

## Project ALERT

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus | Protective Factors  
Risk Factors | Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design  
Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel | Education  
Personnel Training | Cost | Intended Age Group | Intended Population | Gender Focus  
Replication Information | Contact Information

*Program developers or their agents provided the Model Program information below.*

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### **BRIEF DESCRIPTION**

Project ALERT is a 2-year drug prevention curriculum for middle school students, 11 to 14 years old, focusing on the substances that adolescents are most likely to use: alcohol, tobacco, marijuana, and inhalants. It seeks to motivate adolescents against drug use, teach adolescents the skills and strategies needed to resist prodrug pressures, and establish nondrug-using norms.

Program Background:

In the early 1980s, the RAND Corporation, an internationally recognized nonprofit institution established to improve policy and decisionmaking through research and analysis, assessed the effectiveness of three major strategies for curtailing adolescent drug use: prevention, law enforcement, and treatment. Based on that study's conclusions, the Conrad N. Hilton Foundation funded RAND to develop and test Project ALERT between 1983 and 1993.

National dissemination of the program, underwritten by the Hilton Foundation, began in 1991. Project ALERT has a presence in all 50 States. More than 18,000 teachers in approximately 3,500 school districts use Project ALERT in their classrooms. RAND is now developing and testing an enhanced version of Project ALERT that is designed for high schools.

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### **RECOGNITION**

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

U.S. Department of Education: Exemplary Program

White House Office of National Drug Control Policy: Exemplary Program

National Prevention Network: Exemplary Program



National Association of State Alcohol and Drug Abuse Directors: Exemplary Program

Community Anti-Drug Coalitions of America: Exemplary Program

National Middle School Association: Endorsement

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## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

UNIVERSAL, SELECTIVE

Developed for high- and low-risk adolescents from a variety of socioeconomic backgrounds.

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## **INTERVENTION TYPE**

SCHOOL-BASED

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## **CONTENT FOCUS**

ALCOHOL, ILLEGAL DRUGS, TOBACCO

This program focuses primarily on alcohol, tobacco, and marijuana; it also includes materials on inhalants, cocaine, and other illegal drugs.

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## **PROTECTIVE FACTORS**

INDIVIDUAL, FAMILY, PEER, SCHOOL

### **INDIVIDUAL**

- Reasons not to use drugs
- Perceptions that few peers use, most disapprove
- Belief that one can resist prodrug pressures
- Intentions not to use
- Belief that friends respect nonusers
- Ability to identify and counter advertising appeals
- Multiple strategies for resisting drugs
- Ability to identify and resist internal pressures to use

### **FAMILY**

- Communication with parents and other adults

### **PEER**

- Motivation and skills to help friends avoid drug use
- Responsible behavior modeled by peers

## SCHOOL

- Establishment of norms against drug use
  - Cooperative learning
  - Respect for others
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## **RISK FACTORS**

### INDIVIDUAL, FAMILY, PEER, SCHOOL

#### INDIVIDUAL

- Current use of alcohol, tobacco, or other drugs
- Intention to use in the future
- Belief that drug use is not harmful or has positive effects
- Belief that drug use is normal
- Low self-esteem
- Inadequate resistance skills

#### FAMILY

- Lack of clear norms against use
- Poor communication

#### PEER

- Peer drug use
- Peer approval of drugs

#### SCHOOL

- High levels of drug use
  - Low norms against use
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## **INTERVENTIONS BY DOMAIN**

### INDIVIDUAL, FAMILY, PEER, SCHOOL, COMMUNITY

#### INDIVIDUAL

- Education to build motivation and skills for avoiding drug use

#### FAMILY

- Task-oriented family education sessions to improve family interactions (e.g., parent involvement in program homework assignments, etc.)

#### PEER

- Peer-resistance education

## SCHOOL

- Classroom drug education
- Classroom-based skills development

## COMMUNITY

- Education to alter perceptions of societal norms and expectations
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## KEY PROGRAM APPROACHES

### IN-SCHOOL CURRICULA, PARENT-CHILD INTERACTIONS

#### IN-SCHOOL CURRICULA

The curriculum consists of weekly lessons that involve guided classroom discussions and small group activities that stimulate peer interaction and challenge student beliefs and perceptions; intensive role-playing activities to help students learn resistance skills.

#### PARENT-CHILD INTERACTIONS

Parents are involved through homework assignments that involve parents in the learning process by facilitating parent-child discussions of drugs and how to resist using them.

#### HOW IT WORKS

Trained teachers typically deliver Project ALERT in a classroom setting, but some districts have adapted it for use in after-school settings where trained personnel are available.

Implementing Project ALERT involves staff in the following activities:

- Participating in a 1-day training workshop
- Teaching 11 core lessons during the first year and 3 booster lessons the following year
- Promoting parent involvement through home learning opportunities

To deliver lessons effectively, teachers need to establish an open, supportive classroom environment, facilitate student participation, reinforce good performance, help students acquire the confidence that they really can resist prodrug pressures, and respond appropriately to student questions about drugs.

Project ALERT lessons should be taught 1 week apart over the course of 11 weeks for Year 1 and 3 weeks for Year 2.

Teachers need to participate in a 1-day training workshop where they learn the rationale and theory underlying Project ALERT, the skills needed to deliver the lessons, and implementation guidelines for achieving program fidelity. The location and dates of upcoming training workshops are listed on the program's Web site, [www.projectalert.best.org](http://www.projectalert.best.org).

Technical assistance is provided through an online faculty advisor, toll-free telephone support, and newsletters. A fidelity instrument is available to monitor implementation quality.

## **OUTCOMES**

### **DECREASES IN SUBSTANCE USE, OTHER TYPES OF OUTCOMES**

The program achieved the following, relative to control group, 15 months after baseline.

#### **DECREASES IN SUBSTANCE USE**

30% decrease in marijuana initiation rates.

60% decrease in current marijuana use in adult-led programs.

20% to 25% decrease in current and occasional cigarette use among baseline experimenters.

33% to 55% decrease in regular and heavy cigarette use among baseline experimenters.

#### **OTHER TYPES OF OUTCOMES**

Significant enhancement of antidrug beliefs, with many effects persisting into 10th grade.

Project ALERT helps adolescents—

- Understand the consequences of using drugs
- Develop reasons not to use
- Understand the benefits of being drug-free
- Recognize that most people do not use drugs
- Identify and counter prodrug pressures
- Resist advertising appeals
- Support others in their decisions not to use
- Learn how to quit
- Communicate with parents
- Recognize alternatives to substance use

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## **EVALUATION DESIGN**

Project ALERT used a rigorous pre-post design with random assignment of 30 schools to one control and two treatment conditions (i.e., an adult teacher group and an adult teacher plus teen leader group). The participating schools had diverse student bodies. Nine schools had a minority population of 50 percent or more.

Trained data collectors administered student surveys in all schools before and after program lessons. Self-reported drug use was validated by testing saliva samples collected from students and by consistency analyses over time. Logistic regression was used to analyze substance use outcomes as a function of treatment and baseline covariates. Multiple controls helped rule out alternative explanations of treatment effects. All analyses were adjusted for attrition and clustering of students within schools.

## **DELIVERY SPECIFICATIONS**

1–3 YEARS

Amount of time required to deliver the program to obtain documented outcomes:

There are 11 core lessons in year one, taught 1 week apart over 11 weeks, and 3 booster lessons in year two, taught over 3 weeks. The lessons are 45 minutes long. Project ALERT is ideally implemented as part of a middle grade health education or science curriculum.

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## **INTENDED SETTING**

RURAL, URBAN, SUBURBAN

Developed for use in rural, urban, and suburban target settings.

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## **FIDELITY**

Components that must be included in order to achieve the same outcomes cited by the developer:

Lessons should be taught at the recommended intervals, over years one and two.

Teachers must participate in a 1-day training workshop.

Home learning opportunities must be completed.

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## **BARRIERS AND PROBLEMS**

Rapid turnover of teaching staff within school districts and the need to provide annual training for new staff have been addressed through the availability of an online training option.

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## **PERSONNEL**

FULL TIME, PART TIME

Teachers trained in the Project ALERT curriculum implement the program.

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## **EDUCATION**

UNDERGRADUATE

Teachers with a minimum undergraduate degree trained in the Project ALERT curriculum.

## **PERSONNEL TRAINING**

Location: ONSITE (user)

Teachers must participate in a 1-day training workshop where they learn the rationale and theory, skills needed to deliver the lessons, and implementation guidelines for achieving program fidelity.

Workshops can be held at the district level when 20 or more teachers are interested.

Regional workshops are available to accommodate districts training fewer teachers.

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## **COST (estimated in U.S. dollars)**

\$1,001–5,000

Cost considerations for implementing this program as recommended by the developer:

Training costs, classroom equipped with a TV and VCR, chalkboard, newsprint, felt-tip pens, and masking tape. Overhead projector and screen are optional. Capacity to photocopy a limited number of student handouts is necessary.

## **TRAINING COSTS**

The Project ALERT package is priced at \$150 per teacher. The package provides access to prescheduled training workshops and/or online training. It includes all necessary curriculum materials and a variety of complimentary support services.

## **AVAILABLE PRODUCTS**

All teachers receive the following resources with the training:

- Teacher's guide with 11 lesson plans for year one and 3 booster lesson plans for year two
- 8 interactive student videos
- 12 full-color classroom posters

Also included free of charge are periodic updates to the video and print materials, as well as technical assistance through an online faculty advisor, toll-free phone support, and newsletters.

An optional overview video for colleagues and community members is available, along with videos demonstrating key activities and teaching strategies.

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## **INTENDED AGE GROUP**

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

Developed for use in middle school with children 11 to 14 years old.

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## **INTENDED POPULATION**

AFRICAN AMERICAN, HISPANIC/LATINO, ASIAN AMERICAN, AMERICAN INDIAN, WHITE

This program has been delivered to diverse populations, including high- and low-risk White, African American, Hispanic/Latino, Asian American, and American Indian youth.

## **GENDER FOCUS**

### **BOTH GENDERS**

Developed for use with both male and female students.

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## **REPLICATION AND ADAPTATION INFORMATION**

With funding from the National Institute on Drug Abuse, RAND is currently testing a modified version of Project ALERT in over 50 South Dakota schools. Approximately 12 percent of more than 4,000 middle school participants are American Indian. The middle school curriculum has been expanded to include new parent/child home learning opportunities and additional lessons on alcohol misuse and smoking cessation. To test whether high school boosters will prolong program effects, RAND also developed ALERT Plus, with five lessons each for grades nine and ten.

### **CONTACT INFORMATION**

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### **TARGET SETTINGS**

Urban, suburban, and rural, including multiple small towns

### **INTERVENTION SITES**

Over 50 middle schools and their feeder high schools across the State of South Dakota

### **PERSONNEL CAPACITY AND TRAINING**

Same as above

### **RACIAL/ETHNIC COMPOSITION OF PARTICIPANTS**

White and American Indian

### **COST ESTIMATES**

Same as above

### **OTHER DIFFERENCES**

Middle school program: New lessons on alcohol misuse and smoking cessation; new parent/child home learning opportunities.

High school program: Five additional lessons each for grades nine and ten.



## ADAPTATIONS OF THE MODEL PROGRAM

### GENERAL SUMMARY

A NIDA-funded study currently is being conducted by Penn State to test an alternative model for delivering Project ALERT in schools. The model is named EXSELS, which stands for Extension and Schools Enhancing Life Skills. Cooperative Extension–school collaborations have been developed in eight Pennsylvania counties to implement and evaluate Project ALERT. Community program leaders are hired and supervised through Cooperative Extension to teach the curriculum. Program leaders teach half of the classrooms alone and half with the assistance of teen leaders from the local high school.

If Project ALERT can be effectively implemented by community program leaders through Cooperative Extension, potential benefits are that: (1) adoption and implementation fidelity may be increased in some schools since often-overburdened teachers are relieved of the responsibility of teaching the curriculum; and (2) the model could be disseminated across the United States because every county has a Cooperative Extension office affiliated with the State's land grant university.

### CONTACT INFORMATION

Principal investigator of the study is Tena St. Pierre, Ph.D., at the Pennsylvania State University.

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### IOM CLASSIFICATION

Universal

### TARGET SETTING

Rural, urban, and suburban

### DELIVERY LOCATIONS

Eight Pennsylvania middle schools

### TARGET AGE

Middle school children in seventh and eighth grade

### GENDER

Males and females

### PROGRAM FOCUS

Tobacco, alcohol, inhalants, and marijuana

### RACIAL/ETHNIC COMPOSITION

High- and low-risk White and African American youth

#### PARENT INVOLVEMENT

Same as above

#### KEY OUTCOMES

Study in progress; no outcomes are yet available.

#### KEY PROGRAM STRATEGIES

Same as teacher-led Project ALERT

#### FIDELITY

Unavailable at this time

#### DELIVERY SPECIFICATIONS

The 11 core lessons are delivered in seventh grade, one per week over 11 weeks. Three booster lessons are delivered in eighth grade, taught over 6 weeks, one every other week. Lessons are part of middle school life sciences, health, or physical education classes.

#### PERSONNEL CAPACITY

Qualified community program leaders hired through Cooperative Extension are trained in the Project ALERT curriculum. Program leaders have a demonstrated ability to work with youth.

#### PERSONNEL TRAINING

Same as above

#### COST ESTIMATES

Curriculum cost same as above. Additional cost for program leader teaching six classrooms = approximately \$1,750 for 11 core lessons and \$650 for 3 booster lessons.

#### BARRIERS/PROBLEMS AND SOLUTIONS

Unavailable at this time

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### CONTACT INFORMATION

#### ABOUT THE DEVELOPER

Phyllis Ellickson, Ph.D., and colleagues at RAND developed Project ALERT with funding from the Conrad N. Hilton Foundation. The program has its own dissemination organization established by the Hilton Foundation to train teachers in effective implementation of the program, provide technical assistance, and periodically update classroom materials.

#### FOR INFORMATION, CONTACT

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