2 schools systems 	Heroin and OxyContin prevention education program based in research theory and best practices
Communicate and collaborate during CTR development	<ul style="list-style-type: none"> • Maintain clear intra-office communication • Share and receive information from law enforcement • Share and receive information from substance abuse experts 	A well informed and targeted message about heroin and OxyContin use
Educate youth in Essex County on the legal and social consequences of OxyContin and heroin	Create a program for use with 13-18 year olds in Essex County about drug refusal skills and legal and social issues/consequences of heroin and OxyContin use	All middle and secondary school students in Essex County are given effective heroin and OxyContin education and refusal skills training

Best Practices in Drug Education

A literature review of drug abuse prevention programs indicated that effective programs should include the following elements (Dusenbury and Falco 1995). Table 2 can be used as a checklist to determine if a program in the development phase lines up with best practices in drug prevention education.

1. Research-Based Theory – Drug prevention programs should be grounded in research-based theory and incorporate evidence-based practices that address risk factors and causes of drug use.

2. Social Resistance Training – Social resistance training teaches students to recognize high-risk or harmful situations and teaches them refusal skills for effectively resisting pressure from peers.

3. Developmentally Appropriate Information – In prevention programs, developmentally appropriate information refers to concrete, current, factual information that young people can apply to their current situation as opposed to abstract and long-term consequences.

4. Normative Education – Normative education emphasizes the behavior of the overall population rather than the behavior of a subset of the population. In any prevention program, it is important to emphasize the healthy lifestyle choices of the overall population and that most citizens do not engage in anti-social, drug-oriented behavior.

5. Broader-Based Skills Training – Broader-based skills include decision-making skills and general social skills.

6. Interactive Teaching Techniques – Teaching techniques that promote interaction between groups of students and teachers may be described as interactive. These activities include role-playing, discussion and small group activity.

7. Teacher Training and Support – Training for program facilitators is essential to the success of any drug abuse prevention program. The Office of National Drug Control Policy says that training of teachers or program facilitators should happen regularly to ensure that instruction is continually delivered as intended.

8. Adequate Coverage and Follow-up – Research suggests that in order to ensure the effectiveness of a drug prevention program, it should take place over at least ten sessions in the first year and five in the second year. Effectiveness will decay if sufficient follow-up, or a “booster”, is not part of the program.

9. Cultural Sensitivity – Drug abuse prevention strategies must be sensitive to the cultural communities they seek to serve. Teachers may ask students about their experiences encountering illegal drugs and incorporate them into role-plays tailored to their classroom.

10. Additional Components – Incorporating additional components, such as family, community, and media, to school-based approaches to drug abuse prevention are thought to enhance their overall effects, although this area requires more research.

11. Evaluation – Sound research methods should be applied to assess whether the drug abuse program has achieved its goal of affecting behavior.

Table 2: Drug Education Best Practices Checklist

Program developers may use this table as a tool to determine if a program in the development phase incorporates nationally-accepted best practices in drug prevention education.

Accepted Best Practices	Your Program (Yes/No)
1. Research-based theory	
2. Social resistance training	
3. Developmentally appropriate information	
4. Normative education	
5. Broader-based skills training	
6. Interactive teaching techniques	
7. Teacher training and support	
8. Adequate coverage and follow-up	
9. Cultural sensitivity	
10. Additional components	
11. Evaluation	

The second year of the CTR project goes beyond development and presents implementation tasks. ECDA will distribute CTR, offer training for CTR facilitators, and begin planning an outcome evaluation for the CTR program. ECDA plans to distribute CTR to all county schools and organizations that work with youth ages 13-18. The juvenile justice staff at ECDA will offer CTR training to any teacher or youth worker who seeks it. To determine the effectiveness of CTR, ECDA has begun to plan a formal outcome evaluation that will take place once CTR has been in use with young people.

Further Reading

This publication presents highlights of lessons learned from a process evaluation of the development of the CTR program. The goal of this publication is to document lessons learned from an EOPS grantee, to encourage best practices in developing drug education programs, and to give constructive research-based feedback to grantees. For more information on drug prevention programs or the research theories used in CTR, please see the following list and the EOPS process evaluation of CTR: *A Process Evaluation of the "Choose to Refuse" Heroin and OxyContin Prevention Education Program*.

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