Too Good for Drugs & Violence

Review by The National Registry of Evidence-based Programs and Practices (NREPP)
Date of Review: January 2008

Too Good for Drugs and Violence (TGFDV) is a prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFDV focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions.

The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. TGFDV has developmentally appropriate curricula for each grade level through 8th grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curricula each include 10 weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.
Too Good for Drugs is a companion program to Too Good for Violence (TGFV), reviewed by NREPP separately. At the high school level, the programs are combined in one volume under the name Too Good for Drugs & Violence High School.

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<th>Descriptive Information</th>
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<tr>
<td><strong>Topics</strong></td>
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<td>Substance abuse prevention</td>
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<td><strong>Areas of Interest</strong></td>
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<td>Alcohol (e.g., underage, binge drinking), Tobacco/smoking, Violence prevention</td>
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<td><strong>Outcomes</strong></td>
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<td>Outcome 1: Intentions to use alcohol, tobacco, and marijuana and to engage in violence</td>
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<td>Outcome 2: Risk and protective factors for substance use and violence</td>
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<td>Outcome 3: Personal and prosocial behaviors</td>
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</table>

**Study Populations**
- **Age:** 6-12 (Childhood), 13-17 (Adolescent)
- **Gender:** Female, Male
- **Race:** American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified

*(See Study Populations section below for percentages by study)*

**Settings**
- Rural and/or frontier, School, Suburban, Urban

**Implementation History**
Since TGFD was first implemented in 1980, it has been used in approximately 3,000 school systems in all 50 States and has reached an estimated 20 million students. The program also has been implemented in a U.S. Department of Defense school in Bad Kissingen, Germany; in Canada; and in the Netherlands Antilles (Sint Eustatius and Sint Maarten).

**Replications**
This intervention has been replicated. (See Replications section below)

**Adaptations**
No population- or culture-specific adaptations were identified by the applicant.
<table>
<thead>
<tr>
<th><strong>Adverse Effects</strong></th>
<th>No adverse effects, concerns, or unintended consequences were identified by the applicant.</th>
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</thead>
<tbody>
<tr>
<td><strong>Public or Proprietary Domain</strong></td>
<td>Proprietary</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td>The K-8 Too Good for Drugs kits cost $100-$130 each and include the teacher's curriculum, 50 student workbooks, and a selection of age-appropriate teaching materials (e.g., posters, puppets, CDs, DVDs, games). The Too Good for Drugs &amp; Violence High School Kit, which includes the core curriculum, the staff development curriculum, 12 infusion lessons, 50 student workbooks, teaching materials, and evaluation surveys, costs $750. Components of each kit also may be purchased individually. The Too Good for Drugs &amp; Violence After-School Activities Kit, intended for children ages 5-13, includes the curriculum and teaching materials and costs $595. The Too Good for Drugs &amp; Violence Staff Development Kit, which includes the trainer curriculum and 50 educator workbooks, costs $250. An on-site, 1-day training for 10-50 participants costs $2,000 (plus travel expenses). A training of trainers is also available.</td>
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</tbody>
</table>

**Institute of Medicine Category** | Universal |
Outcome 1: Intentions to use alcohol, tobacco, and marijuana and to engage in violence

Description of Measures
A 4-item instrument developed for the study was used to gauge students' intentions to use alcohol, tobacco, and marijuana and to engage in fighting within the next 12 months. The 5-point response scale ranged from "strongly agree" to "strongly disagree." Student responses to the items were dichotomized to represent confidence in intentions to not use substances or violence versus less certainty about intentions to use (or current use).

Key Findings
In one study, from pre- to posttest, the proportion of students with intentions to drink alcohol was significantly reduced in the treatment group compared with the control group, which received a standard physical education curriculum (p < .05). The proportions of students with intentions to smoke, use marijuana, or engage in fighting also were reduced in the treatment group compared with the control group, but the differences between the two groups were not statistically significant.

In a second study, from pre- to posttest, the proportions of students with intentions to drink alcohol and smoke were significantly reduced for the treatment group compared with the wait-list control group (p = .02 and .04, respectively). During the same time, the intention to use marijuana also was reduced for the treatment group compared with the control group, but the difference between the two groups was not statistically significant. At 20-week follow-up, the proportions of students with intentions to drink alcohol, smoke, and use marijuana were reduced in the treatment group compared with the control group, but the differences between the two groups were not statistically significant.

Studies Measuring Outcome
Study 1, Study 2
(Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)

Study Designs
Experimental

Quality of Research Rating
2.8 (0.0-4.0 scale)
### Outcome 2: Risk and protective factors for substance use and violence

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Attitudes and skills related to substance use and/or violence were measured using:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• An instrument developed for the study comprising 61 Likert-type, self-report items with responses ranging from &quot;strongly agree&quot; to &quot;strongly disagree.&quot; These items were grouped into nine subscales representing protective factors associated with young people's resistance to substance and violence use: positive attitudes toward nondrug use, positive attitudes toward nonviolence, perceived peer normative substance and violence use, perceived peer disapproval of substance and violence use, emotional competence, goal-setting and decision-making skills, social and peer resistance skills, perceived harmful effects of substance use, and perceived parental attitudes toward substance use. Higher scores indicated more positive perceptions or behaviors.</td>
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<tr>
<td></td>
<td>• An instrument developed for the study comprising 19 Likert-type, self-report items with responses ranging from &quot;strongly agree&quot; to &quot;strongly disagree.&quot; The items were grouped into six subscales representing personal risk and protective factors or mediating variables associated with young people's resistance to substance use: perceived peer resistance skills, positive attitudes toward nondrug use, perceived peer normative substance use, perceived peer disapproval of substance use, pro-social peers, and locus of control/self-efficacy. Higher scores indicated more positive perceptions or behaviors.</td>
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<tr>
<td></td>
<td>• The Student Survey Questionnaire, comprising 30 Likert-type, self-report items with responses ranging from &quot;strongly disagree&quot; to &quot;strongly agree.&quot; Student responses were grouped into five subscales representing protective factors associated with children's resiliency to social challenges: attitudes toward drugs, emotional competency, goal-setting and decision-making skills, social and peer resistance skills, and perceived harmful effects of substance use. Higher scores indicated more positive levels of attitudes, perceptions, or skills.</td>
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</table>

### Key

In one study, from pre- to posttest, students in the treatment
Findings
group had significantly increased scores in eight of nine protective areas compared with students in the control group, who received a standard physical education curriculum (all p values < .01). Although the treatment group had improvement in parent-child interactions and discussions, the difference between the treatment and control groups at posttest was not statistically significant.

In another study, from pre- to posttest, students in the treatment group had significantly increased scores in all six risk and protective areas compared with students in the wait-list control group (all p values < .01). At 20-week follow-up, the difference between the groups remained statistically significant in only four of the six risk and protective areas (i.e., perceived peer resistance skills, perceived peer normative substance use, perceived peer disapproval of substance use, locus of control/self-efficacy; all p values < .01).

In a third study, from pre- to posttest, students in the treatment group had significantly increased scores in four of five protective areas (i.e., emotional competency, social and peer resistance skills, goal-setting and decisionmaking skills, perceived harmful effects of substance use) compared with students in the wait-list control group (all p values < .01). At 4-month follow-up, the difference between the groups remained statistically significant in only goal-setting and decisionmaking skills (p < .01).

<table>
<thead>
<tr>
<th>Studies Measuring Outcome</th>
<th>Study 1, Study 2, Study 3 (Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>2.9 (0.0-4.0 scale)</td>
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</tbody>
</table>
### Outcome 3: Personal and prosocial behaviors

**Description of Measures**

Personal and prosocial behaviors were measured using a teacher checklist of student behavior. Teachers responded to 23 behavioral items using a 5-point scale ranging from 1 (never) to 5 (almost always). The responses to items were grouped into three protective subscales associated with a student's social adaptability: personal and social skills, positive social behaviors, and inappropriate social behaviors.

**Key Findings**

From pre- to posttest, students in the treatment group showed significantly increased use of personal and social skills, increased engagement in prosocial behaviors, and decreased engagement in inappropriate social behaviors compared with students in the wait-list control group (all p values < .01). These results were maintained at 4-month follow-up.

**Studies Measuring Outcome**

Study 3 *(Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*

**Study Designs**

Experimental

**Quality of Research Rating**

2.9 (0.0-4.0 scale)
Ratings

Quality of Research Ratings by Criteria (0.0-4.0 scale)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1: Intentions to use alcohol, tobacco, and marijuana and to engage in violence</td>
<td>2.5</td>
<td>2.3</td>
<td>3.0</td>
<td>2.9</td>
<td>3.0</td>
<td>3.0</td>
<td>2.8</td>
</tr>
<tr>
<td>Outcome 2: Risk and protective factors for substance use and violence</td>
<td>2.8</td>
<td>2.6</td>
<td>3.0</td>
<td>3.0</td>
<td>3.1</td>
<td>3.0</td>
<td>2.9</td>
</tr>
<tr>
<td>Outcome 3: Personal and prosocial behaviors</td>
<td>3.0</td>
<td>2.5</td>
<td>3.1</td>
<td>3.0</td>
<td>2.9</td>
<td>3.2</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Study Strengths: Standardized program implementation was established to guide how the program was conducted, and implementation fidelity was monitored by observations and surveys. Appropriate procedures were used to control for attrition, missing data, and potential confounding variables.

Study Weaknesses: The psychometric properties of the instruments developed for the studies were not adequately presented. For some of the measures, criterion validity was not confirmed (i.e., the instruments were not compared with more established measures). Similarly, the results of factor analysis were not presented to demonstrate the instruments' validity.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support</th>
<th>Quality Assurance</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
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</table>

Dissemination Strengths: Program materials are clearly presented, well organized, and easy to read. Curricula are well scripted and formatted for easy use in a classroom setting. Lesson extenders greatly enhance implementation opportunities. High-quality training materials are provided to
facilitate multiple training levels and formats, including on- and off-site, regional, training-of-trainers, and refresher trainings. A variety of tools are provided to support quality assurance, including scripted curricula, implementation fidelity instruments for each grade level, and outcome monitoring measures. In addition, extensive guidance explains how to administer quality assurance tools, score the data collected, and analyze the results.

Dissemination Weaknesses: No weaknesses were identified by reviewers.
Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
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</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>13-17 (Adolescent)</td>
<td>51% Male, 49% Female</td>
<td>68% White, 20% Hispanic or Latino, 9% Black or African American, 2% Asian, 1% American Indian or Alaska Native</td>
</tr>
<tr>
<td>Study 2</td>
<td>6-12 (Childhood)</td>
<td>52% Female, 48% Male</td>
<td>48% White, 33% Black or African American, 13% Hispanic or Latino, 6% Asian</td>
</tr>
<tr>
<td>Study 3</td>
<td>6-12 (Childhood)</td>
<td>51% Male, 49% Female</td>
<td>71% White, 17% Black or African American, 10% Hispanic or Latino, 2% Race/ethnicity unspecified</td>
</tr>
</tbody>
</table>

Studies and Materials Reviewed

The documents below were reviewed for Quality of Research and Readiness for Dissemination. Other materials may be available. For more information, contact the person(s) listed at the end of this summary.

Quality of Research Studies

Study 1


Study 2

**Study 3**


**Quality of Research Supplementary Materials**

Bacon, T. P. (2001). Evaluation of the Too Good for Drugs and Violence--high school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL.


**Readiness for Dissemination Materials**


Mendez Foundation kits:

- Too Good for Drugs & Violence After-School Activities Kit
- Too Good for Drugs & Violence High School Kit
- Too Good for Drugs Grade 1 Kit
- Too Good for Drugs Grade 3 Kit
- Too Good for Drugs Grade 6 Kit
Mendez Foundation training materials:

- Too Good for Drugs & Violence After-School Activities curriculum training packet
- Too Good for Drugs & Violence High School curriculum training packet
- Too Good for Drugs & Violence Staff Development Kit
- Too Good for Drugs K-8 curriculum training packet
- Too Good Programs Regional Trainings [brochure]
- Too Good Programs Training of Trainers Manual


**Replications**

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

Bacon, T. P. (2001). Evaluation of the Too Good for Drugs and Violence--high school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL.


**Contact Information**

Web site(s):

http://www.mendezfoundation.org

For information about implementation:
Regina Birrenkott, M.Ed., CAPP
Director of Programming and Development
Mendez Foundation
601 South Magnolia Avenue
Tampa, FL 33606
Phone: (800) 750-0986
Fax: (813) 251-3237
E-mail: rbirrenk@mendezfoundation.org

Christianne Powell, M.A.
Director of Training
Mendez Foundation
601 South Magnolia Avenue
Tampa, FL 33606
Phone: (800) 750-0986
Fax: (813) 251-3237
E-mail: cpowell@mendezfoundation.org

For information about studies:

Christianne Powell, M.A.
Director of Training
Mendez Foundation
601 South Magnolia Avenue
Tampa, FL 33606
Phone: (800) 750-0986
Fax: (813) 251-3237
E-mail: cpowell@mendezfoundation.org

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