

Going For The Goal: Improving youths' problem-solving skills through a school-based intervention.

O'Hearn TC; Gatz M. *Journal of Community Psychology* 30(3): 281-303, 2002. (72 refs.)

This study evaluated Going for the Goal (GOAL), a school-based intervention designed by Danish and colleagues to teach life skills to at-risk urban adolescents. We extended previous evaluation of GOAL by including an assessment of means-ends problem-solving skills. The 10-week program was administered to 479 middle school students by 46 trained high school student leaders in a predominantly Hispanic community. The program focused on setting positive, reachable goals; anticipating and responding to barriers to goal attainment; using social support; and building on one's strengths. Results demonstrated gains in knowledge of the skills being taught and improvement in problem-solving skills. Leaders also showed an increase in their knowledge of life skills. The approach maximizes both community resources and ecological validity while giving high school leaders the chance to benefit in their role as helpers.

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Impact of a Drug Abuse Resistance Education (DARE) program in preventing the initiation of cigarette smoking in fifth- and sixth- grade students.

Ahmed NU; Ahmed NS; Bennett CR; Hinds JE. *Journal of the National Medical Association* 94(4): 249-256, 2002. (60 refs.)

An alarmingly high number of children become addicted to tobacco use. To teach children the skills to resist the influences surrounding the initiation of tobacco and other drug use, a Drug Abuse Resistance Education (D.A.R.E.) program is being implemented in three fourths of the schools in the United States. The purpose of this study is to examine the impact of this program in preventing smoking. A survey was conducted among 236 fifth and sixth graders in Nashville, Tennessee. Of the students included in the survey, 88% graduated from D.A.R.E. Approximately 11.6% of respondents had ever smoked cigarettes; 86% of them continued to smoke. The D.A.R.E. group had a significantly lower rate of smoking compared with their non-D.A.R.E. counterparts (8.7% vs. 28.0%; $p = 0.0001$). Logistic regression analysis shows that the D.A.R.E. group was five times (odds 4.9; $p = 0.003$; 95% CI: 1.7,14.0) less likely to initiate smoking compared with the non-D.A.R.E. group. The D.A.R.E. group had a significantly ($p = 0.002$) higher knowledge score on the risk of smoking. The knowledge score has strong

opposite correlation to smoking behavior ($p = 0.00001$). Students with top-quartile knowledge scores had a substantially lower rates of smoking (1.4% vs. 14.4%; $p = 0.001$). This finding is consistent for both African-American (0% vs. 19.6%; $p = 0.001$) and white children (1.9% vs. 13%; $p = 0.001$). The D.A.R.E. program may have an impact in preventing the initiation of smoking behavior.

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Evaluating the effects of a peer support programme on adolescents' knowledge, attitudes and use of alcohol and tobacco.

Webster RA; Hunter M; Keats JA. *Drug and Alcohol Review* 21(1): 7-16, 2002. (42 refs.)

This study was designed to evaluate the effects of a peer support programme on adolescents' knowledge, attitudes and use of alcohol and tobacco. Year 7 students (average age 12 years) from three schools who offered the programme ($n = 169$) and from three schools without the programme ($n = 157$) completed a self-report assessment. Perceptions of their parents' and friends' use of alcohol and tobacco and attitudes towards the participants' use of these substances as well as the participants' own attitudes (preferences and norms) and use of the substances were assessed on three occasions; pre-intervention, post-intervention and at 6 months follow-up. There were no significant effects of the programme on participants' knowledge, attitudes and use of alcohol and tobacco. Over time, participants in both groups reported increased enjoyment of alcohol, increased use of alcohol and tobacco and more lenient attitudes towards these substances. In conclusion, the peer support programme failed to show any positive influence on adolescents' knowledge, attitudes and use of alcohol and tobacco.

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Implementing a prevention curriculum: An effective researcher-teacher partnership.

Harthun ML; Drapeau AE; Dustman PA; Marsiglia FF. *Education and Urban Society* {Sage Publications} 34(3): 353-364, 2002. (28 refs.)

Researchers from social work, education, and communications worked with practicing teachers to create and implement a curriculum around four culturally

grounded prevention strategies in urban southwestern schools. The project proposed to test the effectiveness of various degrees of ethnic sensitivity in school-based drug prevention curricula developed around three different models, including a Latino, a non-Latino (Euro-American), and a multicultural (Latino, Euro-American, and African American) model, based on the cultural norms of these dominant populations. Collaboration with schools to implement the curriculum and to administer pretest and posttest surveys to students was accomplished by developing a strong partnership with teachers. Significant trends in urban drug prevention education and at least four essential conclusions about conducting effective school-based research surfaced from the implementation of this study. Copyright 2002, Sage Publications.

Strengthening the role of two key institutions in the prevention of adolescent substance abuse.

Hallfors D; Van Dorn RA. *Journal of Adolescent Health* 30(1): 17-28, 2002. (100 refs.)

This article focuses upon the role of the schools and primary care providers in prevention of adolescent substance use. This article has argued that medical and educational institutions could be essential contributors to substance abuse prevention, with the role of identifying high-risk youth and families and initiating appropriate services. Readily assessable indicators of risk include: age of initiation of substance use, use (particularly heavy use) of tobacco products, poor family management practices and family conflict, mental health and behavioral problems, and truancy or low school achievement. However, there is little evidence that these indicators are regularly used in either schools or health care to identify high-risk youth and to deliver selective or indicated services that work. To change policies and practice, we suggest that prevention be tailored to the mission, culture, and perceived incentives of the institution. We advocate testing a multiple gating approach, with selective use of medical and ancillary staff for screening and interventions. Research should focus on developing appropriate screening tools for health care settings, and using the most appropriate personnel to optimize quality and cost savings. Equally important will be to develop and test effective prevention programs in the health care setting. Research should also demonstrate innovative links to community-based programs that can engage youth and their families and address the underlying problems that lead to substance abuse. Several have already shown interest in bringing effective school-based programs into practice, but there has been much less attention on linking effective prevention and intervention services to medical care. Clinicians can play a role by documenting the extent of substance use and the presence of risk factors among their adolescent clients, and by advocating for effective

prevention services within their agencies, professional societies, and communities (e.g., schools). A research agenda for HMOs and health services researchers might include the following priority areas: (a) testing of multiple gating screening tools for optimal selectivity and specificity, with attention to the types of personnel best suited (and most cost effective) to screen at each level; (b) testing internal and contractual arrangements between effective programs and health systems so that health providers can seamlessly refer high-risk youth; and (c) finding ways to examine and document the costs and benefits of substance abuse prevention activities, particularly in terms of offsetting related costs (e.g., hospitalization because of trauma or emotional and behavioral disorders). Because children and adolescents are considered less costly than other age groups to insure, it is important to use quality mechanisms to heighten such research on the national agenda. SBHCs can be an important way to promote continued access to health professionals. The mission and culture of SBHCs are more likely to match with prevention goals because staff have daily contact with in-school youth and thus gain confidence and competency in attending to this population. Referrals to school-based programs will also make it more likely that students will follow through on the referral. Apart from SBHCs, educational institutions have very different missions, cultures, and incentives from health care systems. The mission of schools is academic education; the school culture prizes achievement. Linking ATOD prevention to achievement of academic goals should be a powerful strategy in co-opting this institution. One way to do this would be to use truancy and slipping grades as one of the "gates" for identifying students for intervention and then demonstrate programs that explicitly meet both academic and behavioral goals.

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Project Northland: Long-term outcomes of community action to reduce adolescent alcohol use.

Perry CL; Williams CL; Komro KA; Veblen-Mortenson S; Stigler MH; Munson KA; Farbakhsh K; Jones RM; Forster JL. *Health Education Research* 17(1): 117-132, 2002. (64 refs.)

Project Northland was a randomized trial to reduce alcohol use among adolescents in 24 school districts in northeastern Minnesota. Phase 1 (1991-1994), when the targeted cohort was in grades 6-8, included school curricula, parent involvement, peer leadership and community task forces. The Interim Phase (1994-1996) involved minimal intervention. Phase 2 (1996-1998), when the cohort was in grades 11 and 12, included a classroom curriculum, parent education, print media,

youth development and community organizing. Outcomes of these interventions were assessed by annual student surveys from 1991 to 1998, alcohol purchase attempts by young-looking buyers in 1991, 1994 and 1998, and parent telephone surveys in 1996 and 1998. Growth curve analysis was used to examine the student survey data over time. Project Northland was most successful when the students were young adolescents. The lack of intervention in the Interim Phase when the students were in grades 9 and 10 had a significant and negative impact on alcohol use. The intervention used with the high school students as those in grades 11 and 12 made a positive impact on their tendency to use alcohol use, binge drinking and ability to obtain alcohol. There was no impact in Phase 2 on other student-level behavioral and psychosocial factors. Developmentally appropriate, multi-component, community-wide programs throughout adolescence appear to be needed to reduce alcohol use.

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**Reductions in smoking prevalence and cigarette
A randomized controlled trial of two primary school
intervention strategies to prevent early onset tobacco
smoking.**

Storr CL; Ialongo NS; Kellam SG; Anthony JC. *Drug and Alcohol Dependence* 66(1): 51-60, 2002. (30 refs.)

In this article, the authors examine the impact of two universal, grade 1 preventive interventions on the onset of tobacco smoking as assessed in early adolescence. The classroom-centered (C C) intervention as designed to reduce the risk for tobacco smoking by enhancing teachers' behavior management skills in first grade and, thereby reducing child attention problems and aggressive and shy behavior known risk behaviors for later substance Use. The family school partnership (FSP) intervention targeted these early risk behaviors via improvement, in parent teacher communication and parents' child behavior management strategies. A cohort of 678 urban, predominately African American, public school Students were randomly assigned to one of three Grade I classrooms at entrance to primary school (age 6). One classroom featured the CC intervention, a second the FSP intervention, and the third served as a control classroom. Six years later, 81% of the students completed audio computer-assisted self-interviews. Relative to controls, a modest attenuation in the risk of smoking initiation was found for students who had been assigned to either the CC or FSP intervention classrooms (26%, versus 33% (adjusted relative risk for CC control contrast = 0.57, 95%, confidence interval (CI). 0.34 0.96; adjusted relative risk for FSP control contrast = 0.69, 95%, CI. 0.50 0.97). Results lend support to targeting the early antecedent risk behaviors for tobacco smoking.

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**The Integrated Programme: An evaluation of a
multicomponent drugs prevention programme in
northern England (1996-1999).**

Morris J; Parker H; Aldridge J. *Drugs: Education, Prevention and Policy* 9(2): 153-168, 2002. (25 refs.)

Based on North American evidence that multi-component drugs prevention programmes have an impact on reducing young people's drug taking, the Integrated Programme (IP) was designed and delivered to adolescents in northern England during 1998-1999. The IP was evaluated by comparing the attitudes and drug-taking behaviour of nearly 2000 young people before and after programme delivery. Action sites (which received the IP) and comparison sites (which did not) were randomly allocated once baseline survey measurements had been taken. Controlling for key variables multiple logistic regression was used to measure the odds ratio of drug taking on 20 measures for young people in both action and comparison sites based on a follow-up survey. The results suggested that young people who received the IP were more likely to reduce harder drug use and maintain a softer drug-taking repertoire than those in the comparison sites. However, these 'gains' were small and inconsistent and the IP had no impact on reducing initiation/first trying rates. The results were thus only indicative that such programmes might be effective in UK context. Copyright 2002, Carfax Publishing Co

**Young people's images of cigarettes, alcohol and
drugs.**

Leeming D; Hanley M; Lyttle S. *Drugs: Education, Prevention and Policy* 9(2): 169-185, 2002. (39 refs.)

To meet their aim of reducing the acceptability of psychoactive substances to young people, the designers of drug prevention programmes need to have a thorough understanding of the personal views already held by their audience with respect to the object of attitude and behavioural change. However, few studies involving younger adolescents have collated participant-generated impressions of a range of legal and illegal substances. The present study used a word association methodology to explore adolescents' impressions of cigarette smoking, drinking alcohol and taking a range of illegal drugs. In total, 3571 images were generated which were placed into 24 categories on the basis of content analysis. The predominance of negative imagery was of note, particularly for cigarette smoking and drug taking and there was little evidence of a simplistic generic attitude to substance use. Images of alcohol, especially alcopops, were markedly more positive and were much less likely

to contain reference to specific health problems than the images of cigarette smoking. However, there was less differentiation between 'hard' and 'soft' illegal drugs than has been found with older adolescents in other studies and many of the images relating to illegal drugs were poorly defined, revealing vague notions of danger and risk. The present methodology is proposed as a useful tool for assessing attitudes both prior to and following prevention programmes and it is suggested, based on the wide variation in images elicited, that successful prevention dialogues with young people may need to vary their message according to the particular substance targeted.

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Influence of a substance-abuse-prevention curriculum on violence-related behavior.

Simon TR; Sussman S; Dahlberg LL; Dent CW. *American Journal of Health Behavior* 26(2): 103-110, 2002. (28 refs.)

Objective: To test the impact of a school-based substance-abuse prevention program, Project Towards No Drug Abuse (TND), on risk for violence. Methods: Logistic regression analyses tested whether victimization, perpetration, or weapon carrying differed for intervention students relative to control students within a sample of 850 continuation high school students followed over 12 months. Results: We observed a higher risk for victimization (OR=1.57) among male control students. No intervention effect was observed for female students or for perpetration among males. Conclusion: The findings provide limited support for a generalization of TND's preventive effect.

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consumption associated with mass-media campaigns.
Friend K; Levy DT. *Health Education Research* 17(1): 85-98, 2002. (63 refs.)

This paper examines reductions in smoking prevalence and cigarette consumption associated with state and local mass-media campaigns. We review the findings of the empirical literature on campaigns targeted at the general population. We then discuss the findings on state- and community-level youth-oriented campaigns. The results suggest that well-funded and implemented mass-media campaigns targeted at the general population and implemented at the state level, in conjunction with a comprehensive tobacco control program, are associated with reduced smoking rates among both adults and youth. Studies of youth-oriented interventions specifically have shown more mixed results, particularly for smaller, community-level media programs, but they indicate strong potential to influence underage smoking rates. We conclude by examining issues that warrant additional research. The scale and duration of expenditures, the content of ad messages, and other tobacco control policies are aspects of media programs that may help explain differences among study results. In particular, tobacco control policies that are implemented during the campaign often make it difficult to identify the specific influence of media campaigns alone.

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