Information Package for Evidence-Informed Interventions:

Effective tobacco use prevention interventions for youth

Package updated: February 2011
KNOWLEDGE EXCHANGE NETWORK
Information Package for Evidence-Infomred Interventions

What are Knowledge Exchange Network (CCS KEN) Information Packages?
CCS KEN Information Packages are summaries and descriptions of interventions that have shown effectiveness in reducing risk factors for their respective topic areas. This information comes from systematic reviews of multiple research studies.

What is a systematic review?
Systematic reviews are reviews of multiple research studies that address a particular question. Evidence from scientific studies is located, evaluated and synthesized using a strict design to ensure the review is comprehensive and unbiased.

Why does the KEN use systematic reviews as its source for information?
Effectiveness is a key component of “Best Practice”, and systematic reviews provide reliable information about effective interventions. Systematic reviews:

- Condense and summarize a large quantity of relevant data;
- Ensure generalization;
- Check for consistency and explain inconsistency;
- Improve precision and reduce bias.

For more information about CCS KEN methodology visit our Web site: cancer.ca/ken

What is inside a KEN Information Package?
Information Packages have three sections:

1. A summary report that provides a condensed version of the key components of effective interventions in a particular topic area;
2. A one to three-page description of each intervention which demonstrated effectiveness; and
3. Guidelines for choosing and adapting programs to fit your audience and needs.

All interventions will have to be adapted to fit your particular situation – there is no ‘one size fits all’ solution. You will need to take the information and modify it to fit your context. Knowing the key components of an intervention will help you to make adaptations without losing effectiveness.

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**Summary Report**

**Introduction:**
This Summary Report is based on systematic reviews and/or meta-analyses identified through credible sources of systematic review information. Accompanying this Report are brief descriptions of interventions within the reviews that demonstrated effectiveness in behaviour change:

1. AAPT
2. Keep it Clean
3. LifeSkills Training
4. Mass media and school program
5. North Karelia Youth Project
6. Project SHOUT
7. Mass media program
8. Midwestern Prevention Project
9. Family Matters
10. “truth” campaign
11. Strengthening Families Program
12. Preventing substance abuse among Aboriginal youth

Note: The superscript numbers refer to the sources used to identify the respective interventions. See below for citations.

**Using evidence for program implementation:**

1. There is strong evidence showing that interventions are effective in preventing tobacco use in youth in the short-term. Evidence for long-term effectiveness is weak. Evidence from the 11 reviews outlined the following strategies in successful interventions:
   - Including peers in the development and implementation of programs
   - Building upon elements of existing effective campaigns
   - Creating interventions that focus on social reinforcement and/or developmental and social norms
   - Sustaining and coordinating interventions to the end of adolescence
   - Basing interventions on theoretical constructs
   - Focusing on higher grade levels

2. Effective tobacco use prevention interventions for youth include one or more of the following components:
   - Classroom education
   - Telephone and mail information for children and/or parents
   - Mass media marketing
   - Parent and school principal groups
     - E.g. refining school policy

**Results:**
The effective interventions resulted in reductions of tobacco use initiation in children and youth in the short term. More specific results are documented in the following intervention descriptions.

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Reviews:

1. The Cochrane Library (http://www.thecochranelibrary.com):


2. Guide to Community Preventive Services (http://www.thecommunityguide.org/):


4. Centre for Behavioural Research and Program Evaluation:


6. CRD DARE (http://www.crd.york.ac.uk/crdweb/):


7. Evidence-Based Practice Centres Evidence Reports (http://www.ahrq.gov/clinic/epcix.htm):

Expected outcomes:
AAPT (Adolescent Alcohol Prevention Trial) aims to prevent and reduce alcohol, tobacco and marijuana use in adolescents.

Audience & setting of the study:
The school-based study intervention targets students in the seventh grade and is situated in the school. Females comprised 53% of participants. The sample was 45.3% European-American, 37.4% Hispanic, 12.6% Asian and 3% African-American. Students were mainly from families with yearly incomes of approximately $23,000. The research study was conducted in the Los Angeles and Orange Counties of California.

Results of the study:
Normative education was successful in reducing the onset of tobacco use.

Time & training required for the intervention:
The AAPT intervention is one school year in length and is delivered by project staff who receive a minimum of two weeks of intensive training.

Description of the intervention:
This intervention consists of nine normative education lessons. The schedule is as follows:

1. Definition of drugs; positive, negative, short term and social consequences of drinking; parent interview homework
2. Review of consequences, survey about alcohol use among students
3. Survey results, agree/disagree opinion statements, parent interview homework, appropriate/inappropriate alcohol use
4. Class opinions about alcohol use, class discussion of appropriate/inappropriate alcohol use, non-drinker interview homework
5. Review of homework, film and discussion
6. Developing positive friendships, including non-drinking as a positive quality, Prevention Baseball
7. Alcohol rap songs, informal rules about alcohol
8. Question Box
9. Videotaped rap songs and personal opinion statements

Theoretical models used:
- Attitude-Belief Theory
- Problem Behaviour Theory
- Social Cognitive Theory

Cost of materials:
Information not provided.
References:


**Expected outcomes:**
Keep It Clean (KIC) aims to prevent smoking in youth.

**Audience & setting of the study:**
The school-based study intervention began with sixth grade students. KIC is best for higher risk schools. Fifty percent of participants were female. Ethnicity and socioeconomic status were reported to be mixed. The research study was conducted in 100 schools in southwest Ontario.

**Results of the study:**
Follow-up at the end of the eighth grade showed a smoking rate in high risk intervention schools of 16%, as opposed to 26.9% in high risk control schools.

**Time & training required for the intervention:**
The KIC intervention is three years in length, following students to the end of eighth grade. At the beginning of each school year, all providers receive a one-hour orientation session, provider manual, audiovisual aids, student workbook, peer leader manual, and a host teacher manual. Further training consists of either self-preparation or workshops:
- In the self-preparation situation, providers receive a videotape demonstrating the importance of interactive learning.
- In the workshop situation, providers receive the above videotape, plus attend a yearly one-day workshop and a half-day follow up workshop after teaching two lessons in the sixth grade.

**Description of the intervention:**
This intervention consists of a classroom curriculum that can be delivered by nurses or teachers. Small groups, brainstorming and role playing are employed to facilitate feedback, modeling, rehearsal and expression of positive attitudes. The curriculum for each grade is described below:

1. **Grade 6:** Six, 40-minute weekly lessons are held that include information on the social consequences and short-term physiological effects of tobacco use; peer, parent and media influences on tobacco use; and modeling and building resistance skills.

2. **Grade 7:** Three, 40-minute weekly lessons review the previous year's curriculum and focus on developing social norms supporting non-smoking, building awareness of the hazards of second-hand smoke and developing self-efficacy and assertive behaviour around second-hand smoking.

3. **Grade 8:** Six, 40-minute weekly lessons review the previous year's curriculum. Children learn benefits of remaining smoke-free, explore reasons why high school students find it difficult to quit, enhance their resistance skills training, and work on a group project on ideas to change the environment that will help them remain smoke-free.

**Theoretical models used:**
- Social Influences Model
- Cognitive-Developmental Stage Model

**Cost of materials:**
Information not provided.
References:


Expected outcomes:
LifeSkills Training (LST) aims to prevent and reduce tobacco, alcohol and marijuana use in adolescents.

Audience & setting of the study:
The school-based study intervention targeted students in the seventh grade. The number of male and female participants was virtually equal. The sample was 80% Caucasian, 13% African-American, 2% Hispanic, 2% Asian and 4% 'Other'. Students were mainly from middle class families. The research study took place in ten suburban New York junior high schools.

Results of the study:
At the end of the eighth grade, the peer-led intervention group produced significantly better results regarding tobacco, alcohol and marijuana use prevalence than the control group. The peer-led group with booster sessions was also significantly superior to other groups in the research study (teacher-led, teacher-led with booster sessions, and peer-led with no booster sessions). Significant main effects were also found for smoking knowledge, drinking knowledge, marijuana knowledge, and drinking and marijuana attitudes.

Time & training required for the intervention:
The LST intervention is two years in length, following students to the end of the eighth grade. Older peer leaders (grades 10 to 12) receive a four-hour training session prior to the beginning of each school year (different peer leaders are selected for each grade). These workshops include an overview of the problems of tobacco, alcohol and marijuana and a general introduction to the intervention. The remainder of the workshops consist of discussion, demonstration and participation in various program activities and training in basic classroom management. All peer leaders also attend briefings prior to each lesson to familiarise themselves with the lesson’s specific content.

Description of the intervention:
This intervention consists of a two year classroom curriculum that is implemented by older peer leaders:

1. Grade 7: Twenty sessions are implemented over a four month period:
   a. Sessions 1,2,3: Drug use: Myths and realities
   b. Sessions 4,5,6: Decision-Making and independent thinking
   c. Sessions 7,8: Media influence and advertising techniques
   d. Sessions 9,10: Self-image and self-improvement
   e. Sessions 11,12: Coping with anxiety
   f. Sessions 13,14: Communication skills
   g. Session 15: Social skills A (e.g. basic conversational skills)
   h. Session 16: Social skills B (e.g. dating)
   i. Sessions 17,18: Assertiveness
   j. Sessions 19,20: Information not provided

This curriculum is supplemented by homework assignments used for the reinforcement of previous sessions or in preparation for upcoming sessions.

In addition to the curriculum and homework, students take part in a semester-long Self-Improvement Project, where they are asked to choose a specific aspect of themselves and change it using weekly sub-goals that allow them to gradually shape their behaviour in the desired direction.
2. Grade 8: A 10 session booster program designed to reinforce the information learned during the previous year’s sessions. The topics for each session are as follows (in order):
   a. Cigarette smoking: Causes and effects
   b. Decision making and independent thinking
   c. Advertising
   d. Coping with anxiety
   e. Communication skills
   f. Social skills
   g. Assertiveness A
   h. Assertiveness B
   i. Review/General problem solving

Theoretical models used:
   - Cognitive-Behavioural Model

Cost of materials:
See the link below for pricing details.

References:


LifeSkills Training Web site:

This site goes into extensive detail about the LST program, training and research.
Expected outcomes:
This intervention aims to reduce tobacco use initiation among school-aged youth.

Audience & setting of the study:
The school-based study intervention targets children in grades four, five and six (at baseline). Median household income was reported as under $15,000. Gender and ethnicity statistics were not reported. The research study was conducted in one community in the Northeastern United States and one community in Montana, having a population between 50,000 and 400,000.

Results of the study:
After the four year study intervention, there were reductions in numbers reporting ‘smoking cigarettes per week’ (-35%), ‘smoking yesterday’ (-34%), and the amount of cigarettes smoked per week (-41%) in the intervention group. The effects of the intervention were persistent at two-year follow-up and were shown to also be significant within higher risk students.

Time & training required for the intervention:
This intervention is four years in length. Teacher training is conducted annually in four, day-long workshops.

Description of the intervention:
This intervention consists of two components:

1. Classroom Education: Delivered by classroom teachers (health, science, language arts, social studies), grade-specific curricula are implemented over four class periods per year during grades five to eight, and three periods over grades nine and ten. These are completed during the fall of each year and emphasize:
   a. Decision making
   b. Skills to resist peer and advertising pressures
   c. Social support for non-smoking
   d. Information on smoking and health

2. Mass Media: Consists of radio and television spots (30 to 60 seconds each) that run each year from January through May and at decreased intensity through the summer (radio only). The frequency of the advertisements is reduced from the first to fourth year. The television spots are broadcast on cable (including MTV) and local channels at peak times for the target group. The ads in this program are not linked (through, for example, slogans) and are delivered in several formats:
   a. Situation comedy
   b. Rock video
   c. Cartoon
   d. Testimonial
   e. Drama

Theoretical models used:
- Not reported

Cost of materials:
Costs for classroom education are not provided. The production of each of the finished media spots costs approximately $5,000, not including travel.
References:


Expected outcomes:
The North Karelia Youth Project (NKYP) aims to prevent tobacco use and to reduce the prevalence of tobacco use in youth.

Audience & setting of the study:
The school-based study intervention targeted students in the seventh grade. Gender, ethnicity and socioeconomic status were not reported. The research study was conducted in the region of North Karelia in eastern Finland.

Results of the study:
Fifteen-year follow-up showed that mean lifetime cigarette consumption was 22% lower among intervention subjects. Smoking prevalence was lower in the intervention group until age 21.

Time & training required for the intervention:
This intervention is two years in length, following students until the end of ninth grade. Peer leaders (14 to 15 years of age, chosen by teachers) receive ten hours of training prior to the intervention.

Description of the intervention:
This intervention consists of one classroom-based education program. Ten, 45-minute lessons are implemented by peer leaders who also act as role models to the youth. Three lessons occur in the seventh grade, five during the eighth and two during the ninth. The sessions include three main topics:

1. Making children aware of the reasons for smoking behaviour
   - Teaching the impact of advertisement and social pressures, the false perception of adulthood and smoking, problems of puberty, the effects of smoking parents, and addiction
2. Learning the health hazards of smoking
3. Resistance/Refusal skill training
   - Writing and performing skits, finding healthier alternatives to using tobacco

Theoretical models used:
- Not reported

Cost of materials:
Information not provided.

References:


Expected outcomes:
Project SHOUT (Students Helping Others Understand Tobacco) aims to prevent smoking and smokeless tobacco use for the long-term among junior high school students.

Audience & setting of the study:
The school-based study intervention targeted junior high school students. Forty-six percent of students were male. Reported ethnicity was 57% Caucasian, 24% Hispanic and 19% ‘Other’. Socioeconomic status was not reported. The research study was conducted in 22 San Diego County high schools.

Results of the study:
At the end of the third year of the study intervention, the reported prevalence of tobacco use “within the past month” was 14.2% among intervention students, versus 22.5% among controls.

Time & training required for the intervention:
This intervention is three years in length. College undergraduates were recruited to implement this intervention. The undergraduates received 15 hours of training that included instruction on how to teach effectively and implement SHOUT lessons.

Description of the intervention:
This intervention consists of two components:

1. Classroom Education: This program is held over the students’ seventh and eighth grade years. Individual contact is at a minimum:
   a. *Seventh grade*: Six fall lessons (once per week) and four spring lessons (once per month) are implemented. Participants watch a videotape on the health consequences of tobacco use, read celebrity endorsements of non-use, discuss the social consequences of tobacco use, familiarize themselves with tobacco products, practice decision making, write letters to tobacco companies, perform refusal skits, discuss addiction and cessation, and publicly declare themselves tobacco free. An assembly is also held for students to watch the year’s activities. SHOUT T-shirts are distributed.
   b. *Eighth grade*: Eight lessons, once per month. This year, participants practice more refusal skills, estimate their health risk and write letters to magazines in protest of tobacco advertising. Students also participate in community action project that mobilize them as anti-tobacco activists, learn positive methods of encouraging others to stop smoking, debate tobacco issues and attend another assembly reviewing the year’s activities.

2. Telephone and Mail Boosters: Individual contact is made between the student and undergraduate via direct mail and telephone booster calls over the ninth grade:
   a. Five newsletters (four to six pages long) are periodically mailed to the student’s home. Each included information regarding tobacco control events, legislation, research, the tobacco industry’s power, cessation tips and a Q&A column. Two newsletters per year are additionally sent to parents.
   b. One week following newsletter distribution, booster telephone calls begin. Two calls are made to each participant per semester, and consist of the discussion of the most recent newsletter, opinion polls, normative education instruction, refusal skills training, tobacco news and cessation, and a plug for a local free cessation help-line.

Theoretical model used:
- Social Learning Theory
Cost of materials:
The “program package” and “user’s guide” cost approximately $1,040. Order here: http://www.socio.com/ysa08.php

References:


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Youth tobacco interventions: Mass media program
Entered on September 20, 2005

Expected outcomes:
This intervention aims to prevent and stop smoking among adolescents.

Audience & setting of the study:
This community intervention targeted all local youth aged 14 to 16 years: 52% of participants were female. Participants were from families of average income. Ethnicity for the study, which was conducted in a county in Norway, was not reported.

Results of the study:
At two week follow-up, 7.4% of boys (B) and 14.6% of girls (G) managed to quit smoking, and a further 10.9% (B) and 10.6% (G) decided to quit. In non-smokers, 39.5% (B) and 49% (G) decided to never start smoking.

Time & training required for the intervention:
This intervention is three weeks in length. Training is not required.

Description of the intervention:
Pointing out inconsistencies between popular opinions/values and being a smoker, this intervention consists of three mass media programs that include:

1. Three different full page newspaper advertisements with the following messages:
   a. “weak personality, no backbone, full control, typical girl, typical smoker”
   b. “Yellow teeth, foul breath, fit as a fiddle, typical girl, typical smoker”
   c. “15 year old, 20 a day, believes in protecting the environment, typical girl, typical smoker”

   Each of the three ads appears once in each of the area’s newspapers over three weeks.

2. A poster based on one of the newspaper advertisements that is mailed to every school, youth organisation, sports club, etc. in the area.

3. Television and cinema spots, based on the “yellow teeth...” message, that are shown 167 times over three weeks.

Theoretical models used:
- Festinger’s Theory on Cognitive Dissonance

Cost of materials:
Information not provided.

References:
**Expected outcomes:**
The Midwestern Prevention Project (MPP) aims to prevent adolescent drug (including tobacco) abuse.

**Audience & setting of the study:**
The study intervention targeted students in grades six and seven, taking place in the community and school: 76.6% of participants were Caucasian, 19.2% African-American, 2% Hispanic and 1.2% Asian. The median family annual income was $22,376. The research study was conducted in eight Kansas City communities.

**Results of the study:**
The MPP resulted in significant reductions (at 3 years) in tobacco and marijuana use (but not alcohol), with equivalent reductions for youth at different levels of risk.

**Time & training required for the intervention:**
The intervention is three years in length, following students until grades nine and ten. Television station managers, teachers and peer leaders are trained in drug prevention skills and program delivery.

**Description of the intervention:**
This intervention consists of three components:

1. **Mass Media:** Coverage of program progress includes the following:
   a. Newspaper articles and one to two minute television news clips of project staff announcing the purpose and direction of the project
   b. Television and radio talk show interviews with project staff about program progress
   c. Coverage of training, etc.

2. **Parent Program:** A group consisting of the principal, four to six parents and two student peer leaders from each school meet throughout the school year to:
   a. Refine school policy to institutionalize prevention programming in the school
   b. Monitor school grounds and the surrounding neighbourhood for drug use
   c. Plan and implement parent skills training twice a year for all parents, with a focus on parent-child communication and prevention support skills

3. **Classroom Education:** This ten-session program on skills training for resistance of drug use includes psychosocial consequences of drug use; correction of beliefs about the prevalence of drug use; recognition and counteraction of adult, media and community influences on drug use; peer and environmental pressure resistance; etc.

   - This program is supplemented by ten homework sessions that involve:
     ▪ Interviewing family members about family rules on drug use, successful techniques for avoiding drug use, and methods for family counteraction of media and community influences to use drugs.

**Theoretical models used:**
- Social Learning Theory

**Cost of materials:**
Information not provided.
References:


Expected outcomes:
Family Matters aims to reduce smoking onset and alcohol use in youth.

Audience & setting of the study:
The study intervention targeted parents of youth aged 12-14. Other information on the sample was not reported. The research study was conducted in multiple states in the USA.

Results of the study:
One-year follow-up showed a significant reduction in smoking onset and a non-significant reduction in alcohol use in the intervention group when compared with controls.

Time & training required for the intervention:
The length of this intervention is not clear. A written protocol and two days of formal training are provided to health educators prior to the intervention. Training continues as the program is implemented.

Description of the intervention:
In the Family Matters intervention, four booklets are separately mailed to a parent (usually the mother) in the home of the child. Each booklet begins with identification of the topics for the booklet, followed by a question-answer section, a description of suggested activities, a summary, and a preview of the next booklet.

Two weeks after each mailing, a health educator contacts the parent by telephone to assure that the booklet was received, to determine if the booklet has been read and activities completed, and to encourage family participation.

Theoretical model used:
- Social Learning Theory

Cost of materials:
Program materials are available for free download on the Family Matters site. See below for link.

References:


Family Matters Web site:
**Expected outcomes:**
The “truth” campaign aims to reduce smoking prevalence among youth.

**Audience & setting of the study:**
The study intervention targeted youth aged 12 to 17 years throughout the U.S.

**Results of the study:**
Findings indicated that smoking prevalence among all students declined from 25.3% to 18% between 1999 and 2002 and that the “truth” campaign accounted for approximately 22% of this decline.

**Time & training required for the intervention:**
This intervention is ongoing. Training is not specified.

**Description of the intervention:**
“truth” was a national anti-smoking campaign that intended to empower young people with the feeling that they could take on the tobacco industry and its executives and be part of a tobacco-free generation. Ads used in the campaign portrayed tobacco executives as predatory, profit hungry and manipulative. Another strategy in the campaign was to use graphic images depicting facts about death and disease caused by tobacco. For example, an early commercial showed youths piling 1200 body bags outside a tobacco company’s headquarters to show the daily death toll from tobacco use.

Theoretical model used:
- Not reported

**Cost of materials:**
Information not provided.

**References:**


**“truth” Web site:**
Youth tobacco interventions: Strengthening Families Program

Updated on September 15, 2008

Note: This intervention also appears in the Youth Alcohol Interventions package.

Expected outcomes:
The Strengthening Families Program (SFP) aims to reduce substance use among adolescents.

Audience & setting of the study:
The study intervention targeted sixth grade students and their parents in rural communities (populations of less than 8,500), and was situated in the schools. Virtually all participants were Caucasian (99%). The median annual household income of participating families was $34,000. The research study was conducted in a Midwestern US state.

Results of the study:
At 4 years follow-up, new user proportions were significantly lower for the SFP group than for the controls for the following behaviours:
- Ever drank alcohol
- Ever drank alcohol without parent permission
- Ever been drunk
- Ever smoked cigarettes
- Ever used marijuana

Time & training required for the intervention:
This intervention is seven weeks in length. Training is not described.

Description of the intervention:
The SFP is conducted by 3-person leader teams, in groups of up to 15 families. The intervention consists of seven weekly sessions (held during weekday evenings, typically at schools).

Weekly sessions consist of separate, concurrent training sessions for parents and children (one hour in length), immediately followed by family sessions in which parents and children practice skills learned in their separate sessions (one hour). The seventh meeting consists of only a one-hour family session.

Within these sessions, parents are taught to clarify expectations, use appropriate disciplinary practices, manage their strong emotions and effectively communicate with their child. Children’s session content parallels the parents’ content but also includes peer resistance and peer relationship skills training. During the family sessions, families practice conflict resolution and communication skills, and activities designed to increase positive involvement of the child in the family. Videotapes are also used.

Theoretical models used:
- Biopsychosocial model
- Resiliency model
- Social ecology model of adolescent substance use

Cost of materials:
A CD of the complete SFP intervention is currently priced at US$450.
References:

Strengthening Families Program Web site:

Offers vast information on the program, as well as manuals.

To order materials, click on “Ordering” in the left navigation menu.
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Youth tobacco interventions: Preventing substance abuse among Aboriginal youth

Updated on September 15, 2008

Note: This intervention also appears in the Youth Alcohol and Aboriginal Interventions packages.

Expected outcomes:
This intervention aims to prevent alcohol, cigarette, smokeless tobacco and marijuana use among Aboriginal youth.

Audience & setting of the study:
The study intervention targeted third to fifth grade Aboriginal students (mean age 10.28), and was situated in schools. The numbers of male and female subjects were virtually equal. The research study took place in 10 socioeconomically comparable reservations in North and South Dakota, Idaho, Montana and Oklahoma.

Results of the study:
At 30 and 42 month follow-ups, the intervention group’s alcohol consumption, smokeless tobacco and marijuana use were significantly lower than that of the controls.

Time & training required for the intervention:
This intervention is 15 weeks in length (not including booster sessions). Training is not specified.

Description of the intervention:
This culturally-based intervention engages students in fifteen 50-minute weekly sessions, occurring during the spring term of the school year.

Each intervention session incorporates Aboriginal values, legends and stories. Cultural content addresses substance use issues in Aboriginal society and the positive and holistic concepts of health and health promotion among Aboriginal peoples.

Within this context, students learn problem-solving, personal coping and interpersonal communication skills for preventing substance use. These skills are explained by group leaders then demonstrated by slightly older peers.

Each session also includes a homework assignment. For example, the students observe and report on the way advertisers associate alcohol with enjoyment, youthfulness and vitality.

The students receive booster sessions semi-annually for 3.5 years. Each session is delivered in two 50-minute sessions. Content includes developmentally appropriate lessons and tactics, reflecting the youths' increased risks for substance use and abuse.

Theoretical model used:
- Not reported

Cost of materials:
Information not provided.

References:
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Guidelines for choosing and adapting programs
(Source: Research-tested Intervention Programs (RTIPS), National Cancer Institute)

ADAPTATION GUIDELINES:
1. Determine the needs of your audience and whether this program addresses those needs;
2. Review the program and its materials with your intended audience for feedback;
3. Define the extent of adaptation needed and potential ways to implement the new program;
4. Develop a “revised” program;
5. Implement and monitor for need for further changes;
6. Modify/revise program based on feedback;
7. Evaluate the effectiveness of your adapted program and products.

PROGRAM ADAPTATION CHECKLIST:
✔ Objectives: The program’s objectives fit the needs of your audience, and the program’s content is built to meet its overall objectives;
✔ Approach used: The approach(es) used in the program are based on sound theory about how people behave or act, and will fit with your audience;
✔ Content: The reading level, complexity and amount of detail of information provided in the program are appropriate for your audience;
✔ Level of understanding: The underlying beliefs/values of the program fit with the cultural background and understanding of your audience;
✔ Fit with community resources: The program’s activities are realistic and achievable, given the resources of your community;
✔ Media and information channels: Your intended mode of delivery for the program will not diminish the effectiveness of the message(s), even if it is different from that of the original program;
✔ Terminology: You understand how your audience interprets the key terms used in the program and the program’s terminology will be understood by your audience;
✔ Intended actions: The desired/expected behaviours are consistent with your objectives and the needs of the audience.

Monitoring the implementation of the adapted program is important, especially if:
1. Your audience is significantly different from that of the original program;
2. You intend to deliver the product to your audience using a different mode of delivery;
3. You do not intend to use the entire program and all its recommended products as implemented in the original setting – choosing some but not all of the program components or products to modify and use;
4. Your resources prevent you from implementing the program as it was intended;
5. You intend to translate the product into another language, as mere translation does not guarantee that the program’s content will be culturally relevant.