

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

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## **Name of Program/Strategy: SMART Leaders**

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### **1. Overview and description**

SMART Leaders is a 2-year booster program that follows from Stay SMART (for Skills, Mastery, And Resistance Training). Both are components of SMART Moves, a comprehensive drug and sexual activity prevention program offered through the Boys and Girls Clubs of America (BGCA). Stay SMART is a curriculum-based program for 13- to 15-year-olds that teaches a broad spectrum of social and personal competence skills to help youths identify and resist peer and other social pressures to smoke, drink, and engage in sexual activity. The program consists of 12 sessions: 1) gateway drugs, 2) decision-making, 3) advertising, 4) self-image and self-improvement, 5) coping with change, 6) coping with stress, 7) communication skills, 8) social skills: meeting and greeting people, 9) social skills: boy meets girl, 10) assertiveness, 11) relationships, and 12) life planning skills.

SMART Leaders reinforces the skills and knowledge learned during Stay SMART and encourages participants to stay involved in prevention activities and to be positive, drug-free role models for their peers. SMART Leaders I involves five small group sessions consisting of role-playing and videotapes about identifying different peer pressures to use drugs and engage in sexual activity and learning to resist those pressures. SMART Leaders II is taught in a three-session video format, with one session dedicated to resisting alcohol, one session to resisting drugs, and one to resisting early sexual activity. Participants are encouraged to become involved in other programs and activities at the BGCA and encourage their peers to be drug-free.

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## **2. Implementation considerations (if available)**

## **3. Descriptive Information**

<b>Areas of Interest</b>	Substance Abuse Prevention
<b>Outcomes</b>	
<b>Outcome Categories</b>	Alcohol Drugs Tobacco
<b>Ages</b>	6-12 (Childhood) 13-17 (Adolescent)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	Community
<b>Geographic Locations</b>	Urban
<b>Implementation History</b>	
<b>NIH Funding/CER Studies</b>	
<b>Adaptations</b>	
<b>Adverse Effects</b>	
<b>IOM Prevention Categories</b>	Universal

## **4. Outcomes**

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## 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)

<p><b>Benefits minus cost, per participant</b></p> <p>Source: Benefits and Costs of Prevention and Early Intervention Programs for Youth – 2004 update. Washington State Institute for Public Policy, <a href="http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901">http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901</a>.</p> <p>Costs and Benefits of Prevention and Early Intervention Programs for At-Risk Youth: Interim Report – 2003. Washington State Institute for Public Policy, <a href="http://www.wsipp.wa.gov/pub.asp?docid=03-12-3901">http://www.wsipp.wa.gov/pub.asp?docid=03-12-3901</a>.</p>	<p><b>According to the Washington State Institute for Public Policy, the program/strategy returns</b></p> <p><b><u>\$485 per individual</u></b></p> <p>in savings that would otherwise be associated with education, substance abuse, teen pregnancy, child abuse and neglect, or criminal justice system.</p>
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## 6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

Scale	Result	Direction	N	Instruments used for this
Peer Approval of Use	significant **	improvement	10	PPG-Individual/Peer [PPG03]
Risk of Use	significant **	improvement	10	PPG-Individual/Peer [PPG03]
Disapproval of Use (peer)	significant **	improvement	10	PPG-Individual/Peer [PPG03]
Peer Use	significant **	negative change	10	PPG-Individual/Peer [PPG03]

## 7. Where is this program/strategy being used (if available)?

Washington Counties	Oregon Counties
Grant	Harney

## 8. Study Populations

### Evaluation Methodology

A pretest–posttest nonequivalent group design was used to evaluate the SMART Leaders and Stay SMART programs. Fourteen BGCA clubs were chosen on the basis of their performance in the pilot study on the

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effectiveness of SMART Moves. Five clubs offered Stay SMART, five offered Stay SMART plus the 2-year booster, and four served as the control group (offering no prevention program). The 14 clubs were located in cities with populations of 17,000 to 630,000 in every region of the country—many in urban areas, and all in economically disadvantaged areas. For treatment sites, all 13-year-old club members were invited to participate in the program, until 24 youths had enrolled. For control sites, all 13-year-old club members were invited to participate in testing, until 30 youths had signed up. At baseline the average age was 13.6. Forty-five percent of participants were white, 42 percent African-American, and 14 percent Hispanic. Seventy-five percent were male.

Over the 27-month testing period, 161 of the youths completed all treatment sessions and testing that was required to be included in the study (52 in Stay SMART Only, 54 in Stay SMART + Boosters, and 55 control). Using an analysis of variance (or ANOVA) the researchers found that those who dropped out of the study had at baseline perceived more social benefits from using alcohol and marijuana and had more marijuana-related behavior. Researchers also found that those in the Stay SMART + Boosters and the control groups who stayed through the end of the project were predominantly white, while those who stayed in the Stay SMART Only group were predominantly African-American.

Outcomes were assessed using a confidential self-report questionnaire administered by program staff for the two program groups and BGCA staff for the control group. Questions addressed attitudes, behaviors, and knowledge of alcohol, marijuana, other drugs and cigarettes. The pretest was conducted before the Stay SMART program began. Three posttests were conducted: 1) after the completion of Stay SMART (3 months), 2) after the first booster (1 year), and 3) after the second booster (2 years).

## **Evaluation Outcome**

### **Study 1**

Over the course of the evaluation, the Stay SMART + Boosters group came to perceive fewer social benefits from drinking alcohol, while the Stay SMART Only and control groups came to perceive more social benefits from drinking. The youths in the Boosters group also perceived significantly fewer social benefits from smoking marijuana than those in the other two groups. However, both the Stay SMART Only and the Stay SMART + Boosters groups reported less marijuana-related behavior. Both the Stay SMART Only and the Stay SMART + Boosters groups reported less alcohol-related behavior than the control group, though this finding was only marginally significant. Both program groups showed significantly less drug- and cigarette-related behavior and significantly more knowledge concerning drug use than the control group.

## **Supplementary Materials**

Kaltreider, D. Lynne, and Tena L. St. Pierre. 1995. "Beyond the Schools: Strategies for Implementing Successful Drug Prevention Programs in Community Youth-Serving Organizations." *Journal of Drug Education* 25(3):223–37.

St. Pierre, Tena L., D. Lynne Kaltreider, Melvin M. Mark, and Kathryn J. Aikin. 1992. "Drug Prevention in a Community Setting: A Longitudinal Study of the Relative Effectiveness of a 3-Year Primary Prevention

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Program in Boys and Girls Clubs Across the Nation.” American Journal of Community Psychology 20(6):673–706.

## **9. Quality of Research**

## **10. Readiness for Dissemination**

## **11. Costs**

## **12. Contacts**

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