



Reality Tour: Adult Attendees' Perceptions about a Community Based Drug Prevention Program

By Judith E. Sturges and James Tyler Garlick

ABSTRACT

In 2003, the Reality Tour was established by CANDLE, Inc., which is a non-profit organization with an aim to prevent substance abuse in Butler, Pennsylvania. Demand grew for the replication of the Tour to be presented in other locations. In 2014, the Latrobe and Derry area Reality Tour was established. The Tour is a community-based drug prevention presentation designed to engage both parents and children in an interactive event with the intention of educating them about the consequences of drug use. Data for this study were collected from Adult Exit Surveys between September, 2014 and May, 2016. A total of 226 surveys were reviewed. Findings suggest that the Tour has provided important drug prevention information to the attendees, and it has created a venue for parents and children to increase their discussions about drug abuse. In addition, the Tour has assisted in community awareness about the consequences of drug abuse.

Key words: Drug Abuse Prevention, Youths, Narcotics, Community.

INTRODUCTION

In 2003, CANDLE, Inc., a non-profit organization that seeks to prevent substance abuse, established the Reality Tour. The Tour, which was first presented in Butler, Pennsylvania, is a community-based drug prevention program designed to influence both parents and children. Information about drug abuse is delivered in an engaging manner that informs attendees about current drug trends through first-person accounts from police

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officers, community volunteers and recovering addicts. Attendees are shown the consequences of drug abuse through staged simulations of a drug arrest, an incarceration, an overdose, and a funeral, all of which addicts may experience. Families are also taught coping skills to assist youths in staying drug free.

In 2004, demand grew to replicate the Tour in other locations. In 2014, the Latrobe and Derry area Reality Tour was established in Westmoreland County, Pennsylvania. This Tour can have value in other areas of the country because it parallels some successful drug prevention programs outlined in the literature and demonstrates how citizens can assist children and their guardians in becoming educated about drug abuse in their community. The Tour also provides a platform for parents and children to initiate well-informed discussions about drug abuse. Accordingly, enhanced communication between parents and children can be a significant protective factor against youth drug abuse.

A typical Tour at this location is described as follows. As attendees arrive, the children have their pictures taken. The attendees are escorted to be seated in a general reception room. The Tour begins with an introduction by the director who established the Tour replication in this community because she lost a son to a drug overdose. She explains the effect that his death had on her life. Following the director's presentation, the assistant director starts the Tour. A teenager Tour volunteer enters the room and sits with the audience. A police officer soon follows, takes the teenager out of the audience, and arrests him for drug possession. The police officer handcuffs the teenager, and then they leave the room. The assistant director apologizes to the audience for the intrusion.

Next, young teenagers present a skit about peer pressure, which is followed by a video about families who have lost children to drug addiction. A police officer then presents current information and statistics about drug abuse in the community. Recovering addicts also share their stories with the audience. Following these presentations, attendees exit the general room to begin the Tour, which has stations for the aforementioned staged simulations in other areas of the building.

The first simulation is a scene of the teenager who was arrested. The youth is locked in a mock jail cell. Attendees hear a taped voice-over in which the youth acknowledges making a bad decision and regrets being caught. The next scene shows an Emergency Room scene with hospital personnel trying to revive the youth from an overdose. They are unsuccessful, and the youth dies. The last scene consists of a funeral in which two people play the role of the youth's parents, and they are weeping over their child's death. As each child and their family on the Tour looks into the casket they see their own reflection in a mirror with a sign that reads, "Don't let this happen to you." After viewing the scene, the attendees return to the general reception room. They receive a packet which includes the adult exit surveys and other information about drugs.

Since its inception, the Reality Tour has spread to other Pennsylvania Counties. The Reality Tour has received the National Acts of Caring Award. It was also noted

as the Community Based Crime Prevention Program. On a national level, it has been added to the National Registry of Evidence-based Programs and Practices (CANDLEinc., 2016).

LITERATURE REVIEW

Review of drug prevention programs targeting youths reveals that much of the recent literature is from 2010. America only makes up about 4% of world's population, but Americans consume about 80% of the world's opioids. Furthermore, the number of illegal drug users in America has risen from around 12 million in 1995 to about 20 million in 2006 (Li, Zhang, Levine, Li, Zielke, & Fowler, 2011). More specific to adolescents, youth are at risk when they are prescribed opioids (McCabe, West, Veliz, McCabe, Stoddard, & Boyd, 2017) and abuse of most illicit drugs among adolescents has remained steady (Johnson, Miech, O'Malley, Bachman, Schulenberg, & Patrick, 2017). Drug over-dose deaths and drug abuse has become a public health crisis whose devastating consequences affect communities and families (U.S. Department of Health & Human Services, 2017; National Institute on Drug Abuse, 2017(b)).

At the national level, since 1999, there has been a significant increase in drug overdose deaths involving prescription opioids. The Centers for Disease Control and Prevention reported 10,574 heroin overdose deaths nationwide in 2014, a fivefold increase in the heroin death rate since 2014. A leading cause of death in the United States is drug overdose, with more than 90 people dying every day from overdosing on opioids. In 2015 alone, over 33,000 Americans died from overdoses, two million suffered from substance abuse related to prescription opioids and over 591,000 suffered from heroin use (National Institute on Drug Abuse, 2017, 2017(b); U.S. Department of Health & Human Services, 2017).

A 2010 study revealed that, in that same year, about 12 million people used non-prescribed prescription pain medication only for the feeling the drugs gave them (U.S. Department of Health & Human Services, 2017). About 80 percent of heroin users began abusing drugs by misusing prescription opioids. Accordingly, drug abuse among people aged 12 and older is a particularly growing national problem (Substance Abuse and Mental Health Service Administration, 2017). Li et al. (2011) suggest that teenagers may make up a large proportion of the increase. Yet, the most likely group to abuse prescription opioid pain relievers is young adults between 18 and 25 (U.S. Department of Health & Human Services, 2017).

The American Society of Addiction Medicine (2016) reported about the impact of opioid abuse on special populations, such as adolescents between 12 to 17. In 2014, more than 1,700 young adults died from prescription drug overdoses, and many more required emergency treatment (National Institute on Drug Abuse, 2017(a)). This number represents a fourfold increase since 1999. In 2015, about 276,000 youths used nonmedical pain relievers and about 122,000 had an addiction to prescription pain relievers. Furthermore, the Society found that most adolescents said they were given the medications by a friend or relative. In this same year, it was reported that 21,000 adolescents had used

heroin and 5,000 were current users. In summation, opioid overdose deaths and drug use is considered a national epidemic (U.S. Department of Health & Human Services, 2017; American Society for Addiction Medicine, 2016).

A similar trend is evident in Pennsylvania (OverdoseFreePA, 2017). The Centers for Disease Control and Prevention reports that Pennsylvania has a significantly higher drug poisoning death rate than that of the rest of the nation (Centers for Disease Control and Prevention, 2017). Wenner (2017) states that the Pennsylvania drug overdose death rate is among the highest in the nation. In 2015, approximately 3,500 overdose-related deaths were reported in Pennsylvania (Wenner, 2017), an increase in reported deaths from previous years. Furthermore, Pennsylvania has led the nation in the number of men between 12-25 who overdosed on drugs (OverdoseFreePA, 2017). Therefore, Pennsylvania replicates a similar concern at the national level – this situation is a drug epidemic.

Westmoreland County had 764 reported overdose deaths between 2009 and the middle of 2017. Based on data collected by the state's coroners' offices in 2015, Westmoreland ranked 7th - highest in the state regarding rates of drug-related overdose deaths ("Analysis of drug-related overdose deaths in Pennsylvania," 2015).

Similar to the data collected by the state of Pennsylvania, in Westmoreland County about 64% were males, and approximately 35% were between the ages of 18 and 34 (OverdoseFreePA, 2017). Peirce (2017) states that overdose deaths hit an all-time high in 2016. He reports that there was a 38% increase in 2016 with 174 fatal overdoses reported. Overdoses affect every community, even though they may be preventable with substance abuse treatment. Also, providing education directed toward professionals and community members about the drug epidemic may be beneficial (OverdoseFreePA, 2017).

Studies show that children are significantly more susceptible to drug abuse during transition periods, such as when changing schools, and that many children even begin abusing drugs before the age of 12. When addressing drug abuse prevention, early intervention is important. Additionally, the involvement of the community, schools, and families is beneficial (National Institute on Drug Abuse, 2003). Mallick (2007) points out that parents can play crucial roles in their children's likelihoods of not abusing drugs by maintaining open communications. However, parents tend to be misinformed about current drug trends and information, which often cultivates over-protectiveness and later impedes communication that can prevent drug abuse.

Numerous studies have assessed drug prevention programs. Hurley and Lustbader (1997) studied a program that targeted high-risk middle schools in New York City. The aim was to engage students through respective teachers serving as mentors who remained paired with students through numerous grade levels. To develop resilience among students, the mentors provide them with nurturing environments. The findings suggest that students who participated in the program enhanced their abilities to think through decisions, improved positive relationships, and displayed reduced risk factors for drug abuse.

Hahn, Hall, Rayens, Myers, & Bonnel (2007) studied elementary school students ranging from five to six years old among 15 different schools who participated in a

program that involved school-based and in-home drug abuse prevention efforts. The researchers found that parents and children benefited by school- and family-based intervention programs because they tended to strengthen protective factors.

Mallick (2007) studied a program designed to improve two-way communication about drugs between parents and 15 year old children. The program brought together children and unrelated adults to provide drug education and teach communication skills. Then, children and their parents were brought back together to apply the skills they had learned separately. Participants experienced improved communications within their families upon learning about drug prevention with unrelated adults and young people.

In 2004, Zavela, Battistich, Gosselink, and Dean studied a rural drug prevention program aimed at increasing protective factors and decreasing risk factors among children in fourth through eighth grades. This program took place in schools and sought to empower young people to make positive, informed choices, rather than teaching them drug refusal skills. Teachers and peers in the school created positive influences for at-risk and high-risk youths. A three-year follow-up study of the program revealed that its participants experienced less drug abuse when compared to students who did not participate.

Riesch, Brown, Anderson, Wang, Canty-Mitchell, & Johnson (2012) conducted a study to understand how promoting certain aspects of the family environment may decrease young people's drug abuse. The program aimed to prevent adolescent drug abuse by improving togetherness within selected fifth graders' families. Parents attended the program with one respective child for seven weeks. Program sessions taught parents and youth various family-strengthening skills separately in parent-only and youth-only groups. The participants reunited toward the end of each session to practice the skills they learned. Overall, youth participants tended to report increased cohesion among respective families.

Battistich, Schaps, Watson, & Solomon (1996) studied a program that focused on improving protective factors among elementary-aged students in schools to decrease students' risks for drug abuse. The authors suggest that schools provide unique opportunities to strengthen protective factors against drug abuse if children have good relationships with their faculty. The researchers found that, when a sense of community increased in participating elementary schools, drug abuse subsided.

A church-based drug prevention program was designed to promote protective factors among 12- through 14-year-olds individually as well as within their families and communities. The program helped children develop communication skills and heightened their bonding with their families. The youths also became more involved in the community and more aware of using community resources in cases of family conflicts. Researchers hypothesized that these protective factors would increase children's levels of resilience against drug abuse. Six months to one year after intervention, survey responses indicated that the program did cultivate protective factors among the youth as well as inhibit the onset of drug abuse. Furthermore, youth and adult respondents reported positive outcomes, such as increased knowledge about drugs and better bonding among family members (Johnson et al., 1996).

LoSciuto, Rajala, Townsend, & Taylor (1996) considered how a drug abuse prevention program developed protective factors among individual participants, families, schools, peer groups, and immediate communities. A significant component of the program involved using adults aged 55 years old or older as mentors to sixth graders. The program also included community service projects, life-skills classes, and parent programs in which participants developed effective parent-child relationships against drug abuse. Survey responses from the youths indicated significant improvements in their perceptions of school, elders and other people in general. The researchers concluded that the program contributed to participants' improved protective factors against drug abuse.

Elliot, Orr, Watson, & Jackson (2005) examined secondary drug abuse prevention by reviewing relevant literature. They found that drug prevention is likely to be most effective when it involves parents, takes a collaborative approach, and targets younger children. Their review also revealed that programs that are school-based alone may not be as effective in preventing drug abuse.

In summation, since drugs appear to be becoming more easily attainable and harmful, more recent research on the topic of parent-child drug abuse prevention programs is needed. To date, no systematic research has been conducted from one Tour location with the purpose of analyzing the Adult Exit Surveys. This study fills that gap by presenting data about how adults who attended the Tour perceive the program.

METHODS

Data were collected from Adult Exit Surveys from the Latrobe and Derry Area Reality Tour located in Westmoreland County, Pennsylvania. Secondary data analysis was done by reviewing exit surveys of adults who attended the program between September, 2014 and May, 2016. In total, 241 surveys were reviewed. However, 15 surveys had to be discarded either because the surveys were not completed or the participant clearly indicated that he or she was not an adult. Thus, a total of 226 surveys were analyzed for this study.

This study was retrospective and exploratory in nature to describe what adults thought about participating in the Tour. No comparison group was used. Therefore, data analysis was limited to frequency distributions. The limitations of this methodology are discussed later in this paper.

FINDINGS

As displayed in Table 1, the demographic variables indicate that most adult participants were females. Thus, a question arises about whether this is because the participants are single parents in female-headed households. Moreover, about one-third of the participants were over 45, which may suggest that grandparents are bringing their children to the Tour. Thus, another question may be whether the members of this age group are assisting in the care and upbringing of the children, or are the guardians of the

TABLE 1
Participant's Gender and Age Range in Years

<i>Demographic Variable</i>	<i>Number</i>	<i>Percentage</i>
<i>Gender</i>		
Total	226	100%
Female	143	63%
Male	65	29%
Gender Unknown	18	8%
<i>Age</i>		
Under 34	44	19%
35-39	35	16%
40-44	41	18%
45-49	45	20%
Over 50	34	15%
Age Unknown	27	12%

children who attended the Tour. The survey instrument used in this study did not include a question asking the adult's relationship to the child.

Table 2 indicates that most adults reported that they heard about the Tour through their schools where Tour representatives volunteer to attend open houses. They hand out pamphlets and discuss the Tour with parents and children. The second most common places of employment and professionals were the least likely avenues for someone to hear about the Tour.

The question, "What had the most impact?" was presented as a fill-in-the-blank format. Data presented in Table 3 indicate that addicts and the funeral scene had the most significant impact on the participants. About 16% of the participants chose the presentation by the police as the second most significant.

TABLE 2
"How did you hear about the Tour?"

<i>Variable</i>	<i>Number</i>	<i>Percentage</i>
Total	226	100%
School	146	65%
Neighbor/Friend	42	19%
Family	17	8%
Advertisement	16	7%
Professional	9	4%
Unknown	7	3%
Employment	5	2%

Note. Respondents replied to more than one category; total number of responses greater than n = 226 and percentages greater than 100%.

TABLE 3
 “What had the most impact?”

<i>Variable</i>	<i>Number</i>	<i>Percentage</i>
Total	226	100%
Addict	44	20%
Funeral scene	44	20%
Police	36	16%
Video	30	14%
Statistics	29	13%
ER/Death Scene	25	11%
Arrest	23	10%
Unknown	19	8%
Everything	7	3%
Jail Scene	6	3%

Note. Respondents replied to more than one category; total number of responses greater than n = 226 and percentages greater than 100%.

Participants’ written-in random responses to this question revealed two themes: specific information about drugs, and about young children and drug use. Participants’ comments about drugs included, “having] a broader knowledge of drugs,” “the epidemic proportion of drug use,” “that Pennsylvania is third in the nation with a drug,” and the “new drugs and the names for these drugs.”

Participants also commented that they learned “how bad things are out there,” and “how little they know.” Participants also said they learned “what to look for in children,” “where [drugs] are hidden,” and that “young age children are starting to use drugs.” These comments indicate that the general information about drug use presented during the Tour is beneficial to the participants.

A similar question that was somewhat redundant regarding the previous question, but presented in a different manner, was “What are the top three most important parts of the Tour?” The question was not worded in such a way to allow the participant to rank-order what was most important. Instead, this question was presented with forced-choice categories as indicated in Table 4. Due to participants’ ability to respond to up to three categories, the totals are greater than n=226. The dramatic scenes were perceived as one of the program’s most important aspects. This category was followed by participants considering the reports by addicts and the police as almost equally important.

Respondents to the survey were asked if they would secure medications to keep them away from children. They were also asked if they would develop a code if a child felt uncomfortable in a situation. The child could then contact his/her parent and use the code to have the parent come and remove them from an unsafe environment. Participants were also asked if they would monitor their children more. As revealed in Table 5, it is impressive that all of the participants said they would secure medications. This table also indicates that parents are willing to develop a code. However, a question arises relevant

TABLE 4
Top Three Most Important Parts of the Tour

<i>Variable</i>	<i>Number</i>	<i>Percentage</i>
Total	226	100%
Scenes	157	69%
Addict	136	60%
Police	135	60%
Director	90	40%
Movie	90	40%

Note. Respondents replied to more than one category; total number of responses greater than $n = 226$ and percentages greater than 100%.

to one category. Why did only about one-half respond “yes” to monitoring his or her child?

As presented in Table 6, regarding the question of whether they support drug testing, most of respondents indicated they would support drug testing at home done by a parent. Respondents were able to choose more than one category. Analysis of data revealed that, of the 77 respondents who supported drug testing at schools, only six chose the category of schools exclusively.

However, the survey included a follow-up question asking respondents to report what they might consider to be a barrier to drug testing. The most common response embodied concern for diminishing trust. Some responses included “they need to feel trusted,” “it shows you do not trust your child,” “drug testing develops mistrust,” and “I don’t want to question trust.” Other concerns were “where to buy” drug test kits and the “cost” to drug test youths.

Participants were asked to rate their ability to discuss drugs with his or her child after the Tour. Overall, the responses as displayed in Table 7 indicate that the majority ($n = 179$) think it is easier or much easier to speak to their child about drugs after attending the Tour. This outcome is significant because it indicates that the Tour provides a venue for parents and children to discuss drugs.

TABLE 5
“Check if you will:”

<i>Variable</i>	<i>Number</i>	<i>Percentage</i>
Total	226	100%
Secure Meds	226	100%
Develop Code	158	70%
Monitor Child	134	59%

TABLE 6
 “Do you support drug testing?”

<i>Variable</i>	<i>Number</i>	<i>Percentage</i>
Total	226	100%
At Home	197	87%
By Parent	170	75%
At School	77	34%
No	11	5%
No Response	9	4%

Note. Respondents replied to more than one category; total number of responses greater than n = 226 and percentages greater than 100%.

Knowledge and Concern

The survey included a section which asked respondents, “How much did you learn during the Reality Tour?” The question asked participants to compare their knowledge about drugs before taking the Tour with their knowledge after taking the Tour. All participants indicated that their knowledge increased after the Tour. Participants were also asked to compare their level of concern about drugs and alcohol before and after the Tour. Most of the participants reported that their concerns about drugs and alcohol increased after the Tour.

Overall Comments about the Tour

Participants were asked to comment about the Tour. Responses were generally positive, such as “fantastic,” “excellent job,” and “keep up the good work.” Other comments were “very informative,” “interesting,” “knowledgeable,” “an impactful evening” and “very eye opening.” One respondent said that the Tour was “much more emotional than

TABLE 7
 Rating Ability to Discuss Drugs with Child Tour

<i>Variable</i>	<i>Number</i>	<i>Percentage</i>
Total	226	100%
Much Easier	83	37%
Easier	96	42%
The Same	27	12%
More Difficult	1	1%
No Response	19	8%

I was expecting.” Participants also thanked the volunteers for “volunteering your time to help us learn,” and for “making an impact on families and the community.”

In summation, data from this study indicates that the Latrobe and Derry area Reality Tour is making a positive impact in our community. A discussion of the significance, questions, and limitations regarding this study follow.

DISCUSSION AND CONCLUSION

This study explains how parents who attended the Reality Tour with their children feel about this community-based drug prevention program. As indicated in the literature review section of this paper, successful programs involve parents, schools, and the community. Educational change has occurred by providing at least 226 families with current information about the drug epidemic in their community. The Tour has not only provided important drug prevention information, but it has created a venue for parents and children to discuss drug abuse with each other. By participating in the Tour, participants have learned about the consequences of drug abuse and have been given suggestions on how to communicate with each other about this problem.

The Tour also gives visibility to the general public that many citizens are concerned about curbing this epidemic in the region. By volunteering their time, community members have sent a message to attendees that people in the community care about them and their children’s futures. As mentioned previously, responses indicate that participants appreciated the volunteers’ efforts to inform them about drug abuse and its consequences.

However, based on the findings of this study, some questions have arisen. The first question is based on the relationship of the adult attending the Tour to the child. One finding from the data was that most of the adults who attended were females. This may be significant because research suggests that family composition may have an effect on children’s drug use and/or potential for delinquency (Eitle, 2005; Hoffman, 2002; Kierkus & Hewitt, 2009). Furthermore, based on the respondents’ ages, the researchers question what the relationship is of the adult to the child who attended the Tour. Might the person who attended be an assigned guardian or a grandparent to the child? Having an assigned guardian other than the parent may indicate that the parent is absent due to drug use and/or incarceration. Understanding the relationship is worthwhile because the Tour may be able to provide attendees with valuable social service resources to assist the guardians.

The researchers consider it worthwhile to continue to conduct research relevant to the Tour. A suggestion is to consider making some changes to the questionnaire that was presented to the parents and guardians. Due to the layout of the questionnaire presented to the adults, some data were difficult to categorize. Therefore, a suggestion would be to reword some questions in the survey instrument to be able to better answer some questions. For example, it may be beneficial to have respondents rank order what they found most valuable in the Tour instead of picking the top three most important things. Rank ordering would clarify which part of the Tour was most impressive.

Even though the findings indicate that the adults surveyed were satisfied with attending the Tour, they may have suggestions about the Tour that were not covered in the survey instrument. Therefore, it may also be beneficial to conduct some face-to-face interviews with participants to determine whether they have suggestions. In addition, some questions, such as “would you monitor your child” had lower positive response rates. Face-to-face interviews could provide valuable insight about what participants think about this issue. Another area that may benefit from face-to-face interviews concerns drug testing. Most respondents rated drug testing at home by a parent over schools or no drug testing. However, respondents felt that trust was a concern. Participants would be able to discuss what may be done to assist parents with this concern. Volunteers conducting the Tour may then be able to address this concern more openly.

Since children attended the Tour, it would be worthwhile to study the impact of the Tour on them. The Adult Exit Survey included a question asking participants what they thought had the most impact on their children. The responses to this question were sparse. Of the few participants who did respond, they tended to indicate the same part of the Tour that they felt had the most impact on them. For example, if the respondent thought the funeral scene had the most impact, the respondent wrote “the same” for the child. Therefore, the researchers suggest that a future study be conducted where data is collected from the children who attend the Tour.

Another suggestion for further research would be to better explore whether the Tour had a lasting impact on the adults and their children who attended. Therefore, it may be beneficial to design a longitudinal study that follows participants to track whether youths who attended the Tour stay drug free.

A few policy recommendations are also suggested. Since the Tour encourages professional participation, it may be worthwhile to consider whether adolescent youths who come in contact with the juvenile justice system would benefit from mandatory attendance to the Tour with a parent or guardian. Another suggestion is to consider inviting youths to the Tour after two or three years to further instill in their minds the consequences of drug abuse. Another recommendation is to consider whether other surrounding communities would benefit by implementing the Reality Tour.

In conclusion, the Latrobe and Derry Area Reality Tour provided a venue to assist the community in drug awareness. These findings explain how this award-winning Tour has affected one community, which contributes to the literature on drug prevention programs. These findings explain how this award-winning Tour has affected one community, which contributes to the literature on drug prevention programs.

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