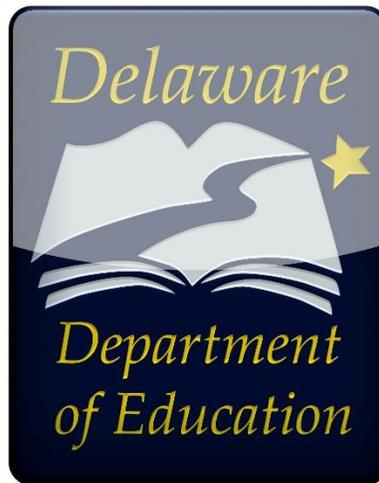


State of Delaware

Drug and Alcohol Prevention Education Survey Report

2021



The purpose of this report is to address the Delaware Youth Drug Prevention Curriculum Task Force recommendation to compile a list of current substance abuse prevention curricula used in Delaware schools as well as to convey the review process for assessing program effectiveness as outlined in [Regulation 851](#).

September 22, 2021

Background

In June 2018, Senator Bryant Richardson and Representatives Briggs King and Daniel Short introduced Senate Concurrent Resolution 69 (SCR69) (**Appendix A**) to expand legislative focus on the important topic of substance abuse prevention curricula in K-12 schools. As a result of SCR69, the Delaware Youth Drug Prevention Curriculum Task Force (Task Force) was established to review available drug prevention programs and make recommendations to address educating youth about the dangers of drug, alcohol and tobacco use in order to reduce the likelihood that they experiment with substance use.

In Delaware, by law drug and alcohol education is part of the K-12 comprehensive health education programming and there are specific hour requirements for instruction. [Regulation 851](#) (**Appendix B**) outlines the mandatory drug and alcohol instruction requirements. Students in grades K-4 must receive ten (10) hours of instruction and students in grades 5-12 must receive fifteen (15) hours. The regulation further delineates that in grades 9 to 10, one (1) half (1/2) credit of comprehensive health education is required for graduation. This 1/2 credit course may be provided in the 9th, 10th, 11th or 12th grade, but in each of the remaining three grades, fifteen (15) hours of drug and alcohol education must be provided for all students.

[Regulation 851](#) (**Appendix B**) also details that the Delaware Department of Education (DDOE) shall prepare and distribute on its website a list of evidence-based and promising practices for tobacco, alcohol, drug, and interpersonal violence prevention programs and resources that may be used by school districts or charter schools. In autumn of 2020, DDOE worked with the Division of Public Health (DPH) and the Office of Health Crisis Response (OHCR) to develop a Drug and Alcohol Education Resource Guide (Resource Guide). The work on this project was contracted with Health Management Associates (HMA). The Resource Guide was shared with all districts and charter school leadership. It was also shared with the health and physical education (PE) teachers statewide via DDOE's Education Associate for Physical Education, Health and Wellness. The Resource Guide (**Appendix C**) can also be found on the [DDOE website](#) under the alcohol, drug and tobacco resources tab.

While the duties of the Task Force have been fulfilled, DDOE will continue to support the recommendations of the Task Force.

Approach

The Task Force, as a result of SCR69, began its work in 2018. Members included representatives from DDOE, the Delaware State Board of Education, the Office of the Lt. Governor, Hope Street DE, the University of Delaware, Western Sussex Boys and Girls Club, Claymont Community Cooperative, and Delaware students. The Task Force identified areas for improvement regarding how Delaware approaches the issue of substance use prevention education during general health education programming. The recommendations identified by the Task Force included the following:

- requiring districts/charters to choose substance abuse prevention programming from a pre-selected list of evidence-based curricula;
- hiring of a support person at DDOE to provide guidance to Delaware school districts/charters in the field of health and physical education;
- developing a website to provide evidence-based practices for prevention substance abuse;

- conducting a longitudinal study of substance abuse prevention curricula being implemented within Delaware schools; and
- expanding Purchase of Care (POC) to subsidize the supervision of care of youth ages 13-15 years.

The purpose of this report is to address the Task Force’s recommendation to compile a list of substance abuse prevention curricula currently implemented in Delaware schools as well as the process of which schools review programming for effectiveness was added to [Regulation 851](#) (**Appendix B**).

2.1.7.2 A description of the method or methods used to implement and review for the effectiveness of the program or programs shall be reported to the Department no later than August 2021.

Further information regarding the Task Force and SRC69 can be found in the final report (**Appendix D**).

District, Charter Reporting Process

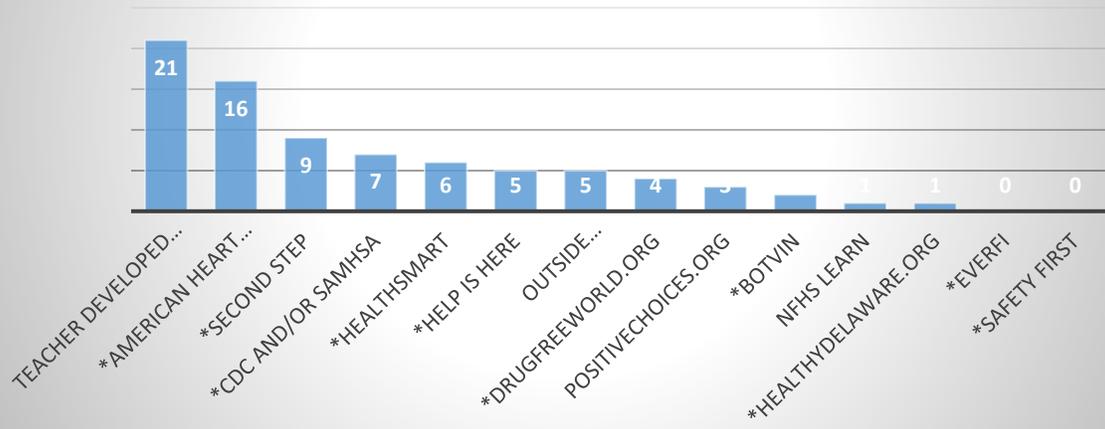
In order to collect information about what the districts and charter schools are currently using Curriculum Directors were asked to complete a survey about tobacco, drug, alcohol and interpersonal violence prevention programming at all grade levels K-12th. To collect this information, DDOE provided districts and charter schools with the survey link to be completed no later than August 1, 2021 (**Appendix E**).

As of August 1, 2021, of the nineteen (19) districts and twenty three (23) charter schools serving students in Kindergarten through 12th, nineteen (19) districts and seventeen (17) of the charter schools completed this survey (**Appendix E**).

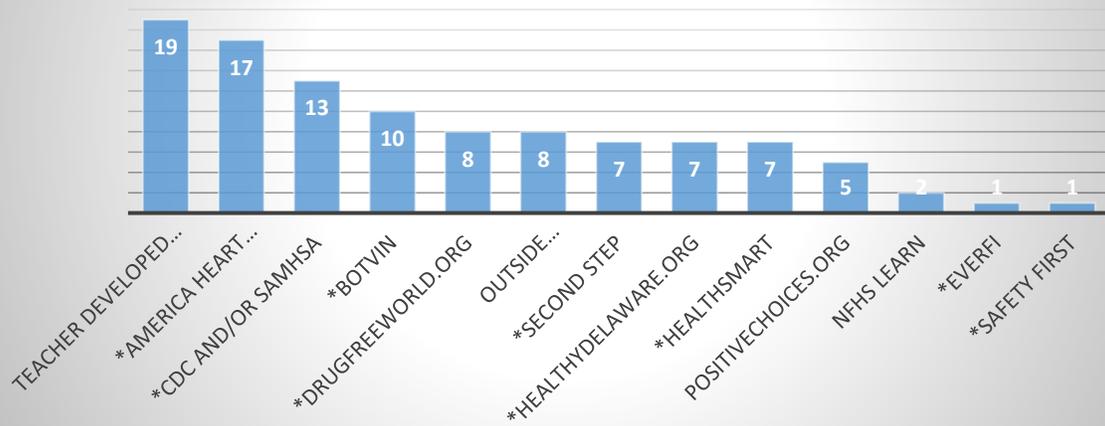
Results and Discussion

Chart(s) on the following pages show the number of responses for all question(s) by school districts and charter schools. Multiple resources may have been identified at each district and charter. The resources marked with an asterisk (*) are evidence-based, evidence-informed or promising practices.

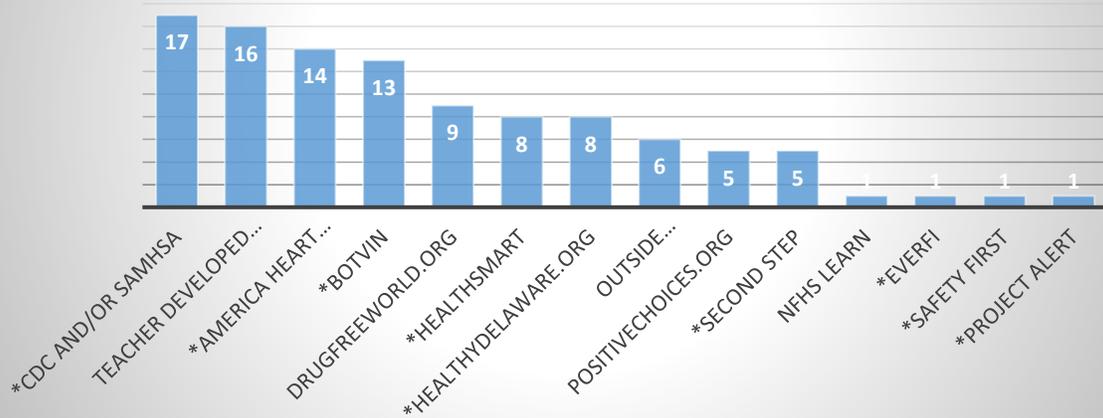
Resources, programs and/or curriculum used in grades K-4 to implement tobacco, alcohol and other drug education



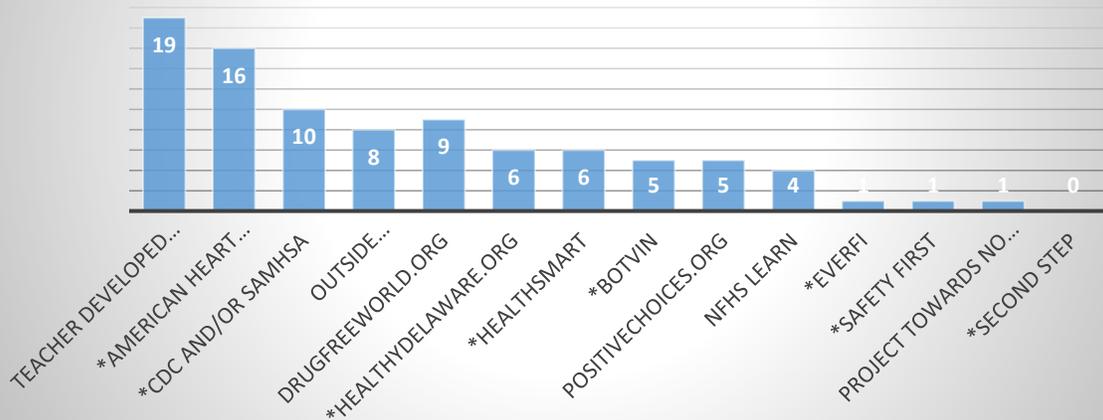
Resources, programs and/or curriculum used in grades 5-6 to implement tobacco, alcohol and other drug education



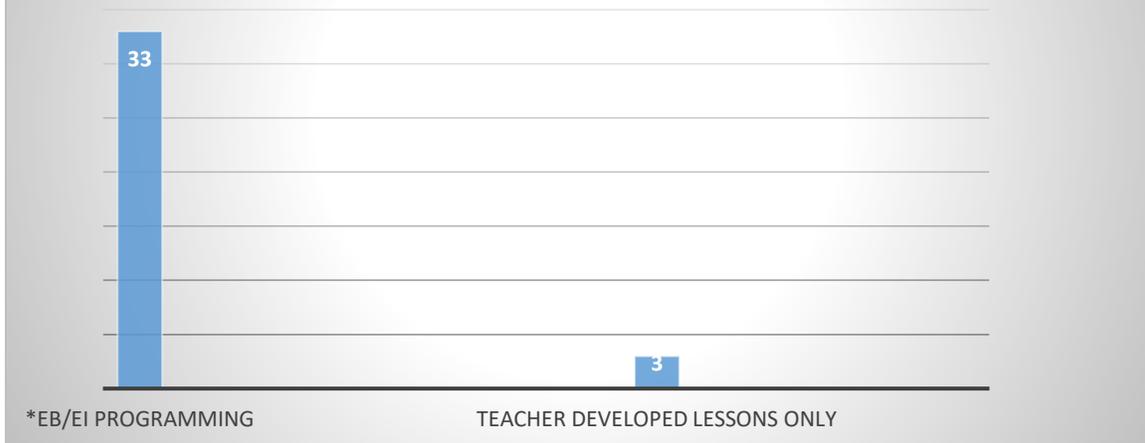
Resources, programs and/or curriculum used in grades 7-8 to implement tobacco, alcohol and other drug education



Resources, programs and/or curriculum used in grades 9-12 to implement tobacco, alcohol and other drug education



Evidence-based (EB)/Evidence-informed (EI) programming used K-12 to implement tobacco, alcohol and other drug education



Data collection: Nineteen (19) districts and seventeen (17) charter schools serving students in Kindergarten through grade 12 reported these data to DDOE (see **Appendix E**).

It is important to note that the **teacher developed lessons** response was a clickable option used commonly with one or more of the evidence-based/evidence-informed resources listed for each grade level. Teachers often develop complementary lessons to supplement their curriculum. The following resources used in the survey are found to be evidence-based/evidence-informed or promising practices.

- Help is Here
- CDC and/or SAMHSA
- Drugfreeworld.org
- HealthSmart
- Botvin
- Everfi
- Safety First: Real Drug Education for Teens
- Second Step
- American Heart Association
- HealthyDelaware.org

The following are examples of responses provided as **other** in the Drug and Alcohol Survey. All district and charter surveys can be accessed in **Appendix E**.

- School Counselors
- School Resource Officer
- Local Police Departments
- Safer Smarter Kids
- Smart Move
- Smart Choices

- Kick Butts Generation
- Kidshealth.org
- UD Cooperative Extension
- Mind Matter Series
- Quaver Health
- Safer Smarter Teens
- Door of Hope
- Goodheart Wilcox Curriculum
- Project Alert
- Christiana Care
- Minding Your Mind
- American Red Cross

Listed below are responses, in no specific order, provided on the Drug and Alcohol Education Survey explaining how districts and charters review drug and alcohol education programming for effectiveness. Individual school and district responses can be viewed in **Appendix E**.

- Teacher Professional Development
- Health Education Curriculum Analysis Tool (HECAT)
- District Leadership reviews curriculum
- Professional Learning Communities
- Analysis of school climate surveys
- Delaware Performance Appraisal System (DPAS)
- State wide trainings
- Walk through of teacher classrooms
- UD Drug and Alcohol Survey
- Second Step Assessment
- Student Evaluations
- Support from Delaware Department of Education (DDOE)

To be mindful of the timing of this report the data used to generate the above charts are up to date as of Friday September 17, 2021. DDOE will continue to gather survey responses and will update the results on this report as they are added.

Information gained from the Drug and Alcohol Education Survey and the data that was gathered for this report will help DDOE to focus efforts on districts and charter schools needing support in the area of drug and alcohol prevention education. The districts and/or charters that did not select at least one of the evidence-based/evidence-informed resources listed within the survey will be the first group to receive DDOE outreach. The support(s) that will be provided include the following:

- One-on-one support from the Education Associate for Physical Education, Health and Wellness
- Access to the HMA Resource Guide as well as an informational session provided by HMA
- Digital copy of the Health Education Curriculum Analysis Tool (HECAT)
- Link to the Health Education google drive (managed by Education Associate)
- Link(s) and information on all of the above listed evidence-based/evidence-informed programs
- Monthly check-ins from the Education Associate for Physical Education, Health and Wellness

APPENDIX A



SPONSOR: Sen. Richardson & Rep. Briggs King & Rep. D. Short
Sens. Hocker, Lawson, Marshall, Pettyjohn, Simpson;
Reps. Dukes, Miro, Osienski, Wilson

DELAWARE STATE SENATE
149th GENERAL ASSEMBLY

SENATE CONCURRENT RESOLUTION NO. 69

CREATING THE DELAWARE YOUTH DRUG PREVENTION CURRICULUM TASK FORCE.

1 WHEREAS, 308 lives were lost in 2017 in Delaware to drug-related overdoses; and

2 WHEREAS, over the extended Thanksgiving weekend in 2017, there were 11 overdose deaths; and

3 WHEREAS, The News Journal reported on May 1, 2018, that there were 47 overdoses, with 7 of those victims
4 dying, in just one weekend in our state, which has become all too typical; and

5 WHEREAS, according to 2015 data from the National Institute on Drug Abuse, babies born exposed to drugs such
6 as heroin and opiates cost an average of \$66,700 for a 16-day hospital stay, compared with the average \$3,500 hospital bill
7 for the birth of a healthy child; and

8 WHEREAS, The News Journal reported that in 2017, 431 babies were born in Delaware exposed to drugs such as
9 heroin and opiates; and

10 WHEREAS, drug prevention education programs must be provided in every grade in every public school in this
11 State; and

12 WHEREAS, the Botvin LifeSkills Training program, which is used in some classrooms in Delaware and in the
13 Boys & Girls Clubs, has been cited for excellence by numerous organizations, including the U.S. Department of Education,
14 the Center for Substance Abuse Prevention, the National Institute on Drug Abuse, and the Office of Juvenile Justice and
15 Delinquency Prevention; and

16 WHEREAS, studies testing the effectiveness of the Botvin LifeSkills Training program have found that the
17 program can reduce the prevalence of tobacco, alcohol, and illicit drug use by as much as 80%; and

18 WHEREAS, the Department of Health and Social Services was awarded a federal grant of an additional \$2 million
19 this year to cover addiction treatment; and

20 WHEREAS, according to a recent report on the economic benefit of evidence-based prevention programs, the
21 Botvin LifeSkills Training program produced a \$50 benefit for every \$1 invested in terms of reduced corrections costs,
22 welfare and social services burdens, drug and mental health treatment, and increased employment and tax revenue.

23 NOW, THEREFORE:

24 BE IT RESOLVED by the Senate of the 149th General Assembly of the State of Delaware, the House of
25 Representatives concurring therein, that the Delaware Youth Drug Prevention Curriculum Task Force (“Task Force”) be
26 created.

27 BE IT FURTHER RESOLVED that the Task Force be established to examine available drug prevention programs
28 and to recommend a course of action to educate our youth about the dangers of drug, alcohol, and tobacco use to reduce the
29 chance that youth will experiment with these substances.

30 BE IT FURTHER RESOLVED that the Task Force is comprised of the following members, or a designee
31 appointed by the member serving by virtue of position:

32 (1) Two State Senators, 1 from the majority caucus and 1 from the minority caucus, appointed by the
33 President Pro Tem of the Senate who shall appoint 1 of these State Senators as Co-Chair.

34 (2) Two State Representatives, 1 from the majority caucus and 1 from the minority caucus, appointed by the
35 Speaker of the House of Representatives who shall appoint 1 of these State Representatives as Co-Chair.

36 (3) The President of the State Board of Education.

37 (4) The Secretary of the Department of Education.

38 (5) The Secretary of the Department of Health and Social Services.

39 (6) The Secretary of the Department of Services for Children, Youth and their Families.

40 (7) The Executive Director of the Boys & Girls Clubs of Delaware.

41 (8) The President of the Delaware Association of School Administrators.

42 (9) The Director of the University of Delaware Center for Drug & Health Studies.

43 (10) Three members of the public with expertise in heroin and opioid addiction, appointed by the Governor.

44 BE IT FURTHER RESOLVED that a quorum of the Task Force is a majority of its members.

45 BE IT FURTHER RESOLVED that:

46 (1) Official action by the Task Force, including making findings and recommendations, requires the approval
47 of a quorum of the Task Force.

48 (2) The Task Force may adopt rules necessary for its operation.

49 BE IT FURTHER RESOLVED that the Co-Chairs of this Task Force are responsible for guiding the
50 administration of the Task Force by doing, at a minimum, all of the following:

51 (1) Setting a date, time, and place for the initial organizational meeting.

52 (2) Notifying the individuals listed in lines 36 through 42 of the formation of the Task Force and the need to
53 appoint a member.

54 (3) Supervising the preparation and distribution of meeting notices, agendas, minutes, correspondence, and
55 reports of the Task Force.

56 (4) Sending to the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and the
57 Director of the Division of Research of Legislative Council, after the first meeting of the Task Force, a list of the
58 members of the Task Force and the person who appointed them.

59 (5) Providing meeting notices, agendas, and minutes to the Director of the Division of Research of Legislative
60 Council.

61 (6) Ensuring that the final report of the Task Force is submitted to the President Pro Tempore of the Senate
62 and the Speaker of the House of Representatives, with copies to all members of the General Assembly, the
63 Governor, the Director and the Librarian of the Division of Research of Legislative Council, and the Delaware
64 Public Archives.

65 BE IT FURTHER RESOLVED that the Task Force shall hold its first meeting no later than September 4, 2018.

66 BE IT FURTHER RESOLVED that the General Assembly is responsible for providing reasonable and necessary
67 support staff and materials for the Task Force to carry out its mission.

68 BE IT FURTHER RESOLVED that the Co-Chairs of the Task Force shall compile a report containing a summary
69 of the Task Force's work regarding the issues assigned to it in lines 27 through 29 of this Resolution, including any findings
70 and recommendations, and submit the report to all members of the General Assembly and the Governor no later than
71 December 31, 2018.

SYNOPSIS

This Senate Concurrent Resolution creates a Delaware Youth Drug Prevention Curriculum Task Force to examine available drug prevention programs and to recommend a course of action to educate our youth about the dangers of drug, alcohol, and tobacco use to reduce the chance that youth will experiment with these substances.

Author: Senator Richardson

APPENDIX B

DEPARTMENT OF EDUCATION
OFFICE OF THE SECRETARY
800 Health and Safety

851 K to 12 Comprehensive Health Education Program

1.0 Definitions

In this regulation, the following terms and words shall have the following meaning unless the context clearly indicates otherwise:

“Consent” means the unambiguous, voluntary, and freely given agreement by all participants in each physical act in the course of sexual activity, including respect for personal boundaries. Consent does not include any of the following: (a) the lack of verbal or physical resistance or submission resulting from the use of force, threat of force, or placing another individual in fear or (b) a current or previous dating, social or sexual relationship.

“Department” means the Delaware Department of Education.

“Evidence-based” means strategies, activities, or approaches, which have been shown through scientific research and evaluation to be effective at preventing or delaying a negative outcome.

“Promising Practices” means programs and strategies that have strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable outcomes.

23 DE Reg. 756 (03/01/20)

2.0 Program Requirements

- 2.1 Each school district and charter school shall have a sequential, skill-based K to 12 Comprehensive Health Education Program based on the Delaware Health Education Standards. The program shall establish a foundation of understanding the relationship between personal behavior and health outcomes, and shall include at a minimum the following:
- 2.1.1 Identification of a district-level person to coordinate the district program and a coordinator in each school to assure compliance at the school level. Each charter school shall identify a person to facilitate the program for the charter school.
 - 2.1.2 Appointment of persons such as teachers, parents, school nurses, community leaders, guidance counselors, law enforcement officers and others with expertise in the areas of health, family life and safe and drug-free schools and communities to serve as members of the district, school or charter school Consolidated Application Planning Committee.
 - 2.1.3 The use of the state content standards for health education for grades K to 12 to address the core concepts: tobacco, alcohol and other drugs, injury prevention and safety, nutrition and physical activity, family life and sexuality, personal health and wellness, mental health and community and environmental health with minimum hours of instruction as follows:
 - 2.1.3.1 In grades K to 4, a minimum of thirty (30) hours in each grade of comprehensive health education and family life education of which at least ten (10) hours, in each grade, must address drug and alcohol education.
 - 2.1.3.2 In grades 5 and 6, a minimum of thirty five (35) hours in each grade of comprehensive health education and family life education of which at least fifteen (15) hours, in each grade, must address drug and alcohol education.
 - 2.1.3.3 In grades 7 and 8, separate from other subject areas, a minimum of sixty (60) hours of comprehensive health education and family life education of which at least fifteen (15) hours, in each grade, must address drug and alcohol education. If all of the sixty (60) hours are provided in one year in grade 7 or 8, an additional fifteen (15) hours of drug and alcohol education must be provided in the other grade.
 - 2.1.3.4 In grades 9 to 12, one half (1/2) credit of comprehensive health education is required for graduation of which at least fifteen (15) hours of this 1/2 credit course must address drug and alcohol education. In addition, no less than two (2) hours of this 1/2 credit course shall include a cardiopulmonary resuscitation (CPR) instructional program which uses the most current Evidence-based emergency cardiovascular care guidelines, and incorporates psychomotor skills learning into the instruction, use of an Automated External Defibrillator (AED) as well as a component on

TITLE 14 EDUCATION

DELAWARE ADMINISTRATIVE CODE

the life-saving and life-enhancing effects of organ and tissue donation. This 1/2 credit course may be provided in the 9th, 10th, 11th or 12th grade. In each of the remaining three grades, fifteen (15) hours of drug and alcohol education must be provided for all students.

- 2.1.4 Inclusion of a comprehensive sexuality education and an HIV prevention program that stresses the benefits of abstinence from high-risk behaviors.
- 2.1.5 Inclusion of the core concepts of nutrition, family life and sexuality.
- 2.1.6 Inclusion of research-based fire safety education in grades kindergarten through grade 6.
- 2.1.7 Inclusion of an Evidence-based tobacco, alcohol, drug and interpersonal violence prevention program. Promising Practices may be used to supplement instruction.
 - 2.1.7.1 The Department shall prepare and distribute on its website a list of Evidence-based and Promising Practices for tobacco, alcohol, drug, and interpersonal violence prevention programs and resources that may be used by school districts or charter schools.
 - 2.1.7.2 A description of the method or methods used to implement and review for the effectiveness of the program or programs shall be reported to the Department no later than August 2021.
- 2.1.8 Inclusion of Evidence-based, if available, or evidence-informed, age- and developmentally-appropriate instruction on the meaning of Consent and respecting others' personal boundaries shall be provided by each school district and charter school serving one (1) or more of the grades 7 through 12 no later than the 2020-2021 school year.
- 2.1.9 Inclusion of instructional methods that encourage student engagement in the core concepts and skills inclusive of accessing information, self-management, analyzing internal and external influences, interpersonal communication, decision making, goal setting and advocacy. These methods may include guest speakers or those with lived experience. Topics included in the K to 12 Comprehensive Health Program may be taught or supplemented through other subjects.
 - 2.1.10 A description of the method or methods used to implement and evaluate the effectiveness of the program shall be reported to the Department annually by November 15.

3 DE Reg. 1073 (02/01/00)

8 DE Reg. 1012 (01/01/05)

13 DE Reg. 935 (01/01/10)

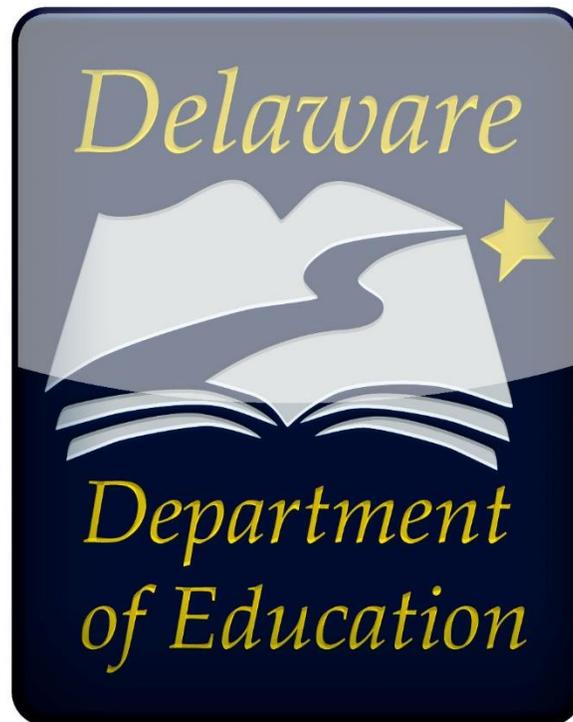
17 DE Reg. 425 (10/01/13)

18 DE Reg. 369 (11/01/14)

23 DE Reg. 756 (03/01/20)

APPENDIX C

Delaware Health Education: Alcohol, Drug and Tobacco Resources



October 2020

DE School Health Curriculum – Model Analysis

Contents

Botvin Life Skills Training (Model+)	3
Positive Action (Model +)	Error! Bookmark not defined.
Promoting Alternative Thinking Strategies (PATHS) (Model)	Error! Bookmark not defined.
Project Towards No Drug Abuse (Promising)	Error! Bookmark not defined.
Too Good for Drugs	Error! Bookmark not defined.
ATLAS and ATHENA (Promising)	Error! Bookmark not defined.
Good Behavior Game (Promising)	Error! Bookmark not defined.
Olweus Bullying Prevention (Promising)	Error! Bookmark not defined.
Steps to Respect (Promising)	Error! Bookmark not defined.
Second Step (Endorsed by CASEL)	Error! Bookmark not defined.
Responsive Classroom (Endorsed by CASEL)	Error! Bookmark not defined.
Planet Health (Promising)	Error! Bookmark not defined.
Safe Dates (Promising)	Error! Bookmark not defined.
Footprints for Life	Error! Bookmark not defined.
Hip Hop 2 Prevent Substance Abuse and HIV	Error! Bookmark not defined.
Project Alert	Error! Bookmark not defined.
Ripple Effects	Error! Bookmark not defined.
Health Smart	Error! Bookmark not defined.

Note: Those with designations Model +, Model, and Promising are designated by Blueprints for Healthy Youth Development.

Botvin Life Skills Training (Model+)

<p>Content Description</p>	<p>LifeSkills Training (LST) is a three-year universal prevention program for middle/junior high school students targeting the use of gateway substances (tobacco, alcohol, and marijuana) and violence. The program provides students with training in personal self-management, social skills, and social resistance skills. LST consists of 15 core sessions in the first year, ten booster sessions in the second year, and five booster sessions in the third year. Each year also contains optional violence prevention sessions (three in year one, and two for both years two and three). Sessions are taught sequentially and delivered primarily by classroom teachers. Each unit in the curriculum has a specific major goal, measurable student objectives, lesson content, and classroom activities.</p>
<p>Curricular Focus</p>	<p>Life skills development, substance use prevention</p>
<p>Focus Population</p>	<p>Middle School, with grades 3-6 and 9th-10th grade components and “Transitions” for students age 16+.</p>
<p>Workflow/delivery model</p>	<p>Botvin LifeSkills Training (LST) is an evidence-based substance abuse and violence prevention program that is uniquely designed to be flexible and interactive. The program can be taught either on an intensive schedule (two to three times a week) until the program is complete, or on a more extended schedule (once a week until the program is complete). Both formats have proven to be effective. While one year of LST has been proven to achieve measurable positive effects, multi-year implementation is strongly recommended.</p> <p>LST is a self-contained, teacher friendly, and easy-to teach curriculum. One of the strengths of the LST program is its simplicity. It only requires a Teacher’s Manual and the Student Guide for each student. Audio CDs containing relaxation exercises, a Smoking & Biofeedback DVD, CD-ROMs, and companion websites are also available to supplement the curriculum.</p> <p><i>Elementary School Program</i> - The LST Elementary School program consists of 8 class sessions per year across all three years of upper elementary school. The elementary program can be implemented over one, two, or three years, depending on the availability of time. It is designed to be implemented either as a stand-alone program or in combination with the Middle School program</p>

Middle School Program - The LST Middle School program is designed to be taught in sequence over three years in either middle or junior high school. The first year of the program has 15 class sessions (plus 3 optional violence prevention sessions), the second year contains 10 sessions (plus 2 optional violence prevention sessions), and the third year consists of 5 sessions (plus 4 optional violence prevention sessions).

High School Program - The LST High School program comprises 10 class sessions. The program is typically taught in one year in either grade 9 or 10, and can be used alone or as a maintenance program in combination with other LST programs.

Transitions Program - The LST Transitions program has 6 class sessions for ages 16+. The program is typically taught in one year and can be used alone or as a maintenance program in combination with other LST programs.

Parent Program - The LST Parent program has 7 sessions designed for parents and guardians of students in grades 6 – 9. The program is available in two formats and can be delivered as a workshop or as individual self-study. (also available in Spanish)

Galaxia - LST Galaxia is an engaging and interactive educational game designed to prevent bullying, cyberbullying, substance use, and violence among middle school youth. Since middle school is a particularly high risk period for bullying and cyberbullying, LST Galaxia is a perfect complement to the Botvin LifeSkills Training (LST) Middle School program (Levels 1 – 3).

Prescription Drug Abuse Prevention Module - The LST Prescription Drug Abuse Prevention Module is one class session that can be used as a standalone component for programs that need content to explicitly address this serious public health issue, or in conjunction with LST Middle School program (intended to be implemented after Assertiveness in any LST Middle School level).

[\(https://www.lifeskillstraining.com/program-structure/\)](https://www.lifeskillstraining.com/program-structure/)

Categories of Evidence-based	<p>LST is the most widely used evidence-based tobacco, alcohol, drug abuse, and violence prevention programs available. It is also one of the most comprehensive and rigorously tested prevention programs in America today. LST has been extensively tested and proven effective both by Dr. Botvin and colleagues at Cornell University's Weill Cornell Medical College and by a number of independent research groups.</p> <p>(https://www.lifeskillstraining.com/faqs/)</p>
Outcomes, if evidence-based	<p>Studies testing the effectiveness of LST show that it can reduce the prevalence of tobacco, alcohol, and illicit drug use by as much as 80%. It can also reduce multiple drug use by up to 66%. Research conducted for the elementary version of the program shows a 60% reduction in tobacco and alcohol use as well as increased self-esteem. LST has also been shown to reduce violent and aggressive behavior.</p> <p>Evaluation studies: https://www.lifeskillstraining.com/evaluation-studies/</p>
Monitoring fidelity and impact	<p>Pre- and post-tests are available for the LST Elementary, Middle, High School, Transitions and Parent programs. The questionnaires are designed to evaluate the participant's knowledge and attitudes prior to and at the end of implementing the Botvin LifeSkills Training program. (https://www.lifeskillstraining.com/lst-evaluation-tools/)</p> <p>Fidelity Checklists help teachers recognize whether they are covering the right material and teaching the program properly. Checklists are available for the LST Elementary, Middle, High School, Transitions, and the Prescription Drug Abuse Prevention Module (https://www.lifeskillstraining.com/lst-fidelity-checklists/)</p>
Model developer	<p>Dr. Gilbert J. Botvin (https://www.lifeskillstraining.com/program-developer/)</p>
Cost/potential funding sources	<p>Pricing is based on number of materials</p> <p>Price list –</p> <p><u>Elementary by Level:</u></p> <p>Student Guide 10-Pack \$50.00 Teacher's Manual \$85.00 Training set (1 Teacher's Manual & 1 Student Guide) \$95.00 Curriculum set (1 Teacher's Manual & 30 Student Guides) \$235.00</p> <p><u>Full Elementary Curriculum:</u></p> <p>Full curriculum set \$655.00 Levels 1-3 (1 Teacher's Manual & 30 Student Guides per level)</p>

Middle School by Level:

Student Guide 10-Pack \$40.00 - 60.00

Teacher’s Manual \$45.00 - 85.00

Training set (1 Teacher’s Manual & 1 Student Guide) \$55.00 – 75.00

Curriculum set (1 Teacher’s Manual & 30 Student Guides + other tools) \$175.00 – 295.00

Full Middle School Curriculum:

Full curriculum set \$645.00

Levels 1-3 (1 Teacher’s Manual & 30 Student Guides per level + tools)

<https://www.lifeskillstraining.com/wp-content/uploads/2020/01/2019-Price-List-Updated-1.10.20.pdf>

Federal

[Administration for Children and Families](#)

[AmeriCorps](#)

[Campaign for Tobacco-Free Kids](#)

[Catalog of Federal Domestic Assistance](#)

[Center for Disease Control and Prevention](#)

[Center for Health and Health Care in Schools](#)

[Department of Education](#)

[Department of Health and Human Services](#)

[Drug Free Communities – ONDCP](#)

[Foundation Center Statistical Services](#)

[Grants.gov](#)

[Health Resources & Services Administration](#)

[National Institute for Mental Health](#)

[National Institute on Drug Abuse](#)

[National Institutes for Health](#)

[Office of Juvenile Justice & Delinquency Prevention](#)

[Office of National Drug Control Policy](#)

[Office of Safe and Drug-free Schools](#)

[Substance Abuse & Mental Health Services Administration \(SAMHSA\)](#)

Delaware

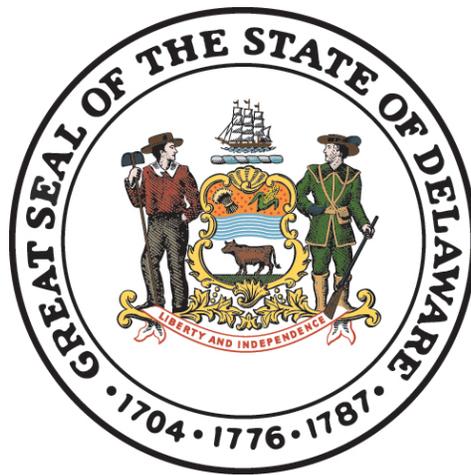
[Delaware Community Foundation](#)

Link

<https://www.lifeskillstraining.com/>

APPENDIX D

Senate Concurrent Resolution 69:
**Delaware Youth Drug Prevention Curriculum
Task Force**



Final Report
January 7, 2019

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DELAWARE GENERAL ASSEMBLY
STATE OF DELAWARE
411 LEGISLATIVE AVENUE
DOVER, DELAWARE 19901

January 7, 2019

Dear Fellow Delawareans:

Substance abuse prevention curricula in K-12 classrooms — a key, but long overlooked, part of battling the addiction epidemic raging in Delaware and throughout the United States.

In recent years, Delaware legislators have focused on the important paradigm shift of treating addiction as the mental health and medical issue it is, rather than the traditional, ineffective “tough on crime” approach that has resulted in incarcerating far too many people battling addiction rather than treating them for the mental health issues with which they struggle.

With the June 2018 introduction of Senate Concurrent Resolution 69, the 149th General Assembly expanded legislators’ focus to include the critical topic of K-12 substance abuse prevention curricula. Sponsored by Senator Bryant Richardson and Representatives Briggs King and Daniel Short, SCR69 established a Delaware Youth Drug Prevention Curriculum Task Force (“Task Force”) to examine available drug prevention programs and to recommend a course of action to educate our youth about the dangers of drug, alcohol, and tobacco use to reduce the chance that youth will experiment with these substances.

A premise of the Task Force was that certain evidence-based curricula have been demonstrated to be successful in preventing substance abuse among young people. A further premise was that, in addition to the human and moral importance of guiding young people away from substance abuse, doing so would be a far more fiscally sound policy rather than only focusing on the costs of treatment or incarceration linked to the opioid epidemic. In short: there is absolutely no reason not to get right the critical issue of substance abuse prevention education for our young people.

Over the course of the Task Force’s meetings in autumn 2018, the group identified several areas for improvement in how Delaware approaches the issue of substance abuse prevention for young people. The Task Force also identified efforts recently initiated that point towards progress—including collaboration among state agencies (specifically, the Delaware Department of Education, Department of Health and Social Services, and Department of Services for Children, Youth and Their Families), as well as some schools and districts in Delaware already having adopted evidence-based curricula. More broadly, the Delaware Department of Education had already identified the need to engage in more active support and oversight of existing requirements that schools adopt evidence-based curricula for substance abuse prevention education.

In light of these recently initiated efforts, the Task Force came at an opportune time to explore recently initiated efforts and identify next steps towards progress. In light of the raging opioid epidemic, progress cannot come quickly enough. To that end, we have worked with fellow Task Force members to prepare a concise report and to prepare for immediate legislative and regulatory action in 2019. Though more questions and analyses must be explored, several key steps can be taken now. We pledge to work with Task Force members and legislative colleagues on both sides of the aisle to take those steps, in service to all young Delawareans.

Sincerely,

Handwritten signature of Bryan Townsend in black ink.

Senator Bryan Townsend
Co-Chair

Handwritten signature of Ruth Briggs King in black ink.

Representative Ruth Briggs King
Co-Chair

FINDINGS

The opioid crisis continues to ravage Delaware and the United States as a whole. An overlooked facet of the crisis is the preventative measures of educating young Delawareans and helping them to develop relevant knowledge and life-skills.

Effective, evidence-based curricula are available for educating K-12 students on topics related to the opioid epidemic, including not only drug-specific content but broader life-based skills. The demonstrated results of such curricula are highly encouraging, indicating this approach to be effective and efficient.

Given the content of the Task Force’s enabling resolution, as well as implementation experience on the ground in Delaware, focus was placed on the Botvin LifeSkills Training curriculum (“Botvin LifeSkills”). Botvin LifeSkills is a comprehensive evidence-based substance abuse and violence prevention program that provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Botvin LifeSkills is backed by over 30 scientific studies and is recognized as a Model or Exemplary program by an array of government agencies, including the U.S. Department of Education and the Center for Substance Abuse Prevention. The University of Delaware has taught the Botvin LifeSkills program for over 15 years throughout the state to schools, afterschool programs, and community based programs. The University of Delaware is also using the Train the Trainer model to train educators in school districts throughout the state to teach Botvin LifeSkills to their students.

Delaware statutes and regulations require that evidence-based curricula be used for the delivery of health-related content, including related to substance abuse prevention, but only recently have some Delaware schools begun piloting evidence-based substance abuse prevention curricula—with many Delaware schools still utilizing substance abuse prevention curricula that are unlikely to be considered best-practices or compliant with Delaware law.

Non-school based programming/entities, such as Boys & Girls Clubs of Delaware, have already begun to adopt the kind of evidence-based curricula mentioned above. The Boys & Girls Clubs of Delaware first used Botvin LifeSkills as its core curriculum in 1999 at the Scope Alternative School in Bridgeville. In 2001, the program expanded to the Scope Alternative School in Frankford, and by 2004 the program was operating in the Laurel, Oak Orchard, Georgetown, and Seaford Boys & Girls Clubs. Beginning in 2017, Botvin LifeSkills was implemented in nine Boys & Girls Clubs spanning all three counties. A total of 450 youth have participated to-date. Sixteen Teen Peer Mentors were trained to help deliver the program to younger Club members. Participants demonstrated increased knowledge about alcohol, tobacco, and drugs, including opioids/prescription drugs. Development in social communication skills, leadership skills, public speaking, and time management also were evident. Over the past ten years, pre- and post- test results showed an average 72 percent increase in knowledge about substance abuse, peer pressure, and positive decision making by more than 16,000 Boys & Girls Club members participating in drug abuse prevention programs such as Botvin LifeSkills.

Evidence-based curricula in school cannot alone achieve the ultimate goal of addressing the drug epidemic among Delaware youth. Young people who regularly attend a guidance-oriented, youth development program in the after-school hours are far more likely to make positive, constructive choices for their lives.

Yet due to age limitations on Purchase of Care (“POC”), many teenagers are less likely to be exposed to critical non-school based programming at the exact time they are becoming more likely to be exposed to social or peer pressures of substance abuse. In Delaware, one significant factor contributing to the large number of youth with no place to go after school is the POC cut-off age of 12. As cost-effective as many community-based organizations (“CBOs”) are, additional resources are needed in order to provide effective youth development

services to youth 13 and older. Many working parents, especially of 13, 14, and 15-year-olds, want safe, professional youth development services for their teens in the after-school hours but cannot afford the fees that CBOs would need to charge. Meeting this demand is more than simply meeting parental preferences; studies have shown that the most dangerous time for kids and teens is between 3 p.m. and 7 p.m. on school days. More than 11 million children in America (1 of every 5) leave school every day with no place to go. They especially are at risk of being unsupervised, unguided, and unsafe, as well as having whatever positive, constructive things they have learned in school undone. The approach most likely to succeed will include implementation of evidence-based curricula in and out of school as part of a mutually-supportive and coordinated effort between schools and guidance-oriented, youth-development organizations equipped to provide consistent support and reinforcement.

In recent years, the Delaware Department of Education has not prioritized the support or enforcement helpful for the effectuation of these statutes and regulations—and the Delaware education system of local control on its own did not meet the legal requirements.

Delaware state agencies—in particular, the Department of Education, the Department of Health and Social Services, and the Department of Services for Children, Youth and their Families—have recently begun to identify areas for more effective collaboration, including on efforts that will assist in effective, ongoing preventative measures such as enhanced K-12 education on substance abuse prevention and life-skills. The Task Force’s members are pleased that this recent effort includes a review of whether school districts have adopted evidence-based substance abuse prevention curricula.

RECOMMENDATIONS

Pursuant to existing regulatory requirements, specifically 14 *Del. Admin. C.* § 851-1.1.3 and 1.1.8, all Delaware public schools should, as soon as possible, and ideally by August 2019, adopt evidence-based curricula on substance abuse prevention from among a selection listed by specific, reputable federal offices or national organizations.

The Delaware Department of Education should designate the amount of funding, and take whatever other steps necessary, to reinstitute its earlier system of supporting and advising schools and districts with their adoption and implementation of evidence-based substance abuse prevention curricula. Included in these efforts should be the immediate hiring of an individual qualified to provide strong support and guidance to Delaware school districts in the field of physical and health education, including the critical area of substance abuse prevention curricula and programming. Additionally, the Department of Education should consider developing a substance abuse prevention grant program that would distribute funds to Delaware school districts implementing evidence-based substance abuse prevention curricula.

The Delaware Department of Education, Department of Health and Social Services, and Department of Services for Children, Youth and their Families should continue their efforts to forge effective collaboration on these and other related issues, and should expand their efforts to include any other relevant State agency or community partner. Included in these efforts should be the creation of a website with resources to help schools and communities identify evidence-based practices for preventing substance abuse, and the creation of a workgroup to review and distribute evidence-based practices and programs for substance abuse prevention.

The Delaware Department of Education and the State Board of Education immediately should create an advisory group, including experts in health education and substance abuse prevention, to review the Delaware Code and corresponding regulations, and by April 1, 2019 suggest to the General Assembly specific statutory and regulatory changes that would facilitate the adoption and implementation of effective, evidence-based substance abuse prevention curricula, including specific hourly requirements optimally structured to account for the differing levels of awareness or risk for students as they age.

The Department of Education should contract with an independent research organization to conduct a longitudinal study of substance abuse prevention curricula being implemented in Delaware schools. This evaluation would necessarily follow youth for several years to ascertain the impact of prevention programming on substance misuse.

The Delaware General Assembly should begin an analysis of frameworks for expanding the funding available for Delaware's Purchase of Care system. Serious consideration should be given to expanding POC to subsidize the supervision and care of youth 13 to 15 years of age, so as to enable teenagers to continue to engage in critical programming and services they otherwise cannot or are not receiving via participation in school-based programming.

SCR 69: Delaware Youth Drug Prevention Curriculum Task Force
Final Report Appendix

1. Minutes for 09/10/18 Meeting

- **1a:** List of programs used by Delaware School Districts (Provided by Sen. Bryant Richardson)
- **1b:** List of Drug & Alcohol Treatment Facilities in Delaware (Provided by Sen. Bryant Richardson)

2. Minutes for 10/01/18 Meeting

- **2a:** Botvin *LifeSkills Training* Middle School program, Level 1, Teacher's Manual (Provided by Rep. Ruth Briggs King)
- **2b:** Copy of Title 14 (Education) of Delaware Administrative Code, 851 K to 12 Comprehensive Health Education Program

3. Minutes for 10/15/18 Meeting

- **3a:** Boys and Girls Club – Rx Poster Contest 2018 Rubric (Provided by the Boys and Girls Club of Delaware)
- **3b:** Choosing Evidence-Based Programs for Youth Substance Abuse Prevention Handout (Provided by Dr. Christine Visher from the University of Delaware)
- **3c:** Chart on Evidence Based Programs (Provided by Dr. Christine Visher from the University of Delaware)
- **3d:** Teen Peer Mentor Feedback Handout (Provided by the Boys and Girls Club of Delaware)

4. Minutes for 11/01/18 Meeting

- **4a:** PowerPoint Presentation on the Botvin LifeSkills Program (Presented by Lindsay Hughes from the University of Delaware)
- **4b:** Related Initiatives and Opportunities that Align with SCR 69 Handout (Provided by DOE, DHSS, and DSYCF)

5. Minutes for 11/15/18 Meeting

6. Minutes for 12/03/18 Meeting

- **6a:** Evidence-Based Programs and Practices Handout (Provided by M.J. Scales and Dr. Christine Visher from the University of Delaware)
- **6b:** Suggestions for Items to Include in Task Force Report Handout

7. Minutes for 12/10/18 Meeting

- **7a:** Draft task force report (Provided by Sen. Bryan Townsend)

SCR 69 Delaware Youth Drug Prevention Curriculum Task Force

**Monday, September 10, 2018
11:00 am
Senate Hearing Room, 2nd Floor
Legislative Hall, Dover**

Meeting Attendance

Task Force Members:

Present:

Senator Bryan Townsend
Representative Ruth Briggs King
Senator Bryant Richardson
Representative Sean Matthews
Christine Alois
Chris Basher
Rochelle Lazorchak
Jason Hale
Christy Visher
Nina Lou Bunting

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visher@udel.edu
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Absent¹:

Dr. Mandell Much
Dr. Mark Holodick
Dr. Krishna White

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Staff:

Caitlin Del Collo
Matt Revel

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Attendees:

Erin Goldner
Tanner Polce
MJ Scales
Matt MacCoy
Matthew M. Hathaway Morris

Organization:

Hope Street DE
Office of the Lt. Governor
University of Delaware
Western Sussex Boys & Girls Club
Claymont Community Cooperative

The meeting was brought to order at 11:06 am.

¹ These members were appointed to the Task Force after the meeting had already occurred.

Senator Townsend introduced the legislative members of the Task Force and noted that the Governor's office will be appointing three more members from the public. He discussed holding future task force meetings in Dover, with the possibility of hosting a meeting in Sussex County or New Castle County depending on site visits and the nature of the task force's work. He then invited Senator Richardson, the sponsor of SCR 69, to speak about the purpose of the task force.

Senator Richardson stated that he became interested in the subject of drug prevention after hearing about the Botvin Lifeskills program during a Joint Finance Committee meeting. He started researching the program, and views the task force as an opportunity to find out whether it is the best, most effective drug prevention program for children. He also spoke about the potential cost savings of drug prevention programming, including lower costs for drug treatment, arrest, prosecution, incarceration, etc. Finally, Senator Richardson shared that he has lost loved ones to the opioid crisis, including a grandnephew. He then indicated that he would like to hear from everyone else in the room.

Senator Townsend invited the task force members to introduce themselves.

After each member introduced themselves, Senator Richardson asked Representative Briggs King if the meeting attendees could introduce themselves as well. She agreed. Each attendee then introduced themselves. Several attendees disclosed that they used to struggle with addiction.

Representative Briggs King thanked the attendees for introducing themselves. She said she has been researching the opioid crisis for four years. She shared the story of an infant from Sussex County named Aiden who died because his mother abused and neglected him while being addicted to opioids. The Representative said that as an educator she wondered how the problem could be prevented in the first place. She took a Botvin Lifeskills training through the University of Delaware. Since then, the program has been piloted in several schools in Sussex County. Representative Briggs King also referenced a new curriculum created by the DEA that is compliant with core requirements.

Senator Richardson said that there is already a requirement to teach drug prevention in kindergarten through 12th grade. He said that if Botvin Lifeskills is the best program, perhaps it can replace what is currently taught in Delaware's schools. The Senator then noted that there is a residential program called Home of Hope opening up in Bridgeville that will treat women with addictions. Additionally, he referenced an awareness campaign called "Sussex Goes Purple" that is intended to shed light on substance abuse. Finally, he asked why the D.A.R.E. program ceased.

Representative Briggs King responded that the program ended because police didn't have a way to gauge the effectiveness of D.A.R.E. She also noted that teachers face a lot of restraints in terms of how they use their class time. The Representative then responded to comments about a lack of services for women that were made by Erin Goldner, attendee, during introductions. Specifically, the Representative stated that there are only 18 substance abuse treatment beds available for pregnant women who are in the criminal justice system in Delaware. She also

indicated that some mothers quit treatment programs because they start to feel better and want to be home to take care of their child(ren). She agreed that more services are needed for women with substance abuse issues.

Nina Lou Bunting commented that many addictions begin when an individual is prescribed pain medication for a legitimate injury or condition. She talked about how people don't want to feel any level of pain. She also shared that her daughter, a school nurse, avoids administering pain medication to students when possible so as not to send a message to kids that every time you feel unwell, you should take a pill.

Representative Briggs King referenced recently passed legislation that requires patients to fill out a form that provides information about drug abuse, states that the doctor will only administer a seven day supply of opiate, and notifies them that if they are noncompliant, they will be terminated as a patient. She also mentioned that doctors can monitor whether a patient is attempting to doctor shop, and that physical therapists are actively reporting patients who appear to be seeking pain medication.

Senator Townsend said that he has heard from doctors who do not know how to approach the issue of prescribing opioids for pain. Specifically, the doctors have said that they do not prescribe medication when it is not needed, and that if they refrain from prescribing medication when it is warranted, patients will simply go to other doctors. Additionally, Senator Townsend said he has heard from constituents who find it more difficult to get their medication. He noted the difficulty in creating policies that produce the best outcome for all. Senator Townsend also discussed how widespread addiction is, and suggested that the task force decide how broadly or narrowly it should focus on the issue, given the study charge to consider drug prevention programs for youth.

Representative Matthews said that generally it is best practice to identify the useful elements of a program, rather than to recommend a specific program. He suggested that the task force consider the elements of Botvin that it likes best, and to be open to other programs that may have useful components. He said that the D.A.R.E. program did go stale, and that students aren't connecting with the resources and materials schools offer. He encouraged the task force to describe what it wants to see in a drug prevention program, rather than simply recommending Botvin.

A member of the public asked whether there is data to show that Botvin is effective.

Senator Townsend discussed the protocol for public comment. Specifically, he said that it is acceptable for members of the public to comment during the discussion, but that such comments may need to be curtailed in favor of input from task force members, and that the period for public comment may be shortened as a result. Senator Townsend then commented on the binary structure of DHSS's substance abuse programs, in which there is one program and source of funding for prevention, and a separate program and source of funding for intervention.

Jason Hale commented on the need to help parents and families understand the level of deception and manipulation that addicts are capable of. He shared an anecdote about his brother lying to his therapist in order to get a prescription for Ritalin that he could trade for other drugs. Mr. Hale said that his parents could not conceive that their son would do such a thing.

Christy Visher said research shows that the Botvin Lifeskills program is more effective when coupled with programs targeted toward families.

Erin Goldner commented about trauma-informed care. She said that people use for different reasons, that everyone has things they carry with them, and that parents of addicts can also have issues.

Senator Townsend reminded members of the public that the conversation should be driven by task force members, and encouraged them to raise their hands if they would like to contribute to the discussion.

Senator Richardson noted that some students go home to parents who are actively using drugs. He said it is good to involve parents in prevention programming, but that it is harder to reach students whose parents use. He said the point of youth prevention programs is to equip children to recognize their parents' drug abuse and make a decision not to follow the same path.

Nina Lou Bunting said it is important to start programming early because young children, such as kindergarteners, are like sponges at that age. She also said that information learned at an early age is better retained. At the same time, she also commented that some children are different and need to try something before learning not to do it. She then asked how early the Botvin Lifeskills program starts.

Representative Briggs King responded that the program can start as early as first or second grade. She added that one of the first components of the program is learning how to build self-esteem and cope with peer pressure. Further, she said that according to the Botvin website, the program is designed to be introduced during the third grade.

Chris Basher said he agrees with Nina Lou Bunting that it is important to start teaching kids early, but that the task force can't forget about older kids. He discussed the need for positive alternatives for children, especially after school lets out.

Senator Townsend echoed Mr. Basher's comments about the need for organized activities after school. He stated that drug prevention doesn't necessarily have to be achieved through a program explicitly about drugs; rather, prevention may be achievable through organized activities such as marching band or woodshop. Such activities provide a sense of hope and belonging for kids.

Nina Lou Bunting said she would like to see legislation requiring children to stay in school past the age of 16. She said that children who drop out at 16 are at risk of not being able to keep a job,

which in turn may result in drug use. She said it is more costly to allow children to drop out than it is to require them to remain in school.

Representative Matthews said that House Bill 23, which passed in 2017, requires children who choose to drop out to complete an exit interview. He suggested adding information about drug prevention to the exit interview process. The Representative then mentioned having a subcommittee research all the different prevention programs.

A member of the public commented on funding for prevention versus intervention. She also stated that survey data suggests kids are obtaining opioids from friends or family, rather than doctors. She referenced data on the University of Delaware's website.

Representative Briggs King asked for a link to the website that was mentioned.

Erin Goldner discussed prevention programming in Sweden that involves skateboarding.

Rochelle Lazorchak said it is important to look at the elements of Botvin that make it effective. She suggested that one goal of the task force could be to vet resources such as Botvin and then make them available to school districts.

A member of the public stated that he is a Bellefonte Lion, and that the organization has a K-12 drug prevention curriculum called "Lion's Quest" that is used all over the world. He also said that under Medicaid, a person can only get 14 days' worth of treatment for substance abuse. He then asked why we wait until someone is involved in the criminal justice system to provide the help that is needed.

Senator Townsend discussed having a presentation on Botvin at the next meeting, as well as taking stock of what else is being offered in Delaware. He asked who would best be able to present on Botvin.

Representative Briggs King suggested that the University of Delaware could present the program, as they have done "Train the Trainer" events in the past. She noted that drug prevention programs are not one-size-fits-all. Further, she suggested working prevention information into regular class time.

Christy Visher said that the Botvin program has "booster sessions." Additionally, she said that most programs she is aware of begin in sixth or seventh grade.

Representative Matthews said that if recommendations for teaching drug prevention are kept broad, teachers will find a way to plug the information into existing material. He then shared an example of a math teacher who taught math concepts in the context of gerrymandering.

Nina Lou Bunting said the task force shouldn't mandate that schools use a particular program. Rather, she suggested that the task force make recommendations that school districts can use to

decide what is best for their communities. She noted the limits of the respective authorities of the State Board of Education (SBE) and the Department of Education (DOE).

Senator Townsend said if the task force finds that one program is clearly better and more effective than another, he is comfortable with mandating its use. He added that the General Assembly could write legislation to grant SBE and DOE the necessary authorities to require schools to use a particular program.

Representative Briggs King suggested incentivizing school districts to use the best program through the Joint Finance Committee.

Senator Townsend said he is not opposed to the principle of local control, as long as that produces the best outcomes.

Nina Lou Bunting commented that the task force shouldn't put forth any unfunded mandates.

Senator Townsend responded that if an unfunded mandate saves costs in the long term, he is comfortable making such a mandate. He also mentioned that there was a bill introduced in 2016 by Representative Dukes that would have raised the age at which a person can drop out of school to 17. He said the bill did not make it out of committee.

Senator Richardson expressed support for considering programs other than Botvin that may be effective at the high school level. He also emphasized the need to do something concrete because people are dying due to addiction and overdose.

Senator Townsend noted it is difficult to discuss the successes that have been made in the fight against substance abuse because so many people continue to overdose. He then asked about other presentations for the next meetings.

Representative Briggs King said that Rebecca King from the Department of Health and Social Services introduced Botvin to her. The Representative also said it would be helpful to hear about current Department of Education regulations regarding drug prevention programming.

Christine Alois indicated she could provide that information at the next meeting.

Senator Townsend suggested starting with an overview of current regulations, then exploring Botvin and other programs that may be effective.

A member of the public asked whether there would be a presentation on family strengthening, since it was mentioned earlier that Botvin works best in conjunction with family programming.

Senator Townsend responded yes. He added that it would be helpful to distribute materials to the task force ahead of future meetings to allow people time to review them.

Representative Briggs King discussed online resources from the DEA, Vermont and Huntington, West Virginia. She encouraged sharing links with the task force.

Senator Richardson posed a number of data driven questions, including what the current costs are of drug programs taught in schools.

Christy Visser referenced survey data from 5th, 8th, and 11th graders concerning the percentage of students who reported using substances.

Senator Richardson shared that there are currently 67 treatment centers in Delaware, some of which are public, and some of which are private.

Senator Townsend said that it would be interesting to know how many of those centers engage in youth prevention. He reminded the task force that the study charge is to focus on youth prevention. He acknowledged that there are many relevant topics surrounding youth prevention, but that the task force will necessarily need to narrow its focus at some point.

Senator Richardson commented that whatever the task force does, it won't see immediate results.

Senator Townsend agreed with that statement.

Senator Richardson clarified that he wants to be able to present data to the General Assembly.

Representative Briggs King said that there is a lot of national research that can be utilized so that the task force doesn't have to spend a lot of resources getting answers about specific data points.

Senator Townsend requested that Senator Richardson send him an email with a list of his questions.

Nina Lou Bunting mentioned that when she was teaching, any time a student committed a first time drug offense, he or she would be required to go to drug treatment. She asked whether such practices would be considered as part of the task force, or if the focus would solely be on prevention.

Senator Townsend said that that could potentially be part of the conversation. He said that it will come down to how much time the task force has. He noted that the task force is not going to be able to achieve everything that it could due to time constraints, but that the goal is to prepare some kind of recommendation to the General Assembly, which could include legislation or funding for programming.

Representative Matthews raised the possibility of having a subcommittee again.

Senator Townsend said that the task force would decide by the end of the next meeting whether a subcommittee should be formed. He then asked the task force members to discuss any restrictions they have on future meeting availability. After input from several members, it was

established that meetings would not begin earlier than 10 am. Senator Townsend then said that a Doodle poll would be sent out to members for scheduling meetings. He also discussed having a presentation on DOE regulations and a presentation on Botvin for the next meeting. He asked who would be the best person to contact regarding Botvin.

Representative Briggs King said she already reached out to Rebecca King about presenting on Botvin.

Chris Basher said he is really interested in the parts of Botvin that are most effective.

Senator Townsend confirmed that that is the goal – to identify what it is about the program that is effective.

Christy Visher referenced a task force led by Chris Christie that found four to six youth prevention programs that are considered to be evidence-based, and that Botvin is one of those.

Representative Briggs King commented on the fact that the issue of substance abuse has been siloed in the past, and that that is why the Behavioral Health Consortium was created.

Nina Lou Bunting asked if programs from other states would be considered.

Senator Townsend said yes, and referred back to the task force report Christy Visher mentioned.

Senator Richardson asked who runs the Botvin program at the Boys and Girls Club.

Chris Basher said that the organization began administering the program as part of a requirement attached to a specific grant. He said that the organization's grant administrator is very knowledgeable about the program.

Senator Richardson suggested inviting the Boys and Girls Club staff who are most familiar with Botvin to future meetings.

Senator Townsend reminded everyone that the task force would be joined by three members of the public appointed by the Governor. He then invited public comment.

Erin Goldner commented that science should drive policy. She also expressed concern about the impact of Botvin on non-white children. She mentioned the difficulty of measuring hope and success when writing grants for her organization, which is for people dealing with addiction.

Senator Townsend provided closing remarks.

The meeting adjourned at 1:15 pm.

1a.

Brandywine

Elementary- Classroom, Teachers, PE Teachers , Counselors and School Nurses

Mindfulness-Jim Walsh

Sandy Hook Promise

Kelso (Conflict Resolution),

Incredible, Flexible You

Social thinking resources like: any books by Julia Cook, Learning to Get Along book series and some from Super Flex

Kids Health, the Nemours website for health related topics.

Bucket fillers

Second Step

Random Acts of Kindness –Lessons for K-8 available used in some schools

The Leader in ME

Responsive Classroom

CATCH “Go, Slow, and Whoa” information for teaching students about nutrition

Guest speakers from Nemours and the food Bank of Delaware

Collaboration with the BSD nutrition department to provide lessons on nutrition for students.

NASCO nutrition lessons

Puberty information for 4th and 5th "Always Changing" by Proctor and Gamble

*PE teachers are working on their curriculum this year to make sure it aligns to Regulation 502

Secondary- Health Teachers, PE Teachers, Psychologists, Counselor, Nurses

Sandy Hook promise

Mindfulness

Lifeline DE Suicide Prevention

NAMI Ending the Silence

Heroin Alert

ARC materials

As Boys/Girls Grow Up Booklets (puberty and reproductive system)

Scholastics Current Health and Life Skills Magazine for Teens

Think First Injury Prevention from Christiana Care

Choice Road Gun and Gang Violence Prevention from U.S. Attorney General's Office

Botvin Life skills

Operation Prevention from Discovery Education

SOS –Signs of Suicide Middle and High School program

Recent Webinar –Beyond “Just Say No’ Prevention Education Strategies for High School Teachers-leading specialists in **teenage addiction and prevention** from The Cleveland Clinic, American Society of Addiction Medicine, and West Virginia Department of Education take a deep dive into brain science and drug safety education.

Smoking prevention KBG- Kick Butts Generation-American Cancer Society Funds

Wellness centers have guest speakers on various topics –anxiety, stress, meditation, yoga , mindfulness (MPHS)

Lake Forest

Regulation 851 feedback from Building Administrators (direct clips from their responses):

East- In grades K to 4, a minimum of thirty (30) hours in each grade of comprehensive health education and family life education of which ten (10) hours, in each grade, must address drug and alcohol education. 1 hour on Drug and Alcohol, 2 hours family life thru prevent child abuse DE, an overall Health Education is integrated into PE curriculum with Kircher. Inclusion of research-based fire safety education in grades kindergarten through grade 6. Fire Prevention Week is this week.

South- South is meeting all of the allotted time for all grades. It is a part of our school counselor's curriculum. (I called Cliff and asked him to verify this is a true statement. He said he would talk to his counselor. He called back the next day and said it is but there is not set curriculum and the counselor develops the lesson plans).

Central- Both counselors refer to the topics in their guidance classes on a regular basis. They teach them in 3 separate, but very specific lessons: Drugs, Alcohol and Tobacco. They also teach various topics such as decision making, peer pressure, goal setting, self-esteem, controlling anger and emotions... which all support lessons on the topic of Drugs, Alcohol and Tobacco. Although counseling standards and these topics are addressed on a consistent basis it's not with specific program. They do not meet the 30 or 35 hour regulation.

North- I spoke with Mrs. Carey and Mrs. Jarrell. There are some topics in the Healthy and Safety Education that are covered at North. Our students are educated thoroughly on Fire Safety. Mrs. Carey works with Prevent Child Abuse of Delaware and co-teaches on Stranger Danger and good Touch/Bad Touch. Mrs. Carey also uses Core Essential Values curriculum which teaches character traits per month and lessons touch on personal health and wellness and mental health. Mr. Minner focuses on physical health and does the Jump Rope for Heart annually.

We do not do a lot with drugs and alcohol. Mrs. Carey would instruct on this content but would prefer to use a drug and alcohol curriculum created for K-3.

North is currently not meeting the 30 hour requirement.

Chipman- Our health teachers use the "Lifelines" curriculum which addresses topics such as suicide awareness, nutrition, smoking, drug awareness, etc. However, we do not meet the required hours.

HS- At the HS, Health is taught in 9th grade. Due to it only being taught in 9th grade the only section that the HS would fall short in would be the highlighted portion. Students also spend a week in Driver's Education in 10th grade discussing drug and alcohol education. During 11th and 12th grade is where we would not meet. We do have the wellness center set up tables throughout the year at lunches for these areas as well but it is not a guarantee that all kids will have 15 hours in 11th and 12th grade.

1.1.3.4 In grades 9 to 12, one half (1/2) credit of comprehensive health education is required for graduation of which fifteen (15) hours of this 1/2 credit course must address drug and alcohol education. In addition, no less than two (2) hours of this 1/2 credit course shall include a cardiopulmonary resuscitation (CPR) instructional program which uses the most current evidence based emergency cardiovascular care guidelines, and incorporates psychomotor skills learning into the instruction, use of an Automated External Defibrillator (AED) as well as a component on the lifesaving and life enhancing effects of organ and tissue donation. This 1/2 credit course may be provided in the 9th, 10th, 11th or 12th grade. In each of the remaining three grades, fifteen (15) hours of drug and alcohol education must be provided for all students. CPR instruction, use of an AED and organ/tissue donation awareness shall be integrated into each high school Health Education Program no later than the 2015-2016 school year.

Delmar

Heit, Philip/Meeks, Health & Wellness in addition to supplemental health resources.

Smyrna

Submitted me their Curriculum documents. I can send them to you if you wish.

NCCVTCH

I heard from each of the administrators that supervise health in each of our buildings. Our teachers create their own lessons to teach students about drug and alcohol awareness. We do not purchase curriculum to fulfill the 15 hour requirement; our teachers create lessons using a variety of websites and articles to teach the standards and to fulfill the hour requirement. Attached are some resources related to State guidelines for Health in case you need them at your fingertips. Also, State health standards have not been updated since 2007.

Botvin <https://www.lifeskillstraining.com/>

Seaford

Glencoe

Capital

Elementary – TSI science – follows state curriculum and Leader in Me in some schools

Middle School – Botvin, TSI science state curriculum, 1 school Leader in Me

High School – Foundation for Drug Free World and state curriculum.

Sussex Tech

Our curriculum was developed using the Health Education Instruction and Assessment Model from the DOE website. Therefore, our Sussex Technical High School's 9th grade curriculum does comply with Regulation 851.

We also instituted the CPR mandate into the curriculum as well and follows the guidelines from the American Heart Association.

Appo

Sent me a lengthy spreadsheet with all of their resources. Glencoe seemed to dominate their curriculum with a variety of supplemental resources as well. Again, I can send you the document if you wish.

Indian River

Health Smart in Secondary Schools and piloted Botvin in 6th grade this year

Polytech

We use the Glencoe Health/Curriculum for the majority of the topics listed.

Drug and alcohol education: Glencoe Health Chapter 21 Alcohol and Chapter 22 Illegal Drugs;
We also use Smart Moves/Smart Choices to cover Prescription Drugs

Sexuality Education and HIV Prevention: Glencoe Health Chapter 16 (Lessons 2 and 3)
Male/Female Reproductive Health and Chapter 24 Sexually Transmitted Diseases and HIV/AIDS

Nutrition: Glencoe Health Chapter 10 Nutrition for Health

Interpersonal Violence Prevention: Glencoe Health Chapter 9 Resolving Conflicts and
Preventing Violence

CPR/AED – Certified trainer comes into class to expose the students to both CPR and AED with
hands on materials

We also discuss a majority of the topics when going over all of the Health skills, covered in
Chapter 2 in the Glencoe Health book.

Woodbridge

Elementary – Variety of Resources including direct counseling sessions, Health Smart and Spark

Secondary – Teen Health and Glencoe are main resources. Also use kidshealth.org, nida.org,
and Goodheart & Wilcox as supplemental resources. Piloting Botvin in 6th grade this year and
will pilot in 7th and 8th next year.

Entire K-12 Health/PE curriculum is being re-sequenced for the 2019-20 school year.

1b.

List of Drug & Alcohol Treatment Facilities in Delaware

Source: <http://www.drugrehab.org/the-best-drug-rehabs/10-best-drug-rehab-centers-in-delaware/new-castle-county/>

New Castle: (40)

Claymont Treatment Center
Connections CSP Inc., Cornerstone Residential
ARS New Castle LLC
Meadow Wood Behavioral Health System
Connections CSP Inc., Drug and Alcohol Outpatient
Hogar CREA International Inc. of DE Men's Center
Latin American Community Center
Addiction Recovery Systems
Aquila of Delaware Inc.
Brandywine Counseling & Community Services
Brandywine Counseling South Chapel
Catholic Charities
Christiana Care Health System
Christiana Care Health System Wilmington Hospital
Claymont Comprehensive Treatment Center
Connections Comm Support Prog Inc. (4)
Crossroads of Delaware Inc.
Delaware Guidance Services for Children and Youth
Delaware Guidance Services
Delaware Psychiatric Center
Gaudenzia Inc., Fresh Start
Gaudenzia New Journey
Jewish Family Services of Delaware
Limen House for Men
Limen House for Women
Meadow Wood Behavioral Health
New Castle Community Mental Health Center
North East Treatment Centers, Kirkwood Detoxification Center
Open Door Inc. (3)
Pace Inc.
Rockford Center
SODAT Delaware Inc.
Westside Family Healthcare
Wilmington Mental Health Center, Health & Social Services
Wilmington Veterans Affairs Medical Center, BHS/Veterans Addiction Recovery Center

List of Drug & Alcohol Treatment Facilities in Delaware

Source: <http://www.drugrehab.org/the-best-drug-rehabs/10-best-drug-rehab-centers-in-delaware/kent-county/>
<http://www.drugrehab.org/the-best-drug-rehabs/10-best-drug-rehab-centers-in-delaware/sussex-county/>

Kent County (9)

ABR Counseling Associates
Kent Sussex Counseling Services
Catholic Charities Inc.
Connections CSP Inc., Dover
Delaware Guidance Services, Dover Branch
Dover Air Force Base
Dover Behavioral Health
Open Door Inc.
Serenity Place

Sussex County (18)

Fellowship Health Resources Inc., Alcohol & Drugs New Vision Counseling
Kent Sussex Counseling Services (2)
ABR Counseling Associates, Sussex County
AMS of Delaware LLC
Aquila of Delaware/Georgetown
Catholic Charities
Children & Families First, Seaford House
Connections CSP Inc. Millsboro
Corinthian House
Delaware Guidance Services (2)
Kent Sussex Community Services (2)
La Red Health Center
Open Door Inc.
Tau House
Thresholds Inc.

SCR 69 Delaware Youth Drug Prevention Curriculum Task Force

Monday, October 1, 2018

11:00 am

Senate Hearing Room, 2nd Floor

Legislative Hall, Dover

Meeting Attendance

Task Force Members:

Present:

Senator Bryan Townsend
Representative Ruth Briggs King
Senator Bryant Richardson
Chris Basher
Christy Visher
Jason Hale
Shelly Lazorchak
Christine Alois
Dana Carr
Mark Holodick
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Staff:

Caitlin Del Collo
Matt Revel

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Attendees:

Tanner Polce
Jennifer Jankowski, on behalf of Rep. Matthews
M.J. Scales

Organization:

Office of the Lieutenant Governor
House of Representatives
University of Delaware – CDHS

The meeting was brought to order at 11:03 am.

Senator Townsend asked if any task force members had changes to make to the meeting minutes.

Caitlin Del Collo said that Christine Alois reported she was not the speaker for a particular comment on page 4.

Representative Briggs King indicated that she was the one who made the comment.

Caitlin Del Collo agreed to make the change in the minutes.

Senator Townsend asked for a motion to approve the minutes. The motion was made and seconded. The task force voted to approve the meeting minutes. The Senator then discussed the schedule for future meetings.

Dr. Christy Visher asked if it is okay to arrive to a meeting late.

Senator Townsend responded that it is okay to arrive late. He then asked the newly appointed members of the task force to introduce themselves.

Mark Holodick, Dr. Mandell Much, Jenna Ahner, and Dana Carr introduced themselves.

Senator Townsend invited Christine Alois to present information on Department of Education (DOE) regulations concerning drug and alcohol education.

Christine Alois shared a printout of DOE regulations that details how many hours of drug and alcohol education are needed for each grade level. She said that the DOE website provides further information about the standards for health education, including resources and model lesson plans.

Representative Briggs King asked if each district can choose its own curriculum to meet the hour requirements for drug and alcohol education.

Christine Alois confirmed that the districts can choose.

Representative Briggs King asked if DOE has recommended curricula.

Christine Alois said that the state does not recommend a specific curriculum, just resources. She explained that local school boards typically decide on the curriculum.

Senator Richardson asked why the state wouldn't want to recommend a specific curriculum if it is the best resource available.

Christine Alois discussed how DOE is implementing Erin's Law, which requires schools to provide prevention-based child sexual abuse programming. The programs must contain certain criteria or standards. A comprehensive group of stakeholders, including DOE, constituents, and health organizations, used the criteria to evaluate different curricula, and then provided a list of curricula that meet the standards. School districts and school boards can choose from the list.

Representative Briggs King commented that health education can be a controversial topic, and that districts are sensitive to unfunded mandates. She shared her experience of going to a school board meeting and getting the members to consider piloting Botvin.

Senator Townsend remarked that whether one likes local control depends on how that control is being used.

Senator Richardson said that we're already spending money on programming, and that using Botvin could potentially save the state money.

Senator Townsend asked how much funding for drug and alcohol programming comes from the local level versus the state level.

Christine Alois responded that the funding comes from the local level.

Senator Townsend asked if *all* of the funding is local.

Mark Holodick explained that schools receive money from the state per unit count. The proportion of local versus state and federal dollars spent on drug and alcohol programming likely varies from district to district. However, Mr. Holodick said that that does not necessarily impact districts' choices regarding curricula. He then stated that the task force should consider recommending a few programs that are research based.

Senator Richardson suggested incentivizing districts to adopt a curriculum by funding part or all of the program.

Senator Townsend said he hoped that the task force would be able to discuss what programs are currently being used in Delaware schools, and whether the curricula are unified or not.

Dr. Christy Visher said she thought Rebecca King was going to present on Botvin.

Representative Briggs King responded that she reached out to Ms. King, but had not heard back yet.

Senator Richardson said that at one time he requested a list of programs currently being used in schools, and asked if he could get that again.

Christine Alois said that districts want comprehensive health programs. The issue is not adopting a specific curriculum, but rather, figuring out how the curriculum will fit in and flow with other lessons.

Senator Richardson spoke about the importance of being able to justify the task force's recommendations to the General Assembly.

Representative Briggs King said that drug prevention messaging needs to target children even earlier. She also mentioned how Purchase of Care funding ends once a child turns 13, leaving them without a place to go after school. She suggested asking schools to institute after school programs.

Senator Townsend questioned whether programming needs to happen during school, after school, or both.

Chris Basher responded that he thinks programming should happen both during and after school. He emphasized that everything comes back to funding. The organization's current grant to provide Botvin will run out in September 2019. The grant came from Partners for Success. Mr. Basher also noted that the club has used peer mentors with success, and that the organization replaced its Smart Moves program with Botvin.

Dana Carr said that DSAMH has several federal grant programs through which it funds community based Botvin programs and after school programs. She mentioned several different block grants the department receives. Ms. Carr noted that staff from DSAMH and DSCYF will be meeting in a few weeks to discuss what is being funded by each department. She said that currently she does not have a sense of whether the children who attend the after school programs that DSAMH funds are also being exposed to Botvin during the school day. Additionally, Ms. Carr mentioned that the state recently received \$12 million from the federal government to deal with the opioid crisis. While most of the funds will be used for treatment and recovery, some of the funds will be used for prevention. Finally, she discussed the Division of Public Health's oversight of the state's Substance Use Disorder Strategic Plan. One of the plan's objectives involves evidence-based, developmentally appropriate health education curricula.

Senator Townsend suggested doing a deep dive into Botvin at the next meeting, and then hearing more about how DHSS and other departments work together at the meeting on 11/1.

Representative Briggs King said it is advantageous to expose children to Botvin both during school and in other settings. She said the repetition helps reinforce the message. The Representative then said that she would email everyone an overview of Botvin.

Christine Alois spoke about the need for coordination among different departments. She also said that teachers' number one priority is finding evidence based programming. The wrong program can potentially have adverse effects on kids.

Representative Briggs King spoke about barriers to success, including lack of parental involvement, ESL students not being able to rely on their parents' help with homework, and teens dropping out of high school.

Dr. Mandell Much pointed out that what is "evidence-based" is determined by the resources needed to conduct such research. He also discussed the importance of involving parents/caregivers and the community.

Dr. Christy Visher said that research shows Botvin is more effective when coupled with the Family Strengthening program. She said school districts with high incidences of drug use should know that when parents are involved, outcomes are better. She said it is concerning that we don't know what curricula the districts are currently using, and whether they truly are evidence-based, as required by regulation.

Senator Townsend said that it appears that state agencies are on track to better coordinate and understand what is being taught. He asked the task force members to consider how many questions the group might be able to answer by the end of the study, and how many questions we may be able to identify as requiring further study.

Senator Richardson referenced an article about U.S. Senator Chris Coons securing funding for drug prevention, and asked how much money is currently available for that.

Dr. Christy Visher said that Botvin is at the top of list in terms of being evidence-based; however, she noted that a lot of the studies have been done by Dr. Botvin himself. She has looked for studies conducted by other individuals, including more recent studies, but hasn't found any yet.

Dr. Mandell Much said he believes the task force can complete its charge by the deadline. He said that shouldn't preclude the group from recommending other measures.

Mark Holodick said that he is confident that schools are already meeting the drug prevention education requirements set out in regulation. He then noted that approaches to teaching drug prevention have changed over time in order to align with current drug trends. He stressed the importance of curricula being fluid over time. Additionally, Mr. Holodick said that the idea of doing after school programming is both attractive and concerning. He questioned what that would look like, and how it would fit in with what the wellness centers are currently doing.

Senator Townsend acknowledged that the districts may already be fully compliant with the regulations, but said that there still may be room for improvement. He said the gravity of the issue may require dramatic change.

Representative Briggs King pointed out that the regulations haven't been updated in 18 years, and suggested that we are missing a more holistic approach. She also said the drug of today will not be

the drug of tomorrow. Finally, she asked if there is something else besides Botvin that can be effective.

Senator Richardson said it would be useful to hear from a teacher who has taught Botvin in the classroom. He also said he'd like to hear from the Boys and Girls Club staff who have taught it.

Dana Carr said that health education is necessary but not sufficient to solve the problem.

Senator Townsend suggested that the task force be prepared by the end of the study period to provide recommendations on K-12 programming both during school and after school. He added that it would be great if the task force could also address state coordination, but that doing so is not as essential.

MJ Scales said that Botvin is not taught K-12, but rather 3-10. There are "booster" sessions offered to kids age 16 and older. Each Botvin session is approximately 40-45 minutes long. The elementary level curriculum has 8 sessions; the middle school curriculum has 30 sessions; the high school curriculum has 10 sessions; and there are 6 transitional/booster sessions. Ms. Scales explained that adaptations can be made; for example, one Boys and Girls Club class chose to incorporate homework into class time because the kids were struggling to complete it. Ms. Scales also shared that the National Institutes of Health (NIH) recently awarded funding to study Botvin in schools. The NIH is currently recruiting middle schools and school districts to participate in the study. Participating schools would receive training on Botvin for free.

Christine Alois said that local control is about districts having the capacity to be responsive to the needs of their students, rather than a blanket rejection of mandates. Further, she said teachers are looking for good curricula.

Mark Holodick agreed that if Botvin really has the potential to make a positive impact, all 19 school districts would be on board with implementing it.

Senator Townsend asked Dr. Visher to speak about her expertise in evaluating programs like Botvin.

Dr. Christy Visher reiterated that Botvin is very well regarded by a variety of entities. She said that the existing studies on Botvin are old, which is why the NIH is doing a new one. From what she can tell, it probably is the best program out there. It has been tested in rural communities, but not as much in minority communities.

Senator Townsend discussed the content for the next meeting, and asked about potential presenters.

Chris Basher said that he would invite staff from the Boys and Girls Club who have direct experience administering Botvin.

Mark Holodick asked Representative Briggs King if Indian River is currently piloting Botvin, and if so, when they began the program.

Representative Briggs King replied that the school is currently piloting Botvin, and that they began the program last year.

Mark Holodick offered to reach out to school staff.

Representative Briggs King said she had reached out to the health teacher at Sussex Central High School about attending a task force meeting. She also said that Seaford and Georgetown are piloting Botvin, which have high minority/ESL populations.

Mark Holodick said that he is going to a planning retreat with other superintendents later this week, and that he's curious to see how many of them are familiar with Botvin. Based on the feedback he receives, he will invite them to share their experiences with the task force.

Senator Townsend asked Dr. Visher to share the list of programs she mentioned earlier.

Representative Briggs King said that when the task force writes its final report, there should be a section dedicated to the topic of coordination among faculty and staff. Specifically, she said that teachers, school counselors, coaches, and other faculty and staff need to send a consistent message to students about drug prevention. The Representative said that staff could be trained during an inservice day.

Senator Townsend remarked that it will be interesting to see what is currently done in schools in Delaware. He also questioned what coordination would actually look like.

Representative Briggs King noted that school counselors do not have a lot of time to counsel kids on career issues, let alone drug prevention issues. She added that counselors' salaries are paid for at the local level.

Chris Basher suggested that the task force hear directly from teens. He shared the story of a former gang member who is now a peer mentor for the Boys and Girls Club.

Senator Townsend said that there is likely both interest and time to hear from someone like the teen Mr. Basher mentioned. He then stated that testimony is an important part of the process of passing legislation. The Senator asked if there was anyone from the public who wished to make a comment. No members of the public wished to speak.

The meeting adjourned at 1:07 pm.

PROGRAM OVERVIEW

The new edition of the Botvin *LifeSkills Training* Middle School program is a groundbreaking substance abuse and violence prevention program based on more than 30 years of rigorous scientific research. Now updated with new graphics, references and statistics, it is proven to be the most effective evidence-based program used in schools today. *LifeSkills Training* is comprehensive, dynamic, and developmentally designed to promote positive youth development. In addition to helping kids resist drug, alcohol, and tobacco use, the *LifeSkills Training* Middle School program also effectively supports the reduction of violence and other high-risk behaviors.

PROGRAM LEARNING OBJECTIVES

- **Personal Self-Management Skills**
- Students develop skills that help them enhance self-esteem, develop problem-solving abilities, reduce stress and anxiety, and manage anger.
- **General Social Skills**
- Students gain skills to meet personal challenges such as overcoming shyness, communicating clearly, building relationships, and avoiding violence.
- **Drug Resistance Skills**
- Students build effective defenses against pressures to use tobacco, alcohol, and other drugs.

PROGRAM STRUCTURE

- Grades 6-9
- The program is designed to be taught in sequence over three years in middle school or junior high. The curriculum is intended to be taught sequentially to build on skills learned in the previous levels. The first level should be implemented with 6th or 7th grade students, followed by booster sessions (levels 2 and 3).
- - **Level 1 (Grades 6/7): Core Level**- 15 class sessions
- *includes 3 optional violence prevention lessons*
- - **Level 2 (Grades 7/8): Booster Level**- 10 class sessions
- *includes 2 optional violence prevention lessons*
- - **Level 3 (Grades 8/9) - Booster Level** - 5 class sessions
- *includes 4 optional lessons*
- 30-45 minute class sessions
- Taught either on an intensive schedule (two to three times a week) until the program is complete, or on a more extended schedule (once a week)

PROGRAM COMPONENTS

Each level includes the following materials:

- Comprehensive, easy-to-use Teacher's Manual
- Student Guide
- Stress Management Techniques audio CD
- Digital Support Slides to aide instruction
- FREE Companion Website

LifeSkills Training

Promoting Health and Personal Development

Teacher's Manual 1

Gilbert J. Botvin, Ph.D.

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Weill Cornell Medical College
Cornell University

Princeton Health Press
1.800.293.4969
www.lifeskillstraining.com

LifeSkills Training Middle School program, Level 1, Teacher's Manual

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Please visit the *LifeSkills Training* Middle School companion website at www.lifeskillsraining.com/msweb

For more information, please visit www.lifeskillstraining.com

Teacher's Manual 1

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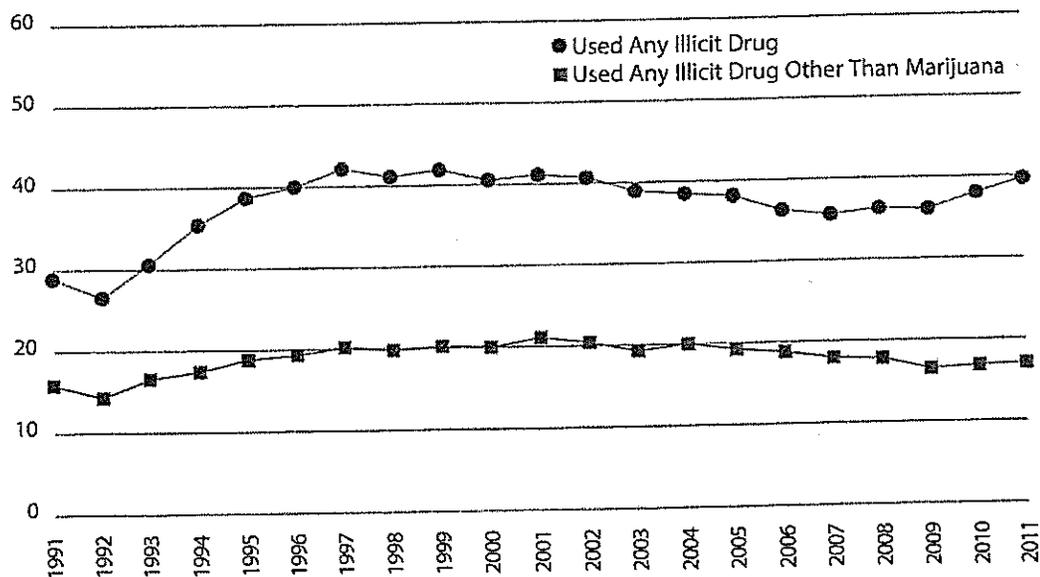
Introduction

Why Substance Abuse Prevention Is Important

Substance abuse has long been regarded by health officials, community leaders, teachers, and parents alike as one of the most important problems facing this country. U.S. government statistics indicate over 400,000 people die each year from smoking-related diseases such as heart disease, cancer, and lung disease. If you add to that the death toll resulting from alcohol-related problems and illicit drug use, the total increases to over half a million deaths per year. The damage to our society is magnified further when the death and disease caused by HIV are taken into account.

Despite considerable effort by many dedicated professionals and concerned citizens, adolescent substance use in the United States is not only among the highest in the industrialized world, but national survey data show that after recent declines the use of illicit substances is on the rise. What is even more alarming is that this is happening at a time when federal and state resources for dealing with substance use are being cut, placing more of a burden on individual communities and school districts.

Figure 1
Trends in Annual Prevalence of Illicit Drug Use for 8th Graders



Source: Johnston, L.D., O'Malley, P.M., & Bachman, J.G., & Schulenberg, J.E. (2012). *Monitoring the Future National Survey Results on Drug Use, 1975-2011: Volume I, Secondary school students*. Ann Arbor: Institute for Social Research, The University of Michigan.

All of this underscores the importance of identifying and implementing effective substance abuse prevention programs. Unfortunately, most schools have been using prevention programs that have been developed either by themselves or by commercial companies. Few of these programs have ever been properly tested, and even fewer have been proven to reduce substance use. In some cases, schools are using prevention programs which evaluation research has actually shown do not work.

How the Botvin *LifeSkills Training* Program Is Different

The Botvin *LifeSkills Training* program is different from other prevention programs in several important ways.

- *Research based.* The *LifeSkills Training* program is based on science. It was carefully designed to target the primary causes of substance use after an extensive review of the existing research literature. Many prevention programs are based on guesses and hunches about what might work. The *LifeSkills Training* program is based on what the latest research tells us about the causes of substance abuse.
- *Comprehensive.* *LifeSkills Training* doesn't just focus on one aspect of the problem of substance abuse. It addresses all of the most important factors that lead adolescents to use one or more drugs by teaching them a combination of health information, general life skills, and drug resistance skills.
- *Effective.* The *LifeSkills Training* program uses a variety of teaching methods, with an emphasis on proven skills-training methods.
- *Proven to work.* The program's effectiveness is documented by over 30 years of rigorous evaluation research. Not only has it been shown to impact the risk and protective factors associated with substance abuse, but it is also one of the only prevention programs to have been proven to reduce the use of tobacco, alcohol, and other drugs. In addition, evidence has demonstrated that the program is effective with a broad range of multi-ethnic and socio-economic groups.

All these factors make the *LifeSkills Training* program the most extensively evaluated substance abuse program available. The results of studies testing its effectiveness provide solid evidence that it is the best.

Strengths of the *LifeSkills Training* Program

- Based on scientific evidence of what causes substance abuse
- Uses a comprehensive approach
- Emphasizes proven skills training methods
- Documented effectiveness through extensive evaluation
- Proven to reduce tobacco, alcohol, and other drug use
- Effective with broad range of adolescent populations

Evidence Documenting Effectiveness

The results of studies testing the *LifeSkills Training* program have consistently shown that it reduces tobacco, alcohol, and marijuana use. These studies also show that the *LifeSkills Training* program works with a diverse range of adolescents, that the reductions in substance use are long-lasting, and that it works when taught by teachers, peer leaders, or health professionals.

The results of studies evaluating the effectiveness of the *LifeSkills Training* program have been published in major peer-reviewed scientific journals and presented at national and international health conferences over the past three decades. These studies and their findings have withstood the scrutiny of experts and the test of time and provide an impressive body of evidence supporting the effectiveness of the *LifeSkills Training* program. Key findings from these studies are summarized below and in the charts on page xi. Included at the end of this introductory section is a list of the publications reporting the evaluation studies testing the *LifeSkills Training* program.

Summary of *LifeSkills Training* Evaluation Research

- Cuts tobacco, alcohol, and marijuana use by up to 80%
- Booster sessions maintain prevention effects
- Effects last up to 6 years
- Cuts polydrug use by up to 66%
- Decreases use of inhalants, narcotics, and hallucinogens
- Effective with white, African American, and Hispanic youth
- Effective when taught by teachers, peer leaders, or health professionals

Because it has been selected for the highest honors by more governmental agencies than any other prevention program, Botvin *LifeSkills Training* is in the distinct position of being the top research-based prevention program in the country.

The *LifeSkills Training* program has been selected as an exemplary, research-based prevention program by:

- Blueprints for Violence Prevention
- National Institute on Drug Abuse
- Office of National Drug Control Policy
- U.S. Department of Education
- American Medical Association
- American Psychological Association
- Centers for Disease Control and Prevention
- New York State Governor's Award
- Center for Substance Abuse Prevention
- Drug Strategies, Inc.
- U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention
- Coalition for Evidence-Based Policy

NREPP

Included in SAMHSA's
National Registry of
Evidence-based
Programs and Practices

About the Author

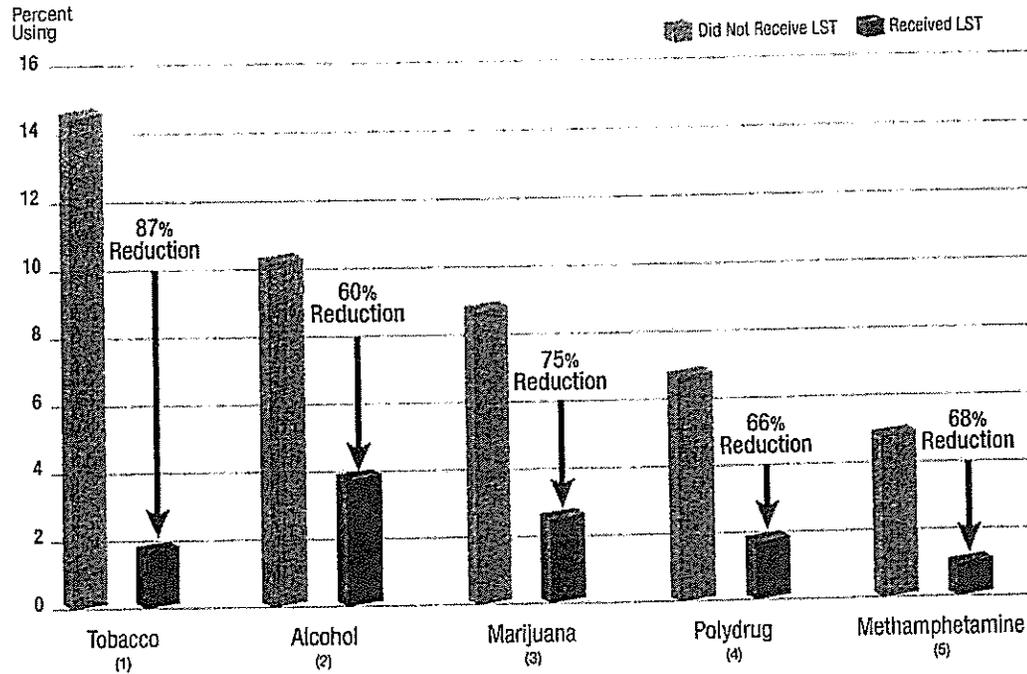
The author of the *LifeSkills Training* program is Dr. Gilbert J. Botvin, an internationally known expert on drug abuse prevention and youth development. Dr. Botvin received a B.A. degree from Colgate University and M.A. and Ph.D. degrees from Columbia University, with training and experience in both developmental and clinical psychology. After graduating from Columbia, he spent three years at the American Health Foundation, where he was Director of Child Health Behavior Research. In 1980, he joined the full-time faculty of Cornell University's medical school and quickly rose through the ranks to Professor of Psychology in Public Health and Professor of Psychology in Psychiatry. He served as Chief of the Division of Prevention and Health Behavior and Director of Cornell's Institute for Prevention Research. During that time, he also served as an Attending Psychologist at the New York Hospital-Cornell Medical Center. In July of 2012, Dr. Botvin was appointed Professor Emeritus at Cornell University's Weill Cornell Medical College.

Dr. Botvin has published more than 250 scientific papers and book chapters concerning prevention.

LifeSkills Training: Substance Abuse Prevention Effects

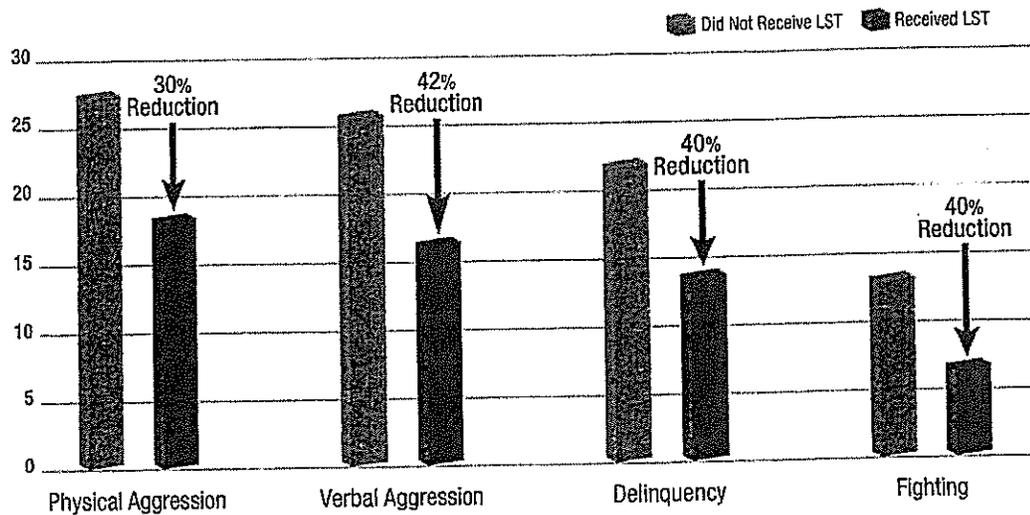
Numerous studies have documented Botvin *LifeSkills Training's* effectiveness. These effects are summarized in the following charts.

Follow-Up Results from 5 Published Studies



Sources: (1) *Journal of Behavioral Medicine* (1983), (2) *Journal of Studies on Alcohol* (1984), (3) *Journal of Consulting and Clinical Psychology* (1990), (4) *Journal of the American Medical Association* (1995), and (5) *Archives of Pediatric & Adolescent Medicine* (2006).

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Source: Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science* (2006).

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Curriculum Materials

The *LifeSkills Training* curriculum includes:

- **Teacher's Manual:** A comprehensive, step-by-step manual with instructions for implementing the program.
- **Student Guide:** An informative guide that provides students with the material necessary to complete the program. The guide includes activity worksheets for use throughout the program.
- ***Smoking and Biofeedback* DVD:** This resource is for use with the Smoking and Biofeedback unit. The experiments in the DVD clearly demonstrate the immediate effects of smoking on the body.
- ***Stress Management Techniques* CD:** This audio CD is for use with the Coping with Anxiety unit. The audio walks listeners through the five stress-reduction exercises.

Students and teachers can also access a companion website (www.lifeskillstraining.com/msweb). This optional resource provides teachers with additional information and other resources. Students can complete interactive exercises designed to reinforce key concepts.

Training and Technical Assistance

It is highly recommended that those delivering the *LifeSkills Training* program receive training. This informative and interactive workshop provides teachers with the necessary skills and background information to successfully implement the *LifeSkills Training* program.

There are three workshop options available:

- On-site Training Workshops
- Online Training Workshops
- Open Training Workshops

Technical assistance is also available. This customized support service helps program providers identify pre- and post-adoption strengths and challenges.

For more information on these services, please contact us at info@lifeskillstraining.com.

Implementation Guidelines

Grade Level

The Botvin *LifeSkills Training* (LST) program has been designed for use with middle/junior high school students. Level 1 of the program is designed to be conducted with 6th/7th graders, although significant results have been obtained also with 8th and 9th graders. The overall program includes the Levels 2 and 3 booster sessions which help reinforce and sustain the positive effects of the program. Thus, the ideal intervention model for middle school involves conducting the *LifeSkills Training* program in the 6th grade, with additional booster sessions conducted in the 7th and 8th grades.

Teaching Sequence

Level 1 of the *LifeSkills Training* program consists of 12 units that are designed to be taught in sequence; there are 3 additional violence prevention units, which are optional. Each unit contains measurable student objectives, content, and classroom activities. The program can be integrated into any subject area, although health education and science are usually considered the most appropriate. The table below lists the major units of Level 1 of the *LifeSkills Training* program and the suggested number of class periods for each unit.

<i>Unit</i>	<i>Number of Class Periods</i>
Self-Image and Self-Improvement	1
Making Decisions	2
Smoking: Myths and Realities	1
Smoking and Biofeedback	1
Alcohol: Myths and Realities	1
Marijuana: Myths and Realities	1
Advertising	1
Violence and the Media (optional)	1
Coping with Anxiety	2
Coping with Anger (optional)	1
Communication Skills	1
Social Skills (A)	1
Social Skills (B)	1
Assertiveness	2
Resolving Conflicts (optional)	1

Teaching *LifeSkills Training*

Fidelity

The Botvin *LifeSkills Training* program is notable for its flexibility. LST has been proven effective with different types of students, with different racial/ethnic groups, with different age groups, and with different implementation schedules. Within this flexibility are guidelines that need to be followed in order to implement the program with fidelity:

- **Teach the full scope and sequence of the LST curriculum.** Teach all lessons in the order given, making all of the teaching points in each lesson.
- **Teach at least one time per week for consecutive weeks until all units are taught.** The curriculum may be taught as an intensive mini-series (multiple times a week), or it can be taught once a week.
- **Use interactive teaching strategies.** Students acquire skills when interactive teaching skills (coaching, facilitation, behavioral rehearsal, and feedback/assessment) are used.

Teaching Skills

LifeSkills Training is a dynamic and engaging program that utilizes a variety of interactive teaching techniques. Icons are used throughout the instructions in the Teacher's Manual to highlight the teaching strategies and to help teachers locate materials easily. A key for the teaching skills icons is presented on the opening page of each unit.

-  **Facilitation** involves presenting the goal of the activity and steering the discussion.
-  **Coaching** gives explicit, step-by-step instructions on behavior and demonstrates its correct application. This strategy often involves small-group practice of skills, reinforces effective behavior, and allows you to reconnect the discussion to the activity's goals.
-  **Behavioral Rehearsal** is an effective way for students to internalize a skill that has been taught and to practice the pro-health behavior. Students respond to a situation using their own words to demonstrate the skills they've learned.
-  **Assessment** is facilitated through open-ended questions and group discussions, as well as through worksheets in the Student Guide.

Feedback/Assessment

Giving and receiving positive feedback is as simple as prefacing comments supporting someone else's view with "I like..." and expressing disagreement with "How about..." You can use this method in any situation in which you want to give and receive feedback, and encourage your students to do the same.

Disclosure

Programs that deal with student behavior must be prepared for the potential disclosure of sensitive information by students. We encourage you to refer any disclosures to the appropriate personnel in your organization who are qualified to address these issues. We also suggest you review your district/organization's guidelines and be sensitive to potential issues as you proceed through the program.

Guidelines for the Teacher

The following general guidelines have been helpful to teachers who have previously conducted the *LifeSkills Training* program:

- Maintain order and enforce the ground rules.
- Stimulate active discussion among students.
- Direct the flow of conversation to insure that all the major points are covered and any misinformation is corrected.
- Use encouragement and positive reinforcement to support students in all of the activities.
- Whenever possible, have the class deal with questions or problems raised by students to promote class participation.
- Maximize the involvement of students.

Ground Rules

It is generally a good idea to establish ground rules for classes conducted as part of the *LifeSkills Training* program in order to differentiate these classes from more traditional academic classes. The following ground rules were used in the evaluation studies:

- Have students sit in a configuration that allows for interaction.
- Everyone should be given an opportunity to participate.
- Everyone is free to express their opinions or participate in class activities without being subjected to criticism.
- Respect your fellow students; listen to them and their ideas.
- Anything discussed in the class remains confidential.

These ground rules may not be appropriate to every class. Thus, they may need to be modified to suit your particular situation.

Unit Overview

Making Decisions

Unit Timing: 2 sessions, 45 minutes each

Vocabulary

- decision
- influence
- pressure
- persuasive tactics

Materials Needed

- Student Guide (pages 16-21)

Special Preparation

- Have students prepared to review their homework assignment on *Everyday Decisions*.
- Select students to participate in the group conformity experiment (page 2.7).

Unit Goals and Objectives

As students get older, they face more complex and more important decisions. The ability to make an independent decision is a skill that requires practice. This unit is designed to be presented in two sessions so that students have sufficient time to practice the skill.

In this unit students will:

- Demonstrate how decisions are influenced by group pressures
- Discuss reasons why people are influenced by group members
- Identify everyday decisions
- Describe how important decisions are made
- Identify a process for making decisions

Key to Teaching Strategies

-  Facilitation
-  Gambling
-  Behavioral Behavior
-  Assessment

Homework for Next Unit

Student Guide – *My Reasons for Not Smoking, Worksheet 5* (page 27)

Each unit starts with an overview of the unit's vocabulary, upcoming homework, and any specific materials or preparation that might be needed.

The Teaching Strategies key at the beginning of each unit identifies those strategies used throughout the unit.

This section introduces the topic and outlines the unit's goals for student comprehension.

Introduction

Inform students that today they will be discussing how and why people make decisions, which is the act of making up your mind about something. As people get older, they are required to make decisions that are more and more complicated. It is important to learn to make decisions independently without being influenced by others. Let them know that they will have a chance to practice making decisions using a three-step decision-making process.

Everyday Decisions (5 minutes)

1. Have students refer to *Worksheet 4, Everyday Decisions* in the Student Guide (page 18).
2. Ask them to think of and write down at least four or five decisions that they make each week in the following categories at home, in school, and with friends.
3. Tell them that these may be things that they do with or without giving them much thought; examples include:
 - what to wear
 - how much to study
 - what TV show to watch

Worksheet 4

Write down at least four or five decisions that you make each week in the following categories at home, in school, and with friends.

Category: _____

Decision: _____

Category: _____

Decision: _____

Category: _____

Decision: _____

Category: _____

Decision: _____

Worksheet 5

Write down at least four or five reasons why you do not smoke.

Reason: _____

Reason: _____

Reason: _____

Reason: _____

Step-by-step instructions take you through each activity.

Page references for the Student Guide are highlighted for easy identification.

Reproductions of corresponding pages from the Student Guide give clear visual references.

2 Describe and demonstrate the 3 Cs of Effective Decision-Making.

The 3 Cs of Effective Decision-Making

- Step 1: Clarify what decision you need to make.
- Step 2: Consider the possible alternatives (think about the different things you might decide to do) and the consequences of choosing each alternative; collect any additional information needed. (If you are trying to solve a problem, think up as many solutions as possible.)
- Step 3: Choose the best alternative for you and take the necessary action. Afterwards, think about whether you were satisfied with your decision.

Example

- Step 1: Clarify the decision to be made – what movie to go to.
- Step 2: Consider the available alternatives – several different movies that you haven't seen yet.
- Step 3: Choose the best alternative for you. After the movie, think about whether the movie was what you expected.

Decision-Making Practice

Three different practice exercises are provided to help students learn how to make more effective decisions using the 3 Cs approach. These include a scripted practice exercise and two unscripted exercises. In the scripted exercise, students use practice situations provided in the Student Guide. In the unscripted exercise, students develop their own decision-making situations.

Scripted Practice (Exercise #1) (10 minutes)

1. Have students fill out *Worksheet 5, Putting the 3 Cs into Practice* in the Student Guide (page 19). Have them read the two situations described in the Student Guide and identify the problem to be solved or decision to be made in each one.

Highlights make it easy to locate Tips and Procedures in the text.

Teaching Strategy icons in the margin help chart the flow and pace of the activity.

Section heads include suggested time for the activity; actual time to complete the activity will depend on your class.

Group Pressures and Decision Making (25 minutes)

1. Ask students to what extent they think their decisions are influenced by other people. (Example: If your friends told you that you look good in blue, how would this affect the color you wear?)
2. Conduct the group conformity experiment given in Appendix 1 (see page 2.9).
3. After the experiment is finished, discuss it with students. Provide this definition of *pressure*.

Definition
Pressure is trying to force someone to do something by using overpowering influence or persuasion.

Point to Make

- Pressures from the group to which we belong often influence our decisions.

4. Ask students to describe a situation that occurred recently in which they made a decision to go along with a group as a result of group pressure. (Example: You went along with the group decision to see a movie that you didn't particularly care to see.)
5. Have students give reasons for why people are influenced so much by other people.

Examples

- Don't want to be an outcast
- To feel a part of the popular crowd
- To do things they think are cool or fun
- Don't have confidence in themselves
- Not sure what the right answer is to a problem

Point to Make

- We are often influenced by group members because everyone generally wants to be accepted by the group and not be considered unhelpful, different, or unpopular.

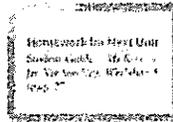
Points to Make help to summarize and reinforce the activity's key points.

Definitions of vocabulary words are highlighted for easy reference.

Each unit contains a summary page that highlights the unit's key points.

Summary

- We are involved in making decisions every day. Some decisions are made without much thought, and others require more time and conscious effort.
- Pressure from the group of people we associate with often influences our decisions.
- We often let ourselves be influenced by group members largely because we want to be accepted by the group and not be considered unpopular.
- Examples of common tactics used to persuade someone to do something are flattery, presentation of facts, appeal to authority, promise of some future reward or punishment, persistence, and use of guilt.
- When we are being persuaded to do something, we need to make sure we do it only if it is consistent with what we want.



Summary Page

28 Teacher's Manual

Appendices are included in some units to provide additional materials and activities for those units.

Appendix 1: Group Conformity Experiment

Purpose
Background
 This activity is based on the Asch conformity experiment, which demonstrated the strength of peer pressure. The Asch experiment will go along with a group and give a clearly incorrect answer as it is wrong.

This version has been modified to make it more suitable for use. For more information, you can reach the "Asch conformity" page.

Preparation

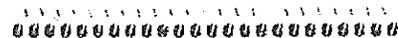
1. Before class begins, assign 5 students ("Recruits 1, 2, 3, 4, 5") likely to influence the other students. Give the Recruits clear the lines in the order C-A-B. Tell them they must remember change it.
2. Before class, draw on the board three lines of identical length to match the layout in the diagram on page 210. It is essential to maintain the proportional spacing and angles in the diagram. Label each line. (You can also use the PDF located on the companion website to produce the image.)

Note: There should be a tendency for the majority of the class to agree with the order given by the Recruit. The success of the activity, however, does not depend on this, as it is the students' reaction to peer pressure that is the "research moment" here.

Procedure

1. Ask all students to look at the three lines on the board, and have them on their own decide the order of the lines from longest to shortest.
2. Call on seven students in this order: Recruit 1, Recruit 2, any other student, Recruit 3, any other student, Recruit 4, Recruit 5. Ask them how they ordered the lines.
3. Write all seven students' responses on the board as they give them.
4. Ask the rest of the class to vote on the order of the lines.
5. Inform students that all the lines are the same length and that the Recruits were told what to say.
6. Have students discuss these questions:
 - What made you choose the order you did?
 - What was your reaction when you heard the same five or six answers different from yours?
 - Were you influenced about the order of the lines as a result? Why?
 - When else might you experience pressure to conform to a group (for example, being pressured to smoke a cigarette)?

The last page of each unit contains a list of vocabulary words and their definitions for easy reference.



Vocabulary

Word	Definition
decide	the act of making up one's mind
influence	a power indirectly affecting a person or an action
pressure	to force by overpowering influence or persuasion
persuasive tactics	a strategy by which someone convinces someone else to do, think, or say something

Self-Image and Self-Improvement

Unit Timing: 45 minutes

Vocabulary

- self-image
- attitude
- beliefs

Key to Teaching Strategies

- F**▶ Facilitation
- C**▶ Coaching
- BR**▶ Behavioral Rehearsal
- A**▶ Assessment

Materials Needed

- Student Guide (pages 10-15)

Homework for Next Unit

Student Guide – *Everyday Decisions, Worksheet 4* (page 18)

Unit Goals and Objectives

The *LifeSkills Training* program helps students build up the resources in themselves so they can transition successfully to being happy and successful adults. This first unit starts with a foundational element: self-image, or how we see ourselves. Developing a strong and healthy self-image has a positive effect on how we act and feel.

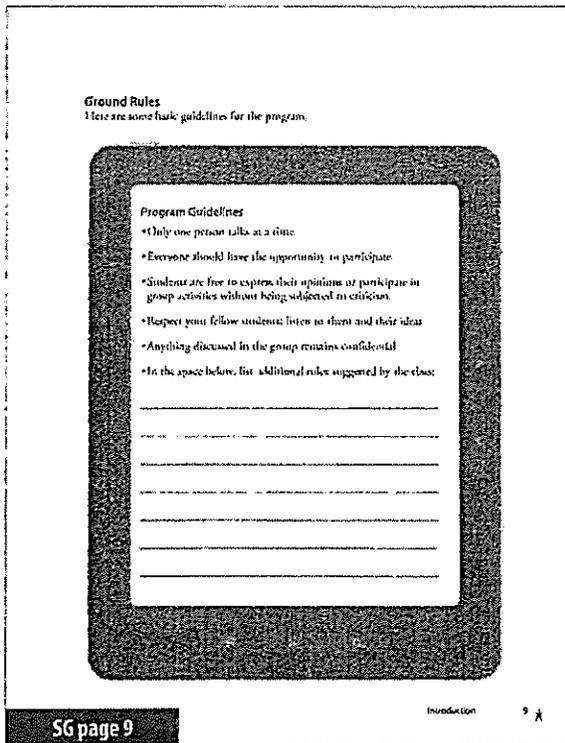
In this unit students will:

- Define *self-image*
- Discuss how self-image is formed
- Identify ways to increase self-image
- Identify something that makes them proud

Program Introduction (5 minutes)

Inform students that today they are going to begin the *LifeSkills Training* program. The main purpose of this program is to provide them with the kind of knowledge and skills that will enable them to become happier and more successful adults. It will also help them become aware of which factors promote substance abuse and how to deal with them. As they become more independent, self-confident, and satisfied with themselves, they will be less likely to yield to pressures to smoke, use drugs, or do anything unhealthy.

1. Have students open the **Student Guide** to page 9 and review the Ground Rules for the program.
2. Modify the Ground Rules as needed for your class.



▶ Definition of Self-Image (10 minutes)

Introduce the topic: the importance of self-image and its effect on behavior and the way we feel about ourselves.

1. Have students think of three adjectives or short phrases that best describe themselves (for instance, happy person, competitive baseball player, calm during tests). Have them write the words down on *Worksheet 1, How I See Myself* in the Student Guide (page 12).
2. Have a number of students share with the class what they have written. Ask them:
 - Are you happy with the phrases you chose?
 - Do you think the adjectives you selected give a complete picture of who you are or what you are like?

Point to Make

- Each of us is a complex individual. It takes more than just a few words or adjectives to represent our total self-image.

Describe yourself as you are now and as you would like to be, using three adjectives or short phrases for each situation.

How I See Myself

Myself Now	Myself as I Would Like to Be
With Friends	
1. _____	_____
2. _____	_____
3. _____	_____
At School	
1. _____	_____
2. _____	_____
3. _____	_____
At Home	
1. _____	_____
2. _____	_____
3. _____	_____
In General	
1. _____	_____
2. _____	_____
3. _____	_____

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SG page 12

-
3. Ask students what they think is meant by self-image.

Definition

Self-image is the beliefs and attitudes (or mental picture) we have of ourselves.

 **Formation of Self-Image (10 minutes)**

1. Ask students how they think we acquire the image we currently have of ourselves or how we come to see ourselves as being a certain kind of person.
2. Ask students to describe one or two past experiences that have affected the way they feel about themselves today (e.g., if they failed a science test, got praised at a dance recital, got injured in a playoff game).

Point to Make

- Self-image is formed through our past experiences – successes and failures. It can also be influenced by what others think of us.

 **Self-Image and Behavior**

1. Ask students if their beliefs about themselves affect the way they act.

Points to Make

- We tend to act like the person we believe ourselves to be. For example, if we see ourselves as a failure in math, our grades will often confirm this – we will act like a poor math student; if we see ourselves as a bad athlete, we will tend to perform poorly in sports.
 - Self-image is also important because it affects how good we feel about ourselves. People who feel good about themselves are more confident, more satisfied, more successful, do better in school, and are more popular than people who see themselves in a negative light. People who have a positive self-image are also less likely to smoke, drink, use drugs, or engage in other unhealthy activities.
2. Ask students if they think they have only one self-image or many different ones.

Points to Make

- Although most of us have a generalized self-image, our self-images may be as numerous as our activities. For example, one person may be a good baseball player, a slow swimmer, a good writer, an average math student, etc., all at the same time. (Refer to the exercise they did on page 12.)
- We should never generalize from one or two negative experiences. For example, if we do poorly in a sport, we should not think of ourselves as a failure in all sports or a failure in general. Instead, we should evaluate why we don't do well in a particular situation (in this case, one sport) and in what specific ways we can improve.

▶ Self-Image Improvement (20 minutes)

1. Ask students whether or not they think that it is possible to change or improve their self-image.

Point to Make

- Since self-image is linked to our experience with specific situations or abilities, we can develop a more positive self-image by focusing not only on what we do well but also on how we can do better in those situations.
2. Tell students that one way to improve self-image is to become more aware of our past successes or accomplishments and increase these in the future.
 3. Ask students what they consider to be their biggest success within the past year and the biggest success they hope to have in the future. Have 4 or 5 students share these with the class.
 4. Tell students that they can do several things to improve their self-image.
 - Never form a negative image of yourself after one or two bad experiences.
 - Take stock. Look at yourself as realistically as possible. Identify your strengths and weaknesses.
 - Work on improving in areas where you are weak. You can develop a more positive self-image by setting and achieving goals, by deciding what you'd like to change about yourself or what you'd like to accomplish and then doing it.

Self-Improvement Project

1. Tell students that they are going to have an opportunity to participate in a special project to help improve their self-image. The project involves selecting one thing about themselves (such as a skill or behavior) that they would like to improve or change and working toward accomplishing this during the semester. Below are some examples.
 - Getting a better grade in a difficult course
 - Making a sports team
 - Getting along better with a parent
 - Making new friends
2. Have students open the **Student Guide** and list their strengths and weaknesses on *Worksheet 2, Taking Stock* (page 13). Then have them list five things about themselves that they would like to change or improve and rate their desire to change (high, average, low).

▶▶▶ A. List your strengths and weaknesses.
E. List five things about yourself that you would like to change or improve.
 Rate how important it is to you to change each one.

Taking Stock 2

A. Strengths	Weaknesses
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

B. Things to Change	Rate Your Desire to Change		
	High	Average	Low
1. _____	H	A	L
2. _____	H	A	L
3. _____	H	A	L
4. _____	H	A	L
5. _____	H	A	L

Self-Image and Self-Improvement 23

Setting and Achieving Personal Goals

How to Set Goals

1. Pick a goal that is realistic. Set a long-term goal for yourself that is possible for you to accomplish within a reasonable amount of time (for example, by the end of the semester).
2. Pick a goal that is manageable, that you can break down into a series of small short-term steps (or subgoals). The best way to change a behavior is to do it in small steps.
3. Pick a goal that is measurable (for example, how far you jog) so you can tell whether you have achieved it or how much farther you have to improve before you do.
4. Pick something that is meaningful to you, something that you really want to do rather than something you feel you should do.

Tips for Achieving Your Goals

1. Have a positive attitude. Believe in yourself and your ability to reach the goal that you set for yourself.
2. Don't be afraid to make mistakes. It's all part of learning and making progress toward your goal.
3. If you don't reach a particular goal or subgoal, don't think of it as a failure. Think of it as a learning experience, as a step toward achieving your goal. Identify what went wrong and correct it.
4. Praise yourself for any progress that you make toward achieving your goal. Tell your friends or parents, and reward yourself.
5. Identify any areas that need further improvement, and work on them with confidence and determination.
6. Use your imagination. Spend some time each day "seeing" yourself achieving your goal.

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SG page 13

SG page 14

3. Go over with students **Setting and Achieving Personal Goals** in the **Student Guide** (page 14). Tell them to keep these guidelines in mind when choosing their own goal.



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6. Have students select their goal. Have them break it down to a series of sub-goals. (If time is limited, have students do this as a homework assignment.)
 7. Review with students the Tips for Achieving Your Goals on page 14.

Tips for Achieving Your Goals

- Have a positive attitude. Believe in yourself and your ability to reach the goal that you set for yourself.
 - It's OK to make mistakes. It's all part of learning and making progress toward your goal.
 - If you don't reach a particular goal or sub-goal, don't think of it as a failure. Think of it as a learning experience, as a step toward achieving your goal. Identify what went wrong and correct it.
 - Praise yourself for any progress that you make toward achieving your goal. Tell your friends or parents, and reward yourself.
 - Identify any areas that need further improvement and work on them with confidence and determination.
 - Use your imagination. Spend some time each day "seeing" yourself achieving your goal.
8. Tell students that you will collect and comment on their plans to make sure they are on the right track.



Summary

- Self-image is the mental picture (beliefs and attitudes) we have of ourselves.
- Self-image is formed as a result of our perceptions of what others think of us and our past experiences.
- We tend to act like the person we believe ourselves to be. Therefore, having a positive self-image is important because it can have a powerful influence on our behavior.
- Our self-image is complex and based on all that we do and think.
- We should evaluate our strengths and weaknesses for specific situations and not over-generalize.
- It is possible to develop a more positive self-image by setting and achieving personally meaningful goals.

Homework for Next Unit

Student Guide – *Everyday
Decisions, Worksheet 4*
(page 18)

Summary Page





Vocabulary

<u>Word</u>	<u>Definition</u>
self-image	the beliefs and attitudes we have of ourselves
attitude	how we feel about something
beliefs	things accepted as true or valid

Making Decisions

Unit Timing: 2 sessions, 45 minutes each

Vocabulary

- decision
- influence
- pressure
- persuasive tactics

Key to Teaching Strategies

- F** Facilitation
- C** Coaching
- BR** Behavioral Rehearsal
- A** Assessment

Materials Needed

- Student Guide (pages 16-21)

Homework for Next Unit

Student Guide – *My Reasons for Not Smoking, Worksheet 5* (page 27)

Special Preparation

- Have students prepared to review their homework assignment on *Everyday Decisions*.
- Select students to participate in the group conformity experiment (page 2.7).

Unit Goals and Objectives

As students get older, they face more complex and more important decisions. The ability to make an independent decision is a skill that requires practice.

This unit is designed to be presented in two sessions so that students have sufficient time to practice the skill.

In this unit students will:

- Demonstrate how decisions are influenced by group pressures
- Discuss reasons why people are influenced by group members
- Identify everyday decisions
- Describe how important decisions are made
- Identify a process for making decisions

Introduction

Inform students that today they will be discussing how and why people make decisions, which is the act of making up your mind about something. As people get older, they are required to make decisions that are more and more complicated. It is important to learn to make decisions independently without being influenced by others. Let them know that they will have a chance to practice making decisions using a three-step decision-making process.

▶ Everyday Decisions (5 minutes)

1. Have students refer to *Worksheet 4, Everyday Decisions* in the Student Guide (page 18).
2. Ask them to think of and write down at least four or five decisions that they make each week in the following categories: at home, in school, and with friends.
3. Tell them that these may be things that they do with or without giving them much thought; examples include:
 - what to wear
 - how much to study
 - what TV show to watch

Deciding Things on Your Own
As you get older, you make more and more decisions on your own. Some of these may be very difficult. To make the best possible decisions, you need to be aware of the people or things around you that can influence your decisions (such as your parents, friends, TV, movies, and advertisements). You also need to learn an organized method for making decisions. Being aware of the factors that might influence your decisions and knowing how to make them can help you to make the best possible decisions for you.

A Simple Method for Making Better Decisions
Most people make all their decisions in the same way, without realizing the difference between simple choices, everyday decisions, and major decisions. Simple choices (whether to eat vanilla or chocolate ice cream) can be decided based on what you like. Other decisions should be made after carefully thinking about the possible consequences, or outcomes, of different decisions. To do this as well as possible and make the best decisions, learn to use the 3-step method described here.

The 3 Cs of Effective Decision-Making
Step 1: Clarify what decision you need to make.
Step 2: Consider the possible alternatives (think about the different things you might decide to do) and the consequences of choosing each alternative (gather any additional information needed. If you are trying to solve a problem, think up as many solutions as possible.)
Step 3: Choose the best alternative and take the necessary action. Afterwards, think about whether you were satisfied with your decision.

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Make a list of the most important decisions you have to make regularly at home, school, or with friends. Check off whether you make those decisions On Your Own or whether you are influenced by others. Check all that apply to each decision.

Everyday Decisions

4

On Your Own With Friends With Family With Teachers With Media

Decisions At Home

1. _____
2. _____
3. _____
4. _____
5. _____

At School

1. _____
2. _____
3. _____
4. _____
5. _____

With Friends

1. _____
2. _____
3. _____
4. _____
5. _____

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4. Tell students to indicate any source that influenced (that is, affected) each decision or whether they made the decision completely on their own.

Points to Make

- We are involved in decision making everyday. Some decisions are made without much thought, while others require more time and conscious effort.
- Many decisions that we make are influenced by other people.

E ▶ **Difficult Decisions** (10 minutes)

1. Ask each student in the class to describe the most difficult decision they made recently that they are comfortable talking about.
2. Have students tell the class how they went about making the decision and who or what influenced them to make their final choice.
3. Ask students what they think is the best way of going about making any important decision.

E ▶ **G** ▶ **Making Better Decisions** (10 minutes)

1. Tell students that most people make all their decisions in the same way without realizing the difference between simple choices, everyday decisions, and major decisions. Simple choices (such as whether to eat vanilla or chocolate ice cream) can be decided based on what you like. Other decisions should be made after carefully thinking about the possible consequences or outcomes of different decisions. To do this as well as possible and make the best decisions, it helps to learn to use the 3-step method described on the next page and on page 17 in the **Student Guide**.

Read each of the situations and (1) clarify the problem, (2) list and then consider the possible solutions (choices) and their consequences, and (3) choose the best solution.

Putting the 3 Cs into Practice

5

Situation 1

Your teacher gave you extra homework assignments that is due the next day and is a large part of your grade for the course. That night there is an important basketball game that all of your friends will be attending. If you go to the basketball game, you won't have time to do your homework, but you know someone who might let you copy her homework.

Problem: _____

Possible Solutions:

Possible Consequences:

1. _____

2. _____

3. _____

My Decision: _____

Situation 2

Your friends want to get together at your house after school where no one is home. They want to drink alcohol. You want to be with your friends, but you know your parents will be angry and you'll get in a lot of trouble if your friends drink at your house.

Problem: _____

Possible Solutions:

Possible Consequences:

1. _____

2. _____

3. _____

My Decision: _____

Choose two decisions that you have to make now or sometime in the near future. Briefly describe the situation and then (1) clearly identify the situation to be made as a question to be solved, (2) list and then consider the possible solutions (choices) and their likely consequences, and (3) choose the best alternative.

My Decision-Making Planner

6

Situation 1:

Problem: _____

Possible Solutions:

Possible Consequences:

1. _____

2. _____

3. _____

My Decision: _____

Situation 2:

Problem: _____

Possible Solutions:

Possible Consequences:

1. _____

2. _____

3. _____

My Decision: _____

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Making Decisions

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Student Guide I

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2. Next, have students think up and list at least three possible solutions. Then have them list the possible consequences of each course of action.
3. After having considered possible solutions and their consequences, direct students to share their decision (solution) for each situation.
4. Invite students to share their decision-making responses to the situations presented in the Student Guide. This can be done with the class or in small groups.

BR▶ Unscripted Practice (Exercise #2) (10 minutes)

Ask students to turn to *Worksheet 6, My Decision-Making Planner* in the Student Guide (page 20).

Have students choose two decisions that they have to make either now or sometime in the near future. They should follow the same steps as with the previous exercise.

1. First, they should briefly describe the situation on the worksheet.
2. Then students should identify the problem or decision to be resolved, list three possible solutions, and write down any likely consequences.
3. Finally, they should make a decision and write it down in the appropriate place on the worksheet.

C▶ *Unscripted Practice (Exercise #3) (20 minutes)*

BR▶ Have students develop 10 additional situations that require a decision or involve a problem to be solved. Then have students practice using the 3 Cs method of making decisions. *Hint:* Select situations that do not require them to obtain additional information.

1. Ask students to generate a list of common situations that they encounter that require them to make a decision.
2. Write these situations on the board.
3. Randomly select situations from the board and have students take turns using the 3 Cs decision-making method. Have them identify the problem or decision, state at least three possible solutions/options and their likely consequences, and pick one of the options as the solution to the problem or decision to be made.

Each student should be encouraged to go through the three steps of the 3 Cs decision-making method as quickly as possible so that everyone in class has at least one opportunity to practice making decisions.

BR▶ Group Pressures and Decision Making (25 minutes)

1. Ask students to what extent they think their decisions are influenced by other people. (Example: If some friends told you that you look good in blue, how would this affect the color you wear?)
2. Conduct the group conformity experiment given in Appendix I (see page 2.9).
3. After the experiment is finished, discuss it with students. Provide this definition of *pressure*.

Definition

Pressure is trying to force someone to do something by using overpowering influence or persuasion.

Point to Make

- Pressures from the group to which we belong often influence our decisions.
4. Ask students to describe a situation that occurred recently in which they made a decision to go along with a group as a result of group pressure. (Example: You went along with the group decision to see a movie that you didn't particularly care to see.)
 5. Have students give reasons for why people are influenced so much by other people.

Examples

- Don't want to be an outcast
- To feel a part of the popular crowd
- To do things they think are cool or fun
- Don't have confidence in themselves
- Not sure what the right answer is to a problem

Point to Make

- We are often influenced by group members because everyone generally wants to be accepted by the group and not be considered outsiders, different, or unpopular.

Appendix 1: Group Conformity Experiment

Purpose

Background

This activity is based on the Asch conformity experiment, which effectively demonstrated the strength of peer pressure. The Asch experiment found that people will go along with a group and give a clearly incorrect answer even when they know it is wrong.

This version has been modified to make it more suitable for middle school classroom use. For more information, you can research the “Asch conformity experiment.”

Preparation

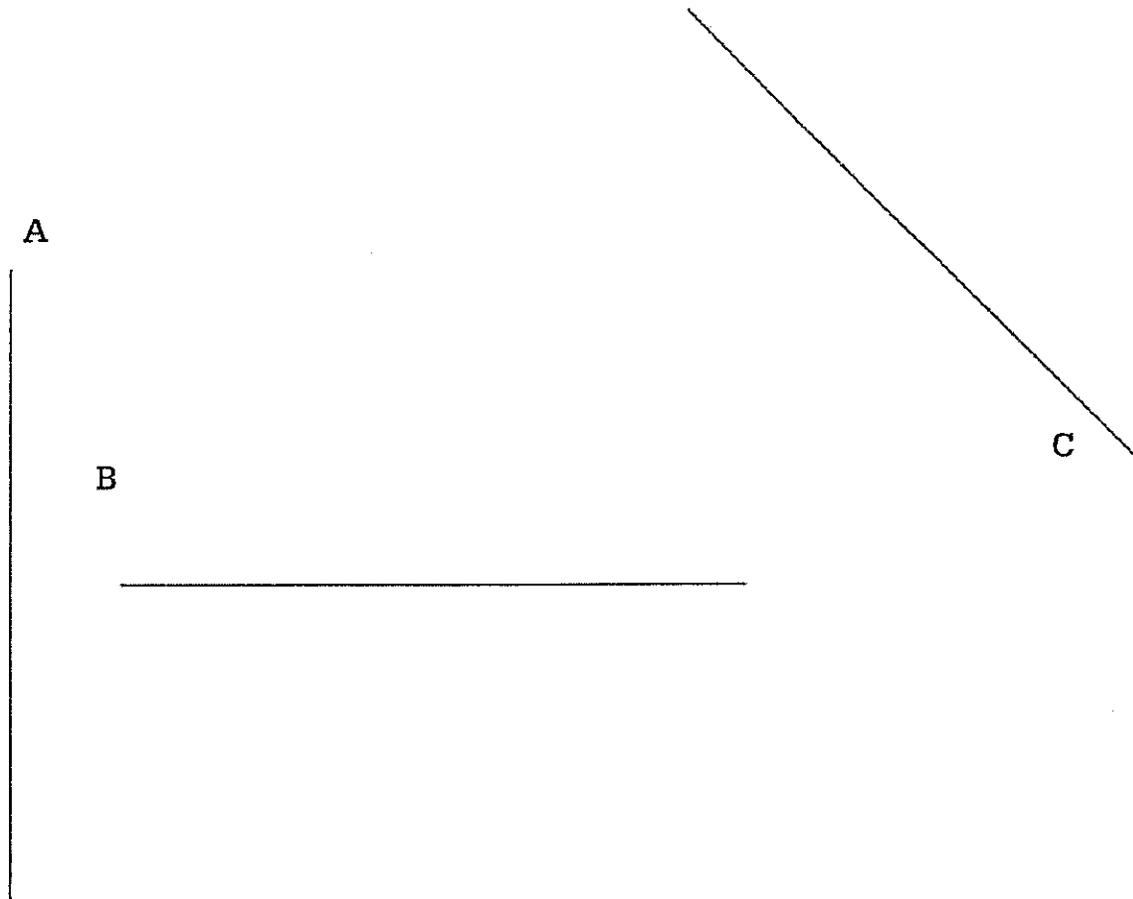
1. Before class begins, recruit 5 students (“Recruits 1, 2, 3, 4, 5”) whose answers are likely to influence the other students. Give the Recruits clear instructions to choose the lines in the order C-A-B. Tell them they must remember the order and not change it.
2. Before class, draw on the board three lines of identical length to match the layout in the diagram on page 2.10. It is crucial to maintain the proportional spacing and angles in the diagram. Label each line.

Note: There should be a tendency for the majority of the class to agree with the order given by the Recruits. The success of the activity, however, does not depend on this, as it is the students’ reactions to peer pressure that is the “teachable moment” here.

Procedure

1. Ask all students to look at the three lines on the board, and have them on their own decide the order of the lines from longest to shortest.
2. Call on seven students in this order: Recruit 1, Recruit 2, any other student, Recruit 3, any other student, Recruit 4, Recruit 5. Ask them how they ordered the lines.
3. Write all seven students’ responses on the board as they give them.
4. Ask the rest of the class to vote on the order of the lines.
5. Inform students that all the lines are the same length and that the Recruits were told what to say.
6. Have students discuss these questions:
 - What made you choose the order you did?
 - What was your reaction when you heard the same five answers? Were those answers different from yours?
 - Were you influenced about the order of the lines as a result of their answers? Why?
 - When else might you experience pressure to conform to someone’s actions (for example, being pressured to smoke a cigarette)?

Appendix 1 (continued)



Vocabulary

<u>Word</u>	<u>Definition</u>
decision	the act of making up one's mind
influence	a power indirectly affecting a person or an action
pressure	to force by overpowering influence or persuasion
persuasive tactics	a strategy by which someone convinces someone else to do, think, or say something



TITLE 14 EDUCATION DELAWARE ADMINISTRATIVE CODE

Health and Safety

851 K to 12 Comprehensive Health Education Program

1.0 Program Requirements

- 1.1 Each school district and charter school shall have a sequential, skill-based K to 12 Comprehensive Health Education Program based on the Delaware Health Education Standards that establishes a foundation of understanding the relationship between personal behavior and health and shall include at a minimum the following:
 - 1.1.1 Identification of a district level person to coordinate the district program and a coordinator in each building to assure compliance at the building level. Each charter school shall identify a person to coordinate the program for the charter school.
 - 1.1.2 Appointment of persons such as teachers, parents, school nurses, community leaders, guidance counselors, law enforcement officers and others with expertise in the areas of health, family life and safe and drug free schools and communities to serve as members of the Consolidated Application Planning Committee.
 - 1.1.3 The use of the state content standards for health education for grades K to 12 to address the core concepts: tobacco, alcohol and other drugs, injury prevention and safety, nutrition and physical activity, family life and sexuality, personal health and wellness, mental health and community and environmental health with minimum hours of instruction as follows:
 - 1.1.3.1 In grades K to 4, a minimum of thirty (30) hours in each grade of comprehensive health education and family life education of which ten (10) hours, in each grade, must address drug and alcohol education.
 - 1.1.3.2 In grades 5 and 6, a minimum of thirty five (35) hours in each grade of comprehensive health education and family life education of which fifteen (15) hours, in each grade, must address drug and alcohol education.
 - 1.1.3.3 In grades 7 and 8, separate from other subject areas, a minimum of sixty (60) hours of comprehensive health education and family life education of which fifteen (15) hours, in each grade, must address drug and alcohol education. If all of the 60 hours are provided in one year at grade 7 or 8, an additional fifteen hours of drug and alcohol education must be provided in the other grade.
 - 1.1.3.4 In grades 9 to 12, one half (1/2) credit of comprehensive health education is required for graduation of which fifteen (15) hours of this 1/2 credit course must address drug and alcohol education. In addition, no less than two (2) hours of this 1/2 credit course shall include a cardiopulmonary resuscitation (CPR) instructional program which uses the most current evidence-based emergency cardiovascular care guidelines, and incorporates psychomotor skills learning into the instruction, use of an Automated External Defibrillator (AED) as well as a component on the life saving and life enhancing effects of organ and tissue donation. This 1/2 credit course may be provided in the 9th, 10th, 11th or 12th grade. In each of the remaining three grades, fifteen (15) hours of drug and alcohol education must be provided for all students. CPR instruction, use of an AED and organ/tissue donation awareness shall be integrated into each high school Health Education Program no later than the 2015-2016 school year.
 - 1.1.4 Inclusion of a comprehensive sexuality education and an HIV prevention program that stresses the benefits of abstinence from high risk behaviors.
 - 1.1.5 Inclusion of the core concepts of nutrition and family life and sexuality implemented through Family and Consumer Science courses.
 - 1.1.6 Inclusion of research-based fire safety education in grades kindergarten through grade 6.
 - 1.1.7 Inclusion of an evidence-based tobacco, alcohol, drug and interpersonal violence prevention program.
 - 1.1.8 The use of effective instructional methods as demonstrated in sound research in the core concepts and skills inclusive of accessing information, self management, analyzing internal and external influences, interpersonal communication, decision making and goal setting and advocacy.
 - 1.1.9 A description of the method(s) used to implement and evaluate the effectiveness of the program shall be reported upon request of the Department.

SCR 69 Delaware Youth Drug Prevention Curriculum Task Force

Monday, October 15, 2018

11:00 am

Senate Hearing Room, 2nd Floor

Legislative Hall, Dover

Meeting Attendance

Task Force Members:

Present:

Senator Bryan Townsend
Representative Ruth Briggs King
Senator Bryant Richardson
Chris Basher
Christy Visher
Jason Hale
Shelly Lazorchak
Christine Alois
Dana Carr
Mark Holodick
Mandell Much
Jenna Ahner

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Absent:

Krishna White
Representative Sean Matthews

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Staff:

Caitlin Del Collo
Matt Revel

Caitlin.DelCollo@state.de.us
Matthew.Revel@state.de.us

Attendees:

Chris Couch
Marcus Prattis
Ciara Hooks
Ann Marie Fitzgerald
M.J. Scales
Matt MacCoy
Jenn Jankowski
John Marinucci

Organization:

Boys & Girls Club of Delaware
Boys & Girls Club of Delaware
Boys & Girls Club of Delaware
Brandywine School District
University of Delaware
Western Sussex Boys & Girls Club
Rep. Sean Matthews
Delaware School Boards Association

The meeting was brought to order at 11:18am.

Introductions and welcoming remarks were made by Senator Townsend.

Senator Richardson made a motion to approve the minutes, which was seconded and accepted.

Senator Townsend introduced representatives from the Boys and Girls Club (B&G Club) of Delaware to present their experience with Botvin. Those introduced were Chris Couch, Ciara Hooks and Marcus Prattis.

Chris Couch discussed Botvin's curriculum and noted the B&G Club administers a pre and post-test that has shown 75% of those who go through the program come away with a better understanding of drugs, how to utilize positive life skills, etc.

Marcus Prattis expanded upon what Chris said, but added his personal experience with the program. He noted the emphasis on the hard work and goal setting as key pieces of Botvin.

Ciara Hooks went through the Botvin program and has taught the curriculum to 7-9 year olds. She mentioned that peer mentors are required to go through the program. Additionally, she said she found that many of the elementary school aged children were aware of prescription drugs and narcotics.

Dr. Mandell Much asked if the Boys & Girls Club ever received feedback from parents, guardians, etc. or if there was much involvement in general. Chris Couch responded that there is not as much involvement as they'd like.

Representative Briggs King agreed, based on what she has witnessed throughout her career, that there is a lack of involvement. Dr. Much echoed those sentiments.

Mark Holodick stated that Botvin is being piloted in the Brandywine School District middle schools.

Ann Marie Fitzgerald said the program addresses risk factors for drug abuse and teaches children how to make better life decisions. She stated that teachers receive 7 ½ hours of training at the beginning of the school year. She emphasized the fact that if the program were to be successfully implemented statewide, that schools would have to communicate with outside organizations that teach the program in order to prevent redundancy.

Dr. Christy Visser asked if Brandywine administered pretests and posttests. Ms. Fitzgerald said they did. Dr. Visser mentioned that there were issues with the posttest because they are written at a higher reading level than what some children can understand.

Senator Townsend asked if the information was confidential and questioned how reliable the self-reported data was. Dr. Visser said her staff at UD administered the survey and that all information was in fact confidential.

Senator Richardson noted that Botvin was a recommended program by the Department of Justice.

Senator Townsend referenced the numbers in the handout and was surprised usage stats were as low as they were.

Dr. Visher pointed out that overdoses are happening at all ages, including to people in their 40s and 50s.

Dr. Mandell Much said they had conducted a similar survey and found that alcohol and marijuana use was low, but found that other drug use was high. He noted that some students who were users may not have been present when the survey was conducted.

Dr. Visher said UD does survey alternative schools, but high school dropouts were not included in their survey.

Senator Richardson stated that information received in school should translate once kids are out.

Senator Townsend asked if Botvin is updated regularly, how it bridges age ranges, and who tracks the success.

Dr. Visher says the National Institute of Health (NIH) is doing a new study of Botvin in order to update the research.

Dr. Mandell Much said the program may have to be modified to accommodate special education students. Ms. Fitzgerald agreed.

MJ Scales discussed the surveys administered to students, and noted that they do ask about drugs other than marijuana, as well as frequency of use, etc.

Representative Briggs King asked if there was training available for special education. Ms. Fitzgerald said there was.

Christine Alois said she will compile a list of regular training teachers are currently required to undertake.

Senator Richardson read a portion from the packet handed out by Rep. Briggs King and noted the effectiveness of the Botvin program.

Christine Alois, referring to earlier statements, noted she was not advocating for further training requirements for teachers, but thought that it was worth investigating as part of what is already required.

Rep. Briggs King mentioned that state health standards have not been updated since 2007.

Ms. Fitzgerald said Botvin is reaching approximately 250-300 students in the Brandywine middle schools. She said teachers and counselors are passionate about the drug abuse subject and she's been impressed with the professional development that is available.

Senator Townsend asked for public comments.

Matt MacCoy (public) commended the task force for considering the issue of youth drug prevention. He said he wished to hear more testimonies from individuals like Ms. Evans, whom Chris Couch referenced in his presentation.

Senator Townsend, seeing no more requests from the public, asked if the task force should further discuss the in-school versus out-of-school structure.

Chris Basher said yes, coordination needed to be fleshed out.

Senator Richardson asked if research could be done into other states' coordination between in- and out-of-school programs.

Ms. Fitzgerald noted that peer mentors, such as those with the Boys and Girls Club of Delaware and other out-of-school programs, could be used in the classroom. Chris Basher agreed.

Senator Townsend asked if the curriculum was the same, to which Ms. Fitzgerald said it was.

Shelly Lazorchak indicated that she will present at the next meeting.

Rep. Briggs King noted the focus thus far was on Botvin, but asked if other programs and curricula should be considered. Senator Townsend felt there was still enough time to research additional material and programs.

Senator Richardson praised Dr. Visher and her team, noting their report was excellent.

Senator Townsend listed the next meeting's agenda which includes a 30 minute presentation by DHSS, DOE, and DSYCF regarding state agency coordination, discussion of in-school versus after-school programming, potential changes to regulations and a Botvin presentation by Lindsay Hughes, if possible.

The meeting was adjourned at 1:10pm.

Boys and Girls Club – Rx Poster Contest 2018

Summer course

Topics	Excellent	Very Good	Satisfactory	Does not address this topic
Points Awarded	20 points	15 points	10 points	0 points
Risks and consequences associated with the nonmedical misuse of prescription drugs	Provides several examples of the physical risks and social consequences associated with misusing prescriptions drugs (physical consequences: risk of overdose, addiction, dangerous drug combinations, drugged driving; and other consequences: falling behind academically, losing friends, not being able to play sports as well, etc.)	Only discusses the social consequences, but does not address the physical consequences, such as addiction and the potential for overdose, or only mentions one or two consequences.	Generic statements that are not informative (e.g., "Popping Pills is for Losers" or "Want to Live to See 20?—Don't take pills!")	Does not address this topic
Drug refusal skills	Gives more than one example of what a teen can do if offered prescription drugs. These examples are drawn from the LST curriculum.	Gives one example that is drawn from the LST curriculum.	Generic statements that are not informative ("Just say no!" or "Be like the cool kids, and walk away from drugs!")	Does not address this topic
Ways to prevent Rx misuse in your community	Offers more than one example they learned during the summer (e.g., proper storage and disposal systems in the house and community, going to a doctor instead	Offers only one example of a prevention strategy that they learned over the course of the summer.	Generic statements that are not informative ("Tell your friends not to use unless they want to lose!")	Does not address this topic

	of trying to self-medicate, etc.)			
Where to go for help	Includes examples of trusted adults they can go to for help (parents, school nurses, their doctors, teachers, religious leaders). Also provides the link to the Help is Here website.	Provides only one or two options to get help.	Generic statements that are not informative ("Tell an adult!")	Does not address this topic

Additional Points Awarded:

Creativity (up to 10 points): _____

Design (up to 10 points): _____

TOTAL (up to 100 points): _____

Choosing Evidence-Based Programs for Youth Substance Abuse Prevention

Principles

- 1) **Theory-based:** social learning, communication, decision-making, and resistance skill building
- 2) **Evidence of success:** peer reviewed evaluations and/or panel of experts; multi-year outcomes
- 3) **Program Delivery:** fidelity and consistency

Delaware Context

- 1) Wide variety of programs implemented
- 2) Mix of school and community-based programming; including some that are not evidence-based
- 3) Need for Cultural Competence
- 4) Literacy Rates

Federal Commission Recommendations

- Good Behavior Game
- Life Skills Training (Botvin)
- Strengthening Families
- Project Towards No Drug Abuse

U. S. Dept of Justice Recommendations

- Big Brothers/Big Sisters
- Keepin' it REAL
- Life Skills Training (Botvin)
- Midwestern Prevention Project

Others

- Guiding Good Choices (Family)
- Blues Program (depression)
- Nurse Family Partnership (at-risk women)
- Communities that Care (community)

Not Effective/Poor Outcomes

- Project Alert
- D.A.R.E. (1983-2009)

DE Data on 5th, 8th, & 11th graders substance use (alcohol and marijuana)

- Reported past month alcohol use among 8th and 11th graders has been trending downward since the late 1980's. Currently about 8% of 8th graders (high of 33%) and 28% (high of 50%) 11th graders report past month use. [1% or less for 5th graders]
 - Reported past month marijuana use among 8th and 11th graders shows flatter pattern since the late 1980's. Currently about 7% (high of 19%) of 8th graders and 23% (high of 28%) of 11th graders report past month use. [0% for 5th graders]
-

	<u>EBP/Found on National Registry</u>	<u>Elem</u>	<u>MS</u>	<u>HS</u>	<u>State</u>	<u>Notes</u>
Positive Action	Yes	0-18yo	0-18yo	0-18yo	PA	The Positive Action (PA) program is designed to improve youth academics, behavior, and character. PA uses an audience-centered, curriculum-based approach to increase positive behaviors and decrease negative ones.
	Yes	Yes	Yes	Yes	NJ	Keep a Clear Mind (KACM) is a take-home, alcohol and drug education and prevention program for fourth- through sixth-grade students and their parents. KACM was developed in 1988 and is based on a social-skills training model. KACM is designed to help children develop specific skills to refuse and avoid use of "gateway" drugs such as alcohol, tobacco, and marijuana. The take-home format is intended to extend these concepts to the home and incorporate parental involvement.
Keep a Clear Mind						
	Yes	3rd - 6th	6th - 8th	9th & 10th	PA, NJ	LifeSkills Training (LST) is a classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. LST contains 30 sessions to be taught over three years (15, 10, and 5 sessions), and additional violence prevention lessons also are available each year (3, 2, and 2 sessions). Three major program components teach students: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice.
Botvin Life Skills Training						
	Yes	4-14yo	4-14yo	through 9th GR	NJ	Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. The program builds on cognitive behavioral intervention models integrated with social learning theory, empathy research, and social information-processing theories. The program consists of in-school curricula, parent training, and skill development. Second Step teaches children to identify and understand their own and others' emotions, reduce impulsiveness and choose positive goals, and manage their emotional reactions and decisionmaking process when emotionally aroused. The curriculum is divided into two age groups: preschool through 5th grade (with 20 to 25 lessons per year) and 6th through 9th grade (with 15 lessons in year 1 and 8 lessons in the following 2 years). Each curriculum contains five teaching kits that build sequentially and cover empathy, impulse control, and anger management in developmentally and age-appropriate ways.
Second Step						
Project Towards No Drug Abuse	Yes			14-19yo	PA	Project Towards No Drug Abuse (Project TND) is an interactive program designed to help high school youths (ages 14-19) resist substance use. Project Towards No Tobacco Use also available

	<u>EBP/Found on National Registry</u>	<u>Elem</u>	<u>MS</u>	<u>HS</u>	<u>State</u>	<u>Notes</u>
Promoting Alternative Thinking Strategies (PATHS)	Yes	3-12yo	3-12yo		PA	The Promoting Alternative Thinking Strategies (PATHS®) curriculum is a program that promotes emotional and social competencies and reduces aggression and behavior problems in elementary school-aged children, while simultaneously enhancing the educational process in the classroom.
The Incredible Years	Yes	4-8yo			PA	The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations.
Too Good for Drugs	Yes	Yes	Yes		PA, NJ	Too Good for Drugs (TGFD) for elementary school students is a school-based drug prevention program designed to reduce students' intention to use alcohol, tobacco, and illegal drugs, while promoting prosocial attitudes, skills, and behaviors. The program seeks to build the self-confidence of students so they are better able to make healthy choices and achieve success. Although there are different objectives across grade levels, promoting positive, prosocial attitudes, and fostering healthy relationships is a running theme throughout the program's curriculum. Overall, TGFD seeks to develop positive peer norms; appropriate attitudes toward alcohol, tobacco, and illegal drug use; personal and interpersonal skills relating to alcohol, tobacco, and illegal drug use; knowledge of the negative consequences of alcohol, tobacco, and illegal drug use; and finally the knowledge of the benefits of living a drug-free lifestyle. MS and Violence Options
Footprints for Life	Yes	6-12yo			NJ	Footprints for Life is a universal intervention that is designed to help 2nd- and 3rd-grade students build a strong foundation of life skills rooted in key social competencies. The curriculum-based program focuses on planning and decisionmaking, cultural competence, and interpersonal skills, such as handling peer pressure (e.g., refusal skills) and resolving conflicts peacefully.

	<u>EBP/Found on National Registry</u>	<u>Elem</u>	<u>MS</u>	<u>HS</u>	<u>State</u>	<u>Notes</u>
Good Behavior Game	Yes	Yes			NJ	The Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior.
I Can Problem Solve	Yes	4-12yo			NJ	I Can Problem Solve (ICPS) is a school-based prevention program that trains children in generating a variety of solutions to problems, considering and understanding the possible consequences of those solutions, and recognizing thoughts, feelings, and motives that can lead to problem situations. ICPS is designed for young children, typically around the ages of 4 to 12, who are of lower and middle socioeconomic status, live in principally urban and rural settings, from multiple ethnic groups, and may be at risk for behavioral dysfunctions and interpersonal maladjustment. The program was created to encourage critical thinking, cognitive processing, and problem solving in young children, based on the principle of teaching "how to think" rather than "what to think."
Al's Pals	Yes	3-8yo			NJ	Al's Pals: Kids Making Healthy Choices is an early childhood curriculum designed to increase the protective factor of social and emotional competence in young children and to decrease the risk factor of early and persistent aggression or antisocial behavior. The resiliency-based curriculum is designed to provide real-life situations that introduce children to health-promoting concepts and build prosocial skills, such as understanding feelings, accepting differences, caring about others, using self-control, and managing anger.
Keepin' it REAL	Yes		Yes	Yes	NJ	New DARE: The keepin' it REAL program is a video-enhanced intervention that uses a culturally grounded resiliency model to incorporate traditional ethnic values and practices that protect against drug use. The goal is to teach students how to resist substance use through practical, easy-to-remember and -use strategies that are embodied in the acronym REAL (Refuse, Explain, Avoid, Leave)

3d.

We used responses from Teen Peer Mentors to assess the impact of the program based on their testimonials the teens expressed that participating in the program helped them with:

- Increase of knowledge on drugs, tobacco, alcohol and opioids/prescription drugs
- Develop life skills such as: Social Communication skills, Leadership skills, Public Speaking, Time Management and Social skills.
- How to engage younger youth, interact with them, and teaching them

Examples:

Shenea Brown: My experience with the Botvin program has been amazing. When I first started I did not know much about prescription drugs and it was pretty challenging. As the program went on I was not only educating the kids on this topic I was educating myself. I have learned a lot about prescription drugs and how they are abused. The best part is being able to teach the kids and have them tell us what they learned.

Anazha Baskerville: My experience with the Botvin program has been great so far. I have learned a lot about the different types of prescription drugs and have been able to educate the kids on this topic as well. This has given me experience on helping younger kids and how to interact with them. The activity I enjoyed the most was the guest speaker that came to tell his story. I am looking forward to doing more activities with the kids the last couple of weeks and being able to share this information within my community.

Tamara Evans: " the Club provided me my first job as a Botvin Lifeskills Mentor for 10-12 year olds, I was hesitant at first because I didn't know how to work with kids and I was afraid that they wouldn't like me. I took the job and it became the best impact on my life. The job helped me learn how to amend my social skills and become more empathetic. I found my passion was not only helping my community, but also education youth.

Tyanna Tribbett: "My club experience has provided me the opportunity to be a Botvin Lifeskill Peer Educator, which gave me an opportunity to educate youth on the importance of school as well as saying no to drugs and alcohol. This was my first opportunity at public speaking and allowed me to see that I have a voice that others will listen to".

Alisha Bisson: "Interactions, Experiences and Learned behavior from the perspective of our teen mentors. While teaching this program I have learned a lot about not only the topic of prescription drugs, I also learned how to properly teach and interact with the children. As I was working with the kids I did experience some difficulty with keeping them engaged, but this helped me learn how to properly calm the kids while in this situation. I'm glad that I was one of the few who got to have this experience and I will now be able to use this knowledge-in-the-future".

Eric Evans: "I feel like it was a fun learning experience, something that not a lot of people get to do, I learned some things on leadership and time management, and how to interact with children younger than I am."

4.

SCR 69 Delaware Youth Drug Prevention Curriculum Task Force

Thursday, November 1, 2018

11:00 am

Senate Hearing Room, 2nd Floor

Legislative Hall, Dover

Meeting Attendance

Task Force Members:

Present:

Representative Ruth Briggs King
Senator Bryant Richardson
Christy Visher
Jason Hale
Shelly Lazorchak
Christine Alois
Dana Carr
Mark Holodick
Mandell Much
Jenna Ahner

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Dana.Carr@state.de.us
Mark.Holodick@bsd.k12.de.us
mmuch@comcast.net
jenna.ahner@sbe.k12.de.us

Absent:

Senator Bryan Townsend
Krishna White
Representative Sean Matthews
Chris Basher

Bryan.Townsend@state.de.us
Krishna.white@nemours.com
Sean.Matthews@state.de.us
cbasher@bgclubs.org

Staff:

Caitlin Del Collo
Matt Revel

Caitlin.DelCollo@state.de.us
Matthew.Revel@state.de.us

Attendees:

Chris Couch
M.J. Scales
Matt MacCoy
Jenn Jankowski
John Marinucci
Doug Crouse
Amy Melendrez
Erin Goldner
Joe Bryant
Tyrah Christianson
Dahana Stemrich

Organization:

Western Sussex Boys & Girls Club
University of Delaware
Western Sussex Boys & Girls Club
Rep. Sean Matthews
Delaware School Boards Association
4H
Public
Hope Street DE
Governor's Office
Mr. Spiegelman's class
Mr. Spiegelman's class

The meeting was brought to order at 11:06am.

Introductions and welcoming remarks were made by Representative King.

Jenna Ahner noted she was listed twice on the previous meeting's minutes. Correction will be made.

Jason Hale made a motion to approve the minutes as corrected, with Shelly Lazorchak offering a second. The minutes were approved unanimously.

Lindsay Hughes from the University of Delaware gave a presentation of the Botvin Program. After the Power Point, she showed a video on Well Connected Communities which highlighted efforts in the Seaford High School. The video was distributed to the task force members after the meeting.

Dr. Mandell Much noted that retention rates for Botvin sessions are higher for school based programs than after school based programs.

Caitlin Del Collo asked if there was any anecdotal evidence from parents about stopping drug use after they and their children experienced the program.

Lindsay Hughes responded that there had not been much feedback from parents, but children had shown concern regarding their parents' drug use.

Rep. King asked if there had been any feedback on the effectiveness of train the trainers.

Lindsay Hughes says they do not have the personnel to go back and receive that information. She does some follow up herself.

Dr. Much noted that follow up can be difficult as some students move.

Jenna Ahner asked Ms. Hughes why they used Botvin over any other program?

Lindsay Hughes said University of Delaware was already using Botvin and that 4H has been teaching it for years.

Member of the public, Doug Crouse, mentioned 4H has been using Botvin nationwide and recommended it to the University of Delaware after partnering with them.

Member of the public, Matt MacCoy, asked how often is Train the Trainer offered?

Lindsay Hughes answered there is not set amount of training sessions, it depends on demand and availability of instructors.

Doug Crouse mentioned that 4H is the largest youth organization in the world. They focus on fitness activities, citizenship, and STEM.

Rep. King introduced the Department of Education and Department of Health and Social Services to discuss their on-going conversations.

Dr. Mandall Much said an agency he works with contracted a similar program to that of Botvin. He said the retention rates among the 85 children who participated were very good. He will provide the data for the rest of the task force members.

Shelly Lazorchak mentioned other programs out there such as Prime for Life, Lions Quest, and Ripple Effect.

Caitlin Del Collo asked if there are grant funds to do follow up studies.

Dana Carr responded that there may be some grants out there, but there are a number of factors that complicate matters.

Dr. Much noted that roughly 15 to 20 years ago, there were contracted employees with school districts who specialized in addiction counseling. He believes it is an excellent idea and should be brought up for consideration.

Rep. King asked if the counselors had to pass the PRAXIS exam. Dr. Much was not aware of such a requirement. Rep. King agreed the number of drug addiction counselors in schools should be increased.

Rep. King then asked Christine Alois to give the task force a list of recommended programs to put in the final report.

Christine Alois said the goal is to collaborate with all stakeholders and formulate one plan.

Senator Richardson noted he's been thinking about the funding aspect of this curriculum, but also he's being researching other plans such as Prime for Life. He asked two questions for general consideration: What is being spent now and what potential savings are there?

The meeting then shifted to in school vs. after school programs and coordination.

Caitlin Del Collo said Senator Townsend was interested to learn more about coordination between the Boys and Girls Club and other after school programs with schools.

Chris Couch said there will be some redundancy, but this may be beneficial as some students may miss a lesson either in or after school. Additionally, the redundancy may reinforce certain aspects that pertain to some students.

Dr. Much echoed this sentiment.

Rep. King asked if Prime for Life was similar to DARE.

M.J. Scales said no, and that Prime for Life was very expensive (It costs \$895 to be trained).

Jenna Ahner asked if there was an evaluation available of the different programs, particularly one focusing on the outcomes.

M.J. Scales responded that studies are difficult to conduct as there are a number of different components that hinder accuracy. Some students may be exposed to multiple prevention programs, different home environments, etc.

Dr. Much said in order for a study to be as accurate as possible, there would have to be a control group. This would be an ethical hurdle due to the nature of this topic.

Rep. King asked if the task force should explore changes to current regulations and what are “we” doing now that needs to be changed?

Matt MacCoy (Public) stressed looking into Purchase of Care.

Another member of the public suggested that if there’s coordination between in school and after school programs, then transportation should be provided for students who otherwise would not be able to attend outside sessions.

Caitlin Del Collo asked if there were any pressing agenda items for the next meeting such as Purchase of Care.

Rep. King said that should be discussed and that she would go back through her notes and pick other topics.

Senator Richardson offered clarification, that the purpose of the task force was not to sell anyone on the Botvin program, but that it appears to be the best out there. He stressed the importance of funding and that this should be discussed sooner rather than later.

Caitlin Del Collo asked Christine Alois for a debrief with the stakeholders she was meeting with after the task force meeting. Expect an update on 11/15.

Ms. Del Collo announced the next meeting would be in the House Meeting Room on November 15th at 11:00am.

The meeting was adjourned at 12:46 pm.

4a.

Botvin LifeSkills Program

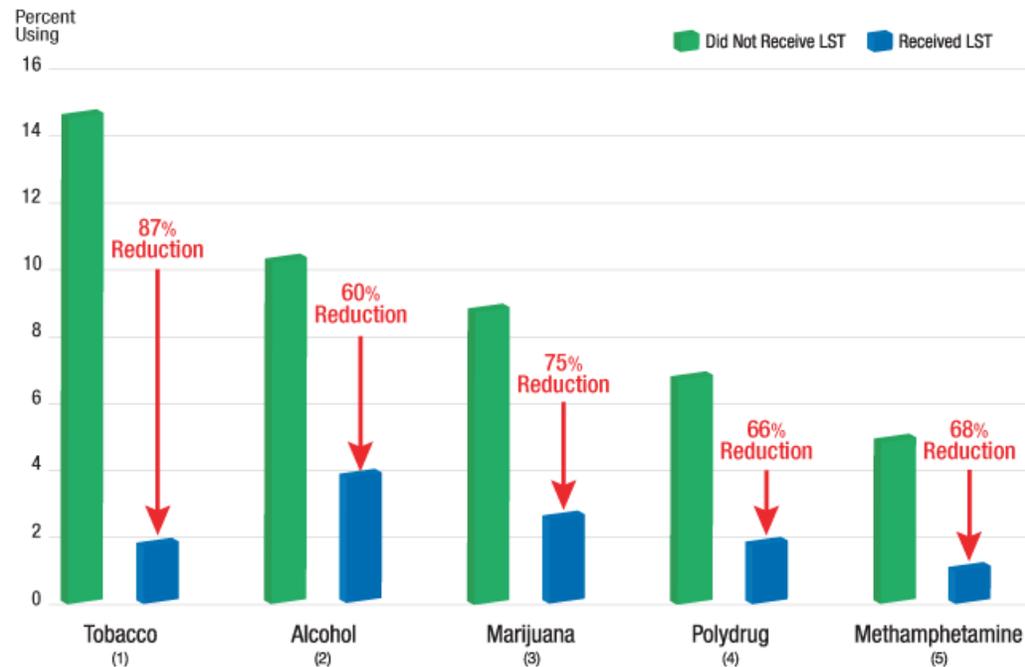
Presented by: Lindsay Hughes
University of Delaware
Cooperative Extension
November 1, 2018

What is the Botvin LifeSkills Program?

- ▶ Developed by Dr. Gilbert Botvin, a leading prevention expert
- ▶ Research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, opioid misuse, and violence by targeting the major social and psychological factors.
- ▶ Comprehensive prevention program that provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.
- ▶ Botvin LifeSkills promotes healthy alternatives to risky behaviors through activities designed to:
 - ▶ Teach students the necessary skills to resist peer pressure to smoke, drink, and use drugs
 - ▶ Help students to develop greater self-esteem and self-confidence
 - ▶ Enable students to effectively cope with anxiety
 - ▶ Increase their knowledge of the immediate consequences of substance abuse

Effectiveness of the Botvin LifeSkills Program

- ▶ Effectiveness:
 - ▶ Reduces Tobacco use by 87%
 - ▶ Reduces Alcohol use by 60%
 - ▶ Reduces Marijuana use by 75%
 - ▶ Reduces Polydrug use by 66%
 - ▶ Reduces Methamphetamine use by 68%

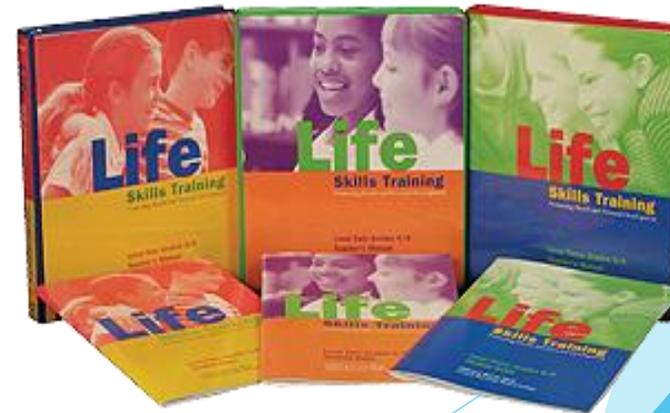


Curriculums Offered

- ▶ Elementary
- ▶ Middle School
- ▶ High School
- ▶ Parent Program

Elementary Curriculum

- ▶ 8 Elementary lessons that are about 30-45 minutes long
- ▶ 3rd-6th grades
- ▶ Topics covered are:
 - ▶ Self-esteem
 - ▶ Decision Making
 - ▶ Smoking Information
 - ▶ Advertising
 - ▶ Dealing with Stress
 - ▶ Communication
 - ▶ Social Skills
 - ▶ Assertiveness



Elementary Level 1 Curriculum Cost

ELEMENTARY SCHOOL LEVEL 1

Student Guide 10 pack \$50

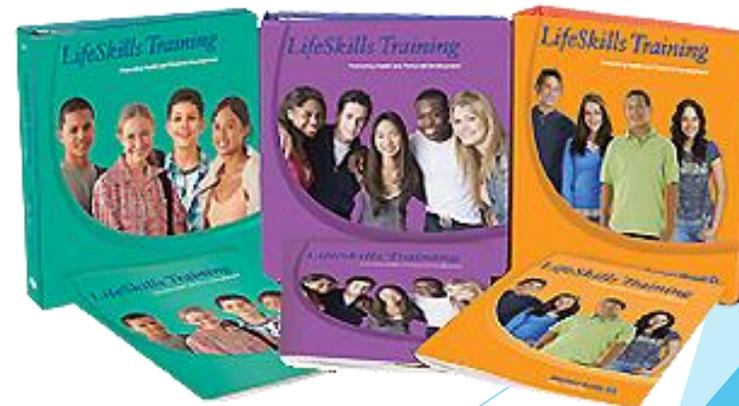
Teacher's Manual \$85

Training Set
(1 Teacher's Manual & 1 Student Guide) \$95

Curriculum Set
(1 Teacher's Manual, 30 Student Guides) \$235

Middle School Curriculum

- ▶ 15 middle school lessons that are about 45 minutes to 1 hour
- ▶ 6th-9th grades
- ▶ Topics covered are:
 - ▶ Self-Image and Self-Improvement
 - ▶ Making Decisions
 - ▶ Smoking: Myths and Realities
 - ▶ Smoking and Biofeedback
 - ▶ Alcohol: Myths and Realities
 - ▶ Marijuana: Myths and Realities
 - ▶ Advertising
 - ▶ Violence and the Media
 - ▶ Coping with Anxiety
 - ▶ Coping with Anger
 - ▶ Communication Skills
 - ▶ Social Skills (A) and (B)
 - ▶ Assertiveness
 - ▶ Resolving Conflicts



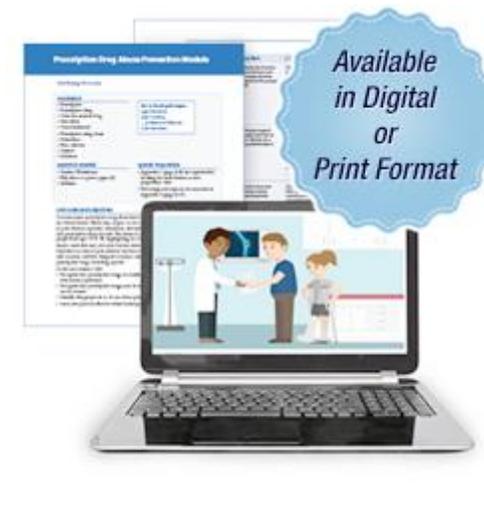
Middle School Level 1 Curriculum Cost

MIDDLE SCHOOL LEVEL 1

Student Guide 10 pack	\$60
Teacher's Manual	\$85
Training Set (1 teacher's manual & 1 student guide, 1 Stress Management Techniques CD & 1 Smoking & Biofeedback DVD)	\$125
Curriculum Set (1 teacher's manual, 30 student guides & 1 Stress Management Techniques CD & 1 Smoking & Biofeedback DVD)	\$295

Prescription Drug Abuse

- ▶ 6th-9th grades
- ▶ 50 minutes long
- ▶ Integrated into the middle school lessons or used as a stand-alone component
- ▶ Intended to be implemented after the Middle School Assertiveness Lesson
- ▶ Print Module or Digital Module
- ▶ Topics covered in the lesson:
 - ▶ What are Prescription Drugs?
 - ▶ Commonly Abused Prescription Drugs
 - ▶ Myths and Realities of Prescription Drugs
 - ▶ Resist Pressure to Abuse Prescription Drugs
 - ▶ Refusal Skills



Prescription Drug Abuse Curriculum Cost

- ▶ **LST Prescription Drug Abuse Prevention Module Digital**
 - ▶ Cost is per teacher with Unlimited Student Access
 - ▶ 20 - 25 minutes of digital content plus 20 - 25 minutes of offline activities \$200.00

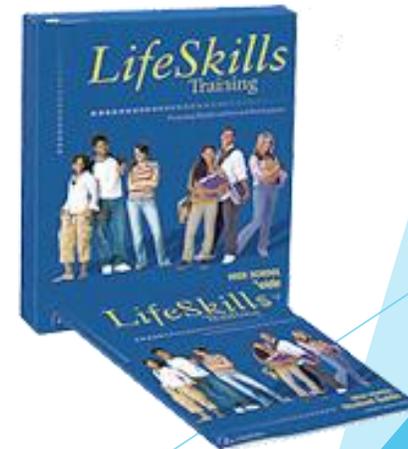
- ▶ **LST Prescription Drug Abuse Prevention Module Print**
 - ▶ Cost is per teacher and includes Teacher's Manual insert
 - ▶ plus worksheets for 100 students \$200.00

- ▶ **LST Prescription Drug Abuse Prevention Module Student Worksheets**
 - ▶ Additional packs of 100 \$39.99

High School Curriculum

- ▶ 7 High School lessons that are about 45 minutes long
- ▶ 9th and 10th grades

- ▶ Topics covered are:
 - ▶ The Value of Good Health
 - ▶ Decision-Making for Health
 - ▶ Risk-Taking and Substance Abuse
 - ▶ The Media and Health
 - ▶ Managing Stress, Anger, and Other Emotions
 - ▶ Family Communication
 - ▶ Healthy Relationships



High School Curriculum Cost

Student Guide 10 pack	\$60
Teacher's Manual	\$85
Training Set (1 Teacher's Manual & 1 Student Guide)	\$95
Curriculum Set (1 Teacher's Manual, 30 Student Guides)	\$265

Parent Curriculum

- ▶ Designed for parents of students in 6th-9th grades
- ▶ Can be taught as a parenting workshop or individual use at home
- ▶ Topics covered:
 - ▶ The LifeSkills Training Parent Program Orientation
 - ▶ Family Communication
 - ▶ Parental Monitoring
 - ▶ Being a Good Role Model
 - ▶ Use of Appropriate and Consistent Discipline
 - ▶ Effects and Warning Signs of Substance Use
 - ▶ Taking a Clear Stand on Drugs

Parent Curriculum Cost



▶ Parent Program (1 Parent Guide & 1 DVD)	\$59.95
▶ Parent Program 5-Pack	\$299.00
▶ Parent Program 10-Pack	\$540.00
▶ Workshop Set: (1 Leaders Guide, 1 DVD & 20 Workshop Guides)	\$395.00
▶ Parent Program Training Set: (1 Parent Program Leader's Guide, 1 Parent DVD and 1 Parent Guide)	\$192.00
▶ Leader's Guide	\$175.00
▶ Workshop Guide 10-Pack	\$120.00
▶ Workshop Guide 20-Pack	\$220.00

Train the Trainer Process

Training of Trainers Workshops (TOT)

- ▶ TOT Workshop fee \$1070 includes:
 - ▶ 2 day TOT training workshop
 - ▶ Participant's Manual (Printed PowerPoint presentations)
 - ▶ TOT inserts
 - ▶ Adult Learning-12 Principals Cards
 - ▶ Princeton Health Press Catalog
 - ▶ Certification to use NHPHA's Training Model for Workshops & Technical Assistance for your site
 - ▶ Access to the TOT Resource Center electronic versions of presentations, documents, and helpful resources
- ▶ Requirements for becoming a Trainer of Trainers (TOT):
 - ▶ Completion of a LifeSkills Provider Training Workshop
 - ▶ Implementation of a least one level of the LST Program for a full cycle

University of Delaware/4-H Program

- ▶ We have been teaching the program for over 15 years through grant funded programs.
- ▶ We have reached over 5,000 youth
- ▶ We teach the program in schools, afterschool's, and community based programs.
- ▶ At the end of the grant cycle all of the pretest/posttest for Delaware 4-H are sent off to be evaluated by National Health Promotion Associates (NHPA)
- ▶ The evaluation is broken down into different categories including knowledge and attitudes on:

*Anti-Smoking

*Anti-Drug Use

*Life Skills

*Relaxation

*Social Skills

*Advertising

*Communication

*Pro-Smoking Attitudes

*Pro Drinking Attitudes

*Drug Refusal Skills

University of Delaware/4-H Results

- ▶ Results found through the evaluations:
 - ▶ 96% of students said they would say “no” when someone tries to get you to smoke a cigarette, cocaine, or other drugs
 - ▶ 93% of students said they would say “no” when someone tries to get you to drink beer, wine or liquor
 - ▶ 93% of students said that they would say “no” when someone tries to get you to smoke marijuana
 - ▶ 90% of students said they would say “no” when someone tries to get you to sniff glue, paint, gas, or other things to get high
 - ▶ 91% of students indicated they learned there is something they can do besides go along with peer pressure

Any Questions ??

4b.

Related Initiatives and Opportunities that Align with SCR 69

Department of Health and Social Services (DHSS)

Division of Substance Abuse and Mental Health (DSAMH) and Public Health (DPH)

Department of Children, Youth, and their Families, Division of Prevention and Behavioral Health

Services (DPBHS)

Department of Education

Interagency Collaboration

Goal: Agencies will collaborate supporting districts to develop and implement an aligned and coordinated school health infrastructure to increase harmonization of behavioral and physical health policies, programs, and practices to improve learning environments to complement academic interventions and support Delaware's youth in schools.

Alignment: This infrastructure complements the Delaware Department of Education's state education plan pursuant to *Every Student Succeeds Act (ESSA)*. Focus on and support of the needs of the Whole Child helps districts and schools identify specific needs and target interventions to:

- Build upon Delaware's *Multi-Tiered Systems of Supports (MTSS)* by integrating behavioral and physical health into needs assessments, action planning, professional development, and creating professional learning communities
 - Parallel to Delaware's Academic MTSS
- Keep children in school and ready to learn by reducing rates of *chronic absenteeism*
 - Identifying and addressing the leading causes of chronic absenteeism, such as asthma, dental caries, school climate, and behavioral health issues
- Address *trauma and behavioral health* concerns of students in schools
- Reduce *classroom disruption* by providing strategies for teachers
- Support teachers and school staff through professional learning opportunities including:
 - Needs assessments
 - Action planning
 - Professional development and training
 - Coaching

Enhance *school-community partnerships* through referral protocols and better communication

Support of Evidence-Based Health Education Curriculum

DSAMH and its partners in the Division of Public Health (DPH), along with the Department of Children, Youth, and their Families, Division of Prevention and Behavioral Health Services (DPBHS), include implementation of Botvin and other evidence-based health education curriculum as part of strategic goals and funded programmatic efforts. Described in more detail below, these include:

- DHSS' Substance Use Disorder Strategy
- Funding through:
 - State Opioid Response Grant

DPH to continue implementation for three years and to work with DPH to evaluate the effectiveness of the curriculum. One district is pending. These districts and schools include:

- Brandywine School District (PS DuPont, Talley, and Springer Middle Schools)
- Christina District (Bayard, Gauger, Kirk Middle Schools)
- Colonial District (Gunning Bedford, George Read Middle Schools)
- Woodbridge District (Woodbridge Middle School)
- *Cape Henlopen District (PENDING) (Beacon and Mariner Middle Schools)*

DPH also piloted Botvin in eight middle schools during 2017-2018. Other than Red Clay which is not continuing implementation of Botvin, DPH does not have a final analysis districts that will continue Botvin:

- Red Clay School District: Brandywine Springs Middle School (will not continue)
- Capital School District: William Henry and Central middle schools
- Seaford School District: Seaford Middle School
- Indian River School District: Selbyville, Millsboro, and Georgetown middle schools and the Delaware School of the Arts

SCR 69 Delaware Youth Drug Prevention Curriculum Task Force

Thursday, November 15, 2018

11:00 am

House Meeting Room, 2nd Floor

Legislative Hall, Dover

Meeting Attendance

Task Force Members:

Present:

Senator Bryan Townsend
Senator Bryant Richardson
Chris Basher
Shelly Lazorchak
Dana Carr
Jenna Ahner

Email:

Bryan.Townsend@state.de.us
Bryant.Richardson@state.de.us
cbasher@bgclubs.org
Rochelle.Lazorchak@state.de.us
Dana.Carr@state.de.us
jenna.ahner@sbe.k12.de.us

Absent:

Krishna White
Representative Sean Matthews
Representative Ruth Briggs King
Christine Alois
Mark Holodick
Mandell Much
Jason Hale
Christy Visher

Krishna.white@nemours.com
Sean.Matthews@state.de.us
Ruth.BriggsKing@state.de.us
Christine.Alois@doe.k12.de.us
Mark.Holodick@bsd.k12.de.us
mmuch@comcast.net
Jason.hale@bsd.k12.de.us
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Staff:

Caitlin Del Collo
Matt Revel

Caitlin.DelCollo@state.de.us
Matthew.Revel@state.de.us

Attendees:

M.J. Scales
Matt MacCoy

Organization:

University of Delaware
Western Sussex Boys & Girls Club

NOTE: The weather was very poor in northern Kent County and New Castle County as ice and snow were on the roads.

The meeting was brought to order at 11:20am.

Introductions were made by Senator Townsend who also announced there were not enough members present for a quorum. As such, the minutes of the previous meeting could not be approved and no formal voting could take place.

Dana Carr says they are working with multiple agencies to create a comprehensive policy that would focus on students with special needs, health education, etc.

Caitlin Del Collo, referring to an email, asked Ms. Carr if she would be presenting a report for the task force in December. Ms. Carr said she would, and she also acknowledged that there is currently funding available. (?)

Senator Townsend asked if it would be possible for the Department of Education to present sample regulation changes to the task force.

Jenna Ahner said she would check.

Senator Townsend asked what the members present thought the final report should look like.

Matt MacCoy (Public) recommended the final plan should be an evidence based program with funding in place.

Dana Carr responded, noted current regulations to mandate evidence based programs. She believed the task force's report should its expectations.

Jenna Ahner presented information to the State Board of Education since the last meeting and said they wished for a program that also promoted positive decision making skills.

Senator Townsend said that realistically the task force's plan, if passed by the legislature, may not be implemented in schools until August 2019 at the earliest. He felt the task force should start to zone in on the final recommendation.

Senator Richardson asked if they should look into the Purchase of Care issue. Senator Townsend did not feel there was sufficient enough time to make adequately discuss and make changes.

Chris Basher agreed with Senator Townsend, but noted it is highly important and should be looked into at some point, be it by the legislature or another task force.

Senator Townsend believed the recommendation should include updated regulation language, note the heavy discussion and influence of Botvin, and clarify the term "evidence based."

Senator Richardson agreed. The best program should be identified and "evidence based" should be stressed.

Dana Carr noted that despite the praise, Botvin was not a comprehensive health curriculum.

Senator Townsend offered the possibility of mandating an annual report from DoE, State Board of Education, etc. He then asked what should be updated in the regulations?

Shelly Lazorchalk said they needed to make sure the hours in the regulations and those associated with Botvin matched up. Currently, they do not.

Senator Townsend noted that he was not advocating for schools to prove success if reports are mandated, but schools should follow the timeline required by whatever prevention program is implemented.

Senator Townsend then asked how long was the Train the Trainer program.

Chris Basher said roughly six months.

M.J. Scales suggested the task force should consult with 4H as they administer Train the Trainer.

Senator Townsend said the next meeting would be December 3, 2018 at 1:00pm to 3:00pm. The December 10, 2018 meeting would be 3:00pm to 5:00pm. He said individuals and groups should provide regulation change recommendations prior to Thanksgiving.

The meeting was adjourned at 1:05pm.

DRAFT

SCR 69 Delaware Youth Drug Prevention Curriculum Task Force

Monday, December 3, 2018

1:00 pm

Senate Hearing Room, 2nd Floor

Legislative Hall, Dover

Meeting Attendance

Task Force Members:

Present:

Senator Bryan Townsend
Representative Ruth Briggs King
Senator Bryant Richardson
Chris Basher
Shelly Lazorchak
Dana Carr
Jenna Ahner
Christine Alois
Mark Holodick
Mandell Much
Jason Hale
Christy Visher

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Jason.hale@bsd.k12.de.us
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Absent:

Krishna White
Representative Sean Matthews

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Sean.Matthews@state.de.us

Staff:

Read Scott
Matt Revel

Read.Scott@state.de.us
Matthew.Revel@state.de.us

Attendees:

M.J. Scales
Matt MacCoy
John Marinucci

Organization:

University of Delaware
Western Sussex Boys & Girls Club
Delaware School Board Association

The meeting was brought to order at 1:12pm.

Representative King welcomed everyone.

Matt Revel offered his apologies to a mistake on the minutes and announced he would have them corrected. He will send them to Read Scott for distribution. As such, the minutes for the 11/15 meeting were not moved for approval.

Dr. Christy Visher discussed the handout entitled "Evidence-Based Programs and Practices."

Representative King asked if there are any other recommended programs.

Christy Visher said there were and such programs were included on handouts provided at previous meetings. She recommended the DOE or DHSS created a website listing programs and resources such as one the state of New Jersey has available. Dr. Alois agreed.

Senator Townsend asked what the site should entail?

Christy Visher suggested it have a list of curriculum provided by the task force and eventual legislation.

Christine Alois said the loss of position(s) in the DOE who were qualified in the area of health and physical education was huge.

Representative King asked if this was due to a lack of funding. Dr. Alois said yes.

Senator Townsend asked if school districts would have issues with some sort of registry system on the site.

Mark Holodick said no, but rather there would be support particularly if the list was kept up to date.

Mark Holodick, circling back to the lack of position in the DOE, mentioned that there was at one time a person who districts frequently reached out to with questions regarding various teen health related issues. They do not now.

Senator Townsend was surprised by the lack of overlap of program recommendations by differing agencies.

Christine Alois recommended multiple examples of programs on the final report.

Dana Carr believed CDC language should be included.

Senator Townsend asked what happens if a mandate is not followed under current regulations.

Christine Alois said the lack of proper staffing has allowed things to unfortunately fall through.

Mark Holodick believed state standards should be defined and set.

Senator Townsend asked if the task force thought if a registry system would suffice or should they be more specific.

Senator Richardson appreciated Dr. Visher's presentation and agreed. He praised the idea of a list and recommended the programs be strictly evidence based.

Representative King said the site should also include newer programs and methods that would support the evidence-based recommendations.

Senator Townsend asked if this would be considered an unfunded mandate since there are already guidelines in place.

John Marinucci (DSBA, public) said districts welcome guidance, but the blowback occurs when the Legislature or DOE mandates a specific curriculum and does not provide funding.

Representative King asked what the current investment into drug prevention programs was. Mr. Marinucci was unsure, but Botvin could be roughly \$100 per student.

Senator Townsend agreed that \$100 per student regardless of the program was a fair estimation. He then said it would be unfair to withhold funding from districts who already have prevention curriculum in place.

Mark Holodick, referencing the latest school chiefs meeting, said the chiefs viewed this as a great opportunity to tackle the opioid epidemic.

Representative King said roughly 10 years ago, the state allocated \$1.8 million for a prison reform program. Only 114 inmates completed said program.

Christine Alois said Botvin and other curriculum are yearly consumable costs.

Senator Townsend asked if it was standard for curriculum to be a recurring cost.

Christine Alois said yes, but the upfront cost would be higher than the subsequent years due to one-time factors such as material cost.

Senator Richardson said he would like to see savings projections in the final report.

Senator Townsend was not sure if this was possible due to time and available resources.

Christy Visher said she came across a study which suggested that every \$1 spent, \$45 was saved in terms of drug treatment. She noted that she was not sure how accurate or credible the study was.

Dana Carr wasn't sure if it'd be possible to have accurate projections in general and cautioned the task force when presenting possible correlations.

Senator Richardson mentioned that 25% of Medicaid recipients smoke tobacco. Botvin has had success in preventing smoking.

John Marinucci said the school boards support the path the task force is taking.

Senator Townsend summarized the packet entitled "Suggestions for Items to Include Task Force Final Report." Asked about draft regulations?

Christine Alois said the regulations are up for renewal in 2019.

Senator Townsend asked if any task force members, particularly those representing agencies, had examples of specific language that could be used for updated/new regulations.

Jenna Ahner said the group including representatives from the Department of Education, State School Board, and Department of Health and Social Services felt much of what the task force has discussed is already in existing regulations. Nothing substantive was needed, just clarification on certain lines.

Senator Townsend asked if they should update the number of hours required for drug prevention education.

Christine Alois said the group was hesitant to increase number of hours because it was already difficult to cover everything already required into a school day/year.

Senator Townsend thought there was consensus among the task force members to update the hours because they were disproportionate for younger vs. older students.

Representative King said there is a disconnect with what we see in the real world and what is actually being taught currently.

Christy Visher felt the focus should be on clearly defining “evidence-based” rather than the required number of hours.

Mandall Much noted that giving districts a choice would empower them and encourage participation.

Christy Visher said they should also focus on enforcement.

Dana Carr pointed out that the required number of hours in the Botvin curriculum was less than what is currently mandated in grades K-4.

Mark Holodick said he wasn't sure what the remaining hours should look like, but suggested giving districts flexibility. Referenced the Kick Butts Generation and other groups/programs.

Mandall Much recommended they increase hours for the early age groups because drug and alcohol use starts earlier now than in the past.

Shelly Lazorchak said most programs have a built in evaluation mechanism.

Matt MacCoy (B&G Club, public) stressed the programs should be mandated and enforced rather than simply recommended.

Senator Townsend said he would have a draft report to the task force members by Friday or Saturday. He asked if it should include open ended questions?

Senator Richardson said the report should emphasize the sense of urgency regarding this topic.

Representative King suggested it also include a note that there has not been an employee dedicated to offering curriculum guidance for some time now.

Senator Townsend offered closing remarks. The next meeting is Monday, December 10, 2018 at 3:00pm.

The meeting was adjourned at 3:19pm.

6a.

Evidence-Based Programs and Practices

- There are several standards for what defines an evidence-based or model/promising practice, which is usually based on the focus of the intervention. Examples: Homeless Hub (homeless programming), Office of Juvenile Justice and Delinquency Prevention (delinquency prevention programming), SAMHSA, Center for Substance Abuse Prevention (CSAP), etc.
- For the purpose of prevention education, I would defer to CSAP's standard for determining if a program is evidence-based. In summary: "1) included in a **federal registry** of evidence-based interventions OR 2) positive effects on the primary targeted outcome, and these findings are reported in a **peer-reviewed journal** OR 3) has **documented evidence of effectiveness** [Based on a documented theory of change, AND Similar in content and structure to interventions that fit #1 or #2, AND Supported by documentation showing it has been effectively implemented in the past, multiple times, and in a manner attentive to scientific standards of evidence AND Reviewed and deemed appropriate by a panel of informed prevention experts that includes qualified prevention researchers experienced in evaluating prevention interventions similar to those under review; local prevention professionals; and key community leaders, as appropriate.]
- Finally, as a starting place, I would refer you to the clearinghouse database, provided in an earlier meeting, to see if a proposed program meets the aforementioned standards. <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

6b.

Suggestions for Items to Include Task Force Report

Christy Visher:

Selecting an Evidence-Based Curriculum for Substance Abuse Prevention

- Best fit for target population and intervention
- Based on best practices and sound prevention science
- Based on a theory of change
- Documented evidence of effectiveness
- Included in a national registry or peer-reviewed journal, such as:
<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Implementing a Youth School Based Prevention Curriculum

- Important to recognize that prevention education is just one part of a larger prevention effort (6 CSAP Strategies: Information Dissemination, Prevention Education, Alternative Activities, Environmental Strategies, Community Based Processes, and Problem Identification and Referral)
- Program fidelity as much as possible, with documentation of any necessary adaptations (i.e. culturally responsive adjustments to implementation). This includes ensuring that facilitating staff are thoroughly trained in the model and deliver consistently.
- Full staff training around prevention messaging to promote consistency across points of contact.
- Consideration of short-term (pre/post test) outcomes and long-term evaluation of chosen strategies, including site capacity to conduct testing, provision of resources to manage evaluation, data collection and analysis, and report preparation.

Jenna Ahner:

Potential items for report:

- Context: Background on the committee and their charge, context and data demonstrating the importance of this topic, and information about the current landscape of programming available in the state.
- Overview of National Research: Information provided by UD regarding the national research and how it relates to Delaware. Possible topics include: standards that define evidence-based or promising practices, suggestions for how to define evidence-based programming, and programs recommended by each of the national councils/groups that have looked at this topic. This section may also highlight information that the Committee reviewed on local implementation of Botvin and the 4-5 programs currently administered through DHSS grants.
- Recommendations: List the recommendations with a brief explanation of each. Based on the conversation at the last meeting, recommendations may include: updating regulations and building stronger implementation partnerships and alignment of resources/communications across agencies and organizations (i.e. DOE, SBE, DHSS, Kids).

Rep. Briggs King:

I think our report should state purpose (reason) fact finding (such As lack of coordinated approach with 3 agencies engaged in the issue, lack of DOE standard updates and lack of consistency with data driven curriculum statewide

We should include local control in curriculum but offer technical and monetary assistance as. Recommendation to move toward cohesive program

Our recommendation could include the deficiencies we noted among other things. Such as community engagement and mentoring As well as improved access to professional counselors.

Lindsay Hughes:

Botvin LifeSkills is a comprehensive evidence-based substance abuse and violence prevention program that provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Botvin LifeSkills is backed by over 30 scientific studies and is recognized as a Model of Exemplary program by an array of government agencies including the U.S. Department of Education and the Center of Substance Abuse Prevention. The University of Delaware has taught the Botvin LifeSkills program for over 15 years throughout the state to schools, afterschool programs, and community based programs. The University of Delaware is also using the Train the Train the model to train teachers in school districts throughout the state to teach Botvin LifeSkills to their students.

Chris Basher:

Evidence of the Effectiveness of Botvin LifeSkills Training as a Youth Development Component

- With funding from CJC, Boys & Girls Clubs of DE first used Botvin LifeSkills Training as the core curriculum in a 1999 outreach program offered at the Scope Alternative School in Bridgeville. The program focused on drug and alcohol prevention, bullying prevention, education, career development, and social skills development. In 2001, the program expanded to the Scope Alternative School in Frankford. By 2004, the program was operating in the Laurel, Oak Orchard, Georgetown, and Seaford Boys & Girls Clubs. Botvin LifeSkills proved particularly effective in enabling young people to express themselves by enacting positive alternatives for handling real life situations involving drug and alcohol use, bullying, etc.
- Beginning in 2017, with funding from Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, and administered through Delaware's Department of Health and Social Services, Division of Substance Abuse and Mental Health (DHSS/DSAMH), Botvin LifeSkills Training was implemented in nine Boys & Girls Clubs spanning all three counties. A total of 450 youth have participated to-date. 16 Teen Peer Mentors were trained to help deliver the program to younger Club members. Participants demonstrated increased knowledge about alcohol, tobacco, and drugs, including opioids/prescription drugs. Development in social communication skills, leadership skills, public speaking, and time management also were evident.
- Over the past ten years, pre and post test results showed an average 72% increase in knowledge about substance abuse, peer pressure, and positive decision making by more than 16,000 Boys & Girls Club members participating in drug abuse prevention programs such as Botvin LifeSkills.

Need for Ongoing Support & Reinforcement

Botvin LifeSkills Training as a stand-alone approach in or out of school will not achieve the ultimate goal of the Task Force and others wanting to address the drug epidemic among Delaware youth. While Boys & Girls Club youth development professionals favor Botvin LifeSkills curriculum over a number of other prevention programs, they underscore the vital importance of having daily, ongoing support and reinforcement for the skills and knowledge taught through Botvin. Young people who regularly attend a Boys & Girls Club (or similar guidance-oriented, youth development program) in the after-school hours are far more likely to make positive, constructive choices for their lives, including applying the skills, knowledge, and techniques taught in the Botvin LifeSkills curriculum.

It would be unfair and unrealistic to expect schools, or any other entity, to turn the current situation around by implementing Botvin LifeSkills or any other curriculum. While the best of the best, evidence-based curriculum is critically important, its true impact will be minimized without adequate support and reinforcement, especially in the afterschool hours. Enough studies have shown that the most dangerous time for kids and teens is between 3 p.m. and 7 p.m. on school days. 11.3 million kids in America (1 of every 5), leave school every day with no place to go. They especially are at risk of being unsupervised, unguided, and unsafe, as well as having whatever positive, constructive things they've learned in school undone. The approach most likely to succeed will include implementation of Botvin LifeSkills Training in and/or out of school as part of a mutually-supportive and coordinated effort between schools and guidance-oriented, youth-development organizations equipped to provide consistent support and reinforcement in the after school hours.

Related Funding Considerations

In Delaware, one significant factor contributing to the large number of youth with no place to go after school is the Purchase of Care (POC) cut-off age of 12. As cost-effective as many community-based organizations (CBO) are, additional resources are needed in order to provide effective youth development services to youth 13 and older. Many working parents, especially of 13, 14, and 15-year-olds, want safe, professional youth development services for their teens in the afterschool hours, but cannot afford the fees that CBOs would need to charge. It is recommended that serious consideration be given to expanding POC to subsidize the supervision and care of youth 13 to 15 years of age. Given current POC eligibility requirements, a number of families still would not be able to access such care, but a significant number would. It would be an important and effective first step.

SCR 69 Delaware Youth Drug Prevention Curriculum Task Force

Monday, December 10, 2018

3:00 pm

Senate Hearing Room, 2nd Floor

Legislative Hall, Dover

Meeting Attendance

Task Force Members:

Present:

Senator Bryan Townsend
Representative Ruth Briggs King
Senator Bryant Richardson
Chris Basher
Shelly Lazorchak
Dana Carr
Jenna Ahner
Christine Alois
Dr. Mandell Much
Christy Visher

Email:

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Absent:

Krishna White
Representative Sean Matthews
Mark Holodick
Jason Hale

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Staff:

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Attendees:

Matt MacCoy
John Marinucci
Elizabeth Romero
Erin Goldner
Matthew Morris
Sarah Robinson

Organization:

Western Sussex Boys & Girls Club
Delaware School Board Association
Division of Substance Abuse & Mental Health
Hope Street Delaware
Claymont Community Cooperative
Wilmington University DNP Student

The meeting was brought to order at 3:09pm.

A motion and second was made to pass the November 1, 2018 minutes. Passed unanimously.

A motion and second was made to pass the December 3, 2018 minutes. Passed unanimously with changes made.

Senator Townsend gave an overview the draft report and mentioned Mark Holodick, who was unable to attend the meeting, had emailed a slight revision.

Senator Richardson wished to reinforce the sense of urgency regarding this issue and hoped the report would accomplish this.

Representative King echoed Senator Richardson's comments about stressing the urgency. Additionally, she believed a mechanism should be in place that would allow parents and members of the community to access program information since the issue of addiction affects everyone. She then stated she was pleased to see Purchase of Care mentioned in the report.

Christy Visher questioned the inclusion of Purchase of Care since funding was not defined.

Dr. Mandall Much said the group had discussed it contextually.

Senator Townsend believed a task force report should review the course of its meetings and the groups recommendation(s). He clarified that the report was not the rule of law.

Dr. Mandall Much asked if they, the legislators, thought legislation would stem from the report.

Senator Townsend said that more research and conversation would be needed before anything is drafted.

Representative King said the Governor's office would like to be kept in the loop.

Chris Basher noted that Purchase of Care reform would help a number of students, but that it was not the "panacea". Some would still fall through due to strict eligibility requirements. Additionally, he did not it should be strictly up to the schools to solve the opioid crisis.

Dr. Mandall Much offered a spelling correction in the report.

Christine Alois recommended a wording change to clarify that schools have used evidence based health curricula.

Christy Visher said to change "curriculum" to "curricula" on page 1, paragraph 4.

Christine Alois noted that circumstances surrounding this topic change and that curriculum may have to be updated.

Senator Townsend asked if the task force should include a date as a deadline for implementation.

Christy Visher suggested the 2019 school year.

Christine Alois said they should be cautious when implementing deadlines as the 2019 budgets are being considered now.

Dana Carr offered language to be added to page 1, paragraph 3 that signaled regulations aren't currently being strictly enforced, if at all.

Senator Townsend asked if they should proceed with adding a deadline. Chris Basher said yes.

Senator Townsend then asked if the deadline should be 2019. Multiple members of the task force agreed.

Representative King noted that adoption can begin before full implementation.

Senator Richardson inquired whether the Department of Education (DOE) could ask school districts what programs they're using and recommend evidence based ones if not already in use.

Christy Visher recommended a DOE audit to see what schools are using.

Christine Alois said it's already in the works.

Christy Visher said studies would have to be longitudinal to follow and track students' behavior.

Senator Townsend said he would insert language stating the task force is pleased a review of whether or not districts are implementing evidence-based substance abuse curriculum.

Read Scott read an email from Mark Holodick which suggested a change on page 3, paragraph 3 to include language about hiring a person to oversee health curriculum in the DOE.

Christine Alois offered clarification that DOE does a lot in regards to health, but that they just don't have a specific person who can streamline the process.

Representative King said they can note in the opening letter that the report isn't meant to be critical, but rather informative.

Chris Basher asked if they should include language to include all stakeholders.

Jenna Ahner said the report should be more specific, such as inserting "hour" prior to "requirements".

Senator Townsend said he would add "hourly" on page 3, paragraph 4. Additionally, he would add "immediately" before "create an advisory group" in the same paragraph.

Christine Alois asked for clarification on page 3, paragraph 2, line 1. She noted the DOE has a cap and have to operate at or below that monetary figure.

Senator Townsend asked the members of the public they had any questions or input. He read a note by a public member who had been in attendance, but left prior to the meeting's adjournment. It addressed many topics, but did not recommend any line item changes to the report.

Matt MacCoy (public) encouraged that action be taken on legislation as soon as possible.

Senator Townsend said he would send out a revised draft for review. He noted that the only changes that could be made once the report was approved were simple ones such as spelling and grammar.

Representative King and Senator Townsend offered thanks and appreciation to the members of the task force for all of the work done.

Senator Richardson echoed the appreciation. He said he would not let this issue “stay on the shelf.”

Chris Basher made a motion to approve the report.

Dr. Mandall Much seconded the motion.

The report was approved unanimously by the members present.

The meeting was adjourned at 5:12pm.

FINDINGS

The opioid crisis continues to ravage Delaware and the United States as a whole. An overlooked facet of the crisis is the preventative measures of educating young Delawareans and helping them to develop relevant knowledge and life-skills.

Effective, evidence-based curricula are available for educating K-12 students on topics related to the opioid epidemic, including not only drug-specific content but broader life-based skills. The demonstrated results of such curricula are highly encouraging, indicating this approach to be effective and efficient.

Given the content of the Task Force's enabling resolution, as well as implementation experience on the ground in Delaware, focus was placed on the Botvin LifeSkills Training curriculum ("Botvin LifeSkills"). Botvin LifeSkills is a comprehensive evidence-based substance abuse and violence prevention program that provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Botvin LifeSkills is backed by over 30 scientific studies and is recognized as a Model or Exemplary program by an array of government agencies, including the U.S. Department of Education and the Center of Substance Abuse Prevention. The University of Delaware has taught the Botvin LifeSkills program for over 15 years throughout the state to schools, afterschool programs, and community based programs. The University of Delaware is also using the Train the Trainer model to train educators in school districts throughout the state to teach Botvin LifeSkills to their students.

Delaware statutes and regulations require that evidence-based curricula be used for the delivery of health-related content, including related to substance abuse, but only recently have some Delaware schools begun piloting such curricula—with many Delaware schools still utilizing curriculum that are unlikely to be considered best-practices or compliant with Delaware law.

Non-school based programming/entities, such as Boys & Girls Clubs of Delaware, have already begun to adopt the kind of evidence-based curriculum mentioned above. The Boys & Girls Clubs of Delaware first used Botvin LifeSkills as the core curriculum in 1999 at the Scope Alternative School in Bridgeville. In 2001, the program expanded to the Scope Alternative School in Frankford, and by 2004 the program was operating in the Laurel, Oak Orchard, Georgetown, and Seaford Boys & Girls Clubs. Beginning in 2017, Botvin LifeSkills was implemented in nine Boys & Girls Clubs spanning all three counties. A total of 450 youth have participated to-date. Sixteen Teen Peer Mentors were trained to help deliver the program to younger Club members. Participants demonstrated increased knowledge about alcohol, tobacco, and drugs, including opioids/prescription drugs. Development in social communication skills, leadership skills, public speaking, and time management also were evident. Over the past ten years, pre- and post- test results showed an average 72 percent increase in knowledge about substance abuse, peer pressure, and positive decision making by more than 16,000 Boys & Girls Club members participating in drug abuse prevention programs such as Botvin LifeSkills.

Evidence-based curriculum in school cannot alone achieve the ultimate goal of addressing the drug epidemic among Delaware youth. Young people who regularly attend a guidance-oriented, youth development program in the after-school hours are far more likely to make positive, constructive choices for their lives.

Yet due to age limitations on Purchase of Care (“POC”), many teenagers are less likely to be exposed to critical non-school based programming at the exact time they are becoming more likely to be exposed to social or peer pressures of substance abuse. In Delaware, one significant factor contributing to the large number of youth with no place to go after school is the POC cut-off age of 12. As cost-effective as many community-based organizations (“CBOs”) are, additional resources are needed in order to provide effective youth development services to youth 13 and older. Many working parents, especially of 13, 14, and 15-year-olds, want safe, professional youth development services for their teens in the after-school hours but cannot afford the fees that CBOs would need to charge. Meeting this demand is more than simply meeting parental preferences; studies have shown that the most dangerous time for kids and teens is between 3 p.m. and 7 p.m. on school days. More than 11 million children in America (1 of every 5) leave school every day with no place to go. They especially are at risk of being unsupervised, unguided, and unsafe, as well as having whatever positive, constructive things they have learned in school undone. The approach most likely to succeed will include implementation of evidence-based curriculum in and out of school as part of a mutually-supportive and coordinated effort between schools and guidance-oriented, youth-development organizations equipped to provide consistent support and reinforcement.

In recent years, the Delaware Department of Education has not prioritized the support or enforcement helpful for the effectuation of these statues and regulations—and the Delaware education system of local control on its own did not meet the legal requirements.

Delaware state agencies—in particular, the Department of Education, the Department of Health and Social Services, and the Department of Services for Children, Youth and their Families—have recently begun to identify areas for more effective collaboration, including on efforts that will assist in effective, ongoing preventative measures such as enhanced K-12 education on substance abuse and life-skills.

RECOMMENDATIONS

All Delaware public schools should, as soon as possible, adopt evidence-based curricula on substance abuse from among a selection listed by specific, reputable federal offices or national organizations.

The Delaware Department of Education should designate the amount of funding, and take whatever other steps necessary, to reinstitute its earlier system and culture of supporting and advising schools and districts with their adoption and implementation of evidence-based curriculum. Included in these efforts should be the immediate hiring of an individual qualified to provide guidance to Delaware school districts about substance abuse prevention curricula and programming. Additionally, the Department of Education should consider developing a substance abuse prevention grant program that would distribute funds to Delaware school districts implementing evidence-based substance abuse prevention curricula.

The Delaware Department of Education and Department of Health and Social Services should continue their efforts to forge effective collaboration on these and other related issues, and should expand their efforts to include any other relevant State agency. Included in these efforts should be the creation of a website with resources to help schools and communities identify evidence-based practices for preventing substance abuse, and the creation of a workgroup to review and distribute evidence-based practices and programs for substance abuse prevention.

The Delaware Department of Education and the State Board of Education should create an advisory group, including experts in health education and substance abuse prevention, and begin an immediate review of the Delaware Code and corresponding regulations, and as soon as possible suggest to the General Assembly specific statutory and regulatory changes that would facilitate the adoption and implementation of effective, evidence-based curriculum, including with specific requirements optimally structured to account for the differing levels of awareness or risk for students as they age.

The Department of Education should contract with an independent research organization to conduct an evaluation of substance abuse prevention curricula being implemented in Delaware schools. This evaluation would necessarily follow youth for several years to ascertain the impact of prevention programming on substance misuse.

The Delaware General Assembly should begin an analysis of frameworks for expanding Delaware's Purchase of Care system. Serious consideration should be given to expanding POC to subsidize the supervision and care of youth 13 to 15 years of age, so as to enable teenagers to continue to engage in critical programming and services they otherwise cannot or are not receiving via participation in school-based programming.

APPENDIX E

Timestamp	School District or Charter School Name:	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	How is your district/school attending to the 15 hour requirement for Tobacco, Alcohol and other Drug Education in all grades 9th-12th, this requirement is in addition to the regulation health education programming.	What program(s) does the district/school use to teach interpersonal violence prevention? This response can include all grade levels.	How does your district/school review programming and instructional strategies for effectiveness? Examples can include, but are not limited to in-service days, teacher trainings, and professional learning opportunities.	Uses Evidence-based, evidence-informed and/or promising practices. Yes or No responses.
3/5/2020 15:56:14	First State Montessori Charter School	High School	High School	High School		High School		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Project Based Learning					No
3/5/2020 18:10:38	First State Military Academy	Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section)	We don't have a public link to our teacher developed curriculum. We utilize Project Based Learning for all learning experiences.				No
3/6/2020 9:53:13	Sussex Academy	Not-applicable (District/Charter does not serve these grades)		CDC and/or SAMHSA, Outside Agencies / Speakers (please explain below)	Camfel Productions - It's My Life program and follow up activities.	CDC and/or SAMHSA, HealthSmart Curriculum, Botvin Life Skills Curriculum, Outside Agencies / Speakers (please explain below)	Camfel Productions - It's My Life program and follow up activities	HealthSmart Curriculum, Botvin Life Skills Curriculum					Yes
4/20/2021 10:20:21	Red Clay Consolidated School District	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), DrugFreeWorld.org, DrugFree.org / Help is Here, American Heart Association		DrugFreeWorld.com, Everfi, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit)		DrugFreeWorld.com, HealthSmart Curriculum, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit)		DrugFreeWorld.com, HealthSmart Curriculum, American Heart Association		We conduct lessons in each grade level ELA course to meet this requirement. In a normal year we would also have assemblies.	We use One Love and have provided both trainings and resources for all health and PE staff to use this curriculum.	We use PD days, staff meetings and professional trainings. In addition we have a leadership team that reviews curricular materials.	Yes
4/21/2021 15:28:25	NCCVT	None - we are a 9-12 school district	None - we are a 9-12 school district	None - we are a 9-12 school district	None - we are a 9-12 school district	None - we are a 9-12 school district	None - we are a 9-12 school district	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), American Heart Association, American Lung Assoc. Get the Facts: Just Think Twice,	Teacher Created lessons are abundant.	Health class in grades offered between 9-12 across the district.	Variety of sources, Planned Parenthood of DE, Smart Moves/Smart Choices	In-service days, PLCs.	Yes
4/28/2021 20:45:32	Delmar School District	Not-applicable (District/Charter does not serve these grades)		PositiveChoices.org, HealthyDelaware.org (Anti-Vaping Toolkit), Kidshealth.org		PositiveChoices.org, HealthyDelaware.org (Anti-Vaping Toolkit), Kidshealth.org		NFHS Learn, PositiveChoices.org, American Heart Association		Through Driver's Education classes, ACCEL classes, thru Lifelong Health Classes	We use Dcadv.org, Health.Moves.Minds (ShapeAmerica), and Kidshealth.org	We use Weekly PLC Meetings, ShapeAmerica trainings/conference and collaboration with other Health/PE professionals	Yes
4/29/2021 9:42:18	Indian River	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Counselors push in to classes and use ASCA standards to develop and present education		HealthSmart Curriculum		HealthSmart Curriculum		HealthSmart Curriculum		This varies by high school, but mainly is taught as mini-lessons, using HealthSmart, during school-wide morning time	HealthSmart	district-wide professional learning days 2-3 times per year	Yes
5/4/2021 15:39:00	Christina School District	Second Step	We do not currently have a resource to address this topic. We have provided teaching on topics such as water safety, fire safety, pedestrian safety, bike safety. Some schools implement the Adolescent Resource Center resource. Grade 4 uses the Delaware Cooperative Extension program.	Botvin Life Skills Curriculum, Second Step	6th grade teachers have been trained in Botvin. Some of the elementary schools have had Delaware Cooperative Extension come and teach this unit to 5th graders at the end of the year. We have not had them for the last two years due to Covid.	Botvin Life Skills Curriculum		Botvin Life Skills Curriculum, Outside Agencies / Speakers (please explain below)	Christiana Care, Speaker on Trauma, Delaware Counsel on Gambling	HS Health educators provide instruction using the Botvin curriculum resource. "Kick Butt" and ALA are also resources we use.	SEL programs include: Second Steps, Leader in Me, Second Step, Move This World, PATHS, Conscious Discipline, Compassionate Schools, Restorative Practices, Trauma-informed Care	We review strategies for effectiveness during in-service and PLC sessions. We analyze school climate and culture data to make adjustments to ours systems and practices. We sent surveys to HPE staff members asking what their instructional needs were. The responses were used to craft our PL sessions.	Yes
5/17/2021 8:22:03	Colonial	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), HealthSmart Curriculum	coordinate activities with Guidance Counselor and other school support staff	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), DrugFreeWorld.com, CDC and/or SAMHSA, Botvin Life Skills Curriculum		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), DrugFreeWorld.com, CDC and/or SAMHSA, Botvin Life Skills Curriculum		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), American Heart Association	Adolescent Alliance for Pregnancy prevention (Be Proud Be responsible) Minding Your Mind (Depression) Aids Delaware Delaware Council of Gambling Problems ARC Door of Hope YWCA	-we currently incorporate it into discussions within physical education classes that students complete in 10th grade. Additionally, drivers education build the topic within their curriculum in the other grades. Students taking our health sciences pathway also incorporate this into their anatomy and other related coursework	this is an area of growth and need for us for resources	Teacher feedback for implementation, in-service days throughout the year, PLC meetings with teachers.	Yes

Timestamp	School District or Charter School Name:	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	How is your district/school attending to the 15 hour requirement for Tobacco, Alcohol and other Drug Education in all grades 9th-12th, this requirement is in addition to the regulation health education programming.	What program(s) does the district/school use to teach interpersonal violence prevention? This response can include all grade levels.	How does your district/school review programming and instructional strategies for effectiveness? Examples can include, but are not limited to in-service days, teacher trainings, and professional learning opportunities.	Uses Evidence-based, evidence-informed and/or promising practices. Yes or No responses.
5/19/2021 11:11:49	Milford School District	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section)	Safer Smarter Kids, Red Ribbon Week and Kids Health in the Classroom by Nemours. https://kidshealth.org/classroom/index.jsp?Grade=pk&Section=problems	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section). Botvin Life Skills Curriculum, Mind Matters Series and Textbook	Mind Matter Series Drugs and the Brain: https://teens.drugabuse.gov/teachers/mind-matters/drugs-and-brain The Body's Response to Nicotine, Tobacco, and Vaping https://teens.drugabuse.gov/teachers/mind-matters/nicotine The Body's Response to Marijuana https://teens.drugabuse.gov/teachers/mind-matters/marijuana The Body's Response to Prescription Stimulants https://teens.drugabuse.gov/teachers/mind-matters/prescription-stimulants The Body's Response to Opioids https://teens.drugabuse.gov/teachers/mind-matters/opioids The Body's Response to Methamphetamine https://teens.drugabuse.gov/teachers/mind-matters/methamphetamine The Body's Response to Cocaine https://teens.drugabuse.gov/teachers/mind-matters/cocaine The Body's Response to Inhalants https://teens.drugabuse.gov/teachers/mind-matters/inhalants Textbook Glencoe Teen Health Course 3 and NIDA Mind Matter Series https://teens.drugabuse.gov/teachers/mind-matters Chapter 12 Lesson1 Why Alcohol is Harmful Lesson 2 Short-term Effects of Alcohol Lesson 3 Long-term Effects of Alcohol	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section). Botvin Life Skills Curriculum, Mind Matters	Mind Matter Series Drugs and the Brain: https://teens.drugabuse.gov/teachers/mind-matters/nicotine The Body's Response to Nicotine, Tobacco, and Vaping https://teens.drugabuse.gov/teachers/mind-matters/marijuana The Body's Response to Prescription Stimulants https://teens.drugabuse.gov/teachers/mind-matters/prescription-stimulants The Body's Response to Opioids https://teens.drugabuse.gov/teachers/mind-matters/opioids The Body's Response to Methamphetamine https://teens.drugabuse.gov/teachers/mind-matters/methamphetamine The Body's Response to Cocaine https://teens.drugabuse.gov/teachers/mind-matters/cocaine The Body's Response to Inhalants https://teens.drugabuse.gov/teachers/mind-matters/inhalants Textbook Glencoe Teen Health Course 3 and NIDA Mind Matter Series https://teens.drugabuse.gov/teachers/mind-matters Chapter 12 Lesson1 Why Alcohol is Harmful Lesson 2 Short-term Effects of Alcohol Lesson 3 Long-term Effects of Alcohol	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section). Discovery Education	10th Grade Drug/Alcohol Education: We use our Prentice Hall Health Curriculum (Discovery Education): Chapter 15- Alcohol 1- Alcohol is a Drug (Developing Refusal Skills) 2- Alcohols Effects on the Body (Drivers Ed covers this as well) 3- Long-term Riks of Alcohol 4- Choosing not to Drink Chapter 16- Tobacco and Vaping 1- Teens and Tobacco (Examining Advertising Tactics) 2- Chemicals in Tobacco Products 3- Risks of Tobacco use and Vaping 4- Saying No to Tobacco and Vaping Chapter 17- Preventing Drug Abuse 1- Legal and Illegal Drugs 2- Factors Affecting Drug Use 3- Commonly Abused Drugs 4- Choosing to be Drug Free	The requirement is addressed in full during the 10th grade year. It is being worked on for grades 9, 11 and 12.	Botvin, Prentice Hall Health Text	Task force meetings, DDOE support sessions, DDOE HPE crosswalk	Yes
6/14/2021 9:11:26	Caesar Rodney SD	Second Step, American Heart Association		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section). CDC and/or SAMHSA, Second Step, American Heart Association, Outside Agencies / Speakers (please explain below)		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section). CDC and/or SAMHSA, Second Step, American Heart Association, Outside Agencies / Speakers (please explain below)		DrugFreeWorld.com, CDC and/or SAMHSA, NFHS Learn, Safety First: Real Drug Education for Teens, American Heart Association		Working on Schoology Course with DOE	Second Step	PL opportunities; council review of curriculums.	Yes
6/14/2021 20:45:10	EastSide	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section). HealthSmart Curriculum		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section). HealthSmart Curriculum		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section). HealthSmart Curriculum		Not-applicable (District/Charter does not serve these grades)		Does not apply.	Aside from the health curriculum we use Second Step as well as PBS lessons in every grade.	Teacher trainings, program-led PD, and leadership review.	Yes
6/16/2021 15:03:30	Providence Creek Academy Charter School	CDC and/or SAMHSA, American Heart Association, Outside Agencies / Speakers (please explain below), Clayton PD	Clayton PD Resource Officer provides lessons	CDC and/or SAMHSA, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit), Outside Agencies / Speakers (please explain below)	Clayton PD	CDC and/or SAMHSA, American Heart Association	Teen Health textbook (glencoe)	Not-applicable (District/Charter does not serve these grades)		We do not service these grades	Teen Health (Glencoe)	in-service, professional development	Yes
6/16/2021 15:49:53	Academia Antonia Alonso Charter School	DrugFree.org / Help is Here, HealthSmart Curriculum, PositiveChoices.org, American Heart Association	We will purchase the Quaver Health curriculum	DrugFreeWorld.com, HealthSmart Curriculum, PositiveChoices.org, American Heart Association	We will purchase the Quaver Health curriculum	School is from K-5th	School is from K-5th	School is from K-5th		School is from K-5th grade	Health smart curriculum, CDC Violence Prevention and Reachma.org	In-service days, peer coaching/feedback, DOE Education Associate HPE and Wellness School Support Services and self-learning.	Yes

Timestamp	School District or Charter School Name:	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	How is your district/school attending to the 15 hour requirement for Tobacco, Alcohol and other Drug Education in all grades 9th-12th, this requirement is in addition to the regulation health education programming.	What program(s) does the district/school use to teach interpersonal violence prevention? This response can include all grade levels.	How does your district/school review programming and instructional strategies for effectiveness? Examples can include, but are not limited to in-service days, teacher trainings, and professional learning opportunities.	Uses Evidence-based, evidence-informed and/or promising practices. Yes or No responses.
6/16/2021 21:48:37	Early College High School @ Delaware State University	Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Botvin Life Skills Curriculum, Outside Agencies / Speakers (please explain below)		Brandy Wine Counseling Group meets with our Health Education students once, sometimes twice a week to implement lessons focused on Drug and Alcohol Education amongst other content. I also have a separate Drug and Alcohol Education Unit.	Teacher trainings/conferences, PLCs, Observations and Mentor Teachers.		
6/22/2021 9:06:39	Seaford School District	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Second Step, https://drive.google.com/drive/folders/18szuqgyrSlyJY5WmqDBITF9pc9Htvpvj7usp-sharing	Safer Smarter Kids; Counselor Keri Unit K-2; Media lessons; Red Ribbon Week	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Botvin Life Skills Curriculum, https://drive.google.com/drive/folders/18szuqgyrSlyJY5WmqDBITF9pc9Htvpvj7usp-sharing	Safer Smarter Teens; Glencoe Teen Health; Always Changing	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Botvin Life Skills Curriculum, https://drive.google.com/drive/folders/18szuqgyrSlyJY5WmqDBITF9pc9Htvpvj7usp-sharing	Safer Smarter Teens; Glencoe Teen Health; Personal Power	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Botvin Life Skills Curriculum, https://drive.google.com/drive/folders/18szuqgyrSlyJY5WmqDBITF9pc9Htvpvj7usp-sharing	Edgenuity Platform - Health	Students meet this requirement through their health classes, counselors, and programs/presentations.	PBS and behavioral interventions offered by our mental health team	PLCs, PD, training, sharing of information from DDOE HPE office	Yes
6/23/2021 14:17:00	POLYTECH High School	Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		DrugFreeWorld.com, HealthyDelaware.org (Anti-Vaping Toolkit)		Through our wellness program	Glencoe Health and Guest Spraker	In-Srvice/Professional Learning Opportunities	Yes
6/29/2021 8:27:55	MOT Charter School	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section)	kidshealth.org	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Botvin Life Skills Curriculum		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Botvin Life Skills Curriculum		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section)	kidshealth.org	In ninth grade, this is handled through health class. In grades 10-12, we are working on a plan to have it implemented through advisory classes by PE, health, and guidance staff.	Teacher developed lessons.	Provide opportunity for curriculum development, analysis and reflection. Collaborate with other schools in how they are implementing and what resources they are using to effectively meet the requirements.	Yes
7/8/2021 7:11:42	Sussex Technical	N/A	Sussex Tech High School does not have a K-4 students	N/A	Sussex Tech High School does not have 5th-6th grade students	N/A	Sussex Tech High School does not have 7th and 8th grade students	Botvin Life Skills Curriculum	Tobacco Prevention & Control Program Delaware Department of Health and Social Services Division of Public Health	yes	Prior to Covid we provided students in Health with ADAP/Suicide Prevention training. Carlos Vila and Mike Firch would provide the training in all health classes. (per Dr. Demby)	DPAS evaluations. Professional Development needs request from teachers and admin. Also, we surveyed (program evaluation) the staff after each professional development. (per Dr. Demby)	Yes
7/8/2021 8:08:20	Newark Charter School	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), American Heart Association		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), American Heart Association		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, PositiveChoices.org, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit)		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit)		NCS addresses this requirement as a part of the 9th grade PE curriculum and the 10th grade Health Curriculum. Opportunities in the core curriculum in grades and 11 and 12 are capitalized, as well as through guest speakers.	The One Love Foundation is used for Healthy Relationship education programming.	NCS leverages teacher collaboration, peer observations, teacher in-service/PD days, and supports specialists to attend state-wide training.	Yes
7/26/2021 11:25:35	Appoquinimink SD	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Outside Agencies / Speakers (please explain below)	Counselors invite guest agencies to address students. Red Ribbon Week activities include different modalities for awareness and prevention.	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), DrugFreeWorld.com, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit), Outside Agencies / Speakers (please explain below)		DrugFreeWorld.com, CDC and/or SAMHSA, Botvin Life Skills Curriculum, American Heart Association		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), DrugFreeWorld.com, CDC and/or SAMHSA, American Heart Association, Outside Agencies / Speakers (please explain below)		Advisory lessons and outside speakers.	Outside speakers with teacher created lessons. McGraw Hill text.	We schedule PD and have used the HECAT (health education curriculum analysis tool) to review and revise units.	Yes
7/26/2021 11:27:05	Smyrna School District	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), HealthSmart Curriculum, American Heart Association	Teachers have developed lessons using materials from ETR/Health Smart, Brain Pop Jr. and others.	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), HealthSmart Curriculum	Teachers have developed lessons using materials from ETR/Health Smart, Brain Pop Jr. and others.	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), DrugFreeWorld.com, CDC and/or SAMHSA, NFHS Learn, HealthyDelaware.org (Anti-Vaping Toolkit)	They have used the above to create resources and have invited in guest speakers. One of these is from a Door of Hope.	CDC and/or SAMHSA, American Heart Association	NIDA and outside agencies such as the Delaware gambling coalition come in as guest speakers.	Our wellness center offers information and short sessions during student lunches.	Our K-6 uses BeSmart and 7-12 Guest Speakers Door of Hope for Example	We use in-service days to plan, reflect and find new resources.	Yes

Timestamp	School District or Charter School Name:	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	How is your district/school attending to the 15 hour requirement for Tobacco, Alcohol and other Drug Education in all grades 9th-12th, this requirement is in addition to the regulation health education programming.	What program(s) does the district/school use to teach interpersonal violence prevention? This response can include all grade levels.	How does your district/school review programming and instructional strategies for effectiveness? Examples can include, but are not limited to in-service days, teacher trainings, and professional learning opportunities.	Uses Evidence-based, evidence-informed and/or promising practices. Yes or No responses.
7/27/2021 9:35:25	Odyssey Charter School	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Second Step, America Heart Association, Outside Agencies / Speakers (please explain below)	Our PE teachers discussed healthy, drug-free lifestyles in their lessons.	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Second Step, American Heart Association, Outside Agencies / Speakers (please explain below)	6th Grade uses Holt "Decisions for Health"	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), Second Step, Outside Agencies / Speakers (please explain below)	7th and 8th Grade uses text from Glencoe "Teen Health"	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, Outside Agencies / Speakers (please explain below)		There is an additional health class with a whole unit on tobacco, alcohol, and drug education as well as targeted grade levels (5, 8, and 11) participating in a University of Delaware annual substance abuse and prevention survey.	Second step and PBS programs in elementary focus on positive interpersonal interactions. In the middle and high school, outside guest speakers provide information about interpersonal violence prevention.	We are currently collecting and reviewing teacher and student feedback on lessons to inform updating our curriculum. We also use walkthrough data to monitor the implementation of current programs.	Yes
7/27/2021 14:43:38	Woodbridge School District	Second Step, Healthy Lifestyle Choices Curriculum: https://www.hlconline.org/	We have used a combination of materials from Second Step and a K-5 Curriculum call healthy lifestyle choices.	Botvin Life Skills Curriculum, Second Step, https://www.hlconline.org/ - Healthy Lifestyle Choices	We have used a combination of Second Step and Healthy Lifestyle Choices for Grade 5 Grade 6 - Utilizes Botvin Life Skills	Botvin Life Skills Curriculum, Second Step, American Heart Association	Grade 7 has used a combination of Botvin and American Heart Assoc materials Grade 8 has utilized American Heart Assoc. materials Both grades have lessons with Second Step also	American Heart Association, Textbook - Health (Prentice Hall - 2014 copyright) comes with online resources	Grades 9-10 used a combination of American Heart Association materials, and their textbook called Health from Prentice Hall	Embedded in Health lessons and Guest Speakers	Second Step recommended as one of the 4 curricula to use for grades K-6. Other higher grades have developed lessons on Teen Dating and Making Good Choices with Others from articles and other resources they have researched.	Implement a review group, vet high quality materials with group and gather as much as possible on the resource, often will pilot promising materials for a period of time before full adoption and use with more teachers. We have utilized in-service days, teacher trainings and professional learning opportunities for this work.	Yes
7/27/2021 14:27:10	Cape Henlopen School District	HealthSmart Curriculum, Second Step, America Heart Association		HealthSmart Curriculum, Second Step, American Heart Association		HealthSmart Curriculum, Second Step, American Heart Association		HealthSmart Curriculum, HealthyDelaware.org (Anti-Vaping Toolkit)		Coming off of our COVID year, we are reimplementing regular schedules and will be working with the High School administration to redevelop our scope and sequence documents as part of our curriculum planning when our health teachers return in August. We will be including the 15 hour requirement as part of this work.	Restorative practices which is also the basis of our Code of Conduct.	We utilize PLCs, District-wide PD days, principal's meetings and work with our District specialists.	Yes
7/29/2021 10:59:34	Laurel School District	Second Step, America Heart Association		CDC and/or SAMHSA, Second Step	Goodheart Wilcox Curriculum	CDC and/or SAMHSA, Second Step	Goodheart Wilcox Curriculum	I have not received a response from our HS.	I have not received any information from our High School as to what is used.	I have not received any information from our High School.	At Laurel we use the mandated State of Delaware Safety Curriculum, Child Protection Unit, bullying, physical and sexual abuse, CDC, Second Step, Goodheart Wilcox Curriculum grades K-8.	We correlate district discipline infractions with results from the UD Drug/Alcohol survey and data analysis from Second Step Assessments in grades K - 8.	Yes
7/29/2021 12:48:01	Positive Outcomes Charter School	Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		DrugFreeWorld.com, HealthSmart Curriculum	Project Alert	DrugFreeWorld.com, HealthSmart Curriculum		Utilizing the resources above along with Girls Empowerment/Guys Group and Guest Speakers at least once a month	Healthsmart Curriculum	Teacher trainings, PD, and teacher/student evaluations	Yes
7/30/2021 12:14:53	Brandywine School District	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, Botvin Life Skills Curriculum, Second Step, America Heart Association	Smart Move , Smart Choices, Mindfulness with Jim Butler, Kick Butts Generation-anti smoking, kids Health	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, Botvin Life Skills Curriculum, Second Step, American Heart Association, Outside Agencies / Speakers (please explain below)	Smart Move , Smart Choices, Mindfulness with Jim Butler, Kick Butts Generation-anti smoking, kids Health, Delaware KGB, Comprehensive Life Skills	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, Botvin Life Skills Curriculum, American Heart Association, Outside Agencies / Speakers (please explain below)	Smart Move , Smart Choices, Kick Butts Generation-anti smoking, kids Health, Delaware KGB, Comprehensive Life Skills	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), DrugFreeWorld.com, CDC and/or SAMHSA, Botvin Life Skills Curriculum, Everfi, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit), Outside Agencies / Speakers (please explain below), Not-applicable (District/Charter does not serve these grades)	Delaware KGB, Kick Butts Generation, One Love, Nemours, Nami,	We will use asynchronous Schoology courses that all 9-12 students will avail of and be given partial credit for.	One Love (healthy relationships), Botvin (Choices), Second Step child protection unit, Mindfulness with Jim Butler teachers self care, Christiana Care , Think Frist, Sandy Hook Promise	Professional Development, in-service days , teacher training, guest speakers, collaboration with community partners and DOE , monthly district wide counselor meetings to review programming, monthly teacher meeting by grade band to review programming and curriculum, small group DOE meetings, building MTSS teams. Sabra Collins has been invaluable!	Yes
8/24/2021 15:14:32	Delaware Military Academy	Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Founders Education LLC / guest speakers on vaping	DMA contracts with an outside agency to provide a comprehensive health education program which includes extensive time on tobacco, drug and alcohol issues/abuse	The Academy contracts with outside speakers on vaping, (Save your Breath) drug use (Attack Addiction) and other relevant drug and alcohol education. We will continue to explore ongoing education as a part of our Navy Junior ROTC program.	Founders Education provides a two part program on interpersonal relationships. In addition, these topics are discussed as part of our Navy Junior ROTC programming.	Teachers are provided opportunities for professional learning as well as training as part of our in-service training.	No

Timestamp	School District or Charter School Name:	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	What resources / programs / curriculum do the grades listed above use to implement Tobacco, Alcohol and other Drug education? (check all that apply)	If response to previous question was "Other" please describe below.	How is your district/school attending to the 15 hour requirement for Tobacco, Alcohol and other Drug Education in all grades 9th-12th, this requirement is in addition to the regulation health education programming.	What program(s) does the district/school use to teach interpersonal violence prevention? This response can include all grade levels.	How does your district/school review programming and instructional strategies for effectiveness? Examples can include, but are not limited to in-service days, teacher trainings, and professional learning opportunities.	Uses Evidence-based, evidence-informed and/or promising practices. Yes or No responses.
8/24/2021 15:34:02	Las Americas ASPIRA Academy	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), America Heart Association	Nemours	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, American Heart Association	Nemours	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, American Heart Association	Nemours	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, American Heart Association	Nemours	Outside speakers although this is the 1st year we will have 10th graders	Christiana Care - Think First Safety Programs	surveys, professional development	Yes
8/24/2021 15:39:55	Gateway Charter School	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), HealthSmart Curriculum		HealthSmart Curriculum, Outside Agencies / Speakers (please explain below)		HealthSmart Curriculum, Outside Agencies / Speakers (please explain below)		Not-applicable (District/Charter does not serve these grades)		Charter does not serve these grades.	Move This World	This done through observations, data collection, trainings, PLC's, and PD.	Yes
8/24/2021 15:43:32	Sussex Montessori School	Botvin Life Skills Curriculum		Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Not-applicable - we do not serve these grades	Responsive Classroom	Professional Days and PLC	Yes
8/25/2021 19:56:42	Thomas Edison Charter School	DrugFreeWorld.org, DrugFree.org / Help is Here, CDC and/or SAMHSA, American Heart Association		DrugFreeWorld.com, CDC and/or SAMHSA, PositiveChoices.org, American Heart Association		DrugFreeWorld.com, CDC and/or SAMHSA, PositiveChoices.org, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit)		Not-applicable (District/Charter does not serve these grades)		n/a	Second Step Program	PD days and PLC meetings	Yes
9/9/2021 10:17:48	Charter School of Wilmington	Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		Not-applicable (District/Charter does not serve these grades)		DrugFreeWorld.com, CDC and/or SAMHSA, American Heart Association, HealthyDelaware.org (Anti-Vaping Toolkit)		Students have drug education for two weeks along with projects outside of the classroom that advocate for anti drug use - drug education is also infused in the decision making unit		Pd days, inservice opportunities	Yes
9/14/2021 13:55:25	Capital School District	American Heart Association		HealthSmart Curriculum		Project Alert	Project Alert	Towards No Drugs and Health Teacher	Towards No Drugs and Health Teacher	This is taught in our health classes and our intervention periods	School Connect and teacher developed materials facilitated during intervention period (Senator Up)	Instructional walk throughs, evaluations, PLC sessions	Yes
9/16/2021 14:07:01	Lake Forest School District	Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), American Heart Association, NFHS		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section), CDC and/or SAMHSA, Botvin Life Skills Curriculum, American Heart Association, HealthTeacher		CDC and/or SAMHSA, Botvin Life Skills Curriculum, HealthTeacher		Teacher Developed Lessons (Please also select "Other" and paste a link to the resource in the next section)	GradPoint	Tracking gradpoint data to determine completion of Tobacco and Alcohol. We ensured the drug and alcohol was covered in its entirety	PCAD -	Walk Throughs	Yes