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BACKGROUND

OPIOID EPIDEMIC
Rates of opioid dependence are higher in the United States than any other region in the world (Degenhardt et al., 2014); up to 4.9% of adults in the United States report the use of opioids in any given week (Parsells Kelly et al., 2008). Overdose deaths from opioids, including prescription opioids heroin and fentanyl, have increased by more than five times since 1999 (Hedegaard et al., 2018). The increase in overdose-related deaths has coincided with the rise in prescribing rates and use of pain medications (opioids) (Guy et al., 2017). Recent reports indicate American doctors wrote 191 million prescriptions for opioid pain killers in 2017 (CDC, 2018) and that prescription opioids accounted for approximately 40 percent of opioid related deaths in 2016 (CDC, 2018).

INDIANA TRENDS
Indiana has been hit hard by the opioid epidemic and has the 15th highest mortality rate for overdose deaths in the United States (CDC, 2018), which is statistically higher than the average U.S. rate (Hedegaard et al., 2018). The overdose rate in Indiana increased by 17 percent from 2016 to 2017 (Sanger-Katz, 2018).

YOUTH TRENDS
As access to the number of prescription medications increased in the United States, many have commented that the home medicine cabinet has become a key source of drugs and the starting point for addiction among adolescents. More than 881,000 adolescents (12 to 17 years old) and an estimated 2.1 million people aged 12 or older had an opioid use disorder (CBHSQ, 2018).

TINAD PROGRAM
Despite concerning trends in opioid availability, abuse, and overdose, there remains a gap in evidence-based practices to educate adolescents about the potential dangers of opioid abuse. In fact, a search of SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) reveals there are currently no evidence-based programs for adolescents aimed at preventing opioid abuse. Given the need for such an intervention, Overdose Lifeline (ODL), an Indianapolis-based non-profit, has developed “This is (Not) About Drugs” (TINAD).

TINAD is an educational program developed and implemented by ODL with the goal of informing students regarding the risks of prescription pain medicine (opioids) and heroin use. The program is designed as an in-class intervention for student’s grades 6 to 12 and lasts approximately one hour. The primary objectives of the TINAD program are to raise awareness 1) that prescription opioids are the same type of drug as heroin, 2) that misusing prescription opioids is just as risky as using heroin, 3) overdose is possible with prescription opioids, and 4) to recognize the signs of an overdose. The lessons from TINAD encourage students to make good choices and provides the student with skills to combat peer pressure, gain support, and resources for making decisions about their own body and health. Therefore, a secondary objective for the TINAD program is to provide alternatives to using drugs and alcohol in dealing with the issues, stresses, and pressures facing
today’s youth. In an effort to become an evidence-based program ODL has collaborated with researchers for the Indiana University Public Policy Institute to evaluate the TINAD program. The evaluation design and results are described within this report.

METHODOLOGY

This evaluation of the TINAD program consists of a quasi-experimental design with a pre-and post-test assessment of program objectives. The evaluation design includes treatment schools as well as “wait-list” control/comparison schools. The program was assigned at the school-level in an effort to avoid experimental contamination of the treatment to the control group, which is common when using wait-list controls. The sampling strategy consisted of a convenience sample of high schools in Marion County, Indiana as well as surrounding areas. In the treatment schools, students were asked to complete a survey before program implementation (pre-test) and approximately three months post-program (post-test). In control schools, however, the program was delivered following the post-test. TINAD was delivered at the classroom-level and all students in these classes were eligible to participate in the evaluation.

In accordance with Indiana University Institutional Review Board (IRB), all participants were required to have passive parental consent as well as give informed assent to participate in the evaluation. While no students (or parents) declined participation, any students who were absent on the day of the pre-test were excluded from the sample. A total of 318 students participated in the pre-test. This included 80.5 percent (n = 256) treatment and 19.5 percent (n = 62) control. A combination of absences and school transfers resulted in a post-test retention rate of 66.7% (n = 212; treatment = 76.4%; control = 23.6%).

MEASURES

TINAD’s Primary Objective
The primary objective of the program is to improve student understanding of the risks associated with opioid and heroin use, while the secondary objective is to provide alternative coping strategies for youth. The survey instrument (see Appendix A) was constructed to address these goals as well as other variables tapped during program delivery. Measures were drawn from a variety of sources and all scales have been deemed valid and reliable. In order to assess improved understanding of the risks associated with opioid and heroin use the survey included a number of measures tapping perceptions of risk associated with substance use and knowledge about the occurrence of overdose. The scales created from to measure the primary and secondary objectives of TINAD are discussed below as well as corresponding section labels and item numbers from the survey.

Section F Scales
Knowledge about the dangers of using heroin was measured via four statements (Items 1 to 4): 1) I can overdose after trying heroin one time; 2) I can die after trying heroin one time; 3) If I use heroin regularly, I

1. A total of nine schools were included in the sample. Seven of them are classified as urban schools by the National Center for Education Statistics. The other two schools were classified as suburban and rural.
could overdose; 4) If I use heroin regularly, I could die. Understanding of the connection between heroin and prescription pain pills was measured via two items (Items 5 and 6): 1) Prescription pain pills are the same type of drug as heroin and 2) Using heroin is just as risky as using unprescribed pain pills. These two items will be presented as a combined scale as well as separately. Similarly, knowledge regarding the addictive nature of heroin was measured using five statements (Items 7, 9, 10, 12, and 15): 1) Heroin is more addictive than other drugs; 2) Heroin can affect how my brain works; 3) Heroin withdrawal is painful; 4) Anyone can become addicted to heroin 5) Drinking alcohol, using marijuana and other drugs, increases the likelihood that someone would use heroin. Respondents were asked to report their level of agreement with these statements on a 5-point Likert scale (strongly disagree to strongly agree).

Scales were created that reflected the mean of the items for each youth and higher scores indicate more understanding of dangers of heroin use, similarity between heroin and prescription opioids, and heroin addiction. Scale reliability was acceptable for both understanding the dangers of use (α= 0.835) and the addictive nature of heroin (α= 0.741). The ability to recognize an overdose was measured by a single item (Item 13): I would be able to recognize if someone was having an overdose. The responses ranged from 1 to 5 with higher scores indicating greater confidence in the youth’s ability to recognize an overdose.

**Section G Scales**

Many of the key underlying components of TINAD aim to improve attitudes toward addiction and drug abuse treatment as well as to raise awareness about the signs of overdose as well as services available to those suffering from addiction. Attitudinal variables about addiction included: “Society is too tolerant of drug addicts” and “Drug addiction is a menace to society” (Items 1 and 2) and were measured on a 5-point Likert scale ranging from strongly agree to strongly disagree. Higher scores indicate less tolerance of drug addicts and addiction (α= 0.648). Attitudes about drug abuse treatment were measured by asking respondents how much they agreed or disagreed with these three statements (Items 4 to 6): 1) Drug addicts can be treated; 2) Once a person has become addicted to drugs, there is little that can be done for him/her (reverse coded); 3) Drug addiction is no different from any other mental health issue.

An index was created from these items and higher scores indicate more acceptance of drug abuse treatment. The survey included two items measuring youth’s awareness of services. An index was created from the following items (Item 7 and 8): 1) I am aware of programs and services that help individuals suffering from addiction and 2) If a friend was addicted to drugs, I could tell him/her were to go for help. Youth were asked how much they agree or disagree with these statements and higher values indicated greater awareness of services. Finally, given ODL’s work with naloxone distribution in the community as well as their discussion of it within the context of the program, the survey measures the awareness of naloxone (e.g., Are you aware of what Naloxone does?) (Item 9).

**Section I Scales**

Risk associated with different levels of usage of both unprescribed pain pills and heroin were measured by the following question (Items 1): “How much do you think people risk harming themselves (physically or

---

2. **It is worth noting that prevalence and frequency of substance use is NOT included. This purposeful exclusion was made for two reasons: 1) change in substance use is not included in the program goals and 2) the evaluators believed that the intrusiveness of these measures might limit school participation in the evaluation.**

3. **When appropriate, scales were created and validated through the use of exploratory and confirmatory factor analysis. Reliability coefficients are reported below for all scales.**
otherwise) if they use unprescribed pain pills (Hydrocodone, Oxycodone, and Vicodin) regularly?” Similar questions inquired about risk associated with occasional (i.e., once or twice) (Item 2) and experimental (i.e., trying) (Item 3) use of both unprescribed pain pills as well as heroin (Items 4 to 6). Responses were scored on a 4-point Likert scale ranging from no risk to high risk with higher scores indicate higher perceptions of risk associated with each behavior. Two scales were created in order to compare risk assessments of unprescribed pain pills versus heroin.

**TINAD’s Secondary Objective**

The secondary objective of TINAD is to provide alternative coping strategies for youth; however, because observations of this program suggested this portion is underdeveloped the survey did not directly measure coping mechanisms. Rather, it taps several constructs that are tangential to the program’s teachings and goals including: prosocial peers, susceptibility to peer pressure, self-esteem, personal identity orientation, and social identity orientation.

**Sections B Scales**

The survey also examined respondents’ personal and social identity orientation by gauging the extent to which a series of statements was important to their sense of self. Statements tapping personal identity included (Items 1, 3, 5, 7, 9, 12, and 14 to 17): “My personal values and moral standards” and “My ideas about the kind of person I really am.” Social identity orientation was measured through statements such as (Items 2, 4, 6, 8, 10, 11, and 13), “My popularity with other people” and “My attractiveness to other people.” Response categories were on a 5-point scale and ranged from “not important” to “extremely important.” Higher scores indicate that the respondents personal (α= 0.810) and/or social (α= 0.654) identity is important to their sense of self.

**Sections C & H Scales**

Prosocial peers consisted of a four-item measure (Item 1 to 4)) asking youth how many of the peers had 1) Gotten along well with teachers and adults at school; 2) Have been thought of as good students; 3) Have been generally honest and told the truth; 4) Almost always obeyed school rules. Response options were on a 5-point scale and ranged from “none of them” to “all of them” with higher scores representing more prosocial peers (α= 0.793). Youth were also asked to report on how likely (not at all likely to very likely) they would be to go along with their peers if they wanted them to participate in a range of eight behaviors from bullying a student at school to using unprescribed pain pills and heroin (Section C; 5 to 13). Higher scale scores indicated higher levels of susceptibility to peer pressure (α= 0.818). Self-esteem was measured through nine items (Section H; Items 1 to 9), which asked youth to report on how often a variety of statements described them. Responses were on a 5-point scale and ranged from “almost never” or “almost always” and higher values indicated lower levels of self-esteem (α= 0.861). Statements included: “I am a useful person to have around” and “I feel good about myself.”

**Section A Demographics**

The TINAD program is capable of improving student understanding of the risk associated with opioid and heroin use across a variety of demographics; therefore, the survey measured sex (Male, Female); race/ethnicity (black, Hispanic, white and other races); age (13 to 18), as well as the students’ grades (A to F). The sample was mostly male (54.7%), non-white (51.4), and approximately 16 years of age (x = 15.81; SD=1.29). Additionally, on average, the youth in the sample were B or C students (x = 3.66; SD=0.88).

While the results presented below are in graphical form, statistical differences between the treatment and control groups were assessed through a repeated measures ANOVA. This method is able to detect the
The presence of changes in the dependent variables that may have differentially impacted the treatment group. Significance testing also controlled for sex, race/ethnicity, age, and grades. Repeated measures ANOVA is not suitable for dichotomous variables; therefore, chi-square analysis is used when assessing differences in knowledge about Naloxone (e.g., are you aware of what naloxone does?). The results section includes several charts that demonstrate the pre and post-test means of the measures discussed above for both the treatment and control groups.
QUASI-EXPERIMENTAL EVALUATION

PRIMARY OBJECTIVES

Understanding Risks Associated with Opioids, Prescription Pain Pills, and Heroin Use

The primary goal of the TINAD program is to improve student understanding of the risk associated with prescription pain pills and heroin use. Youth in the treatment group reported a greater understanding of the dangers associated with heroin use and overdose compared to those in the control group. However, this difference did not reach significance (see Figure 2). Youth in the treatment group were significantly more likely to understand the similarity between heroin and prescription pain pills after participating in the TINAD program (see Figure 3). In line with the first goal of the program, youth demonstrated a slight, non-significant improvement understanding the addictive nature of heroin use (see Figure 4) and the ability to recognize an overdose (Figure 5).

FIGURE 2. Knowledge of the Dangers of Heroin Use
Section F: Items 1-4

FIGURE 3. Understands Similarity between Heroin and Prescription Pain Pills*
Section F: Items 5-6

*Significant increase in the treatment group, compared with the control group for understanding the similarity between heroin and prescription pain pills (F-Statistic = 10.92, p<0.001).
**FIGURE 3a. Prescription Pain Pills are the Same Type of Drug as Heroin***
Section F: Item 5

*Significant increase in the treatment group, compared with the control group for understanding that prescription pain pills are the same type of drug as heroin (F-Statistic = 6.976, p<0.01).

**FIGURE 3b. Using Heroin is Just as Risky as Using Unprescribed Pain Pills***
Section F: Item 6

*Significant increase in the treatment group, compared with the control group for understanding that heroin is as risky as using unprescribed pain pills (F-Statistic =3.695, p<0.05).

**FIGURE 4. Understands Addictive Nature of Heroin**
Section F: Items 7, 9, 10, 12, & 15
Along with these assessments, the program attempts to alleviate some of the stigma surrounding drug addiction and drug abuse treatment as well as improve their awareness of services for addiction. Youth who participated in the TINAD program, were slightly more tolerant of the overdose, but not significantly more tolerant (see Figure 6) nor was there improvement in attitudes about drug treatment (see Figure 7). Additionally, awareness of services for addiction did not vary across treatment and control groups (See Figure 8). That said, students were more knowledgeable about naloxone and its purpose following the delivery of the program (see Figure 9).
After participating in the program, students in the treatment group acknowledged significantly more risk associated with the use unprescribed pain pills (Figure 10), but not heroin (see Figure 11). This indicates that the TINAD program is able to improve understanding of the risks associated with the use of unprescribed prescription pain pills.

*Significant increase across treatment group, but not control group for understanding the purpose of Naloxone (Chi-square = 12.20, p<0.000).
SECONDARY OBJECTIVE

**Alternative Coping Strategies**

The lessons from TINAD encourage students to make good choices and provide the student with skills to combat peer pressure, gain support, and resources for making decisions about their own body and health. Therefore, a secondary objective for the TINAD program is to provide alternatives to using drugs and alcohol in dealing with the issues, stresses, and pressures facing today’s youth. The survey measured several items that are tangential to these goals: personal identity orientation, social identity orientation, prosocial peers, susceptibility to peer pressure, and self-esteem. While there was virtually no change in personal or social identity orientation (see Figures 12 and 13), youth who received the program had minor increases in prosocial peers, which is consistent with program goals (see Figure 14). That said, the program was not able to impact susceptibility to pressures or self-esteem (see Figures 15 and 16).

FIGURE 11. Risks Associated with Heroin Use

**Section I: Questions 4-6**

FIGURE 12. Personal Identity Orientation

**Section B: Items 1, 3, 5, 7, 9, 12, and 14-17**
FIGURE 13. Social Identity Orientation
Section B: Items 2, 4, 6, 8, 10, 11, and 13

Level of Importance

Pre-Test
Post-test
Treatment
Control

FIGURE 14. Prosocial Peers
Section C: Items 1-4

Proportion of Prosocial Peers

Pre-Test
Post-test
Treatment
Control

FIGURE 15. Susceptibility to Peer Pressure
Section C: Items 5-13

Susceptibility Level

Pre-Test
Post-test
Treatment
Control
FIGURE 16. Self-esteem
Section H: Items 1-9
TINAD SELF-ASSESSMENTS

As part of participation in the TINAD program students to fill out a worksheet that measures knowledge on topics covered during the 45 minute session, then, immediately following the session, students are asked to fill out the post-test portion on the same worksheet. While this is viewed as the developers as part of the program, it can provide some insight into the effectiveness of the TINAD program. Because this worksheet is distributed each time the program is taught, the sample size is much larger (n = 3338). However, these data are limited in two ways 1) there is no comparison or control group and 2) it cannot be determined if they program has a sustained impact on participants over time. In other words, these data are not able to determine whether or not participants are retaining the knowledge past that 45 minute session.

Statistical differences between these pre/post-test means were assessed through the use of paired sample t-tests, which allow for before/after comparisons of the same subject and, as such, are well suited for these analyses. The results of pre and post assessments of these questions are presented in Figure 17 through 19 and indicate significant improvement on all measures immediately following program delivery. While the findings from these pre/post assessments cannot be considered rigorous, they are able to inform some of the results of the full quasi-experimental evaluation. Specifically, the results presented here are consistent with the significant findings presented in Figures 2, 3, and 5. This is supportive of the ability of the program to help inform youth on the similarity between prescription pain pills and heroin.

FIGURE 17. Prescription Pain Pills Related Items from TINAD Worksheets

*From TINAD self-assessments: After receiving the program, youth are significantly more likely to report that prescription pain pills are the same type of drug as heroin (t-test= 67.82, p<0.000) and that unprescribed use of prescription pain pills is as risk as heroin use (t-test= 31.36, p<0.000).
**FIGURE 18. Overdose Related Items from TINAD Worksheets**

- Prescription pain pills not prescribed to you are AS RISKY as using heroin.*
  - Pre-Test: 3.78
  - Post-Test: 4.40

- Prescription pain pills such as Hydrocodone, Oxycodone, and Vicodin are the SAME TYPE of drug as heroin.*
  - Pre-Test: 3.07
  - Post-Test: 4.44

*From TINAD self-assessments: After receiving the program, youth are significantly more likely to understand the overdose is not limited to heavy drug users (t-test= 22.75, p<0.000) and report that they could recognize signs of an overdose (t-test= 16.76, p<0.000).

**FIGURE 19. Alcohol and Drug Use Related Items from TINAD Worksheets**

- Prescription pain pills not prescribed to you are AS RISKY as using heroin.*
  - Pre-Test: 3.78
  - Post-Test: 4.40

- Prescription pain pills such as Hydrocodone, Oxycodone, and Vicodin are the SAME TYPE of drug as heroin.*
  - Pre-Test: 3.07
  - Post-Test: 4.44

*From TINAD self-assessments: After receiving the program, youth are significantly more likely to understand that early alcohol and drug use increases likelihood of addiction (t-test= 18.58, p<0.000) and that substance use increases the likelihood of heroin use (t-test= 43.86, p<0.000).
Overall, these results indicate that TINAD is able to significantly increase students’ understanding of the risks associated with prescription pain pills, the similarity between heroin and prescription pain pills as well as their awareness of the purpose of naloxone. Additionally, the program produced minor improvements in assessment of risk of heroin, dangers of heroin use, understanding of the addictive nature of heroin, attitudes about addiction, and ability to recognize signs of an overdose. While many of these differences did not reach statistical significance, the changes are in the expected direction and are generally larger for those who received the treatment. Together these findings indicate a positive sign for the TINAD program. However, the treatment was unable to improve attitudes toward drug abuse treatment or awareness of addiction services. While the program, in its current form, is not capable of improving factors tangential to drug use and abuse, such as access to prosocial peers, susceptibility to peer pressure, as well as social and personal identity orientation, it did not produce harmful effects on these items.

**RANDOMIZED CONTROL TRIAL**

There is some promise in these findings but these results, and subsequent recommendations, should be interpreted with caution as there are some limitations associated with this evaluation, which hinder its ability to make a strong assessment of the effectiveness of this program. Rigorous evaluation designs call for two main components. The first is a pre- and post-test that measures the same variables both before and after program implementation as well as random assignment to treatment and control conditions. While the current work includes a pre- and posttest as well as a control/comparison group, researchers were not able to randomly assign youth to receive TINAD. The use of random assignment is extremely important to evaluation research because of its ability to control for a number of validity threats including pre-existing differences in the treatment and control groups. Therefore, the first recommendation is for ODL to complete a randomized control trial of the TINAD program.

**TRAINING PRACTITIONERS**

Second, ODL has an assortment of practitioners that deliver the TINAD program in a variety of schools across Indiana (both middle and high schools). While having multiple individuals responsible for program implementation certainly increases the reach of the program, but it may cause variation in how the program is delivered. While observations of the program for the purposes of this evaluation indicate that it was being taught with fidelity, it is recommended that ODL place emphasis on training the practitioners that deliver the program to ensure they are prepared and capable to teach the program as intended.

**ENHANCING CURRICULUM**

Third, there appears to be a mismatch between the objectives of the TINAD program and their curriculum, specifically as it relates to coping strategies. The secondary objective of the TINAD program is to provide alternatives to using drugs and alcohol in dealing with the issues, stresses, and pressures facing today’s youth. This is an important goal and one that has been demonstrated by prior research to reduce substance use overall. That said, the TINAD program should work to further develop this portion of their curriculum. The current state of the curriculum for the TINAD program includes few mechanisms to build coping strategies
among their target population. The final recommendation is for ODL collaborate with and adolescent intervention scientist to enhance the portion of the curriculum that is meant to improve coping strategies. In doing so ODL can aim to integrate evidence-based practices into the curriculum and help to better establish measurements that can tap into these practices. Furthermore, this might be considered part of a larger endeavor where ODL can develop a theoretical model of change whereby they chart out precisely what they are aiming to change and map this to the components of the TINAD program that focus on these areas.

CONCLUSION

This is the first external evaluation of the TINAD program and there are certainly strengths that can be highlighted as well as areas for improvement. ODL has developed incredible rapport across many school systems here in Indiana as well as other parts of the United States. Part of this rapport comes from ODL’s professionalism in delivering a much needed program but also it should be noted that ODL has made an effort to create a program that is not costly or overly cumbersome to the school. There are inherit limitations that come with delivering a one-off program and moving forward ODL should continue to consider how they can make the most of the TINAD experience to foster change in student knowledge, attitudes, and behaviors.
REFERENCES


A. We are going to begin with a few questions about you and your background. Please circle the response that best describes you.

1. I am  ○ Male  ○ Female

2. I am  ○ White
   ○ Black/African-American
   ○ Hispanic/Latino
   ○ American Indian/Native American
   ○ Asian/Pacific Islander
   ○ Other (PLEASE SPECIFY)_____________________

3. How old are you?  ○ 13  ○ 14  ○ 15  ○ 16  ○ 17  ○ 18

4. Looking at all your grades at school, would you say you were closest to a...
   ○ A Student  ○ D student
   ○ B student  ○ F student
   ○ C student  ○ Something else__________________

5. Do you remember the “This is (NOT) about drugs” lecture?  ○ Yes  ○ No

B. Please indicate how important the following items are to your sense of self.

1. My personal values and moral standards.
   ○ Not Important  ○ Slightly Important  ○ Somewhat Important
   ○ Very Important  ○ Extremely Important

2. My popularity with my classmates.
   ○ Not Important  ○ Slightly Important  ○ Somewhat Important
   ○ Very Important  ○ Extremely Important

3. My dreams and imagination.
   ○ Not Important  ○ Slightly Important  ○ Somewhat Important
   ○ Very Important  ○ Extremely Important

4. The ways in which other people react to what I say and do.
   ○ Not Important  ○ Slightly Important  ○ Somewhat Important
   ○ Very Important  ○ Extremely Important

5. My personal goals and hopes for the future.
   ○ Not Important  ○ Slightly Important  ○ Somewhat Important
   ○ Very Important  ○ Extremely Important
   - Not Important
   - Very Important

7. My emotions and feelings.
   - Not Important
   - Very Important

8. My reputation, what others think of me.
   - Not Important
   - Very Important

9. My thoughts and ideas.
   - Not Important
   - Very Important

10. My attractiveness to my peers.
    - Not Important
    - Very Important

11. My gestures and mannerisms, the impression I make on others.
    - Not Important
    - Very Important

12. The ways I deal with my fears and anxieties
    - Not Important
    - Very Important

13. My social behavior, such as the way I act when meeting new people.
    - Not Important
    - Very Important

14. My feelings of being a unique person, being distinct from others.
    - Not Important
    - Very Important

15. Knowing that I continue to be essentially the same inside even though life involves many external changes.
    - Not Important
    - Very Important

16. My self-knowledge, my ideas about what kind of person I really am.
    - Not Important
    - Very Important
17. My personal self-evaluation, the private opinion I have of myself.
   - Not Important
   - Slightly Important
   - Somewhat Important
   - Very Important
   - Extremely Important

C. For the next set of questions, think about your current group of friends. During the last year, how many of your current friends have done the following?

1. Gotten along well with teachers and adults at school?
   - None of them
   - Few of them
   - Half of them
   - Most of them
   - All of them

2. Have been thought of as good students?
   - None of them
   - Few of them
   - Half of them
   - Most of them
   - All of them

3. Have been mostly honest and told the truth?
   - None of them
   - Few of them
   - Half of them
   - Most of them
   - All of them

4. Almost always obeyed school rules?
   - None of them
   - Few of them
   - Half of them
   - Most of them
   - All of them

Still thinking about your current friends, how likely is it that you would go along with them if they wanted you to do the following things with them?

5. Bully another student at school?
   - Not at All Likely
   - A Little Likely
   - Somewhat Likely
   - Likely
   - Very Likely

6. Break into a home in your community?
   - Not at All Likely
   - A Little Likely
   - Somewhat Likely
   - Likely
   - Very Likely

7. Beat up a stranger on the street?
   - Not at All Likely
   - A Little Likely
   - Somewhat Likely
   - Likely
   - Very Likely

8. Cheat on a test at school?
   - Not at All Likely
   - A Little Likely
   - Somewhat Likely
   - Likely
   - Very Likely

9. Steal something from a store?
   - Not at All Likely
   - A Little Likely
   - Somewhat Likely
   - Likely
   - Very Likely

10. Drink alcohol?
    - Not at All Likely
    - A Little Likely
    - Somewhat Likely
    - Likely
    - Very Likely

11. Use illegal drugs including marijuana?
    - Not at All Likely
    - A Little Likely
    - Somewhat Likely
    - Likely
    - Very Likely

12. Use unprescribed pain pills (Hydrocodone, Oxycodone, and Vicodin)?
13. Use opioids including heroin?

D. How important are the following in your decision NOT to use unprescribed pain pills (Hydrocodone, Oxycodone, and Vicodin)?

1. Psychological effects
   - Not at all important
   - Important
   - Very important

2. I would become addicted
   - Not at all important
   - Important
   - Very important

3. I would be arrested
   - Not at all important
   - Important
   - Very important

4. It would affect my future
   - Not at all important
   - Important
   - Very important

5. It would affect my grades
   - Not at all important
   - Important
   - Very important

6. I wouldn’t like it
   - Not at all important
   - Important
   - Very important

7. My parents would not approve
   - Not at all important
   - Important
   - Very important

8. My friends would not approve
   - Not at all important
   - Important
   - Very important

9. My significant other would not approve
   - Not at all important
   - Important
   - Very important

10. It is too expensive
    - Not at all important
    - Important
    - Very important

11. It is not available
    - Not at all important
    - Important
    - Very important

12. I could overdose
    - Not at all important
    - Important
    - Very important

F. The next few questions are about your opinions. How much do you agree or disagree with these statements?

1. I can overdose after trying heroin one time.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

2. I can die after trying heroin one time.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

3. If I use heroin regularly, I could overdose
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

4. If I use heroin regularly, I could die.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

5. Prescription pain pills (Hydrocodone, Oxycodone, and Vicodin) are the same type of drug as heroin.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

6. Using heroin is just as risky as using unprescribed pain pills (Hydrocodone, Oxycodone, and Vicodin).
7. Heroin is more addictive than other drugs.
   ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

8. I can control my ability to get addicted to heroin
   ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

9. Heroin can affect how my brain works.
   ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

10. Heroin withdrawal is painful
    ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

11. Overdose only happens with regular drug use
    ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

12. Anyone can become addicted to heroin
    ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

13. I would be able to recognize if someone was having an overdose.
    ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

14. The younger someone starts drinking alcohol or using drugs increases the risk of addiction or alcoholism.
    ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

15. Drinking alcohol, using marijuana or other drugs, increases the likelihood that someone would use heroin.
    ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

G. These next few questions ask for your opinion on individuals who suffer from addiction.

1. Society is too tolerant of drug addicts.
   ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

2. Drug addiction is a menace to society.
   ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

3. People who have become addicted only have themselves to blame.
   ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

4. Drug addicts can be treated.
   ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree
5. Once a person has become addicted to drugs, there is little that can be done for him/her.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

6. Drug addiction is no different from any other mental health issue.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

7. I am aware of programs and services that help individuals suffering from addiction.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

8. If a friend was addicted to drugs, you could tell him/her were to go for help.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

9. Are you aware of what Naloxone does?
   - Yes
   - No

   If yes: Do you think access to Naloxone increases the likelihood of using unprescribed pain pills (Hydrocodone, Oxycodone, and Vicodin)?
     - Yes
     - No

   If yes: Do you think access to Naloxone increases the likelihood of using opioids (including heroin)?
     - Yes
     - No

H. Indicate how often you think these statements describe you.

1. I am a useful person to have around
   - Almost never
   - Not too often
   - About half the time
   - Often
   - Almost always

2. I feel that I am a person of worth, at least as much as others.
   - Almost never
   - Not too often
   - About half the time
   - Often
   - Almost always

3. I feel that I can’t do anything right.
   - Almost never
   - Not too often
   - About half the time
   - Often
   - Almost always

4. I am able to do things as well as most other people.
   - Almost never
   - Not too often
   - About half the time
   - Often
   - Almost always

5. I feel that I do not have much to be proud of.
   - Almost never
   - Not too often
   - About half the time
   - Often
   - Almost always

6. I feel good about myself.
   - Almost never
   - Not too often
   - About half the time
   - Often
   - Almost always

7. Sometimes I think that I am no good at all.
8. When I do a job, I do it well.
   - Almost never
   - Not too often
   - About half the time
   - Often
   - Almost always

9. I feel that my life is not very useful.
   - Almost never
   - Not too often
   - About half the time
   - Often
   - Almost always

I. For these next few questions, indicate the amount of risk associated with the following activities.

1. How much do you think people risk harming themselves (physically and otherwise) if they use unprescribed pain pills (Hydrocodone, Oxycodone, and Vicodin) regularly?
   - No Risk
   - Slight Risk
   - Moderate Risk
   - High Risk
   - Don’t Know

2. How much do you think people risk harming themselves (physically and otherwise) if they use unprescribed pain pills (Hydrocodone, Oxycodone, and Vicodin) once or twice?
   - No Risk
   - Slight Risk
   - Moderate Risk
   - High Risk
   - Don’t Know

3. How much do you think people risk harming themselves (physically and otherwise) if they try unprescribed pain pills (Hydrocodone, oxycodone, and Vicodin)?
   - No Risk
   - Slight Risk
   - Moderate Risk
   - High Risk
   - Don’t Know

4. How much do you think people risk harming themselves (physically and otherwise) if they use opioids (including heroin) regularly?
   - No Risk
   - Slight Risk
   - Moderate Risk
   - High Risk
   - Don’t Know

5. How much do you think people risk harming themselves (physically and otherwise) if they use opioids (including heroin) once or twice?
   - No Risk
   - Slight Risk
   - Moderate Risk
   - High Risk
   - Don’t Know

6. How much do you think people risk harming themselves (physically and otherwise if they try opioids (including heroin)?
   - No Risk
   - Slight Risk
   - Moderate Risk
   - High Risk
   - Don’t Know
## APPENDIX B: Data Table

<table>
<thead>
<tr>
<th>RANGE</th>
<th>TREATMENT GROUP (n=162)</th>
<th>COMPARISON GROUP (n=50)</th>
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<tbody>
<tr>
<td></td>
<td>Pre-Test</td>
<td>Post-Test</td>
</tr>
<tr>
<td></td>
<td>Freq (%)/Mean (SD)</td>
<td>Freq (%)/Mean (SD)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>87 (53.7)</td>
<td>29 (58.0)</td>
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<tr>
<td>Female</td>
<td>75 (46.3)</td>
<td>21 (42.0)</td>
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<tr>
<td>Race</td>
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<td></td>
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<tr>
<td>White</td>
<td>73 (45.1)</td>
<td>30 (60.0)</td>
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<tr>
<td>Black</td>
<td>43 (26.5)</td>
<td>13 (26.0)</td>
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<tr>
<td>Hispanic</td>
<td>33 (20.4)</td>
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<tr>
<td>Other</td>
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<tr>
<td>Age</td>
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<td>15.91 (1.23)</td>
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<tr>
<td>Grades (R)</td>
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<td>3.61 (0.88)</td>
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<tr>
<td>Prescription Rx Risk (Figure 2)a</td>
<td>1 to 4</td>
<td>3.09 (0.64)</td>
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<tr>
<td>Heroin Risk (Figure 2)</td>
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<td>3.39 (0.61)</td>
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<tr>
<td>Dangers of Use (Figure 3)a</td>
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<td>3.82 (0.70)</td>
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<tr>
<td>Rx Pain Same as Heroin (Figure 3a)a</td>
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<td>3.19 (1.02)</td>
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<td>Heroin Use as Risky as Rx Pain (Figure 3b)a</td>
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<td>3.73 (1.03)</td>
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<td>Addictive Heroin (Figure 4)</td>
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<td>3.95 (0.58)</td>
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<td>AttAddiction (Figure 5)</td>
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<td>AttTreatment (Figure 6)</td>
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<tr>
<td>RecognizeOverdose (Figure 7)</td>
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<td>3.43 (1.10)</td>
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<td>Aware of Services (Figure 8)</td>
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<td>4.01 (0.65)</td>
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<tr>
<td>Naloxone (Figure 9)*</td>
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<td>8 (4.9)</td>
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<td>Prosocial Peers (Figure 10)</td>
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<tr>
<td>Self-Esteem (Figure 11)</td>
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<td>Peer-Pressure (Figure 12)</td>
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<td>Personal Identity (Figure 13)</td>
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<td>Social Identity (Figure 14)</td>
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**WORKSHEET VARIABLES**

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<th>TREATMENT GROUP (n=162)</th>
<th>COMPARISON GROUP (n=50)</th>
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<td>Heroin/Rx (Figure 15)*</td>
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<tr>
<td>Risk Rx v. Heroin (Figure 15)*</td>
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<td>3.78 (1.00)</td>
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<tr>
<td>OD/RegUse (R) (Figure 16)*</td>
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<td>RecOverdose (R) (Figure 16)*</td>
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<td>3.38 (1.04)</td>
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<td>YoungDrugUse (Figure 17)*</td>
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<td>4.19 (0.86)</td>
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<tr>
<td>DrugUse/Addition (Figure 17)*</td>
<td>1 to 5</td>
<td>3.45 (1.09)</td>
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</tbody>
</table>

(R): This item is reverse-coded; a: Significant improvement in the treatment group compared with the control group (p<0.05); *: Significant improvement between pre-test and post-test (p<0.05)
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