



**MARION COUNTY SCHOOL-BASED SUBSTANCE USE  
PREVENTION SURVEY  
FINAL REPORT**

Richard M. Fairbanks Foundation\*

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\* For questions about this report, please contact Alex Cohen, Director of Learning and Evaluation, at [cohen@rmff.org](mailto:cohen@rmff.org).

## EXECUTIVE SUMMARY

Substance use represents a significant problem for individuals in Marion County. Fortunately, effective substance use prevention programs exist, including programs delivered at the school level. Given how much time youth spend in the classroom, school-based prevention programs may be uniquely positioned to address substance use issues early on before they become more serious. When implemented well, school-based prevention programs can substantially lower substance use and effectively address other issues, too, such as academic achievement, attendance, social and emotional well-being, bullying and violence.

To learn more about the prevalence of school-based prevention programs in Marion County, in September 2017, the Foundation initiated a survey of Marion County public and private schools. Because evidence-based programs exist at the elementary, middle and high school level, the survey was intended for schools serving any grade range. The goal of the survey was to better understand Marion County schools' concerns about substance use, implementation of substance use prevention programs and the challenges they face in implementing these programs.

The Foundation received valid survey responses from 155 Marion County schools, including 100 school corporation (district) schools, 25 charter schools and 30 private schools and representing approximately half of all schools in the county. These responses span schools serving all grade levels, including 102 schools serving students in elementary school grades, 98 schools serving students in middle school grades and 37 schools serving students in high school grades.

The survey responses show that although schools are concerned about substance use, there are significant gaps in the use of evidence-based substance use prevention programs in Marion County. Overall, 31 percent of schools report using some substance use prevention program, but just 11 percent of schools report implementing a program that is evidence based, consistent with national surveys.

We find that schools face many barriers that limit their ability to successfully implement substance use prevention programs. Many simply may not be aware of effective programs that are appropriate for their student population and that align with their school's goals around academic achievement, behavior or other outcomes. Many also cite insufficient time during the school day for teachers and other key staff, given their other responsibilities. Lack of funding is another significant obstacle. Even those that are implementing an evidence-based program face barriers that hinder their ability to deliver the program effectively or provide the program to all students.

The good news is that there are schools in Indiana and across the country that have found ways to effectively and sustainably implement evidence-based programs, using existing time and resources. With the right support, Marion County schools may be able to replicate these successes and, in turn, help lower rates of substance use and improve other student outcomes in both the short and long term.

This support may include providing funding and expert guidance to help schools learn about available programs; identify those that not only address substances of concern but also support schools' goals around other issues like academic achievement, attendance or behavior and align with academic standards; and develop a feasible plan for incorporating evidence-based prevention programs into their curriculum without extending the school day and with existing sources of funding. For those schools implementing a substance use prevention program that is not evidence-based, in particular, there may be an opportunity to shift school resources and time devoted to a non-evidence-based program toward an evidence-based program.

## **ABOUT THE RICHARD M. FAIRBANKS FOUNDATION**

The Richard M. Fairbanks Foundation strives to advance the vitality of Indianapolis and the well-being of its people by addressing the city's most significant challenges and opportunities. The Foundation is focused on three issue-areas: education, tobacco use and opioid misuse, and the life sciences. To advance its work, the Foundation implements a three-pronged approach: strategic grantmaking, evidence-based advocacy, and cross-sector collaborations and convenings. To learn more, visit [rmff.org](http://rmff.org).

## I. BACKGROUND

### Substance Use in Marion County and Among Adolescents

In September 2016, the Richard M. Fairbanks Foundation released reports on two drivers of poor health outcomes in Marion County: the ongoing high rates of tobacco use and the surge in the misuse of opioids, including prescription opioids and heroin. These reports, which were prepared by the Indiana University Richard M. Fairbanks School of Public Health at IUPUI, concluded that substance use represents a substantial problem for individuals in Marion County.

More than one in five Marion County residents smokes cigarettes, based on 2015 data, leading to substantial increases in risk of several cancers and other illnesses and lowered life expectancy. Drug overdose deaths in the county have risen more than six-fold from 1999 to 2015, largely fueled by the rise in the use of heroin and prescription opioids.<sup>2</sup> Beyond tobacco and opioids, other substances, including alcohol and marijuana, are also putting the well-being of individuals in Marion County at risk.

The two reports also revealed that substance use often begins in elementary or middle school and worsens through high school. Nationwide, nearly 90 percent of smokers start by age 18, and by senior year of high school, roughly one in five students reports having used a prescription drug for a non-medical reason.<sup>3</sup> In central Indiana, which includes Marion County and surrounding counties, these same patterns hold. Among seniors at central Indiana schools, 11 percent report smoking cigarettes, 23 percent report using e-cigarettes, 33 percent report drinking alcohol and 20 percent report using marijuana in the past 30 days. Although substance use peaks among youth in high school, many students begin using drugs as early as middle school. For example, among central Indiana eighth graders, more than ten percent report drinking alcohol and five percent report using marijuana in the past 30 days.<sup>4</sup>

Initiation of substance use in middle and high school may lead to life-long struggles with substance use and associated negative outcomes. Intervening during school-age years, even as early as elementary school, has the potential to prevent substance use and put children on a path for success in school and as adults.

### Evidence-Based Substance Use Prevention Programs for Schools

Effective substance use prevention programs exist and, when implemented well, can substantially lower substance use and improve students' well-being in other ways, too. Given how much time youth spend in the classroom, school-based substance use prevention programs, in particular, are uniquely positioned to address these issues early on before they become more serious.

The Foundation-commissioned reports from the Richard M. Fairbanks School of Public Health identify school-based prevention as an effective way to reduce rates of tobacco use and opioid misuse. The State of Indiana's strategy for addressing substance use further emphasizes the importance of efforts to "identify and support the implementation of age-appropriate evidence-based addictive substance use and misuse prevention programs for children and youth." This is

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<sup>2</sup> Drug overdose deaths are reported in the Centers for Disease Control and Prevention's (CDC) WONDER database.

<sup>3</sup> Data on initiation of smoking come from the CDC's webpage on *Youth and Tobacco Use*. Data on non-medical use of prescription drugs by the end of high school come from Monitoring the Future's 2016 *National Survey Results on Drug Use*.

<sup>4</sup> Data from Central Indiana high school and middle school students come from the 2017 *Indiana Youth Survey*.

echoed by the United States Surgeon General's 2016 *Facing Addiction* report, which notes the cost-effectiveness of several school-based prevention programs and highlights programs at the elementary, middle and high school levels that have strong evidence for reducing the use of alcohol, tobacco, marijuana, prescription drugs and other drugs.

"Evidence-based" programs are those with high-quality research showing short- and, in some cases, long-term reductions in the use of alcohol, tobacco, marijuana, prescription drugs and other drugs. This research goes beyond simply measuring whether students acquired specific information or skills toward measuring actual changes in behavior and student outcomes. To assess these impacts, researchers use randomized controlled trials, the "gold standard" in measuring program impact, and similar approaches. Aside from reductions in substance use, there is also evidence that many of these programs can improve outcomes like academic achievement and attendance and address behavior issues like bullying, violence, fighting, delinquency and risky sexual behavior.<sup>5</sup>

Evidence-based substance use prevention programs teach decision-making, communication, emotional self-regulation and other skills, in addition to providing information about the risks of alcohol, tobacco and other drugs. While a major goal of these programs is to help students make better choices regarding substance use, they are also designed to promote self-esteem, self-control and social competence, which are protective factors against not just substance use but other behaviors, too, like violence or delinquency. Some even have specific components targeting these behaviors.<sup>6</sup>

Evidence-based substance use prevention programs are generally curriculum-based and taught during school hours over several class sessions. These programs are available at the elementary, middle and high school level and have been tested in a variety of school settings, including urban and low-income settings, rural settings and among students of different racial backgrounds. While some are targeted to specific drugs, such as tobacco or alcohol, many are designed to address drug use broadly and have shown impacts on a variety of drugs. Programs may be either universal (i.e., provided to all students) or targeted (i.e., provided only to students at higher risk of substance use or who are already involved in substance use).

Example programs include LifeSkills Training, Good Behavior Game, Positive Action, Project Towards No Drug Abuse and many others. Evidence-based program guides are maintained by several organizations. These guides include the Substance Abuse and Mental Health Administration's *National Registry of Evidence-Based Programs and Practices*, the Indiana Division of Mental Health and Addiction's *Evidence-Based Practice Guide*, the U.S. Surgeon General's *Facing Addiction* report and Blueprints for Healthy Youth Development.

While choosing a program that is evidence-based is important, implementing programs correctly is also critical to achieving the substantial and sustained impacts on substance use and other student outcomes. Straying from the required lesson plan, implementing the program for a different group of students than was intended, or adapting the program in other ways will likely lead to diminished results.

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<sup>5</sup> Information on evidence-based substance use prevention programs comes from SAMHSA's *National Registry of Evidence-Based Programs and Practices*, the Indiana Division of Mental Health and Addiction's *Evidence-Based Practice Guide*, the U.S. Surgeon General's *Facing Addiction* report and Blueprints for Healthy Youth Development.

<sup>6</sup> For more information, see SAMHSA's *Risk and Protective Factors* webpage.

## II. SURVEY DEVELOPMENT AND ADMINISTRATION

National surveys indicate that only ten percent of schools use evidence-based substance use prevention programs.<sup>7</sup> To learn more about the prevalence of school-based prevention programs in Marion County specifically, in September 2017, the Foundation initiated a survey of Marion County public and private schools. The goal was to better understand Marion County schools' concerns about substance use, implementation of substance use prevention programs and the challenges they face in implementing these programs.

The Foundation created a questionnaire based on national surveys on the prevalence of evidence-based substance use prevention programs at schools.<sup>8</sup> To identify whether schools are using an evidence-based program, the survey asked schools to choose among a pre-selected list of programs. This list included a range of programs, including evidence-based programs. The Foundation developed this list based on lists of evidence-based programs used in national surveys on the prevalence of evidence-based substance use prevention programs, as well as programs listed in the Indiana Division of Mental Health and Addiction's *Evidence-Based Practice Guide*, the U.S. Surgeon General's *Facing Addiction* report and Blueprints for Healthy Youth Development.<sup>9</sup>

The survey was intended to be completed by the person at each school with the most knowledge of substance use prevention efforts, such as a school social worker, principal, teacher or assistant administrator. The Foundation offered a \$20 Amazon gift card to the individual completing the survey at each school, as well as a \$100 donation for each participating school. The survey was designed to take approximately 15 minutes to complete. The Foundation hired Diehl Consulting Group, an independent third party, to manage the survey collection.

The Foundation and Diehl Consulting Group took steps to ensure that no information from the survey that would make it possible to identify individual schools or groups of schools (e.g., specific school corporations, specific private school organizations like the Archdiocese) would be shared publicly. All results below are aggregated to preserve anonymity.<sup>10</sup>

The survey was open from September to December 2017 and asked schools about substance use prevention activities in the 2017-2018 school year. The Foundation analyzed the data from the survey in January 2018.

## III. SURVEY RESULTS

The Foundation received valid responses from 155 Marion County schools, including 100 school corporation (district) schools, 25 charter schools and 30 private schools and representing

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<sup>7</sup> For references, see the U.S. Surgeon General's *Facing Addiction* report.

<sup>8</sup> We are grateful to Chris Ringwalt, Janet Jester and Sean Hanley at the Pacific Institute for Research and Evaluation (PIRE) for sharing their survey questionnaire, which formed the basis for the survey questionnaire used in the Foundation's Marion County school-based substance use prevention survey. A copy of the survey questionnaire is available upon request. Please contact Alex Cohen at [cohen@rmff.org](mailto:cohen@rmff.org) for more information.

<sup>9</sup> The survey defined substance use prevention curricula in the following way: "We use 'substance use prevention curricula' to mean formal, stand-alone courses/programs taught in the school setting (in class, afterschool, etc.) that are specifically designed to prevent substance use by students. Example curricula include LifeSkills Training, D.A.R.E., Too Good For Drugs and many others."

<sup>10</sup> Schools who participated in the survey may request more detailed reports for their school. Please contact Alex Cohen at [cohen@rmff.org](mailto:cohen@rmff.org) for more information.

approximately half of all Marion County schools.<sup>11</sup> These responses span schools serving all grade levels, including 102 schools serving students in elementary school grades, 98 schools serving students in middle school grades and 37 schools serving students in high school grades.

### Concerns about Substance Use among Schools

Among all Marion County public and private schools surveyed, 27 percent said substance use among their students is a “High” or “Extremely High” priority. As shown in Table 1, priority placed on substance use is highest among schools serving high-school-aged students.<sup>12</sup>

**Table 1. Priority Placed on Substance Use among Marion County Schools**

Grade Level	Percent of Schools with “High” or “Extremely High” Priority on Substance Use
Elementary	23%
Middle	27%
High	43%
<i>Total</i>	27%

This is consistent with substance use rates being highest among high school students, relative to other grades. However, intervening during earlier school-age years, even as early as elementary school, has the potential to prevent substance use in later grades and beyond.

Substances that are of the most concern for schools are marijuana, alcohol, cigarettes and prescription opioids, as shown in Table 2.

**Table 2. Concern about Different Substances among Marion County Schools**

Substance	Percent of Schools Reporting Concern about Substance
Marijuana	70%
Alcohol	61%
Cigarettes	47%
Prescription opioids (e.g., OxyContin)	23%
Non-opioid prescription drugs (e.g., Xanax, Adderall)	21%
Over-the-counter drugs (e.g., cough syrup, DXM)	20%
Electronic vapor products (e.g., e-cigarettes, vaping pens)	19%
Other tobacco products (e.g., smokeless tobacco, cigars, pipes)	18%
Inhalants	10%
Synthetic marijuana	8%
Heroin	6%
Cocaine/crack	4%
Methamphetamines	3%

<sup>11</sup> We count as valid responses those where there is sufficient data to determine whether a school is implementing an evidence-based substance use prevention programs. In the analysis below, other variables may have fewer than 155 observations due to schools choosing not to provide answers to various questions.

<sup>12</sup> In all breakdowns by grade level presented in this document, the numbers provided include schools serving any students in that grade level. “Elementary” includes any school serving elementary-aged students, defined as grades PK-5. “Middle” includes any school serving middle-school-aged students, defined as grades 6-8. “High” includes any school serving high-school-aged students, defined as grades 9-12.

## Use of Any Substance Use Prevention Curriculum and Evidence-Based Prevention Curricula

Less than one in three schools reports using any substance use prevention curriculum, and only 11 percent—that is, 17 out of 155 schools responding to the survey—report using an evidence-based curriculum. Table 3 provides breakdowns by grade levels served.

**Table 3. Prevalence of Evidence-Based Prevention Curricula in Marion County Schools by Grade Level<sup>13</sup>**

Grade Level	Number of Schools Reporting Using Any Substance Use Prevention Curriculum	Percent Reporting Using Any Substance Use Prevention Curriculum	Number of Schools Reporting Using An Evidence-Based Substance Use Prevention Curriculum	Percent Reporting Using an Evidence-Based Substance Use Prevention Curriculum	Number of Schools Reporting
Elementary	27	26%	10	10%	102
Middle	25	26%	11	11%	98
High	14	38%	5	14%	37
<i>Total</i>	48	31%	17	11%	155

These findings accord with national survey results and indicate a substantial gap in the use of evidence-based substance use prevention programs in Marion County.

### Use of Non-Evidence-Based Prevention Curricula

While there are several evidence-based programs, there are other programs that do not have strong evidence of effectiveness. One example is Drug Abuse Resistance Education, or D.A.R.E. Several studies find no evidence for a positive impact of D.A.R.E. on substance use. In Marion County, six percent of schools (or ten total) report using D.A.R.E., according to the survey.

### Barriers to Implementing Any Prevention Curriculum

Nearly 70 percent of schools report not having any substance use prevention curriculum, as noted above. After lack of concern about substance use, the most common reasons for not having any curriculum are lack of teacher time, lack of funding and competing priorities like end-of-year testing.

**Table 4. Barriers to Implementing Any Substance Use Prevention Curriculum**

Reasons for School Not Implementing Any Prevention Curriculum	Percent
Substance use (i.e., use of alcohol, tobacco or other drugs) is not a problem for students at my school	36%
Teachers do not have enough time to teach prevention curricula, given their other responsibilities	29%

<sup>13</sup> Number of respondents by grade level does not sum to 155 because some schools have students that cut across multiple grade levels (e.g., schools serving K-8 students).

My school/district lacks the budget to pay for a substance use prevention curriculum, training for a curriculum or curriculum materials like student workbooks, worksheets or other consumable materials	24%
Teaching prevention curricula competes with required end-of-year testing	22%
Teachers do not have enough time to attend training for prevention curricula	15%
Training for prevention curricula are not available or accessible to staff in my school	14%
There are no curricula that are appropriate for the school population (e.g., existing curricula may address substance abuse issues faced by students but are not age-appropriate or culturally appropriate)	8%
There are no curricula that meet the needs of students at my school (e.g., existing curricula do not address the substance abuse issues faced by students in my school)	8%
There is limited support from district or school administrators	8%
Teachers are uncomfortable with teaching strategies in prevention curricula that encourage interactions among students (e.g., cooperative learning methods, role plays, small group discussions)	3%
There is limited support from teachers or other school staff	3%
Parents are resistant to the teaching of prevention curricula	3%
The lessons in prevention curricula make it difficult to maintain classroom order	0%
Other	34%

In the “Other” category, schools generally mention many of the same reasons, including lack of need for substance use prevention and lack of information about effective programs.

When asked what they would like to do differently regarding prevention, many respondents indicated a desire to learn more about effective programs. Some sample responses are below:

- “I would like to know what curriculum is available and how to implement it.”
- “I would like to know what's available.”
- “I would like to ask students what their needs are by surveying them about drug abuse among peers, family or self. From that data, then look for affordable, research based interventions that would impact students.”

Elsewhere in the survey, schools also noted the need for more resources to overcome some of the barriers to implementing these programs. As one school put it in a free-response question, “I think teachers, admin, and school staff all think it is an important thing to address. However, we are so bogged down with testing and academic requirements as well as providing basic needs for students and families (food and clothing, housing resources, medical support) that unfortunately it just falls to the wayside.” Another wrote, “This is a very important topic that very few educators get any background on. There is a significant need for resources, programs and such to be made available to the schools for implementation.”

### **Challenges Implementing Evidence-Based Prevention Curricula**

In the survey, 17 schools report using an evidence-based substance use prevention curriculum. Because many schools use multiple curricula (e.g., for different grade levels), we identify a total of 28 evidence-based curricula used by schools. These curricula are primarily delivered during

school hours (85 percent) by teachers, counselors, social workers and occasionally outside consultants.

Information about the implementation of these programs suggests barriers that prevent evidence-based curricula from reaching all students and being implemented with fidelity (i.e., as designed).

### *Coverage*

While 85 percent of evidence-based prevention curricula provided by schools are universal (i.e., intended for all students), schools report gaps in participation among students in grades where the curriculum is delivered. Just over half of these curricula are delivered to all students in intended grades, and 18 percent are delivered to 20 percent or less, as shown in Table 5.

**Table 5. Coverage of Evidence-Based Curricula**

Among Universal Curricula, Percent of Students Receiving Curriculum	Number	Percent
20% or less	3	18%
21% to 40%	0	0%
41% to 60%	1	6%
61% to 80%	4	24%
81% to 100%	9	53%

### *Following the Curriculum Guide*

Straying from the specific elements of the curriculum can compromise program effectiveness, even if a school is implementing an evidence-based curriculum. The survey asked schools to describe how closely the teachers of the evidence-based prevention curriculum follow the curriculum guide.

For those 17 curricula for which schools provided data, we find that just 41 percent (seven curricula) report following the guide very closely, as shown in Table 6. For one curriculum, teachers do not use the curriculum guide at all.

**Table 6. Implementing Evidence-Based Curricula with Fidelity—Following Curriculum Guide**

Extent to Which Person Teaching Curriculum Follows the Curriculum Guide	Number	Percent
Very closely—Teachers teach the material as specified	7	41%
Somewhat closely—Teachers sometimes adapt the material as appropriate	9	53%
Not very closely—Teachers frequently adapt the material as appropriate	0	0%
Teachers do not use the curriculum guide	1	6%

### *Percent of Lessons Taught*

Evidence-based substance use prevention curricula also have a specific number of lessons that are recommended to be taught. Failing to deliver all of these lessons may also compromise program effectiveness.

For those 17 curricula for which schools provided data, we find students receive 81 percent to 100 percent of the required lessons for just 47 percent of curricula (eight out of 17), as shown in Table 7. It is also worth noting that students receive 20 percent or less of the required lessons for 23 percent of curricula (four out of 17).

**Table 7. Implementing Evidence-Based Curricula with Fidelity—Share of Lessons Taught**

Percentage of Lessons Included in Curriculum Guide Actually Taught	Number	Percent
20% or less	4	23%
21% to 40%	0	0%
41% to 60%	2	12%
61% to 80%	3	18%
81% to 100%	8	47%

### *Inappropriate Grades*

Evidence-based programs exist across all grade levels and are generally designed to address issues relevant to these specific grade levels. However, in at least two cases, the survey revealed schools applying a program designed for first-grade students to middle and even high school students. Alternatively, this may indicate that the school was using a different program than the evidence-based program on our list, in which case our estimates of the use of evidence-based programs of 11 percent is an overestimate.

### *Problems Reported*

The survey also asked schools about specific problems teaching evidence-based prevention curricula. Schools reported problems for 14 curricula. Among these, the most common problems were the curriculum being inappropriate for the school’s population and teachers lacking time to teach the curriculum, as shown in Table 8.

**Table 8. Problems Teaching Evidence-Based Substance Use Prevention Curricula**

Problem	Number	Percent
The curriculum is inappropriate for my school’s population (e.g., the curriculum guide may address substance abuse issues faced by our students but is not age-appropriate or culturally-appropriate)	4	29%
Teachers do not have enough time to teach this curriculum, given their other responsibilities	4	29%
The curriculum guide does not meet the school’s needs (e.g., the curriculum guide does not address the substance abuse issues faced by students in our school)	3	21%
There is limited support from district or school administrators.	3	21%
Teachers do not have enough time to attend training for this curriculum	3	21%
My school/district lacks the budget to pay for this curriculum, training for the curriculum or curriculum materials like student workbooks, worksheets or other consumable materials	2	14%
There is limited support from teachers or other school staff	2	14%

Teachers are uncomfortable with teaching strategies in this curriculum that encourage interactions among students (e.g., cooperative learning methods, role plays, small group discussions)	2	14%
Teaching this curriculum competes with required end-of-year testing	2	14%
Training for this curriculum is not offered	1	7%
The lessons in this curriculum make it difficult to maintain classroom order	1	7%
Parents are resistant to the teaching of this curriculum	0	0%
Other	2	14%

Both responses in the “Other” category centered on lack of time to teach the curriculum.

These problems may help explain why teachers of these evidence-based prevention curricula are unable to deliver all required lessons or deliver the program to all students in intended grades.

#### IV. CONCLUSION

Schools can play an important role in addressing substance use by delivering evidence-based prevention programs to students in the classroom. Evidence-based prevention programs equip students with skills that not only help them avoid substance use but also improve academic achievement, attendance and other outcomes. However, according to our survey, 31 percent of Marion County schools are implementing some substance use prevention program, but just 11 percent are using an evidence-based program. Common barriers to implementing substance use prevention programs include insufficient time during the school day and lack of funding. Even those schools implementing evidence-based substance use prevention programs face barriers that limit the reach of those programs and their effectiveness.

These findings suggest that, given their numerous other responsibilities and priorities, schools need support to find the proven prevention programs that work best for their students as well as the adults in their school buildings. This support may include providing funding and expert guidance to help schools learn about available programs; identify those that not only address substances of concern but also support schools’ goals around other issues like academic achievement, attendance or behavior and align with academic standards; and develop a feasible plan for incorporating evidence-based prevention programs into their curriculum without extending the school day and with existing sources of funding. For those schools implementing a substance use prevention program that is not evidence-based, in particular, there may be an opportunity to shift school resources and time devoted to a non-evidence-based program toward an evidence-based program.

The good news is that there are schools in Indiana and across the country that have found ways to effectively and sustainably implement evidence-based programs, using existing time and resources. With the right support, Marion County schools may be able to replicate these successes and, in turn, help lower rates of substance use and improve other student outcomes in both the short and long term.

## REFERENCES

Blueprints for Healthy Youth Development. *Program Guide*.  
<http://blueprintsprograms.com/>.

Centers for Disease Control and Prevention. *Youth and Tobacco Use*.  
[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm).

Centers for Disease Control and Prevention. *WONDER Database*.  
<https://wonder.cdc.gov/ucd-icd10.html>.

Indiana Department of Mental Health and Addiction. *Evidence-Based Practice Guide*. February 2016.  
[http://www.in.gov/fssa/dmha/files/Indianas\\_Evidence\\_Based\\_Practice\\_Guide\\_Feb\\_16.pdf](http://www.in.gov/fssa/dmha/files/Indianas_Evidence_Based_Practice_Guide_Feb_16.pdf).

Indiana University Richard M. Fairbanks School of Public Health at IUPUI. *Report on the Tobacco Epidemic in Marion County and Indiana*. September 2016.  
<https://www.rmff.org/wp-content/uploads/2015/09/Richard-M.-Fairbanks-Tobacco-Report-September-2016.pdf>.

Indiana University Richard M. Fairbanks School of Public Health at IUPUI. *Report on the Toll of Opioid Use in Marion County and Indiana*. September 2016.  
<https://www.rmff.org/wp-content/uploads/2015/09/Richard-M.-Fairbanks-Opioid-Report-September-2016.pdf>.

Indiana Prevention Resource Center. *Indiana Youth Survey*. 2017.  
<http://inys.indiana.edu/survey-results>.

Monitoring the Future. *National Survey Results on Drug Use*. February 2016.  
<http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2015.pdf>.

State of Indiana. *A Strategic Approach to Addressing Substance Abuse in Indiana*. 2017.  
<http://www.in.gov/gov/files/A%20Strategic%20Approach%20to%20Addressing%20Substance%20Abuse%20in%20Indiana.pdf>.

Substance Abuse and Mental Health Administration. *National Registry of Evidence-Based Programs and Practices*.  
<https://www.samhsa.gov/nrepp>.

Substance Abuse and Mental Health Administration. *Risk and Protective Factors*.  
<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>.

United States Surgeon General. *Facing Addiction in America: The Surgeon General's report on Alcohol, Drugs and Health*. 2016.  
<https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>.