

U.S. DEPARTMENT OF JUSTICE Office of Justice Programs CATEGORICAL/DISCRETIONARY ASSISTANCE PROGRESS REPORT		
The information provided will be used by the grantor agency to monitor grantee cash flow to ensure proper use of Federal Funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as Required by existing law and regulations (Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 66, Common Rule, and OMB Circular A-110).		
1. GRANTEE Northeast Communities Against Substance Abuse (NECASA)	2. AGENCY GRANT NUMBER 1999-JN-FX-0035	3. REPORT NO. 11
4. IMPLEMENTING SUBGRANTEE <p style="text-align: center;">N/A</p>	5. REPORTING PERIOD (Dates) FROM: 10/1/1999 TO: 6/30/2004	
6. SHORT TITLE OF PROJECT Community Enhancement Grant	7. GRANT AMOUNT \$368,951	8. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> SPECIAL <input type="checkbox"/> FINAL REPORT REQUEST
9. NAME AND TITLE OF PROJECT DIRECTOR Robert A. Brex, Executive Director	10. SIGNATURE OF PROJECT DIRECTOR	11. DATE OF REPORT January 28, 2005
12. COMMENCE REPORT HERE (Continue narrative on provided page below) <p>The five year report to the community is attached.</p>		
13. CERTIFICATION BY GRANTEE (Official signature)	14. DATE	

OJP FORM 4587/1

REPORT TO THE COMMUNITY

Northeast Communities Against Substance Abuse:

Drug-Free Communities Support Grant

1999 – 2004

Submitted January 31, 2005

SECTION 1.0: COMMUNITY DESCRIPTION

Northeast Connecticut is the region covered by Northeast Communities Against Substance Abuse (NECASA). The region is both suburban and rural with 159,000 people spread across 737.4 square miles. Twenty-one municipalities make up the region with many towns having less than 5,000 inhabitants. The ethnic and racial make-up of the community is approximately 98% Caucasian, with about 40% of the population of the largest town (Windham) identifying as of Hispanic origin. The economic status of the community varies by municipality with some communities above state average, but with approximately one-third of the communities well below the average. In fact, Northeast Connecticut has five of the ten lowest per capita income municipalities in the state. The communities have grown slightly in the five years of the grant based on census data. The small cities have found with their growth additional strain on their school and law enforcement budgets. Just after the end of NECASA's Drug Free Communities Grant, advocacy by NECASA and the Community Leadership Council (Town of Windham) led to the funding of a Drug Intervention Program within the Windham Judicial District (the majority of NECASA's coverage area). NECASA worked during the grant to make changes in many middle school and community curricula, and to change them to evidence based curricula or to programs using evidence based criteria. During the course of the five year grant, NECASA was able for the first time to get local data and share it with the schools and the communities.

SECTION 2.0: COALITION DEVELOPMENT

2.0 NECASA was founded in 1990 and incorporated as a non-profit 501C-3 corporation in June 1990. The organization was founded in response to a report on growing drug problems in the largest town (Windham) and with recognition that the problem was regional and not confined to any one community. The State of Connecticut Alcohol and Drug Abuse Commission (CADAC) initially funded the organization under Regional Action Council legislation. NECASA was the second Regional Action Council formed in the state.

2.1 NECASA is governed by a twenty-one member Board of Directors and by the organization's by-laws. The Board of Directors uses the community coalition model and has representation from all of the required community sectors required by the DFCSF Grant. NECASA's Executive Director was hired in February 1990 and continues to be the administrator of the organization. The program assistant hired in 2000 and funded in part by the DFCSF is continuing to provide office and program support. At present no future changes are seen, but NECASA will continue to look for additional funding opportunities to better serve the region.

2.2 In general, NECASA works with an "octopus" model with the various sector representatives able to serve as an information conduit both from NECASA and to NECASA. When information, feedback, and concerns need to be communicated, NECASA uses the sector representative to relay the information to their sector. An example of this would be in the school sector with the Superintendent of Schools serving on the NECASA Board. She represents the Regional School Superintendent's Association and provides a liaison to the other Superintendents. NECASA also maintains a Prevention Committee with representatives from all twenty-one towns, as well as, an Executive Committee to help with governance and personnel issues. The community sectors were developed and encouraged to join NECASA by stressing a regional and collaborative approach to the issue of substance abuse in the community. By having sector representatives, it allows for communication without every elected official, school,

law enforcement, hospital, treatment and prevention providers, youth and youth serving agency, hospital, university, clergy member, civic organization etc. having to be a direct member of the organization. During the course of the DFCSP grant, partnership arrangements grew especially in the school sector with planning and implementation of local projects. Funding agreements required not only local planning and assessment but also required clear measurement procedures and outcomes. Volunteers are sought within sectors to be part of the overall structure. Volunteers are also encouraged to become part of NECASA's Local Prevention Council Network. NECASA administers monitors and provides technical assistance to ten local prevention councils. NECASA works to ensure that the volunteer is given an opportunity to best make use of their time and expertise. Although NECASA has youth input into its coalition, the organization would like to create a more formal youth advisory structure. Its grant application for DFCSP funding in 2004 addressed this desire and its anticipated application in 2005 will also look to address this need.

2.3 Each year, the State of Connecticut requires NECASA to produce a Prevention Action Plan. The NECASA Board of Directors representing all of the key community sectors vote to accept the plan as presented by the Executive Director. In addition, NECASA does needs assessments, planning and gaps in services reports to the State Department of Mental Health and Addiction Services. An example of decision-making was the advocacy for the Drug Intervention Program in the Windham Judicial District. After determining need and having the additional support of the community task force, NECASA's Board of Directors directed the Executive Director to serve on the subcommittee advocating for the program. As Chair of the subcommittee planning and advocating for the Drug Intervention Program, the Executive Director played an essential role in the development and funding of the project. NECASA is involved with many of the local prevention efforts in the region and funds many of them through the Local Prevention Council Network. It has contracts with the State of Connecticut Department of Mental Health and Addiction services and nationally, its Executive Director serves as a leader/mentor for Community Anti-Drug Coalitions of America (CADCA).

SECTION 3.0: COALITION MISSION, STRATEGIES AND ACHEIVEMENTS

SECTION 3.1: MISSION. The principal mission of Northeast Communities Against Substance Abuse (NECASA) is to prevent substance abuse in the youth population within the twenty-one towns covered by the coalition. The ultimate goal of NECASA is to reduce substance abuse in Northeast Connecticut.

SECTION 3.2: PLANNING PROCESS. NECASA combined an annual needs assessment and gap in service process with the high school survey and middle school pre and post tests which will be further discussed in sections 3.3 – 3.5. In terms of the projects undertaken with the DFCSP grant, high school surveys were completed with a random sample of 9th and 10th grade students from the high school(s) which served the communities to be funded in the particular year. Surveys were administered by NECASA staff, reviewed for consistency and validity and sent to NECASA's Consultant Dr. Christian Connell, an affiliate of the Consultation Center, Yale School of Medicine. Dr. Connell then analyzed the results and produced a report, which included both analysis and recommendations to the community for future efforts. The results were then shared with school administrators, Chief Elected Officials and on request with Boards

of Education. A \$2,000 stipend was then provided for the community to undertake a prevention project using an evidence based curricula (or based on evidence based criteria). NECASA and the school district (or Organization) would complete a funding agreement with short-term, mid-term and long-term measurements (including in many cases pre and post testing at the middle school level). More information in the planning process will be included in the strategies section 3.3.

SECTION 3.3: STRATEGIES. NECASA used five principal strategies over the course of the five year Drug Free Communities Support Grant. These strategies are further delineated in section 3.4 but briefly they were as follows.

Strategy 1: Youth and Community Surveys. In order to establish baseline data which had never been collected on an individual high school level, NECASA determined needs through a use and attitude survey in ten high schools across the twenty-one towns.

Strategy 2: Strategic Planning. Using media to disseminate information to the public as well as community forums and presentations on request. NECASA used the results of the analysis of the community surveys to bring together planning teams in each municipality.

Strategy 3: Prevention and Early Intervention. Through community enhancement stipends NECASA worked with the communities to develop new, or enhance existing programs aimed to reduce the incidence and substance use among youth. The programs had to adhere to science (evidence) based principles and begin over the course of the five years to concentrate more in the middle school level.

Strategy 4: Community Planning Leaders. School officials (Superintendents of Schools, Principals, Social Workers, Guidance Counselors), Elected Officials, and youth serving agencies, when appropriate, would plan the course of action to address the recommendations from the analysis reports. Once a direction was determined individuals would be designated to follow up and develop or follow through a program plan.

Strategy 5: Outcome Assessment. NECASA conducted pre and post test surveys in some middle schools in order to help track program outcomes. NECASA also conducted a follow up 9th and 10th grade use and attitude survey at the E.O Smith High School, the first high school originally surveyed in 2000. Further details on the outcomes are available in section 3.4.

NECASA concentrated on the school sector, in its grant, while all other sectors of the coalition such as media and Chief Elected Officials played a tangential role. The school sector was clearly enhanced by the changes in curricula and in the establishment or enhancement of programs. Long-term impacts were realized through the curricula changes.

SECTION 3.4: OUTCOMES, ACHIEVEMENTS, AND EVALUATIONS

Strategy 1: Youth and Community Surveys

NECASA received funding from the OJJDP’s Drug-Free Communities Support Program (DFCSP) beginning in 1999. An early goal of the NECASA Coalition was to raise awareness of the level of substance use (including alcohol, tobacco, marijuana, and other drugs) among young people within the 21-town region served by NECASA, and to identify risk and protective factors associated with use. To accomplish this goal, NECASA developed and implemented a needs assessment process involving the 10 public (non-technical) high schools serving the region. A survey was adapted from the Connecticut Governor’s Prevention Initiative for Youth’s *Youth and Program Survey* developed by faculty from the University of Connecticut. In addition to basic demographic data and information on lifetime history substance use and frequency of use in the past 30 days, the survey also asked a range of questions regarding risk and protective factors associated with substance use across the individual, peer, family, school, and community domains. Questions were also asked regarding participation in specific drug and alcohol use prevention activities, negative consequences experienced from drug and alcohol use, and exposure to public media alcohol and drug use prevention campaigns.

School-based administrations of the survey were implemented during years 1-4 of the project grant (see Table 1 for summary of individual survey administrations). The final survey sample consisted of a random selection of 9th and 10th grade classrooms, with 1,239 students completing the survey for the baseline needs assessment. Participating schools each received a report providing information on levels of current and past substance use among students, potential risk and protective factors associated with levels of use, and summarizing a number of conclusions based upon survey data. Results were also disseminated to the broader community and media outlets, and have been used to support local community efforts to prevent substance use among youth. A regional composite was also created to provide a more complete picture of risk and protective processes associated with substance use among young people within the region. Results from this regional composite are summarized below.

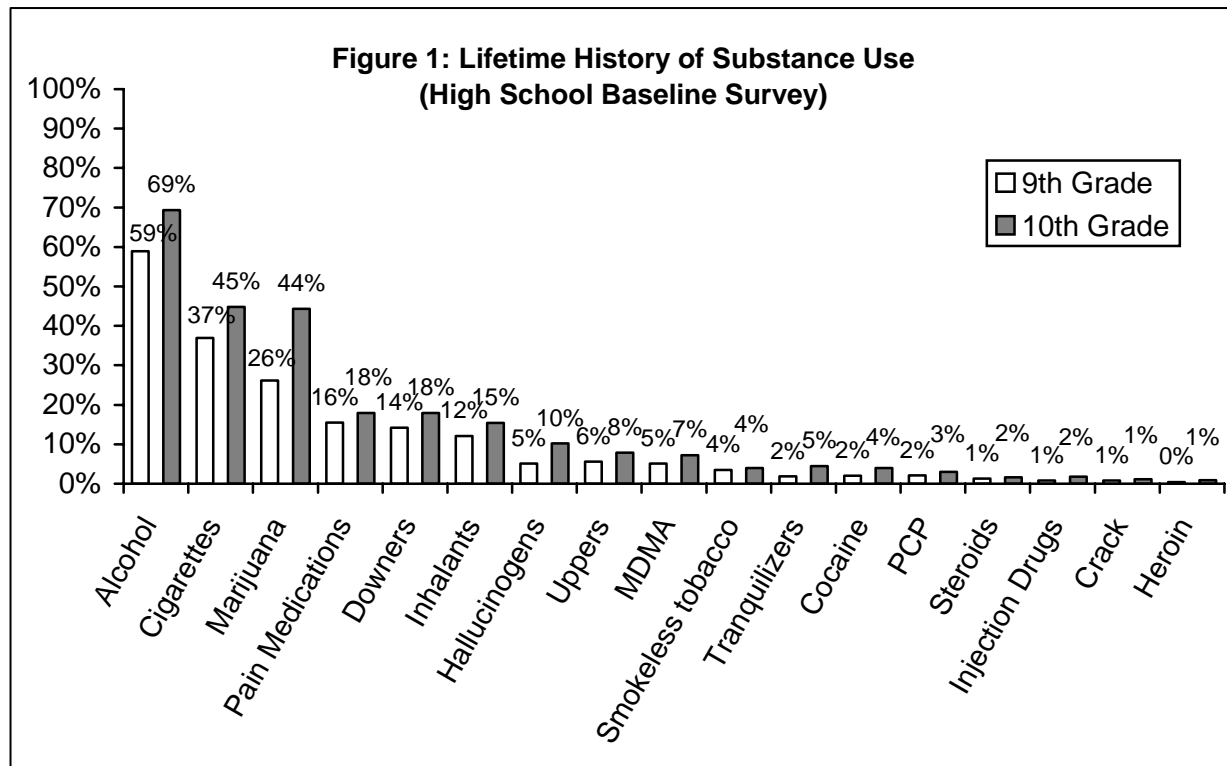
Table 1. High School Baseline Survey Details

School	Date	Sample
E.O. Smith High School	Apr. 2000	122
Lyman Memorial High School	Dec. 2000	152
Killingly High School	Dec. 2000 / Feb. 2001	125
Coventry High School	Feb. 2001	107
Parish Hill High School	Nov. 2001	94
Windham High School	Feb. 2002	139
Plainfield High School	Nov. 2002	70
Putnam High School	Nov. 2002	155
Woodstock Academy	Dec. 2002	102
Tourtellotte High School	Nov. 2003	173

Rates of Substance Use. The lifetime history of use for alcohol was higher than that of other substances – 59% of 9th grade students and 69% of 10th grade students indicated they had tried alcohol in the past (see Figure 1). Lifetime history of cigarettes (37% of 9th grade, 45% of 10th grade) and marijuana (26% of 9th grade, 44% of 10th grade) were also relatively high across the region. Use of other illicit substances was less common, though still present in schools throughout the region. Age 12 appears to be a critical

age for initiation of substance use. Across all substances there is a large jump in initiation between ages 12 and 13. At 13 years of age: 38% of youth have tried alcohol, 32% of youth have tried cigarettes, 19% of youth have been intoxicated, and 18% of youth have tried marijuana.

Reported frequency of use for alcohol, tobacco, and marijuana during the past 30 days indicated that a majority of students did not report frequent use, though a small group of students were engaging in higher levels of use (See Table 2).



**Table 2: Frequency of Substance Use – Past 30 days
(High School Baseline Survey)**

	Alcohol		Tobacco		Marijuana	
	9 th Grade	10 th Grade	9 th Grade	10 th Grade	9 th Grade	10 th Grade
No use	69%	57%	83%	78%	84%	70%
1 time	10%	11%	3%	4%	5%	6%
2 times	8%	12%	2%	2%	2%	4%
3-5 times	6%	12%	2%	2%	3%	6%
6-10 times	4%	5%	2%	3%	1%	4%
11-20 times	2%	3%	1%	2%	1%	3%
21-28 times	0%	0%	1%	2%	2%	3%
Daily use	0%	1%	5%	7%	2%	4%

Risk and Protective Factors for Substance Use. Analysis of risk and protective factors for history and level of current alcohol, tobacco, and marijuana use indicated a range of individual, peer, family, school, and community influences:

- At the individual level, access to alcohol or tobacco was strongly associated with history and frequency of use for alcohol, tobacco, and marijuana. Positive attitudes toward use were associated with greater likelihood of use, while higher levels of antisocial behavior predicted history and frequency of tobacco and marijuana use. Youth report of social support had a small negative relationship with level of use for marijuana.
- At the family-level, effective parental management, positive attachment to parents, and negative parental attitudes toward substance use were each associated with decreased history and frequency of use; while parental use of alcohol and tobacco was associated with higher rates of alcohol use, and parental use of tobacco was associated with higher rates of tobacco and marijuana use.
- Peer substance use and attitudes condoning such use were associated with history and frequency of alcohol, tobacco, and marijuana use. Peer antisocial behavior was also associated with frequency of tobacco and marijuana use.
- Academic performance and higher attendance were protective factors for history and frequency of substance use, while spending time on homework was also protective for alcohol and marijuana use. A positive attitude toward school and a perception of school as a safe place were associated with lower frequencies of substance use.
- At the community-level, perceived higher levels of substance availability and community drug use were associated with greater history and frequency of substance use among students. Increased exposure to alcohol and tobacco advertising and lower levels of community cohesiveness were risk factors for tobacco and marijuana use.
- In general, school and community factors were less strong predictors of substance use than individual, family, and peer factors.

A number of conclusions follow from the results obtained through the regional needs assessment survey:

- Conclusion 1: There exists a need for expanded substance abuse prevention programming targeted at an early age (i.e., elementary and middle school) and continuing through high school.
- Conclusion 2: Adolescent ATOD use occurs within a social context in which parents and peers play an important role.
- Conclusion 3: Adolescent ATOD use occurs within a context of other risk behaviors that should be addressed within prevention activities.
- Conclusion 4: Youth attitudes, beliefs, and perceptions about ATOD use are important to understand and must be addressed within prevention programming.
- Conclusion 5: Use of a risk and protective factor model is helpful in conceptualizing the problem of adolescent ATOD use and how to best intervene.

Achievements/Results of Strategy. NECASA was successful at implementing a data collection system across participating regional high schools to assess for levels of substance use and associated risk and protective factors. This process was replicated and expanded in additional high schools over the first four years of the grant. Results of the needs assessment were successfully disseminated to participating schools and community/media outlets, and were also compiled into a regional summary of substance use risk and protective factors.

Strategy 2: Strategic Planning

Following the collection of baseline substance use and risk/protective factor data, reports were prepared and disseminated to participating schools and boards of education, upon request. Information was also disseminated to relevant media outlets (e.g., local papers, radio stations, and community mailers). A community forum was organized at E.O. Smith High School following the first baseline survey report to discuss findings and implications for school-based prevention. NECASA provided technical assistance to schools and communities to develop project proposals that addressed survey findings and adopted evidence-based curricular approach (or were based upon evidence-based principles). Based upon survey results indicating an increase in likelihood of initiating substance use between the ages of 12 and 14, technical assistance efforts focused primarily on the development of proposals targeting middle school student populations. Media coverage included articles in Newspapers, radio interviews and television coverage. Press Releases will be included in section 5.0

Strategy 3: Prevention and Early Intervention

Regional needs assessment data indicated that a significant portion of children began to initiate alcohol, tobacco, and marijuana use in early adolescence, prior to high school entry. NECASA instituted the *Community Enhancement Project* to address risk and protective factors associated with experimentation and use of ATOD substances during middle school. A total of 21 small grants (in the form of \$2,000 stipends) were made available within each of the 21 communities throughout the region to develop new, or enhance existing, programs that aim to reduce the incidence of substance use among youth. These programs must adhere to principles of science-based prevention (e.g., based on theories of substance use etiology, incorporating strategies demonstrated to be effective at preventing substance use onset or reducing level of use among youth). Table 3 summarizes information from the 21 programs receiving stipends during the course of the grant period. These programs targeted a range of individual, peer, family, school, and community risk and protective factors, and served a significant number of (primarily) middle school students.

The 21 communities throughout the region are divided into five separate school districts. NECASA employed a phased approach toward working with school districts during the grant period, providing one-year *Community Enhancement Stipends* to towns with appropriate project proposals, as detailed below:

- District 1 (funded in Years 1 and 5) includes *Mansfield, Union, Ashford, and Willington*;
- District 2 (funded in Year 2) includes *Killingly, Brooklyn, Coventry, and Lebanon*;
- District 3 (funded in Year 3) includes *Windham, Columbia, Chaplin, Hampton, and Scotland*;
- District 4 (funded in Year 4) includes *Plainfield, Sterling, Canterbury, and Thompson*;
- District 5 (funded in Year 4) includes *Putnam, Pomfret, Eastford, and Woodstock*.

NORTHEAST COMMUNITIES AGAINST SUBSTANCE ABUSE (NECASA) PROJECTS FUNDED BY FEDERAL DRUG-FREE COMMUNITIES SUPPORT PROGRAM (DFCSP)

TOWN & NECASA DISTRICT	SCHOOL & SURVEY DATE	FUNDING AGREEMENT SIGNED	PROGRAM DESCRIPTION	SAMSHA MODEL PROGRAM	START DATE	TARGET POPULATION	NUMBER TO BE SERVED	PROGRAM ACTIVITIES	RISK & PROTECTIVE FACTORS TARGETED* [see attached lists]
Ashford (District 1)	E. O. Smith High School April 2000	September 2000	<i>Teen Voice</i> school newsletter written by students for parents re: relevant local youth issues & projects	No	Spring 2001	Middle school youth & parents	Approx. 15-20 youth per year; + 150 parents	Adult mentoring; skill-building; structured activities; school & town youth services bureau collaborative project	9, 12, 14, 20, 29, 31, 36, 37, 40, 42, 43, 44, 45, 47, 48, 49, 51, 53, 55, 56, 57, 64, 65, 66, 67, 68, 70, 71, 72, 73
Mansfield (District 1)	E. O. Smith High School April 2000	September 2000	After-school video community service project: <i>Smoke Free Is The Way To Be</i>	No	November 2000	Middle school youth; parents and community-at-large re: community ed & public awareness of issue	37 7 th & 8 th grade students; 1000+ community-at-large	Collaborative project w/ school, town youth services bureau & non-use peer group seeking legislation against smoking	3, 4, 5, 9, 12, 22, 28, 31, 34, 36, 37, 42, 43, 44, 45, 47, 48, 50, 51, 55, 56, 57, 59, 67, 68, 70, 72, 73
Wilmington (District 1)	E. O. Smith High School April 2000	September 2000	Summer Youth Camp w/ <i>Here's Looking at You</i> Program	No	Summer 2001	PreK - 6 th graders; junior counselors are 7 th & 8 th grade at-risk students	30-40	Adult mentoring & cross-age teaching; social skills building; substance abuse awareness education	1, 4, 6, 10, 12, 37, 41, 42, 43, 44, 47, 48, 49, 50, 68, 70, 71
Union (District 1)	Not Applicable	September 2000	Union Scouts Program [not affiliated w/BSA or GSA]	No	October 2000	Middle school youth	22	Adult mentoring; outdoor adventure activities; field trips; community service	2, 12, 13, 20, 21, 29, 31, 36, 37, 38, 39, 40, 41, 42, 43, 46, 47, 48, 49, 50, 58, 65, 67, 68, 69, 70, 71, 72
Coventry (District 2)	Coventry High School February 2001	November 2001	<i>Anti-Drug Hobby Prevention Program</i>	No	Fall 2001	Middle school youth	47	Adult mentoring; skill-building; structured activities; cooperative learning; alternative activities	1, 2, 3, 6, 9, 10, 12, 14, 37, 38, 39, 40, 41, 42, 43, 44, 47, 48, 49, 58, 67, 68, 69, 70, 71
Killingly (District 2)	Killingly H.S. Dec. 2000 & February 2001	June 2002	All Stars Program	Yes	January 2003	Middle school youth in a comprehensive community-based prevention program	26	Group activities; worksheets; art activities; group discussions; games; video-taping	6, 10, 11, 12, 40, 45, 46, 47, 50, 51, 53, 54, 56, 60, 61, 62, 63, 66, 69, 70

TOWN & NECASA DISTRICT	SCHOOL SURVEY DATE	FUNDING AGREEMENT SIGNED	PROGRAM DESCRIPTION	SAMSHA MODEL PROGRAM	START DATE	TARGET POPULATION	NUMBER TO BE SERVED	PROGRAM ACTIVITIES	RISK & PROTECTIVE FACTORS TARGETED* [see attached lists]
Brooklyn (District 2)	Killingly H.S. Dec. 2000 & February 2001	February 2002	After-school <i>Computer Lab Project</i> in a community center	No	Summer 2003	Middle school youth living in low-income housing apartments	12-15	Skill-building; adult mentoring; structured games & activities; ATOD education	2, 3, 4, 9, 10, 12, 15, 28, 31, 32, 37, 39, 40, 42, 43, 47, 49, 65, 67, 68, 69, 70, 71, 72
Lebanon (District 2)	Lyman High School December 2000	March 2002	After-school activities/ clubs (woodworking, beading) homework help & peer ed program	No	September 2002	Middle school youth	67	Homework help, skill-building activities, decision-making and communication skills, mediation training	2, 3, 10, 12, 15, 31, 37, 41, 42, 47, 48, 50, 51, 52, 53, 55
Chaplin, Hampton & Scotland (District 3)	Parish Hill High School November 2001	June 2002	<i>LifeSkills Training</i>	Yes	September 2002	Middle school youth (all 7 th grade students from 3 towns)	68	Classroom sessions using lecture, discussion, coaching and practice for skill-building development	3, 9, 37, 39, 41, 42, 48, 49, 51, 52, 55, 57, 61, 65, 66, 71
Windham & Columbia (District 3)	Windham High School February 2002	January 2003	1. <i>Master Mentor Prg.</i> 2. Summer Orientation Program for at-risk students 3. Health Ed alignment	No	August 2003	New high school students; all middle school students from both school districts	#1. & 2: 60 □ 65 students #3: 1,320 students	Cross-age mentoring; orientation & ongoing support for high-risk students transitioning from middle schools to high school	1, 4, 5, 6, 7, 8, 9, 10, 12, 14, 15, 32, 34, 38, 39, 40, 42, 43, 44, 47, 49, 50, 51, 53, 54, 55, 57, 71, 73
Plainfield (District 4)	Plainfield High School November 2002	July 2003	<i>Partners for Success: academic assistance/ mentoring program</i>	No	September 2003	6 th , 7 th and 8 th grade students at-risk academically	35-40	Homework help in one-on-one or small groups, adult & cross-age student mentoring, skill-building activities	3, 4, 7, 15, 20, 29, 32, 33, 39, 40, 45, 47, 49, 50, 51, 52, 53, 55, 56, 57, 64, 68, 70

Putnam (District 5)	Putnam High School November 2002	June 2003	<i>LifeSkills Training</i>	Yes	September 2003	Middle school youth (all 6 th grade students)	Approx. 75	Teach interpersonal and communication skills; enhance self-esteem; develop resistance skills	3, 9, 37, 39, 41, 42, 48, 49, 51, 52, 55, 57, 61, 65, 66, 71
TOWN & NECASA DISTRICT	SCHOOL & SURVEY DATE	FUNDING AGREEMENT SIGNED	PROGRAM DESCRIPTION	SAMSHA MODEL PROGRAM	START DATE	TARGET POPULATION	NUMBER TO BE SERVED	PROGRAM ACTIVITIES	RISK & PROTECTIVE FACTORS TARGETED* [see attached lists]
Eastford (District 5)	Woodstock Academy December 2002	July 2003	1. <i>Summer Program</i> for at-risk students; 2. <i>Student Assistance Team</i>	No	July (Summer Program) & September 2003	Middle school youth	#1. 4 #2. 50	Adult role models; interpersonal and decision-making skills; academic support; service-learning; work/study	1, 2, 13,14, 15, 31, 37, 39, 40, 41, 42, 51, 52, 53, 55, 57, 68, 70, 71
Woodstock (District 5)	Woodstock Academy December 2002	August 2003	<i>Project Alert</i> - Prevention & Education for Early Resistance of Substance Use (PEERS)	Yes	September 2003	Middle school (5 th , 6 th , 7 th & 8 th grade) students, their parents & teachers	Approx. 450 students; + parents & teachers	Enhance life skills; provide ATID info; increase parental knowledge & skills	1, 3, 4, 5, 8, 9, 10, 18, 25, 28, 37, 38, 39, 40, 41, 42, 44, 45, 50, 51, 53, 54, 55, 61, 71
Canterbury (District 4)	Woodstock Academy December 2002	August 2003	<i>Responding in Peaceful and Positive Ways (RIPP)</i>	Yes	October 2003	Middle school (6 th , 7 th & 8 th grade students)	Approx. 200	Team building activities, social/cognitive problem-solving, small group work, relaxation techniques, role plays, peer mediation	1, 5, 7, 10, 14, 15, 18, 37, 38, 39, 41, 42, 47, 48, 49, 51, 53, 54, 55, 70
Pomfret (District 5)	Woodstock Academy December 2002	September 2003	<i>PASS (Pomfret After School Study)</i> & 7 th & 8 th grade Health Education classes	No	September 2003	Middle school: academically at-risk students (PASS); all 7 th & 8 th grade students (Health Ed)	Approx. 150	Individual & small groups, academic assistance, guided discussions, social skills development	3, 4, 7, 8, 12, 13, 15, 29, 31, 39, 40, 41, 42, 43, 45, 51, 52, 53, 55, 57
Thompson (District 4)	Tourtellotte High School	September 2004	1. Program Development for Drug	No	October 2004	Middle school students and parents; possibly also	480 students & their	Task force of students & faculty to research science-	1, 4, 5, 12, 14, 16, 18, 20, 21, 28, 31, 33, 39, 40, 41, 50, 52, 54, 56,

	November 2003		Prevention/Health Education 2. Presentation by <input type="checkbox"/> <i>From the Frontlines</i> <input type="checkbox"/> for students & parents			involving 9 th graders as mentors & 4 th graders for mentoring	parents; middle school staff	based programs to select one to implement at the middle school	63
TOWN & NECASA DISTRICT	SCHOOL & SURVEY DATE	FUNDING AGREEMENT SIGNED	PROGRAM DESCRIPTION	SAMSHA MODEL PROGRAM	START DATE	TARGET POPULATION	NUMBER TO BE SERVED	PROGRAM ACTIVITIES	RISK & PROTECTIVE FACTORS TARGETED* [see attached lists]
Union (District 1)	Not Applicable	August 2004	<i>Growing Healthy:</i> science-based prevention program used as curriculum for Health & integrated into Science	Yes	September 2004	All students in Union School District as well as the teaching staff	Approx. 55 youth (students in grades K-8) + 4 teachers	Decision-making & skill-building activities; improve interpersonal competencies; opportunities for success	4, 9, 29, 31, 37, 39, 41, 42, 44, 54
Ashford (District 1)	E. O. Smith Follow-up Survey February 2004	September 2004	<i>W.I.N.G.S. program (Winning Innovations for Nurturing Growth in Students)</i> <input type="checkbox"/> part of the school-wide Health curriculum	No	September 2004	All students enrolled at Ashford School	Approx. 270 students in grades 1-8	Teaching/reinforcing life skills; communication of clear social norms; safe & healthy alternatives	4, 6, 10, 12, 13, 16, 28, 31, 37, 39, 41, 46, 48, 50, 52, 53, 54, 56, 69
Mansfield (District 1)	E. O. Smith Follow-up Survey February 2004	September 2004	<i>Supporting Individual Academic Progress Beyond the Traditional School Year</i> project at Mansfield Middle School	No	January 2005	Students who score at the Below Basic, Basic & Proficient levels who need additional support to meet CMT objectives	12-20 middle school students	Skills development; improved study habits; remediation and support; motivational activities	8, 14, 15, 37, 39, 40, 41, 50, 51, 52, 56
Willington (District 1)	E. O. Smith Follow-up Survey February 2004	September 2004	Hall Memorial School 4 th and 5 th Grade After School Activities Project	No	November 2004	4 th and 5 th grade students at Hall Memorial School	Approx. 100+	Constructive activities during after-school hours; positive peer interactions in non-academic setting; skill development	4, 10, 14, 31, 37, 38, 43, 52, 54, 56, 68

PLEASE NOTE: The Risk & Protective Factors listed for the Substance Abuse and Mental Health Services Administration (SAMHSA) model programs (*All Stars*, *LifeSkills*, *Project Alert* and *Responding in Peaceful and Positive Ways*) were extrapolated from SAMHSA's publication, Science-Based Prevention Programs and Principles, 2002. Risk & Protective Factors for all other programs and projects were established by a review of each program proposal/grant application's goals and objectives, activities and services (to be) provided, progress reports, and process and/or outcome evaluations.

8/18/03; revised 10/23/03 & 10/18/04

VARIOUS RISK FACTORS TARGETED IN NECASA PROGRAMS*

[*funded by the federal Drug-Free Communities Support Program grant]

Individual

1. Early antisocial behavior; identified behavior problems; early initiation of use
2. Lack of healthy adult role models
3. Lack of self-discipline; lack of self control and assertiveness
4. Poor decision-making and problem-solving skills; inadequate life skills & peer refusal skills
5. Favorable attitudes toward use; intention to use in the future; belief in substance use myths
6. Negative peer pressure; association with antisocial peers
7. Lack of commitment to core societal values; unconventional beliefs or attitudes; high sensation-seeking behaviors; deviant self-image
8. Anxiety and depression; low self-esteem; poor sense of self-efficacy

Peer

9. Pro-drug influences
10. Friends who engage in problem behaviors; peers who reject mainstream activities
11. Peers providing alcohol
12. Susceptibility to negative peer pressure; strong external locus of control
13. Lack of parental supervision of peer activities

School

14. Lack of bonding with teachers/school; low sense of community in school; poor student morale
15. School failure; poor school performance; grade retention; truancy; chronic tardiness
16. Ambiguous, lax, or inconsistent rules and sanctions for student behavior
17. Harsh, arbitrary, or disproportionate student management practices
18. High levels of drug use; low norms against use
19. Weapons or substance possession
20. Lack of family involvement in schooling
21. Lack of teacher warmth, positive role modeling and reinforcement
22. Favorable staff and student attitudes toward alcohol use

Family

23. Substance-abusing parents and siblings
24. Incarcerated family members
25. Little positive interaction between parents and children
26. Parent-child conflict
27. Conflict among parent figures
28. Ambiguous, lax, or inconsistent rules regarding use; poor family management
29. Family isolation
30. In-home alcohol access to minors

Community

31. Inadequate youth services and opportunity for youth involvement in community
32. Living in communities with high incidence of drug-related crime and pro-use norms
33. Easy availability of and access to alcohol
34. Normative support of alcohol consumption by underage youth
35. Poor enforcement of alcohol laws and regulations
36. Little media coverage of community efforts to combat problem drinking and associated outcomes; pro-alcohol use messages in the media

VARIOUS PROTECTIVE FACTORS TARGETED IN NECASA PROGRAMS*

[*funded by the federal Drug-Free Communities Support Program grant]

Individual

37. Social and emotional competence and cooperation; positive sense of self-efficacy
38. Responsiveness, empathy, and inclination toward pro-social behavior
39. Decision-making and goal-setting skills; self-monitoring, self-reinforcement
40. Motivation to pursue goals; understanding the importance of health in achieving life goals
41. Personal control, stress, and mood management skills; peer resistance and assertiveness skills; communication, social and negotiating skills
42. Unfavorable attitudes toward alcohol, tobacco, and illegal drug use
43. Accurate perception of peer norms
44. Intentions to avoid alcohol, tobacco, and illegal drug use
45. Belief in society's values

Peer

46. Pro-social friends; association with peers involved in activities not involving alcohol
47. Effective communication
48. Quality peer relations
49. Responsible behavior modeled by peer group or peer leader

School

50. Bonding with the teachers/school; sense of community in classroom
51. Academic achievement; high academic achievement expectations
52. Positive classroom and school climate; school network support
53. Clear standards and rules for appropriate behavior
54. School engagement; facilitating pro-social activities; school commitment to not allowing substance use
55. Inviting attitude toward parents; sustained parental involvement
56. Youth participation, involvement, and responsibility in school tasks

Family

57. Presence of a significant adult
58. Unfavorable parental attitudes toward alcohol, tobacco, and illegal drug use
59. Family organization; effective family management practices

60. Frequent and consistent communication; clear and consistent parental expectations
61. Parent-child attachment; strong parental guidance
62. High parental expectations
63. Parental involvement in homework and school-related activities
64. Increased parental support of social/personal skills development
65. Strong positive family relationship characteristics
66. Involvement with supportive others outside the family

Community

67. Caring and support from community
68. Protection of children from neighborhood risks
69. Opportunities for youth to participate in community activities
70. Resistance to pro-use messages
71. Discourage mass media promotion of alcohol, tobacco and other drugs
72. Resistance to negative stereotyping

Programs provided information on progress toward short-, medium-, and long-range goals during their operation. Four programs were funded in District 1 during Year 1 and Year 5.

- In Year 1, the Town of Ashford received a *Community Enhancement Stipend* to produce “Teen Voice” a school newsletter published periodically by 6th-8th grade students and adult mentors to increase awareness of important issues facing youth (e.g., alcohol and drug use, school violence, and recreational activities) and to increase communication about these issues between youth and adults. Those involved in this activity have included the school superintendent, principal, various teachers and parents, the director of the Ashford Youth Service Bureau, the director of the Ashford Recreation Center, and a number of middle school students. A core group of 15-20 middle school students and their adult advisors published a total of three issues throughout the school year. Approximately 125-150 copies of each issue were distributed to middle school parents and staff. This project continued after Year 1 and is currently in its 5th year of production.

In Year 5, Ashford received funding to purchase and implement a school-wide health curriculum (Winning Innovations for Nurturing Growth in Students; WINGS) for approximately 270 students in grades 1-8. Data for this program is currently being collected.

- In Year 1, Mansfield received a *Community Enhancement Stipend* to produce a video by 10 middle school students addressing the dangers of smoking to be shown to all middle school classrooms and made available to faculty and parents of high-risk youth. Short-term program goals included identification and selection of student participants and completion of pre-test survey instrument. Medium and long-term goals included attendance at planning meetings, completion of project, and completion of post-test survey instrument. A total of 37 7th and 8th grade students were involved in 10 planning meetings. The video “Smoke Free Starts in Your Community” was shown to approximately 600 middle school students and other individuals. Unfortunately, pre- and post-test measurements were not able to be collected among participants.

In Year 5, Mansfield received a *Community Enhancement Stipend* to provide academic support and academic skills development to 12-20 middle school students scoring in the below basic to proficient levels on the Connecticut Mastery Test. Data for this program is currently being collected.

- In Year 1, Willington Public Schools received a *Community Enhancement Stipend* to expand a successful summer camp program and use college interns to increase the counselor-to-child ratio for the camp. In addition, materials related to self-esteem, drug prevention, and violence prevention were incorporated into the camp curriculum. A total of six (6) junior counselors were trained for the summer camp program. The summer program was attended by 48 youth from the elementary and middle school levels.

In Year 5, Willington received funding to provide positive after school activities and skills development to over 100 4th and 5th grade students. Data for this program is currently being collected.

- In Year 1, Union received a *Community Enhancement Stipend* to provide recreational and camping activities to a co-educational scouting program serving 22 middle school youth. This program included opportunities for involvement in a community service project and provided adult mentoring and cooperative learning opportunities, as well. Between 5-10 youth and 1-5 parents participated in each of the five community service opportunities during Year 1 of the program. In addition, parents and youth attended a “family fun” activity, planning meeting, and field trip during the course of the year. The program continued operating throughout the grant period.

In Year 5, Union received funding to purchase the SAMSHA Model Program “Growing Healthy” and train 4 teachers to implement the program as part of the school-based health curriculum serving over 50 children in grades K-8. Data for this program is currently being collected.

Four programs received funding in District 2 during Year 2 of the grant period:

- The town of Coventry received a *Community Enhancement Stipend* to implement an “Anti-Drug Hobby Prevention Program” to provide adult mentoring, skills development, and cooperative, structured activity time to approximately 50 middle school youth. Forty-two children participated in a kickboxing program and four enrolled in and completed a scrapbook club. Anecdotal evidence from the program director indicates that students enjoyed their participation, with several students (7) continuing to enroll in kickboxing at the end of the program.

- Killingly Public Schools received a *Community Enhancement Stipend* to implement the “All Stars Program”, a SAMSHA Model Program for 26 middle school youth. Approximately 85% of students completed the program, consisting of 25 sessions over a 12-week period. Attendance averaged approximately 19 sessions (75%) with a range in attendance of 6-24 sessions. Pre- and Post-test data was collected for youth participating in the program related to substance use, perceived peer use, and attitudes toward use. Results indicate that participants generally continued to abstain from alcohol, tobacco, and marijuana use and hold negative perceptions of use.

- The Town of Brooklyn received a *Community Enhancement Stipend* to implement a summer computer class project at the East Brooklyn Community Center Computer Lab to provide programming to approximately 12-15 middle school youth from a low-income housing unit. Six computers were donated by General Electric and installed by a local community college; 11 youth between the ages of 8 and 13 participated in the computer instruction that concentrated on activities and educational experiences with an anti-drug emphasis. Although no evaluation instruments were collected due to the small sample, the program was well received by the community. NECASA was informed by the 1st selectman of the Town of Brooklyn that the East Brooklyn Community Center received \$5,000 from the town budget to continue operating the program during the school year

- Lebanon Public Schools received a *Community Enhancement Stipend* to provide and after school transportation services to extra-curricular activities (including a beading club, woodworking club, and homework club). The funds were also used to partially fund a peer

mediation program for middle school students. The bussing service was provided for a 10-week period in the fall and 10-week period in the spring, and was used by an average of 15 students per day in the fall and 20-25 students in the spring. Post-test assessment indicated that students generally felt the bus provided a good opportunity to spend time with friends after school, but was not particularly helpful as a way to make new friends.

Homework club met twice a week for 10 weeks in the fall and 10 weeks in the spring. Approximately 18 students participated in the homework club with an additional waitlist of 28 students. Post-test assessments of the after school programming revealed that students had a very positive opinion of the homework club (80% of participants indicated that they strongly felt the club helped them complete their homework, 55% strongly felt it improved their understanding of how to do homework, and 90% agreed or strongly agreed that it gave them something to do after school).

Beading and Woodworking clubs met once per week (there were two separate beading clubs established). Views of these two activities indicated that participants felt these activities were very positive ways to spend time with friends and provide “something to do” after school, though not a good way to meet new peers.

Finally, 11 8th grade students received training and provided peer mediation services to the broader middle school population (411 students). Peer mediators met 2-3 times a month. No data was provided on the number of mediations performed or participants’ views about the program.

Three schools in District 3 received funding during Years 2 and 3 of the grant:

- Parish Hill Middle School (serving the towns of Chaplin, Hampton, and Scotland) received a combined *Community Enhancement Stipend* in the amount of \$6,000 to alter their substance abuse prevention curriculum at the junior high school level and adopt the “LifeSkills Training Program”, a SAMSHA Model Program. Funding provided for curriculum purchase and teacher training. Eight faculty received training in the program. A total of 78 7th grade students participated in the program during its pilot year – plans to implement the program among 8th grade students were not carried out during its first year, though the school indicated a plan to initiate its use in subsequent years.

Pre- and post-tests assessments were carried out among participants to assess social skills (using the Social Skills Rating System; Gresham and Elliott) and attitudes toward drug and alcohol use. Pre-test Social Skills Ratings fell in the average range (standard score 105). The number of students reporting they had used tobacco or marijuana was low, though rates for alcohol use were higher. Frequency of use (past 30 days) was generally quite low across the three substances. A total of 68 participants also completed post-test surveys. Social skills ratings decreased significantly (Standard Score: 88; Low Average to Average Range). Frequency of current use remained quite low, though there were differences in the rates of students who had used each substance.

- The Town of Windham Board of Education received a combined *Community Enhancement Stipend* of \$4,000 to accomplish three objectives including: the alignment of the Health

Education programs at two middle schools serving the townships of Windham and Columbia, the expansion of a “Master Mentor” program at the high school level and inclusion of middle school students preparing to enter high school in the program, and development of a summer orientation program for “at risk” students preparing to enter high school. A total of 15 high school students were trained to provide mentoring services to 30 identified middle school students (15 from each middle school). Students in Windham Middle School met with high school mentors on a weekly basis, while students at the Porter Middle School met with mentors on a monthly basis. Pre-test assessments indicated moderate awareness of issues related to substance use. Impact on school attendance and discipline was slight to moderate. Each middle school group successfully completed production of a video related to substance use (one related to marijuana use and the other to drinking and driving).

Seven schools in Districts 4 and 5 received funding during Year 4 of the grant:

- Plainfield Central School received a *Community Enhancement Stipend* to implement the “Partners for Success” program, a structure after-school program to provide academic support, skills development, and homework assistance to middle school students by volunteers from the high school and community. A total of 70 middle school students participated in the program throughout the year, though attendance varied dramatically with participants entering and exiting the program throughout the year. The program held approximately 110 after-school sessions during the course of the school year. Pre- and post-test surveys of substance use and associated risk/protective factors were administered (see Strategy 5).

- Putnam Public Schools received a *Community Enhancement Stipend* to purchase and implement the LifeSkills Training Program (a SAMSHA Model Program) for 6th grade middle school students. A total of 63 students enrolled in the program in either the fall or spring semesters. The program included 14 units comprised of 2-3 sessions each. Pre- and post-test surveys of substance use and associated

risk/protective factors were administered (see strategy 5). Results indicated that there was minimal involvement in alcohol, tobacco, or marijuana use at baseline – with little, if any, change at post-test. Attitudes toward use also remained generally unfavorable. The school indicated plans to provide booster sessions to 7th and 8th grade students in subsequent years.

- Eastford Elementary School received a *Community Enhancement Stipend* to expand the school’s existing early intervention program to include a Student Assistance Team (S.A.T.). The S.A.T. worked to provide adult mentors from the community for middle school students, monitor academic progress among at-risk youth, encourage staff to make referrals for students with behavioral problems, and participate in professional development activities to improve sustained support for students. The school noted that referrals to the existing program shifted from those primarily involving elementary school students requiring special education evaluations to middle school students presenting a broader range of risks. A total of 30 S.A.T. sessions were held throughout the year. Staff also noted the important influence of mentoring on the Eastford program – a total of 8 students received mentoring services throughout the year. Four students also participated in a weeklong summer program and reported having very positive experiences. Pre- and post-test surveys of substance use and associated risk/protective factors were administered (see Strategy 5). Although substance use questions were excluded from the survey,

attitudinal questions demonstrated that students continued to hold negative attitudes toward substance use.

- Woodstock Middle School received a *Community Enhancement Stipend* to adapt the Project Alert curriculum (a SAMSHA Model Program). Funding supported staff development time and completion of an online training program, as well as a presentation to parents and teaching staff. The resulting program Project PEERS (Prevention & Education for Early Resistance of Substance Use) was to be offered to all students in grades 5-8 as part of the health/life skills curriculum for the school (approximately 450 students). Each grade completed a 16-unit course addressing issues related to substance use, adapted to the needs of each grade-level. A total of 250 parents and teachers attended a 2-hour presentation (“From the Frontlines”) devoted to issues of substance use awareness and parenting strategies for increasing youth resilience to substance use pressures. Pre- and post-test surveys of substance use and associated risk/protective factors were administered to participating 6th and 8th grade classrooms (see Strategy 5). No significant increase in substance use was observed among 6th grade respondents, though there was a significant increase in students who had used tobacco among 8th grade respondents and a trend-level increase in students who had used marijuana. In addition, frequency of alcohol use in the past 30 days increased slightly among 8th grade respondents, while 6th grade frequency of use remained low.
- Canterbury Public Schools received a *Community Enhancement Stipend* to purchase the SAMSHA model program ‘Responding in Peaceful and Positive Ways (RIPP)’ a substance use and violence prevention program. The curriculum materials were purchased, and teachers received training to implement the program at the middle school level. A total of 275 students (5th grade: 64, 6th grade: 64, 7th grade: 71, and 8th grade: 76) participated in the program over the course of the school year. Pre- and post-test surveys of substance use and associated risk/protective factors were administered to participating 6th-8th grade classrooms (see Strategy 5). There was a significant increase in the number of youth who had used tobacco and marijuana, and a trend-level increase in those who had used alcohol at post-test. In addition, frequency of use in the past 30 days increased slightly for tobacco and marijuana usage, with a trend-level increase in alcohol use. Follow-up analyses indicated that the increase in frequency of marijuana use was limited to 8th grade respondents.
- Pomfret Community School received a *Community Enhancement Stipend* to implement the Pomfret After School Study Program (PASS) – a program that provided academic assistance to students requiring additional support. Funds were also used to purchase educational materials to supplement the 7th and 8th grade health education program. A total of 102 students enrolled in the program (62 in grades 6-8 and 40 in grades 3-5). Thirty students attended 4 days per week and 30 attended 2 days per week. In addition, a total of 35 health education classes were given during the year. Pre- and post-test surveys of substance use and associated risk/protective factors were administered to participating 7th and 8th grade classrooms (see Strategy 5). Although substance use questions were excluded from the survey, attitudinal questions demonstrated that students continued to hold negative attitudes toward substance use.
- Thompson Public School District received a *Community Enhancement Stipend* to implement an informational presentation for middle school students dealing with the topics of peer pressure and substance use. A devoted to issues of substance use awareness and parenting

strategies for increasing youth resilience to substance use pressures. A separate presentation was also organized for parents of middle school students to raise awareness of substance use issues and discuss parenting strategies for increasing youth resilience to substance use pressures. Data for this program is currently being collected.

- Lastly, Sterling Memorial School received a *Community Enhancement Stipend* to implement a cross-age mentoring program. This after-school program involved 5th-8th grade students trained to mentor younger students in grades 1-4. A total of 26 students were trained as mentors and provided mentoring to a total of 26 younger children. Twenty sessions between mentors and mentees were carried out during the school year. Pre- and post-test surveys of substance use and associated risk/protective factors were administered to participating students in grades 5-8 (see Strategy 5). Results of the survey indicate that rates of substance use among participants did not increase from pre- to post-test.

Strategy 4: Community Planning Leaders

NECASA used five principal strategies over the course of the five year Drug Free Communities Support Grant. These strategies are further delineated in section 3.4. NECASA concentrated on the school sector, in its grant, while all other sectors of the coalition such as media and Chief Elected Officials played a tangential role. The school sector was clearly enhanced by the changes in curricula and in the establishment or enhancement of programs. Long-term impacts were realized through the curricula changes. The designated individuals would track the program measurements, including pre and post test data and report the information back to NECASA. NECASA also requested process indicator data as part of this process. To ensure compliance funding agreements were established with each community (school or community organization).

Strategy 5: Outcome Assessment

Middle School Outcome Assessment. NECASA conducted pre- and post-test surveys of students enrolled in seven middle schools receiving stipends to provide programming during Year 4 of the grant. A brief, 27-item version of the high school needs assessment survey was created to collect information in the following domains: (1) Demographic Characteristics, (2) Parental Views of Substance Use, (3) History and Frequency of Substance Use, (4) Perceived Harm of Substance Use, (5) Perceived Peer Use, and (6) Attitudes, Beliefs, and Opinions about Substance Use.

The Middle School Youth Survey was administered in the fall of 2003 in all participating middle schools to collect baseline data on substance use patterns, with an additional baseline assessment administered in January 2004 for one school that implemented its program with separate participants in successive semesters. Post-test assessments were administered in the spring 2004 following completion of school-based prevention programs. Three of the middle schools elected to administer the survey to all students in participating grades, while four administered the survey only to students participating in the program. In addition, two of the schools chose not to administer items related to the child's history and frequency of substance use. In total, 606 students responded to the baseline survey, and 605 students responded to the post-test survey.

Table 4. Alcohol, Tobacco, and Marijuana Usage (Ever Used)

Substance	Time	Number	Percent
Alcohol	Pre	97	21.1 %
	Post	123	27.2 %
Tobacco	Pre	46	10.0 %
	Post	78	17.2 %
Marijuana	Pre	22	4.8 %
	Post	50	11.0 %

Rates of Substance Use. The lifetime history of alcohol, tobacco, and marijuana use was assessed in five middle schools (461 students pre-test, 456 students post-test). Pre- and post-test results are depicted in Table 4. The number of students who indicated they had used each substance did increase significantly from pre- to post-test. Just over one-quarter (27%) of respondents indicated they had used alcohol, 17% had used tobacco, and 11% had used marijuana. Post-test data on age of first

use indicated that between the ages of 11 and 13 16.5% of respondents first used alcohol, 11.7% first used tobacco, 8.2% first used marijuana, and 5.6% first used another illegal drug.

There was a statistically significant increase in frequency of use during the previous month for alcohol, tobacco, and marijuana (Table 5). Overall, students who indicated using substances during the previous month continue to represent a fairly small percentage of respondents at post-test (15% used alcohol, 10% used tobacco, and 5% used marijuana).

Table 5. Alcohol, Tobacco, and Marijuana Usage (number of days in the past month)

Substance	Time	None	1	2	3-5	6-10	11-20	21-28	Daily
Alcohol	Pre	90.4 %	5.9 %	1.7 %	1.1 %	0.7 %	0.0 %	0.2 %	0.0 %
	Post	85.3 %	6.4 %	2.9 %	3.7 %	1.1 %	0.2 %	0.2 %	0.2 %
Tobacco	Pre	96.3 %	1.1 %	0.4 %	0.7 %	0.0 %	1.1 %	0.0 %	0.4 %
	Post	90.4 %	2.9 %	1.1 %	2.6 %	0.7 %	0.2 %	0.7 %	1.5 %
Marijuana	Pre	98.3 %	0.7 %	0.2 %	0.2 %	0.4 %	0.0 %	0.0 %	0.2 %
	Post	94.7 %	0.9 %	1.1 %	0.9 %	0.2 %	0.9 %	0.4 %	0.9 %

Parental Views of Substance Use. There was a statistically significant decrease in student reports of how wrong their parent or guardian feels it would be for them to “drink alcohol” though respondents indicated parents still felt it was generally wrong for them to do so. A similar trend was observed among respondents’ reports of parental views on smoking cigarettes, though this did not quite reach statistically significant levels. Marijuana use was still viewed as “very wrong” according to respondents.

Perceived Peer Substance Use. There was a statistically significant increase in student perceptions of peer use for alcohol, tobacco, marijuana, or any illegal drug. Overall, the majority of students continued to indicate that “none” of their peers were using substances (approximately 60% for alcohol and cigarettes, 70%-75% for marijuana or other illegal drugs) – though there was an increase in the number of students indicating that “a few” or “some” of their peers used substances.

Attitudes toward Substance Use. Respondents’ attitudes, beliefs, and opinions remained unfavorable toward use of alcohol, tobacco, and other drugs, though there was a significant

decrease in the strength of some attitudes. Perceived harm from substance use did not change significantly from pre- to post-test. In general, students viewed regular use of alcohol, tobacco, and marijuana as particularly harmful, while perceptions of occasional use were perceived as less so.

Risk / Protective Factors and Alcohol, Tobacco, and Marijuana Usage¹. Logistic Regression analyses were conducted to assess the association between risk/protective factors and student history of ever having used alcohol, tobacco, or marijuana. Correlational analyses were conducted on the subset of respondents (n=145) who acknowledged having used at least alcohol, tobacco, or marijuana at least once to assess the association between risk/ protective factors and indicators of ATOD use frequency during the previous 30 days.

These analyses revealed a number of associations between student-reported risk and protective factors and ATOD use, including the following:

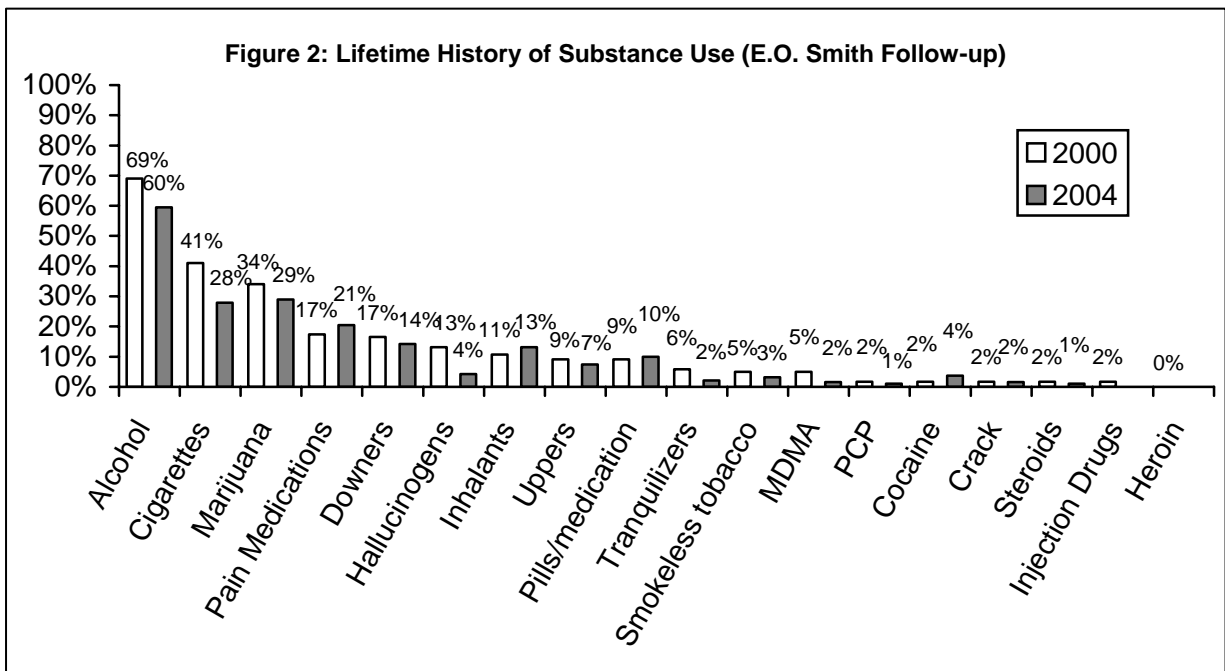
- More negative attitudes, beliefs, and opinions about ATOD use were associated with a decreased likelihood of having tried alcohol, tobacco, or marijuana, and a lower frequency of use in the previous 30 days.
- Associating with peers who use ATOD was associated with an increased likelihood of having tried alcohol, tobacco, or marijuana, and a higher frequency of use in the previous 30 days.
- Negative perceptions of occasional and regular use of ATOD substances were associated with lower frequencies of alcohol, tobacco, and marijuana use in the previous 30 days.

In general, negative attitudes toward substance use and peer use were stronger predictors of ATOD use than perceptions of harm associated with occasional or regular use of ATOD.

Achievements/Results of Strategy. Beginning in Year 4, NECASA made a decision to focus stipends on programs based in middle school settings (rather than community settings serving middle school students). Following this change in approach, NECASA was very successful at implementing pre- and post-test data collection across participating regional middle schools to assess level of substance use and associated risk and protective factors – although two schools elected not to administer questions pertaining to history of substance use or frequency of use during the past 30 days. Results of the pre-test assessments and post-test follow-ups were successfully disseminated to participating schools and community/media outlets, and were also compiled into a regional summary of substance use risk and protective factors.

Follow-up Assessment – E.O. Smith High School. E.O. Smith was the first high school surveyed by NECASA in April 2000. On February 4, 2004, NECASA staff administered a follow-up survey to 190 randomly selected 9th and 10th grade students to compare results. There was a statistically significant decrease in the number of youth who had tried cigarettes and hallucinogens, and a trend level (i.e., approaching statistically significant) decrease in the number of youth who had tried alcohol, tranquilizers, and MDMA/Ecstasy (see Figure 2).

¹ Substance use questions were not asked at two schools; a total of 456 students were asked to respond to substance use questions at post-test.



Frequency of substance use over the previous month remained relatively stable from 2000 to 2004 (see Table 6).

Table 6. Frequency of ATOD use by drug (number of days in the past month)

Drug	Year	None	1	2	3-5	6-10	11-20	21-28	Daily
Alcohol	2000	64.5%	9.9%	9.1%	9.1%	5.0%	2.5%	–	–
	2004	70.0%	12.1%	2.1%	9.5%	4.7%	0.5%		1.1%
Cigarettes	2000	82.0%	3.3%	2.5%	3.3%	2.5%	1.7%	–	5.0%
	2004	91.1%	1.1%	.5%	1.1%	–	1.6%	0.5%	4.2%
Marijuana	2000	76.0%	2.5%	2.5%	7.4%	05%	1.7%	3.3%	1.7%
	2004	82.0%	2.6%	2.1%	7.4%	2.1%	0.5%	1.1%	2.1%
Inhalants	2000	97.5%	0.8%	1.7%	–	–	–	–	–
	2004	93.7%	2.6%	1.6%	0.5%	1.6%	–	–	–
Cocaine	2000	99.2%	0.8%	–	–	–	–	–	–
	2004	98.9%	0.5%	–	0.5%	–	–	–	–
Crack	2000	99.2%	0.8%	–	–	–	–	–	–
	2004	98.9%	1.1%	–	–	–	–	–	–
Hallucinogens	2000	94.2%	3.3%	1.7%	0.8%	–	–	–	–
	2004	97.4%	0.5%	1.1%	0.5%	–	0.5%	–	–
Heroin	2000	100%	–	–	–	–	–	–	–
	2004	100%	–	–	–	–	–	–	–
PCP (Angel Dust)	2000	100%	–	–	–	–	–	–	–
	2004	99.5%	0.5%	–	–	–	–	–	–
MDMA (Ecstasy)	2000	96.7%	2.5%	–	0.8%	–	–	–	–
	2004	100%	–	–	–	–	–	–	–

A number of conclusions can be made based upon the results obtained from this follow-up survey to E.O. Smith High School students:

- Conclusion 1: Based on the sizable number of adolescents who reported ATOD use, a need for expanded substance abuse prevention programming continues to exist – though there has been some improvement in a number of indicators for substance use.

A significant percentage of E.O. Smith students continued to report having used alcohol, tobacco, marijuana and other drugs. In the most recent survey administration, 59% reported some history of alcohol use with 36% having been drunk or high on at least one occasion. Twenty-eight percent reported having smoked cigarettes and 29% had tried marijuana at least one time. On the positive side, there was a significant decrease in the number of youth who had tried cigarettes and hallucinogens; and a trend-level decrease in the number of youth who had tried alcohol, tranquilizers, or MDMA/Ecstasy. Frequency of ATOD use in the past 30 days remained relatively low with little difference observed between 2000 and 2004 reports. In addition, a decrease was observed in reports of specific consequences associated with alcohol or drug use such as experiencing hangovers and physical injury. A higher percentage of students indicated they have never experienced negative consequences associated with substance use.

- Conclusion 2: Prevention programming should target youth beginning in elementary school, and continuing through middle school and into early high school.

Despite some noted decreases in reported use of specific ATOD substances, the period between 12 and 14 years of age still appears to be a period during which students indicate first use of ATOD substances. The pattern of first use was similar across the 2000 and 2004 survey. These findings suggest that prevention efforts need to begin prior to these critical ages of onset – certainly prior to age 12. However, early prevention efforts should be supplemented with additional programming to support youth as they move through the middle school years into high school.

- Conclusion 3: Adolescent ATOD use occurs within a social context with parents and peers playing an important role.

Results from the latest survey of E.O. Smith students indicate that the use of alcohol and other drugs has been reduced within certain contexts (e.g., at home, in public places, and with older friends) while remaining fairly limited in other contexts. Nearly 20% of students still reported at least some alcohol or drug use at others' homes, and nearly one in ten students reported using substances while a passenger in a car with someone who had been using alcohol or drugs.

Fewer youth reported in 2004 that their friends are a source of cigarettes, and that “other people” are purchasing alcohol for them than did in 2000. Parents (both with and without permission) continue to be a significant source of alcohol for students, though peers

continue to be the most frequent source of access for both alcohol and tobacco. Other sources of access to cigarettes and alcohol have remained relatively stable since 2000.

Students continue to report the perception that their parents would view substance use (particularly tobacco or marijuana use) as “very wrong.” Student report of peers’ views was less clear, particularly for alcohol and tobacco use.

- **Conclusion 4:** Schools can contribute to prevention efforts by clarifying policies surrounding ATOD use and by promoting prevention activities.

Students continued to indicate that the school has policies against ATOD use, though nearly two-thirds of students were unaware of the particular response to students’ use of tobacco, alcohol, or drugs. These figures point to the need for continued clarification of the school policies and consequences for ATOD use.

Results of the follow-up survey also indicated that there was a significant decrease in the mean number of prevention activities in which students reported participating. In addition, a significant number of students reported that they had not participated in any such activities (30% compared to 15% in 2000). Most notable was the decrease in the number of students reporting exposure to school assemblies or speakers with an ATOD prevention message. Research indicates that schools can be an important site for prevention activities – and such avenues may need to be explored as ways to continue to address student risks for ATOD use at E.O. Smith High School.

Achievements/Results of Strategy. NECASA was successful at implementing this strategy in one school to monitor trends in substance use and associated risk and protective factors. Ideally, this process would have been replicated in more schools or linked to specific prevention program activities to monitor program effects with the receipt of additional grant support in 2004 – however, this funding was not received. The results of this follow-up assessment were successfully disseminated to E.O. Smith school personnel and to the broader community.

Section 3.5: Impact-Core Data on Youth Drug Use

Questions regarding core data on youth drug use were asked at both the high school and middle school levels to establish baseline indicators of ATOD risk. To observe changes in these baseline figures, NECASA also administered a follow-up survey to a random sample of 9th and 10th grade students at E.O. Smith High School in February of 2004. E.O. Smith High School was the first high school to be surveyed by NECASA in April of 2000. In addition, District 4 and 5 Middle Schools were surveyed in the fall and spring of the 2003-2004 school year to provide core ATOD data for middle school students in the region. A total of 121 high school students completed the Time 1 Survey (April, 2000) and 190 completed the Time 2 Survey (February, 2004). Middle school Time 1 and Time 2 surveys involved 606 and 605 students, respectively.

History of ATOD Use and Age of First Use: Questions regarding history of ATOD use and age of first use were asked at both the high school and middle school levels. A comparison of history of use for ATOD at the high school level indicates that there was a statistically significant decrease in the number of youth who had tried cigarettes from 2000 to 2004 (see Table 7). Age of onset for high school students in 2000 and 2004 is depicted in Table 8.

Table 7. History of ATOD Use (High School Follow-up)

	2000	2004
Alcohol	69.0%	59.5%
Cigarettes	41.0%	27.9%
Smokeless tobacco	5.0%	3.2%
Marijuana	34.0%	28.9%

**Table 8. Alcohol, Tobacco, and Other Drug Usage
(Age of First Use – High School Students)**

Substance	Year	Never	0-8	9	10	11	12	13	14	15	16
Cigarettes	2000	58.7%	1.7%	3.3%	0.8%	4.1%	5.0%	18.0	4.1%	3.3%	3.3%
	2004	74.2%	2.6%	0.5%	1.1%	3.7%	7.4%	% 4.7%	3.2%	2.1%	2.1%
Tobacco (other)	2000	81.0%	1.7%	–	–	1.7%	1.7%	5.8%	5.0%	3.3%	3.3%
	2004	89.5%	–	–	0.5%	1.6%	1.1%	1.1%	2.6%	3.7%	3.7%
Alcohol	2000	34.0%	5.0%	1.7%	3.3%	1.7%	5.0%	13.0	20.0	14.0	14.0
	2004	42.3%	2.1%	2.1%	1.6%	2.1%	10.1 %	% 12.2 %	% 17.5 %	% 9.0%	% 9.0%
Intoxicate d	2000	57.0%	0.8%	–	1.7%	1.7%	0.8%	10.7	12.4	12.4	12.4
	2004	64.2%	0.5%	–	0.5%	1.6%	2.6%	% 7.4%	% 15.3 %	% 6.3%	% 6.3%
Marijuan a	2000	68.6%	–	–	–	2.5%	2.5%	9.1%	9.1%	7.4%	7.4%
	2004	71.1%	–	–	–	1.1%	4.7%	6.8%	10.0 %	5.8%	5.8%
Inhalants	2000	90.1%	–	0.8%	0.8%	0.8%	0.8%	4.2%	2.5%	–	–
	2004	87.9%	0.5%	1.1%	2.1%	–	1.1%	3.2%	2.1%	2.1%	2.1%

Middle School Time 1 and 2 surveys were completed in the Fall 2003 and Spring 2004. Substance use questions were not asked at two schools – 461 students responded to substance use questions at pre-test and 456 students responded at post-test. Statistical analyses indicated that the number of students who reported they had used alcohol, tobacco, or marijuana increased significantly from pre- to post-test (Table 9). Age of onset for middle school students at pre- and post-test is depicted in Table 10.

Table 9. History of ATOD Use (Middle School Follow-up)

Substance	Time	Number	Percent
Alcohol	Pre	97	21.1 %
	Post	123	27.2 %
Tobacco	Pre	46	10.0 %
	Post	78	17.2 %
Marijuana	Pre	22	4.8 %
	Post	50	11.0 %

Table 10. Alcohol, Tobacco, and Other Drug Usage (Age of First Use – Middle School Students)

Substance	Time	Never	0-8	9	10	11	12	13	14
Alcohol	Pre	82.2 %	3.3 %	1.1 %	2.0 %	4.2 %	4.4 %	2.4 %	0.4 %
	Post	74.8 %	2.9 %	1.3 %	2.2 %	4.7 %	6.0 %	5.8 %	2.2 %
Tobacco	Pre	90.6 %	1.7 %	0.4 %	2.0 %	3.5 %	1.5 %	0.2 %	0.0 %
	Post	84.0 %	0.7 %	1.3 %	1.8 %	4.6 %	3.1 %	4.0 %	0.7 %
Marijuana	Pre	95.2 %	0.2 %	1.1 %	0.0 %	1.1 %	2.0 %	1.3 %	0.2 %
	Post	89.9 %	0.2 %	0.0 %	0.0 %	0.7 %	3.3 %	4.2 %	1.8 %
Any illegal drug	Pre	95.0 %	1.1 %	0.2 %	0.2 %	0.9 %	1.3 %	1.1 %	0.2 %
	Post	90.6 %	0.9 %	0.4 %	0.2 %	0.9 %	1.8 %	3.9 %	1.3 %

Frequency of Use in the Past 30 Days: A comparison study among the E.O. Smith High School students indicates 35.5% drank alcohol during the past 30 days back in April 2000 compared to 30% in 2004. Eighteen percent had smoked cigarettes during the past 30 days in the April 2000 sample compared to only 8.9% in our February 2004 sample group. Marijuana use also decreased with 24% responding in 2000 that they had smoked during the past 30 days. This year's survey results show 18% having used marijuana. Table 11 (next page) provides additional information on frequency of ATOD use among high school students at Times 1 and 2.

Among the middle school population who participated in our study during this school year, Table 12 provides information on frequency of ATOD use at Pre- and Post-test. There was a statistically significant increase in frequency of use during the previous month for alcohol, tobacco, and marijuana. Overall, students who indicated using substances during the previous month continue to represent a fairly small percentage of respondents at post-test (15% used alcohol, 10% used tobacco, and 5% used marijuana).

**Table 11. Frequency of ATOD use by drug
(Number of days in the past month – High School Follow-up)**

Drug	Year	None	1	2	3-5	6-10	11-20	21-28	Daily
Alcohol	2000	64.5%	9.9%	9.1%	9.1%	5.0%	2.5%	–	–
	2004	70.0%	12.1%	2.1%	9.5%	4.7%	0.5%		1.1%
Cigarettes	2000	82.0%	3.3%	2.5%	3.3%	2.5%	1.7%	–	5.0%
	2004	91.1%	1.1%	.5%	1.1%	–	1.6%	0.5%	4.2%
Marijuana	2000	76.0%	2.5%	2.5%	7.4%	05%	1.7%	3.3%	1.7%
	2004	82.0%	2.6%	2.1%	7.4%	2.1%	0.5%	1.1%	2.1%
Inhalants	2000	97.5%	0.8%	1.7%	–	–	–	–	–
	2004	93.7%	2.6%	1.6%	0.5%	1.6%	–	–	–
Cocaine	2000	99.2%	0.8%	–	–	–	–	–	–
	2004	98.9%	0.5%	–	0.5%	–	–	–	–
Crack	2000	99.2%	0.8%	–	–	–	–	–	–
	2004	98.9%	1.1%	–	–	–	–	–	–
Hallucinogens	2000	94.2%	3.3%	1.7%	0.8%	–	–	–	–
	2004	97.4%	0.5%	1.1%	0.5%	–	0.5%	–	–
Heroin	2000	100%	–	–	–	–	–	–	–
	2004	100%	–	–	–	–	–	–	–
PCP (Angel Dust)	2000	100%	–	–	–	–	–	–	–
	2004	99.5%	0.5%	–	–	–	–	–	–
MDMA (Ecstasy)	2000	96.7%	2.5%	–	0.8%	–	–	–	–
	2004	100%	–	–	–	–	–	–	–

**Table 12. Frequency of ATOD use by drug
(Number of days in the past month – Middle School Follow-up)**

Substance	Time	None	1	2	3-5	6-10	11-20	21-28	Daily
Alcohol	Pre	90.4 %	5.9 %	1.7 %	1.1 %	0.7 %	–	0.2 %	–
	Post	85.3 %	6.4 %	2.9 %	3.7 %	1.1 %	0.2 %	0.2 %	0.2 %
Tobacco	Pre	96.3 %	1.1 %	0.4 %	0.7 %	–	1.1 %	–	0.4 %
	Post	90.4 %	2.9 %	1.1 %	2.6 %	0.7 %	0.2 %	0.7 %	1.5 %
Marijuana	Pre	98.3 %	0.7 %	0.2 %	0.2 %	0.4 %	–	–	0.2 %
	Post	94.7 %	0.9 %	1.1 %	0.9 %	0.2 %	0.9 %	0.4 %	0.9 %

Perception of Harm: The E.O. Smith High School Follow-up Report shows little difference in ratings of perceived harm from ATOD use between 2000 and 2004 respondents (see Table 13). In 2000 86% of the students felt using alcohol regularly was harmful while in 2004 the response was 88%. When questioned about using tobacco regularly, 91% thought there was some/a lot of harm in 2000 compared to 94% in 2004. In 2000, 84% of the students in the study viewed marijuana use on a regular basis as being some/a lot harmful compared to 87% in 2004. There were no statistically significant differences in the mean ratings of perceived harm for ATOD use between 2000 and 2004 respondents.

**Table 13. Perceived Harm of ATOD Use
(High School Follow-up)**

How much do you think people harm themselves if they...?	Year	No Harm	Very Little Harm	Some Harm	A Lot of Harm	I Don't Know
Use tobacco occasionally	2000	6.6 %	20.5 %	51.6 %	18.0 %	3.3 %
	2004	4.2 %	18.4 %	56.3 %	17.4 %	3.7 %
Use tobacco regularly	2000	3.3 %	1.6 %	16.4 %	74.6 %	4.1 %
	2004	2.6 %	1.1 %	14.2 %	80.0 %	2.1 %
Use alcohol occasionally	2000	13.2 %	39.7 %	34.7 %	9.9 %	2.5 %
	2004	16.3 %	36.3 %	33.2 %	11.6 %	2.6 %
Use alcohol regularly	2000	3.3 %	7.4 %	27.9 %	58.2 %	3.3 %
	2004	3.7 %	6.8 %	35.8 %	52.1 %	1.6 %
Get drunk occasionally	2000	3.3 %	13.9 %	46.7 %	32.0 %	4.1 %
	2004	5.3 %	19.5 %	47.9 %	25.3 %	2.1 %
Get drunk regularly	2000	0.0 %	4.1 %	10.7 %	81.0 %	4.1 %
	2004	2.1 %	1.1 %	15.3 %	78.8 %	2.6 %
Use marijuana occasionally	2000	10.7 %	22.1 %	24.6 %	37.7 %	4.9 %
	2004	7.9 %	22.1 %	33.7 %	32.1 %	4.2 %
Use marijuana regularly	2000	1.6 %	9.8 %	15.6 %	67.2 %	5.7 %
	2004	3.2 %	5.3 %	19.5 %	67.4 %	4.7 %

A similar pattern of findings emerged in the middle school survey results. There was no significant change in ratings of perceived harm from substance use at the middle school level (Table 14). Students continue to perceive regular use of substances as particularly harmful, while perceptions of occasional use are perceived as less so.

**Table 14. Perceived Harm of ATOD Use
(Middle School Follow-up)**

How much do you think people harm themselves if they...?	Time	No Harm	Some Harm	A Lot of Harm	I Don't Know
Use tobacco occasionally	Pre	3.0 %	71.0 %	20.2 %	5.8 %
	Post	3.6 %	71.4 %	19.4 %	5.6 %
Use tobacco regularly	Pre	0.7 %	6.6 %	89.2 %	3.5 %
	Post	0.5 %	8.4 %	89.1 %	2.0 %
Use alcohol occasionally	Pre	22.7 %	58.8 %	13.5 %	5.0 %
	Post	22.6 %	59.4 %	13.6 %	4.5 %
Use alcohol regularly	Pre	1.2 %	11.6 %	84.1 %	3.2 %
	Post	0.8 %	15.0 %	81.9 %	3.2 %
Get drunk occasionally	Pre	5.3 %	52.0 %	38.5 %	4.2 %
	Post	7.9 %	52.0 %	36.9 %	3.1 %
Get drunk regularly	Pre	0.8 %	6.0 %	90.2 %	3.0 %
	Post	1.3 %	5.7 %	91.0 %	2.0 %
Use marijuana occasionally	Pre	3.8 %	36.6 %	55.5 %	4.1 %
	Post	7.0 %	36.9 %	52.3 %	3.8 %
Use marijuana regularly	Pre	1.7 %	3.0 %	91.5 %	3.8 %
	Post	2.5 %	3.8 %	90.9 %	2.8 %

Perception of Disapproval of Use by Adults and Peers: High school respondents were asked to indicate their perceptions of parental and peer attitudes toward ATOD use. The patterns of perceived disapproval did not differ significantly from 2000 to 2004. In addition, in both instances parental attitudes toward ATOD use were perceived as significantly more negative.

**Table 15. Perception of Parental Attitudes toward ATOD Usage
(High School Follow-up)**

How wrong does your parent/guardian feel it would be for you to use	Year	Not at all Wrong	A little Wrong	Fairly Wrong	Very Wrong
Alcohol	2000	5.7 %	11.5 %	21.3 %	61.5 %
	2004	2.6 %	12.6 %	30.5 %	54.2 %
Tobacco	2000	6.6 %	3.3 %	8.2 %	82.0 %
	2004	2.7 %	5.9 %	12.8 %	78.7 %
Marijuana	2000	4.1 %	7.4 %	8.2 %	80.3 %
	2004	2.1 %	4.8 %	9.6 %	83.5 %

**Table 16. Perception of Peer Attitudes toward ATOD Usage
(High School Follow-up)**

How wrong does your friends feel it would be for you to use	Year	Not at all Wrong	A little Wrong	Fairly Wrong	Very Wrong
Alcohol	2000	37.7 %	25.4 %	19.7 %	17.2 %
	2004	30.3 %	25.5 %	20.2 %	23.9 %
Tobacco	2000	24.6 %	27.0 %	14.8 %	33.6 %
	2004	13.8 %	14.4 %	33.0 %	38.8 %
Marijuana	2000	27.0 %	21.3 %	13.1 %	38.5 %
	2004	18.4 %	20.6 %	20.1 %	40.7 %

Among middle school students, there was a statistically significant decrease in reports of how wrong their parent or guardian feels it would be for them to “drink alcohol” – though respondents indicated parents still felt it was generally wrong for them do so (see Table 17). There was a similar trend among respondents’ reports of parental views on smoking cigarettes, though this did not quite reach statistically significant levels. Marijuana use was still viewed as “very wrong” according to respondents.

Peer attitudes toward ATOD use were not assessed directly, though students did indicate the number of close friends they believed had used ATOD (see Table 18). There was a statistically significant increase in student perceptions of peer use for alcohol, tobacco, marijuana, or any illegal drug. Overall, the majority of students indicated that “none” of their peers were using substances (approximately 60% for alcohol and cigarettes, 70%-75% for marijuana or other illegal drugs) – though an increasing number of students felt that “a few” or “some” of their peers were using substances.

**Table 17. Perception of Parental Attitudes toward ATOD Usage
(Middle School Follow-up)**

How wrong does your parent/guardian feel it would be for you to use	Time	Not at all Wrong	A little Wrong	Fairly Wrong	Very Wrong
Alcohol	Pre	3.3 %	5.3 %	18.2 %	73.2 %
	Post	3.8 %	8.4 %	25.3 %	62.5 %
Tobacco	Pre	3.0 %	1.8 %	6.5 %	88.7 %
	Post	2.1 %	3.6 %	12.2 %	82.0 %
Marijuana	Pre	3.0 %	0.7 %	3.1 %	93.2 %
	Post	1.8 %	2.5 %	4.6 %	91.1 %

Table 18. Perception of Peer Alcohol, Tobacco, and Marijuana Usage

Do any of your close friends ...?	Time	None	A few	Some	Most
Drink alcohol	Pre	73.1 %	17.9 %	7.1 %	2.0 %
	Post	60.1 %	22.2 %	13.4 %	4.3 %
Smoke cigarettes	Pre	72.6 %	18.7 %	6.4 %	2.3 %
	Post	62.1 %	23.5 %	10.9 %	3.5 %
Use marijuana	Pre	81.5 %	12.7 %	4.1 %	1.7 %
	Post	71.7 %	15.5 %	9.2 %	3.7 %
Tried any other illegal drug	Pre	83.6 %	12.6 %	2.5 %	1.3 %
	Post	75.3 %	14.0 %	7.3 %	3.3 %

SECTION 3.6: IMPACT AND KEY LEADER VIEWS

NECASA clearly had an impact in changing programs to reduce the incidence of youth substance abuse. While NECASA’s successes will be further discussed in the outcome section of this report: Some community leaders and teachers sent in unsolicited praise for the programs created or enhanced by NECASA’s DFCSP Grant.

“We feel that the program (Partners for Success) has been successful because of the extra help we have been able to give students, which in most cases has moved participants from failing to passing grades. We keep seeing positive results from this program (lower truancy, better connections with staff, better grades, etc.) so next year we will start the program in mid-September and have transportation available two days a week and then increased days when students need them” - *Jerry A. Davis, Principal, Plainfield Central School*

“I am very pleased with the program – so much that it will be expanded next year” – *Pat Perfetto, Health Teacher, Putnam Middle School*

“It was very well received, and did make a positive difference. The kids actually began to use terminology about decision making which was from the program” – *Kathleen Boyhan-Maus, Principal, Dr. Helen Baldwin Middle School, Canterbury*

“I found it to be extremely successful because it focuses on the substances that adolescents are most likely to use: Alcohol, tobacco, marijuana and inhalants.” – *Judy Nilan, School Social Worker, Woodstock Middle School*

While NECASA cannot directly tie the decrease in the region’s substance abuse directly to the developed and enhanced programs, it clearly changed the way that many schools and organizations approached the problem. NECASA ensured that science based curricula (or science-based principles) were used in all cases and that the major change was to bring scientifically proven substance abuse programming and curricula to the region.

SECTION 4.0: LESSONS LEARNED

NECASA was given increased ability to work with Northeastern Connecticut communities during the course of the DFCSP grant. The organization learned several things during the course of the grant.

- Survey analysis clearly pointed out that increased efforts are needed at the middle school level. Transitional grades 6 -8 were determined to be the primary focus.
- Northeastern Connecticut is no different than the rest of the country. NECASA found that its survey results in schools paralleled national “Monitoring the Future” trends. While NECASA has long maintained that the region has as much of an issue with youth (and adult) substance abuse as anywhere else in the U.S., the surveys gave the organization data to use to help prove the point.
- NECASA found out that stipends (\$2,000 per town) were extremely important to help “pave the way” for surveying as well as data collection. In addition, the stipends allowed for science based projects and curricula changes which will have long term impact in the region.
- NECASA found flexibility was key to working with some of the sectors especially school systems and Boards of Education. Several times surveys were blocked but persistence and negotiations finally allowed them to proceed. The survey restrictions in the “No Child Left Behind Act” added to the need for increased flexibility and will continue to make self reporting surveys in schools more difficult in the future.

SECTION 5.0: PRINCIPAL PRODUCTS AND/OR DOCUMENTS

- NECASA Regional Data Summary
- NECASA Regional Data Summary: Regression Model Summary
- NECASA High School Analysis Reports

1. E.O. Smith High School
 2. Parish Hill High School
 3. Putnam High School
 4. Windham High School
 5. Lyman High School
 6. Coventry High School
 7. Plainfield High School
 8. Killingly High School
 9. Woodstock Academy
 10. Tourtellotte High School
- Press Releases
 1. Town Projects (9/23/03)
 2. Composite Results (6/2/03)
 3. Town Projects (10/4/02)
 4. Windham High School Results (10/9/02)
 5. Funding Windham/Columbia Project (2/14/03)
 6. E.O. Smith High School Data (9/18/00)

SECTION 6.0: ASSESSMENT OF FEDERAL AND STATE SUPPORT

SECTION 6.2: OJJDP

NECASA found that OJJDP was flexible and understanding in its administration of the DFCSP Grant. Due to the size of the judicial department it was difficult at times to get answers to issues, but once contact was made, the department was accommodating.

SECTION 6.5: CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

DMHAS is the primary funder of NECASA and the organization would not have existed for fifteen years without state support. While the funding has been reduced in the past several years NECASA's Coalition continues to function due to state and local support.