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**A QUALITATIVE EXPLORATORY STUDY OF  
SUBSTANCE ABUSE PREVENTION OUTCOMES IN  
A HETEROGENEOUS PREVENTION SYSTEM\***

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**ABSTRACT**

The prevention of abuse of alcohol and other drugs is a concern for parents, policy-makers, educators, and social service professionals. Prevention programs are sponsored by many different types of social and educational agencies using a variety of intervention strategies. This article reports a study of a sample of such programs in the state of Nevada. The overall prevention system in the state espouses a "risk and resiliency" approach to prevention. Focus group methodology was used to study perception of outcomes of these programs from the viewpoints of various program stakeholders (youth participating in the programs, parents of participants and program staff). Analysis of the qualitative data yielded findings about potential outcomes as well as implicit program theories. Implications for future planning efforts as well as further evaluation efforts are discussed.

Problems associated with alcohol, tobacco, and other drugs (ATOD) are among the most serious public health threats in the United States. Current social indicators suggest Nevada residents are in the upper 10 percent nationally for high-risk drinking and smoking behaviors [1]. To address such problems in Nevada, the Nevada Bureau of Alcohol and Drug Abuse (BADA) funds a variety of prevention programs ( $N = 62$ ). Figure 1 presents the BADA-funded programs by

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researchers. Despite this, to date there is inconclusive evidence concerning which approaches to ATOD prevention work. In a critical review of a wide array of ATOD prevention efforts, Moskowitz concluded that, "there is currently little evidence to support the efficacy of primary prevention programs. Although such programs may influence knowledge, beliefs, or attitudes, they generally do not affect behaviors or problems" [2, p. 79]. In contrast, Tobler using meta analytic techniques, found that peer-led programs were successful in reducing alcohol, tobacco, and marijuana use [3]. In addition, Tobler reported that programs using "alternative activity" approaches were effective in changing non-ATOD behaviors like academic performance [3]. When looking solely at ATOD use (self-reported or observed), peer-led programs had the greatest effect size (.42) followed by alternative activity programs (.20). However, Botvin and Botvin reported that alternative activity programs have generally failed to demonstrate efficacy in reducing ATOD use [4]. Further, Botvin and Botvin reported that no prevention approach has demonstrated long lasting effects on ATOD use.

### RISK AND RESILIENCY

As noted above, the effectiveness of ATOD prevention efforts is uncertain. A major limitation of many programs is a simplistic conceptualization of the etiology of ATOD problems [5]. Mauss et al. suggested that the risk and resiliency approach to prevention is a promising deviation from more simplistic models [5].

Hawkins, Catalano, and Miller reviewed 140 research articles to identify risk and protective factors associated with ATOD use [6]. Based on their review, the following common risk factors were identified: 1) individual factors including alienation and rebellion; 2) peer factors including peer ATOD use; 3) family factors like cohesion; 4) school factors like academic achievement; 5) community factors including economics and crime; and 6) alcohol and other drug use factors including availability. Factors that protect against ATOD use include: 1) coping skills; 2) parenting skills; 3) school achievement; 4) positive social influences; 5) social skills; and 6) health-related social norms. Thus, both risk and protective factors occur at the individual and environmental levels.

In their book *Communities that Care*, J. David Hawkins and his associates detail the "social development model" that serves as the theoretical foundation for the risk and resiliency approach [7]. Based on social learning theory and control theory, the social development model employs the concept of social bonding to maximize ATOD-related protective factors while reducing risk factors. As Hawkins et al. note, "strong positive bonds have three important components: 1) *attachment*—positive relationships with others; 2) *commitment*—an investment in the future; and 3) *belief* about what is right and wrong, and an orientation to positive, moral behavior and action" [7, p. 14, emphasis in original]. In turn, bonding is a function of opportunities to bond, skills to maintain relationships, and positive reinforcement. Reinforcement occurs both at the

focus groups were held at two sites; client and staff focus groups were held at one site; and staff focus groups were held at two sites. Groups varied in size from three to ten respondents, with an average of five respondents in each group. Subjects participated in the study voluntarily and received no payments for their participation. For four programs, the focus groups were held at the respective program sites. Groups for the fifth program, whose activities took place in a number of different elementary schools, were held at the sponsoring agency.

The focus group interview schedule included an introduction to the project and the following three broad areas: 1) perceived program effects; 2) important aspects of the program; and 3) suggested changes for the program. In addition, in each focus group we asked respondents to briefly describe their programs. The investigators and BADA staff facilitated the focus groups.

We tape recorded and transcribed each focus group. In addition, we took detailed field notes during the focus groups. Field notes were transcribed to word processor files immediately following focus groups and were augmented based on the investigators' recall of the session [8, 9].

### **Analysis**

The analysis plan was designed to maximize consistency and trustworthiness. To this end, one investigator analyzed and coded the transcripts and field notes. Coding focused on emergent themes in the transcripts. The second investigator checked the coding and helped clarify themes. We used journal entries as "audit trails" to document the development of coding procedures.

We used a three phase coding process to analyze the data. First we read the transcripts and took notes on recurrent themes in the data. Based on recurrent themes in the data and the literature concerning risk and resiliency [6, 7], we developed twenty-one codes. We then coded all transcripts and field notes. After the initial coding of the data, we examined our codes and combined conceptually similar or redundant codes. This process yielded seventeen codes. The data were then coded a second time using these refined codes. During the second coding pass, we also examined responses for their analytic meaning.

The first level of analysis of the focus group data was an attempt to detect outcomes that program stakeholders believe are being produced. The logic of most of the interventions was unclear at the start, but as we explored what the participants said, it became clear that there were implicit intervention theories guiding the programs. Thus, the second level of analysis sought to uncover the implicit intervention theories. Both levels of analysis, in theory, could produce testable propositions for future evaluations. A final step in our analysis was to compare the outcome and intervention theory information with writings on risk and resiliency, including the theory of social bonding. This last step is an attempt to determine the extent to which the programs are consistent with the risk and resiliency approach intended by the funding agency.

adolescents participated in writing and performing plays dealing with topics such as substance abuse issues, child abuse, AIDS, and teen suicide. Educational sessions focused on knowledge, attitudes, and behaviors related to similar social problem themes. The plays are performed in a variety of contexts, from schools to youth group homes and detention facilities. The troupe is reformed about every four months with some members continuing and others coming and going. While in the troupe, the youth contract to participate in the educational programs, rehearsals and performances, to avoid alcohol and drugs, and to maintain a C average in school. The youths' parents also contract to allow their teens to participate in the program without preventing participation as a behavioral consequence.

One program, in an elementary school in a predominantly lower income Hispanic area in Las Vegas, used a traditional ATOD prevention curriculum in classroom settings. The curriculum was taught under contract by a community mental health center staff member. Instruction was primarily in English with Spanish as a supplement.

### **Perceptions of Outcomes**

Examining the outcomes that focus group participants described for program participants reveals perceived outcomes that are consistent with enhancing protective factors and reducing risk factors. Overall, the programs had a focus on academic skills and/or achievement. Several of the programs directly targeted academic skills (e.g., helping with writing or English as a second language) and others required maintaining minimum standards of academic achievement as a condition for continued participation in the activity. Two of the programs were directly related to school—the after-school tutoring program staffed by school teachers and the residential juvenile justice facility that included instruction in reading and writing as part of its overall intervention. Even programs with no obvious connection to school, however, such as the program in golf instruction, had the minimum grade average expectation, and respondents reported participants' bringing grades up to meet the expectation.

Several different aspects of school achievement were described as improving for program participants: grades, getting work done, and knowing how to do work. Focus groups from the tutoring program, for instance, reported that children were getting their homework done at the program. Both teachers and parents attributed this outcome to the structure provided and to the presence of teachers. The following comments from teachers illustrate this point:

It's just an availability of time that adults can provide for the children. A lot of the kids, they don't have any adults to go to. Nobody's home, nobody helps them with their homework. And like he was saying, *completion* of homework, feeling better about myself because I actually have someone there to help.

I've become more sensitive to feelings. I won't openly say something because I think, oh, maybe this has happened to them or maybe their home life is different. You know, we really see another side of the world that we don't see in our own homes or with our friends or something.

There's a lot of education involved. I mean, everybody attacks certain issues with certain preconceived notions and this just dispels them all. It gives you the hard-core facts so you leave here with a certain positive energy, I guess would be a way to describe it, just knowing what you know. And you can use that to help others.

Just being in this group can definitely change any kind of view—you can't look at someone, you can't judge a book by its cover, and everyone always says that, but this group really brings that home, when you go and perform for groups . . . you'll always have one or two of the audience members come up to you and say, "That's exactly what I went through" and they'll be crying or they'll be happy—and you'll feel it, you'll feel what they're feeling, and it's a very good feeling—it empowers you and them.

Parents of theater troupe participants described other aspects of moral development and increased social responsibility as well:

She was very much wanting to get involved in something that had to do with drama and she wanted something to give her some social responsibility, so this was kind of a nice match . . . She looks at situations, she makes her decisions, she makes her choices, she can give you extremely valid reasons for them and she can live with them. She does have a very strong sense of social responsibility.

. . . it's important to have the group to experience things with. It's important to do the presentations as well, the best way to learn is to teach and this has given her the opportunity to provide this information and really open her eyes and raise her potential consciousness and others' consciousness.

Teenagers have so much emotion they don't know what to do with anyway. They can go crazy with it and the group gives them a purpose, you know. You know I heard her talking one-day in her room . . . She was playing this girl that was in a gang and she had a black dress. She had worn this black dress, and she had worn this black dress about twelve times in the last four months. She bought the dress for one girl's funeral and ended up wearing it to like all her friends' funerals that had died in the gang. When I heard her talking, I didn't know it was her. I really thought it was someone else in her room saying this, and I'm standing there listening to her and her voice was cracking. You know, like she was really into it and when she came out she says, "You know, mom, I really thought I'd like to be in a gang but I never thought about people

Further, the prevention staff person for the program noted the children have made a conceptual link between AOD use and emotions:

The question today was, "If we are suppose to be talking about drugs, why are we talking about feelings?" . . . she raised her hand and said "because when you're feeling sad, people that are sad, there's a bigger chance that they will go into drugs and gangs."

### Urban Teen Theater Program

This program tacitly embraced a more complex program model (see Figure 3). Focus group participants indicated that the program has two primary outcomes that are protective factors concerning AOD use—social responsibility and self-esteem/personal confidence. This dual path model is represented in Figure 3. The social responsibility pathway was a very common theme in the focus group interviews:

We try to make them activists . . . We try to make sure that they leave the group with a real sense of who they are, how they feel about the world and what's going on around them, how they can make a difference. (Staff member)

I think (child's name) realizes that she has a real responsibility in the community and that she can make a difference. (Parent)

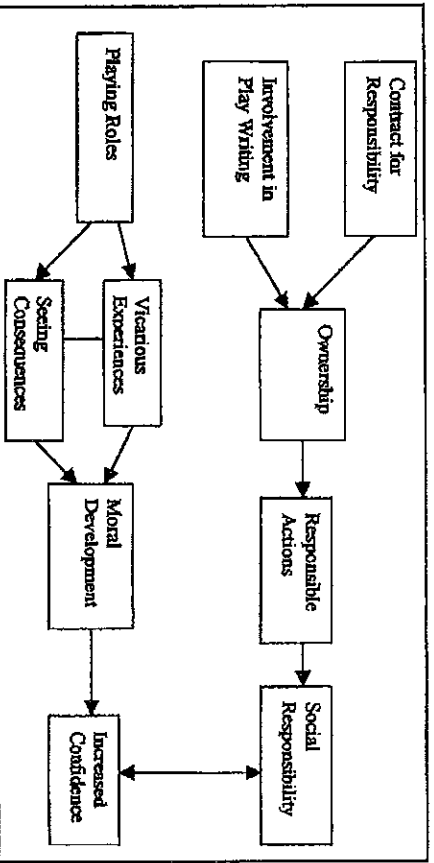


Figure 3. Theater program conceptual model.

Similarly, parents stated:

(translated by teacher) The most positive thing was that they were able to learn English and progress and understand their homeroom teacher a little better and that way they don't feel so left out.

... there is lesser kids so there is more time for the teacher to be one-on-one basis as far as helping them with homework and that kind of stuff. And I work two jobs, so when I get off work, I don't have a lot of time to sit there and say, "Okay, two plus two is whatever" when she already knows that, she gets that at the after-school program.

### Golf Instruction Program (Urban)

Of all the programs we studied, the golf instruction program had the least articulated program theory. However, this program did have an implicit theory that suggested that contracting not use AOD combined with athletic skills would result in increased academic performance and social attachment. Figure 5 graphically presents this theory.

Supporting this tacit conceptual approach, focus group respondents indicated: They are really trying hard (referring to school work), they are really proud of how good they are doing.

(referring to AOD) It has a lot more motivation for them now than it did because they have grown to love it and look forward to it (golf).

I think what makes me so excited about the program [is] because I've gotten to know the kids. I'm going to hire a few of them in the spring time. There's a good possibility, I'd say four or five of them have a good chance to play high school golf in the spring, they've come far enough ability-wise.

When asked what the program participants get out of the program besides golf skills, the respondents indicated:

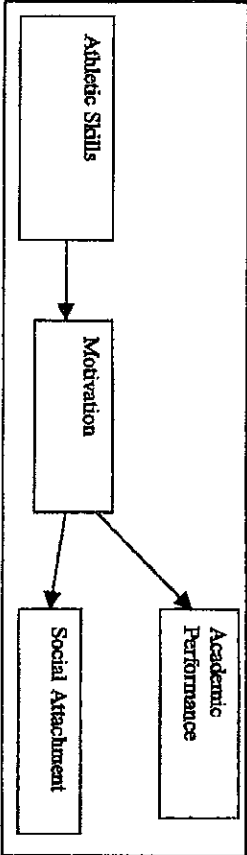


Figure 5. Urban golf program conceptual model.

we know that, we understand that, not that they are not capable of it, it's just somewhere in their life they've never lived up to the expectations and can never get caught up, no matter how long it will take. . . . So that's why we look at vocational technology or the building trades.

We hope we're giving them enough tools that they can get out and, go out and earn the money or go out and buy the stereo rather than ripping it out of your car.

## DISCUSSION

This study examined the perceived program outcomes of five AOD prevention programs in a heterogeneous prevention system. The prevention system founding these programs embraces a risk and resiliency model based on the work of Hawkins and associates [7]. Data from the present study indicates that, in general, the perceived or potential program outcomes and mini-grounded theories associated with the programs we examined are consistent with this approach. The programs we studied focused on several factors relevant to the risk and resiliency approach—academic skills and bonding, social responsibility, etc.

Despite this, none of the programs we examined implemented a comprehensive risk and resiliency program similar to the one detailed by Hawkins et al. [7]. In fact, one of the key assumptions made by Hawkins and associates is that prevention efforts must be comprehensive and community-based to work. The prevention system in Nevada was broad in scope, but all the elements presented in the risk and resiliency literature are not systematically represented in the Nevada system. Allowing disparate grantees to address single aspects of the risk and resiliency model is probably insufficient to bring about the desired effect. Moreover, the geographic and social diversity of a state, make such an approach suspect.

Beyond the lack of conceptual coherence at the state level, our analysis suggests that most programs cannot clearly articulate their own programmatic theories. When we asked each program to describe their efforts, no program clearly identified a theory of prevention, nor did any program specifically mention "risk and resiliency." The mini-ground theories present earlier emerged from the data and were not clearly specified by program staff or recipients. However, all of the programs could clearly articulate their programmatic activities. Logic models or similar planning models might help program see the link between their interventions and their desired goals more clearly [11].

Our analysis identified selection issues that should be highlighted. Some of the prevention programs studied have target populations that are not high risk, based on risk factors identified in the literature. While it may have broad political appeal to target programs more generally, a risk and resiliency approach is based on identified risk factors determining target populations and identified resiliency

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