The Brandon Middle Years Pilot Project (BMYPP) Program Evaluation

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Addictions Foundation of Manitoba

Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba is responsible for providing rehabilitation and prevention services for Manitoba citizens relating to substance use and problem gambling. The aim of our research is to better inform rehabilitation practice, public education and health policy. Research fostered by the foundation contributes to a better understanding of how individuals, families and communities can most effectively respond to harm associated with substance use and problem gambling.

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EXECUTIVE SUMMARY

The Brandon Middle Years Pilot Project (BMYPP) was delivered in the fall of 2001 and the spring of 2002 to grade 7 and 8 students at two middle years schools in Brandon. The main goals of the project were to increase knowledge about alcohol and other drugs, and to provide decision-making skills that will change students' intentions to use these substances. Over 800 students participated in a three-phase experiment. Classes were randomly assigned to receive the program in either the first, second or third term of the school year. The first term was used as a pilot phase, after which modifications were made to the program to make the content more appropriate to younger students. In the second term a questionnaire was completed by all students at the start and at the end of the term. Half of the classes received an intervention based on prevention and education programs that have been used as part of the Rural and Northern Youth Intervention Strategy (RNYIS). The other classes served as a control group, receiving only the measures at this point. In the third term the control classes then received the program. All classes were measured at the end of the school year.

The results show that the program produces increased student knowledge about alcohol and drugs. The average percent increase in the experimental group was from 52.9% of the test items correct to 66%, representing a 13.1% improvement. At the end of term two the control group did not show any knowledge gain. Both the control group and the experimental group were tested at the end of the school year. The experimental group showed that the knowledge gain was maintained, and the control group now showed knowledge gain equivalent to the experimental group. These results overwhelmingly suggest that the program is effective for increasing grade 7 and 8 student knowledge about drugs.

The evaluation of decision-making skills and intentions to use substances in high school was conducted simultaneously with the knowledge test. The results indicate no difference between the experimental and the control groups, suggesting that the intervention did not increase decision-making. However, less than 15% of the students in the pre-test indicated that they had difficulty making decisions about substance use. This suggests that drug use (including alcohol), may not be a decision that is faced by these students. This suggestion is supported by low rates of current use and low intentions to use in the future. Although intentions to use may be "beyond the radar" of grade 7 and 8 students in Brandon, they have been provided with a tool (knowledge) that should prove useful in their efforts to cope with a difficult choice that they will have to make in the future. It is expected that this knowledge gain will result in more responsible drug use by students as they mature.

INTRODUCTION

The Brandon Middle Years Pilot Project (BMYPP) was delivered in the fall of 2001 to grade 7 and 8 students at two middle years schools in Brandon: Earl Oxford and Harrison. The main goal of the project was to increase student's knowledge about alcohol and other drugs, and to provide decision-making skills that will change students' intentions to use these substances.

The pilot project was evaluated by using a pre-post experimental design. That is, an experimental group (treatment condition) was compared with a control group (no treatment). Both groups were tested before and after the treatment, and classes were randomly assigned to either condition.

The AFM has a prevention strategy in high schools that is part of the overall Rural and Northern Youth Intervention Strategy (RNYIS). The full RNYIS also includes a Student Assistance Program (SAP) that is not part of the pilot. The evaluation of the RNYIS program in high school students has shown that it is effective for teaching high school students (senior 1 to senior 4) about drug use[1]. However, the 2001 Manitoba high school survey showed that many students entering high school have already developed a pattern of use, and the age at which they begin using is often prior to grade 9. Therefore, this pilot was initiated in grade 7 and 8 in an effort to:

Increase knowledge about alcohol and other drugs in grade 7 & 8 students, and to provide decision-making skills that change their intentions to use these substances.

Four short-term objectives were identified by a working group for study in this evaluation. These include to:

- increase knowledge about drugs (increase awareness of the consequences and improve understanding of the drug effects)
- improve decision-making capacity about drug use
- reduce the intention to use drugs
- reduce the use of drugs.

[1] Addictions Foundation of Manitoba (May, 2000). Rural and Northern Youth Intervention Strategy: Evaluation Report.

METHODOLOGY

A questionnaire was developed with the assistance of the Prevention Education Consultants (PECs) who were assigned to deliver the program. In this way the measures were developed specific to the content that was being taught. The questionnaire included a variety of components, including a knowledge measure of 18 statements to which students responded "true" or "false". A summary score of the number correct at various testing can be computed to evaluate knowledge gain. Students were also asked how difficult it is for them to make decisions, and to make decisions about alcohol and drug use. They were also asked how often they intend to use various drugs when they get to high school. Last, they were asked about their attitudes towards drugs and their perceptions of harm associated with different substances.

Twelve classes were randomly assigned to receive the program in term one, term two or term three. Term one was used as a pilot or developmental phase of the project. Data from term one were not used in the analysis because the program was changed to incorporate suggestions for improvements based on how the material was received during the pilot. The program and delivery format were changed somewhat in an effort to make the material more appropriate to younger students. Classes in term two were assigned to either an experimental or a control group. Students in the experimental classes received the intervention in term two; students in the control classes received the intervention in term three. The questionnaire was given to all students at the start and at the end of term two and at the end of term three.

The experimental group is comprised of four classes, 2 from each school and 2 from each grade who were given the questionnaire at the start of the term, the five sessions and then another questionnaire at the end of the term. The control group was given the same measure at the start and the end of the term, but did not receive the intervention until third term. Appendix A shows the schools, classes and conditions for each class involved in the project. This is a summary of the experimental design that shows which class in each grade and each school, and their condition assignment in the evaluation.

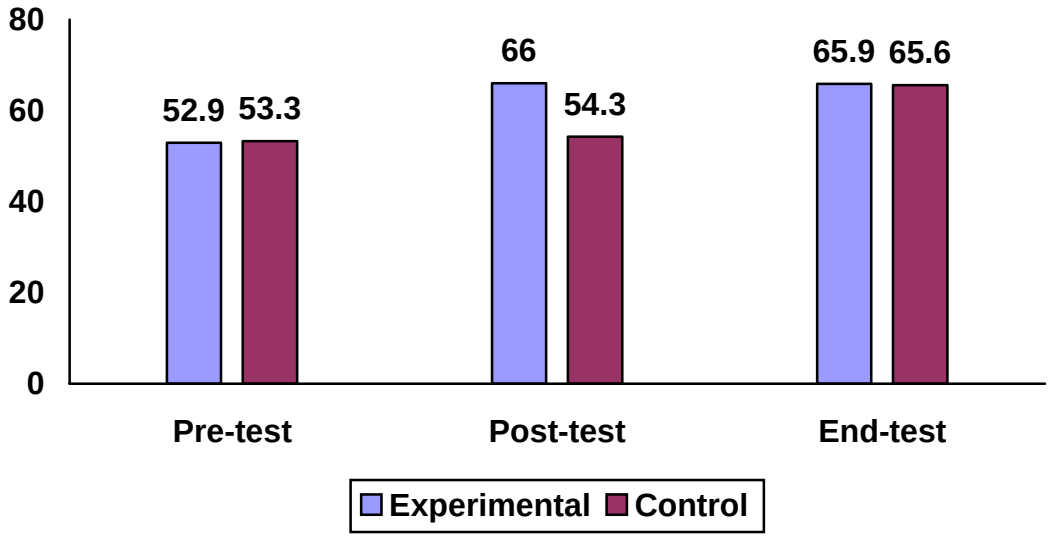
RESULTS

Knowledge About Alcohol and Drugs

Students were asked eighteen questions designed to test their knowledge about alcohol and other drugs (see Appendix B for the questions). It was expected that the intervention would increase knowledge in students in the experimental group between the pre-test and the post-test, and in the control group between the post-test and the end-test. If the program is effective the control group should show changes after the third term. If the knowledge is maintained, the experimental group should show end-test gains similar to their post-test gains.

Figure 1 shows the increase in scores on the knowledge test for the experimental group and the control group over the three testings. The difference between the pre-test and post-test was statistically significant for the experimental group, but there was no difference for the control group. The average percent increase in the experimental group was from 52.9% to 66%, representing a 13.1% improvement. The slight increase in knowledge (53.3% to 54.3% correct) within the control group was not statistically significance. It appears that the intervention worked in terms of increasing knowledge among the students in the experimental group.

Figure 1 Percent correct on knowledge test



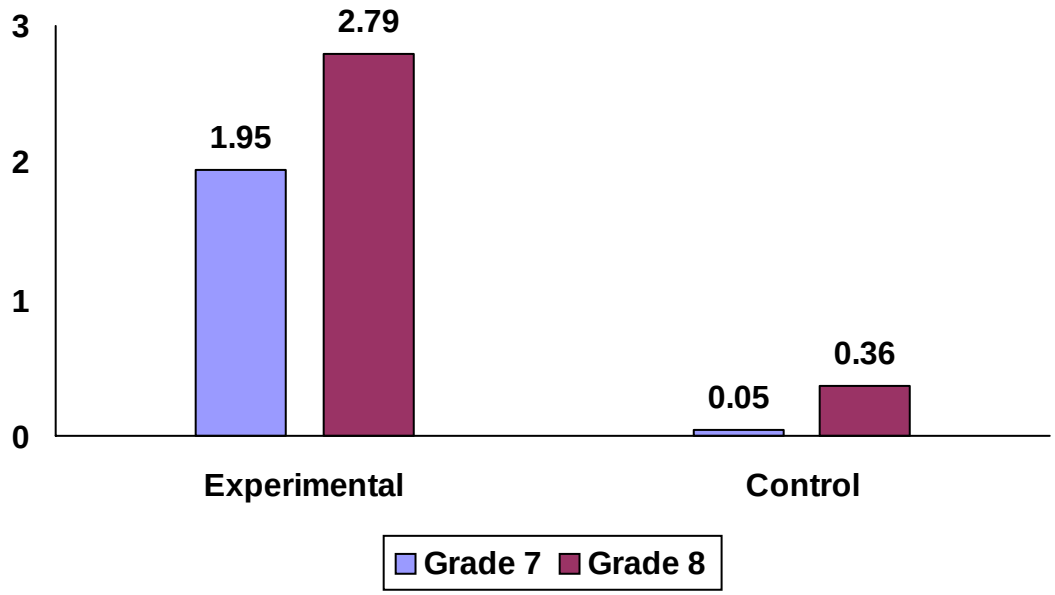
Similarly, the control group also shows gains in knowledge after they were exposed to the program. Their score increased from an average of 54.3% before the intervention to 65.6% after receiving the program, indicating they also learned the material. The level of knowledge gain was identical to the experimental group, suggesting a robust and stable effect.

Equally important is the retention of knowledge, as shown by the end-test scores. The end-test scores for the experimental group occurred a semester after the post-test scores, about 2 months later. The experimental group students got an average of 65.9% of the questions correct, which is not significantly different from the 66% correct at the end of the semester in which they received the intervention. The students are not only learning new information, they are also retaining this knowledge over time. We anticipate that this retained knowledge will function as a protective factor that adolescents can carry with them as they enter high school where the pressure to use drugs will be greater.

Difference in knowledge gain associated with grade.

We were also interested in whether the program was appropriate for both students in grade 7 and students in grade 8. Figure 2 shows the difference scores on the knowledge test for grade 7 and 8 students separately. These difference scores were computed by subtracting each students' post-test score from their pre-test score. A higher number, therefore, indicates that more questions were answered correctly at the follow-up.

Figure 2 Difference scores on knowledge test by grade

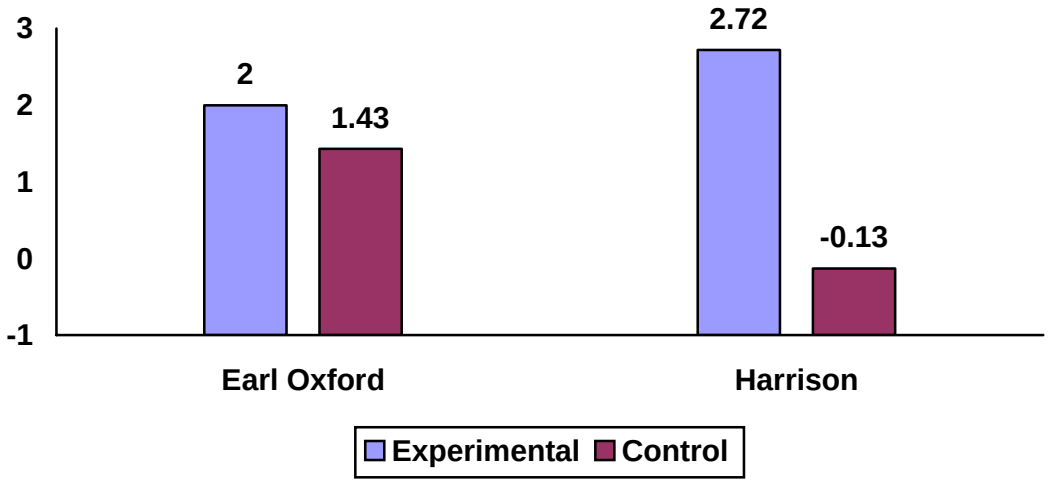


As figure 2 shows, for both grades the experimental group did better after the intervention (both were statistically significant). The grade 7 students improved by almost 11% (10.8%), and the grade 8 students improved by 15.5%. This difference was statistically significant; therefore it looks like the grade 8 students benefited more from the program.

Difference in knowledge gain associated with school.

The program was provided in two different schools, therefore the schools were compared in terms of changes from pre-test to post-test. This comparison was conducted because if the program works better at one type of school than another, modifications may need to be made to ensure that the maximum impact of the program is achieved. The difference scores are shown separately by school on Figure 3. Only the changes in the experimental groups were statistically significant. Harrison students increased their scores more than the Earl Oxford students. The only difference between the schools that may explain this finding was that the Harrison staff has seen these students since grade 6, and therefore may be more familiar with them (and possibly better able to communicate the content).

Figure 3 Difference scores on knowledge test by school



Decision-Making Capacity About Drug Use

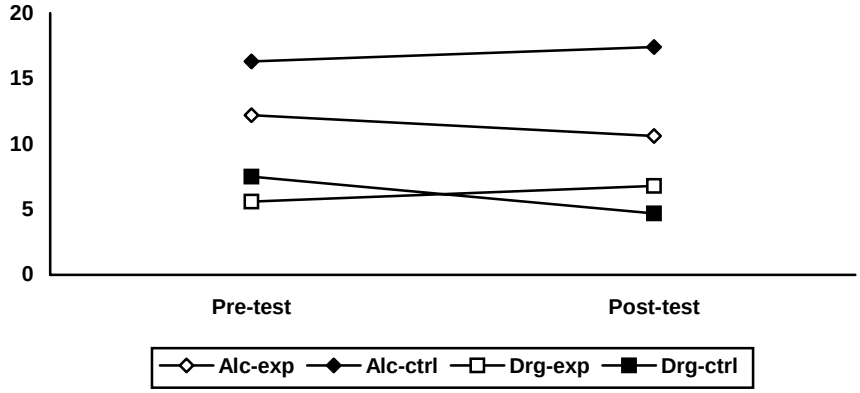
A second goal of the program is to provide younger students with better decision-making skills. The expectation is that, with an expanded decision-making capacity, grade 7 & 8 students will be better able to resist the pressures to use drugs, and may find other ways of coping with the stresses of adolescence. Consequently, students were asked about their ability to make decisions about alcohol and other drug use. Decision-making was evaluated by looking at responses to the questions:

- Do you find it hard to make decisions about alcohol use?
- Do you find it hard to make decisions about drug use?

Response options were “yes” or “no”.

There were no statistically significant differences between pre-test and post-test for decisions about alcohol and drug use. Figure 4 shows the percent of students who answered “yes” to the decision-making questions at the pre-test and the post-test.

Figure 4 Percent reporting it is hard to make decisions about alcohol and drug use[2]



Fortunately, only a small number (4.7%-7.5%) of students reported have trouble making decisions about drugs. This creates a "floor effect" whereby it is difficult to reduce this number significantly.

Decision-making about alcohol by grade and condition.

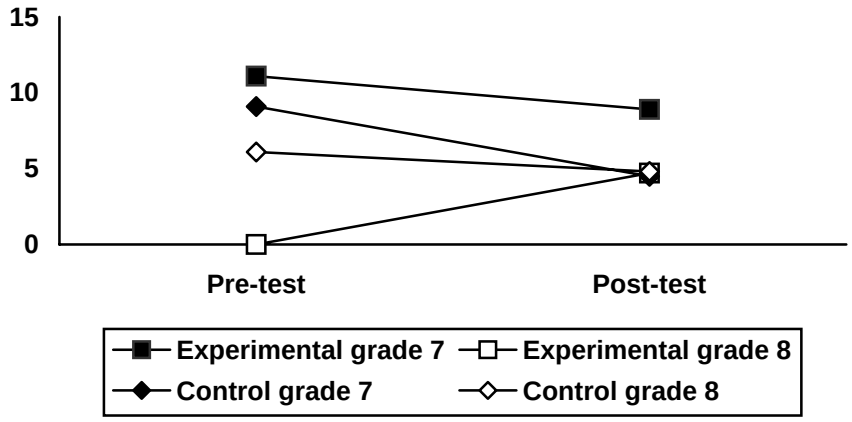
Although there was a tendency for students in grade 7 to report that it is harder to make decisions about **alcohol** (compared with students in grade 8), the difference did not reach an acceptable level of statistical significance. At the follow-up in June between 12.2% and 21.4% of both grade 7 and 8 students reported that is it hard to make decisions about alcohol. There were no statistically significant differences between the experimental and control conditions.

Decision-making about drugs by grade and condition.

Figure 5 shows the percent of students in each grade and in each experimental condition who thought that it is hard to make decisions about other **drugs** (i.e., not alcohol). There was no effect of the experimental condition. However, more grade 7's in the pre-experimental group reported difficulty making decisions about drugs than students in grade 8. Oddly, at the pre-test, none of the students in the experimental condition in the grade 8 classes thought that it was hard to make decisions about drugs.

[2] None of the differences between conditions are statistically significant

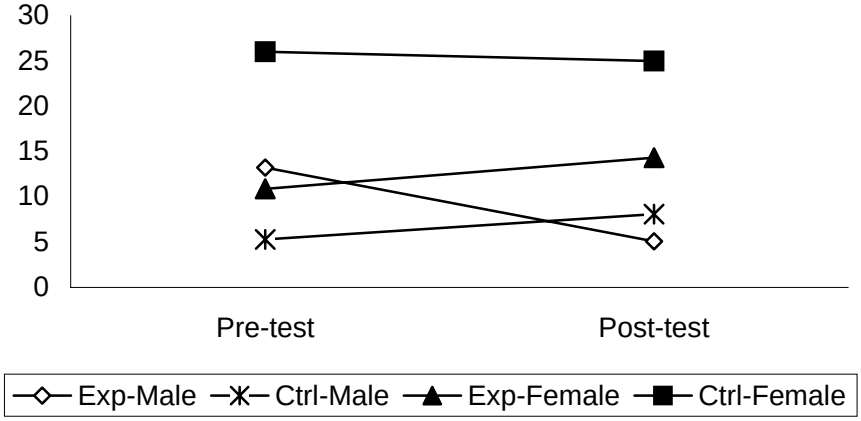
Figure 5 Percent reporting it is hard to make decisions about drugs by grade and condition



Decision-making differences by gender.

There are gender differences in alcohol and other drug use in high school, therefore we were interested in evaluating whether there are differences in perceived decision-making about substance use in junior high, and whether these were changed by participation in the program. Gender comparisons revealed that more females in the control group have difficulty making decisions about alcohol use compared to all other conditions. The other apparent gender differences shown on Figure 6 are not statistically significant.

Figure 6 Percent reporting difficulty making decisions about alcohol use by gender



Summary of decision-making.

Overall, very few students reported that it is difficult to make decisions about drugs. This likely reflects the fact that few students at this age have to make these decisions. A greater percentage report difficulties making decisions about alcohol (compared with

making decisions about other drug use) and, as with decisions about other drugs, the experimental and control groups did not differ at the post-test.

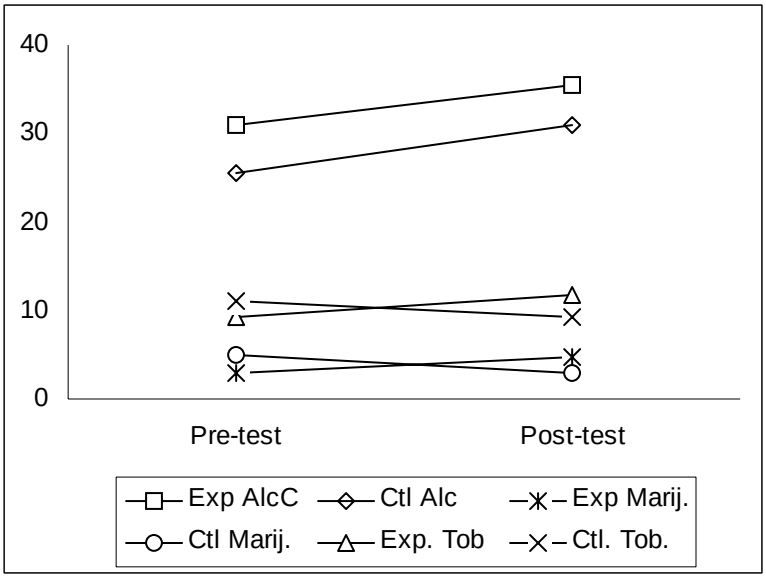
Intentions To Use Drugs

In addition to developing the skills required to resist using drugs, this project also aimed at reducing intentions to use drugs in the future. Consequently, we asked the students about their intentions to use various drugs once they were in high school.

Although questions were asked about planned tobacco, alcohol, marijuana and other illegal drug use, the frequencies for planned other illegal drug use were so low that comparisons are meaningless. Only 1 or 2 students ever reported intending to use other illegal drugs in the future. As a result, data are only presented for tobacco, alcohol, and marijuana intentions. Unfortunately, this weakens the argument that intentions predict behaviour since about 10-15% will use at least one other illegal drug by the time they reach grade 12. However, in grade 7 or 8 they have not formed this intention.

For all four conditions (pre-post by control or experimental group) marijuana use was the least intended, tobacco was next and alcohol was the substance most likely to be used in high school. Figure 7 shows the students' intentions to use alcohol, marijuana, and tobacco by condition before and after the intervention. The solid data points reflect the percent for the experimental group; the hollow points represent the control group.

Figure 7 Percent intending to use substance "sometimes" or "often"



Note: Exp refers to experimental group, Ctl refers to control group.

More students intend on using alcohol "sometimes" once they reach high school compared with tobacco and marijuana. Approximately 30% of all students indicated an intention to use alcohol, and there were no differences between the experimental and

control groups. That is, students in both experimental and control groups did not change their intentions to use alcohol, marijuana or tobacco as a function of the program.

Attitudes about drugs and alcohol

Attitudes towards substances are also related to intentions to use and are correlated with use. We were interested in the impact of the program on students' attitudes towards drugs; therefore, we asked them various questions about their perception of the harmfulness of some drugs. Not surprising, students rated the most frequently used drugs as less likely to cause a lot of harm in comparison to drugs used less often. For example, between 66.8% of the students report cocaine as causing a lot of harm, but only 28.1% report that alcohol can also cause a lot of harm. Students were much more likely to use alcohol than cocaine.

We compared the impact of the intervention on attitudes about the harmfulness of drugs and found that after the intervention, more students in the experimental group reported that certain drugs can cause "a lot of harm" in comparison to their previous answers of "some harm" or "a little harm". Therefore, as some of these results were statistically significant, it appears that the educational intervention may be changing some students' perceptions of the harmfulness of some drugs. For example, over a 1/3 of the students in the experimental group thought that alcohol causes a lot of harm after the program, compared with about ¼ before the program. However, the control group also changed their attitudes, making it difficult to attribute change specifically to the intervention. Table 1 shows which drugs students were more likely to report as more harmful before and after the intervention, by experimental condition.

Table 1 Percent reporting substance causes "a lot of harm"

Substance	Experimental		Control	
	Pre	Post	Pre	Post
Alcohol	**24.7**	**34.5**	**32.3**	**27.1**
Marijuana	**67.8**	**66.7**	**68.1**	**66.7**
Magic Mushrooms	**61.1**	**64.0**	**43.5**	**58.8**
Cocaine	**66.7**	**68.5**	**63.8**	**68.6**
Ecstasy	**53.3**	**69.0**	**52.1**	**67.1**
LSD	**49.4**	**62.9**	**43.0**	**57.6**
Cigarettes	**40.4**	**46.0**	**32.6**	**38.6**
Methamphetamine	**42.2**	**57.3***	**32.3**	**44.2***
Inhalants	**47.8**	**56.2**	**43.6**	**52.4**
Other people's prescription	**46.1**	**51.8**	**43.6**	**52.3***
Over the counter medication	**21.8**	**33.0**	**18.3**	**24.4**
Steroids	**37.5**	**51.7**	**42.6**	**45.9**

*pre-post difference was significant at $p<.05$

A further examination of student attitudes was undertaken by comparing their responses to other attitudinal statements about substance use. These include statements such as "There is nothing wrong with people using alcohol, as long as they are in control of their use" and "There is nothing wrong with using marijuana and driving." Table 2 shows the percent of students in each condition who agreed ("agree" or "strongly agree") with each statement before and after the intervention.

Table 2 Percent who 'agree" or "strongly agree" with the statements

Statement	Experimental		Control	
	Pre	Post	Pre	Post
There is nothing wrong with drinking and driving	**2.2**	**2.2**	**7.4**	**0**
There is nothing wrong with using marijuana and driving	**5.7**	**4.5**	**10.7**	**1.2**
There is nothing wrong with people using alcohol as long as they are in control of their use	**82.2**	**79.1**	**86.1**	**85.9**
There is nothing wrong with people using drugs (other than alcohol), as long as they are in control of their use	**18.4**	**22.8**	**30.1**	**25.3**
Alcohol can be as dangerous to use as many other drugs	**70.2**	**73.8**	**74.4**	**83.3**
I think using marijuana is less harmful than drinking alcohol	**9.5**	**24.1**	**20.2**	**11.0**

Although there are some differences between the pre-test and the post-test in the experimental group, a number of the control group students also changed their attitudes. There were no statistically significant differences that could be specifically attributed to the intervention.

Use Of Drugs

So far this report has looked at a variety of cognitive factors that are theoretically predictive of drug use, and the impact of the intervention on these factors. We have shown that there was knowledge gain, but no differences in decision-making or perception of risk that could be attributed specifically to the program. The final section of this report will examine the impact of the program on current drug use. However, the expectation that any prevention program would have a significant impact on current behaviour that has a wide variety of precursors places a very high burden on the program and is likely an unrealistic test of the effect of the program. The inclusion of this analysis is to answer the basic question about whether the program had an immediate impact on current use levels.

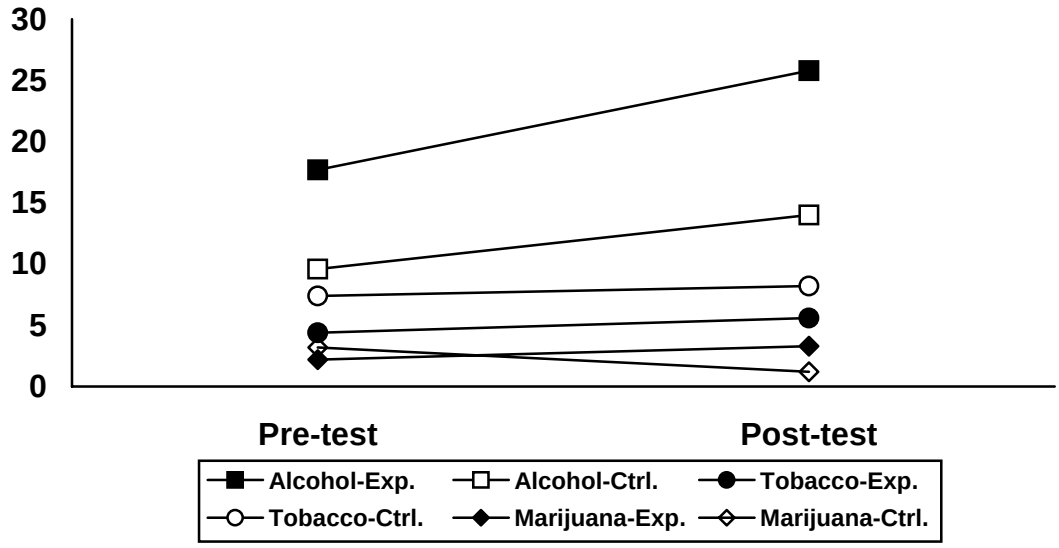
Students were asked about the drugs that they had used in the past year, and how frequently they used them. They were given 4 response options: never, less than once a month, about once a month, and once a week or more. Table 3 shows how frequently the control and experimental groups smoked cigarettes, drank alcohol, and used other drugs both before and after the program. The only statistically significant difference between the experimental and the control groups in terms of how frequently they used certain substances was that OTCs (over the counter medications) were more frequently used in the pre-control group (36 of the 93 indicating using OTCs less than once a month). Otherwise, there were no other statistical significant differences.

Table 3 Percent reporting any drug use in the past year

Substance	Experimental		Control	
	Pre	Post	Pre	Post
Tobacco	14.4	11.2	14.9	17.4
Alcohol	47.8	49.4	30.9	44.2
Marijuana	3.4	8.9	7.4	3.5
Magic Mushrooms	3.3	2.2	3.2	1.2
Cocaine	2.2	2.2	4.3	0
Ecstasy	2.2	1.1	2.2	0
Other Club Drugs	2.2	1.1	2.2	0
LSD	2.2	1.1	2.1	0
Steroids	2.2	2.2	4.3	2.3
Speed	2.2	1.1	2.1	1.2
Inhalants	6.6	4.5	4.3	7.0
Other people's prescriptions	4.4	5.6	5.3	3.6
OTC medications	14.4	21.4	61.3	11.8

Although it is a very high expectation to anticipate changes in drug use following this brief intervention, we did test for differences between groups. The differences in the percent of students reporting use once a month or more before and after the intervention are shown for alcohol, tobacco and marijuana in Figure 8.

Figure 8 Percent reporting to use substance about once a month or more



There were no statistically significant changes in the amount of drugs that students reported using after the intervention. This finding is consistent with Shamai & Coambs (1992)[3] who acknowledged the wealth of research showing that the links between knowledge, attitudes, and behaviour are questionable, and that increased knowledge does not necessarily lead to behaviour change. Although students may be learning about the harmful consequences of drugs, they may not necessarily feel the need to change their behaviour at this point.

The most commonly used drug (from Table 3) is alcohol, and Figure 8 shows that about 20% of students drank alcohol about once a month or more. A large majority of students (82.6%-88.8%) have "never" used tobacco and an even larger group (just over 90%) report "never" using marijuana. In addition, most students report infrequent use of OTC medications, although the pre-control group had a higher prevalence, which was significant, with 38.7% using "less than once a month". "Hard" drugs such as ecstasy, LSD, speed and cocaine had ever been used by only about 1% of the students in grade 7 or 8.

[3] Shamai, S. & Coambs, R. B. (1992). The relative autonomy of schools and educational interventions for substance abuse prevention, sex education, and gender stereotyping. *Adolescence*, 27, 108, 757-771.

SUMMARY

The BMYPP is a relatively brief intervention designed to educate students about substance use. The current evaluation shows that progress is being made to teach youth about the potential consequences of drug and alcohol use. More importantly, it appears that students not only increased their knowledge levels temporarily, as measured by the post-test scores, but also retained this knowledge up to 4 months after the intervention. It is hoped that students will retain this knowledge as they enter high school, where the pressure to use drugs and alcohol will be greater.

Consistent with previous research, the links between students' knowledge, attitudes, and drug use behaviour was not demonstrated. In other words, although the students learned factual information about drugs from the intervention, most did not change their own drug use or intentions to use drugs. Although not in alarming numbers, alcohol, tobacco, and OTCs were the most frequently used drugs. Thankfully, most students at this age have never used drugs such as cocaine and methamphetamine. However, more students intend on using alcohol compared to other substances once they are in high school. This is not surprising considering the societal acceptance of alcohol use. On a more positive note, very few students at this age are using tobacco, and the intention to use is also quite low. The average age at which smokers in Manitoba usually begin is about 13[4], which is the age group involved in this project. This low rate of intention to use tobacco is a positive trend.

Although student reports of drug use and intentions to use did not change after the intervention, students' knowledge and some attitudes about the harmfulness of drugs changed for the better. The BMYPP succeeded by achieving its main goal; to increase knowledge about drugs and alcohol. It is anticipated that programs such as the BMYPP will continue to be delivered to students, especially to students in their middle years where they may be more likely to listen to the information, compared to their high school counterparts who may be already using drugs and are less willing to attend to information that challenges their current behavior. As such, knowledge gained may be the best preventative strategy middle years students have as they enter the more pressuring atmospheres of high school. Longitudinal evaluations will be needed to determine whether this is so.

[4] Addictions Foundation of Manitoba (October, 2001). Substance Use among Manitoba High School Students.

Appendix A

Random List of Class Assignments for the Brandon Middle Year Pilot Project

Earl Oxford School

Semester with RNYIS worker

	Semester 1	Semester 2	Semester 3
Grade 7			
1st class		**RYNIS [E]**	
2nd class	**RYNIS [P]**		
Grade 8			
1st class			**RYNIS [C]**
2nd class	**RYNIS [P]**		
3rd class		**RYNIS [E]**	

Harrison School

Grade 7			
1st class		**RYNIS [E]**	
2nd class	**RYNIS [P]**		
3rd class			**RYNIS [C]**
4th class			**RYNIS [C]**
Grade 8			
1st class	**RYNIS [P)**		
2nd class		**RYNIS [E]**	
3rd class			**RYNIS [C]**

Note: P-pilot, E-experimental group, C-control group

Appendix B

Measure for Brandon Middle Years Pilot project

INSTRUCTIONS:

Please read the following questions carefully and *circle* the best answers. There are no right or wrong answers, and neither your parents nor any of the teachers will see your answers. This information is being collected so we can understand how some of the programs that we teach are working.

What grade are you in? Grade 7 Grade 8

How old are you now? 10yrs 11yrs 12yrs 13yrs 14yrs 15yrs

Are you a boyor a girl? Boy Girl

How easily could YOU get marijuana in Brandon if you wanted to?

VERY EASILY	EASILY	**NOT** VERY EASILY	IMPOSSIBLE	DON'T KNOW

How easily could YOU get marijuana in your school if you wanted to?

VERY EASILY	EASILY	**NOT** VERY EASILY	IMPOSSIBLE	DON'T KNOW

How easily could YOU get other drugs in your school if you wanted to?

VERY EASILY	EASILY	**NOT** VERY EASILY	IMPOSSIBLE	DON'T KNOW

What type of drugs could YOU buy in Brandon if you wanted to?

_____

_____

How many of your friends smoke marijuana?

NONE A FEW (1 – 3) SOME (4 – 8) MOST (over 8) ALL

Do any of your friends have problems because of marijuana use?
(For example, missing school, stealing to buy drugs, suspended from school fights with parents, trouble with the police)

YES NO

Please answer the following questions by making an X in the box under your answer.

How often have you used any of the following drugs in the past year?

	ONCE A WEEK OR OR MORE	ABOUT ONCE A MONTH	LESS THAN ONCE A MONTH	NEVER
Tobacco	☐	☐	☐	☐
Alcohol	☐	☐	☐	☐
Marijuana	☐	☐	☐	☐
Magic mushrooms	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐
Other club drugs (GHB)	☐	☐	☐	☐
LSD (acid)	☐	☐	☐	☐
Steroids	☐	☐	☐	☐
Methamphetamine/speed	☐	☐	☐	☐
Inhalants (e.g., glue)	☐	☐	☐	☐
Other people's prescriptions (e.g., Ritalin)	☐	☐	☐	☐
Over the counter medications like cough syrup, T3, No-doze.	☐	☐	☐	☐

List the four ways to resist peer pressure to use drugs?

_____

_____

_____

_____

Do you find it hard to make decisions about alcohol use? ..... YES ..... NO

Do you find it hard to make decisions about other drug use? .. YES ..... NO

Do you find it hard to make other decisions? ..... YES ..... NO

Please answer true or false to the following statements by <u>circling</u> your answer. If you don't know the answer then circle "don't know".

1.	Cigarettes are <u>not</u> very addictive.....	True	False	Don't Know
2.	Caffeine is a drug that has <u>no</u> long term health effects.....	True	False	Don't Know
3.	People who are addicted to drugs find it hard to stop thinking about them all the time.....	True	False	Don't Know
4.	Just trying drugs <u>once</u> will make you become an addict	True	False	Don't Know
5.	People who buy illegal drugs know <u>exactly</u> what they are buying.....	True	False	Don't Know
6.	The most widely used drugs are illegal.....	True	False	Don't Know
7.	If people use drugs to solve their problems they can start to rely on them too much	True	False	Don't Know
8.	Some drugs are so dangerous (e.g. Angel Dust) that they cause problems no matter how often they are taken.....	True	False	Don't Know

9.	Alcohol is a stimulant	True	False	Don't Know
10.	When someone who is used to taking drugs tries to stop he or she will go through withdrawal	True	False	Don't Know
11.	Alcohol and marijuana will <u>both</u> impair your driving	True	False	Don't Know
12.	If you drink too much alcohol you can get sick	True	False	Don't Know
13.	The ingredient in marijuana that gets you high is nicotine...	True	False	Don't Know
14.	"Dependent use" is an example of a level of involvement with drugs that has a <u>good</u> impact on a person's life	True	False	Don't Know
15.	Tolerance means that a person needs to take <u>more</u> of a drug to get high	True	False	Don't Know
16.	Mood altering drugs <u>don't</u> really affect the brain	True	False	Don't Know
17.	Caffeine and nicotine are both examples of stimulants	True	False	Don't Know
18.	Smoking marijuana causes brain damage	True	False	Don't Know

Please read the following statements and answer by putting an X in the box.

How often do you intend to do each of the following *when you get to high school***?**

	never	**rarely**	**sometimes**	**often**
Smoke cigarettes	☐	☐	☐	☐
Smoke marijuana	☐	☐	☐	☐
Drink alcohol	☐	☐	☐	☐
Take other illegal drugs	☐	☐	☐	☐

How much harm can be caused by using each of the following drugs?

	not harmful	little harm	some harm	a lot of harm	don't know
Alcohol	☐	☐	☐	☐	☐
Marijuana	☐	☐	☐	☐	☐
Magic mushrooms	☐	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐	☐
Other club drugs	☐	☐	☐	☐	☐
LSD	☐	☐	☐	☐	☐
Cigarettes	☐	☐	☐	☐	☐
Methamphetamine	☐	☐	☐	☐	☐
Inhalants	☐	☐	☐	☐	☐
Other people's prescriptions	☐	☐	☐	☐	☐
Over the counter medication	☐	☐	☐	☐	☐
Steroids	☐	☐	☐	☐	☐

How much do you agree or disagree with the following statements?	**Strongly Agree**	**Agree**	**Disagree**	**Strongly disagree**
There is nothing wrong with drinking and driving	☐	☐	☐	☐
There is nothing wrong with using marijuana and driving	☐	☐	☐	☐
There is nothing wrong with people using alcohol, as long as they are in control of their use	☐	☐	☐	☐
There is nothing wrong with people using drugs (other than alcohol), as long as they are in control of their use	☐	☐	☐	☐
Alcohol can be as dangerous to use as many other drugs	☐	☐	☐	☐
I think using marijuana is less harmful than drinking alcohol	☐	☐	☐	☐