

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

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## **Name of Program/Strategy: Project SUCCESS**

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

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students. The intervention includes four components:

- The Prevention Education Series (PES), an eight-session alcohol, tobacco, and other drug program conducted by Project SUCCESS counselors (local staff trained by the developers) who help students identify and resist pressures to use substances, correct misperceptions about the prevalence and acceptability of substance use, and understand the consequences of substance use.
- School-wide activities and promotional materials to increase the perception of the harm of substance use, positively change social norms about substance use, and increase enforcement of and compliance with school policies and community laws.
- A parent program that includes informational meetings, parent education, and the formation of a parent advisory committee.

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- Individual and group counseling, in which the Project SUCCESS counselors conduct time-limited counseling for youth following their participation in the PES and an individual assessment. Students and parents who require more intensive counseling, treatment, or other services are referred to appropriate agencies or practitioners in the community.

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

## **3. Descriptive Information**

<b>Areas of Interest</b>	Substance abuse prevention Substance abuse treatment
<b>Outcomes</b>	1: Alcohol, tobacco, and other drug (ATOD) use 2: Risk and protective factors for ATOD use
<b>Outcome Categories</b>	Alcohol Drugs Family/relationships Mental health Tobacco
<b>Ages</b>	13-17 (Adolescent)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	School Other community settings
<b>Geographic Locations</b>	Urban Suburban Rural and/or frontier
<b>Implementation History</b>	Project SUCCESS was first implemented in 1995 and is currently being used in schools in 38 States. Many States have submitted final reports of results to the U.S. Department of Education under the Grants To Reduce Alcohol Abuse program. Approximately 13 studies have been conducted, and the developer estimates that thousands of students have participated in the program.

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<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
<b>Adaptations</b>	No population- or culture-specific adaptations were identified by the applicant.
<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the applicant.
<b>IOM Prevention Categories</b>	Universal Selective Indicated

## **4. Outcomes**

### **Outcome 1: Alcohol, tobacco, and other drug (ATOD) use**

<b>Description of Measures</b>	<p>ATOD use was measured using a revised version of the American Drug and Alcohol Survey (ADAS).</p> <p>The survey was revised so that it could be administered in one class session. A drug use index was created by summing the scores of self-reported use of 13 drugs: tobacco, alcohol, marijuana, crack, cocaine, heroin, inhalants, LSD, PCP, amphetamines, meta-amphetamines, ecstasy, and "andrenochomes," a false drug included to identify students who over-reported drug use.</p> <p>In one study, for the purposes of analysis, students were classified as ATOD users and nonusers based on their pretest use status.</p>
<b>Key Findings</b>	<p>At posttest in the first year of a study involving alternative secondary school students:</p> <ul style="list-style-type: none"> <li>• Self-reports showed a 37% decrease in ATOD use among Project SUCCESS participants relative to students in the comparison group who did not participate in Project SUCCESS (<math>p &lt; .001</math>).</li> <li>• Of the students using ATOD at pretest, 23% of those in the Project SUCCESS program reportedly stopped ATOD use, whereas only 5% in the comparison condition reported stopping (<math>p &lt; .001</math>).</li> <li>• For those Project SUCCESS students who did not discontinue ATOD use, there was a significant reduction in reported ATOD use across the drugs assessed,</li> </ul>

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	<p>ranging from 17% (<math>p &lt; .05</math>) to 26.6% (<math>p &lt; .01</math>).</p> <p>At follow-up in the second year of the same study, among Project SUCCESS students who reported using ATOD at pretest, 33.3% reportedly stopped using alcohol, 45.0% reportedly stopped using marijuana, and 22.9% reportedly stopped using tobacco (all <math>p</math> values <math>&lt; .05</math>).</p> <p>In another study, 21 months following the intervention, regular secondary school students who were involved in Project SUCCESS were less likely than students in the control group to report having ever used marijuana, having smoked in the past month, and having ever used any other substance alone (all <math>p</math> values <math>&lt; .05</math>).</p> <p>Among pretest users, 21 months following the intervention:</p> <ul style="list-style-type: none"> <li>• Among students who used alcohol and cigarettes at pretest, students in the control group were 2.32 times more likely than similar intervention students to report continued use of alcohol and cigarettes; 4.3 times more likely to report use of alcohol, cigarettes, and marijuana; and 5 times more likely to report use of illicit substances (all <math>p</math> values <math>&lt; .05</math>).</li> <li>• Among students who used alcohol, cigarettes, and marijuana at pretest, students in the control group were 4.16 times more likely than similar intervention students to report continued use of alcohol and cigarettes; 4.54 times more likely to report continued use of alcohol, cigarettes, and marijuana; and 7.33 times more likely to report use of illicit substances (all <math>p</math> values <math>&lt; .05</math>).</li> </ul> <p>Among students who used illicit substances at pretest, students in the control group were 4.76 times more likely than intervention students to report continued use of alcohol and cigarettes; 5 times more likely to report continued use of alcohol, cigarettes, and marijuana; and 2.7 times more likely to report continued use of illicit substances (all <math>p</math> values <math>&lt; .05</math>).</p>
<b>Studies Measuring Outcome</b>	Study 1, Study 2
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.2 (0.0-4.0 scale)

### **Outcome 2: Risk and protective factors for ATOD use**

<b>Description of Measures</b>	Risk and protective factors were measured using a revised
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	<p>version of the Prevention Planning Survey (PPS). The survey was revised so that it could be administered in one class session. In one study, 10 scales measuring risk and protective factors from the school, peer, and family domains were retained from the PPS. For the purposes of analysis, students were classified as ATOD users and nonusers based on their pretest use status. In another study, six risk factor indices were created based on the PPS: depression, direct peer pressure, number of friends using ATOD, perceived harm of ATOD use, lack of self-control, and violence. In addition, four protective factor indices were created: self-esteem, family protection, positive peer relationships, and peer and school nondrug activities. This study also used the Community Oriented Programs Environment Scale (COPES).</p>
<p><b>Key Findings</b></p>	<p>In a study with alternative secondary school students, Project SUCCESS participants had fewer friends who used ATOD (<math>p &lt; .01</math>) and fewer drug-related problem behaviors (<math>p &lt; .01</math>) relative to students in comparison schools.</p> <p>Surveys of students attending Project SUCCESS schools (including students who did not participate directly in the intervention) also showed greater participation in peer and school nondrug activities (<math>p &lt; .05</math>) and greater decreases in ATOD-related problem behaviors (<math>p &lt; .05</math>) relative to students in comparison schools, indicating a school-wide benefit to students regardless of direct participation in the intervention.</p> <p>In a study with regular secondary school students, 9 months and 21 months following the intervention, comparisons of pretest ATOD users in the intervention group with pretest users in the control group indicated:</p> <ul style="list-style-type: none"> <li>• An increase in the degree to which Project SUCCESS students reported they cared about their families (<math>p &lt; .05</math>).</li> <li>• An increase in the amount of help Project SUCCESS students said they expected to receive from the police, when needed (<math>p &lt; .05</math>).</li> <li>• A decrease in Project SUCCESS students' reported number of friends who smoked cigarettes (<math>p &lt; .05</math>).</li> <li>• Greater confidence among Project SUCCESS students that their parents would try to stop them if they were to start smoking (<math>p &lt; .05</math>).</li> </ul> <p>Results for pretest nonusers were somewhat inconsistent 9 months following the intervention. For example, relative to</p>

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	<p>nonusers in the control group, nonusers exposed to Project SUCCESS reported increased perception of harm from using marijuana once or twice (<math>p &lt; .01</math>) but also decreased liking by their teachers (<math>p &lt; .05</math>), a decrease in the extent to which they thought their family would try to stop them from getting drunk (<math>p &lt; .05</math>), and a decrease in their friends' liking of their teachers (<math>p &lt; .01</math>).</p> <p>No significant differences were found for nonusers in the control and intervention groups for risk and protective factors 21 months following the intervention.</p>
<b>Studies Measuring Outcome</b>	Study 1, Study 2
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.2 (0.0-4.0 scale)

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

<p><b>Benefits minus cost, per participant</b></p> <p>Source:</p> <p>Return on Investment: Evidence-Based Options to Improve Statewide Outcomes - July 2011 Update. Washington State Institute for Public Policy, <a href="http://www.wsipp.wa.gov/rptfiles/11-07-1201.pdf">http://www.wsipp.wa.gov/rptfiles/11-07-1201.pdf</a>.</p> <p>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 program
Disapproval of Use (peer)	significant	improvement	43	Pierce County - Project SUCCESS [Org127_5]

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

<b>Washington Counties</b>	<b>Oregon Counties</b>
King, Pierce	

## **8. Study Populations**

The studies reviewed for this intervention included the following populations, as reported by the study authors.

<b>Study</b>	<b>Age</b>	<b>Gender</b>	<b>Race/Ethnicity</b>
<b>Study 1</b>	13-17 (Adolescent)	56% Male 44% Female	65.6% Black or African American 19.8% Hispanic or Latino 13.6% White 0.9% Race/ethnicity unspecified
<b>Study 2</b>	13-17 (Adolescent)	54.4% Male 45.6% Female	41.5% Black or African American 23.1% Hispanic or Latino 20.9% White 12.6% Race/ethnicity unspecified 1.6% Asian 0.3% American Indian or Alaska Native

## **9. Quality of Research**

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

### **Study 1**

Morehouse, E. R., & Tobler, N. S. (2000). Project SUCCESS final report: Grant number 4 HD1 SP07240. Report submitted January 26, 2000, to the Center for Substance Abuse Prevention, U.S. Department of Health and Human Services.

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## **Study 2**

Vaughan, R., & Johnson, P. (2007). The effectiveness of Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) in a regular secondary school setting. Unpublished manuscript.

### **Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
<b>1: Alcohol, tobacco, and other drug (ATOD) use</b>	3.8	4.0	2.5	2.5	3.0	3.5	<b>3.2</b>
<b>2: Risk and protective factors for ATOD use</b>	3.8	4.0	2.5	2.5	3.0	3.5	<b>3.2</b>

### **Study Strengths**

The developers used well-established outcome measures in a naturalistic setting. Intervention effects were found, despite the presence of confounds that reduced the likelihood that the intervention would produce effects.

### **Study Weaknesses**

Although some aspects of treatment fidelity (e.g., attendance in counseling sessions) were assessed, others were not. For example, the content of the PES and counseling sessions was not objectively observed or evaluated. Contamination across treatment conditions occurred within program schools, in that all students were exposed to universal prevention activities.



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## **10. Readiness for Dissemination**

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

### **Dissemination Materials**

Morehouse, E., Fallick, A., & Pierce, B. (2006). Project SUCCESS implementation manual (Rev. ed.). Tarrytown, NY: Student Assistance Services Corporation.

Program Web site, <http://www.sascorp.org>

Project SUCCESS Free Dissemination Materials Packet

Student Assistance Services Corporation. (2006). Process evaluation data collection log. Tarrytown, NY: Author.

Student Assistance Services Corporation. (2006). Student Assistance Services resource manual: Out-of-town. Tarrytown, NY: Author.

### **Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness\_for Dissemination.

<b>Implementation Materials</b>	<b>Training and Support Resources</b>	<b>Quality Assurance Procedures</b>	<b>Overall Rating</b>
3.8	4.0	4.0	<b>3.9</b>

### **Dissemination Strengths**

The implementation manual is detailed and easy to understand, and it has all the pertinent programmatic and theoretical information nicely displayed. All materials and training are comprehensive and support the implementation and overall management of the program. On- and off-site technical assistance is also available through the developer. Implementation and supervision checklists, outcome measures, and a suggested performance review format are provided to support quality assurance.

### **Dissemination Weaknesses**

A few photocopied forms and handouts are poorly reproduced and may be difficult to use after continued duplication.

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## **11. Costs**

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<b>Item Description</b>	<b>Cost</b>	<b>Required by Program Developer</b>
Implementation manual (includes implementation checklists)	\$150 each	Yes
Brochure for teachers	\$0.50 each	No
3-day training in Tarrytown, NY (includes implementation manual, resource manual, and brochure for teachers)	\$350 per person	No
3-day, on-site training (includes implementation manual and resource manual)	\$4,200 for up to 30 participants, plus travel expenses	No
Scheduled telephone conference calls	\$150 per hour	No
On-site consultation	\$200 per hour plus travel expenses	No
Process evaluation data collection log	\$50 each	No

## **12. Contacts**

### **For information on implementation:**

Ellen Morehouse, LCSW, CASAC, CPP  
(914) 332-1300  
sascorp@aol.com

### **For information on research:**

Bonnie Fenster, Ph.D.  
(914) 332-1300  
bonnie.fenster@sascorp.org

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