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# **School-Based Education Programs**

The Cannabis Research Center (CRC) conducted an internet search for school-based programs that may meet the 2023 Minnesota <u>legislative update</u> to identify programs that educate about the health effects on children and adolescents of cannabis use and substance use AND contain cannabis and fentanyl education and are "medically accurate, age and developmentally appropriate, culturally inclusive, and grounded in science." School-based programs that might meet these criteria are listed below. To provide further insights into the landscape of substance use prevention programs, we cross-listed the search with

# SAMHSA's list of Evidence-Based Resource Guide for Preventing Marijuana Use Among Youth.<sup>5</sup>

Descriptions are adapted from the linked program's websites, and information about program effects are taken from an example evaluation (full citations for the evaluations can be found below).\* Some programs may have several publications describing an outcome evaluation.

*NOTE: The CRC is not advocating for any of these programs and created this summary to help inform conversations about programs.* 

## All Stars\*\*

- The goal of All Stars is to prevent use of alcohol, tobacco, marijuana, prescription drugs and inhalant use for as long as possible during the most at-risk years for adolescents.
- Designed for ages 11-13

## Botvin's LifeSkills Training (Middle and High School)\*\*

- The Botvin LifeSkills Training (LST) Middle and High School program is a substance abuse and violence prevention program that helps kids resist drug, alcohol, and tobacco use. LST uses developmentally appropriate, collaborative learning strategies to help students achieve competency in the skills that have been shown to prevent substance use, violence, and other health risk behaviors.
- Designed for elementary through high school
- Griffin et al. (2023) found there was a 6% difference in lifetime marijuana use between those who received the program and those who did not receive the program.<sup>2</sup>

## keepin' it REAL\*\*

- keepin' it REAL (kiR) is a substance use prevention and social and emotional competence enhancing program designed to focus on the competencies linked to preventing substance use and abuse
- Designed for ages 12-18
- Kulis et al. (2007) found among the 614 prior marijuana smokers, 31% reduced marijuana use and 25% recently discontinued use.<sup>3</sup>

## Know the Truth Prevention Program

- The Know the Truth<sup>™</sup> program (KTT) is a substance use prevention program designed for teenagers and young adults. The program is delivered by trained prevention specialists, peer support specialists and by youth advocates using a peer to peer approach that encourages open dialogue and discussion of topics ranging from peer pressure to healthy coping skills.
- Designed for ages 12-18

#### Michigan Model for Health

- Michigan Model for Health facilitates learning through a variety of interactive teaching and learning techniques. Skill development through demonstration and guided practice is emphasized resulting in the development of positive lifestyle behaviors for students and families.
- Designed for Pre-K through 12th grade
- O'neill et al. (2011) found that students in the intervention schools showed greater improvement in the odds of avoiding drug use (but not specifically cannabis) after controlling for gender and ethnicity.<sup>4</sup>

#### Project Towards No Drug Abuse\*\*

- Project TND is an interactive classroom-based substance abuse prevention program that focuses on three factors that predict tobacco, alcohol, and other drug use, violence-related behaviors, and other problem behaviors among youth.
- Designed for 12th graders
- Sussman et al. (2002) observed a 22% relative reduction in marijuana use by health educator-led condition students.<sup>6</sup>

#### Safety First: Real Drug Education for Teens

- Safety First is made up of 13 lessons on alcohol, opioids/fentanyl, psychedelics, and other drugs. The purpose of all of the curriculums is to encourage youth to abstain from use, but this curriculum also include harm-reduction messages for youth who are experimenting or using, to provide high school students with scientifically accurate information to empower them to quit and/or reduce harm, should they choose to continue to use.
- Designed for high school students
- Fischer (2022) found that following participation in the program: (1) students reported decreased marijuana use (p<.001); (2) perception of the number of peers who used marijuana decreased from 43% to 31% (p<.001); (3) When asked if they would use marijuan if their data was using, most students changed from "I would probably not use" to "I would definitely not use.<sup>1</sup>

#### Smart Talk: Cannabis Prevention and Awareness Curriculum\*\*

- 5 lessons, each providing activities, online quiz games, and worksheets in addition to presentations, resources, and other materials aimed at addressing key factors associated with youth cannabis use.
- Designed for ages 11-13

#### Notes

\* Evaluation examples are either the most recent study identified or the study listed on the program's website. Additionally, evaluations have not been systematically reviewed.

\*\* SAMHSA's guide includes a list of programs that are promising or show some evidence of effectiveness in preventing cannabis/substance use.

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# CITATIONS

- 1. Fischer NR. (2022). School-based harm reduction with adolescents: a pilot study. *Substance Abuse Treatment, Prevention, Policy,* 17(79).
- 2. Griffin KW, Botvin GJ, Scheier LM, Williams C. (2023). Long-term behavioral effects of a school-based prevention program on illicit drug use among young adults. *Journal of Public Health Research*, 12(1).
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- 4. O'neill JM, Clark JK, Jones JA. (2011). Promoting mental health and preventing substance abuse and violence in elementary students: a randomized control study of the Michigan Model for Health. *The Journal of School Health*, 81(6), 320–330.
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- 6. Sussman S, Dent CW, Stacy, AW. (2002). Project towards no drug abuse: a review of the findings and future directions. *American Journal of Health Behavior*, 26(5), 354–365.