Section 3:
Tobacco Prevention Curriculum
The Tobacco Prevention Curriculum section of the Toolkit features evidence-based curricula; most of which is included in the National Registry of Evidence-Based Programs & Practices (NREPP). The curriculum highlighted in this section is meant to be implemented in a school setting and is organized by target audience. Please note that several curricula target multiple audiences.

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*LifeSkills – The South Dakota Department of Health collaborates with the South Dakota Department of Education and the Department of Human Services to offer in-state LifeSkills training to all schools in South Dakota. Additional financial support is also available through the Tobacco Control Program for LifeSkills materials. Please see pages 78 through 79 for more information about implementing LifeSkills in South Dakota schools.
LifeSkills Training Program

Target Audience
- Elementary school students
- Middle/junior high school students
- High school students

Goals and Objectives
The LifeSkills Program teaches information about the dangers of drug abuse. In addition, it promotes healthy alternatives to risky behavior through activities designed to:
- Teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs,
- Help students develop greater self-esteem and self-confidence,
- Enable students to effectively cope with anxiety,
- Increase student knowledge of the immediate consequences of substance abuse, and
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors.

Cost
The cost for a one-day Foundation Training Workshop is $195. The cost for a two-day Core Training Workshop is $300. The cost for a Training of Trainers (TOT) Workshop is $1055. Please note that travel and training material costs are additional.

The South Dakota Department of Health collaborates with the South Dakota Department of Education and the Department of Human Services to offer in-state LifeSkills training to all schools in South Dakota. Additional financial support is also available through the Tobacco Control Program for LifeSkills materials.

Description
LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Developed by Dr. Gilbert J. Botvin, a leading prevention expert, LifeSkills Training is backed by over 20 scientific studies and is recognized as a model or exemplary program by an array of government agencies including the U.S. Department of Education and the Center for Substance Abuse Prevention.

It has been evaluated and proven to be effective with:
- White middle-class students
- Ethnic minority students (primarily African-American and Hispanic)
- Inner-city urban populations
- Suburban populations
- Rural populations

Program Structure
LifeSkills Training is uniquely designed to be flexible and interactive. The curriculum can be taught either as an intensive mini-series (consecutively every day, or two to three times a week) until the program is complete. LifeSkills Training can also be implemented on a more extended schedule. Both formats have proven to be effective. While one year of LifeSkills Training has been proven to achieve measurable positive effects, multi-year implementation is strongly recommended.
Elementary School Program - The LifeSkills Training Elementary School program consists of 24 class sessions (approximately 30–45 minutes each session) to be conducted over three years beginning at either grade 3 or 4. Each level is comprised of 8 class sessions.

Middle School Program - The LifeSkills Training Middle School program consists of 30 class sessions (approximately 45 minutes each session) to be conducted over three years beginning at either grade 6 or 7 followed by booster sessions. The program is intended to be taught sequentially to build on skills learned in the previous levels.

High School Program - The LifeSkills Training High School program consists of 10 class sessions (approximately 40–45 minutes each session) beginning at grade 9 or 10. The High School program can be used alone or in combination with the LifeSkills Training Middle School program as a maintenance program.

Implementation
SETTINGS - For optimal program implementation LifeSkills Training should be implemented in a classroom setting that is conducive to learning. The curriculum can be taught in school, community, faith-based, summer school and after-school settings.

LifeSkills Training can be implemented in any subject area and can be taught across multiple subjects.

 TEACHING STRATEGIES - LifeSkills Training is designed to use developmentally appropriate and collaborative learning strategies taught through lecture, discussion, coaching, and practice to enhance students’ self-esteem, self-confidence, ability to make decisions, and ability to resist peer and media pressure.

CLASSROOM SET-UP - The unique design of the LifeSkills Training program allows for flexibility to meet the needs of various classroom settings.

Curriculum sets include a comprehensive teacher’s manual and 30 student guides. Additional class materials can be purchased separately.

Training Objectives
LifeSkills Provider Training workshops are designed to:
• Review the background theory, research and rationale behind the LifeSkills Training program
• Familiarize participants with the LifeSkills curriculum
• Teach participants the skills needed to successfully conduct the LifeSkills Training program
• Discuss practical implementation issues
• Provide an opportunity to practice teaching selected portions of the LifeSkills curriculum.
Project Towards No Tobacco Use

**Target Audience**
- Children 6 to 12 years old

**Goals and Objectives**
- Decrease tobacco use
- Increase cost-effectiveness

**Cost**
The cost of materials includes $45 for the teachers guide and $19 for a set of five student workbooks, both available from ETR Associates (http://pub.etra.org). Two videotapes that support sessions in the curriculum are available directly from the developer: Tobacco Use Social Images ($40) and Standing Up for Yourself: Peer Pressure and Drugs, available in English and Spanish ($80). A book about Project TNT, Developing School-Based Tobacco Use Prevention and Cessation Programs, is available for $61 from Sage Publications (www.sagepub.com).

The program developer offers 1- and 2-day training on site or at the University of Southern California. The cost per day is $1,500 to $2,000 depending upon location, plus the costs of the trainer’s lodging and travel expenses. The developer also offers consultation for a fee.

**Description**
Project Towards No Tobacco Use (Project TNT) is a classroom-based curriculum that aims to prevent and reduce tobacco use by students in grades 5–9 (10–14 years old). The intervention was developed for a universal audience and has served students with a wide variety of risk factors. Designed to counteract multiple causes of tobacco use simultaneously, Project TNT is based on the theory that youth will be better able to resist tobacco use if they are aware of misleading information that facilitates tobacco use (e.g., pro-tobacco advertising, inflated estimates of the prevalence of tobacco use), have skills that counteract the social pressures to obtain approval by using tobacco, and appreciate the physical consequences of tobacco use.

Project TNT comprises 10 core lessons and 2 booster lessons, all 40–50 minutes in duration. The core lessons are designed to be taught over a 2-week period but may be spread out over as long as 4 weeks. Booster lessons, which are taught 1 year afterward, are intended to be delivered over 2 consecutive days but may be taught 1 week apart. The curriculum uses a wide variety of activities to encourage student involvement and participation. Activities include games, videos, role-plays, large and small group discussion, use of student worksheets, homework assignments, activism letter writing, and a videotaping project. The two-lesson booster program summarizes previously learned material and discusses how this material might be used in daily living.
Project Venture

Target Audience
- Children 6 to 12 years old
- Adolescents 13 to 17 years old

Goals and Objectives
- Decrease use of alcohol, tobacco, marijuana, and other illicit drugs
- Increase substance abuse risk and protective factors

Cost
The cost of program materials includes $250 for the curriculum guide, which can be duplicated with permission. Additional books and equipment can be purchased as needed. The developer requires that implementers participate in a consultation and training prior to program start-up. Consultation from the developer is available for free by phone but can be arranged on site for a cost. The developer offers a 2- to 3-day training on site ($2,500 plus travel expenses), summer camp training at the developer’s site ($500 per person plus travel expenses), and follow-up technical assistance and annual refresher training (costs negotiated as needed).

Description
Project Venture is an outdoor experiential youth development program designed primarily for 5th- to 8th-grade American Indian youth. It aims to develop the social and emotional competence that facilitates youths’ resistance to alcohol, tobacco, and other drug use. Based on traditional American Indian values such as family, learning from the natural world, spiritual awareness, service to others, and respect, Project Venture’s approach is positive and strengths based. The program is designed to foster the development of positive self-concept, effective social interaction skills, a community service ethic, an internal locus of control, and improved decision-making and problem-solving skills. The central components of the program include a minimum of 20 one-hour classroom-based activities, such as problem-solving games and initiatives, conducted across the school year; weekly after-school, weekend, and summer skill-building experiential and challenge activities, such as hiking and camping; 3- to 10-day immersion summer adventure camps and wilderness treks; and community-oriented service learning and service leadership projects throughout the year.
**Keepin’ it REAL**

**Target Audience**
- Children 6 to 12 years old
- Adolescents 13 to 17 years old

**Goals and Objectives**
- Alcohol, cigarette, and marijuana use prevention
- Increase anti-substance use attitudes
- Improve normative beliefs about substance use
- Increase substance use resistance

**Cost**
The curriculum manual, including five videos, is available for $99, and a set of materials for five participants can be purchased for $18.50. An online version of the curriculum is available from Discovery Health at http://www.discoveryeducation.com/products/health/index.cfm. The 12-month license per school is $1,695 for access to the full site and $500 for access to the Alcohol and Other Drugs Module (which includes Keepin’ it REAL, Here’s Looking at You, STARS for Families, and Youth Matters), as well as a library of more than 500 videos. The price for a 1-day training session is $1,000, plus expenses.

A sample youth questionnaire can be downloaded free from the Drug Resistance Strategies Web site: http://www.kir.psu.edu/index.shtml. Data analysis of questionnaires is available for a fee of $2.50 per student.

**Description**
Keepin’ it REAL is a multicultural, school-based substance use prevention program for students 12-14 years old. Keepin’ it REAL uses a 10-lesson curriculum taught by trained classroom teachers in 45-minute sessions over 10 weeks, with booster sessions delivered in the following school year. The curriculum is designed to help students assess the risks associated with substance abuse, enhance decision-making and resistance strategies, improve antidrug normative beliefs and attitudes, and reduce substance use. The narrative and performance-based curriculum draws from communication competence theory and a culturally grounded resiliency model to incorporate traditional ethnic values and practices that protect against substance use. The curriculum places special emphasis on resistance strategies represented in the acronym “REAL” (Refuse offers to use substances, Explain why you do not want to use substances, Avoid situations in which substances are used, and Leave situations in which substances are used).
**Too Good for Drugs**

**Target Audience**
- Children 6 to 12 years old
- Adolescents 13 to 17 years old

**Goals and Objectives**
- Decrease intentions to use alcohol, tobacco, and marijuana and to engage in violence
- Improve risk and protective factors for substance use and violence
- Improve personal and social behaviors

**Cost**
The K-8 Too Good for Drugs kits cost $100–$130 each and include the teacher’s curriculum, 50 student workbooks, and a selection of age-appropriate teaching materials (e.g., posters, puppets, CDs, DVDs, games). The Too Good for Drugs & Violence High School Kit, which includes the core curriculum, the staff development curriculum, 12 infusion lessons, 50 student workbooks, teaching materials, and evaluation surveys, costs $750. Components of each kit also may be purchased individually. The Too Good for Drugs & Violence After-School Activities Kit, intended for children ages 5–13, includes the curriculum and teaching materials and costs $595. The Too Good for Drugs & Violence Staff Development Kit, which includes the trainer curriculum and 50 educator workbooks, costs $250.

**Description**
Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students’ resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. TGFD has developmentally appropriate curricula for each grade level through 8th grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curriculum each include 10 weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 1-hour “infusion” lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.

Too Good for Drugs is a companion program to Too Good for Violence (TGFV), reviewed by NREPP separately. At the high school level, the programs are combined in one volume under the name Too Good for Drugs & Violence High School.
Creating Lasting Family Connections

Target Audience
• Children 6 to 12 years old
• Adolescents 13 to 17 years old

Goals and Objectives
• Increase use of community services
• Increase parent knowledge and beliefs about alcohol, tobacco and other drugs
• Decrease onset of youth alcohol, tobacco and other drug use
• Decrease frequency of youth alcohol, tobacco and other drug use

Cost
The cost for Creating Lasting Family Connections (CLFC) materials is $1,425, which includes all curricula, participant notebooks, posters, and a custom evaluation kit. Training on implementing CLFC is highly recommended but not required. There are standard 5- and 10-day training courses offered at COPES, Inc., in Louisville, Kentucky. On-site training and technical assistance also can be arranged according to the needs and resources of the agency implementing the program. Daily fees for on-site assistance range from $300 to $1,250, depending on the experience of the trainer. Most organizations should budget at least $750 for 1 week of CLFC implementation training, plus travel costs, for each person needing training. Costs can be reduced with larger groups of participants.

For an operational agency to implement CLFC as designed, the minimum typical budget is between $15,000 and $25,000 to serve approximately 15 to 25 families. An agency may want to budget for as few as two part-time trainers (for a low- to medium-fidelity replication) or for up to four or more part-time trainers (for a high-fidelity implementation) in order to implement the entire program, including mobilization, recruitment, and training.

Description
CLFC, the currently available version of Creating Lasting Connections (CLC), is a family-focused program that aims to build the resiliency of youth aged 9 to 17 years and reduce the frequency of their alcohol and other drug (AOD) use. CLFC is designed to be implemented through a community system, such as churches, schools, recreation centers, and court-referred settings. The six modules of the CLFC curriculum, administered to parents/guardians and youth in 18–20 weekly training sessions, focus on imparting knowledge and understanding about the use of alcohol and other drugs, including tobacco; improving communication and conflict resolution skills; building coping mechanisms to resist negative social influences; encouraging the use of community services when personal or family problems arise; engendering self-knowledge, personal responsibility, and respect for others; and delaying the onset and reducing the frequency of AOD use among participating youth. The program emphasizes early intervention services for parents and youth and follow-up case management services for families. Manuals for trainers, notebooks for participants, and other materials are available, but the program is intended to be modified with each implementation to reflect the needs of the participants and the skill level of the trainers.

Creating Lasting Connections was an experimental program implemented and evaluated in church communities with the families of high-risk 11- to 14 year-old youth. CLC served as the basis for CLFC, which is now in use.
Keep a Clear Mind

Target Audience
- Children 6 to 12 years old

Goals and Objectives
- Increase parent-child communication about resisting alcohol, tobacco and other drugs
- Improve perceptions about the extent of young people’s use of alcohol, tobacco and other drugs
- Decrease peer pressure susceptibility to experiment with alcohol, tobacco and other drugs
- Improve perceptions about parental attitudes toward alcohol, tobacco and other drug use
- Improve expectations of using/trying alcohol, tobacco and other drugs in the future
- Increase realization of general harmful effects of alcohol, tobacco and other drugs on young people

Cost
Keep a Clear Mind (KACM) costs $4.25 per child, plus shipping and handling. This includes all four lessons, five parent newsletters, and four incentives per child for the completion of each lesson. T-shirts are available at $5.95. Training and evaluation services are available. Each evaluation is priced on an individual basis.

Description
KACM is a take-home drug education program for elementary school students in grades 4–6 (ages 9–11) and their parents. KACM is designed to help children develop specific skills to refuse and avoid use of “gateway” drugs. The program consists of four weekly lessons based on a social skills training model: Alcohol, Tobacco, Marijuana, and Tools To Avoid Drug Use. Each lesson introduces the topic for the week and is followed by a sequence of five activities to be completed at home with a parent. The activities include answering a simple question about drugs, listing reasons not to use specific drugs, writing “No” statements to resist social pressure to use drugs, selecting from a list of alternatives the best ways to refuse and avoid drugs, and completing contracts to refuse and avoid drugs. Small incentives such as folders, stickers, and bookmarks are provided to students who return their completed lessons within the indicated period. Parent newsletters prompt parents to reinforce their children for practicing saying no to drugs and provide specific behavior tips for communicating with children about how to avoid drug use. KACM can be facilitated by schools, private practice counselors, community-based youth organizations, and recreation centers.
Teens Against Tobacco Use (T.A.T.U.)

Type of Activity
- Events/Classroom Activities

Target Population
- Adults
- Adolescents 13 to 17 years old
- Children 6 to 12 years old

Goals and Objectives
- Increase tobacco prevention awareness
- Create change in individual behavior
- Create change in community environment

Cost
- The South Dakota Department of Health provides the Teens Against Tobacco Use training to schools free of charge.

Description
Teens Against Tobacco Use (T.A.T.U.) is an important part of the American Lung Association drive to eliminate tobacco use among youth. T.A.T.U. is featured on the American Lung Association of West Virginia website.

The overall goal of T.A.T.U. is to help our youth remain tobacco-free. Teen facilitators also gain experience and skills that will help them in a wide range of adult activities. T.A.T.U. concentrates on the following five components designed to prevent tobacco use. As teachers, teens will:
- Develop skills to teach younger children about tobacco use and to become advocates for a tobacco-free community.
- Understand and identify the positive aspects of being tobacco-free and realize that the majority of teens and adults do NOT smoke.
- Understand how tobacco advertising and promotions deceive youth.
- Understand how getting hooked on tobacco destroys youth’s freedom and control over their personal lives.
- Develop self-confidence.

How T.A.T.U. Works
This program has four phases: training of adults, training of teens, teens teaching younger children and teens getting involved in community action. Key highlights include:
- Adult Facilitator Training: American Lung Association trains adults in a one-day workshop to provide skills, program guidance and certification.
- Teen Workshops: Certified adult facilitators recruit teens and conduct a teen training (minimum of six hours recommended).
- Teen Teaching: Teens, as teachers and role models, present tobacco prevention messages they develop to younger children (e.g. elementary grades 4–6).
- Community Action: Teens work independently or with local coalitions on compliance, youth access, clean indoor air regulations, etc.
Not On Tobacco (N-O-T)

**Target Audience**
- Adolescents 13 to 17 years old

**Goals and Objectives**
- Decrease tobacco use

**Cost**
- Please contact the American Lung Association for cost information.

**Description**
The American Lung Association, in collaboration with West Virginia University, developed Not On Tobacco (N-O-T). N-O-T was designed specifically for teens, using a gender-sensitive 10-session curriculum that includes booster sessions. Teachers, school nurses, counselors and other staff volunteers trained by the American Lung Association facilitate the sessions in schools and other community settings. N-O-T is designed as a voluntary, non-punitive program for teens. An Alternative-to-Suspension program is also included to address student violation of a school tobacco policy.

Typically, groups are divided by gender and are led by a same-gender facilitator. This allows teens to discuss issues that relate specifically to males or females and to express their own feelings and experiences in an accepting environment. N-O-T incorporates life management skills to help teens deal with stress, decision-making and peer and family relationships. It also addresses healthy lifestyle behaviors such as alcohol or illicit drug use as well as related health issues such as exercise and nutrition.

N-O-T meets the Centers for Disease Control Prevention’s Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.
Project EX

Target Audience
• Adolescents 13 to 17 years old

Goals and Objectives
• Decrease tobacco use
• Increase motivation to quit tobacco use

Cost
Training costs are $180 to $220 per person for 2 days of training. Materials are $5.95 per student book and $3.95 per parent book. Discounts may be available depending on workshop size and order size.

Description
Project EX is a school-based smoking-cessation clinic program for adolescents that stresses motivation, coping skills, and personal commitment. Consisting of eight 40- to 45-minute sessions delivered over a 6-week period, the program curriculum includes strategies for coping with stress, dealing with nicotine withdrawal, and avoiding relapses. Project EX uses engaging and motivating activities such as games and yoga to reduce or stop smoking among adolescents and teach self-control, anger management, mood management, and goal-setting techniques. Adolescents are provided with accurate information about the social, emotional, environmental, and physiological consequences of tobacco use. The first four sessions are intended to prepare students for an attempt at quitting smoking, which should take place between sessions 4 and 6. The remaining sessions are designed to maintain quit status and enhance quit attempts. Project EX clinics operate during school hours. Each clinic group can accommodate 8 to 15 students.
Community Intervention

**Target Audience**
- Children 6 to 12 years old
- Adolescents 13 to 17 years old

**Goals and Objectives**
- Decrease tobacco use
- Increase motivation to quit tobacco use

**Cost**
- Facilitator Training provided by Community Intervention is $400.

**Description**
Community Intervention is a Minnesota-based training and publishing organization. The organization works with professionals—from teachers to counselors to social workers—in all 50 states to be more effective with children ages 5 to 18 years old. Community Intervention stresses the importance of understanding the Stages of Change in Tobacco Intervention and Cessation. James Prochaska and Carlo DiClemente originally developed the Stages of Change Model. The following is a brief description of each stage as Community Intervention utilizes the model for programming:

1. **Precontemplation**
   The person has not yet identified the behavior as a problem, e.g., “Smoking is fun and it’s not doing me any harm.” (Operational definition: no intention to quit in the next six months.) Note: Many precontemplators may wish to change, but this is very different from intending to change or seriously considering changing within the next six months.

2. **Contemplation**
   The person is aware that a problem exists, is thinking about addressing it, but has not made a commitment to take action. The person is ambivalent, e.g., “My tobacco use is bothering me, and I really ought to quit. But not YET.” (Operational definition: seriously considering quitting smoking within the next six months). People can remain in the contemplation stage for a long time.

3. **Preparation**
   This is the point at which the person decides to change or quit the behavior. Typical of statements at this point is, “Smoking is not cool any more. I’m thinking about quitting. What do I do now?” (Operational definition: person is intending to quit within the next 30 days and has made a failed attempt within the previous six months.) Preparation means not only intention but also some behavioral manifestations of that intention. Behaviors such as smoking fewer cigarettes, delaying first use, and restricting use in certain situations all indicate a positive attempt toward quitting tobacco.

4. **Action**
   The person starts to take specific steps to quit tobacco use. “I have recently quit tobacco and have to work very hard at staying tobacco-free.” (Operational definition: person has quit smoking within the last six months.) People remain in the “action” rather than “maintenance” stage until they have been tobacco-free for six months or more.
5. Maintenance
A person is in this stage if he or she has not used for an extended period of time. This stage involves on-going efforts to keep off cigarettes or chew: “I’ve quit tobacco use and continue to take steps to keep myself relaxed, healthy, and away from situations that lead to tobacco use.” (Operational definition: person has not used tobacco for six months or more.)

Community Intervention utilizes the Stages of Change Model to describe several tobacco cessation programs. The first program is called Intervening with Teen Tobacco Users, referred to as TEG. This is followed by Helping Teens to Stop Using Tobacco, referred to as TAP.

Intervening with Teen Tobacco Users (TEG) A Positive Alternative to Suspension
This comprehensive, eight-session educational program is for students in grades 7–12 who don’t want to stop using tobacco. This may include teens who violate school policy or community ordinances on underage tobacco use. Many schools use Intervening With Teen Tobacco Users (TEG) as a positive alternative to suspension and juvenile courts as diversion.

Based on Prochaska and DiClemente’s stages of change, Intervening With Teen Tobacco Users (TEG) is designed to move teenage tobacco users from not wanting to quit to wanting to quit. Through videos, demonstrations, and cooperative learning, teenage tobacco users learn about the negative consequences of tobacco use. They gain the knowledge, motivation, and action steps to move toward a healthier, tobacco-free lifestyle.

Participants are encouraged to reduce their tobacco use, quit on their own, or join a voluntary tobacco cessation program.

TEG Program Goals:
• To move participants through the stages of change from precontemplation or contemplation to preparation
• To provide information on the processes and effects of tobacco use
• To provide a positive alternative to suspension for schools and a diversion program for juvenile courts
• To motivate participants to adopt healthier lifestyles
• To motivate participants to join a tobacco cessation group

Helping Teens Stop Using Tobacco (TAP) A Step-by-Step, Voluntary Cessation Program for Teens
This award-winning, eight-session program provides tobacco-using teens in grades 7–12 with the information, motivation, and support to successfully stop using cigarettes or spit tobacco. In an adult-led, support group setting, tobacco users are gently guided to a personally selected quit date and provided with specific strategies to remain tobacco-free. Facilitators and peers provide the cessation options, guidance, and social support for the choices participants make as they design their own approach to becoming tobacco-free.

TAP Program Goals:
• To increase awareness of short- and long-term effects of tobacco use
• To understand the addictive nature of nicotine
• To increase awareness of the risk for becoming victims of tobacco use
• To identify the individual best ways to quit using tobacco
• To explain a variety of cessation methods including cold turkey, tapering, and postponing
• To provide specific techniques to handle nicotine withdrawal symptoms
• To teach skills to avoid the triggers, thoughts, feelings, and physical cravings that lead to tobacco use, including stress management and refusal skills
• To provide a supportive environment to encourage movement to the action and maintenance stages of change

Here is additional information from Community Intervention about their programming(3):
• Participants in TEG, tend to be in the “pre-contemplation” stage. A very few, perhaps, will be in the “contemplation” stage. In Intervening with Teen Tobacco Users (TEG), all of the exercises, demonstrations, self-assessments, and discussions focus on raising participants’ awareness of the problem and increasing their desire to take action. The program is designed to grab participants’ attention; make the tobacco issue very personal to each of them; help them feel and comprehend the destruction that tobacco use brings on themselves and those around them; and to offer them a clear, immediate choice to begin a cessation program.

Facilitators who are familiar with the stages of change can use them to gauge the progress participants make as TEG and TAP unfolds. There are several reminders in the Facilitator’s Guide to ask participants which stage they believe they are in at the time.

• For TEG to be effective, a tobacco cessation program—Helping Teens to Stop Using Tobacco (TAP)—should be in place and readily available to participants. Its exercises dovetail with those of TEG but do not overlap or repeat the same material.

• Community Intervention’s voluntary tobacco cessation program, Helping Teens Stop Using Tobacco (TAP) has more participants in the “preparation” stage. The goal of that program is to move participants from “preparation” to “action” and into “maintenance.”
Project ALERT

Target Audience
- Adolescents 13 to 17 years old

Goals and Objectives
- Decrease substance use
- Improve attitudes and resistance skills related to alcohol, tobacco and other drugs

Cost
The entire Project ALERT curriculum and training package is $150 per educator. This fee includes all materials needed for implementation (14 lesson plans, 8 interactive student videos in DVD or VHS format, 12 full-color classroom posters), unlimited access to online training and resources, toll-free phone support, an ongoing newsletter subscription to the ALERT Educator newsletter, and unlimited ability to download additional copies of lesson plans. Complimentary on-site workshops are available for school districts or coordinated groups ordering 25 or more Project ALERT curriculum and training packages. The lesson plans include a limited number of formatted student handouts, ready for duplication.

Description
Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug social influences. The curriculum is comprised of 11 lessons in the first year and 3 lessons in the second year. Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students’ interest and participation. The content focuses on helping students understand the consequences of drug use, recognize the benefits of non-use, build norms against use, and identify and resist pro-drug pressures.
Project Towards No Drug Abuse

**Target Audience**
- Adolescents 13 to 17 years old

**Goals and Objectives**
- Decrease alcohol and tobacco use
- Decrease marijuana and “hard drug” use
- Decrease risk of victimization
- Decrease frequency of weapons-carrying

**Cost**
The cost of implementing Project TND includes a teacher’s manual at $70 and student workbooks at $50 for a set of five. An optional video, “Drug Use and Life’s Dreams,” costs $25. Additional costs might include the purchase of a clipboard that highlights key session points, a laminated game board, and prizes for the students at the end of the program.

Face-to-face teacher training is strongly recommended. The cost for a 2-day training is approximately $2,500, which includes the trainer’s fee and reimbursement for travel expenses. This estimate does not include the cost of teacher release time or substitutes.

**Description**
Project Towards No Drug Abuse (Project TND) is a drug use prevention program for high school youth. The current version of the curriculum is designed to help students develop self-control and communication skills, acquire resources that help them resist drug use, improve decision making strategies, and develop the motivation to not use drugs. It is packaged in twelve 40-minute interactive sessions to be taught by teachers or health educators. The TND curriculum was developed for high-risk students in continuation or alternative high schools. It has also been tested among traditional high school students.
Cited Sources


