DEPARTMENT OF JUSTICE

Office of Juvenile Justice and Delinquency Prevention

[OJP (OJJDP)–1237]

RIN 1121–ZB70

Training and Technical Assistance for the Life Skills Training Drug Prevention Program

AGENCY: Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Justice.

ACTION: Announcement of discretionary competitive technical assistance support.

SUMMARY: This program is authorized under the Omnibus Consolidated and Emergency Supplemental Appropriation Act of 1999, October 19, 1998 (Pub. L. 105–277). OJJDP invites applications from schools, local education agencies, local public health agencies, and public agencies or private organizations involved with drug prevention activities. Joint applications between schools or local education agencies and nonschool applicants are welcome.

DATES: Applications must be received by August 9, 1999.

ADDRESSES: Interested applicants can obtain an application kit from the Juvenile Justice Clearinghouse at 800–638–8736. The application kit is also available on OJJDP's Web site at www.ojjdp.ncjrs.org.

FOR FURTHER INFORMATION CONTACT: Eric Stansbury Program Manager, Office of Juvenile Justice and Delinquency Prevention, 202–307–5914. [This is not a toll-free number.]

SUPPLEMENTARY INFORMATION: This is a follow on to a previous OJJDP program announcement of the availability of training and technical assistance for the Life Skills Training drug prevention program, originally announced in the **Federal Register** on December 4, 1998, 63 FR 67136. Under this program announcement, additional OJJDP-funded training and technical assistance is being offered to 50 or more new program sites.

Purpose

The purpose of this program is to support the development and implementation of drug abuse prevention programs that help reduce risk factors and enhance protective factors among adolescents in middle and junior high school. The program will provide training and technical assistance to schools and/or local education agencies to implement the Life Skills Training drug prevention program. It will also provide the program support and implementation materials needed to implement and evaluate replication of this proven effective drug prevention program model that addresses a community's identified substance abuse reduction needs. The broad goal of the program is to reduce youth drug use by encouraging the promotion of multiple approaches to educating and motivating younger adolescents to make healthy lifestyle decisions.

Background

National survey data of adolescent drug use illustrate that the 1980's downward trend in the use of many drugs was reversed in 1993 (U.S. Department of Health and Human Services, 1997); increases in the prevalence of use among 8th, 10th, and 12th grade students were observed through 1996. In 1997, the data indicated a leveling off for some drug categories among some age groups, but in general, the trends for the mid-1990's show escalating rates of use for students in the three grades examined.

Age-related normative expectations for substance use generally place older children at greater risk for substance use initiation than younger children. Among preadolescent children, the use of illegal substances is relatively rare. The transition to middle school or junior high school is viewed as a major risk period for experimentation with gateway substances. The 1997 Monitoring the Future survey data indicate that by 8th grade, 47 percent of students had tried cigarettes at least once, 19 percent had smoked in the past month, and 9 percent were daily smokers (University of Michigan Institute for Social Research, 1997). For 10th grade students, these figures jump to 60 percent, 30 percent, and 18 percent, respectively, and for 12th grade students they jump to 65 percent, 35 percent, and 25 percent, respectively. Similarly, a large number of students reported having tried alcohol at least once during their lifetimes: 54 percent of 8th graders, 72 percent of 10th graders, and 82 percent of 12th graders admitted having used alcohol at least once, and 25 percent, 49 percent, and 64 percent, respectively, admitted having been drunk. Prevalence of marijuana use was lower than for tobacco and alcohol, but still high. Annual and 30-day use rates for those in 8th grade were 18 percent and 10 percent; in 10th grade, these rates were 35 percent and 20 percent; and in 12th grade, they were 39 percent and 24 percent.

Among youth who use drugs, a fairly predictable sequence has been observed, beginning with substances legal for adult consumption and then moving on to marijuana and eventually other illegal drugs (Kandel and Yamaguchi, 1999). This pattern of use is largely consistent with social attitudes and norms and the availability of drugs.

In fiscal year 1998, Congress appropriated $5 million to the Office of Juvenile Justice and Delinquency Prevention (OJJDP) ''to develop, demonstrate and test programs to increase the perception among children and youth that drug use is risky, harmful, and unattractive * * * [through an initiative that is] consistent with existing research findings on effective prevention methods against teenage drug abuse'' (Conference Report 105–405 for Pub. L. 105–119, November 13, 1997).

A number of theories, models, and frameworks have been tested to identify possible explanatory mechanisms of youth substance use initiation. The results of these tests also have created a basis for developing strategies for deterring initiation, use, and progression to abuse. Interventions based on these different theories, models, and frameworks may be more or less applicable to different target groups. Target audiences for drug abuse prevention interventions are grouped into three categories; different types of interventions are used for each. Universal interventions reach the general population (*e.g.*, all students in a school), selected programs target groups or subsets of the general population at risk (*e.g.*, children of drug users), and indicated interventions are designed for individuals who are already experimenting with drugs or who exhibit other related risks that foreshadow the use of drugs. The majority of interventions that have been developed and rigorously tested are of the universal type (National Institute on Drug Abuse, 1997).

Botvin, Schinke, and Orlandi (1995: 170–172) described common approaches to drug prevention:

> The most common prevention approach used by schools relies on teaching students factual information about drugs and drug abuse. Typically, students are taught about the dangers of tobacco, alcohol, or drug use in terms of the adverse health, social, and legal consequences. * * * Programs that rely exclusively on providing students with facts about drugs and drug abuse are conceptually based on a cognitive model of drug use/abuse. Such a model assumes that individuals make a more or less rational decision to use drugs or not to use drugs. * * * This model of drug abuse assumes that once armed with the necessary facts, students will make a rational and informed decision not to use drugs.

Another common approach to drug abuse prevention has been referred to as affective education. This prevention strategy [is] based on the belief that the risk of using drugs [can] be reduced through programs designed to promote affective development. * * * Instead of focusing on cognitive factors, affective education emphasizes the personal and social development of students. Affective education takes a somewhat broader approach to the problem of drug abuse than information dissemination by implicitly recognizing the role of psychosocial factors. * * * For example, components of affective education approaches that are used in some prevention programs include decisionmaking, effective communication, and assertiveness.

Subsequently developed approaches have been designed to target the psychosocial factors believed to promote the use of drugs. Emphasis was placed on teaching students the skills needed to resist influences such as those from peers and the media (Botvin, Schinke, and Orlandi, 1995).

Perhaps the theory most widely applied to the problem of substance use is the Social Learning Theory (Bandura, 1977). This theory posits that people learn behaviors through processes of modeling and reinforcement. A model derived from this theoretical perspective is the Social Influence Model. According to this model, youth's perceptions that deviant behaviors are standard practices among their peers promote deviance through the establishment of negative normative beliefs and reinforcement of behaviors that confirm those beliefs (Botvin et al., 1995). Thus, the onset of substance use can be viewed as behavior acquired through modeling, social pressure, and reinforcement by friends, family, the media, and community norms and practices. These same factors can be applied in a positive manner to change behavior.

Epidemiologic and etiologic studies have identified various factors that predict youth drug involvement (Bentler, 1992). A number of frameworks have been developed for classifying these factors into conceptual domains that may contribute to an understanding of how these factors cluster and operate'singly and together'for individuals and groups (for a review, see Hawkins, Catalano, and Miller, 1992). Perhaps the most commonly used framework is the ecological perspective, which groups factors into individual, family, peer group, community, and sociopolitical contextual domains (Bronfenbrenner and Ceci, 1994). Information about risks within these domains can then be used to focus prevention programming and strategies.

Recently, there has been a concentration on the identification of factors that may protect at-risk individuals and groups from the initiation of substance use and other problem behaviors such as violence (Cicchetti and Garmezy, 1993: Garmezy, 1993; Masten and Coatsworth, 1998; Werner, 1995). These protective or resiliency factors have been demonstrated to reduce the initiation of substance use under some circumstances. However, they appear to be less potent when there is an accumulation of risk factors in an individual's life or community (Hawkins, 1998). Moreover, risk and protective factors are not static; their potency and meaning change with a person's developmental status and circumstance (Glantz and Sloboda, in press). For example, epidemiologic studies have documented an association between changing beliefs about social responsibility and perceived risks of marijuana use on the prevalence of use among high school seniors (U.S. Department of Health and Human Services, 1997). That is, increases in social disapproval of use and an increased perception of risk associated with use were followed by a reduction in the prevalence of use from the mid-1980's to 1992. Perceived risk began to drop in 1992, and prevalence of use began to increase in 1993. Thus, it appears that a change in social norms can function as either a risk or a protective factor.

Despite these caveats, the use of risk and protective factors as a framework for the selection of community prevention programs has become widespread, and a number of studies have demonstrated the utility of the model for this purpose (Hawkins, 1998). In general, the more risk factors present in a community, the greater the likelihood that an individual will become involved with drug and alcohol use and other problem behaviors. Knowledge of the specific risk factors present in a community and among youth within that community provides policy makers, practitioners, and implementers with information critical for comprehensive, communitywide prevention planning.

The Center for the Study and Prevention of Violence (CSPV) at the University of Colorado, Boulder, has identified 10 prevention and intervention programs that meet the highest scientific standards of program effectiveness. CSPV has described these programs and provided the documentation necessary for their replication in a series of publications called *Blueprints*. The Life Skills Training (LST) program is an effective drug abuse program model documented in the *Blueprint* series. Developed by Dr. Gil Botvin, this program has empirically demonstrated, across settings, that it reduces gateway drug use among youth. Although this model has been tested in a number of jurisdictions, the training and technical assistance offered under this program announcement is designed to foster its replication in more and diverse jurisdictions, including urban, rural, and tribal settings. This whole school immersion drug prevention program targets middle and junior high school students with initial intervention in sixth or seventh grades, depending on school structure. For a more complete explanation of the LST program, see the appendix.

Goal

The specific goal of the training and technical assistance program is to reduce drug use among younger adolescents (middle and junior high school students) by increasing the perception among children and youth that drug use is risky, harmful, and unattractive.

Objectives

- To adapt, implement, and monitor the implementation of the Life Skills Training program.
- To reduce youth vulnerability to prodrug social influences.
- To decrease risk factors for drug use and associated behaviors by enhancing personal and social competencies and other protective factors among youth.

Program Strategy

Training and technical assistance for the replication of the LST model has been awarded to CSPV, which will, in turn, provide technical assistance to individual schools and local education agencies. CSPV will also assist in the selection of schools and local education agencies for the replication of the LST model and support the training, technical assistance, and process evaluation components of the program in each of the selected schools and local education agencies. In conjunction with CSPV, the LST training team, led by Dr. Botvin, will work with each selected site, providing training, technical assistance, and program and curriculum materials over a 3-year period.

The training and technical assistance will be provided by CSPV and the LST training team through a four-step process:

• Determine the suitability of applicant organizations (sites) to conduct the planned replication of LST (after being deemed qualified by an OJJDP review panel). CSPV and LST will determine suitability by reviewing applications, holding conference calls, and making site visits, where necessary.

• Facilitate the delivery of curriculum materials during the 3-year program to the selected sites, an essential step because the LST program requires strict adherence to a core curriculum.

• Provide technical assistance and training sessions during the course of the 3-year program.

• Monitor implementation at the local level and conduct a process evaluation to assess how well the program is being implemented and is serving the selected sites. (This step will be carried out by CSPV only.)

Evaluation

Evaluation of the program will consist of both a process evaluation and an outcome evaluation. In conjunction with its monitoring function, CSPV will conduct a process evaluation that will focus on the individual project's adherence to the model. CSPV will collect data through observing project functions, examining project documents, and interviewing staff to determine whether the program is reaching the target population and whether the program is being implemented as designed. Information regarding the findings of the process evaluation will be provided periodically to the projects for use in making project management decisions.

Also, in cooperation with OJJDP, the National Institute on Drug Abuse will conduct an outcome evaluation to assess the extent to which a large-scale replication program in schools and local education agencies with diverse characteristics is able to effectively implement the LST model across multiple sites and reduce substance abuse. To facilitate the evaluation, applicant schools and/or local education agencies, as appropriate, must agree to and/or arrange for the following conditions:

• Applicants must document the cooperation and assurance of the school or local education agency's administration to:

—Provide documentation of cooperation and assurance for sites for random assignment to either intervention or control schools (it is anticipated that up to 30 sites (grantees) will be randomly selected to participate in an outcome evaluation). Interviews with students receiving the LST program and their matched counterparts in the control schools (not receiving LST) will be conducted over a 5-year period in sites selected to participate in the outcome evaluation.

—Assist in obtaining informed consent from parents for their children's participation in the project (to include the administration of surveys) in the intervention (treatment) and nontreatment control schools.

—Cooperate with the administration of pretests, posttests, and annual follow-up school surveys through the students' high school years to assess the impact of the implementation over time. The surveys will be done in both the intervention schools and the nontreatment control schools.

• Applicants must agree to collaborate with the researchers in designing and administering surveys to assess risk and protective factors and potential mediators of program effectiveness such as school environment (school policies, school behavioral norms), drug use behaviors, perceptions of risk, and changes over time in skill development and/or other essential intervention components.

• Applicants must agree to allow researchers access to all process evaluation data, including those data that monitor the fidelity of implementation across sites, participation rates, and barriers to implementation.

• Over the course of the project, the researchers conducting the outcome evaluation will provide feedback to participating schools and agencies on the outcome evaluation, including interim and final reports.

Eligibility Requirements

OJJDP invites applications from schools, local education agencies, local public health agencies, and public and private drug prevention agencies. Joint applications between schools or local education agencies and nonschool applicants are welcome. If the applicant is not a school or local education agency, the application must include a memorandum of understanding that documents the local education agency's formal commitment to cooperate with the applicant, participate in all training, and provide all necessary data over the course of the project.

Selection Criteria

Because sites will not receive funding directly, but instead will receive training, curriculum materials, and technical assistance, OJJDP has modified its standard selection criteria.

Applicants will be reviewed to determine that they are qualified based on the following criteria:

• Applicants' assessment of the juvenile drug use problem in their communities, particularly whether specific problem areas coincide with the requirements of the LST model.

• Applicants' understanding of the program's specific goals and objectives.

• Applicants' ability to restate the objectives in measurable terms.

• The local structure established to implement the project.

Prior to the CSPV and LST team review process described above, applicants will be evaluated and rated by a review panel according to the criteria outlined below.

Problems To Be Addressed (15 points)

Applicants must describe the targeted school or local education agency and explain why it would be a suitable site for replication of the LST program. This description should include the number of schools and students that will participate in the LST program and must explain the community assessment process, including the procedures used, the types and sources of data, and the relationship of the data to the target population. Emphasis should be placed on establishing baseline data that describe community risk and protective factors and general characteristics of the population to be served. Applicants should also describe other drug prevention programs (e.g., efforts to reduce underage drinking and community-based coalitions designed to reduce substance abuse by youth) in the community and explain how this program will be coordinated with them.

Goals and Objectives (5 points)

Applicants must provide succinct statements demonstrating an understanding of the goals, objectives, and tasks associated with the project (see, for example, sections regarding evaluation and implementation design and also the appendix). Objectives must be quantifiable and measurable, and applicants must convey a clear understanding of the purpose, implementation, evaluation requirements, and expected results of the project.

Implementation Design (40 points)

The LST program is a school-based intervention designed to be implemented in the classroom.

Applicants must demonstrate that the LST program meets the drug prevention needs of the target population of students within the specific community. They must also provide a detailed description of the processes for planning and implementing the project

and for cooperating with the outcome evaluation grantee.

Because successful prevention programs change students, schools, neighborhoods, and families in ways that reduce drug use by youth, proposals must be based on local objective data that identify characteristics and risk factors that need to be addressed and protective factors that show potential. Data collected about populations other than the specific populations that will receive direct services under the program (for example, national or State data on youth drug use) are not considered sufficient evidence that the program responds to the community-level needs of the target population. Applicants should provide evidence that they will work with the LST training and technical assistance provider to make the program culturally relevant to the target community and its population.

Applicant schools and agencies also should consider that greater effectiveness is achieved when the core elements of the original research-based model are retained. Core elements are the basic structure, content, and delivery of the program. For example, the structure of the program includes the number of sessions during year 1 and booster sessions during years 2 and 3 required to achieve the desired effect; the content includes the critical components such as normative education, refusal skills, and social skills training; and delivery includes the provision of appropriate staff training and resources to assist in implementation.

Applicants must detail the number of schools and students within each school that will be involved in the replication effort during the 3-year period. LST is ideally meant to begin in sixth or seventh grade (middle or junior high school) with booster sessions in each of the following 2 years. However, in the 2 years following the initial implementation, two new sixth grade cohorts may begin implementing LST, so that eventually the entire school is implementing the program. Although applicants may submit proposals with any number of participating schools and students, OJJDP reserves the right to hold sites to a limited number of participating students. Applicants must identify an equal number of students in nontreatment school sites to serve as control groups. Documentation for each participating school of a commitment to implement the program or serve as a control school for the participating schools should be included. Because the evaluation may involve random assignment to treatment or control groups, schools must be willing to commit to participate in either group.

Management and Organizational Capability (35 points)

Applicants must demonstrate that their management structure and staffing are adequate for the successful implementation of the project. They must present a workplan that identifies responsible individuals, major tasks, and milestones (timeline) for implementing the LST model in their school(s), with training beginning in late summer or early fall 1999 and implementation beginning in spring 2000. Applicants should specifically describe coordination and collaboration efforts related to the project.

Applicants must demonstrate any existing programs or partnerships related to substance abuse prevention by submitting project descriptions or memorandums of understanding, interagency agreements, or other documentation. These materials may be attached as appendixes. However, the collaborative relationship must be clearly described in the application. Staff résumés or job descriptions should also be attached as an appendix.

Budget (5 points)

Training and technical assistance funds for the replication of the LST model will not be awarded to individual schools and local education agencies, but rather to CSPV, which will use the money to provide all materials, training, technical assistance, and a process evaluation. Thus, applicants are required to submit budgets detailing only the in-kind contributions they will make to ensure sufficient onsite coordination of and support for replication of the model. Examples of in-kind contributions include, but are not limited to, office space, an appropriate location for provider training and onsite technical assistance, personnel to serve as liaison with LST and CSPV and coordinate local site activities, and equipment that will be used to support the project.

Applicants must provide as an in-kind contribution a mechanism for coordinating onsite training and technical assistance such as providing a suitable location for provider training by LST staff. Applicants should describe this mechanism. For example, a school might designate one or more individuals as training and technical assistance coordinator(s). Applicants should list and total the value of those in-kind contributions required to implement this project and describe plans for institutionalizing the project. Applicants are advised that they must document the in-kind costs in accord with OMB Circular A–110 or A–102.

Format

The narrative portion of this application must not exceed 25 pages (excluding the budget narrative, forms, assurances, and appendixes) and must be submitted on 8½- by 11-inch paper, double-spaced on one side of the paper in a standard 12-point font. These standards are necessary to maintain a fair and uniform standard among all applicants. If the narrative does not conform to these standards, OJJDP will deem the application ineligible for consideration.

Project Period

Sites selected will be provided technical assistance, program implementation training, and LST curriculum materials over a 3-year project period.

Project Sites and Level of Support

Up to 50 projects will be selected to replicate the LST model locally over 3 years. Successful applicants will receive the training, curriculum materials, and technical assistance from CSPV and LST. In making final selections, the OJJDP Administrator will consider geographic distribution and balance in the number of each type of jurisdiction (urban, rural, and tribal) selected.

Catalog of Federal Domestic Assistance Number

For this program, the Catalog of Federal Domestic Assistance (CFDA) number, which is required on Standard Form 424, Application for Federal Assistance, is 16.729. This form is included in OJJDP's Application Kit, which can be obtained by calling the Juvenile Justice Clearinghouse at 800–638–8736 or sending an e-mail request to puborder@ncjrs.org. The kit also is available online at www.ojjdp.ncjrs.org.

Coordination of Federal Efforts

To encourage better coordination among Federal agencies in addressing State and local needs, the U.S. Department of Justice is requesting applicants to provide information on the following: (1) Active Federal grant award(s) supporting this or related efforts, including awards from the U.S. Department of Justice; (2) any pending application(s) for Federal funds for this or related efforts; and (3) plans for coordinating any funds described in items (1) or (2) with the funding sought by this application.

For each Federal award, applicants must include the program or project title, the Federal grantor agency, the

amount of the award, and a brief description of its purpose.

''Related efforts'' is defined for these purposes as one of the following:

- Efforts for the same purpose (i.e., the proposed award would supplement, expand, complement, or continue activities funded with other Federal grants).
- Another phase or component of the same program or project (e.g., to implement a planning effort funded by other Federal funds or to provide a substance abuse treatment or education component within a criminal justice project).
- Services of some kind (e.g., technical assistance, research, or evaluation) to the program or project described in the application.

Delivery Instructions

All application packages should be mailed or delivered to the Office of Juvenile Justice and Delinquency Prevention, c/o Juvenile Justice Resource Center, 2277 Research Boulevard, Mail Stop 2K, Rockville, Maryland 20850; 301–519–5535.

Note: In the lower left-hand corner of the envelope, the applicant must clearly write ''Training and Technical Assistance for the Life Skills Training Drug Prevention Program.''

Due Date

Applicants are responsible for ensuring that the original and five copies of the application package are received by 5 p.m. ET on August 9, 1999.

Contact

For further information, call Eric Stansbury, Program Manager, Special Emphasis Division, at 202–307–5914, or send an e-mail inquiry to stansbur@ojp.usdoj.gov.

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Appendix

Applicants should contact The Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder, Campus Box 442, Boulder, Colorado 80309–0442; 303–492–8465, to obtain copies of the Life Skills Training Blueprint. The cost is $10.

Following is a brief description of the LST model, summarized from *Blueprints for Violence Prevention, Book 5: Life Skills Training.*

The Life Skills Training Program

The LST program is a primary prevention program that targets individuals who have not yet developed drug abuse problems. The goal of the program is to prevent gateway substance use among adolescents by making an impact on risk factors associated with tobacco, alcohol, and marijuana use, particularly occasional and experimental use. This goal is accomplished by providing adolescents with the knowledge and skills to:

- Resist peer and media pressure to smoke, drink, or use drugs.
- Develop a positive self-image.
- Make decisions and solve problems on their own.
- Manage anxiety.
- Communicate effectively and avoid misunderstandings.
- Build healthy relationships.
- Handle social situations with confidence.

The LST program is a school-based intervention designed to be implemented in the classroom. This intervention often is referred to as a universal intervention in that it is designed for all individuals in a given setting. The program was developed to have an impact on drug-related knowledge, attitudes, and norms; teach skills for resisting social influences to use drugs; and promote the development of general personal self-management skills and social skills. The LST prevention program comprises three major components. The first component is designed to teach students a set of general self-management skills. The second component focuses on teaching general social skills. The

third component includes information and skills that are specifically related to the problem of gateway substance use. The first two components are designed to enhance overall personal competence and decrease the motivation to use drugs and vulnerability to social influences. The problem-specific component is designed to provide students with material that relates directly to drug use (drug resistance skills, antidrug attitudes, and antidrug norms). Skills are taught using training techniques such as instruction, demonstration, feedback, reinforcement, and practice. In school districts that have a middle school structure, the program is implemented with sixth, seventh, and eighth graders. Where there is a junior high school structure, the program is implemented with seventh, eighth, and ninth graders.

The LST prevention program is a 3-year intervention designed to prevent or reduce gateway drug use. The program comprises 15 sessions in year 1, 10 booster sessions in year 2, and 5 booster sessions in year 3. The most natural and logical provider for a school-based prevention program is a regular classroom teacher. In addition to their availability, teachers are a logical choice because of their teaching experience and classroom management skills. Selection of program providers should be based on their interest, experience, enthusiasm, and commitment to drug abuse prevention; the extent to which they will be positive role models; and their willingness to attend the training workshop and implement the intervention carefully and completely according to the provider's guide.

The LST program provides project personnel 1- or 2-day initial training on the curriculum. This training is designed to familiarize intervention providers with the prevention program, its rationale, and the results of prior studies and to provide them with the opportunity to learn and practice the skills needed to successfully implement the program. Onsite and telephone technical assistance also are available to school personnel implementing the program in the respective project sites. In addition, LST provides booster training sessions during the second and third years.

There are two ways to implement LST in the classroom. The program can be scheduled so that it is taught at a rate of one class per week, or it can be programmed as a curriculum module or minicourse so that the entire program is conducted on consecutive class days. LST is a prescribed prevention program but has some implementation flexibility. It can be implemented in a number of different curriculum slots such as health education or drug education, if available, or through a major subject area such as science or social studies. Generally, it is implemented in a single subject area and taught by one teacher. However, some schools have implemented the program through more than one subject area where students are being taught by a team of teachers.

Individual or district-level school sites may implement the school-based program, which is designed to serve between 330 and 1,000 students in the school/district population who enter the program over a 3-year period in groups of equal size.

LST is based on an understanding of the causes of gateway substance use. LST interventions are designed to target the psychosocial factors associated with the onset of drug involvement. The initiation of drug use is the result of a complex combination of diverse factors; there is no single pathway or single variable that serves as a necessary and sufficient condition for initiating drug use. The LST approach to drug abuse prevention is based on an interactive model of drug abuse; drug abuse is thought of as resulting from a dynamic interaction of an individual and his or her environment. Social influences to use drugs (along with the availability of drugs) interact with individual vulnerability. Some individuals may be influenced to use drugs by the media (television and movies that glamorize drug use or suggest that drug use is normal or socially acceptable and advertising efforts that promote the sale of alcohol and tobacco products), family members who use drugs or convey prodrug attitudes, and friends or acquaintances who use drugs or hold attitudes and beliefs supportive of drug use. Others may be propelled toward drug use or a drug-using peer group because of intrapersonal factors such as low self-esteem, high anxiety, other negative feelings, or the desire for excitement.

The program focuses on drug-related expectancies (knowledge, attitudes, and norms), drug-related resistance skills, and general competence (personal self-management skills and social skills). Increasing prevention-related drug knowledge and resistance skills can provide adolescents with the information and skills needed to develop antidrug attitudes and norms and to resist peer and media pressure to use drugs. Teaching effective self-management and social skills (improving personal and social competence) can produce an impact on a set of psychological factors associated with decreased drug abuse risk (by reducing intrapersonal motivations to use drugs and by reducing vulnerability to prodrug social influences).

Examples of the types of personal and social skills typically included in this prevention approach are decisionmaking and problem-solving skills, cognitive skills for resisting interpersonal and media influences, goal setting and self-directed, behavior-change techniques, adaptive coping strategies for dealing with stress and anxiety, general social skills, and general assertiveness skills. This prevention approach teaches both these general skills and their application to situations related directly to tobacco, alcohol, or drug use. Building knowledge and skills in these areas can provide adolescents with the resources they need to resist peer and media pressures to use drugs and aid in developing a school climate in which drug use is not acceptable.

More than one-and-a-half decades of research with the LST program have consistently shown that it can cut drug use in half. These reductions (relative to controls) in both the prevalence (i.e., proportion of persons in a population who have reported some involvement in a particular offense) and incidence (i.e., the number of offenses that occur in a given population during a specified time interval) of drug use have been reported primarily in tobacco, alcohol, and marijuana use. These studies have demonstrated that this prevention approach can produce reductions in drug use that are long lasting and clinically meaningful. For example, long-term follow-up data indicate that reductions in drug use by seventh graders can last up to the end of high school. Evaluation research has demonstrated that this prevention approach is effective with a broad range of students including white middle-class youth and poor, inner-city minority (African-American and Hispanic) youth. Not only has this approach demonstrated reductions in alcohol and marijuana use of up to 80 percent, but evaluation studies have shown that LST also can reduce more serious forms of drug involvement such as the weekly use of multiple drugs or the prevalence of heavy smoking (a pack a day), heavy drinking, and episodes of drunkenness.

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