

Initial findings from Parent Party Patrol: An intervention to reduce adolescent substance use through reduced involvement in unchaperoned parties.

Srebnik DS; Kovalchick D; Elliott L. *Journal of Drug Education* 32(1): 13-23, 2002. (20 refs.)

This article presents preliminary evaluation findings from Parent Party Patrol (PPP). PPP is a two-hour single-session intervention that provides information to parents about ways to increase monitoring and improve communication and family guidelines regarding substance use, with the goal of reducing adolescent involvement in unsupervised activities and associated substance use. Seventy-three attendees from 15 PPP sessions completed baseline and three- to six- month follow-up information. At follow-up, participants showed significantly increased awareness of adolescent substance use and unchaperoned activities, improved communication and use of family guidelines regarding substance use, and increased monitoring of their children's activities. A significant reduction in adolescent attendance at unchaperoned parties was also reported. Replication of the study with a larger, more representative sample and controlled design is suggested. As adolescent substance use is a multi-determined problem, PPP may be best viewed as one part of a broader comprehensive substance abuse prevention program. Copyright 2002, Baywood Publ Co..

Comprehensiveness of substance use prevention programs in US middle schools.

Wenter DL; Ennett ST; Ribisl KM; Vincus AA; Rohrbach L; Ringwalt CL et al. *Journal of Adolescent Health* 30(6): 455-462, 2002. (32 refs.)

Purpose: To assess how current practice in middle school substance use prevention programs compares with seven recommended guidelines adapted from the Centers for Disease Control and Prevention guidelines for school-based tobacco use prevention programs. Methods: Substance use prevention practice was analyzed using data from a 1999 mailed questionnaire of a nationally representative sample of 1496 public and private schools with middle school grades that reported having a substance use prevention program. Respondents answered questions about substance use prevention education and activities in the whole school and in their own classroom. Weighted prevalence estimates for the seven recommendations are presented, and multiple regression was used to analyze correlates of implementation of the recommendations. Results: An estimated 64.2% of schools met four or more of the recommendations for school-based substance use prevention practice; 4.0% met all seven recommendations. Schools were most likely to report having and enforcing substance use prevention policies (84.3%) and

least likely to report training teachers in substance use prevention (17.9%). More recommendations were implemented in schools that were public and had larger enrollments, greater perceived availability of resources, greater school board and parental support for substance use prevention, and had hired a school substance use prevention coordinator. Conclusions: The low prevalence of comprehensive substance use prevention programs in U.S. middle schools may limit the potential impact of school programs on the prevalence of youth substance use. Copyright 2002, Society for Adolescent Medicine.

Exploring antismoking ads: Appeals, themes, and consequences.

Beaudoin CE. *Journal of Health Communication* 7(2): 123-137, 2002. (70 refs.)

In this study we seek a descriptive understanding of anti-smoking television advertising in light of the problem cigarette consumption poses for society today. We establish relationships between ad characteristics and whether ads have a youth or adult orientation, based on a content analysis of 197 antismoking television advertisements produced between 1991 and 1999. The study finds that youth-oriented ads have youth characters, sociability, and humor as common appeals, and social and short-term consequences. In contrast, adult-oriented ads relied on fear appeals and long-term, health-related consequences. Copyright 2002, Taylor and Francis, Inc.

Short-term effects of a randomized computer-based out-of-school smoking prevention trial aimed at elementary schoolchildren.

Ausems M; Mesters I; van Breukelen G; De Vries H. *Preventive Medicine* 34(6): 581-589, 2002. (43 refs.)

Background. Smoking prevention programs usually run during school hours. In our study, an out-of-school program was developed consisting of a computer-tailored intervention aimed at the age group before school transition (11- to 12-year-old elementary school children). The aim of this study is to evaluate the additional effect of out-of-school smoking prevention. Methods. One hundred fifty-six participating schools were randomly allocated to one of four research conditions: (a) the in-school condition, an existing seven-lesson program; (b) the out-of-school condition, three computer-tailored letters sent to the students' homes; (c) the in-school and out-of-school condition, a combined approach; (d) the control condition. Pretest and 6 months

follow-up data on smoking initiation and continuation, and data on psychosocial variables were collected from 3,349 students. Results. Control and out-of-school conditions differed regarding posttest smoking initiation (18.1 and 10.4%) and regarding posttest smoking continuation (23.5 and 13.1%). Multilevel logistic regression analyses showed positive effects regarding the out-of-school program. Significant effects were not found regarding the in-school program, nor did the combined approach show stronger effects than the single- method approaches. Conclusions. The findings of this study suggest that smoking prevention trials for elementary schoolchildren can be effective when using out-of-school computer-tailored interventions. Copyright 2002, Academic Press, Inc.

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A framework for health promoting emergency departments.

Bensberg M; Kennedy M. *Health Promotion International* 17(2): 179-188, 2002. (54 refs.)

Since 1986, the World Health Organization (WHO) has been advocating for the health sector to move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services (WHO, 1986). Some Emergency Departments (EDs) have partially achieved this through providing patient health information, screening and early intervention programs, injury prevention and asthma education-, they are grounded in a medical paradigm where most of the staff are educated to think exclusively of relation care. As such, a significant organizational shift is required for EDs to be more inclusive of health promotion principles. Following a comprehensive literature reviews a theoretical framework was developed for the Health Promoting Emergency Departments Program (HPEDP). It describes the opportunities for health promotion in EDs through combining the 'strategies for health promotion' with the 'spectrum of health and disease'. This forms a matrix to enable health development, primary prevention and secondary prevention interventions to be planned in EDs. The framework is a tool to support the development of coordinate and comprehensive

health promotion programs and to avoid the use of isolated victim-blaming strategies. Beyond EDs, planners in other health care institutions may also find the framework useful -- particularly those settings where staff health promotion training and experience is limited. Copyright 2002, Oxford University Press.

Familias Unidas: A family-centered ecodevelopmental intervention to reduce risk for problem behavior among Hispanic adolescents.

Coatsworth JD; Pantin H; Szapocznik J. *Clinical Child and Family Psychology Review* 5(2): 113-132, 2002. (130 refs.)

This paper describes the theoretical and empirical foundations of Familias Unidas, a multilevel, family-centered intervention designed to prevent problem behavior in Hispanic adolescents. The main theoretical tenets for the intervention model; an ecological-developmental perspective, the centrality of ethnic and cultural themes, application of empowerment principles, and a family focus are reviewed. The literature on the risk and protective factors that provided the justification for the intervention's targeted mediators and the core clinical applications that are intended to alter them are discussed. Familias Unidas engages Hispanic immigrant parents into an empowerment process in which they first build a strong parent- support network and then use the network to increase knowledge of culturally relevant parenting, strengthen parenting skills, and then apply these new skills in a series of activities designed to reduce risks frequently found in poor, urban environments. The available evidence supporting the efficacy of Familias Unidas is summarized, as are future goals and a current, second-generation application of the intervention. Copyright 2002, Kluwer Academic/ Plenum Publishing.

Prevalence of responsible hospitality policies in licensed premises that are associated with alcohol-related harm.

Daly JB; Campbell EM; Wiggers JH; Considine RJ. *Drug and Alcohol Review* 21(2): 113-120, 2002. (31 refs.)

This study aimed to determine the prevalence of responsible hospitality policies in a group of licensed premises associated with alcohol-related harm. During March 1999, 108 licensed premises with one or more police-identified alcohol-related incidents in the previous 3 months received a visit from a police officer. A 30-item audit checklist was used to determine the responsible hospitality policies being undertaken by each premises within eight policy domains: display required signage (three items); responsible host practices to prevent intoxication and under-age drinking (five items); written policies and guidelines for responsible service (three items); discouraging inappropriate promotions

(three items); safe transport (two items); responsible management issues (seven items); physical environment (three items) and entry conditions (four items). No premises were undertaking all 30 items. Eighty per cent of the premises were undertaking 20 of the 30 items. All premises were undertaking at least 17 of the items. The proportion of premises undertaking individual items ranged from 16% to 100%. Premises were less likely to report having and providing written responsible hospitality documentation to staff, using door charges and having entry/ re-entry rules. Significant differences between rural and urban premises were evident for four policies. Clubs were significantly more likely than hotels to have a written responsible service of alcohol policy and to clearly display codes of dress and conditions of entry. This study provides an indication of the extent and nature of responsible hospitality policies in a sample of licensed premises that are associated with a broad range of alcohol related harms. The finding that a large majority of such premises appear to adopt responsible hospitality policies suggests a need to assess the validity and reliability of tools used in the routine assessment of such policies, and of the potential for harm from licensed premises. Copyright 2002, Australian Medical and Professional Society on Alcohol and Other Drugs.

Developing effective school-based drug abuse prevention programs.

Zavela KJ. *American Journal of Health Behavior* 26(4): 252-265, 2002. (34 refs.)

Objective: To research effective drug prevention strategies for school-aged populations from drug prevention programs funded by the USDHHS Center for Substance Abuse Prevention (CSAP). Method: Nine directors and staff members from model CSAP-funded programs were interviewed. Results: Fifteen strategies that focus on building trusted relationships, selecting well-qualified staff using existing communication networks, and providing timely evaluation feedback are discussed, with examples from the agencies cited. Conclusion: Formulating effective partnerships that support both the goals of the outside agency with drug prevention resources and the mission of a school can contribute toward effective school-based drug prevention programs. Copyright 2002, CB Slack, Inc.

Testing alternative explanations for exposure effects in media campaigns: The case of a community-based, in-school media drug prevention project.

Slater MD; Kelly KJ. *Communication Research* 29(4): 367-389, 2002. (36 refs.)

This study examines longitudinal evidence for the impact of exposure to an in-school media campaign on adolescent substance use attitudes and behaviors, using data from four middle schools in two school districts. Amount of exposure to the campaign directly impacted perceptions that marijuana use was inconsistent with personal aspirations and intentions to use marijuana and appeared to reduce maturational decay

in those attitudes. Path analyses suggested effects on behavior change, consistent with the theory of reasoned action, were via effects on intention and exposure effects on intention were via effects on aspirations. Reverse causation was tested and rejected, as were possible moderation models that might also qualify exposure effects. Analyses of a recognition-ion measure using a treatment and control population suggested that response set artifacts were nominal in size and that response bias was slight and could be statistically controlled. Copyright 2002, Sage Publishing, Inc

Data quality in evaluation of an alcohol-related harm prevention program.

Graham JW; Roberts MM; Tatterson JW; Johnston SE. *Evaluation Review* 26(4): 147-189, 2002. (54 refs.)

The authors report the reliability and convergent validity in a sample of college students for 27 composite scales and two items covering alcohol use, cigarette smoking, marijuana use, and other drug use; beliefs relating to alcohol use; perceived norms for alcohol-related behavior; harm prevention skills; intentions to take prevention action; harm prevention action taken; risk taken; experienced harm; and other health-related behaviors and person characteristics. Data quality assessment strategies and missing data procedures were illustrated for large, multivariate, longitudinal data sets. Results indicate 23 of the 27 composite scales had at least acceptable reliability, and the remaining 4 composite scales had at least marginally acceptable reliability. At least moderate construct validity was demonstrated for 25 scales. Copyright 2002, Sage Publications, Inc.

A comprehensive worksite cancer prevention intervention: Behavior change results from a randomized controlled trial (United States).

Sorensen G; Stoddard AM; LaMontagne AD; Emmons K; Hunt MK; Youngstrom R et al. *Cancer Causes and Control* 13(6): 493-502, 2002. (65 refs.)

Objective: Workplace cancer prevention initiatives have been least successful with blue-collar workers. This study assesses whether an intervention integrating health promotion with occupational health and safety results in significant and meaningful increases in smoking cessation and consumption of fruits and vegetables, compared to a standard health promotion intervention, for workers overall and for blue-collar workers in particular. Methods: A randomized controlled design was used, with 15 manufacturing worksites assigned to a health promotion (HP) or a health promotion plus occupational health and safety intervention (HP/OHS), and compared from baseline (1997) to final (1999). The response rates to the survey were 80% at baseline (n = 9019) and 65% at final (n = 7327). Both groups targeted smoking and diet; the HP/OHS condition additionally

incorporated reduction of occupational exposures. Re-sults: Smoking quit rates among blue-collar workers in the HP/OHS condition more than doubled relative to those in the HP condition (OR = 2.13, $p = 0.04$), and were comparable to quit rates of white-collar workers. No statistically significant differences between groups were found for mean changes in fruits and vegetables. Conclusions: Integration of occupational health and safety and health promotion may be an essential means of enhancing the effectiveness of worksite tobacco control initiatives with blue-collar workers. Copyright 2002, Rapid Communication, Oxford Press Ltd

Universal family-focused interventions in alcohol-use disorder prevention: Cost-effectiveness and cost-benefit analyses of two interventions.

Spoth RL; Guyll M; Day SX. *Journal of Studies on Alcohol* 63(2): 219-228, 2002. (51 refs.)

Objective: Epidemiologic research suggests that significant public health benefit can accrue from preventive interventions that delay the initiation of youth alcohol use. This analysis compares the cost effectiveness of two interventions designed for general population families of adolescents. It also conservatively estimates their benefit-cost ratios and net benefits. Method: Cost-effectiveness and cost-benefit analyses were performed on data from a longitudinal prevention trial with families of sixth graders from 33 rural schools in a midwestern state. Schools were blocked on size and proportion of lower income families and then randomly assigned either to one of two interventions or to a control condition. Interventions included the Iowa Strengthening Families Program (ISFP), a seven-session intervention with parents and students together, and Preparing for the Drug Free Years (PDFY), a five-session intervention focusing primarily on parents. Results: Conservative estimates for the ISFP intervention were a cost-effectiveness figure of \$12,459 per case prevented a benefit-cost ratio of \$9.60 per \$1 invested, and a net benefit of \$5,923 per family. For PDFY estimates were a cost effectiveness of \$20,439 per case prevented a benefit-cost ratio of \$5.85 per \$1 invested, and a net benefit of \$2,697 per family. Conclusions: Family skills training interventions designed for general populations have the potential to delay the onset of alcohol use and may avoid substantial costs to society at a proportionally small intervention cost. Economic analysis of such interventions is a largely unexplored area that could provide valuable guidance in forming public policy. Copyright 2002, Alcohol Research Documentation, Inc. Used with permission.

Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs.

Spoth RL; Redmond C; Trudeau L; Shin C. *Psychology of Addictive Behaviors* 16(2): 129-134, 2002. (42 refs.) This study evaluated the substance initiation effects of an intervention combining family and school-based

competency-training intervention components. Thirty-six rural schools were randomly assigned to 1 of 3 conditions: (a) the classroom-based Life Skills Training (LST) and the Strengthening Families Program: For Parents and Children 10-14, (b) LST only, or (c) a control condition. Outcomes were examined 1 year after the intervention posttest, using a substance initiation index (SII) measuring lifetime use of alcohol, cigarettes, and marijuana and by rates of each individual substance. Planned intervention-control contrasts showed significant effects for both the combined and LST-only interventions on the SII and on marijuana initiation. Relative reduction rates for alcohol initiation were 30.0% for the combined intervention and 4.1% for LST only. Copyright 2002, American Psychological Association.

Brief prevention for adolescent risk-taking behavior. D'Amico EJ; Fromme K. *Addiction* 97(5): 563-574, 2002. (47 refs.)

Aims: Despite widespread prevention efforts to decrease adolescent risk-taking, substance use and driving after drink-in (DD) are prevalent in the United States. The current study compared the efficacy of an abbreviated version of Drug Abuse and Resistance Education (DARE-A) to its new Risk Skills Training Program (RSTP). Design: Adolescent participation in drinking, drug use, DD and riding with a drunk driver was examined longitudinally. After baseline assessments, adolescents were randomly assigned to the RSTP, DARE-A or a no intervention control group and then completed 2-month post-test and 6-month follow-up assessments. Setting: Adolescents attended a mid-sized suburban high school. Participants: The sample ($n = 300$) was comprised of 58% females and the age range was 14-19 years. Intervention: The RSTP was developed to target several risk behaviors and to examine the feasibility of conducting a brief personalized prevention program in a group setting. DARE-A focused on increasing knowledge and understanding the deleterious effects of substance use. Measurements: Risk-taking behavior, perception of peer risk-taking and positive and negative alcohol expectancies were assessed. Findings: RSTP participants decreased participation in several risk behaviors at post-test, but reductions were not maintained at 6-month follow-up. The control and DARE-A groups increased their positive and decreased their negative alcohol expectancies. The control group increased their alcohol consumption. Conclusions: Results suggest that a brief, personalized, group prevention program is a feasible approach to reducing adolescent risk-taking. Strategies must be developed to solidify these positive changes so that they are longer-lasting. Copyright 2002, Society for the Study of Addiction to Alcohol and Other Drugs.