Program Evaluation
Student Intervention and Reintegration Program (SIRP)
2014

The Shadow Group
Casco, Maine
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EXECUTIVE SUMMARY

Funded by Maine Substance Abuse and Mental Health Services (SAMHS), the Student Intervention and Reintegration Program (SIRP) is a substance use intervention program that targets an *indicated population* of youth ages 13 through 18 with either verified or suspected use of alcohol or drugs, as identified through a violation of school substance abuse policy, arrest or citation involving alcohol or drugs, violation of probation, or physical impairment as reported by self or others. These are youth who *do not* diagnostically qualify for substance abuse treatment services. Youth may be referred to the program from anywhere in the community—via schools, healthcare providers, the criminal justice system, a parent/guardian, or self-referral.

Youth participate in a 12-hour educational program with the goal of reducing their alcohol and/or other drug use. The program content and process are designed to increase awareness of the risks to self and others involved in using alcohol and other drugs, identify personal values around use, and reduce attitudes favorable to use. Youth learn and practice decision-making and coping skills, exploring alternative options to high-risk behaviors.

This report examines evaluation data received during a one-year implementation of the program completed by eight SIRP sites across the state from August 2013 through August 2014. The purpose of the evaluation was to collect and analyze data to determine progress made toward achieving participant outcomes. Data was collected using questionnaires completed by participants at four junctures throughout their involvement in the program and included before- and after-program questionnaires, as well as 90-day and 180-day follow-up questionnaires. Participants also completed program satisfaction questionnaires to gather feedback about the quality of the program and areas needing improvement. A review of participant referral data was also included.

A total of 194 participant before- and after-surveys and 186 satisfaction surveys were analyzed. Participant demographic information (gender, race, age, school attended, town of residence) and a profile of substance use is presented, including the types of substance(s) used (e.g., tobacco, alcohol, marijuana, other illicit drugs, non-prescribed prescription drugs, inhalants), and the number, quantity, and frequency of use of each substance.

An overview of participants:
- 70% were male
- 85% were ages 15–18
- 91% indicated their race as Caucasian
- 34% indicated they were referred to the program to reduce legal sanctions, and 30% were referred to avoid school sanctions
- 40% completed the program because the information was interesting and helpful

The most commonly used substances were marijuana (61%) and alcohol (46%) with 27% of participants indicating they used at least two substances. Additional analysis showed no significant differences in the types and amounts of substances used by gender or age categories.

Findings indicate that participants showed statistically significant changes in the desired direction in the following outcome measures:

- Increased understanding of the damaging effects alcohol and other drugs have on the body
- Increased awareness of personal risk related to alcohol and drug use
- Increased awareness of how personal values are negatively affected by use
- Reduced motivation and intent to use

Follow-up questionnaire data is reported in a separate supplementary report and examines the changes in substance use over time after participants completed the program.

Although many participants were reluctant to participate in the program at the beginning, by program end most were glad they did—and expressed moderate to high satisfaction with the content of the program and instructor.

SIRP evaluation data shows that participants acquire valuable information and skills to help them learn more about high- and low-risk choices and to gauge the impact of their own behavior in relationship to the things they value, as well as understand concrete ways to lower individual risk to be more in alignment with personal values.

I.   PROGRAM BACKGROUND AND PURPOSE

A.   *Background and History*

The Student Intervention and Reintegration Program (SIRP) is a substance abuse intervention program that targets an *indicated population* of youth ages 13–18 who have either verified or suspected use of alcohol or drugs, as identified through having any of the following:

- Violated a school substance abuse policy
- Violated probation
- Been arrested or received a legal citation for use or possession of alcohol or other drugs
- Been physically impaired, as reported by self or others

The program is appropriate for youth who *do not* diagnostically qualify for substance abuse treatment services. The purpose of the program is to reduce teen alcohol and drug use through the following objectives:

- Increase understanding of the effects of alcohol and drug use
- Increase the awareness of personal use patterns and risk related to alcohol and drug use
- Increase ability to identify personal values surrounding the use of alcohol, tobacco, and other drugs
- Reduce attitudes favorable to alcohol and drug use
- Learn decision-making skills, coping skills, and alternative behaviors
- Increase positive attachments to adults

The program is funded through a competitive bidding process by the office of Maine Substance Abuse and Mental Health Services (SAMHS) and implemented on a community level across the state. Adcare Educational Institute[1] of Augusta serves as the technical assistance organization helping each of the communities implement the program model.

There are many more SIRP sites than highlighted in this report, and all are in various stages of program implementation. Because sites are in different stages of development and implementation, some were not yet serving participants during the timeframe covered by this report.

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[1] Adcare Educational Institute of Maine, Inc. is a private, non-profit organization located in Augusta. Adcare is dedicated to increasing awareness, knowledge, and skills about alcohol and drug abuse, addictions, and other public health concerns.

SIRP Sites Included in the Evaluation Data Results

1. **Edward Little High School**, covering the communities of Auburn and Lewiston.

2. **Healthy Portland**, a Healthy Maine Partnership program serving youth in the greater Portland area.

3. **Healthy Rivers**, a Healthy Maine Partnership program serving Cape Elizabeth, Gorham, Scarborough, South Portland, and Westbrook.

4. **Healthy Waldo County**, a Healthy Maine Partnership program serving Waldo County.

5. **ACCESS Health**, a Healthy Maine Partnership program serving the communities of Brunswick, Topsham, Bath, and Richmond.

6. **Kennebec Behavioral Health**, serving Skowhegan and surrounding communities.

7. **Knox County Community Health Coalition**, a Healthy Maine Partnership program serving Knox County.

8. **Partners for Healthier Communities**, a Healthy Maine Partnership program serving the greater Sanford area.

B.   *Program Activities and Implementation*

Program activities focus on three key components:

1. Student Engagement
2. Parent/Guardian Engagement
3. Community Engagement

1. STUDENT ENGAGEMENT: Students participate in a 12-hour educational program using a modified PRIME for Life Under 21 curriculum,[2] including didactic presentations, activities, and discussions, delivered over several days to groups of 3–12 participants. PRIME for Life is an *education-based* prevention and intervention strategy designed to gently and powerfully challenge common beliefs and attitudes that directly contribute to high-risk alcohol and drug use. Moving beyond simply communicating information, the program develops critical thinking skills designed to help students consider their actions in relationship to personal risk. Over the course of the program, participants work through:
- The nature and causes of substance use
- The effects that different substances have on the body
- The risks of use

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[2] Prevention Research Institute, Inc. (PRI) is a private, not-for-profit organization with a mission to reduce the incidence of alcohol- and drug-related problems throughout the world. Since 1983, PRI has developed the PRIME for Life curriculum for a variety of target audiences: military personnel, parents, young people, college students, employees, and drinking and driving offenders. More information is available at www.askpri.org. The PRIME for Life curriculum is an evidenced-based program listed on the SAMHS Administration National Registry of Evidence-Based Programs and Practices. PRIME for Life Under 21 is a modified version specifically designed for use with younger audiences.

- A personal self-assessment of one's own substance use on a four-phase continuum, from low-risk use to addiction
- Creating an action plan for the future, including how to work toward protecting the things they value most, as self-identified during the class

Through participation in the program, youth develop a commitment to make low-risk choices and hold attitudes, values, and self-concepts supporting the adoption of low-risk choices.

2. PARENT/GUARDIAN ENGAGEMENT: At the beginning of each program, concurrent with the beginning of the first class for students, a program representative talks with parents of the participants to explain the nature and purpose of the program. Parents learn what they can do to help their child recognize the problems of underage drinking and illicit drug use and how they can support efforts in changing behavior. The program representative distinguishes between this program and other treatment modalities and shares information about area resources for substance abuse and mental health services for adolescents and families.

3. COMMUNITY ENGAGEMENT: Community engagement occurs on two levels:
   a. Each program designates a point person to serve as the **Champion** for SIRP graduates. The Champion conducts a series of brief, planned, positive interactions intended to help the youth make use of new information and skills learned in the classroom component. This approach is based on the concept of Dennis Embry's Positive Reinforcement Strategies—that positive feedback and recognition for a job well done will reinforce positive behaviors.[3]
   b. In addition, each program has a community-based leadership **Advisory Committee** that works on assessing and strengthening existing community and school-based alcohol and drug policies, strengthening referral mechanisms, guiding program implementation, and emphasizing the program as a positive intervention to the larger community. Committees are required to meet at least quarterly each year.

Staffing

Each site has at least one program administrator and one program instructor. Some sites have two instructors who team-teach the classes; at other sites, the program administrator also serves as a class teacher.

Class Configuration

Each site is free to adapt the configuration—the number of days and hours—in which the program is taught. For example, one site may offer the program for 3 hours per day over 4 days, while another site may offer the program for 4 hours per day over 3 days. The content of each program remains identical, with all sites teaching the modified 12-hour PRIME for Life Under 21 curriculum. All program instructors are trained in the PRIME for Life curriculum, maintain current certification, and keep skills up to date by attending annual refresher courses.

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[3] This approach is based on the concept of "kernals," or positive reinforcement strategies, which are the smallest unit of scientifically proven methods that influence behavior. For more information, see Dennis D. Embry of the Praxis Institute at www.praxis.org.

Site Support and Program Evaluation

Adcare Educational Institute provides technical assistance to each site to help set up, operate, and evaluate the program. Quarterly meetings between Adcare staff, the program sites, SAMHS, and the evaluator provide opportunities to discuss program challenges and successes and encourage information sharing.

All Adcare staffs working on SIRP , as well as the evaluator, have attended PRIME for Life Under 21 certification training and are knowledgeable of the course content.

Data Collection and Information Sharing

Each of the sites routinely collects participant data, including referral information, participant before- and after-program questionnaires, and a participant satisfaction questionnaire. Instructors mail each participant 90-day and 180-day follow-up questionnaires that ask participants to indicate the quantity and frequencies of substance use over a 30-day period. All questionnaires are given to the evaluator for analysis. Evaluation activities support the collection and reporting of data for ongoing program improvement efforts and attainment of participant outcomes.

II.   DESCRIPTION OF THE EVALUATION STUDY

A.   *Purpose of the Evaluation*

The purpose of the evaluation is:
- To assess participant satisfaction with the program
- To examine the immediate and short-term effects the program had on participating youth

This report does not include information relative to the implementation of the Parent Engagement or Community Engagement components (relative to both the Champions' roles with participating youth and each site's Advisory Committee) or process evaluation activities of the program. These components are reviewed through other project activities, such as through interviews of site staff and instructors.

B.   *Methodology*

Data gathered for the evaluation was collected as a normal part of the program implementation process and included the following forms and questionnaires:

Referral Forms—Referral forms are completed by the referring organization or individual. This form includes the date of referral, youth's age, ethnicity, referral source, and the reason for referral.

Before-Program Questionnaire—This is a self-administered questionnaire completed by participants at the beginning of the first class. Questions obtain information about the participant's views and knowledge of the risks of substance use and the level and frequency of the past 30-day use of tobacco, alcohol, marijuana, and other drugs.

After-Program Questionnaire—At the end of the course, participants complete an after-program questionnaire, answering the same questions as on the before-program questionnaire, to gauge any change in knowledge and attitudes toward substance use and the level and frequency of past 30-day use of tobacco, alcohol, marijuana, and other drugs.

Program Satisfaction Questionnaire—At the end of the course, each participant completes a questionnaire asking for feedback regarding the usefulness of the program.

Follow-Up Questionnaire—A follow-up questionnaire is mailed to each participant 90 days and 180 days after graduation from the program. The questionnaire measures frequency and quantity of the participant's use of tobacco, alcohol, marijuana, and other substances and the participant's success in implementing self-created, low-risk behavior guidelines.

Completion of the participant questionnaires is voluntary. Each individual attending the program was given a unique identifying number, as assigned by the instructor, which was recorded on his or her questionnaires for matching purposes only, so that before-, after-, and follow-up questionnaires could be matched by respondent for data analysis. This unique number was unknown by the evaluator, therefore maintaining the anonymity of each participant in relation to the data reported on each survey questionnaire.

All forms and questionnaires were given to the evaluator, who then entered all data into a database and conducted analysis using statistical analysis software.

C.   *Data Limitations*

Referral figures represent only those individuals who actually attended and completed the program. Referral information for individuals who were referred but did not participate in the program is not included in this summary.

III.   EVALUATION RESULTS

A.   *Program Delivery Summary*

A total of 194 participant surveys were analyzed from programs held during August 2013 through August 2014. Most sites held their programs during the traditional academic school year (September–June). ACCESS Health served the most participants (37.1%), followed by Edward Little High School (14.4%) and Partners for Healthier Communities (13.4%).

The data presented in the report represents the number of participants returning survey questionnaires and does not necessarily represent the total number of participants who attended and completed the program. Each site served more participants than listed in Table 1, as completion of surveys is optional for all participants. In addition, some surveys and specific question responses were omitted due to illegible, incomplete, or inconsistent information.

Table 1
Participant Surveys Analyzed by SIRP Program Site

Host Organization Name and Location	Participants Served	
	Number	**Percent**
ACCESS Health (Brunswick, Maine)	72	37.1
Edward Little High School (Auburn, Maine)	28	14.4
Partners for Healthier Communities (Sanford, Maine)	26	13.4
Somerset Public Health & Kennebec Behavioral Health (Skowhegan, Maine)	23	11.9
Knox County Community Health Coalition (Rockport, Maine)	20	10.3
Healthy Waldo County (Belfast, Maine)	13	6.7
Healthy Portland & Healthy Rivers (Portland, Maine) & (South Portland, Maine)	12	6.2
TOTAL	**194**	**100.0**

B. *Participant Background Information*

The following information is relevant to individuals who **COMPLETED** the program and provided survey data.

Table 2
Participant Characteristics

Item	Number	Percent
Gender		
Male	127	65.8
Female	66	34.2
TOTAL	193	100.0
Race		
Caucasian	173	91.1
Other	17	8.9
TOTAL	190	100.0
Age		
13–14	22	11.4
15	31	16.0
16	50	26.0
17	72	37.3
18	18	9.3
TOTAL	193	100.0
Participant School Attended (or Community of Residence)		
Brunswick High School/Brunswick	20	10.3
Mt. Ararat/Topsham	17	8.8
Maine Academy of Natural Sciences/Hinkley	15	7.7
Sanford High School/Sanford	13	6.7
Lewiston High School/Lewiston	13	6.7
Massabesic High School/Waterboro	11	5.7
Morse High School/Bath	11	5.7
Other schools and communities	94	48.4
TOTAL	194	100.0
Reason for Attending the Class[4]		
Arrest or citation involving drugs and/or alcohol	69	44.5
Violation of school drug/alcohol policy	62	40.0
Parent/guardian referral	15	9.7
Self-referral	13	8.4
Reason for Completing the Class[5]		
To avoid/reduce legal sanctions	96	51.6
Material was interesting and helpful	68	36.6
To avoid/reduce school sanctions (such as suspension)	46	24.7
Parents, friends, or others encouraged me to complete it	41	22.0
To get the reward offered for completion	30	16.1
Other	17	9.1

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[4] Data obtained from 155 participant referral forms. Responses do not add to 100.0 as participants could provide more than one response.
[5] Data obtained from 186 participant satisfaction surveys. Responses do not add to 100.0 as participants could provide more than one response.

C.   *Participant Satisfaction with the Program*

Participants reported high satisfaction with the program, indicating the location and time the program was held was convenient and the instructor was well informed and understanding. Before taking the class, 65% of participants stated they were "not at all interested" in attending the program. At the end of the program, 96% of participants rated the program as either "very helpful" or "somewhat helpful," with 82% indicating they would recommend the program to a friend. There were very few suggestions offered for improving the class. Suggestions included recommendations to increase the level of activities so there would be less sitting (15.6%) and to include more information about the effects of marijuana and other drugs (7.2%).

Table 3
Participant Satisfaction with the Program

1. When they *first heard about the program,* 65% (n = 121) of the participants were "not at all interested" in attending. At program completion, 82% (n = 152) reported they would recommend the program to a friend.

2. 77% (n = 142) *found the location* to be "convenient and easy to get to."

3. 70% (n = 142) *found the time* the program was held to be "convenient."

4. 89% (n = 163) *found the instructor* to be "very well informed."

5. 86% (n = 159) *found the instructor* to be "understanding."

6. 45% (n = 82) *found the study guide* to be "very helpful," while 46% (n = 84) indicated the study guide was "somewhat helpful."

7. 56% (n = 102) *found the program* to be "very helpful," while 40% (n = 73) of the participants *found the program* to be "somewhat helpful."

8. Top four things participants *learned:*
   - Phases of addiction/high-risk use (28%, n = 50)
   - How to make low-risk choices (21%, n = 37)
   - Don't drink/don't do drugs/don't use drugs or alcohol and drive (18%, n = 32)
   - Tolerance/trigger levels (13%, n = 23)

9. Would you *recommend the program* to a friend:
   - Do it/it's good information/it's okay (78.5%, n = 135)
   - Don't do it/it's boring/already knew the information (12.8%, n = 22)
   - Other miscellaneous comments (8.7%, n = 15)

10. Suggested *improvements*:
    - No suggestions/everything was good/okay/helpful/well-run (54.7%, n = 98)
    - Need more activities/make more interactive/less sitting (15.6%, n = 28)
    - Present more information on the effects of marijuana and other drugs (7.2%, n = 12)
    - Other miscellaneous suggestions (22.9%, n = 41)

Note: Percentages are based upon the total number of valid responses per question and are not necessarily inclusive of all 186 participants returning the satisfaction survey.

D.   *Program Outcomes*

Central to the purpose of the SIRP program is:
- Increasing the understanding of the effects that alcohol and other drugs have on the body
- Increasing awareness of one's personal risk related to alcohol and drug use
- Identification of one's personal values surrounding alcohol and drug use
- Increasing motivation and intention to reduce use
- Decreasing the use of alcohol and other drugs

The first four of these goals are measured using the before- and after-program questionnaires, and the last goal is measured comparing changes in substance use comparing the after-program questionnaire and the two follow-up questionnaires (90-day and 180-day follow-ups). Follow-up data results are reported in a separate supplemental report.

Because each participant was assigned a unique identifying number, it is possible to match the before-, after-, and follow-up questionnaires by participant. For the purposes of this study, only significance levels that are less than 0.05 will be considered significant. This means that a change in scores is considered significant at a confidence level of 95% or greater.

Several analyses are conducted depending on the type of data. For example, by comparing the mean scores of before-program and after-program participation data, one can gauge the level of impact in that area. Each question analyzed will report the type and results of the analysis conducted, including whether the results are considered statistically significant.

Types of Substances Used

The most frequently used substances were marijuana (60.9%), tobacco (45.7%), and alcohol (38.1%), followed by non-prescribed prescription/over-the-counter (OTC) drugs (6%), illicit drugs (3.2%), and inhalants (1.6%).

Table 4
Substances Used at Time of SIRP Participation:
Never Used, No Use in 30 days, and Use
(Most Used to Least Used)

Substance Used	Number	Percent
Marijuana		
Never used	20	10.7
No use in last 30 days	53	28.4
Use	114	60.9
TOTAL	187	100.0
Alcohol		
Never used	28	15.2
No use in last 30 days	72	39.1
Use	84	45.7
TOTAL	184	100.0
Tobacco		
Never used	78	41.3
No use in last 30 days	39	20.6
Use	72	38.1
TOTAL	189	100.0
Non-Prescribed Prescription Drugs/OTC Drugs		
Never used	154	83.2
No use in last 30 days	20	10.8
Use	11	6.0
TOTAL	185	100.0
Illicit Drugs		
Never used	159	84.1
No use in last 30 days	24	12.7
Use	6	3.2
TOTAL	189	100.0
Inhalants		
Never used	167	89.8
No use in last 30 days	16	8.6
Use	3	1.6
TOTAL	186	100.0

Substance Use by SIRP Site

The Access Health site served the highest number of participants who used marijuana (36.9%), alcohol (40.5%), and tobacco (36.1%), and these participants also used substances at higher rates than those at any other site. To correctly read the data, see the note below Table 5.

Table 5
Participant Substance Use by SIRP Program Site*

Substance Used	PROGRAM SITE														Total	
	Access Health		Edward Little		Healthier Communities		Somerset/KBH		Knox		Healthy Waldo		Portland & So. Portland			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Marijuana	42	36.9	17	14.9	14	12.3	16	14.0	9	7.9	8	7.0	8	7.0	114	100.0
Alcohol	34	40.5	10	11.9	7	8.3	14	16.7	10	11.9	4	4.8	5	5.9	84	100.0
Tobacco	26	36.1	12	16.7	7	9.7	8	11.1	13	18.1	2	2.7	4	5.6	72	100.0
Non-Prescribed Prescription/OTC Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	100.0
Illicit Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	100.0
Inhalants	-	-	-	-	-	-	- -	-	-	-	-	-	-	-	3	100.0

*Note: To protect participant privacy, numbers and percentages for non-prescribed prescription/OTC drugs, illicit drugs, and inhalants are not reported by program site. Percentages are for each substance individually and should be added across the table rows. As participants could indicate more than one substance, percentages should not be added down the columns.

Number of Substances Used

Nearly one-fourth (27.4%) of all participants had not used substances at all or within the past 30 days, another 22.6% had used only one substance, and 50% had used two or more substances within the past 30 days.

Table 6
Number of Substances Used (Within the Last 30 Days)

Number of Substances Used	Number of Participants	Percent
None/No use within past 30 days	52	27.4
1	43	22.6
2	52	27.4
3	35	18.4
4	4	2.1
5	3	1.6
6	1	0.5
TOTAL	190	100.0

Substance Use by Gender

Types of substances used varied slightly by **gender** but were not significantly different.

- Marijuana use was higher among males.
- Alcohol and tobacco use were slightly higher among females.
- Illicit drug use, non-prescribed prescription/OTC drug use, and inhalant use were nearly the same between males and females.

Substance Use by Age

Types of substances used varied slightly by **age** but were not significantly different.

- Marijuana use increased consistently across age categories with the lowest use rates reported by the youngest age groups.
- Alcohol use rates increased with age.
- Tobacco use was highest among 15-, 16-, 17-, and 18-year-olds and the lowest among the 13- and 14-year-olds.
- Non-prescribed prescription/OTC drugs were used equally among the different age groups and were used by less than 6% of participants.
- Illicit drug use was highest among ages 16 and 17 and used by fewer than 3% of participants overall.
- Inhalant use was highest among 17-year-olds and used by less than 2% of participants overall.

Amounts and Types of Substances Used in Relation to Risk

Each participant was asked to indicate both the quantity and frequency of use of the following substances: tobacco, alcohol, marijuana, illicit drugs, non-prescribed prescription/OTC drugs, and inhalants. Three levels of use measurements were collected and analyzed for each substance: frequency of use, quantity of use, and low- vs. high-risk use.

Frequency of Use:

- How many times (number of days) did you use (the substance) in the last 30 days?

Quantity of Use:

- Usual amount used—If you used (the substance) within the last 30 days, how many times did you USUALLY use (the substance) in one day?
- Most amount used—If you used (the substance) within the last 30 days, what was the MOST number of times you used (the substance) in one day?
- Respondents were able to indicate "have never used (the substance)" or "have not used (the substance) in the last 30 days." Respondents indicating either of these two categories are included in the total data reported in each table but omitted from the "amounts of average (mean) use" data analysis.

Low- vs. High-Risk Use:

- Any use of the following substances is considered high risk: tobacco, marijuana, illicit drugs, non-prescribed prescription drugs/OTC drugs, and inhalants. Quantity and frequency of use for these substances are reported in the following tables.
- Alcohol use is reported separately as there are low- and high-risk use amounts to consider.

Tobacco

Before taking the SIRP course:

- 41.3% of participants never used tobacco and 20.6% did not use in the past 30 days
- 38.1% of participants indicated using tobacco at least once in the past 30 days
- 10.1% of participants indicated using tobacco nearly every day (26–30 days) in the past 30 days
- Those who did use indicated an average (mean) daily use of 4.77 (n = 62) and the most amount used in one day averaged (mean) 7.75 (n = 59)

Table 7
Number of Days Used Tobacco Products (Within the Last 30 Days)

Amount Used	Number of Participants	Percent
Never used tobacco	78	41.3
Did not use in last 30 days	39	20.6
1−5 days	18	9.5
6−10 days	8	4.2
11−15 days	10	5.4
16−20 days	8	4.2
21− 25 days	9	4.7
26−30 days	19	10.1
TOTAL	189	100.0

Table 8
Quantity of Tobacco Used (For Participants Indicating Use in Last 30 Days)

Amount	Mean	Standard Deviation	Range	Number
In the last 30 days, if you used tobacco products, how many times did you **usually use them in one day?**	4.77	4.6	1 to 20	62
In the last 30 days, if you used tobacco products, what was the **most number of times you used tobacco products in one day?**	7.75	6.26	1 to 23	59

Marijuana

Before taking the SIRP course:
- 10.7% of participants never used marijuana and 28.3% did not use in the past 30 days
- 61% of participants indicated using marijuana at least once in the past 30 days
- 18.1% of participants indicated using marijuana nearly every day (26–30 days) in the past 30 days
- Participants indicated an average (mean) daily use of 2.18 times (n = 104) and the most amount used in one day averaged (mean) 4.44 times (n = 102)

Table 9
Number of Days Used Marijuana (Within the Last 30 Days)

Amount Used	Number of Participants	Percent
Never used marijuana	20	10.7
Did not use in past 30 days	53	28.3
1–5 days	40	21.4
6–10 days	12	6.4
11–15 days	11	5.9
16–20 days	9	4.8
21–25 days	8	4.3
26–30 days	34	18.2
TOTAL	187	100.0

Table 10
Quantity of Marijuana Used (For Participants Indicating Use in Last 30 Days)

Amount	Mean	Standard Deviation	Range	Number
In the last 30 days, if you used marijuana, how many times did you **usually smoke in one day?**	2.18	1.81	0 to 10	104
In the last 30 days, if you used marijuana, how many times was the **most you smoked in one day?**	4.44	3.7	0 to 20	102

Illicit Drugs

Before taking the SIRP course:

- 84.1% of participants never used illicit drugs and 12.7% did not use in the last 30 days
- 3.2% of participants indicated using illicit drugs at least once in the last 30 days
- Participants indicated an average (mean) daily use of 1.5 times (n = 6) and the most amount used in one day averaged (mean) 3.5 times (n = 6)

Table 11
Number of Days Used Illicit Drugs (Within the Last 30 days)

Amount Used	Number of Participants	Percent
Never used illicit drugs	159	84.1
Did not use in last 30 days	24	12.7
1−5 days	6	3.2
6−10 days	0	0
11−15 days	0	0
16−20 days	0	0
21−25 days	0	0
26−30 days	0	0
TOTAL	189	100.0

Table 12
Quantity of Illicit Drugs Used (For Participants Indicating Use in Last 30 Days)

Amount	Mean	Standard Deviation	Range	Number
In the last 30 days, if you used illicit drugs, how many times did you **usually use them in one day?**	1.5	.84	1 to 3	6
In the last 30 days, if you used illicit drugs, what was the **greatest number of times you used an illicit drug in one day?**	3.5	3.39	1 to 10	6

Non-Prescribed Prescription/OTC Drugs

Before taking the SIRP course:

- 83.2% of participants never used prescription/OTC drugs and 10.8% did not use in the last 30 days
- 6.0% of participants indicated using prescription/OTC drugs at least once in the last 30 days
- Participants indicated an average (mean) daily use of 1.22 times (n = 9) and the most amount used in one day averaged (mean) 1.73 times (n = 9)

Table 13
Number of Days Used Non-Prescribed Prescription/OTC Drugs
(Within the Last 30 Days)

Amount Used	Number of Participants	Percent
Never used non-prescribed prescription drugs/OTC drugs	154	83.2
Did not use in last 30 days	20	10.8
1−5 days	11	6.0
6−10 days	0	0
11−15 days	0	0
16−20 days	0	0
21−25 days	0	0
26−30 days	0	0
TOTAL	185	100.0

Table 14
Quantity of Non-Prescribed Prescription/OTC Drugs Used
(For Participants Indicating Use in Last 30 Days)

Amount	Mean	Standard Deviation	Range	Number
In the last 30 days, if you used prescription drugs, how many times did you **usually use them in one day?**	1.22	.44	1 to 2	9
In the last 30 days, if you drank alcohol, how many drinks was the **most you drank in one day?**	2.33	1.73	1 to 6	9

Inhalants

Before taking the SIRP course:

- 89.8% of participants never used inhalants and 8.6% did not use in the last 30 days
- 1.6% of participants indicated using inhalants at least once in the last 30 days
- Participants indicated an average (mean) daily use of 1.67 times (n = 3) and the most amount used in one day averaged (mean) 4.0 times (n = 3)

Table 15
Number of Days Used Inhalants (Within the Last 30 Days)

Amount Used	Number of Participants	Percent
Never used inhalants	167	89.8
Did not use in last 30 days	16	8.6
1−5 days	2	1.1
6−10 days	0	0
11−15 days	0	0
16−20 days	0	0
21−25 days	0	0
26−30 days	1	.5
TOTAL	186	100.0

Table 16
Quantity of Inhalants Used (For Participants Indicating Use in Last 30 Days)

Amount	Mean	Standard Deviation	Range	Number
In the last 30 days, if you used inhalants, how many times did you **usually use them in one day?**	1.67	1.15	1 to 3	3
In the last 30 days, if you used inhalants, what was the **greatest number of times you used them in one day?**	4.0	5.2	1 to 10	3

Alcohol: Low- and High-Risk Use

With alcohol use, the class teaches frequencies and quantities of use that are considered low-risk vs. high-risk. To stay within low-risk guidelines, no more than three standards drinks should be consumed in any one day and no more than 14 drinks in one week. Anything above the daily and weekly limits is considered high-risk consumption.

Quantity of alcohol consumption defines how many drinks one usually consumes in a day.

Frequency of use (number of days a participant used alcohol per month) is also important to consider, as it takes into account the number of days per week the alcohol was consumed.

It is necessary to look at both the number of days used in conjunction with the daily consumption rate. Low-risk use is to not consume more than 14 drinks in one week or more than three in one day. One can also be considered to use at low-risk amounts if one consumed no more than three drinks in one day and did not use more than 16 days in one month (at four days of use per week, multiplied by four weeks in a 30-day period would mean that use should be limited to no more than 16 days per 30-day timeframe) Since the frequency of use data is organized in categories of a range of number of days (i.e., 1–5 days, 6–10 days, 11–15 days, 16–20 days, 21–25 days, 26–30 days), analysis must review use of less than 16 days along with no more than a quantity of three drinks per day as the definition of low-risk use.

> ### LOW-RISK ALCOHOL USE =
>
> **Quantity** (< or = 3 standard drinks per day) + **Frequency** (< or = 16 days in a 30-day period)

Therefore, if a participant indicates a use of less than 16 days per month *and* no more than three drinks in a day as the "usual" amount consumed, low risk use is assumed.

Before taking the SIRP course:

- 15.2% of participants never used alcohol.
- 39.1% did not use alcohol in the last 30 days.
- 45.7% of participants indicated using alcohol sometime within the last 30 days:
  - 56% of those who drank indicated they usually drank at low-risk levels (three or less drinks per day *and* less than 16 days per month). During times when they went above their usual levels, 50% continued to drink within the low-risk guidelines of no more than three drinks per day.
  - 44% of those who drank indicated drinking at high-risk levels (four or more drinks per day *and/or* more than 16 days per month)
- Averaged together, participants who drank indicated a mean daily consumption of 3.66 drinks (n = 73), and the most amount consumed in one day averaged (mean) 6.32 drinks (n = 73)

Table 17
Number of Days Used Alcohol (Within the Last 30 Days)

Amount Used	Number of Participants	Percent
Never used alcohol	28	15.2
Did not use in last 30 days	72	39.1
1−5 days	63	34.3
6−10 days	13	7.1
11−15 days	6	3.3
16−20 days	1	.5
21−25 days	0	0
26−30 days	1	.5
TOTAL	184	100.0

Table 18
Quantity of Alcohol Used (For Participants Indicating Use in Last 30 Days)

Amount	Mean	Standard Deviation	Range	Number
In the last 30 days, if you drank alcohol, how many drinks did you **usually drink in one day?**	3.66	3.26	0 to 18	73
In the last 30 days, if you drank alcohol, how many drinks was the **most you drank in one day?**	6.32	4.99	0 to 25	73

Understanding the Effects of Alcohol and Other Drugs

One of the primary goals of the program is to increase participants' overall understanding of the effects that alcohol and drugs have on the body and on judgment. The summaries below indicate the results of one-tailed paired samples *t* tests for four questions measuring an understanding of the effects of alcohol and other drugs on the body, for both before- and after-program participation using a 6-point scale, where 1 = strongly disagree and 6 = strongly agree. This test indicated that **participants displayed an increased understanding of the effects that alcohol and other drugs have on the body in five out of five measures**, with all questions showing a change in scores in the desired direction at statistically significant levels (at a 95% or better confidence rating). Summary results are reported in Table 19.

It should be noted that some participants did not use alcohol or did not use other substances, and their ratings on some of these questions would not necessarily change over time or may even increase over the life of the program as they may have come to see that their "non-use" of some substances actually protected the things they value. Despite the lack of change in some scores for some participants, results continued to be statistically significant.

Table 19
"Effects of Substances on the Body"
(Changes in Mean Scores Before and After Program Participation)

SURVEY QUESTIONS	BEFORE-PROGRAM MEAN SCORE	AFTER-PROGRAM MEAN SCORE	MEAN DIFFERENCE*
Statistically Significant at p <= 0.05			
High tolerance protects people from having problems with alcohol. (Q1)	2.52	1.67	.86
People who can handle alcohol are less likely to develop alcoholism. (Q2)	2.16	1.71	.45
Smoking marijuana two hours before driving increases risk for crashing. (Q3)	3.22	4.28	-1.06
My drinking choices will determine whether or not I develop alcoholism. (Q8)	4.18	4.96	-.77
If I keep drinking like I have in the past my risk for developing alcoholism will be (low/high). (Q36)	3.75	5.28	-1.53

*All results are statistically significant at the 0.05 level. Respondents rated their level of agreement with each statement using a scale from 1 to 6 where 1 = **strongly disagree** and 6 = **strongly agree**. Wording of questions on the before-program and after-program questionnaires are the same.

Awareness of Personal Risk Related to Alcohol and Drug Use

Nine questions measured participants' perception of personal risk associated with using alcohol and other drugs. Results of each question are discussed below and are arranged in the subcategories of question asking about:

- Personal risk related to alcohol use
- Personal risk related to illicit drug use
- Problems related to personal use of alcohol and drugs

Personal Risk Related to Alcohol Use

Six questions measured participants' perception of personal risk associated with using alcohol (questions 4, 5, 7, 8, 34, and 36). Table 20 indicates the results of one-tailed paired samples *t*-tests for each of these five questions. The *t*-test results indicated that **participants displayed an increased understanding of personal risk related to alcohol use in all six measures,** showing a change in scores in the desired direction at statistically significant levels (at a 95% or better confidence rating). In all six questions, participants indicated an increased awareness of how they are affected by alcohol, realizing they could be impaired by fewer drinks and they could develop alcoholism.

Table 20
Personal Risk Related to Alcohol Use
(Changes in Mean Scores Before and After Program Participation)

SURVEY QUESTIONS	BEFORE-PROGRAM MEAN SCORE	AFTER-PROGRAM MEAN SCORE	MEAN DIFFERENCE
Statistically Significant at p <= 0.05			
I could become an alcoholic. (Q4)*	2.27	3.72	-1.05
If I drink as much as I have in the past, I could develop alcoholism. (Q5)*	2.01	2.83	-.82
I should drink less. (Q7)*	2.57	3.16	-.59
My drinking choices will determine whether or not I develop alcoholism. (Q8)*	4.18	4.96	-.77
How many drinks can you drink before *you* are too impaired to drive safely? (Q34)**	2.57 drinks	2.05 drinks	0.51 drinks
If I keep drinking like I have in the past, my risk for developing alcoholism will be (low/high). (Q36)***	3.75	5.28	-1.53

* Respondents rated their level of agreement with each statement using a scale from 1 to 6 where 1 = **strongly disagree** and 6 = **strongly agree**.
** Respondents could indicate the number of drinks from 0 to 14 or more. The value of "14 or more" was re-coded to a value of 14 for analysis purposes. A respondent could not indicate a number of drinks higher than 14.
***Respondents could indicate their level of risk using a scale from 1 to 10 where 1 = **low** and 10 = **high**. Wording of questions on the before- and after-program questionnaires are the same. All results are statistically significant at the 0.05 level.

Two additional questions measure risk related to personal use of alcohol. Data show that participants displayed increased knowledge of low-risk drinking habits. As shown in Table 21, more participants indicated they can consume **fewer drinks** before they consider themselves to be at **high risk**. Before program participation, 40.6% of respondents indicated they could be impaired by three or fewer drinks, compared to 62.5% at the end of the program—**an increase in the desired direction of 21.9%.**

However, some youths who indicated on their pretest that low-risk drinking would be *less than* three drinks per day later indicated that three drinks would be a safe amount. While this figure is also consistent with what is taught in the program, the information may be indicating to some participants that they could "safely" drink at higher levels and therefore ranked this question higher at program end.

Table 21
Personal Risk: How many drinks can you drink in a day before you think it would be high risk for you? (Q35)

Number of Drinks	BEFORE		AFTER	
	Number	Percent	Number	Percent
3 or fewer	73	40.6	115	62.5
4 or more	107	59.4	69	37.5
TOTAL	180	100.0	184	100.0

Personal Risk Related to Illicit Drug Use

In regard to illicit drug use, participants were asked to rank the likelihood they could become addicted if they continued with their past drug use levels (as ranked on a 6-point scale where 1 = strongly disagree and 6 = strongly agree). After participating in the program, respondents were more likely to see that their past drug use behavior was high risk and could result in addiction (if a respondent uses illicit drugs, the stronger one agrees with the statement, the stronger the understanding of the concept). Scores changed from a mean of 2.43 to 3.28, resulting in a mean difference of -0.85—which is statistically significant. **Results show that participants were more likely to understand that illicit drug use is a high-risk choice** (see Table 22).

Table 22
Personal Risk: Drug Use
(Changes in Mean Scores Before and After Program Participation)

SURVEY QUESTION	BEFORE-PROGRAM MEAN SCORE	AFTER-PROGRAM MEAN SCORE	MEAN DIFFERENCE
Statistically Significant at p <= 0.05			
If I use drugs as much as I have in the past, I could become addicted. (Q6)*	2.43	3.28	-.85

* For this question respondents rated their level of agreement with each statement using a scale from 1 to 6 where
 1 = **strongly disagree** and 6 = **strongly agree**.

Problems Related to Alcohol and Drug Use

Four questions ask participants to rate their own alcohol and drug use in relation to problems they may have experienced. Table 23 shows results for the question "Have you ever had problem with alcohol or drugs?" **Participants did not change their rating. They were somewhat more likely to indicate they did not have a problem with alcohol or drugs at the end of the program.** The number of students indicating "yes" showed decrease of 5.1%.

Table 23
Have you ever had a problem with alcohol or drugs?

Response	BEFORE (Q38)		AFTER (Q41)	
	Number	Percent	Number	Percent
Yes	40	21.1	30	16.0
No	122	64.2	137	73.7
Not Sure	28	14.7	19	10.2
TOTAL	190	100.0	250	100.0

Yet, nearly half of all respondents indicated they experienced specific problems associated with their drinking and/or drug use. Respondents were asked if they had experienced problems with "lower grades"; if they had a "friend concerned about drinking or drug use"; and whether they ever "felt a need to cut down on their drinking and drug use." Tables 24 through 26 provide results specific to each question.

- 32.2% indicated they had gotten lower grades because of drinking or drug use
- 32.1% indicated they had a friend concerned about their level of drinking or drug use and suggested they cut down
- 51.9% indicated they sometimes felt the need to cut down on their drinking or drug use

Table 24
Have you gotten lower grades because of your drinking or drug use? (aQ38)

Response	Number	Percent
Yes	58	32.2
No	122	67.8
TOTAL	180	100.0

Table 25
Has a friend been concerned about your drinking or drug use and suggested you cut down? (aQ39)

Response	Number	Percent
Yes	60	32.1
No	127	67.9
TOTAL	187	100.0

Table 26
Have you sometimes felt the need to cut down on your drinking or drug use? (aQ40)

Response	Number	Percent
Yes	96	51.9
No	89	48.1
TOTAL	185	100.0

Results indicate mixed findings regarding an increased awareness of personal risk. However, it should be noted that not all students may have used alcohol or illegal drugs. A participant's self-rating of risk in these categories could reflect non-use and thus show little positive change in perceived personal risk.

Identification of Personal Values Surrounding Alcohol and Drug Use

At the end of the program, participants showed an **increased understanding** of how personal values are affected by using alcohol, marijuana, and other drugs. As shown in Table 27, participants were more likely to agree that smoking marijuana and taking drugs would risk the things they value. Changes in scores for two of the four questions are statistically significant at the 0.05 level.

It is interesting to note that participants rated once-a-week marijuana use (Q12) as less risky than "getting drunk" once a week (Q14). Additionally, the small amount of change between before and after rankings for illicit drugs may be due to a higher level of awareness of the effects of illicit drugs and lack of use of these substances by the participants who took the class. Marijuana ratings may be lower than those for alcohol because past substance use awareness campaigns have focused more on alcohol than other substances and reflect the increased knowledge of the risks of alcohol use.

Table 27
Participants' Values in Relation to Using Marijuana, Other Drugs, and Drinking
(Changes in Mean Scores Before and After Program Participation)

SURVEY QUESTIONS	BEFORE-PROGRAM MEAN SCORE	AFTER-PROGRAM MEAN SCORE	MEAN DIFFERENCE
Statistically Significant at p <= 0.05			
If you **smoked marijuana nearly every day**, how much would you be risking the things you value? (Q11)	5.53	6.57	-1.03
If you **smoked marijuana once a week**, how much would you be risking the things you value? (Q12)	4.22	5.05	-.84
Not Statistically Significant			
If you **took other drugs once a week**, how much would you be risking the things you value? (Q13)	6.4	6.77	-.37
If you **got drunk once a week**, how much would you be risking the things you value? (Q14)	5.14	5.52	-.38

* Respondents could indicate their level of risk using a scale from 1 to 10 where 1 = **low** and 10 = **high**. Wording of questions on the before- and after-program questionnaires are the same.

Intent to Reduce Use and Make Low-Risk Choices

Over the course of the program, participants showed **an increase** in their motivation to reduce their own alcohol or drug use. This increase was also statistically significant at the 0.05 level.

Table 28
Motivation for Reducing Alcohol/Drug Use

SURVEY QUESTION	BEFORE-PROGRAM MEAN SCORE	AFTER-PROGRAM MEAN SCORE	MEAN DIFFERENCE
Statistically Significant at p <= 0.05			
Strength of motivation for reducing my alcohol or drug use.* (Q37)	5.17	6.43	-1.26

*Respondents could indicate their level of risk using a scale from 1 to 10 where 1 = **low** and 10 = **high**.

Participants were also asked to rate their future intent to drink, drink and drive, and use drugs. Responses showed that more than half of the participants intended to reduce their drinking, drug use, and high-risk behavior. Tables 29 through 33 show the results of these questions.

The results of each of these tables indicate that half of the respondents intend to drink either nothing or drink within the low-risk guidelines taught in the class. Low-risk guidelines indicate that one should not drink more than three standard drinks[6] per day for a total of no more than 14 standard drinks in one week. In addition, nearly half of all respondents would not smoke marijuana and nearly all indicated they would not drive after drinking or using drugs.

- 79.3% indicated they would USUALLY either drink nothing or drink three or fewer drinks. (Table 29)
- 69.3% indicated the MOST drinks they would have in a day is either none or less than four drinks. This information also displays recognition of the concept that one should drink no more than three drinks in one day and shows intent to make low-risk choices. (Table 30)
- 67.7% indicated that during the next 30 days they would not consume more than four drinks at one time. (Table 31)
- 47.6% indicated they would not smoke marijuana or use other drugs in the next 30 days. (Table 32)
- 89.8% indicated they would not drive after drinking or using drugs. (Table 33)

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[6] The PRIME for Life curriculum indicates that a "standard drink" refers to ½ ounce of pure alcohol in any alcoholic beverage. Therefore, a "standard drink" means one 12 oz. beer (4% alcohol), one 4 oz. glass of wine (12% alcohol), or one 1 oz. serving of liquor (100 proof).

Table 29
In the next 30 days, if I drink, I think I will USUALLY have (# of drinks):
(aQ42)

Number of Drinks	Number	Percent
None	78	41.3
1−3	72	38.0
4−5	19	10.1
6−7	11	5.8
8−12	6	3.2
13 or more	3	1.6
TOTAL	**189**	**100.0**

Table 30
In the next 30 days, the MOST drinks I think I will have in a day is:
(aQ43)

Number of Drinks	Number	Percent
None	80	42.3
1−3	51	27.0
4−5	22	11.6
6−7	17	9.0
8−12	13	6.9
13 or more	6	3.2
TOTAL	**189**	**100.0**

Table 31
In the next 30 days, the number of days I think I will drink four or more drinks is:
(aQ44)

Number of Days	Number	Percent
None	128	67.7
1−2	42	22.2
3−4	11	5.8
5−7	5	2.7
8−10	2	1.1
11−15	0	0
16−20	0	0
21−30	1	.5
TOTAL	**189**	**100.0**

Table 32
In the next 30 days, the number of days I think I will smoke marijuana or
take other drugs is:
(aQ45)

Number of Days	Number	Percent
None	90	47.6
1–2	20	10.6
3–4	8	4.2
5–7	15	7.9
8–10	11	5.8
11–15	10	5.3
16–20	10	5.3
21–30	25	13.3
TOTAL	**189**	**100.0**

Table 33
I will drive after drinking or using drugs:
(aQ46)

Response	Number	Percent
Yes	10	5.4
No	167	89.8
Unsure	9	4.8
TOTAL	**186**	**100.0**

Reduction in Use Over Time

Follow-up questionnaires were mailed to all youths who successfully completed the program asked participants to indicate their frequency and amount of substance use over the past 30 days. Each programs' staff mailed the surveys directly to participants approximately 90 days after program completion and again at 180 days after completion.

A supplementary report will be prepared that includes analysis and findings of the data received from SIRP participant follow-up questionnaires.

IV.   CONCLUSION

Outcome evaluation data indicates that many positive achievements were made toward reaching the goals of the Student Intervention and Reintegration Program (SIRP). In all four of the program's objectives, youths showed positive gains at statistically significant levels. Youths displayed:

- An increase in knowledge about the effects that alcohol and other drugs have on the body
- An increase in the awareness of one's personal risk related to alcohol and drug use
- The ability to identify what constitutes personal risk and compromising of values when using substances
- Reduced motivation and intention to use

Despite their initial reluctance at taking the class, youths completing the program indicated a high level of overall satisfaction with the instructor, materials, content, and usefulness of the information presented. The majority of students reported that they found the program to be either very helpful or somewhat helpful, were able to articulate what they learned from the program, and would recommend taking the course.

SIRP participants are learning valuable information and skills about alcohol and other drugs, the difference between low- and high-risk choices, and how those choices affect the things they value most. While in the beginning many participants were reluctant to participate in the program, by program end, most were glad they did.