

Parental monitoring and adolescent alcohol risk in a clinic population.

Beck KH; Boyle JR; Boekeloo BO. *American Journal of Health Behavior* 27(2): 108-115, 2003. (26 refs.)

The authors examined the association between parental monitoring and adolescent alcohol risk. Adolescent managed-care patients completed a survey of their involvement with alcohol and their perceptions of monitoring and other forms of parental influence. Frequent monitoring was associated with less likelihood that adolescents had engaged in a variety of alcohol-risk behaviors or had been in a variety of risk situations. Choosing to share alcohol-related concerns with other adults and placing importance on parents' opinions were not as consistently related to alcohol risk. The need to enhance parental monitoring as a proactive protective parental response is indicated. Copyright 2003, CB Slack, Inc.

Cannabis use is not associated with the development of psychosis in an 'ultra' high-risk group.

Phillips LJ; Curry C; Yung AR; Yuen HP; Adlard S; McGorry PD. *Australian and New Zealand Journal of Psychiatry* 36(6): 800-806, 2002. (48 refs.)

Background: The association between cannabis use and the development of a first psychotic episode was studied in a group of 100 young people identified as being at very high risk for the onset of psychosis. Method: The 'ultra' high risk cohort was identified by the presence of subthreshold psychotic symptoms, or a combination of first-degree relative with a psychotic disorder and recent functional decline. Thirty-two per cent of the cohort developed an acute psychotic episode over the 12-month period after recruitment. As a component of a larger research study, the level of cannabis use by participants in the year prior to enrolment in the study was assessed at intake. Results: Cannabis use or dependence in the year prior to recruitment to this study was not associated with a heightened risk of developing psychosis over the following 12-month period and therefore did not appear to contribute to the onset of a psychotic disorder. Conclusion: The results of this study suggest that cannabis use may not play an integral role in the development of psychosis in a high-risk group. While this study does not support a role for cannabis in the development of first-episode psychosis, we cannot conclude that cannabis use should be completely ignored as a candidate risk factor for onset of psychosis. A

number of weaknesses of the study (the low level of cannabis use in the current sample, the lack of monitoring of cannabis use after intake) suggest that it may be premature to dismiss cannabis use as a risk factor for the development of psychosis and further research is urged in this area. Copyright 2003, Royal Australian and New Zealand College of Psychiatrists.

Do Dutch 11-12 years olds who never smoke, smoke experimentally or smoke regularly have different demographic backgrounds and perceptions of smoking?

Ausems M; Mesters I; Van Breukelen G; De Vries H. *European Journal of Public Health* 13(2): 160-167, 2003. (26 refs.)

Background: Most adolescent smokers start smoking before the age of twelve. Little is known about the behavioural smoking determinants of Dutch primary school children. Methods: A cross-sectional study was carried out on a sample of students from the final year of 143 Dutch primary schools. A total of 3700 students (mean age =11.6 years) completed a questionnaire based on the ASE model, measuring the attitude, social influences and self-efficacy expectations concerning smoking. Results: Students were categorized as never smokers (64.3%), experimental smokers (28.0%), and regular smokers (7.8%). Multinomial logistic regression analyses showed that never smokers were younger, and were more often female, religious and from two-parent families than experimental smokers. Never smokers perceived more disadvantages, long-term physical consequences, more negative social norms and less pressure regarding smoking, higher self-efficacy expectations towards non-smoking, and had fewer parents, siblings or best friends who smoked. Looking at differences between experimental and regular smokers showed that experimental smokers received less pocket money. They also perceived more disadvantages, fewer advantages, more negative social norms and less pressure towards smoking, higher self-efficacy expectations towards non-smoking, and were less likely to be surrounded by friends, peers, family or teachers who smoked. Generally, the low scores for physical consequences and risk perception regarding addiction were striking. Conclusions: Smoking prevention aimed at primary schoolchildren should consider the different smoking categories, with their specific motives and influences. For instance, the influences on smoking

initiation of parents, siblings and best friends suggest more comprehensive programmes aimed at the entire family. Youngsters' ignorance of addiction needs more attention. Copyright 2003, Oxford University Press.

Drug-use initiation and conduct disorder among adolescents in drug treatment.

Hser YI; Grella CE; Collins C; Teruya C. *Journal of Adolescence* 26(3): 331-345, 2003. (27 refs.)

This study investigated effects of drug-use initiation and conduct disorder (CD) among 1031 adolescents who participated in the Drug Abuse Treatment Outcomes Studies for Adolescents (DATOS-A) sponsored by the National Institute on Drug Abuse (NIDA). The mean age of first drug use was 12.7 (S.D.=2.2), 57% met DSM-III-R criteria for CD, and earlier initiators were more likely to have CD. About 78% of the adolescents with CD reported that their first CD symptom occurred prior to drug-use initiation. The proportions of adolescents who had prior treatment were similar (about 28%) across all groups, but earlier initiators reported a greater number of treatment episodes and younger ages at their first treatment. Conduct disordered adolescents revealed greater problems prior to DATOS-A treatment, but they appeared to be more motivated and ready for treatment. Although adolescents with CD still showed worse outcomes after treatment, the impact of CD appeared to lessen when pretreatment differences were controlled. To a lesser extent, adolescents who began using drugs at earlier ages had greater alcohol and drug use and other problems at intake, but their treatment outcomes appeared to be similar to later initiators. There were few significant interaction effects of initiation and CD. Findings from this study highlight the importance of better understanding the progression of drug use, treatment utilization, and psychiatric comorbidity among adolescents with substance abuse problems. Copyright 2003, Association for Professionals in Services for Adolescents.

Parental monitoring, negotiated unsupervised time, and parental trust: The role of perceived parenting practices in adolescent health risk behaviors.

Borawski EA; Ievers-Landis CE; Lovegreen LD; Trapl ES. *Journal of Adolescent Health* 33(2): 60-70, 2003. (26 refs.)

Purpose: To compare two different parenting practices (parental monitoring and negotiated unsupervised time) and perceived parental trust in the reporting of health risk behaviors among adolescents. Methods: Data were derived from 692 adolescents in 9th and 10th grades (\bar{x} over bar = 15.7 years) enrolled in health education classes in six urban high schools. Students completed a self-administered paper-based survey that assessed adolescents' perceptions of the degree to which their parents monitor

their whereabouts, are permitted to negotiate unsupervised time with their friends and trust them to make decisions. Using gender-specific multivariate logistic regression analyses, we examined the relative importance of parental monitoring, negotiated unsupervised time with peers, and parental trust in predicting reported sexual activity, sex-related protective actions (e.g., condom use, carrying protection) and substance use (alcohol, tobacco, and marijuana). Results: For males and females, increased negotiated unsupervised time was strongly associated with increased risk behavior (e.g., sexual activity, alcohol and marijuana use) but also sex-related protective actions. In males, high parental monitoring was associated with less alcohol use and consistent condom use. Parental monitoring had no effect on female behavior. Perceived parental trust served as a protective factor against sexual activity, tobacco, and marijuana use in females, and alcohol use in males. Conclusions: Although monitoring is an important practice for parents of older adolescents, managing their behavior through negotiation of unsupervised time may have mixed results leading to increased experimentation with sexuality and substances, but perhaps in a more responsible way. Trust established between an adolescent female and her parents continues to be a strong deterrent for risky behaviors but appears to have little effect on behaviors of adolescent males. Copyright 2003, Society for Adolescent Medicine.

A longitudinal study of the effects of adolescent cannabis use on high school completion.

Lynskey MT; Coffey C; Degenhardt L; Carlin JB; Patton G. *Addiction* 98(5): 685-692, 2003. (47 refs.)

Objective: To examine the extent to which weekly cannabis use during mid-adolescence may increase the risk of early school-leaving. Setting A prospective study of a general population sample of adolescents studied from ages 15-21 years in Melbourne, Australia. Method Computer-assisted self-completion questionnaires and telephone interviews conducted in six waves at ages 15-18 and again at age 21 in a sample of 1601 male and female school students. Results Weekly cannabis use, assessed prospectively, was associated with significantly increased risk of early school-leaving. This effect remained after adjustment for a range of prospectively assessed covariates including demographic characteristics, other substance use, psychiatric morbidity and antisocial behavior. There was suggestive evidence of an interaction between weekly cannabis use and age with the effects of weekly cannabis use on early school-leaving being strongest at the youngest ages and diminishing progressively with age. Conclusions: Early regular cannabis use (weekly use at age 15) is associated with increased risk of early school-leaving. These effects of regular cannabis use may diminish with

increasing age and are likely to operate through the social context within which cannabis is used and obtained. Copyright 2003, Society for the Study of Addiction to Alcohol and Other Drugs.

The relation of retail tobacco availability to initiation and continued smoking.

Pokorny SB; Jason LA; Schoeny ME. *Journal of Clinical Child and Adolescent Psychology* 32(2): 193-204, 2003.

(55 refs.)

Used an ecological analysis employing multilevel random-effects regression analyses to model Level 1 (individual and social) and Level 2 (environmental) correlates of smoking initiation and continued smoking among 6th-, 7th-, and 8th-grade students. Data from 5,234 youth in 11 Midwestern communities were examined. Results indicate higher levels of retail tobacco availability (RTA) were associated with increased odds that a youth initiated smoking but not continued smoking. Among the Level 1 factors, youth who were older, male, had an adult tobacco user in the home, and had more peers who use tobacco had increased odds of initiating smoking. In contrast, only the presence of an adult tobacco user in the home and the number of peers who use tobacco were associated with increased odds that a youth continued smoking. Examining individual, social, and environmental factors simultaneously provides a clearer and more accurate model of these complex ecological influences.

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Assessing the effectiveness of minimum legal drinking age and zero tolerance laws in the United States.

Voas RB; Tippetts AS; Fell JC. *Accident Analysis and Prevention* 35(4): 579-587, 2003. (24 refs.)

The objective of this research was to determine the extent to which the decline in alcohol-related highway deaths among drivers younger than age 21 years can be attributed to raising the minimum legal drinking age (MLDA) and establishing zero tolerance (0.02% blood alcohol concentration (BAC) limit for drivers younger than age 21 years) laws. Data on all drivers younger than age 21 years involved in fatalities in the United States from 1982 to 1997 were used in the study. Quarterly ratios of BAC-positive to BAC-negative drivers in each of the 50 states were analyzed in a pooled cross-sectional time-series analysis. After accounting for differences among the 50 states in various background factors, changes in economic and demographic factors within states over time, and the effects of other related laws, results indicated substantial reductions in alcohol-positive involvement in fatal crashes were associated with the two youth-specific laws. The policy of limiting youth access to alcohol through MLDA laws and reinforcing this action by making it illegal for

underage drivers to have any alcohol in their system appears to have been effective in reducing the proportion of fatal crashes involving drinking drivers. Copyright 2003, Elsevier Science Ltd.

Spit (smokeless) tobacco Intervention for high school athletes: Results after 1 year.

Walsh MM; Hilton JF; Ellison JA; Gee L; Chesney MA; Tomar SL et al. *Addictive Behaviors* 28(6): 1095-1113,

2003. (43 refs.)

Objective: To determine the efficacy of a spit tobacco (ST) intervention designed to promote ST cessation and discourage ST initiation among male high school baseball athletes. Methods: This study was a cluster-randomized controlled trial. Forty-four randomly selected high schools in rural California were randomized within strata (prevalence of ST use and number and size of baseball teams) to either the intervention or the control group. Ninety-three percent of eligible baseball athletes participated, yielding 516 subjects in 22 intervention schools and 568 subjects in 22 control schools. Prevalences of sustained ST cessation and ST use initiation over 1 year were assessed by self-report. Multivariate logistic regression models for clustered responses were used to test the null hypotheses of no association between group and the two outcomes, adjusted for the stratified design and baseline imbalances between groups in significant predictors of ST use. Results: Prevalence of cessation was 27% in intervention high schools and 14% in control high schools (odds ratio (OR)=2.29; 95% confidence interval (CI), 1.36?3.87). The intervention was especially effective in promoting cessation among those who, at baseline, lacked confidence that they could quit (OR=6.4; 95% CI, 1.0?4.3), among freshmen (OR=15; 95% CI, 0.9?260), and among nonsmokers (OR=3.2; 95% CI, 0.9?11). There was no significant difference between groups in the prevalence of ST initiation. Conclusions: This intervention was effective in promoting ST cessation, but was ineffective in preventing initiation of ST use by nonusers. Copyright 2003, Elsevier Science.

Alcohol availability as a predictor of youth drinking and driving: A hierarchical analysis of survey and archival data.

Treno AJ; Grube JW; Martin SE. *Alcoholism: Clinical and Experimental Research* 27(5): 835-840, 2003. (23 refs.)

Background: Much attention has recently been directed toward developing preventive interventions to reduce drinking and driving through efforts to limit the numbers and locations of alcohol outlets at the community level. Although evaluations of these efforts have suggested linkages between alcohol outlets and problem outcomes, they have not addressed the linkage between outlets and

drinking and driving among youth. The analysis reported here investigates the relationship between alcohol outlet densities and underage drinking and driving as self-reported on two telephone surveys conducted in California. Methods: These analyses were based on data obtained from two telephone surveys conducted by the Prevention Research Center and archival data collected by the California Department of Alcoholic Beverage Control and the US Census Bureau. The sample for the first survey consisted of 15- to 20-year-old adolescents and young adults contacted by telephone, using a random digit dialing of exchanges in the greater San Francisco Bay Area. A second set of survey data was similarly collected by a random sample of households throughout California, and the Bay Area subset was also used for this analysis. Results: At the individual level, older respondents were more likely to report drinking and driving and riding with drinking drivers, whereas females and Asians were less so. At the aggregate or city-level, alcohol outlet density, as measured by the number of on- and off-premises establishments licensed to sell alcohol, was associated with both drinking and driving and riding with drinking drivers. These effects were moderated by a number of individual level effects, with younger respondents and females more likely to be affected by outlet densities. Conclusions: The findings here provide support for the implementation of policies targeting alcohol outlet density reductions. Areas with large numbers of such outlets provide ample opportunities to youth for alcohol purchases. Copyright 2003, Research Society on Alcoholism. Used with permission.

Neurobehavioral disinhibition in childhood predicts early age at onset of substance use disorder.

Tarter RE; Kirisci L; Mezzich A; Cornelius JR; Pajer K; Vanyukov M et al. *American Journal of Psychiatry* 160(6): 1078-1085, 2003. (46 refs.)

Objective: This longitudinal study had three aims: 1) determine the extent to which boys at high average risk and low average risk for substance use disorder differ on a construct of neurobehavioral disinhibition, 2) evaluate the capacity of neurobehavioral disinhibition to predict substance use frequency at age 16, and 3) demonstrate the utility of neurobehavioral disinhibition in predicting substance use disorder. Method: The authors derived an index of neurobehavioral disinhibition from measures of affect, behavior, and cognition. The neurobehavioral disinhibition score was used to discriminate youth at high and low average risk for substance use disorder and to predict substance use frequency after 4-6 years and substance use disorder after 7-9 years. Results: The

neurobehavioral disorder score significantly discriminated boys at high average risk from those at low average risk at ages 10-12. Neurobehavioral disinhibition at age 16, in conjunction with substance use frequency and risk status group, predicted substance use disorder at age 19 with 85% accuracy and accounted for 50% of the variance in Drug Use Screening Inventory overall problem density score. Neurobehavioral disinhibition was a stronger predictor of substance use disorder (odds ratio = 6.83) than substance consumption frequency (odds ratio = 3.19). Conclusions: Cross-sectional and longitudinal analyses indicated that neurobehavioral disinhibition is a component of the liability to early age at onset of substance use disorder. Copyright 2003, American Psychiatric Association. Used with permission.

Nine-year prospective association between older siblings' smoking and children's daily smoking.

Rajan KB; Leroux BG; Peterson AV; Bricker JB; Andersen MR; Kealey KA et al. *Journal of Adolescent Health* 33(1): 25-30, 2003. (29 refs.)

Purpose: To explore the hypothesis that older siblings' smoking, after controlling for parents' smoking, influences children's smoking. Methods: Study participants were 2981 students in the control cohort of a school-based smoking prevention randomized trial for whom parents' smoking and older siblings' smoking data were collected at 3rd grade and daily smoking data was assessed 9 years later through a self-report questionnaire at the 12th grade. Data were analyzed using conditional logistic regression and likelihood ratio tests. Results: For families in which no parent smoked, the 12th grade prevalence of daily smoking was 31% when at least one older sibling smoked compared to 18% when no older sibling smoked. For families in which at least one parent smoked, the 12th grade prevalence of daily smoking was 41% when at least one older sibling smoked compared to 29% when no older sibling smoked. There was a substantial increase in the odds (OR = 1.60, $p = .004$) of children's daily smoking at 12th grade when their older siblings smoked, even after adjusting for parents' smoking. Conclusions: Older siblings' smoking is associated with increased risk of children's smoking after adjusting for parents smoking. Furthermore, there was no evidence to suggest that the influence of older siblings' smoking was different in families where no parent smoked compared to those where at least one parent smoked. Also, there was no evidence that the influence of older siblings' smoking was different in boys vs. girls. Copyright 2003, Society for Adolescent Medicine.