

Virginia Opioid Abatement Authority Application for Individual Awards to Cities and Counties

1. Contact Information

- a. Name of City or County: City of Galax city county
- b. Physical address: 111 E Grayson St, Galax, VA 24333
- c. Mailing address: Same
(if different than physical address)
- d. Contact Person for this application
- i. Name: Jolena Young
- ii. Job Title: Grants Administrator
- iii. Office Phone: 276-236-9944 Cell Phone: 276-233-3231
- iv. Email: jyoung@galaxva.com

2. Distribution Information

- a. Provide the following regarding how the city or county has used (or is planning to use) its direct distributions (from the settlement administrator):
- i. For the **Distributors Settlement**:

Amount of direct distributions received during FY2023 (Amounts can be found here)	\$11,259
Amount appropriated by the governing body in FY2023	\$11,259
FY2023 actual expenditures	\$0
FY2023 encumbered but not yet expended	\$10,000
FY2023 remaining unspent and unencumbered balance	\$1,259
FY2024 anticipated direct distribution from Distributor Settlement (Amounts can be found here)	\$5,940

ii. For the **Janssen Settlement**:

Amount of direct distributions received during FY2023 (Amount can be found here)	\$24,523
Amount appropriated by the governing body in FY2023	\$24,523
FY2023 actual expenditures	\$0
FY2023 encumbered but not yet expended	\$0
FY2023 remaining unspent and unencumbered balance	\$24,523

iii. Provide a narrative reflecting the uses (actual or planned) of the direct distributions for the city or county from the Distributors and Janssen for both FY2023 and FY2024. Include a description of project(s) funded with these direct distributions, the target audience or population, names and responsibilities of subrecipients or contractors, and any outcomes that have been achieved. If no funds have been used, state the city or county's plans for these funds. (Attach additional sheets if needed).

The City of Galax distributed a request for proposals to local organizations involved in opioid abatement. To date the City has received 3 requests:

Recovery Drug Court requested \$10,000 as match to a cooperative grant application. The City Council through resolution has appropriated the match. If the cooperative grant is not awarded, the City will develop an agreement with the Recovery Drug Court to reimburse up to \$10,000 in expenses for transportation, emergency housing, and exercise equipment.

The following will be presented for allocation at the June 2023 Council Meeting:

To Mount Rogers Community Services, an allocation of \$2,120 for FY2024 for two community awareness events in Galax and increased distribution and training of Naloxone.

To Galax School System, an allocation of \$5,000 for FY2024 for K-12 prevention education. "Top

b. Does the city or county intend to reserve any portion of its direct distributions from FY2023 or FY2024 for future year abatement efforts?

Yes

No

If yes, see [Terms and Conditions](#) item #2.d.

iii. Narrative Cont.

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The following will be presented for allocation at the June 2023 Council Meeting:

To Mount Rogers Community Services, an allocation of \$2,120 for FY2024 for two community awareness events in Galax and increased distribution and training of Naloxone.

To Galax School System, an allocation of \$5,000 for FY2024 for K-12 prevention education, "Too Good for Drugs".

Due to the importance of peer counseling, the City will allocate \$2,980 for FY2023 and \$11,920 for FY2024 to reimburse local peer counseling organizations for participant materials, reward coins, and peer recovery counselor training.

The City will establish a reserve of \$15,599 from FY2024 for use in future years.

Note: The City is requesting \$16,185 and \$2,723 from the FY2023 and FY2024 OAA Individual Grant programs. A Projected Cash Flow is included in the budget.

c. Does the city or county intend to apply for the OAA's city or county "Gold Standard" incentive program in FY2023 and FY2024?

Yes

No

If yes, complete the form entitled "[Application and Terms and Conditions to Receive OAA Incentive Funds](#)"

d. For each proposed project in FY2023 and FY2024, complete and attach Part 4 "Project Proposal" of this application. If there is more than one project, use the [additional project proposals](#) file. The total amount of funding requested should not exceed the amount for the city or county as published in this [document](#).

e. Attach a copy of a resolution from the governing body of the city or county providing signatory authority. If the city or county is requesting the Gold Standard incentive, ensure this is noted in the resolution from the governing body. A [sample resolution](#) can be found in this application packet.

3. Signature

Signature section must be completed by the person designated with signatory authority in the resolution noted in Part 2.e of this application.

"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge."

Signature 

Print Name Gavin Blevins

Title Interim City Manager

Date 5/5/2023



CITY OF GALAX

Virginia Opioid Abatement Authority Resolution City of Galax

RESOLUTION: Signatory Authority – Proposal for Grant Funding from the Virginia Opioid Abatement Authority

WHEREAS, the Galax City Council seeks to mitigate and abate the impacts of the opioid epidemic in City of Galax; and

WHEREAS, the mission of the Virginia Opioid Abatement Authority (OAA) is to abate and remediate the opioid epidemic in the Commonwealth through financial support in the form of grants, donations, or other assistance; and

WHEREAS, the OAA has invited each city and county in Virginia to submit proposals for grants to support efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids in the Commonwealth; and

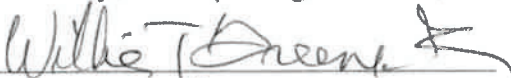
WHEREAS, the financial assistance offered by the OAA is needed to provide opioid mitigation and abatement efforts in City of Galax; and

WHEREAS, City of Galax has prepared a grant proposal for Fiscal Years 2023 and 2024 that accepts the terms and conditions required by the OAA; and


WHEREAS, the City of Galax voluntarily agrees to meet the OAA's "Gold Standard" requirements in return for a 25% increase in OAA funding eligibility during these two Fiscal Years; and

WHEREAS, City of Galax's grant request for fiscal years 2023 and 2024 seeks a total of \$18,908 in grant funding from the OAA, *including the incentive amount.*

NOW, THEREFORE, BE IT RESOLVED, Galax City Council hereby authorizes City Manager or Interim City Manager to execute the grant application to the Virginia Opioid Abatement Authority, to accept the grant award, and to execute all documents in connection therewith.



Mayor



Clerk of Council

Virginia Opioid Abatement Authority Application and Terms and Conditions for Cities and Counties to Receive OAA “Gold Standard” Incentive Funds

1. Contact Information

- a. Name of City or County: Galax city county
- b. Physical address: 111 E Grayson St
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(if different than physical address)
- d. Contact Person for this application
- i. Name: Jolena Young
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2. Agreements

The governing body of the city or county named in this application is applying to the OAA to receive the incentive that increases the city or county’s OAA Distribution by 25% for FY2023 and FY2024. To qualify for the incentive, the city or county agrees to the terms and conditions set forth for the OAA Distributions to Cities and Counties as well as the following requirements:

- a. The city or county will create and maintain separate accounting records for funds received from the OAA Distribution and from Direct Distribution in accordance with relevant guidance published by the Auditor of Public Accounts.
- b. The city or county voluntarily agrees to apply the requirements of Code of Virginia [§2.2-2370 \(A\)](#), to its Direct Distributions. These set of requirements are known as the “Gold Standard.”
- c. The city or county has adopted and attached a resolution noting that it will voluntarily agree to meet the OAA’s “Gold Standard” requirements in return for a 25% increase in OAA funding for FY2023 and FY2024.

**Application and Terms and Conditions for Cities and Counties
to Receive OAA "Gold Standard" Incentive Funds**

3. Signature

Signature section must be completed by the person designated with signatory authority in the resolution noted in Part 2.c of this application.

"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge."

Signature *Garin N. Blevins*

Print Name *Garin N. Blevins*

Title *City Manager*

Date *05/05/2023*

4. Project Proposal

Complete the information below **for each project** the city or county is requesting to be funded.

a. Name of City or County: _____ city county

b. Project name: _____

c. Contact Person for this application

i. Name: _____

ii. Job Title: _____

iii. Office Phone: _____ Cell Phone: _____

iv. Email: _____

d. Is this project:

A new effort for the city / county.

A proposed supplement or enhancement to a project or effort that is already in place.

How long has the project existed? _____

A combination of enhancing an existing project/effort with new components.

How long has the project existed? _____

e. Provide a brief narrative description of the proposed project.

e. Too Good for Drugs Narrative

Too Good for Drugs will be taught in Galax City Elementary Middle and High schools during the 2023-2024 school year. The program will be taught in health classes in Middle and High Schools, and by the school counselors at the elementary level.

Many of our students, as stated earlier, are exposed to drugs due to easy access within the community. Sixty-one percent of the students we serve are categorized as economically disadvantaged. We know from research that there is a connection between socioeconomic status and illicit drug use. Increase in the usage of vapes among teens within our schools including the use of THC vapes, the exposure of drug use outside of the school, and the increased concern of access to vapes from non certified sources containing various drugs have all increased the need of a drug prevention program. There is a growing concern of drug use among youth, with the National Center of Drug Abuse Statistics reporting that 50% of teenagers, aged 12-17, have misused a drug at least once. The Too Good Treatment Programs have shown to make a lasting impact on students who were exposed to the program as well as having lasting effects in maintaining the social, resiliency, and health-enhancing skills and behaviors.

f. Describe the objectives of this project

g. How was the need determined and how does that need relate to abatement?

h. Briefly describe (name or organization, description of role, budget, etc.) the organization(s), including any sub-recipients or contractors (if known) that will be involved in this project. Attach any contracts and/or memoranda of understanding/agreement. If not fully executed, a draft or a narrative describing the scope of services may suffice.

i. Who are the targeted beneficiaries, and how many persons are expected to participate per year?

j. Is the project classified as evidence-based?

Yes

No

If yes, attach supporting information to this application.

h. Narrative Continued:

Galax City School System will procure the training program "Too Good for Drugs". Implementation of the program would be at the beginning of the 2023-2024 school year. with the required program training for our health teachers and counselors being at the beginning of the year workdays. The high school health courses are held in semesters with the program being implemented each semester. The middle school health courses are year long with the program being implemented throughout the year. The elementary school will teach the program during classroom guidance with a schedule being made at the beginning of the school year to ensure exposure to each grade level.

Our plan is to have the program taught in our health classes at the middle and high school levels and by the school counselors at the elementary level. Prior to the program implementation, a survey will be given to students. The same survey will be given at completion of the program to determine the impact. The implementation of the program within our health classes and classroom guidance will ensure each student is exposed to the curriculum. The targeted population is any student, K-12, who attends Galax City Public Schools.

k. Is the project classified as evidence-informed?

Yes

No

If yes, attach supporting information to this application.

l. Has this project been certified or credentialed by a state/federal government agency, or other organization/non-profit?

Yes

No

If yes, attach supporting information to this application.

m. Has this project received any awards or recognition?

Yes

No

If yes, attach supporting information to this application.

n. Does this project have components other than opioid-related treatment as defined?

No, it is 100% related to opioid treatment

Yes, there are other substances involved

If yes, what is the approximate percentage of the project that covers opioid-related abatement (i.e., 20% of the patients who seek services have opioid-related disorders)?

o. Attach a budget for FY2023 and a budget for FY2024 with line-item details for the project. If carry-over of OAA funds from FY2023 into FY2024 is expected, include this in the line item budget.

p. Complete and attach the [project timeline workbook](#) for each project covering both FY2023 and FY2024

q. Complete and attach the [performance measurement workbook](#) for each project covering both FY2023 and FY2024

r. *(Optional)* Attach any letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.

Galax City Public Schools has a sincere need to educate our students on the dangers of drugs. Community and state statistics show that drugs are a prevalent and ever-present danger to our citizens. According to the Virginia Department of Health, the death rate per 100,000 doubled for the city of Galax from 2019 to 2021 increasing from 15.8 to 31.8. Unfortunately, many of our students are exposed to drugs and drug-related culture in their homes. Although it is our intention to keep drugs out of our schools, sometimes they are brought on campus due to the easy access in our community. There is an urgent need to educate our students about the dangers of drug usage and exposure.

We would like to implement the program Too Good for Drugs in all of our schools during the 2023-2024 school year. This program has a strong research base with organizations like the National Registry of Evidence-Based Programs and Practices, What Works Clearinghouse, and Substance Abuse and Mental Health Services Administration. These organizations have positive reviews and ratings of the Too Good for Drugs programs because of its positive effects on behaviors as well as categorizing it as a model drug program. The Too Good for Drugs program utilizes research to build protective factors related to the risky drug use behaviors. The program is designed with various theoretical concepts in mind including Social Learning Theory, Problem Behavior Theory, and Health Behavior Theory. The theoretical construct of the program covers the contributing factors that influence drug use among teens and young adults including modeling and observing drug use by friends or within the home, attempts to change the behavior on multiple levels, and strengthening health-enhancing behaviors rather than health-compromising behaviors.

Benefits of implementing the program include decreasing drug use as well as building resiliency behaviors. Evidence shows that implementation of a drug prevention and social emotional combination program favors students in not only building resiliency factors, but also increasing social and communication skills and emotional competency skills. The combination of these skills was once perceived as innate characteristics, but we are learning that these are skills that need to be fostered within the school setting. Many students are ill equipped to face the various complex issues they encounter in school and the community at large, including illicit drug use. Combining the teaching of both social skills and drug prevention skills will foster the development of resiliency that many of our students need.

Our plan is to have the program taught in our health classes at the middle and high school levels and by the school counselors at the elementary level. Prior to the program implementation, a survey will be given to students. The same survey will be given at completion of the program to determine the impact. The implementation of the program within our health classes and classroom guidance will ensure each student is exposed to the curriculum. The targeted population is any student, K-12, who attends Galax City Public Schools.

Many of our students, as stated earlier, are exposed to drugs due to easy access within the community. Sixty-one percent of the students we serve are categorized as economically disadvantaged. We know from research that there is a connection between socioeconomic status and illicit drug use. Increase in the usage of vapes among teens within our schools including the use of THC vapes, the exposure of drug use outside of the school, and the increased concern of

access to vapes from non certified sources containing various drugs have all increased the need of a drug prevention program. There is a growing concern of drug use among youth, with the National Center of Drug Abuse Statistics reporting that 50% of teenagers, aged 12-17, have misused a drug at least once. The Too Good Treatment Programs have shown to make a lasting impact on students who were exposed to the program as well as having lasting effects in maintaining the social, resiliency, and health-enhancing skills and behaviors.

The proposed annual budget would be \$5,000.00. The anticipated documentation would be the purchase order, invoice, and proof of payment for the program, the pre and post surveys, teacher lesson plans and student grades in middle and high school and school counselor lesson plans and schedules at the elementary school.

Implementation of the program would be at the beginning of the 2023-2024 school year, with the required program training for our health teachers and counselors being at the beginning of the year workdays. The high school health courses are held in semesters with the program being implemented each semester. The middle school health courses are year long with the program being implemented throughout the year. The elementary school will teach the program during classroom guidance with a schedule being made at the beginning of the school year to ensure exposure to each grade level.

Primary contact information:

Sydney Bourne

sydneybourne@galaxschools.us

276-236-6124

Galax-Individual
School Too Good for Drugs

Budget Item	FY2023	FY2024	FY2025
Too Good for Drugs Prevention Education Materials	0	\$5,000	\$2,723
Grant	\$5,000	\$2,723	

Performance Measurement Worksheet for Project Number #1

Proposed by: Galax
(insert name of city or county)

Project Name K-12 Prevention Education

Project Performance Measures (complete for all that apply)

	Required		FY25	Optional FY26	FY27
	FY23	FY24			
Prevention/Education/Awareness Efforts					
1	No. of children, infant to 5 years old, participating in prevention/education programming				
2	No. children, elementary school age, participating in prevention/education programming				
3	619	619			
4	329	329			
5	379	379			
6	No. of pregnant and/or nursing women participating in prevention/education programming				
7	No. of teachers participating in prevention/education programming				
8	No. of health care professionals participating in prevention/education programming				
9	No. of law enforcement officers participating in prevention/education programming				
10	No. of court-related professionals participating in prevention/education programming				
11	No. of key officials / policy makers participating in prevention/education programming				
Efforts Directed Toward Pregnant / Nursing Women with Substance Use Disorders					
12	No. of pregnant / nursing women completing some form of detox				
13	No. of pregnant / nursing women tested for communicable diseases				
14	No. of pregnant / nursing women testing positive for communicable diseases				
15	No. of pregnant / nursing women connected to treatment for communicable diseases				
16	No. of pregnant / nursing women connected to therapeutic counseling services				
17	No. of pregnant / nursing women connected to MOUD				
18	No. of pregnant / nursing women connected to professional mental health care				
19	No. of pregnant / nursing women connected to peer supports				
20	No. of pregnant / nursing women connected to housing				
21	No. of pregnant / nursing women connected to childcare				
22	No. of pregnant / nursing women connected to education or job training				
23	No. of pregnant / nursing women connected to a job / employment				
24	No. of babies with neonatal abstinence syndrome treated				

Performance Measurement Worksheet for Project Number #1

Proposed by: Galax

(Insert name of city or county)

Project Name K-12 Prevention Education

Project Performance Measures (complete for all that apply)

		Required		Optional		
		FY23	FY24	FY25	FY26	FY27
<u>Efforts Directed Toward Children with Substance Use Disorders</u>						
25	No. of children (up to age 18) completing some form of detox					
26	No. of children (up to age 18) connected to therapeutic counseling services					
27	No. of children (up to age 18) connected to MOUD					
28	No. of children (up to age 18) connected to professional mental health care					
29	No. of children (up to age 18) connected to peer supports					
30	No. of children (up to age 18) tested for communicable diseases					
31	No. of children (up to age 18) testing positive for communicable diseases					
32	No. of children (up to age 18) connected to treatment for communicable diseases					
<u>Efforts Directed Toward Individuals with SUD who are Criminal Justice Involved</u>						
33	No. of individuals receiving SUD screening while incarcerated					
34	No. of individuals completing some form of detox while incarcerated					
35	No. of individuals tested for communicable diseases while incarcerated					
36	No. of individuals testing positive for communicable diseases while incarcerated					
37	No. of individuals connected to treatment for communicable diseases while incarcerated					
38	No. of individuals provided SUD therapeutic counseling while incarcerated					
39	No. of individuals provided Medication Assisted Treatment for SUD while incarcerated					
40	No. of individuals provided professional mental health care while incarcerated					
41	No. of individuals connected to peer supports while incarcerated					
42	No. of individuals provided with education or job training while incarcerated					
43	No. of individuals incarcerated provided with an SUD-specific release plan					
44	No. of individuals diverted from incarceration to treatment					
45	No. of individuals diverted from incarceration to housing					
46	No. of individuals connected to SUD therapeutic counseling while on monitored release					
47	No. of individuals connected to MOUD while on monitored release					
48	No. of individuals enrolled into court approved SUD-related deferred adjudication					
49	No. of individuals successfully completing the terms of SUD-related deferred adjudication					
50	No. of drug court participants enrolled					
51	No. of drug court participants graduated					

Performance Measurement Worksheet for Project Number #1

Proposed by: Galax
(Insert name of city or county)

Project Name K-12 Prevention Education

Project Performance Measures (complete for all that apply)

		Required			Optional	
		FY23	FY24	FY25	FY26	FY27
<u>Efforts Directed Toward Adults with SUD who are not incarcerated or pregnant/nursing</u>						
52	No. of adults completing some form of detox					
53	No. of adults tested for communicable diseases					
54	No. of adults testing positive for communicable diseases					
55	No. of adults connected to treatment for communicable diseases					
56	No. of adults connected to therapeutic counseling services					
57	No. of adults connected to MOUD					
58	No. of adults connected to professional mental health care					
59	No. of adults connected to peer supports					
60	No. of adults connected to housing					
61	No. of adults connected to childcare					
62	No. of adults connected to education or job training					
63	No. of adults connected to a job / employment					
<u>Harm Reduction Efforts</u>						
64	No. of people engaged during harm prevention outreach efforts					
65	No. of Naloxone kits distributed to at-risk individuals					
66	No. of Fentanyl test kits distributed to at-risk individuals					
67	No. of clean syringe exchanges conducted					
68	Reported No. of overdoses reversed					

Virginia Opioid Abatement Authority
Timeline for Project Number #1

Proposed by: Galax
(Insert name of city or county)

Project Name: Too Good For Drugs

#	Objective	REQUIRED																							
		FY23						FY24						FY25											
		March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2		
1	Purchase training package					X																			
2	Train Health Professionals and Counselors						X																		
3	Present Course in High School Health Classes						X	X	X	X	X	X	X	X	X										
4	Present Course in Middle School Health Classes						X	X	X	X	X	X	X	X	X										
5	Present Course in Elementary School in Classroom Guidance							X	X	X	X	X	X	X	X										
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									

What Works Clearinghouse



Too Good for Drugs™

Program description *Too Good for Drugs™* is designed to promote life skills, character values, resistance skills to negative peer influence, and resistance to the use of illegal drugs, alcohol, and tobacco. The program, which targets elementary and middle school students, is based on classroom discussions and structured activities that center on interactive learning and skill-building exercises.

Students engage in role-play and cooperative learning games and are encouraged to apply the skills to different contexts. *Too Good for Drugs™* also includes the optional elements of parental and community involvement. Two related programs are addressed in the intervention reports on *Too Good for Drugs and Violence* (high school) and *Too Good for Violence* (K–8).

Research Two studies of *Too Good for Drugs™* met the What Works Clearinghouse (WWC) evidence standards. These studies, which included nearly 2,500 students in grades 3, 4, and 6, attending

12 elementary and middle schools in Florida, examined results on students' behavior and knowledge, attitudes, and values.¹

Effectiveness *Too Good for Drugs™* was found to have potentially positive effects on students' behavior and no discernible effects on students' knowledge, attitudes, and values.

	Behavior	Knowledge, attitudes, and values	Academic achievement
Rating of effectiveness	Potentially positive effects	No discernible effects	Not reported
Improvement index²	Average: +10 percentile points Range: 0 to +17 percentile points	Average: +7 percentile points Range: +3 to +11 percentile points	Not reported

1. The evidence presented in this report is based on the available research. Findings and conclusions may change as new research becomes available.

2. These numbers show the average and range of improvement indices for all findings across the two studies.

Additional program information

Developer and contact

Mendez Foundation. 601 S. Magnolia Avenue, Tampa, FL 33606.

Web: www.mendezfoundation.org. Telephone: 800-750-0986.

Scope of use

*Too Good for Drugs*TM (K–8) was first developed in Hillsborough County (Tampa), Florida in 1978. The middle school program was revised in 1995.³ *Too Good for Drugs*TM and its companion programs (*Too Good for Violence* and *Too Good for Drugs and Violence*) have been implemented in more than 2,500 districts in more than 48 states in rural, urban, and suburban communities with African-American, Asian, Hispanic, and Caucasian student populations and across diverse socioeconomic groups. *Too Good for Drugs*TM may have changed since the studies were conducted. The WWC recommends asking the developer for information about the most current version of this curriculum and taking into account that student demographics and school context may affect outcomes.

Teaching

*Too Good for Drugs*TM was included in the character education review because the program addresses several character traits that are infused into most of the lessons. *Too Good for Drugs*TM consists of 10 lessons at each grade level lasting 30–45 minutes per lesson. All lessons are scripted and intended to be taught by trained teachers or program instructors (off-site educators). Lessons include information about the frequency of drug use among American youth and the harmful effects of drug use. Instructional strategies cover goal setting and decisionmaking skills, prosocial skills, resistance to negative peer influence skills, and interpersonal

skills. Core values such as respect for self and others, empathic responding, and responsibility are integrated into the lessons. Cooperative learning activities, role-play, and skill-building methods reinforce positive behaviors and skills and encourage students to apply these behaviors and skills in other contexts.

The developer provides such teacher resources as grade-level kits that include scripted curricula, 50 student workbooks, measurable objectives, evaluation tools, lesson extenders, and tips for teaching the program. According to the developer, the program is school-based but also includes such optional community and parental involvement components as parent newsletters and interactive family materials as well as information on holding parent information sessions.

Cost

The cost of materials for a classroom, including the curriculum, 50 student workbooks, teaching materials such as puppets and posters, teaching tips, and evaluation tools, ranges from \$100 to \$130 depending on the grade level.

Teachers are encouraged to attend an on-site or regional curriculum training workshop held by the developer. The cost per day of a regional training workshop is \$300 a person for curriculum training and \$400 a person for train the trainer sessions. The cost of the regional training is reduced to \$850 if the participant attends all three days of training. The cost per day of an on-site training workshop, which can train groups of 15 to 50 participants, is \$1,500 plus travel for curriculum training and \$225 a person for train the trainer sessions. The developer states that smaller school districts may collaborate with nearby districts to share the cost of on-site training.

Research

Two studies reviewed by the WWC investigated the effects of *Too Good for Drugs*TM. Both studies (Bacon, 2000; Bacon, 2003) were randomized controlled trials that met WWC evidence standards. Both studies focused on *Too Good for Drugs*TM implemented in classrooms rather than as a schoolwide intervention.

The Bacon (2000) study investigated the program effects on middle school students and included more than 1,300 sixth-grade students attending six middle schools in one large school district in Florida. This study compared outcomes for students participating in a *Too Good for Drugs*TM curriculum with

3. The revised middle school curriculum is also known as *Too Good for Drugs II*.

Research *(continued)*

outcomes for students in classes that did not use a character education curriculum.

The Bacon (2003) study investigated the program effects on elementary school students and included more than 1,100 third- and fourth-grade students attending six elementary schools in

one school district in Florida. This study compared outcomes for students participating in a *Too Good for Drugs*[™] curriculum with outcomes for students in classes that did not use a character education curriculum.

Effectiveness Findings

The WWC review of character education addresses student outcomes in three domains: behavior; knowledge, attitudes, and values; and academic achievement.

Behavior. Bacon (2003) found statistically significant differences favoring the intervention group on all three subscales (personal and social skills, prosocial behavior, and inappropriate behavior) four months after the end of the program.⁴ Although, as calculated by the WWC, none of these outcomes—individually or averaged—were found to be statistically significant the average effect size was large enough to be considered substantively important (at least 0.25).

Knowledge, attitudes, and values. Bacon (2000) reported statistically significant differences favoring the intervention group on three outcomes (resistance skills, prosocial peer group, and locus of control) four months after the end of the program. But none of these outcomes were found to be statistically significant as calculated by the WWC. The average effect size was neither statistically significant nor substantively important.

Bacon (2003) reported statistically significant differences in student perceptions favoring the intervention group on one of the five outcomes (goal setting and decisionmaking) four months after the end of the program. This effect was not found to be statistically significant as calculated by the WWC. The average effect size was neither statistically significant nor substantively important.

Rating of effectiveness

The WWC rates interventions as positive, potentially positive, mixed, no discernible effects, potentially negative, or negative. The rating of effectiveness takes into account four factors: the quality of the research design, the statistical significance of the findings (as calculated by the WWC), the size of the differences between participants in the intervention condition and the comparison condition, and the consistency of the findings across studies (see the [WWC Intervention Rating Scheme](#)).

The WWC found *Too Good for Drugs*[™] to have potentially positive effects on behavior and no discernible effects on knowledge, attitudes, and values

Improvement index

For each outcome domain, the WWC computed an improvement index based on the average effect size (see the [Technical Details of WWC-Conducted Computations](#)). The improvement index represents the difference between the percentile rank of the average student in the intervention condition versus the percentile rank of the average student in the comparison condition. Unlike the rating of effectiveness, the improvement index is entirely based

on the size of the effect, regardless of the statistical significance of the effect, the study design, or analysis. The improvement index can take on values between -50 and +50, with positive numbers denoting favorable results. The average improvement index for behavior is +10 percentile points, with a range of 0 to +17 percentile points across findings. The average improvement index for knowledge, attitudes, and values is +7 percentile points, with a range of +3 to +11 percentile points across findings.

4. The level of statistical significance was calculated by the WWC and, where necessary, corrects for clustering within classrooms or schools, and for multiple comparisons. For an explanation, see the [WWC Tutorial on Mismatch](#). See the [Technical Details of WWC-Conducted Computations](#) for the formulas the WWC used to calculate the statistical significance. In the case of the *Too Good for Drugs*[™] report, corrections for clustering and multiple comparisons were needed.

The WWC found *Too Good for Drugs™* to have potentially positive effects on behavior and no discernible effects on knowledge, attitudes, and values (continued)

Summary

The WWC reviewed two studies on *Too Good for Drugs™*. Both studies (Bacon, 2000; Bacon, 2003) were randomized controlled trials that met WWC evidence standards. Only one study (Bacon, 2003) examined student outcomes in the behavior domain. The average effect size across all behavior outcomes examined in this study was substantively important but not statistically significant. So the WWC rated the program as having potentially positive effects in the behavior domain. Both studies reviewed for *Too Good for Drugs™* examined student outcomes in the knowledge,

attitudes, and values domain. When the WWC aggregated the results across all outcomes in this domain in each of the studies, the domain average effect size in each of the studies was neither statistically significant nor substantively important. In addition, none of the individual findings was statistically significant, as calculated by the WWC. So the WWC rated the program as having no discernible effects on knowledge, attitudes, and values. Character education, an evolving field, is beginning to establish a research base. The evidence presented in this report is limited and may change as new research emerges.

References

Met WWC evidence standards

Bacon, T. P. (2000). The effects of the Too Good for Drugs prevention program on students' substance use intentions and risk and protective factors. *Florida Educational Research Council, Inc., Research Bulletin*, 31(3 & 4), 1–25.

Bacon, T. P. (2003). Technical report: Evaluation of the Too Good for Drugs Elementary School Prevention Program. A report produced for Florida Department of Education Department of Safe and Drug-Free Schools. Tallahassee, FL. Available from: The Mendez Foundation, 601 S. Magnolia Avenue, Tampa, FL 33606.

For more information about specific studies and WWC calculations, please see the [WWC *Too Good for Drugs™* Technical Appendices](#).

Appendix

Appendix A1.1 Study characteristics: Bacon, 2000 (randomized controlled trial)

Characteristic	Description
Study citation	Bacon, T. P. (2000). The effects of the Too Good for Drugs prevention program on students' substance use intentions and risk and protective factors. <i>Florida Educational Research Council, Inc., Research Bulletin</i> , 31(3 & 4), 1–25.
Participants	The comparison group included 1,318 sixth-grade students from six middle schools. About 51% of the student population in these schools is eligible for participation in the free or reduced lunch program. Of the sample, 52% were females, 48% were Caucasian, 33% African-American, 13% Hispanic, and 6% Asian.
Setting	One large school district in Florida that serves students from urban, suburban, and rural regions.
Intervention	The <i>Too Good for Drugs™</i> sixth-grade curriculum consisted of nine lesson units averaging 45 minutes in length. The program was implemented during the first quarter of the school year.
Comparison	The comparison group was drawn from matched schools in the same school district. Comparison group students did not participate in the <i>Too Good for Drugs™</i> program at the time of the study but received this program at the fourth quarter of the school year.
Primary outcomes and measurement	Students responded to survey items assessing students' intentions to use marijuana and their perceptions of peer resistance skills, positive attitudes toward nondrug use, perceptions of peer normative substance use, perceptions of peer disapproval of substance use, prosocial peer relationships, and locus of control. (See Appendix A2.2 for a more detailed description of outcome measures.)
Teacher training	All lessons were delivered by program instructors (trained off-site educators), so no training of teachers was done.

Appendix A1.2 Study characteristics: Bacon, 2003 (randomized controlled trial)

Characteristic	Description
Study citation	Bacon, T. P. (2003). Technical report: Evaluation of the Too Good for Drugs Elementary School Prevention Program. A report produced for Florida Department of Education Department of Safe and Drug-Free Schools. Tallahassee, FL. Available from: The Mendez Foundation, 601 S. Magnolia Avenue, Tampa, FL 33606.
Participants	The study comparison included 1,142 third- and fourth-grade students from six elementary schools. About 45% of the sample was eligible to participate in the free or reduced lunch program. Of the sample, 49% were females, 71% Caucasian, 17% African-American, 10% Hispanic, and 2% other race (Asian; American Indian; multicultural).
Setting	The school district was in Lake County, Florida.
Intervention	The program was implemented during the first half of the school year. Classroom teachers delivered 10 lesson units averaging 45 minutes in length to students in grades 3 and 4. Students were also encouraged to participate in "Home Workouts" with their family members to reinforce the lessons.

(continued)

Appendix A1.2 **Study characteristics: Bacon, 2003 (randomized controlled trial)** *(continued)*

Characteristic	Description
Comparison	The comparison group was drawn from matched schools in the same school district. Comparison group students did not participate in the <i>Too Good for Drugs™</i> program at the time of the study but received it in the fourth quarter of the school year.
Primary outcomes and measurement	Students responded to two sets of survey items. Three items were used to gauge students' intentions to drink alcohol and use marijuana within the next 12 months. Nineteen additional items were used to assess protective factors associated with youth susceptibility to illicit drugs. The 19 items were grouped into such protective factor subscales as perceptions of peer resistance skills, prosocial peer relationships, and locus of control. (See Appendices A2.1 and A2.2 for a more detailed description of outcome measures.)
Teacher training	No training information was given other than that in small groups or individually teachers received a brief training refresher.

Appendix A2.1 Outcome measures in the behavior domain

Outcome measure	Description
The Teacher Checklist of Student Behavior (TCSB): personal and social skills	This scale, developed by the study author, consists of 11 items assessing students' emotional behavior and interpersonal interactions with peers. The checklist was completed for each student individually (as cited in Bacon, 2003).
The Teacher Checklist of Student Behavior (TCSB): prosocial behaviors	This scale, developed by the study author, consists of six items assessing students' helping, respectful, and emphatic behavior with peers. The checklist was completed for each student individually (as cited in Bacon, 2003).
The Teacher Checklist of Student Behavior (TCSB): inappropriate behaviors	This scale, developed by the study author, consists of six items assessing students' aggressive and disruptive behavior. The checklist was completed for each student individually (as cited in Bacon, 2003).

Appendix A2.2 Outcome measures in the knowledge, attitudes, and values domain

Outcome measure	Description
Intentions for drinking	One survey item on which students indicate if they intend to drink alcohol anytime during the next year (as cited in Bacon, 2000).
Intention for marijuana	One survey item on which students indicate if they intend to use marijuana anytime during the next year (as cited in Bacon, 2000).
Perceptions of social and resistance skills	A measure on which students indicate if they can tell the difference between healthy and unhealthy relationships and if they are able to avoid unhealthy behaviors (as cited in Bacon, 2000; Bacon, 2003).
Prosocial peers	A scale composed by the study author for the purpose of this study to assess perceptions of prosocial peer behaviors (as cited in Bacon, 2000).
Locus of control	A scale composed by the study author for the purpose of this study to assess perceptions of locus of control related to being able to avoid drinking, fighting, and drug use (as cited in Bacon, 2000).
Perceptions of emotional competency skills	A six-item scale developed by the study author on which students indicated if they felt confident in their ability to manage their behavior and emotions and to successfully plan for personal goals (as cited in Bacon, 2003).
Perceptions of goal setting and decisionmaking skills	A seven-item scale developed by the study author on which students indicated if they managed their actions by setting goals and creating plans to reach these goals (as cited by Bacon, 2003).

Appendix A3.1 Summary of study findings included in the rating for the behavior domain¹

Outcome measure	Study sample	Sample size ³ (students/ schools)	Author's findings from the study		WWC calculations			
			Mean outcome (standard deviation ²)		Mean difference ⁴ (column 1– column 2)	Effect size ⁵	Statistical significance ⁶ (at $\alpha = 0.05$)	Improvement index ⁷
			<i>Too Good for Drugs™</i> group (column 1)	Comparison group (column 2)				
Bacon, 2003 (randomized controlled trial)								
Personal and social skills (follow-up)	Grades 3–4	6/1,051	3.75 (0.83)	3.51 (0.72)	0.24	0.31	ns	+12
Prosocial behaviors (follow-up)	Grades 3–4	6/1,051	3.82 (0.86)	3.46 (0.78)	0.36	0.44	ns	+17
Inappropriate behaviors (follow-up)	Grades 3–4	6/1,051	4.04 (1.04)	4.04 (1.18)	0.00	0.00	ns	+0
Domain average⁸ for behavior						0.25	ns	+10

ns = not statistically significant

1. This appendix reports end-of-program and follow-up findings considered for the effectiveness rating and the improvement index. Interim and immediate posttest findings from the same studies are not included in these ratings but are reported in Appendix A4.1.
2. The standard deviation across all students in each group shows how dispersed the participants' outcomes are: a smaller standard deviation on a given measure would indicate that participants had more similar outcomes.
3. The WWC received confirmation from the study author that the analysis of pretest equivalence was based on the analysis sample rather than the intent-to-treat sample. This analysis addresses concerns about sample attrition that otherwise might affect this review.
4. Positive differences and effect sizes favor the intervention group; negative differences and effect sizes favor the comparison group.
5. For an explanation of the effect size calculation, please see the [Technical Details of WWC-Conducted Computations](#).
6. Statistical significance is the probability that the difference between groups is the result of chance rather than a real difference between the groups. The level of statistical significance was calculated by the WWC and, where necessary, corrects for clustering within classrooms or schools, and for multiple comparisons. For an explanation, see the [WWC Tutorial on Mismatch](#). See the [Technical Details of WWC-Conducted Computations](#) for the formulas the WWC used to calculate the statistical significance. In the case of the *Too Good for Drugs™* report, corrections for clustering and multiple comparisons were needed.
7. The improvement index represents the difference between the percentile rank of the average student in the intervention condition and that of the average student in the comparison condition. The improvement index can take on values between –50 and +50, with positive numbers denoting favorable results.
8. This row provides the study average, which is also the domain average in this case. The WWC-computed domain average effect size is a simple average rounded to two decimal places. The domain improvement index is calculated from the average effect size.

Appendix A3.2 Summary of study findings included in the rating for the knowledge, attitudes, and values domain¹

Outcome measure ³	Study sample	Sample size ^{4, 6} (students/ schools)	Author's findings from the study		WWC calculations			
			Mean outcome (standard deviation ²)		Mean difference ⁵ (column 1– column 2)	Effect size ⁷	Statistical significance ⁸ (at $\alpha = 0.05$)	Improvement index ⁹
			<i>Too Good for Drugs™</i> group (column 1)	Comparison group (column 2)				
Bacon, 2000 (randomized controlled trial)								
Intentions for drinking (follow-up)	Grade 6	6/1,060	90 out of 495 students	62 out of 298 students	1.18	0.18 ¹⁰	ns	+4
Intention for marijuana (follow-up)	Grade 6	6/1,060	62 out of 510 students	54 out of 319 students	1.47	0.23 ¹⁰	ns	+9
Resistance skills (follow-up)	Grade 6	6/1,060	4.36 (0.75)	4.15 (0.82)	0.21	0.27	ns	+11
Peers disapprove use (follow-up)	Grade 6	6/1,060	3.73 (0.98)	3.47 (1.07)	0.26	0.26	ns	+10
Prosocial peers (follow-up)	Grade 6	6/1,060	4.58 (0.74)	4.50 (0.86)	0.08	0.10	ns	+4
Locus of control (follow-up)	Grade 6	6/1,060	4.37 (0.63)	4.25 (0.72)	0.12	0.18	ns	+7
Average¹¹ for knowledge, attitudes, and values (Bacon, 2000)						0.20	ns	+8
Bacon, 2003 (randomized controlled trial)								
Emotional competency skills (follow-up)	Grades 3–4	6/935	4.00 (0.61)	3.95 (0.61)	0.05	0.08	ns	+3
Social and resistance skills (follow-up)	Grades 3–4	6/935	3.59 (0.63)	3.54 (0.64)	0.05	0.08	ns	+3
Goal setting and decision making skills (follow-up)	Grades 3–4	6/935	4.33 (0.73)	4.21 (0.71)	0.12	0.17	ns	+7
Average¹¹ for knowledge, attitudes, and values (Bacon, 2003)						0.11	ns	+4
Domain average for knowledge, attitudes and values across studies						0.16	na ¹²	+7

ns = not statistically significant

na = not applicable

1. This appendix reports end-of-program and follow-up findings considered for the effectiveness rating and the improvement index. Interim and immediate posttest findings from the same studies are not included in these ratings, but are reported in Appendix A4.2.

2. The standard deviation across all students in each group shows how dispersed the participants' outcomes are: a smaller standard deviation on a given measure would indicate that participants had more similar outcomes.

3. Bacon (2003) also examined effects on students' perceptions of the harmful effects of drugs and alcohol and students' intentions to smoke tobacco. These outcomes were not included, because they were not relevant to the scope of
(continued)

Appendix A3.2 Summary of study findings included in the rating for the knowledge, attitudes, and values domain¹ (continued)

this review. For further information about the scope of this review, please see the [Character Education Protocol](#).

4. The WWC requested and received from the study author sample sizes for the analysis sample of students for all variables in Bacon (2000) because they were not reported in the study paper.
5. The WWC received confirmation from the study author that the analysis for pretest equivalence is based on the analysis sample rather than the intent-to-treat sample. This analysis addresses concerns about sample attrition that otherwise might affect findings.
6. Positive differences and effect sizes favor the intervention group; negative differences and effect sizes favor the comparison group. The numbers in the mean difference column for the intentions for drinking and marijuana use represent the odds ratio (ratio between the proportions of the intervention group and comparison group) used to calculate effect size.
7. For an explanation of the effect size calculation, please see the [Technical Details of WWC-Conducted Computations](#).
8. Statistical significance is the probability that the difference between groups is the result of chance rather than a real difference between the groups. The level of statistical significance was calculated by the WWC and, where necessary, corrects for clustering within classrooms or schools, and for multiple comparisons. For an explanation, see the [WWC Tutorial on Mismatch](#). See the [Technical Details of WWC-Conducted Computations](#) for the formulas the WWC used to calculate the statistical significance. In the case of the *Too Good for Drugs™* report, corrections for clustering and multiple comparisons were needed.
9. The improvement index represents the difference between the percentile rank of the average student in the intervention condition and that of the average student in the comparison condition. The improvement index can take on values between -50 and +50, with positive numbers denoting favorable results.
10. Effect size for this outcome measure was calculated using the odds ratio formula, please see the [Technical Details of WWC-Conducted Computations](#).
11. The WWC-computed average effect sizes for each study and for the domain across studies are simple averages rounded to two decimal places. The average improvement indices are calculated from the average effect sizes.
12. In both studies reviewed for *Too Good for Drugs™* Bacon reported statistically significant positive findings for several student outcomes, but after correcting for clustering and multiple comparisons the WWC found that the differences between the groups were not statistically significant.

Appendix A4.1 Summary of end-of-program study findings for the behavior domain¹

Outcome measure	Study sample	Sample size (students/schools) ³	Author's findings from the study		WWC calculations			
			Mean outcome (standard deviation ²)		Mean difference ⁴ (column 1–column 2)	Effect size ⁵	Statistical significance ⁶ (at $\alpha = 0.05$)	Improvement index ⁷
			<i>Too Good for Drugs™</i> group (column 1)	Comparison group (column 2)				
Bacon, 2000 (randomized controlled trial)								
Personal and social skills	Grades 3–4	6/1,051	3.71 (0.78)	3.50 (0.66)	0.21	0.29	ns	+11
Prosocial behaviors	Grades 3–4	6/1,051	3.79 (0.87)	3.37 (0.72)	0.42	0.52	ns	+20
Inappropriate behaviors	Grades 3–4	6/1,051	4.20 (0.91)	4.05 (1.01)	0.15	0.16	ns	+6

ns = not statistically significant

1. This appendix presents interim and immediate posttest findings for the behavior domain. End-of-program and follow-up scores were used for rating purposes and are presented in Appendix A3.1.
2. The standard deviation across all students in each group shows how dispersed the participants' outcomes are: a smaller standard deviation on a given measure would indicate that participants had more similar outcomes.
3. The WWC received confirmation from the study author that the analysis for pretest equivalence is based on the analysis sample rather than the intent-to-treat sample. This analysis addresses concerns about sample attrition that otherwise might affect findings.
4. Positive differences and effect sizes favor the intervention group; negative differences and effect sizes favor the comparison group.
5. For an explanation of the effect size calculation, please see the [Technical Details of WWC-Conducted Computations](#).
6. Statistical significance is the probability that the difference between groups is the result of chance rather than a real difference between the groups. The level of statistical significance was calculated by the WWC and, where necessary, corrects for clustering within classrooms or schools. For an explanation, see the [WWC Tutorial on Mismatch](#). See the [Technical Details of WWC-Conducted Computations](#) for the formulas the WWC used to calculate the statistical significance. In the case of the *Too Good for Drugs™* report, a correction for clustering was needed.
7. The improvement index represents the difference between the percentile rank of the average student in the intervention condition and that of the average student in the comparison condition. The improvement index can take on values between –50 and +50, with positive numbers denoting favorable results.

Appendix A4.2 Summary of end-of-program study findings for the knowledge, attitudes, and values domain¹

Outcome measure ³	Study sample	Sample size (students/schools) ^{4,5}	Author's findings from the study					WWC calculations	
			Mean outcome (standard deviation ²)		Mean difference ⁶ (column 1–column 2)	Effect size ⁷	Statistical significance ⁸ (at $\alpha = 0.05$)	Improvement index ⁹	
			<i>Too Good for Drugs™</i> group (column 1)	Comparison group (column 2)					
Bacon, 2000 (randomized controlled trial)									
Intentions for drinking	Grade 6	6/1,060	59 out of 575 students	58 out of 366 students	1.65	0.30	ns	+12	
Intention for marijuana	Grade 6	6/1,060	50 out of 589 students	45 out of 384 students	1.43	0.22	ns	+9	
Resistance skills	Grade 6	6/1,060	4.50 (0.45)	4.25 (0.78)	0.25	0.42	ns	+16	
Prosocial peers	Grade 6	6/1,060	4.71 (0.56)	4.58 (0.72)	0.13	0.21	ns	+8	
Locus of control	Grade 6	6/1,060	4.47 (0.71)	4.26 (0.57)	0.21	0.32	ns	+12	
Bacon, 2003 (randomized controlled trial)									
Emotional competency skills	Grades 3–4	6/935	4.08 (0.57)	3.94 (0.59)	0.14	0.24	ns	+10	
Social and resistance skills	Grades 3–4	6/935	3.63 (0.68)	3.49 (0.68)	0.14	0.21	ns	+8	
Goal setting and decisionmaking skills	Grades 3–4	6/935	4.50 (0.58)	4.24 (0.66)	0.26	0.42	ns	+16	

ns = not statistically significant

1. This appendix presents interim and immediate posttest findings for measures that fall in the knowledge, attitudes, and values domain. End-of-program and follow-up scores were used for rating purposes and are presented in Appendix A3.2.
2. The standard deviation across all students in each group shows how dispersed the participants' outcomes are: a smaller standard deviation on a given measure would indicate that participants had more similar outcomes.
3. Bacon (2003) also examined effects on students' perceptions of the harmful effects of drugs and alcohol and students' intentions to smoke tobacco. These outcomes were not included, because they were not relevant to the scope of this review. For further information about the scope of this review, please see the [Character Education Protocol](#).
4. WWC requested and received from the study author sample sizes for the analysis sample of students for all variables in Bacon (2000) because they were not reported in the study paper.
5. The WWC received confirmation from the study author that the analysis for pretest equivalence is based on the analysis sample rather than the intent-to-treat sample. This analysis addresses concerns about sample attrition that otherwise might affect findings.
6. Positive differences and effect sizes favor the intervention group; negative differences and effect sizes favor the comparison group. The numbers in the mean difference column for the intentions for drinking and marijuana use represent the odds ratio (ratio between the proportions of the intervention group and comparison group) used to calculate effect size.
7. For an explanation of the effect size calculation, please see the [Technical Details of WWC-Conduct Computations](#).

(continued)

Appendix A4.2 Summary of end-of-program study findings for the knowledge, attitudes, and values domain¹ *(continued)*

8. Statistical significance is the probability that the difference between groups is the result of chance rather than a real difference between the groups. The level of statistical significance was calculated by the WWC and where necessary, corrects for clustering within classrooms or schools. For an explanation, see the [WWC Tutorial on Mismatch](#). See the [Technical Details of WWC-Conduct Computations](#) for the formulas the WWC used to calculate the statistical significance. In the case of the *Too Good for Drugs™* report, a correction for clustering was needed.
9. The improvement index represents the difference between the percentile rank of the average student in the intervention condition and that of the average student in the comparison condition. The improvement index can take on values between -50 and +50, with positive numbers denoting favorable results.

Appendix A5.1 Rating for the behavior domain

The WWC rates interventions as positive, potentially positive, mixed, no discernible effects, potentially negative, or negative.¹

For the outcome domain of behavior, the WWC rated *Too Good for Drugs*TM as having potentially positive effects. It did not meet the criteria for positive effects, because it only had one study. The remaining ratings (mixed effects, no discernible effects, potentially negative effects, and negative effects) were not considered, because *Too Good for Drugs*TM was assigned the highest applicable rating.

Rating received

Potentially positive effects: Evidence of a positive effect with no overriding contrary evidence.

- Criterion 1: At least one study showing a statistically significant or substantively important *positive* effect, thus qualifying as a *positive* effect.
Met. The one study on *Too Good for Drugs*TM that examined behavior found a substantively important positive effect.
- Criterion 2: No studies showing a statistically significant or substantively important *negative* effect. Fewer or the same number of studies showing *indeterminate* effects than showing statistically significant or substantively important *positive* effects.
Met. The WWC analysis found no statistically significant or substantively important negative effects or indeterminate effects in this domain.

Other ratings considered

Positive effects: Strong evidence of a positive effect with no overriding contrary evidence.

- Criterion 1: Two or more studies showing statistically significant *positive* effects, at least one of which met WWC evidence standards for a strong design.
Not met. *Too Good for Drugs*TM had only one evaluation study meeting WWC evidence standards that examined student outcomes in the behavior domain.
- Criterion 2: No studies showing statistically significant or substantively important *negative* effects.
Met. No studies sharing statistically significant or substantively important negative effects in this domain.

1. For rating purposes, the WWC considers the statistical significance of individual outcomes and the domain level effect. The WWC also considers the size of the domain level effect for ratings of potentially positive effects. See the [WWC Intervention Rating Scheme](#) for a complete description.

Appendix A5.2 Rating for the knowledge, attitudes, and values domain

The WWC rates interventions as positive, potentially positive, mixed, no discernible effects, potentially negative, or negative.¹

For the outcome domain of knowledge, attitudes, and values, the WWC rated *Too Good for Drugs*TM as having no discernible effects. It did not meet the criteria for other ratings (positive effects, potentially positive effects, mixed effects, potentially negative effects, and negative effects) because none of the studies showed statistically significant or substantively important effects.

Rating received

No discernible effects: No affirmative evidence of effects.

- Criterion 1: None of the studies shows a statistically significant or substantively important effect, either positive or negative.

Met. *Too Good for Drugs*TM had two studies meeting WWC evidence standards. Neither study showed a statistically significant or substantively important effect.

Other ratings considered

Positive effects: Strong evidence of a positive effect with no overriding contrary evidence.

- Criterion 1: Two or more studies showing statistically significant *positive* effects, at least one of which met WWC evidence standards for a strong design.

Not met. *Too Good for Drugs*TM had two studies meeting WWC evidence standards, both of which met standards for strong design. But neither study showed a statistically significant positive effect.

- Criterion 2: No studies showing statistically significant or substantively important *negative* effects.

Met. The WWC analysis found no statistically significant or substantively important negative effects in this domain.

Potentially positive effects: Evidence of a positive effect with no overriding contrary evidence.

- Criterion 1: At least one study showing a statistically significant or substantively important *positive* effect, thus qualifying as a *positive* effect.

Not met. The WWC analysis found no statistically significant or substantively important positive effects in this domain.

- Criterion 2: No studies showing a statistically significant or substantively important *negative* effect. Fewer or the same number of studies showing *indeterminate* effects than the number showing statistically significant or substantively important *positive* effects.

Not met. The WWC analysis found no statistically significant or substantively important negative effects in this domain. But, while both studies showed indeterminate effects, neither showed statistically significant or substantively important positive effects in this domain.

Mixed effects: Evidence of inconsistent effects as demonstrated through EITHER of the following.

- Criterion 1: At least one study showing a statistically significant or substantively important *positive* effect. At least one study showing a statistically significant or substantively important *negative* effect, but no more such studies than the number showing a statistically significant or substantively important *positive* effect.

Not met. No studies showing statistically significant or substantively important effects in this domain.

OR

- Criterion 2: At least one study showing a statistically significant or substantively important effect AND more studies showing an *indeterminate* effect than showing a statistically significant or substantively important effect.

Appendix A5.2 Rating for the knowledge, attitudes, and values domain *(continued)*

Not met. No studies sharing a statistically significant or substantively important effect in this domain.

Potentially negative effects: Evidence of a negative effect with no overriding contrary evidence.

- Criterion 1: At least one study showing a statistically significant or substantively important *negative* effect.

Not met. No studies showing a statistically significant or substantively important negative effect in this domain.

- Criterion 2: No studies showing a statistically significant or substantively important *positive* effect, OR more studies showing statistically significant or substantively important *negative* effects than showing statistically significant or substantively important *positive* effects.

Met. No studies showing a statistically significant or substantively important positive effect in this domain.

Negative effects: Strong evidence of a negative effect with no overriding contrary evidence.

- Criterion 1: Two or more studies showing statistically significant *negative* effects, at least one of which is based on a strong design.

Not met. The WWC analysis found no statistically significant negative effects in this domain.

- Criterion 2: No studies showing statistically significant or substantively important *positive* effects.

Met. The WWC analysis found no statistically significant or substantively important positive effects in this domain.

1. For rating purposes, the WWC considers the statistical significance of individual outcomes and the domain level effect. The WWC also considers the size of the domain level effect for ratings of potentially positive effects. See the [WWC Intervention Rating Scheme](#) for a complete description.