Evidence-Based Program Guidance

for

Substance Use Prevention Education in Schools

December 2020

This document was developed by
The New York State Education Department
and
The New York State Office of Addiction Services and Supports

Disclaimer/ Organizational & Vendor Notice

The New York State Education Department does not endorse individual vendors, products or services. Therefore, any reference herein to any vendor, product, curricula, or service by trade name, trademark, manufacturer or otherwise does not constitute or imply the endorsement, recommendation, or approval of the New York State Education Department.

Table of Contents

Regents of The University ii
Foreword iii
Acknowledgements iv
Section 1: Overview of Substance Use Prevention 1
Brain Science & Addiction 1
Promoting Mental, Emotional and Behavioral (MEB) Health in School Settings 2
Social Emotional Learning (SEL) 2
Risk & Protective Factors 3
What's the Role of Schools in Substance Use Prevention? 4
A Comprehensive Approach to Student Support via Multi-Tiered Systems of Support (MTSS) Frameworks 5
Section 2: Evidence-Based Programs (EBP) for Substance Use Prevention 5
Prevention-Focused Education 5
How are Substance Use Prevention Supports Structured? 6
Connecting Substance Use & Mental Health Risk & Protective Factors to EBPs 7
OASAS Prevention EBP Review Panel & Prevention Registry of EBPs 8
NYS OASAS Current Registry of Substance Use Prevention Evidence-Based Programs (EBP) 9
Active Parenting (4th ed.) 9
Active Parenting of Teens 9
All Stars- Core 10
All Stars -Booster 10
EBP Name 10
BASICS 10
Building Skills 11
Challenging College Alcohol Use 11
Early Risers Skills for Success 13
Families and Schools Together (FAST) 13
Guiding Good Choices 14
Incredible Years - Child Dinosaur 14
Incredible Years - Parent Program 15
Keepin' it REAL 15
Life Skills Training (LST) - Elementary 16

Life Skills Training (LST) - Middle School 16
Lions Quest 17
Olweus Bullying Prevention Program (OBPP) 17
Parenting Wisely 18
[PAX] Good Behavior Game 19
Positive Action 20
Preventure 21
Project Towards No Drug (TND) Use 21
Project Towards No Tobacco (TNT) Use 22
Promoting Alternative Thinking Strategies (PATHS) 22
Protecting You/ Protecting Me 23
Refuse, Remove, Reasons (RRR) High School Education 24
Responding in Peaceful & Positive Ways (RIPP) 24
Second Step - Elementary Grades K-5 25
Second Step - Middle School Grades 6-9 25
SPORT 26
Staying Connected w/Your Teen 26
Strengthening Families Program (Orig.) 26
Strengthening Families Program (10-14) 27
Teen Intervene 28
Too Good for Drugs (TGFD) - Elementary 28
Too Good for Drugs (TGFD) - Middle School 29
Too Good for Violence (TGFV) – Elementary/ Middle School 29
Too Good for Drugs & Violence (TGFDV) - High School 30
Triple P- Positive Parenting Program 30
Section 3: Other Informational Resource Options for School-Based & Prevention Professionals 31
Bullying Prevention 31
Electronic Nicotine Delivery Systems 32
Implementation Support for SUD Prevention EBP 34
Problem Gambling (Prevention & Assistance) 34
Social Emotional Learning (SEL) 34
Substance Use Disorder (SUD) (Prevention & Assistance) 35
Trauma-Informed/ Trauma-Sensitive Approaches 36

THE UNIVERSITY OF THE STATE OF NEW YORK

Regents of The University

T. ANDREW BROWN, *Vice Chancellor*, B.A., J.D.	Rochester
ROGER TILLES, B.A., J.D.	Manhasset
LESTER W. YOUNG, JR., B.S., M.S., Ed.D.	Beechhurst
CHRISTINE D. CEA, B.A., M.A., Ph.D.	Staten Island
WADE S. NORWOOD, B.A.	Rochester
KATHLEEN M. CASHIN, B.S., M.S., Ed.D.	Brooklyn
JAMES E. COTTRELL, B.S., M.D.	New York
JOSEPHINE VICTORIA FINN, B.A., J.D.	Monticello
JUDITH CHIN, M.S. in Ed.	Little Neck
BEVERLY L. OUDERKIRK, B.S. in Ed., M.S. in Ed.	Morristown
CATHERINE COLLINS, R.N., N.P., B.S., M.S. in Ed., Ed.D.	Buffalo
NAN EILEEN MEAD, B.A., M.A.	Manhattan
ELIZABETH S. HAKANSON, A.S., M.S., C.A.S.	Syracuse
LUIS O. REYES, B.A., M.A., Ph.D.	New York
SUSAN W. MITTLER, B.S., M.S.	Ithaca
FRANCES G. WILLS, B.A., M.A., M.Ed., C.A.S., Ph.D.	Ossining

Interim Commissioner of Education and President of The University

BETTY A. ROSA

Assistant Commissioner of Student Support Services

KATHLEEN R. DECATALDO

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, genetic predisposition or carrier status, or sexual orientation in its educational programs, services and activities. Portions of this publication can be made available in a variety of formats, including braille, large print or audio tape, upon request. Inquiries concerning this policy of nondiscrimination should be directed to the Department's Office for Diversity and Access, Room 530, Education Building, Albany, NY 12234.

Foreword

This document was developed to assist schools in meeting the changing landscape of comprehensively supporting students' healthy development. Utilizing the guidance will bolster the capacity and expand access to resources used by school-based personnel and substance use prevention providers. This guidance offers information about the multi-faceted nature of substance use prevention evidence-based programs (EBPs). Many of the substance use prevention EBPs are associated with outcomes related to areas such as mental health, Social Emotional Learning (SEL), academic performance, behavioral functioning, and more. Addressing these dimensions effectively and efficiently benefits schools in addressing multiple related priorities and offers students skills that can last a lifetime. Additionally, this guide can be used to support efforts in conjunction with the Health Education Standards Modernization Supplemental Guidance Document: Instructional Resource Packet for Heroin and Opioids (2016).

Purpose of the document:

- Provide resources to assist districts that may need to modernize their health education curricula to comprehensively address the required functional knowledge by referencing these EBPs and resources for guidance in a searchable electronic document.
- Promote a coordinated scope and regimen based on the New York State Education Department (NYSED) Learning Standards in Health Education and EBPs
- Aggregate EBPs and other informational resource options for teachers in addressing the alcohol, tobacco, e-cigarettes and other drugs (ATOD) functional knowledge areas and related topics in the current health education documents (2005; 2016).
- Connect the required functional knowledge for Mental Health literacy (2018) and the recommended Social Emotional Learning Benchmarks (2018) to protective factors against substance use
- Capture evidence-based programming that is multi-faceted in outcomes when implemented with fidelity and that supports a renewed commitment to evidence-based practices as required by the Federal Every Student Succeeds Act (ESSA) (2015), NYS's approved ESSA Plan (2018), and NYSED's ESSA website.
- Aggregate sample resources for students, teachers, designated school personnel, families, and communities related to substance use prevention and assistance options to, in part address law associated with New York State Education Law 3038 on the educational materials relating to substance use and identification of a designee for such information. Information related to Law 3038 includes a corresponding guidance document, webpage, and templates for designees.

.***Note:*** *Throughout this interactive document, underlined words and/or phrases indicate that a hyperlink to an electronically-based resource is embedded and can be accessed by clicking on the phrase (or Ctrl+Click). All links were valid, accurate, and safe at the time of production.*

Acknowledgements

We are grateful for the contributions of content and review from the following professionals:

Project Manager

Martha Morrissey	Associate, Office of Student Support Services, New York State Education Department (NYSED)- *Retired*

Project Coordinator & Lead Author

Dr. Laura R. Ficarra	NYS Office of Addiction Services and Supports (OASAS)

Contributors

Chelsea Bartlett	Program Director, SVPC Prevention & Tobacco Free Communities
Joseph Boswell	Reality Check Coordinator, NYS Bureau of Tobacco Control
Dr. Tana Connell	NYS OASAS, Division of Prevention Services
Stephen Hall III	NYS OASAS, Division of Prevention Services
Travis Jordan	Program Assistant, Advancing Tobacco Free Communities
Dr. Jennifer Livingston	Alberti Center for Bullying Use Prevention; SUNY Buffalo
Dr. Elizabeth Meeker	Coordinated Care Services, Inc. (CCSI)
Dane Minnick	SAMHSA's Center for Substance Abuse Prevention (CSAP) Fellow
Dr. Amanda Nickerson	Director, Alberti Center for Bullying Use Prevention; SUNY Buffalo
Dr. Maria Valenti	NYS OASAS, Division of Prevention Services

Expert Reviewers

Pat Breux	Director, Youth and School Initiatives, OMH SPC-NY
Michele Calvo	NY Academy of Medicine (NYAM)
Darryl Daily	Associate, Office of Curriculum and Instruction, NYSED
Georgianna Dolan-Reilly	Community Development Specialist/Prevention Specialist LI PRC
Dr. Barry Donovan	Retired, NYS OASAS Research Scientist
Karen Hollowood	Associate, Office of Student Support Services, NYSED
Linda Finn	Associate Director, Support Services Erie 2-Chautauqua-Cattaraugus BOCES
Priti Irani	NYS Department of Health (DOH), Office of Public Health Practice
Garra Lloyd-Lester	Director, Suicide Prevention Community Initiatives, OMH SPC-NY
Cheryl Martin	Coordinated Care Services, Inc. (CCSI)
Pamela Mizzi	Director, Long Island Prevention Resource Center (PRC)
Gisela Rots	Education Development Center (EDC)
Erik Sweet	New York Stated Education Department (NYSED)
Rachel Truckenmiller	Executive Director, HFM Prevention Council

Section 1: Overview of Substance Use Prevention

According to the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS) data, the percentage of high school students in New York State (NYS) that have reported using heroin, or that have injected an illicit drug has more than doubled in a 10-year period (i.e., between 2005 and 2015). The National 2019 YRBS data show that high school students use a variety of substances (e.g., heroin, non-medical use of prescription opioids, alcohol, marijuana, synthetic marijuana, steroids, inhalants). NYS 2019 YRBS data regarding high school students in grades 9-12 shows: 26.4% report currently using alcohol, 19.1% report currently using marijuana, 7.5% report having ever used marijuana for the first time before age 13 years,, 10.3% report having ever used synthetic marijuana, 5.4% report having ever used steroids without a doctor's prescription, and 3.8% report having ever used heroin. Based on information from the 2018 NYS Epidemiological Profile: Substance Use and other Mental, Emotional and Behavioral (MEB) Disorders, heroin use amongst NYS high school students in grades 9-12 increased 167% from 2003-2015; while current alcohol use and binge drinking amongst students ages 12 and older declined in NYS; and major depressive episodes, feeling sad or hopeless, and suicide attempts increased. This information supports the need for substance use prevention and mental health literacy instruction in schools.

Brain Science & Addiction

Adolescence is a critical time for brain development. It is during these years that the brain is particularly vulnerable. During this period of development there are often changes in the tissue within the Central Nervous System (CNS) (e.g., decreases in grey matter, increases in white matter), as well as changes to the prefrontal cortex which responds to dopamine which is a neurotransmitter that gives a sense of pleasure and positive well-being when released. Most misused drugs (including alcohol) increase the amount of dopamine the brain releases. If a youth engages in substance use during this critical time, there may be changes in the feedback system so that the brain may not naturally be able to control its dopamine release. The brain may begin to naturally decrease its production and become physiologically dependent on outside sources (substance use, gambling, sexual behaviors, risk-taking behaviors, etc.) to maintain the dopamine level. This situation and the developed perceived need for the substance could contribute to an adolescent's future substance misuse and addiction (U.S. Department of Health & Human Services, 2018). This sequence of physiological dependence and possible behavioral addiction can occur with any substance (e.g., alcohol, marijuana, opioids, tobacco, vape pod liquid, etc.) or behavior (i.e., betting/gambling, electronic gaming, social media usage, etc.) because of the brain-based reward from the engagement with and/or effects of the substance or behavior. It is essential that schools assist students in understanding their bodies and how to obtain boosts of dopamine in a healthy way (e.g., healthy hobbies, time with family and peers who are positive influences, etc.).

Individuals that use substances often begin doing so in adolescence, often with background and experiences that have primed conditions for doing so (NIDA). It is estimated 25% of students may become afflicted with Substance Use Disorder (SUD) by age 18 (Merikangas et al., 2010), and that 90% of addictions begin before the age of 18 (Center of Addictions and Substance Abuse (CASA)). These findings underscore the importance of prevention efforts prior to or during adolescence, especially given the brain's development during this time.

Promoting Mental, Emotional and Behavioral (MEB) Health in School Settings

Mental health promotion is a crucial component of substance use interventions as the link between MEBs and substance use has been clearly established by several recent studies. In 2015, it was estimated that nearly half (41.2%) of youth ages 12 and older who had a substance use disorder also had a co-occurring mental illness. NYSED and OASAS collaborated to develop Guidance for Providing Educational Resources to Address Substance Use to provide information on substance use and make information available to students, school personnel, families, and communities via a designee, or point person. Related to Education Law § 3038, school districts can access the resources on the OASAS webpage, Combat Addiction for Schools, related to awareness, prevention, warning signs, having conversations about substance use with youth, and accessing help. Customizable templates for school personnel and designees associated with Education Law § 3038 are available for download at, Combat Addiction School Designee Posters.

The work of the Mental Health Association in NYS (MHANYS), in its foundational paper Mental Health Education in NY Schools (2017), captured the trend that unrecognized, untreated, and delayed treatment of mental health conditions and illness elevates the risk of mental health crises such as suicide and self-injury, diminishes prospects for recovery and contributes to substance use and other damaging negative coping behaviors in response to toxic stress, trauma, and Adverse Childhood Experiences (ACEs). The link between ACEs, as an indicator of trauma, and substance use has been firmly established and is reflected in SAMHSA's resource: The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioral Health Problems.

NYS schools are required to include mental health into their health education curricula as part of the larger construct of well-being in grades K-12. NYSED collaborated with OMH and MHANYS to develop a comprehensive guidance document, Mental Health Education and Literacy in Schools: Linking to a Continuum of Well-Being, includes the required functional knowledge (e.g., required content by level), with resources and recommendations for education and implementation. Given the guidance document's focus on health and well-being, its content is aligned with:

- ✓ NYS Health Education Learning Standards at Three Levels;
- ✓ Guidance Document to Achieving New York State Learning Standards in Health (that includes Alcohol, Tobacco, Other Drug (ATOD) functional knowledge); and
- ✓ Health Education Standards Modernization Supplemental Guidance Document: An Instructional Guidance & Resource Tool Kit. This 2016 modernization guide features required functional knowledge (content) for Heroin and Opioids, along with guidance, resources and materials for educators. This Guide supports the 2014 legislation requiring districts to modernize health education curricula.

To further support this work, the School Mental Health Resource and Training Center has been established by MHANYS. Some of the related resources that have been developed through the training center include a readiness guide, crosswalks, and assessment tools for elementary and secondary levels. Additionally, the NYS School Boards Association's (NYSSBA) has a great resource, Of Sound Mind: Do Schools Have Enough Mental Health Support Staff to Meet Student Need? (2018)

Social Emotional Learning (SEL)

Social Emotional Learning (SEL) competencies such as self-awareness, self-management, responsible decision-making, relationship skills, and social awareness are essential prosocial skills for

all individuals. These skills enable successful navigation of classroom, school, home, and community environments, which align with the risk and protective factor domains for substance use prevention.

The NYS Board of Regents approved SEL Guidelines in 2011 to reflect the importance of these skills within school to scaffold academic success. In August 2018, NYSED's recommended Social Emotional Learning Benchmarks were released following efforts of several NYSED-facilitated workgroups and task force members across the state. These SEL benchmarks are supported as part of a framework to develop Essential Skills for Learning and Life. As schools incorporate SEL increasingly into current initiatives, NYSED disseminated guidance regarding whole school implementation and subject-area crosswalk examples for various grade levels as resources.

Risk & Protective Factors

The relationship between brain science and addiction is further influenced by risk and protective factors. Risk factors are conditions that can increase the probability of behavior problems (such as aggression, conduct disorders, substance use). Protective factors are conditions that can decrease the probability of problem behaviors. Risk and protective factors influence substance use and addiction. Risk and protective factors occur at the biological, psychological, family, community, and cultural levels, have a cumulative effect on mental health as well, and are often difficult to distinguish from one another due to their interactive influence (SAMHSA, 2018). The relationship between risk factors and the development of a substance use disorder is complex. An individual may be exposed to one or many factors, which can have a cumulative effect.

Effective prevention offers evidence-based instruction and skills that bolster protective factors to neutralize, counteract, or decrease the influence of risk factors that may be present. These skill-based competencies assist in facilitating resilience. This type of education mitigates risk factors by strengthening protective factors that contribute to healthy youth development and prosocial tendencies (USDHHS, 2016, p. 3-7; 3-10). When discussing healthy child and youth development, it is important to note that schools can function either as a risk or protective factor for substance use. Schools that serve as protective factors have a comprehensive positive school climate and support regimen for all students and staff. Research demonstrates that average levels of substance use and risk and protective factors reported by students in a school can predict the academic test score performance of students within that school, even after controlling for other factors relevant to academic achievement (Arthur et al., 2015).

For example, substance use can contribute to family and household dysfunction, which may be considered examples of Adverse Childhood Experience (ACEs) that often contribute to toxic stress. As a risk factor, trauma influences brain functioning and processes such as executive function, emotional regulation, and memory, which impact learning and behavior. Trauma-informed approaches are considered protective factors against the impact of trauma. SAMHSA has developed information about the intersection between ACES and substance use as a behavioral health concern. Individuals who experience ACEs have been found to initiate alcohol use at a young age (often as a coping mechanism or self-medicating regimen) and exhibit problematic drinking and drug use as adults (Sege & Harper-Browne, 2017). However, a growing body of research positions resilience (and associated dispositions, skills, etc.) prominently as a protective factor.

School behavior problems, academic under-performance, and youth substance are often correlated. Research suggests that individuals who use substances tend to use more than one; this multiple drug use in mid-adolescence often predicts subsequent school non-completion (Kelly et al., 2014) contributing to increases in drop-out rates. Increased alcohol consumption is associated with lower GPA, academic difficulty, and elevated risk for school non-completion (Balsa, Giuliano, &

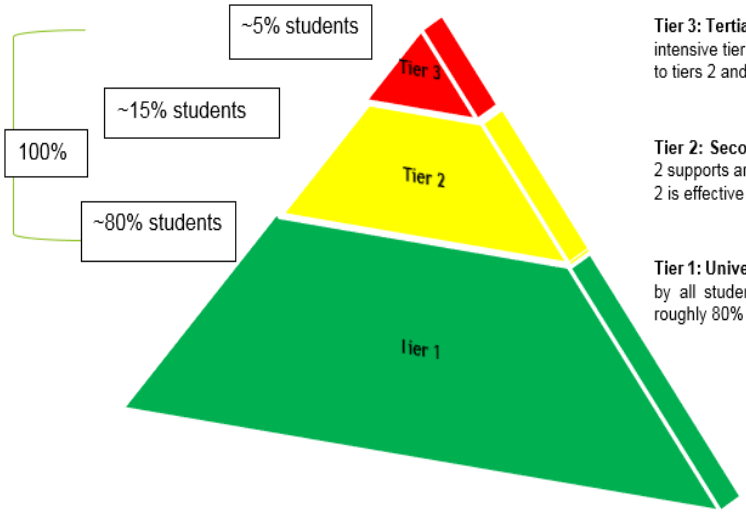
French, 2011; Kelly et al., 2015). Use of multiple substance in adolescence has been found to be predictive of school non-completion (Kelly et al., 2015). Truancy can predict future substance use likely due to the deleterious effects of reduced school bonding (Henry & Thornberry, 2010). However, youth who have strong bonds to school are less likely to report non-medical use of prescription drugs (NMUPD; Ford, 2009). Furthermore, substance use prevention efforts in school are especially pertinent for students who identify with the LGBTQ+ community because there are peer influences and support mechanisms that work to decrease the heightened risk for substance use that this population may experience (Huebner et al., 2015). Therefore, school serves as an essential protective factor for children, youth, and young adults because connectedness, engagement in learning, investment in the school community, and a positive school climate helps to neutralize risk associated with SUD and related outcomes.

Primary prevention specifically addresses individual and environmental risk and protective factors that play a pivotal role in determining whether an individual chooses to abstain from drug experimentation. Early intervention deals with the screening of individuals for substance use issues and utilizes the implementation of a brief intervention for those who meet the criteria for substance misuse. A referral to treatment is also made for people who exhibit behaviors that qualifies as a Substance Use Disorder (SUD). Treatment consists of medical, counseling, and other treatment-related services designed to alleviate withdrawal symptoms, reintegrate positive coping mechanisms, and facilitate a healthy lifestyle change. The recovery process then serves to reinforce sober living strategies developed in treatment and renew the principles associated with enhancing health (USDHHS, 2016, p. 4-4).

What's the Role of Schools in Substance Use Prevention?

"Prevention is the best investment we can make, and the time to make it is now" (Hawkins et al., 2015, p. 1). School personnel have expertise in behavior modification and prevention through programs such as Response to Intervention (RTI) and Positive Behavioral Interventions and Supports (PBIS). Through Multi-Tiered Systems of Support (MTSS) as shown below, schools can proactively and systemically work to prevent academic underperformance and behavioral challenges. Schools can also assist in preventing substance use disorders through successful partnering with prevention providers and community coalitions and with SUD prevention efforts such as Mental Health literacy and SEL competencies.

A Comprehensive Approach to Student Support via Multi-Tiered Systems of Support (MTSS) Frameworks



Tier 3: Tertiary Level - Specialized, serves individual students with high risk; intensive tier 3 supports are rendered in addition to tiers 2 and 1; in addition to tiers 2 and 1 supports, tier 3 is effective for an additional 5% of students

Tier 2: Secondary Level - Targeted, serves groups of students at-risk; tier 2 supports are rendered in addition to tier 1; in addition to tier 1 supports, tier 2 is effective for an additional 15% of students

Tier 1: Universal Level – Primary, school-wide or classroom-wide, accessed by all students; screening and prevention-focused; alone is effective for roughly 80% of students

Prevention programming and interventions implemented in schools and communities should reflect cultural considerations and the developmental stages of the target student population in multiple domains such as academic, social emotional, and behavioral.

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL's Pyramid Model is an example of an MTSS for SEL competencies at the early childhood and Pre-K level. The NYSED SEL Webpage provides state specific resources related to SEL.

Section 2: Evidence-Based Programs (EBP) for Substance Use Prevention

Prevention-Focused Education

Stakeholders should consider factors such as the target audience, the risk and protective factors that are most relevant, key cultural factors, as well as practical and conceptual fit as part of a logic model. One such resource to assist in a self-assessment process is the Mental, Emotional and Behavioral Health Indicators data by county and school district on the Kids Well-being Indicators Clearinghouse (KWIC) website. The Mental, Emotional, and Behavioral (MEB) indicators include information at the county and Local Education Agency (LEA) levels across multiple school years regarding SES, academic performance, referral rates for Special Education services, discipline events, and more. The expansive OASAS Prevention Provider Network can be especially helpful with networking and supporting schools and teachers within their catchment area with multi-faceted education and SUD prevention efforts.

Primary (universal, Tier 1) prevention education can assist in promoting equity and narrowing health and income disparities. Evidence also suggests that improving social functioning improves academic outcomes. The importance and effectiveness of prevention efforts in childhood is such that:

- Most individuals that use substances began doing so in adolescence.

- Evidence-Based Programs (EBP) can prevent many negative health outcomes by enhancing the protective factors related to early social and emotional learning competencies
- Evidence-based prevention education during the primary school grades has been shown to improve the health, well-being, and positive outcomes for diverse populations across the life span.

The skills associated with prevention education can also address trends in substance use based on developmental stages. For example, when offered as a universal EBP to 7th graders, Life Skills Training (LST) has been credited with decreasing Non-Medical Use of Prescription Opioids (NMUPO) longitudinally during the teen years (Crowley et al., 2014).

How are Substance Use Prevention Supports Structured?

The Institute of Medicine (IOM) and Surgeon General have both identified specific prevention needs and made several suggestions to improve SUD prevention efforts and assistance in the United States:

- There is a need for a structured system to standardize measurement and implementation procedures (NRCIOM, 2009, p. 380). Prevention programs in the U.S. are highly underutilized public service tools that provide opportunities for individuals, families, and society to avoid the fiscal and social costs associated with MEBs disorders, of which SUD is one (NRCIOM, 2009, p. 1). This is particularly relevant as MEB disorders are believed to affect between 14%-20% of children and adolescents in the U.S., with an estimated annual cost of $247 billion dollars (NRCIOM, 2009, p. 1).
- Considering MEB health promotion is important for addressing social determinants of health and well-being. Though historically, treatment has been the focus of the substance use community, new research has indicated that shifting the overarching emphasis from treatment to prevention could have more long-term effectiveness.
- In 2019, the MEB Continuum was updated to included promotion throughout the spectrum of supports, specifying society, community, and individual/family aspects, as well as larger allocation for universal (tier 1) prevention.

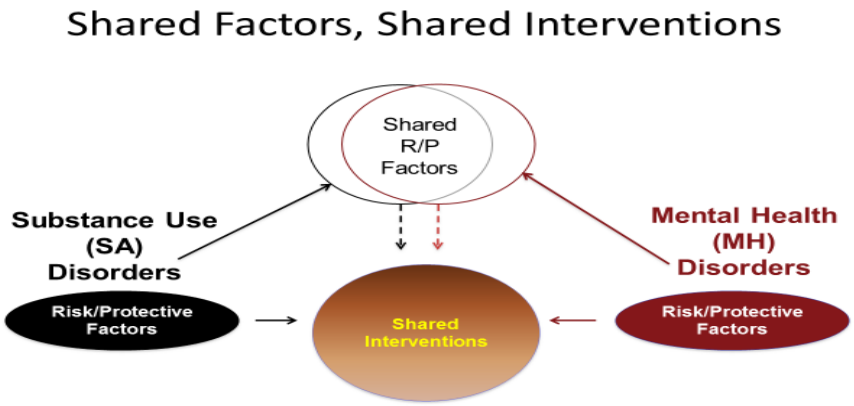
There are several considerations that may impact EBP usage in schools for SUD prevention:

- Programs may or may not use academic success as a measure for program evaluation in its supporting research studies, a component which could help programs become better integrated in school settings (NRCIOM, 2009, p. 315).;
- Community buy-in is also a significant element as it helps foster the sustainability of programs within communities and allows for better evaluation of the interventions. Communities that are involved in the selection and implementation of prevention programs generally help to create more culturally responsive policies, practices, and interventions that can improve outcomes;
- Program adaptability for subpopulations; and
- Program fidelity (NRCIOM, 2009, p. 298). A lack of attention to implementation fidelity and process guidelines can alter outcomes and decrease the effectiveness of EBPs for recipients (NRCIOM, 2009, p. 305-306).

Connecting Substance Use & Mental Health Risk & Protective Factors to EBPs

At present, approximately 85% of OASAS's substance use prevention providers' work occurs with schools. Substance use prevention programming remains as important as ever due to its multi-faceted nature and to be able to scaffold the robust functional knowledge areas in health education, academics, and behavior. More specifically, when risk and protective factors are considered, there is overlap between those factors for substance use and mental health conditions, as depicted in the graphic organizer below:

For support personnel, it can be helpful to use the shared risk and protective factors to proactively plan supports and responsive interventions as part of a data-driven decision-making regimen. Often, these efforts are supported by shared interventions (captured below), which can be programming that addresses multiple outcome areas for effectiveness and efficiency



Given the established relationship between substance use and mental health functioning based on the shared risk and protective factors provided above, the focal OASAS EBPs for Prevention of Mental, Emotional and Behavioral (MEB) Health Disorders are: Incredible Years, PAX Good Behavior Game, Positive Action, and Promoting Alternative Thinking Strategies (PATHS). These EBPs have statistically significant effects on mental health outcomes and substance use prevention outcomes with an effect size (Cohen's *d* value) of ≥.5. Therefore, these EBPs address students' behavioral health because of the correlation between mental health and substance use. Other EBPs

listed on pages 9-31 address substance use prevention and mental health outcomes, though may not have met the stringent Cohen's *d* criterion of ≥.5 yet are still viable options for substance use prevention education and addressing risk and protective factors.

OASAS Prevention EBP Review Panel & Prevention Registry of EBPs

The OASAS EBP Review Panel is a voluntary organization comprised of prevention researchers and outcome evaluators from across NYS and is coordinated by OASAS to review the prevention science. The panel uses a set of shared evidentiary standards to review programs. The standards are based on those published by the Society for Prevention Research (SPR), the Blueprints for Healthy Youth Development, as well as SAMHSA's guidelines. Specifically, programs are evaluated based on the quality of research, research design, recency of research, strength of effect, etc. by the EBP Review Panel. The results are shared through the OASAS Prevention Registry of Evidence-based Programs & Strategies (REPS). The panel rates the quality of evidence for OASAS and New York providers and improves communication with our diverse provider organizations to better support them in identifying and selecting effective substance use prevention programs. The panel then maintains a list of substance use prevention EBPs that meet the criteria, similar to the What Works Clearinghouse (WWC) that is widely used for evidence-based programs for various topics within education, which includes several of the EBPs on the list.

The EBPs that have been approved by OASAS increase protective factors related to SUD prevention through prosocial skill development. Many EBPs for substance use prevention can also prevent multiple problem behaviors through the promotion of SEL competencies. The most current OASAS Prevention Registry of EBPs list available at the time this guidance was produced is the foundation for the at-a-glance program resource below. When using the NYS OASAS Registry of Substance Use Prevention Evidence-Based Programs (EBP) chart below, please consider:

- This resource can assist school-based professionals in programmatic considerations related to substance use prevention for risk and protective factor at various grade levels for a coordinated and sequential approach to SUD prevention. Various EBPs, have integrated outcomes related to school-based priorities and other considerations (e.g., tier level of support, grade levels, number of sessions, length of sessions, etc.).
- Prevention Councils & Provider Network- OASAS-funded prevention providers are available to collaborate and work directly with schools regarding the issue of substance use; evidence-based programs, practices, and strategies that influence multiple outcomes.
- Information about costs associated with each EBP (e.g., training, materials, etc.) can be found by clicking on the hyperlink of the program embedded within each EBP name, which will open the program developer's website.
- For resource allocation considerations, the cost-benefit for the programs can be found via Washington State Institute for Public Policy (WSIPP).
- Most of the EBPs listed below are for use in the universal (tier 1) level of support for all students from a prevention standpoint. Other EBPs represent more selective (tier 2) or indicated (tier 3) supports as elevated risk and need arises to reflect tenets of a MTSS framework.
- In the table below, *"none"* indicates that outcomes were not found in the literature reviewed for the specified outcome category.
- When using the resource below to investigate current evidence-based programs, many with robust outcomes, please also keep in mind the MTSS visual so that all students access supports.

NYS OASAS Current Registry of Substance Use Prevention Evidence-Based Programs (EBP)

EBP Name	Brief Description	Minimum # of Required Instructional Sessions/ Session Length	Population (ages or grade) Setting	Community Outcomes	Family Outcomes	School Outcomes	Individual & Peer Outcomes	Substance Use Outcomes	Integrated Outcomes Addressed
Active Parenting (4th ed.) **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Active Parenting is a video-based education program designed to teach parents how to raise a child by using encouragement, building self-esteem, active listening, effective communication, and problem solving.	**# of Sessions:** 6 **Session Length:** 2 Hours	**Population:** (M/F, ages 5-12) **Setting:** Home & School	None	Risk Factors **Parental Attitudes Towards Drugs** o Parental perceptions of behaviors **Family Conflict** o Parent-child problems	None	None	None	None
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**
Active Parenting of Teens **IOM Level: Universal** **MTSS Level:**	Active Parenting of Teens is designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence.	**# of Sessions:** 6 **Session Length:** 2 Hours	**Population:** (M/F, ages 13-17) **Setting:** Home & School	None	Risk Factors **Family Management Problems** o Communication o Fighting o Cohesion **Parental Attitudes Towards Drugs** o Opposed to minor's alcohol use o Attitude toward tobacco	Risk Factors **Low Commitment to School** o School attachment	Risk Factors **Favorable Attitudes Toward Drug Use** o Attitudes toward alcohol	None	None

Universal/ Tier 1									
All Stars-Core **IOM Level: Selective** **MTSS Level: Selective/ Tier 2**	All Stars is a school- and community-based intervention that addresses prosocial behaviors that help students get along with each other and, at the discretion of the teacher, addresses postponing premature sexual activity.	**# of Sessions:** 13 **Session Length:** 45 Min.	**Population:** (M/F, Middle School grades) **Setting:** School	None	None	None	Risk Factors **Early Initiation of Problem Behavior** o Unaware of social norms o Shyness o Overall risk	Drug Use (Short-term only)	None
All Stars - Booster **IOM Level: Selective** **MTSS Level: Selective/ Tier 2**	All Stars Booster is designed to be delivered one year after Core. It includes nine 45-minute sessions that reinforce (but do not duplicate) lessons learned in Core.	**# of Sessions:** 9 **Session Length:** 45 Min.	**Population:** (M/F, Middle School grades) **Setting:** School	None	None	Risk Factors **Low Commitment to School** o Bonding with school	Risk Factors **Perceived Risk of Drug Use** o Commitment to avoid use	None	None
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**
BASICS **IOM Level: Selective & Indicated** **MTSS Level:**	Brief Alcohol Screening and Intervention for College Students (BASICS) reflects the SBIRT model and is a prevention program for college students who drink alcohol heavily and have experienced or	**# of Sessions:** 2 **Session Length:** 1 Hour	**Population:** (M/F, ages 18-25) **Setting:** School, Community	None	None	None	None	Alcohol	None

Selective & Indicated/ Tier 2 & 3	are at risk for alcohol-related problems.								
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**
Building Skills **IOM Level: Selective** **MTSS Level: Selective/ Tier 2**	Building Skills is a 12-lesson curriculum designed to help students avoid or reduce high-risk behaviors, including substance use, by improving their inter- and intrapersonal skills.	**# of Sessions:** 12 **Session Length:** 1 Hour	**Population:** (M/F, grades 6-12) **Setting:** School	None	None	Risk Factors **Low Commitment to School** o School Bonding	Risk Factors **Early Initiation of Drug Use** o Intent to use **Early Initiation K-5) of Problem Behavior** o Anger management o Stress management Protective Factors **Social Skills** o Conflict resolution o Self-control o Assertiveness o Cooperation o Decision-making	None	Social Emotional Learning School Bonding
Challenging College Alcohol Use **IOM Level: Universal** **MTSS Level:**	Challenging College Alcohol Use is a social norms and environmental management program that reduces high-risk drinking and related negative consequences in college students, ages 18 to 24.	**# of Sessions:** N/A **Session Length:** N/A	**Population:** (M/F, ages 18-21) **Setting:** School	Risk Factors **Social Norms Favorable Towards Substance Use** Perception of Peer substance use	None	None	None	Alcohol	None

Universal/ Tier 1									
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**
Creating Lasting Family Connections	Creating Lasting Family Connections (CLFC) 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.	**# of Sessions:** 18 **Session Length:** N/A	**Population:** (M/F, ages 9-17) **Setting:** Community Settings	Protective Factors **Community Opportunities for Prosocial Involvement** Community empowerment & participation	Risk Factors **Family Conflict** o Family communication o Family pathology **Parental Attitudes Towards Drugs** o Parents frequency of AOD use Parents AOD knowledge and beliefs	Risk Factors **Academic Failure** Leveling with Schoolwork	Risk Factors **Friends who use Drugs** o Leveling with friends **Early Initiation of Drug Use** o AOD knowledge and beliefs o Onset of alcohol use Protective Factors **Family Attachment** Bonding with mother	Drugs Alcohol	None
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**

Early Risers Skills for Success **IOM Level: Indicated** **MTSS Level: Indicated/ Tier 3**	Early Risers "Skills for Success" is a multicomponent, developmentally focused, competency-enhancement program that targets 6- to 12-year-old elementary school students who are at high risk for early development of conduct problems, including substance use.	**# of Sessions:** 24 **Session Length:** N/A	**Population:** (M/F, ages 6-12 + Parents) **Setting:** Camp, School	None	Risk Factors **Family Management Problems** o Inconsistent discipline	None	Risk Factors **Early Initiation (K-5) of Problem Behavior** o Conduct problems Protective Factors **Social Skills** o Decision making o Conflict resolution	None	Positive Behavioral Interventions & Supports (PBIS) Oppositional Defiant Disorder Symptoms
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**
Families and Schools Together (FAST) **IOM Level: Universal & Selective** **MTSS Level: Universal & Selective/ Tier 1 & 2**	Families and Schools Together (FAST) is a 2-year, multi-family group intervention designed to build relationships between and within families, schools, and communities (particularly in low-income areas) to increase all children's well-being, especially as they transition into elementary school.	**# of Sessions:** 24 over 8 weeks **Session Length:** 2.5 Hours	**Population:** (M/F, ages 0-12 + Parents) **Setting:** School	None	Protective Factors **Family Opportunities for Prosocial Involvement** o Shared expectations with parents o Talk to child about school	Risk Factors **Low Commitment to School** o School mobility between first and third grades o Participation at school activities **Academic Failure** o Math & reading proficiency Protective Factors **School Opportunities for Prosocial Involvement** o Inter-generational closure	None	None	Academic Performance

EBP Name	Brief Description	Minimum # of Required Instructional Sessions/ Session Length	Population (ages or grade) Setting	Community Outcomes	Family Outcomes	School Outcomes	Individual & Peer Outcomes	Substance Use Outcomes	Integrated Outcomes Addressed
Guiding Good Choices **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Guiding Good Choices (GGC) is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully.	**# of Sessions:** 5 **Session Length:** N/A	**Population:** (M/F, ages 9-14 + Parents) **Setting:** School	None	Risk Factors **Family Management Problems** o Anger management o Monitoring and discipline Protective Factors **Family Opportunities for Prosocial Involvement** o Parent-child interactions **Family Rewards for Prosocial Involvement** o Parent approval o Family attachment o Parent-child affection/ bonding	None	Risk Factors **Perceived Risk of Drug Use** o Harmful effects **Early Initiation of Drug Use** o Intent to use Protective Factors **Social Skills** o Refusal skills o Problem solving	Alcohol Tobacco Illicit Drugs (marijuana, narcotics, cocaine, ecstasy, etc.)	None
Incredible Years - Child Dinosaur **IOM Level: Selective/ Indicated** **MTSS Level: Selective & Indicated/ Tier 2 & 3**	The child program aims to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom.	**# of Sessions:** 18 **Session Length:** 45 Min.	**Population:** (M/F, ages 4-8) **Setting:** School	None	Risk Factors **Family Management Problems** o Appropriate disciple o Monitoring o Physical punishment Protective Factors **Family Rewards for Prosocial Involvement** o Praise & incentives	Protective Factors **School Opportunities for Prosocial Involvement** o Cognitive concentration o Authority acceptance o Teacher-parent bonding	Risk Factors **Early Initiation (K-5) of Problem Behavior** o Aggression o Attention problems o Oppositional behavior o Hyperactivity Protective Factors **Social Skills** o Problem solving o Emotional competence	None	Teaching Pyramid Externalizing Behaviors MEB Outcomes Mental Health

EBP Name	Brief Description	Minimum # of Required Instructional Sessions/ Session Length	Population (ages or grade) Setting	Community Outcomes	Family Outcomes	School Outcomes	Individual & Peer Outcomes	Substance Use Outcomes	Integrated Outcomes Addressed
Incredible Years - Parent Program **IOM Level: Selective/ Indicated** **MTSS Level: Selective & Indicated/ Tier 2 & 3**	The Incredible Years parent programs focus on strengthening parent-child interactions and relationships, reducing harsh discipline, and fostering parents' ability to promote children's social, emotional, and language development.	**# of Sessions:** 12 **Session Length:** 2-3 Hours	**Population:** (Parents) **Setting:** School/Community	None	Risk Factors **Family Management Problems** o Critical statements o Non-compliance	None	Risk Factors **Problem Behavior** o Delinquency o Criminal justice system involvement	None	Teaching Pyramid Conduct Disorders/ Oppositional Defiant Disorders MEB Outcomes Mental Health
Keepin' it REAL **IOM Level: Universal/ Selective** **MTSS Level: Universal & Selective/ Tier 1 & 2**	Keepin' it REAL is designed to help students assess the risks associated with substance use, enhance decision making and resistance strategies, improve antidrug normative beliefs and attitudes, and reduce substance use. The curriculum places special emphasis on resistance strategies represented in the acronym REAL: **R**efuse offers to use substances, **explain** why you do not want to use substances, **avoid** situations in which substances are used, and **L**eave situations in which substances are used.	**# of Sessions:** 10 **Session Length:** 45 Min.	**Population:** (M/F, ages 13-17) **Setting:** School	None	None	None	None	Alcohol Tobacco Marijuana	None

EBP Name	Brief Description	Minimum # of Required Instructional Sessions/ Session Length	Population (ages or grade) Setting	Community Outcomes	Family Outcomes	School Outcomes	Individual & Peer Outcomes	Substance Use Outcomes	Integrated Outcomes Addressed
Life Skills Training (LST) - Elementary **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Life Skills Training (LST) is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention.	**# of Sessions:** 8 **Session Length:** N/A	**Population:** (M/F, Elementary School grades) **Setting:** School	None	None	None	Risk Factors **Early Initiation of Problem Behavior** o Verbal aggression o Physical aggression o Fighting o Delinquency	None	ESSA Compliant Violent Behavior
Life Skills Training (LST) - Middle School **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Life Skills Training (LST) aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.	**# of Sessions:** 15 **Session Length:** N/A	**Population:** (M/F, Middle School grades) **Setting:** School	None	None	None	Risk Factors **Early Initiation of Drug Use** o Intentions to use **Perceived Risk of Drug Use** o Risk taking tendency Protective Factors **Social Skills** o Refusal assertiveness	Alcohol Tobacco Marijuana Opioids	ESSA Compliant

EBP Name	Brief Description	Minimum # of Required Instructional Sessions/ Session Length	Population (ages or grade) Setting	Community Outcomes	Family Outcomes	School Outcomes	Individual & Peer Outcomes	Substance Use Outcomes	Integrated Outcomes Addressed
Lions Quest **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Lions Quest Skills for Adolescence (SFA) is a universal and comprehensive curriculum for students in grades 6–8 with the aim of fostering a positive learning environment, teaching social and emotional skills, promoting prosocial behavior, and preventing drug and alcohol use.	**# of Sessions:** 30 **Session Length:** N/A	**Population:** (M/F, Adolescent ages) **Setting:** School	None	None	None	Protective Factors **Social Skills** o Refusal skills	Marijuana	PBIS Minor Disciplinary Infractions
Olweus Bullying Prevention Program (OBPP) **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	OBPP is used at the school, classroom, and individual levels and includes methods to reach out to parents and the community for involvement and support. These efforts are designed to improve peer relations and make the school a safer and more positive place for students to learn and develop.	**# of Sessions:** N/A **Session Length:** N/A	**Population:** (M/F, ages 6-18) **Setting:** School	None	None	None	Risk Factors **Early initiation of Problem Behavior** o Bullying	Alcohol Marijuana Tobacco	PBIS

EBP Name	Brief Description	Minimum # of Required Instructional Sessions/ Session Length	Population (ages or grade) Setting	Community Outcomes	Family Outcomes	School Outcomes	Individual & Peer Outcomes	Substance Use Outcomes	Integrated Outcomes Addressed
Parenting Wisely **IOM Level: Universal, Selective, & Indicated** **MTSS Level: Universal, Selective & Indicated / Tier 1, 2, & 3**	Parenting Wisely is a set of interactive, computer-based training programs for parents of children ages 3-18 years. Based on social learning, cognitive behavioral, and family systems theories, the programs aim to increase parental communication and disciplinary skills.	**# of Sessions:** 9 **Session Length:** N/A	**Population:** (M/F, ages 3-18 + Parents) **Setting:** Community	None	Risk Factors **Family Conflict** o Family problem solving **Family Management** o Roles o Behavior control/rules Protective Factors **Family Opportunities for Prosocial Involvement** o Affective involvement	None	Risk Factors **Early Initiation of Problem Behavior** o Externalizing behaviors	None	Violent Behavior

EBP Name	Brief Description	Minimum # of Required Instructional Sessions/ Session Length	Population (ages or grade) Setting	Community Outcomes	Family Outcomes	School Outcomes	Individual & Peer Outcomes	Substance Use Outcomes	Integrated Outcomes Addressed
[PAX] Good Behavior Game **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	[PAX] Good Behavior Game (GBG) classroom structure for teaching self-regulation in elementary school and is integrated into standard curricula via 10 kernels. GBG uses a game format with teams with rewards for prosocial behavior. Prevention provider serves the coach/ "PAX Partner" and capacity builder. The original Good Behavior Game can be supported by American Institutes for Research (AIR). The addition of evidence-based kernels was made by the PAXIS Institute, which developed PAX GBG.	**# of Sessions:** N/A **Session Length:** "Game" length increases during school year	**Population:** (M/F, ages 6-12) **Setting:** School/ Classroom / After-school	*PAX Tools* forthcoming	*PAX Tools* forthcoming	Risk Factors **Early Initiation (K-5) of Problem Behavior** o Aggression o Attention problems o Hyperactivity Protective Factors **School Opportunities for Prosocial Involvement** o Cognitive concentration **School Opportunities for Prosocial Involvement** o Positive reinforcement/ acknowledgement	Risk Factors **Early Initiation (K-5) of Problem Behavior** o Aggression o Disruptive behavior o Antisocial personality disorder (ASPD) Protective Factors **Social Skills** o Problem solving o Prosocial Involvement	Long term: Alcohol Drugs Opioids Smoking Violent and Criminal Behavior Reliance on Public Systems	ESSA Compliant PBIS School Engagement Academic Performance Aggressive Behavior Teacher stress Discipline Events: ODR, ISS, OSS Referrals for Special Education Services Suicidality Depression Self-Regulation MEB Outcomes Mental Health Social Emotional Learning Trauma-Informed

EBP Name	Brief Description	Minimum # of Required Instructional Sessions/ Session Length	Population (ages or grade) Setting	Community Outcomes	Family Outcomes	School Outcomes	Individual & Peer Outcomes	Substance Use Outcomes	Integrated Outcomes Addressed
Positive Action **IOM Level: Universal & Selective** **MTSS Level: Universal & Selective/ Tier 1 & 2**	Positive Action is a systematic educational program that promotes an intrinsic interest in learning and encourages cooperation among students. It works by teaching and reinforcing the intuitive philosophy that you feel good about yourself when you do positive actions.	**# of Sessions:** 50 (grades K-6) 35 (grades 7-8) **Session Length:** 15-20 min.	**Population:** (M/F, grades K-8) **Setting:** School	None	None	Risk Factors **Academic Failure** o Math o Reading o Academic performance **Low Commitment to School** o Academic motivation o Absenteeism	Risk Factors **Early Initiation of Problem Behavior** o Violence	Alcohol Drugs Tobacco	ESSA Compliant Aligned with Learning Standards PBIS Disruptive and Aggressive Behavior Academic Performance Absenteeism MEB Outcomes Mental Health Social Emotional Learning
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**

Preventure **IOM Level: Universal, Selective, & Indicated** **MTSS Level: Universal, Selective & Indicated / Tier 1, 2, & 3**	Preventure is a school-based intervention aimed to reduce drug and alcohol use while improving emotional well-being. Students who demonstrate certain personality profiles as identified through a screening questionnaire participate in a two 90-minute workshop. The workshops focus on motivating teens to understand their personality type that may lead to certain emotional or behavioral reactions. Specialized workshops include sensation seeking, impulsivity, anxiety sensitivity, and negative thinking.	**# of sessions:** 2 **Session Length:** 90 minutes	**Population**: (Year 7-8, 8-9) **Setting:** School	None	None	Risk Factor: Early Initiation of Problem Behavior	Risk Factor: Early Initiation of Problem Behavior	Alcohol Cannabis Illegal drugs	
Project Towards No Drug (TND) Use **IOM Level: Universal, Selective, & Indicated** **MTSS Level: Universal, Selective & Indicated / Tier 1, 2, & 3**	Project Towards No Drug Use (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 12 40-minute interactive sessions to be taught by teachers or health educators.	**# of Sessions:** 12 **Session Length:** 40 Min.	**Population:** (M/F, ages 13-17) **Setting:** School	None	None	None	None	Drugs	None

EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**
Project Towards No Tobacco (TNT) Use **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Project Towards No Tobacco Use (Project TNT) is 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 have skills that counteract the social pressures to obtain approval by using tobacco, and appreciate the physical consequences of tobacco use.	**# of Sessions:** 10 **Session Length:** 40 Min.	**Population:** (M/F, Middle School grades 6-8) **Setting:** School	None	None	None	None	Tobacco	None
Promoting Alternative Thinking Strategies (PATHS) **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	The PATHS curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents.	**# of Sessions:** 32 - 40 **Session Length:** 30 Min.	**Population:** (M/F, grades K-6) **Setting:** School	None	None	Risk Factors **Academic Failure** o IQ score	Risk Factors **Early Initiation (K-5) of Problem Behavior** o Externalizing behaviors o Internalizing behaviors Protective Factors **Social Skills** o Inhibitory control	None	PBIS SEL Learning Academic Performance Aggressive Behavior MEB Outcomes Mental Health

Protecting You/ Protecting Me **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Protecting You/ Protecting Me (PY/PM) is a 5-year classroom-based alcohol use prevention and vehicle safety program for elementary school students in grades 1-5 (ages 6-11) and high school students in grades 11 and 12. The program aims to reduce alcohol-related injuries and death among children and youth due to underage alcohol use and riding in vehicles with drivers who are not alcohol free.	**# of Sessions:** 8 **Session Length:** 20-40 Min.	**Population:** (M/F, ages 6-11, grades 1-5) **Setting:** School	None	None	None	Risk Factors **Perceived Risk of Drug Use** o Vehicle safety o Perception of harm Protective Factors **Social Skills**	None	None
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**

Refuse, Remove, Reasons (RRR) High School Education **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Refuse, Remove, Reasons (RRR) High School Education Program is a substance use prevention program that is designed to reduce high school students' favorable attitudes toward the use of alcohol, tobacco, and other drugs (ATOD); decrease their misperception of normative peer ATOD use; and increase their refusal skills for ATOD use.	**# of Sessions:** 5 **Session Length:** N/A	**Population:** (M/F, ages 13-17, High School grades) **Setting:** School	None	None	None	Risk Factors **Perceived Risk of Drug Use** o Dangers associated with substance use Protective Factors **Social Skills** o Refusal skills	Tobacco Marijuana Opioids	None
Responding in Peaceful & Positive Ways (RIPP) **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Responding in Peaceful and Positive Ways (RIPP) is a school-based, violence prevention program for middle school students, which teaches skills for positive communication. RIPP is a primary prevention program intended for all students rather than for only those who are at a higher risk for violence.	**# of Sessions:** 16 **Session Length:** 50 Min.	**Population:** (M/F, Middle School grades) **Setting:** School	None	None	Risk Factors **Low Commitment to School** o In-school suspensions	Risk Factors **Engage in Other Problem Behavior** o Violent offenses	None	Violent Behavior ISS
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**

Second Step - Elementary Grades K-5 **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Second Step–Elementary is a universal, classroom-based program for children in kindergarten through fifth grade, which is designed to increase school success and decrease problem behaviors by promoting social–emotional competence and self-regulation. The Second Step program consists of a skills-focused, social–emotional learning (SEL) curriculum that emphasizes skills that strengthen students' ability to learn, have empathy, manage emotions, and solve problems.	**# of Sessions:** 22 **Session Length:** 20-40 Min.	**Population:** (M/F, grades K-5) **Setting:** School	None	None	None	Risk Factors **Engage in Other Problem Behavior** o Internalizing problems o Hyperactivity Protective Factors **Social Skills** o Social competence	None	PBIS Social Emotional Learning Conduct Problems Violence/ Aggression
Second Step - Middle School Grades 6-9 **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	The Second Step Middle School program is a universal, classroom-based intervention for children in grades six through eight, which is designed to increase school success and decrease problem behaviors by promoting social–emotional competence. The Second Step program consists of a skills-focused, social–emotional learning (SEL) curriculum that emphasizes directly teaching students how to strengthen their ability to learn, have empathy, manage emotions, and solve problems.	**# of Sessions:** 13 **Session Length:** 25 Min.	**Population:** (M/F, Middle School) **Setting:** School	None	None	None	Risk Factors **Engage in Other Problem Behavior** o Physical aggression	None	PBIS Social Emotional Learning Aggressive Behavior
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**

SPORT **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	SPORT Prevention Plus Wellness, a motivational intervention designed for use by all adolescents, integrates substance use prevention with health promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-enhancing habits, including eating well and getting adequate sleep.	**# of Sessions:** N/A **Session Length:** N/A	**Population:** (M/F, ages 13-17)	None	**Family Opportunities for Prosocial Involvement** o Parent-child communication o Positive parent-child relationship	None	Risk Factors **Early Initiation of Drug Use** o Intentions to use **Perceived Risk of Drug Use** o Perceived susceptibility	Alcohol Cigarettes Drugs	None
Staying Connected w/Your Teen **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Staying Connected with Your Teen is a video- and workshop-based program that get parents and teens working together to enhance communication and family management practices and decrease conflict.	**# of Sessions:** 5 **Session Length:** N/A	**Population:** (Parents of youth ages 12-17) **Setting:** Community	None	Risk Factors **Family Conflict** o Fighting o Tempers o Criticism o Anger **Family Management** o Family consequences	None	None	Drugs Smoking Alcohol	Sexual Activity
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**
Strengthening Families	The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience	**# of Sessions:** 14 **Session Length:**	**Population:** (M/F, ages 3-16)	None	None	None	Risk Factors **Perceived Risk of Drug Use**	Alcohol Marijuana	None

Program (Orig.) **IOM Level: Universal, Selective, & Indicated** **MTSS Level: Universal, Selective & Indicated / Tier 1, 2, & 3**	and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions.	2 Hour	**Setting:** School/ Home				o Drug consequences		
Strengthening Families Program (10-14) **IOM Level: Universal & Selective** **MTSS Level: Universal & Selective / Tier 1 & 2**	The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds.	**# of Sessions:** 7 **Session Length:** N/A	**Population:** (M/F, ages 10-14) **Setting:** School	None	None	None	Risk Factors **Early Initiation of Drug Use** o Initiating of use	Alcohol Tobacco Marijuana	Internalizing Behaviors
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**

Teen Intervene **IOM Level: Selective & Indicated** **MTSS Level: Selective & Indicated/ Tier 2 & 3**	Teen Intervene reflects the SBIRT model and is a brief, early intervention program for 12- to 19-year-olds who display the early stages of alcohol or drug involvement. Integrating stages of change theory, motivational enhancement, and cognitive-behavioral therapy, the intervention aims to help teens reduce and ultimately eliminate their substance use.	**# of Sessions:** 3 **Session Length:** 1 Hour	**Population:** (M/F, ages 12-17) **Setting:** School, Outpatient, Justice System	None	None	None	Risk Factors **Perceived Risk of Drug Use** o Negative consequences of use Protective Factors **Social Skills** o Problem solving skills	Alcohol	Social Emotional Learning Problem Gambling
Too Good for Drugs (TGFD) - Elementary **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	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.	**# of Sessions:** 10 **Session Length:** 1 Hour	**Population:** (M/F, grades K-5) **Setting:** School	None	None	Protective Factors **School Opportunities for Prosocial Involvement** o Prosocial behaviors	Risk Factors **Early Initiation of (K-5) of Problem Behavior** o Inappropriate behaviors **Perceived Risk of Drug Use** o Perceptions of harm Protective Factors **Social Skills** o Emotional competence o Resistance skills o Goal setting skills o Decision making skills	None	Social Emotional Learning Problem Behaviors
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**

Too Good for Drugs (TGFD) - Middle School **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	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.	**# of Sessions:** 10 **Session Length:** 1 Hour	**Population:** (M/F, Middle School grades) **Setting:** School	None	None	Risk Factors **Academic Failure** o Math scores Protective Factors **School Opportunities for Prosocial Involvement** o Bonding	Risk Factors **Perceived Risk of Drug Use** o Harmful effects **Favorable Attitudes Towards Drug Use** o Attitudes towards alcohol and drugs Protective Factors **Social Skills** o Decision making o Resistance skills	Alcohol Tobacco Marijuana	Academic Performance Social Emotional Learning
Too Good for Violence (TGFV) – Elementary/ Middle School **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Too Good for Violence (TGFV) is designed to enhance prosocial behaviors and skills and improve protective factors related to conflict and violence.	**# of Sessions:** 7 (Elementary); 9 (Middle School) **Session Length:** 1 Hour	**Population:** (M/F, grades K-8)	None	None	None	Risk Factors **Early Initiation (K-5) of Problem Behavior** o Inappropriate social behaviors Protective Factors **Social Skills** o Emotional competency o Communication skills o Resistance skills **Prosocial Involvement** o Interactions with others	None	Social Emotional Learning Problem Behaviors
EBP Name	**Brief Description**	**Minimum # of Required Instructional Sessions/ Session Length**	**Population (ages or grade) Setting**	**Community Outcomes**	**Family Outcomes**	**School Outcomes**	**Individual & Peer Outcomes**	**Substance Use Outcomes**	**Integrated Outcomes Addressed**

Too Good for Drugs & Violence (TGFDV) - High School **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Too Good for Drugs & Violence High School (TGFDV-HS) is a school-based, universal substance use prevention program that is designed to teach students skills and attitudes that enhance well-being and reduce the use of alcohol and drugs.	**# of Sessions:** 10 **Session Length:** N/A	**Population:** (M/F, ages 13-17) **Setting:** School	None	Risk Factors **Parental Attitudes Favorable Towards Drugs** o Parental disapproval	None	Risk Factors **Attitudes Toward Drug Use** o Intentions to use **Friends Who Use Drugs** o Peer groups less accepting **Perceived Risk of Drug Use** o Perception of harmful effects Protective Factors **Social Skills** o Emotional competence o Self-efficacy o Goal setting o Decision making o Resistance skills	None	Social Emotional Learning Problem Behaviors
Triple P-Positive Parenting Program **IOM Level: Universal** **MTSS Level: Universal/ Tier 1**	Intervention for parents of children 0 to 12 years old that aims to prevent problems before they arise and create family environments that encourage a child's healthy development.	**# of Sessions:** 3 **Session Length:** 1.5 - 2 hours	**Population:** Parents of 0-12 yrs **Setting:** Community	None	Risk Factors: o Family Conflict o Family Management Problems o Family History of Problem Behaviors o Depression Protective Factors: o Stress Management Prosocial Involvement	None	Risk Factors: o Family Conflict o Family Management Problems o Family History of Problem Behaviors o Depression Protective Factors: o Stress Management Prosocial Involvement	None	o Family Conflict o Family Management Problems o Family History of Problem Behaviors o Depression

Section 3: Other Informational Resource Options for School-Based & Prevention Professionals

The informational resource options for the related topics listed below include those which are evidence-based, evidence-informed, research-based, and best practice. That is, practices, strategies, and resources used primarily for skill building may not have been evaluated for efficacy in a formal manner yet may include evidence-informed components. However, research-based resources are those that have been used in the field and have yielded results, though these outcomes may not reach statistical significance or have Randomized Control Trial (RCT) studies in applied settings as an evidence-based program, practice, or strategy would. Every effort has been made to showcase sample web-based resources that promote best practice for the areas listed therein that teachers and school-based personnel can easily access.

Sample Pertinent Topics Related to Substance Use Prevention	**Key Information/ Resources**
Bullying Prevention (includes cyber-bullying as per DASA); risk factor	Based on reviews of and research by Livingston and her colleagues (2018) at the Alberti Center for Bullying Use Prevention; University at Buffalo/SUNY, a link between bullying and substance use has been established. Specifically, bullying perpetrators tend to engage in more risky behaviors such as substance use. Bully victims experience increased cigarette usage, greater school difficulties including poor academic achievement, lower perceptions of school safety and connectedness, as well as less school involvement. This disengagement serves as a risk factor for substance use. Also, trends for bullying in general reveal that: ➢ Involvement in peer aggression as a victim or perpetrator has proximal (same day) effects on mood and substance use. ➢ Youth who both bully others and are victimized by their peers (i.e., bully victims) consistently demonstrate more problem behaviors (e.g., drinking, smoking), depressive symptoms, suicidality, and lower social competence than peers who are either bullied or who bully others. ➢ For students who had already initiated alcohol use, there was a relationship between high rates of bullying and using alcohol in the past 30 days, and this relationship differed based on level of family support. ➢ Youth who experienced high rates of bullying and had low family support drank more in the past 30 days than youth who had high rates of bullying and high family support, indicating the influence of family as a protective factor. That is, bullying influenced risk of drinking to intoxication levels over time. In a resource guide of synthesized findings developed by the Alberti Center for Bullying Use Prevention (Nickerson, 2017), evidence-based and widely used framework approaches such as PBIS and SEL, as well as programs such as Olweus, Positive Action, and Second Step have displayed notable positive effects on outcomes related to bullying prevention at the tier 1, or universal level. Bullying prevention programming is also commonly incorporated into the Positive Behavioral Interventions & Supports (PBIS) framework. Guidance has been developed for elementary and secondary levels, as well as a Bullying Prevention Self-Assessment Tool. • Alberti Center for Bullying Use Prevention Materials • Alberti Center for Bullying Use Prevention Helpful Links • Preventing and Intervening with Bullying in Schools: A Framework for Evidence-Based Practice A review of evidence and framework for school-based bullying prevention and intervention. • NYC Center for School Safety • Stop Bullying: Prevention at School

	• SAMHSA's KnowBullying app
Electronic Nicotine Delivery Systems (ENDS); e-cigarettes, vapes	Use of Electronic Nicotine Delivery Systems (ENDS; i.e., electronic cigarettes/ vapes) is an alarming quickly growing trend amongst youth. In fact, the U.S. Food and Drug Administration (FDA) has declared youth e-cigarette use an epidemic: FDA Press Release. E-cigarettes are battery powered devices that heat a solution of liquid nicotine, flavorings, and other chemicals creating an aerosol that is inhaled by the user: NYSDOH E-cigarette infographic. According to the Centers for Disease Control and Prevention, nicotine is addictive and has lasting consequences for youth brain development including impaired cognitive functioning and the development of addiction pathways in the brain. Though vaping (also referenced as "JUULing" because JUUL is a prominent brand name) is a relatively new form of substance delivery, it has been found to increase likelihood of tobacco (cigarettes and other combustibles) because of the high nicotine concentration and other substance use among current non-smokers (Barrington-Trimis et al., 2016). The National Youth Tobacco Survey (NYTS) revealed that as of 2018, 3.6 million youth vape/use e-cigarettes, vaping amongst high school students has increased 78% in one year's time to almost 21%, and there was a 48% increase of vaping amongst middle schoolers in the same 1-year time period to roughly 5% of students. Nationally, according to the 2017 Monitoring the Future (MTF) study, roughly 17% of 12th graders report using e-cigarettes in the past month, nearly 1 in 3 high school seniors tried vaping in the past year and increased to 42% according to the 2017 YRBS aggregate. For NY-specific trends, the NYSCSH 2017 YRBS that is administered to students in grades 9-12 suggests that 15% of students reported currently using vapor products within the 30 days prior to the survey. As an example, trends from one northern NYS county alone suggests that e-cigarettes are the most used form of tobacco consumption compared with other forms and use increased steadily between grades 6 and 12 in 2017. The impact on vaping and academics was also captured in the NYSCSH YRBS IN 2017, as of students with grades of D/F, 45% reported using vapor products. As per the NYS Center for School Health webpage related to e-cigarettes/vaping based on CDC statistics, "more than 1 in 4 high school students and about 1 in 14 middle school students in 2018 had used a tobacco product in the past 30 days. This was a considerable increase from 2017, which was driven by an increase in e-cigarette use. E-cigarette use increased from 11.7% to 20.8% among high school students and from 3.3% to 4.9% among middle school students from 2017 to 2018" (CDC). In July 2019, NY increased the legal age to purchase tobacco and vaping products from 18 to 21 years of age. At present, there are also efforts to reign in marketing of vape pods, as advertising is often geared toward teens and young adults, with brightly colored vape pens/devices and thousands of fruity or sweet tobacco liquid flavor options for the pods that mask nicotine odor. For discrete use, vape devices often look like a flash drive and can also be disguised as a pen, soda can, dangly earrings, keychain, cell phone, as well as backpack and hooded sweatshirt strings. Some youth are beginning to vape marijuana, its derived concentrates, as well as Heroin and other illegal substances obtained online via the Dark Web. The Cambridge Health Alliance Division on Addiction explored why 12-graders vape. In its related Brief Addiction Science Information Source (BASIS) summary, it was found that influences such as experimenting, flavor choices, boredom, social identity, and group belonging were primary factors of using e-cigarettes or vapes, whereas trying to stop use of another substance was one of the least cited factors amongst this age population. NY Executive Order 196 was enacted in September 2019 and made provisions for schools to receive guidance and informal resources from NYS agencies for vaping prevention and cessation. As a relatively new topic, EBPs have not yet been evaluated for outcomes related to vaping specifically; thus, currently available evidence-informed and best practice resources include:

	➢ Catch My Breath is a program that offers training to school personnel on the current trends surrounding e-cigarettes/vapes and provides the school with informative posters free of charge. ➢ Vaping Prevention Plus Wellness is an evidence-informed program based on the EBP *SPORT* and is geared towards the universal population for implementation in a single session of about 50 min. from an integrated multi-health behavior standpoint. • NYSED and DOH Commissioner Letter concerning an emerging public health threat on the widespread use of electronic cigarettes/e-cigarettes among NYS youth. • Schools can utilize the New York State Center for School Health's information, resources. and webinar provided to raise awareness and educate youth on the dangers of vaping/e-cigarette use. • NYS DOH Webpage: Get the Facts: E-cigarette/Vaping Information Webpage • E-Cigarettes and Lung Health • How Do I Know If My Child is Vaping Marijuana? • Surgeon General's Report (includes information about marijuana prevention and community-based infrastructures) • How to Talk with Your Kids About Vaping • Talking with Teenagers About Vaping • Tips for Talking with Your Teen About E-Cigarettes • E-Cigarettes and Hookahs • E-Cigarettes and Vaping Webinar • E-Cigarettes Learning Page • E-Cigarettes: Get the Facts • NIDA for Teachers: Tobacco, Nicotine & E-Cigarette Toolkits • E-Cigarettes Shaped Like USB Flash Drives: Information for Parents, Educators, and Health Care Providers (Infographic)

Implementation Support for SUD Prevention EBP	Prevention Councils & Provider Network- OASAS-funded prevention providers are available to collaborate and work directly with schools regarding the issue of substance use; evidence-based programs, practices, and strategies that influence multiple outcomes; needs assessment; and programming support using the Strategic Prevention Framework (SPF)
Problem Gambling (Prevention & Assistance)	Preliminary trends from the most recent Youth Development Survey (YDS) suggest that students in in grades 7-12 in NYS engage in gambling/betting earlier than initiating alcohol use. The 2017 administration of the Youth Risk Behavior Survey (YRBS) revealed that, after averaging for gender differences, 30% percentage of high school students in NYS reported gambling one or more times in the past year either by gambling on a sports team, gambling when playing cards or a dice game, playing one of their state's lottery games, gambling on the Internet, or betting on a game of personal skill such as pool or a video game. The prevalence of gambling also increased between grades 9 and 12, suggesting that the behavior increased as students got older. Problem gambling should be addressed proactively and early. Gambling and substance use can become addictions because of the reinforcing dopamine surge in the brain discussed earlier in this document and physiological dependence. As a topic that is becoming more prominent and can be co-morbid with other addictions, empirical evidence has not been available for currently available programs to meet the criteria of evidence-based as per OASAS criteria at present. However, there are evidence-informed and best practice programs and resources currently available such as: ➢ *Wanna Bet?* ➢ *Stacked Deck* (has direct linkages to mathematics) ➢ *You(th) Decide* ➢ *Don't Bet Yet* ➢ *Teen Intervene* • Gambling Addiction • Problem Gambling Prevention Resources for School Districts • NY Council on Problem Gambling (NYCPG) • Know the Odds • Youth Gambling Addiction
Social Emotional Learning (SEL); protective factor	• NYSED Office of Student Support Services; SEL Guidance • Collaborative for Academic, Social, and Emotional Learning (CASEL) • Center on the Social and Emotional Foundations for Early Learning (CSEFEL) (early childhood) Offers sample information about, and general guidance for, an assessment regimen of SEL • Panorama Education also offers SEL assessment tools and data management options for schools as information is gathered and used to inform supports in multiple areas. • Center for Resilient Leadership (CFRL) Teaches about the brain to help individuals make more mindfully resilient choices • Social Emotional Learning in Elementary School: Preparation for Success (RWJ Foundation) • Michigan Model for Health "SELect Program"

Substance Use Disorder (SUD) (Prevention & Assistance)	• Institute of Medicine (IOM)- The spectrum of supports reflected in the IOM model is composed of five categories which includes promoting health, primary prevention, early intervention, treatment, and recovery support. This semi-circle for supports related to substance use is conceptually similar to MTSS frameworks for academic and behavioral outcomes. • When a comprehensive approach to addressing substance use (such as Screening, Brief Intervention, Referral to Treatment; SBIRT) is implemented with fidelity, results can impact alcohol, marijuana, opioid, and suicide-related outcomes. • Heroin and Opioids supplement that is linked to 2014 legislation requiring that districts modernize health education curricula to include information about Heroin and Opioids from a prevention standpoint: *Health Education Standards Modernization Supplemental Guidance Document: An Instructional Guidance & Resource Tool Kit.* • In 2018, the NYS Office of Addiction Services And Supports (OASAS), the NYS Department of Health (DOH), Bureau of Narcotic Enforcement (BNE), and the NYS Education Department (NYSED) collaboratively compiled the *New York State Addiction and Substance Use Disorder Educational Resource.* This resource offers many related materials on a flash drive for ease of access and may be ordered free of charge through NYS DOH. • NYS Office of Addiction Services And Supports (OASAS) This website has information on Heroin and Opioids (e.g., prescription pain pills), synthetic cannabinoids, HOPE Line, Combat Addiction campaign, Reversing the Stigma documentary, Talk2Prevent resources for parents/caregivers to address substance use prevention with their children, which are strategies that can also be used by teachers as trusted adults in students' lives, College SUD Prevention, SPF Partnership for Success Funded Community Coalitions, Kitchen Table Toolkit, guidelines for discussing addiction in a forum setting, Environmental strategies as a key component of prevention because they engage community aspects via communications media, as well as school policy, policy enforcement, access, social media, social norms, and misperception campaigns, clips to use in school settings, at home, at PTA meetings, and community forums, as well as PSAs on the effects of Heroin and prescription Opioid drug use. • OASAS Prevention Provider Directory • Preventing Marijuana Use Among Youth and Young Adults • Teens: Know the Facts! Marijuana (NIDA) • Heroin and Opioid Antagonist Sessions (Naloxone/Narcan Training) Communities and organizations other than schools looking to inquire about possible trainings at no cost arrange trainings can call (518) 485-0757. • Opioid Overdose Prevention Resources for Schools • Approved Web-Based Opioid Overdose Prevention Training for School Personnel (NYSCH) • Guidance for Schools re: Narcan • Guidance for Implementing Opioid Overdose Prevention Measures in Schools • Prevention Resource Center (PRC)- regionally-based that support the work of local community coalitions and prevention councils (many of which work in partnership with schools) throughout New York State via training and technical assistance • Community Coalitions offer support for locally-identified priorities and environmental strategies • The Regional Addiction Resource Centers (RARC) are available to assist people, families and communities in accessing local resources for those facing addiction problems. The RARC helps identify local prevention resources, local treatment opportunities, recovery services and other supports. The RARC can also organize events based on community requests. • OASAS Regional Substance Use Disorder Service Options • OASAS Treatment Provider Directory & Availability Dashboard • NYSED Student Support Services • NYS Center for School Health (NYSCSH) • School-Based Health Centers through NYS DOH

	• Prevention Agenda through NYS DOH • NYS Area Health Education Center System for pre-college preparation of HS students to enter the community health care field • Substance Use and Mental Health Services Administration (SAMHSA) • SAMHSA's Center for Substance Use Prevention (CSAP) • Resources to Prevent the Non-Medical Use of Prescription Drugs, Opioid Misuse, and Opioid Overdose • Prevention Collaboration in Action Toolkit • Collaborative Prevention Conversations • National Council for Behavioral Health • Washington State Institute for Public Policy (WSIPP) documents multi-faceted outcome effectiveness and cost-benefit information for substance use prevention and other health-related EBPs
Trauma-Informed/ Trauma-Sensitive Approaches; trauma is a risk factor; trauma-informed approaches are protective	Through the work of the Trauma and Learning Policy Initiative (TLPI), Trauma-Sensitive Schools reflect considerations regarding the influence that trauma has on students' learning and availability to access instruction. Trauma Informed Care (TIC) is a framework, through which evidence-based practices can be used, such as building Safe Secure Nurturing Relationships (SSNRs) as well as school and familial engagement, which serves as protective factors against substance use. • NYS Office of Mental Health (OMH) & registered school-based mental health clinics • Suicide Prevention Center of NY (SPC-NY) • Mental Health Association in NYS (MHANYS) • National Alliance on Mental Illness (NAMI)- NYS • School and Mental Health Partnerships: Improving School and Community Outcomes • For Children and Adolescents with Emotional and Behavioral Challenges • School and Mental Health Partnerships: Education 101 for Mental Health Leaders • School and Mental Health Partnerships: The NYS Mental Health System 101 • Project TEACH: Training and education for primary care physicians for the advancement of children's health • NYU's McSilver Institute for Public Policy • Coordinated Care Services Inc. (CCSI): Introduction to Trauma-Sensitive Schools • The Trauma-Responsive Understanding Self-Assessment Tool (TRUST) is a free online assessment to determine opportunities for change towards trauma-sensitive approaches in schools (TRUST-S) and organizations. • National Child Traumatic Stress Network (NCTSN) has information on EBPs, screening/assessment, and materials specific to school-based professionals. • New York State Trauma Informed Network (NYSTIN) through NYS OMH in collaboration with CCSI offers information for practitioners to connect with others as well as resources • The Trauma Informed Care (TIC) Project offers strategies for schools to become aware of the diverse backgrounds and prior experiences that students have. With that acknowledgement, effective strategies and practices to support students can be addressed. • School districts can obtain the Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol, Services Implementation Plan, and Program Self-Assessment Scale, which is a comprehensive research-based program assessment completed by teams to build a comprehensive, evidence-based trauma-sensitive culture based on existing strengths. • The prevention of Mental, Emotional and Behavioral (MEB) conditions such as SUD (and trauma, ACEs, etc.) is also consistent with the priorities to *Promote Well-Being* and *Prevent Mental and Substance Use Disorders* via the NYS Prevention Agenda through NYS DOH.