

Midwestern Prevention Project (MPP)

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Program Summary

The Midwestern Prevention Project (MPP) is a comprehensive, community-based, multi-faceted program for adolescent drug abuse prevention. The MPP involves an extended period of programming. Although initiated in a school setting, it goes beyond this setting into the family and community contexts.

Program Targets:

The MPP bridges the transition from early adolescence to middle through late adolescence. Since early adolescence is the first risk period for gateway drug use (i.e., alcohol, cigarettes, and marijuana), programming is initiated with whole populations of middle school (sixth or seventh grade) students.

Program Content:

The MPP strives to help youth recognize the tremendous social pressures to use drugs and provides training skills in how to avoid drug use and drug use situations. These skills are initially learned in the school program and reinforced through the parent, media, and community organization components.

The MPP disseminates its message through a system of well-coordinated, community-wide strategies: mass media programming, a school program and continuing school boosters, a parent education and organization program, community organization and training, and local policy change regarding tobacco, alcohol, and other drugs. These components are introduced to the community in sequence at a rate of one per year, with the mass media component occurring throughout all the years. The central component for drug prevention programming, however, is the school.

Active social learning techniques (i.e., modeling, role playing, and discussion, with student peer leaders assisting teachers) are used in the school program, along with homework assignments designed to involve family members. The parental program involves a parent-principal committee that meets to review school drug policy, and parent-child communications training. A consistent message supporting a nondrug use norm is delivered via the other three components: mass media coverage and programming, community organization, and the local health policy change component. All components involve regular

meetings of respective deliverers (e.g., community leaders for organization) to review and refine programs.

Program Outcomes:

Evaluations of the MPP have demonstrated for program youth, compared to control youth:

- reductions of up to 40 percent in daily smoking;
- similar reduction in marijuana use, and smaller reductions in alcohol use maintained through grade 12;
- effects on daily smoking, heavy marijuana use, and some hard drug use have been shown through early adulthood (age 23); and
- increased parent-child communications about drug use.

Further, these evaluations have demonstrated that the MPP:

- facilitated development of prevention programs, activities, and services among community leaders.

Program Costs:

\$175,000 minimal cost over a three year period (includes costs of teacher, parent, and community leader training and curriculum materials for school-based program). Costs are based on up to 20 teachers trained in one group for the school program, 20 parent group members trained in one group for the parent program (about 3-4 principals, 4 student peer leader, 12 parents), and 1,000 participating middle school students. Costs increase beyond this minimum approximately as follows: \$4,000 per additional group trained on the same day or trip, \$100-\$125 per additional trainer manual, and \$7 per additional student workbook.

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PDF Version of Fact Sheet

Program Background

The Midwestern Prevention Project (MPP) is a comprehensive community-based drug abuse intervention program that uses school, mass media, parent, community organization, and health policy programming to reduce or prevent gateway drug use (i.e., tobacco, alcohol, marijuana) and other drug use by adolescents and, secondarily, drug use by their parents and other community residents. The term "gateway" refers to the predictive relationship of tobacco, alcohol, and marijuana to the use of more illicit substances later in life.

Over the last 15 years, several primary prevention programs have been implemented using single avenues, or channels, for program delivery. Single channel programs are implemented entirely within one setting (e.g., a school), as opposed to multiple channel programs, such as the MPP, which integrate a school-based program with a parent and community program and a mass media program. When more channels or opportunities for disseminating a prevention message are used, there is a greater likelihood that the behavior in the prevention message will be adopted.

With few exceptions, researchers, policy makers, and drug prevention program planners have recently questioned whether single channel programs are sufficient to effect significant and lasting changes in adolescent drug use behavior. The effects of most large-scale, school-based programs have been minimal to moderate, short-lived or delayed. Explanations for this limited success have included program brevity as a result of competition with regular academic subject areas for teaching time and resources, the lack of integration of school-based programs with community programs, and conflicting messages from environmental influences outside the school which fail to reinforce nondrug use norms. Additionally, school-based programs may not reach those youth who are at highest risk for drug abuse, including school dropouts, chronic absentees, runaways, and gang members.

The limitations of school-based programs argue for more comprehensive programs that address the multiple environmental influences to use drugs, which are generally beyond the scope, budget, and influence of school-based programs. By using multiple program channels or opportunities for prevention message (program) delivery (including schools, parents, community organizations, mass media, and policy), the skills which are learned initially in the school program are reinforced by a consistent community social norm for nondrug use. Greater message consistency is likely to lead to more rapid formulation of nondrug use attitudes, intentions, and behavior. Other advantages include a larger pool of prevention activities and resources to draw on in the community than a school with its limited resources, increased community support of prevention programming as community understanding of drug abuse and

prevention programming increases, and the ability to reach a larger target audience. The community, or local government, is also the most appropriate channel for policy-setting and institutionalizing drug prevention in the community. The MPP is an intervention with multiple components (i.e., channels) targeted at the entire community.

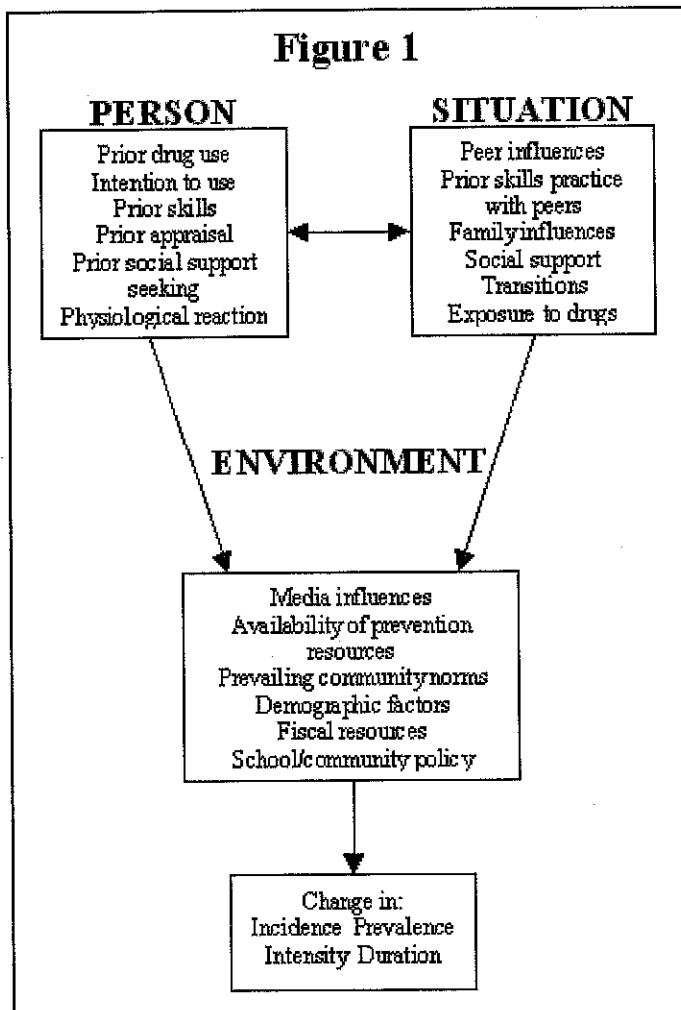
Community-based prevention efforts are a fairly recent phenomenon, proliferating since the mid-1980s and yielding evaluation results only since the early 1990s. Only one school-based prevention program has shown sustained effects on adolescent substance use through the end of high school, and achieving this effect required three successive years of continued intervention. Community-based programs, with school programs as a central component, may yield stronger, longer-lasting effects on substance abuse than school programs alone or other single-channel programs, and for some substances, larger effects.

Arguments for a Community-Based Prevention Approach:

- Counteract multiple social influences on adolescent drug use with program components aimed at each influence (school, parent, community, policy, mass media)
- Reinforce social norms for nonuse across multiple segments of the community
- Provide more sustained program exposure than is available from most school programs

Theoretical Rationale/Conceptual Framework

The MPP is based on an integrative theoretical perspective that views behavior as the result of a set of complex interactions between person, situation, and environment level variables in a community. Within this framework, changes (improvements) in individual skills, as well as communications and policy interventions aimed at community agencies and systems are essential to effect any lasting changes in behavior patterns. **The person x situation x environment** theoretical perspective was used to develop the content of MPP program components (Figure 1).



Person x Situation x Environment Theoretical Perspective

Person level variables were derived from social psychological theories of individual behavior change, assuming a progression of knowledge > attitude > behavior change. The MPP program component that best represents this theoretical level involves the skills training programs which focus on teaching students about peer and other social pressures and developing personal decision-making skills to resist these pressures, and changing appraisal of drug use.

Situation level variables were derived from social psychological, social support, and networking models of interpersonal and group behavior change. The MPP integrates this theoretical level into its programming through the use of interpersonal, group, and support training programs (e.g., parent training programs which focus on parent-child communication about drug use prevention, parent leader and school principal ability to communicate and support each other

in drug use prevention in schools, and community and local government leader ability to organize and network more effectively to promote resource sharing among community agencies). Situation level variables concern interpersonal and group interactions. Skills taught include resistance to peer group pressure and positive communication with parents and peers about prevention.

Environment level variables were derived from organizational development and communication theories, and public health and social action models of systems change. At the environmental level, interventions tend to consist of events focused on prevention, message dissemination, raising funds to institutionalize prevention programs, and community policy changes rather than program delivery. The MPP addresses environment level variables by including mass media, community organization, and policy change strategies to help institutionalize drug abuse prevention in the community.

Addressing Both Demand and Supply Reduction

Most drug use interventions have focused on either demand reduction or supply reduction, but not both. Demand reduction strategies affect the behavior of users (on the demand side), and supply reduction strategies affect the behavior of distributors (on the supply side). Prevention programs are primarily demand reduction strategies; that is, if one teaches youth to avoid drugs, the demand for drugs will be reduced. Demand reduction programs teach resistance and avoidance skills and increase perceptions of nonuse norms, prevention messages aimed at the undesirability of drug use, and offer cessation programs in conjunction with prevention efforts. Educators have usually been involved in demand reduction, while law enforcement personnel have typically been involved in supply reduction. Supply reduction approaches to drug abuse are aimed mainly at controlling or reducing access to drugs. Local community supply reduction strategies have included restricted-access policies, such as drug-free zones and bans on use in public places, restriction or monitoring of merchant licensing, training and monitoring vendors to refuse sales to minors, and removal or monitoring of cigarette vending machines.

Research on some supply reduction strategies, such as raising the drinking age, limiting access to alcohol in public places, and DUI monitoring, have shown significant reductions in alcohol consumption and sales, DUI behavior, and alcohol and drug-related accidents for short-term periods for up to two years. However, there is no evidence that policy change (supply reduction) alone promotes the development or implementation of prevention programs in the community. On the other hand, demand reduction strategies can produce long-term decreases in youth tobacco use as well as gradual policy change. However, it may be an insufficient focus for programs aimed at parents and community

groups. Increasingly, both strategies are being incorporated into prevention programs by schools and communities.

The MPP integrates both demand and supply reduction strategies by combining prevention programming (i.e., school-based drug resistance skills training) with local school and community policy change (aimed at limiting youth access to drugs). These policy changes are implemented by parents, school administrators and community leaders as part of the parent and community organization programs. One study has shown that schools with prevention-oriented smoking and drug policies mandating drug-free zones, support for students with drug use problems, and prevention programming as a regular part of the schools' educational curricula have lower smoking prevalence rates among students than do schools with more punishment or supply reduction policies.

Brief Description of Intervention

The MPP is a comprehensive population-based drug abuse intervention program which consists of five program components introduced in sequence (at the rate of six months to one year apart over a five year period) to communities: school, parent, community organization, and health policy, with utilization of mass media throughout all the sequenced components. The program is introduced first in the schools, where adolescents are most easily reached. The success of school program implementation is disseminated to parents, who then participate in an extended prevention program at home with their adolescents, following the school program. The school and parent programs—with school and home as program channels—would follow with related programs and channels. For example, mass media prevention programs could be targeted to adolescents and their parents who had participated in the school and parent programs, and simultaneously reach family members and other interested community residents who would constitute a modeling influence on adolescents.

Collectively, the components focus on promoting drug use resistance and counteraction skills by adolescents (direct skills training); prevention practices and support of adolescent prevention practices by parents and other adults, including teachers, expected to serve as role models for adolescents (indirect skills training); and promotion and support of nondrug use social norms and expectations in the community (environmental support). The five components are briefly explained below.

Mass Media

The mass media component, which is initiated with the school program during the first year and continues for almost five years, consists of approximately 31 television, radio, and print broadcasts per year, ranging from one-hour talk shows to 15-second commercials and public service announcements. These broadcasts, which use simple messages, are intended to introduce and explain to

the community the school-based program and each new program component as it is added. The messages delivered by each program component, especially the school and parent programs, are reinforced by broadcasting to the larger community of residents who provide a modeling influence on adolescents.

School Program

The school program, which is the central program channel, is initiated in grade six or seven (i.e., depending on the local school district, the transition year into middle or junior high school), delivered by trained teachers, and facilitated by peer leaders nominated by the class and trained by the teacher. The program includes 10-13 classroom sessions focused upon increasing skills to resist and counteract pressures to use drugs, and to change the social climate of the school to accept a nondrug use norm. The second year (grade seven or eight) includes a five-session booster program to reinforce the previous year's message, and in the subsequent high school years peer counseling and support activities are provided.

Parent Program

The focus of this component, initiated in year two and lasting through year three, is to develop family support and modeling for a nondrug use norm within the family and in the school neighborhood and includes parent education and organization throughout middle school. This is accomplished by the creation of a group consisting of the principal, four to six parents, and two student peer leaders from each school who meet throughout the school year to: (1) refine school policy to institutionalize prevention programming in the school; (2) help provide a drug-free environment by monitoring the school grounds and surrounding neighborhood; and (3) plan and implement parent skills training twice a year for all parents, focusing on parent-child communication and prevention support skills.

Community Organization

During the third year and continuing through year five, community and government leaders are enlisted and trained to form a community organization to plan and implement drug abuse prevention services and activities that complement the other program components. The community organization component involves agency networking and facilitating referrals for services across agencies.

Health Policy

During the fourth and fifth years, health policy is implemented by a government subcommittee which is formed from local community and government leaders from the community organization component. The role of this subcommittee is to actively implement policy change initiatives that reduce demand and limit supply (e.g., local ordinances restricting cigarette smoking in public settings, increased

alcohol pricing and limiting availability, drug policies mandating drug-free zones, financial support for prevention programming, and law enforcement efforts).

Evidence of Program Effectiveness

Sample of Net Reductions in Drug Use
End of High School (Age 18)
☞ 4.9% Daily Cigarette use
☞ 7.2% Monthly Drunkenness
☞ 2.9% Marijuana use >2 times/week
Early Adulthood (Age 23)
☞ 1.9% Cigarette use
☞ 1.5% Marijuana use > 2 times/week
☞ 6.2% Lifetime Amphetamine use
☞ 8.0% LSD use
☞ 8.1% Lifetime Inhalant use
Net Reduction=(% Increase in Control)-(% Increase in Program)

The MPP has resulted in net reductions of up to 40 percent in daily smoking, similar reductions in marijuana use, and smaller reductions in alcohol use, which have been maintained up to grade 12. By the end of the fourth year in Kansas City (ninth/tenth grade), cocaine and crack use was less in intervention schools. By early adulthood (two years after high school), program youth also demonstrated reductions in the need for drug abuse treatment. Significant effects were found even when the data were adjusted (or stratified) for race, grade, gender, urbanicity, socioeconomic status, and risk.

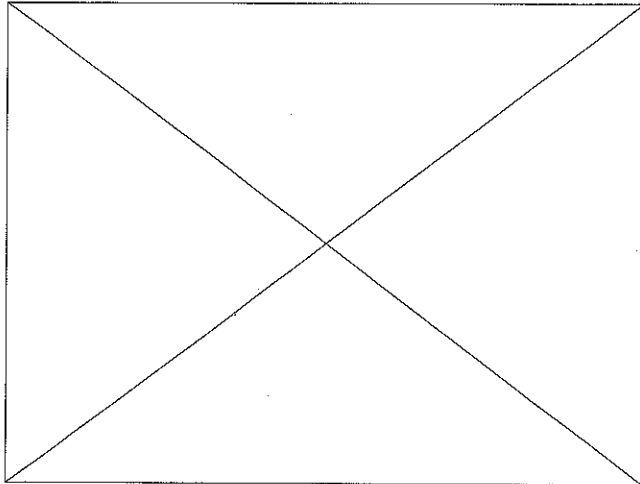
The MPP has also resulted in decreasing parent alcohol and marijuana use, increasing positive parent-child communications about drug use prevention, and facilitating development of prevention programs, activities, and services among community leaders. Policy changes associated with MPP have included institutionalization of the school program, establishment of youth drug abuse treatment beds, and cooperation from vendors to refuse tobacco and alcohol sales to minors.

The demonstration of program effects on secondary as well as primary outcomes supports the hypothesis that the MPP is operating as a comprehensive, community-wide intervention.

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Video Segment



Contact MPP

MIDWESTERN PREVENTION PROJECT (MPP)

This program is not commercially available. For general program information, contact:

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