

# TABLE 1: SUBSTANCE ABUSE AND ASSOCIATED RISKS (SAR)

**Note:** Goal of the program is primary prevention, unless noted otherwise

**Outcome key:** + Favorable effect – Unfavorable effect x No effect or nonsignificant interaction term  
 MEN = formal mentoring program or naturally occurring mentoring relationship

**Other abbreviations:** RCT = randomized controlled trial

| Type of Mentoring                   |   |  | Evaluation  |   |  |   |
|-------------------------------------|---|--|---|---|--|---|
| Program Name (Authors)              | Structure   | Processes/Activities   | Methodology   | Question 1: What is the effect of mentoring on SAR?   | Question 2: What factors condition or influence the strength and/or direction of mentoring effects on SAR? | Question 3: What are the processes through which mentoring influences SAR?  |
| Across Ages (Aseltine et al., 2000) | <p><b>Goal:</b> Increase resiliency and social competence of at-risk middle school youth; program built on a Positive Youth Development framework</p> <p><b>Setting:</b> Community or School</p> <p><b>Duration:</b> Varies, mentoring component lasts 1 year</p> <p><b>Format:</b> One-to-one</p> <p><b>Mentors:</b> Adults ages 55+</p> <p><b>Mentees:</b> Youth ages 10–13</p> | <p><b>Mentoring:</b> Mentoring meetings 4+ hours a week over a year; activities: schoolwork or attending events.</p> <p><b>Community Service:</b> Focused on interactions with frail elders (biweekly visits to nursing home residents). Youth record experiences in journals and share in class.</p> <p><b>Classroom Curriculum:</b> Teaches life and resistance skills through didactic instruction, videotapes, journals, role-playing, and homework assignments.</p> <p><b>Parent Workshops:</b> Events for parents, youth, and mentors on weekends.</p> | <ul style="list-style-type: none"> <li>• Evaluation over 3-year period with ethnically diverse youth from low-income families; recruited from 10 sixth-grade public school classes</li> <li>• Students randomly assigned to 1 of 3 conditions: Across Ages (mentoring + life skills curriculum + community service; n=85), curriculum (life skills curriculum + community service; n=135), and control (no intervention; n=138)</li> <li>• Assessed alcohol, marijuana use (along with other outcomes)</li> </ul> | <p>+ Alcohol use (for both mentor and curriculum groups vs. control)</p> <p>x Marijuana use</p> |  | <p>+ Less positive attitudes toward drug use (Across Ages mentor group vs curriculum) although mediation not tested statistically</p> |

|   |   |   |  |   |   |  |
|---|---|---|--|---|---|--|
| <p>Across Ages<br/>(LoSciuto et al., 1996)</p>  | <p><i>See previous entry</i></p>  | <p><i>See previous entry</i></p>  | <ul style="list-style-type: none"> <li>• RCT pre/post-test design with 562 sixth-grade students</li> <li>• Groups: Across Ages mentoring + Parenting Session (MPS; n=180), Parenting Session (PS; n=193), and Control (n=189)</li> </ul> | <p>x Overall frequency of substance use in past 2 months (MPS vs PS)</p>  | <p>x MEN x Quality (Exceptional vs Average Mentoring) → Substance use</p> <p>+ MEN x Quality (Exceptional vs Average Mentoring) → Substance use knowledge</p> <p>x MEN x Dosage → Substance use</p>   |  |
| <p>Big Brothers Big Sisters Community-Based Mentoring (BBBS CBM) (Grossman &amp; Tierney, 1998)</p> | <p><b>Goal:</b> Positive youth development<br/><b>Setting:</b> Community<br/><b>Duration:</b> 1 year<br/><b>Format:</b> One-to-one<br/><b>Mentors:</b> Adult volunteers<br/><b>Mentees:</b> 10-to-16-year-old youth</p> | <ul style="list-style-type: none"> <li>• Community-Based Mentoring (CBM) model requires mentors and youth to meet 2x/month for minimum of 1 year</li> <li>• Program focus is development of supportive relationship between youth and mentor</li> <li>• Agency provides boundaries regarding relationships but otherwise matches choose activities</li> </ul> | <ul style="list-style-type: none"> <li>• n=1138 randomly assigned to BBBS vs control, total n=959 in analysis sample</li> <li>• Outcomes: Initiation of alcohol and illegal drug use; 18-month follow-up assessment</li> </ul>           | <p>+ Youth in BBBS group 27.4% less likely to start using alcohol than those in control</p> <p>+ Youth in BBBS group 45.8% less likely to start using illegal drugs than those in control</p> | <p>+ MEN x gender (significant effect of mentoring on drug use for boys, but not girls)</p> <p>+ MEN x race (significant effect on drug use for minority youth)</p> <p>+ MEN x gender x race (significant impact for drug use of minority girls and boys)</p> <p>+ MEN x gender x race (increased risk of substance abuse in white girls in mentoring group)</p> <p>+ MEN x gender x race (significant effects on alcohol use, only for minority girls)</p> |  |

|  |   |  |   |  |  |   |
|--|---|--|---|--|--|---|
| <p>BBBS CBM<br/>(Rhodes et al., 2005)</p>  | <p><i>See previous entry</i></p>  | <p><i>See previous entry</i></p>   | <ul style="list-style-type: none"> <li>• n=928 adolescents in BBBS Program (581 non-matched; 158 matched &lt;12 months; 189 matched &gt;12 months)</li> <li>• Past month alcohol/ drug use assessed with single item</li> </ul>   | <p>x Reported frequency of alcohol and drug use in the past month</p>  | <p>+ MEN x match length → alcohol and drug use (youth matched for &gt;12 months reported lower frequency of alcohol and drug use)</p>  | <p>+ MEN →Parent relations → Frequency of drug and alcohol use (only for youth matched &gt;12 months)</p> |
| <p>BBBS CBM programs and 2 CBM mentoring programs in Washington State   (Herrera et al., 2013)</p> | <p><b>Goal:</b> Provide mentoring support to at-risk youth<br/><b>Setting:</b> Community<br/><b>Duration:</b> Program expectation of 12 months<br/><b>Format:</b> One-to-One<br/><b>Mentors:</b> Adult volunteers<br/><b>Mentees:</b> Youth aged 8–15 years</p> | <ul style="list-style-type: none"> <li>• Programs targeted “high-risk youth” [experiencing either environmental risk (e.g., poverty) or individual risk (e.g., academic challenges)]</li> <li>• Program expectations for match meetings at least twice monthly for 4+ hours</li> <li>• Programs provided general parameters for meetings but matches chose activities</li> </ul> | <ul style="list-style-type: none"> <li>• n = 1,310 at-risk youth across seven CBM programs (5 of which were BBBS)</li> <li>• Three groups: Randomized to mentoring (n=308) or control (n=321) or nonrandomized comparison group (n=615)</li> <li>• Assessment 13 months after enrollment</li> <li>• Assessed substance use as dichotomous variable (use of alcohol/drugs in past 3 months); included range of other outcomes</li> </ul> | <p>x Substance use at 13 months (both random assignment and quasi-experimental tests)</p>  | <p>x MEN x levels of risk → misconduct (including substance use)</p>   |   |
| <p>BBBS School-Based Mentoring (Herrera et al., 2011)</p>  | <p><b>Goal:</b> Positive youth development<br/><b>Setting:</b> School<br/><b>Duration:</b> School year<br/><b>Format:</b> One-to-one<br/><b>Mentors:</b> Adult and high school student volunteers<br/><b>Mentees:</b> 9-to-16-year-old students</p>             | <ul style="list-style-type: none"> <li>• Meetings occurred during and/or after school</li> <li>• All programs involved some structure (e.g., activity choices)</li> <li>• Activities included academic (e.g., homework help), creative activities (e.g., crafts), or games and discussions</li> </ul>  | <ul style="list-style-type: none"> <li>• Sample (n=1139) youth in fourth to ninth grades in BBBS agencies</li> <li>• Assigned to mentoring (n=565) or wait list control (n=574)</li> <li>• Followed for 1.5 school years</li> </ul>   | <p>x Composite measure of prior 3-month’s substance use (alcohol, tobacco, other drugs) assessed at 9 months after program start</p> | <p>– MEN x special adult → substance use at 9 months (mentees who lacked special adult prior to program participation more likely than non-mentored peers to have used substances)</p> |   |

|   |   |   |  |  |  |   |
|---|---|---|--|--|--|---|
| <p>Cool Girls<br/>(Kuperminc et al., 2011)</p>  | <p><b>Goal:</b> Positive youth development<br/><b>Setting:</b> School and community<br/><b>Duration:</b> Academic year<br/><b>Format:</b> One-to-one (Cool Girls program component)<br/><b>Mentors:</b> Adult volunteers<br/><b>Mentees:</b> Girls in grades 4–8 (ages 9–15 years)</p>  | <ul style="list-style-type: none"> <li>• Core components: Girls Club (life skills curriculum) and Cool Scholars (homework assistance, tutoring)</li> <li>• Cool Sisters: one-to-one mentoring; girls eligible to be matched with mentor after 1 year of participation</li> <li>• Meetings at school after hours</li> <li>• Mentors make minimum 1-year commitment and meet at least monthly with mentee</li> </ul>                                    | <ul style="list-style-type: none"> <li>• Quasi-experimental study (N=175)</li> <li>• Groups: Cool Girls intervention (n=86) vs. comparison (n=89)</li> <li>• Assessed substance use with 5 items (cigarettes, alcohol, marijuana, cocaine, inhalants) rated for prior 6 months on 3-point scale (0 = never to 2 = several times)</li> </ul>                                | <p>x Any drug use (dichotomous yes/no item)</p>  |  | <p>Cool Girls with mentors 4.4x more likely to report “expecting to avoid drug use” in the future vs. comparisons and Cool Girls who were not eligible for being matched with a mentor (first year in program).</p> |
| <p>Community Reinforcement Approach (CRA) + Mentoring (Bartle-Haring et al., 2012)<br/><i>[Tertiary prevention]</i></p> | <p><b>Goal:</b> Enhance effects of an evidence-based substance abuse treatment program (CRA)<br/><b>Setting:</b> Drop-in center and community<br/><b>Duration:</b> 3–6 months<br/><b>Format:</b> One-to-one<br/><b>Mentors:</b> Adult mentors paired with youth based on gender, ethnicity, sexual identity<br/><b>Mentees:</b> Substance-abusing homeless youth (ages 14–22)</p> | <ul style="list-style-type: none"> <li>• 12 weekly mentoring sessions, completed in maximum of 6 months, structured in 4 phases: rapport building and goal-setting, social stability, competing reinforcers, termination</li> <li>• Mentoring included assistance with problem-solving (e.g., housing, finances), advice on developing hobbies</li> <li>• CRA sessions: 12 weekly behavioral counseling and case management up to 6 months</li> </ul> | <ul style="list-style-type: none"> <li>• Sample (n=90) youth experiencing homelessness and meet substance abuse disorder criteria; n=48 randomly assigned to substance use treatment and mentoring</li> <li>• Assessed prior 90-day drug/alcohol use and problem consequences associated with drug use (POSIT instrument); internalizing/externalizing problems</li> </ul> | <p>x Number of mentoring sessions did not predict variance of change in substance use</p> <p>+ Number of mentoring sessions predicted decrease in problem consequences of substance use (POSIT scores)</p> | <p>x Interaction of number of CRA and mentoring sessions on frequency of substance use.</p> <p>+ Interaction of number of CRA and mentoring sessions for POSIT score (youth who attended highest # CRA and mentoring sessions showed highest decrease in POSIT scores)</p> |   |

|  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| Mentor Sweden<br>(Bodin & Leifman, 2010)               | <p><b>Goal:</b> Prevent substance use in low-risk youth via safe and supportive relationships</p> <p><b>Setting:</b> Community</p> <p><b>Duration:</b> 1 academic year</p> <p><b>Format:</b> One-to-one</p> <p><b>Mentors:</b> Paid adult volunteers</p> <p><b>Mentees:</b> 13-to-17-year-old adolescents recruited through schools</p> | <ul style="list-style-type: none"> <li>• Targets youth who self-identify as needing more adult contacts</li> <li>• Mentor-mentee meetings at least every second week for 2–4 hours outside of school time</li> <li>• Mentors given list of activity suggestions, but activities chosen by mentor and youth</li> </ul> | <ul style="list-style-type: none"> <li>• Randomized controlled trial; 14-year-old youth assigned to mentoring condition (n=65) or control (n=63)</li> <li>• Assessment at baseline and 12-month follow-up</li> </ul> | <ul style="list-style-type: none"> <li>x Annual alcohol use</li> <li>x Ever been drunk during past month</li> <li>x Abstinence/no use of alcohol</li> <li>x Any illicit drug use</li> <li>x Tobacco use</li> </ul> |  |  |
| Meta-analysis/ systematic review (DuBois et al., 2011) | <p><b>Goal:</b> Varied</p> <p><b>Setting:</b> Varied</p> <p><b>Duration:</b> Varied</p> <p><b>Format:</b> Varied</p> <p><b>Mentors:</b> Adults</p> <p><b>Mentees:</b> Youth (&lt;18 years)</p>  |   | <ul style="list-style-type: none"> <li>• Studies of youth mentoring 1999–2010; substance use outcomes aggregated across 6 different samples</li> </ul>   | <ul style="list-style-type: none"> <li>x Substance use</li> </ul>  |  |  |
| Meta-analysis/ systematic review (Raposa et al., 2019) | <p><b>Goal:</b> Varied</p> <p><b>Setting:</b> Varied</p> <p><b>Duration:</b> Varied</p> <p><b>Format:</b> Varied</p> <p><b>Mentors:</b> Varied</p> <p><b>Mentees:</b> Youth (&lt;18 years)</p>  |   | <ul style="list-style-type: none"> <li>• Outcome studies of intergenerational, one-to-one youth mentoring programs 1975–2017 (n=70 studies)</li> <li>• 11 studies had substance use outcomes</li> </ul>              | <ul style="list-style-type: none"> <li>x Substance use</li> </ul>  | <ul style="list-style-type: none"> <li>+ MEN x male mentee</li> <li>+ MEN x male mentor</li> <li>+ MEN x mentor from helping profession</li> <li>+ MEN x brief meeting duration (NOTE: overall moderator analyses, did not examine moderator effects on substance use separately)</li> </ul> |  |

|   |  |  |   |   |  |  |
|---|--|--|---|---|--|--|
| <p>Meta-analysis/ systematic review<br/>(Tolan et al., 2014)</p>  | <p><b>Goal:</b> Varied<br/><b>Setting:</b> Varied<br/><b>Duration:</b> Varied<br/><b>Format:</b> Varied<br/><b>Mentors:</b> Adults<br/><b>Mentees:</b> Youth</p>   |  | <ul style="list-style-type: none"> <li>• 46 studies published 1970–2011, using random assignment or strong quasi-experimental design</li> <li>• <b>Criteria:</b> sample defined at risk for delinquency due to individual behavior (e.g., aggression) or environmental characteristics (e.g., residence in high-crime communities)</li> <li>• 6 studies assessed drug use outcome</li> </ul>  | <p>x Drug use (average effect size <math>d = .16</math>)</p>  | <p>+ MEN x mentor motive to volunteer for professional development</p> <p>+ MEN x mentor advocacy as a key program component</p> <p>+ MEN x mentor provides emotional support as a key program process (NOTE: overall moderator analyses, did not examine drug use separately)</p> |  |
| <p>National Guard Youth Challenge Program (ChalleNGe)<br/>(Millenky et al., 2011)<br/><b>[Secondary prevention]</b></p> | <p><b>Goal:</b> Build skills and promote positive development in out-of-school youth<br/><b>Setting:</b> Community/military<br/><b>Duration:</b> 1 year<br/><b>Format:</b> One-to-one<br/><b>Mentors:</b> Adults<br/><b>Mentees:</b> Adolescents</p> | <ul style="list-style-type: none"> <li>• Youth-Initiated Mentoring: mentors nominated by youth</li> <li>• Program incorporates 2-week assessment and Orientation Phase, 20-week Residential Phase, and 1-year Post-residential Phase</li> <li>• During assessment/orientation and residency youth live at program site</li> <li>• Students arrange post-residential placement (e.g., employment, education, or military service); mentoring takes place during post-residency</li> </ul> | <ul style="list-style-type: none"> <li>• Sample of 1,173 adolescents who dropped out or were expelled from high school and completed 36-month assessment</li> <li>• Randomized to ChalleNGe (n=722) or Control (n=451)</li> <li>• Substance use assessed: (1) binge drinking in past 14 days, (2) frequent marijuana use in past 12 months, (3) ever used other illegal drugs, (4) frequent illegal drug use in past 12 months</li> </ul> | <p>x Self-reported frequency of binge drinking, marijuana use, and other illegal drugs at 36-month follow-up</p> <p>– Ever used illicit drugs (besides marijuana)</p> |  |  |

|   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| National Guard Youth Challenge Program (Chal-leNGe)<br>(Schwartz et al., 2013)<br><b>[Secondary prevention]</b> | <i>See previous entry</i>  | <i>See previous entry</i>   | <i>See previous entry</i>  | x Binge drinking or frequent marijuana use   | x MEN x match length (no difference in binge drinking and marijuana use for youth with < 21 months of mentoring, 21–38 months or >38 months) |  |
| Natural mentoring<br>(Beier et al., 2000)   | <b>Goal:</b> Reduce adolescent risk behavior<br><b>Setting:</b> Community<br><b>Duration:</b> Unspecified<br><b>Format:</b> Unspecified<br><b>Mentors:</b> Natural, identified by adolescents<br><b>Mentees:</b> Adolescents receiving routine outpatient medical care | <ul style="list-style-type: none"> <li>• Mentors identified in response to question “Is there an adult in your life you can usually turn to for help and advice?” and relationship of the identified person to youth</li> </ul>           | <ul style="list-style-type: none"> <li>• n=294 adolescents recruited from outpatient health clinics</li> <li>• 201 reported having a mentor</li> <li>• Self-reported risk behavior in 5 areas (including substance use)</li> <li>• Control variables: age, sex, race/ ethnicity, family constellation</li> </ul>                             | + Less illicit drug use reported in past 30 days<br><br>x Alcohol use (≥3 alcoholic beverages in past 30 days)   |  |  |
| Natural mentoring<br>(Black et al., 2010)   | <b>Goal:</b> Reduce adolescent risk behavior<br><b>Setting:</b> School<br><b>Duration:</b> Unspecified<br><b>Format:</b> Unspecified<br><b>Mentors:</b> Teachers or other adults at school<br><b>Mentees:</b> High school students                                     | <ul style="list-style-type: none"> <li>• School-based natural mentoring (SBM) score created as mean of 5 items about relationships with teachers or other adults at school; higher scores indicating greater perception of SBM</li> </ul> | <ul style="list-style-type: none"> <li>• Secondary analysis of program evaluation using baseline and one-year follow-up data</li> <li>• n = 3,320 students from 65 schools</li> <li>• Analyses examined correlations between SBM and problem behavior (including substance use) and tested mediation effects of school attachment</li> </ul> | + Past month any alcohol use<br>+ Past month getting drunk<br>+ Past 2 weeks binge drinking<br>+ Past month marijuana use<br>+ Past month hard-drug use (cocaine, hallucinogens, stimulants, inhalants, ecstasy, etc.)<br><br>Effects significant at both baseline, 1-year follow-up |  | + MEN → School attachment → All substance use outcomes |

|   |  |  |   |  |  |  |
|---|--|--|---|--|--|--|
| <p>Natural mentoring &amp; supportive adult relationships (Brown &amp; Shillington, 2017)</p> | <p><b>Goal:</b> Reduce risk behavior among adolescents with history of abuse<br/> <b>Setting:</b> Community/child welfare<br/> <b>Duration:</b> Unspecified<br/> <b>Format:</b> Unspecified<br/> <b>Mentors:</b> Adults<br/> <b>Mentees:</b> 11-to-17-year-old adolescents</p> | <ul style="list-style-type: none"> <li>• Protective adult relationships measured as sum of scores from 5 items from resiliency scale administered as part of the Longitudinal Studies of Child Abuse and Neglect (LongSCAN)</li> <li>• Youth indicated whether or not they had reliable relationships with parents and other adults (e.g., “Is there an adult you can turn to for help if you have a serious problem?”)</li> </ul> | <ul style="list-style-type: none"> <li>• National Survey of Child and Adolescent Well-Being Study, first wave data</li> <li>• n=1054 youth with child maltreatment investigations</li> <li>• Substance use assessed with 6-item youth self-report questionnaire; higher summed scores representing greater substance use</li> <li>• Total score of 2+ strongly correlated with substance-related diagnosis and need for treatment.</li> </ul> | <p>+ Protective adult relationships distinguished between youth with/ without substance use concerns (scores &gt; 2 vs. lower)</p> | <p>+ MEN x Adverse childhood experiences were more strongly associated with substance use when youth reported lower levels of protective adult relationships</p> |  |
| <p>Natural mentoring (DuBois &amp; Silverthorn, 2005)</p>                                     | <p><b>Goal:</b> Examine protective role of natural mentoring<br/> <b>Setting:</b> Unspecified<br/> <b>Duration:</b> Unspecified<br/> <b>Format:</b> Unspecified<br/> <b>Mentors:</b> Adults<br/> <b>Mentees:</b> Youth</p>   | <ul style="list-style-type: none"> <li>• Young adults who identified having mentoring relationship (parent mentors excluded)</li> </ul>  | <ul style="list-style-type: none"> <li>• Used subset of Add Health data set (n=3187 youth); at Wave 3, 72.9% identified having a natural mentor</li> <li>• Compared youth with/without natural mentor</li> <li>• Assessed binge drinking in previous 12 months, smoking/ drug use in previous month</li> </ul>  | <p>x Binge drinking<br/> x Drug use<br/> x Smoking</p>   |  |  |



|   |   |  |  |  |   |  |
|---|---|--|--|--|---|--|
| <p>Natural mentoring<br/>(Zimmerman et al., 2002)</p>                 | <p><b>Goal:</b> N/A<br/><b>Setting:</b> Varied<br/><b>Duration:</b> Open-ended<br/><b>Format:</b> N/A<br/><b>Mentors:</b> Adults<br/><b>Mentees:</b> Adolescents</p>  | <ul style="list-style-type: none"> <li>• Participants identified nonparental adults they considered a mentor (e.g., source of support and guidance) and relationship to them</li> </ul>  | <ul style="list-style-type: none"> <li>• High school students (n=770)</li> <li>• Secondary analysis of fourth wave data from larger longitudinal study</li> <li>• Substance use measured by sum of last year and last month use on 7-point Likert scale (1 = 0 times; 7 = 40+ times); 2 substance use items, plus delinquent and violent behavior used to create problem behavior composite</li> </ul>             | <p>x Alcohol use<br/>+ Marijuana use</p> | <p>x MEN x race x gender → alcohol and marijuana use<br/>+ MEN x friend problem behavior → youth problem behavior<br/>+ MEN x problem behavior norms → youth problem behavior</p> <p><i>Note:</i> outcome aggregated; Problem behavior and non-substance use items included</p> | <p>+ MEN → friend problem behaviors → lower overall problem behavior<br/>+ MEN → problem behavior norms → lower overall problem behavior (i.e., mentoring associated with less negative peer influences)</p> |
| <p>Project Amp<br/>(Winn et al., 2019)<br/>[Secondary prevention]</p> | <p><b>Goal:</b> Implement adolescent substance use screening and refer adolescents at moderate risk for substance use to preventative services<br/><b>Setting:</b> Varied (schools and health clinics)<br/><b>Duration:</b> 1–2 months<br/><b>Format:</b> Group<br/><b>Mentors:</b> Young adults (18–28) currently in substance use recovery<br/><b>Mentees:</b> 13-to-17-year-old adolescents at moderate risk of substance use (either used any alcohol, marijuana or other substances or ever drove with a friend under the influence)</p> | <ul style="list-style-type: none"> <li>• Enhancement of Screening, Brief Intervention, and Referral to Treatment (SBIRT) by addition of mentoring component</li> <li>• Mentors meet with youth 4 times over 1-to-2-month period</li> <li>• Sessions focus on interests and goals, social supports and influences, wellness, and community support</li> </ul> | <ul style="list-style-type: none"> <li>• Feasibility study in 6 sites (3 school-based, 3 health clinics); 71 practitioners (trained in SBIRT) and 30 mentors</li> <li>• 1,192 adolescents screened for substance use risk by CRAFFT, resulting in sample of 139 eligible youth (moderate risk of substance use)</li> <li>• Subset assigned to Project Amp (n=51); 56-month follow-up data from 20 youth</li> </ul> | <p>x Substance use risk</p>              |   |  |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| <p>Untitled<br/>(Hanlon et al., 2002)<br/>[Secondary prevention]</p> | <p><b>Goal:</b> Reduce youth risky behavior<br/><b>Setting:</b> Community-based<br/><b>Duration:</b> Approx. 1 year<br/><b>Format:</b> Group<br/><b>Mentors:</b> African-American college student volunteers<br/><b>Mentees:</b> Youth aged 9–17 at risk for the development of a deviant lifestyle<br/><b>Inclusion criteria:</b> Need to meet at least one of the following: 1) early experimentation with alcohol or drugs; 2) history of delinquency or other deviant behavior, including criminal activity, and/or 3) expulsion from school or other indications of problematic school behavior</p> | <ul style="list-style-type: none"> <li>• Mentors provided individual help with school-based problems</li> <li>• Around 20 group mentoring sessions delivered 4-to-5 times per week, structured activities and presentations on coping skills, cultural heritage, self-esteem, conflict resolution, substance use avoidance, access to community health and recreational resources</li> </ul> | <ul style="list-style-type: none"> <li>• Quasi-experimental study of 428 youth at risk of deviance</li> <li>• Intervention (n=235) included individual counseling + group mentoring + parenting sessions; Treatment as usual (n=193) included standard individual counseling</li> </ul> | <p>+ Less frequent alcohol use<br/>x Marijuana use</p> | <p>+ MEN x Age → Alcohol use (more beneficial treatment effect for younger participants)</p> |  |
|--|--|--|---|--|--|--|

**Note:** Effects are noted if significant at  $p < .05$ , 2-tailed.



This project was supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs (OJP), U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the U.S. Department of Justice.